

Effective Leadership and Communication during COVID-19

Cohort 8 Session 9

January 29, 2021

11:00 AM

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**AHRQ ECHO National Nursing
Home COVID-19 Action Network**



Today's Agenda

Follow-up from Session 8 – Staff Returning to
Work Safely during COVID-19

Discussion

Case Study - Breakout rooms

Performance Improvement Discussion

Wrap-up and Poll

Questions & Answers

How do you say?

<https://twitter.com/fallontonight/status/1326384724235972611?lang=en>

Joining Us Today

- **Hollis Day**, MD, MS, MHPE is an Associate Professor and Chief of Geriatrics and Inpatient Medical Director at Boston Medical Center. Her scholarly and practical interests are in interprofessional teams and leadership and she oversees the curriculum for BMC's Geriatrics Center of Excellence Leadership curriculum.
- **Betsy Mullen**, RN, MS, LNHA, serves as Chief Operating Officer of Legacy Lifecare. She has 45 years of experience in the health care industry working in settings across the health care continuum. Ms. Mullen also oversees the day-to-day operations at Chelsea Jewish Lifecare (CJL.). Betsy joined CJL 35 years ago when the organization was a single, stand-alone nursing home as the Director of Nursing. Additionally, she has held the positions of Executive Director at all the skilled nursing facilities and the assisted living facilities, Executive Vice President of Clinical Operations and Chief Clinical Officer during her tenure at CJL.

Leadership and Communication during COVID 19

Adapted from
David Farrell, MSW, LNHA

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My Perspective – A Nursing Home Administrator



**Like a cruise
ship**



Fear



**Mandates
you can't
follow**



**Testing =
Frustration**



**Ever
changing
guidance**

I am a Nursing Home Leader

- Emotionally demanding
- Overwhelmed
- Leadership opportunity



How Do You Want to be Remembered After This?

- “Be the leader that the staff needs me to be.”
- Validate, support, encourage
- Act calm
- Share everything that you know
- Cite sources and data
- Predictability

What Matters Most During COVID-19

Leadership Matters Most!!

- Caring
- Listening
- Helping with job stress

Person-Centered Care Leadership

Balancing Performance and Demands with Compassion



Staying on Top of All of the Changes

Examples to monitor

- CDC, CMS, DHCS, AHCA, LeadingAge, Consumer Voice, AMDA, IHI, Pioneer Network, CAHF, McKnight's LTC News, Skilled Nursing News, CALTCM, Research Studies, News Articles, Expert Testimony at Congressional Subcommittee Hearings...



Peer Leadership

Who is the person/people without official titles you have seen that have been peer leaders?

What makes them a leader?

What Leaders Have Done?

- Proactively call families
- Dedicated and identified staff for COVID wing
- Feed the staff safely
- Groceries for staff
- Hotel rooms for staff
- Generous sick and quarantine pay policies

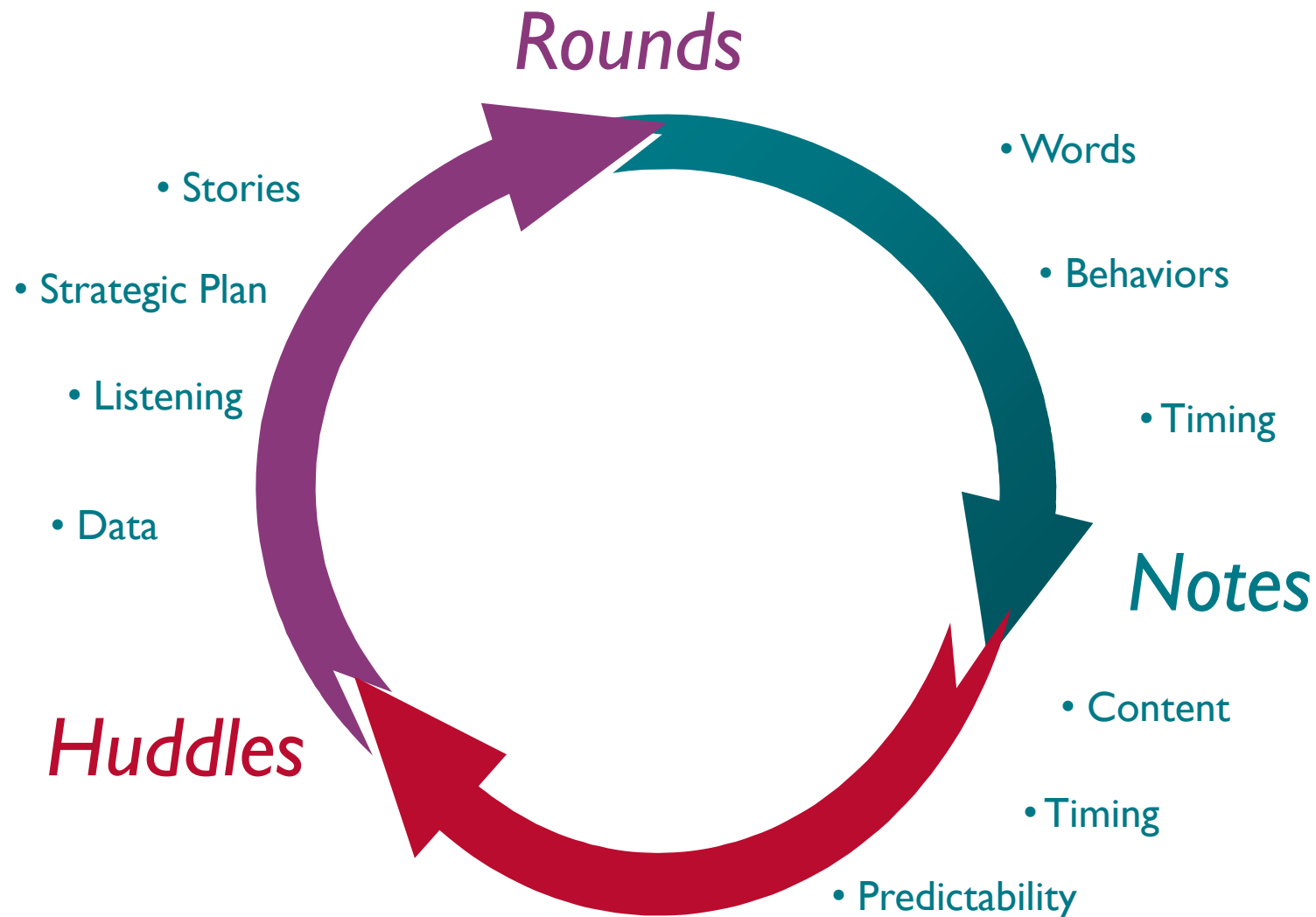
What More Can Leaders Do?

How can we get staff time to refresh and continue?

Bundle of Leadership Best Practices

For Creating the Right Conditions for
Employee Engagement
Under COVID-19

Creating the Right Conditions— Leadership Practices



Purposeful Leadership Rounds During COVID-19

- High visibility
- Keen observations
- Verbal
- You are in the spotlight
- Make eye contact
- Say – “I’m smiling right now.”
- Linger
- Assist

Five Key Questions to Ask When Making Rounds

- **Relationship building**

- “How is your family and how are your beautiful kids doing?”

- **Focus on the positive**

- “What is working well to keep everyone safe today?”

- **Positive feedback loop**

- “Is there anybody that you are working with who has gone above and beyond the call of duty today?”

- **QI – Infection Control**

- “Is there anything we can do better to keep the virus out today?”

- **Needs**

- “Do you have the PPE, enough coworkers and the right equipment to do your job well today?”



Notes to Staff During COVID-19

Monday's Note from the Administrator

Congratulations to Cynthia Poppens – May Employee of the Month! Also – Congratulations to Laurianne Niko – May Rookie of the Month! Both of these C.N.A.'s exemplify our core values and follow our strict infection control protocols to the letter. It's an honor to work with both of you! You both stepped up and worked extra shifts during the outbreak. On behalf of everyone here – thank you!

Thanks you for accepting and wearing your new name badges with your pictures. By displaying your name and face the residents can read them and can help identify who you are. Don't forget to always introduce yourself to the residents and coworkers.

It is Monday morning and I see great people here... who show up... everyday... follow our strict infection control guidelines... we are so proud of all of you!

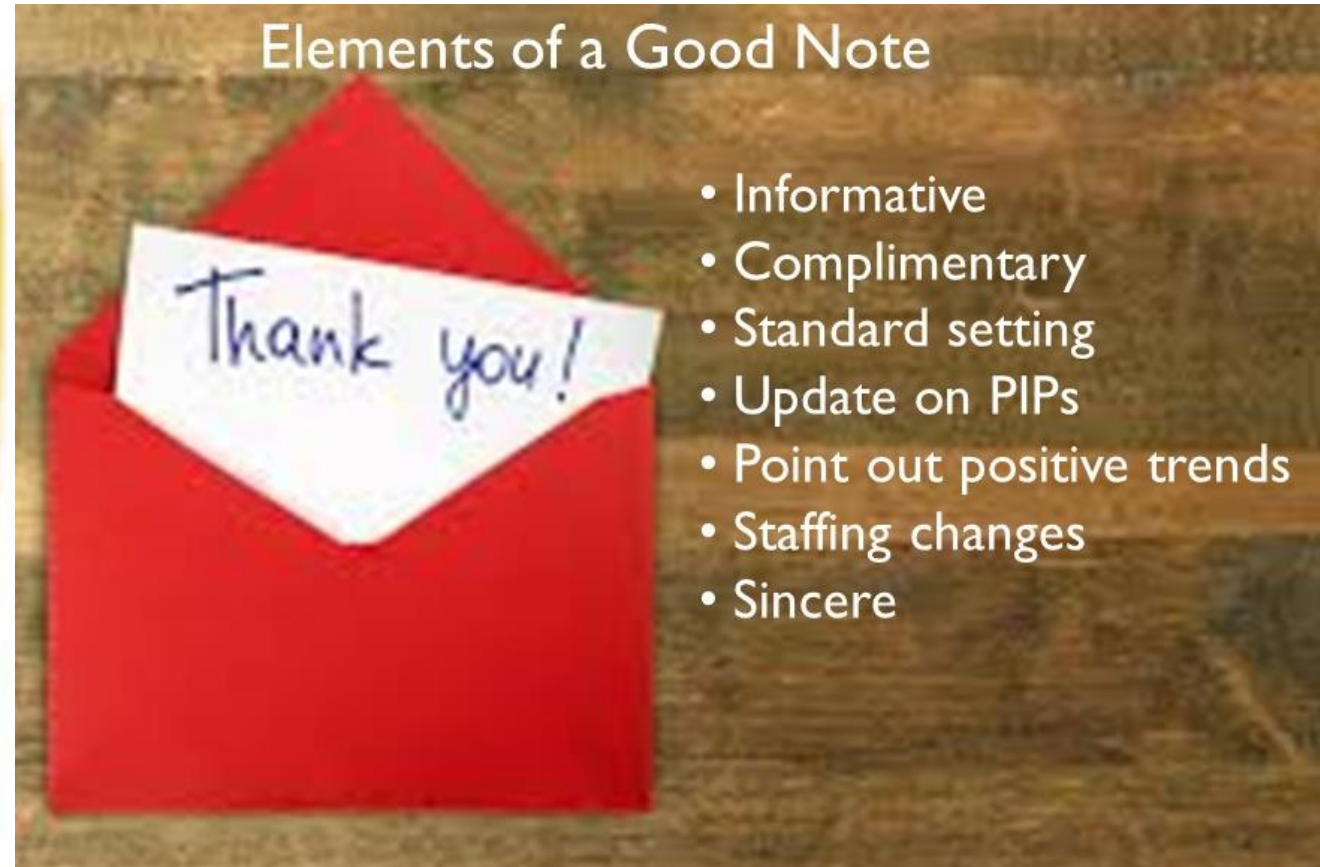
Our commitment to widespread testing and our data reflects that we are starting to turn the tide! Both the positivity rate and total positive cases are declining. I am starting to feel more optimistic and you should too!

I continue to proudly serve as your Administrator. If you need anything, please come and see me, call my cell phone or send me an email. Thank you for all that you are doing to enhance our residents' lives during these challenging times!

Sincerely,
David Farrell, Administrator

Elements of a Good Note

- Informative
- Complimentary
- Standard setting
- Update on PIPs
- Point out positive trends
- Staffing changes
- Sincere



COVID-19 Huddles

- **Ensure everyone has the same information**
 - *Everyone can pitch in and work together*
 - *Everyone knows who tested positive or negative and who is on watch list*
 - *Everyone knows the interventions that work*
- **Promote collaboration**
 - *Everyone's input is received*
 - *Everyone is a part of problem-solving*
 - *Everyone knows they are valued*

Case Study

Case Description:

Patty Kingston, the Administrator, arrived at this facility one month ago. She is deeply committed to resident care and quality of life, and she is devoted to improving workplace culture and joy in work for the nursing home team. Patty has a number of strong mentors and colleagues at other nursing homes and professional associations.

For Discussion:

- What do you believe are the top two most important qualities for a leader in long-term care (e.g., openness, transparency, humility, work ethic, clinical skills and knowledge, compassion, respect for others, ability to set clear expectations and hold people accountable, etc.)?
- If you were to give Patty one piece of advice about leadership, what would it be?
- How do you want to be remembered as a leader after the pandemic?

High Level Flow Charts for Reliable Design

Keeping it really simple by breaking the design into obvious steps

Martha Hayward, IHI
January 2021

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Getting to Greater Reliability in Your Process

- What are the processes you want to improve?
- Clearly state in 2-5 words what you intend to design.
 - Proper PPE use
 - Prevent staff burnout
 - Proper resident cohorting
 - Testing for COVID
 - Visitation booth use

Each box is a process with **ATTRIBUTES** (Example: Obtain PPE)

Who is responsible for enough equipment.

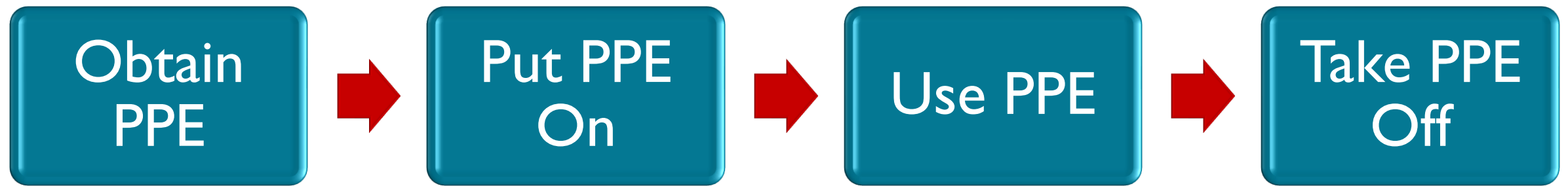
Where is the equipment stored.

When is the equipment inventory done.

How is the equipment supply verified.

What is done when something is missing.

4 Box Flow Diagram (for Proper PPE use)



Keep in Mind

- If the flow diagram doesn't seem TOO SIMPLE, complexity has already crept into your design.
- Complexity is the enemy of reliable design because 5 front line users will be less likely to be able to articulate the 5 attributes.

Session Four One-Pager: High Level Flow Charts for Reliable Design



WHY IN A COVID CRISIS ARE WE TALKING ABOUT RELIABLE DESIGN?

- We want GOOD OUTCOMES.
- We want standardized processes with a HIGH COMPLIANCE RATE throughout the nursing home for LONG TERM success.
- We want SIMPLE, DOABLE and MINIMAL RESOURCE approaches because we have limited time, energy and resources.
- We want to invest in approaches that can be applied to other situations for continuous quality improvement.
- Reliability occurs by DESIGN and not by accident.

WHAT IS RELIABLE DESIGN?

- To design a non-catastrophic process to 95% or better reliability with the understanding that at this level SUSTAINABILITY of the process is HIGHLY LIKELY.

ARKANSAS NURSING HOME COVID-19 ACTION NETWORK

SESSION 4: NOVEMBER 18, 2020

WANT TO GET GREATER RELIABILITY IN YOUR PROCESS?

- Think about different processes you want to improve.
- Select one process and clearly state the process using 2-5 words: (examples)
 - proper PPE use
 - preventing staff burnout
 - resident cohorting
 - COVID testing
 - visitation booths
- Keep it really simple by breaking the design into obvious steps. Limit it to only FOUR STEPS.
- Use a high level flow chart for reliable design.

HIGH LEVEL FLOW CHARTS FOR RELIABLE DESIGN



- Each box is a process with attributes.
- Determine which process (box) you are having the most problem with and why.
- That process then becomes a logical improvement focus.

HOW DO YOU DETERMINE WHICH STEP YOU ARE HAVING THE MOST PROBLEM WITH?

- Ask ANCHORING QUESTIONS.
 - "What is the most challenging part of obtaining your PPE?" or
 - "Tell me about the last time you had trouble accessing PPE."
- Ask 5 direct care staff if they can name the five attributes in each box.



KEEP IN MIND

- If the flow diagram doesn't seem TOO SIMPLE, complexity has already crept into your design.
- Complexity is the enemy of reliable design because 5 direct care staff will be less likely to be able to articulate the 5 attributes.

Next week: Choosing a process to improve

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What to expect next...

Next Session: **February 5, 2021**

Topics:

- Session 10: The Role of CNAs

Send in your facility's best practices/challenges by Tuesday, February 2nd to Tabitha Fineberg at Tabithafineberg@hsl.harvard.edu

Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch

Questions?

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