

# Interprofessional Team Management of COVID 19 In Nursing Homes

## Cohort 9 Session 11

February 9, 2021

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



# Today's Agenda

Follow-up from Session 10 – The Role of the CNA in COVID 19

Interprofessional Team Management of COVID 19 in Nursing  
Homes

Case Study and Break Out Rooms

Performance Improvement Discussion

Wrap-up and Poll

Questions & Answers

# Session 10 Follow Up: The Role of CNAs in COVID 19

- Did you have any “aha” moments related to the role of CNAs in COVID 19?
- Did you learn anything last week that you took back and tried with your team?



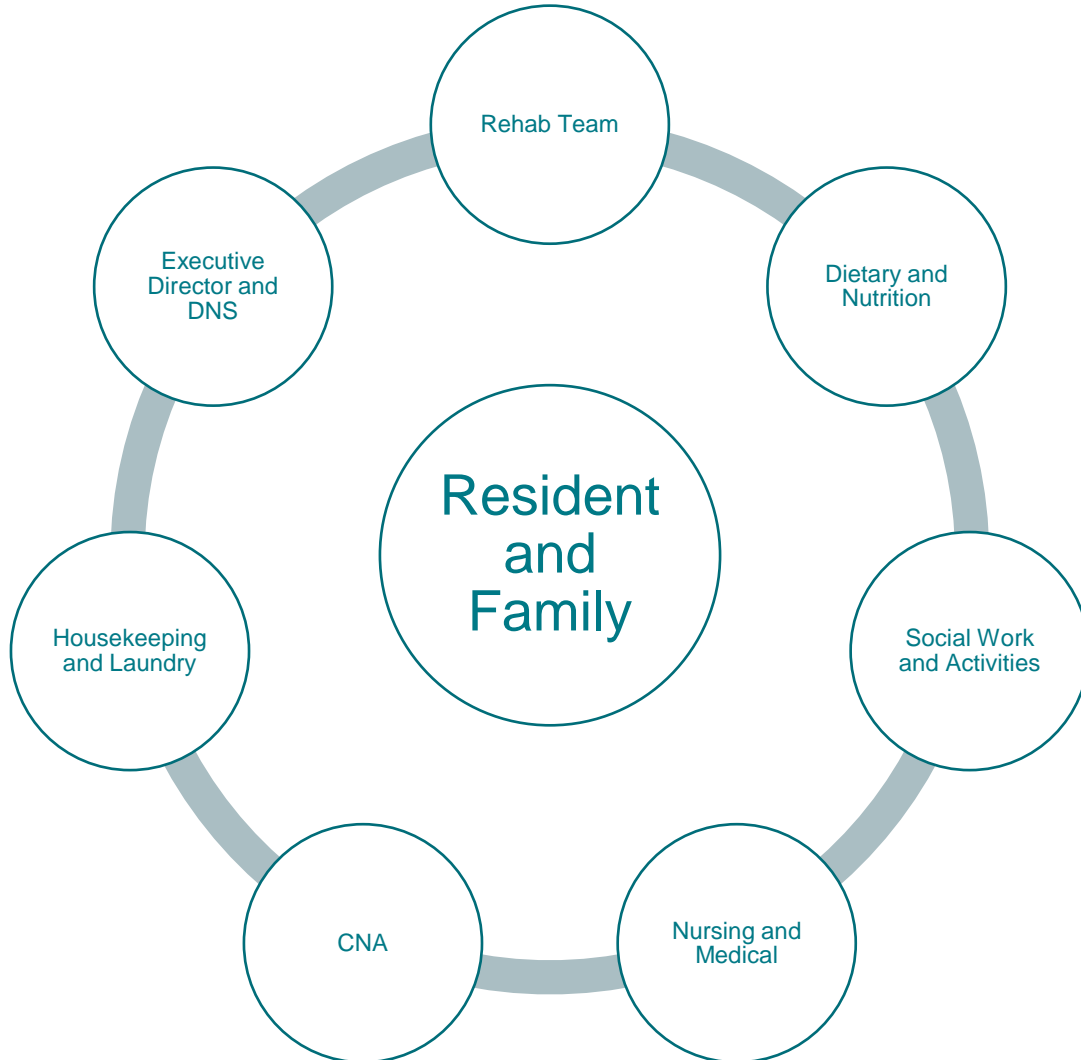
# Vaccine Clinic Follow Up



# Interprofessional Team Management of COVID 19 In Nursing Homes



# The Interprofessional Team



## EXAMPLES:

- Rehab Team-\_\_\_\_\_
- Dietary and Nutrition-\_\_\_\_\_
- Social Work and Activities-\_\_\_\_\_
- Nursing and Medical-\_\_\_\_\_
- CNAs-\_\_\_\_\_
- Housekeeping and Laundry-\_\_\_\_\_
- Executive Director and DNS-\_\_\_\_\_

# Interprofessional Team Management:

## Mr. Anthony Delgado

- 78 year-old long stay resident tests COVID positive during outbreak testing
- Initially asymptomatic
- Transferred to COVID positive unit where he develops fever and lethargy two days after transfer
- Case is reviewed during morning meeting and plan includes:
  - Increase vital sign monitoring to every 4 hours for 48 hours, then reassess
  - Monitor for additional signs and symptoms and/or change in condition
  - Assist with meals and encourage fluids
  - Update MD/NP
  - Update family

# Treating Mr. Anthony Delgado in the Nursing Home

- If clinical deterioration occurs:
  - Review goals of care and advance directives with resident and family
  - Consider supportive care in nursing home
  - Consider transfer to hospital
- Mr. Delgado is evaluated by his medical team and the following orders were written:
  - Continue monitoring vital signs and O2 saturation every 4 hours
  - Labs ordered to rule out secondary bacterial infection
  - CXR to rule out pneumonia
  - Encourage fluids; consider IVF if labs indicate dehydration or unable to take PO
  - Initiate monoclonal antibody therapy




# Promising Treatment in Nursing Home: Monoclonal Antibody Therapy

- SME: Dr. Merchant

# Hospitalization: Clinical Indications

- Vitals become unstable despite interventions
- Urgent need for diagnostics and therapeutics
- Confirm goals of care are consistent with hospitalization



**Best Practices When Transferring to the Hospital**

Tips for transferring a resident to the hospital, and pre-transfer checklist. *Completed by nursing home staff prior to transfer to hospital, travels with resident to provide ED staff with essential information*

**Decision to transfer a resident to the hospital should be based on:**

Clinical considerations  
Is the resident clinically stable?  
Can we provide the diagnostic tests or treatments needed to care for this resident here?  
If COVID-19 is suspected, how will we isolate the resident and do staff have needed PPE?

Goals of care  
Any medical orders regarding hospitalization, intubation, code status (such as POST form)?  
Have goals been re-addressed in the context of COVID-19?

<https://www.optimistic-care.org/probari/covid-19-resources>

# Strategies to Prevent Hospitalization

## ■ INTERACT

- Designed for skilled nursing facilities
- Focuses on early recognition of change in condition
- Clinical and decision support tools
- <https://pathway-interact.com/>

## ■ OPTIMISTIC

- Tools for transfer to and from hospital
- Symptom management tools
- [OPTIMISTIC \(optimistic-care.org\)](https://optimistic-care.org)

# Pause and Reflect

- How does this clinical scenario compare to your experiences to date in treating COVID positive residents?
- What is the same?
- What is different?



# From flow diagram to PDSA

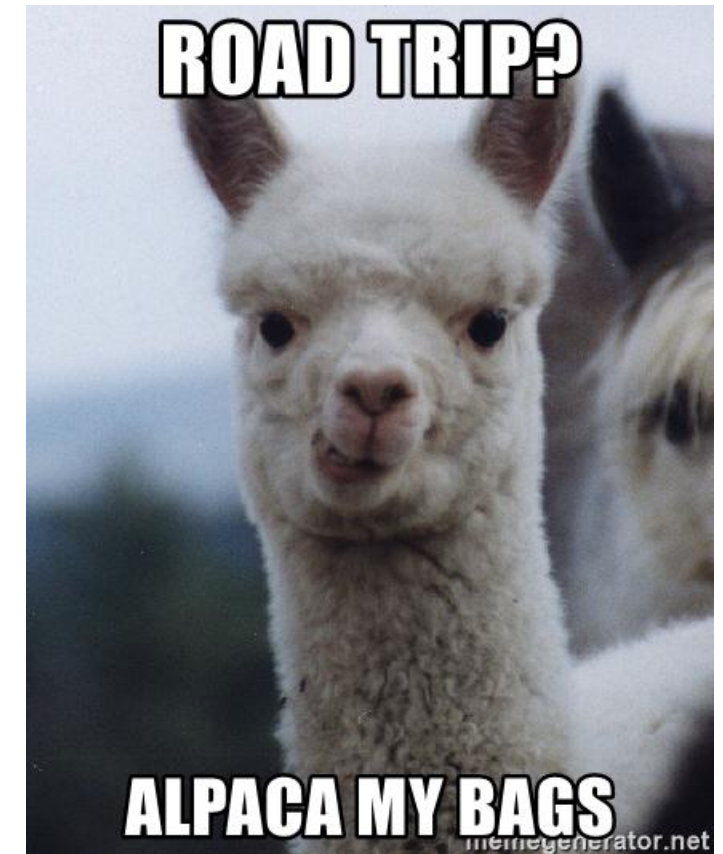
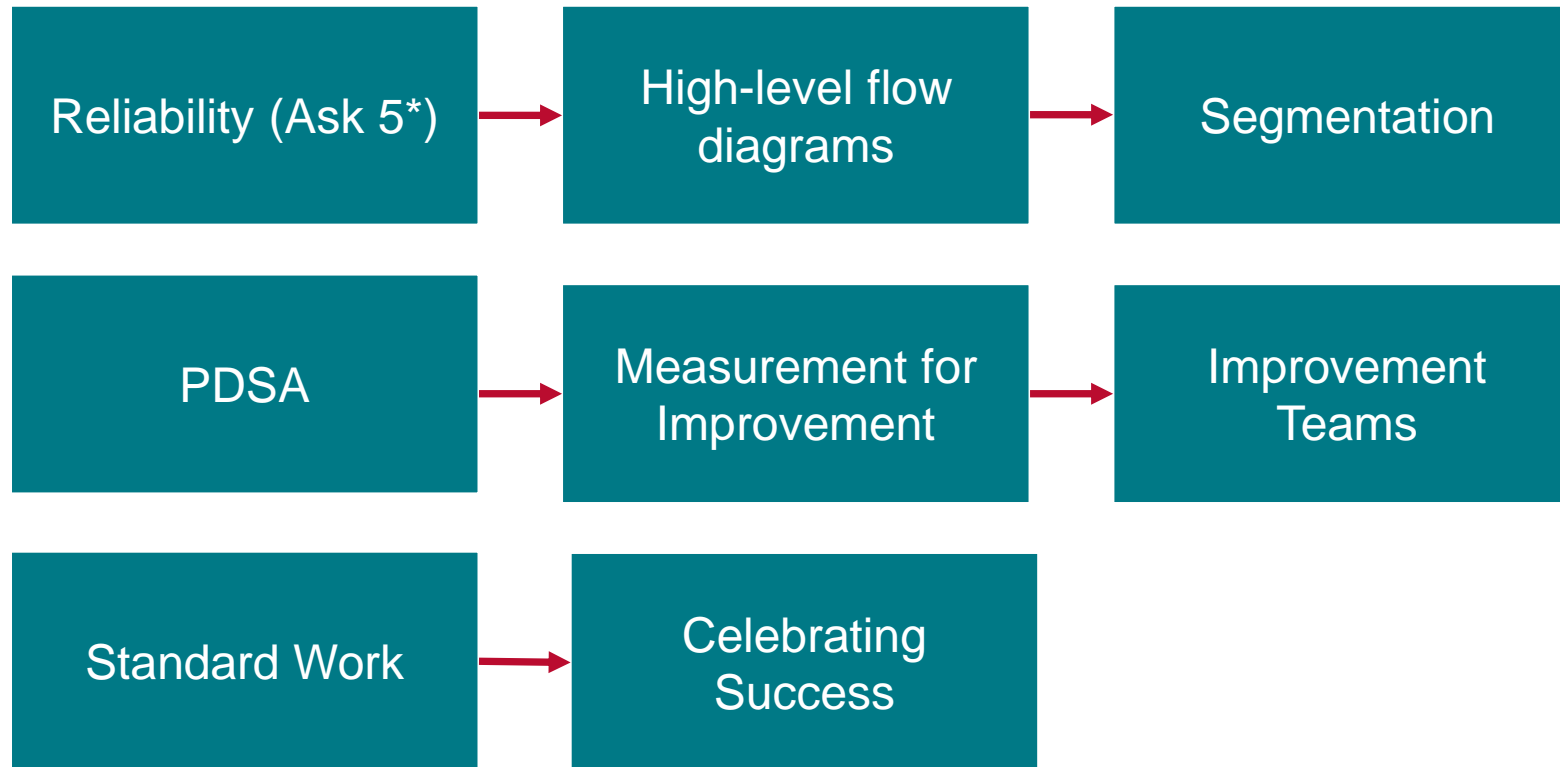
Brian Bjoern

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Training Hub Logo

# The QI Journey

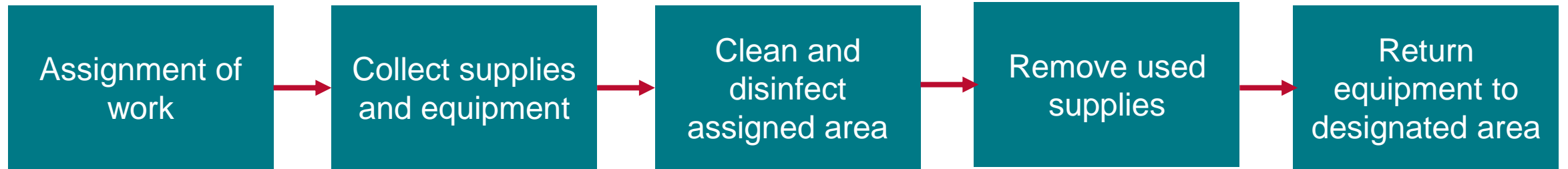


Ask 5: Who, When, Where, How, What

# Visualize the process you want to improve

- High-level flow diagram
- Can be completed in 5-10 minutes
- Limit to 3-5 boxes only
- *Include those who know the process*

# Example for cleaning and disinfecting



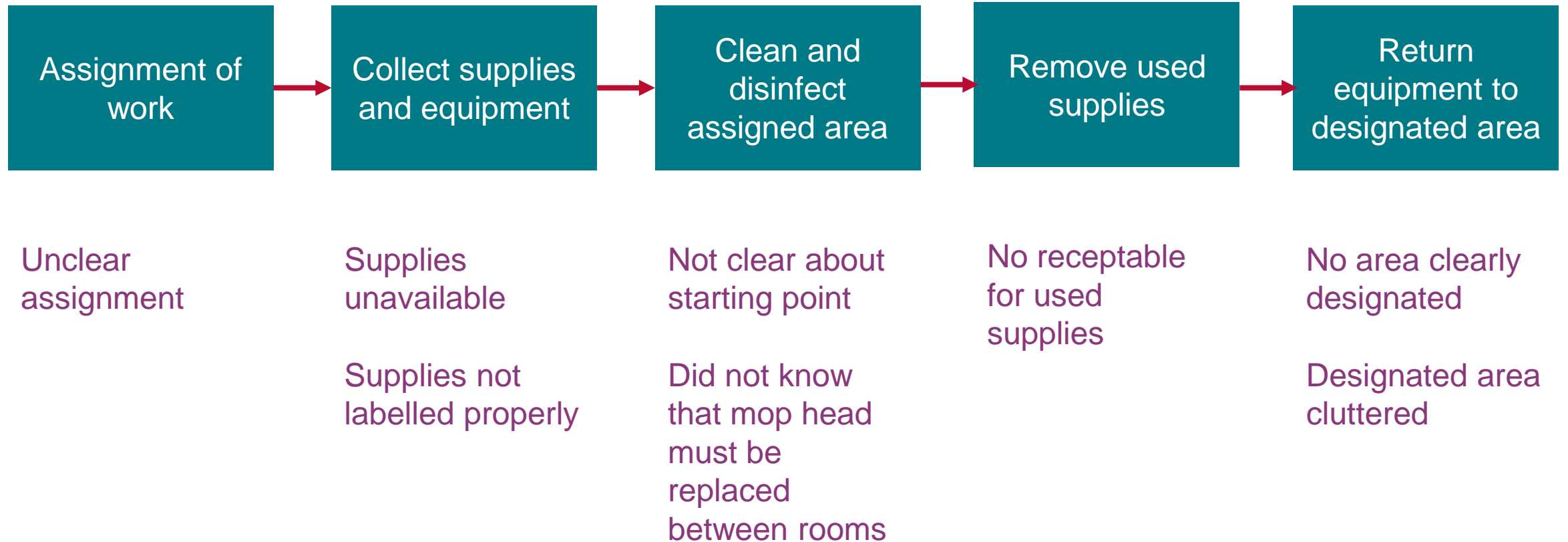


# Get curious about the process

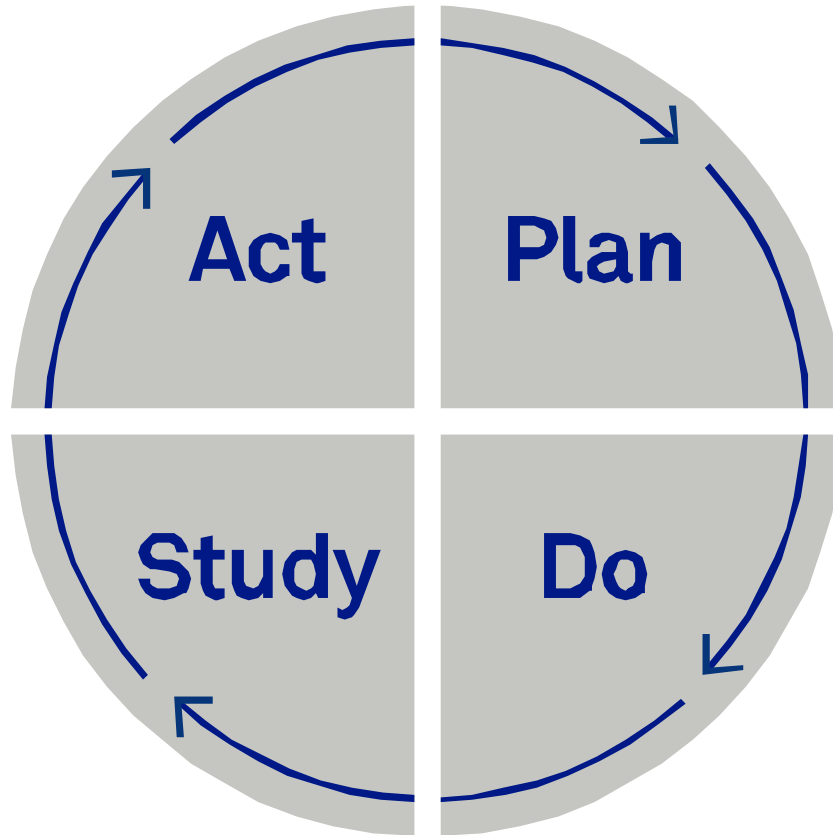
- Ask 5 to understand how reliable the process is:
  - Who, when, where, how, what
- Ask more open-ended questions:
  - Tell me what causes a bad day for you regarding cleaning and disinfecting
  - Tell me about the last time you were unable to clean and disinfect properly
  - Tell me about situations that make cleaning and disinfecting difficult

Don't try to solve the problems at this stage!

# Associate problems with a box in the flow diagram



# Design a PDSA for “supplies unavailable”



Who will perform the test?

When will they perform the test?

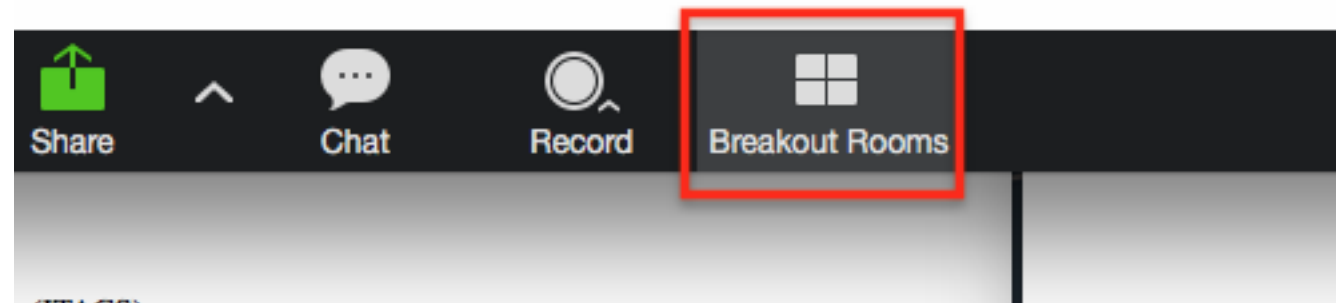
Where will they perform the test?

How will they perform the test?

With what will they perform the test?

# Breakout Rooms: Select your topic

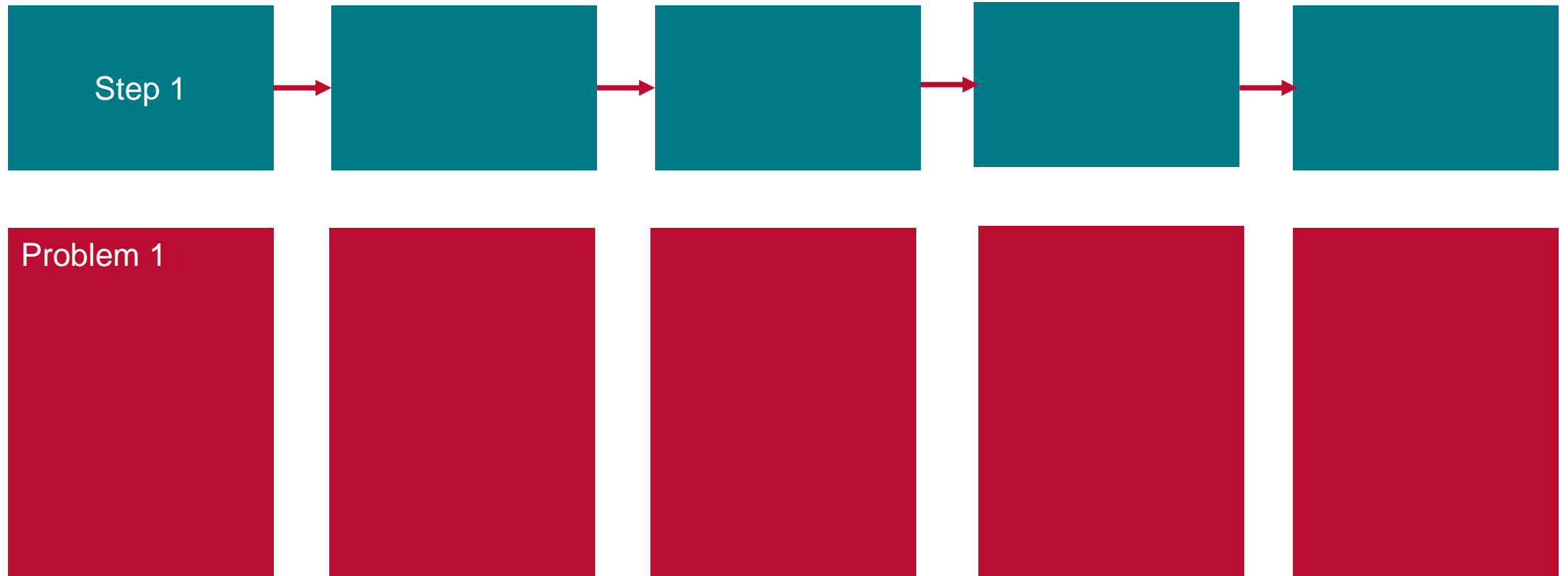
- We have four breakout rooms:
  - Infection control
  - Falls
  - Wounds
  - Weight loss
- Locate the breakout room button at the bottom of your screen:



# Breakout room discussion

- Generate a high-level flow chart
- Associate problems with one box
- Generate change ideas that can be tested
- Be ready to share once we return to the main session

# Process description, 2-5 words



# What to expect next...

Next Session: **February 16<sup>TH</sup>, 2021**

## Topics:

- Session 12: Promoting Safe Care Transitions during COVID-19

Please email any questions or best practices by Thursday at 5pm. Send to Lauren at [lauren7junge@gmail.com](mailto:lauren7junge@gmail.com)

# Wrap Up and Poll

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



# Questions?

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