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# Nursing Home COVID-19 Action Network

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MedStar Institute for Quality and Safety



Agency for Healthcare  
Research and Quality



# Background

- Residents of nursing homes and other long-term care facilities have been hit particularly hard by this crisis.
- About 40% of U.S. Coronavirus Deaths Are Linked to Nursing Homes
- Project ECHO has been selected by the Department of Health and Human Services (HHS) to develop a rapid response project in nursing homes
- They have partnered with the Agency for Healthcare Research and Quality (AHRQ), and the Institute for Healthcare Improvement (IHI)



# Program Overview and Goals

**The ECHO Institute is partnering with the Agency for Healthcare Research and Quality (AHRQ) to build a learning network of quality improvement experts in the nursing home setting. They aim to rapidly assist 15,000 Nursing Homes in the United States to develop the capabilities to consistently implement evidence-based best practices to achieve five goals:**

1. Preventing COVID-19 from entering nursing homes via staff, visitors, and residents.
2. Should the virus enter the nursing home, preventing greater spread among patients, staff, and visitors.
3. Providing best-practice care and treatment for residents who test positive for COVID-19.
4. Protecting staff from infection and ensuring best-practice safety measures, to help staff build confidence in their work, feel safe from infection, and support staff retention.
5. Ensuring that residents who are dying from COVID-19 can safely receive visitors.



# Timeline

- This program is on a fast track. The MIQS ECHO Hub is looking to launch in mid-October
- The MIQS will recruit 3 cohorts (of 33-35 nursing homes each cohort) in our ECHO Hub



# Incentives for Nursing Homes

- Participating nursing homes will receive federal funding to support the implementation and adoption of quality improvement practices and measures
- Nursing Homes that have two staff members attend 13 of 16 teleECHO sessions will receive \$6000



# Incentives for Nursing Homes (cont.)

- Access to subject matter experts
- Enhancement of QAPI goals
- Focus on the nursing home mission and vision – the residents, the team, the organization, the community
- Community of Nursing Homes going through similar challenges



# Audience

**Two participants is the minimum for reimbursement but 3-4 is the ideal. Below are the ideal staff that would participate:**

- Medical Director
- Infection Prevention
- Nurse/CNA
- Administrators
- Additional Staff



# The ECHO Model



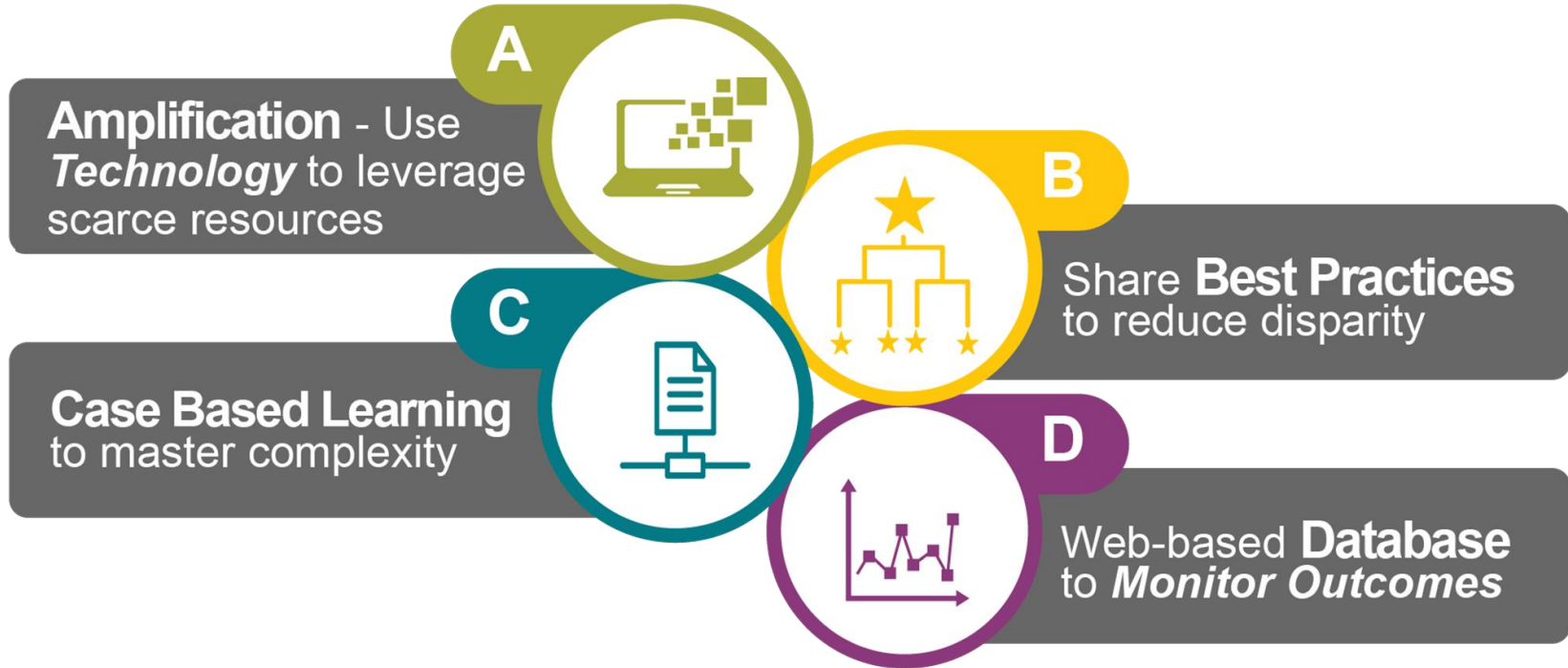


# What is ECHO?

Project ECHO, originally developed at the University of New Mexico (UNM), (<https://echo.unm.edu/>) provides a framework for sharing expertise across diverse geographic locations, so that individuals can receive care where they live and work, from providers they know and trust. The ECHO model uses technology to leverage medical expertise, reduce disparities in care by sharing knowledge, and build clinical communities through discussion of real patient cases identified by local clinicians. Numerous peer review publications have shown ECHO programs often result in improved patient retention, better patient outcomes, and enhanced joy in work among providers.



# The ECHO Model

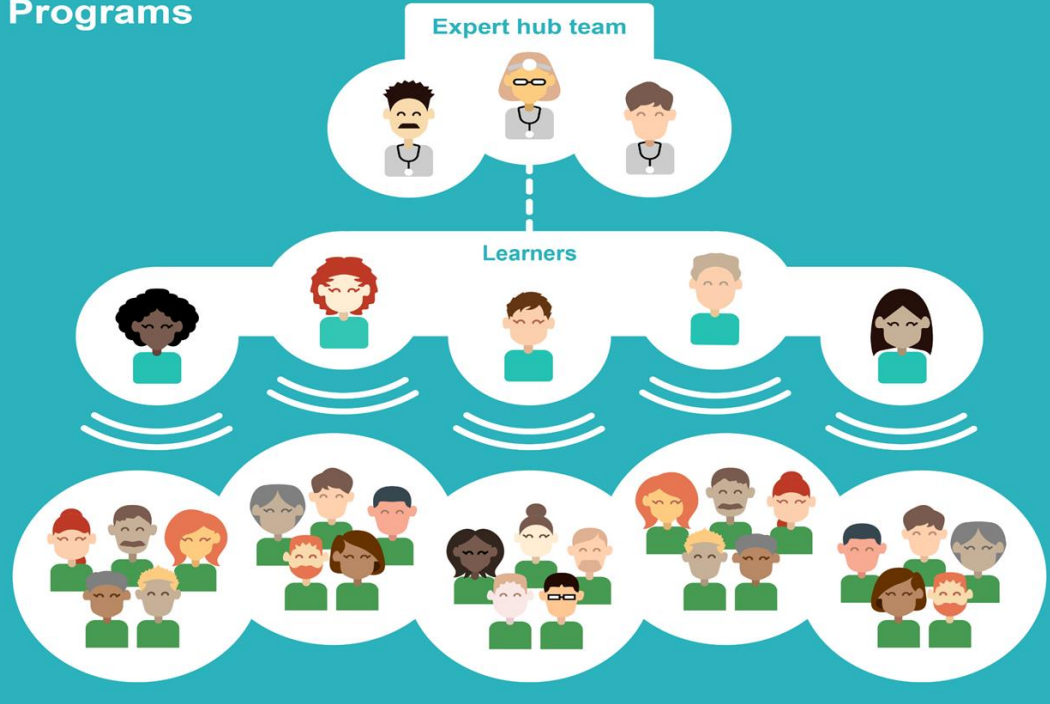


# Telemedicine vs. ECHO

## Traditional Telemedicine



## TeleECHO™ Programs



# TeleECHO™ Session(s)

Term used to describe regularly scheduled videoconferencing sessions which include subject matter experts and learners who use the ECHO model, brief lectures, and case-based learning to create **learning loops**.

TeleECHO sessions are a core feature of the ECHO model.



# 16 Week Curriculum + Office Hours Overview



# 16-Week Curriculum Topics

- ☐ Preventing and Limiting the Spread of COVID-19 in nursing homes
- ☐ Guidance and Practical Approaches for Use of Personal Protective Equipment (PPE) during COVID-19
- ☐ Approaches to Cohorting during COVID-19
- ☐ Promoting Solutions for Making the Built Environment Safer During COVID-19
- ☐ Guidance for Cleaning & Disinfecting during COVID-19
- ☐ COVID-19 Testing for Nursing Homes
- ☐ COVID-19 Community Transmission and Nursing Home Screening Strategies
- ☐ Staff Returning to Work Safely during COVID-19



# 16-Week Curriculum Topics (cont.)

- ❑ Interprofessional Team Management of Mild cases of COVID-19
- ❑ Advance Care Planning in the time of COVID-19
- ❑ Promoting Safe Care Transitions during COVID-19 – Admissions, Discharges and Transfers
- ❑ Promoting Safe Visitation and Nursing Home Re-opening during COVID-19
- ❑ The Role of certified nursing assistants (CNAs) in managing and Supporting Residents and Families during COVID-19
- ❑ Managing Social Isolation during COVID 19: Perspectives on Staff and Residents
- ❑ Supporting the Emotional Well-being of Staff Caring for Residents during COVID-19
- ❑ Effective Leadership and Communication during COVID-19



# Bootcamp – Infection Prevention & Control

- Personal Protective Equipment Best Practices for COVID-19
- Making the environment safe during COVID-19
- Minimizing the spread of COVID-19
- COVID-19 Testing





# Bootcamp – Clinical Care

- Clinical Management of mild cases of COVID-19
- Advance Care Planning in the time of COVID-19



# Bootcamp – Leadership

- Effective Leadership and communication during COVID-19



# Bootcamp – Staff & Residents

- The importance of CNAs: Role of CNAs managing COVID-19 & Supporting Residents & Families
- Managing Social Isolation during COVID 19: Perspectives on Staff and Residents



# IHI COVID-19 Nursing Home Driver Diagram

## Aim

**Reduce COVID-19  
related mortality  
in nursing homes**

## Primary Drivers

**Prevent new  
infections in  
residents**

**Provide effective  
care and support  
for residents and  
staff while  
attending to  
resident  
preference**

**Establish and  
maintain effective  
leadership and  
management**

**Ensure safe  
operations**

## Secondary Drivers

Appropriate precautions to eliminate ongoing spread within facility  
Reduced opportunity for introduction of new infections from outside  
Proper and appropriate environmental cleaning

Mild and moderate cases of COVID among residents effectively managed  
Person-centered culture is attentive, respectful, and responsive to resident & family preferences  
Effective and timely triage to palliative or hospital care for severe cases not recovering  
Reliable non-COVID medical care for residents  
Effective COVID care for infected & uninfected staff  
Resident goals established, accessible, and regularly updated  
Timely, appropriate identification of and escalation in response to change in residents' status  
Depression screening  
Safe care transitions

Clear strategy, organizational structure  
Transparent, frequent, compassionate communication to four constituencies (staff, residents, family/care partners, communities)  
Team-based, rapid learning implementation strategy  
Real time, reliable data systems for care, prevention, and operations  
Quality Assurance Process Improvement  
Safe and just culture to foster transparency among staff: ask "why? and how?" not "who?"

Cohort-based care services (manage and service by unit, floor or other groupings)  
General operational staff (food, laundry, security, etc.) engaged in COVID-prevention strategies  
Physical living and working space designed to maximize safety and minimize harm for residents and staff

# TeleECHO session Focus

- Weekly 90 minute TeleECHO sessions will focus on these primary drivers and specific themes for preventing, detecting, and treating COVID-19 in the nursing home setting. Case presentations will reflect the weekly theme, enabling nursing home participants to engage in case-based learning and apply best practices to real-life situations, systems, and patients.



# TeleECHO session format

Program sessions will be 90-minutes, split into a 60-minute 'core' session of didactic and case presentation, followed by a 30-minute Q&A; it will be optional for the nursing homes to stay for the Q&A.



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Establish and  
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Ensure safe  
operations

## Secondary Drivers

Session 1 – PPE  
Session 2 – Making the environment safe  
Session 3 – Minimizing Spread  
Session 4 – Testing

Session 5 – Clinical Care  
Session 6 – Advanced Care Planning  
Session 8 – The Importance of CNAs  
Session 9 – Managing Social Isolation

Session 7 – Effective Leadership & Communication  
Throughout the Program - QAPI

Session 2 – Making the environment safe  
Session 3 – Minimizing Spread

# QI Curriculum

Weeks 1-9: Predominantly COVID Content Delivery

QI Coach will focus on:

- Alignment with QAPI
- Identification of opportunities for improvement
- As-needed support for QI methods and tools (based on local case presentations)

Weeks 10-16

- Project set-up: fundamental questions, teams
- Testing changes
- Using data for improvement
- Implementing changes that result in improvement
- Case presentation: focus on action

Week	Focus
10	Chartering a Project
11	Teamwork
12	Testing (PDSA)
13	Using data for improvement
14	Learning from testing
15	Moving from testing to implementation, sustainability
16	Spreading the concepts



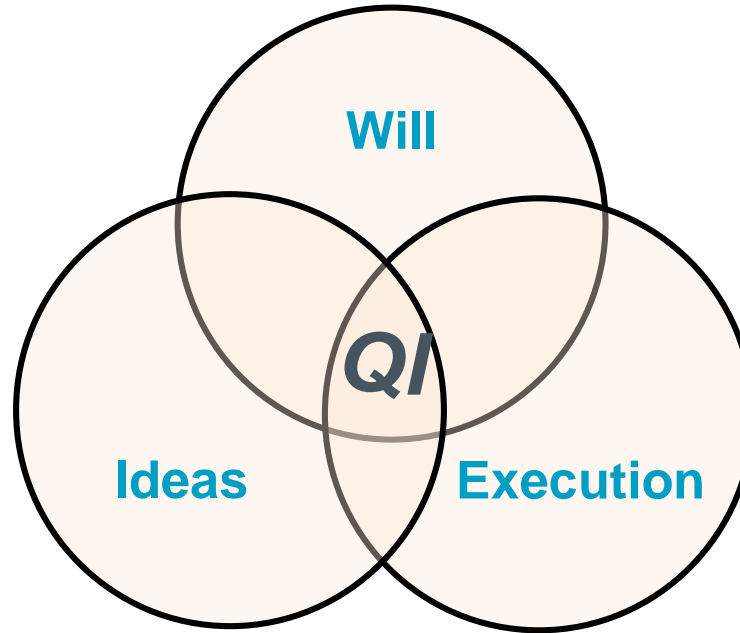
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# The Primary Drivers of Improvement

Having the Will (desire) to change the current state to one that is better

Developing Ideas that will contribute to making processes and outcome better



Having the capacity to apply CQI theories, tools and techniques that enable the Execution of the ideas

# Model for Improvement Repeated Use of the PDSA Cycle

Associates in Process Improvement  
Langley, et al, The Improvement Guide, 2009

## Fundamental questions

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What changes can we make that will result in improvement?

Understanding the current system and setting a shared vision to drive learning and improvement

Hunches  
Theories  
Ideas



DATA



Changes That  
Result in  
Improvement

PDSA =  
Engine for learning

# Office Hours

- After the 16-week curriculum, there will be 36-weeks of optional office hours
- These will be weekly 90-minute teleECHO sessions
- The focus will be on specific nursing home challenges and sharing of best practices



**Thank you**

**Contact us at:  
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