



Building resilience: Maintaining quality care in nursing homes during COVID

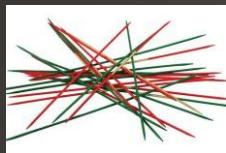


HRSA funded Geriatric Workforce Enhancement Programs



Disclosure

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Program Goals

1. Build Resiliency in Long Term Care for staff, residents and family
2. Effect culture change: Do better together
3. Strengthen quality improvement
4. Implement age friendly health care
5. Create an action coalition: All teach, All learn

**Building Resilience:
Maintaining Quality Care in Nursing
Homes During COVID**

BROUGHT TO YOU BY THE
**GREAT PLAINS - MOUNTAIN
GWEP CONSORTIUM**

Project ECHO
University of North Dakota
School of Medicine and Health Sciences

A live 12 week series on Wednesdays. March 2nd - May 18th, 2022
1-2:00pm (MST)/2-3:00pm (central). Offered over Zoom.

Presenters include regional and national experts in geriatric care. Receive feedback on your QAPI process from quality improvement experts.
Topics include:

- Covid Considerations**
Strengthen your organization's knowledge and best practices around COVID-19. Support your staff and build team resilience.
- Age-Friendly Care**
Provide better care for older adults by applying the 4Ms of geriatric care and learn about becoming recognized by IHF as Age Friendly.
- Quality Improvement**
Build quality improvement skills to help improve patient outcomes!

Have questions? Contact : peni.rosten@und.edu
Register: [via link](#), or scan the QR Code

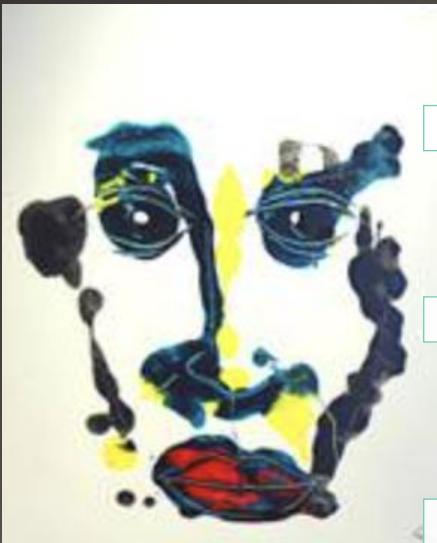
MT G E C | **UGEC** | **Utah Geriatric Education Consortium** | **UW** | **Dakota Geriatrics**

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- ECHO = Extension for Community Health Outcomes
- Philosophy: all teach, all learn
- Telementoring

Curriculum



Anthony Hopkins

Resiliency
Promoting well being
Emotional intelligence
Resident Centered Care behavior

Age Friendly medications
Age Friendly mentation
Age Friendly what matters
Age Friendly mobility

Infection Control
Covid treatment
Resident Center Care social determinants

Format: 1hr sessions

Part I: Building resiliency topic
Q&A

Part II: Twelve steps to QAPI
Q&A

Active learning, break out sessions, polls, prizes

Faculty/Mentors

GWEP Leaders



Catherine Carrico
PhD



Linda Edelman
PhD, RN



Donald Jurivich
DO

Administration



Renee Brooksbank
ESQ, NHA



Kathy Owens
RN, MSN

Culture Change



Carmen Bowman
MSW

Behavioral Health



Caroline Stephens
PhD, RN, MSN

Diversity, Equity, & Inclusion



Jeremy Holloway
PhD

Social Work



Molly Barker
MSW

Medical Director



Jane Winston
MD

Faculty/Mentors

Infection Control



Faye Salzer
RN

Pharmacy



Mark Dewey
PharmD



Michelle Benson
PharmD

QIO/QAPI Experts



Jean Roland
RN



Jennifer Lauckner
RN



Crystal Morse
MSW



Adrienne Butterwick
MPH, CHES

Peer Mentors



Nursing Home Representatives



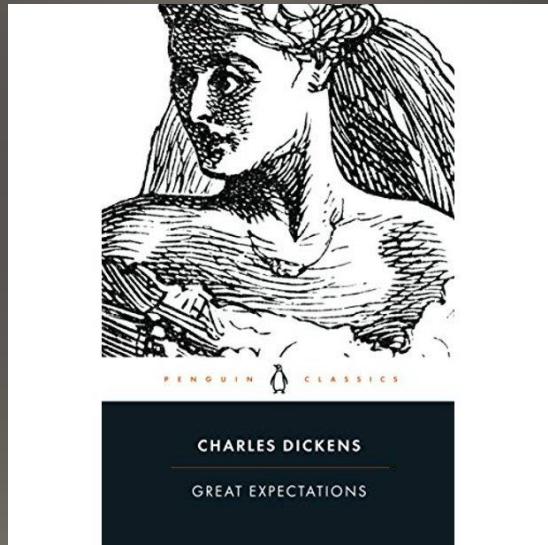
Dana Mitchell
RN



Mark Marabella

Expectations

- Attend all 12 sessions
- Recruit staff, especially CNA's
- Share your experiences
- Conduct QAPI on the fly



QAPI on the fly ?



Use the ECHO sessions as a QAPI moment

Create three PIPS

- Patient Centered Care
- Safety
- Quality Care

Utilize mentors' expertise

Adopt / adapt QAPI documents

"Doing Better Together"

Resources

- Great Plains – Mountain GWEP website
<https://www.dakotageriatrics.org/great-plains-mountain-consortium>
- Live ECHO Geriatrics and ECHO NH presentations
- Recorded presentations
- QAPI forms
- 1:1 guidance



Emotional Intelligence

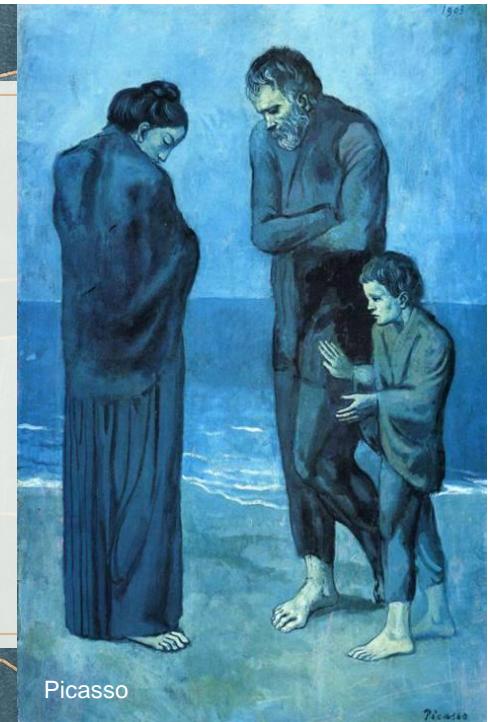
Jeremy Holloway, PhD
Assistant Professor of Geriatrics
University of North Dakota

What is Emotional
Intelligence?

Emotional intelligence (or EI):

- Ability to evaluate, understand, & manage your own emotions.
- Recognize, understand, and help regulate the emotions of others.

17



Picasso

Why is EI important ?

- EI (also considered as Emotional Quotient/EQ) is critical for delivering patient-centered care
- Self-Awareness / Emotional Control
- Motivation (Resilience/Ambition)
- Empathy
- Relationships



Olga King

18

Why is EI important for primary healthcare workers ?



- Feelings / emotions emerge from resident care.
- Reduces Burnout
- Relationship management

19

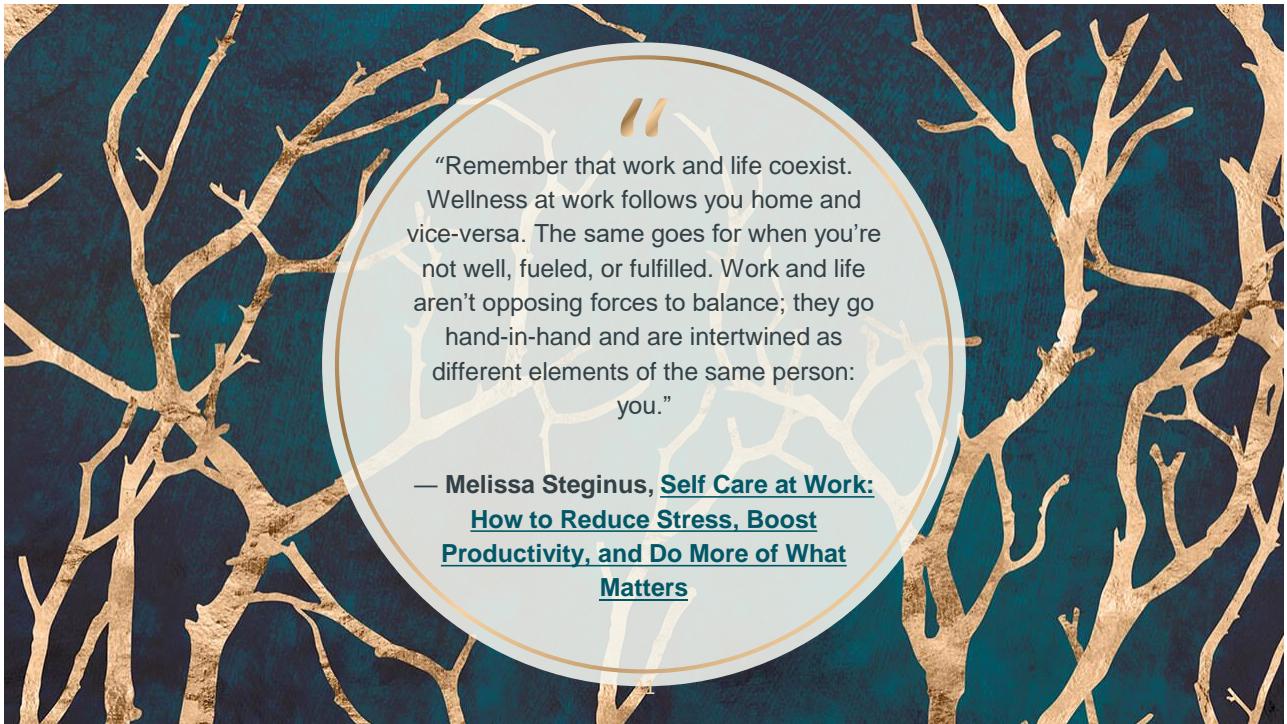
Poll 1

Nurse Susan feels disengaged. Sick days have escalated, she is quiet and becomes frustrated when asked to cover for a colleague. These observations best describe:



- A. Stress
- B. Burnout
- C. Situational reactivity
- D. Agrophobia

20



How is EI helpful at work?

- Improved Social Skills
- Better relationships
- More Empathy
- Less Stress (case study)



How is EI helpful at work?

Staff:

- adaptive stress-coping strategies
 - exercise
 - problem solving
 - social support.



(Montes-Berges & Augusto 2007)

23

How is EI helpful at work ?

Staff:

Effective conflict-handling styles such as

- collaboration or compromising versus competing or avoiding



By Itzchak Tarkay,
Title: FRIENDSHIP

24

How is EI helpful at work ?

Staff:

Ethical behavior

self-regulation,

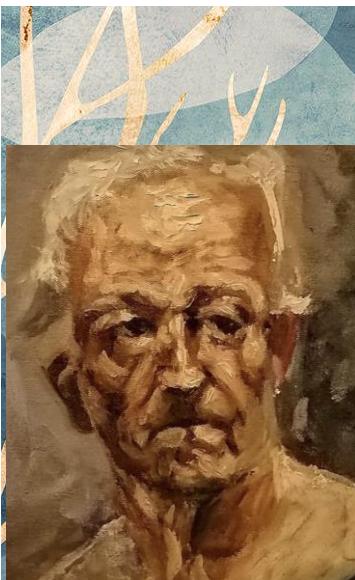
social skills,

motivation and empathy.



(Deshpande & Joseph 2009)

25



How is EI helpful for older adults ?

Segej Bugarcic

Case Study

- **Study Conclusion:** “Lack of social skills and emotional intelligence are associated with low psychological well-being in older adults.
- So, training programs for improving these skills in older adults are recommended.”

27

Tips for Practicing E.I.

C. Novack

Tips: personal EI

- Be observant (of your own emotions)
- Reflect on your own emotions
- Ask others for perspective



Picasso: *Girl before a mirror*

29



- Take “a pause” and think before speaking
- Instead of criticizing someone for an action, describe how their actions make you feel.

30

Tips: “Team” EI

- Spark enthusiasm
- Be staff and patient — centered
- Creatively manage stress
- Invite team members to have a voice



31

Discussion

32

Action Steps to QAPI

Step 1: Leadership Responsibility and Accountability

NATASHA GREEN MBA, RN

CMS QUALITY IMPROVEMENT DIRECTOR

QUALITY HEALTH ASSOCIATES OF ND

MARCH 2, 2022

Quality Assurance/Performance Improvement (QAPI)

“Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life”



Why Do We Care?

QAPI As A Foundation

For person-centered care

- Relies on the input of residents and families
- Measurement of not only process but also outcomes

For defining quality as “how work is done”

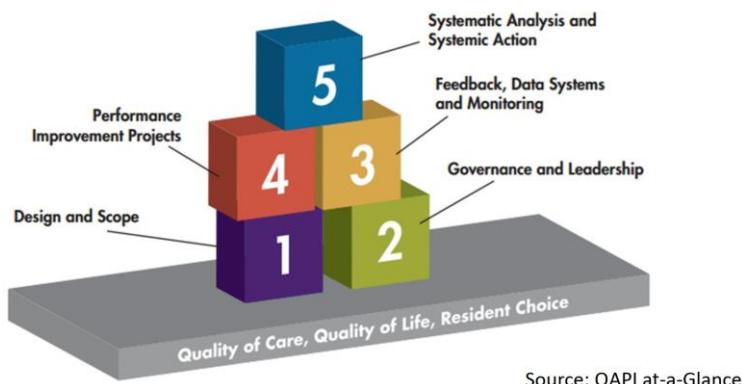
- Broad scope—Entire organization (all staff and all departments)
- Leadership expected to be a model

For systems thinking

- Proactive analysis
- Data and measurement driven
- Supported by tools

39

5 Elements of QAPI



Source: QAPI at-a-Glance

30

Governance and Leadership

Leadership actively engaged with setting expectations and priorities, including:

- Systematic approach to gather input from staff, residents, families and stakeholders
- Adequate resources—Time, money, other
- Ongoing and consistent staff training
- Accountability for process and results
- Balance culture of safety and rights
- Non-punitive culture

37

Leadership Responsibility and Accountability

Creating a culture to support QAPI efforts begins with leadership.

Support from the top is essential.

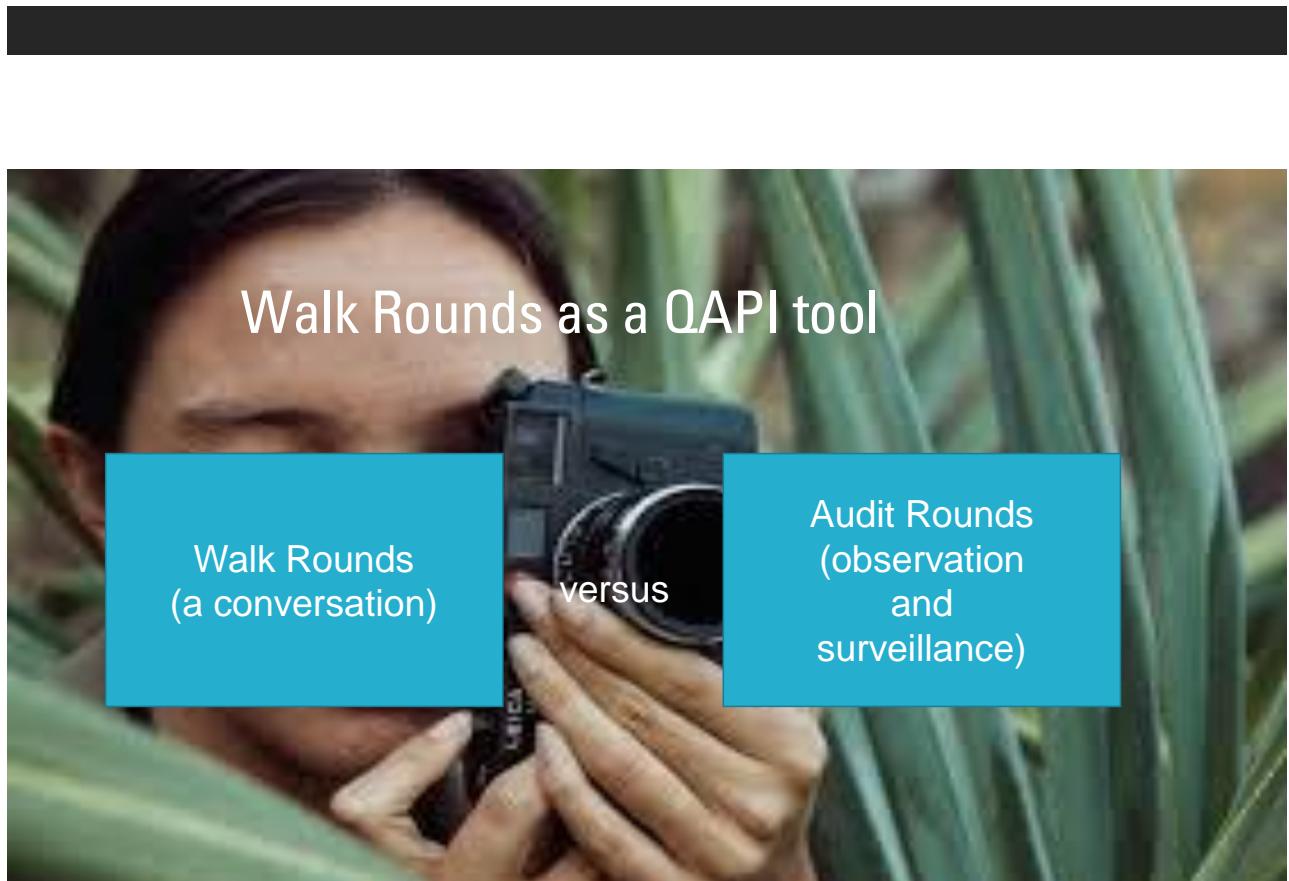
Leaders must create an environment that promotes QAPI and involves **all** employees.

Leadership sets the tone and provides resources.

Put a Personal Face on Quality Issues

Leadership should:

- Give patients, family and staff the opportunity to meet board members and executive leaders to generate support for QAPI.
- Tour the organization regularly, meeting with patients and staff.
- Choose the person or persons who will be the lead your QAPI program lead in conjunction with executive top management—QAPI needs champions.



Walk Rounds

Alan Frankel at IHI in 2000

Specific, actionable knowledge about safety and quality

The screenshot shows the IHI website's navigation bar with links to About Us, Topics, Education, Resources, and Regions. Below the navigation is a breadcrumb trail: Home / Resources / Tools / Patient Safety Leadership WalkRounds™. The main content area is titled "tools" and features a section for "Patient Safety Leadership WalkRounds™". This section includes a brief description of the tool, its purpose (to demonstrate commitment to safety culture), and its application across various healthcare settings like emergency departments, operating rooms, and laboratories. It also highlights its use as an informal method for leaders to engage with staff and improve safety. A sidebar on the left lists other resources like "How to Improve Measures", "Publications", and "Case Studies". At the bottom right of the content area are social sharing icons.

www.ihi.org/resources/pages/tools/patientsafetyleadershipwalkrounds.aspx

Leadership Walk Rounds

Developed by Alan Frankel at IHI in 2000

Specific, actionable knowledge about safety and quality

Informal means for leadership to identify issues in the trenches

Ground rules of walk rounds

Decide daily or weekly

Let staff know

- Schedule of rounds
- Confidentiality

Use check list

Establish leaders who conduct rounds: Admin Director, DON, Q/I officer, Infection Control, Medical director, Department directors (e.g. environmental).

Unit "host", e.g., RN unit director

Walk rounds format

Where ?

- Room to room
- Bathroom
- Dining room
- Activities room
- Common room
- Kitchen
- Laundry

Walk rounds format

Hallway conversation

Small group versus one – on – one discussion

Pre – identified spot

3 Steps

Opening statements

- Why we are doing the rounds
- Icebreaker ? (story about someone who identified a concern or solution to a problem)

Ask the questions

Wrap up / Action plan

Walk round starting script (and handout)

"As a group, we want to open communication and create a blame-free environment to make everything safer for you and your residents."

"We wish to focus on the system and not individuals (no names are necessary)."

"We would like the discussion to be confidential — purely for patient safety and improvement;

"The questions we want to ask are very general, to help us think of areas where the questions might apply

Topics might include miscommunication between individuals (including arguments), do you have the resources to do your work, distractions, inefficiencies, falls, protocols not followed, etc."

Ask the questions

Can you think of any incident recently where a resident was harmed or almost harmed ?

Is there anything we can do differently to improve safety or infection control ?

What would make walk rounds more effective ?



Walk rounds summary

We will work on your comments and observations

Please tell two other staff members with whom you work about our conversation today

Enhancing work rounds

Don't watch people doing their work (surveillance), rather get their feedback

Create separate "observational" audits as another source of Q/I information



Knowing if walk rounds work

Qualitative survey of leadership and staff

Case Study

The DON was called into two rooms on the same unit that has slip/fall incidents.

Discovered Housekeeping has not been adequately drying the floors following cleaning.

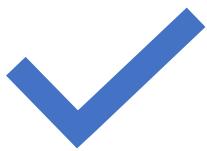
Questions

What are the interventions to prevent future adverse event?

How can you promote no blame culture in the incident reporting?

How could a walk round be optimized to avoid future adverse event?

Homework



Check out Resources including
QAPI at a Glance



Review your walk round
procedure

Questions

