



## Building resilience: Maintaining quality care in nursing homes during COVID



### Disclosure

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<https://www.dakotageriatrics.org/great-plains-mountain-consortium>

# Recap of Last Week

## Well being

- Provide leadership and model compassion
- Promote self – efficacy
- Care plans for mind, body and spirit

## QAPI

- Re – examine QAPI plan
- Introduce others to it

pa-tient

*noun*

person receiving or registered to receive medical treatment.  
 “many patients in the hospital were more ill than she was.”

- A patient is in a passive position. Things are done unto them. This is why CMS purposefully chose resident as they reside there.
- “They are a person, not a patient.” Don Runyon, WY Ombudsman
- “To be a patient is not a person, it is somebody who has an illness not as an individual unique person. Barry Barkan, original pioneer of culture change movement
- “I have long believed there is a disconnect between people and care.” Mark Marabella, Alaska QIO





Patient Centered Care ... what is missing ?

The person.

Person-Centered Care ... but we've already moved on /deeper to ...  
Person-Directed Care

Now, IF we really are talking about *care*, recently saw ...

**You-centered care**

So, what if we started using ...

**You-directed care**

And even more importantly, we focus on your ...

## Life and Living

Resident-directed Life/Living

Self-directed Life/Living

You-directed Life/Living which includes care

What if this was our prime directive?

Always seek to nurture the healthy flow of the human spirit in all our policies and interactions and in all that we say and do.

Barry Barkan, Live Oak Project

**What if we called it,  
The Nurturing Home  
What if...?**



Consider dropping the professional/workplace lens  
for the lens of whose HOUSE & HOME it is.



Try **person/individual** (instead of patient)

Try **home/community/the name of the place** (instead of facility)

Try **neighborhood** (instead of unit/ward/station/floor)

Try **team** (instead of department)

Try **checking in with/check ins** (instead of rounds/rounding)

Try **approach/individualized approach** (instead of intervention)

Try avoiding program: program is the mark of an institution/people “check out”

Carmen Bowman, Regulator turned Educator  
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# COVID-19 Vaccine and Outpatient Treatments

Michelle Benson, PharmD, MPH

## Objectives

- Understand the benefits of COVID-19 vaccination
- Become familiar with treatment options for non-hospitalized adults with COVID-19

# Note

The information in this presentation is subject to change with new information

Watch for updates on the status of vaccine recommendations and treatment options from the CDC and state public health departments

## Pfizer- BioNTech

- 2 doses, 3 weeks apart
- Fully vaccinated 2 weeks after the 2<sup>nd</sup> dose
- Booster: same dose as primary series

## Moderna

- 2 doses, 4 weeks apart
- Fully vaccinated 2 weeks after 2<sup>nd</sup> dose
- Booster: ½ dose of primary series

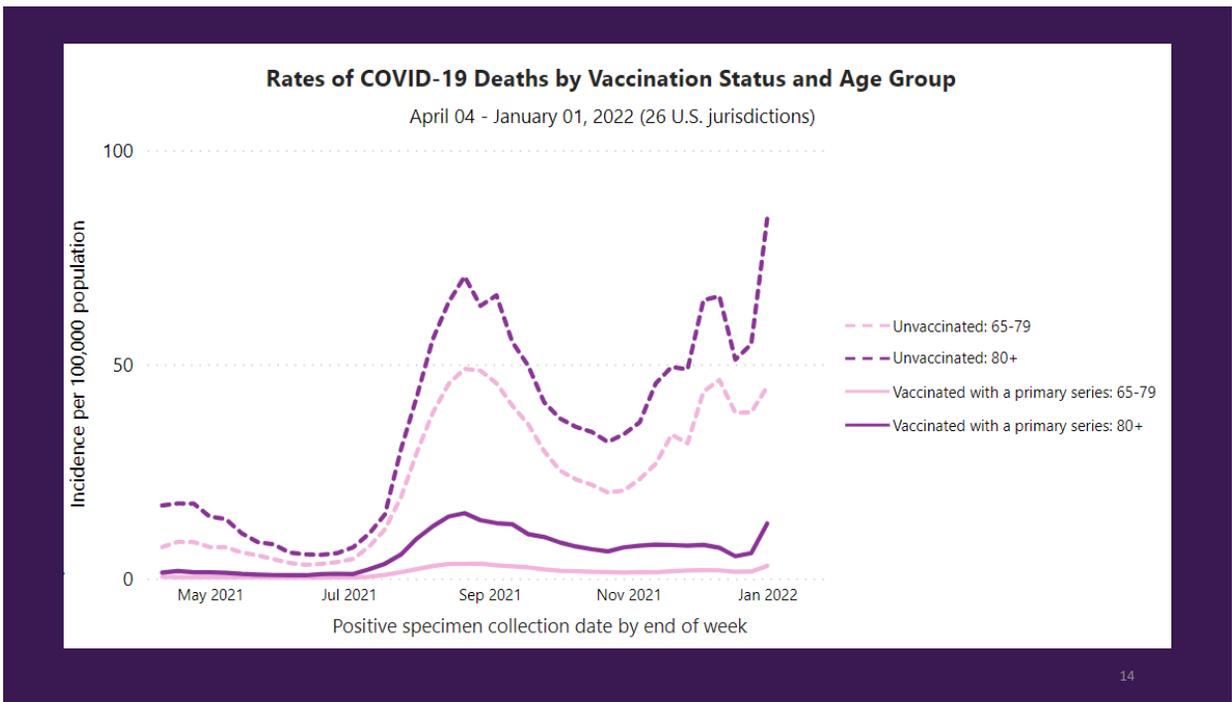
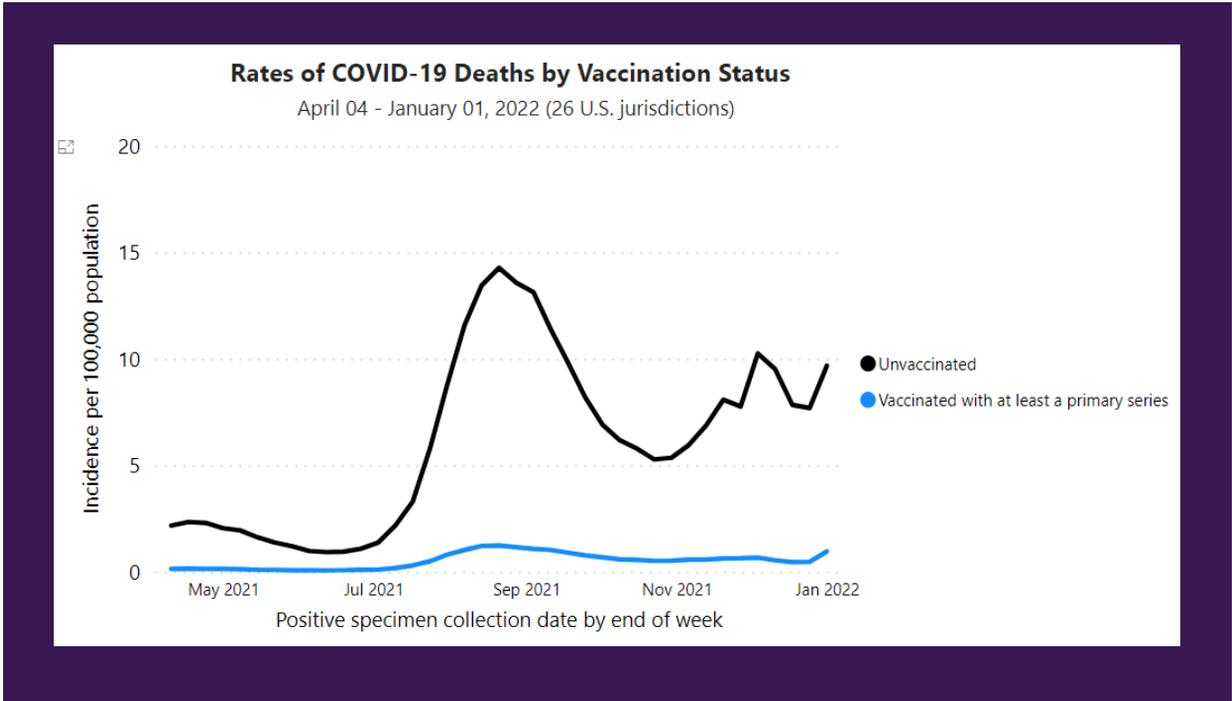
## Johnson & Johnson

- 1 dose
- Fully vaccinated 2 weeks after 1<sup>st</sup> dose
- Booster: with Pfizer or Moderna

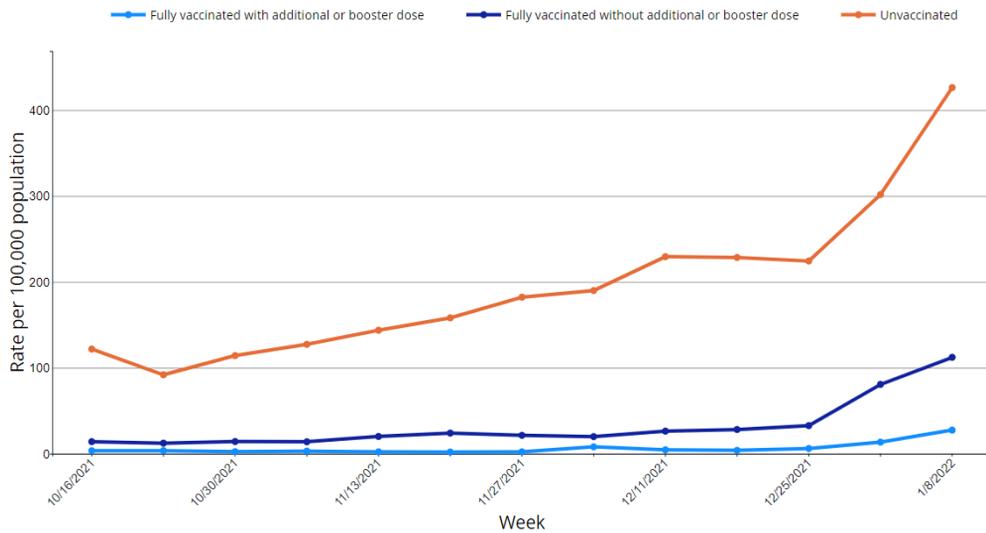


Mix &  
Match? Yes,  
please!





## Rates of COVID-19-Associated Hospitalizations by Vaccination Status in Adults Ages $\geq 65$ Years, October 2021–January 2022



## COVID Vaccine FAQs

- Are they safe?
- Reactions to the vaccine
- Booster vs. third dose
- Are we going to have to keep getting them?
- Coverage vs. different variants
- How long do I have to wait after I've had COVID to get vaccinated?

# Vaccine Skepticism

- 81.2% of people 5+ in the United States have received one dose
- Listen, but don't judge
- Have information and resources available
- Don't politicize
- Ally with community "influencers"
- ALWAYS be respectful
- Be prepared to play the long game



# COVID-19 Outpatient Treatments

## Nonhospitalized Adults

1. Ritonavir / nirmatrelvir (Paxlovid)
2. Remdesivir (Veklury)
3. Bebtelovimab
4. Molnupiravir

## Immune compromised:

- Tixagevimab / cilgavimab (Evusheld)

## Prior Treatments

- Bamlanivimab/etesevimab
- Casirivimab/imdevimab (Regen-COV)

# Paxlovid

- Start within 5 days of symptoms
- 2 pink nirmatrelvir tablets + 1 white ritonavir tablet in the morning and evening (3 AM/3 PM, 6 total per day) for 5 days
- Reduces the risk of hospitalization or death by **88%** vs. placebo in clinical trials
- Effective vs. Omicrom variant



## Cons

- Significant and complex drug-drug interactions
- Adjusted dosing for renal function
- Pill burden

# Remdesivir

- Start within 7 days of symptoms
- IV infusion: 200 mg day 1, 100 mg day 2 and 3
- 3 days of remdesivir had an 87% reduction in risk of hospitalization or death vs. placebo in clinical trials

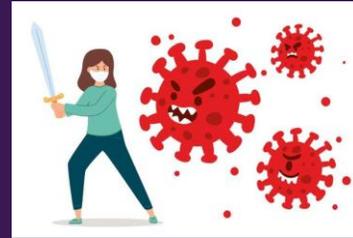


## Cons

- Needs a setting where severe reactions can be managed
- Monitoring for 1 hour after the infusion
- Logistical considerations vs. other treatments

# Bebtelovimab

- Start within 7 days of symptoms
- **ONLY** if none of the preferred therapies are available, feasible to deliver, or clinically appropriate
- Single IV infusion
- Data mostly comes from in vitro studies



## Cons

- Lack of data
- Administered in a setting where severe hypersensitivity reactions can be managed
- Patients must be monitored for 1 hour after the infusion

# Molnupiravir

- Must be started within 5 days of symptoms
- **Only** used when all other treatments not available
- 800 mg (4 x 200 mg tablets) twice daily for 5 days
- Reduce the risk of hospitalization or death by **30%** vs placebo in clinical trials





## Summary



- Recommend all residents and staff get their primary COVID-19 vaccine series and booster
- Mix and match strategies for COVID-19 vaccines are recommended
- Deal with vaccine skepticism with patience and compassion
- Antiviral and Mab treatments for non-hospitalized adults
- Each treatment has their own pros and cons
- Treatment availability varies widely by location and demand

## COVID-19 and the Brain

- Physical and psychological symptoms are common following COVID-19
- Evidence of brain abnormalities in COVID-19
- Pre-print UK Biobank study, 785 sets of scans those age 51-81, 401 had COVID/384 no COVID
  - Reduction in grey matter (processes information in brain), changes in the brain dealing with smell and taste, reduction in global brain size, larger cognitive decline
- Experience of “brain fog”
- Refer and treat as usual



# Patient Case

A patient at your facility has been feeling slightly off for the past 5 days but has just brought up their symptoms to staff today. They take a rapid-test and it's positive for COVID-19. The patient is a 70-year-old female who is vaccinated. What treatment options are available for them as an outpatient? Which would be the best choice if they...?

- Had a complicated drug regimen with lots of drug interactions
- Weren't able to get to the hospital to get an infusion
- Had symptoms over 5 days
- There was no mab availability in the area

# The Positives

- We have highly effective vaccines and treatment options that weren't available not too long ago
- COVID-19 numbers are down-trending in most of the United States





# Step 5: Creating a QAPI Plan

Dana Mitchell, RN, CPHQ

March 23, 2022

Last week's task:

Last week you were asked to write a SMART statement.

Please share it in chat and the feedback that was received.

## Element 1 – Design and Scope



Goal is to create a structure and plan to support your QAPI efforts:

- Purpose
- Guiding principles
- Scope
- Plan: A living document that will continually be revisited and refined
  - [QAPIPlan.pdf \(cms.gov\)](#)

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## QAPI Plan Basics



What goals will your plan strive to meet?

- See the *Goal Setting Worksheet*
- Develop SMART Goals (as reviewed in Step 4)
- You will tailor your plan to your specific resident population(s), units and programs
- Larger corporations may develop an overarching plan, but it must allow for flexibility for the individual homes to address their own needs

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## Guidelines for Governance and Leadership



- Describe how QAPI is integrated into responsibilities and accountabilities of upper and senior leaders and Board of Directors
- Describe how you will ensure QAPI has adequate resources
- QAPI leadership
  - Who will provide the structure (i.e., the QAPI committee)? How will they work together? How will QAPI be reported up?

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## Feedback, Data Systems and Monitoring



- Describe the overall systems for monitoring (data from multiple sources)
- Identify your data sources
  - How will you collect data?
  - How will you analyze data? (Include how you will benchmark and set targets.)
  - How will you communicate your findings (reports, dashboards)?
  - Who will see this information? In what format? How often?

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## PIPs: Performance Improvement Projects



- Describe the overall plan:
  - How will you identify topics for PIPs?
  - How will you prioritize PIPs?
  - How/when will PIP charters be developed?
  - How will results of PIPs be reported out?
- How will you designate and assemble teams?
- What are the required characteristics for the teams? How will the teams document/report their work?
- Overall documentation of the PIP:
  - Highlights
  - Progress
  - Lessons learned

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## Systematic Analysis and Systemic Action



- Changes can have broad consequences “upstream” or “downstream.” How will you identify and address unintended consequences?
- How will you ensure you are addressing root causes and not only symptoms? (No quick fixes for symptoms.)  
How will you monitor for effective implementation and sustainability?

What measures will you use to monitor?

- Structural
- Process
- Outcome
- Balance

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## Communication/Evaluation



- Communication Plan:
  - Who will receive communications and what will be the frequency and format of communication?
- Evaluation
  - What will be the process for evaluating QAPI on an ongoing basis
  - [QAPISelfAssessment.pdf \(cms.gov\)](#)
  - Describe what you will use the evaluation for: How will your organization expand their QAPI skills and increase the impact of your QAPI efforts?

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## Establish your plan!



- Date the plan
- Determine when you will revisit the plan (should be a minimum of annually)
- Determine how you will track revisions or updates
- Celebrate your wins

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A task for you:

Assess composition of QAPI Team: do you have all the people who should be at the table?

Consider: CNA, resident/families, EVS, etc.

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Thank you!

This material was prepared by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AK-NH-03/22-06



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



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



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.



**Schedule of Events (Steps and Primary Topic Area):**



April 6th: Conduct a QAPI Awareness Campaign. Resident Centered Care- Behavioral/Mental Health

April 13th: Strategy for Collecting and Using QAPI Data. Resident Centered Case -Social Determinants of Health

April 20th: Identify Your Gaps and Opportunities. Age Friendly Case- What Matters

April 27th: Prioritize Quality Opportunities and Charter PIP. Age Friendly Case- Mentation

May 4th: Plan, Conduct, and Document PIPS. Age Friendly Case - Medications

May 11th: Getting to the "Root" of the Problem. Age Friendly Case - Mobility

May 18th: Take Systemic Action. Primary Topic: Principals of Infection and Treatment

Have questions? Contact Peni: [peni.rosten@und.edu](mailto:peni.rosten@und.edu)



Register: [via link](#), or scan the QR Code



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