What You Do Matters:

Applying Lessons Learned from the Pandemic to Staff Stability and Resident Safety

Session 1

May 16, 2022

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B&F CONSULTING

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IMPORTANT – CEU INFORMATION

TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)

IN ORDER FOR MO LNHAS TO GET CREDIT:

- **It is REQUIRED that you complete a brief survey/evaluation**

  Within 24 hours, you'll receive an email from musonqipmo@missouri.edu with the link to a SurveyMonkey survey

- **It is REQUIRED that you answer the question asking for your LNHA number.**

**The amount of your credit will be adjusted based on time spent on the webinar.*

Thank You to Our Friends!

We want to personally thank each one of you for all you've done for your residents, your staff, and your families over the past 2 years. It is an honor and a privilege to work beside you. Thank you for being our heroes.

Thank You to Our Friends!

We particularly wish to acknowledge those homes that participated in this study and showed exemplary performance with staffing during the pandemic years of 2020-2021. Your diligence and determination to stay the course gave your home extraordinary stability and compassion in a very difficult situation.

- *E.W. Thompson Health & Rehabilitation Center - Kristen West, Amanda Harris, Sara Miesner*
- *Heritage Nursing Center - Skilled Nursing By Americare - Michelle Tolbert, Lisa Tucker*
- *Independence Care Center of Perry County - Dana Korando, Casey Ellis*
- *Luther Manor Retirement & Nursing Center - Tim Brooks, Heather Lohmeyer*
- *NHC Healthcare, St Charles - Seth Peimann, Denise Benson, Daphne Bollinger*
- *Parkview Health Care Facility - Tim Francka*
- *Shelbina Villa - Kim Thompson, Ashley Arnett, Muriah Schuman*
- *Spring Ridge - Assisted Living By Americare - Christina Bloomer*
- *Springfield Rehab & Health Care Center - Troy Lacey*
- *Villages of St. Peters Memory Care - Debra Tappe, Carolyn Reagan*

Today

- Strategies for COVID prevention and mitigation
- Leadership practices that contribute to better outcomes

NEXT:

Action Period 1

- June 2, 2022 - Staffing Stability

Action Period 2

- June 20, 2022 - Leadership and communication systems

POSITIVE DEVIANCE

LOOKING AT WHAT WORKS

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Positive Deviance

Our reptilian, or primal, brains are designed to look for danger. This is what ensured the survival of our species. So now we are hard-wired to look at what's going wrong, and we tend to focus there.

Positive deviance is different. It's the concept of deliberately focusing on outliers–those whose uncommon but successful strategies when faced with the same overwhelming situation, in this case, the pandemic, got them better results than most everyone else.

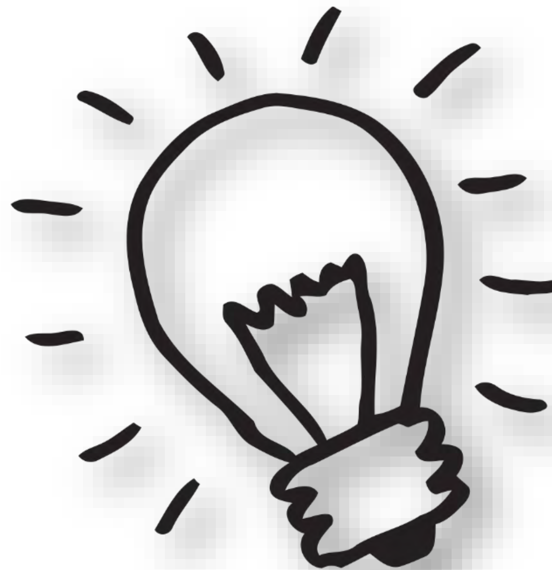
We interviewed the leaders of the 10 homes QIPMO identified in Missouri. These homes faced the same pandemic challenges as everyone else yet had better COVID and staffing outcomes.

We asked about pivotal COVID-related decisions and practices, as well as about their leadership, communication systems, staff stability, and corporate support.

Today we will focus on what we learned about their COVID experience and their approach to leadership.

We focused on what they did that might be easily replicated so we could share good ideas with you.

We heard so many good ideas and our hope is that you will hear some things that you will be able to easily put into play.



COVID-19 Success

Prevention and Mitigation Strategies Utilized by the Top-Performing SNFs and ALFs in Missouri over the Course of the Pandemic

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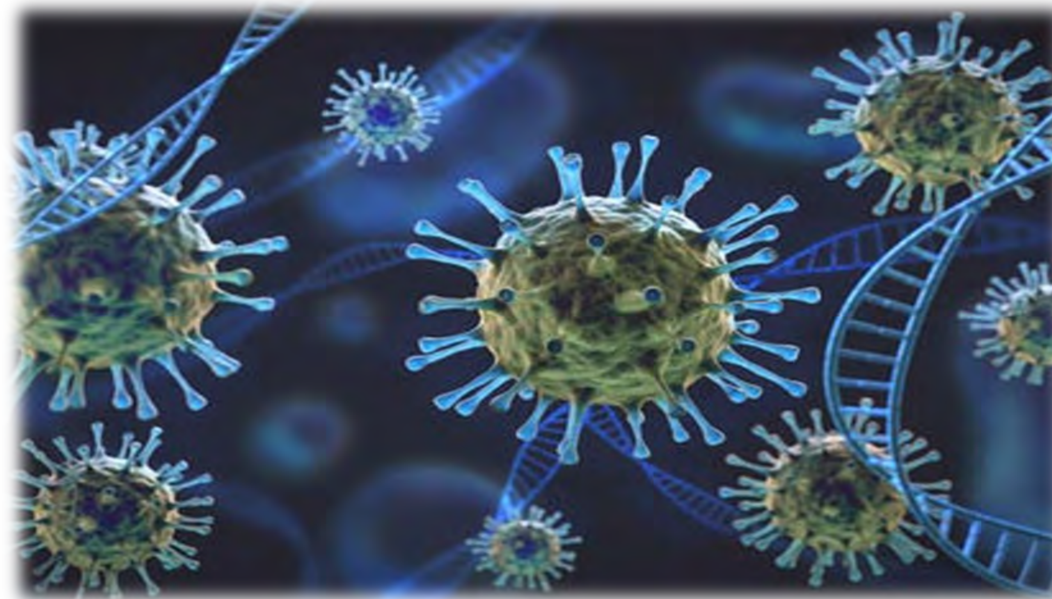
COVID-19 is Like No Other

- Airborne and highly infectious
- 14-day virus incubation period
- Long infectious period
- 50% of positive cases are asymptomatic
- Breakthrough and reinfections

Protecting the Most Vulnerable

*"The Omicron coronavirus variant is **likely the fastest-spreading virus in human history**."*

Read in Scientific American: https://apple.news/AXi9xHC6KSx-8JMXNPn6gCg



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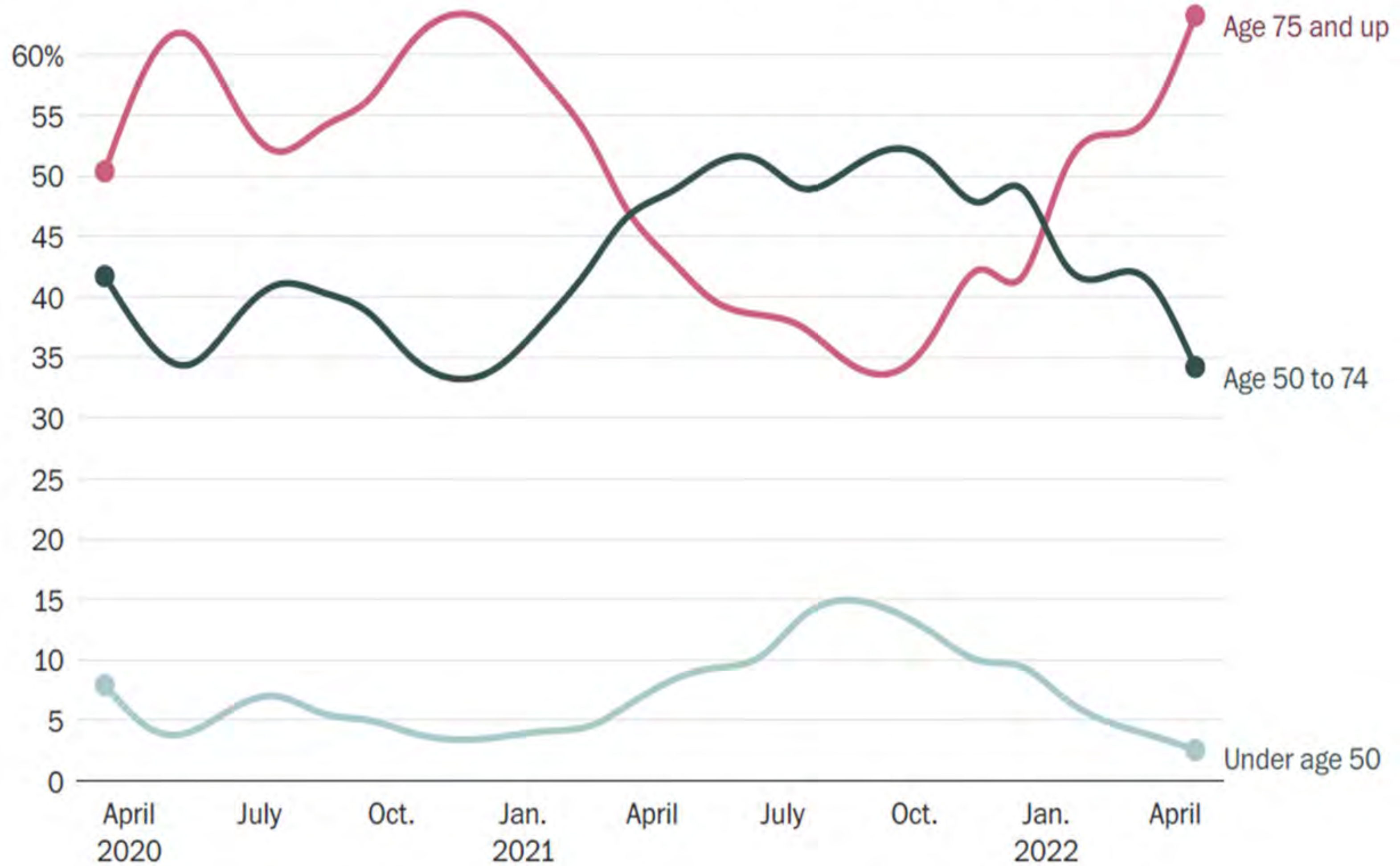
Oldest seniors are again the majority of covid-19 deaths

During the delta variant's surge, most of the deaths were people under age 75. After the arrival of the omicron variant, the deaths are again mostly among people 75 or older.



Share of deaths in that month for each age group

Source: Centers for Disease Control and Prevention

DAN KEATING / THE WASHINGTON POST

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COVID-19 Deaths in SNFs Make up at Least 23% of All COVID-19 Deaths in the US

Nursing home residents = less than 1% of the US population

LTCF deaths were nearly 50% of all deaths nationwide in Oct 2020.

Declined due to:

- High rates of vaccination among residents
- Rising vaccination rates among staff
- Increased emphasis on infection control procedures
- Declining nursing home occupancy

Predictors of COVID Outbreaks in SNFs 2020

Research Findings - Key Variables

- Over 100 beds
- 50% or more residents are male
- Large number of residents with behavioral health diagnoses
- Specialize in caring for those living with dementia
- For-profit ownership
- No fit testing of N95 respirators
- Serving Medicaid, Blacks, and Latinos
- Located in a low-income zip code
- Low CMS 5-Star Rating
- Low CMS Star Rating for RN Hours and Total Nursing Hours
- No Infection Preventionist on staff
- Deficiencies on Targeted Infection Control Survey

Harrington, C., et al. 2020
Grabowski, D., et al. 2020
Abrams, H., 2020

A Systematic Review of Long-Term Care Facility Characteristics Associated with COVID-19 Outcomes

March 2022 - ***Journal of the American Geriatrics Society***

Results: Larger, more rigorous studies were consistent in their assessment of risk factors for COVID-19 outcomes in long-term care facilities -

- **Larger bed size and location** in an area with high COVID-19 prevalence were the strongest and most consistent predictors of COVID-19 cases and deaths
  - Outcomes varied by facility racial composition, differences that were partially explained by facility size and community COVID-19 prevalence
- **More staff members** were associated with a higher probability of any outbreak
- In facilities with known cases, **higher staffing was associated with fewer deaths**
- Nursing Home Compare 5-star ratings, ownership, and prior infection control citations, **did not have** consistent associations with COVID-19 outcomes

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COMMUNITY SPREAD IS A KEY INDICATOR OF NURSING HOME OUTBREAKS

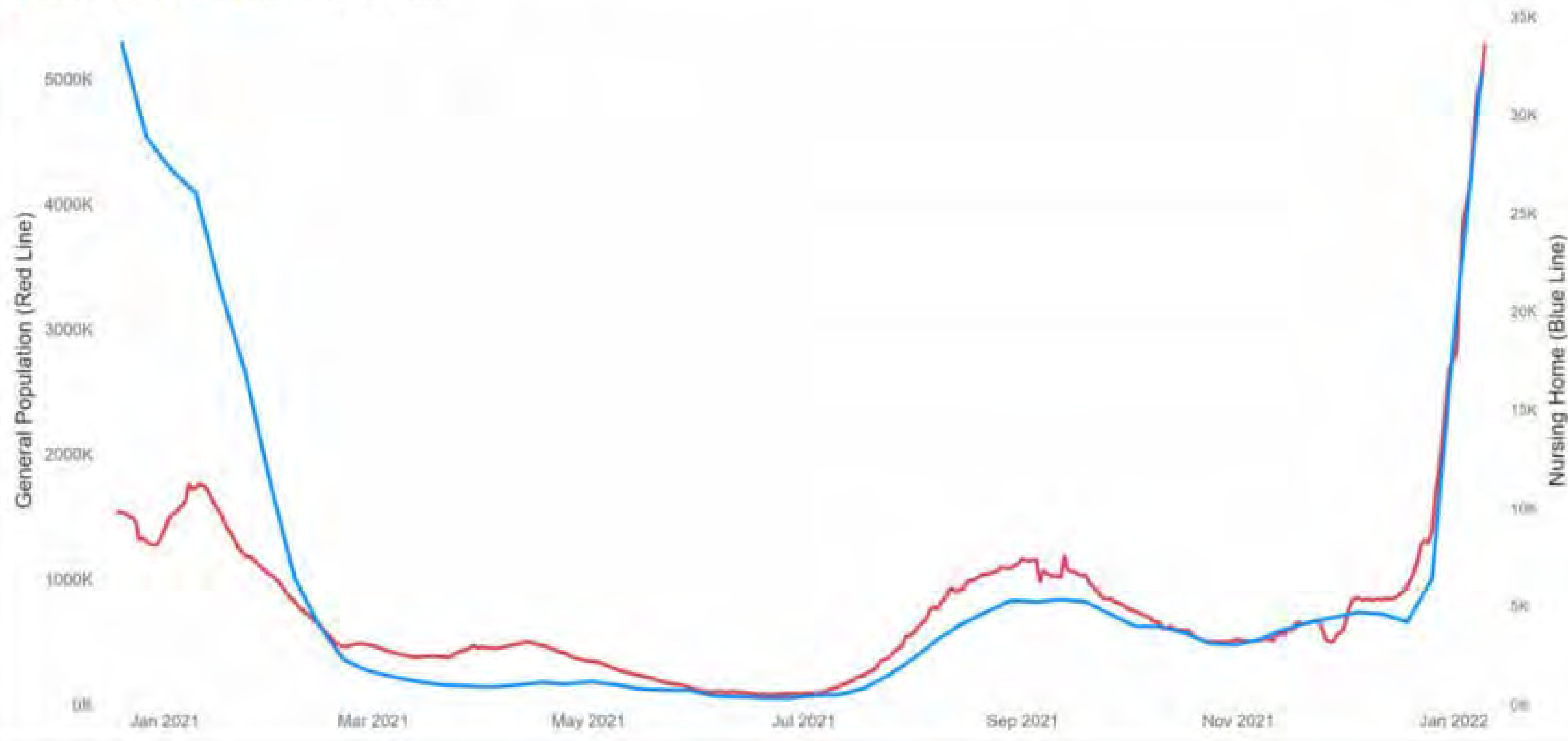
COVID-19 New Cases: General Population & Nursing Homes

Timeframe

- [ ] Before Vaccines
- [x] After LTC Vaccine Clinics Began (12/18/20)

New Case Trends: General Population & Nursing Homes Residents (7-day)

● Incidence_7day_sum ● Incidence_SNF_Nation



JUST THE FACTS: WHAT CAUSED COVID-19 OUTBREAK IN NURSING HOMES

Location of a nursing home, asymptomatic spread and availability of testing – not quality ratings, infection citations or staffing – were determining factors in COVID-19 outbreaks according to independent analyses by leading academic and health care experts. A new study from Harvard University, with support from the National Institute on Aging and National Institutes of Health, examined COVID-19 outbreaks in New York, Detroit and Cleveland, and found that the intensity of COVID-19 outbreaks in nursing homes mirrored the rate of spread among the general population. These findings are consistent with research conducted by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL), which examined recent data from the Centers for Medicare and Medicaid Services (CMS) on COVID-19 outbreaks in nursing homes.

KEY FINDINGS	DAVID GRABOWSKI, PHD *Professor Of Health Care Policy*	VINCENT MOR, PHD *Professor, Health Services And Policy*	R. TAMARA KONETZKA, PHD *Professor Of Health Services Research*
LOCATION OF FACILITY DETERMINED OUTBREAKS	"According to preliminary research presented, larger facilities located in urban areas with large populations, particularly in counties with a higher prevalence of COVID-19 cases, were more likely to have reported cases." [1]	Mor: "If you're in an environment where there are a lot of people in the community who have COVID, the patients in the building are more likely to have COVID." [1]	"Outbreaks of COVID-19 in nursing homes are often a signal of the communities into which the virus is spreading." [4]
ASYMPTOMIC SPREAD AND AVAILABILITY OF TESTING WAS A KEY FACTOR	Grabowski: "It is spreading via asymptomatic and pre-symptomatic cases…We're not going to get a handle on COVID-19 until we get a systematic testing and surveillance system." [1]	"COVID-19's ability to hide in plain sight will continue to crush expectations of halting its spread unless more and quicker testing at nursing homes sweeps the country, said a top U.S. researcher (Mor)." [3]	"Given asymptomatic spread and inadequate testing, staff often do not know which residents are infected. With policymakers and the public initially focused on the spread of infection within hospital settings, nursing homes often lost that competition." [4]
QUALITY RATING OF FACILITY AND PREVIOUS CITATIONS WERE NOT A FACTOR IN OUTBREAKS	"COVID-19 cases in nursing homes are related to facility location and size and not traditional quality metrics such as star rating and prior infection control citations." [2]	"He (Mor) added that counter to some assertions, regression analyses show that infection rates are unrelated to quality rankings…" [3]	"We found no meaningful relationship between nursing home quality and the probability of at least one COVID-19 case or death…Indeed, the first death reported was from a nursing home in Washington State that had a 5-star rating." [4] Senator Susan Collins: "Testing should be conducted at all nursing homes, as Dr. Konetzka's research finds no correlation between CMS' quality ratings of nursing homes and the probability of at least one COVID-19 case. One of the worst outbreaks in Maine was at a nursing home that had five stars, the highest rating."[5]
NO SIGNIFICANT DIFFERENCE BETWEEN FOR- OR NOT-FOR-PROFITS IN THE CHANCE OF AN OUTBREAK	"Characteristics that were not associated with a facility having a COVID case included… whether it was for-profit, part of a chain… These factors had no correlation with whether the facility had cases of COVID-19." [1]	N/A	"We found no significant differences in the probability of COVID-19 cases by profit status, with for-profit nursing homes and not-for-profit nursing homes being equally likely to have cases." [4]

[1] *Provider Magazine, 5/11/20*
[2] *"Characteristics Of U.S. Nursing Homes With COVID -19 Cases," 6/2/20*

[1] *Provider Magazine, 5/11/20*
[3] *McKnight's Long Term Care News, 5/11/20*

[4] *Testimony To United States Senate Special Committee On Aging, 5/21/20*
[5] *Op-ed, Senator Susan Collins, The Portland Press Herald, 6/15/20*

But… There are the Outliers

Across a broad base of metrics, these facilities in Missouri stood out… why?

- Did they have advantages or resources that other facilities didn't?
- Was it the physical structure and layout of their facility that gave them an advantage?
- Did it have to do with the acuity or age of the residents they were serving?
- Were they just lucky?

Why Their COVID Numbers are Low

- Leaders modeled the way
- Pillars of communication systems in place that were sustained
- Talked it through, used good judgment
- Communication was Timely, Accurate, Transparent, Actionable, Caring
- Stable, consistent staffing
- They were the first to implement, more likely to sustain it, and the last ones to pull it back

Dr. Nimalie Stone, MD
April 2021

"Being the first to implement COVID restrictions and interventions - those are the ones who have kept it out or minimized the outbreak."

Core Principles of COVID-19 Infection Prevention

- Fully vaccinated and fully boosted if eligible
- Screening of all who enter the facility
  - Tested, vaccinated, boosted, denial of entry of those with signs or symptoms and direct exposures
- Resident and staff diagnostic screening testing – find the infectious and asymptomatic
- Timely response-driven testing – right away and every 3-4 days
- Effective cohorting of residents and assignments of staff – based on timely test results
- Appropriate staff use of Personal Protective Equipment (PPE)
  - Eye protection/Face shields
  - N95 respirators
  - Source control
- Hand hygiene – handwashing and use of alcohol-based hand rub
- Social distancing at least six feet between persons
- Instructional signage throughout the facility
- Cleaning and disinfecting the air and high frequency touched surfaces

COVID Communication Tips

- Stay on top of the guidance and the news and share what you know
  - Huddle with staff daily
  - Group text messaging
  - Facebook page
- Calendars that tracked every resident's COVID status
- Timely, Accurate, Transparent, Actionable, Caring
- Education daily with time for Q and A with staff
- 1:1 meetings with staff members

Communication During the Pandemic

"We saw what was happening to the facilities around us, so we planned for what would happen to us too. We educated, shared information timely, and didn't lose their trust."

Seth Peimann, Administrator
NHC St. Charles

"In our daily huddles, I told the staff that if the residents must stop their lives, then we need to stop ours outside of work. The staff didn't go anywhere. They did their part outside of work."

Kim Thompson, Administrator
Shelbina Villa

Staff Behavior Outside of Work

- The residents' families saw their commitment off the job
- Masking, social distancing, staying home
- No one wants to bring it in
- Accountable
- Leaders didn't take their commitment lightly

"We all knew that actions in our personal lives affected resident safety and we had personal accountability. What they did outside of work kept residents safe."

Daffney, Infection Preventionist

NHC St. Charles

Triggered the Right Behaviors On and Off the Job

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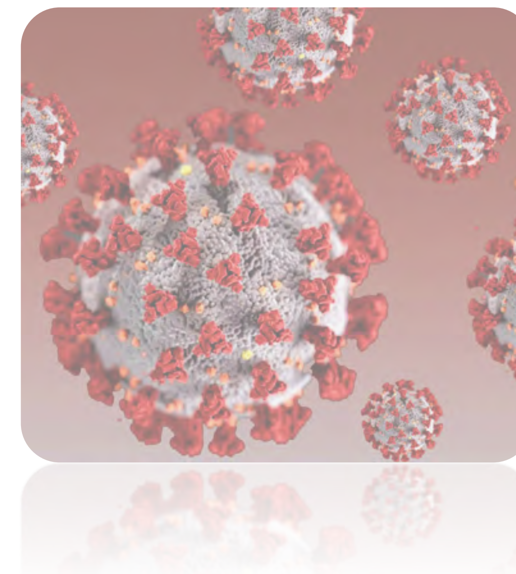
CDC Risk Communication Principles

Build trust and credibility by expressing –

- Empathy and care
- Competence and expertise
- Honesty and transparency
- Acknowledge uncertainty, fears, and frustration
- Explain the process to find the answers
- Cite your sources of information
- Commitment and dedication

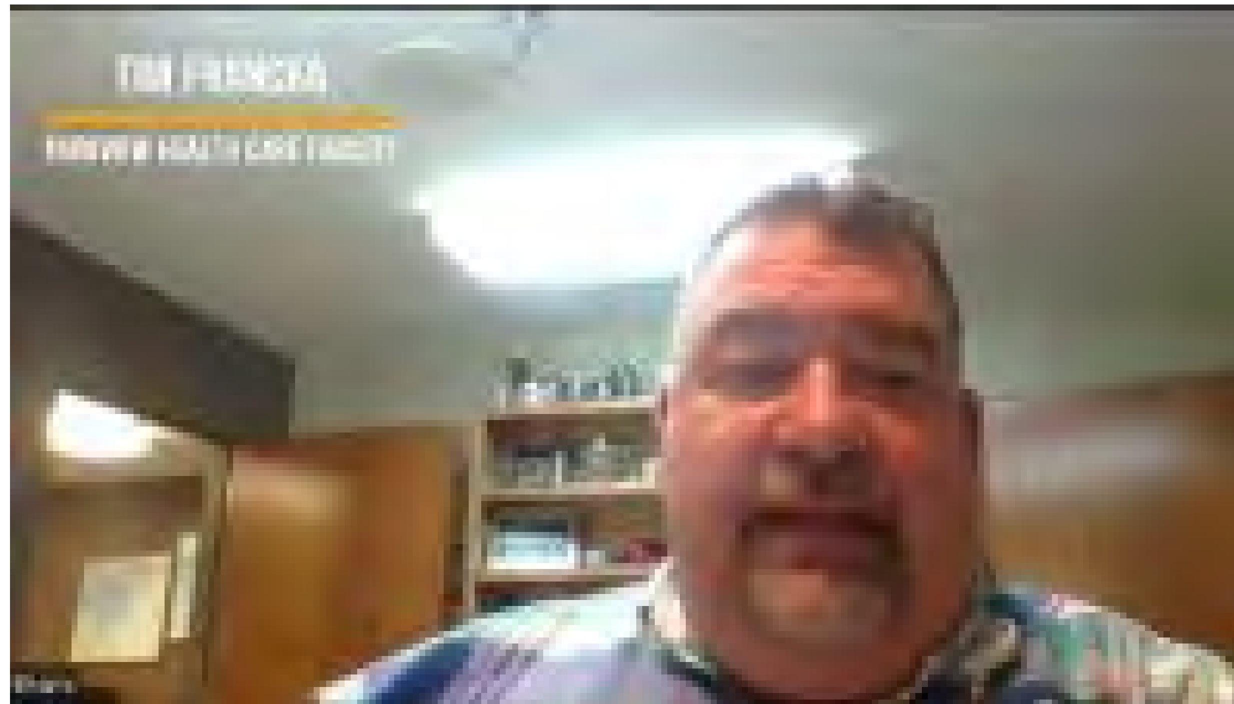
COVID Testing Tips

- Early adopters of POC rapid antigen testing
- Aggressive diagnostic screening testing
- Testing people outside of the facility
- Created a testing lab
- Going to staff members' houses to test them
- Understanding the risks - PCR test turn-around-times and cohorting residents



COVID Testing Tips

- Taking the drudgery out of being tested week after week
  - Testing



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More than 50% of People with COVID-19 are Asymptomatic

- At least 50% of new coronavirus cases stem from asymptomatic carriers according to the CDC
- An analysis published in *JAMA* found that 59% of all disease transmission comes from asymptomatic individuals
- At least 50% of disease spread can be linked to people who didn't have symptoms at all

Pushing Back Against the Guidance

Guidance at the time – "When test results come back, cohort the residents into three zones according to the test results."

"Our first cases were in the dementia care unit, and it was spreading. It took us 2-3 days to get the PCR test results back, so after talking it through and weighing the pros and cons, rather than move the positive residents out of the locked unit, we kept them there and focused on how we could make the unit safe."

Dana Koranado, Administrator

Independence of Perry County

IT DIDN'T MAKE SENSE

Residents in place

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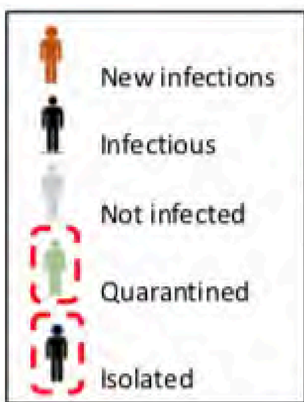
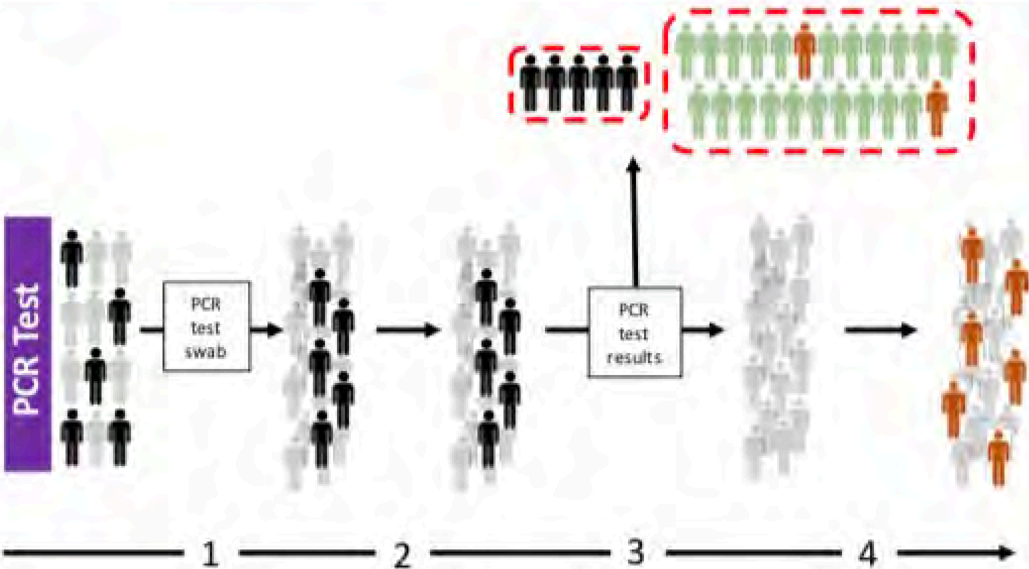
SPEED MATTERS MUCH MORE THAN SENSITIVITY

For public health and return to workplace



PCR Testing

100% Sensitivity
48-hour turnaround



Days — 1 — 2 — 3 — 4 →

80% sensitivity
15-minute turnaround
30-minute confirmation

Antigen Testing

OUTCOME

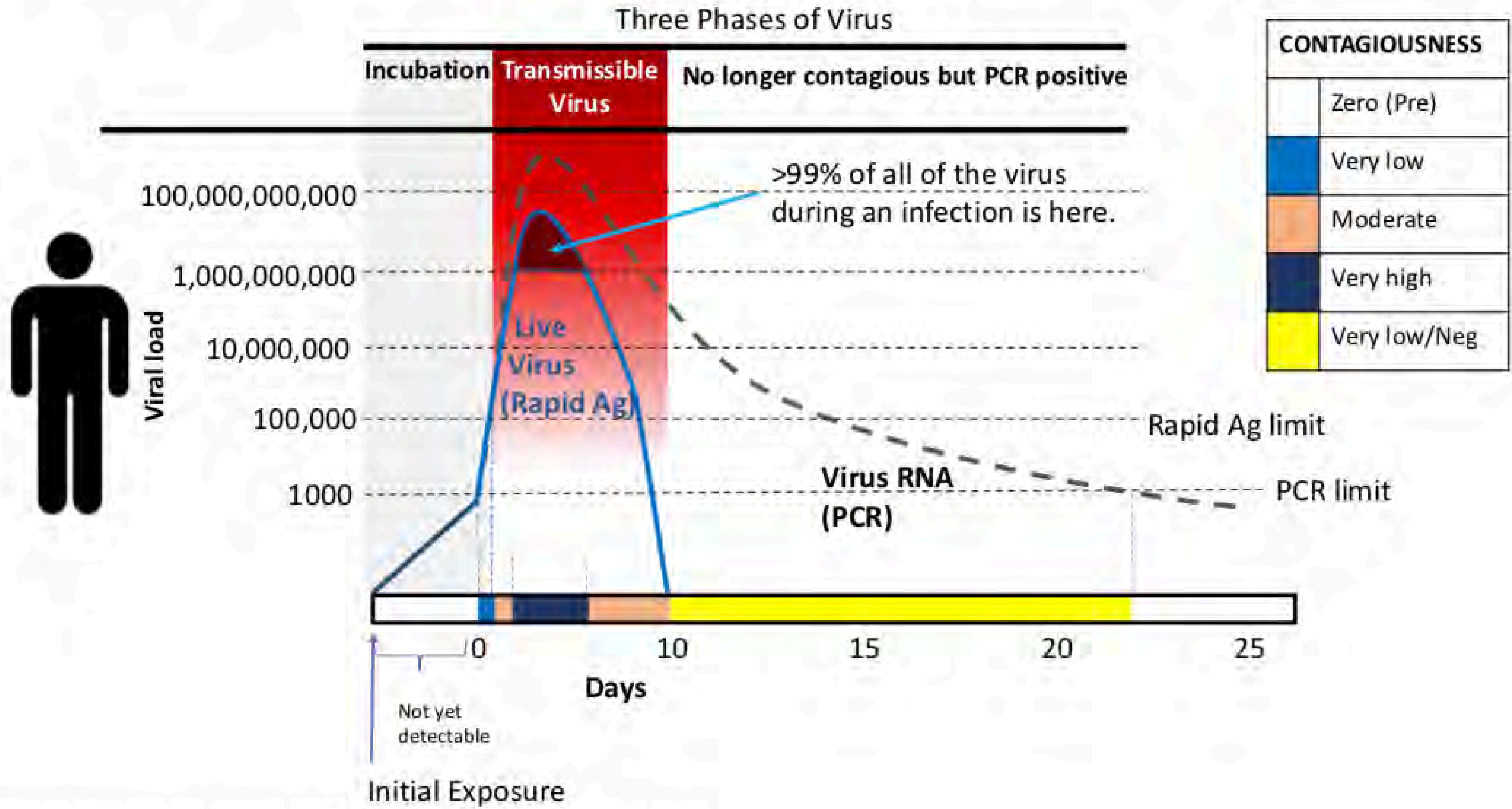
New Infections With 100% sensitive	Quarantined With 100% sensitive
PCR Test	PCR Test

New Infections With 80% sensitive*	Quarantined With 80% sensitive*
Rapid Ag Test	Rapid Ag Test

* Most antigen tests exceed 80% and approach 95% for high viral loads

Michael Mina, MD, PhD, Harvard T.H. Chan School of Public Health/Medical School

Rapid tests have unique ability to detect contagious virus



Michael Mina, MD, PhD, Harvard T.H. Chan School of Public Health/Medical School

Antigen Testing Rules

Attributes	Lab-based PCR Tests	Rapid Antigen Tests
Specific for only contagious virus	No	Yes
High sensitivity for contagious virus	Yes	Yes
Can be used frequently	No	Yes
Provides fast, actionable results	No	Yes
Highly accessible	No	Yes
Instrument free / easy to use	No	Yes
Low cost	No	Yes

CMA Grand Rounds, 2/10/22

Cohorting and Slow PCR Test Turnaround-Times Don't Mix

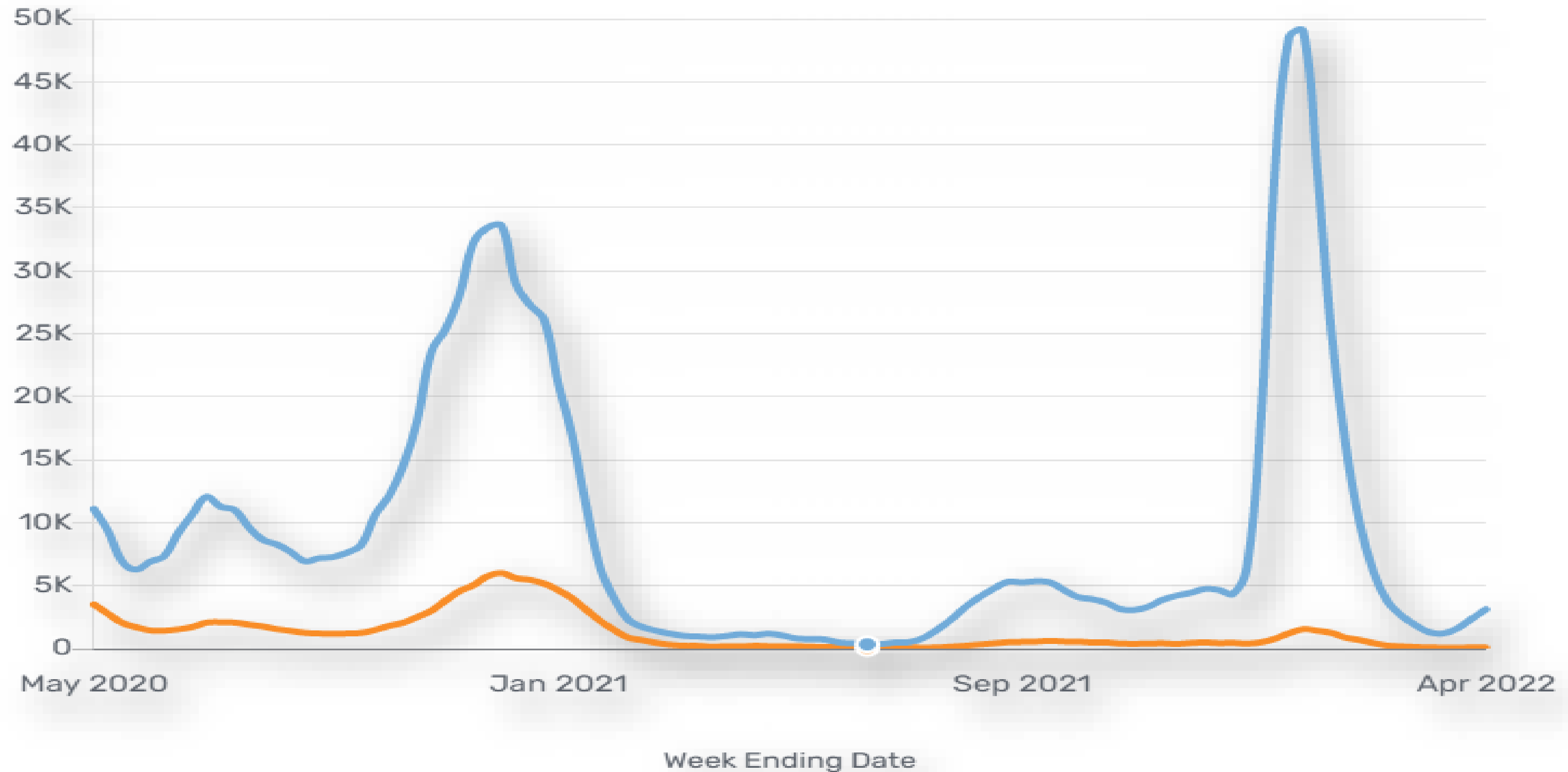
Best Practices:

- Don't rely on PCR testing
- Have a well-stocked supply of POC Antigen test kits
- Never move any resident anywhere without a POC Antigen test just prior to the room move

Test to Treat *in Less than 5 Days*

- Rapid testing with immediate results is critical
- Treatment is most beneficial to patients if given **early**
- EUA requires administration of treatment as soon as possible and within **5 days of symptom onset**
- Logistical challenges must be quickly overcome

CDC - Weekly SNF Resident COVID-19 Confirmed Cases and Deaths



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COVID Treatments are Available

Effective treatment for residents with mild to moderate COVID-19 **is available** and **should be offered to all residents** if they meet criteria for treatment based on EUAs

We are **not in a state of scarcity**, all residents at high risk for disease progression with a COVID-19 positive test (PCR or antigen) who are within the 5-day treatment window should be offered treatment

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Know Your Treatment and Prevention Options for COVID-19

There are more treatment options available now for COVID-19. While most people do not need treatment, treatments can prevent hospitalization and death for persons who are high risk. **Talk to your healthcare provider** if you are at risk of serious illness and interested in preventive therapy OR if you are at high risk and test positive for COVID-19.

Treatments are not a substitute for vaccination. Vaccination remains the safest, most effective way to protect you from COVID-19. Treatments must be started early, so don't delay testing. Here is information on the available COVID-19 treatments.

	Evusheld	Paxlovid	Molnupiravir	Bebtelovimab	Remdesivir
Who is eligible?	• Ages 12+ • Persons **without** COVID-19 infection OR recent exposure; **AND who**: • Are immunocompromised, • Have received treatment that lowers the immune system, **OR** • Can't get vaccinated due to severe allergic reaction.	• Ages 12+ • Persons with COVID-19 who are at high risk of serious illness	• Ages 18+ • Persons with COVID-19 who are at high risk of serious illness	• Ages 12+ • Persons with COVID-19 who are at high risk of serious illness	• Adults and children over 3.5 kg (8lbs.) • Persons with COVID-19 who are **not hospitalized** but are at high risk of serious illness
When must it be started?	**Before** infection to help prevent COVID-19	Within **5 days** from start of symptoms	Within **5 days** from start of symptoms	Within **7 days** from start of symptoms	Within **7 days** from start of symptoms
How is it given?	**Injection**	**Pills** taken orally for 5 days	**Pills** taken orally for 5 days	One-time **Intravenous Infusion (IV)**	Once daily **Intravenous Infusion (IV) for 3 days**
Where can it be given?	**Healthcare Facility/ Infusion Center**	**Home**	**Home**	**Healthcare Facility/ Infusion Center**	**Healthcare Facility/ Infusion Center**

For more information, visit: **https://www.fda.gov/consumers/consumer-updates/know-your-treatment-options-covid-19**

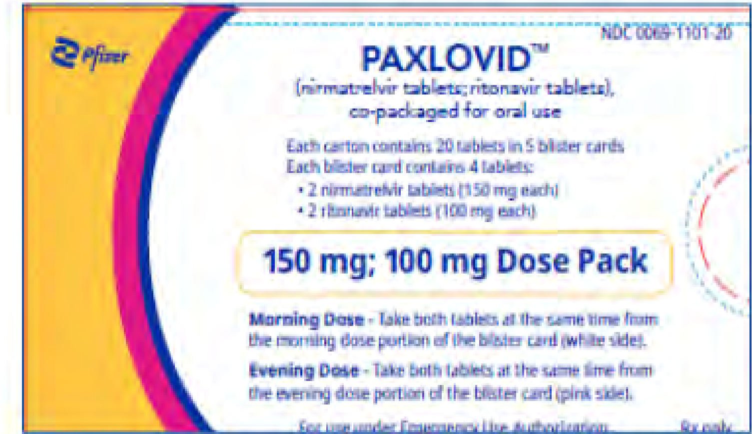
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

*Adapted from materials provided by the County of Santa Cruz

UPDATED APRIL 2022

Paxlovid (nirmatrelvir and ritonavir) Formulation and Packaging

FDA has updated the Paxlovid EUA to authorize an additional dose pack presentation of Paxlovid with appropriate dosing for patients within the scope of this authorization with **moderate** renal impairment.



Standard Dose*

300 mg nirmatrelvir;100 mg ritonavir: Each carton contains 30 tablets divided in 5 daily dose blister cards. Each blister card contains 4 nirmatrelvir tablets (150 mg each) and 2 ritonavir tablets (100 mg each). Nirmatrelvir tablets and ritonavir tablets are supplied in separate blister cavities within the same child-resistant blister card.

Renal Dose

150 mg nirmatrelvir;100 mg ritonavir: Each carton contains 20 tablets divided in 5 daily dose blister cards. Each blister card contains 2 nirmatrelvir tablets (150 mg each) and 2 ritonavir tablets (100 mg each). Nirmatrelvir tablets and ritonavir tablets are supplied in separate blister cavities within the same child-resistant blister card.

*Standard Dose pack may be adapted for renal dosing. See instructions on next slide.

Find COVID Medication

Find local pharmacies that have COVID antivirals in stock – https://healthdata.gov/stories/s/COVID-19-Public-Therapeutic-Locator/chu2-wqes

Test-to-Treat locator – https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com

COVID Antiviral Treatment – Cycle Time
Identifying a Change, Testing, and Treatment in 5 Days or Less

SHORT CYCLE TIME

- Operational steps have been taken to prepare for COVID treatments
- A housekeeper, who knows a resident well and chats with her as she cleans her room, notices that resident is short of breath which is unusual for her
- The housekeeper knows what to watch for because she attends the morning huddle and has learned to look for certain changes in the residents
- The housekeeper tells the charge nurse who tests the resident with a POC rapid antigen test
- The resident tests positive for COVID and has a symptom
- Resident is placed in isolation
- Nurse assesses resident, calls the physician who orders the COVID treatment Paxlovid which starts within 48 hours of a positive test and symptom onset
- Resident's symptoms remain mild, and she recovers and moves back to her room on day 10

TOO LONG A CYCLE TIME

- No operational steps have been taken
- A housekeeper, who knows a resident well and chats with her as she cleans her room, notices that resident is short of breath which is unusual for her
- The housekeeper notices her symptoms as day goes on, but she assumes the nurse must know
- CNAs document the resident ate less at breakfast and lunch and is lethargic, but they don't tell the charge nurse
- The next day, a nurse sees resident is in slight respiratory distress, so she swabs the resident and sends the specimen to the lab and waits for the PCR test results
- Resident is moved to a single isolation room in the yellow zone awaiting the test results
- The lab is busy, so facility does not learn about the resident's positive test result until 4 days after her symptoms developed
- The next day, because none of the operational steps were taken, the COVID antiviral treatment window closes

NHC St. Charles

Low mortality rate

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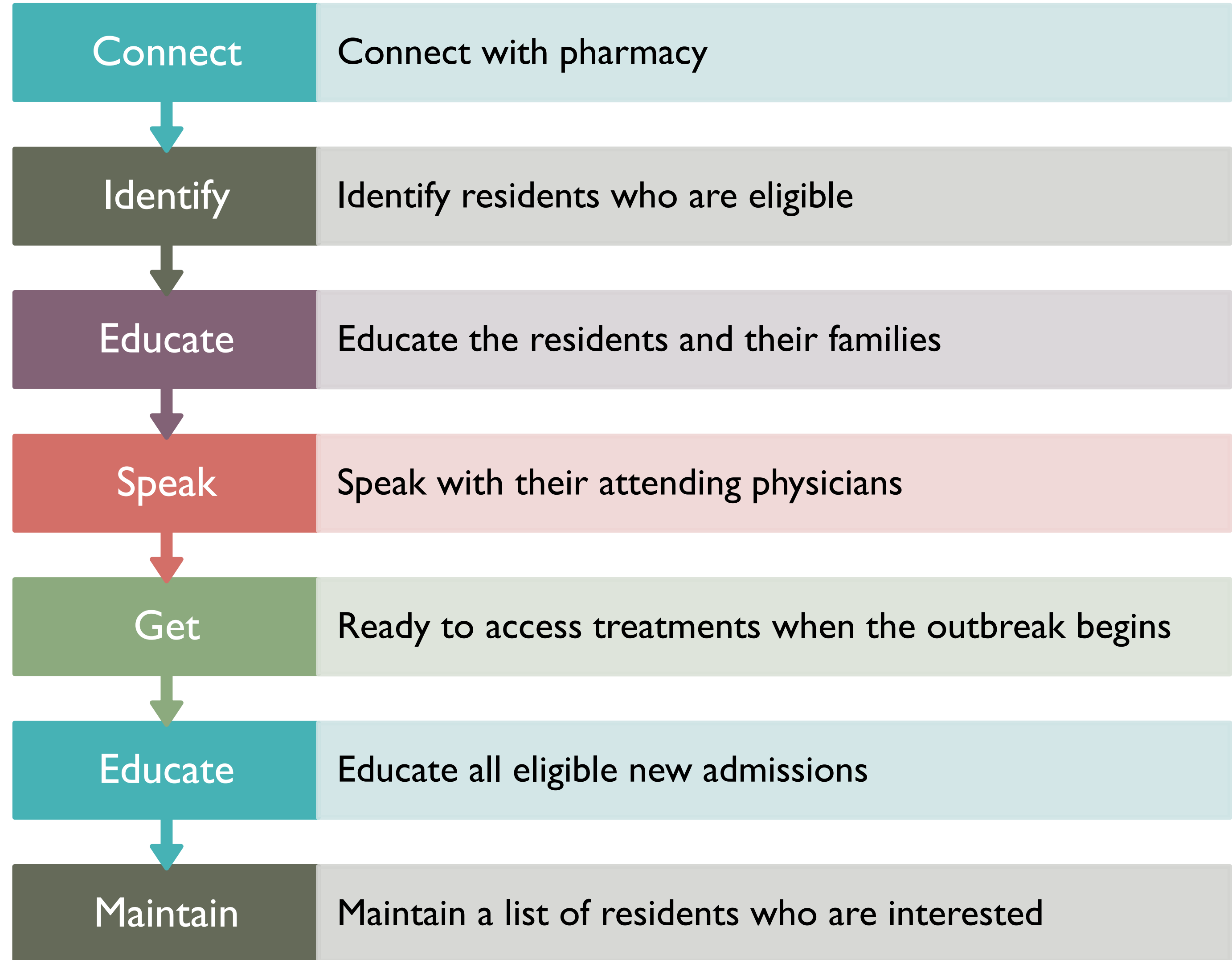
"WE HAD A HIGH NUMBER OF CASES AND A LOW NUMBER OF DEATHS"

NHC Healthcare, St. Charles

- Physician and a nurse practitioner on-site 5 days a week
- Transitioned to more RNs before the pandemic
- Staff stability and consistent assignment
  - Early detection of changes or symptoms
- Intervene right away with a COVID order set
- Treat residents like they have it while waiting for the PCR test results
- Send them to the hospital before the disease progresses

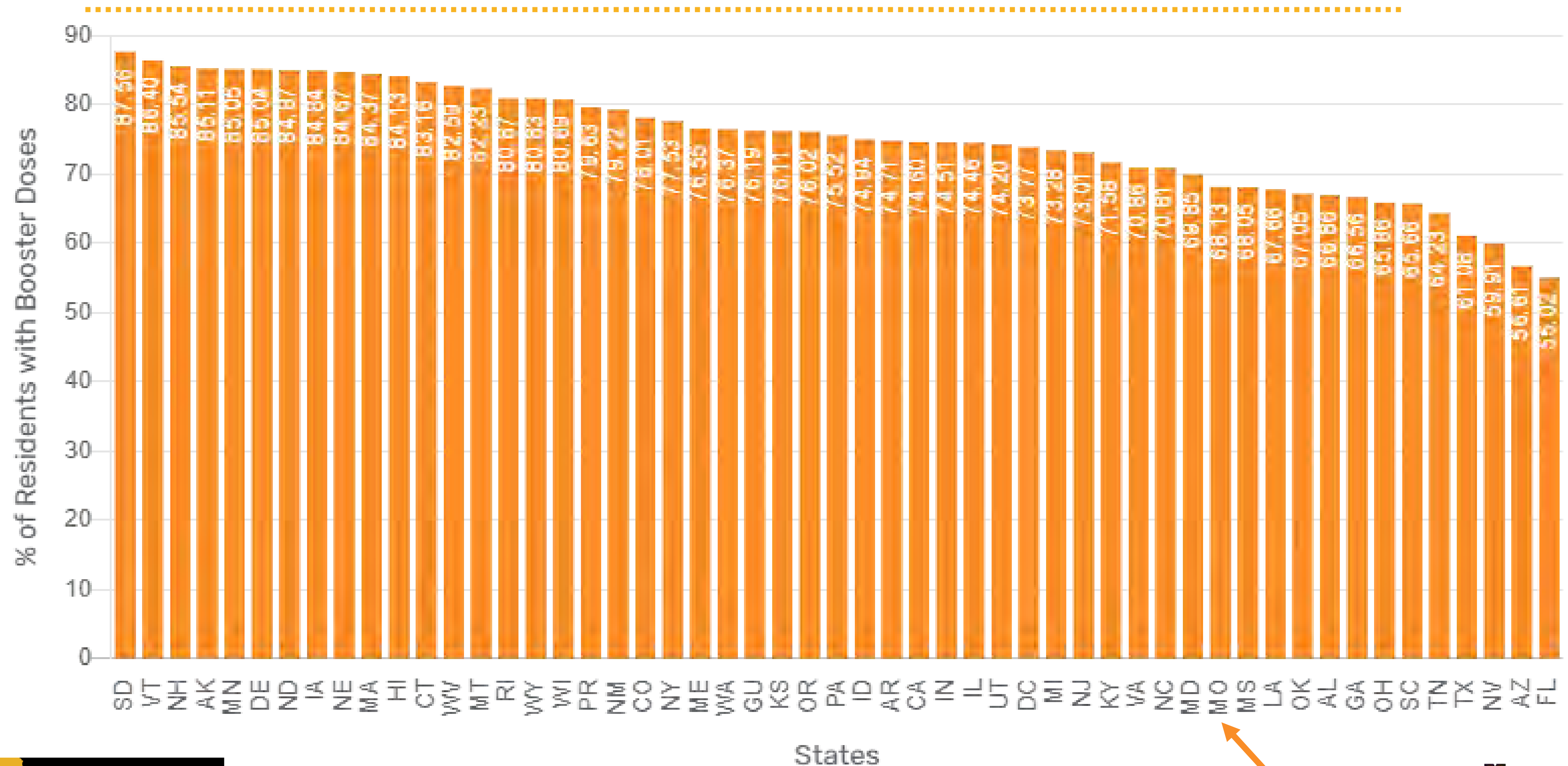
Operational Steps to Complete in order to Access COVID Treatment Just-In-Time



Isolation and Quarantine Tips

- Strong relationships allow staff to be transparent about possible exposures
- Fostered transparency - no one suffered financially if had to quarantine
- Followed the guidance carefully
- Stayed true to the duration of isolation and quarantine days
- Overly cautious with the staff
- Made sure the staff's families were safe
- Allowed staff to stay in empty resident rooms

RESIDENTS VACCINATED AND BOOSTED FEBRUARY 2022



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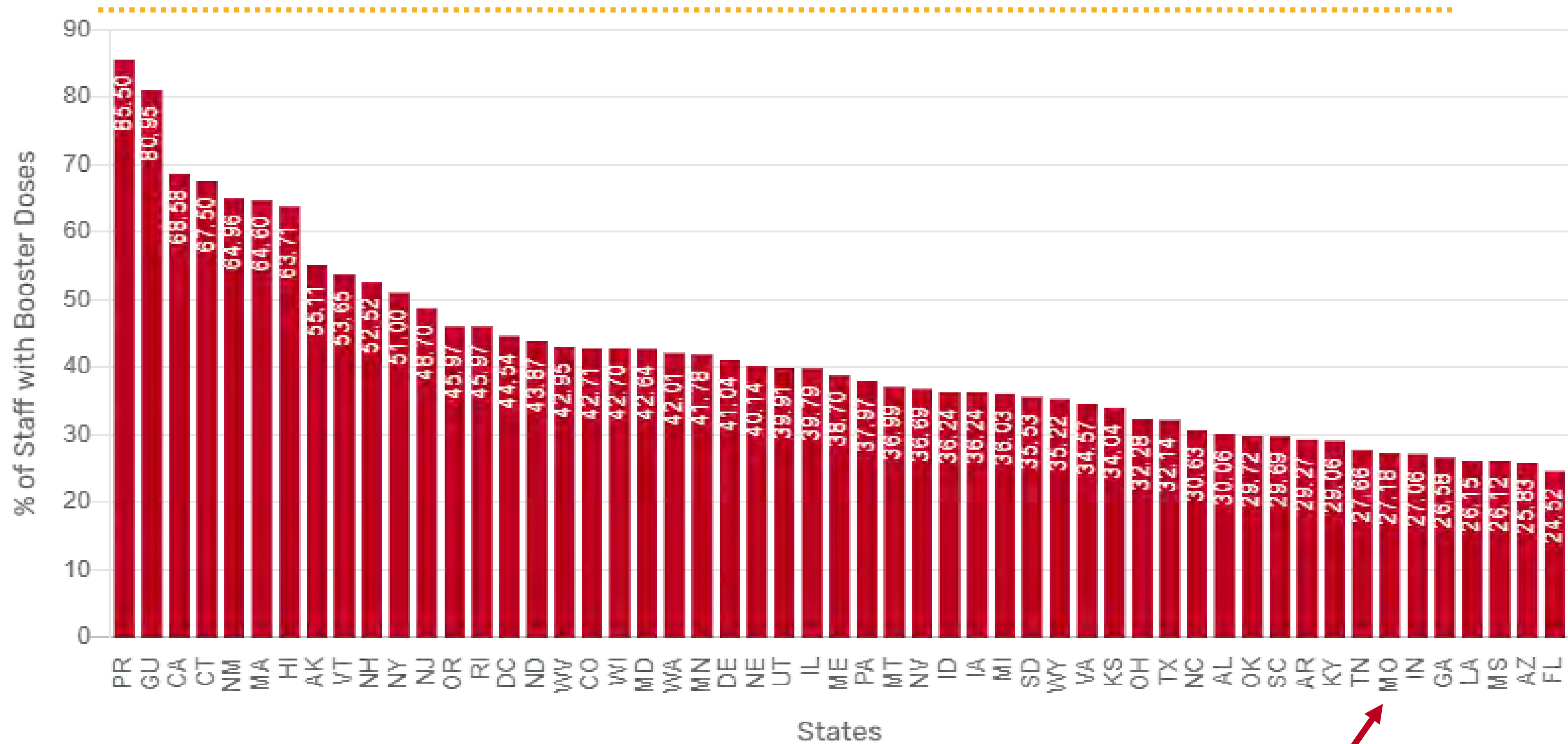
Staff Vaccinated and Boosted February 2022



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Tips to Achieve High Vaccination Rates

Reaching high rates before the mandate took effect –

- Medical Director had 1:1's with hesitant staff and family members
- Provide education and cite trusted sources
- Made it fun and offered incentives - $2/hr raise, prizes
- Created the space and trust to be asked - "What do you think I should do?"
- The leaders were the first to get the shots

Tips to Achieve High Vaccination Rates

Reaching high rates before the mandate took effect –

- They made it accessible - vaccinations

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Going First

"Before COVID, the staff knew I was vaccine-hesitant. But I saw the need, so they saw me go first. I was hesitant, but I never voiced my hesitation, I just said, 'This is best for the residents.' I had meetings with the staff, 1:1 and in small groups. I let them talk and some were scared, and there were lots of tears. The staff looked to us for guidance because we have a strong relationship with them."

Dana Korando, Administrator

Independence of Perry County

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Overcoming Vaccine Hesitancy

"Staff identified other staff members who were misinformed, and we spoke to them. The conversations were hard. I let one younger staff member know that your Mom doesn't know best on this topic – you do."

Seth Peimann, Administrator

NHC St. Charles

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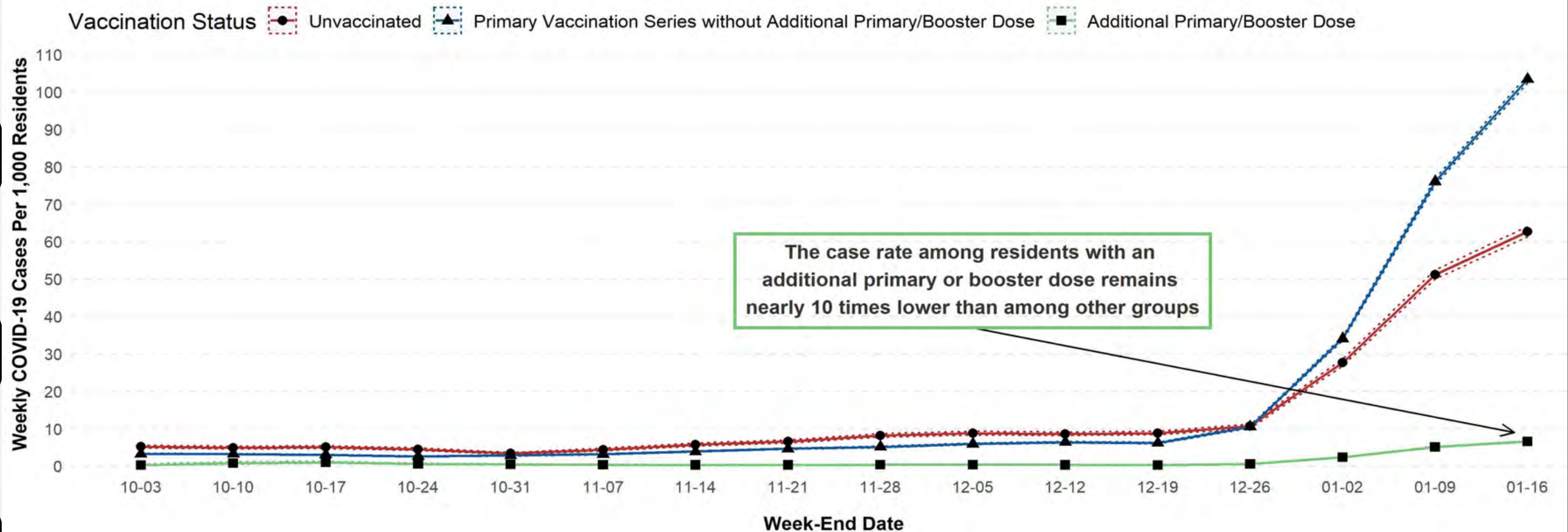
Omicron Surge



Tips for Increasing Vaccine and Booster Doses for Residents

- Hospitals offer vaccine or booster to residents discharging
- Become a vaccine provider
- Designate frontline staff champions
- Set resident vaccine/booster coverage goals and publicized them
- Give residents inexpensive rewards
- Use a total of 9 or more strategies

Second Booster Benefits Against Severe Disease

Benefits after mRNA COVID-19 booster dose among persons ages ≥50 years

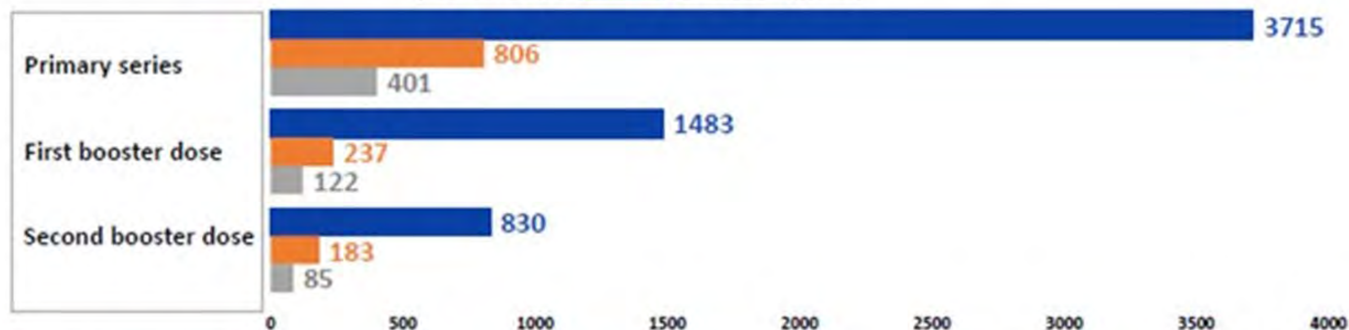
*For every **million** series completed*

Scenario:

- 55% VE for primary series[1]
- Boost to 88% VE for single booster[1]
- Assumed boost to 95% VE for second booster[2]

Vaccine series	VE for hospitalization
Primary series	55%
Primary series + booster dose	88%
Primary series + second booster dose	95%

COVID-19-Associated Hospitalizations, ICU Admissions, Deaths
Prevented per Million Series Completed



VE: Vaccine Effectiveness; [1] VE estimate from IVY and VISION: https://covid.cdc.gov/covid-data-tracker/#vaccine-effectiveness; [2] Relative VE estimate for 4th dose: https://www.nejm.org/doi/pdf/10.1056/NEJMoa2201688?articleTools=true; COVID-NET hospitalization rates from the week of February 26, 2022

39

- CDC modeling study
- Second booster additional benefit estimated from studies in people 60+ in Israel
- Added magnitude of benefit of second booster dose is less than the added benefit of first booster dose or primary series.
- **Second booster dose prevents additional severe outcomes.**

Disease Transmission

COVID-19

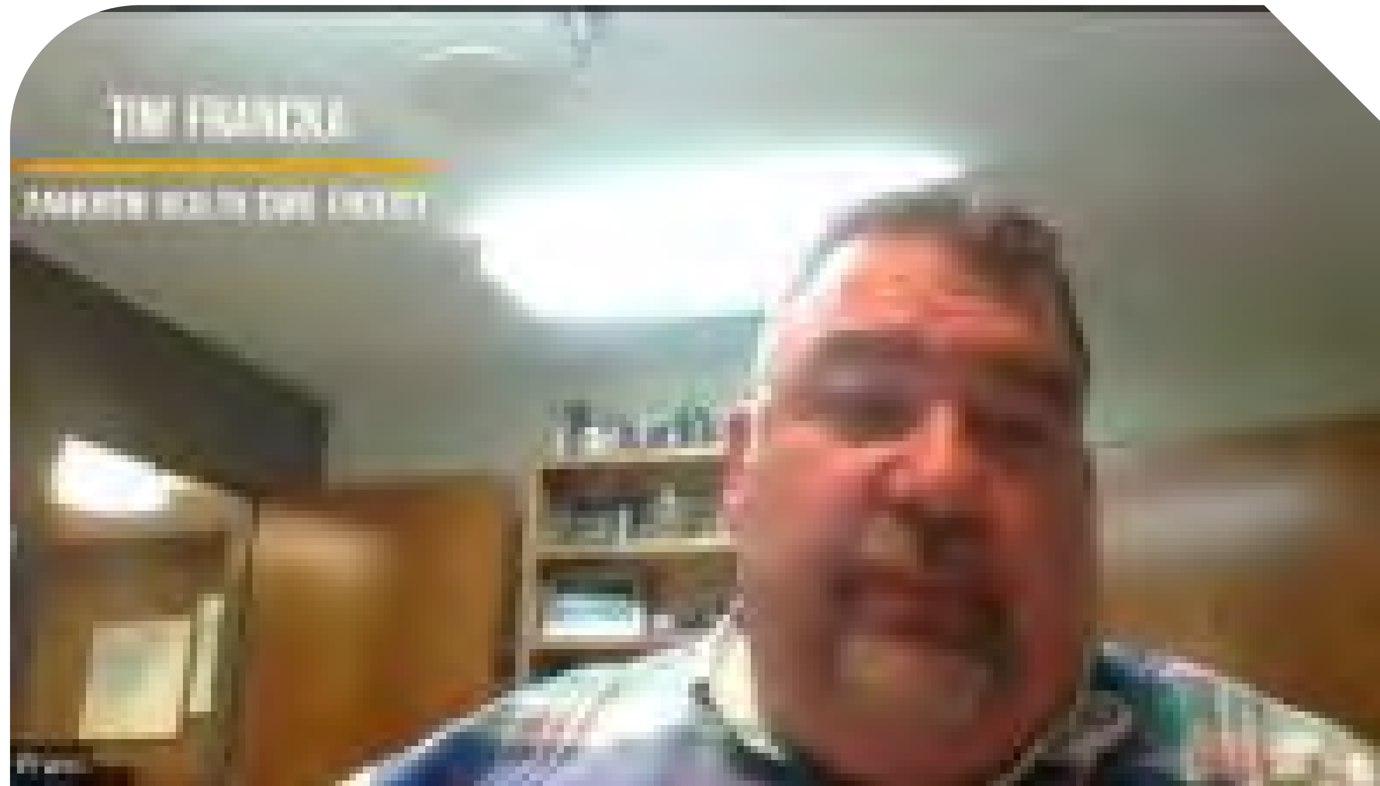
- Primary mode of transmission – person to person through the air
  - Airborne -Small droplets/aerosols from nose or mouth when a person with COVID-19 coughs, sneezes and even speaks
  - These droplets/aerosols can linger in the air and be circulated throughout a building

Tips to Create Negative Pressure Rooms

Parkview Health Care Center

Tips to Create Negative Pressure Rooms

Tim Francka, Parkview Health Care Center



Tips to Create Negative Pressure Rooms

YouTube Video – How to create a negative pressure room

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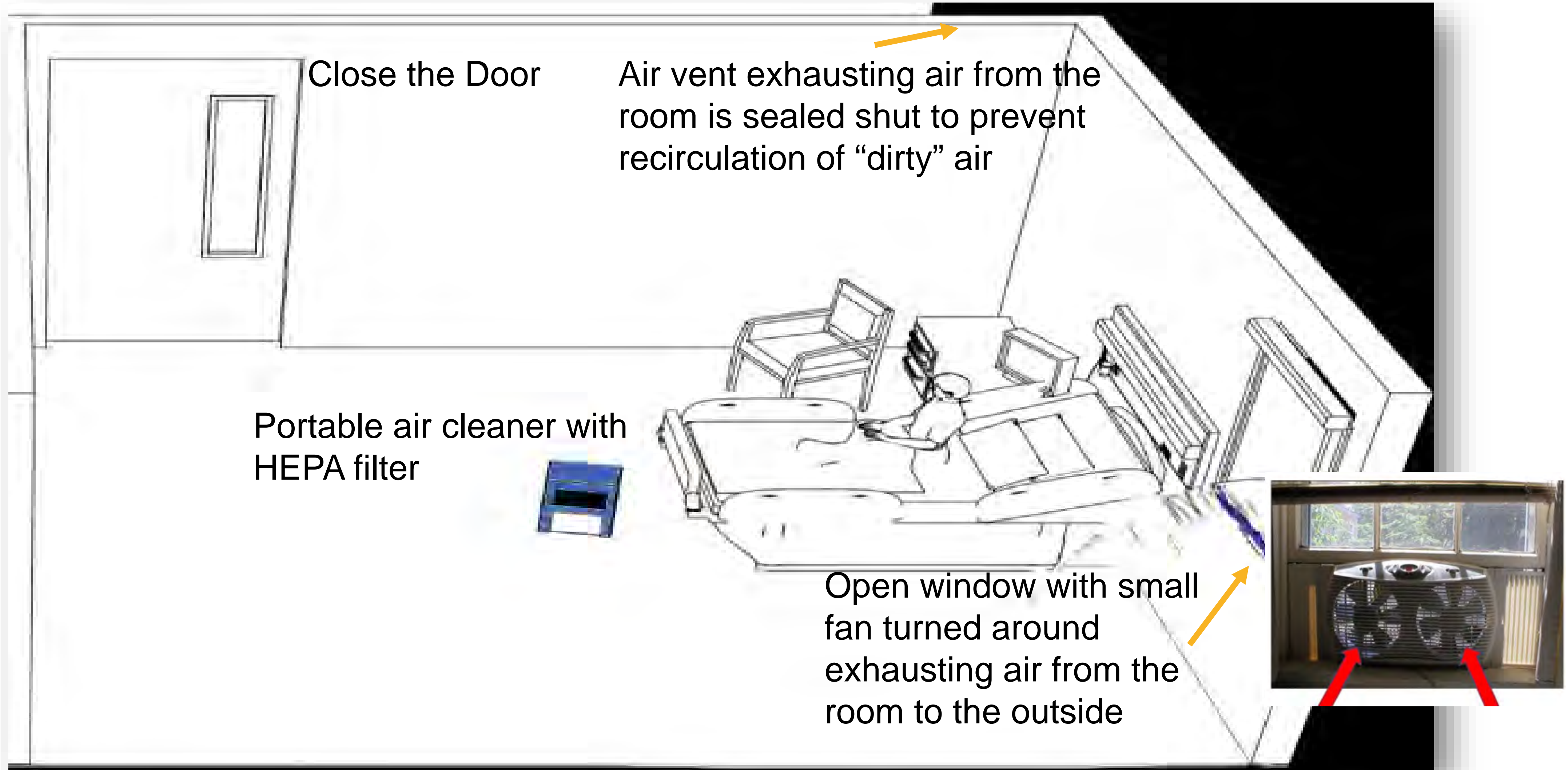
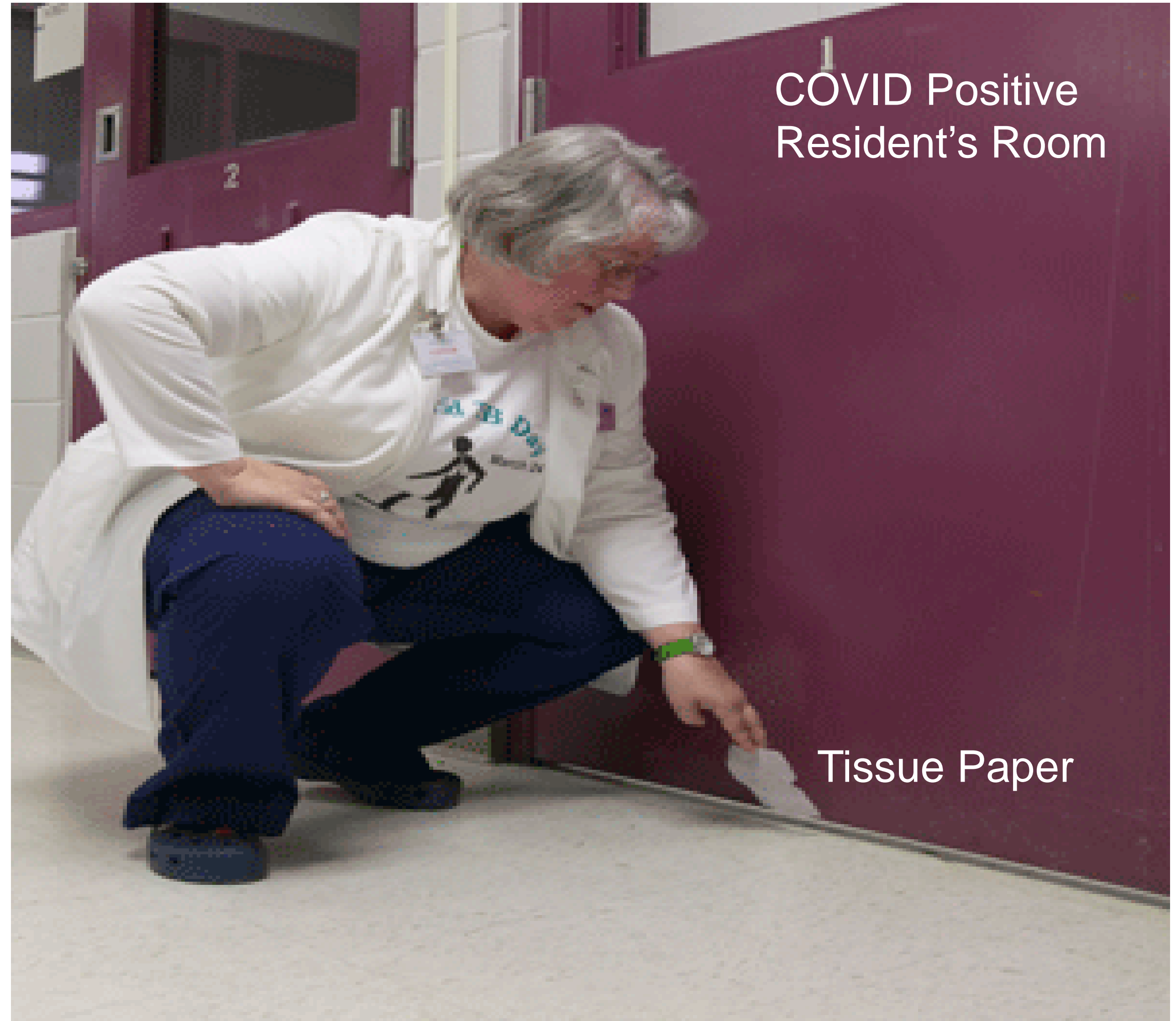
The Virus Spreads Through the Air



Which way is the air flowing?

Is it into or out of the COVID positive resident's room?



Focus on the Air in Your Facility

- Use of portable air cleaners with HEPA filters
  - HEPA filters reduce transmission by 65%
  - One HEPA filter equates to 2 windows open
- Exhaust "dirty" air directly to the outside from rooms in the red and yellow zones
- Fans can be turned around and placed in windows to direct "dirty" air outside
- Bathrooms exhaust fans should run constantly

HVAC Systems

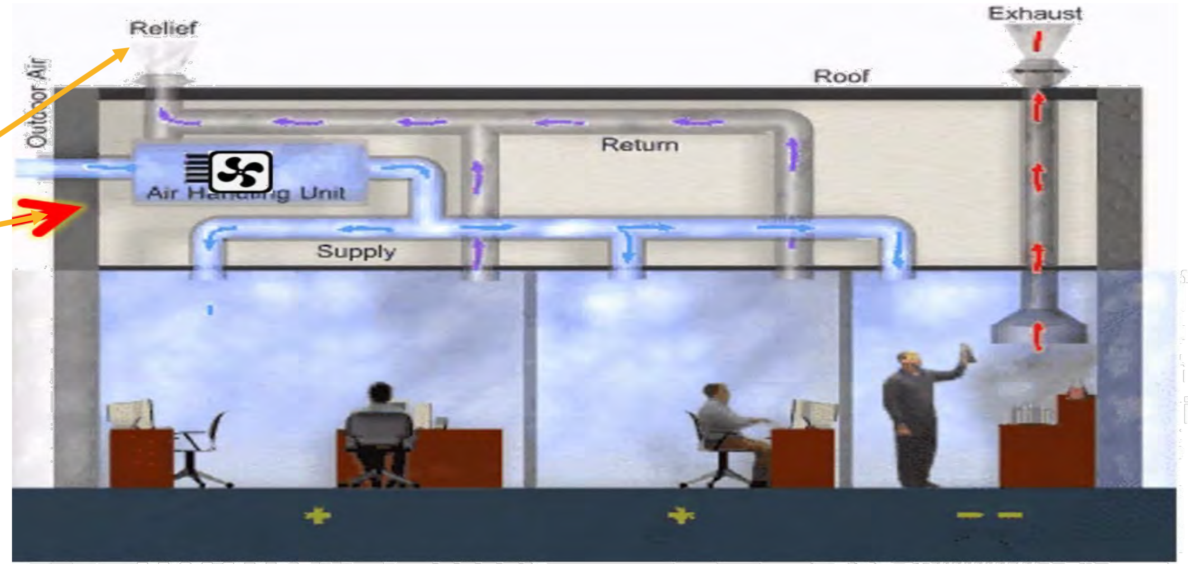


Image Credit: EPA

Ventilation systems supply buildings with a mixture of fresh and recirculated air

- Adjust the outdoor air damper to supply more fresh air
- Adjust the HVAC system to run continuously
- Reduce or eliminate air recirculation
- Have a regular maintenance service agreement with a certified HVAC technician who is changing filters, checking ducts, inspecting system

Filtration of Recirculated Air

- Upgrade the air filtration filters in their building's ventilation system to as high as possible
- Minimum Efficiency Reporting Value (MERV) of 14 or higher filters

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Tips to Keep Residents and Families Connected

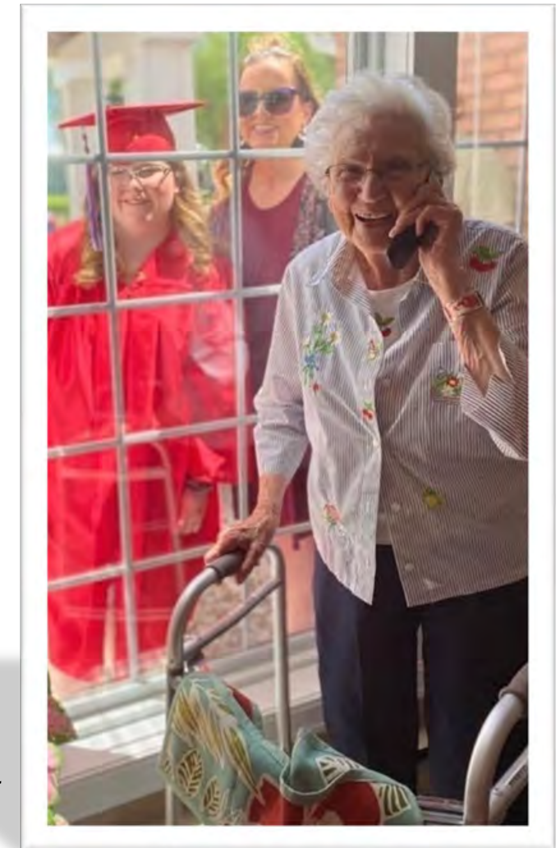
Leaders expressed a deep commitment to keeping the residents and their families connected during lockdowns –

- Creatively lifting everyone's spirits
- Facetime visits, window visits, phone calls

"We had 23 window visits in one day!"

- Spring Ridge

Shelbina Village



Shelbina Village

Tips to Keep People Connected

"Staff brought in their iPads for the residents to talk with their families. We were always figuring something out. When a daughter stood in the doorway to visit her mom and said it was her birthday, the staff got her a cupcake and found a safe way for them to share it together."

Carmen, DON
Spring Ridge

- Decorated windows
- Strung our holiday lights inside
- Doorway bingo
- Tested the family members before visiting
  - Families saw the staff making sacrifices
- Group text messages to keep family members informed
- Hug tents

Shelbina Village

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Parkview Health Care Facility

What did the Pandemic Create that We Should Continue?

- Offering virtual visitation
- Offering virtual care conference participation
- Recognizing some visitors as essential
- Offering sick pay, quarantine pay, hazard pay
- On-going symptom screening
- Focus on the air - ventilation and airflow

COVID-19 Created and Must Continue

- Federal support for mass vaccination campaigns at LTCFs
- Telehealth for access to specialists
- Leadership use of various communication channels
- Connecting staff actions outside of work with resident safety
- Directing all new admissions into private rooms with private baths
- Providing in-room, one-on-one PT, OT, ST

The Benefits of In-Room Therapy vs Gym Therapy

"In-room therapy, while it was mandated and felt burdensome, has its' blessings because it's so functional. We're not having a patient practicing getting on and off a table in the gym; they're practicing getting on and off the bed they sleep in every single night. They're walking around their room and the obstacles in their room, instead of cones that are set up in a therapy gym to create an obstacle course."

COVID-19 Created and Must Continue

- Recognized value of masks as source control
- Communication and warm hand-offs between Acute Hospitals and LTCFs
- Fit-testing of N95s
- Physician presence in LTCFs
- Recognized value of an engaged Medical Director

*Time Permitting

Action Periods

Translating knowledge into practice

- May 16, 2022 – COVID prevention and Mitigation
  - Action Period 1
- June 2, 2022 - Staffing Stability
  - Action Period 2
- June 20, 2022 - Leadership and communication systems
  - Action Period 3

What Happened at Your Organization?

Debrief with the frontline staff

- What went well or what did we do that worked?
- What did not go so well and what did we learn and do differently?
- How are you holding up?

Potential Action Period Assignments

- Call your pharmacy and get ready to access COVID treatments
- Educate residents, their families, and the staff about COVID treatments
- Take additional steps to clean the air in your facility
- Stock up on POC Antigen Test Kits
- Change cohorting policies to include POC test before room moves
- Share the presentation with your team and identify tips to adopt

Three Takeaways You Can Put in Play right away

TAKE A MINUTE TO:

1. IDENTIFY THREE TAKEAWAYS
2. INCLUDE TO-DOS TO MAKE IT HAPPEN

LEADERSHIP

WHAT YOU DO *REALLY* DOES MATTER

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Our Leadership Questions

Tell us how you approach leadership

- How do you maintain a presence and availability with staff?
- How do you involve staff?
- How do you keep staff informed?
- How do you build a positive chain of leadership?

What We Heard

"We are not hung up on titles."

"When we were down a housekeeper, I cleaned rooms."

"When we were down a cook, I cooked."

What We Heard

"If someone is sick, I'll make chicken soup and bring it to them."

"If they were absent because of COVID, we sent home masks and gloves and food to keep their family safe and well. And they had a paycheck."

What We Heard

"Everyone had good ideas."

"I know all of the staff by name and something personal about them."

What We Heard

"If I don't know about it, I can't help you fix it."

"Just tell me; we can work it out."

What We Heard

"We don't expect our staff to do anything we won't do."

"If you are flexible with your staff, they will be flexible with you."

"We are out on the floor, with a positive attitude."

What We Heard

"We flex for staff, and they flex for us."

"We love what we do."

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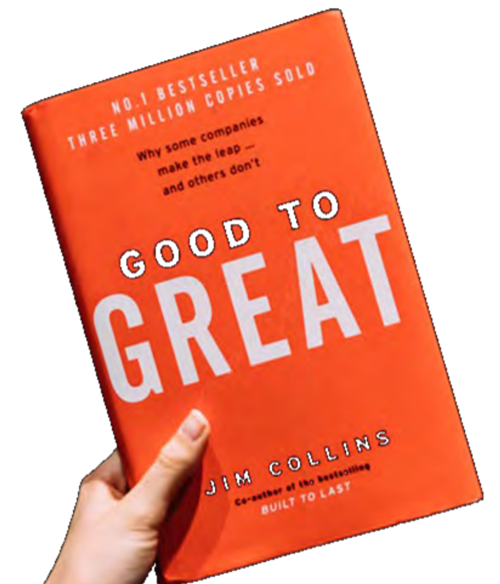
Good to Great

Jim Collins 2001

- Good to great does happen
- Research study
  - –Quantitative and Qualitative
  - –"Good to Great" and sustained
  - –Compared to similar companies that stayed good



Is it Leadership?

Before they started their research, the team was given explicit direction to downplay the role of leadership to avoid the simplistic "credit or blame the leader" thinking that was common then and is still common today.

Yes!!!

- However, what they found was that all of the good to great companies had a kind of leadership that they labeled *level five leadership* at the time of their transition from good to great.
- Furthermore, the absence of *level five leadership* showed up as a consistent pattern in the comparison companies.

Level Five Leadership

- A different kind of leadership
- Rigorous, not ruthless
- A sense of purpose beyond their own success
- They also put in systems to sustain their success

We Heard a Lot about Rigor

"I'm OCD about infection control."

Trusted Leaders

"If someone can't come in, we are flexible and work with them so they get their hours another time and they are able to take care of whatever they have to now; it's being in a relationship, having trust."

Words Used to Describe Level Five Leaders

- Disciplined
- Rigorous
- Dogged
- Determined
- Diligent
- Precise
- Fastidious
- Systematic
- Methodical
- Workmanlike
- Demanding
- Consistent
- Focused
- Accountable
- Responsible

But they also are fanatically driven, infected with an incurable need to produce results.

Relationships Matter

- We are all human beings with human needs.
- I recognize the importance of what you do.
- I'm in it with you.

- Great leadership is relationship-based
- Great leaders bring out the leadership in others – they help others shine

"We are raising leaders."

Great Leaders Uses a Skill Set That Can be Learned, Practiced, Developed

I am a work in progress.

We are all works in progress.

Our Next Meeting will Focus on Staffing

The homes we interviewed don't have a factory that produces great staff.

They chose their staff carefully, then fully supported them.

IMPORTANT – CEU Information

Today's Webinar has Been Approved for CEU Hour(s)

In Order for MO LNHAs to Get Credit:

- **It is REQUIRED that you complete a brief survey/evaluation**

  Within 24 hours, you'll receive an email from musonqipmo@missouri.edu with the link to a SurveyMonkey survey

- **It is REQUIRED that you answer the question asking for your LNHA number.**

**The amount of your credit will be adjusted based on time spent on the webinar.*