

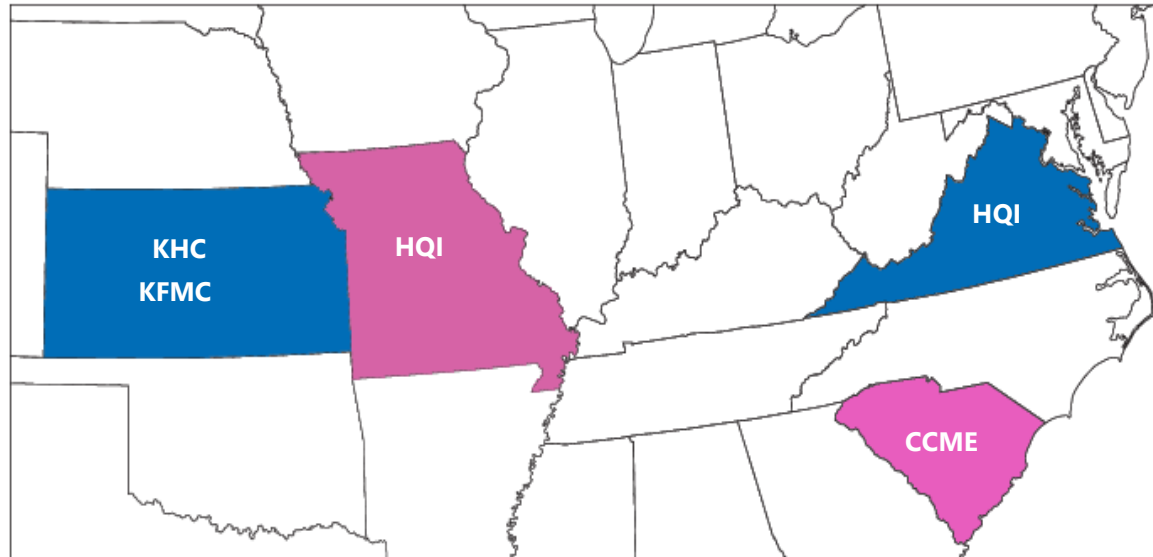


## Weekly Dose Office Hours

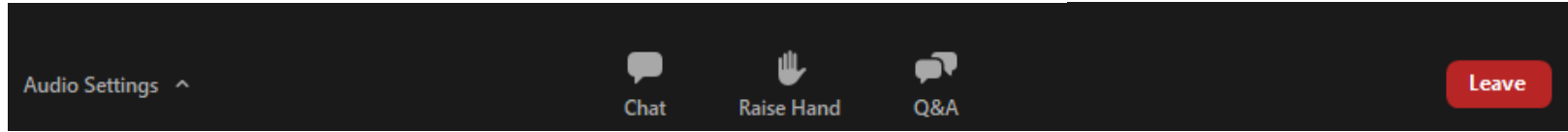
# Rebuilding Trust: Partnering for Improved Outcomes

3/30/2022

# Health Quality Innovation Network



# Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

**Raise your hand** if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

# Today's Presenters



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**Michael Rajewski**  
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Mount St. Mary Kansas



**Mary Locklin,  
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Quality Improvement  
Advisor-Infection Prevention

# Goals for Weekly Vaccine and Booster Education:

- Improving booster uptake
- Current knowledge updates
- A forum for vaccine and booster questions
- Interactive, peer-to-peer collaboration
- A “safe space” to talk
- Best practices and innovative idea sharing
- Tips for improving resident and staff safety



*The content presented in this webinar is based on COVID-19 information and guidance as of the date of this session.*

# Current Knowledge Update

## Learning Objectives

In today's session, we will:

- ✓ Discuss how COVID-19 safety protocols and regulations influenced our relationships with residents and families
- ✓ Review strategies to enhance your patient and family engagement program
- ✓ Best Practice Review: Strategy in Action



“Clinicians and staff said keeping families away had been among the darkest experience of their professional lives. The restrictions run counter to our desire to keep patients and families together, not only for the salutary effect of something as simple as a hand held, or a chair pulled close to a bed, but because having a relative present can ease the workload of the medical team. It can also provide crucial information that a confused patient may not be able to offer.”



'A Heart-Wrenching Thing': Hospital Bans on Visits Devastate Families - The New York Times (nytimes.com) - Hafner, 2020

# Kansas Advocates for Better Care

Kansas Advocates for Better Care/KABC is a consumer advocacy organization that was established in 1975.

## Key Points

- It is hard for all of us to “focus more on COVID” as we all have trauma from the pandemic – both personal and professional. We’d like to leave it behind.
- We can’t move forward without looking back. Reflection gives us context for where we are now. That’s what the examples which follow will help us to start thinking about.
- You’ll want to start by gathering the experiences and concerns of persons living in the facility where you are and those of their family.



# COVID-19's Negative Impacts on Individuals Living in Nursing Homes

- Harm, abuse, neglect
- Feeling of being disconnected, imprisoned, isolated
- Unrelieved boredom, loneliness, depression, anxiety, fear, grief
- Powerlessness
- Decline in health and function – physical, cognitive, emotional



# Resident- and Family-Reported Care Concerns

## Communication

- Resident requested facility to call family during healthcare event, family reported their phone showed no missed calls.
- Resident unable to talk with family, couldn't access a facility phone even in facilities that received state or federal funding for tablets to facilitate video communication. This lasted for days or weeks, in some cases.
- Resident with dementia denied in-person visits, unable to use typical video chat devices correctly. Family installed "Alexa" because it could be activated without the resident having to do anything to it. After a couple of video chats, the facility decided that "Alexa" was video surveillance and refused to allow it to stay in place.

# Resident- and Family-Reported Care Concerns

## Visitation

- Compassionate care visits denied before imminent death and while on hospice.
- Didn't restart quickly in the summer, when outdoor visits were less of a danger, and later when visit ban was lifted.
- Some facilities continue to inhibit visitation.
  - Feels like “bad faith” on the facility's part to resident and family.

# Resident- and Family-Reported Care Concerns

## Lack of Care

- Understaffing widespread prior to the pandemic, severe during the pandemic. Staff out sick, not always quarantined. Basic care was rationed. Showers occurred weeks apart – 6 weeks. Rapid weight loss, lack of socialization, lack of cues. Fingernails and toenails overgrown. Families were shocked by changes in loved ones when they finally were able to see them.
- Mom didn't get a shower in over a month nor had her nails trimmed. ALF said she refused. Daughter took her to a salon on a weekend. So much buildup on her scalp it took 7 washings to get it all. Stylist said that was from months, not weeks, of neglect.

# Resident- and Family-Reported Care Concerns

## Retaliation

- Family asked for compassionate care visit with mom on hospice, got one. Were “threatened” by the administrator, told they would have to take her home when they requested another.
- Family was present at resident’s window, could see resident in various states of undress, neglect, laying on the floor. Called facility with a cell phone while still on site, told by facility the resident was “in the shower,” “sleeping” or various reasons that the visitor outside the window could plainly see was not the case. When family pointed this out, window visits were banned, or curtains were pulled where they had not been before, and the facilities refused to open the curtains, typically using the resident right to refuse visitors.

# Moving Forward

## Key Points

- As much as we'd like to forget, that will result in us making the same mistakes again, and in carrying the trauma or bad feelings forward.
- Start compassionate engagement – with residents, with families, with staff.
- Identify what “helped” and what “hurt” during the pandemic.

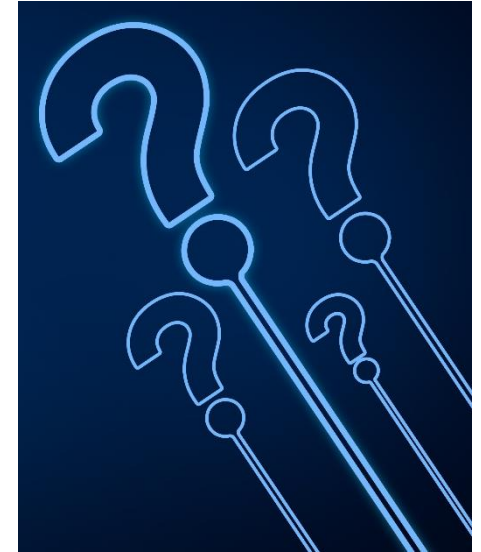
As we talk about ways to move forward, think about what will **build resilience** – the capacity to **recover** from difficulties, not just toughing it out.

# Polling Question 1

Do you have an active family council?

A. Yes

B. No



# Resident and Family Engagement

- Is an important component of person-centered care
- Creates an environment in which every team member, including the resident and their family, can work as partners to improve health care quality and safety
- Recognizes residents and family as valuable members of the health care team





# Benefits of Resident and Family Engagement

## Residents and Families

- Ensures residents live in an environment that promotes trust and respect
- Fosters collaboration with staff who are attuned to their preferences and needs and who will respond appropriately and per their preference
- Provides the opportunity to achieve the best quality of life possible

## Staff

- Understands resident preferences, which better equips them to anticipate resident and family needs and act accordingly
- Feels valued in person-centered care organizations

# Measurable Outcomes

Outcomes associated with enhanced resident and family engagement

- Improved
  - Clinical outcomes
  - Resident and staff satisfaction scores
- Decreased
  - Resident and family grievances

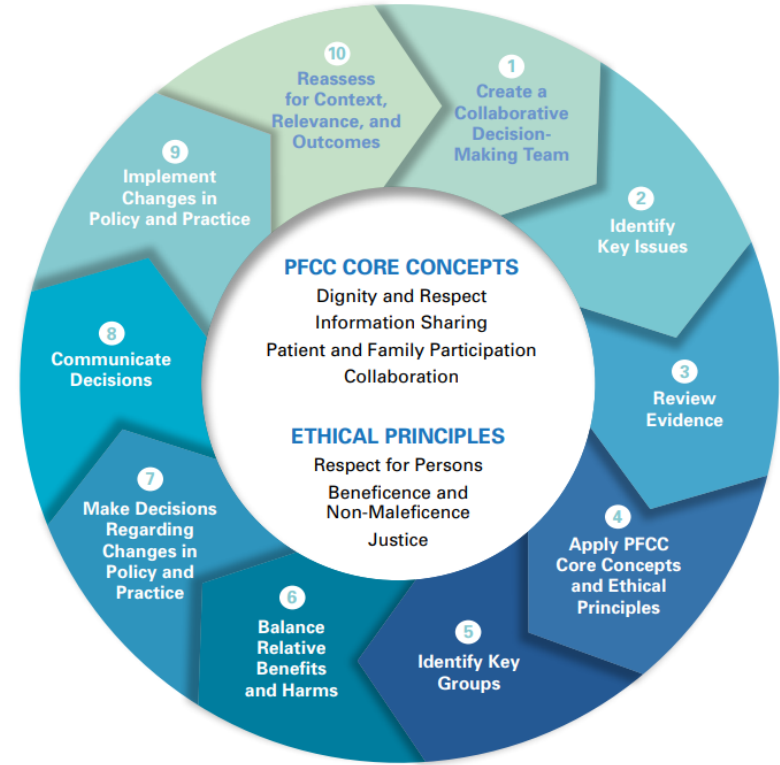


# Decision-Making Process Within a PFCC Framework

## Family Presence During a Pandemic: Guidance for Decision-Making

Developed by the Institute for Patient- and Family-Centered Care

Adapted with permission from the Catholic Health Alliance of Canada in Ottawa and the Centre for Clinical Ethics at Unity Health Toronto



# Create a Collaborative Decision-Making Team

## Questions to consider:

- Who are the relevant stakeholders?
- Are the “right” people involved in the decision-making process?
- Do team members represent the diversity of the community served?
- How are we being intentional in building trust about the process among all participants?



# Identify Key Issues

Questions to consider:

- Prior to the pandemic, what was our organization's policy on family presence and participation?
- How did that change during the pandemic?
- What are the principal factors "pushing" for change now?
- What is the current impact of the pandemic on our geographic area?



# Review the Evidence

## Questions to consider:

- How have similar issues been resolved in the past and what were the outcomes?
- Does current evidence tie the benefits of family presence to patient safety and outcomes?
- What do government leaders and agencies, laws and public health advisors say about the issue?
- How have our peer organizations addressed the issue of family presence?



# Apply PFCC Core Concepts

## Questions to consider:

- Have we ensured that PFCC concepts and ethical principles are centrally involved in decision making?
- Are the concepts and principles in conflict with other priorities and/or values?
- How can we balance public health standards for infection control with patient safety, quality of life and other concerns such as emotional and mental health needs of our residents, families, staff and leaders?



# Identify the Key Groups Impacted

## Questions to consider:

- What are concerns, values and priorities of the key groups who will be impacted?
  - Residents and care partners
  - Frontline staff, clinicians and leaders
  - The community
- Are their concerns in conflict with those of the health system? If so, how?





# Balance Benefits vs. Harm

## Questions to consider:

- What alternatives are we considering?
- How do we balance benefits and burdens for all key groups impacted?
- How can we minimize potential burdens or harms for each group?
- Have we addressed the needs of our most vulnerable?
- Based on PFCC core concepts and ethical principles, what alternative has the strongest justification?



# Make Decisions Regarding Changes in Policy and Practice

Questions to consider:

- Have we clearly outlined the changes in policy?
- Have we documented the issues, decision-making process and outcomes sufficiently?
- Has an appeals process (feedback) been outlined?
- Do we have the resources and support needed by each key group for implementation?
- Is there flexibility so that policy and practice can be modified in response to change in clinical and public health needs?

# Communicate Decisions

## Questions to consider:

- Who are the best people or groups to communicate the decisions?
- What is the best process for ensuring that decision-making is transparent?
  - Do all key groups understand the reasons for the decisions and the steps for implementation?
- Is the communication understandable to all key groups?



# Implement Changes

Questions to consider:

- Who are the best people or groups to lead this change?
- When is the appropriate timeframe to implement these changes?
- When do we want to first assess the impact of these changes?



# Reassess for Context, Relevance and Outcomes

Questions to consider:

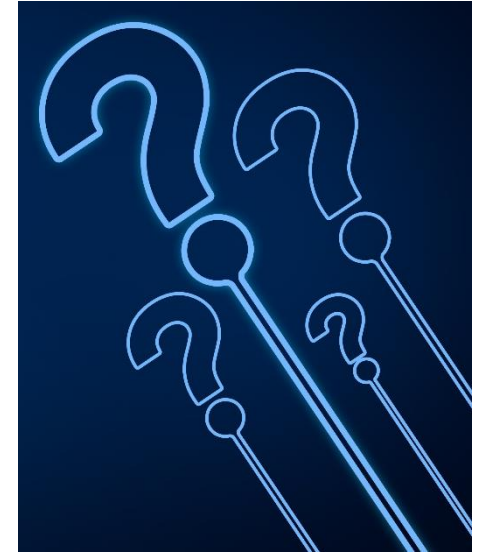
- What went well as the changes were implemented?
- Were there any harms that were not anticipated?
- What feedback have we received from key groups such as:
  - Residents and their care partner(s)
  - Front line staff and leaders
  - The community
- In light of the feedback received and/or the pandemic itself, are the changes still relevant or do we need to further modify current policies, guidelines and procedures?

## Polling Question 2

Do you involve residents and/or family members in your quality improvement efforts?

A. Yes

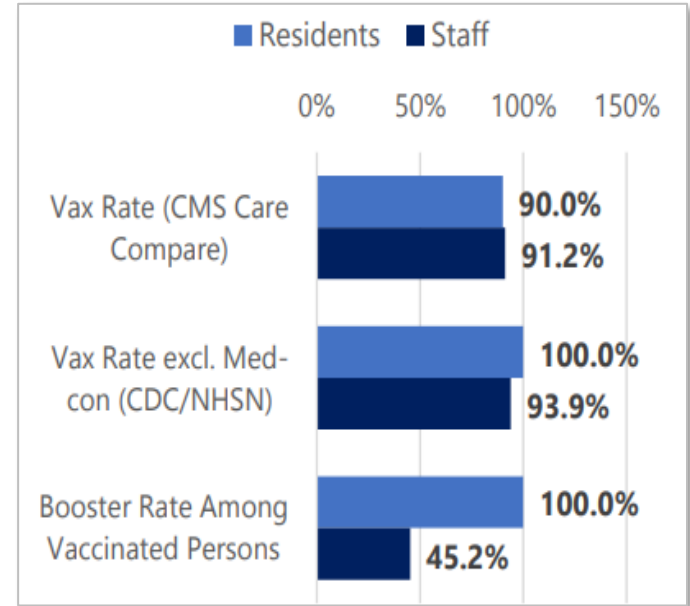
B. No



# Strategy in Action: Best Practice Peer Sharing

## Mount St. Mary, Wichita, KS

- CMS 5 Star rated community
- Achieved a zero deficiency annual survey for the past 2 consecutive years
- No complaint-related surveys or citations for the past 3 years
- Resident vaccination rate (primary and booster) is 100%
- Staff vaccination rate >90%



# Mount St. Mary: Vaccine Clinic Best Practices

The team identified major activities to complete prior to the clinic:

- Create a list of residents and staff to be vaccinated
- Distribute and collect consent forms
- Copy insurance card information
- On subsequent clinic days, make a copy of the vaccination card
- Create and distribute information on time, date and location of clinic and share the information with other residents, families and staff
- ***Make volunteer assignments for clinic day and provide training***



# Mount St. Mary: Vaccine Clinic Best Practices

The day of the clinic, **volunteers fulfilled several assignments.**

- Greeting participants at various checkpoints and showing them where to go
- Providing refreshments in the after-care area, letting participants know when their 15 minutes were up
- Restocked bottled water and refreshments
- Making copies as needed
- Providing refreshments and being a host for vaccinators

After the clinic, these volunteers also assisted with cleaning surfaces and reorganizing the areas used for the clinic.

# Better Together: Partnering with Families

P

Present yourself as a care partner

A

Ask the resident and care partner how they want to participate in care

R

Reassure care partners that their input is valuable

T

Trust that you and the care partner have the same goals

N

Nurture your relationship with the resident and care partners

E

Encourage involvement of the resident and their care partner

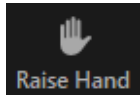
R

Review and agree upon specifics of care to be provided

S

Support care partners in becoming comfortable in their role as a team member

# Questions? Comments? Share What is Working or What is Difficult for Your Team!



**Raise your hand** to verbally ask a question



**Type a question** by clicking the **Q&A** icon

*Don't hesitate to ask a question after the webinar is over.  
Email [LTC@hqi.solutions](mailto:LTC@hqi.solutions) or your HQIN Quality Improvement Advisor.*

# Did YOU Get Your Weekly Dose?

**The Weekly Dose**  
The latest guidance, resources, and updates for nursing home staff on COVID-19 vaccines and boosters.  
**HQIN**  
Health Quality Innovation Network

The *Weekly Dose* is a brief bulletin that provides you with the latest guidance and information to support vaccine uptake. As your Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO), our team of nursing home experts at the [Health Quality Innovation Network \(HQIN\)](#) is dedicated to helping you increase your vaccination rates. Please [contact us](#) with questions.

**OFFICE HOURS: Rebuilding Trust, Partnering for Improved Outcomes**  
Wednesday, March 30 at 1:00 p.m. CT/2:00 p.m. ET

In this session, we will discuss how COVID-19 has impacted personal relationships with our residents and families, introduce an evidence-based patient- and family-centered care decision framework and review best practices and strategies in action.

Want to submit questions in advance of this session? Email [LTC@hqi.solutions](mailto:LTC@hqi.solutions).

**NOTE:** The registration link will allow you to sign up for the next Office Hours as well as upcoming sessions.

[Register Now!](#)

**SAVE THE DATE: Wednesdays 1 pm CT/2 pm ET for Weekly Dose Office Hours**  
Coming soon: Highlighting Best Practices: St. Louis Roundtable Platform Optimizes Coordination Across Care Settings, COVID-19 Booster Vaccines: Using Data and Science to Guide Messaging and more.

The Centers for Disease Control and Prevention (CDC) has provided options for long-term care administrators and managers to consider when [coordinating access to COVID-19 vaccines](#) for residents and staff.

Learn about the state and local immunization programs available in your area that can assist you with vaccine administration in the community or on-site.

[Visit CDC's COVID-19 Access in LTC Setting Webpage](#)

# Building On Your Resources

## HQIN Resources

- [Nursing Home COVID-19 Vaccination Booster Action Plan and Resources](#)
- [Vaccine Administration Process Guide](#)
- [COVID-19 Vaccination & Booster Tracking Tool](#)
- [COVID-19 Vaccine Educational Resources for Long Term Care Facilities](#)
- [Simple Strategies for Encouraging Staff to Receive the Influenza Vaccine](#)
- [COVID-19: Best Practices for Patient Communication](#)
- [Staff Mental Health Wellbeing Action Plan Template](#)
- [Simple Strategies – Staff Mental Health](#)
- [Staff Mental Health and Wellbeing Resources](#)
- [Pause for Prevention Module 8: Caring for Yourself During an Infectious Disease Outbreak or Pandemic](#)
- [COVID-19: Best Practices for Patient Communication Fishbone Diagram \(hqin.org\)](#)



# Additional Resources

- [V-safe Poster](#)
- [COVID-19 Vaccine Booster Shots](#)
- [Booster Clinics Pharmacy Partnerships](#)
- [ACIP Vaccine Recommendations and Guidelines](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)
- [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States](#)
- [Vaccinations and Older Adults | National Institute on Aging \(nih.gov\)](#)
- [Well-Being Concepts | HRQOL | CDC](#)
- [qapiataglace.pdf | CMS](#)



**Next Session:**

**Highlighting Best Practices:  
St. Louis Roundtable Platform  
Optimizes Coordination Across  
Care Settings**

**Wednesday, April 6**

**2:00 p.m. EST | 1:00 p.m. CST**



# FOR MORE INFORMATION

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)

**LTC@hqin.solutions**

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From HQIN:

To all essential care giving teams  
supporting residents and families,

*Thank you for attending*