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The VCU Nursing Home ECHO, a Member of the National COVID-19 Action Network

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Educational Objectives

1. To demonstrate the tremendous impact of COVID-19 on long-term care facilities.
2. To discuss the need for continuous, current, interprofessional education of both administrative and clinical staff within long-term care facilities.
3. To discuss the value of building interconnective and interprofessional relationships between both academic health science centers and nursing homes.

Background

Nursing homes are an important, high-risk target for emerging pathogens due to the presence of vulnerable patients in congregate settings with shared staff, physical facilities, and frequent visitors (McMichael, et al., 2020). Pandemic preparedness planning in nursing homes includes active symptom screening among health care workers and staff, strict visitor limitations, limitations on communal activities, practicing universal masking, hand hygiene, physical distancing, and appropriate cohort procedures for new cases (CDC, 2020). Vaccines are also key to pandemic response, for residents and for staff. Currently, 78% of nursing home residents are fully vaccinated (AARP, June 2021). Rates are lower among staff with just 55% of staff members fully vaccinated (AARP, June 2021); however, performance improvement can increase health care worker vaccine acceptance rates in long-term-care communities (Ofstead, et al. 2017).

Developing a robust pandemic preparedness plan in nursing homes requires not only physical, but human capital. Sustaining a healthy and well-trained workforce is essential and requires investment through standardized education on hygiene and personal protective equipment (PPE) use, as well as generous sick leave policies, and prioritization of staff retention. Established lines of communication among institu-
tional medical directors, corporate or nursing home leadership, and local health departments allow for rapid coordination of infection prevention and control (IPAC) practices (Mills, Kaye, & Mody, 2020).

There are approximately 15,600 skilled nursing facilities in the United States, where 1.3 million residents reside, and there are between 1.2 million and 1.5 million long term care facility staff (Fast Facts, CDC, 2021). Although nursing home residents constitute only 5% of national COVID-19 cases, they account for 37% of the deaths (National Health and Safety Network, 2021). “Two in five Medicare beneficiaries in nursing homes were diagnosed with either COVID-19 or likely COVID-19 in 2020.” (OIG, 2021) The impact on beneficiaries was even more devastating in residents of color; approximately half of the Black, Hispanic, and Asian beneficiaries in nursing homes had or likely had COVID-19, and 41% of the White beneficiaries did contract the virus (OIG, 2021). As of June 13, 2021, over half of all residents (656,336) were reported with confirmed COVID-19, and over 20% of this population (132,882) were reported as deaths due to COVID-19. Confirmed cases for staff numbered 585,600 with about 2,000 confirmed deaths due to COVID-19 (Nursing Home Data, CMS, 2021). In Virginia, about 50% of all deaths related to COVID-19 have occurred in long-term care settings.

Project ECHO as Intervention

Project ECHO (Extension for Community Healthcare Outcomes) is an innovative telementoring program developed at the University of New Mexico that is designed to create virtual communities of learners by bringing together long-term care leadership and healthcare providers and subject matter experts using videoconference technology, brief lecture presentations, and case-based learning, fostering an “all learn, all teach” approach. VCU joined the network to rapidly deploy a nursing home ECHO project to train and support nursing home staff on best practices for protecting patients, staff, and visitors from coronavirus infection and spread.

Development

On August 19, 2020, Nina Tumosa, PhD, our Geriatrics Workforce Enhancement Program’s project officer informed the VGEC about a nationwide initiative focusing specifically on the pandemic’s effect in skilled nursing facilities. The federal Agency for Healthcare Research and Quality (AHRQ), in collaboration with the Institute for Healthcare Improvement (IHI), and the University of New Mexico’s Extension for Community Health Outcomes (ECHO) Institute were proposing a National Nursing Home COVID-19 Action Network, using an award from the CARES Act Provider Relief Fund. The Project ECHO model was described in the Spring 2021 issue of Age in Action, where the VGEC partnered with the University of Rhode Island on an ECHO for healthcare and service providers whose patient population includes older adults with intellectual and developmental disabilities and suspected or diagnosed dementia.

The AHRQ ECHO COVID-19 Action Network model used teleconferencing technology to connect nursing home staff with specialists to promote the philosophy of “all teach, all learn” during the COVID-19 public health emergency. National goals of the project included: preventing spread should the virus enter the nursing home; providing best-practice care and treatment for residents with COVID-19; protecting staff from infection; ensuring best-practice safety measures to help staff build confidence and feel safe from infection; supporting staff retention; and ensuring residents receive compassionate visits at the end-of-life regardless of COVID-19 infection status.

In late August, Bert Waters, PhD, Associate Director of the Virginia Center on Aging, contacted Christian Bergman, MD, a geriatrician at the Division of Geriatric Medicine in the VCU School of Medicine. Dr. Bergman had also been alerted about this initiative because he sits on the National Board of AMDA, The Society for Post-Acute and Long-Term Care, serves on the Virginia Department of Health’s (VDH) COVID-19 Long Term Care Task Force, and is the Medical Director of a local nursing home. Together, they recruited a clinical team which includes Dan Bluestein, MD, a geriatrician and Professor Emeritus at the Eastern Virginia Medical School Department of Family and Community Medicine, and two Geriatric Nurse Practitioners, Laura Finch, who was also serving on the VDH COVID-19 Long Term Care Task Force.
Force, and Joanne Coleman, who had recently started a Doctor of Nurse Practice program at VCU, and had reached out to VCoA with an interest in becoming a geriatrics educator. We also recruited Annie Rhodes MS, a Doctoral student and Research Associate in the VCU Department of Gerontology, whose research interests include workforce development in long term care. Annie joined Jenni Mathews, Education Coordinator for the VGEC, as Project Coordinators, and Maddie McIntyre assumed the role of data coordinator. Kim Ivey, MS, our Age in Action Editor, assisted with administration, managing our website and continuing education credits, and monitoring chats during the ECHO sessions. We then hired Shannon Arnette, MS, to be the Distance Education Coordinator, who became a liaison between the ECHO Institute and the individual nursing homes for compliance and contractual agreements. Once the team was in place, we were assigned two quality improvement coaches from IHI, Tara Rouse, MA, and Sharon Sheets, who would attend each session and provide Quality Assurance and Performance Improvement (QAPI) education. The pandemic revealed an absence of QAPI practices and staff in many nursing homes, despite regulations enacted in 2010 that require each nursing home to have a comprehensive QAPI strategic plan (Bonner, 2020).

The final award was made on September 25, 2020. The Scope of Work was issued and over 100 “Training Centers” among academic health science centers were established between mid-October and late November. Historically, academic health science centers and large health systems have not been closely connected with nursing homes and other post-acute and long-term care organizations (Bonner, 2020). The National Nursing Home COVID Action Network created a model to promote and strengthen those relationships. The subaward contract between VCU Office of Sponsored Programs and the University of New Mexico was finalized on October 22, 2020, with our team already in-place.

The team then began nursing home recruitment through the Virginia Health Care Association (VHCA), LeadingAge Virginia, and Health Quality Innovators. Annie Rhodes gave a presentation about the VCU ECHO Nursing Home project during VHCA, and LeadingAge scheduled meetings with nursing home administrators. VHCA placed an announcement on their website on October 22nd. The VCU ECHO Nursing Home project recruited 140 of Virginia’s 273 eligible Nursing Homes, grouped into five cohorts of approximately 28 nursing homes per cohort, and held its first session the week of November 9th. The team then assisted George Mason Universities’ ECHO team, who recruited an additional 60 Virginia nursing homes and 20 Pennsylvania nursing homes into three cohorts, starting in mid-November.

The Curriculum

The curriculum was adapted from ECHO Institute materials and presented in 16 weekly 90-minute ECHO sessions for each of the cohorts. These materials were updated and modified according to new research, SME knowledge, and audience needs. For example, the session on environmental rounds was reframed as a “What’s wrong with this picture?” which allowed audience members to identify hazards and propose solutions in a fun way using Zoom’s chat function. In addition, the VCU team also invited guest speakers to present the session on palliative care. At the audience’s request, the team added a module on ethics into the planned session on social isolation, with Ken Faulkner MA, MDiv, a member of the VGEC Plenary, as the guest expert.

The sessions also promoted collaboration, sharing success stories, and following up on quality improvement projects. Important topics, such as vaccine distribution and strategies for vaccine acceptance, cohort practices, testing, and visitor policies were reviewed with the facilities. The program initiated new collaborations with and between nursing homes across many healthcare disciplines and helped foster innovative ways to collaborate virtually in this post-COVID-19 virtually connected world.

COVID-19 research rapidly changed between July, when the slides were created, and November, when sessions began. Up to date information was added sometimes hours before a presentation due to just-released directives from CMS or new published data.
Like the nursing homes, the team was based across the state and mostly confined to home. Technology (Slack, Google Drive, and Zoom) was utilized to create seamless communication and just-in-time edits. The team coalesced to be able to cover each other at any moment. With a variety of experiences in long term care, the entire team was able to create robust learning experiences and meet any need that arose. The open time at the end of the sessions was utilized to further the relationships and discuss any questions, but participants also were comfortable asking clarifying questions during the presentations.

SLACK (Searchable Log of All Communication and Knowledge) is a collaborative communication platform with persistent chat-room capability, file-sharing, and application integration. While a common tool in technology and software development industries, it is under-utilized in academic and university settings. The Nursing Home ECHO team was the first to use SLACK in their respective departments, making them agents of change for streamlining communication in their organization. The team has used SLACK to send more than 5,000 messages, documents, and datasets, improving team workflow and minimizing email burden. They even use SLACK to share pictures of family vacations and household projects, strengthening morale in the remote team.

**Curriculum Topics**

The curriculum provided to both phases of the Nursing Home ECHO covered a wide variety of relevant topics. The following is just a sample:

- Infection Prevention Management: Preventing and Limiting the Spread of COVID-19 in Nursing Homes
- Infection Prevention Management: Approaches to Cohorting during COVID-19
- COVID-19 Testing for Nursing Homes
- Promoting Safe Care Transitions during COVID-19: Admissions, Discharges, and Transfers
- Advance Care Planning in the Time of COVID-19
- Ethics and Managing Social Isolation: Perspectives on Staff and Residents
- The Role of Certified Nursing Assistants in Managing and Supporting Residents and Families during COVID-19
- Supporting the Emotional Well-being of Staff

Caring for Residents during COVID-19
- Effective Leadership and Communication during COVID-19
- Post Vaccination Practices Needed in Nursing Homes
- Workforce Considerations Post Vaccination
- Leadership Huddles with Point of Care Staff
- Staff Wellbeing Depends on the Trauma-Informed Principles of Safety and Trust

**Case Study #1**

Brandy S., RN, is an infection control nurse at a skilled nursing facility in southeast Virginia. She participated in the first phase of VCU’s Nursing Home ECHO, which met weekly from November 2020 through March 2021. She now participates in the continuation phase, which began in May. Brandy has found the ECHOs to be very helpful, providing her with not only a plethora of information, but much-needed support. As an infection control specialist, she has felt much personal responsibility for the COVID-related illnesses and deaths her facility has experienced during the pandemic. Each week the subject matter experts from VCU, two geriatricians and two nurse practitioners, provided her with up-to-date infection prevention and control practices. A quality expert provided support and guidance. Equally important was the understanding she received from fellow nurses and administrators from other nursing homes across the state. She only wishes the ECHOs had been available at the very start of the pandemic, when they were really struggling with many COVID patients and limited resources.

During the course of VCU’s ECHO program, vaccines were approved and distribution to nursing homes began. Brandy is in charge of vaccinations at several skilled nursing facilities. She has seen first-hand the struggle with vaccine hesitancy, and has found discussions on this topic during ECHO sessions to be relevant and helpful.

While the COVID updates have been important, Brandy’s biggest takeaway was from the ECHO session entitled, “The Role of Certified Nursing Assistants in Managing and Supporting Residents and Families during COVID-19.” As someone who works in management, she understands the work of
the CNAs, but did not slow down enough to think about their feelings. She did not take the time to really consider how the CNAs felt about COVID being in the building (fear, anxiety, etc.), and how they are the ones doing the bulk of the patient care. After this session, her nursing home implemented a “You’re a Rock Star” bulletin board, where positive feedback is given to the CNAs. They also established a suggestion box where CNAs can anonymously share concerns and ideas.

Case Study #2

Cheryl M., RN, is the director of nursing at a large skilled nursing facility in southwest Virginia. She also participated in both phases of VCU’s Nursing Home ECHO, and has been willing to share both heartbreaking and hopeful stories from her experiences during the pandemic. For Cheryl, the biggest benefit of the ECHOs has been the support received from the VCU team and the other participating nursing homes. Her facility is one of the largest independent facilities in Virginia, and has not had the benefit of any corporate guidance to help navigate the many changes brought about by COVID-19. Guidance from the CDC and CMS has changed rapidly, and she knows she can come to the ECHO sessions to get the most up-to-date information and ask questions.

Much time was spent in the ECHOs discussing vaccinations, vaccine clinics, and vaccine hesitancy. Cheryl’s favorite presentation was given by Dr. Christian Bergman, who explained mRNA vaccines; how they were developed and how they work. His presentation was easily understood, and given in a format that she could then present to her residents and staff. This was a first step in helping her to address vaccine hesitancy, and she is now proud of the large number of both residents and staff who have been vaccinated.

Continuation Phase

After considerable analysis and prework, the national Project ECHO institute launched a continuation phase in March 2021. Hallmarks of this new phase were several and included:

- No monetary incentive for facility participation
- Greater Training Center and Nursing Home choice in the selection of topics
- Deeper dives into subject matter over the five weeks of each module
- More direct linkage of QAPI material with COVID-related content.

As a result, the VCU COVID Action Network ECHO has launched two new cohorts, with smaller audiences comprised of facilities with a high commitment to best practices. Sessions have become even more interactive with excellent, creative, and original responses to pandemic challenges offered by our audiences. To date, we have completed a five week module on post-vaccine best practices and are midway through a second on leadership communication. Next up is a five-week module on emotional and organizational support for staff, which will include discussions on trauma-informed care, staff wellbeing, and emotional intelligence.

The program has provided a lifeline to support nursing homes, initiated new collaborations across many healthcare disciplines, and will foster innovative ways to collaborate in this post-COVID-19, virtually connected world. Central to this program’s strength is the “all teach, all learn” model with group discussions facilitated by content experts in elder care, geriatric medicine, and quality improvement. Future projects will help determine the most effective methods to promote engagement through implementation and evaluation science.

Study Questions

1. What are some benefits of connecting academic health science centers with skilled nursing facilities?
2. In what ways have skilled nursing facilities been impacted by COVID-19?
3. What are some principal features of the Nursing Home ECHO Model?

Suggested Resources


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About the Authors

The VCU Nursing Home ECHO Team is made up of clinicians, faculty, and staff. Left to right starting at the top: Bert Waters, Annie Rhodes, Jenni Mathews, Dan Bluestein, Shannon Arnette, Kim Ivey, Christian Bergman, Laura Finch, Maddie McIntyre, Joanne Coleman, and Tara Rouse.