Nursing Home ECHO

COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology
VCU Division of Geriatric Medicine * Virginia Center on Aging

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Module 6: Leadership Communication

Session 3
Leadership Rounds

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The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:
Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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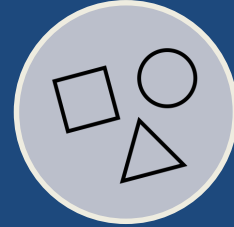
ECHO is All Teach, All Learn
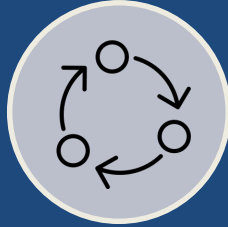
Agenda

- Weekly updates
  - Virginia COVID-19 Stats
  - Guidance/Regulatory Updates
  - From the Literature
- Revisiting concerns raised last week
- Featured topics of the day
- Open Discussion
  - COVID-19 Active Issues
  - QI Content, more in-depth conversation
  - Questions for Group Discussion

Learning Objectives

1. Understand the importance of leadership rounds.

2. Demonstrate communication strategies for effective leadership rounds.

3. Link leadership rounds with quality assurance and performance improvement.

COVID-19 Updates

- Virginia COVID-19 Stats

- Guidance/Regulatory Updates

- From the Literature

COVID-19 in Virginia:
Vaccine Summary

Dashboard Updated: 6/27/2021

Total Doses Administered - 9,004,641

People Vaccinated with at Least One Dose*	% of the Population Vaccinated with at Least One Dose	People Fully Vaccinated^	% of the Population Fully Vaccinated
5,008,367	58.7%	4,300,206	50.4%
	% of the Adult (18+) Population Vaccinated with at Least One Dose 70.8%		% of the Adult (18+) Population Fully Vaccinated 61.4%

https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary/

STATE PROFILE REPORT
06.18.2021

VIRGINIA

STATE SYNOPSIS

	LAST WEEK	CHANGE FROM PREVIOUS WEEK
RATE OF NEW COVID-19 CASES PER 100,000	11	-21%
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.7%	-0.6%
NEW CONFIRMED COVID-19 HOSPITAL ADMISSIONS / 100 BEDS	1	-14%
RATE OF NEW COVID-19 DEATHS PER 100,000	0.7	-3%
COMMUNITY TRANSMISSION LEVEL	**MODERATE TRANSMISSION**	

https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia/3ghy-svgi

VIRGINIA

STATE PROFILE REPORT | 06.18.2021

SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	2%†	+1%*
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	2%†	+0%*
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%†	N/A
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,205 (7)	-13% (-13%)
CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	181 (1)	-13% (-14%)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	1 (1%)	+0%
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	14 (15%)	-7%

https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia

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Observed and forecasted weekly COVID-19 cases in Virginia
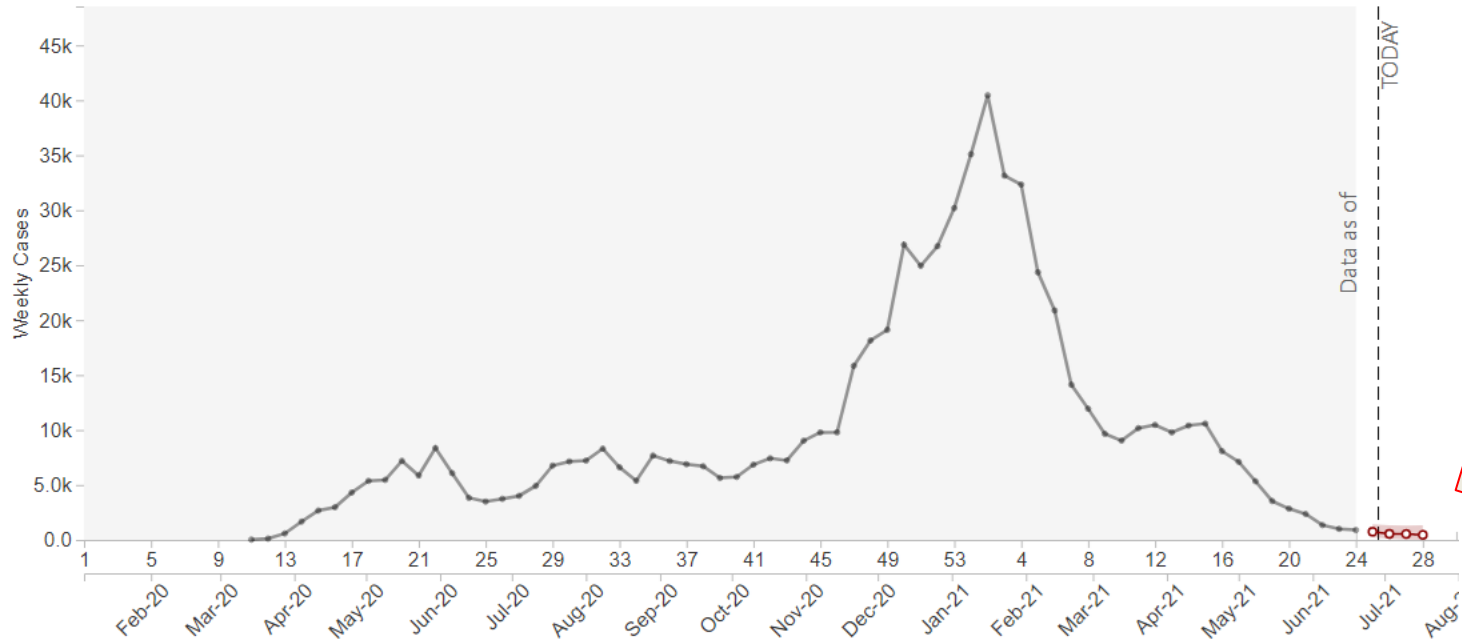
https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases

https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/variants-of-concern/

VDH Dashboard Variants of Concern as of 6/25/2021

Region	Alpha (B.1.1.7)	Beta (B.1.351)	Gamma (P.1)	Delta (B.1.617.2)	Epsilon (B.1.427)	Epsilon (B.1.429)
Virginia	2,351 (86.5%)	113 (4.2%)	75 (2.8%)	48 (1.8%)	75 (2.8%)	56 (2.1%)
Central	484 (88.5%)	16 (2.9%)	4 (0.7%)	21 (3.8%)	18 (3.3%)	4 (0.7%)
Eastern	424 (74.6%)	75 (13.2%)	23 (4.0%)	5 (0.9%)	24 (4.2%)	17 (3.0%)
Northern	531 (87.9%)	12 (2.0%)	22 (3.6%)	15 (2.5%)	6 (1.0%)	18 (3.0%)
Northwest	303 (82.6%)	3 (0.8%)	14 (3.8%)	7 (1.9%)	27 (7.4%)	13 (3.5%)
Southwest	609 (96.4%)	7 (1.1%)	12 (1.9%)	0 (0.0%)	0 (0.0%)	4 (0.6%)

https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/variants-of-concern/

CDC/CMS Updates

Weekly updates or novel research findings from
CDC, CMS, VDH, for nursing homes.

CDC Health Advisory regarding RSV - June 10, 2021
https://emergency.cdc.gov/han/2021/han00443.asp

"As the Virus Turns"

5-minute weekly video updates - sponsored by the Alzheimer's Association

All Episodes
https://community.ihi.org/echo/ourlibrary?DefaultView=folder

Episode 12 - Responding to RSV - June 16, 2021
https://www.youtube.com/watch?v=rD2jHw3TvQY

Episode 13 - Update on Delta Variant & Hand Hygiene - June 21, 2021
https://www.youtube.com/watch?v=Tg2GHw5omsk

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Emergency Preparedness and Response

🏠 Health Alert Network (HAN)

HAN Jurisdictions

HAN Message Types

Sign Up for HAN Updates

HAN Archive   —

  2021   —

    HAN00443

    HAN00442

    HAN00441

    HAN00440

Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern United States

This is an official **CDC** HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 10, 2021, 1:30 PM ET
CDCHAN-00443

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this health advisory to notify clinicians and caregivers about increased interseasonal respiratory syncytial virus (RSV) activity across parts of the Southern United States. Due to this increased activity, CDC encourages broader testing for RSV among patients presenting with acute respiratory illness who test negative for SARS-CoV-2, the virus that causes COVID-19. RSV can be associated with severe disease in young children

From the Literature

JAMA Network | Open

SARS-CoV-2 Positivity and Mask Utilization Among Health Care Workers

Aldon Li, MD; Jeff Slezak, MS; Ana Miranda Maldonado, MD; June Concepcion, RN; Catherine Voloso Maier, RN; Gunter Rieg, MD

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2781219

6-22-2021

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Rationale & Methods

For your staff with PPE fatigue

- Identified healthcare workers tested for COVID exposures
- Surveyed for mask use and type of mask
- Compared rates of COVID infection

Results & Conclusions

1414 HCW

302 used N95
- 285 negative (94.4%)
- 17 positive (5.6%)

724 Medical masks
- 687 negative (94.9%)
- 37 positive (5.1%)

388 No Mask
- 347 negative (89.4%)
- 41 positive (10.6%)

Twice as likely to get COVID if don't use mask

N95 & medical very comparable efficacy
- N95 not "better" because of aerosols

Strengths-large study

Limits-survey data (many biases), retrospective study

Follow-up from last week

Guidance regarding staff who have travelled in US or internationally

From the CDC, 6-10-21:

Domestic Travel:

https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html#print

International Travel:

https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html#print

CORONAVIRUS DISEASE 2019 (COVID-19)

Domestic Travel
RECOMMENDATIONS AND REQUIREMENTS

	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before travel	✓	
Get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you don't get tested.	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

CDC

CS323515-A 04/02/2021

International Travel
RECOMMENDATIONS AND REQUIREMENTS

	Not Vaccinated	Fully Vaccinated
Get tested 1–3 days before traveling out of the US	✓	
Mandatory test required before flying to US	✓	✓
Get tested 3–5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓
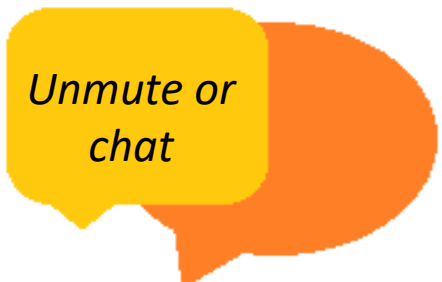
What's on your mind?

- What is top of mind for you?

- Do you have any questions that we should be sure to cover this week?

- Has anything been particularly challenging or frustrating that you would like help advancing?

Leadership Rounds

Slides courtesy of LeadingAGE Minnesota

Does this sound familiar?

- You are investigating a safety event and you find that no one is really following the policy because it really doesn't work for them.

What can you do as a leader to provide an environment where staff feel safe to speak up to address the issue?

Enter Senior Leadership Rounding

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Leadership rounds 101

MUST HAVES

1. Who: Senior Leaders – no delegation! All departments; All shifts
2. Where: Workspaces
3. Decide When, how often:
4. What & how:
   - Greetings
   - Open-ended questions
   - Listen & answer
   - Ensure follow-up
   - Express appreciation

DON'T

NO TEAMS – Do not conduct leadership rounds in teams; go individually.

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Different from

Huddles

Town Halls

Rounds with a specific focus (example environmental/safety rounds, phase 1 session 4)

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Discussion Question 1

What do you see as the most important reasons for conducting leadership rounds?

Unmute or chat

Why Start with Senior Leadership Rounding?

Foster a culture of safety
  For patients
  For staff

Recognize & reinforce accomplishments
Listen & Learn
See and be Seen
Promote trust
Support & empower staff
Build relationships

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More "Why"

APPROACHABILITY

"You need to create a safe environment for people to speak up or you're not going to know what's going on." Alan Mulally, CEO, Ford Motor Company

Even RedSox fans can appreciate this:

"You can observe a lot just by watching." Yogi Berra

BUILDING TRUST

"When I walk through the hospital, it is a great opportunity to gather information and build trust by listening and responding to concerns. Rounding takes me beyond the paper dashboard so I can get a true pulse on the health of the organization." Mike Sherrod, CEO, Coliseum Northside Hospital

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It's about proactively identifying and addressing obstacles to staff performance.

It's about reinforcing positive behaviors through recognition.

"What gets recognized gets repeated; what gets celebrated becomes habit"

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Feedback (From 1-minute preceptor)

- Defined: Use of information about previous performance to promote performance improvement.

- Avoid:
  - Minimal/nonspecific: "Good job"/"bad job"; no explanation
  - Hierarchical: Supervisor-up/ employee down, directive process

Preferably Interactive based on staff self-evaluation with discussion based on same: Facilitative, enhance learning, not punitive:

1. Ask the staff member to articulate his/her understanding of what he/she is being asked to do.;

2. Probe for staffer's knowledge of procedures & reasoning for what was done or not done.

3. Reinforce what was done well—provide positive feedback; but

4. Correct errors—provide constructive feedback with measurable, agreed recommendations for improvement.

Salero et al. J Gen IM 2002; 17:779-87.
Furney et al .J Gen IM 2001; 16:620-4

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Discussion Question 2

How do you engage and empower staff during leadership rounds?

Unmute or chat

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Engaging and Empowering Staff

Know Me. Respect Me. Recognize The Work I Do.

- Share why Leadership Rounding is important to you, them and your shared mission.

- Spread the message through email, newsletters team meetings, message boards, posters, etc.

- Establish a "no fault zone" and let them know this is not a compliance check.

- Explain what you will be talking about; share questions in advance.

- Let them know when you are coming.

- Share results.

- Recognize and reward staff for good work.

What's In It For Me?

Remember: No Surprises!

Approachability

Smile ☺

GENUINE

Be Yourself!

Electronics Free Zone

Get and Stay in the Moment

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Building Trust

- Ask open-ended questions
- Listen to concerns and act on them
- Don't make promises that can't be kept
- Round on all shifts
- "Get your hands dirty"

Observation
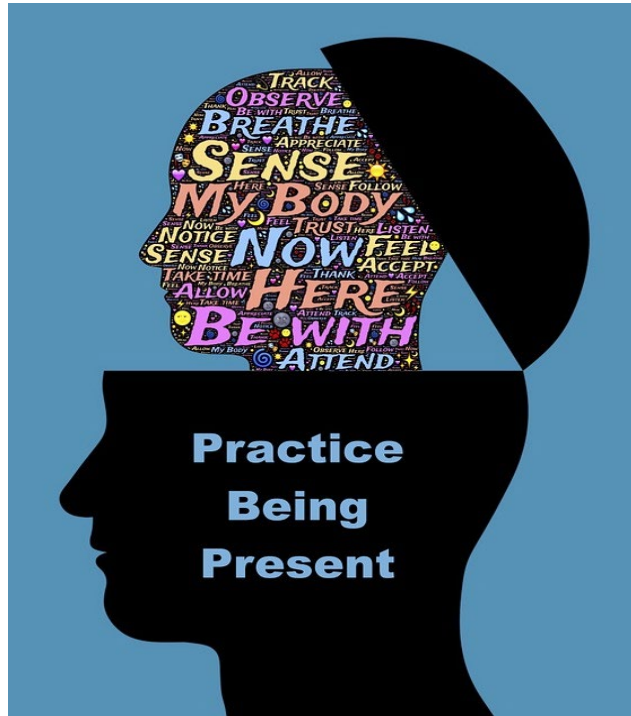
- Be Present
- Watch how work is actually performed
- View the facility from staff/resident perspective
- Recognize jobs well done
- Look for good ideas to harvest *(not a rote exercise)*

Senior Leadership Rounding CANNOT be delegated.

- Critical to establishing culture

- Serves as a model that can cascade to other levels of the organization.

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Discussion Question 3

How do you follow up on action items from leadership rounds?

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- **Listen, Learn and Share Information**

- **Listen More Than You Talk**
  - Take up no more than 20% of the talking time

- **Act. Delegate.**
  - Don't feel you have to personally fix every problem that is shared with you.
  - Delegate issues to managers
  - Don't micro-manage the process

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Take Action

- **Tell staff what you will do with the information and by what deadline**.

- **Take notes and make sure to follow up on actions.**

- **Recommend using a visual tool to follow up and communicate actions.**

- **Opportunity to review your performance improvement process.**
  - *Do you have good systems in place to delve deeper into identified problems as needed to identify root causes and strong solutions?*

STOPLIGHT REPORT

Easily and visually communicate how ideas and/or concerns gathered during rounding are dealt with.

STOPLIGHT REPORT

Thank you for your input and ideas on improvements that we can make to provide a safe and happy place for our residents and staff.

ACTIONS TAKING PLACE IN RESPONSE TO YOUR IDEAS

Already Implemented

Work in Progress

Can't Happen Right Now & Here's Why

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Discussion Question 4

How do you manage criticism and complaints during leadership rounds?

Unmute or chat

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Managing Tough Conversations

- Be willing to have the tough conversations.

- Don't assume negative intent.

- Accept criticism and negative feedback with humility.

- You don't have to fix every problem, but you do need to validate concerns.

- Answer questions honestly.

- Don't make promises you can't keep.

- Thank them for sharing.

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Segue to Tara

Discussion Question 5

How do you measure the effectiveness of leadership rounds?

Unmute or chat

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Rules of Measurement – Basics

- Keep it **SIMPLE**

- Make sure it is **DOABLE**

- Use **MINIMAL RESOURCES**

- Know what the data is telling you **OVER TIME**

Keep to a yes/no format

Small samples rather than all

Person/persons responsible for the design should do the data collection

Process reliability data used to refine the process until 95% reliability is reached

For a process thought to be reliable spot checks need to be made and defects studied

Adapted from Roger Resar

Other ideas

- Surveys (anonymous better)-staff perceptions
- "Good-day/Bad Day" Marbles
- Absentee rates
- Change in targeted QI indicators

Follow with run charts

QI Minute: From Rounds to PIPs

Review: The Model for Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do
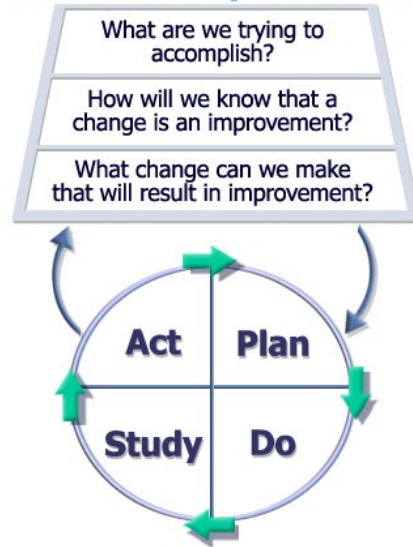
How do our rounds inform our PIPs

The Improvement Guide, 2nd Edition, Langley, Moen, Nolan, et.al., Jossey-Bass 2009

Rounds and PIPs

- Choosing a PIP based on what you see and hear

- Using observation to inform changes tested

- Engaging with staff PDSAs and celebrating changes

Tracking What You See and Hear

- Rounds are the perfect time to track themes in what you see and hear
  - What are the most common issues that you observe related to covid-19 response
  - What are the most common 'pebbles in the shoe' of staff
  - What are some ideas that are brought forward by residents and staff that could become a PIP?

- How are you tracking these to bring back to staff at huddles and discuss?

- How are you using this information to inform future PIPs?

Dot Voting

- Simple list of options

- Give everyone a set number of dots

- Allow them to indicate preference

- Review as a group and discuss next steps
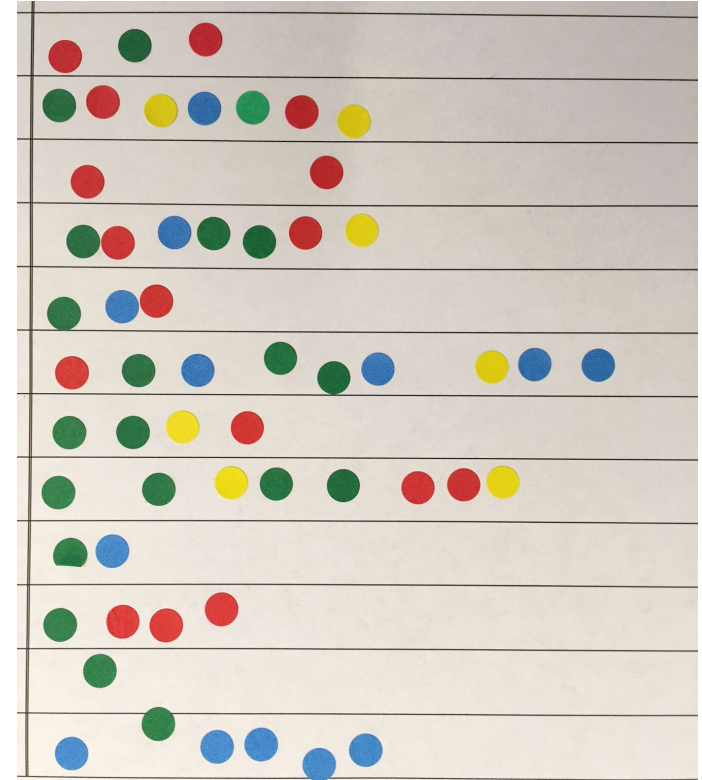
Observation and PIPs

Why Observation?

- What actually happens Vs what we think/wish happened

- Be visible and present (combine with inquiry with pts and staff)

- Get others involved

- Focused on learning not judgement

What we're looking for?

- What was unfolding as expected?

- What was a surprise?

- Could you identify any potential improvements?

- What were the reactions to your observation?

Leave in Action: 3 Things To Try This Week

1. Review your current practice re: rounds
   - What's working well?
   - What could be improved?

2. If you don't already, test rounding 2-3 days next week; if you already engage in daily rounds, see if you can add any of the suggestions from today to your process

3. Pick a central process in your home to observe for 10 min; in the next week; see what you can learn for future tests of change

Resources

Leading Age-MN links

CMS Leadership Rounds Tool

Vaccination Cards

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https://www.leadingagemn.org/providers/safe-care-for-seniors/safe-cafe-for-seniors-education-training/

Tools and Resources

New Toolkit and Training Video Helps You Effectively Leadership Round on Staff

- The Why and What of Leadership Rounding

- Leadership Rounding Preparation Checklist

- Leadership Rounding Log

- The Stoplight Report

- Sample Communication to Staff

www.leadingagemn.org/safecare

CMS QAPI Leadership rounding guide

QAPI Leadership Rounding Guide

Directions: Leadership rounding is a process where leaders (e.g., administrator, department heads, and nurse managers) are out in the building with staff and residents, talking with them directly about care and services provided in the organization including QAPI initiatives. Rounding with staff and residents is an effective method for leaders to hear firsthand what is going well and what issues need to be addressed within the organization. It serves as an important signal of leadership's commitment to performance improvement, and promotes a culture of QAPI in the organization. Use this to guide your rounds to monitor the progress of QAPI initiatives.

Questions to Consider Before Rounding

1. Which leader(s) will conduct rounds?
2. How frequently will rounds take place?
3. What questions do you want to ask? What do you want to learn? (See sample questions below.)
4. What barriers/issues have already been identified that employees should be asked about in order to gather input on solutions?

Rounding

1. Leaders conduct rounds as planned, maintaining a positive tone, building relationships with staff by taking the time to listen and respond to employees' and residents' needs.
2. Ask questions and document key points. See **optional** rounding form below.
3. When employees raise issues or ask for help, assure them you will follow up.
4. Follow up on previous issues or requests —share with staff how the issues were addressed or resolved.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPILeadershipRoundingTool.pdf

BACKGROUND: *(to be completed prior to rounding)*

TOPIC
___Specific PIP(s): _____
___Specific aspect of care (e.g., bathing, medication reconciliation) _____
___Specific work place or workflow issue _____
___Other _____

Information needed prior to rounding:
What is your organization trying to achieve?
How will improvement be recognized?
Current data or description of performance:
Improvements made to-date:

BARRIERS/ISSUES ALREADY KNOWN: *(sharing these may be an opportunity to ask for staff input on solutions)*

PREVIOUS BARRIERS/ISSUES THAT HAVE BEEN ADDRESSED BY LEADERSHIP: *(reporting these back to staff shows responsiveness)*

Questions for leaders to ask staff (include any qualitative and quantitative information obtained).

What things are going well around this initiative or this aspect of care or service? What evidence do you see of success?	*Notes:*
What is <u>frustrating</u> you with the work around this initiative or this aspect of care or service? What barriers/issues do you see threatening this initiative or aspect of care or service? How should they be addressed?	*Notes:*

What additional resources/tools/equipment are needed?	*Notes:*
Are there any colleagues who deserve special recognition for their efforts on this initiative or this aspect of care or service?	*Notes:*
Are there any colleagues who could be helped through coaching/training to make this initiative or aspect of care or service more successful?	*Notes:*
What feedback, if any, have you heard from residents and families about changes taking place as part of this initiative or this aspect of care or service?	*Notes:*
What else would you like the leadership to know about this initiative or this aspect of care or service?	*Notes:*

Leaders –summarize notes from conversations you had with residents or families on this topic:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPILeadershipRoundingTool.pdf

Need A Copy of your Vaccination Records?

Looking for a copy of your vaccine records? It is easier now than ever to request an official copy from the Virginia Department of Health.

Simply head to vaccinate.virginia.gov and scroll down to the "Need a Copy of Your Vaccination Record?" box. From there, enter your information and submit your request. The turnaround time depends highly on the number of requests at any given time, so it is advised to make your request at least a week before your documentation is required.

Traveling?

Visiting Family?

New Job?

Get a copy of your COVID-19 vaccination record

FIND IT HERE
vaccinate.virginia.gov

Need a copy of your vaccination record?

Use the Vaccination Record Request Portal to view and print a record of your COVID-19 vaccinations.

Make your request at least a week before needed to assure you receive it on time!

Questions about your vaccination record?
brhealthdistrict@gmail.com • 434-972-6261

BRHD   VDH

Announcements

Next Week: The Communication Loop

CE Activity Code:

Within 7 days of this meeting, **text the attendance code to (804) 625-4041.**

Questions? email ceinfo@vcuhealth.org

Attendance

Contact us at nursinghome-echo@vcu.edu if you have attendance questions.

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Resources - our website