

Webinar for State Departments of Health and Other Stakeholders: Education-based Programs to Engage and Expand the LTC Workforce

December 6, 2021 – 4 p.m. ET



Welcome and Introduction

Nimalie Stone

Senior Advisor for Long-term Care Partnerships, Prevention and Response Branch,
Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention

Terry Fulmer, PHD, RN, FAAN

President, The John Hartford Foundation

Amy Berman, RN, LHD (hon), FAAN

Sr. Program Officer, The John A. Hartford Foundation

[ELC Nursing Home & Long-term Facility Strike Team and Infrastructure Project Guidance \(cdc.gov\)](https://www.cdc.gov/ncidod/dlqp/long-term-care/ELC-Nursing-Home-Strike-Team-Infrastructure-Project-Guidance)

[Nursing Home Strike Teams and Infrastructure Projects Resources: Connecting Public Health and LTC Communities – ARPA 2021 \(johnhartford.org\)](https://www.johnhartford.org/resources/nursing-home-strike-teams-and-infrastructure-projects-resources-connecting-public-health-and-ltc-communities-arpa-2021)

Educational Program Presentations

Multi-State NH Learning System Network:

Jennifer Lenoci-Edwards

Institute for Healthcare Improvement (IHI)

Erika Baldry,

Healthcare-Associated Infections and Antimicrobial Resistance Program
Montana Department of Health

Revisiting the Teaching Nursing Home:

Nancy Zionts

Jewish Healthcare Foundation/ Health Careers Futures

Andrew Naugle

Centre Care, Pennsylvania

Geriatric Workforce Enhancement Program (GWEP):

Nina Tumosa

Health Resources and Services Administration (HRSA)



Improving and Sustaining the Quality of Care in Nursing Homes beyond COVID-19

Jennifer Lenoci-Edwards RN, MPH, CPPS Vice President of Delivery

Erika Baldry MPH, CIC, HAI Program Coordinator for the Communicable Disease, Montana Department of Public Health and Human Services

Quick but Mighty Agenda

- 20 Months of Learning/Supporting our colleagues in Skilled Nursing Facilities
- Experience in Montana
- Partnership/Opportunity to build sustaining change past COVID-19
- Questions



COVID Huddles and National Nursing Home COVID Action Network

What we have learned

- There are many stakeholders involved in providing support to nursing homes, CMS QIN-QIOs, National and State Associations like Leading Age, AMDA, AHCA, NAHCA, Department of Health (Epidemiology, Infection Control, Center for Immunization, Surveyors/Credentialing and Department of Elders), and Ombudsman groups.
- They provide many different supports and services to various stakeholders using a variety of different modalities.
- Managers (Directors of Nursing specifically) are eager to learn across nursing homes how they can improve in a variety of areas and are eager for coordinated partnership and support.
- Many successful Training Centers, the central hub of the NNHCAN effort, leveraged the many potential partners (Associations, DPH, QIN-QIOs), shared inter-organizational learning, and were better positioned to coordinate their actions for the greater good of nursing homes.



IHI COVID-19 Nursing Home Roadmap (Driver Diagram Version 1.0)

Aim
Reduce COVID-19 related mortality in nursing homes

Primary Drivers

Establish and maintain effective leadership and management

Prevent new infections in residents

Provide effective care and support for residents and staff while attending to resident preference

Ensure safe operations

Secondary Drivers

- Clear strategy, organizational structure
- Transparent, frequent, compassionate communication to four constituencies (staff, residents, family/care partners, communities)
- Team-based, rapid learning implementation strategy
- Real time, reliable data systems for care, prevention, and operations
- Quality Assurance Process Improvement
- Safe and just culture to foster transparency among staff: ask "why? and how?" not "who?"

- Appropriate precautions to eliminate ongoing spread within facility
- Reduced opportunity for introduction of new infections from outside
- Proper and appropriate environmental cleaning

- Mild and moderate cases of COVID among residents effectively managed
- Person-centered culture is attentive, respectful, and responsive to resident & family preferences
- Effective and timely triage to palliative or hospital care for severe cases not recovering
- Reliable non-COVID medical care for residents
- Effective COVID care for infected & uninfected staff
- Resident goals established, accessible, and regularly updated
- Timely, appropriate identification of and escalation in response to change in residents' status
- Depression screening
- Safe care transitions

- Cohort-based care services (manage and service by unit, floor or other groupings)
- General operational staff (food, laundry, security, etc.) engaged in COVID-prevention strategies
- Physical living and working space designed to maximize safety and minimize harm for residents and staff

IHI COVID-19 Nursing Home Roadmap (Driver Diagram Version 2.0)

Aim

Supporting resiliency in nursing homes such that they can prevent and mitigate communicable diseases, provide an environment where residents can thrive, maintain a healthy workforce

Primary Drivers

Preventing & mitigating the impact communicable diseases

- Effective IPAC surveillance
- Effective IPAC practices
- Emergency
- Vaccinations
- Clinical care & treatment

- Screening, testing, & visitation
- PPE, cohorting, Hand Hygiene, cleaning & disinfecting, staff education
- staffing plan, back-up, EOC plan
- Vaccination considerations
- Ongoing clinical care & treatment

Addressing the needs of Resident and families or care partners

- Visitation plans
- Basic daily needs
- Updated care plans
- Advance Care Planning
- Mental health & well-being
- Family engagement & care
- Equity

- Visitation changes
- 4M's
- resident goals
- Advance Care Planning
- Support for Mental health & well-being
- family/resident co-design, feedback
- cultural competency, literacy, facility assessment

Supporting staff mental health, wellbeing, and retention

- Staffing
- Mental health and well-being support
- Communication & Engagement
- Education & professional development
- Work environment
- Staff supports
- Equity

- Compensation & Benefits
- Resources for mental health and well-being support
- psychological safety, care team participation, staff huddles, accountability
- Education & professional development opportunities and resources
- Improved work environment
- Cultural competency, literacy, facility assessment

Leadership Equity

- Communication & engagement
- Capability & capacity building
- Professional development
- Policy & Procedure Updating & Development
- Role of board and senior leaders

- Feedback
- Strategic panning, QAPI, Quality Infrastructure
- Work-life balance, self care
- Transfers & relationships with other providers
- Role of board and senior leaders

Montana Experience

- MT involved with the 16-week ECHO/AHRQ program
- Long-term care facilities from MT and Wyoming attended
- Panelists included:
 - HAI Program Coordinator (me)
 - Infection preventionist
 - Two LTC physicians
 - One LTC administrator
 - QI specialist from IHI



MT Experience and Reflection

- Community of sharing
- Facilities felt more confident and supported in their role
- Changed my thought process on addressing infection control issues
- Quality improvement knowledge was improved for participants and panel members



How IHI can Support

IHI is looking to recruit 20+ states interested in being part of a Learning Network to Improve and Sustain the Quality of Care in Nursing Homes beyond COVID-19

Aims:

- Collect from participating states and stakeholders the drivers and change ideas implemented over that past 20 months to support SNFs to build our Roadmap 3.0
- Share and strategize with participating states and stakeholders, the most impactful drivers of quality and safe care for residents and staff
- Build networks within states and across states to lead change in those high impact areas and contextualize the changes for different settings (e.g. rural) with nursing home partners



How IHI Will Support

1. State Nursing Home Strike Teams should include various multidisciplinary stakeholders (review partners from the guidance) and also include 3-5 nursing homes
2. IHI will then interview the various stakeholders to collect ideas implemented in past 20 months, current work underway and future ideas
3. Ideas will be added to existing roadmap (Driver Diagram #3), resources shared and ideas prioritized/potential of impact by the participating teams
4. In month 4, we will begin to meet virtually
 - Monthly All State Nursing Home Strike Team Meeting– **(90 minutes)** Agenda will include relevant speakers, breakouts and discussion
 - 3 Special Interest Group meetings a month – **(60 minutes for relevant teamlets)** Monthly by topic determined by stakeholder groups or current event. Examples could include Optimizing Strike teams, Low Staff Morale, Epidemiologist Issues. Expectation is that these teamlets would report back and discuss learnings with full State Nursing Home Strike Team.



Questions?

For more information – jlenoci-edwards@ihi.org





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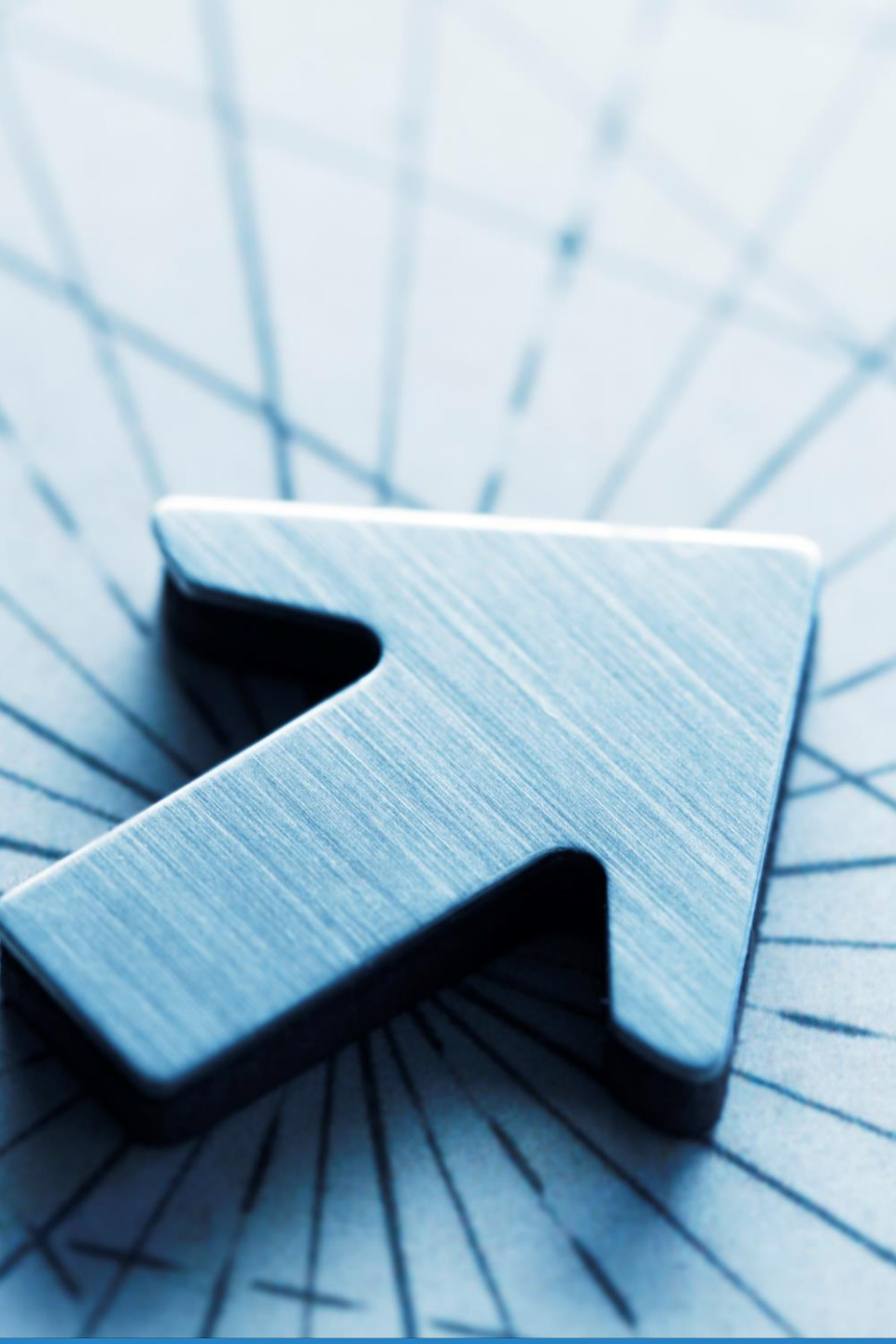
Revisiting the Teaching Nursing Home

NANCY D. ZIONTS, MBA

COO/CHIEF PROGRAM OFFICER, JEWISH HEALTHCARE FOUNDATION AND HEALTH CAREERS FUTURES/PI

Teaching Nursing Homes Origin

Teaching nursing homes (TNHs) were created in the 1980s as a model to better prepare health workforce for nursing home and geriatric care.



Revisiting the Teaching Nursing Home Initiative Aims

- 1. Improve resident outcomes**
- 2. Enrich clinical skills of nursing home staff, promote retention**
- 3. Enhance faculty and student knowledge of nursing home care**
- 4. Track organizational and regulatory barriers and practices**



Teams by Region

WESTERN, CENTRAL, EASTERN PENNSYLVANIA



Western
Pennsylvania

University of
Pittsburgh School
of Nursing



Central
Pennsylvania

Ross and Carol Nese
College of Nursing
at Pennsylvania
State University



Eastern
Pennsylvania

School of Nursing
at the University
of Pennsylvania

Regional Partners



Revisiting the Teaching Nursing Home Intervention

Embed	Age-Friendly Health Systems
Facilitate	Advanced Practice Nurse Consultation
Enhance	Leadership Development



Age-Friendly Health Systems Action Community

School of Nursing and Nursing Home partners
enrolled in American Hospital Association (AHA)
Action Community

- Implementing Age-Friendly Health Systems and the 4Ms at the Nursing Homes with Support from Schools of Nursing
- Seven Month Program Ends in April 2022
- Nursing Homes Currently Embedding 4Ms into Workflow and Providing Relevant Training to Staff

Revisiting the Teaching Nursing Home

Q&A

Contact: Nancy Zionts zionts@jhf.org



HRSA GWEP Program

Nursing Home Strike Teams and Infrastructure Projects Meeting

December 6, 2021

Nina Tumosa, Joan Weiss

Lead Public Health Analyst, Acting Director, Division of Medicine and Dentistry

Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People

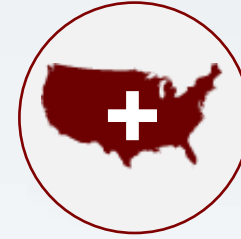


Agenda

- ▶ HRSA's GWEP Program
- ▶ GWEP Program Requirements
- ▶ GWEP Reciprocal Partnerships
- ▶ GWEP COVID-19 Accomplishments
- ▶ GWEP Demographics/Geography



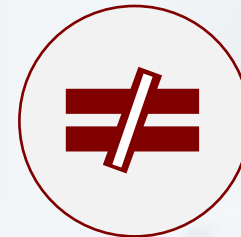
The U.S. Health Workforce



**GROWING
DEMAND**



**SHRINKING
SUPPLY**



**UNEQUAL
DISTRIBUTION**

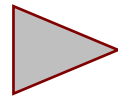
Bureau of Health Workforce

MISSION Improves the health of underserved populations by

- ▶ strengthening the health workforce
- ▶ connecting skilled professionals to communities in need



EDUCATION



TRAINING



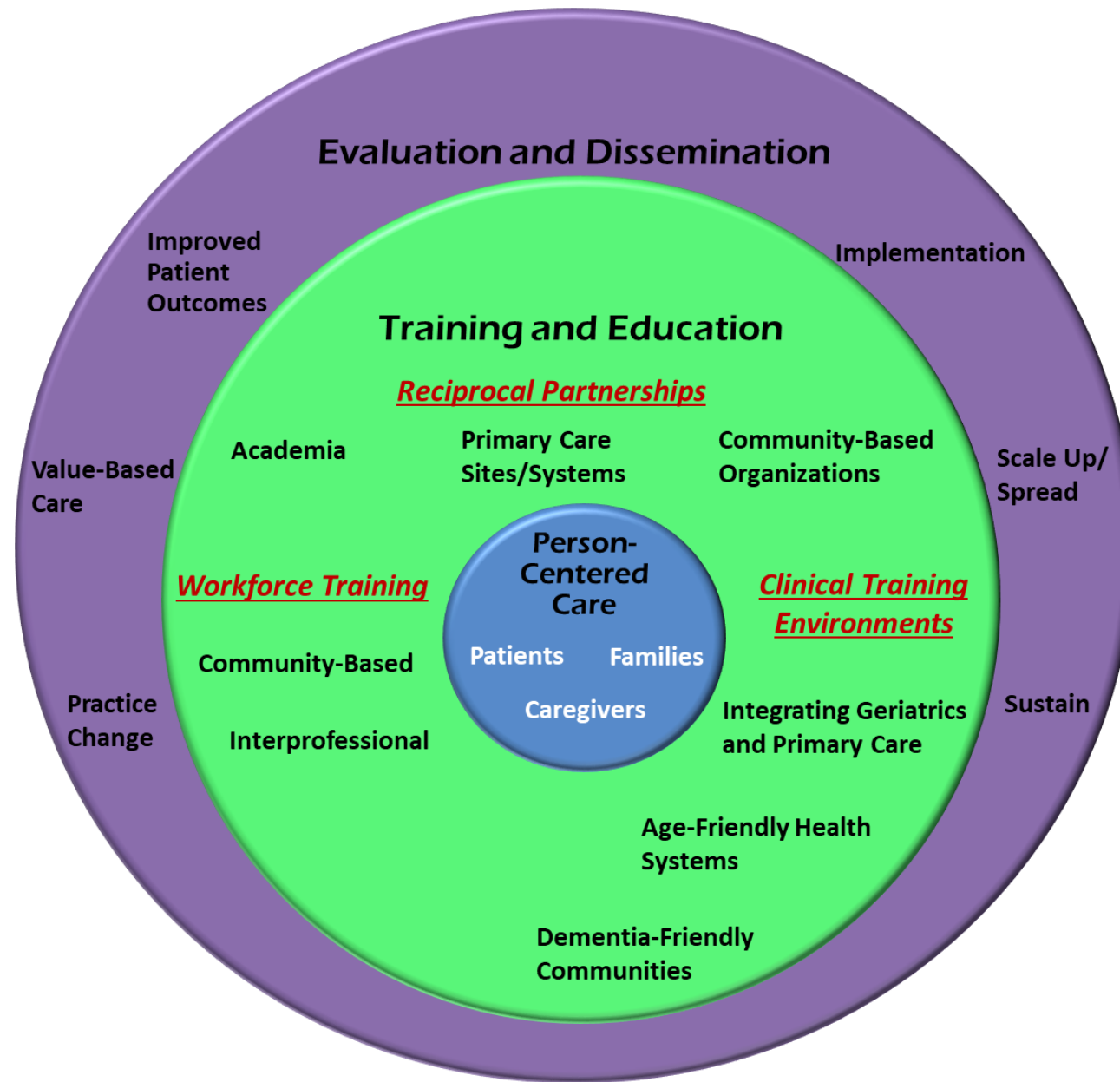
SERVICE



Geriatrics Workforce Enhancement Program (GWEP)

- **Purpose:** Improve health outcomes for older adults by developing a healthcare workforce that maximizes patient and family engagement, and by integrating geriatrics and primary care.
- **Goals:**
 - 1) Educate and train the primary care and geriatrics workforce to care for older adults across the continuum of care, including in nursing homes, and
 - 2) Partner with community-based organizations (CBOs), including Departments of Health, to address gaps in healthcare for older adults, promote age-friendly health systems and dementia-friendly communities, and address the social determinants of health





Program Requirements

- GWEPS develop reciprocal relationships between academic institution-primary care provider-community base organization(s) to train and support primary care providers to lead health care transformation and enhance teaching in community-based settings.
- Each GWEP must include :
 1. An academic geriatrics training program
 2. One or more community-based organizations, such as Departments of Health
 3. One or more community-based primary care sites, such as nursing homes



2019 GWEP Cohort Numbers

- 48 grantees
 - 391 Primary Care Partners including nursing homes
 - 284 Community Organizations including 13 Departments of Health
 - 174 Academic Partners



COVID-19 GWEP Supplements

Prevent, Prepare, Respond, and Recovery Phases of COVID-19 Pandemic

- **FY 2020**
 - 48 GWEPs received 1st supplement for COVID-19 Training
 - Most (32 GWEPs) partnered with AHRQ and Project ECHO to provide ECHO webinars and telehealth mentoring.
 - All expanded telehealth and trained healthcare professionals, patients, families and caregivers.
- **FY 2021**
 - 24 GWEPs (12 awards) are training nursing home workforce on COVID-19 in 317 nursing homes
 - The nursing home workforce includes patients, families, caregivers, nursing home staff and health care professionals practicing in nursing homes.
 - Training includes using of Project ECHO for training and development of a national curriculum of COVID-19 and vulnerable nursing populations.

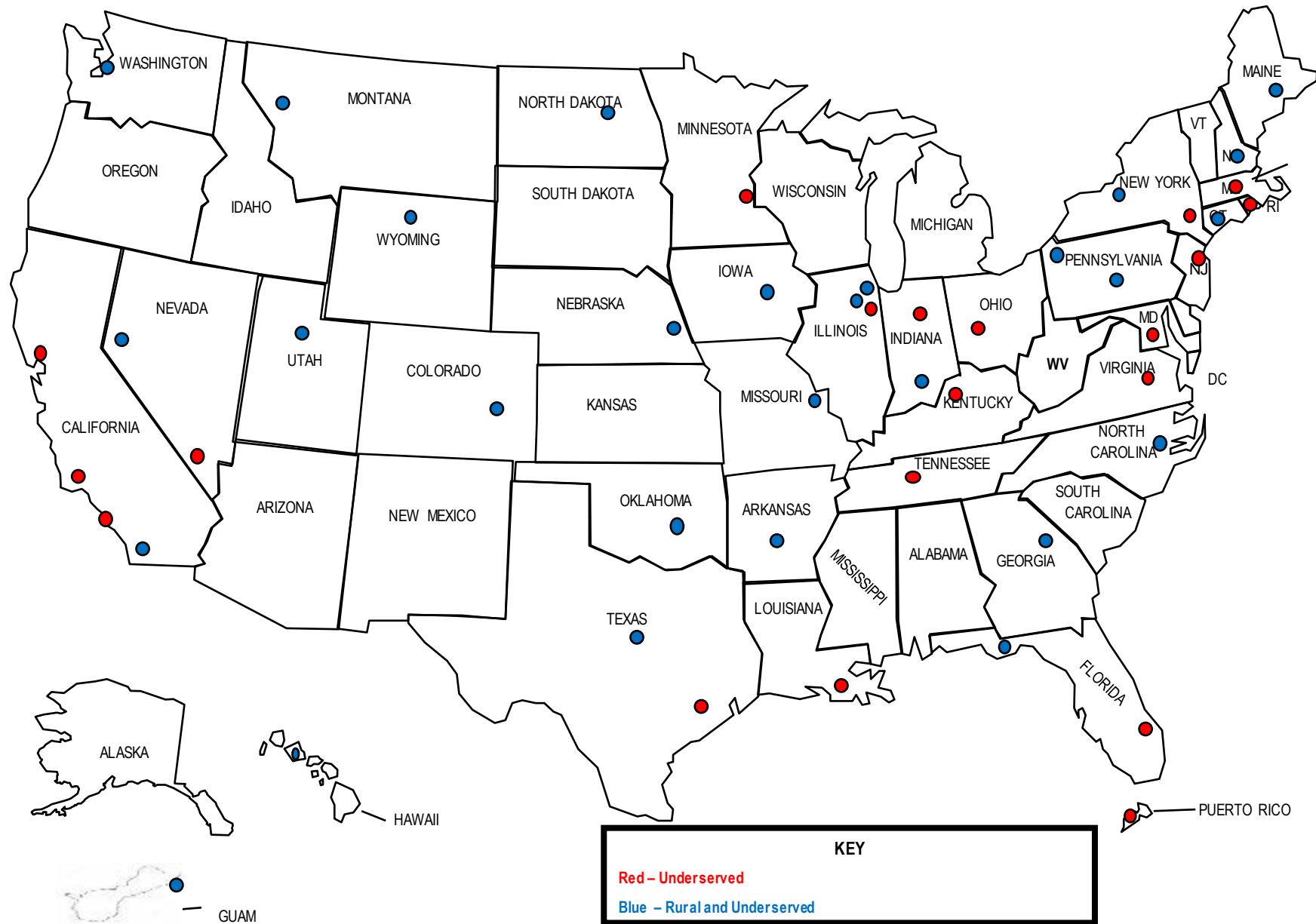


2019 Geographic Distribution

- 35 states and 2 territories
- Seven states with at least two GWEPs each:
 - CA, IL, IN, NV, NY, PA, and TX
- 30 states/territories with one GWEP each:
 - AR, CO, CT, FL, GA, GU, HI, IA, KY, LA, MA, MD, ME, MN, MO, MT, NC, ND, NE, NH, NJ, OH, OK, PR, RI, TN, UT, VA, WA, and WY



GWEP Cohort 2



Contact Us

Nina Tumosa

Lead Public Health Analyst

Bureau of Health Workforce (BHW)

Health Resources and Services Administration (HRSA)

Phone: 301-443-5626

Email: ntumosa@hrsa.gov

Website: www.bhw.hrsa.gov



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Questions



Thank You

NHStrikeTeams@cdc.gov