- ✓ Community of Learning
- ✓ Confidential Case Sharing
- ✓ Practical



- ✓ Interdisciplinary
- ✓ On-line Learning
- ✓ Free CME and CE

Learn and apply Leadership & Quality Improvement principles from experts!

Share and get practical tips from colleagues!

Project ECHO University of Hawaii Long-Term Care Learning Action Network

A Collaborative Partnership to Provide Education from Quality Improvement and Leadership and Implementation Experts with Case Discussion to build a Community of Learning



Long-Term Care Learning Action Network











This series is made possible through GWEP funding to the University of Hawaii Department of Geriatric Medicine from the Health Resources and Services Administration (HRSA): Grant Nos. U1QHP28729 and T1MHP39046 and the support from generous our donors- AlohaCare and UnitedHealthcare

Confidential & Safe



We commit to maintain and safeguard the confidentiality of information shared. All case presentations are required to be de-identified and HIPAA compliant. In order to create a safe learning environment, we will foster a culture of mutual learning and encouragement, rather than negativity, shame and blame.

ECHO case consultations do not create or otherwise establish provider-patient relationships between any ECHO specialists and patients whose cases are being presented in an ECHO setting.

Nursing Home ECHO: Learning Action Network

Schedule

2:00- 3:00 pm HST on 2nd Tuesday of each month

Depression

10/12/21

11/09/21

12/14/21

1/11/22

What Matters

2/8/22

Recognizing Depression

SBAR Depression and Medical Treatment

Addressing Social Isolation

Putting Behavioral Activation Strategies into Practice

Understanding What Matters: Person Centered and Trauma Informed Care

^{**} Session Topics subject to change

Learning Objectives

- Explore strategies for well-being during the Pandemic and recovery
- Practice Age Friendly Health Systems strategies
- Identify QI strategies to improve nursing home care.
- Increased knowledge for regulatory guidance for COVID and QMs

CME Credits

In order to receive CMEs please:

- Register: https://echo.zoom.us/meeting/register/tJUqcuysr
 - https://echo.zoom.us/meeting/register/tJUqcuysijsvGtE2kdnnVk9kl4iAu9cPoOGB
- Complete an Evaluation https://geriatrics.jabsom.hawaii.edu/nh-echo-lan/

** Some systems do not allow access to google forms. Fillable PDFs can be found on our website. Please send to Jon at Nakasone@hawaii.edu

The Hawaii Consortium for Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This program is approved by the National Association of Social Workers - Hawai'i Chapter (Approval HI62792021-178) for up to 1 Social Work continuing education contact hour(s).

Introducing: The Hub Team

	Position	Role
Aida Wen, MD, CMD	UH Dept of Geriatric Medicine	Course Director, Speaker
Gayle Rodrigues, MSN, RN	Director of Nursing, Oahu Care Facility	Facilitator
Dana Mitchell, RN	Mountain Pacific Quality Health	QI Coach
Lori Henning, LNHA	HAH-Quality & Education Program	COVID and Regulatory updates

^{*}Our speakers report that they have no conflicts of interest.

How were the holidays for you?

Did you do anything for yourself?



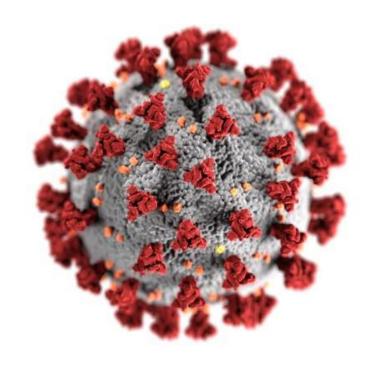
How were the holidays for your residents?

> Anything special that went particularly well?



Regulatory & COVID-19 Updates

Healthcare Association of Hawaii





- January 10: White House announces that insurance companies and group health plans are required to cover the cost of over-the-counter, at home COVID-19 tests
- Effective January 15: Individuals with private health insurance are eligible for up to 8 over-the-counter at-home tests covered by their health plan per month
- There is no limit on the number of tests that are covered if ordered or administered by a health care provider
- Check with health insurers for further information



- November 4 OSHA announced vaccine Emergency Temporary Standard (ETS)
- November 12 US Fifth Circuit issued a stay of ETS implementation
- December 17 US Sixth Circuit dissolved stay
- December 20 OSHA updated its compliance dates (to January 10 & February 9, 2022)
- December 22 Supreme Court agreed to hear oral arguments on CMS/OSHA vaccine mandates on January 7, 2022

CDC Quarantine Guidance General Public

Confirmed COVID Infection

 Regardless of vaccination status, isolate for 5 days if asymptomatic or symptoms are resolving (no fever for 24 hours) followed by 5 days of mask wearing

Exposed

- Unvaccinated or Un-boosted
 - Quarantine for 5 days followed by 5 additional days of subsequent mask use
- Boosted
 - Wear a mask for 10 days after exposure
- Regardless of vaccination status, get a COVID test 5 days after exposure

Return to Work for HCW with COVID Infection

Regardless of Vaccination Status (Boosted, Vacc, or Unvacc)

CONVENTIONAL:

- 10 days (or 20 days if immunocompromised)
- or 7 days with neg test, if no sx, mild, or improving sx

CONTINGENCY:

5 days with or without neg test, if no symptoms, mild or improving

CRISIS: (Last resort!)

- No work restriction
- Prioritize asymptomatic staff before those with symptoms

If returning to work before 10 days, should wear an N95, face shield, gown and gloves, Prioritize Staff without sx over those with sx, and prioritize patient assignments limiting their contact from residents who are more vulnerable.

"Status" depends on your staffing needs



From Hawaii DOH, 1/7/2022

Return to Work for Asymptomatic HCW with Exposure

BOOSTED

CONVENTIONAL:

 No work restrictions with neg test on days 2 and 5-7.

CONTINGENCY:

No work restrictions

CRISIS: CRISIS: (Last resort!)

No work restrictions

VACCINATED OR UNVACCINATED

CONVENTIONAL:

- Return to Work after 10 Days
- Or 7 days with negative test

CONTINGENCY:

 No work restrictions with negative test on days 1,2,3, & 5-7

CRISIS: (Last resort!)

- No work restrictions
- Test if possible
- * Depends on what PPE was used during exposure
- * Applies even if within 90 days of prior infection





Updated community transmission rates:

Time Period: Sun Jan 02 2022 - Sat Jan 08 2022

County	Level of COVID-19 Community Transmission
Hawaii County, HI	High
Honolulu County, HI	High
Kauai County, HI	High
Maui County, HI	High

• CMS expects facilities to conduct routine testing based on the level of community transmission in the past week:

Level of COVID- 19Community Transmission	Minimum Testing Frequency of Unvaccinated Staff
Low (blue)	Not recommended
Moderate (yellow)	Once a week
Substantial (orange)	Twice a week
High (red)	Twice a week

CMS Medicare-certified nursing home testing requirements may be accessed here: https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

COVID-19 level of community transmission rates are available on the CDC COVID-19 Integrated County View site, located here: https://covid.cdc.gov/covid-data-tracker/#county-view (under 'State or territory', select Hawaii).

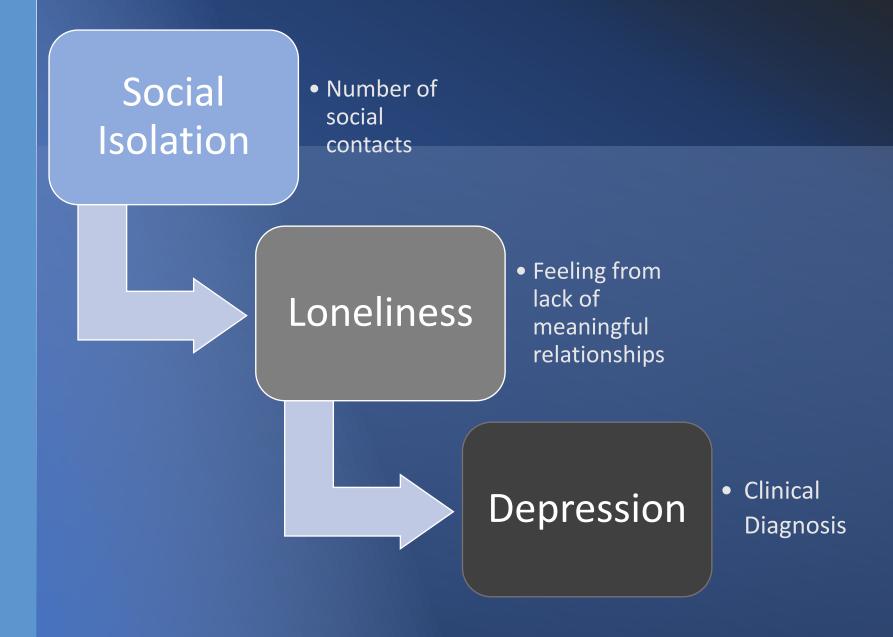


Putting
Behavioral
Activation
Strategies into
Practice:

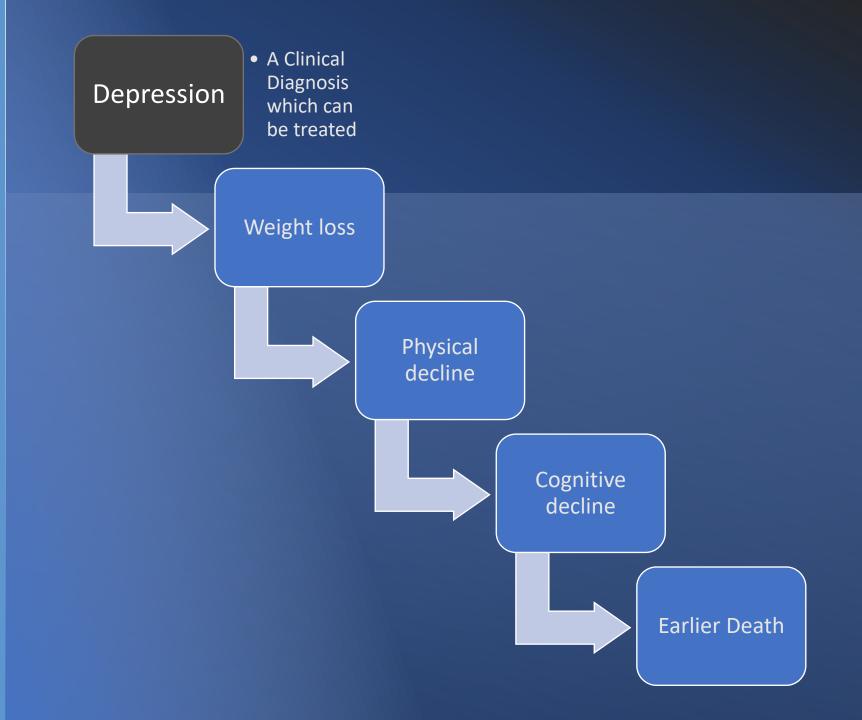
Addressing Social Isolation, Loneliness & Depression

Aida Wen, MD Associate Professor Dept of Geriatric Medicine University of Hawaii (with help from Lucas Morgan, PhD; clinical psychology) A quick review...

Impact of the COVID-19
Pandemic



Impact of Depression



Please share: What is your best way to do the PHQ-9 assessment?

- Have you looked for loneliness or depression?
- What signs are you looking for?
- What do you ask other staff?
- Do you ask residents directly?
- How do you ask?
- How do you share this with the doctor?
- Is this working?

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

D0200. Resident Mood Interview (PHQ-90)				
Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"				
If symptom is present, enter 1 (yes) in column 1, Symptom Presence. If yes in column 1, then ask the resident: "About how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response in col	umn 2, Symptom Fr	equency.		
1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2) 2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days)	1. Symptom Presence	2. Symptom Frequency		
blank) 3. 12-14 days (nearly every day)	↓ Enter Score	es in Boxes 🌡		
A. Little interest or pleasure in doing things				
B. Feeling down, depressed, or hopeless				
C. Trouble falling or staying asleep, or sleeping too much				
D. Feeling tired or having little energy				
E. Poor appetite or overeating				
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
G. Trouble concentrating on things, such as reading the newspaper or watching television				
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				
I. Thoughts that you would be better off dead, or of hurting yourself in some way				

Please share:

- Did anyone start antidepressants?
- What is your experience?

Antidepressants work very slowly. It may take 4-6 weeks to see a good response

Consider switching or adding antidepressants if no response in 4-8 weeks

Be Patient...



Basic Non-Pharmacologic Approaches

Please share:

- Did you try these approaches?
- How did these work with your residents?

A "best friends" approach...

GENTLE & RESPECTFUL APPROACH

(address them as an adult, with dignity)

MAKE A CONNECTION

(verbal, visual, touch)



VALIDATION THERAPY

(don't argue or judge, acknowledge feelings)

INTERACTIVE ACTIVITIES

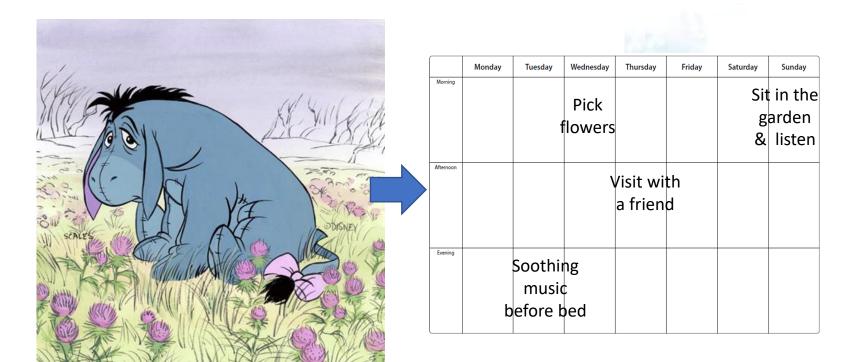
Please share:

- Did you try Behavioral Activation?
- How did this work?

Behavioral Activation

- Identify person-centered pleasurable events
- 2. Make a personalized activity menu
- Make a personalized calendar (and remove barriers)
- 4. See how their mood changes

AN "OUTSIDE- IN" APPROACH



It's all about the Behavior THE MOOD WILL FOLLOW

GRAPES

GENTLE- Be gentle to yourself **RELAXATION-** make time to relax
(e.g. Namaste, massage, watch fish)

ACCOMPLISHMENT- accomplish one thing (fold laundry, write that letter...)

PLEASURE- listen to good music, taste a sweet fruit, pet an animal EXERCISE- take a walk, stretch, move



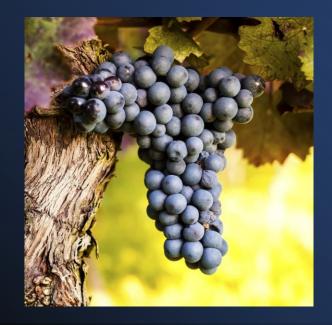
Make a Plan for every day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Get nails done		Pick flowers			Sit in the garden & listen	
Afternoon		Watch favorite movie		Read some letters from family			Visit with a friend
Evening					Soothing music before bed		

Include a mix of activities!

Please share:

 Think about one of your residents.
 What ideas could you put in your activity menu?





But what if they don't want to...

Please share:

- What did you do when they refused to do the activity?
- Any advice?

Sometimes it takes a TEAM to get over Bigger Hurdles

Sometimes a psychologist can help support BA efforts

...and consider **Implement** psychology **Behavioral** support **Activation** (Cognitive **Behavioral** Try Therapy) antidepressants

TIME

Remember:
Behavioral Activation
is the "MEDICINE"
that will ultimately
help overcome
depression

Medicine can sometimes help BA start to happen (get them out of the rut)

Not Depressed!

even though he is basically clinically depressed, he still gets invited to participate in adventures and shenanigans with all of his friends And they never expect him to pretend to feel happy, they just love him anyway, and they never leave him behind or ask him to change.

Monitor:

The PHQ-9 can serve as Feedback

For the team to modify the care plan

S: Eeyore has a PHQ-9 score of 10.

B: Hx of hypothyroidism, depression and chronic pain. He is on Synthroid 112 mcg/day. He has been on Zoloft 25 mg daily for 4 weeks now.

A: His PHQ-9 score is only slightly better than it was 4 weeks ago (when it was 12). In the past 2 weeks, he feels down and depressed more than half the days (2), He has a poor appetite more than half the days (2), He has little interest in joining activities (2), and has trouble concentrating half or more of the days (2). On the other hand, he does not feel like a failure and let his friends down as often, only a few days (1), He also no longer says he thinks he would be better off dead (0). He is tolerating the Zoloft without adverse side effects.

R: I am worried that he is STILL quite depressed. We are still having trouble engaging him in his favorite activities. Do you want to adjust his Zoloft, or consider another antidepressant? Maybe have the psychiatrist see him again?

S-B-A-R

D0200. Resident Mood Interview (PHQ-9□)				
Say to resident: "Over the last 2 weeks, have you been bothered by any of the following	problems?"			
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		S III DOXES #		
A. Little interest or pleasure in doing things	1	2		
B. Feeling down, depressed, or hopeless	1	2		
C. Trouble falling or staying asleep, or sleeping too much	0	0		
D. Feeling tired or having little energy	0	0		
E. Poor appetite or overeating	0	2		
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	1	2		
G. Trouble concentrating on things, such as reading the newspaper or watching television	1	2		
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	0		
Thoughts that you would be better off dead, or of hurting yourself in some way	1	1		

Revisit & Revise your Depression Care Plan

Diagnosis

Major Depression, PHQ-9= 10

Goals

- Resident will have fewer negative comments.
- Resident get out of her room for activities at least twice a week.
- Resident will improve PHQ-9 score <10 by next quarter

Interventions

- Increase dose of antidepressant
- Try different BA ideas



Evaluation

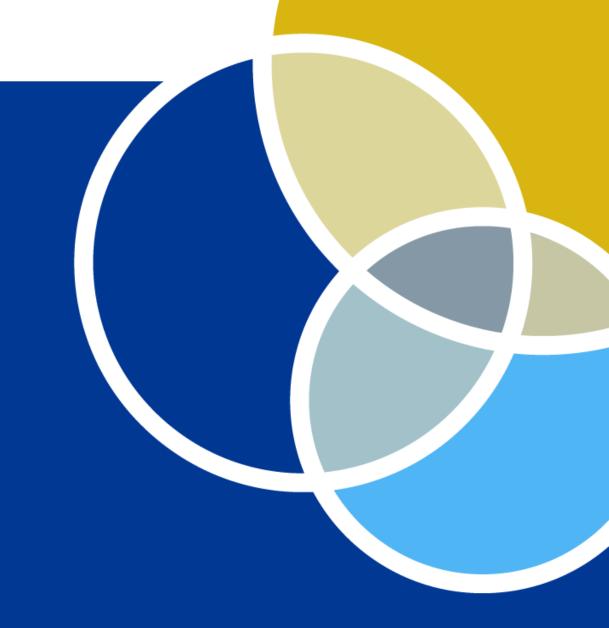
• PHQ-9 in 3 months.





What's in the Regs?

Psychosocial Functioning







QUESTIONS/COMMENTS?

Dana Mitchell, RN, CPHQ dmitchell@mpqhf.org

