8 CARING FOR THE AGES MAY 2023



WE ARE PALTC

By Carole Bartoo, MSN, AGNP, GS-C

Supporting Nursing Homes During a Pandemic: Lessons From a Quality Improvement Collaborative

he COVID-19 pandemic has placed I an enormous burden on nursing facilities in a system that was already fragile. To assist area nursing facilities with COVID-related challenges, Sunil Kripalani, MD, MSc, a hospitalist physician, implementation scientist, and director of the Vanderbilt Center for Health Services Research, garnered state funding (overseen now by the Tennessee Health Facilities Commission) to form a collaborative to support quality improvement (QI) efforts. Our project is called the Quality Improvement Collaborative for COVID-19 Prevention and Control in Middle Tennessee Nursing Homes.

We began with the goal of helping facilities incorporate high-quality tools from the Institute for Healthcare Improvement's Model for Improvement to complete their quality initiatives. As the project continues, we are learning valuable lessons about how health care workers can

support and value one another, and how important it is that we do so.

QI has always been challenging for nursing homes to build into their systems. When we began meeting with facilities in the summer of 2021, we saw that the pandemic continually threatened to delay or derail any structured QI efforts. In our collaborative, nurse practitioner advisors work one-on-one with the people managing QI projects in our 50-plus participating facilities. It is an opportunity to observe and assist facilities in finding a realistic scale and pace for their QI work so that they can remain engaged even through the most difficult days of the pandemic.

Over time, we have developed a balance of regular but not-too-frequent contact to offer encouragement, assistance, and education. As the facilities complete their Plan, Do, Study, Act (PDSA) cycles, each learns something



VUMC members of the collaborative are, from left, Monique George, RN, FNP, Carole Bartoo, MSN, AGNP-BC, Jacy Weems, Mattie Brady, DNP, APRN, Sunil Kripalani, MD, MSc, Sandra Simmons, PhD, Anna Gallion, DNP, APRN, Tara Horr, MD, and April Hanlotxomphou, MSN, FNP.

to build a greater sense of ownership in the OI process.

"Process improvement in this manner is taking little interventions and seeing small, quick enhancements to the system," says Tara Horr, MD, the outpatient clinical service chief for geriatrics at Vanderbilt, and one of the collaborative's project co-leaders. "Quality improvement done well helps us to see not just what the problem is today and how to fix it, but also to learn how to recognize other issues that could potentially cause another fire in the future and tackle it before it can impact care."

A key is remaining flexible. The collaborative's six nurse practitioner advisors travel to facilities or hold virtual meetings with them. The Vanderbilt Office for Continuing Professional Development in conjunction with Vanderbilt University Medical Center experts provides monthly live webinars for nursing continuing education credits. The project aims and webinar topics are timely and based on active concerns at the facility level, including infection control, nutrition support, reducing falls, improving morale, and staff vaccination.

One partnering facility, NHC Richland Place, worked to improve their COVID-19 vaccination rates early in the collaborative and then turned to the topic of reducing falls. The director of nursing, Indianna Thompson, BSN, RN, says the proactive nature of contact from the collaborative has been helpful.

"It's rewarding, and it does bring good energy," Ms. Thompson said. "With quality improvement, staff can step back. It can reduce the feeling of burnout and help morale. You get them involved in an active role, and it helps them think outside the box."

As one of the attending physicians at Ms. Thompson's facility, Dr. Horr says she has witnessed a change in the monthly QI meetings.

"You could feel the excitement the director of nursing brought to the table when she mentioned her team members, including a certified nursing technician who was taking a lead role in the latest project. This project empowered all members of the care team to have an active role and see how they can help make a difference."

Dr. Horr says the collaborative has evolved to be more than support for QI in nursing facilities — it provides a pathway for collaboration among facilities that might have had no traditional avenue for collaboration before. It has allowed the providers at the hospital to expand their thinking, too.

"The COVID pandemic reminded everyone that hospital systems and nursing facilities have always relied on one another," Dr. Horr said. "This collaborative gives us the opportunity to work together, and better understand how to help our partners in nursing facilities."

The collaborative is funded through a two-year, \$1.2 million award from the Tennessee Department of Health and Centers for Medicare & Medicaid Services (GR#34305-26521) Civil Money Penalties (CMP) funds. More information and recommended resources for nursing homes are available at http://bit.ly/3JAdVJ8.

Each of the 3Ds – Delirium, Depression, and Dementia – represents a distinct condition that is observed in a variety of clinical settings. Get the latest CPG CLINICAL PRACTICE GUIDELINE information on **DELIRIUM, DEPRESSION AND** all three in this DEMENTIA (3Ds) newly updated Clinical Practice Guideline. AMDA members get free digital access when they renew their membership. FOR POST-ACUTE AND LONG-TERM CARE MEDICINETM

Ms. Bartoo is a Nursing Home QI Advisor with the Quality Improvement Collaborative for COVID-19 Prevention and Control in Middle Tennessee Nursing Homes and Geriatric NP with the VUMC Division of Geriatrics.