Balancing Innovations and Passion in Healthcare to Strengthen the Team Fabric

Objectives

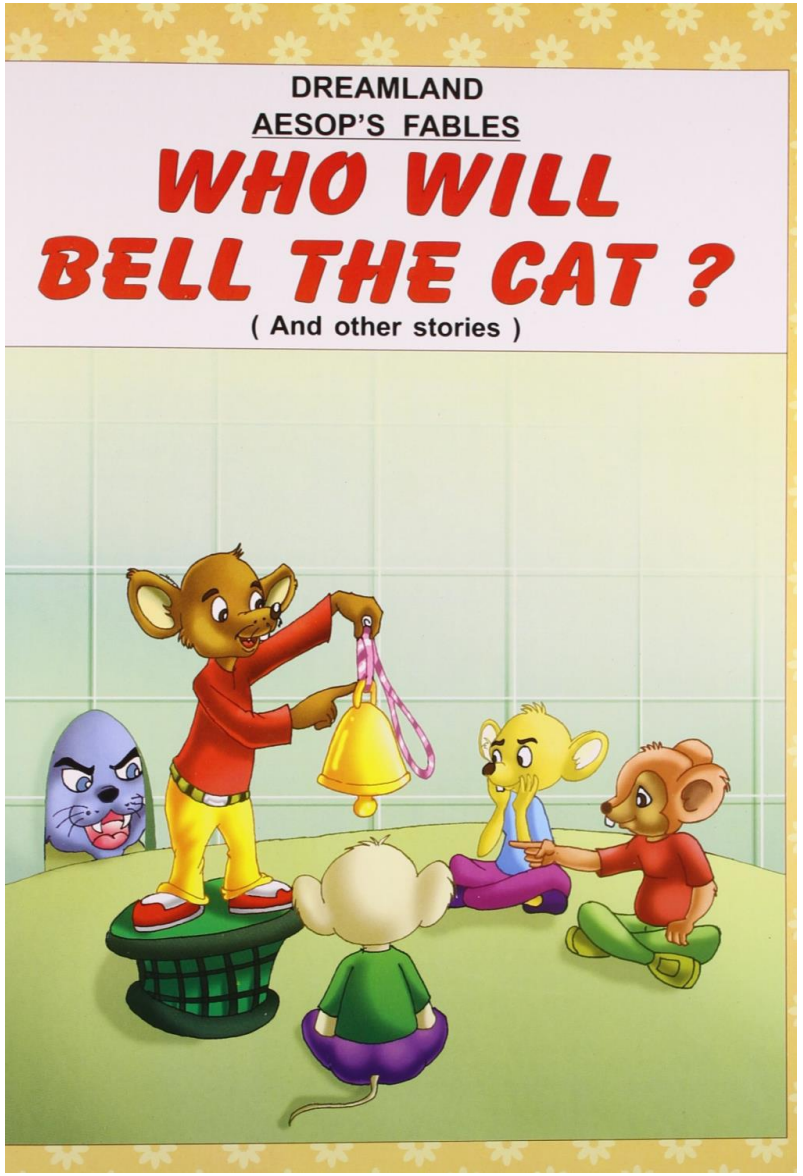
1. Describe the role of innovations in upgrading healthcare quality in PALTC
2. Recognize the burdens of innovations for healthcare team members, particularly in the pandemic
3. Engage in innovation and implementation processes that are sensitive to team member burdens and burnout

Way to Go "Champion"! Stretching the Team Fabric Too Thin!

Arif Nazir MD

President, SHC Medical Partners

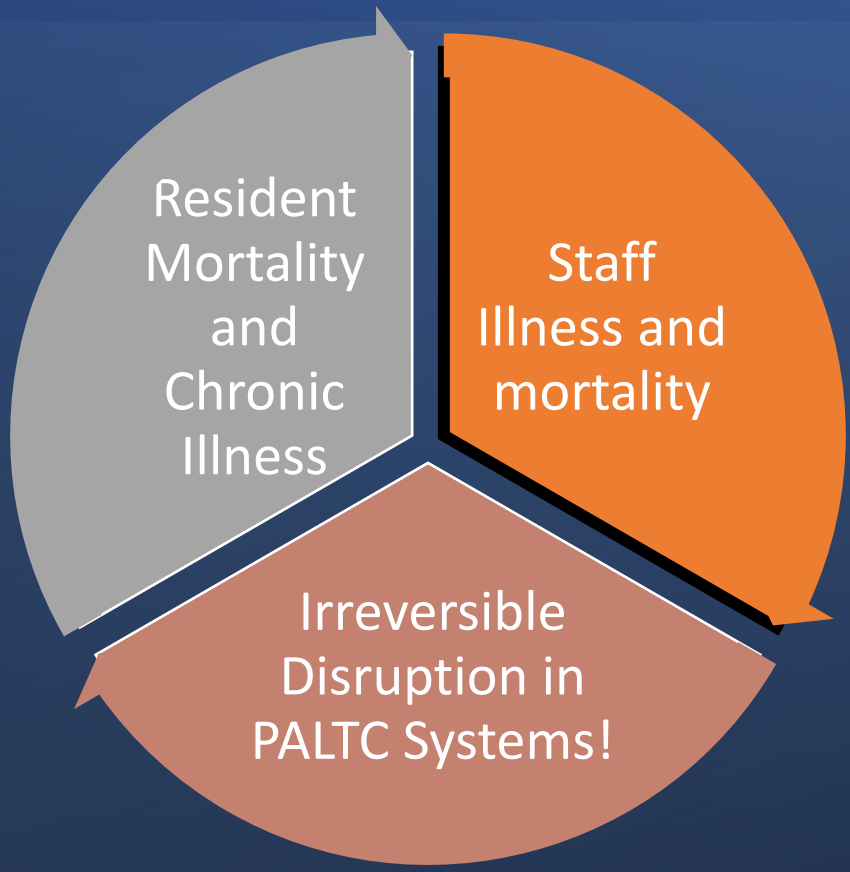
CMO, Signature HealthCARE


DREAMLAND
AESOP'S FABLES
WHO WILL BELL THE CAT ?
(And other stories)

Dr. Tedros Adhanom Ghebreyesus

March 2020

Pandemic's Impact on Long-Term care



Pandemic: Making the Invisible, Visible!

Issue# 1

NEWS

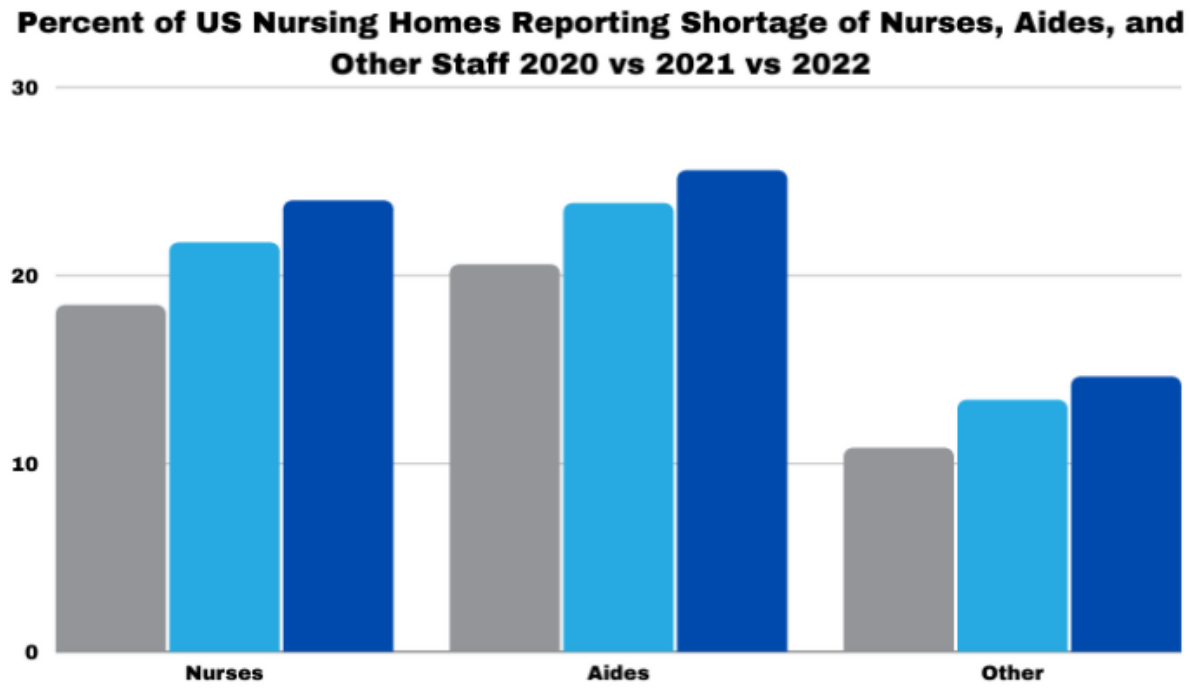
Long-term care workforce challenges remain at 'crisis' level

KIMBERLY BONVISSUTO

FEBRUARY 11, 2022

SHARE

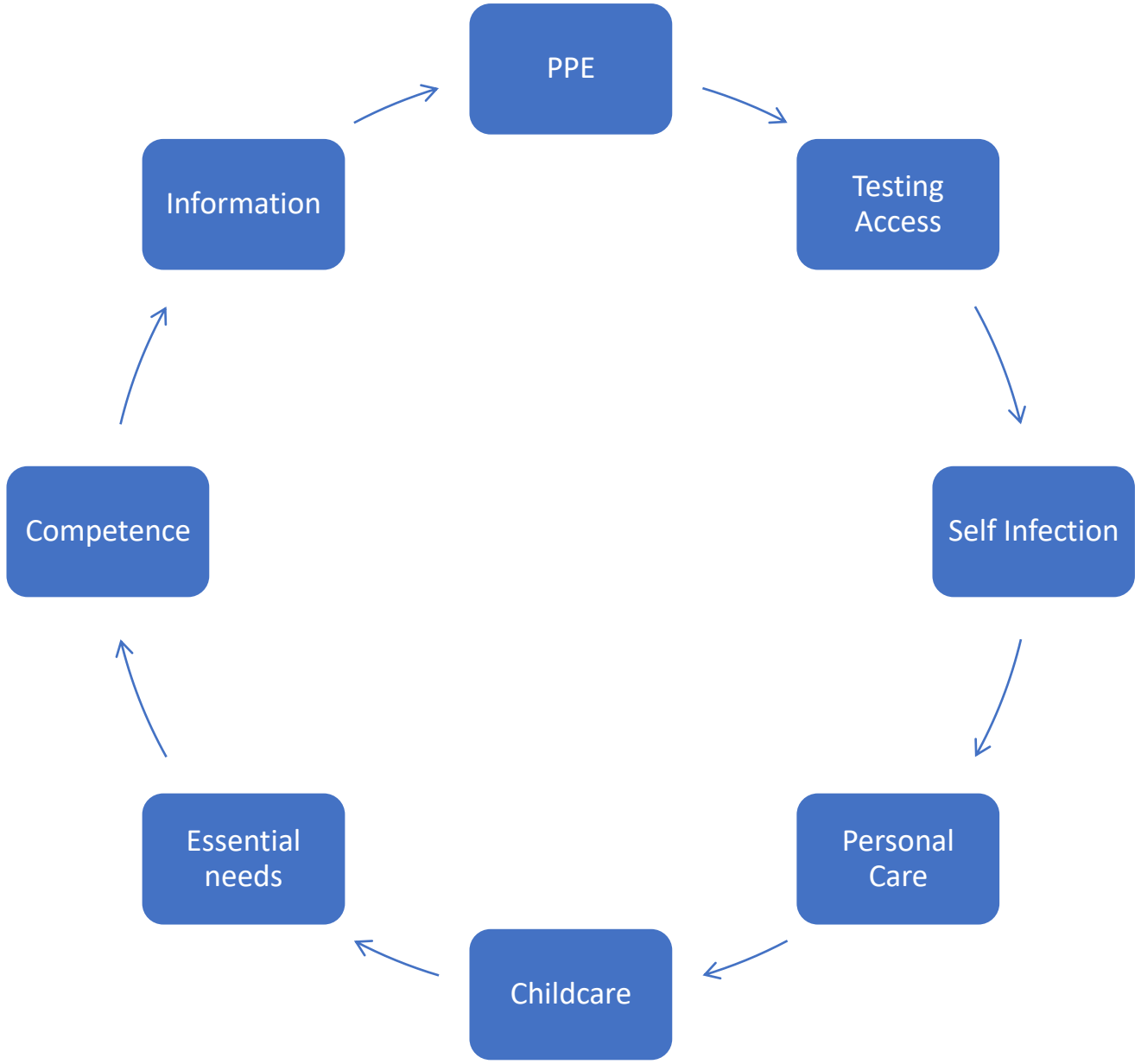
- Long-term care workforce levels lowest in 15 years
- >400K jobs lost between February 2020 and January 2022
- Worst (15%) decline in SNFs



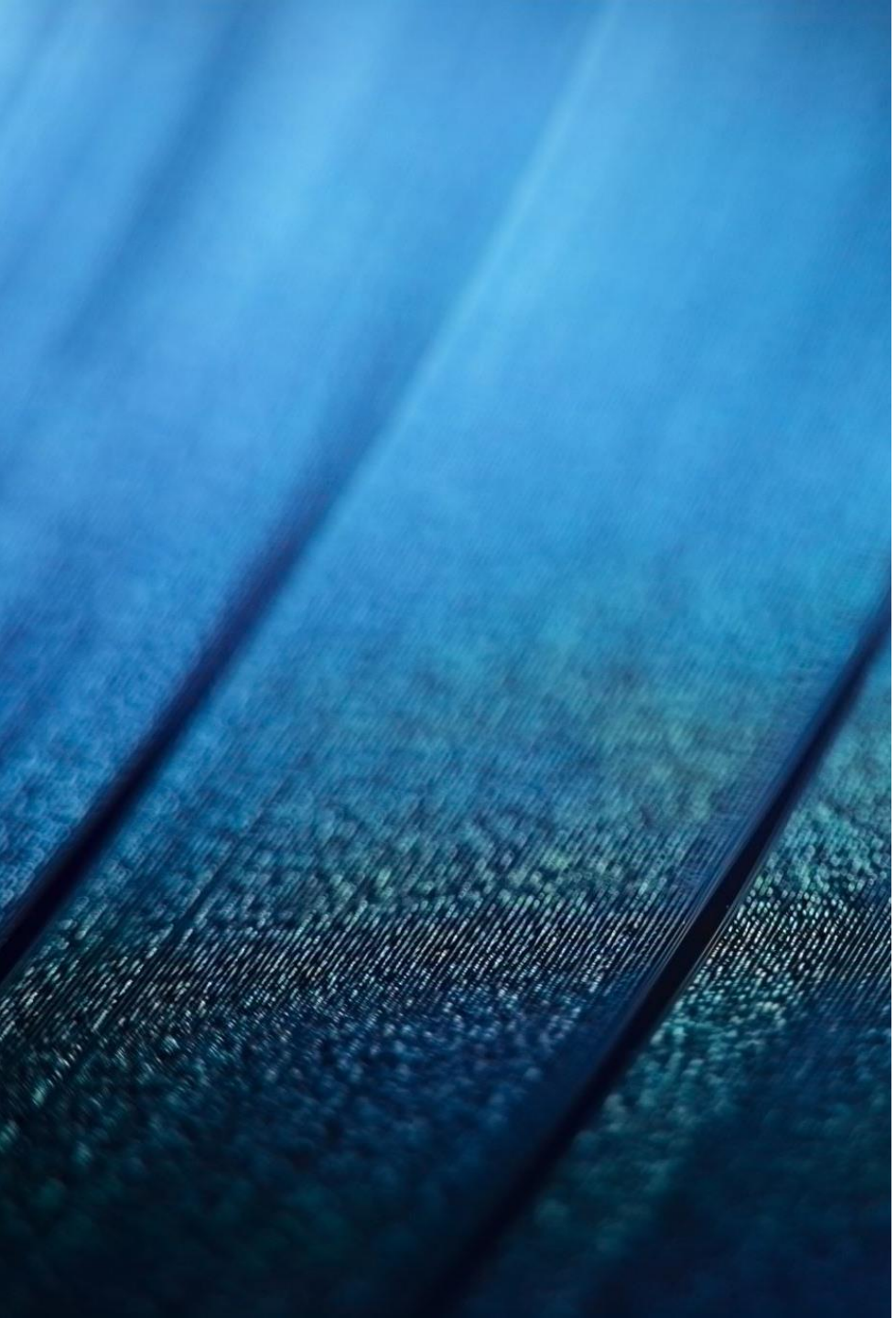
Dark blue columns represent 2022 data for skilled nursing homes claiming shortages. Light blue represents 2021 and grey 2020.

Source: Xtelligent Healthcare Media

Burnout and turnover: >400K staff left the setting!



Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. JAMA. 2020;323(21):2133–2134. doi:10.1001/jama.2020.5893



Countering Frontline Burnout

HEAR ME

PROTECT ME

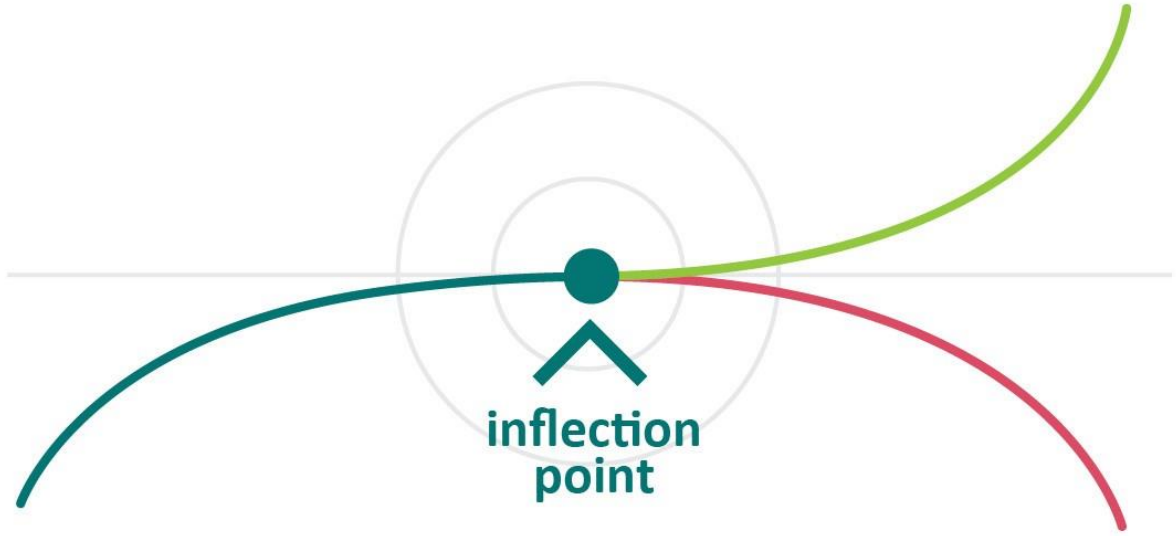
PREPARE ME

SUPPORT ME

CARE FOR ME

Issue# 2

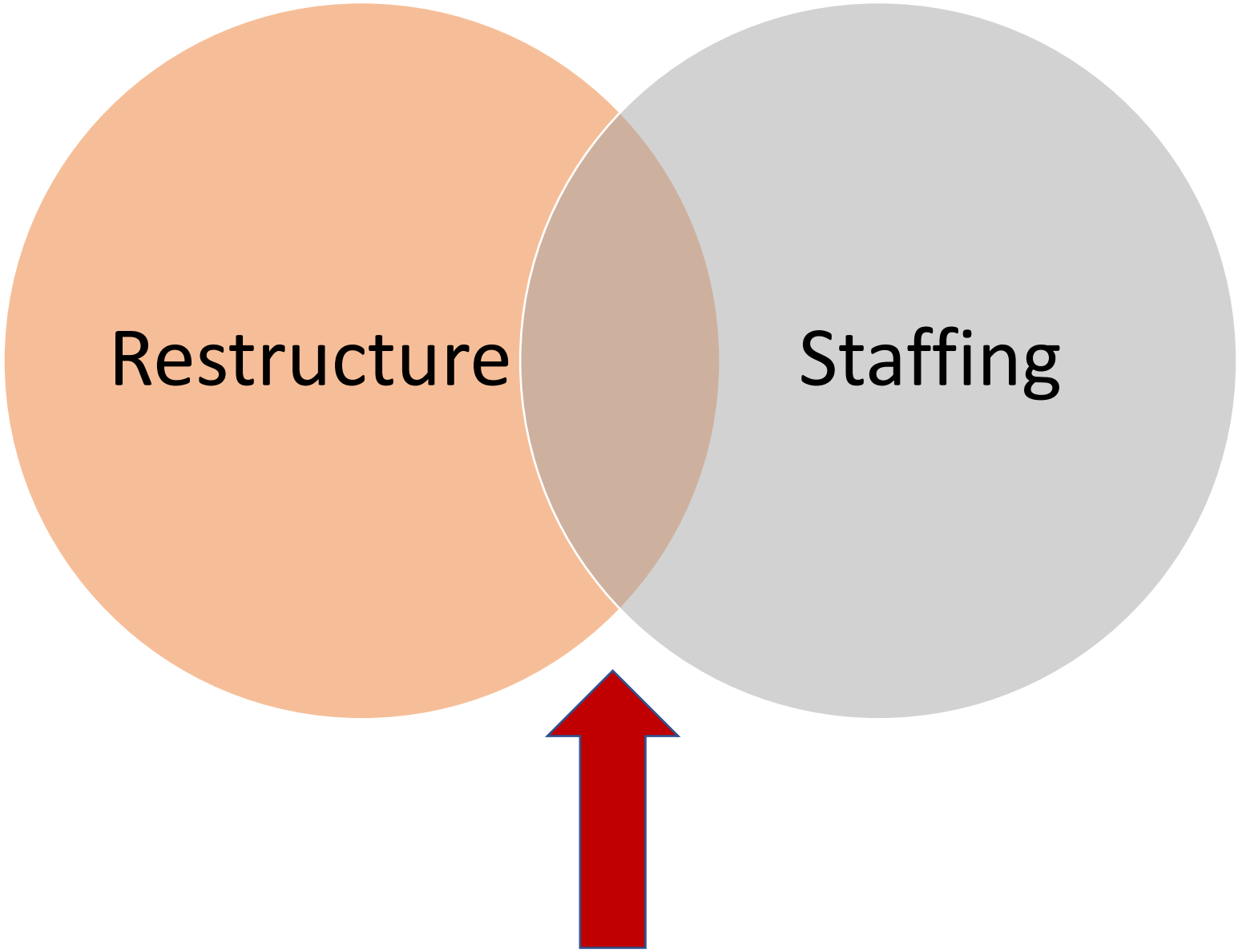
- PALTC Expertise Must Be Included when Policy Is Being Developed That Affects PALTC
- Do Not Look for One-Size-Fits-All Solutions
- Collaboration across Healthcare Sectors Must Become the Norm
- Federal Policy Leadership Must Be Proactive, Not Reactive; and Supportive, Not Punitive
- ***The Nursing Home Industry and Regulatory Process Need Massive Restructuring***



Laxton C., Nace D., Nazir A. Solving the COVID-19 Crisis in Post-Acute and Long-Term Care, Journal of the American Medical Directors Association, Volume 21, Issue 7, 2020,

Pandemic-driven Zeal for Restructuring!

- Many federal waivers e.g., 3-day stay
- COVID-19 Taskforces and commissions
- Private Equity funding and Tech Start Ups
- Technology “Solutions” already in SNFs (sensors, infection control, others)


Restructure
Staffing

Health Agencies Update

FREE

January 25, 2022

Increased Use of Medicare Telehealth During the Pandemic

Melissa Suran, PhD, MSJ

JAMA. 2022;327(4):313. doi:10.1001/jama.2021.23332

"2020 telehealth visits increased to 52.7 million from approximately 840 000 in 2019"

Telehealth “Unintended” Issues and Impact

- **System Level**
  - Equipment and software issues (some were addressed by waivers that allowed personal phones and FaceTime as options)
  - Wi-Fi issues at many SNFs, particularly rural
  - Difficulty to include a family/ third party
  - No best practices literature on appropriate physical exam approaches
  - Restrictions on frequency
- **Staff Level**
  - Staff and resident literacy regarding tech
  - Frustrated nursing staff who were stretched to begin with
  - Licensed nurse practitioners asked by physicians to facilitate calls

Another Intervention Without much “Tooth”

Restructuring Burdens Added by the Pandemic

- Universal precautions and PPE requirements
- New and ever-changing testing requirements
- New and ever-changing reporting requirements
- Taking on the role of family for residents
- Others

CAUTION!

Innovative Restructures Risk Staff Burnout

Introducing *Implementation Etiquette*

- Its not about the ideas or solutions, its about the implemented approaches that defines success
- Attempts to shorten the 17 years implementation journey are crucial but come at a price for the staff
- Need to upgrade implementation approaches with more sensitivity to true frontline partnerships

Etiquette:

The customary code of polite behavior in society or among members of a particular profession or group

- Be yourself – and allow others to treat you with respect
- Say “Thank You”
- Give Genuine Compliments
- Listen Before Speaking
- Speak with Kindness and Caution
- Do Not Criticize
- Be Punctual

Implementation Etiquette: Where Do We Start?

- Need to closely assess our approaches in current implementation strategies
- Must devise approaches with no or minimum added burdens on staff (assess organizational readiness)
- Funding the implementation adequately
- Facilitating a positive implementation “culture”
  - Understanding own and societal biases (+/-) towards PALTC
  - Setting realistic expectations
  - Adequate lingo

Levy, Cari, et al. "Pragmatic Trials in Long-Term Care: Implementation and Dissemination Challenges and Opportunities." *Journal of the American Geriatrics Society* (2022).
Levy, Cari, David Au, and Mustafa Ozkaynak. "Innovation and Quality Improvement: Safe or Sabotage in Nursing Homes?." *Journal of the American Medical Directors Association* 22.8 (2021): 1670-1671.

Assessing Current Implementation Etiquette: *Proven Trial*

- A pragmatic cluster randomized trial of ACP video interventions to reduce hospital transfers and burdensome treatments or increase hospice enrollment over 12 months among residents
- Showed no benefit
- Authors explanation for no impact:
  - "Overall intervention fidelity was low and highly variable across nursing homes"
  - The low fidelity to the intervention highlights… need to ensure the highest level of engagement from key stakeholders, including front-line providers, when conducting pragmatic trials in this setting.

https://impactcollaboratory.org/mitchell-and-mor-share-results-of-proven-trial-on-advance-care-planning/

Deep Dive into PROVEN Methods Utilized for Implementation

At each NH, 2 ACP video program champions, typically social workers, were identified and charged with showing videos to patients and families

Champions were instructed to complete these reports whenever a video was offered

To further enhance fidelity: Champion meetings were increased to monthly, and PMs to investigate reasons for non-adherence and low engagement

Assessing Current Implementation Etiquette: *INTERACT Trial*

- Each intervention NH selected a project "champion" and "co-champion" who were responsible for:
  1. Facilitating INTERACT training and implementation,
  2. Periodic submission of facility-based data, and
  3. Participation in monthly phone calls and follow-up webinars.
- Low "motivation" and staff "attitudes" as cited reasons for no impact
- NHs… did not take full advantage of the training or adhere to requirements for data submission in their signed participation agreements
- This incomplete participation was unexpected…all NHs received free INTERACT program materials and training, and participation agreements outlining their responsibilities were signed by administrators, directors of nursing, and medical directors

Common Themes Among Two Examples?

- Researches designed interventions on shoulders of “champion” (shifting upon them responsibility of motivation and culture change)
- Adding of unfunded responsibilities
- Both initiatives were critical to enhancing quality but designed as isolated “initiatives” (As opposed to integrating within the fabric of quality care)
- Research teams not taking responsibility of the implementation design failures
- Casting of negativity on an already marginalized setting (terms used included “disengaged”, “unmotivated”, and “unable to maintain fidelity”)

Possible Additions to “Discussion” Sections

- “Our implementation design failed”
- “We failed to grasp the challenges frontline staff face meeting all the complex regulatory and care structures they are expected to comply with”
- “We learned never to shift most critical responsibilities to the busiest and most lowly paid professionals”
- “Successful implementation will require appropriate funding at all levels”
- “Every staff member is already a “Champion” and an “Advocate”; assigning them one more label failed to have a sustained benefit”
- “Future implementation designs should focus on holistic care restructure rather than introducing “projects” that add additional (and parallel) layers to already tedious daily care processes”

Addressing Implementation Etiquette: Role of Leaders

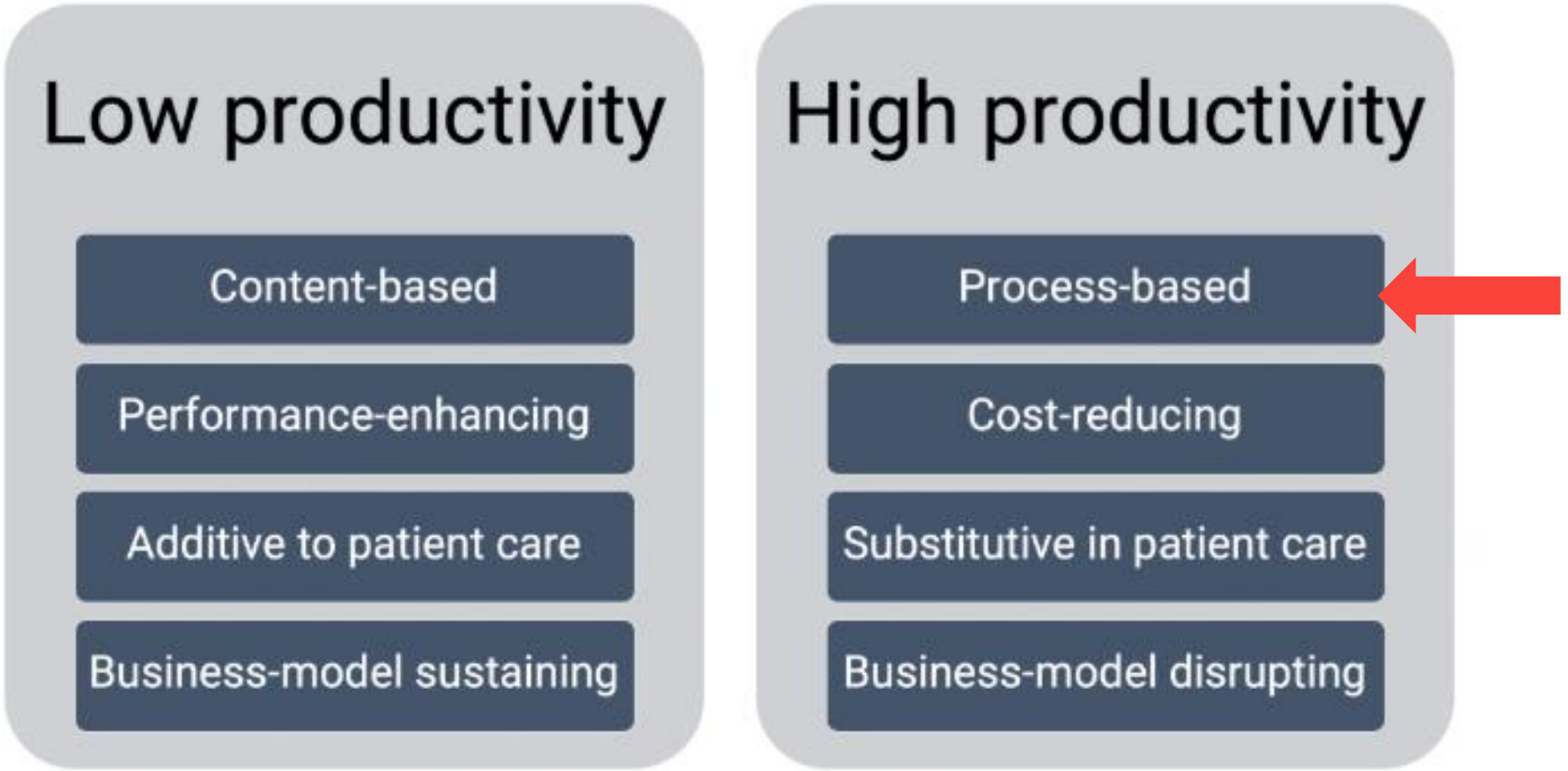
- Shed biases as much as possible and questions all assumptions
- Spent time in frontlines to hear, understand and learn staff challenges
- Process-based innovation, or even better process-tech innovations over tech-based innovations
- Assess organizational strain
- Local and federal advocacy to improve staff work environment including pay, regulatory and much more
- Partnerships between real world organizations (corporate) and academics to flip “evidence-based” to “Practice-based” medicine!

Issue of Organizational Strain

- Failure to pre-assess organizational strain when implementing organizational change runs the risk of counterproductivity, **exacerbating** *resource poverty, inhibiting care delivery, and undermining the soundness* of facilities like nursing homes.
- Just as oncologists assess patient status prior to chemotherapy… we **propose** that the *stamina and structural integrity of nursing homes be similarly assessed* before implementing research innovations

Levy, Cari, David Au, and Mustafa Ozkaynak. "Innovation and Quality Improvement: Safe or Sabotage in Nursing Homes?." (2021): 1670-1671.

Exhibit 1: Relative productivity of innovation subtypes



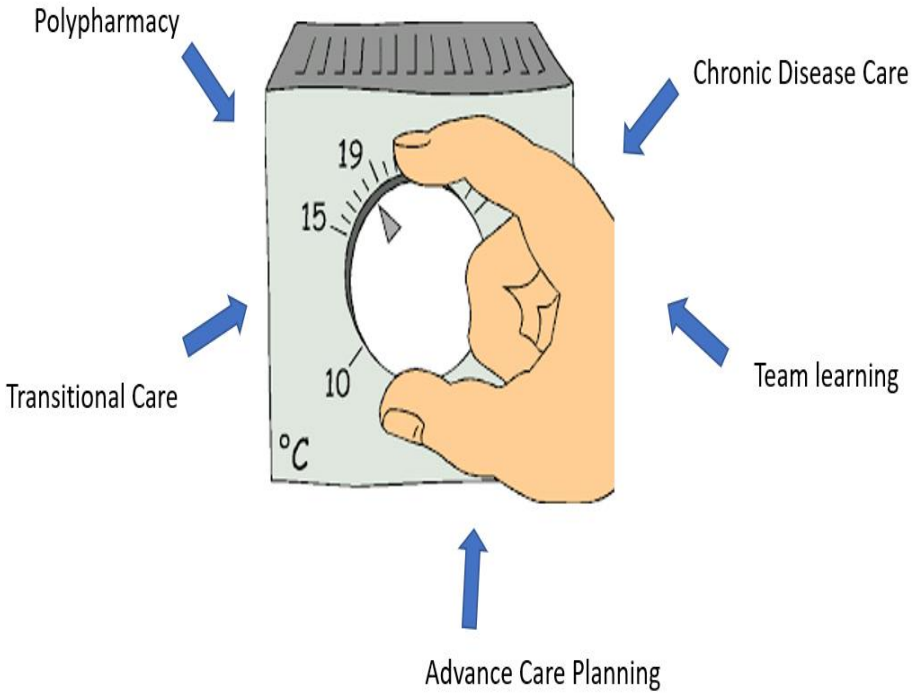
Why Isn't Innovation Helping Reduce Health Care Costs? *Eli M. Cahan, Robert Kocher, Roger Bohn*

Implementation Etiquette Examples at Signature HealthCARE

- Signature Research Institute
  - Led by a collaborative group to assure that ideas/ projects fullfili the implementation etiquette checklist (operational, clinical, regulatory, legal, compliance, financial)
    - Indiana University Center for Aging research partnership on pragmatic trial on Advance Care Planning- APPROACHES (ongoing iterations to assure no duplication of processes)
    - Base10 Genetics partnership to create digital automation around COVID-19 issues (shared staff burden for testing supplies, recording and reporting)
    - Care Hub Program– A Geriatric Thermostat!
- Siggy500 Polypharmacy Optimization and Deprescribing Initiative

Care Hub Program
Model for Medicine-based Evidence

1. An NP-based care model that offers a “parallel” support platform to assure risk-based geriatric care delivery
2. Provide SNF control over geriatric care processes and outcomes– a *geriatric thermostat* for the SNF
3. Utilize proactive & ethical services to fund the model and enhance outcomes e.g., ACP, CCM, prolonged services
4. Medical **Hub** to fully supplement and align with staff clinical workflows
5. After multiple iterations, now accepted by the frontline



Siggy500 Implementation Strategies from **Signature HealthCARE**

- Need for a campaign/ branding approach; just education is not enough
  - Simplify a consistent message
  - Highlight what's in it for them?
- Buy-in from top leadership and messaging to the field
- Weekly data feeds with gamification approach
- Disseminate success stories from early adapters to inspire others
- Ongoing education

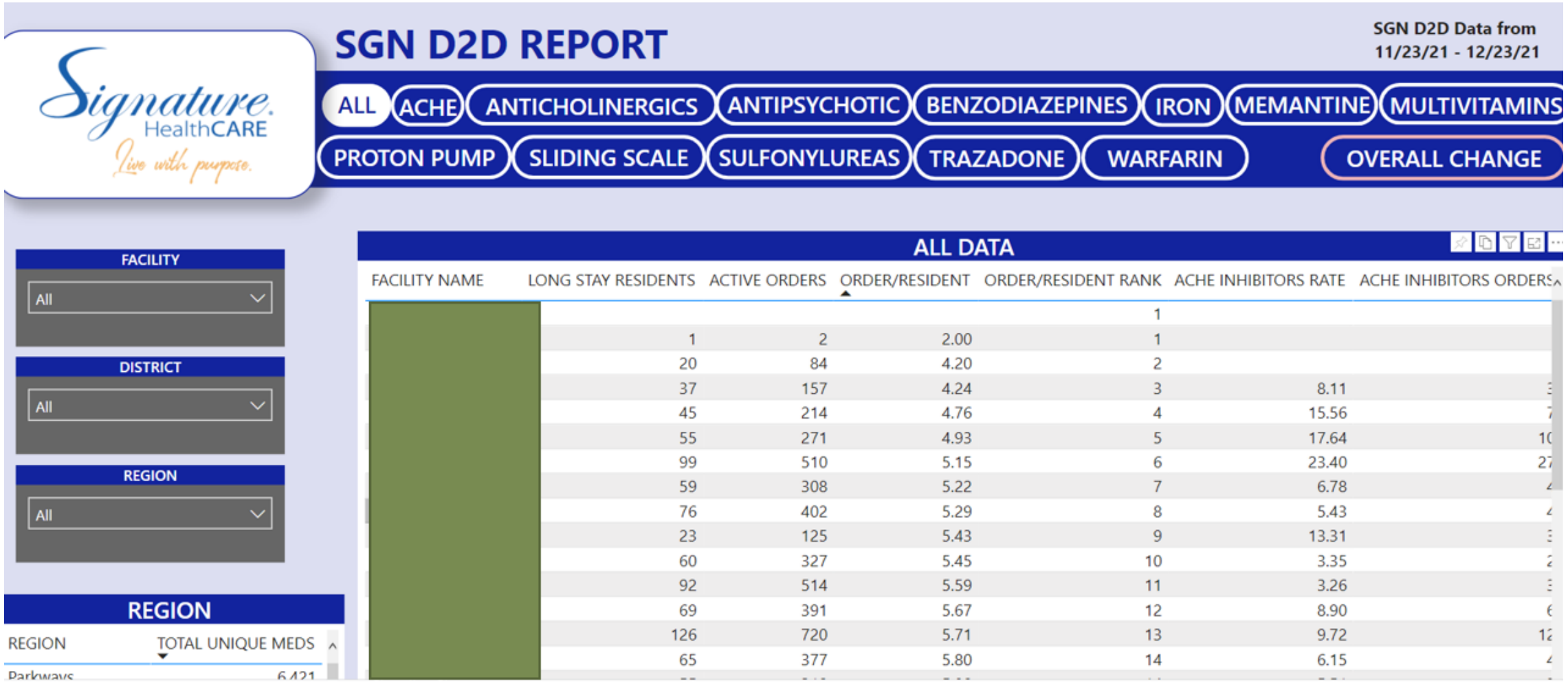
- “Siggy500” campaign in parallel to D2D

- Simple messaging

- Gamification

- Weekly data and updates

Analytic Dashboards and Reporting: Overall Ranks



- Sample Communication to the Field:

Subject Siggy500 Q1 Deprescribing Results

Dear colleagues:

Let us celebrate the New Year with the good feeling that we have kicked off the Siggy500 real well, getting rid of 1.3% of unnecessary pills for our long-stay residents since September 2021! This is immensely meaningful work. Congratulations on all of you nurses, pharmacists, practitioners and medical directors and other staff working together to improve quality of care for our residents.
Of course, we all are just warming up, as there is a whole lot more to achieve in 2022! Happy New Year, and enjoy great time with family and friends!

Arif Nazir MD
CMO, Signature HealthCARE

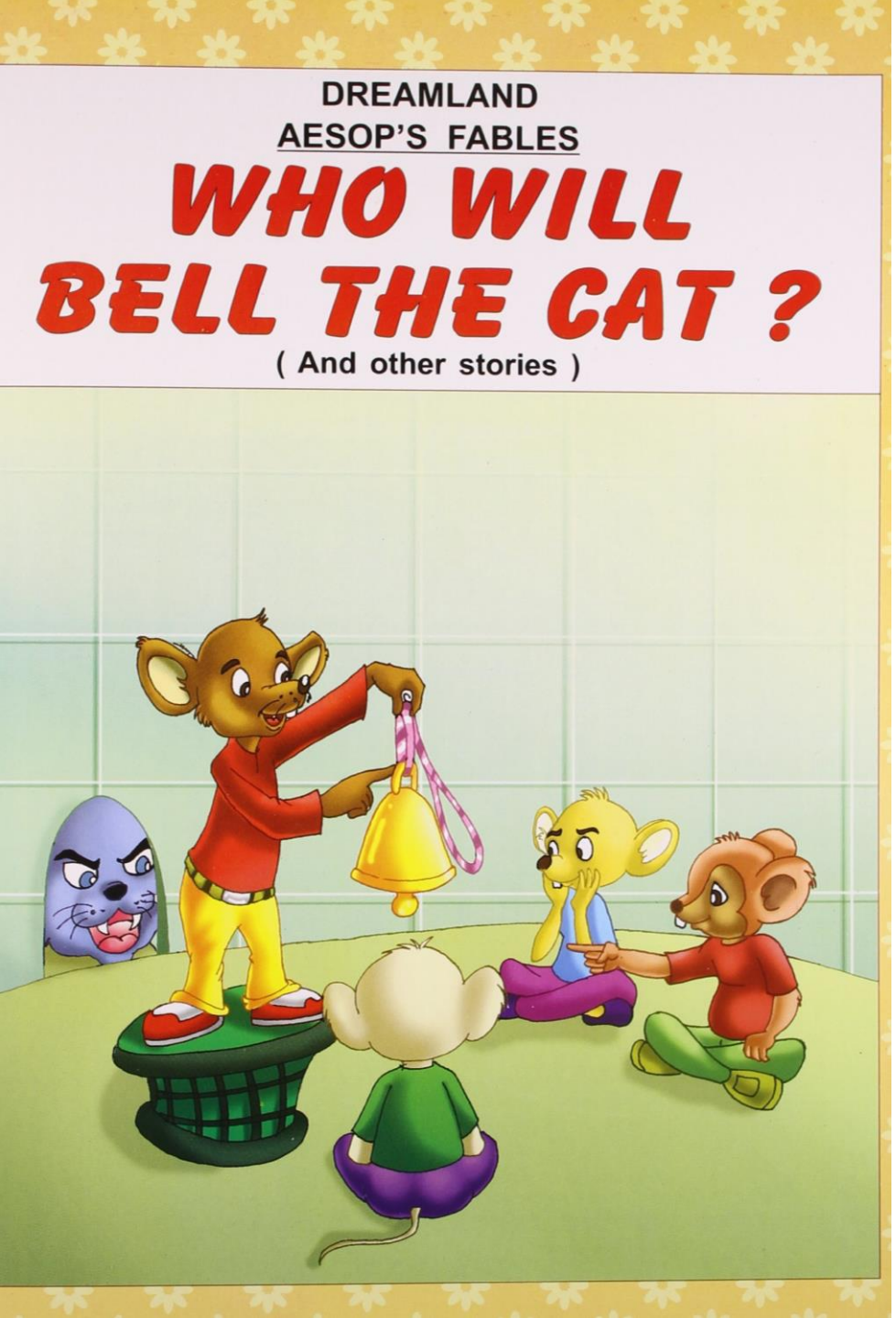
Siggy500 Q1 Deprescribing Results:
1.3% decrease overall

Engaged versus other SNFs at Signature HealthCARE

	Facilities	Results
1.	Total facilities	106
2.	SNFs' overall cuts in medications since 9/2022	-4.2%
3.	Total SNFs with any improvement *(engaged group)*	65/106= 61%
4.	**Average meds cuts among engaged SNFs ONLY**	**-12.4%**
5.	Total SNFs that made a >5% decrease	26 (24%)
6.	Avg. improvement among top 20 with most cuts	-18%
7.	Most cuts in any SNF	-31%

Implementation Tips I Learnt in My Journey

- Understand the problem well, before we execute solutions
- Academic success or failures may not be always relevant in real world
- Tech innovative bandages will not fix foundational elements of teamwork and communication
- Not all that glitters is gold! Shiny tech innovations get most attention and resources, but can be expensive and taxing
- In any solution, “budget” for workflow disruptions and burnout exacerbation
- Messaging is crucial– Need to be sensitive in selecting our words



Leaders Need to Step Up: *Time to Bell the Cat!*

- Leadership is not just about passionate statements; action is needed
- As leaders we all need to reflect on our own biases, attitudes and lingo-- are we part of the solution or the problem?
- Besides blaming policy, politicians and others, are we doing all we can to understand the frontline issues, and then facilitating change?
- On any given day, what can WE do differently, how can WE create positivity, and who can WE support and train?

Summary

- Quality of PALTC care continues to be below par and pandemic has created an urgency for restructure
- Without focus on the implementation “etiquette” and culture, we risk staff burdening and further drop in quality
- Implement efforts not accounting for true staff burden should be restructured or stopped
- PALTC corporate and academic leaders should seek robust collaborations, and focus on new ideas to discover sustainable implementation approaches
- Time for “Practice-based evidence”

Thank you!