

Balancing Innovations and Passion in Healthcare to Strengthen the Team Fabric

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Objectives

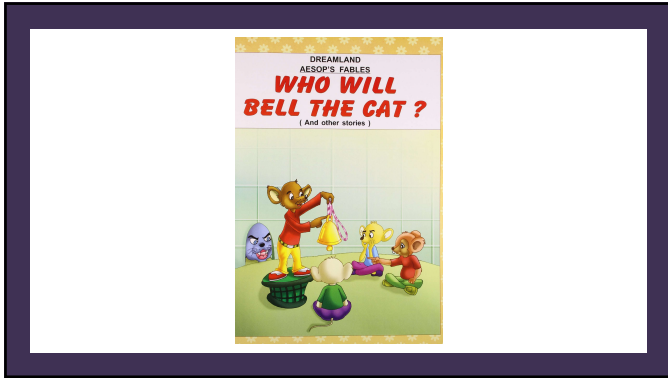
1. Describe the role of innovations in upgrading healthcare quality in PALTC
2. Recognize the burdens of innovations for healthcare team members, particularly in the pandemic
3. Engage in innovation and implementation processes that are sensitive to team member burdens and burnout

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

Arif Nazir MD
President, SHC Medical Partners
CMO, Signature HealthCARE

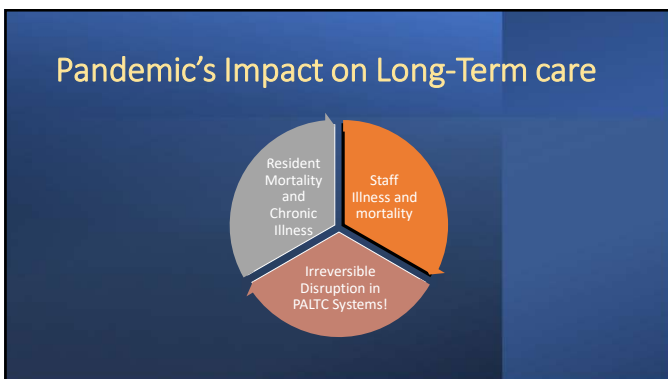
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Pandemic: Making the Invisible, Visible!

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Issue# 1



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NEWS

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



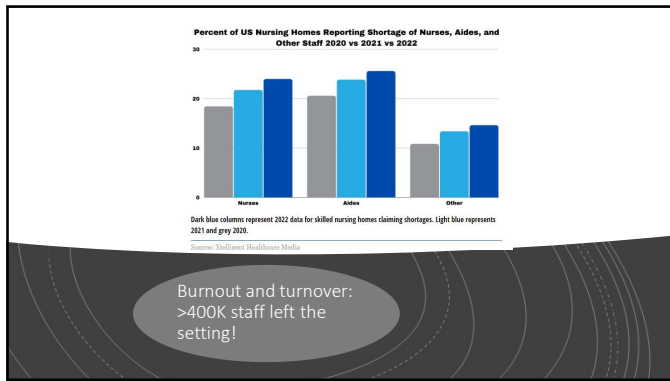
KIMBERLY BONVISSUTO

FEBRUARY 11, 2022

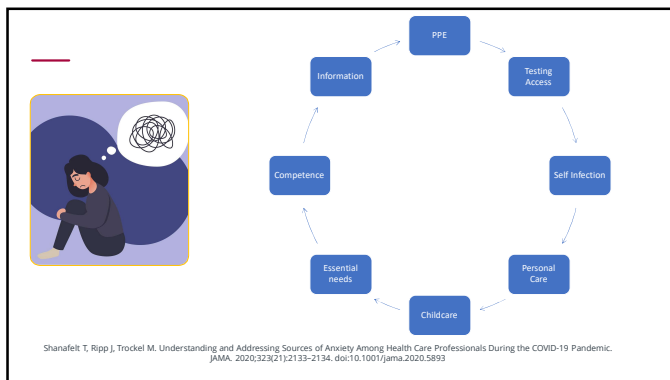
SHARE

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

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Countering Frontline Burnout

- HEAR ME
- PROTECT ME
- PREPARE ME
- SUPPORT ME
- CARE FOR ME

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Issue# 2

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- 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.

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Pandemic-driven Zeal for Restructuring!

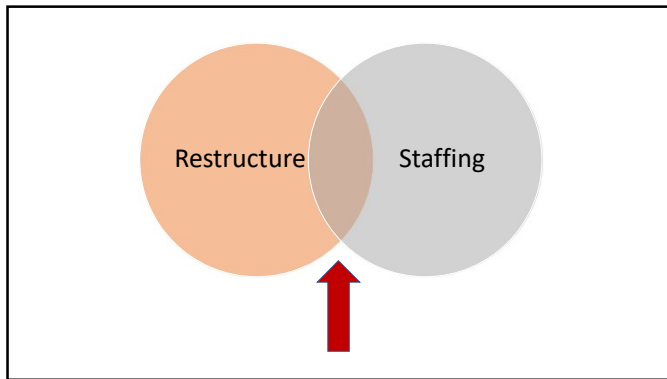
Many federal waivers e.g., 3-day stay

COVID-19 Taskforces and commissions

Private Equity funding and Tech Start Ups

Technology “Solutions” already in SNFs (sensors, infection control, others)

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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"

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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

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Another Intervention Without much “Tooth”



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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




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CAUTION!

Innovative Restructures Risk Staff Burnout



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**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

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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

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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.

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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/>

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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**

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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

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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”)

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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”

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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!

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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 Ockaynak. "Innovation and Quality Improvement: Safe or Sabotage in Nursing Homes?" (2021): 1670-1671.

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Exhibit 1: Relative productivity of innovation subtypes



Why Isn't Innovation Helping Reduce Health Care Costs? Eli M. Cohen, Robert Kocher, Roger Bahn

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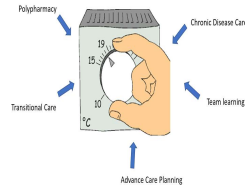
Implementation Etiquette Examples at Signature HealthCARE

- Signature Research Institute
 - Led by a collaborative group to assure that ideas/ projects fulfill 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

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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



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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

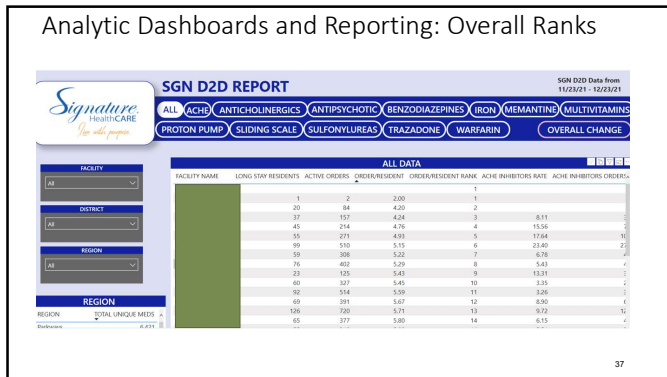
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- "Siggy500" campaign in parallel to D2D
- Simple messaging
- Gamification
- Weekly data and updates



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Analytic Dashboards and Reporting: Overall Ranks



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• 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 director 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



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Engaged versus other SNFs at Signature HealthCARE

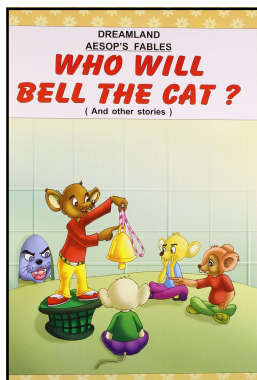
	Facilities	Results
1.	Total facilities	106
2.	SNFs' overall cuts in medications since 9/2022	-4.2%
3.	Total SNFs with any improvement (<i>engaged group</i>)	65/106= 61%
4.	Average meds cuts among engaged SNFs ONLY	-12.4%
5.	Total SNFs that made a >5% decrease	26 (24%)
6.	Avg. Improvement among top 20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

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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

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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?

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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”

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