

PURPOSE: WHY TO USE THIS PLAYBOOK

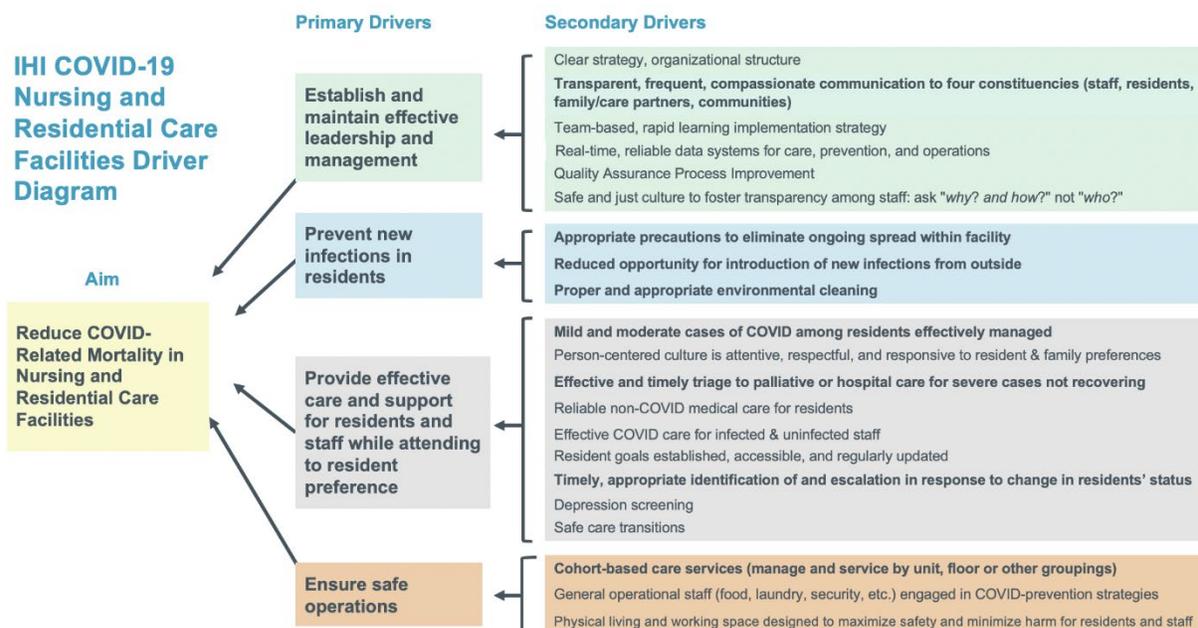


The purpose of this playbook is to support congregate living facilities in Contra Costa County to reduce mortality due to COVID-19. Governments, public health departments, and health care organizations have generated an abundance of guidance for care teams to manage this new disease. This playbook aims to distill current guidance into clear actions to be taken by leaders, staff, residents, and their families. These actions are required to reduce mortality due to COVID-19 among residents of congregate living facilities. As knowledge of the disease evolves and public health policies shift to reflect the new realities, the playbook content may also need updating.

This playbook was produced by the Contra Costa County COVID-19 Congregate Care Team, in collaboration with Contra Costa Health Services and the Institute for Healthcare Improvement (IHI). We would like to acknowledge the Contra Costa Regional Health Foundation and the Silicon Valley Community Foundation for their generous support for the development of this playbook.

FROM THEORY TO PRACTICE

The driver diagram below outlines IHI’s theory of change for reducing COVID-related mortality in nursing homes and related facilities. This theory of change served as the foundation for development of a playbook for Contra Costa County. Secondary drivers in bold were selected by experts within Contra Costa County to be the focus of this effort.



Based on the eight prioritized secondary drivers, the following plays were developed (see visualization below).

8 Prioritized Secondary Drivers for Contra Costa Playbook

Transparent, frequent, compassionate communication to four constituencies (staff, residents, family/care partners, communities)

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

Effective and timely triage to palliative or hospital care for severe cases not recovering

Timely, appropriate identification of and escalation in response to change in residents' status

Cohort-based care services (manage and service by unit, floor or other groupings)

8 Prioritized Plays

1. Huddles with Staff

2. Consistent Communications with Family and Care Partners

3. Implement infection prevention practices

4. Implement effective testing practices

5. Implement effective cleaning practices

6. Develop a robust visitation plan for families and care partners

7. Implement care transition practices

8. Implement care zones to group residents by COVID status

While designing an effective care delivery system to mitigate the effects of the disease requires the reliable implementation of all eight plays, IHI and Contra Costa Health Services encourage congregate living facilities to begin by implementing one or two of these plays. The plays are mutually reinforcing and interconnected; implementing one play may lead you to begin to improve processes in another. Start anywhere: you may consider where staff teams are struggling the most or build on in-house capabilities.



IMPLEMENTATION: HOW TO USE THIS PLAYBOOK

The playbook includes this introduction, eight plays, a glossary, and acknowledgments.

Each play begins with the “play strategy,” including the purpose of the play and questions it seeks to answer. Then each play covers how to run the play, with clear descriptions of actions and indication of who should accomplish them; general tips and tricks to support implementation; special considerations for people with dementia and/or in memory care units; and additional resources with links to policies and tools.

Consider reading the short glossary first to familiarize yourself with terms.



A NOTE ON DEMENTIA AND RELATED CONDITIONS

COVID-19 poses unique challenges and risks to people with dementia and/or living in memory care units. Cognitive deficits stemming from dementia pose challenges for infection prevention practices related to COVID-19. People living with dementia are likely to be unable to understand mask-wearing (by themselves or others) and incapable of performing physical distancing or isolating in their rooms. Quality of life may decline due to changes in routines and physical surroundings, isolation from family and friends, and a lack of stimulating activities. All of this can lead to increased agitation and confusion for those living with dementia.

Leaders should ensure that facility staff is reminded of these cognitive processing limitations and their implications during the pandemic. For care teams, a solid foundation in effective dementia care practices is imperative during this challenging time. The importance of calm, loving attention cannot be overstated: staff may pause at the patient’s door to momentarily remove their mask with a warm hello, help residents to pass the time with a favorite radio station, incorporate gentle touch, and connect to the past with photos or physical objects.

Many of the plays include a section titled, “Special Considerations for People Living with Dementia and/or in Memory Care Units.” These sections include specific implementation guidance for interacting with residents who exhibit these cognitive limitations.



A NOTE ON QUALITY IMPROVEMENT PRINCIPLES

While this playbook attempts to provide clear, detailed guidance, no two congregate living facilities are exactly alike. Because of this, most plays will require some customization by each facility. To both save lives and save time, where possible, people implementing these plays should attempt to first test a strategy with a small group before implementing it facility-wide.

As an example, before sending an email to families of residents to notify them of updates from your facility, you might test the email with 1-2 family members to get their feedback and refine the email to better meet their needs. Strategies such as huddles and cleaning checklists will also benefit from testing with as small a group as feasible before implementing facility-wide.

Similarly, as you implement these plays, you will likely find ways to improve upon them. Ongoing conversations with staff and residents about what is and isn't working can help you to identify areas in need of improvement and to develop ideas that might result in improvement. Huddles and other ongoing communications strategies are a great venue to lift up challenges and develop potential solutions.

A NOTE ON ROLES AND TITLES USED IN THE PLAYS

These plays attempt to use generic or widely used titles for the various roles within congregate living facilities. Before implementing a play, to help reduce confusion, consider replacing the generic titles/roles in the play with the specific titles used by your facility.

