

OkDCN Presents! Project ECHO Nursing Homes COVID-19 Action Network
Participation Agreement



Nursing Homes C.A.N.!
(COVID-19 Action Network)

Helping Oklahoma Nursing Homes Respond to COVID-19

The Oklahoma Dementia Care Network (OkDCN) is a statewide collaborative effort focused on building healthcare workforce capacity to improve outcomes for persons living with memory disorders, including Alzheimer's disease and dementia. **This partnership with UNM Project ECHO and the Institute for Healthcare Improvement will help up to 200 Oklahoma nursing homes prepare for, prevent, and respond to COVID-19.**

➔ Please fill out this participation agreement and return it to OkDCN via e-mail: OkDCN@ouhsc.edu

Project Goals:

- Prevent COVID-19 from entering nursing homes
- Prevent spread of COVID-19 in nursing homes
- Improve care of COVID-19 patients in nursing homes
- Address staffing safety and challenges
- Allow visitors to come into nursing homes safely

OkDCN will:

- Provide content experts for Project ECHO Zoom sessions
- Provide facilitators and Zoom support for ECHO sessions
- Provide continuing education credits for nurses, MDs, and administrators
- Report participation for incentive pay up to \$6000 per nursing home*
- Report nursing home needs for PPE and COVID-19 testing

Your Organization will:

- Provide internet and Zoom access to participating staff via computer, tablet, or smart phone
- Provide 4 staff members to participate in weekly 90-minute Zoom ECHO sessions for 16 weeks
- Attend >70% of ECHO sessions (at least 13 of 16 sessions required for incentive pay)*
- Participate in a weekly learning collaborative with multiple Oklahoma nursing homes for up to a year (optional but encouraged; Quality Improvement certification for those who attend at least 37 sessions)
- Provide cases, incidents, concerns, or educational needs for discussion during ECHO sessions
- Participate in surveys related to desired training needs, satisfaction, etc.
- Provide OkDCN team with demographic information for participants
- Provide OkDCN team with information about nursing home needs related to PPE and COVID-19 testing

*Payment details subject to facility agreement with Univ of NM and/or AHRQ. Incentive payment is not provided by OkDCN, OUHSC or OFMQ.

Facility Name: _____

Facility Address: _____

Your signature below indicates your organization's pledge to participate in the activities listed above for a minimum of 12 months and allow OkDCN to announce your participation in this project. This form must be signed by an Administrator or Director of Nursing.

Administrator/DON Print

Signature

Email

Phone Number

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Preferred ECHO Session Times (once a week). Please provide possible times for each weekday.

	Preferred Time 1	Preferred Time 2	Preferred Time 3
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Other comments for us:

Thank you!