***AHRQ ECHO National Nursing Home COVID-19 Action Network***

**Nursing Home Discussion Form**

**Please note:** Project ECHO consultation does not create or otherwise establish a patient-provider relationship between any ECHO subject matter participant and resident recommendations presented in a Project ECHO session. Please remove resident identifiers (e.g., name, age, date of birth, etc.) so that everyone remains HIPAA compliant.

# Discussion Week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Presenter Information:

# Name:

# Facility Name and City:

# What is the area of focus of your discussion? (Please choose one)

#  Systems- or quality-improvement

#  Staffing-related

#  Resident-specific

#  Other: (please describe)

# What is the goal for your discussion? (Please choose one)

#  Preventing COVID-19 from entering the facility

# Diagnostics and testing

# Preventing the spread of COVID-19

# Treatment and care of residents with COVID-19

# Safety measures, infection prevention and use of personal protective equipment

# Staffing and staff management

# Other: (please describe)

# Describe in detail the COVID-19-related issue your nursing home would like recommendations for?

# Click or tap here to enter text.