



Great Plains Quality Care Coalition Nursing Home E-News: **Nuts & Bolts** Better Together

February 2021 | Issue 13

Great Plains Quality Care Coalition Update

Join us! The **Medication Safety Action Group event, February 16, 2021, 3-4:00 pm CT** will build on January's learning event: *Medication Safety – Getting to the Root of the Issue* archived [here](#). The February Action Group will be an interactive session led by Great Plains Coalition Advisors; allowing for discussion, sharing of resources, coaching and development of quality improvement efforts to improve medication safety. [Click here for details and registration.](#)

Education & Training

[Visit our GPQIN Event Calendar](#) to access both upcoming and past events.

**Medication Safety Action Group
Feb. 16, 2021 3-4:00 pm CT**
[Great Plains Quality Care Coalition event]

[Event details & registration](#)

Impact of Aging on Medication Use - Webinar

March 16, 2021 3-4:00 pm CT
[Great Plains Quality Care Coalition: Medication Safety LAN Event]
Speaker: Kristen Carter, PharmD

[Event details & registration](#)

CMS launched a **new online platform called the [Nursing Home Resource Center](#)** to serve as a centralized hub bringing together the latest information, guidance and data.

[Targeted COVID-19 Training for Nursing Homes](#) on the CMS Quality, Safety, and Education Portal (QSEP) webpage. [Click here](#) to access a tutorial,

Dakotas Among Top in Nation in COVID-19 Vaccination

Throughout history vaccines have been proven to prevent spread of infectious disease. Real-time dashboards in [North Dakota](#) and [South Dakota](#) document progress through the [two-dose series](#) of either the Moderna or Pfizer vaccines approved by the Food and Drug Administration (FDA). The Centers for Disease Control and Prevention (CDC) [COVID Data Tracker](#) provides vaccination rates at the state and county level. Data shows the Dakotas are leading the nation for individuals initiating and receiving a first vaccination dose, and CDC continues to reinforce the value of education and reassurance as an element of the mass distribution process.

Krystal Hays, DNP, RN, regional project manager for the Great Plains Quality Innovation Network is concerned about [vaccine hesitancy](#), "Every day we see misinformation on social media and through word of mouth about the COVID-19 vaccine. It is critical for healthcare professionals to be confident in dispelling myths and addressing questions from patients and staff who may be hesitant to receive the vaccine."



Healthcare providers are a trusted resource to support vaccine confidence among patients and healthcare personnel who question the safety and efficacy of these new vaccines. The CDC developed a variety of educational resources to assist healthcare professionals as well as monitoring tools to ensure the safety of patients receiving the COVID-19 vaccine options.

- The [CDC COVID-19 Vaccination Communication Toolkit](#) provides ready-made materials to educate patients and healthcare staff.

developed by Great Plains QIN, to help with the registration process.

[CDC's Project Firstline](#) national training collaborative for healthcare infection prevention and control. [Click here for the nursing home modules.](#)

[CMS Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes.](#) Updated monthly, this toolkit includes best practices across the nation, including those from North and South Dakota.

The **GPQIN Performance Tracking tool** is an Excel tool that can aggregate monthly auditing activities into one spreadsheet. The tool ties audit results with mitigation efforts and includes a graph feature which can serve as an effective visual for quality improvement meetings and sharing with staff and board members.

- [Performance Tracking Tool Video Tutorial](#) (30 minutes)
- [Performance Tracking Tool Video Slide Deck](#)
- [Performance Tracker Excel Template](#)

Resources include fact sheets, posters, stickers, presentation slides with a script, videos, and social media messages.

- The [CDC Long-Term Care Facility Toolkit](#) offers answers to frequently asked questions, posters, slides, letters for staff and residents, and strategies to increase vaccination among staff and residents.
- Use the [CDC COVID-19 Vaccine Communication and Confidence Checklist](#) as guidance when communicating with staff.
- Be knowledgeable of recommended [CDC vaccine safety monitoring and reporting](#) considerations and resources.
- Vaccinated individuals can participate in the [CDC's v-safe](#) by using the smartphone-based after-vaccination health checker to tell the CDC how they are feeling after vaccination through text messaging and web surveys.

“All of us have been impacted by the pandemic; and through vaccination, we can prevent the spread to our friends, family, and community,” concluded Hays.

Recently released: [IHI Guide for Conversations with Nursing Home Team Members](#) from the IHI/AHRQ ECHO COVID-19 Action Network. There are some good tips, conversation starters, replies to questions because COVID-19 vaccination hesitancy is real. **TIP:** Consider copying this document and placing in different departments, work stations, breakrooms, etc.

Other Approaches to Conquering COVID-19 Vaccination Hesitancy

- Leadership leads by example.
- Resident & staff testimonials – promotions with posters, social media postings, direct conversations with peers. Framing testimonials around resident/staff/family member experience is powerful.
- Incentives (cash, TVs, prizes)
- Group presentations
- Individual one-on-one conversations
- Inquire what the concern is and go from there, using facts and science from credible sources. If you do not know, do the research and follow-up with the vaccine-hesitant individual.
- Give hesitant folks time to see what happens with those that have previously received the vaccinations series. There will always be early adopters and late adopters.
- Implement Individual/community/organization challenges. *“WE got our vaccination, how about you?”*
- Re-education and repeat conversations - inquire how people are doing more than once. What they feel one day, might be different the next week.
- Do not pressure – it is still a choice. Do not belittle. Always RESPECT. People will dig their heels in the ground if they feel their feelings/beliefs are not respected and/or dismissed.
- Peers invite friend/co-worker to get their vaccination together.
- Answering fertility questions.



Act Now! Influenza Vaccination Quality Measures Calculated Annually!

The Vaccination Quality Measures are the easiest to impact when a facility is looking to improve their Resident Care Quality Measures (QMs). You have the control to assure that 100% of your residents meet the QM as being “assessed and appropriately given” the vaccination! However, the Influenza QMs are calculated only once per year!

For the Influenza QM, the data will be pulled ONLY once per year, in July, and the percentage of residents who were assessed and appropriately given the seasonal influenza vaccine will remain on [CMS Care Compare](#) for the entire next year. In July, the data will be pulled for the current flu season, broadly recognized as October 1 through March 31. For example, the data pulled in July 2021, will be from the flu season October 1, 2020 through March 31, 2021. Flu season for your building is specifically recognized as starting when the influenza vaccine is available in your community.

Now is the time to assure the Influenza QM accurately reflects the vaccination status of your residents. Great Plains QIN developed an [Influenza Quality Measure MDS Coding Tips](#) document that has proven helpful in understanding this QM to ensure you get the highest vaccination rate possible – 100%!

For questions and assistance, contact [Michelle Lauckner](#) in North Dakota and [Lori Hintz](#) in South Dakota.

**** Influenza Vaccination Considerations Related to COVID-19****

- Annual influenza vaccinations remain highly encouraged for residents and the healthcare worker.
- Routine influenza vaccination should be deferred for asymptomatic and pre-symptomatic persons who have tested positive for SARS-CoV-2 for at least 10 days from their positive test result or until criteria can be met for them to discontinue isolation: at least 10 days after symptom onset AND 24 hours with no fever without the use of fever-reducing medications AND COVID-19 symptoms are improving. Consider further postponing the influenza vaccination visit until the person has fully recovered from acute illness.
- Persons who have had a known exposure to a person with COVID-19 should wait until their 14-day quarantine period has ended.
- At this time, it is recommended that any other vaccines such as the influenza vaccine should be given with a minimum interval of 14 days after or before the mRNA COVID-19 vaccine series.

[For more information: CDC Routine & Influenza Immunization Services During COVID-19: Interim Guidance](#)



National Partnership to Improve Dementia Care

Antipsychotic medication use data reports for every nursing home in the nation was recently updated 1/22/21 and can be found [here](#) under the Download section. North Dakota and South Dakota are both in Region 8 - Denver. Due to the COVID-19 public health emergency, quality measures were frozen at the time the most recent data was pulled for the data reports listed. The four-quarter average consists of data from 2019Q1-2019Q4. Despite the data lag, you may find the reports interesting as they provide a glimpse where your region, state and facility rank in antipsychotic medication use.

[The National Partnership – Dementia Care Resources](#) webpage has a plethora of excellent tools, assessments, guidelines, research, trainings at your fingertips. Bookmark this site and explore.



CMS Five Star User's Guide – January Revisions - Updated 1/15/2021

Health Inspection Rating Changes

Beginning with the January 2021 refresh, CMS resumed calculating the health inspection rating domain and began to use results from surveys that occurred after March 3, 2020. Additionally, focused infection control surveys are included in the rating calculation, with citations from these surveys counting towards the total weighted health inspection score (similar to how complaint survey citations are counted).

These changes resulted in updates to the Special Focus Facility (SFF) program, including updates to SFF candidates, and facilities' status for receiving an icon for noncompliance related to abuse. Specifically, updates to the health inspection data due to the incorporation of surveys occurring after March 3, 2020 and the updating of the complaint periods means that the abuse icon will be removed for facilities that no longer meet the abuse icon criteria based on more recent survey findings. Once facilities no longer meet criteria for the abuse icon, their health inspection rating will no longer be capped at two stars. More information on the abuse icon is found in the Health Inspection section of this document.

Staff Rating Changes

Beginning with the January 2021 refresh, facilities that did not report staffing for the November 14, 2020 deadline or that reported four or more days in the quarter with no registered nurse will have their staffing ratings suppressed. Their staffing ratings will show "Not Available" with the January, February and March refreshes. Starting with the April 2021 refresh of Care Compare, when staffing data submitted by the February 14, 2021 deadline will be reported and used for the five-star ratings, nursing homes that do not report staffing data for October – December 2020 or that report four or more days in the quarter with no registered nurse will have their staffing ratings reduced to one star.

Quality Measure Rating Changes

Quarterly updates of most of the QMs posted on Care Compare and used in the FiveStar Quality Rating System resumed with the January 2021 refresh. For the January 2021 update, CMS used data for July 2019- June 2020 for the measures that were updated. The two QMs that are part of the Skilled Nursing Facility Quality Reporting Program (Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened and Rate of successful return to home and community from a SNF) will not be updated in January 2021.

[Five Star User's Guide January 2021 - Updated 1/15/2021 \(PDF\)](#)

[CMS Five Star Quality Rating System Website](#)

[Five Star State Level Cut Point Table Updated January 2021](#)

[CMS QSO-21-06-nh Updates to NHCompare & Five Star Quality Rating System - 12/04/2021](#)

[CMS Care Compare](#) – replaces Nursing Home Compare; contains star rating details for every nursing home in the nation.

SNF Quality Reporting Program: [Data Collection & Final Submission Deadlines for FY SNF QRP – 2/15/2021](#)



Medicare Annual Wellness Visit & Health Risk Assessment

Contributed by Alzheimer's Association of Minnesota/North Dakota and South Dakota

Did you know that Medicare pays for an Annual Wellness Visit once every 12 months? The purpose is to develop or update a personalized prevention plan for the patient based on a completed Health Risk Assessment.

Some of the components of the visit include: a review and update of medical and family history; assessment for cognitive impairment; depression screening (1st visit); review of functional ability and level of safety (1st visit); establish a written screening schedule; prepare a list of risk factors and conditions for which interventions are recommended and provide health advice and referrals to health education and/or preventive counseling services or programs.

Ensure the people you are working with have the opportunity to take advantage of this benefit. Advocate for cognitive screening during the visit to help detect issues early and to be able to properly address the cause of any symptoms.

For questions, contact the 24/7 Helpline at 800.272.3900.

alzheimer's association

CARE CONSULTATION

Care Consultation is an important program for professionals who are working with individuals who are memory loss. The program is designed to provide disease education, support, and care planning for all aspects of memory loss. As a professional who receives care consultation, you will receive individualized assistance to support your clients, their family care partners and other members of your staff in effectively managing memory loss symptoms and issues.

24/7 Helpline: 1.800.272.3900
alz.org



News, Updates, Tips

NHSN COVID-19 Vaccination Data Reporting Modules Now Available

[Surveillance for Weekly HCP & Resident COVID-19 Vaccination through NHSN](#) includes

training slides, data collection forms/instructions and supporting materials, such as vaccination data tracking worksheets for residents and healthcare personnel. Comparable to the weekly influenza vaccination reporting, data will not be reported for individuals, but rather the cumulative number of healthcare personnel and LTCF residents. In addition, the weekly COVID-19 vaccination modules allow for reporting of COVID-19 vaccine supply and number of clinically significant COVID-19 vaccination adverse events in the last week, with a direct link to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) for reporting individual cases of adverse events.

NHSN Point of Care Testing Module

- [Point of Care Testing Module Training Slides](#) and [Training Recording - 44 minutes - 10/30/2020](#)
- [Point of Care Testing Results Form](#)
- [Instructions for Point of Care Testing Form](#)
- [POC Testing Reporting Tool FAQ document](#)

NHSN LTCF Quick Links

- [NHSN COVID-19 LTCF Main Website](#)
- [NHSN Frequently Asked Question COVID-19 Data Document](#) – Includes reporting timelines, accessing publicly reported data, data submissions and correcting submission error.

Haven't received your SAMS invite to upload your identity documents? What can you do?

- Prior to reaching out to NHSN and/ or SAMS, check spam, junk, trash and inbox email folders for an invitational email from SAMS. Look for an email with the subject line: "SAMS Partner Portal – Identity Verification Request Form" from SAMS-no-reply@cdc.gov or nhsn@cdc.gov with the phrase "SAMS Enrollment SAMS L1/L3 Conversion."
- **If no email is in your email junk, spam, delete, inbox folders and it has been 10 days since the initial request: Email the NHSN Help Desk** at nhsn@cdc.gov and also samshelp@cdc.gov and in the subject box put either: "LTCF SAMS Enrollment SAMS L1/L3 Conversion" if you were already a Level 1 **OR** if you are applying for Level3 and was not previously a Level 1, put in the subject box: "LTCF SAMS invite for L3 not received."
- **Within the body of the email message write:** My name is *[name and email address]* from *[insert facility name, city, state]* Facility CCN: *[insert number]*, NHSN Facility OrgID *[insert number]*. I have signed the Rules of Behavior on *[insert date if you know]*. I was added as a new facility NHSN user. I have NOT received the SAMS invite to proceed for submission of identity proofing documents. I have checked my email spam and junk inboxes and do not see any emails from nhsn@cdc.gov, SAMS or the SAMS-no-reply@cdc.gov email addresses. Please advise and/ or provide me the SAMS invite. Thank you.
- Use your company email signature line with all your contact information.
- Keep all your emails and documentation.

Haven't received your SAMS Grid Card? What can you do?

- Once you upload your identity documents per the SAMS instructions; most people are reporting it is not readily apparent if the upload was successful so this causes one to pause. You can call SAMS at 877-681-2901 or email samshelp@cdc.gov for confirmation of successful document upload and when can you expect your SAMS Grid Card in the mail. If you call, put the call on speaker phone and multi-task until someone answers as you may be on hold for several hours.
- If you have not received your card after 30 days of your identity documents upload, it is time to call or email SAMS to inquire card status. You are going to need to be diligent, proactive and not let up until you have received your card. Use contact information given above.
 - Put in Subject Line: SAMS Grid Card not received – Requesting status update.
 - In email memo: "My name is *(insert name, facility name, address, facility CCN)*. I uploaded my identity proofing documents on *(insert date if possible)* and have not received my SAMS Grid Card in the mail. Please advise on card status and if other information is required."
 - If you have contacted them more than once, provide that information as well, ie "This is my third request for followup".



CMS and CDC Updates and Resources

CDC [Infection Prevention & Control Assessment \(ICAR\) tool for NH Preparing for COVID-19](#) - 1/22/2021.

Additional resources links to ICAR Facilitator Guide, non- facilitator guide and FAQ's.

CMS Post-Acute Web Based Training Updates – 1/13/2021

- [From Data elements to Quality Measure – Cross-Setting QRP Web-Based Training](#)
- [Section M: Skin Conditions – Assessment and Coding of Pressure Ulcers/Injuries Web-Based Training](#)

CMS [COVID-19 Partner Toolkit](#) to help stay informed on CMS & HHS COVID-19 materials

CDC [New Guidance for TB Test – found in Laboratory Testing Section](#) -1/12/2021

CMS [QSO-20-31-All: Revised COVID-19 Survey Activities, CARES Act Funding, Enhanced Enforcement for Infection Control deficiencies and Quality Improvement Activities in Nursing Homes](#) -1/4/2021

CDC NHSN COVID-19 Vaccination Resources

- [CDC Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at your Facility](#)
- [CDC Preparing Residents for COVID-19 Vaccination](#)
- [CDC Vaccine Safety Monitoring and Reporting in Your Facility](#)
- [CDC FAQs about COVID-19 Vaccination in LTCFs – Good information here](#)

CMS [QSO-21-06-nh Updates to NHCompare & Five Star Quality Rating System](#) - 12/04/2021

CDC [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) – 12/2/2020

CMS [Toolkit for Nursing Homes Using Point of Care Devices for SARS-COV-2 Testing](#) – 11/10/2020

February is American Heart Month

It is a perfect time for healthcare providers to raise awareness about heart health. According to the Centers for Disease Control and Prevention (CDC)

- 1 in 3 adults has hypertension,
- 1 in 3 adults with high LDL cholesterol has the condition under control
- 1 in every 4 deaths can be contributed to heart disease.



With someone having a heart attack every 34 seconds in this country, we must continue to raise awareness on the risk of heart disease.

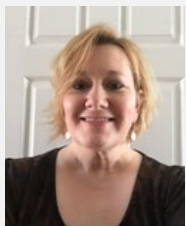
National Heart, Lung and Blood Institute Resources

[Learn More About Heart Disease](#): Health and community professionals can use the materials in this toolkit to raise awareness about heart health and the importance of social support for meeting health goals.

[Social Media Resources](#): Images, animated GIFs and sample posts to encourage individuals to make heart health a regular part of self-care.

[National Wear Red Day](#) – Join NHLBI, The Heart Truth® and organizations around the country on National Wear Red Day®, celebrated each year on the first Friday in February [February 5, 2021], to bring greater attention to heart disease as a leading cause of death for Americans. Posters, stickers and social media resources are available for use.

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Feedback?

If you have suggestions for improvement and/or news ideas, send to:

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