



Great Plains Quality Care Coalition Update

Join us for the **Medication Safety Action Group Webinar, April 20, 2021, 3:00 - 4:00 pm CT**. The session will build upon the *Impact of Aging on Medication Use* March 16 webinar with Kristen Carter, PharmD, Lynn's Dakotamart, Pierre, SD. This is an interactive session, allowing for discussion, resource sharing, coaching and development of quality improvement efforts to improve medication safety. Details, registration, recordings, and handouts can be accessed here: [GPQIN Medication Safety Series](#) *This event is part of the Great Plains Quality Care Coalition/ Medication Safety Collaborative Action Series.*

Education, Training, Resources

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

Medication Safety Action Group

April 20, 2021, 3 – 4 pm CT

[Great Plains Quality Care Coalition: Medication Safety LAN Event] This session builds on the 3/16/21 *Impact of Aging on Medication Use*

[Details and Registration](#)

4th Annual Older Adult Mental Health Awareness Day Symposium - May 6, 2021

[Details and Registration](#)

[Nursing Home Quality](#)

[Webpage- GPQIN](#) has many resources organized by topic including past Nuts & Bolts Newsletters.

NEW! Vaccination Resources from GPQIN

Why Vaccinate?

"For me, the decision to get the vaccine was an easy one. I knew I wanted to get the vaccine once it became available. I did lots of research and read everything I could get my hands on. I knew I wanted to do whatever I could to help with getting back to some sort of normal. I wanted my grandchildren to have all the wonderful experiences we have been able to have prior to #COVID. Working in long-term care and seeing and hearing the residents talk about missing their outings and spending time with their families, made me want to do what I could to help the only way I could see how; someone had to be willing to take the first step. I had a discussion with my personal doctor. I knew I had made the right decision." - Michelle Gross, CPHT; Michael J. Fitzmaurice State Veterans Home, SD



Talking with family, friends, co-workers about the benefits of getting a [#COVID-19](#) vaccine can be hard. You can help by listening without judgement and identifying the root of their concerns. Use the tips found here; [CDC-How to talk about COVID-19 vaccines with friends and family](#) to help guide those conversations.

NEW! [CDC COVID-19 Vaccine Webinar Series](#) Each webinar is approximately 15 minutes and offers CE. The first two webinars are available now.

If you have questions or information to share, contact Great Plains QIN Quality Improvement Advisors, [Dee Kaser, RN, CDCES](#), or [Tammy Wagner, RN, LSSGB](#).

- [Influenza QM MDS Coding Video](#)
- [Influenza QM Coding Tips](#)
- [Pneumococcal QM Coding Tips](#)
- [Vaccination QM Checklist](#)
- [Electronic-Vaccination Excel Tracking Log](#)
- [GPQIN Vaccination Webpage](#)

The **GPQIN Performance Tracking tool** is an Excel tool that can aggregate monthly auditing activities into one spreadsheet including mitigation efforts and trending graphs.

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

[The National Partnership – Dementia Care Resources](#)

Bookmark this site and explore.

CMS [Nursing Home Resource Center](#) serves as a centralized hub with the latest information and guidance.

[CMS Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes.](#)

Includes national best practices, including those from North and South Dakota.

CMS Five Star Rating | Quality Measure Quick Resource Links

- [Five Star Quality Rating | CMS](#)
- [Care Compare | CMS](#)
- [Quality Measures | CMS](#)
- [SNF QRP | CMS](#)
- [SNF VBP | CMS](#)
- [MDS 3.0 RAI Manual | CMS](#)

The “Juice Caboose” for a Hydration Boost

Reprinted with permission from Heart to Heart March 2021 Newsletter, Heart of America Care Center, Rugby, North Dakota

We all know how important hydration is for our bodies, but for our elderly residents and loved ones, it is even more crucial they get enough fluids. With diminished thirst sensations in the elderly, they often do not ask for something to drink, so it is important that we encourage fluids by making it fun for their mood and taste buds! That is why our activity team has started the “**Juice Caboose**” with upbeat music, a time to socialize and a variety of delicious drink mixes to make hydration fun!



Activity staff Ashley Olson and Jessica Kuntz with resident Vera Yoder

“From morning mimosas, Shirley temples, juice cocktails, slushies, sugar free dreamsicles and more. The options are endless, and the residents are loving it!” ~ Aimee Henning, Dietician, Heart of America Care Center

Hydration Benefits

Boost brain function: cells that are adequately hydrated enhance cognition and can stave off dementia

Maintain urinary health: prevent urinary tract infections, improve bladder training, manage kidney health

Better digestion and utilization of nutrients: hydration is the number one key for promoting a healthy digestive tract and promoting good bacteria to flourish

Reduce falls: dehydration and lack of nutrient utilization can cause dizziness, fatigue, headache, and decreased cognition causing increased falls in the elderly

The Quality Improvement Story Behind the “Juice Caboose” Story...



The Peter Wyatt Family

Peter Wyatt, RN wears several hats at Rugby, ND’s local hospital and nursing home, Heart of America Medical Center and Care Center. Assisting with quality improvement projects at the nursing home is one of those hats. After the dust settled from a COVID-19 outbreak and going through multiple infection focused surveys, this nursing home team refocused on its CASPER Quality Measure Reports, overall processes and identified several performance improvement projects (PIPs) to work on. Specifically, reducing falls, urinary tract infections, pressure injuries and increasing resident hydration are their current focus areas.

Peter quickly found that he had to find a way to keep all the projects and documentation organized to not only keep the improvement activity moving forward, but to be able to quickly see and report on the status all the PIPs. He customized a **QAPI PIP Inventory** document, taking pieces from similar tools, that is so far working great for him and the facility.

Peter states, “The QAPI PIP Inventory document is shared on a facility drive so all departments have access. It makes us accountable with each other. We discovered in doing the hydration chart audits and performing a Root Cause Analysis (RCA) that many of us were not charting well; hence, we provided education. The Juice Caboose activity came out of that PIP. We are seeing improvement in our Hydration audits in a relatively short time. It is very satisfying to see how powerful the QAPI process can play in solving and improving upon a problem area. Our QAPI team is creative, participatory, and very engaged. When reviewing PIPs last month, I had participation from: compliance, physical therapy, frontline CNAs, administration, medical directors, social services, dietary, pharmacy, chaplaincy and more. WE couldn’t do anything without everyone’s engagement!”

Peter has generously shared his [QAPI PIP Inventory Doc](#), the [working UTI PIP doc](#) and a [blank PIP template](#) that is used at Heart of America Care Center. Peter can be contacted via pwyatt@hamc.com. Keep up the great work at Heart of America Care Center!

New GPQIN Tools for the Influenza and Pneumococcal Vaccination Quality Measures and Vaccination Tracking

The Influenza and Pneumococcal Vaccination Quality Measures are Low Hanging Fruit! You are in control of these two Quality Measures (QMs)! Now is the time to implement or revise current processes so 100% of your residents will meet the QM of being “Accessed and Appropriately Given the Seasonal Influenza and Pneumococcal Vaccine”. ***In these immunization quality measures, even if a resident refused or has medical contraindications; if they have been assessed and offered the vaccine, they are considered “appropriately***

given.” These measures consider a resident’s right to refuse. ***Your quality measure rate will not go down if the resident refuses or not given because of medical contraindications, but you must assess and offer.***

TIME SENSITIVE: For the Influenza QM, the data will be pulled **ONLY once per year** and the percentage of residents who were assessed and appropriately given the seasonal influenza vaccine will remain on [CMS Care Compare](#) for **the entire 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.

NEW TOOLS! GPQIN has developed tools to assist with tracking vaccinations and a criteria checklist needed to meet these vaccination quality measures. In addition, we are developing a [Nursing Home Quality Measure Video Series](#) to highlight each of the quality measures making up the 5-star Rating System. The Influenza Quality Measure Video is ready for viewing, with more videos to be posted in the coming weeks.

- [Influenza QM MDS Coding Video](#)
- [Influenza Quality Measure Coding Tips](#)
- [Pneumococcal Quality Measure Coding Tips](#)
- [Vaccination Quality Measure Checklist](#)
- [Electronic-Vaccination Excel Tracking Log](#) – you can use this to track influenza, pneumococcal and COVID-19 vaccinations all in one tool. It was designed to be used as a quick look see on your resident’s vaccination status and to assist with MDS coding.



Updated ND & SD Completion Stats re: Targeted COVID-19 NH (QSEP) Scenario Based Trainings

The CMS [Targeted COVID-19 Training for Nursing Homes](#) on the CMS Quality, Safety, and Education Portal (QSEP) webpage has seen a significant uptick in completions since December 2020 across the Great Plains QIN service area. The scenario-based trainings are available on-demand online 24 hours a day, 7 days a week. There are 5 modules for frontline staff and 10 modules for nursing home management. The modules include best practices for containing and preventing the spread of COVID-19 in nursing homes. Those that

Date	North Dakota completions		South Dakota completions	
	# of Staff	# of NH's	# of Staff	# of NH's
12/12/2020 (Baseline)	1,293	37	1,196	69
2/17/2021	2,078	42	7,283	104
3/28/2021	2,227	51	7,299	104

complete the trainings will receive a certificate of completion.

[Click here](#) for a tutorial to further explain the registration process. The goal is that every nursing home employee across the United States will complete this training.

The table shows the breakdown of training completions for North Dakota and South Dakota as of 3/28/21. Nationally at baseline, 193,268

individuals from nursing homes completed the QSEP Scenario Based Trainings (SBTs). Fifteen weeks later (week of 3/28/21), 328,957 individuals from nursing homes have completed the QSEP SBTs. This equates to a 70.2% increase in individuals trained over 15 weeks of measurement.

TIP! Consider incorporating this training in your orientation curriculum, and or using it as re-education resource whenever needed. This would be a great marketing promotion for individual nursing homes that 100% of their employees have completed national training on infection control and prevention.

Contact [Lori Hintz](#) or [Michelle Lauckner](#) to know how many staff completed from your facility. **KUDOS!**



How Can a Grapefruit Help You Stage a Pressure Ulcer/Injury?

Pressure ulcer/injury staging can be complicated and confusing, but this video can help make it easier. [Watch as Dr. Heather Hettrick demonstrates how to stage](#) a pressure ulcer/ injury using a grapefruit.

Other Pressure Injury Resources

- [AHRQ's Safety Program for Nursing Homes: On-Time Pressure Ulcer Prevention](#)
- [National Pressure Injury Advisory Panel](#)
- [QAPI in Healthcare for Older Adults: Pressure Injury Prevention | Hartford Institute for Geriatric Nursing \(hign.org\)](#). Downloadable PDF also available. (2019)

Race, Ethnicity and Alzheimer's in America

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



For the first time, the Alzheimer's Association Facts and Figures accompanying a special report, "*Race, Ethnicity and Alzheimer's in America*," examines perspectives and experiences of Asian, Black, Hispanic, Native and White Americans regarding Alzheimer's and dementia care. Findings in the report, reveal that non-White racial/ethnic populations expect and experience more barriers when accessing dementia care, have less trust in medical research and are less confident that they have access to health professionals who understand their ethnic and racial background and experiences. Among the findings:

- Discrimination is a barrier to Alzheimer's and dementia care. These populations reported discrimination when seeking health care:
 - 50% of Black Americans
 - 42% of Native Americans
 - 34% of Asian Americans
 - 33% of Hispanic Americans
- Half or more dementia caregivers of color say they have faced discrimination when navigating health care settings for their care recipient:
 - 63% of Native Americans
 - 61% of Black Americans
 - 56% of Hispanic Americans
 - 47% of Asian Americans
- People of color want health care providers who understand their unique experiences and backgrounds, but fewer than three in five feel confident that they have access to culturally competent providers.
- Black Americans and Hispanic Americans are more likely to have Alzheimer's and other dementias but are less likely to be diagnosed than White Americans.
- Only 53% of Black Americans trust that a future cure for Alzheimer's will be shared equally regardless of race, color, or ethnicity.

- Hispanic Americans are about 1.5 times more likely to have Alzheimer’s and other dementia than Whites, yet three in 10 Hispanics do not believe they will live long enough to develop dementia.
- Hispanics, Blacks and Native Americans are twice as likely as Whites to say they would not see a doctor if experiencing thinking or memory problems.

These findings suggest there is a lot of work ahead to achieve better health equity. Paths forward include:

- Preparing the workforce to care for a racially and ethnically diverse population of older adults.
- Increasing diversity in dementia care.
- Engaging, recruiting, and retaining diverse populations in Alzheimer’s research and clinical trials.

For more information about the 2021 Facts and Figures and the full special report, see

<https://www.alz.org/alzheimers-dementia/facts-figures>.



The [Alzheimer's Association](https://www.alz.org) is a worldwide health organization dedicated to Alzheimer’s care, support, and research. Its mission is to lead the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. More information is available at [alz.org](https://www.alz.org) or the 24/7 Helpline: 800.272.3900.



Updates, Resource Links, Tips

- **NEW!** [2021 NHSN Q1 \(March\) Newsletter](#)
- **NEW!** The Point of Care Test Reporting Tool training video on 2/22/21 posted on [LTCF COVID-19 Module website](#), under “Training”
- [NHSN Vaccination Weekly HCP & Resident COVID-19 Module](#)
- [NHSN COVID-19 LTCF Module Main Webpage](#)
- [NHSN Frequently Asked Question COVID-19 Data Document](#)
- [NHSN Point of Care Testing Reporting Tool Frequently Asked Questions](#)
- [NHSN LTC COVID-19 Module How to Re-Assign the Facility Administrator](#)

NEW! NHSN Troubleshooting Quick Tips by GPQIN re: obtaining NHSN access

- [ADDING ADDITIONAL USERS TO NHSN / LEVEL 1 SECURITY VS LEVEL 3 SECURITY](#)
- [I HAVE NHSN LEVEL 1 SECURITY. HOW DO I GET LEVEL 3 SECURITY?](#)
- [I HAVEN'T RECEIVED THE SAMS INVITE TO UPLOAD MY IDENTITY DOCUMENTS? WHAT CAN I DO?](#)
- [I HAVEN'T RECEIVED MY SAMS GRID CARD? WHAT CAN I DO?](#)



CMS and CDC Updates and Resources

IMPORTANT! The CDC guidance “*Preparing for COVID-19 in Nursing Homes*” has been renamed to [Interim Infection Prevention Control Recommendations to Prevent SARS-CoV-2 Spread in NHs – 3/29/2021](#). This includes two prior documents, “*Responding to COVID-19 in NH’s*” and “*Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes*” which were merged with this guidance. The guidance has been organized according to infection prevention and control practices that should remain in place regardless of if nursing homes are experiencing outbreaks of SARS-CoV-2. The recommendations supplement the CDC’s [Interim Infection Prevention and Control Recommendations for](#)

[Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) (2/23/2021) and are specific for nursing homes, but may also apply to other long-term care and residential settings.

CDC [Infection Prevention & Control Assessment \(ICAR\) tool for NH Preparing for COVID-19](#) - 3/16/2021

CDC [Healthcare Infection Prevention & Control Recomm \(Visitation, Quarantine, Testing, PPE\)](#) – 3/10/2021

CMS [QSO 20-39-nh: Revised Visitation COVID](#) – 3/10/21

CMS [COVID-19 Partner Toolkit](#) - updated frequently

CMS [QSO-20-31-All: Revised COVID-19 Survey Activities, Enhanced Enforcement for Infection Control deficiencies & QI Activities in Nursing Homes](#) -1/4/2021

CMS [QSO-20-38-NH: COVID-19 LTC Facility Testing Requirements, Rev Focused Survey Tool](#) - 8/26/2020

CDC COVID-19 Vaccination Resources

- **NEW!** [CDC COVID-19 Vaccine Webinar Series](#) – 3/24/21
- [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at your Facility](#)
- [FAQs about COVID-19 Vaccination in LTCFs](#) – Good information here



Visiting Loved Ones in a Nursing Home – Graphic Available

On March 10, 2021, the Centers for Medicare & Medicaid Services (CMS), in collaboration with the Centers for Disease Control and Prevention (CDC), issued updated guidance for nursing homes to safely expand visitation options during the COVID-19 pandemic public health emergency. CMS released a graphic in [English](#) and [Spanish](#) to further explain the expanded visitation options.

Does Your Workforce Need Training in Infection Control? We Know COVID Won't Be the Last Threat.

WE ARE **PROJECT FIRSTLINE**



Healthcare and frontline workers – *from acute care to long-term care* - are our nation's first line of defense against infectious disease. [Project Firstline](#) is the latest **Centers for Disease Control (CDC)** training on Infection Prevention & Control. This **FREE** training is comprised of **short videos** that fit into busy schedules. It's powerful knowledge that **workers need** to protect themselves and their community.

The first step is to complete a **Learning Needs Assessment Survey** to help create the most relevant training possible for your individual facility. The CDC asks each facility to **COMPLETE and SHARE this brief 10-minute survey (links for SD & ND listed separately below) with your staff** so they can gather insights from a variety of workers in the healthcare and related services (nurses, CNAs, PT, EVS, dietary, etc.) field. The goal is to provide workers with the most relevant infection control trainings possible.

NORTH DAKOTA Survey / Assessment Link

[North Dakota Project Firstline Learning Needs Assessment | Qualtrics Survey Solutions](#)

Brought to you by the Centers for Disease Control and the North Dakota Department of Health

SOUTH DAKOTA Survey / Assessment Link

[South Dakota Project Firstline Learning Needs Survey](#)

OR you can scan the QR code below to take the survey



Brought to you by the Centers for Disease Control, the SD Foundation for Medical Care, and the SD Department of Health

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