



Great Plains QIN COVID Staff Vaccination Ambassador Campaign

Great Plains QIN is celebrating and recognizing organizations with high staff COVID-19 vaccination rates throughout North Dakota and South Dakota through the recently launched [COVID Staff Vaccination Ambassador Program](#). **Congratulations** to organizations who have reached the 75% vaccination mark. This is not easy and your efforts are to be celebrated.

This campaign began with nursing homes and now includes community healthcare partners and service organizations. Please note, regardless, if your organization has achieved a 75% or greater staff vaccination rate or not, Great Plains QIN asks that you complete the inquiry form to help understand vaccination status, barriers and best practices.

All responses are self-reported and voluntary through a [Staff Vaccination Inquiry Form](#). To complete, you will need your staff vaccination percentage rate. If someone is in progress of receiving the second vaccination; include in the percentage. If you have not completed the inquiry or have updated numbers, please submit/resubmit as the ambassador listing will be updated weekly.

Ambassadors will be highlighted on the Great Plains QIN Web site, provided a certificate and a customizable press release template that can be used in local media to recognize this accomplishment. There is great value in sharing what has worked well, barriers encountered and helpful resources to assist in increasing staff vaccination rates. Great Plains QIN appreciates your participation and willingness to share.

Education, Training, Resources

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

Recently archived:

[Great Plains QIN Office Hours: Improve Your Vaccination Quality Measures - Grab the Low Hanging Fruit](#)

[Great Plains QIN Medication Safety Action Group: Ask the Expert](#)

June 15, 2021 3-4pm CT

Best Practice: Leadership Rounding

Excerpts from [Emerging RN Leader 11/19/12](#)

One of the big challenges faced by leadership today is finding the time to stay connected to residents and staff. Purposeful leadership rounding is a best practice and when it is done well, can have a positive direct impact on both residents and staff. It has been shown to improve resident and staff satisfaction and is an organized way for leaders to be visible. This can lead to an openness that will build trust and facilitate communication. You will learn what is working well in departments and units and where there may be need for improvement.

Five Key Steps to Make Your Leadership Rounds More Purposeful

1) Be Consistent: To be effective, there needs to be a specific plan about the rounding activity and when it will be done. Block out time to do in your daily schedule. Plan on at least one hour each day. Be

This session will build upon the May 18 Medication Safety- What Matters Most webinar with Dr. Lufei Young (archived [here](#))

[Great Plains QIN Nursing Home Quality Webpage](#) has many resources organized by topic including past Nuts & Bolts Newsletters and Quality Measure Video Series. *Coming soon: New Falls Quality Measure video!*

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](#). National best practices, including those from North and South Dakota.

[The National Partnership – Dementia Care Resources](#)
Bookmark this site and explore.

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](#)

[Targeted COVID-19 Training for Nursing Homes](#) on the CMS (QSEP) webpage- scenario-based trainings available on-demand online. There are 5 modules for frontline staff/ 10 modules for NH management. [Click here](#) for GPQIN tutorial to further explain the registration and training process.

sure to check in with new resident admissions during the first 24 to 48 hours and with those residents that are planning for discharge soon.

- 2) Establish Key Questions that You Ask:** There is no better way to find out about the care that residents are receiving than to ask the resident, family, and caregiver. Structuring the conversation is important because it will help you stay on track and aid in obtaining information that you need. Following is a sample script for checking in with a resident:

Good morning, my name is ____ and I am the Director of Nursing. I am visiting with you today because I am interested in finding how things are going for you. Would you mind answering a few questions? I see your [nurse or CNA] is _____. She is excellent and will take good care of you. Is our staff responding to your call light and checking to see if you need anything? Are we managing your pain appropriately? Do you have any concerns that you would like to discuss with me? Is there anything I can do for you right now to make you more comfortable? I have the time. Give resident your business card and contact number.

- 3) Follow up Quickly on Identified Problems:** Whether you are rounding on residents or staff, you should look for opportunities for immediate resolution and/ or prevention of issue worsening.
- 4) Recognize the Work of Staff as You Round:** Rounding on residents is an excellent opportunity to interact with staff and listen to their concerns. Prior to rounding on residents, ask staff if there is anything you should know about the residents. Follow-up with any concerns after your rounding. Always convey compliments about staff received from residents or if you yourself notice a positive.
- 5) Track the Trends in Comments/ Questions/ Resident Behavior:** Use a rounding sheet: examples: [Studer Group Sample Leader Rounding Checklist](#) or [CMS QAPI Leadership Rounding Guide](#). The trends can be helpful in strategic planning.

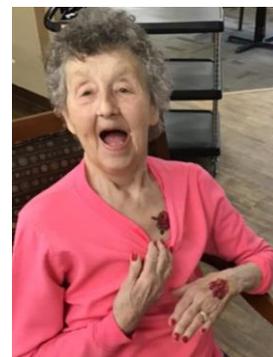
Often, it is the simple things, like rounding, that can lead to substantial improvements in the quality of care and staff satisfaction. Although purposeful rounding is a substantial time commitment, most leaders and staff will also tell you it is their best part of the day. There is nothing more satisfying than to hear that you and your team are doing a great job. Maintaining a line of sight to the resident is critical to engagement and satisfaction. There is no better way to do this than checking in or rounding on residents and staff.

Additional Purposeful Rounding Resources (staff and leadership)
[Association for Patient Experience 2/27/14: From the Bedside: Purposeful Rounding Essential to Patient Experience](#)
[Value of Purposeful Rounding 11/10/2015 American Nurse](#)

Here's a Fun Idea: Booze N' Tattoos



Rose Haven Nursing Home in Marengo, Iowa shared a fun activity on its [Facebook page](#) [10/20/2020]. One cannot help but smile when looking at this sweet lady's expression and the rose flowered tattoo she chose!



"It is so amazing that this post has been shared with so many people around the world. We feel extremely blessed with how many people have said such kind things about this activity and we are happy to share."

~ Kensity Gehring, Activity Director



Everybody is unique and come in different shapes, sizes and colors, but that doesn't show our personality. Just like getting a new hairdo to express oneself, a tattoo can as well. While these 'press on' tattoos are not permanent, the resident's selection can be personal and individualized and just plain fun! Certainly, a tattoo may not be everyone's cup of tea and just like everything, caregivers need to gauge if the activity causes joy or distress and adapt as needed.

What tattoo would you choose?

June is Brain Awareness Month: 10 Ways to Love Your Brain

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



Everyone who has a brain is at risk to develop Alzheimer's, the only leading cause of death that cannot be prevented, cured or even slowed. Growing evidence indicates that people may reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body. Start now. It is never too late or too early to incorporate healthy habits. You can incorporate these habits with staff, but also include residents with adaptations as necessary, i.e., chair exercise, read the news of today or historic news residents can relate to as part of an activity, offer health snacks and have some fun with trivia games residents can relate to like filling in the blanks: Bicycle Built for Two, Laurel and Hardy, and Romeo and Juliet.



Break a sweat: Engage in regular cardiovascular exercise that elevates your heart rate and increases blood flow to the brain and body. Several studies have found an association between physical activity and reduced risk of cognitive decline.



Hit the books: Formal education in any stage of life will help reduce your risk of cognitive decline and dementia. For example, take a class at a local college, community center or online.



Catch some Zzz's: Not getting enough sleep, due to conditions like insomnia or sleep apnea, may result in problems with memory and thinking.



Take care of your mental health: Some studies link a history of depression with increased risk of cognitive decline; seek medical treatment if you have symptoms of depression, anxiety or other mental health concerns. Also, try to manage stress.



Buddy up: Staying socially engaged may support brain health. Pursue social activities that are meaningful to you. Find ways to be part of your local community – if you love animals, consider volunteering at a



Butt out: Evidence shows that smoking increases risk of cognitive decline. Quitting smoking can reduce that risk to levels comparable to those who have not smoked.



Follow your heart: Evidence shows that risk factors for cardiovascular disease and stroke – obesity, high blood pressure and diabetes – negatively impact your cognitive health. Take care of your heart, and your brain just might follow.



Heads up: Brain injury can raise your risk of cognitive decline and dementia. Wear a seat belt, use a helmet when playing contact sports or riding a bike, and take steps to prevent falls.



Fuel up right: Eat a healthy and balanced diet that is lower in fat and higher in vegetables and fruits to help reduce the risk of cognitive decline. Although research on diet and cognitive decline is limited, certain diets including Mediterranean and Mediterranean-DASH (Dietary Approaches to Stop Hypertension), may contribute to risk reduction.

local shelter. If you enjoy singing, join a local choir or help at an after-school program. Or just share activities with friends and family.



Stump yourself: Challenge and activate your mind. Build a piece of furniture. Complete a jigsaw puzzle. Do something artistic. Play games, such as bridge, that make you think strategically. Challenging your mind may have short and long-term benefits for your brain.

The [Alzheimer's Association](http://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 or the 24/7 Helpline: 800.272.3900.



Let's Review Infection Prevention and Antibiotic Stewardship

Nursing home residents are at risk for adverse outcomes associated with the inappropriate use of antibiotics that may include, but are not limited to, the following:

- Increased adverse drug events and drug interactions (e.g., allergic rash, anaphylaxis or death);
- Serious diarrheal infections from *Clostridioides difficile*;
- Disruption of normal flora (e.g., this can result in overgrowth of *Candida*, such as oral thrush); and/or
- Colonization and/or infection with antibiotic-resistant organisms such as MRSA, VRE, and multidrug-resistant gram-negative bacteria.

The State Operations Manual, Appendix PP states under F881 §483.80(a) Infection prevention and control program: The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: [F881 - §483.80\(a\)\(3\)](#), an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. As part of their IPCP, nursing homes must develop an antibiotic stewardship program that promotes the appropriate use of antibiotics and includes a system of monitoring to improve resident outcomes and reduce antibiotic resistance.

The following tools and resources can assist in developing and maintaining a robust antibiotic stewardship program:

- The CDC [Core Elements of Antibiotic Stewardship for Nursing Homes and the Checklist: Core Elements of Antibiotic Stewardship for Nursing Homes](#) provides practical ways to initiate or expand

antibiotic stewardship activities in nursing homes. It is encouraged to work on implementing only 1 or 2 activities at a time.

- The [Infection Prevention, Control & Immunizations LTC Survey Pathway](#) provides the elements that surveyors utilize to assess compliance with Federal requirements.
- [North Dakota Health Antibiotic Resistance and Antimicrobial Stewardship](#)
- [South Dakota Department of Health /Healthcare Associated Infection Program](#)
- [Nebraska Antimicrobial Stewardship Assessment & Promotion Program](#)



Do I have to wait 14 days between receiving the COVID Vaccination and other vaccinations? New CDC Guidelines for Administering COVID-19 Vaccines

COVID-19 vaccines may be administered at the same time as other routine vaccines, according to a CDC update on May 14, 2021. Below is the information that was released specific to co-administration with other vaccines and here is the link to the entire [CDC update](#). Also included in this link is a convenient reference, [Summary Document for Interim Clinical Considerations](#).

Co-administration with other vaccines

COVID-19 vaccines were previously recommended to be administered alone, with a minimum interval of 14 days before or after administration of any other vaccines. This was out of an abundance of caution and not due to any known safety or immunogenicity concerns. However, substantial data have now been collected regarding the safety of COVID-19 vaccines currently authorized by FDA for use under EUA. Although data are not available for COVID-19 vaccines administered simultaneously with other vaccines, extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.

COVID-19 vaccines and other vaccines **may now be administered without regard to timing**. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as co-administration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with co-administration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to co-administer another vaccine(s) with COVID-19 vaccines, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines.

If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection.

[Best practices](#) for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer and the exact beyond-use time, if applicable
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.



June is Pride Month: Education and Resources to Recognize Unique Healthcare Needs of the LGBTQIA Community

June is recognized as Pride Month, when the world's lesbian, gay, bisexual, transgender, queer, intersex, asexual and all sexual and gender minority (LGBTQIA+) communities come together and celebrate the freedom to be themselves. While it has not long been an area of focus in the care provided in long-term care settings, the updates to the CMS Rules of Participation include recognizing and respecting gender identities and sexual orientation. Most facilities need additional education to understand and provide care to these unique minorities. Here are a few of sites for tools and resources to engage your staff and promote best care practices.

The [National LGBT Health Education Center](#) provides educational programs, training and technical assistance resources, and consultation to health care organizations including health centers with the goal of optimizing quality, cost-effective health care for LGBTQIA+ people. They offer a vast library of no-cost educational materials on the latest developments, issues, and best practices affirming LGBTQIA+ healthcare, including webinars, documents, tools, and talks, many with continuing education credits available.

[Sage Advocacy and Services for LGBT Elders](#) is a national advocacy and service organization that supports welcoming communities and addressing the national conversation to ensure a fulfilling future for all LGBT people.

The [National Resource Center on LGBT Aging](#) is a centralized clearinghouse of information that spans the many issues affecting LGBT older adults nationwide—and they are steadily adding more timely and useful resources for aging providers, LGBT organizations and LGBT older adults.



Evidence-Based Pain Management Alternatives for Older Population – Podcast Series offering CEU's

The TMF Quality Innovation Network (QIN) has developed a [podcast series on opioids and opioids alternatives](#) in Medicare and older patient populations featuring Clifford Moy, MD, the behavioral health medical director at TMF Health Quality Institute, to enhance knowledge and understanding among physicians and other health care providers. Listeners have an opportunity to earn continuing education credits. If you have questions or need assistance on accessing the podcasts, contact nhnetwork@tmf.org

Learning objectives:

- Podcast 1 – Discuss opioid and non-medication treatments for pain in the older population
- Podcast 2 – Discuss short-term and long-term opioid use, pain measurements and side effects of opioid use
- Podcast 3 – Discuss risk management evaluation tools for pain management
- Podcast 4 – Discuss side effects of opioid use and substance use disorder



NHSN LTCF Quick Links

- [Vaccination Weekly HCP & Resident COVID-19 Module](#)
- [How to Address COVID-19 Module Data Alerts](#)
- [COVID-19 LTCF Module Main Webpage](#)
- [Frequently Asked Questions: 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](#)

NHSN Troubleshooting: GPQIN Quick Tips for 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?](#)

NHSN COVID-19 Weekly Vaccination Reporting Module is NOW MANDATORY

CMS is requiring long-term care facilities to utilize the [Weekly HCP & Resident COVID-19 Vaccinations through NHSN module](#) – this link includes training slides, data collection forms/instructions, [FAQ document](#) and supporting materials, such as handy vaccination data tracking worksheets for residents and healthcare personnel. Data will not be submitted that identifies individuals, but rather the cumulative number of healthcare personnel and LTCF residents. To report in this module, NHSN users need to only have Level 1 clearance.

This mandatory requirement is detailed in the 5/11/2021 CMS [QSO-21-19-NH](#). Failure to report the required vaccination elements to NHSN will result in a single deficiency at F884 for that reporting week and will result in a civil money penalty (CMP), in the same way that CMP fines are enforced for the other required NHSN modules. CMS will begin reviewing for compliance with the new vaccination reporting requirements **Monday, June 14**. Make sure to have this new module completed no later than **11:59 pm on June 13**.

The excel data tracking worksheets for [healthcare workers](#) and [residents](#) provided by NHSN are great tools in keeping organized and tracking the data. The tools also have a feature that pulls the exact information you need to complete the weekly report and have been updated with the J&J/Janssen vaccination option. Additionally posted under the *Supporting Material* section is a [Tracking Worksheet Reference Guide \(cdc.gov\)](#) which are instructions for using the Data Tracking Worksheet and transferring data to the new updated tracking tools.



CMS and CDC Updates and Resources

- CMS [QSO-21-19-NH: IFR COVID19 Vaccine Immunization Requirements for Residents and Staff – 5/11/2021](#)
- CMS [QSO-20-38-NH: COVID-19 LTC Facility Testing Requirements, Rev Focused Survey Tool – Rev 4/27/2021](#)
- CMS [QSO-20-39 NH: Nursing Home Visitation COVID19 - Rev 4/27/2021](#)
- CDC [Interim Infection Prevention Control Recommendations to Prevent SARS-COV-2 Spread in NHs – 3/29/2021](#)
- CMS [QSO-21-15-ALL Updated Guidance Emergency Preparedness - Appendix Z of SOM 3/26/2021](#)
- 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 [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](#)

CDC COVID-19 Vaccination Resources

- [CDC COVID-19 Vaccine Webinar Series – 3/24/2021](#)
- [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at your Facility](#)
- [FAQs about COVID-19 Vaccination in LTCFs – Good information here](#)

WE ARE **PROJECT FIRSTLINE**

COVID-19



North Dakota Project Firstline Updates

FREE Infection Prevention and Control Trainings
Starting the week of June 14

Register here: [Project Firstline | Department of Health \(nd.gov\)](#)

North Dakota Department of Health in collaboration with the Centers for Disease Control and Prevention’s Project Firstline is launching a five-part training series on infection control and prevention. Because every job and setting in healthcare and related services is different, we are bringing you training sessions to meet your unique needs and assist with providing opportunities of improvement with staff understanding for infection control and prevention.

Find the training session that works best for you for a customized training experience! To attend as a group; just email dohpfl@nd.gov to find out how.

South Dakota Project Firstline Updates

South Dakota Healthcare workers have you taken the survey? Hurry, Survey closes June 30.

If you haven’t taken the **Project Firstline Learning Needs Survey**, please do so. The survey only takes 10 minutes and your input is critical to help develop new training for healthcare and essential workers throughout South Dakota.

[Learning Needs survey](#) OR scan the QR code below with your phone:



[Access more information](#) and follow on [Facebook](#)

The South Dakota Foundation for Medical Care is partnering with the South Dakota Department of Health and the Centers for Disease Control and Prevention’s Project Firstline.

Great Plains QIN Quality Improvement Advisors

Michelle Lauckner

RN, RAC-CT, IP-BC
North Dakota
701/989-6229



Lori Hintz

RN, CDP, CADDCT
South Dakota
605/354-3187



Dee Kaser

RN, CDCES
North and South Dakota
402/476-1399



Tammy Wagner

RN, LSSGB
North and South Dakota
402/476-1399



www.greatplainsqin.org



This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12SOW-GPQIN-87/0621