



**Great Plains Quality Care Coalition Webinar:
Motivational Interviewing to Build Trust in Vaccinations | August 17, 2021 | 3:00 pm CT**

Are you struggling to have productive conversations with family members, loved ones and employees on the benefit of receiving the COVID-19 vaccine? Have you related data and facts, used pressure tactics and mandates, and still hitting roadblocks? If so, you may want to consider **motivational interviewing**?

Motivational interviewing allows us to serve as an **objective** partner when it comes to decision making. Why does it work for vaccine hesitancy? Those that are in the “waiting and learning” phase are in a spot of ambivalence. Pressure, mandates, and unsolicited advice is not always effective and can create resistance.



Speaker, Dee Kaser, RN, CDCES, Quality Improvement Advisor, Great Plains Quality Innovation Network, will discuss:

- 1) How vaccine history and disease have influenced vaccine perceptions
- 2) Explain the fundamentals of motivational interviewing
- 3) Provide examples of motivational interviewing to instill vaccine confidence

Attend this webinar to learn more and put these tools into practice. [Register here.](#)

Education and Resources

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

CMS SNF/LTC Open Door Forum Conference Call

Thursday, Aug 5, 2021

1:00 - 2:00 PM CT

Dial: 1-888-455-1398

Password: 8604468

Topic: FY 2022 SNF PPS Final Rule, Health Equity in LTC Regs, Modernizing CMS Payment Software

New Additions to the Quality Measure Video Series

Great Plains QIN has a [Quality Measure Video Series and Tip Sheets](#) designed for those involved with MDS coding, quality improvement and leadership. Each video is approximately 20 to 30 minutes in length and includes the recording, slide deck, transcript, and tip sheet. New videos and tip sheets added monthly.

- ✓ Urinary Tract Infection QM – **Coming in August!**
- ✓ Catheter Left in Bladder QM – **NEW!**
- ✓ Antipsychotic Medication QM – **NEW!**
- ✓ Long Stay Falls with Major Injury QM
- ✓ Pneumococcal Vaccination QM
- ✓ Influenza Vaccination QM
- ✓ Nursing Home CASPER QM Report

Coding correctly and understanding what makes something trigger in a quality measure are keys to improving Quality Measure scores, which ultimately affect your CMS Five Star Rating, funding, and reputation. Hospitals are using the Five Star Rating in their referral process; tending

Motivational Interviewing to Build Trust in Vaccinations- GPQIN Webinar

August 17, 2021 | 3:00 pm CT
[Details and Registration](#)

[Great Plains QIN Nursing Home Quality Webpage](#) has many resources organized by topic including past Nuts & Bolts Newsletters and Quality Measure Video Series.

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.

to refer discharged patients to higher rated nursing homes, which puts the hospital at better odds in avoiding a hospital readmission within 30 days and incurring a financial penalty.

What's In My Cup? An Analogy or Start of a Root Cause Analysis?

You are holding a cup of coffee when someone comes along and shoves you or shakes your arm, making you spill your coffee everywhere. Why did you spill the coffee?



“Well, because someone bumped into me, of course!”

Wrong answer.

You spilled the coffee because coffee was in the cup. If tea had been in it, you would have spilled tea. Whatever is inside the cup is what will come out. Therefore, when life comes along and shakes you (*which will happen*), whatever is inside of you will come out. It is easy to fake it until you get rattled.

We have to ask ourselves ... what's in my cup?

When life gets tough, what spills over?

Joy, gratefulness, peace, and humility? OR anger, bitterness, harsh words, and actions?

The challenge is figuring out how you can choose to fill your cup with positive vibes, humility, kindness, compassion, and ambition; rather than resentment, impatience, and frustration. It needs to be a conscious choice. So, start there. Fill your cup with joy, so when you get shaken, all it means is you now have room for a refill!

Life provides you the cup, YOU choose its content.

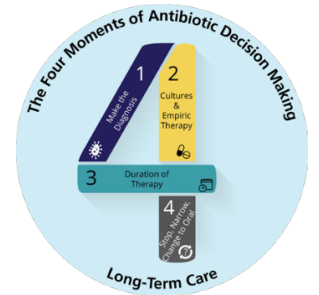


Calling all Infection Preventionists: Check out AHRQ's New Tools to Assist LTC Facilities with Antibiotic Stewardship

The Agency for Healthcare Research and Quality (AHRQ) [Toolkit to Improve Antibiotic Use in Long Term Care](#) offers a step-by-step approach to help facilities start or revitalize an antibiotic stewardship program. The toolkit is comprehensive and packed full of wonderful tools including slide presentations with scripts, videos, posters, tracking tools, communication tips, pocket guides and more to train staff and antibiotic stewardship teams with the goal that antibiotics are used judiciously to prevent harm and keep residents safe.



Using the [Four Moments of Antibiotic Decision Making](#), facilities can identify critical time periods to help prescribers make decisions about antibiotic therapy and integrate into **daily** practice for frontline staff and clinicians. Take a quick peek at the [Four Moments Antibiotic Decision Making Form](#) and [Completion Guide for the Four Moments Decision Making Form](#).



The toolkit supports antibiotic stewardship programs in complying with [guidance](#) from the Centers for Medicare & Medicaid Services and helps facilities address the Centers for Disease Control and Prevention's [Core Elements of Antibiotic Stewardship for Nursing Homes](#).



NEW! OSHA Releases Emergency Temporary Standard to Mitigate COVID-19 Spread – Effective June 21, 2021. Are You Working Towards Compliance?

The Occupational Safety and Health Administration (OSHA) released a new [Emergency Temporary Standard](#) (ETS) for healthcare settings that includes skilled nursing facilities (SNF's) and assisted living communities (ALF), basic care and Intermediate Care Facilities for the Developmentally Disabled (ID/DD) related to COVID-19. The ETS was officially filed in the Office of Federal Register on June 17, 2021 and became **effective June 21, 2021. Compliance is required within 14 days (July 6) for most items and 30 days (July 21) for a few requirements.** The link provides details, fact sheets and tools to assist with compliance.

The ETS requires SNF's to conduct a hazard assessment and have a written plan to mitigate the spread of COVID-19 in the facility. It also requires employers to: provide some employees with N95 masks, provide personal protective equipment (PPE), encourage employees to get vaccinated and provide paid time off employees to get vaccinated and recover from any side effects of the vaccine. Many of the ETS standards are already required under CDC, CMS, or other public guidance. It is recommended that providers start by:

- Identifying a COVID-19 site safety coordinator and downloading the [COVID-19 plan template](#).
- Providers should use OSHA's [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) to identify what is already in place in facility and prioritize implementing what is not.

Additional OSHA resource: [Respiratory Protection Guidance for LTC During COVID-19 Pandemic](#)



Alzheimer's Disease and Emotions

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



As people with Alzheimer's progress in their disease, their actions will be more guided by feelings rather than by logic, reasoning, and facts. Individuals can lose the ability to accurately verbalize how they feel, making it more difficult to understand behaviors.

Alzheimer's affects the brain by causing poor control of emotions and increases expression of emotions. It is important to recognize that the person is most likely NOT acting out intentionally or trying to be difficult.

When a person with dementia feels confronted, lost, confused, anxious, worried, vulnerable, helpless, or incompetent; he/she may respond in a variety of challenging ways. As a care provider, it is important to remember that outbursts stem from the disease, not the person.

To cope with the person's emotions, validate the feeling by acknowledging that it is okay to feel this way, give reassurance, avoid arguing or trying to convince the person of the "facts", or change the subject/redirect, and be patient. It may take the person longer to work through feelings because of the disease.

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.

Do you have Naloxone Administration Policies in Place?

Naloxone is an essential drug that reverses respiratory depression caused by opioid overdose. Having Naloxone readily available in nursing homes is an opioid harm reduction best practice that can save lives. The webinar, *Nursing Home Naloxone Best Practices*, reviews the results of the **emergency medication kit** assessment, how a nursing home **implemented naloxone utilization** and **Naloxone sample policies** from the American Society of Consultant Pharmacists Opioid Stewardship Toolkit.

This webinar hosted by IPRO features a **compelling nursing home's** real-life experience with utilizing Naloxone administration and resident opioid usage. Access the recording and slides [here](#).

**IPRO serves as the regional QIN-QIO for the New England States, New York, New Jersey, Ohio, Delaware, Maryland, and the District of Columbia.*

Improve Team Communication Skills

Provide **communication** and **teamwork** tools for your team and better care for your residents with the new [TeamSTEPPS Video Toolkit](#), a free resource brought by the American Hospital Association (AHA) Team Training and CDC's [Project FirstLine](#). The toolkit highlights nine of the most used TeamSTEPPS tools (*SBAR, Closed Loop Communication, Handoff, Brief, Huddle, Debrief, CUS, DESC, Shared Mental Model*).

Each tool follows a thoughtfully – designed sequence using relatable scenarios, critical thinking prompts and best practice examples in an engaging learning experience. Whether you are brand new to TeamSTEPPS or want to refresh your skills, this on-demand toolkit is:

- **Accessible** regardless of previous training or educational background and easy to understand.
- **Concise** with a collection of 2-minute videos and a self—paced environment that bite sized learning can fit into busy schedules; and
- **Interactive** with though-provoking questions and built-in knowledge checks to keep viewers engaged

Interesting Articles / Studies related to COVID-19

- [Federal Strike Team Findings and Lessons Learned: New England Journal Medicine June 28 2021](#)
- [CNA's and Vaccination: An Issue of Trust - Provider Magazine June 29 2021](#)
- [Diving into Dining with Sparkling Innovations July 1 2021](#)
- [Only 4 states have hit 75 percent LTC Staff Vaccination Goal - Alicia Lasek McKnights June 30 2021](#)
St. Gerard's Community of Care, Hankinson, ND featured for achieving 93% staff vaccination rate.
- [Dr. Carson LTC Briefing – Delta Variant & Vaccination Data.7.22.21 – 22 minutes long](#)
- [AHA Addressing COVID19 Vaccine Hesitancy in Your Community - on demand video](#)



Revamped Website: COVID-19 Publically Reported Data Sets for Nursing Homes Nationwide

The nursing home COVID-19 public file includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) from the Surveillance Pathway Module and the Weekly Vaccination Module. The [NH COVID-19 Data.gov webpage](#) has been revamped; making it somewhat easier to explore and visualize the data being collected. For example:

- There is a map to hover over on the location of nursing home to find out resident cases, deaths, etc.
- Click to see a [list of every nursing home with recent resident and staff vaccination rates](#). There is also a separate tab for nursing homes with a staff vaccination rate of 75% or more. You will need to filter by state for easier viewing within the excel file. **According to this NHSN dataset, as of week ending 7/18/21 North Dakota and South Dakota each have 19 nursing homes at 75% or greater staff COVID-19 vaccination percentages.**
- Several statewide and national charts

To find a specific nursing home, use the Search box and enter facility name, city, state, and/or ZIP Code or just zoom in on the map, then just hover over one of the dots to see data about the specific nursing home.



News, Updates, Tips

NHSN LTCF Quick Links

- [Vaccination Weekly HCP & Resident COVID-19 Module](#)
- [COVID-19 LTCF Module Main Webpage](#)
- [Data Quality Alerts: Weekly COVID-19 Vaccination Modules](#)
- [Data Quality Alerts: COVID19 Pathways Module.](#)
- [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](#)

Great Plains QIN 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 Q & A's

Q: Are the NHSN Weekly COVID 19 Vaccination Module excel tracking worksheets updated with the J&J vaccination option?

A: Yes. The updated excel tracking tools are located on the [Weekly HCP & Resident COVID-19 Vaccinations Module](#) webpage under the **Supporting Material Section** or download directly from here: [healthcare workers](#), [residents](#) and the [Tracking Worksheet Reference Guide \(cdc.gov\)](#). After initial information entered in these tracking worksheets, then use the Vaccination Summary Sheet /Tab in the excel workbook and manually input in NHSN reporting section.

Q: If we did not have any changes to our NHSN Weekly Healthcare Worker / Resident Vaccination data to be inputted, then do I have to enter data?

A: Yes. Enter at least every 7 days regardless of if changes or not. If no changes, then you report the same numbers that you did the previous week. If you have changes in numbers, then you add or subtract to the counts from the previous report. The **Weekly Vaccination Module is really like a running count of what is happening in your facility as residents and staff come and go.**

***Reminder:** the data in the Surveillance Pathway Modules is not cumulative but rather wants only the new data counts since last data entry. . . so you report only what happened between reporting submissions in the Surveillance Pathway Modules.

Q: I received a Data Quality Alert when doing my Weekly COVID 19 Vaccination Module Submission. Now what?

A: Specifically, alerts are automatically generated in the Weekly Vaccination Module when vaccination rates for a reporting week are less than or equal to 10 percent. If you receive such an alert, please refer to either the [Data Quality Alerts: Weekly COVID-19 Vaccination Module](#) and or the [Data Quality Alerts: COVID19 Pathways Module](#) for guidance in correcting or confirming the data entered is correct.

Great Plains QIN Quality Improvement Advisers, [Lori Hintz](#), [Michelle Lauckner](#) and/or [Tammy Wagner](#) are available to walk you through any of the downloads, demonstrate how to use and troubleshoot issues that you may be experiencing.



CMS and CDC Updates and Resources

CMS [QSO-20-41-all-revised-Guidance related to Emergency Preparedness Exercise Exemption](#) -6/21/2021

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 [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

WE ARE **PROJECT FIRSTLINE**



North Dakota Project Firstline Updates

The **North Dakota Department of Health** in collaboration with the **Centers for Disease Control and Prevention's Project Firstline** launched a **five-part training series on infection control and prevention** that offers CEU's through the North Dakota Board of Nursing.

Access the trainings and project website here:
[Project Firstline | Department of Health \(nd.gov\)](#).

What are healthcare workers in North Dakota saying about Project Firstline?

"I found this course very informative on not only infection control, but how infections are spread and how to try and stop or slow the spread of infection."

"I truly feel the structure of your presentations is probably the easiest to follow and the most user-friendly webinars I have participated in!"

South Dakota Project Firstline Needs YOU

[CDC Project Firstline](#) is a **new video training series** to educate frontline and healthcare workers on **infectious disease prevention** to AVOID future pandemics. The **South Dakota Foundation for Medical Care (SDFMC)** is leading the project in South Dakota, with the **CDC** and the **SD Dept. of Health** as partners.

- **Have YOU taken the [Learning Needs Survey](#)?** If so, thank you! If not PLEASE DO SO. Input needed from a VARIETY of workers.
- **Schedule a 5-minute "Feedback Session!"** It's a short phone call where you give your opinion on training needs. Easy. Quick. *Important!*
- **Want to star in a video?** Send us a few photos of your staff and we will put the video together for you - with you starring in a video customized to your facility! Check out our [Introductory Training Video](#) to get an idea of what is possible. The training is engaging, informative, offers the latest CDC science, and best of all, it stars YOU. *Who says infection control is boring?* Get in on the fun!

Contact Cheri Fast at cheri.fast@sdfmc.org for details.



Celebrating our COVID-19 Staff Vaccination Ambassadors

Great Plains Quality Innovation COVID-19 Staff Vaccination Ambassador Program supports COVID-19 vaccination efforts and recognizes community-based organizations, healthcare providers and nursing homes with high staff vaccination rates 75% or greater throughout North Dakota and South Dakota. Visit the [COVID-19 Vaccination Ambassador page](#) for a list of Ambassadors, a summary of how they accomplished this goal and the form to submit vaccination rates for your organization. If you have updated numbers, please submit – links are provided on the Vaccination Ambassadors page. This page will be updated as new information is available. ****All information is self-reported.***

Ambassadors are 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.

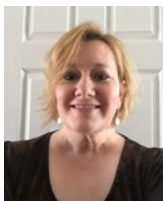


Below are a few **best practices** organizations have shared:

- *It did not take much convincing! Our staff were pretty excited to get the vaccine. Vaccine clinics were offered during all shifts. Care packages were given with each vaccine, which included Tylenol, Powerade and chicken soup. Prior to the vaccine rollout, all employees were required to watch Paul Carson’s video on vaccine safety and efficacy.*
- *Our organization is participating in the Pfizer COVID-19 vaccine trial. As a result, our staff believes in science behind the vaccine, and we have a 96 percent vaccination rate.*
- *Persistence and education are key. We also had a mandatory PowerPoint presentation and education meeting discussing the science and facts on the vaccines. We included testimonials from staff who are suffering from long-hauler COVID symptoms as well as those who had family members impacted by severe COVID. We shared resident testimonials on reasons why they hope staff will get vaccinated and what they are looking forward to post vaccine. We actively worked with local pharmacies and the county to get people vaccinated when we don’t have doses on hand. If someone wants a vaccine, we will find them one.*

Great Plains QIN Quality Improvement Advisors

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



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



Dee Kaser
RN, CDCES
North and South Dakota
402/476-2884



Tammy Wagner
RN, LSSGB
North and South Dakota
402/476-2885



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. Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/GPQIN/QIN-QIO-98/0821