



Bookmark Nursing Home Quality Webpage | Quality Measure Video Series

[Great Plains QIN Nursing Home Quality Webpage](#) has many resources organized by topic, including past Nuts & Bolts Newsletters and the popular Quality Measure Video Series. [Newly added is the Falls with Major Injury QM Video with MDS Coding Tip Sheet](#). The Antipsychotic Medication QM and Catheter QM videos are anticipated to be posted soon. Each QM video is approximately 20 to 30 minutes in length and designed for those involved with MDS coding, quality improvement and leadership.

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 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.

Education and Resources

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

Integrating Behavioral Health in Primary Care Practice Webinar
August 2, 2021 | 12:00 pm CT
[Details and Registration](#)

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



State's Here! Survey Tips

Everybody dreads it: that morning when a group of official-looking people walks into their facility and announces the beginning of the annual survey. Here are a few clues and tips as to how to help make your visit go smoothly, what surveyors are looking for and why they do what they do.

- **Respect** and **cooperation** between surveyors and staff are the best ways to accomplish the mutual goal of providing quality care to residents.
- Offer the surveyors a **cup of coffee**, a **room** to place their belongings and do their work. **SMILE**.
- The surveyors are not there to “dig up the dirt”. However, they **have a job to do**; enforce the regulations governing care.
- Surveyors are going to pay a lot of attention to nursing and related services. **Infection control is a priority focus**; however, they review all areas, including sanitation, the dining experience, fire and life safety, ensure that resident funds are being managed properly, ensure employees have received mandatory trainings and emergency plans are current and in place.
- **“Just the facts, ma’am”**. If you are interviewed by a surveyor, try to not let emotion get the better of you even though you are nervous.

[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.

CMS- New training available: Resident Mood Interview for SNF [Video Tutorial](#)
Depicts a scenario demonstrating the interviewing tips/techniques of a resident and coding of D0200, Resident Mood Interview (PHQ-9), D0300 and the total severity score.

It will take less time if you answer their questions rather than volunteer your opinion of a given situation. Avoid saying, “*I don’t know*”, but rather say, “*I know where I can find the answer and will get back to you*” and then round back with your answer.

- **Document!** Make sure that all MDS assessments are coded correctly and submitted timely. Care plans and the resident chart are to reflect what is being done, what is observed and resident’s responses.
- Do not talk unnecessarily with others while doing the med pass or doing resident cares – **concentrate** on what you are doing. If you are asked questions during– stop what you are doing, answer the question, **BREATHE**, refocus on the task and continue.
- Focus on the **resident, safety and privacy**.
- Follow proper hand hygiene and use of personal protective equipment (PPE). Be **meticulous** with **HAND HYGIENE** before and after resident contact and even in between certain individual resident cares and always **AFTER** removing gloves.
- **Disinfect** shared equipment, such as lifts, glucometers, whirlpool/tubs between use. Know the process and adhere to it.
- **Practice makes perfect.** Do **chart audits** and **mock surveys**. CMS’s [LTC Survey Critical Pathways](#) is a great place start as this is exactly what the surveyors will be looking at. Some facilities use outside consultants or colleagues, but others use internal staff to conduct the mock survey. Having “fresh eyes” doing a mock survey is a best practice. If using internal staff – have them go to a different area than they normally work.
- **Weekly Training Huddles** are quick meetings with staff designed to highlight quizzes or simple demonstrations around survey hot topics, such as care plans, transfers, resident rights, dignity and infection control. Conduct staff **scavenger hunts**– staff have to find certain items - i.e., policy book, fire extinguisher, resident rights poster, etc.

Additional survey resources:

- [CMS Survey Resources – Updated 06/19/2021 \(ZIP\)](#)
- [CMS Oversight Guidance Web Page](#)
- [McKnights: Practice Makes Perfect for State Surveyor Visits 6/13/2013](#)
- [Tips on How to Have a Successful CMS Survey](#)

Reflection in Courage and Bravery: Smiling Under Our Masks – A Short Film About Survival and COVID-19 | Pandemic Playbook



Smiling Under Our Masks Film

Step into the shoes of the staff of New Jersey’s Jewish Home Family for a glimpse of the dark days of the pandemic and the bright spots that kept us #SmilingUnderOurMasks. This [film](#) was produced by award winning filmmaker, Jenny Schweitzer Bell, and dedicated in gratitude for the bravery of the team, the support of family members and community and the courage of our elders. The faces in the film could have easily been the faces and places from North Dakota and South Dakota. You were there. You lived it. This film

captures what all nursing homes went through; what YOU went through. Consider sharing the link with your staff and others as a reminder of what your center and the people in your center did to rise during this pandemic challenge.



Pandemic Playbook

The grant-funded [Leading Age Pandemic Playbook](#) compiles critical lessons about navigating a pandemic. This year has challenged the operations, finances, creativity, and nimbleness of aging services providers. This interactive collection of insight, wisdom and critical lessons will help ensure that providers can prepare for and mitigate the impact of a future pandemic. It is a living resource and will be updated as LeadingAge gathers new information and lessons about preparing for future health crisis.



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) 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 site provides details, fact sheets and tools to assist with compliance.

This standard 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.

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



Planning Safe Summer Outings with Persons Living with Dementia

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



A few simple measures will help to ensure that residents remain safe and comfortable on a facility planned outing or outings with family or friends.

- Set realistic expectations that reflect the person with Alzheimer's changing abilities as well as the caregiver's limitations and abilities. Consider the person's awareness and understanding level before telling him or her about taking the trip in advance.
- Keep plans simple and flexible and have a back-up plan.
- Ask for help. Have someone join you while traveling.
- If you are driving, and the person with Alzheimer's becomes agitated, pull over. Do not try to calm him or her and drive at the same time. He or she may become more disoriented and try to leave a moving car.
- Select familiar places and transportation methods. If you are traveling by air, avoid layovers and try to fly on direct flights only. Carry all boarding passes, passports, and other important papers yourself, rather than giving them to the person with Alzheimer's.
- Leave a copy of the itinerary and emergency information at home.

- If staying with friends or family, make them aware of what Alzheimer’s is and what the symptoms can look like.
- Take familiar clothes and objects.
- Maintain a familiar schedule. Bring the person’s favorite pajamas or pillow.
- Time outings and visits in accordance with the person’s best times of day.
- If a car or plane trip is over four hours, two caregivers should be present.
- Automatic windows in a car can be dangerous. See if you can get a car that has a window lock feature.
- Have an identification card with the person living with dementia’s name, that they have dementia and their contact information on them (in a pocket, wallet, purse, etc.) Carry medications and emergency objects with you. Do not check them in if flying.
- Be prepared with snacks and items for distraction. Avoid caffeine. Carry hand-wipes for any spills.
- If flying, request a middle seat for your companion and an aisle seat for yourself so that he or she cannot wander away without your noticing.
- Never leave the person living with dementia alone.

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.



Recommended Viewing: [As the World Recovers, Regulatory and Enforcement Environment](#)

On April 20, 2021 the 60 minute webinar, [As the World Recovers, Regulatory & Enforcement Environment](#) hosted by AHCA/NCAL, with presenters from HealthCap and KITCH is available to ALL, regardless if a member of AHCA/NCAL. If you are new to the [ahcancaLED](https://www.ahcancaled.com) site, you will need to register for an account prior to receiving access. Instructions for access provided.

This webinar highlights the most significant regulatory and enforcement changes that have been implemented by Federal authorities throughout the pandemic. Some of these enforcement changes will likely have a lasting effect on the way in which providers assess regulatory risks and implement strategies at reducing them. This session is intended to emphasize the most significant regulatory changes and the consequences of the changes.

“I recommend the leadership team to view this archived webinar. It reviews the infection control tags along with the remedies and enforcement. For example, CMS will impose remedies aka CMP’s for any infection control deficiency cited at a scope and severity level of D and above. The weight of the remedy is based on two factors: 1) the facility’s current and past compliance; relative to infection control deficiencies; and 2) the scope and severity of the deficiency. It also provides information on the directed plan of correction post a survey, root cause analysis and QAPI initiatives for consideration and many more important details.” ~ Lori Hintz, RN, Great Plains QIN



Need an Auditing Tool for Personal Protective Equipment (PPE) Compliance?

The Agency for Healthcare Research and Quality (AHRQ) has released a new [Personal Protective Equipment \(PPE\) Observational Audit Tracking Tool](#) and [User Guide](#) to help nursing homes identify performance

patterns and target improvement with an analytic tool to compile PPE audit data. The pre-programmed Excel workbook collects PPE audit data by individual, shift, position, location and department, to help review opportunities for improvement in donning and removing PPE.

Additional AHRQ COVID-19 [resources](#).



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. The podcast features Clifford Moy, MD; behavioral health medical director at TMF Health Quality Institute, and is intended to enhance knowledge and understanding among physicians and other healthcare 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



News, Updates, Tips

NHSN LTCF Quick Links

- [Vaccination Weekly HCP & Resident COVID-19 Module](#)
- [COVID-19 LTCF Module Main Webpage](#)
- [How to Address COVID-19 Module Data Alerts](#)
- [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 Weekly Vaccination Module Clarifications – Who do I count? How do I keep track of all this?

When reporting the Healthcare Worker (HCW) vaccination data, count those staff that are “eligible” to work at least 1 day in that reporting week. **It does not mean to count only those that actually worked that**

reporting week, but it means to count those that are “eligible” to work. Even if someone is on vacation, that person would be considered in the count as they are in fact still “eligible” to work. You would also include employees, contractors, students, trainees, volunteers as they are “eligible” to be in your facility.

This module’s intent is to capture the number of those residents/or healthcare workers that have **ever** been vaccinated (not just new vaccinations). The number will be cumulative. For residents, count the number of residents staying in the facility for at least one day (24 hours) during the week of data collection. Week of data collection begins on Monday and ends on Sunday. If a resident is discharged or no longer at your facility, they will come off the count.

How do you keep track of all this? The NHSN excel tracking worksheets for this module are extremely helpful in keeping organized and tracking this data. Once the initial information is imputed in the worksheet, the weekly reporting will likely be easier and time saving. If you are **not** currently using, please consider downloading and reviewing. If you already have your own homemade excel sheets, it has worked for others to just copy and paste the pertinent information to the appropriate columns in the NHSN tracking sheets.

- [Weekly HCP & Resident COVID-19 Vaccinations through NHSN](#) module – this link includes training slides, data collection forms/instructions. Under the Supporting Material Section is where you get the tracking worksheets. *(at least for right now, I recommend to not use the CSV excel file for upload- because you must go through extra steps and approvals before you can upload with a click):* Just use the simple excel data tracking worksheets and manually input data from the Vaccination Summary Sheet / Tab into NHSN. Here are the simple excel tracking worksheets for download to your computer: [healthcare workers](#) and [residents](#) and the [Tracking Worksheet Reference Guide \(cdc.gov\)/.](#)

Great Plains QIN Quality Improvement Advisers, [Lori Hintz](#), [Michelle Lauckner](#) or [Tammy Wagner](#) are available to walk you through the download and demonstrate how to use and to 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

[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



North Dakota Project Firstline Updates

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

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

The 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.

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



South Dakota Project Firstline Needs YOU

[CDC Project Firstline](#) is an innovative 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 initiative for South Dakota, in partnership with the CDC and the SD Dept. of Health.

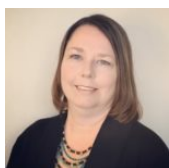
- **Hurry, survey closes July 31!** Complete [Project Firstline Learning Needs Survey](#) to help develop better training.
- **Want to be part of a focus session?** Focus sessions for Project Firstline (PFL) involves a 5-minute phone call where you give us your opinion.
- **Want to star in a video?** Send us a few photos of your staff and we 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 has to be boring?* Get in on the fun!

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



Applauding COVID-19 Vaccination Ambassadors: Who Are They and How Did They Do It?

Over 60 organizations have met this milestone and have been recognized as a [COVID-19 Staff Vaccination Ambassador](#). 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/ resubmit vaccination rates for your organization.



“We applaud those organizations who have attained the goal of 75 percent vaccination among staff. This recognition includes hospitals, public health departments, long-term care facilities, assisted living centers and other community-based health organizations. We know meeting this goal requires a significant effort in offering education, training and data/fact sharing. For those struggling with vaccine numbers, please visit our Ambassadors page for best practices and tips that may help you and your team with vaccine confidence. For those that met this goal, we commend your efforts and are happy to recognize and highlight this accomplishment through our

Vaccination Ambassador Program,” remarked Krystal Hays, DNP, RN, RAC-CT; Great Plains QIN Regional Project Manager.



“Leading by example is so important when building confidence and that is evident when you read the best practices that organizations have submitted and how leaders have been instrumental in organizations reaching 75 percent or greater staff COVID vaccination rates,” added Dee Kaser; RN, CDCES; Great Plains QIN Quality Improvement Advisor.

Regardless, if your organization has achieved a 75% or greater staff vaccination rate or not, Great Plains QIN asks that you complete the *Share Your Story / Staff Vaccination Inquiry* to help understand vaccination status, barriers, and best practices. All responses are self-reported and voluntary. 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**.

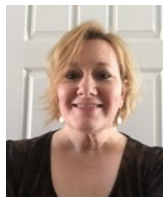
Ambassadors are highlighted on the Great Plains QIN Web site, provided a certificate and a customizable press release template that can be used in local media to recognize this accomplishment. There is great value in sharing what has worked well, barriers encountered and helpful resources to assist in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



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