



Motivational Interviewing Testimony

Building confidence in staff that have yet to take the vaccine is even more pressing now that the Centers for Medicare & Medicaid (CMS) has announced that all nursing homes need to have staff vaccinated for COVID-19 for compliance with CMS's Conditions of Participation. One way to do this is by Motivational Interviewing (MI).

MI can strengthen a person's motivation to change by helping them identify their own reasons for being hesitant. It requires strong listening skills, respect, and sincere curiosity. It's most effective when people are ambivalent or don't see getting a vaccine as especially important. Using the MI tool of [OARS+](#), you can help build a culture of partnership, empathy and TRUST with your staff to be confident in the COVID-19 vaccine. Using MI is not about trying to convince people; rather, but rather helping people make informed decisions. Anyone can learn to do it. It takes practice, but once comfortable with it, the results can be very rewarding.



"I listened to [Great Plains QIN Webinar: Motivational Interviewing To Build Trust in Vaccinations](#) and found it to give some great practical advice on approaches that I could use for those that are hesitant to get the COVID-19 Vaccine. I decided to make a list of those I knew that had not been vaccinated and reach out to them individually to try and really understand their hesitancy with the hopes that I might be able to answer questions, allay fears, dispel myths and just talk through it with them. I am happy to report that I felt very confident that at least 2 or 3 of those I talked to thus far, will be getting their vaccine within the week. In a couple of cases, those I talked to are bringing their family members with them so they can all get vaccinated. If you want some ideas on how to approach your hesitant colleagues, consider learning more about the motivational interviewing technique. I'm happy I did!" *Karen Russman, Infection Preventionist, St Williams Care Center, Milbank, SD*

Education and Resources

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

Collaboration: Essential for Addressing Substance Abuse and Promoting Recovery Webinar by Great Plains QIN

Tuesday, 9/21/21
3:00 – 4:00 pm CT

[Registration and details](#)

Sepsis Recognition is a Matter of Time

Infection is a common health concern with the potential to transform from a minor inconvenience to a life-threatening health crisis called sepsis. Built to fight infection, the body's overwhelming response may cause sepsis and lead to tissue damage, organ failure and death.

September is [Sepsis Awareness Month](#) and the Sepsis Alliance offers a [Healthcare Provider and Community Leader Toolkit](#) to encourage others to take TIME to save lives.

"As a nurse who has worked in multiple settings, I have seen

Back to Basics: A Multidisciplinary Approach to Fall Reduction Webinar by South Dakota Fall Prevention Coalition

Wednesday, 9/22/21

12:00 - 1:00 pm CT

[Registration and details](#)

[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.](#)

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

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](#)

[CMS Targeted COVID-19 Training for Frontline Nursing Staff and Management:](#)

Scenario-based trainings available on-demand online. There are 5 modules for frontline staff and 10 modules for NH Management. Site has been updated to include user guide and Kudos Kit.

patients deteriorate very quickly as sepsis progressed to septic shock,” shared Krystal Hays, DNP, RN, RAC-CT, regional project manager for the Great Plains Quality Innovation Network (QIN). “Early recognition is critical, not only upon arrival to the hospital, but when the patient is first showing signs and symptoms in the nursing home or the community.”

These early signs and symptoms can be remembered and identified using the **TIME** acronym: **T**emperature, **I**nfection, **M**ental decline, **E**xremely ill.

A July 2021 [H-CUP Statistical Brief #277](#) identified septicemia as the top diagnosis in rural, urban and metropolitan locations. The most common principal diagnosis, the cost per stay averages \$18,700 combining to a staggering \$41.6 billion cost for inpatient stays in American hospitals.

Hays continued, “With sepsis as the number one reason for inpatient hospitalization, there is a great opportunity to improve the early recognition and treatment of sepsis. Raising awareness and encouraging community members and nursing home staff to tell healthcare providers ‘I suspect sepsis’ will result in faster recognition and treatment of sepsis to avoid disability and mortality.”

From a hangnail to pneumonia and from the very young to the very old, sepsis can strike unexpectedly and presents a real risk for any age. [Sepsis 911](#) tells an inspirational story of Sue Stull, a sepsis survivor and quadruple amputee. She was healthy and active until sepsis altered her life.

On the positive side, preventing sepsis can be as simple as strong hygiene practices and timely immunizations. Strong recommendations from healthcare professionals for COVID-19, influenza, pneumococcal and shingles vaccinations can prevent dangerous infections and reduce sepsis diagnoses.

“Early recognition and treatment of sepsis is just as important as recognizing someone experiencing the signs of a heart attack or stroke,” Hays emphasized.

**Sepsis takes a life every two minutes.
Take T.I.M.E. to save lives.**





Monoclonal Antibody Approvals

Guest Contributor: Anna Meyer, Pharm D, Clinical Supervisor, Avera Long-Term Care Pharmacy

On **November 21, 2020**, the FDA authorized casirivimab and imdevimab, monoclonal antibodies (mAb) administered together, for emergency use for people with MILD to MODERATE COVID-19 who are at high risk for progressing to severe COVID-19 and/or hospitalization. There is NO BENEFIT observed for patients with increased oxygen requirements or hospitalization due to COVID-19, and may in fact, worsen clinical outcomes in this group. It is NOT APPROVED for this group.

On **July 30, 2021**, the FDA added post-exposure prophylaxis for people who are at high risk for progressing to severe COVID-19 and/or hospitalization who are not fully vaccinated or who are not expected to mount an adequate immune response to vaccination. *In simple language, if a highly vulnerable resident is exposed to COVID-19, they may be eligible for prophylactic treatment.*

High risk conditions relevant to the nursing home population:

- ≥ 65 years old
- $BMI \geq 35$
- Chronic Kidney Disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease or hypertension
- Chronic lung diseases
- Sickle Cell disease
- Neurodevelopmental disorders or other conditions that confer medical complexity
- Having a medical-related technological dependence

This monoclonal antibody treatment is similar to bamlanivimab that was used earlier in COVID-19 with slight differences since the emergency use authorization (EUA) was modified in July. This is now the preferred mAb treatment that helps against the Delta variant. Below are the following changes:

Post-exposure prevention of COVID-19 in persons who are:

- Not fully vaccinated against COVID-19
- OR**
- Are not expected to build up enough of an immune response to the complete COVID-19 vaccination (for example, someone with immunocompromising conditions, including someone who is taking immunosuppressive medications)

AND

- Have been exposed to someone who is infected with SARS-COV-2
- OR**
- Someone who is at high risk of being exposed to someone who is infected with SARS-COV-2 because of occurrence of COVID infection in other individuals in the same institutional setting (for example: nursing homes)

Subcutaneous Injection: Intravenous infusion is strongly recommended; however, subcutaneous injection is an alternative route of administration when intravenous infusion is not feasible and would lead to delay in treatment. For post-exposure prophylaxis, either subcutaneous injection or intravenous infusion can be used. [REGEN-COV: Subcutaneous Injection Instructions for Healthcare Providers \(phe.gov\)](https://www.phe.gov)

Key Points About Administration:

- One time IV infusion (given over at least 30 minutes) or subcutaneous injection for treatment
- Dosage for both treatment and initial prophylaxis: 600 mg casirivimab/600 mg imdevimab administered together
- If there is ongoing exposure, a prophylactic dose of 300 mg casirivimab/300 mg imdevimab can be considered every 4 weeks for the duration of the exposure
- Should be given as soon as possible after a positive test or exposure, within 10 days of symptom onset
- Need to be prepared to treat severe infusion reactions (such as anaphylaxis)
- The patient should be monitored closely during the infusion, and for 1 hour afterwards for the following: fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticaria, pruritis, myalgia, dizziness; if these things occur, consider slowing or stopping the infusion and administer appropriate medications and/or supportive care

This is a promising treatment, but needs some **preparatory work** to be able to access and safely administer:

1. Work with the local health system/facility pharmacy to access the medication
2. Identify appropriately skilled nursing staff who can be assigned solely to the residents who are undergoing the infusion/injection, and the post-infusion monitoring.
3. Assure that you have sufficient IV supplies
4. Have medications and professional staff readily available to treat infusion reactions/anaphylaxis

Additional resource: [COMBATCOVID website from US Health and Human Services](#)



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.

- ✓ Ability to Move Independently Worsens - **Coming**
- ✓ High Risk Pressure Ulcer - **New**
- ✓ Urinary Tract Infection
- ✓ Catheter Left in Bladder
- ✓ Antipsychotic Medication
- ✓ Long Stay Falls with Major Injury
- ✓ Pneumococcal Vaccination
- ✓ Influenza Vaccination
- ✓ Nursing Home CASPER QM Report



Exercise Tips for Those With Dementia

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



Regular physical activity benefits the brain by slowing cognitive decline and lowering risk of developing Alzheimer's disease and it is one of the most easily changeable interventions for lowering the risk of dementia, depression and obesity.

Exercise is an excellent, non-drug way to improve well-being and reduce challenging behaviors in residents with dementia by improving mood, reducing stress, and increasing calm to reduce episodes of aggression, wandering and agitation. Exercising is an effective way to reduce fall risk by improving strength and balance, and exercise can reduce pain. Staying active improves sleep, strength, flexibility, and circulation. It increases heart health and decreases constipation. Plus, it's a great way to boost mood and self-esteem.

It is important to find exercises that are enjoyable and safe for one's ability level. Getting someone with dementia to exercise may not always be easy, especially if they haven't exercised regularly in the past. It may help if you refrain from referring to it as exercise, instead treat it as just another regular task in their daily routine or as a fun special activity, like a "dance party." It's helpful to exercise with them because many people with dementia struggle to start activities on their own and remember sequences. You can demonstrate the movements, slow the pace as needed, and provide help when needed when doing the activity with someone who has dementia.

Leading them in exercise may seem like yet another thing to pack into your nonstop day, but it can help reduce challenging behaviors and improve sundowning symptoms – plus it helps you get active too.

1. **Walking** is one of the best exercises around. Walking around the facility or outside for any amount of time is wonderful for the body and mind. Winter is coming so get out and enjoy the benefits of Vitamin D, too while you can. A stroll in the wheelchair is great exercise if the person can propel themselves.
2. **Chair Exercises:** Use props, such as streamers, maracas, batons, pom poms, canes, stretch bands, tambourines, clappers, top hats, scarves, or small handheld balls. Face the person and have stimulating music playing with an easy-to-follow rhythm. You may wish to use music from their era, but it is acceptable to use any kind of music that elicits a positive response. This can be done informally by any staff member, not just restorative aids, or activities! Housekeepers may want to give them a clean rag and have them shake it around while you clean their room.
3. **Stretch while lying in bed** and move various body parts and stretch stiff muscles. This this can be done with assistance or independently

The [Alzheimer's Association](#) 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.

COVID-19 Articles, Webinars and Studies

- [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](#)
- [OSHA webinar on COVID-19 Emergency Temporary Standard – 50 minutes](#) **GOOD OVERVIEW!**
- [CDC NIOSH Respiratory Protection Week \(how to tell if your N95 Respirator is NIOSH Approved\)](#)



CDC Updates VISs: Do you Have Updated Vaccine Information Statements?

What's a VIS? A *VIS* or *Vaccine Information Statement* is a document, produced by the CDC, that informs vaccine recipients or legal representatives about the benefits and risks of a vaccine they are receiving **prior** to every dose of specific vaccines including prior to each dose of a multi-dose series. This information sheet must be given regardless of age of the recipient. VISs are required by law through the [National Vaccine Childhood Injury Act](#). If you are administering vaccines such as Influenza or the Pneumonia Conjugate (PCV13) vaccines, there are required responsibilities related to VISs.

Access the [facts and details](#) to ensure compliance. [Updated VISs posted August 6, 2021](#) for several vaccines (DTaP, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, PCV13 (pneumonia conjugate), polio, Tdap, Td and varicella). It is encouraged that providers begin using these updated VISs.



Intramuscular Injections: Best Practices for Safe Vaccine Administration in Nursing Homes

The Agency for Healthcare Research and Quality (AHRQ) new resource; [Intramuscular Injections: Best Practices for Safe Vaccine Administration in Nursing Homes](#) is intended to provide nursing home clinicians with an easy-to-use guide that outlines steps to safely and correctly administer an IM injection, like the COVID-19, influenza, pneumonia and shingles vaccines. Even experienced vaccinators can benefit from a periodic review. Proper intramuscular administration is critical to vaccine effectiveness and avoidance of shoulder injuries. The resource lists considerations for vaccinating older nursing home residents, including muscle wasting, involuntary movement and dementia-related confusion.

The CDC's [One & Only Campaign](#) provides additional resources for safe injection practices and promotes **One Needle, One Syringe, Only One Time** as a good rule to remember.

[AHRQ Resources Catalog for Nursing Homes](#) is a searchable database of free nursing home safety and quality improvement resources.

#GetVaccinated Handouts Help Answer Common Questions and Implement Mandates

AHCA/NCAL

As efforts continue to increase staff vaccination rates in long term care, AHCA/NCAL has created materials to help support long-term care providers.

1. [Can the COVID-19 vaccine impact fertility? \(Spoiler alert: no\)](#)
2. [Should individuals who already had COVID-19 get the vaccine? \(Spoiler alert: yes\)](#)
3. [5 Facts about the Delta variant](#)
4. [Employer mandate best practices](#)

The handouts are ideal to share with employees in one-on-one conversations or staff meetings to help individuals make an informed decision. However, they may also be shared online, as they link to credible research and evidence to support the facts provided. The resources are part of AHCA/NCAL's #GetVaccinated campaign. The campaign is funded in part by a cooperative agreement with the CDC. Additional #GetVaccinated resources at <https://getvaccinated.us/>.



COVID-19 Vaccine Guidance related to Pregnancy, Breastfeeding, Fertility

The CDC has updated [guidance](#), as of August 11, 2021, on COVID-19 vaccines while pregnant or breast feeding. Vaccination is recommended for all people 12 years of age and older, including people who are pregnant, breastfeeding, trying to get pregnant now or might become pregnant in the future. The [American College of Obstetricians and Gynecologists](#) (ACOG) concurs with the guidance adding that obstetrician-gynecologists and other women's health care practitioners should lead by example by being vaccinated themselves and encouraging eligible patients to be vaccinated. ACOG states while a conversation with a clinician may be helpful, it is not a requirement prior to vaccination and may cause unnecessary barriers to access. ACOG also claims linking COVID-19 vaccines to infertility are unfounded and have no scientific evidence supporting them.

A [new CDC analysis](#) of current data from the V-Safe pregnancy registry assessed vaccination early in pregnancy and did not find an increased risk of miscarriage among 2,500 pregnant women who received an mRNA COVID-19 vaccine before 20 weeks of pregnancy.

Clinicians have seen the number of pregnant people infected with COVID-19 rise in the past several weeks. The increased circulation of the highly contagious [Delta variant](#), the [low vaccine uptake among pregnant people](#) and the increased risk of severe illness and pregnancy complications related to COVID-19 infection among pregnant people make vaccination for this population more urgent than ever.



News, Updates, Tips

NHSN LTCF Quick Links

- [Vaccination Weekly HCP & Resident COVID-19 Module – NEWLY Posted! August 2021 training slide set, updated data collection forms](#)
- [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?](#)



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 IP 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**



Celebrating Our COVID-19 Staff Vaccination Ambassadors

Great Plains QIN COVID-19 Staff Vaccination Ambassador Program 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. ****All information is self-reported.*** Ambassadors are provided a certificate and a customizable press release template that can be used in local media. 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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