



## Happy New Year from Great Plains QIN

### Education and Resources

[Visit our GPQIN Event Calendar](#) for upcoming and past events

Webinar: **Resilience- Individual, Organization, Community (with annotations for pandemics)**  
**1/25/2022 3-4:00 pm CT**  
[Details and Registration](#)

[Great Plains QIN Nursing Home Quality Webpage](#)

[CMS Nursing Home Resource Center](#)

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

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

[CMS Targeted COVID-19 Training for Frontline Nursing Staff and Management](#): Scenario-based trainings available on-demand online

[CDC COVID19 What's New & Updated](#)

### Ask and You Shall Receive | Updated GPQIN Vaccination Tracking Log (December 2021)

Great Plains QIN updated the [GPQIN Electronic Vaccination Tracking Log](#) to include the COVID Boosters per a request from one of our nursing home colleagues. This Excel tracking log designed as a “Quick Look See” for the MDS person and/or infection preventionist to access a listing of residents and their vaccination status for **Influenza, Pneumococcal** and **COVID-19**. The tool includes sections (tabs) for several years (2021 -2024) and a cumulative ‘At a Glance’ tab which has a yearly graphing feature for vaccinations given at your facility. The resource section (tab) was also updated to include booster recommendations and updates.

*Please note: This is not to be confused with the NHSN developed Tracking Sheets for COVID 19 vaccinations (resident and healthcare worker) that you may be using for your NHSN data inputs.*

### Hospital Discharge Awareness Flyers for Antibiotics and Antipsychotic Medications

Nursing homes must work closely with local hospitals and providers to create optimal care transitions for patients and to reduce unnecessary hospital and emergency room readmissions. Below are links to resources to share with your network of healthcare partners that highlight considerations when discharging patients on antibiotics and/or antipsychotic medications.

- [Be Antibiotics Aware Hospital Discharge - CDC](#)
- [Discharging to a Nursing Home - How to Decrease Antipsychotics and Readmissions - Great Plains QIN](#)

### Is Your Team Survey Ready?

Readily available to you from the Centers for Medicare and Medicaid Services (CMS) are documents and guidance that state surveyors use and go by. The best advice to help be ‘survey ready’ is to **know the regulations, the guidance interpretations, and what procedures the state survey teams follow.**

CMS Five Star Rating &  
Quality Measure  
Quick Resource Links

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

Access links below to ensure your organization is 'survey ready':

- [Download the revised F-Tags \(published 6/21/2021\)](#)
- [LTC Survey Pathways \(updated 9/14/2021 ZIP\)](#)
- [Download the complete LTCSP Procedure Guide \(effective 2/06/2021\)](#)
- [Survey Resources \(updated 9/14/2021 ZIP\)](#)
- [Revision History for LTC Survey Process Documents and Files \(updated 9/14/2021\)](#)

Access the CMS webpage for nursing home regulations and surveys [here](#). The Download section contains survey resources, including the Appendix PP State Operating Manual link.



### Let's Walk Through the Stages of Wound Healing

*Excerpts from Wound Care Institute Blog; Aug 4, 2021 | Bill Richlen, PT, WCC, DWC*

There are four phases of wound healing. The phases are continuous and overlap each other to some extent. The phases must occur in sequence to result in a healed wound. No phase can be skipped, and each phase can last for a different length of time; however, the length of time can be influenced by what we do as clinicians. Information and descriptions of each of the healing phases follows:

1. **Hemostasis Phase** occurs immediately upon tissue injury and initiates the entire wound healing process. The injured area will be filled with blood, histamine, serotonin, and prostaglandins. Platelets are activated here to stimulate the formation of a fibrin mesh and secure the "plug" or clot, from being washed away by the flow of blood. The challenge with many chronic wounds is the lack of recent trauma to initiate the healing process properly. Unfortunately, there is not a lot that clinicians can do to influence what happens during this phase.
2. **Inflammatory / Defensive Phase** is referred to as the "clean up" phase in which the goal is to remove the debris and microbial contaminants in the wound. The body's neutrophils and monocytes are considered the "clean-up crew." In chronic wounds there is typically a significant amount of necrosis and bioburden issues that the body alone cannot manage on its own. This is the phase that clinicians can have an immediate impact on the speed in which the wound moves through it. The ideal wound for healing has a clean, viable wound base. Clinicians can actively debride wounds with sharps, enzymes, chemicals, and multitude of mechanical debridement options to expediate how quickly a clean viable wound base is achieved. The inflammatory phase does not "heal" the wound.
3. **Proliferative Phase** often overlaps with the inflammatory phase, especially in chronic wounds and is the phase in which wounds heal or close. It is during this phase that the body produces granulation tissue to fill in the defect, contracts the edges to close the opening and finally covers the wound with new epithelial tissue. Angiogenesis or the formation of new blood vessels form of capillary beds and collagen synthesis results in granulation tissue and closing the wound with epithelial tissue. The body must do all the heavy lifting in this phase and role of the clinician is more supportive by reducing the frequency of dressing changes, managing the bioburden to prevent infection and biofilm, ensuring adequate nutrition and a moist wound environment, and continuing to treat/ correct the underlying etiology.

4. **Maturation / Remodeling Phase** is the final phase and primarily occurs after the wound is closed. The phase can last a year or longer depending on the size of the wound and the amount of scar tissue. Some wound contraction may occur, and capillary density will diminish leading in color of the scar from pink to white. The wound will be at a higher risk for breakdown, so the primary clinician role is to protect the newly healed tissue from further damage and continue to support nutritional needs.

To read the blog in its entirety, access [Wound Care Institute Blog August 4, 2021: Let's Walk through the Stages of Wound Healing.](#)

## Delusions & Hallucinations in Dementia

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



People with dementia sometimes develop delusions (false beliefs) and or hallucinations (sensing things that are not actually there). Delusions in dementia may be paranoia; for example, the person might believe someone is stealing from them, their spouse is cheating on them, or someone is out to get them. Delusions in dementia can also be related to memory loss. For example, the person might believe they have to go to work (when they have been retired for years), that they are able to drive safely (though their license was revoked) or that they need to take care of their children (who are now grown adults).

Hallucinations involve seeing, hearing, feeling, or smelling things that are not there. Hallucinations in dementia may be pleasant; for example, the person might see and talk to "little people," animals or a person from their past (like a deceased parent). However, hallucinations in dementia can also be scary and distressing. For example, the person might hear people yelling at them, see people coming after them or feel bugs crawling on their skin. Strong emotional memories from the person's past may re-manifest as delusions and hallucinations in dementia. The person may have trouble separating past experiences from current reality and may re-live these events to a certain extent. For example, experiences of abuse, traumatic incidents or tragic loss may be triggered by environmental cues and re-experienced as a delusion or hallucination.

Delusions and hallucinations can occur in all types of dementia and they are especially common in Lewy body dementia (LBD) and Parkinson's disease dementia (PDD). Things in the environment can contribute to misperceptions. For example, dramatic or scary television programs might be perceived as actually happening in real life. Alarming noises, reflections in a mirror or window, dark shadows and glaring lights can be perceived as someone coming after them. Fatigue or lack of rest can make these symptoms worse. If the symptoms are new or getting worse, it is important to have the person evaluated by their doctor to rule out an underlying medical cause. Sudden changes in mental status can be caused by urinary tract infections, pneumonia, constipation, dehydration, and other conditions.

When the person is not bothered or distressed by their hallucinations or delusions, it is best to acknowledge their experience with a matter-of-fact tone of voice without endorsing or denying it. For example, you might say something like, "Oh, that's interesting," or "Wouldn't it be nice to have a private jet, they sure cost a lot of money!" and move on to another topic of conversation. Stay calm and avoid arguing with the person or telling them that they are wrong.

**If the person believes they must go to work or take care of a previous responsibility, then:**

- Remember the person has a disease that affects their brain and they are not acting this way on purpose.

- Consider ways to adapt former roles. If the person has always been ‘a provider’ or ‘a nurturer’, they might help take care of a pet or garden. If they are used to being in charge, they might be a “director” and tell others how to do things they used to do (like cook or fix things).
- Avoid arguing or trying to reason with the person; this will often make the situation worse
- Try distracting the person with conversation. For example, ask them to tell you about their work and gradually guide the conversation to a related topic. If the person is talking about working in an office, you might change the subject to talking about typewriters or computers.
- Try distracting the person with compliments. For example, tell them how much you like their shirt or jewelry and then ask questions about it. Is it their favorite color? Was it expensive?
- Try redirecting the person with another activity. For example, ask for their help to do something else like rearrange furniture, sort the mail, tinker with a broken appliance, sweep the floor or fold laundry.
- Try reassuring the person by telling them a therapeutic fib. For example, you might tell them ‘The office is closed today’ or ‘the kids are at school.’ You will then need to redirect them to another topic of conversation or an activity to avoid conflict.
- Find ways to show the person your appreciation. For example, thank them for sharing their story with you, teaching you something you did not know, making you laugh, etc.

**If the person is accusing someone of stealing from them or hiding their things, then:**

- Often, the person has misplaced an item and they need someone to calmly assist them in finding it.
- Remember the person is not doing this on purpose; try not to take it personally.
- Avoid arguing with the person; it is better to just try to help resolve the issue.
- If you are unable to find the item, apologize to the person for their loss. Offer to try to replace it.
- Purchase backups for things that are frequently misplaced like glasses, a wallet, purses, and keys.

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.

## AHRQ Releases New Guide for Respirators

While not a substitute for a Fit Test, a respirator/N95 mask seal check is important to see if the respirator is positioned on the face correctly and should be done every time a respirator/N95 mask is worn.

To do a seal check:

- Put respirator on and make it fit snugly on the face, especially around the nose.
- Place both hands over the surface of the respirator and exhale. One should not feel any air leaking between the face and the respirator. Eyeglasses should not fog with correct placement.
- Adjust the respirator until no air leaks out when one exhales.



The Agency for Healthcare Research (AHRQ) has a new [guide](#) that defines **respirator fit testing** and explains why it is important, how it works and how often nursing home staff members should get a respirator fit test.

**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](#)

**NHSN Q&A: Checking for CMP Impositions for NHSN Nonreporting/Noncompliance**

**Q:** Where do I look to see if my facility received a CMP for nonreporting/ noncompliance with NHSN weekly required modules?

**A:** Assuming someone in your facility (likely the MDS person) has access, log into the QIES / CASPER system (the system where you access your Quality Measure reports).

- Towards the top of the webpage screen, look for tab that says “*Folders.*” Click and look in “*My Inbox*” for any letters. It will have your state abbreviation (i.e., *ND* or *SD*) first and say something like *Impose Letter, Compliance Determination* and or *Imposition of Remedy*
- Always check your Facility Folder Inbox once a week as there will be other letters / reports landing in this facility folder.
- If you use a third-party vender for access to the CASPER system / MDS; they may use slightly different labels and positioning of the tabs.
- Access a [webinar](#) with handouts that explains the background of CMP’s related to noncompliance / late entries of the CMS required NHSN modules and how the CMP notice lands in the MDS/ CASPER system. It also goes through what you are looking for in your facility report file related to the NHSN CMP process. It is from a third-party vender (Simple LTC), but the information is good.
- If you do not have a letter in your facility folder; then you likely have not been assessed a CMP for noncompliance/reporting in NHSN. Said with caution, as some facilities received the notice via email and or USPS but most times, CMP notices are landing in the QIES/CASPER system under your facility folder.

**CDC, CMS, OSHA Resources and Updates****CDC**

[Interim Guidance for Managing Healthcare Personnel w SARS-CoV-2 Infection/Exposure](#) Updated 12/23/2021

[Strategies to Mitigate Healthcare personnel Staffing Shortages](#) Updated 12/23/2021

[COVID Data Tracker](#) - Check your community transmission rate. Updated Daily at 8pm

[Interim IP Control Recommendations to Prevent SARS-COV-2 Spread in NHs](#) Updated 9/10/21

[Interim IP Control Recommendations for Healthcare Personnel During COVID-19](#) Updated 9/10/2021

[Ending Isolation and Precautions for People w COVID-19: Interim Guidance](#) Updated 9/14/2021

[Strategies for Optimizing the Supply of N95 Respirators](#) Updated 9/16/2021

[Selected Adverse Events Reported after COVID-19 Vaccination](#) Updated 9/14/2021

[FAQs about COVID-19 Vaccination in LTCFs](#) Updated 9/9/2021

## [COVID -19 Vaccines for LTC Facility Residents Updated 8/31/21](#)

### CMS

[Nursing Home Visitation FAQ's](#) **New 12/23/2021**

[QSO-20-39-NH Nursing Home Visitation COVID19](#) **Revised 11/12/2021**

[QSO-22-02-ALL Changes to COVID19 Survey Activities & Increased Oversight in NH's](#) **New 11/12/21**

[QSO-20-38-NH IFR LTC Facility Testing Requirements/ COVID Focused Survey](#) Rev 9/10/2021

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

[QSO-21-19-NH: IFR COVID19 Vaccine Immunization Requirements for Residents and Staff](#) 5/11/2021

[QSO-20-39 NH: Nursing Home Visitation COVID19](#) 4/27/2021

[QSO-21-15-ALL Updated Guidance Emergency Preparedness - Appendix Z of SOM](#) 3/26/2021

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

### OSHA

[OSHA Emergency Temporary Standard](#) **Updated 12/27/2021**



## North Dakota Project Firstline Updates

The North Dakota Department of Health (NDDoH) Project Firstline team has wrapped up the 2021 training, with recordings of infection prevention and control (Topics 1-10) available to view: <https://www.health.nd.gov/projectfirstline>

### Coming in 2022: A New Series of Live Trainings:

- Topic 11: PPE Part 3 Respirators
- Topic 12: Cleaning & Disinfection
- Topic 13: Source Control
- Topic 14: Asymptomatic Spread
- Topic 15: Ventilation

To receive an email invite when registration is available, email [dohpfl@nd.gov](mailto:dohpfl@nd.gov)



## South Dakota Project Firstline Updates

Cheri Fast, RN BSN, CIC; Project Firstline Lead in South Dakota, recently offered a comprehensive review, via a webinar hosted by Great Plains QIN, on proper cleaning and disinfection titled, ***Cleaning is More than a Swiffer and Mr. Clean.*** The recording and handouts are archived [here](#).

*"Fast provided some basic tips and reminders that made me realize we may need to rethink some of our cleaning practices. For example, checking the correct dwell time of a chemical to ensure appropriate drying time and proper use of a cleaning cloth," a participant commented.*

**Save the Date! February 22 | 2:00 – 3:00 pm CT**  
Attend this webinar focused on patient care and infection prevention best practices; presented by Cheri Fast, Project Firstline, and hosted by Great Plains QIN. Additional details coming soon.

*Looking for more online infection prevention training? Watch the latest CDC training videos on infection control at the new SD Project Firstline website: [sdprojectfirstline.org](http://sdprojectfirstline.org)*

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