



## Education and Resources

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

### Thursday's Boost with Your QIO | Thursdays at 4:00 pm CT

A 30-minute informal education and office hours format session - for ND & SD nursing homes only. **Only need to register once.**

[Register Here](#)

### Addressing Health Equity in the Dakotas

4/26/22 | 3:00 pm CT

[Details and Registration](#)

Hosted by Great Plains QIN & South Dakota Foundation for Medical Care

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

[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](#)

## Vaccinations: A Key Component to Keeping Residents Safe at Pembilier Nursing Center, ND

Vaccinations are a key component of keeping residents, patients, staff and communities safe. Studies show health care providers are the most trusted source of vaccine information. Research also shows when a strong recommendation is given by a health care provider, an individual is four to five times more likely to be vaccinated. <sup>1</sup>

Great Plains QIN is partnering with nursing homes to improve influenza and pneumococcal vaccination rates. While reviewing vaccination data, [Pembilier Nursing Center](#) in Walhalla, North Dakota was among several long-term care facilities identified that had accomplished a pneumococcal and influenza vaccination rate of 100 percent (Q1 2019 – Q3 2021)!

**Sara Lykken, RN**, has been the Director of Nursing at **Pembilier Nursing Center** for eight years. When asked what the formula for success has been, she replied, *“Part*

*of our success is our smaller size/number of residents. We are a 37-bed facility, which can be a blessing and a curse when it comes to quality measures. We hold an annual flu vaccination clinic in the Fall each year; we have always had a very high acceptance rate among residents and their families.”*

Lykken continued, *“We do screen all residents, upon admission, for the pneumococcal vaccine and will order and administer it right away if the resident is not vaccinated. Again, we are fortunate to have a fairly receptive clientele here. I find that most residents have not received vaccines usually due to the inconvenience of going out and/or scheduling issues. When I offer and provide it here, most residents are willing to be vaccinated.”*

She added, *“The COVID vaccine has been a little trickier; individuals are either for it or against it and there is really no changing their minds at this point. We have monitored our quality measures and worked to keep our numbers as high as possible. Again, I do not really have a magic formula beyond making the vaccinations accessible, offering education and encouragement, and offering*



**Management:** Scenario-based online trainings - available on-demand

*myself as a resource for support if needed. If all else fails, I will have our Medical Director make a plug during our monthly rounds.”*

Vaccinations are a key component of keeping residents, patients, staff, and our communities safe. If we work together to coordinate care, share resources, and improve communication, we can collectively combat vaccine hesitancy and increase vaccine confidence in our nursing homes and the community at large.

<sup>1</sup> [National Center for Immunization and Respiratory Diseases](#)

## GPQIN Updates Vaccination Tracking Log to Include New Pneumococcal Vaccinations

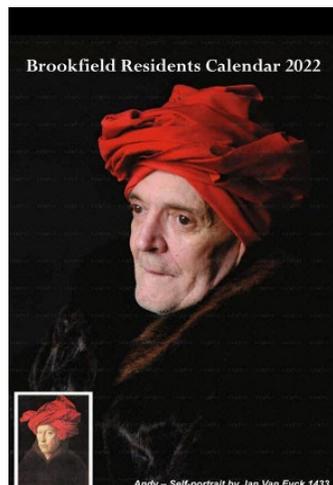
In March the Great Plains QIN updated the [GPQIN Electronic Vaccination Tracking Log](#) to include the new **Pneumococcal Vaccines PCV15 and PCV20**. This Excel tracking log designed as a “Quick Look See” for the MDS person and/or infection preventionist to access a listing of residents and their vaccination 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 Tracking Sheets for COVID 19 vaccinations (resident and healthcare worker) that you may be using for your NHSN data inputs.*

### Need more information on new pneumococcal vaccination (PCV15, PCV20) recommendations?

- [CDC Use of 15-Valent Pneumococcal Conjugate Vaccine and 20-Valent Pneumococcal Conjugate Vaccine Recommendations](#)
- [CDC Pneumococcal Vaccine Recommendations for Older Adults](#) *easy to read reference guide*
- [CDC MMWR 1/28/2022/ 71 \(4\):109-117](#)
- [McKnight’s 1/31/2022 Health Officials Simplify Pneumococcal Vaccine Guidance](#)

## Residents Recreate Famous Paintings for Nursing Home Calendar

*McKnight’s March 10, 2022, Danielle Brown*



Residents at an English nursing home transformed themselves into famous Victorian-themed paintings for the facility’s 2022 annual calendar. They received so many positive comments that they also hung the pictures in their reception area generating even more calendar sales and interest. Many of the costumes were able to be made with material on hand. It was reported the residents and staff had a lot of fun and pride with this project.

Check out the entire calendar [here](#).

Read more about the project in [McKnight's March 10, 2022, by Danielle Brown](#).

Credit: MHA Brookfield

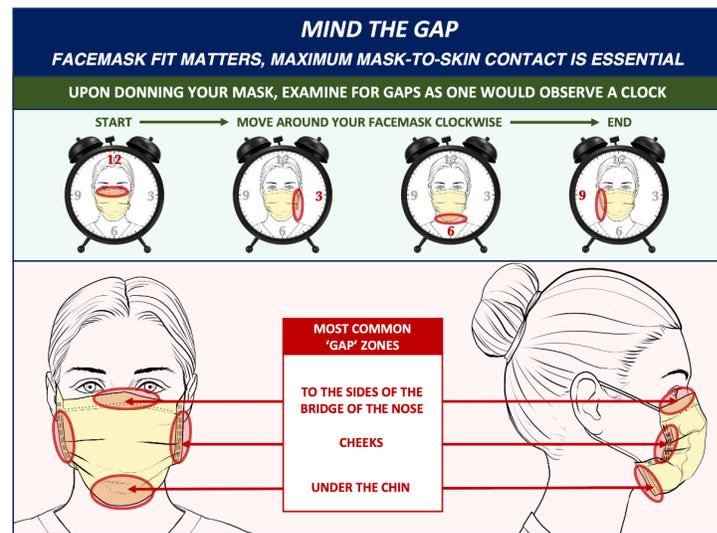
## Mind the Gap: Mask Filtration and Fit Matter

National Emerging Special Pathogens Training & Education Center (NETEC)

You are probably already wearing the best personal protective equipment available to you. But when it comes to your face mask, it's not just the filtration that matters – although that's part of it – but it's also the fit. Read the [NETEC January 31, 2022 blog post](#) for reminders and tips on:

- What makes a good mask?
- How masks are evaluated & why fit is critical.
- Improving mask fit.
- How to practice safe mask breaks.

Download the printable "[Mind the Gap](#)" graphic and find additional resources on masks and PPE.



## Revised QSO-20-38-NH (Testing) and QSO 20-39-NH (Visitation) on 3/10/2022

It is recommended that you read each QSO in its entirety for details. A summary of the main updates in the QSO's revisions are below.

[QSO-20-38-NH](#) is related to **nursing home facility testing requirements for COVID-19**. CMS replaced the term “vaccinated” with “up-to-date with all recommended COVID-19 vaccine doses” and updated the recommendations for testing individuals within 90 days of recovering from COVID-19.

- The definition of “up-to-date” is “a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.”
- The facility must test symptomatic residents and staff regardless of vaccination status immediately and are expected to be restricted from the building pending results.
- The facility must test all staff and residents regardless of vaccination status upon new identification of a COVID-19 positive staff or resident.
- Routine testing of staff who are **not** “up-to-date” should be conducted based upon the community transmission rates. Staff that are “up-to-date” do not need to be routinely tested.
- For healthcare personnel (HCP) who work in the facility infrequently, the facility should refer to the CDC's [testing guidance](#).
- If outbreak testing is occurring and a staff member who is **not** “up-to-date” refused testing, they should be restricted from the building.
- The facility should follow its occupational health and local jurisdiction policies regarding asymptomatic staff who are **not** “up-to-date” and refuse testing.
- In general, testing is **not** necessary for those who have recovered from COVID-19 in the last 90 days. However, if testing does occur, CMS recommends an antigen test be used because some people remain nucleic acid amplification test (NAAT) positive but not infectious during this time.

[QSO-20-39-NH](#) deals with **nursing home visitation**. CMS replaced the term “vaccinated” with up to date” and deleted the term “unvaccinated”. They also updated visitor screening and quarantine criteria. Some of the updates include the following:

- “Up-to-date” is a “person who has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.”
- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for residents to [discontinue transmission-based precautions](#) (quarantine).
- Outdoor visitation is preferred when the resident and/or visitor are **not** “up-to-date” with all recommended COVID-19 vaccinations.
- If a resident’s roommate is **not** “up-to-date”, or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident’s room.
- Visitors should wear face coverings or masks and physical distance when around other residents or HCP regardless of vaccination status.
- In areas of low-to-moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are **not** “up-to-date” with all recommended COVID-19 vaccine doses.
- Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor.
- Residents (or their representative) and their visitors, who are **not** “up-to-date” with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.
- If an ombudsman or Protection and Advocacy person (PA) is planning to visit a resident who is in transmission-based precautions or quarantine, or a resident who is **not** “up-to-date” with all recommended COVID-19 vaccine doses in a nursing home in a county where the level of community transmission is substantial or high in the past seven days, the resident and ombudsman should be made aware of the potential risks of visiting and the visit should take place in the resident’s room.
- If a resident leaves the facility, upon their return nursing homes should take the following actions:
  - Screen residents upon return for signs and symptoms of COVID-19
    - If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident is **not** “up-to-date” with all recommended COVID-19 vaccine doses.
  - A nursing home may also opt to test residents, who are **not** “up-to-date” with all recommended COVID-19 vaccine doses, without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
  - Facilities might consider quarantining residents, who are **not** “up-to-date” with all recommended COVID-19 vaccine doses, and leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.

CMS also notes that there are exceptions to quarantine, including for residents who are up to date with all recommended COVID-19 vaccine doses.

## Dementia vs Alzheimer's Disease: What is the Difference?

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



Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia. Alzheimer's is a specific disease. Dementia is not.

### Dementia Overview

Dementia describes a group of [symptoms](#) associated with a decline in memory, reasoning, or other thinking skills. Many different [types of dementia](#) exist, and many conditions cause it. [Mixed dementia](#) is a condition in which brain changes of more than one type of dementia occur simultaneously. Alzheimer's disease is the most common cause of dementia, accounting for 60-80% of dementia cases.

Dementia is not a normal part of aging. It is caused by damage to brain cells that affects their ability to communicate, which can affect thinking, behavior and feelings.

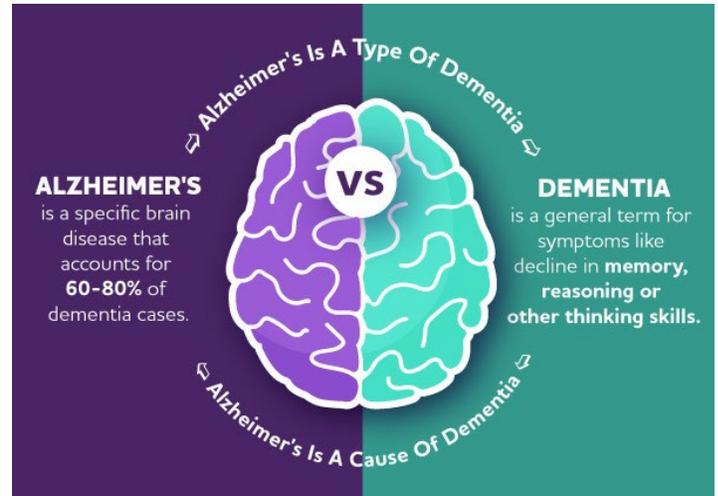
### Alzheimer's Overview

Alzheimer's is a degenerative brain disease that is caused by [complex brain changes](#) following cell damage. It leads to dementia symptoms that gradually worsen over time. The most common [early symptom of Alzheimer's](#) is trouble remembering new information because the disease typically impacts the part of the brain associated with learning first.

As Alzheimer's advances, symptoms get more severe and include disorientation, confusion, and behavior changes. Eventually, speaking, swallowing, and walking become difficult.

Though the greatest known [risk factor](#) for Alzheimer's is increasing age, the disease is not a normal part of aging. And though most people with Alzheimer's are 65 and older, approximately 200,000 Americans under 65 are living with [younger-onset Alzheimer's disease](#).

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.



## Getting Ready for National Nurses Month | May 2022 "YOU Make a Difference"

National Nurses Month (May) is an opportunity to thank nurses and help celebrate them. The 2022 Nurses Month theme, "You Make A Difference," was selected to encourage nurses, individuals, employers, other health care professionals and community leaders to recognize and promote the vast contributions and positive impact of America's nurses. [Learn more.](#)

The American Nurses Association (ANA) launched the 2022 Nursing Month Resource Toolkit which provides resources, templates, and ideas to recognize nurses and offers ideas and templates to promote the value of the nursing profession.

Each week in May has a designated theme: **Self Care** (May 1-7); **Recognition** (May 8-14); **Professional Development** (May 15 – 21) and **Community Engagement** (May 22 – 31). The toolkit includes proclamations, certificates, display banners and social media graphics.

We recommend PLANNING AHEAD by downloading the toolkit, reviewing the resources available and establishing a plan. The Great Plains QIN team will promote related events, additional resources, and special observances throughout the month through our newsletter, Web site and social media platforms.

We are all indebted to nurses for their unwavering commitment to patients, their communities, and our health care systems. Celebrating and honoring nurses during the month of May provides an added opportunity to promote the value of nursing, advocate for the profession, conduct media outreach and host virtual events. We look forward to celebrating YOU; and emphasizing YOU do make a difference.



## News, Updates, Tips

### National Healthcare Safety Network Long-Term Care Facility Quick Links

[Vaccination Weekly HCP & Res COVID-19 Module Main Webpage](#)

[COVID-19 LTCF Module Main Webpage](#)

[Data Quality Alerts: Weekly COVID-19 Vaccination Modules](#)

[Data Quality Alerts: COVID-19 Pathways Module](#)

[Frequently Asked Questions: COVID-19 Data Document](#)

[NHSN Point of Care Testing Reporting Tool FAQ's](#)

[NHSN LTC COVID-19 Module How to Re-Assign the FacADM](#)

[NHSN LTC COVID-19 How to Add a User](#)

#### NHSN Q & A: Who reports a COVID19 death in NHSN if resident transferred to another facility

**Q:** We are the designated COVID-19 unit amongst two sister facilities. If the resident acquires COVID in my sister facility, then transfers to my facility, and passes away due to the infection, do I have to count this as a resident COVID death in my facility?

**A:** The important difference for when to report the death of a resident is contingent upon if that resident was transferred or discharged. If a resident is **transferred**, the originating facility is responsible for reporting the resident. **IF** the resident is officially **discharged** from the originating facility (not expected to return), then it is **NOT** the responsibility of the originating facility to report the death.

Reference: Instructions for Completion of the COVID19 LTCF Resident Impact and Facility Capacity Pathway



## CDC, CMS, OSHA Resources and Updates

### CDC

[Interim IPC Recommendations for Healthcare Personnel During COVID19 Pandemic](#) Updated 2/2/22

[Stay Up to Date with Your Vaccines](#) Updated 1/16/22

[Ending Isolation & Precautions for People w COVID-19: Interim Guidance](#) Updated 1/14/22-Does Not apply to Healthcare Personnel

[Interim Guidance for Managing Healthcare Personnel w SARS-CoV-2 Infection/Exposure](#) Updated 1/21/22

[Strategies to Mitigate Healthcare personnel Staffing Shortages](#) Updated 1/21/22

[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 2/2/22

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

[Selected Adverse Events Reported after COVID-19 Vaccination](#) Updated 1/24/22

[FAQs about COVID-19 Vaccination in LTCFs](#) 9/9/21

[COVID -19 Vaccines for LTC Facility Residents](#) Updated 1/21/22

### CMS

[QSO-20-38-NH IFR COVID19 PHE re LTC Facility Testing Requirements](#) Rev 3/10/2022

[QSO-20-39-NH Nursing Home Visitation COVID19](#) Rev 3/10/2022

[Nursing Home Visitation FAQ's](#) Updated 3/10/22

[QSO-22-07-ALL Guidance for Interim Rule- COVID19 Health Care Staff Vaccination](#) – Applicable to ALL now. **Effective: 1/27/22.** Updated guidance and resources to surveyors. Mandatory facility task assignment and review of NHSN data related to QSO-22-07. [Survey resources w Staff Vaccine Docs related to F888 here.](#)

[QSO-22-10-ALL Vaccination Expectations for Surveyors Performing Federal Oversight](#) – New 1/25/22

[QSO-22-09-ALL Guidance for IFR COVID-19 Health Care Staff Vaccination – Injunction Lifted](#) New 1/14/2022

[QSO-22-08-NH Nursing Staff Turnover and Weekend Staffing Levels](#) New 1/7/2022

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

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

## WE ARE PROJECT FIRSTLINE



### North Dakota Project Firstline Updates



Are you a front-line health care worker or student training to become one?

Are you wanting to learn more about infection prevention or are you looking for a refresher training course? NDDoH Project Firstline has the IPC trainings available for **ALL health care workers and students.**

### South Dakota Project Firstline Updates



**BRAND NEW FREE CDC Resources! Posters, Videos, Graphics**

SD Project Firstline has just posted **NEW CDC resources** to help frontline healthcare workers understand and apply the actions necessary to protect residents, yourselves and your co-workers.

NDDoH Project Firstline is wrapping up the latest series of five infection prevention and control trainings on **Tuesday, April 5<sup>th</sup> at 12:00 pm CT.**  
**Topic 15: Ventilation**

Register for live trainings or watch recordings of past sessions - [www.health.nd.gov/projectfirstline](http://www.health.nd.gov/projectfirstline)

*CEU offered through the North Dakota Board of Nursing;  
Approved for ND EMS LCCR/ICCR*

Questions? Email [dohpfl@nd.gov](mailto:dohpfl@nd.gov)

**Check out the new materials,** training toolkits and videos!  
Visit [sdprojectfirstline.org](http://sdprojectfirstline.org) or scan the QR code.

Engage with SD Project Firstline on [facebook](https://www.facebook.com)

**STAY SAFE!  
Get Informed.**

Infectious Diseases aren't going away.

Scan for FREE Videos



[sdProjectFirstline.org](http://sdProjectFirstline.org)

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