



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](#)

[Roundtable: Immunizations in the Dakotas - Great Plains QIN](#)

August 16, 3:00 – 4:00 pm CT

Do You Have Hitchhikers in the Building? | Infection Control & Prevention Webinar Sept. 7, 2022, 3:00 – 4:00 pm CT

Presenter: Cheri Fast, RN, CIC
HAI Consultant,
SDFMC

[Register Here](#)

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

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

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



New! Nationwide 988 Suicide and Crisis Lifeline Substance Abuse and Mental Health Services Administration

The [New 988 Suicide Help Line Went Nationwide on July 16](#). The 988 Suicide and Crisis lifeline offers 24/7 access to trained counselors who can help people experiencing mental health-related distress. There is tremendous need, given:

- In 2020, the U.S. had one death by suicide every 11 minutes.
- For people ages 10-34, suicide is a leading cause of death.
- From April 2020 through April 2021, over 100,000 people died from drug overdose.
- Since 1999, [suicide rates in rural areas have been consistently higher](#) than those in metropolitan areas.

Behind each of these data points, there are people, families, and communities who have been impacted. Yet, in the face of these urgent realities, there is hope. The 988 Lifeline helps thousands of struggling people overcome suicidal crisis or mental-health related distress every day.

People can call or text 988 or chat on the [988Lifeline.org](#) for themselves or if they are worried about a loved one who may need crisis support. 988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

The federal government and partners from industries in the public and private sectors are working together to provide guidance and assist in promoting the 988 Lifeline. The Substance Abuse and Mental Health Services Administration (SAMHSA) has added downloadable print files for wallet cards, magnets, and posters to its [988 Partner Toolkit](#), along with key messages, frequently asked questions, fact sheets (English and Spanish), radio PSA scripts (English and Spanish), and more. Help share these resources and promote the 988 Suicide and Crisis Lifeline.

The Long-Term Impacts of Post-COVID

Reprinted from GPQIN E Quality News – June 21, 2022

Some people who have been infected with the virus that causes COVID-19 can experience long-term effects from their infection, known as post-COVID conditions (PCC) or long COVID. Post-COVID conditions can include a wide range of ongoing health problems; these conditions can last weeks, months, or years. Post-COVID conditions are found more often in people who had severe COVID-19 illness, but anyone who has been infected with the virus that causes COVID-19 can experience post-COVID, even those who had mild illness or no symptoms. [Learn more on post-COVID symptoms](#)

The best way to prevent post-COVID conditions is to protect yourself and others from becoming infected. For people who are eligible, [getting vaccinated](#) and [staying up to date with vaccines](#) against COVID-19 can help [prevent infection and severe illness](#).



“The pain started to present in different areas of my body. The pain felt like it was in my bones, and nothing would give me relief” says Jenifer Lauckner, RN

[Read Jenifer's story](#)

Nine Myths of Incontinence in Older Adults

“Promoting Urinary Continence in LTC,” Kelly Kruse, RN APRN-BC MS, Continence Consultant

Despite progress made in the research into and treatment of urinary incontinence (UI), its incidence is rising among older adults. Many reasons for this include clinicians’ insufficient knowledge of UI, reluctance of patients to discuss it, and inadequately individualized care. Understanding common perceptions of bladder health in older adults can help caregivers provide care that prevents and treats incontinence.

Myth #1: UI is inevitable with age

Fact: While older adults are at an increased risk for UI to develop due to changes in kidney and bladder function with aging, UI is not an inevitable consequence of this process. Many interventions can prevent, slow the progress, or reverse UI.

Myth #2: There is only one type of UI

Fact: This false belief often leads to ineffective management and treatment of UI. There are many types of UI – transient, stress, urge, overflow, functional, mixed, reflux and total. Without an accurate diagnosis it is difficult to provide effective treatment.

Myth #3: There are no effective treatments for UI – It is unavoidable in nursing home residents

Fact: There is evidence showing that UI is treatable in community and long-term care settings. Most interventions fall within nursing’s scope of practice and include the behavioral interventions of scheduled toileting, prompted voiding, bladder training, pelvic muscle exercises, and intermittent catheterization.

Myth #4: UI falls under the purview of physicians: Nurses cannot do much to help.

Fact: UI can be managed by non-pharmacologic treatments implemented by nurses. Thorough health histories, identification of risk factors and implementation of 3-day bladder diaries can provide the foundation for identifying the type of UI and implementing behavioral strategies.

Myth #5: UI is unmanageable in people with dementia.

Fact: Although UI is often concurrent with dementia, cognitive impairment alone has not been shown to cause UI. While impaired cognition may affect a patient's ability to find a bathroom or to recognize the urge to void, it does not necessarily affect bladder function. Prompted voiding has been demonstrated to be effective in improving dryness in cognitively impaired and dependent nursing home residents.

Myth #6: Complete continence is the only indication of successful treatment.

Fact: Until recently, continence and incontinence were viewed at opposite ends of the spectrum with nothing in between. It was only with the start of clinical trials of urinary interventions, which began in 1982 by Wells and Brink at the University of Michigan, that continence began to be measured on a continuum. Gradation of successful treatment may include dryness at night or during the day, fewer episodes of UI, a greater percentage of dry time and an increase in the number of times a person urinates in the toilet. Any improvement can be seen as a significant success and caregivers should acknowledge both their own efforts and that of the patient.

Myth #7: Older adults do not mind being incontinent and wearing pads.

Fact: Studies by Mittness have found that UI represents a loss of control and made older adults feel angry. They grieved the loss and were embarrassed, ashamed, and depressed. Many hid their UI fearing nursing home placement. Incontinence pads are often referred to as "diapers" reinforcing the stereotype that a childlike loss of control and dignity accompanies aging. Although, some adults wear pads to enhance a feeling of security, others do so because they have not been presented with other options. Routine use of incontinence pads by continent residents in the nursing home communicates with expectation that the resident will become incontinent and is considered a breach of nursing ethics.

Myth #8: Indwelling catheters are the best intervention for intractable UI.

Fact: In an effort to keep patients dry and to protect their skin, particularly in the face of understaffing, indwelling catheters are used frequently. Although the intentions may be good, these catheters are often used without consideration of the consequences. Continuous indwelling catheterization may be an appropriate management strategy for only a few patients and existing recommendations for care are based on short-term (less than 30 days) rather than long-term use.

Myth #9: Prevention is impossible.

Fact: Continence should be fostered as the norm in all health care settings. Maintenance of the person's functional abilities is the first step in maintaining continence. Combining wheelchair use with exercise twice daily, visible bathrooms, toileting at regular intervals or according to individual voiding patterns, easy to manage clothing, and CNA involvement in the care plan are key to promoting continence. The availability of necessary equipment such as standing lifts and full mechanical lifts with hygiene slings increase continence as does effective staffing. Education of the of patient and their families regarding prevention and management strategies is also key.

Reference: Specht, J.K. – *9 Myths of Incontinence in Older Adults*. American Journal of Nursing, June 2005. Vol. 105, No. 6 pp 58-69. Developed for use in practice by Kelly Kruse, APRN-BC, MS, Continence Consultant, UroGyn Consultations, LLC. (608) 43-6035

Hmmm Interesting... Improve Continence Care to Slow CNA Turnover

- [Improve incontinence care to slow CNA Turnover- McKnights July 26, 2022](#)
- [Impact of Urinary Incontinence Related to Overactive Bladder on LTC Residents and Facilities: A Perspective from Directors of Nursing - Journal of Gerontological Nursing Vol 48 No 7 2022](#)

Featuring §483.45 Pharmacy Services – F-tags Updates | Effective October 24, 2022

There are many updates effective October 24, 2022, to the State Operations Manual. Begin reviewing those updates now. Featured today are the CMS revisions to **§483.45 Pharmacy Services**. Some changes include the following:

- **F755-Pharmacy Services:** CMS provided clarification language related to the disposal of Fentanyl patches. *Have you provided training to staff on disposal of Fentanyl patches?*
- **F757-Drug Regimen is Free from Unnecessary Drugs:** CMS added language related to antibiotic stewardship and **F-881**. *Evaluate Antibiotic Stewardship program for use of infection assessment tools, antibiotic monitoring and looking to see that unnecessary antibiotic use is not taking place.*
- **F758-Free from Unnecessary Psychotropic Medications/PRN Use:** CMS provided clarification of other classes of drugs not listed in the regulation and how they are affected by the psychotropic medication requirements. CMS added language on potential misdiagnoses, such as schizophrenia, to prescribe antipsychotics.

TIP! Use the American Health Care Association's [Action Brief related to §483.45-Pharmacy Services](#) to assist in your review of the updates to **§483.45 Pharmacy Services**.

Advanced copy of the [Appendix PP-State Operations Manual](#).

Themes in Quality Care

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



This guide synthesizes the feedback received from survey respondents, as well as additional information obtained from individuals living with dementia throughout the 10 years of the *Alzheimer's Association Early-Stage Initiative*. From this feedback, the following themes emerged as ways to provide quality care to people living with Alzheimer's or other dementias:

- Encourage early detection and diagnosis.
- Share appropriate information and education.
- Get to know the person.
- Maximize independence.
- Practice patience and compassion.
- Personalize care to meet individual needs and preferences.
- Adjust care approaches to reflect day-to-day needs and abilities.
- Provide ongoing opportunities for engagement that have meaning and purpose.
- Ensure coordination among those who provide care.
- Train staff on the most current disease information and practice strategies.
- Inform and include the individual in new interventions as appropriate.
- Create a safe and supportive environment that reflects the person's characteristics, personality, and preferences.

These themes are consistent with the preferences for individualization and autonomy expressed by individuals living with early-stage Alzheimer's or other dementias through survey responses and the Association's ongoing dialogue with this group.

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.



News, Updates, Tips

National Healthcare Safety Network Long-Term Care Quick Links

[NHSN FAQs on Reporting COVID 19 Vaccination Data - Updated July 6, 2022](#)

[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](#)

[FAQs: 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](#)

Therapeutic Pathway NHSN Updates

A new check box labeled “*Did not administer any Therapeutics*” has been added to the Therapeutics Pathway. The checkbox allows user to select this option if the facility has **NOT** administered any of the listed Therapeutics to residents during the reporting week. If the checkbox is selected, all listed Therapeutics will be auto populated to “0”. The auto-populated 0's is not editable unless the user de-selects the checkbox.

All fields with the Therapeutics pathway will be required, users will not be able to leave any fields blank. A number (this can include 0's) must be entered in each field or the new checkbox must be selected (*only if NO Therapeutics were administered during the reporting week*) to save successfully.

For those that upload data via CSV files, use the templates posted on the [LTC COVID-19 Module](#) webpage. The Therapeutics must be listed for each submission date within the CSV file. Each Therapeutic should have a line within the CSV file:

	A	B	C	D	E
1	collection	da	therapeut	treatfrom	treatfrom
2	7/29/2022	CASIMDEV	4	2	
3	7/29/2022	BAMETES	5	3	
4	7/29/2022	SOTRO	5	3	
5	7/29/2022	EVUS	4	4	
6	7/29/2022	PAXL	3	3	
7	7/29/2022	MOLNUP	2	2	
8	7/29/2022	BEBTEL	2	4	
9	8/5/2022	CASIMDEV	0	0	
10	8/5/2022	BAMETES	0	0	
11	8/5/2022	SOTRO	0	0	
12	8/5/2022	EVUS	0	0	
13	8/5/2022	PAXL	0	0	
14	8/5/2022	MOLNUP	0	0	
15	8/5/2022	BEBTEL	0	0	
16					

Example Therapeutics Pathway CSV file for facility level unload. All Therapeutics are present for each collection date



CDC, CMS, OSHA Resources and Updates

Centers for Disease Control & Prevention (CDC)

[Interim IPC Recommendations for Healthcare Personnel During COVID19 Pandemic](#) 2/2/22
[Stay Up to Date with Your Vaccines](#) 1/16/22
[Ending Isolation & Precautions for People w COVID-19: Interim Guidance](#) 1/14/22
[Interim Guidance for Managing Healthcare Personnel w SARS-CoV-2 Infection/Exposure](#) 1/21/22
[Strategies to Mitigate Healthcare personnel Staffing Shortages](#) 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](#) 2/2/22
[Strategies for Optimizing the Supply of N95 Respirators](#) 9/16/2021
[Selected Adverse Events Reported after COVID-19 Vaccination](#) 1/24/22
[FAQs about COVID-19 Vaccination in LTCFs](#) 9/9/21
[COVID -19 Vaccines for LTC Facility Residents](#) 1/21/22

Centers for Medicare & Medicaid Services (CMS)

[QSO-22-19-NH Revised Long Term Care Surveyor Guidance](#) **New! 6/29/22**
[QSO-22-18-ALL Rescission of 1/25/22 memo re Vaccination expectations for Surveyors](#) - **New! 6/16/22**
[QSO-22-17 Survey compliance for health care staff vaccination requirements](#) – **New! 6/14/2022**
[QSO-22-15-NH-NLTC-LSC PHE Waivers Update](#) 4/7/2022
[QSO-22-09-ALL Guidance for IFR COVID19 Health Care Staff Vaccination](#) 4/5/2022

- [LTC and SNF Attachment A- Revised](#)

[QSO-20-38-NH IFR COVID19 PHE re LTC Facility Testing Requirements](#) 3/10/2022
[QSO-20-39-NH Nursing Home Visitation COVID19](#) 3/10/2022
[Nursing Home Visitation FAQ's](#) 3/10/22
[QSO-22-08-NH Nursing Staff Turnover and Weekend Staffing Levels](#) 1/7/2022
[QSO-22-02-ALL Changes to COVID19 Survey Activities & Increased Oversight in NH's](#) 11/12/21
[QSO-21-19-NH COVID19 Vaccine Requirements for Residents and Staff](#) - 5/11/2021
[QSO-20-31-All: Revised COVID-19 Survey Activities, Enhanced Enforcement for Infection Control deficiencies & QI Activities in Nursing Homes](#) 1/4/2021

Great Plains QIN Campaign | Become a COVID-19 Vaccination Booster Champion!



Great Plains QIN has launched a campaign to celebrate and recognize North Dakota and South Dakota organizations with high staff COVID-19 booster vaccination rates - **COVID-19 Staff Vaccination Booster Champions**. Organizations will be considered a *Booster Champion* when 75% or greater of their staff have received the first booster. A *Booster Champion Certificate* and a customizable press release are provided to *Booster Champions* to be used with local media, shared on the organization's website or social media platform and in an organization's newsletter. Access the current list of [Booster Champions](#) and their shared best practices. **To participate**, submit current staff booster rate [here](#).

WE ARE PROJECT FIRSTLINE



North Dakota Project Firstline Updates

NEW! August Infection Control Training Topics

NDDoH Project Firstline is launching a new series of infection prevention and control trainings that are available for **all frontline health care workers and students**.

Introduction to Reservoirs – Where Germs Live:

Session 1: Body Reservoirs

Tuesday, August 9, 12:00 - 12:30 pm CT

Session 2: Healthcare Environment Reservoirs

Tuesday, August 16, 12:00 - 12:30 pm CT

Session 3: Body & Healthcare Environment Reservoir Synthesis

Tuesday, August 23, 12:00 - 12:30 pm CT

Live training sessions will be offered online
Continuing Education credits offered through ND Board of Nursing.
Approved for ND EMS LCCR/ICCR

To register for live training sessions, visit www.health.nd.gov/projectfirstline

Questions? Email: dohpfl@nd.gov



South Dakota Project Firstline Updates

Germs, Water and Wet Surfaces

For the month of August, **South Dakota Project Firstline** is talking about germs that live in the water and on wet surfaces. This is important to keep in mind within the healthcare and long-term care settings as well as within the homes and environments that our families live in.

Tap water is safe to drink, but it is not sterile. It always has some germs in it.

Most of the time, the germs in tap water are not a problem for healthy people, but they can cause illness in individuals with very weak immune systems.

Germs in water can spread to surfaces and people and can cause harm.

If medical instruments or equipment get wet, bacteria can grow. When those devices are used, the bacteria can then get into a patient's or resident's body or blood and cause an infection.

Germs that live in water

- Acinetobacter
- Serratia
- Pseudomonas
- Legionella

Tasks Involving Water

- Toileting
- Cleaning
- Handwashing

Infection Control Actions to Reduce Risks

- Cleaning and Disinfection
- Device Sterilization
- Hand Hygiene
- Use of PPE (gloves, gowns, eye protection)

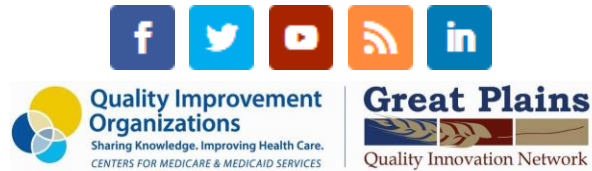
For infection control resources, visit sdprojectfirstline.org.
Follow us on [Facebook](https://www.facebook.com/sdprojectfirstline).



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