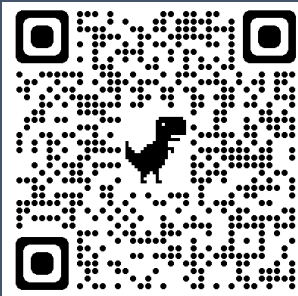




Join Our Nursing Home Listserv

A platform for nursing home team members to engage in two-way communication to ask questions, share resources and training opportunities. This listserv is very active and has proven to be a valuable resource for nursing home team members in the Dakotas. Join today.

Use the QR Code to Sign Up



To ensure information and resources are available for all nursing home team members, we have decided to capture all news-related content for each month and share it in this newsletter, *Nuts & Bolts*. Please print this newsletter and share it with team members, post it in your break rooms or share via email.

Register for Our Focus 4 Health Series!

This Series is intended to jump start or augment your current quality improvement efforts. Participants will connect across the Dakotas for a diverse and collaborative learning experience designed to improve patient outcomes.

Topics include immunizations, opioid misuse, preventable emergency department visits, chronic kidney disease, adverse drug events and more.

To view recordings, presentations, visit our [Focus 4 Health Webpage](#).

Upcoming Events | September 2023

Visit the [Great Plains QIN Calendar of Events](#) for all upcoming events.

- [Weekly BOOST Sessions](#) | Fridays at 4 pm CT
- [Ensuring Medication for Opioid Use Disorder Webinar Series](#) | Starts September 15 at 11 am CT
- [Focus 4 Health](#) | Wednesdays 12:15 – 12:45 pm CT
- Safety Culture: What Your Organization Needs to Know | September 19 at 3:00 pm CT



Scan to access the entire newsletter



Listen to our Podcast – Q-Tips For Your Ears

Looking for health care information and quality resources? If so, you have landed in the right spot. Q-Tips For Your Ears is designed for everyone; the intent is to share basic information on topics that matter. The Series was developed by Great Plains QIN Quality Improvement Advisors. We hope you find what you were looking for. We welcome suggestions for content; AND be sure to check back often for new Q-Tips For Your Ears.



Sometimes We Need to Go Home

Submitted by the Alzheimer's Association

Nice weather brings early morning walks and after supper strolls, but when walks become wandering, it causes concern for people living with dementia and those who care for them.

Wandering can take a variety of forms. It might be a misdirection when on a regular route. It might be getting turned around when looking for the bathroom. It might be trying to get home before the school bus arrives or to make supper before a husband comes in from the field.

"An important part about wandering is that it's not necessarily someone unaware of what they're doing or where they're going," said Lisa Groom, Senior Health Systems Director with the Alzheimer's Association. "They usually have a very intentional reason—I'm walking home or I'm leaving the hospital to find my car because that's how I always leave the hospital."

According to the Alzheimer's Association, six out of ten people living with dementia will wander.

Sometimes referred to as "purposeful or intentional wandering," people living with dementia know where they are going, but do not understand the context of safety in the reality of getting to their destination. Accepting that the person living with dementia may be reliving at a different time can help the caregiver understand and better relate to the situation.

"It's person-centered care," said Beth Olson, Regional Care Consultant with the Alzheimer's Association Minnesota-North Dakota. "How well do you know the person? We want to join their reality to find the best way to respond to them and work through an unmet need." Olson stressed the importance of becoming a part of their truth of the moment, even if it requires a 'therapeutic fib.' Meeting the person where they are at, can alleviate the stress and frustration of repetitious explanations.

"What's typical is often purposeful," Olson said. "If it's that banker who is wandering at eight in the morning—he needs to get to work—so, what can we do to help him? One option may be to lay out a ledger at about 7:30 while he's eating his breakfast and get him working and distracted before he thinks he needs to walk to the bank because the work is already there."

Alzheimer's affects the hippocampus portion of the brain where we learn new memories and other memories are stored. Alzheimer's literally refines or shrinks the hippocampus. New memories stop forming, but old memories remain.

"You can ask somebody what they had for breakfast, and they don't know if they ate breakfast,"

Olson said. "But if you ask them what they did on July 4, 1976, they might respond, 'it was the bicentennial, and we went to the lake, and we had fried chicken, and we were fishing all week.'" Care and safety are primary concerns for people living with dementia who wander. Recommendations include having the person carry an ID or wear an alert bracelet; informing neighbors and authorities about the situation; keeping updated photos or videos in an accessible place. Home safety can include door and window alarms or cameras to monitor movements within the house or in the garden.

With those tangible precautions, Olson recommends focusing on the individual living with dementia and understanding not only the present in which they are now, but also the past from where they have been.

"One of my favorite stories—not necessarily about wandering, but it makes sense about how to respond to questions," Olson said. "There was a lady who was always asking for her husband who had passed away. Her son told her the truth that 'dad died,' so when she asked the question and he gave that answer, it didn't upset her, but it wasn't the answer she was looking for. She was concerned about when she needed to have supper ready because it was the time of day when he [the husband] would have been coming in from the farm. Once they figured out why she was asking, they came up with a different response: 'why don't you both stay here for supper tonight?' That reassured her, and she was no longer worried that she had to leave to make supper."

A simple story with a powerful problem solved with a purposeful response.

Resources and guidance are available to anyone caring for a person living with dementia who has a tendency to wander. The Alzheimer's Association Helpline is available to individuals and families 24/7 for around-the-clock care and support, resources, and dementia information, speaking with a dementia expert or setting up care consultations: (800) 272-3900.

ALZHEIMER'S ASSOCIATION® The Alzheimer's Association is a worldwide voluntary health organization dedicated to Alzheimer's care, support, and research. The 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. Their vision is a world without Alzheimer's and all other dementia.*

In Case You Missed It: Multi-Visit Patient (MVPs) – Reducing Preventable ED Visits | Friday Focus 4 Health

We recently concluded our July Friday Focus 4 Health Series: **Multi-Visit Patient (MVPs) – Reducing Preventable ED Visits**. Our July Friday Focus 4 Health Series provided an in-depth look at this topic and strategies for improvement.

- **Week One:** Multi-Visit Patient (MVP) Method & Implicit Bias Connection | [Recording](#)
- **Week Two:** Utilizing Community Health Workers (CHW) to reduce MVPs | [Recording](#)
- **Week Three:** Reducing Avoidable ED Visits by Working Together in the Community | [Recording](#)
- **Week Four:** Coordinating Care, Communication, and Trust is a Must to Help MVPs | [Recording](#)

If you missed it and want to access the recordings and trainings, visit the [Friday Focus 4 Health](#) page.

Great Plains QIN Webinar Recap – Care Approaches for the Person with Dementia

There is much we do not understand about the causes, diagnosis and treatment of persons living with dementia and brain changes. However, we do know that a caregiver's understanding of dementia while using a person-centered care approach for the person with dementia is the foundation of quality care. Yes, there are challenges in caring for someone with dementia, but oh how satisfying it can be, when the caregiver is able to forge a positive connection! Lori Hintz- RN, CDP, CADDCT, shared her experiences, knowledge, and resources with us to help us better understand how we can help these patients and family members.

After reviewing this presentation, viewers will be able to:

- Define dementia
- Identify different types of dementia
- Apply nonpharmacological care approaches to persons with dementia
- Utilize antipsychotic medication reduction strategies
- Acquire dementia care resources

Presenter: Lori Hintz, RN, CADDCT, CDP, Quality Improvement Advisor

Great Plains Quality Innovation Network / South Dakota Foundation for Medical Care Hintz is a licensed registered nurse with experience in both hospital and nursing home environments in a variety of areas including medical, surgical, intensive care, patient education, cardiac rehabilitation, and staff development. She has an extensive background in forming and managing a community development organization and working with people from many walks of life.



- [Access the Recording](#)
- [Access the Presentation](#)

Source: Alzheimer's Association (2023). 2023 Alzheimer's Disease Facts and Figures: Special Report: The Patient Journey in an Era of New Treatments.

Culturally and Linguistically Appropriate Services (CLAS)

CLAS is an acronym for **C**ulturally and **L**inguistically **A**ppropriate **S**ervices (CLAS). CLAS helps your organization take into account cultural health beliefs, preferred languages, health literacy levels, and communication needs. The [National CLAS Standards](#) were developed by the HHS Office of Minority Health (OMH) are intended to advance health equity, improve quality, and help eliminate health care disparities.

The Standards provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services. CLAS standards are increasingly recognized as effective in improving quality of care because they help organizations address the cultural and communication barriers that many individuals face when seeking services.

Overview of the CLAS Standards

The Principal CLAS Standard (No. 1) calls on organizations to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

The remaining Standards are divided into three themes:

1. Governance, Leadership, and Workforce (Standards 2-4);
2. Communication and Language Assistance (Standards 5-8); and
3. Engagement, Continuous Improvement, and Accountability (Standards 9-15).

For more information on the CLAS Standards and applicable resources, visit our [Health Equity](#) page.

The Checklist | Work with your team to complete this [Implementation Checklist for the National CLAS Standards](#) to find areas of opportunity and create your CLAS Action Worksheet! The Great Plains QIN team developed a [simple video](#) to outline the National CLAS Standard 10. If you have questions or would like technical assistance on how to implement the National CLAS Standards, contact a member of the [Great Plains QIN Team](#).

C. Diff Reduction | What We Can Do

C. diff is a spore-forming, Gram-positive anaerobic bacillus that is a common cause of antibiotic-associated diarrhea. Diseases that can result from *C. diff* infection (CDI) are pseudomembranous colitis, toxic megacolon, perforations of the colon, sepsis, and death.

Symptoms of CDI include watery diarrhea, fever, loss of appetite, nausea, and abdominal pain/tenderness. Residents/patients are at increased risk for CDI if they have had antibiotic exposure, gastrointestinal surgery, long length of stay in a healthcare setting, serious underlying illness, immunocompromising conditions, and advanced age.

Prevention includes using antibiotics appropriately, using contact precautions for those with known or suspected CDI, dedicate equipment to the person, wash hands with soap and water, continue CDI precautions until diarrhea ceases, implement an environmental cleaning and disinfection strategy and use an [EPA-registered](#) disinfectant with sporicidal claim for environmental surface disinfection after cleaning in accordance with label instructions.



“*C. diff* can be deadly to our elderly, our very young and vulnerable populations. In North Dakota and South Dakota, our Medicare data continues to show that we are above the national average for hospitalizations from nursing homes related to *C. diff* infections, especially from our nursing home short-stay residents. We encourage you to review your antibiotic stewardship practices and policies and continue the work that was started prior to COVID-19. This will help

to reduce *C diff* and *C diff* infections by reducing inappropriate antibiotic use,” shared Tammy Wagner, RN, CADDCT, CDP, LSSGB; Great Plains QIN Quality Improvement Advisor.

Visit the [CDC C. diff page](#) for additional resources, trainings and fact sheets.

Use these tools, developed by Great Plains QIN, to reduce CDI in your organization:

- [Connecting the Dots – Antibiotic Stewardship, Immunization, Sepsis](#)
- [Decision Tree For Diarrhea Management](#)
- [CDI Chart Review Tool](#)

Continuing the Conversation: Health Equity Series Wrap-Up

This series was intended to continue the conversation; creating a space to dive into some of the interdependent components that impact the ability to achieve health equity. Leaders and subject matter experts across the Dakotas came together to share their expertise, personal experiences, best practices, and application strategies.

[Access the Series resource list, recordings, and presentations.](#)



Health Equity | May 17

What is health equity? Why are we here? Why it is important? This session helped us better understand why we need to work together, across sectors, to impact health. Smith shared Sanford Health’s Social Determinants of Health (SDOH) tool and discussed how understanding the data can help address disparities in care.

Alicia Belay, MPH, PhD Community Engagement Assistant Director | North Dakota Department of Health and Human Services

Natasha Smith, Head of Diversity, Equity & Inclusion | Sanford Health

Health Disparities and Social Determinants of Health | May 31

During this session, we discussed health disparities and social determinants of health that impact the Dakotas and tools to help address social needs.

Shannon Bacon, MSW, Director of Equity & External Affairs | Community Healthcare Association of the Dakotas
Shauna Batcheller, MSS, CPH, Program Director | Helpline Center

Health Literacy | June 14

During this session, our panel shared their experiences with health literacy and its impact on achieving health equity and ways we can come together to better understand the needs of our communities.

Kuol Malou, CEO and Co-Founder | The HUB SD

Allie Wanner, Community Health Worker | CHI St. Alexius Health

Kendra Jasso-Chukwuyem, Community Health Worker | Avera Community Health Resource Center

Cultural Humility | June 28

We learned from a diverse four-person panel about the importance of leveraging cultural humility within healthcare. Dr. Julie Smith Yliniemi, Director of Community Engagement | Indigenous Trauma and Resilience Research Center and Dakota Community Collaborative on Translational Activity (DaCCoTA)

Sandy Hanretty, Patient and Family Advocate

Dr. Jerome Bentz, Family Medicine Physician | Platte Medical Clinic

Joyce Giciro, Community Coach and ED Nurse | Global Neighborhood and NDSU Extension Sanford Bismarck

Implicit Bias | July 12

Everyone has biases; in this session, we came to better understand how these biases can impact care delivery and how we can identify our biases to do better in how we care for and connect with others.

Barbara Peterson, PhD, PMHCNS-BC, APRN, FNAP, Clinical Professor | School of Nursing University of Minnesota, Specialty, Coordinator, Psychiatric-Mental Health DNP, Director of Inclusivity, Diversity and Equity | School of Nursing

CLAS In Action | July 26

Presenters shared the work that is being done within their organizations to align with and meet the National CLAS (Culturally and Linguistically Appropriate Services) Standards.

Brooke C. Sydow, EdD, Program Manager | Huron Regional Medical Center

Sara Senn, RN, Director of Nursing | Richardton Health Center

CMS Webinar: Guiding an Improved Dementia Experience (GUIDE) Model

The Centers for Medicare & Medicaid Services (CMS) recently launched [Guiding an Improved Dementia Experience \(GUIDE\) Model](#).

This new voluntary model aims to improve the quality of life for people living with dementia, reduce strain on unpaid caregivers and help people remain in their homes and communities through a package of care coordination and management, caregiver education and support and respite services. Delivering equitable care and addressing health disparities in dementia are crucial aspects of the GUIDE Model.

Despite its prevalence, many people living with dementia do not consistently receive high-quality, coordinated care. As a result, they experience poor outcomes, including high rates of hospitalization, emergency department visits, and post-acute care utilization. They also experience high rates of depression, behavioral and psychological symptoms of dementia, and poor management of other co-occurring conditions.

Dementia also significantly impacts the family and other unpaid caregivers, who often provide significant amounts of assistance with personal care, finance, household and medication management, clinical coordination, and other care. Many caregivers for people living with dementia, who are often Medicare beneficiaries themselves, report high levels of stress and depression, which negatively affect their overall health and increase their risk for serious illness, hospitalization, and mortality.

Through the GUIDE Model, CMS will test an alternative payment for participants that deliver key supportive services to people with dementia, including comprehensive, person-centered assessments and care plans, care coordination, and 24/7 access to a support line.

The GUIDE Model aims to address the key drivers of poor-quality dementia care in five ways:

1. **Defining a standardized approach to dementia care delivery for model participants** – this includes staffing considerations, services for beneficiaries and their unpaid caregivers, and quality standards.
2. **Providing an alternative payment methodology to model participants** – CMS will provide a monthly per-beneficiary payment to support a team-based collaborative care approach.
3. **Addressing unpaid caregiver needs** – the model will aim to address the burden experienced by unpaid caregivers by requiring model participants to provide caregiver training and support services, including 24/7 access to a support line, as well as connections to community-based providers.
4. **Respite services** – CMS will pay model participants for respite services, which are temporary services provided to a beneficiary in their home, at an adult day center, or at a facility that can provide 24-hour care for the purpose of giving the unpaid caregiver temporary breaks from their caregiving responsibilities.
5. **Screening for Health-Related Social Needs** – model participants will be required to screen beneficiaries for psychosocial needs and health-related social needs (HRSNs) and help navigate them to local, community-based organizations to address these needs.

“HHS continues to innovate to help Americans living with dementia and their unpaid caregivers. Our new GUIDE Model has the potential to improve the quality of life for people with dementia and alleviate the significant strain on our families,” said HHS Secretary Xavier Becerra. “We are proud to take these steps to deliver on the President’s promise to increase care coordination and improve access to services and supports for our families.”

CMS is accepting letters of interest for the model through September 15, 2023 and will release a GUIDE Request for Applications this fall.

ND Infection Prevention Conference for Frontline Healthcare Workers | September 2023

The North Dakota Health and Human Services (HHS) is hosting a one-day Infection Prevention Conference to provide infection prevention education to all front-line healthcare staff who have an interest and responsibilities related to the infection prevention field in North Dakota and surrounding areas.

This conference is scheduled to take place Sept 19, 2023 in Bismarck and repeated Sept 20, 2023 in Fargo, ND. [NDDHHS](#) is offering travel reimbursement to frontline healthcare workers to make it more affordable for staff to attend. Conference is free until September 4, 2023

Topics Covered:

- How to Outsmart Germs
- Hand Hygiene and Glove Use – Easy, Right?
- Selecting Correct Disinfectants – Or Does it Matter?
- Clean, Sanitize or Disinfect?
- Strategies to Tackle Healthcare Hygiene
- Respiratory Hygiene, Cough Etiquette and Reporting Illnesses – Why all the Hype?

Objectives:

- Identify important components of a successful facility-wide infection prevention program
- Learn to evaluate and recommend updates to protocols for Infection Control and Prevention processes
- Discuss the role of infection prevention for CNAs, CMAs, EVS staff, Dietary Staff, Activity Staff, Ancillary Staff – It takes a team!

Please share with your frontline healthcare workers and encourage them to take a day off to participate in a fun day of learning!

Keep It Safe and Simple: “KISS” Your ADEs Good-Bye

There are several high-risk medications that can lead to an adverse drug event (ADE). The classes of medications that we need to be aware of when it comes to ADEs include anticoagulation’s, opioids, antidiabetics, antipsychotics and antibiotics.

High-alert medications can cause significant patient harm if used in error. These include medications that have dangerous adverse effects, often have a narrow therapeutic index and typically require lab monitoring. Also, look-alike and sound-alike medications or those that have similar names and physical appearance, but have completely different pharmaceutical properties, pose a risk.

Did you know? One of the most preventable ADEs is Epistaxis (nosebleeds) while on an anticoagulant. Sometimes we overlook the simple things to keep ourselves and our patients safe. Let’s remember it is often best to Keep It Safe and Simple....

Causes of Epistaxis (nosebleeds):

- Exposure to warm, dry air for prolonged periods of time
- Nasal and sinus infections
- Allergic rhinitis (hay fever)
- Vasal foreign body (object stuck in the nose)
- Vigorous nose blowing
- Nasal surgery, deviated or perforated nasal septum

Actions that can be taken to help prevent a nosebleed.

- Most nosebleeds occur during the winter in cold, dry climates. If a person is prone to nosebleeds, humidified air
- Petroleum jelly (Vaseline), antibiotic ointment or a saline nasal gel/spray also may be used to keep the nasal passages moist
- Avoid overusing antihistamines and allergy medicines as these could make the nose dry
- Try not to pick or blow the nose too vigorously. If person is a “picker”, keep nails trimmed and clean
- If the nosebleed is related to an underlying medical condition (for example, liver disease or a chronic sinus condition), follow the healthcare practitioner’s instructions to keep these medical problems under control

Keep It Safe and Simple: “KISS” Your ADEs Good-Bye

Additional Resources

- [Nosebleed Information for Persons on Anticoagulant Medications](#) (International Self-Monitoring Association of Oral Anticoagulated Patients)
- [Medication Errors and Adverse Drug Events](#) (AHRQ)
- [Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries](#) (US Department of Health and Human Services)

Great Plains QIN Webinar - Patient Safety Culture: What Your Organization Needs To Know | September 19, 2023

Fostering a culture of patient safety within our healthcare organizations is critical to ensuring that our patients and residents have the safest care possible. This webinar will provide an overview of the Agency for Healthcare Research and Quality’s Surveys on Patient Safety Culture™ (SOPS®) which assess patient safety culture from the perspectives of providers and staff. Speakers will detail the SOPS surveys, supplemental item sets, databases and resources available to users.

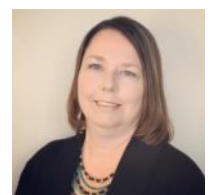
September 19, 2023 | 3:00 - 4:00 pm CT

[Register Today](#)

Presentation Objectives:

1. Describe what areas of patient safety culture the SOPS surveys and supplemental item sets assess
2. Explain why the SOPS surveys are crucial tools for improving patient safety culture
3. Detail work and time commitments for administering a SOPS survey
4. Highlight the SOPS Databases and other AHRQ SOPS resources, including the Action Planning Tool

SOPS surveys can help healthcare organizations examine trends in patient safety culture over time and enable comparisons across work areas, staff positions and facility characteristics. Additionally, they can help to foster a safer patient/resident care environment, a healthier work atmosphere, and staff well-being across all health settings. Ultimately, a positive patient safety culture is crucial for reducing medical errors and increasing productivity among healthcare staff.



"As a nurse who participated in the SOPS survey, I was able to anonymously provide feedback to the leadership team about my perception of areas that our organization was doing well and those that needed improvement. It was empowering as a team member to know that patient safety was a top priority of my organization and that my responses were used to make improvements that impacted patient safety and the work environment," shared Krystal Hays, DNP, RN, CPHQ, RAC-CT; Great Plains QIN Regional Project Manager. (pictured)

Webinar Speakers:



Naomi Yount, Ph.D. Senior Study Director, User Network for the AHRQ Surveys on Patient Safety Culture™ (SOPS®), Westat

Dr. Yount is an industrial-organizational psychologist and Westat Principal Research Associate with more than 15 years of experience conducting organizational research and analysis with a focus on patient safety and patient experience. She worked on the development of survey items assessing workplace safety in hospitals and nursing homes as well as other SOPS surveys and supplemental item sets. She also serves as the analytic lead for SOPS Databases and Databases for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys.



Rose Tyler, M.S., Research Associate, User Network for the AHRQ Surveys on Patient Safety Culture™ (SOPS®), Westat

Ms. Tyler is the AHRQ Surveys on Patient Safety Culture (SOPS) Database manager. She supports and manages data submission, data cleaning and analysis, reporting, technical assistance, and promotion and outreach of the SOPS Database.

UPDATED Q1 2023 Community Data Reports: A Snapshot for Addressing Gaps, Achieving Growth and Quality Improvement

The Great Plains QIN team strives to improve healthcare quality and patient outcomes. We work with partners and community coalitions to identify areas for improvement, which include reducing avoidable hospital admissions and readmissions, including those caused by high-risk medications related to adverse drug events, improving medication safety and overall better care coordination.

The Great Plains QIN team of data analysts created a report for North Dakota and South Dakota and included community-level data sets. **We have recently updated these reports with Q1 2023 data.**

Please take the time to review these reports to help identify opportunities for improvement, address gaps and lend to a reduction in avoidable hospital admissions/re-admissions.

- Access the [North Dakota Report](#) Q1 2023
- Access the [South Dakota Report](#) Q1 2023

Community-level measures included are:

- **30-day Hospital Readmission Rate and Trends:** The percentage of hospital readmissions within 30 days of discharge
- **Acute Care Utilization Rate:** Admissions and Emergency Department (ED) Visits (without admission)
- **Hospital Discharge Rate per Location:** Home (Community), Home Health, Hospice, and Skilled Nursing Facility
- **30-Day Hospital Readmission Rate per Discharge Location:** As Above
- **Top Five DRG Bundles for Admissions:** DRG bundles designated by Great Plains QIN
- **Top Five DRG Bundles for 30-Day Readmissions:** DRG bundles designated by Great Plains QIN
- **ED Visits among Super-Utilizers Rate:** Rate of emergency department visits per 1,000 Medicare Fee-for-Service beneficiary-years among Super-Utilizers. One beneficiary-year is comprised of 12 months of original Medicare enrollment. "Super-Utilizers" are Medicare Beneficiaries who have at least 4 inpatient discharges or

at least 5 ED visits, observation stays, and inpatient discharges combined in the 12-month period immediately preceding the performance period.

- **30-Day Readmissions Rate:** Rate of all-cause inpatient readmissions within 30 days after inpatient discharge per 1,000 Medicare Fee-for-Service beneficiary-years. One beneficiary-year is comprised of 12 months of original Medicare enrollment.

* Medicare claims fee-for-service data (Q1 2023) is the data source. These measures are not risk adjusted.

For questions on this report, please contact a member of our Great Plains Quality Innovation Network team; visit the [Who We Are page](#) for a listing of team members and contact information.

Ensuring Medication for Opioid Use Disorder (MOUD) Treatment through the Care Continuum Webinar Series

More than 1 million Medicare beneficiaries had a diagnosis of opioid use disorder in 2020.¹ However, fewer than 1 in 5 Medicare beneficiaries with an opioid use disorder (OUD) diagnosis received medication to treat this condition. In addition, the number of patients who stay in treatment after hospital discharge decrease drastically during the transition of care.²

This webinar series is a collaboration of all of the Quality Innovation Network-Quality Improvement Organizations and will provide strategies, interventions, and targeted solutions to ensure access to MOUD treatment and facilitate the continuity of care through the continuum. This series' focus is ensuring MOUD treatment within nursing home/hospital care transitions, but is appropriate for all care settings, including nursing homes, clinics and hospital care teams and their partners.



Please join us to hear from national experts during this monthly webinar series occurring on Fridays from September 2023 through June 2024 at 11 am CT/ 10 am MT (each session is 60 minutes)

Register Today

Sessions:

Session 1—September 15, 2023: Role of the Emergency Department (ED) Physician in the Treatment of Patients with OUD

Basics & science of addiction and screening & initiating MOUD.

Session 2—October 13, 2023: Role of the Pharmacist in the Treatment of Patients with OUD

Medication processes, addressing opioid adverse drug events (ADEs), and risk assessment for opioid prescribing.

Sessions 3 (Part 1: Presentation) and 4 (Part 2: Panel Discussion)—November 17, 2023 and January 12, 2024: Seamlessly Transitioning Patients on MOUD to Nursing Homes

Discharge planning, medication reconciliation, and readmission prevention.

Sessions 5 (Part 1: Presentation) and 6 (Part 2: Panel Discussion)—February 9, 2024 and March 8, 2024:

Management of Patients on MOUD During the Nursing Home Stay

Admissions assessment & treatment, addressing stigma, and naloxone training.

Sessions 7 (Part 1: Presentation) and 8 (Part 2: Panel Discussion)—April 12, 2024 and May 10, 2024:

Sustaining Recovery for Patients on MOUD

Alternatives to Opioids (ALTO), peer support, narcotics anonymous meetings, counseling, and use of technologies.

Session 9—June 7, 2024: Management of Patients on MOUD: Key Takeaways and Series Wrap Up

A general certificate of attendance will be provided for continuing education/contact hours. Attendees are responsible for determining if this program meets the criteria for licensure or recertification for their discipline.

Questions? Contact: Tammy Wagner, RN, CADDCT, CDP, LSSGB; Great Plains Quality Innovation Network Quality Improvement Advisor, at tammy.wagner@greatplainsqin.org

References:

1 Health and Human Services: Office of Inspector General. *Combating the Opioid Epidemic* OIG Report. May 18, 2023. Accessed on: August 2, 2023. Available at: <https://oig.hhs.gov/reports-and-publications/featured-topics/opioids/>

2 Klimas J, Hamilton M, et al. *Retention in Opioid Agonist Treatment: A Rapid Review and Meta-Analysis Comparing Observational Studies and Randomized Controlled Trials*. August 6, 2021. Available at: <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-021-01764-9>

In Case You Missed It: Vaccinations in Older Adults Webinar

As a healthcare provider, you play a crucial role in promoting and administering immunizations for older adults. Immunizations are essential in protecting older adults from preventable diseases and improving their overall health and quality of life.

Catch up on the recording of this Webinar, presented by Dr. Allison Hursman, where we discuss vaccines in older adults, including risks and benefits and addressing safety concerns.

[Access the Recording](#)

Speaker: Allison Hursman, PharmD

Allison Hursman is a Board-Certified Geriatric Pharmacist who works as Population Health pharmacist at Essentia Health in Fargo, ND. She has a diverse pharmacy background that includes work in the community pharmacy and ambulatory care setting while teaching in the pharmacy program at North Dakota State University. Allison has worked to implement and coordinate vaccination clinics and outreach events. She has taught the immunizations course for pharmacy students and has lead research projects related to impacting vaccination rates at the pharmacy. In her free time, Allison enjoys travelling, reading, and spending time with family and friends. For additional vaccine-related resources, visit the [Great Plains QIN Vaccination Page](#).

