



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.



Scan to access the entire newsletter

Upcoming Events | October 2023

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

- [Weekly BOOST Sessions](#) | Thursdays at 4 pm CT
- [Ensuring Medication for Opioid Use Disorder Webinar Series](#)
- [October Focus 4 Health Series: A Culture of Safety](#) | Wednesdays 12:15 – 12:45 pm CT
- [Great Plains QIN Webinar - Care Coordination: The Complex Patient \(A Behavioral Health Perspective\)](#) | October 17, 2023

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 episodes.



Register for Our October Focus 4 Health Series: A Culture of Safety
Wednesdays | 12:15 – 12:45 pm CT

During this Series, we will discuss strategies to:

- Achieve consistent, safe operations in recognition of high-risk organizational activities
- Establish a blame-free environment where individuals report errors or near misses without fear of reprimand or punishment
- Encourage collaboration at all levels of the organization for solutions to patient safety problems
- Apply tools and resources to address safety concerns

[Register Today](#)

Great Plains QIN Webinar - Care Coordination: The Complex Patient (A Behavioral Health Perspective) | October 17, 2023

This presentation will aim to illicit conversations surrounding complex patients and will highlight the importance of well-informed, multi-level care coordination. Included will be brief touchpoints related to engagement, social needs, and burnout. The intended audience is anyone that works in residential, inpatient, primary or emergency care.

October 17, 2023 | 3:00 - 4:00 p.m. CT

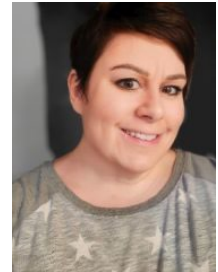
Objectives: During this Webinar, the speaker will address:

1. Complex presentations; a case study of the 'multi-visit' patient and the 'non-compliant' patient
2. Care coordination: a multi-disciplinary approach
3. Engagement; including barriers to engagement and inclusion of social needs
4. Burnout; assumptions and a look at implicit and explicit biases'

[Register Today](#)

Speaker: Heather Wilson, LCSW

Great Plains Quality Innovation Network
Quality Health Associates of North Dakota



Falls Are Not a Normal Part of Aging

Great Plains QIN is committed to empowering all older adults to age well and that includes avoiding falls. On **September 18-22, 2023**, we partnered with the National Council on Aging (NCOA) to observe **Falls Prevention Awareness Week**.

Access the national [FPAW Promotion Toolkit](#) for valuable fall prevention resources.

Did you know that falling is NOT a normal part of aging? However, falls remain a leading cause of injury for people aged 65 and older. Falls threaten older adults' safety and independence and generate enormous economic and personal costs. The good news is through practical lifestyle adjustments, evidence-based falls prevention programs; often times, falls are preventable. CDC's Injury Center updated state maps showing self-reported older adult falls and fall deaths with the most recent data.

- [Falls by State Map](#)
- [Fall Deaths by State Map](#)

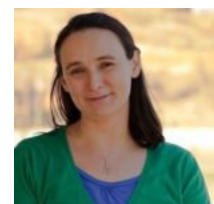
North Dakota (2020)

Percent of older adults who reported a fall – 26%
Number of older adults who fell – 30,870

South Dakota (2020)

Percent of older adults who reported a fall – 34%
Number of older adults who fell – 48,809

“People tend to believe falls are a normal part of getting older. Falls are devastating to individuals and families. When an individual experiences a fall, it has a domino effect on their quality of life,” explained Leacey Brown, MS, chair of the South Dakota Falls Prevention Coalition. “Beyond the challenges from recovering from the falls, older adults who have experienced a fall often develop a fear in falling again.”



She continued, “There is also a misplaced belief that reducing the level of physical activity will prevent a fall. What we know is lack of physical activity increases the risk of a fall and contributes to a vicious cycle.”

We are fortunate to have programs and resources in the Dakotas to help with fall prevention.

- [South Dakota Fall Prevention Coalition](#)
- [North Dakota Health and Human Services Falls Prevention Program](#)

South Dakotans have access to multiple programs proven to reduce falls by building strength, balance, and flexibility.

- [Fit & Strong!](#)
- [Walk With Ease](#)
- [A Matter of Balance: Managing Concerns about Falls](#)
- [CAPABLE](#)
- [“SAIL” Stay Active & Independent for Life](#)
- [BINGOCIZE®](#)

In North Dakota, three intervention programs are being offered by the NDSU Extension:

1. *Stepping On*, an evidence-based falls prevention program. Designed for community-dwelling older adults who have concerns about falls, and/or had prior falls. This 7-week program helps older adults take control of their fall risk, explore coping behaviors, and use safety strategies in everyday life to stay independent and active.
2. Tai Ji Quan – Moving for Better Balance-This 12-week helps participants improve their strength, balance, mobility, and functional capacity through mindful therapeutic movements.
3. Fit & Strong-An exercise and behavior change program for older adults or those with lower extremity osteoarthritis. This 12-week program has demonstrated significant functional improvements in participants.

Access the Livable Homes: [Evaluating Our Homes for Comfort, Safety and Independence Checklist.](#)

North Dakota Stepping On Program: Facilitator Training Opportunity

Stepping On is an evidenced-based falls prevention program for community-dwelling individuals aged 60 and older. It helps older adults take control of their fall risk, explore coping behaviors and use safety strategies in everyday life. A trained facilitator leads the 7-session (2 hours per session) workshop that meets every week, plus one booster session.

If you are interested in joining the network of North Dakota Stepping On Facilitators, consider attending facilitator training.

November 7-9, 2023

North Central Research Extension Center (NCREC)

5400 Highway 83 S, Minot, ND 58701

Master Trainers: Nancy Bryn and Ellen Bjelland

There is no cost for 2 and 1/2 days training. Reimbursement is available for mileage, lodging and meals. Facilitators are provided extensive support in delivering this highly effective workshop for adults 60 and older who have fallen or have a fear of falling. Access additional details regarding the [facilitator training](#).

Requirements to Participate in the Facilitator Training:

1. Willingness to offer Stepping On classes in person with a co-leader within 3 months of successfully completing the training and following all aspects of program fidelity.
2. Have a background in the field of health care, aging network professional or fitness instructor.
3. Experience working with older adults (ideally leading exercise programs).
4. Willingness to complete all assigned pre-work (estimated 2 hours) and post work practice and preparation for offering classes (initially estimated 20–30 minutes per class session).

Deadline for registration: October 3, 2023. Successful completion of all 2.5 days is required.

[Access the Stepping On Facilitator Application Form](#)

For more information, call Jane Strommen, at [701.231.5948](tel:701.231.5948) or email jane.strommen@ndsu.edu. Space is limited, so please register early.

Better Choices, Better Health: Living Well With Chronic Conditions | Leaders Conference

[Better Choices, Better Health \(BCBH\)](#) helps adults of all ages and caregivers manage the symptoms of chronic diseases, such as heart disease, arthritis, diabetes, depression, asthma, bronchitis, emphysema and any other physical and mental health conditions. This evidence-based program, developed by [Stanford University](#), is held weekly for 2 ½ hours for six weeks at community-based locations in participating counties and virtually throughout the state. Sessions are taught by trained volunteer

leaders in the community; many of whom also have chronic conditions. This creates an environment of mutual support, which builds participants' confidence in their ability to manage their health and lead active lives.

Tuesdays & Thursdays: October 5, 2023 – November 16, 2023 at 1:00 – 3:30 PM (CT)

BCBH is a chronic disease self-management program designed to help people:

- Gain confidence
- Learn skills to better manage their own health
- Stay active
- Take charge of their lives

Leader Qualifications:

- No previous teaching experience or health care background required
- Committed to helping others as a volunteer
- Comfortable talking in front of groups
- Able to follow scripted leader manual
- Open to feedback from trainers and co-leaders
- Able to work cooperatively with co-leader
- Personal experience with chronic physical and/or mental health conditions

Become a leader today! For questions or to register, contact: bcbh@sanfordhealth.org or call (701) 417-4905

**Trainees must have a stable internet connection and a personal computer and webcam (no mobile devices) to participate.*

Study Reveals Alarming Disparities in Chronic Kidney Disease Testing

Only 40% of Medicare Beneficiaries with Diabetes Get Recommended Kidney Health Testing / Study Reveals Alarming Disparities in Chronic Kidney Disease Testing and Highlights Path to Equitable Care for Americans living with Diabetes

An estimated 37 million adults in the United States have chronic kidney disease (CKD) and approximately 90 percent don't know they have it. Risk factors include diabetes, high blood pressure, heart disease and obesity along with family history; 1 in 3 adults in the U.S. are at risk.

A retrospective cohort [study](#) to evaluate the fulfillment and validity of the Kidney Health Evaluation for People with Diabetes (KED) was conducted on more than 7 million U.S. adults with diabetes. The study found that 32.2 percent of Medicare fee-for-service beneficiaries received yearly eGFR and urinary albumin-creatinine ratio testing and 38.7 percent of Medicare Advantage beneficiaries met testing protocols. The National Kidney Foundation is urging providers to prioritize CKD testing for Medicare beneficiaries and all individuals with diabetes. [Learn more](#) about this study and accompanying guidance.



“Kidney health testing is pivotal to ensuring timely diagnosis and equitable treatment of CKD,” Joseph Vassalotti, MD, NKF chief medical officer, wrote in a press release. “We want health care professionals, policymakers and communities to use KED guidance as an important step in the roadmap to counter the significant public health challenge posed by undetected and untreated CKD.”

Visit the Great Plains QIN [Chronic Disease Management](#) page for additional information and resources.

Urinary Tract Infections: Diagnosis, Treatment and Prevention Tips

Urinary Tract Infections (UTIs) are the most frequently diagnosed infection in long-term care residents. Approximately 10 million visits to healthcare providers are due to UTIs each year in the United States. UTIs account for over one-third of all nursing home-associated infections. ¹

Symptoms of a UTI differ between the different types of residents/patients. Non-specific symptoms are anorexia, confusion, decline in functional status and falls, but these symptoms do not automatically mean the resident has an infection. Causes of these non-specific symptoms can be medical conditions, such as cancer, depression, dementia, dental problems, dehydration, new medications, pain, changes in blood pressure or inner ear problems.

These symptoms often make diagnosing a UTI harder as they warrant a review, but they do not automatically mean an infection. Distinguishing between symptomatic UTI and Asymptomatic Bacteriuria can be exceptionally challenging in older adults.



When is it appropriate to obtain urine cultures? For residents with or without urinary catheters, it is appropriate to obtain cultures for dysuria, suprapubic pain, flank pain, costovertebral angle tenderness, or septic shock. It is inappropriate for a urine culture if the resident has altered mental status or changes in urine characteristics, such as color, sediment, or smell.

Asymptomatic Bacteriuria is treated with antibiotics far too often in the nursing home setting, this is inappropriate and gives no benefit and can cause harm. This is a standard practice that will take an intentional and concerted effort to discontinue.

Prevention of UTIs in the nursing home best practices are to limit indwelling catheters and discontinue as soon as possible, good hydration and good hygiene. Prophylactic antibiotics should only be used for patients with recurrent UTIs at a lower dose than treatment dosing, per IDSA guidelines should NOT be used routinely in residents with catheters. ²

- Access the [Nursing Home Antimicrobial Stewardship Guide](#) for more information
- Access the Agency for Healthcare Research and Quality (AHRQ) [Suspected UTI SBAR Toolkit](#)

[Access the UTI Provider Tips](#)

[Access the UTI Patient Tips](#)

Tired of collecting urine samples? Fed up with sending residents to the ER for something unrelated to the genitourinary system and they come back with a UTI diagnosis? Need some simple prevention tips for UTI's? These UTI prevention sheets may be useful. Post them in your break room, give them to your residents or patients, review them at your staff meeting, or even put them in your orientation packets.

Additional Resources

- Friday Focus for Health – Up Your Protection from Infections: UTIs | [Recording](#)
- Up Your Protection From Infections Webinar | [Recording](#)
- [Great Plains QIN Catheter Inserted and Left in Bladder Quality Measure \(LS\) Tip Sheet](#)
- [Great Plains QIN Urinary Tract Infection \(UTI\) Quality Measure \(LS\) Tip Sheet](#)

Sources:

1. Rowe TA, Juthani-Mehta M. Urinary tract infection in older adults. *Aging Health*. 2013 Oct;9(5):10.2217/ahe.13.38. doi: 10.2217/ahe.13.38. PMID: 24391677; PMCID: PMC3878051. [Access abstract.](#)
2. *The Benefits and Harms of Antibiotic Prophylaxis for Urinary Tract Infection in Older Adults; Clinical Infectious Diseases, Volume 73, Issue 3, 1 August 2021; Published February 2021.* [Access article.](#)

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>

Age Friendly Health Systems: Identifying What Matters for Older Adults

According to the US Census Bureau, the US population, aged 65+, is expected to double over the next 30 years. This can impact our health systems as they struggle to provide evidence-based care practices to every older adult at every care interaction. Age Friendly Health aims to address this challenge.

Age Friendly Health Goals:

- Follow an essential set of evidence-based practices
- Cause no harm
- Align with 'What Matters' to the older adult, their family, and caregivers

Watch this [IHI video](#) to better understand the Age Friendly Health System.



Becoming 'Age Friendly' includes providing a set of four evidence-based elements of high-quality care, known as the "4Ms", to all older adults in a health system (hospital, nursing home, clinic, etc.): **What Matters, Medication, Mentation, Mobility.**

The 4Ms are practiced as a set, What Matters is to know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care and across care settings. The model works to ensure that older adults express their concerns, wishes, needs, and experiences with their care team and that providers align their care accordingly.



"We all deserve health care that meets our unique goals and care preferences as we age. When reviewing the other 'Ms' (Medication, Mentation and Mobility), decisions always come back to 'What Matters' to the individual. I love this framework because it truly is the person making their own healthcare decisions, the ones that matter to them. Asking the right questions and then identifying 'what matters' drives EVERYTHING you do in Age Friendly Health."

[The Recipe for Equity in Age-Friendly Health Systems](#)

This resource from the Institute for Healthcare Improvement (IHI) helps health systems increase the equitable and reliable implementation of the 4Ms Framework—including what matters—for all older adults. IHI also has a [guide](#) on how to start conversations with older adults about what matters.

Learn and Connect with the Age-Friendly Health Systems Movement

Join Friends of Age-Friendly Health Systems for movement updates, quarterly webinar calls, access to experts and further support on the 4Ms Framework!

- [Join](#) the Friends of Age-Friendly newsletter
- Watch the latest Friends of Age-Friendly Webinar [recording](#)
- **Upcoming Webinar:** Wednesday, October 18 | 11:00 am – 12:00 pm (CT)
- Join the [Age Friendly Health Systems Community](#) to learn more and get connected

The Great Plains QIN team offered an overview of the Age Friendly Health Systems as we launched our Focus 4 Health Series; [watch the recording](#).

Additional Resources:

[NBC & Telemundo Showcase Age-Friendly Care in Action](#)

In these TV segments, family caregiver Jeanette explains how having her doctors focus on what matters most to her mom Julia makes all the difference in the quality of care they receive at Northwell Health, an Age-Friendly Health System.

[Tele-Mentoring Training Workshops from Patient Priorities Care](#)

Clinicians and educators learn how to identify and act on what matters to older patients with complex needs through role play, discussion and case-based coaching.

[White Paper Discusses Measuring What Matters](#)

The National Committee for Quality Assurance convened experts to identify the best methods for providing goal-aligned care, including how to document, monitor and help people make progress on personalized goals.

Age Friendly Health is an initiative of the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA), and the Catholic Health Association of the United States (CHA).

Can Pneumonia Be Prevented?

Pneumonia is a common illness that can be serious or even life-threatening. Not all cases of pneumonia can be prevented, but through education for those we care for and assisting them to take certain measures, we can certainly reduce the prevalence and severity.

The flu is a common cause of pneumonia. As a healthcare community, it is important we encourage our patients to get a flu shot every year to prevent seasonal influenza. Preventing the flu is a great way to help prevent pneumonia. We must encourage adults 65 and older, adults 19-64 with chronic health conditions or risk factors (asthma, heart disease, diabetes, COPD, liver disease or a smoker) to get vaccinated against pneumococcal pneumonia.

There are several other vaccines that can prevent infections by bacteria and viruses that may lead to pneumonia, including pertussis (whooping cough), COVID-19, chicken pox, measles, and RSV. Encourage all needed vaccines. As a healthcare community, we must also:

- Educate and encourage good [hand washing](#). Teach the correct way how and when to wash hands to prevent the spread of germs.
- Encourage and educate on [how to quit smoking and vaping](#). Tobacco users are considered one of the high-risk groups that are encouraged to get the pneumonia vaccine to help prevent pneumococcal pneumonia.
- Promote good health habits, such as a healthy diet, rest, and regular exercise. These can help people from getting sick from viruses and respiratory illnesses and can also promote faster recovery when a person does get a cold, influenza or other respiratory illness. Access the [Life's Essential 8](#) program developed by the American Heart Association for tips.
- Assist with how to manage [existing health conditions](#), such as asthma, COPD, diabetes and heart disease.

Learn More

- [CDC Pneumococcal Vaccine Recommendations](#)
- [CDC Pneumococcal Vaccination: Information for Healthcare Professionals](#)
- [CDC PneumoRecs](#)
- [CDC VaxAdvisor Mobile App for Vaccine Providers](#)
- [CDC Pneumococcal Vaccine Timing for Adults Decision Diagrams](#)
- [HHS Pneumococcal Education](#)
- [CMS Head to Toe \(H2T\) Infection Prevention Toolkit](#)
- [CMS Medicare Part D Vaccines and Vaccine Administration](#)

Great Plains QIN Resources

- [Nursing Home Vaccination Change Package](#)
- [Pneumococcal Quality Measure MDS Coding Tips](#)
- [Electronic Vaccination Log](#) – Excel File
- [Pneumonia Poster: What Do We Have In Common?](#)

May 2023 Friday Focus Series | Up Your Protection from Infections

- **Week One:** Sepsis | [Recording](#)
- **Week Two:** Pneumonia and Oral Care | [Recording](#)
- **Week Three:** UTI's | [Recording](#)
- **Week Four:** Wound Infections | [Recording](#)

Great Plains QIN Webinar - Patient Safety Culture: What Your Organization Needs To Know

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 offered 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 discussed the SOPS surveys, supplemental item sets, databases, and resources available to users.

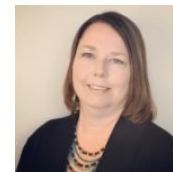
[Access the Recording](#)

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. Detailed 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.

Want To Learn More About Health Equity? Listen to Our Podcast

What is Health Equity and Why Is It Important? The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. Providing equitable care means considering a person's circumstances, culture, and beliefs so services can be delivered to allow people to achieve optimal health. If all aspects of a person's life are not considered amidst their overall health, they may experience health disparities resulting in worse outcomes and thus a poorer quality of life. Health disparities are not just harmful, but expensive.

The Great Plains QIN Team has developed several Q-Tips for Your Ears podcast episodes on topics centered around health equity. Take a few minutes to listen and learn; these episodes are geared for the general public and can be used as tools to aid in understanding.

Implicit Bias

Learn about what makes a bias an implicit bias and the power and potential harm of implicit bias.

Health Equity – What it is and Why it is Important

Familiarize yourself with what health equity is and learn about some of the different areas that influence an individual or a communities in achieving their best health.

Health Disparities – Understand the Difference in Health Outcomes

Health disparities exist in every community. Understanding how they are identified and how this information is utilized may help you understand and be aware of your communities' efforts or needs.

Social Determinants of Health

Understand what social drivers are and how they impact the health of individuals and communities.

Health Literacy

Improving health literacy is one way to advance health equity. Understand what health literacy is, who it affects and strategies that can be done to improve health literacy.

Cultural Humility

Learn what cultural humility is and how it can impact building trusting relationships and health outcomes.



Continuing the Conversation Series. This Webinar 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 shared their expertise, personal experiences, best practices, and application strategies. Recordings and presentation materials are available for review and use. To learn more about health equity, visit our [Health Equity](#) page.

Think Cultural Health Trainings: Advancing Health Equity at Every Point of Contact

The [Think Cultural Health](#) website features information, continuing education opportunities and resources for health and health care professionals to learn about [culturally and linguistically appropriate services](#) (CLAS).

Explore Think Cultural Health's free, continuing education e-learning programs, each designed to help you provide culturally and linguistically appropriate services. A summary of available trainings is offered below:

[Improving Cultural Competency for Behavioral Health Professionals](#) - --Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds. The goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency. This program is approved for 4 – 5.5 contact hours for counselors, nurses, psychologists, psychiatrists, and social workers. Other professionals may earn a Statement of Participation.

[The Guide to Providing Effective Communication and Language Assistance Services](#) - The Guide will help your organization communicate in a way that considers the cultural, health literacy, and language needs of your patients. Please note that the Guide does not offer continuing education credits nor a certificate of completion. The Guide offers two “tracks” tailored for health care administrators and the other for health care providers (or those providing direct care and services).

[Cultural Competency Deployment Refresher](#) --This Program serves as a refresher on cultural competency for Public Health Service officers in the U.S. Public Health Service Commissioned Corps (USPHS Commissioned Corps) preparing for deployment. This Program consists of 3 modules and should take about 30 minutes to complete. Before taking this program, all public health service officers should have already completed the [Cultural Competency Program for Disaster Preparedness and Crisis Response](#) e-learning program.

[Cultural Competency Program for Disaster Preparedness and Crisis Response](#) - --Research shows that cultural minority groups suffer disproportionately during every phase of a disaster. This e-learning program will equip you with the knowledge, skills, and awareness to best serve all individuals, regardless of cultural or linguistic background. The target audience includes EMT/first responders, emergency management, psychologists and psychiatrists, social workers, dentists and any disaster or emergency response personnel interested in learning more. 9 -12 hours of continuing education credit is offered for this course.

[Culturally and Linguistically Appropriate Services \(CLAS\) in Maternal Health Care](#) - --This free, 2-hour e-learning program is designed for providers and students seeking knowledge and skills related to cultural competency, cultural humility, person-centered care, and combating implicit bias across the continuum of maternal health care. This program is accredited for 2 hours for physicians, physician assistants, nurse practitioners, nurses, certified nurse midwives, and certified midwives. Other professionals, as well as students, may earn a Statement of Participation.

[Culturally Competent Nursing Care: A Cornerstone of Caring](#) - --As healthcare disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations. This e-learning program will equip you with the knowledge, skills, and awareness to provide the best care for all patients, regardless of cultural or linguistic background. 9 hours of continuing education credit is available for this course.

[Cultural Competency Program for Oral Health Providers](#) - --As oral health disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations. This e-learning program will equip you with the knowledge, skills, and awareness to best deliver oral health services to all patients, regardless of cultural or linguistic background.

[A Physician's Practical Guide to Culturally Competent Care](#) - As healthcare disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations. This e-learning program will equip you with the knowledge, skills, and awareness to best serve all patients, regardless of cultural or linguistic background. Target audience includes physicians, physician assistants, nurse practitioners and any direct service provider interested in learning about culturally and linguistically appropriate services. 9 hours of continuing education credit is available for this course.

The [Think Cultural Health](#) Website features information, continuing education opportunities, resources, and more for health and health care professionals to learn about culturally and linguistically appropriate services, or CLAS. Launched in 2004, Think Cultural Health is sponsored by the Office of Minority Health.

Wondering how your organization fares in meeting the CLAS Standards? We have developed a [CLAS Assessment](#) (following the OMH format) for organizations in the Dakotas to use to measure where they are in this journey, identify needs and develop an improvement plan to address the basic elements of the National CLAS Standards. This is a tool to help you and your team to help address communications and cultural barriers. The Assessment will take about 10 minutes to complete. Based on responses, you will devise an action plan with three actionable items to consider. Upon request, our team is available to assist.



Health Literacy Awareness Month: Building Awareness Through Action

Health Literacy Month: A time when we can work together to integrate and expand the mission of health literacy – to build a world where our collective efforts will lead to health equity, where all people can attain optimal health outcomes. Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”.¹ Let’s commit to recognizing the importance of making health information easy to understand and the health care system easier to navigate. We all have a responsibility to do better. Let’s work together to move health literacy awareness to health literacy action! **#HealthLiteracyMonth**

Access the Health Literacy Toolkit

The impact of low health literacy can include

- medication errors
- low rates of treatment compliance due to poor communication between providers and patients
- reduced use of preventive services and unnecessary emergency room visits
- ineffective management of chronic conditions, due to inadequate self-care skills
- longer hospital stays and increased hospital re-admissions
- poor responsiveness to public health emergencies
- higher mortality

Compared to those with proficient health literacy, adults with low health literacy, also experience¹:

- 4 times higher health care costs
- 6% more hospital visits
- 2 day-longer hospital stays

There is an undeniable need for a broad commitment to organizational health literacy. The ramifications for not being able to access, understand and use vital health information can have devastating consequences. When an organization plans an initiative using health literacy principles as its foundation, it has the greatest opportunity to reach and impact the largest number of people. When health literacy principles are used as the foundation for improvement initiatives, health literacy is being embedded across the organization and an infrastructure is being built, which is important for long-term success.

Often there is an “Aha!” moment when someone realizes the impact or importance of health literacy. [Watch this video](#), developed by the Institute for Healthcare Improvement (IHI), which capture some ‘aha moments’

Great Plains QIN CLAS Playbook: Understand. Identify. Create.

The Great Plains QIN Playbook for providing Culturally and Linguistically Appropriate Services (CLAS) is intended for organizations who are just getting started and those who are well on their way.

Culturally and Linguistically Appropriate Services (CLAS) are services that are respectful of and responsive to each person's culture and communication needs. CLAS helps you consider cultural health beliefs, preferred languages, health literacy levels, and communication needs.

The Great Plains QIN team is here to help you and your organization as you work to meet the needs of the individuals you serve. The playbook houses information to better understand CLAS and the National CLAS Standards; resources to help your organization identify and track current efforts and opportunities; as well as resources to create an action plan to implement new interventions or to initiate improvement efforts.

Understand | CLAS and the National CLAS Standards

- [CLAS Overview PPT](#) – high level presentation
- [CLAS Overview Flyer](#)
- [National CLAS Standards](#)
- [Business Case for CLAS](#)
- [CLAS Getting Started Tool](#)
- [CLAS: One Standard At a Time](#)

Identify | Your organization's current efforts and opportunities for improvement.

- [CLAS Checklist](#)
- [CLAS Implementation Log](#)

Create | An action plan

- [CLAS Action Plan Worksheet](#)
- [National CLAS Standards Strategies for Implementation](#)

Is CLAS new to you? Allow our team to help! Complete this [form](#) and one of the GPQIN Quality Improvement Advisors will reach out to schedule an initial meeting. We are happy to provide you with some information and walk you through the tools and resources to get started.

Are you already familiar with [CLAS](#) and the [National CLAS Standards](#)? Take the first step to see how your organization is doing in providing CLAS and complete our [CLAS Checklist](#).



Want to learn more? Check out our [National CLAS Standards page](#) for recordings and information regarding everything CLAS.

Questions for Our Team?

If you have questions for our team or ideas for news stories, please contact a member of our team. Visit the [Who We Are Page](#) of our website for all team members. Visit our [Website](#) to learn more.

