Nuts & Bolts

Monthly GPQIN Recap

December 2023 Issue

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

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
- Building Bridges and Enhancing Care Together: Leveraging Partnerships for Improved Services to Native American Patients | January 23, 2024

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.

Nursing Home Quality Measure Video Series

The Great Plains QIN team created the Nursing Home Quality Measure Video Series to assist in understanding the MDS and claims-based Quality Measures that comprise the Nursing Home Quality Measure Star Rating.

The goal is for nursing homes to attain a Five Star Quality Measure rating. These short videos can be viewed individually or as a series. Each presentation has a transcript accompanying the slides. Visit our Web site to learn more and access the videos.

Watch the Video Series

Great Plains QIN Webinar: Building Bridges and Enhancing Care Together: Leveraging Partnerships for Improved Services to Native American Patients

This presentation will explore the unique aspects of healthcare delivery for patients receiving care through Indian Health Service and Tribal Healthcare organizations, including federal policy, referral mechanisms and reimbursement structures as well as legal and regulatory considerations. We will examine the potential for partnerships between private sector and Indian Health Service/Tribal Healthcare organizations and discuss how these partnerships can contribute to positive experiences and improved health outcomes for patients.

January 23, 2024 | 3:00 – 4:00 p.m. CT

Register Today

Objectives: As a result of attending, participants will be better able to:

- Understand the distinctive aspects of healthcare delivery within Indian Health Service and Tribal Healthcare organizations.
- Recognize opportunities for relationship building and collaboration to address healthcare gaps and improve outcomes for Native American patients.

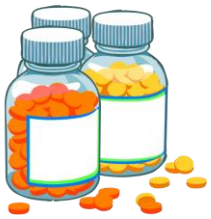
Speaker:
Tasha Peltier, MPH, CPH
Quality Health Associates of North Dakota
Great Plains Quality Innovation Network

Tasha Peltier is Hunkpapa Lakota and a citizen of the Standing Rock Nation. In 2016 she received a master's degree in public health with a specialization in American Indian Public Health from North Dakota State University. She currently serves as a Quality Improvement Specialist with Quality Health Associates of North Dakota (QHA), which is part of the Great Plains Quality Innovation Network and has been working in Healthcare Quality Improvement since 2015, particularly focusing on reducing disparities in diabetes care, improving colorectal cancer screening rates, and improving the quality of care provided with Indian Health Service (IHS) Hospitals in ND.

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 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)

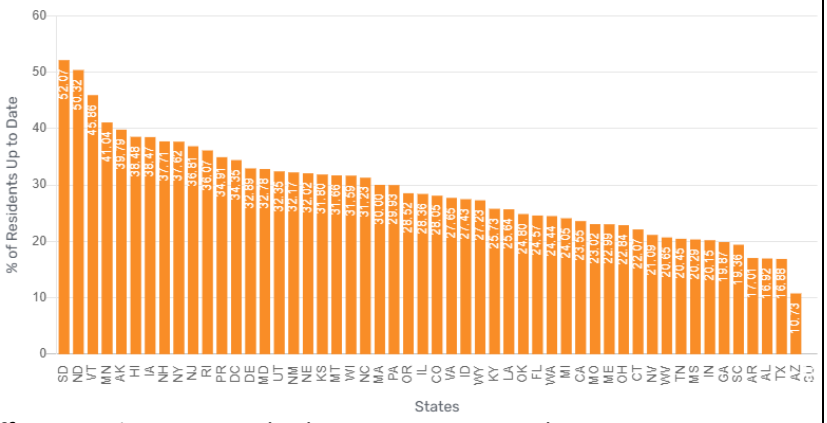
Register Today**. To view all future and past sessions, visit our website.**

South Dakota and North Dakota Nursing Homes: Top Performers for Resident COVID-19 Vaccination Rates

COVID-19 cases are rising across the country as health officials prepare for another winter season of fighting respiratory diseases. Kudos to nursing homes in South Dakota and North Dakota for having the highest and second highest rate, respectively, of COVID-19 vaccinated residents in the country. The national average is 26.5%.

- **South Dakota** – Percent of Current Residents Up to Date with COVID-19 Vaccines per Facility: **52%**
- **North Dakota** – Percent of Current Residents Up to Date with COVID-19 Vaccines per Facility: **50%**

Access the CMS COVID-19 Nursing Home Data site. The site is updated weekly and provides a comprehensive look at the data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) Long Term Care Facility (LTCF) COVID-19 Module: Surveillance Reporting Pathways and COVID-19 Vaccinations.



- **Search for a nursing home map**: Click the "Visualize Data" button at the top of the page (or the "Visualization" link on the left) to search for a nursing home and view data for the individual nursing home, including recent resident and staff vaccination rates.
- **Listing of vaccination rates for individual nursing homes**: Access a list of every nursing home with recent resident and staff vaccination rates and other data.
- **Charts showing vaccination rates by state**: Click the "Visualize Data" button at the top of the page to view the average percentages among nursing homes in each state who have reported vaccination data in the current or prior week.
- **Vaccination rates in the dataset**: Click on the "Downloadable Datasets" links to view data on the administration of COVID-19 vaccines, including these key fields: Recent Percentage of Current Residents Up to Date with COVID-19 Vaccines, and Recent Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines.

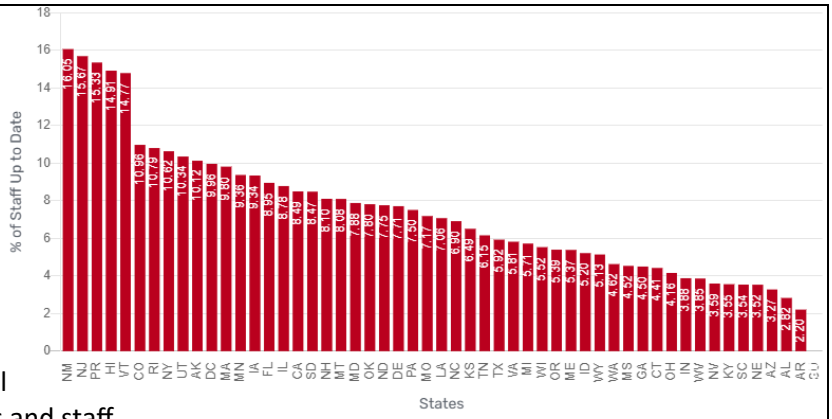
Nationally, only 7% of nursing home workers have up-to-date COVID-19 Vaccines

COVID-19 vaccination rates among nursing home staff are significantly lagging this year, highlighting the toll that vaccine fatigue is taking on front-line health care workers as the respiratory virus season nears. With 1,770,731 confirmed cases of COVID—19 among nursing home staff, we can do better. It is important to continue to promote the benefits of vaccination for our team members to keep our residents safe.

- **North Dakota** – Percent of Current Staff Up to Date with COVID-19 Vaccines per Facility: **7.75%**
- **South Dakota** – Percent of Current Staff Up to Date with COVID-19 Vaccines per Facility: **8.4%**

Access the CMS COVID-19 Nursing Home Data site

Building trust is key within organizations. We applaud those nursing home team members who have worked tirelessly to educate on COVID-19 vaccination and help residents and staff understand the benefit of vaccinations. Keeping nursing facility residents and staff current on their vaccines is an important tool for reducing deaths from COVID-19 and especially important this holiday season when risks may be compounded by high rates of other respiratory viruses. This commitment and perseverance is vital to the health and safety of nursing home residents and staff.



The Great Plains QIN Nursing Home Vaccination Change Package was developed to guide nursing homes in improving vaccination rates among residents and staff. The change package identifies barriers and challenges to vaccination and provides interventions supported by evidence-based tools and resources to improve vaccination quality measures and rates.

Reducing Readmissions by Improving Communication

Research shows that many hospital readmissions are avoidable. Yet, in 2022, about 75% of hospitals still incurred readmission penalties. In 2021, only 1 in 5 Skilled Nursing Facilities (SNFs) were awarded payments from the SNF VBP (Value-Based Purchasing) Program based on hospital readmissions.

The SNF VBP program expansion will include Discharge to the Community-Post Acute Care Measure and the SNF Within-Stay Potentially Preventable Readmission Measure as well as others. This emphasizes that care coordination (good communication) between care settings is imperative, not only for an organization's bottom line, but for the patient/resident's well-being and safety.

Often times, the root cause of an avoidable hospital readmission is a communication gap. A lack of communication from the long-term care facility/SNF, home health organization can result in the patient/resident going home with a limited understanding or knowledge of their instructions by the discharging organization (hospital, LTC/SNF, home health). In our rush to discharge the patient/resident to one care setting to another or to home, we often forget that we need ensure the person or their caregiver fully understands how to care for themselves or the person they are caring for. If not done properly, we create a cycle of lack of knowledge, understanding, hearing, teaching, and listening.

The Re-Engineered Discharge (RED) Toolkit can be used to help improve discharge processes. The RED toolkit includes tools to better understand the role of culture, language, and health literacy in readmissions. We can work to communicate better and to create policies for use of warm hand-offs with every transfer, including every discharge. These warm hand-offs have proven to reduce readmissions when discharging to another level of care.

The Agency for Healthcare Research and Quality (AHRQ) states that 40 – 80% of the medical information patients and residents are told during office visits is forgotten immediately and nearly half of the information retained is incorrect. Teach-back is a technique for health care providers to ensure that they have explained medical information clearly so that patients and their families understand what is communicated to them. It involves asking patients/residents to recall and explain or demonstrate the important information discussed during an interaction with their healthcare team.

"Recently my mother went to her doctor. After her appointment, she said, 'Dr. T did something she had not done before, and it was great! She had me tell her the new medicine she was starting me on. She had me explain the name, dose and how often I was going to take it after she explained it to me. It was like she wanted to make sure I heard her right; I understood so much

better because she took the time to do that," shared Tammy Wagner, Great Plains QIN Quality Improvement Advisor.

The Great Plains QIN team created a Teach-Back Training Toolkit to assist in teach-back education and training for your team. Many of these documents can be modified to meet your needs. Access the Toolkit on our Web site (found on the Teach-Back Training accordion).

One way to help reduce readmissions is for hospitals, nursing facilities, home health organizations, clinics, EMS, and other long-term community support services to work together. Collectively we can identify needs and better support individuals with mental/behavior problems, substance use disorders (SUD), those with transportation and social isolation issues, and individuals with food insecurity. With stronger communication with staff and with our patients/residents, we can avoid hospital readmissions, and reduce confusion with the people we are trying to care for.

Save the Date: CMS Health Equity Conference | May 29 – 30, 2024

The Centers for Medicare & Medicaid Services (CMS) recently announced its second annual CMS Health Equity Conference on May 29-30, 2024. The free, hybrid conference will be held in person at the Hyatt Regency hotel in Bethesda, Maryland, and available online for virtual participation.

CMS Health Equity Conference:
Sustaining Health Equity Through Action
May 29 – 30, 2024
Building on the momentum from last year's inaugural event, the 2024 CMS Health Equity Conference will focus on "Sustaining Health Equity Through Action" **and** will convene health equity leaders from federal and local agencies, health provider organizations, academia, community-based organizations, and others. Conference attendees will have the opportunity to hear from CMS leadership on recent developments and updates to CMS programs; explore the latest health equity research; discuss promising practices and creative solutions; and collaborate on community engagement strategies.

The Call for Proposals will open in January 2024 and conference registration will open in Spring 2024.
Stay tuned for more information: https://cmshealthequityconference.com.

Prioritizing Equity: Five Transformation Focus Areas

Health equity is not only a moral necessity, but also a strategic and operational must for healthcare leaders and organizations. Health equity aligns with legal and ethical obligations, enhances an organization's reputation, contributes to the long-term success and sustainability of the organization and improves patient outcomes.

Providing equitable care involves recognizing and addressing the diverse needs, backgrounds and circumstances of individuals to ensure that all residents receive the same high-quality care and opportunities for well-being. The American Medical Association (AMA) implemented the 'Advancing Equity Through Quality and Safety Peer Network' to bring together committed individuals to foster sharing, learning and growth as it comes to better understanding and serving all patients.

As part of this Series, AMA Vice President for Equitable Health Systems and Innovation, Dr. Sivashanker, moderated a conversation with Dr. Aderonka Akingbola, Vice President of Medical Affairs at Oschner Health System and Dr. Judy Washington, Associate Chief Medical Officer at Atlantic Medical Group and the Women's Health Coordinator for Overlook Family Medicine. Through this dialogue, we learn how their organizations and health systems are making intentional efforts to address inadequacies in patient care by looking at care, outcomes, and harms through a health equity lens.

Access the Recording

It is well worth 47 minutes of time to listen to the recording to better understand the unique perspectives, challenges and growth of these leaders that can be replicated within any organization.
In summary, a focus on these five areas in your work will lend to an advancement in health equity:

1. **Integrating equity into all harm-event reporting.** Health care organizations can start by systematically collecting and tracking harm events where discrimination or bias may have been a contributing factor and applying an equity lens to reviewing all harm-event data in quality, safety, risk and patient experience.
2. **Equipping staff with the knowledge, skills and tools to create safe spaces.** Doing so enables conversations about inequities in the quality and safety of care. This is needed when reviewing cases where bias or discrimination may have contributed to the harm.
3. **Collecting and using harm event data, segmented by sociodemographic characteristics.** Gathering and stratifying harm-event data by race, ethnicity, age, language preference, sexual orientation and gender identity, disability, and socioeconomic status—as identified by insurance type—makes inequities visible.
4. **Building the will for urgent action by senior leaders.** Leadership commitment is crucial in the adoption of new practices and behaviors. Data by itself can sometimes be desensitizing and ineffective in moving people to action. The individual stories of people who have been harmed while providing or receiving care, however, can effectively move leaders to action.
5. **Ensuring accountability to historically marginalized communities.** Acknowledging and addressing past and present harms is critical, as is sharing power to design and evaluate solutions.

This candid conversation offers insightful perspective on the need to establish buy-in and support from all levels of the organization; the value of committed persons with various backgrounds and experiences coming to the table to discuss complex challenges; gaining patients' trust and seeking honest feedback; and the realization change requires personal transformation and a desire to do better.

Achieving optimal health for all – Join the AMA Movement:
"We aspire to have uniform excellent quality and safety for our patients," said AMA Executive Vice President and CEO James L. Madara, MD. "Yet, in the absence of equity—if you think about it—this is impossible to accomplish. That lack of equity is a glass ceiling for our efforts in quality and safety."

Source:
American Medical Association; Focus on these 5 areas in your work to advance health equity; Andis Robeznieks – August 2023

Multi-Visit Patient Utilization State Reports

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, and high utilizers of the healthcare system. Individuals who are high utilizers of the healthcare system, known as multi-visit patients (MVPs), drive up readmission rates and tie up resources.

The Great Plains QIN team of data analysts created a report for North Dakota and South Dakota gathered from Medicare claims Fee-for-Service data on multi-visit patient utilization. Use these reports to view data and insights about 'MVP' hospital utilization in your state.

- South Dakota MVP State Report

- North Dakota MVP State Report

Within the report, an 'MVP' classification is based on the prior year's utilization, which included at least 4 inpatient claims ***or*** at least 5 emergency department (ED), observation stay (ObS) and inpatient (Inp) claims combined. Of these MVPs, beneficiaries with at least one ED visit in the current report timeframe were included in this report. The report captures total visits (including emergency room visits, observation stays and inpatient claims) and the top 5 primary and secondary diagnoses.

Often, multiple visits may be a symptom of a deeper problem. Please take the time to review these reports to help identify opportunities for improvement, address gaps and lend to a reduction in over-utilization of services. As clinicians, if we can identify and rectify underlying problems, we can work to end the cycle of care utilization overuse which reduces a burden on the healthcare system and ultimately, leading to better care and health outcomes for the individual.

The Great Plains QIN team will update these reports quarterly and share with partners. For questions, please contact a member of our team; visit the Who We Are page for a listing of team members and contact information.

In Case You Missed It | Focus 4 Health: TeamSTEPPS®

During this Series, we discussed TeamSTEPPS, an evidenced-based set of teamwork tools that are aimed at optimizing patient outcomes by improving communication and teamwork skills among healthcare teams, including patients and family caregivers.

Below are the recordings from the TeamSTEPPS series:

- **Week One**: Communication Tools | Recording
- **Week Two:** Team Leadership | Recording
- **Week Three:** Situation Monitoring | Recording
- **Week Four:** Mutual Support | Recording

Better Choices Better Health Toolkit & Implementation Guide

The purpose of this new Implementation Guide is to provide South Dakota Cardiovascular Collaborative partners with premade and brand-approved promotional social media tools and materials about Better Choices, Better Health® SD, pharmacy programs available in South Dakota, and overall healthy living tips.

The programs promoted in the social media tool kit increase public awareness of healthy living and pharmacy programs that improve the health and well-being of South Dakotans. Pharmacy programs include medication therapy management, blood pressure and cholesterol monitoring, and cost lowering resources, among others. The Better Choices, Better Health® SD Program offers chronic disease self-management education and physical activity workshops.

Participants will learn skills, gain confidence, and receive peer support to help them learn new ways to get through their daily activities and manage physical and mental health wellness. All programming provided by BCBH-SD is licensed and managed by SDSU Extension and supported by the South Department of Health and the South Dakota Department of Human Services.

How to use the toolkit: The toolkit contains written copy, pertinent links, and images that you can use on your social media channels. Find a subject that is of interest or pertinent to your organization, share, and promote!

Access the Toolkit & Implementation Guide

Webinar: New Products for Respiratory Syncytial Virus (RSV) Prevention | NDSU CIRE Program

The North Dakota Center for Immunization Research and Education (CIRE) recently hosted a Webinar, New Products for Respiratory Syncytial Virus (RSV) Prevention.

[Access the Recording]

Webinar Objectives:

- Describe the epidemiology of RSV in children and adults
- Identify the benefits and risks of RSV prevention products
- Understand CDC recommendations for use of RSV prevention products

Speaker Bios

Dr. Jennifer DeCuir is a medical officer in the US Public Health Service assigned to the Coronavirus and Other Respiratory Viruses Division at the CDC, where she supports the IVY Surveillance Network. Her current research is focused on COVID-19 and RSV epidemiology and vaccine effectiveness.

Commander Jefferson Jones is a medical epidemiologist in the United States Public Health Service and the Center for Disease Control and Prevention (CDC), working in the Coronavirus and Other Respiratory Viruses Division. He is co-lead of the Advisory Committee on Immunization Practices Maternal and Pediatric RSV Work Group. He is board certified in pediatrics and preventive medicine and continues to see patients.

The Center for Immunization Research and Education addresses trends in vaccine coverage through research and education and finds ways to improve vaccine acceptance and immunization rates in both children and adults. The goal is to have no one in our region suffer from a vaccine-preventable disease. Learn more.

Questions? Contact the NDSU CIRE team at ndsu.cire@ndsu.edu

What's New in Advance Care Planning?

Advance care planning (ACP) is a process that involves making decisions about your future health care. ACP typically involves discussions between individuals, family members and the healthcare provider team to understand and document a person's values, preferences and goals for medical treatment. This is especially important in situations where the individual may not be able to communicate or make decisions due to illness or incapacitation.

What's new in advance care planning? The Great Plains QIN hosted a Webinar on this topic in early December. Nancy Joyner, MS, CNS-BC, APRN, ACHPN; President of Honoring Choices North Dakota, shared the following:

1. How serious illness messaging affects advance care planning
2. Advantages and benefits to advance care planning
3. Elements of an advance directive/healthcare directive

[Access the Recording]

Presenter:

Nancy Joyner, MS, CNS-BC, APRN, ACHPN
President
Honoring Choices North Dakota
nancy.joyner@honoringchoicesnd.org

Honoring Choices® NORTH DAKOTA

Instead of the 12 days of Christmas…Get Ready For 8 Days of Dementia Tips

What to say when, how to positively respond to behaviors, how to join their reality, validate their feelings and then distract? This is always a challenge with persons living with dementia. Because of what is physically happening to their brain from the disease, they have lost or are losing their memory, their reasoning ability, judgment, perception and so many other areas of cognition are changing.

Here are some ideas for positive ways to respond to common situations with suggestions offering more detailed information and examples. **View all the Tips**

ALZHEIMER'S ASSOCIATION

The Alzheimer's Association is a worldwide voluntary health organization dedicated to Alzheimer's care, support and research. Our 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. Our vision is a world without Alzheimer's and all other dementias.

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.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains Quality Innovation Network

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