



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](#)
- [Great Plains QIN Webinar: It's All About the Heart; Opportunities for Cardiac Care in the Dakotas | February 27, 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.

[Access the Quality Measure Video Series](#)

Great Plains QIN Webinar: It's All About the Heart; Opportunities for Cardiac Care in the Dakotas | February 27, 2024

Join this Webinar, hosted by Great Plains QIN, to discuss cardiac rehab services in the Dakotas; results from a cardiac rehab environmental scan will be shared. Participants will be better able to recognize opportunities to increase the quality of care that cardiac patients receive and the communities they live in.

Presenters will highlight South Dakota's [Cardiac Ready Community](#) Project and the [American Heart Association's Outpace CVD™](#) suite of outpatient programs, which include [Target: BP™](#), [Target: Type 2 DiabetesSM](#) and [Check. Change. Control. Cholesterol™](#). Attendees will gain insight on ways to provide targeted quality improvement support and recognize their organization's commitment to improving outcomes of cardiovascular disease.

Tuesday, February 27, 2024 | 3:00 – 4:00 pm CT

[Register Today](#)

Speakers:



Tim Nikolai
Sr Rural Health Director
American Heart Association



Dee Kaser, RN, CDCES
Quality Improvement Advisor
Great Plains Quality Innovation
Network



Stephanie Hanson, RN, BSN
Quality Improvement Advisor
South Dakota Foundation for Medical Care
Great Plains Quality Innovation Network

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](#).

CDC COCA Call: Diagnostic Testing and Treatment Guidelines for COVID-19 and Influenza | February 1, 2024

Diagnostic testing for SARS-CoV-2 and influenza viruses can guide clinical management, including appropriate antiviral treatment, particularly in persons at higher risk for progression to severe disease from COVID-19 and influenza, regardless of vaccination status. Antivirals are available that can reduce the risk of severe illness and death from COVID-19 and mitigate influenza illness.

During this COCA Call, subject matter experts will present an overview of COVID-19 and influenza therapeutic options, including eligibility, indications, and efficacy.

Thursday, February 1, 2024 | 1:00 – 2:00 p.m. CT
Registration is NOT required.



Join the COCA Call

At the conclusion of the session, the participant will be able to accomplish the following:

1. List available tests and when to test for SARS-CoV-2 and influenza viruses, including indications for repeat testing.
2. Describe recommended antivirals for treating influenza and COVID-19 and clinical benefits.
3. Cite factors for deciding who to treat for COVID-19 and influenza.
4. Review indications for empiric treatment of influenza and COVID-19.

Speakers:

Pragna Patel, MD, MPH

Chief Medical Officer
Coronavirus and Other Respiratory Viruses Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Tim Uyeki, MD, MPH, MPP

Chief Medical Officer
Influenza Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

If you are unable to attend the live COCA Call, the recording will be available for viewing on the [COCA Call webpage](#) a few hours after the live event ends. The slide set will be available on the day of the call on the [COCA Call webpage](#) under Call Materials.

Continuing Education

[Free Continuing Education \(CE\)](#) will be offered for this COCA Call.

Emergency Preparedness – Is Your Nursing Home Prepared?

In November 2016, CMS issued an [Emergency Preparedness Rule](#) for all Medicare and Medicaid participating providers and suppliers. The purpose of this rule was to ensure providers and suppliers had the planning, the resources, and the community backing they needed to take care of both natural and man-made disasters. By November 2017, all providers and suppliers needed to be compliant with the regulations.

Although most nursing homes met the federal regulation for emergency preparedness requirements, 77 percent reported challenges during an actual emergency. The two most cited concerns include appropriate staffing during and

emergency and evacuations of the facility which need transportation. Since patient safety is the number one concern of CMS, it is almost guaranteed there will be focus on the facilities emergency preparedness plan during federal surveys.

One of the elements is the emergency preparedness plan needs to be reviewed on an annual basis. Great Plains QIN has developed the [Long-Term Care \(LTC\) Emergency Preparedness Plan \(EPP\) Resource Document](#), which includes a comprehensive list of resources to utilize while updating your Emergency Preparedness plan. The Great Plains QIN team has also created a [Nursing Home Emergency Preparedness Plan Review](#), which outlines each of the Appendix Z regulations to help ensure an Emergency Preparedness plan is up-to-date and has the foundation to be effective in the case of an emergency. The four core elements to an emergency preparedness include:

1. Risk Assessment and Emergency Planning

- Hazards likely in geographic area
- Care-related emergencies
- Equipment and power failures
- Interruption in communications, including cyber attacks
- Loss of all/portion of facility and supplies
- Plan is to be reviewed and updated at least annually

2. Policies and Procedures

- Complies with federal and state laws

3. Communication plan

- Complies with federal and state laws
- System to contact staff, including patients' physicians, other necessary persons
- Well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies.

4. Training and testing

- Complies with federal and state laws
- Maintain and at a minimum update annually

"We focus on nursing home quality and safety. Our team develops tools and resources for nursing home staff to utilize while reviewing or updating your emergency preparedness plan. We encourage nursing home team members to review and utilize the tools and resources to enhance quality of care, so our loved ones receive the first-class care they deserve. If we can assist in any way, please connect with us; we would love to help," shared Stephanie Meduna, RN, BSN; Quality Improvement Advisor.



For more information, visit the [GPQIN Nursing Home Quality Webpage](#).

Making Naloxone Rescue Part of Basic Life Support Training

As opioid overdose deaths in the United States continue to climb, we should all have the knowledge of and be prepared to administer naloxone in the event of an overdose. The risk of being unprepared can result in loss of life. The administration of naloxone is an evidence-based way to reverse overdoses and save lives.

Across the country, medical students, emergency medicine educators, and administrators are working together to integrate naloxone rescue training into the Basic Life Support (BLS) curriculum required of medical students. What if we incorporated naloxone training as part of standard first aid and CPR trainings?

Lori Kottre, Office Manager with Marian Manor HealthCare Center, recently shared how and why they incorporate naloxone training with annual CPR re-certifications at their facility. Marian Manor is a skilled nursing facility located in Glen Ullin, North Dakota.

“We have combined the two trainings and offer them during all CPR training renewals. We believe it is important for our staff to know what do to or suspect when it comes to an overdose. We want them to understand there is no harm in administering Naloxone if they believe it is necessary; however, not administering Naloxone can be deadly in an emergency situation,” Kottre explained.

“I am an EMT with our local volunteer ambulance system; I help teach these classes. Overdoses can happen anywhere, including in a nursing home, especially as older people metabolize slower. I also want to do our part to educate us on what kids are doing these days so we are aware and can be responsive if needed. These drugs are out there, and many are simply not aware. Naloxone education is important. At Marian Manor, we opted to combine the two classes to reduce the number of classes our team must attend. So far, this has been a favorable approach,” Kottre concluded.

Naloxone Saves Lives. Take Our Training Today.

Great Plains Quality Innovation Network developed this Naloxone training for **ANYONE** interested in learning more about how Naloxone can be used to save a life.

This 20-minute training provides an overview of the signs and symptoms of an opioid overdose, three different naloxone administration techniques and Good Samaritan Laws in North Dakota and South Dakota.

There are over 250 drug-related deaths every day. Naloxone saves lives. We each have a moral obligation to be prepared to administer naloxone in the event of an overdose. The risk of being unprepared can result in loss of life. The risk of giving naloxone when it may not be needed with an unresponsive individual is negligible. Watching this video will help you feel more comfortable with administering Naloxone in an emergency.

[Access the Training](#)

After completing the training video, a QR code/link is provided to access a Naloxone Training knowledge check. The knowledge check consists of 5 questions. A certificate of completion will be provided once the knowledge check is submitted.



Buprenorphine Prescribing Update: Waiver Elimination (MAT Act)

Announced by the Substance Abuse and Mental Health Services Administration, clinicians no longer need a federal waiver to prescribe buprenorphine for treatment of opioid use disorder. However, clinicians are still required to *register* with the federal Drug Enforcement Agency (DEA) to prescribe controlled medications.

[Updates to Requirements for Buprenorphine Prescribing.](#)

The DEA began to require that registration applicants, both new and renewed, confirm that they have completed the one time, eight-hour training. Exceptions for the new training requirement are the practitioners who are board certified in addiction medicine or addiction psychiatry, and those who graduated from a medical, dental, physician assistant, or advanced practice nursing school in the U.S. within five years of June 27, 2023. [Watch this 11-minute video that explains the changes.](#)

Rural Health Clinics (RHCs) still have the opportunity to apply for a \$3,000 payment on behalf of each provider who trained between January 1, 2019, and December 29, 2022 (when Congress eliminated the waiver requirement). Approximately \$889,000 in program funding remains available for RHCs and will be paid on a first-come, first-served basis until funds are exhausted. If you have questions, e-mail: DATA2000WaiverPayments@hrsa.gov. As we continue to explore emergency department (ED) visits by individuals struggling with behavioral health concerns, we cannot miss the fact that many of these visits are related to opiate use. The research overwhelmingly supports the need to start medication interventions immediately.

CMS recently released the a podcast series that emphasizes this point and guides the listener through the next steps: Access the recent [Quality E-News blog post](#) which we highlight the series: Buprenorphine Initiation in the Emergency Department – Why, When, and How? Visit Great Plains QIN [Pain & Substance Use Disorder website page](#) for additional resources.

Call to Action: Implementing Medication-Assisted Treatment in the Emergency Department

As we continue to explore emergency department (ED) visits by individuals struggling with behavioral health concerns, we cannot miss the fact that many of these visits are related to opiate use. The research overwhelmingly supports the need to start medication interventions immediately.

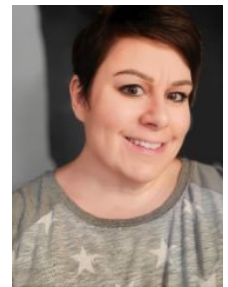
CMS recently released the following podcast series that emphasizes this point and guides the listener through the next steps:

⇒ [Podcast Series: Buprenorphine Initiation in the Emergency Department – Why, When, and How?](#)

This four-part series explores the following areas:

1. Technology
2. Clinical Evidence
3. Partner Networks
4. Evidence-based approaches and leadership

“Often discussion related to initiation of medication assisted therapy (MAT) is followed by response about how big or challenging a change in this area can be. However, one of the most meaningful statements I found in this series was made by Dr. Andrew Herring regarding how MAT is really a small step with big outcomes,” shared Heather Wilson; Quality Improvement Advisor with Great Plains QIN.



In the podcast Herring states, “We need motivated providers who believe in what they do, and this is just a low-hanging fruit to get people on board with this because we see such immediate and positive impacts of treatment”. He explains how introducing MAT can not only help reduce costs but also increase morale. “It really lets providers express compassion and care and feel fulfilled and meaningful in their work”.

He adds, “This is something that is literally affecting the life expectancy of American citizens and is a duty of all of us to step into the forefront and contribute in any way we can.”

Wilson concluded, “At a time where many are feeling hopeless, this feels to me like HOPE and I hope you will take the time to listen to the podcast and plan for next steps for you and your organization.”

Listen through the [@QIOProgram videos YouTube playlist](#). The series is also available for no-cost CME credit with free registration at [myCME.com](#).

February 2 Is National Wear Red Day® | Bringing Awareness To Heart Month

Cardiovascular disease is the number one killer of women. For too long, heart disease and stroke have taken the lives of the women we love. February 2, 2024, [National Wear Red Day®](#) is the icon day of American Heart Month. On the first Friday in February, join us as we wear red and help raise awareness of women’s cardiovascular disease.

On National Wear Red Day, there are more ways to Go Red at work or at home. Here are some fun ideas to get you started:

- **Wear red.** Encourage all employees to put on their favorite red outfits on National Wear Red Day. It's a fun, easy way for everyone to get involved.
- **Do a group hands-only CPR demo.** More than 70 percent of cardiac arrests that happen outside of the hospital happen in homes. Learn the two simple steps to save a life – Hands-Only CPR – [Learn more.](#)
- **Get up and move throughout the day.** This could be doing a walking meeting, family walk, or hosting a workout class. Moving more will help reduce stress and is a great way to bond as a team.
- **Share how your team are being lifesavers.** Ask employees to share how they are supporting their cardiovascular health this Heart Month. Each day or week, highlight one person's story, encouraging them to keep going and celebrating the wins.



For more ways to get involved and explore resources, visit [Go Red For Women](#). The resources that are included are:

- [Activation Guide \(PDF\)](#)
- [Wear Red Day and Give Poster \(PDF\)](#)
- [National Wear Red Day Poster \(PDF\)](#)

Some of the resources are available in Spanish.

On National Wear Red Day, raise your voice and raise awareness by **wearing red**, sharing how you will be a lifesaver and encouraging others to do the same. We can help the women we know and love reduce their risk for cardiovascular disease by building healthy habits and learning lifesaving skills backed by the powerful science of the [American Heart Association](#).

Rural Health Open Door Forum | February 29, 2024

Mark your Calendars: The Rural Health Open Door Forum has been rescheduled; will now be held on Thursday, February 29, 2024. Mark your calendars... Details below.

→ **Rural Health Open Door Forum | RESCHEDULED**
Thursday, February 29, 2024
1:00 – 2:00 p.m. CT

[Register Today.](#)

Coverage to Care | Connecting Your Patients To Providers and Preventive Services

In the United States, 16.3 million people signed up for coverage in the 2023 Open Enrollment, allowing them to gain or renew access to the health coverage they need¹. Enrolling in a health plan, however, is only the initial step.

To help you go from coverage to care, the Centers for Medicare & Medicaid Services has created [Coverage to Care \(C2C\)](#), which is an initiative that has resources in multiple languages, available at no cost, to help individuals understand their benefits, and connect them to a primary care provider and preventive services.

Whether you're an individual managing coverage for you and your family or a provider or organization helping those in your community manage their care, there are resources to help:

[Navigate Your Coverage](#)

Understanding your health insurance plan can be a bit overwhelming and confusing. These resources can help you make sense of your benefits and make the most of your coverage.

[Access Care](#)

Knowing where to turn for answers, which kind of provider to seek out, and other complex questions make accessing care a challenging task for many. These tools help explain how to access important services to care for your health.

[Get Preventive Care](#)

Preventive services are covered by most health insurance plans and are an important tool to ensure concerns are caught and cared for early on. Understanding what services are available to you and your loved ones is the first step to living a long, healthy life.

[Manage Your Chronic Condition](#)

Chronic conditions can impact your everyday life and often require additional care and regular provider's visits. Understanding your coverage and what resources are out there for you can help you manage a chronic condition like diabetes among others.

Additional Resources:

- [Resources for Partners and Providers:](#) Coverage to Care has partnered with [StoryCorps](#), a nonprofit organization that aims to record, preserve, and share the stories of Americans from all backgrounds and beliefs, to interview 21 pairs or trios from CMS OMH partner and stakeholder organizations.
- [Partner Toolkit:](#) This toolkit provides ready-to-use materials to help you address health disparities and share C2C resources with your community.

[New Process for Requesting NHSN Help Desk Support](#)

Hospitals, long-term care facilities and various other healthcare settings across the nation use the National Healthcare Safety Network (NHSN) for submitting various data related to infection surveillance and control. Some of the data reported and submitted are federally mandated and other healthcare infection surveillance data is optional.

Regardless of what health care setting one is reporting for; there is a new process to request support from the NHSN Help Desk through a web enabled customer service application called **NHSN-ServiceNow**. This new process is designed to address questions and issues faster. The [NHSN Service-Now FAQs](#) document walks one through the steps to utilize this new process. Learn more about the [NHSN HelpDesk](#).

Please note: the NHSN user must have a SAMS account and must be able to successfully log into their SAMS account to access the NHSN ServiceNow portal. If one does not have a SAMS account or you cannot get passed that first sign log in screen, use the email addresses nhsn@cdc.gov or samshelp@cdc.gov to request support.

“The NHSN data reporting system is large and complex. With so many reporting features, there are frequent updates, and revisions to various modules which directly affect numerous elements throughout the system; therefore, issues sometime do arise. I am available to assist where I can in troubleshooting issues and to help alleviate frustration,” shared Lori Hintz, Quality Improvement Advisor for Great Plains Quality Innovation Network (GPQIN) and the South Dakota Foundation for Medical Care (SDFMC). Email Lori: lori.hintz@greatplainsqin.org.



[New Year's Resolutions for 2024 – Be Sure to Include Better Brain Health!](#)

Alzheimer's disease is expected to impact nearly 13 million Americans by 2050, according to the Alzheimer's Association. So, as you are working at those New Year's resolutions in 2024, consider there are steps you can take yourself to maintain and improve your cognitive function.

Research has shown lifestyle changes like improving diet and exercising regularly have helped drive down death rates from cancer, heart disease and other major diseases. These same lifestyle changes may also reduce or slow your risk of cognitive decline, which is often a precursor to Alzheimer's and other forms of dementia.

Healthy Brain Tips

Looking for tips on how to protect your cognitive health? Here are several ideas borne from research supported by the Alzheimer's Association:

⇒ **Manage your blood pressure.** People treated by FDA-approved medications to a top (systolic) blood pressure reading of 120 instead of 140 were 19% less likely to develop mild cognitive impairment, according to a study led by researchers at Wake Forest Baptist Medical Center. Those people also had fewer signs of damage on brain scans, and there was a possible trend toward fewer cases of dementia.

⇒ **Check your hearing.** Hearing loss is present in 65% of adults over age 60, according to researchers. This study looked at a subgroup of older adults with hearing loss who were at higher risk for cognitive decline (about ¼ of the total study population). This study showed that those participants at highest risk for cognitive decline who utilized hearing aids and hearing counseling for three years cut their cognitive decline in half (48%).

⇒ **Get vaccinated.** Getting an annual flu vaccination was associated with a 40% decrease in the risk of developing Alzheimer's disease over the next four years, according to researchers from The University of Texas' McGovern Medical School who found that even a single flu vaccination could reduce the risk of Alzheimer's by 17%.

⇒ **Go with your gut.** 16% of the world's population struggles with constipation – more among older adults due to fiber-deficient diets, lack of exercise and the use of certain medications. Researchers found that bowel movements of every three days or less was associated with 73% higher odds of subjective cognitive decline and long-term health issues like inflammation, hormonal imbalances, and anxiety/depression.

⇒ **Cut back on "ultra-processed" foods.** People who consume the highest amount of ultra-processed foods have a 28% faster decline in global cognitive scores – including memory, verbal fluency, and executive function – compared to those with lower consumption, according to research involving half a million people living in the UK. High consumption was defined as more than 20% of daily caloric intake. Ultra-processed foods are those that go through significant industrial processes and contain large quantities of fats, sugar, salt, artificial flavors/colors, stabilizers and/or preservatives. Examples include sodas, breakfast cereals, white bread, potato chips, and frozen foods, such as lasagna, pizza, ice cream, hamburgers, and fries.

⇒ **Get vaccinated (Part II).** Getting a vaccination against pneumonia between the ages of 65 and 75 reduced Alzheimer's risk by up to 40% according to a Duke University's Social Science Research Institute study.

⇒ **Be social.** That's right. Add "hang out with friends" and "have fun" to your New Year's resolutions list. For example, enroll in a dance class with a friend. Alzheimer's researchers are now looking into whether increased socialization, along with a "cocktail" of lifestyle interventions including improved diet, exercise, cognitive stimulation, and self-monitoring of heart health risk can protect cognitive function. The Alzheimer's Association's U.S. study to protect brain health through lifestyle intervention to reduce risk (U.S. POINTER) is a two-year clinical trial that hopes to answer this question and is the first such study to be conducted of a large group of Americans nationwide.

For those with questions about memory loss or personality changes that may be associated with Alzheimer's or other forms of dementia, the Alzheimer's Association has a free Helpline staffed 24/7 by trained professional staff members: 800-272-3900.

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.

Giving Hearts Day is February 8. [Learn more.](#)



Cardiac and Pulmonary Rehab Program Update

Starting from January 1, 2024, certain non-physician practitioners (NPs, PAs, CNS) have been granted the authority to provide direct supervision for cardiac rehabilitation, intensive cardiac rehabilitation, and pulmonary rehabilitation services. Moreover, during the period from January 1 to December 31, 2024, these non-physician practitioners are allowed to deliver the required direct supervision remotely through two-way audio/visual communication technology, excluding audio-only communication.

The [American Hospital Association \(AHA\)](#) issued the following statement regarding this change. Under the existing law, cardiac rehabilitation services (CR), intensive cardiac rehabilitation services (ICR), and pulmonary rehabilitation services (PR) must be overseen directly by a physician (medical doctor or doctor of osteopathy).

Effective January 1, 2024, the Bipartisan Budget Act of 2018 empowers PAs, NPs, and CNSs to provide direct supervision for CR, ICR, and PR. In the CY 2024 PFS final rule, the Centers for Medicare and Medicaid Services (CMS) confirms its proposed conforming amendments, allowing PAs, NPs, and CNSs to offer direct supervision for PR, CR, and ICR services. For more information on this final rule and the new direction visit this [website](#).

Additionally, during the COVID-19 Public Health Emergency (PHE), CMS included CR, ICR, and PR in the telehealth list for non-hospital patients, covered under the PFS. CMS allowed remote direct supervision of CR, ICR, and PR by a physician using two-way audio/visual communication technology, excluding audio-only communication.

These flexibilities were legislatively extended until December 31, 2024, by the Consolidated Appropriations Act (CAA). To maintain consistency with the physician fee schedule (PFS) rules, CMS also extended these flexibilities under the Outpatient Prospective Payment System (OPPS) in previous rulemaking.

“This is wonderful news for CR sites to be able to use a Non-Physician Practitioner for direct supervision. The previous direction of needing a MD or DO on-site during cardiac or pulmonary rehab has been a barrier that has led to several programs closing. This new final rule will hopefully open more programs and provide a needed service to the community members. It is a win, a win for all,” shared Dee Kaser, RN, CDCES; Great Plains QIN Quality Improvement Advisor.



Rural Emergency Preparedness Toolkit: An Overview of Emergency Preparedness, Response and Recovery in Rural Communities

The Rural Emergency Preparedness and Response Toolkit compiles evidence-based and promising models and resources to support organizations implementing emergency planning, response and recovery efforts in rural communities across the United States.

This toolkit supplements and expands on previous work in this area, including the [Rural Emergency Preparedness and Response](#) topic guide. There are additional resources on general community health strategies available in the [Rural Community Health Toolkit](#)

Effective emergency preparedness and response efforts are essential for rural communities. Many factors can affect the ability of rural communities to respond to public health emergencies, disasters, and threats.

For questions or comments about the toolkit, or for further assistance with using the toolkit, please contact: RHIfhub at 1-800-230-1898 or email info@ruralhealthinfo.org

The *Rural Emergency Preparedness and Response Toolkit* was first published on 11/14/2022.

The development of this toolkit was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), in collaboration with the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services Department (HHS), under Cooperative Agreement Number U9SRH45173. This toolkit was produced by the NORC Walsh Center for Rural Health Analysis and Rural Health Information Hub (RHIfhub). The content was developed based on an extensive literature review, interviews with individuals with subject matter expertise in rural emergency preparedness and response, and findings from rural community case studies.

Source: NORC Walsh Center for Rural Health Analysis, 2022. Rural Emergency Preparedness and Response Toolkit [online] Rural Health Information Hub. Available at: <https://www.ruralhealthinfo.org/toolkits/emergency-preparedness> [Accessed 5 January 2024].

If You Missed It: Access the Webinar Recording – Building Bridges and Enhancing Care Together: Leveraging Partnerships for Improved Services to Native American Patients

If you are interested in better understanding the unique aspects of healthcare delivery for patients receiving care through Indian Health Service and Tribal Healthcare organizations, please take the time to listen to this Webinar recording. During this session, Tasha Peltier shared insight into federal policy, referral mechanisms and reimbursement structures as well as legal and regulatory considerations that impact care and delivery of care. She also identified opportunities for relationship building and collaboration to address healthcare gaps and improve outcomes for Native American patients.

One attendee commented, “I now better understand the tremendous need and the work that needs to be done. I am leaving today with the desire to start building bridges myself. Tasha was a phenomenal speaker and engaging. I really enjoyed this seminar; thank you.”



[Access the Recording](#)

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

Sepsis: STOP And TELL Tool | Knowing the Signs of Sepsis Could Save a Life

In North Dakota and South Dakota, sepsis is the #1 admission and readmission diagnosis. With sepsis, time is of the essence. For every hour of delayed treatment, the risk of death increases by between 4 and 9 percent.¹ Experts say that 80 percent of sepsis deaths could be prevented if treated in time.

Our team wanted to develop a tool that could help family members and non-clinical staff, i.e., nutritional services, environmental services and maintenance identify the early signs of sepsis. We created a ‘spin off’ of the Stop and Watch tool, an early warning tool to prompt staff to be alert for potential changes in condition indicators and offers a simple way to communicate changes to nursing staff.

Access the Sepsis: STOP and TELL tool. If a resident shows any of the signs illustrated on the tool, a clinical staff person is to be notified immediately. This is the first step in an early intervention for a person with sepsis. It's important to look for a combination of the warning signs of sepsis. Spotting these symptoms early could prevent the body from entering septic shock and could save a life.

This tool can be placed in a resident room, included in an admission packet, hung at a central location, or posted in rooms or on doors. We hope that by educating non-clinical staff and family members and encouraging them to speak up, we can all make a difference in the identification and treatment of sepsis.



[Access the STOP And TELL Tool](#)

1. National Sepsis Alliance

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.

