

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: Helping Long-Term Care Residents Keep Their Shine | March 19, 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: Helping Long-Term Care Residents Keep Their Shine | March 19, 2024

Nearly 37% of adults worldwide have vitamin D levels below the recommended amounts, according to [research published in the journal Metabolites](#). In the U.S., studies have found that 14% to 18% of adults have low levels of vitamin D.

Without enough vitamin D, bones may become weak and brittle over time. Other signs and symptoms of vitamin D deficiency include muscle weakness, fatigue, and a weakened immune system. Some also report changes in their mood and ability to concentrate. If this deficiency is overlooked, these symptoms could lead to further problems like falls and misdiagnosis then leading to possible antipsychotic use.

Some people are more at risk for too little intake or absorption of vitamin D, including older adults; specifically, those in long-term care facilities.

In this Webinar, Dr. Beth Sanford will share how we can improve resident and patient outcomes through a better understanding of Vitamin D testing and vitamin D education and new established guidelines within healthcare communities can establish solid professional preventative practices, while addressing a safe, effective, low-cost intervention that can make a big health impact.

Tuesday, March 19, 2024 | 3:00 pm- 4:00 pm CST

[Register Today](#)

Objectives:

- Understand the basis for scientific recommendations for vitamin D – 25(OH)D – concentrations of 40-60 ng/mL.
- Understand determinants of health that impact long-term care residents' 25(OH)D serum concentrations.
- Learn how to robust serum 25(OH)D concentrations can impact LTC resident and staff's physical and mental health outcomes.

Speaker:

Dr. Beth Sanford, DNP, RN, ACN, CLC, Professor of Nursing | F/M ATI Champion | NCLEX Coach, Doctor of Nursing Practice in Public Health and Policy, specializing in vitamin D translational research

Dr. Beth Sanford graduated with her BSN and MSN in Rural Health Nursing with a specialization in Nursing Education from the University of North Dakota. Most recently, Beth completed her DNP in Public Health and Policy from Rasmussen University, focusing on vitamin D translational research.

She has worked as a Hospice Nurse, a Migrant Health Nurse, a Public Health Nurse, a Community Health Educator, and a Nurse Manager in Long-Term Care and Memory Care. These roles shaped her love for vulnerable and underserved populations, as well as for primary prevention.



In 2020, she obtained a post-graduate certificate in Applied Clinical Nutrition to better educate future nurses, colleagues, patients, and the public about the principles of integrative nutrition and advocate for vitamin D deficiency education in North Dakota.

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](#).

Virtual Series on Cultural Humility | Register Today

The power of cultural humility is endless, and it is important to recognize and embrace the diversity of cultures and languages that exist around us. [Dakota Children's' Advocacy Center](#) partnered with [Prevent Child Abuse ND](#) (PCAND) to host a virtual series on Cultural Humility.

Throughout this series, professionals will gain the tools and knowledge to confidently navigate cultural differences and foster more effective and inclusive interactions with individuals from diverse backgrounds. Each session will cover a different topic, including new Americans and cultural awareness, acknowledging history and honoring traditions, engagement within indigenous communities, supporting families with limited English proficiency and implicit bias.

[Register for each session of the Cultural Humility Series](#)

Navigating a New Culture in North Dakota as a New American February 28, 2024 | 12:00 – 2:00 PM CT

Objectives:

- Engage participants through a series of reflections and conversations as they listen to a 1st person story that will allow them to assess their individual experiences in relation to the topic of cultural differences/cultural awareness.
- Facilitate an understanding and appreciation of the refugee journey through personal storytelling and empathy building while providing tools to better support their integration.
- Hold a productive and trusting space for participants to share their challenges when working across cultural differences and support them in identifying approaches to continue increasing their cultural understanding within their respective professional responsibilities.

Acknowledging History, Honoring Traditions: Respectful Engagement within Indigenous Communities

March 13, 2024 | 12:00 – 2:00 PM CT

Objectives:

Acknowledging History, Honoring Traditions: Respectful Engagement within Indigenous Communities

March 13, 2024 | 12:00 – 2:00 PM CT

Objectives:

- Explore the historical context surrounding indigenous communities, including the impact of colonization, historical trauma, and systemic challenges to enhance participants' understanding of how historical factors have shaped the current realities of these communities.
- Promote an increased awareness of the cultural strengths within Indigenous communities, emphasizing strong kinship ties, cultural practices, and other resiliency factors.
- Share approaches to engage with indigenous communities in a culturally humble manner, encouraging practices that prioritize community care, respect indigenous values, and enhance collaboration between professionals and community members

Language Justice

March 27, 2024 | 12:00 – 2:00 PM CT

Objectives:

- Describe language justice
- Explore best practices for working with children and families with limited English proficiency
- Identify ways to support bilingual staff

Impact of Implicit Bias

April 10, 2024 | 12:00 – 2:00 PM CT

Objectives:

- Explore implicit bias and understand its meaning
- Understand how implicit bias impacts individuals, services and systems.
- Develop strategies for monitoring our own implicit biases.
- Strengthen ability to manage impact of biases within workplaces and system consequent odio.

For more information about Health Equity topics and resources, visit our [website](#).

2024 Webinar Series – Rural to Urban Partners: Working Together on Antimicrobial Stewardship

Hear from Lynde Monson, PharmD, BCPS, as she navigates us through the latest immunization updates and details how immunizations prevent antibiotic use. The recording is available to be viewed on the CAP Center website and there is CE available!

[Access the Recording](#)

Upcoming Events (Registration Information will be available closer to the Webinars):

- Thursday May 16, 12:00-1:00 PM | *UTI in Long Term Care Facilities*
- Thursday August 8, 12:00-1:00 PM | *Colonization vs Infection*
- Thursday November 14, 12:00-1:00 PM | *Stewardship in the ER*

Visit the [CAP Center Website](#) for more information.

Pharmacist and Nursing CEs available.

Sponsored by ND Health and Human Services.

The graphic is a promotional poster for the 2024 Rural to Urban Partners: Working Together on Antimicrobial Stewardship Webinar Series. It features the ND Health & Human Services logo at the top right. The main title is '2024 RURAL TO URBAN PARTNERS: WORKING TOGETHER ON ANTIMICROBIAL STEWARDSHIP WEBINAR SERIES'. Below this, it says 'Come join Lynde Monson, PharmD on Feb. 8th, as she navigates us through the latest immunization updates and details how immunizations prevent antibiotic use. Pharmacist and Nursing CEs available.' A portrait of Lynde Monson is shown with her name and credentials: 'Lynde Monson PharmD, BCPS'. The date and time are 'February 8, 2024, 12-1 PM CST'. Under 'UPCOMING WEBINARS', three speakers are listed: Tamara Ruggles (PharmD, BCGP, UTIs in LTCF), Taylor Wojcik (PharmD, BCIDP, Colonization vs Infection), and Brady Diveley (PharmD, Stewardship in the ER). At the bottom, it says 'REGISTER NOW' and 'CLICK BELOW TO REGISTER: IMMUNIZATION UPDATES'.

CDC COCA Call: Overdoses Involving Xylazine Mixed with Fentanyl: Clinical and Public Health Implications

During this COCA Call, presenters will discuss the epidemiology of overdoses involving xylazine mixed with fentanyl, the current understanding of health risks related to these overdoses, and acute treatment strategies.

The non-opioid drug xylazine has been found in the U.S. illegal drug supply and is associated with overdose deaths from fentanyl. Xylazine is not approved for use in people and can cause sedation and other adverse health effects. Presenters will review the state of laboratory testing, outline potential harm reduction activities, and provide an example of an ongoing public health and clinical partnership to mitigate harms from xylazine mixed with fentanyl.

Thursday, February 29, 2024 | 1:00 – 2:00 pm CT

[Webinar Link](#)

Registration is not required.

Webinar ID: 160 603 4857

Passcode: 432103

Telephone: +1-669-254-5252, or, +1-646-828-7666

Objectives:

1. Cite background information on the topic covered during the presentation.
2. Discuss CDC's role in the topic covered during the presentation.
3. Describe the topic's implications for clinicians.
4. Discuss concerns and/or issues related to preparedness for and/or response to urgent public health threats.
5. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of healthcare providers.

For more information for this event, visit the [CDC COCA call webpage](#).

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



From Elimination to Resurgence: The Challenges of Controlling Vaccine-Preventable Disease in a Changing World

Join the North Dakota State University (NDSU) Center for Immunization Research and Education (CIRE) and Dr. Katelyn Jetelina, Your Local Epidemiologist, for the webinar, From Elimination to Resurgence: The challenges of controlling vaccine-preventable disease in a changing world.

Attendees will learn to:

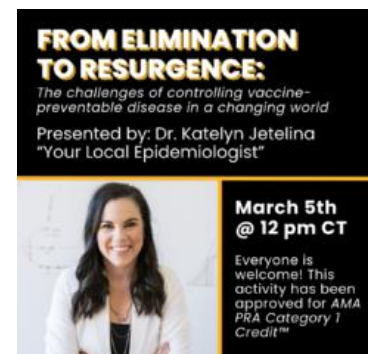
- Describe the epidemiology of vaccine-preventable diseases in the U.S.
- Explore factors driving vaccine-preventable disease resurgence in the U.S. and across the world.
- Briefly outline tangible solutions, particularly around scientific communication.

Tuesday, March 5, 2024 | 12:00 – 1:00 pm CT

Who's Invited:

Everyone is welcome!

[Register Today.](#)



Speaker:

Katelyn Jetelina, MPH, PhD, is an epidemiologist and scientific communicator. She co-founded the Health Trust Initiative and is a Senior Scientific Advisor to several government and non-profit agencies, including the White House (former), the Centers for Disease Control and Prevention, and Resolve to Save Lives. In addition, Dr. Jetelina is the publisher of Your Local Epidemiologist – a public health newsletter that “translates” ever-evolving science to the public, with over 300 million views. Dr. Jetelina has received numerous national awards, including a National Academies of Science award and a Medal of Honor from the United States Department of Health and Human Services. Katelyn resides with her husband and two toddlers in San Diego, California.

Continuing Education

This activity has been approved for AMA PRA Category 1 Credit™.*

*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint provider ship of the Minnesota Medical Association and NDSU. The Minnesota Medical Association (MMA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Minnesota Medical Association designates this live activity for AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Higher Risk of C.diff Infection with Combined Antibiotic & Proton Pump Inhibitor Use**

Clostridioides difficile infection (CDI), is a type of bacterial infection that causes diarrhea, abdominal pain, and sometimes life-threatening complications. CDI has been most associated with antibiotic use, which can disrupt the normal balance of gut bacteria and allow Clostridioides difficile bacteria (*C. diff*) to thrive and produce toxins.

C. diff can be present in a normal microbiome but is suspected to thrive in a dysbiosis or unhealthy gut. A significant factor affecting the microbiome composition is the use of medication, especially exposure to antibiotics. Furthermore, the use of gastric acid suppressants, including proton pump inhibitors (PPIs) and histamine-2 receptor antagonists (H2RAs), as well as some non-steroidal anti-inflammatory drugs (NSAIDs), has been associated with CDI. Other risk factors include older age (over 65 years), chronic comorbidities such as inflammatory bowel disease and admission to hospitals and long-term care facilities.

A recent study investigating the effect of **concurrent** use was recently published in the Journal of Antimicrobial Chemotherapy. This large population-based study in Sweden compared 43,152 CDI patients with 355,172 matched controls and assessed the impact of recent and preceding use of antibiotics and PPIs on CDI and recurrent CDI risk. It was found that the odds of CDI were 17.51 times higher for those who used both antibiotics and PPIs in the past 30 days, compared with those who did not. Preceding (31 to 180 days) use of both resulted in odds that were 9.13 times higher. Recent antibiotic use did result in slightly higher odds of CDI recurrence, but little increased risk was seen if combined with PPIs. [Certain antibiotics, such as macrolides, quinolones, and non-penicillin beta-lactams had the strongest association with CDI and recurrence.](#)

The study suggests that both antibiotics and PPIs contribute to CDI risk, and that their combined use should be avoided or minimized. The study also highlights the need to reconsider the risk-benefit in use of these medication classes, which are often over-prescribed. PPIs are used as maintenance therapy in 10 – 30% of adults, often inappropriately.

“It is well known that antibiotics and PPIs are over-prescribed and are independent risk factors for *C. diff* infection. The results of this study shed new light on the compounded risk with combined use of these agents. Continued emphasis of antibiotic stewardship is vitally important to decrease the burden of CDI. Additionally, these findings call on us to also prioritize the widespread problem of chronic PPI overuse. I encourage you to check out [Deprescribing Guidelines and Algorithms – Deprescribing.org](#). There are many tools to aid in discontinuation of unnecessary PPIs,” shared Carrie Sorenson, PharmD; Quality Improvement Advisor with Great Plains QIN.



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

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

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

Reference: [McKnights—cidrap.umn.edu](#)

Ensuring Nursing Homes Residents are Free of Any Significant Medication Errors

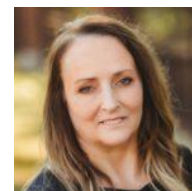
Medication errors can have serious – and, even, deadly – impacts on nursing home residents. Nevertheless, they are a common problem in too many nursing homes. Too often, medication is given to residents in a manner that conflicts with manufacturer’s instructions or professional standards of care.

Access this fact sheet, developed by the Long-Term Care Community Coalition, which contains information on standards to protect residents from medication errors. Regulations require that nursing home facilities work to ensure that 1) medication error rates are not 5 percent or greater; and 2) residents are free of any significant medication errors.

Common Medication Errors:	Common Medication Errors that Could Lead to a Citation:
<ul style="list-style-type: none"> ✓ Taking a medication dose late ✓ Underdosing ✓ Omitted dose ✓ Multidrug interactions or side effects ✓ Giving drugs that would cause harm due to underlying medical diagnoses ✓ Unsafe mixing of medication 	<ul style="list-style-type: none"> ✓ Dispensing the wrong medication ✓ Giving medication via the wrong route ✓ Giving expired medication ✓ Giving the wrong or extra dose

Medication Errors: 42 C.F.R. § 483.45(f); F-759 & F-7601*

“To prepare and ensure your facility is identifying and addressing medication errors in your facility, it is important to know your facility’s medication effort rate. Work with your pharmacist and medical director to discuss best practices to avoid hospital readmissions, prevent medication errors and perform medication administration competencies with facility and agency staff,” shared Susan Wilcox, RN; Great Plains Quality Innovation Network Quality Improvement Advisor.



1. Access the complete list of F-tags [here](#)

[Fact Sheet: Medication Errors in Nursing Homes – NursingHome411](#)

Visit the [Learning Center](#) of the Coalition website for standards relating to drug regimen review, freedom from unnecessary drugs, and the use of psychotropic drugs.

If you need assistance or have questions, please contact a member of the Great Plains Quality Innovation Network [nursing home team](#) or visit our [Web site](#) for more information.

What is the 'Golden-Hour' of Sepsis?

Sepsis is the systemic inflammatory response to an infection. When sepsis involves one of the major organs it is known as severe sepsis. It is noted that over the last 30 years the mortality rate of severe sepsis has dropped by 80%. The drop in mortality is due to the advancement of healthcare by having means to help treat organ failure, the increase in training and the guidelines utilized to help identify severe sepsis more quickly.

If the diagnosis and treatment of sepsis happens within the first hour the survival rate can be as high as 80%. This is known as the '**golden-hour.**' After six hours, the survival rate drops to 30%. If we are able to diagnose sepsis early on and start treatment right away, we could help reduce the number of people dying from sepsis. The golden-hour is an algorithm used by clinicians who treat patients who are suspected of having sepsis.

The suspected diagnosis of sepsis is considered a medical emergency. Within the first hour, a lactic acid and blood cultures should be completed. After the blood cultures a broad spectrum antibiotic should be prescribed and given. Fluids should also be started at 30 ml/kg if hypotension or a lactic acid of greater than 4. If the fluids do not resolve the hypotension, vasopressors can be started.

"If we all work together and help patients and healthcare providers recognize the signs and symptoms of sepsis; the sooner the individual will get to the emergency room to be diagnosed and treated for sepsis and the mortality rate will decrease. Great Plains QIN has created several tools and resources for those living at home and also those in skilled nursing facilities to help identify the signs and symptoms of sepsis. The new [STOP and TELL tool](#) is a non-clinical tool anyone can review and identify if your loved one is having any symptoms. Action can then be taken and lives can be saved," shared Stephanie Meduna, RN, BSN; Quality Improvement Advisor with Great Plains QIN.



Source:

[*Surviving Sepsis in the Golden First Hour*](#)

Unmasking Pneumonia: A Closer Look at Symptoms, Types and Prevention

Pneumonia is a common lung infection caused by germs, such as bacteria, viruses, and fungi. It can be a complication of the flu, but other viruses, bacteria and even fungi can cause pneumonia.

Pneumonia and its symptoms can vary from mild to severe. Treatment depends on the cause of pneumonia, how severe the symptoms are, age and overall health. Most healthy people recover from pneumonia in one to three weeks, but it can be life-threatening. The good news is that pneumonia can be prevented—by getting an annual flu shot (as flu often leads to pneumonia), frequently washing your hands, and for people at elevated risk, getting a vaccine for pneumococcal pneumonia.

The signs and symptoms of pneumonia may include: cough, which may produce greenish, yellow, or even bloody mucus, fever, sweating and shaking chills, shortness of breath, rapid, shallow breathing, sharp or stabbing chest pain that gets worse when an individual breathes deeply or coughs, loss of appetite, low energy, and fatigue, nausea and vomiting, and confusion, especially in older people.

Bacterial pneumonia, which is the most common form, tends to be more serious than other types of pneumonia, with symptoms that require medical care. The symptoms of bacterial pneumonia can develop gradually or suddenly. Fever may rise as high as a dangerous 105 degrees F, with profuse sweating and rapidly increased breathing and pulse rate. Lips and nailbeds may have a bluish color due to lack of oxygen in the blood. A patient's mental state may be confused or delirious.

The symptoms of **viral pneumonia** usually develop over a period of several days. Early symptoms are like influenza symptoms: fever, a dry cough, headache, muscle pain, and weakness. Within a day or two, the symptoms typically get worse, with increasing cough, shortness of breath and muscle pain. There may be a high fever and there may be blueness of the lips.

Symptoms may vary in certain populations. Older adults and people who have serious illnesses or weak immune systems may have fewer and milder symptoms. They may even have a lower-than-normal temperature. Older adults who have pneumonia sometimes have sudden changes in mental awareness. For individuals that already have chronic lung disease, those symptoms may worsen.

Individuals more likely to have complications from pneumonia include:

- Older adults or very young children
- People whose immune system does not work well
- People with other, serious medical problems such as diabetes or cirrhosis of the liver

Possible complications include:

- Respiratory failure, which requires a breathing machine or ventilator.
- Sepsis, a condition in which there is uncontrolled inflammation in the body, may lead to widespread organ failure.
- Acute respiratory distress syndrome (ARDS), a severe form of respiratory failure.
- Lung abscesses, which are infrequent, but serious complications of pneumonia. They occur when pockets of pus form inside or around the lung. These may sometimes need to be drained with surgery.

We must be vigilant in preventing pneumonia by reminding our residents and patients:

- Getting vaccinated for seasonal influenza, RSV and COVID-19
- Being up to date on these vaccines can help prevent pneumonia
- Washing hands, especially after coughing or blowing nose, going to the bathroom, diapering, and before eating or preparing foods
- Do not smoke, tobacco damages the lung's ability to fight off infection and people who smoke have been found to be at higher risk of getting pneumonia
- Be aware of general health. Good health habits include a healthy diet, rest, regular exercise to keep from getting sick from viruses and respiratory illnesses. These also help promote faster recovery after being ill
- Take care and keep existing health conditions, such as asthma, COPD, diabetes, and heart disease well managed

Source: American Lung Association

Additional Great Plains QIN Resources

- [Tobacco Prevention](#)
- [All Cause Harm Prevention in Nursing Homes Change Package](#) (preventing aspiration pneumonia and other respiratory infections; page 36)
- [Nursing Home Vaccination Change Package](#)
- [Pneumococcal Quality Measure MDS Coding Tips](#)
- [Electronic Vaccination Log](#) – Excel File
- [Pneumonia Poster: What Do We Have In Common?](#)

Updated Community Data Reports [Q2 2023]: Addressing Gaps, Achieving Growth and Quality Improvement

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

The Great Plains QIN team of data analysts created a report for North Dakota and South Dakota and included community-level data sets. **We have recently updated these reports with Q2 2023 data and added nursing home data.**

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

- [North Dakota Partnership for Community Health Report – Q2 2023](#)
- [South Dakota Partnership for Community Health Report – Q2 2023](#)

Community-Level Measures Included:	Nursing Home Measures Included:
<ul style="list-style-type: none"> • 30-day Hospital Readmission Rate and Trends • Acute Care Utilization Rate • Hospital Discharge Rate per Location • 30-Day Hospital Readmission Rate per Discharge Location • Top Five DRG Bundles for Admissions • Top Five DRG Bundles for 30-Day Readmissions • ED Visits among Super-Utilizers Rate. • 30-Day Readmissions Rate 	<ul style="list-style-type: none"> • Clostridioides difficile (CDI) Requiring Hospitalization (Long Stay and Short Stay) • Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay and Short Stay) • COVID-19, Pneumonia, Sepsis, or Urinary Tract Infection (UTI) Requiring Hospitalization (Long Stay and Short Stay) • 30-Day Preventable ED Visits (Long Stay and Short Stay) • 30-Day Readmissions (Long Stay and Short Stay)

** Medicare claims fee-for-service data (Q2 2023) is the data source. These measures are not risk adjusted.*

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

Printable and Shareable Vaccination Posters

Great Plains QIN has created four unique Valentines Day Posters that were developed for use in your organization to promote the COVID vaccination with a Valentine’s Day theme; although they can be used any time. Please print and post in your lobby, break room or hallways.

Thank you for all you do to improve vaccination rates in your patients, residents and staff!

Download the Valentine’s Day Posters:

- [To Love Them Is To Protect Them – Caregiver](#)
- [To Love Them Is To Protect Them – Nurse](#)
- [To Love Them Is To Protect Them – Family](#)
- [Love Spreads Like COVID](#)

Additional Immunization Posters:

- [Think Flu, Think COVID](#) (older gentleman)
- [Think Flu, Think COVID](#) (female nurse)
- [Think Flu, Think COVID](#) (female patient)
- [Think Flu, Think COVID](#) (male patient)



Reducing Accidents For Dementia Residents

Did you know that a wood frog can hold its urine for up to 8 months? Don't let your residents be wood frogs! Emptying the bladder often helps prevent urinary tract infections (UTIs). Sometimes it's difficult for residents living with dementia to express their needs and may face unique challenges, outlined below:

1. **Cognitive Impairment:** Dementia can impair a person's ability to recognize the need to urinate or to communicate this need effectively. As a result, they may not empty their bladder regularly, increasing the risk of urinary tract infections (UTIs).
2. **Mobility Issues:** People with advanced dementia may have difficulty moving independently, including getting to the bathroom. This can lead to accidents and inadequate bladder emptying.
3. **Incontinence:** Dementia can lead to urinary incontinence, where individuals may lose control over their bladder function, resulting in involuntary leakage or inability to hold urine.
4. **Hygiene Challenges:** People with dementia may forget or be unable to maintain good hygiene practices, such as wiping properly after using the toilet. Poor hygiene can increase the risk of infections.
5. **Difficulty Expressing Pain or Discomfort:** Individuals with dementia may have difficulty expressing pain or discomfort, making it harder for caregivers to recognize symptoms of UTIs or other bladder issues.

Caregivers and healthcare providers need to be vigilant in managing bladder issues and infections in persons with dementia. Strategies may include:

- Establishing a regular toileting schedule.
- Providing reminders and assistance with toileting.
- Ensuring easy access to the bathroom and using aids like bedside commodes.
- Monitoring for signs of UTIs, such as increased confusion, agitation, or changes in behavior.
- Maintaining good hygiene practices, including proper perineal care.
- Consulting healthcare professionals for management strategies and treatment of urinary tract infections or other bladder issues.



The [Alzheimer's Society](#) has created an article, [Reducing and Managing Accidents](#), that highlights tips that could help your patients/residents tackle everyday life, avoid infections, and prevent incontinence.

Accidents and incontinence can cause problems, especially as a person's condition progresses. This can be upsetting for the person with dementia and difficult when you're supporting them. Many people find it difficult to talk about these issues. Overall, addressing bladder issues and infections in persons with dementia requires a comprehensive approach that considers their cognitive and physical limitations while promoting their comfort and well-being.

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.

