# Nuts & Bolts

*Monthly GPQIN Recap*

**March 2024 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
- Using Plain Language: The CLAS-y Compliant Style of Healthcare Conversations and Communication

## 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 LAN Event: Using Plain Language; The CLAS-y Compliant Style of Healthcare Conversations and Communication | April 23, 2024

Over the past five decades, healthcare providers and healthcare systems have been tasked with providing increasingly complex medical care in a more equitable, cost-efficient, time-efficient – not to mention regulation-compliant – manner.

During this Webinar, Dr. Kay Miller Temple will provide information on how thinking about melding Culturally and Linguistically Appropriate Services (CLAS) goals with the concepts of health literacy and leveraging providers' current use of plain language might make those challenges a bit less so.

**Tuesday, April 23, 2024 | 3:00 – 4:00 pm (CT)**

**After attending today's session, attendees will have gained:**

1. Familiarity with how HHS's National Standards of CLAS link to daily patient care
2. Familiarity with how Health Literacy concepts and Plain Language usage intersects with CLAS
3. Ideas on how to leverage providers' current Plain Language use to further increase efficiency and patient satisfaction
4. Ideas on how organizations can leverage Plain Language and Health Literacy for Community Engagement options

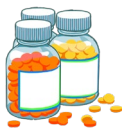
Register Today

**Speaker: Kay Miller Temple MD, MMC**

For 30 years, Dr. Kay Miller Temple practiced Internal Medicine, Pediatrics, and Hospice/Palliative Care in urban and rural areas. She served in numerous leadership positions, including 5 years as chair of a Southwest quaternary healthcare system's Utilization Review committee. With a master's in journalism and mass communication, she is in her 8th year as a writer covering rural health topics for a federally funded national rural health information clearinghouse based at the University of North Dakota Center for Rural Health and housed in the university's School of Medicine and Health Sciences. She has expertise in rural health literacy and plain language and speaks frequently on these topics. The fortunate circumstances of her birth allowed her to grow up on her family's South Dakota farm, originally homesteaded in the 1880s by her great-great grandparents, she continues to hold her rurality as her primary identity.

## 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**

**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**.


## CMS Health Equity Conference: Sustaining Health Equity Through Action | Register Today

The CMS Health Equity Conference will take place on May 29 – 30, 2024. This free, hybrid conference will be held in person at the Hyatt Regency Hotel in Bethesda, Maryland and is available online for virtual participation.

The 2024 CMS Health Equity Conference is the second annual event that will convene leaders in health equity from federal and local agencies, health provider organizations, academia, community-based organizations, and others. The theme of this year's conference is Sustaining Health Equity Through Action. 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.

Due to overwhelming interest in the conference, they have reached capacity for in-person participation. Virtual participation for the conference is still open! Please fill out the **virtual registration form** to attend the conference online via Zoom Events.

If you would still like a chance to attend the conference at the Hyatt Regency in Bethesda, Maryland, please join the waitlist. If space becomes available, CMS will send email invitations to individuals in the order they joined the waitlist.

## Tai Ji Quan: Moving for Better Balance and Fit & Strong Instructor Trainings

Tai Ji Quan: Moving for Better Balance is an evidence-based balance training program designed to help adults improve their balance and reduce the risk of falling. Classes meet twice a week for an hour for 12 weeks. Participants are typically older adults living in the community who learn balance skills, postural control and good body alignment through adapted Tai Ji movements.

- Day 1: April 9, 2024 | 8:00 am – 5:00 pm (CST)
- Day 2: April 10, 2024 | 8:00 am – 5:00 pm (CST)

**Successful completion of both days is required.*

**Location:** Reimers Conference Room – North Dakota State University McGovern Alumni Center, Fargo, ND

***Deadline for registration***: March 19, 2024
To learn more about the TJQMBB Instructor training and access the application form & instructor agreement, visit their website.

Fit & Strong is a national evidence-based physical activity program that targets older adults with osteoarthritis and has demonstrated significant functional and physical activity improvements in this population. Become an instructor today!

**Instructor Training Details:**
- Day 1: May 7, 2024 | 8:00 am – 5:00 pm (CST)
- Day 2: May 8, 2024 | 8:00 am – 5:00 pm (CST)

**Successful completion of both days is required.*

**Location:** Reimers Conference Room – North Dakota State University McGovern Alumni Center, Fargo, ND

***Deadline for registration:*** April 16, 2024
To learn more about the Fit & Strong Instructor training and access the application form, please visit their website.

There is **no cost** for either of these 2 day trainings. The customary fee of $375 is waived due to a grant from the ND Department of Health & Human Services, Division of Aging Services. Attendees will be reimbursed for mileage, lodging and meals.

If you have any questions about the program or the training, please feel free to contact Jane Strommen at jane.strommen@ndsu.edu or Divya Saxena at divya.saxena@ndsu.edu

## Hintz and Wilcox Earn Positive Approach to Care® Certified Independent Trainer Status

Dementia isn't a disease. It is a symptom of progressive brain disorders that affect cognitive function. There are 6.5 million Americans (65 and over) living with the most common form of dementia, Alzheimer's disease. Every 65 seconds, one person in the United States develops Alzheimer's disease[1]. By 2060, up to 13.8 million will have the disease.[2]

Characterized by memory loss and a cognitive decline that interferes with daily life, dementia progressively weakens a person's thought and processing ability; ultimately causing drastic changes in mood, memory, and behavior. Family members caring for a spouse, parent or other loved one with dementia are at high risk for depression and anxiety, making it difficult or impossible to care for the person affected by dementia.

Nationally recognized dementia educator and trainer, Teepa Snow, MS, OTR/L, FAOTA has helped thousands of people by sharing her dementia care philosophy and caregiving techniques. In addition to her work as an Occupational Therapist and 30 years of experience in geriatrics, Snow served as the Director of Education and Lead Trainer for the Eastern N.C. Chapter of the Alzheimer's Association, and as a clinical associate professor at UNC's School of Medicine, Program on Aging. Snow is an advocate for those living with dementia and has made it her personal mission to help families and professionals better understand how it feels to be living with such challenges and change. Her teaching style integrates facts about the brain and what happens to someone when doing, thinking, reasoning, or processing becomes difficult. Learn more – Positive Approach to Care (teepasnow.com).

Lori Hintz, RN, CDP, CADDCT, and Susan Wilcox, RN, Quality Improvement Advisors for the South Dakota Foundation for Medical Care and Great Plains Quality Innovation Network, recently earned their Positive Approach to Care® (PAC™) Independent Trainer Certifications. Hintz and Wilcox have demonstrated the ability to train others in Teepa Snow's Positive Approach to Care® philosophy … teaching awareness, knowledge and skill development in a classroom, community, or support group setting. This experiential and interactive course provides dementia awareness and knowledge, an in-depth look into various learning styles, and facilitation techniques that engage learners. Certification requirements include 6 hours of online training, an 8-hour classroom learning course and post-training follow-up.

*"I am very appreciative to be invited by the SD Department of Human Services / Long Term Care Ombudsman Program to participate in this statewide dementia training project specifically for long-term care facilities. Having worked with nursing homes across South Dakota over the past 13 years, I am fully aware of not only the challenges, but also the rewards that caregivers receive when caring for someone living with dementia. This training offers practical tips that a caregiver can use right away to better understand and care for the person living with dementia and brain changes. I look forward to sharing this information with my nursing home colleagues."* ~ Lori Hintz, RN, CDP, CADDCT.

*"Teepa Snow's* PAC™ *certification empowers me to advocate for individuals with dementia. I am grateful to the SD Department of Human Services/Long Term Care Ombudsman Program for providing the opportunity to enhance my skills. I've experienced the effects of dementia firsthand as a caregiver for a family member and spent over 15 years working in dementia care units across SD. I'm eager to share my knowledge and will use this expertise to make a meaningful difference, promoting dignity and quality of life for both individuals and their families."* ~ Susan Wilcox, RN.

***Sources:***


1. National Library of Medicine- 2022 Alzheimer's disease facts and figures. Alzheimer's Dementia
2. The Fisher Center for Alzheimer's Research Foundation – Alzheimer's Disease Facts and Statistics


## Fostering Collaboration for Improved Patient Care: Hospital-Nursing Home Partnerships

Effective communication and collaboration stand as the linchpins in the effort to diminish rehospitalization. Research indicates that a united front involving healthcare professionals, such as physicians, hospital leadership, and administrators in assisted living or skilled nursing facilities, can prevent unnecessary and costly readmissions when working in tandem.

**While predicting individuals at risk for readmission remains an imperfect science, healthcare professionals have been addressing specific concerns, including:**

- Feeling unprepared for discharge
- Difficulty performing activities of daily living
- Trouble adhering to or accessing discharge medications
- Lack of social support

**Here are 10 strategies aimed at reducing hospital readmissions:**

1. Prioritize quality care, leading to decreased readmission rates, improved performance on quality measures, and realized savings.
2. Initiate care management and discharge planning early, maintaining open communication across the care team, including family members, primary care providers, and facility staff. Schedule post-discharge follow-up appointments and conduct phone calls soon after discharge for ongoing assessment and addressing questions.
3. Conduct face-to-face reviews of medications, with physicians providing clear, explicit instructions on proper usage.
4. Employ teach-back techniques to ensure patient education, tailoring information to the patient's level of understanding and asking them to explain the given information.
5. Utilize health information technology to facilitate the handoff from inpatient to outpatient settings, allowing primary care physicians quick access to relevant hospital information.
6. Implement enhanced training for staff in assisted living and skilled nursing facilities, focusing on early identification and addressing changes in residents' health and mental/functional status.
7. Introduce "SNFists" – on-site physicians, nurse practitioners, or physician's assistants for immediate assessments of changes in clinical status, preventing unnecessary hospitalizations.
8. Explore community paramedicine, especially in rural or underserved areas, enabling paramedics to expand their services to provide home visits and health services to at-risk patients.
9. Emphasize advance directives, documenting and filing patients' end-of-life care preferences to guide treatment decisions during healthcare status changes.
10. Integrate palliative care and hospice for eligible patients, offering a dignified and comfortable alternative to frequent hospital visits. A hospice team manages pain and symptoms while providing social, emotional, and spiritual support to patients and their families in various settings, including private residences, assisted living communities, or skilled nursing facilities.

"Collaboration and communication between hospitals and nursing homes/assisted living homes is important to reduce readmissions. I have seen firsthand how these partnerships can not only reduce readmissions, but the relationships built between the partners in these organizations. This improves trust and communication," shared Tammy Wagner, Great Plains QIN Quality Improvement Advisor.

**GPQIN Tools & Resources:**

- Great Plains QIN Quality Improvement Project Guide and Tools
- GPQIN: Readmissions Interview Tool
- GPQIN: Reducing Avoidable Emergency Department Visits & Hospitalization Toolkit
- GPQIN When to Call for Help Tool Booklet Version (Print Setting: Print On Both Sides: Flip pages on short edge)

**Teach-Back Training Materials:**

- Teach-Back Training Video (6 minute tutorial)
- Teach-Back: 'How to Get Started' Presentation (to accompany video)

**State Reports:**

- North Dakota GPQCC Partnership for Community Health Report
- North Dakota Multi-Visit Patient (MVP) State Report
- South Dakota GPQCC Partnership for Community Health Report
- South Dakota Multi-Visit Patient (MVP) State Report

## White House Challenge to Save Lives from Overdose

An overdose can happen anywhere, to anyone. That's why the Biden-Harris Administration has made historic investments and taken historic action to expand access to opioid overdose reversal medications. But we need stakeholders in every community across the country to help ensure preventable deaths are avoided. Organizations and businesses—big or small, public, or private—should be ready to help keep their employees, customers, and communities safe.

On March 13, The Biden-Harris Administration announced the White House Challenge to Save Lives from Overdose. The Challenge is a nationwide call-to-action to stakeholders across all sectors to save lives by committing to increase training on and access to lifesaving opioid reversal medications. The Administration is calling on organizations across the country to help ensure all communities are ready to use opioid overdose reversal medication, such as naloxone, to reduce opioid deaths.

Everyone can do their part to beat the opioid and overdose crisis. We welcome commitments from organizations, philanthropists, local governments, and businesses—big or small and across all industries and expertise. Industries with employees at higher risk of overdose, likely to witness an overdose, or engaging high numbers of Americans may especially benefit from participating.

The Challenge's fact sheet details actions that organizations and businesses are taking to save lives from overdose. You can make a commitment to:

- Train 100% of your employees on how and when to use an opioid overdose reversal medication
- Ensure an opioid overdose reversal medication is in every first aid kit at your worksites or schools
- Purchase and distribute opioid overdose reversal medication to a certain number of your employees and/or customers

More information on the Challenge is available on the White House Challenge website.

**Take Our Naloxone 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 Naloxone 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.

## In Case You Missed It | Helping Long-Term Care Residents Keep Their Shine

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.

During this Webinar. Dr. Beth Sanford shared 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.

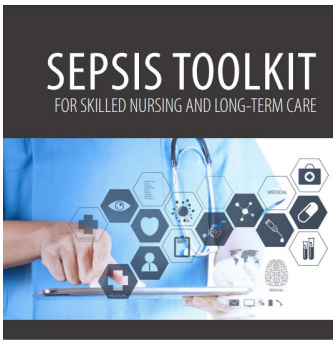
- **Access the Presentation**
- **Access the Recording**

**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.

## Stop Sepsis | Sepsis Toolkit For Skilled Nursing & Long-Term Care

**Sepsis remains the #1 diagnosis for admissions and readmissions and is the #1 facility-acquired infection related to hospitalization in North Dakota and South Dakota.**

Understanding the early signs or the systemic inflammatory response syndrome (SIRS) is vital for all staff (not just clinical staff) and families of the residents at the nursing home to understand these subtle signs.




The Sepsis Toolkit for Skilled Nursing and LTC is excellent for your training needs as well as other needed tools within the toolkit.

**Sepsis Toolkit Highlights:**

- Staff Education for Nurses and CNAs
- Sepsis Screening Flowchart
- Sepsis Screening Tool
- Sepsis Nursing Protocol (begin before needing to be transferred)
- Sepsis Handouts and Posters

Taking this screening for sepsis tool and using for all residents who have a suspected or diagnosed infection can be a game-changer. Assessing the residents with a suspected or already diagnosed infection frequently for SIRS and sepsis is so important to reduce ED visits, hospitalizations, and mortality.

The Great Plains QIN team has developed the STOP and TELL Tool. If a resident shows any of the signs illustrated, 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 sepsis warning signs. Spotting these symptoms early could prevent the body from entering septic shock and could save a life.

**Additional Resources:**

- CDC Sepsis Overview
- CDC Get Ahead of Sepsis Campaign
- CMS Head to Toe Infection Prevention Toolkit
- National Sepsis Alliance | Long-Term Care
- National Sepsis Alliance: It's About Time Campaign
- Sepsis Alliance Institute: Skilled Nursing and Long-Term Care

## Attain & Sustain 100% for the Influenza & Pneumococcal Nursing Home Quality Measures

The Influenza Vaccination Quality Measure is calculated only once per year for the October 1 to March 31 influenza season. Your nursing home will want to be sure that every resident meets one of the three requirements to be "assessed and appropriately given" the vaccines.

Access the following short video (14 minutes) of a recent Thursday's Boost recording to better understand the three criteria to assist your nursing home to meet and sustain the Influenza and Pneumococcal Quality Measures at 100 percent.

**Watch Now**

**If you have any questions, please reach out to the Quality Improvement Advisors for your state.**

- **North Dakota** – Jenifer Lauckner: Jenifer.lauckner@greatplainsqin.org
- **South Dakota** – Lori Hintz: lori.hintz@greatplainsqin.org; Susan Wilcox: susan.wilcox@greatplainsqin.org

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

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

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

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

**Understand** | CLAS and the National CLAS Standards

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

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

- CLAS Checklist
- CLAS Implementation Log

**Create** | An action plan

- CLAS Action Plan Worksheet
- National CLAS Standards Strategies for Implementation

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

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


**Want to learn more?** Check out our National CLAS Standards page for recordings and information regarding everything CLAS.

## Grant Applications for the Center for Dementia Respite Innovation to Offer Person-Centered Dementia Care to Local Respite Care Providers

Since its inception, the Alzheimer's Association has been a leader in outlining principles and practices of quality care for individuals living with dementia. Early on, the *Guidelines for Dignity* described goals for quality care, followed by *Key Elements of Dementia Care* and the *Dementia Care Practice Recommendations,* as more evidence became available. The *Alzheimer's Association Dementia Care Practice Recommendations outline recommendations* for quality care practices based on a comprehensive review of current evidence, best practice, and expert opinion.

The Dementia Care Practice Recommendations were developed to better define quality care across all care settings, and throughout the disease course. They are intended for professional care providers who work with individuals living with dementia and their families in residential and community-based care settings.

With the fundamentals of person-centered care as the foundation, the Dementia Care Practice Recommendations illustrate the goals of quality dementia care in the following areas:

- Person-centered care
- Detection and diagnosis
- Assessment and care planning
- Medical management
- Information, education, and support
- Ongoing care for behavioral and psychological symptoms of dementia, and support for activities of daily living
- Staffing
- Supportive and therapeutic environments
- Transitions and coordination of services

For additional supporting information go to the Alzheimer's Association website.

The Alzheimer's Association has been awarded a $25 million grant to enhance respite services for dementia caregivers nationwide. This grant establishes the Center for Dementia Respite Innovation (CDRI) to fund community-based respite programs to develop and improve the delivery of person-centered dementia care. The CDRI will award up to $20 million total over the course of five years to local respite care providers with a focus on underserved communities. Applications are now open for submission and are due by June 1, 2024.

The Request for Applications (RFA) and application submission link can be found on the Center's webpage. The CDRI team will host an informational webinar on March 14, 2024 for any interested applicants. Registration is now open and can also be found on the Center's webpage.

For more information, please email any questions to CDRI@alz.org.

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.

## Take Charge of Your Health: Prevent Diabetes

37.3 million Americans—or about 11.3% of the U.S. population—have diabetes.[1] Diabetes Alert Day, observed on the fourth Tuesday of March each year, this year being March 26, serves as a wake-up call to raise awareness about the risks of diabetes.

In 2024, as we mark another Diabetes Alert Day, it's crucial to shed light on the impact of diabetes, educate yourself about prevention, and learn the importance of early detection. With social media and constant information flowing, it is easy to get 'alert fatigue'. There are frequent warnings about a variety of topics, but preventing diabetes is definitely worth the effort. Diabetes can have lifelong effects on eyes, kidneys, nerves, heart and is linked to some types of cancer.

**You can prevent diabetes.** Read that again. Diabetes is preventable. Living a lifestyle of healthy diet, regular physical activity and weight management can significantly reduce the risk of developing diabetes. Maintain regular health checkups and learn the signs and symptoms of diabetes. Seek medical attention if any warning signs are noticed.

Having a family history of diabetes is a risk factor of developing the disease. Early detection is critical in managing diabetes effectively, particularly for prevention. This Diabetes Risk Test can be used to learn about your own risk of developing diabetes.

"Take the Diabetes Risk Test", states Lisa Thorp, RN, CDCES. "It is fast and easy. If you know that you are at risk to develop diabetes, there is a lot of help to prevent the disease." Thorp goes on to say that there are many Diabetes Prevention Programs (DPP) available online and throughout the state. For ND residents, accessing the NDC3 website allows a person to search for a DPP program. Many of these programs are supported by NDSU Extension and are free of charge. Hospitals also offer a variety of resources including dietician services, diabetes support groups and lifestyle programs.

For those that already have been diagnosed with diabetes, attending a Diabetes Self-Management Education program, is recommended. Another program called Better Choices Better Health has sessions available in both ND and SD.

**Source:**


1. National Diabetes Statistics Report. Centers for Disease Control and Prevention website. Updated June 29, 2022. Accessed February 23, 2023.


## Updated Community Data Reports [Q3 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.

The Great Plains QIN team of data analysts created a report for North Dakota and South Dakota, which includes community-level data sets. 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/readmissions.

- North Dakota Partnership for Community Health Report – Q3 2023
- South Dakota Partnership for Community Health Report – Q3 2023

| Community-Level Measures Included: | Nursing Home Measures Included: |
|---|---|
| • 30-day Hospital Readmission Rate and Trends<br>• Acute Care Utilization Rate<br>• Hospital Discharge Rate per Location<br>• 30-Day Hospital Readmission Rate per Discharge Location<br>• Top Five DRG Bundles for Admissions<br>• Top Five DRG Bundles for 30-Day Readmissions<br>• ED Visits among Super-Utilizers Rate.<br>• 30-Day Readmissions Rate | • Clostridioides difficile (CDI) Requiring Hospitalization (Long Stay and Short Stay)<br>• Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay and Short Stay)<br>• COVID-19, Pneumonia, Sepsis, or Urinary Tract Infection (UTI) Requiring Hospitalization (Long Stay and Short Stay)<br>• 30-Day Preventable ED Visits (Long Stay and Short Stay)<br>• 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.*

**Great Plains QIN wants to highlight PCHs who have developed strategies and made improvements.**

**Readmission Rate:**
- Western ND
- Central SD

**ED Visits among Multi Visit Patients:**
- Western ND

**Nursing Homes in both states for CDI hospitalizations for LS and SS residents**

**Facility Acquired Infections requiring hospitalization LS and SS:**
- Nursing Homes in Western ND
- Nursing Homes in Northwest SD

**30 Day Readmission among NH Residents:**
- Central SD
- Western ND

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.

## In Case You Missed It: It's All About the Heart; Opportunities for Cardiac Care in the Dakotas

Want to learn more about cardiac rehab services in the Dakotas? Looking for opportunities to improve cardiac care in your organization or community? Interested in resources and tools for outpatient programs?

If so, access the recording from a recent Webinar, hosted by Great Plains QIN, titled ***It's All About the Heart: Opportunities for Cardiac Care in the Dakotas.***

**Access the Recording**

Presenters highlighted South Dakota's Cardiac Ready Community Project and the American Heart Association's Outpace CVD™ suite of outpatient programs, which included Target: BP™, Target: Type 2 Diabetes℠ and Check. Change. Control. Cholesterol™.

**Speakers:**

**Tim Nikolai**
Sr Rural Health Director
American Heart Association

**Dee Kaser, RN, CDCES**
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## 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.

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