Nuts & Bolts

Monthly GPQIN Recap

May 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
- Great Plains QIN LAN Event: Use of Pharmacogenomics as a Medication Optimization Strategy | June 18, 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 LAN Event: Use of Pharmacogenomics as a Medication Optimization Strategy | June 18, 2024

Pharmacogenomic testing is a form of genetic testing that helps predict how an individual will respond to certain medications based on their genetic makeup. It involves analyzing variations in genes that affect drug metabolism, efficacy, and potential adverse reactions.

Attend our upcoming Webinar to better understand how a patient's genetic profile can help healthcare providers tailor medication choices and dosages to optimize effectiveness and minimize the risk of adverse effects. This personalized approach to prescribing medications can improve treatment outcomes, reduce the likelihood of adverse drug reactions, and enhance patient safety.

Tuesday, June 18, 2024 | 3:00 – 4:00 pm CT

Register Today

Objectives:

- Define pharmacogenomics and explain how it can be utilized for medication optimization
- Identify patient/residents who may benefit from pharmacogenomic testing

Speaker: Tamara Ruggles, PharmD, BCGP
Specialty Pharmacy Consulting, LLC

Tamara is a Board-Certified Geriatric Pharmacist with over ten years of experience as a consultant pharmacist in the long-term care setting. She is the owner and operator of Specialty Pharmacy Consulting and The Deprescribing Clinic. She is certified in antimicrobial stewardship and pharmacogenomics and has a passion for deprescribing and reducing anticholinergic burden. She and her husband live in Bismarck, ND with their seven children.

Partnerships are Key to Reducing Readmissions with Hospital and Nursing Home Collaboration

Reducing readmissions matters to both hospitals and nursing homes. With readmission measures that can impact the bottom line for both, strategic partnerships are paramount.

For the FY 2025 Program year, the Skilled Nursing Facility (SNF) Value Based Payment Program will award incentive payments to SNFs based on their performance on the SNF 30-Day All-Cause Readmission Measure (SNFRM). The SNFRM measures the rate of all-cause, unplanned hospital readmissions for SNF residents within 30 days of discharge from a prior hospital stay.

The SNFRM is risk adjusted for patient demographics, comorbidities, and other health status variables that affect the probability of a hospital readmission, including diagnoses of COVID-19. Each SNF receives an SNFRM result (i.e., a risk-standardized readmission rate) for a baseline period and a performance period.

Hospital Readmissions Reduction Program (HRRP) is a Medicare value-based purchasing program that, for example, encourages PPS hospitals to improve communication and care coordination to better engage patients and caregivers in discharge plans and, in turn, reduce avoidable readmissions. The program supports the national goal of improving health care for Americans by linking payment to the quality of hospital care.
CMS includes the following condition or procedure-specific 30-day risk-standardized unplanned readmission measures in the program:

- Acute myocardial infarction (AMI)

- Chronic obstructive pulmonary disease (COPD)
- Heart failure (HF)
- Pneumonia
- Coronary artery bypass graft (CABG) surgery
- Elective primary total hip arthroplasty and/or total knee arthroplasty (THA/TKA)

Critical Access Hospitals (CAHs) also have a MBQIP measure to improve the quality of care provided in critical access hospitals (CAHs) which includes care transitions and reducing readmissions. CAHs who wish to participate in any FLEX-funded activities must meet the MBQIP core measures. Access State Flex Program Key Resources.

It is important not only for residents/patients, but all healthcare organizations, hospitals, both PPS and CAHs, and nursing homes are working on this measure and either can receive incentives for reducing readmissions or penalties related to high readmission rates. It makes sense to be working closely together on communication, building relationships, using the same patient and family education tools, coordinating care with warm hand-offs, nursing home's completing capabilities lists so the hospital better understands what the nursing home can do.

Collaboration & communication are key to reduce readmissions & improve patient/resident safety.
Great Plains QIN Tools & Resources:

- GPQIN: Readmissions Interview Tool
- GPQIN: Reducing Avoidable Emergency Department Visits & Hospitalization Toolkit
- GPQIN When to Call for Help Tool
- GPQIN When to Call for Help Tool Booklet Version (Print Setting: Print On Both Sides: Flip pages on short edge)
- GPQIN Checklist For When To Call For Help

Additional Tools:

- BOOST-Implementation Guide to Improve Care Transitions
- Re-Engineered Discharge (RED) Toolkit
- PRAPARE Implementation and Action Toolkit
- Ready-Set-Go Toolkit
- RHIhub-Rural Care Coordination Toolkit

The "High Utilizers": Transforming Care for Multi-Visit Patients (MVPs)

Dr. Amy Boutwell developed *The MVP (Multi-Visit Patient) Method* after many years of assisting healthcare systems transform and improve their care delivery model and studying what worked best across a variety of settings.
Per the Institute for Advancing Health Value, The MVP Method has been implemented by over 275 healthcare teams in 40 states, making it the most widely disseminated high utilizer strategy in the United States. In the referenced podcast she calls to action the need to break the myth that the MVP population is "un-impactable" and that they are too hard. Not only does this frame of thinking stall creativity and forward motion, it creates bias. It can lead to the belief that it's not worth addressing.

Dr. Boutwell emphasizes the need to change this frame of mind to address WHO the MVPs are and what drives their visits. She states that "this is the path to equity". The MVP method is part of a larger ASPIRE method developed by Dr. Boutwell. It is important to note that both are "methods" not "models." Boutwell highlights that the local adaptations to make a unique model on site, using facility-specific data, is what makes the MVP method effective. Other elements that are vital are system-wide buy-in, a focused MVP team, and an understanding that this is more than care coordination; it is persistent, proactive engagement of the person.

The podcast interview with Dr. Boutwell offers the listener a very thought-inducing overview of addressing care for MVPs. It is important that we break the cycles related to these individuals and recognize that this is not only good care, but that this is what operationalizing health equity looks like; this is equitable and high-value care, per Dr. Boutwell.
Access the Podcast

Ep 161 – The "High Utilizers": Transforming Care for Multi-Visit Patients (MVPs), with Dr. Amy Boutwell; April 2023 (The Race to Value Podcast)

Opioid Utilization in Hospice and Palliative Care: Compassionate Pain Care Has to be Individualized

Addressing the physical, psychological, social, and spiritual needs of dying patients includes management of their pain. But how have increasing concerns and policies that target opioid misuse impacted their pain management options?

The American Medical Association (AMA) Ed Hub hosted a webinar with Dr. Chad Kollas and Dr. Bobby Mukkamala, who shared an in-depth analysis of the current landscape of opioid prescribing practices. Dr. Kollas has served as the medical director for Palliative and Supportive Medicine at the Orlando Cancer Institute in Orlando, Florida for over 20 years. Dr. Mukkamala is a board-certified otolaryngologist, head and neck surgeon, and a member of the American Medical Association's Board of Trustees.

Access the Webinar

Dr. Kollas begins by discussing the critical role of opioids in managing severe pain for patients with life-limiting conditions, stressing that effective pain relief is a fundamental goal of palliative care. He emphasizes the balance that healthcare providers must achieve ensuring adequate pain control and complying with regulatory measures designed to prevent opioid misuse and addiction, the intersection of addiction and chronic pain.
A significant portion of the discussion is dedicated to the impact of constricted opioid regulations on hospice and palliative care. Experts note that while these regulations aim to curb the opioid crisis, they often lead to unintended consequences, such as under-treatment of pain in seriously ill patients. Long-term opioid therapy can be safe for many patients with the right prescribing and monitoring. Maintaining a patient-centered approach is important; ensuring that fear of regulatory repercussions does not prevent healthcare professionals from prescribing necessary pain medications.

Dr. Kollas provides several examples of patients and his approach for individualized, optimal care. It is important to communicate and offer care that manages symptoms, like pain and other distress, in a way that helps them reach their personal and unique quality of life goals.

Strategies to navigate these challenges include advocating for enhanced education and training for healthcare providers on safe and effective opioid use as well as implementing comprehensive pain management programs that include both pharmacologic and non-pharmacologic interventions.

The goal is to ensure that patients in hospice and palliative care receive compassionate care that helps their pain and other symptoms. The key is compassionate pain care must be individualized.

Reducing Urinary Tract Infections in Nursing Homes

Urinary Tract Infections (UTIs) can cause more problems than just pain or discomfort. They can contribute to falls, delirium and can even lead to sepsis. It's important to know what signs and symptoms to look for in your residents, but more importantly you need to know how you can help prevent them.

Access this informative presentation, developed by Blue Cross and Blue Shield of New Mexico, to learn more about UTIs and ways to reduce UITs in nursing homes. The presentation addresses:

- Diagnosis
- Risk factors
- Symptoms and other indications
- Determining reportable events
- Reducing UTIs
- Hand hygiene

- Culture of care and quality

Access the Presentation

Additional Great Plains QIN Resources:
Urinary Tract Infections
- Urinary Tract Infection: Patient Tips
- Urinary Tract Infection: Provider Tips
- Catheter Inserted and Left in Bladder Quality Measure (LS) Tip Sheet
- Urinary Tract Infection (UTI) Quality Measure (LS) Tip Sheet

Sepsis
- Sepsis STOP And TELL Tool
- Connecting the Dots – Antibiotic Stewardship, Immunization, Sepsis

Oral Health To Prevent Pneumonia in Healthcare Settings

Pneumonia is the one of the most common healthcare-associated infection in the United States. According to the Centers for Disease Control and Prevention (CDC), non-ventilator healthcare associated pneumonia (NV-HAP) is estimated to make up 65% of all healthcare-associated pneumonia cases.

Modifiable risk factors identified in some studies include oral care, patient mobility, and angle of the head of the bed. Examples of non-modifiable risk factors include age (either very young or very old), immunocompromised status, and presence of chronic respiratory disease or other chronic conditions.

Maintaining good oral hygiene is crucial for overall health and can help reduce the risk of pneumonia and other respiratory infections. Oral care is a modifiable risk factor that applies to virtually all patients. Dental plaque begins to form in the mouth within hours after toothbrushing and will continue to grow rapidly if not removed (e.g. with toothbrushing). Plaque can contain pathogenic bacteria, and NV-HAP can result if these microbes are aspirated into the lungs and the host defense mechanisms fail to eliminate aspirated bacteria.

Routine oral health care can often get overlooked and patients may not receive oral hygiene supplies during hospital and nursing home stays. Oral care in hospitalized patients and nursing home residents is a low risk, low-cost invention, which potentially reduces NV-HAP and leads to the additional benefits of improved oral health.
What can you do to improve oral care for your patients?

- Engage leadership
- Train staff
- Conduct oral health assessments on patients/residents
- Develop written protocols, plans, and policies for oral care
- Provide oral health education to the patient/resident

Special considerations must be made for those that cannot open their mouth, have a difficult time holding their head still or up off their chest or if the individuals refuse oral care or forgets to perform oral hygiene care.

- Assist the person in bringing the toothbrush to their own mouth and brush teeth together
- Use different dental products such as adaptive equipment
- Try providing oral care at another time of day when the person is more cooperative or in a different environment that is more suitable
- Ensure that oral care reminders are listed in the care plan
- Enlist the assistance of another caregiver

Additional Resources:

CDC – Oral Health in Healthcare Settings to Prevent Pneumonia Toolkit
CMS – Head to Toe (H2T) Infection Prevention Toolkit

Navigating Medication Errors: Ensuring the Safety and Well-Being of Patients

Medication error procedures in healthcare facilities are critical for ensuring patient safety. According to the National Library of Medicine, 7,000 to 9,000 people die due to a medication error. Therefore, it is crucial to follow and adhere to medication prescribing guidelines.

General guidelines that are commonly followed:

1. **Identification**: The first step is to recognize and identify the error
2. **Reporting**: The error should be reported immediately according to the facility's reporting system
3. **Assessment**: Evaluate the potential impact of the error on the patient
4. **Intervention**: Take appropriate steps to mitigate any harm to the patient
5. **Documentation**: Document the error and the steps taken in response to it
6. **Review**: Analyze the error to understand how and why it occurred
7. **Prevention**: Implement changes to prevent similar errors in the future

Facilities often have systems in place to promote a culture of safety, such as:

- **Education and Training**: Regular training sessions for staff on safe medication practices
- **Double Checks**: Independent double checks by another healthcare professional
- **Standardized Procedures**: Following standardized protocols for prescribing, dispensing, and administering medications
- **Communication**: Keeping clear and open lines of communication among healthcare providers
- **Reporting Systems**: Encouraging the reporting of medication errors to learn from them without fear of blame

It's important to follow the **"five rights"** of medication administration: the right patient, the right drug, the right dose, the right route, and the right time. Additionally, healthcare organizations may implement technology solutions, like computerized order entry systems, barcoding for medication administration, and medication reconciliation processes to reduce errors.

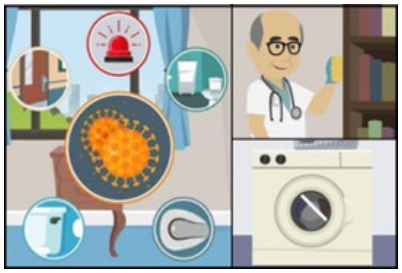
If you're looking for the specific procedure of a particular facility, it's best to consult your facility's policy manual or contact your quality assurance or risk management department. Remember, the goal is always to ensure the safety and well-being of patients.

Newly Updated! Modules 3 & 6: CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Managers

Learn how it takes a team to manage COVID-19 in nursing homes – starting with policies and procedures for effective cleaning practices and extending to all aspects of facility operations – through this no-cost, updated Quality, Safety & Education Portal (QSEP) **online training** developed by the Centers for Medicare & Medicaid Services (CMS).

View scenarios in *Module 3: Cleaning the Nursing Home* to learn the vital role of environmental services staff, CNAs and other staff members in preventing COVID-19 infections through structured cleaning and linen maintenance practices.

♦ **Module 3: Cleaning the Nursing Home**

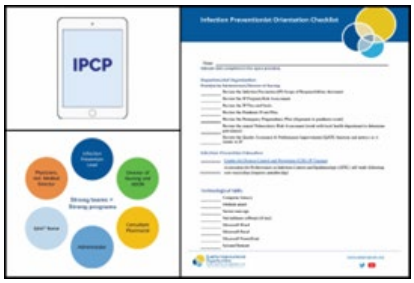


Benefits for nursing home staff:

- Identify and stop the spread of pathogens.
- Get environmental checklists from the Centers for Disease Control and Prevention (CDC) to properly clean a variety of surfaces.
- Choose the correctdisinfectant based on application site, active ingredient, contact time and more.
- Learn linen and laundry management best practices.

Module 6: Basic Infection Control helps nursing home managers, infection preventionists and other members of the leadership team prevent, identify, report, investigate and control COVID-19 and other infections within the facility. Master content at your own pace, learning anytime and anywhere, even on your mobile devices.

♦ **Module 6: Basic Infection Control**



Benefits for nursing home managers:

- Build a strong team to support infection prevention in long-term care facilities.
- Offer training on infection prevention and control practices based on the latest Centers for Disease Control and Prevention (CDC) guidance.
- Establish risk assessments and action plans, then monitor compliance with checklists and documentation.
- Engage staff members, providers and residents in the infection prevention and control process.

Access the CMS Training for Frontline Nursing Home Staff and Management on-demand via **QSEP**. Check out other resources to help implement this free, self-paced, scenario-based training available through **Quality Co-Op**.

Managing and Improving Care for Chronic Kidney Disease (CKD) Patients

Chronic Kidney Disease (CKD) remains a largely under-recognized and growing public health issue. Nearly 90% of the estimated 37 million U.S. adults with CKD remain unaware of their condition. Kidney health inequity continues to manifest itself as a disproportionate prevalence of diabetes, hypertension, and CKD in communities of color and other socioeconomically disadvantaged groups. These same individuals also have lower access to nephrology care, home dialysis, and kidney transplant.

Explore the National Kidney Foundations' CKD Change Package 2023 and review the six Stages of Change for successful CKD care transformation included in the change package. You will also find current guidelines, steps for advancing health equity and quality improvement activities that are adaptable to local clinic needs.

"The majority of patients we see as nephrologists are first seen by primary care physicians, so we really depend on them to make critical decisions in terms of how care is delivered, because it impacts what happens in a patient's life down the road," shared Susanne Nicholas, MD, MPH, PhD; David Geffen School of Medicine at the University of California. Nicholas is faculty for the change package.

In addition, the American Diabetes Association's 2024 Standards of Care Section 11: Chronic Kidney Disease and Risk Management includes a Screening for CKD infographic that gives a quick overview of the who, how, and how often to screen for CKD.

In Case You Missed It - Great Plains QIN LAN Event | Decoding Dialysis: Improving Care Across the Continuum for Patients with Kidney Disease

Are you wanting to better understand the health care challenges of dialysis patients and opportunities for enhanced care coordination for these individuals? What role does the End State Renal Disease (ESRD) Network have in quality improvement for dialysis facilities? If so, take some time to listen to the recent Learning and Action Network (LAN) event hosted by the Great Plains Quality Innovation Network, *Decoding Dialysis: Improving Care Across the Continuum for Patients with Kidney Disease*.

It is known that ESRD patients are high healthcare utilizers, so it is likely the majority of healthcare professionals will be faced with this challenging care. Access the Webinar presentation and recording to learn more.

Access the Presentation and Recording

Webinar Resources:

- Patient Guide to Choosing Care
- Interactive Tool for Helping Patient Choose Where to Go for Care
- Midwest Kidney Network: Reducing Hospitalizations
- Making Dialysis Safer Coalition – Resources to Prevent Bloodstream Infections
- ESRD NCC Website – Patient and Staff Education
- Transitions in Care Toolkit

Claire Taylor-Schiller is a Quality Improvement Coordinator with Midwest Kidney Network. Prior to joining the team at the Network in January 2022, she worked as a charge nurse clinical coordinator for an outpatient hemodialysis unit in Minnesota since July 2011. It was during that time when Claire joined the American Nephrology Nursing Association and discovered the joy of quality improvement, which eventually led to her current role at the Network. As part of the QI team at the Network, Claire leads projects focused on reducing hospitalizations, readmissions, and emergency department visits, improving health equity and implementation of CLAS standards, and increasing vaccination in dialysis patients. In addition to her work at the Network, Claire continues to be involved in her local chapter of the American Nephrology Nurses' Association as the President Elect.

More Evidence on the Need for Antibiotic Stewardship

An analysis of outpatient antibiotic prescribing in the United States from 2017 through 2021 was recently published in *Clinical Infectious Diseases.* The study shows that rates of inappropriate prescribing returned to baseline levels following a brief drop at the beginning of the COVID-19 pandemic.

The analysis included over 37.5 million enrollees from national commercial and Medicare Advantage claims databases. Antibiotic prescriptions for children and adults were analyzed monthly. An antibiotic appropriateness scheme determined whether diagnostic codes justified antibiotic prescribing. Among the 60.6 million antibiotics dispensed during the study period, 15.6% were appropriate, 29.4% were potentially appropriate, 25% were inappropriate, and 30% were not associated with a recent diagnostic code.

In December 2019, 1.7% of total enrollees had inappropriate prescriptions. In April 2020, this decreased to 0.9%, and by December 2021, it returned to 1.7%. Notably, from March 2020 to December 2021, one of the two most common diagnoses among people who received inappropriate antibiotics was "contact with and suspected exposure to COVID-19." The decline in inappropriate prescribing in March 2020 was likely due to fewer provider visits during the pandemic. The subsequent increase was partly because overall antibiotic dispensing rebounded and partly due to a higher proportion of inappropriate prescriptions.

"This study reinforces the importance of promoting responsible prescribing practices to combat antimicrobial resistance and prevent thousands of unnecessary deaths. Quality improvement initiatives focused on preventing

unnecessary antibiotic prescribing and antimicrobial resistance are a patient safety priority," shared Carrie Sorenson, PharmD; Quality Improvement Advisor with Great Plains QIN.

Telemedicine Grant Opportunity
Clinics and providers that want to improve antibiotic prescribing and learn how to improve patient safety and reduce harm associated with antibiotics can participate in a free 18-month AHRQ program that starts in June 2024. **Access our blog post for eligibility details, expectations and value of participating.**

Additional Tools, Resources, Training

- Connecting the Dots – Antibiotic Stewardship, Immunization, Sepsis
- Antimicrobial Stewardship | Agency for Healthcare Research and Quality
- Antibiotic Prescribing and Use
- CDC Symptom Relief for Viral Illnesses
- CDC Core Elements of Antibiotic Stewardship-Hospital, CAH, Outpatient and resource limited settings

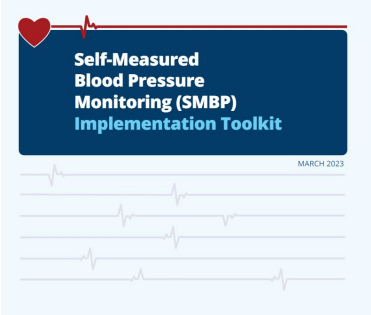
References:

- US study shows post-COVID rebound in inappropriate antibiotic prescribing | CIDRAP (umn.edu)
- Changes in the Appropriateness of US Outpatient Antibiotic Prescribing After the Coronavirus Disease 2019 Outbreak: An Interrupted Time Series Analysis of 2016–2021 Data | Clinical Infectious Diseases | Oxford Academic (oup.com)

High Blood Pressure Education Month: Improving Heart Health Everywhere

Since May is High Blood Pressure Education Month, what better way to teach your patients about their blood pressure than to implement self-measured blood pressure (SMBP) monitoring in your practice?

The National Association of Community Health Centers (NACHC) for Million Hearts®, created a toolkit to identify ways to successfully integrate SMBP monitoring into your care processes and workflows. The toolkit is comprised of four parts that will help determine your goals and priority populations.



1. Align a SMBP patient training approach to the practice environment,
2. Consider SMBP tasks by role—and particularly how many can be accomplished by a non-clinician,
3. Review key features and functionalities to consider in choosing a SMBP data management software solution/technology partner
4. Develop a protocol that will help you implement SMBP using a comprehensive, practical, step-by-step approach based on the experiences and lessons learned of other implementing organizations and in the accordance with the June 2020 Self-measured Blood Pressure Monitoring at Home: A Joint Policy Statement from the American Heart Association and American Medical Association.

Access the Toolkit

World Hypertension Day (May 17)
World Hypertension Day on May 17 is dedicated to highlighting the importance of monitoring blood pressure and bringing global awareness to the 1 billion people living with high blood pressure worldwide. This observance aims to promote hypertension prevention, detection, and control. In the United States, about 48% of adults have hypertension with a higher rate among non-Hispanic Black adults (56%) than in non-Hispanic white adults (48%), non-Hispanic Asian adults (46%), or Hispanic adults (39%). Fortunately, hypertension can be prevented and managed by checking your blood pressure regularly and through treatment.

Additional Resources:

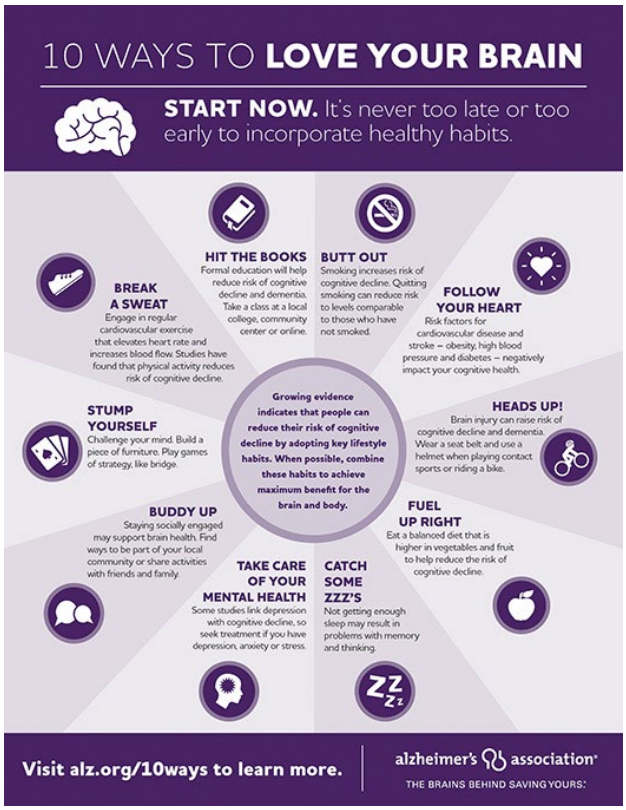
- Validated BP Devices
- American Heart Association (AHA) – Do You Know Your BP Numbers
- Million Hearts® 2027 – Cardiac Rehabilitation Tools & Resources
- Million Hearts Cholesterol Management Change Package
- Million Hearts Hypertension Control Change Package for Clinicians

10 Ways To Love Your Brain

May is Older Americans' Month. The Alzheimer's Association shares the following evidence on risk factors to promote healthy aging and reduce the risk for cognitive decline and dementia as we age.

There are still many unanswered questions and significant uncertainty with respect to the relationship between individual risk factors and dementia (for example, to what degree there is a causal relationship). There is a clear need for more research on risk reduction, prevention, and brain health—both more longitudinal, population-based cohort studies and randomized controlled trials on the effectiveness of specific interventions that address modifiable risk factors.

However, the Association also believes there is sufficiently strong evidence, from a population-based perspective, to conclude: (1) regular physical activity and management of cardiovascular risk factors (diabetes, obesity, smoking, and hypertension) have been shown to reduce the risk of cognitive decline and may reduce the risk of dementia; and (2) a healthy diet and lifelong learning/cognitive training may also reduce the risk of cognitive decline.



The evidence has now reached a point that it can no longer remain simply an exercise in academic discussion. The public should know what science concludes: certain healthy behaviors known to be effective for diabetes, cardiovascular disease, and cancer are also good for brain health and for reducing the risk of cognitive decline. For our part, the Alzheimer's Association has launched a new brain health education program, Healthy Habits for a Healthier You. It is designed to provide consumers with the latest research and practical information on ways they can take care of their bodies and brains to age as well as possible.

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.

Improve Antibiotic Use and Reduce Patient Harm in Telemedicine | Recruiting for an AHRQ Safety Program

Recently, the Agency for Healthcare Research and Quality (AHRQ) announced a new funded program, the *AHRQ Safety Program for Telemedicine: Improving Antibiotic Use*. This 18-month program will work with healthcare practices across the country to improve appropriate antibiotic use for patients who receive some or all of their care over telemedicine.

Practices participating in a prior similar AHRQ-funded program saw a 9% decrease in antibiotic prescribing overall and a 15% decrease in prescribing for acute respiratory infection. The program is currently recruiting primary care practices, community health centers, specialty practices providing primary care (e.g., OB/GYN) and urgent care clinics. There is **no cost** to participate. Through brief (~20 minute) educational presentations and support from experts from Johns Hopkins Medicine, participants will learn best practices in antibiotic use in the telemedicine environment. By participating, practices can:

- Make it easier and more efficient for providers to order the right prescription, using approaches such as scripting for live and patient portal conversations
- Learn updated best practices for antibiotic use in telemedicine
- Perform better on antibiotic-related quality measures like the Healthcare Effectiveness Data and Information Set (HEDIS) and Merit-based Incentive Payment System (MIPS)
- Earn CMEs, CEUs, and ABIM MOC points

If you think this program may be of interest to your organization and/or providers within your network, please spread the word within. Carly Parry, vice president of health sciences at NORC at the University of Chicago is also available to set up a call to discuss the program further and answer any questions you may have. Parry may be reached at parry-carly@norc.org

NORC at the University of Chicago, previously the National Opinion Research Center, is an independent social research organization in the United States. Established in 1941, its corporate headquarters is located in downtown Chicago, with offices in several other locations throughout the United States.

CMS Rules Are Our Best Tools – Life Safety, Emergency Preparedness, and Infection Control in Nursing Homes

In 2016, the Centers for Medicare & Medicaid Services (CMS) updated its life safety and emergency preparedness regulations related to health care facilities to improve protections for all individuals enrolled in Medicare and Medicaid, including those residing in long-term care facilities. The updates expanded requirements related to sprinkler systems, smoke detector coverage, and emergency preparedness plans (EPPs). Additionally, facilities were required to implement an infection control program.

As part of its oversight activities, the Office of Inspector General (OIG) is performing audits in nursing homes across the country as many residents of nursing homes have limited or no mobility and are particularly vulnerable in the event of a fire or other emergency. Nursing homes are also communal living environments; therefore, residents are susceptible to infectious disease.

In the state of Colorado, the OIG surveyed 20 nursing homes September through November of 2022. There was a total of 210 deficiencies with Emergency Preparedness, (EP). The EP requirements were related to the emergency preparedness plan, which included emergency supplies, power, plans for evacuation, sheltering and tracking residents and staff members during an emergency and having an EPP that training and testing was in place. Access the Colorado OIG Audit.

The Colorado report was shared with nursing home partners in a recent BOOST call to highlight the recommendations made by the OIG and the corrective actions made regarding the life safety, emergency preparedness, and infection control deficiencies identified.

“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 these tools and resources, including the Colorado OIG audit report, to better understand recommendations and regulations to ensure compliance and enhance quality of care for our residents. If we can assist in any way, please connect with us; we would love to help,” shared Stephanie Meduna, RN, BSN; Quality Improvement Advisor.

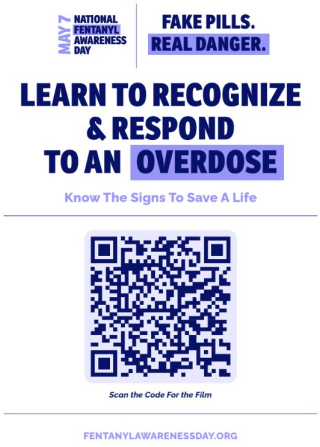
One of the elements is the emergency preparedness plan needs to be reviewed on an annual basis. Great Plains QIN has developed the Long-Term Care (LTC) Emergency Preparedness Plan (EPP) Resource Document, which includes a comprehensive list of resources to utilize while updating your Emergency Preparedness 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.

For more information, visit the Great Plains QIN Nursing Home Quality Webpage.

May 7 Is National Fentanyl Awareness Day: Take Action & Save A Life

National Fentanyl Awareness Day is a day of action where hundreds of businesses, nonprofit organizations, and government offices work together to ensure Americans understand the risks of fentanyl, educate their families and friends, and learn how they can take steps to prevent overdose deaths.

Currently, fentanyl is being found in nearly all street drugs, including cocaine and heroin, and in fake pills being sold on social media and in communities across the country. Fentanyl is now involved in more deaths of Americans under 50 than any other cause, including heart disease, cancer, homicide, suicide, and other accidents.



Impact In The Dakotas

- Access the North Dakota Unintentional Drug Overdose Death 2023 Legislative Report which highlights the issue, including total number of overdose deaths as well as the drug substance listed as cause of death.
- The South Dakota Department of Health State Unintentional Overdose Reporting System collects comprehensive data on unintentional and undetermined intent drug overdose deaths.

Initiated by parents who have lost children to this crisis, National Fentanyl Awareness Day is supported by a coalition of experts, corporations, nonprofits, schools, families and elected officials who are working to empower our youth and their families. **Take action today by doing these few things:**

- Watch this 27-minute film The New Drug Talk to educate your team/community about the dangers of fentanyl and fake pills in the new and rapidly changing drug landscape
- Access the National Fentanyl Awareness Toolkit to see how you and your organization can spread awareness.

There are ways we can be prepared as individuals and healthcare professionals and respond accordingly during/before a potential fentanyl overdose:

- **Know the signs of an overdose:** Loss of consciousness, unresponsiveness, irregular breathing, and inability to speak are a few of the signs to look out for.
- **Carry Naloxone:** Naloxone (also referred to as Narcan) is a life-saving opioid reversal medication. It commonly comes in the form of a nasal spray. Some states and cities are making it available for free. For more information on how to administer Naloxone, take the Great Plains QIN Naloxone Training.
- **Test the product:** Some cities and states are making fentanyl test strips available.
- **Be prepared to call for help:** If you witness someone experiencing the symptoms of an overdose/poisoning, call 911 and request emergency medical services. All 50 states and D.C. have enacted Good Samaritan laws, which typically provide immunity to those who call emergency services when experiencing or witnessing an overdose. The Great Plains QIN Naloxone Training also addresses Good Samaritan Laws in the Dakotas.

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.

Naloxone is the easiest way to reverse a fentanyl overdose. Learn how to use it.
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.

Access the Training Today

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.

Updated Multi-Visit Patient Utilization State Reports

The Great Plains QIN team strives to improve healthcare quality and patient outcomes. We work with partners and community coalitions to identify areas for improvement, which include reducing avoidable hospital admissions and readmissions, and high utilizers of the healthcare system. Individuals who are high utilizers of the healthcare system, known as multi-visit patients (MVPs), drive up readmission rates and tie up resources.

The Great Plains QIN team of data analysts created a new report for North Dakota and South Dakota gathered from Medicare claims Fee-for-Service data on multi-visit patient utilization. We have recently updated these reports with Q4 2023 data. Use these reports to view data and insights about 'MVP' hospital utilization in your state.

- South Dakota MVP State Report (Through Q4 2023)
- North Dakota MVP State Report (Through Q4 2023)

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

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

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

Questions for Our Team?

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

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

Great Plains Quality Innovation Network

This material was prepared by Great Plains Quality Innovation Network, a Quality Innovation Network – Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/GPQIN/QIN-QIO-496/0524