

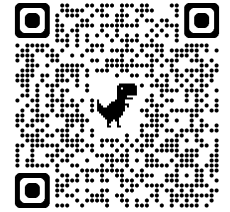
## Join Our Nursing Home Listserv

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

## 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](#)

## 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 Q2 2024 data. Use these reports to view data and insights about 'MVP' hospital utilization in your state.

- [North Dakota Multiple Visit Patient \(MVP\) Report \(Through Q2 2024\)](#)
- [South Dakota Multiple Visit Patient \(MVP\) Report \(Through Q2 2024\)](#)

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.

For questions, please contact a member of our team; visit the [Who We Are](#) page for a listing of team members and contact information.

## Health Literacy Month | Building Health Literacy Awareness Through Action

**October is Health Literacy Month**, a time when we can work together to integrate and expand the mission of health literacy – to build a world where our collective efforts will lead to health equity, where all people can attain positive health outcomes. Let's commit to recognize the importance of making health information easy to understand and the health care system easier to navigate. We urge you to move health literacy awareness to health literacy action.

### **Health literacy is defined in two ways:**

1. Personal health literacy is how well a person can find, understand, and use information and services to make decisions about their own health and the health of others.
2. Organizational health literacy is how well organizations equitably help all people find, understand, and use information and services to make decisions about their own health and others.



Organizational health literacy is a critical component of health equity. The consequences of not being able to access, understand, and use vital health information can be severe. When organizations ground their initiatives in health literacy principles, they maximize their reach and impact. Embedding health literacy throughout an organization builds a strong foundation for long-term success. **Use this health literacy toolkit as a starting point for ongoing improvement and innovation in your organization's communication and outreach efforts.**

[Access The Health Literacy Toolkit](#)

Our collective efforts will lead to health equity where all people can attain positive health outcomes. Let's commit to recognizing the importance of making health information easy to understand and the health care system easier to navigate. We all have a responsibility to do better. **#HealthLiteracyMonth**

Often there is an **"Aha!"** moment when someone realizes the impact or importance of health literacy. Watch this [video](#), developed by the Institute for Healthcare Improvement (IHI), which capture some 'aha moments'

## **Stepping On Program: Reducing The Risk of Falls Among Older Adults**

National Falls Prevention Week is here; **September 23 – 27, 2024**. a great opportunity to offer some falls-related tips for your patients and loved ones. Falls Prevention Awareness Week reaches millions of older adults across the country with a simple message: You can take steps to prevent a fall. Access the National Council on Aging (NCOA) Falls Prevention [Social Media Toolkit](#). for resources and materials to aid in falls prevention efforts.

There are several falls prevention initiatives underway in North Dakota and South Dakota. We recently reached out to the North Dakota State University (NDSU) team to highlight their Stepping On Program.

### **Stepping On Program: Making a Difference**

NDSU Extension is partnering with community organizations to conduct [Stepping On](#) falls prevention workshops. *Stepping On* is a national evidence-based program designed to help older adults take control of their fall risks, explore coping behaviors, and use safety strategies in everyday life. Participants meet for 2 hours per week for 7 weeks, plus a 3-month follow-up session. There are 34 *Stepping On* certified facilitators offering workshops in North Dakota.

In 2023, 155 participants attended one of the 14 *Stepping On* workshops offered in the state. From the 136 evaluations returned, participants ranged in age from 64 to 98 years, with an average age of 81 years. They reported that the participants confidence in applying safe strategies in mobility situations increased by 63%. The Stepping On Program 2023 [Impact Statement](#) highlights areas of success and feedback from participants.

Access Stepping On classes on the [NDC3 Web site](#) and on the [Rural Health Information Hub](#), under the Rural Unintentional Injury Prevention Tab.

### **Highlighting A Champion Organization: The Gains are Priceless**

We had the opportunity to connect with Nancy Bryn, RN, BSN; First District Health Unit (FDHU). Nancy and her colleagues at the First District Health Unit have served as a champion organization for the Stepping On program. FDHU has made falls prevention a priority and has invested in getting staff from each county trained as certified facilitators for the program. Nancy provided the following responses on her involvement in the program and the overall benefit for her team and those they serve.

#### **Q. How did you get involved in the Stepping On Program?**

"A former McHenry County Extension Agent approached me to see if I would be willing to co-facilitate the Stepping On Program with her. I had no idea what the program was. When she explained that it is an evidence-based falls prevention program that has been shown to reduce falls by 30%, I approached my supervisor to see if I could do this. After some persuasion, I was given permission to become a facilitator. Once I started facilitating the class, I realized how important it is and really came to love it. Jane Strommen, NDSU, later reached out to me to see if I would be willing to become a Master Trainer, meaning I would help train other people how to facilitate the Stepping On program in their areas. I was able to facilitate that class in November 2023."

#### **Q. What have you personally gained (personal benefit) from being part of the program?**

"Well, I never like admitting this, but I have had a few falls of my own in the past that resulted in some injuries! Since becoming a Stepping On facilitator, I am much more aware of things around me and I believe my strength, balance, and recognition of fall risks has improved. And, knock on wood here, I have not had an injury since! Also, it is

rewarding to watch the participants gain confidence, strength, balance, and knowledge throughout the 7-week workshop.”

**Q. What do you see as the greatest benefit of the Stepping On program for participants?**

“It is so awesome to watch the change in participants from Session 1 to Session 7! The progress they make in doing the exercises is incredible! It is so fun to see their confidence level increase from week to week. Also, we have guest experts who come in during different sessions – a physical or occupational therapist comes 3 times, a medication expert, a vision expert, and a community safety expert each come one time. The knowledge and/or reminders participants say they gain during these sessions is priceless.

In 2020, falls were the leading cause of unintentional injury deaths in individuals over the age of 65 in North Dakota. The number of emergency room visits and hospitalizations due to falls shows the need for fall prevention efforts. From 2016 through 2020, an average of 92 ND residents died each year due to falls and a little over half of those falls took place at home. We need to do all we can to prevent falls from occurring!”

**Q. Any personal success stories/examples that you are willing to share?**

“I have had participants thank me for offering the Stepping On class. They have told me how much more confident they are going out and about after being a part of the Stepping On class because they have noticed an improvement in their strength and balance! How awesome is that?”

For more information on the Stepping On Program, contact [Jane Strommen](#) or to learn more about efforts of the First District Health Unit, contact [Nancy Bryn](#).

## **50 – 80% of Those With Parkinson’s Disease May Experience Dementia**

Dementia is a condition in which a person has significant difficulty with daily functioning because of problems with thinking and memory. Dementia is not a single disease; it’s an overall term — like heart disease — that covers a wide range of specific medical conditions, including Alzheimer’s disease. Disorders grouped under the general term dementia are caused by abnormal brain changes. These changes trigger a decline in thinking skills, also known as cognitive abilities, severe enough to impair daily life and independent function. They also affect behavior, feelings and relationships.

Brain changes that cause dementia may be temporary, but they are most often permanent and worsen over time, leading to disability and a shortened life span. Survival can vary widely, depending on such factors as the cause of the dementia, age at diagnosis and coexisting health conditions.

**Parkinson’s disease dementia (PDD)** is a decline in thinking and reasoning that develops in many people living with Parkinson’s at least a year after diagnosis. The brain changes caused by Parkinson’s disease begin in a region that plays a key role in movement, leading to early symptoms that include tremors and shakiness, muscle stiffness, a shuffling step, stooped posture, difficulty initiating movement and lack of facial expression. As brain changes caused by Parkinson’s gradually spread, they often begin to affect mental functions, including memory and the ability to pay attention, make sound judgments and plan the steps needed to complete a task.

The key brain changes linked to Parkinson’s disease and Parkinson’s disease dementia are abnormal microscopic deposits composed chiefly of alpha-synuclein, a protein found widely in the brain with a normal function not fully known. The deposits are called “Lewy bodies” after Frederick H. Lewy, M.D., the neurologist who discovered them while working in Dr. Alois Alzheimer’s laboratory during the early 1900s. Lewy bodies are also found in several other brain disorders, including dementia with Lewy bodies (DLB). Evidence suggests that DLB, Parkinson’s disease and Parkinson’s disease dementia may be linked to the same underlying abnormalities in the brain’s processing of alpha-synuclein. Another complicating factor is that many people with both Parkinson’s disease and DLB dementia also have plaques and tangles — hallmark brain changes linked to Alzheimer’s disease.

A study published on July 29, 2019 in *Scientific Reports* suggests that Lewy bodies are problematic because they pull alpha-synuclein protein out of the nucleus of brain cells. The study examined cells of living mice and postmortem brain tissue in humans, and revealed that these proteins perform a crucial function by repairing breaks that occur along the vast strands of DNA present in the nucleus of every cell in the body. Alpha-synucleins' role in DNA repair may be crucial in preventing cell death. This function may be lost in brain diseases, such as Parkinson's and DLB, leading to the widespread death of neurons.

A genetic study of DLB, published on February 15, 2021, issue of *Nature Genetics*, found two genes (BIN1 and TMEM175) implicated in DLB were also tied to Parkinson's and Alzheimer's diseases. The researchers also noted that changes in the activity of these genes may lead to dementia.

**Prevalence Parkinson's disease** is a fairly common neurological disorder in older adults, estimated to affect nearly 2% of those over age 65. The National Parkinson's Foundation estimates that close to one million Americans are living with Parkinson's disease. Recent studies following people with Parkinson's over the entire course of their illness estimate that 50% to 80% of those with the disease may experience dementia.

**Symptoms:** Commonly reported symptoms include changes in memory, concentration and judgment; trouble interpreting visual information; muffled speech; visual hallucinations; delusions, especially paranoid ideas; depression, irritability and anxiety; and sleep disturbances, including excessive daytime drowsiness and rapid eye movement (REM) sleep disorder.

**Diagnosis:** There is no single test — or combination of tests — that conclusively determines whether a person has Parkinson's disease dementia. Guidelines for diagnosing Parkinson's disease dementia and DLB are:

- The diagnosis is Parkinson's disease dementia when a person is originally diagnosed with Parkinson's disease based on symptoms related to movement and dementia symptoms don't appear until a year or more later.
- The diagnosis is DLB when dementia symptoms consistent with DLB either develop first; are present along with symptoms related to movement; or appear within one year after movement symptoms arise.

**Causes and risk factors:** An estimated 50% to 80% of those with Parkinson's eventually experience dementia as their disease progresses. Some studies have reported that the average time from onset of Parkinson's to developing dementia is about 10 years.

Certain factors at the time of Parkinson's diagnosis may increase future dementia risk, including advanced age, being in the advanced stage of Parkinson's, being male, greater severity of motor symptoms and mild cognitive impairment (MCI). Additional risk factors may include a family history of dementia; the presence of hallucinations in a person who doesn't yet have other dementia symptoms; excessive daytime sleepiness; and a Parkinson's symptom pattern known as postural instability and gait disturbance (PIGD), which includes "freezing" in mid-step, difficulty initiating movement, shuffling, problems with balancing and falling.

**Outcomes:** Because Parkinson's disease and Parkinson's disease dementia damage and destroy brain cells, both disorders worsen over time. Their speed of progression can vary widely.

**Treatment:** There are no treatments to slow or stop the brain cell damage caused by Parkinson's disease dementia. Current strategies focus on improving symptoms. If your treatment plan includes medications, it's important to work closely with your physician to identify the drugs that work best for you and the most effective doses.

- Cholinesterase inhibitor — rivastigmine (Exelon®) is the only cholinesterase inhibitor approved by the U.S. Food and Drug Administration (FDA) to treat mild-to-moderate dementia associated with Parkinson's disease.
- Carbidopa-levodopa — may be prescribed to treat Parkinson's movement symptoms. However, it can sometimes aggravate hallucinations and confusion in those with Parkinson's dementia or DLB.
- Deep brain stimulation — deep brain stimulation (DBS) is currently contraindicated for Parkinson's disease dementia (PDD). However, a few small clinical studies have suggested this treatment may be safe and beneficial for people with PDD. Other research has been mixed on whether the treatment can actually

increase the risk of developing dementia in people with Parkinson's disease. Additional studies must be conducted to confirm DBS' impact in Parkinson's.

- Selective serotonin reuptake inhibitors (SSRIs) and non-SSRIs are used to treat depression, which is common in both DLB and Parkinson's disease dementia.
- Clonazepam and melatonin may be used to treat REM disorder.

**CAUTION:** Antipsychotic drugs (such as haloperidol, fluphenazine or thioridazine) that are used to treat behavioral symptoms should be avoided. About 60% of people with DLB experience worsening of Parkinson symptoms, sedation, impaired swallowing or neuroleptic malignant syndrome (NMS). NMS is a life-threatening condition characterized by fever, generalized rigidity and muscle breakdown following exposure to traditional antipsychotics.

**Additional Resources:**

Alzheimer's Association 24/7 Helpline – 800-272-3900.

National Parkinson's Foundation, Inc.

[parkinson.org](http://parkinson.org)

800.473.4636

Michael J. Fox Foundation for Parkinson's Research

[michaeljfox.org](http://michaeljfox.org)

800.708.7644

TS-0096 | Updated December 2022

**About the Alzheimer's Association MN – ND Chapter.** The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer's.

Visit [alz.org/mnnd](http://alz.org/mnnd) or call the 24/7 Helpline 800/272-3900 for support.



## **Sepsis Escape Room: A Game-Changer for Patient Care**

Melissa Waldner, RN, BSN, clinical nurse educator at Avera St. Luke's Hospital in Aberdeen, South Dakota, highlighted their efforts to improve compliance of the sepsis bundle implementation during a recent Webinar, [Sepsis in the Dakotas: Prevention, Identification, Treatment](#), hosted by Great Plains QIN.

In September 2023, the Avera team identified a room for improvement with the sepsis bundle implementation. Their current rate (50%) aligned with the national rate, but the Avera team wanted to do better. Goals were set: to improve health outcomes for patients diagnosed with sepsis; control costs related to sepsis treatment; prepare for the adoption of sepsis protocols into the hospital Value-Based Purchasing (VBP program) and to improve sepsis bundle compliance.

The team focused on improving internal sepsis education; recognizing that traditional education models were not enough. They asked, 'How can we make learning about sepsis enjoyable, memorable and most importantly, impactful'? This is how the idea of an escape room surfaced. Gaming is an emerging teaching methodology proven to increase content retention, encourage critical thinking, strategic planning, teamwork and to improving performance under pressure Waldner provided an overview of this unique inter-professional collaborative approach for attendees.

**Sepsis Escape Room Objectives:**

- Staff will identify infection screen symptoms
- Staff will identify SIRS, sepsis, severe sepsis & septic shock criteria
- Staff will follow the appropriate pathway on the sepsis quality indicator tool
- Staff will provide the patient the proper treatment protocol

The Sepsis Escape Room challenged Avera teams to work through a simulated sepsis case study. By following clues and treating the case study patient appropriately, each team worked together to "break out" of the room. The team with the fastest completion time was recognized in a daily lineup and received a special reward.

This interactive activity not only made learning more engaging, but also helped staff develop essential skills for identifying and treating sepsis. Waldner credits members of the team for embracing the concept and also believes the friendly competition was a driver of success. Waldner extended appreciation to her colleague, Suzanne Vogel, for helping drive this effort and to Michelle Hofer and her team at the South Dakota Association for Nursing Professional Development for the escape room resources and materials.

### Sepsis Escape Room Materials

- [Sepsis Escape Room](#)
- [Sepsis Escape Room Proctor Prompts](#)
- [Sepsis Escape Resource](#)
- [Sepsis Escape Instructions & Briefing](#)
- [Sepsis Escape Room Key](#)

In addition to internal education, the team focused on blood cultures, hand-off communication, workflow issues and lack of utilization of order sets by providers. These were the biggest challenges identified through a root cause analysis (RCA). A multi-faceted approach to improvement was employed, which included physician education, adaption of the Kurin® blood culture collection set tool to minimize contamination rates, implementation of a sepsis quality indicator tool, onboarding with new staff, hosting a sepsis station at skills fair and Sepsis Awareness Month education and activities.

Waldner added that after 9 months of a focused effort to improve sepsis care offered at Avera St. Luke's Hospital, they experienced a vast improvement; nearly 84% compliance rate of the sepsis bundle; compared to 50 percent a few months earlier.

If you are interested in learning more, access the [Sepsis in the Dakotas: Prevention, Identification, Treatment](#) recording. If you want additional information or have questions, contact Melissa Waldner.

### **Melissa Waldner, RN, BSN**

Inpatient Nurse Educator

Avera St. Luke's Hospital | Main Campus

[melissa.waldner@avera.org](mailto:melissa.waldner@avera.org)

## **Updated Community Data Reports [Q1 2024]: 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 GPQCC Partnership for Community Health Report – Q1 2024](#)
- [South Dakota GPQCC Partnership for Community Health Report – Q1 2024](#)

Community-Level Measures Includes:

Nursing Home Measures Includes:

- 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
- 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 is the data source. These measures are not risk adjusted.

## **Access to Narcan in Nursing Homes Improves Overall Safety of Residents and Helps Mitigate Risk**

Opioid overdoses are on the rise among older adults, with a [300% increase in opioid overdose deaths](#) among adults 65 years of age and older since the year 2000. Naloxone, also known by the brand name Narcan, is a life-saving medication that reverses opioid overdoses with no contraindications for use in emergencies. Thankfully, Narcan widely available for emergency use as an over-the-counter medication, encouraging everyday citizens and non-clinicians to administer Narcan to those showing signs and symptoms of opioid overdose.

CMS has identified a need to improve guidance related to meeting the unique health needs of residents with mental health diagnoses and substance use disorders (SUDs). Access this [CMS memo](#) which outlines when facilities care for residents with these conditions, policies and practices must not conflict with resident rights or other requirements of participation. CMS further clarified that facility staff should have knowledge of signs and symptoms of possible substance use, and are prepared to address emergencies (e.g., an overdose) by increasing monitoring, administering naloxone, initiating cardiopulmonary resuscitation (CPR) as appropriate, and contacting emergency medical services.<sup>1</sup> The [Nursing Home Naloxone Policy and Procedure Toolkit](#), developed by [IPRO](#) is a valuable resource for developing these policies and protocols.

Ensuring nursing homes have naloxone available, along with staff trained to use it, improves the overall safety of residents and helps mitigate the risks associated with opioid use in these vulnerable populations.

### **Why is Access to Narcan In Nursing Homes Important?**

- 1. Increasing opioid use among older adults.** Many older adults, including nursing home residents, are prescribed opioids for pain management related to chronic conditions, such as arthritis, cancer, or after surgeries. Long-term use or higher doses of opioids increases the risk of overdose, either due to accidental misuse, drug interactions, or weakened health.
- 2. Risk of overdose.** Older adults often take multiple medications, which can lead to dangerous interactions with opioids. Additionally, as people age, their bodies may process drugs differently, making them more susceptible to overdose even at standard doses.
- 3. Chronic conditions and sensitivity.** Aging can slow metabolism and impair kidney and liver function, leading to slower drug clearance from the body. This increases the risk of opioids accumulating to dangerous levels, especially in those with chronic health conditions.
- 4. Opioid misuse and dependency.** Although less common in older adults, opioid misuse can still occur, either intentionally or accidentally. Having naloxone on hand ensures immediate intervention if an overdose happens.



5. **Potential exposure to opioids.** In addition to prescribed medications, there's the risk that residents or staff may inadvertently come into contact with or misuse opioids, either through prescription diversion or accidental exposure. Naloxone ensures safety in these scenarios.

6. **Rapid response capability.** Nursing home staff are trained to provide medical care, but in the case of an overdose, time is critical. Naloxone acts quickly to reverse the effects of opioids, providing critical time to get further medical attention.

1. [Revised Long-Term Care Surveyor Guidance](#) | CMS. [www.cms.gov](http://www.cms.gov).

### Save a Life | Complete 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.



### [Access The Naloxone Training](#)

"We all have a moral obligation to be prepared to administer naloxone in the event of an overdose. Our goal in offering this video is to prepare anyone who wants to save a life. Watching this video will help you feel comfortable with administering naloxone in an emergency. The risk of being unprepared in the event of an opioid overdose can result in loss of life. The risk of giving naloxone when it may not be needed with an unresponsive individual is negligible," shared Carrie Sorenson, PharmD, Great Plains Quality Improvement Advisor.



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.

## **NDSU Extension & Alzheimer's Association: Alzheimer's and Dementia Virtual Lunch and Learn Series**

North Dakota State University (NDSU) and the Alzheimer's Association invite you to a free lunch and learn series on Alzheimer's and other dementias throughout October and November. See the schedule of sessions and times below:

### **Session 1: Understanding Alzheimer's and Dementia**

**Wednesday, October 2 | 12:00 – 1:00 pm CT**

Learn about the impact of Alzheimer's, the difference between Alzheimer's and dementia, stages and risk factors, current research and treatments, and Alzheimer's Association resources.

**Presenter:** Susan Milender, M.Ed, RDN, LRD – Family and Community Wellness, NDSU Extension/Barnes County

[Register Today](#)

### **Session 2: Dementia Conversations: Driving, Doctor Visits, Legal and Financial Planning**

**Wednesday, October 16 | 12:00 – 1:00 pm CT**

Often, conversations with family about changing behaviors can be challenging and uncomfortable. Get tips for breaking the ice with your family so you can address some of the most common issues that are difficult to discuss: going to the doctor for a diagnosis or medical treatment, deciding when to stop driving, and making legal and financial plans for future care.

**Presenter:** Erin Berentson, MPH, RDN, LRD- Family and Community Wellness, NDSU Extension/Bottineau County

[Register Today](#)

### **Session 3: 10 Warning Signs**

**Wednesday, October 30 | 12:00 – 1:00 pm CT**

Learn how to recognize common signs of the disease, how to approach someone about memory concerns, the importance of early detection and benefits of a diagnosis, possible tests and assessments, and Alzheimer's Association resources.

**Presenter:** Acacia Stuckle- Family and Community Wellness, NDSU Extension/Emmons County

[Register Today](#)

#### **Session 4: Healthy Living for Your Brain and Body: Tips from the Latest Research**

**Wednesday, November 13 | 12:00 – 1:00 pm CT**

Get insights into how to make lifestyle choices that may help you keep your brain and body healthy as you age. Learn about research in diet and nutrition, exercise, cognitive activity and social engagement, and use hands-on tools to help you incorporate these recommendations into a plan for healthy aging.

**Presenter:** Rita Ussatis, MS- Family and Community Wellness, NDSU Extension/Cass County

[Register Today](#)

#### **Contact Information:**

Erin Berentson

erin.berentson@ndsu.edu

701/228-225

Requests for accommodations related to disability should be made to the event contact person at least two weeks in advance of the event.

### **Medicare Annual Wellness Visit: A Key Component to Preventive Healthcare | NEW Resources Available**

An Annual Wellness Visit (AWV) is a preventive visit designed to help patients update their medical providers about their current health status. During an AWV, a patient answers questions in a health risk assessment (HRA) to update their personalized prevention plan.

Medicare AWVs are essential for proactive healthcare. These visits offer opportunities to identify potential health problems early, implement preventive measures to maintain good health and prevent disease, and enhance overall well-being for patients.

Data from Traditional Medicare Claims shows utilization of the AWV is very low in North Dakota and South Dakota communities; 29.39% at the highest rate and some communities were as low as 4.25%.

Access the 15 minute micro-learn session, led by Stephanie Hanson, RN, BSN; quality improvement advisor with Great Plains QIN. Hanson does an excellent job of outlining the AWV components, the optional elements of the AWV (including advance care planning and a social determinants of health risk assessment) as well as tools and resources to assist with application and implementation.

Access the 15 minute micro-learn session, led by Stephanie Hanson, RN, BSN; quality improvement advisor with Great Plains QIN. Hanson does an excellent job of outlining the components of the AWV, the optional elements of the AWV (including advance care planning and a social determinants of health risk assessment) as well as tools and resources to assist with application and implementation.

[Access The Recording](#)

[Access The Presentation](#)

The Great Plains QIN team also created a workflow which outlines the various roles of team members implementing the AWV.

## [Medicare Annual Wellness Visit: Preventive Care for Optimal Health](#)

One of the most valuable elements of the AWW is the creation of a long-term preventive care plan based on the information a patient shares with their provider. The AWW can detect/prevent disease early and encourage interventions to sustain maximum wellness and help keep people out of the hospital.

It's important to note that the specific benefits of AWWs may vary depending on individual health needs and risk factors. However, for most individuals, these visits serve as an important cornerstone of preventive healthcare.

## **Individuals With Diabetes Are at Higher Risk for Developing Sepsis**

Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death. The skin is the body's largest organ and protects the body from germs and houses nerves to help detect sensations. Diabetes can affect every part of the body, including the skin.

**Individuals with diabetes are at higher risk for developing sepsis than people without the disease.** (Sepsis Alliance)

**High blood glucose levels can increase a person's risk of infection by:**

- Pulling water from the skin, making it dry and more likely to crack. This can allow germs to enter.
- Causing blood vessels close to the skin to narrow or clog.
- Causing nerve damage over time, which affects an individual's ability to feel wounds. This also can decrease the amount of sweat, causing dry skin.
- Lowering your ability to fend off harmful bacteria.

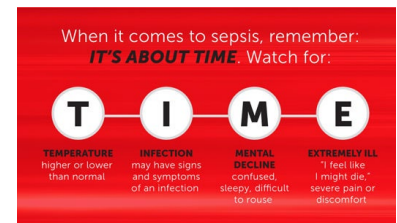
**What can a person with diabetes do to prevent skin problems and infection?**

- Keep diabetes well-managed.
- Keep skin clean and dry. Use talcum powder in areas where skin touches skin, such as the armpits and groin.
- Avoid very hot baths and showers. If the skin is dry, don't use bubble oils. Moisturizing soaps may help. Afterward, use a standard skin lotion, but don't put lotions between toes. Extra moisture there would help fungus grow.
- Prevent dry skin. Scratching dry or itchy skin can open it up to infection. Moisturize skin to prevent chapping, especially in cold or windy weather.
- Treat cuts right away. Wash minor cuts with soap and water. Only use an antibiotic cream or ointment if recommended by a doctor. Cover minor cuts with sterile gauze. See a doctor right away if an individual experiences a major cut, burn, or infection.
- During cold, dry months, keep the home more humid. Bathe less during this weather, if possible.
- Use mild shampoos.
- Do not use feminine hygiene sprays.
- Taking good care of the feet is important:
  - Check the feet every day for sores and cuts.
  - Wear broad, flat shoes that fit well.
  - Check shoes for foreign objects before putting them on.

**What can a provider do?**

- Follow the recommended standards of care to help your patient manage their diabetes.
- Perform neuropathy screening per the standard of care.
- Perform comprehensive skin evaluation.
- Education is key.
  - Promote proper wound care. Make sure they know when to see a doctor.
  - Encourage regular skin checks
  - Promote proper blood glucose control
  - Encourage a healthy diet
  - Encourage proper sun protection

- Encourage proper foot care
- Encourage proper bathing habits
- Encourage proper moisturizing habits
- Teach them the signs and symptoms of sepsis



Know the signs and symptoms of Sepsis: When it comes to sepsis, remember **It's About TIME™**

- **T – Temperature** – higher or lower than normal
- **I – Infection** – may have signs or symptoms of infection
- **M – Mental Decline** – confused, sleepy, difficult to rouse
- **E – Extremely Ill** – “I feel like I might die,” severe pain or discomfort

If sepsis is suspected (observe a combination of these symptoms), encourage an individual to see a medical professional immediately, CALL 911, or go to a hospital with an advocate and say, **“I AM CONCERNED ABOUT SEPSIS.”**

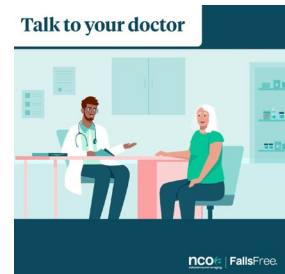
## Falls Prevention Best Practices and Toolkit

Every second of every day, an older adult (age 65+) falls in the United States, according to the Centers for Disease Control and Prevention. Falls are not a normal part of aging, and yet, falls remain the leading cause of serious injuries and death for older adults. The good news is they are preventable and there are proven steps individuals can take to reduce their risk.

**Falls Prevention Awareness Week** – September 23 – 27, 2024 – is a time for healthcare professionals to reinforce the importance of preventing falls, especially among vulnerable populations. By educating patients and their families, providing appropriate care, and advocating for safety measures, the provider community can play a significant role in reducing the risk of falls and their associated injuries. Access the [Falls Prevention Awareness Week Toolkit](#) to share additional resources with your patients or loved ones.

### Key Roles of Healthcare Professionals:

Conduct comprehensive fall risk assessments to identify patients at risk. [Falls Free CheckUp](#): an individual answers 13 simple questions to get the falls risk score and resources to prevent falls.



### Additional Patient Resources:

- [Review Medications with Your Doctor or Pharmacist: 5 Tips for Falls Prevention Success](#)
- [Find an Exercise or Balance Program: 5 Ways to Protect Yourself from a Fall](#)
- [Care for Your Vision and Hearing: 5 Ways to Lower Falls Risk](#)
- [Talk to Your Family and Friends: 5 Ways to Prevent Falls Together](#)
- [Talk to Your Doctor: 6 Tips to Help Inform Your Conversation About Falls](#)

Educate patients and their families about fall prevention strategies, including home safety measures, exercise recommendations, and medication management. For additional resources, visit the [National Council of Aging Falls Prevention Page](#).

By staying informed about the latest fall prevention strategies and best practices, healthcare professionals can make a significant difference in improving patient safety and reducing the burden of fall-related injuries. **#FallsFree**  
**#FallsPreventionAwarenessWeek**

## 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.

