00:00:00.000 --> 00:00:19.010
Nikki Medalen
Welcome everyone to the second module of the screened Rapid Action Collaborative. I am Nikki madalin. An Jonathan Gardner is here with me today. He will be taking care of some of the behind the scenes work, including recording the meeting, monitoring the chat, putting up our polling questions and of course will be available to answer any questions you have.

00:00:00.370 --> 00:00:00.690
Jonathan Gardner
Well.

00:00:20.480 --> 00:00:24.670
Nikki Medalen
As you know, will both answer questions, but John is definitely are.

00:00:25.810 --> 00:00:38.140
Nikki Medalen
Guru, when it comes to data and use of your EHR and those kinds of things so I always feel free to bring your questions on that to these calls as well as contacting him directly.

00:00:39.120 --> 00:00:39.800
Nikki Medalen
Uhm?

00:00:40.360 --> 00:00:44.680
Nikki Medalen
We encourage you to put your name, title, and facility in our.

00:00:47.970 --> 00:00:49.250
Nikki Medalen
We should reset that.

00:00:50.570 --> 00:01:22.650
Nikki Medalen
I encourage you to put your name, title and facility in the chat because we will use that as our sign in sheet for ceu's. So of course, if you've ever applied for see you as you know that we have to have that along with an evaluation form. So we will provide that link at the end of this meeting. But if you watch or if you are not available for last week's excuse Me 2 weeks ago, our first Rapid Action Collaborative, the recording is available on thescreened.org.

00:01:22.710 --> 00:01:39.580
Nikki Medalen
Website and the evaluation tool is there as well, so if you complete that or listen to that and complete the evaluation, we will continue to count those toward your cumulative ceu's that will be awarded at the end of the Rapid Action Collaborative series.

00:01:42.980 --> 00:02:05.250
Nikki Medalen

So we're going to get started today. We're talking about practical policy, and some of you have set in stone policies. Others don't really have any policy around colorectal cancer screening, but we're going to talk about why policy is so important and how it makes the work that you do sustainable, so.

00:02:06.490 --> 00:02:08.670
Nikki Medalen
John, why don't we start with the first polling question?

00:02:26.690 --> 00:02:34.080
Nikki Medalen
So we want to know what colorectal cancer screening improvement goal did your organization set for itself?

00:02:34.790 --> 00:02:42.140
Nikki Medalen
And I think all of you are. Most of you have submitted your action plan at this time, and so that was the very first.

00:02:43.260 --> 00:02:45.620
Nikki Medalen
Item in the action plan. So if you would.

00:02:48.040 --> 00:02:52.470
Nikki Medalen
If you would let us know about where your organization is.

00:02:53.440 --> 00:02:54.480
Nikki Medalen
Planning to go.

00:03:01.720 --> 00:03:12.120
Nikki Medalen
We have quite a few people on the call in only two responses so far, please please respond even if you're from the same organization as another person, everyone can vote.

00:03:22.620 --> 00:03:24.580
Nikki Medalen
I will give this about five more seconds.

00:03:31.070 --> 00:04:01.810
Nikki Medalen
Alright, well, Interestingly the most responses are greater than 50% and that is like music to our ears. So thank you for that. We do have an answer at 26 to 50%, which is awesome. And then one to two at 15% or less. So we really do encourage everyone to set their goal in at least 15% from where they are right now. So the reason for that is of course we're all trying to get to that.

00:04:01.860 --> 00:04:25.430
Nikki Medalen
80% in every community, as our national goal, and so certainly by the end of the three year period of

time, we hope that we can get you to that 80% or close, but certainly for the first year we want to get off to a good start. So thank you for for stretching yourself to to those high expectations for your organization. How about the next polling question?

00:04:34.010 --> 00:04:42.150
Nikki Medalen
The CDC estimates that what percent of deaths from colorectal cancer could be avoided if all eligible people were screened?

00:04:58.970 --> 00:05:00.960
Nikki Medalen
We'll give this about five more seconds.

00:05:06.470 --> 00:05:08.860
Nikki Medalen
And the results.

00:05:10.150 --> 00:05:24.030
Nikki Medalen
68 percent is the answer and most of you got that. So congratulations. Yes, I think it's amazing that 68% of deaths from colorectal cancer could be avoided if all eligible people were screens, and so that has to be our goal.

00:05:25.370 --> 00:05:27.520
Nikki Medalen
So moving on, thank you.

00:05:28.820 --> 00:05:39.580
Nikki Medalen
For those of you who joined late, if you would put your name, title, and organization in our chat where using that is our sign in for Ceu's today. So I encourage you to to do that.

00:05:49.170 --> 00:05:51.620
Nikki Medalen
Alright, so we're going to go through some definitions here.

00:05:53.340 --> 00:06:23.370
Nikki Medalen
It seems like the terms policy and protocol are often used interchangeably, and standing orders come as a subset of those. So to be clear, we're going to just make sure that we're all on the same page with these definitions of policy. Is it deliberate system of principles to guide decisions and achieve rational outcomes? It is a statement of intent and is implemented as a procedure or protocol. A protocol is a standard that includes general and specific principles for managing certain patient conditions.

00:06:23.960 --> 00:06:26.080
Nikki Medalen
And a standing order is.

00:06:27.570 --> 00:06:27.950
Nikki Medalen
And.

00:06:29.320 --> 00:06:44.980
Nikki Medalen
A document, so to speak, that allows a patient allows patient care to be shared among non clinician members of the care team such as medical assistants and nurses. It is often based on national clinical guidelines but customized for the clinic's patient population, an care environment.

00:06:47.340 --> 00:07:16.540
Nikki Medalen
So we want you to think about the tasks or conditions for the standing orders that you currently have in your facility, which probably include orders for medication, refills, treatment, uncomplicated urinary tract infections. Probably some mammograms or flu and pneumonia, vaccinations or even ordering lab tests for certain chronic disease patients such as those with diabetes. But when you think about how the patient interprets what a standing order is, we're what we're really saying to them is we believe.

00:07:16.590 --> 00:07:25.650
Nikki Medalen
So strongly that this screening test is important and we want to ensure that every single one of our patients who meet the screening criteria is offered the test.

00:07:30.770 --> 00:07:38.930
Nikki Medalen
So here are some of the considerations for developing or reviewing your screening policy, and of course, the first is national screening guidelines.

00:07:40.570 --> 00:08:10.910
Nikki Medalen
The American Cancer Society as you as you probably know in 2018, to change their recommendation that the age for routine colorectal cancer screening start at 45 rather than 50. Currently, the USPS TF United States Preventive Services Task Force is in the process of updating its recommendation to include patients 45 to 75, and I just checked on this yesterday, and it still says that this topic is being up.

00:08:12.680 --> 00:08:16.050
Nikki Medalen
What was their word? This topic is being reviewed.

00:08:17.510 --> 00:08:34.150
Nikki Medalen
So note that for adults age 76 to 85, the decision to screen for CRC is usually an individual one, taking into account the patients overall health in prior screening history, but probably should be discontinued in general for anyone over age 85.

00:08:35.590 --> 00:08:58.000
Nikki Medalen
Another consideration is the realities of your practice, and we're going to talk about this one a little bit

more on the next slide, so I'll I'll skip it here. Patient history and risk level, so you'll want to include decision making tools that provide options for average risk patients so that you can optimize the availability of colonoscopy for your highest risk patients.

00:08:59.290 --> 00:09:16.330
Nikki Medalen
Patient preferences and insurance coverage. Of course, we know that not all patients have the same options available to them, so we need to provide options for screening that are not only appropriate to their risk level, but can be financially manageable to them. Note that the best screening test is the one that patient will actually complete.

00:09:18.020 --> 00:09:38.300
Nikki Medalen
Of course we have to be aware of what local medical resources we have, so you'll take into consideration whether or not you can provide colonoscopy in House, or if you need to make referrals. But regardless, it's pretty unlikely that you have the capacity to screen every eligible patient with colonoscopy.

00:09:39.450 --> 00:09:42.610
Nikki Medalen
And truly, it's not even appropriate. Even if you did.

00:09:44.160 --> 00:10:01.410
Nikki Medalen
Course, your policy should include guidance for distribution, tracking and follow up of the take home test to be sure that the patient receives the support, encouragement, or instruction that they need to complete that test, and to be sure that it's accurately documented in the 8 EHR in a matter that can be retrieved into a report.

00:10:03.460 --> 00:10:31.770
Nikki Medalen
So in thinking about the realities of your practice, consider what procedures should be delegated at each step of the patients visit and make sure that you assign that responsibility in that standing order or or your policy. So in the waiting room or exam rooms you might have media such as posters, Flyers, handouts, maybe health TV messaging, and you want to customize or.

00:10:32.150 --> 00:10:39.540
Nikki Medalen
About all of that to express your policy or cues to action, but you also want to make sure that.

00:10:41.310 --> 00:10:54.050
Nikki Medalen
Someone is responsible for reviewing those on a regular basis, making sure that they're up to date or in compliance with the national guidelines or whatever source it is that you have identified in your policy.

00:10:54.940 --> 00:11:17.810
Nikki Medalen
At patient check in do you have a questionnaire that patients should complete regarding their risk? Their

health status? Maybe their screening history, or even their preferences for screening? Do staff ask about preventive care and highlight services that are needed or past due and if that status has changed, is there an opportunity to flag the chart or a preventative care flow sheet?

00:11:19.270 --> 00:11:27.140
Nikki Medalen
During the visit, of course we want to make sure that that recommendation is made and that you use an algorithm.

00:11:28.710 --> 00:11:51.930
Nikki Medalen
For the purpose of finding the most appropriate test so you can explore those options or preferences with the patient and schedule that screening before the patient even leave the office at checkout. So you could have the patient fill out a reminder card with the date of planned notification an their contact preferences, or somehow some of you may have the capability of putting that directly into your EHR.

00:11:53.000 --> 00:12:02.190
Nikki Medalen
And then even the communication that you have with the patient beyond the office. So you would want to include in your policy how and when patients who are due for screening will be contacted.

00:12:03.530 --> 00:12:14.040
Nikki Medalen
Also was mailed fit a possibility. Some clinics Mail a fit test in anticipation of an upcoming visit or as a result of a reminder letter or phone call with the patient.

00:12:14.840 --> 00:12:27.600
Nikki Medalen
Tracking patient compliance. We want to assure that changes to an office visit achieve what is intended by tracking patient compliance through chart reviews or keeping a list of referrals and checking for results in a timely matter.

00:12:28.550 --> 00:12:37.960
Nikki Medalen
So these are things that we definitely want you to to think about as you review your own policy, and maybe if you don't have one, we can certainly help you develop one.

00:12:39.160 --> 00:12:43.870
Nikki Medalen
I'm not sure where exactly to interject this, but.

00:12:44.700 --> 00:13:18.030
Nikki Medalen
Just this morning, Jesse Tran sent out an email and I forwarded it to everyone who is participating in the screened project in regard to $10,000 grants that are available through the North Dakota Department of Health to bolster your work with cancer screening. Could be any cancer screening, but of course we encourage you to use it for colorectal cancer screening. And so we if some of this work is costing you

some money and you just don't seem to have the funding to do some of the things that you want, we would encourage you to.

00:13:20.270 --> 00:13:50.050
Nikki Medalen
Take a look at the at that grant opportunity to see if that might be helpful for your organizations, and I encourage you to look at the feedback tools that we gave you after your detailed assessment and also to your own action plans for some of the guidance or inspiration for what you could propose. And I know that the turn around time for the intent to apply is fairly quick. It's May 21st, but the actual deadline for the proposal isn't believe June 14th.

00:13:50.100 --> 00:14:01.290
Nikki Medalen
That is all in the email from Jessie, so if you haven't looked at it yet, please don't ignore that in your email. Today that you'll, you may have received it from both of us, but I did forward that on this morning.

00:14:03.380 --> 00:14:36.610
Nikki Medalen
So why standing orders? Why are we pushing this so hard and we are very strongly encouraging everyone to have standing orders for for CRC screening. We know that medical practice is changing from a fee for service mechanism to reimbursement based on quality, but regardless, we also are constantly pushing for patients to become more engaged in their care, and as long as there are television commercials and radio ads for everything from the latest miracle drug to surgical procedures, we know that medical practice will remain, at least in some part, demand driven.

00:14:37.310 --> 00:14:41.810
Nikki Medalen
We know that practice demands are very numerous and diverse, and we've been.

00:14:43.380 --> 00:14:53.550
Nikki Medalen
Practicing individual patient care for so long that we forget that sometimes there's things that apply to everyone that we you know we want to make sure that they are standards of practice.

00:14:54.740 --> 00:15:12.440
Nikki Medalen
For practices currently have few practices, currently have mechanisms to ensure that every eligible patient gets a recommendation for screening. Screening rates are also lower for persons with less education. No health insurance or lower socioeconomic status.

00:15:13.310 --> 00:15:30.260
Nikki Medalen
Standing orders allow nursing staff or medical assistants to discuss CRC screening options, provide fit or Ifo. BT kits and instructions and submit referrals for screening. Colonoscopy that have been demonstrated to increase colorectal cancer screening rates.

00:15:34.810 --> 00:15:46.620
Nikki Medalen
We do encourage that you always use an algorithm, and this is one that we really like. This one is certainly available on thescreen.org website an is included in the resource list at the end of our slide deck here.

00:15:47.680 --> 00:16:13.970
Nikki Medalen
But your procedure included in your policy should include an algorithm which is basically a decision making tool. In this one is from the national Colorectal Cancer Roundtable, and as you can see at the top, it's for patients starting screening at age 50. They also have one for screening starting at age 45, but most of our clinics that are participating are starting at 50 at this time, and so this is the one I included here.

00:16:15.000 --> 00:16:34.530
Nikki Medalen
It does assess assess risk patients with average risk are 50 to 75 years of age with no history of an adenoma test. Polyps no history of inflammatory bowel disease, no family history of colon cancer. So based on those findings, there are instructions for the appropriate types of screening for that patient.

00:16:36.310 --> 00:16:48.850
Nikki Medalen
If the patient is at average risk and generally younger than 50 for this algorithm, they would not be screened. But if they're over 50, they would qualify for any of the stool tests or any of the.

00:16:50.940 --> 00:16:55.620
Nikki Medalen
More invasive screening test as well. And of course, those options are listed.

00:16:56.270 --> 00:17:26.590
Nikki Medalen
If a patient does have an increased risk based on personal history of adenoma, colorectal cancer or irritable bowel disease, then of course they should have a surveillance colonoscopy which allows a little more flexibility in terms of the interval. It gives the the physician control of screening more often per their own knowledge of the patient's condition and then those patients who are at increased risk based on family history. Or maybe the maybe they have Lynch syndrome which previously may have been used.

00:17:26.780 --> 00:17:30.630
Nikki Medalen
Interchangeably with hereditary nonpolyposis colorectal cancer.

00:17:32.590 --> 00:17:43.460
Nikki Medalen
Until they realize that those patients could still get polyps, or if a patient has familial adenoma, adenoma dis polyposis, or faps.

00:17:44.320 --> 00:17:53.620
Nikki Medalen
For these patients, a screening colonoscopy everyone to three years is appropriate, along with genetic counseling, and you know.

00:17:54.780 --> 00:17:55.380
Nikki Medalen
Uhm?

00:17:57.000 --> 00:18:05.420
Nikki Medalen
Counseling to to get tested genetic testing if they if the patient would like that.

00:18:06.210 --> 00:18:28.560
Nikki Medalen
For patients with family, history of CRC or advanced adenoma in one first degree relative less than 60 years old or two or more at any age, then screening colonoscopy every five years, beginning at age 40, or actually the recommendation is for 10 years earlier than the age of their youngest relative at diagnosis, whichever comes first.

00:18:30.660 --> 00:18:36.950
Nikki Medalen
The youngest relative to be diagnosed with CRC. If that person is 45, the screening should begin at 35.

00:18:37.700 --> 00:19:03.080
Nikki Medalen
For patients with CRC or documented advanced adenoma and one first degree relative less than 60 years old or two or more. Second degree relatives, any of the screening options recommended for the average risk population but just starting a little bit earlier at age 40. I really like this algorithm. I think it's written a lot more in depth than the previous version, and it is easily accessible, so I encourage you to include this or something similar in your policy.

00:19:05.500 --> 00:19:34.780
Nikki Medalen
Whatever we're thinking about cancer screenings are really any population health management policy. It's important to consider a portfolio approach or what we call a 521 approach. The portfolio approach is a comprehensive approach that provides multiple opportunities for interaction with the patient about the same topic. We know that interventions that involve many components, five or more, are 40% more effective, not just doing 5 interventions, but doing them well every time.

00:19:34.880 --> 00:19:51.910
Nikki Medalen
For every patient, that's why we need a policy. We also know that I care that significantly involves at least two individuals. Besides, the patient is 30% more effective and we need to make sure we know who those people are. So who is owning responsibility for that care?

00:19:52.840 --> 00:20:10.690
Nikki Medalen

And processes that support and increase the patient's capacity for self care are 30% more effective, so coach up. Make sure that the patient has all of the support and education they need to make a good decision on what kind of test they want to have and then follow with the support and education needed to complete that test.

00:20:12.040 --> 00:20:25.590
Nikki Medalen
So for colorectal cancer screening, this means that it isn't enough just to make a recommendation to be screened. That's just one of the interventions, but rather a policy that has five or more interventions that is sure that every opportunity for success is made available.

00:20:29.530 --> 00:20:51.490
Nikki Medalen
We would be remiss if we didn't talk about one more item that needs to be considered in your policy to to assure that no provider is doing a digital rectal exam to obtain a sample for stool card. This is not been acceptable for about two decades, and yet we still hear or see clinicians using this method, such as collecting the sample when they're performing a pap smear or other.

00:20:52.910 --> 00:20:54.310
Nikki Medalen
You know screening test.

00:20:55.110 --> 00:21:24.880
Nikki Medalen
So here we've just got some quotes from multiple sources, making sure that if one of them might stick in your head, the use of digital rectal exam to collect a stool sample should never be used. It misses 19 of 21 cancers in the largest study, and that quote is from Doctor Dorado Brooks from the American Cancer Society, and he was in North Dakota for a conference in 2016, and where we collected that quote, and we've heard him say it.

00:21:24.950 --> 00:21:26.520
Nikki Medalen
Many more times on.

00:21:28.050 --> 00:21:29.380
Nikki Medalen
His presentations

00:21:30.300 --> 00:21:40.770
Nikki Medalen
no guidelines recommend FOBT obtained by Digital Rectal Exam as an adequate colorectal cancer screening test and this from Doctor Thad Wilkins.

00:21:42.340 --> 00:21:50.200
Nikki Medalen
In a an article from the UK screening for colorectal cancer following digital Rectal exam is not recommended and should not be done.

00:21:50.820 --> 00:22:03.340
Nikki Medalen
And finally, from the North Dakota Colorectal Cancer Roundtable stool samples obtained by digital rectal Exam have a low sensitivity for cancer and should never be used for CRC screening. So please include.

00:22:04.630 --> 00:22:10.610
Nikki Medalen
Something related to this message, either in your provider education or in your policy.

00:22:13.860 --> 00:22:43.640
Nikki Medalen
Again, I want to make sure that you're aware of the policy updates. So on May 30th of 2018 the American Cancer Society released updated guidance to begin screening for colon and rectal cancer. An average risk adults to begin at age 45. And of course, the USPS TF is in the process of updating this topic. As of yesterday, it was still not updated, but every indication is that they will also be accepting the American Cancer Society's recommendation to begin screening at 45.

00:22:44.390 --> 00:23:12.560
Nikki Medalen
And So what impact might this have on your own policy? So consider where your if you determine that you were going to change from 50 to starting screening at 45. You'll need to make sure that you re HR flags the parameters that you've said in your report's any small media or messaging or patient reminders that you sent out should be reviewed to make sure that that new policy or new guideline is updated in those documents.

00:23:14.900 --> 00:23:34.270
Nikki Medalen
This is just a nice little tool, a provider's guide to colorectal cancer screening that I wanted to make sure you knew about. This is from the national Colorectal Cancer Roundtable. We also have it available in a link at the end of this slide deck, but also on thescreen.org website.

00:23:35.390 --> 00:23:52.340
Nikki Medalen
This is just a one page flyer that might be used to remind clinicians about some of the dues and don'ts when it comes to colorectal cancer screening. So this is a project that your organization is working on. We'd encourage you to put this into their mailbox or send it to them so that they can review their own practice.

00:23:53.770 --> 00:24:07.480
Nikki Medalen
And of course, this organization always leaves the room for you to be able to Co brand the flyer with your organization's logo. So if you are looking for this again, it's on our website or you can contact the American Cancer Society.

00:24:08.820 --> 00:24:20.160
Nikki Medalen

So I did send out a couple of questions for you to be prepared to share, and I'm very interested to know what key points in your policy that you currently have that you would recommend to others.

00:24:22.200 --> 00:24:27.050
Nikki Medalen
So if you would unmute yourselves and be willing to share that we would be.

00:24:28.150 --> 00:24:29.360
Nikki Medalen
Interested in hearing.

00:24:39.870 --> 00:24:48.560
Nikki Medalen
It's always hard to get going. I don't want to have to call in anybody's so feel free to step up and offer your suggestions.

00:25:01.310 --> 00:25:07.300
Nikki Medalen
Everyone is being shy today. The second question is, did you find weaknesses in your policy that you'd like to improve on?

00:25:09.560 --> 00:25:16.100
Nikki Medalen
If there are some of those, this is a great place to ask, because someone might have a solution to your.

00:25:17.530 --> 00:25:22.170
Nikki Medalen
Your gap, or we can certainly work on that with you as well.

00:25:34.200 --> 00:25:42.450
Nikki Medalen
Not hearing anyone come forward and I will say that policy development is something that we identified as a.

00:25:43.330 --> 00:25:43.960
Nikki Medalen
Uhm?

00:25:44.890 --> 00:26:15.220
Nikki Medalen
Something that was there was room for improvement in many of of our assessments with each clinic. If they did have a policy at all, it was very general to cancer screening in very big and so this is definitely something that will be working on with all of the clinics that are screen participants strengthening that policy and just understanding that if it's in policy it means that this is something you will do and it really helps make the work that you are doing now sustainable long into the future.

00:26:19.780 --> 00:26:22.030
Nikki Medalen
So some resources for the journey ahead.

00:26:23.340 --> 00:26:47.280
Nikki Medalen
We do have a screening model. Start at the beginning so the USPS, USPS, TF CRC guidelines. I have a link to that for you. Note that it is still in progress and so it's something to watch for and we will definitely make sure that you know when that has been updated on screen.org. We will have some.

00:26:47.920 --> 00:27:18.960
Nikki Medalen
Items for you that we talked about in this rapid action module, including the screening tool kit, an example screening policy, the screening algorithm that I shared from the national Colorectal Cancer Roundtable and the providers guide to colorectal cancer screening so that one page document to share with your providers. We encourage your next steps to really take a hard look at your policy and if you don't have one to consider developing something, and of course.

00:27:19.010 --> 00:27:24.240
Nikki Medalen
We encourage you to use that screening example that we have the policy example.

00:27:25.730 --> 00:27:49.430
Nikki Medalen
It is definitely not ideal, in part because we don't have a set of providers or a set of clinic. Other clinic policy is that we can base that on and so we encourage you to modify that and make it your own based on your own clinics. Opportunity for screening so it will look very different if you have colonoscopy in House versus if you don't and so forth, but it's a starting point.

00:27:50.400 --> 00:27:57.440
Nikki Medalen
Also, the link for the evaluation for this module is included, and John Alas that you put that in the chat.

00:27:58.140 --> 00:28:22.250
Nikki Medalen
It that evaluation tool also always be available with the module on screen.org, and if you haven't looked at screen.org lately, I encourage you to do that in the last couple of weeks. It's become much more robust. We've been adding a lot of resources and so encourage you to just go back and and take some time to browse through what is available there.

00:28:23.160 --> 00:28:33.340
Nikki Medalen
Our next collaborative call will be on May 19th and our topic is a matter of choice and will be discussing all of the different types of screening tools available.

00:28:33.910 --> 00:29:04.660
Nikki Medalen
I will also make mention here that we want this to be highly interactive and so although we send out some discussion questions ahead of time, hoping to to help set you up and make you prepared for what we're hoping that you'll share any and all of your questions are always welcome and comments.

Anything that you have in addition to our content, we really want to make this a place where we can exchange information and share among your peers so.

00:29:05.000 --> 00:29:16.440
Nikki Medalen
I will give you a couple of minutes here to ask any questions that you have, but just really encourage you in the future to be to be ready to share and ask questions on our next call.

00:29:23.000 --> 00:29:26.290
Carolyne Tufte - Towner County Medical Center (Guest)
Hi, this is Carolyn from the clinic you can do.

00:29:27.470 --> 00:29:36.230
Carolyne Tufte - Towner County Medical Center (Guest)
I just wanted to mention and I think we talked about this yesterday. Our policy and procedure development is still in progress.

00:29:37.960 --> 00:29:38.430
Nikki Medalen
OK.

00:29:37.960 --> 00:29:38.510
Carolyne Tufte - Towner County Medical Center (Guest)
Uh.

00:29:39.570 --> 00:29:44.280
Carolyne Tufte - Towner County Medical Center (Guest)
So we haven't completed that yet. We're going to consult with Med staff here.

00:29:45.920 --> 00:29:49.470
Carolyne Tufte - Towner County Medical Center (Guest)
And get some input to on. You know the fine tunings of it.

00:29:52.790 --> 00:30:06.860
Nikki Medalen
Great, I appreciate that you are sharing that. I think there is a kind of a long process so starting, but I just really hope that you have a starting point with the example that we shared and then also.

00:30:09.050 --> 00:30:29.610
Nikki Medalen
You know, including all of your staff in reviewing this can really help make your policy more robust, so I applaud you for sharing that with Med staff, but we've been listening to a couple of in our cohort or first cohort. There are little bit six weeks ahead of this group or so and.

00:30:30.780 --> 00:30:58.200
Nikki Medalen
It's been interesting as they share their policy with their nursing staff as well. They have gotten some really good ideas and it's been interesting to hear how that nursing staff is saying, you know, we could do this. We could do that in there. Kind of taking on some of those tasks that may be where almost

afraid to ask them to do one more thing, but some of that kind of rolls into other work that they're already doing, and so it's not a new thing necessarily. It's just a more targeted.

00:30:59.480 --> 00:31:00.410
Nikki Medalen
Efforts so.

00:31:02.240 --> 00:31:05.120
Carolyne Tufte - Towner County Medical Center (Guest)
For sure, Yep, I understand that.

00:31:05.630 --> 00:31:06.060
Nikki Medalen
Yep.

00:31:07.920 --> 00:31:09.730
Nikki Medalen
Give your questions comments.

00:31:21.380 --> 00:31:24.770
Nikki Medalen
Well, if not please feel free to contact us at any time.

00:31:27.790 --> 00:31:30.050
Nikki Medalen
We are available for your.

00:31:32.010 --> 00:31:41.170
Nikki Medalen
This is what we do. We are. We are here to support you, so we encourage you to reach out with that. I just hope you all have a very productive day and we thank you for joining.

00:31:45.850 --> 00:31:46.740
Carolyne Tufte - Towner County Medical Center (Guest)
Thank you guys.