



Quality  
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# “Been There, Done That” – Shifting Our Focus from Planning to Perseverance

## Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the ‘Technical Support’ Panelist
- Please actively participate in polling questions that will pop up on the lower righthand side of your screen

**We will get  
started shortly!**



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# “Been There, Done That” – Shifting Our Focus from Planning to Perseverance



April 2021

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Program Director: North Carolina, Kentucky,  
Georgia & Tennessee



# Leighann Sauls

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# Amy Ward, MS, BSN, RN, CIC

## INFECTION PREVENTION SPECIALIST

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.

**Amy enjoys spending time with family. She loves all the time she can get outdoors camping, cycling, and running.**

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# Objectives

- Learn Today:
  - The learner will be able to collect and analyze data in a standardized format
  - The learner will use process measure data to identify opportunities for improvement
  - The learner will monitor outcomes over time, relating outcomes to process measure data
- Use Tomorrow:
  - Use your NHSN vaccine data to improve vaccination rates
  - Use your PPE audit data to improve PPE compliance

# Core Principles of Infection Prevention

1. Screening
2. Hand hygiene
3. Masks
4. Physical distancing
5. Personal Protective Equipment (PPE)
6. Cleaning and disinfecting
7. Cohorting
8. Testing
9. Instructional Signage

Vaccination is great, but  
we **MUST** remember the  
**BASICS!**

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

# New CMS Request Action Required in NHSN

Skilled Nursing Homes are to have 2 active NHSN users prior to June 13.

Please submit this form by *tomorrow, May 27<sup>st</sup>* to confirm your 2 NHSN users.

<https://www.surveymonkey.com/r/8ZPVMSJ>

# Important CMS Updates

- Interim Final Rule – COVID-19 Vaccine Immunization Requirements for Residents and Staff
  - LTCF Immunization requirements
    - Education
    - Offering
    - Documenting
    - Reporting
  - Survey Process and tags

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-21-19-NH

**DATE:** May 11, 2021

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff

#### Memorandum Summary

- CMS is committed to continually taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On May 11, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Vaccine Immunization Requirements for Residents and Staff**. This includes new requirements for educating residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine. Furthermore, LTC facilities must report COVID-19 vaccine and therapeutics treatment information to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).
- **Transparency:** CMS will post the new information reported to the NHSN for viewing by facilities, stakeholders, or the general public on CMS's [COVID-19 Nursing Home Data](#) website.
- **Updated Survey Tools:** CMS has updated tools used by surveyors to assess compliance with these new requirements.

#### Background

On December 1, 2020, the Advisory Committee in Immunization Practices (ACIP) recommended that health care personnel (HCP) and long-term care (LTC) facility residents be offered COVID-19 vaccination first (Phase 1a).<sup>1</sup> Ensuring LTC residents receive COVID-19 vaccinations will help protect those who are most at risk of severe infection or death from COVID-19.



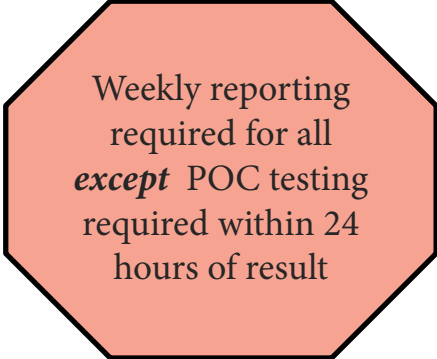
# CDC Updates for Vaccinated People

Unvaccinated People	Example Activities	Fully Vaccinated People
 Safest	Walk, run, wheelchair roll, or bike outdoors with members of your household	 Safest
 Safest	Attend a small, outdoor gathering with fully vaccinated family and friends	 Safest
 Safest	Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	 Safest
 Less Safe	Dine at an outdoor restaurant with friends from multiple households	 Safest
 Least Safe	Attend a crowded, outdoor event, like a live performance, parade, or sports event	 Safest

- This guidance is for public settings and does not apply to healthcare facilities
- If you are fully vaccinated, you may resume activities that you did before the pandemic
- Fully vaccinated people can resume activities without a mask or physical distancing (except where federal, state, local, or tribal law or regulation applies)
- If you haven't been vaccinated yet, [find a vaccine](#)

# NHSN Reporting Pathways

- CMS Required Pathways
  - Staff and Personnel Impact
  - Resident Impact
  - Supplies & PPE
  - Ventilator Capacity and Supplies
  - **COVID-19 Vaccination for HCW and Residents**
  - **COVID-19 Therapeutics**
- Optional Pathways (Strongly Encouraged)
  - Influenza Vaccination
  - POC Testing



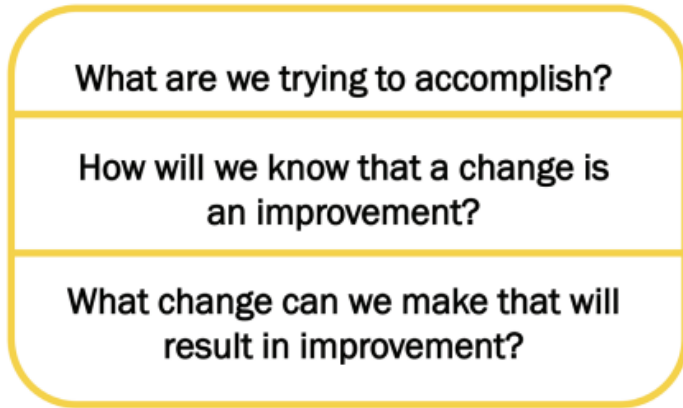
Weekly reporting  
required for all  
*except* POC testing  
required within 24  
hours of result

# Using Data for Action

Let's begin to shift the focus from “*more requirements*” to...

***How can you use this new reporting requirement to your advantage?***

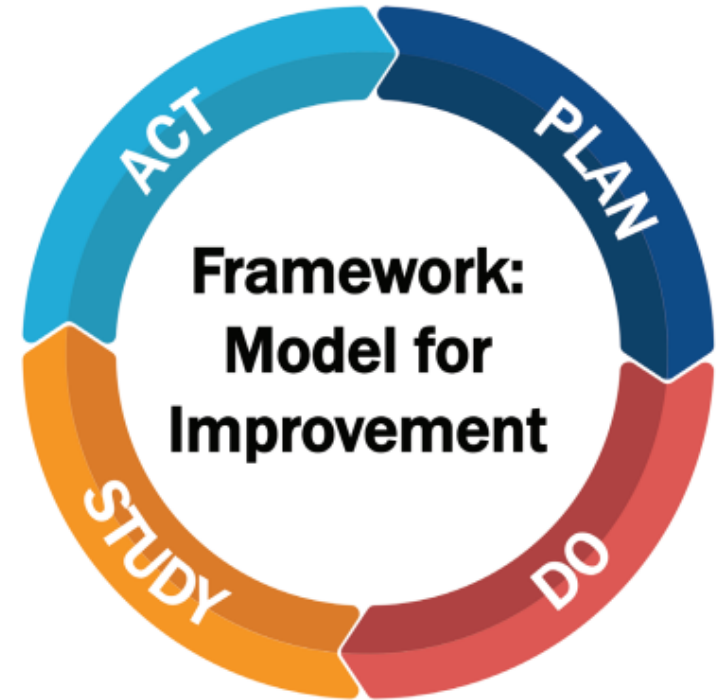
# Model for Improvement



← AIM

← MEASURES

← IDEAS



# Using the Model for Improvement to Improve Staff Vaccination Rates

- Aim
  - Improve staff vaccination rates
- Measures
  - NHSN vaccine data
- Ideas
  - Raffle for a day of PTO or Visa card for anyone receiving vaccine between June 1 and June 15<sup>th</sup>
  - Town Hall meeting with Medical Director to answer questions
  - Carnival when goal is met
- Plan – what does our baseline data tell us?
- Do – roll out an intervention
- Study – what affect does the intervention have?
- Act – continue with intervention, create new goals, plan new intervention

# Plan

SMART Goal:  
We will improve staff vaccination rates from 47% of eligible employees, to 75% of eligible employees by June 30<sup>th</sup>, 2021.

## Plan

- Select a tool
  - NHSN COVID-19 vaccine data
- Determine data/information collection method
  - NHSN Vaccine tracking worksheet
- Determine frequency of audit/collection
  - Weekly
- Select auditors
  - Who will be responsible for collecting/reporting data
- Analyze the results (baseline data)
  - NHSN Reports available

# Do

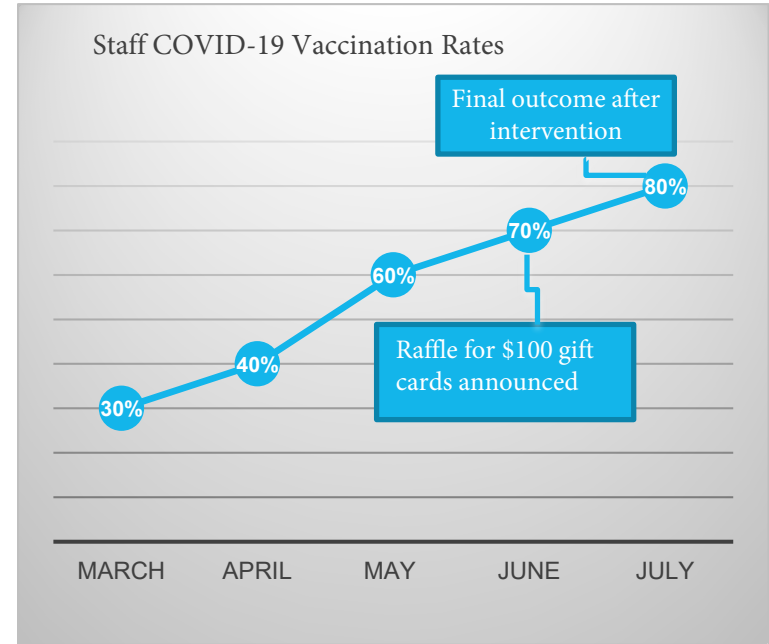
- We decide we will do a raffle for 10- \$100 Visa gift cards
  - Anyone who has completed a vaccine series before June 1 will be entered 3x (support early adoption)
  - Everyone who receives vaccine between June 1 and June 15 will be entered 2x
  - Everyone who receives vaccine after June 15 entered 1x

\*Entry only occurs when series is completed (1/1 dose received or 2/2 doses received), drawing to be held August 15<sup>th</sup>

# Study

Review and reflect on the results of the change

- After the intervention is complete, how does the new data compare to the baseline data?
  - Create a graph showing the baseline data and new data over time, adding callouts for when the change was implemented
- Is the intervention continuous or sustainable?
  - A change to process (sustainable) versus a pizza party or raffle (not sustainable)





# Act

## Action needed based on the result

- Was goal met? **YES!**
  - If not, begin a new PDSA cycle
  - If so, will the goal be maintained or is there further room to improve?
    - Plan another PDSA cycle and develop a sustainable intervention
    - Set a new SMART goal and begin again
      - Here we need to consider factors such as staff turnover to maintain this rate, as well as consider future developments such as need for annual vaccine or booster doses

# Using the model for improvement to improve PPE compliance

- Aim
  - Improve PPE compliance  
(overcome complacency)
- Measures
  - PPE use audit data
- Ideas
  - Posters
  - Equipment available and readily accessible
  - Equipment comfortable
  - Culture of accountability
- Plan – what does our baseline data tell us?
- Do – roll out an intervention
- Study – what affect does the intervention have?
- Act – continue with intervention, create new goals, plan new intervention

# Plan

SMART Goal:  
We will improve PPE  
compliance during audits from  
85% to 100% June 30<sup>th</sup>, 2021.

## Plan

- Select a tool
- Determine data/information collection method
- Determine frequency of audit/collection
  - More frequent until goal is met and sustained
- Select auditors
  - Who will be responsible for collecting/reporting data
- Determine who will be audited (nurses, aids, therapists...)
- Gather baseline data

# Do

- We first have to develop our PPE audit program
  - This is a component of the Infection Prevention and Control Program and should include:
    - Who will be audited?
    - How frequently will audits be performed?
      - Will audits be random or planned?
      - Will audits be added when supplies change or HAI rates increase?
    - Who will perform the audits and how will they be trained?
    - How will feedback be provided?
      - Immediate or Planned?

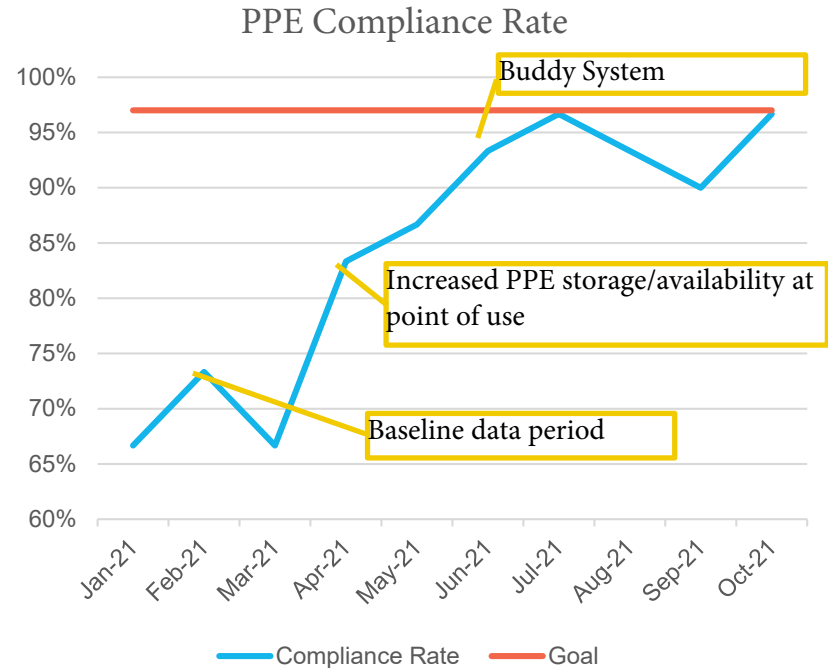
# Do

- Once the audit program is described and baseline data is collected, you will begin interventions
  - Were any specific gaps in practice identified during baseline audits?
    - Applying these interventions may be a “quick win” and would drive both compliance and momentum
    - If quick wins are applied, be sure to collect data afterward and annotate the graph with those for a visual!
    - Implementing any intervention is a part of a PDSA cycle, so you will complete all steps before applying your next intervention!
  - After our quick wins are applied and we are able to collect data, we decide to focus in on use of a buddy system before entry and after exiting a transmission-based precautions room
    - Buddies enhance safety and accountability and improve the safety culture

# Study

Review and reflect on the results of the change

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  - If so, will the goal be maintained or is there further room to improve?
    - Plan another PDSA cycle and develop a sustainable intervention
    - Set a new SMART goal and begin again
      - Here we need to consider based upon our success the new audit frequency and staff onboarding process so we can sustain this excellent outcome

# Objectives Check In!



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**How will this change what you do? Please tell us in the poll...**



**Keynote  
speaker from  
the CDC!**

**Mark Your Calendar!**



## Vaccination Webinar Event

June 23, 2021 – 1:00 pm ET <https://bit.ly/3lVf0yZ>

Visit our website for more info:

<https://www.alliantquality.org>

# Thank You for Your Time!

## Contact the Patient Safety Team



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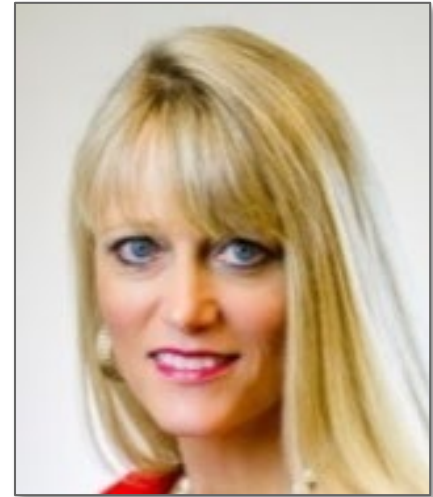
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