Alliant Quality HQIC Weekly COVID Office Hours –
Infection Prevention Chats

Welcome!
- Please ask any questions in the chat
- Please actively participate in discussions
- Lines will be muted upon entry

We will get started shortly!
Hospital Quality Improvement

WELCOME!
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.

I love to ride bikes and be outdoors!

Contact: Amy.Ward@Allianthealth.org
Format for IP Chats

• Sessions are not recorded and minutes are not taken.
  – If you prefer to remain anonymous, please use the call in option.
• Review of updates surrounding COVID-19 regulations and guidelines.
• Open forum discussion
  – Survey findings discussion (corrective action/standards referenced, etc.)
  – Current COVID-19 response challenges or barriers to IP practice
  – IP mentoring or support needed
Feedback on IP Chats

CMS is interested in knowing if these sessions are beneficial to you.

Please enter into the chat:
1 = Very beneficial
2 = Somewhat beneficial
3 = Neutral
4 = Unbeneficial
5 = Very unbeneficial
The Biden administration plans to move the federal public health data tracking system back to the CDC following the Trump administration's shift in July 2020, Bloomberg reported Oct. 14.

HHS altered hospitals' COVID-19 data reporting protocols July 15, 2020; under the change, hospitals were required to send information—including capacity, inpatient bed and ICU bed occupancy rates—directly to the state or state contractor, which would send the data to HHS instead of hospitals reporting it to the CDC. At the time, an HHS spokesperson told the New York Times the agency made the switch because HHS' new data tracking system is faster and would avoid lag times that the CDC's system had been experiencing. HHS signed off on a recommendation Oct. 1 to move the data tracking system out of its CIO office's management and back under CDC oversight, according to a document obtained by Bloomberg.

The change back to CDC management is intended to support long-term custody and stability of the data system, Kaiser Health News reported Oct. 15.
Infection Surveillance and Reporting

NHSN is the national standard for infection surveillance data.

– Provides statistical analysis and ability to see how your performance compares to similar hospitals around the country.
  • CAUTI
  • CLABSI
  • C. diff Lab ID
  • MRSA Blood Lab ID

Enter into the chat:

1. Are you currently reporting data to NHSN? If no, please let us know the reasons or barriers for not reporting.
2. Do you have access to NHSN to report COVID-19 data should the need arise?
CDC Expands Eligibility for COVID-19 Booster Shots | CDC Online Newsroom | CDC

For individuals who received a Pfizer-BioNTech or Moderna COVID-19 vaccine, the following groups are eligible for a booster shot at 6 months or more after their initial series:

- 65 years and older
- Age 18+ who live in long-term care settings
- Age 18+ who have underlying medical conditions
- Age 18+ who work or live in high-risk settings

Johnson & Johnson COVID-19 vaccine booster shots are also recommended for those who are 18 and older and who were vaccinated two or more months ago.
Electronic Case Reporting

Required by CMS for all hospitals and CAHs beginning in January 2022

Fiscal Year (FY) 2022 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Rates Final Rule (CMS-1752-F) | CMS

- Syndromic surveillance reporting
- Immunization registry reporting
- Electronic case reporting
- Electronic reportable lab results reporting
Public Health Case Reporting

- Reporting diseases and conditions of interest to public health by health care providers is required by law in all U.S. states and territories.
- Requirements of this reporting vary by disease/condition and public health jurisdiction.
- Health care providers must identify that their patient has a disease/condition of interest to public health, create a reportable condition case report using time-intensive manual processes (e.g., written reports, fax or mail), and submit the report to the appropriate PHA.
- This has led to significant underreporting and, therefore, delayed identification of events, such as dangerous disease outbreaks, that require public health intervention.
## Clinical Questions about COVID-19: Questions and Answers | CDC

### On this Page

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<th>On this Page</th>
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<tr>
<td>COVID-19 Risk</td>
<td>Drugs and Investigational Therapies</td>
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<td>Infection Control</td>
<td>Patients with Asthma</td>
</tr>
<tr>
<td>Transmission</td>
<td>Patients with Hypertension</td>
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<td>Testing, Diagnosis, and Notification</td>
<td>Waste Management</td>
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<td>Treatment and Management</td>
<td>Cleaning and Disinfection of Environmental Surfaces</td>
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<tr>
<td>Testing, Isolation, and Quarantine for Persons Who Have Recovered from</td>
<td>Additional Resources</td>
</tr>
<tr>
<td>Previous SARS-CoV-2 Infection</td>
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</tbody>
</table>
• FY 2023 IPPS Final Rule *CMS-1752-F*
• Report COVID-19 vaccination data among health care personnel to NHSN beginning Q4 2021
• Excluded facility types:
  – Psychiatric hospitals (as defined in section 1861(f) of the Social Security Act)
  – Rehabilitation hospitals (as defined by the Secretary)
  – Hospitals with inpatients who are predominately individuals under 18 years of age (e.g., children’s hospitals)
  – Hospitals designated as long-term acute care
  – Hospitals recognized as a comprehensive cancer center or clinical cancer research center
  – Hospitals designated as critical access hospitals (reporting is encouraged)
Please enter into the chat:
Have you completed data entry for COVID-19 vaccination of HCW to NHSN?
• Yes or No
If yes, did it go as expected or were there issues?
• Hospitals must collect the numerator and denominator for at least one self-selected week during the month of the reporting quarter and submit data to NHSN prior to each quarterly submission deadline.
• It is highly recommended that hospitals have at least two active NHSN users who have the ability to enter HCP data in order to meet data submission deadlines in the event one of the NHSN users becomes unavailable.
Health Care Personnel Safety Module

Select component:
Healthcare Personnel Safety

Select facility/group:
Fac: Riverside Memorial (ID 27186)

Submit
1. Select ‘Vaccination Summary’

2. Select ‘COVID-19 Vaccination Summary’
Weekly COVID-19 Data Reporting

• Reporting periods are Monday- Sunday.
• Report for the week prior, ending Sunday.
• Click ‘Week’ to enter data for HCW.
• Green Ribbon = Data complete.
• Beige Ribbon = Data Incomplete for the week.
# Weekly COVID-19 Vaccination Reporting for HCP

**Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities**

- **Facility ID #:** 15428
- **Location Type:** Hospital
- **Vaccination type:** COVID-19
- **Facility CCN #:** 012545

Week of Data Collection: 09/06/2021 - 09/12/2021

## Cumulative Vaccination Coverage

<table>
<thead>
<tr>
<th></th>
<th>Employee HCP</th>
<th>Non-Employee HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>![All Core HCP]&lt;sup&gt;a&lt;/sup&gt;</td>
<td>![All HCP]&lt;sup&gt;b&lt;/sup&gt;</td>
<td>![Employees (staff on facility payroll)&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>![All Core HCP]&lt;sup&gt;a&lt;/sup&gt;</td>
<td>![All HCP]&lt;sup&gt;b&lt;/sup&gt;</td>
<td>![Employees (staff on facility payroll)&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

1. **Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection**

2. **Cumulative number of HCP in Question #1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020:**

   ![Any completed COVID-19 vaccine series](image)
Cumulative Number of HCP Eligible to Have Worked

Totals for ‘All Core HCP’ and ‘All HCP’ will be auto-calculated by NHSN.

- **All Core HCP** = The sum of employees, licensed independent practitioners and adult students/trainees and volunteers.
- **All HCP** = The sum of employees, licensed independent practitioners, adult students/trainees and volunteers, and other contract personnel.

<table>
<thead>
<tr>
<th>Cumulative Vaccination Coverage</th>
<th>Healthcare Personnel (HCP) Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Core HCP *</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of HCP</td>
<td></td>
</tr>
<tr>
<td>that were eligible to</td>
<td></td>
</tr>
<tr>
<td>have worked at this</td>
<td></td>
</tr>
<tr>
<td>healthcare facility</td>
<td></td>
</tr>
<tr>
<td>for at least 1 day</td>
<td></td>
</tr>
<tr>
<td>during the week of</td>
<td></td>
</tr>
<tr>
<td>data collection</td>
<td></td>
</tr>
<tr>
<td>2. Cumulative number of HCP</td>
<td></td>
</tr>
<tr>
<td>in question 1 who</td>
<td></td>
</tr>
<tr>
<td>have received COVID-19 vaccine(s)</td>
<td></td>
</tr>
<tr>
<td>since December 2020</td>
<td></td>
</tr>
<tr>
<td>2.1. Only dose 1 of</td>
<td></td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td></td>
</tr>
<tr>
<td>COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>2.2. Only dose 1 and dose 2 of</td>
<td></td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td></td>
</tr>
<tr>
<td>COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>2.3. Only dose 1 of</td>
<td></td>
</tr>
<tr>
<td>Moderna primary</td>
<td></td>
</tr>
<tr>
<td>COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>2.4. Only dose 1 and dose 2 of</td>
<td></td>
</tr>
<tr>
<td>Moderna COVID-19</td>
<td></td>
</tr>
</tbody>
</table>
## Five Key Questions for Vaccination Module

1. Number of current HCP eligible to have worked at facility?
2. Number of these HCP who have ever been vaccinated (cumulative number vaccinated) with a COVID-19 vaccine?
3. Number of these HCP with other conditions?

<table>
<thead>
<tr>
<th>Cumulative Vaccination Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection</td>
</tr>
<tr>
<td>2. Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020:</td>
</tr>
<tr>
<td>2.1. <em>Only dose 1 of Pfizer-BioNTech COVID-19 vaccine</em></td>
</tr>
<tr>
<td>2.2. <em>Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine</em></td>
</tr>
<tr>
<td>2.3. <em>Only dose 1 of Moderna primary COVID-19 vaccine</em></td>
</tr>
<tr>
<td>2.4. <em>Dose 1 and dose 2 of Moderna COVID-19 vaccine</em></td>
</tr>
<tr>
<td>2.5. <em>Dose of Janssen COVID-19 vaccine</em></td>
</tr>
<tr>
<td>2.9. Complete COVID-19 vaccination series: unspecified manufacturer</td>
</tr>
<tr>
<td>* Any completed COVID-19 vaccine series</td>
</tr>
<tr>
<td>3. Cumulative number of HCP in Question #1 with other conditions:</td>
</tr>
<tr>
<td>3.1. <em>Medical contraindication or exclusions to COVID-19 vaccine</em></td>
</tr>
<tr>
<td>3.2. <em>Offered but declined COVID-19 vaccine</em></td>
</tr>
<tr>
<td>3.3. <em>Unknown COVID-19 vaccination status</em></td>
</tr>
</tbody>
</table>
4. Number of HCP who received a complete COVID-19 vaccine series and who are eligible to receive an additional dose or booster?

5. Number of HCP in question 4 who have received an additional vaccine dose or booster since August 2021?

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. *Cumulative number of HCP in question #2 eligible to receive an additional dose or booster of COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>5. *Cumulative number of HCP in question #4 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021</td>
<td></td>
</tr>
<tr>
<td>5.1 *Additional dose or booster of Pfizer-BioNTech COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>5.2 *Additional dose or booster of Moderna COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>5.3 *Additional dose or booster of Johnson &amp; Johnson COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>5.4 Additional dose or booster of unspecified manufacturer</td>
<td></td>
</tr>
<tr>
<td>*Any Additional dose or booster of COVID-19 vaccine series</td>
<td></td>
</tr>
</tbody>
</table>
Data Tracking Worksheet

- Update of worksheet in process from NHSN.
- Very helpful to auto-sum data for reporting.
<table>
<thead>
<tr>
<th>Facility ID:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination type: COVID-19</td>
<td>COVID-19</td>
</tr>
<tr>
<td>Week of data collection first day (Monday):</td>
<td>9/27/2021</td>
</tr>
<tr>
<td>Week of data collection last day (Sunday):</td>
<td>10/3/2021</td>
</tr>
</tbody>
</table>

### Cumulative Vaccination Coverage

<table>
<thead>
<tr>
<th>* All HCP (Total)</th>
<th>Environmental Services</th>
<th>Nurse</th>
<th>Medical Assistant, Certified Nursing Assistant</th>
<th>Respiratory Therapist</th>
<th>Pharmacy Technician</th>
<th>Physician</th>
<th>Licensed Independent Practitioner</th>
<th>Other HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. *Number of HCPs working in this facility for at least 1 day during the week of data collection*

2. *Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020:

   2.1. Only dose 1 of Pfizer-BioNTech COVID-19 vaccine
   2.2. Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine
   2.3. Only dose 1 of Moderna COVID-19 vaccine
   2.4. Dose 1 and dose 2 of Moderna COVID-19 vaccine
   2.5. One dose of Johnson & Johnson COVID-19 vaccine
   2.9. Complete COVID-19 vaccination series: Unspecified Manufacturer

3. Cumulative number of HCP in Question #1 with other conditions:

   3.1. *Medical contraindications or exclusions to COVID-19 vaccine
   3.2. Offered but declined COVID-19 vaccine
   3.3. Unknown COVID-19 vaccination status

### COVID-19 Vaccine(s) Supply

4.1. Is your facility enrolled as a COVID-19 vaccination provider? (Select Yes or No)

4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? (Select Yes or No)

4.3. Did your facility have other arrangements sufficient to offer all HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)? (Select Yes or No)

4.4. Please describe any other COVID-19 vaccination supply-related issues at your facility. (Optional)
Helpful NHSN Resources

• NHSN data tracking worksheet
  – https://www.cdc.gov/nhsn/pdfs/hps/covidvax/track-hcp-covidvax.xlsx

• NHSN weekly HCP COVID-19 vaccination webpage
  – Weekly HCP COVID-19 Vaccination | HPS | NHSN | CDC

• NHSN training slides

• NHSN quick learn demonstration
  – https://www.youtube.com/watch?v=NKQlhs_pWkM
Upcoming Education Events

• Alliant HQIC Patient Safety Network
  – HAI prevention
  – Sepsis

• Large Hospital Affinity Groups
  – CAUTI/CLABSI Focus
    • November 19 HQIC Large Hospital Affinity Group - CAUTI/CLABSI Workgroup Mtg #2 Tickets, Fri, Nov 19, 2021 at 9:00 AM | Eventbrite

• APIC Cleaning Disinfection and Sterilization Conference
  – October 28-29 - cds.apic.org
• Alliant HQIC Website
  – HQIC IP Chats | Oct. 13, 2021
  – HQIC IP Chats | Oct. 20, 2021

• Infection Prevention (HQIC) Archives - NQIIC (alliantquality.org)
HQIC Goals

Behavioral Health Outcomes & Opioid Misuse
- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

Patient Safety
- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce *C. diff* in all settings

Quality of Care Transitions
- Convene community coalitions
- Identify and promote optical care for super utilizers
- Reduce community-based adverse drug events
Thank you for joining us!
How did we do today?
Making Health Care Better Together

Hospital Quality Improvement

This material was prepared by Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) 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 document 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.

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- Alliant Quality
- Comagine Health
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- KFMC Health Improvement Partners
- Konza

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