

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!

Making Health Care Better *Together*

COLLABORATORS:

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Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement

Welcome from all of us!



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.

She loves 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 understanding if these sessions are beneficial to you.

Please enter to chat:

1 = Very beneficial

2 = Somewhat beneficial

3 = Neutral

4 = Unbeneficial

5 = Very unbeneficial

CMS Omnibus COVID-19 Health Care Staff Vaccination

- Who is included:
 - Applies to all facilities regulated under Medicare CoPs
 - Begins November 5 (30 days = December 5, 60 days = January 4)
- Who is excluded:
 - Religious nonmedical health care institutions
 - Organ procurement organizations
 - Portable X-ray suppliers
 - ALFs
 - Group homes
 - Home- and community-based services
 - Physician's offices

Find the rule published here:

[Federal Register: Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination](#)

Who Must Be Vaccinated?

The requirement applies to all eligible staff, both current and new, regardless of clinical responsibility or patient contact.

- Facility employees
- Licensed practitioners
- Students
- Trainees
- Volunteers
- Contracted staff

The requirement also applies to staff who work offsite, such as those performing home health and entering a CMS-regulated facility.

It does not apply to staff performing full-time teleworking duties.

Exemptions

- CMS requires facilities to allow for specific exemptions.
 - Recognized medical conditions for which vaccines are contraindicated.
 - Facilities must develop a process for a medical exemption.
 - Facilities must ensure all documentation is signed and dated by a LIP.
 - Documentation must contain all information specifying why the vaccines are contraindicated for each staff member.
 - Documentation should include a statement by the practitioner recommending the staff member be exempt.
 - Religious beliefs, observances, or practices
 - Facilities must develop process for staff to request a religious exemption.
 - Facilities must ensure all requests for religious exemptions are documented and evaluated in accordance with applicable law and as a part of facilities policies and procedures.

Accommodations

- CMS requires facilities to develop a process for implementing additional precautions for unvaccinated staff.
- Potential accommodations for exempted staff could include but are not limited to:
 - Testing
 - Physical distancing
 - Source control
- In all cases, facilities must ensure that they minimize the risk of transmission of COVID-19 to at-risk individuals.

Requirements

- No new data reporting requirements (still required to report one week per month for COVID-19 vaccination for HCW in NHSN Healthcare personnel safety module).
- Vaccination is the only option.
 - This regulation does not include a testing option for unvaccinated staff.
 - Facilities are encouraged to voluntarily institute testing alongside other infection prevention measures such as physical distancing and source control.

Enforcement

- State survey agencies will work with CMS to review compliance regularly.
- State survey agencies will conduct onsite compliance in two ways:
 - Recertification surveys
 - Complaint surveys
- Surveyors will check to determine if a facility has met three basic requirements:
 - Having a process or plan for vaccinating all eligible staff.
 - Having a process or plan for providing exemptions and accommodations for those who are exempt.
 - Having a process or plan for tracking and documenting all staff vaccinations.
- Citations will be issued based on the level of severity of the noncompliance.
- Accrediting organizations will also assess for compliance.

CMS Infographic Available [Here](#)

COVID-19 Vaccination Requirements for Health Care Providers and Suppliers



If you are one of the following Medicare or Medicaid providers or suppliers, the CMS staff vaccination requirement applies to you:

- Ambulatory Surgery Centers
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- End-Stage Renal Disease Facilities
- Home Health Agencies
- Home Infusion Therapy Suppliers
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Long Term Care facilities
- Programs for All-Inclusive Care for the Elderly Organizations (PACE)
- Psychiatric Residential Treatment Facilities (PRTFs)
- Rural Health Clinics/Federally Qualified Health Centers

How do I meet this requirement?

You must have a process in place for your staff to receive:

**1st Dose or
One-Dose Vaccine**



by
**December 6,
2021**

**Received all shots
for full vaccination**



by
**January 4,
2022**

How is this requirement enforced?



Onsite Survey Reviews for:

- ✓ Plan for vaccinating all eligible staff to meet thresholds listed above
- ✓ Plan to provide accommodations to those who are exempt
- ✓ Plan for tracking and documenting staff vaccinations
- ✗ Facility is out of compliance and subject to citations if the above is not met



Facility Citations
Based on severity
of deficiency

Opportunity
to come into
compliance



If facility does not return to compliance, it is at risk for additional enforcement actions, including losing Medicare or Medicaid payment



CMS Resources for COVID-19 Health Care Staff Vaccination

- To view the slides, visit: <https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-ifc-6-national-stakeholder-call-slides.pdf>
- To view the video, visit: <https://www.youtube.com/watch?v=xHA0zY1aC-Y>
- In addition to the resources above, CMS has prepared a frequently asked questions document, available here: <https://www.cms.gov/files/document/cms-omnibus-staff-vax-requirements-2021.pdf>. As we receive additional comments, we'll be updating this document.
- You can also find these by pointing your browser to the [CMS Current Emergencies](#) page and scrolling down to **Clinical and technical guidance** – For all health care providers.

Data entry deadline for CMS Quality Reporting Programs: November 15

Acute Care Hospitals that participate in the Hospital Value-Based Purchasing (VBP) and Hospital-Acquired Conditions (HAC) Reduction Programs:

- 2021 Quarter 2 (April 1 - June 30) CLABSI and CAUTI data
 - All ICU locations
 - Adult and pediatric medical, surgical, and medical/surgical wards
 - Includes Veterans Affairs and Department of Defense (DoD) acute care hospitals
- 2021 Quarter 2 (April 1 - June 30) Inpatient COLO and HYST SSI data
- 2021 Quarter 2 (April 1 - June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)
 - FacWideIN
 - ED and 24-hour observation locations
 - Includes DoD acute care hospitals

CIC Practice Question

A patient was admitted to the ED with severe headache, fever and photophobia. A staff member who cared for the patient requests antibiotics because the patient may have meningitis. If meningococcal meningitis is confirmed, chemoprophylaxis would be indicated for all of the following individuals except:

- A. The LPN who did not have direct contact with the patient's oral secretions.
- B. The EMT who performed mouth to mouth resuscitation.
- C. The resident who did not wear appropriate PPE during intubation.
- D. The RN who suctioned the patient without wearing a mask.

CIC Practice Question: Answer

A patient was admitted to the ED with severe headache, fever, and photophobia. A staff member who cared for the patient is requesting antibiotics because the patient may have meningitis. If meningococcal meningitis is confirmed, chemoprophylaxis would be indicated for all of the following individuals except:

- A. The LPN who did not have direct contact with the patient's oral secretions.**
- B. The EMT who performed mouth to mouth resuscitation.
- C. The resident who did not wear appropriate PPE during intubation.
- D. The RN who suctioned the patient without wearing a mask.

Rationale

HCP without direct exposure to the patient's oral secretions are considered low risk and chemoprophylaxis is not recommended.

Additional considerations:

1. How long after exposure can chemoprophylaxis be administered?
2. Should the diagnosis of meningococcal meningitis be confirmed prior to administration of chemoprophylaxis?

Reference: meningococcal infections. In: Pickering, L.K., ed. Red book: 2012 Report of The Committee on Infectious Diseases, 29th edition. Elk grove village, IL: American Academy of Pediatrics, 2012.

CBIC core Competency: Identification of Infectious Disease Processes

NHSN Tips

- It is recommended to have at least two active users who can access NHSN with their SAMS account.
- To guarantee data is accurately entered to NHSN:
 - Verify monthly reporting plans are complete.
 - Appropriate summary and event data are entered or appropriate no events boxes are checked.
 - All alerts are cleared from NHSN home page.

Annual Survey

- Must be completed in January or February of each year
 - If not completed, unable to enter monthly reporting plan
- Typically available in NHSN beginning of January
- Print the survey so you can take it to others to help you fill in
 - Cannot save without all data complete, so fill in paper then enter when complete.
- Print last year's survey if available; helpful to fill in unknowns
- Bring to other department leaders to fill-in unknown information
 - Antimicrobial stewardship
 - Lab
 - Water management plan
 - NICU birthweight category data

Locating Last Year's Survey

NHSN - National Healthcare Safety Network

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- COVID-19 ▶
- Import/Export
- Surveys ▶**
 - Add
 - Find**
 - Incomplete
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Find Annual Survey


- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID:

Survey Type:

Survey Year:

Find Annual Survey

 Your search has returned no results

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID:

Survey Type:

Survey Year:

Annual Survey Example

Add Annual Survey

Mandatory fields marked with *

Facility ID: * Print Form

Survey Type: *

Survey Year: *

Facility Characteristics (completed by Infection Preventionist)

Facility ownership: *

Hospital Facility:

Number of Patient Days: *

Number of Admissions: *

Is your hospital a teaching hospital for physicians and/or physicians-in-training? *

If Yes, what type: MAJOR GRADUATE UNDERGRADUATE

Number of beds set up and staffed in the following location types (as defined by NHSN):

a. ICU beds (including adult, pediatric, and neonatal levels II/III and III): *

b. All other inpatient locations: *

Total Number of Beds Set Up and Staffed: 0

Facility Microbiology Laboratory Practices (completed with input from Microbiology Laboratory Lead)

1. Does your facility have its own on-site laboratory that performs bacterial antimicrobial susceptibility testing? *

2. For the following organisms please indicate which methods are used for
(1) primary susceptibility testing and
(2) secondary, supplemental, or confirmatory testing (if performed).
If your laboratory does not perform susceptibility testing, please indicate the methods used at the outside laboratory.

Pathogen	Testing Methods
<i>Staphylococcus aureus</i> (1) Primary: *	<input type="text"/>
(2) Secondary:	<input type="text"/>
Comments:	<input type="text"/>
<i>Enterobacteriaceae</i> (1) Primary: *	<input type="text"/>

Monthly Reporting Plans

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP	PedVAE
	<input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

	Procedures	SSI
	<input type="text" value=""/>	IN: <input type="checkbox"/> OUT: <input type="checkbox"/>

Antimicrobial Use and Resistance Module

	Locations	Antimicrobial Use	Antimicrobial Resistance
	<input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>

Multi-Drug Resistant Organism Module

	Locations	Specific Organism Type
	<input type="text" value=""/>	<input type="text" value=""/>

Process and Outcome Measures								
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entering the Reporting Plan

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: Riverside Memorial (ID 27186) ▼

Month *: February ▼

Year *: ▼

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP	PedVAE
🗑️	2MAIN - 2MAIN ▼	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
🗑️	3E - ACUTE CARE ▼	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
🗑️	ADULT ICU - ADULT ICU ▼	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
🗑️	NICU - NICU ▼	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
🗑️	2RN - STROKE ▼	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Row
Clear All Rows
Copy from Previous Month

Procedure-Associated Module

	Procedures	SSI
🗑️	COLO - Colon surgery ▼	IN: <input checked="" type="checkbox"/> OUT: <input checked="" type="checkbox"/>
🗑️	HYST - Abdominal hysterectomy ▼	IN: <input checked="" type="checkbox"/> OUT: <input checked="" type="checkbox"/>
🗑️	HPRO - Hip prosthesis ▼	IN: <input checked="" type="checkbox"/> OUT: <input checked="" type="checkbox"/>
🗑️	KPRO - Knee prosthesis ▼	IN: <input checked="" type="checkbox"/> OUT: <input checked="" type="checkbox"/>

Add Row
Clear All Rows
Copy from Previous Month

Antimicrobial Use and Resistance Module

	Locations	Antimicrobial Use	Antimicrobial Resistance
🗑️	▼	<input type="checkbox"/>	<input type="checkbox"/>

Add Row
Clear All Rows
Copy from Previous Month

Under the Device Associated module, the dropdown will show all your locations. Select each location and which data you will perform surveillance and reporting for.

Under Procedure Associated, all procedure types are populated in the dropdown. Select which procedure types you wish to follow and for inpatient, outpatient or both.

Entering the Reporting Plan

Multi-Drug Resistant Organism Module

Locations		Specific Organism Type							
<input type="checkbox"/>	FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)	CDIF - C. difficile							
Process and Outcome Measures									
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FACWIDEOUT - Facility-wide Outpatient (FacWIDEOut)	CDIF - C. difficile							
Process and Outcome Measures									
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)	MRSA - MRSA							
Process and Outcome Measures									
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FACWIDEOUT - Facility-wide Outpatient (FacWIDEOut)	MRSA - MRSA							
Process and Outcome Measures									
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ED ED

Add Row Clear All Rows Copy from Previous Month

Save Back

C. diff Lab ID

- Select FacWideIn
- Select C. diff
- Check LabID Event All Specimens
- Add a new row
- Select ED
- Select C. diff
- Check Lab ID Event All Specimens


MRSA

- Select FacWideIn,
- Select MRSA
- Check LabID Event Blood Specimens Only
- Add new row
- Select ED
- Select MRSA
- Check blood specimens only

Resources

- [Alliant Quality HQIC Website](#)
 - [HQIC IP Chats | 11.3.21 - NQIIC \(allianthealth.org\)](#)
 - [HQIC IP Chats | Oct. 27, 2021 - NQIIC \(allianthealth.org\)](#)
 - [HQIC IP Chats | Oct. 20, 2021 - NQIIC \(allianthealth.org\)](#)
- [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

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Thank you for joining us!
How did we do today?

Alliant Health Solutions



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Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

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