

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:

Alabama Hospital Association
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.

Amy 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 those who may enter a CMS-regulated facility.
- It does not apply to those performing full-time teleworking staff.

Exemptions

- CMS requires facilities to allow for specific exemptions.
 - Recognized medical condition 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 a 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 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.

Certification in Infection Prevention and Epidemiology

- Certification Board of Infection Control and Epidemiology (CBIC)
 - Certified Infection Control (CIC)
 - Intended for those directly responsible for the IP program within their position
 - Must have completed a post-secondary degree in health-related field (RN, LPN, DPN, BS, MS, etc.)
 - At least one full year of employment in the field of IP or two years of part-time employment in the IP field
 - Associate – Infection Prevention and Control (a-IPC)
 - Entry level exam designed to measure basic IP competency
 - Intended for novice IPs and those interested in pursuing a career in IPC or for those who do not meet the eligibility requirements for the CIC
 - Three-year certification, non-renewable as the expectation is that CIC will be obtained at that time

CBIC - CIC by the numbers

Certification Board of Infection Control and Epidemiology, Inc.

The CIC® by the numbers

How many CICs are there?

The CIC® examination is offered by appointment at hundreds of Prometric testing sites continuously throughout the year. As such, the number of CICs is constantly growing!

8,095

As of July 5, 2021

of CICs who took the initial examination in 2020: 1,035

Percentage of CICs who recertified in 2020: 61.8%

The passing rate for the initial certification exam

59.1%

1st time candidates, those whose certification lapses, and those who do not pass are all included in this statistic.

The passing rate for the recertification exam

81.5%

Recertifiers are those who have passed the initial certification five years prior and successfully recertified via examination or continuing education.

What practice settings are represented among applicants?



Acute Care/Hospital	61.1%
Ambulatory Care	10.4%
Long Term Care	6.4%
EMS/Public Health	6.1%
Home Care/Consultant	4.6%
Behavioral Health	4.5%
Veterans Affairs	1.7%
Other practice settings	5.2%

CIC Practice Question

A student demonstrates the appropriate tracheostomy suctioning technique to an instructor. This is an example of:

- a. Cognitive learning
- b. Psychomotor learning
- c. Affective learning
- d. Theoretical learning

CIC Practice Question - Answer

A student demonstrates appropriate tracheostomy suctioning technique to an instructor. This is an example of:

- a. Cognitive learning
- b. Psychomotor learning**
- c. Affective learning
- d. Theoretical learning

Psychomotor learning is demonstrated through physical skills in the education and research domain.

NHSN Updates – New Quick Learns Available

Quick Learn #1

- Need guidance with completing the FacWideIN Denominator Data Entry form in the MDRO/CDI Module? Watch this video for step-by-step instructions on how to locate and use the form in NHSN.
 - ***How to Complete FacWideIN Denominator Data Entry in the MDRO/CDI Module*** - clarifies how to accurately complete the updated MDRO and CDI Monthly Denominator form for internal and CMS inpatient quality reporting purposes.
 - Click, [MDRO & CDI Training | PSC | NHSN | CDC](#) to view our short video and learn how to locate the MDRO/CDI Denominator form in the NHSN application and calculate the FacWideIN data to enter on the form.
 - You can locate the video under Patient Safety Component Training in the MDRO & CDI Quick Learns section.

Quick Learn #2

- Ever wondered how to make custom fields and use them to conduct your data analysis? Then this is the training for you!
 - ***Add and Analyze Custom Fields on Procedure Records for PSC and OPC in NHSN*** – provides the steps to add and analyze custom fields on the Procedure form in NHSN. Click [Outpatient Procedure Component Training | NHSN | CDC](#) to view and learn how to create custom fields in the NHSN application and conduct analysis using the custom fields you create.

Contact NHSNTrain@cdc.gov with any questions regarding NHSN training activities.

Resources

- Alliant Quality HQIC Website
 - [HQIC IP Chats | Nov. 10,2021 - NQIIC \(allianthealth.org\)](#)
 - [HQIC IP Chats | Nov. 3,2021 - NQIIC \(allianthealth.org\)](#)
 - [HQIC IP Chats | Oct. 27,2021 - 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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Hospital Quality Improvement



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



Alliant Health Solutions



Alliant Health Solutions

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