

# 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!



# Facilitator

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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 loves to ride bikes and be outdoors!

**Contact:** [Amy.Ward@Allianthealth.org](mailto:Amy.Ward@Allianthealth.org)

# Format for IP Chats

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- 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

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CMS wants to know 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 Memo QSO-22-07-ALL

December 28, 2021

## Memorandum Summary

- CMS is committed to ensuring America's healthcare facilities respond effectively in an evidence-based way to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On November 05, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare- and Medicaid-certified providers and suppliers.
- CMS is providing guidance and survey procedures for assessing and maintaining compliance with these regulatory requirements.
- The guidance in this memorandum does not apply to the following states at this time: Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia and Wyoming. **Surveyors in these states should not undertake any efforts to implement or enforce the IFC.**



# Enforcement: 30 days = Thursday January 27, 2022

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**Within 30 days after issuance of this memorandum<sup>2</sup>, if a facility demonstrates that:**

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; **and**
- 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the **facility is compliant under the rule;** **or**
- Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the **facility is non-compliant under the rule.** The facility will receive notice<sup>3</sup> of their non-compliance with the 100% standard. A facility that is above 80% **and** has a plan to achieve a 100% staff vaccination rate within 60 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.).

# Enforcement (continued)

## **Level of Deficiency**

For instances of non-compliance identified through the survey process, the level of deficiency will be determined based on the following criteria: From 30-60 days following issuance of this memorandum, the expected minimum threshold for use in these determinations will be 80%. From 60-90 days following issuance of this memorandum, the expected minimum threshold will be 90%. From 90 days on, the expected minimum threshold will be 100%. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety not otherwise addressed by the criteria below:

- **Immediate Jeopardy:**

- 40% or more of staff remain unvaccinated creating a likelihood of serious harm  
**OR**
- Did not meet the 100% staff vaccination rate standard ; observations of noncompliant infection control practices by staff (e.g., staff failed to properly don PPE) **and** 1 or more components of the policies and procedures were not developed or implemented.

- **Condition Level:**

- Did not meet the 100% staff vaccination rate standard; **and**
  - 1 or more components of the policies and procedures were not developed and implemented.**OR,**
- 21-39% of staff remain unvaccinated creating a likelihood of serious harm.

- **Standard Level:**

- 100% of staff are vaccinated and all new staff have received at least one dose; **and**
  - 1 or more components of the policies and procedures were not developed and implemented.**OR,**

- Did not meet the 100% staff vaccination rate standard, but are making good faith efforts toward vaccine compliance.



# COVID-19 Updates:

## Isolation and Quarantine for General Population

### If You Test Positive for COVID-19 (Isolate)

Everyone, regardless of vaccination status.

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

*If you have a fever, continue to stay home until your fever resolves.*

### If You Were Exposed to Someone with COVID-19 (Quarantine)

If you:

Have been boosted

OR

Completed the primary series of Pfizer or Moderna vaccine within the last 6 months

OR

Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

*If you develop symptoms get a test and stay home.*

If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted

OR

Completed the primary series of J&J over 2 months ago and are not boosted

OR

Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

*If you develop symptoms get a test and stay home*

- Press release on December 27, 2021
- Decreased isolation period post-exposure

# Healthcare Worker Post Exposure/Positive Test

December 23, 2021

## Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC

In general, asymptomatic health care personnel who have had higher risk exposure do not require work restriction if they have received all primary and booster vaccine doses and do not test positive or develop s/s

### Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

### Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 <sup>‡</sup> and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5–7	No work restrictions (test if possible)

<sup>†</sup>Negative test result within 48 hours before returning to work

<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Science Supporting Quarantine/Isolation Change

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- Updates made due to concern for increasing transmissibility due to Omicron variant and the impact on health care systems, personnel, patients and visitors.
- According to the press release, the change is motivated by science demonstrating that the majority of transmission occurs early in the course of illness, generally in 1-2 days prior to the onset of symptoms and 2-3 days after.

# NHSN PSC Updates for 2022

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- Updates to PSC Manual
- [2020 National and State HAI Progress Report](#)

“The 2020 HAI Progress Report highlights the need for healthcare to continue to reinforce IPC practices in their facilities and regularly review HAI surveillance data to identify areas that need to be improved, plus address any gaps in prevention practices. CDC remains committed to protecting patients and promoting safety, quality, and value in healthcare delivery.”
- Data for CMS Quality Reporting Program due soon
  - Deadline for 2021 Quarter 3 data is February 15, 2022
  - Pathogen name change – “Enterobacteriaceae” to “Enterobacterales”
- Data Quality outreach – please respond to emails from NHSN regarding data quality as there are no soft alerts in the system for LOS and time to infection for CLABSI, CAUTI and VAE.
- 8,005 hospitals are currently enrolled in NHSN
- 40,748 total health care facilities are enrolled in NHSN (hospitals, IRFs, ASCs, hemodialysis, LTC)

# CIC Prep Question

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A tech reports an infestation of fruit flies in the sterile instrument storage room. The sterile packs were temporarily removed and a pest management company was called in to eradicate the flies. The OR staff wants to know whether they can use the sterile packs.

- A. The OR staff can use the packs without any reprocessing because there are no flies visible on the outside of the packs.
- B. The OR staff can use the packs without any reprocessing if they open a test pack and don't find any flies inside of it.
- C. The OR staff don't need to repack the items, but they do need to run the packs through the Immediate Use Steam Sterilizer.
- D. They need to completely reprocess all of the items that were in the affected room.

# Answer and Rationale

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D. They need to completely reprocess all of the items that were in the affected room.

## Rationale:

- The presence of any type of vermin can affect the integrity of the packaging and contaminate the contents.
- Fruit flies are small enough to crawl into the sterile packs and contaminate instruments inside. They could also become trapped inside the packs leaving debris on the instruments.
- The instruments should be unwrapped, visually inspected, cleaned and reprocessed.

APIC Text 4th Edition, Chapter 106 – Sterile Processing




# Resources

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- Alliant Quality HQIC Website
  - [HQIC IP Chats | Dec. 15, 2021 - NQIIC \(allianthealth.org\)](#)
  - [HQIC IP Chats | Dec. 8, 2021 - NQIIC \(allianthealth.org\)](#)
  - [HQIC IP Chats | Dec. 1, 2021 - NQIIC \(allianthealth.org\)](#)
  - [HQIC IP Chats | Nov. 17, 2021 - NQIIC \(allianthealth.org\)](#)
  - [HQIC IP Chats | Nov. 10, 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



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