

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



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 knowing if these sessions are beneficial to you.

Please enter to chat:

1 = Very beneficial

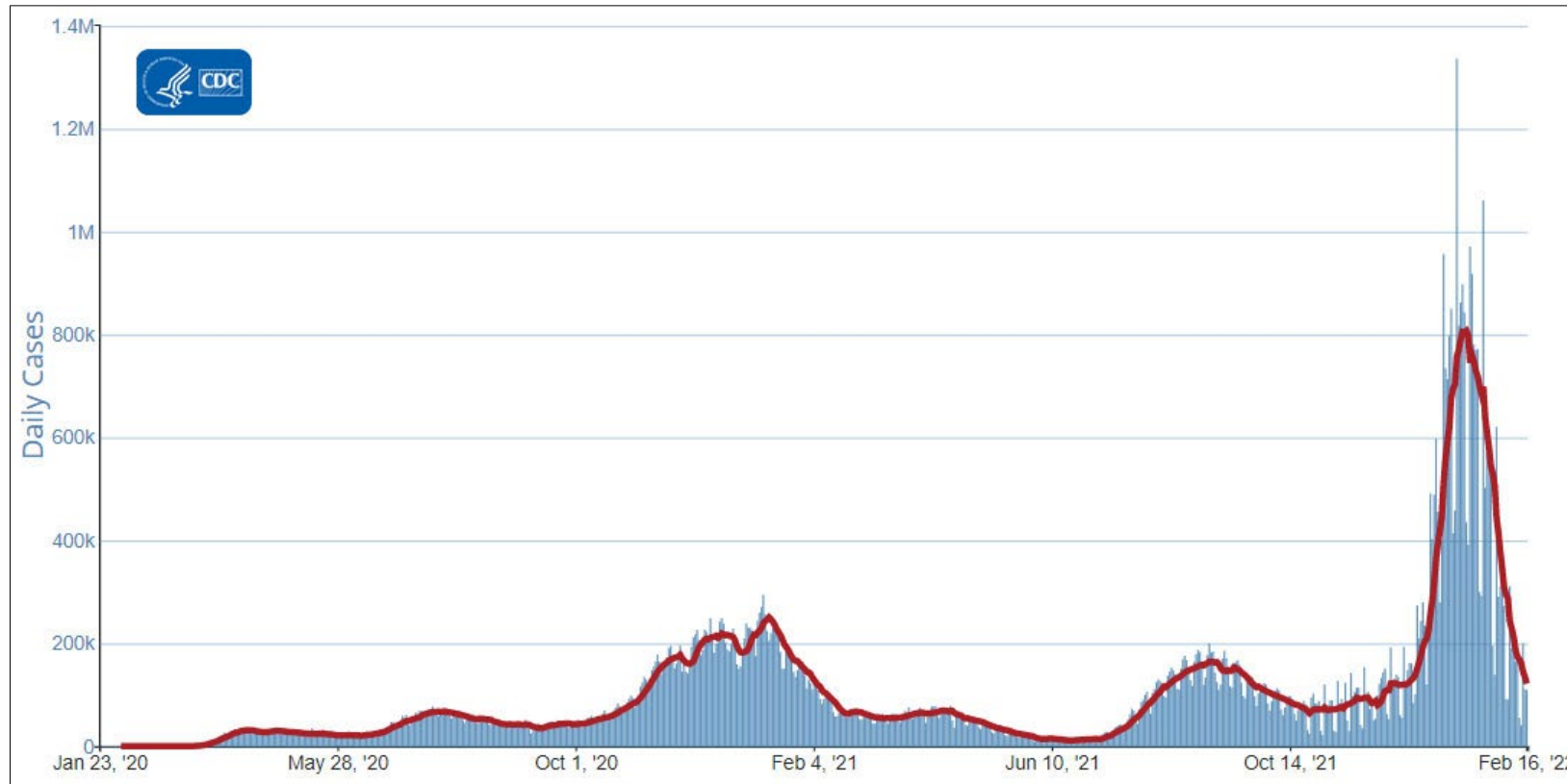
2 = Somewhat beneficial

3 = Neutral

4 = Unbeneficial

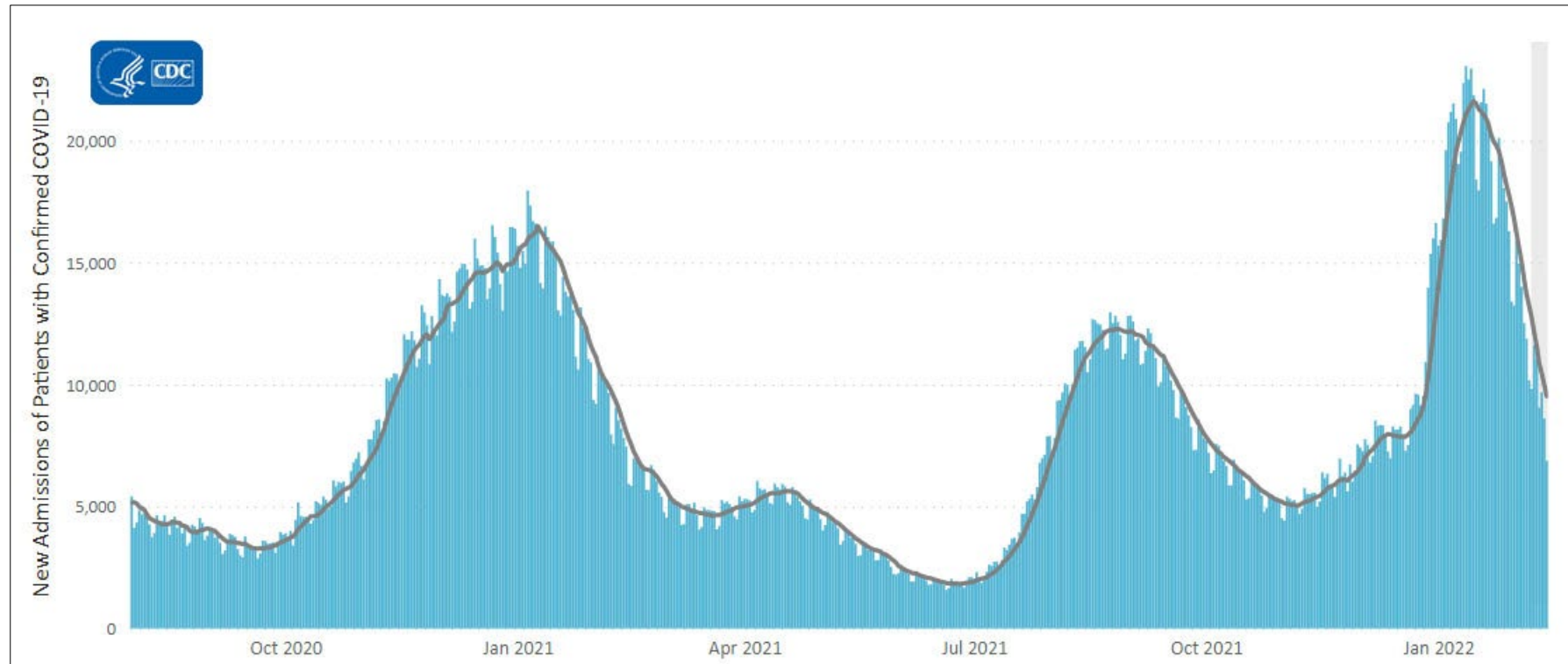
5 = Very unbeneficial

COVID Data Tracker Weekly Review



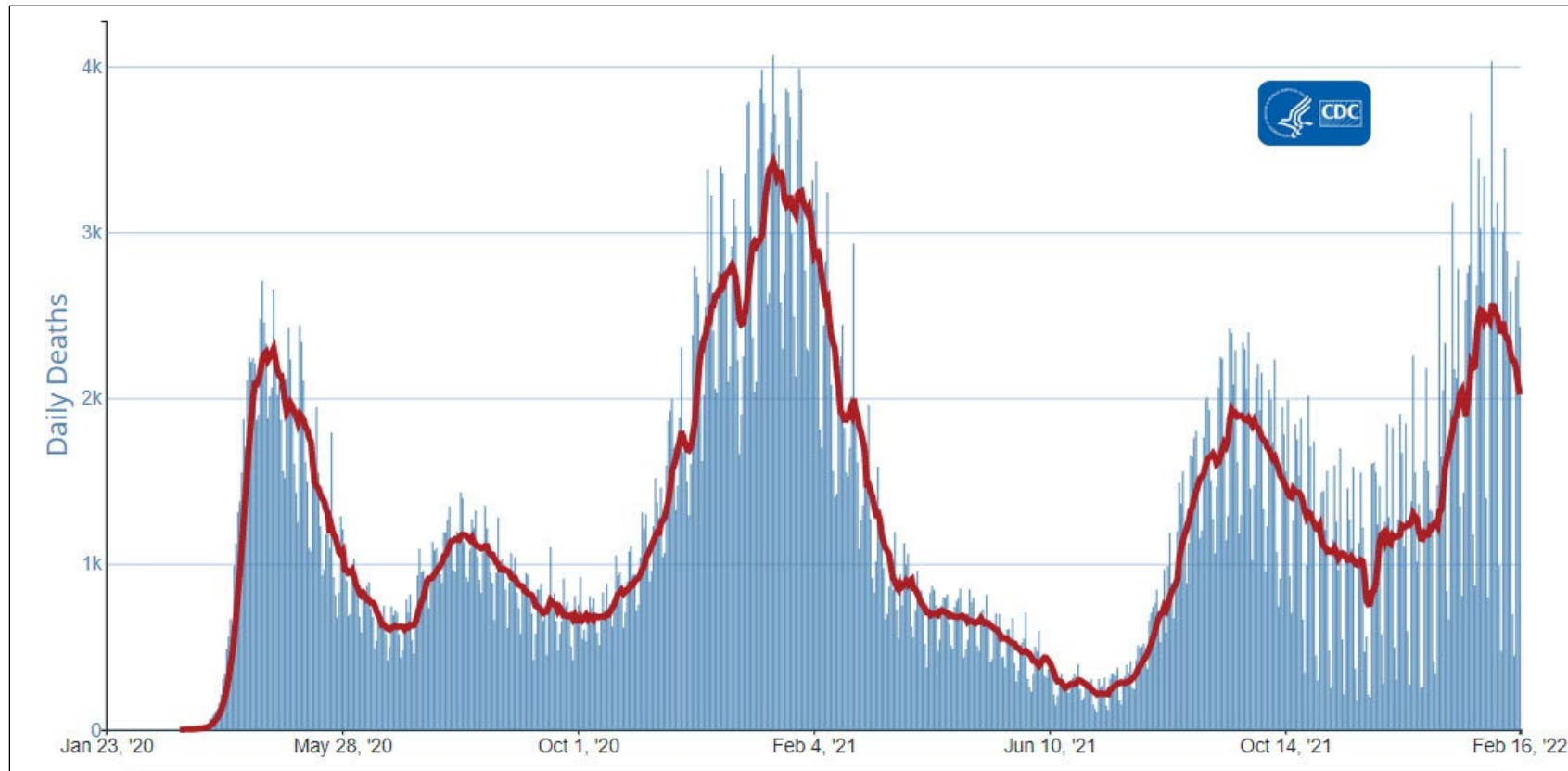
As of February 16, the seven-day moving average of daily new cases (121,665) decreased by 43% compared to the previous seven-day moving average (213,625).

Hospitalizations



The current seven-day daily average for February 9-February 15, 2022, was 8,642. This is a 28.8% decrease from the prior seven-day average (12,142) from February 2-February 8, 2022.

Deaths



The current seven-day moving average of new deaths (2,021) has decreased 14.5% compared to the previous seven-day moving average (2,363). As of February 16, 2022, a total of 926,497 COVID-19 deaths have been reported in the United States.

Testing

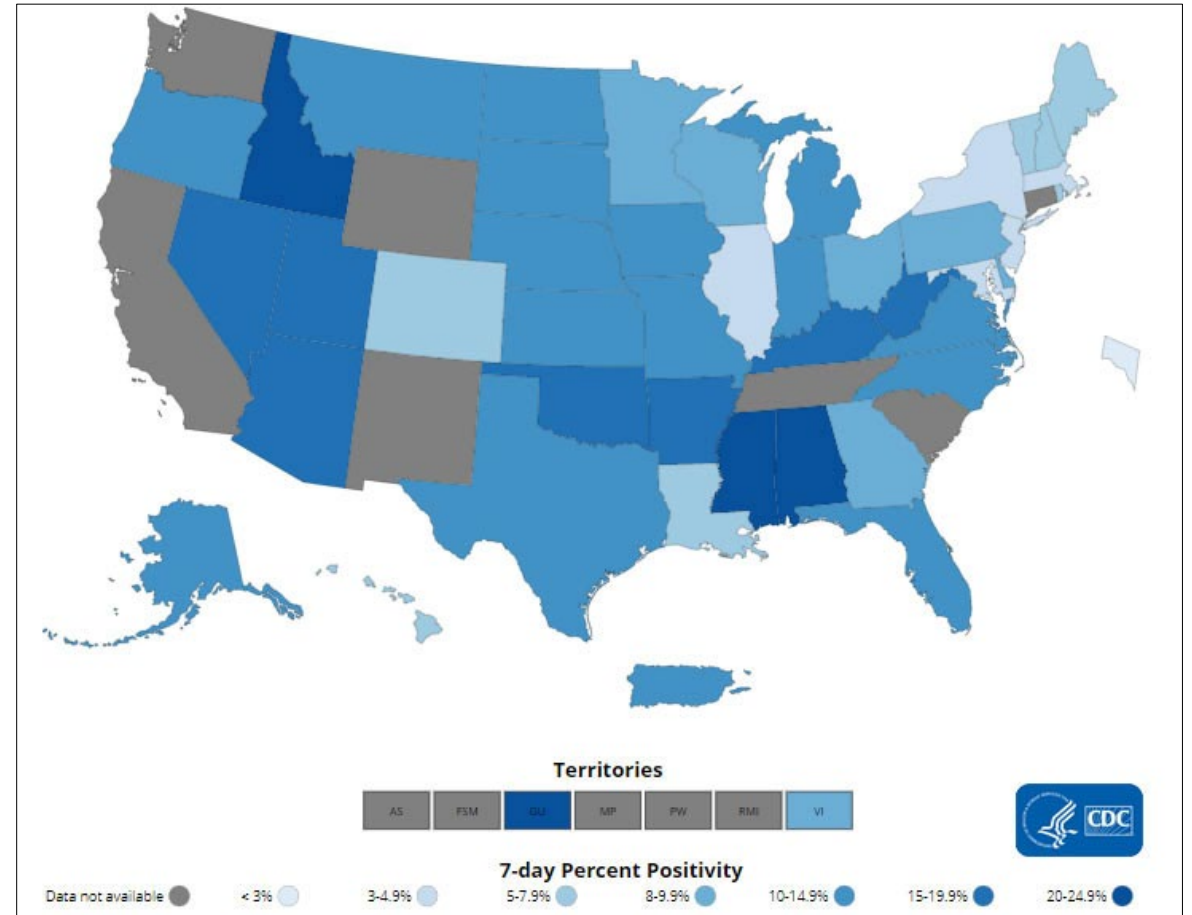
804,440,450
Total Tests
Reported

1,234,960
7-Day Average Tests
Reported

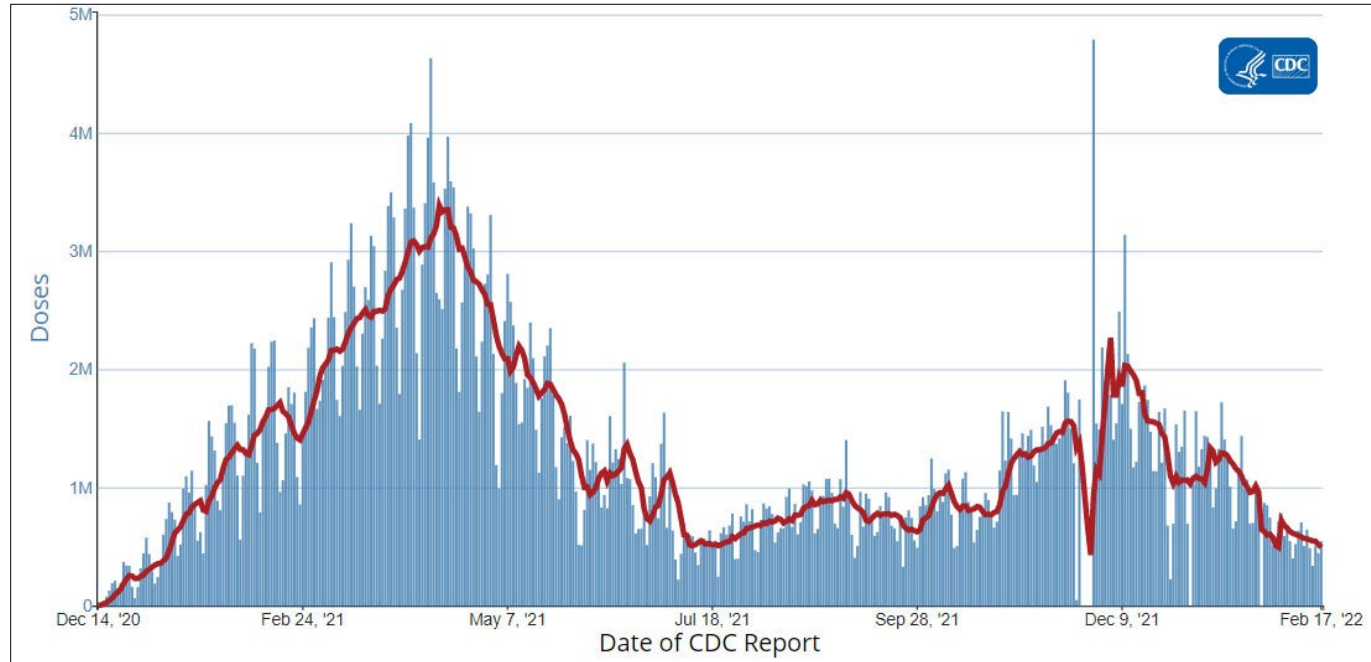
8.4%
7-Day Average %
Positivity

12.9%
Previous 7-Day
Average % Positivity

-4.52
Percentage point
change in 7-Day
Average % Positivity
since Prior Week



Vaccinations



548,391,614
Vaccine Doses
Administered

252,400,057
People who received at
least one dose

214,218,580
People who are fully
vaccinated*

76.0%
Percentage of the U.S.
population that has
received at least one
dose

64.5%
Percentage of the U.S.
population that has
been fully vaccinated*

+0.2
Percentage point
increase from last week

+0.2
Percentage point
increase from last week

Interim IPC Recommendations

- Updated February 2, 2022
- Includes enhancements for protection of HCW, patients and visitors in light of omicron variant transmissibility
- Empiric use of transmission-based precautions (quarantine) for all patients who are not up-to-date with vaccines and have had close contact with someone with COVID-19.
 - Generally not used when up-to-date with vaccinations and asymptomatic or recovered from COVID-19 in the previous 90 days
- Use of test-based strategy and consultation with ID for removal of precautions for those who are severely or moderately immunocompromised

Interim IPC Recommendations for HCW

- Universal use of PPE for HCP
 - NIOSH-approved N95 or higher respirator
 - All aerosol-generating procedures
 - Surgical procedures that pose a high risk of transmission (nose/throat/respiratory tract) if the patient has COVID-19
 - Can use N95 in situations where risk factors for transmission are high, such as the patient is not up-to-date on vaccines, not using source control or a poorly ventilated area
 - To simplify, counties with substantial or high transmission rates may consider universal N95 use for all HCP during all patient encounters or in specific units or areas of the facility with higher risk
 - Eye Protection
 - In situations where patients who are not up-to-date with vaccines are in the same space (waiting rooms, cafeterias, dialysis treatment rooms, etc.), arrange the seating in a manner that allows for six feet between, especially in areas of high or substantial transmission
 - This may require scheduling changes, alternate waiting areas or changes to group activities

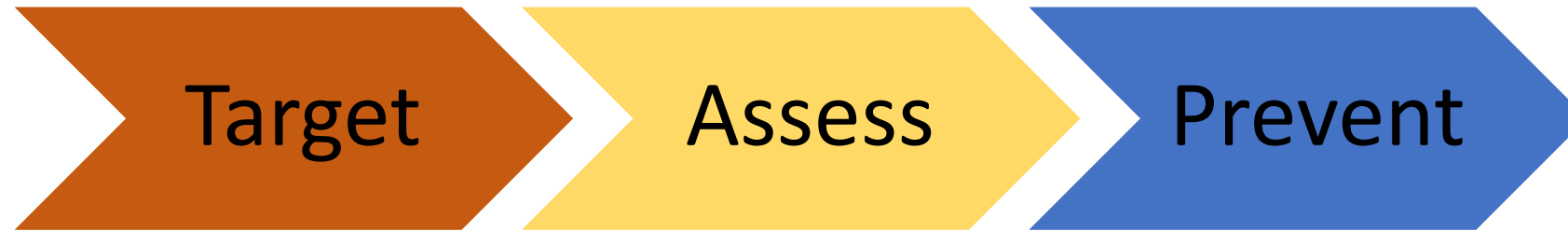
NHSN Reporting

- Necessary for HQIC-enrolled hospitals to maximize impact in the prevention of HAIs
 - CAUTI
 - CLABSI
 - C. diff LabID
 - MRSA LabID
- Provides many helpful comparisons and benchmarking options
- Minimal time required to enter data
- Robust analyses available

NHSN Data Analysis Options

- Eliminates need to manually calculate and ensures data are comparative over time
- Standardized Infection Ratio (SIR)
- Standardized Utilization Ratio (SUR)
- Rate Tables
- TAP Reports
- Adjusted Ranking Metric (ARM)
- Frequency Tables
- Rate Tables
- Pie Charts
- Bar Charts
- Run Charts
- Line Lists – event and summary data options

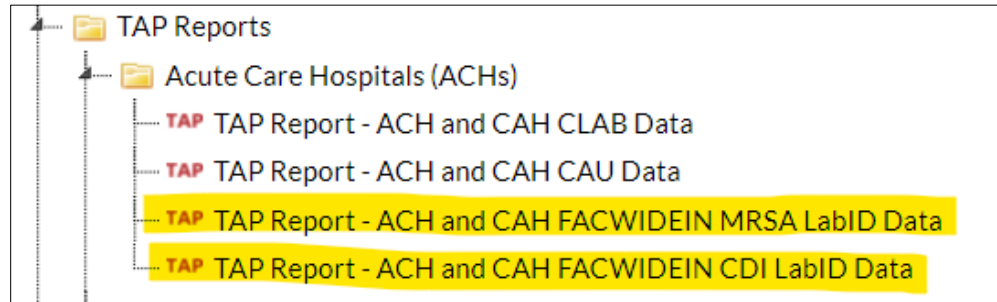
TAP Strategy



Leverage data for action to:

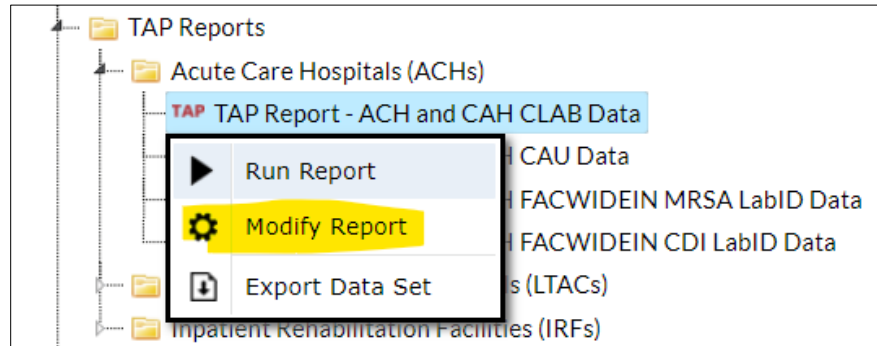
- Target locations and units with excess infection burden.
- Assess for gaps in practice.
- Implement interventions for prevention.

NHSN Data Reporting and Analysis Options - TAP



- Using the TAP Reports, you can target specific units with excess or higher than expected infection burden
- Cumulative Attributable Difference (CAD) metric
 - The number of infections that must be prevented to reach the HAI reduction goal
 - Allows for ranking of facilities or locations within facilities to target areas where prevention efforts will have the greatest impact

Modifying the HAI Goal for Your Organization



1. Click **TAP Report – ACH and CAH**
2. Select **Modify Report**
3. Select **Display Options**
4. Enter your organization SIR goal
5. Run the report – CAD will show you how many events need to be prevented to meet your target

Modify "TAP Report - ACH and CAH CLAB Data"

Show descriptive variable names ([Print List](#))

Title/Format	Time Period	Filters	Display Options
TAP Options:			
SIR Goal			
Source: HHS Goal ▼			

**National Healthcare Safety Network
TAP Report for FACWIDEIN MRSA LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)
Totals for all Facilities in Group
SIR Goal: HHS Goal = 0.5**

As of: February 3, 2022 at 11:58 AM
Date Range: All BS2_MRSA_TAP



faccount	numbeds	numpatdays	MRSA_bldIncCount	numPred	grpCAD	SIR	SIRtest
134	13,387	5045229	468	312.06	311.970	1.500	SIG

1. This report includes facility-wide inpatient data from acute care hospitals for 2015 and forward.
2. Facility Rank = Priority ranking for Targeted Assessment of Prevention by CAD in descending order
3. CAD = Observed - Predicted*SIR Goal
4. SIR is set to '.' when predicted number of events is <1.0. SIR TEST = 'SIG' means SIR > SIR Goal significantly

Source of aggregate data: 2015 NHSN MRSA Blood LabID Data

Data contained in this report were last generated on February 2, 2022 at 10:06 AM to include data beginning January 2020 .

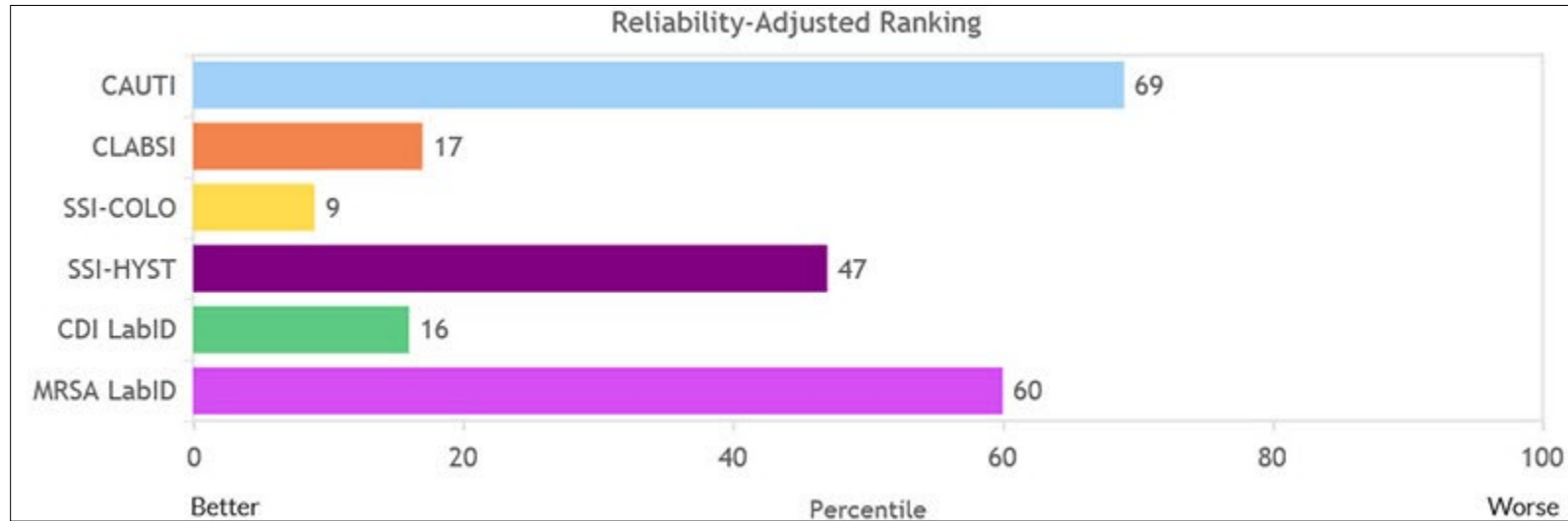
**National Healthcare Safety Network
TAP Report for FACWIDEIN MRSA LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)
Facilities Ranked by CAD 'Cumulative Attributable Difference'
SIR Goal: HHS Goal = 0.5**

A TAP Report is the first step in the CDC TAP Strategy. For more information on the TAP strategy, please visit: <http://www.cdc.gov/hai/prevent/tap.html>
As of: February 3, 2022 at 11:58 AM
Date Range: All BS2_MRSA_TAP



facRank	facType	medType	numBeds	numpatdays	MRSA_bldIncCount	numPred	facCAD	SIR	SIRtest
1	HOSP-GEN	M	1,125	428767	76	35.194	58.40	2.159	SIG
2	HOSP-GEN	M	394	191292	52	15.147	44.43	3.433	SIG
3	HOSP-GEN	M	619	337291	53	35.354	35.32	1.499	SIG
4	HOSP-GEN		297	150704	22	9.133	17.43	2.409	SIG
5	HOSP-GEN	M	394	136704	21	10.977	15.51	1.913	SIG
6	HOSP-GEN	U	199	73857	15	3.881	13.06	3.865	SIG
7	HOSP-GEN	M	512	250464	23	21.190	12.40	1.085	
8	HOSP-GEN	U	262	130650	15	7.598	11.20	1.974	SIG
9	HOSP-GEN	G	382	124953	15	7.620	11.19	1.968	SIG
10	HOSP-GEN		669	279652	19	17.352	10.32	1.095	
11	HOSP-GEN		149	68503	10	2.845	8.58	3.515	SIG
12	HOSP-GEN	U	274	110572	12	8.504	7.75	1.411	
13	HOSP-GEN	U	217	99117	10	5.158	7.42	1.939	
14	HOSP-GEN	M	133	25364	8	1.317	7.34	6.072	SIG
15	HOSP-GEN	U	57	33112	6	1.919	5.04	3.127	SIG

NHSN – Adjusted Ranking Metric (ARM)



- Complements the SIR
- Shared on the Reliability-Adjusted Ranking Dashboard
- Allows for comparison to other ACHs
- Preferable for ranking facilities
- Calculated annually as a percentile

Reliability Adjustment

- Commonly used by CMS as a performance measurement (example, 30-day post MI mortality)
- Recommended for use in a white paper published by CMS - [Statistical Issues In Assessing Hospital Performance pdf icon\[PDF – 700 KB\]external icon](#)

NHSN Helpful Links and Best Practices

- [Monthly Reporting Checklist](#)
- [Location Mapping Checklist](#)
- [2022 PSC Manual pdf icon\[PDF – 8 MB\]](#)
- [2021 PSC Manual pdf icon\[PDF – 8 MB\]](#)
- [Operational Guidance and Resources](#)
- [ARM | Analysis Resources | NHSN | CDC](#)

NHSN Data Reporting - Important Dates

- Annual Survey for 2021 Available in NHSN
 - [Patient Safety Component – Annual Facility Survey Form – January 2022 \(57.103\) pdf icon\[PDF – 500 KB\]](#)
 - [Table of Instructions pdf icon\[PDF – 400 KB\]](#)
 - Due March 1st, 2022
 - If not completed, the facility will not be able to enter monthly reporting plans
 - New option to temporarily save an incomplete survey
- 2021 Quarter 4 data due for CMS QRP on May 16, 2022

New! NHSN Survival Guide

NHSN Survival Guide

In-depth resource includes:

- Data Quality Basics
- Quality Tips
- HAI Checklists
- Glossary
- Resources

CIC Practice Question

Contact precautions for a patient with scabies can be discontinued when the patient has received effective treatment for:

- a. 10 DAYS
- b. 7 DAYS
- c. 48 HOURS
- d. 24 HOURS

CIC Practice Question

Contact precautions for a patient with scabies can be discontinued when the patient has received effective treatment for:

- a. 10 DAYS
- b. 7 DAYS
- c. 48 HOURS

d. 24 HOURS

Rationale

For hospitalized patients, contact precautions are required for 24 hours after the start of effective treatment. 24 hours may be insufficient in cases of crusted (Norwegian) scabies because viable mites can remain on the patient after a single treatment.

For crusted scabies, an alternative isolation approach may be suggested for institutional outbreaks.

Reference:

Heyman, D. Control of Communicable Diseases Manual, 20th Ed. Washington DC. American Public Health Association.


Upcoming Events

- [COVID Office Hours – Infection Prevention \(IP\) Chats | March 23, 2022](#)

Resources

- [Alliant Quality HQIC Website](#)
 - [HQIC IP Chats | Jan. 26, 2022](#)
 - [HQIC IP Chats | Dec. 29, 2021](#)
 - [HQIC IP Chats | Dec. 15, 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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