

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

HHS COVID-19 Data Reporting Update

- New Therapeutic elements added for required weekly reporting beginning January 19, 2022.
 - Two new elements related to monoclonal antibody sotrovimab.
 - Number of treatment courses on hand
 - Number of treatment courses administered in the past week
- New required pediatric data elements added for required daily reporting beginning on February 2, 2022.
 - Inpatient pediatric beds/occupancy
 - Pediatric ICU beds/occupancy
 - Pediatric confirmed COVID ICU hospitalizations
 - Previous day's pediatric admissions with lab-confirmed COVID-19, reported by age group (0-4, 5-11, 12-17)

HHS Updates (continued)

- Required reporting of influenza data—previously optional elements to become required daily reporting beginning February 2, 2022
 - Hospitalized patients with lab-confirmed influenza infection
 - Previous day's influenza admissions with lab-confirmed influenza virus infection
 - Total hospitalized ICU patients with lab-confirmed influenza virus infection.
- Deactivation of 27 data elements (supply chain and therapeutics related)
- Overall, 30% reduction in the number of data elements used in federal COVID-19 hospital data reporting

NHSN COVID-19 Vaccination Data Reporting

- Quality Reporting Center covered information late 2021
 - [Presentation slides](#)
 - [Event recording](#)
- COVID-19 vaccination data for HCW for CMS IQR requires hospitals to report one week per month.
- CMS deadlines for CMS IQR program:
 - Q4 2021 data = May 16, 2022
 - Q1 2022 data = August 15, 2022*
 - Q2 2022 data = November 15, 2022
 - Q3 2022 data = February 15, 2023
 - Q4 2022 data = May 15, 2023
- * First deadline for CMS OQR and ASCQR programs

Compliance Dates for CMS Vaccine Requirements

- **QSO-22-07-ALL** – 30-day Compliance date (January 27, 2022)
 - California, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Washington, Wisconsin
- **QSO-22-09-ALL** – 30-day Compliance date (February 14, 2022)
 - Alaska, Arkansas, Arizona, Alabama, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Missouri, Mississippi, Montana, Nebraska, North Dakota, New Hampshire, Ohio, Oklahoma, South Carolina, South Dakota, Utah, West Virginia and Wyoming
- **QSO-22-11-ALL** - 30-day Compliance date (February 22, 2022)
 - Texas

Enforcement

Within 30 days after issuance of this memorandum², 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 notice³ 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.).

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

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

Due to concerns about increased transmissibility of the omicron variant, this guidance is being updated to enhance protection for health care personnel (HCP), patients and visitors and address concerns about potential impacts on the health care system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions.

- Updated infographic and text in guidance to include a link to CDC's definition of what it means to be [up-to-date](#) with all recommended COVID-19 vaccine doses.

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 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 in 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 higher 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 a patient not up-to-date on vaccines, not using source control and 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 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.

Work Restriction Guidelines

- **Up to date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
- **Fully vaccinated** means a person has received their primary series of COVID-19 vaccines.

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

"Up to Date" with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, 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
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [†] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [†] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]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



CS22856-A | 01-07-2022

cdc.gov/coronavirus

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 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](#)

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, facility will not be able to enter monthly reporting plans
 - New option to temporarily save an incomplete survey
- 2021 Quarter 3 data due for CMS QRP February 15th, 2022
- 2021 Quarter 4 data due for CMS QRP May 16th, 2022

New! NHSN Survival Guide

- [NHSN Survival Guide](#)
- In-depth resource includes:
 - Data Quality Basics
 - Quality Tips
 - HAI Checklists
 - Glossary
 - Resources


Upcoming Events

- [Weekly COVID Office Hours – Infection Prevention \(IP\) Chats | Feb. 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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