

HQIC Bi-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

Clinical Care Quick Reference for COVID-19

- Quick reference highlights key clinical care information for health care providers and links to full guidelines.
 - COVID-19 vaccination
 - Caring for patients
 - Ending isolation
 - People at increased risk for severe illness
 - Multisystem inflammatory syndrome
 - Post-COVID conditions
 - Caring for special populations

COVID Data Tracker Weekly Review

As of April 6:

- 18 counties in the United States with high community level, 122 with medium and 3,080 with low
- Seven-day moving average of new cases increased 4.9% (26,596 from 25,363)
- Vaccinations – steady at 65.7% of U.S. population fully vaccinated
- Hospitalizations decreased by 10.3% (1,406 from 1,567)
- Deaths decreased by 22.1% (497 from 638)
- Testing – percent positive NAAT tests slightly increased to 3.1% from 2.4%

CMS Data Validation

- The Centers for Medicare & Medicaid Services (CMS) has selected the targeted sample of hospitals for data validation of measures within the Hospital Inpatient Quality Reporting (IQR) Program for Fiscal Year (FY) 2024 payment determination and the Hospital-Acquired Condition (HAC) Reduction Program for FY 2024 program year. An updated list of the selected hospitals is available on the CMS QualityNet website, <https://qualitynet.cms.gov>.
- It is possible for a hospital to be selected in consecutive years. The quarters included in the inpatient data validation efforts for FY 2024 are first quarter (Q) 2021 (1Q 2021), second quarter 2021 (2Q 2021), third quarter 2021 (3Q 2021) and fourth quarter 2021 (4Q 2021).
- All random and targeted hospitals selected for validation are subject to the same requirements. Hospitals selected randomly cannot also be selected as targeted within the same fiscal year.
- Selected hospitals will receive a direct email from the CMS Value, Incentives, and Quality Reporting Validation Support Contractor. The updated list of hospitals selected for FY 2024 validation and validation resources can be found at <https://qualitynet.cms.gov>. To access, select **[Hospitals – Inpatient]**, and then **[Data Management]**, followed by **[Data Validation]**, and lastly **[Resources]**:
<https://qualitynet.cms.gov/inpatient/data-management/data-validation/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 1, 2022
 - If not completed, 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 May 16, 2022

New CAUTI and CLABSI Toolkit for Prevention in ICUs

- [Toolkit for Preventing CLABSI and CAUTI in ICUs | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov)
- Provides clinical and cultural guidance to make necessary changes to decrease CLABSI and CAUTI rates in the moment

Assess

- Supports teams to assess current practice and make a plan.

Implement

- A guide that explains resources to support implementation.

Overcome

- Discusses common challenges in ICUs and provides resources to overcome in the moment.

CIC Practice Question

The risk of healthcare-associated urinary tract infections in spinal cord injury patients is BEST reduced by:

- A. Prophylactic antibiotics
- B. Bladder instillation of antiseptic
- C. Intermittent catheterization
- D. Placement of all patients with urinary catheters in the same location

CIC Practice Question

The risk of healthcare-associated urinary tract infections in spinal cord injury patients is BEST reduced by:

- A. Prophylactic antibiotics
- B. Bladder instillation of antiseptic
- C. Intermittent catheterization
- D. Placement of all patients with urinary catheters in the same location

Rationale

Intermittent catheterization is the preferred method of bladder management in this patient population. Although intermittent catheterization has a low infection rate, it does have other risks such as hematuria, urethral trauma, urethral stricture and epididymitis. Screening for UTIs in patients with spinal cord injuries is not recommended, as there is a high rate of asymptomatic bacteriuria and no demonstrable benefit in treatment without symptoms. The use of antibiotics in this patient population has only limited success, and treatment in this patient population is controversial. Treatment consists of 10 to 14 days of fluoroquinolones guided by culture and sensitivity when a symptomatic UTI is present.


Reference:

APIC Text 4th Edition Chapter 34 – Urinary Tract Infection

Save the Date

- HQIC Community of Practice Call
 - CLABSI Control and Reduction Efforts During the COVID-19 Pandemic
 - May 12, 2022, 1-2 p.m. ET
 - [Register here](#)

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



AlliantQIO



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