ALLIANT HEALTH SOLUTIONS | HQIC Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

HQIC 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!

ALABAMA HOSPITAL ASSOCIATION

ALLIANT HEALTH SOLUTIONS

Comagine Health

GHA Georgia Hospital Association

kfmc HEALTH IMPROVEMENT PARTNERS

KONZA

Facilitator

Amy Ward, MS, BSN, RN, CIC, FAPIC

Patient Safety Manager

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, run and be outdoors!

Contact: Amy.Ward@Allianthealth.org

Format for IP Chats

- Sessions are not recorded and minutes are not taken
- Open forum networking events to:
  - Build knowledge
  - Share experience
  - Provide IP support

IP Chats – Your feedback Is Requested

Please drop in to chat your preference:

1. Would you prefer IP Chats as a quarterly meeting that covers pertinent IP Topics?
2. Would you be willing to participate by submitting and describing a case study or how you successfully reduced HAIs in your facility?
3. Would you prefer to schedule 1:1 calls with a seasoned IP SME as needed rather than having scheduled meetings?

COVID-19 Updates

The CDC updated its infection prevention and control (IPC) guidance for U.S. health care settings on September 23 to reflect the high levels of vaccine- and infection-induced immunity and the availability of effective treatments and prevention tools.

- The update provides additional protection measures for patients and health care workers, especially in hospitals and nursing homes, where COVID-19 is more likely to spread quickly or cause severe disease if introduced.

Community Transmission remains the metric to guide select actions in health care settings.

- Community Transmission allows for earlier intervention before there is a strain on the health care system and better protects the individuals seeking medical care in these settings.

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

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

Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC

Key Updates to COVID-19 Infection Control Guidance

- Vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations
- Updated source control recommendations
- Updated universal PPE use recommendations
- Updated testing frequency to detect potential variants with shortened incubation periods and address the risk for false negative Ag tests in asymptomatic individuals
- Clarified screening testing of asymptomatic personnel is at the discretion of the facility
- Asymptomatic people no longer require transmission-based precautions after close contact
- Infection prevention guidance now applies to all health care settings, no longer setting specific

Source Control

- When SARS-CoV-2 Community Transmission levels are high, source control is recommended for everyone in a health care setting when they are in areas of the facility where they could encounter patients.
  - HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and Community Levels are not also high. When Community Levels are high, source control is recommended for everyone.
- When SARS-CoV-2 Community Transmission levels are **not** high, health care facilities could choose not to require universal source control.
  - However, even if source control is not universally required, it remains recommended for individuals in health care settings who:
    - Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with a runny nose, cough, sneeze)
    - Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure
    - Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days
    - Have otherwise had source control recommended by public health authorities

Universal Use of PPE

- When COVID-19 is not suspected, follow standard precautions (and transmission-based precautions when required)
- When community transmission levels increase, consider expanding the use of respirators and eye protection in certain encounters or areas
  - Aerosol generating procedures
  - Surgical procedures that could produce infectious aerosols (ENT/resp. tract)
  - When patients may be unable to wear source control
  - In poorly ventilated areas
  - To ease implementation, consider implementing the universal use of respirators and eye protection in specific areas when community transmission levels are high

Duration of Empiric Transmission-Based Precautions

- Symptomatic patients under evaluation for COVID-19
  - Discontinue TBP when a single negative PCR test is confirmed, or
  - Discontinue with negative antigen + negative PCR or second negative antigen 48 hours after the first negative result
- Asymptomatic patients following close contact with someone with COVID-19
  - In general, do not require TBP unless unable to test or wear source control, severe immune compromise, housed in a unit with others who are severely immune compromised, housed in a unit with ongoing transmission
  - When placed in TBP for the reasons above, remove after 10 days if symptoms do not develop; seven days with a negative test between days five through seven
- Confirmed cases
  - At least 10 days post symptom onset with the absence of fever and symptoms improving

Testing

- Symptomatic individuals should receive a viral test as soon as possible regardless of vaccination status
- Asymptomatic patients with close contact should have a series of three tests - 24 hours post-exposure, 48 hours after first negative, and 48 hours after the second negative (e.g., days 1, 3 and 5 post-exposure).
- If implementing a screening testing program, testing decisions should not be based on the vaccination status of the individual being screened.
  - To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test instead of a NAAT, facilities should use three tests, spaced 48 hours apart, in line with FDA recommendations.
  - In general, the performance of pre-procedure or pre-admission testing is at the discretion of the facility.
- Performance of expanded screening testing of asymptomatic HCP without known exposures is at the discretion of the facility.

Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

COVID-19 Hospital Data Reporting Changes

- NHSN will assume responsibility as the database for COVID-19 hospital data
- On December 31, 2022, the TeleTracking contract will expire, and NHSN will become the new reporting platform
- No changes to other NHSN Modules
- No significant changes to reporting questions as a result of the transition
- Reporting processes will remain the same
- Steps to Prepare for the transition
  - Facility Enrollment (please do not enroll without confirming with NHSN– most hospitals are already enrolled)
  - NHSN Access
  - NHSN Org ID Verification
  - NHSN Groups

Questions? Email NHSN@cdc.gov with the subject line “COVID-19 Hospital”

NHSN COVID-19 Vaccination for HCW Data Reporting

- Weekly submission is encouraged
- CMS Quality Reporting Program facilities are required to submit at least one week per month
- Any week of the month can be selected and reported
- Data should be submitted by the end of the quarter as defined by CMS (e.g., November 15, 2022, for Quarter 2 2022 data)
- A week is designated as belonging to the month of the week-end date.
  - Ex. Reporting data for the week of September 27-October 3 is considered as submitting data for a week in October

COVID-19 Vaccine Update

- Pfizer bivalent vaccine is approved for individuals 12 years of age and older
- Moderna bivalent vaccine is approved for individuals 18 years of age and older
- Use of COVID-19 Vaccines in the U.S. Interim Clinical Considerations
- Product Info by U.S. Vaccine
- FAQs for the Interim Clinical Considerations
- At-a-Glance: COVID-19 Vaccination Schedule for Most People

COVID-19 Variant Update

- All circulating viruses continue to be Omicron viruses, with the BA.5 lineage remaining the prominent circulating virus in the U.S.
- The BF.7 and BA.2.75 sub-lineages were recently added to COVID Data Tracker
- Vaccinations in the United States
- What You Need to Know About Variants

CIC Study Group

- The **Florida Department of Health (DOH) Health Care-Associated Infection (HAI) Prevention Program** would like to invite you to join the newest cohort for the Certification in Infection Control (CIC) Study Group.
- The cohort will meet each Friday, beginning October 7, 2022, for 26 weeks.
- Certification represents your commitment to improving infection control practices and recognizes you as proficient in the field.
- Use the QR code to fill out the registration, and we will send you the Teams invitation to join. If you have any questions, please do not hesitate to contact us at HAI_Program@flhealth.gov

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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?

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