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

Hospital Quality Improvement

Welcome from all of us!

COLLABORATORS:
Alabama Hospital Association
Alliant Health Solutions
Comagine Health
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

• Open forum networking events to:
  • Build knowledge
  • Share experience
  • Provide IP support
Hello, My Name Is…

- Drop into the chat box
  - Name
  - State
  - Years in IP
  - If you could stay the same age forever, what age would that be and why?
International IP Day – April 7, 2023
World Hand Hygiene Day Is Coming Up!

May 5 is World Hand Hygiene Day!

CDC resources include social media graphics and press kits - [Clean Hands Count Campaign](https://www.cdc.gov/handhygiene/cleanhandscount/index.html) | [Hand Hygiene](https://www.cdc.gov/handhygiene/index.html) | [CDC](https://www.cdc.gov)
COVID-19 Updates
COVID-19 Cases and Deaths

Weekly Trends in Number of COVID-19 Cases and Weekly Death Rate in The United States Reported to CDC, per 100,000 population.

https://covid.cdc.gov/covid-data-tracker/#trends_weeklycases_7daydeathsper100k_00
Wastewater COVID-19 Surveillance

https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance
<table>
<thead>
<tr>
<th>Emergency Declaration</th>
<th>Details</th>
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</table>
| Public Health Emergency (PHE) | • Initially declared in January 2020  
• Ends May 11, 2023  
• Coverage, costs, and payment for COVID-19 testing, treatments, and vaccines  
• Medicaid coverage and federal match rates  
• Telehealth (extended by the Consolidated Appropriations Act until the end of 2024) |
| National Emergency Declaration | • Issued in March 2020  
• Ends May 11, 2023  
• Private insurance coverage flexibilities |
| Emergency Declaration by Health & Human Services | • Initially declared in February 2020  
• Allows EUA for medical interventions (vaccines, drugs)  
• Stays in effect until terminated by the HHS Secretary; no current end date |

COVID-19 Public Health Emergency (PHE): What is NOT Affected

- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio
- FDA’s EUAs for COVID-19 products (including tests, vaccines, and treatments)
- Major Medicare telehealth flexibilities
- Medicaid telehealth flexibilities
- Process for states to begin eligibility redeterminations for Medicaid
- Access to opioid use disorder treatment

COVID-19 Public Health Emergency (PHE): What IS Affected

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers
- Coverage for free, over-the-counter COVID-19 testing
- Reporting of COVID-19 laboratory results and (state) immunization data to CDC
- FDA’s ability to detect early shortages of critical devices related to COVID-19
- Public Readiness and Emergency Preparedness (PREP) Act liability protections
- Dispense of controlled substances via telemedicine without an in-person interaction

What Changes Can We Expect With Data From CDC?

The CDC COVID-19 data tracker was launched in 2020 to create a consolidated, easy to use, data source for state and local public health officials.

Over the past three years, the tracker has grown to include county, state, national and global data in more than 70 webpages of COVID-19 pandemic-related information.

As the PHE ends, CDC will be transitioning to a more sustainable format for COVID-19 surveillance.

CDC will continue to utilize all available resources to track COVID-19 and monitor long term effects on the US and globally.

CDC will provide a more comprehensive summary of changes on the May 12 weekly review.

<table>
<thead>
<tr>
<th>NHSN Data Reporting Changes</th>
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<tbody>
<tr>
<td>NHSN sent all users an email on 4-24-2023 regarding the end of the PHE</td>
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<tr>
<td>• COVID-19 hospital data reporting changes</td>
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<tr>
<td>• Hospitals will continue to report on a reduced number of data elements after the conclusion of the PHE, through April 2024</td>
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<td>• Data elements will be reduced from 62 to 44</td>
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<td>• Reporting cadence will change from daily to weekly with values reported for each day of the previous week (Sunday-Saturday) with deadline of Tuesday</td>
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<tr>
<td>• PHE Ends on May 11, 2023, and NHSN will implement these changes in the weeks that follow.</td>
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COVID-19 Hospital Data Reporting Changes

Fields that will no longer be required and will be made optional:

- 10a: Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients
- 11: Hospitalized and ventilated COVID-19 patients - Patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator
- 12a: Total ICU adult suspected or laboratory-confirmed COVID-19 patients
- 13: Hospital onset – Total current inpatients with the onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19
- 17b: Previous day’s adult admissions with suspected COVID-19 and breakdown by age bracket:
  - 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ • Unknown
- 18b: Previous day’s pediatric admissions with suspected COVID-19
- 19: Previous day total ED visits
- 20: Previous day total COVID-19-related ED visits

COVID-19 Guidance for Hospital Reporting and FAQs for Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting (hhs.gov)
CMS Updates
Comment period open through June 9

Modification of COVID 19 Vaccination for HCW reporting would change to up-to-date terminology to keep measure relevant to any future changes that may occur

HAC Reduction Program to include validation reconsideration process for hospitals that failed to meet data validation requirements (affecting 2022 discharges for FY 2025)

Modify the targeting criteria for validation to include hospitals who received extraordinary circumstances exception during data periods validated beginning with CY 2024 discharges for FY2025

VBP to adopt severe sepsis and septic shock management bundle measure into safety domain beginning with FY 2026
NHSN Data Submission Deadline – May 15, 2023

• Quarter 4 2022 data due to NHSN for CMS QRP by May 15, 2023
  • CAUTI and CLABSI – ICU and Medical, surgical, and Med/Surg wards
  • Inpatient COLO and HYST
  • MRSA Bacteremia and C. diff Lab – FacWideIn and ED and 24-hour observation locations
  • COVID-19 Vaccination among Healthcare Personnel (HCP)
• 2022-2023 HCP Influenza Vaccination Summary

• Alliant’s NHSN Survival Guide includes checklists and best practices to ensure data are accurate and of high quality
CDC Issues HAN for Marburg Virus

- Health Alert Network (HAN) - 00489 | Marburg Virus Disease Outbreaks in Equatorial Guinea and Tanzania (cdc.gov)

- Equatorial Guinea – 14 lab-confirmed cases, 71% mortality
- Tanzania – 8 lab-confirmed cases, 62.5% mortality

- Recommendations for clinicians:
  - Systematically assess patients for possibility of viral hemorrhagic fever (MVD, EVD, etc.)
  - Develop triage and evaluation process, including travel history
  - Do no defer routine lab testing or other patient care activities due to travel to equatorial Guinea or Tanzania
We want to know....

What can we do to support you?

Drop into chat:
- More sessions like this
- Specific HAI focused events
- More networking
- Mentoring
- 1:1 coaching
- Email support
- Other
Save the Date

• IP Chats will be held quarterly. Register now for upcoming sessions!

July 26, 2023

October 25, 2023

Register here:

https://allianthealthgroup.webex.com/webappn

g/sites/allianthealthgroup/webinar/webinarSeries/

register/a035bbb9d9c0486480baa6944052453c
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 optimal care for super utilizers
- Reduce community-based adverse drug events
Thank you for joining us! How did we do today?