NHSN Updates COVID-19 Vaccine Module & Pathway

Welcome!

Chat to Technical Support if you need assistance

Presented by:

Donald Chitanda, MPH, CIC
Infection Prevention Technical Advisor



Donald Chitanda, MPH, CIC

INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. Over the past several years, he worked as an infection preventionist at the hospital-and system-level, where he was part of a task force to ensure the safety of caregivers and patients during the ongoing COVID-19 pandemic. In addition, he was part of and led several projects to reduce hospital-acquired infections utilizing Lean Six Sigma methodologies. He is also trained in ensuring ongoing facility survey readiness for regulatory agencies such as the CMS and The Joint Commission.

Donald enjoys spending time with family and doing outdoor activities.

Contact: Donald.Chitanda@AlliantHealth.org



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 and assisting them in reducing healthcareassociated infections across the continuum of care.

Amy enjoys spending time with her family. She loves all the time she can get outdoors camping, bicycling and running.

Contact: Amy.Ward@AlliantHealth.org



Erica Umeakunne, MSN, MPH, APRN, CIC

INFECTION PREVENTION SPECIALIST

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She was previously the interim hospital epidemiology director for a large health care system in Atlanta and a nurse consultant in the Center for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at the CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

Erica enjoys reading, traveling, family time, and outdoor activities.

Contact: Erica.Umeakunne@allianthealth.org



Paula St. Hill, MPH, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR

Paula is a doctoral student with a diverse background in public health, infection prevention, epidemiology and microbiology. She has always enjoyed public health and identifying ways to improve health outcomes, specifically those related to healthcareassociated infections.

Paula enjoys spending time with her friends and family. In her spare time, she loves watching a good horror or thriller movie.

Contact: Paula.StHill@allianthealth.org



Objectives

Agenda:

- Join our Alliant Health Solutions LTC NHSN Group
- CDC and CMS Updates
- Influenza Vaccination Reporting
- Other NHSN Updates
- SAMS and NHSN Tips
- Questions and Answers

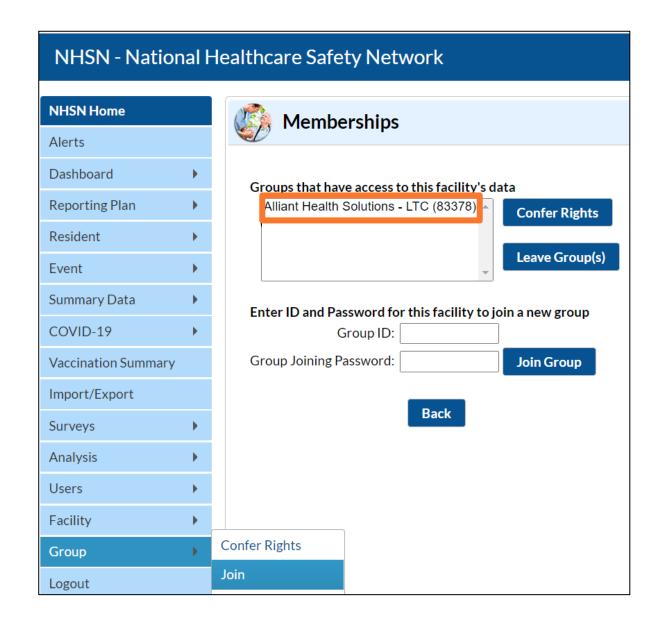


Make Sure You Have Joined Our NHSN Group

On the NHSN Home page: Click **Group** > **Join**

Make sure you see Alliant Health Solutions–LTC (83378). If not, follow the instructions on the next slide to join.

Take this important step to receive assistance from your CMS quality improvement organization.





Join and Confer Rights to Alliant Health Solutions

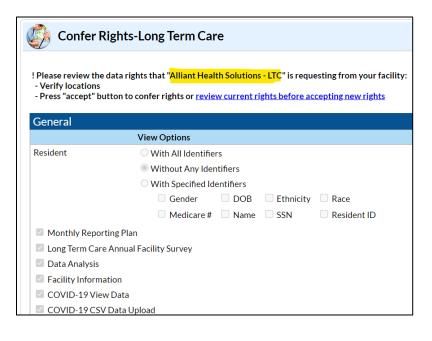
Group Name: Alliant Health Solutions-LTC

Group ID: 83378

Joining Password: Alliant20!







https://quality.allianthealth.org/wp-content/uploads/2021/01/TO1 NHSNGroups 12SOW-AHSQIN-QIO-TO1NH-20-391 508-1.pdf



Shop Talk Shorts YouTube Channel

Instructional videos to answer technical questions related to NHSN

Bookmark our FAQ YouTube channel for easy reference to frequent NHSN issues:

https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLllrqcLGlzXZPljlF

Help! I am new & no one has NHSN access

How to Upgrade to Level-3 Access in NHSN

How do I find out who has access to my facility?

How do I add users and rights to our NHSN account?

I got a new job. Can I use my grid card to access my new facility?

How do I change my email address for NHSN & SAMS?

I am leaving, how do I reassign another NHSN facility administrator?

I want to receive technical assistance. How do I join Alliant Health Solution's NHSN Data Group?





Shop Talk Shorts YouTube Channel

Instructional videos to answer technical questions related to NHSN



November 2022



Presented by:

Donald Chitanda, MPH, CIC

Infection Prevention Technical Advisor



0:03 / 6:25



CDC & CMS Updates



This email is intended for Facility and Group users of the Long-Term Care Component (PSC) of NHSN.

Dear NHSN Users,

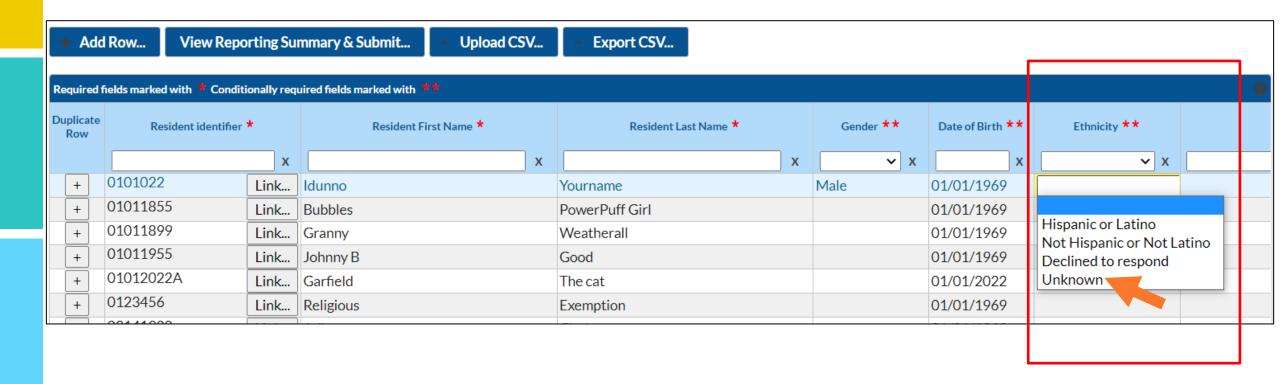
We would like to provide you with a few important updates related to the October 27, 2022 NHSN application update.

1. If you use the optional Person-Level COVID-19 Vaccination Forms to submit your weekly COVID-19 vaccination data, demographic variables are now required for individuals currently in the facility (i.e., those without an end date or discharge date) in order to save and submit data. Please keep in mind that if you are unable to obtain this information, you can select 'Unknown'.

NHSN Email:11/7/22



Person-Level Reporting



Below is important information regarding modifications to the Point of Care Test Reporting Tool, the Long-term Care Facility COVID-19 Module, and the COVID-19 Vaccination Module. The changes described below took effect with the October 2022, NHSN release. Resources on the NHSN LTCF COVID-19 Module webpage and the COVID-19 Vaccination Modules webpage have been updated, where indicated, with revised forms, instructions, FAQs and CSV templates.

Point of Care (POC) Test Reporting Tool:

The following enhancements were made.

Additional POC devices were added to the NHSN system.

Although some are titled, "At-Home," the devices below have been provided POC Emergency Use Authorization by the U.S. Food and Drug Administration. If you are using any of these devices, please check the model's name and ensure you choose the correct device from the drop-down menu.

- DxLab COVID-19 Test_ DxLab Inc.
- MicroGEM Sal6830 SARS-CoV-2 Saliva Test_ MicroGEM U.S., Inc.
 - OHC COVID-19 Antigen Self Test_ OSANG LLC



Add Test Result



POC Test Result

Test Date *:	10	
Device Name *:	BinaxNOW COVID-19 Ag Card_Abbott Diagnostics Scarborough, IncEUA	Choose Default
Test Ordered *:	SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid immunoassay 🗸	
Specimen Source *:	Nasal Swab 🗸	
Test Result(s):	Test Performed	Test Result
	SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid immunoassay	*
Specimen Number *:	47139675	
Ordering Physician *:		
Was person symptomatic?	No v	
Was person pregnant? *	No v	



Dear NHSN Users,

We appreciate your efforts to collect and submit data on individuals who are up to date with COVID-19 vaccines (Question #5) through the NHSN COVID-19 Vaccination Modules.

We wanted to provide a reminder that beginning on September 26, 2022, most* individuals should only be counted as up to date if they received an updated (bivalent) booster dose.

- This means that most individuals who have not yet received an updated (bivalent) booster are no longer considered up to date with COVID-19 vaccines and should not be counted in Question #5.
- If you have been counting individuals as up to date who do not meet this definition, please adjust
 your recent weekly counts for Question #5 so that you are reporting an accurate number of
 individuals who are up to date.

*Note: Individuals are also considered up to date if they completed their primary vaccination series within the past two months and are not yet eligible to receive an updated (bivalent) booster.

NHSN Email: 11/8/22



Add Vaccine Data 2. * Cumulative number of residents in Question #1 who have received primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020: 2.1 * Only 1 dose of a two-dose Primary COVID-19 vaccine series 2.2 * Any completed Primary COVID-19 vaccine series 3. * Cumulative number of residents in Question #1 with other conditions: 3.1 * Medical contraindication to COVID-19 vaccine 3.2 * Offered but declined COVID-19 vaccine 3.3 * Unknown COVID-19 vaccination status 4. * Cumulative number of residents with complete primary series vaccine in Question #2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine since August 2021

4.1 * Cumulative number of residents in Question #4 who have received only one booster dose of COVID-19 vaccine since August

4.2 * Cumulative number of residents in Question #4 who received two or more booster doses of COVID-19 vaccine, and the most

Question 5 asks about individuals who are up to date. Please review the current definition of up to date.

2021

recent dose was received since March 29, 2022

5. * <u>Cumulative</u> of residents in question #2 who are *up to date* with COVID-19 vaccines





COVID-19 Vaccination Modules: Key Terms

COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination

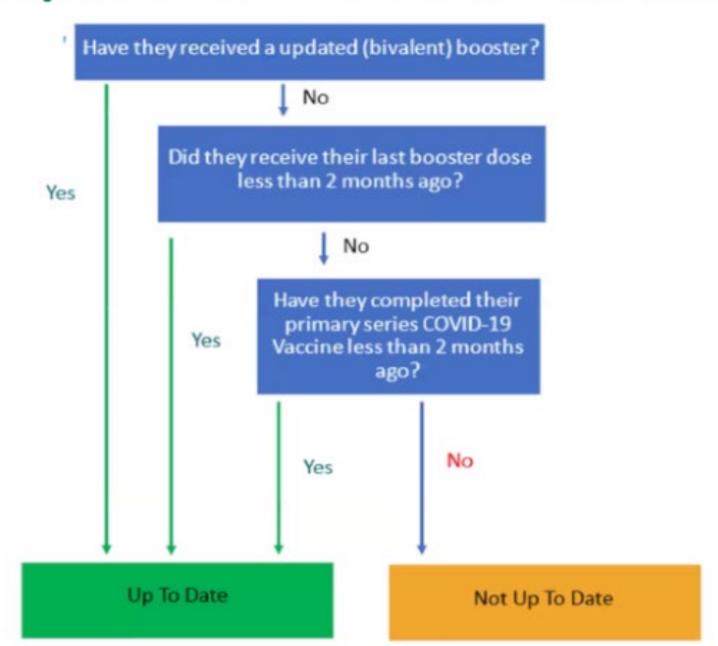
This document defines key terms related to COVID-19 vaccination for the purpose of NHSN public health surveillance. Facilities can review these definitions when reporting data through the NHSN COVID-19 Vaccination Modules.

This document will be updated to reflect any changes as COVID-19 vaccination guidance evolves (for example, updates to CDC's *up to date* vaccination definition). This document will be updated quarterly. Use the definitions for the reporting period associated with the reporting weeks included in your data submission.

Contents

OVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination
Reporting Period Quarter 4 2022 (September 26, 2022 – December 25, 2022)
Reporting Period Quarter 3 2022 (June 27, 2022 – September 25, 2022)
Reporting Period Quarter 2 2022 (May 30, 2022 – June 26, 2022)
Appendix 1: Up to Date with COVID-19 Vaccines during the surveillance period of September 26, 2022 – December 25, 2022
Appendix 2a: Decision Tree on Determining Up to Date Vaccination Status for Reporting Period Quarter 3 2022
(June 27, 2022 – September 25, 2022)
Appendix 2b: Decision Tree on Determining Up to Date Vaccination Status for Moderately to Severely
Immunocompromised individuals for Reporting Period Quarter 3 2022 (June 27, 2022 – September 25, 2022) 12

Flow Chart: Up to Date with COVID-19 Vaccines





This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network November 04, 2022, 3:30 PM ET CDCHAN-00479

Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about early, elevated respiratory disease incidence caused by multiple viruses occurring especially among children and placing strain on healthcare systems. Co-circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and others could place stress on healthcare systems this fall and winter. This early increase in disease incidence highlights the importance of optimizing respiratory virus prevention and treatment measures, including prompt vaccination and antiviral treatment, as outlined below.

Background

Many respiratory viruses with similar clinical presentations circulate year-round in the United States and at higher levels in fall and winter. In the past 2 years, respiratory disease activity has been dominated by SARS-CoV-2, and seasonal circulation of other respiratory viruses has been atypical or lower than pre-COVID-19 pandemic years. Currently, the U.S. is experiencing a surge and co-circulation of respiratory viruses other than SARS-CoV-2. CDC is tracking levels of respiratory syncytial virus (RSV), influenza, and rhinovirus/enterovirus (RV/EV) that are higher than usual for this time of year, especially among children, though RV/EV levels may have plateaued in recent weeks. SARS-CoV-2 also continues to circulate in all U.S. states.

TIPS for Managing Respiratory Illness in LTC

- Vaccination
 - Residents & HCW
- Surveillance
- Testing
- Standard & Droplet Precautions
- Administer influenza antiviral treatment and chemoprophylaxis according to current recommendations
- Limit large group gatherings
- Effective communication to visitors to ensure ill persons are discouraged from visiting
- Monitor healthcare personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms



Notes on Reporting Requirements

- Facilities are only required to report data once at the conclusion of reporting period (October 1 through March 31)
- HCP who are <u>physically present</u> in the facility for at least 1 working day between October 1 through March 31 are included in the denominator
- HCP in the denominator population who received an influenza vaccination during the time from when the vaccine became available (e.g., August) through March 31 of the following year are included in that category numerator

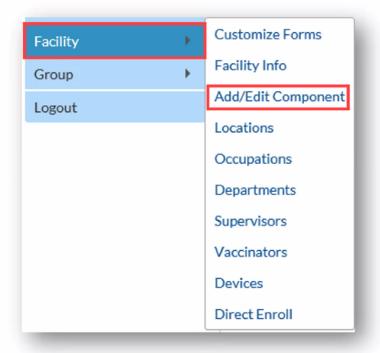


Key Things to Remember:

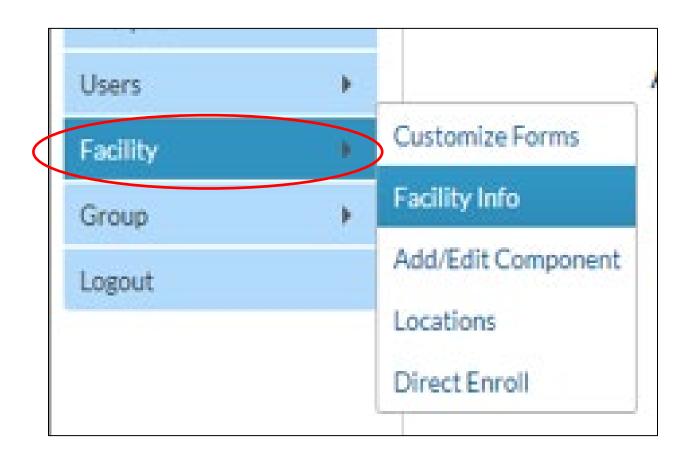
- Deadline to enter data is May 15
- Reporting period October to March 31
- Reporting influenza vaccination data via weekly LTCF component
 WILL NOT fulfill CMS requirement
- Reach out to <u>SNFQualityQuestions@cms.hhs.gov</u> if unsure if your facility is required to report
- There is currently no CMS requirement to report annual influenza vaccination for residents. Only Staff/HCP

Activating the HPS Component

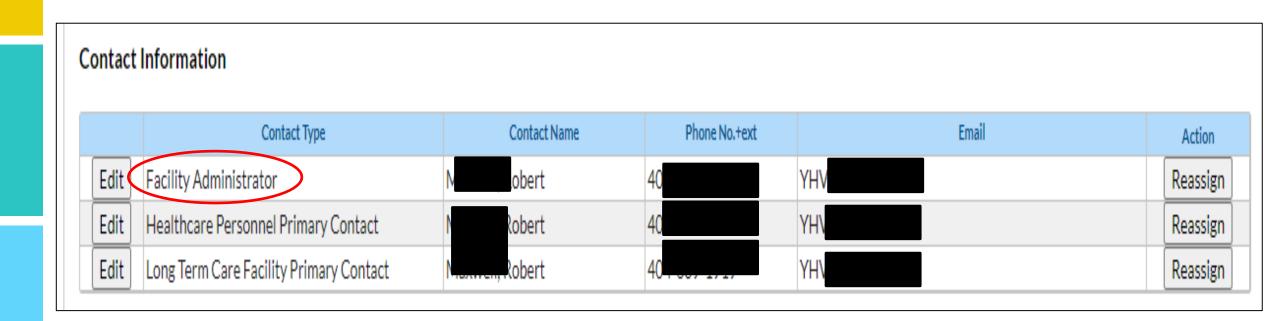
- Activating the HPS component is only necessary for facilities currently enrolled in another component
- Only a NHSN Facility Administrator can activate a new component
- Ensure that the contact information for the NHSN Facility Administrator and HPS Component Primary Contact are updated













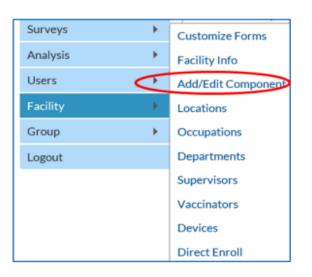
Change in NHSN Facility Administrator

- NHSN Facility Administrator should transfer role to another user <u>prior</u> to leaving the facility!
- NHSN can add an individual as the new NHSN Facility Administrator if the previous NHSN Facility Administrator has left the facility
 - Do <u>not</u> re-enroll the facility in NHSN
- Complete the NHSN Facility Administrator Change Request Form https://www.cdc.gov/nhsn/facadmin/index.html
- After being assigned as the new NHSN Facility Administrator, begin the new NHSN user onboarding process



Activating the HPS Component

- Facility Administrator logs into SAMS: <u>https://nhsn2.cdc.gov/nhsn/</u>
 - Click "NHSN Reporting"
- From the Home Page, click "Facility" then "Add/Edit Component"
 - Check box next to Healthcare Personnel Safety
- Facility Administrator adds HPS Component Primary Contact
 - Enter name, phone, e-mail, and address for person to be contacted if CDC/NHSN has updates or questions about the HPS Component



Follow/ Followed	Component	Activated
	Biovigilance	
	Dialysis	
	Healthcare Personnel Safety	10/18/2022
~	Long Term Care Facility	01/28/2020
	Neonatal	
	Outpatient Procedure	
	Patient Safety	



Activating the HPS Component (cont.)

- Facility Administrator adds HPS Component Primary Contact as a user within the NHSN facility
 - Click "Users" on the navigation bar, then click "Add"
 - Complete "Add User" screen mandatory fields
 - User ID created by the facility
 - First Name
 - Last Name
 - E-mail Address Must be an active/correct address for the user
- Other users are added by the Facility Administrator or new HPS Component Primary Contact



Required and Optional Reporting Forms

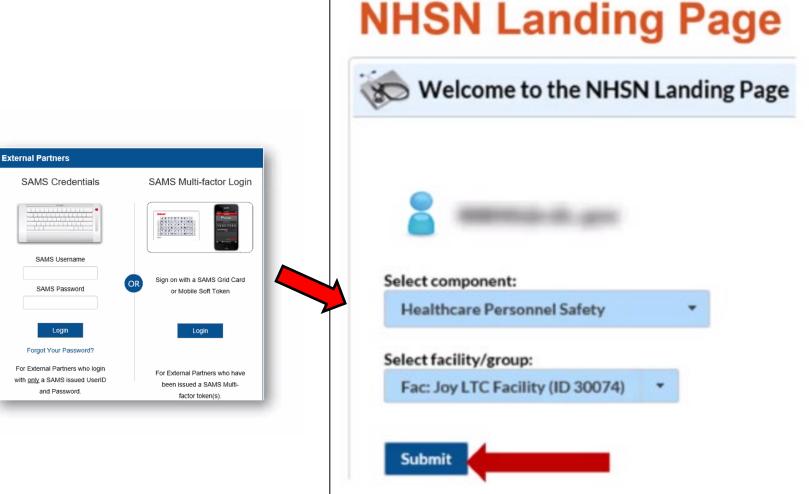
- After enrolling in NHSN and/or activating the HPS Component and adding users:
 - Complete Required Forms
 - HCP Influenza Vaccination Summary Form
 - Complete Optional Form
 - Seasonal Survey on Influenza Vaccination Programs for HCP



Log into SAMS

- You can access the activity home page by clicking: https://nhsn2.cdc.gov/nhsn/
- Level 3 SAMS access is needed to enter data into the HPS Component

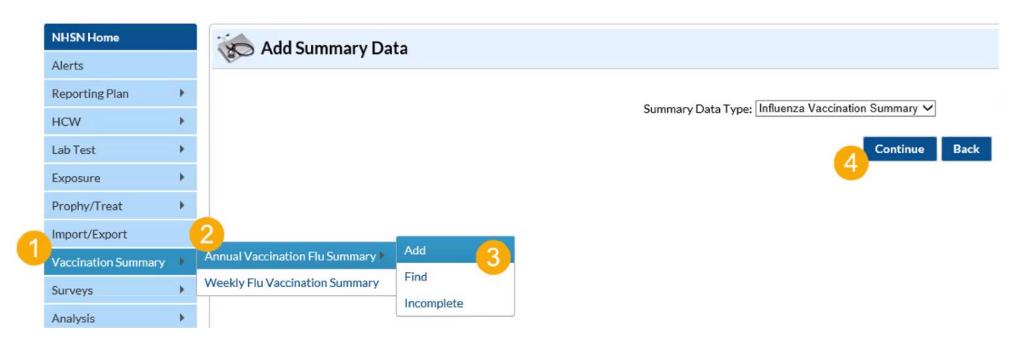
For assistance with SAMS, contact the SAMS Help Desk at 1-877-681-2901 or samshelp@cdc.gov





HCP Influenza Vaccination Summary Data

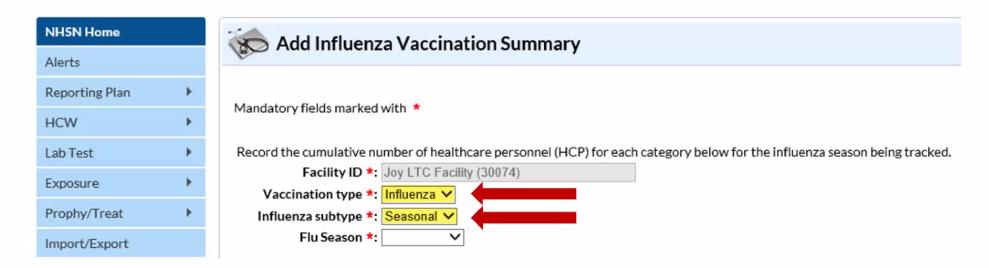
- Click "Vaccination Summary" then "Annual Vaccination Flu Summary"
- Select "Add"
- Click "Continue"





HCP Influenza Vaccination Summary Data (cont.)

- "Influenza" and "Seasonal" are the default choices for vaccination type and influenza subtype
- Select appropriate flu season in drop-down box (e.g., 2022-2023)





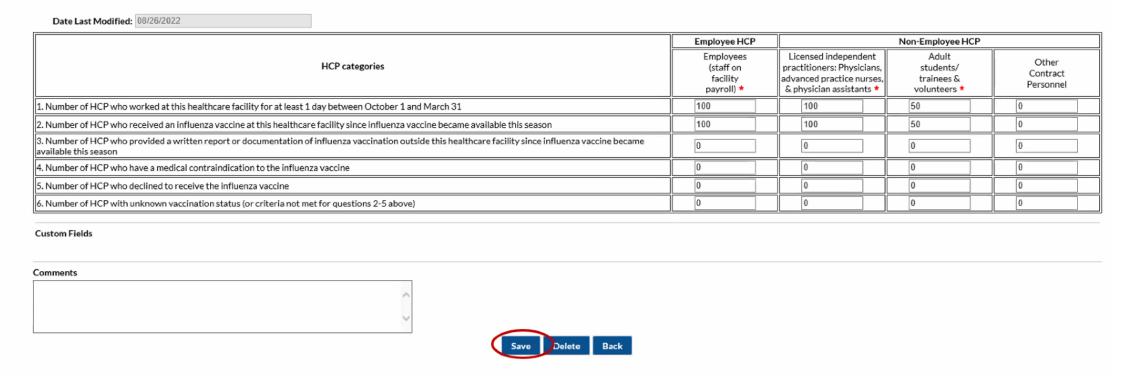
HCP Influenza Vaccination Summary

- Data are collected on denominator and numerator categories
 - Denominator categories:
 - HCP must be <u>physically</u> present in the facility for at least 1 working day between October 1 through March 31
 - Includes both full-time and part-time HCP
 - Employee HCP
 - Non-employee HCP: Licensed independent practitioners (physicians, advanced practice nurses, and physician assistants)
 - Non-employee HCP: Adult students/trainees and volunteers
 - Numerator categories:
 - Influenza vaccinations, medical contraindications, declinations, and unknown status
- Facilities are <u>required</u> to report all numerator categories for the three denominator categories



Saving HCP Influenza Vaccination Data

Click "Save" to save the data





Influenza Vaccination Reporting

Editing HCP Influenza Vaccination Data (cont.)

Click "Edit" to modify existing data

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	100	100	50	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	100	100	50	0
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	0	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	0	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	0	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0
Custom Fields Comments				
C Edit Delete Back				



Influenza Vaccination Reporting

The NHSN Website

Visit: <u>HCP Flu Vaccination | HPS | NHSN | CDC</u> for training materials:

- Protocol
- Data collection forms
- Frequently asked questions (FAQs)
- Training slides

Questions or Need Help?



E-mail user support at: nhsn@cdc.gov

Please include "HPS Flu Summary" in the subject line of the e-mail and specify "Long-term care facility"

SNFQualityQuestions@cms.hhs.gov



SAMS & NHSN Tips



Action Items

COMPLETE THESE ITEMS

Survey Required 2021

Mini-IRF Survey Required 2021

Not
Accepted

ALERTS

1

Missing Events

2

Incomplete Summary
Items

26

Missing Summary Items 2

Missing Procedures





Vaccination Summary Data



Click a cell to begin entering data for the week which counts are reported.

Reporting of medical events or health problems that occur after vaccination (possible side effects) is encouraged, https://vaers.hhs.gov/reportevent.html.



16 May 2022 - 26 June 2022

Record Complete

Record Incomplete

Weekly Vaccination Calendar

05/16/2022 (Monday) - 05/22/2022 (Sunday)

- OCOVID-19: HCW
- COVID-19: Residents

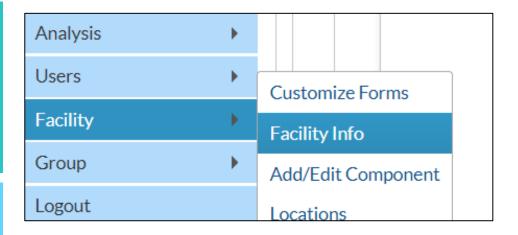
05/23/2022 (Monday) - 05/29/2022 (Sunday)

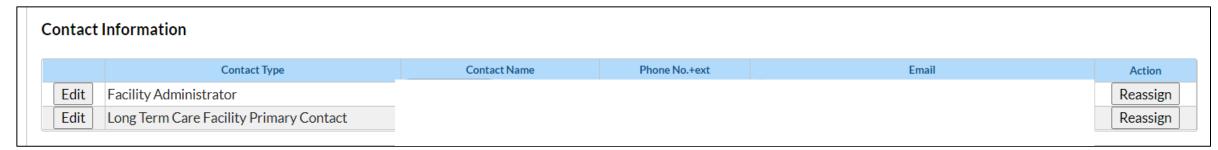
- COVID-19: HCW
- COVID-19: Residents



Confirm Facility Admin and Primary Contact

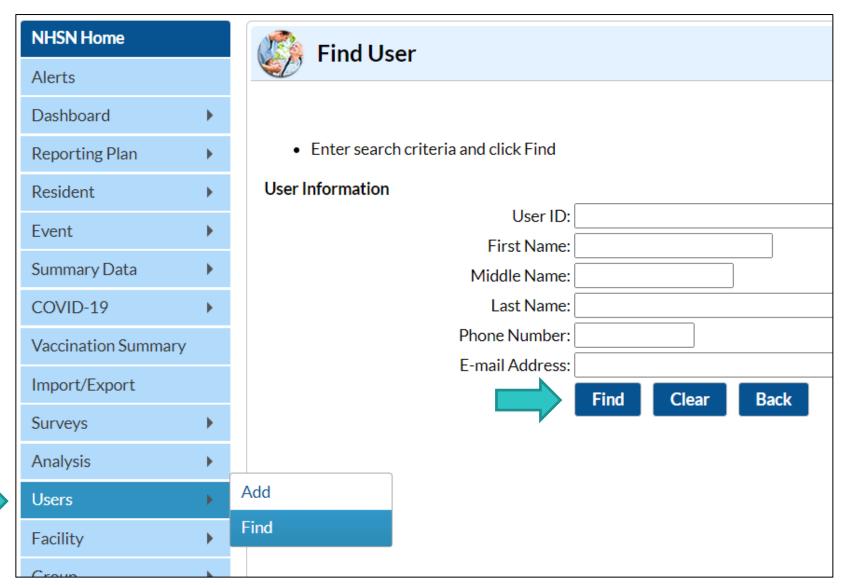
Facility > Facility Info > Scroll down and review the facility admin and long-term care primary contact. If the users are no longer there, deactivate them. For the facility admin, complete the Change Facility Admin Form.







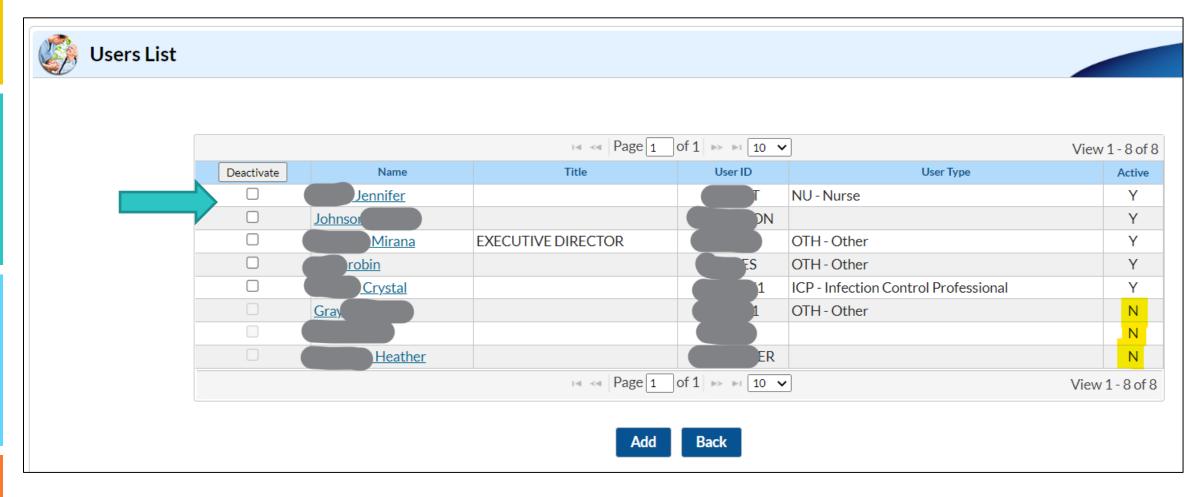
Clean Up the Users in Your NHSN Account







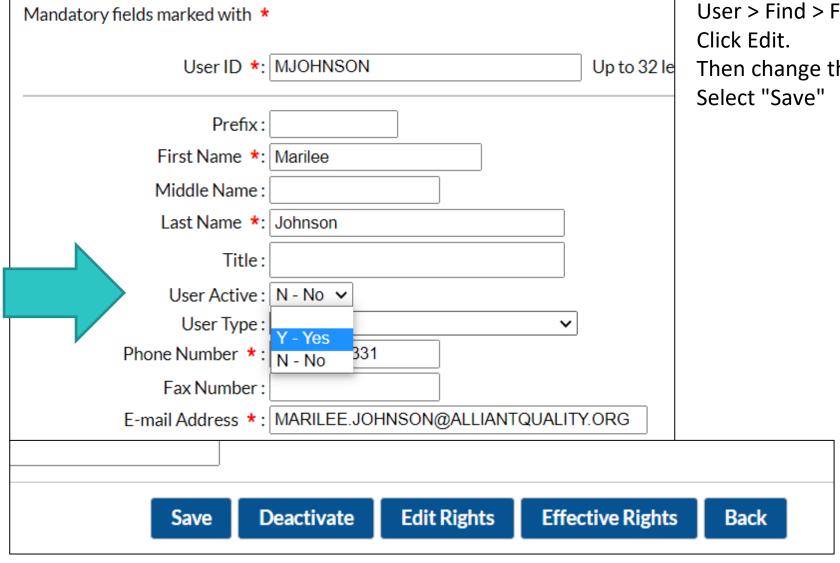
Deactivate Users Who No Longer Need Access



Check the box beside their name and click **Deactivate**.



OR Go to the Contact Page and Click User Active "No"



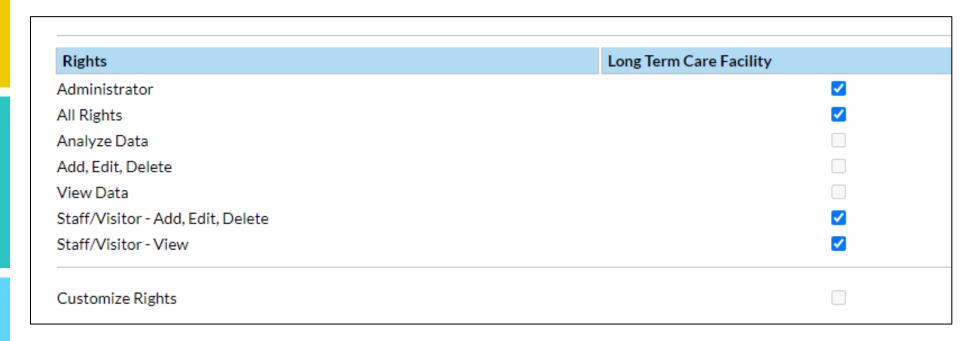
User > Find > Click on the user account.

Click Edit

Then change the User Active to NO. Select "Save"



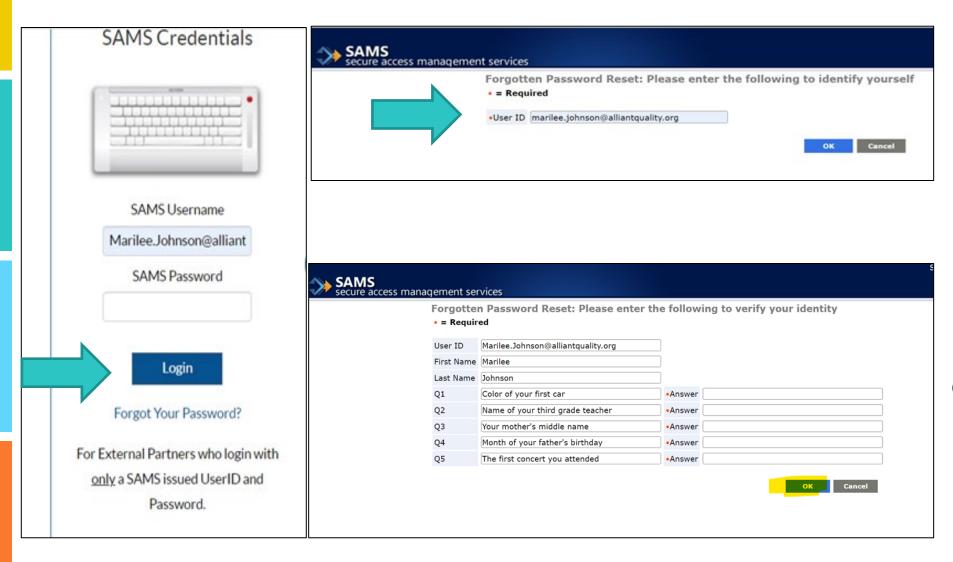
Ensure Users Are Assigned Rights



Hint: Double-check to ensure users have administrator rights, if applicable. If you don't have admin rights, you will be unable to add users or perform key tasks to maintain the functionality of your account.



I Forgot My Password. How Do I Reset?



HINT: The USER ID is the email address you use to sign into the SAMS login.

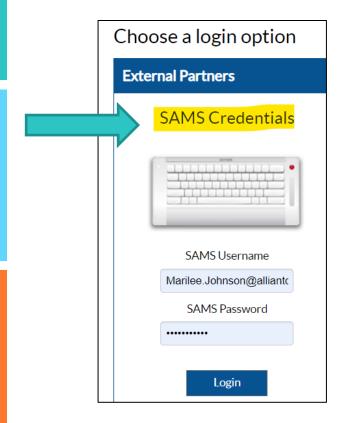
Do you know your security questions? You must answer using correct capitalization.

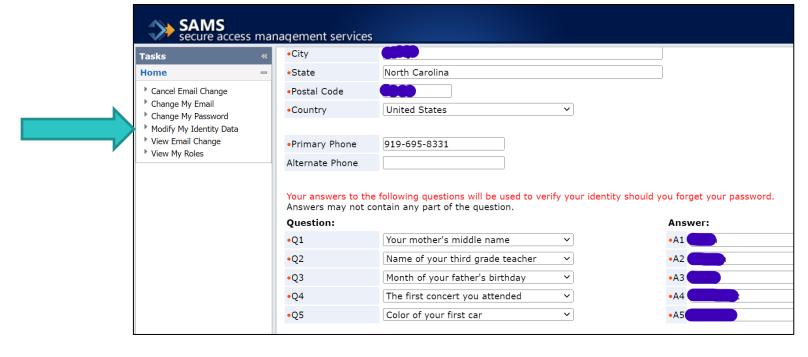


If You Don't Remember Your Security Questions

You must request the SAMS help desk to terminate your account. Then, email nhsn@cdc.gov and request a new invitation to register. Include your email address and first and last name.

Why risk this? Print out or screenshot your security questions and save them in a secure location. Log in to https://sams.cdc.gov SAMS credential > Click on Modify My Identity Data to view your answers.







Questions or Need Help?

Please submit questions by email to nhsn@cdc.gov and put the module in the subject line for a faster response.

Facilities can contact CMS with questions about reporting requirements and quality reporting:

- Long-term care facilities weekly reporting:
 DNH TriageTeam@cms.hhs.gov
- Skilled nursing facilities quality reporting program: <u>SNFQualityQuestions@cms.hhs.gov</u>



Questions?





Thank You for Your Time! Contact the Patient Safety Team



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Mark Your Calendar!



Shop Talk

3rd Thursdays at 2 p.m. ET

Registration Links:

Thursday, December 15, 2022

Visit our website for more info:

https://quality.allianthealth.org/topic/shop-talks/



Nursing Home and Partnership for Community Health:

CMS 12th SOW GOALS















OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

Reduce adverse drug events

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

Increase use of cardiac rehabilitation programs

Reduce instances of uncontrolled diabetes

Identify patients at highrisk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

Provide virtual events to support infection control and prevention

Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff





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Alliant Health Solutions





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