

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!



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!









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: <u>Amy.Ward@Allianthealth.org</u>

Format for IP Chats

- Open forum networking events to:
 - Build knowledge
 - Share experience
 - Provide IP support



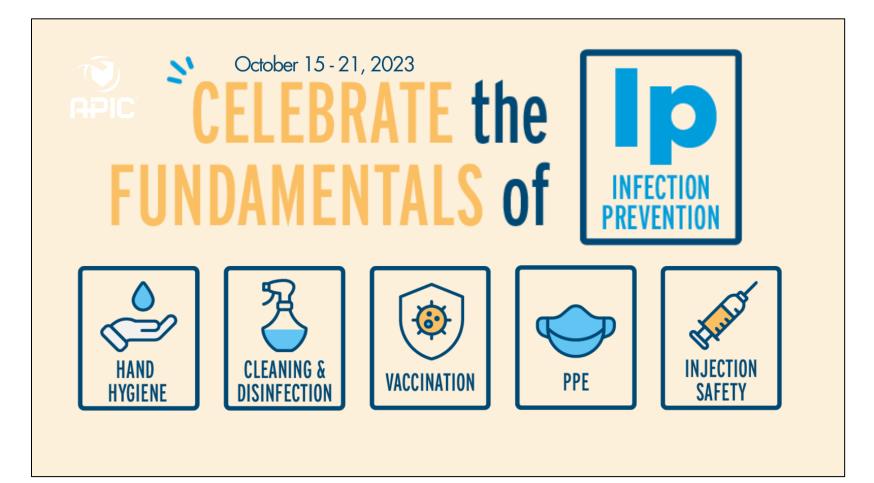
Hello, My Name Is...

- 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 Infection Prevention Week





APIC Infection Prevention and You Resources

- <u>infectionpreventionand</u> <u>you.org</u>
- IP Jeopardy game
- Infographics
- Updated consumer page





CMS Quality Reporting Program Deadline

- November 15 for CMS IQR for 2023 Quarter 2
- <u>NHSN Monthly Checklist for Reporting to CMS Hospital IQR</u> (cdc.gov)
 - Device Associated
 - CAUTI ICUs and adult/pediatric medical, surgical, and medical/surgical wards
 - CLABSI ICUs and adult/pediatric medical, surgical, and medical/surgical wards
 - Lab ID
 - MRSA Blood Lab ID FacWideIn and ED/Obs locations
 - C. diff Lab ID FacWideIn and ED/Obs locations
 - Procedure Associated
 - HYST inpatient
 - COLO inpatient



CAUTI Prevention Compendium of Strategies Updates

- Essential practices
- Updates to the implementation of evidence-based appropriateness criteria for indwelling urethral catheter use
- Discussion of strategies for urine-culture stewardship and their impact on CAUTI rates
- Updated performance measures to highlight the effects of catheter harm in addition to CAUTI
- Discussion of limitations of external urinary catheters
- Additional approaches



CAUTI Prevention Compendium of Strategies Updates (continued)

- Considerations for injury from urinary catheter use (i.e., catheter harm) as well as non-non-catheter-associated urinary tract infections (e.g., UTIs associated with the use of alternative urinary collection devices such as external urinary catheters).
- An updated visual framework for "Disrupting the Life Cycle of Indwelling Urethral Catheter" has been provided to help identify where patient safety interventions can help reduce catheter-associated infection and trauma.
- Unresolved issues
- Standard of care for routine replacement of urinary catheters in place
 >30 days for the purpose of infection prevention.
- Best practices for optimizing and tailoring implementation of CAUTI prevention and urine-culture stewardship from the adult acute-care setting to the pediatric acute-care setting.

Hospital Sepsis Core Elements and Project Firstline

Hospital Sepsis Program Core Elements



Hospital Leadership Commitment Dedicating the necessary human, financial, and information technology resources.

Appointing a leader or co-leaders responsible for program goals and outcomes.

Multi-Professional Expertise Engaging key partners throughout the hospital and healthcare system.



Action

Accountability

Implementing structures and processes to improve the identification of, management of, and recovery from sepsis.



Tracking

Measuring sepsis epidemiology, management, and outcomes to assess the impact of sepsis initiatives and progress toward program goals.

R

Providing information on sepsis management and outcomes to relevant partners.



Education

Reporting

Providing sepsis education to healthcare professionals, patients, and family/caregivers.



New Sepsis Core Elements Webinar Series with Free CE

The CDC's Project Firstline is kicking off a five-part webinar series to introduce the Hospital Sepsis Program Core Elements, a framework to help U.S. hospitals implement, monitor and optimize institutional sepsis programs and sepsis outcomes.

Each webinar topic is independent, and all webinars will be recorded.

Free continuing education will be offered upon successful completion of a post-test.

Register Here

Upcoming Sepsis Core Elements Webinars:

- Action: November 2, 2023, at 1 p.m. ET
- <u>Tracking and Reporting: November 16, 2023, at 1 p.m. ET</u>



NHSN-ServiceNow is LIVE

Please submit NHSN questions in ServiceNow instead of using <u>nhsn@cdc.gov</u>, <u>nhsntrain@cdc.gov</u>, and <u>nhsndua@cdc.gov</u>. ServiceNow can be accessed through your SAMS account at <u>https://sams.cdc.gov/</u>.

Tickets requiring CDA support and AUR test files should continue to be emailed to <u>nhsnCDA@cdc.gov</u> until further notice. If you are unable to access ServiceNow, you can still email the NHSN Help Desk at <u>nhsn@cdc.gov</u>.

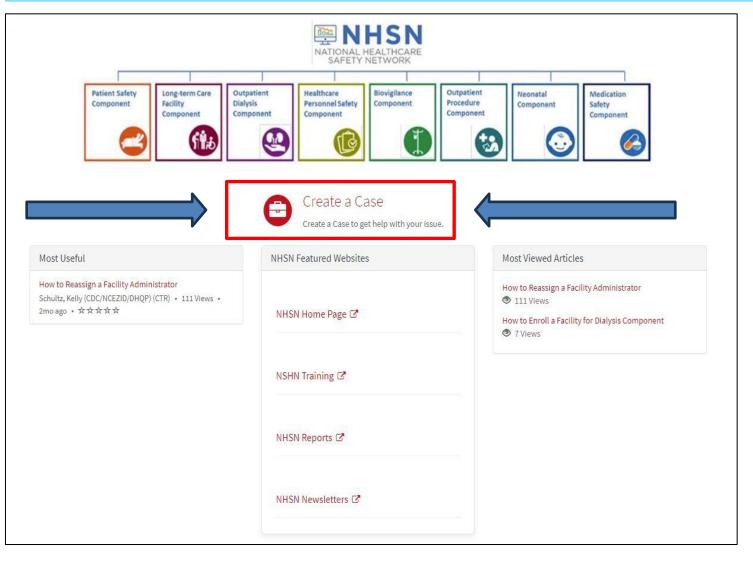
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Menu	My Applications
My Profile	National Healthcare Safety Network System
Manage Mobile Soft Token & Grid Card	NHSN Reporting *
🤗 Logout	ServiceNow
Links	ServiceNow
SAMS User Guide	
SAMS User FAQ	* Strong credentials required.
Identity Verification Overview	



CDC ServiceDesk Welcome External Partners Portal Please Describe The Issue Below	٩		NULSS
DHP Request	Common Sup	port Requests	NHM&E Support Request
Request support from Division of HIV Prevention support desk	Support Request Submit a case to the DTBE support desk PIDS: Support Request	Management System Request Request support from the ELIMS support desk Office of Financial Resources Services	Request support from the National HIV Monitoring and Evaluation support desk NHSN Customer Service
Submit a ticket to the PIDS support desk	Request support for the PIDS support desk	Request assistance with queries related to payment processing, budget services, travel, and reimbursements	Request support from the NHSN Help Desk.
	Department of Her	alth & Human Services	•



IQUALITY IMPROVEMENT & INNOVATION GROUP





HQIC **IQUALITY IMPROVEMENT & INNOVATION GROUP**

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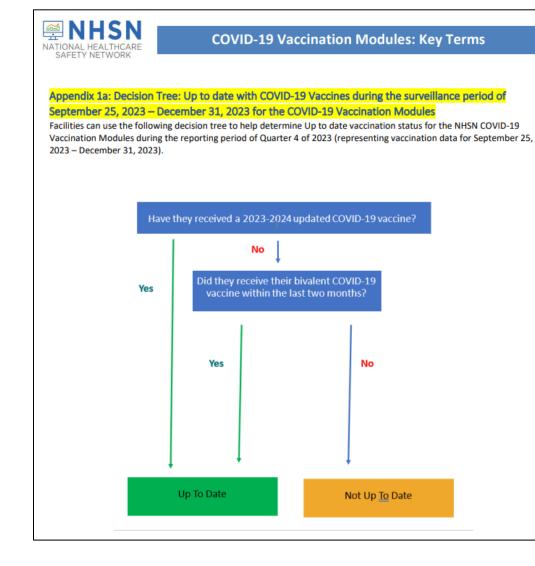


- Select the component and category that apply to the issue or need
 - Examples:

*Component 🕝			
Healthcare Personnel Safety	*	*Component 🔞	
		Patient Safety 🔹	•
*Category 🕑			
COVID-19 Vaccination	Ψ	*Category 🔞	
		Analysis	•
*Subcategory 🔞			
General	Ψ		



NHSN COVID-19 Vaccination Up To Date Decision Tree



• <u>UpTo Date Guidance</u> <u>Quarter 2 Of 2023</u> <u>mockup_508 (cdc.gov)</u>

• Page 22



Updates for Submission of COVID-19 Vaccination Data

Facilities will continue to submit cumulative COVID-19 vaccination data to the HPS COVID-19 Vaccination Module. Data can be reported to this module in one of three ways:

- 1. Directly into the data entry screen of the COVID-19 Vaccination Module
- 2. Through .CSV upload into the Weekly COVID-19 Vaccination Module
- 3. As of September 2023, facilities can use the Person-Level COVID-19 Vaccination Form to enter vaccination information on individual health care personnel (HCP). Click the "view reporting summary and submit" button to have the totals calculated for you and submitted to the COVID-19 Vaccination Module



HPS Person-Level COVID-19 Vaccination Form

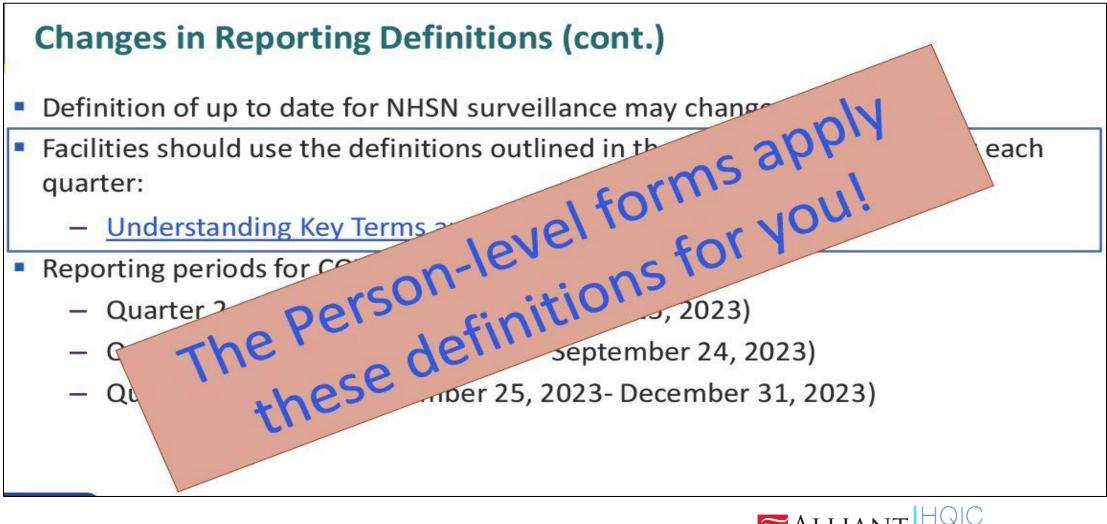
What is the HPS Person-Level COVID-19 Vaccination Form?

- The Person-Level COVID-19 Vaccination Form is an optional tool that can be used to report data to the NHSN Healthcare Personnel (HCP) COVID-19 Vaccination module
- Data on individual HCP are directly entered line by line in the optional Person-Level COVID-19 Vaccination form or can uploaded via a .CSV file

Makes reporting vaccination data easier and more efficient!

https://www.cdc.gov/nhsn/pdfs/hps/covidvax/hps-nhsn-person-level-vaccination-sep-2023-508.pdf

HCP Person-Level COVID-19 Vaccination Form





HPS Person-Level COVID-19 Vaccination Form

Person-Level Vaccination Form: Up to Date Definition

- Updates beginning 9/25/23 will include:
 - Adding the 2023-2024 updated COVID-19 vaccine for all doses
 - Automatically classifying HCP according to the new definition beginning 9/25/23
 - Changing any doses received from 9/12/23 9/24/23 to the 2023-2024 updated COVID-19 vaccine
 - The bivalent Moderna and bivalent Pfizer vaccine are no longer FDA authorized as of 9/12/2023. Until 9/25, enter doses as bivalent. The system will update these for you on 9/25.



Location of the Person-Level Vaccination Form

- To access the Person-Level Vaccination Form in the Healthcare Personnel Safety (HPS) component:
 - Navigate to the COVID-19 tab on the NHSN homepage
 - Select Person-Level COVID-19 Vaccination Form for HCP

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Add Row		g Summary & Submit 🛛 💻 U	Jpload CSV	Export CSV	Export SQL		
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Save Row uired fields mar Duplicat e Row + + + +	ds mart please use this feature to select this individual. This will auto-fill the following fields: identifier, first name, last name, gender, date of birth, ethnicity, and race. If the individual does not already have a record entered, a new record will be created when you enter these fields using the +Add Row button and click save row.		t Name *	нср	Last Name *	Gender **	Date of Birth **
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How to enter vaccination information for a new healthcare worker (cont.)

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- If the Unique HCP Identifier already exists within the NHSN list, select the healthcare worker in the pop-up window and click Select
 - Demographic information will be filled in for you
- If the healthcare worker is **not** in the NHSN list, click Cancel
 - You will need to manually enter a new unique Identifier and demographic information



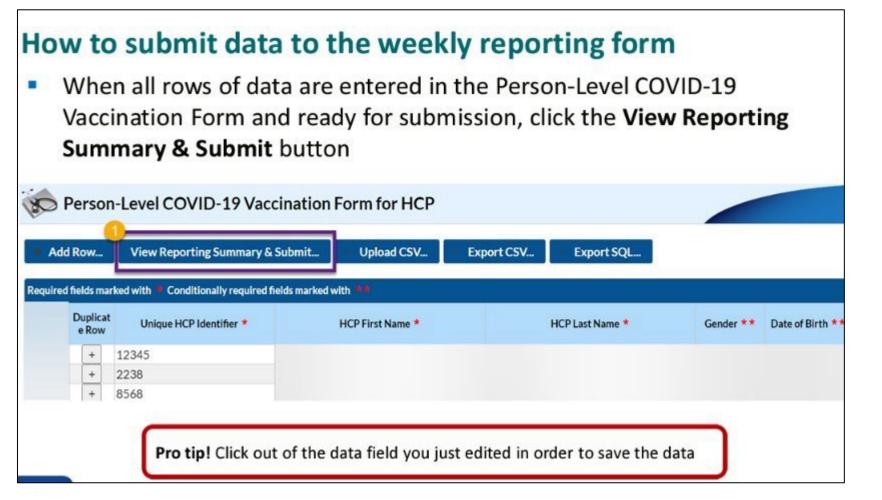
How to enter vaccination information for a new healthcare worker (cont.)

- In this example, this healthcare worker was already on the NHSN list, so the identifier and the demographics are filled in
- Enter vaccination information including the vaccination location type, the HCP category, vaccination dose dates, and vaccine manufacturers (or dates of declination or medical contraindication), and click Save Row

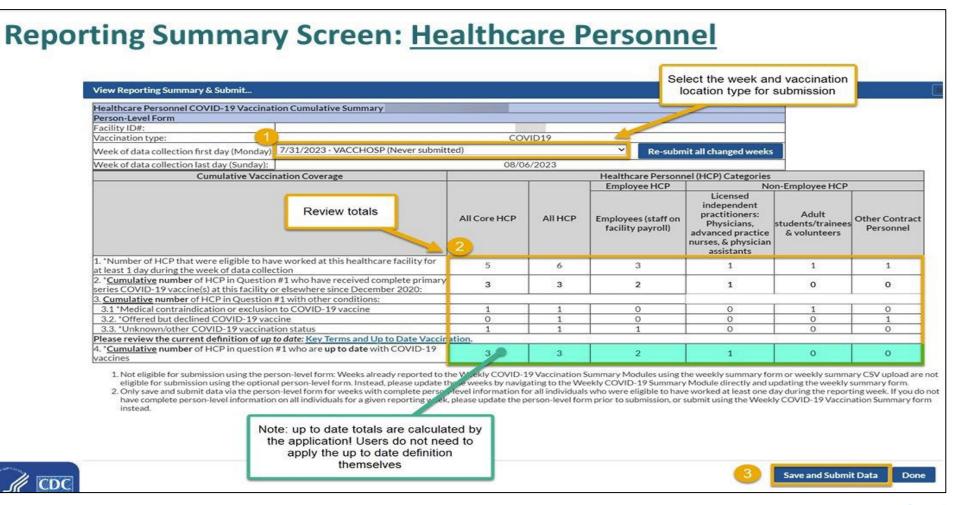
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https://www.cdc.gov/nhsn/pdfs/hps/covidvax/hps-nhsn-person-level-vaccination-sep-2023-508.pdf

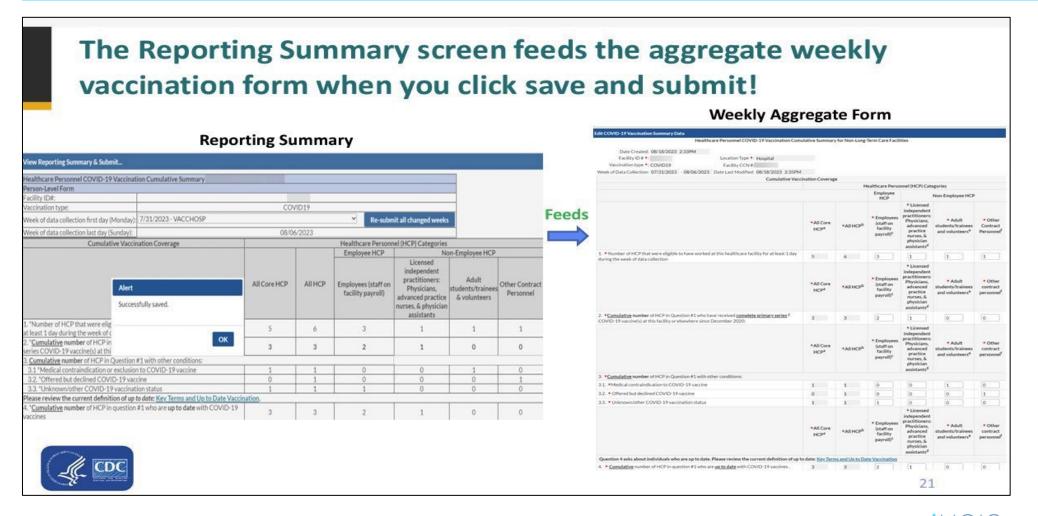












https://www.cdc.gov/nhsn/pdfs/hps/covidvax/hps-nhsn-person-level-vaccination-sep-2023-508.pdf



Week of data collection: statuses in drop-down menu

- Never submitted = Data for that reporting week have never been submitted by any form or reporting mechanism.
- 2. Not eligible for submission using the person-level form = Weeks already reported to the Weekly COVID-19 Vaccination Summary Module using the standard Weekly Summary form or standard Weekly Summary CSV upload (i.e., NOT via person-level form or person-level CSV) are not eligible for submission using the person-level vaccination form

View Reporting Summary & Submit...

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accination type:	COVID19	
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/eek of data collection last day (Sunday): 2 3 4	5/22/2023 - VACCHOSP (Never submitted) 5/29/2023 - VACCHOSP (Changed since submitted using the person-level form) 6/12/2023 - VACCHOSP (Changed since submitted using the person-level form) 6/19/2023 - VACCHOSP (Changed since submitted) 6/26/2023 - VACCHOSP (Never submitted) 6/26/2023 - VACCHOSP (Never submitted) 7/3/2023 - VACCHOSP (Not eligible for submission using the person-level form) 7/10/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/17/2023 - VACCHOSP (Never submitted) 7/31/2023 - VACCHOSP (Never submitted) 7/31/2023 - VACCHOSP (Never submitted) 8/1/2023 - VACCHOSP (Changed since submitted using the person-level form) 8/14/2023 - VACCHOSP (Never submitted)	



Week of data collection: statuses in drop-down menu (cont.)

3. Changed since submitted using the personlevel form = Data for this reporting week have been modified since submitted; click the Re-Submit all changed weeks button and save

4. Blank/ no text next to date = You have already submitted data for this week using the Person-Level Form, and there have been no updates to the data since submission; no action needed.

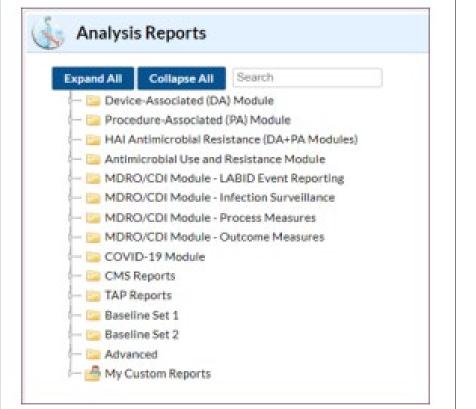
w Reporting Summary & Submit..

Person-Level Form		
Facility ID#:		
/accination type:	COVID19	
Veek of data collection first day (Monday):	8/14/2023 - VACCHOSP (Never submitted)	Re-submit all changed weeks
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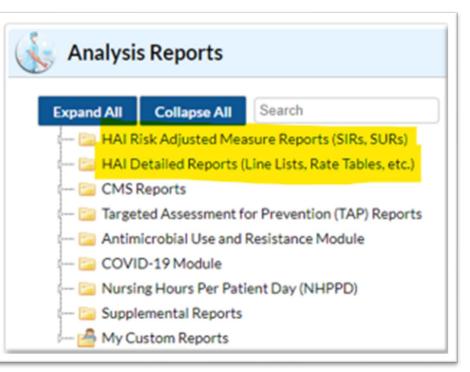


NHSN Analysis Updates

- <u>NHSN Patient Safety Analysis Treeview: 2023 Changes</u> <u>Quick Reference Guide (cdc.gov)</u>
 - Current View



• New View





NHSN 2022 Rebaseline

NHSN will update the national baseline data that is used to calculate the standardized infection ratio (SIR) for healthcare-associated infections (HAI).

Current number of predicted HAIs and device days are calculated using the 2015 baseline and associated risk models.

Rebaseline will be complete by the end of 2024

Phased approach to update risk models, SIR, and SUR reports for:

HAIs Devices Facility types



Learn more at 2022 Rebaseline | NHSN | CDC



Upcoming NHSN Training Opportunities

- Topic: HPS Person Level COVID-19 Vaccination General Training (Replay)
 - When: Nov. 8, 2023, 2 p.m. ET (U.S. and Canada)
 - Register in advance for this webinar: <u>https://cdc.zoomgov.com/webinar/register/WN_MHbwB92bQ-eo_qD8yahjhQ</u>
- Topic: Antimicrobial Use and Resistance (AUR) reporting
 - When: Monday, October 30, 12-1 p.m. ET
 - Register in advance f<u>https://cdc.zoomgov.com/webinar/register/WN_ZMgWvgwxR8Sn3uz_sC6</u> eng
 - When: Tuesday, December 5, 1-2 p.m. ET
 - Register in advance for this webinar: <u>https://cdc.zoomgov.com/webinar/register/WN_M0ba-W2wS6KX4DNn4NbF_A</u>



NHSN – Patient Safety Component "Ask The Expert Office Hours"



Monthly education events to "Ask the Expert"



Email announcements sent monthly, two weeks in advance, to all active patient safety component users

Subject: "Register for: NHSN Protocol and Training – Ask the Experts"

Sender: no-reply@emailupdates.cdc.gov



Audience: PSC users, targeted toward those who have been using NHSN less than three years

Topics:

November 17 – Chapter 17 – Specific infection type definitions

December 13 – UTI and Pneumonia



OSPITAL QUALITY IMPROVEMENT CONTRACTORS ENTERS FOR MEDICARE & MEDICAID SERVICES QUALITY IMPROVEMENT & INNOVATION GROUP

NHSN Educational Roadmaps



- Guided tour of NHSN Training materials including:
 - Applying NHSN protocols
 - Data reporting and entry
 - Begins with basic resources
 - Topics advance as learners progress
- <u>PSC Roadmap | NHSN Roadmap | NHSN | CDC</u>



Save the Date

- Alliant HQIC IP Chats are on 4th Wednesdays each quarter
- Registration Links will be available soon
- Save the dates for upcoming sessions:
 - January 24, 2024
 - April 24, 2024
 - July 24, 2024





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



HQIC Goals



✓ Promote opioid best practices

- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- \checkmark Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- \checkmark Reduce adverse drug events
- ✓ Reduce C. diff in all settings



- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events





COLLABORATORS:

Alabama Hospital Association Alliant Health Solutions Comagine Health Georgia Hospital Association KFMC Health Improvement Partners Konza

Hospital Quality Improvement

@alliantqio

Thank you for joining us! How did we do today?

Alliant Health Solutions



Alliant Health Solutions



@AlliantQIO

This material was prepared by Alliant Health Solutions, a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO TO3-HQIC-4736-10/25/23

