

# COVID-19 Updates, Influenza Vaccination Reporting and NHSN Updates

**Welcome!**

Chat with Technical Support if you need assistance

**Presented by:**

Donald Chitanda, MPH, CIC, LTC-CIP  
Infection Prevention Technical Advisor

May 18, 2023

# Donald Chitanda, MPH, CIC

## INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. For 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 a 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](mailto: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 healthcare-associated infections across the continuum of care.

**Amy enjoys spending time with her family. She loves being outdoors, camping, bicycling and running.**

**Contact: [Amy.Ward@AlliantHealth.org](mailto:Amy.Ward@AlliantHealth.org)**



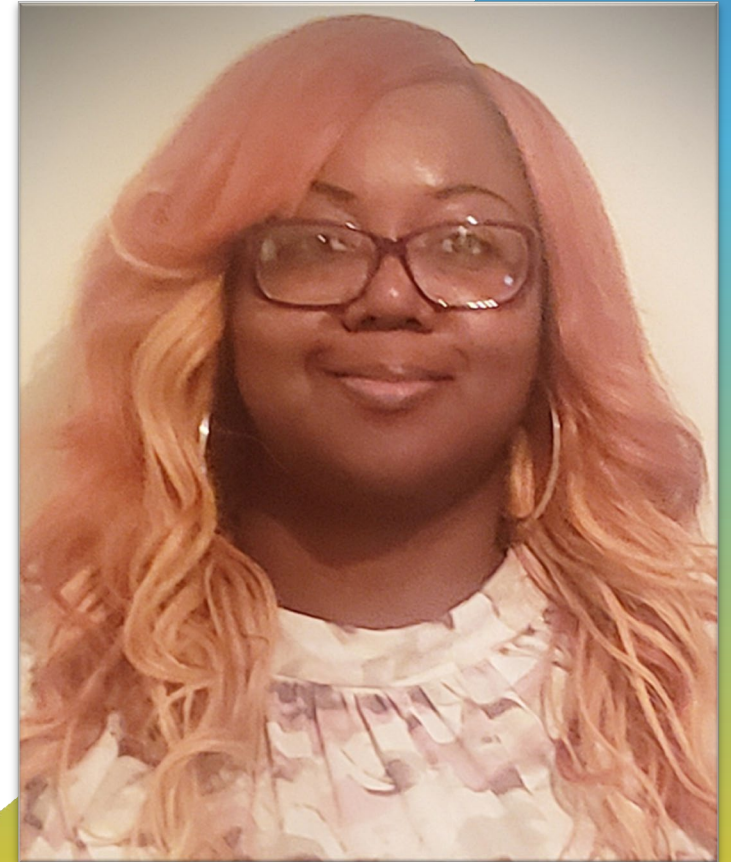
# Paula St. Hill, MPH, A-IPC

## INFECTION PREVENTION TECHNICAL ADVISOR

Paula is a doctoral student with a diverse background in public health, infection prevention, epidemiology, and microbiology. She has over 10 years of health care experience and enjoys public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

**Paula enjoys spending time with her friends and family.**

**Contact: [Paula.StHill@allianthealth.org](mailto:Paula.StHill@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 the interim hospital epidemiology director for a large health care system in Atlanta and a nurse consultant in the Centers 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](mailto:Erica.Umeakunne@allianthealth.org)**



# Objectives

## Agenda:

- COVID-19 updates
- Discuss the ending of the COVID-19 public health emergency as it relates to NHSN reporting
- Helpful SAMS and NHSN tips
- Live questions and answers

# End of Public Health Emergency (PHE)

# NHSN Reporting: What Now?

- 2020- CMS published an IFC ([CMS-5531-IFC](#)) requiring all LTC facilities to report COVID-19 information using the NHSN (42 CFR 483(g)). This requirement was extended through a final rule ([CMS-1747-F](#)) and is set to terminate on December 31, 2024. **This excludes requirements at § 483.80(g)(1)(viii)**

<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-states/guidance-expiration-covid-19-public-health-emergency-phe>

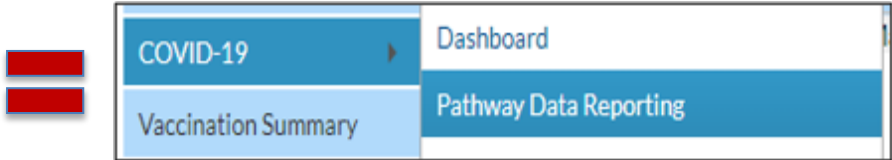


# NHSN Reporting: What Now?

Title 42 / Chapter IV / Subchapter G / Part 483 / Subpart B / § 483.80 Previous / Next / Top

▶▶

- (g) **COVID-19 reporting.** Until December 31, 2024, with the exception of the requirements in paragraph (g)(1)(viii) of this section, the facility must do all of the following:
  - (1) Electronically report information about COVID-19 in a standardized format specified by the Secretary. To the extent as required by the Secretary, this report must include the following:
    - (i) Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19.
    - (ii) Total deaths and COVID-19 deaths among residents and staff.
    - (iii) Personal protective equipment and hand hygiene supplies in the facility.
    - (iv) Ventilator capacity and supplies in the facility.
    - (v) Resident beds and census.
    - (vi) Access to COVID-19 testing while the resident is in the facility.
    - (vii) Staffing shortages.
    - (viii) The COVID-19 vaccine status of residents and staff, including total numbers of residents and staff, numbers of residents and staff vaccinated, numbers of each dose of COVID-19 vaccine received, and COVID-19 vaccination adverse events.
    - (ix) Therapeutics administered to residents for treatment of COVID-19.



<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-states/guidance-expiration-covid-19-public-health-emergency-phe>

# NHSN Reporting: What Now?

The COVID-19 Module Surveillance Pathways will undergo updates in response to the end of the Public Health Emergency, including:

- Reducing vaccination elements to include only up-to-date status for residents with a positive COVID-19 test
- Removal of influenza and staffing and supply shortages data fields
- Removal of deaths in the Staff and Personnel Impact Pathway
- Removal of the therapeutics pathway
- Addition of a new data field, hospitalizations, in the Resident Impact and Facility Capacity Pathway to assess relevant outcome data on residents with a positive COVID-19 test

# NHSN Reporting: What Now?

- CMS issued an IFC ([CMS-3414-IFC](#)) requiring facilities to report the COVID-19 vaccination status of residents and staff through NHSN (§483.80(g)(1)(viii)). Through a subsequent rulemaking on November 9, 2021, at [CMS-1747-F](#), the requirement for reporting the COVID-19 vaccine status of residents and staff through NHSN is permanent and will continue indefinitely unless additional regulatory action is taken.



COVID-19	Dashboard
Vaccination Summary	Pathway Data Reporting
Import/Export	POC Test Result Reporting
Surveys	COVID-19 Vaccination - HCP
Analysis	COVID-19 Vaccination - Residents
Users	Person-Level COVID-19 Vaccination Form - HCP
Facility	Person-Level COVID-19 Vaccination Form - Residents
Group	

# Changes to Emergency Use Authorization (EUA) Regarding COVID-19 Vaccines

# Changes to Emergency Use Authorization (EUA) Regarding COVID-19 Vaccines

- On April 18, 2023, the Food and Drug Administration (FDA) [announced](#) changes to its EUA regarding COVID-19 vaccines. Following this announcement, CDC simplified COVID-19 vaccine [recommendations](#)
- For weekly reporting purposes, the changes above do not impact the reporting definitions for the current quarter (data reported for Q2 2023, weeks from March 27-June 25, 2023)

# Changes to Emergency Use Authorization (EUA) Regarding COVID-19 Vaccines

- Facilities should continue to report anyone who previously received a primary vaccine series (between Dec 2020 and April 18, 2023) in questions 2.1 and 2.2.

COVID-19 Vaccine: HCP    COVID-19 Vaccine: Residents

Resident COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created:

\*Facility ID: 59979      \*Vaccination type: COVID19      Facility CCN #:

\*Week of Data Collection: 05/08/2023 - 05/14/2023      \*Date Last Modified:

Cumulative Vaccination Coverage

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022 facilities also have the option to enter data using the event-level COVID-19 vaccination form and select the "view reporting summary and submit" button? to submit these data. Using the event-level form is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates. Learn more here: [link to QRG](#)

1. * Number of residents staying in this facility for at least 1 day during the week of data collection	<input type="text"/>
2. * <u>Cumulative</u> 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	<input type="text"/>
2.2 * Any completed Primary COVID-19 vaccine series	<input type="text"/>

# Changes to Emergency Use Authorization (EUA) Regarding COVID-19 Vaccines

- For the duration of Q2, do not report anyone who was previously unvaccinated and received a single bivalent dose in questions 2.1 or 2.2. Instead, report these individuals in question 3.3.

The screenshot shows a web form titled "Resident COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities". At the top, there are two tabs: "COVID-19 Vaccine: HCP" and "COVID-19 Vaccine: Residents", with the latter being selected. Below the tabs, the form contains several fields for facility information: "Date Created:", "\*Facility ID: 59979", "\*Vaccination type: COVID19", "Facility CCN #:", "\*Week of Data Collection: 05/08/2023 - 05/14/2023", and "\*Date Last Modified:". A section titled "Cumulative Vaccination Coverage" contains a note: "Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022 facilities also have the option to enter data using the event-level COVID-19 vaccination form and select the 'view reporting summary and submit' button? to submit these data. Using the event-level form is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates. Learn more here: [link to ORG](#)". Below the note are several questions with corresponding input boxes: 1. \* Number of residents staying in this facility for at least 1 day during the week of data collection (input box); 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 (input box); 2.2 \* Any completed Primary COVID-19 vaccine series (input box); 3. \* Cumulative number of residents in Question #1 with other conditions: 3.1 \* Medical contraindication to COVID-19 vaccine (input box); 3.2 \* Offered but declined COVID-19 vaccine (input box); 3.3 \* Unknown COVID-19 vaccination status (input box).

# Changes to Emergency Use Authorization (EUA) Regarding COVID-19 Vaccines

- Continue to report data to the Resident Impact and Facility Capacity pathway for the vaccination status section based on the definitions provided for Q2 2023.

Resident Impact and Facility Capacity	Staff and Personnel Impact	Therapeutics
Date Created:		
If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data. NON-count questions should be answered one calendar day during the reporting week.		
<b>Facility Capacity</b> <input type="text" value="250"/> ALL BEDS <input type="text"/> *CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day		
<b>Resident Impact for COVID-19 (SARS-CoV-2)</b> <input type="text"/> *ADMISSIONS: Number of residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. <u>Excludes</u> recovered residents. <input type="text"/> * POSITIVE TESTS: Enter the Number of residents with a newly positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR). Note: Do not include residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR). Only include residents newly positive since the most recent date data were collected for NHSN reporting.		
<b>Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result</b>		
<b>PRIMARY SERIES:</b> Based on the number of residents with a newly positive SARS-CoV-2 viral test result identified above.	<b>Not Vaccinated:</b> Include residents who have not been vaccinated with a COVID-19 vaccine OR residents whose first dose was administered 13 days or less before the specimen collection date	<input type="text"/>
	<b>Partial Vaccination:</b> Include residents who have received <b>Only 1-dose</b> of a two-dose primary vaccine series.	<input type="text"/>
<b>ADDITIONAL OR BOOSTER DOSES</b>	<b>Complete Primary Vaccination Series:</b> Include residents who have received Dose 1 and ~ Dose 2 of a two-dose primary vaccine series OR 1 Dose of the Janssen COVID-19 Vaccine. ~ second dose received 14 days or more before the specimen collection date; otherwise, count as only dose 1.	<input type="text"/>
	<b>Additional or Booster Vaccination:</b> Include newly positive residents who have received any additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer) <b>AND</b> 14 days or more have passed before the specimen collection date.  Include additional or booster dose received 14 days or more before the specimen collection date; otherwise, count as only primary series.	<input type="text"/>
Residents who received at least one or more booster dose of COVID-19 vaccine: Based on the number of residents with a newly positive SARS-CoV-2 viral test result identified above.		

<https://covid.cdc.gov/covid-data-tracker/#vaccinations-nursing-homes>



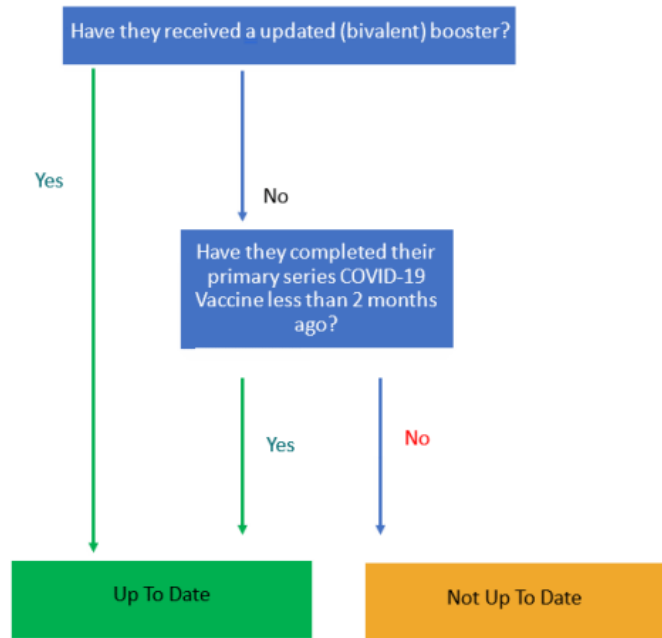
# Current Up-to-Date Definition



## COVID-19 Vaccination Modules: Key Terms

Appendix 1a: Decision Tree: Up to Date with COVID-19 Vaccines during the surveillance period of December 26, 2022 – March 26, 2023 and March 27, 2023 – June 25, 2023 for the COVID-19 Vaccination Modules

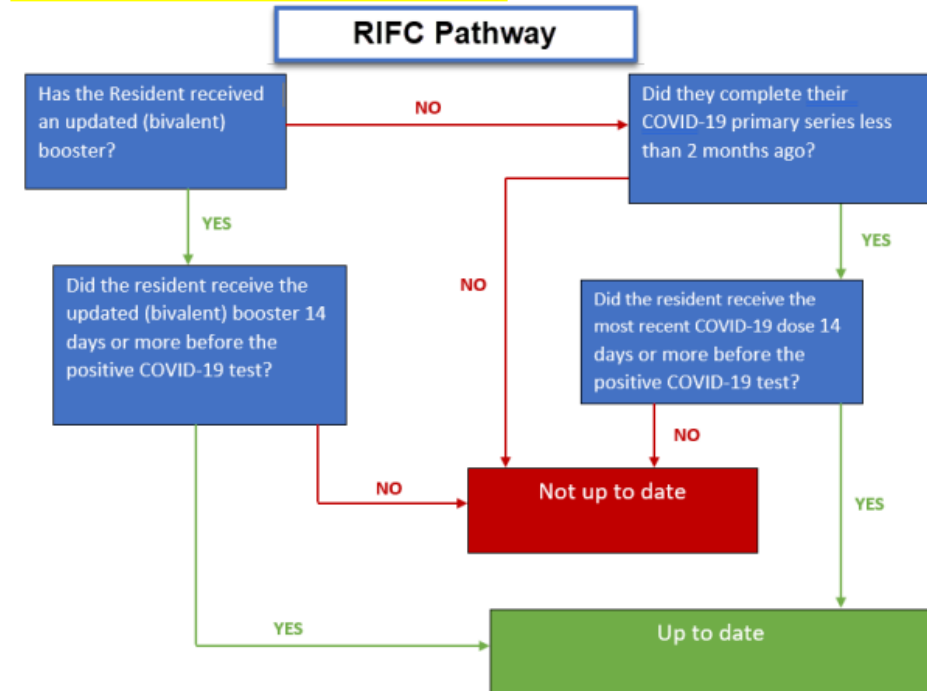
Facilities can use the following decision tree to help determine up to date vaccination status for the NHSN COVID-19 Vaccination Modules during the reporting period of Quarter 1, 2023 (representing vaccination data for December 26, 2022 – March 26, 2023) and Quarter 2, 2023 (representing vaccination data for March 27, 2023 – June 25, 2023).



## COVID-19 Vaccination Modules: Key Terms

Appendix 1b: Decision Tree: Up to Date with COVID-19 Vaccines during the surveillance period December 26, 2022 – March 26, 2023 and March 27, 2023 – June 25, 2023 for the Long-Term Care RIFC Pathway

Long-Term Care Facilities can use the following decision tree to help determine up to date vaccination status for the RIFC Pathway. Please note this refers to reporting data through the NHSN COVID-19 RIFC Pathway for the reporting period of Quarter 1, 2023 (representing data for December 26, 2022 – March 26, 2023) and Quarter 2, 2023 (representing vaccination data for March 27, 2023 – June 25, 2023).



[https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf?ACSTrackingID=USCDC\\_2105-DM104611&ACSTrackingLabel=Update%20on%20COVID-19%20Vaccine%20Recommendations%20and%20Reporting%20COVID-19%20Vaccination%20Data%20through%20NHSN&deliveryName=USCDC\\_2105-DM104611](https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf?ACSTrackingID=USCDC_2105-DM104611&ACSTrackingLabel=Update%20on%20COVID-19%20Vaccine%20Recommendations%20and%20Reporting%20COVID-19%20Vaccination%20Data%20through%20NHSN&deliveryName=USCDC_2105-DM104611)



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# Examples

Example of reporting data for the week of April 17 through April 23, 2023	Is this individual considered up to date with COVID-19 vaccines <u>for Quarter 2 2023</u> ?	Where to document when reporting for weeks in Quarter 2 2023
<p>Mary completed her primary COVID-19 vaccine series in May 2021, an original monovalent booster in October 2021, and an updated (bivalent) booster dose on <u>November 3 2022</u>.</p>	<p><b>Yes.</b> Mary is considered up to date <u>for weeks during quarter 2 of 2023</u> since she received the most recent booster dose recommendation (a bivalent booster dose).</p>	<p><b>Primary Vaccine Series</b> 2.2 Any completed Primary COVID-19 vaccine series</p> <p><b>Boosters</b> 4. Cumulative number of residents who have received any booster(s) or additional dose(s).</p> <p>If Mary is a resident of a long-term care facility also report to:</p> <p>4.2 Cumulative number of residents in Question #4 who received two or more booster doses of COVID-19 vaccine</p> <p><b>Up to Date</b> 5. Cumulative number of individuals in question #2 who are up to date with COVID-19 vaccines</p>

# Examples

Example of reporting data for the week of April 17- April 23, 2023	Is this individual considered up to date for COVID-19 vaccines for Quarter 2 2023?	Where to document for when reporting for weeks in Quarter 2 2023
<p>Tom completed his primary vaccine series on February 1 <u>2021</u> and a booster dose October 2021 but has not received an updated (bivalent) booster dose.</p>	<p><b>No.</b> Tom is not considered up to date with COVID-19 vaccines <b>for weeks during quarter 2 of 2023</b> since he did not receive the most recent recommended booster dose.</p> <p><b>Do not count in question 5</b> (Cumulative number of individuals in question #2 who are up to date with COVID-19 vaccines).</p>	<p><b>Primary Vaccine Series</b></p> <p>2.2 Any completed Primary COVID-19 vaccine series</p> <p><b>Boosters</b></p> <p>4. Cumulative number of residents who have received any booster(s) or additional dose(s).</p> <p>If Tom is a resident of a long-term care facility also report to:</p> <p>4.1 Cumulative number of residents in Question #4 who have received only one booster dose of COVID-19 vaccine since August 2021</p>

# Examples

Example of reporting data for the week of April 17- April 23, 2023	Is this individual considered up to date for COVID-19 vaccines for Quarter 2 2023?	Where to document for when reporting for weeks in Quarter 2 2023
<p>Jerry never completed an original primary series but received a bivalent dose on 4/20/2023</p>	<p><b>No</b> –Jerry is not considered up to date when reporting to NHSN <b><u>for weeks during Quarter 2 of 2023.</u></b></p> <p>With the new FDA recommendations, Jerry has received the necessary vaccines to be considered <b><u>up to date beginning in Quarter 3 2023.</u></b> However, reporting to NHSN will be completed according to Quarter 2 2023 definitions for the duration of the reporting quarter.</p> <p><b>Do not count in questions 2.1 or 2.2</b> (Only 1 dose of a two-dose Primary COVID-19 vaccine series or Any completed Primary COVID-19 vaccine series), <b>question 4</b> (Cumulative number of individuals 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) <b>or question 5</b> (Cumulative number of individuals in question #2 who are up to date with COVID-19 vaccines).</p>	<p><b>Individuals with other conditions</b></p> <p>3.3 Unknown COVID-19 vaccination status</p>

Upcoming NHSN webinars  
tentatively scheduled:

**June 1, 2023**

**June 7, 2023**

Contact [NHSN@cdc.gov](mailto:NHSN@cdc.gov)  
for more information.



# Ending PHE: Other

## Requirements for Educating about and Offering Residents and Staff the COVID-19 Vaccine

- On May 21, 2021, CMS issued an IFC ([CMS-3414-IFC](#)) requiring all LTC facilities to educate residents and staff on the COVID-19 vaccine (including any additional doses) and offer to help them get vaccinated. Pursuant to section 1871(a)(3) of the Act, Medicare interim final rules expire 3 years after issuance unless the Secretary determines an earlier end date. Therefore, this requirement will remain in effect until May 21, 2024 unless additional regulatory action is taken.

# Ending PHE: Other

## Requirements for COVID-19 Testing

- On August 25, 2020, CMS issued an IFC ([CMS-3401-IFC](#)) requiring LTC facilities to perform routine testing of residents and staff for the COVID-19 infection. As noted in the IFC, this testing regulation will expire with the end of the PHE.

**Note:** CMS issued the testing requirements early in the COVID-19 PHE to ensure facilities were conducting the volume and frequency of tests needed to identify COVID-19 cases and prevent transmission, such as surveillance testing of nursing home staff. Throughout the PHE, CDC and CMS have updated the testing guidance, including most recently, removing the recommendation for surveillance testing of staff. However, COVID-19 testing is still an important action and is a nationally recognized standard to help identify and prevent the spread of COVID-19. Therefore, while this specific regulatory requirement will end with the PHE, CMS still expects facilities to conduct COVID-19 testing in accordance with accepted national standards, such as CDC recommendations. Noncompliance with this expectation will be cited at F-880 for failure to implement an effective Infection Prevention and Control Program in accordance with accepted national standards.

# Helpful Tips



# Facility Administrator

Facility	▶	Customize Forms
Group	▶	Facility Info



### Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
Edit	Facility Administrator	[Redacted]	[Redacted]	[Redacted]	Reassign
Edit	Healthcare Personnel Primary Contact				Reassign
Edit	Long Term Care Facility Primary Contact				Reassign

# Facility Administrator

## Change in NHSN Facility Administrator

- NHSN Facility Administrator should transfer role to another user prior 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 not 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

# Adding Users



The 'Add User' form is displayed. The left sidebar contains a navigation menu with 'Users' selected. The main content area is titled 'Add User' and contains the following fields:

- Mandatory fields marked with \***
- User ID \***: FAKEUSER2 (Up to 32 letters and/or numbers, no spaces or special characters)
- Prefix**:
- First Name \***: fake
- Middle Name**:
- Last Name \***: user2
- Title**:
- User Active**: Y - Yes (dropdown)
- User Type**:
- Phone Number \***: 214-999-9999
- Fax Number**:
- E-mail Address \***: fakeuseremail2@gmail.com
- Address, line 1**:
- Address, line 2**:
- Address, line 3**:
- City**:
- State**:
- County**:
- Zip Code**:
- Home Phone Number**:
- Beeper**:

Buttons: Save, Back

# Adding Users

NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Dashboard ▶

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

COVID-19 ▶

Vaccination Summary

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Logout



## Add User Rights



User FAKEUSER2 (ID 777253) saved successfully. Please add rights for the new user.

User ID: FAKEUSER2 (ID 777253)

Facility List:

Rights	Healthcare Personnel Safety	Long Term Care Facility	
Administrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
All Rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>	
Add, Edit, Delete	<input type="checkbox"/>	<input type="checkbox"/>	
View Data	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/Visitor - Add, Edit, Delete		<input checked="" type="checkbox"/>	
Staff/Visitor - View		<input checked="" type="checkbox"/>	
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Advanced

Effective Rights

Save

Back

# NHSN SAMS Access Issues

**SAMS Partner Portal** – For questions, contact the SAMS Help Desk at [samshelp@cdc.gov](mailto:samshelp@cdc.gov) or call 1-877-681-2901.

NHSN questions may be directed to [NHSN@cdc.gov](mailto:NHSN@cdc.gov).



# NHSN Help Desk

## Resolution Timeframes

Help Requests	Resolution Time
Requests received 15 days prior to a Centers for Medicare and Medicaid Services (CMS) reporting deadline	Requests directly related to CMS reporting and requiring subject matter expert involvement will be resolved within 7 business days.
Requests requiring Subject Matter Expertise (SME) received from 5 to 15 business days prior to a CMS reporting deadline	Requests directly related to CMS reporting and requiring subject matter expert involvement will be resolved within 5 business days
Requests requiring SME received 4 business days or less, before a CMS reporting deadline	Every effort will be made to resolve each request before the deadline
Requests requiring SME, not related to CMS reporting deadline	Within 7 business days
No Subject Matter Expertise response required	Within 2-5 business days

*\*Subject Matter Expertise is required for questions regarding data analysis or surveillance protocol interpretations.*

# Alliant Health Solutions Updated Website

The screenshot shows the homepage of the Alliant Health Solutions website. At the top, there is a navigation bar with a language dropdown set to "English" and links for "Governance & Compliance", "Community Partners", "News", "Leadership", "Careers", "About Us", and "Contact Us". Below this is a secondary navigation bar with the Alliant Health Solutions logo on the left and links for "Programs", "Events", and "Resources". The main content area features a large blue banner with the text "Improving health care starts here" on the left and a search bar on the right. The search bar contains the word "Search" and a magnifying glass icon. Below the banner, there are three featured sections: "Georgia Department of Public Health" with a red map of Georgia and a "Learn More" button; "Nursing Home Infection Prevention..." with a laptop icon and a "Take Assessment" button; and "Bivalent Booster Blitz" with a "Give The BOOST A Shot" graphic and a "Learn More" button. A blue accessibility icon is located in the bottom right corner of the main content area.

# Alliant Health Solutions Website



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Network of Quality Improvement and  
Innovation Contractors  
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Programs

Events

Resources

shop talk

Search

POPULAR TOPICS

## Explore trending topics

ESRD 14

Virtual Education  
Events

BOOST

ESRD 8

Shop Talks

HQIC

Decrease Opioid  
Misuse

NCRN

Infection Control

Nursing Homes

GDPH

Immunizations



Order My Medication Bag to Prevent Adverse Drug Events



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# Alliant Health Solutions Website

What can we help you find?

Search

## Shop Talks & Quickinars

A shop talk is a webinar hosted by Alliant to share information and resources.

Updates and support for surveillance, tracking and infection prevention in nursing homes using National Healthcare Safety Network (NHSN). This WebEx is focused on submitting COVID-19 data but may include other components such as C. Diff, UTIs and hand hygiene.

[Click here](#) to access the Shop Talk Shorts FAQs and video playlist.

[Click here](#) to access the NHSN Weekly COVID-19 Vaccine Summary – Do Not Report Zeros resource.



# Shop Talk and Shop Talk Shorts YouTube Channel

**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

**ShopTalk Shorts: FAQs**

Alliant QIO  
13 videos 3,665 views Last updated on Nov 16, 2022

⋮

▶ Play all   ↻ Shuffle

Please join us for our ShopTalk Webinar Series. Before doing so take a look at these FAQs to get ready for the higher level conversation.

- Activating the HPS Component (cont.)**  
Shop Talk Short Influenza Vaccination Reporting 11 16 22  
Alliant QIO • 362 views • 4 months ago
- 1. Use an Excel Tracking Sheet for Vaccination Data**  
Shop Talk Short: How to Download the New Tracking Sheets and Tracking Your Vaccine Data Accurately  
Alliant QIO • 294 views • 1 year ago
- Data Analysis - Generate an Analysis Report in NHSN**  
Shop Talk Short: Data Analysis - Generate an Analysis Report in NHSN  
Alliant QIO • 221 views • 1 year ago
- Joining a Group in NHSN and Conferring Rights**  
Shop Talk Short: Joining a Group in NHSN and Conferring Rights  
Alliant QIO • 492 views • 1 year ago
- How do you find out who has access and rights for your facility account?**  
Shop Talk Shorts: How do you find out who has access and rights for your facility account?  
Alliant QIO • 313 views • 2 years ago
- I used my grid card at my previous facility. Can I use it to access my new facility?**  
ST Shorts: I used my grid card at my previous facility. Can I use it to access my new facility?  
Alliant QIO • 269 views • 2 years ago
- My administrator added me as a user to our facility's NHSN account, but I can't login.**  
ST Short: My administrator added me as a user to our facility's NHSN account, but I can't login.  
Alliant QIO • 343 views • 2 years ago

<https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLlIrrqCLGzXZPljIF>

**Questions?**



# Thank You for Your Time!

## Contact the Patient Safety Team

[patientsafety@alliantHealth.org](mailto:patientsafety@alliantHealth.org)



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# Mark Your Calendar!

Shop Talk

3<sup>rd</sup> Thursdays at 2 p.m. ET



**Registration Link**

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



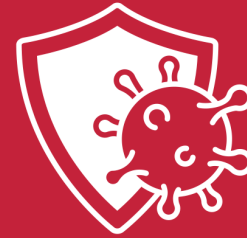
## CHRONIC DISEASE SELF-MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk 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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