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
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
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
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
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)

COVID-19 reporting. Until December 31, 2024, with the exception of the requirements in paragraph (q)(1)(vii) 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:
   a. Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19.
   b. Total deaths and COVID-19 deaths among residents and staff.
   c. Personal protective equipment and hand hygiene supplies in the facility.
   d. Ventilator capacity and supplies in the facility.
   e. Resident beds and census.
   f. Access to COVID-19 testing while the resident is in the facility.
   g. Staffing shortages.

2. 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.

3. Therapeutics administered to residents for treatment of COVID-19.
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.

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.
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.
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.

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 NHNS 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).

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 NHNS 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).
## Examples

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

<table>
<thead>
<tr>
<th>Example of reporting data for the week of April 17-23, 2023</th>
<th>Is this individual considered up to date for COVID-19 vaccines for Quarter 2 2023?</th>
<th>Where to document for when reporting for weeks in Quarter 2 2023</th>
</tr>
</thead>
</table>
| Tom completed his primary vaccine series on February 1, 2021 and a booster dose October 2021 but has not received an updated (bivalent) booster dose. | **No.** Tom is not considered up to date with COVID-19 vaccines for weeks during quarter 2 of 2023 since he did not receive the most recent recommended booster dose. **Do not count in question 5** (Cumulative number of individuals in question #2 who are up to date with COVID-19 vaccines). | **Primary Vaccine Series**  
2.2 Any completed Primary COVID-19 vaccine series  

**Boosters**  
4. Cumulative number of residents who have received any booster(s) or additional dose(s).  
If Tom is a resident of a long-term care facility also report to:  
4.1 Cumulative number of residents in Question #4 who have received only one booster dose of COVID-19 vaccine since August 2021 |
<table>
<thead>
<tr>
<th>Example of reporting data for the week of April 17- April 23, 2023</th>
<th>Is this individual considered up to date for COVID-19 vaccines for Quarter 2 2023?</th>
<th>Where to document for when reporting for weeks in Quarter 2 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry never completed an original primary series but received a bivalent dose on 4/20/2023</td>
<td>No – Jerry is not considered up to date when reporting to NHSN for weeks during Quarter 2 of 2023. With the new FDA recommendations, Jerry has received the necessary vaccines to be considered up to date beginning in Quarter 3 2023. However, reporting to NHSN will be completed according to Quarter 2 2023 definitions for the duration of the reporting quarter. <strong>Do not count in questions 2.1 or 2.2</strong> (Only 1 dose of a two-dose Primary COVID-19 vaccine series or Any completed Primary COVID-19 vaccine series), question 4 (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) or question 5 (Cumulative number of individuals in question #2 who are up to date with COVID-19 vaccines).</td>
<td>Individuals with other conditions 3.3 Unknown COVID-19 vaccination status</td>
</tr>
</tbody>
</table>
Upcoming NHSN webinars tentatively scheduled:

June 1, 2023

June 7, 2023

Contact 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](https://www.cms.gov) 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.

https://covid.cdc.gov/covid-data-tracker/#vaccinations-nursing-homes
Helpful Tips
### Facility Administrator

#### Customize Forms
- Facility
- Group

#### Facility Info

### Contact Information

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Contact Name</th>
<th>Phone No./ext</th>
<th>Email</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit Facility Administrator</td>
<td>Facility Administrator</td>
<td></td>
<td></td>
<td>Reassign</td>
</tr>
<tr>
<td>Edit Healthcare Personnel Primary Contact</td>
<td>Healthcare Personnel Primary Contact</td>
<td></td>
<td></td>
<td>Reassign</td>
</tr>
<tr>
<td>Edit Long Term Care Facility Primary Contact</td>
<td>Long Term Care Facility Primary Contact</td>
<td></td>
<td></td>
<td>Reassign</td>
</tr>
</tbody>
</table>
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

Users

Find

Facility

Add

Add User

Mandatory fields marked with *

User ID: FAKEUSER2

Prefix:

First Name: Joe

Middle Name:

Last Name: user2

Title:

User Active: Y - Yes

User Type:

Phone Number: 314-989-9999

Fax Number:

E-mail Address: fakeuseremail@gmail.com

Address, line 1:

Address, line 2:

Address, line 3:

City:

State:

County:

Zip Code:

Home Phone Number:

Beep:

Save | Back
Adding Users

NHSN - National Healthcare Safety Network

Add User Rights

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

User ID: FAKEUSER2 (ID 777253)
Facility List:
Fac: NHSN 12 SOW LTC QIN-QIO Test Facility

Rights
 Administrator ☑️
 All Rights ☑️
 Analyze Data ☐
 Add, Edit, Delete ☐
 View Data ☐
 Staff/Visitor - Add, Edit, Delete ☐
 Staff/Visitor - View ☐

Healthcare Personnel Safety

Long Term Care Facility

Customize Rights

Effective Rights  Save  Back

Advance
NHSN SAMS Access Issues

SAMS Partner Portal – For questions, contact the SAMS Help Desk at samshelp@cdc.gov or call 1-877-681-2901.

NHSN questions may be directed to NHSN@cdc.gov.
# NHSN Help Desk

## Resolution Timeframes

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

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

[https://www.cdc.gov/nhsn/about-nhsn/helpdesk.html](https://www.cdc.gov/nhsn/about-nhsn/helpdesk.html)
Alliant Health Solutions Updated Website

Improving health care starts here

Georgia Department of Public Health
Learn More

Nursing Home Infection Prevention
Take Assessment

Give The BOOST A Spot
Learn More

Bivalent Booster Blitz
Alliant Health Solutions Website

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
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

https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLlrqgLC1zXZPijF
Questions?
Thank You for Your Time!
Contact the Patient Safety Team

patientsafety@alliantHealth.org

Amy Ward, MS, BSN, RN, CIC
Patient Safety Manager
Amy.Ward@AlliantHealth.org

Donald Chitanda, MPH, CIC
Technical Advisor, Infection Prevention
Donald.Chitanda@AlliantHealth.org

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org

Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Paula.Sthill@allianthealth.org
Mark Your Calendar!

Shop Talk
3rd 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