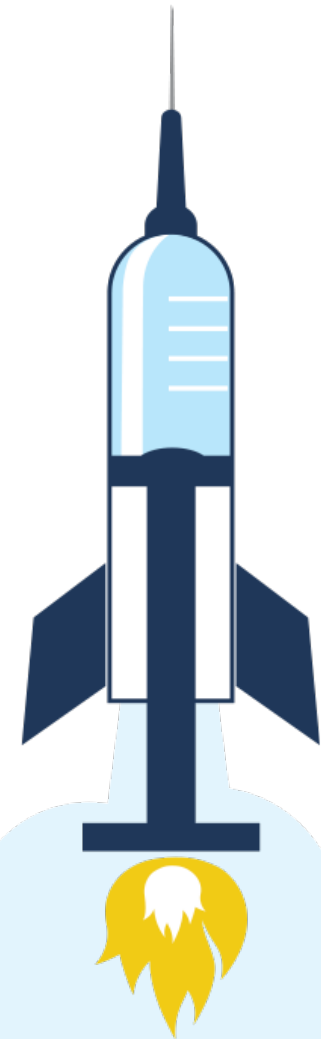# Give the Boost a Shot:
End of PHE –
What Stays and What Goes
Masks, Shots and Reporting

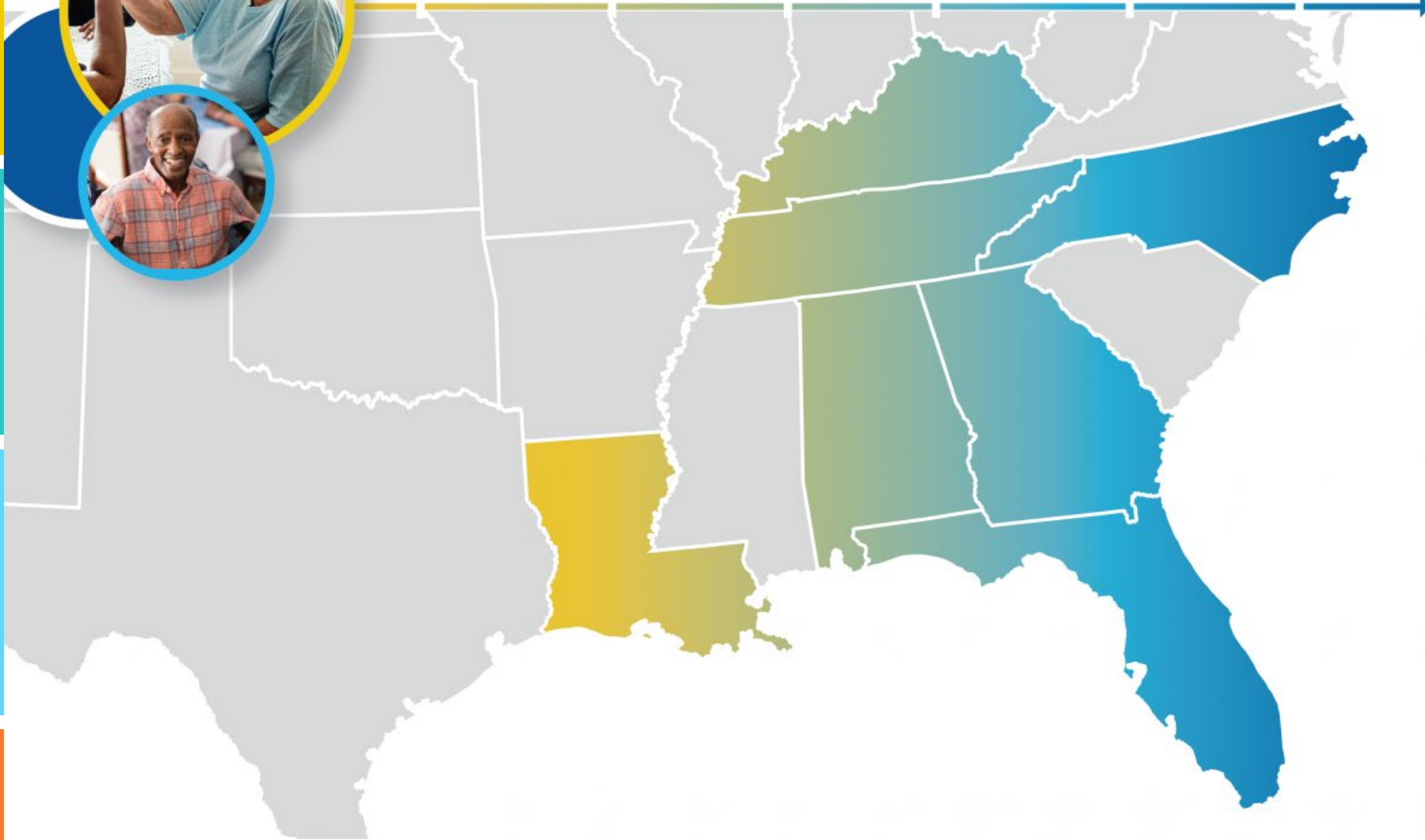Dr. Swati Gaur, MD, MBA, CMD, AGSF
Marilee Johnson, MT (ASCP), MBA, CIC

May 25, 2023

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About Alliant Health Solutions

Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, Dr. Gaur is on the EMR transition and implementation team for the health system, providing direction to the EMR entity to adapt to the LTC environment. She also consulted with post-acute long-term care companies to optimize medical services in PALTC facilities, integrate medical directors and clinicians into the QAPI framework and create frameworks of interdisciplinary work in the organization. In addition, Dr. Gaur established the palliative care service line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Prior to that, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.

Marilee Johnson, MBA, MT (ASCP), CIC

STATE QUALITY MANAGER

Marilee is the Alliant Health Solutions state quality manager for North Carolina. She has 20 years of experience in health care and public health epidemiology. She joined Alliant in 2017 to manage the CMS *C. diff* (CDI) Reporting and Reduction Project. This program was an important step in improving antibiotic stewardship and preventing CDIs among long-term residents. In 2020, she created a Shop Talk education series to support nursing homes during the COVID-19 pandemic.

Marilee enjoys being outside, reading and spending time with her family. She is also a troop co-leader for Girl Scouts-NC Coastal Pines.

marilee.johnson@allianthealth.org

Objectives

- Discuss new ACIP vaccine recommendations for the COVID-19 and influenza vaccine

- Discuss the implications of the end of the Public Health Emergency (PHE)

- Examine the changes in infection prevention and control recommendations in the context of the PHE ending

- Address NHSN data reporting changes with the end of PHE

Changes in Vaccine Recommendations

New recommendations for people aged ≥6 years without immunocompromise who have not yet received a bivalent mRNA dose

One bivalent mRNA dose

New recommendations for people aged ≥6 years without immunocompromise who have not yet received any COVID vaccine.
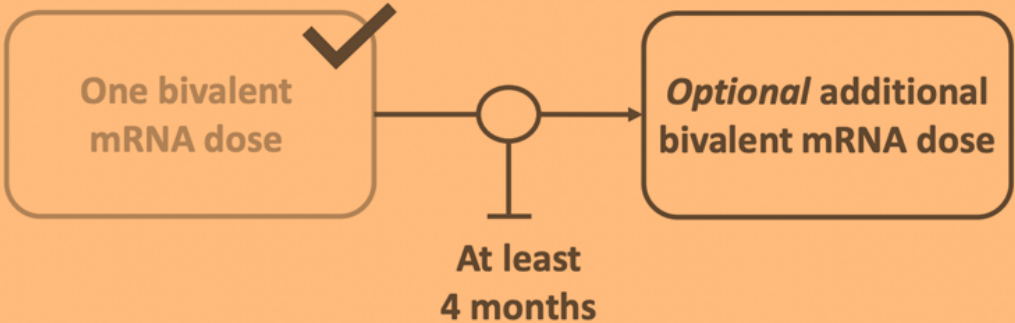
One bivalent mRNA dose

New recommendations for aged ≥6 years without immunocompromise who have already received a bivalent mRNA dose

One bivalent mRNA dose ✓
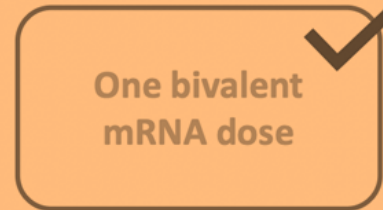
Vaccination is complete.
No doses are indicated at this time.

Flu Guidance Updated ACIP 2023

ADULTS AGED ≥65 YEARS

- ACIP recommends that adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

Flu Vaccines for >65 Years

Quadrivalent IIV (HD-IIV4)—High-dose—Egg-based (60 µg HA per virus component in 0.7 mL)			
Fluzone High-Dose Quadrivalent Sanofi Pasteur	0.7 mL prefilled syringe	≥65 yrs	≥65 yrs—0.7 mL
Adjuvanted quadrivalent IIV4 (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 µg HA per virus component in 0.5 mL)			
Fluad Quadrivalent Seqirus	0.5 mL prefilled syringe	≥65 yrs	≥65 yrs—0.5 mL
Quadrivalent RIV (RIV4)—Recombinant HA (45 µg HA per virus component in 0.5 mL)			
Flublok Quadrivalent Sanofi Pasteur	0.5 mL prefilled syringe	≥18 yrs	≥18 yrs—0.5 mL

Use of Timely Therapeutics in COVID-19

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality

Ref: QSO-23-03-All

DATE:	November 22, 2022
TO:	State Survey Agency Directors
FROM:	Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)
SUBJECT:	The Importance of Timely Use of COVID-19 Therapeutics

Memorandum Summary

- *Providers and suppliers, especially those delivering care in congregate care settings, should ensure their patients and residents are protected against transmission of COVID-19 within their facilities, as well as receiving appropriate treatment when tested positive for the virus.*

- *Further, all providers and suppliers should continue to implement appropriate infection control protocols for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) and Influenza (https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm).*

- *This memo discusses the importance of the timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus.*
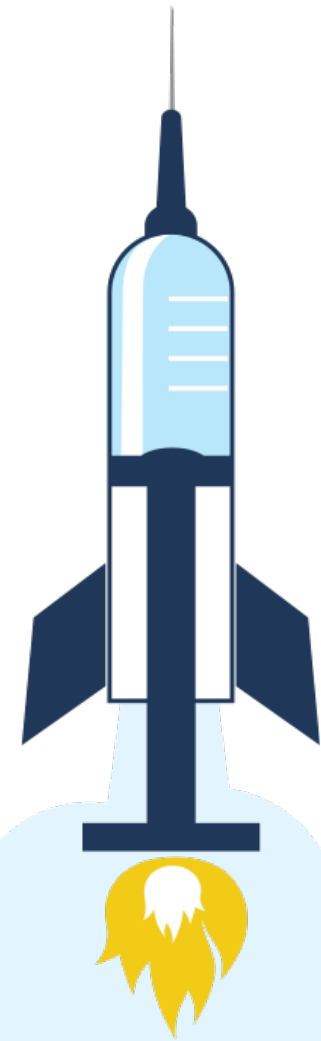
Table 2a. Therapeutic Management of Nonhospitalized Adults With Mild to Moderate COVID-19 Who Do Not Require Supplemental Oxygen

Last Updated: April 20, 2023

Patient Disposition	Panel's Recommendations
All Patients	• Symptom management should be initiated for all patients (AIII). • The Panel **recommends against** the use of **dexamethasone**[a] or other systemic corticosteroids in the absence of another indication (AIIb).
Patients Who Are at High Risk of Progressing to Severe COVID-19[b]	Preferred therapies. Listed in order of preference: • **Ritonavir-boosted nirmatrelvir (Paxlovid)**[c,d] (AIIa) • **Remdesivir**[d,e] (BIIa) *Alternative therapy. For use when the preferred therapies are not available, feasible to use, or clinically appropriate:* • Molnupiravir[d,f,g] (CIIa)

https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults--therapeutic-management/

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COVID-19 Public Health Emergency Expiration: Updates

# COVID-19 Public Health Emergency (PHE)
What Is NOT Affected

Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio

FDA's EUAs for COVID-19 products (including tests, vaccines, and treatments)

Major Medicare telehealth flexibilities

Medicaid telehealth flexibilities

Process for states to begin eligibility redeterminations for Medicaid

Access to opioid use disorder treatment

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

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers

- Coverage for free, over-the-counter COVID-19 testing

- Reporting of COVID-19 laboratory results and (state) immunization data to CDC

- FDA's ability to detect early shortages of critical devices related to COVID-19

- Public Readiness and Emergency Preparedness (PREP) Act liability protections

- Dispense of controlled substances via telemedicine without an in-person interaction
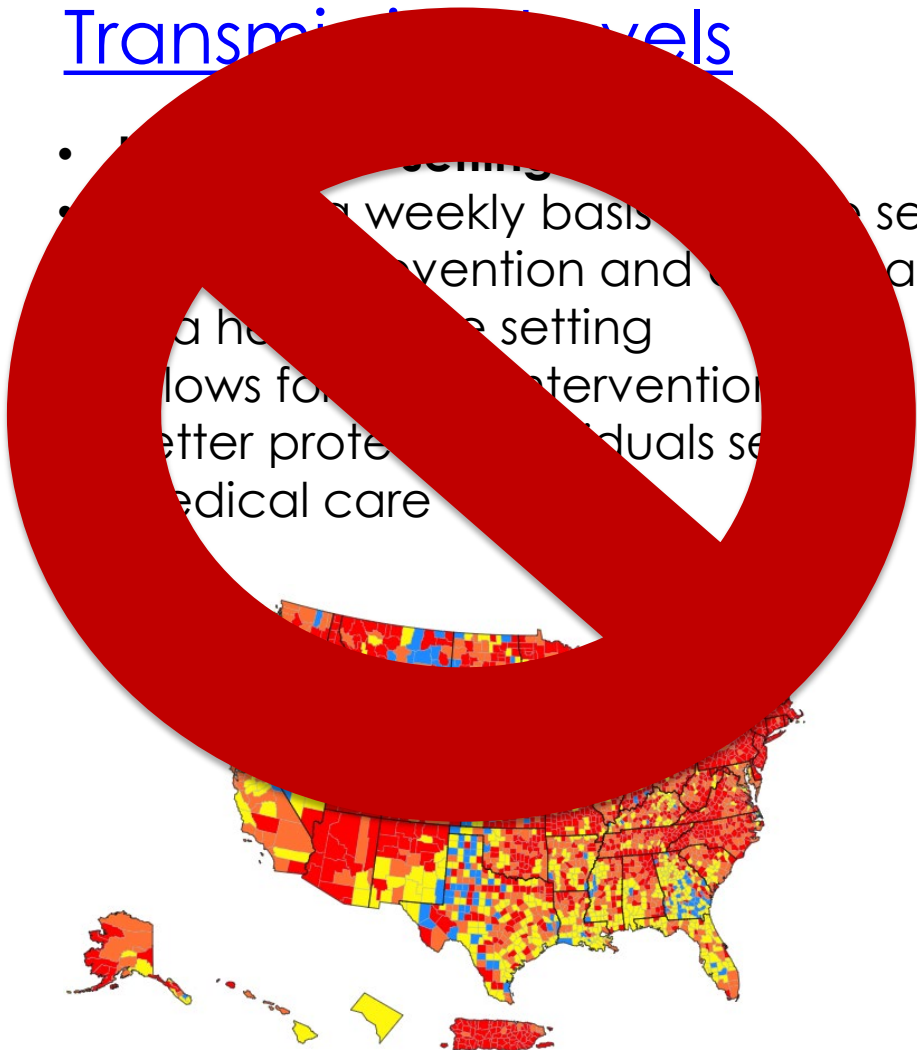
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What will guide my facility's Infection Control practice? Data I Can Use

What goes, what stays and what's new?
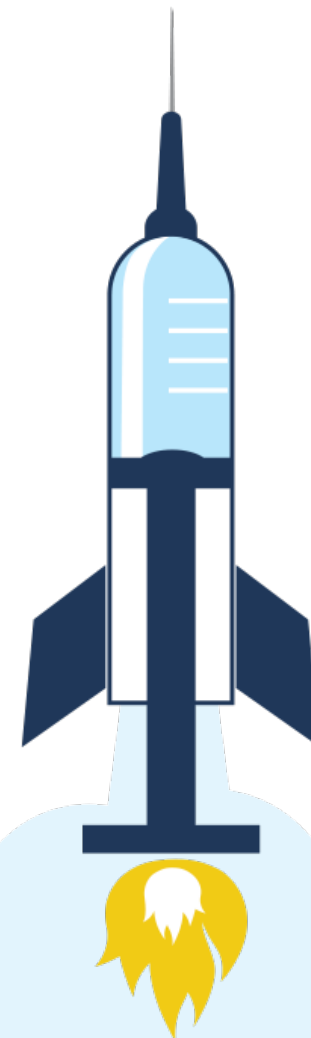
CDC Data and Surveillance: Available Metrics

- Emergency Department COVID-19 Visits (weekly)
- COVID-19 Hospital Admissions
- COVID-19 deaths (data source change)
- Wastewater surveillance
- genomic surveillance
- COVID-19 vaccine administration data (limited)
- COVID-19 test positivity (data source change)

Transmission Levels

- ...setting... on a weekly basis... select ...vention and ... actions ...a hea... e setting ...lows for ... tervention ...tter prote... iduals se... ...edical care

COVID-19 Community Levels

- **Non-heal...** ...living **facilitie...** ...es, ...**com...** ...ngregate set...
- Hel... ...d communities ...de wh... ...ever ...ons to take ...on th... ...t inform...
- Int... ...ndividual-... ...ehold- pre... ...n behaviors ...mu... ...vel pre... ...strategies for... ...nd high ...19 community...

CDC COVID-19 Data Tracker
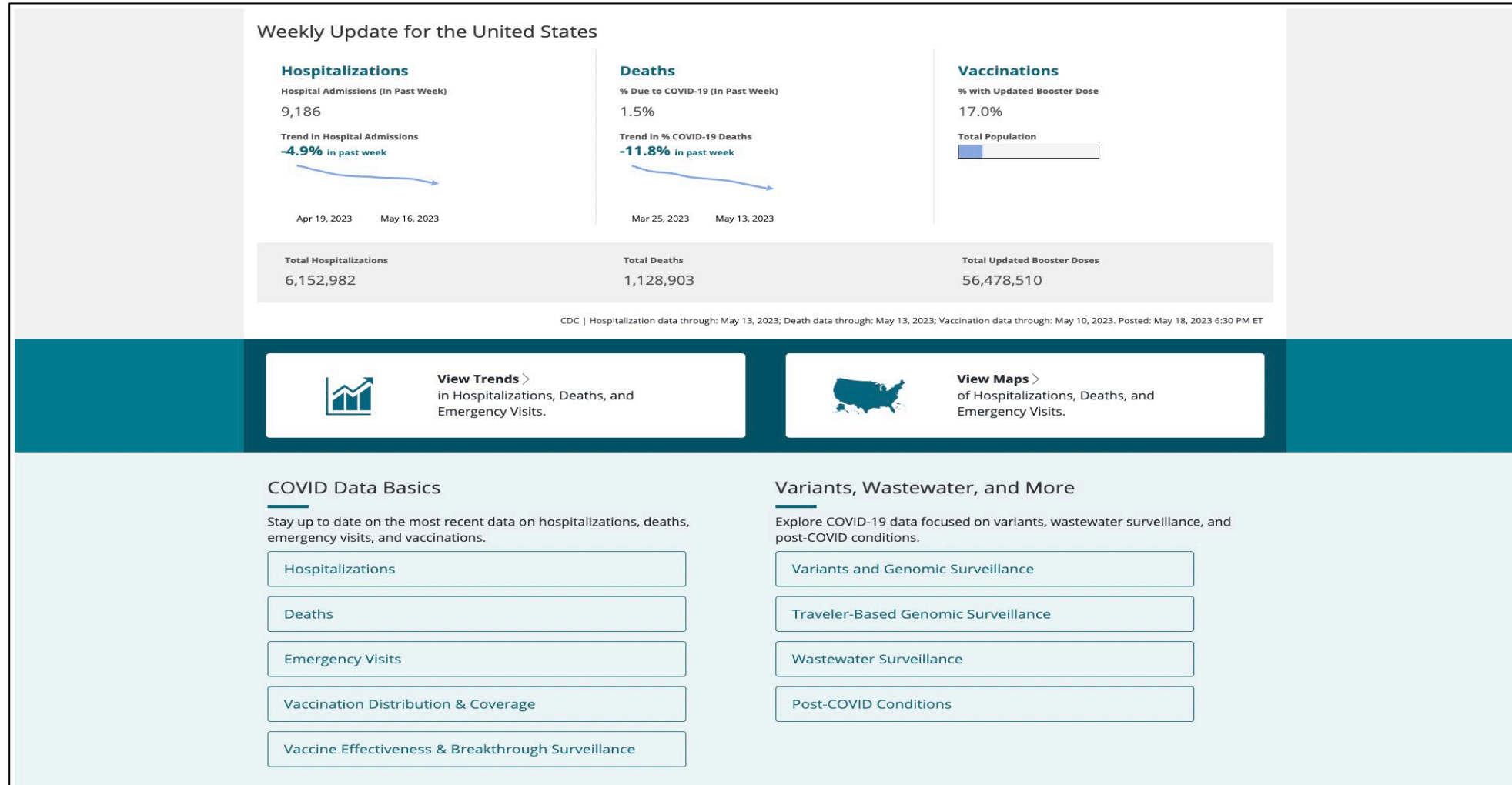
Weighted and Nowcast Estimates in United States for 2-Week Periods in 1/22/2023 – 5/13/2023
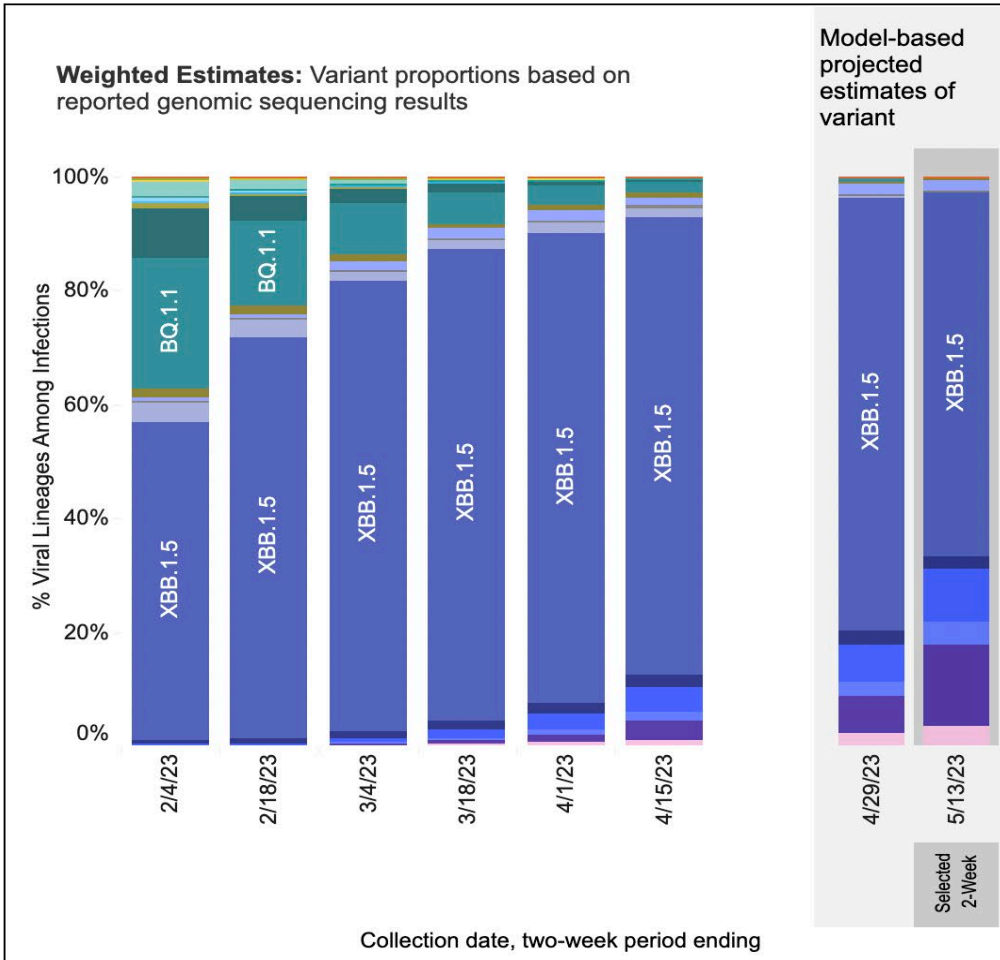
Nowcast Estimates in United States for 4/30/2023 – 5/13/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results

Model-based projected estimates of variant

% Viral Lineages Among Infections

Collection date, two-week period ending

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	64.0%	59.1-68.6%	
	XBB.1.16	VOC	14.3%	11.1-18.1%	
	XBB.1.9.1	VOC	9.2%	8.0-10.6%	
	XBB.1.9.2	VOC	4.0%	3.2-5.1%	
	XBB.2.3	VOC	3.5%	1.9-6.3%	
	XBB.1.5.1	VOC	2.4%	1.9-3.0%	
	FD.2	VOC	1.8%	0.8-4.0%	
	BQ.1.1	VOC	0.3%	0.1-0.5%	
	CH.1.1	VOC	0.2%	0.2-0.4%	
	XBB	VOC	0.2%	0.1-0.4%	
	BQ.1	VOC	0.0%	0.0-0.1%	
	BN.1	VOC	0.0%	0.0-0.0%	
	BA.5	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.1%	
	BA.2	VOC	0.0%	0.0-0.0%	
	BA.2.75	VOC	0.0%	0.0-0.0%	
	BF.7	VOC	0.0%	0.0-0.0%	
	BA.5.2.6	VOC	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.0%	

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Wastewater Surveillance

https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance

Wastewater Surveillance

Metric:
○ Current virus levels in wastewater by site
◉ Percent change in the last 15 days
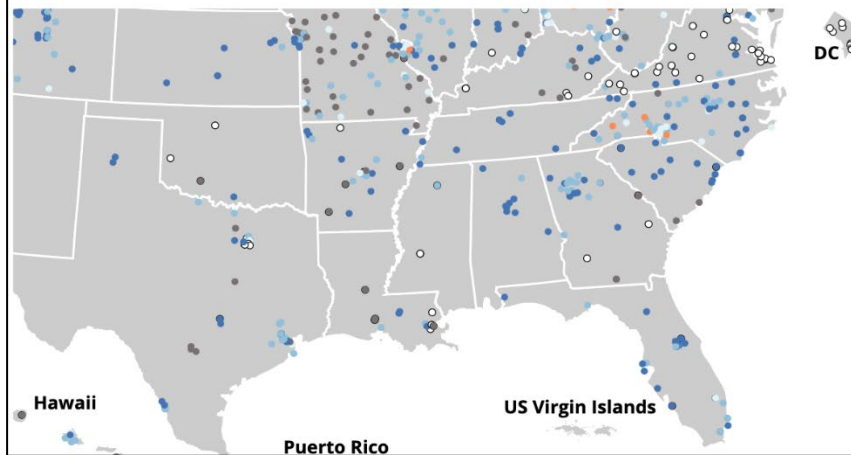○ Percent of wastewater samples with detectable virus

Show:
☑ Sites with no recent data

Percent change in the last 15 days
This metric shows whether virus levels have increased or decreased over the last 15 days. When levels of virus in wastewater are low, a modest increase in virus level can appear much larger when you look at the percent change. This metric may be affected by how often wastewater plants collect samples or by environmental factors (such as rainfall). Wastewater data showing the percent change in virus levels should be used along with other data such as overall levels of the virus in wastewater, historical wastewater data for that location, geographical context, and clinical cases.

Note: This metric does **not** show overall levels of SARS-CoV-2 in wastewater.
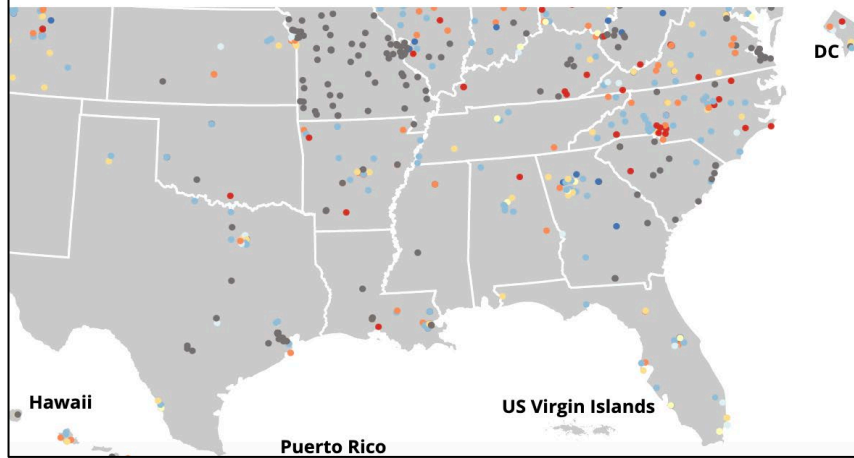
DC

Hawaii

US Virgin Islands

Puerto Rico

Percent change of SARS-CoV-2 in the last 15 days by site, United States

15-day % change category	Num. sites	% sites	Category change in last 7 days
– 100%	39	4	77%
– 99% to – 10%	372	37	– 35%
– 9% to 0%	62	6	– 48%

Wastewater Surveillance

Percent change of SARS-CoV-2 in the last 15 days by site, United States

15-day % change category	Num. sites	% sites	Category change in last 7 days
– 100%	39	4	77%
– 99% to – 10%	372	37	– 35%
– 9% to 0%	62	6	– 48%
1% to 9%	56	6	– 27%
10% to 99%	178	18	– 21%
100% to 999%	180	18	1%
1000% or more	119	12	80%

Total sites with current data: 1006

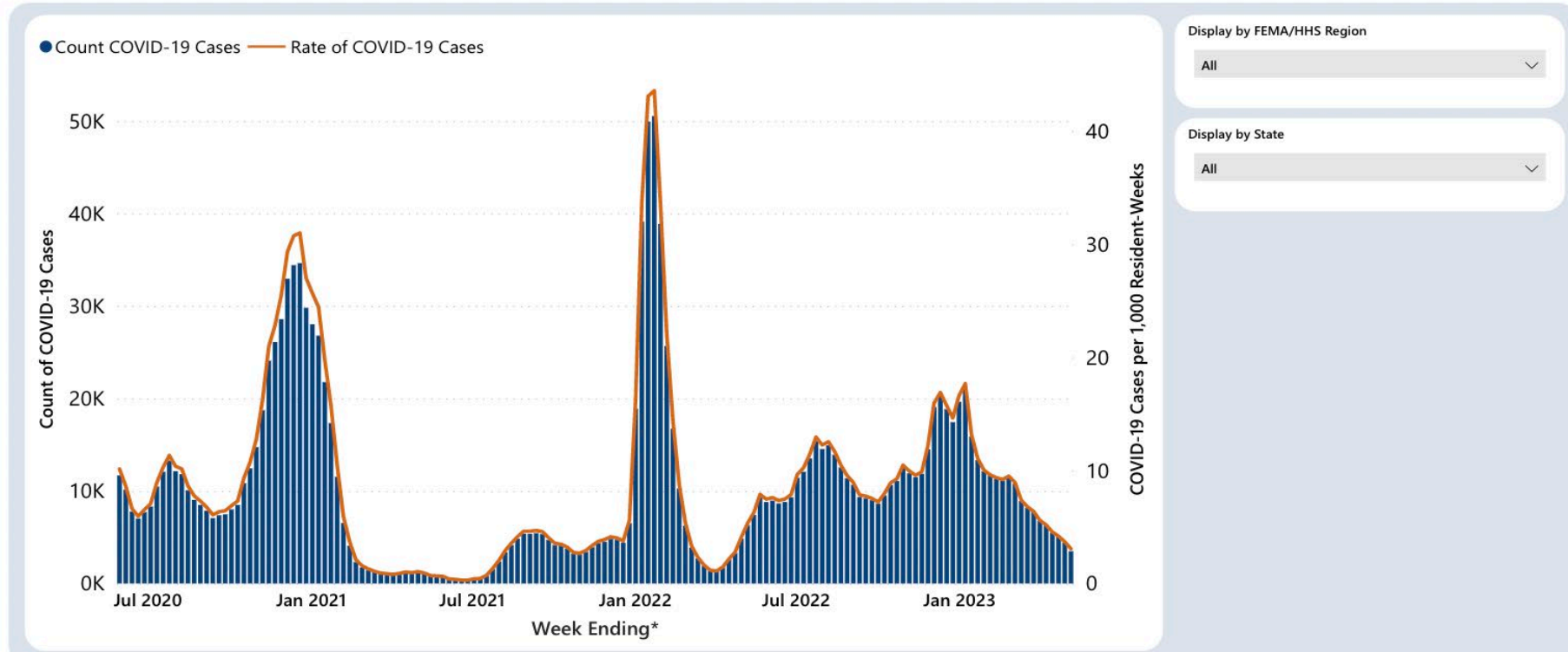Total number of wastewater sampling sites: 1552

How is the 15-day percent change calculated?
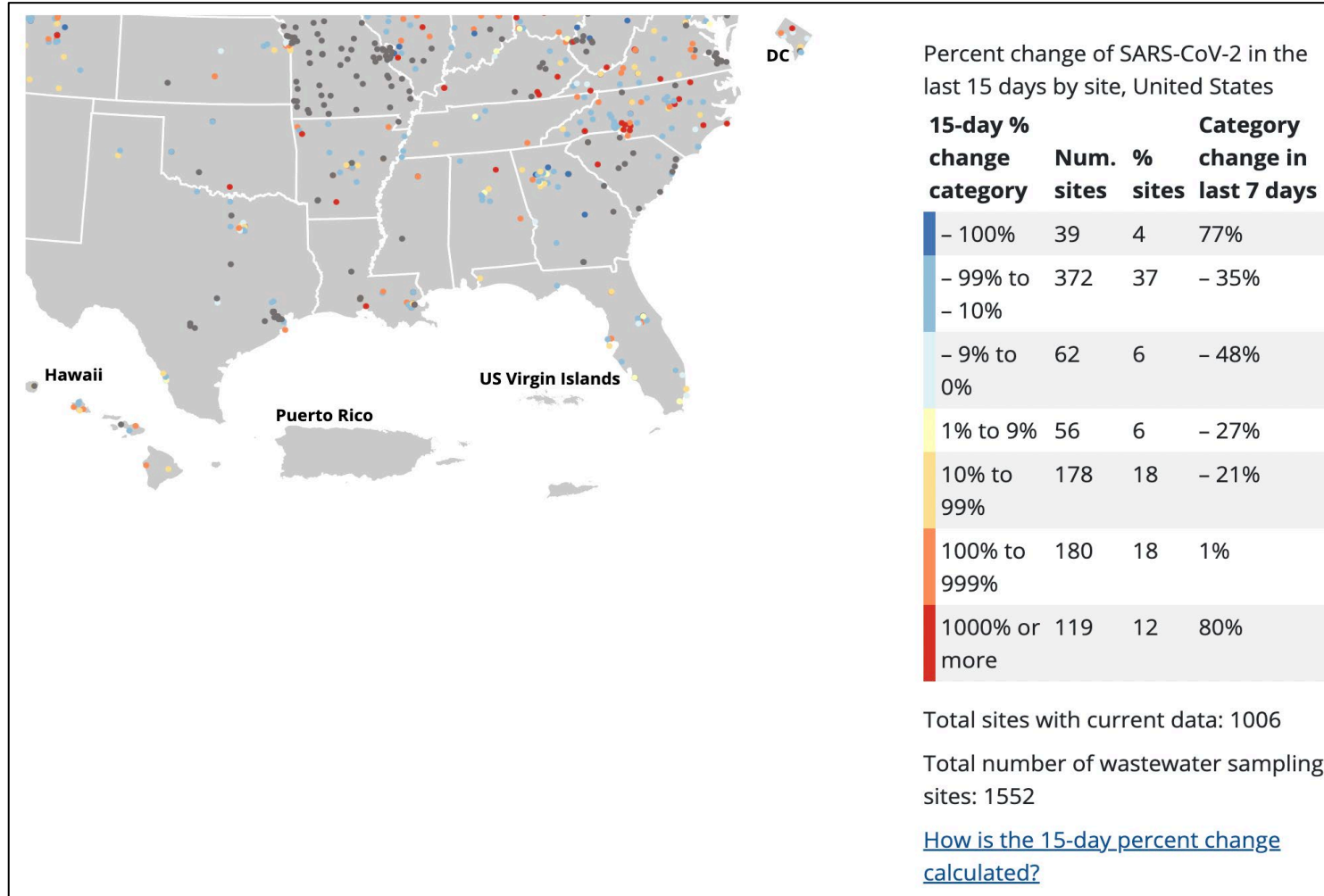
Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html

Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States
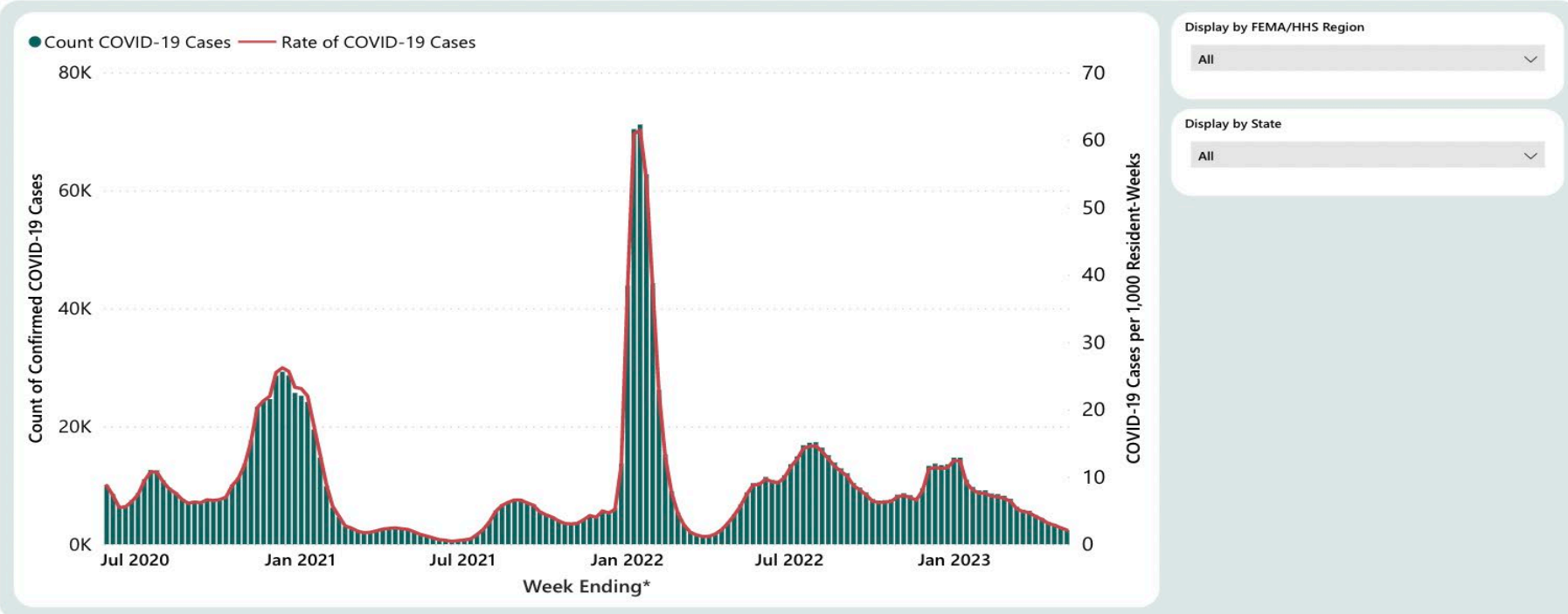
US Percent of NSSP Emergency Department (ED) Visits with Diagnosed COVID-19 in the Past Week, by State/Territory

Territories

| AS | FSM | GU | MP | PW | RMI | VI |

Percent of ED visits diagnosed as COVID-19

Insufficient Data · Minimal (<1.5%) · Low (1.5% to 2.9%) · Moderate (3.0% to 4.4%) · Substantial (4.5% to 5.9%) · High (≥6.0%)
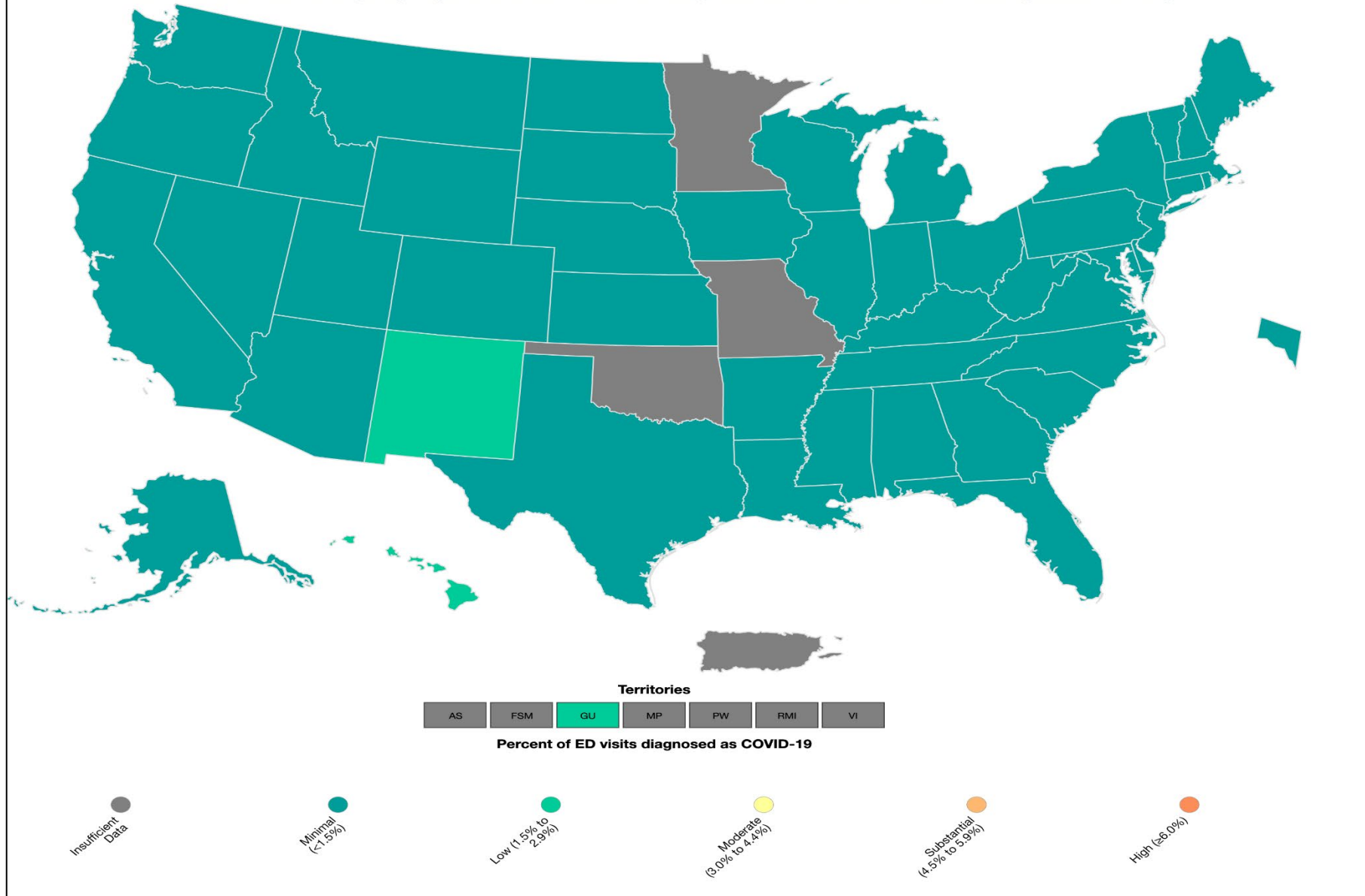
https://covid.cdc.gov/covid-data-tracker/#cases_percent-covid-ed

US Change in Percent of Emergency Department (ED) Visits Diagnosed as COVID-19 from Prior Week, by State/Territory

Territories

| AS | FSM | GU | MP | PW | RMI | VI |

Percent change in % of visits diagnosed as COVID-19 from last week compared to prior week

Insufficient Data | Substantial Decrease (≤ -20%) | Moderate Decrease (-10% to -19.9%) | Stable (-9.9% to 9.9%) | Moderate Increase (10.0% to 19.9%) | Substantial Increase (≥20%)
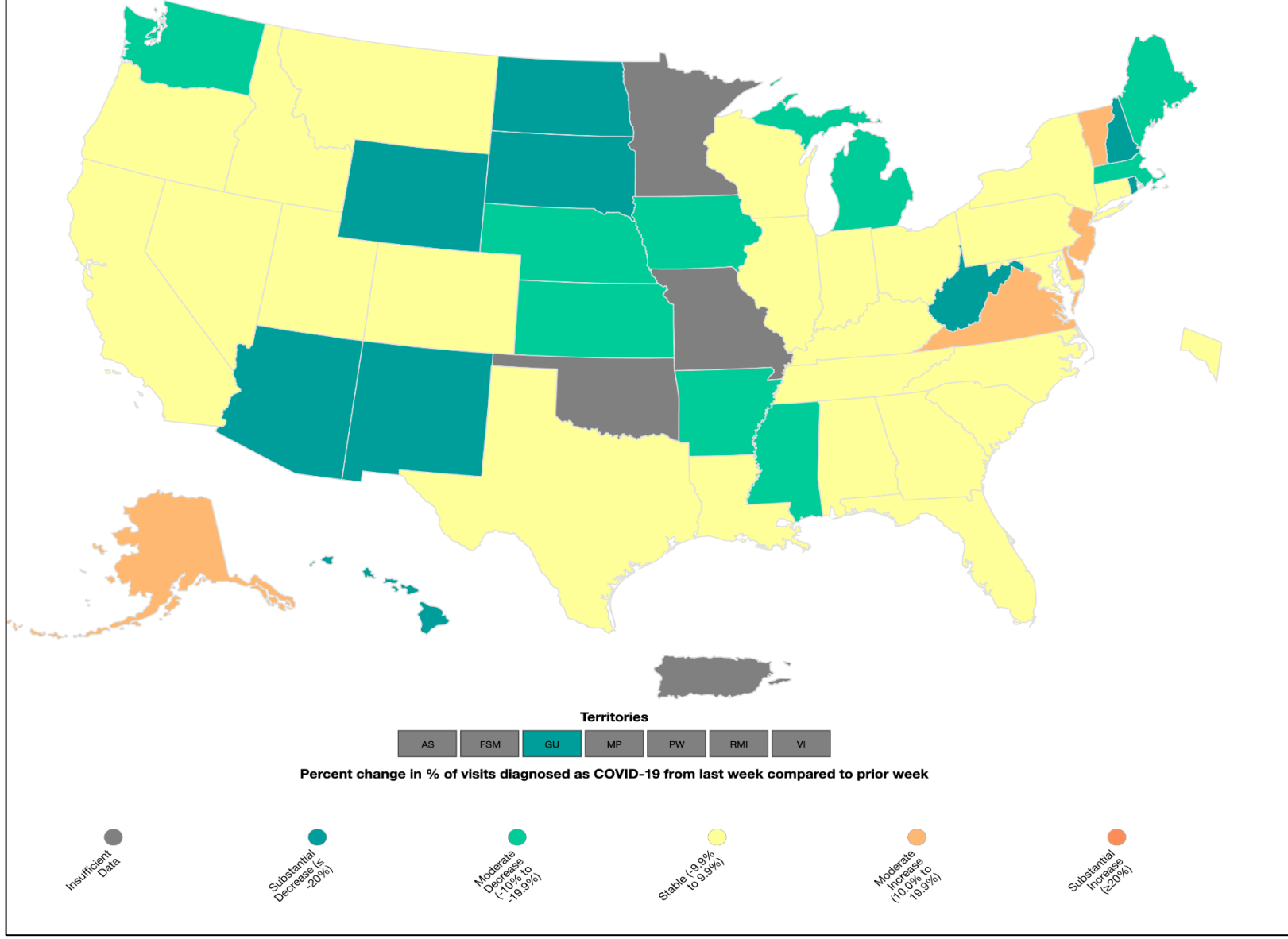
US COVID-19 New Hospital Admissions Reported to the CDC in the Past Week, by State/Territory
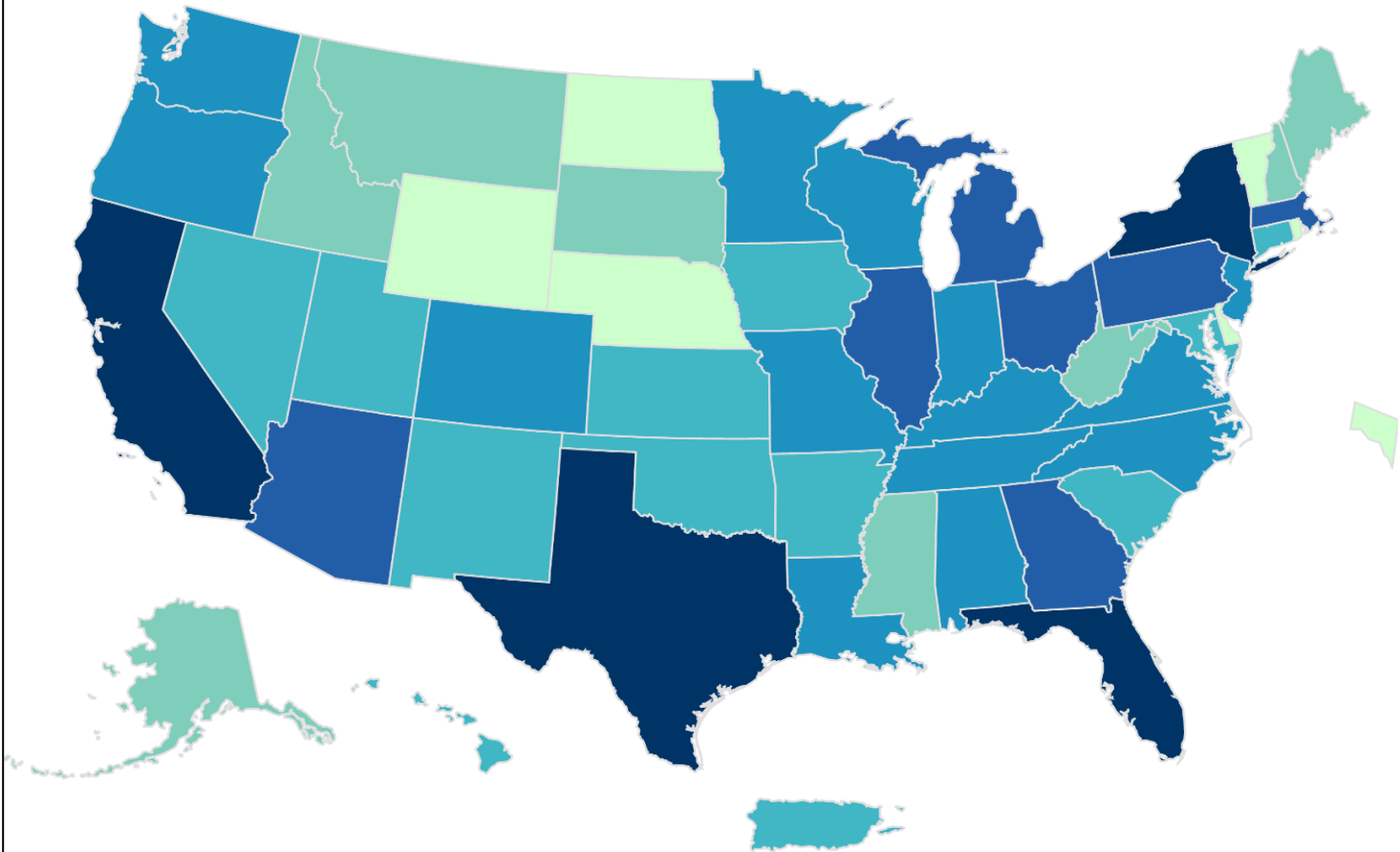
High => 20 new COVID-19 admissions per 100,000 population over the last seven days =
Universal source control

US Change (%) in the Percentage of COVID-19 New Hospital Admissions from Prior Week, by State/Territory

Territories

| AS | FSM | GU | MP | PW | RMI | VI |

% Change in new hospital admissions of confirmed COVID-19 from the prior week

Insufficient Data

Substantial Decrease (≤ -20%)

Moderate Decrease (-19.9% to -10.0%)

Stable (-9.9% to 9.9%)

Moderate Increase (10.0% to 19.9%)

Substantial Increase (≥20%)
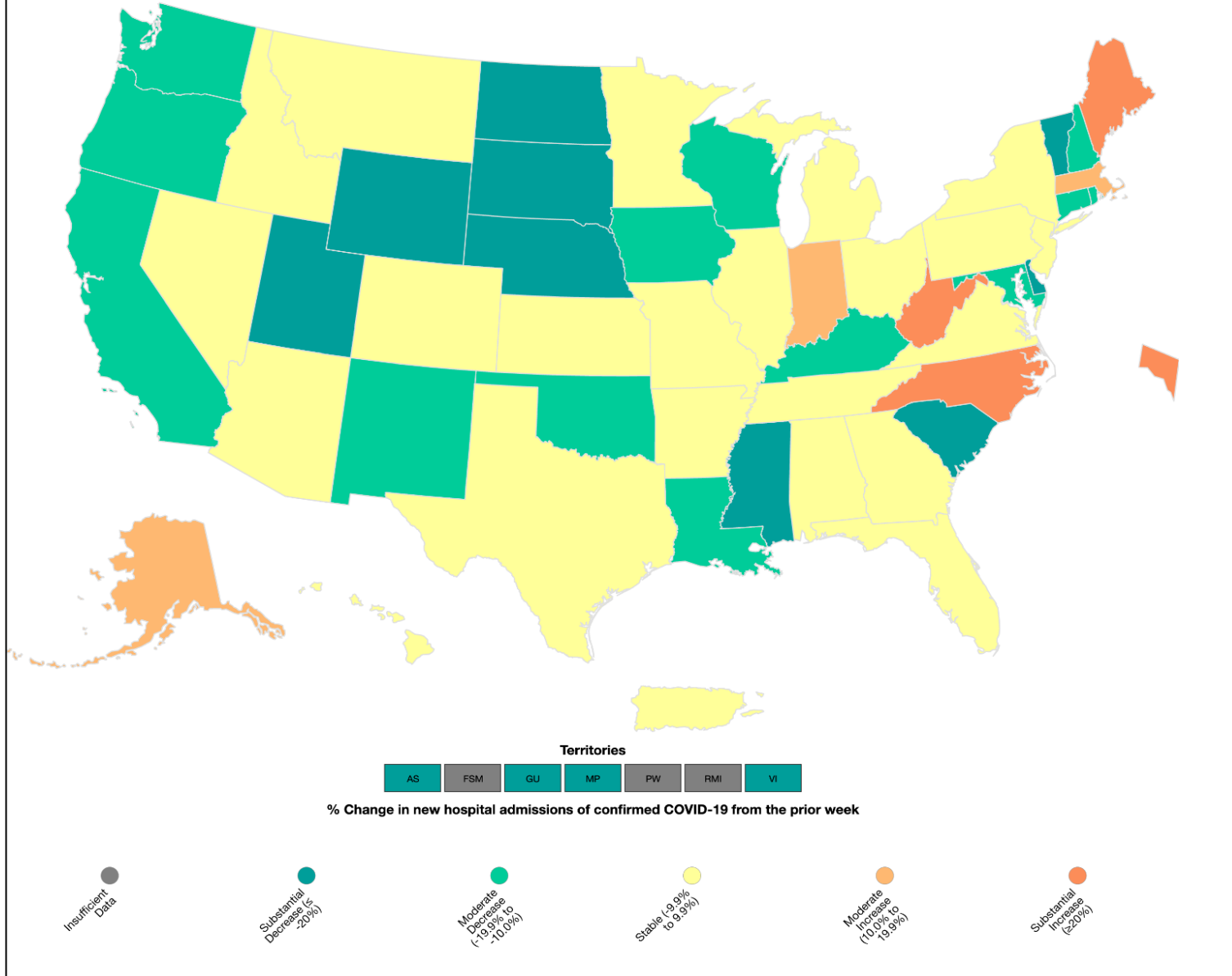
US Percentage of Provisional Deaths Due to COVID-19 in the Past Week, by State/Territory
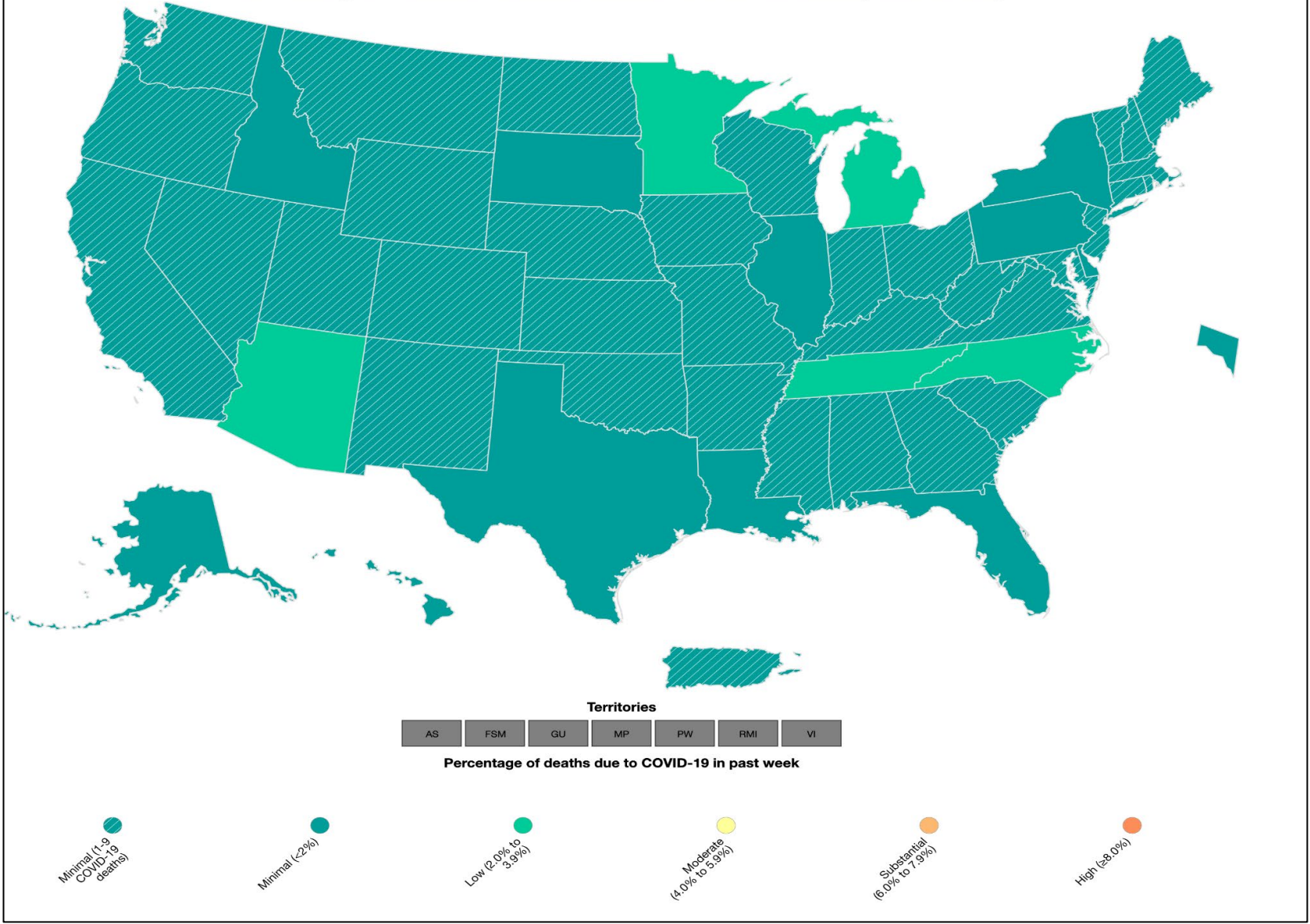
CDC Data Tracking Updates: Removed Data

🚫 National, county-level test positivity data

🚫 National reporting weekly counts of COVID-19 cases and associated deaths

🚫 V-safe Tracking System for health check-ins

🚫 COVID-19 Community Levels (guided non-healthcare settings IPC practices)

🚫 Transmission Levels (guided health care facility IPC practices)

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Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge

Updated public health tracking* will keep you informed about COVID-19

Hospital admissions — track → Spread in communities + severity of illness

Death certificates — track → Severity of illness

Emergency department visits — track → Early signs of spread

Genomic sequencing — tracks → New variants

Check COVID.cdc.gov to know when to take action

*To account for changes in available data after the end of the U.S. Public Health Emergency declaration

bit.ly/mm7219e1

MAY 5, 2023

CDC

MMWR

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Weekly Emergency Department Visits by Age Group

Make a selection from the filters to change the visualization information.

Age Group

All Ages ∨

Legend:
- COVID-19 (red)
- Influenza (blue)
- RSV (green)
- Combined (black)

Y-axis: Weekly Count (50,000 / 100,000 / 150,000 / 200,000)

X-axis: End Date of MMWR Week (05/21/2022 – 05/13/2023)

https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/index.html
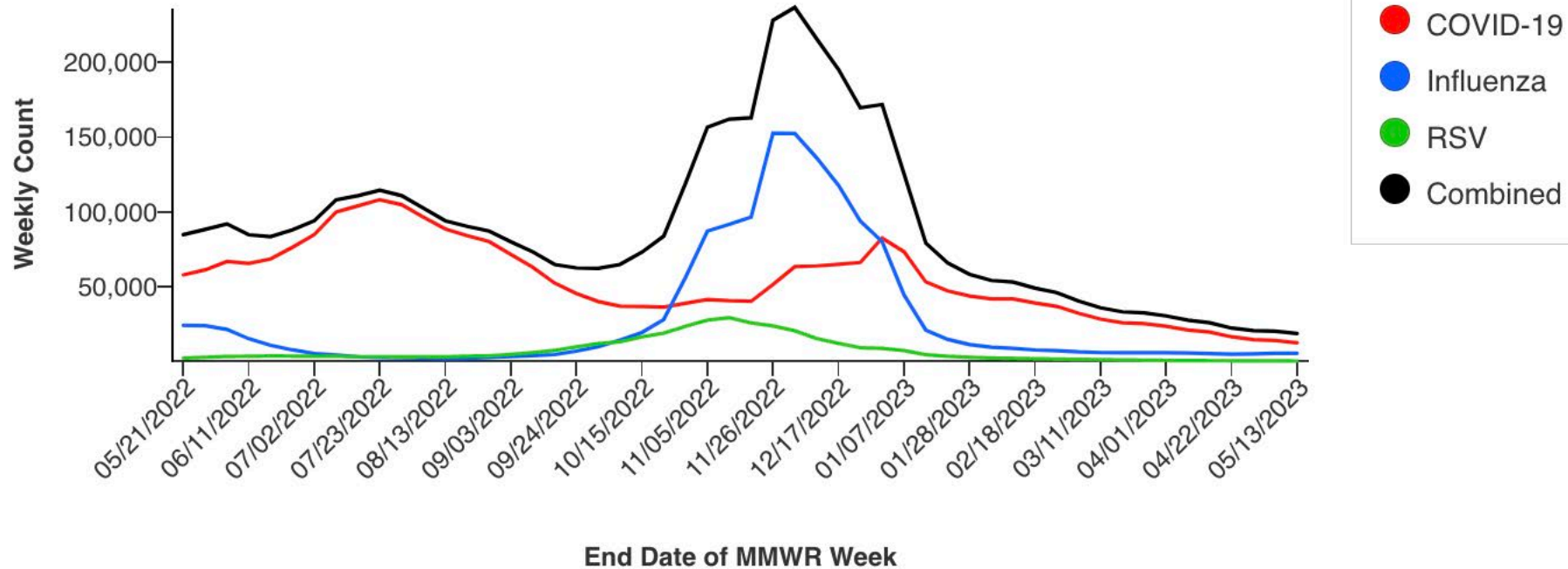
RESP-NET Interactive Dashboard
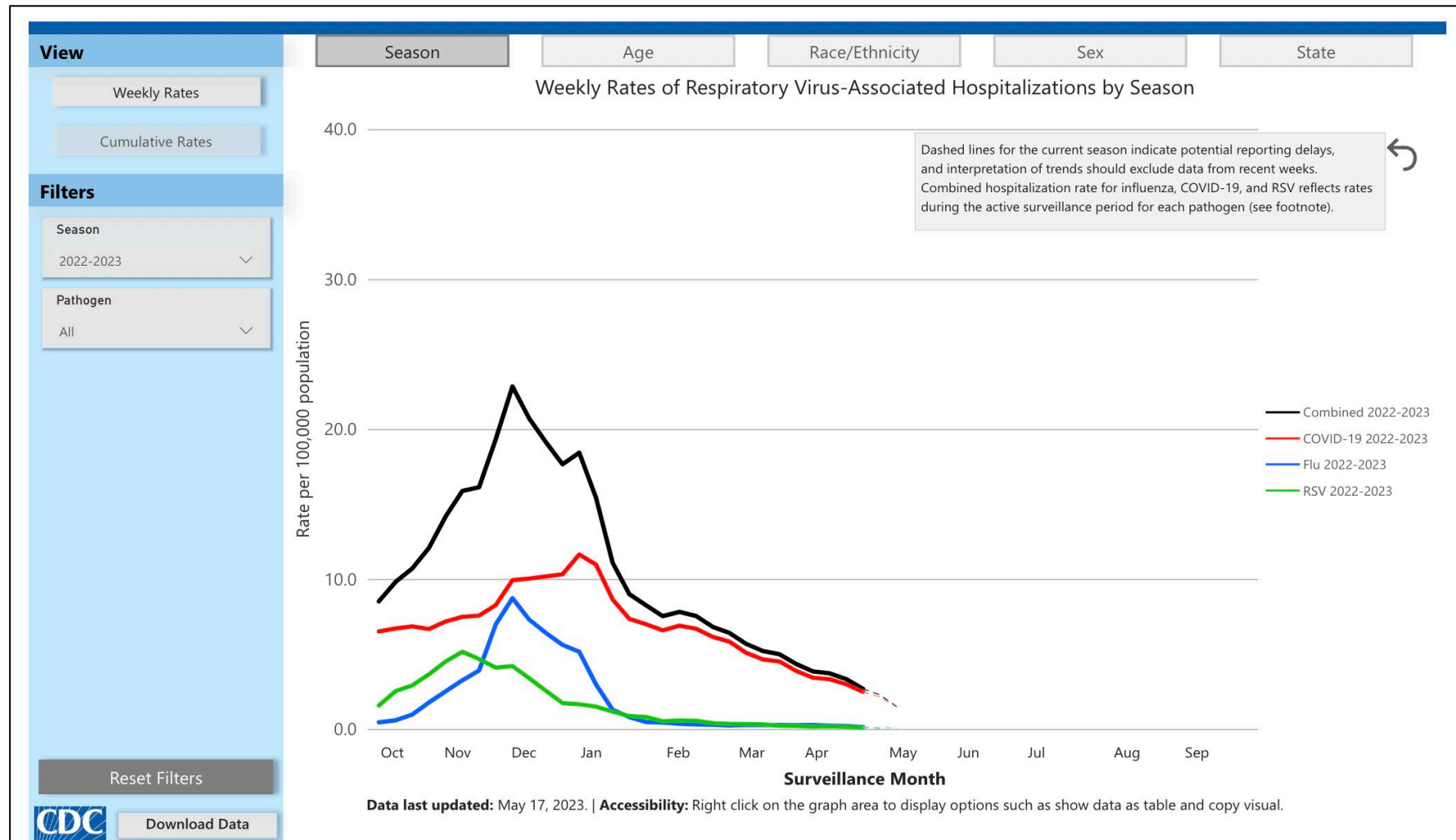
2022-23 Influenza Season Week 19 ending May 13, 2023
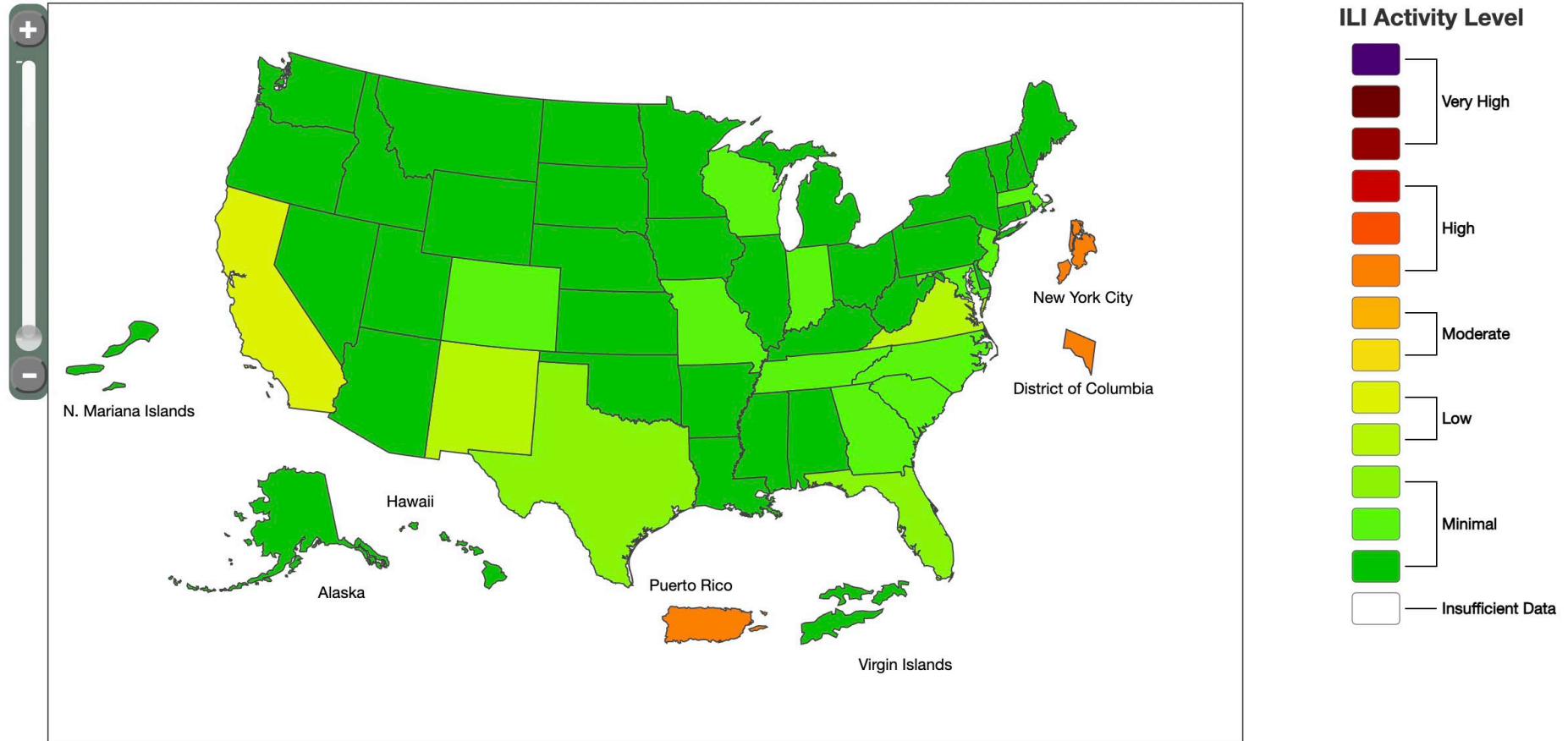
https://gis.cdc.gov/grasp/fluview/main.html

National Healthcare Safety Network (NHSN) Updates: COVID-19 Surveillance Pathways For Data Reporting

- COVID-19 Reporting requirement (implemented May 2020 by CMS [Interim Final Rule](#))

- Nursing homes continue to report COVID-19 data (except for COVID-19 vaccination status) to NHSN through December 31, 2024, unless CMS takes regulatory action

- COVID-19 Vaccination status reporting continues through May 2024 or until CMS declares otherwise

https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/covid19-mod-surv-path-508.pdf
https://www.cdc.gov/nhsn/ltc/covid19/index.html
https://leadingage.org/phe-will-end-may-11-what-this-means-for-nursing-homes/

National Healthcare Safety Network (NHSN) Updates: COVID-19 Surveillance Pathways For Data Reporting

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

https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/covid19-mod-surv-path-508.pdf

https://www.cdc.gov/nhsn/ltc/covid19/index.html

Upcoming NHSN Webinars Tentatively Scheduled:

June 1, 2023
June 7, 2023

Contact **NHSN@cdc.gov** for more information.

COVID-19 Emergency Response Updates: Vaccination Education and Access Requirements

CMS implemented an [interim final rule in May 2021](#) that required nursing homes to educate staff and residents on the risks and benefits of COVID-19 vaccination and to offer or assist in accessing COVID-19 vaccination for staff and residents.

- As this rule did not include an applicability end date, these requirements will not end with the expiration of the PHE.
- **Nursing homes must continue to educate and offer COVID-19 vaccination to staff and residents beyond the end of the PHE as part of the Requirements of Participation through May 21, 2024, or until otherwise specified by CMS.**

COVID-19 Emergency Response Updates: Vaccination Mandate for Health Care Personnel

- In November 2021, CMS implemented an interim final rule requiring staff, including volunteers, in most Medicare- and Medicaid-certified settings to complete the primary series of COVID-19 vaccination or be granted an approved exemption to work in or provide services on behalf of the certified setting.
- **The federal vaccination mandate for health care personnel expired with the PHE on May 11, 2023.**

https://www.cms.gov/files/document/qso-23-13-all.pdf
https://www.cms.gov/files/document/qs0-23-02-all.pdf

COVID-19 Infection Prevention and Control Guidance Updates

Updates

Facility-wide use of source control (masking)

Admission testing in nursing homes

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](#)

No updates

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure

Strategies to Mitigate Healthcare Personnel Staffing Shortages

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COVID-19 IPC Guidance Updates: Source Control

Source control is **broadly recommended** as described in the CDC's Core IPC Practices in the following circumstances:

- During SARS-CoV-2 outbreak or other respiratory infection outbreak
- Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas or patient or resident population
- Recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)

COVID-19 IPC Guidance Updates: Source Control Risk Assessment

- Types of residents cared for in the facility
- Input from stakeholders
- Plans from other facilities in the jurisdiction with whom patients are shared
- What data are available to make decisions

COVID-19 IPC Guidance Updates: Source Control

Even when a facility does not require masking for source control

Allow individuals to use a mask or respirator based on the following:

- Personal preference
- Perceived level of infection risk (e.g., attending crowded indoor gatherings with poor ventilation)
- Potential to develop severe disease after SARS-CoV-2 exposure

Broader Use of Source Control: Potential Metrics

Consider masking during typical respiratory virus season (~October to April)

COVID Hospital Admission levels
- High => 20 new COVID-19 admissions per 100,000 population over the last seven days

Follow national (or local, if available) data on trends of several respiratory viruses
- RESP-NET interactive dashboard
- National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus
- ILINET

COVID-19 IPC Guidance Updates: Admission Testing in Nursing Homes

At the discretion of the nursing home (similar to other health care settings)

- Considerations for pre-admission or pre-procedure testing for asymptomatic individuals are detailed in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](#)

COVID-19 IPC Updates

Admission Screening
- Admission testing is at the discretion of the facility, no longer guided by the Transmission Levels (previous metric)

Source Control
- No longer guided by the Transmission Levels (previous metric)
- Health care facilities should identify local metrics that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted

Staff Screening
- No change
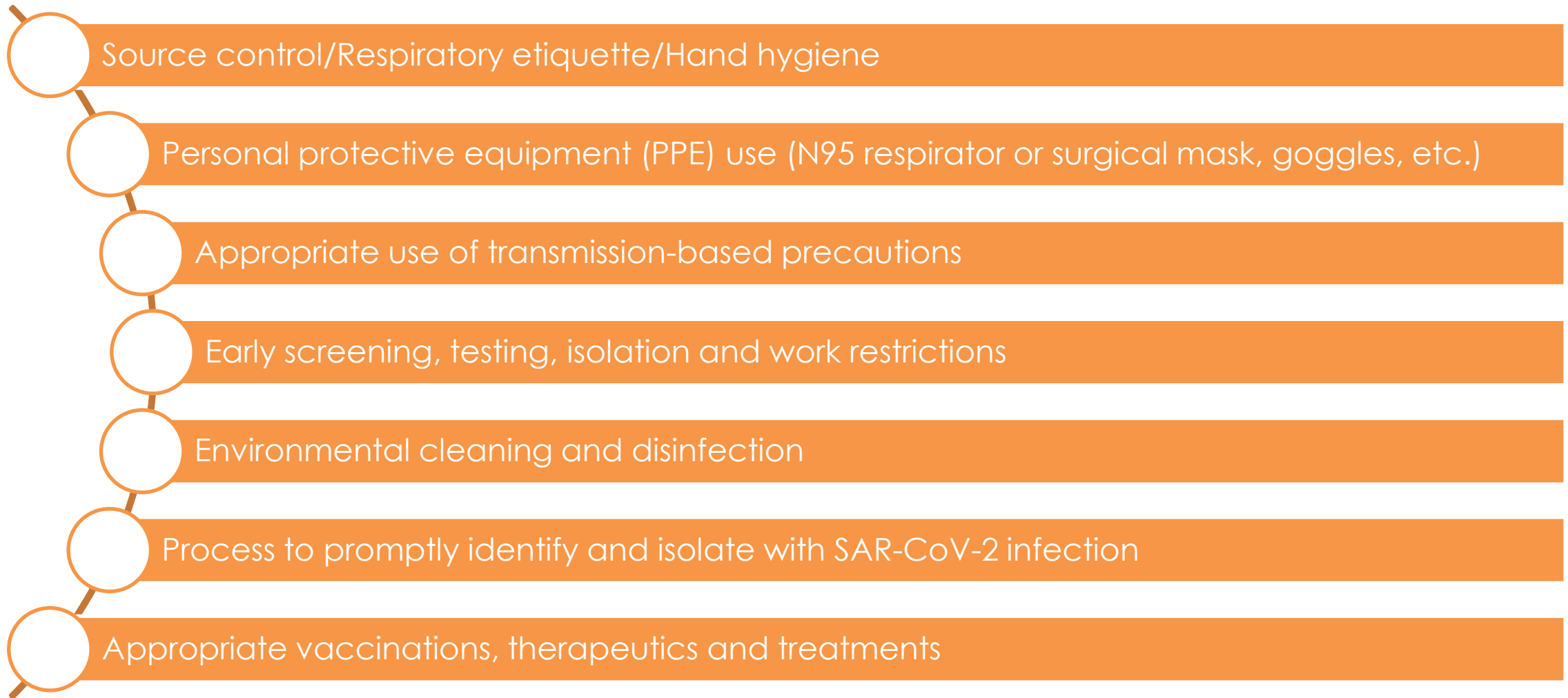- Screening testing of asymptomatic HCP is at the discretion of the health care facility.

Exposure/Close Contact
- No change
- Asymptomatic patients/residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection.

Outbreak Investigations
- No change
- A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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COVID-19 IPC Practices Continue

- Source control/Respiratory etiquette/Hand hygiene
- Personal protective equipment (PPE) use (N95 respirator or surgical mask, goggles, etc.)
- Appropriate use of transmission-based precautions
- Early screening, testing, isolation and work restrictions
- Environmental cleaning and disinfection
- Process to promptly identify and isolate with SAR-CoV-2 infection
- Appropriate vaccinations, therapeutics and treatments

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CMS Guidance Updates: Clinical Laboratory Improvement Amendment Changes

CMS recently published memo [QSO-23-15 CLIA](#) on May 11, 2023
- COVID-19 Test Result Reporting Requirements
- Molecular and Antigen Point of Care Test Asymptomatic Testing
- Use of Expired Reagents During the PHE

CMS Guidance: IPC and Visitation Guidance Updates

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

DATE: September 17, 2020   **REVISED 05/08/2023**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 *(REVISED)*

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation is allowed for all residents at all times.**
- *Updated guidance to align with the ending of the PHE*

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

- Updated guidance to align with PHE ending
  - COVID-19 information
  - Outbreak considerations
  - Expectation to adhere to CDC recommendations
- Visitation is allowed for all residents at all times
- Visitors are not required to be tested or vaccinated

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Infection Prevention and Control Practices

Continue implementing IPC practices for infectious pathogens, including COVID-19 and other respiratory infections
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings](#)
  - Appendix A

Hand Hygiene - Use personal protective equipment (PPE) appropriately

[Standard precautions](#) always apply
- Source control/ respiratory hygiene/cough etiquette
- PPE- use based on anticipated exposure to blood/body fluids
- Safe injection practices
- Cleaning and disinfection
- Safe linen handling

Consult with your state or local public health authorities

Post Public Health Emergency
What do we report in NHSN now?

Step 1: Attend the National Healthcare Safety Network (NHSN) Update Training

Register for either training:

June 1, 2 p.m. ET
https://cdc.zoomgov.com/webinar/register/WN_IQ92SJReSe6gu3RIRbiqaA

June 7, 1 p.m. ET
https://cdc.zoomgov.com/webinar/register/WN_WO7zz66ISwyFGUfEx2bU7g

https://www.cdc.gov/nhsn/ltc/covid19/index.html

Step 2: Keep Submitting NHSN Data*

Weekly

LTCF COVID-19 Module **Surveillance Reporting Pathways** case data through **December 31, 2024**

HCP and Resident COVID-19 Vaccination reporting continues through **May 2024**

Annually

Health Care Personnel (HCP) Influenza Vaccination **due May 2024**

*Unless CMS takes regulatory action

https://www.cdc.gov/nhsn/ltc/covid19/index.html

https://leadingage.org/phe-will-end-may-11-what-this-means-for-nursing-homes/
Interim Final Rule)

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Step 3: Continue to Review Data for Accuracy

Internal Review
- Pull summary reports regularly to ensure your data is accurate.
- Review your data on the CMS website.

https://data.cms.gov/covid-19/covid-19-nursing-home-data
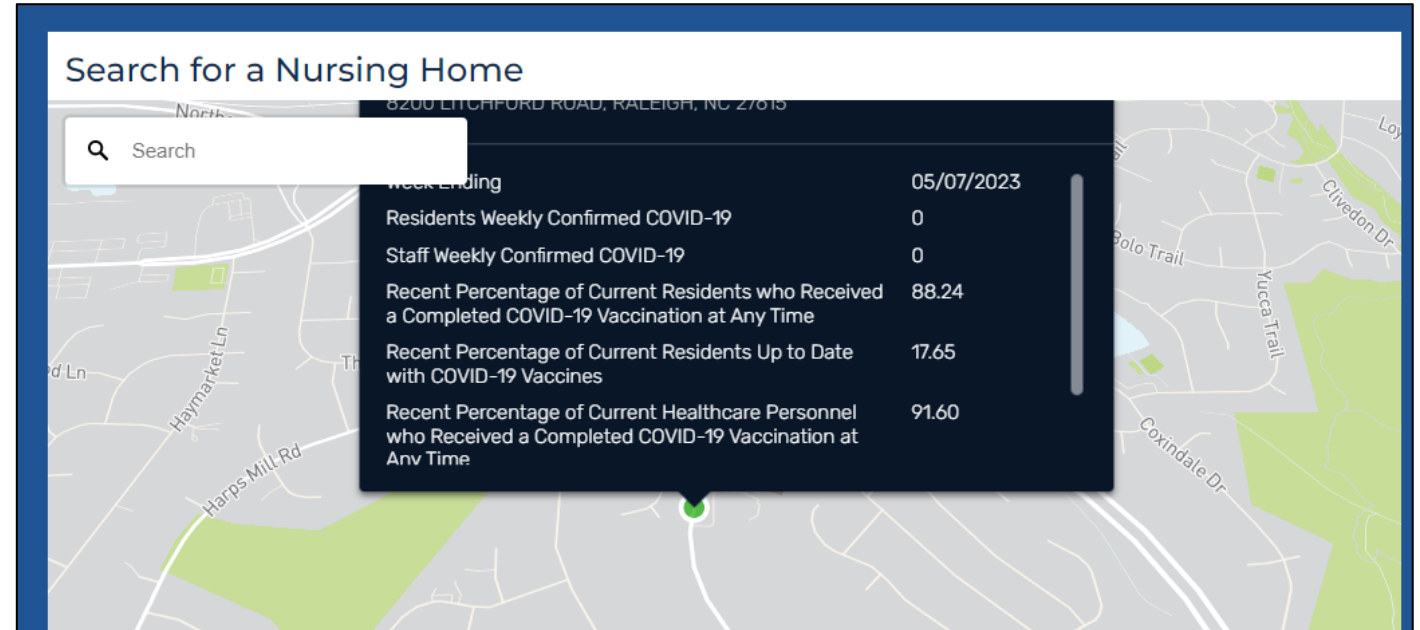
Examples of Upcoming Changes to NHSN Reporting

- 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

- 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

https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/covid19-mod-surv-path-508.pdf

https://www.cdc.gov/nhsn/ltc/covid19/index.html

Annual Influenza Reporting:
Get a System in Place

- **Establish** an influenza vaccination tracking log for <u>all</u> employees, licensed independent contractors and adult students/volunteers aged 18 and over
- **Ensure** your facility has enrolled in the Healthcare Personnel Safety Module (must be the NHSN administrator)and add users
- Reporting Period is October 1-March 31

Reference: https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html#anchor_1583347515612

https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html
https://www.federalregister.gov/documents/2022/08/03/2022-16457/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities

Flu Reporting is Tied to the Quality Reporting Program

- https://www.federalregister.gov/documents/2022/08/03/2022-16457/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities

- https://www.cdc.gov/nhsn/pdfs/ltc/fluvax/op-guide-snf-report-annual-flu-vac-data-508.pdf

- https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html

For questions related to SNF QRP requirements, contact CMS at SNFQualityQuestions@cms.hhs.gov.
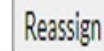
Influenza and COVID-19 Reporting
Set Your Facility Up For Success

Keep your NHSN facility administrator updated!

NHSN Hygiene-Keep the NHSN Administrator Updated

- If the person is not available, complete a change in the NHSN facility administrator form.

- If you are the administrator and change roles, you can update in NHSN yourself!

https://www.cdc.gov/nhsn/facadmin/index.html

Change NHSN Facility Administrator

Print

> ⚠ **Re-Assignment of Facility Administrators**
>
> NHSN users should complete this form ONLY to request reassignment of facility administrators when the currently-listed facility administrator is unavailable. Any other inquiries (e.g., change of email, adding users) will not be addressed via this form and instead should be handled through the facility administrator or sent to NHSN@cdc.gov. All requests will be processed in the order received.

Reassigning the NHSN Facility Administrator Role

- From the left navigation bar, you will select *Facility > Facility Info*.
- From the *Edit Facility Information* screen, go to the Contact Information sections.
- Find "Facility Administrator" on the list and click the "reassign" button on the far right of the screen. You will be asked to find and select an existing user who will be reassigned this role. NOTE: The existing user must be assigned as a user with administrative rights. Once selected, remember to save the updated information on the Edit Facility Information page.

One More Thing:
HAI Surveillance and Dashboard Tool

Strategies to Prevent and Control Outbreaks
- Utilize an Excel spreadsheet to track and visualize infections in your facility
- Review Outbreak Principles
- Develop relationships with your local health department and hospital IPs

Reference: Boosting IPC Basics Webinar from Feb 2, 2023, Erica Umeakunne, MSN, MPH, APRN, CIC https://quality.allianthealth.org/conference/boosting-ip-basics-importance-of-infection-prevention-control-strategies-for-covid-19-outbreaks-2-2-23/

Dashboard Tool:
https://quality.allianthealth.org/media_library/ahs-hai-surveillance-dashboard-tool/

Continue to Educate and Offer COVID-19 Vaccination (Bivalent)

CMS implemented an [interim final rule in May 2021](#) that required nursing homes to educate staff and residents on the risks and benefits of COVID-19 vaccination and to offer or assist in accessing COVID-19 vaccination for staff and residents.

- As this rule did not include an applicability end date, these requirements will not end with the expiration of the PHE.
- **Nursing homes must continue to educate and offer COVID-19 vaccination to staff and residents beyond the end of the PHE as part of the Requirements of Participation through May 21, 2024, or until otherwise specified by CMS.**

Thank You for Your Time!
Contact the Patient Safety Team

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Questions?

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
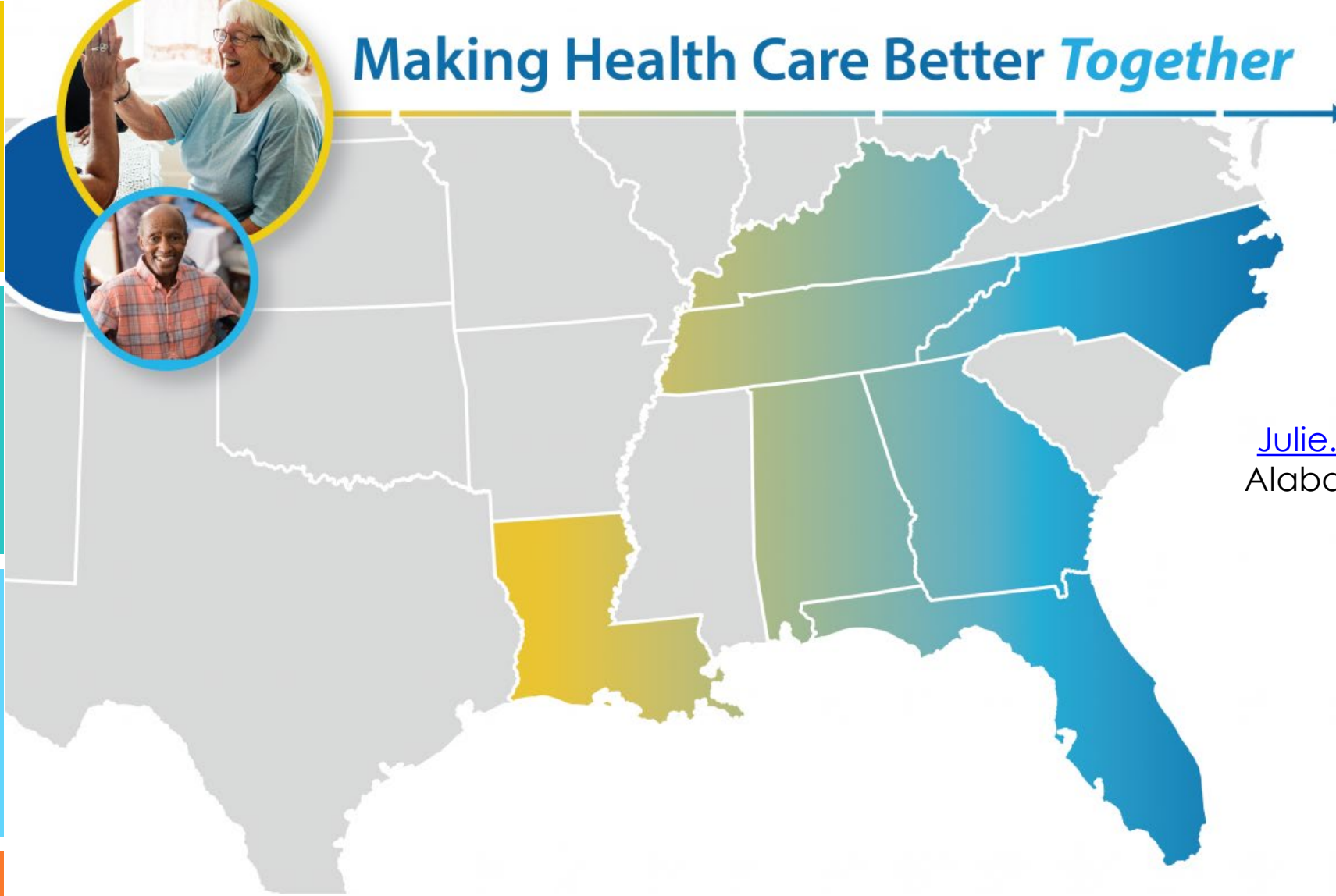
IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

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

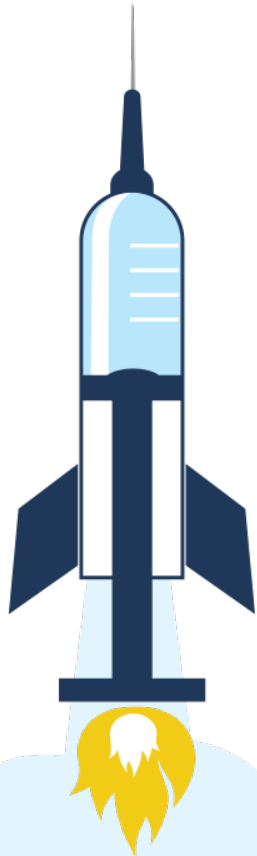**Making Health Care Better _Together_**

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