COVID-19 Updates, Influenza Vaccination Reporting and NHSN Updates

Welcome!

Chat with Technical Support if you need assistance

Presented by:
Paula St. Hill, MPH, A-IPC
Infection Prevention Technical Advisor

April 20, 2023
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
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 a 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 his family and doing outdoor activities.

Contact: Donald.Chitanda@AlliantHealth.org
Erica Umeakunne, MSN, MPH, APRN, CIC

INFECTION PREVENTION SPECIALIST

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

She was previously the Interim Hospital Epidemiology Director for a large health care system in Atlanta and a nurse consultant in the 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
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 all the time she can get outdoors, camping, bicycling and running.

Contact: Amy.Ward@AlliantHealth.org
Objectives

Agenda:

- COVID-19 updates
- Discuss the ending of the COVID-19 public health emergency as it relates to NHSN reporting
- NHSN influenza vaccination reporting
- SAMS and NHSN updates
- Live questions and answers
Where Are We Now With COVID-19?

CDC COVID-19 Primary Series Vaccination Coverage and Reporting among Nursing Home Residents, by State and Week – United States

Partial Primary Vaccine Series: Only one dose of a two-dose primary vaccine series
Complete Primary Vaccine Series: Both doses of a two-dose primary vaccine series or one dose of a single-dose primary vaccine series

Percent of Residents with Complete Primary Vaccine Series, 3/27/2023 – 4/2/2023

Data as of 4/3/2023 5:20 AM

For more information: https://www.cdc.gov/nhsn/lc/weekly-covid-vac/index.html

https://covid.cdc.gov/covid-data-tracker/#vaccinations-nursing-homes
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Ending of the COVID-19 Public Health Emergency
When?

The COVID-19 public health emergency is expected to end on **May 11, 2023**.

Ending of COVID-19 PHE

Nursing homes will continue to report COVID-19 data through NHSN and will continue to provide notification to residents and families of COVID-19 infections through December 31, 2024, unless CMS takes regulatory action otherwise.

Ending of COVID-19 PHE

Reporting of COVID-19 vaccination status continues through **May 2024** or until CMS declares otherwise.

Staff Vaccination Mandate

• 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 in order to work in or provide services on behalf of the certified setting.

• The federal mandate is incorporated in an interim final rule that will remain in effect until November 2024 unless other action is taken.
Ending of COVID-19 PHE

Nursing homes will need to 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 2024** or until otherwise specified by CMS.

COVID-19 Testing Requirements

COVID-19 testing requirements will expire with the PHE on May 11; however, nursing homes should be mindful that they will still be subject to the “accepted standards” put forth by the CDC.
NHSN HCP Influenza Vaccination Reporting and Tips
HCP Influenza Vaccination Summary

The Influenza Vaccination Summary within the HCP Vaccination Module is designed to assist facility staff in monitoring influenza vaccination percentages among HCP.

HCP Influenza Vaccination Summary Reporting

The reporting period for the 2022-2023 influenza season is from October 1, 2022, through March 31, 2023. To meet CMS reporting requirements, HCP influenza vaccination summary data reports must be entered into NHSN no later than May 15, 2023, for the 2022-2023 influenza season. Facilities can edit their data after May 15, but the revised data will not be shared with CMS.

HCP Influenza Vaccination Summary Reporting

Monthly reporting in NHSN is not required; entering a single influenza vaccination summary report at the end of the reporting period for the influenza season will meet the minimum data requirements for NHSN participation. However, facilities are encouraged to update HCP influenza vaccination summary counts every month so the data can be used to inform influenza vaccination activities at the facility.

How To Report Annual HCP Influenza Vaccination Summary Data

Data can be reported in two ways:

1. Entering data directly into the NHSN application through the Healthcare Personnel Influenza Vaccination Module.

2. Uploading .CSV files into the Healthcare Personnel Influenza Vaccination Module. Instructions for uploading data, a .CSV file template, and .CSV example file can be accessed here.
HCP Influenza Vaccination Summary Data

• To report HCP influenza vaccination summary data, all facilities or units must complete the HCP Influenza Vaccination Summary Form.

• Facilities must activate the Healthcare Personnel Safety Component in NHSN to report HCP influenza vaccination summary data. Only the NHSN Facility Administrator (FA) can activate a new component. All facility and unit types should submit HCP influenza vaccination summary data to NHSN using this component.

Please note that reporting weekly influenza vaccination data through the NHSN Long-term Care Facility (LTCF) Component does not fulfill the CMS annual healthcare personnel influenza vaccination data reporting requirement!

Activating the HCP Component

1. Facility administrator logs into SAMS: https://nhsn2.cdc.gov/nhsn/
   - Click “NHSN Reporting.”

2. From the Home Page, click “Facility” then “Add/Edit Component.”
   - Check the box next to Healthcare Personnel Safety.

3. Facility Administrator adds HPS Component Primary Contact.
   - Enter the name, phone, e-mail, and address of the person to be contacted if CDC/NHSN has updates or questions about the HPS Component.
Activating the HCP Component

• Facility Administrator adds HPS Component Primary Contact as a user within the NHSN facility.
  – Click “Users” on the navigation bar, then click “Add”
  – Complete the “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.
Adding a NHSN User

- Recommend at least two NHSN users
- To add: click “Users > Add”
- Complete required fields
HPS Component Home Page

Select ‘Vaccination Summary’, then ‘Annual Flu Vaccination Summary’, and
lastly, ‘Add’ on the left-hand navigation bar.
HPS Component

Add Influenza Vaccination Summary

Mandatory fields marked with *

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

- **Facility ID**: [NHSN 12 SCW LTC QIN-QIO Test Facility (ID 59979)]
- **Vaccination type**: Influenza
- **Influenza subtype**: [A/B/Colorado/03/2021]
- **Flu Season**: 2022/2023

**Date Last Modified:**

### HCP categories

<table>
<thead>
<tr>
<th>Employee HCP</th>
<th>Licensed independent practitioners: Physicians, advanced practice nurses, &amp; physician assistants</th>
<th>Non-Employee HCP</th>
<th>Other Contract Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees (staff on facility payroll) *</td>
<td></td>
<td>Adult students/ trainees &amp; volunteers *</td>
<td></td>
</tr>
</tbody>
</table>

1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season
4. Number of HCP who have a medical contraindication to the influenza vaccine
5. Number of HCP who declined to receive the influenza vaccine
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)

**Custom Fields**
HCP Influenza Vaccination Reporting

• Facilities are only required to report data **once** at the conclusion of reporting period (October 1 through March 31).

• HCP who are physically present in the facility for at least **one working day** between October 1 through March 31 are included in the denominator.

• HCP in the denominator population who received an influenza vaccination during the time from when the vaccine became available (e.g., August) through March 31 of the following year are included in that category numerator.
Editing HCP Influenza Vaccination Data

• For each update of the data after the initial entry, a message will indicate that a record of the summary data already exists.

• The “Date Last Modified” shows when the data were last entered.
Editing HCP Influenza Vaccination Data

Click “Edit” to modify existing data.

<table>
<thead>
<tr>
<th>HCP categories</th>
<th>Employee HCP</th>
<th>Non-Employee HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4. Number of HCP who have a medical contraindication to the influenza vaccine</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5. Number of HCP who declined to receive the influenza vaccine</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Custom Fields
- TEST1: [ ]
- TEST2: [ ]

Comments

[Input field for comments]

[Buttons: Edit, Delete, Back]
Saving HCP Influenza Vaccination Data

Click “Save” to save the updated data.

![HCP Influenza Vaccination Data Form](image-url)
Saving HCP Influenza Vaccination Data

A message confirming that data were saved should appear at the top of the screen.

Successfully updated Influenza Vaccination Summary record. A record for the selected summary data element already exists.
Seasonal HCP Influenza Survey

The Seasonal Survey on Influenza Vaccination Programs for HCP is **not** required at this time. However, facilities are encouraged to complete the short survey as the information can help CDC examine the relationship of different vaccination program elements to facility-reported vaccination percentages.
Influenza Vaccination Resources

Annual Flu Summary

Comprehensive Training – October 2022  [PDF – 2 MB]
Comprehensive training slides on collecting and entering HCP influenza vaccination summary data.

https://www.cdc.gov/nhsn/hps/vaccination/index.html
Alliant Health and NHSN Updates
NHSN SAMS Access Issues

**SAMS Partner Portal** Questions please 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

<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!
Explore trending topics

- ESRD 14
- Virtual Education Events
- BOOST
- ESRD 8
- Shop Talks
- HQIC
- Decrease Opioid Misuse
- NCRN
- Infection Control
- Nursing Homes
- GDPH
- Immunizations
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-xNHspWHhL1rqcLGizXZPj1JF
Questions?
Thank You for Your Time!
Contact the Patient Safety Team

patientsafety@alliantHealth.org

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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