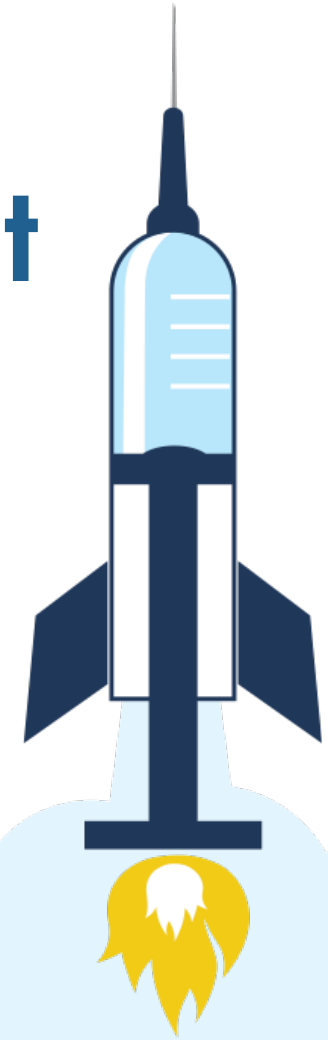
Protecting Residents Against Respiratory Illness Through Policies and Workflows

Dr. Swati Gaur, MD, MBA, CMD, AGSF

Amy Ward, MS, BSN, RN, CIC, FAPIC

August 3, 2023



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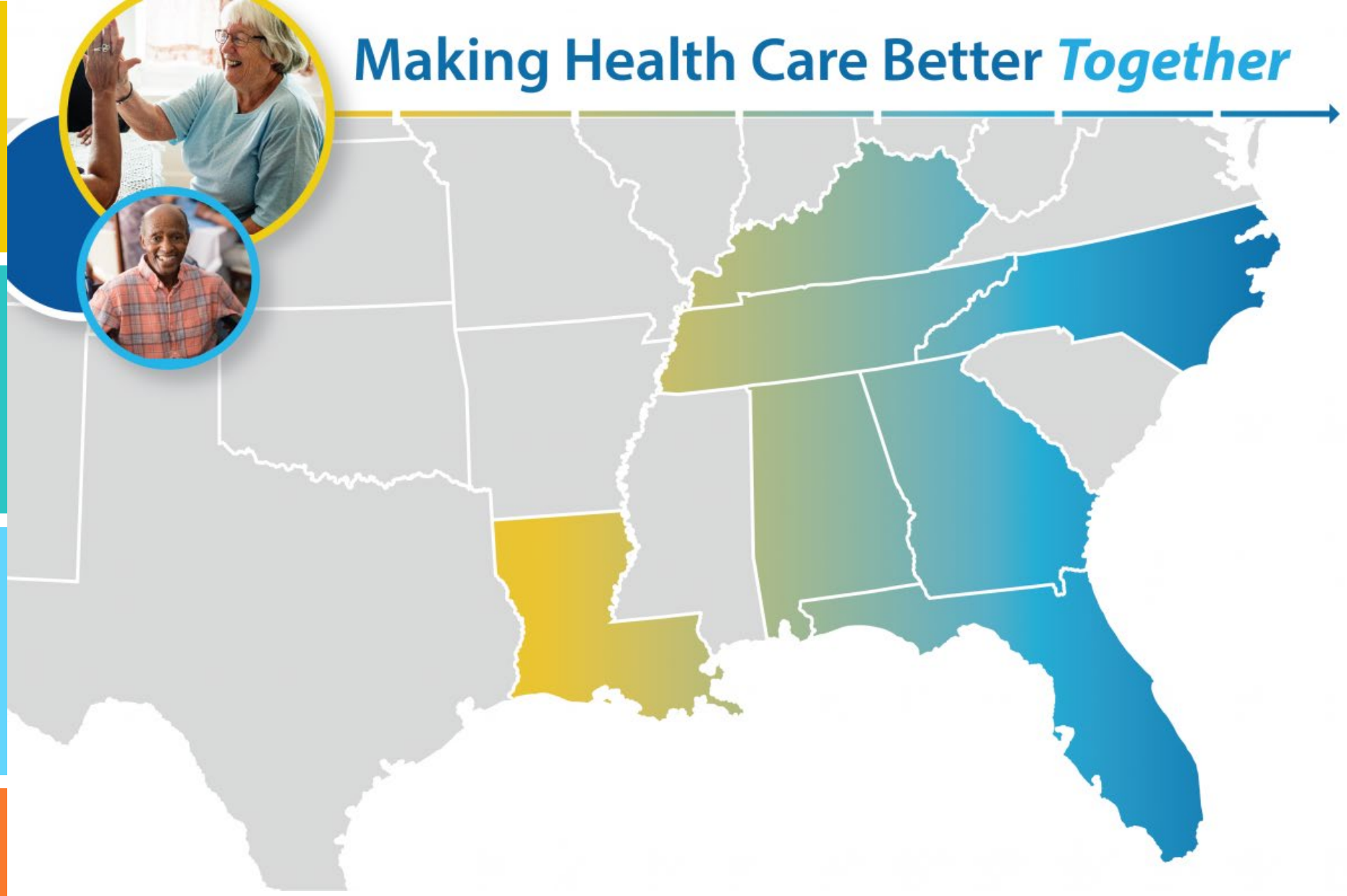

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Swati Gaur, MD, MBA, CMD, AGSF

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, she is on the EMR transition and implementation team for the health system, providing direction to EMR entity adapt to the LTC environment. She has 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. She 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.

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 and being outdoors camping, bicycling and running.

"Example is not the main thing in influencing others, it is the only thing."
- Albert Schweitzer

Contact: Amy.Ward@AlliantHealth.org

Objectives

1. Discuss evidence to support creating a robust immunization program
2. Integrating immunization programs in QAPI through policies and procedures
3. Incorporating infection prevention risk assessment into day-to-day workflows
4. Improve vaccination rates among staff and residents

15 Leading Causes of Death	Deaths	Population	Crude Rate Per 100,000
#Diseases of heart (I00-I09,I11,I13,I20-I51)	695,547	331,893,745	209.6
#Malignant neoplasms (C00-C97)	605,213	331,893,745	182.4
#COVID-19 (U07.1)	416,893	331,893,745	125.6
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	224,935	331,893,745	67.8
#Cerebrovascular diseases (I60-I69)	162,890	331,893,745	49.1
#Chronic lower respiratory diseases (J40-J47)	142,342	331,893,745	42.9
#Alzheimer disease (G30)	119,399	331,893,745	36.0
#Diabetes mellitus (E10-E14)	103,294	331,893,745	31.1
#Chronic liver disease and cirrhosis (K70,K73-K74)	56,585	331,893,745	17.0
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	54,358	331,893,745	16.4
#Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	48,183	331,893,745	14.5
#Essential hypertension and hypertensive renal disease (I10,I12,I15)	42,816	331,893,745	12.9
#Influenza and pneumonia (J09-J18)	41,917	331,893,745	12.6
#Septicemia (A40-A41)	41,281	331,893,745	12.4
#Parkinson disease (G20-G21)	38,536	331,893,745	11.6

- Estimated annual burden (ranges):

Age group (years)	Outpatient visits	Hospitalizations	Excess Deaths	
			Pneumonia and Influenza	Respiratory and circulatory
<5	600,000—2,500,000	6,000—26,000	60—300	100—700
5-17	1,000,000—3,600,000	5,000—19,000	50—300	100—600
18-49	1,200,000—4,700,000	19,000—71,000	300—2,100	900—3,600
50-64	800,000—3,800,000	20,000—93,000	600—3,400	1,800—7,500
≥65	500,000—3,300,000	87,000—523,000	3,000—17,000	9,000—43,000

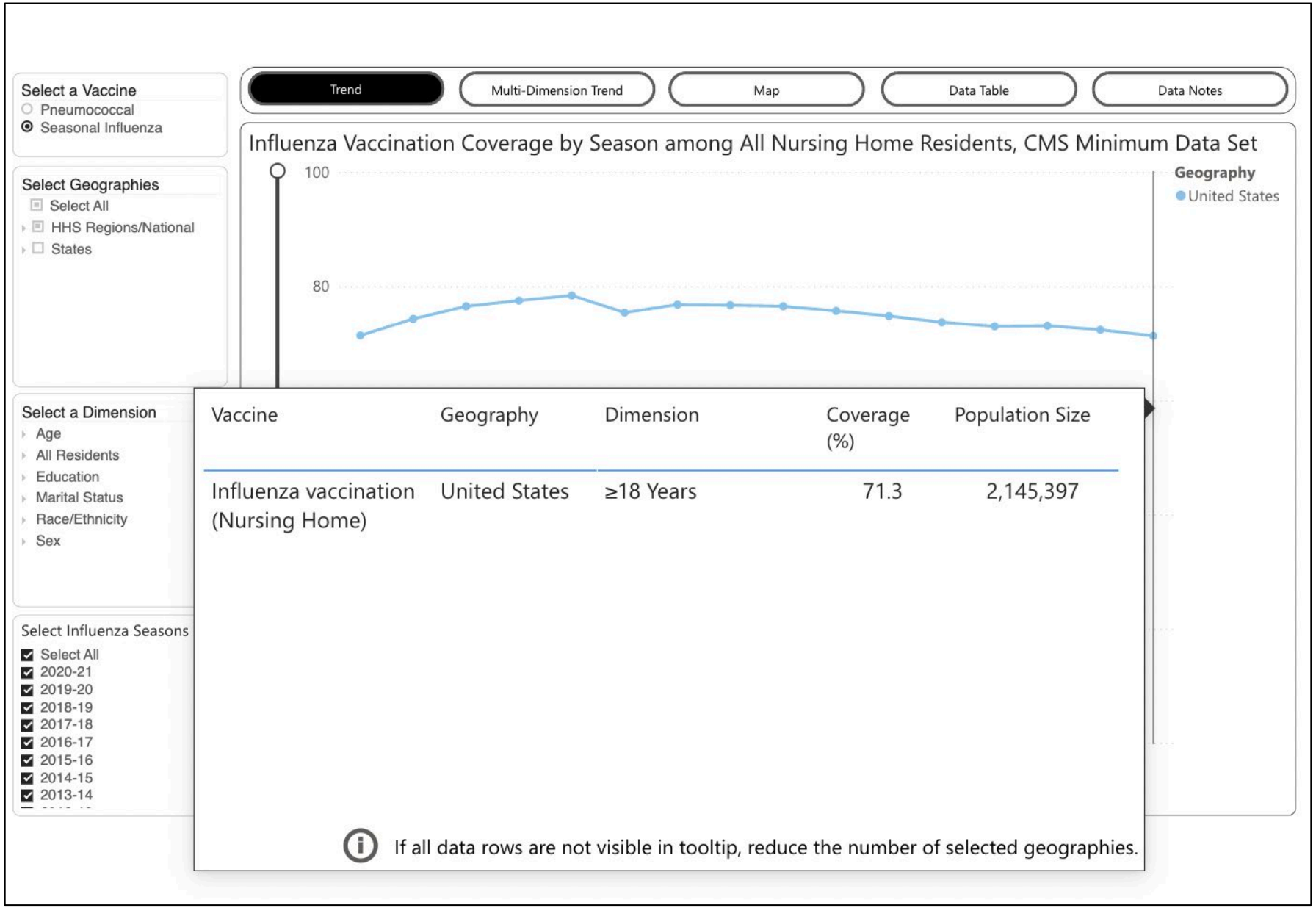
Rolfes et al. Annual estimates of the burden of seasonal influenza in the United States. Influenza Other Respi Viruses 2018;12:1232-137.

Estimated Number of Influenza Cases, Hospitalizations, and Deaths: Base Case

-	# Cases	# Medically Attended Cases	# Hospitalizations	# Deaths	QALY Lost
No Vaccination	4,876,000	2,731,000	443,000	39,100	430,000
SD-IIV	4,362,000	2,443,000	397,000	34,900	385,000
HD-IIV	4,200,000 -162,000	2,352,000 -91,000	382,000 -15,000	33,600 -1,300	371,000 -14,000
aIIV	4,211,000 -151,000	2,358,000 -85,000	383,000 -14,000	33,700 -1,200	372,000 -13,000
RIV	3,954,000 -408,000	2,214,000 -229,000	359,000 -38,000	31,700 -3,200	349,000 -36,000

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

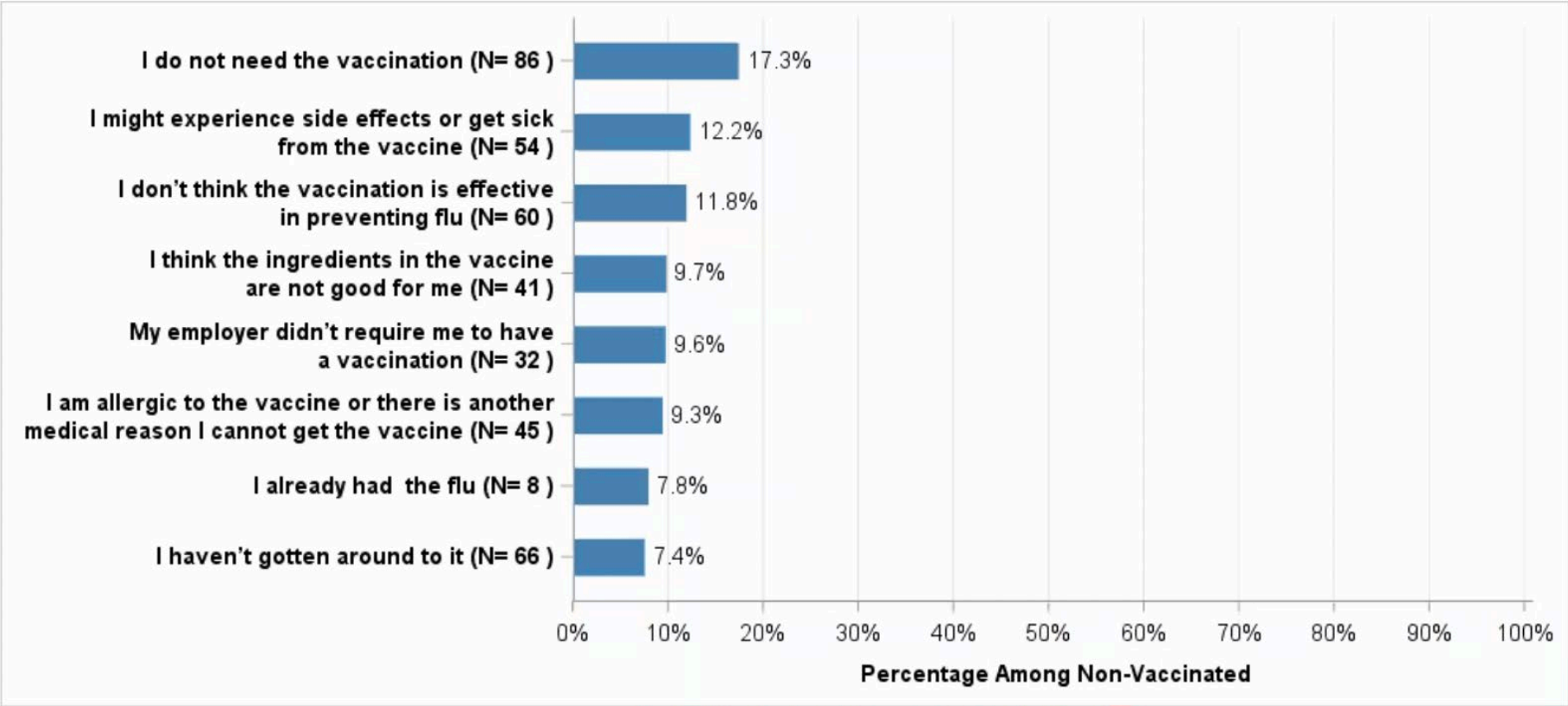

Select a Vaccine
Pneumococcal
Seasonal Influenza
Select Geographies
Select All
HHS Regions/National
States
Select a Dimension
Age
All Residents
Education
Marital Status
Race/Ethnicity
Sex
Select Influenza Seasons
Select All
2020-21
2019-20
2018-19
2017-18
2016-17
2015-16
2014-15
2013-14
Trend
Multi-Dimension Trend
Map
Data Table
Data Notes
Influenza Vaccination Coverage by Season among All Nursing Home Residents, CMS Minimum Data Set
100
80
Geography
United States
Vaccine
Geography
Dimension
Coverage (%)
Population Size
Influenza vaccination (Nursing Home)
United States
≥18 Years
71.3
2,145,397
If all data rows are not visible in tooltip, reduce the number of selected geographies.

Staff Vaccination Numbers

Percentage of nursing home staff vaccinated with flu vaccine: 66%

Percentage of nursing hospital staff vaccinated with flu vaccine: 92%

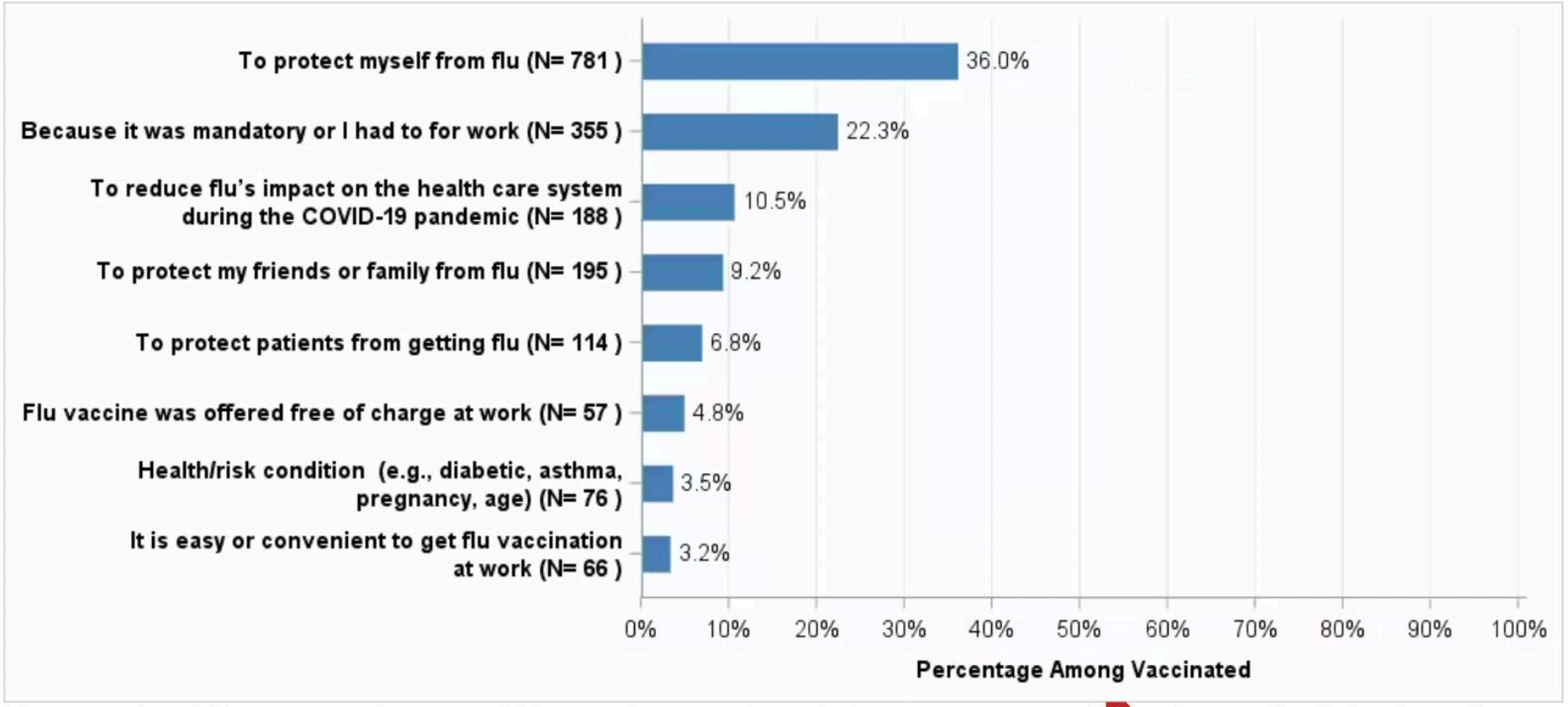
Figure 1. Main reasons* for non-receipt of influenza vaccine among health care personnel (n=470), — Internet panel surveys†, Unites States, April 2021



*The reasons with unreliable estimates according to NCHS reliability criteria (https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf) and reasons selected by less than 3% of respondents are not presented.

† Respondents were recruited from two preexisting national opt-in Internet sources: Medscape, a medical website managed by WebMD Health Professional Network, and general population Internet panels operated by Dynata.

Figure 2. Main reasons* for receipt of influenza vaccine among health care personnel (n=1914), — Internet panel surveys †, Unites States, April 2021



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† Respondents were recruited from two preexisting national opt-in Internet sources: Medscape, a medical website managed by WebMD Health Professional Network, and general population Internet panels operated by Dynata.

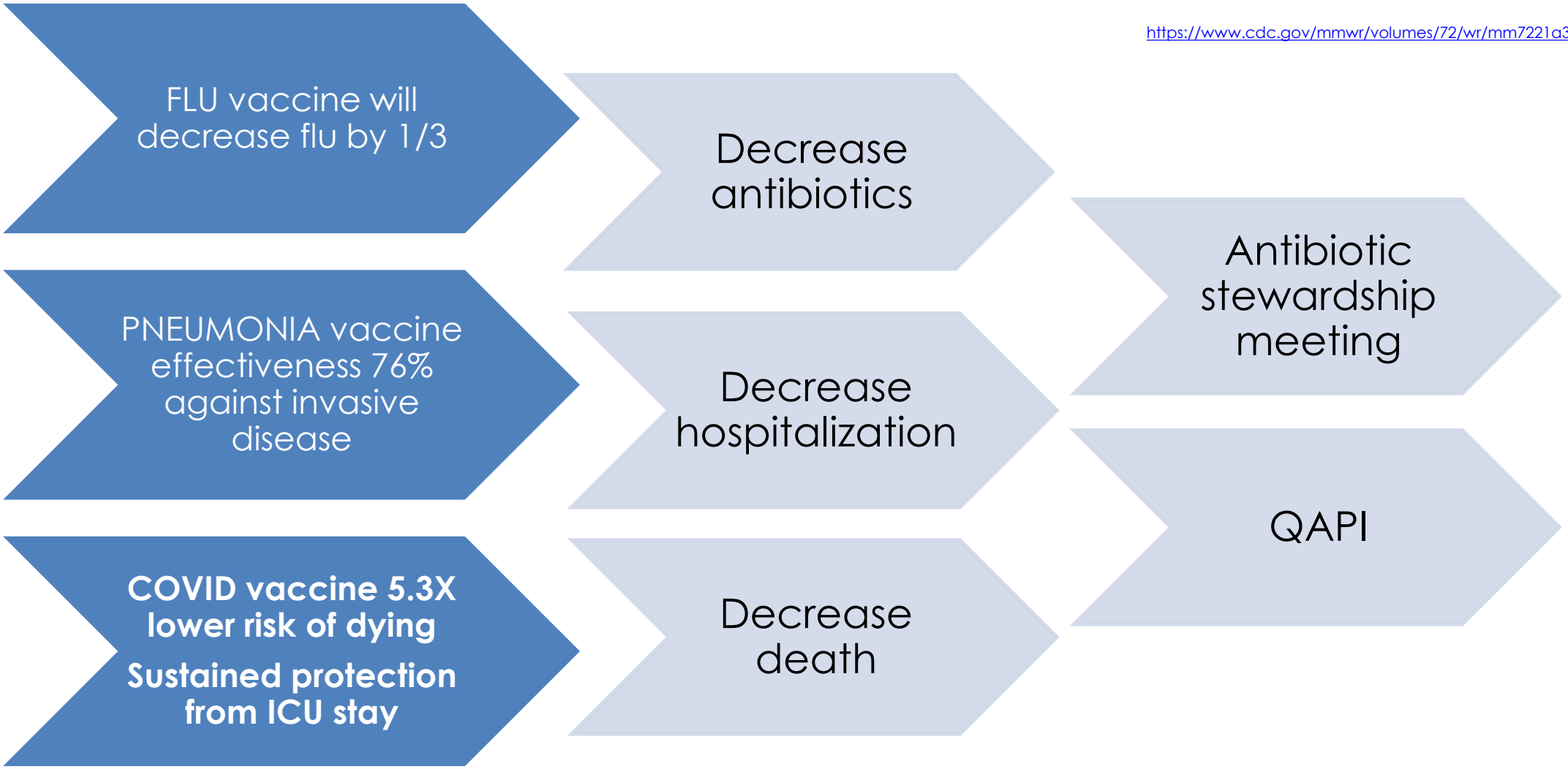
Vaccine Impact

https://www.acpjournals.org/doi/10.7326/M22-2042

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/02-influenza-Chung-508.pdf

https://academic.oup.com/cid/article/40/9/1250/369981

https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm#T1_down



In the FY 2023 SNF PPS final rule (pages 47564–47580), CMS adopted two additional measures for use beginning in the FY 2026 SNF VBP Program year: 1) Skilled Nursing Facility Healthcare-Associated Infections (SNF HAI) Requiring Hospitalization measure;

SNF QRP Measure #15: Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP

This measure was finalized in the FY 2017 SNF PPS Final Rule published in the Federal Register on August 5, 2016 (81 FR 52030 through 52034). Public reporting began on 10/24/2019.

SNF QRP Measure #16: SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization

This measure was finalized in the FY2022 SNF PPS Final Rule published in the Federal Register on August 4, 2021 (86 FR.42473 through 42480). Public reporting began on April 29, 2023.

CMS Quality Reporting Program

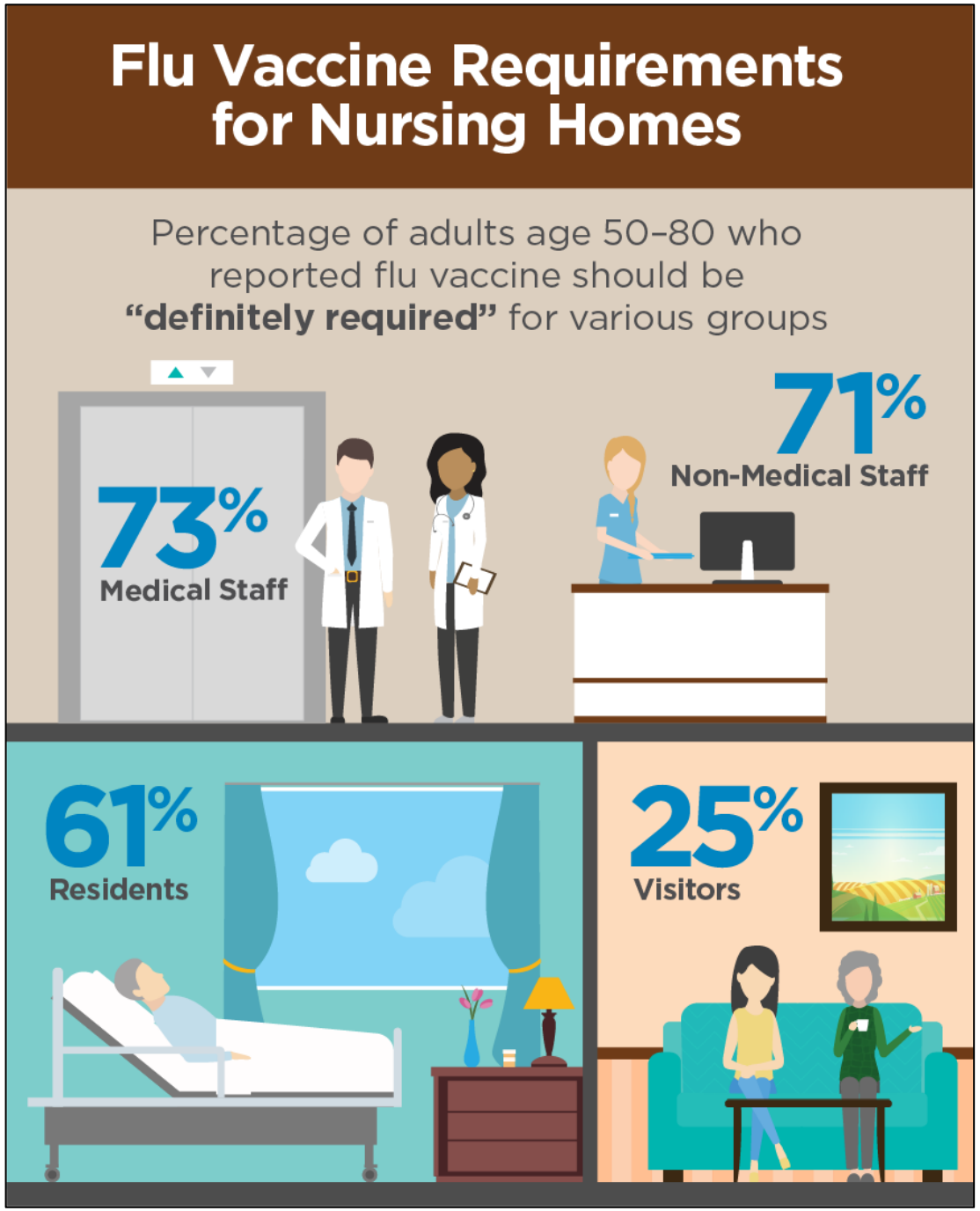
SNF QRP Measure #11: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CBE #3636)

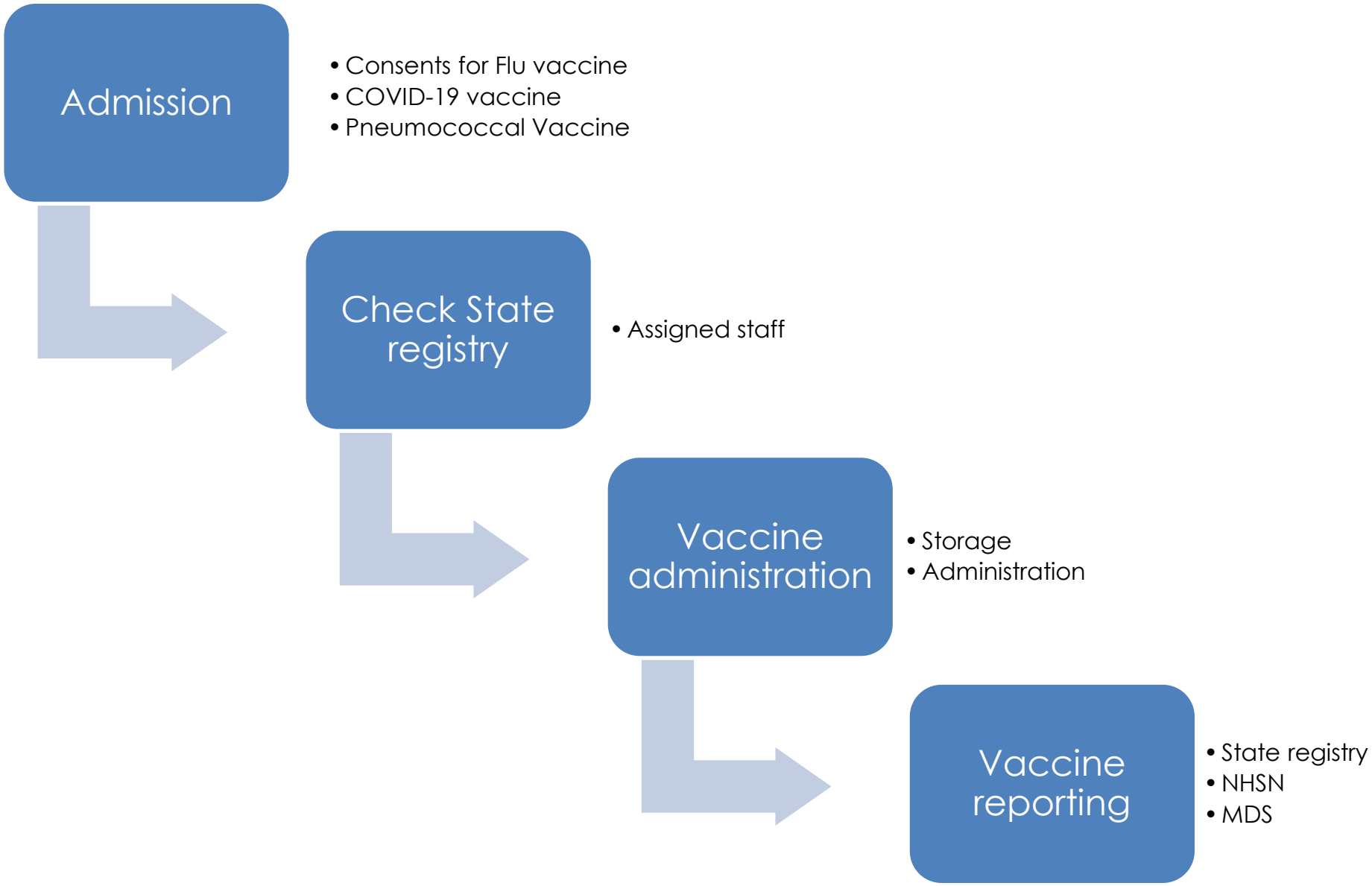
This measure was finalized in the FY 2022 SNF PPS Final Rule, which was published in the Federal Register on August 4, 2021 (86 FR 42480 through 42489). Data submission for this measure began October 1, 2021.

SNF QRP Measure #12: Influenza Vaccination Coverage among Healthcare Personnel (HCP) (CBE #0431)

This measure was finalized in the FY 2023 SNF PPS Final Rule, which was published in the Federal Register on August 3, 2022 (87 FR 47537 through 47544). Data submission for this measure began October 1, 2022.

This final rule finalizes requirements for the SNF QRP, including the adoption of one new measure beginning with the FY 2024 SNF QRP: the Influenza Vaccination Coverage among Healthcare Personnel (HCP) (NQF #0431) measure.


Flu Vaccine Requirements for Nursing Homes
Percentage of adults age 50–80 who reported flu vaccine should be "definitely required" for various groups
73%
Medical Staff
71%
Non-Medical Staff
61%
Residents
25%
Visitors


Admission
• Consents for Flu vaccine
• COVID-19 vaccine
• Pneumococcal Vaccine
Check State registry
• Assigned staff
Vaccine administration
• Storage
• Administration
Vaccine reporting
• State registry
• NHSN
• MDS

Coadministration

COVID-19 vaccine + Flu vaccine ☑

Pneumococcal vaccine + Flu vaccine ☑

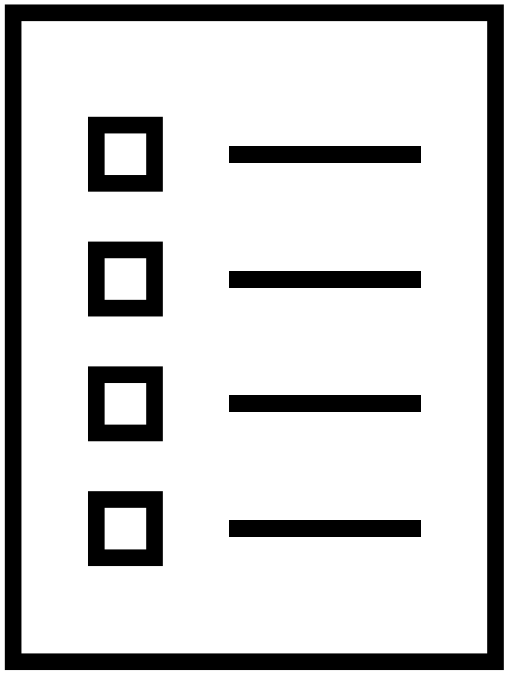
COVID-19 vaccine + Pneumococcal vaccine ☑

Review of Immunization Policies and Procedures

Policies should be reviewed annually to ensure they are evidence-based and support organizational goals.

Policies should include:

- COVID-19 vaccination policy for residents
- COVID-19 vaccination policy for staff
- Seasonal Influenza vaccination policy for residents
- Seasonal Influenza vaccination policy for staff
- Pneumococcal vaccination policy for residents



Include in all policies

- Purpose
- Define acronyms and commonly used terms
- State facility policy
- Describe workflow to include:
  - Supply acquisition
  - Assessment
  - Delivery of dose
  - Documentation and reporting
  - Audit process
  - Process improvement plan if organizational goals are not met

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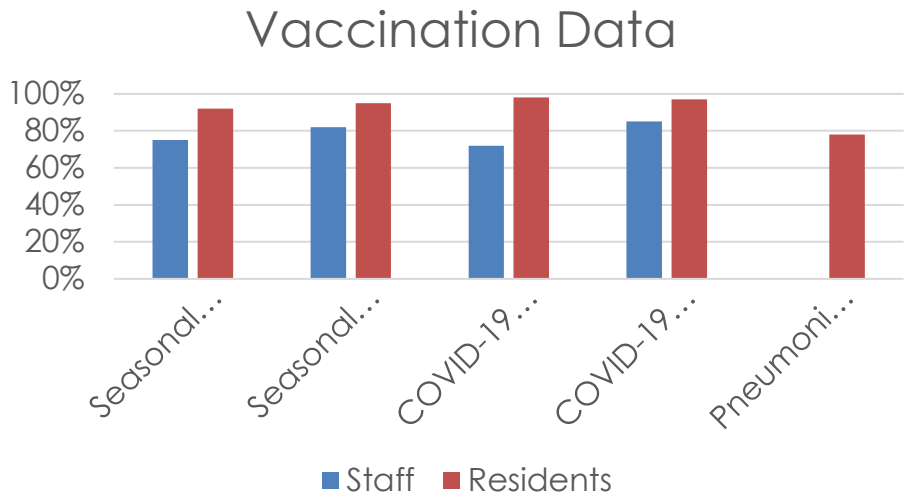
Vaccination Data From Previous Year(s)

Data sources:
NHSN – COVID-19 vaccination for residents and staff
NHSN – Influenza vaccination for staff (HCW module)

Employee health records for influenza vaccination.

State registries for vaccination information for residents or staff.



Vaccine Type	Year	Staff Rate	Resident Rate
Seasonal Influenza	2021-2022	75%	92%
	2022-2023	82%	95%
COVID-19	2022	72%	98%
	2023	85%	97%
Pneumonia	2023	Not available	78%

Infection Prevention Risk Assessment

- Infection Prevention Risk assessment should be updated annually and as needed.
- After an outbreak investigation, a risk assessment should be updated to reflect the risk of the event occurring again and the facility's level of preparedness for that type of event.

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resident/staff?)				(Are processes/resources in place to identify/address this event?)			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s)																
Outbreak-related																
Influenza*		2				2			3						1	8
Other viral respiratory pathogens*	3				3				3				3			12
Norovirus gastroenteritis*		2					1			2			3			8
Bacterial gastroenteritis (e.g.,*Salmonella, Shigella*)			1				1			2			3			7
Scabies																
Conjunctivitis																
Group A *Streptococcus**																
MDRO																
Other (specify):																
* Risk assessment should take into account the frequncy of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.																

https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx

Audit Processes

- All processes and workflows should be audited regularly to ensure compliance and that organizational goals are met
- Develop audit tool based upon defined workflow or process map

Assessment

- Completed
- Documented
- Communicated to provider for orders

Dose ordered

- Received from pharmacy?
- Supplies available?
- Administered to staff/resident?

Documentation

- Lot, route, site, date and time in EMR
- NHSN
- State registry

Seasonal Influenza Vaccination for Action Plan

Situation – Over the previous two influenza seasons, resident vaccination rates for seasonal influenza have been above 90%, while staff vaccination rates have been 75% (2021-2022) and 82% (2022-2023).

Background – CDC and the Advisory Committee on Immunization Practices (ACIP) recommend that all U.S. Healthcare personnel get vaccinated annually against influenza to reduce transmission of influenza, prevent staff illness and absenteeism, and reduce influenza-related illness and death among residents at increased risk for influenza complications.

Assessment – Data provided to the QAPI committee includes the annual infection prevention risk assessment with seasonal influenza rated as a high priority, historical staff vaccination rates for seasonal influenza, and the response to several influenza outbreaks in the facility over the previous two influenza seasons.

Recommendation – Seasonal influenza vaccination for staff policy should be revised to include rationale and stronger policy to move staff vaccination rates to above 90% in the upcoming influenza season. The language should move from "recommended" to "required" and should include the acceptable exemptions and accommodations that will be provided.

Thank You for Your Time!
Contact the Patient Safety Team

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3rd Thursdays at 2 p.m. ET

Registration Link

Visit our website for more info:
https://quality.allianthealth.org/topic/shop-talks/

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

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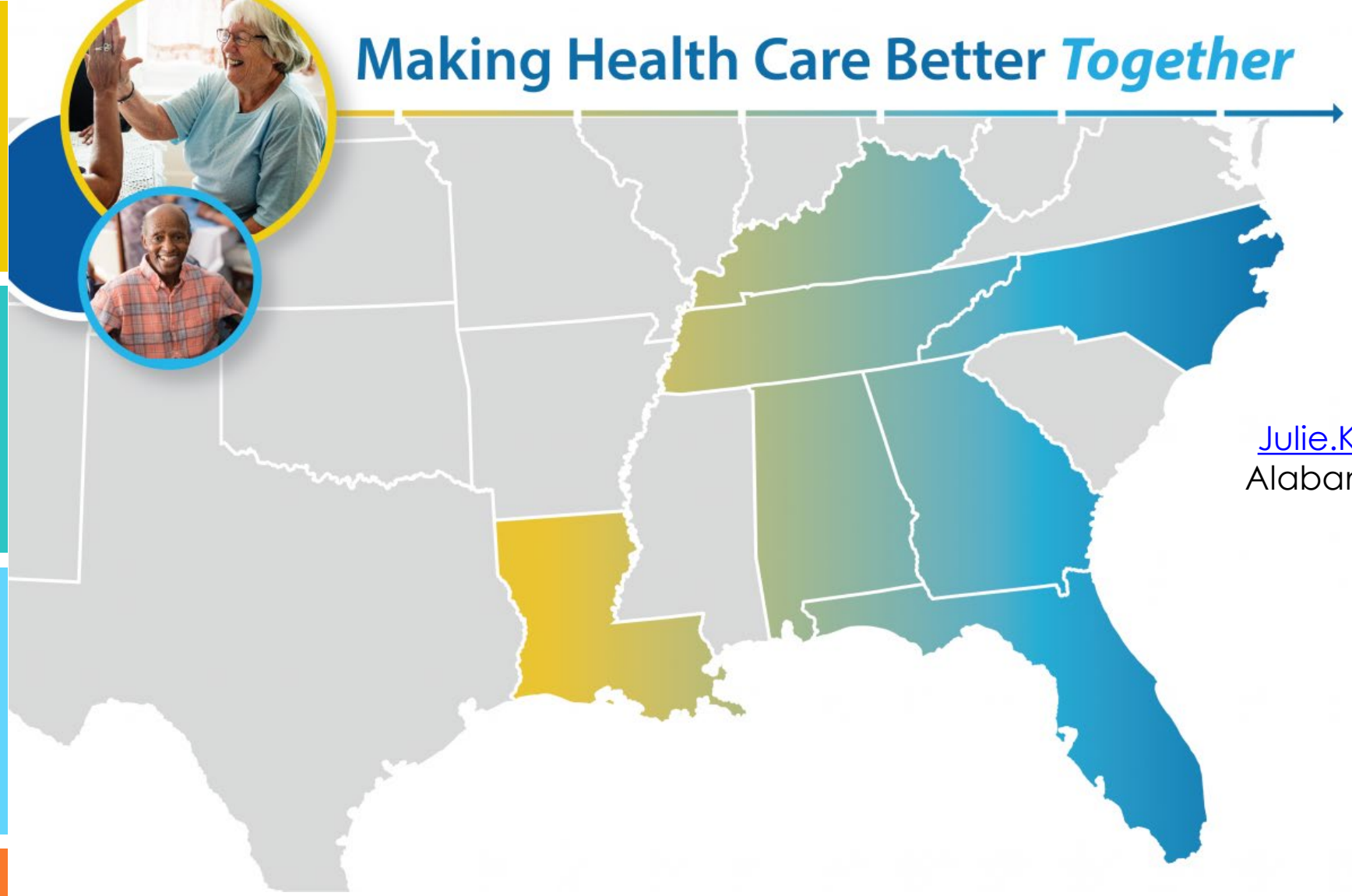

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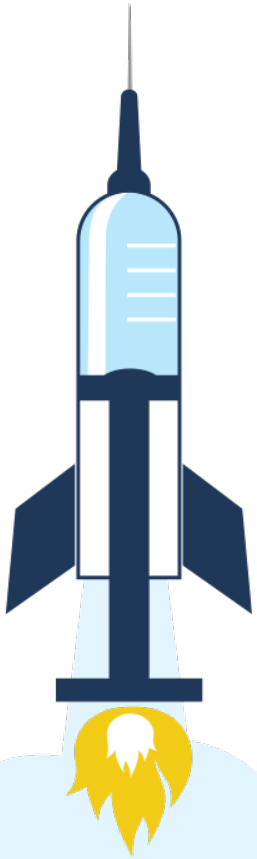

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