## COVID-19 Updates, Definition Changes for Up-to-Date COVID-19 Vaccination Status, HCP Person-Level COVID-19 Vaccination Form, and Influenza Reporting

## Welcome!

Chat with Technical Support if you need assistance

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

October 19, 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.

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## Donald Chitanda, MPH, CIC

#### **INFECTION PREVENTION TECHNICAL ADVISOR**

Donald is a health professional with experience in public health epidemiology and infection prevention. Over the past 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.

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## 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. At the CDC, she was an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and the COVID-19 pandemic.

Erica enjoys reading, traveling, family time and outdoor activities.

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## 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 camping, bicycling and running.

Contact: <u>Amy.Ward@AlliantHealth.org</u>



## **Objectives**

Agenda:

- COVID-19 updates
- Review Viral Respiratory Pathogens Toolkit for Nursing Homes
- Definition changes for up-to-date COVID-19 vaccination
   status
- Definition change for completed primary vaccine series
   for HCP
- Influenza reporting
- SAMS and NHSN updates
- Live questions and answers



# COVID-19 Updates



## **COVID-19 U.S. Hospital Admission Rates**

#### United States COVID-19 Hospitalizations, Deaths, Emergency Department (ED) Visits, and Test Positivity by Geographic Area

Maps, charts, and data provided by CDC, updates weekly for the previous MMWR week (Sunday-Saturday) on Fridays by 8 pm ET<sup>†</sup> View Footnotes and Download Data

COVID-19 HOSPITAL ADMISSIONS (PAST WEEK) 18,139	% CHANGE IN COVID-19 HOSPITAL ADMISSIONS -6%	COVID-19 HOSPITAL ADMISSIONS PER 100,000 (PAST WEEK) 5.46	
	CDC   Data th	rough: September 30, 2023. Posted: October 10, 2023	

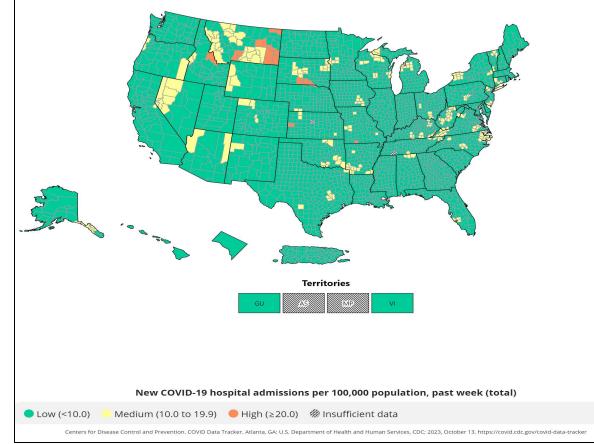


### **COVID-19 U.S. Hospital Admission Rates**

	<b>COVID-19 hospital admissions levels in U.S. by county</b> d on new COVID-19 hospital admissions per 100,000 population				
	Total	Percent	% Change		
≥ 20.0	20	0.62%	-0.06%		
10.0 - 19.9	257	7.98%	0.43%		
<10.0	2942	91.39%	-0.4%		

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending September 30, 2023.

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States



https://covid.cdc.gov/covid-datatracker/#maps\_new-admissions-rate-county



## COVID-19 U.S. ED Visits

#### United States COVID-19 Hospitalizations, Deaths, Emergency Department (ED) Visits, and Test Positivity by Geographic Area

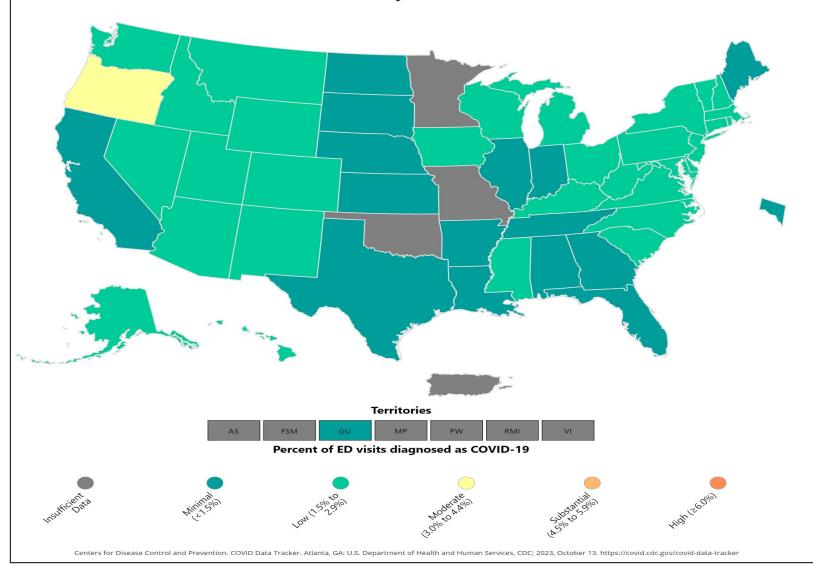
Maps, charts, and data provided by CDC, updates weekly for the previous MMWR week (Sunday-Saturday) on Fridays by 8 pm ET<sup>†</sup> <u>View Footnotes and Download Data</u>

WEEKLY % OF COVID-19 ED	% CHANGE IN COVID-19 ED	COVID-19 HOSPITAL ADMISSIONS					
VISITS	VISITS (%) FROM PRIOR WEEK	(PAST WEEK)					
<b>1.6%</b>	-14.5%	18,139					
CDC   Data through: September 30, 2023. Posted: October 10, 2023							



## COVID-19 U.S. ED Visits

Percentage of Emergency Department (ED) Visits with Diagnosed COVID-19 in the Past Week, by State/Territory – United States



https://covid.cdc.gov/covid-datatracker/#maps\_positivity-week



## COVID-19 U.S. Deaths

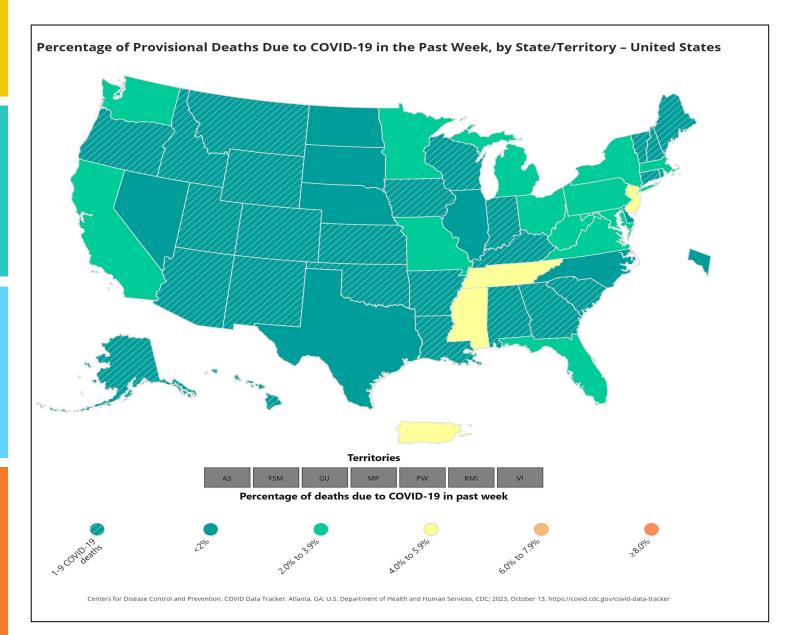
#### United States COVID-19 Hospitalizations, Deaths, Emergency Department (ED) Visits, and Test Positivity by Geographic Area

Maps, charts, and data provided by CDC, updates weekly for the previous MMWR week (Sunday-Saturday) on Fridays by 8 pm ET<sup>†</sup> View Footnotes and Download Data

% COVID-19 DEATHS IN PAST WEEK 2.7%	% CHANGE FROM PRIOR WEEK 3.8%	ABSOLUTE CHANGE FROM PRIOR WEEK 0.1%						
CDC   Data through: September 30, 2023. Posted: October 10, 2023								



### COVID-19 U.S. Deaths



https://covid.cdc.gov/covid-datatracker/#maps\_percent-coviddeaths



## 2023-2024 Updated COVID-19 Vaccine

- On September 11, 2023, the Food and Drug Administration (FDA) approved the updated (2023–2024 Formula) COVID-19 mRNA vaccines by Moderna and Pfizer-BioNTech for persons aged ≥12 years and authorized these vaccines for persons aged 6 months–11 years under Emergency Use Authorization (EUA)
- On October 3, 2023, the FDA authorized the <u>updated</u> COVID-19 vaccine by Novavax for use in persons aged ≥12 years under EUA
- The updated COVID-19 vaccines include a monovalent XBB.1.5 component, which is meant to broaden vaccine-induced immunity and provide protection against currently circulating SARS-CoV-2 XBB-sublineage variants, including against severe COVID-19–associated illness and death
- The Novavax COVID-19 Vaccine, <u>Adjuvanted (Original monovalent)</u>, is no longer authorized for use in the United States
- The FDA granted the emergency use authorization of the Novavax COVID-19 Vaccine, Adjuvanted (2023-2024 Formula)



## Use of COVID-19 Vaccines in the United States

Summary of recent changes (last updated October 6, 2023):

- The updated 2023–2024 formulation of Novavax COVID-19 vaccine is recommended for people ages 12 years and older as follows:
  - Initial vaccination: two doses of updated (2023–2024 formula) Novavax COVID-19 vaccine three weeks apart
  - Previously vaccinated with any <u>original</u> monovalent or bivalent COVID-19 vaccine (Moderna, Novavax, Pfizer-BioNTech, Janssen): one dose of updated (2023–2024 formula) Novavax vaccine
- People who are moderately or severely immunocompromised may receive one or more additional updated (2023–2024 formula) Novavax vaccine doses (administered at least two months following the last dose of a COVID-19 vaccine (2023-2024 formula)
- People ages 12 years and older have the option of receiving either the updated (2023–2024 formula) mRNA (Moderna, Pfizer-BioNTech) or the updated (2023–2024 formula) Novavax vaccine

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?ACSTrackingID=USCDC\_2216-DM115118&ACSTrackingLabel=%20Weekly%20Summary%3A%20Healthcare%20Quality%20and%20Worker%20Safety%20Information%20%E2%80%93October%2012%2C%202023& deliveryName=USCDC\_2216-DM115118



# Viral Respiratory Pathogens Toolkit for Nursing Homes



#### Preparing for and Responding to Nursing Home Residents or Health Care Personnel (HCP) Who Develop Signs or Symptoms of a Respiratory Viral Infection

- ACTION: PREPARE for respiratory viruses (e.g., SARS-CoV-2, influenza, RSV)
  - Vaccinate
  - Allocate resources
  - Monitor and Mask
  - Educate
  - Ventilate
  - Test and Treat
- ACTION: RESPOND when a resident or HCP develops signs or symptoms of a respiratory viral infection
  - For Residents: Apply appropriate transmission-based precautions
  - For HCP: Test anyone with respiratory illness signs or symptoms
  - Investigate for potential respiratory virus spread among residents and HCP
- ACTION: CONTROL respiratory virus spread when transmission is identified
  - Notify the local or state public health department when respiratory viral outbreaks\* are suspected or confirmed
  - Consider establishing cohort units for residents with confirmed infections
  - Limit group activities and communal dining
  - Consider modifications to indoor visitation policies

- Avoid new admissions or transfers into and out of units or wards with infected residents or facility-wide if the outbreak is more widespread



# **Definition Changes** for Up-to-Date **COVID-19 Vaccination Status**



# Definition for Up-to-Date COVID-19 Vaccination Status (for the COVID-19 Vaccination Modules <u>and</u> the Resident Impact and Facility Capacity (RIFC) Pathway)

For Reporting Period Quarter 4 2023 (September 25, 2023– December 31, 2023), individuals are considered up-to-date with their COVID-19 vaccines during the surveillance period of September 25, 2023, through December 31, 2023, for NHSN surveillance if they meet one of the following criteria:

#### Received a 2023-2024 Updated COVID-19 Vaccine

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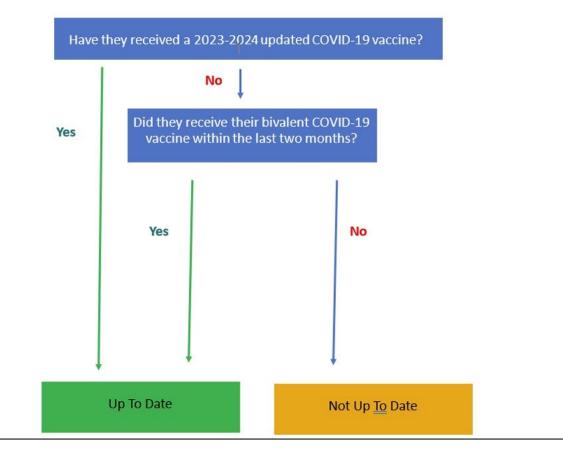
\*\*Received bivalent COVID-19 vaccine in the last two months

\*\*As of 9/12/2023, the bivalent COVID-19 vaccines are no longer FDA-authorized

## **Up-To-Date With COVID-19 Vaccines for Q4**

Appendix 1a: Decision Tree: Up to date with COVID-19 Vaccines during the surveillance period of September 25, 2023 – December 31, 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 4 of 2023 (representing vaccination data for September 25, 2023 – December 31, 2023).



https://www.cdc.gov/nhsn/pdfs/hps/covidv ax/UpToDateGuidance-508.pdf



## Up-To-Date With COVID-19 Vaccines for Q4

Most HCPs will no longer be up-to-date because they have NOT yet received the 2023-2024 Updated COVID-19 vaccine. This is normal and expected!

(Again, if an individual received a bivalent vaccine within the past two months, they are <u>still considered up-to-</u><u>date.</u>)

– If this is the case, facilities should report **zero (0)** up-to-date until individuals receive the 2023-2024 Updated COVID-19 vaccine



## Up-To-Date With COVID-19 Vaccines for Q4 RIFC

dd COVID-19 Data				
ate for which counts are	e reported:	10/09/2023	Facility CCN:	Facility Type: LTC-SKILLNURS
Resident Impact and	Facility Cap	acity Staff a	nd Personnel Impact	
Date Created: If the count is zero, a "C	)" must enter	ed as the response	. A blank response is equiv	alent to missing data. <b>NON</b> -count questions should be answered one calendar day duri
reporting week.				
Facility Capacity	LL BEDS			
	CURRENT	CENSUS: Total nu	Imber of beds that are or	ccupied on the reporting calendar day
Only in	clude resider	nts newly positive s	ince the most recent date onfirmed SARS-CoV-2 V	CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR). data were collectd for NHSN reporting. /iral Test Result
before the specim	en collectio	on date.		est result who are up to date with COVID-19 vaccines 14 days or more
date based on the	NHSN Surv	eillance definitio	n has been calculated he	r UP TO DATE and/or POSITIVE TESTS.
Hospitalizations This is not a subset			oorted above. Include only	the number of new hospitalizations with a positive COVID-19 test since the most rece



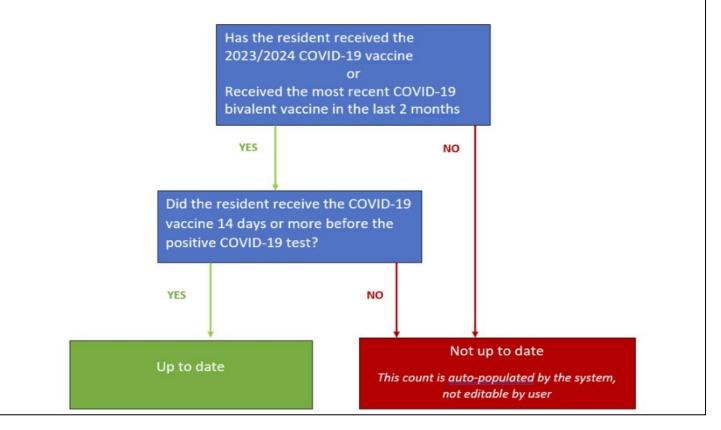
## Up-To-Date With COVID-19 Vaccines for Q4 RIFC



#### **COVID-19 Vaccination Modules: Key Terms**

Appendix 1b: Decision Tree: Up to date with COVID-19 Vaccines during the surveillance period September 25, 2023 – December 31, 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 4 of 2023 (representing data for September 25, 2023 – December 31, 2023).



https://www.cdc.gov/nhsn/pdfs/hps/ covidvax/UpToDateGuidance-508.pdf



# **Definition Change for Completed Primary Vaccine** Series for Healthcare Workers (Applies <u>ONLY</u> to HCP Form for Quarter 4 2023)



## Primary Vaccine Series for Health Care Workers (Applies ONLY to HCP Form for Quarter 4 2023)

Complete primary series is defined as receiving:

A two-dose series of a monovalent COVID-19 vaccine OR A single dose of Janssen OR A single dose of bivalent vaccine OR A single dose of 2023-2024 updated COVID-19 vaccine



## Completed Primary Vaccine Series for Health Care Workers

VID-19 Vaccine: HCP COVID-19 Vacci	ine: Residents							
Healthcare Personnel COVID-19 Cumulativ	ve Vaccination	Summary for Long-T	erm Care Facilities	s				
Date Created: *Facility ID: *Week of Data Collection: 10/09/2023 -	10/15/2023	*Vaccination type: *Date Last Modified Cumulative Vaccina	:	Facility C	CCN #:			
have the option to use the Person-Level COVI	ote: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022 facilities also twe the option to use the Person-Level COVID-19 Vaccination Form and select the "view reporting summary and submit" to submit these data. Using the person- rel forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates.							
		ŀ	lealthcare Person					
		2	Employee HCP		Non-Employee HCP			
	*All Core HCP <sup>a</sup>	*All HCP <sup>b</sup>	*Employees (staff on facility payroll) <sup>c</sup>	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants <sup>d</sup>	*Adult students/trainees & volunteers <sup>e</sup>	*Other Contract Personnel <sup>f</sup>		
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection								
2. * <u>Cumulative</u> number of HCP in Question #1 who have received complete primary series <sup>g</sup> COVID-19 vaccine(s) at this facility or elsewhere since December 2020								
3. * <u>Cumulative</u> number of HCP in Questio	n #1 with other	r conditions:			1			
3.1 *Medical contraindication to COVID- 19 vaccine								
3.2 *Offered but declined COVID-19								



## Let's Try a Few Examples!

Tommy Pickles is a nursing home <u>resident</u> who completed his primary COVID-19 vaccine series in January 2021, received an original monovalent booster in October 2021, received an updated (bivalent) dose on December 25, 2022, and received the 2023-2024 Updated COVID-19 Vaccine.

## Is he considered <u>up-to-date</u> with COVID-19 vaccines for **Quarter 4**, **2023?**



#### Answer

**Yes**. Tommy is considered up to date <u>for weeks</u> <u>during Quarter 4, 2023,</u> since he received the 2023-2024 updated COVID-19 vaccine.

#### Where to document?

Question 2. \*Cumulative number of <u>residents</u> in Question #1 who are <u>up to date</u> with COVID-19 vaccines.





### Example #2

Suzy Sheep is a nursing home <u>resident</u> who completed her primary vaccine series in March 2021, received an original (monovalent) booster dose in October 2021, and declined to receive the 2023-2024 Updated COVID-19 vaccine.

# Is she considered <u>up-to-date</u> with COVID-19 vaccines for **Quarter 4**, **2023?**



#### Answer

**No.** Suzy is not considered up to date with COVID-19 vaccines <u>for weeks during Quarter 4, 2023,</u> since she did not receive the 2023-2024 updated COVID-19 vaccine.

#### Where to document?

3.2. \*Offered but declined COVID-19 vaccine.





### Example #3

Rebecca Rabbit, a <u>health care worker</u>, did not complete her primary vaccine series, received an updated (bivalent) dose in June 2023 and has not received the 2023-2024 updated COVID-19 vaccine.

Has she received a <u>complete primary</u> <u>COVID-19 series</u>, and should she be counted in the HCP Form Question 2 for **Quarter 4**, **2023**?



#### Answer

**Yes.** Rebecca is considered to have received a <u>complete primary COVID-19 series</u> for Quarter 4, 2023, since she received an updated bivalent dose and should be counted in the HCP Form Question 2. However, she is <u>not considered up-to-date</u> since she has not received the 2023-2024 updated COVID-19 vaccine.



#### Where to document?

2.\*Cumulative number of HCPs in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020.



### Example #4

Vax C. Nate, a <u>health care worker</u>, completed his primary vaccine series in March 2021 and received the 2023-2024 updated COVID-19 vaccine in October 2023.

## Is he considered <u>up-to-date</u> with COVID-19 vaccines for **Quarter 4**, **2023?**



#### Answer

**Yes.** He is considered up-to-date with COVID-19 vaccines <u>for weeks during Quarter 4, 2023</u>, since he received the 2023-2024 Updated COVID-19 Vaccine.

#### Where to document?

2.\*Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020 4.\*Cumulative number of HCP in question #1 who are <u>up-to-date</u> with COVID-19 vaccines.





### Example #5

Danny Dog, a nursing home <u>resident</u>, has previously declined all COVID-19 vaccines but received the 2023-2024 updated COVID-19 vaccine in October 2023.

# Is he considered u<u>p-to-date</u> with COVID-19 vaccines for **Quarter 4**, **2023?**



#### Answer

**Yes**. Danny is considered up to date <u>for weeks</u> <u>during Quarter 4, 2023,</u> since he received the 2023-2024 Updated COVID-19 Vaccine.

#### Where to document?

Question 2. \*Cumulative number of residents in Question #1 who are **<u>up-to-date</u>** with COVID-19 vaccines.





#### Example #6

Stu Pickles, a <u>health care worker</u>, completed his primary COVID-19 vaccine series in February 2021 and received the *bivalent* COVID-19 vaccine on September 5, 2023.

# Is he considered <u>up-to-date</u> with COVID-19 vaccines for **Quarter 4**, **2023?**



#### Answer

**Yes.** Stu is considered up-to-date with COVID-19 vaccines <u>for weeks during Quarter 4, 2023</u>, since he received the bivalent COVID-19 vaccine within the last two months.

#### Where to document?

2.\*Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020 4.\*Cumulative number of HCP in question #1 who are <u>up-to-date</u> with COVID-19 vaccines.





# **REMEMBER!**

Complete <u>primary series</u> (for HCP form) is defined as receiving:

A two-dose series of a monovalent COVID-19 vaccine OR A single dose of Janssen OR A single dose of bivalent vaccine OR A single dose of 2023-2024 updated COVID-19 vaccine



# **Reporting HCP Person-Level** Vaccination Data



## **Options to Submit COVID-19 Vaccination Data**

Facilities will continue to submit cumulative COVID-19 vaccination data to the HPS COVID-19 Vaccination Module. Data can be reported to this module in one of three ways:

- 1. Directly into the data entry screen of the COVID-19 Vaccination Module
- 2. Through .CSV upload into the Weekly COVID-19 Vaccination Module
- 3. As of September 2023, facilities can use the Person-Level COVID-19 Vaccination Form to enter vaccination information on individual health care personnel (HCP). Click the "view reporting summary and submit" button to have the totals calculated for you and submitted to the COVID-19 Vaccination Module



### **HCP Person-Level COVID-19 Vaccination Form**

#### What is the HPS Person-Level COVID-19 Vaccination Form?

- The Person-Level COVID-19 Vaccination Form is an optional tool that can be used to report data to the NHSN Healthcare Personnel (HCP) COVID-19 Vaccination module
- Data on individual HCP are directly entered line by line in the optional Person-Level COVID-19 Vaccination form or can uploaded via a .CSV file
- Makes reporting vaccination data easier and more efficient!



### **HCP Person-Level COVID-19 Vaccination Form**







#### **User Rights Requirement for Facility Administrators**

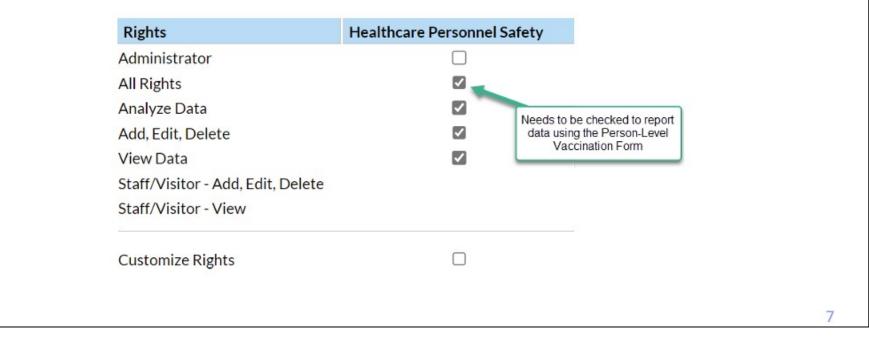
- NHSN Facility Administrators (FA) will automatically have the 'Administrator' and 'All Rights' boxes checked in the User Rights tab of NHSN.
- A FA or a user with 'Administrator' rights can grant additional rights to users in NHSN for a facility.
- Conferring user rights to users for a facility within the NHSN application provides enhanced security for person-level staff vaccination data.

Rights	Healthcare Personnel Safety	
Administrator		
All Rights		
Analyze Data	Needs to	be checked to report
Add, Edit, Delete	data usi	ng the Person-Level
View Data		
Staff/Visitor - Add, Edit, Delete		
Staff/Visitor - View		
Customize Rights		

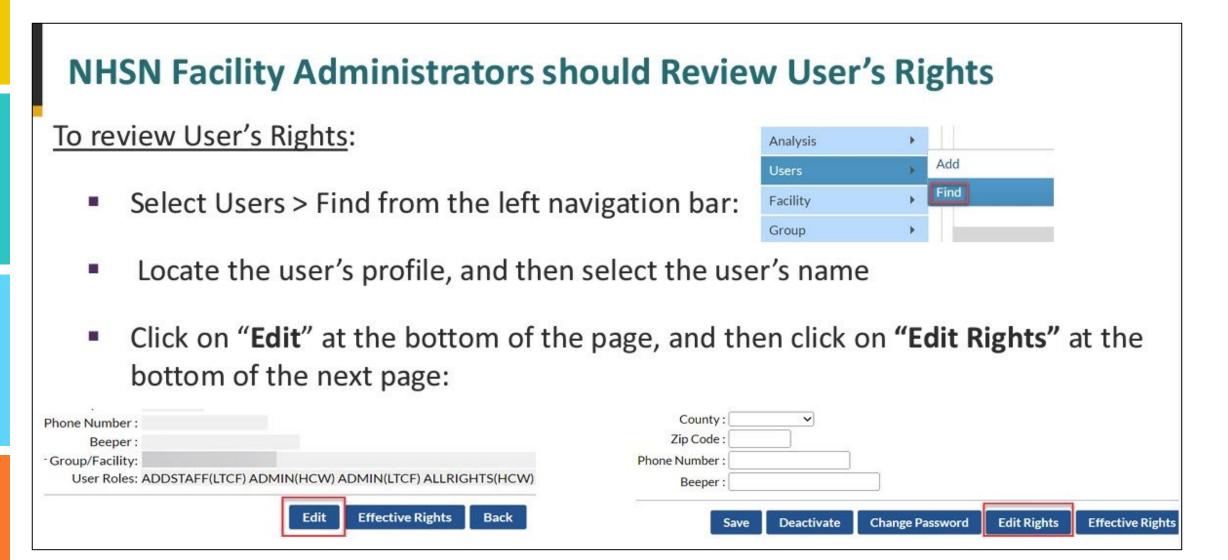


#### **User Rights Requirements for Non-Facility Administrators**

- If a user is not a NHSN facility administrator (FA), the user must have the "All Rights" box checked in the User Rights tab of NHSN in order to submit personlevel data using the HPS Person-Level Vaccination Form.
- Checking the "All Rights" box will also automatically check the "Analyze Data," "Add, Edit, Delete," and "View Data" boxes.









# NHSN Facility Administrators should Review User's Rights (cont.)

- Check the boxes in the User Rights page of NHSN to confer rights to the user.
- Click on "Save" at the bottom of the form to save the changes made.





### **HPS Person-Level COVID-19 Vaccination Form**

#### **Person-Level Vaccination Form: Up to Date Definition**

- Updates beginning 9/25/23 will include:
  - Adding the 2023-2024 updated COVID-19 vaccine for all doses
  - Automatically classifying HCP according to the new definition beginning 9/25/23
  - Changing any doses received from 9/12/23 9/24/23 to the 2023-2024 updated COVID-19 vaccine
    - The bivalent Moderna and bivalent Pfizer vaccine are no longer FDA authorized as of 9/12/2023. Until 9/25, enter doses as bivalent. The system will update these for you on 9/25.



#### **Location of the Person-Level Vaccination Form**

- To access the Person-Level Vaccination Form in the Healthcare Personnel Safety (HPS) component:
  - Navigate to the COVID-19 tab on the NHSN homepage
  - Select Person-Level COVID-19 Vaccination Form for HCP



#### NHSN - National Healthcare Safety Network (hps1150-68d87dd97c-tjjgm:80)

Alerts		V			
Reporting Plan	•	+ Add F	Row	View Reporting Summary & Sub	omit Upload CSV.
HCW	•	Peoplined 6	olds mar	ked with 🕷 Conditionally required fields	marked with
Lab Test	•		Duplicat		
Exposure			e Row	Unique HCP Identifier *	HCP First Name *
Prophy/Treat			+	12345	
riopity fieat			+	2238	
Import/Export			+	8568	





#### How to enter vaccination information for a new healthcare worker

	/ID-19 Vaccination Form for		xport SQL		
Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Date of Birth **	Ethnicity **
previously en please use thi This will auto- first name, las ethnicity, and already have a be created wh	dividual you are adding was tered on another event-level form, s feature to select this individual. fill the following fields: identifier, t name, gender, date of birth, race. If the individual does not a record entered, a new record will hen you enter these fields using the tton and click save row.	ie * HCP La	st Name *	Gender **	Date of Birth **

- Click + Add Row button
- A yellow section at the top of the form will appear to enter this individual's data
- Start by selecting the "Find" option to search for the Unique HCP Identifier from a list of healthcare workers who have previously had data submitted in NHSN via other Person-Level Forms, or start typing in the Identifier if you already know it





# How to enter vaccination information for a new healthcare worker (cont.)

entifier *	Facility ID 10563	HCWID     X     FCDA	Last Nam	x	First Name x	Middle Name	Date of Birth     x	(
	10563	FCDA	-		100000		and the second s	
1								
Find	10563	ABCD						
	10563	2238	Freeman	Judy			07/13/1962	
Ø Cancel	10563	12345						
	10563	ABC						
ed with Conditio	10563	8568						
Unique HCP Id	10563	HCW01						ame
				- Page 1 o	of 1 🐖 🖬 10 💙		View 1 - 7 of 7	
ABC								
ABCD								
FCDA								
1	ABCD	Cancel 10563 10563 10563 10563 10563 10563 10563 10563 10563 10563 10563	Cancel 10563 12345 10563 ABC 10563 ABC 10563 B568 10563 HCW01 ABC ABC	Cancel         10563         12345           Id with         Condition         10563         ABC           Unique HCP Id         10563         HCW01	Cancel         10563         12345           Id with         Condition         10563         ABC           Unique HCP Id         10563         HCW01           ABC         ABC         Integration	© Cancel         10563         12345           Id with         Condition         10563         ABC           Unique HCP Id         10563         HCW01	Cancel         10563         12345           id with         Condition         10563         ABC           Unique HCP Id         10563         HCW01	Cancel         10563         12345           id with         Condition         10563         ABC           Unique HCP Id         10563         HCW01

- If the Unique HCP Identifier already exists within the NHSN list, select the healthcare worker in the pop-up window and click Select
  - Demographic information will be filled in for you
  - If the healthcare worker is **not** in the NHSN list, click **Cancel** 
    - You will need to manually enter a new unique Identifier and demographic information

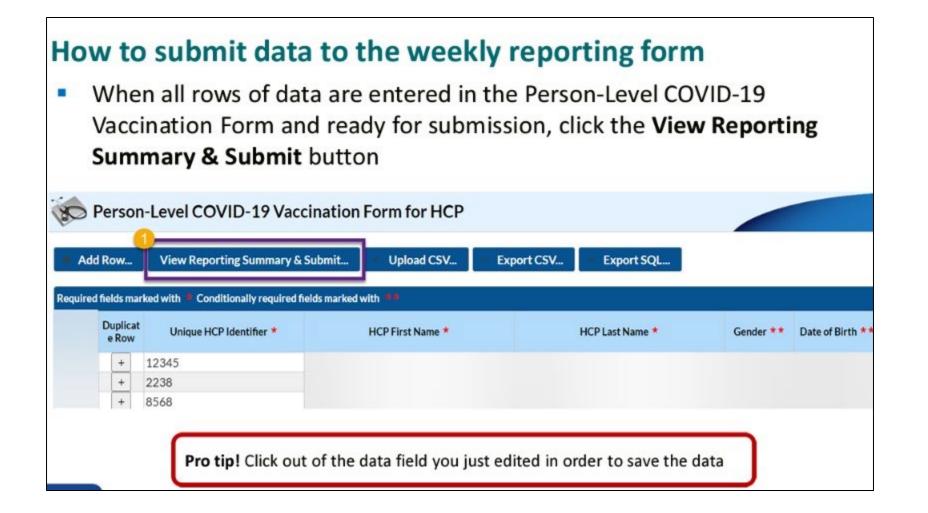


# How to enter vaccination information for a new healthcare worker (cont.)

- In this example, this healthcare worker was already on the NHSN list, so the identifier and the demographics are filled in
- Enter vaccination information including the vaccination location type, the HCP category, vaccination dose dates, and vaccine manufacturers (or dates of declination or medical contraindication), and click Save Row

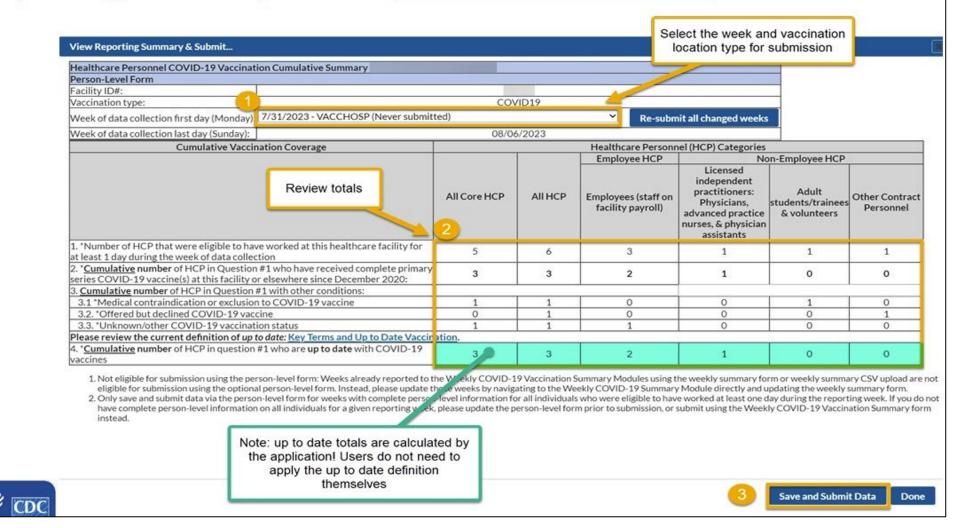
Unique HCP Ide	entifier *	HCP F	irst Name *		HCP Last Na	me *	Gender **	Date of Birth **	Ethnicity **		Ra	ice **
2238	Find	Judy		Freeman		[	Female 🗸	07/13/1962	Hispanic or Lat	tinc Ameri	can Indian/A	Maska Native
Vaccination local	tion turna 🛊	HCP Category *	Dose 1 vaccination	Dose 1 vaccine manufacturer	Dose 2 vaccination	Dose 2 vaccine manufacture	er Medical contraindicati	ion Declination		Unknown/other	Dose 3 Date **	Dose 3 Manufacturer **
Vaccination local	ion type ~	HCP Category	date **	name * *	date **	name * *	date **	date **	Declination reason	Date **	Duse 3 Date	Dose 3 Malianacturer
Hospital	•	Employees (staff on f	01/01/2022	Pfizer-BioNTech COVID-19	02/01/2022	Pfizer-BioNTech COVID-	-19				06/01/2023	Updated (Bivalent) Pfizer
Save Row 🛛 Ca	incel	-										



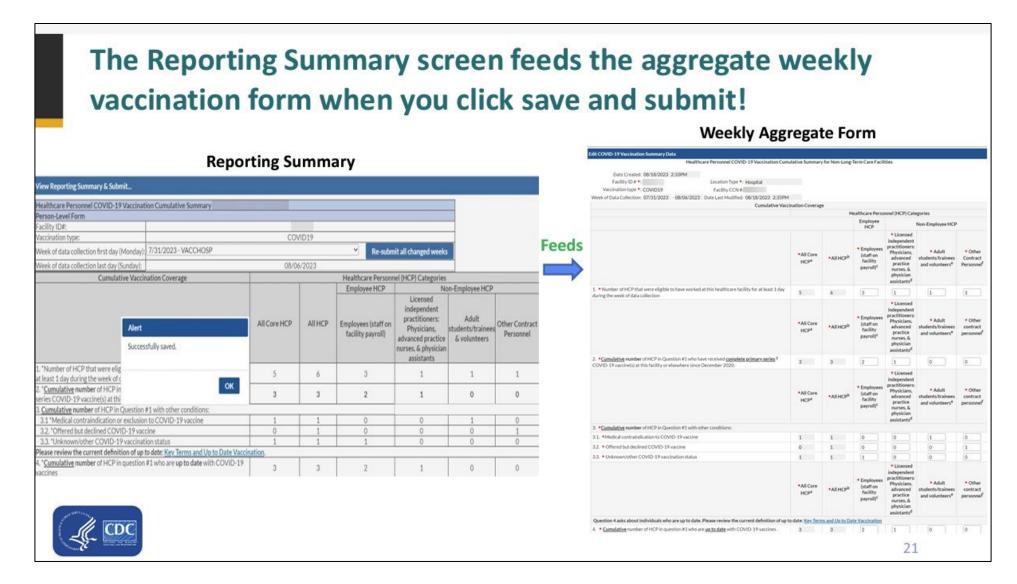




#### **Reporting Summary Screen:** <u>Healthcare Personnel</u>









#### Week of data collection: statuses in drop-down menu

- Never submitted = Data for that reporting week have never been submitted by any form or reporting mechanism.
- 2. Not eligible for submission using the person-level form = Weeks already reported to the Weekly COVID-19 Vaccination Summary Module using the standard Weekly Summary form or standard Weekly Summary CSV upload (i.e., NOT via person-level form or person-level CSV) are not eligible for submission using the person-level vaccination form

Healthcare Personnel COVID-19 Vaccinat Person-Level Form	on contractive sommary	
Facility ID#:		
/accination type:	COVID19	
Week of data collection first day (Monday):	8/14/2023 - VACCHOSP (Never submitted)	Re-submit all changed weeks
Week of data collection last day (Sunday): 2 3 4	5/22/2023 - VACCHOSP (Never submitted) 5/29/2023 - VACCHOSP (Never submitted) 6/5/2023 - VACCHOSP (Changed since submitted using the person-level form) 6/12/2023 - VACCHOSP (Changed since submitted using the person-level form) 6/19/2023 - VACCHOSP (Never submitted) 6/26/2023 - VACCHOSP (Never submitted) 7/3/2023 - VACCHOSP (Not eligible for submission using the person-level form) 7/10/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/24/2023 - VACCHOSP (Never submitted) 7/31/2023 - VACCHOSP (Never submitted) 8/7/2023 - VACCHOSP (Changed since submitted using the person-level form) 8/14/2023 - VACCHOSP (Never submitted)	



#### Week of data collection: statuses in drop-down menu (cont.)

3. Changed since submitted using the personlevel form = Data for this reporting week have been modified since submitted; click the Re-Submit all changed weeks button and save

4. Blank/ no text next to date = You have already submitted data for this week using the Person-Level Form, and there have been no updates to the data since submission; no action needed.

Healthcare Personnel COVID-19 Vaccinat	ion Cumulative Summary	
Person-Level Form		
Facility ID#:		
Vaccination type:	COVID19	
Week of data collection first day (Monday):	8/14/2023 - VACCHOSP (Never submitted)	Re-submit all changed weeks
Week of data collection last day (Sunday): 2 3 4	5/22/2023 - VACCHOSP (Never submitted) 5/29/2023 - VACCHOSP (Never submitted) 6/5/2023 - VACCHOSP (Changed since submitted using the person-level form) 6/12/2023 - VACCHOSP (Changed since submitted using the person-level form) 6/19/2023 - VACCHOSP (Never submitted) 6/26/2023 - VACCHOSP (Never submitted) 7/3/2023 - VACCHOSP (Never submitted) 7/10/2023 - VACCHOSP (Not eligible for submission using the person-level form) 7/10/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/13/2023 - VACCHOSP (Never submitted) 7/31/2023 - VACCHOSP (Never submitted) 8/7/2023 - VACCHOSP (Changed since submitted using the person-level form) 8/14/2023 - VACCHOSP (Never submitted)	

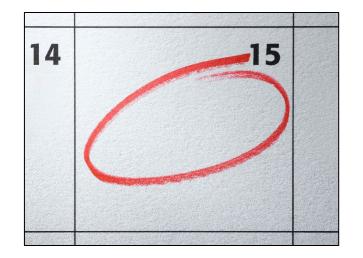


# **HCP** Influenza Vaccination Reporting



#### **HCP Influenza Vaccination Summary Reporting**

The reporting period for the 2023-2024 influenza season is from October 1, 2023, through March 31, 2024. To meet CMS reporting requirements, HCP influenza vaccination summary data reports must be entered into NHSN no later than **May 15, 2024**, for the 2023-2024 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**

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 monthly so the data can be used to inform influenza vaccination activities at the facility.





Data can be reported in two ways:

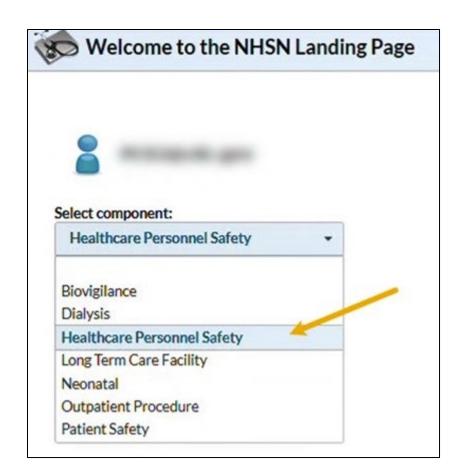
1. Entering data directly into the NHSN application through the **Healthcare Personnel Influenza Vaccination Module**.

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 <u>here</u>.



## Activating the HCP Component

- Please note that your Facility Administrator (FA) must have SAMS Level 3 reporting access to activate the HPS component.
   Only the NHSN FA can activate a new component.
- Please do NOT de-activate any other components, such as the LTC component





## Activating the HCP Component

# 1. Facility Administrator logs into SAMS: <a href="https://nhsn2.cdc.gov/nhsn/">https://nhsn2.cdc.gov/nhsn/</a>

- 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

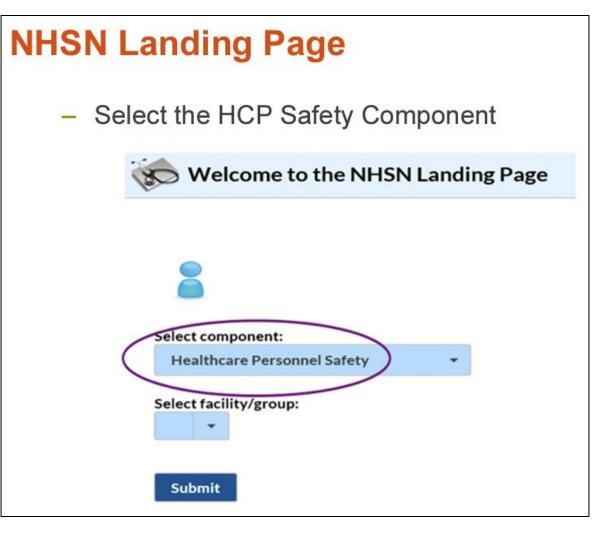
- Facility administrator adds HPS component primary contact as a user within the NHSN facility
  - Click "Users" on the navigation bar, then click "Add"
  - Complete the "Add User" screen mandatory fields
    - User ID created by the facility
    - First Name
    - Last Name
    - E-mail Address Must 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

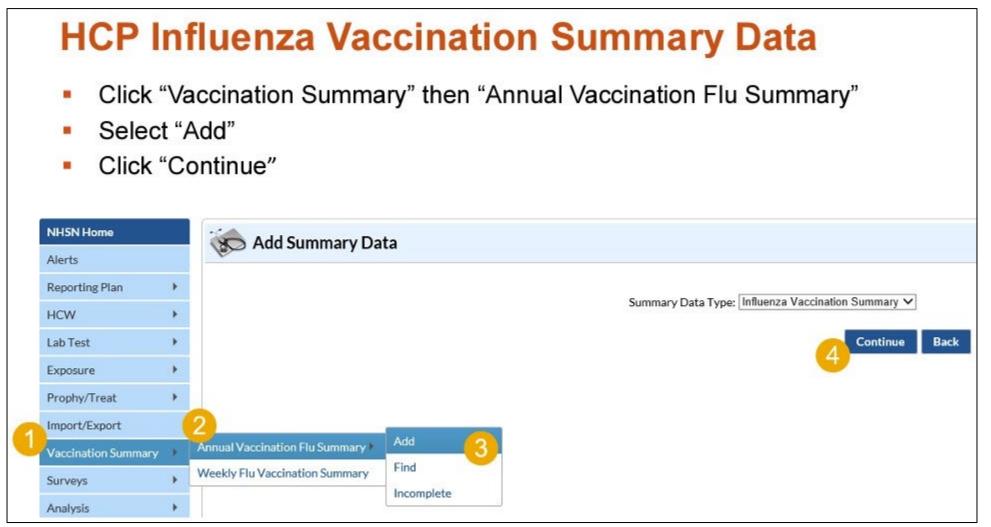
- Recommend at least two NHSN users
- To add: click "Users > Add"
- Complete required fields

NHSN Home		K Add User
Alerts		
Reporting Plan	•	
HCW	•	Mandatory fields marked with *
Lab Test	•	User ID *: Up to 32 letters and/or numbers, no spaces or special characters
Exposure	•	
Prophy/Treat	•	Prefix :
Import/Export		Middle Name :
Vaccination Summary	•	Last Name *:
Surveys	•	Title :
Analysis	•	User Active : Y - Yes 🗸
Users	•	User Type : V Phone Number *: Extension :
Facility	•	Fax Number :
Group	•	E-mail Address *:
Logout		Address, line 1:
		Address, line 2 :
		Address, line 3 :
		City:
		State : 🗸 🗸 🗸











Add Influenza Vaccination Summary				
Mandatory fields marked with *				Print Form
Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked. Facility ID *: Vaccination type *: Influenza  Influenza subtype *: Seasonal  Flu Season *: 2023/2024				
Date Last Modified:				
HCP categories	Employee HCP Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Non-Employee HCP Adult students/ trainees & volunteers *	Other Contract Personnel
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				
Comments				



#### Influenza Vaccination Resources

# **Annual Flu Summary**

Comprehensive Training – September 2023 [PDF – 2 MB]

Comprehensive training slides on collecting and entering HCP influenza vaccination summary data.



# Alliant Health and NHSN Updates



#### Refresher Trainings on Reporting Annual HCP Influenza Vaccination Summary Data on November 21 and November 28 (The content for each webinar is the same)

When: Tuesday, November 21, 2023, at 1:00 p.m. ET Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN\_PcTHDlv6SC6xyA1VYUE urQ



When: Tuesday, November 28, 2023, at 1:00 p.m. ET Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN\_lx1CWu4OSTmUDyuPgo

<u>07AA</u>



# Upcoming Webinars for Reporting of Influenza and RSV

The NHSN Long Term Care and Vaccination Teams will be hosting webinars that focus on **Reporting Influenza and RSV Cases and Vaccination for** Long-term Care Facility Residents. Long-term care facilities (LTCF) will now be able to report influenza and RSV vaccine and case information in addition to reporting COVID-19 vaccine and case information for LTCF residents. Reporting influenza and RSV data for LTCF Residents is optional and will be completed through the Long-term Care (LTC) Component. LTCFs should continue to follow reporting requirements for submitting COVID-19 data information for residents and staff.

#### Webinar Dates:

Topic: Optional Reporting of Influenza and RSV Cases and Vaccinations for Residents of Long-term Care Facilities When: Oct 17, 2023 02:00 PM Eastern Time (US and Canada) Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN\_I-sb9k4oTDOncbVFkuXI3A

Topic: Optional Reporting of Influenza and RSV Cases and Vaccinations for Residents of Long-term Care Facilities (Replay) When: Oct 19, 2023 02:00 PM Eastern Time (US and Canada) Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN\_dO7ifYCESBqzNLGScQhpiQ

Topic: Optional Reporting of Influenza and RSV Cases and Vaccinations for Residents of Long-term Care Facilities (Replay)

When: Oct 26, 2023 02:00 PM Eastern Time (US and Canada) Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN\_CCkaEVDCSWGRn5stkjXU5g



# NHSN Protocol and Training Team October Ask the Experts – SSI on Your Mind? Ask the Experts! Registration Is Open

The NHSN Protocol and Training Team (PaTT) invites you to attend their next "Ask the Experts" session on Wednesday, October 25, 2023. Their Surgical Site Infections Subject Matter Experts (SMEs) will help you with SSIs. Audience: PSC users, including acute care or other short-term stay hospitals, **Long-term Acute Care Hospitals (LTACH)**, Inpatient Rehabilitation Facilities (IRF), and Inpatient Psychiatric Facilities (IPF). NOTE: Specific case questions will not be reviewed. All PSC Users of NHSN are invited. However, the conversation will be geared toward newer NHSN users with three years or less experience.

> When: Wednesday, October 25, 2023, at 2:00 p.m. ET Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN\_19R4pXgFRsGFwm3vsfLcLw





### NHSN-ServiceNow is LIVE

Please submit NHSN questions in ServiceNow instead of using <u>nhsn@cdc.gov</u>, <u>nhsntrain@cdc.gov</u>, and <u>nhsndua@cdc.gov</u>. ServiceNow can be accessed through your SAMS account at <u>https://sams.cdc.gov/</u>.

Tickets requiring CDA support and AUR test files should continue to be emailed to <u>nhsnCDA@cdc.gov</u> until further notice. If you are unable to access ServiceNow, you can still email the NHSN Help Desk at <u>nhsn@cdc.gov</u>.

#### SAMS secure access management services My Applications Menu My Profile National Healthcare Safety Network System Manage Mobile Soft NHSN Reporting \* Token & Grid Card Logout ServiceNow Links ServiceNow SAMS User Guide \* Strong credentials required. SAMS User FAQ **Identity Verification** Overview





CDC	CDC ServiceDesk			My Lists
	Welcome , External Partners Portal Please Describe The Issue Below	٩		
		Common Sup	port Requests	
	CHP Request Request support from Division of HIV Prevention support desk	Division of Tuberculosis Elimination Support Request Submit a case to the DTBE support desk	Enterprise Laboratory Information Management System Request Request support from the ELIMS support desk	NHM&E Support Request Request support from the National HIV Monitoring and Evaluation support desk
	PIDS: Submit a Ticket Submit a ticket to the PIDS support desk	PIDS: Support Request Request support for the PIDS support desk	Office of Financial Resources Services Request assistance with queries related to payment processing, budget services, travel, and reimbursements	NHSN Customer Service Request support from the NHSN Help Desk
		Department of He	alth & Human Services	



Component Facility Di	alysis omponent Component Component Component	Outpatient Procedure Component Component
Most Useful How to Reassign a Facility Administrator	Create a Case Create a Case to get help with your issue.	Most Viewed Articles
Schultz, Kelly (CDC/NCEZID/DHQP) (CTR) ・ 111 Views ・ 2mo ago ・ ☆☆☆☆☆	NHSN Home Page 🗷	How to Reassign a Facility Administrator 111 Views How to Enroll a Facility for Dialysis Component 7 Views
	NSHN Training 🗷	
	NHSN Reports 🗗	



	a Case to get help with an iss	ue.				
Submitter				*	*Component 📀	*
acility/Grou	p ID 😧			*	*Category 🕑	*
Short Descr	iption Ø					
Description		BI	₽₹₹₿	i≣ <b>i</b> ≣ ⊂	亘 & 淡 ☑ (1) ↔	
						11
	s) must be less than 1 M tachments	1B and must be	one of the following sup	ported file types: .p	pdf, .docx, .jpeg, .txt, .xlsx and .CSV	
Add at						





For component, you can choose from:

- Patient Safety
- Long-term Care
- Dialysis
- Healthcare Personnel Safety
- Biovigilance
- Outpatient Procedure
- Neonatal
- Medication Safety
- Other

Component 🚱	
None	
Category 🕖	



## For **Category** (using <u>Long-term Care Component</u>), you can choose from:

- Add/edit Component
- Alerts
- Analysis
- CAUTI
- CMS Letters
- CMS Reporting
- COVID-19
- COVID-19 Vaccination
- CSV File
- Data Entry
- Data Quality
- DUA
- Email Change
- Enrollment
- Facility Admin Reassignment
- General Analysis

- Group Analysis
- Groups/Super Groups
- Help Desk Support
- LabID Event-CDI
- LabID Event-MDRO
- NHSN Access
- NHSN Alert
- Other
- Password Reset
- Policy and Operations
- Prevention Process Measures
- Protocol
- SAMS Access
- Surveys
- Temporary Enrollment Number
- Training



For **Category** (using <u>Healthcare Personnel Safety Component</u>), you can choose from:

- Acute Care
- Add/Edit Component
- Ambulatory Surgery Center
- CMS Letters
- COVID-19 Vaccination
- CSV File
- Dialysis
- DUA
- Email Change
- Enrollment
- Facility Admin Reassignment
- Flu Vaccination
- Groups/Super Groups
- Health Department
- Help Desk Support

- Inpatient Psychiatric Facility
- Inpatient Rehab Facility
- Long Term Care
- NHSN Access
- NHSN Alert
- Other
- Password Reset
- Policy and Operations
- Quality Improvement Organization or Network
- SAMS Access
- Temporary Enrollment Number
- Training



## NHSN Update – Volunteers Needed!

## **Volunteers Needed**

We are currently seeking volunteers for the NHSN annual release of version 12.0. The Beta team is planning for a oneweek beta testing period prior to the full production release scheduled for December 9, 2023. Beta testing will provide an opportunity for NHSN users to explore new NHSN features and potentially identify issues that can be resolved prior to the production release.

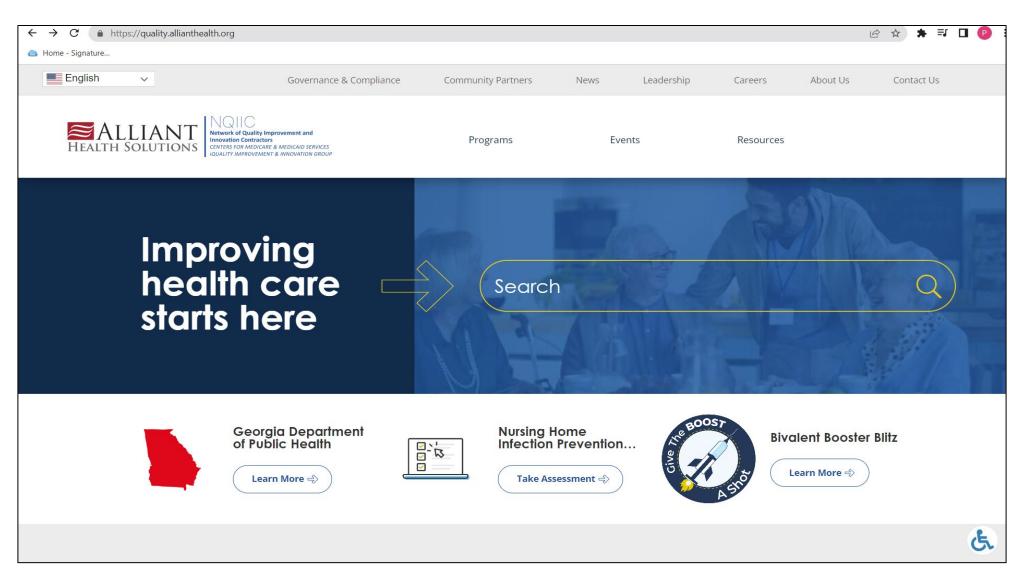
From November 13, 2023, through November 17, 2023, test data will be populated in the beta environment for beta users to test with the NHSN 12.0 application. During the testing period, all data submitted the previous day during testing will be purged, and new data will be available for testing each morning.

We need volunteers from all NHSN components to participate: Dialysis, Neonatal, Patient Safety, Healthcare Personnel Safety, and Long-Term Care. If you are interested in volunteering, please contact us at NHSNBeta@cdc.gov to express your willingness to participate and specify the component for which you are volunteering. We can support a limited number of beta testers, so availability cannot be guaranteed to everyone. More details will be made available in direct communication with volunteers via email prior to the beta testing period.



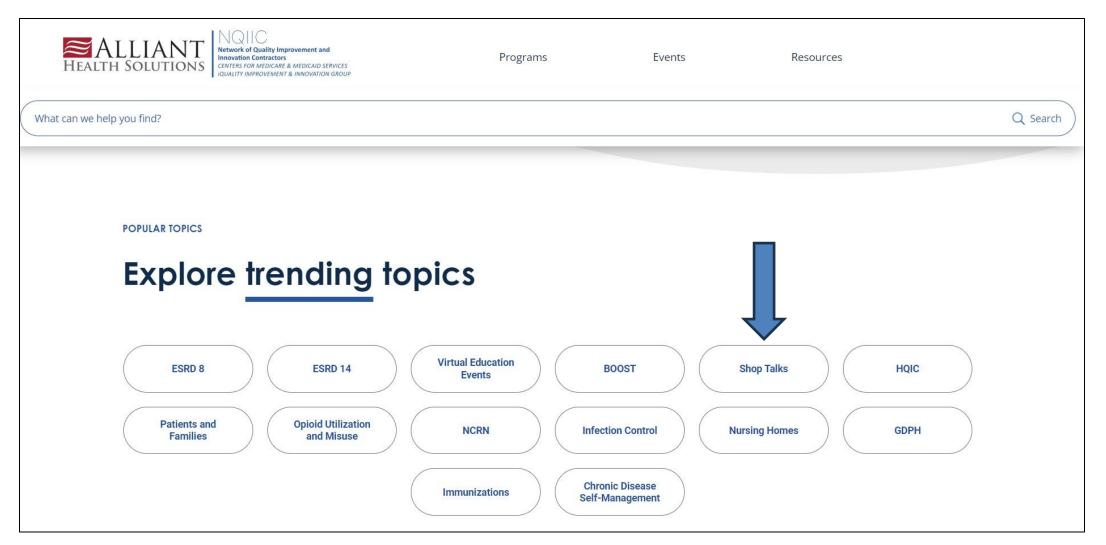


## **Alliant Health Solutions Updated Website!**





## **Alliant Health Solutions Website**





## **Alliant Health Solutions Website**



Network of Quality Improvement and Innovation Contractors CENTERS FOR MEDICARE & MEDICAID SERVICES IQUALITY IMPROVEMENT & INNOVATION GROUP

Home

Programs

Events

Resources

Q Search

#### What can we help you find?

## 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.

## <u>Click here</u> to access the Shop Talk Shorts FAQs and video playlist.

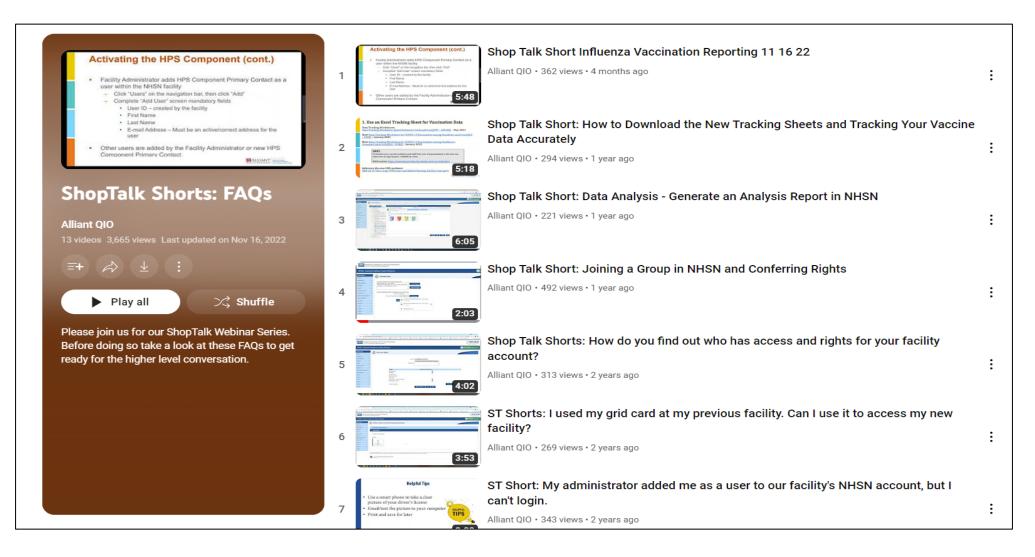
<u>Click here</u> to access the NHSN Weekly COVID-19 Vaccine Summary – Do Not Report Zeros resource.





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## Shop Talk and Shop Talk Shorts YouTube Channel



https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLllrqcLGlzXZPljlF



# **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



**Erica Umeakunne, MSN, MPH, APRN, CIC** Infection Prevention Specialist <u>Erica.Umeakunne@AlliantHealth.org</u>





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



**Donald Chitanda, MPH, CIC** Technical Advisor, Infection Prevention <u>Donald.Chitanda@AlliantHealth.org</u>

# 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







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



MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

Increase use of cardiac rehabilitation programs

Reduce instances of uncontrolled diabetes

Identify patients at highrisk 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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This material was prepared by Alliant Health Solutions, a Quality Innovation Network–Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO TO1-NH TO1-PCH--4678-10/13/23

