

HQIC Office Hours – Infection Prevention Chats

Welcome!

- All lines are muted, so please ask your questions in Q&A
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen
- Please be aware that this event will be recorded.

HQIC Office Hours – Infection Prevention Chats



Presented by:

Amy Ward, Patient Safety Manager for Alliant Health Solutions

April 24, 2024

 **ALLIANT**
HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Making Health Care Better *Together*

COLLABORATORS:

Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement

Welcome from all of us!



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

PATIENT SAFETY MANAGER, ALLIANT HEALTH SOLUTIONS

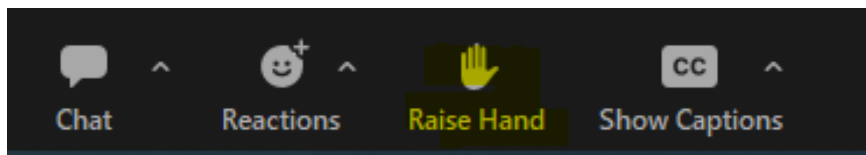
Contact: Amy.Ward@AlliantHealth.org or 678-527-3653



Format for IP Chats

- Open forum networking events to:
 - Build knowledge
 - Share experience
 - Provide IP support

To come off mute, please use the “Raise Hand” feature.



Hello, My Name Is...

Drop into the chat box:

- Name
- State
- Years in IP



Are You New to Infection Prevention?

- Let's schedule a time to connect
 - Please email me at amy.ward@allianthealth.org
- Alliant provides free resources and technical assistance, including:
 - Educational events (many offering free CEUs)
 - Individual coaching for IP practices and NHSN reporting
 - A great network of fellow IPs

Alliant Infection Prevention Resources

- Alliant HQIC Infection Prevention Website

– Topic-specific resources including:

- Practice guidelines
- Toolkits
- Flyers and infographics
- Observation and audit tools
- Training and orientation checklists

- Alliant HQIC IP Chats

– Short videos for frequently asked questions about NHSN access and reporting

<p>Catheter Associated Urinary Tract Infection (CAUTI)</p> <ul style="list-style-type: none"> CAUTI Gap Assessment Tool Urinary Catheter Quick Observation Tool CDC-HICPAC Guideline for Prevention of CAUTI 2009 AHRQ Toolkit for Reducing CAUTI in Hospitals <p>SHOW MORE</p>	<p>Central Line Associated Blood Stream Infection (CLABSI)</p> <ul style="list-style-type: none"> HQIC Fishbone Diagram – CLABSI and MRSA CLABSI Gap Assessment Tool Central Line Quick Observation Tool CDC-HICPAC Guidelines for Prevention of Intravascular Catheter-Related Infections, 2011 <p>SHOW MORE</p>	<p>Clostridioides Difficile Infection (C. difficile)</p> <ul style="list-style-type: none"> HQIC C. diff Process Discovery Tool Transmission Based Precautions Quick Observation Tool The Progression of a C. Diff Infection CDC Strategies to Prevent C. diff in Acute Care Facilities <p>SHOW MORE</p>
<p>Sepsis</p> <ul style="list-style-type: none"> Hospital Sepsis Program Core Elements HQIC Sepsis Gap Assessment and Action Steps HQIC Sepsis: Spot the Signs Magnet HQIC Sepsis Provider Engagement <p>SHOW MORE</p>	<p>Antibiotic Stewardship</p> <ul style="list-style-type: none"> Actionable Patient Safety Solutions Antimicrobial Stewardship Assessment of the Appropriateness of Antimicrobial Use in US Hospitals Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals 5 Tips to Improve Antibiotic Stewardship in Your Emergency Department <p>SHOW MORE</p>	<p>COVID-19/Other</p> <ul style="list-style-type: none"> COVID-19 Self Management Zone Tool HQIC Inter-Facility Infection Control Transfer Form
<p>Methicillin-resistant Staphylococcus aureus (MRSA)</p> <ul style="list-style-type: none"> FAQ's about MRSA CDC MRSA Prevention Guidelines AHRQ Universal Decolonization Protocol 	<p>NHSN Resources</p> <ul style="list-style-type: none"> IP NHSN Training Checklist NHSN Survival Guide 	<p>IP Training</p> <ul style="list-style-type: none"> CDC Project Firstline Association for Professionals in Infection Control and Epidemiology (APIC) Education and Events CDC/STRIVE Infection Control Training CMS Quality, Safety & Education Portal <p>SHOW MORE</p>

NHSN Annual Survey

- Complete before March 1
 - Facilities will not be able to enter new monthly reporting plans until the survey is completed
- Survey will be reflective of data from January 1, 2023, through December 31, 2023
- Incomplete surveys can be saved for later submission
- [FAQs: Annual Surveys | NHSN | CDC](#)
- Survey data is utilized by CDC to:
 - Calculation of risk adjustment models for SIR, SUR, and SAAR
 - Support decision making
 - Inform program planning
 - Research

CMS Quality Reporting Program Deadline

- May 15: Deadline for CMS IQR data for Q4 2023 (October-December)
- [NHSN Monthly Checklist for Reporting to CMS Hospital IQR \(cdc.gov\)](https://www.cdc.gov/nhsn/monthly-checklist-for-reporting-to-cms-hospital-iqr)
- Device Associated
 - CAUTI – ICUs and adult/pediatric medical, surgical, and medical/surgical wards
 - CLABSI – ICUs and adult/pediatric medical, surgical, and medical/surgical wards
- Lab ID
 - MRSA Blood Lab ID - FacWideIn and ED/Obs locations
 - C. diff Lab ID - FacWideIn and ED/Obs locations
- Procedure Associated
 - HYST inpatient
 - COLO inpatient
- Health care Personnel Safety
 - COVID-19 vaccination for healthcare workers (1 week per month for reporting period)
 - Seasonal Influenza vaccination for healthcare workers (October-March)



Up to Date Guidance for COVID-19 Vaccination for HCW



COVID-19 Vaccination Modules: Key Terms

Reporting Period: Quarter 2 2024 (April 1, 2024 – June 30, 2024)

The following definitions apply when reporting data through the **NHSN COVID-19 Vaccination Modules and the Resident Impact and Facility Capacity (RIFC) Pathway** for the reporting period of **Quarter 2 2024 (representing data for April 1, 2024 – June 30, 2024)**.

*Individuals are considered **Up to Date with their COVID-19 Vaccines** during the surveillance period of **April 1, 2024 through June 30, 2024** for the purpose of NHSN surveillance if they meet the following criteria**

Individuals aged 65 years and older are up to date when they have:
Received 2 doses of the updated 2023-2024 COVID-19 vaccine, **or**
Received 1 dose of the updated 2023-2024 COVID-19 vaccine within the **past 4 months.**

Individuals younger than 65 years of age are up to date when they have:
Received 1 dose of the updated 2023-2024 COVID-19 vaccine.

* As of September 12, 2023, the 2023-2024 updated Pfizer-BioNTech and Moderna COVID-19 vaccines were recommended by CDC for use in the United States. As of October 3, 2023, the 2023-2024 updated Novavax vaccine was recommended for use in the United States. The 2023-2024 updated COVID-19 vaccine more closely targets the XBB lineage of the Omicron variant and could restore protection against severe COVID-19 that may have decreased over time. Please see [Stay Up to date with COVID-19 Vaccines](#) for further details.

For the **Long-Term Care Facility Resident Impact and Facility Capacity (RIFC) Pathway** (part of the COVID-19 Surveillance Pathways: Resident Impact and Facility Capacity and Staff and Personnel Impact) only: a resident with a newly positive SARS-CoV-2 test result is counted in the Up to date category if they received the vaccines required to be Up to date (according to the definition above) at least **14 days** before the positive test.

Please see examples in the table below as well as Appendix 1a and 1b for additional information.

NHSN Updates

2024 Patient Safety Component Manual

2024 NHSN PSC Manual Summary of Updates

–Chapter 2

- Organ donation exclusion clarification for criteria without specimen collection
- Clarification of excluded infections in newborns

–Chapter 4 – Bloodstream Infection

- Updated guidance for the use of accession numbers to determine separate occasions for collection
- Clarification that the eligible organism in a blood specimen is the only element needed to meet LCBI 1
- Clarification on the use of a single common commensal to meet LCBI 2 and LCBI 3

NHSN Updates

2024 NHSN PSC Manual Summary of Updates

- Chapter 12 MDRO & CDI

- FacWideIN Denominator Summary field for CDI test type has been modified

- The response for the standard test type or algorithm (two-step testing) should reflect the standard testing method performed by the laboratory for the quarter. This is reported quarterly in the denominator forms in March, June, September, and December

- [MDRO and CDI FAQ's](#)

- Testing type definitions and examples if multiple test types offered
 - Swing beds and observation patients

- NHSN and REaLI Data

- Data fields of race, ethnicity, primary language, and need for an interpreter will be required across all NHSN components and facility types starting in 2025

COVID-19 Hospital Data Reporting

- Guidance released on November 26, 2023
- Data reporting requirement ends April 30, 2024
 - This does **not** include COVID-19 Vaccination for HCW reporting

All hospitals have been required to report COVID-19 data daily to the Federal Government under the CMS' Conditions of Participation since September 2, 2020. Under the initial CMS Interim Final Rules from 2020, the required reporting was scheduled to end at the conclusion of the COVID-19 Public Health Emergency (PHE), which expired on May 11, 2023. On August 10, 2022, CMS finalized the annual IPPS rule to amend the required reporting, which had several impacts for COVID-19 required reporting from all hospitals:

- It extended reporting from the end of the current PHE through April 30, 2024, unless the Secretary of the Department of Health and Human Services establishes an earlier end-date.
- It indicated that the number of required data elements would be fewer after the end of the PHE.
- It indicated that reporting submission would not be daily after the end of the PHE.

Antimicrobial Use and Resistance (AUR) Reporting

Antimicrobial Use and Resistance Surveillance Specification Sheet

- **Measure** – eligible hospital or CAH is in **active engagement** with NHSN to submit AUR data for the EHR reporting period and receives a report from NHSN indicating successful submission of these data for the EHR reporting period.
- **Exclusions** – hospital or CAH meeting one or more of the following may be excluded:
 - Zero patients in the inpatient location for which data are collected during the EHR reporting period
 - Does not have eMAR/barcoded medication administration records or electronic ADT system during EHR reporting period
 - Does not have an electronic laboratory information system or ADT system during the reporting period
- CAHs are required to participate in [Medicare Promoting Interoperability Program](#)

AUR Reporting Definitions

- **Active Engagement** means the hospital is in the process of moving toward submission of production data to NHSN or is sending production data to NHSN
 - Active Engagement Option 1 - Pre-production and validation
 - Registered to submit data to NHSN
 - Registration completed within 60 days after the start of the EHR reporting period and awaiting an invitation from NHSN to begin testing and validation. Once the invitation is received, the testing and validation begins
 - Active Engagement Option 2 - Validated Data Production – the hospital has completed testing and validation and is electronically submitting data to NHSN

AUR Promoting Interoperability Program Reporting Requirements

- Yes/No attestation – must attest “Yes” to being in active engagement with NHSN
- Submit the level of engagement for each measure they submit (level of engagement defined on the previous slide)
- The EHR reporting period in 2024 is a minimum of any continuous 180-day period within the CY
- Eligible hospitals are required to report on the five measures under the public health and clinical data exchange objective
 - Immunization Registry Reporting
 - Syndromic Surveillance Reporting
 - Electronic Case Reporting
 - Electronic reportable Laboratory reporting
 - Antimicrobial Use and Resistance (AUR) Surveillance

AUR Resources

- [NHSN AUR Website](#)– including protocols, training, toolkits, and quick reference guides
- [NHSN AUR FAQs](#)
- Attestation Submission:
 - [Hospital Quality Reporting System](#)
 - [Hospital Quality Reporting User Guide](#)
- Questions about this program can be sent to the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8912 or qnetssupport@cms.hhs.gov
- NHSN Office Hours Session
 - Wednesday, May 8 – 3-4 p.m. ET [Register Here](#)

Questions?



Email us at HospitalQuality@allianthealth.org

or call us 678-527-3681.

HQIC Goals



BEHAVIORAL HEALTH OUTCOMES & OPIOID MISUSE

- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services



PATIENT SAFETY

- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce *C. diff* in all settings



QUALITY OF CARE TRANSITIONS

- Convene community coalitions
- Identify and promote optical care for super utilizers
- Reduce community-based adverse drug events

Upcoming Events

July 24, 2024 2 p.m. ET

HQIC IP Chats

Event registration and information:

[Register Here](#)



Making Health Care Better *Together*

COLLABORATORS:

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KFMC Health Improvement Partners
Konza

Hospital Quality Improvement



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Thank you for joining us!
How did we do today?

Alliant Health Solutions



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