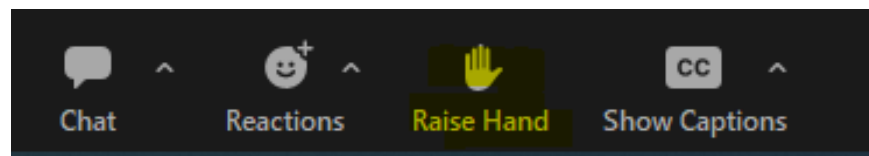


HQIC Office Hours – Infection Prevention Chats

Welcome!

- Lines will be muted upon entry
- Please ask any questions in the chat
- Use the “Raise Hand” feature to be taken off mute



We will get started shortly!

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!



Facilitator



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.

Amy loves to ride bikes, run and be outdoors!

Contact: Amy.Ward@Allianthealth.org

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
- Brag about a 2023 accomplishment



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

Catheter Associated Urinary Tract Infection (CAUTI) CAUTI Gap Assessment Tool Urinary Catheter Quick Observation Tool CDC-HICPAC Guideline for Prevention of CAUTI 2009 AHRQ Toolkit for Reducing CAUTI in Hospitals SHOW MORE	Central Line Associated Blood Stream Infection (CLABSI) 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 SHOW MORE	Clostridioides Difficile Infection (C. difficile) 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 SHOW MORE
Sepsis Hospital Sepsis Program Core Elements HQIC Sepsis Gap Assessment and Action Steps HQIC Sepsis: Spot the Signs Magnet HQIC Sepsis Provider Engagement SHOW MORE	Antibiotic Stewardship 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 SHOW MORE	COVID-19/Other COVID-19 Self Management Zone Tool HQIC Inter-Facility Infection Control Transfer Form
Methicillin-resistant Staphylococcus aureus (MRSA) FAQ's about MRSA CDC MRSA Prevention Guidelines AHRQ Universal Decolonization Protocol	NHSN Resources IP NHSN Training Checklist NHSN Survival Guide	IP Training 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 SHOW MORE

CMS Quality Reporting Program Deadline

- February 15 deadline for CMS IQR data for Q3 2023 (July-September)
- [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
- Healthcare Personnel Safety
 - COVID-19 vaccination for health care workers

Download and bookmark!

NHSN Pathogen Reporting Update

Organisms may have varying genus or species names due to updates to nomenclature, instruments, and laboratory reporting processes

- Utilize the search function to identify the preferred name, disregarding the aliases
- [CDC \(clinicalarchitecture.com\)](https://www.cdc.gov/clinicalarchitecture.com)

Achromobacter xylosoxidans			
Code Set			
NHSN Organisms (2024)		Is Retired: <input type="checkbox"/>	
Attributes			
CC	No		
MBI	No		
UTI	Yes		
Aliases			
Alias	Description ID	Language	Purpose
Alcaligenes xylosoxidans	2537249015	English-US	Alternate
Alcaligenes xylosoxidans subspecies xylosoxidans	4564837015	English-US	Alternate
Achromobacter xylosoxidans (organism)	2530504017	English-US	Fully Specified Name
Achromobacter xylosoxidans	2533953013	English-US	Alternate
ALCXYL		English-US	NHSN Local Code
Achromobacter xylosoxidans		English-US	NHSN Display Name
Achromobacter xylosoxidans subspecies xylosoxidans	4564838013	English-US	Alternate

NHSN Patient Safety Component 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 Patient Safety Component 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 FAQs](#)
 - Testing type definitions and examples if multiple test types are offered
 - Swing beds and observation patients

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

NHSN HPS COVID-19 Vaccination for HCP Updates

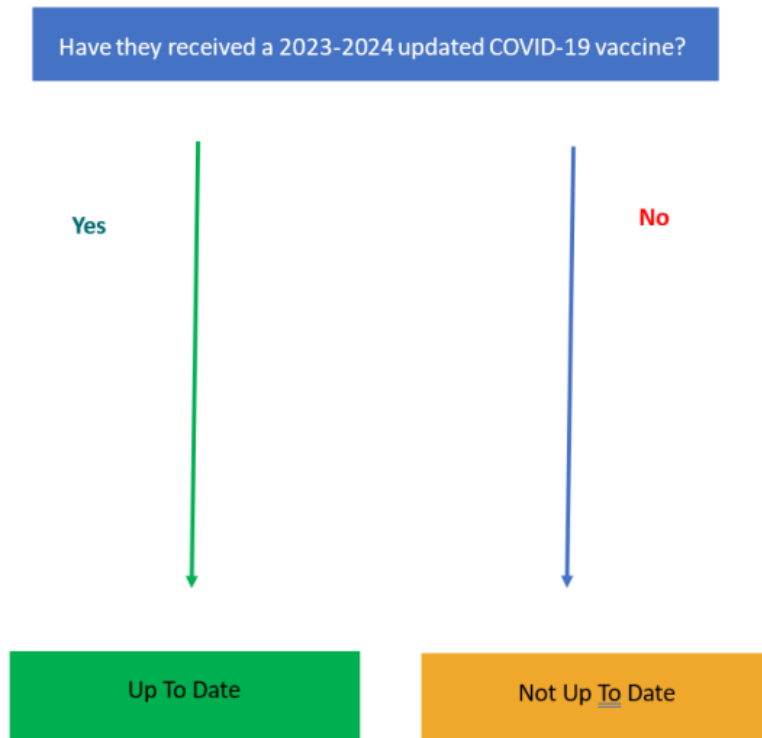
- Changes went live for the reporting week of 1/1/2024 - 1/7/2024
- Primary series removed to simplify form and align with guidance from FDA and CDC and to align with CMS QRP Measure transition from primary series to up-to-date
- [NHSN training slides](#)
- The number entered for question 1 must equal the sum of the numbers entered for questions 2 and 3.1 - 3.3

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. * Cumulative number of HCP in Question #1 who are <u>up to date</u> with COVID-19 vaccine(s).
Please review the current definition of up to date: Key Terms and Up to Date Vaccination .
3. * <u>Cumulative</u> number of HCP in Question #1 with other conditions:
3.1. * Medical contraindication to COVID-19 vaccine
3.2. * Offered but declined COVID-19 vaccine
3.3. * Unknown/other COVID-19 vaccination status

Up to Date Guidance

Appendix 1a: Decision Tree: Up to date with COVID-19 Vaccines during the surveillance period of January 1, 2024 – March 31, 2024 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 1 of 2024 (representing vaccination data for January 1, 2024 – March 31, 2024).



COVID-19 Hospital Data Reporting

- [Updated guidance](#) released on November 26, 2023
- New optional and voluntary data fields for RSV and Influenza
 - Added to improve situational awareness and impact of respiratory illnesses as well as to inform guidance and recommendations

Optional - Respiratory Pathogens

The below fields are optional for federal data collection. Hospitals are not required to report these data elements to the federal government. Note: state, local, tribal, and territorial (STLT) partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant STLT partners to ensure complete reporting for all partners.

Influenza

33a. Hospitalized adult patients with laboratory-confirmed influenza virus infection ⁱ	34a. Previous day's adult admissions with laboratory-confirmed influenza virus infection ⁱ	35a. Hospitalized ICU adult laboratory-confirmed influenza patients ⁱ
<input type="text"/>	<input type="text"/>	<input type="text"/>
33b. Hospitalized pediatric patients with laboratory-confirmed influenza virus infection ⁱ	34b. Previous day's pediatric admissions with laboratory-confirmed influenza virus infection ⁱ	35b. Hospitalized ICU pediatric laboratory-confirmed influenza patients ⁱ
<input type="text"/>	<input type="text"/>	<input type="text"/>

RSV

48a. Hospitalized adult laboratory-confirmed RSV patients ⁱ	49a. Previous day's adult admissions with laboratory-confirmed RSV ⁱ	50a. Hospitalized ICU adult laboratory-confirmed RSV patients ⁱ
<input type="text"/>	<input type="text"/>	<input type="text"/>
48b. Hospitalized pediatric laboratory-confirmed RSV patients ⁱ	49b. Previous day's pediatric admissions with laboratory-confirmed RSV ⁱ	50b. Hospitalized ICU pediatric laboratory-confirmed RSV patients ⁱ
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 the HER reporting period
 - Does not have an electronic laboratory information system or ADT system during the reporting period
- CAHs are required to participate in the [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 qnetsupport@cms.hhs.gov

NHSN – Patient Safety Component “Ask The Expert Office Hours”



Monthly education events to “Ask the Expert”



Email announcements sent monthly, 2 weeks in advance to all active patient safety component users

Subject: “Register for NHSN Protocol and Training – Ask the Experts”

Sender: no-reply@emailupdates.cdc.gov



Audience: PSC users, targeted toward those who have been using NHSN less than 3 years

Topics:

February 21st, 2024 – Get Annual Training Ready!

March 11th – NHSN Annual Training Pre-recorded sessions Open

March 18th – NHSN Annual Training Live Presentation Sessions Open

NHSN Educational Roadmaps



- Guided tour of NHSN Training materials including:
 - Applying NHSN protocols
 - Data reporting and entry
 - Begins with basic resources
 - Topics advance as learners progress
- [PSC Roadmap](#) | [NHSN Roadmap](#) | [NHSN](#) | [CDC](#)

Save the Date

- Alliant HQIC IP Chats are on the fourth Wednesdays of each quarter
- Registration Links will be available soon
- Save the dates for upcoming sessions:
 - [April 24, 2024](#)
 - [July 24, 2024](#)



We Want to Know....

What can we do to support you?

Drop into chat:

More sessions like this

Specific HAI-focused events

More networking

Mentoring

1:1 coaching

Email support

Other

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 optimal care for super-utilizers
- ✓ Reduce community-based adverse drug events

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Georgia Hospital Association
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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