NHSN Shop Talk: Reporting Influenza Data

Welcome!

Chat with Technical Support if you need assistance

Presented by: Donald Chitanda, MPH, CIC LTC-CIP Infection Prevention Technical Advisor

May 16, 2024



Donald Chitanda, MPH, CIC LTC-CIP

INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. For several years, he was 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 involved and led several projects to reduce hospitalacquired 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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Paula St. Hill, DrPH, MPH, CIC, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR

Dr. St. Hill has 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 healthcareassociated infections.

Dr. St. Hill enjoys spending time with her friends and family.

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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. While 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 healthcareassociated infections across the continuum of care.

Amy enjoys spending time with her family. She loves all the time she can get outdoors, camping, bicycling, and running.

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Objectives

Agenda:

- New Updates/Upcoming NHSN trainings
- HCP Vaccination Flu Summary Reporting
- NHSN Optional Reporting of Influenza and RSV Vaccination for LTC Residents
- NHSN Resources
- Live questions and answers



HCP Influenza Reporting



When To Report

- The reporting period for the 2023-2024 influenza season is from October 1, 2023, through March 31, 2024.
- The deadline to report the one-time summary report was May 15, 2024.



What To Report

 Report annual HCP influenza vaccination summary data through the NHSN Healthcare Personnel Safety (HPS) Component for the 2023-2024 influenza season

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elect component:	
Healthcare Personnel Safety	-
Biovigilance	
Biovig <mark>ilanc</mark> e Dialysis	
Dialysis	_
Dialysis Healthcare Personnel Safety	
Dialysis Healthcare Personnel Safety Long Term Care Facility	

Who Can Report

- The NHSN-designated facility admin (FA) is the only person who can initiate the process of activating the HPS component in NHSN.
 - FA must have SAMS Level 3 reporting access to activate the HPS component.
 - FA can designate another user to do the reporting once activated.



NHSN - National Healthcare Safety Network

NHSN Home	NHSN Long Term Care Facility Component Home Page
Alerts	
Dashboard	 Long Term Care Dashboard
Reporting Plan	
Resident •	Action Items
Event •	
Summary Data	COMPLETE THESE ITEMS
COVID-19/Respiratory Pathogens	Survey Required Facility Geolocation
Vaccination Summary	2023 Confirm
Import/Export	
Surveys 🕨	
Analysis	
Users •	ALERTS
Facility •	Customize Forms
Group	Facility Info
Logout	Add/Edit Component consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 2 Set Adobe Acrobat Reader for PDF files
	Locations
	Direct Enroll



Components Followed

Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement
	Biovigilance				
	Dialysis				
~	Healthcare Personnel Safety	10/18/2022		Y	View Agreement
~	Long Term Care Facility	01/28/2020		Y	View Agreement
	Medication Safety (pilot facilities only)				
	Neonatal				
	Outpatient Procedure				
	Patient Safety				

Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
Edit	Facility Administrator	Robert	404- ′ -		Reassign
Edit	Healthcare Personnel Primary Contact	Robert	404-		Reassign
Edit	Long Term Care Facility Primary Contact	I " Robert	404-		Reassign





Change in NHSN Facility Administrator

- NHSN Facility Administrator should transfer role to another user prior to leaving the facility!
- NHSN can add an individual as the new NHSN Facility Administrator if the previous NHSN Facility Administrator has left the facility
 - Do <u>not</u> re-enroll the facility in NHSN
- Complete the NHSN Facility Administrator Change Request Form <u>https://www.cdc.gov/nhsn/facadmin/index.html</u>
- After being assigned as the new NHSN Facility Administrator, begin the new NHSN user onboarding process



Where To Report

- First, the Healthcare Personnel Safety (HPS) Component in NHSN must be activated.
 - Do not de-activate other checked components, such as the LTC component.





Activating the HPS Component

- Facility Administrator logs into SAMS: <u>https://nhsn2.cdc.gov/nhsn/</u>
 - Click "NHSN Reporting"
- From the Home Page, click "Facility" then "Add/Edit Component"
 - Check box next to Healthcare Personnel Safety
- Facility Administrator adds HPS Component Primary Contact
 - Enter name, phone, e-mail, and address for person to be contacted if CDC/NHSN has updates or questions about the HPS Component



mponer	nts Followed	
Follow/ Followed	Component	Activated
	Biovigilance	
	Dialysis	
	Healthcare Personnel Safety	10/18/2022
~	Long Term Care Facility	01/28/2020
	Neonatal	
	Outpatient Procedure	
	Patient Safety	



Activating the HPS Component (cont.)

- Facility Administrator adds HPS Component Primary Contact as a user within the NHSN facility
 - Click "Users" on the navigation bar, then click "Add"
 - Complete "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

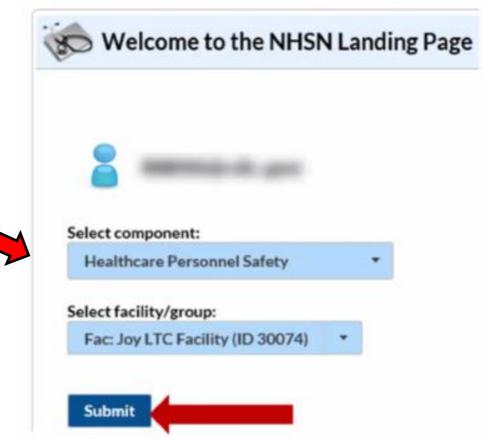


Required and Optional Reporting Forms

- After enrolling in NHSN and/or activating the HPS Component and adding users:
 - Complete Required Forms
 - HCP Influenza Vaccination Summary Form
 - Complete Optional Form
 - Seasonal Survey on Influenza Vaccination Programs for HCP



NHSN Landing Page

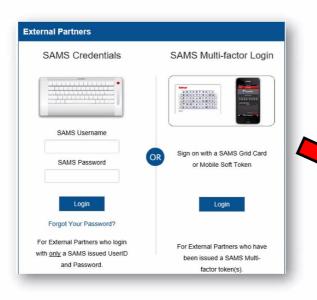




Log into SAMS

- You can access the activity home page by clicking: <u>https://nhsn2.cdc.gov/nhsn/</u>
- Level 3 SAMS access is needed to enter data into the HPS Component

For assistance with SAMS, contact the SAMS Help Desk at 1-877-681-2901 or samshelp@cdc.gov



HCP Influenza Vaccination Summary Data

- Click "Vaccination Summary" then "Annual Vaccination Flu Summary"
- Select "Add"
- Click "Continue"

NHSN Home		K Add Summary Da	2	
Alerts		Add Summary Da	a	
Reporting Plan	•			
HCW			Summary Data Type: Influenza Vaccination Summa	iry 🗸
Lab Test	•			nue Back
Exposure	•			
Prophy/Treat	•			
Import/Export		2		
Vaccination Summary	•	Annual Vaccination Flu Summary 🕨	Add 3	
Surveys	•	Weekly Flu Vaccination Summary	Find	
Analysis	•		Incomplete	



HCP Influenza Vaccination Summary Data (cont.)

- "Influenza" and "Seasonal" are the default choices for vaccination type and influenza subtype
- Select appropriate flu season in drop-down box (e.g., 2022-2023)

NHSN Home		Add Influenza Vaccination Summary
Alerts		Ver Aud mindenza Pacemation Summary
Reporting Plan	•	Man da fa ma Galda manda du 246 🔹
HCW	•	Mandatory fields marked with *
Lab Test	•	Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.
Exposure	×.	Facility ID *: Joy LTC Facility (30074) Vaccination type *: Influenza
Prophy/Treat	•	Influenza subtype *: Seasonal V
Import/Export		Flu Season *: 🗸



HCP Influenza Vaccination Summary

- Data are collected on denominator and numerator categories
 - Denominator categories:
 - HCP must be <u>physically</u> present in the facility for at least 1 working day between October 1 through March 31
 - · Includes both full-time and part-time HCP
 - Employee HCP
 - Non-employee HCP: Licensed independent practitioners (physicians, advanced practice nurses, and physician assistants)
 - Non-employee HCP: Adult students/trainees and volunteers
 - Numerator categories:
 - Influenza vaccinations, medical contraindications, declinations, and unknown status
- Facilities are <u>required</u> to report all numerator categories for the three denominator categories





Click "Save" to save the data

Date Last Modified: 08/26/2022

HCP categories			Non-Employee HCP	
		Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *		Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	100	100	50	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	100	100	50	0
 Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season 	0	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	0	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	0	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0

Custom Fields

Comments





Editing HCP Influenza Vaccination Data (cont.)

Click "Edit" to modify existing data

Date Last Modified: 08/26/2022

	Employee HCP		Non-Employee HCP	
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *		Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	100	100	50	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	100	100	50	0
 Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season 	0	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	0	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	0	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0
Custom Fields				
Comments				
^				





Common Issues (last season)

- NHSN-designated FA is no longer employed at the facility.
- FA and/or other NHSN users did not have Level 3 access.
- LTC component was de-activated while trying to activate the HPS component.
- Facilities not aware of the reporting deadline.



How To Be Prepared

- Ensure each entity has multiple NHSN users who have admin rights assigned to them.
- Ensure the person listed as FA is still with the facility.
- Ensure all NHSN users have Level 3 access.
 - If you do not currently have Level 3 access, you should have received an invitation from NHSN.
 - To request Level 3 access, please do so in NHSN-Service now or email <u>NHSN@cdc.gov</u> and put "SAMS Level 3 Access" in the email subject line.



Questions or Need Help?

Please use **NHSN-ServiceNow** to submit questions to the NHSN Help Desk. The new portal can be accessed <u>here</u> and should be used in place of <u>nhsn@cdc.gov</u>, <u>nhsntrain@cdc.gov</u>, and <u>nhsndua@cdc.gov</u>.

ServiceNow will help the NHSN team respond to your questions faster. Users will be authenticated using CDC's Secure Access Management Services (SAMS), the same way you access NHSN. If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

> For more information, please contact Centers for Disease Control and Prevention 1600 Clifton Road NE, Atlanta, GA 30333 Telephone, 1-800-CDC-INFO (232-4636) / TTY: 1-888-232-6348 E-mail: <u>cdcinfo@cdc.gov</u> Web: <u>www.cdc.gov</u>



Resources for HCP Flu Reporting

Where can facilities access training materials?

 Materials about annual HCP influenza vaccination data reporting are organized under the "Annual" reporting headings on this webpage: <u>HCP Flu Vaccination | HPS | NHSN | CDC</u>.

What are key training materials for LTCFs?

- This slide deck reviews how LTC facilities can report annual HCP influenza vaccination data through NHSN: <u>HCP Influenza Vaccination Summary (cdc.gov)</u>.
- This operational guidance document outlines the CMS reporting requirement: <u>Operational</u> <u>Guidance for Skilled Nursing Facilities to Report Annual Influenza Vaccination Data to CDC's</u> <u>NHSN</u>.
- There will be a refresher training for LTCFs this fall. Registration information will be provided at a later date.

Who do facilities contact with questions?

- Please direct all questions regarding CMS SNF QRP requirements and deadlines to <u>SNFQualityQuestions@cms.hhs.gov</u>.
- For questions on entering annual HCP influenza vaccination summary data through NHSN, please e-mail <u>nhsn@cdc.gov</u> with "HPS Flu Summary – LTCF" in the e-mail subject line.



NHSN Optional Reporting of Influenza and RSV Vaccination for LTC Residents



Is reporting Influenza and RSV vaccines for LTCF residents required?

- Reporting for influenza and RSV is optional
 - There are not currently any federal regulations for reporting these vaccines in this population
 - Reporting is still highly encouraged!



Objectives

Reporting for Respiratory Pathogens Vaccines and Cases

- Highlight optional influenza and RSV reporting for LTCF Residents:
 - Weekly influenza and RSV vaccination
 - Weekly positive influenza and RSV cases
- Review recent changes and updates:
 - Review optional collection forms
 - Review language and website changes
 - Discuss frequently asked questions

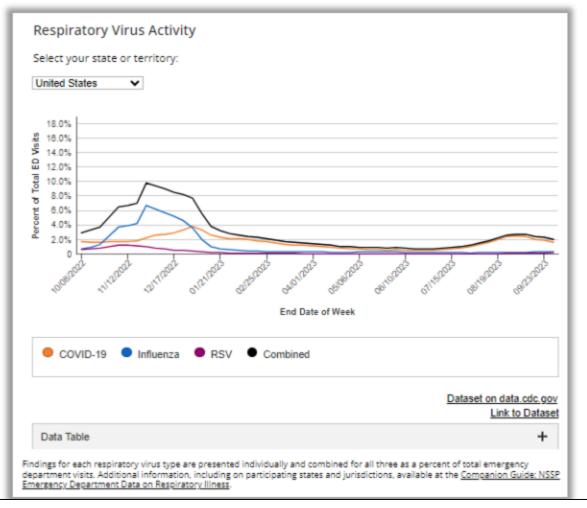
There are no changes for COVID-19 case or vaccination reporting



The "Big Three" Respiratory Pathogens

- COVID-19
- Influenza
- Respiratory Syncytial Virus Infection (RSV)

Vaccines are available for all 3 of these respiratory pathogens!





What is Considered Up to Date for these vaccines?

	2023-2024 Influenza	RSV	2023 – 2024 COVID–19
Definition of up to date:	Received an influenza vaccine any time from when it first became available in September 2023 Key Terms Document coming soon!		

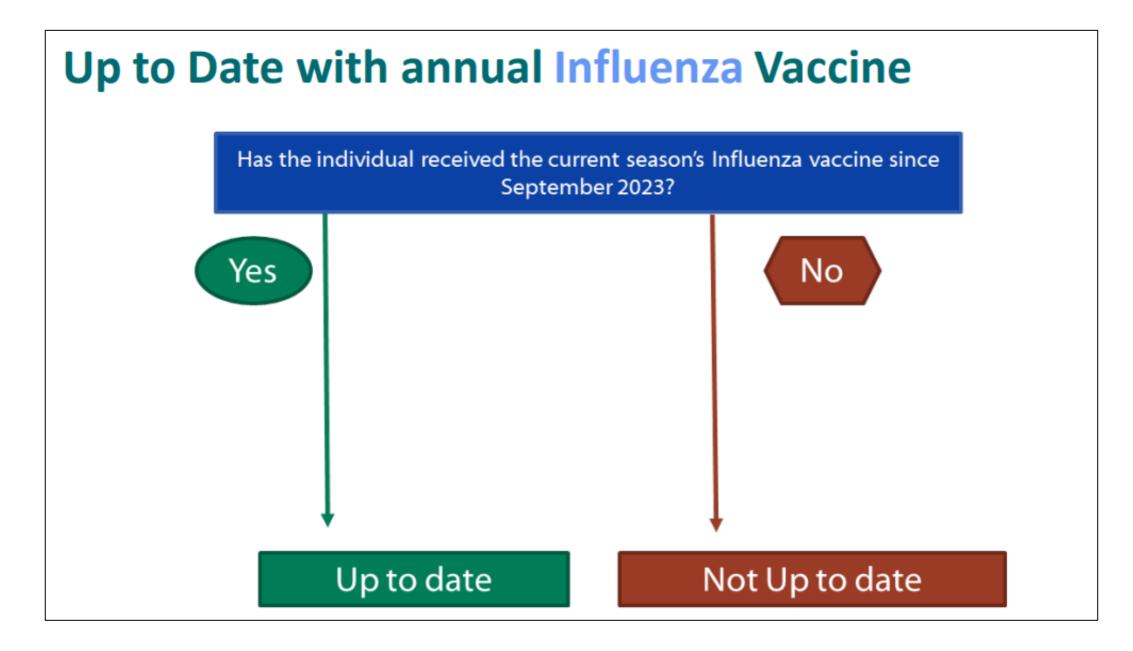


What is Considered Up to Date for these vaccines? (Cont.)

	2023-2024 Influenza	RSV	2023 – 2024 COVID–19
Definition of up to date:	Received an influenza vaccine any time from when it first became available in September 2023 Key Terms Document coming	Received RSV vaccination any time from when it first became available in August 2023	
	soon!	Key Terms Document coming soon!	

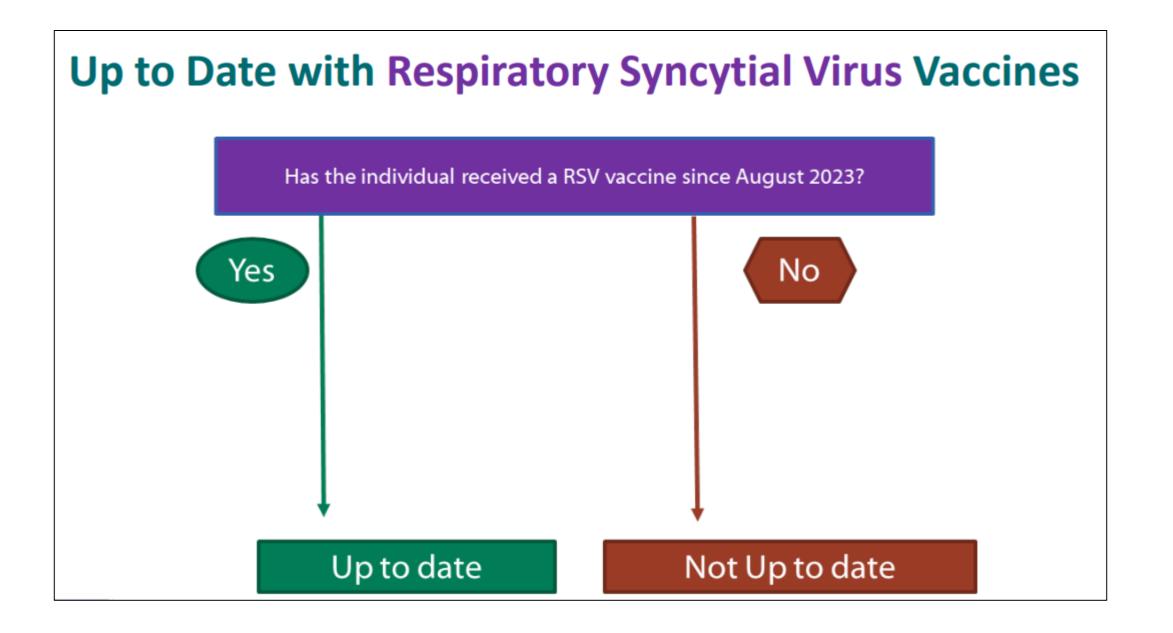
















Overview of Vaccination Reporting for LTCF Residents

- Overview Vaccination Data Collection Forms
 - Continue reporting COVID-19 vaccination per CMS requirements
 - Optional Influenza and RSV vaccination forms
 - Reporting tips
- .CSV Summary Vaccination Reporting
 - Key Points
 - Overview of Form



Influenza and RSV Vaccine Form

- Flu/RSV Total Residents (Question 1) is auto-populated from COVID-19 Residents tab
- 4 data fields for Flu/RSV vaccinations
 - Number of up to date
 - Number of medical
 - contraindications
 - Number offered but declined
 - Number other/unknown
- The 4 data fields need to add up to the number reported in Total Residents (Question1)

VID-19 Vaccine: HCP	COVID-19 Vaccine: Residents	Influenza/RSV: Residents (Optional)	New Optiona Tab		
Resident Flu/RSV Cur	nulative Vaccination Summary for Lo	ng-Term Care Facilities			
Date Created:					
Facility ID:	*V	accination type: Respiratory	Facility		
	10/09/2023 -		CCN#:		
 Week of Data Collect 		ate Last Modified:			
		e Vaccination Coverage			
Track Devidence		g: These data are NOT required.	ank of data collection 200		
Total Residents		his facility for at least 1 day during the w	aniantian fan averat		
	 Number of residents in question season 	#1 who are up to date with Influenza va	occination for current 90		
	Among those not in Question #2, rea	ison not up to date:			
Influenza Vaccination	2.1 *Medical contraindication to	influenza vaccine	2		
	2.2 *Offered but declined influen	za vaccine	8		
	2.3 *Other/unknown influenza vaccination status				
	3. *Number of residents in question #1 who are up to date with RSV vaccination				
	Among those not in Question #3, rea	ison not up to date:			
RSV Vaccination	3.1 *Medical contraindication to	RSV vaccine			
	3.2 *Offered but declined R5V va	ccine			
	3.3 *Other/unknown R5V vaccina	ation status			
		he Vaccine Adverse Event Reporting Sys orts from NHSN sites, please enter your			
threatening condition event. Other clipically signific prescribing information	s, or inpatient hospitalization) that oc	stration errors and serious adverse event cur after vaccination, even if it is not cert l in the provider emergency use authoriz: hcare providers should comply with VAE	ain that vaccination caused the ation (EUA) fact sheets or		
By saving these data 1) The data reported frequently asked que	in NHSN, facilities are agreeing to the are consistent with definitions outline stions).	following: ed in NHSN surveillance protocols (incluc edicaid Services (CMS) to fulfill CMS qua			



Reporting Influenza and RSV Vaccinations

- You can report:
 - Both Flu and RSV vaccination questions
 - Only Flu vaccination (questions 2-2.3)
 - Only RSV vaccination (questions 3-3.3)
 - Neither
- If you report in any data field for either vaccine. You must complete all vaccination questions for the associated vaccine.
- Users choose how often to report
 - Ideally in same weekly reporting cadence as COVID-19 Vaccine

						New Option
VID-19 Vaccine: HCF	P COVID-19 Vaccine: Resi	idents	Influenza/RS	W: Residents (Option	10	Tab
Resident Flu/RSV Cu	mulative Vaccination Summar	y for Lor	ng-Term Care Fa	cilities		
Date Created:						
*Facility ID:		* \/s	accination type:	Perminatory		ility
	10/09/2023 -				CC	N#:
 Week of Data Colle 	iction: 10/15/2023	*Da	ate Last Modifie	d:		
			Vaccination Co			
			; These data are			
Total Residents	 Number of residents state 					
	 Number of residents in a season 	question	#1 who are up t	o date with Influenza	vaccination for	current 90
	Among those not in Questio	n #2, rea	son not up to da	te:		
Influenza Vaccination	2.1 *Medical contraindic	ation to i	nfluenza vaccine	e		2
	2.2 *Offered but declined	dinfluen	za vaccine			8
	2.3 *Other/unknown infl	uenza va	ccination status			0
	3. *Number of residents in a	question	#1 who are up t	o date with RSV vacci	nation	
	Among those not in Questio	n#3, rea	son not up to da	te:		
RSV Vaccination	3.1 Medical contraindic	ation to P	RSV vaccine			
	3.2 *Offered but declined RSV vaccine					
	3.3 *Other/unknown RS\	/vaccina	tion status			
Clinically significant https://vaers.hhs.go VAERS form.	adverse events should be repo w <u>reportevent.html</u> . To help ider	rted to th ntify repo	he Vaccine Adve orts from NHSN	rse Event Reporting S sites, please enter yo	ystem (VAERS) ur NHSN orgID	at In Box 26 of the
	adverse events include vaccine ns, or inpatient hospitalization)					
prescribing informat	ficant adverse events may be d ion for the COVID-19 vaccine(r prescribing information.	escribed s). Health	in the provider of ncare providers :	emergency use author should comply with V/	ization (EUA) f: AERS reporting	act sheets or requirements
 The data reporte frequently asked qui 	a in NHSN, facilities are agreein d are consistent with definition estions). Jent to the Centers for Medicar	s outline	d in NHŠN surv	, , , ,	-	



Review the Influenza/RSV Tab after Data Change

- Review that week's Flu and RSV data after changing COVID-19 total residents
- On the Flu and RSV tab totals do not add to 80
- Their totals will need to be changed in order to match the new total in Question 1

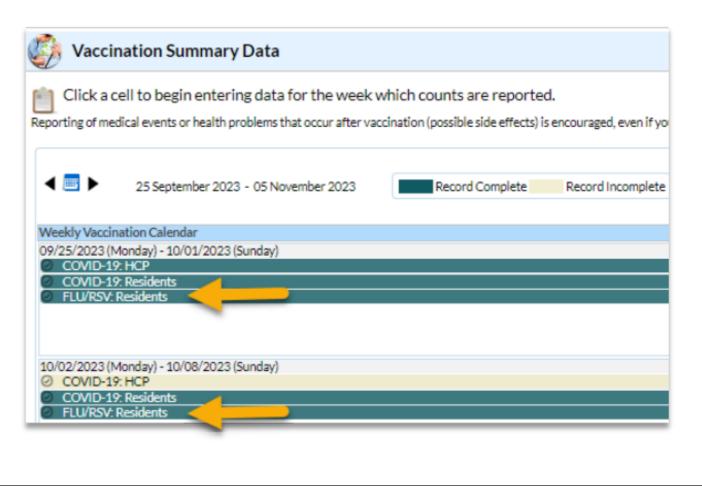
	2023 3:51PM		
Facility ID: Week of Data Collection: 50/02/	Vaccination type: Respiratory Facility CCN # 2023 + 10/08/2023 *Date Last Modified: Oct 3 2023 3:51PM		
	Cumulative Vaccination Coverage	Influenza totals do not	
	Optional Reporting: These data are NOT required.	add to 80 total residents	
Total Residents	1. *Number of residents staying in this facility for at least 1 day during the week of data collection	add to 80 total residents	
	2. *Number of residents in question #1 who are up to date with Influenza vaccination for current season		95
	Among those not in Question #2, reason not up to date:		
Influenza Vaccination	2.1 *Medical contraindication to influenza vaccine		0
	2.2 *Offered but declined influenza vaccine		5
	2.3 *Other/unknown Influenza vaccination status	RSV totals do not add	0
R5V Veccinetian	3. *Number of residents in question #1 who are up to date with RSV vaccination	to 80 total residents	20
	Among those not in Question #3, reason not up to date:		
	3.1 Medical contraindication to RSV vaccine		
	3.2 *Offered but declined RSV vaccine		60
	3.3 *Other/unknown RSV vaccination status		15
Clinically significant adverse even https://wers.hhs.gov/reportevent	ts should be reported to the Vaccine Adverse Event Reporting System (VAERS) at html: To help identify reports from NHSN sites, please enter your NHSN org/D in Box 26 of the VAERS form.		
Clinically classificant advance even	ts include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospital	instine) that some after convinction, even Wittle not certain that convinction	so caused the event
Other clinically significant adverse EUAs or prescribing information.	e events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-	19 vaccine(s). Healthcare providers should comply with VAERS reporting	requirements described in
	illifies are agreeing to the following:		





Weekly Vaccination Calendar

- Verify data submission on the Weekly Vaccination Calendar
- After saving data, it will be highlighted green
- Tan means data has not been submitted





How frequently do I report Influenza and RSV vaccines for Long Term Care Residents?

The Flu/RSV form is set up for weekly reporting

Ideally, use same weekly reporting cadence as COVID-19 vaccines

Users have ability to choose which weeks to report





Key Points for Vaccination

- For surveillance purposes, NHSN will refer to surveillance of COVID-19, RSV, and Influenza vaccination as COVID-19/Respiratory Pathogens Vaccination
- Reporting Influenza and RSV Vaccines for Residents is OPTIONAL
- Report by entering data directly into NHSN summary form or using .CSV file
 - Flu/RSV is a separate .CSV form from the COVID-19 .CSV
 - Person level forms will be available in June 2024
- Materials will be available through LTCF COVID-19/Respiratory Pathogens Vaccination website in the next week





Home

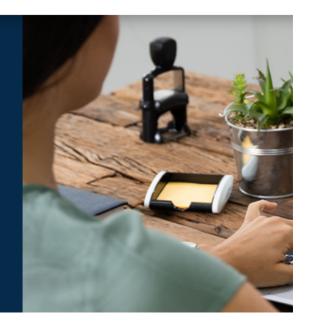
Programs

Events

Resources

NHSH Shop Talk for Long-Term Care **Facilities**

A shop talk is a webinar hosted by Alliant to share information and resources



Shop Talks & Quickinars

https://quality.allianthealth.org/topic/shop-talks/



Contact the Patient Safety Team

patientsafety@alliantHealth.org



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Questions?





Mark Your Calendar!



Shop Talk 3rd Thursdays at 2 p.m. ET

Registration Link

Visit our website for more info:

https://quality.allianthealth.org/topic/shop-talks/



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS







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 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

with emergency preparedness plans

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

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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