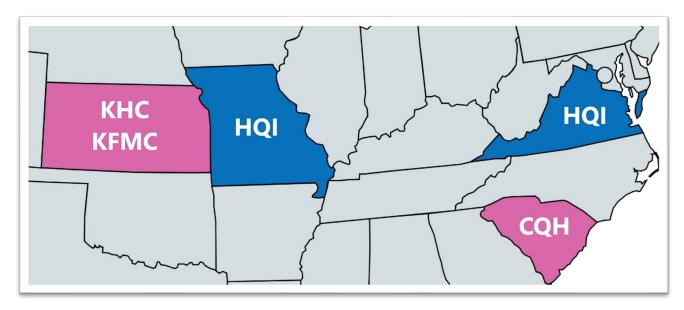






* Health Quality Innovation Network

















Logistics – Zoom Meeting





To ask questions, click on the **Chat** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking the caret next to the **Mute** icon.





Today's Presenters





DeAnn Richards has worked in infection prevention and occupational health for more than 30 years. She is certified in infection control, long-term care infection control, healthcare quality, and patient safety. While she began her healthcare career in long-term care, DeAnn has worked in multiple settings. She has held WI chapter leader positions, is a past APIC membership engagement chair and is an APIC faculty member.



Julie Richards has worked in infection control since 2013. She has been an RN for more than 28 years and holds CIC certification and Fellow designation with APIC. She is a published author and has shared her expertise at local and national events. She has served on the Greater KC APIC Board for more than seven years, including as president in 2020. She has contributed to the National APIC Public Policy Committee and was awarded the APIC Leaders Award in 2019.





Health Quality Innovation Network



Infection Prevention and Control Office Hours

Respiratory Outcome
Surveillance and Quality
Assurance and Performance
Improvement (QAPI) Reporting

Presented by: DeAnn Richards, RN, BSN, CIC, LTC-CIP, CPHQ, CPPS October 9, 2024



Objectives



- Acknowledge respiratory healthcare worker and resident reporting elements and data collection methods
- Address facility vaccine hesitancy and possible means, resources and tools to increase acceptance
- Ask questions of the subject matter experts to clarify individual and facility understanding of best practices







Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICANE & MEDICANE SERVICES

Polling Question

Which respiratory outcomes elements do you report to QAPI?

- A. Vaccination
- B. Outcome surveillance (e.g., URI)
- C. Process surveillance outcome (e.g., hand hygiene, PPE)
- D. All of these
- E. None of these









Quality Assurance and Performance Improvement

Quality Assurance (CMS definition)

A process of meeting quality standards and assuring that care reaches an acceptable level.

Performance Improvement

An ongoing continuous cycle that focuses on resident clinical outcomes, customer satisfaction and service.

Sources of QAPI data:

- Facility data systems
- Healthcare personnel
- LTC residents
- LTC residents' families
- Other LTC stakeholders





Respiratory Possible Reporting Elements



Outcome surveillance:

- HAI URI (e.g., McGeer criteria)
- Respiratory outbreaks
- Reportable diseases

Type of Infection	Signs and Symptoms	Comments
☐ Common cold syndrome or pharyngitis	MUST HAVE at least 2 of the following: Runny nose or sneezing Stuffy nose (i.e., congestion) Sore throat or hoarseness or difficulty swallowing Dry cough Swollen or tender glands in neck (cervical lymphadenopathy)	Fever may or may not be present. Symptoms must be new and not attributable to allergies.
□ Influenza – like Illness (ILI)	MUST HAVE fever*MUST HAVE at least 3 of the following: Chills New headache or eye pain Myalgias or body aches Malaise or loss of appetite Sore throat New or increased dry cough	If criteria for influenza-like illness and another upper or lower respiratory tract infection (RTI) are met at the same time, ONLY the diagnosis of influenza-like illness should be recorded. Because of increasing uncertainty surrounding the timing of the start of influenza season, the peak of influenza activity, and the length of the season, "seasonality" is no longer a criterion to define influenza-like illness.





Respiratory Possible Reporting Elements, cont'd

Quality Improvement Organizations

Outcome surveillance:

- Vaccination rates
- Fit testing outcomes
- TBP numbers and reason

Residents who are up-to-date on their vaccines

★ Higher percentages are better

Staff who are up-to-date on their vaccines

♠ Higher percentages are better

Percentage of long-stay residents who needed and got a flu shot for the current flu season

↑ Higher percentages are better

Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia

♠ Higher percentages are better

19%

National average: 31% Kansas average: 32%

4.4%

National average: 9.9% Kansas average: 7.6%

90.7%

National average: 94.9% Kansas average: 94.8%

74.3%

National average: 92.6% Kansas average: 90.7%





Respiratory Possible Reporting Elements, cont'd

Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES

Process surveillance:

- Hand hygiene
- PPE
- Cleaning and disinfection

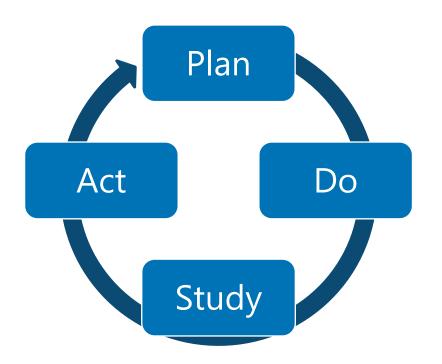






Plan, Do, Study, Act (PDSA)





Performance and quality improvement is a cyclical activity





Vaccine Hesitancy

Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICARIO SERVICES

Residents:

- Knowledgeable individuals educate and answer questions
- Resident council meeting



HCWs:

- Carrot or stick
- Access to a trusted individual(s)
- VAERS
- Broken record technique and short spurts
- Vaccine champion(s)
- Values of liberty, purity and heart





Vaccine Hesitancy, cont'd



Both residents and HCPs:

- Access to vaccines
- Actively track vaccinations
- Hold clinics regularly
- Ensure there is a process to determine if vaccinated elsewhere
- During or after an outbreak, share how vaccinations could impact the situation

- Utilize the medical director or trusted individual for one-on-one discussions
- Education provided before offered
- Talk with provider
- Replicate your effective vaccination program(s)





Vaccine Hesitancy, cont'd



Data collection:

- NHSN access
- Add and remove HCP
- Add and remove residents
- Collect declination reasons
- Contracted staff

Visual reminders:

- Benefits
- Who to contact if interested
- Resident eye level
- Understood languages
- Health literacy level and cognitive function
- Address misinformation





Facility Considerations to Address **Vaccine Hesitancy**

Element	Implement	Consider in Future	Not Viable
Expand NHSN access to additional individuals for data entry.			
Ensure there is a process to add new hires and remove terminated individuals from the data collection records.			
Ensure there is a process to add new admissions and remove terminated individuals from the data collection records.			
On the declination form, include common reasons for declination (e.g., contraindication, previously vaccinated, fear of needles, etc.) to determine when/if the vaccine will be offered in the future, educational opportunities, and trends that may be addressed.			
Engage with and listen to your residents and HCPs to identify and analyze perceptions, content gaps, information voids, and misinformation.			
Add posters on the benefits of vaccination in common areas.			
Add posters to identify who to contact if vaccination is desired.			
Post materials at the resident eye level, in languages understood by residents, and consistent with the residents' health literacy level and cognitive function.			
Validate the plan to access vaccination is operational.			
Validate contracted staff vaccination status is addressed.			
Actively track the vaccination program outcomes, including when and how education was provided. The decision is documented (e.g., declination form, which indicates why it was declined, the benefits of vaccination, and how to access it if they change their mind).			



Element	Implement	Consider in Future	Not Viable
Utilize the medical director to advocate for individuals to be vaccinated.			
Determine the best individual the staff trusts to provide one- on-one sessions to answer unvaccinated staff questions and concerns.			
Assign a knowledgeable person to speak with family members or ensure the individual assigned to this task has current information, including how to address misinformation.			
Ensure that a trained individual educates all residents and HCPs regarding vaccinations before they are offered the vaccination.			
Determine what additional measures the HCW must take if they choose to remain unvaccinated or not up to date (e.g., wearing a mask while in the building during influenza season).			
Arrange for a trusted individual to present at the resident council meeting and at an all-staff meeting about benefits of vaccinations, vaccination plans and answer questions.			
Address common misinformation with posters in a visible location(s).			





Resources



- Facility Considerations to Address Vaccine Hesitancy | HQIN
- Vaccine Hesitancy/Misinformation Resources | HQIN
- Resident COVID-19 Vaccination Program QAPI Review | HQIN
- COVID-19 Vaccination Tracking Tool | HQIN
- QAPI at a Glance: A Step-by-Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home
- U.S. Department of Health & Human Services QAPI Process Tool Framework
- Statewide Program for Infection Control and Epidemiology: Respiratory Tract Infections
- Centers for Disease Control and Prevention (CDC) Respiratory Illnesses Data Channel
- Centers for Disease Control and Prevention (CDC) Healthcare-Associated Infections Outbreak Investigations Toolkit
- Administration for Strategic Preparedness and Response (ASPR) Outbreak Considerations for Long-Term Care Communities
- Centers for Medicare & Medicaid Services (CMS) QSO-20-38-NH (Reportable Diseases)
- Nursing Home Compare
- Occupational Safety and Health Administration (OSHA) Respiratory Protection
- SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility
- SHEA Reliability of Nonlocalized Signs and Symptoms as Indicators of the Presence of Infection in Nursing-Home Residents





Resources, cont'd



- AHCA Tips for Meeting the Immunization Requirements in Skilled Nursing and LTC Facilities
- Long-term risks of respiratory diseases in patients infected with SARS-CoV-2 study
- Early Estimates of Updated 2023–2024 (Monovalent XBB.1.5) COVID-19 Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection Attributable to Co-Circulating Omicron Variants Among Immunocompetent Adults
- Building Confidence in COVID-19 Vaccines
- 12 COVID-19 Vaccination Strategies for Your Community
- Benefits of Getting a COVID-19 Vaccine
- Myths & Facts about COVID-19 Vaccines
- Talking with Patients about COVID-19 Vaccination
- COVID-19 Vaccine Frequently Asked Questions
- COVID-19 Vaccination for Long-term Care Residents
- CDC Bridge Access Program for Free COVID-19 Vaccines for Adults
- Your Health Can't Wait, Vaccinate! Resources | HQIN
- Vaccinations/Immunizations | HQIN
- Patients, Families & Caregivers: Vaccinations/Immunizations | HQIN





Office Hours Q&A



To ask questions, click on the **Chat** icon.

Raise your hand if you would like to ask a question verbally.







Next Office Hours: October 16, 2024 Respiratory Virus Season and the Connection to the Environment of Care

Registration link: https://apic.zoom.us/meeting/register/tZApceCuqTwjEtJWE7ZuF0dT3iZydxl6JqCz

Today's Office Hours Evaluation link: https://apic.qualtrics.com/jfe/form/SV_3a7hzGdVFJJcq5U







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