

Guidance and responses were provided based on information known on 03.14.24 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

# COVID-19 and LTC

March 14, 2024



NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

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Slides and a recording of this presentation will be available on the ICAP website:

<https://icap.nebraskamed.com/events/webinar-archive/>

Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator. If your question is not answered during the webinar, please either e-mail NE ICAP or call during our office hours to speak with one of our IPs.



# Continuing Education Disclosures

- 1.0 Nursing Contact Hour and 1 NAB Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar and complete the post webinar survey
- No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content
- This CE is hosted by Nebraska Medicine along with Nebraska ICAP and Nebraska DHHS
- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation

# **TMF Health Quality Institute Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network – Quality Improvement Organization (QIN-QIO)**

Melody Malone, PT, CPHQ, MHA  
Quality Improvement Specialist

# Upcoming NHSN Events

National Healthcare Safety Network (NHSN) Training for Health Care Personnel (HCP) Influenza Vaccination Data Reporting:

- Thursday, March 28, 2024, at 1 p.m. CT – webinar replay
  - › [Register](#)
- Thursday, April 25, 2024, at 1 p.m. CT – webinar replay
  - › [Register](#)

# NHSN HCP Influenza Vaccination Data Reporting

- [NHSN HCP Flu Vaccination webpage](#)
- NHSN slides:
  - › [Healthcare Personnel Safety \(HPS\) Component Healthcare Personnel Vaccination Module Influenza Vaccination Summary Long-Term Care Facilities](#)
- Component:
  - › [Enrollment Level 3 Access and HPS Component Activation](#)
  - › This document provides instructions on how long-term care facilities can activate the HPS

**\*\*Do not re-enroll your facility in NHSN\*\***

# Count Down to Flu Reporting

- Due no later than May 15
- Can be reported for a final count after March 31
- Must add HCP component to the facility's account, if not already added

See the following TMF recordings and tools:

- [LTC Connect: New Year, New NHSN Refresher](#)
- [How to Use the NHSN Annual Flu Vaccine for HCPs Tracker](#)
- [Annual Flu Vaccine Reporting for HCPs Tracker](#)

# Flu Season

**Oct. 1 – March 31** each season

- Calculated once each year
- Calculated about 45 days after the close of the first quarter
- Shows up on Care Compare, usually in the July update
- Submit staff flu data to NHSN on or before May 15 each year



**TIP:** Report staff flu data on April 1



# Care Compare Data

## Flu and Pneumonia Prevention Measure – Short-stay Residents

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

↑ *Higher percentages are better*

**78.9%**

National average: 76.2%

Nebraska average: 72.5%

Percentage of healthcare personnel who got a flu shot for the current season

↑ *Higher percentages are better*

**Not available** <sup>10</sup>

National average: 47%



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

↑ *Higher percentages are better*

**74.4%**

National average: 79.7%

Nebraska average: 78.9%

# Care Compare Data

## Flu and Pneumonia Prevention Measure – Long-stay Residents

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

↑ *Higher percentages are better*

**100%**

National average: 94.7%

Nebraska average: 95.7%

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

↑ *Higher percentages are better*

**99.4%**

National average: 92%

Nebraska average: 91.4%

## 6.1 Task 1 Influenza Vaccination (Suppressed)

42 CFR 460.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

**Filters:** Provider filter applies to all pages of this report.

### Recruited Provider

All

State

NE

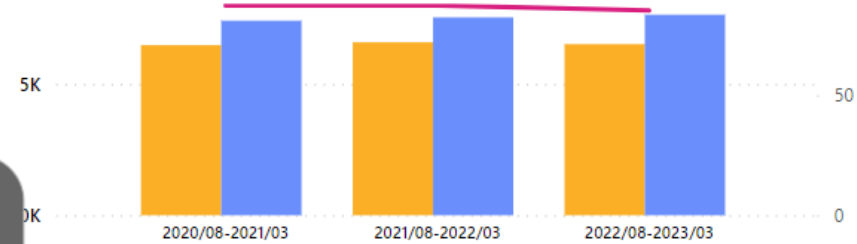
QIS

All

Adj RIR  
-16.6%

### Trends by Period and Selected Filter

● Numerator ● Denominator ● Rate (%)



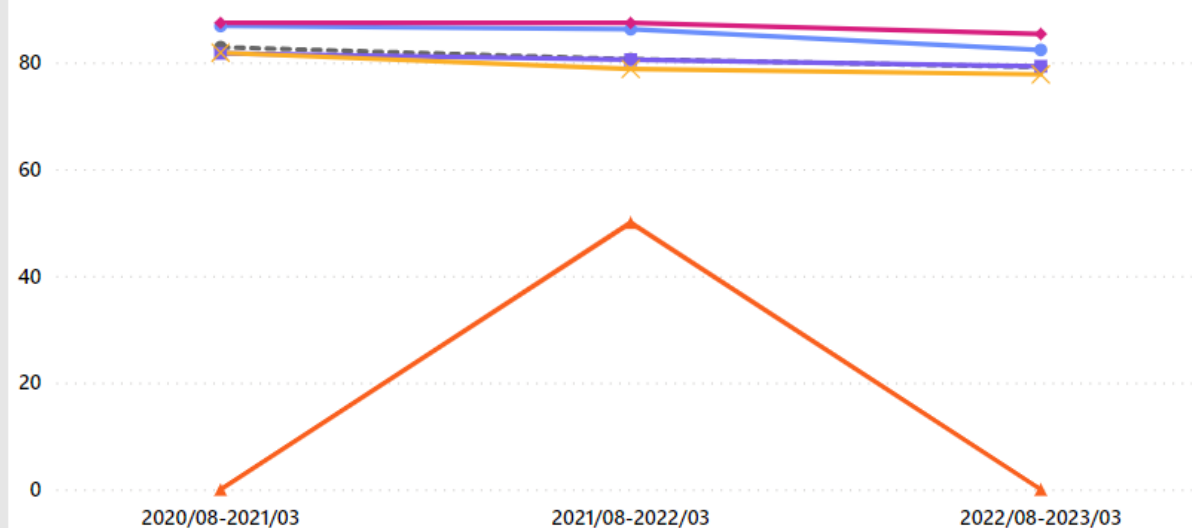
### Scrollable Data by Selected Filter

State	Numerator	Denominator	Providers
NE			
2020/08-2021/03	6,484	7,417	160
2021/08-2022/03	6,593	7,542	160
2022/08-2023/03	6,523	7,644	160

1,121 long-stay residents declined the flu vaccine last season

### Rates by State and Period (%)

● Regional ● AR ● MS ● NE ● PR ● TX ● Provider



Desired Outcome



## 6.2 Task 1 Pneumococcal Vaccine (Suppressed)

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

**Filters:** Provider filter applies to all pages of this report.

### Recruited Provider

All

State

NE

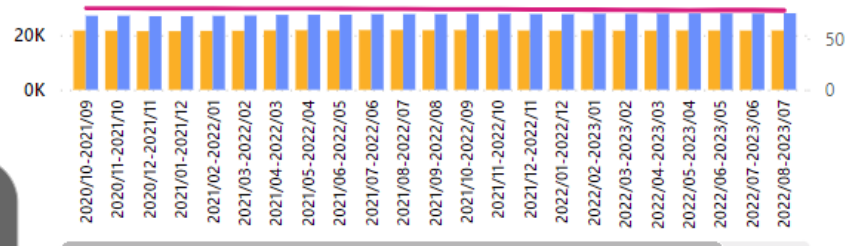
QIS

All

Adj RIR  
-12.8%

### Trends by Period and Selected Filter

● Numerator ● Denominator ● Rate (%)



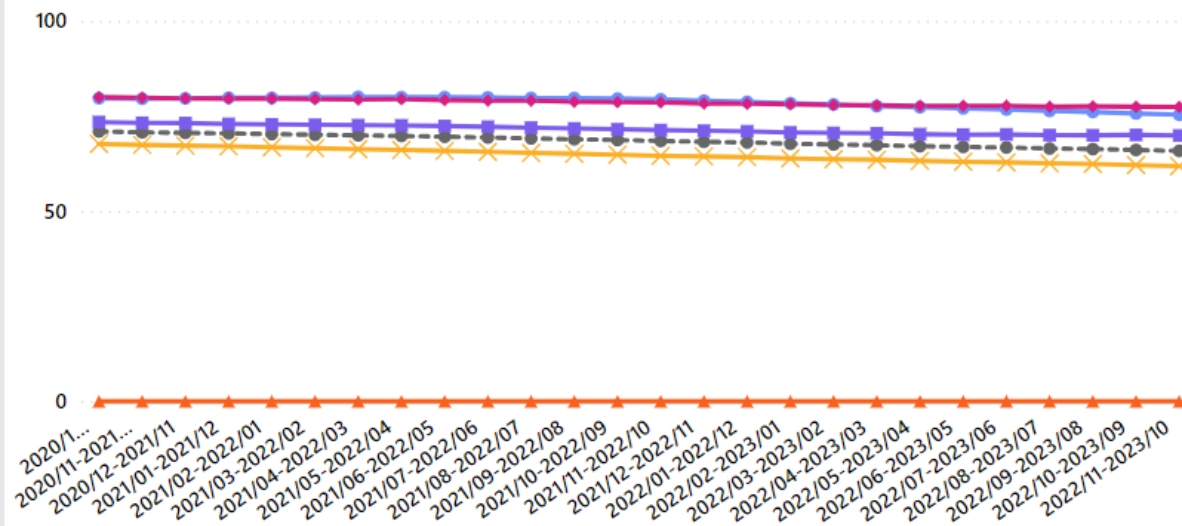
### Scrollable Data by Selected Filter

State	Numerator	Denominator	Providers
2021/06-2022/05	21,748	27,461	160
2021/07-2022/06	21,859	27,657	160
2021/08-2022/07	21,877	27,681	160
2021/09-2022/08	21,799	27,682	160
2021/10-2022/09	21,846	27,774	160
2021/11-2022/10	21,817	27,759	160
2021/12-2022/11	21,702	27,712	160
2022/09-2023/08	21,725	28,017	160
2022/10-2023/09	21,773	28,114	160
2022/11-2023/10	21,810	28,179	160

Approximately 1,592 long-stay residents declined the pneumococcal vaccine

### Rates by State and Period (%)

● Regional ● AR ● MS ● NE ● PR ● TX ● Provider



Desired Outcome



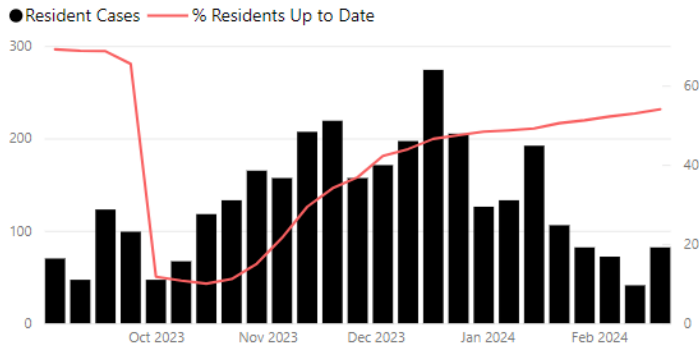
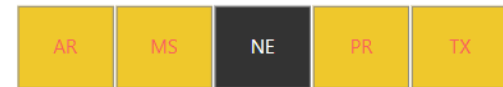
# NHSN COVID-19 Vaccination Data

NHSN data as of:

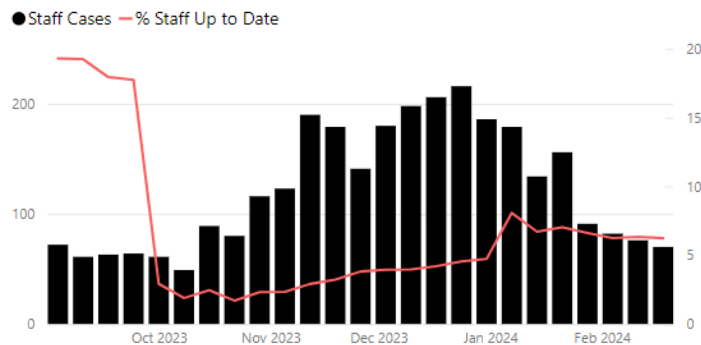
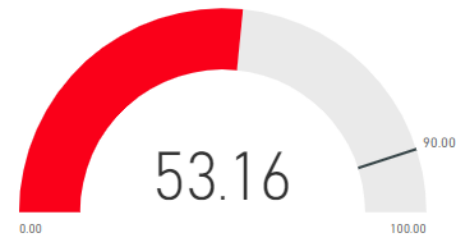
Sunday, February 18, 2024

Latest Week Ending

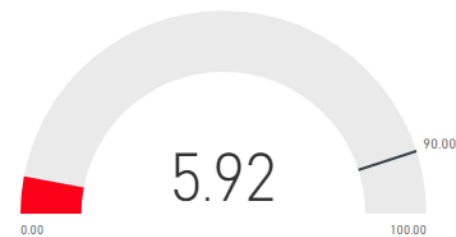
Select a view



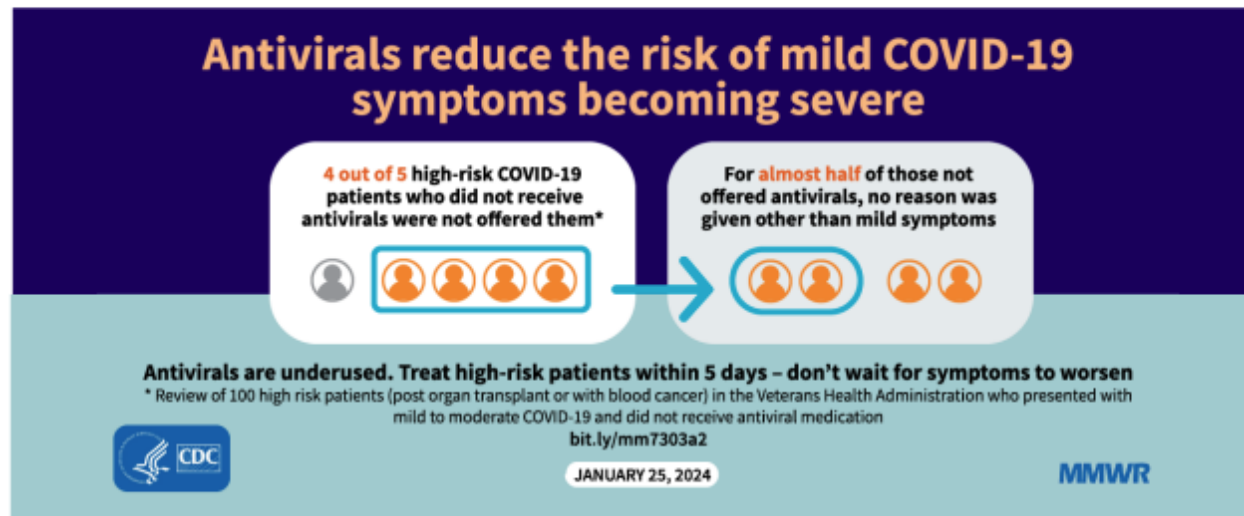
% Current Residents Up to Date



% Current Staff Up to Date



# Don't Wait — TREAT!



Source: [Underuse of Antiviral Drugs to Prevent Progression to Severe COVID-19](#), Centers for Disease Control and Prevention (CDC)

- The antiviral drugs **ritonavir-boosted nirmatrelvir (Paxlovid)** and **remdesivir (Veklury)** are the preferred treatments for eligible adults and children who are at high risk for progression to severe COVID-19.
- Use of the antiviral drugs Paxlovid and Veklury is approved by the U.S. Food and Drug Administration (FDA); molnupiravir (Lagevrio) is authorized for emergency use.
- Clinicians should consider COVID-19 treatment in individuals with [mild-to-moderate COVID-19](#) who have one or more [risk factors for severe COVID-19](#). Treatment must be started as soon as possible and within 5–7 days of symptom onset.
- Plan for [therapeutics](#) in advance in the event of a positive test result to prevent severe COVID-19-associated illness, including death.

## Risk factors for severe COVID-19:

- Age over 50 years, with risk increasing substantially at age 65 and older
- [Being unvaccinated](#) or not being [up to date](#) on [COVID-19 vaccination](#)
- [Specific medical conditions](#), including immunocompromising conditions



# COVID-19 Therapeutics Fact Sheet

The spectrum of medical therapies to treat COVID-19 is rapidly evolving and these medications are used at different times. Therapeutics are indicated for the treatment of mild to moderate COVID-19 in non-hospitalized individuals with laboratory-confirmed SARS-CoV-2 infection, who are at high risk for progressing to severe disease and/or hospitalization.

People who test positive for the virus are more likely to get very sick from COVID-19, especially:

- » [Age over 50 years](#), with risk increasing substantially at age  $\geq 65$  years
- » Being unvaccinated or not being [up to date](#) on COVID-19 vaccinations
- » [Specific medical conditions](#), including immunocompromising conditions, chronic lung disease, cardiovascular disease, diabetes or obesity

## Treatment Options

It is important to check with the Administration for Strategic Preparedness and Response (ASPR) [Treatment Options for COVID-19](#) prior to initiating therapy, as recommendations are frequently updated due to viral mutations. The below table is [current as of Feb. 20, 2024](#).

Therapeutic	Type of treatment	Start time after symptoms first appear
Paxlovid	Oral antiviral (pills)	As soon as possible and up to <b>5 days</b>
Lagevrio (molnupiravir)	Oral antiviral (pills)	As soon as possible and up to <b>5 days</b>
Veklury® (remdesivir)	IV infusion antiviral	As soon as possible and up to <b>7 days</b>

Every person who tests positive for COVID-19 should be evaluated to determine whether the use of an available therapeutic is appropriate. Therapeutics can prevent serious illness and save the lives of high-risk individuals who would otherwise be at risk of severe complications.

## Resources

- » [COVID-19 Therapeutics Announcements](#), ASPR
- » [COVID-19 Treatments and Medications](#), Centers for Disease Control and Prevention (CDC)
- » [Find COVID-19 Medications](#), ASPR
- » Fact sheets for health care providers (PDFs):
  - » [Paxlovid](#), U.S. Food and Drug Administration (FDA)
  - » [Veklury/Remdesivir Prescribing Information](#), Gilead Sciences, Inc.
  - » [Lagevrio/Molnupiravir](#), FDA
- » [Paxlovid Eligibility Screening Checklist Tool](#) (PDF), FDA National Institutes of Health
- » [Therapeutic Management of Nonhospitalized Adults with COVID-19](#), National Institutes of Health (NIH)

# CMS-Targeted COVID-19 Training

Frontline nursing home staff and management **learning module test-out available** through the [CMS Quality, Safety & Education Portal](#)

- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#) (PDF)
- [QSEP Group Training Instructions – Spanish](#) (PDF)



# CMS-Targeted COVID-19 Training: New Tools

- User Guide: [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#)
- **Kudos Kit**
  - › [Customizable press release template](#)
  - › [Customizable, printable poster](#)
  - › [Standard, non-customizable, printable poster](#)
  - › [Customizable, printable badges for staff](#)
  - › [Customizable, printable badges for management](#)
  - › [Sample social media posts](#)



# CME Training Event

- TMF's [Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians](https://learn.tmf.org) is an on-demand monthly training series to help nursing home medical directors shape the ethos and operational excellence of the facilities they oversee
- Physicians will earn continuing medical education and medical directors will earn certified medical director credit for each monthly topic through November 2024

## Earn Continuing Medical Education (CME) Credit for Physicians and Certified Medical Directors

*Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians – Employee Health and Safety*

Sign up now: <https://learn.tmf.org>



Swati Gaur, MD, MBA, CMD, AGSF  
Medical Director  
Northeast Georgia Health  
Associate Chief Medical Officer  
Rainmakers



Karl E. Steinberg, MD, CMD, HMD, HEC-C  
Chief Medical Officer  
Northeast Georgia Health  
Beecon Health, Mariner Healthcare Central



Mamata Yanamadala, MBBS, MS  
Associate Professor  
Northeast Georgia Health  
Duke University School of Medicine

TMF Health Quality Institute's **Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians** is an on-demand monthly training series to help nursing home medical directors shape the ethos and operational excellence of the facilities they oversee.

Physicians will earn continuing medical education (CME) and medical directors will earn Certified Medical Director (CMD) credit for each monthly topic through November 2024.

For questions, please contact TMF Health Quality Institute at [NHConnect@tmf.org](mailto:NHConnect@tmf.org).

### Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians – Employee Health and Safety

#### Physician CME

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint provider ship of TMF Health Quality Institute and Rainmakers. TMF Health Quality Institute is accredited by TMA to provide continuing medical education for physicians.
- TMF Health Quality Institute designates this enduring material for a maximum of 1.0 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### CMD Credit Statement

- This CME activity has been pre-approved by the American Board of Post-Acute and Long-Term Care Medicine (ABPLM) for a total of **1 management hour** toward certification as a Certified Medical Director (CMD) in post-acute and long-term care medicine. The CMD program is administered by the ABPLM. Each physician should claim only those hours of credit actually spent on the activity.

#### Certificate of Attendance

- TMF Health Quality Institute Continuing Education has designated 1.00 contact hours for attendance.

# March Nursing Home Connect Events

**Thursdays, 1:30 – 2:30 p.m. CT**

**March 14**

[NHSN Reporting Made Easy](#)

**March 21**

[Preventing Adverse Drug Events in Long-Term Care](#)

**March 28**

[The Taste of Satisfaction](#)

*Register [once](#) for multiple TMF QIN-QIO events.*

# TMF QIN-QIO Resources

Website: [tmfnetworks.org](http://tmfnetworks.org)

- [How to Create an Account on the TMF Networks.org](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement Video Series](#)
- [Nursing Home Recorded Events](#)

# Questions? Suggestions? Thoughts?

If your question was  
not answered in this  
session, please  
email us at:

[NHConnect@tmf.org](mailto:NHConnect@tmf.org)

Connect with us on  
Facebook:

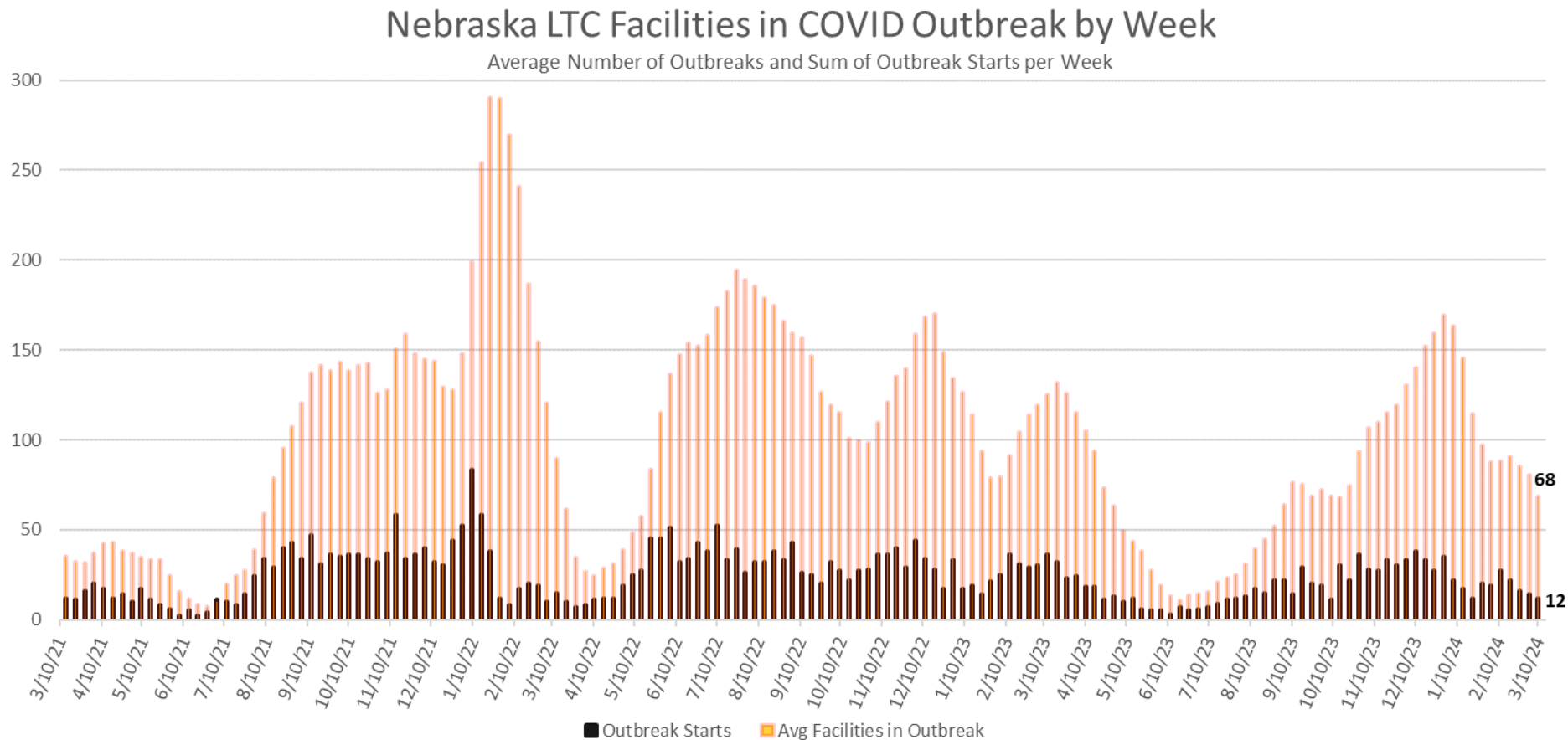


[TMF QIN Nursing Home  
Quality Improvement](#)

# Nebraska Statistics



# Nebraska LTC Facility COVID-19 Outbreaks



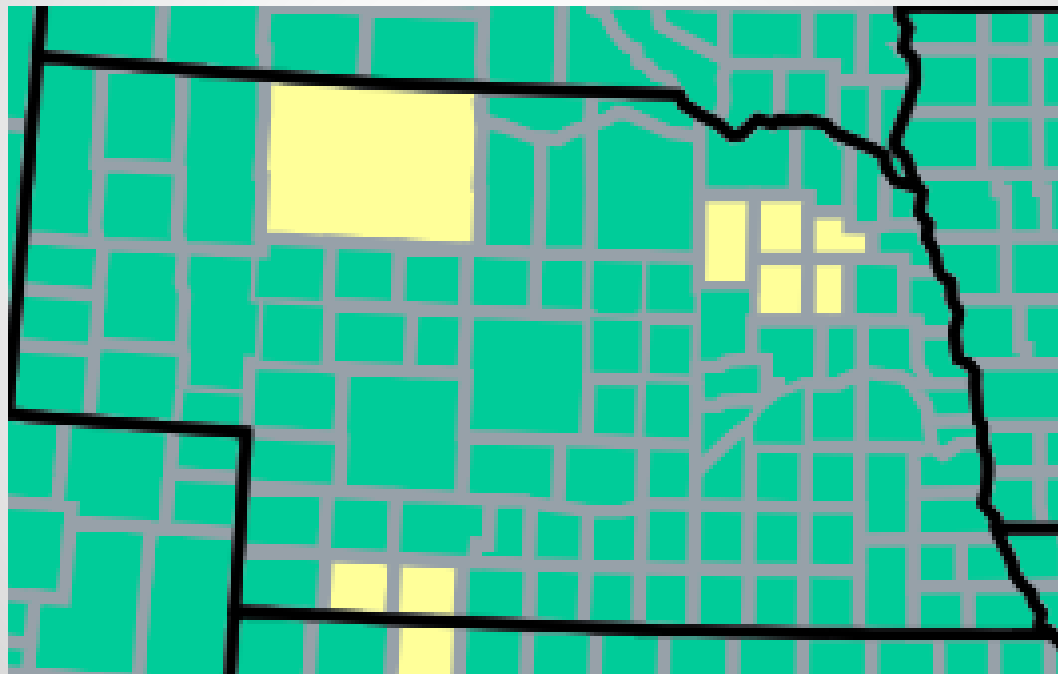
\*\*Updated: 3/11/2024

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.

# CDC COVID-19 Data Tracker

## US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County

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 March 2, 2024.



● Low (<10.0) ● Medium (10.0 to 19.9) ● High (≥20.0) ● Insufficient data



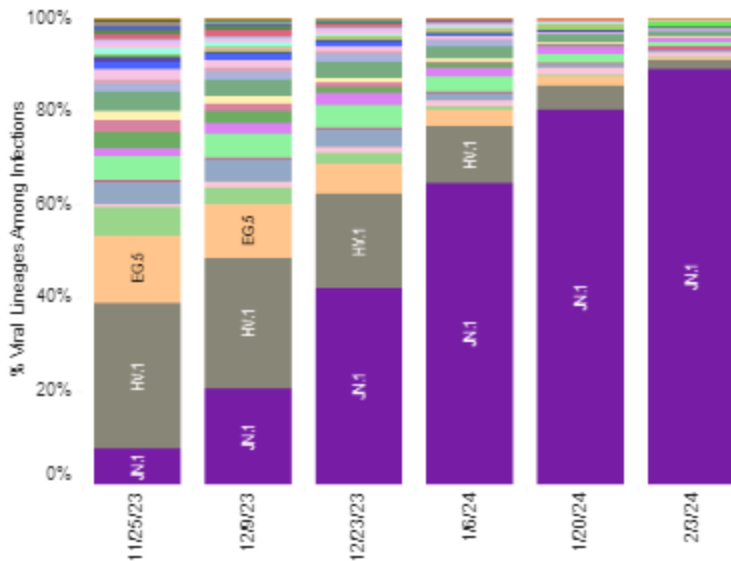
# What's happening with variants?

Weighted and Nowcast Estimates in United States for 2-Week Periods in 11/12/2023 – 3/2/2024

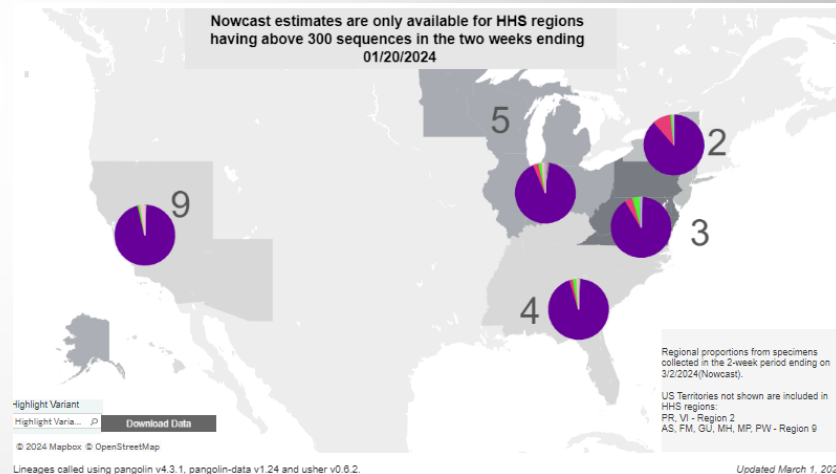
Weighted and Nowcast Estimates for two-week period 2/18/24 – 3/2/24

Weighted Estimates: Variant proportions based on reported genomic sequencing results

Nowcast: Model-based projected estimates of variant proportions



Collection date, two-week period ending



# Wastewater Surveillance

Time Period: Feb 19, 2024 – Mar 04, 2024

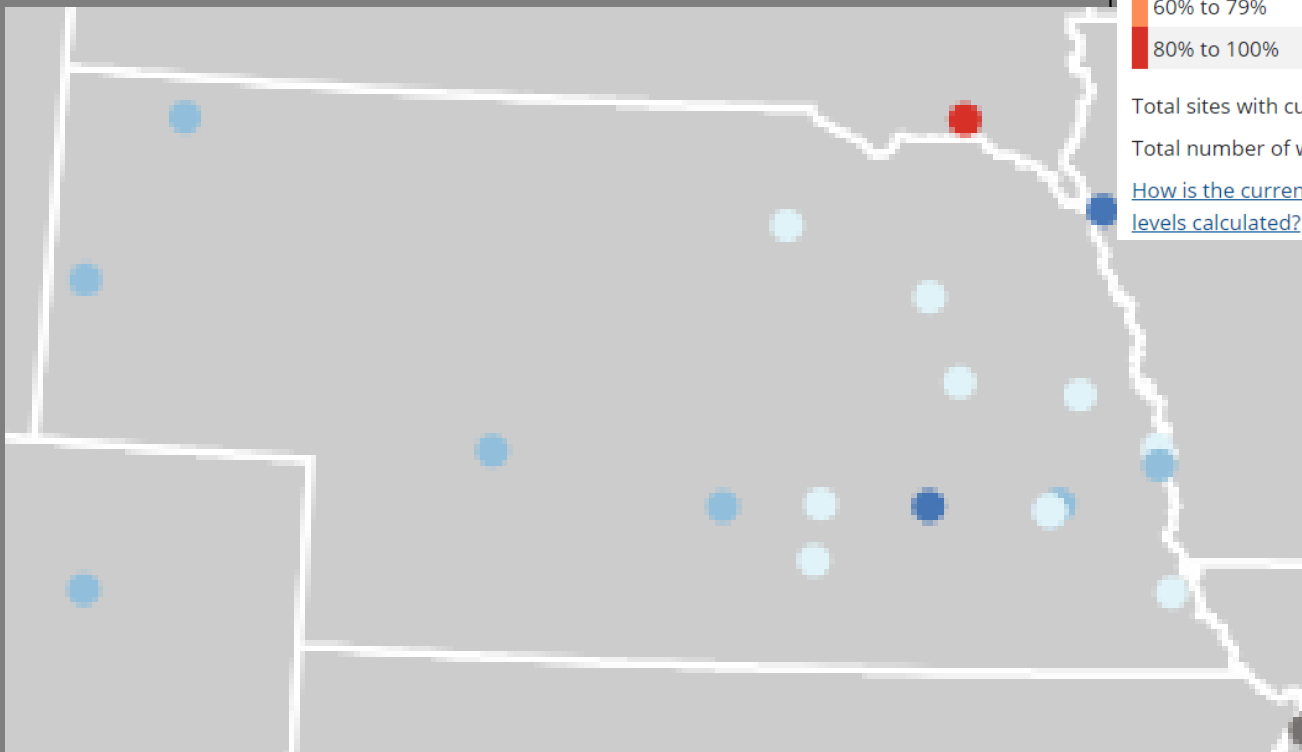
Current SARS-CoV-2 virus levels by site, Nebraska

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	1	7	0%
0% to 19%	0	0	N/A**
20% to 39%	1	7	0%
40% to 59%	5	33	0%
60% to 79%	6	40	- 14%
80% to 100%	2	13	100%

Total sites with current data: 15

Total number of wastewater sampling sites: 18

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)



# Nebraska Flu Activity and Data

## Nebraska Influenza & Other Respiratory Disease Surveillance Report, 2023-24 Influenza Season, Week 09

(DATA THROUGH WEEK ENDING 3/2). All data are preliminary and may change as more reports are received.

### INFLUENZA WEEKLY SUMMARY

#### INFLUENZA LABORATORY SURVEILLANCE

Positive Influenza A & B Tests, Percent Positive, and Change from Last Week

Week Ending Date	Influenza A Positives	Change from Last Week	Influenza B Positives	Change from Last Week	Overall Percent Positive	% Change from Last Week
3/2/24	1,002	▼ 22	954	▼ 72	31.3%	▲ 0.6%
Grand Total	7,688		6,109			

Cumulative Influenza Positive Tests by Subtype and Age Group

	0-4	5-17	18-24	25-49	50-64	65+	Season Total
Flu A: H1	147	130	25	141	116	157	716
Flu A: H3	60	41	30	62	28	70	291
Flu B: Victoria	9	30	*	16	*	*	63

#### LONG-TERM CARE FACILITY OUTBREAK SURVEILLANCE

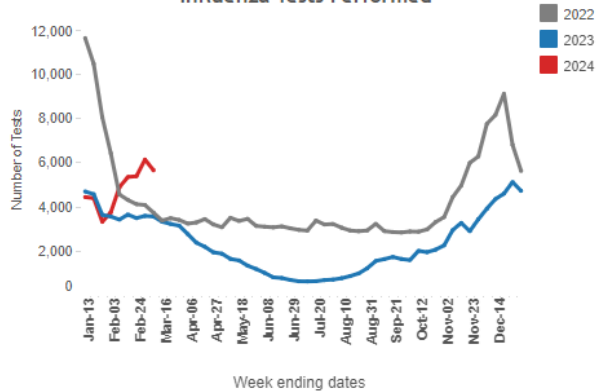
18 influenza-associated outbreaks have been reported for the surveillance season

#### MORTALITY SURVEILLANCE

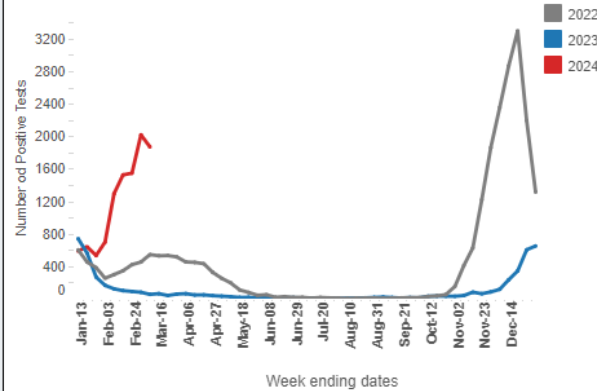
27 influenza-associated deaths have been reported for the surveillance season, including <6 pediatric deaths

# Nebraska Flu Activity and Data

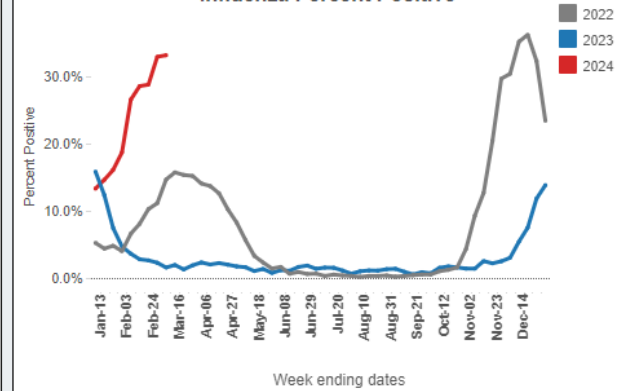
Influenza Tests Performed



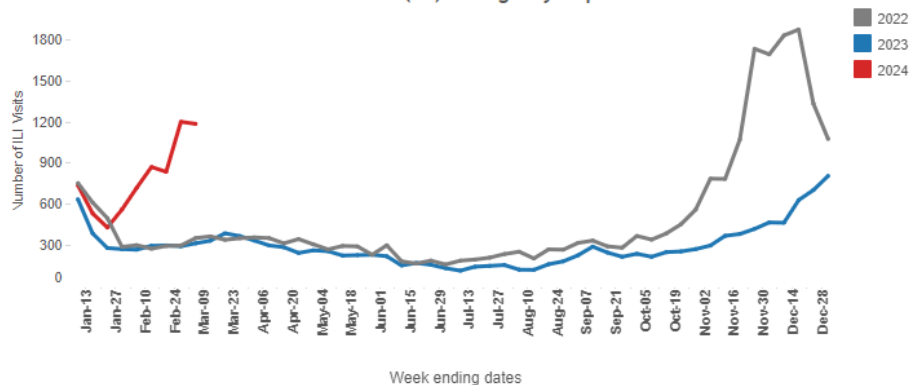
Positive Influenza Tests



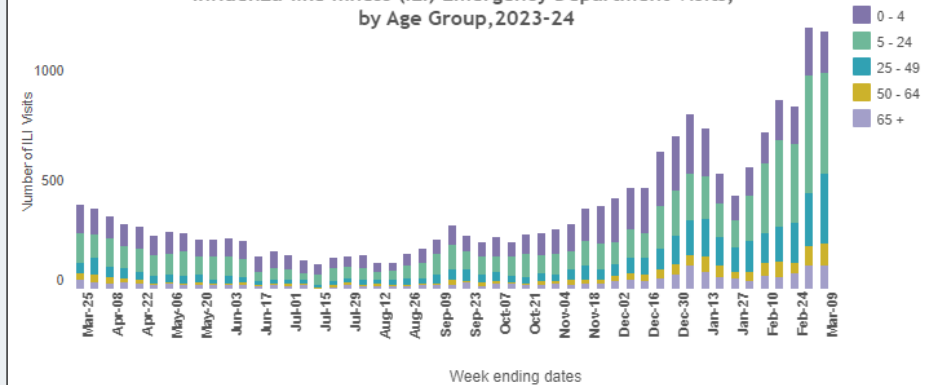
Influenza Percent Positive



Influenza-like Illness (ILI) Emergency Department Visits



Influenza-like Illness (ILI) Emergency Department Visits, by Age Group, 2023-24



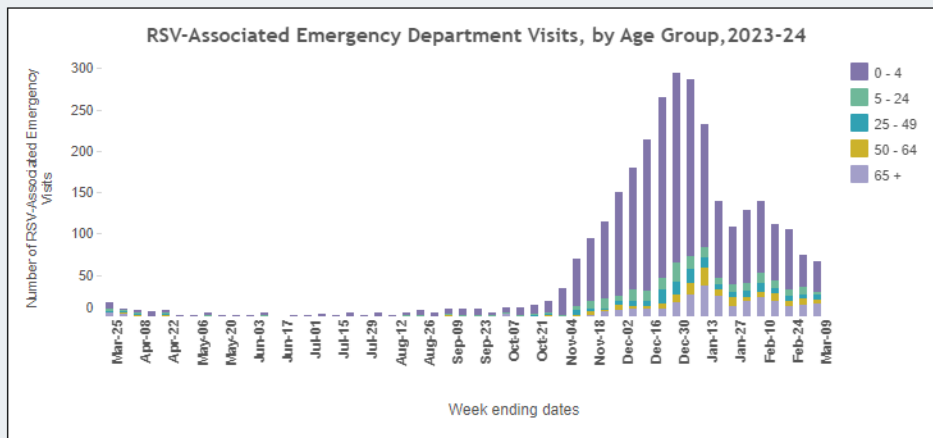
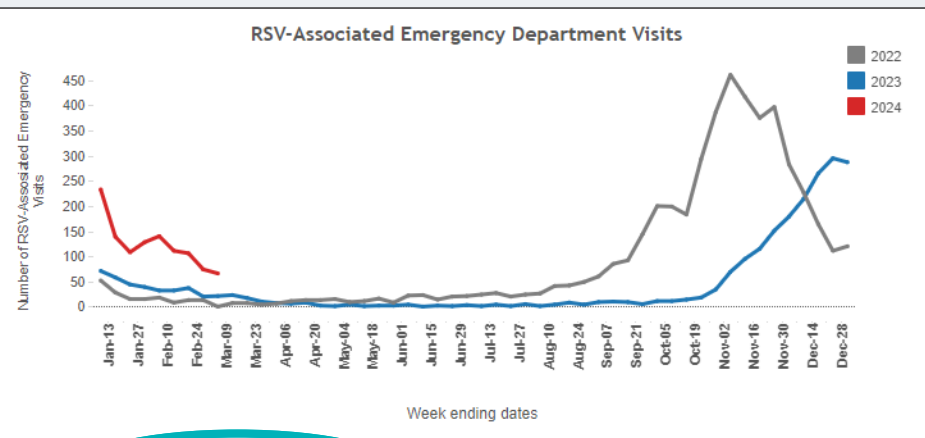
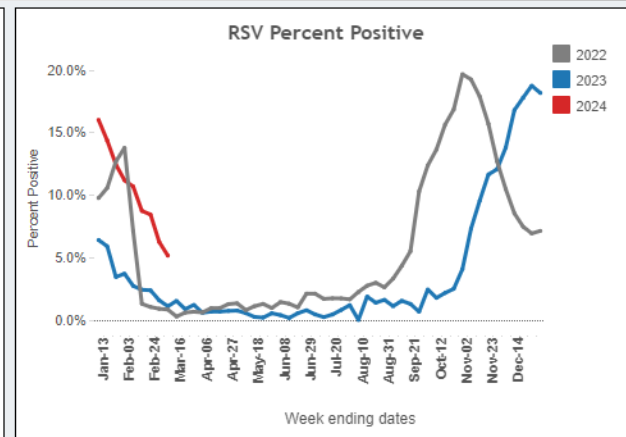
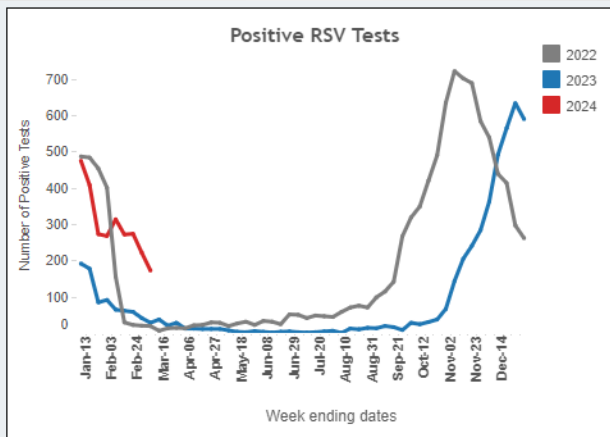
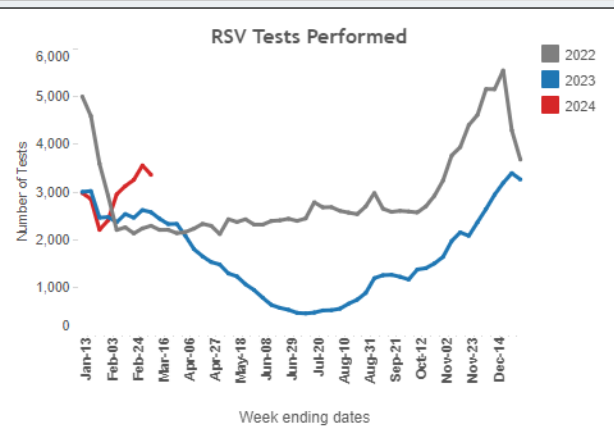
RSV

Influenza

COVID-19

About the Data

# Nebraska RSV Activity and Data



RSV

Influenza

COVID-19

About the Data

# CDC Updates



**ICAP**

# CDC Update Not for Healthcare Setting

## CDC updates and simplifies respiratory virus recommendations

Recommendations are easier to follow and help protect those most at risk

[Print](#)

### Press Release

For Immediate Release: Friday, March 1, 2024

Contact: [Media Relations](#)

(404) 639-3286

This updated guidance is intended for community settings. There are no changes to respiratory virus guidance for healthcare settings.

[CDC updates and simplifies respiratory virus recommendations](#) | [CDC Online Newsroom](#) | [CDC](#)

# Stay Up to Date with COVID-19 Vaccines

Updated Mar. 7, 2024

[Español](#)

[Print](#)

- People aged 65 years and older who received 1 dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose. For more Novavax information, [click or tap here](#).
- COVID-19 vaccine recommendations will be updated as needed.

• People who are up to date have [lower risk of severe illness, hospitalization and death](#) from COVID-19 than people who are unvaccinated or who have not completed the doses recommended for them by CDC.

• Additional updated COVID-19 vaccine doses can help restore protection that has decreased since previous vaccination.

[Stay Up to Date with COVID-19 Vaccines | CDC](#)



# Strike Team Facility Reimbursement

March 14<sup>th</sup>, 2024

NEBRASKA

Good Life. Great Mission.

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DEPT. OF HEALTH AND HUMAN SERVICES

DIVISION OF  
PUBLIC HEALTH

# Invoice Documentation

## LTCF Strike Team Reimbursement Form

Note: Please verify with the [Nebraska Long-Term Care Facilities Strike Team Related Educational and Fit Testing Expenses Reimbursement Guidelines](#) that you meet the requirements before completing this form. We ask that you also please follow the below steps when submitting for reimbursement.

**Step 1: Download Nebraska LTCF Strike Team Reimbursement Invoice Template below**

**Step 2: Fill out the Nebraska LTCF Strike Team Reimbursement Invoice Template with funds you are requesting**

**Step 3: Fill out all required reimbursement information in the form below**

**Step 4: Upload completed invoice at the end of survey in the file upload section along with all supporting documents.**

Thank you!

**Nebraska Fire Strike Team Reimbursement Invoice Template:**

Attachment: [Nebraska LTCF Strike Team Reimbursement Invoice Template.xlsx](#) (13.1 kB)

**INVOICE #:**

**Your Company Name**

Date Sent:

Healthcare Associated Infections Program

Company Address:	DHHS, State of Nebraska
------------------	-------------------------

Company Address:		PO Box 95026
------------------	--	--------------

Company phone:	Lincoln, NE 68509-5026
----------------	------------------------

(402) 471-2937

Primary Contact:

Primary Contact Phone:

Primary Contact Email:

Facility Type:

Information required for reimbursement	AMOUNT
Educational training course fees	\$ -
Mileage reimbursement for taking a course ( ____ miles x \$0.655 per mile)	\$ -
Lodging costs related to taking a course	\$ -
Airfare costs related to taking a course	\$ -
Staff time spent on education	\$ -
Staff time spent in getting trained in how to perform fit-test	\$ -
Staff time spent in performing N-95 fit-testing at the facility	\$ -

Please provide supporting receipts and documents as requested in REDCap.

[illegible]

USE THIS LINK FOR REIMBURSEMENT:

<https://epidhhs.ne.gov/redcap/surveys/?s=JCMRD8YC9APPNFAE>

# Staff Attestation Form

**Reimbursement Information and Document Upload**

What type of facility are these charges being filed for:

\* must provide value

Note: Please upload all supportive documents below that align with charges filed on your invoice. Please combine all receipts, certificates, paystubs, etc. into one document when uploading. If filing for salary reimbursement, please also upload the staff time attestation form below for each staff member you are requesting salary reimbursement.

Attachment: **Strike Team Project Staff Time Attestation Form.xlsx** (13.8 kB)

Nebraska LTCF Strike Team Reimbursement Invoice Upload: [Upload file](#)

Staff Time Attestation Form Upload: [Upload file](#)

Salary reimbursement supportive document: (Ex. paystub, staff log, etc.) [Upload file](#)

Travel Related Expense Supportive Document Upload: (Ex. mileage sheets, lodging receipts, airfare receipts, etc.) [Upload file](#)

Course Fee Receipt Upload: [Upload file](#)

Course Completion Certificate Upload: [Upload file](#)

Fit-tested Staff Log Upload: [Upload file](#)

Additional supportive document: [Upload file](#)

Additional supportive document: [Upload file](#)

Please use the provided staff attestation template when completing your reimbursement submission.

#	Staff Name	Activities Performed	Time Spent (in hours)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Name of person filling out this form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date this form was filled out: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City: \_\_\_\_\_

Facility State: \_\_\_\_\_

Facility Zip: \_\_\_\_\_

☐ By checking, I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

# Upload all required documents

		<b>INVOICE #:</b>	
<b>Your Company Name</b>			
		Date Sent:	
		<b>Healthcare Associated Infections Program</b>	
Company Address:		DHHS, State of Nebraska	
Company Address:		PO Box 95026	
Company phone:		Lincoln, NE 68509-5026	
		(402) 471-2937	
Primary Contact:			
Primary Contact Phone:			
Primary Contact Email:			
<b>Facility Type:</b>			

Information required for reimbursement	AMOUNT
Educational training course fees	\$ -
Mileage reimbursement for taking a course ( ____ miles x \$0.655 per mile)	\$ -
Lodging costs related to taking a course	\$ -
Airfare costs related to taking a course	\$ -
Staff time spent on education	\$ -
Staff time spent in getting trained in how to perform fit-test	\$ -
Staff time spent in performing N-95 fit-testing at the facility	\$ -
Please provide supporting receipts and documents as requested in REDCap:	
Subtotal	\$ -
Other	\$ -
<b>TOTAL DUE</b>	\$ -

**Reimbursement Information and Document Upload**

What type of facility are these charges being filed for: 
  
\* must provide value

Note: Please upload all supportive documents below that align with charges filed on your invoice. Please combine all receipts, certificates, paystubs, etc. into one document when uploading. If filing for salary reimbursement, please make sure to complete the staff time attestation form below for each staff member you are requesting salary reimbursement for.

Attachment: [Strike Team Project Staff Time Attestation Form.xlsx](#) (13.8 kB)

**Nebraska LTCF Strike Team Reimbursement Invoice Upload:** [Upload file](#)

**Staff Time Attestation Form Upload:** [Upload file](#)

**Salary reimbursement supportive document:** (Ex. paystub, staff log, etc.) [Upload file](#)

**Travel Related Expense Supportive Document Upload:** (Ex. mileage sheets, lodging receipts, airfare receipts, etc.) [Upload file](#)

**Course Fee Receipt Upload:** [Upload file](#)

**Course Completion Certificate Upload:** [Upload file](#)

**Fit-tested Staff Log Upload:** [Upload file](#)

**Additional supportive document:** [Upload file](#)

**Additional supportive document:** [Upload file](#)

# Guideline checklist(s) used for processing

## SKILLED NURSING FACILITY: \_\_\_\_\_

Have the facility completed the LTCF reimbursement form (REDCap)	
--	--

### IP Training expense reimbursement – Staff time

At least 2 IPs have submitted completion certificate (14 hours or more) for IP training	
Both IP with 14 plus hour of training has taken one of the nationally recognized trainings  [e.g. training offered by Nebraska Infection Control Network (NICN), Association for Professionals in Infection Control and Epidemiology (APIC), American Healthcare Association (AHCA)/ National Center for Assisted Living (NCAL) or the Centers for Disease Control and Prevention (CDC)]  (If submitted training is outside of these listed above then has been reviewed by the HAI/AR team to make sure it <u>meet</u> criteria)	
Number of hours that are being claimed for reimbursement (if being claimed) are aligned with the number of hours of training mentioned on the certificates	
Proof of wages for the staff (e.g. pay stub verifying salary) has been submitted if claiming time spent by staff for reimbursement	
Has receipt for training course fees (if claiming reimbursement for fees)	

# Example DHHS Template – DHHS TEMPLATE IS Required

**NEW SNF**

**INVOICE #:** 123456

Date Sent: 3/17/2024

Company Address: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Company phone: \_\_\_\_\_

Healthcare Associated Infections Program  
 DHHS, State of Nebraska  
 PO Box 95026  
 Lincoln, NE 68509-5026  
 (402) 471-2937

Primary Contact: Katelynn Piper

Primary Contact Phone: 531-280-8695

Primary Contact Email: katelynn.piper@nebraska.gov

Facility Type: Skilled Nursing Facility 5 total staff in facility

Information required for reimbursement	AMOUNT
Educational training course fees	\$ 300.00
Mileage reimbursement for taking a course ( 40 miles x \$0.655 per mile)	\$ 26.20
Lodging costs related to taking a course	\$ 129.00
Airfare costs related to taking a course	\$ -
Staff time spent on education (18.75/hr x 14 hours)	\$ 262.50
Staff time spent in getting trained in how to perform fit-test (3-hour train-the-trainer)	\$ 56.25
Staff time spent in performing N-95 fit-testing at the facility (8 hours) Katelynn- 18.75/hr Jenny- 15/hr x 2 hours Marco- 22.50/ hr x 2 hours Jack- 10/hr x 2 hours Marge 12.75/hr x 2	\$ 270.50

Please provide supporting receipts and documents as requested in REDCap.

Subtotal	\$ 1,044.45
Other	\$ -
<b>TOTAL DUE</b>	<b>\$ 1,044.45</b>

We will revisit this in a few slides

# IP Education Reimbursement

- Who took the IP course
- Their wages & time spent  
-timesheets or paystubs
- Completion Certificates
- Registration Confirmation & receipt
- Mileage document (how many miles & rate charged)
- Hotel confirmation & receipt
- Flight confirmation & receipt (if applicable)

# Infection Control Champions 3-hour training(s)

- Who did the training (full staff list)
  - Their wages & time spent
    - timesheets or paystubs
  - Completion Certificates
    - CDC Train certs. OR LMS transcripts
  - LMS transcripts showing topics covered
- Topics that must be covered are:
    - hand hygiene
    - standard precautions
    - transmission-based precautions
    - environmental cleaning and disinfection
  - See guidelines for the number of staff needed to complete for eligibility



# Infection Control Champions 1-hour webinar

- Who watched the webinar (full staff list)
- Their wages & time spent  
-timesheets or paystubs
- Completion Certification?

## Fit-testing- must have tested 80% of staff to qualify

- Who got fit-tested
- Their wages & time spent being tested
  - timesheets or paystubs
- Sign-in sheet or participation document
- Who did the fit-testing
  - Were they trained by LHD or previously
  - must be trained to fit-test
- Their wages & time spent fit-testing

# Example DHHS Template- DHHS TEMPLATE IS REQUIRED

**NEW SNF**

INVOICE #: **123456**

Date Sent: **3/17/2024**

Healthcare Associated Infections Program  
DHHS, State of Nebraska  
PO Box 95026  
Lincoln, NE 68509-5026  
(402) 471-2937

Company Address: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company phone: \_\_\_\_\_

Primary Contact: **Katelynn Piper**

Primary Contact Phone: **531-280-8695**

Primary Contact Email: **katelynn.piper@nebraska.gov**

Facility Type: **Skilled Nursing Facility** 5 total staff in facility

Information required for reimbursement	AMOUNT
Educational training course fees	\$ 300.00
Mileage reimbursement for taking a course ( 40 miles x \$0.655 per mile)	\$ 26.20
Lodging costs related to taking a course	\$ 129.00
Airfare costs related to taking a course	\$ -
Staff time spent on education (18.75/hr x 14 hours)	\$ 262.50
Staff time spent in getting trained in how to perform fit-test (3-hour train-the-trainer)	\$ 56.25
Staff time spent in performing N-95 fit-testing at the facility (8 hours) Katelynn- 18.75/hr Jenny- 15/hr x 2 hours Marco- 22.50/ hr x 2 hours Jack- 10/hr x 2 hours Marge 12.75/hr x 2	\$ 270.50

Please provide supporting receipts and documents as requested in REDCap.

Subtotal	\$ 1,044.45
Other	\$ -
<b>TOTAL DUE</b>	<b>\$ 1,044.45</b>

## Needs for this invoice

- Registration for NICN for Katelynn
- Mileage sheet
- Hotel confirmation & receipt
- Katelynn's paystub/ timesheet for NICN AND train-the-trainer education
- Paystubs for:  
Jenny  
Marco  
Jack  
Marge
- 5 total staff at "New SNF", Katelynn trained 4 staff which is 80% of the staff

# Things to remember

- Anything on the invoice must be verified by the HAI/AR program
- The more you upload- the less we ask for. We can opt out of using anything unnecessary
- The DHHS template invoice is required- if you don't use it, you will be emailed to use it
- The more detailed you are the faster it can be to process

# HEPA Filter Machines for LTCF

DHHS can provide the following supplies directly to congregate living settings:

- Child-sized masks
- Adult-sized masks
- Tissues/Kleenex
- Hand sanitizer
- Disinfectant wipes
- Gloves
- Trash Bags
- HEPA Filter Machines (up to 6 per Skilled Nursing or Assisted Living facility)

Link to order form: <https://epi-dhhs.ne.gov/redcap/surveys/?s=FHEALWKE3W4JHDNK>

# Managing Influenza Outbreaks

## Therapeutics & Prophylaxis

Dr. Salman Ashraf

NEBRASKA

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NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

# Influenza Screening and Isolation Duration

CDC recommends active symptom surveillance of all contacts to be continued until at least 1 week after the last lab-confirmed flu case.

- **Staff** identified as having influenza should be excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms should be considered for evaluation by occupational health to determine appropriateness of contact with patients.
- **Residents** identified as having influenza, droplet isolation precautions should be in place for 7 days from onset of illness or until the resolution of symptoms, whichever is longer.

[Prevention Strategies for Seasonal Influenza in Healthcare Settings | CDC](#)

[Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC](#)

# Therapeutic Treatment and Prophylaxis

CDC recommends antiviral treatment for confirmed or suspected influenza cases and prophylactic use of antiviral treatment for facility (or specific unit) when outbreak is noted.

- Outbreak is defined as 2 patients ill within 72 hour of each other and at least one resident has laboratory-confirmed influenza.
- Treatment and prophylaxis will be directed as the discretion of the facility's medical director.
  - Empiric antiviral treatment should be given as soon as possible to residents with suspected influenza without waiting for influenza testing results, especially if results will not be available on the day of specimen collection.
  - Having preapproved orders from physicians or plans to obtain orders for antiviral medications on short notice can substantially expedite administration of antiviral medications.

[Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC](#)



# Antiviral Chemoprophylaxis

CDC recommends. “When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis with oral oseltamivir to all non-ill residents living on the same unit as the resident with laboratory-confirmed influenza (outbreak affected units), regardless of whether they received influenza vaccination during the current season”. (having pre-approved orders from medical director will help in timely administration or at least have a plan to obtain these orders rapidly)

Consideration may be given for extending antiviral chemoprophylaxis to residents on other unaffected units or wards in the long-term care facility based upon other factors (e.g., unavoidable mixing of residents or healthcare personnel from affected units and unaffected units).

CDC recommends antiviral chemoprophylaxis with oseltamivir for a minimum of 2 weeks and continuing for at least 7 days after the last known laboratory-confirmed influenza case was identified on affected units.

[Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC](#)

# Enhanced Barrier Precautions (EBP)

Dr. Salman Ashraf

NEBRASKA

Good Life. Great Mission.

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NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

# What are Enhanced Barrier Precautions (EBP)?

- A risk-based approach to PPE use designed to reduce the spread of multidrug-resistant organisms (MDROs)
- The use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

Enhanced Barrier Precautions can be applied (when Contact Precautions do not otherwise apply) to residents with any of the following:

- Wounds or indwelling medical devices, regardless of MDRO colonization status
- Infection or colonization with an MDRO

- Used in coordination with good infection prevention and control measures

# Which Residents Meet the Criteria for EBP?

Residents with any of the following:

- Wounds, regardless of known MDRO colonization status
  - Generally defined as the care of any skin opening requiring a dressing
  - Intent of Enhanced Barrier Precautions is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. Examples: pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcer
    - Short-lasting wounds, such as a skin tear, may not apply
- Indwelling medical devices, regardless of known MDRO colonization status
  - Examples: central line, hemodialysis catheters, indwelling urinary catheter, feeding tube, tracheostomy, ventilator
  - Devices fully embedded in the body, such as a pacemaker, are **not** included.

[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)

# Which Residents Meet the Criteria for EBP?

Residents with any of the following:

- Infection or colonization with an MDRO when Contact Precautions do not apply
  - For the purposes of this guidance, the MDROs for which the use of EBP applies are based on local epidemiology.
  - At a minimum, they should include resistant organisms targeted by CDC, but can also include other epidemiologically important MDROs.

## ***Examples of MDROs Targeted by CDC include:***

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
- *Candida auris*

## ***Additional epidemiologically important MDROs may include, but are not limited to:***

- Methicillin-resistant *Staphylococcus aureus* (MRSA),
- ESBL-producing Enterobacterales,
- Vancomycin-resistant *Enterococci* (VRE),
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*

[Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) \(cdc.gov\)](https://www.cdc.gov/infectioncontrol/basics/ebp/implementation-of-ppe-use-in-nursing-homes-to-prevent-spread-of-multidrug-resistant-organisms-mdros.html)

# Resident Placement on Enhanced Barrier Precautions

Do residents placed on Enhanced Barrier Precautions require placement in a single-person room?

No. Single-person rooms (if available) should be prioritized for residents who have acute infection with a communicable disease (such as influenza, SARS-CoV-2, hepatitis A) or for residents placed on Contact Precautions for presence of acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained.

Residents on Enhanced Barrier Precautions may share rooms with other residents; however, facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization may choose to do so.

Further, if there are multiple residents with a novel or targeted MDRO in the same facility, consider cohorting them together in one wing or unit to decrease the direct movement of healthcare personnel from colonized or infected residents to those who are not known to be colonized.

[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)

# Which Residents Meet the Criteria for EBP?

When residents are placed in shared rooms, facilities must implement strategies to help minimize transmission of pathogens between roommates including:

- Maintaining spatial separation of at least 3 feet between beds to reduce opportunities for inadvertent sharing of items between the residents,
- Use of privacy curtains to limit direct contact,
- Cleaning and disinfecting any shared reusable equipment,
- Cleaning and disinfecting environmental surfaces on a more frequent schedule, and
- Changing personal protective equipment (if worn) and performing hand hygiene when switching care from one roommate to another.

[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)



# Tier Definitions and Examples

Tier	Definition of Included Organisms and Mechanisms	Examples (not all inclusive) of organisms/mechanisms for Nebraska
Tier 1	Never (or very rarely) been identified in the United States and for which experience is extremely limited	Novel Carbapenamases
Tier 2	<ol style="list-style-type: none"> <li>Primarily associated with healthcare settings and are not commonly identified in the region (i.e., not been previously identified in the region or have been limited to sporadic cases or small outbreaks), corresponding to “not detected” or “limited to moderate spread” epidemiologic stages. No current treatment options exist (pan-not susceptible) and potential to spread more widely</li> </ol>	<i>C. auris</i> Carbapenemases (e.g. KPC, NDM, OXA-48, VIM, IMP) <ul style="list-style-type: none"> <li>• Enterobacterales</li> <li>• Pseudomonas aeruginosa</li> <li>• Acinetobacter baumannii</li> </ul>
Tier 3	Include MDROs targeted by the facility or region for epidemiologic importance that have been identified frequently across a region, indicating advanced spread, but are not considered endemic	ESBL CRE CRPA CRAB
Tier 4	Endemic in a region and have been targeted by public health for their clinical significance and potential to spread rapidly	MRSA VRE



## Specific Recommendation for Tier 2 Organisms

- When admitting new residents who do not have an active infection but are known to be colonized with a Tier 2 organisms, ICAP recommends keeping that patient in enhanced barrier precautions in a private room.
- However, if it is not possible to place the new residents with colonization history with Tier 2 organisms in a private room and shared room appear to be the only option, then contact ICAP to discuss possible options on how it can be done in a safe manner.



Long Term Care Webinars

### **07.13.23 LTC Enhanced Barrier Precautions Part 1**

## **EPB Part 1**

Slide deck:

- [PowerPoint Presentation \(nebraskamed.com\)](https://nebraskamed.com)

Webinar recording:

- [07.13.23 LTC - Enhanced Barrier Precautions Part 1.mp4 \(echo360.org\)](https://echo360.org)



Long Term Care Webinars

### **08.10.23 LTC – Enhanced Barrier Precautions Part 2 Novel MDROs**

## **EPB Part 2**

Slide deck:

- [PowerPoint Presentation \(nebraskamed.com\)](https://nebraskamed.com)

Webinar recording:

- [08.10.23 LTC - Enhanced Barrier Precautions Part 2 Novel MDROs.mp4 \(echo360.org\)](https://echo360.org)

# ICAP Updates and Information



# 2024 Nebraska Antimicrobial Stewardship Summit

*Smart Antibiotic Choices, Stronger Future*

**Friday, May 31, 2024 | 7:30 am – 3:30 pm**

Embassy Suites LaVista Hotel & Conference Center

*Registration open now: 2024 Nebraska Antimicrobial Stewardship Summit: Smart Antibiotic Choices, Stronger Future | Center for Continuing Education (unmc.edu)*



**Poster Session - New this year!**

Click Here to learn more: Nebraska Antimicrobial Stewardship Summit - ASAP ([nebraskamed.com](http://nebraskamed.com))

# Needs Assessment & Facility Feedback Survey

The NE ICAP, ASAP, and DHHS HAI AR program want to better support you and your efforts to prevent healthcare associated infections (HAI) and antimicrobial resistance (AR) to protect patients and the spectrum of healthcare personnel (HCP). Thank you for taking the time to help us assess our services and to let us know about your needs. It is anticipated to take less than 15 minutes of your time and your responses will be kept confidential. Thank you again for your participation and feedback that will be used to help plan future interventions.

Multiple professionals from your facility are welcome to respond to this message. With this in mind, feel free to forward this message and link within your facility & program. The survey will be open for 5 weeks, and reminder messages will be provided at that time.

## **ICAP/ASAP Needs Assessment: All Settings**

You may open the survey in your web browser by clicking the link below:

[Facility Feedback Survey](#)

If the link above does not work, try copying the link below into your web browser:

<https://redcap.nebraskamed.com/surveys/?s=KCA3ADFH9JT7TJY3>



# Webinar CE Process

**1 Nursing Contact Hour and 1 NAB Contact Hour is offered for attending this LIVE webinar.**

**Individual surveys must be completed for each attendee.**

Questions? Contact Marissa at:

[Machaney@nebraskamed.com](mailto:Machaney@nebraskamed.com) 402-552-2881

## **NAB:**

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- **You must have a NAB membership**
- Credit is retrieved by you
- Any issues or questions regarding your credit must be directed to NAB customer service.
  - ICAP can verify survey completion and check the roster list
- Due to NAB changes, attendance will be submitted quarterly. ICAP will send an email stating when credits are ready for retrieval.

## **Nursing Contact Hours:**

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email

# Infection Prevention and Control Hotline Number:

**Call 402-552-2881**

**Office Hours** are Monday – Friday

8:00 AM - 4:00 PM Central Time

**On-call hours are available for emergencies only**

Weekends and Holidays from 8:00 AM- 4:00 PM

\*Messages left outside of Office or On-call hours will be answered the next business day.

\*\*Please call the main hotline number to ensure the quickest response.



# Where can you find us?



Follow us on Facebook at @NebraskaICAP and ASAP or  
<https://www.facebook.com/NebraskaICAP/>



Follow us on Twitter at @dirty\_drinks and @Mouthy\_IP



Listen to Dirty Drinks and The Mouthy IP wherever you listen to podcasts!



Find resources for all facility types at our website:  
<https://icap.nebraskamed.com/>



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