

Guidance and responses were provided based on information known on 05.09.24 and may become out of date.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

May 9, 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

Happy Nurses Week!

Many blessings and thanks to all
the nurses out there.
~The ICAP/ASAP Team

National Healthcare Safety Network COVID-19 Vaccine Reporting Update

Monika Maxwell, RN, TeamSTEPPS[®] Master Trainer
Quality Improvement Specialist
TMF Quality Innovation Network

Who we are

- The Centers for Medicare & Medicaid Services (CMS) awarded TMF Health Quality Institute a five-year Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract in the fall of 2019.
- As part of this contract, the TMF Quality Innovation Network works with nursing homes and skilled nursing facilities to help them learn how to report data to the National Healthcare Safety Network (NHSN).
- The TMF Quality Innovation Network also provides facilities with training and resources to help educate staff and residents about COVID-19 vaccines and other infections and illnesses.

NHSN Staff Influenza Reporting

- **Deadline to report is next Wednesday, May 15!**
- [NHSN Recording: Long term Care Facility Office Hours](#)
- [NHSN PowerPoint: Long-Term Care Facility Office Hours – February 2024](#)

CMS Updates (1 of 2)

- **Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide, April 2024** is available at: [Five-Star Quality Rating System Technical Users' Guide](#)
- [Facility Assessment Tool | qioprogram.org](#)
 - › Find the requirement for the assessment in **F838**, in the [State Operations Manual - Appendix PP](#)
 - › **Edit this tool to suit your facility's population and community's needs.**

CMS Updates (2 of 2)

- [Federal Register: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024](#)
- **Comment period ends June 5, 2023**
 - › [Regulations.gov](#)
- Affects both the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), and the SNF Value-Based Purchasing (VBP) Program
- Significant changes proposed in the Non-therapy Ancillaries

SNF Provider Preview Reports are Now Available

- Data will be published on [Care Compare](#) and [Provider Data Catalog](#) during the **July 2024** refresh.
- Providers have until **May 15, 2024**, to review their performance data.
- Email the iQIES Service Center at iqies@cms.hhs.gov or call **1-800-339-9313**.
- For questions about SNF Quality Reporting Program Public Reporting, email: SNFQRPPRQuestions@cms.hhs.gov

SNF VBP Program Early Look Performance Score Reports

- Early Look Performance Score Reports for the fiscal year **(FY) 2026** Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program are in the Internet Quality Improvement and Evaluation System (iQIES).
- For more information about the reports, including additional resources, visit: [Confidential Feedback Reporting & Review and Corrections](#)
- If you have questions, email the SNF VBP Program Help Desk: SNFVBP@rti.org

CMS-Targeted COVID-19 Training

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

- 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)

TMF QIN-QIO Sepsis Project

- **Webinar Recording: Nursing Home Connect: Sepsis 101**
 - › [Transcript: Nursing Home Connect: Sepsis 101](#)
 - › [Handout: Nursing Home Connect: Sepsis 101](#)
- **Webinar Recording: Nursing Home Connect: Sepsis Due to UTI**
 - › [Transcript: Nursing Home Connect: Sepsis Due to UTI](#)
 - › [Handout: Nursing Home Connect: Sepsis Due to UTI](#)
- **May 9: Sepsis Prevention: Surgical Site and Wound Infections (Today)**
- **May 16: Sepsis Prevention: Pneumonia**
- **Sepsis Post-Acute Care Toolkit for Nursing Homes**

Up-to-Date NHSN Vaccination Reporting



The “Up to Date” status for COVID-19 vaccination in the National Healthcare Safety Network (NHSN) changed April 1, 2024.

Age 65 years and older are up to date when they receive:

2 doses of the 2023-2024
COVID-19 vaccine

OR

1 dose of the 2023-2024
COVID-19 vaccine within 4
months



Under age 65 are up to date when they receive:

1 dose of the 2023-2024
COVID-19 vaccine

NHSN Reporting Information:

If an individual is eligible to receive a 2023-2024 COVID-19 vaccine, but has not received it, they are **NOT** “Up to Date” with COVID-19 vaccination.

If you realize you have incorrectly entered data for resident or staff vaccinations, you may adjust your recent weekly counts for that question.

- [TMF Quality Innovation Network NHSN Up-to-Date Infographic](#) (PDF) (English)
 - › [U.S. Spanish](#) (PDF)
 - › [Spanish for Puerto Rico](#) (PDF)

Am I Up to Date?



Anyone **under age 65** is considered “Up to Date” with COVID-19 vaccinations if they have received 1 dose of the 2023-2024 COVID-19 vaccine.



People **age 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 dose. Refer to the [CDC](#) for more Novavax information.



People who are moderately or severely immunocompromised may need additional doses of the updated 2023–2024 COVID-19 vaccine for adequate protection.

This is general information based on the latest guidance. Please visit the [CDC](#) for additional considerations based on the vaccine manufacturer.

NOTE: The updated 2023-2024 COVID-19 vaccine protects against the current [variants](#) of SARS-CoV-2.



Please talk to your health care team about vaccinations if you are unsure of your status.

Source: [Stay Up to Date with COVID-19 Vaccines](#), Centers for Disease Control and Prevention (CDC)

- [TMF Quality Innovation Network Am I Up to Date?](#) (PDF) (English)
 - › [U.S. Spanish](#) (PDF)
 - › [Spanish for Puerto Rico](#) (PDF)



2023–2024 COVID-19 Vaccine Fact Sheet

Follow the latest Centers for Disease Control and Prevention (CDC) [COVID-19 vaccine recommendations](#) as of April 4, 2024:

- » **Ages 5 years and older:** Receive **1 dose** of updated 2023–2024 COVID-19 vaccine (Moderna or Pfizer-BioNTech).
 - » For the updated 2023–2024 Novavax vaccine, follow the latest [vaccine recommendations](#) from the CDC.
- » **Ages 65 years and older:** Receive an **additional dose** of the 2023–2024 COVID-19 vaccine at least 4 months following the previous dose of the updated 2023–2024 COVID-19 vaccine.
- » **People who are moderately or severely immunocompromised:**
 - » **Initial vaccination:** Receive a 3-dose series of 2023–2024 Moderna or Pfizer-BioNTech COVID-19 vaccine
 - » **If prior mRNA doses:** Get 1 or 2 doses of 2023–2024 Moderna or Pfizer-BioNTech COVID-19 vaccine, depending on the number of prior doses
 - » **May receive 1 or more** additional 2023–2024 COVID-19 vaccine doses, [depending on prior COVID-19 vaccination history](#)

How Do I Know If I Am Up to Date?

- » If you are **younger than 65 years old** and have received 1 dose of the updated 2023–2024 COVID-19 vaccine (Moderna, Pfizer-BioNTech or Novavax), you are up to date.
- » If you are **65 years or older** and have received 1 dose of the updated 2023–2024 COVID-19 vaccine **within the last 4 months** (Pfizer-BioNTech, Moderna or Novavax), you are up to date.
- » If you have not received the updated 2023–2024 COVID-19 vaccine, you are **not up to date**.
- » If you recently had COVID-19, [consider getting an updated COVID-19 vaccine](#) and talk with your health care team about when to be vaccinated.

National Healthcare Safety Network (NHSN) Reporting

For [reporting data](#) through the NHSN COVID-19 Vaccination Modules and the Resident Impact and Facility Capacity (RIFC) Pathway during Quarter 2 (April 1 – June 30, 2024), the following definitions apply:

- » Individuals age **65 years and older** are up to date when they have received **2 doses** of the updated 2023–2024 COVID-19 vaccine or received 1 dose of the updated 2023–2024 COVID-19 vaccine within the past 4 months.
- » There is no change to the up-to-date definition for individuals **younger than age 65**. Therefore, individuals up to age 65 are up to date when they have received **1 dose** of the updated 2023–2024 COVID-19 vaccine since it was approved in September 2023.
- » The new definition applies to both the [NHSN Weekly Health Care Personnel \(HCP\) and Resident Vaccination Forms](#).
- » For the Long-Term Care Facility Resident Impact and Facility Capacity (RIFC) Pathway only (part of the COVID-19 Surveillance Pathways: Resident Impact and Facility Capacity and Staff and Personnel Impact): A resident with a newly positive SARS-CoV-2 test result is counted in the Up-to-Date category if they received the vaccine(s) required to be up to date (according to the definition above) at least 14 days before the positive test.

For More Information

To find out how a TMF Quality Innovation Network-Quality Improvement Organization (QIN-QIO) specialist can [assist your nursing facility](#) with free COVID-19 education, reporting, vaccination clinic setup and technical assistance, email NHconnect@tmf.org.

- [TMF Quality Innovation Network 2023-2024 COVID-19 Vaccine Fact Sheet \(PDF\) \(English\)](#)
 - › [U.S. Spanish \(PDF\)](#)
 - › [Spanish for Puerto Rico \(PDF\)](#)

ABCs

of COVID-19 Infection Prevention



Audits are direct observations of health care personnel practices to help identify strengths and opportunities for improvement in infection prevention practices. Nursing homes may audit hand hygiene practices or personal protective equipment (PPE) use.



Best practices are evidence-based guidelines that are shown to be effective. Ensure you are following the Centers for Disease Control and Prevention (CDC) guidance, state or local authority, and other best practices regarding COVID-19 vaccinations and outbreak management.



Cohorting is the practice of grouping residents based on common traits, such as whether or not they have tested positive for COVID-19. Cohorting residents with COVID-19 can help control the spread of the outbreak.



Disinfection is the process of eliminating many or all microorganisms. Ensure that disinfectants meet the Environmental Protection Agency (EPA) List N criteria for use against SARS-CoV-2, which is the virus that causes COVID-19.



Environmental cleaning is the process of removing germs and contaminants from surfaces. During a COVID-19 outbreak, increase the frequency of environmental cleaning practices and disinfect high-touch surfaces more often.



Fishbone diagram is one tool to visualize and brainstorm the root causes of a problem. When an outbreak occurs, conduct a root-cause analysis to identify the potential cause.



Gown, mask, goggles and gloves – After performing hand hygiene, the correct order to don (put on PPE) is gown, mask or respirator, goggles or face shield, and gloves. Ensure you are properly donning and doffing your PPE to protect yourself and avoid contamination.



Herd immunity is the idea that when people have received a vaccine, it is harder for that infection to spread in the community. Getting vaccinated can help protect your community.



Isolation separates those who are sick from those who are not sick. Residents and staff who test positive for COVID-19 should isolate to prevent the spread of COVID-19. Refer to the CDC's guidance for durations of isolation and criteria to end isolation.



Just culture – There is a shared responsibility for safety and all incidents should be viewed as opportunities for organizational improvement. Staff should feel safe to report any incidents or near misses.



Kill Time, also called "contact time" or "dwell time" is the amount of time a disinfectant needs to sit on a surface without being wiped away to work effectively. Always make sure to check a disinfectant's kill time before using it.



Line list contains information related to residents and staff members during an outbreak investigation. The line list should include symptoms, test results and associated dates.



Masks can protect us from infectious droplets that may be spread when coughing, sneezing, talking and laughing. Make sure to not touch the front of the mask as it is contaminated. If you do touch the front of your mask, make sure to perform hand hygiene.



National Healthcare Safety Network (NHSN) is a tracking system for health care associated infections. Report COVID-19 surveillance and COVID-19 vaccinations in NHSN.

ABCs of COVID-19 Infection Prevention



Outbreak is a sudden increase in cases of disease when compared to what we would normally expect. When a COVID-19 outbreak is identified, implement infection control practices to limit the spread of the outbreak.



Personal protective equipment (PPE) is worn to minimize the risk of exposure to infections. When caring for a resident with COVID-19, health care personnel should wear the following PPE: gown, mask or respirator, goggles or face shield, and gloves.



Quality Assurance Performance Improvement (QAPI) is a systematic and data-driven approach to improving safety and quality in health care settings. Quality assurance ensures that acceptable standards are met while performance improvement seeks to continuously improve processes.



Respiratory hygiene and cough etiquette are practices to decrease the spread of respiratory illnesses. Respiratory hygiene includes covering your mouth and nose when coughing or sneezing.



Standard precautions are evidence-based practices used in all settings for all residents, regardless if they are positive for COVID-19, to reduce the risk of exposure or spread of infections.



Transmission-based precautions are additional infection control practices to prevent the transmission of infections. Place residents with suspected or known COVID-19 infection on transmission-based precautions.



Universal source control refers to the use of masks to reduce the spread of respiratory droplets. If ongoing transmission of COVID-19 is suspected, facilities may implement universal source control — such as masking — throughout the facility.



Vaccination – Staying up to date on vaccinations is a great way to protect yourself and others from illness. Since the virus continues to evolve, the COVID-19 vaccine is updated to protect against new variants, so staying up to date is important.



Wash your hands – Hand hygiene is one of the best ways to prevent the spread of germs. When washing hands with soap and water, make sure to scrub for at least 20 seconds. When using hands sanitizer, rub your hands and fingers until they are dry.



X marks the spot – Post appropriate signage for rooms, entry doors or units with residents on isolation precautions, such as those with COVID-19. Posting appropriate signage informs staff and visitors of the precautions they need to take when entering the area.



You – Infection prevention and control starts with you! We all play a key role in preventing COVID-19, so let's make sure we are doing our parts. Getting vaccinated, staying home when you are sick, and washing your hands often are great ways you can reduce the risk of spreading COVID-19.



Zero – Aim for zero cases of COVID-19 and have zero tolerance for not following infection prevention and control policies and procedures. Follow these ABC's of COVID-19 infection prevention to work toward zero cases of COVID-19.

New Resource Blue Box



/ Networks / Nursing Homes/Skilled Nursing Facilities / Nursing Homes/SNFs Resources

Motivational Interviewing

Only show items containing the term:

SEARCH

SORT BY

Alphabetical ▾

Applying the Stages of Change

This Motivational Interviewing chart provides clear actions to take to assist nursing home residents in the vaccine decision-making process.

Adobe PDF Date Added: 04/24/2024 Date Last Modified: Apr 25 2024 8:38AM

Explore Readiness for Change

Asking open-ended questions is a Motivational Interviewing technique to assist communicating with decision-makers. These questions help you gain insight to understand their knowledge, perspectives and emotions. A Decision Balance worksheet is also included to plot and visualize the positives and negatives.

Adobe PDF Date Added: 04/16/2024 Date Last Modified: Apr 25 2024 8:39AM

Motivational Interviewing Badge Buddy

Cut out these Badge Buddy Motivational Interviewing reminders to insert in nursing home staff badge holders.

Adobe PDF Date Added: 04/25/2024 Date Last Modified: Apr 25 2024 9:04AM

Motivational Interviewing Flowchart

Click these resource buttons to view specific resources for these categories.

Activities of Daily Living	Incontinence/Foley Catheters/Reducing UTIs
Antibiotic Stewardship	Infection Prevention in Long-Term Care
Anticoagulants	Motivational Interviewing
Antimuscarinic/Anticholinergic Medications	NHSN
Antipsychotic Medication Reduction	Opioids & Pain Management
CMS Documents & Links	Person-Centered Care
Consistent Assignment & Staff Turnover	Pressure Ulcers/Injury Reduction
Dementia Care	QAPI
Depression	Quality Measures/Claims-Based Measures Tip Sheets

Motivational Interviewing

- A collaborative conversation style for strengthening motivation and commitment to change:
 - › to incorporate lifestyle modifications and behaviors to prevent disease complications
 - › alleviate symptoms, and
 - › prolong and improve quality of life
- [Readiness Ruler](#): Readiness ruler helps residents and staff think about their readiness, confidence or importance for engaging in change.
- [Quick Reference Tool](#)

How to Assist in Vaccine Decision-Making: Applying the Stages of Change

Stage of Change	Characteristics	Techniques
Pre-Contemplation	Not currently interested in getting the vaccine	<ul style="list-style-type: none"> • Acknowledge that the resident is not open to the vaccine at this time. • Ensure they know the decision is their own to make. • Ask if they would like to discuss their reasons for not wanting to vaccinate. • Encourage the resident to explore their reasons for not wanting to vaccinate. • Explain and personalize the risk.
Contemplation	Have not yet decided to get the vaccine, but they are considering it; not sure what they should do or want to do	<ul style="list-style-type: none"> • Acknowledge the resident is not ready yet. • Ensure they know the decision is their own to make. • Ask if they would like to discuss their hesitancy. • Encourage them to discuss the pros and cons of getting the vaccine. • Examine and promote the positive aspects of getting the vaccine.
Preparation	Planning to get the vaccine, but they haven't taken steps to make it happen	<ul style="list-style-type: none"> • Identify and assist with next steps and support. • Address any obstacles or concerns. • Ensure they understand the process, possible side effects and how to address them. • Offer to accompany them when getting vaccinated.
Action	Vaccine is scheduled and any needed assistance is in place	<ul style="list-style-type: none"> • Ensure resident has support and all needed information. • Provide affirmation for their decision.
Maintenance	Continued commitment to continue with vaccine updates	<ul style="list-style-type: none"> • Provide follow-up support. • Reinforce benefits of maintaining vaccination status.
Reconsideration	Unwilling or uncertain about continuing vaccinations	<ul style="list-style-type: none"> • Evaluate triggers for the cause of reconsideration for vaccine updates. • Reassess motivation and barriers.

Continuing Education for Physicians and Certified Medical Directors

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

Start Monthly Training Series

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

SPEAKERS:



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



Karl E. Steinberg, MD, CMD, HMDC, HEC-C
Chief Medical Officer
Beecan Health, Mariner Healthcare Central



Mamata Yanamadala, MBBS, MS
Associate Professor
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.

- **March:** Employee Health and Safety – *available now*
- **April 15:** Infection Control
- **May 15:** Committees
- **June 15:** Influencing Employee Behavior
- **July 15:** Transitions of Care
- **Aug. 15:** Quality Management
- **Sept. 15:** Integration of Problem Solving and Systems Theory
- **Oct. 15:** Risk Management
- **Nov. 15:** Working with Families

Right-click to open image



May Nursing Home Connect Events

Thursdays, 1:30 – 2:30 p.m. CT

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

May 9

[Sepsis Prevention: Surgical Site and Wound Infections](#)

May 16

[Sepsis Prevention: Pneumonia](#)

May 23

[Emergency Planning 101](#)

May 30

[Special NHSN Office Hours with the CDC](#)

An open Q&A session follows each presentation. To submit a question in advance, email NHConnect@tmf.org and it will be addressed during the webinar.

TMF QIN-QIO Resources

Website: 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

Connect with us on Facebook:



[TMF QIN Nursing Home Quality Improvement](#)

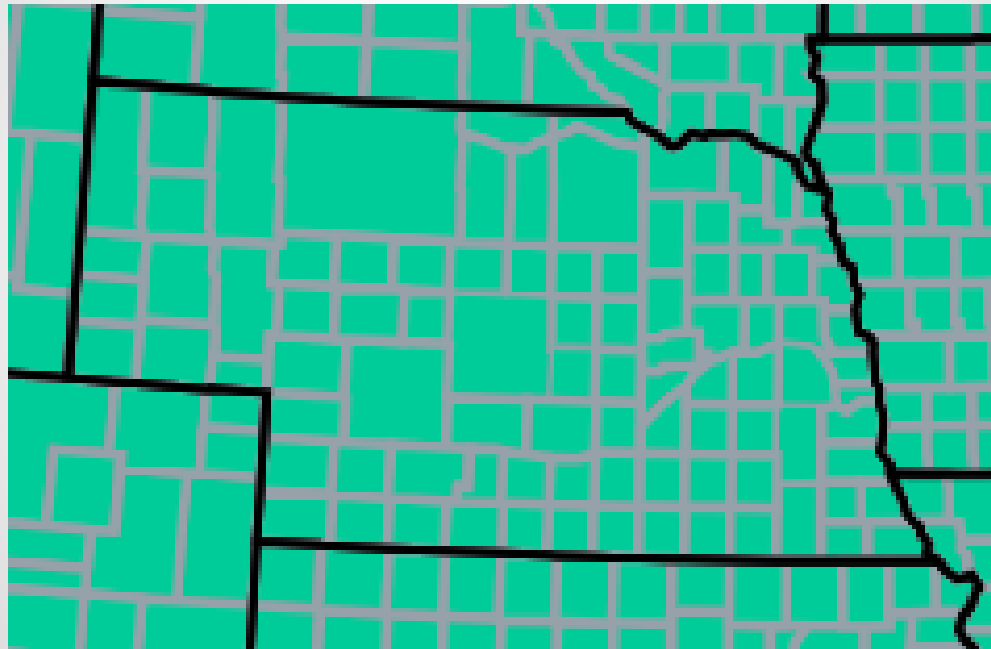
Nebraska Statistics



CDC COVID-19 Data Tracker

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

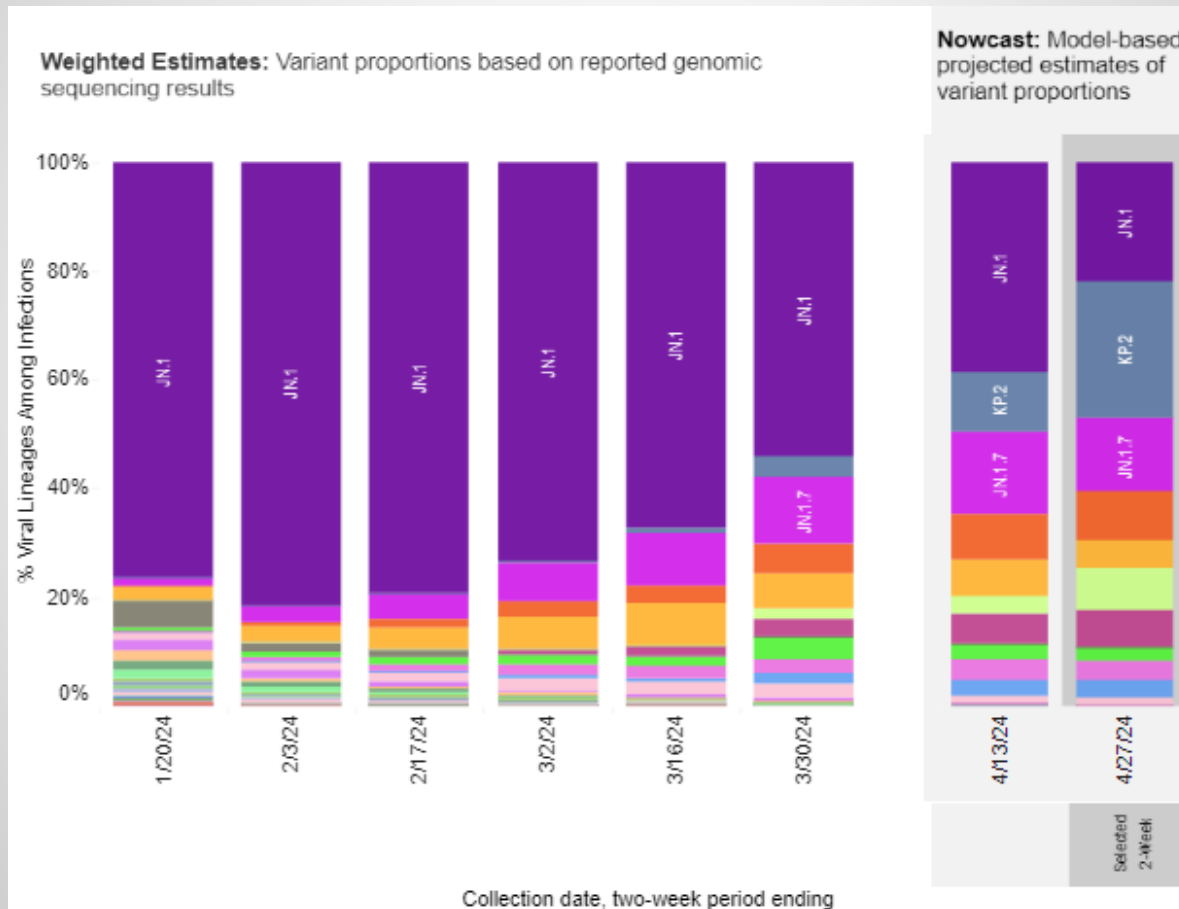
Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending April 27, 2024.



● 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 1/7/2024 – 4/27/2024



Wastewater Surveillance

Time Period: Apr 15, 2024 - Apr 29, 2024

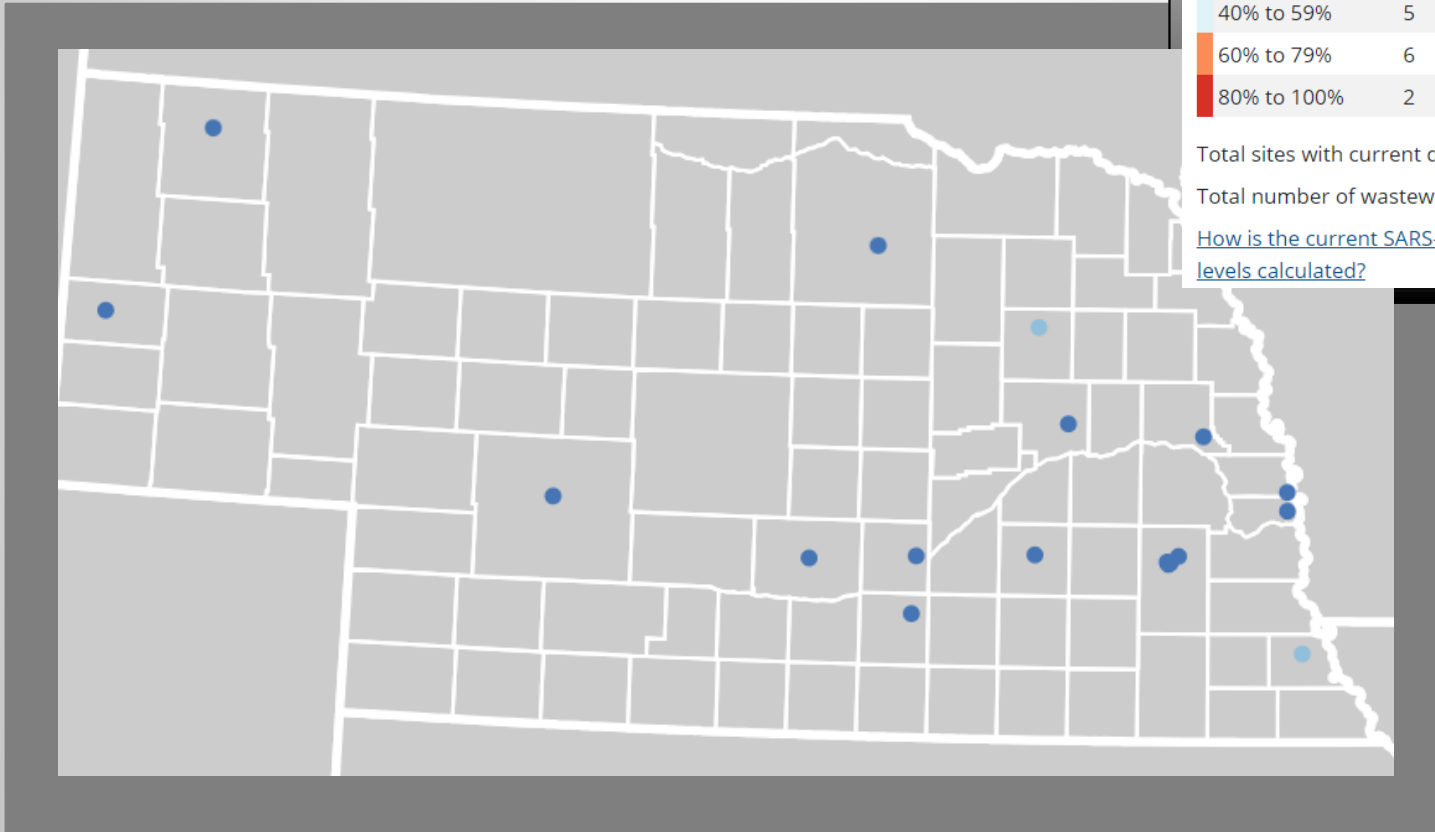
Current SARS-CoV-2 virus levels by site, Nebraska

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 17

(DATA THROUGH WEEK ENDING 4/27). 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
4/27/24	229	▼ 86	68	▼ 83	10.0%	▼ 3.6%
Grand Total	11,687		9,384			

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	190	168	36	201	164	243	1,002
Flu A: H3	98	83	59	121	64	136	561
Flu B: Victoria	16	48	*	20	*	*	95

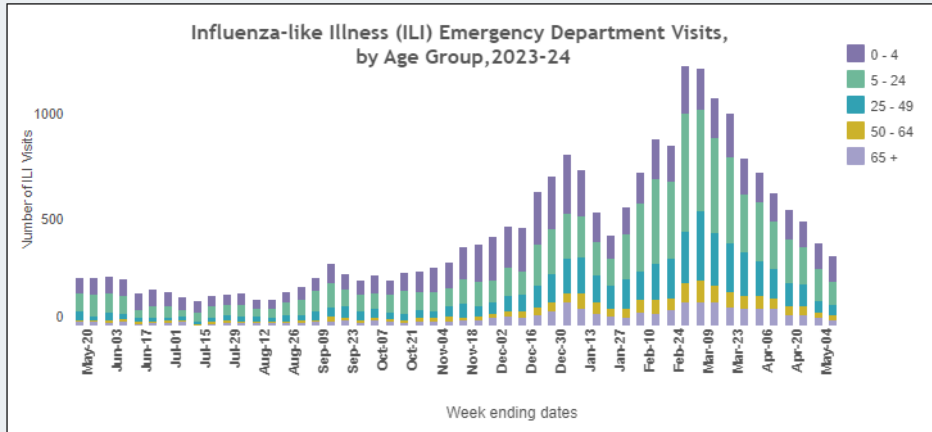
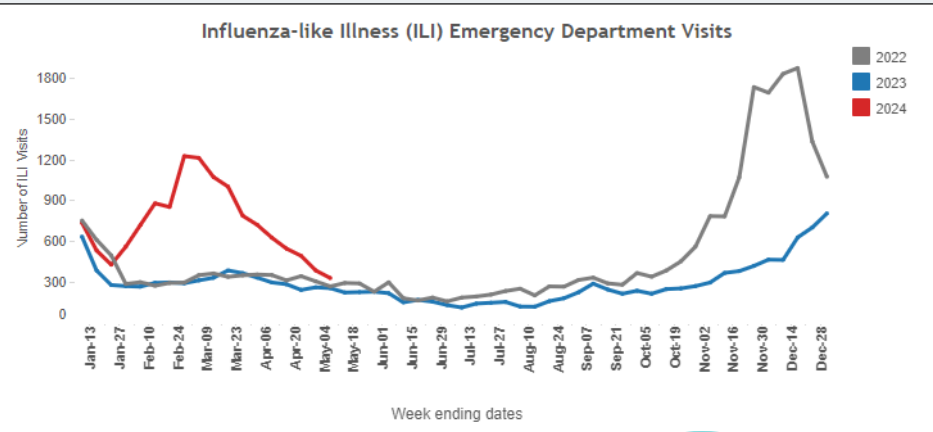
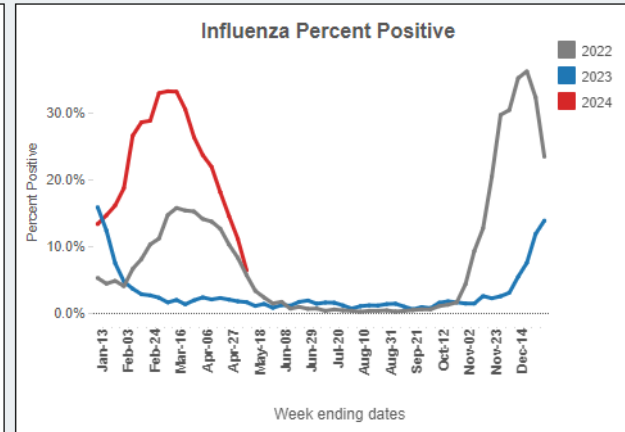
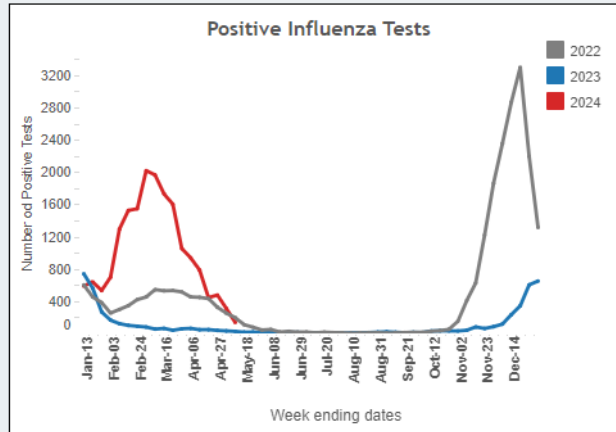
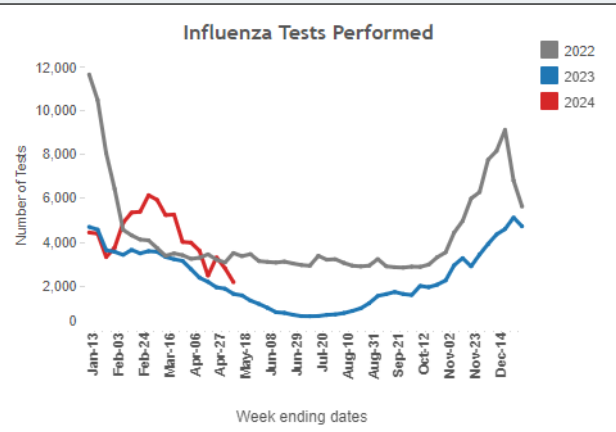
LONG-TERM CARE FACILITY OUTBREAK SURVEILLANCE

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

MORTALITY SURVEILLANCE

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

Nebraska Flu Activity and Data



NEBRASKA

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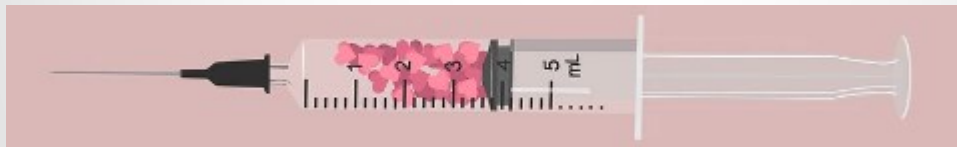
Vaccine Resources

33



Stay up to Date with COVID-19 Vaccines

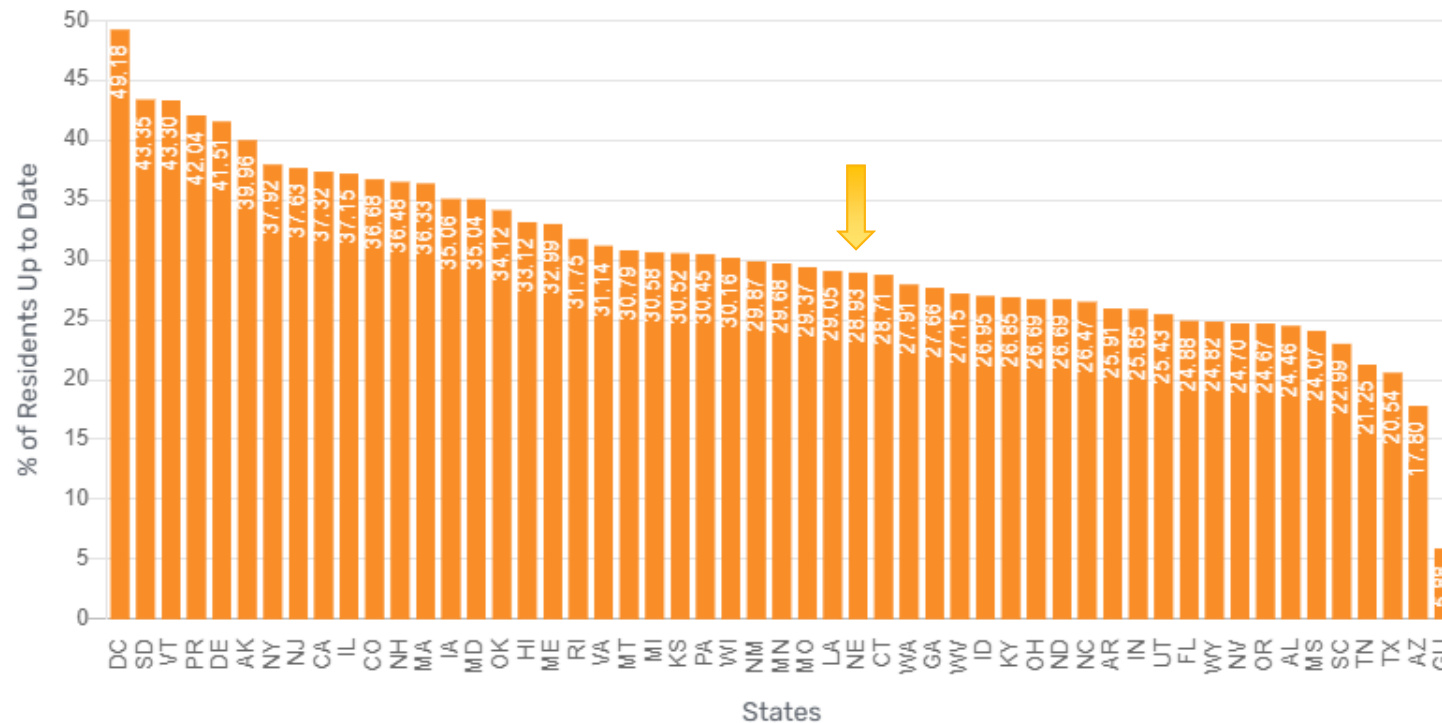
People aged 65 years and older who received 1 dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose.



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

Percentage of Current Residents Up to Date with COVID-19 Vaccines per Facility

This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data (cms.gov)

Vaccine Voices

Motivational Interviewing in Long-term Care

Vaccine Voices is a series of audio learning modules produced by the [IPRO QIN-QIO](#) and [MI for Health](#) that focuses on using Motivational Interviewing to improve conversations about vaccination in long-term care settings.

Series host Jeff Wetherhold guides listeners through six diverse cases that represent different forms of vaccine resistance. This topic provides an ideal venue for learning about Motivational Interviewing by observing its application.



[Vaccine Voices - MI for Health](#)

Enhanced Barrier Precautions Frequently Asked Questions

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Links to previous ICAP webinars:



Long Term Care Webinars
07.13.23 LTC Enhanced Barrier Precautions
Part 1

ICAP - 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

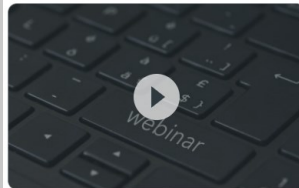
ICAP - EPB Part 2

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)



Long Term Care Webinars
04.11.24 LTC – Enhanced Barrier
Precautions

ICAP – Enhanced Barrier Precautions

Slide deck:

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

Webinar recording:

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

Why EBP in Nursing Homes?

Nursing home residents are getting picked on. Why is EBP not in use in hospitals?

- Residents in skilled nursing facilities are disproportionately affected by multidrug-resistant organism (MDRO) infections, contributing to significant morbidity and mortality for residents.
- Skilled nursing facilities have been implicated in regional outbreaks of MDROs that are classified as urgent threats by the CDC, including carbapenem-resistant organisms and *Candida auris*.
- Residents who have complex medical needs involving wounds and indwelling medical devices are at higher risk of both acquisition and colonization by MDROs.

[Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities \(cdc.gov\)](#)

What has changed?

We have patients that have had a history of colonized MRSA for 20 years – Why EBP now?

Residents with targeted MDROS should be cared for with EBP. Examples of MDROs targeted by CDC include:

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

Facilities may consider using EBP for more common MDROs, such as MRSA.

Factors that could influence a facilities decision:

- Increased incidence of cases
- Identified resident-to-resident transmission

MDRO Tiers for Nebraska

Tier	Definition of Included Organisms and Mechanisms	Examples (not all inclusive) of organisms/mechanisms for Nebraska	Transmission-Based Precautions Recommendations
Tier 1	Never (or very rarely) been identified in the United States and for which experience is extremely limited	Novel Carbapenemases	Contact precautions until otherwise recommended by HAI/AR team
Tier 2	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.	Pan-resistant organisms <i>C. auris</i> Carbapenemases (e.g., KPC, NDM, OXA-48, VIM, IMP) producing organisms (CPO) <ul style="list-style-type: none"> • Enterobacterales • <i>Pseudomonas aeruginosa</i> • <i>Acinetobacter Baumannii</i> 	Enhanced barrier precautions recommended (*Contact precautions for acute/active infections or uncontained drainage/secretions).
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	Enhanced barrier should be strongly considered*
Tier 4	Endemic in a region and have been targeted by public health for their clinical significance and potential to spread rapidly	MRSA VRE	Enhanced Barrier Precautions based on facility risk assessment*

*Contact precautions for acute/active infections or uncontained drainage/secretions

Resident Care

What about other high-contact activities that are not addressed in the CDC recommendations?

Wear gloves and a gown for the following High-Contact Resident Care Activities.

Dressing

Bathing/Showering

Transferring

Changing Linens

Providing Hygiene

Changing briefs or assisting with toileting

Device care or use:

central line, urinary catheter, feeding tube,

tracheostomy

Wound Care: any skin opening requiring a dressing


In general, if activity is not listed in CDC recommendations, there is no requirement to don PPE following EBP procedure. Standard precautions always apply.

This list may not be fully exhaustive; facilities could consider adding other activities specific to their residents.

Consider Task Specific Risk Assessment

Consider performing a risk assessment for high-risk tasks when:

- New processes are introduced
- Changes are made to the existing processes



Infection Prevention Risk Assessment for High Risk Tasks

Completed by (list all involved): _____ Date: _____

Activity / Area of Concern (Existing and Potential) *Identify known and potential hazards for the task.*

Hazards Identified	Current Risk Value (High, Medium, or Low)	Controls in place to eliminate or reduce the risk Include Engineering, Administrative and PPE	Remaining Risks	What controls could further reduce the risk?
What can cause harm? What harm is possible? Persons who could be harmed Property which may be damaged	Consider the severity and the likelihood as though there are no controls	How do the controls compare to 'best practices'?		Identify who will take the action, when they will take the action, and make note of when the action is completed.

Instructions:

- List the existing and potential hazards associated with the task, include both health and safety hazards.
- Keep in mind the different types of hazards. i.e. Chemical, Biological, Physical, Ergonomic, and Psychosocial.
- Complete the risk analysis and determine the overall risk level by assigning the Incident Probability (how likely is it to occur), Incident Severity (how serious would it be) and enter the Risk Level.
- List the current or proposed controls for each hazard identified. The complexity of the controls should be proportional to the overall risk level.
- It is the responsibility of the supervisors to ensure controls are put in place in a reasonable timeframe based on the overall Risk Level.
- Individuals completing the hazard assessment must sign off on the document.
- The document must be kept on file.

Risk Level

- **High Risk** (take immediate action to eliminate the risk or implement appropriate controls to lower the risk)
- **Medium Risk** (take timely action to implement appropriate controls to lower or minimize risk)
- **Low Risk** (continued operation is permissible with minimal controls)

Modified from template by Mariah Gesink, MPH at CHI Health on 6/16/2021

[Infection-Prevention-Risk-Assessment-for-High-Risk-Tasks.pdf \(nebraskamed.com\)](https://nebraskamed.com/infection-prevention-risk-assessment-for-high-risk-tasks.pdf)

Therapy Gym

Is Physical or Occupational Therapy considered a “high-contact” resident care activity?

26. Is Physical or Occupational Therapy considered a “high-contact” resident care activity?

Yes. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident’s room if they anticipate close physical contact while assisting with transfers, mobility, or any high contact activity.

As part of Standard Precautions, gowns and gloves should be removed and hand hygiene performed when moving to work with another resident. Therapists should also ensure reusable therapy equipment is cleaned and disinfected after each use and surfaces in the therapy gym receive routine cleaning and disinfection.

Therapists should be educated about EBP and involved in decision making when determining which activities generally have prolonged physical (clothing-to-clothing) contact and choose to use PPE for these activities. It is not expected that the therapist will use PPE at all times in the gym or resident room, if prolonged contact is not anticipated.

Good training and re-coaching are going to be key!

How long is too long?

Is there a time period that contact is made that makes it High Contact vs not?

In general, **no** specific time (e.g. 15 min) is considered in determining 'high-contact.'

If staff are having close body contact between their clothing and the residents, that is higher risk for potential spread of organisms from contaminated clothing.

Internal policy should have a rationale for when and why EBP are used, staff should be trained on the policy.

Ostomy

Do residents with a colostomy need to be cared for in enhanced barrier precautions?

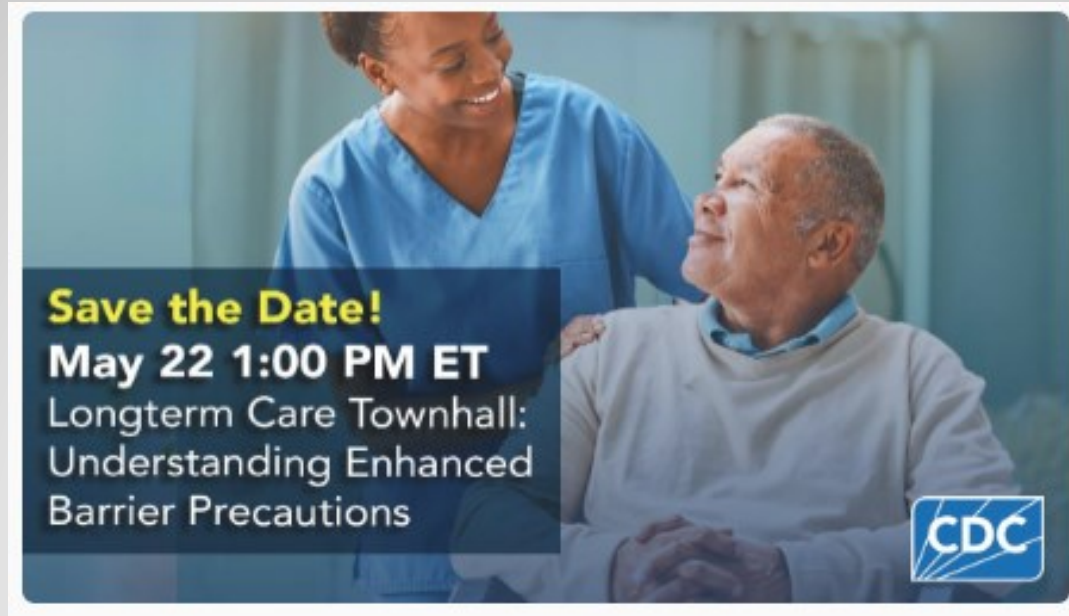
Colostomy and ileostomy are not considered chronic wounds and do not meet the indication for EBP (CDC).

Standard precautions, including hand hygiene and use of gloves, should be observed when providing care to the stoma or dressing.

[Implementation and Use of Enhanced Barrier Precautions in Nursing Homes \(youtube.com\)](#), (min 53)

CDC References and Resources

- CDC [Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities \(cdc.gov\)](#)
- CDC [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | HAI | CDC](#)
- CDC [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)
- Pre-Implementation Tool EPB [Pre-Implementation Tool—Enhanced Barrier Precautions \(EBP\) \(cdc.gov\)](#)
- Sample Sign [enhanced barrier precautions final rev3 \(cdc.gov\)](#)
- Sample Letter to Residents and Families [Keeping Residents Safe – Use of Enhanced Barrier Precautions \(cdc.gov\)](#)
- Sample Letter to Staff [Help Keep Our Residents Safe - Enhanced Barrier Precautions in Nursing Homes \(cdc.gov\)](#)
- Staff Training Slides <https://www.cdc.gov/hai/pdfs/containment/EBP-Presentation-July2022.pptx>
 - Recording of these slides [Introduction to Enhanced Barrier Precautions in Nursing Homes – YouTube](#)
- IP Training Slides [PowerPoint Presentation \(cdc.gov\)](#)
 - Recording of these slides [Implementation and Use of Enhanced Barrier Precautions in Nursing Homes – YouTube](#)



This webinar is designed for anyone involved with or working in long-term care facilities who seeks to deepen their understanding of Enhanced Barrier Precautions. Whether you are part of the LTCF staff, an administrator, or are connected to LTCFs in any capacity, this town hall is for you.

Date: May 22, 2024

Time: 12:00 PM Central Time(US and Canada)

Webinar Link: [Join the Webinar](#)

ICAP Updates and Information



NE StrikeTeam Invoice Submission Deadline Extended June 15th

Invoices can only be submitted for activities done through May 10th, 2024.

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 LTCF 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			
		Subtotal	\$ -
		Other	\$ -
		TOTAL DUE	\$ -

USE THIS LINK FOR REIMBURSEMENT: <https://epi-dhhs.ne.gov/redcap/surveys/?s=JCMRD8YC9APPNFAE>

Katelynn Piper: Katelynn.Piper@nebraska.gov

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

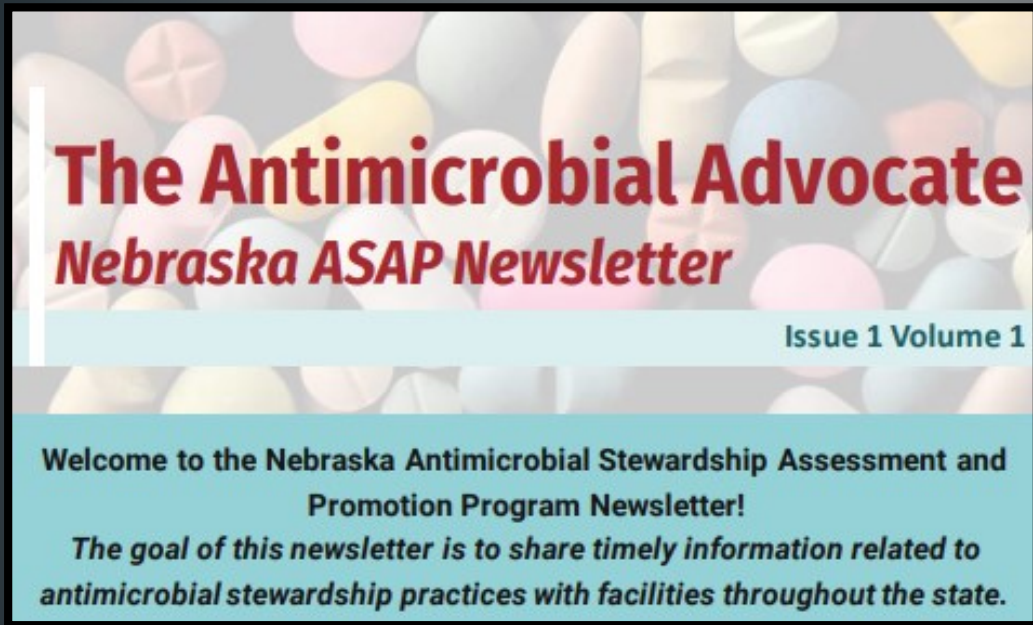
Registration open now: [2024 Nebraska Antimicrobial Stewardship Summit: Smart Antibiotic Choices, Stronger Future | Center for Continuing Education \(unmc.edu\)](#)

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If your question is specific to your facility needs, please contact us directly at 402-552-2881 or nebraskaicap@nebraskamed.com

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 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.

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