

LTC Provider Call

Nursing/Skilled Nursing Facilities & ICF/IID

JUNE 21, 2023, 1:00 PM – 2:00 PM

All lines are muted.  Lines will be muted throughout the program.

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 **Telligen QI Connect™** Partnership to improve health outcomes through relationships and data

QIN-QIO
Quality Improvement Network
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Quality Improvement Facilitators in Oklahoma:

- Micki Reyman, MS, RN (mreyman@telligen.com)
- Morgan Satterlee, LPN (msatterlee@telligen.com)
- Tamara Carter, RN (tcarter@telligen.com)

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June 21, 2023

Healthcare Associated Infections Program Updates

Jeneene Kitz, BSN, RN, CIC
HAI/AR Prevention Program Manager
Infectious Disease Prevention and Response

Rhonda McComas, BSN, RN
Lead Infection Preventionist
Infectious Disease Prevention and Response

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Available Resources

Preventative ICAR Visits (Infection Control Assessment and Response):

- HAI team performs scheduled onsite visit (tele-ICAR available) on your preferred time/date
 - learn about your existing IPC program
 - Review each IPC program element
 - tour facility
 - provide verbal/written feedback related to good practices and offer resources to address gaps
 - 4 and 6 hours to complete (estimated)
- Several facilities have verbalized the benefits

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 1: Facility Demographics and Infection Prevention and Control (IPC) Infrastructure
(Long-Term Care)

General Facility Demographics and IPC Infrastructure

Date of Assessment: _____

Facility Name: _____

State/Territory: _____ County: _____

Zip Code: _____ State/Territory assigned Unique ID (if applicable): _____

Facility type (Complete the demographic form that corresponds to the type of facility):

☐ Acute Care Hospital / Critical Access Hospital

☐ Long-term Care

☐ Outpatient/Ambulatory Care

☐ Other (specify): _____

NHQR Facility Organization ID (if applicable): _____

CMS Facility ID (if applicable): _____

Facility Respondent Name(s) and Job Title(s):

Rationale for assessment:

☐ Requested by facility

☐ Requested by accrediting agency/ licensing organization

☐ Requested by state or local health department

☐ HAI prevention focused

☐ CLABSI

☐ CAUTI

☐ SSI

☐ CDI

☐ Other (specify): _____

☐ Prevention collaborative (specify partner): _____

☐ Outbreak (specify): _____


☐ Other (specify): _____

Obtain a list of products used for cleaning and disinfection of environmental surfaces and non-critical patient/resident care equipment in the facility

EPA registration number(s) for products used in patient/resident rooms: _____

EPA registration number(s) for products used in common areas: _____

EPA registration number(s) for products used on non-critical patient/resident care equipment (e.g., blood glucose meters): _____

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

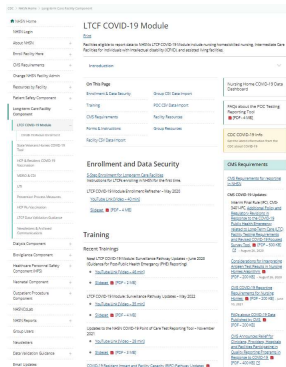
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Available Resources



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Education:

- **Lunch and Learn (scheduling soon!)**
 - 15 to 45 minute presentations with 15 minutes live Q&A related to IPC activities
- **NHSC Reporting (SNF/NF)**
 - CDC recorded presentations
 - Jeneene Kitz – technical support
- **TBP Signage – available soon!**
 - Standardized

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Request for Contact Information

HAi@health.ok.gov

1. Name of your facility
2. Name of facility administrator (active, interim, corporate/group) and preferred email to receive communications.
3. Name(s) and email(s) of your infection preventionist(s).



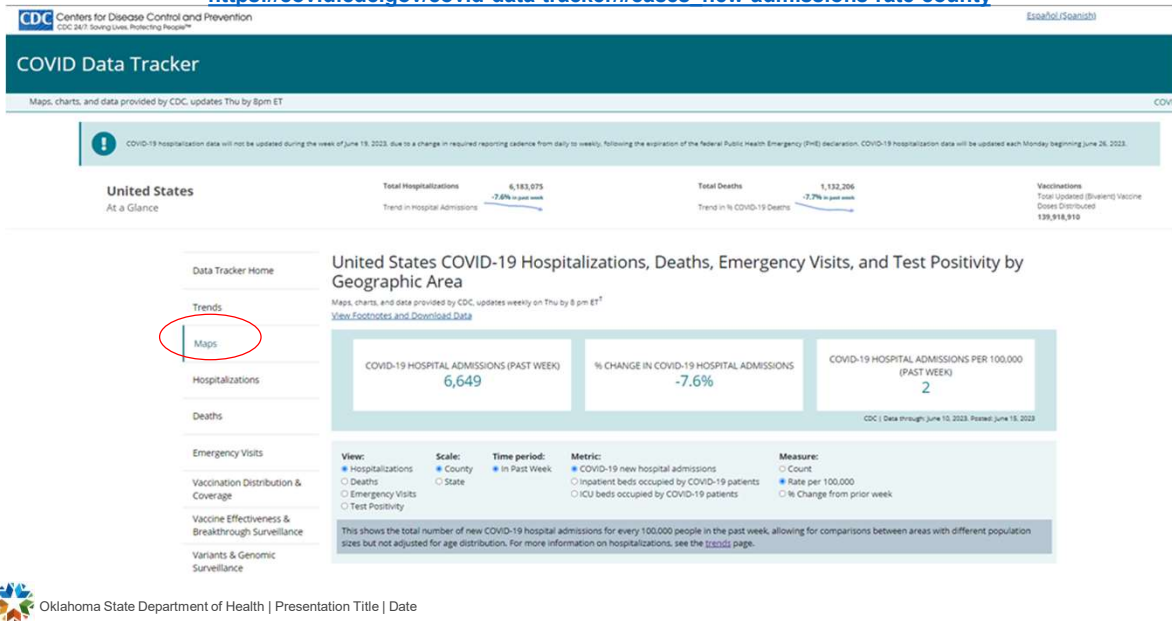
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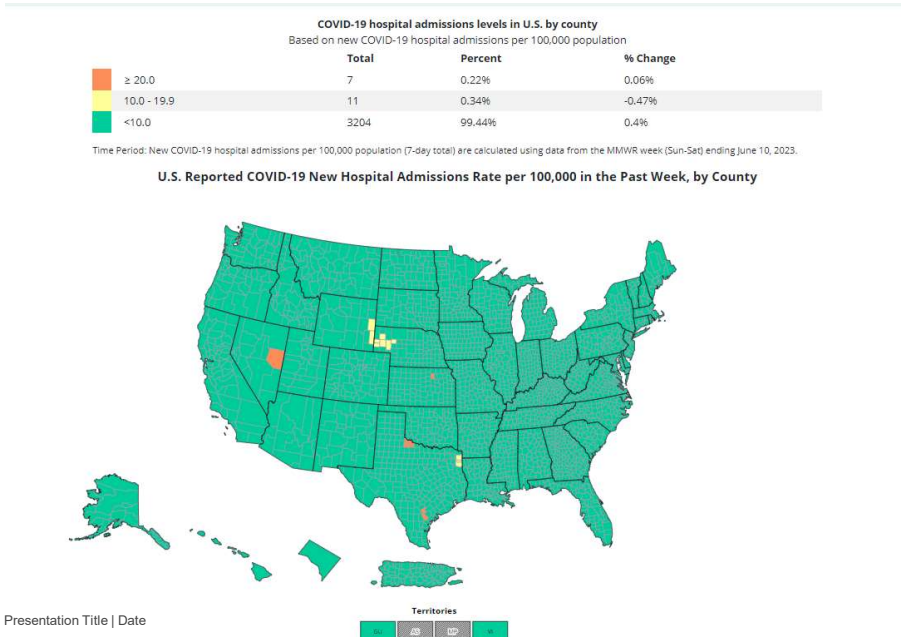
COVID Data Tracker – Metrics for Hospitalizations

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county



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Guiding Source Control



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NHSN Reporting Expectations

COVID-19 Surveillance Pathways	COVID-19 Vaccination Module
Reporting requirements	Reporting requirements
CMS certified facilities are required to report at least once every reporting week	Weekly reporting requirement for LTC residents and staff <ul style="list-style-type: none"> Report at least once every reporting week Requirement to go through December 2024
Requirement to go through December 2024	Quarterly Reporting Requirement for Staff <ul style="list-style-type: none"> Report vaccination data 1 week/month for staff After the weekly requirement expires in Dec. 2024, continue to report 1 week/month for staff Use the "COVID-19 Vaccination HCP" tab in order to report these data



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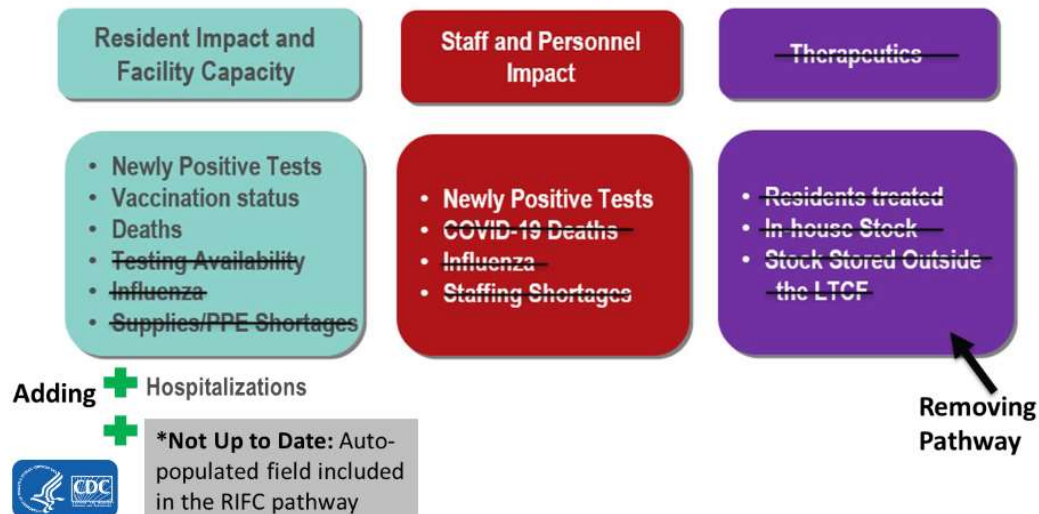
Additional COVID-19 Vaccination Reporting Resources:

- [Operational Guidance for Reporting COVID-19 Vaccination Data](#)
- [FAQs on Reporting COVID-19 Vaccination Data](#)

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Modifications to the COVID-19 Module Surveillance Pathways



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Survey Updates

Wednesday, June 21, 2023

Susan Hays
Clinical Health Facility Surveyor
Long Term Care Service

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Survey Updates

- Staff Vaccination
- COVID-19 Testing
- Masking Requirements
- Documentation Expectations for Survey

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Alzheimer Form Requirements

Wednesday, June 21, 2023

Espa Bowen, MCJA, M.Ed.
Director
Health Resources Development Resources

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Long Term Care Update

Wednesday, June 21, 2023

Janene Stewart, MBA
Director
Long Term Care Service


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The Q&A Session has begun.

Submit questions to
LTC@health.ok.gov

(Questions in the online Q&A chat  will be answered in the FAQ document.)

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Closing Comments



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