



Welcome!

We will get started promptly at 12 noon.



■ Healthcentric
Advisors
■ Qlarant

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



Making Sense & Staying on Track: CMS Vaccine Mandates

Name: Joshua Clodius, Danyce Seney & Darlene Shoemaker

Date: March 10th & 16th



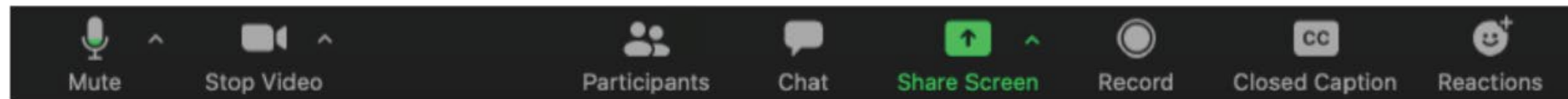
■ Healthcentric
Advisors
■ Qlarant

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

Use Chat to introduce yourself & ask questions

How to use Zoom

At the bottom of your screen, you will see a black bar with icons:



Chat **Everyone** for general comments or questions

Welcome!

- Today's session is being recorded
- Although we want active participation, we ask that you please keep yourself on 'mute' during the presentation
- Please introduce yourself (name, organization & role, location) using the Chat feature

The IPRO QIN-QIO

The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

IPRO:

New York, New Jersey, and Ohio

Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:

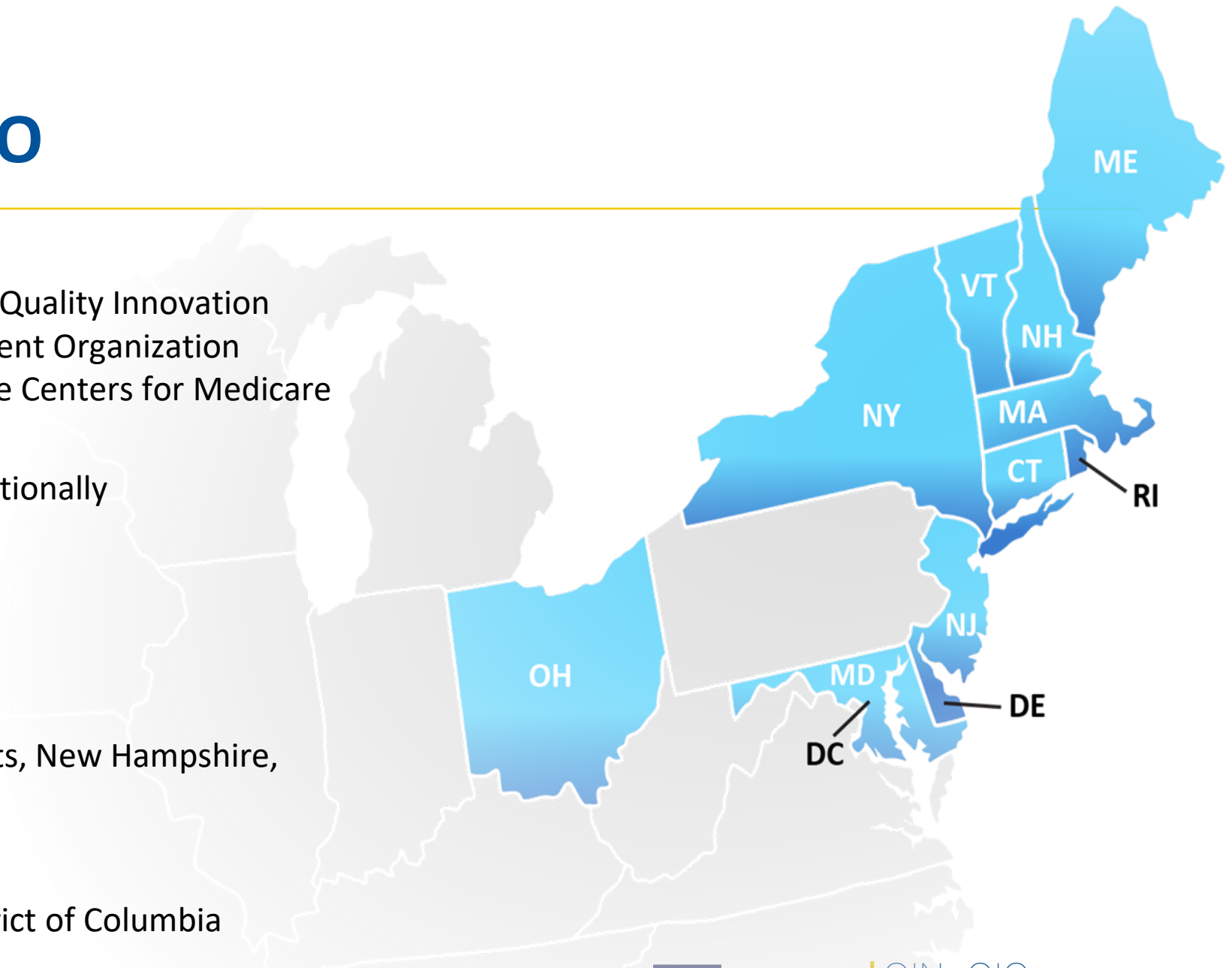
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries



■ Healthcentric
Advisors
■ Qlarant

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



IPRO QIN-QIO *small Talk* series January-June 2022

Our *small Talks* are short, impactful presentations designed to meet your needs during this uniquely challenging time.

Two different topics will be presented on a monthly basis and each *small Talk* will:

*Consider a **challenge***

*Identify **interventions***

*Guide you to a specific **result** or outcome*





Making Sense & Staying on Track: CMS Vaccine Mandates

Name: Joshua Clodius, Danyce Seney & Darlene Shoemaker

Date: March 10th & 16th



■ Healthcentric
Advisors
■ Qlarant

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

Quick Overview



1

CHALLENGE: Recent regulations, including CMS 3415-IFC, QSO 22-7 Attachment A and F888 have significant impact for Nursing Home operations and policies and procedures

2

Intervention: The IPRO Vaccine Checklist & Audit Tool can keep you on track with these regulations and identify any potential areas of concern.

3

Result: Be prepared to implement these tools and stay on track with vaccine requirements

Interim Final Rule*

“Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination,” revising the infection control requirements that most Medicare- and Medicaid-participating Facilities and suppliers must meet to participate in the Medicare and Medicaid programs.

The rule requires each facility develop and implement policies and procedures to ensure all staff, regardless of clinical responsibility or resident contact, are fully vaccinated for COVID-19.

The long-term care requirements will be located in the new federal tag F888 and will be implemented in a two-phase approach.

*On November 5, 2021, CMS published an interim final rule, CMS-3415-IFC
<https://www.regulations.gov/document/CMS-2021-0168-0001>



■ Healthcentric
Advisors
■ Qlarant

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

QSO 22-07-ALL - Long-Term Care and Skilled Nursing Facility

Attachment A

F888

§483.80 Infection control

§483.80(i) COVID-19 Vaccination of facility staff

- The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19.
- For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19.
- The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

Staff – Defined

Includes

- Individuals who provide any care, treatment, or other services for the facility and/or its residents.
- Include facility employees, individuals under contract or arrangement, such as hospice and dialysis staff, therapists, mental health professionals, licensed practitioners, adult students, trainees or volunteers.

Excludes

- Individuals who provides only telehealth or support services outside of the facility no direct contact with residents and other staff
- Facilities are not required to ensure the vaccination of individuals who very infrequently provide ad hoc, non-health care services (such as annual elevator inspection or services performed exclusively off-site)

Policies & Procedures Must Include Process

- All staff have received at least a single-dose COVID-19 vaccine or the first dose of a multi-dose COVID-19 vaccine series prior to providing any care or services;
- All staff, except those granted an exemption or for whom the vaccine must be temporarily delayed, are fully vaccinated for COVID-19;
- Staff who are not fully vaccinated adhere to additional precautions in order to mitigate the spread of COVID-19; and
- Staff are able to request an exemption from vaccination for medical or non-medical reasons.

Policies & Procedures Must Include Process

- Ensuring documentation for medical exemption requests contains all of the necessary information;
- Tracking and securely documenting
 1. each staff member's vaccination status, including any booster doses received,
 2. staff who have requested and were granted an exemption to vaccination,
 3. staff for whom the vaccine must be temporarily delayed; and
 4. Contingency plans for staff who are not fully vaccinated.

Vaccine Checklist

- Utilize this tool to help determine areas in need of attention regarding your facilities policies & procedures

Facility has a policy or procedure to ensure that within 30days of Issuance of QSO 22-07-A11 :	
All staff have received at least a single dose COVID-19 Vaccine or the first dose of a multi-dose COVID-19 vaccine series prior to providing any care or services	<input type="checkbox"/> Yes <input type="checkbox"/> No
All staff, except those granted an exemption or for whom the vaccine must be temporarily delayed are fully vaccinated for COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff who are not fully vaccinated adhere to additional precautions in order to mitigate the spread of COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff are able to request an exemption from vaccination for medical or non-medical reasons	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a process for documentation for medical exemption requests that contains all the necessary information	<input type="checkbox"/> Yes <input type="checkbox"/> No

Resource Library: <https://qi-library.ipro.org/2022/02/17/vaccination-rule-checklist/>



Healthcentric
Advisors
Qlarant

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

Vaccine Checklist

- Review weekly
- 4 steps

Ongoing Action Steps
Compare the NHSN data to the staff vaccination info on facility documentation. If there is a 10% or GREATER difference- FIX IT
Weekly select mix of vaccinated and unvaccinated staff from facility list and ensure documentation, as well as contingency plans are in place and appropriate
Observe and interview unvaccinated staff to determine if additional precautions are in place to help prevent the spread of COVID19: <ul style="list-style-type: none">• Are unvaccinated staff using additional precautions, including source control (N95 or higher) and physical distancing at all times while in the facility?• If reassigned, when was the staff member reassigned in their duties?• Is the staff member being tested for COVID19? If so, how often?• Are other additional precautions in place to mitigate the transmission of COVID19?
Record review for medical exemption requests: <ul style="list-style-type: none">• The recognized clinical reason for the contraindication• A statement recommending the staff member be exempted from the COVID19 vaccination requirement• A signature and date by a licensed practitioner, who is not the individual requesting the exemption

Resource Library: <https://qi-library.ipro.org/2022/02/17/vaccination-rule-checklist/>



■ Healthcentric
Advisors
■ Qlarant

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

Contingency Plan Audit Tool

- Use routinely to verify policy and procedures are being followed
- Interview staff who have not completed the vaccination series to confirm the facility has implemented their contingency plan

Topic	Staff member #1	Staff member #2	Staff member#3
Verify staff member who indicated they would not get vaccinated and did not qualify for an exemption			
Ask if the staff member is scheduled for a vaccine, or was given a deadline to get first dose of vaccine, and what date were they given			
Ask staff member if they requested an exemption and if it was approved or denied			

Resource Library: <https://qi-library.ipro.org/2022/02/17/vaccination-rule-audit-tool/>



■ Healthcentric
Advisors
■ Qlarant

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

Staff Matrix for F888

COVID-19 Staff Vaccination Status for Providers

<p>Complete this form or provide a list containing the same information required in this form.</p> <p>Section I: Complete based on the Day 1 of the survey:</p> <p>Total # of staff: <input type="text"/></p> <p># partially vaccinated staff (5): <input type="text"/></p> <p># completely vaccinated staff (6): <input type="text"/></p> <p># pending exemption (8 and 9): <input type="text"/></p> <p># granted exemption (8 and 9): <input type="text"/></p> <p># temporary delay/new hire (10): <input type="text"/></p> <p># not vaccinated without exemption/delay (11): <input type="text"/></p> <p>Note: The sum of the #'s for columns 5, 6, 8 through 11 should equal the total # of staff.</p>	Direct facility hire (DH), Contracted hire (C), Other (O)	Title	Position	Assigned work area	Vaccinated			Not Vaccinated			
					Partially vaccinated	Completely vaccinated	Booster dose	Pending (P) or Granted (G) medical exemption	Pending (PN) or Granted (GN) non-medical exemption	Temporary delay per CDC/ new hire	Not vaccinated without exemption/delay
					5	6	7	8	9	10	11
Staff Name	1	2	3	4	5	6	7	8	9	10	11

Verification of NHSN Data

- Become familiar with what is publicly reported about your facility's NHSN Data at [COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://www.cms.gov/COVID-19/NursingHomeData)
- When submitting your matrix to surveyors, note that surveyors will be comparing your matrix data which is your staff roster data as of the 1st day of survey, to your facility's data publicly available on NHSN

Note: NHSN data typically lags 2 weeks. Be prepared to answer discrepancies and provide additional documentation if necessary.

Compare % Current Vaccinated Staff with NHSN Data

$$\begin{array}{l} \text{\% current staff} \\ \text{received completed} \\ \text{vaccination} \end{array} = \frac{\begin{array}{|c|} \hline \text{\# Completely} \\ \text{vaccinated (6)} \\ \hline \end{array}}{\begin{array}{|c|} \hline \text{\# of total staff} \\ \hline \end{array}} \times 100$$

Scope & Severity Grid

Refer to page 14 of QSO 22-07 Long Term Care and Skilled Nursing Facility Attachment A
<https://www.cms.gov/files/document/qso-22-07-all.pdf>

Table 1: Scope and Severity Grid

Severity & Scope for F888	ISOLATED 1% <u>or more</u> , but <u>less than</u> 25% of staff are unvaccinated (76% – 99% of staff are vaccinated).	PATTERN 25% <u>or more</u> , but <u>less than</u> 40% of staff are unvaccinated (61% – 75% of staff are vaccinated).	WIDESPREAD 40% <u>or more</u> of staff are unvaccinated (0% - 60% of staff are vaccinated), OR 1 or more components of the P&Ps were not developed and implemented.
Level 4 - Immediate Jeopardy: Noncompliance resulting in serious harm or death : <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> 3 or more resident infections in the last 4 weeks resulting in at least one resident experiencing hospitalization (i.e., serious harm) or death. OR, Noncompliance resulting in a likelihood for serious harm or death: <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> 3 or more resident infections in the last 4 weeks that did not result in serious harm or death; and One of the following: <ul style="list-style-type: none"> Any observations of noncompliant infection control practices by staff; <u>or</u> 1 or more components of the policies and procedures were not developed or implemented. OR, <ul style="list-style-type: none"> More than 40% of staff are unvaccinated <u>and</u> there is evidence of a lack of effort to increase staff vaccination rates. 	J	K	L
Level 3 – Actual Harm: <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> 3 or more resident infections in the last 4 weeks which did not result in hospitalization (i.e., serious harm) or death, or the likelihood for U for one or more residents. 	G	H	I
Level 2: No actual harm w/potential for more than minimal harm that is not U: <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> No resident infections OR, <ul style="list-style-type: none"> Did not meet the expected minimum threshold of staff vaccinated; <u>and</u> 1 or more components of the policies and procedures were not developed and implemented. 	D	E	F
Level 1: No actual harm w/potential for minimal harm: <ul style="list-style-type: none"> Met the requirement of staff vaccinated; <u>and</u> 1 or more components of the P&Ps were not developed and implemented (cited as widespread ("C")). 	A	B	C

Scope & Severity Grid - Watch out for IJ Tag!

Level 4 - Immediate Jeopardy (IJ)

- Noncompliance resulting in serious harm or death:
 - o Did not meet the requirement of staff vaccinated **OR** has no policies and procedures developed or implemented; and
 - o 3 or more resident infections in the last 4 weeks resulting in at least one resident experiencing hospitalization (i.e., serious harm) or death

Scope & Severity Grid - Watch out for IJ Tag! – cont.

OR

Noncompliance resulting in a likelihood for serious harm or death:

- o Did not meet the requirement of staff vaccinated; **and**
- o 3 or more resident infections in the last 4 weeks that did not result in serious harm or death; **and**
- o One of the following: Any observations of noncompliant infection control practices by staff, (e.g., staff failed to properly don PPE so F880 would also be cited); or 1 or more components of the policies and procedures to ensure staff vaccination were not developed or implemented.

Scope & Severity Grid - Watch out for IJ Tag! – cont.

OR

More than 40% of staff are unvaccinated and there is evidence of a lack of effort to increase staff vaccination rates.

Set Yourself Up for Success



1. Create a Vaccine Roster binder (or add a section in your Survey Prep binder)
2. Make sure more than one person has access to the information that might be requested
3. Review and update the information regularly as part of a monthly check up and within your new hire orientation

Benefits of Boosters

Recent evidence shows that among healthcare and other frontline workers, COVID 19 vaccine effectiveness has decreased over time, especially in those 65 and older, at preventing infection or milder illness with symptoms.

- Boosters shots increase immune response
- Boosters shots provide improved protection against becoming infected with COVID-19
- Booster shots help prevent COVID-19 with symptoms

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

Resources

CMS-3415-IFC - <https://www.regulations.gov/document/CMS-2021-0168-0001>

QSO 22-07 - <https://www.cms.gov/files/document/qso-22-07-all.pdf>

Attachment A - <https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf>

Staff Matrix for F888 - <https://www.ihca.org/wp-content/uploads/2022/01/Additional-handouts-1-27-22.pdf>

Vaccination Rule Checklist - <https://qi-library.ipro.org/2022/02/17/vaccination-rule-checklist/>

Vaccination Rule Audit Tool - <https://qi-library.ipro.org/2022/02/17/vaccination-rule-audit-tool/>



■ Healthcentric
Advisors
■ Qlarant

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



Contact Information:

Name: Joshua Clodius

Email: jclodius@healthcentricadvisors.org

Name: Darlene Shoemaker

Email: shoemakerd@qlarant.com

Name: Danyce Seney

Email: DSeney@ipro.org



■ Healthcentric
Advisors

■ Qlarant

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

Chat In

Please unmute yourself or use the chat feature to share questions, ideas, success strategies, and/or lessons learned



Improvement is a Team
Support



■ **Healthcentric
Advisors**
■ **Qlarant**

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

Leaving in Action

Tips for success:

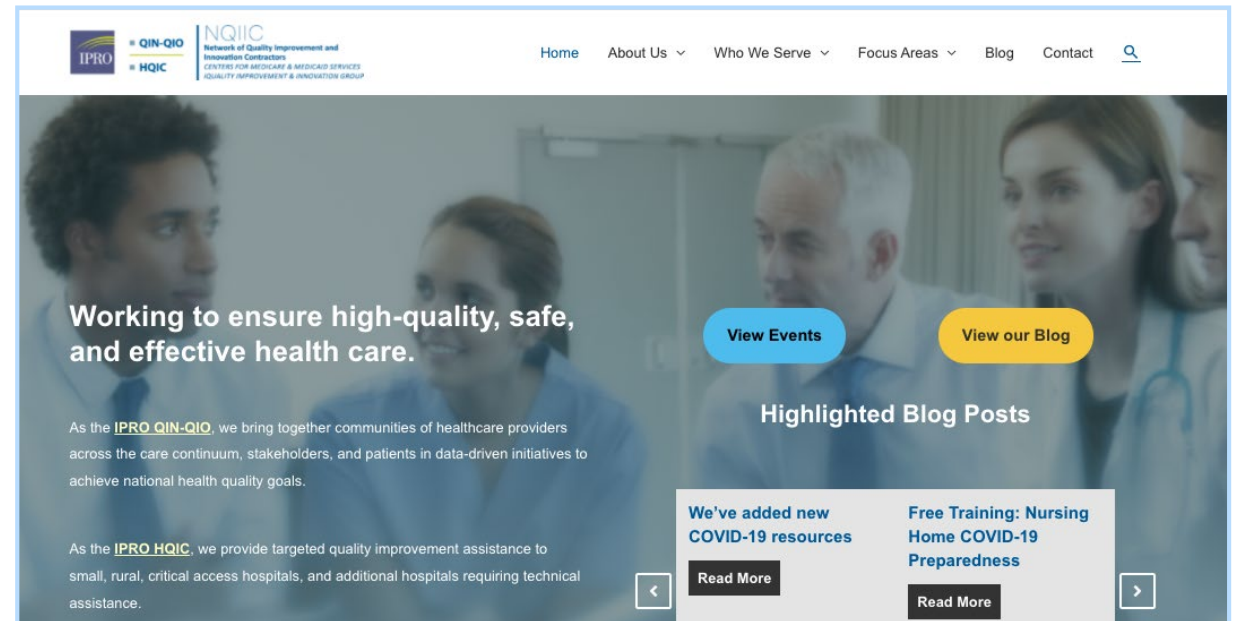
- Access these tools from the IPRO QIN-QIO Resource: <https://qi-library.ipro.org/> or link noted on slide
- Commit to implement
- Reach out to our IPRO QIN-QIO team with questions or needs



■ Healthcentric
Advisors
■ Qlarant

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

Learn More & Stay Connected



Follow IPRO QIN-QIO



@IPROQINQIO



@IPROQINQIO



@IPRO QIN-QIO



IPRO QIN-QIO

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-IPRO-QIN-T1-A5-22-591



■ **Healthcentric
Advisors**
■ **Qlarant**

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

Let Us Know More...



Your feedback is critically important and will help guide us as we prepare future small Talks and other educational events.

Please take just a few minutes to complete our session evaluation (link is in chat).

Mark your calendar for upcoming sessions



Access our calendar of events to view upcoming sessions:

<https://qi.ipro.org/upcoming-events/>

Chronic Kidney Disease Awareness & Prevention Program

Thurs – March 24 @ 12pm

Wed – March 30 @ 12pm

Check in with the QIO - Office Hours

- Share how it's going with your new intervention(s)
- Ask questions
- Learn from your peers

Next session: 3/17 @ 12pm

- <https://healthcentricadvisors.zoom.us/j/85491530818?pwd=SUIId3QyZllvQURJTVBFdzJndnRqdz09>



■ Healthcentric
Advisors
■ Qlarant

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

Thank You

Thank you for your continued partnership and commitment to quality improvement.

