



# *Full-Speed Ahead!* COVID-19 Vaccine Booster Program: Strengthening Your NHSN Data Reporting Program

**Keith Chartier, DrPH, MPH**

Associate Executive Director  
Health Services Advisory Group (HSAG)

**Rose Chen, MPH, RD**

Director, HSAG

# Today's Quickinar Objectives



Review CMS booster campaign goals and HSAG's outreach and assistance to NHs



Review NHSN tips and tricks discussed last week



Provide additional strategies to ensure accurate vaccine data entry into NHSN



# ***Full Speed Ahead!*** Strengthening Your NHSN Data

# HSAG | Quickinar Recordings On-Demand

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

HSAG HEALTH SERVICES ADVISORY GROUP

Login: Partners | Employees | Select Language | AAA | Search | Go

Home | About | Careers | Contact

You are here: Home ► COVID-19 ► Vaccine Resources

Vaccine Resources

**Full Speed Ahead! COVID-19 Vaccine Booster Program**

Access program materials, resources, and register for the upcoming quickinars and office hours series.

[Learn More](#)

**COVID-19**

- COVID-19 Events
- Long-Term Care Facilities
- Contact Us
- Vaccine Resources**
- Telehealth Resources

**Full Speed Ahead! COVID-19 Vaccine Booster Program**

**Full Speed Ahead! COVID-19 Vaccination Recognition Program**

Full Speed Ahead! COVID-19 Vaccination Recognition Program

Full Speed Ahead! COVID-19 Vaccine Booster Program

## Past Topics Covered

- Week 1: Campaign Kickoff
- Week 2: The Action Plan
- Week 3: Onsite Clinics
- Week 4: Vaccinators
- Week 5: Messaging
- Week 6: Marketing
- Week 7: Progress Check /NHSN

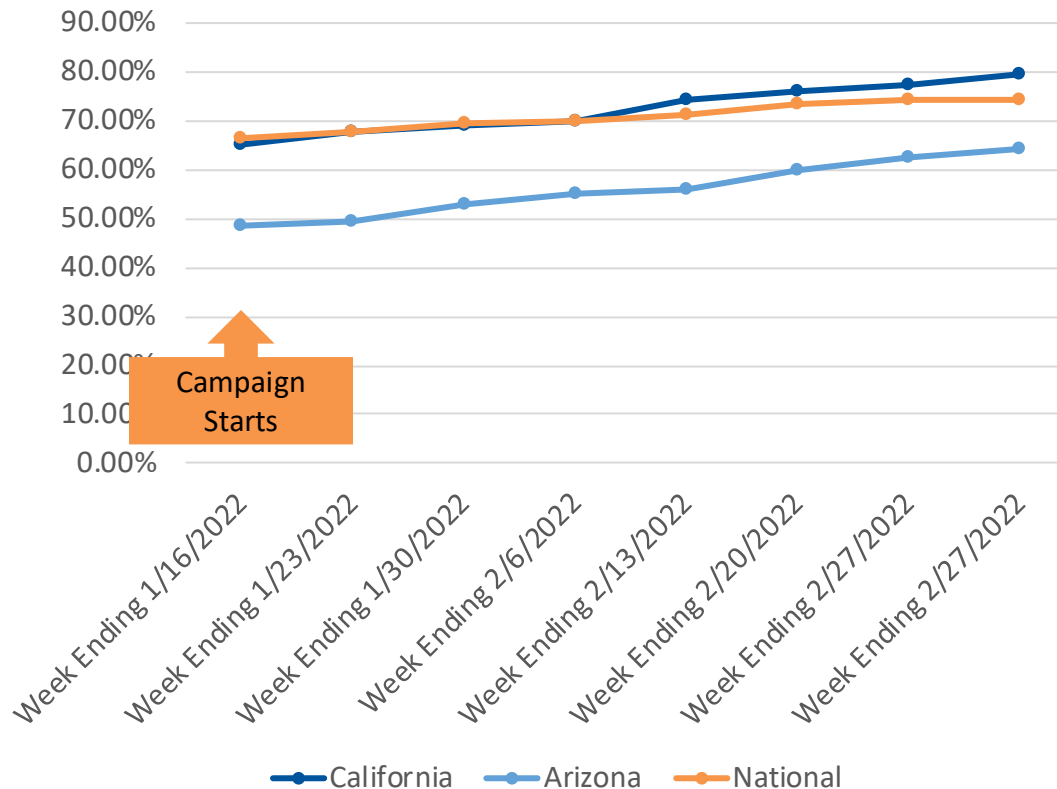
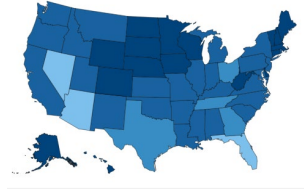
**Recordings Available  
On-Demand!**

<https://www.hsag.com/covid-19/vaccine-resources>



# The Current State of Boosters in Arizona and California

# Resident Booster Rates—Improvement



**Current**

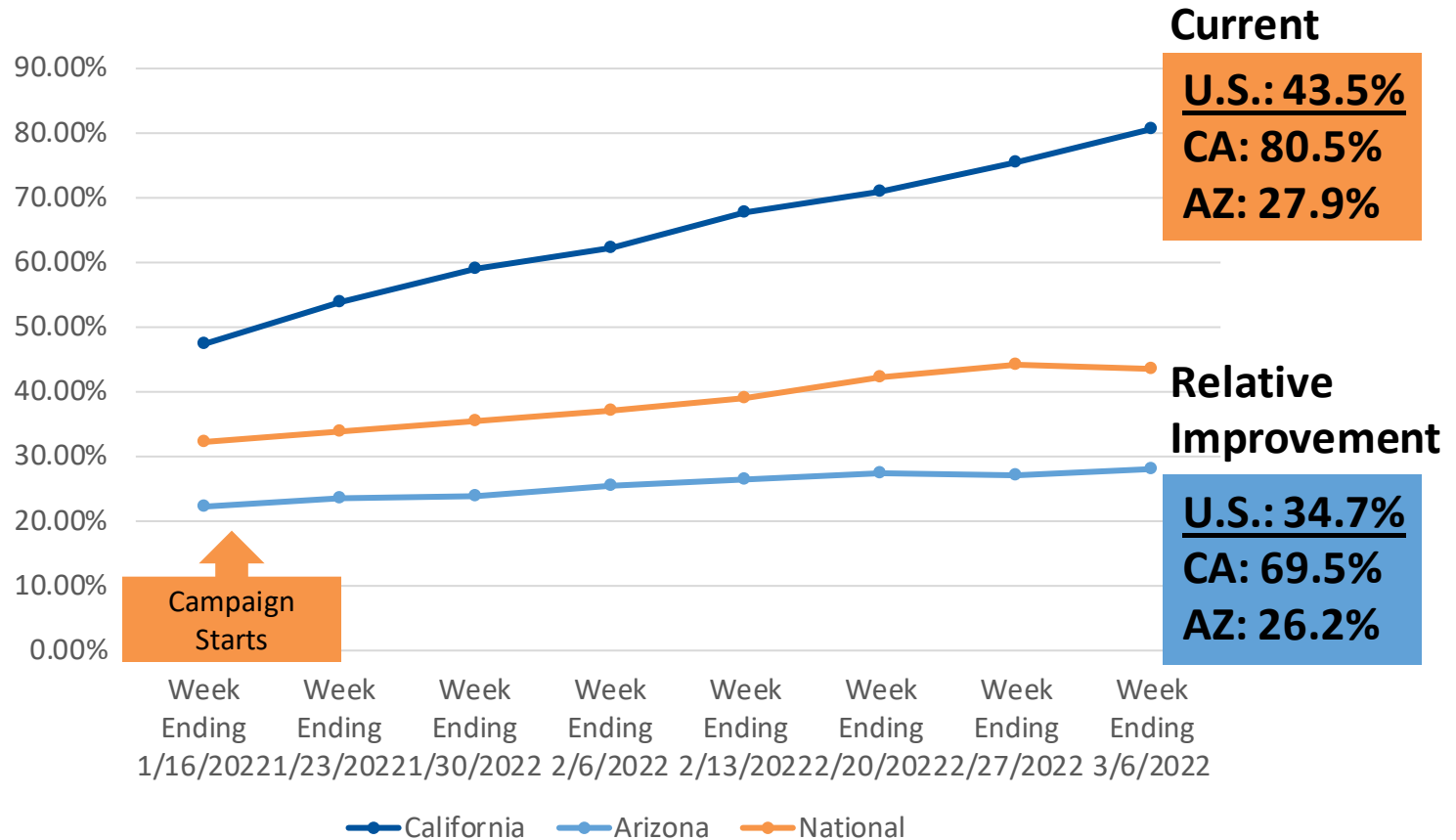
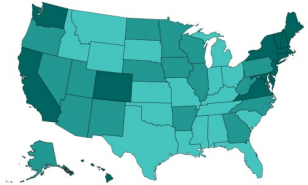
**U.S.: 74.4%**  
**CA: 79.3%**  
**AZ: 64.1%**

**Relative  
Improvement**

**U.S.: 11.9%**  
**CA: 21.8%**  
**AZ: 32.2%**

<https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

# Staff Booster Rates—Improvement



<https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>



# NHSN Tips and Tricks



# NHSN Tips and Tricks

- How to monitor facility's COVID data
- Common reasons facilities have a 0% booster rate
  - How to pass data rule so you don't end up entering "0"
  - Reporting definition clarification
- Which public websites show NH booster data
- What to do if no one has NHSN access

# Question to Drive Success

What is your facility's system to monitor COVID-19 vaccination data, especially booster?

# HSAG COVID-19 Run Chart—Sample 1

## COVID-19 Run Charts NURSING HOME (41 Residents)

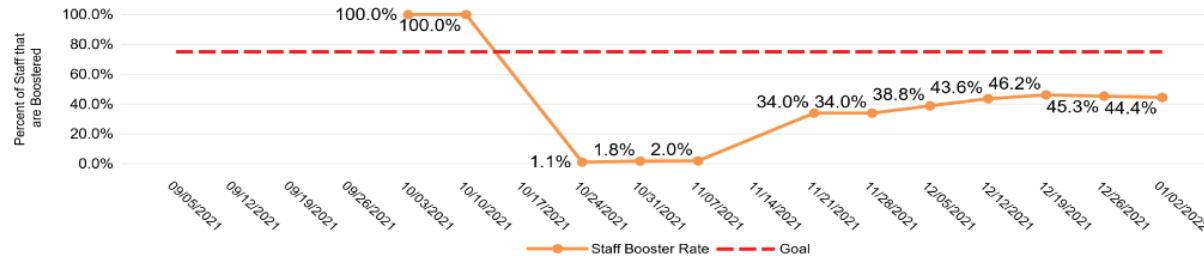
TRQII: Yes  
Start Date: 08/07/2020  
End Date: 11/13/2020



### Resident: Booster Rate



### Staff: Booster Rate

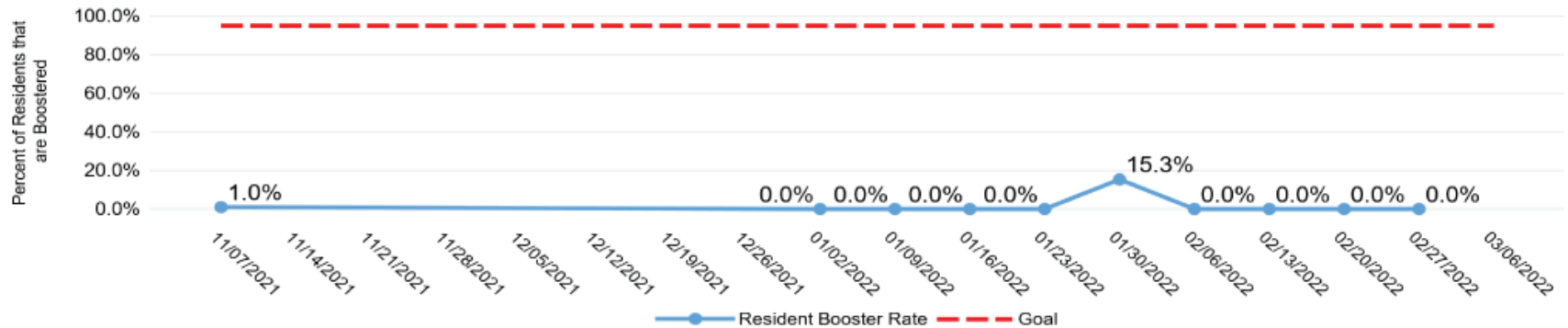


Data Source: National Healthcare Safety Network (NHSN) Accessed on 01/04/2022, 7:38 EST

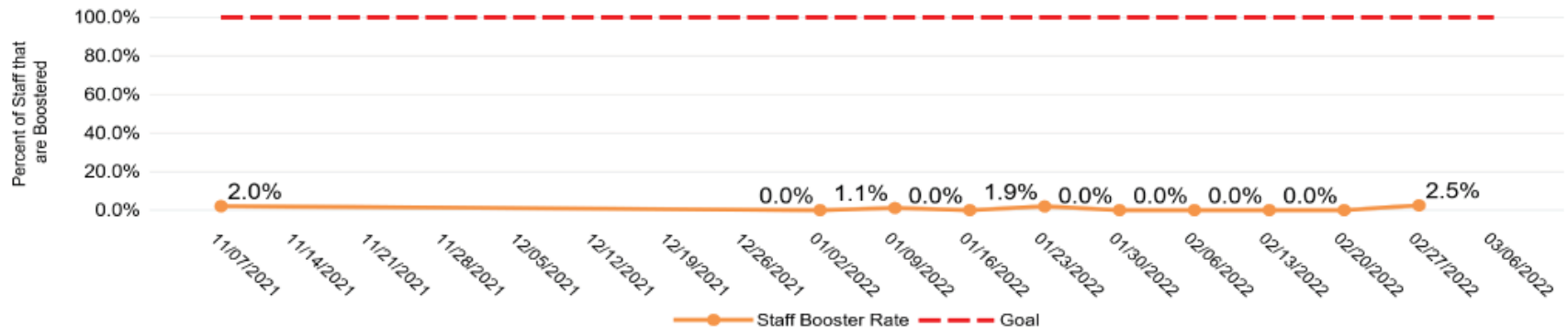
Each data point represents the cumulative percent of residents or staff that are boosted. If data were pulled directly from NHSN, the denominator is the total number of residents or staff eligible for the booster. However, if CMS public data were used, the denominator is the total number of residents or staff fully vaccinated. The listed date indicates the end point of the week. Please contact Keith Chartier at [kchartier@hsag.com](mailto:kchartier@hsag.com) with any questions.

# HSAG COVID-19 Run Chart—Sample 2

**Resident: Booster Rate**



**Staff: Booster Rate**



# HSAG COVID-19 Run Chart—Sample 3

## COVID-19 Run Charts

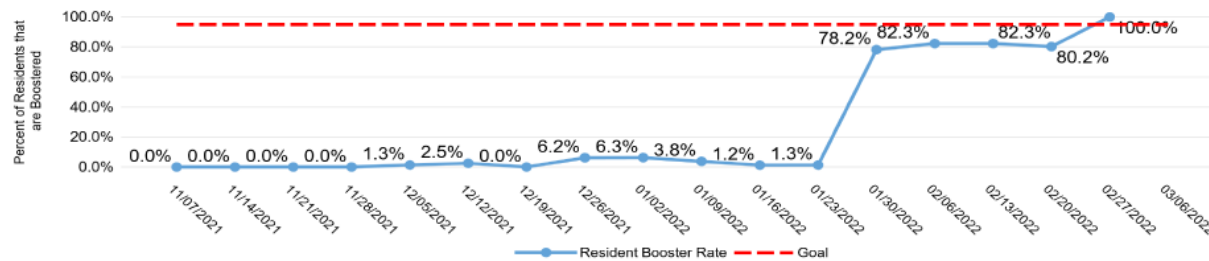
TRQII: Yes

Start Date: 01/04/2022

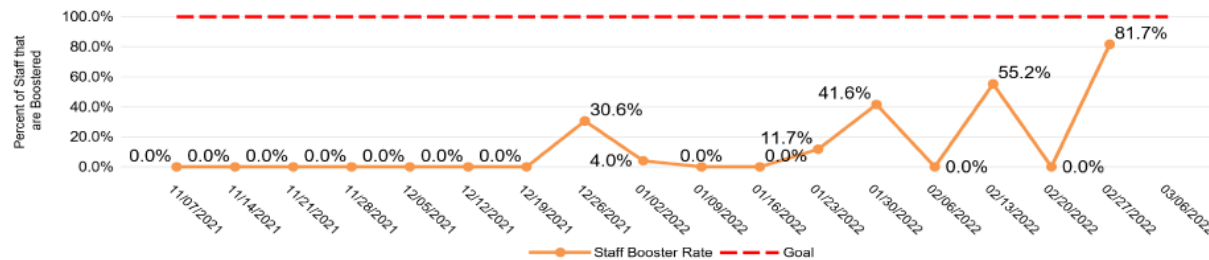
End Date: N/A



### Resident: Booster Rate



### Staff: Booster Rate



Data Source: National Healthcare Safety Network (NHSN) Accessed on 03/07/2022, 8:31 EST

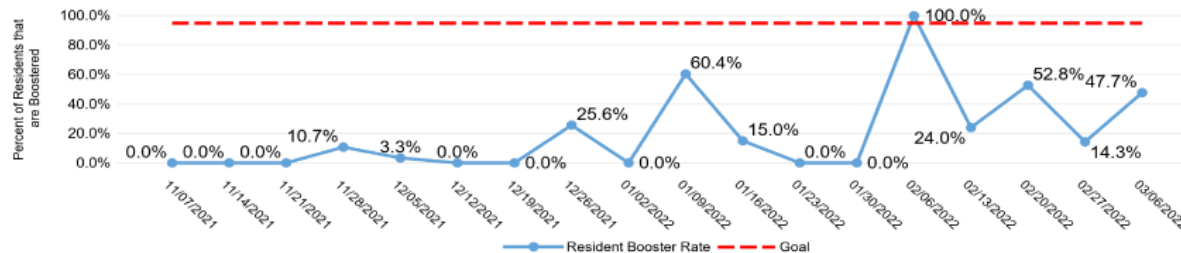
Each data point represents the cumulative percent of residents or staff that are boosted. The denominator is the total number of residents or staff fully vaccinated. The listed date indicates the end point of the week. Please contact Rose Chen at [rchen@hsag.com](mailto:rchen@hsag.com) with any questions.

# HSAG COVID-19 Run Chart—Sample 4

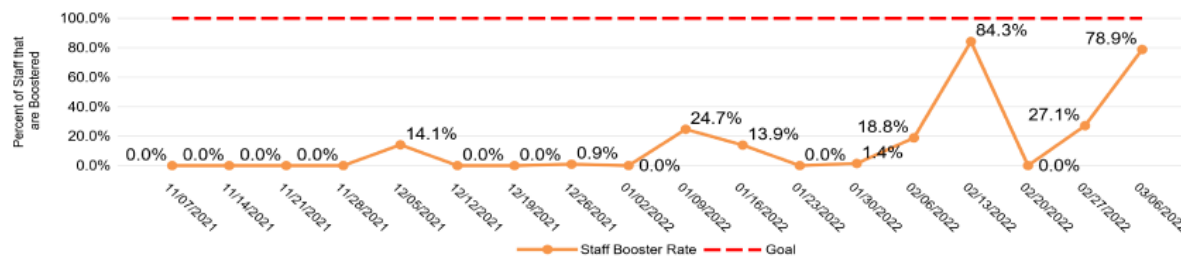
## COVID-19 Run Charts



### Resident: Booster Rate



### Staff: Booster Rate



Data Source: National Healthcare Safety Network (NHSN) Accessed on 03/07/2022, 8:31 EST

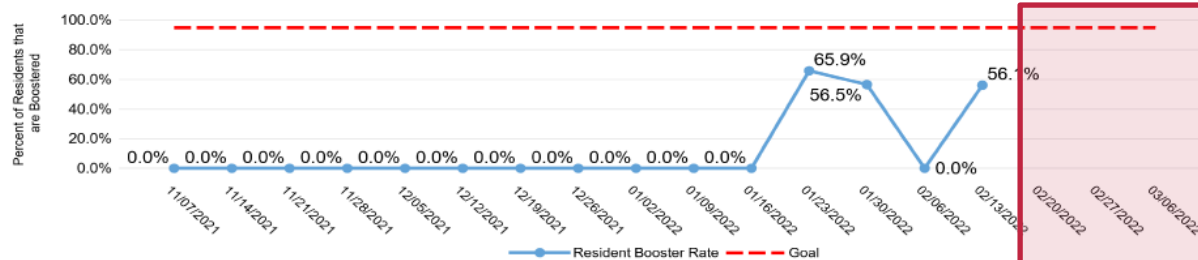
Each data point represents the cumulative percent of residents or staff that are boosted. The denominator is the total number of residents or staff fully vaccinated. The listed date indicates the end point of the week. Please contact Rose Chen at [rchen@hsag.com](mailto:rchen@hsag.com) with any questions.

# HSAG COVID-19 Run Chart—Sample 5

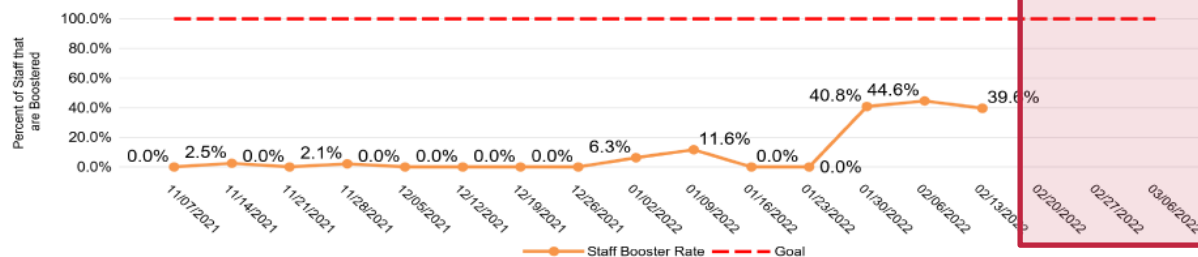
## COVID-19 Run Charts



### Resident: Booster Rate



### Staff: Booster Rate



No recent Data

Data Source: COVID-19 Data Published by CMS on 03/01/2022

Each data point represents the cumulative percent of residents or staff that are boosted. The denominator is the total number of residents or staff fully vaccinated. The listed date indicates the end point of the week. Please contact Rose Chen at [rchen@hsag.com](mailto:rchen@hsag.com) with any questions.

# Why Confer NHSN Rights to HSAG?

## For HSAG


- Capture more recent data on the COVID-19 Run Chart.
- Validate data modification your facility made in real time.
- Provide better technical assistance:
  - Regarding your facility users' NHSN access.
  - When your facility experiences staff turnover.

## For your facility

- Use the COVID-19 Run Chart to:
  - Identify data errors or improvement opportunities.
  - Capture and correct data errors before they become available on CMS and CDC\* public websites.



# To Access the Quality Improvement Innovation Portal (QIIP) Facility Report



The form is titled "HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form". It features the HSAG logo and a header image of healthcare professionals. The text explains that the HSAG QIIP is a centralized place for information in support of quality initiatives and activities, aiming to improve quality scores, prevent infections, and reduce readmissions. It provides instructions on how to get access to the weekly COVID-19 Trend Report by filling out the form and emailing it to [canursinghomes@hsag.com](mailto:canursinghomes@hsag.com). The form also lists the rights of the QIIP Administrator(s), including access to performance reports, attestation to completion, and completion of assessment forms. A table for "Facility Information" is provided, with columns for CCN and Facility Name. A note states that the organization should add additional rows as needed. Below this is a table for "Administrator(s) Information", with columns for Last Name, Title, Email Address, and Telephone Number. A note indicates that at least two staff members should be assigned to the Administrator role per facility.

**HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form**

The HSAG QIIP is your centralized place for information in support of the quality initiatives and activities which you are working on with HSAG to achieve the Centers for Medicare & Medicaid Services' (CMS') national goals. CMS' goals include increasing quality scores, improving infection prevention, decreasing opioid misuse, preventing adverse drug events, improving quality of care transitions, and preventing avoidable readmissions. The HSAG QIIP will allow you to view your weekly COVID-19 Trend Report. Future enhancements include the ability to complete assessments, track interventions, and view your performance dashboards.

To get access to your weekly COVID-19 Trend Report please fill out the short form below to designate your QIIP Administrator(s) and return the completed form via email to [canursinghomes@hsag.com](mailto:canursinghomes@hsag.com).

The QIIP Administrator(s) will have the following rights:

- Access performance reports and dashboards.
- Attest to the completion of activities.
- Complete assessment forms.

- Add, edit, and remove users within the application.
- Upload/submit data.

**Facility Information**

Please provide the CMS Certification Number (CCN) and facility name for your facilities. **Please add additional rows to the table as needed if your organization has more than one facility.**

CCN	Facility Name

**Administrator(s) Information**

To designate your HSAG QIIP Administrator(s), please complete the table below. HSAG recommends having at least two staff members assigned to the Administrator role per facility so there is no lapse in Administrator coverage.

Last Name	Title	Email Address	Telephone Number

Complete Administrator Form  
<https://bit.ly/QIIPadminForm>

# Question to Drive Success

Which residents and staff are currently eligible to receive the booster?

# Key Data to Track

- Total # of residents in the NH at least 1 day during reporting week
- # with complete primary series
- # partially vaccinated (1 dose only)
- # declining primary series (other than medical contraindication)
- # already received booster
- # with complete primary series but not yet eligible for booster
- # with complete primary series, eligible for booster but haven't received it

# Data Tracking

[illegible]

## NHSN Weekly Vaccination Data Tracking Worksheet:

Residents: <https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-res-covidvax.xlsx>

HCP: <https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-hcp-covidvax.xlsx>

# This Week's Action Item

Review your facility's COVID-19 booster data  
at the next QAPI\* meeting



# Next Week's Topic: Sharing Success



**Friday, March 18**  
**11:30 a.m. PT/MT**

**Register Here:**  
<https://bit.ly/FullSpeedAheadBoosterProgram>



# Thank you!

Keith Chartier

[kchartier@hsag.com](mailto:kchartier@hsag.com)

Rose Chen (**email for NHSN questions**)

[rchen@hsag.com](mailto:rchen@hsag.com)





# *Full-Speed Ahead!*

## Booster Program Office Hours



# Questions & Answers

**Keith Chartier, DrPH, MPH**

Associate Executive Director, HSAG

**Michelina Stazzone, DNP, CPNP**

Immunization Nurse Educator,  
Immunization Program Office  
Arizona Department of Health Services

**Rose Chen, MPH, RD**

Director, HSAG

**Geoff Granseth, MPH, CIC**

Quality Advisor  
Infection Preventionist  
HSAG

# CDPH Reporting Requirement

- CDPH Survey 123/ARCGIS
- Can be done on computer or phone
- Daily Survey
  - “Pathway Reporting” in NHSN: COVID-19 case counts for staff and residents, PPE, therapeutics
  - By 12 noon daily
  - Data Dictionary:  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AF-L-20-43-Attachment-01.pdf>
- Weekly Survey
  - “COVID-19 Vaccination” and Testing
  - Monday–Wednesday
  - Data Dictionary:  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AF-L-20-60-Attachment-01.pdf>

# CDPH Data Upload to NHSN

- Only if NH conferred NHSN rights to CDPH
- Data upload on Thursday, not daily
- Confirmation email
  - SNF COVID-19 Survey District Office Single **Point of Contact:**  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-DO-SPOC.aspx>
  - **Contact email:**
    - covid-19-chcqdata@cdph.ca.gov
      - Specific questions related to data that were already submitted
    - COVID-19SNFSURVEY@CDPH.CA.GOV
      - All other questions

# Weekly COVID-19 Vaccination Data Reporting Timeline

Mon	Tue	Wed	Thu	Fri	Sat	Sun
2/28	3/1	3/2	3/3	3/4	3/5	3/6
Reporting Week (Collect Vaccination Data)						
HSAG Run Chart						
3/7	3/8	3/9	3/10	3/11	3/12	3/13
CDPH Weekly Survey (Enter in Survey123)			*CDPH upload to NHSN			Deadline to enter in NHSN
HSAG Run Chart						



## Disclaimer

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) 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. Publication No. QN-12SOW-XC-03112022-01