



Full-Speed Ahead! COVID-19 Vaccine Booster Program: Tracking Booster Eligibility and Preparing for Survey

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Today's Quickinar Objectives



Review CMS booster campaign progress.



Review tools that can help improve tracking and monitoring of staff and resident booster rates.



Review the CMS surveyor vaccine templates.

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Vaccine Resources

Full Speed Ahead! COVID-19 Vaccine Booster Program

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

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COVID-19

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- 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

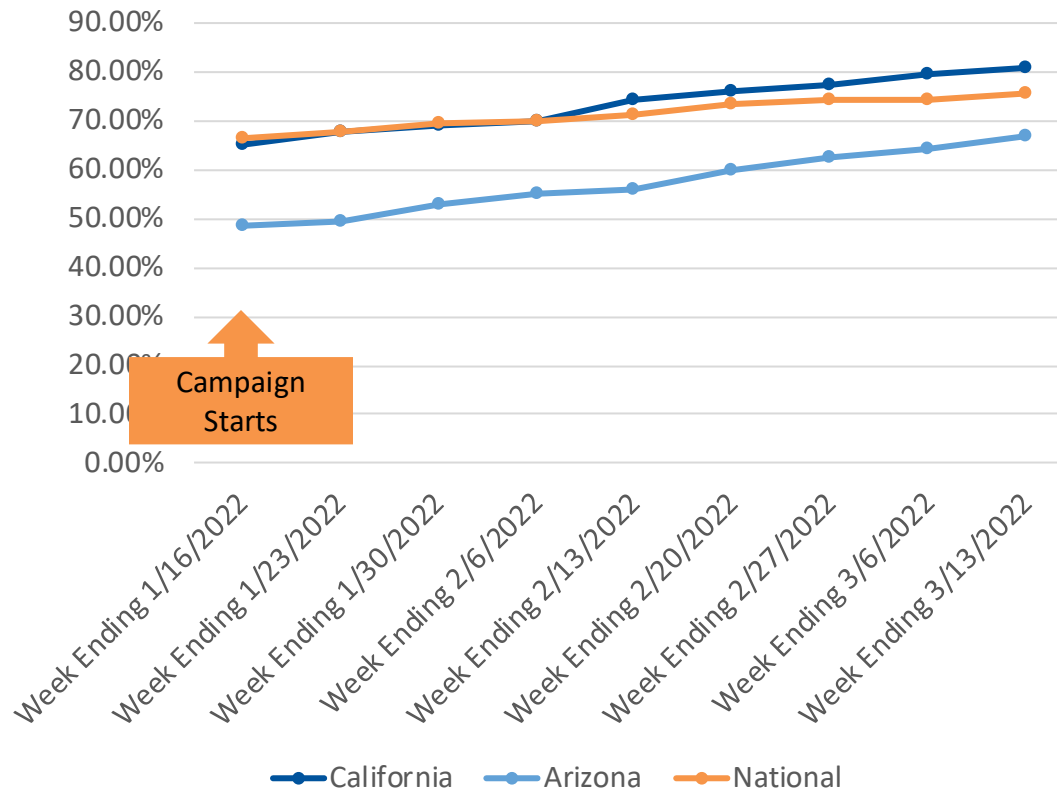
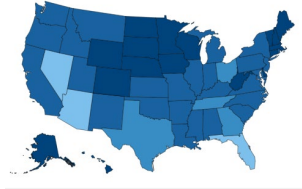
- Week 1: Campaign Kickoff
- Week 2: The Action Plan
- Week 3: Onsite Clinics
- Week 4: Vaccinators
- Week 5: Messaging
- Week 6: Marketing
- Week 7: Goal Review
- Week 8: NHSN

**Recordings Available
On-Demand!**



The Current State of Boosters in Arizona and California

Resident Booster Rates—Improvement



Current

U.S.: 75.4%
CA: 80.7%
AZ: 66.7%

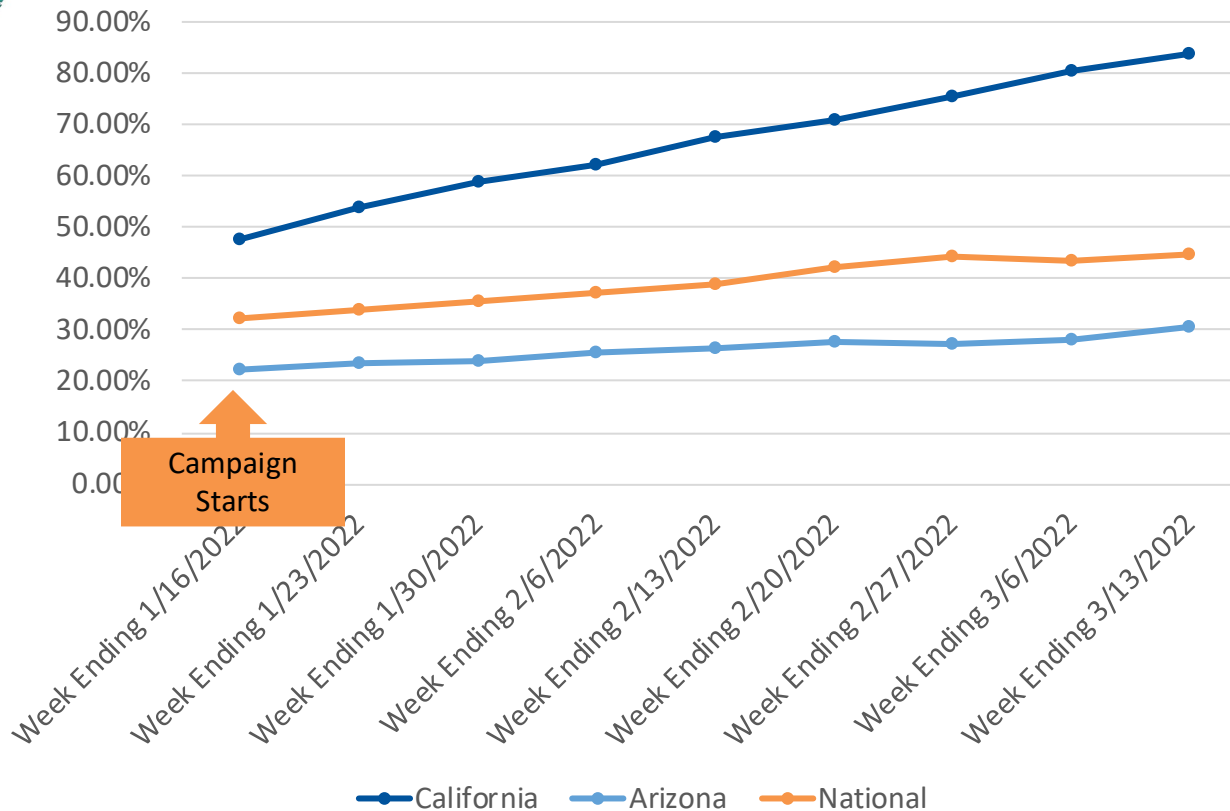
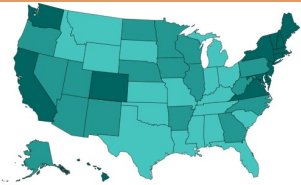
Relative Improvement

U.S.: 13.4%
CA: 24.0%
AZ: 37.5%



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

Staff Booster Rates—Improvement



Current

U.S.: 44.7%

CA: 83.8%

AZ: 30.4%

**Relative
Improvement**

U.S.: 38.4%

CA: 76.4%

AZ: 37.6%

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



Full Speed Ahead! ***Monitoring Booster Eligibility***

COVID-19 Vaccine Eligibility

Table 1. Immunization schedule for persons 5 years of age and older

Recipient Age	Product ^{††}	Persons Who ARE NOT Moderately or Severely Immunocompromised		Persons Who ARE Moderately or Severely Immunocompromised	
		Primary Series ^{†§}	Booster Dose ^{†¶}	Primary Series ^{†§}	Booster Dose ^{†¶}
Type: mRNA vaccine					
5–11 years	Pfizer-BioNTech Ages: 5–11 years Orange cap	2 doses. Separate: Dose 1 and 2 by at least 3 weeks	Not recommended	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	Not recommended
12–17 years	Pfizer-BioNTech Ages: 12 years and older Gray cap or Purple cap	2 doses. Separate: Dose 1 and 2 by at least 3 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
18 years and older	Pfizer-BioNTech Ages: 12 years and older Gray cap or Purple cap	2 doses. Separate: Dose 1 and 2 by at least 3 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
	Moderna	2 doses. Separate: Dose 1 and 2 by at least 4 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 4 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
Recipient Age	Product ^{††}	Persons Who ARE NOT Moderately or Severely Immunocompromised		Persons Who ARE Moderately or Severely Immunocompromised	
		Primary Series ^{†§}	Booster Dose ^{†¶}	Primary Series ^{†§}	Booster Dose ^{†¶}
Type: Viral vector vaccine					
18 years and older	Janssen ^{††}	1 dose	At least 8 weeks after Dose 1	2 doses. Separate: Dose 1 and 2 by at least 28 days ^{††} Dose 2 MUST be a mRNA vaccine	At least 8 weeks after Dose 2

- CDC Interim COVID-19 Immunization Schedule for Ages 5 Years and Older:

<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-5yrs-older.pdf>

Question to Drive Success

- How does your facility track resident and staff vaccine status and booster eligibility?
 - NHSN Weekly Vaccination Data Tracking Worksheets:
 - Residents:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-res-covidvax.xlsx>
 - HCP:
<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cdc.gov%2Fnhsn%2Fpdfs%2Fhps%2Fcovidvax%2Ftrack-hcp-covidvax.xlsx&wdOrigin=BROWSELINK>

Vaccine Data Tracking Worksheet

*Facility ID#:	555555
Vaccination type:	COVID 19
*First day of Reporting Week (Monday):	3/7/2022
Last day of the reporting week (Sunday):	3/13/2022

Enter your Facility ID Here

Select the Monday of the start of the week you are reporting

Last day of the reporting week automatically populated

READ THIS - Instructions

TrackingWorksheet

ReportingSummary

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities TRACKING WORKSHEET

Facility ID#:	555555
Vaccination type: COVID-19	COVID 19
Week of data collection first day (Monday):	3/7/2022
Week of data collection last day (Sunday):	3/13/2022
Date Last Modified:	

Cumulative Vaccination Coverage	
	All Core HCP
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	10
2. *Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at	

READ THIS - Instructions TrackingWorksheet **ReportingSummary** +

Data Entry

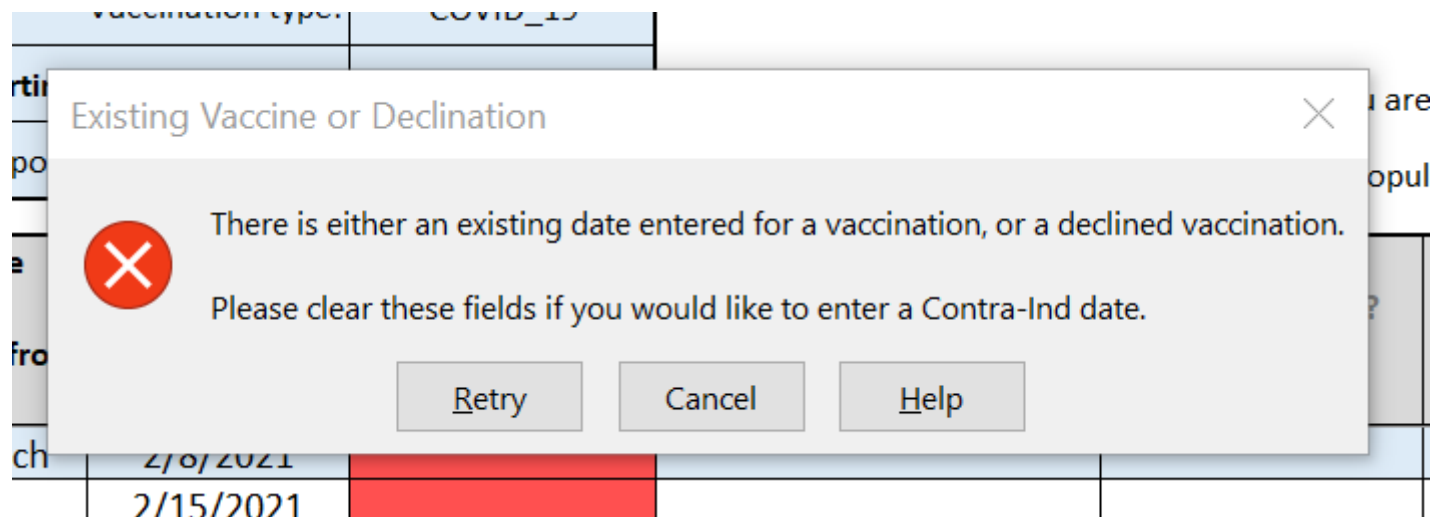
Employee basic info

Primary series info

*HCP Start of Employment Date (Enter Date)	HCP End of Employment Date (Enter Date)	HCP Last Name (Enter name)	HCP First Name (Enter name)	Unique HCP Identifier (Enter DOB, License #, etc.)	*Vaccinated with Dose 1 (Enter date of vaccination 1)	*Dose 1 Vaccine Manufacturer Name (choose from drop-down)	*Vaccinated with Dose 2 (Enter date of vaccination 2)	*Dose 2 Vaccine Manufacturer Name (choose from drop-down)	Is Vaccination Series Complete? (Please Enter YES/NO for Red Cells)
1/1/2020		Jones			1/15/2021	Pfizer_BioNTech	2/8/2021		
1/1/2020		Chartier			1/15/2021	Moderna	2/15/2021		
1/1/2020		Chen			1/15/2021			Pfizer_BioNTech	
1/1/2020		Curran			1/15/2021	Moderna		Pfizer_BioNTech	
1/1/2020		Pastranos			1/15/2021	Unspecified	2/15/2021	Unspecified	
1/1/2020		Averyt			1/15/2021	Janssen		Pfizer_BioNTech	YES
1/1/2020		Wieckowski			12/1/2021	Moderna		Pfizer_BioNTech	
1/1/2020		Nixon			12/1/2021	Moderna			
1/1/2020		Williams			3/1/2022	Pfizer_BioNTech			
1/1/2020		Holland			3/1/2022	Moderna			
1/1/2020		Cruz							
1/1/2020		Fisher							

- Only those with * are required fields
- Red cells indicate missing data

Alerts



Data Entry (cont.)

Adverse Event Noted This Week? (Enter date of event)	*Contraindication or Exclusion Noted (Enter date of Contra-Indication)	*Declined COVID Vaccine (Enter date of Declination)
	1/15/2021	
		1/15/2021

Data Entry (cont.)

Booster info

Employee type

*Eligible for Additional/Booster Dose?	Additional/Booster Dose Vaccination Date? (enter date)	Additional/Booster Dose Manufacturer	Vaccinated at Another Location? Select: Yes/No	History of laboratory positive COVID-19? Select: Yes/No	Employee or Non-Employee?	*HCP Category (choose from drop-down)
YES_Addn	12/1/2021	Pfizer_BioNTech				Employees (staff on facility payroll)
YES_Addn	12/1/2021	Pfizer_BioNTech				Employees (staff on facility payroll)
YES_Addn	3/1/2022	Moderna				Other Contract Personnel
YES_Addn	11/1/2021	Pfizer_BioNTech				Employees (staff on facility payroll)
YES_Addn	11/1/2021	Pfizer_BioNTech				Employees (staff on facility payroll)
YES_Addn	12/1/2021					Licensed independent practitioners: Physicians, advanced practice nurses
YES_Addn	1/1/2022					Other Contract Personnel
YES_Addn						Adult students/trainees & volunteers
NO_Addn						Employees (staff on facility payroll)
NO_Addn						Employees (staff on facility payroll)
NO_Addn						Employees (staff on facility payroll)
NO_Addn						Licensed independent practitioners: Physicians, advanced practice nurses

Data Entry (cont.)

Additional Comment (optional)	Vaccination Education Provided (Enter date)
s, & physician assistants	
Eligible for booster on 8/1/2022	
s, & physician assistants	

Reporting Summary Table

Cumulative Vaccination Coverage	Healthcare Personnel (HCP) Categories					
	All Core HCP	All HCP	Employee HCP	Non-Employee HCP		
			Employees (staff on facility payroll)	Licensed independent practitioners: Physicians, advanced practice nurses, etc.	Adult students/trainees & volunteers	Other Contract Personnel
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	10	12	7	2	1	2
2. *Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:						
2.1. Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	2	2	2	0	0	0
2.2. Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	0	0	0	0	0	0
2.3. Only dose 1 of Moderna COVID-19 vaccine	4	5	3	0	1	1
2.4. Dose 1 and dose 2 of Moderna COVID-19 vaccine	0	0	0	0	0	0
2.5. One dose of Janssen COVID-19 vaccine	1	1	0	1	0	0
2.99 Complete COVID-19 vaccination series: Unspecified Manufacturer	0	0	0	0	0	0
* Any completed primary COVID-19 vaccine series	1	1	0	1	0	0
3. Cumulative number of HCP in Question #1 with other conditions:						
3.1 *Medical contraindication or exclusion to COVID-19 vaccine	1	1	1	0	0	0
3.2. *Offered but declined COVID-19 vaccine	1	1	0	1	0	0
3.3. *Unknown COVID-19 vaccination status	1	2	1	0	0	1
4. *Cumulative number of HCP in question #2 eligible to receive an additional dose or booster COVID-19 vaccine	6	8	4	1	1	2
5. *Cumulative number of HCP in question #4 who have received an additional dose or booster COVID-19 vaccine at this facility or elsewhere since 08-01-2021	1	1	0	1	0	0
5.1. * Additional dose or booster of Pfizer-BioNTech COVID-19 vaccine	0	0	0	0	0	0
5.2. * Additional dose or booster of Moderna COVID-19 vaccine	0	0	0	0	0	0
5.3 * Additional dose or booster of Janssen COVID-19 vaccine	0	0	0	0	0	0
5.4. *Additional dose or booster of unspecified manufacturer	0	0	0	0	0	0



Full Speed Ahead! ***COVID-19 Vaccine*** ***Survey Readiness***

CMS Surveyor Staff Vaccine Matrix Template

COVID-19 Staff Vaccination Status for Providers

Complete this form or provide a list containing the same information required in this form. Section I: Complete based on the Day 1 of the survey: Total # of staff: <input type="text"/> # partially vaccinated staff (5): <input type="text"/> # completely vaccinated staff (6): <input type="text"/> # pending exemption (8 and 9): <input type="text"/> # granted exemption (8 and 9): <input type="text"/> # temporary delay/new hire (10): <input type="text"/> # not vaccinated without exemption/delay (11): <input type="text"/> Note: The sum of the #'s for columns 5, 6, 8 through 11 should equal the total # of staff.	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
Staff Name	1	2	3	4	5	6	7	8	9	10	11

The Matrix is used to identify the vaccination status for all staff. The facility completes this form, including section I, staff name, and columns 1–11, which are described in detail below, or provide a list containing the same information required in the matrix.

CMS Surveyor Excel Template for F888

Comparison to NHSN data						
Total number of staff completely vaccinated (6)	Total staff	% Current staff received completed vaccination				
		#DIV/0!				
Within 30-59 days following issuance of memo						
Total number of staff partially vaccinated (5)	Total number of staff completely vaccinated (6)	Granted or pending medical exemption (8)	Granted or pending non-medical exemption (9)	Temporary delay per CDC (10)	Total staff	% Current staff vaccinated
						#DIV/0!
After 60 days following issuance of memo						
Total number of staff completely vaccinated (6)	Granted Medical exemption (8)	Granted Non-medical exemption (9)	Temporary delay per CDC (10)	Total staff	% Current staff vaccinated	
					#DIV/0!	

Potential Penalties Due to NHSN Variations

- If there is a 10% or less difference between the facility documentation and the NHSN data, no further investigation is required.
- If there is a greater than 10% difference, ask the facility to verify and explain why there is a significant variation.
- If the information presented to the surveyor is incorrect (and NHSN is correct), or if both sources are incorrect, this likely demonstrates the facility's failure to have a process for tracking and securely documenting the COVID-19 vaccination status for all staff [per §483.80(i)(3)(iv)], consider citing F888.
- If the information reported to NHSN is incorrect (and the information reviewed onsite is correct) or data is not present, inform the facility to immediately correct the information in the NHSN system.

Vaccine Survey Templates on CMS Website:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

This Week's Action Item

Review your facility's booster eligibility monitoring plan and CMS surveyor tools.



Next Week's Topic: Short-Stay Challenges



Friday, March 25

11:30 a.m. PT

Register Here:

<https://bit.ly/FullSpeedAheadBoosterProgram>



Thank you!

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

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Full-Speed Ahead!

Booster Program Office Hours

Questions & Answers

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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

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