SHEA The Society for Healthcare Epidemiology of America | SAFE HEALTHCARE FOR ALL

POLICY UPDATE

Important Highlights

Asymptomatic screening for severe acute respiratory coronavirus virus 2 (SARS-CoV-2) as an infection prevention measure in healthcare facilities: Challenges and considerations
Read SHEA's **commentary** published online on December 21 in *Infection Control and Healthcare Epidemiology* stating that pre-procedure and pre-admission COVID-19 testing is no longer recommended for asymptomatic patients. The commentary also provides guidance for when asymptomatic screening for SARS-CoV-2 may be considered in a limited scope. The American Society of Anesthesiologists and the Anesthesia and Patient Safety Foundation published a press release **supporting** the SHEA statement.

CDC Broad Agency Announcements (BAA) for antimicrobial resistance
White papers are due by 3:00pm EST on February 3, 2023 and must be submitted electronically to https://ecps.nih.gov/. As with all BAAs, leading up to submission, you are free and strongly encouraged to contact the technical point of contact for the topic(s) you are interested in. There are multiple topics related to the study of healthcare associated infections. Interested parties should review the announcement in detail to see if any are of interest. In particular, SHEA members with expertise in the long-term care and post-acute care setting should explore topics 19, 20, 21, and 22.

Emerging Policies

SHEA and partner organizations to respond to HHS call for comments on revised HAI reduction targets
The Department of Health and Human Services is seeking **public comment** on proposed revisions to the **HAI National Action Plan** and proposed new 5-year targets for reduction rates for certain HAIs. All goals will begin with 2023 as the baseline year with the goals achieved by 2028. The proposed HAI reduction rates are:

- Reduce central line-associated bloodstream infections (CLABSI) in intensive care units and ward-located patients by 40% from 2023-2028
- Reduce catheter-associated urinary tracts infections (CAUTI) in intensive care units and ward-located patients by 25% from 2023-2028
- Reduce hospital-onset MRSA bacteremia by 40% from 2023-2028
- Reduce hospital-onset *Clostridioides difficile* infections (CDI) by 20% from 2023-2028

HHS is not recommending an SSI target due to the instability of SSI data collection in 2020-2022. Comments are due January 13 at 5:00 pm ET. HHS is seeking responses to the following questions:

1. Are the draft targets realistic and achievable?
2. Are there any critical gaps in the draft targets? If so, please specify the gaps.

3. Do you have any concerns about the targets? If so, please specify, and describe the concern regarding it.

SHEA is submitting comments jointly with IDSA and SIDP. The SHEA Public Policy and Government Affairs Committee is leading this effort in collaboration with the Quality Measures Task Force and the Guidelines Committee. Contact **Lynne Batshon** with your questions or feedback. To read our comment submission, check the MySHEA document library (log in required) or the next Policy Update on January 22.

New OSHA Rules Expected in 2023
The Occupational Safety and Health Agency (OSHA) may be publishing two rules in 2023:

1. Subpart U--Emergency Temporary Standard--COVID-19: This final rule would make the temporary COVID-19 ETS permanent. It arrived at OMB for review on 12/7. The final rule was forecasted for September 2022.

OSHA Abstract: In accordance with President Biden's Executive Order 13999 on Protecting Worker Health and Safety (January 21st, 2021), OSHA issued an emergency temporary standard to address the grave danger of COVID-19 in healthcare workplaces. This standard contains provisions necessary to ensure the health and safety of workers. The agency believes the danger faced by healthcare workers continues to be of the highest concern and measures to prevent the spread of COVID-19 are still needed to protect them. OSHA therefore continues to work expeditiously to issue a final standard that will protect healthcare workers from COVID-19 hazards.

2. Infectious Diseases: This proposed rule would establish an infectious disease standard, so broader than COVID-19. It is forecasted for May 2023.

OSHA Abstract: Employees in health care and other high-risk environments face long-standing infectious disease hazards such as tuberculosis (TB), varicella disease (chickenpox, shingles), and measles, as well as new and emerging infectious disease threats, such as Severe Acute Respiratory Syndrome (SARS), the 2019 Novel Coronavirus (COVID-19), and pandemic influenza. Health care workers and workers in related occupations, or who are exposed in other high-risk environments, are at increased risk of contracting TB, SARS, Methicillin-Resistant Staphylococcus Aureus (MRSA), COVID-19, and other infectious diseases that can be transmitted through a variety of exposure routes. OSHA is examining regulatory alternatives for control measures to protect employees from infectious disease exposures to pathogens that can cause significant disease. Workplaces where such control measures might be necessary include: health care, emergency response, correctional facilities, homeless shelters, drug treatment programs, and other occupational settings where employees can be at increased risk of exposure to potentially infectious people. A standard could also apply to laboratories, which handle materials that may be a source of pathogens, and to pathologists, coroners' offices, medical examiners, and mortuaries.

Quality Measures and Accreditation Standards

Measures Application Partnership: Results of the PAC/LTC Workgroup and Hospital Workgroup Review of Measures Under Consideration
The National Quality Forum (NQF) hosted in December a series of meetings to discuss measures under consideration for future CMS quality payment programs. SHEA was appointed to the PAC/LTC workgroup and represented by Shaefer Spires, MD. Of note is this workgroup's vote to not recommend the various COVID-19 vaccination measures for residents and healthcare personnel that were being proposed by CMS for future rulemaking. Later in the week, the Hospital Workgroup deliberated over similar measures and voted to recommend for future adoption of COVID-19 vaccination measures for healthcare personnel in the Hospital Value-Based Purchasing Program.

The Hospital Workgroup also deliberated over the proposed transition of the Sep-1 Bundle Measure from pay-for-reporting (Inpatient Quality Reporting) to pay-for-performance (Hospital Value-Based Purchasing). After a rigorous debate, the workgroup recommended the adoption of Sep-1 for pay-for-performance, with conditions, those being the measure developer is able to verify certain accommodations have been incorporated into the measure specifications.

A variety of SHEA volunteers assisted to support SHEA's role in the MAP PAC/LTC meeting: Allison Baroco, Michelle Doll, Ghinwa Dumyati, Sheetal Kandiah, Caline Mattar, Trini Mathew, Supriya Narasimhan, Dana Pepe, Kirsten Schutte, Steven Schweon, Erica Shenoy, Geeta Sood, Madhuri Sopirala, and Allison Weinmann. Special thank you to Shaefer Spires for his leadership and representation. Special thank you to Sara Cosgrove, SHEA's representative to the IDSA Sepsis Task Force, and Michael Klompas and Chanu Rhee for his representation of the task force before federal officials on the subject of sepsis measure policy.

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