

#### COVID-19 Question and Answer Session for Long-Term Care and Congregate Residential Settings

March 11<sup>th</sup>, 2022

# Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to All Panelists
- Slides and recording will be made available later



# Agenda

- Upcoming Webinars
- LTC Updates and Review
- Answers From Last Week
- Extensively Drug-Resistant Organism (XDRO) Registry
- Open Q & A





# Future Webinar Topic Ideas

- Any topics you would be interested in learning more about?
  - Put your suggestions in the Q&A pod!

## **IDPH webinars**

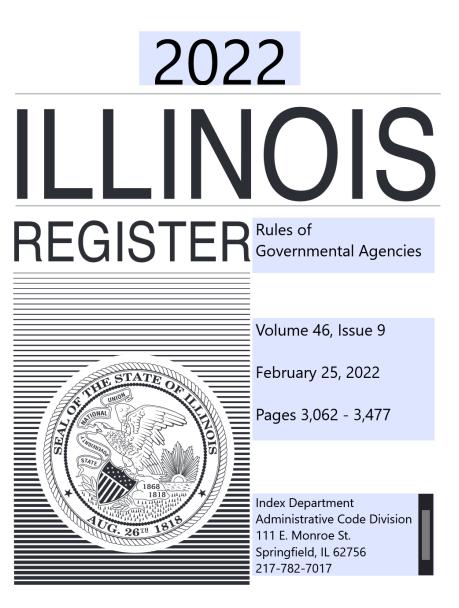
#### Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, March 18 <sup>th</sup>	https://illinois.webex.com/illinois/onstage/g.php?MTID=ed8420f05235a951a8 06620c626fd589c
Friday, March 25 <sup>th</sup>	https://illinois.webex.com/illinois/onstage/g.php?MTID=e58c5d281bf9bf104a d75b19584893496

#### Previously recorded webinars can be viewed on the IDPH Portal

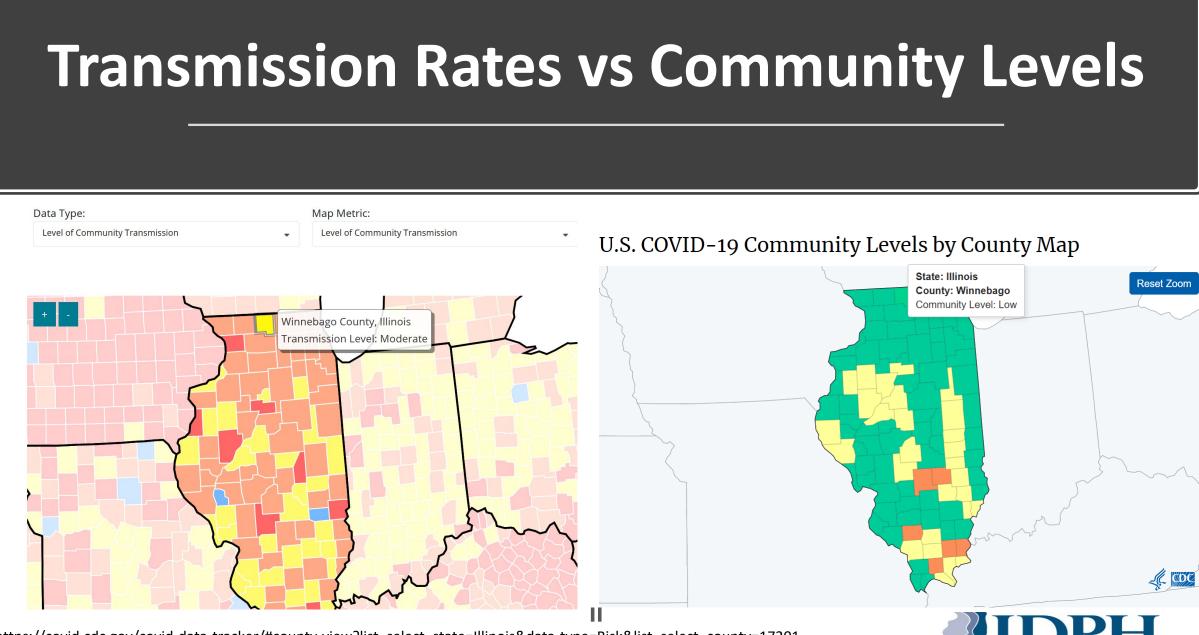
Slides and recordings will be made available after the sessions.





https://ilsos.gov/departments/index/register/volume46/register\_volume46\_issue\_9.pdf





https://covid.cdc.gov/covid-data-tracker/#county-view?list\_select\_state=Illinois&data-type=Risk&list\_select\_county=17201



# Reporting to Regional Office of Healthcare Regulations: Nothing New

#### c) Emergency Situations

When the allegations are of an emergency nature, the Department will evaluate the facts and determine an investigation schedule pursuant to Section 3-702 of the Nursing Home Care Act. Examples of emergency situations include, but are not limited to:

- Hazardous environmental conditions, such as heating and cooling problems, fire safety issues, and chemical fumes;
- Missing persons;
- Life-threatening communicable diseases, such as hepatitis, influenza, and symptoms of food-borne illness;
- Threats of suicide on which the facility has not taken action.



#### State of Illinois Illinois Department of Public Health

#### Long-Term Care Facility & IID - Serious Injury Incident Report



Illinois Administrative Code 77, 300.690b), 330.780b), 340.1330b), 350.700b), 390.700b). The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.

#### **General Information**

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Report Type 🔄 Initial 🔄 Final	Incident Date:	Facility Type SNF	F 🔲 ICF 📃 SC	CLF ICF/DD	MCDD
Facility Name		Time of Incident		Report Date	
Address		Co	ontact E-mail		
Incident Category					
Alleged Abuse	Death related to an incident		Resident to Res	ident Altercation	
Alleged Neglect	Fall with physical harm or injury		Severe Injury of	f Unknown Origin	
Drug Diversion	Elopement with physical harm or	r injury	Other		

https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/longtermcare-incident-report2-120716.pdf



#### Joint Committee on Administrative Rules



TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS PART 690 CONTROL OF COMMUNICABLE DISEASES CODE

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

#### SUBPART A: GENERAL PROVISIONS

- Section 690.10 Definitions
- Section 690.20 Incorporated and Referenced Materials
- Section 690.30 General Procedures for the Control of Communicable Diseases

#### SUBPART B: REPORTABLE DISEASES AND CONDITIONS

- Section 690.100 Diseases and Conditions
- Section 690.110 Diseases Repealed from This Part

#### Joint Committee on Administrative Rules

#### ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS PART 690 CONTROL OF COMMUNICABLE DISEASES CODE SECTION 690.100 DISEASES AND CONDITIONS

#### Section 690.100 Diseases and Conditions

The following diseases and conditions are declared to be contagious, infectious or communicable and may be dangerous to the public health. Each suspected or diagnosed case shall be reported to the local health authority, which shall subsequently report each case to the Department. The method of reporting shall be as described in the individual Section for the reportable disease.

a) Class I(a)

The following diseases shall be reported immediately (within three hours) by telephone, upon initial clinical suspicion of the disease, to the local health authority, which shall then report to the Department immediately (within three hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 24 hours to the Department laboratory.

 Any unusual case of a disease or condition caused by an infectious agent not listed in this Part that is of urgent public health significance

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

**DATE:** August 26, 2020

Ref: QSO-20-38-NH *REVISED 03/10/2022* 

TO: State Survey Agency Directors

FROM: Director Survey and Certification Group

SUBJECT: Interim Final Rule (IFC), CMS-3401-IFC, Additional Pol Revisions in Response to the COVID-19 Public Health En Long-Term Care (LTC) Facility Testing Requirements IDPH Guidance: HCP not up to date will be required to test twice a week, not tied to community levels

#### Memorandum Summary

- CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents.** Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.
- Replaced the term "vaccinated" with "Up-to-date with all recommended COVID-19 vaccine doses" and deleted the term "unvaccinated."
- Updated the recommendations for testing individuals within 90 days after recovering from COVID-19.



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group



Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for residents for isolation and Ref: QSO-20-39-NH **REVISED 03/10/2022** quarantine

DATE: **September 17, 2020** 

- TO: State Survey Agency Directors
- FROM: Director Survey and Certifi
- **SUBJECT:** Nursing Home Vis

#### Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes ٠ during the COVID-19 PHE, including the impact of COVID-19 vaccination.
- Visitation is allowed for all residents at all times.
- *Replaced the term "vaccinated" with "up-to-date with all recommended COVID-19* vaccine doses" and deleted "unvaccinated."
- Updated visitor screening and quarantine criteria. ٠



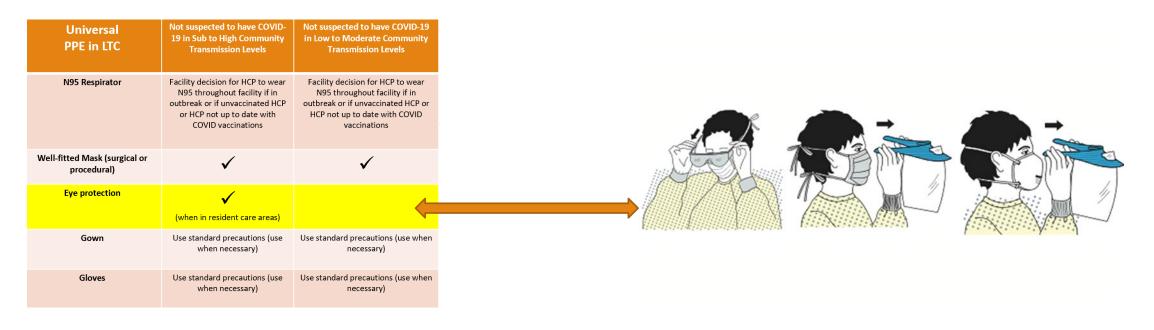
# Long-term Care Updates

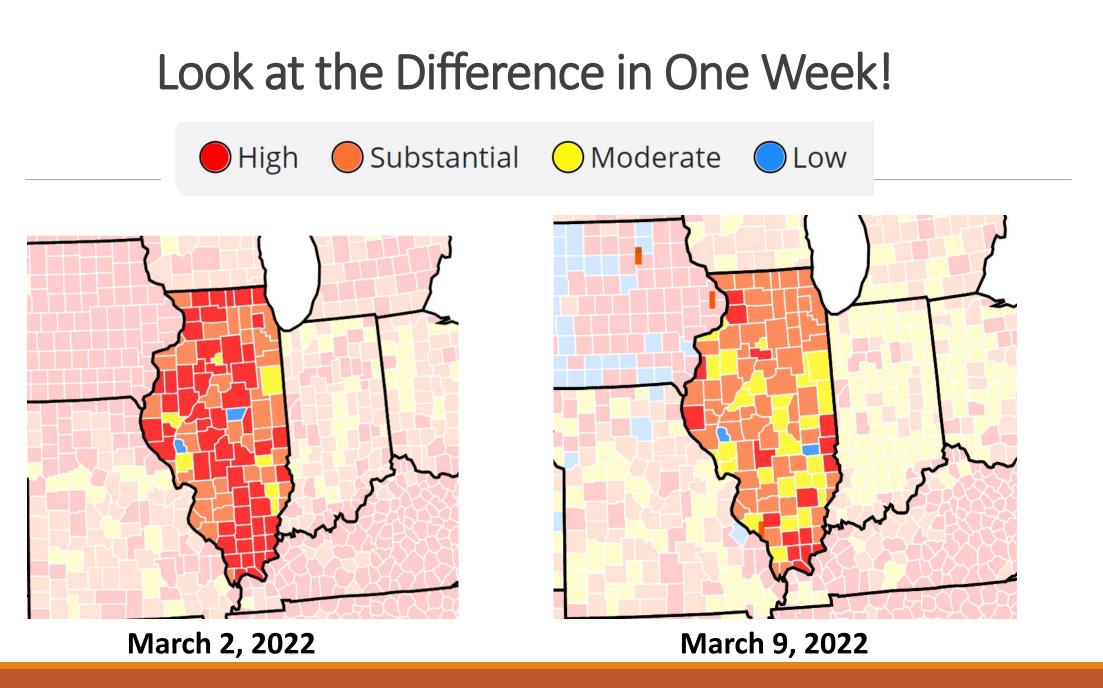
Application of LTC Guidance

# Hang in There!!

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	≥100
Percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

- As the number of cases continue to drop, so will the transmission rates!!
- As the number of new cases drop and the percent positive in last 7 days decreases, LTC will be able to make adjustments accordingly.





# Executive Order, Administrative Rules, and Testing Requirements

Last week stated that community transmission levels won't impact routine testing intervals of staff who work in CMS-Certified facilities who are Not Up to Date with COVID-19 Vaccinations –because twice a week testing will be required regardless of the community transmission rates (levels); however, it is not just CMS certified facilities but all facilities that are licensed under the following administrative codes:

- **77-300:** Skilled Nursing and Intermediate Care Facilities Code
- **77-350**: Intermediate Care for the Developmentally Disabled Facilities Code
- **77-390**: Medically Complex for the Developmentally Disabled Facilities Code

# Q & A Updates from March 4, 2022 Webinar



#### Q & A Updates

#### Leaving the Care Community for Interaction in the Community

Q: What safety protocols should be followed by residents and staff when interacting with the community while shopping, working, or attending social events?

A: Masks should be worn by residents and staff when on outings. Physical distancing and hand hygiene should be practiced.

Q: What safety protocols are recommended for unvaccinated staff who are transporting groups of residents in the same vehicle?

A: Staff and residents should be screened for symptoms prior to transport. The staff member should wear a well-fitted mask or respirator at all times. Residents should be masked. Physical distancing should be practiced.



## Q & A Updates Vax Verify and I-CARE

Q: How can a residents vaccination status be verified?

A: Congregate Care settings can register for read only access to I-CARE. https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/i-care-access-enrollment-packet.pdf Individuals can only access their own vaccination information in Vax Verify. For those with read-only access to the acute care electronic health record, you should be able to access the immunization record.

Q: Who can correct an I-CARE entry?

A: Only the entity that administered the vaccine can correct the entry.





## Q & A Updates COVID-19 Infection and Up to Date Requirements

Q: How soon after COVID-19 infection can an individual receive a booster dose?

A: Once an individual has recovered from the acute illness and criteria for discontinuing isolation have been met, they can receive the booster.

Q: Are those who were recently infected with COVID-19 still required to get their booster?

A: Yes, if they are eligible. Recent infection with COVID-19 does not exempt an individual from the booster requirement if they are eligible.



## Q & A Updates Up to Date Requirements

Q: Is a booster dose required for staff?

A: Executive Order 2022-05 and the most recent Emergency Rules requiring staff to be up to date apply to 77 ILL. Adm Code 300 SNF/ICF, 77 ILL. Adm Code 350 ICDD, and 77 ILL. Adm Code 390 MC/DD. It requires staff in those facility types to be up to date or undergo twice weekly testing.

Q: How long after a staff member is eligible for a booster will they need to receive the booster to be up to date?

A: Staff are encouraged to receive the booster as soon as eligible. After March 15, if they are eligible and not up to date they must undergo twice weekly testing until they are up to date.



## Q & A Updates Tuberculosis Screening

Q: What are the requirements for screening staff and residents for tuberculosis?

A: Screening is required at hire and admission. Beyond the at hire and admission requirements, screening is based on the facility TB risk assessment. <u>https://www.ilga.gov/commission/jcar/admincode/077/077006960B01400R.</u> <u>html</u>

TB Risk Assessment Tool

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm#AppendixB



## Q & A Updates Candida auris

Q: Can *Candida auris* cause infection and colonization?

A: Yes. *Candida auris* can cause blood stream infection, wound infection, ear infection, and also has been isolated from respiratory and urine specimens. Individuals can also be colonized on the skin.

Q: What testing can be performed to identify *Candida auris*? A: To identify *Candida auris* colonization, skin cultures of the axilla and groin are collected. Clinical cultures collected due to suspected infection can also identify *Candida auris*.



## Q & A Updates Updated Guidance Document

Q: When will the updated guidance document be available? A: The guidance document is still undergoing the clearance process.





# Extensively Drug-Resistant Organism (XDRO) Registry

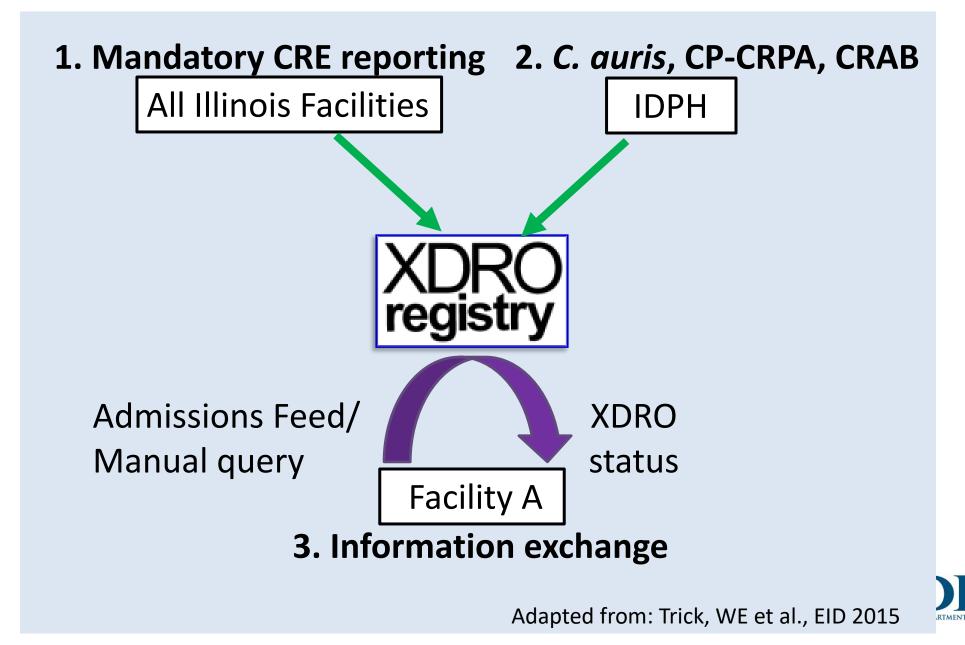
DPH.XDROregistry@illinois.gov

www.xdro.org

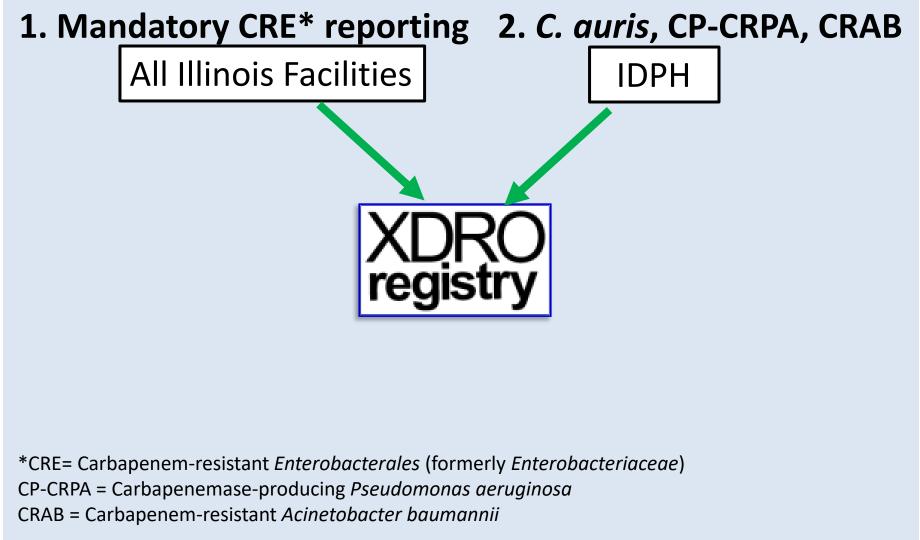




## **XDRO registry overview**



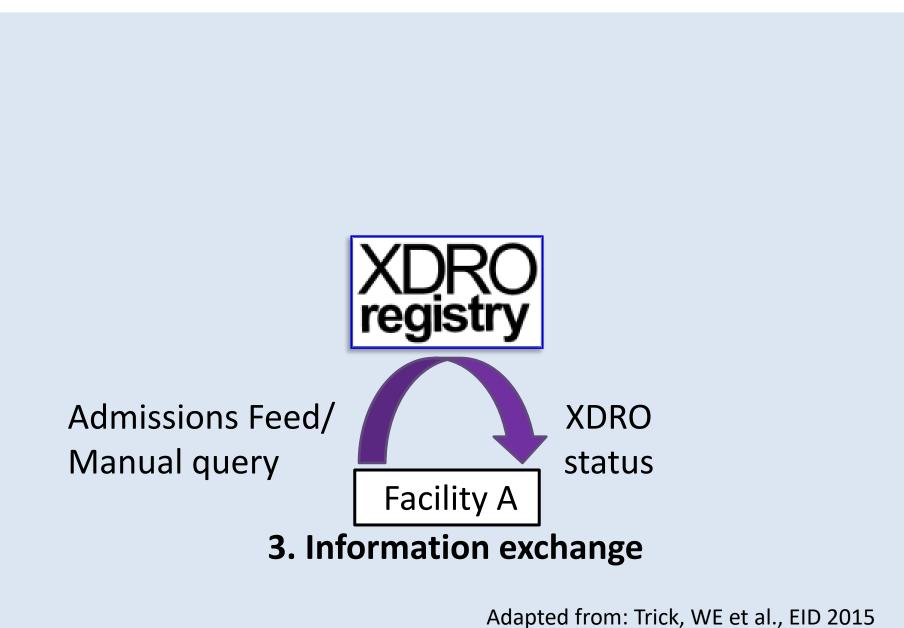
## **Purpose 1: Reporting and Surveillance**





Adapted from: Trick, WE et al., EID 2015

### **Purpose 2: Communication and Infection Control**





# HOW TO GET ACCESS TO THE XDRO REGISTRY

# Who can register for access to the registry?

- Healthcare facility and laboratory providers in Illinois may register for access.
- They will need to go through IDPH's security process and be authorized by their facility's portal registration authority (PRA).





 IDPH has a Web Portal to house IDPH applications, including the XDRO registry

 Users must apply for an IDPH Web Portal account and indicate that they want XDRO registry access

• Apply for access at: <a href="http://portalhome.dph.illinois.gov/">http://portalhome.dph.illinois.gov/</a>



## **Request an IDPH Web Portal Account**



Illinois Department of Public Health Health Alert Network Web Portal

#### Welcome to the IDPH Web Portal

#### From here, you can:

- · Find all your public health related information at one secure site.
- · Join online communities to share files, discussions, calendars and more.
- Access Web-based applications.

Requirements: To access the IDPH Web Portal, users must be running Internet Explorer 9.0 or higher. Some portal applications may not function properly with other browsers such as Mozilla Firefox.

Current Users: click here to access the portal: DPH Portal Login

#### PASSWORDS:

If you want to reset your password without calling the IDPH Helpdesk or the State of Illinois DoIT Customer Service Center, please take a few moments to register by going to:

#### https://imreg.illinois.gov

 In order to utilize this solution, you must have an email address that is individual to you only, no shareable email addresses are allowable.

To RESET your Password (Must be registered):

https://imreset.illinois.gov to reset your password

You must enter username as idph\username

#### I need to...

#### Register for a Portal Account

For Technical Support issues (anything except Password Resets), please contact the DoIT Customer Service Center (CSC) at the appropriate number listed below.

- Springfield: 217-524-DOIT (217-524-3648)
- Chicago: 312-814-DOIT (312-814-3648)

#### Technical Support Week Days (8A-5P, Monday-Friday)

Contact the IDPH Helpdesk at 866-220-5247 or via email at <u>DPH.Helpdesk@illinois.gov</u> for Portal access and web-based application support. Please include your name, phone number, and specific application name, detail of the issue and error messages, if any, in your description of the problem within the email message to ensure efficient resolution.

All other Times, contact the Customer Service Center at the appropriate Springfield or Chicago number listed above or send an email to <u>DoIT.Helpdesk@Illinois.gov</u>.

- No password resets will be conducted over the telephone by DoIT CSC staff.
- Please include your name, phone number, and specific application name, detail of the issue and error messages, if any, in your description of the problem within the email message to ensure efficient resolution.



### **Request an IDPH Web Portal Account**



Illinois Department of Public Health Health Alert Network (HAN) User Registration

Web Portal User Agreement

USER MUST READ THIS WEB PORTAL USER AGREEMENT BEFORE APPLYING FOR, ACCEPTING, OR USING A USER ACCOUNT TO ACCESS THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) WEB PORTAL. IF THE USER DOES NOT AGREE TO THE TERMS AND CONDITIONS OF THIS WEB PORTAL USER AGREEMENT, AN ACCOUNT WILL NOT BE ISSUED IN HIS/HER NAME.
This Agreement will become effective on the date the facility employee (User) submits the user registration application form to the designated Portal Registration Authority (PRA) at his/her Facility. By submitting the registration application form, the User is expressing his/her agreement to the terms of the Web Portal User Agreement (Agreement).
The web Portal User agrees to:
<ol> <li>Make true representation regarding information to be used in his/her profile for identification and authentication purposes;</li> <li>Upon issuance of a Vke Portal User account, the applicant as the user will review the associated profile to ensure that all user information included is accurate;</li> <li>Make use of the portal resources solely for legal and authorized State and Public Health businese, constatent with applicable local, state and federal laws, mandates and regulations;</li> <li>Take reasonable precursulons to prevent synchronized state and Public Health businese, constated user information included is accurate;</li> <li>Take reasonable precursulons to prevent synchronized state and Public Health businese, constated user inda associated privileges;</li> <li>Protect his/her associated user password by following the required guidelines for password definition and maintenance:</li> <li>Immediately inform the Portal Registration Authonity or the IDH Security Administrator (CA) of a suspected compromise of the user account;</li> <li>Review and follow changes and updates to policies for using the Web Portal posted on this web site.</li> </ol>
The Web Portal User agrees to adhere to the Password Guidelines as follows:
<ol> <li>Not easily guessed and no common words or names.</li> <li>A combination of letters and numbers</li> <li>A minimum of eight characters</li> <li>Changed at least every 90 days and whenever it is suspected someone knows the current password</li> <li>Changed at least every 90 days and whenever it is suspected someone knows the current password</li> <li>Unique within a 12 month period - passwords not reused or repeated.</li> </ol>
The Web Portal User agrees to adhere to Confidentiality Requirements as follows:
1. The User shall secure higher password to the Web Portal. 2. The User shall not use, divulge, or otherwise compromise the integrity of higher user account and password 3. To access the Web Portal only in the course of higher official dutes as an employee of the Facility 4. To maintain confidentially of all data, documents, memorands and any other materials accessed from the Web Portal 5. In the went Wese needs to share materialisis obtained from the Web Portal dutes, the User will only provide such materials to authorized employees at the Facility, and the User will ensure those authorized employees agree to adhere to the requirements contained in this agreement 6. That the information and materials the User may access at the Web Portal contains confidential and proprietary information of the Illinois Department of Public Health 7. To not disclose orally, no prepare any writings, reports, provide such materials to authorized employees agree to adhere to the requirements contained in this agreement. 8. If the User receives a request for information from the Web Portal link, the User will only the Department of Public Health 8. If the user receives a request for information from the Web Portal link, the User shall be esployed by the Department of Public Health 8. If the user receives a request for information from the Web Portal link, the User shall be subject to any or all of the following: termination from access to the Web Portal link, the parement. He user shall be subject to any or all of the following: termination from access to the Web Portal, discipline, and termination from employment 10. All other information required to be kept confidential in accordance with Confidential in accordance with Confidential in accordance with Confidential bread protected by IDPH.
The User agrees to Termination as follows:
1. Violation of this agreement or of the trust relationship with IDPH may result in IDPH terminating the User agreement and revoking User priviledges. 2. The User acknowledges that a violation of this agreement will result in irreparable harm, and hereby accepts responsibility for his/her actions. 3. Misuse of information technology resources may also subject the User to penalties under state and federal law not limited to the Computer Crime Prevention Law (720 ILCS 5/16D).
Disclaimer of Liability
Neither the Illinois Department of Public Health nor any of its employees shall be held liable for any improper or incorrect use of the information described and/or contained in the Web Portal and assumes no responsibility for anyone's use of the information. In no event shall the IDPH web site, web portal, or its employees be liable for any direct, incidental, special, exemplary, or consequential damages (including, but not limited to, procurement or substitute goods or services; loss of use, data, or profits: or business interruption) however caused and on any theory of liability, whether in contract, strict liability, or bot (including negligence or otherwise) arising in any way out of the use of this system, even if advised of the possibility of such damage. This disclaimer of liability applies to any damages or injury, including but not limited to those caused by any failure of performance, error, omission, interruption, deletion, defect, delay in operation or transmission, computer virus, communication line failure, thet'or destruction or unauthorized access to, alteration of, or use of record, whether for breach of contract, tortious behavior, negligence or under any other cause of action.
I Agree I Do Not Agree

IDPH Web Portal



	This form should be used only to register to create a new username for the IDPH Web Portal. If you already have a username, please exit and		
	have your facility PRA send an email to DPH Security requesting the additional application access needed. Please enter the following information.		
	A username will be created automatically upon submission of your registration request and a copy of the request will be sent to you via email.		
First name:			
Last name: *	Password must be a mix of letters and numbers, with a minimum of one capital letter and eight characters in length.		
Password: *	Password must be a mix of recters and numbers, with a minimum of one capital recter and eight characters in rength.		
Confirm password: *			
Title: *			
Organization: *			
Department: *			
Work address: *			
City: *			
State: *			
ZIP code:			
E-mail: *			
Confirm E-mail: *			
Work phone #:*			
Cell phone #:			
Pager #:			
FAX #:			
Supervisor's name:			
Purpose for registration:			
	Please check the appropriate box(es) below to request access to restricted applications.		
	Beach Monitoring System		
	Blood Lead Billing System (MoveIT)		
	Cancer Registry System		
	EMS Licensing System		
	Environmental Health Licensing System		
	Food Service Sanitation Manager Certification     Genetic Counseling System		
	HAN Alert Notification Recipient		
	HAN Alert Notification System Author		
	Health Care Worker Background Check System		
	Healthy Homes and Lead Poisoning Surveillance System		
	Hospital Bypass/State Disaster Reporting System I-CARE/Immunization Registry (click here to select the <u>KeyMaster's e-mails</u> ) )		
	I-CARE/Immunization Registry (click here to select the <u>KeyMasters e-mail</u> : I-CARE/SFTP (MoveIT) HL7 File Transfer		
	I-CARE/SFIP (MOVELT) HL7 File Transfer I-CARE/HTTPS (Web Services) HL7 File Transfer		
	INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)		
	LHPG Performance Indicators		
	Movelt File Transfer		
	Newborn Screening eReports (enter IDPR or Professional License #:)		
	Perinatal HIV Reporting System Portal Community (please specify the name in the Purpose for registration field above)		
	Portal Community (please specify the name in the Purpose for registration held above)     Refugee Health Assessment Program in Illinois (ReHAPI)		
	Smoke-Free Illinois Enforcement System		
	Trauma/HSVI Registry System		
	West Nile Virus System		
00 A C 1. *	Other (please specify in the Purpose for registration field above) select from the Portal Registration Authority list		
PRA E-mail:	Select from the <u>Portal Redistration Authority</u> list		
	Submit, Cancer		



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have your facility PKA send an email to DPH Security requesting the additional application access needed. Please enter the following information.  * denotes a required field.			
A username will be created automatically upon submission of your registration request and a copy of the request will be sent to you via email.			
First name:			
Last name:			
	Password must be a mix of letters and numbers, with a minimum of one capital letter and eight characters in length.		
Password: *			
Confirm password: *			
Title: *			
Organization: *			
Department: *			
Work address: *			
City: *			
State:			
ZIP code:			
E-mail: *			
Confirm E-mail: *			
Work phone #: * Cell phone #:			
Pager #:			
FAX #:			
Supervisor's name:	35		

Supervisor's name:				
Purpose for registration:	Purpose: I-N	NEDSS/XDRO access		
	Please check the appropriate box(es) below to request access to restricted applications.			
	Beach Monitoring System			
	Blood Lead Billing System (MoveIT)			
	Cancer Registry System			
	EMS Licensing System			
	Environmental Health Licensing System			
	Food Service Sanitation Manager Certification			
	Genetic Counseling System			
	HAN Alert Notification Recipient			
	HAN Alert Notification System Author			
	Health Care Worker Background Check System			
	Healthy Homes and Lead Poisoning Surveillance System			
	Hospital Bypass/State Disaster Reporting System			
	I-CARE/Immunization Registry (click here to select the <u>KeyMaster's e-mail</u> :	)		
	I-CARE/SFTP (MoveIT) HL7 File Transfer			
	I-CARE/HTTPS (Web Services) HL7 File Transfer			
	INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)	Applicants check here to		
	LHPG Performance Indicators	request I-NEDSS/XDRO access		
	MoveIt File Transfer	request i nebss/xbite decess		
	Newborn Screening eReports (enter IDPR or Professional License #:			
	Perinatal HIV Reporting System			
	Portal Community (please specify the name in the Purpose for registration field above)			
	Refugee Health Assessment Program in Illinois (ReHAPI)			
	Smoke-Free Illinois Enforcement System			
	Trauma/HSVI Registry System			
	West Nile Virus System	Click 'Portal Registration Authority' to select		
	<ul> <li>Other (please specify in the Purpose for registration field above)</li> </ul>	your PRA		
PRA E-mail: *	select from the Portal Registration Authority list:			
	Su	ibmit Cancel 36		

Password: *			
m password: *			
Title: *			
Organization: *		🖙 PRA List - Google Chrome — 🗆 🗙	
		-	-
Department: *		wpur.dph.illinois.gov/WPUR/selectPRA	
		Portal Registration Authority List	
/ork address: *		Enter a keyword to search for your organization: Search	
		Note: if no keyword is entered, a large list of organizations will be retrieved which may	
City: *		take several minutes. If you can't find your organization, you can search idph and	
State:		then select IDPH / DPH SECURITY. IDPH/DPH Security is not a Portal Registration Authority (PRA). DPH Security will work with you to establish a PRA for your organization.	
ZIP code: *			
E-mail: *		Close	
nfirm E-mail: *			
ork phone #: *			
Cell phone #:			
Pager #:			
FAX #:			
visor's name:			
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	Beach Monitoring S		
	Blood Lead Billing		
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	EMS Licensing Syst		
	Environmental Hea		
	Genetic Counseling		
	Health Care Worke		nail to <u>dph.hcwr.pra@illinois.gov</u> )
	<ul> <li>Healthy Homes and</li> <li>I-CARE/Immunizat</li> </ul>		
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	LHPG Performance		
	MoveIt File Transfe		-
	Newborn Screening	g eReports (enter IDPR or Professional License #:	

ILLINOIS DEPARTMENT OF PUBLIC HEAPTH

Please check the appropriate box(es) below to request access to restricted applic
Beach Monitoring System
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Environmental Health Licensing System
Food Service Sanitation Manager Certification
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Hospital Bypass/State Disaster Reporting System
I-CARE/Immunization Registry (click here to select the <u>KeyMaster's e-mail</u> :
I-CARE/SFTP (MoveIT) HL7 File Transfer
I-CARE/HTTPS (Web Services) HL7 File Transfer
INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)
LHPG Performance Indicators
MoveIt File Transfer
Newborn Screening eReports (enter IDPR or Professional License #: )
Perinatal HIV Reporting System
Portal Community (please specify the name in the Purpose for registration field above)
Refugee Health Assessment Program in Illinois (ReHAPI)
Smoke-Free Illinois Enforcement System
Trauma/HSVI Registry System
West Nile Virus System
Other (please specify in the Purpose for registration field above)
PRA E-mail: * select from the Portal Registration Authority list:
Submit Cancel



# After Submitting an Application

- Sign the application, share with your PRA.
- The IDPH Security and INEDSS team will reach out to the PRA confirm that you are approved for access.
- IDPH Security will process the application (set up username, assign facility site code, etc.) for the IDPH web portal.
- Once approved, please wait until the Friday morning after your approval to be allowed to log on to the XDRO Registry
- After that point, you will be able to log into the XDRO Registry through the IDPH Web Portal

# HOW TO LOG INTO THE XDRO REGISTRY

# Please set up password reset management!



Illinois Department of Public Health Health Alert Network Web Portal

#### Welcome to the IDPH Web Portal

From here, you can:

- · Find all your public health related information at one secure site.
- Join online communities to share files, discussions, calendars and more.
- Access Web-based applications.

Requirements: To access the IDPH Web Portal, users must be running Internet Explorer 9.0 or higher. Some portal applications may not function properly with other browsers such as Mozilla Firefox.

Current Users: click here to access the portal: DPH Portal Login

#### PASSWORDS:

IDPH has a new and easier way to RESET your own password!

To reset your password without calling the IDPH Helpdesk or the State of Illinois DoIT Customer Service Center, go to <u>DOIT Identity Management</u> and follow the prompts.

 In order to utilize this solution, you must have an email address that is individual to you only, no shareable email addresses are allowable

For step-by-step instructions on the new self-password reset process, click here.

I need to...

<u>Register for a Portal Account</u> (The ICARE system is used by providers to enter patient vaccine administration information. Individuals interested in receiving a vaccine should not enroll in ICARE, but may contact their local health department for additional information.)

For Technical Support issues (anything except Password Resets), please contact the DoIT Customer Service Center (CSC) at the appropriate number listed below.

- Springfield: 217-524-DoIT (217-524-3648)
- Chicago: 312-814-DoIT (312-814-3648)

#### Technical Support Week Days (8A-5P, Monday-Friday)

Contact the IDPH Helpdesk at 866-220-5247 or via email at <u>DPH.Helpdesk@illinois.gov</u> for Portal access and web-based application support. Please include your name, phone number, and specific application name, detail of the issue and error messages, if any, in your description of the problem within the email message to ensure efficient resolution.

All other Times, contact the Customer Service Center at the appropriate Springfield or Chicago number listed above or send an email to <u>DoIT.Helpdesk@Illinois.gov</u>.

# Log in to XDRO registry



Illinois Department of Public Health Health Alert Network Web Portal

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All other Times, contact the Customer Service Center at the appropriate Springfield or Chicago number listed above or send an email to <u>DoIT.Helpdesk@Illinois.gov</u>.

## ILL NOIS.gov

\*\*Warning! Unauthorized access is prohibited\*\* Further access is limited to authorized users only. By accessing or using this system you are consenting to monitoring and recording, which may be disclosed for administrative, disciplinary, civil, or criminal actions, penalties, or prosecution. Users should have no expectation of privacy when accessing or using this system or any of its components.

Click here to continue



# ILLONOIS.gov

State of Illinois - Secure Logon

Username (Do not prefix your username with idph\.)

username

Password

.....

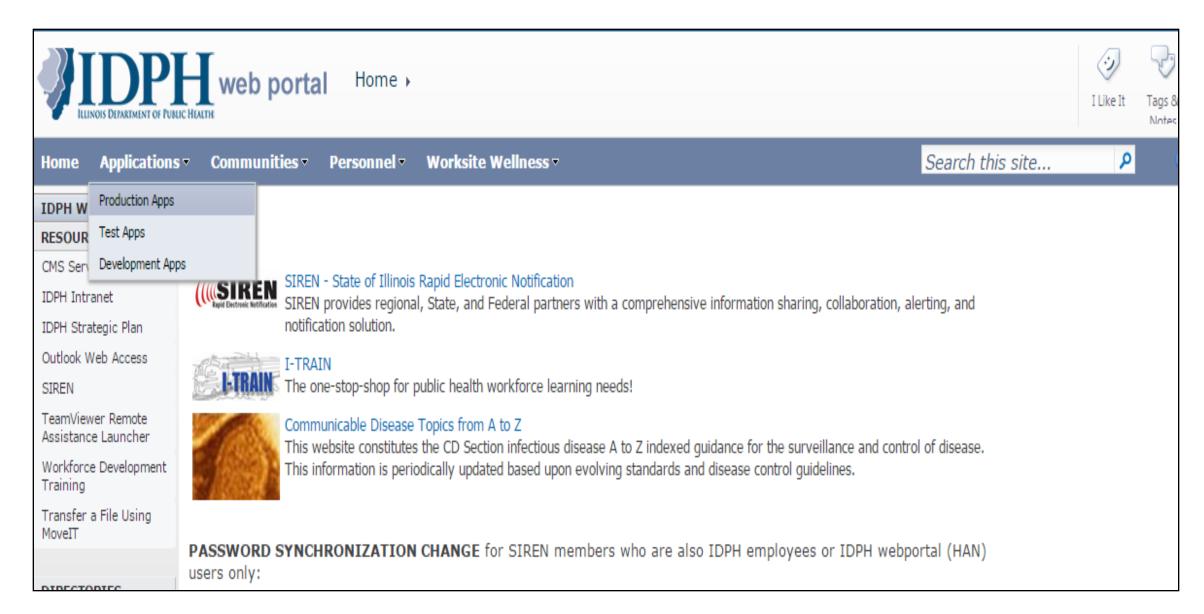
Domain

idph.il 🔻

Logon



## Select "Production Apps"



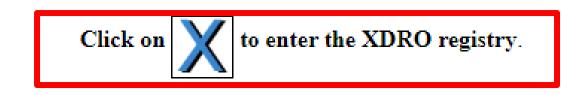
## Select "XDRO registry" icon

Home								
Home Applications	Communities Personnel Worksite Wellness							
IDPH WEB PORTAL								
RESOURCES	Application Announcements							
CMS Service Desk IDPH Intranet	Production Applications							
IDPH Strategic Plan Outlook Web Access	Business Objects 3.1 - (NEW VERSION)							
eTime SIREN	Business Objects 3.1 - (NEW VERSION) -							
TeamViewer Remote Assistance Launcher	Business <b>Qipus</b> Internal Only							
Workforce Development Training Transfer a File Using	I-NEDSS							
MoveIT								
DIRECTORIES	ORS ORS							
E-Directory Search								
Local Health Departments	XDRO registry (extensively drug resistant							
IDPH Acronyms Portal Registration Authorities	organism)							



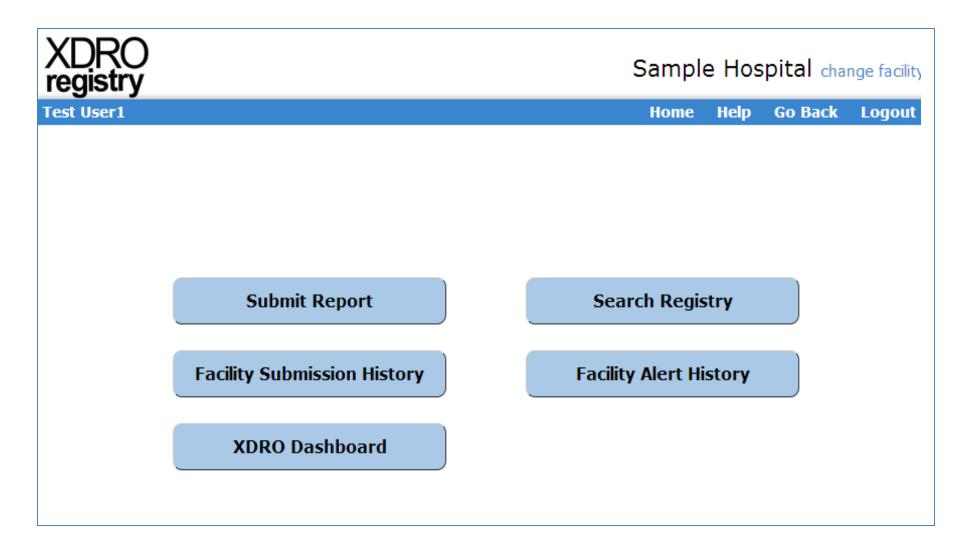
## Welcome to the Illinois Extensively Drug-Resistant Organisms (XDRO) Registry

Use of the registry is restricted to authorized users. Access to the system is limited to those expressly authorized by a current written agreement with the XDRO registry security management. Any misuse of the system for anything other than its intended use and in accordance with the IDPH Web Portal User Agreement will be prosecuted to the fullest extent of applicable Illinois and/or federal laws.





## **Registry Home Page**





# HOW TO SUBMIT A REPORT

# **Illinois CRE definition**

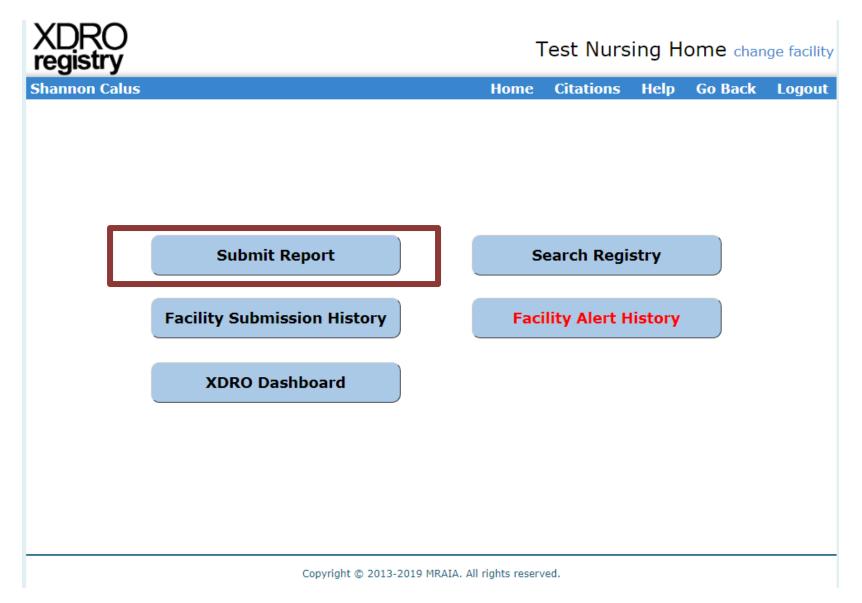
Enterobacterales with at least one of the following test results:

1. Molecular test (e.g., PCR) specific for carbapenemase

## OR

- 2. Phenotypic test (e.g., Modified Hodge) specific for carbapenemase production OR
- For *E. coli* and *Klebsiella* species only: non-susceptible to ONE of the carbapenems (doripenem, meropenem, or imipenem) AND resistant to ALL third generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime).
  - Report 1<sup>st</sup> CRE event per patient <u>per encounter</u>
  - If a case of CRE meets this definition, you are required to submit to the XDRO Registry within 7 days of receiving the report









Shannon Calus

Home Citations Help Go Back Logout

#### XDRO Report

#### **XDRO culture information**

<ul> <li>* Organism name (genus/species)</li> <li>Please Select Organism: ▼</li> <li>* Specimen source</li> <li>Please Select Specimen: ▼</li> <li>* Date (culture acquisition)</li> <li>mm / dd / yyyy</li> </ul>	<ul> <li>*XDRO criteria (select all that apply) <u>Reporting rule</u></li> <li>Molecular test (e.g. PCR) specific for carbapenemase</li> <li>For E. coli and Klebsiella spp. only (excluding K. aerogenes): Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. Ignore ertapenem.</li> </ul>	Phenotypic test specific for carbapenemase production
Facility information Facility name Test Nursing Home	* Patient MRN	* Date of admission/Encounter Date
Patient demographics  * First name  * Gender  Male Female  Race  Please Select One:  •	Middle name(if applicable)  * Date of birth(mm/dd/yyyy) mm / dd / yyyy Ethnicity Hispanic or Latino Not Hispanic or Latino	* Last name Social Security Number(last4)
* Street address	* City * County Select a County: ▼	* State * Zip code

#### Comments









## Test Nursing Home change facility

Shannon Calus	Home	Citations	Help	Go Back	Logout
	XDRO Report				
XDRO culture information					
* Organism name (genus/species) Klebsiella pneumoniae * Specimen source Blood * Date (culture acquisition) 12 / 10 / 2019	<ul> <li>*XDRO criteria (select all that apply) <u>Reporting rule</u></li> <li>Molecular test (e.g. PCR) specific for carbapenemase</li> <li>* Mechanism of resistance: (check all that apply)</li> <li>KPC</li> <li>NDM-1 (New Delhi Metallo-ß- lactamase)</li> <li>OXA</li> <li>VIM</li> <li>IMP</li> <li>Unknown</li> <li>(molecular test required)</li> <li>For E. coli and Klebsiella spp. only (excluding K. aerogenes): Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. Ignore ertapenem.</li> </ul>			specific for production	





## Test Nursing Home change facility

Shannon Calus

Blood

12

XDRO culture information

\* Organism name

Klebsiella pneumoniae

\* Specimen source

10

\* Date (culture acquisition)

2019

(genus/species)

# Home Citations Help Go Back Logout XDRO Report \*XDRO criteria (select all that apply)

#### Reporting rule

**v** |

٧

- Molecular test (e.g. PCR) specific for carbapenemase
- For E. coli and Klebsiella spp. only (excluding K. aerogenes): Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. Ignore ertapenem.
- Phenotypic test specific for carbapenemase production
- Test type used to confirm this isolate: Carba NP
- Carbapenem inactivation method
- (CIM)
- Metallo-β-lactamase (e.g., Etest)
- Modified CIM (mCIM)
- Modified Hodge

Other: Please specify



Facility name Test Nursing Home	* Patient MRN 123456	* Date of admission/Encounter Dat 12 / 01 / 2019
Culture obtained as outpatien	t	
tient demographics  * First name Jane	Middle name(if applicable)	* Last name Smith
* Gender ○ Male ® Female	* Date of birth(mm/dd/yyyy) 01 / 01 / 1956	Social Security Number(last4)
Race Please Select One:	<ul> <li>Ethnicity</li> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>	
* Street address 123 Main Street	* City * County Chicago Cook ▼	* State * Zip code Illinois ▼ 12345
omments		
Include any information that may help infectio Comments are not routinely monitored by IDP DPH.XDROregistry@Illinois.gov	n preventionists who view your submission. H. To communicate directly with IDPH, please email	
	CANCEL SAVE DRAFT SUB	MIT



Facility information Facility name Test Nursing Home Culture obtained as outpatient	* Patient MRN 123456	* Date of admission/Encounter Date
Patient demographics  * First name Jane	Middle name(if applicable)	* Last name
* Gender ◎ Male ® Female Race Please Select One: ▼	* Date of birth(mm/dd/yyyy) D1 / D1 / 1956 Ethnicity O Hispanic or Latino Not Hispanic or Latino	Social Security Number(last4)
* Street address 123 Main Street	Chicago Cook ▼	* State * Zip code Illinois ▼ 12345
Comments Include any information that may help infection prever Comments are not routinely monitored by IDPH. To co DPH.XDROregistry@Illinois.gov	mmunicate directly with IDPH, please email	
	CANCEL SAVE DRAFT SUBM	



Facility information Facility name	* Patient MRN	* Date of admission/Encounter Date
Test Nursing Home	123456	12 / 01 / 2019
Culture obtained as outpatient		
Patient demographics		
* First name Jane	Middle name(if applicable)	* Last name Smith
* <b>Gender</b> ◎ Male ® Female	* Date of birth(mm/dd/yyyy) D1 / D1 / 1956	Social Security Number(last4)
Race Please Select One:	Ethnicity <ul> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>	
* Street address 123 Main Street	* City * County Chicago Cook ▼	* State * Zip code Illinois ▼ 12345
Comments	preventionists who view your submission. 1. To communicate directly with IDPH, please e nail	
	CANCEL SAVE DRAFT SUBM	IT
	Copyright © 2013-2019 MRAIA. All rights reserv	red.



## XDRO registry

### **Shannon Calus**

## Test Nursing Home change facility

Home Citations Help Go Back Logout

## **XDRO Report - Test Nursing Home**

## **Patient information**

Patient name: Smith, JaneMRN: 123456Admission date: 12/01/2019Date of birth: 01/01/1956SSN (last 4):Gender: femaleRace:Ethnicity:Address: 123 Main Street, Chicago, Cook, IL 12345

### XDRO culture information

Organism: Klebsiella pneumoniae XDRO criterion: Molecular test Mechanism of resistance: KPC Comments:

Culture date: 12/10/2019 Specimen source: Blood

# HOW TO QUERY

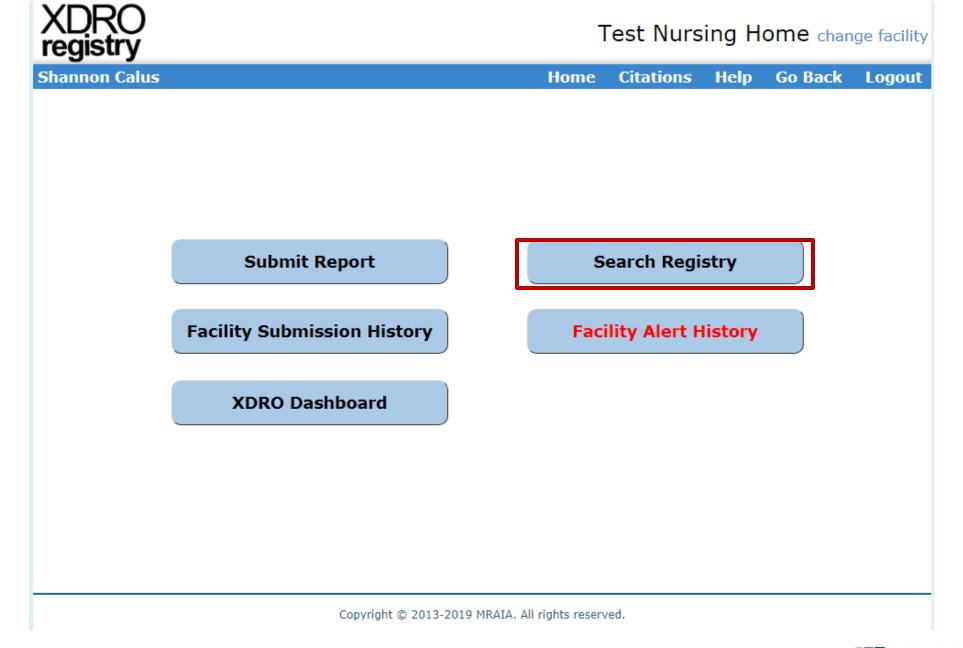
For interfacility communication

# When to Query

 We encourage you to query the registry when evaluating whether a patient/resident at your facility requires special precautions to reduce transmission of MDROs.

 Querying is manual. For facilities with few admissions per day (e.g., nursing homes and long-term acute care hospitals), querying every patient/resident admission may be feasible.







XDRO registry	DRO gistry Test Nursing Home change f							
Shannon Calus			Home	Citations	Help	Go Back	Logout	
		Search Pat	tient					
* Last name	* Date of birth mm / dd / yyyy	First name	Query	)				

#### **Search Instructions**

#### a. Available fields

Last name (required), first name (optional), DOB (required).

#### b. Search algorithm

i. If you enter all 3 fields, then attempt to match (exact; case insensitive) on all 3 fields.

ii. If no match returns on 3 fields, then attempt to match (exact; case insensitive) on last name and DOB (ignore first name completely).

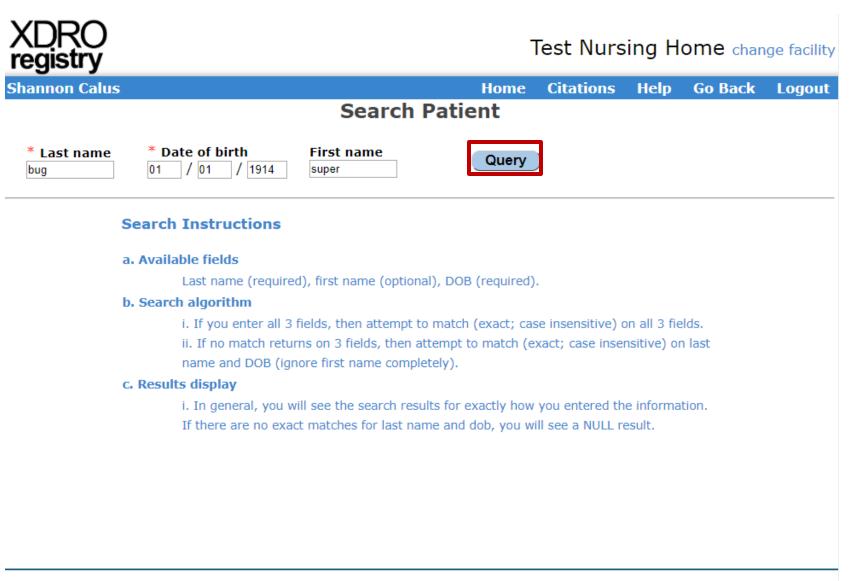
#### c. Results display

i. In general, you will see the search results for exactly how you entered the information.

If there are no exact matches for last name and dob, you will see a NULL result.

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## Test Nursing Home change facility

Shann	on Calus				Home	Citations	Help	Go Back	Logout
	Search Patient								
* Last name       * Date of birth       First name       Query         bug       01       / 01       / 1914       Super         Showing results for bug, super DOB 1/1/1914:       Super       Super       Super									
RID	Name	Date of Birth	SSN	Organism	Culture Date	Last Trans	action	Facility	
12248	Bug, Super	01/01/1914		Pseudomonas aeruginosa	05/13/2019	submitted,0	5/13/2019	Test Nurs	ing Ho
1236	Bug, Super	01/01/1914		Escherichia coli	06/10/2014	deleted,07/	18/2014	Sample H	lospital
1235	Bug, Super	01/01/1914		Klebsiella pneumoniae	06/02/2014	submitted,0	6/10/2014	Test Nurs	ing Ho

Disclaimer: A match on name and date of birth only may not be 100% accurate. We recommend that you verify XDRO status with the patient or by contacting the facility that entered the result.

Note: As of January 2017, the Illinois Department of Public Health is entering Candida auris cases into the XDRO registry; such patients can be identified through the above search query. Patients with C. auris should be placed on standard and contact precautions and, when possible, in single rooms. More information is available on CDC's <u>Questions and Answers</u> and <u>Interim Recommendations</u> pages.

As of April 2017, IDPH is entering carbapenemase-producing Pseudomonas aeruginosa cases into the XDRO registry. More information is available on CDC's website.

As of June 2019, IDPH is entering carbapenemase-producing Acinetobacter baumannii cases into the XDRO registry. More information is available on CDC's website .

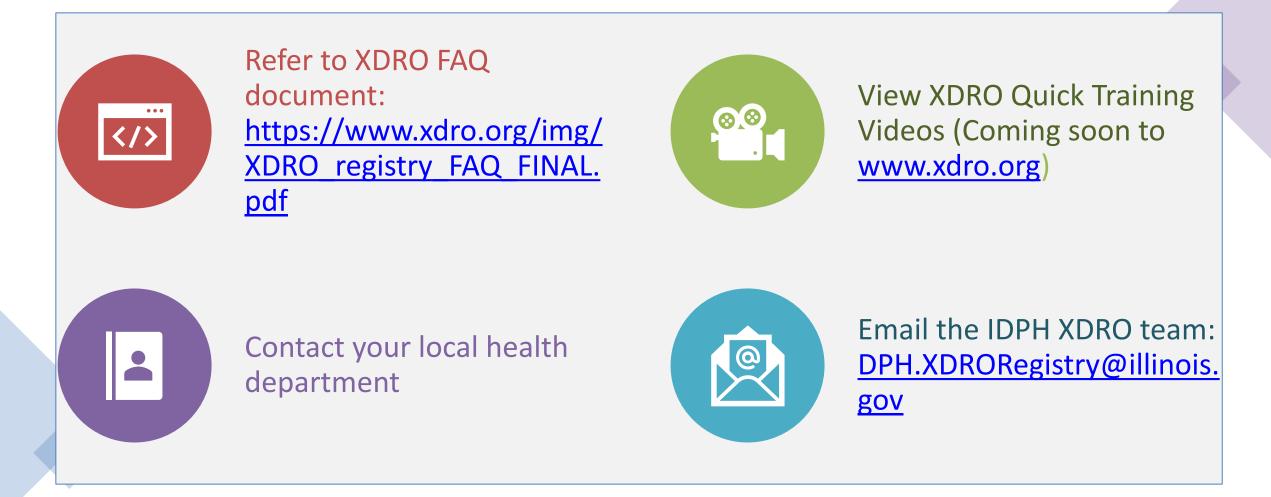


## Test Nursing Home change facility

IGELA TANG	Home	Citations	Help	Go Back	Logout	
XDRO Report - Test Nu	rsing Home					
Patient information						
Patient name: Bug, Super	MRN: 123456	Admiss	ion date: 08	/01/202	1	
Date of birth: 01/01/1914	SSN (last 4):	Gender	: male			
Race:	Ethnicity:					
Address: 60 W Washington, Chicago,	Cook, IL 60602					
XDRO culture information						
Organism: Candida auris		Culture da	te: 08/05/20	)21		
XDRO criterion: N/A		Specimen	source: Urin	e		
Mechanism of resistance: N/A						
Comments:						
Submitted by Rachel Simon, 11/09/20	)21, Test Nursing Hon	ne				

REMINDER: Matches should be verified using an identifier besides name and DOB, such as patient address.

# **Questions?**





## Submit questions via Q&A pod to All Panelists

## Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.



# Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <u>http://www.dph.illinois.gov/siren</u>

- NHSN Assistance:
  - Contact Telligen: nursinghome@telligen.com