### Boosting the Boosters

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Quality Innovation Network -Quality Innovement Organizations CENTER 5 FOR MEDICARE & MEDICAI D SERVICES IQUALITY IMPROVEMENT & INNOVATION GROU



### Swati Gaur, MD, MBA, CMD, AGSF

#### MEDICAL DIRECTOR, POST ACUTE CARE NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the Medical Director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the EMR transition and implementation team for the Health System, providing direction to EMR entity adapt to LTC environment.

She has also consulted with post acute long term care companies to optimize me dical services into PALTC facilities, integration of medical directors and clinicians in to the QAPI framework and create frameworks of interdisciplinary work in the organization. She established the Palliative Care Service Line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Prior to that Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and member of the G&EC for VISN 7.

Dr. Gaur attended medical school in Bhopal, India and started residency in Internal Medicine in St Luke's–Roosevelt Medical Center in New York. She completed her fellowship in Geriatrics at the University of Pittsburgh Medical Center and is board certified in Internal Medicine, Geriatrics and Hospice and Palliative Medicine. She went on to do Masters in Business Administration at Georgia Institute of Technology with concentration in Management of Technology.



### Making Health Care Better Together

About Alliant Health Solutions

### Poll 1:

My role in the nursing home is:

- 1. Medical director
- 2. NP, PA, APP
- 3. Administrator
- 4. DON/ Nurse manager/ Nurse
- 5. Other



### **Agenda Style**





# Current State of COVID-19

## **Poll 2:**

In my facility, the number of COVID-19 positive residents is:

- 1. Less than 3
- 2. Between 4 and 10
- 3. More than 10
- 4. I have lost count



# The Omicron Surge: Cases Among Residents in Seven States



\* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network

For more information: https://www.cdc.gov/nhsn/ltc/covid19/index.html

Accessibility: [Right click on the graph area to show as table]

#### The Omicron Surge: Cases Among Staff in Seven States

Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week— United States





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NHSN

#### The Omicron Surge: Deaths Among Staff in Seven States

COVID-19 Deaths among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

COVID-19 Deaths among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



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### Are Vaccines/Boosters Effective?

### Poll 3:

In my facility, the percent of staff that is vaccinated (1,2 or 3 shots) is:

- Less than 45%
   45 to 60%
   60 to 80%
- 4. Over 80%



### Why is Rate of Vaccination Important?



COVID-19 in Residents of CMS-Certified Skilled Nursing Facilities Crude Rate per 1,000 Resident Weeks, Stratified by Vaccination Coverage of Staff Data from the two weeks ending 11 July 2021

#### 66% reduction in

cases if staff vax is > 60-75% vs < 44% staff vax

Quartile of Staff Vaccination Coverage (percentile)	Staff Vaccination Coverage	Crude Rate of COVID i Residents per 1,000 Resident-weeks, for th two weeks ending 11 Ju	ie)
1 (0 <sup>th</sup> -25 <sup>th</sup> )	0-44%	0.77	
2 (26 <sup>th</sup> -50 <sup>th</sup> )	45-59%	0.54	Highly significant reductions in incidence between these strata, P<0.0001
3 (51 <sup>st_</sup> 75 <sup>th</sup> )	60-74%	0.26	Reduction between these strata
4 (76 <sup>th</sup> -100 <sup>th</sup> )	75+%	0.31	not significant
Overall, national		0.4	

- There was a 29% significant reduction in the case rate from Q1 to Q2 of staff vaccination coverage
- There was a 52% significant reduction in the case rate from Q2 to Q3 of staff vaccination coverage



Data limited to facilities reporting vaccination coverage.

#### mRNA vaccines: 2 doses vs. 2 doses and booster

Garcia-Beltran WF, St. Denis KJ, Hoelzemer A, et al. mRNA-based COVID-19 vaccine boosters induce neu tralizing immunity against SARS-CoV-2 Omicron varia nt. Cell. Published online January 6, 2022. doi:10.101 6/j.cell.2021.12.033



#### Weekly Trends in COVID-19 Cases and Deaths for Unvaccinated, Fully Vaccinated Persons, and by Receipt of Booster Doses



MMWR Jan 21, 2022



### Best Practices in "Boosting" Immunizations

## Poll 4:



In my facility staff hears about vaccination numbers and importance:

- 1. Daily
- 2. Weekly
- 3. Monthly
- 4. We did initial education and now just tell them when they come for testing

#### Total Sample

#### Vaccine Hesitant Sample

Institute for Healthcare

Improvement

П

(see note below for vaccine hesitant sample details)



 Least trusted:
 Least trusted:

 Political Leaders
 3%
 Political leaders
 0%

 Celebrities I like
 2%
 The U.S. President
 0%

 Local NGOs
 1%
 "My employer"
 0%

130

Agency for Healthcare Research and Quality



AHRQ ECHO National Nursing Home COVID-19 Action Network

(ECHC

#### Evidence-Based Strategies for Clinical Organizations to Address COVID-19 Vaccine Hesitancy

Interpersonal strategies				
Strategy	Example			
Make recommendations	"Your clinician recommends that you get the COVID-19 vaccine."			
Make strong recommendations.	"COVID-19 vaccination is safe and effective, and I strongly recommend that you to get your COVID-19 vaccine today."			
Use presumptive-style language.	"After this visit, the nurse will give you your COVID-19 vaccine."			

Robert M. Jacobson et al Mayo Clinic Proceedings 2021



## **Our Story**

#### What Worked?

- Leadership engagement
- Vaccine forward attitude
- Frequent touch points: education & updates
  - Leadership meeting
  - o Townhalls
  - o One-on-one
- Vaccine champions in different departments
- Supply logistics
- Consultant pharmacists
- Celebrating vaccination

### **Questions?**



Behavioral Health Outcomes & Opioid Misuse	<ul> <li>Promote opioid best practices</li> <li>Decrease high dose opioid prescribing and opioid adverse events in all settings</li> <li>Increase access to behavioral health services</li> </ul>	CMS 12 <sup>th</sup> SOW Goals	
Patient Safety	<ul> <li>Reduce risky medication combinations</li> <li>Reduce adverse drug events</li> <li>Reduce C. diff in all settings</li> </ul>	SOM GOUIS	
Chronic Disease Self-Management	Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab) Identify patients at high-risk for developing kidney disease & improve outcomes Identify patients at high risk for diabetes-related complications & improve outcomes		
Quality of Care Transitions			
Nursing Home Quality	<ul> <li>Improve the mean total quality score</li> <li>Develop national baselines for healthcare related infect</li> <li>Reduce emergency department visits and readmission</li> </ul>	-	

#### Making Health Care Better Together



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