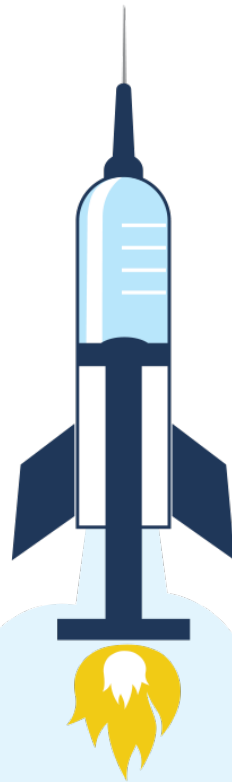


Omicron: Should I Worry?

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director, Post Acute Care
Northeast Georgia Health System



QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTER'S FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP



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 electronic medical record (EMR) transition and implementation team for the health system, providing direction to EMR entity adaption to the long-term care (LTC) environment.

She has also consulted with post-acute long-term care (PALTC) companies on optimizing medical services into PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating 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 at the Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.

Dr. Gaur attended medical school in Bhopal, India and started her residency in internal medicine at 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. In addition, she earned a master's in business administration at the Georgia Institute of Technology with a concentration in management of technology.



Making Health Care Better *Together*



About Alliant Health Solutions



COVID-19: What's Happening Now?

Current COVID-19 Status

DATA FOR MAY 4TH, 2022

SHO

CASES

[click chart for previous reports](#)



Total cases	82,474,564
New (on May 4):	+119,865
Change (7 day avg): (this week vs last week)	+22.5%

DEATHS

[click chart for previous reports](#)



Total deaths	1,001,140
New (on May 4):	+767
Change (7 day avg): (this week vs last week)	-3.5%

TESTS

[click chart for previous reports](#)



Total tests	1,015,856,147
New (on May 4):	+1,093,260

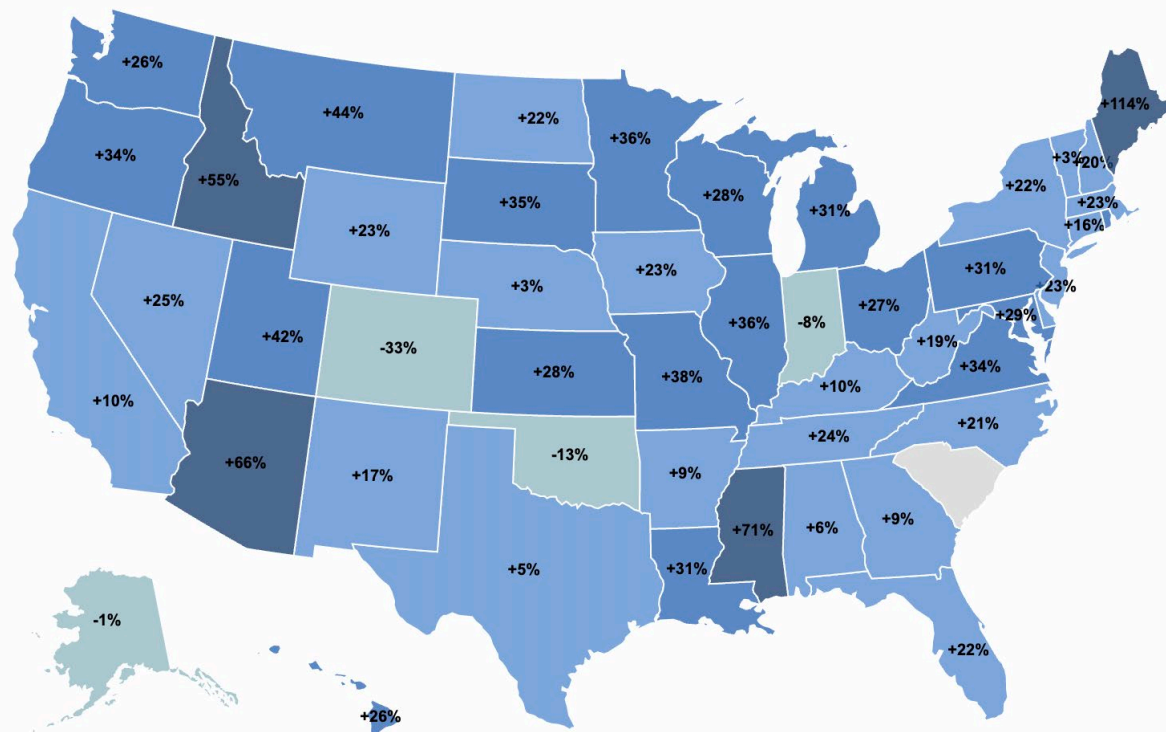
HOSPITALIZED

[click chart for previous reports](#)



Currently in hospital	17,802
change	+757
Currently in ICU:	2,034
change	+48

WEEK-OVER-WEEK TREND IN NEW CONFIRMED CASES

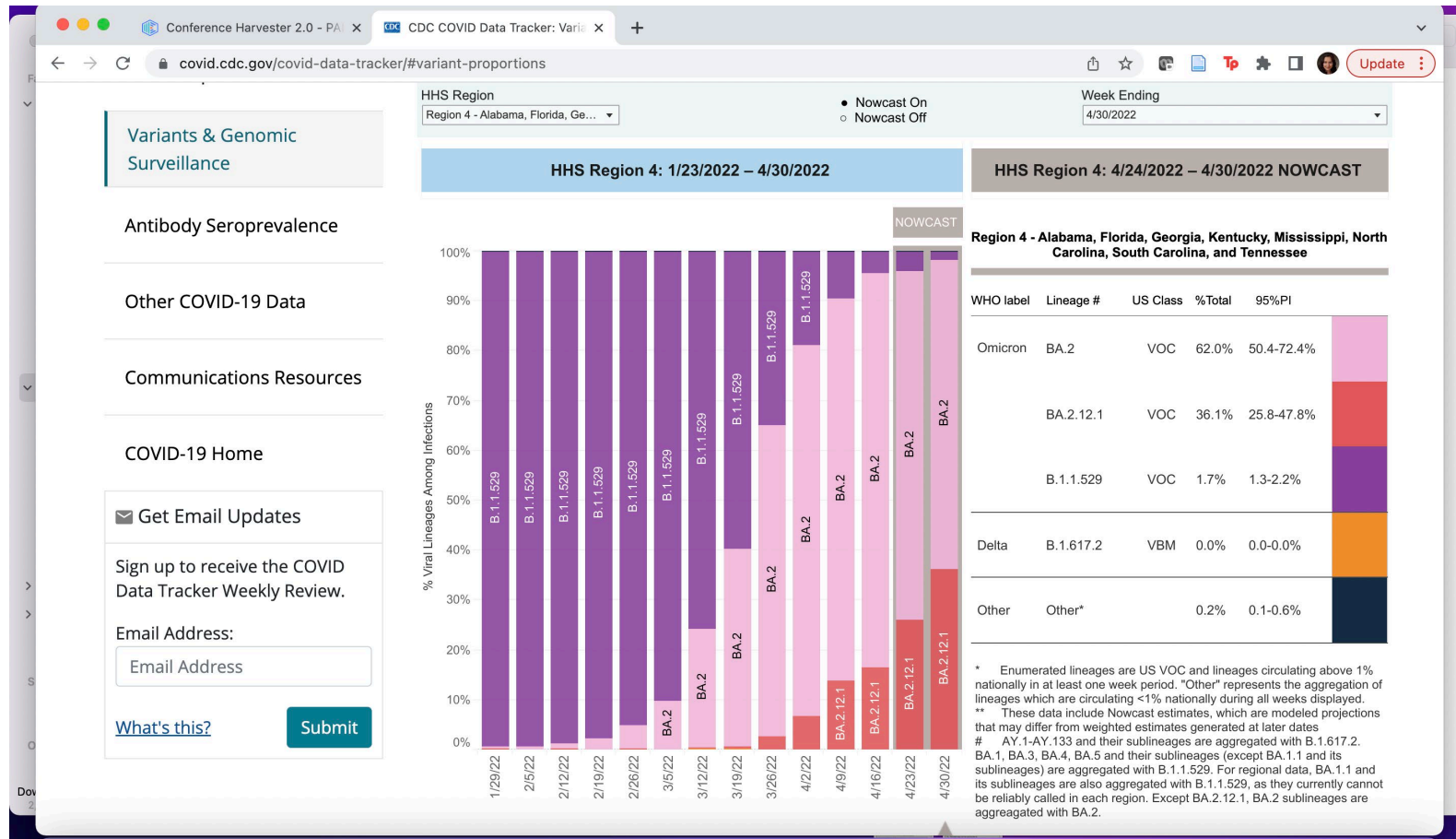


(As of May 5, 7:15 AM - Eastern Time)

© newsnodes.com, bnnews.com

The above map shows per US State the current week-over-week trend in new confirmed COVID-19 cases. When a US State is reporting a decrease in cases, a green color is given. US States which report very few new cases are excluded (as trends don't tell a lot when cases are low). Data can be found in table below and by visiting individual US State pages at Newsnodes.

Current COVID-19 Variant



Resident Cases of COVID-19



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

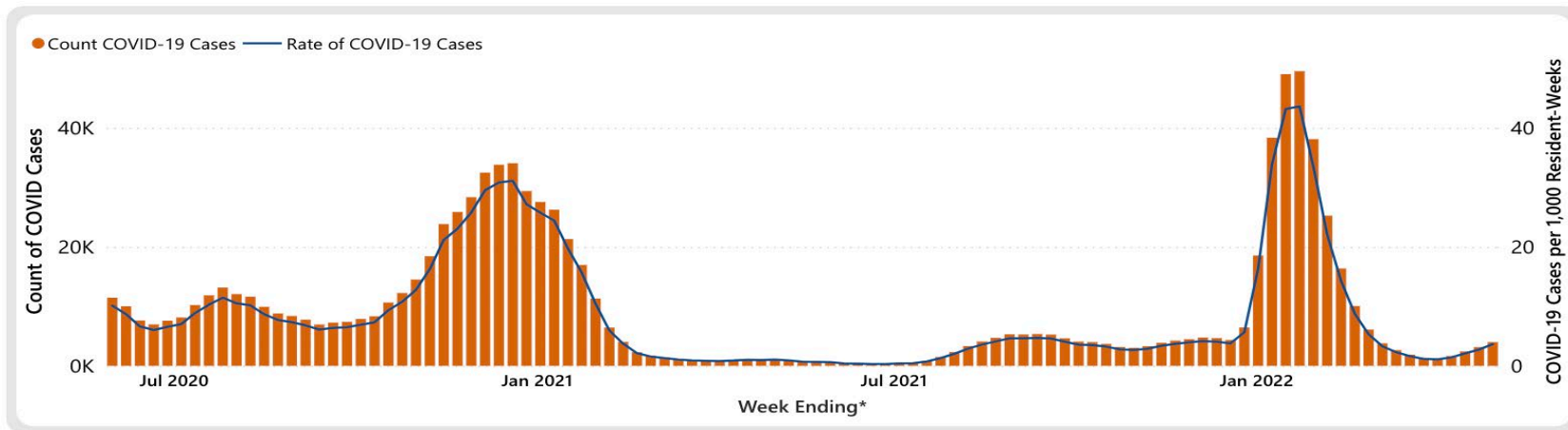


Display by State

All

Display by FEMA/HHS Region

All



* 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]

Data as of 5/2/2022 5:30 AM

Staff Cases of COVID-19

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

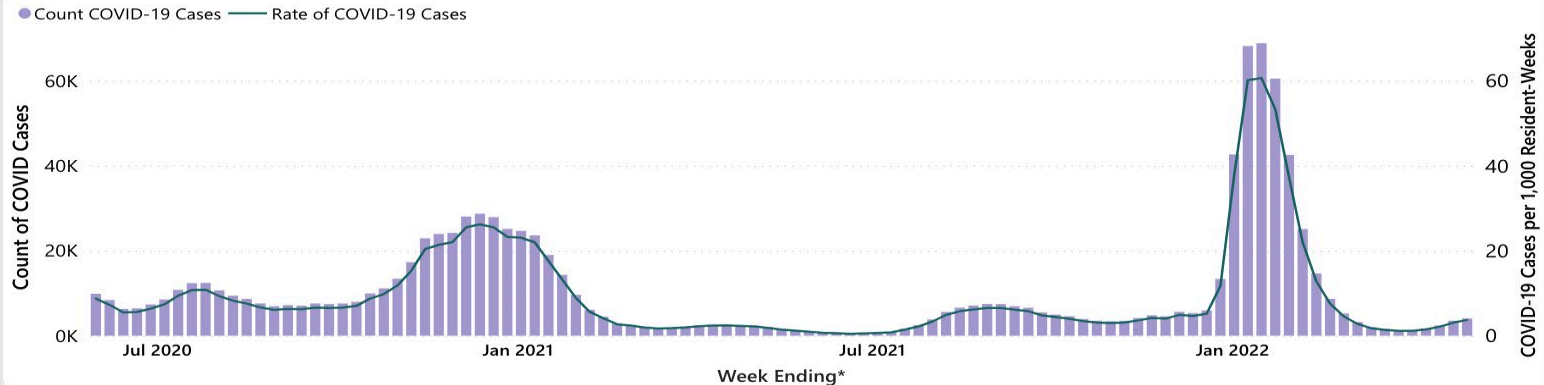


Display by State

All

Display by FEMA/HHS Region

All



* 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

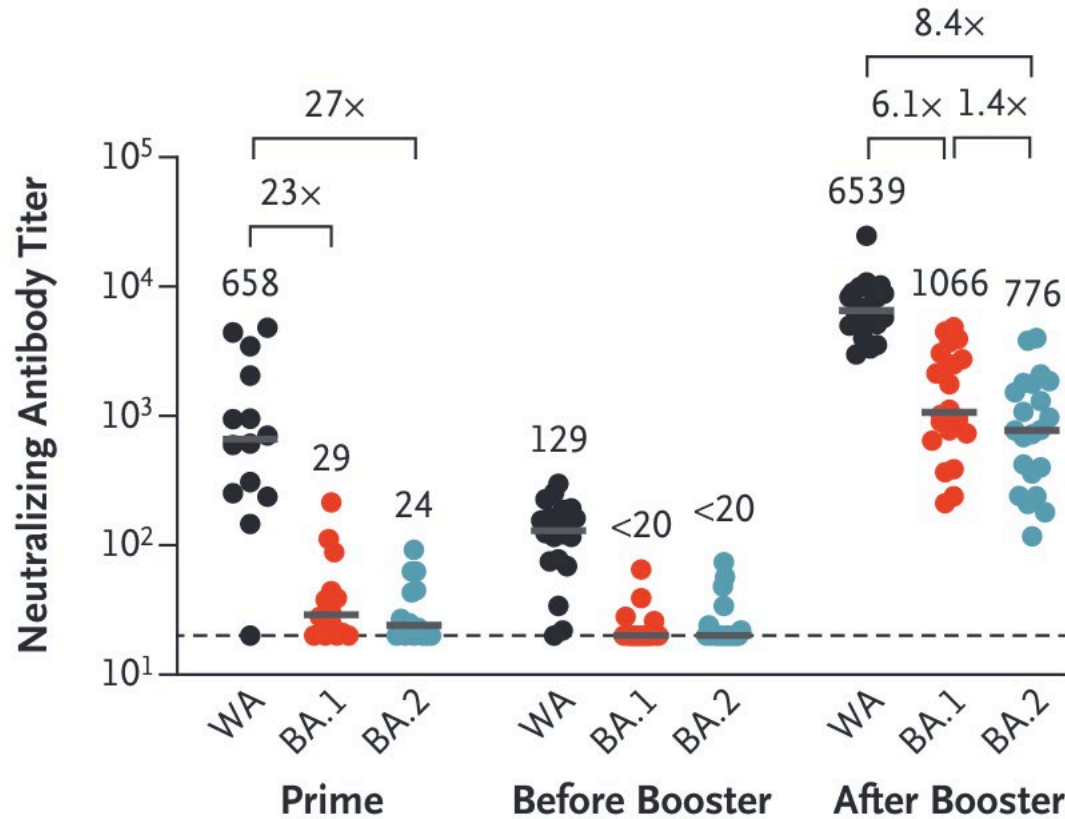
Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network

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



**No Protection Against Omicron
Without Booster**

B Responses among Vaccinated and Boosted Persons



Neutralization of the S
ARS-CoV-2 Omicron B
A.1 and BA.2 Variants

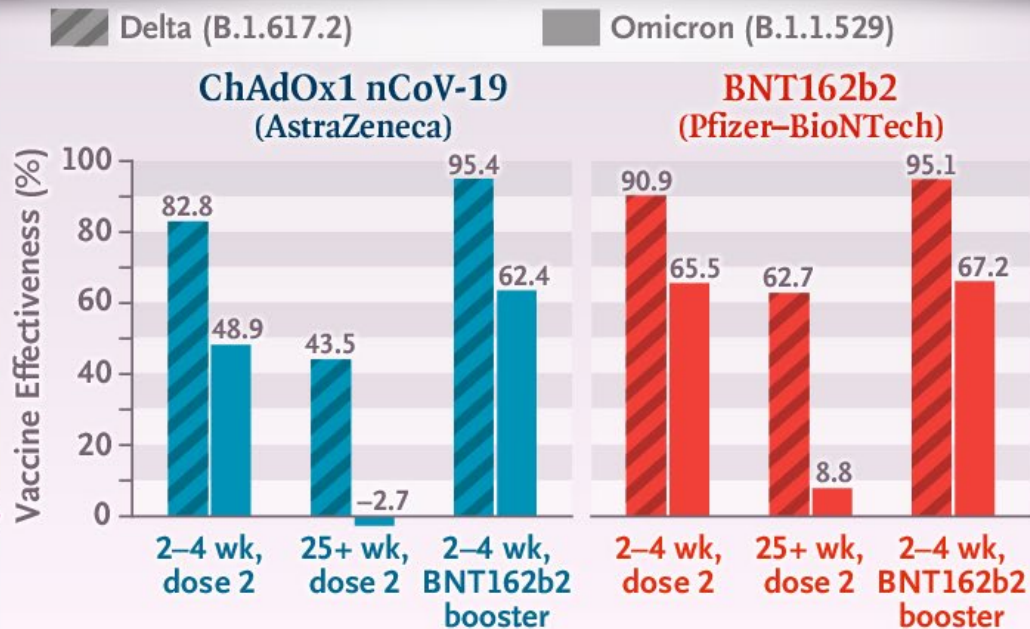
Effectiveness of Covid-19 Vaccines against the Omicron Variant

RETROSPECTIVE CASE-CONTROL STUDY IN ENGLAND

2,663,549

Persons with Covid-19
and test-negative controls

Vaccine effectiveness
against symptomatic
disease, according to time
since vaccination

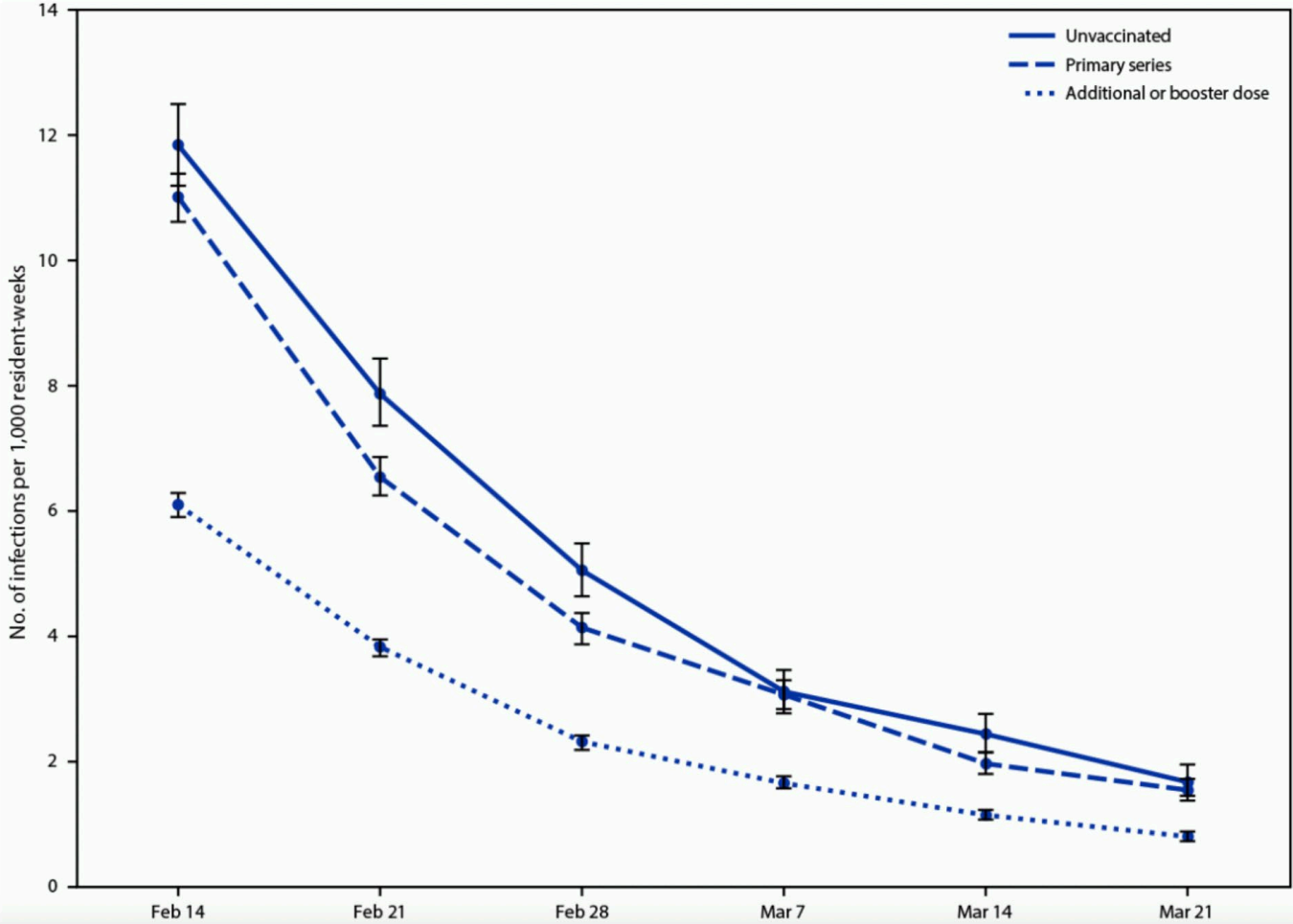


Two doses of either vaccine provided limited protection against symptomatic disease from omicron; boosting with BNT162b2 significantly increased protection.

Effectiveness of a COVID-19 Additional Primary or Booster Vaccine Dose in Preventing SARS-CoV-2 Infection Among Nursing Home Residents During Widespread Circulation of the Omicron Variant — United States, February 14–March 27, 2022

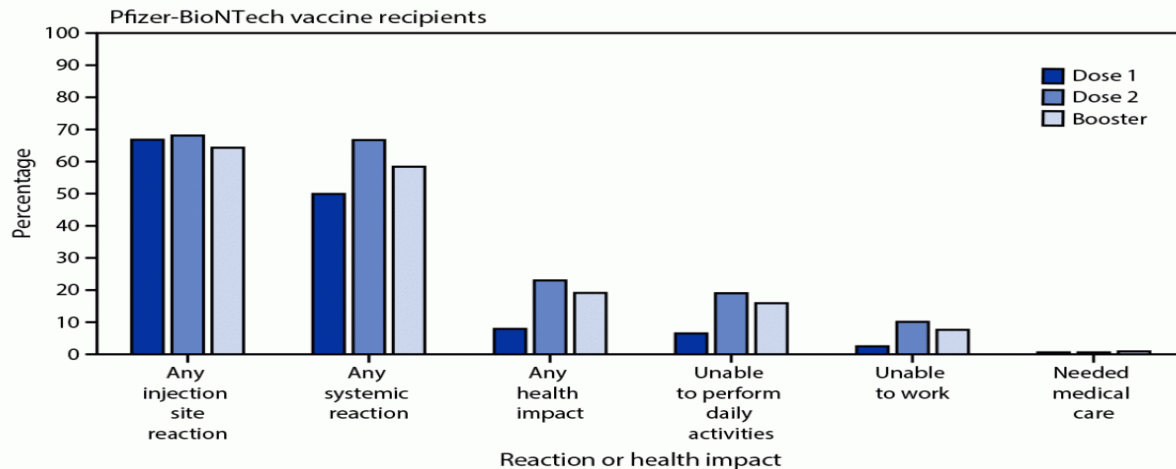
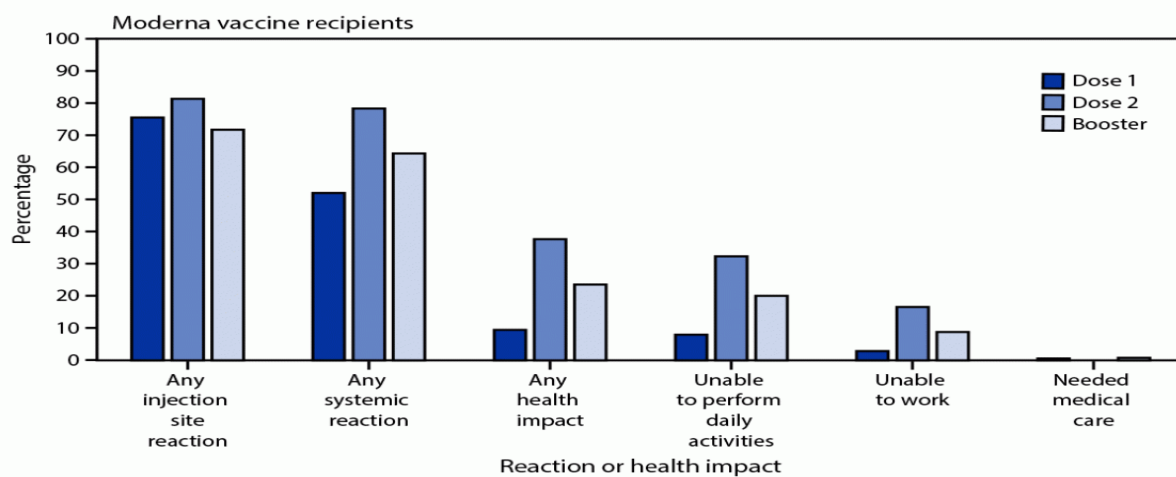
Weekly / May 6, 2022 / 71(18);633–637

FIGURE. Crude weekly rates of reported confirmed SARS-CoV-2 infection among skilled nursing facility residents,* by vaccination status† and resident-week[§] — National Healthcare Safety Network, United States, February 14–March 27, 2022





I Had Side-Effects of Vaccine



Questions?



<https://bit.ly/BOOSTLandingPage>

CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



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

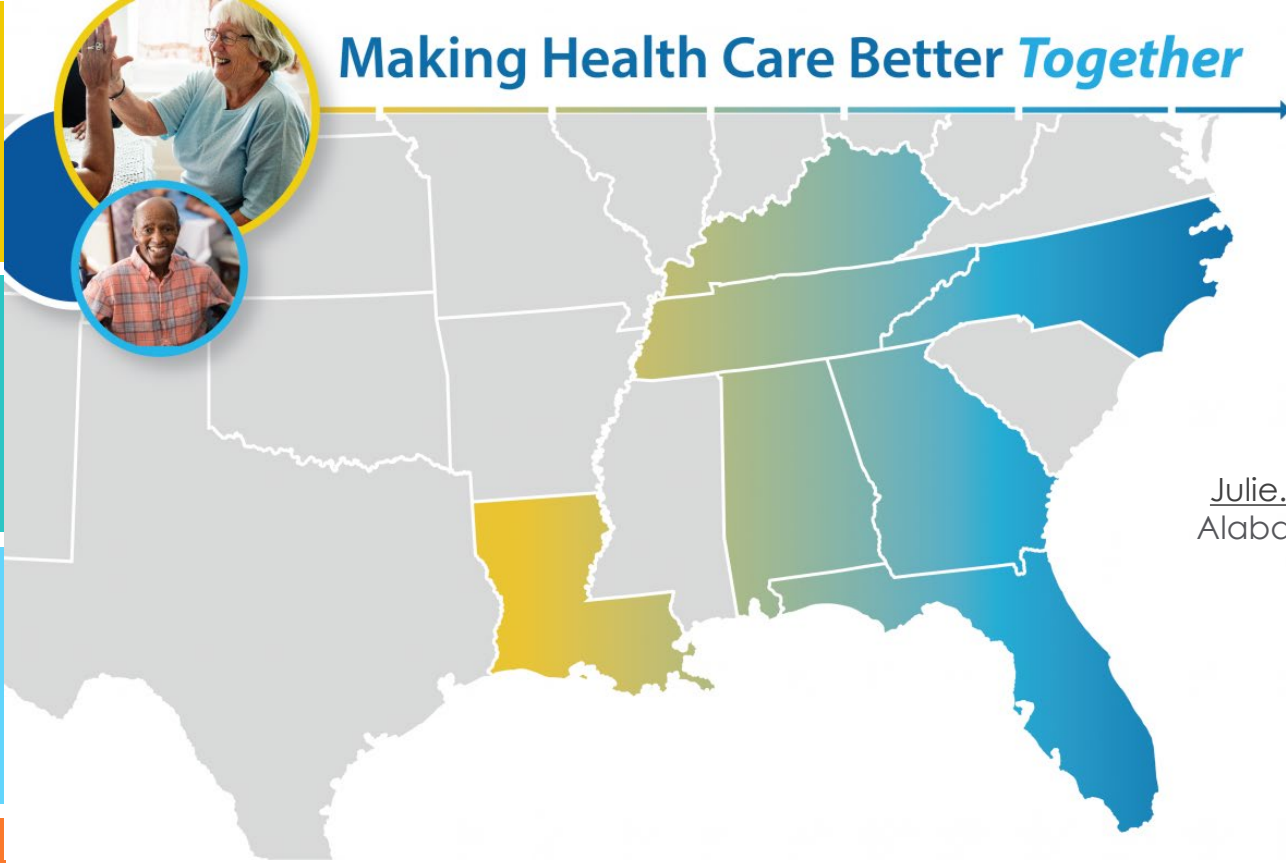
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*



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Program Directors

Stay Up-to-Date With BOOST



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BOOST Education Events

[BOOST Kick-Off Event | 1.19.22](#)

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[BOOST Education Event | 2.9.2022](#)

[BOOST Education Event | 2.16.2022](#)

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[BOOST Education Event | 3.16.22](#)

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[BOOST Education Event | 3.30.22](#)

Social Media Graphics



Mask Up, Sleeve Up

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Don't Miss Your Shot

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This is Your Shot

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BOOST Bulletin Board

Booster Bulletin | Jan. 25, 2022



Booster Bulletin | Feb. 1, 2022



Booster Bulletin | Feb. 8, 2022



Booster Bulletin | Feb. 15, 2022



Booster Bulletin | Feb. 22, 2022



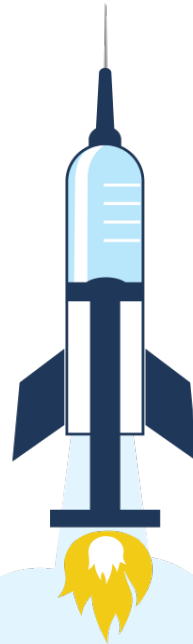
Booster Bulletin | March 1, 2022



<https://bit.ly/BOOSTLandingPage>

#GivetheBoostaShot #VaxToTheMax





Thank you



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