Meet the Team

Presenter:
Swati Gaur, MD, MBA, CMD, AGSF
Medical Director, Alliant Health Solutions

Panelists:
Raybun Spelts, PharmD, MPH, BCIDP
Clinical Pharmacist Specialist, Infectious Disease and Vaccines
Georgia Department of Public Health

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Alliant Health Solutions
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 in 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, hospice, and palliative medicine. In addition, she earned a master’s in business administration at the Georgia Institute of Technology with a concentration in technology management.
Raybun Spelts, PharmD, MPH, BCIDP

Dr. Raybun Spelts is a board-certified infectious disease pharmacy specialist. She earned a B.S. in health sciences from Mercer University in Macon, Georgia. She graduated from the University of Georgia dual-degree PharmD-MPH program.

Dr. Spelts has worked in hospital, outpatient, and long-term care settings. Currently, she works at the Georgia Department of Public Health and supports the pharmacy, immunization, and epidemiology departments. Her career interests include antibiotic resistance, outbreak response, and zoonotic diseases.
Erica Umeakunne, MSN, MPH, APRN, CIC

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, healthcare administration and public health.

She previously served as the interim hospital epidemiology director for a large health care system in Atlanta and as a nurse consultant in the Center for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.
Thank You to Our Partners

• Georgia Department of Public Health
• University of Georgia
Objectives

• Introduce the Georgia Department of Public Health Strike and Support Team Activities and Plans.
• Identify the infection preventionist in each served facility and evaluate the abilities and effectiveness of data collection.
• Describe two infection situations specific to the elderly and how antibiotic choices and use could be improved.
• Provide assistance to facility administration to liaison with other healthcare facilities to promote good antibiotic stewardship.
Georgia Department of Public Health Strike and Support Team

- Infection Prevention Education Series for Basic and Respiratory (May and October)
- Monthly Office Hours with COVID updates and other IP topics of interest
- Subject Matter Experts for technical assistance
Facility Infection Prevention Resource Box

• 500 Georgia facilities (including all skilled nursing facilities) will receive an Infection Prevention Resource Box created by the Georgia Department of Public Health's Healthcare-Associated Infections/Antimicrobial Resistance Program

• Each box contains the following nine resources:
  - APIC LTCF Manual
  - Glow Germ/UV Light
  - EPA List P Cleaning Wipes
  - Laminate Signage
  - Isolation Checklist
  - IP Rounding Checklist
  - NHSN Data Packet
  - Temperature Logs
  - Antibiotic Stewardship Program
3M FT-30 N95 Fit Test Kit

- 1,997 facilities around Georgia will receive a N95 fit test kit and supplemental materials

Train-the Tester Video

Mask Protocol Video

N95 Fit Test Pocket Guide
Program Social Media Accounts

@gacnainitiative
@gacnainitiative
@gacnainitiative
@gacnainitiative
GACNAInitiative@gmail.com
Infection Prevention/Antimicrobial Stewardship Agenda

I. Call to Order
II. Approval of Minutes
III. Safety Story
IV. Infection Control Reports
V. Antibiotic Reports
   I. LTC
   II. COVID-19 vaccine
VI. New Business/Discussion Items
VII. Adjournment
CMS Regulatory Group: Infection Control (F Tags)

- F880: Infection Prevention and Control
  - §483.80 (a)(1-2)(4)(e-f)
- F881: Antibiotic Stewardship Program
  - §483.80 (a)(3)
- F882: Infection Preventionist Qualifications/Role
  - §483.80 (b-c)
- F883: Influenza and Pneumococcal Immunizations
  - §483.80 (d)
Infection Preventionist Role

- Infection prevention is a specialty and requires specific training and competencies
- Application of scientific principles and methods for data collection and analysis
- Surveillance according to approved definitions and methodologies
- Reports and presents to appropriate committees (Infection Prevention, Antimicrobial Stewardship, QAPI)
- **Investigates outbreaks and implements prevention efforts**
- **Reports outbreaks of communicable diseases to local health jurisdictions as needed in consultation with administration and medical director**
- Plans and conducts educational programs for staff and residents
- Develops and reviews policies and procedures, monitors for adherence and supports staff and resident safety
- Ensures compliance with local, state and federal standards and regulations for infection prevention
CMS Infection Prevention Standards

• HHS CMS Interpretive Guidelines for Long-Term Care Facilities 483.80 (F-Tags F880, F881, F882, and F883)
  – Establish and maintain an infection prevention and control program
    • Provides a safe, sanitary and comfortable environment
    • Helps prevent the development and transmission of communicable diseases and infections

IP Program Binder

- IP Plan
- Risk Assessment
- TB Risk Assessment
- IP Staff Competencies
- IP/Antimicrobial Stewardship Committee Minutes
- Surveillance Data
- SMART Goals & Objectives
Hand Hygiene Data

Hand Hygiene Compliance (%)

<table>
<thead>
<tr>
<th></th>
<th>Jan-22</th>
<th>Feb-22</th>
<th>Mar-22</th>
<th>Apr-22</th>
<th>May-22</th>
<th>Jun-22</th>
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<tr>
<td>Facility Wide</td>
<td>54.5</td>
<td>67.5</td>
<td>80</td>
<td>88.5</td>
<td>91.8</td>
<td>94.8</td>
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https://www.cdc.gov/handhygiene/providers/guideline.html
## Data Table

<table>
<thead>
<tr>
<th>Infection Type</th>
<th>Numerator (raw number)</th>
<th>Denominator (total resident days)</th>
<th>Rate (per 1000 resident days) YTD</th>
<th>FY 2021 rate (per 1000 resident days)</th>
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</thead>
<tbody>
<tr>
<td>Urinary Tract Infections (UTIs)</td>
<td>53</td>
<td>15,800</td>
<td>3.4 UTIs</td>
<td>2.5 UTIs</td>
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<tr>
<td>Respiratory Infections</td>
<td>26</td>
<td>15,800</td>
<td>1.6 respiratory infections</td>
<td>4.2 respiratory infections</td>
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<tr>
<td>SSTI (Skin, Soft Tissue Infections)</td>
<td>7</td>
<td>15,800</td>
<td>0.44 SSTIs</td>
<td>0.60 SSTIs</td>
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<tr>
<td>Gastrointestinal Infections</td>
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<td>0.32 GI infections</td>
<td>0.75 GI infections</td>
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<td>Multi-drug Resistant Organisms (MDRO)</td>
<td>15</td>
<td>15,800</td>
<td>0.94 MDROs</td>
<td>0.68 MDROs</td>
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</table>

*Data for demonstration purposes only*
# Case Study: UTIs

**Urinary Tract Infections (UTIs)**

<table>
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<tr>
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<tr>
<td>Rate per 1000 Resident days</td>
<td>2</td>
<td>3</td>
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<td>3</td>
</tr>
</tbody>
</table>

- **Rate per 1000 Resident days**
- **Mean**

Adapted from APIC Manual
Root Cause Analysis

- **Fishbone diagram**
  - Identify cause and effect to get to a root cause
  - Problem at the head or mouth of fish
  - Contributing factors listed under the smaller bones in various categories

- **Fishbone Diagram Worksheet**
  (allianthealth.org)
Fishbone Diagram Worksheet

Fishbone Diagram Worksheet (allianthealth.org)
Communication Checklist: Suspected UTIs

- Provides a framework for change in condition communication when signs/symptoms of UTIs identified
- Helps nursing home staff and prescribing clinicians communicate about suspected UTIs and facilitates appropriate antibiotic prescribing
- Agency for Healthcare Research & Quality (AHRQ Toolkit) includes:
  - Suspected UTI SBAR Form
  - A clinician letter
  - Not All "infections" Need Antibiotics
  - Urinalysis and UTIs: Improving Care

Loeb Minimum Criteria

<table>
<thead>
<tr>
<th>Suspected Infection Syndrome</th>
<th>Minimum Criteria for Starting Antibiotic Therapy</th>
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<tr>
<td><strong>Urinary tract infection</strong></td>
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<td><strong>with catheter</strong></td>
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</tbody>
</table>

**Note:** Residents with intermittent catheterization or condom catheter should be categorized as ‘without catheter’

Urine culture should be sent prior to starting antibiotics
Antibiotics should not be started for cloudy or foul smelling urine

Asymptomatic Bacteriuria

- ASB~ positive urine culture +/- pyuria, detected as WBC on urinalyses
- Present in 50% for female residents and 40% for male residents
- Non-specific symptoms, including change in cognition, agitation, decreased appetite and falls, are not symptoms of UTI
McGeer Criteria

- Evidence-based, standardized guidance for infection surveillance activities in long-term care facilities (LTCF)
- Designed to define and identify infections for surveillance purposes
- Represented syndromes capture a variety of clinically relevant infections that occur in the LTCF population
  - Infections associated with clear IPC strategies

McGeer Criteria

- Definitions for Constitutional Criteria in Residents of LTCFs
- Urinary Tract Infections
- Skin, Soft Tissues, and Mucosal Infections
- Respiratory Infections
- Gastrointestinal Infections

Active Surveillance (Watchful Wait)

- Obtain vital signs (BP, Pulse, Resp Rate, Temp, Pulse Ox) every ___ hours for ___ days.
- Record fluid intake each shift for _____ days.
- Notify physician if fluid intake is less than ______ cc daily.
- Offer resident _____ ounces of water/juice every _____ hours.
- Notify physician, NP, or PA if condition worsens, or if no improvement in _____ hours.
- Obtain the following blood work ________________________________.
- Consult pharmacist to review medication regimen.
- Contact the physician, NP, PA with an update on the resident’s condition on ________.

Nace et al.
Case Study Review: UTIs

Adapted from APIC Manual

Urinary Tract Infections (UTIs)

Bathing protocol implemented

Supply chain issues resolved; Bathing protocol re-implemented

Supply chain issues: reverted back to using bath basins

Rate per 1000 Resident days

Rate per 1000 Resident days | 2 | 3 | 4 | 5 | 3 | 2 | 4 | 4 | 5 | 6 | 7 | 8 | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
Mean | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3

Adapted from APIC Manual
<table>
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<th>2021 VAPAHCS GRAM-NEGATIVE ORGANISM</th>
<th># Isolates Tested</th>
<th>Penicillin</th>
<th>Amoxicillin/ clavulanate</th>
<th>Ampicillin/ sulbactam (CR)</th>
<th>Piperacillin/ tazobactam</th>
<th>Cefazolin (R)</th>
<th>Cefotaxin</th>
<th>Cefepime (R)</th>
<th>Carbapenem</th>
<th>Aminoglycosides</th>
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<td>Acinetobacter baumannii</td>
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<td>Klebsiella oxytoca</td>
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<td>87*</td>
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<td>52#</td>
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<td>Morganella morganii</td>
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<td>Proteus mirabilis</td>
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https://med.stanford.edu/bugsanddrugs/clinical-microbiology.html ; VA Palo Alto Antibiogram
Pocket Antibiograms


Review of Quarterly Antibiotic Administration

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<thead>
<tr>
<th>Antibiotic DOT/1000</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<td>Ciprofloxacin</td>
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<td>120</td>
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<td>250</td>
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<td>Azithromycin</td>
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<td>500</td>
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<td>Ceftriaxone</td>
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<td>90</td>
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<td>450</td>
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<tr>
<td>Nitrofurantoin</td>
<td>75</td>
<td>80</td>
<td>100</td>
<td>60</td>
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</tbody>
</table>
Review of DOT

Days of therapy (DOT) =
antimicrobial days/patient volume \times 1,000

Example:
In Q4, 250 Days of Cipro per 1,000 patient days =
25 days patients on Cipro/100 patient days \times 1,000

Review of DOT (continued)

• In Quarter 4, the computer census report showed 100 patient days present in the facility:
  – Mr. Smith received Cipro 500 mg po q12h x 10 days
  – Mr. Cooper received Cipro 250 mg po q12h x 10 days
  – Ms. Johnson received Cipro 500 mg po q24h x 5 days
• Total = 25 DOT
Antibiotic Stewardship Data

- Antibiotic starts: 28
- LTC starts: 17
- ABT days: 154
- LTC starts met McGeer Criteria: 8
Why Did Ceftriaxone & Azithromycin DOT Increase?

https://emergency.cdc.gov/coca/calls/2021/callinfo_111821.asp
Fluoroquinolones Side Effects

• FDA warnings for fluoroquinolones
  – Tendonitis and tendon rupture
  – Worsening of myasthenia gravis
  – Irreversible peripheral neuropathy
  – Aortic aneurysm
  – Severe hypoglycemia
  – Psychiatric side effects

Recommended Duration of Treatment for Common Infections

<table>
<thead>
<tr>
<th>Disease</th>
<th>Duration (days)</th>
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<tbody>
<tr>
<td>CAP (Community Acquired Pneumonia)</td>
<td>5</td>
</tr>
<tr>
<td>UTI (Urinary Tract Infection)</td>
<td>Pyelonephritis: 7-14, Cystitis 3-7</td>
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<tr>
<td>Sinusitis</td>
<td>5-7</td>
</tr>
<tr>
<td>IAI (Intra-abdominal Infection)</td>
<td>4 if source control</td>
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<tr>
<td>COPD (Chronic Obstructive Pulmonary Disease)</td>
<td>5-7</td>
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<tr>
<td>Cellulitis</td>
<td>5</td>
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</table>
Antibiotic Time Outs

• Re-evaluate after 72 hours of therapy
  – Lab results
  – Culture results
  – Clinical status

• Automatic stop dates
Antibiotic Stewardship Is Required in LTCF

- Facility has approved AS program.
- Leaders are appointed to AS program.
- Written protocols on antibiotic prescribing
- Uses infection assessment tools or algorithms such as SBAR tools
- Antibiotic use is measured.
- Summarizes antibiotic resistance.
- Prescribers receive feedback about antibiotic prescribing practices
- Trainings available for all clinical staff
- Education provided to residents and families
Core Elements by CDC

Leadership  Accountability  Drug expertise  Action  Tracking  Reporting  Education

https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html
Leadership

• Facility written statements of support
• Antibiotic stewardship duties in job descriptions
• Stewardship policies

Accountability

• Best practices are expected by leadership.
• Involves:
  – Medical director
  – Director of nursing
  – Consultant pharmacist
  – Infection preventionist
  – Laboratory
  – State & local health departments
Drug Expertise

• Consult experts in antibiotic stewardship
  – Consultant pharmacist
  – Local hospitals
  – Infectious disease providers
Action

• Develop and promote policies
• Target interventions
  – Antibiotic time outs
  – Appropriate indication
  – Review cultures
Tracking

- Track interventions
- Measure antibiotic use in DOT or antibiotic starts
- Tract adverse outcomes
  - CDI
  - Antibiotic resistant bacteria
- NHSN (National Healthcare Safety Network)
  - https://www.cdc.gov/nhsn/ltc/index.html

Reporting

- Discuss findings in antibiotic stewardship meetings
- Present reports at medical staff meetings
Core Elements: Education

- All employees
- Residents and families

https://www.cdc.gov/antibiotic-use/training/continuing-education.html

The Four Moments of Antibiotic Decision Making Posters
Agency for Healthcare Research and Quality (ahrq.gov)
Clostridioides difficile (C. diff)

• Facility Concerns:
  – Specimen integrity (formed stools)
  – Increase in oral vancomycin prescribing
  – Inappropriate personal protective equipment (PPE) use
  – Poor hand hygiene rates
Clostridioides difficile (C. diff)

- Resident experiencing new onset of diarrhea
  - Has the resident had ≥3 unformed stools in a 24 hour period?
    - No: Do not test asymptomatic residents for CDI
    - Yes: Contact provider, order lab test for CDI. Do not start empiric treatment before collecting sample
      - Consider creating a standing order for nursing staff to initiate CDI testing
      - Collect and submit fresh stool sample
      - Collect specimen in clean, watertight container
      - Only unformed stools should be collected
      - Refrigerate (2-8°C; 36-46°F) until testing can be done

[Source](https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/apxm.pdf)
Clostridioides difficile (C. diff)

Vanderbilt University Guidance for Providers: Testing for C. diff
COVID-19 CREATED A PERFECT STORM
The U.S. lost progress combating antimicrobial resistance in 2020

15% Antimicrobial-resistant infections and deaths increased in hospitals in 2020.

~80% Patients hospitalized with COVID-19 who received an antibiotic March-October 2020.

⚠ Delayed or unavailable data, leading to resistant infections spreading undetected and untreated.

INVEST IN PREVENTION.
Setbacks to fighting antimicrobial resistance can and must be temporary.

Learn more: https://www.cdc.gov/drugresistance/covid19.html

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

Data are likely occurring, 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 dataentry or excluded from analysis.

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

For more information: https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html

https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html
Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United 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/covid19/ltc-report-overview.html](https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html)

Accessibility: (Right click on the graph area to show as table)
Facility COVID Vaccination Rates

• Old definition: 92%
• New definition: 88%
IPC Program: Interim IPC COVID-19 Recommendations for LTCFs

- Assign one or more individuals with training in infection prevention and control to provide on-site management of the IPC program
- Educate residents, HCP, and visitors about SARS-CoV-2, current precautions being taken in the facility, and actions they should take to protect themselves
- Have a plan for visitation, source control, and physical distancing measures
- Vaccinate residents and HCP against SARS-CoV-2
- Provide supplies necessary to adhere to recommended IPC practices
- Ensure proper use, handling, and implementation of personal protective equipment (PPE)
- Create a plan for testing residents and HCP for SARS-CoV-2
- Create a plan for evaluating and managing personnel and resident with SARS-CoV-2
- Create a plan for managing new admissions and readmissions
- Notify HCP, residents, and families about outbreaks, and report SARS-CoV-2 infections, facility staffing, testing, and supply information to public health authorities

CMS & CDC NHSN Reporting Requirements

- NHSN LTC COVID-19 Module
  - Resident impact and facility capacity
  - Staff and personnel impact
  - Therapeutics
  - COVID-19 Vaccination
    - Residents
    - HCW
Alliant Health Solutions

https://quality.allianthealth.org/topic/infection-control/

- Infection prevention and control resources
- NHSN support for nursing homes
- Educational events – Shop Talks and Quickinars

SAVE THE DATE & REGISTER TODAY!

August Shop Talk
Thursday, August 18, 2022
2-3 p.m. ET | 1-2 p.m. CT

Sign up and save your spot to attend next month’s Shop Talk to learn about recent updates and requirements for submitting COVID-19 data into NHSN

CLICK HERE TO REGISTER TODAY
Alliant Health Solutions: NHSN Shop Talk Shorts

https://quality.allianthealth.org/topic/shop-talks/
COVID-19: Lessons Learned From the Field

- Source control / Respiratory etiquette
- Active respiratory surveillance & mapping
- Early testing & isolation
- Infection Prevention & Control
- Vaccination (booster for all eligible)
- Treatment
- Appropriate antimicrobial prescribing
References

References for Duration of Therapy

**CAP**

**UTI**

**Sinusitis**

**Intra-abdominal**

**COPD**

**Cellulitis**
Questions?
Thanks Again...

- Georgia Department of Public Health
- University of Georgia
Making Health Care Better

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quality.allianthealth.org