Continuing Education Information - LIVE

<u>Learning Outcome:</u>
In the post-activity poll, learners will report what they intend to do differently as it pertains to encouraging residents to obtain the COVID vaccine or booster and what they did the last week as a result of the education they have received from both the educational events and the resources and technical assistance provided through the Give the Boost a Shot program.

<u>Nursing Professional Development: ANCC Contact Hours & Accreditation Statement</u>
This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)
This activity awards 0.75 contact hours and 0 hours of pharmacology.

<u>Instructions for obtaining credit</u>
At the conclusion of the event, learners will be invited to complete a closing poll. Those who complete the poll will receive a certificate for contact hours to the email address they provided in the poll.

<u>Disclosure of Relevant Relationships</u>
No one in a position to control content has any relevant financial relationships with ineligible companies. Any relevant relationships are mitigated according to the Standards for Integrity and Independence in Accredited Continuing Education.

ALLIANT HEALTH SOLUTIONS | QIN—QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Give the Boost a Shot:
How To Use Available Treatments to Decrease Impact of COVID-19 Outbreaks
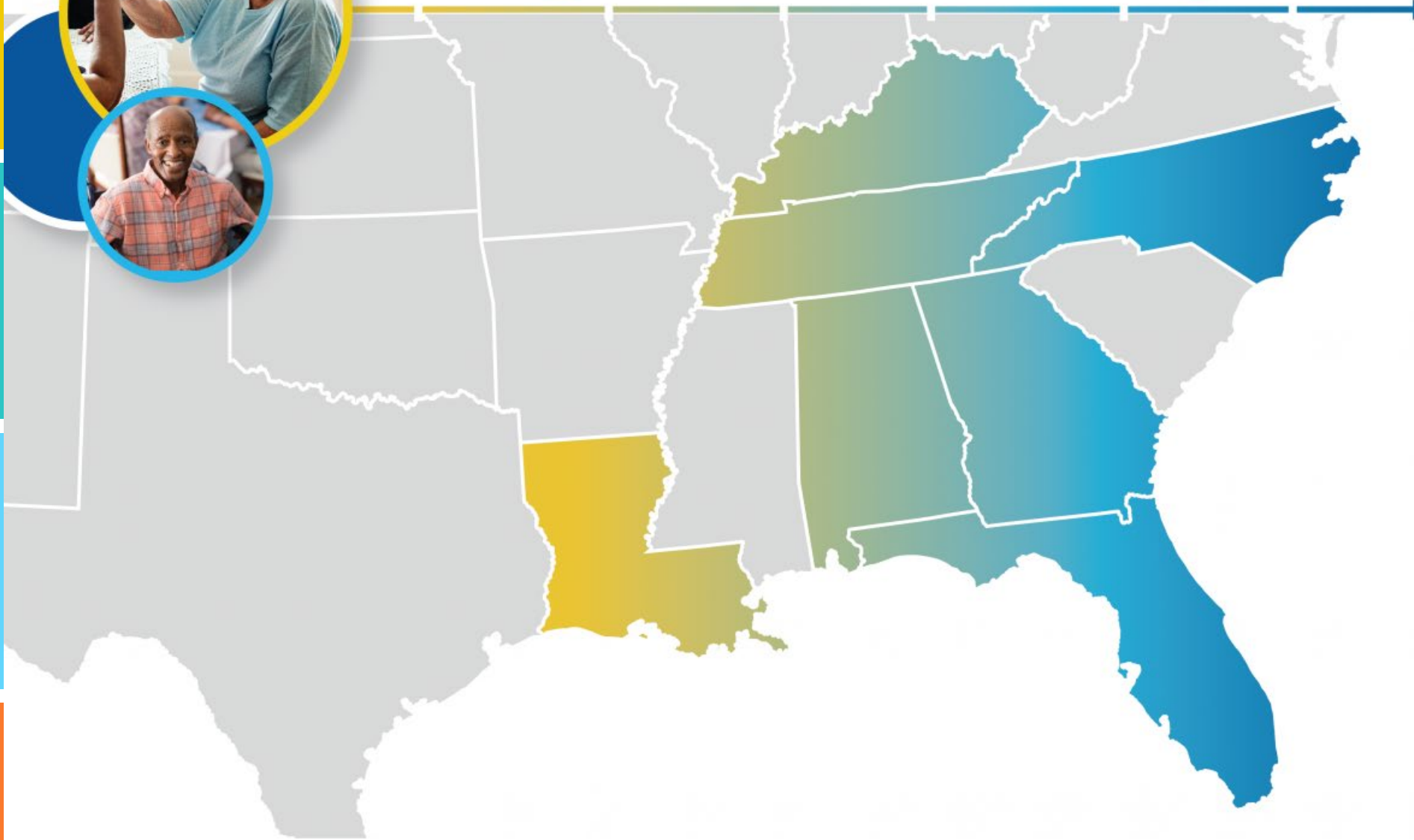
Dr. Swati Gaur, MD, MBA, CMD, AGSF

January 12, 2023
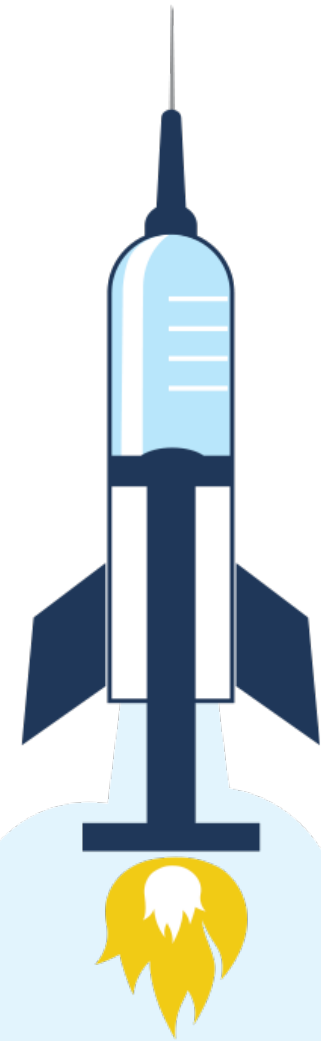
ALLIANT
HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

About 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 has been the chair of the Infection Advisory Committee with AMDA, the Society for Post-Acute and Long-Term Care Medicine, during the acute phase of the COVID-19 pandemic and was instrumental in establishing a COVID-19 task force for the society that created guidance, policy, FAQs and education for long-term care medical directors and staff across the country. She has authored several articles on the topic published in peer-reviewed journals. She has also been named Medical Director of the Year 2022 by the Society for PALTC.

Objectives

- Assess the current respiratory viral threat to LTC residents
- Review the latest evidence on vaccine and therapeutics
- Discuss how to operationalize resident safety against viral respiratory illness
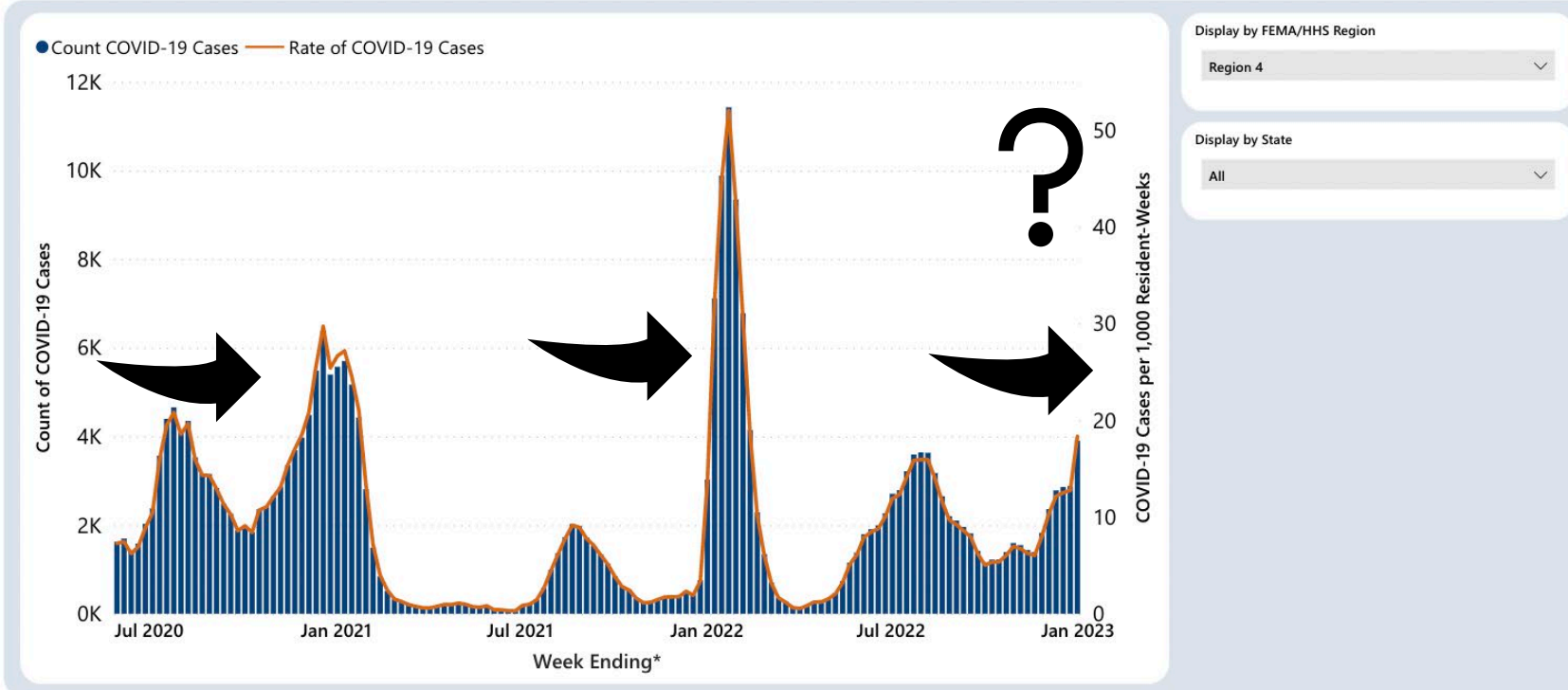- Share Alliant Health Solutions resources to support COVID-19 management
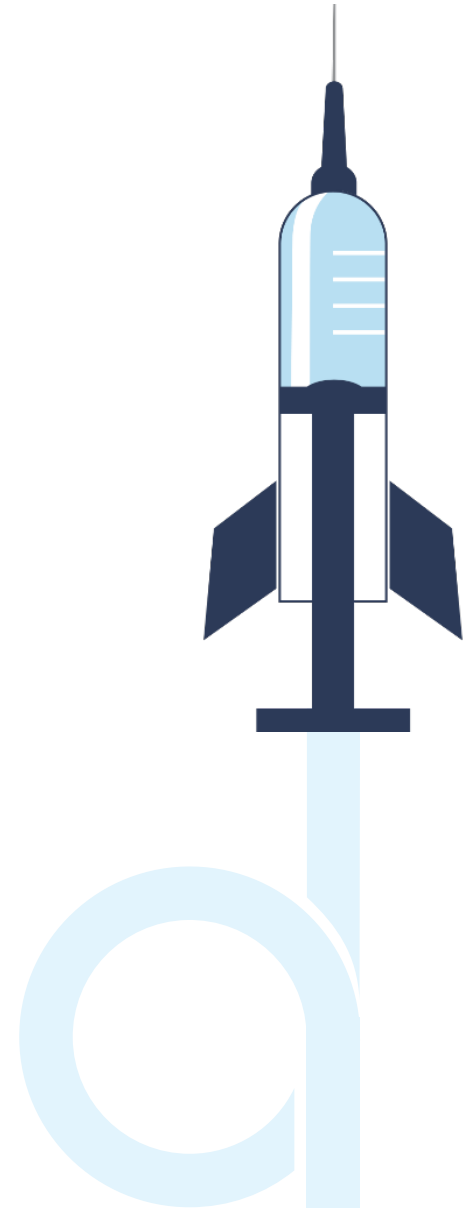
Assess the Current Respiratory Viral Threat to LTC Residents

Confirmed COVID-19 Cases among Residents 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

CDC | **Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week — United States** | **NHSN** NATIONAL HEALTHCARE SAFETY NETWORK

● Count COVID-19 Cases —— Rate of COVID-19 Cases

Display by FEMA/HHS Region
Region 4

Display by State
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. **Accessibility**: [Right click on the graph area to show as table]

For more information: https://www.cdc.gov/nhsn/ltc/covid19/index.html
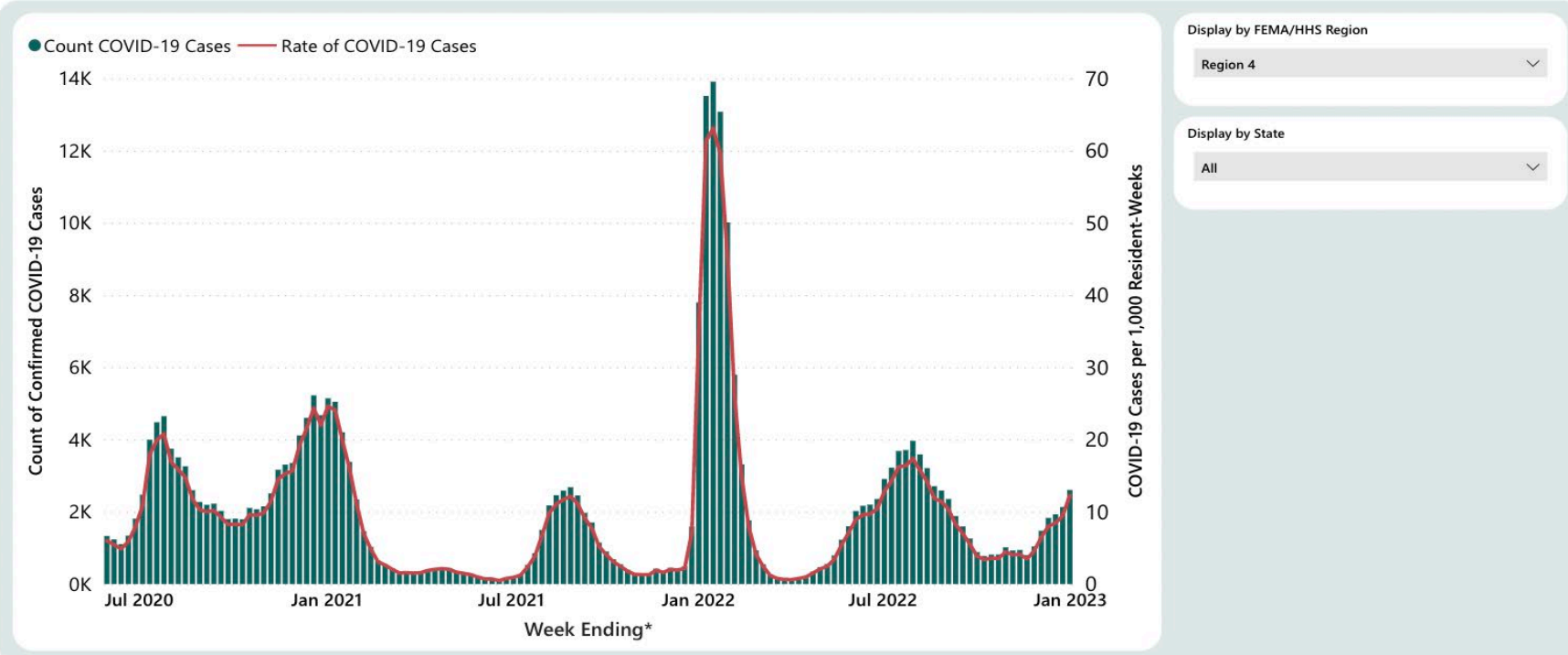
Data as of 1/2/2023 5:30 AM

— ——|—— + 75%
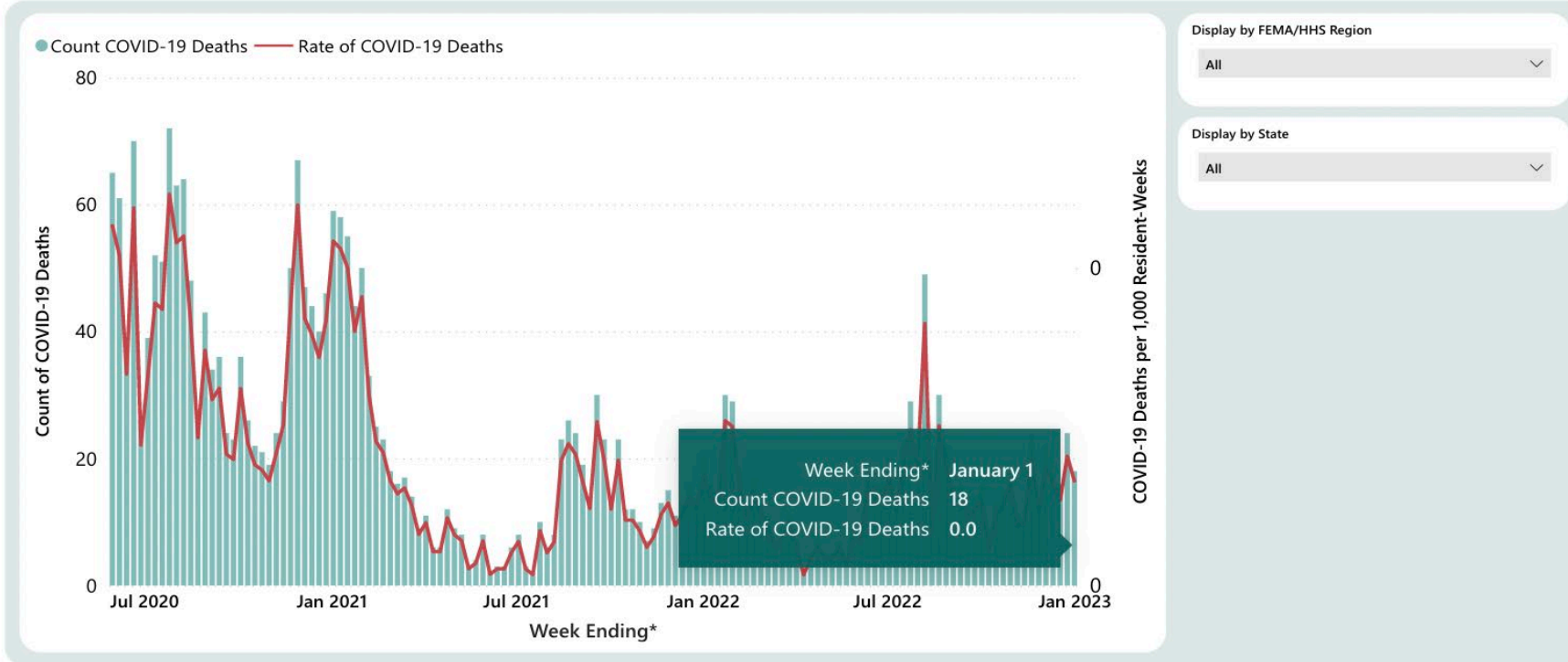
Microsoft Power BI
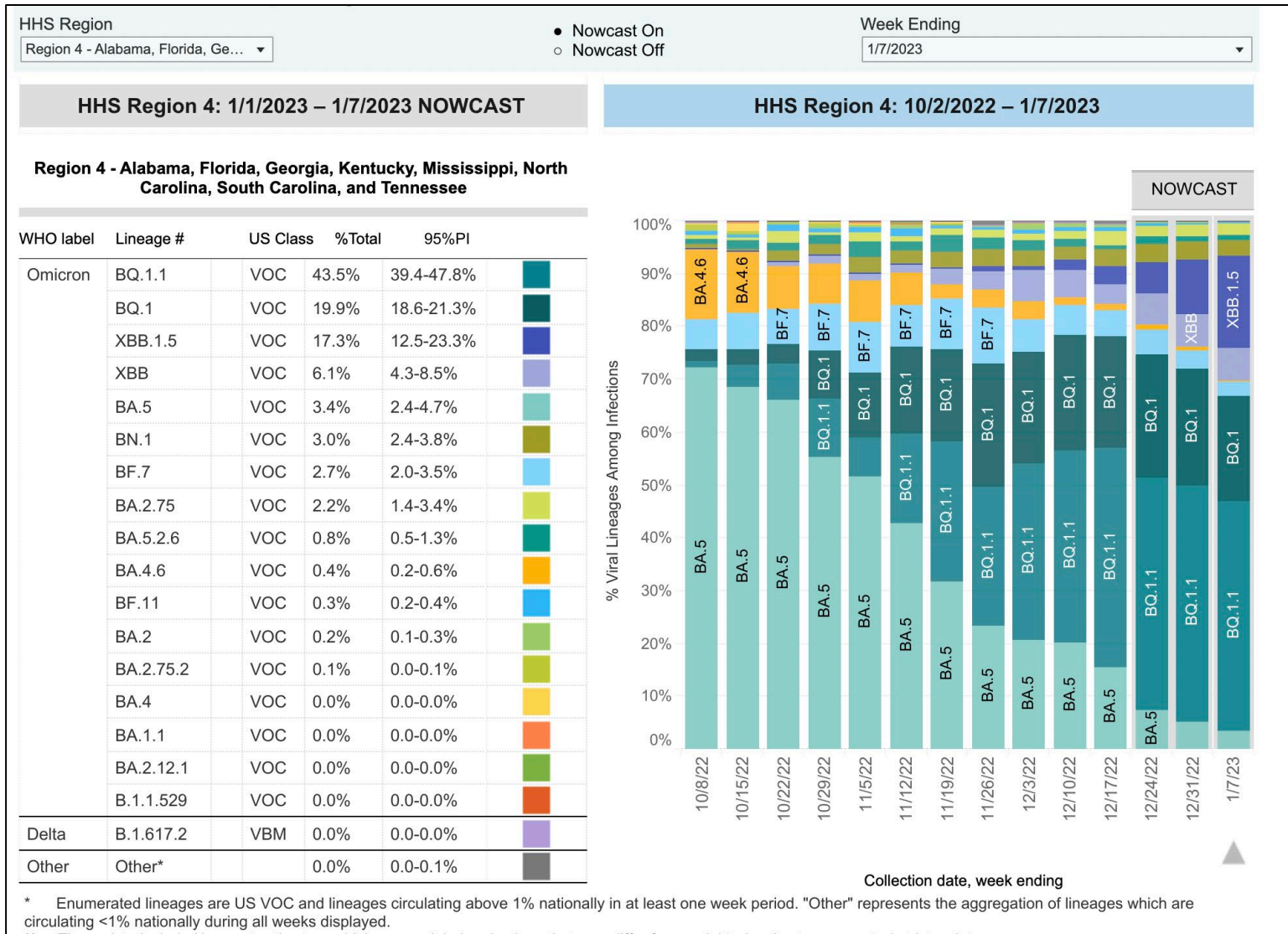
COVID-19 Deaths among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week —United States

Guam

Alaska

Hawaii

New York City

DC

Puerto Rico

US Virgin Islands

Variant Data

Review the Latest Evidence on Vaccine and Therapeutics

Effectiveness of Bivalent Boosters on Hospitalizations

In November 2022, compared to adults ages 18 years and older who received an updated COVID-19 bivalent booster dose, monthly rates of COVID-19-associated hospitalizations were **16.0x Higher in Unvaccinated** and **2.7x Higher in Vaccinated Adults without an updated booster.***

29.9x Higher
in Unvaccinated Adults Ages 18-49 Years

13.6x Higher
in Unvaccinated Adults Ages 50-64 Years

13.5x Higher
in Unvaccinated Adults Ages 65 Years and Older

3.2x Higher
in Adults Ages 18-49 Years Vaccinated but Without an Updated booster

2.9x Higher
in Adults Ages 50-64 Years Vaccinated but Without an Updated booster

2.5x Higher
in Adults Ages 65 Years and Older Vaccinated but Without an Updated booster

Monthly Age-Adjusted Rates of COVID-19-Associated Hospitalization by Vaccination Status in Patients Ages ≥18 Years January 2021 - November 2022

Changes in line patterns and symbols indicate timepoints where 5% of the population have received primary series, ≥1 or ≥2 original formulation (monovalent) booster doses, or 1 updated bivalent booster dose.

November 2022
Unvaccinated 196.25
Vaccinated, no bivalent booster 33.01
Updated (bivalent) booster 12.23
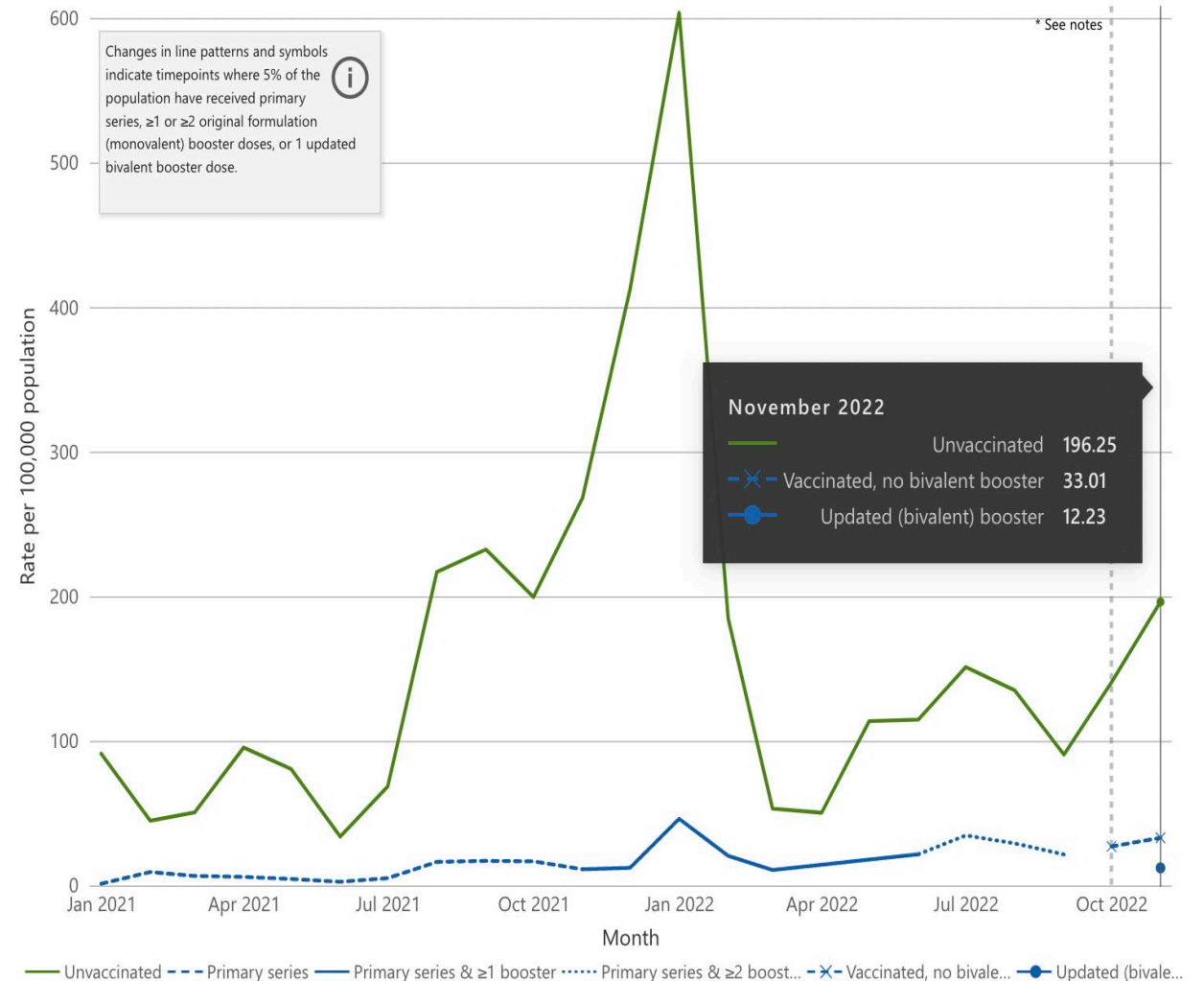
These data were posted on December 28, 2022, and reflect hospitalizations through November 2022.

Effectiveness of Bivalent Boosters
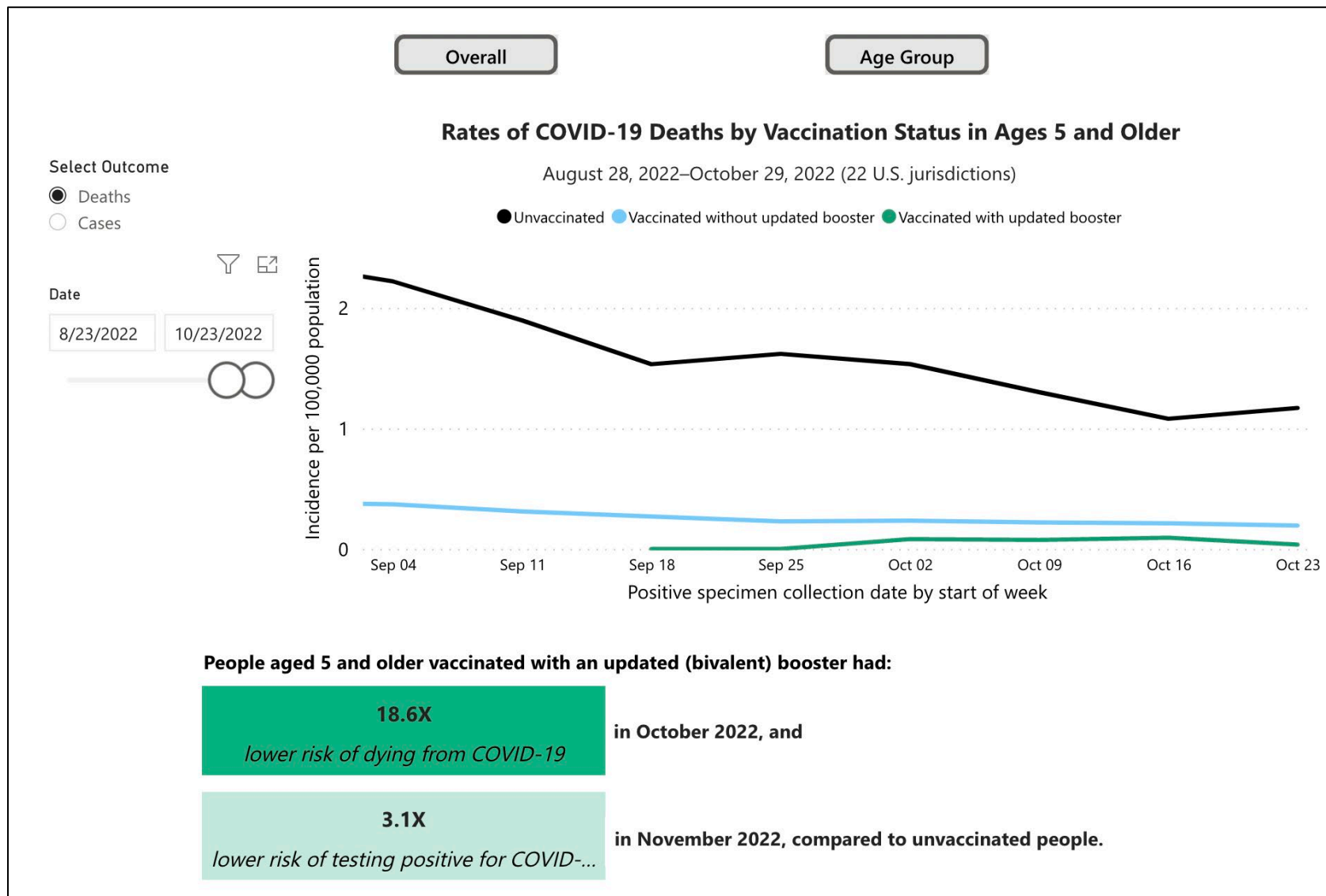
Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged ≥65 Years — IVY Network, 18 States, September 8–November 30, 2022

Weekly / December 30, 2022 / 71(5152);1625–1630

TABLE 2. Effectiveness of a bivalent COVID-19 mRNA booster dose against COVID-19–associated hospitalization among immunocompetent adults aged ≥65 years — IVY Network, 22 hospitals,* 18 states, September 8, 2022–November 30, 2022

Return

Characteristic	Received BV vaccine dose, by case status, n/N (%)		Median interval† from last vaccine dose to illness onset (IQR), days	Adjusted VE, % (95% CI)§
	Case-patients	Control patients		
Absolute VE (BV booster dose versus no vaccine)				
Unvaccinated (Ref)	—	—	NA	—
BV booster dose¶ ≥7 days before illness onset	20/101 (20)	59/121 (49)	29 (15–45)	84 (64–93)
Relative VE (BV booster dose versus MV-only, by interval since last dose)				
≥2 MV-only mRNA doses, last dose ≥2 mos before illness onset (Ref)	—	—	305 (168–377)	—
BV booster dose ≥7 days before illness onset	20/300 (7)	59/355 (17)	29 (15–45)	73 (52–85)
≥2 MV-only mRNA doses, last dose 2–5 mos before illness onset (Ref)			137 (111–155)	—
BV booster dose ≥7 days before illness onset	20/82 (24)	59/155 (38)	29 (15–45)	—**
≥2 MV-only mRNA doses, last dose 6–11 mos before illness onset (Ref)	—	—	304 (258–333)	—
BV booster dose ≥7 days before illness onset	20/155 (13)	59/176 (34)	29 (15–45)	78 (57–89)
≥2 MV-only mRNA doses, last dose ≥12 mos before illness onset (Ref)	—	—	528 (386–575)	—
BV booster dose ≥7 days before illness onset	20/103 (19)	59/142 (42)	29 (15–45)	83 (63–92)

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP

Flu Vaccine

Flu vaccine effective in decreasing risk of severe symptoms and hospitalization by ~50%

For admitted patients, it decreased ICU admission and duration of hospitalization

Vaccine Strategy: Coadministration

- 2/3 of adults want it

- Side effects comparable

- Flu vaccine rates may go up with coadministration

- Nursing home resources

- Vaccine fatigue
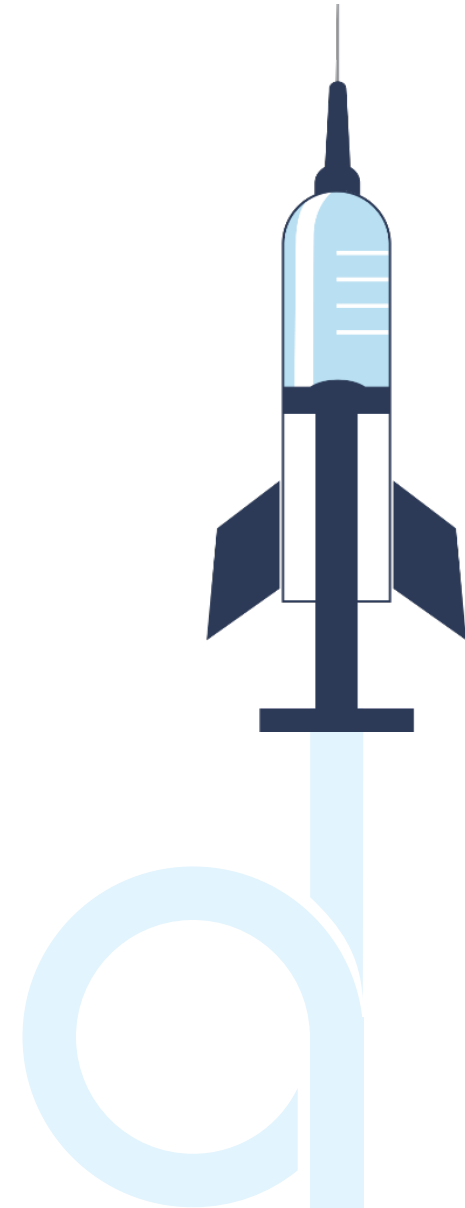
Treatment: Paxlovid

Does nirmatrelivir plus ritonavir (Paxlovid) reduce risk for hospitalization or death among outpatients with COVID-19 in the setting of prevalent SARS-CoV-2 immunity and immune-evasive lineages?

44 551 outpatients with COVID-19
>50 years old
90.3% ≥3 COVID-19 vaccine doses
Omicron wave (Jan–July 2022)

12 541 nirmatrelivir plus ritonavir

32 020 no nirmatrelivir plus ritonavir

Primary End Point: Hospitalization Within 14 Days or Death Within 28 Days

No nirmatrelvir
Nirmatrelvir

Adjusted Cumulative Incidence, %

Days From COVID-19 Diagnosis

Dryden-Peterson S, Kim A, Kim AY, et al. Nirmatrelvir plus ritonavir for early COVID-19 in a large U.S. health system. A population-based cohort study. Ann Intern Med. 13 December 2022 [Epub ahead of print]. doi:10.7326/M22-2141
http://acpjournals.org/doi/10.7326/M22-2141
© 2022 American College of Physicians

Annals of Internal Medicine

Real-world data shows early treatment for COVID-19 helps prevent hospitalization

Adults* prescribed Paxlovid for mild-to-moderate COVID-19 were

51% less likely

to be hospitalized than those who weren't

* regardless of vaccination status

CDC

IF YOU HAVE COVID-19 SYMPTOMS:

1 TEST
Use a self-test, locate a test site, or find a Test to Treat location

2 TALK
If you test positive, talk to a health care professional about treatment

3 TREAT
Start treatment within 5 days

bit.ly/mm7148e2

NOVEMBER 22, 2022

MMWR

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Nirmatrelvir and the Risk of Post-Acute Sequelae of COVID-19

Survival probability of post-acute sequelae in nirmatrelvir and no treatment control group.

a. post-acute sequelae of COVID-19 (PASC); b. death; c. hospitalization; d. composite outcome of death or hospitalization. Outcomes were ascertained 30 days after the SARS-CoV-2 positive test until the end of follow-up. Survival probability presented for nirmatrelvir (purple, N=9217) and control group (orange, N=47,123). Shaded areas are 95% confidence intervals.

Early Treatment (Health Advisory Network-Dec 20)

- First-line therapy
  - ritonavir-boosted nirmatrelvir (Paxlovid^{TM}) or remdesivir (Veklury®)
- Second-line therapy
  - molnupiravir (Lagevrio^{TM})
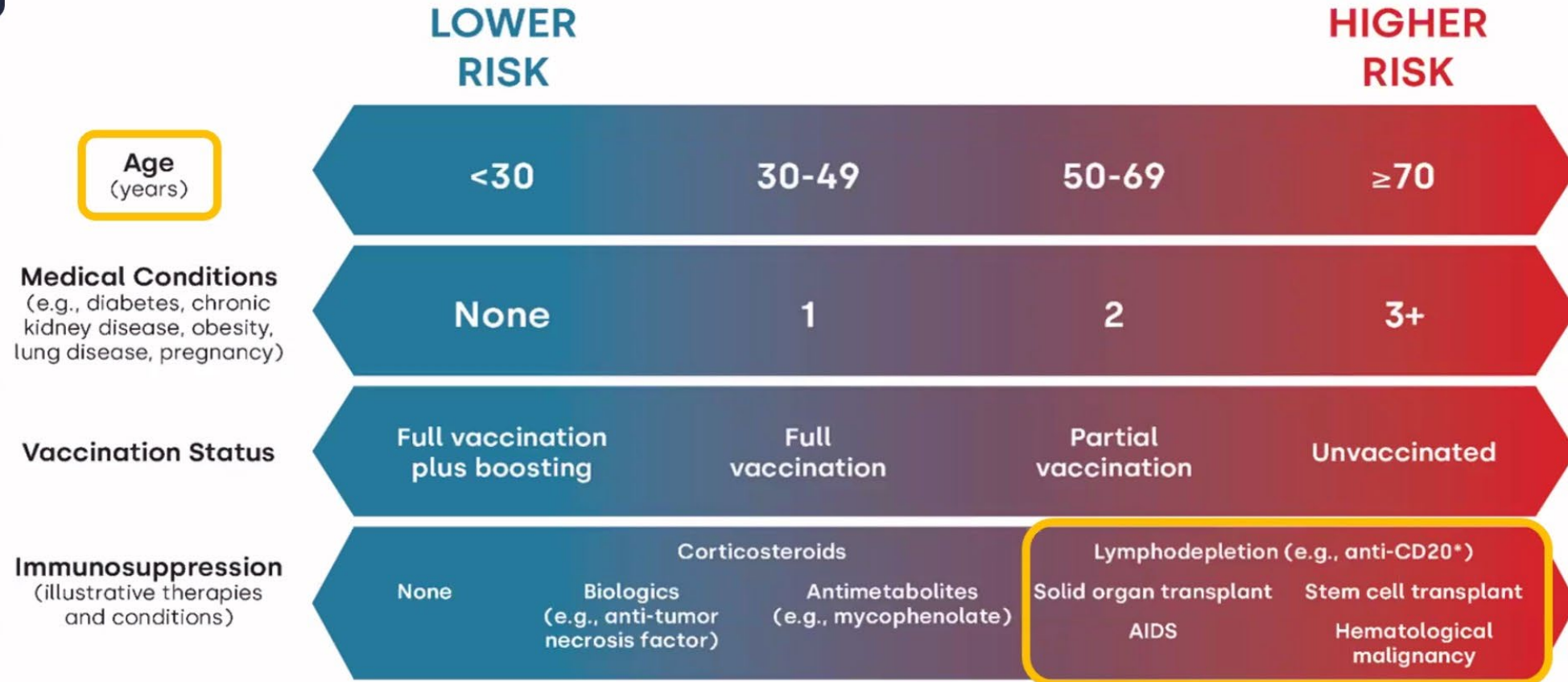
Bebtelovimab

https://www.covid19treatmentguidelines.nih.gov/tables/therapeutic-management-of-nonhospitalized-adults/

ALLIANT HEALTH SOLUTIONS | QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

- Discuss how to operationalize resident safety against respiratory viral illness.

Therapeutics: Early Treatment (Health Advisory Network - Dec 20)

1) Are aged 50 years and older, or
2) Have [an underlying condition](#), or
3) Have [moderate to severe immunosuppression](#).

Regardless of their vaccination status, all of these groups of people should be tested for SARS-CoV-2 as soon as possible after symptom onset and receive treatment within five to seven days of symptom onset with one of several [treatment options](#).

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

Ref: QSO-23-03-All

DATE: November 22, 2022

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: The Importance of Timely Use of COVID-19 Therapeutics

Memorandum Summary

- *Providers and suppliers, especially those delivering care in congregate care settings, should ensure their patients and residents are protected against transmission of COVID-19 within their facilities, as well as receiving appropriate treatment when tested positive for the virus.*

- *Further, all providers and suppliers should continue to implement appropriate infection control protocols for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) and Influenza (https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm).*

- *This memo discusses the importance of the timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus.*

ALLIANT HEALTH SOLUTIONS

QIN—QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

CLINICAL SURVEILLANCE

Low threshold for testing
Expand surveillance symptoms
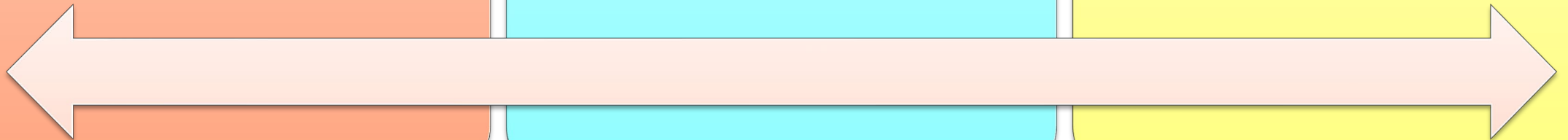Increase frequency

TEST

COVID-19 Ag test +
Flu/RSV/COVID-19 PCR

COVID PROTOCOL

Institute standing orders (lab, Supportive Rx, monitor) (communication to IP, CP, Med Dir, DON, Adm)

Share Alliant Health Solutions and Other Resources To Support COVID-19 Management

PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers

PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers

Drug	Drug Class	Interaction Code
buspirone	Sedative/hypnotic	***
carbamazepine	Anticonvulsant	XXX
cariprazine	Neuropsychiatric agent	***
ceritinib	Anticancer drug	***
ciclesonide	Systemic corticosteroid	***
cilostazol	Cardiovascular agent	***
clarithromycin	Anti-infective	***
clonazepam	Anticonvulsant	***
clorazepate	Sedative/hypnotic	***
clopidogrel	Cardiovascular agent	***
clozapine	Antipsychotic	***
colchicine	Anti-gout	XXX
cyclosporine	Immunosuppressant	***
dabigatran	Anticoagulants	***
darifenacin	Muscarinic receptor antagonist	***
dasabuvir	Hepatitis C direct acting antiviral	***
dasatinib	Anticancer drug	***
dexamethasone	Systemic corticosteroid	***
diazepam	Sedative/hypnotic	***
digoxin	Cardiac glycoside	***
dihydroergotamine	Ergot derivative	XXX
diltiazem	Calcium channel blocker	***
disopyramide	Antiarrhythmic	***
dronedarone	Antiarrhythmic	XXX
elbasvir/grazoprevir	Hepatitis C direct acting antiviral	***
eletriptan	Migraine medication	XXX
elexacaftor/tezacaftor/ivacaftor	Cystic fibrosis transmembrane conductance regulator potentiator	***
encorafenib	Anticancer drug	***
eplerenone	Cardiovascular agent	XXX
ergotamine	Ergot derivative	XXX
erythromycin	Anti-infective	***
estazolam	Sedative/hypnotic	***

https://www.fda.gov/media/158165/download

32

Bivalent: Myths and Facts - English

are no long-term effects.

MYTH: I hear that this flu season is supposed to be tough, and I want to get my flu shot. The bivalent booster will have to wait.

FACT: Since there has been a decline in flu rates due to people wearing masks, herd immunity may have been lowered. In addition, with fewer people wearing masks, the risk of flu and COVID-19 virus transmission has increased. It is advisable to get both the flu and the updated COVID-19 booster. You can safely receive both vaccines at the same time.

MYTH: COVID-19 no longer makes people very sick; it is like a cold, so I don't need the latest booster.

FACT: An increase in the number of people vaccinated against COVID-19 has significantly contributed to lowered hospitalization rates and deaths. The booster vaccine substantially reduces the risk of severe illness, hospitalization or death. However, unvaccinated people or people with certain medical conditions are still hospitalized and dying from COVID-19. In addition, many people are also developing Long COVID syndrome. The vaccine decreases all of these risks.

updated booster creates a predictable level of immunity against multiple strains of COVID-19, thus providing a better immunity level. As new variants develop, the updated booster offers more predictable coverage against COVID-19.

For more information on COVID-19 boosters, visit the CDC website: (insert QR code for link)**https://www.cdc.gov/ coronavirus/2019-ncov/vaccines/stay-up- to-date.html?s_cid=11747:bivalent%20 vaccine:sem.ga:p:RG:GM:gen:PTN:FY22**)

Source: **https://www.ahajournals.org/doi/ full/10.1161/CIRCULATIONAHA.122.059970**

ALLIANT HEALTH SOLUTIONS

QIN—QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP

quality.allianthealth.org

https://quality.allianthealth.org/wp-content/uploads/2022/11/Bivalent-Myths-and-Facts-ver-2_508.pdf

ALLIANT HEALTH SOLUTIONS

QIN—QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP

COVID-19 Vaccination and Therapeutics in PALTC Toolkit: Resources for Clinicians

Role of the Medical Director in Effective Prevention and Treatment of COVID-19

The Medical Director's role and responsibility is to be a leader in the prevention and treatment of COVID-19 in the PALTC facilities they serve, and to oversee the development of effective and practical policies toward that end. As medical directors work to standardize the prevention and treatment of COVID-19 across PALTC settings, the Society recommends the following steps/strategies:

1. COVID-19 Vaccination

- Medical director should support policy for timely vaccination against respiratory illnesses including the updated COVID booster and influenza vaccine. This could include:
  - Coordination and consultation between providers and pharmacists in caring for and immunizing/treating patients
  - Including vaccination consents in admission documents
  - empowering key facility staff through vaccine education thus enabling them to effectively counsel residents, family members and peers **see the AMDA COVID-19 Bivalent fact sheet** & Alliant's Myths and Facts about the Bivalent Vaccine sheet)
  - Ensuring adequate supplies of vaccines and frequency of clinics in collaboration with consultant pharmacists
  - Ensuring staff education through events like town halls/in-services/educational materials in collaboration with nursing and facility leadership
  - Encouraging open communication of concerns about the vaccine and creating a safe and supportive environment to build trust
  - Ensuring that the assigned infection preventionist/consultant pharmacist is tracking the vaccination of the residents and staff and appropriately documenting in the NHSN and other state vaccine databases
  - Including the vaccination rates in the QAPI/antibiotic stewardship data
  - Promoting coadministration of influenza and COVID vaccine to mitigate risk of preventable respiratory illnesses

2. COVID-19 Prevention

- PPE
  - Review facility policy and procedure
    - Know when N95 or KN95 masks must be used versus surgical masks, and when should face masks/goggles be worn
    - Visitor PPE use and education
    - Resident PPE use
  - Review PPE storage and discard
  - Review hand sanitizing and washing access and standards
  - Review environmental measures such as ensuring proper ventilation, closing doors, cleaning/sanitizing equipment and frequently touched surfaces, dedicated equipment in isolation and quarantine rooms, handling and washing of laundry and eating utensils

3. COVID-19 Control

- Testing protocol (for staff, consultants and visitors, and residents)
- Testing standing orders
- Review cohorting, quarantine, and isolation procedures

4. Treatment for COVID-19 infections

- Medical directors should ensure that treatment of COVID is provided in accordance with evidence-based standards of care to mitigate risk of deterioration and death. This includes:
  - Creating a test to treat strategy in nursing home
  - Creating a program of clinical surveillance, early testing, and diagnosis (CDC guidance on diagnosis link)
  - Arranging for a supply for oral antivirals like Paxlovid and Molnupiravir within the nursing facility to ensure timely administration
  - Collaborating with and empowering consultant pharmacist to check positive residents for eligibility for the oral antivirals
  - Supporting coordination and consultation with patients' PCPs, nurse practitioners and physician assistants/associates regarding management of potential drug interactions
- Educate clinicians on standards of care in treatment of COVID in nursing home patients.
  - Discuss the creation of a goal concordant plan of care for COVID-19 infection
  - Discuss the options (mAbs, Paxlovid, Molnupiravir, Remdesivir)
  - Review a policy and procedure for IV treatments including mAbs and remdesivir, if IV treatments are an option in your facility
  - Discuss that mAbs may not be effective with new variant
  - Discuss specifics of each choice:
    - NIH Treatment Guidelines: https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/clinical-management-of-adults-summary/?utm_source=site&utm_medium=home&utm_campaign=highlights
  - Create a workflow in collaboration with nursing, pharmacy, and medical to evaluate, offer and initiate treatments for COVID-19. (Who reviews for interactions and renal dosing?)

https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit_11_14_FINAL.pdf

Questions?

Complete the Post-Event Assessment to Receive Credit

Please use the following responses for questions Q1-Q3:

Q1: **LIVE**

Q2: **BOOST**

Q3: **Select correct date of event attended**

https://bit.ly/NABANCC_ClaimCredit

Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices
·
Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff
·
Reduce adverse drug events
·
Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension
·
Increase use of cardiac rehabilitation programs
·
Reduce instances of uncontrolled diabetes
·
Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions
·
Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
·
Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan
·
Provide virtual events to support infection control and prevention
·
Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates
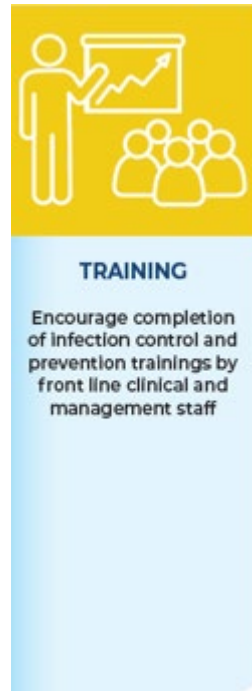
TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff
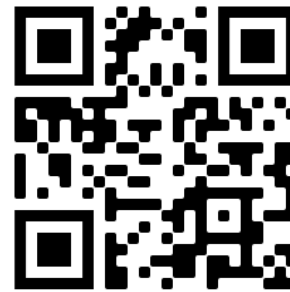
Scan the QR codes or Click the Links to Complete the Assessments!

CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging health care needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership in this key area to ensure plans are in place to achieve and maintain health quality and equity!

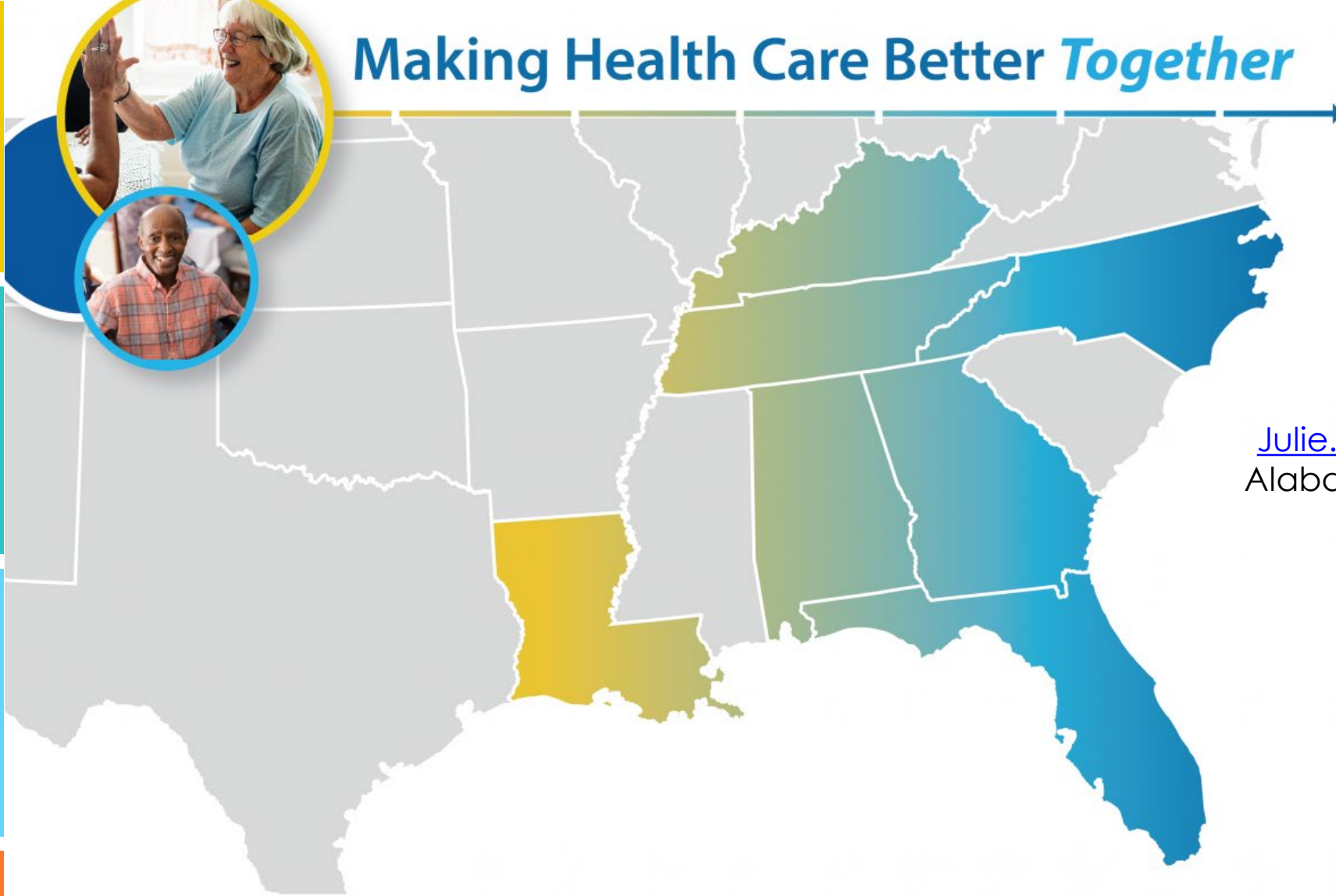Please scan the QR code below and complete the assessments.

TRANSING

Encourage completion of infection control and prevention trainings by front line clinical and management staff

Nursing Home Infection Prevention (NHIP) Initiative Training Assessment

https://bit.ly/NHIPAssessment

ALLIANT HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

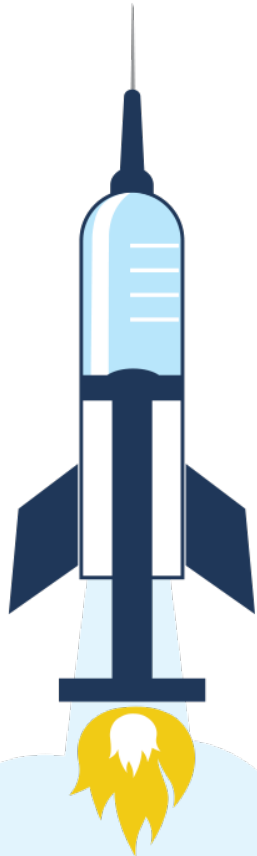# Making Health Care Better *Together*

Julie Kueker
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana

Leighann Sauls
Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors

ALLIANT
HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP