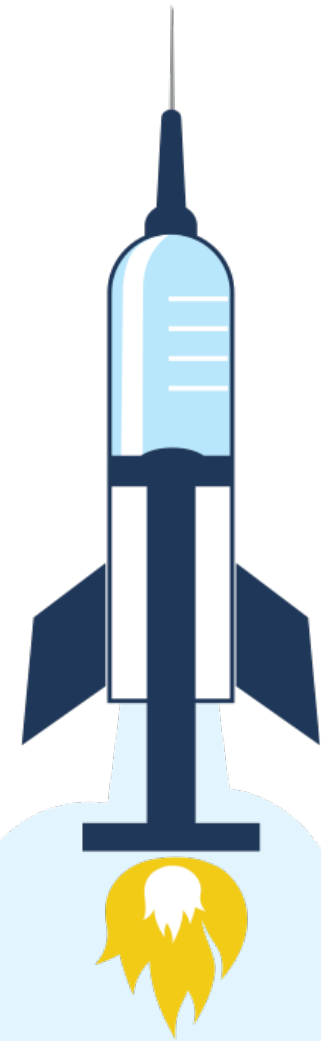


Protecting Our Nursing Home Residents Against COVID This Winter. What Works?

Changing Covid-19 Guidelines Part 2: Making Informed Infection Prevention Practice Decisions for Your Facility



 **ALLIANT**
HEALTH SOLUTIONS

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

December 1, 2022

DR. 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.



PAULA ST. HILL, MPH, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR
ALLIANT HEALTH SOLUTIONS

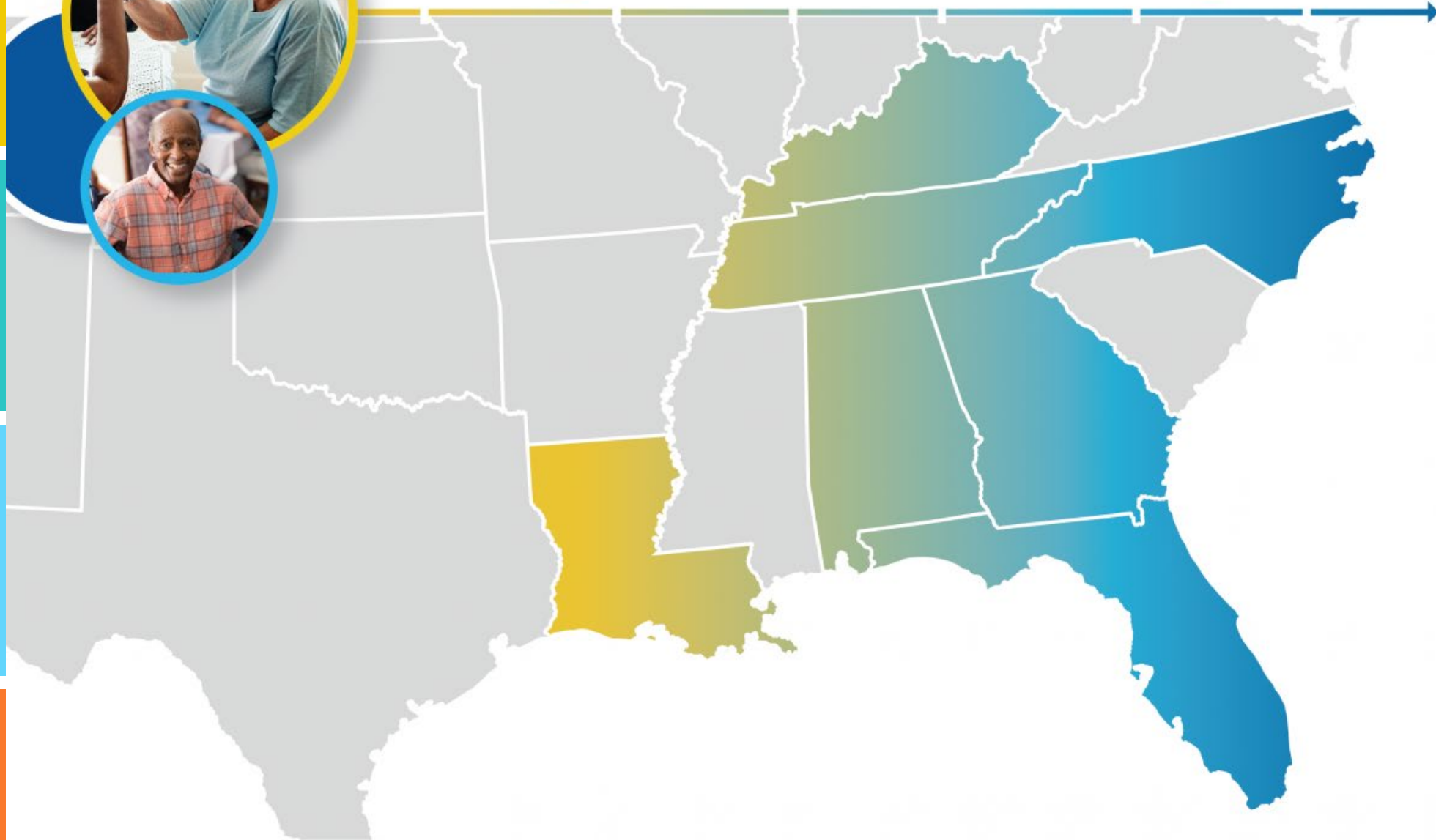
Paula is a doctoral student and infection prevention technical advisor with a diverse background in public health, infection control, epidemiology and microbiology. She has always enjoyed public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

Paula enjoys spending time with her friends and family. In her spare time, she loves watching horror or thriller movies.

Paula.StHill@AlliantHealth.org



Making Health Care Better *Together*



Agenda

01

Discussion of the data on respiratory viral threats nursing homes are facing

02

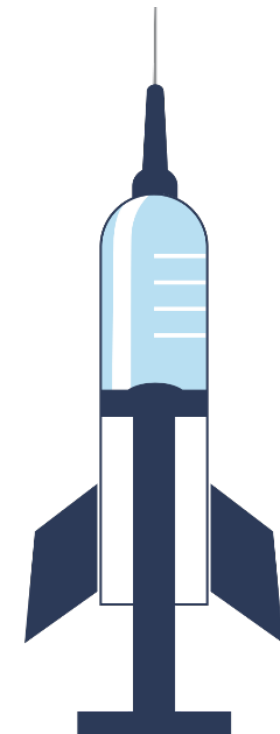
Discussion of data on effectiveness of vaccine and treatment

03

Discussion on how to keep our residents and staff protected this winter

04

Evidence based tool to support decision making



Previous Sessions

Introduction

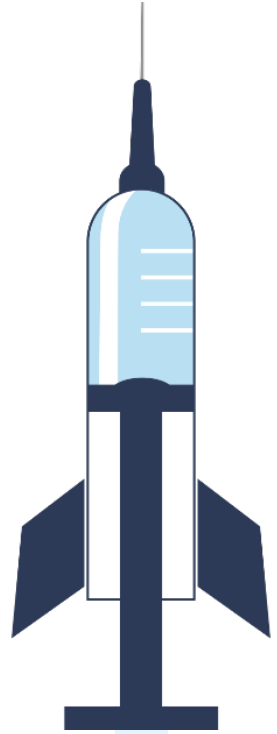
Click. Click...How many clicks does it take to find accurate information on COVID-19?

[Webinar](#) [Materials](#)

Part 1

Changing COVID-19 Guidelines: How to make the right decision

[Webinar](#) [Materials](#)

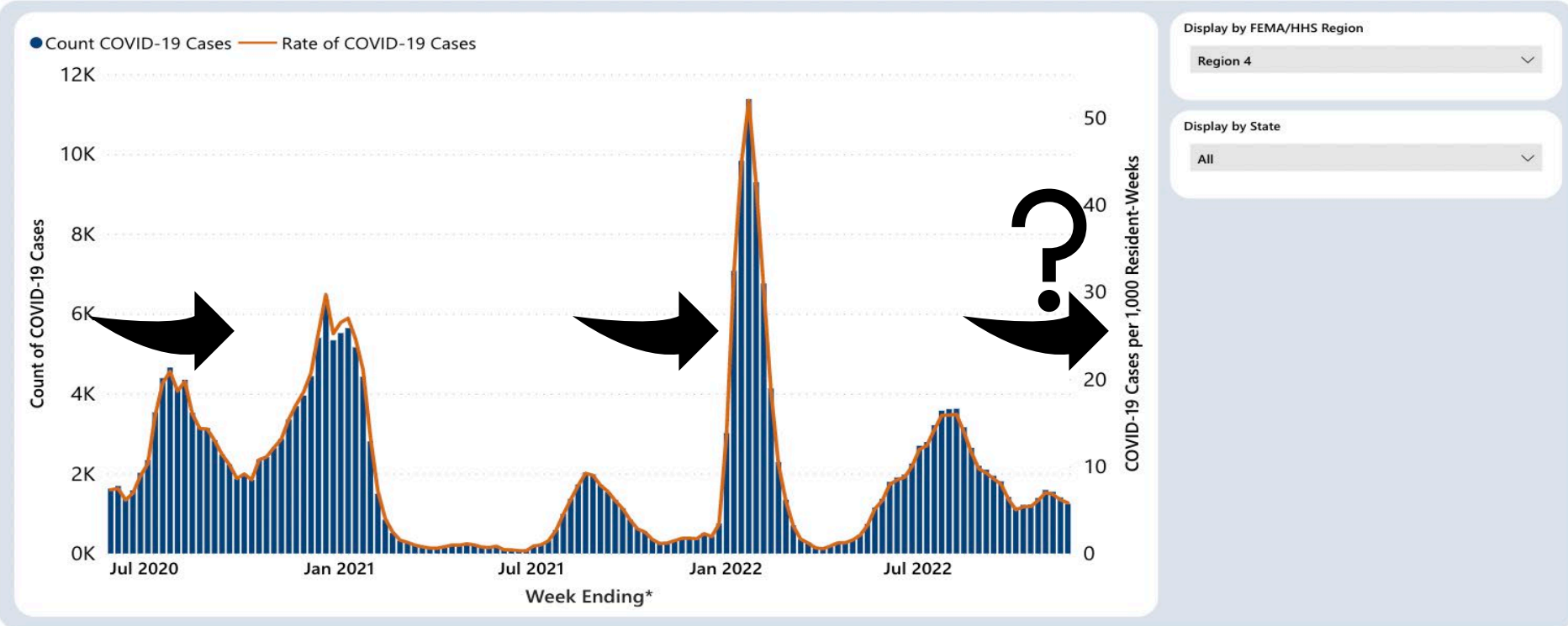


Discussion of the Data on Respiratory Viral Threats Nursing Homes Are Facing

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 Residents 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. **Accessibility:** [Right click on the graph area to show as table]
For more information: <https://www.cdc.gov/nhsn/itc/covid19/index.html>
 Data as of 11/21/2022 5:30 AM

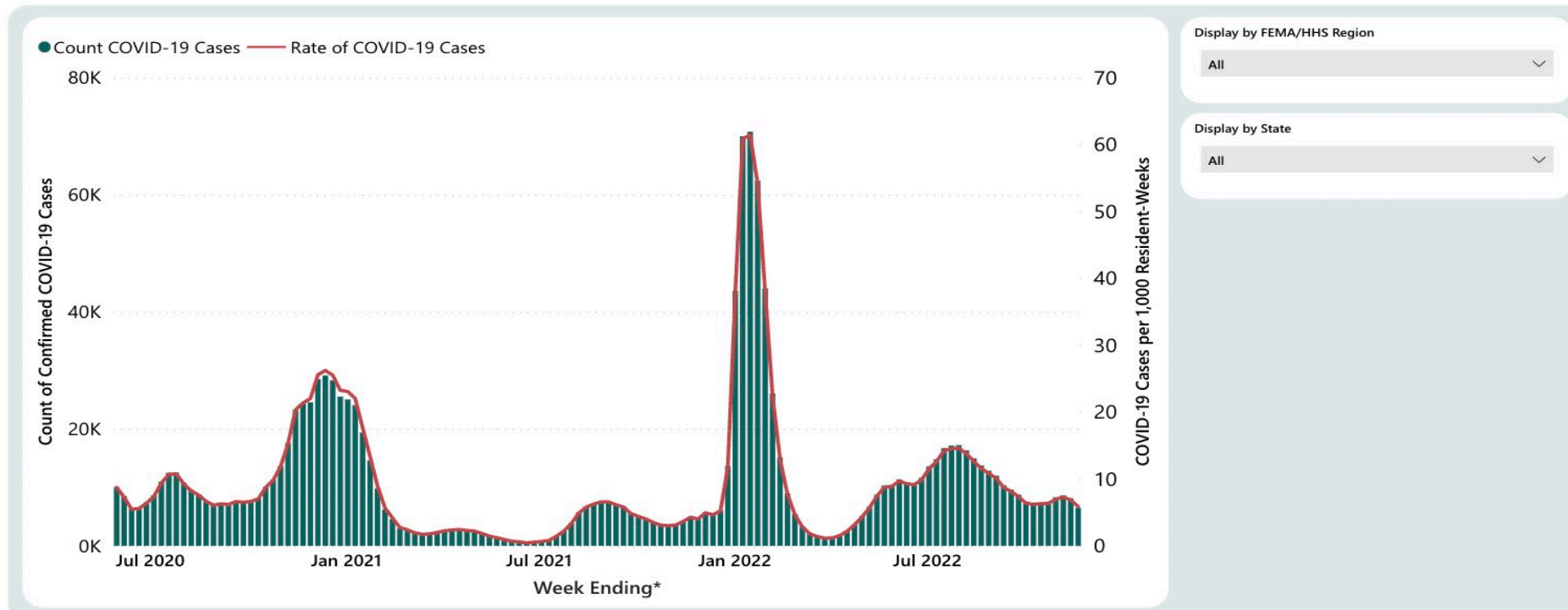
Microsoft Power BI

75%

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



* 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

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

Data as of 11/21/2022 5:30 AM

- [Slider] + 75% [Zoom Icon]

Microsoft Power BI





COVID-19 Weekly Cases per 100,000 Population by Age Group, HHS Region 4

March 01, 2020 - November 19, 2022*

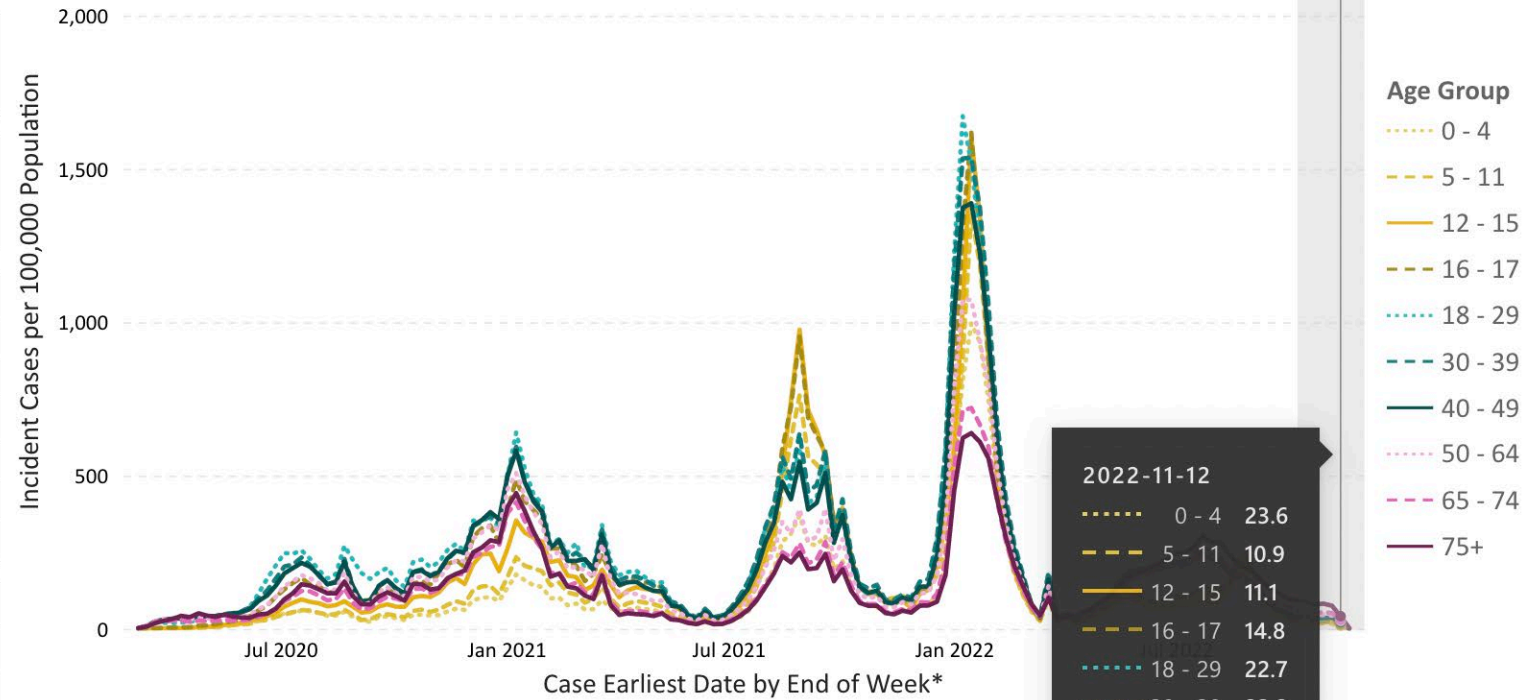


Jurisdiction
Region 4

3/7/2020 11/19/2022

Cases
Sex
Age - All Groups
Age by Race/Ethnicity
Pediatric Case Proportions
Race/Ethnicity
Race/Ethnicity by Age

Deaths
Sex
Age - All Groups
Age by Race/Ethnicity
Race/Ethnicity
Race/Ethnicity by Age



Region 4: Includes data up to the week ending on Nov 19, 2022. Percentage of cases reporting age by date - 100.00%.
 US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by grey vertical bar.
 *Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Reported. ^Case rates for South Dakota during the week ending Aug 07, 2021, and Texas during the week ending Jun 25, 2022, are reflective of the current week extends through Saturday. Additional clinical date data becomes available, the case rates over time are subject to change.
 Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Team, Awareness Public Health Science Team

Last Updated: Nov 25, 2022



COVID-19 Weekly Deaths per 100,000 Population by Age Group, HHS Region 4

March 01, 2020 - November 19, 2022*

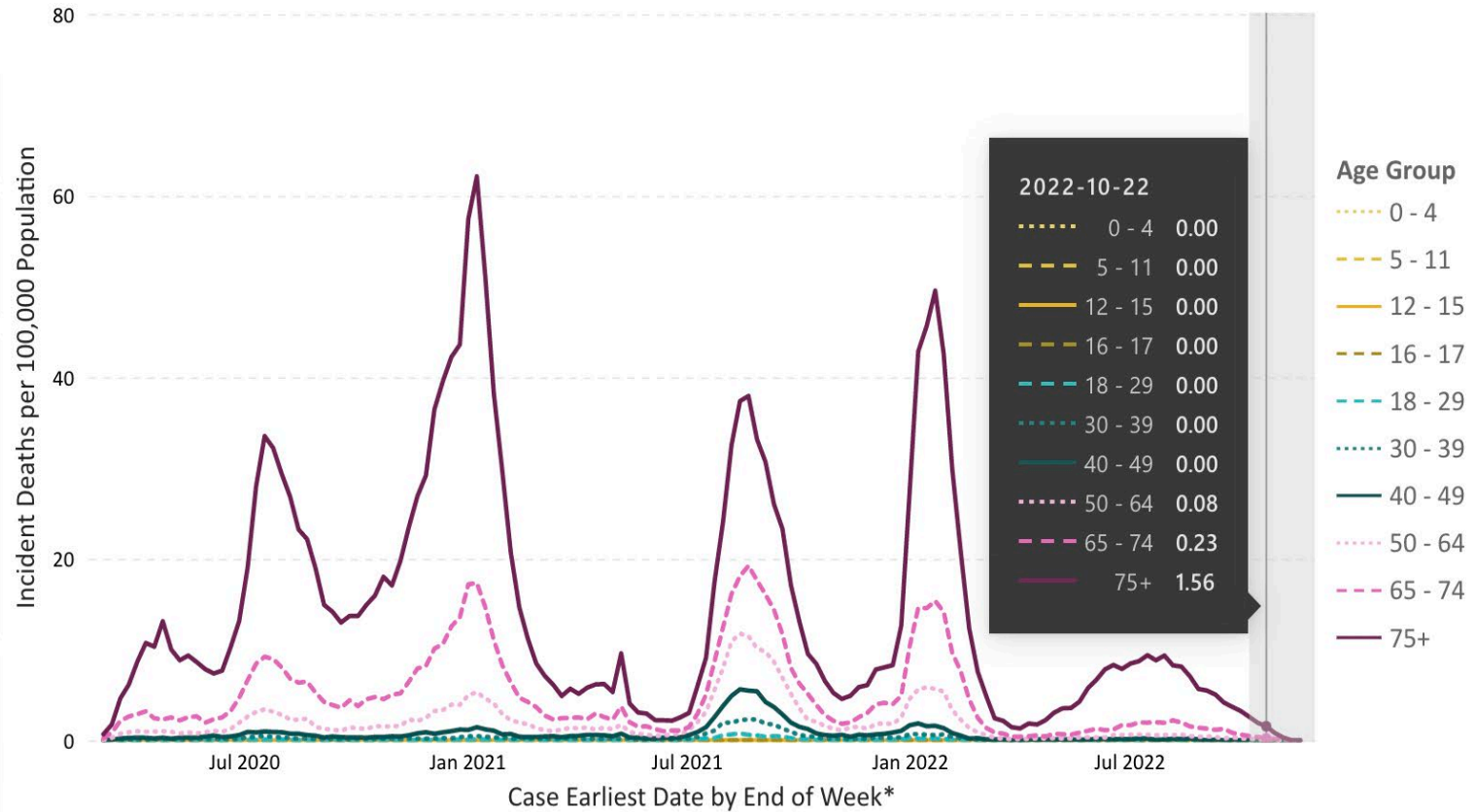


Jurisdiction
Region 4

3/7/2020 11/19/2022

Cases
Sex
Age - All Groups
Age by Race/Ethnicity
Pediatric Case Proportions
Race/Ethnicity
Race/Ethnicity by Age

Deaths
Sex
Age - All Groups
Age by Race/Ethnicity
Race/Ethnicity
Race/Ethnicity by Age

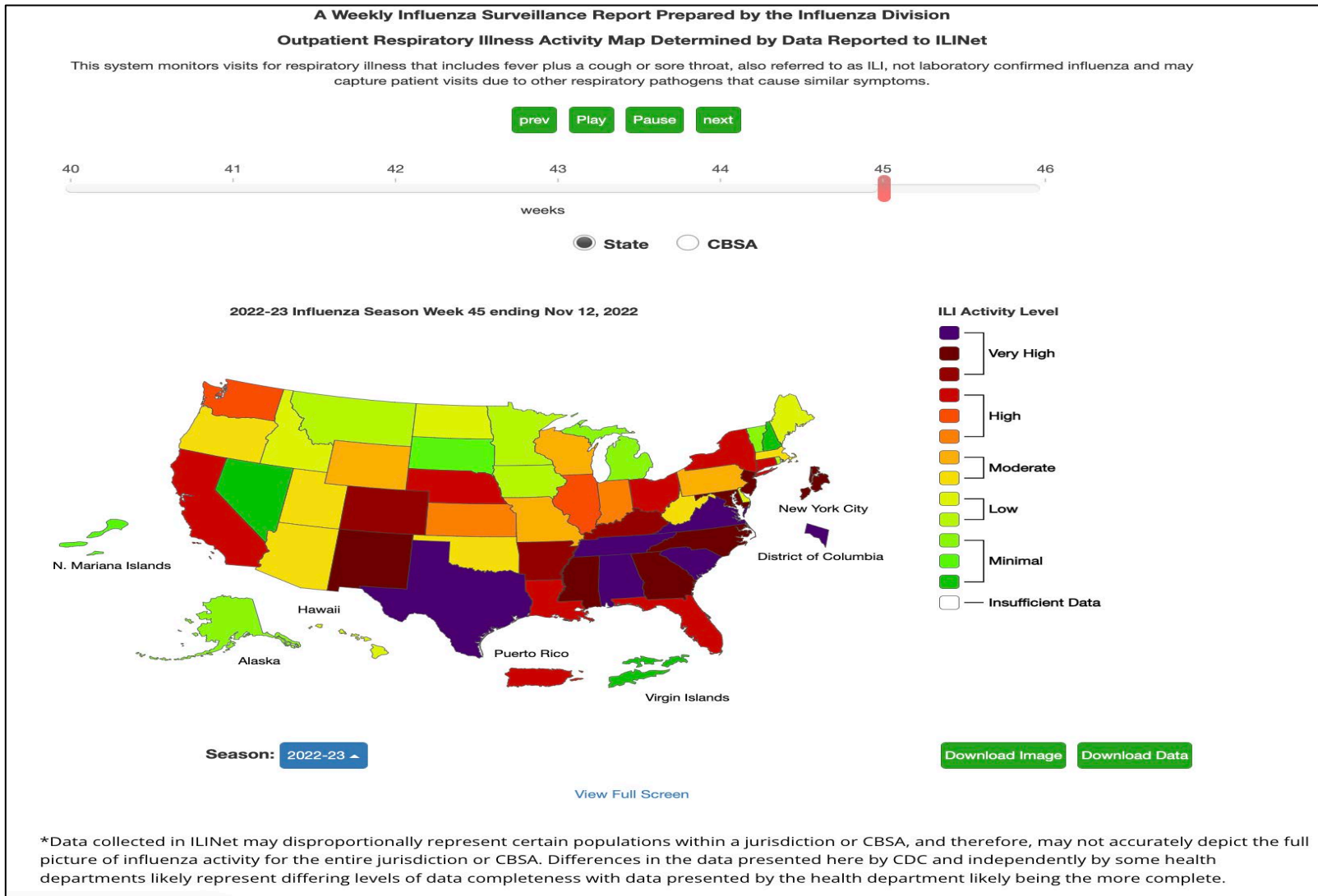


Region 4: Includes data up to the week ending on Nov 19, 2022. Percentage of deaths among reported cases - 1.10%. Percentage of deaths reporting age by date - 100.00%. US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars. Weekly data with five or less deaths have been suppressed. *Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday. ^The death rate for Texas during the week ending Jun 25, 2022, are reflective of a data reporting artifact.

Last Updated: Nov 25, 2022

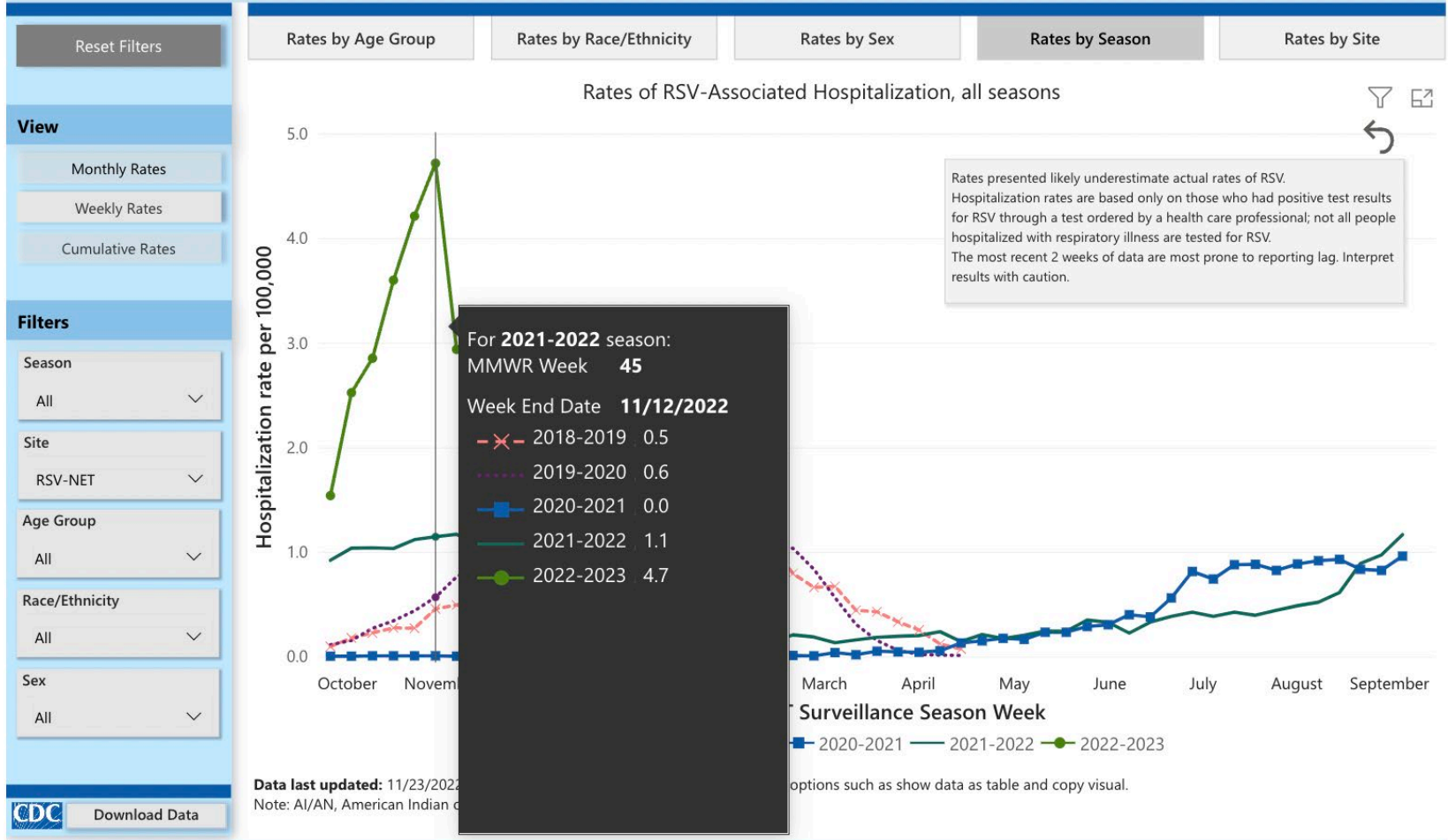
Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team

Influenza-Like Activity



RSV Surveillance Data

In the 2022-2023 season, the overall rate of RSV-associated hospitalizations was 22.4 per 100,000 people.



Discussion of Data on Effectiveness of Vaccine and Treatment for COVID-19

Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection — Increasing Community Access to Testing Program, United States, September–November 2022

This study evaluated aVE and rVE by number of previous monovalent doses received and generally found similar additional benefit of the bivalent vaccine regardless of the number of previous monovalent vaccine doses received, when controlling for time since receipt of the last monovalent dose. These findings support the current COVID-19 vaccination policy recommending a bivalent booster dose for adults who have completed at least a primary mRNA vaccination series, irrespective of the number of monovalent doses previously received.

During BA 4/5 subvariant spread

An updated (bivalent) COVID-19 booster provides *additional protection* against symptomatic COVID-19 illness*



COVID-19 spread has increased during the last two winters; **stay up to date with COVID-19 vaccination**

* Among immunocompetent adults with COVID-19-like symptoms, the vaccination status of 121,687 adults with a positive COVID-19 test was compared to that of 238,939 adults with a negative COVID-19 test

bit.ly/mm7148e1

NOVEMBER 22, 2022

MMWR

Use the controls to focus on a specific region and/or 1-week interval

HHS Region

Region 4 - Alabama, Florida, Ge...

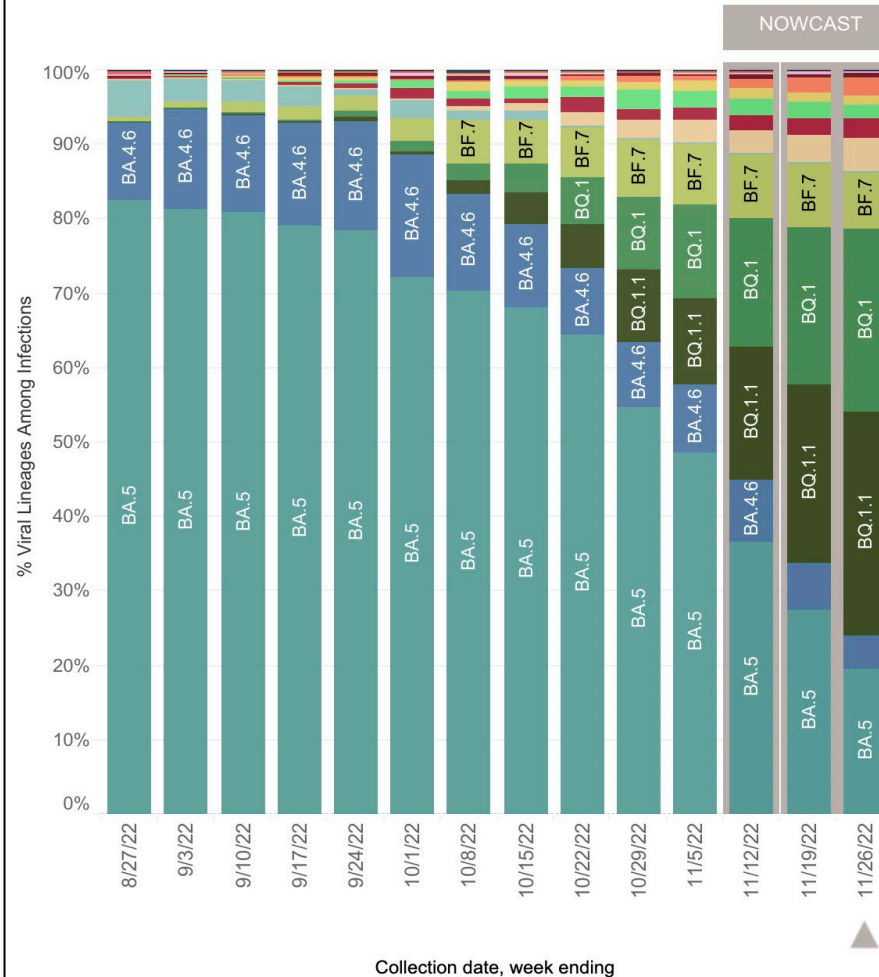
- Nowcast On
- Nowcast Off

Week Ending

11/26/2022

HHS Region 4: 8/21/2022 – 11/26/2022

HHS Region 4: 11/20/2022 – 11/26/2022 NOWCAST



Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BQ.1.1	VOC	30.1%	26.2-34.4%
	BQ.1	VOC	24.5%	21.6-27.7%
	BA.5	VOC	19.5%	17.0-22.3%
	BF.7	VOC	7.7%	6.5-9.2%
	BA.4.6	VOC	4.5%	3.4-5.8%
	BN.1	VOC	4.4%	3.0-6.2%
	XBB	VOC	2.6%	1.0-6.2%
	BA.2.75	VOC	2.6%	1.8-3.7%
	BA.5.2.6	VOC	1.9%	1.4-2.6%
	BF.11	VOC	1.2%	0.9-1.5%
	BA.2.75.2	VOC	0.5%	0.3-0.6%
	BA.2	VOC	0.4%	0.3-0.8%
	BA.4	VOC	0.0%	0.0-0.1%
	BA.1.1	VOC	0.0%	0.0-0.0%
B.1.1.529	VOC	0.0%	0.0-0.0%	
BA.2.12.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB was aggregated with other. Lineages BA.2.75.2, XBB, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.



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

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

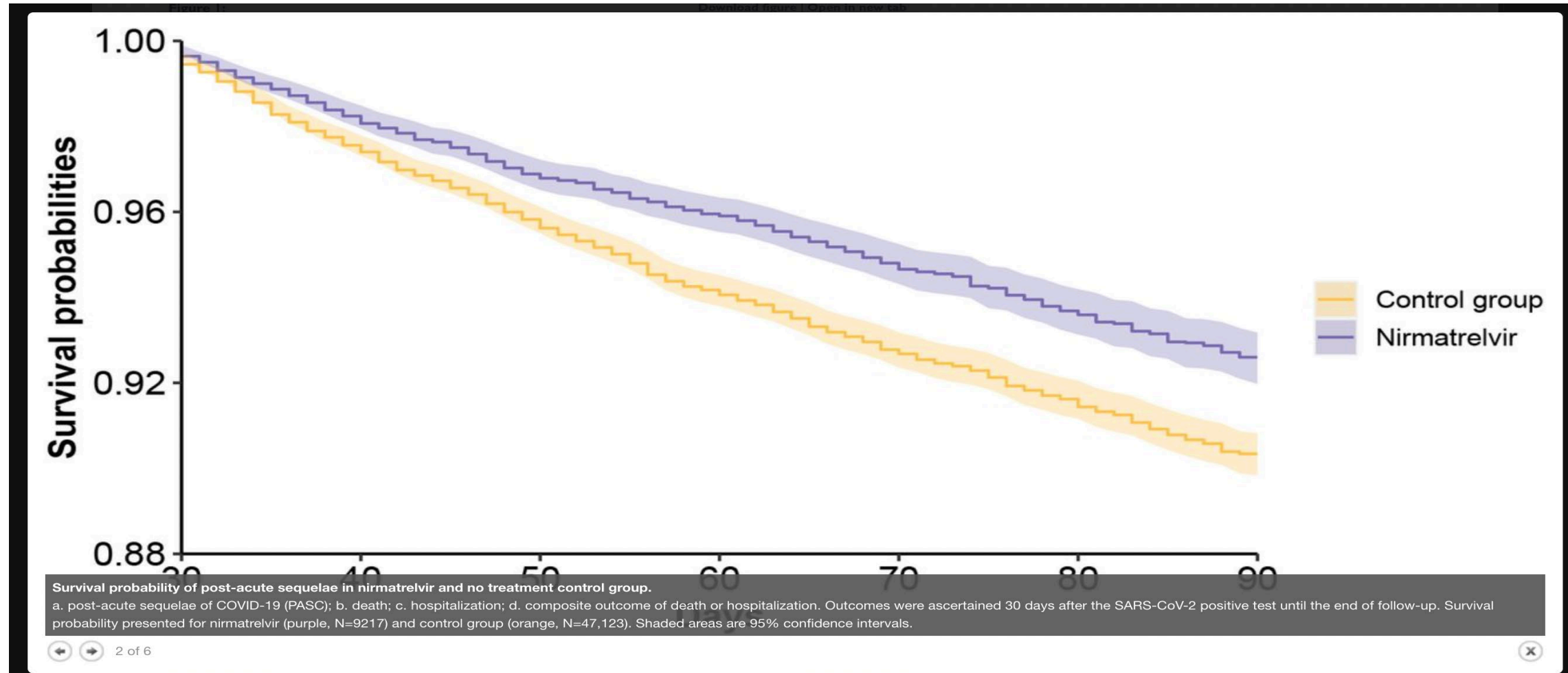


bit.ly/mm7148e2

NOVEMBER 22, 2022

MMWR

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



Discussion on How To Keep Our Residents and Staff Protected This Winter

Effectiveness of Bivalent Booster Against BA.4/BA.5 Friday, Nov. 4

Bivalent Updated Booster:

- 18 to 55 years of age - 9.5-fold rise (95% CI: 6.7, 13.6)
- Older than 55 years- 13.2-fold rise (95% CI: 8.0, 21.6) from pre-booster levels.

Old Booster:

- over 55 years of age - 2.9-fold rise (95% CI: 2.1, 3.9).

<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-updated-clinical-data-omicron>

Data submitted to FDA

Up-To-Date (NHSN)

The below information describes the updated surveillance definition and should be used for reporting up to date with COVID-19 vaccines which is to be applied for data reported to NHSN COVID-19 Vaccination Modules beginning **September 26, 2022**.

Up to date with COVID-19 vaccines

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of September 26, 2022 – December 25, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria:

Received an **updated (bivalent)* booster dose,**

or

Received their **last booster dose less than 2 months ago,** or

Completed their **primary series less than 2 months ago**

CDC

Local and Systemic Adverse Reactions

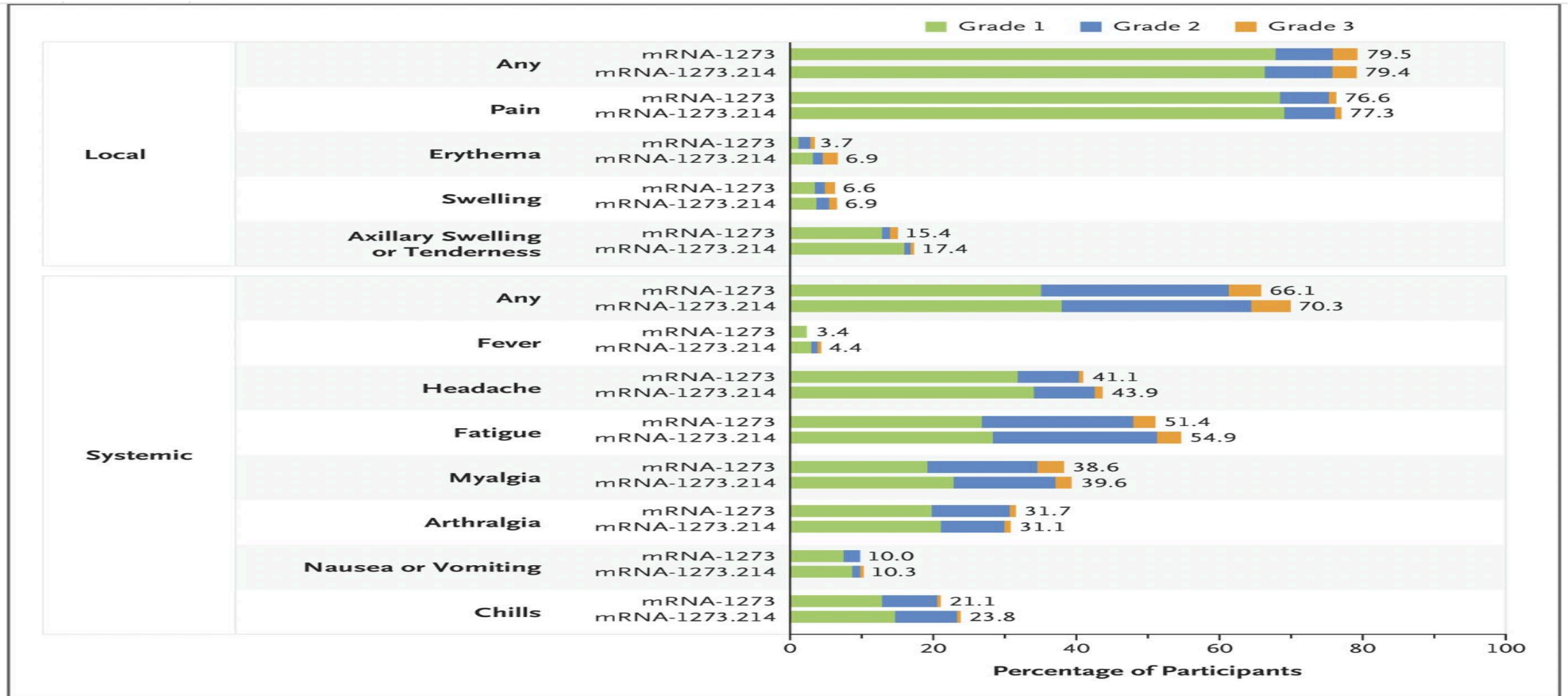
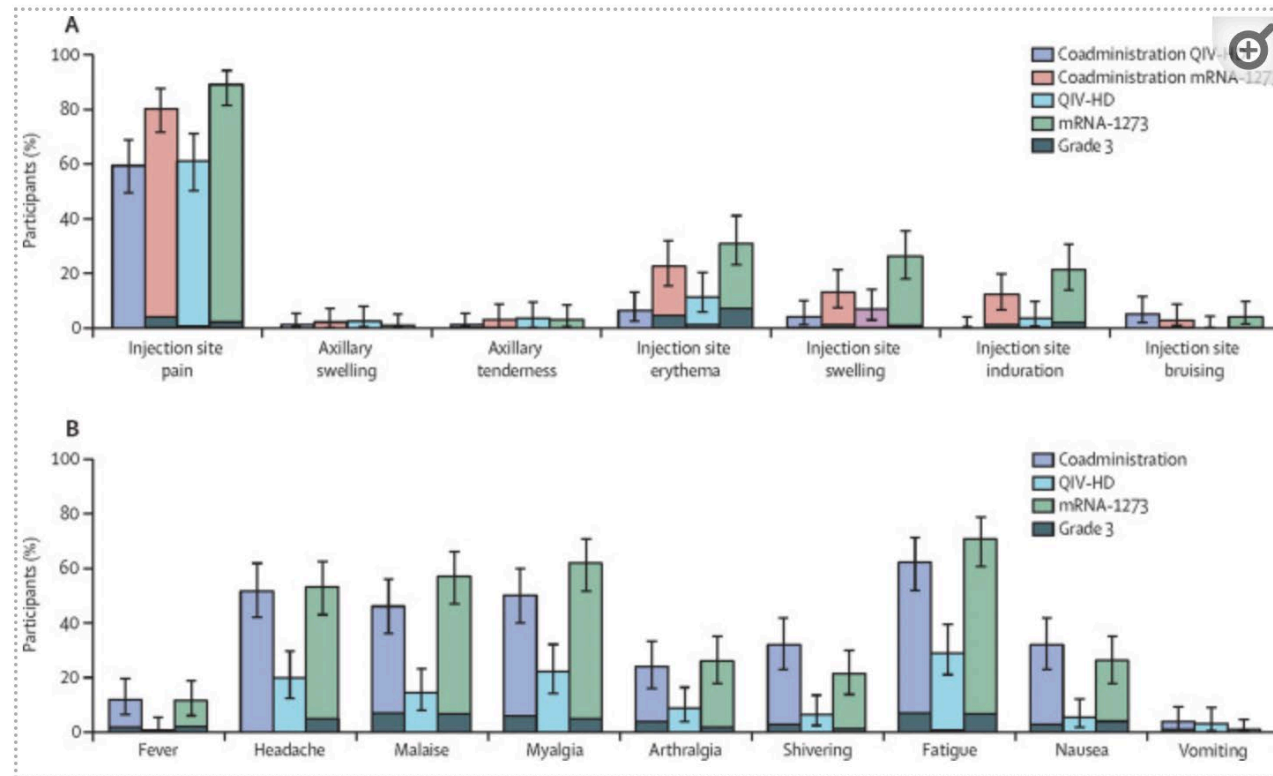


Figure 2



Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group. Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group. QIV-HD=high-dose quadrivalent influenza vaccine.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8803382/>

Post Acute Sequela of COVID (Long COVID)

Enrollment began December 2020 and is continuing. Data on COVID Data Tracker are updated quarterly.

[View Footnotes and Additional Information](#)

Symptom Overview

Data updated through - October 03, 2022

Participant Characteristics

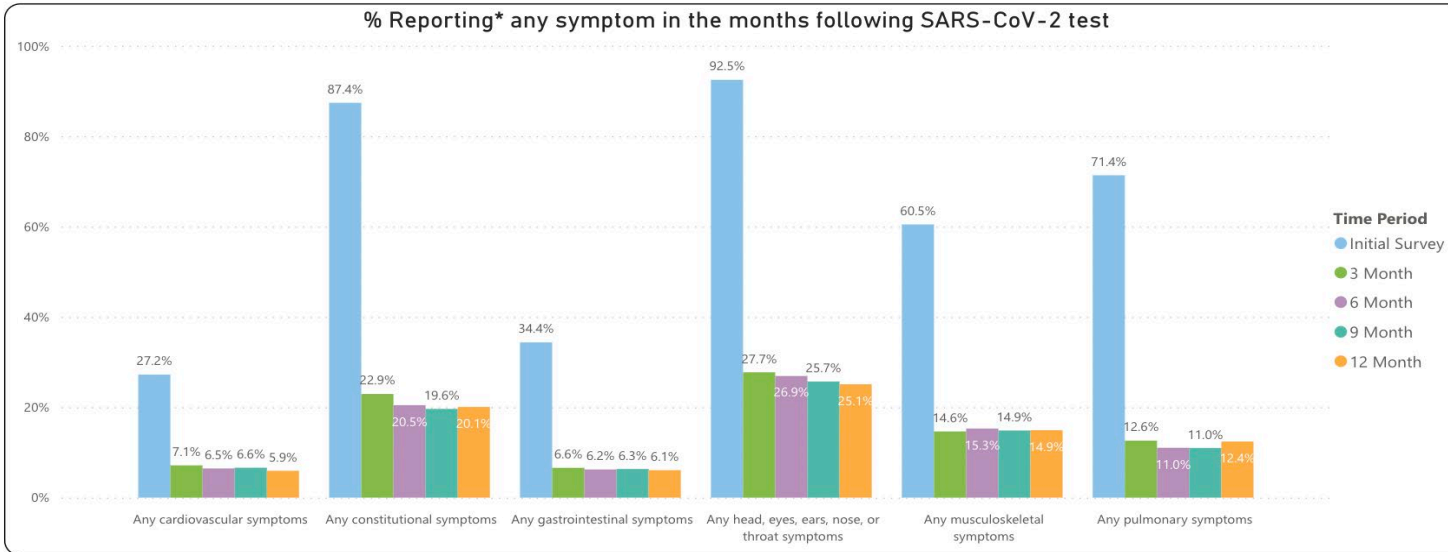
Symptoms

Total Participants
5,954

Selected Participants
4,498



SAR-CoV-2 Test Result
● positive
○ negative



Symptoms reported at 3, 6, 9, 12, 15, and 18 months:

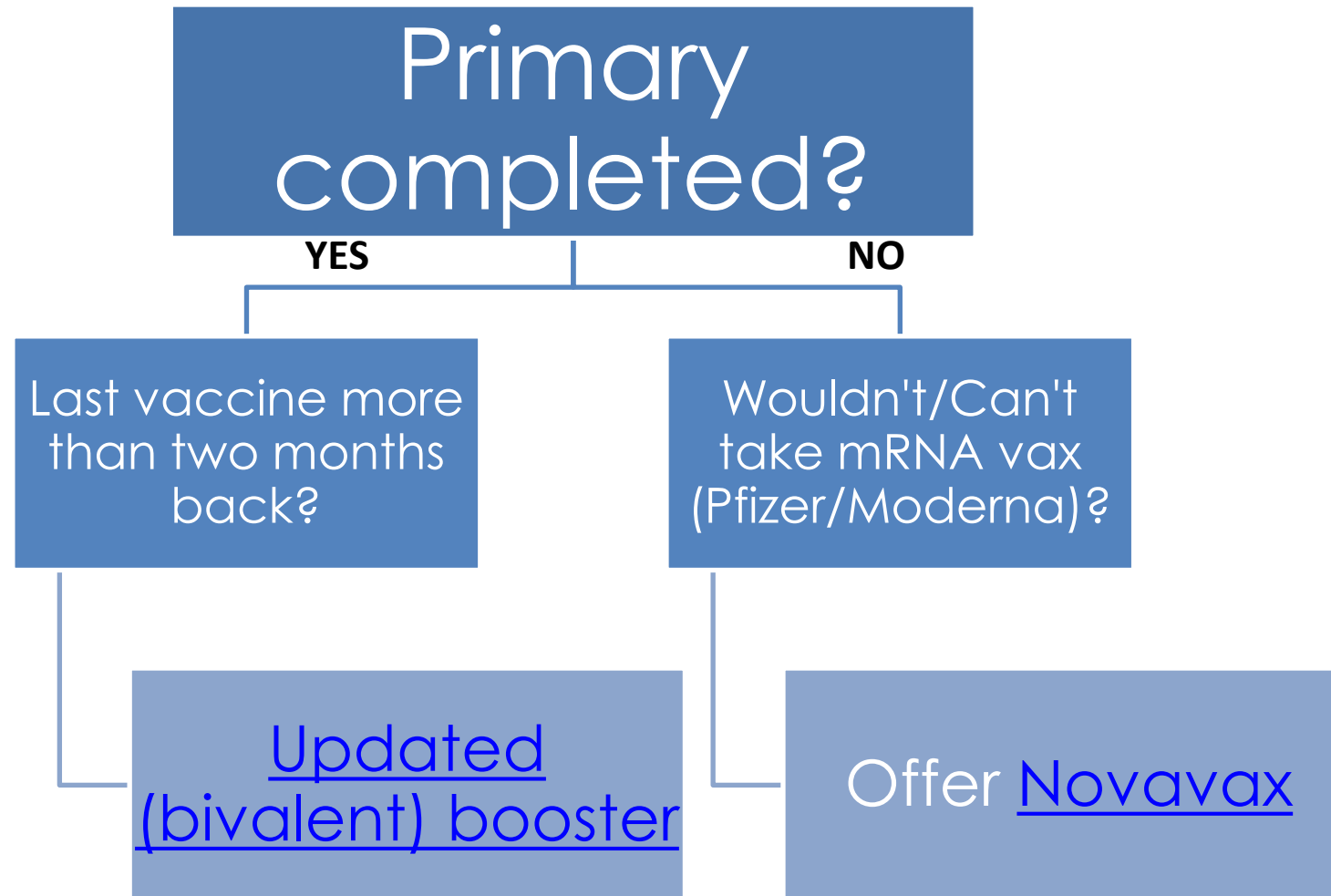
- Any cardiovascular symptoms (chest pains, palpitations)
- Any constitutional symptom (tired, chills, feeling hot, fever, shakes)
- Any gastrointestinal symptoms (diarrhea, nausea/vomiting, abdominal pain)
- Any head, eyes, ears, nose, or throat symptom (headache, runny nose, loss of smell, loss of taste, sore throat, loss of hair)
- Any musculoskeletal symptoms (aches, joint pains)
- Any pulmonary symptoms (cough, shortness of breath, wheezing)

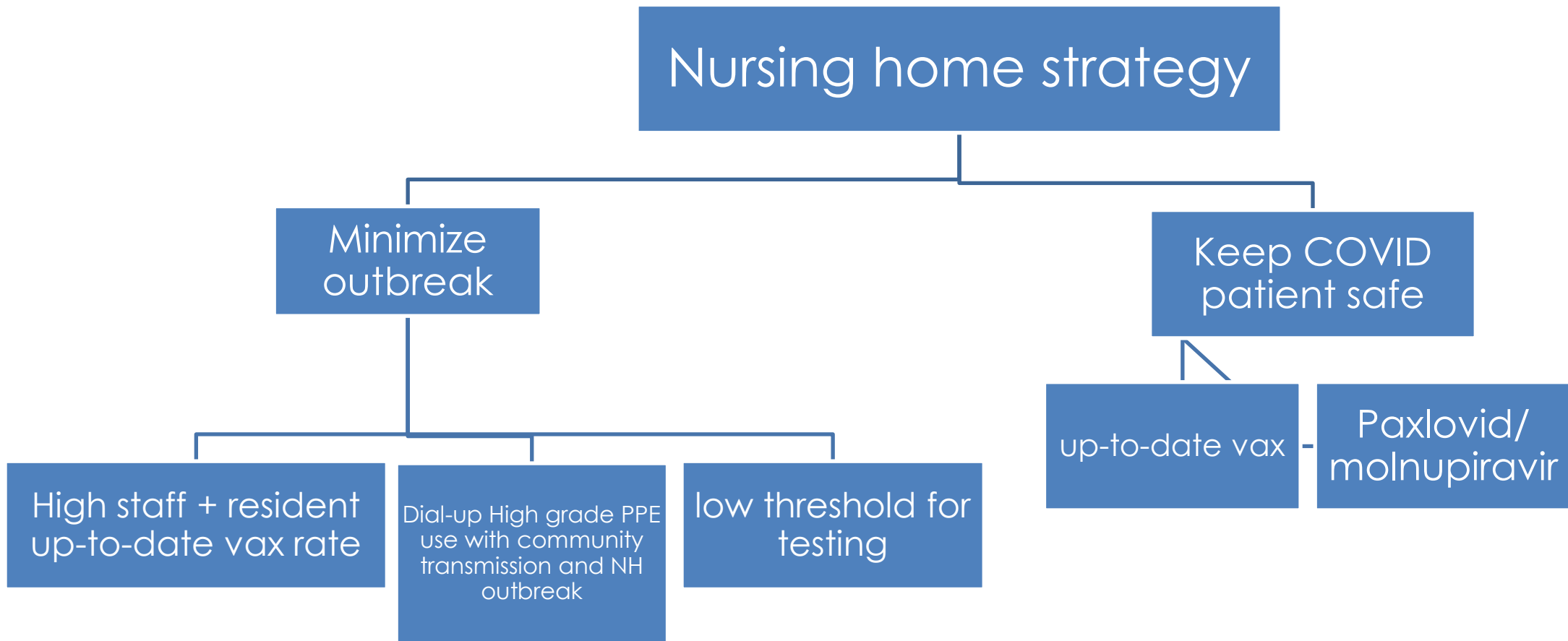
*Participants can report symptoms in more than one group. Estimates are not adjusted for common demographic and clinical characteristics (e.g. age, co-morbidities). Follow-up and data collection are on-going and missing data is not presented.

COVID + participants had COVID-like symptoms and tested positive for SARS-CoV-2 infection within 42 days of enrollment

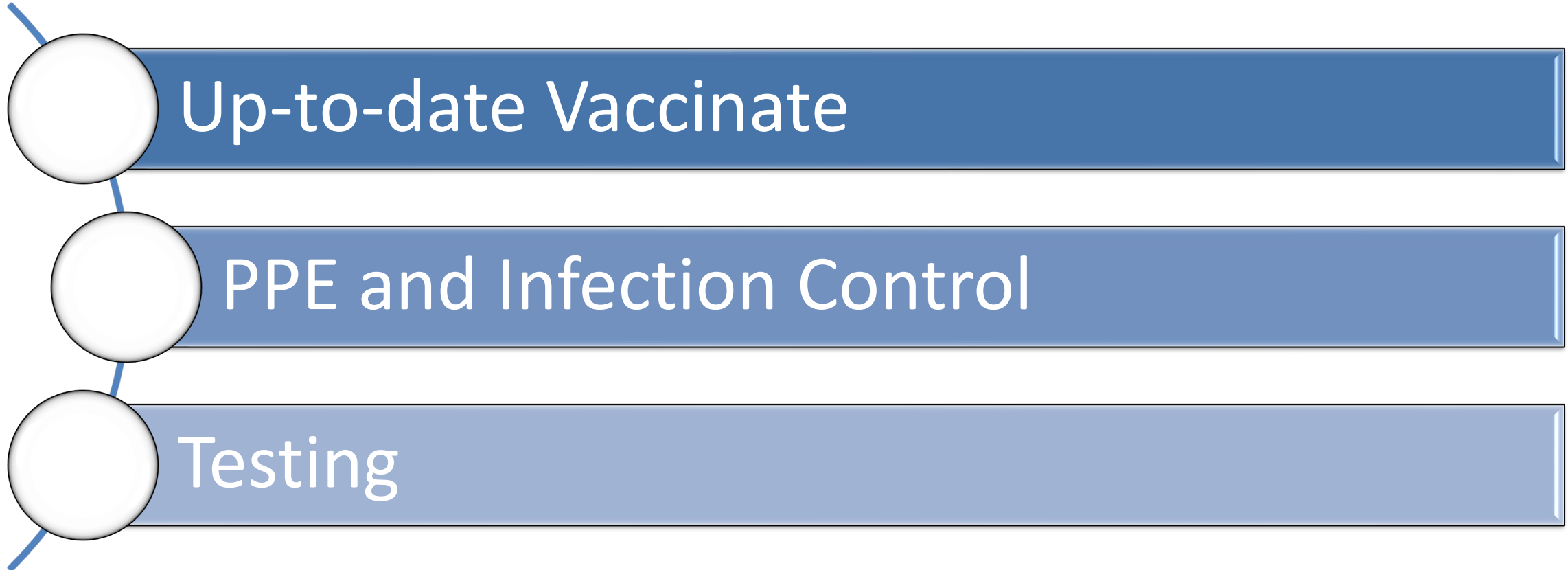
COVID - participants had COVID-like symptoms and tested negative for SARS-CoV-2 infection within 42 days of enrollment

Booster Flowsheet





Updated CDC Guidance Rests on Up-To-Date Vaccine Status for Staff and Residents





Infection Prevention Practices DECISION TOOL

This resource is intended to assist in making COVID-19 infection prevention and control (IPC)-related decisions in your facility. The highest level of recommended IPC practices are listed below and reflects the current Centers for Disease Control and Prevention (CDC) [guidance](#) as of this publication. Facilities are encouraged to use their discretion and any additional information from local/state health departments and regulatory entities when considering COVID-19 IPC implementation. Also, facilities are encouraged to stay up-to-date on current COVID-19 guidance from the CDC and Centers for Medicare and Medicaid Services (CMS).

When modifying IPC policies to reflect local community transmission, please consider the following:

1. [CDC Transmission Levels](#) - This metric (also known as community transmission) is used to guide select IPC practices in health care settings to allow for earlier intervention before there is a strain on the health care system and to protect the individuals receiving care in these settings. Use the county transmission level (high, substantial, moderate or low and implement recommended practices listed below) to determine the level of SARS-CoV-2 infections in your community and the risk to your facility.
2. [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) - This guidance applies to all U.S. health care settings, including nursing homes and home health. Also, note that vaccination status no longer informs COVID-19-specific IPC interventions (i.e., source control, testing, post-exposure recommendations)
3. Your Facility Data – Consider the status of the IPC program and the impact of current interventions, like hand hygiene compliance rates, cleaning and disinfection practices, vaccination rates (COVID-19, Influenza, Pneumococcal), safe cohorting plans, emergency/ outbreak plans, etc. If the facility has a history of a COVID-19 outbreak, consider how previous outbreaks developed and were controlled. If an outbreak occurs, the highest levels of precautions should be immediately implemented until the outbreak is controlled and transmission rates in the county fall.
4. Your Facility COVID-19 Plan updates/changes - Document decisions made, including supporting data and information discussed in considerations 1. and 2. above, using the Situation, Background, Assessment and Recommendation (SBAR) format (See page 3), including date and responsible parties.

Let's review the tool!

About the BOOST Program

Alliant Health Solutions received a direct change order from CMS to provide support to nursing homes to help accelerate resident vaccination rates. This intensive program includes the following services and activities:

- A dedicated website page with resources and materials.
- Access to experts in epidemiology, quality improvement, and infection control.

[Click here](#) to view the archived BOOST Events.

[Click here](#) to view the archived BOOST Bulletins.



<https://quality.allianthealth.org/topic/give-the-boost-a-shot/>

Questions?



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



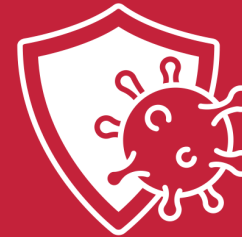
CHRONIC DISEASE SELF-MANAGEMENT

- 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 on each of these key areas to ensure plans are in place to achieve and maintain health quality and equity!

Please scan the QR codes below and complete the assessments.




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

Nursing Home
Emergency
Preparedness
Program (NH EPP)
Self-Assessment



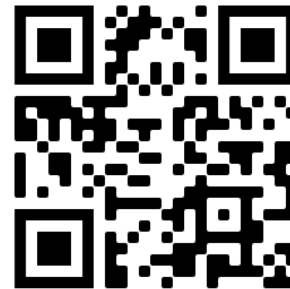
https://bit.ly/AHS_NHEPPAssessment




TRAINING

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>



COVID-19

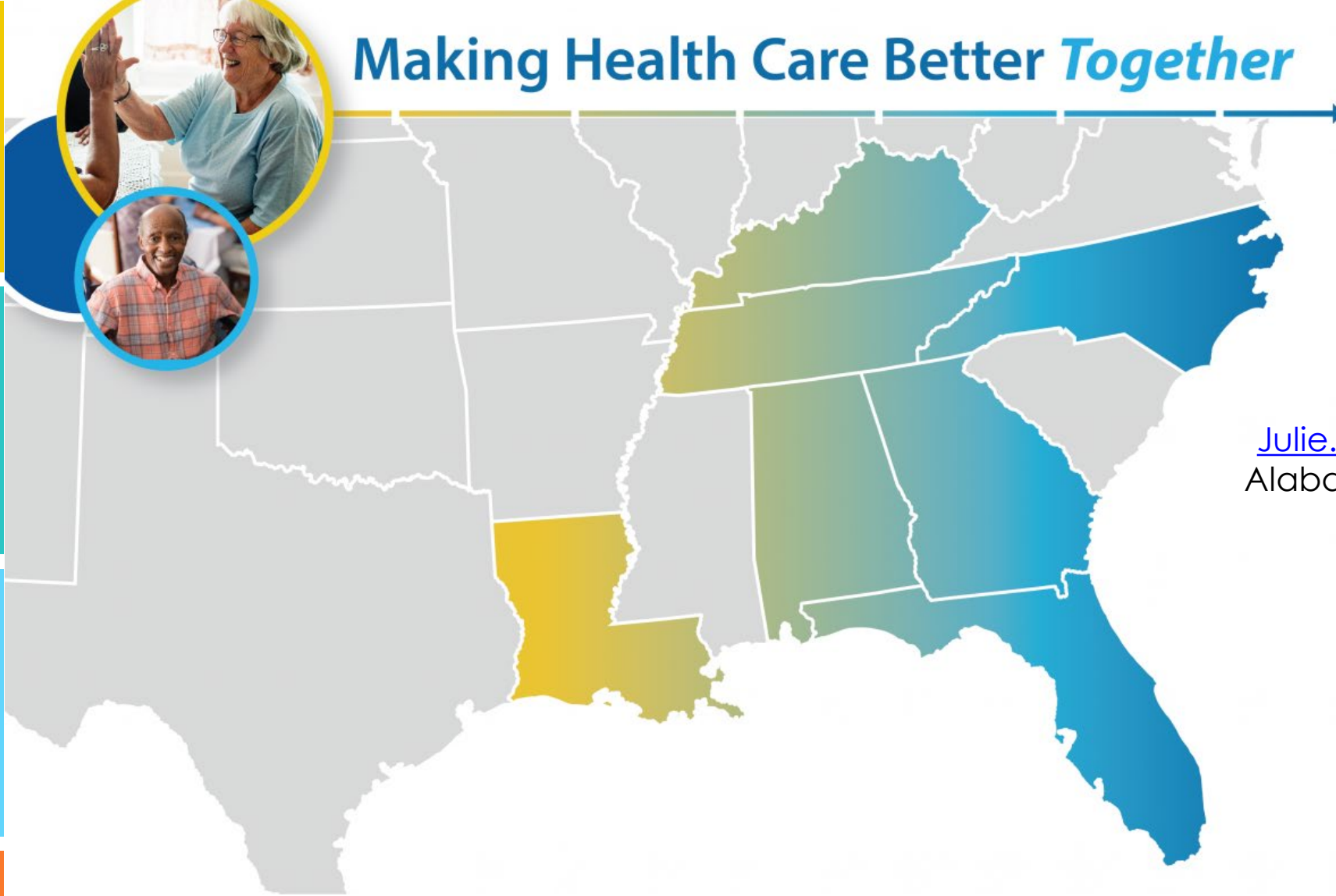
- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans

Nursing Home Safe
Visitor Policy and
Cohorting Plan
Verification



<https://bit.ly/SafeVisitorVerification>

Making Health Care Better *Together*



Julie Kueker

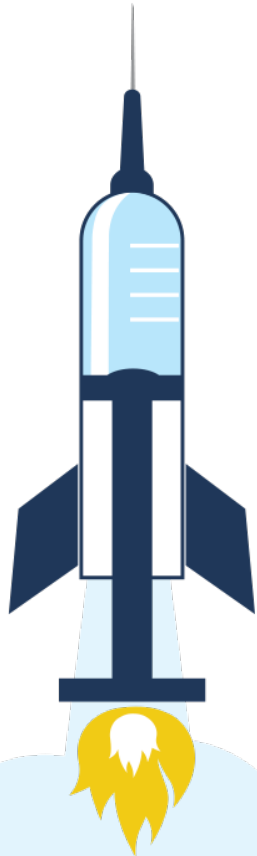
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@AlliantQIO



@AlliantQIO



Alliant Health Solutions



AlliantQIO

Making Health Care Better Together

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO TO1-NH-- 2914-11/29/22