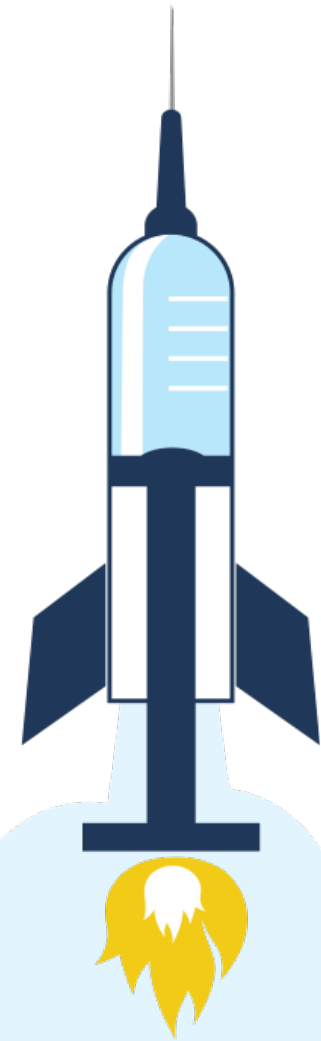


Changing Covid-19 Guidelines: How do we make the right decision?



 **ALLIANT**
HEALTH SOLUTIONS

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

Updated on September 30, 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 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 the LTC environment. She has also consulted with post-acute long-term care companies to optimize medical services in PALTC facilities, integrate medical directors and clinicians into 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. Before that, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.

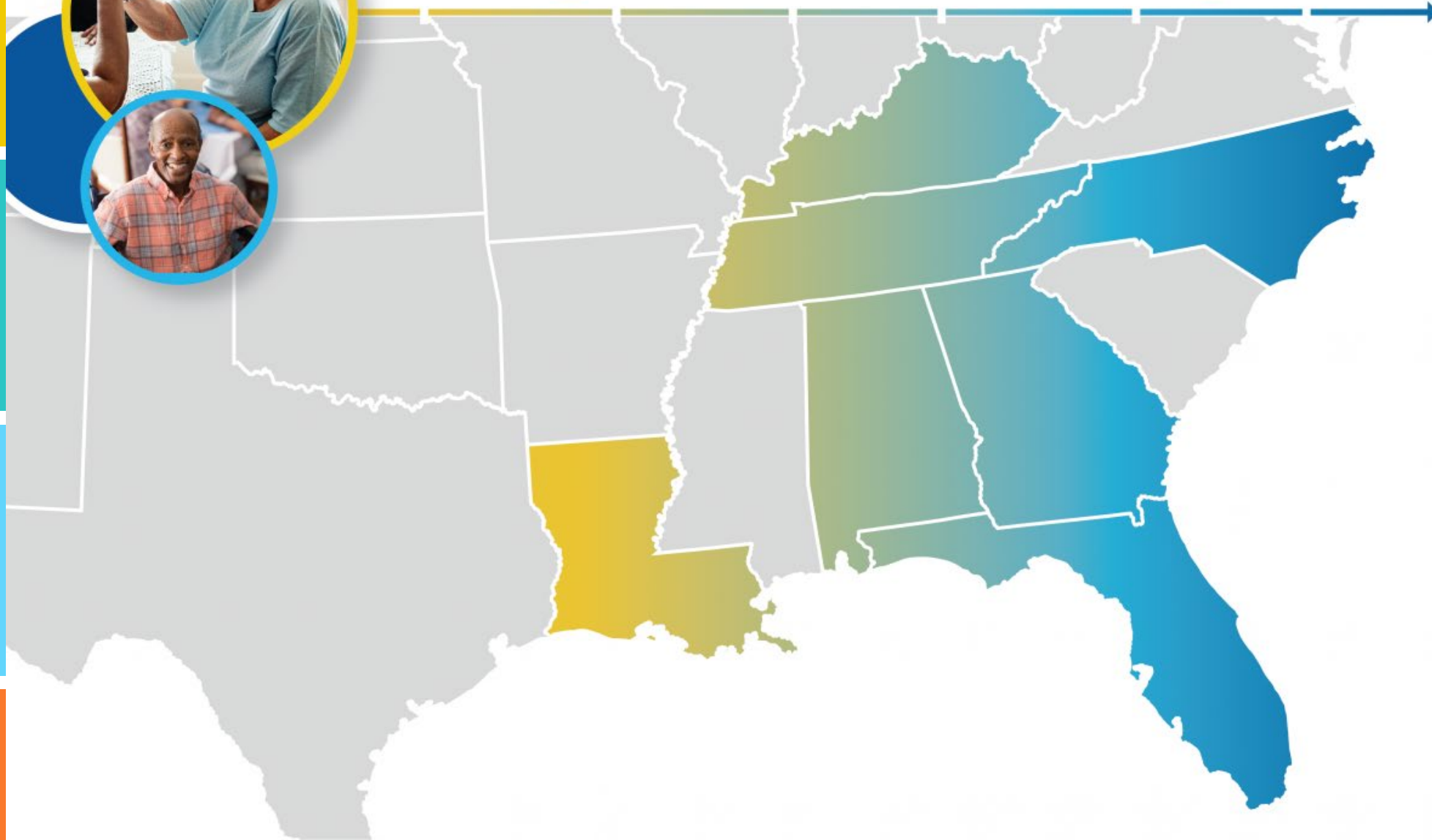


LISA DAVIES, CPHQ, LNHA

QUALITY IMPROVEMENT INITIATIVE MANAGER

Lisa is a health care professional with over 20 years of experience in long-term care. Her work experience includes facility administration, implementation of quality improvement frameworks, legislative affairs and project management. Lisa served as the Quality Committee Chair for the Georgia Health Care Association, supporting strategic quality initiatives across the state. Her current work includes applying quality improvement methodologies to support improved outcomes across health care organizations as the QII manager with Alliant Health Solutions.

Making Health Care Better *Together*



Agenda

01

Discuss COVID prevention interventions that are proven

02

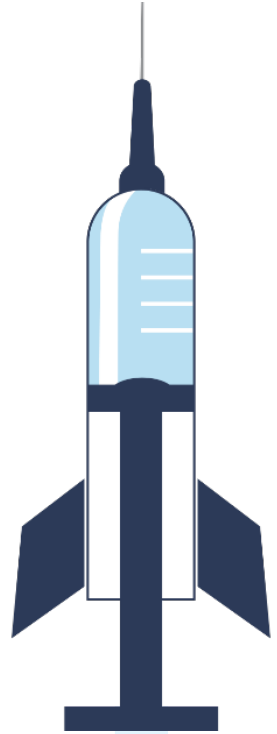
How to use evidence-based interventions at the bedside

03

How to respond with interventions to community transmission

04

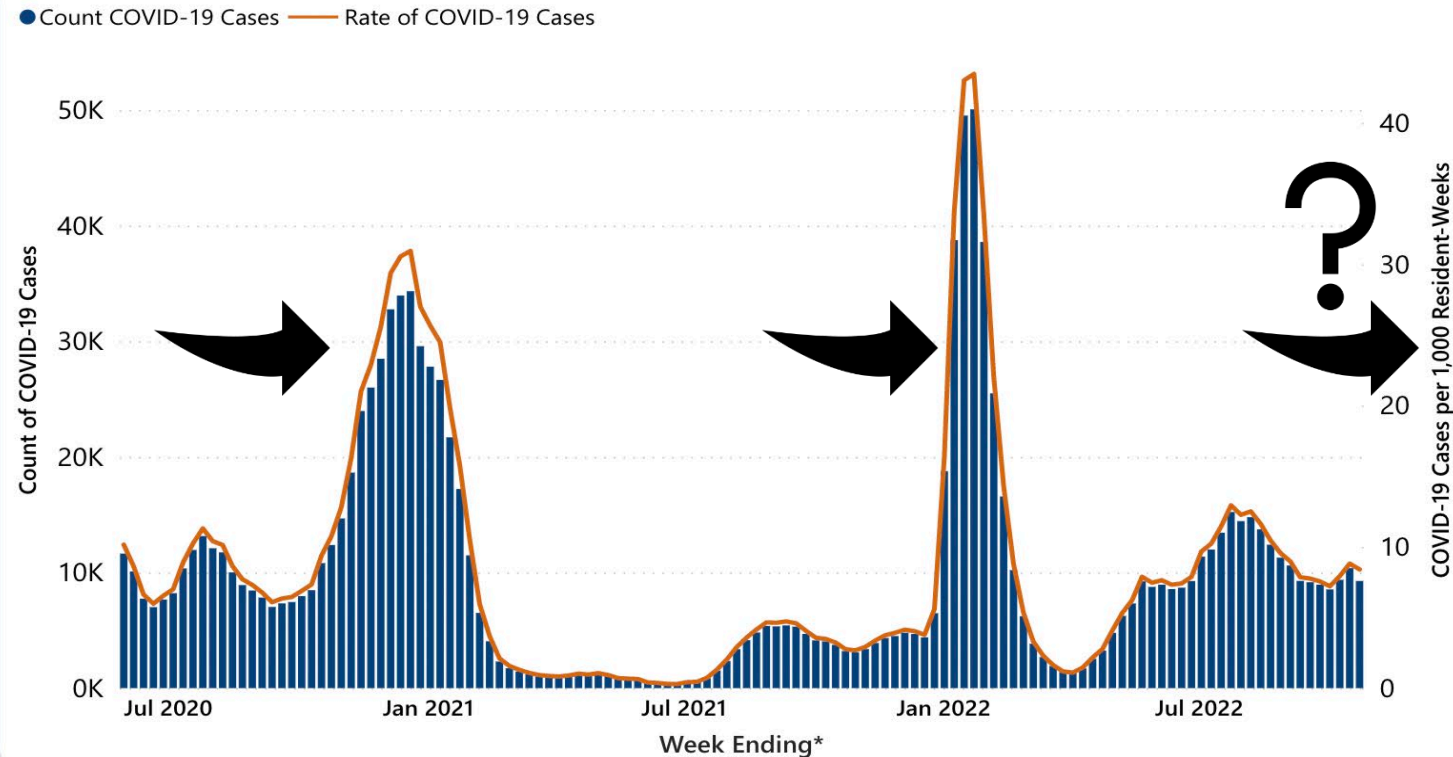
How to create strategy to keep residents safe this winter



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



Display by FEMA/HHS Region

All

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 10/24/2022 5:30 AM

Does Community Transmission Affect COVID Outbreaks in Nursing Homes?



100



Defining Community Transmission of SARS-CoV-2

Select IPC measures (e.g., use of source control, screening testing of nursing home admissions) are influenced by levels of SARS-CoV-2 transmission in the community. [Community Transmission](#) is the metric currently recommended to guide select practices in healthcare settings to allow for earlier intervention, before there is strain on the healthcare system and to better protect the individuals seeking care in these settings. The [Community Transmission](#) metric is different from the COVID-19 Community Level metric used for non-healthcare settings. Community Transmission refers to measures of the presence and spread of SARS-CoV-2. COVID-19 Community Levels place an emphasis on measures of the impact of COVID-19 in terms of hospitalizations and healthcare system strain, while accounting for transmission in the community.

VS.



COVID-19 County Check

Find community levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)

Georgia

Gwinnett County

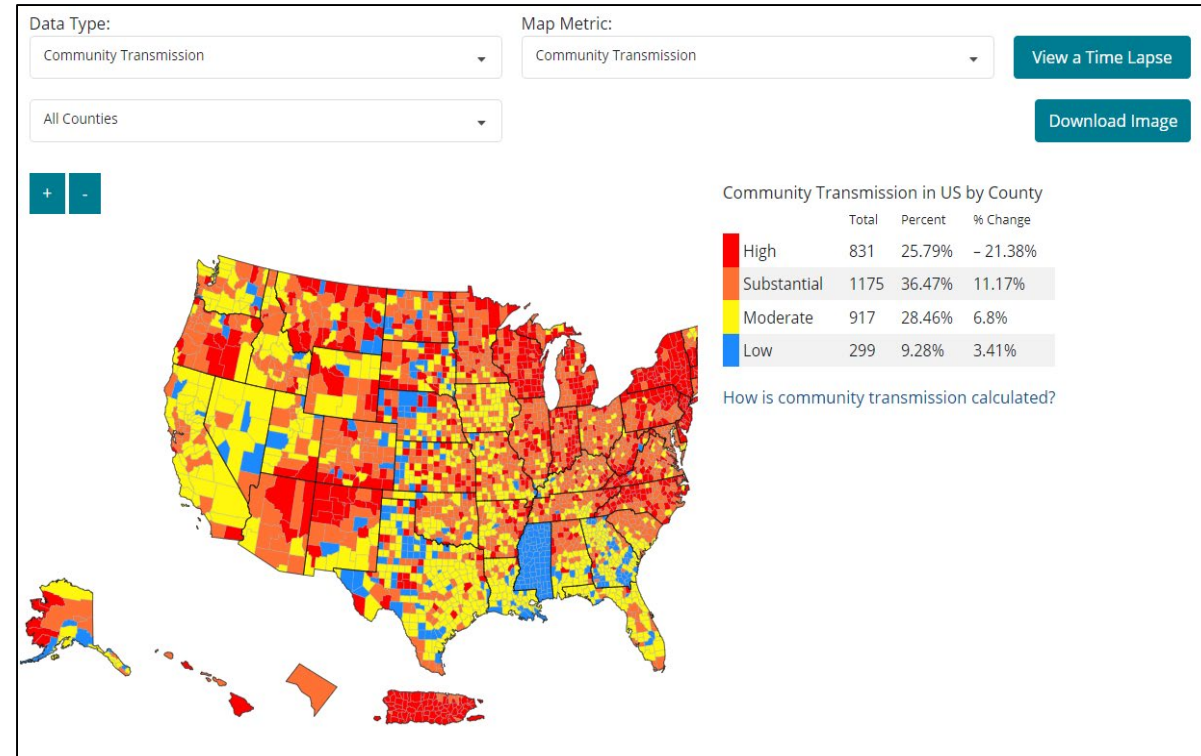
Go

< Start Over

● Low

In Gwinnett County, Georgia, community level is Low.

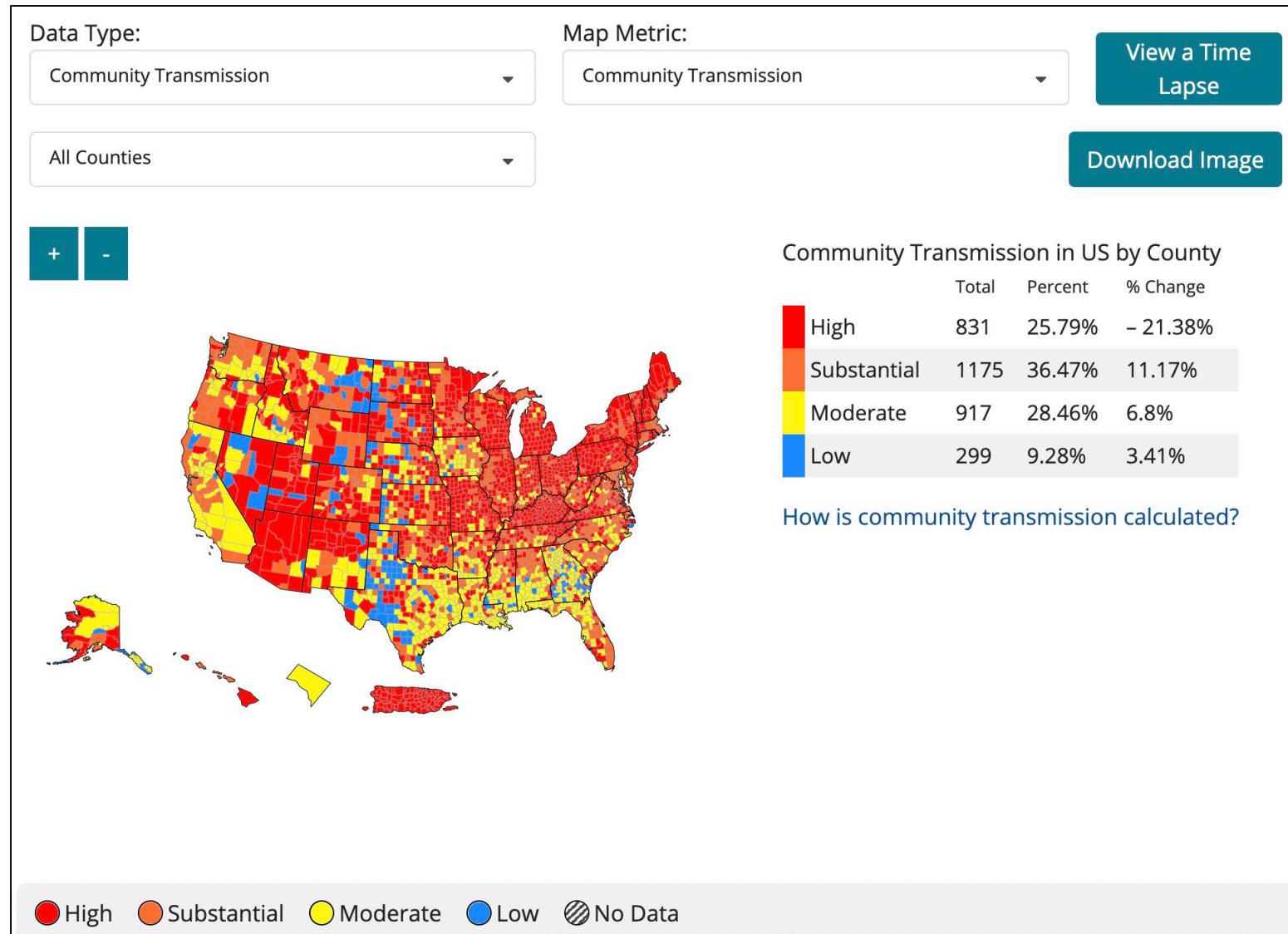
- Stay [up to date](#) with COVID-19 vaccines
- [Get tested](#) if you have symptoms



https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk

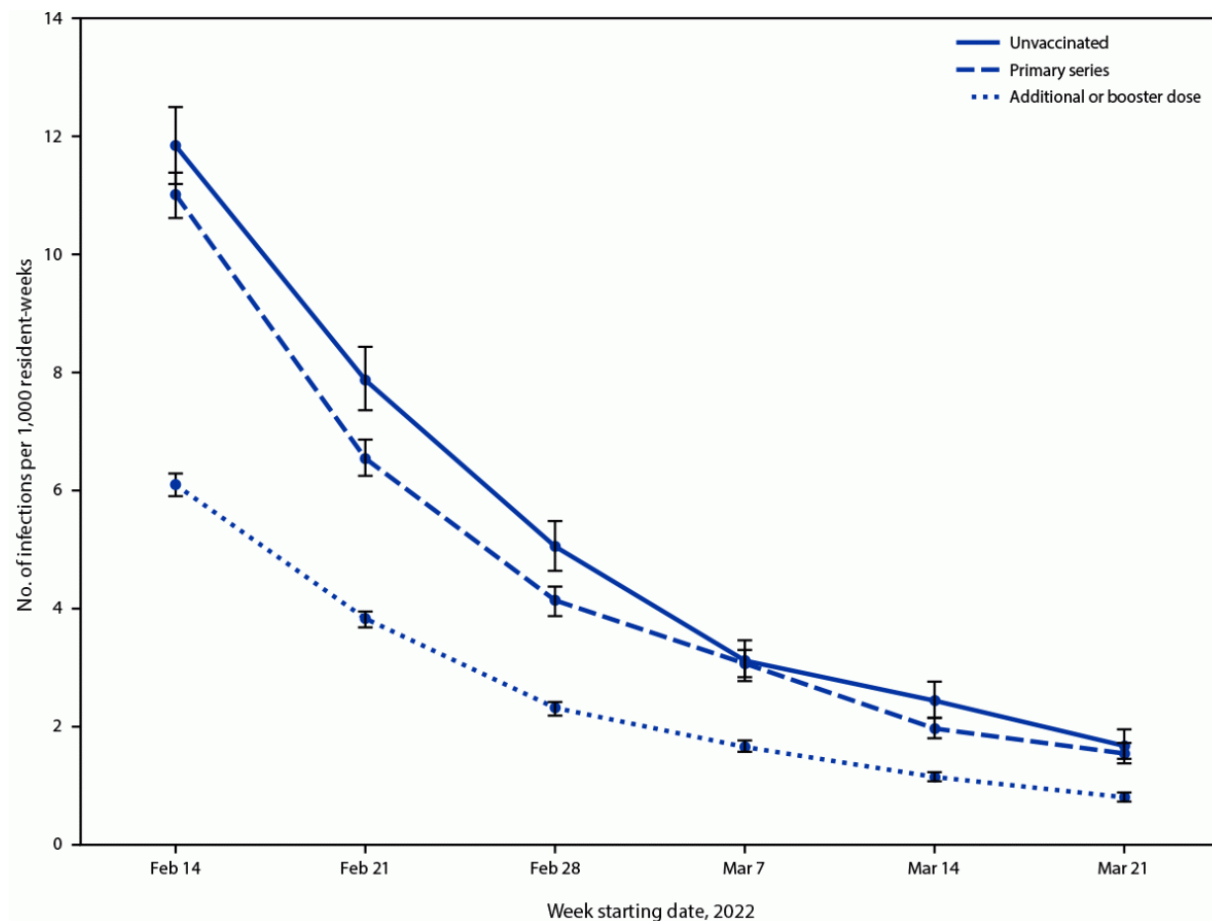
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Current Community Transmission



Does the Resident Rate of Boosters Affect Outbreaks in Nursing Homes?

Effectiveness of Booster in Preventing Infection in Nursing Homes



* Crude rates of SARS-CoV-2 infection were calculated as the number of cases, by vaccination status, among residents with corresponding vaccination status from 2 weeks earlier (January 31–March 13, 2022); 95% CIs indicated by error bars.

Does the Staff Vaccination Rate Affect Resident Infection and Death in Nursing Homes?

Staff Vaccination Rates and Resident Rates

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



Quartile of Staff Vaccination Coverage (percentile)	Staff Vaccination Coverage	Crude Rate of COVID in Residents per 1,000 Resident-weeks, for the two weeks ending 11 July	
1 (0 th -25 th)	0-44%	0.77	Highly significant reductions in incidence between these strata, $P < 0.0001$
2 (26 th -50 th)	45-59%	0.54	
3 (51 st -75 th)	60-74%	0.26	
4 (76 th -100 th)	75+%	0.31	Reduction between these strata 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.

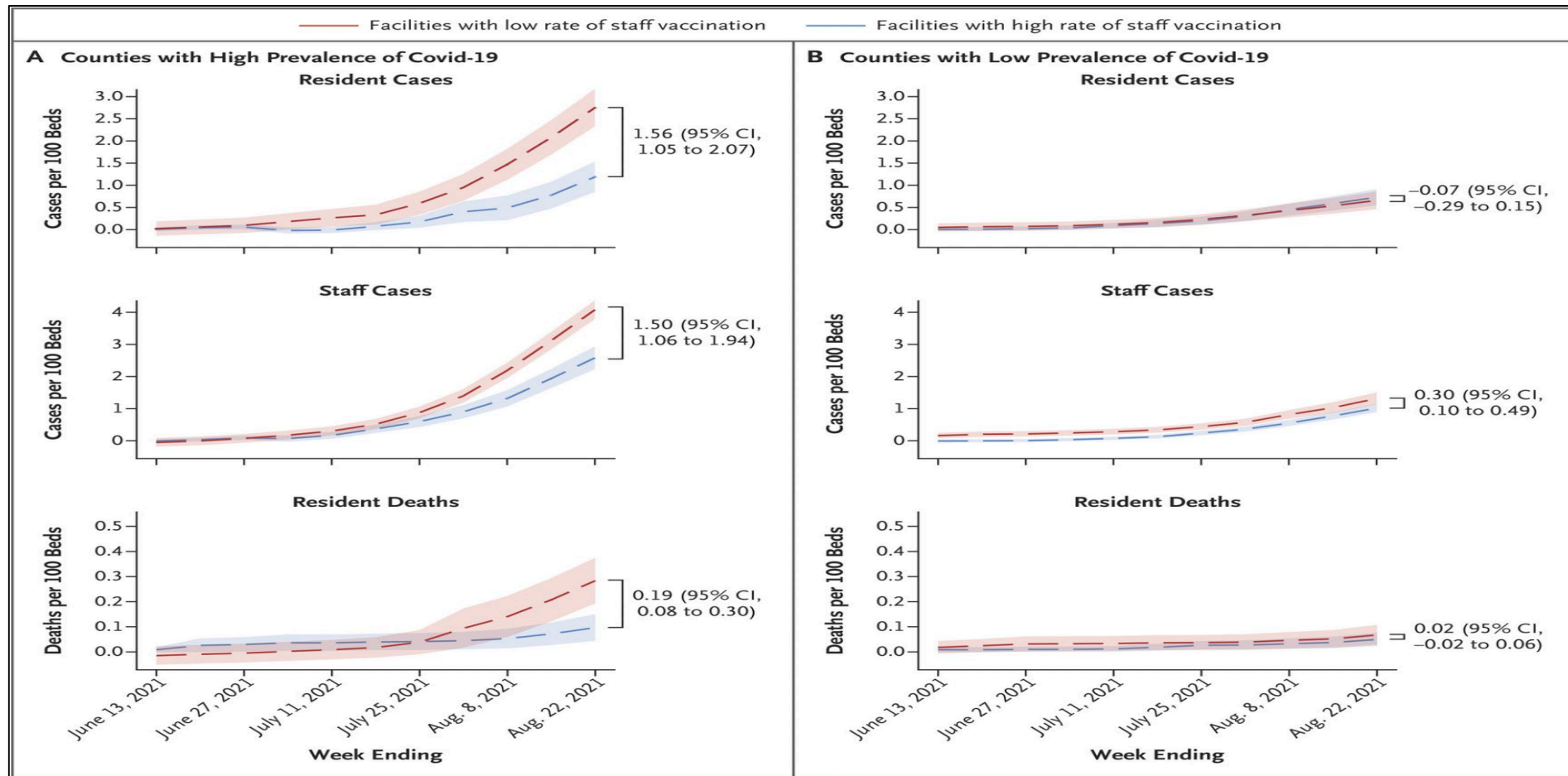


<https://emergency.cdc.gov/han/2021/han00447.asp>



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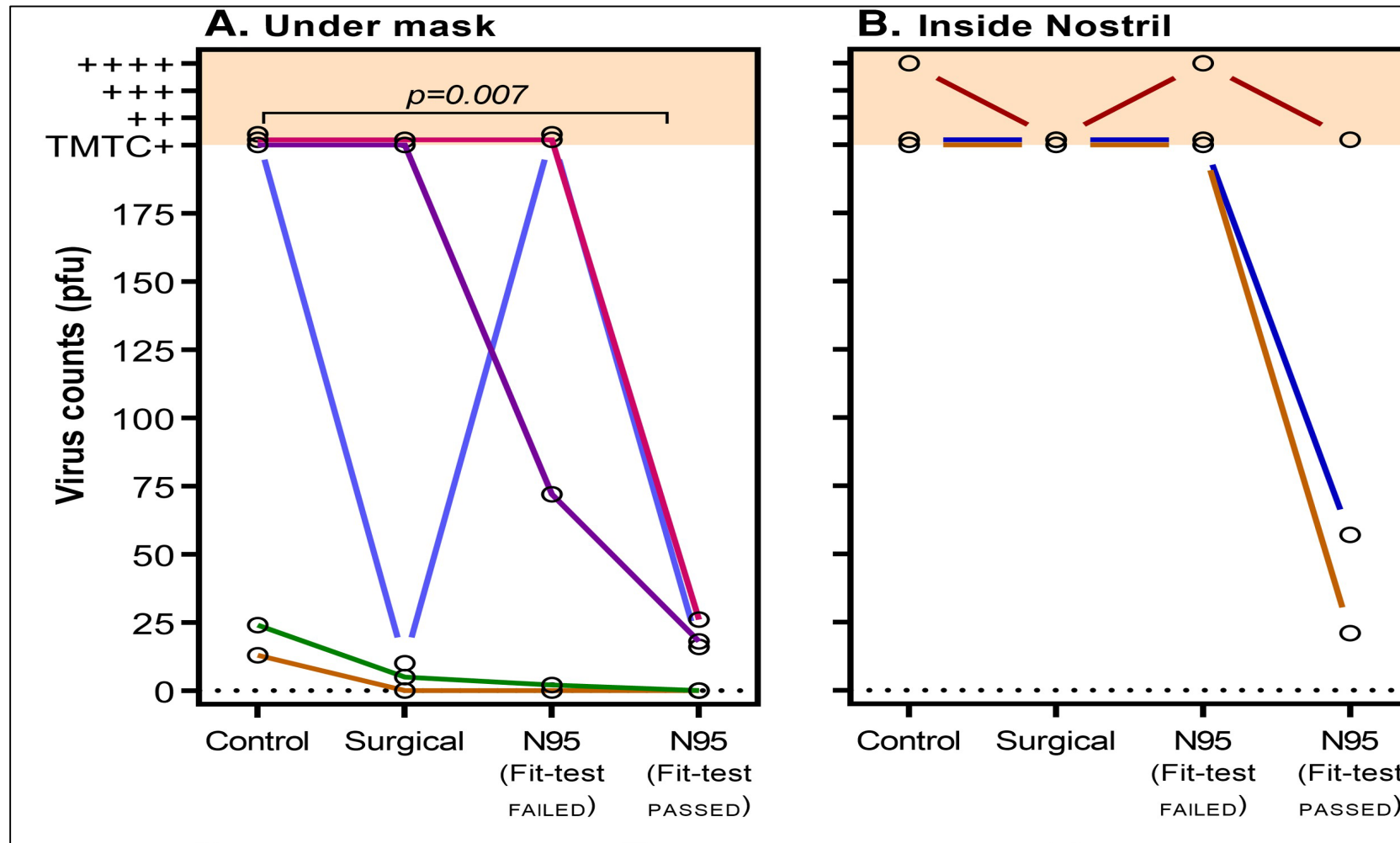
Staff Vaccination Rate and Resident Cases and Death



<https://www.nejm.org/doi/full/10.1056/NEJMc2115674>

Does N-95 Work?

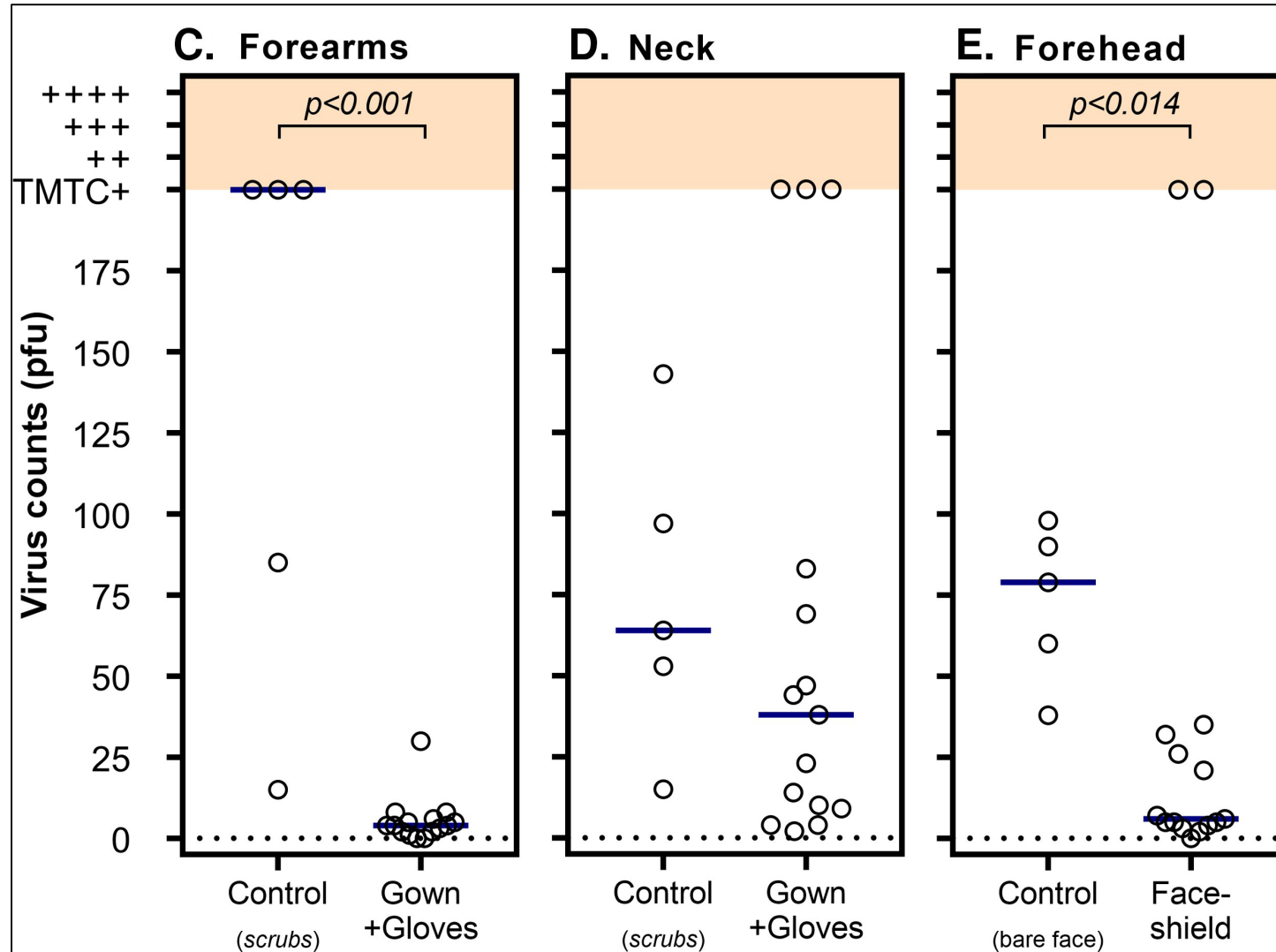
Do Fit-Tested N95 Masks Work?



<https://doi.org/10.1093/infdis/jiac195>

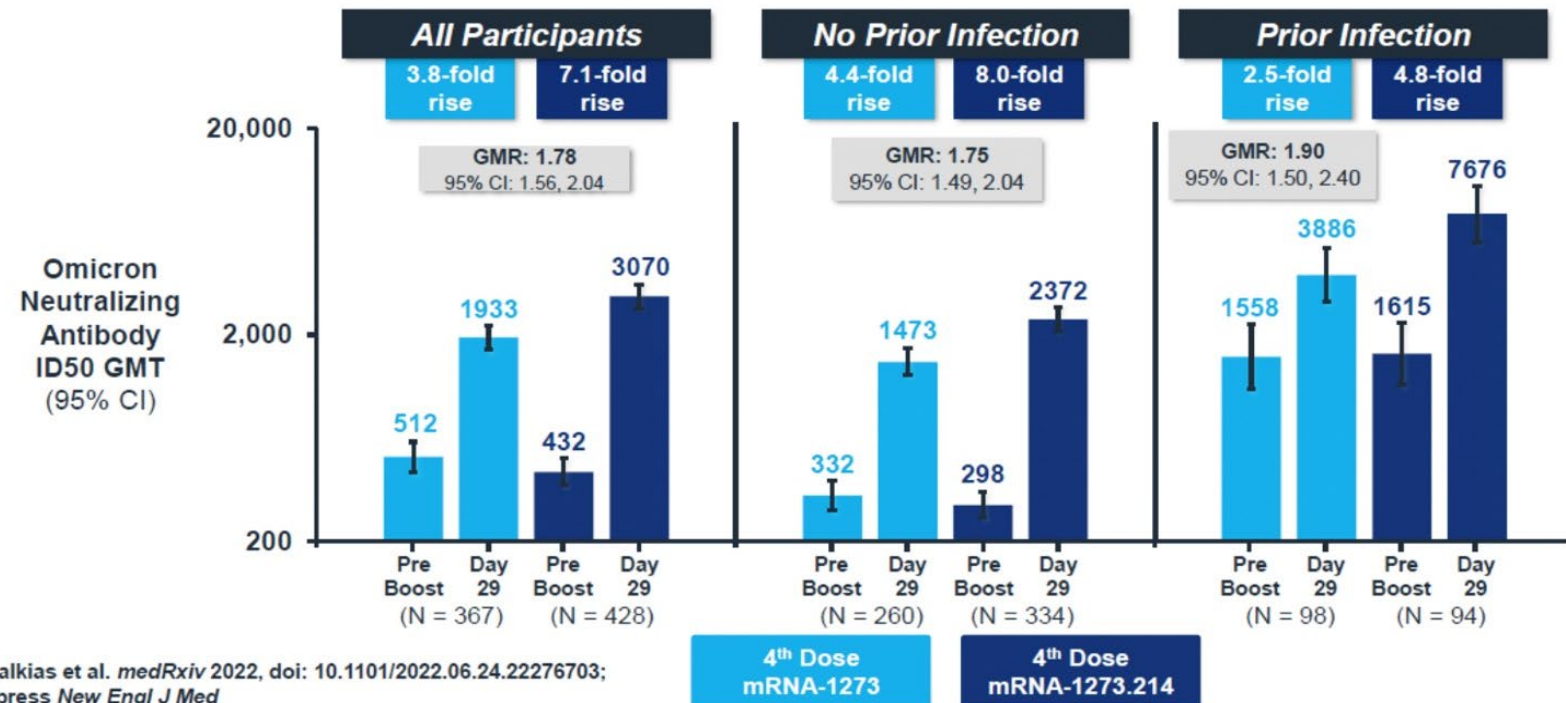
Do Gowns, Gloves and Face Shields Work?

Why Wear a Gown, Gloves and Face Shield?



Is the Updated Booster Better?

Immunogenicity: Moderna bivalent booster



- Met superiority criteria* in participants ≥ 18 years with or without evidence of infection on day 29

*Superiority criterion: the lower bound of the 95% CI for GMR is >1.0

<https://www.medrxiv.org/content/10.1101/2022.06.24.22276703v1.full.pdf>

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/08-COVID-Oliver-508.pdf>

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

HHS Region

USA

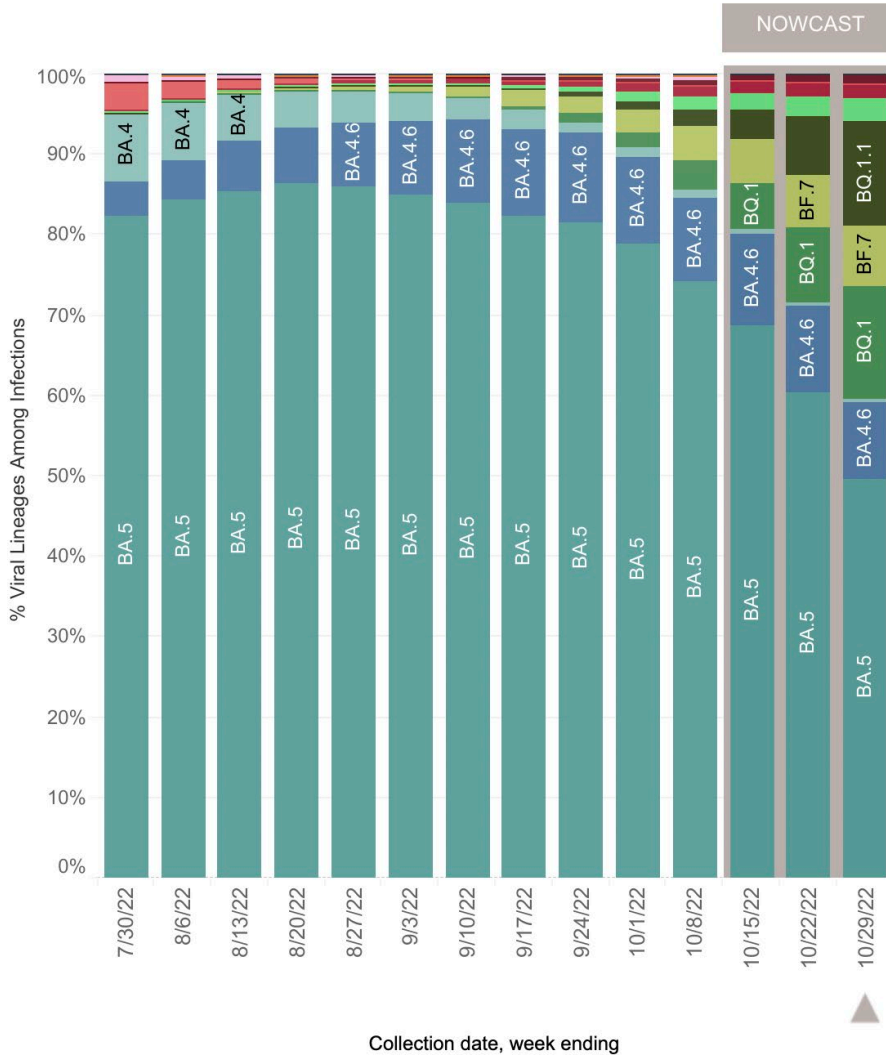
- Nowcast On
○ Nowcast Off

Week Ending

10/29/2022

United States: 7/24/2022 – 10/29/2022

United States: 10/23/2022 – 10/29/2022 NOWCAST



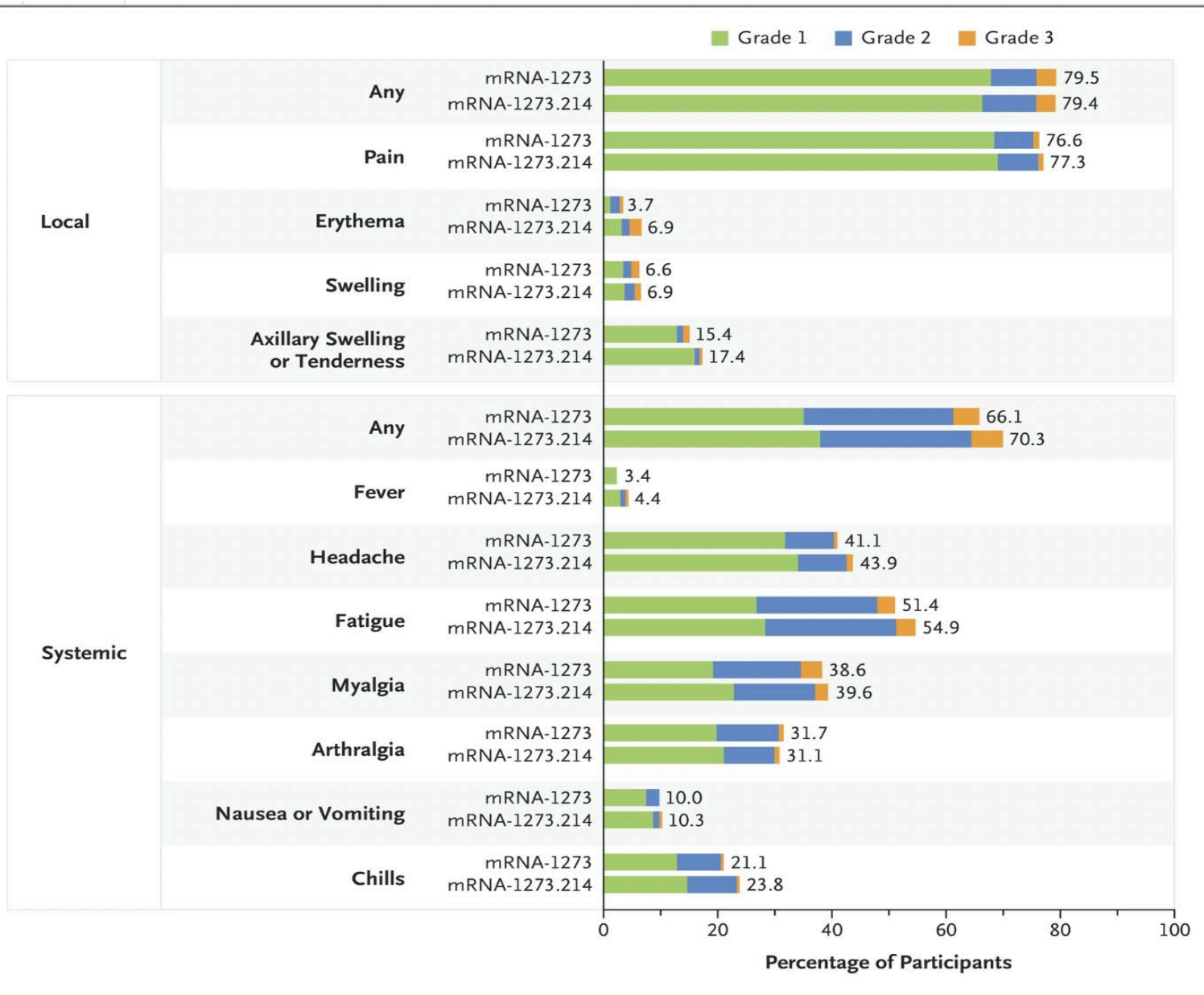
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	49.6%	45.3-53.9%
	BQ.1	VOC	14.0%	11.2-17.5%
	BQ.1.1	VOC	13.1%	9.8-17.3%
	BA.4.6	VOC	9.6%	8.6-10.7%
	BF.7	VOC	7.5%	6.6-8.5%
	BA.5.2.6	VOC	2.8%	2.3-3.5%
	BA.2.75	VOC	1.8%	1.5-2.2%
	BA.2.75.2	VOC	1.2%	0.9-1.6%
	BA.4	VOC	0.2%	0.2-0.3%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.1%

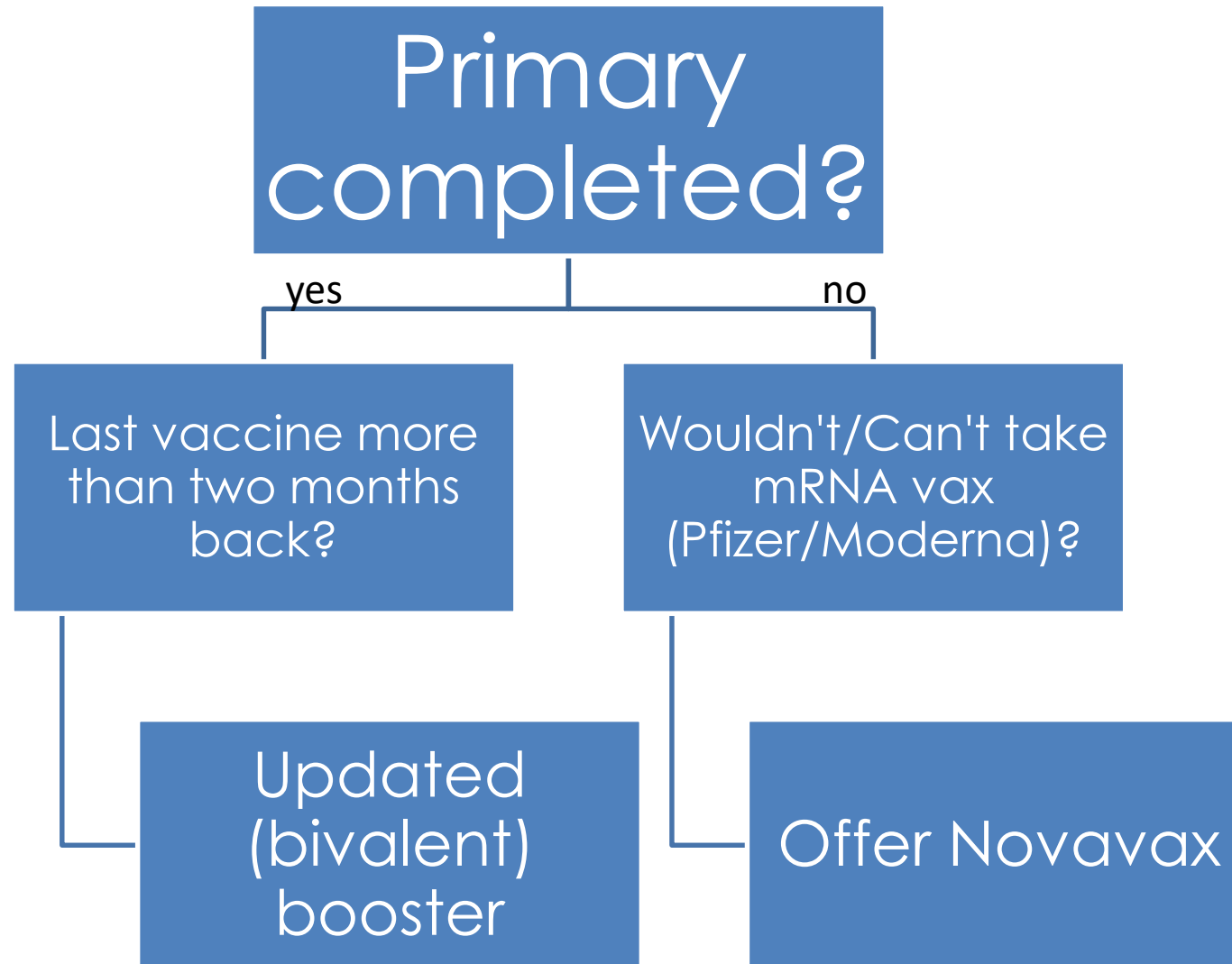
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** 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 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, 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, BA.5.2.6 were aggregated with BA.5. Lineages BA.2.75.2, BA.4.6, BF.7, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

Local and Systemic Adverse Reactions

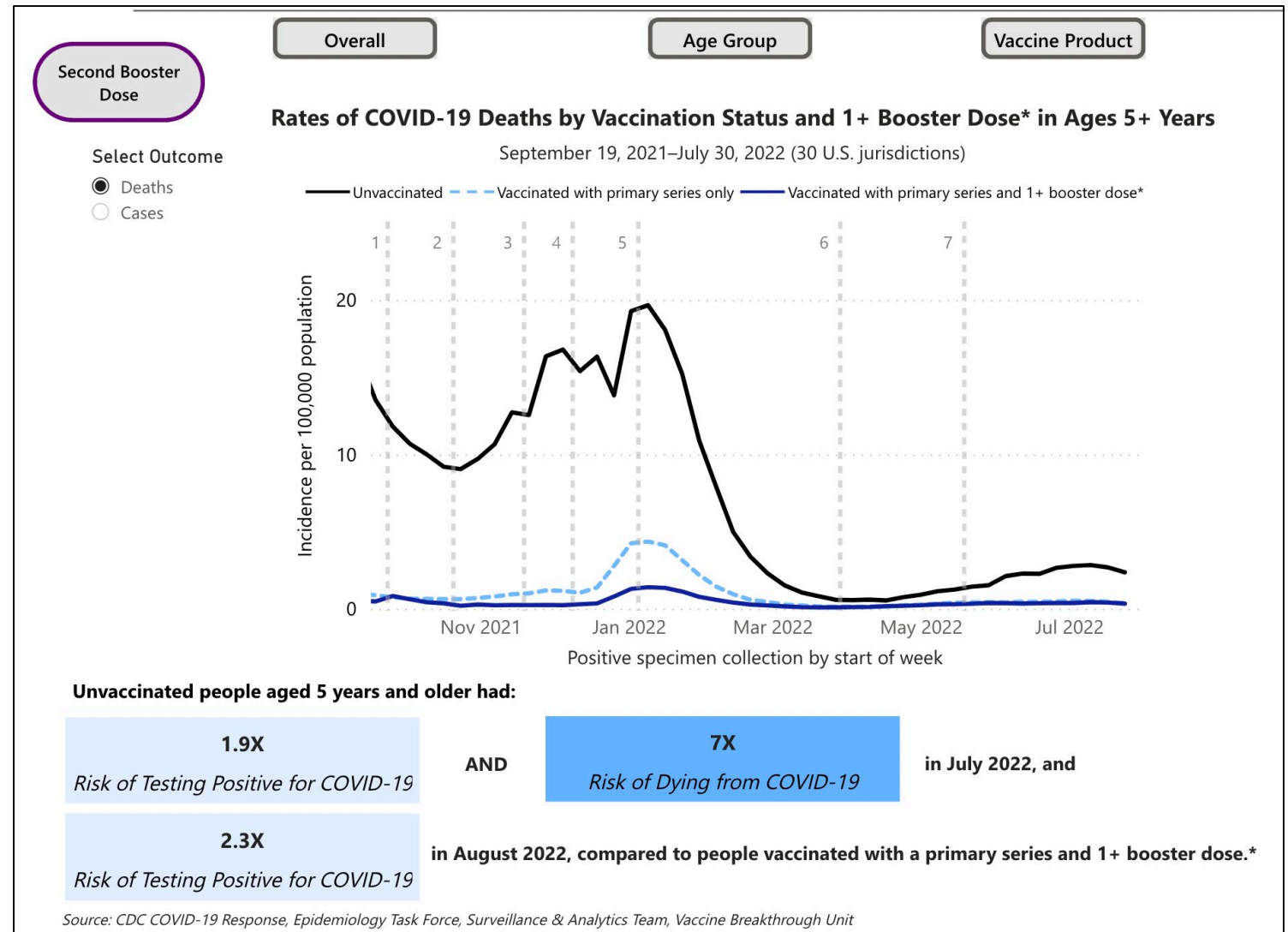


Booster Flowsheet



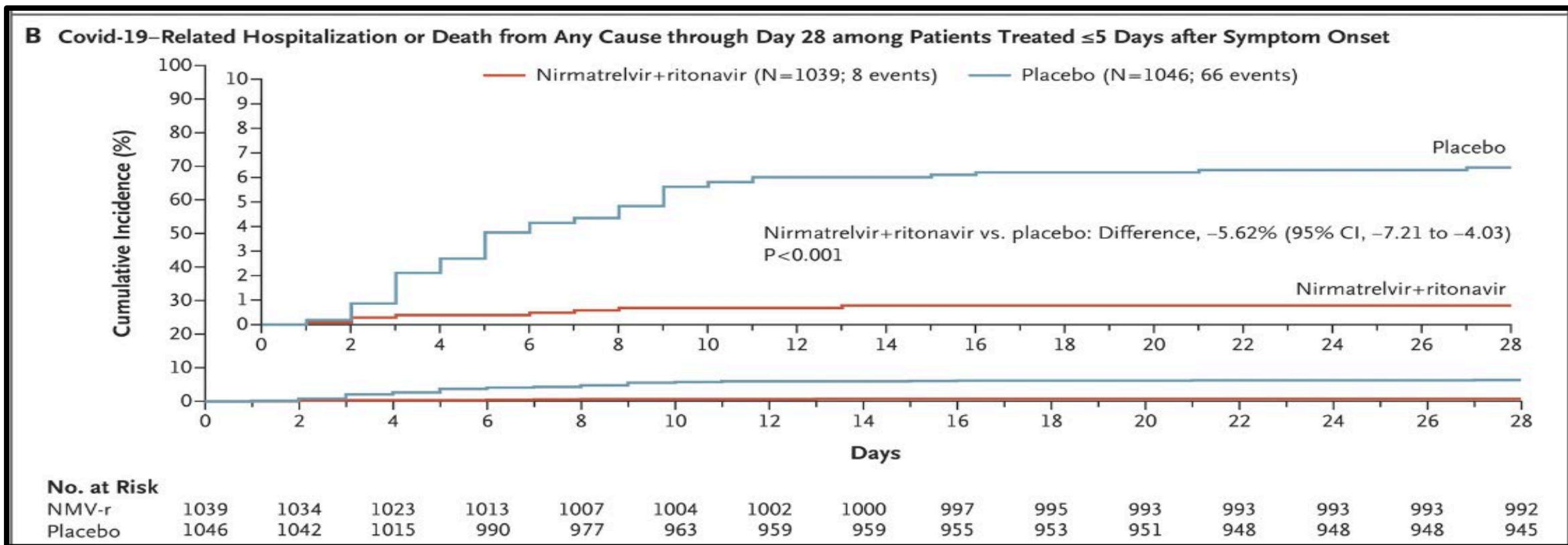
Does Vaccine Protect Residents Even if They Get COVID?

Effectiveness of Vaccines



Is There Anything Else To Keep My COVID Patient Safe?

Paxlovid: EPIC HR Trial



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

<https://www.nejm.org/doi/full/10.1056/NEJMoa2118542>

Nursing home strategy

Minimize outbreak

Keep COVID patient safe

High staff + resident up-to-date vax rate

Dial-up High grade PPE use with community transmission and NH outbreak

low threshold for testing

up-to-date vax

Paxlovid/
molnupiravir

Document...Document...Document

- Document date and details of the change in infection control practices
- Document the reasons and what factors were considered for the change
- Document who was involved in making these decisions



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



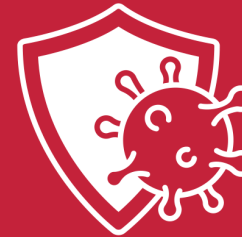
CHRONIC DISEASE SELF- MANAGEMENT

- 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!

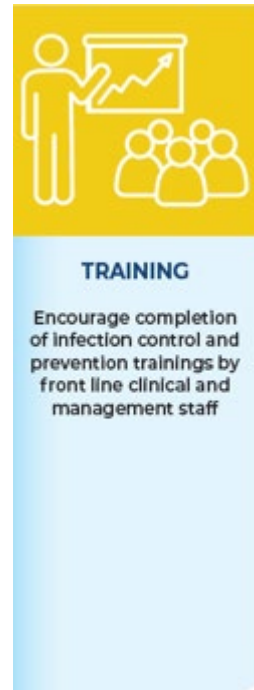
Please scan the QR codes below and complete the assessments.



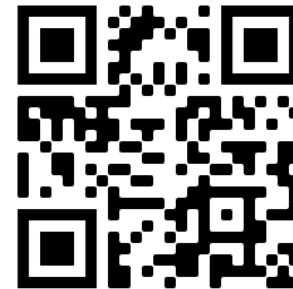
Nursing Home
Emergency
Preparedness
Program (NH EPP)
Self-Assessment



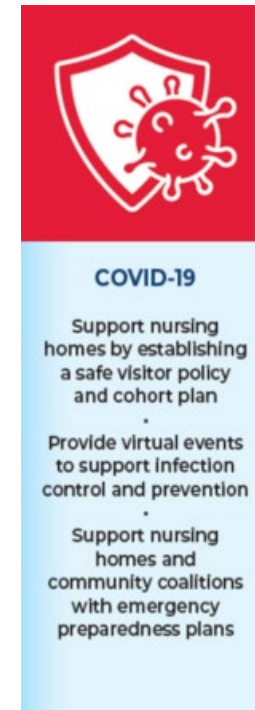
https://bit.ly/AHS_NHEPPAssessment



Nursing Home
Infection
Prevention (NHIP)
Initiative Training
Assessment



<https://bit.ly/NHIPAssessment>

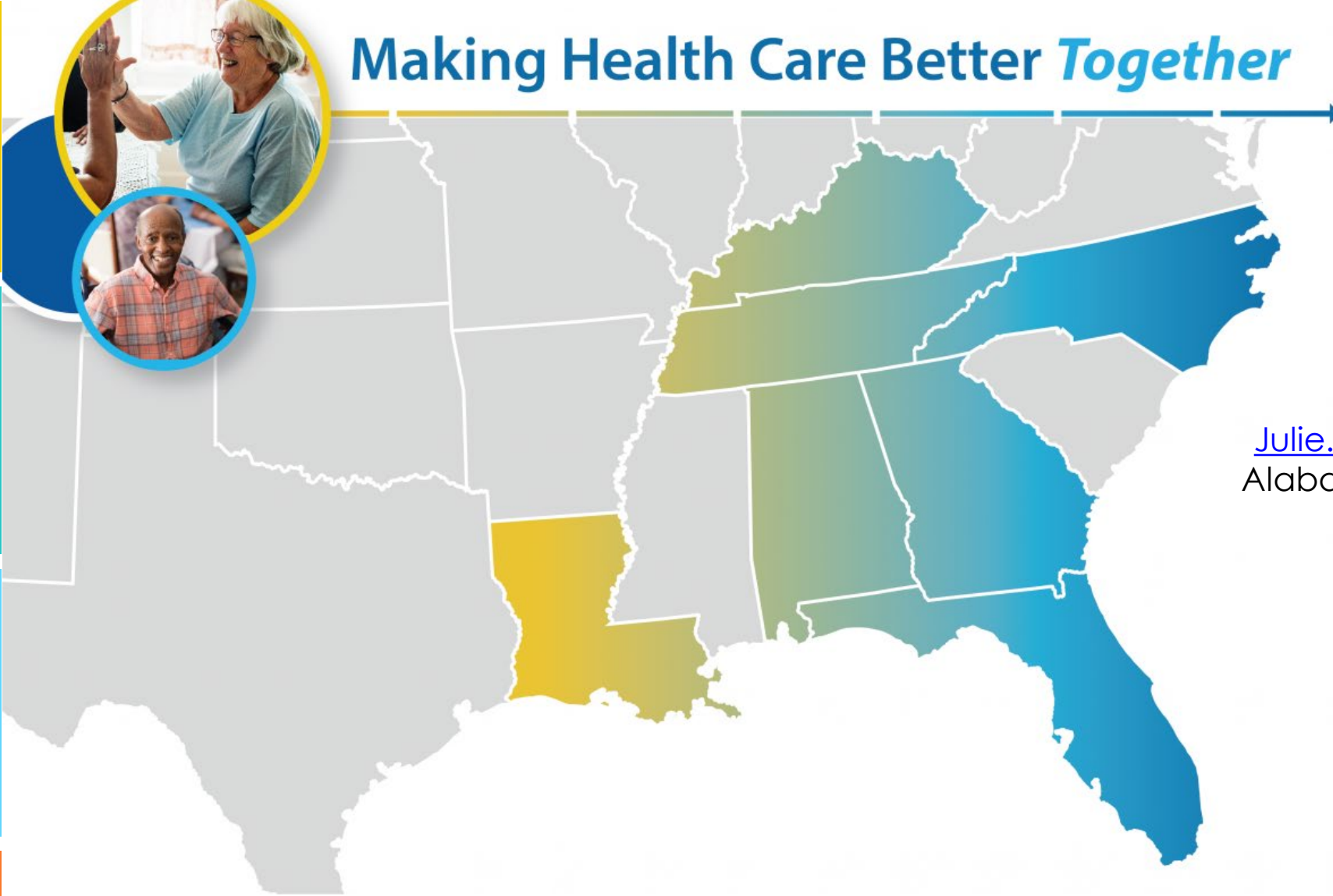


Nursing Home Safe
Visitor Policy and
Cohorting Plan
Verification



<https://bit.ly/SafeVisitorVerification>

Making Health Care Better *Together*



Julie Kueker

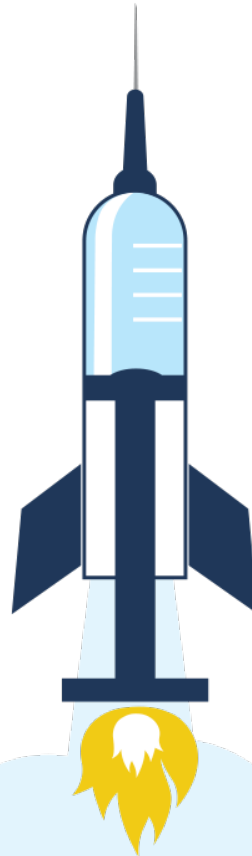
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Program Directors



Making Health Care Better Together



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AlliantQIO

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