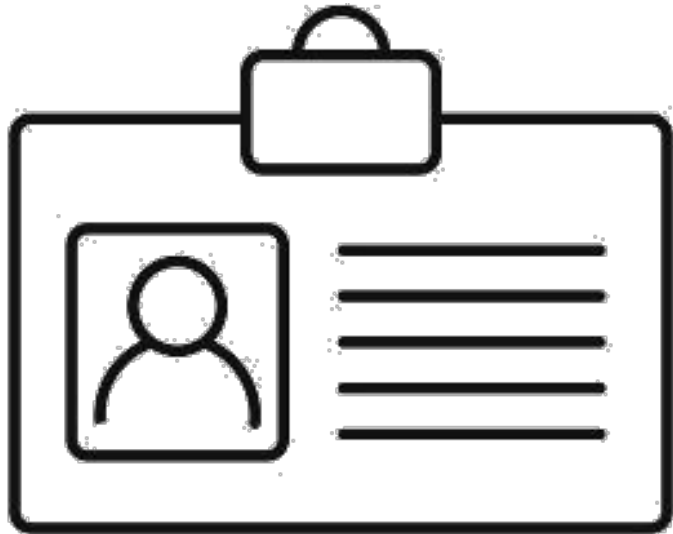




Georgia Department of Public Health:  
Strike & Support Team GADPH Office Hours for ALFs & PCHs  
November 18, 2022

# Meet the Team



## Presenters:

**Swati Gaur, MD, MBA, CMD, AGSF**

Medical Director, Alliant Health Solutions

**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. 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.



# Erica Umeakunne, MSN, MPH, APRN, CIC

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

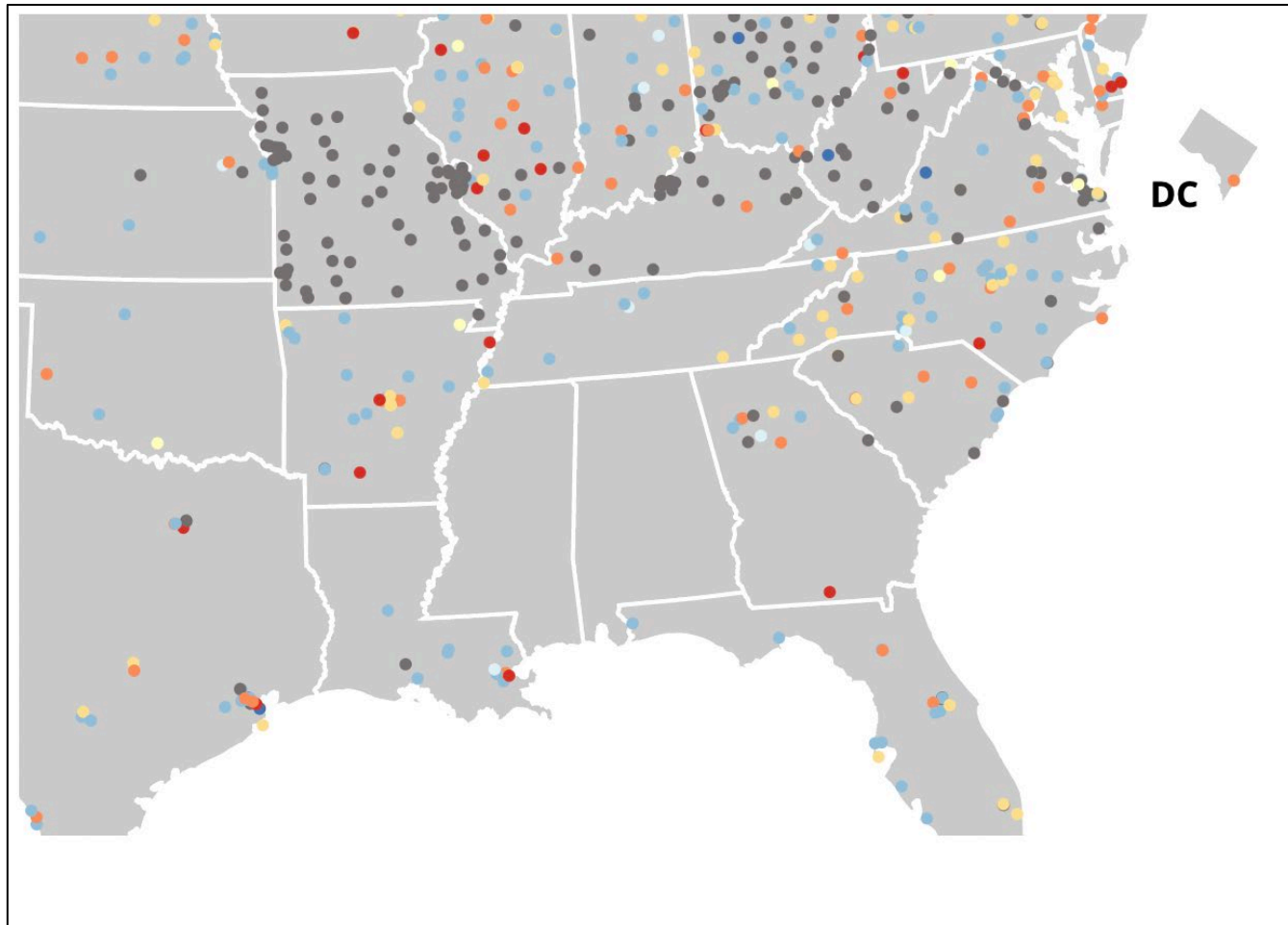
- Georgia Department of Public Health
- University of Georgia



# Objectives

- Provide updates on the COVID-19 pandemic and vaccination recommendations
- Discuss respiratory illness burden in the community and discuss mitigation strategies including COVID-19 and influenza-like illnesses
- Discuss how facilities can practically update their COVID-19 infection prevention and control (IPC) strategies to align with current recommendations
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns

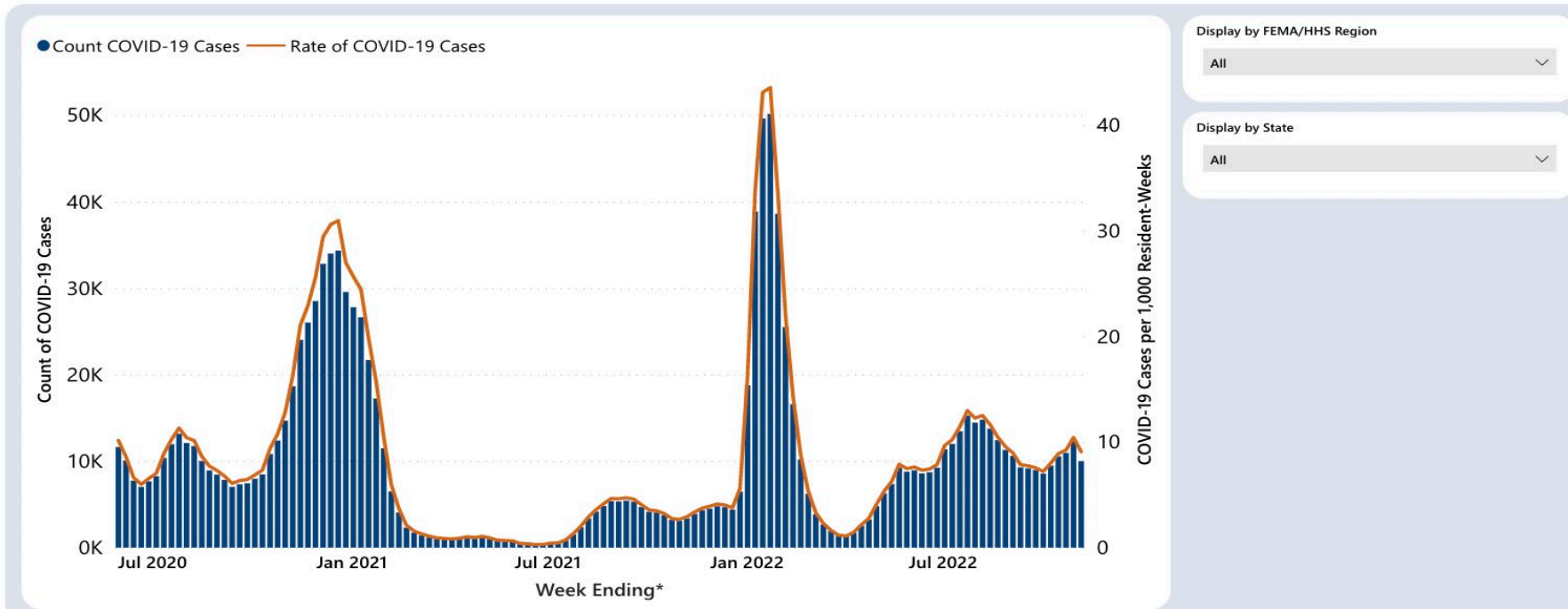
# Wastewater Surveillance



## 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/ltc/covid19/index.html>

Data as of 11/7/2022 5:30 AM

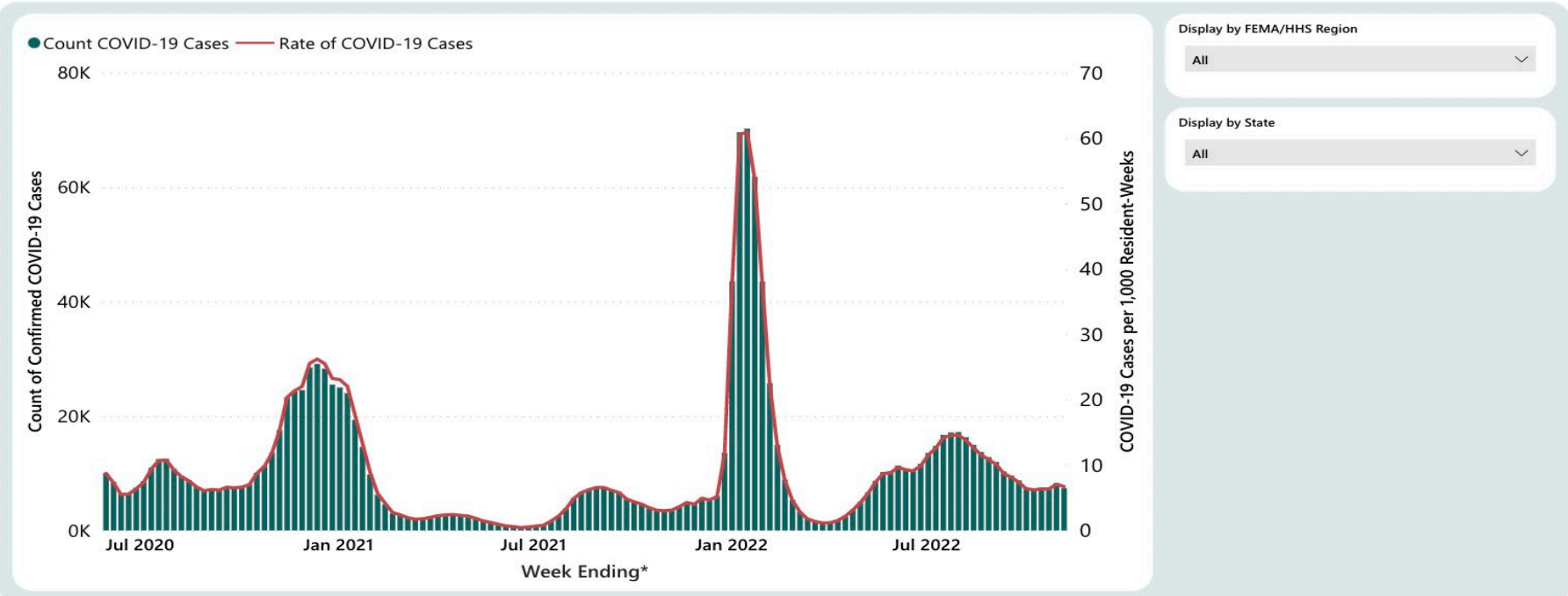
- [Slider] + 75%



# 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  
 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/rtc/covid19/index.html>

Data as of 11/7/2022 5:30 AM

- [Slider] + 75%



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

HHS Region

USA

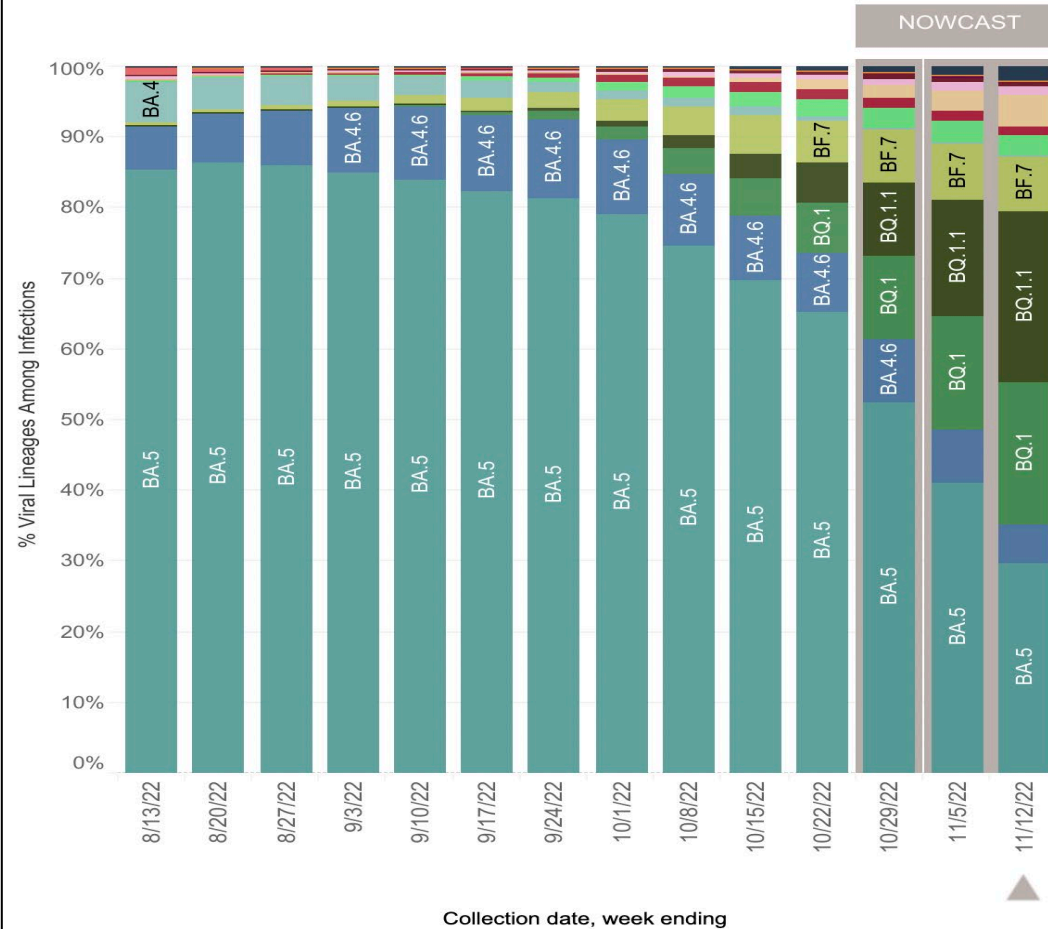
- Nowcast On
- Nowcast Off

Week Ending

11/12/2022

United States: 8/7/2022 – 11/12/2022

United States: 11/6/2022 – 11/12/2022 NOWCAST



USA

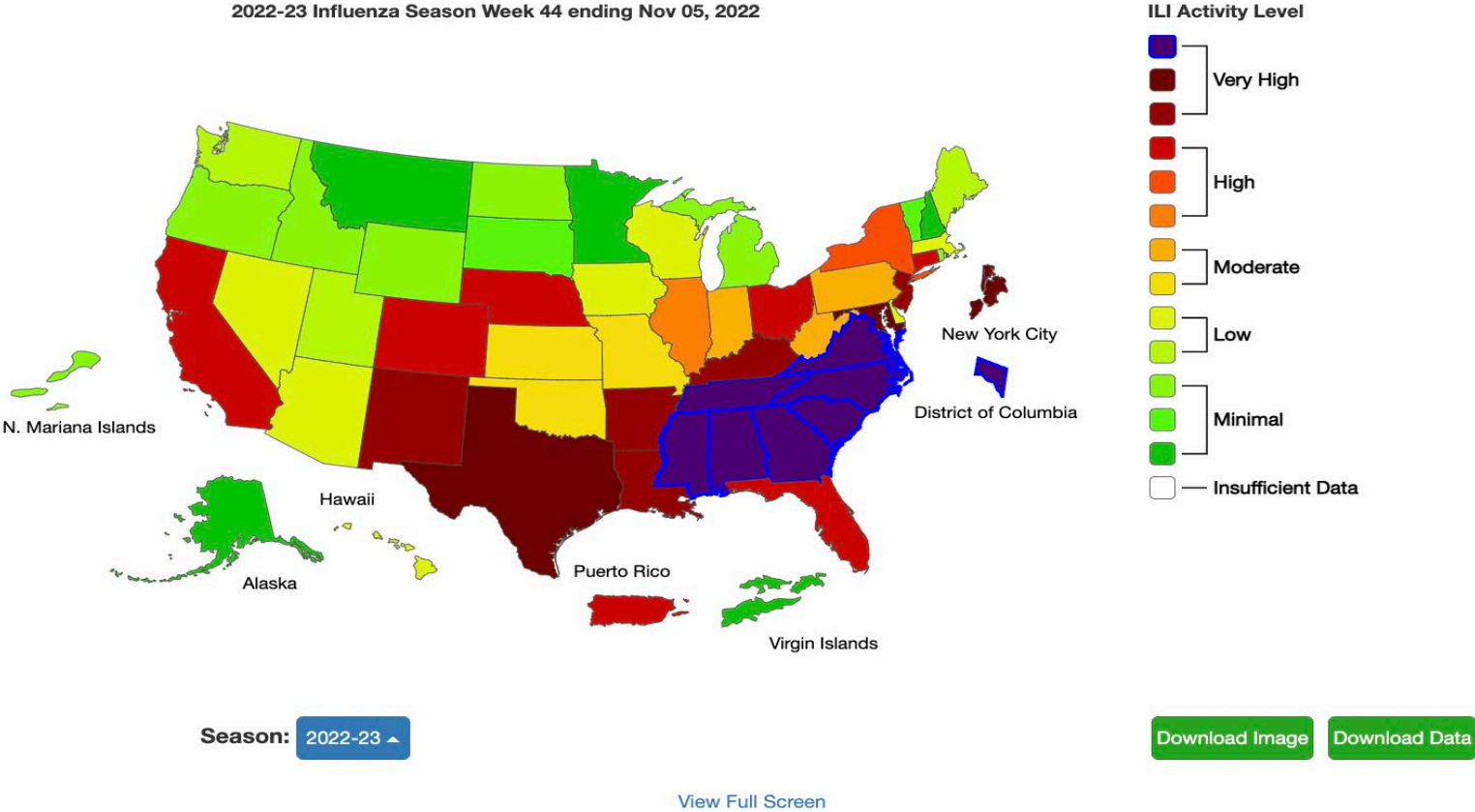
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	29.7%	27.2-32.3%
	BQ.1.1	VOC	24.1%	21.3-27.3%
	BQ.1	VOC	20.1%	17.2-23.4%
	BF.7	VOC	7.8%	6.8-9.0%
	BA.4.6	VOC	5.5%	5.0-6.2%
	BN.1	VOC	4.3%	3.0-6.2%
	BA.5.2.6	VOC	2.9%	2.5-3.4%
	BA.2	VOC	1.3%	0.8-1.9%
	BA.2.75	VOC	1.2%	1.0-1.5%
	BA.2.75.2	VOC	0.9%	0.6-1.2%
	BA.4	VOC	0.1%	0.1-0.1%
	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*		2.0%	1.1-3.3%

\* 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

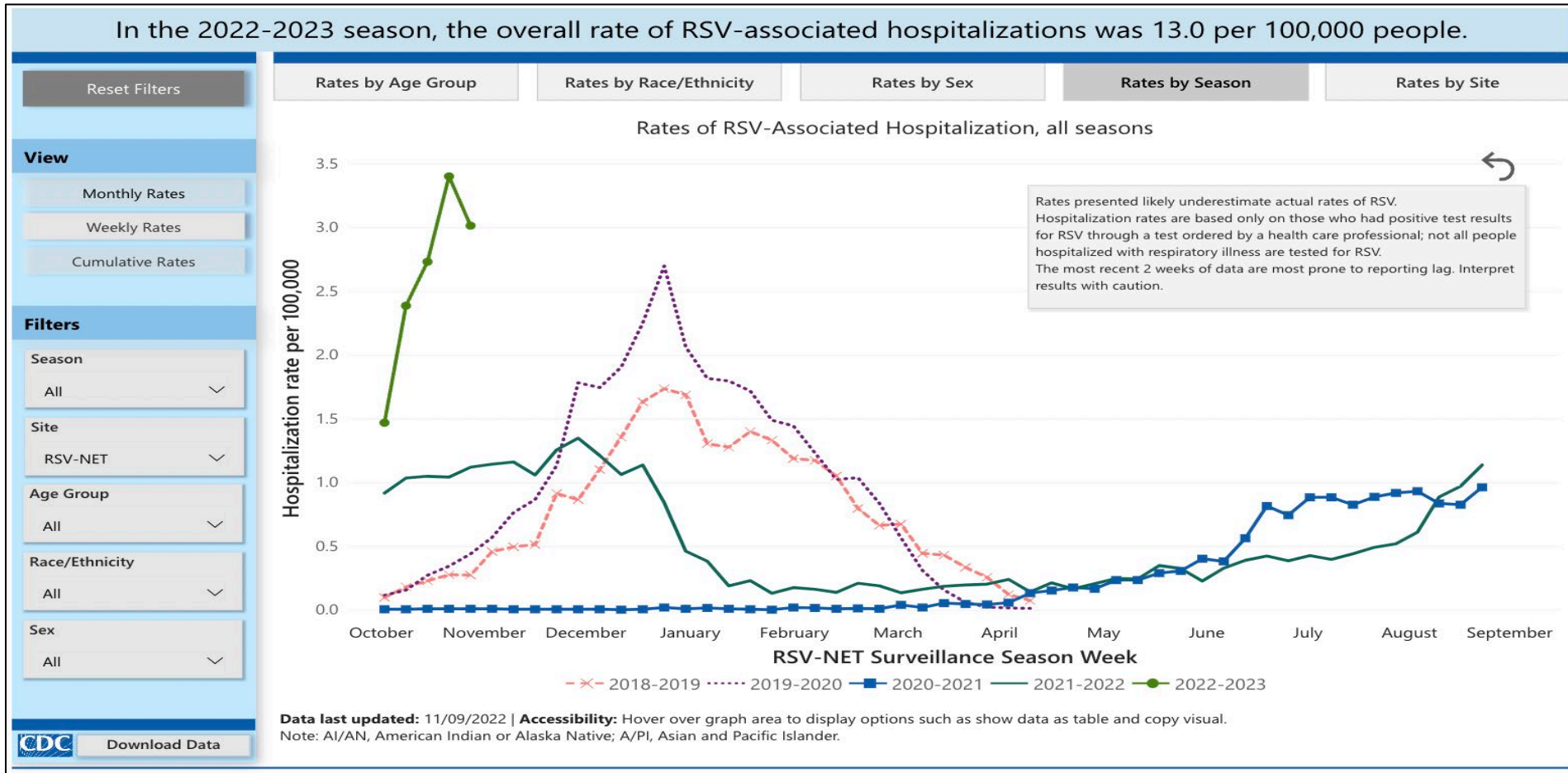
# BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and 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, BN.1 was aggregated with BA.2.75. Lineages BA.2.75.2, BN.1, BA.4.6, BF.7, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

# Influenza-Like Activity



# RSV Surveillance Data

In the 2022-2023 season, the overall rate of RSV-associated hospitalizations was 13.0 per 100,000 people.



# 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:**

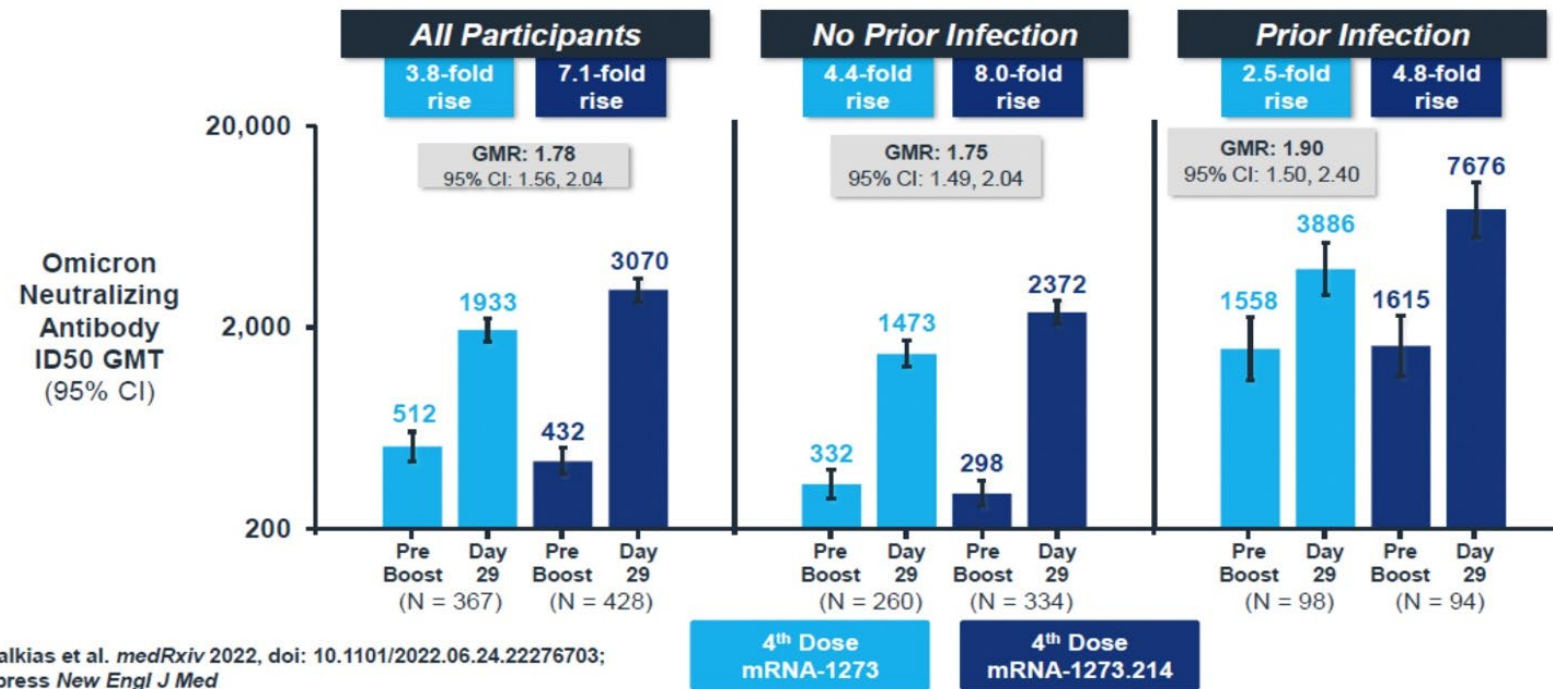
Received an **updated (bivalent)\* booster dose**,

or

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

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

## Immunogenicity: Moderna bivalent booster



- Met superiority criteria\* in participants  $\geq 18$  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>

# 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.

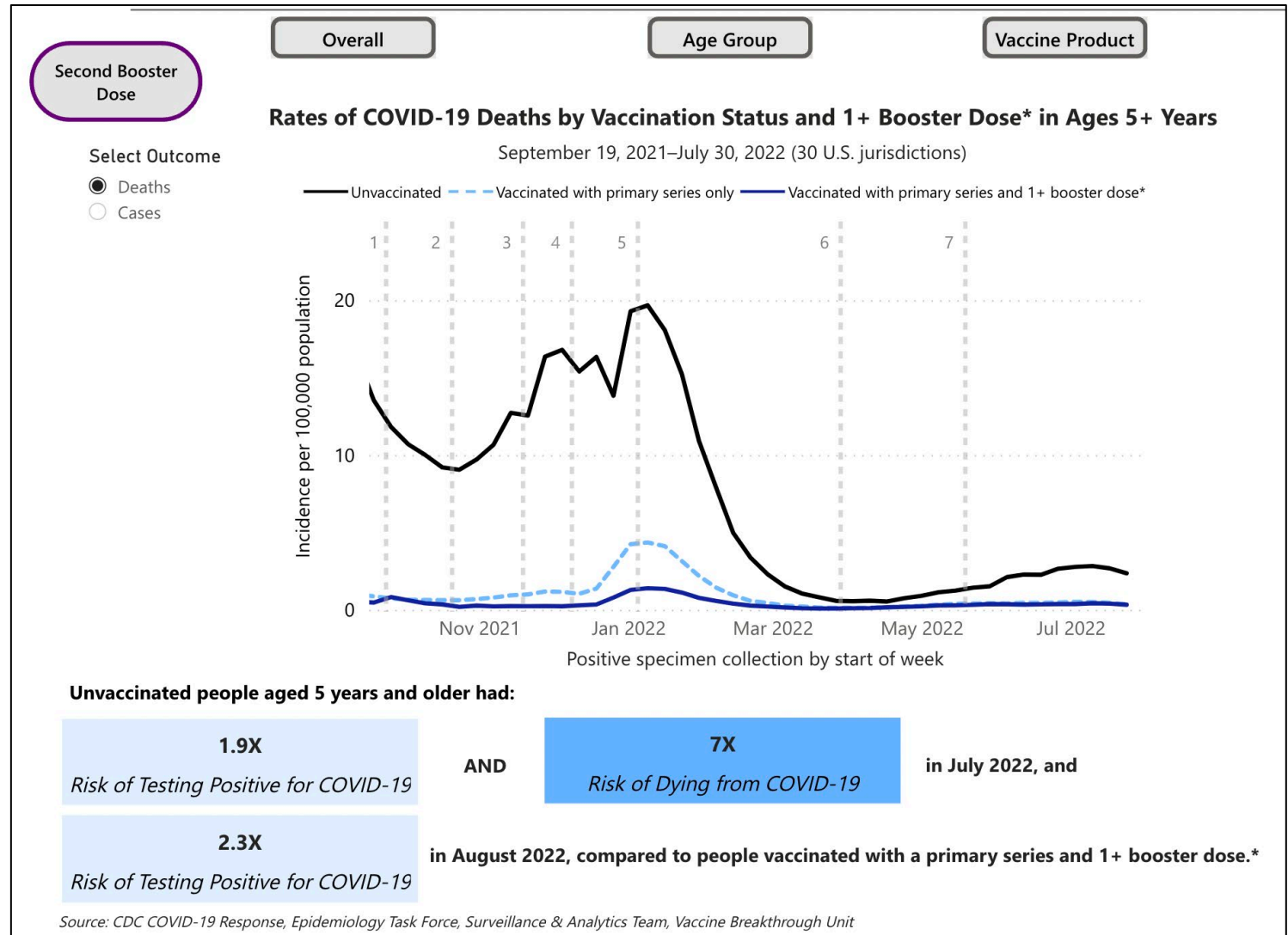
## Old Booster:

- 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

# Effectiveness of Vaccines





# Local and Systemic Adverse Reactions

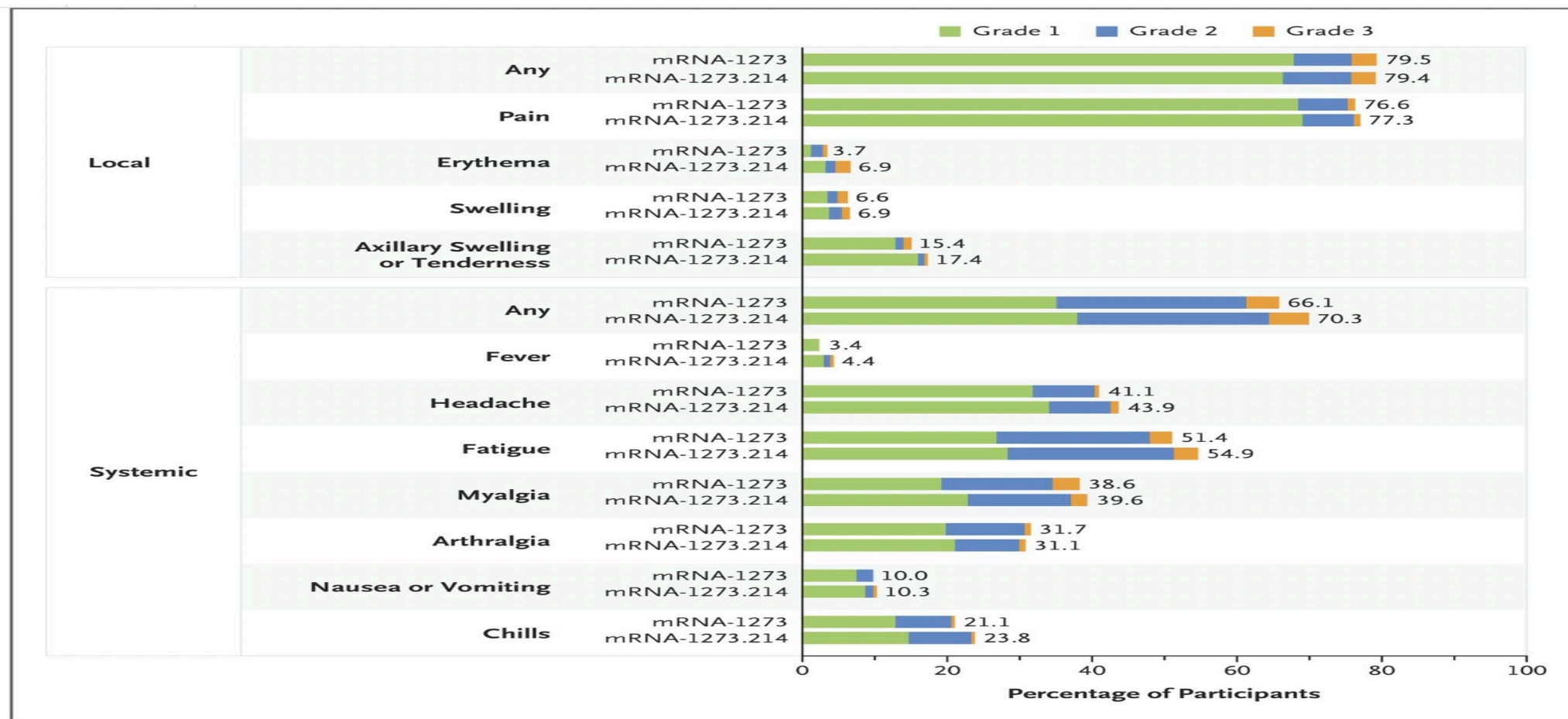
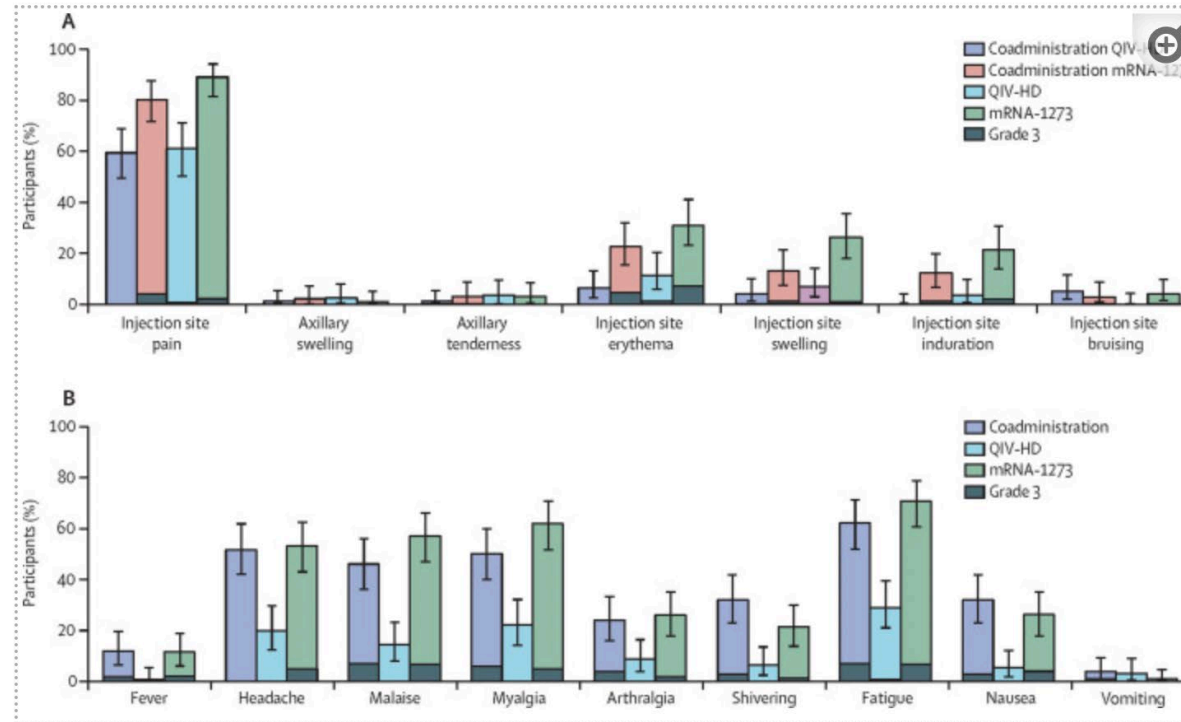


Figure 2



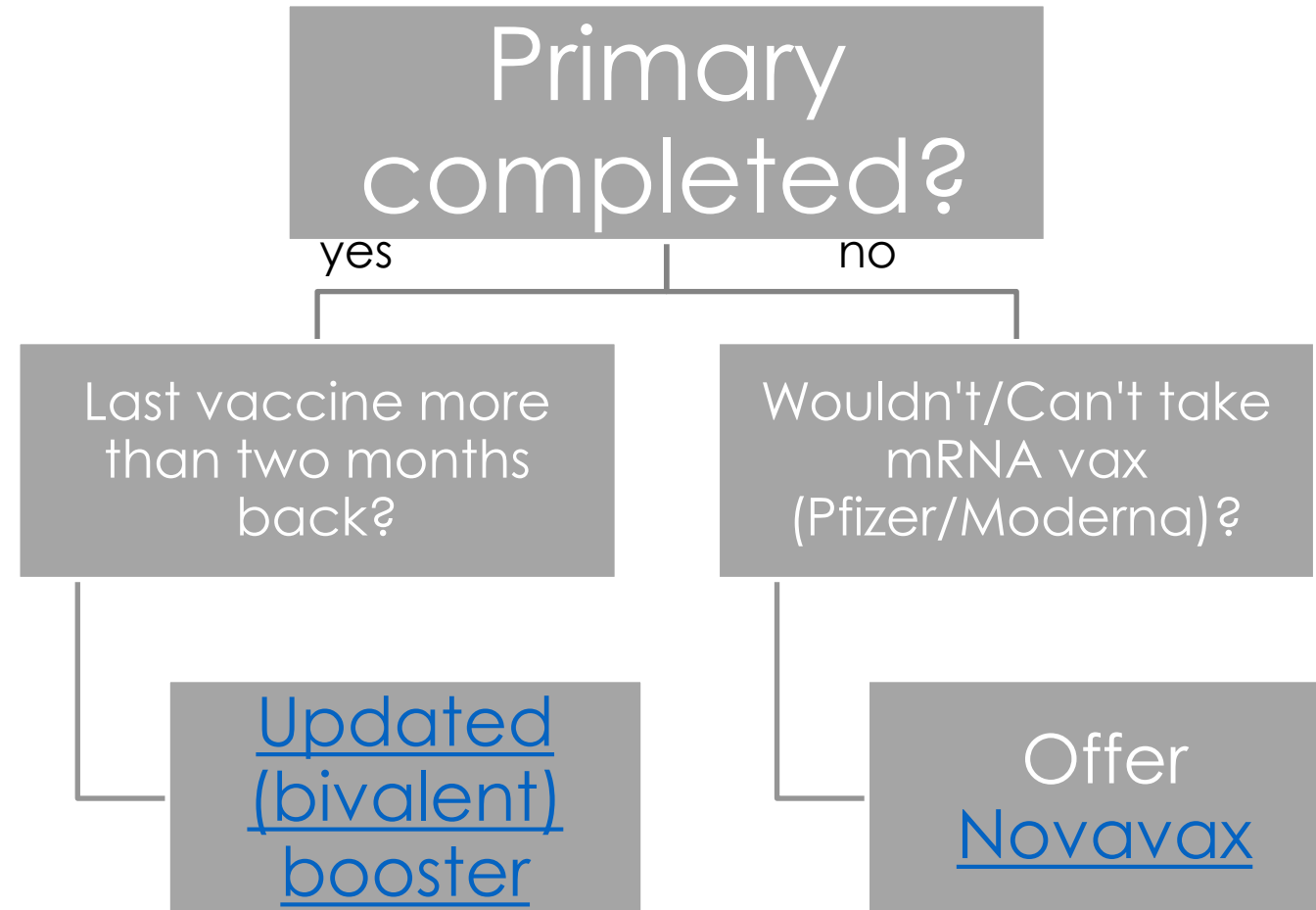
Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

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.

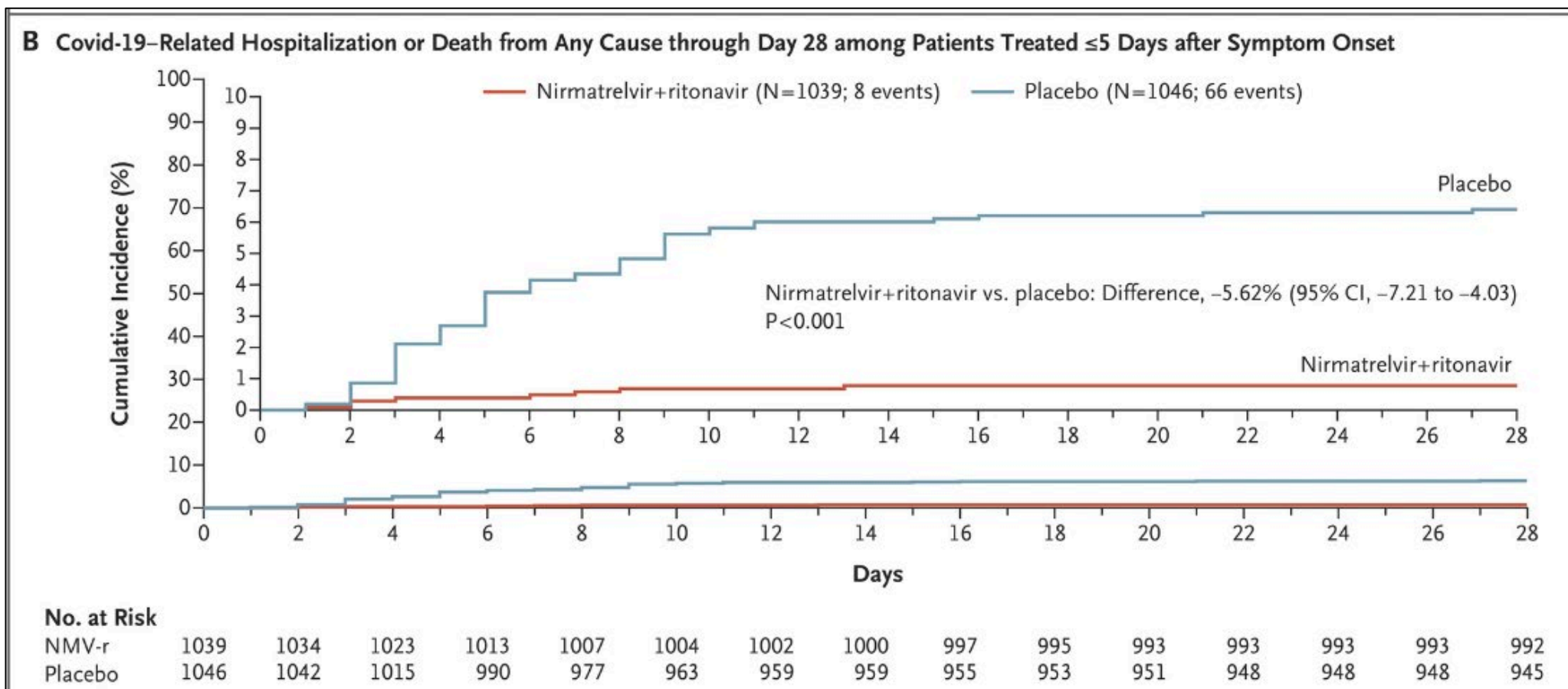
# Vaccine Strategy: Coadministration

- 2/3 of adults want it
- Side effects comparable
- Flu vaccine rates may go up with coadministration
- Nursing home resources
- Vaccine fatigue

# Booster Flowsheet



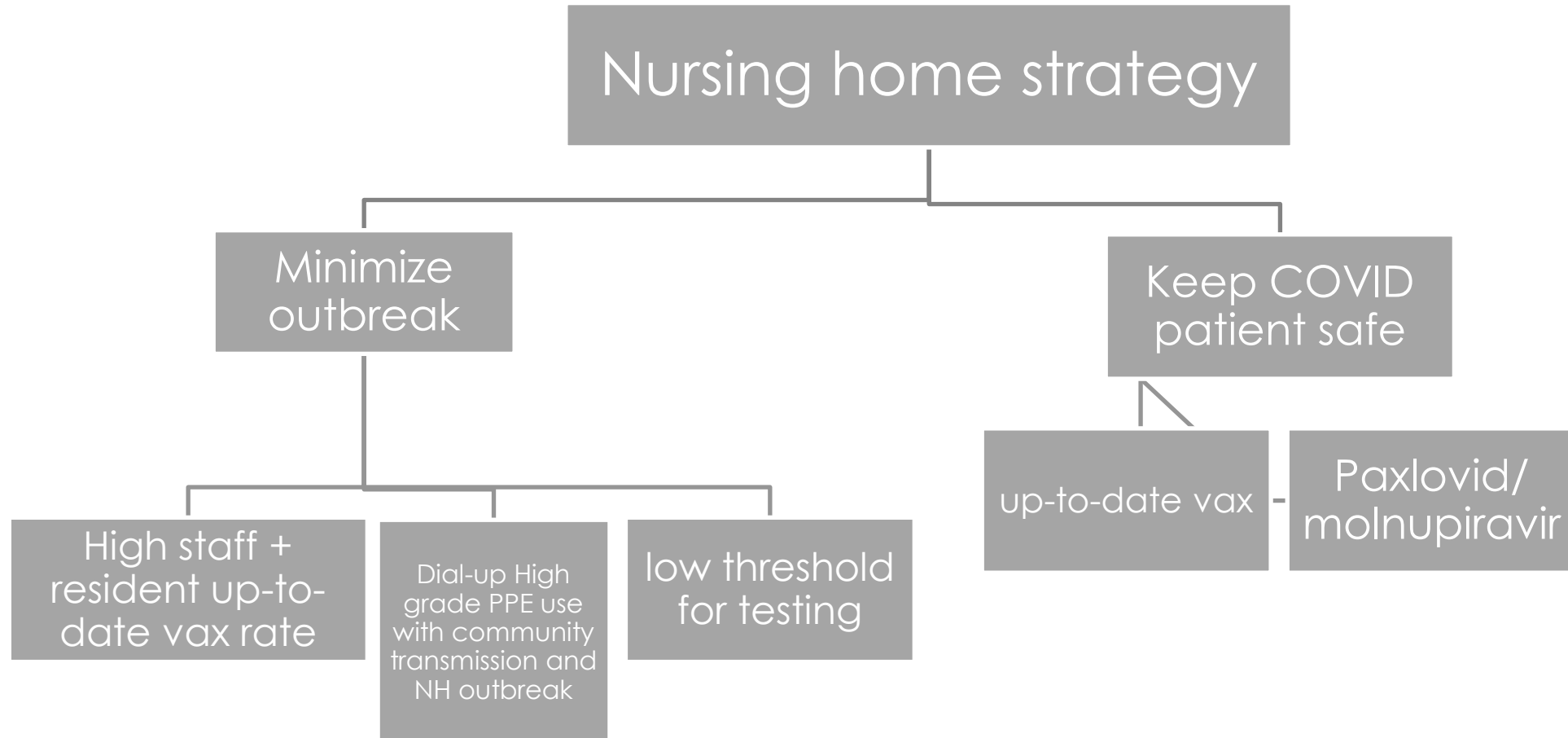
# Paxlovid: EPIC HR Trial



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

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

# Nursing Home Strategy




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

- Up-to-date vaccinate
- PPE and Infection Control
- Testing

# Repeat COVID-19 Infections Increase Risk of Organ Failure, Death: Researchers Recommend Masks, Vaccines, Vigilance To Prevent Reinfection

“The evidence shows reinfection further increases risks of death, hospitalization and sequelae in multiple organ systems in the acute and post-acute phase. Reducing the overall burden of death and disease due to SARS-CoV-2 will require strategies for reinfection prevention.”


<https://www.eurekalert.org/news-releases/970714>

**nature medicine** 

Article <https://doi.org/10.1038/s41591-022-02051-3>


## Acute and postacute sequelae associated with SARS-CoV-2 reinfection

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Received: 12 June 2022 Benjamin Bowe<sup>1,2</sup>, Yan Xie<sup>1,2</sup> & Ziyad Al-Aly<sup>1,2,3,4,5</sup> 

Accepted: 23 September 2022

Published online: 10 November 2022

 Check for updates

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First infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is associated with increased risk of acute and postacute death and sequelae in various organ systems. Whether reinfection adds to risks incurred after first infection is unclear. Here we used the US Department of Veterans Affairs' national healthcare database to build a cohort of individuals with one SARS-CoV-2 infection ( $n = 443,588$ ), reinfection (two or more infections,  $n = 40,947$ ) and a noninfected control ( $n = 5,334,729$ ). We used inverse probability-weighted survival models to estimate risks and 6-month burdens of death, hospitalization and incident sequelae. Compared to no reinfection, reinfection contributed additional risks of death (hazard ratio (HR) = 2.17, 95% confidence intervals (CI) 1.93–2.45), hospitalization (HR = 3.32, 95% CI 3.13–3.51) and sequelae including pulmonary, cardiovascular, hematological, diabetes, gastrointestinal, kidney, mental health, musculoskeletal and neurological disorders. The risks were evident regardless of vaccination status. The risks were most pronounced in the acute phase but persisted in the postacute phase at 6 months. Compared to noninfected controls, cumulative risks and burdens of repeat infection increased according to the number of infections. Limitations included a cohort of mostly white males. The evidence shows that reinfection further increases risks of death, hospitalization and sequelae in multiple organ systems in the acute and postacute phase. Reducing overall burden of death and disease due to SARS-CoV-2 will require strategies for reinfection prevention.

Bowe, B., Xie, Y. & Al-Aly, Z. Acute and postacute sequelae associated with SARS-CoV-2 reinfection. *Nat Med* (2022).  
<https://doi.org/10.1038/s41591-022-02051-3>



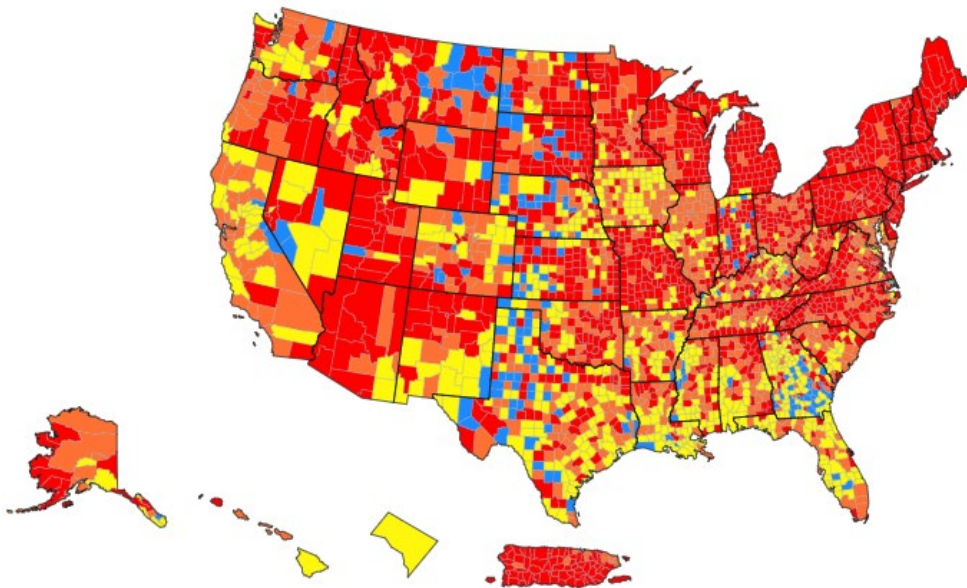
# Assisted Living, Group Homes and Other Residential Care Settings

- Follow [community prevention strategies based on COVID-19 Community Levels](#)
  - Independent living
  - Retirement communities
  - Other non-healthcare congregate settings
- Counsel residents/staff about [strategies to protect themselves and others](#)
  - including recommendations for source control if they are immunocompromised or at high risk for severe disease
    - [Resources for older adults](#)
    - [People with disabilities](#)
- Follow the [healthcare IPC recommendations](#)
  - Visiting or shared healthcare personnel providing healthcare to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses)
  - Staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection
    - hand hygiene
    - personal protective equipment
    - cleaning and disinfection practices

## Transmission Levels

This metric uses two indicators:

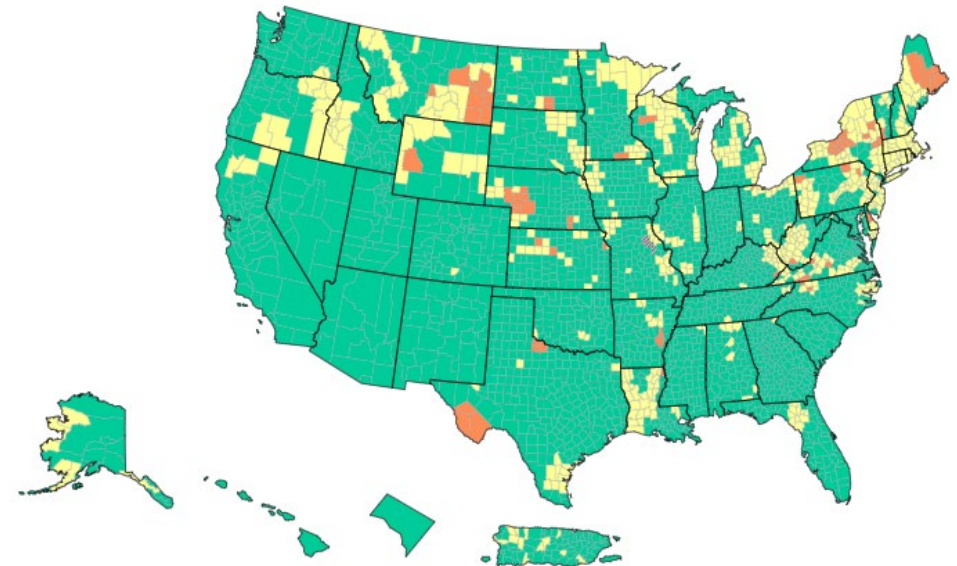
1. Total number of new cases per 100,000 persons within the last seven days.
2. Percentage of positive diagnostic and screening nucleic acid amplification tests ([NAAT](#)) during the last seven days.



## COVID-19 Community Levels

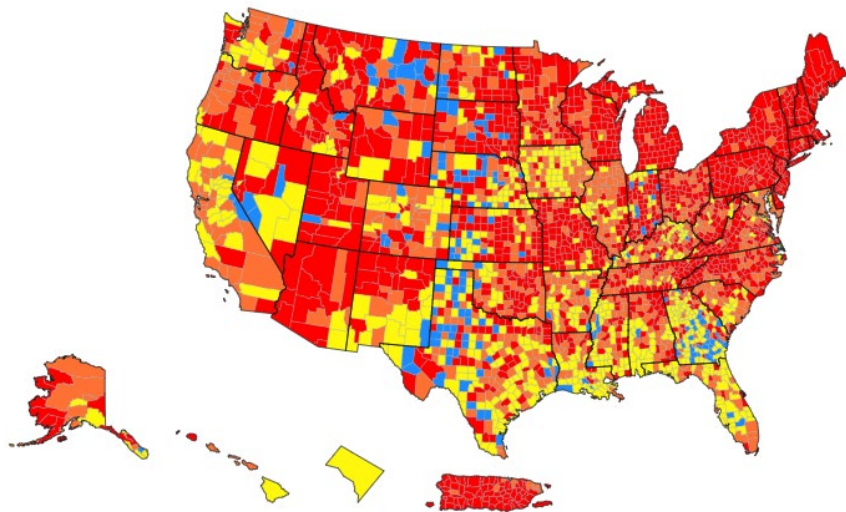
This metric uses three indicators:

1. New COVID-19 cases per 100,000 population in the last seven days.
2. New COVID-19 hospital admissions per 100,000 population in the last seven days.
3. Percent of staffed inpatient beds occupied by patients with confirmed COVID-19 (seven-day average).



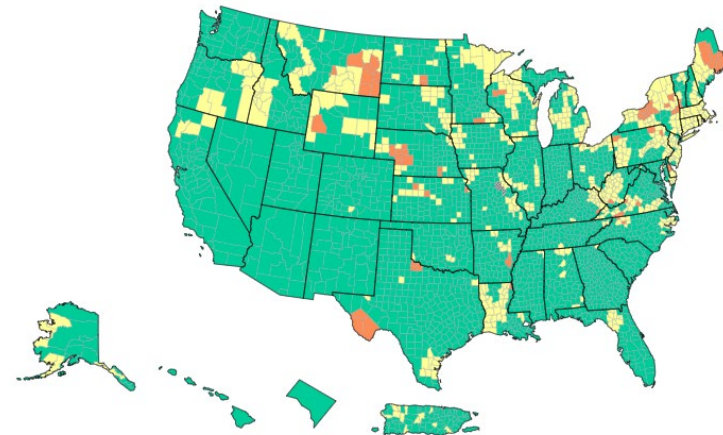
## Transmission Levels

- **Healthcare settings**
- Used on a weekly basis to guide select infection prevention & control actions in healthcare setting
- Allows for earlier intervention
- Better protects individuals seeking medical care



## COVID-19 Community Levels

- **Non-healthcare settings (assisted living facilities, group homes, retirement communities, congregate settings)**
- Help individuals and communities decide which prevention actions to take based on the latest information
- Informs individual- and household-level prevention behaviors and community-level prevention strategies for low, medium and high COVID-19 community levels



# Community-Level Prevention Strategies

LOW, MEDIUM, AND HIGH

## At all COVID-19 Community Levels:



- Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.
- Ensure access to testing, including through point-of-care and at-home tests for all people.
- Maintain [ventilation improvements](#).
- Provide communications and messaging to encourage isolation among people who test positive.

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

# Community-Level Prevention Strategies

MEDIUM AND HIGH

When the COVID-19 Community Level is Medium or High:



- Implement screening testing in high-risk settings where screening testing is recommended.

HIGH

When the COVID-19 Community Level is High:



- Implement healthcare surge support as needed.

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

# Making Changes to your Facility-Wide COVID-19 IPC Strategies

- Communicate changes and expectations to everyone
- Remain up to date with state/local DPH and regulatory agencies
- Involve your multi-disciplinary team
  - Infection Preventionist (IP)
  - Director of Nursing
  - Medical Director
  - Administrator
  - Consultant Pharmacist
  - Custodial Director
- Continue to support the IP and the decisions related to the facility IPC program
- Document regularly and consistently
  - IP risk assessment and plan
  - Consistent communication with residents, family and staff
  - Policy changes

# Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool

- Framework for communication between members of the health care team about a patient's condition; adapted to communicate facility changes & updates
  - Easy-to-remember
  - Useful for framing any conversation requiring immediate attention and action
  - Allows for an easy and focused way to set expectations for what will be communicated and how between members of the team
    - Essential for developing teamwork
    - Fostering a [culture of patient safety](#)
- **S = Situation** (a concise statement of the problem)
- **B = Background** (pertinent and brief information related to the situation)
- **A = Assessment** (analysis and considerations of options — what you found/think)
- **R = Recommendation** (action requested/recommended — what you want)

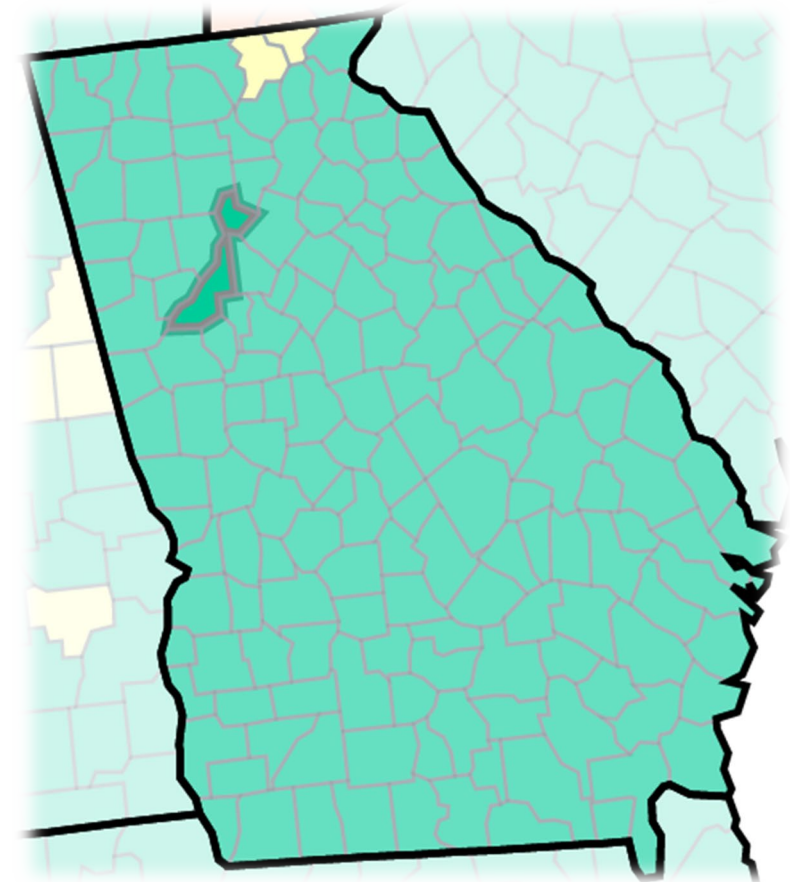
## Template: SBAR

<b>S</b>	<b>Situation:</b> What is the situation you are calling about? <ul style="list-style-type: none"> <li>• Identify self, unit, patient, room number.</li> <li>• Briefly state the problem, what is it, when it happened or started, and how severe.</li> </ul>
<b>B</b>	<b>Background:</b> Pertinent background information related to the situation could include the following: <ul style="list-style-type: none"> <li>• The admitting diagnosis and date of admission</li> <li>• List of current medications, allergies, IV fluids, and labs</li> <li>• Most recent vital signs</li> <li>• Lab results: provide the date and time test was done and results of previous tests for comparison</li> <li>• Other clinical information</li> <li>• Code status</li> </ul>
<b>A</b>	<b>Assessment:</b> What is the nurse's assessment of the situation?
<b>R</b>	<b>Recommendation:</b> What is the nurse's recommendation or what does he/she want? Examples: <ul style="list-style-type: none"> <li>• Notification that patient has been admitted</li> <li>• Patient needs to be seen now</li> <li>• Order change</li> </ul>

[Institute for Healthcare Improvement \(IHI\) SBAR Tool](#)

# Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool Example

- **Situation:** Our assisted living facility has reviewed the most recent regulations and CDC infection prevention and control guidelines pertaining to COVID-19 practices. We are updating our COVID-19 IPC strategies.
- **Background:** Transmission levels within Fulton County have been at a LOW level for three weeks (LOW as of 10/31/2022). Vaccination status among residents is high, with 95% being up to date. Staff vaccination rates are also high, with 90% being up to date.

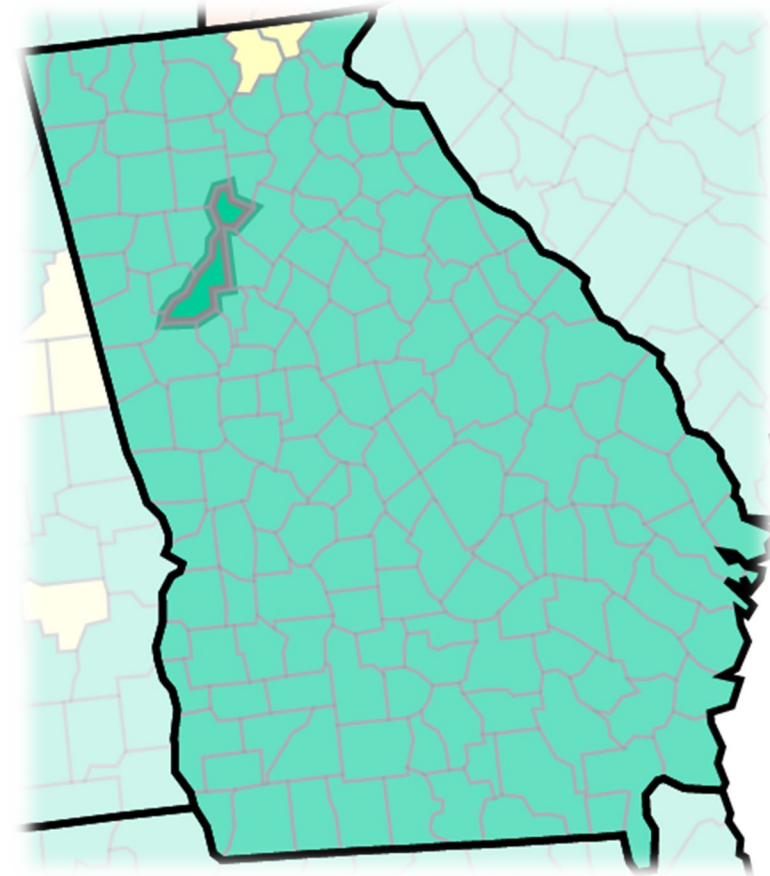


[COVID-19 Community Levels](#)



# Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool Example

- Assessment:** Transmission levels are stable in the LOW level as defined by CDC for Fulton County. The facility has high vaccination rates for COVID-19 among staff and residents, and the facility staff and guests demonstrate consistent use of standard infection prevention practices as evidenced by hand hygiene audits/observations, cleaning and disinfection routines, and supplies for respiratory etiquette and source control.



COVID-19 Community Levels

# Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool Example

**Recommendation:** Modify standard infection prevention and control practices for COVID-19 prevention/containment to include the following:

- Encourage everyone to practice infection prevention behaviors (i.e., hand hygiene, respiratory etiquette/covering your cough, avoiding sick people, reporting symptoms) and to remain up to date with all vaccine doses
- Ensure access to testing, including point-of-care and at-home tests for all people
- Provide communications and messaging to encourage isolation among people who test positive
- Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 Infection
- Maintain infection prevention and control practices (i.e., hand hygiene, cleaning and disinfection, standard precautions, adequate ventilation)

# COVID-19 Lessons Learned: Risk Recognition and Health Care

- Vulnerable population
- Increased likelihood of infection
- Variety of pathogens (germs)
- Invasive medical & care-related interventions
- Workflow/daily practices

<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

# COVID-19 Lessons Learned: Respiratory Viruses

- Up to date with vaccinations
- Understanding your data (resident risk, facility risk, community levels)
- IPC strategies (hand hygiene, respiratory etiquette, source control, cleaning/disinfection)
- Early interventions: screening, testing, and treatments
- Prompt isolation & investigation of close contacts
- Communication & collaboration
- Emergency/Outbreak planning

# Alliant Health Solutions Resources



**GA STRIKE & SUPPORT TEAM**

Join us for the Georgia Department of Public Health Strike (& Support) Team Office Hours. These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) as well as SNF medical directors. Office hours are your opportunity to come and learn, share, vent and more!

Each month we will have updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance is to access subject matter experts on infection control and clinical practice in long term care.

Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and their barriers.

## Strike & Support Team Office Hours

**Office Hours for SNF and MD's:**

- [Click here](#) to register – November 18, 2022 at 11 a.m. ET
- [Click here](#) to register – December 16, 2022 at 11 a.m. ET

**Office Hours for Non-SNF:**

- [Click here](#) to register – November 18, 2022 at 1 p.m. ET
- [Click here](#) to register – December 16, 2022 at 1 p.m. ET

**Bite Sized Learning:**



<https://quality.allianthealth.org/topic/georgia-department-of-public-health/>



## Infection Control Resources

### Sepsis

- [HQIC Sepsis Gap Assessment and Action Steps](#)
- [HQIC Sepsis: Spot the Signs Magnet](#)
- [HQIC Sepsis Provider Engagement](#)
- [AQ Sepsis-ZoneTool](#)
- [Recognition and Management of Severe Sepsis and Septic Shock](#)

[SHOW MORE](#)

### Catheter Associated Urinary Tract Infection (CAUTI)

- [CAUTI Gap Assessment Tool](#)
- [Urinary Catheter Quick Observation Tool](#)
- [CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)
- [AHRQ Toolkit for Reducing CAUTI in Hospitals](#)
- [CDC TAP CAUTI Implementation Guide](#)

[SHOW MORE](#)

### Hand Hygiene

- [Handwash the FROG Way – Badges – English](#)
- [Handwash the FROG Way – Badges – Spanish](#)
- [Handwash the FROG Way – Poster – English](#)
- [Handwash the FROG Way – Poster – Spanish](#)
- [Frequently Asked Questions – Alcohol Based Hand Rub](#)

[SHOW MORE](#)

### NHSN

- [Joining the Alliant Health Solutions NHSN Group](#)
- [Instructions for Submitting C. difficile Data into NHSN](#)
- [5-Step Enrollment for Long-term Care Facilities](#)
- [CDC's National Healthcare Safety Network \(NHSN\)](#)
- [NHSN Enrollment/ LAN Event Presentation](#)

### Clostridioides Difficile Infection (C. difficile)

- [C.difficile Training](#)
- [Nursing Home Training Sessions Introduction](#)
- [Nursing Home C.difficile Infection](#)

### Antibiotic Stewardship

- [Antibiotic Stewardship Basics](#)
- [A Field Guide to Antibiotic Stewardship in Outpatient Settings](#)
- [Physician Commitment Letter](#)
- [Be Antibiotics Aware](#)
- [Taking Your Antibiotics](#)

[SHOW MORE](#)

### Training

- [Options for Infection Control Training in Nursing Homes Flyer](#)

### COVID-19

- [Invest in Trust \(AHRQ Resource for CNA COVID-19 Vaccines\)](#)
- [Nursing Home Staff and Visitor Screening Toolkit – PDF](#)
- [Nursing Home Staff and Visitor Screening Toolkit – Excel](#)

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

# Questions?



# Georgia Department of Public Health HAI Team Contacts

State Region/Districts	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	<a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a> (404-967-0582) <a href="mailto:Mary.Whitaker@dph.ga.gov">Mary.Whitaker@dph.ga.gov</a> (404-967-0578)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a> (404-596-1910) <a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)
Central (Dublin, Macon, Augusta) Districts 5-1, 5-2, 6, 7	<a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a> (404-967-0589) <a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)
Southeast (Columbia, Albany) Districts 8-1, 8-2	<a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a> (404-596-1940)
Southwest (Valdosta, Savannah, Waycross) Districts 9-1, 9-2	<a href="mailto:Regina.Howard@dph.ga.gov">Regina.Howard@dph.ga.gov</a> (404 967-0574)
Backup/Nights/Weekends	<a href="mailto:Jeanne.Negley@dph.ga.gov">Jeanne.Negley@dph.ga.gov</a> (404-657-2593) <a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a> (404-430-6316)

# Thank You for Your Time!

## Contact the AHS Patient Safety Team



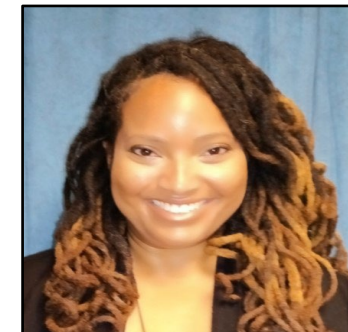
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# Save the Date

## **SNF and Medical Directors Office Hours:**

December 16, 2022 | 11 a.m. ET

## **ALF and PCH**

December 16, 2022 | 1 p.m. ET



# Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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# Making Health Care Better



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