Georgia Department of Public Health: Strike & Support Team
GADPH Office Hours for NHs & Medical Directors
January 20, 2023
Meet the Team

Presenters:

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

Cathy Davis, RN
Director of Training & QA
Georgia Department of Community Health
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 served as 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. Dr. Gaur was instrumental in establishing the COVID-19 task force for the Society that created guidance, policy, FAQs and education for LTC medical directors and staff across the country. She has authored several articles on the topic published in peer-reviewed journals. Dr. Gaur was also named the Society’s Medical Director of the Year 2022.
Cathy Davis, RN
Director of Training and Quality Assurance
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division
Atlanta, GA
Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia
Objectives

- Provide updates on the new respiratory viral threat that nursing homes are facing
- Discuss new research on keeping outbreak numbers down
- Using what we know works to keep residents safe from COVID-19 hospitalizations and deaths
COVID-19 Hospitalizations and Deaths
Wastewater Surveillance

![Map of wastewater surveillance sites in the United States](image)

## Current SARS-CoV-2 virus levels by site, United States

<table>
<thead>
<tr>
<th>Virus levels category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Site</td>
<td>64</td>
<td>6</td>
<td>31%</td>
</tr>
<tr>
<td>0% to 19%</td>
<td>42</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>20% to 39%</td>
<td>143</td>
<td>14</td>
<td>16%</td>
</tr>
<tr>
<td>40% to 59%</td>
<td>252</td>
<td>24</td>
<td>12%</td>
</tr>
<tr>
<td>60% to 79%</td>
<td>343</td>
<td>33</td>
<td>~1%</td>
</tr>
<tr>
<td>80% to 100%</td>
<td>209</td>
<td>20</td>
<td>~36%</td>
</tr>
</tbody>
</table>
Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

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.

For more information: https://www.cdc.gov/nursinghomecovid19/index.html

Data as of 1/9/2023 5:30 AM
Flu Hospitalizations

Cumulative Rate of Laboratory-Confirmed Influenza Hospitalizations among cases of all ages, 2014-15 to 2022-23, MMWR Week 01

**In this figure, weekly rates for all seasons prior to the 2022-23 season reflect end-of-season rates. For the 2022-23 season, rates for recent hospital admissions are subject to reporting delays and are shown as a dashed line for the current season. As hospitalization data are received each week, prior case counts and rates are updated accordingly.**
Lower Case Count: Bivalent Boosters

Rates of COVID-19 Cases by Vaccination Status in Ages 5 and Older
August 14, 2022–November 19, 2022 (23 U.S. jurisdictions)

- Unvaccinated
- Vaccinated without updated booster
- Vaccinated with updated booster

Selected Outcome:
- Deaths
- Cases

Date:
- 8/8/2022
- 11/13/2022

People aged 5 and older vaccinated with an updated (bivalent) booster had:
- 18.6X lower risk of dying from COVID-19 in October 2022, and
- 3.1X lower risk of testing positive for COVID-19 in November 2022, compared to unvaccinated people.
Lower Death Rate: Bivalent Booster

Rates of COVID-19 Deaths by Vaccination Status in Ages 5 and Older
August 14, 2022–October 29, 2022 (22 U.S. jurisdictions)

- Unvaccinated
- Vaccinated without updated booster
- Vaccinated with updated booster

People aged 5 and older vaccinated with an updated (bivalent) booster had:

18.6X lower risk of dying from COVID-19 in October 2022, and
3.1X lower risk of testing positive for COVID-19 in November 2022, compared to unvaccinated people.
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
### 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–November 30, 2022

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Received BV vaccine dose, by case status, n/N (%)</th>
<th>Median Interval¹ from last vaccine dose to illness onset (IQR), days</th>
<th>Adjusted VE, % (95% CI)²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case-patients</td>
<td>Control patients</td>
<td></td>
</tr>
</tbody>
</table>
| 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) |
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.
Treatment: Paxlovid

Does nirmatrelvir 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
- 12,541 nirmatrelvir plus ritonavir
- 32,020 no nirmatrelvir plus ritonavir

90.3% ≥3 COVID-19 vaccine doses
Omicron wave (Jan–July 2022)

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

Adjusted Cumulative Incidence %

Days From COVID-19 Diagnosis

Annals of Internal Medicine
Early Treatment
(Health Advisory Network-Dec 20)

• First-line therapy
  – ritonavir-boosted nirmatrelvir (PaxlovidTM) or remdesivir (Veklury®)
• Second-line therapy
  – molnupiravir (LagevrioTM)

COVID-19 Risk Continuum

LOWER RISK

- Age: <30 (years)
- Medical Conditions: None
- Vaccination Status: Full vaccination plus boosting
- Immunosuppression: None

30-49

- Age: 30-49 (years)
- Medical Conditions: 1
- Vaccination Status: Full vaccination
- Immunosuppression: Corticosteroids

50-69

- Age: 50-69 (years)
- Medical Conditions: 2
- Vaccination Status: Partial vaccination
- Immunosuppression: Biologics (e.g., anti-tumor necrosis factor), Antimetabolites (e.g., mycophenolate)

≥70

- Age: ≥70 (years)
- Medical Conditions: 3+
- Vaccination Status: Unvaccinated
- Immunosuppression: Lymphodepletion (e.g., anti-CD20+), Solid organ transplant, AIDS, Stem cell transplant, Hematological malignancy

Sociodemographic factors and non-pharmaceutical interventions affect exposure risk

Original illustration by Dr. William Werbel. Adapted for the...
Therapeutics: Early Treatment (Health Advisory Network - Dec 20)

• Are aged 50 years and older, or
• Have an underlying condition, or
• Have moderate to severe immunosuppression.
• Regardless of their vaccination status, all groups 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.
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.
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)
Infection Preventionist
- contact tracing
- PPE determination
- frequency of testing

Consultant Pharmacist
- assessment for Pax/Remdesivir/molnupiravir
- d/w Med Dir
- create recommendations - communication to individual providers

MD, DON, Administrator
- Vaccine boost in residents and staff
- communication to families
- communication to families

Vaccine boost in residents and staff
- communication to families
Role of Medical Director for Therapeutics: Test to Treat Strategy

- **Nursing**
  - Determine frequency and criteria for clinical surveillance
  - Determine test choice

- **Consultant Pharmacist**
  - Access and secure storage of therapeutics onsite
  - Create criteria for use
  - Timing/choice/interactions/monitoring

- **Infection Preventionist**
  - TBP (isolation)
  - Testing strategy and frequency

- **Clinicians**
  - Education on criteria for use
  - Person centered care

- **Staff and leadership**
  - Vaccination boost
## PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug Class</th>
<th>Interaction Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>buspirone</td>
<td>Sedative/hypnotic</td>
<td>XXX</td>
</tr>
<tr>
<td>carbamazepine</td>
<td>Anticonvulsiant</td>
<td>XXX</td>
</tr>
<tr>
<td>cariprazine</td>
<td>Neuropsychiatric agent</td>
<td>XXX</td>
</tr>
<tr>
<td>ceritinib</td>
<td>Anticancer drug</td>
<td>XXX</td>
</tr>
<tr>
<td>ciclosporine</td>
<td>Systemic corticosteroid</td>
<td>XXX</td>
</tr>
<tr>
<td>cilostatol</td>
<td>Cardiovascular agent</td>
<td>XXX</td>
</tr>
<tr>
<td>clarithromycin</td>
<td>Anti-infective</td>
<td>XXX</td>
</tr>
<tr>
<td>clonazepam</td>
<td>Anticonvulsiant</td>
<td>XXX</td>
</tr>
<tr>
<td>clonazepate</td>
<td>Sedative/hypnotic</td>
<td>XXX</td>
</tr>
<tr>
<td>clopidogrel</td>
<td>Cardiovascular agent</td>
<td>XXX</td>
</tr>
<tr>
<td>clozapine</td>
<td>Antipsychotic</td>
<td>XXX</td>
</tr>
<tr>
<td>colchicine</td>
<td>Anti-gout</td>
<td>XXX</td>
</tr>
<tr>
<td>cyclosporine</td>
<td>Immunosuppressant</td>
<td>XXX</td>
</tr>
<tr>
<td>dabigatran</td>
<td>Anticoagulants</td>
<td>XXX</td>
</tr>
<tr>
<td>darifenacin</td>
<td>Muscarinic receptor antagonist</td>
<td>XXX</td>
</tr>
<tr>
<td>desbuvir</td>
<td>Hepatitis C direct acting antiviral</td>
<td>XXX</td>
</tr>
<tr>
<td>dasatinib</td>
<td>Anticancer drug</td>
<td>XXX</td>
</tr>
<tr>
<td>dexamethasone</td>
<td>Systemic corticosteroid</td>
<td>XXX</td>
</tr>
<tr>
<td>diazepam</td>
<td>Sedative/hypnotic</td>
<td>XXX</td>
</tr>
<tr>
<td>digoxin</td>
<td>Cardiac glycoside</td>
<td>XXX</td>
</tr>
<tr>
<td>dihydroergotamine</td>
<td>Ergot derivative</td>
<td>XXX</td>
</tr>
<tr>
<td>diltiazem</td>
<td>Calcium channel blocker</td>
<td>XXX</td>
</tr>
<tr>
<td>disopyramide</td>
<td>Antiarrhythmic</td>
<td>XXX</td>
</tr>
<tr>
<td>dronedarone</td>
<td>Antiarrhythmic</td>
<td>XXX</td>
</tr>
<tr>
<td>elbasvir/grazoprevir</td>
<td>Hepatitis C direct acting antiviral</td>
<td>XXX</td>
</tr>
<tr>
<td>eileptipan</td>
<td>Migraine medication</td>
<td>XXX</td>
</tr>
<tr>
<td>eluxacatpor/teszacatpor/vacatpor</td>
<td>Cystic fibrosis transmembrane conductance regulator potentiator</td>
<td>XXX</td>
</tr>
<tr>
<td>encorafenib</td>
<td>Anticancer drug</td>
<td>XXX</td>
</tr>
<tr>
<td>epilrenone</td>
<td>Cardiovascular agent</td>
<td>XXX</td>
</tr>
<tr>
<td>ergotamine</td>
<td>Ergot derivative</td>
<td>XXX</td>
</tr>
<tr>
<td>erythromycin</td>
<td>Anti-infective</td>
<td>XXX</td>
</tr>
<tr>
<td>estazolam</td>
<td>Sedative/hypnotic</td>
<td>XXX</td>
</tr>
</tbody>
</table>

[https://www.fda.gov/media/158165/download](https://www.fda.gov/media/158165/download)
Bivalent: Myths and Facts - English

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.


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

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:
     o Coordination and consultation between providers and pharmacies in caring for and immunizing/treating patients
     o Including vaccination consent in admission documents
     o 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)
     o Ensuring adequate supplies of vaccines and frequency of clinics in collaboration with consultant pharmacists
     o Ensuring staff education about vaccine safety and its benefits
     o Encouraging open communication of concerns about the vaccine and creating a safe and supportive environment to build trust
     o Ensuring that the assigned infection preventionist/consultant pharmacist is tracking the vaccinations of the residents and staff and appropriately documenting in the NHSN and other state vaccine databases

2. COVID-19 Prevention
   - PPE
     o 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

   - Hand Hygiene and Sanitization
     o Review hand sanitizing and washing access and standards
     o 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:
     o Creating a test to treat strategy in nursing home
     o Creating a program of clinical surveillance, early testing, and diagnosis (CDC guidance on diagnosis link)
     o Arranging for a supply for oral antivirals like Paxlovid and Molnupiravir within the nursing facility to ensure timely administration
     o Collaborating with and empowering consultant pharmacist to check positive residents for eligibility for the oral antivirals
     o 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.
     o Discuss the creation of a goal concordant plan of care for COVID-19 infection
     o Discuss the options (mAbs, Paxlovid, Molnupiravir, Remdesivir)
     o Review a policy and procedure for IV treatments including mAbs and remdesivir, if IV treatments are an option in your facility
     o Discuss that mAbs may not be effective with new variants
     o Discuss specifics of each choice:
       - Create a workflow in collaboration with nursing, pharmacy, and medical to evaluate, offer and initiate treatments for COVID-19. (Who revises for interactions and renal dosing?)


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Common Infection Prevention Citations
F880 – Infection Prevention & Control
§483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:
• §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;
• §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

• (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

• (ii) When and to whom possible incidents of communicable disease or infections should be reported;

• (iii) Standard and transmission-based precautions to be followed to prevent the spread of infections;
• (iv) When and how isolation should be used for a resident; including but not limited to:

• (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

• (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
• (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease; and

• (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.
• §483.80(a)(4) A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.

• §483.80(e) Linens. Personnel must handle, store, process, and transport linens to prevent the spread of infection.

• §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update its program, as necessary.
INTENT F880 §483.80(a)(1), (a)(2), (a)(4), (e) and (f)

• The intent of this regulation is to ensure that the facility:

• Develops and implements an ongoing infection prevention and control program (IPCP) to prevent, recognize, and control the onset and spread of infection to the extent possible and reviews and updates the IPCP annually and as necessary. This would include revision of the IPCP as national standards change;
INTENT F880 §483.80(a)(1), (a)(2), (a)(4), (e) and (f)

Establishes facility-wide systems for the prevention, identification, reporting, investigation and control of infections and communicable diseases of residents, staff, and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases and infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections.

NOTE: For purposes of this guidance, “staff” includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.
Develops and implements written policies and procedures for infection control that, at a minimum:

- **Define standard precautions to prevent the spread of infection and explain their application during resident care activities;**

- **Define transmission-based precautions and** explain how and when they should be utilized, including but not limited to, the type and duration of precautions for particular infections or organisms involved and that the precautions should be the least restrictive possible for the resident given the circumstances and the resident’s ability to follow the precautions;

- Prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
INTENT F880

- Require staff to follow hand hygiene practices consistent with accepted standards of practice.
- Requires staff to handle, store, process, and transport all linens and laundry in accordance with accepted national standards in order to produce hygienically clean laundry and prevent the spread of infection to the extent possible.
KEY ELEMENTS OF NONCOMPLIANCE F880

To cite deficient practice at F880, the surveyor’s investigation will generally show that the facility failed to do any one or more of the following:

• Establish and maintain an IPCP designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection; or

• The IPCP must be reviewed at least annually and updated as necessary; or

• Implement a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, based on the facility assessment [see §483.70(e)] and follows accepted national standards; or
KEY ELEMENTS OF NONCOMPLIANCE F880

Develop and implement written IPCP standards, policies, and procedures that are current and based on national standards. These must include:

- When and to whom possible incidents of communicable diseases should be reported; or

- Developing and implementing a system of surveillance to identify infections or communicable diseases; or

- How to use standard precautions (to include appropriate hand hygiene) and how and when to use transmission-based precautions (i.e., “isolation precautions”); or
KEY ELEMENTS OF NONCOMPLIANCE F880

Prohibiting staff with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit disease; or

- Assure that staff handle, store, process and transport laundry to prevent the spread of infection; or

- Maintain a system for recording identified incidents and taking appropriate corrective actions.
Information Received from State of Georgia HFRD Aspen: Tag Summary Report

- F880

2020

2021

2022
F881 – Antibiotic Stewardship Program
F881

(Rev. 208; Issued:10-21-22; Effective: 10-21-22; Implementation:10-24-22)

§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
INTENT F881
This regulation intends to ensure that the facility:

• Develops and implement protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic are prescribed the appropriate antibiotic;

• Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and

• Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.
KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F881, the surveyor’s investigation will generally show that the facility failed to do any one or more of the following:

• Develop and implement antibiotic use protocols to address the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotics; or

• Develop and implement antibiotic use protocols that address unnecessary or inappropriate antibiotic use thereby reducing the risk of adverse events, including the development of antibiotic-resistant organisms; or

• Develop, promote and implement a facility-wide system to monitor the use of antibiotics.
Information Received from State of Georgia HFRD Aspen:
Tag Summary Report
F883 – Influenza and Pneumococcal Immunizations
§483.80(d) Influenza and pneumococcal immunizations
§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-

i. Before offering the influenza immunization, each resident or the resident’s representative receives education regarding the benefits and potential side effects of the immunization;

ii. Each resident is offered an influenza immunization from October 1 through March 31 annually unless the immunization is medically contraindicated, or the resident has already been immunized during this time period;
F883  
(iii) The resident or the resident’s representative has the opportunity to refuse immunization; and  
(iv) The resident’s medical record includes documentation that indicates, at a minimum, the following: 

A. That the resident or resident’s representative was provided education regarding the benefits and potential side effects of influenza immunization; and 
B. That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.
§483.80(d)(2) Pneumococcal disease.
The facility must develop policies and procedures to ensure that -

i. Before offering the pneumococcal immunization, each resident or the resident’s representative receives education regarding the benefits and potential side effects of the immunization;

ii. Each resident is offered a pneumococcal immunization unless the immunization is medically contraindicated, or the resident has already been immunized;
§483.80(d)(2) Pneumococcal disease.
The facility must develop policies and (iii)

(iii) The resident or the resident’s representative has the opportunity to refuse immunization; and

(iv) The resident’s medical record includes documentation that indicates, at a minimum, the following:

(A) That the resident or resident’s representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and

(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
This regulation intends to:

- Minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza and pneumococcal disease by ensuring that each resident:
  - Is informed about the benefits and risks of immunizations; and
  - Has the opportunity to receive influenza and pneumococcal vaccine(s) unless medically contraindicated, refused or was already immunized.

- Ensure documentation in the resident’s medical record of the information/education provided regarding the benefits and risks of immunization and the administration or the refusal of or medical contraindications to the vaccine(s).
KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F883, the surveyor’s investigation will generally show that the facility failed to do any one or more of the following:

• Develop, maintain, or follow policies and procedures for the immunization of residents against influenza and pneumococcal disease in accordance with national standards of practice; or

• Vaccinate an eligible resident with influenza and/or the pneumococcal vaccine(s), unless the resident had previously received the vaccine, refused, or had a medical contraindication present; or
KEY ELEMENTS OF NONCOMPLIANCE F883

Allow a resident or a resident’s representative to refuse either influenza and/or the pneumococcal vaccine(s); or

• Provide and/or document the provision of pertinent information regarding the immunizations to the resident or the resident’s representative, such as the benefits and potential side effects of influenza and, as applicable, the pneumococcal immunization(s); or

• Document that the resident either received the pneumococcal and influenza vaccine(s) or did not receive the vaccine(s) due to medical contraindications, previous vaccination, or refusal.
Information Received from State of Georgia HFRD Aspen: Tag Summary Report
F886 – COVID 19 Testing For Residents and Staff
F886 – Testing
The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:
i. Testing frequency;
ii. The identification of any individual specified and diagnosed with COVID-19 in the facility;
iii. The identification of any individual specified in this paragraph with systems consistent with COVID-19 or with known or suspected exposure to COVID-19;
iv. The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;
v. The response time for test results and
vi. Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19
vii. Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests
For each instance of testing:

i. Document that testing was completed and the results of each staff test; and

ii. Document in the resident records that testing was offered, completed (as appropriate to the resident’s testing status), and the results of each test.

Upon Identification of an individual specified in this paragraph with symptoms consistent with COVID-19 or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.
F886

Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.

When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.
Information Received from State of Georgia HFRD Aspen: Tag Summary Report
Information Received from State of Georgia HFRD Aspen:
Tag Summary Report

- F882
- F885
- F886
- F887

2020 2021 2022
F884 – Reporting – National Health Safety Network
COVID 19 Reporting – The facility must –
Electronically report information about COVID -19 in a standard format specified
by the Secretary. This report must include but is not limited to:

Personal protective equipment and hand hygiene supplies in the facility;

Ventilator capacity and supplies in the facility
COVID-19 Reporting
The facility must:

• Resident beds and census;
• Access to COVID-19 testing while the resident is in the facility;
• Staffing shortages and
• Other information specified by the Secretary

Provide the information specified in this section at a frequency specified by the Secretary, but no less than weekly, to the Centers for Disease Control and Prevention’s National Healthcare Safety Network. CMS will post this information publicly to support protecting the health and safety of residents, personnel and the general public.
Information Received from State of Georgia HFRD Aspen: Tag Summary Report

F884

- 2020
- 2021
- 2022
Training Department
Cathy Davis, Director of Training & QA
cdavis7@dch.ga.gov
Thank you!!!
Questions?
# Georgia Department of Public Health HAI Team Contacts

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

SNF and Medical Directors Office Hours:
• Friday, February 17 at 11 a.m.

ALF and PCH
• Friday, February 24 at 11 a.m.
Thanks Again...

- Georgia Department of Public Health
- University of Georgia
This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021.