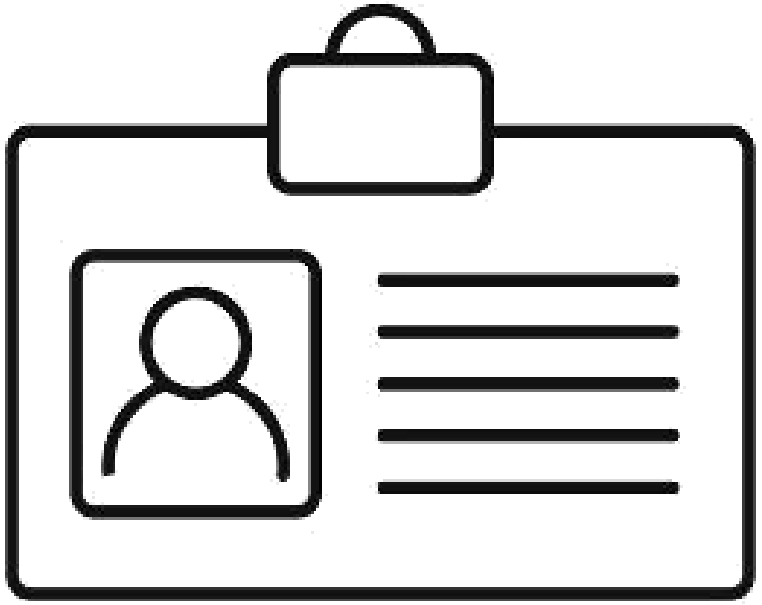
ALLIANT HEALTH SOLUTIONS

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

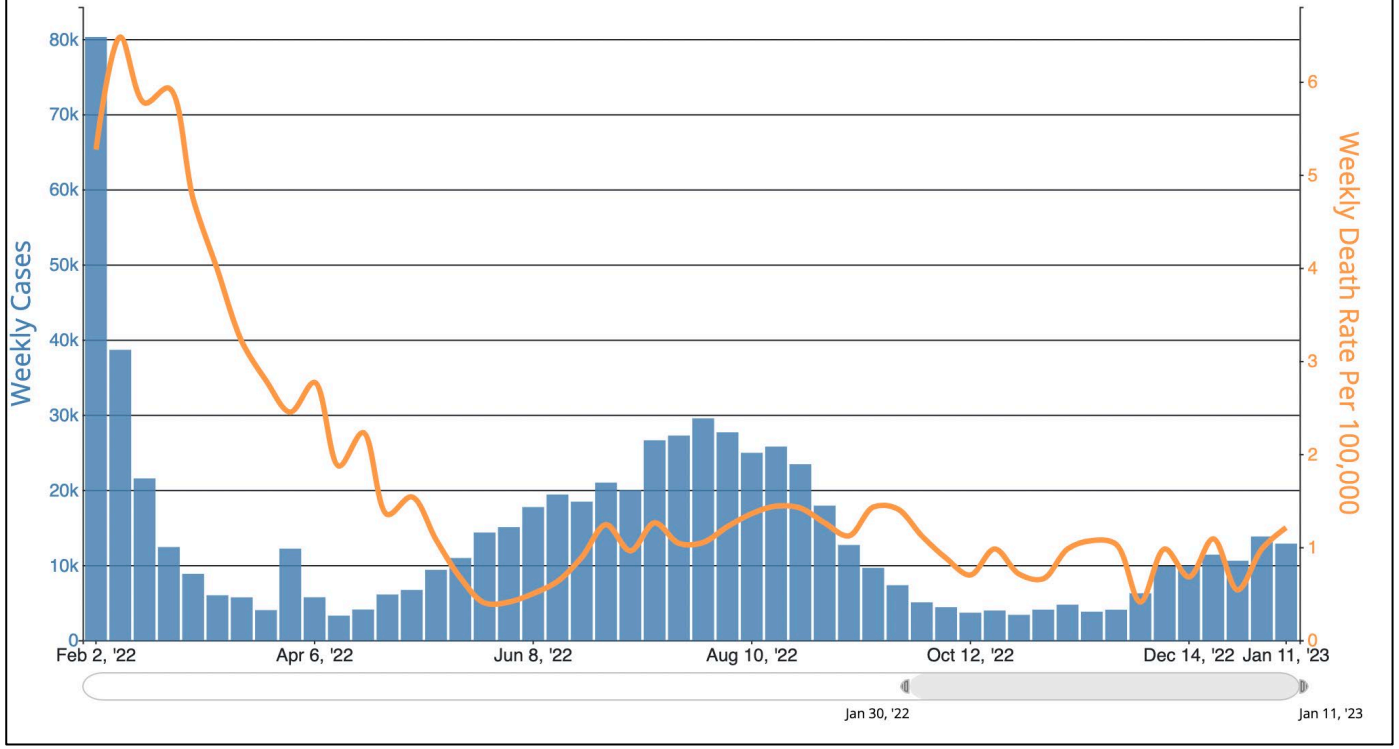
Objectives

- 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

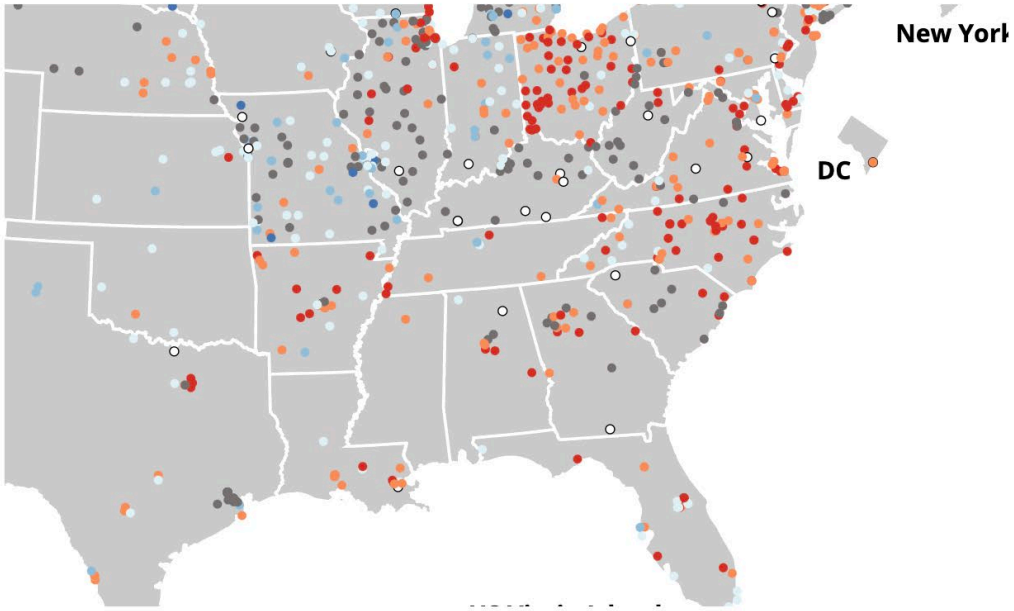
COVID-19 Hospitalizations and Deaths

The blue bars show weekly cases. The orange line represents the weekly death rate per 100,000, allowing for comparisons between areas with different population sizes.

Weekly Trends in Number of COVID-19 Cases and Weekly Death Rate in Georgia Reported to CDC, per 100,000 population.



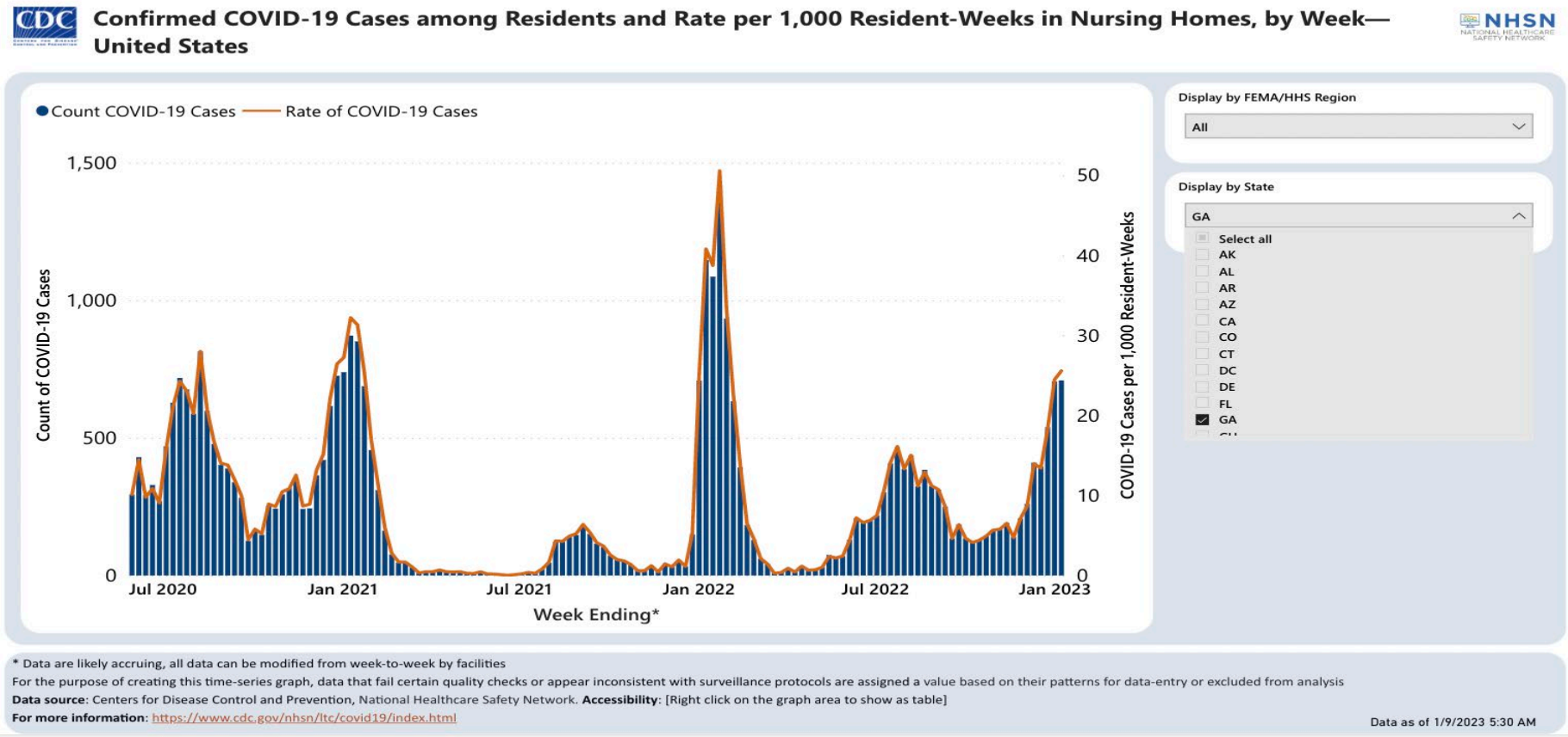
Wastewater Surveillance



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

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	64	6	31%
0% to 19%	42	4	5%
20% to 39%	143	14	16%
40% to 59%	252	24	12%
60% to 79%	343	33	– 1%
80% to 100%	209	20	– 36%

Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

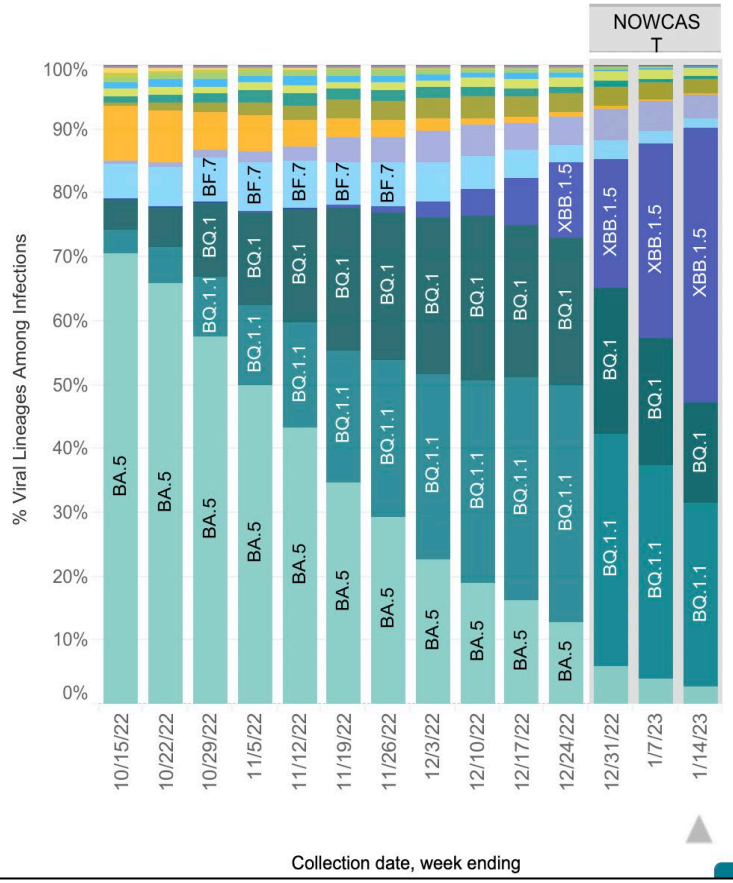


United States: 1/8/2023 – 1/14/2023 NOWCAST

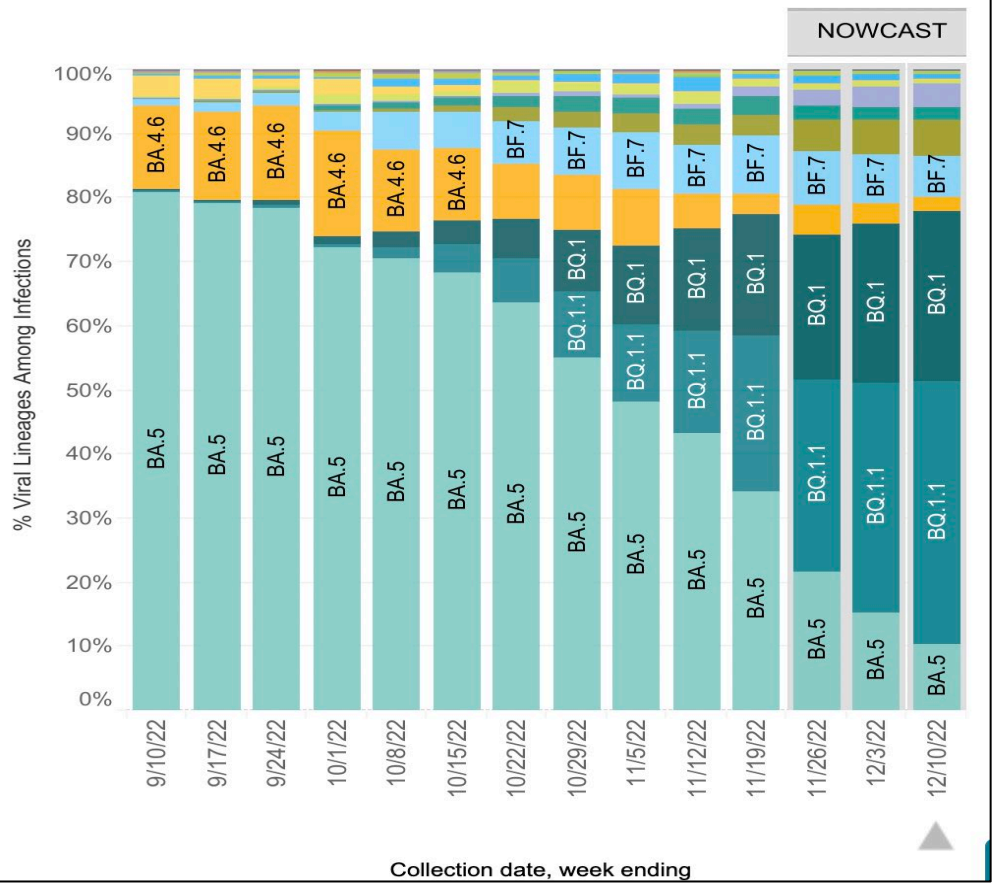
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	43.0%	26.4-61.1%
	BQ.1.1	VOC	28.8%	20.5-38.7%
	BQ.1	VOC	15.9%	11.0-22.2%
	XBB	VOC	3.9%	3.0-5.1%
	BA.5	VOC	2.6%	1.8-3.7%
	BN.1	VOC	2.1%	1.5-3.1%
	BF.7	VOC	1.4%	0.9-2.1%
	BA.2.75	VOC	1.3%	0.8-1.9%
	BA.5.2.6	VOC	0.5%	0.3-0.8%
	BA.2	VOC	0.2%	0.1-0.4%
	BF.11	VOC	0.2%	0.1-0.3%
	BA.4.6	VOC	0.1%	0.1-0.2%
	BA.2.75.2	VOC	0.1%	0.0-0.1%
	BA.1.1	VOC	0.0%	0.0-0.0%
	BA.4	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*		0.0%	0.0-0.0%

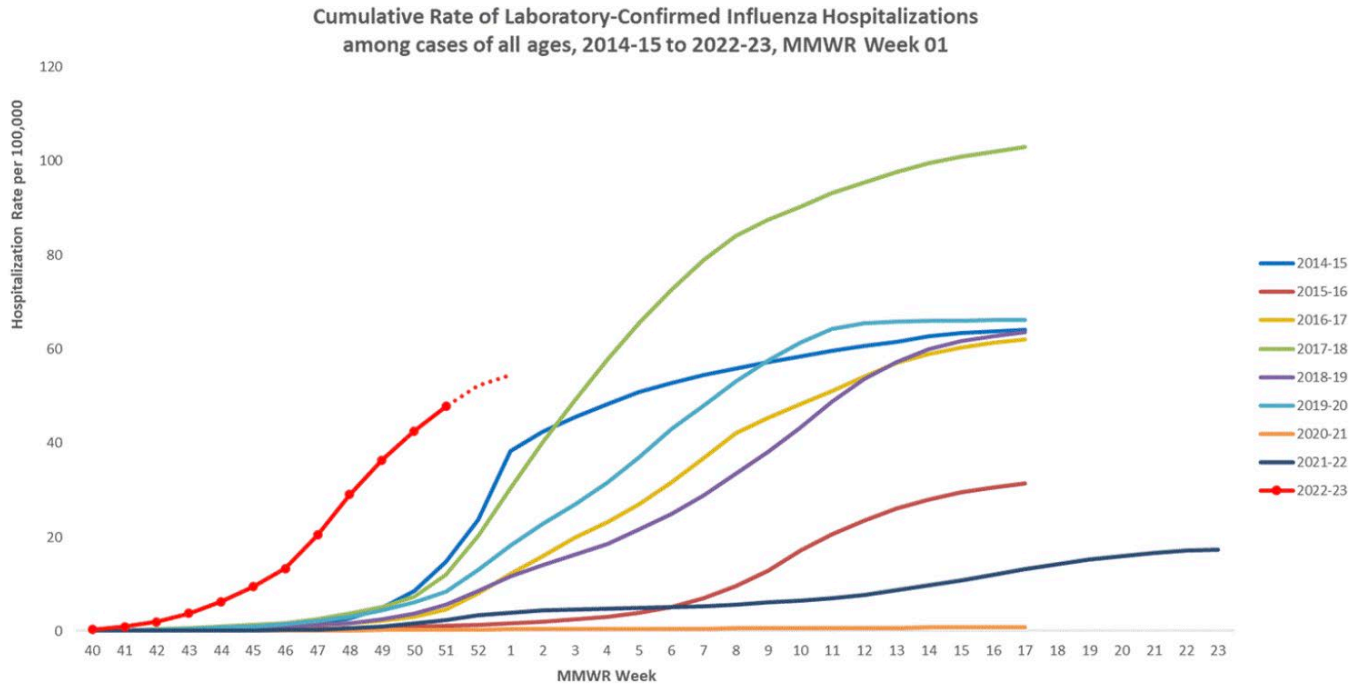
United States: 10/9/2022 – 1/14/2023



HHS Region 4: 9/4/2022 – 12/10/2022

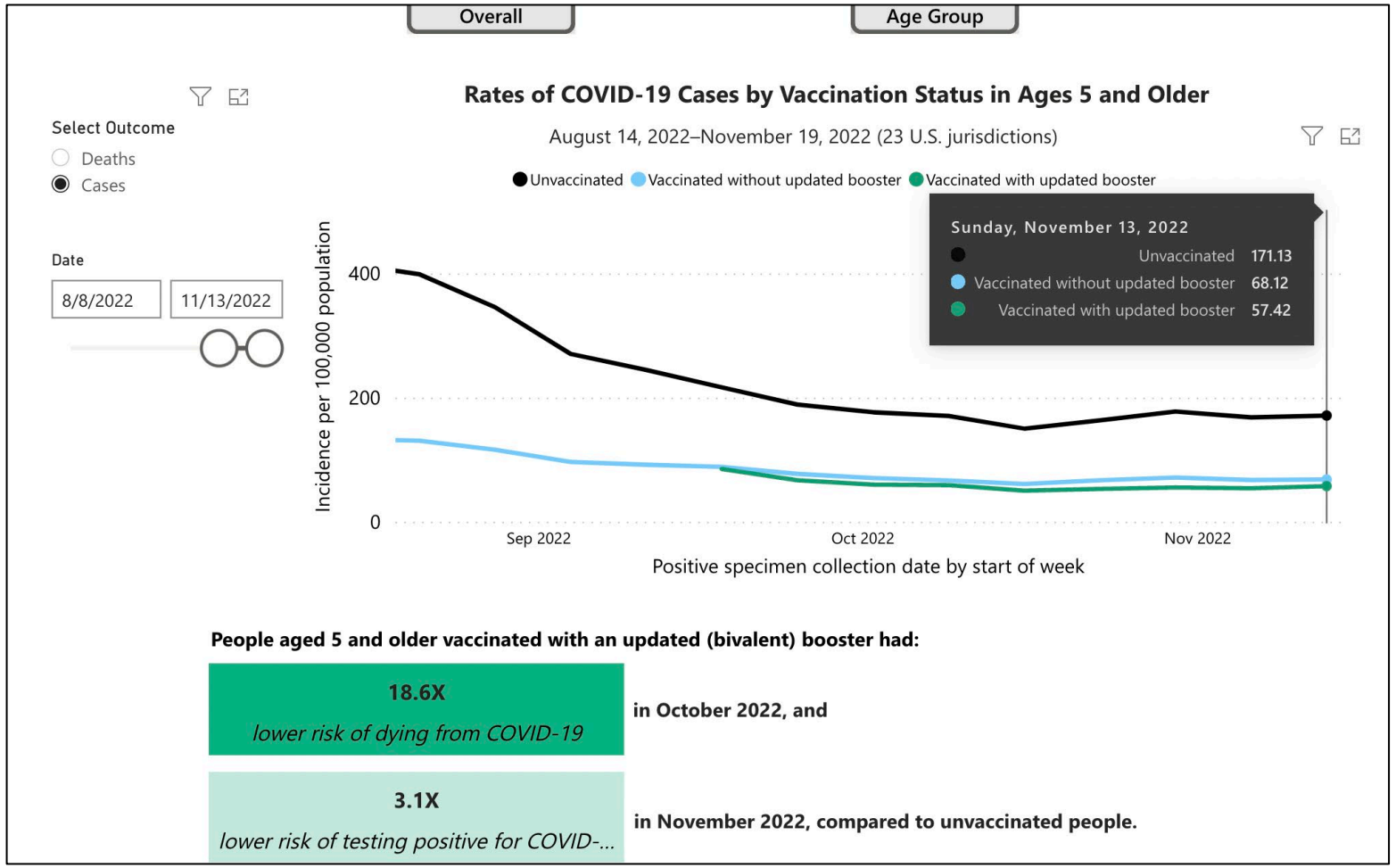


Flu Hospitalizations

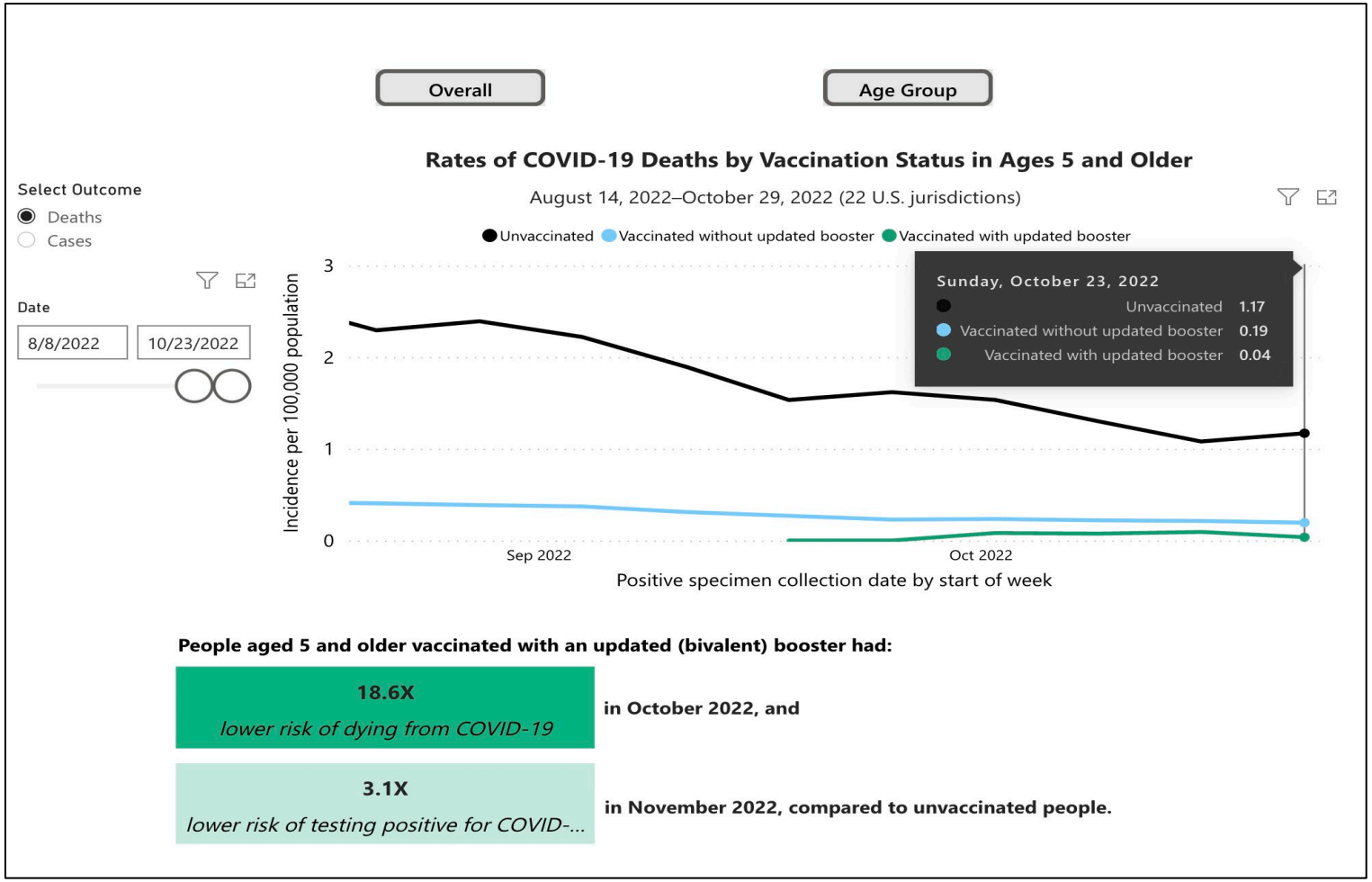


**In this figure, weekly rates for all seasons prior to the 2022-23 season reflect end-of-season rates. For the 2022-23 season, rates for recent hospital admissions are subject to reporting delays and are shown as a dashed line for the current season. As hospitalization data are received each week, prior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

Lower Case Count: Bivalent Boosters



Lower Death Rate: Bivalent Booster



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

Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged ≥65 Years — IVY Network, 18 States, September 8–November 30, 2022 ***Weekly*** **/ December 30, 2022 / 71(5152);1625–1630**

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

Return

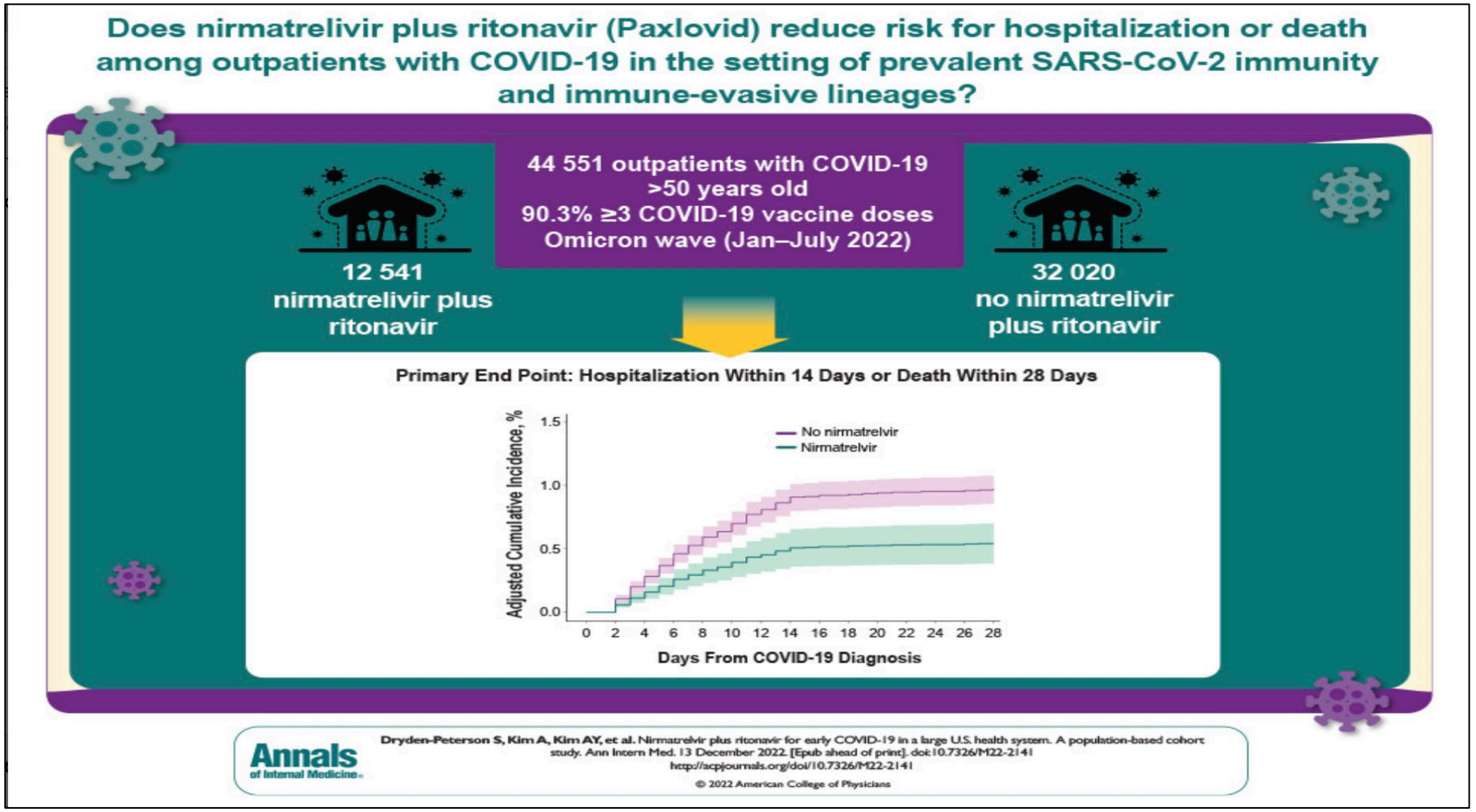
Characteristic	Received BV vaccine dose, by case status, n/N (%)		Median interval† from last vaccine dose to illness onset (IQR), days	Adjusted VE, % (95% CI)§
	Case-patients	Control patients		
Absolute VE (BV booster dose versus no vaccine)				
Unvaccinated (Ref)	—	—	NA	—
BV booster dose¶ ≥7 days before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

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

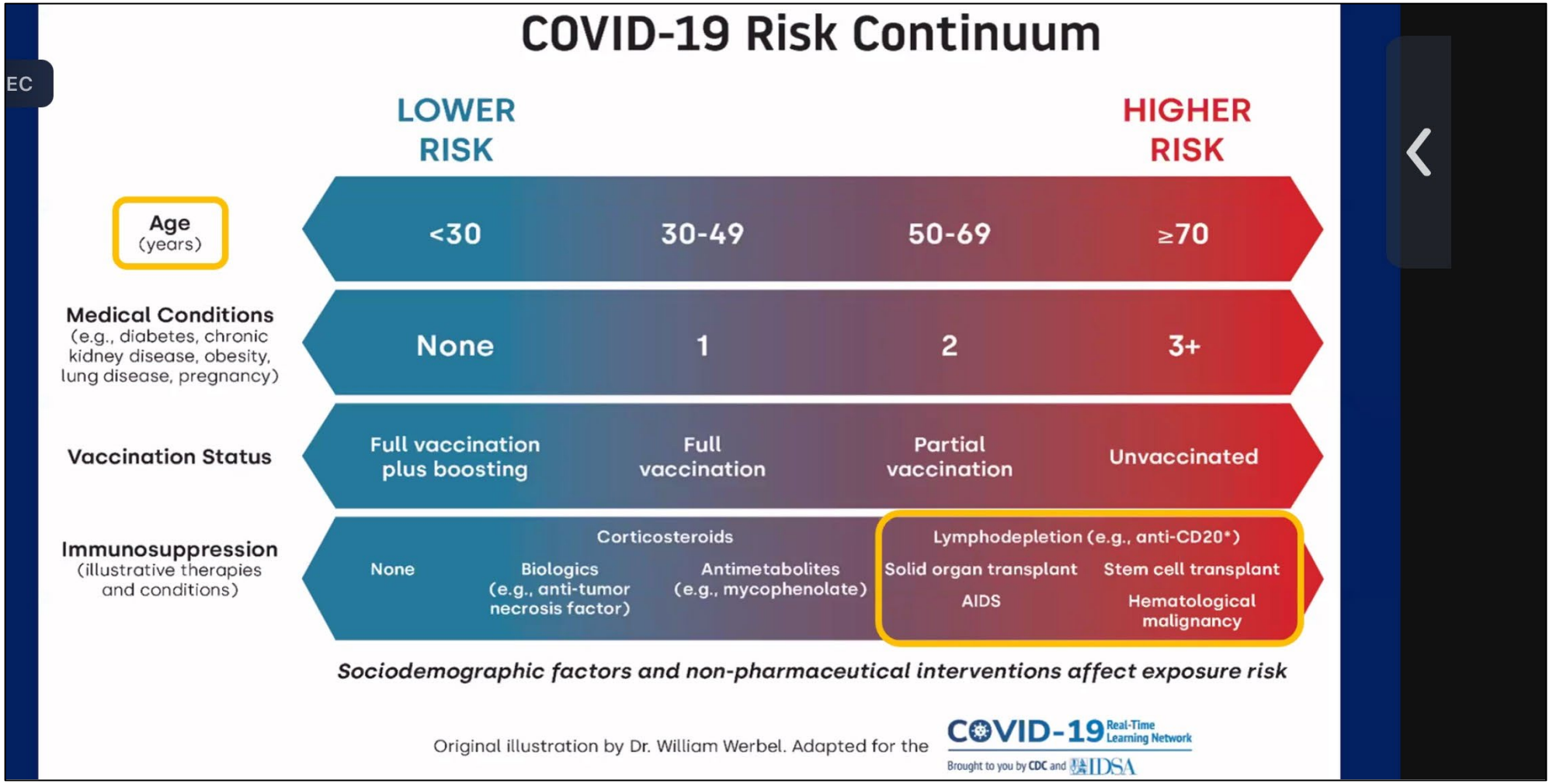
Treatment: Paxlovid



Early Treatment (Health Advisory Network-Dec 20)

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

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


COVID-19 Risk Continuum
LOWER RISK
HIGHER RISK
Age (years)
<30
30-49
50-69
≥70
Medical Conditions (e.g., diabetes, chronic kidney disease, obesity, lung disease, pregnancy)
None
1
2
3+
Vaccination Status
Full vaccination plus boosting
Full vaccination
Partial vaccination
Unvaccinated
Immunosuppression (illustrative therapies and conditions)
None
Corticosteroids
Biologics (e.g., anti-tumor necrosis factor)
Antimetabolites (e.g., mycophenolate)
Lymphodepletion (e.g., anti-CD20*)
Solid organ transplant
Stem cell transplant
AIDS
Hematological malignancy
Sociodemographic factors and non-pharmaceutical interventions affect exposure risk
Original illustration by Dr. William Werbel. Adapted for the
COVID-19 Real-Time Learning Network
Brought to you by CDC and IDSA

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.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality

Ref: QSO-23-03-All

DATE: November 22, 2022

TO: State Survey Agency Directors

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

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

Memorandum Summary

- *Providers and suppliers, especially those delivering care in congregate care settings, should ensure their patients and residents are protected against transmission of COVID-19 within their facilities, as well as receiving appropriate treatment when tested positive for the virus.*
- *Further, all providers and suppliers should continue to implement appropriate infection control protocols for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) and Influenza (https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm).*
- *This memo discusses the importance of the timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus.*

CLINICAL SURVEILLANCE

Low threshold for testing

Expand surveillance symptoms

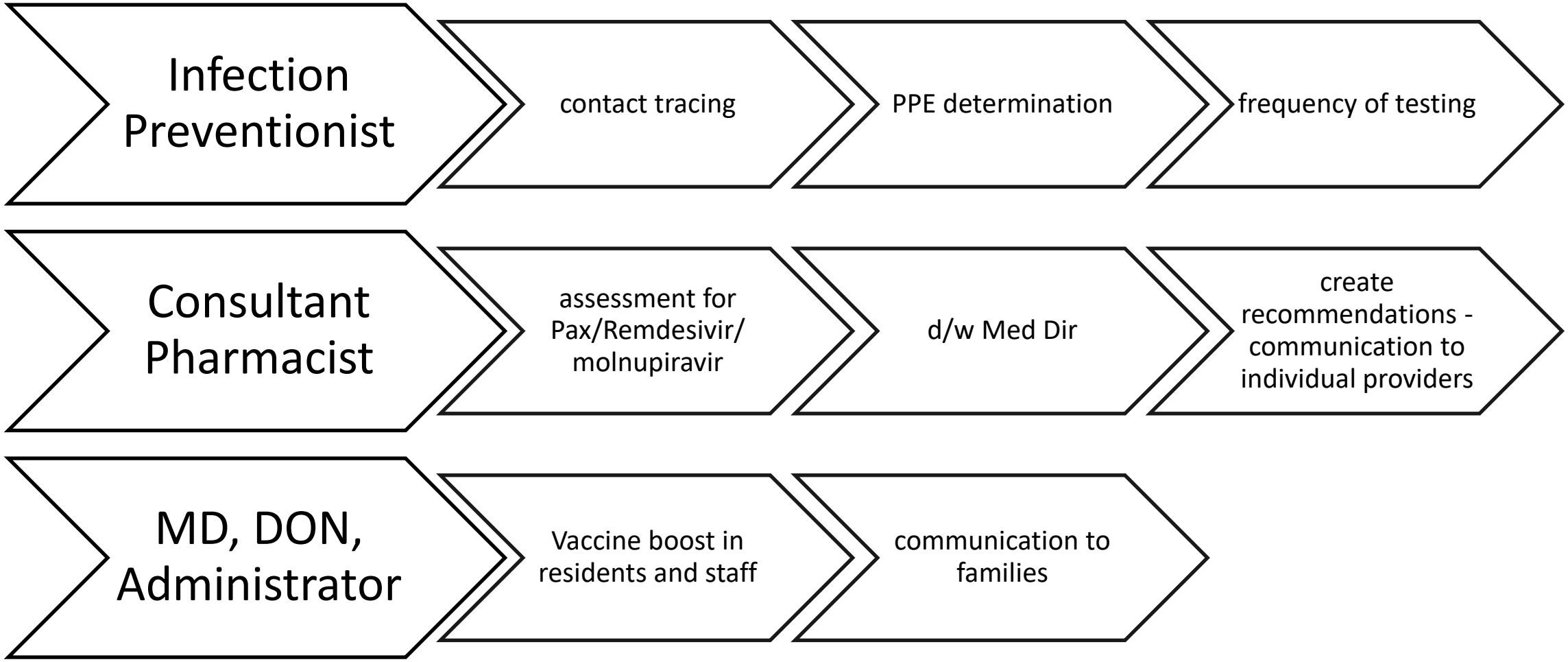
Increase frequency

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

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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

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PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers

PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers

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

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

Bivalent: Myths and Facts - English

are no long-term effects.

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

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

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

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

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

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

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

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-T01-NH-2770-10/25/22

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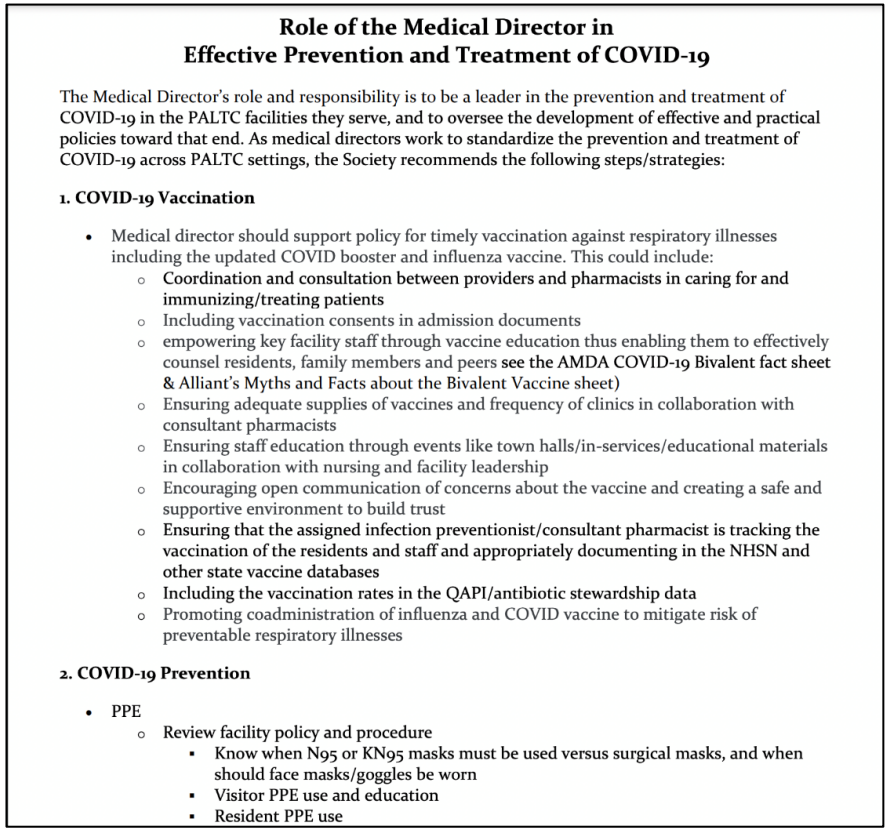
quality.allianthealth.org

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

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



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

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

1. COVID-19 Vaccination

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

2. COVID-19 Prevention

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

3. COVID-19 Control

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

4. Treatment for COVID-19 infections

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

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

Common Infection Prevention Citations

Presented by:
Cathy Davis, RN Director of Training & QA
January 20, 2023

ALLIANT HEALTH SOLUTIONS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

F880 – Infection Prevention & Control

(Rev. 208; Issued:10-21-22; Effective: 10-21-22; Implementation:10-24-22)
F880

- §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.

Entrance to isolation unit that currently has no COVID-19 positive cases

- (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*

INTENT F880:

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:

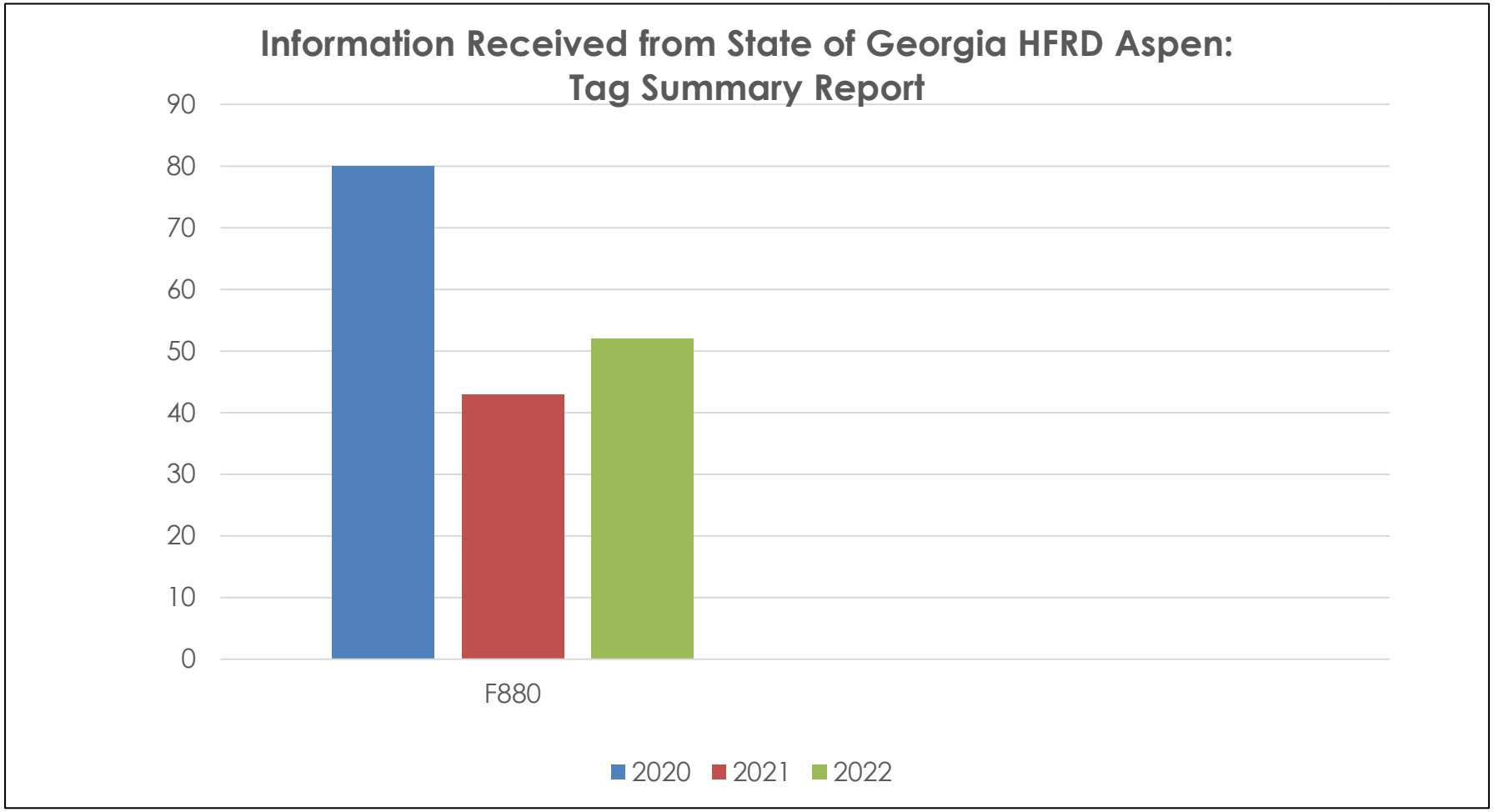
- When and to whom possible incidents of communicable diseases should be reported; *or*
- Developing and implementing a system of surveillance to identify infections or communicable diseases; *or*
- How to use standard precautions (to include appropriate hand hygiene) and how and when to use transmission-based 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
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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

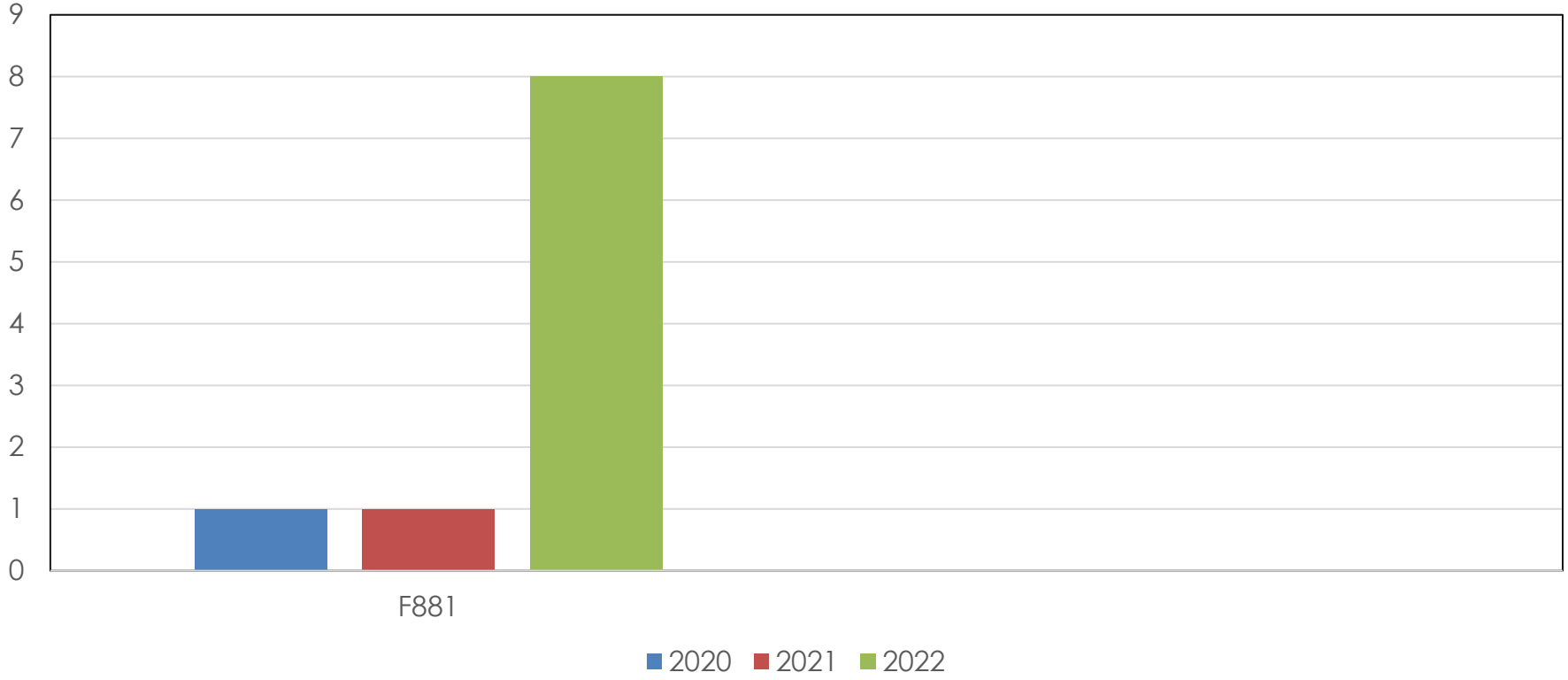
To cite deficient practice at F881, the surveyor's investigation will generally show that the facility failed to do any one or more of the following:

- 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



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

F883 – Influenza and Pneumococcal Immunizations

F883

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

§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.

INTENT F883

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.

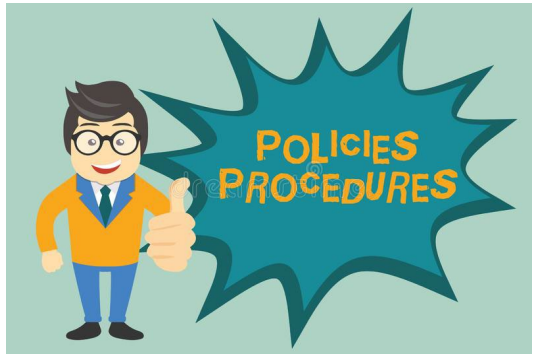
- Ensure documentation in the resident's medical record of the information/education provided regarding the benefits and risks of immunization and the administration or the refusal of or medical contraindications to the vaccine(s).

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*

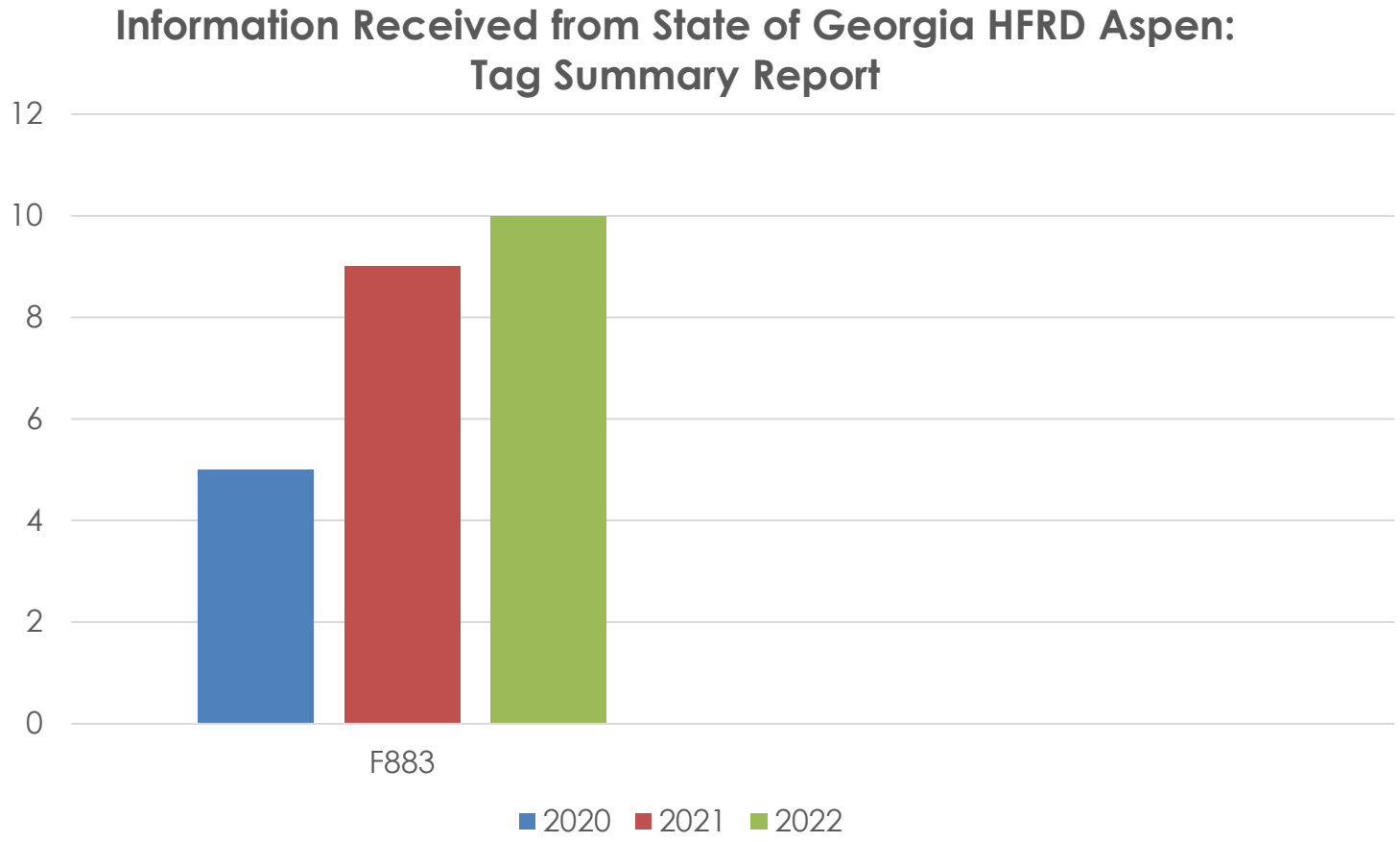


KEY ELEMENTS OF NONCOMPLIANCE F883

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:
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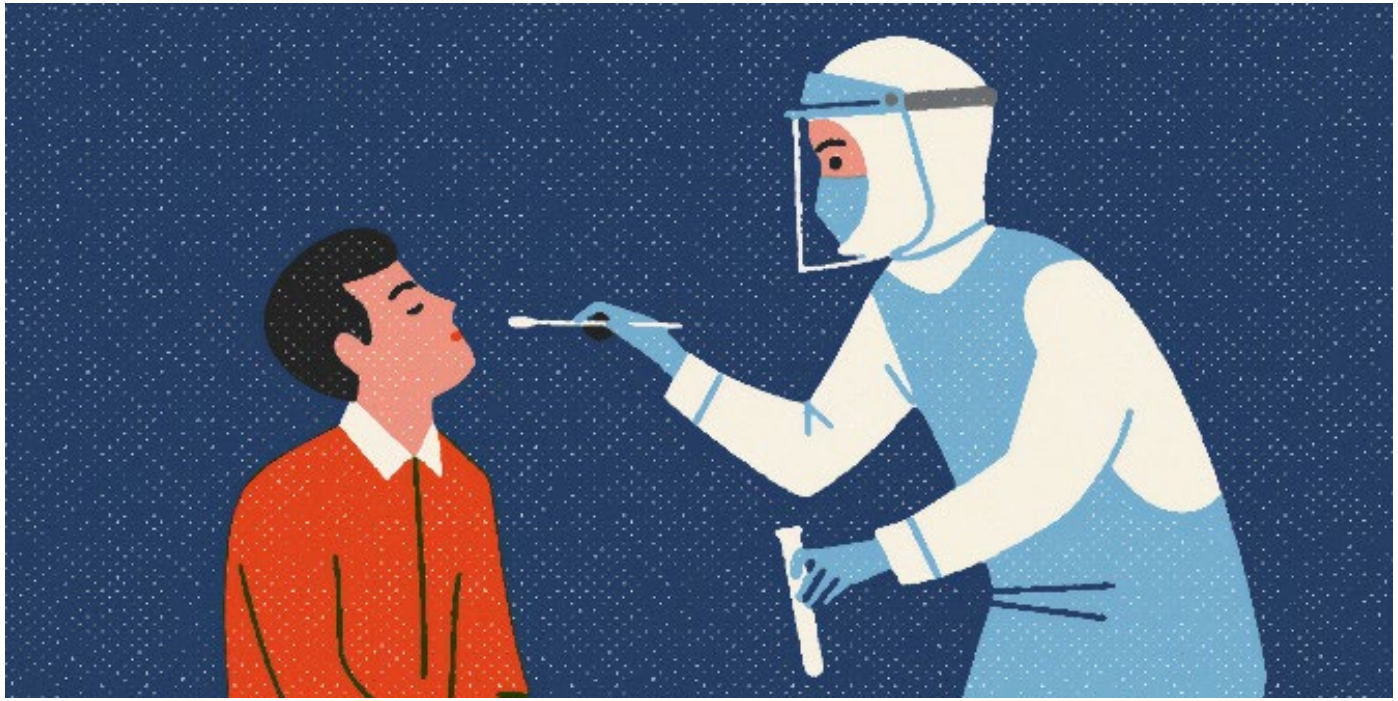
F886 – COVID 19 Testing For Residents and Staff



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.

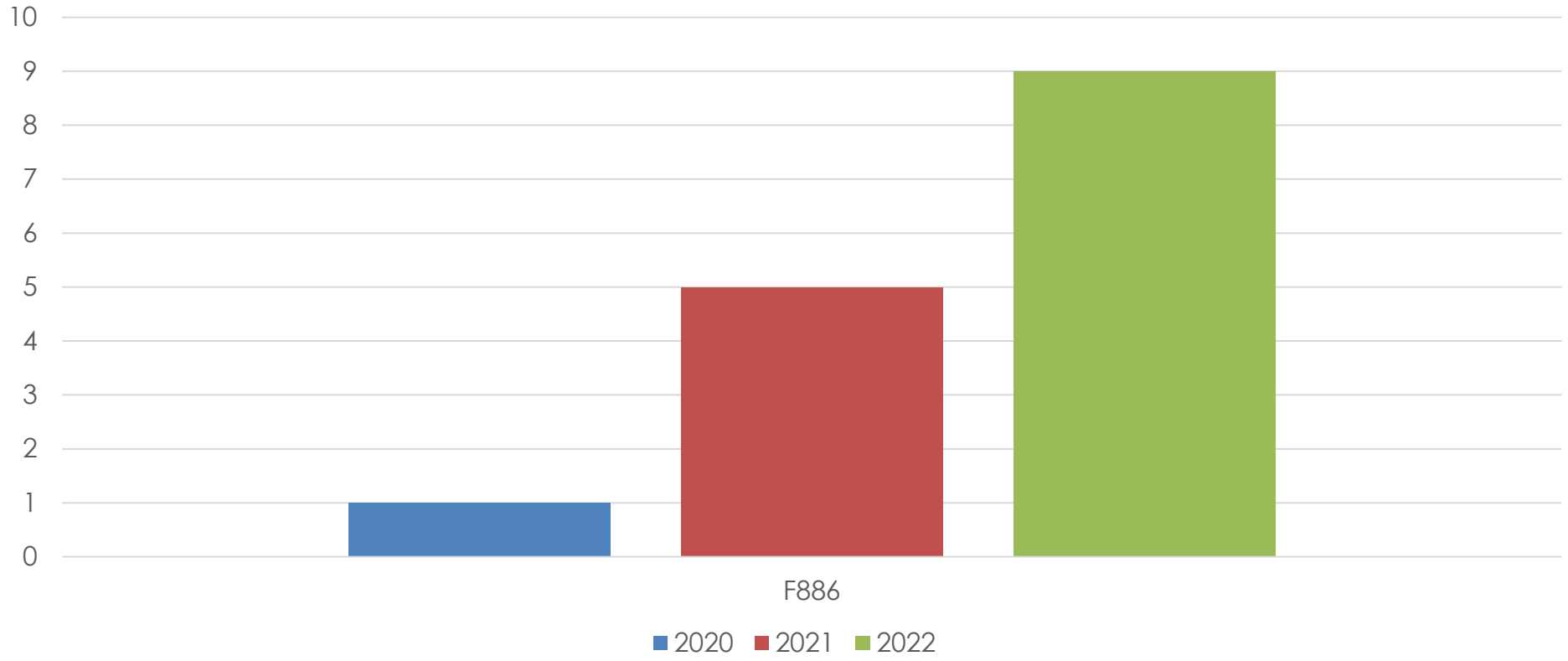
Upon Identification of an individual specified in this paragraph with symptoms consistent with COVID-19 or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.

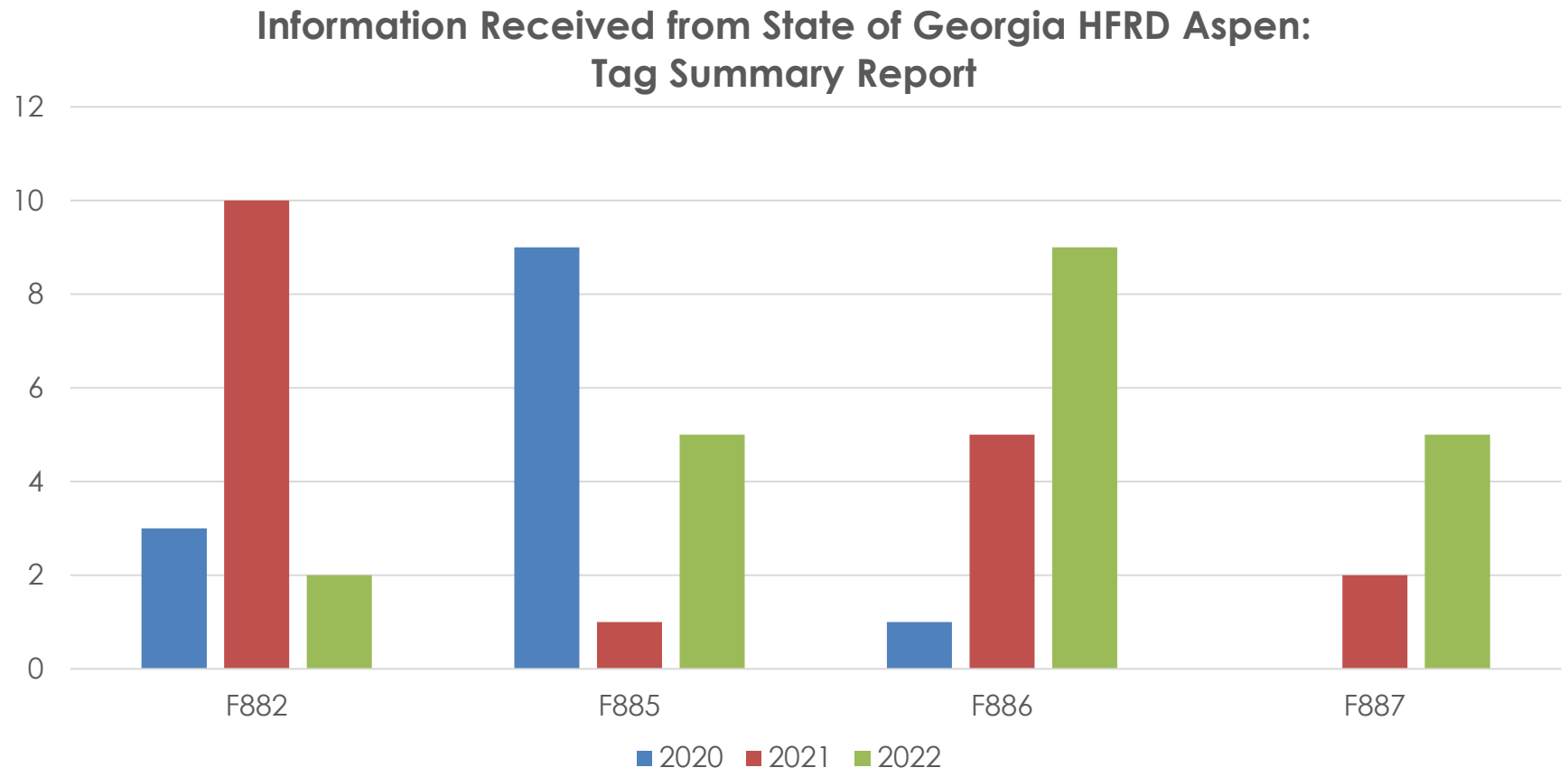
F886

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

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F884 – Reporting – National Health Safety Network

F884

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;

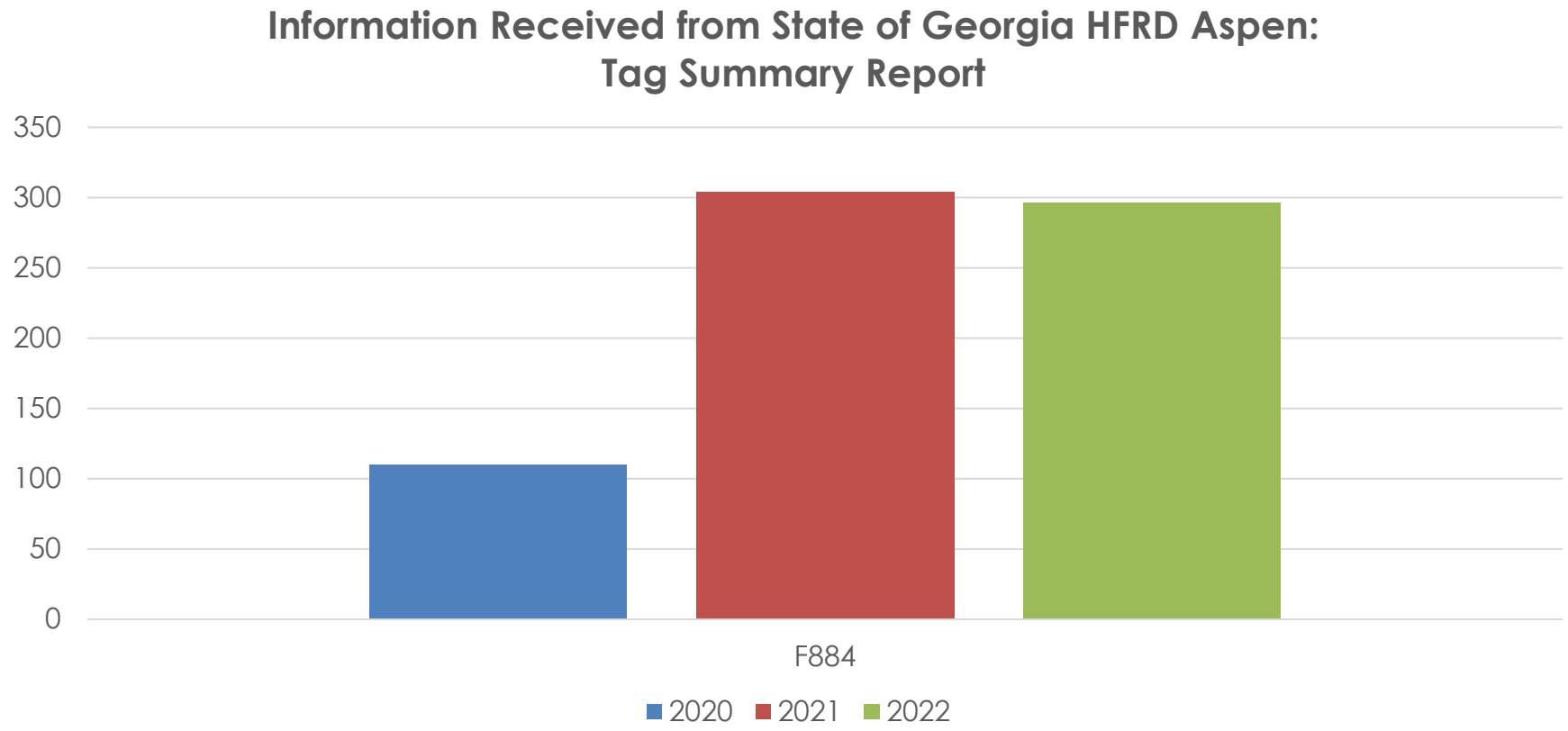
Ventilator capacity and supplies in the facility

F884

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
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Training Department

Cathy Davis, Director of Training & QA
cdavis7@dch.ga.gov


Thank
you!!!
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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	Sue.bunnell@dph.ga.gov (404-967-0582) Mary.Whitaker@dph.ga.gov (404-967-0578)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	Teresa.Fox@dph.ga.gov (404-596-1910) Renee.Miller@dph.ga.gov (678-357-4797)
Central (Dublin, Macon, Augusta) Districts 5-1, 5-2, 6, 7	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589) Karen.Williams13@dph.ga.gov (404-596-1732)
Southeast (Columbia, Albany) Districts 8-1, 8-2	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southwest (Valdosta, Savannah, Waycross) Districts 9-1, 9-2	Regina.Howard@dph.ga.gov (404 967-0574)
Backup/Nights/Weekends	Jeanne.Negley@dph.ga.gov (404-657-2593) Joanna.Wagner@dph.ga.gov (404-430-6316)

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

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