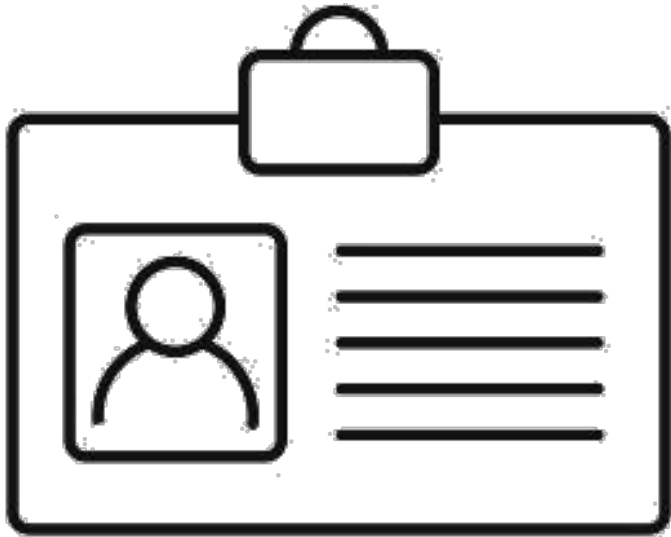




Georgia Department of Public Health:  
Strike & Support Team  
GADPH Office Hours for NHs, SNFs, & Medical Directors  
March 17, 2023

# Meet the Team



## Presenters:

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

Medical Director  
Alliant Health Solutions

**Connie Stanfill, MT, CIC**

Infection Preventionist  
Georgia Department of Public 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 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. Prior to that, Dr. Gaur was a medical director at the LTC at the Carl Vinson VA Medical Center and a member of the G&EC for VISN 7. 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.



# Connie Stanfill, MT, CIC

Infection Preventionist, Healthcare-associated Infections (HAI) Team  
Georgia Department of Public Health

Connie is an Infection Preventionist with the Acute Disease Epidemiology HAI division of the Georgia Department of Public Health. As a member of the Infection Prevention team, she is actively involved with Long-Term facilities providing COVID 19 and MDRO support. Her background is in Microbiology with 25+ years of experience and Infection Prevention with CBIC certification since 1996.

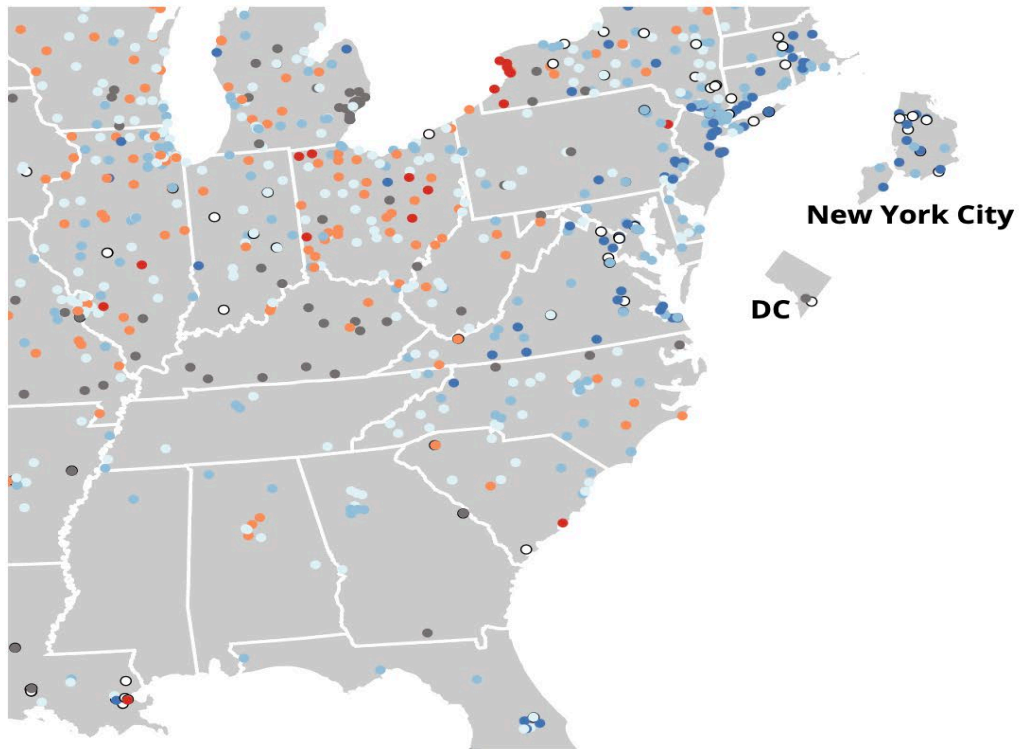
## Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia





# 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	102	8	10%
0% to 19%	103	8	7%
20% to 39%	316	25	- 2%
40% to 59%	446	35	- 4%
60% to 79%	270	21	- 12%
80% to 100%	43	3	- 19%

Total sites with current data: 1280

Total number of wastewater sampling sites: 1459



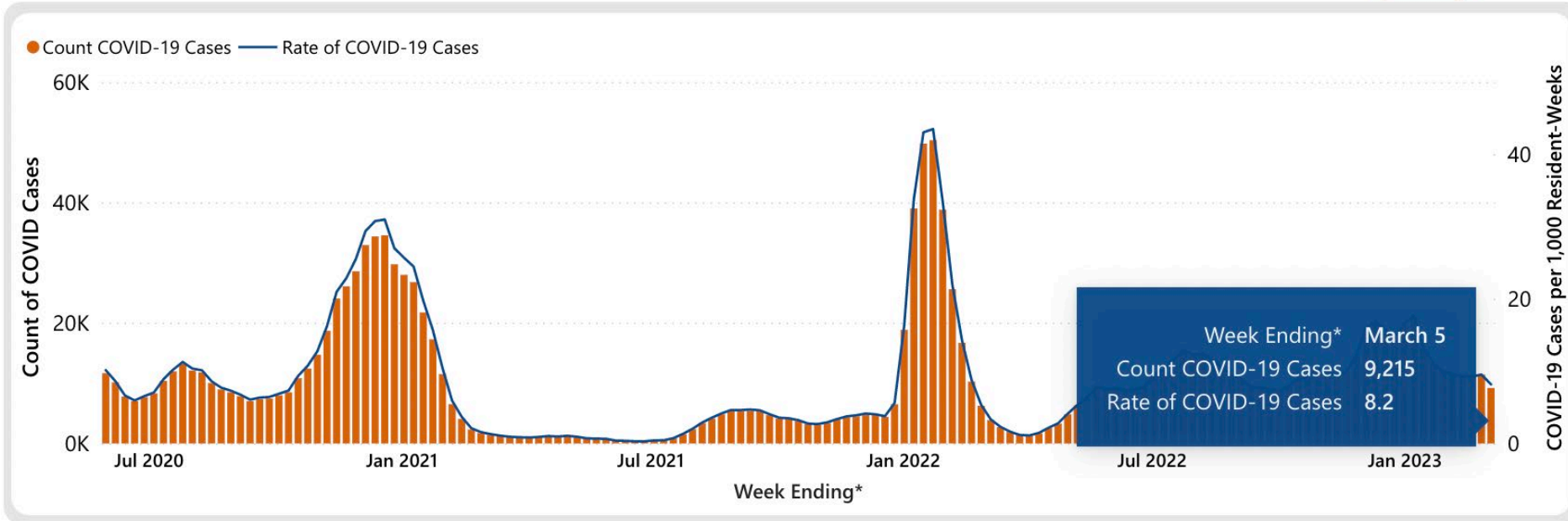
# Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Display by State:

Display by FEMA/HHS Region:

Cases  Deaths



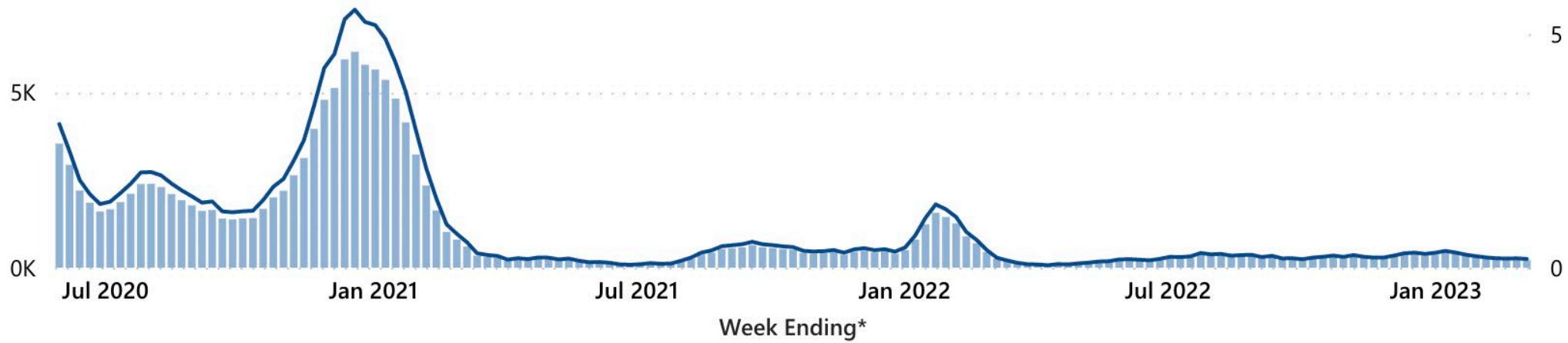
\* Data are likely accruing, all data can be modified from week-to-week by facilities  
 For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network

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

Accessibility: [Right click on the graph area to show as table]

Data as of 3/6/2023 5:30 AM

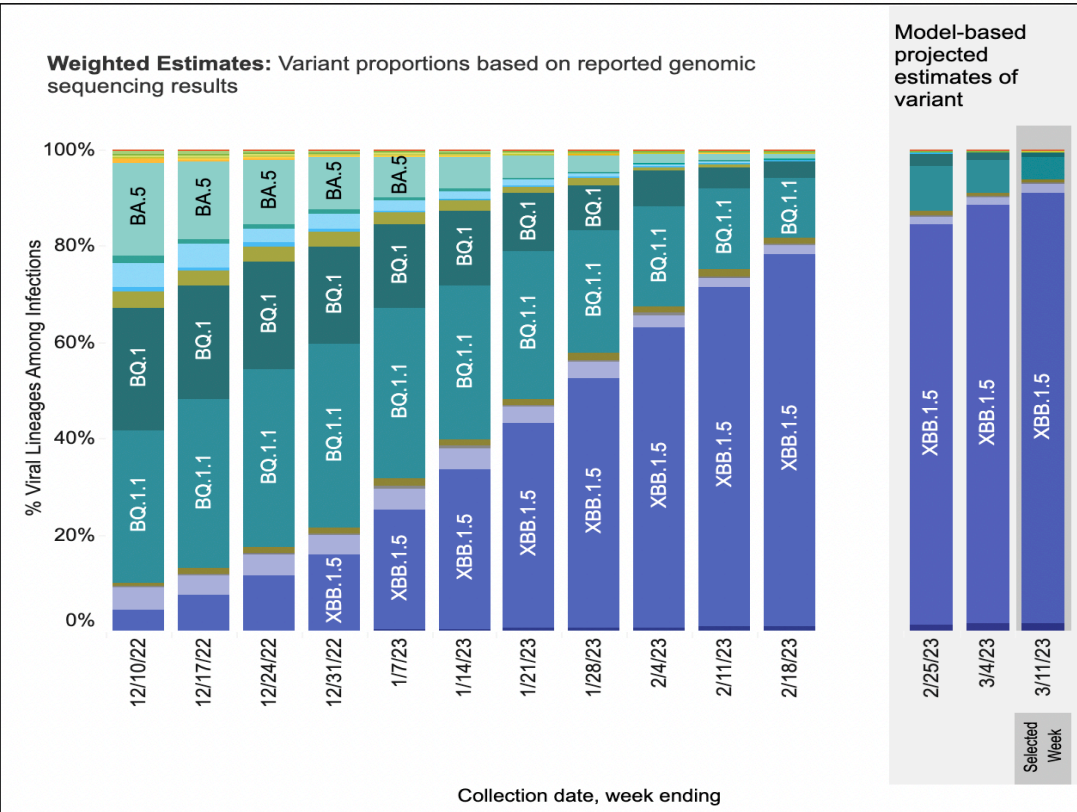


Week Ending*	Count COVID-19 Deaths	Rate of COVID-19 Deaths
January 8	428	0.4
January 15	389	0.3
January 22	335	0.3
January 29	296	0.2
February 5	265	0.2
February 12	243	0.2
February 19	235	0.2
February 26	240	0.2
March 5	211	0.2



### Weighted and Nowcast Estimates in United States for Weeks of 12/4/2022 – 3/11/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



### Nowcast Estimates in United States for 3/5/2023 – 3/11/2023

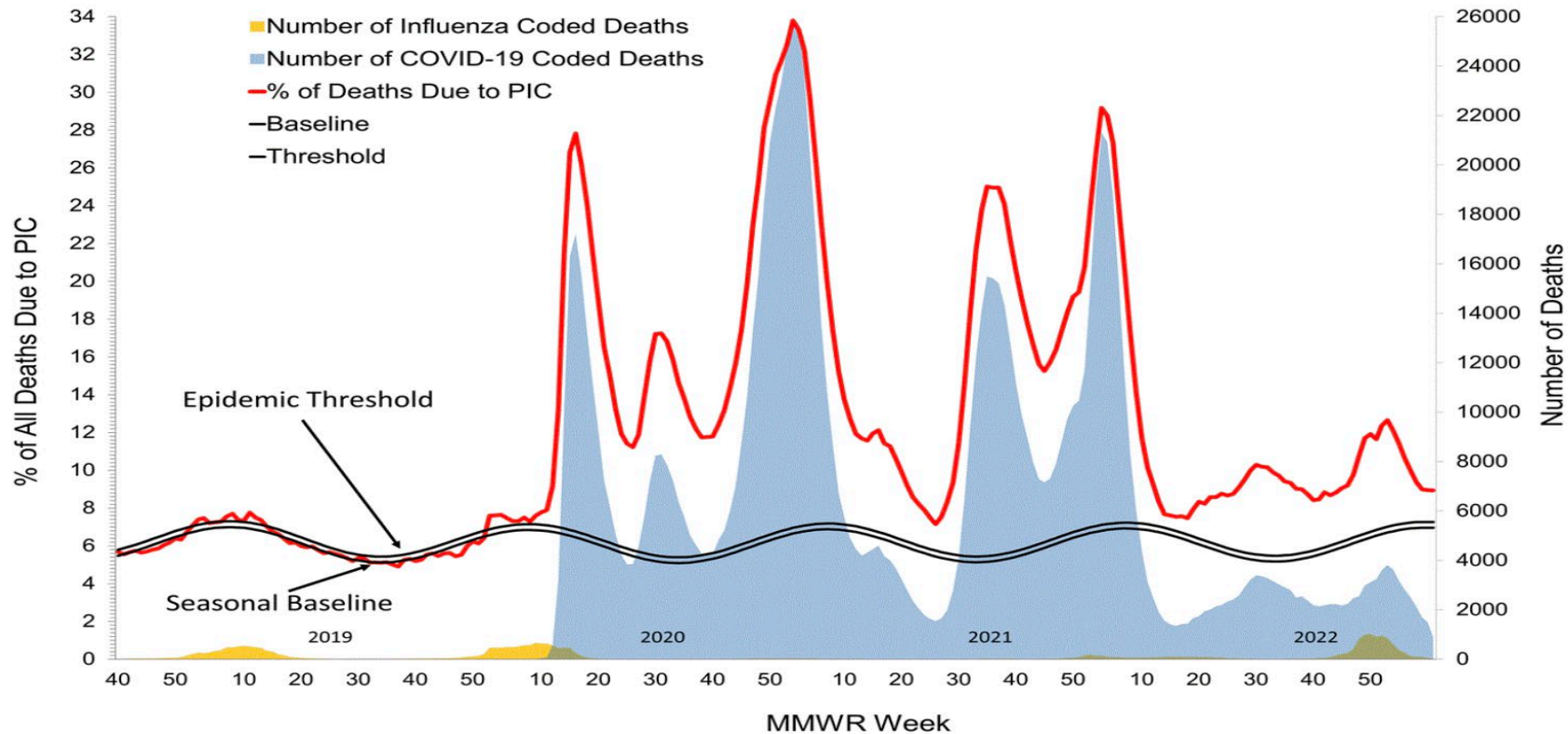
USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	89.5%	85.8-92.3%
	BQ.1.1	VOC	4.7%	3.3-6.8%
	XBB	VOC	2.1%	1.1-3.9%
	XBB.1.5.1	VOC	1.6%	1.0-2.4%
	BQ.1	VOC	1.0%	0.7-1.5%
	CH.1.1	VOC	0.7%	0.4-1.0%
	BN.1	VOC	0.1%	0.1-0.2%
	BA.2	VOC	0.1%	0.0-1.1%
	BA.5	VOC	0.1%	0.0-0.1%
	BF.7	VOC	0.0%	0.0-0.1%
	BA.5.2.6	VOC	0.0%	0.0-0.0%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BF.11	VOC	0.0%	0.0-0.0%
	BA.2.75.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.4.6	VOC	0.0%	0.0-0.0%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
BA.4	VOC	0.0%	0.0-0.0%	
BA.1.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.1%

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

# 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, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except XBB.1.5 and its sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, sublineages of XBB.1.5 are aggregated to XBB.1.5. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.5.1 was aggregated to XBB.1.5. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

# Where are we in the epidemic?

Pneumonia, Influenza, and COVID-19 Mortality from  
the National Center for Health Statistics Mortality Surveillance System  
Data as of March 9, 2023



[View Chart Data](#) | [View Full Screen](#)

# Vaccine Effectiveness Against XBB

≥65						
Received 2–4 monovalent doses only (Ref)	2,393	1,159 (48)	972 (41)	—	262 (11)	—
Overall (≥2 weeks since bivalent booster dose)	2,021	1,243 (62)	632 (31)	37 (28–44)	146 (7)	43 (29–55)
0–1 month since bivalent booster	381	260 (68)	94 (25)	55 (42–65)	27 (7)	50 (24–68)
2–3 months since bivalent booster	1,640	983 (60)	538 (33)	32 (21–40)	119 (7)	42 (26–54)

<http://dx.doi.org/10.15585/mmwr.mm7205e1>

## Does Paxlovid work? Why prescribe a medication for mild-moderate COVID-19?

The benefit of a 5-day treatment course of Paxlovid was demonstrated in the clinical trial that supported the EUA. This study showed that among non-hospitalized, unvaccinated patients at high risk of progression to severe disease, treatment with Paxlovid reduced the risk of hospitalization or death by 88%.

Observational data, including vaccinated patients, from Israel<sup>1</sup>, Hong Kong<sup>2</sup>, and the United States is consistent with benefit in high-risk patients:

- 46% reduction in hospitalizations and deaths compared to the untreated<sup>1</sup>
- 65% reduction in death compared to non-users<sup>2</sup>
- 51% lower hospitalization rate within 30 days after diagnosis than those who were not prescribed Paxlovid<sup>3</sup>



# Paxlovid: Standard of Care

- Do not wait for symptoms once diagnosis is made
- Can be given if creatinine clearance is  $> 30$
- Medication interaction: [FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR PAXLOVID™](#)



## Does the EUA require a positive result from a direct SARS-CoV-2 viral test prior to prescribing Paxlovid to a patient who is at high risk for severe COVID-19?

No. Although the Agency continues to recommend that authorized prescribers use direct SARS-CoV-2 viral testing to help diagnose COVID-19, the Agency removed the requirement for positive test results effective February 1, 2023. FDA recognizes that, in rare instances, individuals with a recent known exposure (e.g., a household contact with a positive direct SARS-CoV-2 viral test) who develop signs and symptoms consistent with COVID-19 may be diagnosed by an authorized prescriber as having COVID-19 even if they have a negative direct SARS-CoV-2 viral test result. In such instances, the authorized prescriber may determine that treatment with Paxlovid for COVID-19 is appropriate if the patient reports mild-to-moderate symptoms of COVID-19 and is at high-risk for progression to severe COVID-19, including hospitalization or death, and the terms and conditions of the authorization are met, as detailed in the **Fact Sheet for Healthcare Providers**.



# Microbiology Specimen Collection and Report Interpretation

Connie Stanfill, MT,CIC

Georgia Department of Public Health



# What are the steps in specimen collection?

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There are four steps involved in obtaining a good quality specimen for testing:

- (1) preparation of the patient
- (2) collection of the specimen
- (3) processing the specimen
- (4) storing and/or transporting the specimen

# What are five reasons for specimen rejection that can occur in the laboratory?

---

## Five most common reasons for specimen rejections:

1. Incorrect specimen collection container
2. Insufficient specimen quantity or specimen too large for container
3. Transported incorrectly
4. Incorrect media
5. Specimen stability compromised (i.e. age of specimen, temperature stored)

# Safety Considerations

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- Follow **STANDARD PRECAUTION** guidelines. Treat all specimens as potentially biohazardous.
- Use appropriate barrier protection (gloves, gown) when collecting or handling specimens.
  - If splashing is a possibility, protective eyewear, face mask and gowns may be necessary.
- Do not contaminate the external surface of the collection container and/or the accompanying paperwork.
- Minimize direct handling of the specimen in transit. Use plastic biohazard sealable bags with a separate pouch for paperwork.



# General Culture Guidelines



- When possible, specimens should be obtained before antimicrobial agents have been administered.
  - If re-culturing, wait 48 hours after stopping of antimicrobials to obtain culture specimens.
- **Use sterile technique in collecting the specimens.**
- When transporting specimens, always tightly cap the specimen containers and ensure tube tops are firmly secured. If specimen spills into the transport bag, the lab will not accept.
- All swabs should be kept moist in a transport medium after the specimen is collected.

# General Guidelines – *continued*

- Collect an adequate amount of specimen.
  - Inadequate amounts of specimen may yield false negative results.
- The specimen must be appropriately labeled with resident information (name and DOB), sample source, and date and time of collection.
  - Identify the specimen source and/or specific site correctly so that proper culture media will be selected during processing in the lab.
- **Transport all specimens to the laboratory promptly.**
- Contact laboratory prior to collection if any questions or concerns.

Name: \_\_\_\_\_  
D.O.B. or Account#: \_\_\_\_\_  
Test(s): \_\_\_\_\_  
Source: \_\_\_\_\_  
Collection Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_  
MV04SW6824P



# Blood Cultures

---

- **Type of blood culture:** Aerobic and Anaerobic
- **General guidance:** Collect 2 culture sets from separately prepared sites prior to starting antibiotic therapy.
- **Number and timing:** Most cases of bacteremia are detected by using 2 to 3 separately collected blood cultures. A single blood culture may miss intermittent bacteremia and make it difficult to interpret the clinical significance of certain isolated organisms.
- **Volume:** The volume of blood is critical because the concentration of organism in most cases of bacteremia is low. Follow the recommended volume to be drawn based on type of container.

Drawing blood cultures from lines should be avoided.

# Blood Culture Collection

---

- Perform hand hygiene and don gloves.
- Locate a suitable vein before cleansing the skin.
- Using the Chlorhexidine (CHG) pad, apply to skin and using friction and a back-and-forth motion scrub the area for 15 seconds.
- Allow the area to dry for 30 seconds. Do not blow or touch the site after cleansing the skin prior to obtaining blood specimen.
- Disinfect the top of the bottle stopper on the Blood culture bottles with 70% alcohol.
  - DO NOT USE IODINE to disinfect bottles.
- Use a vacutainer butterfly needle with hub to minimize chances of contamination.



# Blood Culture Collection - *continued*

---

## Collection Tips:

- Make certain that the needle does not touch anything before entering the skin.
  - If you are unsuccessful in obtaining blood with the first puncture, be certain that you replace the needle and all other collection equipment with new ones before attempting a second puncture.
- Draw the required amount of blood into each bottle filling the aerobic bottle first, followed by the anaerobic bottle.





# Gastrointestinal Tract

---

## Fecal specimens

- Have the resident obtain stool specimen.
  - Pass stool into a new clean, dry bedpan or toilet “hat”.  
Transfer into a sterile, leak proof container with tight-fitting lid.
- Store the stool specimen in refrigerator until transported.
- Do not use toilet paper or diaper to collect stool as it may contain substances which are inhibitory for some fecal pathogens.
- Follow your laboratory’s instruction for transport.

# Lower Respiratory

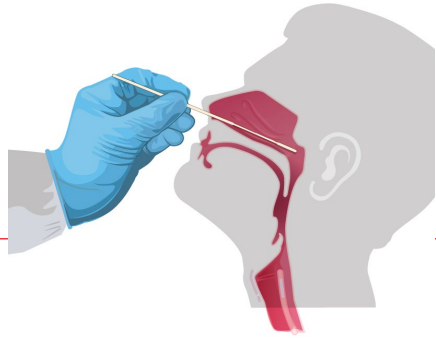
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## Expectorated sputum

- Have resident rinse mouth and gargle with water prior to sputum collection.
- Instruct the resident to collect specimen resulting from deep coughing in a sterile screw cap container.
  - Specimens consisting of primarily saliva will be rejected.

## Induced sputum

- Generally collected by Respiratory Therapist.



# Upper Respiratory



## • Nasal

- Insert a sterile swab into the nose until resistance is met at the level of the turbinates (approximately 1 inch into the nose).
- Rotate the swab against the nasal mucosa.
- Repeat the process on the other side.

## • Throat (pharyngeal specimens)

- Depress tongue gently with tongue depressor.
- Extend sterile swab between the tonsillar pillars and behind the uvula. Avoid touching the cheeks, tongue, uvula or lips.
- To obtain sample, sweep the swab back and forth across the posterior pharynx, tonsillar areas including any inflamed or ulcerated areas.

Ensure the appropriate type and use of swabs for collection and transport.

# Wound Culture

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- Background:
  - All wounds are contaminated so a **positive culture does not automatically indicate an infection**. This must be clinically determined based on wound characteristics, erythema, edema, pain, heat, increased exudate and odor.
- Proper technique for obtaining a specimen is crucial to avoid false negative or positive results.
- Culture wound prior to initiation of antibiotics if signs or symptoms of infection are present.

# Techniques For Collecting A Wound Culture

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- When a wound culture is deemed necessary, what is the best technique for obtaining:
  - Deep-tissue or punch biopsy
  - Needle aspiration
  - Swab culture

Note: Biopsy specimens or aspirates are preferred specimens

# Wound Swab Culture

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- Most common technique used because it is practical, noninvasive and cost effective.
  - If done properly, can identify bacterial species of the infection and help guide antibiotic therapy.
- Basic principles:
  - Obtain the culture from properly cleaned and prepared tissue
    - Avoid obtaining only a culture of surface contamination.
  - Obtain a swab culture from a viable wound bed.
  - Ensure the appropriate type and use of swabs for collection and transport.



# Indication for Urine Culture

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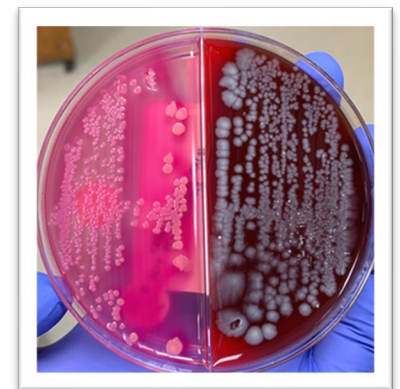
- Urine cultures should be done only when infection is suspected, usually in the presence of resident-reported symptoms.
- Typical urinary infection symptoms include dysuria, frequency and urgency, residents with dementia may present with non-specific signs such as fatigue and mental status changes.
- In residents with urinary catheters, symptoms are more generalized and can include fever, weakness and altered mental status.
- Screening for asymptomatic bacteriuria should only be done in pregnant resident or residents undergoing urologic procedures.



# Evaluation for UTI

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- When evaluating a resident for potential UTI, the urine culture should be evaluated along with symptoms and the urinalysis.
  - Ten or more leukocytes per microliter in the urinalysis is associated with a diagnosis of UTI but should not be the sole criterion used.
- In the urine culture, the number of colony-forming units (CFU's) per ml is an estimate of the number of bacteria in the sample.
  - Common bacteria in uncomplicated UTI's include *E.coli*, *Klebsiella* species and *Proteus* species.
- Cultures in residents **without** urinary catheters are best collected midstream to avoid contamination or straight urinary catheters.



# Urine Cultures

---

## General Considerations

- **Never collect urine from a bedpan/toilet hat or urinal.**
- Thoroughly clean the urethral opening (and vaginal vestibule in females) prior to collection procedures to ensure that the specimen obtained is not contaminated with colonizing microorganisms.
  - Use soap rather than disinfectants for cleaning the urethral area.
  - If disinfectants are introduced into the urine during collection, they can inhibit the growth of microorganisms.
- Specimen should be refrigerated or placed in tube with preservative.
- Use sterile tubes or cups to collect and transport the urine.

# Clean Catch Urine Specimen Collection (Female)

---

- Person obtaining the urine specimen should wash hands with soap and water, rinse and dry. If the resident is collecting the specimen, she should be given detailed instructions.
  - Cleanse the urethral opening and vaginal vestibule area with soapy water or clean gauze pads soaked with liquid soap.
  - Rinse the area well with water or wet gauze pads.
  - Hold the labia apart during voiding.
  - Begin the urine flow, stop the flow.
  - Restart urine flow, collect the midstream portion of during in a sterile container.
  - Stop the urine flow and remove the container.
  - Follow the laboratory instructions for transport.



# Clean Catch Specimen Collection (Male)

---

- Person obtaining the specimen should wash their hands with soap and water, rinse and dry. If the resident is collecting the specimen, he should be given detailed instructions.
  - Cleanse the penis, retract the foreskin (if not circumcised), and wash with soapy water.
  - Rinse the area well with water.
  - Keeping the foreskin retracted, start the urine flow, stop the flow.
  - Restart urine flow, collect the midstream portion of during in a sterile container.
  - Stop the urine flow and remove the container.
  - Follow the laboratory instructions for transport.

# Resident with Indwelling Urinary Catheter

## Appropriate uses of Urine Cultures

- Presence of symptoms suggestive of urinary tract infection (UTI).
  - Flank pain or costovertebral angle tenderness
  - Acute hematuria
  - New pelvic discomfort
- New onset or worsening sepsis without evidence of another source.
- Fever or altered mental status without evidence of another source.
- In spinal cord injury, increased spasticity, autonomic dysreflexia, sense of unease.

## Inappropriate Uses of Urine Cultures

- Odorous, cloudy, or discolored urine **in the absence** of other localizing signs/symptoms.
- Reflex urine cultures based on urinalysis results, such as pyuria, in the absence of other indications.
- Urine culture to document response to therapy unless symptoms fail to resolve.

# Should an indwelling catheter be removed or replaced prior to getting a urine culture?

---

- Determine the number of days the urinary catheter has been in place.
- If greater than 14 days, consider replacing the catheter prior to specimen collection.

Never collect a urine culture from the collection bag.



# Steps for Urine Culture Collection from Urinary Catheter

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- Perform hand hygiene and don gloves.
- Occlude the catheter tubing a minimum of three inches below the collection port.
- When urine is visible under the sampling port scrub the port with disinfectant wipe.
- Using aseptic technique to collect the specimen using a facility approved collection device.
- If needed, transfer the specimen to facility approved container and label according to policy. Include date and time culture was collected.
- Doff gloves and perform hand hygiene.
- Follow laboratory instructions for transport.



# Interpreting a Urinalysis

[PowerPoint Presentation \(unc.edu\)](http://unc.edu)

**DIPSTICK**

Helps identify if patient is hydrated / dehydrated

Marker for common bacterial pathogens \*

Marker for white blood cells in the urine

**MICROSCOPIC ANALYSIS**

White blood cells

Red blood cells

Test Name	Reference Range
Urinalysis rflx Microscopic Color	YELLOW
Appearance	CLEAR
Specific Gravity	1.001-1.035
pH	5.0-8.0
Glucose	NEGATIVE
Bilirubin	NEGATIVE
Ketone	NEGATIVE
Occult Blood	NEGATIVE
Protein	NEGATIVE
Nitrite	NEGATIVE
Leukocyte Esterase	NEGATIVE
Urine Microscopic	
WBC	<=5 WBC/HPF
RBC	<=2 RBC/HPF
Squamous Epithelial	<=5 HPF
Bacteria	NONE SEEN HPF
Crystals	NONE SEEN HPF
Triple Phosphate Crystals	NONE SEEN HPF
Casts	NONE SEEN LPF
Yeast	NONE SEEN HPF

\* E Coli, Klebsiella and Proteus produce nitrite from nitrate.  
Pseudomonas, enterococci and coagulase negative staphylococci do not.

# Sample Urinalysis #1

Test Name	In Range	Out Of Range	Reference Range
Urinalysis rflx Microscopic			
Color	YELLOW		YELLOW
** Please note change in unit of measure and reference range(s). **			
Appearance		CLOUDY	CLEAR
Specific Gravity	1.019		1.001-1.035
pH	7.5		5.0-8.0
Glucose		3+	NEGATIVE
Bilirubin	NEGATIVE		NEGATIVE
Ketone	NEGATIVE		NEGATIVE
Occult Blood		TRACE	NEGATIVE
Protein		3+	NEGATIVE
Nitrite	NEGATIVE		NEGATIVE
Leukocyte Esterase		1+	NEGATIVE
Urine Microscopic			
WBC		>50	<=5 WBC/HPF
RBC	0-2		<=2 RBC/HPF
Squamous Epithelial	NONE SEEN		<=5 HPF
Bacteria		MANY	NONE SEEN HPF
Crystals		FEW	NONE SEEN HPF
Triple Phosphate Crystals		FEW	ABN NONE SEEN HPF
Casts	NONE SEEN		NONE SEEN LPF
Yeast	NONE SEEN		NONE SEEN HPF

# Interpreting a Urine Culture

## [No Growth]

██████████	Order Nbr: 1	Ordered: 04/19/2017 09:20
Order Code: Urine Culture		Worksheet: Urine Cultures
Site: Urine-Clean Catch		Collected: 04/19/2017 04:00
Source: Urine		Received: 04/19/2017 10:07
Instructions:		Inoculated:
		Released: 04/21/2017 07:22
		Status: Final
Receiving Location:		
Routing Location:		
<hr/>		
Culture Observations:		
No Growth / Less than 1,000 ORG/mL [Note: Patients with asymptomatic bacteriuria, funguria, or pyuria without UTI symptoms usually do not require treatment with an antimicrobial agent.]		

# Interpreting a Urine Culture

# [Preliminary Report]

## URINE CULTURE

Approved By: [REDACTED]

Test

In Range

Out of Range

PRELIM RPT

Microbiology results

SOURCE:  
I/O CATH

COLONY COUNT  
[8/2/2016 6:40 AM TS] >100,000 CFU/mL

RESULT:  
[8/2/2016 6:40 AM TS] Gram Negative Rods, Id and Sensitivity to Follow





# Interpreting a Urine Culture

Culture, Urine

Source:

Result: 4/24/2016 8:08 PM

Status: F

COLONY COUNT:

>=100,000 COLONIES/ML

FINAL REPORT

STAPHYLOCOCCUS SPECIES (COAGULASE NEGATIVE)

Rifampin and Gentamicin should not be used as single drugs for treatment of Staph infections.

Sensitivity for: STAPHYLOCOCCUS SPECIES  
(COAGULASE NEGATIVE)

Source:

Result: 4/24/2016 8:08 PM

Status: F

PENICILLIN	R, >=0.5	>=0.5
OXACILLIN	S, <=0.25	<=0.25
CEFAZOLIN	S	
GENTAMICIN	S, <=0.5	<=0.5
CIPROFLOXACIN	S, <=0.5	<=0.5
LEVOFLOXACIN	S, <=0.12	<=0.12
NITROFURANTOIN	S, <=16	<=16
TRIMETH/SULFA	S, <=10	<=10
VANCOMYCIN	S, <=0.5	<=0.5
RIFAMPIN	S, <=0.5	<=0.5
TETRACYCLINE	S, <=1	<=1



# In Summary

---

- The proper collection of a specimen is the most important step in the recovery of pathogenic organisms responsible for infections.
- A poorly collected specimen may lead to failure in isolating/detecting the causative organism(s) and/or result in the recovery of contaminating organisms.
  - Inappropriate collection of specimen, may lead to inappropriate treatment such as wrong antimicrobials, unnecessary antimicrobials and in some cases, treatment not being provided when needed.
- Always follow the instructions for collection and transport as provided by lab.
- Always familiarize yourself and your staff about how to interpret the microbiology reports.

# Garbage In Garbage Out

# 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	<u><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a></u> (404-967-0582)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<u><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a></u> (256-293-9994) <u><a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a></u> (678-357-4797)
Central (Dublin, Macon, Augusta, & Columbus) Districts 5-1, 5-2, 6, 7	<u><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a></u> (404-967-0589) <u><a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a></u> (404-596-1732)
Southwest (Albany, Valdosta) Districts 8-1, 8-2	<u><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a></u> (404-596-1940)
Southeast (Savannah, Waycross) Districts 9-1, 9-2	<u><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a></u> (804-514-8756)
Backup/Nights/Weekends	<u><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a></u> (404-430-6316)

Thank You for Your Time!  
Contact the AHS Patient Safety Team



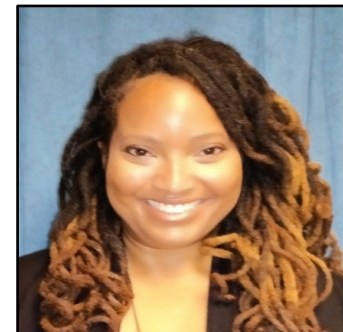
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# Alliant Health Solutions Resources

**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 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:



## 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](#)

### 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/georgia-department-of-public-health/>

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



# Save the Date

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

April 21, 2023 - 11 a.m. ET

## **ALF and PCH**

March 24, 2023 - 11 a.m. ET

April 28, 2023 - 11 a.m. ET



# Thanks Again...

- Georgia Department of Public Health
- University of Georgia



**UNIVERSITY OF  
GEORGIA**

# Making Health Care Better



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[quality.allianthealth.org](https://quality.allianthealth.org)