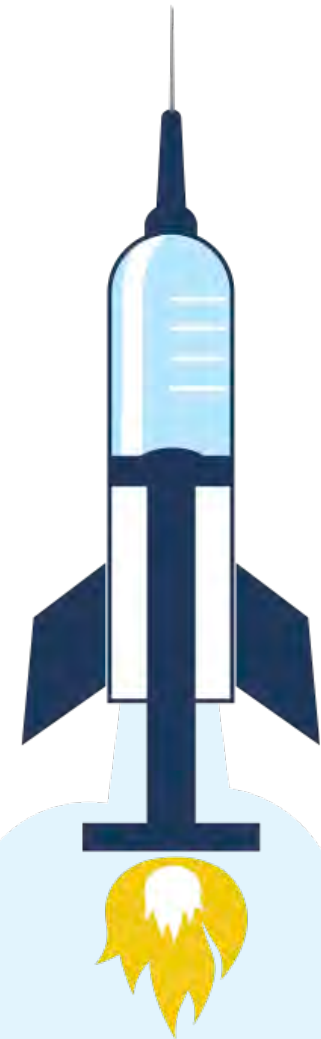


# Vax and Pax Toolkit: Moving Forward with Patient Safety from COVID-19

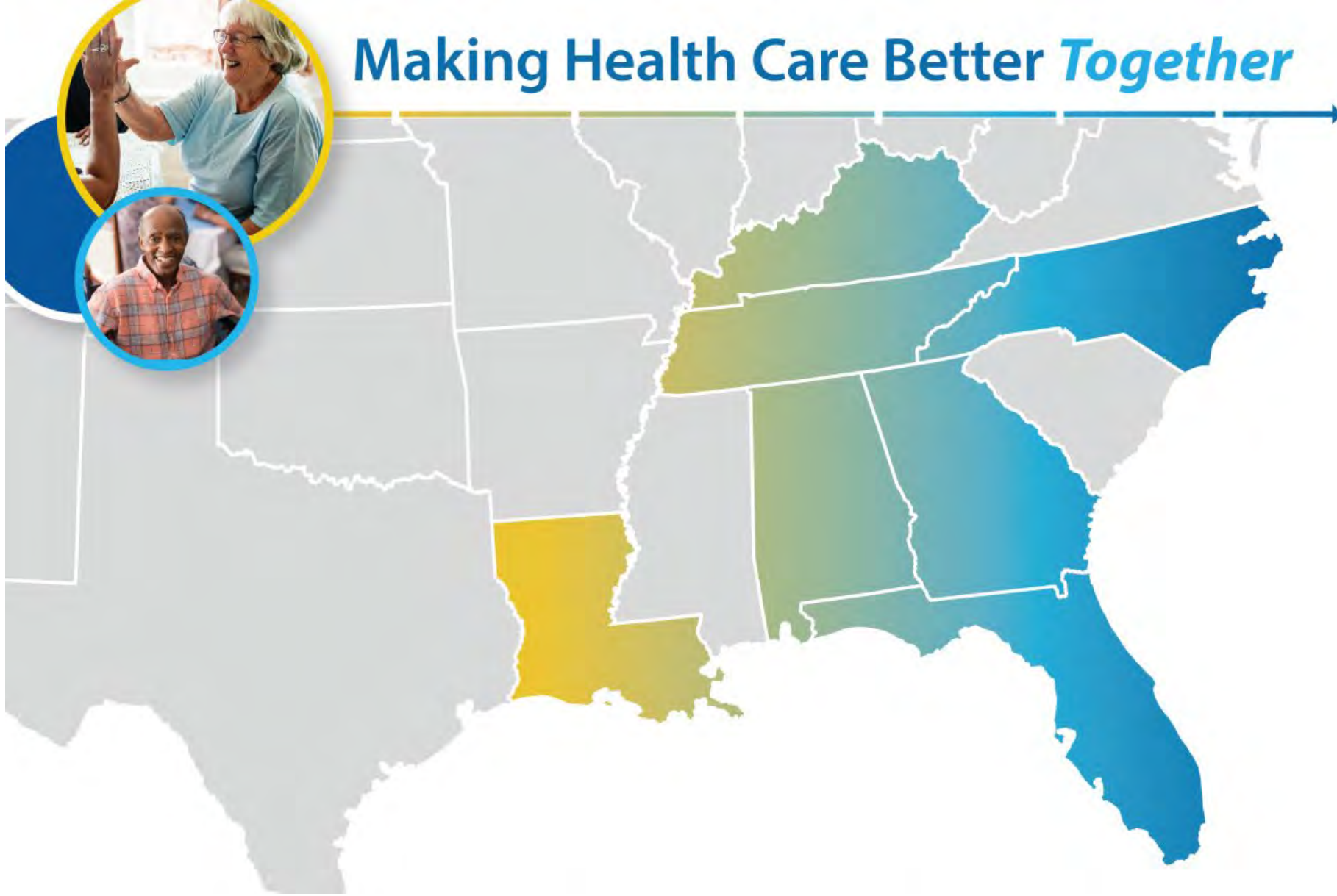
**Swati Gaur**, MD, MBA, CMD, AGSF  
Medical Director, Post-Acute Care  
Northeast Georgia Health System

 **ALLIANT**  
HEALTH SOLUTIONS

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



# Making Health Care Better *Together*



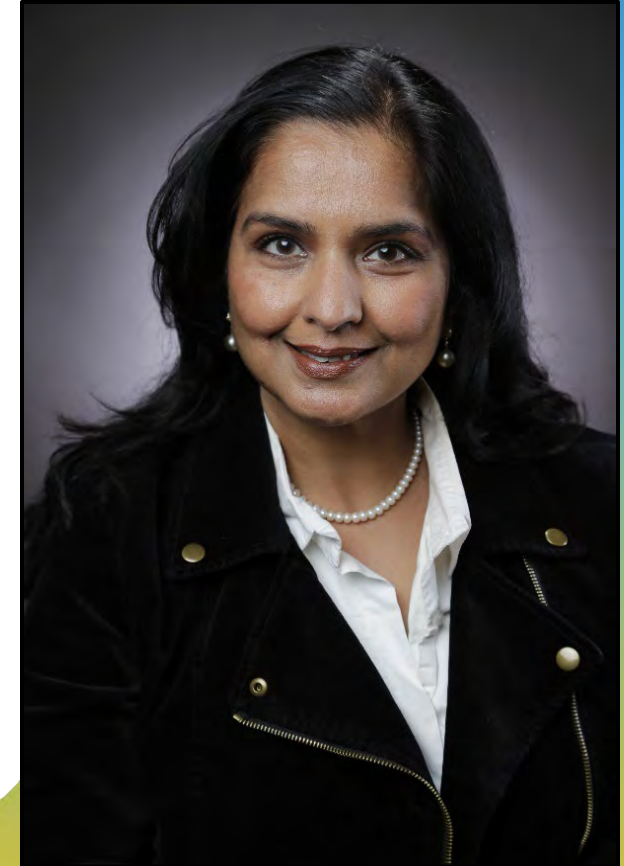
## About Alliant Health Solutions

# Swati Gaur, MD, MBA, CMD, AGSF

**MEDICAL DIRECTOR, POST ACUTE CARE  
NORTHEAST GEORGIA HEALTH SYSTEM**

Swati Gaur, MD, MBA, CMD, AGSF, is the chief medical officer for Senior Care Office and Care Advances Thru Technology, advancing innovations in geriatric care. She is also the medical director for post-acute care at Northeast Georgia Health System and Alliant Health Solutions, a CMS Quality Improvement Organization. She is also a Georgia Strike and Support Team member with the Georgia Department of Public Health and the University of Georgia.

She has authored several articles related to infection issues-UTI, Immunization, COVID-19, advanced care planning, and culture change in PALTC. AGS commended her for her role on the Health Systems Innovation committee in 2015. She was named Medical Director of the Year for 2022-23.



# Objectives

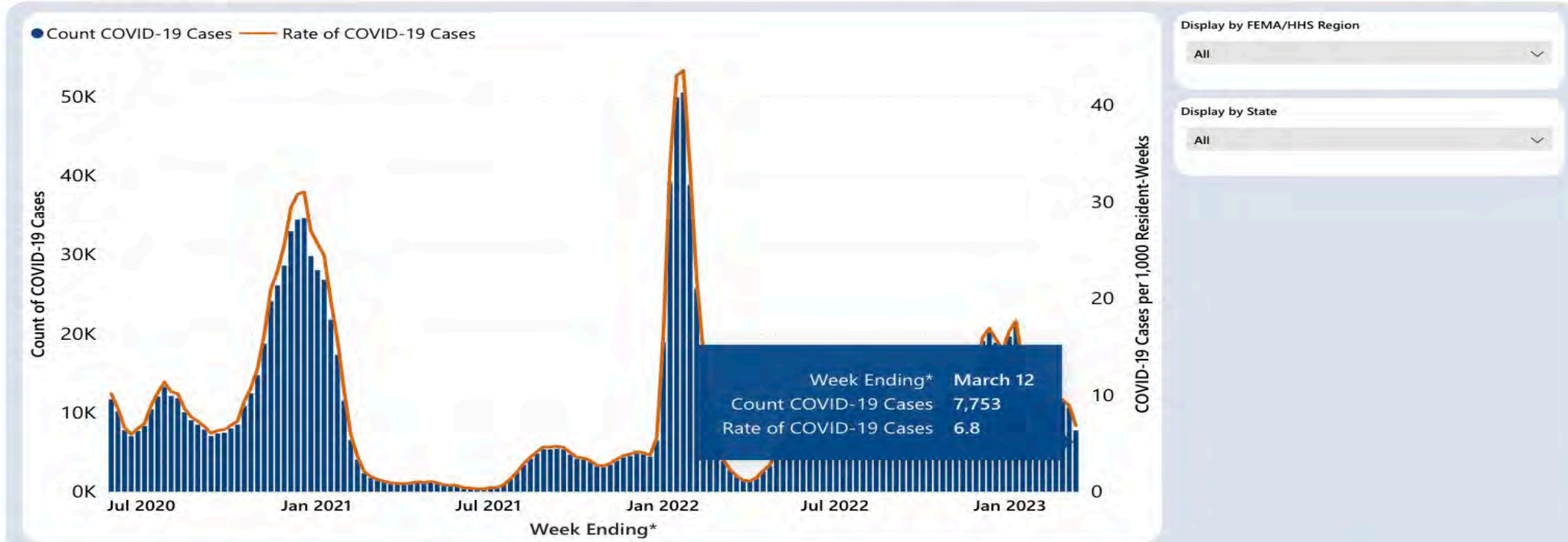
- Discuss the current state of COVID-19
- Examine the new research on the effectiveness of safety against COVID-19
- Create strategies to decrease serious illness, hospitalization and death for nursing home residents from COVID-19 using Vax and Pax toolkit

# Resident Cases of COVID-19

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



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



\* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right click on the graph area to show as table]

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

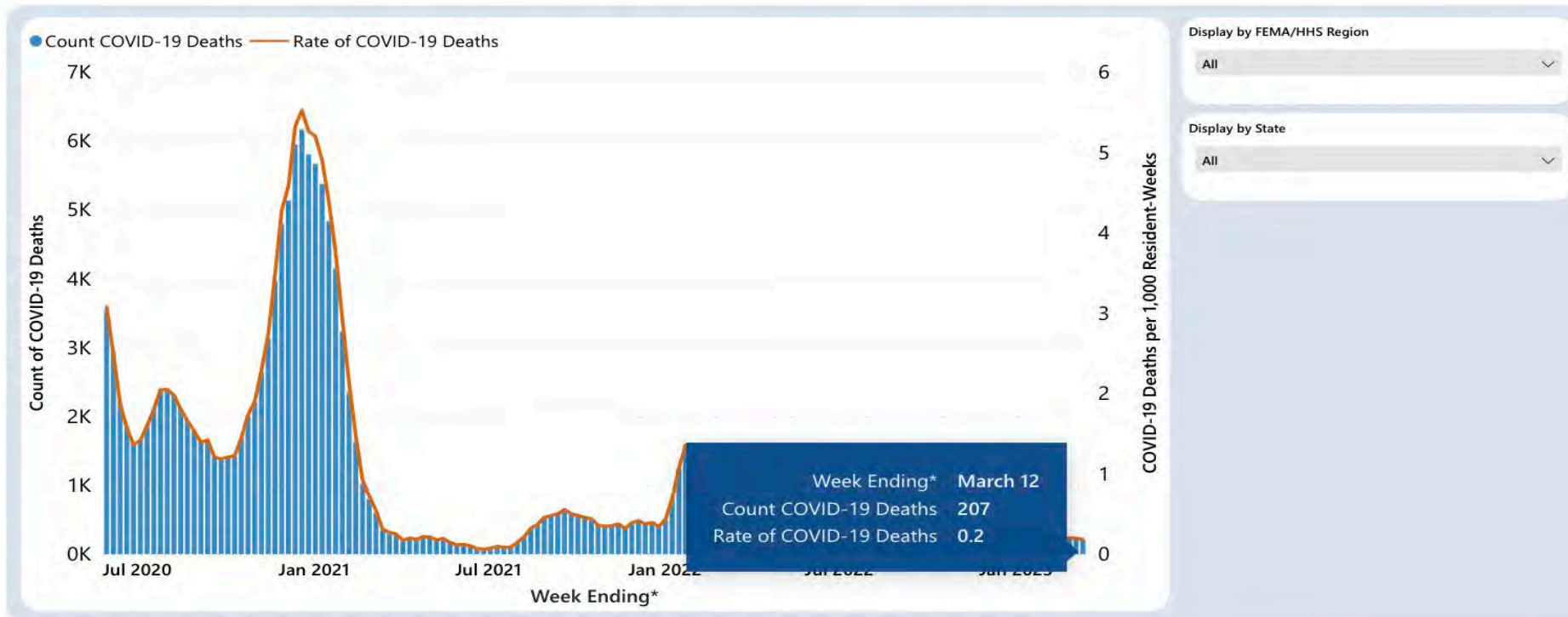
Data as of 3/13/2023 5:30 AM

# Resident Deaths: COVID-19

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



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



Display by FEMA/HHS Region

All

Display by State

All

\* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right click on the graph area to show as table]

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

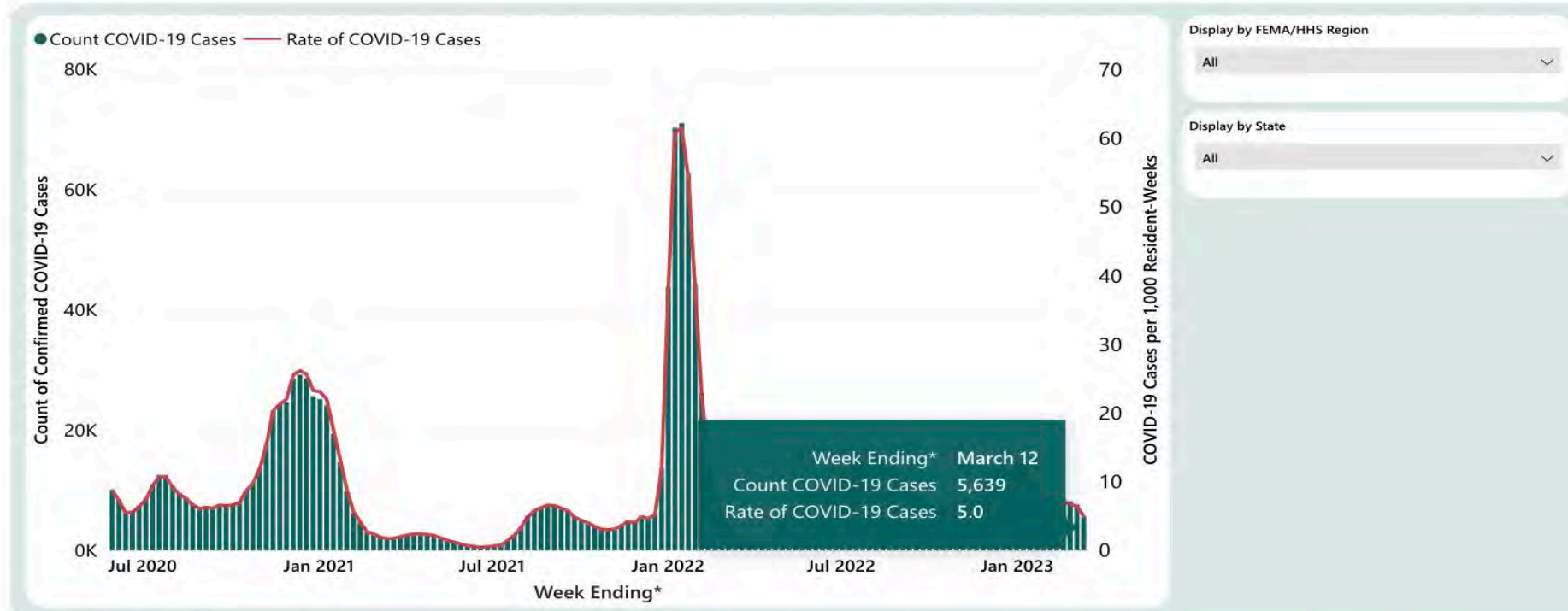
Data as of 3/13/2023 5:30 AM

# Staff Cases From COVID-19

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



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



\* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right click on the graph area to show as table]

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

Data as of 3/13/2023 5:30 AM





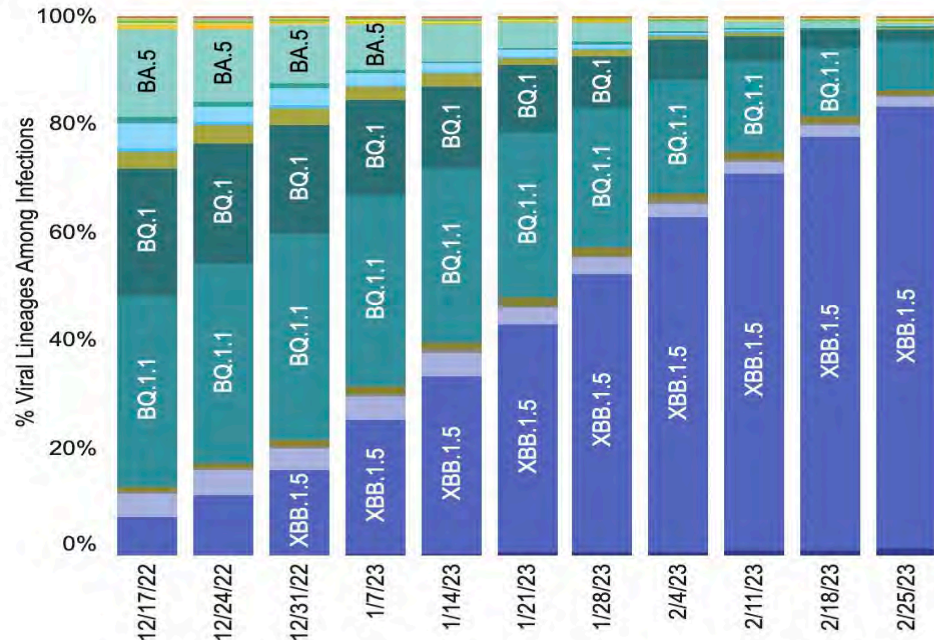
# Current COVID-19 Variant

## Weighted and Nowcast Estimates in United States for Weeks of 12/11/2022 – 3/18/2023

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 3/12/2023 – 3/18/2023

**Weighted Estimates:** Variant proportions based on reported genomic sequencing results



**Model-based projected estimates of variant**



Collection date, week ending

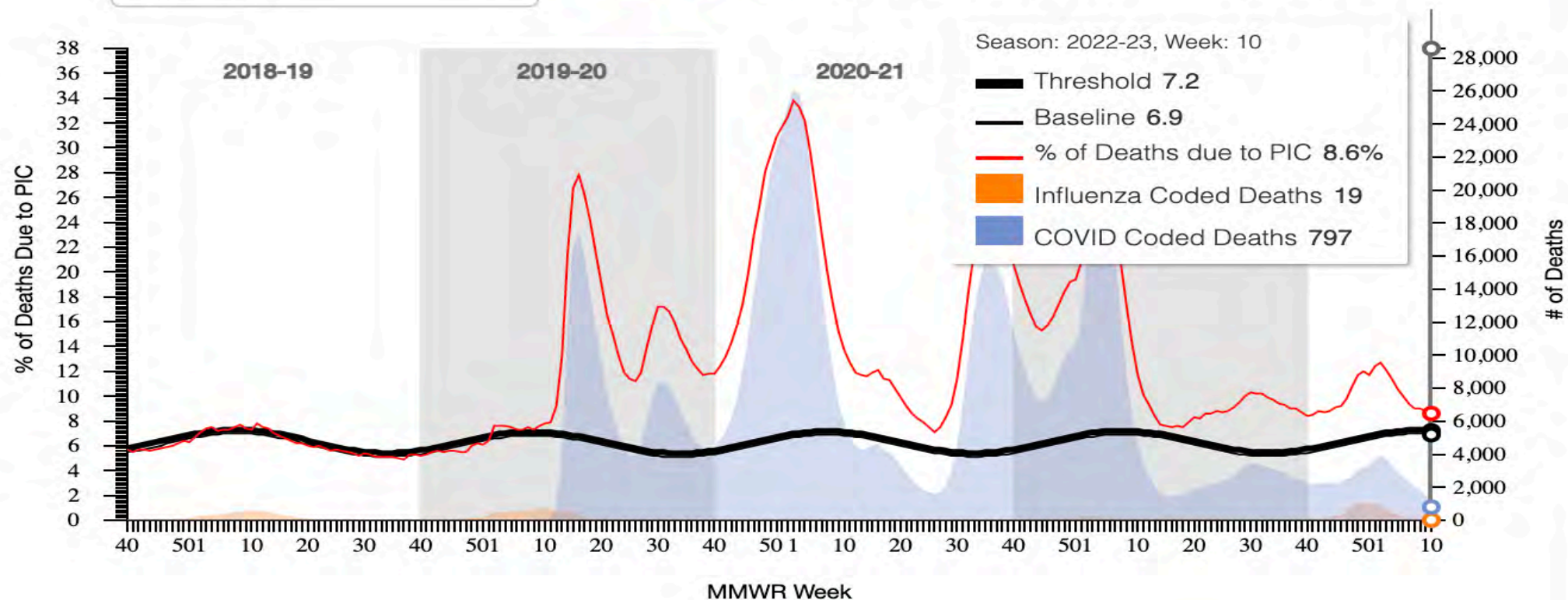
USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	90.2%	87.4-92.4%
	BQ.1.1	VOC	3.5%	2.5-4.9%
	XBB	VOC	2.5%	1.5-4.1%
	XBB.1.5.1	VOC	2.2%	1.6-2.9%
	BQ.1	VOC	0.7%	0.5-1.0%
	CH.1.1	VOC	0.5%	0.4-0.8%
	BA.2	VOC	0.2%	0.0-1.4%
	BN.1	VOC	0.1%	0.1-0.2%
	BA.5	VOC	0.0%	0.0-0.1%
	BF.7	VOC	0.0%	0.0-0.0%
	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.1.1	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%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.1%

# Percentage of all deaths due to pneumonia, influenza, and COVID-19, National Summary

[Download](#)

2018-23

Show Number of Influenza Deaths and COVID Deaths



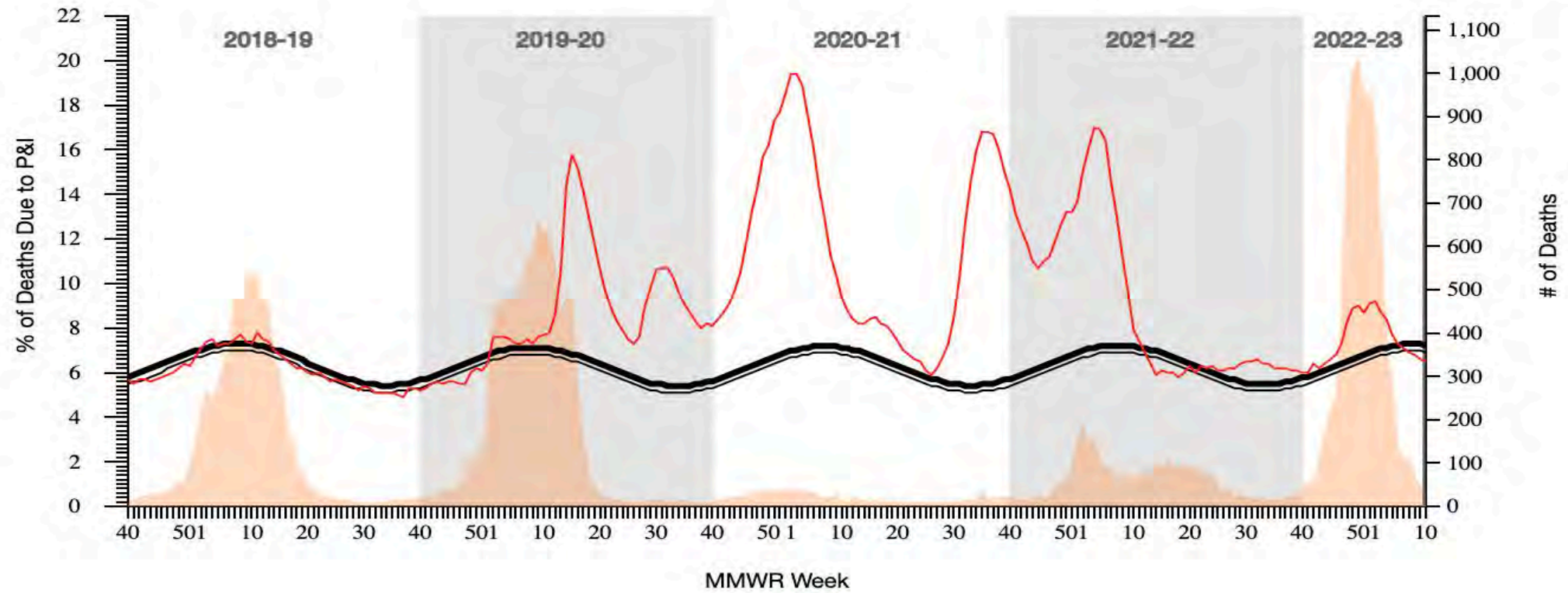
Threshold
  Baseline
  % of Deaths due to PIC
  Influenza Coded Deaths
  COVID Coded Deaths


# Percentage of all deaths due to pneumonia and influenza, National Summary

[Download Image](#)

2018-23

Show Number of Influenza Deaths

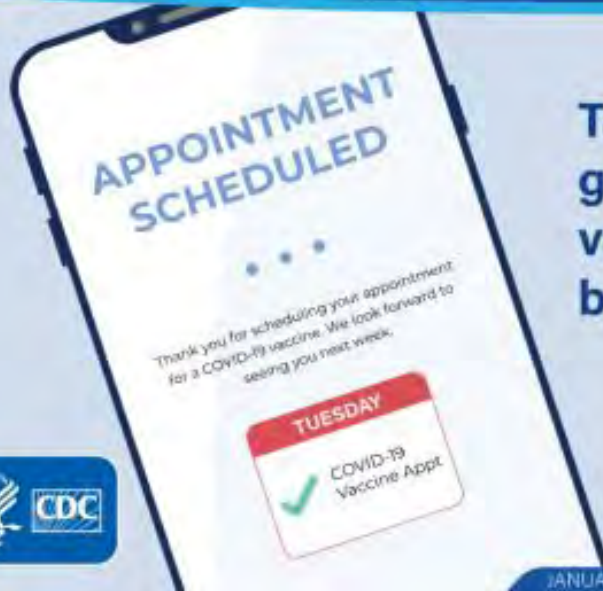


— Threshold — Baseline — % of Deaths due to P&I  Influenza Coded Deaths



Examine the New Research  
on Effectiveness of Safety  
Against COVID-19

An updated COVID-19 vaccine *helped prevent* illness from Omicron XBB-related variants\*



Talk to your doctor about getting an updated COVID-19 vaccine if your last dose was before September 2022

\* Among people receiving 2-4 doses of the original COVID-19 vaccine

[bit.ly/mm7205e1](https://bit.ly/mm7205e1)

MMWR

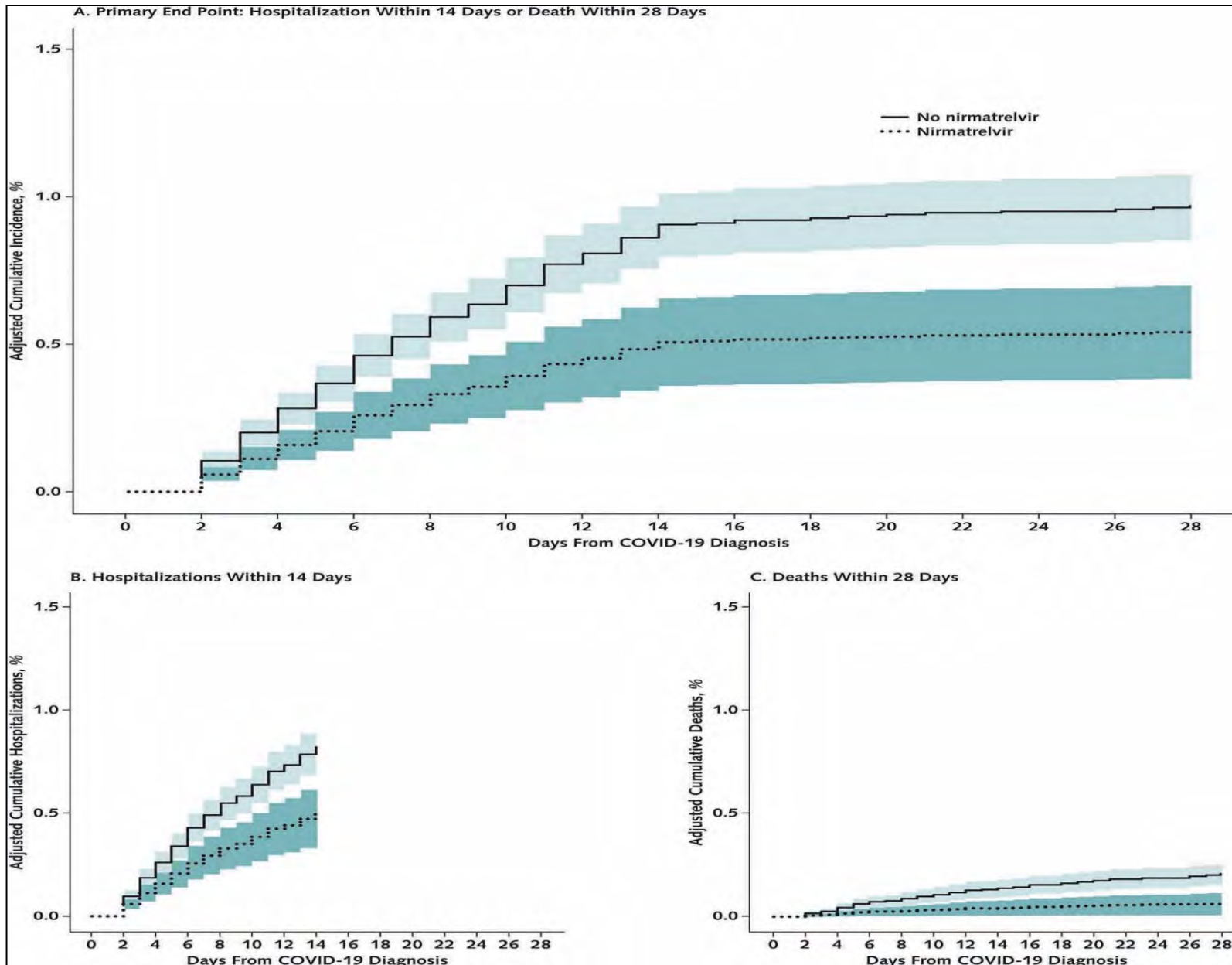
JANUARY 25, 2023

Bivalent mRNA Booster Dose  
Vaccine Effectiveness in  
Preventing Symptomatic SARS-  
CoV-2 Infection Attributable to  
Omicron BA.5—and XBB/XBB.1.5  
February 3, 2023

Up to 50% more effective

[https://www.cdc.gov/mmwr/volumes/72/wr/mm7205e1.htm?s\\_cid=mm7205e1\\_w](https://www.cdc.gov/mmwr/volumes/72/wr/mm7205e1.htm?s_cid=mm7205e1_w)

# Effect of Paxlovid Against Omicron (January 2023)



<https://doi.org/10.7326/M22-2141>



Create Strategies to Decrease Serious Illness, Hospitalization And Death For Nursing Home Residents From COVID-19 using Vax and Pax Toolkit

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.*

# CMS Memo

<https://www.cms.gov/files/document/qso-23-03-all.pdf>



# Vax and Pax Toolkit



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

# Vax and Pax Toolkit

## COVID-19 Vaccination and Therapeutics Toolkit: Resources for Clinicians

### 1. Included Content:

- Frequently asked questions about the COVID-19 Bivalent Booster
- Bivalent Myths and Facts from Alliant Health Solutions (Link to Spanish version: [https://quality.allianthealth.org/wp-content/uploads/2022/11/Bivalent-Myths-and-Facts-Spanish\\_508.pdf](https://quality.allianthealth.org/wp-content/uploads/2022/11/Bivalent-Myths-and-Facts-Spanish_508.pdf) )
- Myths and Facts about Paxlovid
- Paxlovid Standing Order Template (Nebraska Antimicrobial Stewardship Assessment and Promotion Program)
- Paxlovid Treatment Order Form (Nebraska Antimicrobial Stewardship Assessment and Promotion Program)
- Pharmacist Ordering Flowchart (ASCP)
- Paxlovid Contraindications Shortlist
- Fact sheet on Paxlovid for patients and families
- 10 Things to Know about COVID-19 Antiviral Pills, from Good Rx
- Guidance on use of monoclonal antibodies to treat Omicron subvariants
- Role of the Medical Director in Effective Prevention & Treatment of COVID-19

# Vax and Pax Toolkit

4. What if you have recently had a COVID-19 infection?
  - You are eligible to get the new COVID-19 vaccine after you are feeling better and have completed your time in isolation. However, if you wait 3 months after your infection, you will get a better response from the new vaccine.
  
5. Can you mix and match vaccines?
  - Yes. It does not matter if you have had Moderna or Pfizer previously, you can get either the Moderna or Pfizer bivalent COVID-19 vaccine booster shot.
  - If you are a male under the age of 30, the Pfizer bivalent COVID-19 vaccine may have less risk of myocarditis (which is a rare occurrence).

# Vax and Pax Toolkit

**MYTH:** The bivalent booster increases cardiac-related death.

**FACT:** Becoming infected with COVID-19 increases the risk of myocarditis by 11 times. The COVID vaccine cuts this risk in half. Like the monovalent vaccine, the bivalent booster can cause a very rare chance of myocarditis, primarily for younger men. It is self-limiting, and there are no long-term effects.

# Vax and Pax Toolkit

3. **MYTH:** “Rebound” COVID is common in those who take Paxlovid, so patients would rather take their chances and not risk testing positive again and having to isolate a second time.

**FACT:** Rebound (defined as experiencing recurrence of symptoms and/or SARS CoV-2 antigen positivity after initial resolution) has been observed not only among patients treated with Paxlovid but also occurs in patients receiving no treatment or those treated with other COVID-19 therapeutics. Recent studies suggest patients experiencing rebound have an extremely low probability of developing severe COVID-19.

[https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit\\_11\\_14\\_FINAL.pdf](https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit_11_14_FINAL.pdf)

# Therapeutic Considerations

**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](#).

# Vax and Pax Toolkit



THE SOCIETY  
FOR POST-ACUTE AND  
LONG-TERM  
CARE MEDICINE

## **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:

[https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit\\_11\\_14\\_FINAL.pdf](https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit_11_14_FINAL.pdf)



## CLINICAL SURVEILLANCE

- Low threshold for testing
- Expand surveillance symptoms
- Increase frequency



## TEST

- COVID-19 Ag test + Flu/RSV/COVID-19 PCR

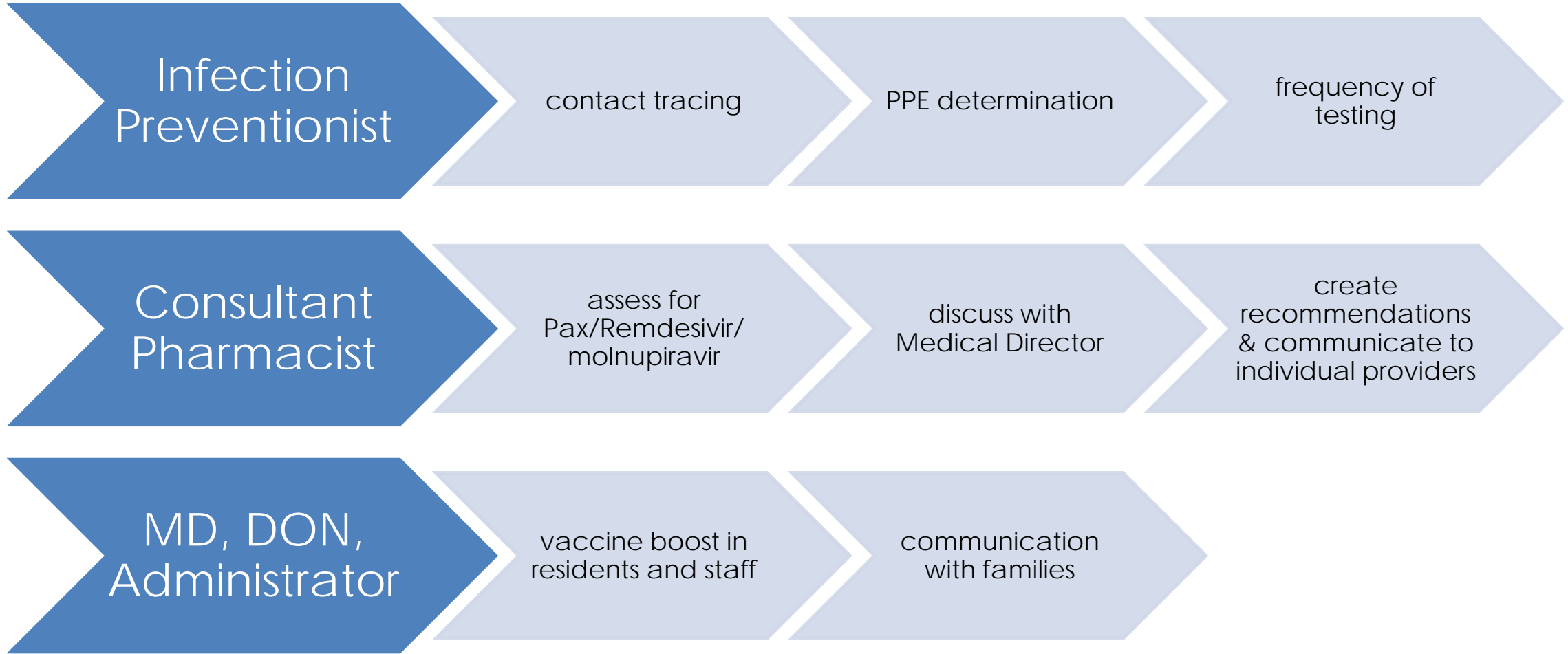


## TREAT

- \* Institute standing orders (lab, supportive Rx, monitor)
- \* Communicate to IP, CP, Med Dir, DON, Adm







# Role of Medical Director for Test to Treat Strategy



## **Nursing:**

- 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:**

- Increase uptake of vaccine boosters

# AMDA Wins: HHS Allows for Oral Antivirals to be in E-Boxes (Jan 2023)

**Long-term care facilities should ensure timely access to effective COVID-19 treatments for all eligible patients, including through pre-positioning the medications directly at facilities:**

- The oral antivirals Paxlovid and Lagevrio are currently being distributed for free by the US Government; contact your long-term care facility's serving pharmacy or [covid19therapeutics@hhs.gov](mailto:covid19therapeutics@hhs.gov) for access.
- The oral antivirals can be positioned within a long-term care or skilled nursing facility, following local regulations, so long as they are only dispensed to patients once a prescription is entered and verified.

<https://aspr.hhs.gov/COVID-19/Documents/ASPR-Information-Sheet-Long-Term-Care-Facilities.pdf>

# AMDA Wins: FDA Allows for Dissolving Lagevrio (Molnupiravir) (Feb 2023)

## How to take or give a dose of LAGEVRIO through a nasogastric (NG) or orogastric (OG) feeding tube:

- Wash your hands well with soap and water.
- Gather the supplies you will need to take or give the prescribed dose of LAGEVRIO.
  - 4 LAGEVRIO capsules
  - 1 liquid measuring cup with mL markings to measure 40 mL of room temperature water
  - 1 clean container with a lid
  - 1 catheter tip syringe. Your healthcare provider should tell you what size catheter tip syringe you will need to take or give a dose of LAGEVRIO.
- Place the needed supplies on a clean work surface.
- Follow your healthcare provider's instructions on how to flush the NG or OG feeding tube. Flush the NG or OG feeding tube with **5 mL** of water before taking or giving a dose of LAGEVRIO.
- Carefully open 4 LAGEVRIO capsules, one at a time, and empty the contents into a clean container.
- Use the liquid measuring cup to measure 40 mL of room temperature water and add to the container containing the capsule contents.

Questions?



# Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



## OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



## PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



## CHRONIC DISEASE SELF-MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes



## CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



## COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans



## IMMUNIZATION

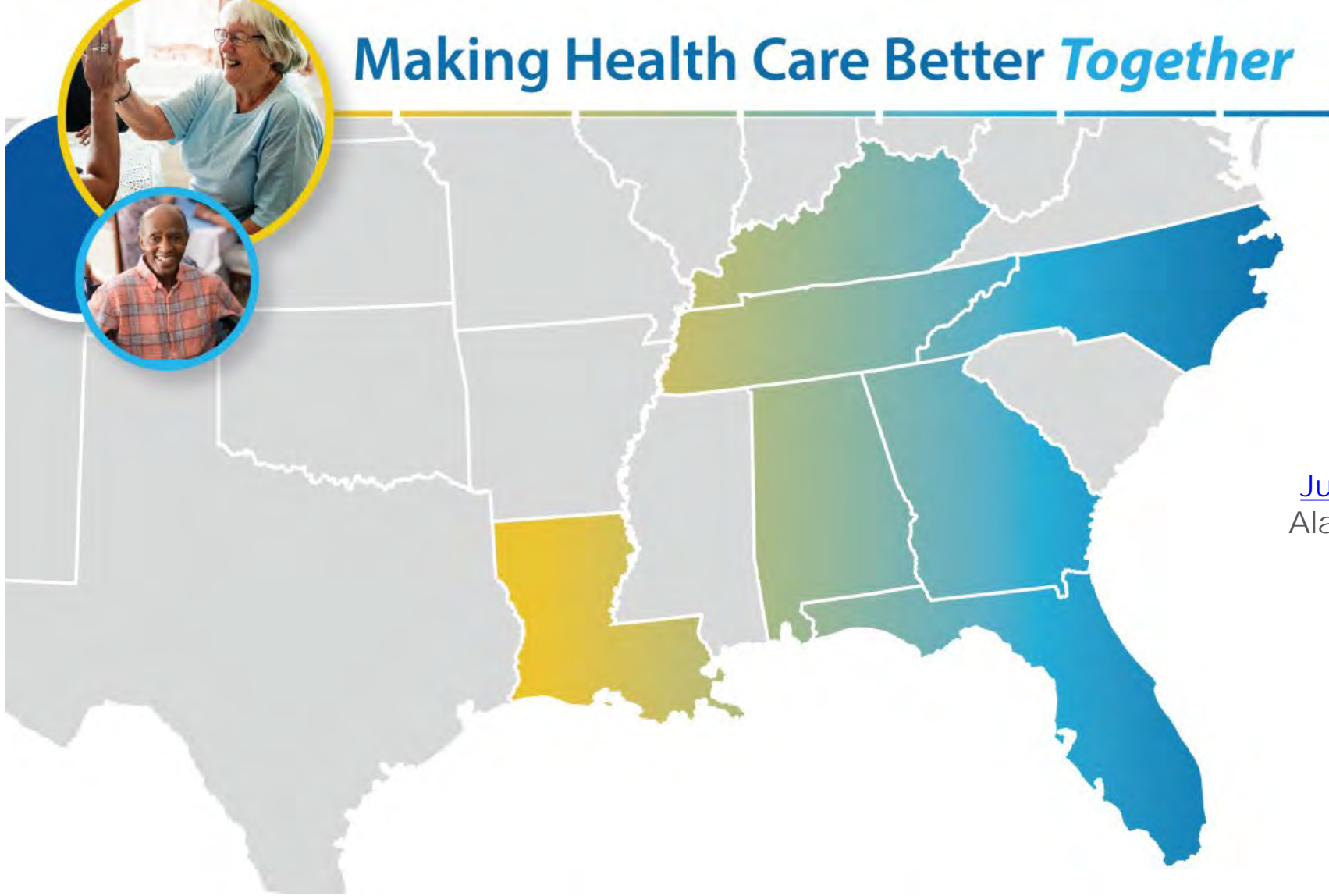
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



## TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

# Making Health Care Better *Together*



Julie Kueker

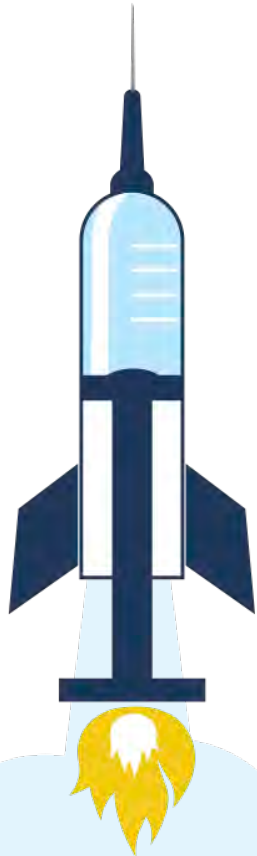
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## Program Directors



# Thank you



@AlliantQIO



@AlliantQIO



Alliant Health Solutions



AlliantQIO

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