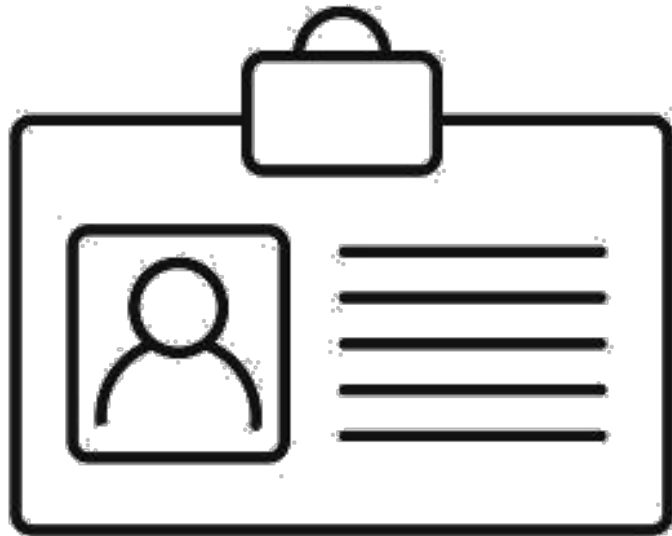




Georgia Department of Public Health:  
Strike & Support Team GADPH Office Hours for Medical Directors, NHs & SNFs  
April 21, 2023

# Meet the Team



## Presenters:

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

Medical Director, Alliant Health Solutions

**JoAnna M. Wagner, RN, BSN, BHSA, CIC**

Nurse Epidemiologist/Lead Infection Preventionist

Healthcare-Associated Infections Team

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, Dr. Gaur 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. Dr. Gaur established the palliative care service line at the Northeast Georgia Health System.

She also is an attending physician in several nursing facilities. Dr. Gaur attended medical school in Bhopal, India, and started her residency in internal medicine at St. Luke's–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board certified in internal medicine, geriatrics, hospice, and palliative medicine. In addition, she earned a master's in business administration at the Georgia Institute of Technology with a concentration in technology management.

# JoAnna M. Wagner, RN, BSN, BHSA, CIC

JoAnna has been with the Georgia Department of Public Health since 2016 and is currently the nurse epidemiologist/lead infection preventionist for the Acute Disease and Epidemiology Section, Healthcare-Associated Infections Team. She leads a team of eight infection preventionists whose focus is the investigation of outbreaks in healthcare facilities involving multi-drug resistant organisms. She has been involved with COVID-19 response for long-term care facilities since March 2020. She has been a nurse for 23 years and has worked as an infection preventionist for 19 years.

# Thank You to Our Partners

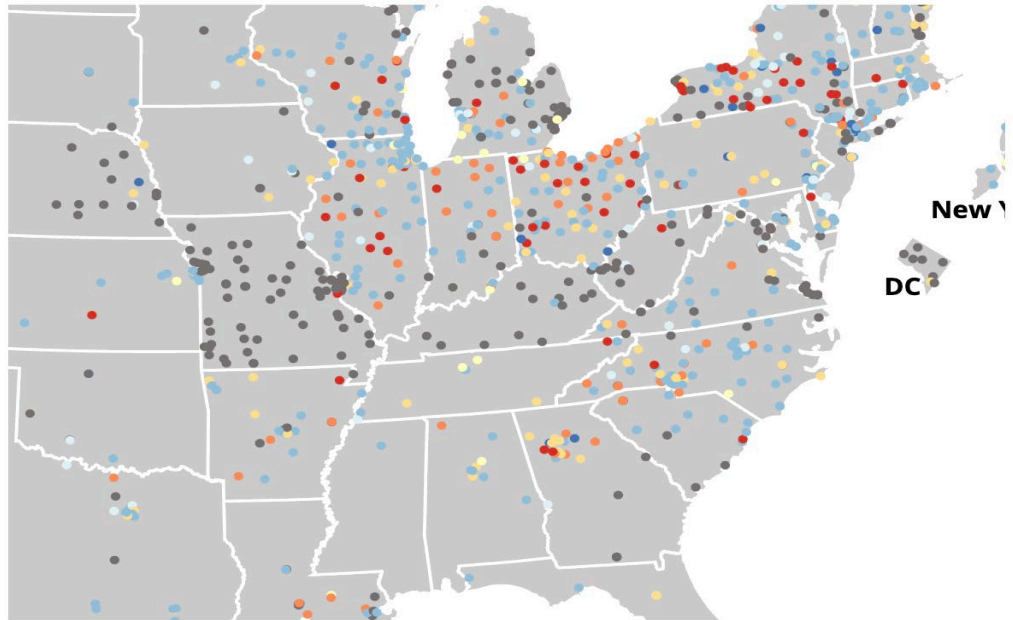
- Georgia Department of Public Health
- University of Georgia



# Objectives

- Provide an update on the COVID-19 pandemic
- Provide updates on the Infection Prevention & Control (IPC) resource boxes for nursing facilities
- Discuss *Candida auris* in Georgia and what you need to know for preparedness and response
- Share Alliant Health Solutions resources to support your infection prevention and control initiatives
- Address any facility-specific IPC questions or concerns

# Wastewater Surveillance

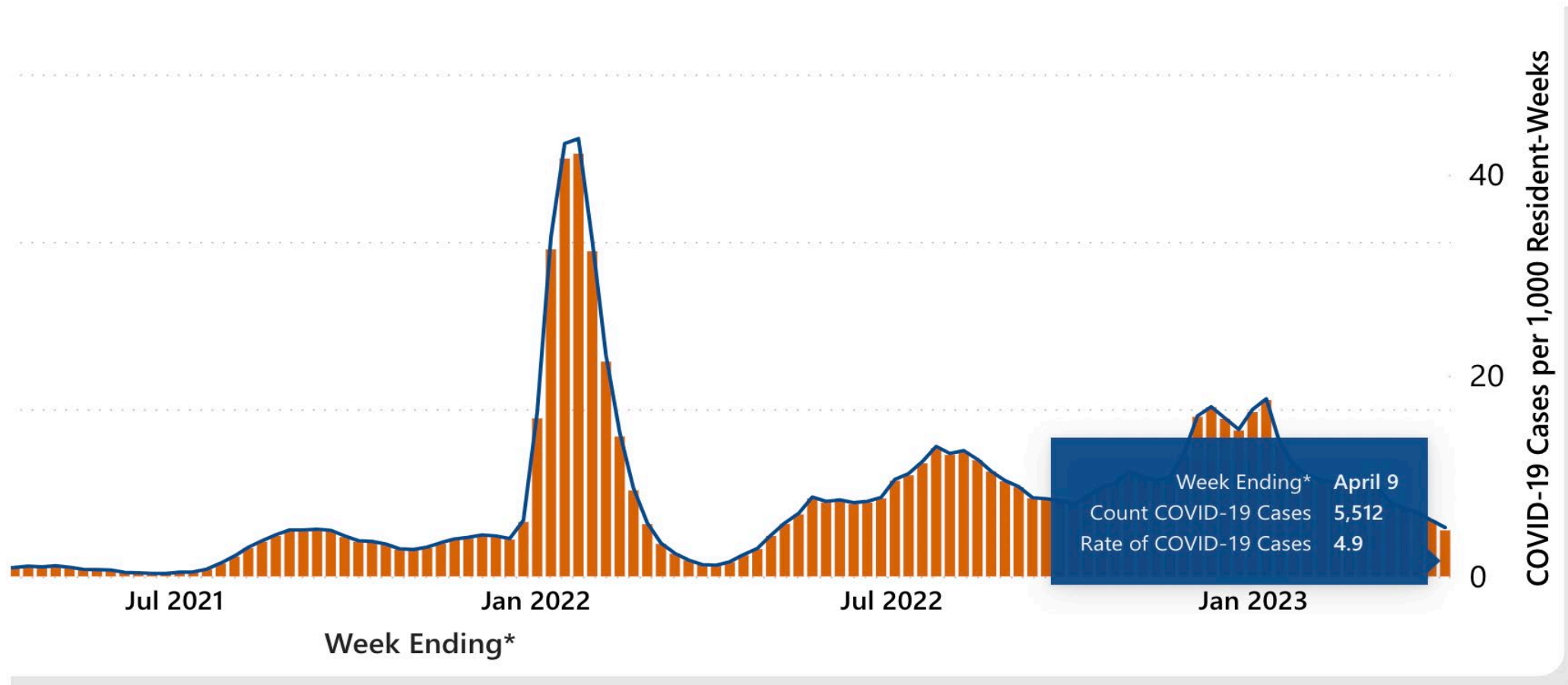


Percent change of SARS-CoV-2 in the last 15 days by site, United States

15-day % change category	Num. sites	% sites	Category change in last 7 days
- 100%	29	3	38%
- 99% to - 10%	560	51	- 20%
- 9% to 0%	84	8	- 21%
1% to 9%	44	4	- 25%
10% to 99%	175	16	6%
100% to 999%	119	11	7%
1000% or more	93	8	60%

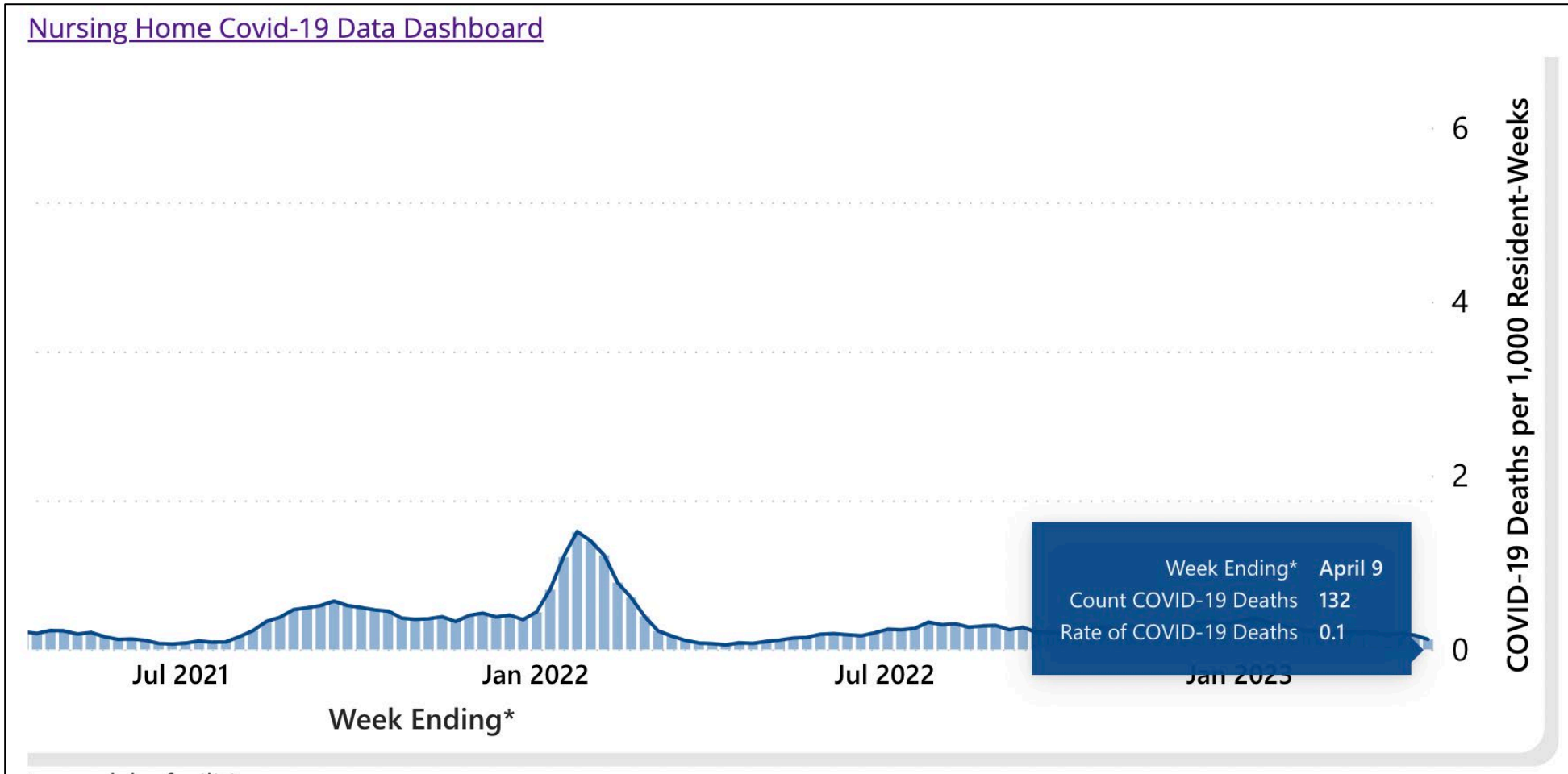
# COVID-19 Cases in Nursing Home Residents

[Nursing Home Covid-19 Data Dashboard](#)

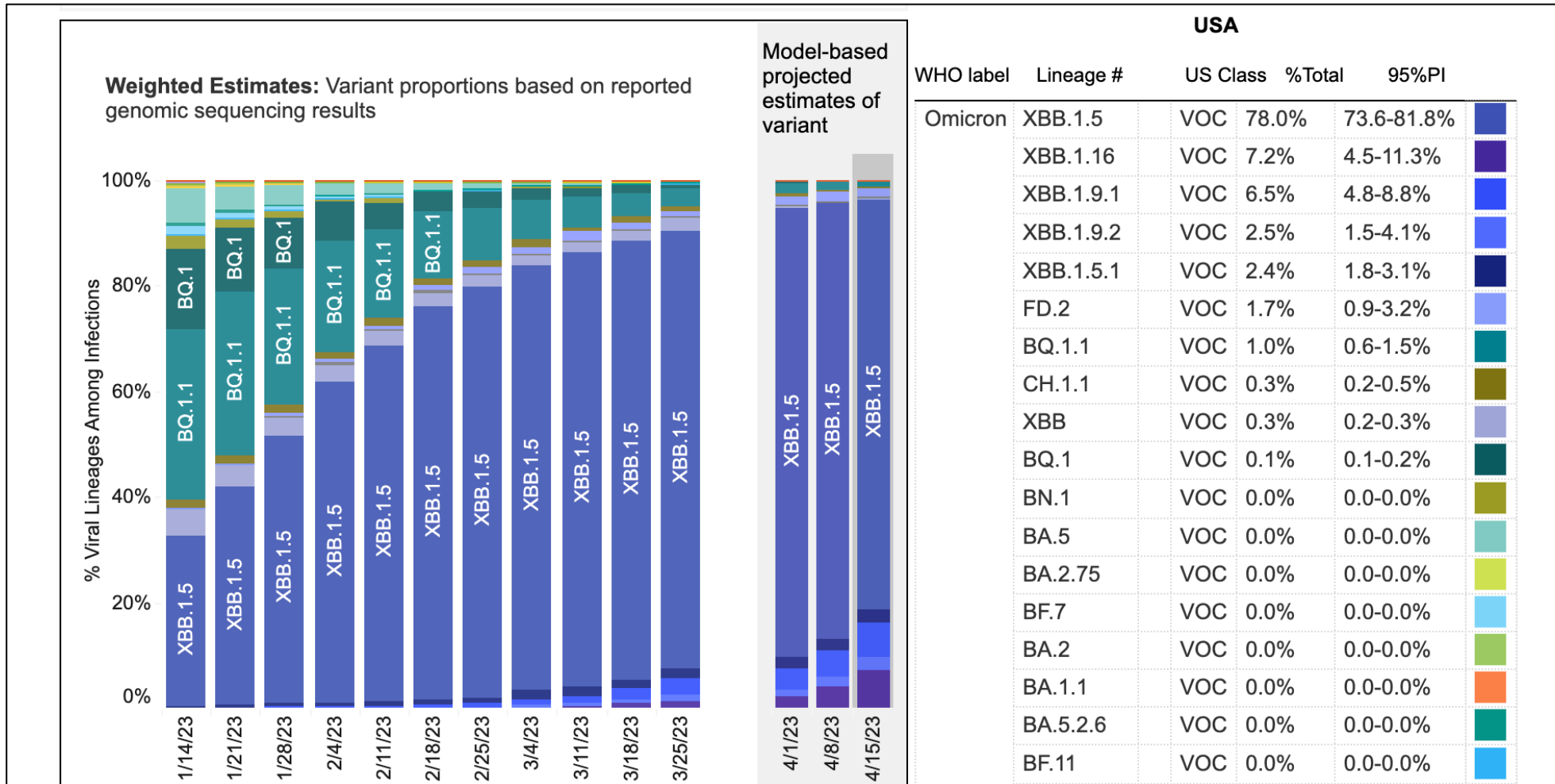




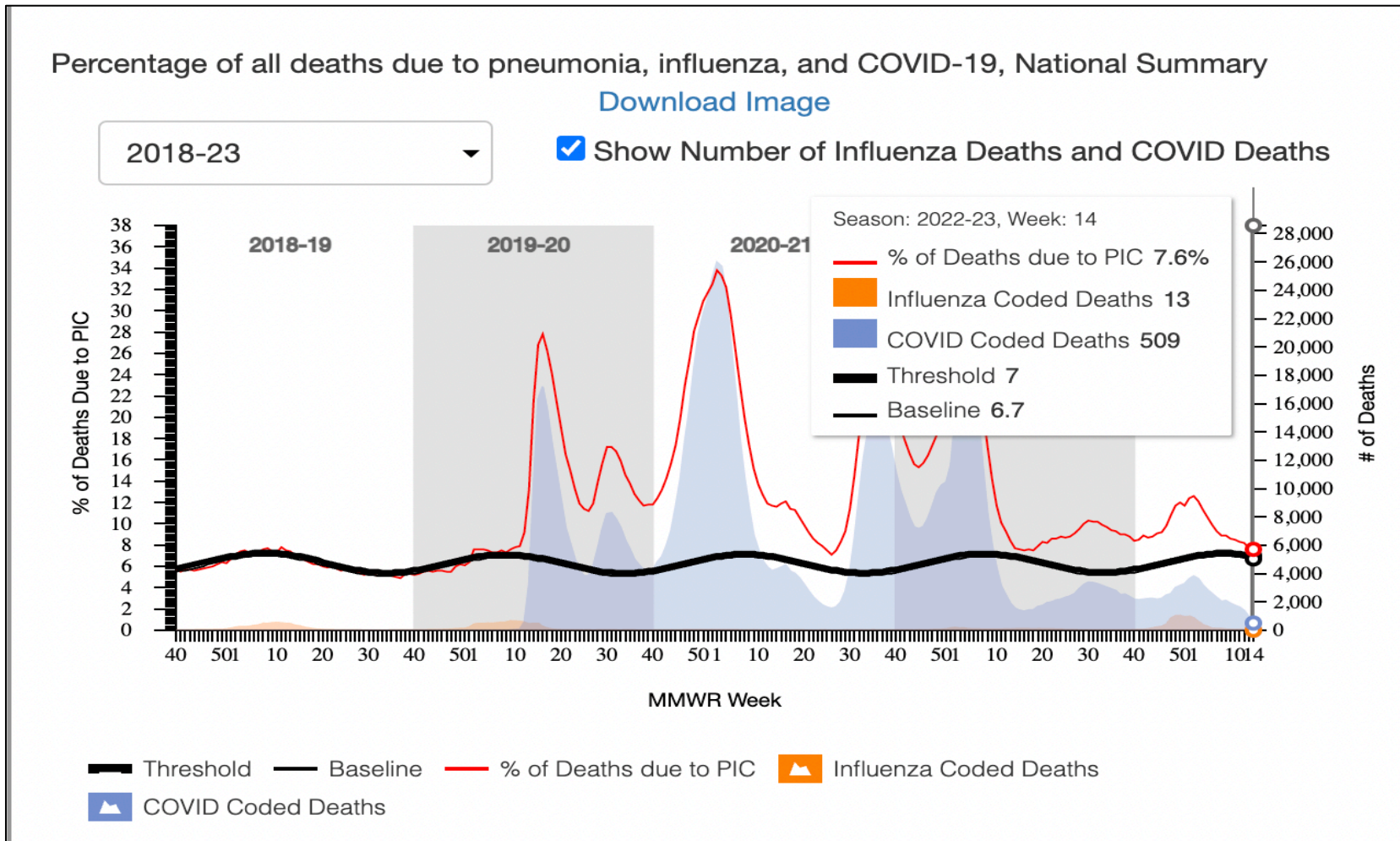
# COVID-19 Deaths in Nursing Home Residents



# Variant Distribution for COVID-19



# Where Are We in the Epidemic?



## Resource Boxes Are on the Way!

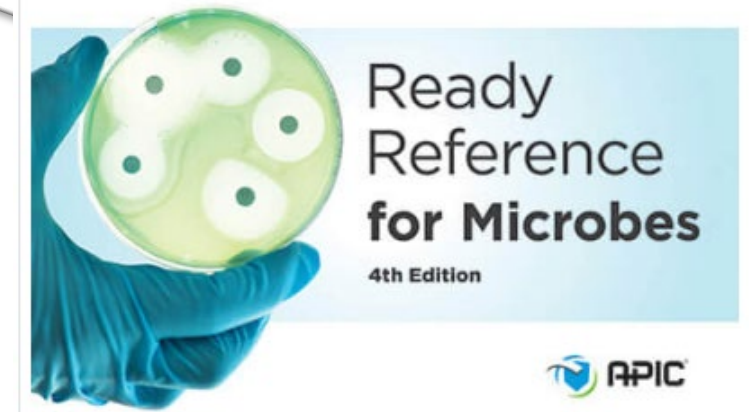
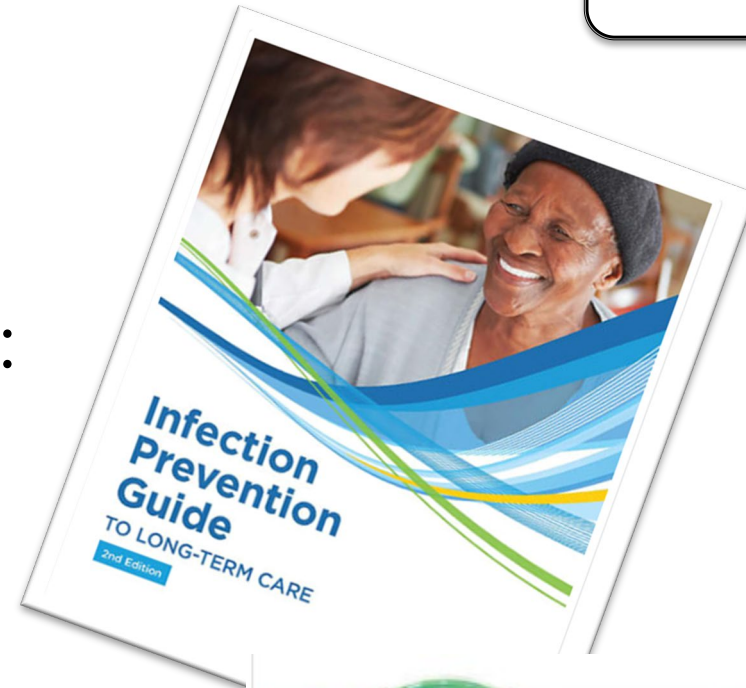
- CDC Grant
- Partnership with UGA and Alliant
- Resource needs recognized via DPH HAI Team ICARs

Company or Name:  
INST FOR DISASTER MGMT



# Infection Prevention Resource Boxes

- Resource boxes contain the following:
  - APIC Long-term Care Text
  - Quick Reference for Microbes
  - Glo Germ Kits
  - N-95 Fit-testing Kits
  - Resources and Tools



# *Candida auris* in Georgia

What You Need To Know for Preparedness and Response

**Alliant DPH Strike Team Office Hours Presentation for SNFs**

**JoAnna Wagner, RN, CIC, DPH**

**Nurse Epidemiologist/Lead Infection Preventionist**

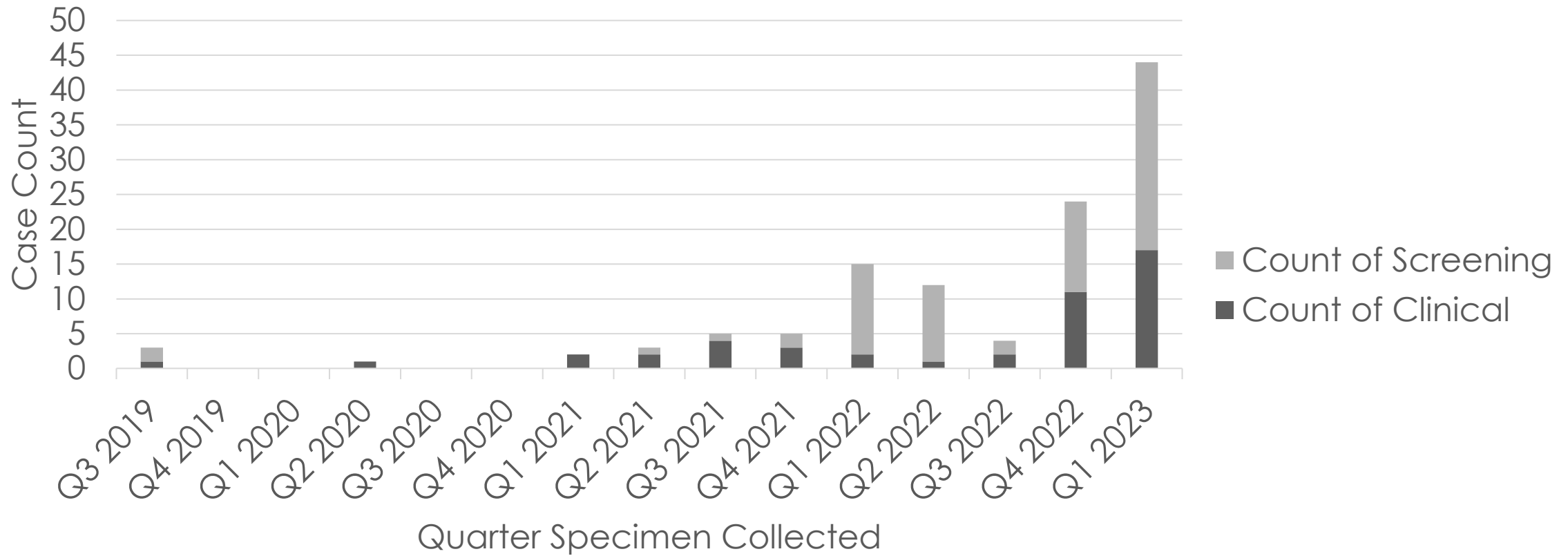
**April 21, 2023**

## Who We Are

- Georgia Department of Public Health
- Team of infection preventionists
- Offer free, non-regulatory infection prevention consultation
- Conduct consults and virtual walk-throughs using Zoom and onsite visits
- Provide resources; remain current with CDC recommendations for healthcare facilities
- Contact us at [hai@dph.ga.gov](mailto:hai@dph.ga.gov)

# Increasing Cases in Georgia

C. auris Cases Over Time, Georgia





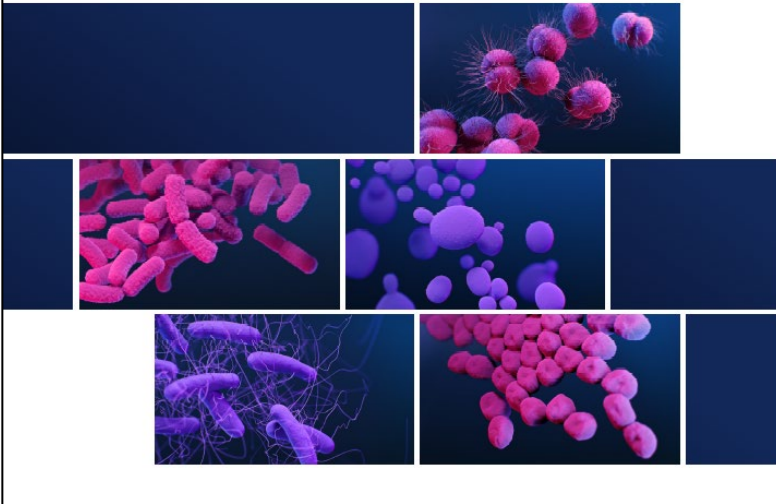
## *Candida auris*: The Sneaky Spreader

- *Candida auris* Presence in Georgia:  
What You Need to Know for  
Preparedness and Response
- May 2022



ANTIBIOTIC RESISTANCE THREATS  
IN THE UNITED STATES

2019

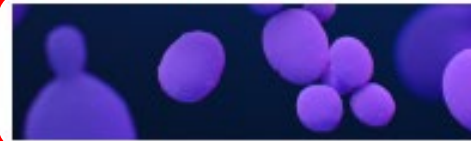


 **Urgent Threats**

These germs are public health threats that require urgent and aggressive action:



CARBAPENEM-RESISTANT  
**ACINETOBACTER**



**CANDIDA AURIS**



**CLOSTRIDIoidES DIFFICILE**



CARBAPENEM-RESISTANT  
**ENTEROBACTERIACEAE**

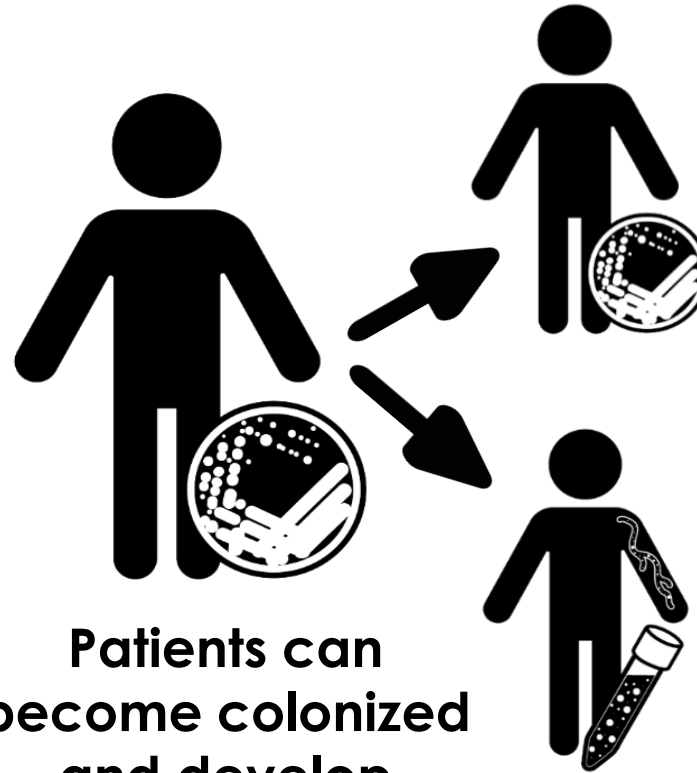


DRUG-RESISTANT  
**NEISSERIA GONORRHOEAE**

# Why Are We Concerned About *Candida auris*?



Highly  
drug-resistant



Patients can  
become colonized  
and develop  
invasive infections

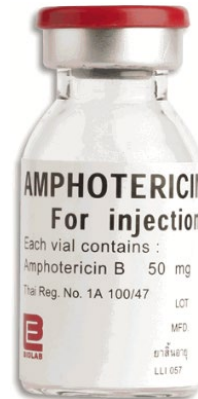


Spreads in healthcare  
settings

# Resistance: *C. auris*



**85%**  
**Azoles**



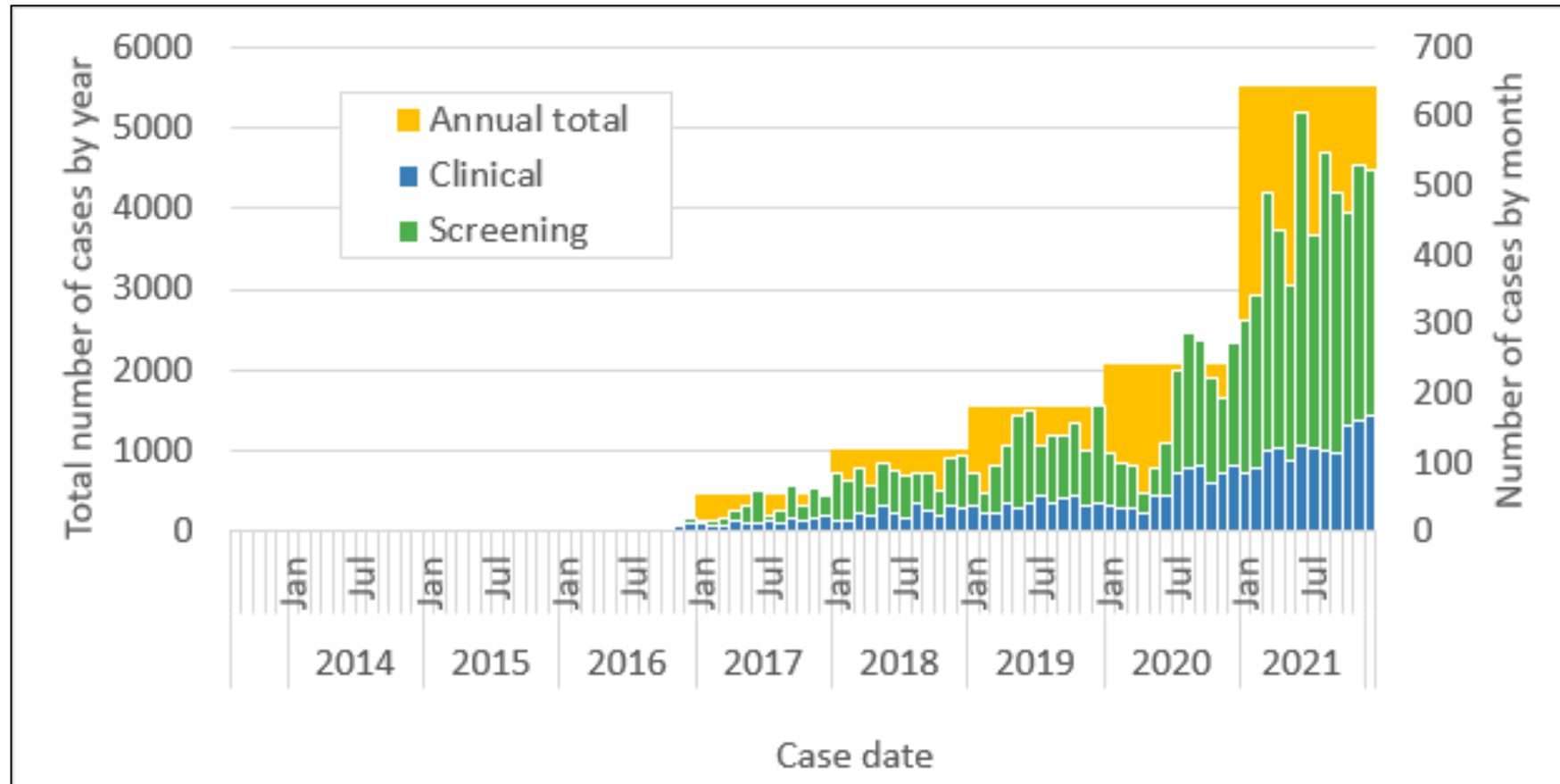
**33%**  
**Polyenes**



**1%**  
**Echinocandins**

- 32% multidrug-resistant
- multiple pan-resistant cases reported in the United States since 2019

# Increasing Transmission of *C. auris* in the United States



## Typically Affects the Sickest of the Sick

- Tracheostomies
- Ventilator-dependent
- Multiple health care encounters
- Colonized with other multidrug-resistant organisms
- Recently received antibiotics and antifungals
- Not a threat to the general public or healthy individuals



# vSNFs and LTACHs Are Disproportionately Affected

*C. auris* prevalence



in vSNFs: 23-71%  
in LTACHs: 23-36%

*C. auris* prevalence



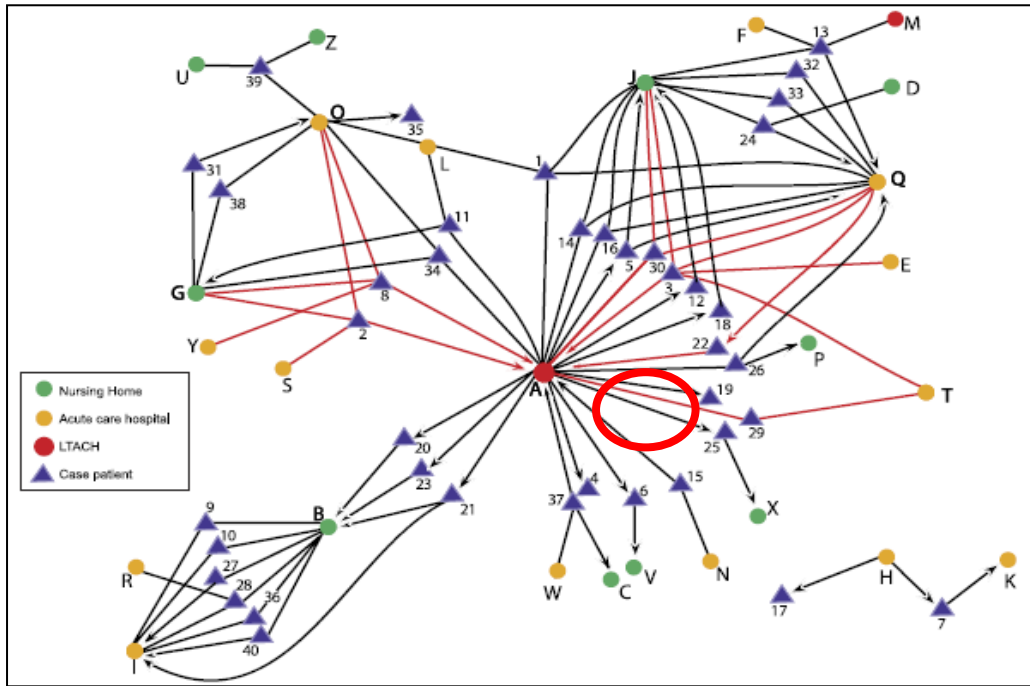
in SNFs: 0-2%  
In ACHs: 0-14%



vSNF = skilled nursing facility with ventilator units; LTACH = long-term acute care hospital  
SNF = skilled nursing facility ACH = short-stay acute care hospital

Pacilli, et al. Clin Infect Dis. 2020 Dec 31;71(11):e718-e725.

# Gaps in Interfacility Communication Contribute To Spread



LTACH = long-term acute care hospital

## Spread is often amplified in high-acuity post-acute care facilities

- Long lengths of stay
- High acuity patients with multiple healthcare encounters
- Less infection control infrastructure than short-stay acute care hospitals





# Large Outbreak in a Hospital COVID-19 Unit in Florida

Morbidity and Mortality Weekly Report

## *Candida auris* Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020

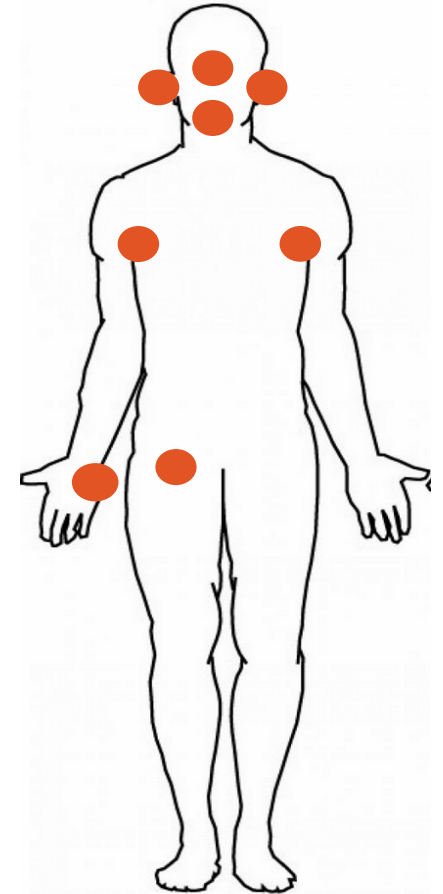
Christopher Prestel, MD<sup>1,2</sup>; Erica Anderson, MPH<sup>2</sup>; Kaitlin Forsberg, MPH<sup>3</sup>; Meghan Lyman, MD<sup>3</sup>; Marie A. de Perio, MD<sup>4,5</sup>; David Kuhar, MD<sup>1</sup>; Kendra Edwards<sup>6</sup>; Maria Rivera, MPH<sup>2</sup>; Alicia Shugart, MA<sup>1</sup>; Maroya Walters, PhD<sup>1</sup>; Nychie Q. Dotson, PhD<sup>2</sup>

- Half of the patients screened for *C. auris* were positive for colonization
- 17% of colonized patients later had clinical cultures
- Healthcare personnel wearing multiple layers of gowns and gloves
  - Extended use of base layer for multiple patients
  - Many opportunities for contaminating the base layer
  - Might be motivated by fear of becoming infected

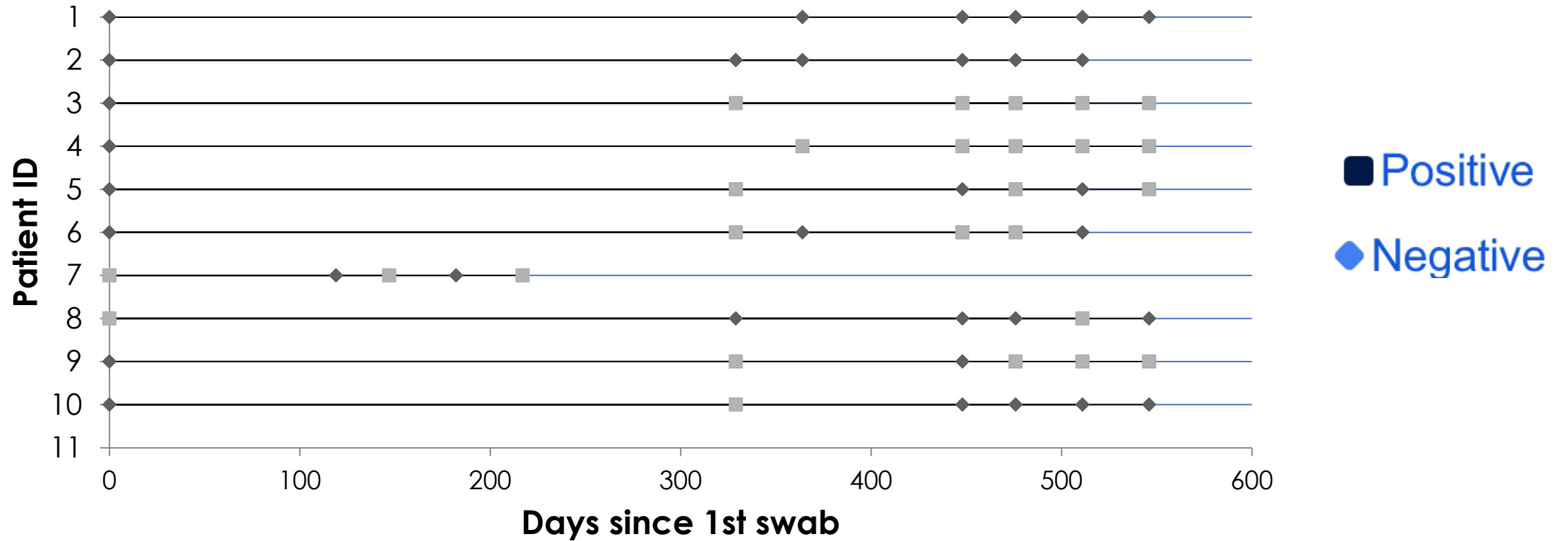


# Patients Are Often Colonized Indefinitely

- Primarily on skin
  - Nares and other body sites also can become colonized
  - Recommend screening by swabbing the axilla/groin
- Persistent for many months
- No currently known decolonization strategies
- Can lead to:
  - Transmission to others
  - Invasive infection



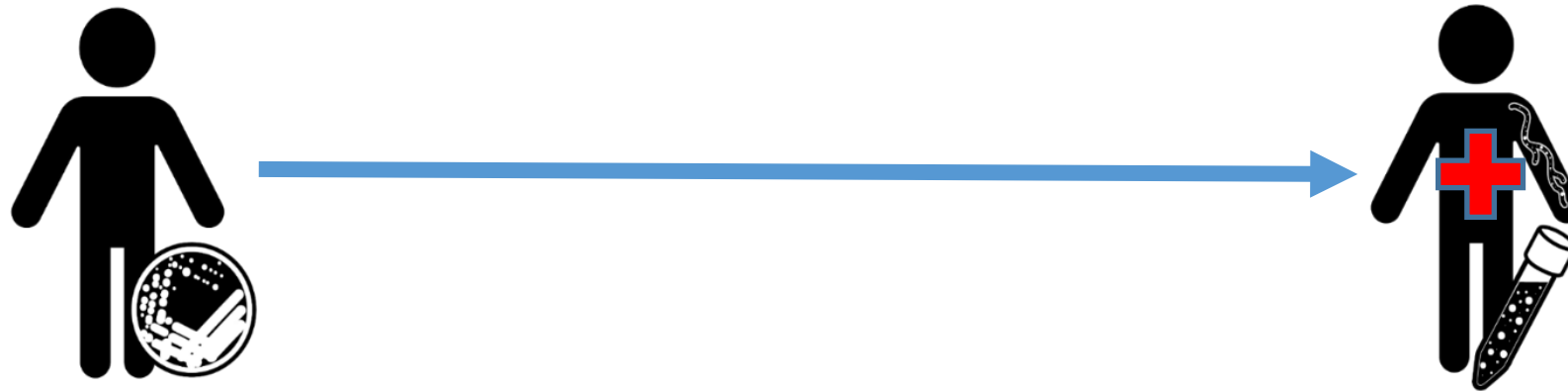
# Clearance of Colonization is Rare



Pacilli M, Kerins JL, Clegg WJ, et al. Regional Emergence of *Candida auris* in Chicago and Lessons Learned From Intensive Follow-up at 1 Ventilator-Capable Skilled Nursing Facility. Clin Infect Dis. 2020 Dec 31;71(11):e718-e725.

# Can Cause Invasive Infections and High Mortality

5%-10% of colonized patients develop bloodstream infections

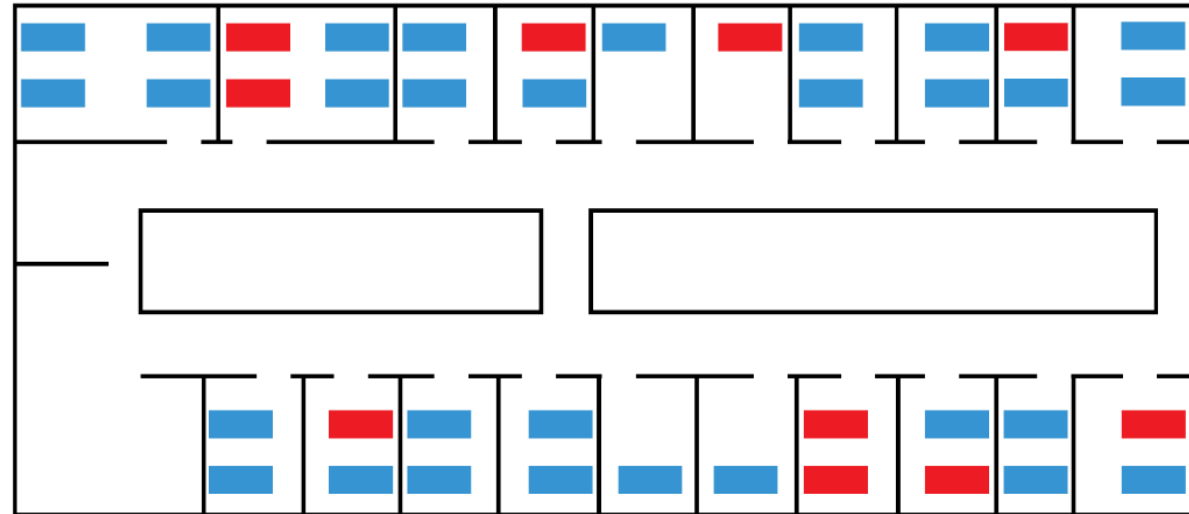
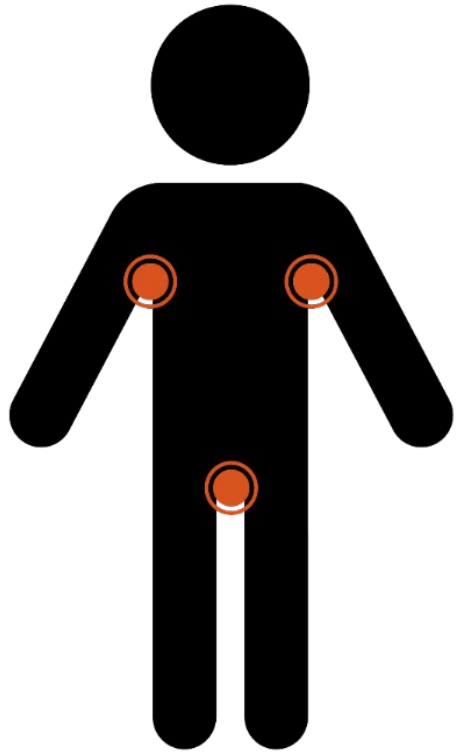


Mortality of invasive infections is

**~40% within the first 30 days**



# C. auris Colonization Doesn't Just Get Spread to Roommates—All Other Patients on the Unit Are at Risk

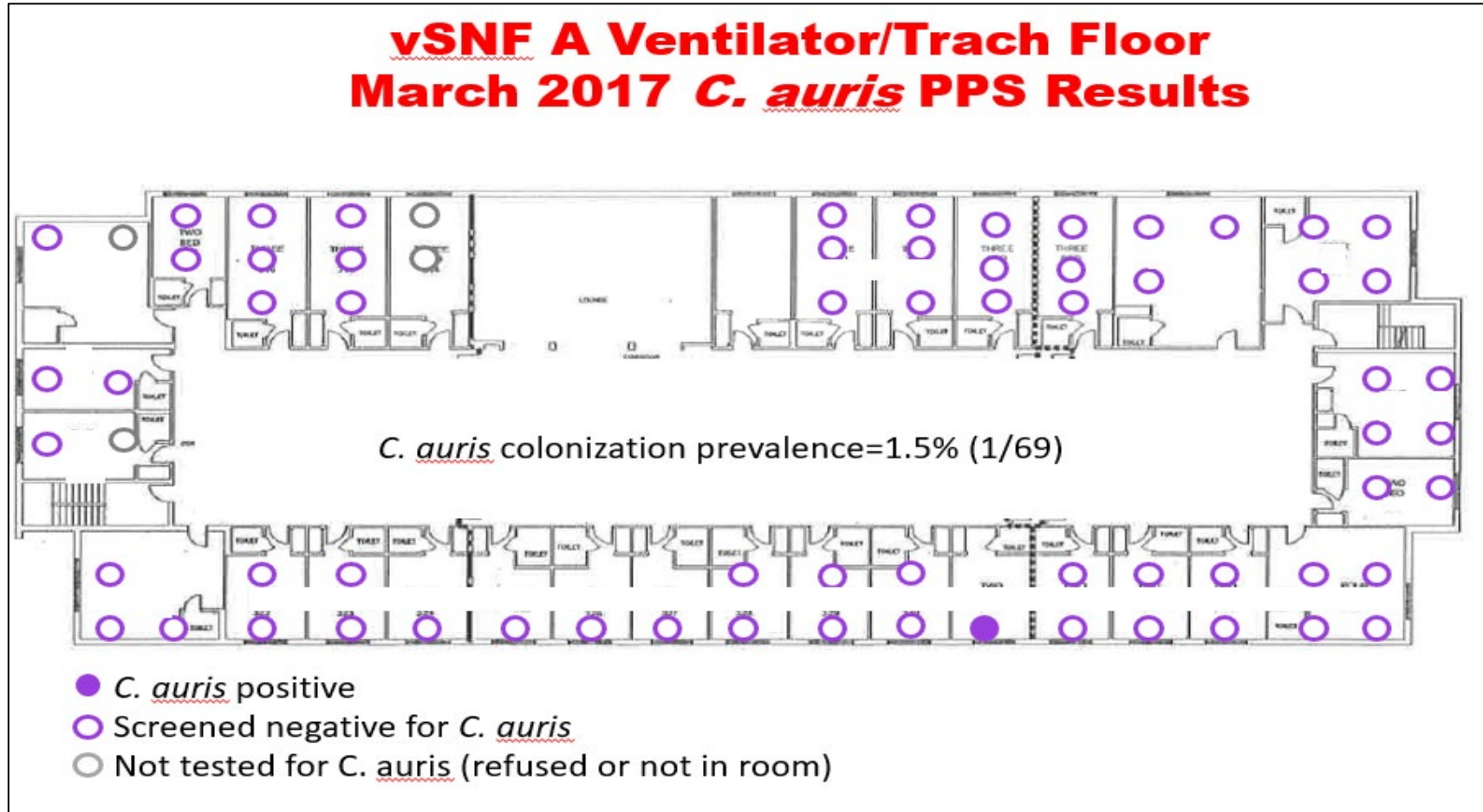


**Case Status**

- Positive
- Negative
- Unknown

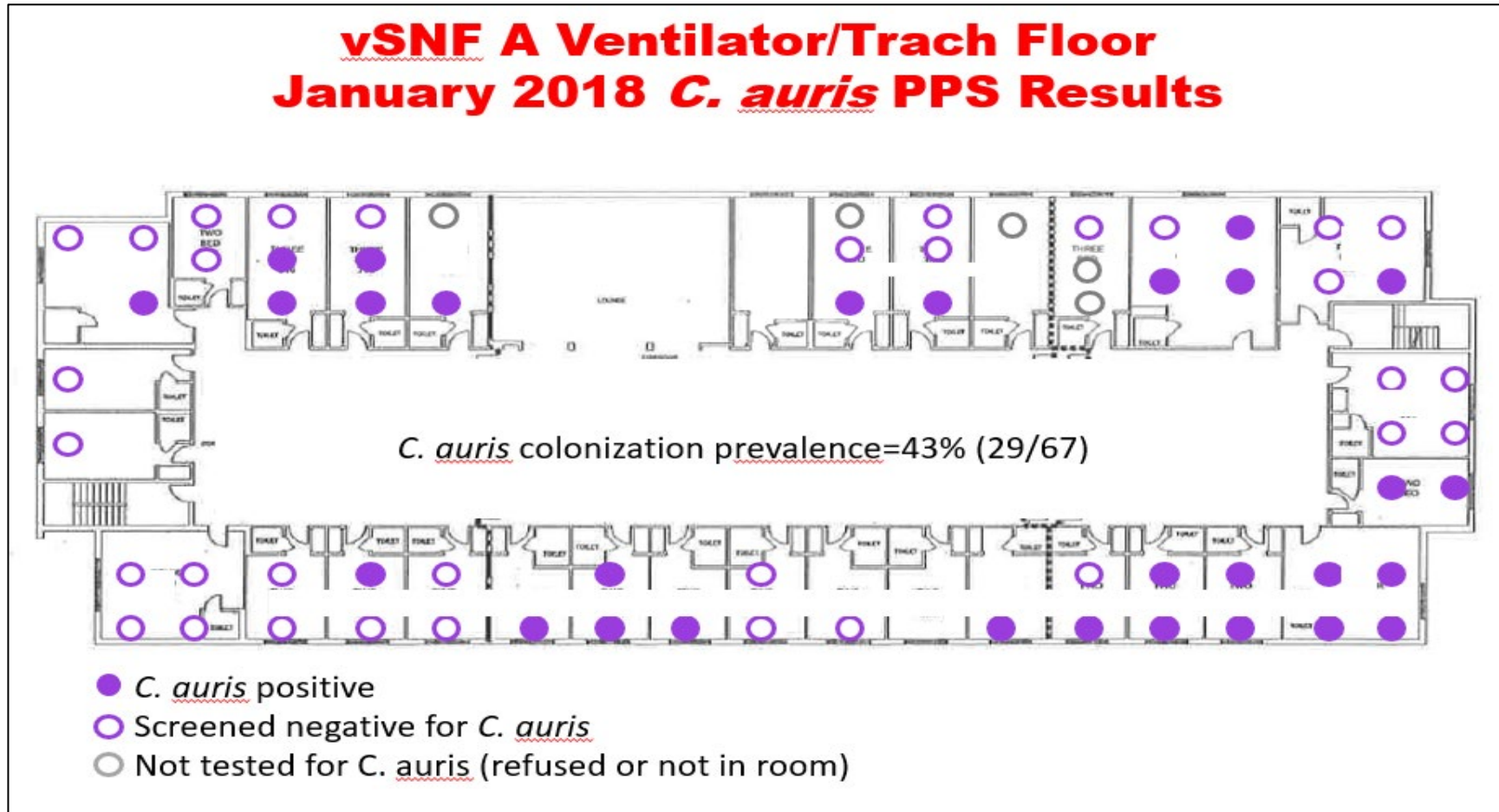


Slide courtesy of Chicago Department of Public Health



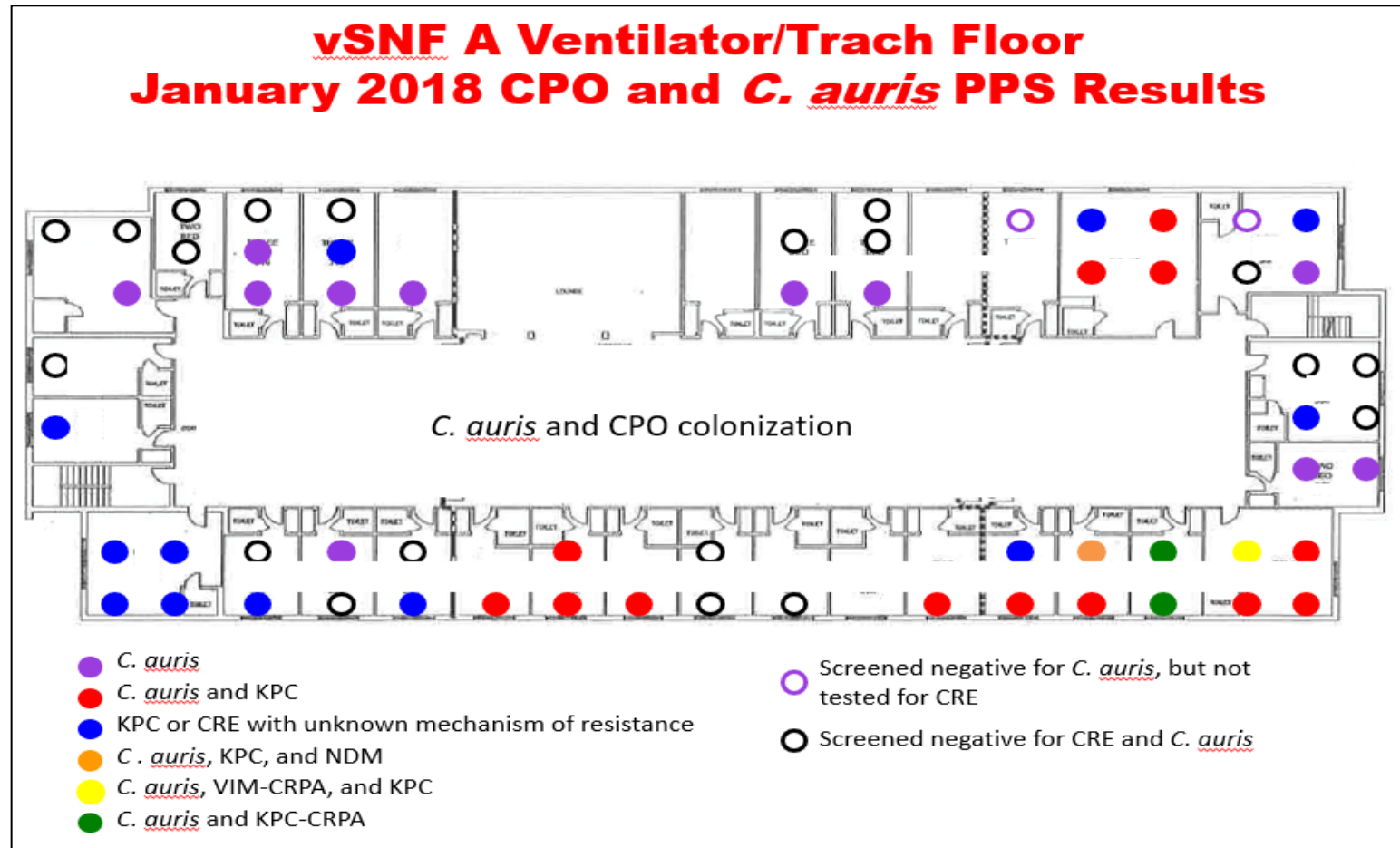
# Slide courtesy of Chicago Department of Public Health

## **vSNF A Ventilator/Trach Floor January 2018 *C. auris* PPS Results**



# Slide courtesy of Chicago Department of Public Health

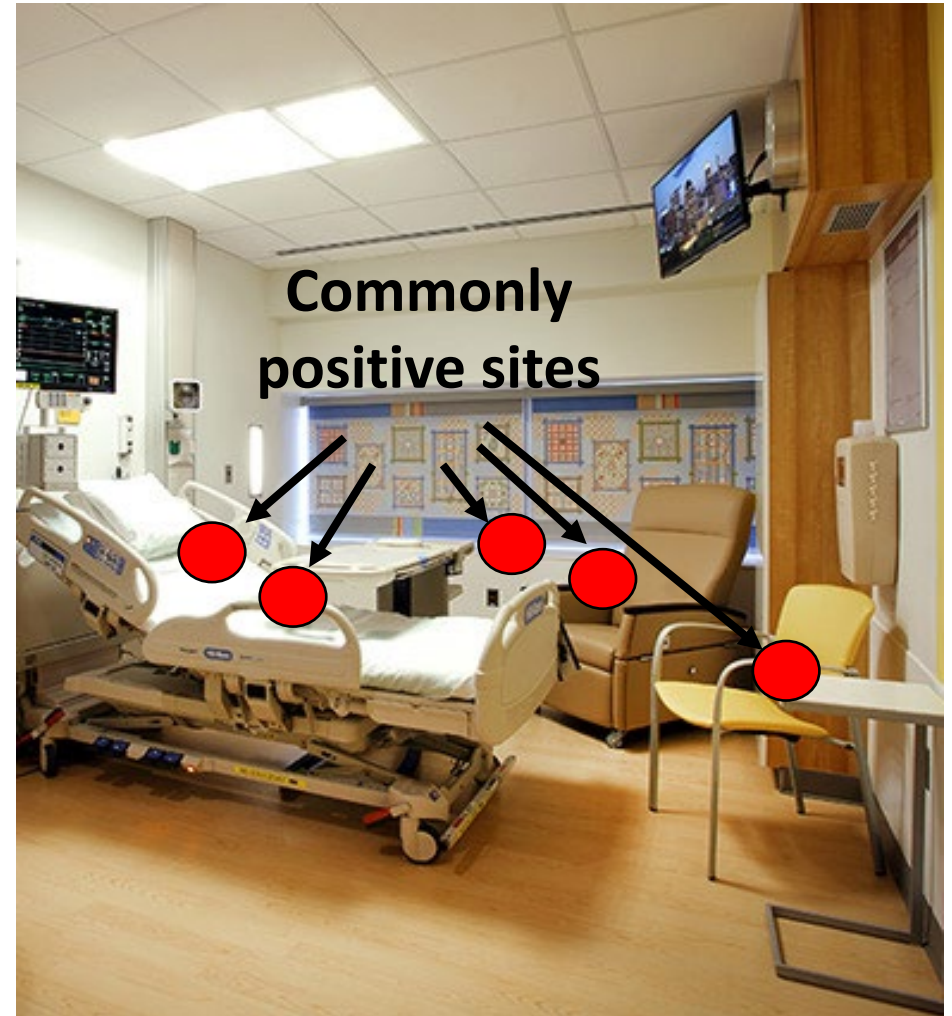
## vSNF A Ventilator/Trach Floor January 2018 CPO and *C. auris* PPS Results





## *C. auris* Persists in the Environment

- Can survive over a month
- Some common disinfectants (quaternary ammonia compounds) don't work



*C. auris* is frequently transmitted via shared, mobile equipment that is not properly cleaned and disinfected between patients/residents.



# Early Detection and Containment



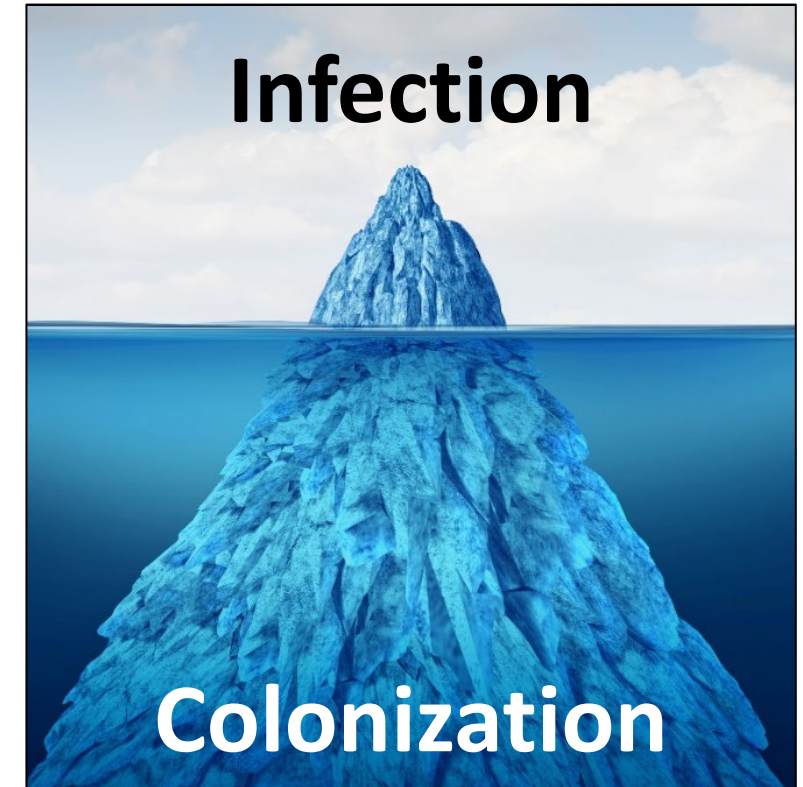
## Identification of *C. auris* Cases Has Been Challenging

- Misidentification by different diagnostic methods
- Yeast not identified to species level
  - Yeast from urine usually tossed out because not considered an infection
  - Only about 50% of clinical cases are from blood
- Missed detection of colonization cases without screening



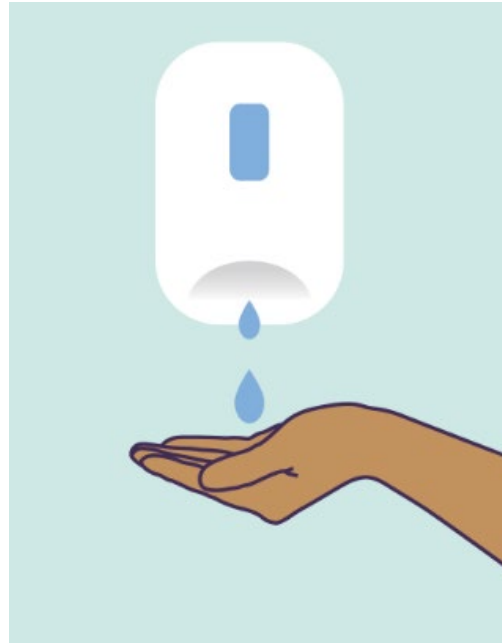
# Early Detection is Key to Controlling Spread

- Earlier detection allows for earlier infection control precautions
- Strategies for early identification
  - Species identification of all *Candida* specimens
  - Screening high-risk patients\*
  - Periodic point prevalence surveys in high-risk facilities, even those without known cases

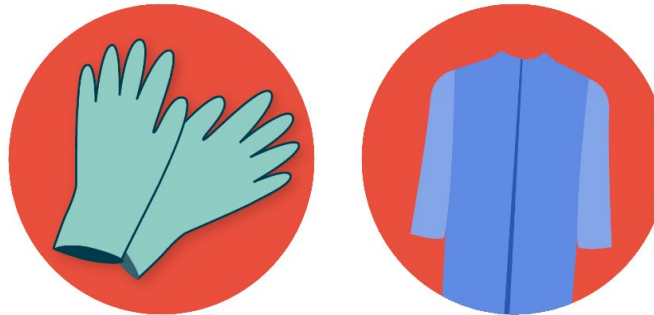


\*From facilities/areas with high *C. auris* burden or outbreaks, healthcare abroad, healthcare contacts of cases

# Prevention Strategies: Back to the Basics



**Hand Hygiene**



**Transmission-based precautions & Personal Protective Equipment**



**Environmental Cleaning & Disinfection**

## Disinfectants During COVID-19

- Many common disinfectants effective against COVID-19 are not effective against *C. auris*
  - especially products with only quaternary ammonium compounds
- List P: new list of EPA-approved disinfectants for *C. auris*
  - All are also effective against COVID-19



# Infection Prevention Education



## PROJECT FIRSTLINE

CDC's National Training Collaborative for Healthcare Infection Control

**Reaching the Frontlines**

As a collaborative, Project Firstline brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country with infection control education.

Project Firstline offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce. Resources are designed using adult learning expertise, educational best practices, CDC recommendations, and the science that informs them.

**Project Firstline addresses long-standing gaps in infection control knowledge and practice in healthcare settings nationwide.**

**Challenges we need to overcome:**

- ▶ Disparities in infection control expertise in the current healthcare workforce
- ▶ Structural gaps in infection control training and education
- ▶ Lack of understanding in educational approaches for healthcare workers
- ▶ Framing of infection control as a combination of rules, policies, and procedures

Project Firstline is funded by the American Rescue Plan through FY 2026. The need for infection control training, education, and innovation is ongoing.

**PROJECT FIRSTLINE IS UNIQUE**

**Project Firstline:**

-  **Listens to healthcare workers**
  - Resources are developed with healthcare workers, specifically for healthcare workers
-  **Appreciates the value of every healthcare worker and the role they play in infection control**
  - Content is accessible to all healthcare workers, regardless of previous training or background knowledge
-  **Recognizes that bandwidth is low due to COVID-related burnout and trauma**
  - Bite-sized content is tailored for practice and on-the-go use and is designed to be integrated into the workday
-  **Meets healthcare workers where they are**
  - Taps into intrinsic work-related motivations
  - Leverages existing strengths and knowledge sources
  - Teaches the "why" behind infection control recommendations as much as the "what" and "how"
-  **Is committed to healthcare equity**
  - Educational resources and dissemination methods are tailored for the diverse healthcare workforce, including translations for those who speak Spanish and multiple Asian languages



Project Firstline

Project Firstline Home

## Access Infection Control Educational Materials

Project Firstline has created a new suite of educational materials and resources to help frontline healthcare workers, like you, understand and confidently apply the infection control actions necessary to protect your patients, yourselves, and your coworkers.

Products range from bite-sized social media assets, to interactive scenarios, to toolkits for those interested in hosting their own infection control trainings. **These resources were developed with healthcare workers, for healthcare workers** - to ensure you receive infection control information you need and deserve in the learning format that's best for you.

	Videos and Social Media Graphics		Interactive Resources
	Print Materials and Job Aids		Training Toolkits

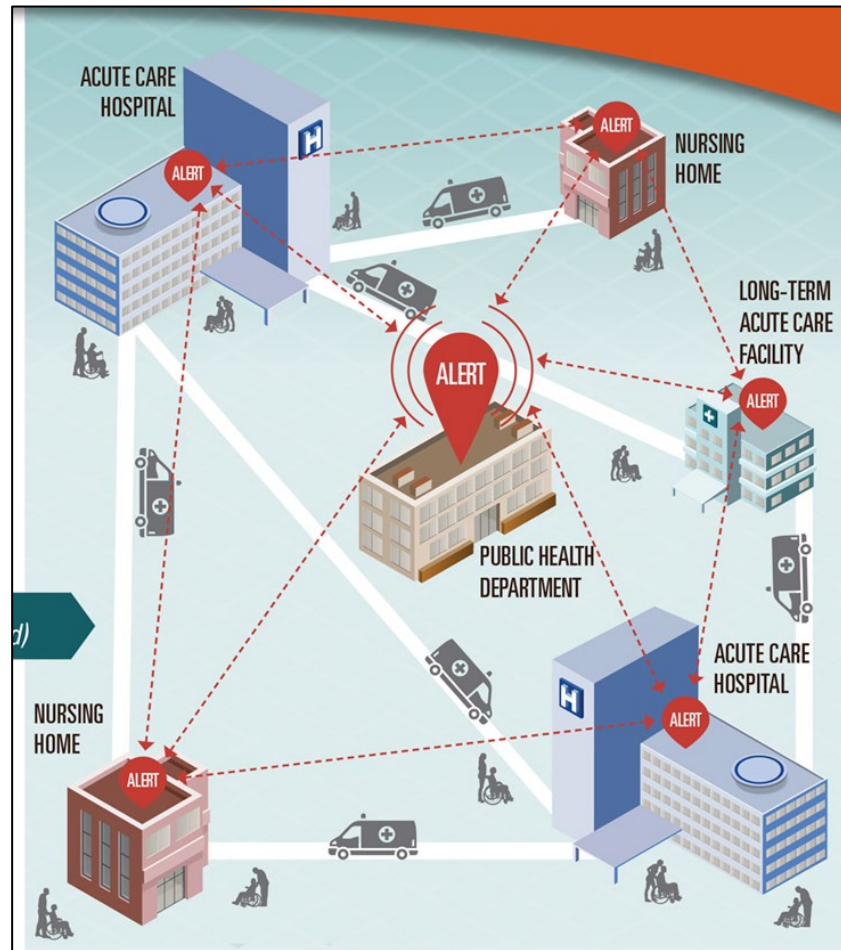
Page last reviewed: March 2, 2022



<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/educational-materials.html#print>



# Coordinated Communication Between Facilities and Health Departments Is Essential To Prevent Spread



**Facilities work together to protect patients.**

# Containment Steps After a Case of *C. auris* Is Found

- Report to the health department
- Infection control and staff education
- Screen patients with healthcare contact or high-risk patients
- Lab surveillance
- Consider other connected facilities



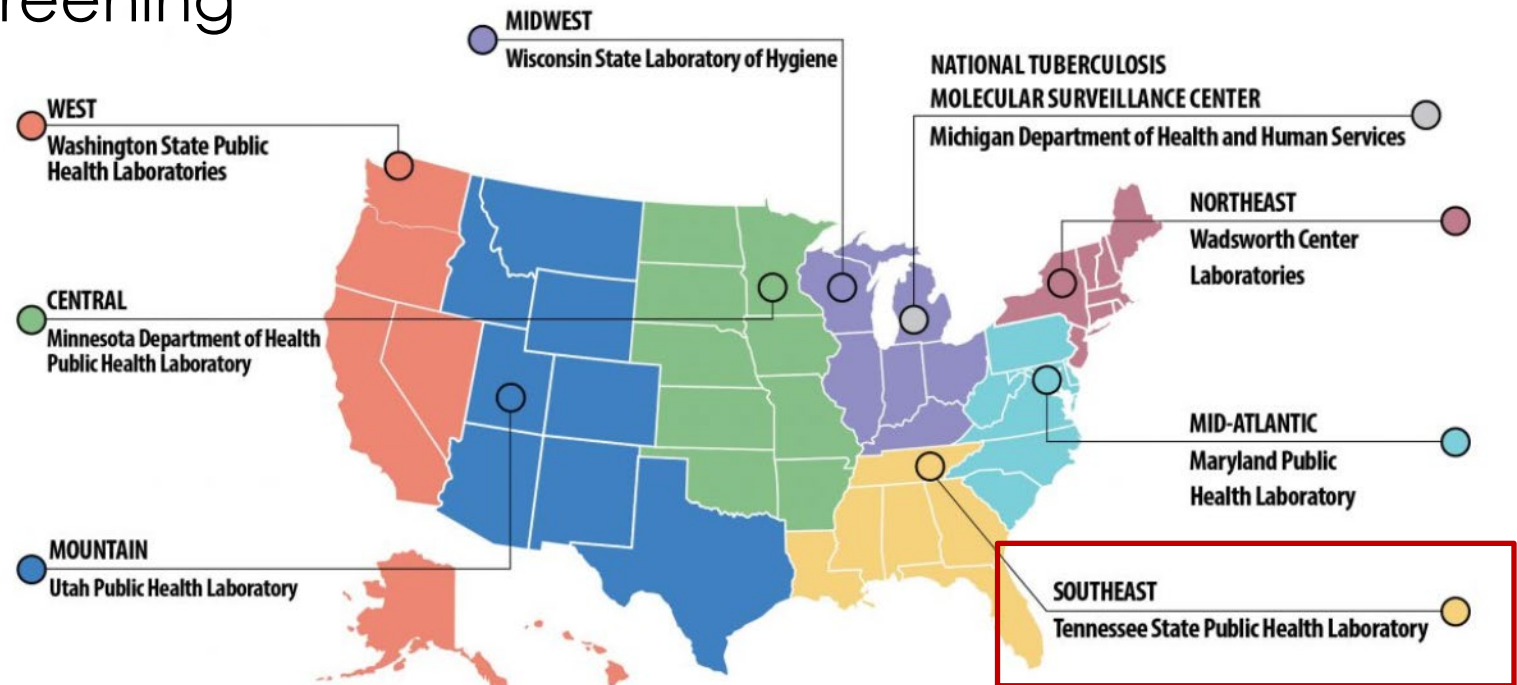
## Containment Strategies Before the First *C. auris* Case

- Assess infection control and ensure good IPC practices
- Use a disinfectant effective against *C. auris*
- Strengthen communication (interfacility and intrafacility) about *C. auris* for transferred patients/residents
- Species identification of yeast from any body site, not just invasive specimens
- Consider targeted screening



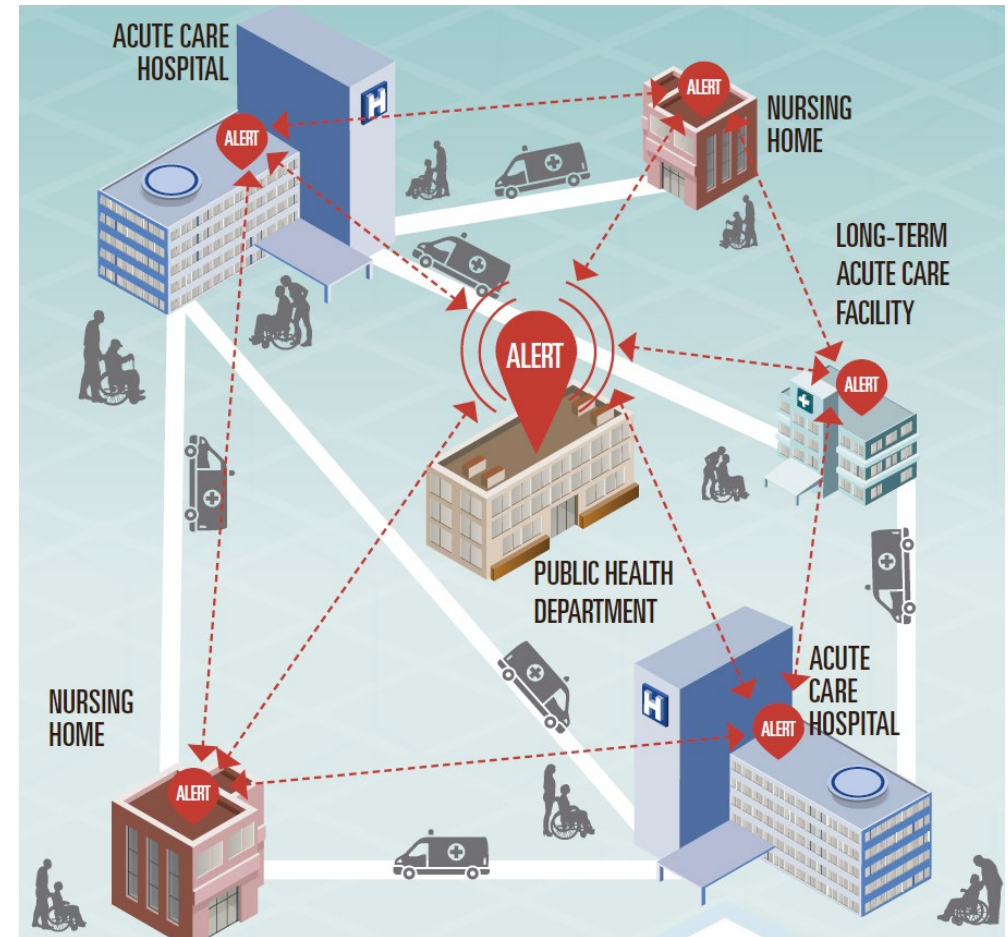
# Antibiotic Resistance Laboratory Network

- *Candida* species identification
- Antifungal susceptibility testing
- *C. auris* colonization screening



# Response Involves all Healthcare

- Residents are shared across the healthcare continuum
- Communication is not always in place to ensure infection prevention measures are being used
- In health care settings, drug-resistant organisms can be spread from person to person and between people and the environment
- Environmental cleaning, use of PPE, and good hand hygiene are some infection control measures that prevent transmission

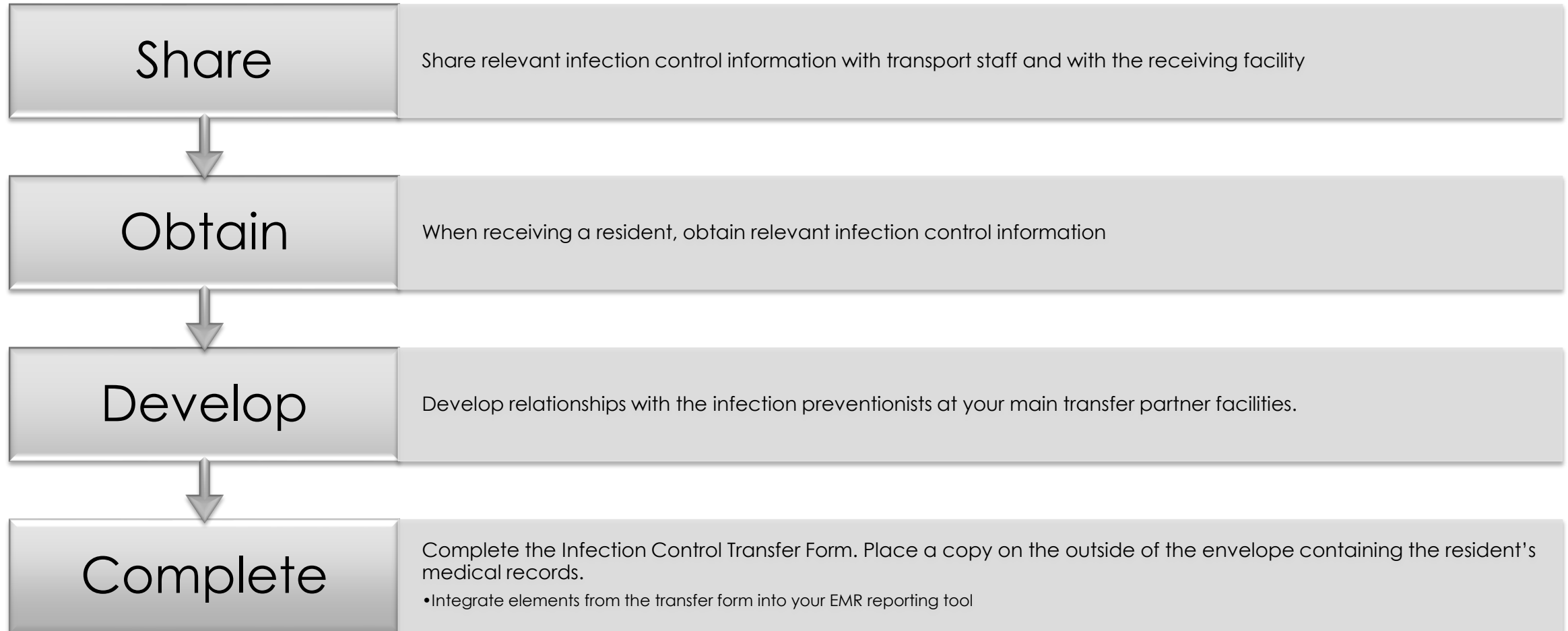


# LTCF and *C. auris*

## Be Proactive

- Core Infection Prevention practices
  - Are current practices appropriate and consistent?
  - Are you assessing compliance?
- Check current disinfectant products
- Can you accept a *C. auris*-positive person?
  - Current CDC recommendations
  - Who are your “healthiest” residents?

# Communication





# Communication Tools

- Know your transfer partners in advance. Connect with main transfer partner Infection Preventionists.
- Engage in transfer communication when sending and receiving patients/residents.
- Different methods
  - Paper
  - Electronic medical record
  - Customize
- CDC Infection Control Transfer Form:
  - <https://www.cdc.gov/hai/pdfs/toolkits/InfectionControlTransferFormExample1.pdf>
- Alliant Health Solutions:
  - [https://www.alliantquality.org/wp-content/uploads/2021/02/AQ\\_InterFacility-Transfer-Form\\_12SOW-AHSQIN-QIO-TO1NH-21-491\\_508.pdf](https://www.alliantquality.org/wp-content/uploads/2021/02/AQ_InterFacility-Transfer-Form_12SOW-AHSQIN-QIO-TO1NH-21-491_508.pdf)

### Inter-Facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.  
Please attach copies of latest culture reports with susceptibilities if available.

**Sending Healthcare Facility:**

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	Email
Transferring RN/Unit			
Transferring Physician			
Case Manager / Admin / SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or History (Check if YES)	Active Infection on Treatment (Check if YES)
Methicillin-resistant Staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin-resistant Enterococcus (VRE)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clostridioides difficile</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Acinetobacter</i> , multidrug-resistant	<input type="checkbox"/>	<input type="checkbox"/>
Enterobacteriaceae (e.g., <i>E. coli</i> , <i>Klebsiella</i> , <i>Proteus</i> ) producing Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pseudomonas aeruginosa</i> , multidrug-resistant	<input type="checkbox"/>	<input type="checkbox"/>
<i>Candida auris</i>	<input type="checkbox"/>	<input type="checkbox"/>

# Resources

- General:
  - <https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>
- *C. auris* IPC guidance:
  - <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>
- *C. auris* Fact Sheets:
  - <https://www.cdc.gov/fungal/candida-auris/fact-sheets/index.html>
- *C. auris* Tracking Information:
  - <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>



**Candida auris:**  
A drug-resistant germ that spreads in healthcare facilities

**Why is Candida auris a problem?**

- It causes serious infections. *C. auris* can cause bloodstream infections and ear, skin, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with serious *C. auris* infection die, for example, an infection that affects the blood, heart, or brain.
- It's often resistant to most antifungal medicines.
- It's becoming more common. *C. auris* infections are now found in more than 30 countries.
- It's difficult to identify. *C. auris* is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them. CDC researchers found patients who may have come in contact with *C. auris* to see if they got colonized by the fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.
- It can spread in hospitals. *C. auris* can spread through contact with surfaces in healthcare facilities.

**Candida auris Colonization**  
Information for Patients

*Candida auris* (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them. CDC researchers found patients who may have come in contact with *C. auris* to see if they got colonized by the fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

**How do I know if I have a *C. auris* infection?**

*C. auris* is still rare in the United States. People with *C. auris* infections are often already sick from another condition, so it can be difficult to know if you have a *C. auris* infection. The most common symptoms of *C. auris* infection are fever and chills that don't improve with treatment for a suspected bacterial infection. I feel an itchy or sore throat. I have a sore on my skin. You believe you have a fungal or yeast infection.

**What does it mean to be colonized?**

Colonization, or being colonized with *C. auris*, means that a person has the fungus somewhere on their body, but does not have an infection or symptoms of an infection. A simple test can be done to see who is colonized with *C. auris*. People who are colonized with *C. auris* may not know you can pass the fungus to another person. People colonized with *C. auris* might also get sick from the fungus, so healthcare providers should consider taking extra steps to prevent infection.

- Placing the patient in a room without a roommate.
- Wearing gowns and gloves when caring for patients with *C. auris*, which may include:
  - Wearing gowns and gloves when entering the patient's room.
  - Wearing gowns and gloves when cleaning the patient's room.
  - Wearing gowns and gloves when cleaning the patient's room after the patient has been discharged.
  - Wearing gowns and gloves when cleaning the patient's room after the patient has been discharged.
- Performing another test after to see if the fungus is still there.

**What can I do to help keep *C. auris* from spreading?**

Patients and family members should clean their hands thoroughly before and after touching each other or the area around the patient, particularly when leaving a patient's room.

Although the risk of *C. auris* infection in otherwise healthy people is low, patients and their family members should continue practicing good hand hygiene when returning home. If family members are caring for patients with *C. auris*, they should consider wearing disposable gloves when providing certain types of care like changing the dressing on wounds and helping the patient bathe.

If you are colonized with *C. auris*, tell your healthcare providers when visiting healthcare facilities and when admitted to hospitals and nursing homes.

**Want to learn more?**  
[www.cdc.gov/fungal/candida-auris](https://www.cdc.gov/fungal/candida-auris)

Thank you!

<https://www.cdc.gov/fungal/candida-auris>

[Candidaauris@cdc.gov](mailto:Candidaauris@cdc.gov)



Thank you!  
 Consult with the DPH Team! We are here to help!

State Region/Districts	Contact Information
<b>North (Rome, Dalton, Gainesville, Athens)</b> 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)
<b>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</b> 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)
<b>Central (Dublin, Macon, Augusta, &amp; Columbus)</b> 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)
<b>Southwest (Albany, Valdosta)</b> Districts 8-1, 8-2	<u><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a></u> (404-596-1940)
<b>Southeast (Savannah, Waycross)</b> Districts 9-1, 9-2	<u><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a></u> (804-514-8756)
<b>Backup/Nights/Weekends</b>	<u><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a></u> (404-430-6316)

# Thank you! Questions?

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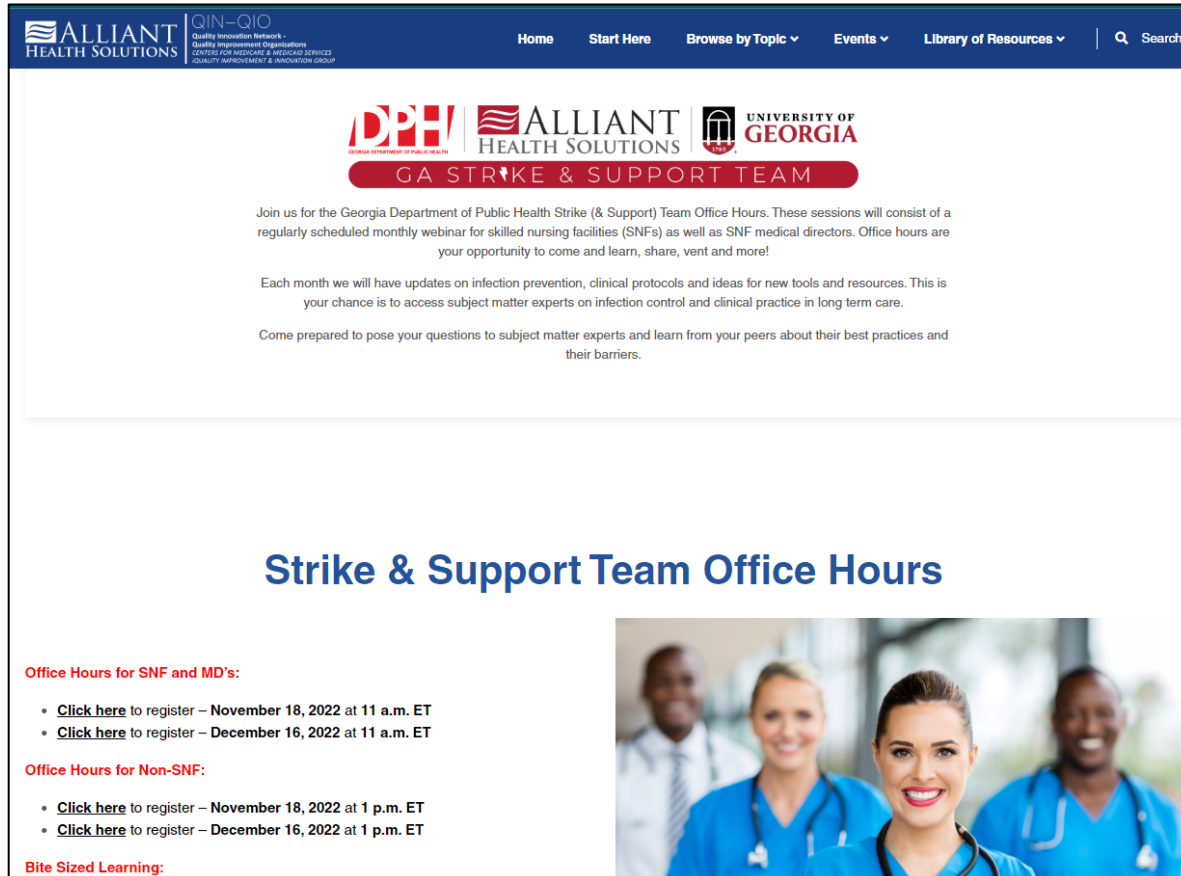


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# Questions?



# 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:**



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



## Infection Control Resources

### Sepsis

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

[SHOW MORE](#)

### Catheter Associated Urinary Tract Infection (CAUTI)

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

[SHOW MORE](#)

### Hand Hygiene

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

[SHOW MORE](#)

### NHSN

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

### Clostridioides Difficile Infection (C. difficile)

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

### Antibiotic Stewardship

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

[SHOW MORE](#)

### Training

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

### COVID-19

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

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

# Thank You for Your Time!

## Contact the AHS Patient Safety Team



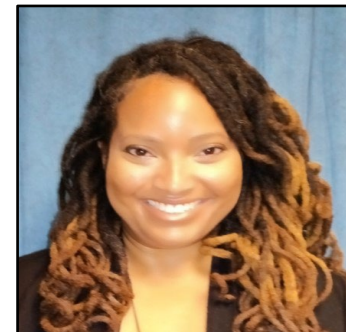
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# Save the Date

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

May 19, 2023 | 11 a.m. ET

## **ALF and PCH**

April 28, 2023 | 11 a.m. ET

May 26, 2023 | 11 a.m. ET



# Thanks Again...

- Georgia Department of Public Health
- University of Georgia



**UNIVERSITY OF  
GEORGIA**

# Making Health Care Better

