

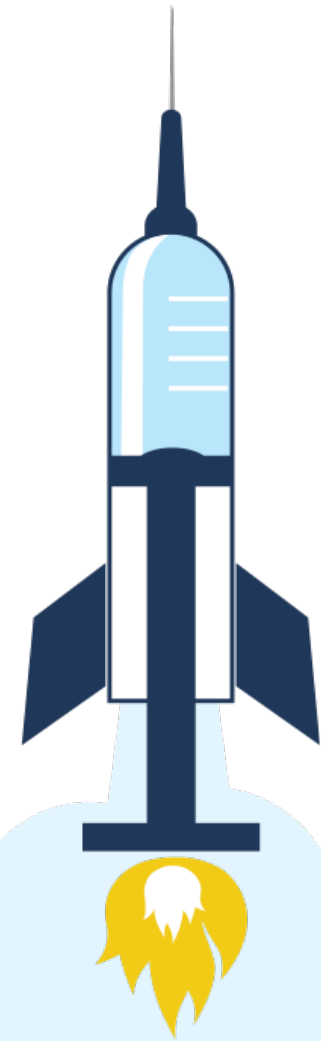
A Focus on Flu and Pneumonia: *How To Bring Them Into QAPI, Tying Them Into QRPs, and NHSN Reporting*

Dr. Swati Gaur, MD, MBA, CMD, AGSF
Julie Clark, BS, LPTA
Donald Chitanda, MPH, CIC

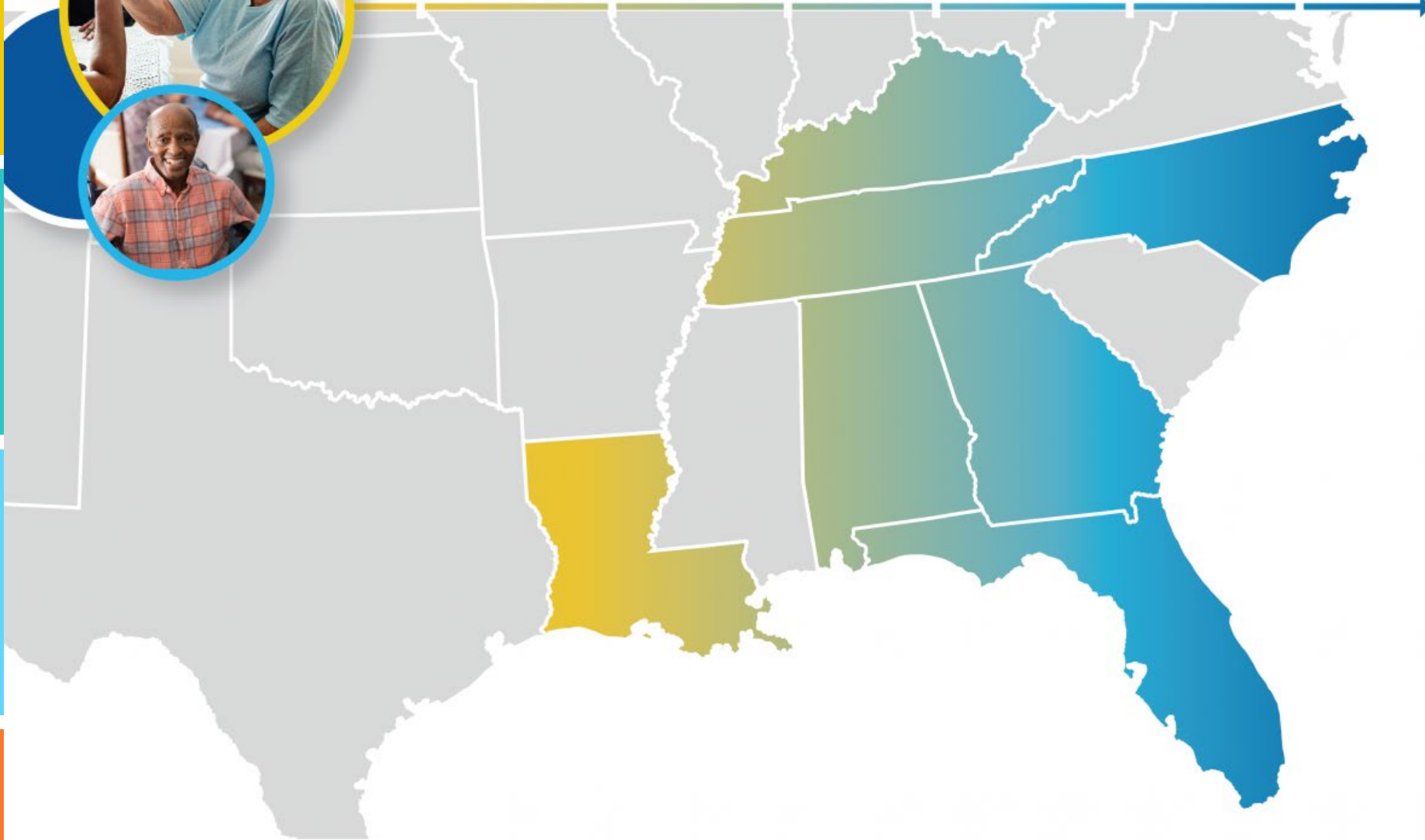
June 22, 2023

 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID 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**

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 EMR transition and implementation team for the health system, providing direction to EMR entity adapt to the LTC environment. She has also consulted with post-acute long-term care companies to optimize medical services into PALTC facilities, integrate medical directors and clinicians into the QAPI framework and create 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 in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.



Julie Clark, BS, LPTA

TN STATE QUALITY MANAGER

Julie is a licensed physical therapist assistant with more than eight years of experience in managing rehab departments while treating patients in long-term care, hospital, outpatient, home health, and inpatient hospital settings. She has a bachelor's degree in health care leadership. Julie has served as a state quality improvement manager in Tennessee since 2012, collaborating with long-term care, hospitals, community coalitions, families, and Medicare beneficiaries as they work to make health care better. Julie's areas of expertise include geriatric seating and positioning, QAPI, NHSN, MDS quality measure review, falls reductions, community coalition development and process improvement in varied topics including infection control, vaccines and COVID-19.

Contact: Julie.clark@allianthealth.org

Office: 919-745-4731



Donald Chitanda, MPH, CIC

INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. Over the past several years, he worked as an infection preventionist at the hospital - and system-level, where he was part of a task force to ensure the safety of caregivers and patients during the ongoing COVID-19 pandemic. In addition, he was a part of and led several projects to reduce hospital-acquired infections utilizing Lean Six Sigma methodologies. He is also trained in ensuring ongoing facility survey readiness for regulatory agencies such as the CMS and The Joint Commission.

Donald enjoys spending time with family and doing outdoor activities.

Contact: Donald.Chitanda@AlliantHealth.org



Objectives

- Understand flu, pneumonia and COVID-19 vaccination schedules
- Incorporate flu, pneumonia and COVID-19 vaccination in QAPI plans
- Better understanding of reporting flu and COVID-19 in NHSN

Changes in Vaccine Recommendations



Flu Guidance Updated ACIP 2023

ADULTS AGED ≥65 YEARS

- ACIP recommends that adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

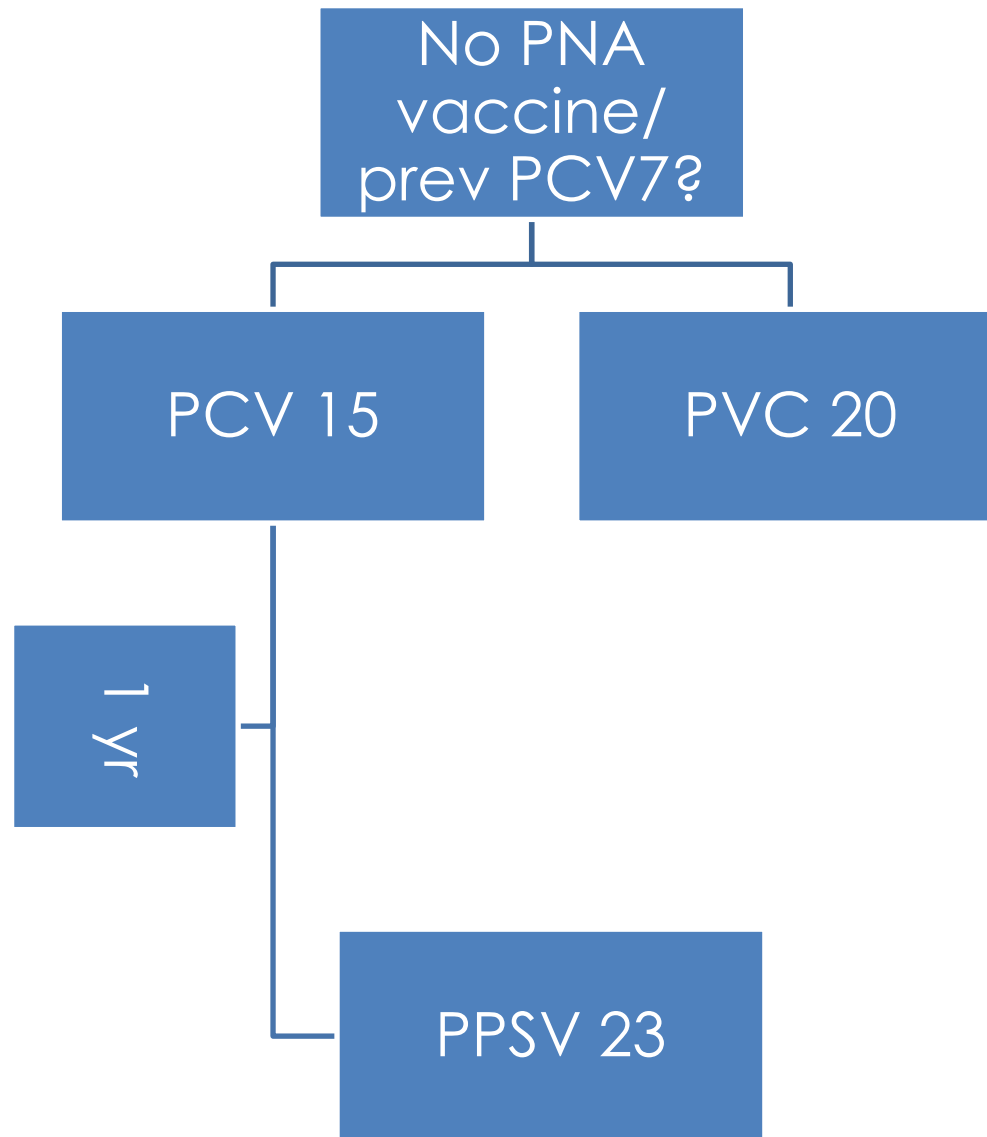
Flu Vaccines for >65 years

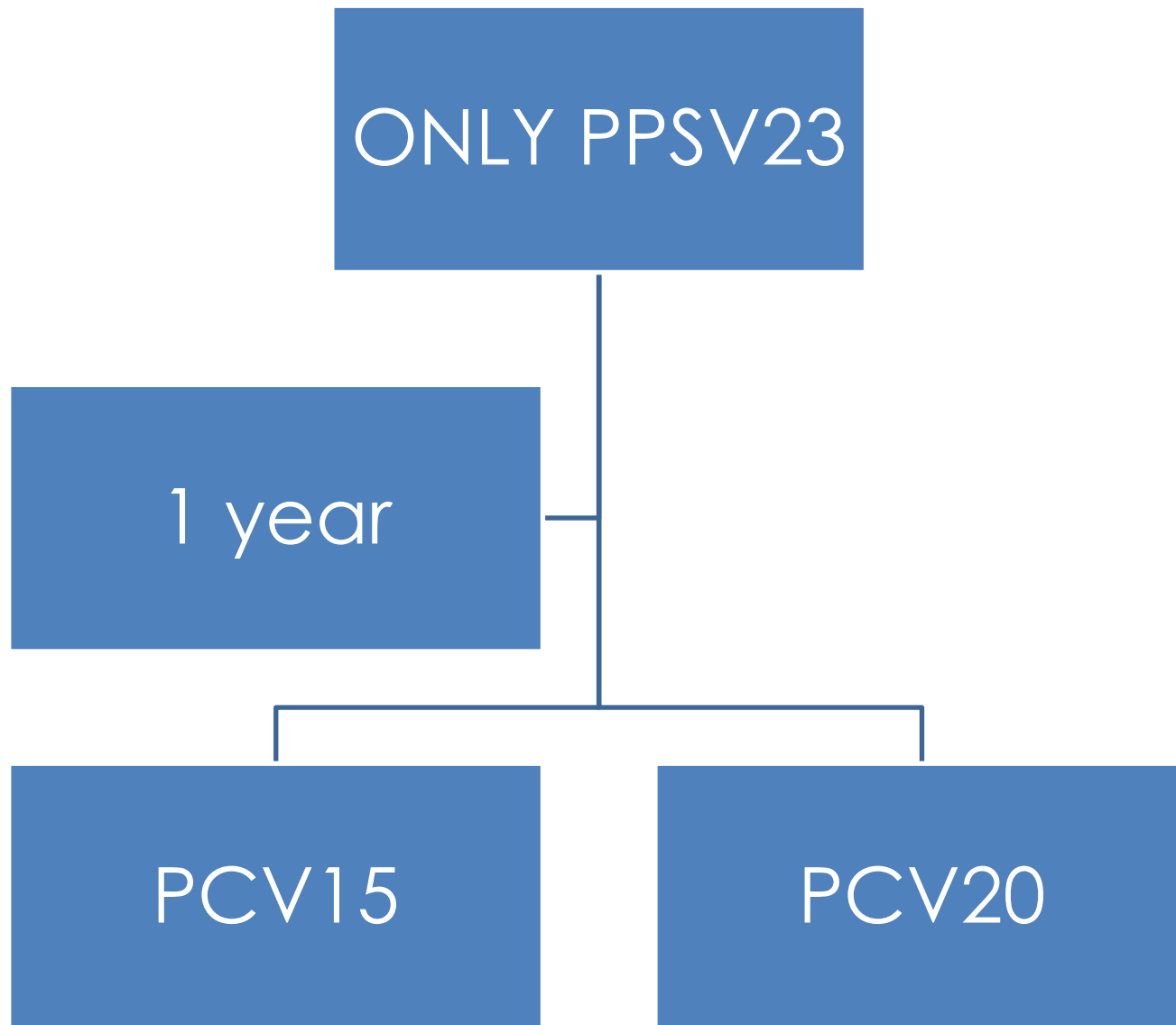
Quadrivalent IIV (HD-IIV4)—High-dose—Egg-based (60 µg HA per virus component in 0.7 mL)			
Fluzone High-Dose Quadrivalent <i>Sanofi Pasteur</i>	0.7 mL prefilled syringe	≥65 yrs	≥65 yrs—0.7 mL
Adjuvanted quadrivalent IIV4 (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 µg HA per virus component in 0.5 mL)			
Fluad Quadrivalent <i>Seqirus</i>	0.5 mL prefilled syringe	≥65 yrs	≥65 yrs—0.5 mL
Quadrivalent RIV (RIV4)—Recombinant HA (45 µg HA per virus component in 0.5 mL)			
Flublok Quadrivalent <i>Sanofi Pasteur</i>	0.5 mL prefilled syringe	≥18 yrs	≥18 yrs—0.5 mL

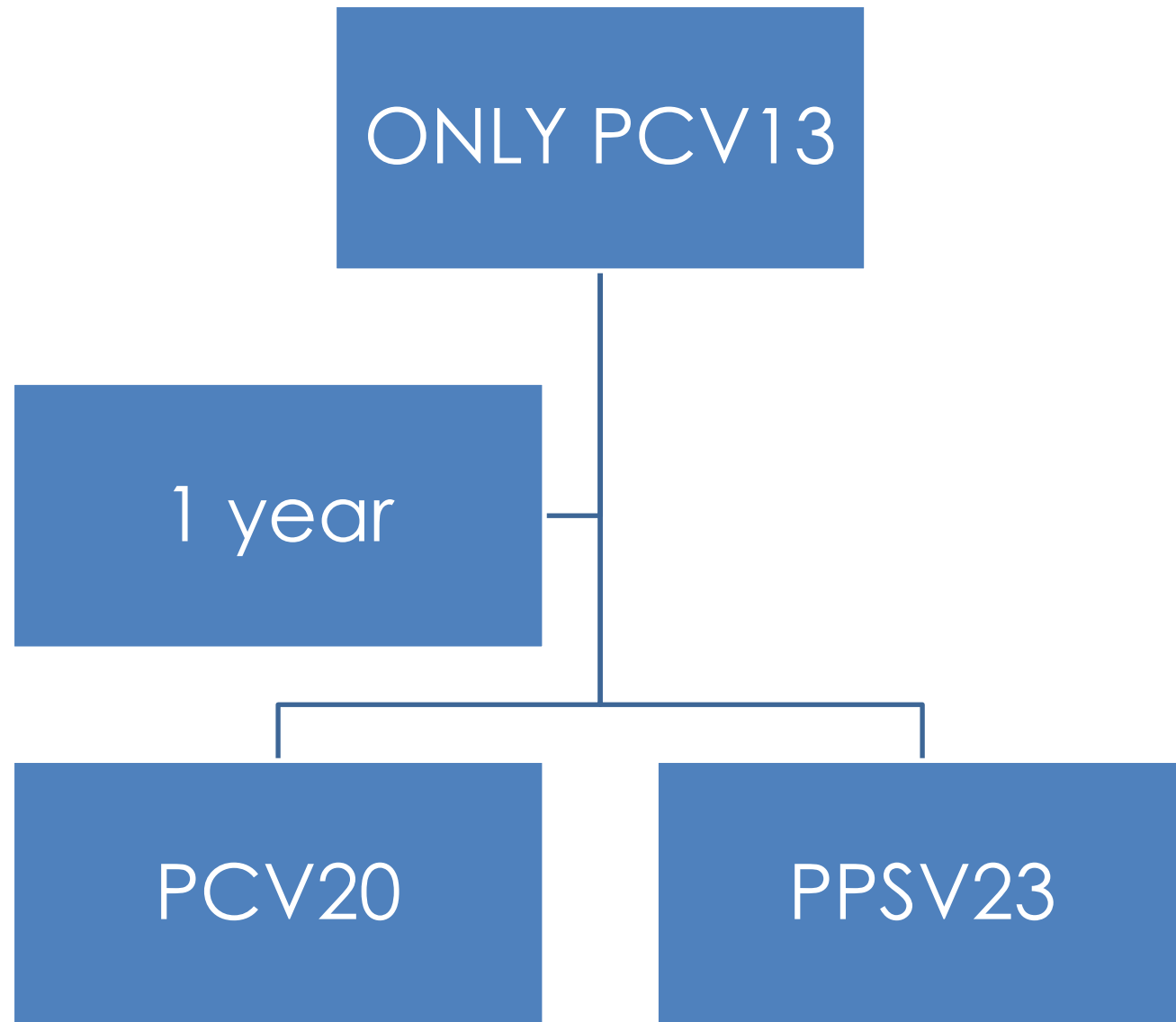
- 100,000 hospitalizations from pneumococcal pneumonia
- 43% of IPD cases in adults occurred in those aged 65 years or older
- Chronic health conditions or other factors that increase the risk for pneumococcal disease include:
 - Alcoholism
 - Cerebrospinal fluid leak
 - Chronic heart/liver/lung disease
 - Cigarette smoking
 - Cochlear implant
 - Diabetes mellitus
- Immunocompromising conditions can also increase the risk of pneumococcal disease. These conditions include:
 - Chronic renal failure or nephrotic syndrome
 - Congenital or acquired asplenia
 - Congenital or acquired immunodeficiency
 - Generalized malignancy, Hodgkin's disease, leukemia, lymphoma, or multiple myeloma
 - HIV infection
 - Iatrogenic immunosuppression
 - Sickle cell disease or other hemoglobinopathies
 - Solid organ transplant

PCV15 contains all PCV13 serotypes (1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 23F) plus 22F and 33F. PCV20 contains all PCV15 serotypes plus 8, 10A, 11A, 12F, and 15B.

- PCV or PCV13 = Pneumococcal conjugate vaccine
- PPSV or PPSV23 = Pneumococcal polysaccharide vaccine





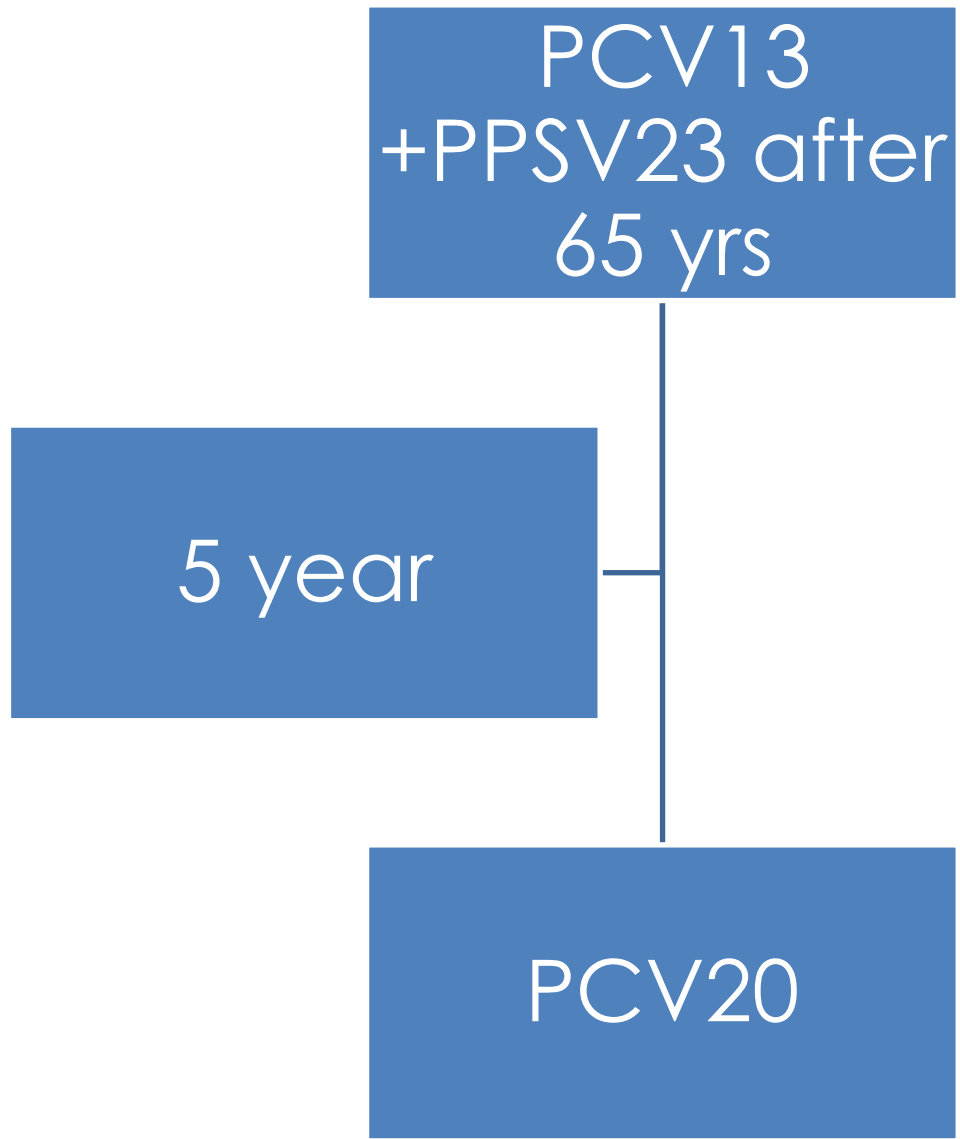


ONLY PCV13
+PPSV23
before 65 yrs

5 year

PCV20

PPSV23



PneumoRecs VaxAdvisor



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search

Vaccines site ▾



Vaccines and Preventable Diseases

Vaccines & Preventable Diseases Home > Vaccines by Disease > Pneumococcal > For Healthcare Professionals

🏠 Vaccines & Preventable Diseases
Home

Vaccines by Disease

Chickenpox (Varicella)	+
Dengue	+
Diphtheria	+
Flu (Influenza)	+
Hepatitis A	+
Hepatitis B	+
Hib	+
Human Papillomavirus (HPV)	+

PneumoRecs VaxAdvisor Mobile App for Vaccine Providers

[Print](#)

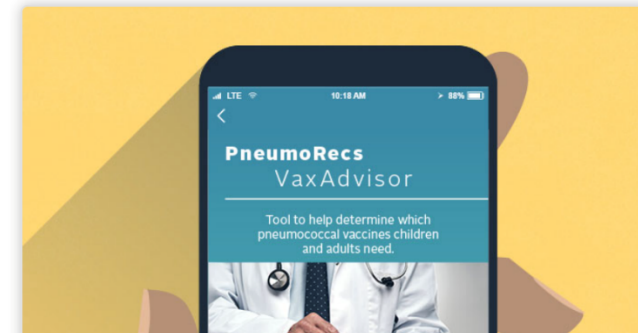


The PneumoRecs VaxAdvisor Mobile App was updated on February 9, 2023, to reflect CDC's new adult pneumococcal vaccination recommendations including for those who previously received PCV13.

The *PneumoRecs VaxAdvisor* mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

Users simply:

- Enter a patient's age.



 **ALLIANT**
HEALTH SOLUTIONS

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

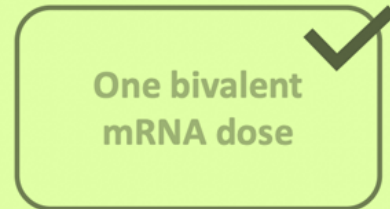
New recommendations for people aged ≥ 6 years without immunocompromise who have not yet received a bivalent mRNA dose

One bivalent mRNA dose

New recommendations for people aged ≥ 6 years without immunocompromise who have not yet received any COVID vaccine.

One bivalent
mRNA dose

New recommendations for aged ≥ 6 years without immunocompromise who have already received a bivalent mRNA dose

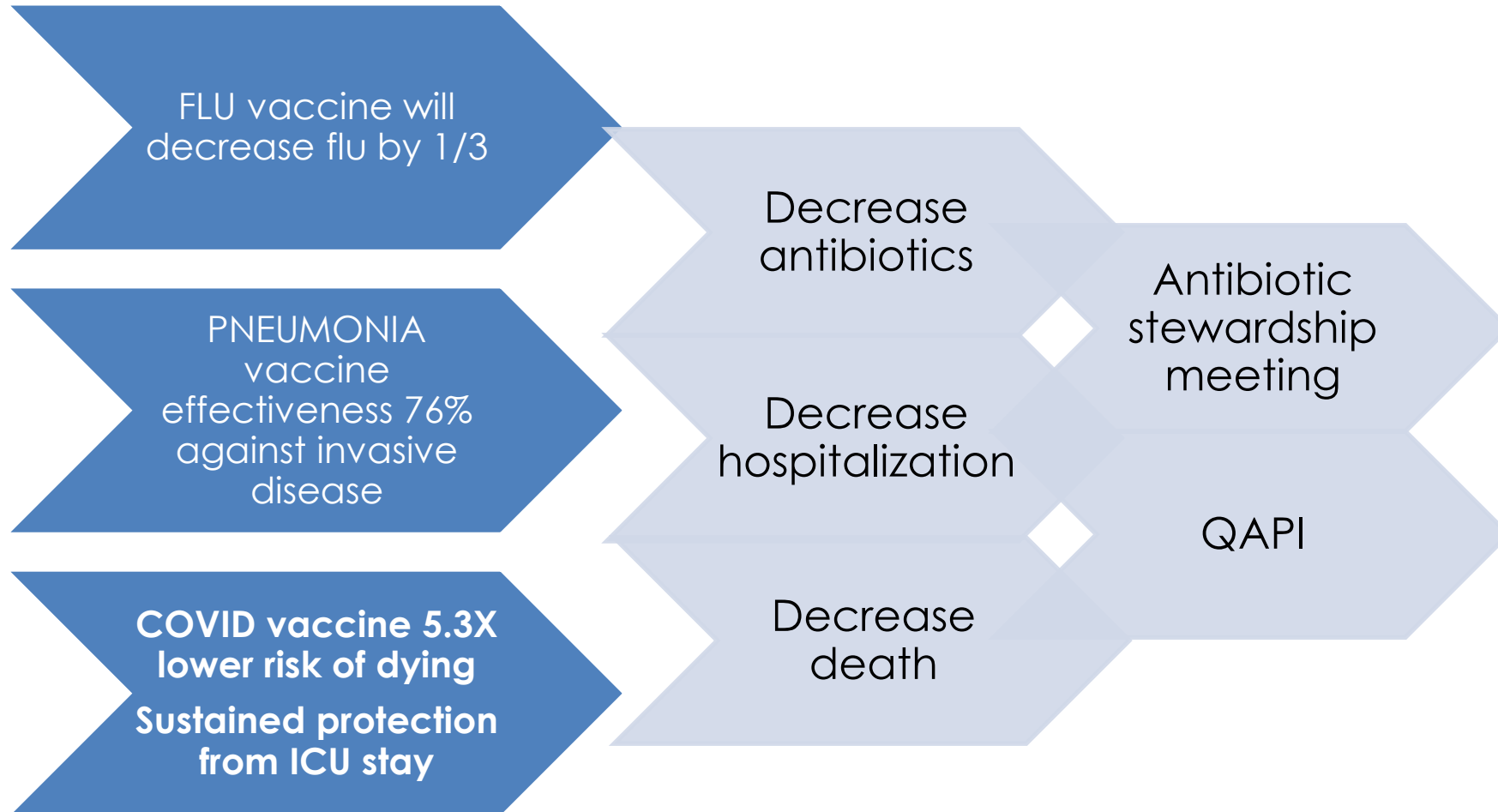


Vaccination is complete.
No doses are indicated at this time.

**Flexible for people at higher risk of severe COVID-19:
People aged ≥ 65 years who have already received a bivalent mRNA dose**



Vaccine Impact

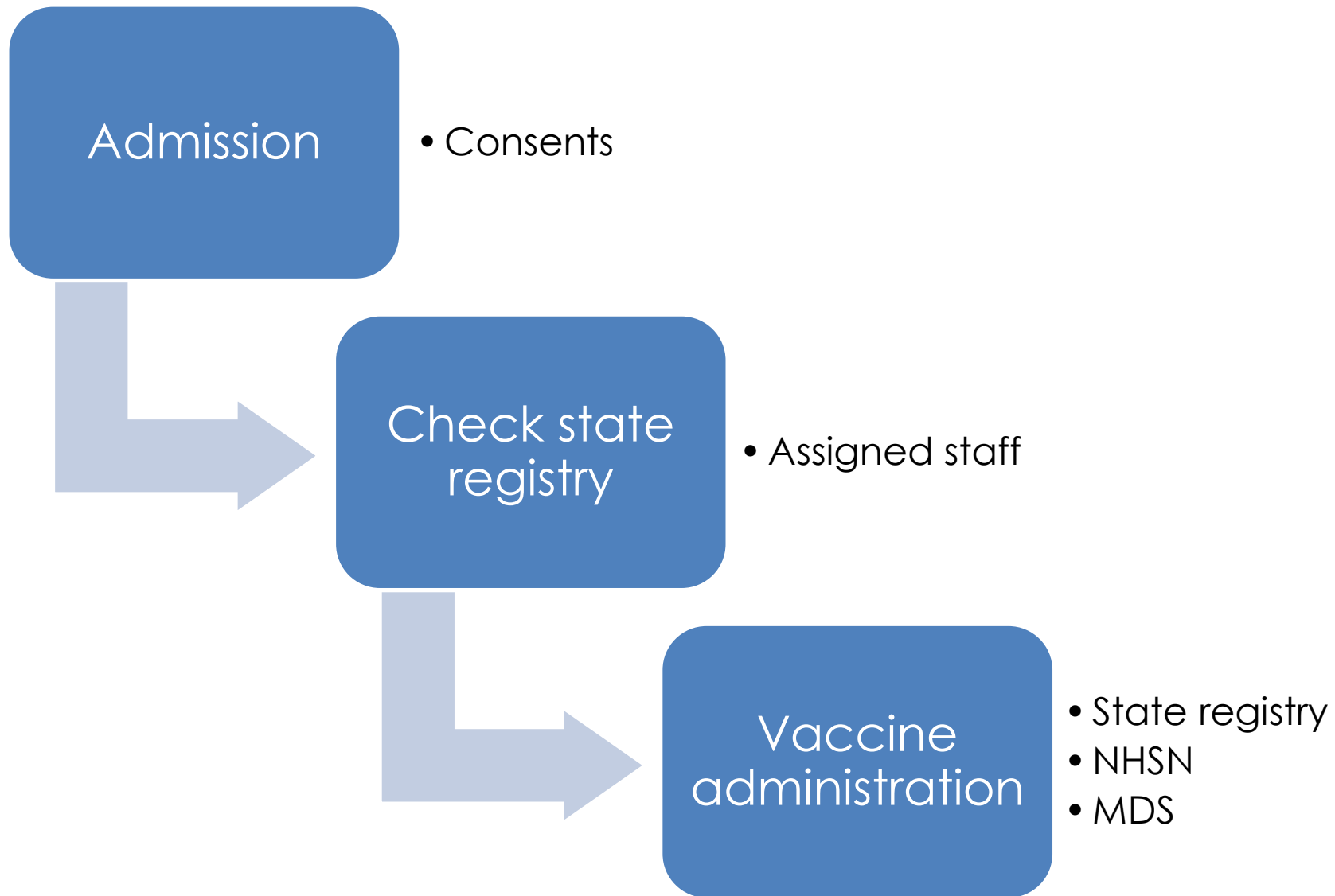


<https://www.acpjournals.org/doi/10.7326/M22-2042>

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/02-influenza-Chung-508.pdf>

<https://academic.oup.com/cid/article/40/9/1250/369981>

https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm#T1_down



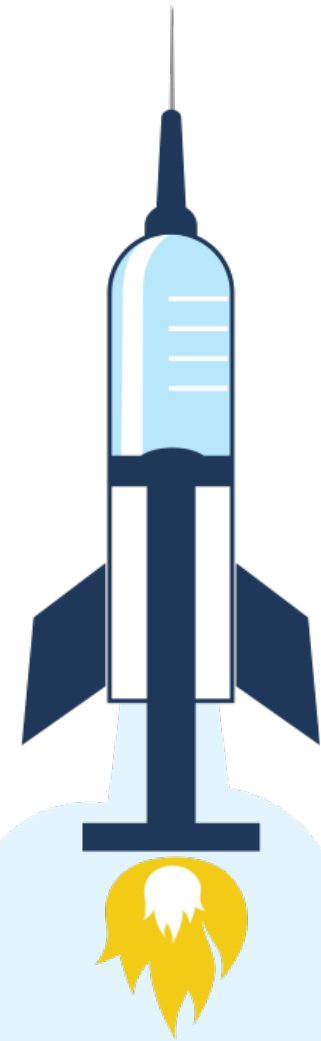
A Focus on Flu and Pneumonia: *How To Bring Them Into QAPI*

Julie Clark, B.S., LPTA
TN State Quality Manager

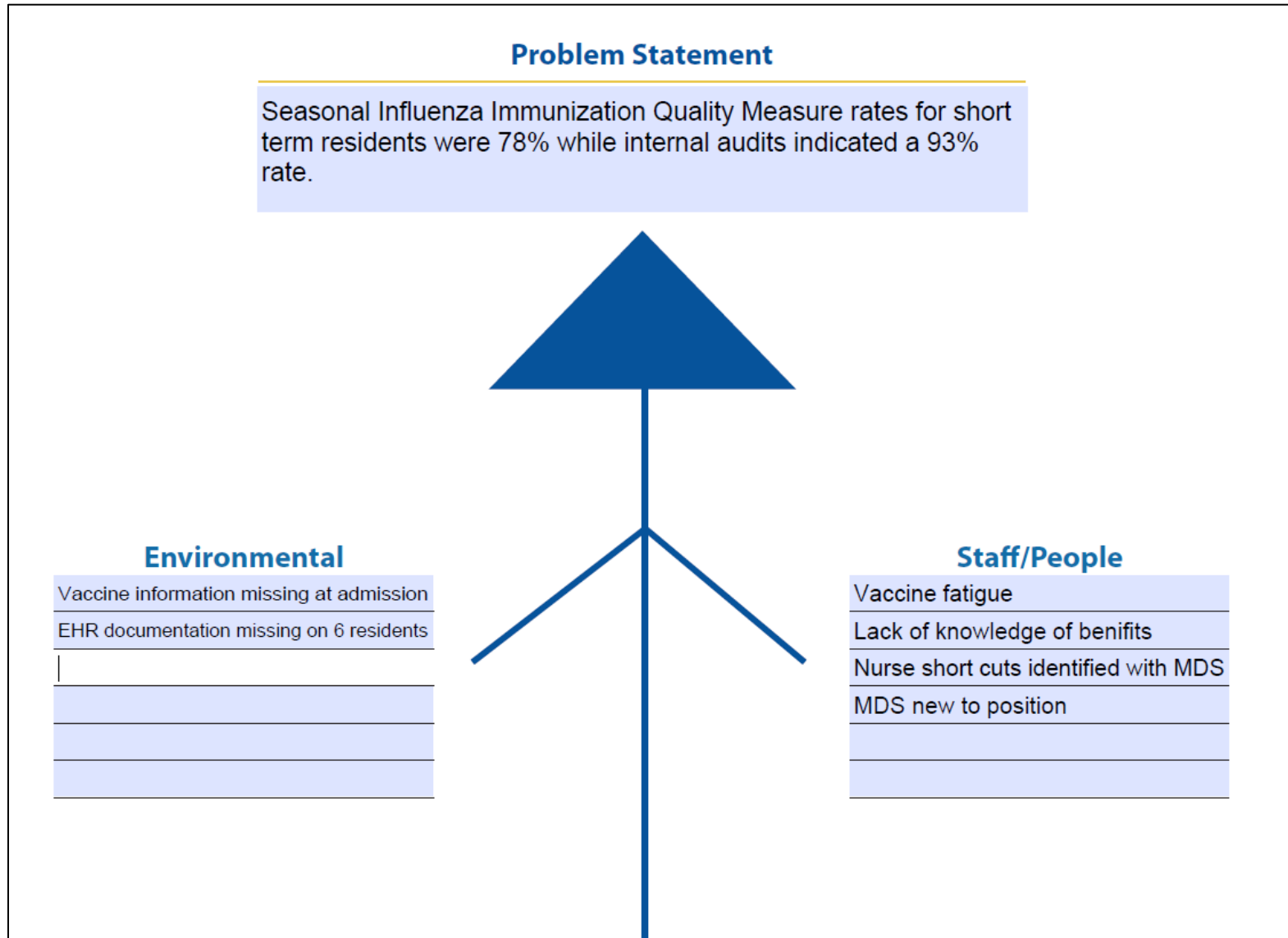
June 22, 2023

 **ALLIANT**
HEALTH SOLUTIONS

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



Root Cause Analysis





Quality Improvement Initiative (QII) PDSA WORKSHEET

QII ID: _____ CCN: _____

Facility Name: _____

Goal Setting: Describe the Problem To Be Solved

State the problem.

ex: who, what, when, where, how, how long

Facility STR Immunization Quality Measure is 78%, while internal tracking indicates that 93% of STR in the same time period received an influenza vaccine or declined after education was provided.

Identify the Infection Prevention Category.

Influenza Immunizations

If the category is "Other," enter the category here.

N/A

What do you want to accomplish/ what idea do you want to test?

Identify the goal and estimated time frame for resolution.

GOAL: 100% of short-stay residents will have appropriate documentation of assessment, education and offering of the influenza vaccine resulting in improved accuracy of the STR immunization quality measure. The idea being tested is that centralizing and standardizing documentation will result in more accurate MDS data and a quality measure rate that more accurately reflects vaccination activity. The timeline for resolution after all tests of change is four weeks.

What change can be made that will result in improvement?

e.g., safety, effectiveness, patient-centered care, timely, efficiency, equitability, etc.

Changes will be made to the immunization documentation process, including creating templates and nursing education on processes and tools for documenting influenza vaccinations. Surveillance will be added as a QA initiative.

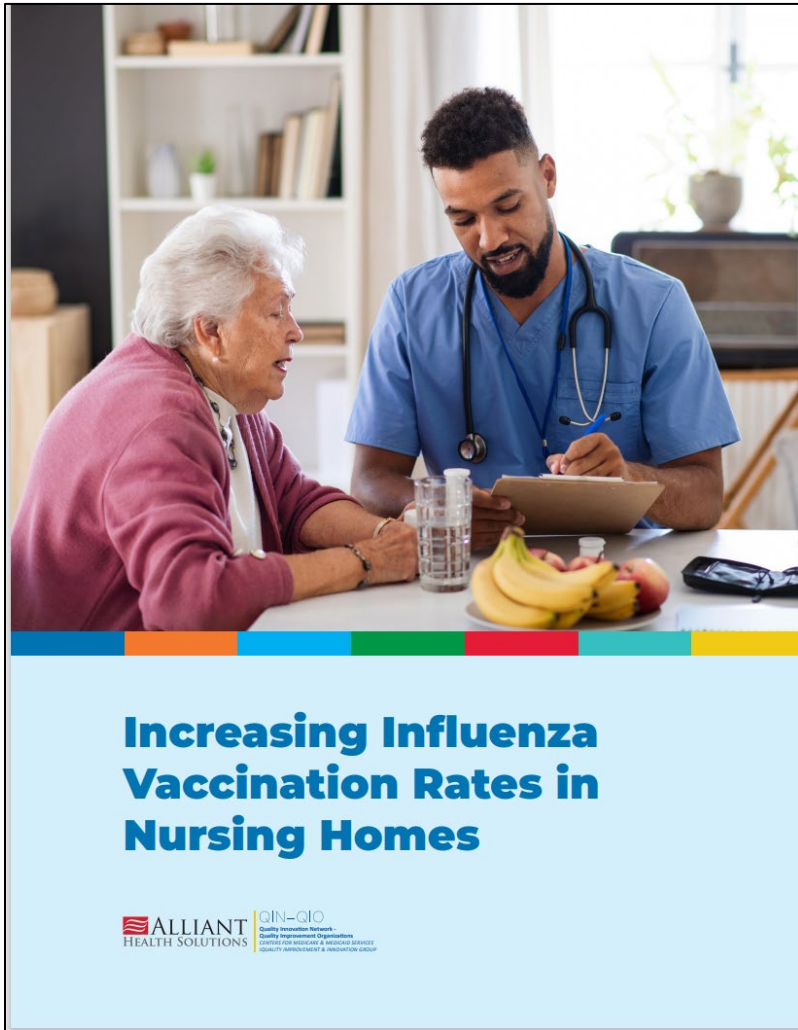
Who will be affected by accomplishing the goal?

MDS and nursing staff

https://quality.allianthealth.org/wp-content/uploads/2023/04/Influenza-Immunization-Sample-PDSA-QAPI-Form-FINAL_508.pdf

https://quality.allianthealth.org/wp-content/uploads/2023/04/Influenza-Immunization-Sample-PDSA-Alliant-Form-FINAL_508.pdf

Increasing Influenza Vaccination Rates in Nursing Homes – The Toolkit –



Chapters in Toolkit:

Chapter 1: Accessing and Knowing Your Data

Chapter 2: Regulations, Policies and Procedures

Chapter 3: Process Mapping

Chapter 4: CDC Standards for Adult Immunization Practice (Assess, Recommend, Administer, Document)

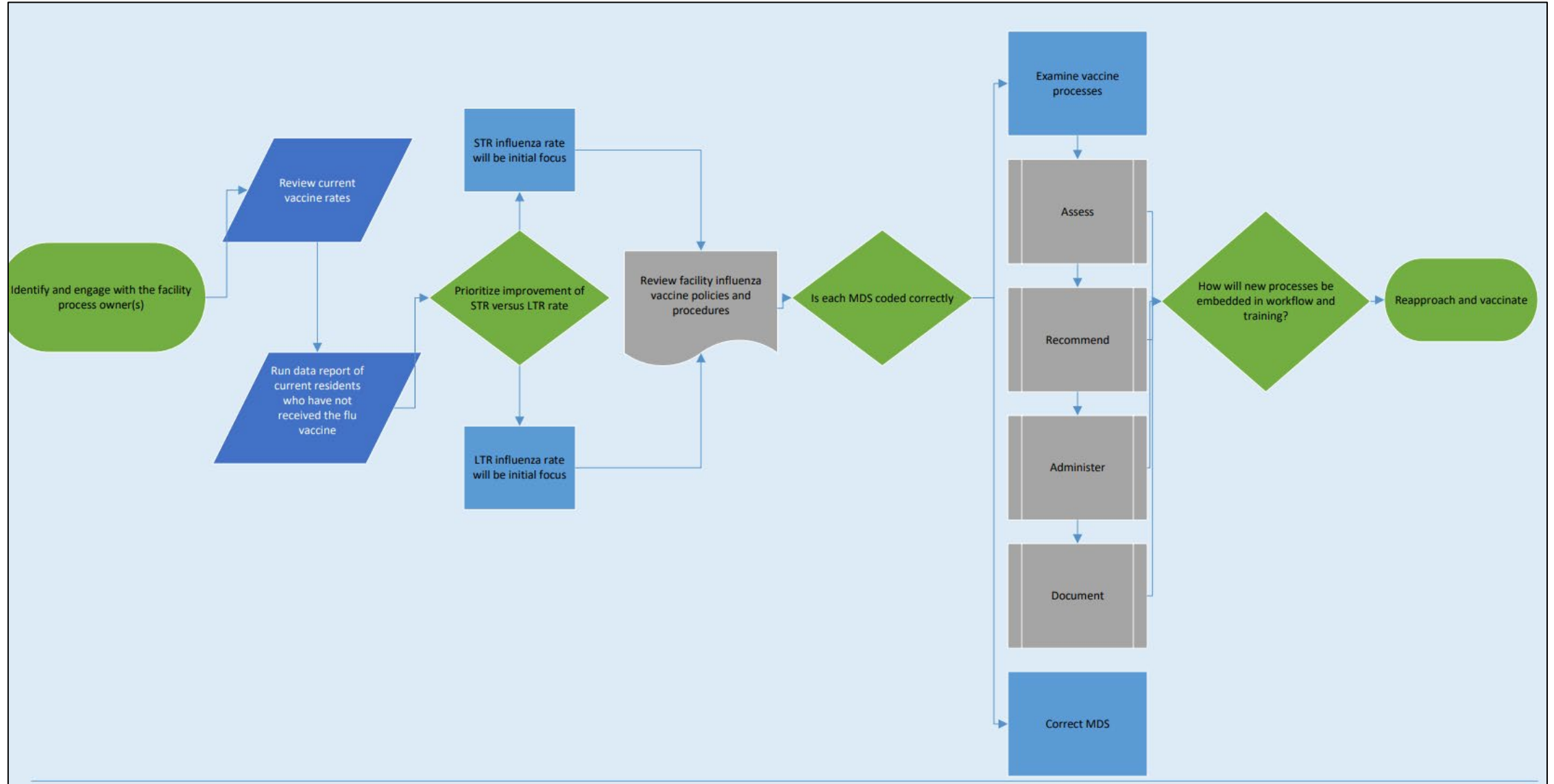
Chapter 5: Action Planning

Chapter 6: Emergency Preparedness Planning Integration

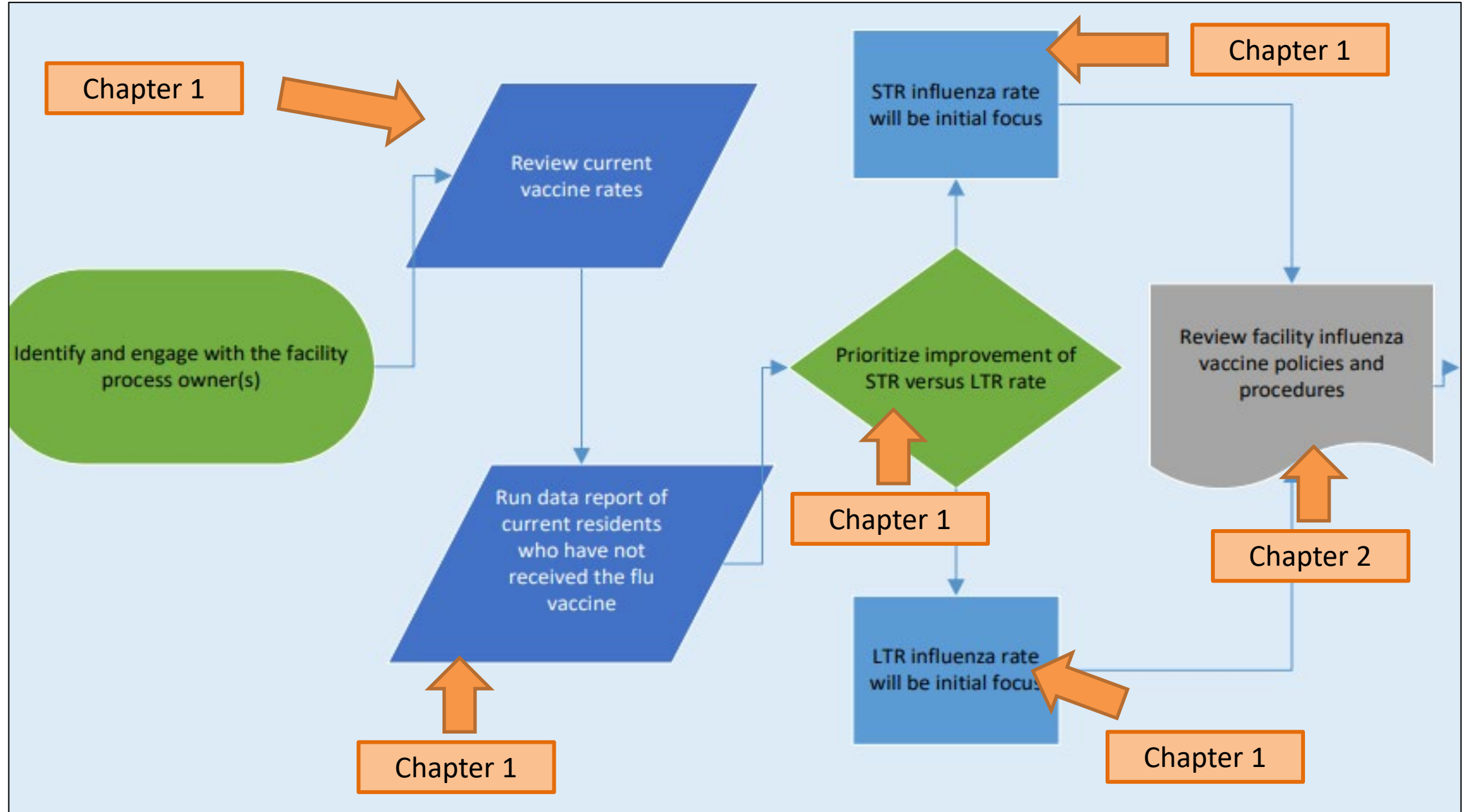
Chapter 7: Fostering a Culture of Immunization

Chapter 8: Sustainability

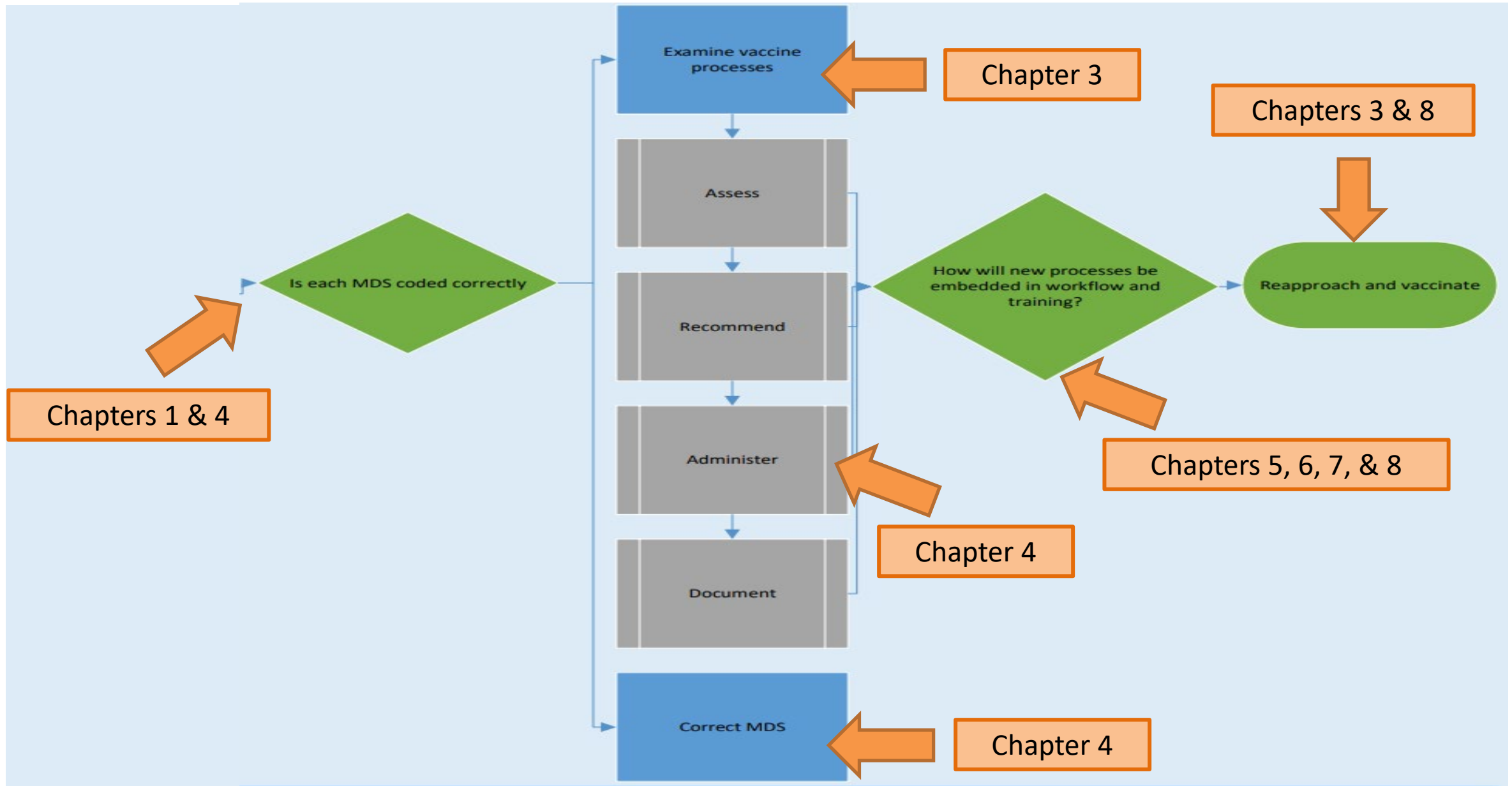
Coaching to Improve Nursing Home Influenza Vaccination Rates



Coaching to Improve Nursing Home Influenza Vaccination Rates



Coaching to Improve Nursing Home Influenza Vaccination Rates

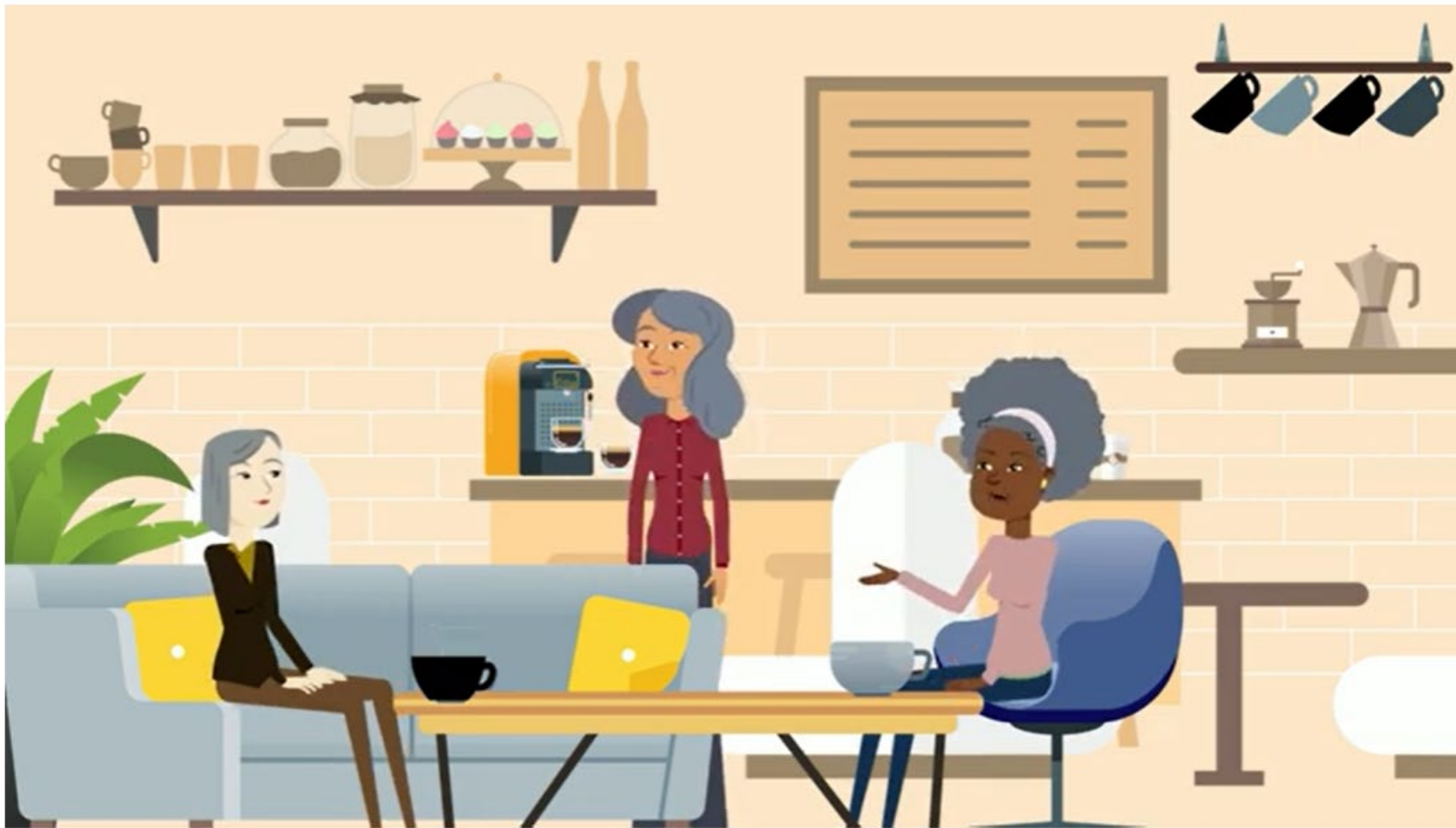


Education Materials for Staff

Immunization Trivia

1. What year did the flu vaccine become available to civilians.
 - A. 1937
 - B. 1945
 - C. 1951
 - D. 1960
2. Flu season illness was mild in 21-22 due to all the COVID-19 precautions. It was predicted to be (and has been) very bad in 22-23 because of what factors?
 - A. Australia's flu season—which is just ending—is often predictive of what will happen in the US
 - B. Many people haven't been exposed to the flu over the past few years due to COVID-19 restrictions
 - C. Many people don't get the flu vaccine
 - D. All the above
8. COVID 19 was first listed as a cause of death in 2020. It was the 2nd highest cause of death behind heart disease. What was the 9th highest cause of death?
 - A. Cancer
 - B. Lower respiratory illnesses
 - C. Accident/injury
 - D. Influenza/pneumonia
9. In the 2022, which of these vaccines (in addition to COVID-19) are new or have had updated FDA approval or CDC recommendations?
 - A. Smallpox/monkeypox
 - B. Tdap (tetanus, diphtheria and acellular pertussis)
 - C. Pneumococcal
 - D. All of them
10. The Tdap vaccine offers protection from which of these diseases?

Resources To Use With Residents



Pneumonia spreads quickly - get your vaccine today!

<https://www.youtube.com/watch?v=583DjNdXbxA>

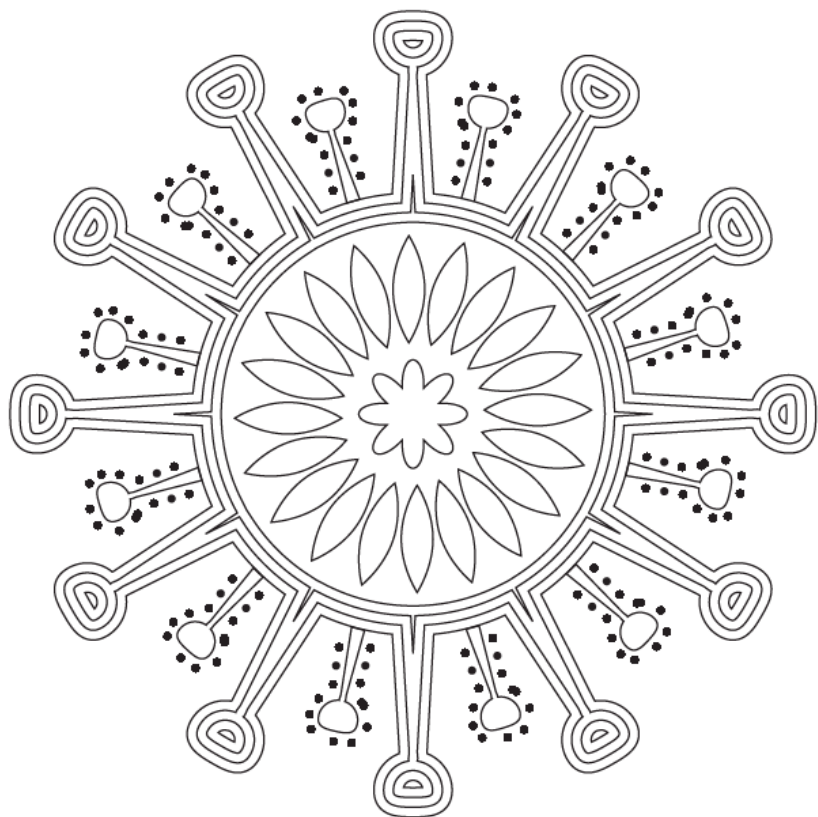
Resources for Residents

ADULT VACCINE ACTIVITY BOOK

Influenza (Flu)

Anyone can get the flu. Serious problems from the flu can happen at any age. Some people are at higher risk of developing serious complications if they get sick. This includes people 65 years and older and people with certain chronic medical conditions, pregnant women, and young children.

The best way to prevent the flu is by getting a flu vaccine each year. The CDC recommends everyone six months of age or older get a flu shot each year.



Pneumonia Vaccine MYTHS AND FACTS



MYTH: I can't get the vaccine if I have a minor cold or illness on the days the nursing home is giving the vaccine.

FACT: People with minor illnesses may be vaccinated. Your doctor will decide if you can get the vaccine or if it is better to reschedule for when you are feeling better.

MYTH: It is not safe to get more than one vaccine at the same time.

FACT: You can safely receive more than one vaccine at the same time. Talk with your doctor about what is best for you.

MYTH: Pneumonia vaccines are made from bacteria. The bacteria will make me sick.

FACT: Only live bacteria can make you sick. Vaccines do not contain live bacteria. These vaccines cannot cause pneumonia.

MYTH: You can only get pneumonia from someone else who has pneumonia.

FACT: Pneumonia is an infection of the lungs that you can get from someone who has viral pneumonia OR from pneumococcal bacteria. The pneumonia vaccine helps prevent pneumonia caused by the pneumococcal bacteria.

MYTH: Pneumonia is really just a bad cold.

FACT: It is much worse. The pneumococcal bacteria can also cause ear or sinus infections, hearing loss and even lead to hospitalization or death.

MYTH: A yearly pneumonia vaccine is recommended just like the flu vaccine.

FACT: The pneumonia vaccine is not a yearly vaccine. Depending on your age and medical condition, you may receive one or two doses. Your doctor will tell you how many doses you need.

MYTH: The pneumonia vaccine is only given in the fall.

FACT: Any time of year is the right time to get your first pneumonia vaccine. If you need a second dose, your doctor will tell you when.



Scan QR Code to view a video and learn more about vaccines.

If you are 65 or older, have certain medical conditions or smoke, you are at risk for illnesses caused by pneumococcal bacteria. Talk to your doctor and get the pneumococcal vaccine today!

https://quality.allianthealth.org/wp-content/uploads/2023/01/AHS-QIN-QIO-Immunization-Activity-Book-FINAL_508.pdf

https://quality.allianthealth.org/wp-content/uploads/2023/04/Pneumonia-Vaccine-Myths-and-Facts-FINAL_508.pdf

Seasonal Influenza Campaign: Ready, Set, Go

Coming to you soon:
Emails with a calendar to kick off the campaign



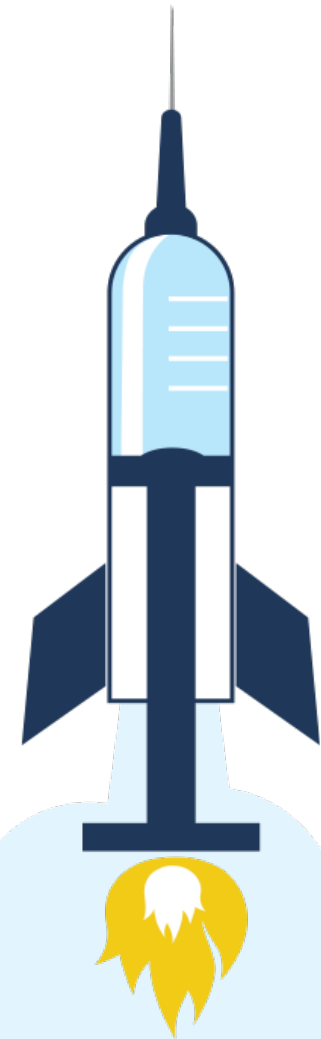
A Focus on Flu and Pneumonia: *NHSN Reporting*

Donald Chitanda
MPH, CIC, LTC-CIP ~ Technical Advisor
Infection Prevention

June 22, 2023



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



COVID-19 Surveillance pathways versus COVID-19 Vaccination Modules

COVID-19 Surveillance Pathways

[LTCF COVID-19 Module webpage](#)

NHSN Home	
Alerts	
Dashboard	▶
Reporting Plan	▶
Resident	▶
Event	▶
Summary Data	▶
COVID-19	▶
Vaccination Summary	▶
Import/Export	
Surveys	▶
Analysis	▶
Users	▶
Facility	▶
Group	▶
Logout	

- Dashboard
- Pathway Data Reporting**
- POC Test Result Reporting
- COVID-19 Event
- COVID-19 Vaccination - HCP
- COVID-19 Vaccination - Residents
- Person-Level COVID-19 Vaccination Form - HCP
- Person-Level COVID-19 Vaccination Form - Residents

VS.

COVID-19 Vaccination Module

[Weekly HCP & Resident COVID-19 Vaccination webpage](#)

NHSN Home	
Alerts	
Dashboard	▶
Reporting Plan	▶
Resident	▶
Event	▶
Summary Data	▶
COVID-19	▶
Vaccination Summary	▶
Import/Export	
Surveys	▶
Analysis	▶
Users	▶
Facility	▶
Group	▶
Logout	

- Dashboard
- Pathway Data Reporting
- POC Test Result Reporting
- COVID-19 Event
- COVID-19 Vaccination - HCP**
- COVID-19 Vaccination - Residents
- Person-Level COVID-19 Vaccination Form - HCP
- Person-Level COVID-19 Vaccination Form - Residents

COVID-19 Surveillance Pathways	COVID-19 Vaccination Module
Reporting requirements	Reporting requirements
CMS certified facilities are required to report at least once every reporting week	Weekly reporting requirement for LTC residents and staff <ul style="list-style-type: none"> • Report at least once every reporting week • Requirement to go through December 2024
Requirement to go through December 2024	Quarterly Reporting Requirement for Staff <ul style="list-style-type: none"> • Report vaccination data 1 week/month for staff • After the weekly requirement expires in Dec. 2024, continue to report 1 week/month for staff • Use the "COVID-19 Vaccination-HCP" tab in order to report these data



Additional COVID-19 Vaccination Reporting Resources:

- [Operational Guidance for Reporting COVID-19 Vaccination Data](#)
- [FAQs on Reporting COVID-19 Vaccination Data](#)

Modifications to the COVID-19 Module Surveillance Pathways

Resident Impact and Facility Capacity

- Newly Positive Tests
- Vaccination status
- Deaths
- ~~Testing Availability~~
- ~~Influenza~~
- ~~Supplies/PPE Shortages~~

Staff and Personnel Impact

- Newly Positive Tests
- ~~COVID-19 Deaths~~
- ~~Influenza~~
- Staffing Shortages

~~Therapeutics~~

- ~~Residents treated~~
- ~~In house Stock~~
- ~~Stock Stored Outside the LTCF~~


Adding  Hospitalizations



***Not Up to Date:** Auto-populated field included in the RIFC pathway



Removing Pathway



RIFC Pathway: Removing Data Elements

Resident Deaths

***TOTAL DEATHS:** Number of residents who have died for *any* reason in the facility or another location.

Include only the number of new deaths since the most recent date data were collected for NHSN reporting.

***COVID-19 DEATHS:** Based on the number reported for *Total Deaths*, indicate the number of residents who died from COVID-19 or related complications, either in the facility or another location.

Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness

***INFLUENZA:** Number of Residents with new influenza (flu).

**Highlighted Data elements
will be removed**

SARS-CoV-2 TESTING

***TESTING AVAILABILITY:** Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all residents, staff and facility personnel if needed?

Supplies and PPE Shortages

***Urgent Need:** Indicate if facility will no longer have any PPE supply items in 7 days

Save

Cancel

RIFC Pathway: New Auto-populated Field

New

Not Up to Date

- This includes residents who may have received COVID-19 vaccination(s), but are not yet up to date with COVID-19 vaccinations [per the NMSN Surveillance definition](#)
and/or
- 14 days or more has not passed since the time the resident received the vaccination, to qualify them as up to date, and the day they tested positive for COVID-19 (newly positive COVID-19 test)

RIFC Pathway: New Auto-populated Field

New

Not Up to Date

- Auto-populated by the system
- Not editable (grayed out in the application)
 - In order to change/edit this count, counts entered for *Up to Date* and/or *Positive Tests* will need to be revised
- Calculated by subtracting the *Up to Date* count from the *Positive Test* count
 - $\text{Not Up to Date} = \text{Positive tests} - \text{Up to Date}$

RIFC Pathway Newly Added Data Element: Hospitalizations

New

- **Hospitalizations with a positive COVID-19 Test:** Number of residents who have been hospitalized with a positive COVID-19 test.

Note: Only include residents who have been hospitalized during this reporting period and had a positive COVID-19 test in the 10 days prior to the hospitalization, date of specimen collection is calendar day 1.

New

- **Hospitalizations with a positive COVID-19 Test and Up to Date:** Based on the number reported above for “Hospitalizations with a positive COVID-19 Test”, indicate the number of residents who were hospitalized with a positive COVID-19 test and also up to date with COVID-19 vaccinations at the time of the positive COVID-19 test.

New

RIFC Pathway Newly Added Data Element: Hospitalizations

Hospitalizations with a positive COVID-19 Test:

- Number of residents who have been hospitalized (for any reason) and also had a positive COVID-19 test.
- Only include residents who have been hospitalized during this reporting period and had a positive COVID-19 test in the 10 days prior to the hospitalization, date of specimen collection is calendar day 1.

How to calculate:

- How many residents have been hospitalized since the last date data were reported to NHSN?
 - Of those residents how many had a positive COVID-19 test within the past 10 days?



New

RIFC Pathway Newly Added Data Element: Hospitalizations

- **Hospitalizations with a positive COVID-19 Test and Up to Date**
 - Based on the number reported for “Hospitalizations with a positive COVID-19 Test”, indicate the number of residents who were hospitalized with a positive COVID-19 test and also up to date with COVID-19 vaccinations at the time of the positive COVID-19 test.

How to calculate:

- How many residents have been included in the *Hospitalizations with a positive COVID-19 Test* count?
 - Of those included in the *Hospitalizations with a positive COVID-19 Test* count how many are up to date per the NHSN Surveillance Definition?
 - Of those who are up to date, how many received the vaccine 14 days or more before the newly positive COVID-19 test?



Staff and Personnel Impact Pathway

- The ***Positive Test*** count will be the **ONLY** reporting variable in this pathway

New Update

Staff and Personnel Impact Pathway: Removing Data Elements

- COVID-19 Deaths
- Influenza
- Staffing shortages

REMOVING

Staff and Personnel Impact Pathway

Add COVID-19 Data

Date for which counts are reported: Facility CCN: Facility Type: LTC-SVHSNF

Resident Impact and Facility Capacity **Staff and Personnel Impact** Therapeutics

Date Created:

Counts should be reported on the correct calendar day and include only new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data. **NON-count** questions should be answered one calendar day during the reporting week.

Staff and Personnel Impact

* **POSITIVE TESTS:** Enter the number of staff and facility personnel with a newly positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR)).
Note: Exclude staff and facility personnel who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).
Include only staff and facility personnel newly positive since the most recent date data were collected for NHSN reporting

* **COVID-19 DEATHS:** Number of staff and facility personnel with COVID-19 who died.

Staff and Personnel Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness

* **INFLUENZA:** Number of staff and facility personnel with a new influenza (flu).

Staff and Personnel Shortages

* Does your organization have a shortage of staff and/or personnel?

Save **Cancel**

highlighted data elements will be removed

REMOVING

Therapeutics Pathway: Removing Pathway

- Removing this pathway
 - Facilities will no longer need to report data to this pathway

The screenshot shows a web form titled "Add COVID-19 Data". At the top, there are fields for "Date for which counts are reported:", "Facility CCN", and "Facility Type: LTC-SKILLNURS". Below these is a navigation bar with a "Therapeutics" tab highlighted in green. A red arrow points from a callout box to this tab. The callout box contains the text: "Therapeutics Pathway will be removed. Facilities will no longer need to report data to this pathway".

Date Created:

Report total counts for the below questions only one calendar day during the reporting week and include only new counts since the previously reported counts. If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.

For each therapeutic listed, enter number of residents who received the therapeutic at this facility or elsewhere during the reporting week:

Did not administer any Therapeutics

Therapeutic	How many residents were treated from stock stored at this facility?	How many residents were treated from stock that was stored at another facility, such as an infusion center?
Monoclonal Antibody Therapy		
Casirivimab/Imdevimab (Regeneron)	* <input type="text"/>	* <input type="text"/>
Bamlanivimab/etesevimab (Lilly)	* <input type="text"/>	* <input type="text"/>
Sotrovimab (GlaxoSmithKline)	* <input type="text"/>	* <input type="text"/>
Evusheld (AstraZeneca)	* <input type="text"/>	* <input type="text"/>
Bebtelovimab (Lilly)	* <input type="text"/>	* <input type="text"/>
Antiviral Therapy		
Paxlovid (Pfizer)	* <input type="text"/>	* <input type="text"/>
Molnupiravir (Merck)	* <input type="text"/>	* <input type="text"/>

Mandatory fields marked with *



Thank You for Your Time!

Contact the Patient Safety Team

patientsafety@allianthealth.org



Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Paula.Sthill@allianthealth.org



Amy Ward, MS, BSN, RN, CIC
Patient Safety Manager
Amy.Ward@AlliantHealth.org



Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org



Donald Chitanda, MPH, CIC
Technical Advisor, Infection Prevention
Donald.Chitanda@AlliantHealth.org

Mark Your Calendar!

Shop Talk

3rd Thursdays at 2 p.m. ET

[Registration Link](#)

Visit our website for more info:

<https://quality.allianthealth.org/topic/shop-talks/>



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



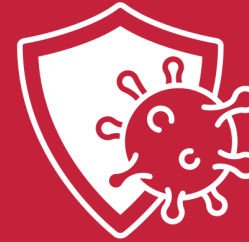
CHRONIC DISEASE SELF-MANAGEMENT

- 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

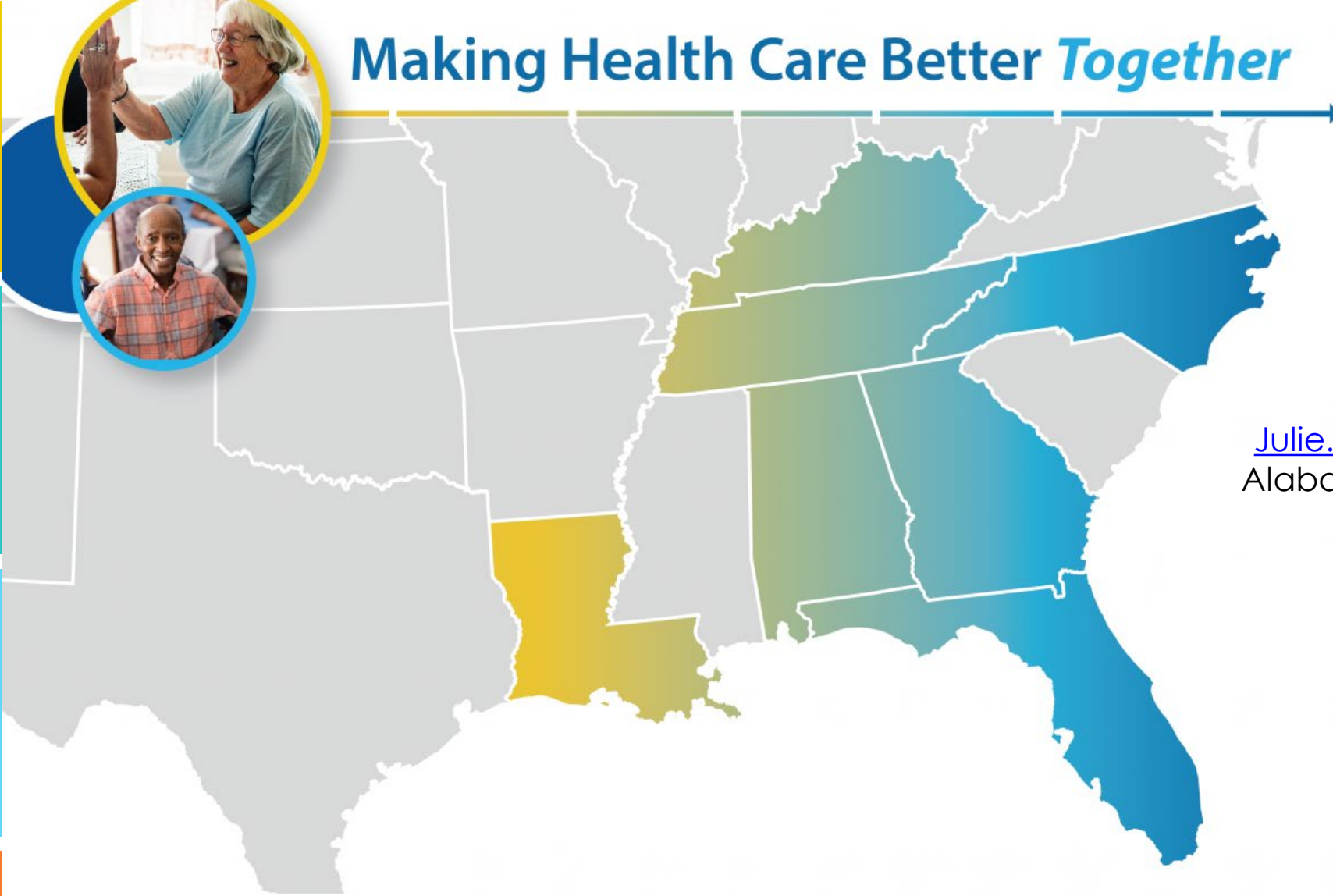
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

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

Making Health Care Better *Together*



Julie Kueker

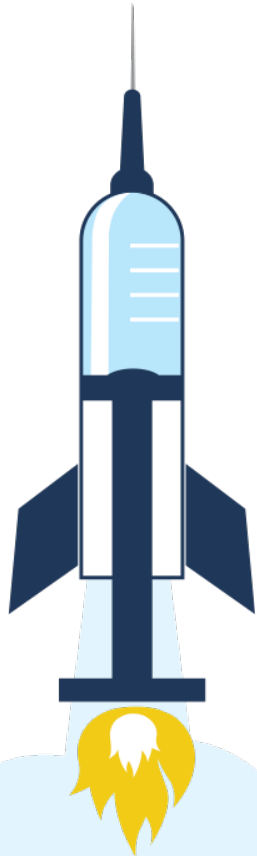
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana



Leighann Sauls

Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors



Making Health Care Better Together



@AlliantQIO



@AlliantQIO



Alliant Health Solutions



AlliantQIO

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 TO1-NH TO1-PCH--3974-06/20/23