Meet the Team

Presenters:

Amy Ward, MS, BSN, RN, CIC, FAPIC
Patient Safety Manager, Alliant Health Solutions

Paula St. Hill, MPH, A-IPC
Infection Prevention Technical Advisor, Alliant Health Solutions

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist, Alliant Health Solutions
Amy Ward, MS, BSN, RN, CIC, FAPIC

Patient Safety Manager

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths and assisting them in reducing healthcare-associated infections across the continuum of care.

Amy enjoys spending time with her family and doing outdoor activities.

Contact: Amy.Ward@AlliantHealth.org
Paula St. Hill, MPH, A-IPC

Infection Prevention Technical Advisor

Paula is a doctoral student with a diverse background in public health, infection prevention, epidemiology and microbiology. She has always enjoyed public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

Paula enjoys spending time with her friends and family.

Contact: Paula.StHill@allianthealth.org
Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She was previously the interim hospital epidemiology director for a large health care system in Atlanta and a nurse consultant in the Center for Disease Control and Prevention’s (CDC) Division of Healthcare Quality Promotion. At the CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

Erica enjoys reading, traveling, family time and outdoor activities.

Contact: Erica.Umeakunne@allianthealth.org
Donald Chitanda, MPH, CIC, LTC-CIP

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 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

• Provide an update on the state of the COVID-19 pandemic and the end of the Public Health Emergency

• Describe hand hygiene process improvement strategies

• Discuss the importance of respiratory protection and steps to implement a respiratory protection program

• Introduce the GADPH Infection Control Resource Box

• Share Alliant Health Solutions Resources to support IPC activities
Thank You to Our Partners

• Georgia Department of Public Health
• University of Georgia
State of the COVID-19 Pandemic: Moving Forward
Objectives

- Provide an update on COVID-19 epidemiology
- Review the updated COVID-19 vaccine recommendations
- Discuss the end of the public health emergency and relevant policies
- Highlight infection prevention and control (IPC) lessons learned and strategies to prevent COVID-19 and other infections in nursing facilities
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
COVID-19 Cases and Deaths

https://covid.cdc.gov/covid-data-tracker/#trends_weeklycases_7daydeathsper100k_00
Wastewater COVID-19 Surveillance

[Map of the United States with data points indicating wastewater sampling sites.]

https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance
Wastewater COVID-19 Surveillance

https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance
<table>
<thead>
<tr>
<th>Emergency Declaration</th>
<th>Details</th>
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| **Public Health Emergency (PHE)** | - Initially declared in January 2020  
- **Ended May 11, 2023**  
- Coverage, costs and payment for COVID-19 testing, treatments and vaccines  
- Medicaid coverage and federal match rates  
- Telehealth (extended by the Consolidated Appropriations Act until the end of 2024) |
| **National Emergency Declaration** | - Issued in March 2020  
- **Ended May 11, 2023**  
- Private insurance coverage flexibilities |
| **Emergency Declaration by Health & Human Services** | - Initially declared in February 2020  
- Allows EUA for medical interventions (vaccines, drugs)  
- Stays in effect until terminated by the HHS Secretary; no current end date |

COVID-19 Public Health Emergency (PHE): What is NOT Affected

| Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio |
| FDA’s EUAs for COVID-19 products (including tests, vaccines, and treatments) |
| Major Medicare telehealth flexibilities |
| Medicaid telehealth flexibilities |
| Process for states to begin eligibility redeterminations for Medicaid |
| Access to opioid use disorder treatment |

COVID-19 Public Health Emergency (PHE): What IS Affected

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers
- Coverage for free, over-the-counter COVID-19 testing
- Reporting of COVID-19 laboratory results and (state) immunization data to CDC
- FDA’s ability to detect early shortages of critical devices related to COVID-19
- Public Readiness and Emergency Preparedness (PREP) Act liability protections
- Dispense of controlled substances via telemedicine without an in-person interaction

COVID-19 Emergency Response Transition: Implications for Infection Prevention and Control

- COVID-19 Data
- COVID-19 Infection Prevention & Control (IPC) Practices
CDC Data and Surveillance: Available Metrics

- COVID-19 Hospital Admissions
- COVID-19 deaths (data source change)
- Emergency Department COVID-19 Visits (weekly)
- COVID-19 test positivity (data source change)
- Wastewater & genomic surveillance
- COVID-19 vaccine administration data (limited)
- Percentage of COVID-19 associated deaths (NEW)
CDC Data Tracking Updates: Removed Data

- National, county-level test positivity data
- National reporting weekly counts of COVID-19 cases and associated deaths
- V-safe Tracking System for health check-ins
- COVID-19 Community Levels (guided non-healthcare settings IPC practices)
- Transmission Levels (guided health care facility IPC practices)

https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s_cid=mm7219e1_w
Transmission Levels
- Health care settings
  - Used on a weekly basis to guide select intervention and actions in a health care setting
  - Allows for earlier intervention and better protects individuals seeking medical care

COVID-19 Community Levels
- Non-healthcare settings (assisted living facilities, group homes, retirement communities, congregate settings)
  - Helps individuals and communities decide which prevention actions to take
  - Informs individual- and household-level prevention behaviors and community-level prevention strategies for low, medium, and high COVID-19 community levels
CDC Updates: Community COVID-19 Risk and Infection Prevention Practices

• Replaced COVID-19 Community Levels with COVID-19 hospital admission levels to guide prevention decisions. Changes based on:
  – MMWR: Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023
Individual COVID-19 Prevention Strategies

LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:

- Stay up to date on vaccination.
- Maintain ventilation improvements.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for isolation if you have suspected or confirmed COVID-19.
- Follow the recommendations for what to do if you are exposed to someone with COVID-19.
- If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.

Individual COVID-19 Prevention Strategies

When the COVID-19 hospital admission level is Medium or High:

- If you are at high risk of getting very sick, wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

Individual COVID-19 Prevention Strategies

HIGH
When the COVID-19 hospital admission level is High:

- Wear a high-quality mask or respirator.
- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.

Community-Level Prevention Strategies

LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:

- Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.
- Ensure access to testing, including through point-of-care and at-home tests for all people.
- Maintain ventilation improvements.
- Provide communications and messaging to encourage isolation among people who test positive.

Community-Level Prevention Strategies

**MEDIUM AND HIGH**
When the COVID-19 hospital admission level is Medium or High:
- Implement screening testing in high-risk settings where screening testing is recommended.

**HIGH**
When the COVID-19 hospital admission level is High:
- Implement healthcare surge support as needed.

Considerations for Multifamily Housing (Assisted Living Facilities, Group Homes, Retirement Communities)

• Applies to long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care*
• Guiding principles and considerations:
  – Older adults and groups experiencing disproportionate impacts of COVID-19 are at increased risk for severe illness from COVID-19
  – Communal spaces, community activities, and close living quarters in multifamily housing increase the risk of getting and spreading the virus
  – Prepare to identify residents at increased risk of severe COVID-19 illness, collaborate with their local health departments, and protect their employees’ health and safety

• Facilities that serve unrelated people who live in close proximity and share at least one common room (e.g., group or personal care homes and assisted living facilities) should apply prevention strategies based on COVID-19 hospital admission levels for their general operations.

• Health care services delivered in these settings should be informed by CDC’s Infection Prevention and Control Recommendations.

• Facilities can also assess the unique risks of their setting and the populations they serve and use enhanced COVID-19 prevention strategies to help reduce the impact of COVID-19.
Increase and improve ventilation as much as possible and consider moving activities outdoors when possible.
Consult with the health department about testing strategies, including whether to implement routine screening testing.
Expand the use of masks and respirators.
Add enhanced cleaning and disinfection protocols.
Create physical distance in congregate areas where possible and/or reduce movement and contact between different parts of the facility and between the facility and the community, as appropriate.

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Setting-specific Updates

• Visiting or shared health care personnel who enter the setting to provide health care to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the health care IPC recommendations.

• If staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection, they should be familiar with recommended health care IPC recommendations to protect themselves and others from potential exposures
  • Hand hygiene
  • Personal protective equipment
  • Cleaning and disinfection practices

Infection Prevention and Control Practices

• **Standard precautions** always apply
  – Hand Hygiene
  – Source control/ Respiratory hygiene/cough etiquette
  – Use personal protective equipment (PPE) appropriately
  – PPE use based on anticipated exposure to blood/body fluids
  – Safe injection practices
  – Cleaning and disinfection
  – Safe linen handling

• Consult with your state or local public health authorities
COVID-19 Transition: IPC Priorities and Lessons Learned
Hand Hygiene Data

Hand Hygiene Compliance

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Hand Hygiene Data
Fishbone Diagram Worksheet

- Problem Statement
- Environmental
  - Reason 1
  - Reason 2
- Staff/People
  - Reason 1
  - Reason 2
- Equipment/Supplies
  - Reason 1
  - Reason 2
- Rules/Policies/Procedures
  - Reason 1
  - Reason 2

Fishbone Diagram Worksheet (allianthealth.org)
Group Discussion

- Who is responsible for collecting this data?
- What questions do you have about the data?
- How can this data be visualized in a way that will lead to improvement?
- What are some issues/concerns with this data?
- How do you address this?
Findings From Environment of Care Audits

Units A and B were pooling their observations through July (same nurse manager)

Multiple ABHR dispensers empty

Dispensers not widely available

Dispensers are automatic and too much product is dispensed

Staff report product is “sticky”
What Are the Next Steps?

- Units A and B were pooling their observations through July (same nurse manager)
- Multiple ABHR dispensers empty
- Dispensers not widely available
- Dispensers are automatic and too much product is dispensed
- Staff report product is “sticky”
# Hand Hygiene Compliance

![Hand Hygiene Compliance Chart](chart.png)

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Group Discussion

- What changed?
- Do you have any questions about this data?
- Is there anything to celebrate?
- Are there any red flags?
Respiratory Protection Program

• If the use of a respirator is required in the course of a staff member's work, a respiratory protection program (RPP) is required by OSHA's respiratory protection standard.

• The OSHA Respiratory Protection Guidance resource is helpful for facilities such as ALFs and PCHs to develop their RPP.
Hierarchy of Controls

- Eliminate or control hazard/all serious hazards
- Use interim controls while you develop and implement long-term solutions
- Select controls according to a hierarchy that emphasizes engineering solutions first, followed by those that are less effective
- Avoid controls that could indirectly introduce new hazards, such as exhausting contaminated air near fresh air intakes
What Elements of a RPP Are Required?

• When respirators are required, employers must implement a written, worksite-specific RPP.

• Program must include the following elements:
  – Medical evaluation
  – Fit testing
  – Training
  – Documentation
Seven Steps to Correctly Wear a Respirator at Work

Following these simple steps will help you properly put on and take off your respirator, and keep you and everyone else safe.

1. **Wash Your Hands**
   - Wash your hands with soap and water or alcohol-based hand rubs containing at least 60% alcohol.

2. **Inspect the Respirator**
   - Inspect the respirator for damage. If it appears damaged or torn, do not use it.

3. **Put on the Respirator**
   - Cup the respirator in your hand with the respirator straps and foreign body filters hanging below your hand.
   - Cover your mouth and nose with the respirator, making sure there are no gaps between your face and the respirator.
   - Place the strap over your head and set the nose bridge of your face. If you have a second strap, place the second strap around your ears or behind your head. Do not cross straps.

4. **Adjust the Respirator**
   - Place both hands over the respirator to make sure it is secure and sitting correctly.
   - Place your fingers on the sides of the respirator to make sure it is not too tight or too loose.

5. **Wear the Respirator**
   - Place your hands behind your head and pull the earstraps over your head. If you can’t get a proper seal, try another respirator.

6. **Remove the Respirator**
   - Wash your hands.
   - Remove the respirator from behind your head. Do not touch the front.

7. **Dispose of the Respirator**
   - If the respirator does not need to be disposed of, place in a closed bin or waste bag. Wash your hands.

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OSHA Occupational Safety and Health Administration

1-800-321-OSHA (6742) TTY 1-877-889-5627

ALLIANT HEALTH SOLUTIONS
RPP

• Refer to OSHA’s Small Entity Compliance Guide for the Respiratory Protection Standard for a better understanding of OSHA’s Respiratory Protection standard.

• www.osha.gov
OSHA Respirator Fit Testing (Video)

• https://youtu.be/D38BjgUdL5U
RPP Elements

• Assign a trained program administrator.
  – IP, nurse administrator or consulting service

• Implement and maintain a written RPP detailing worksite procedures and elements required for respirator use and hazards.
  – Medical evaluation, fit testing, training, maintenance
RPP Elements

• Conduct a risk assessment to identify which workers are at risk of specific hazards.
  – e.g., Tuberculosis, COVID-19, hazardous chemicals
  – Include any staff working closely with residents or others with suspected or confirmed COVID-19 or other identified hazards

• Implement procedures for the selection of appropriate respirators for hazards.

• Select from NIOSH-approved respirators and understand the risks of counterfeit products during times of high demand.
RPP Elements

• Consider alternatives during times of supply shortages.
• Choose eye and face protection that can be safely worn together and not interfere with the respirator seal.
• Implement procedures for medical evaluations of workers required to wear respirators.
• Ensure OSHA-approved fit tests are completed for all required to wear respirators.
RPP Elements

• Establish procedures and schedules for maintaining and storing respirators that are not single-use.
  – Procedures for cleaning, disinfecting, storing, repairing, and discarding
  – Procedures in accordance with CDC guidelines for standard (single-use), contingent, and crisis use

• Provide training tailored to the language and education levels of workers required to wear respirators.

• Train staff on donning, seal check, workplace hazards, and use and removal of a respirator.

• Conduct workplace evaluations to ensure the RPP is appropriately implemented and up-to-date and that respirators are correctly used.
Fit Testing

• Use only OSHA-approved fit testing protocols found in 29 CFR 1910.134, Appendix A.
Face Coverings, Face Masks Used for Source Control, Surgical Masks and Respirator

• As a part of the RPP, it's important to understand the different PPE available for use and entities offering authorization for such products and devices.
• This understanding ensures the appropriate selection and uses for the various products.
• Other PPE and eye and face protection are covered in the OSHA General PPE Standard 29 CFR 1910.132) and the Eye and Face protection standard (29 CFR 1910.133).
Source Control

• Refers to using a product or device to cover a person's mouth and nose to reduce the spread of respiratory secretions and aerosols from breathing, talking, sneezing, etc.

• Source control is used as an infection prevention strategy in many disease processes, such as influenza, tuberculosis and COVID-19, which are transmissible before symptom onset or diagnosis.
References

• OHSA Respiratory Protection Guidance for the Employers of those working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities during the COVID-19 Pandemic
Questions?
Resource Boxes Are on the Way!

- CDC Grant
- Partnership with UGA and Alliant
- Resource Needs Recognized via DPH HAI Team ICARs
Infection Prevention Toolkit

• All assisted living facilities and personal care homes with 25 or more beds will receive one box.

• Resource boxes contain the following:
  – APIC Long-term Care Text
  – Quick Reference for Microbes
  – Glo Germ Kits
  – Resources and Tools
Respiratory Protection Program

• UGA will lead a respiratory protection program training for 2,200 Georgia LTCFs.
  • 368 SNFs
  • 295 assisted living facilities
  • 155 personal care homes with 25 or more beds,
  • 280 hospice facilities
  • 1,095 community living arrangements

• N-95 mask fit testing - Bing images
Thank you!
Consult with the DPH Team! We are here to help!

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<th>State Region/Districts</th>
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<tr>
<td>North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10</td>
<td><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a> (404-967-0582)</td>
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<tr>
<td>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4</td>
<td><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a> (256-293-9994) <a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)</td>
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<tr>
<td>Central (Dublin, Macon, Augusta, &amp; Columbus) Districts 5-1, 5-2, 6, 7</td>
<td><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a> (404-967-0589) <a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)</td>
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<td>Southwest (Albany, Valdosta) Districts 8-1, 8-2</td>
<td><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a> (404-596-1940)</td>
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<tr>
<td>Southeast (Savannah, Waycross) Districts 9-1, 9-2</td>
<td><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a> (804-514-8756)</td>
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<td>Backup/Nights/Weekends</td>
<td><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a> (404-430-6316)</td>
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Questions?
Thank You for Your Time!
Contact the AHS Patient Safety Team

Patientsafety@allianthealth.org

Amy Ward, MS, BSN, RN, CIC
Patient Safety Manager
Amy.Ward@AlliantHealth.org
678.527.3653

Donald Chitanda, MPH, CIC
Technical Advisor, Infection Prevention
Donald.Chitanda@AlliantHealth.org
678.527.3651

Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Paula.StHill@AlliantHealth.org
678.527.3619

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

SNF and Medical Directors Office Hours:
June 23, 2023 | 11 a.m. ET

ALF and PCH
May 26, 2023 | 11 a.m. ET
June 30, 2023 | 11 a.m. ET
Thanks Again...

- Georgia Department of Public Health
- University of Georgia
Making Health Care Better

Alliant Health Solutions

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