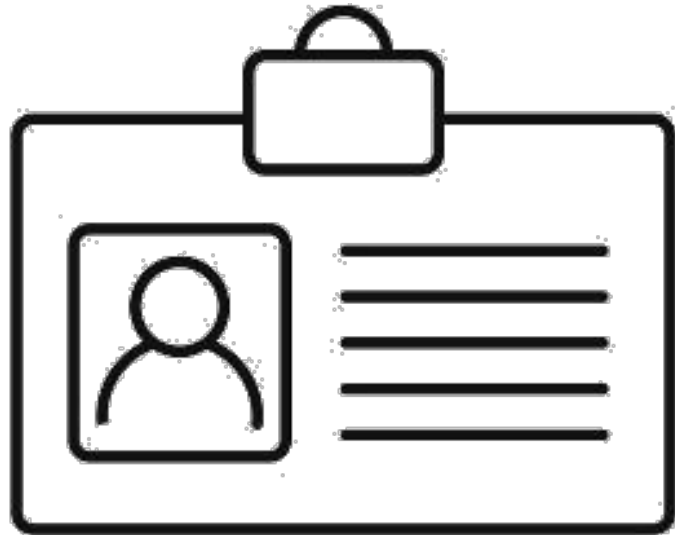




Georgia Department of Public Health:
Strike & Support Team GADPH Office Hours for NHs & SNFs
June 16, 2023

Meet the Team



Presenters:

Swati Gaur, MD, MBA, CMD, AGSF

Medical Director, Alliant Health Solutions

Erica Umeakunne, MSN, MPH, APRN, CIC

Infection Prevention Specialist

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, 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.



Erica Umeakunne, MSN, MPH, APRN, CIC

Infection Prevention Specialist

Alliant Health Solutions

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. While 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



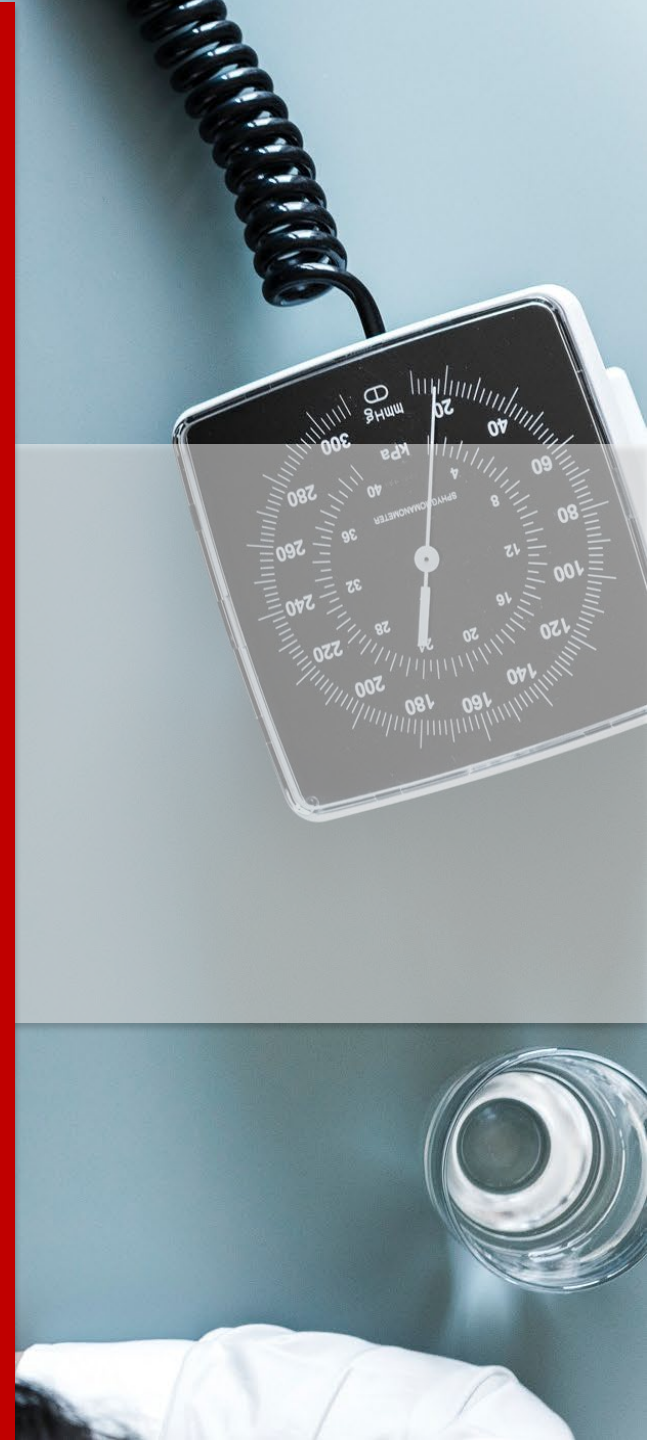
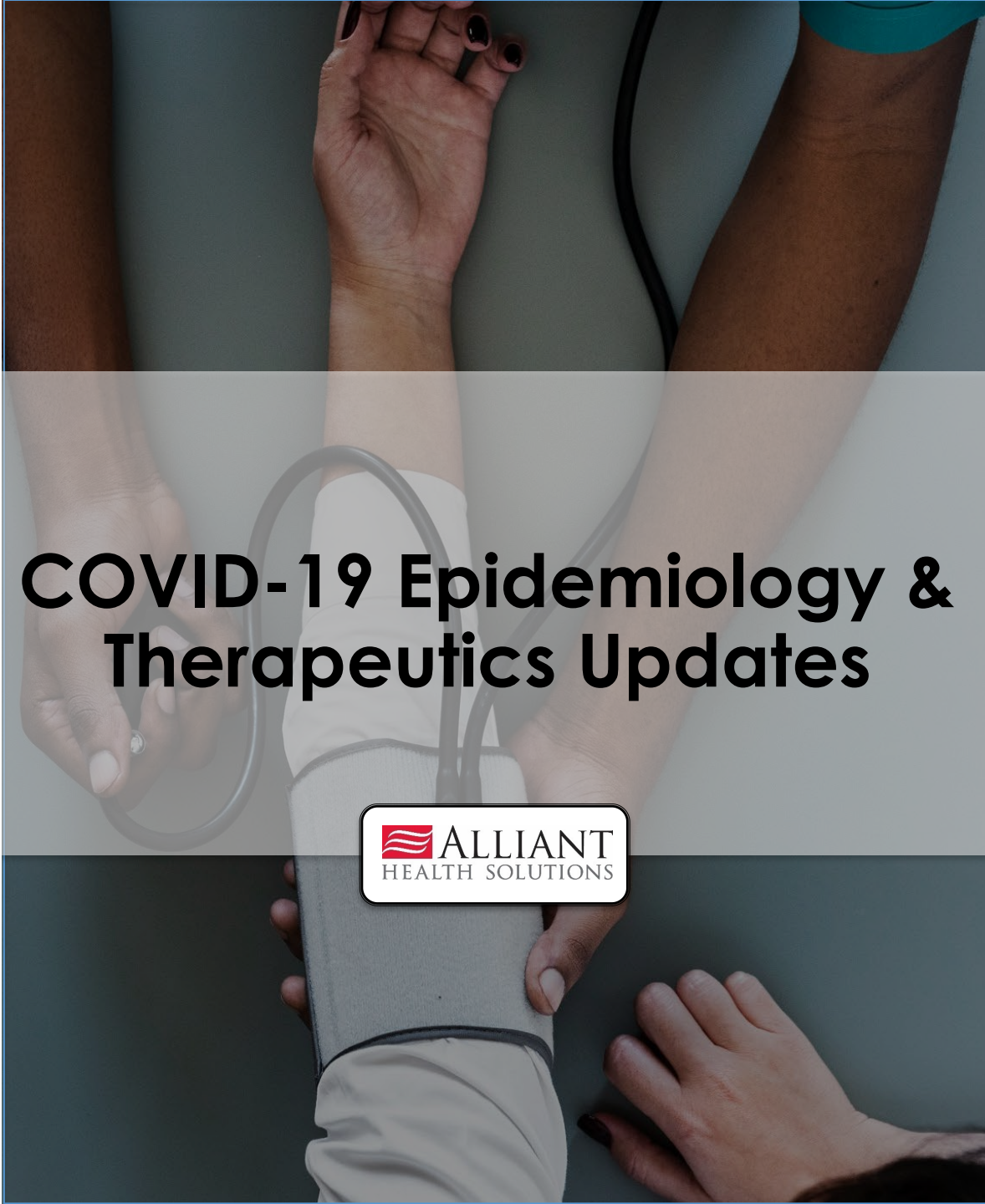
Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



Objectives

- Provide updates on the COVID-19 epidemiology and the COVID-19 vaccination program
- Examine the updated infection prevention and control (IPC) recommendations and provide situational examples
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns



COVID-19 Epidemiology & Therapeutics Updates



CDC Data and Surveillance: Available Metrics

- Emergency Department COVID-19 visits (weekly)
- COVID-19 hospital admissions
- COVID-19 deaths (data source change)
- Wastewater surveillance
- Genomic surveillance
- COVID-19 vaccine administration data (limited)
- COVID-19 test positivity (data source change)

Transmission Levels

- **Healthcare settings**
- On a weekly basis, we select
- Prevention and actions
- A health care setting
- Allows for intervention
- Better protection for individuals seeking
- Medical care



COVID-19 Community Levels

- **Non-healthcare living facilities, including homes, residential care, and long-term care**
- **Community aggregate settings**
- Help local and community leaders
- who develop strategies to take action on
- the most important information
- Intensive individual- and household-level
- prevention behaviors to reduce community-level
- prevalence strategies for low and
- high COVID-19 community



CDC COVID-19 Data Tracker

Weekly Update for the United States


Hospitalizations

Hospital Admissions (In Past Week)

7,212

Trend in Hospital Admissions

-6.2% in past week



May 10, 2023 Jun 6, 2023


Deaths

% Due to COVID-19 (In Past Week)

1.2%

Trend in % COVID-19 Deaths

-14.3% in past week




Apr 15, 2023 Jun 3, 2023

Vaccinations

% with Updated Booster Dose

17.0%

Total Population



Total Hospitalizations

6,176,446


Total Deaths

1,131,439


Total Updated Booster Doses

56,478,510

CDC | Hospitalization data through: June 3, 2023; Death data through: June 3, 2023; Vaccination data through: May 10, 2023. Posted: June 8, 2023 5:13 PM ET



View Trends >
in Hospitalizations, Deaths, Emergency Visits, and Test Positivity.



View Maps >
of Hospitalizations, Deaths, Emergency Visits, and Test Positivity.

COVID Data Basics

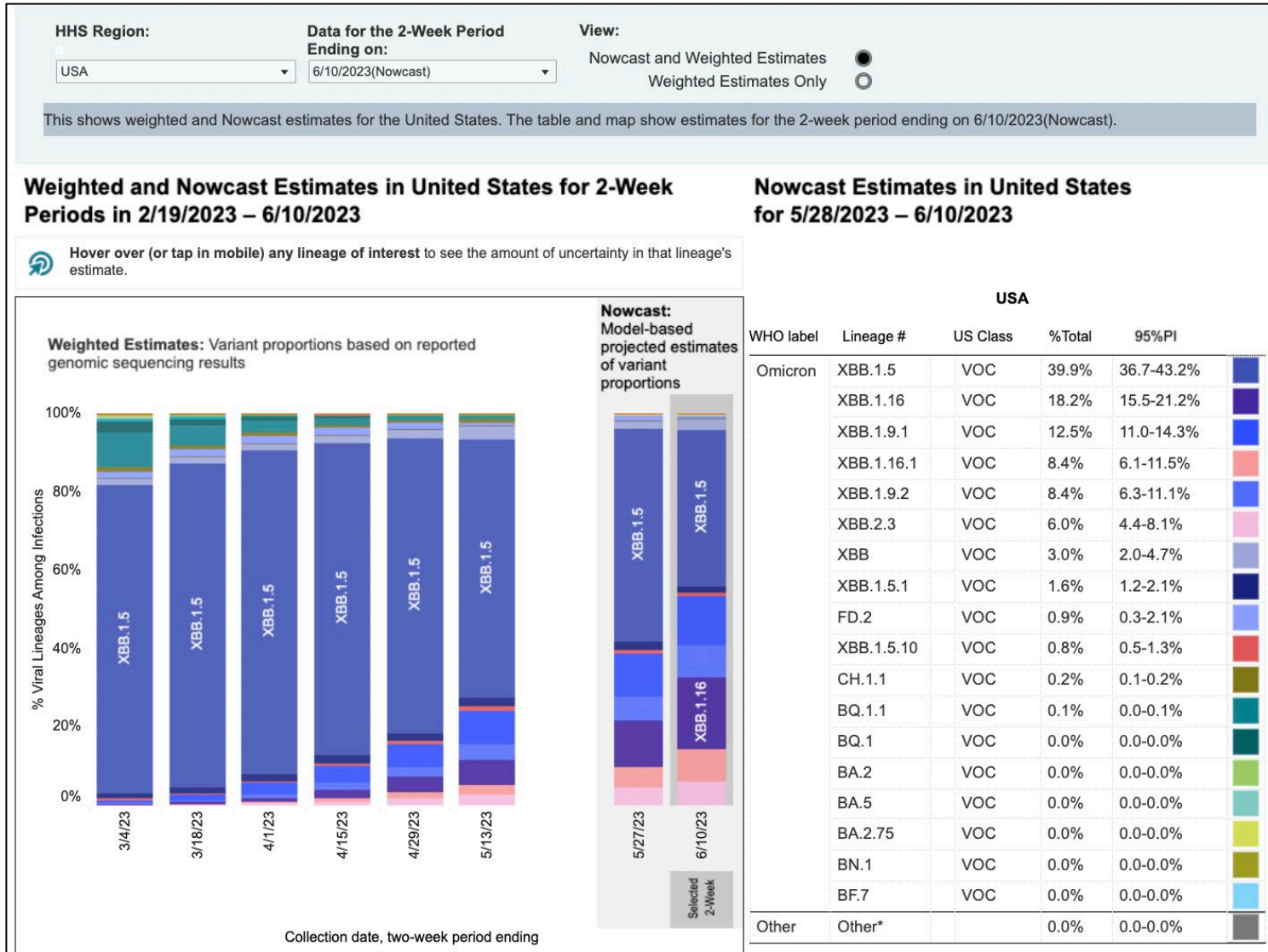
Stay up to date on the most recent data on hospitalizations, deaths, emergency visits, and vaccinations.

- Hospitalizations
- Deaths
- Emergency Visits
- Vaccination Distribution & Coverage
- Vaccine Effectiveness & Breakthrough Surveillance

Variants, Wastewater, and More

Explore COVID-19 data focused on variants, wastewater surveillance, and post-COVID conditions.

- Variants & Genomic Surveillance
- Traveler-Based Genomic Surveillance
- Wastewater Surveillance
- Post-COVID Conditions



<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

Wastewater Surveillance

Metric:

- Current virus levels in wastewater by site
- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

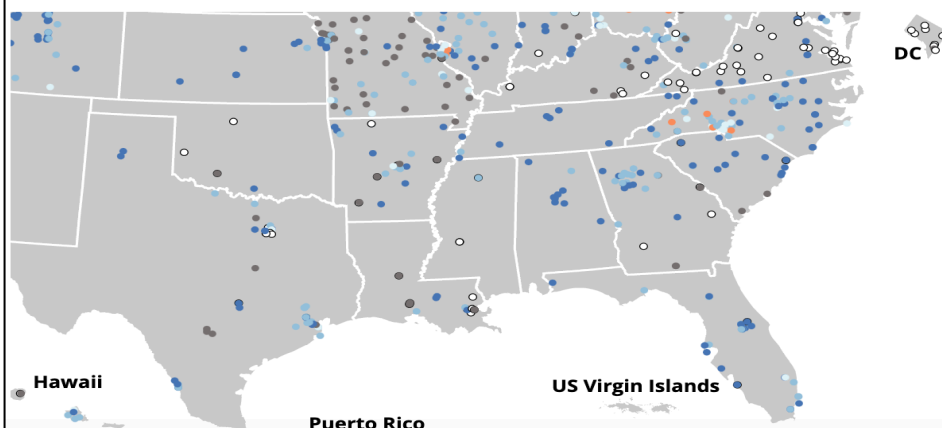
Show:

- Sites with no recent data
- Sites that started sampling after 12/1/21

Current virus levels in wastewater by site

This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

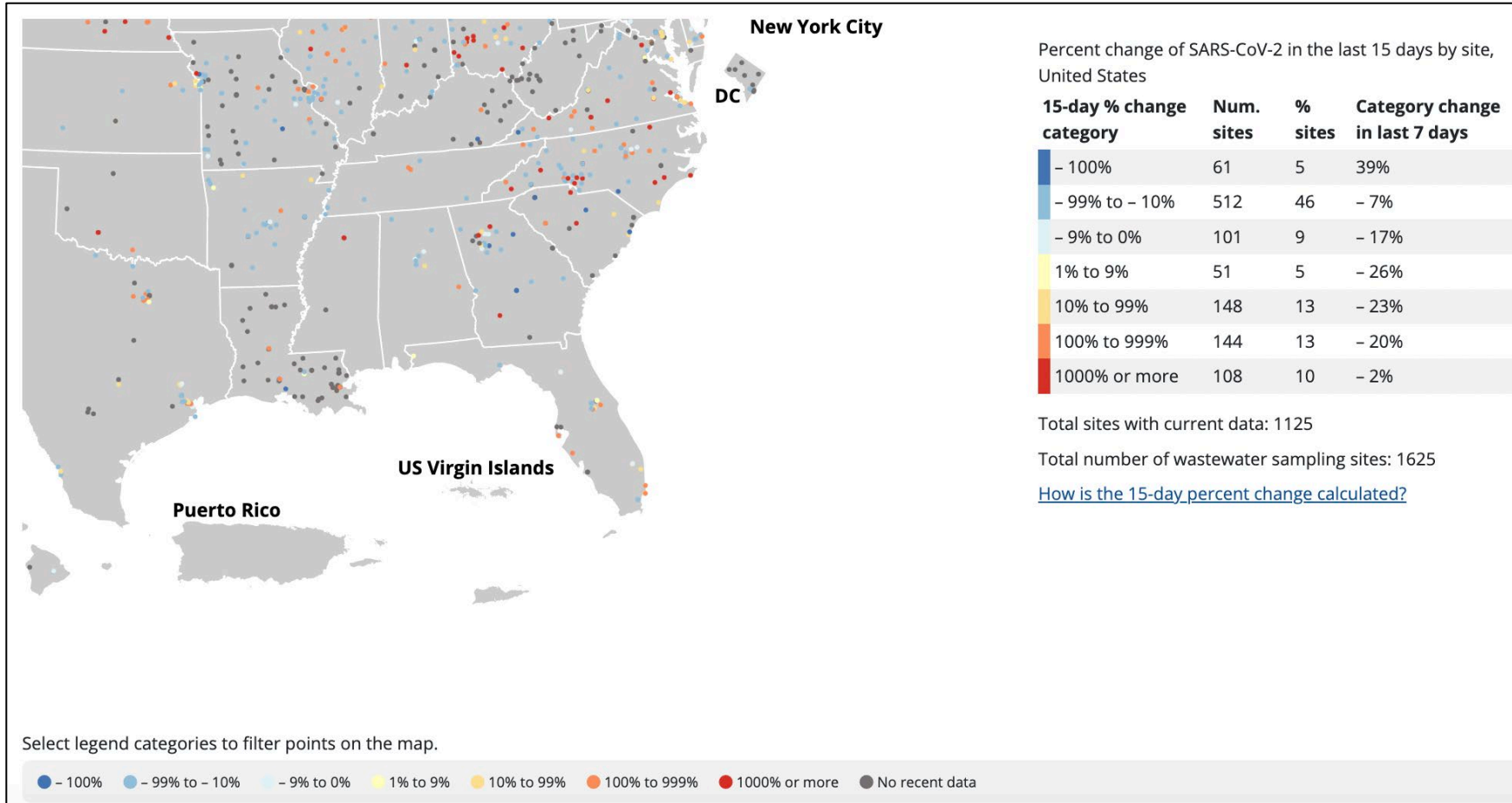
⚠ Note: Sites began collecting data at different times. Sites that began reporting wastewater data after December 1, 2021 are not comparable to sites that started reporting data on or before December 1, 2021. The data history for these new sites is not long enough to reflect the same surges as the other sites.



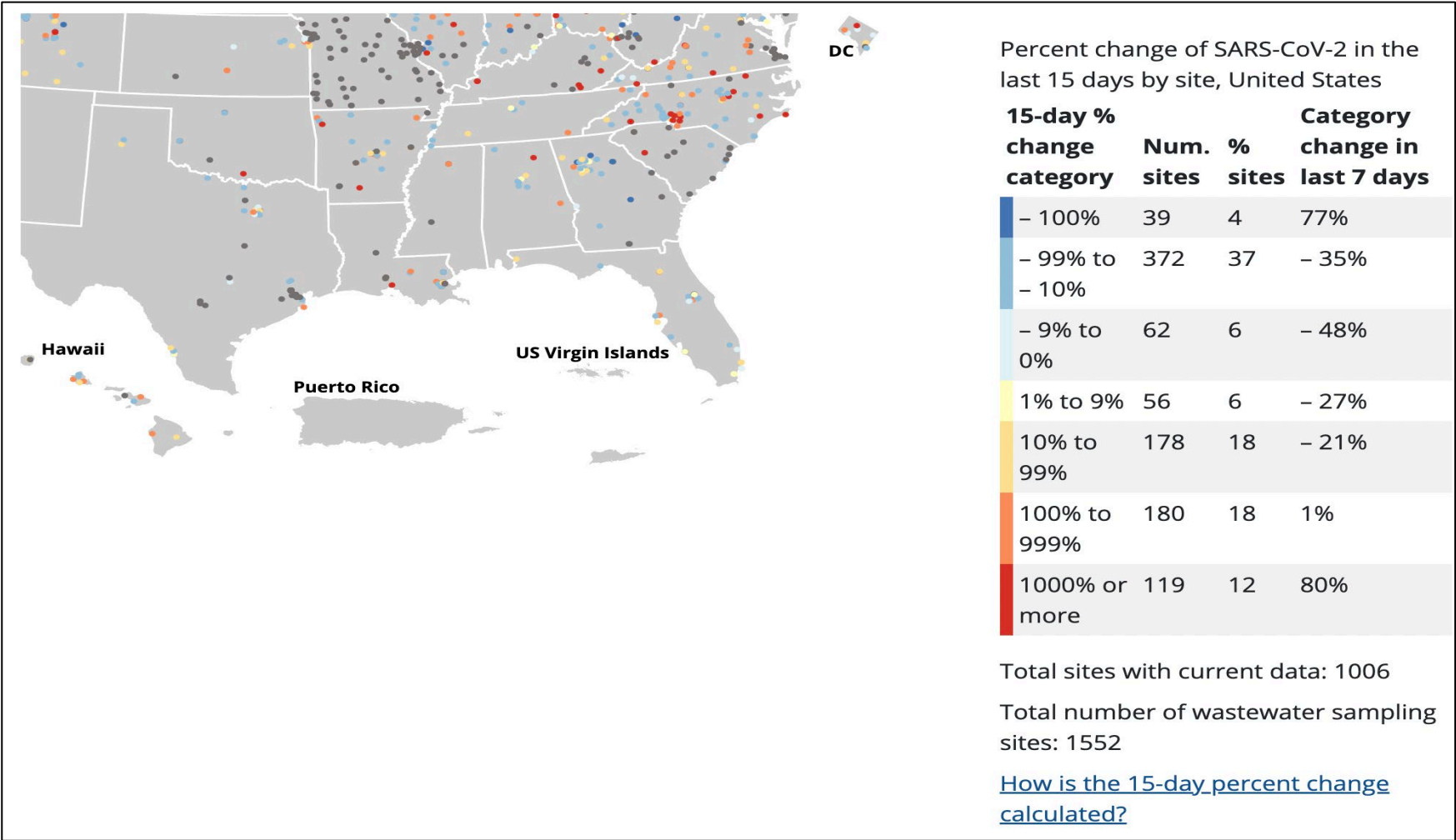
Current SARS-CoV-2 virus levels by site, United States

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	148	12	1%
0% to 19%	529	41	- 2%
20% to 39%	429	34	- 12%

Wastewater Surveillance

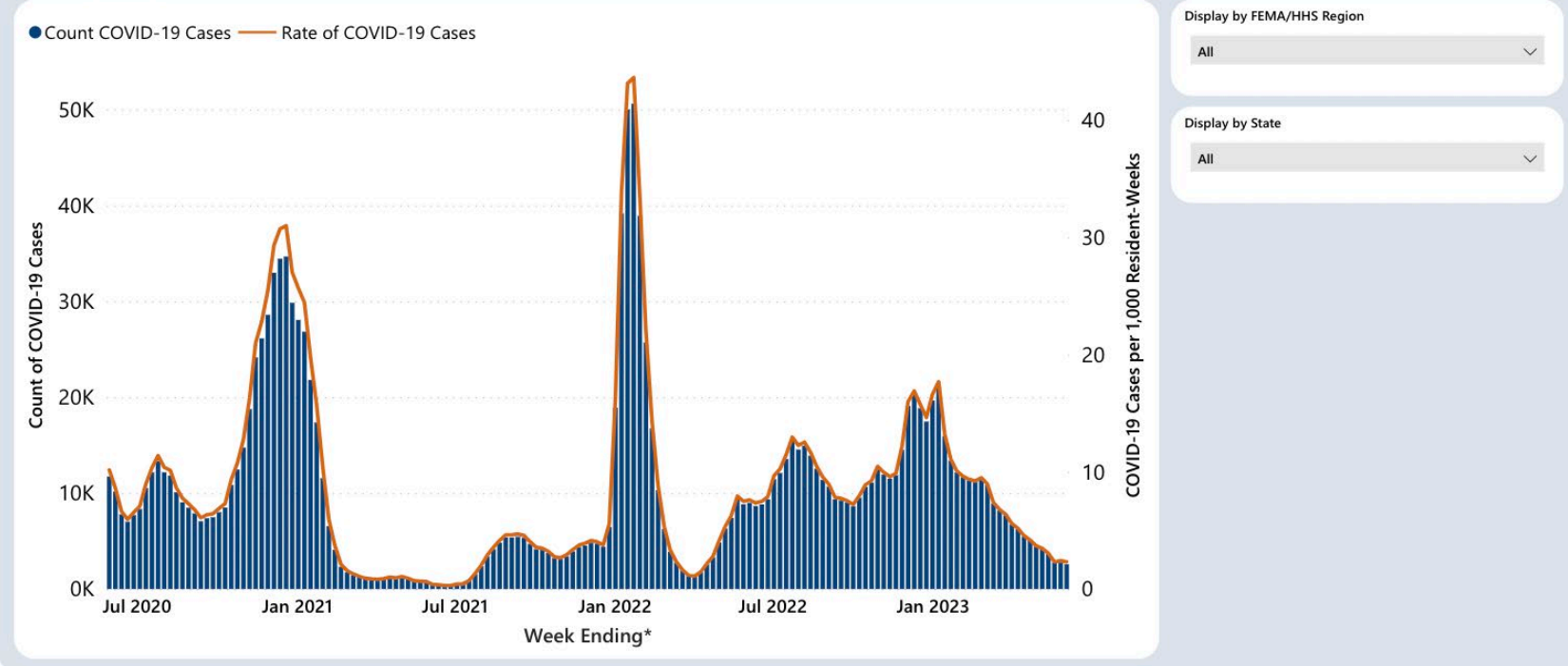


Wastewater Surveillance



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

CDC Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States **NHSN**
NATIONAL HEALTHCARE SAFETY NETWORK



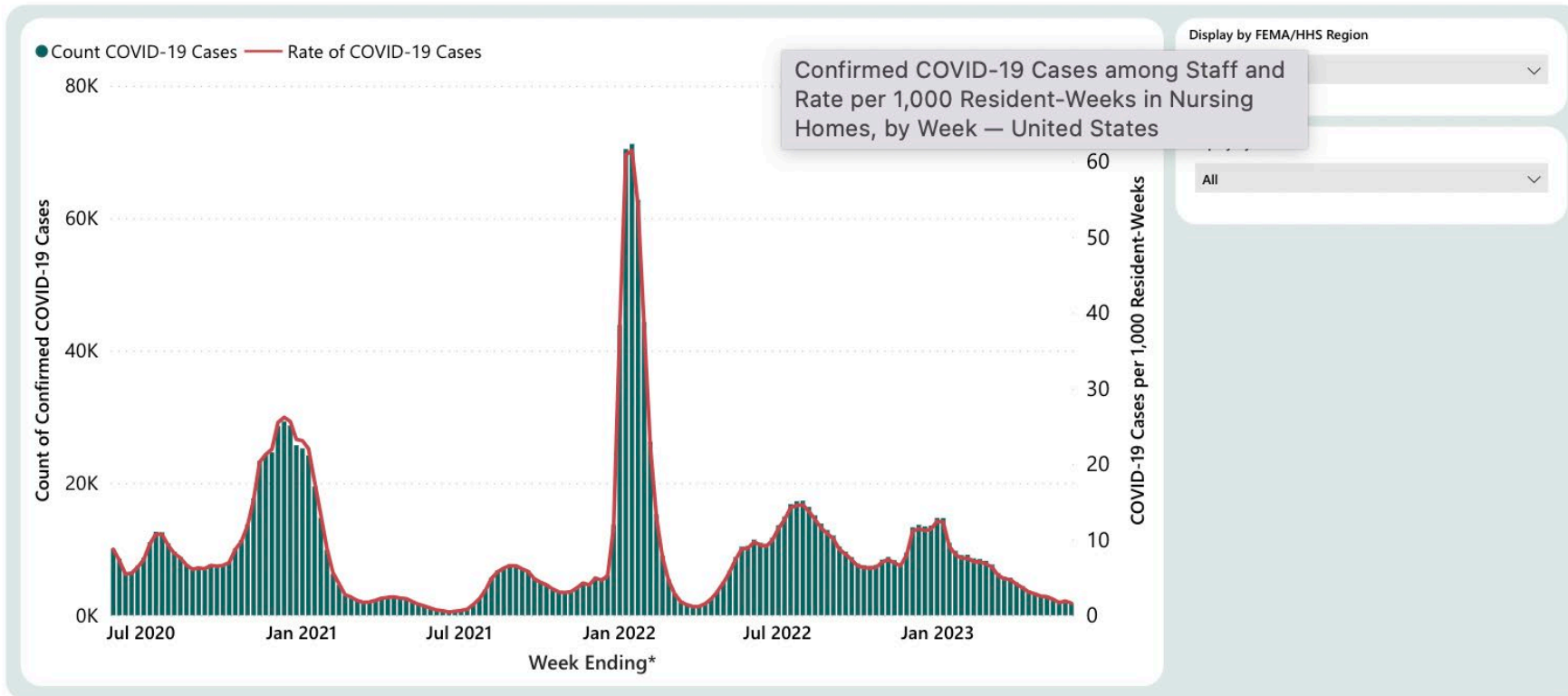
* Data are likely accruing, all data can be modified from week-to-week by facilities
 For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from 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 6/5/2023 5:30 AM

- [Slider] + 75%

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



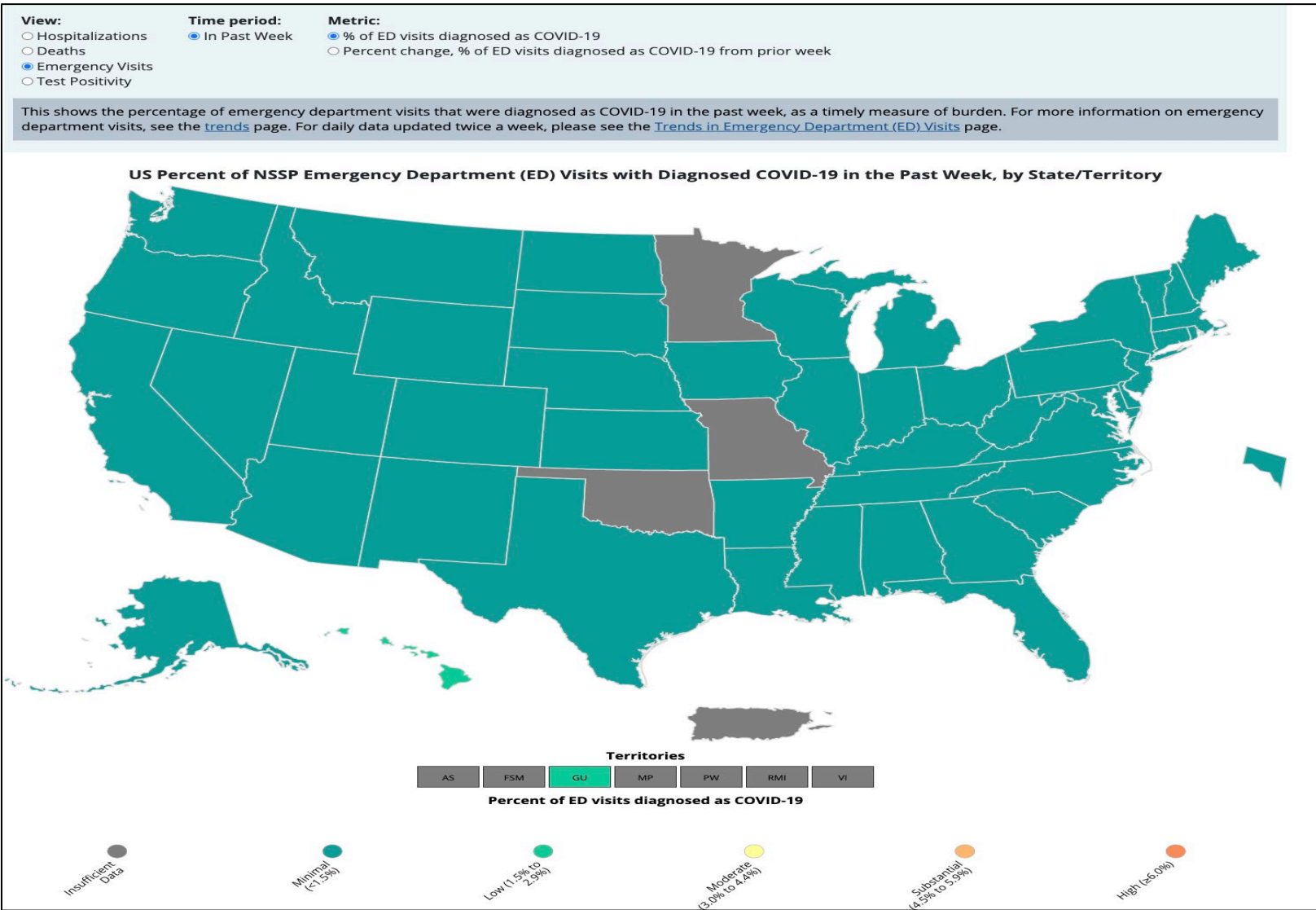
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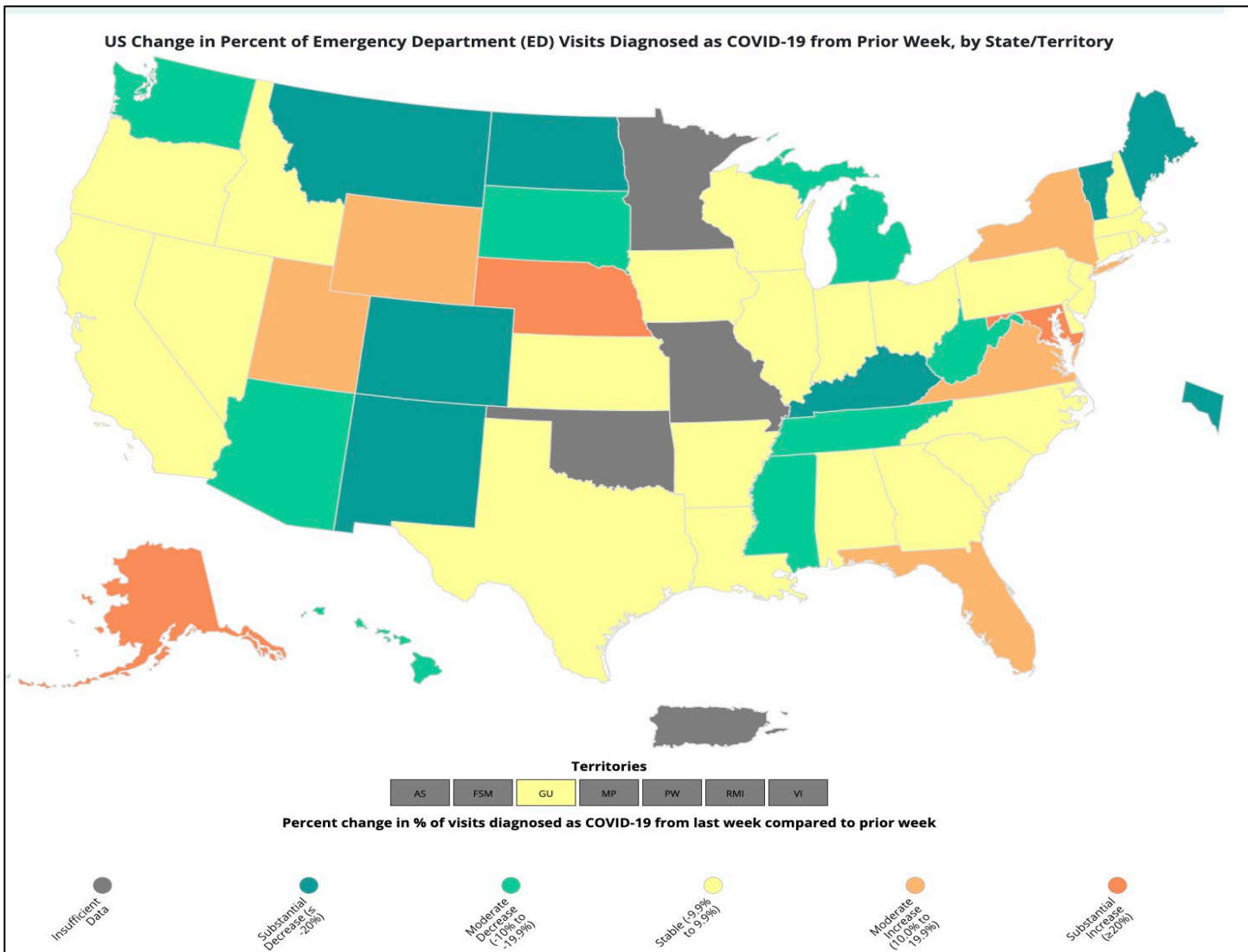
Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right click on the graph area to show as table]

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

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



US Change in Percent of Emergency Department (ED) Visits Diagnosed as COVID-19 from Prior Week, by State/Territory

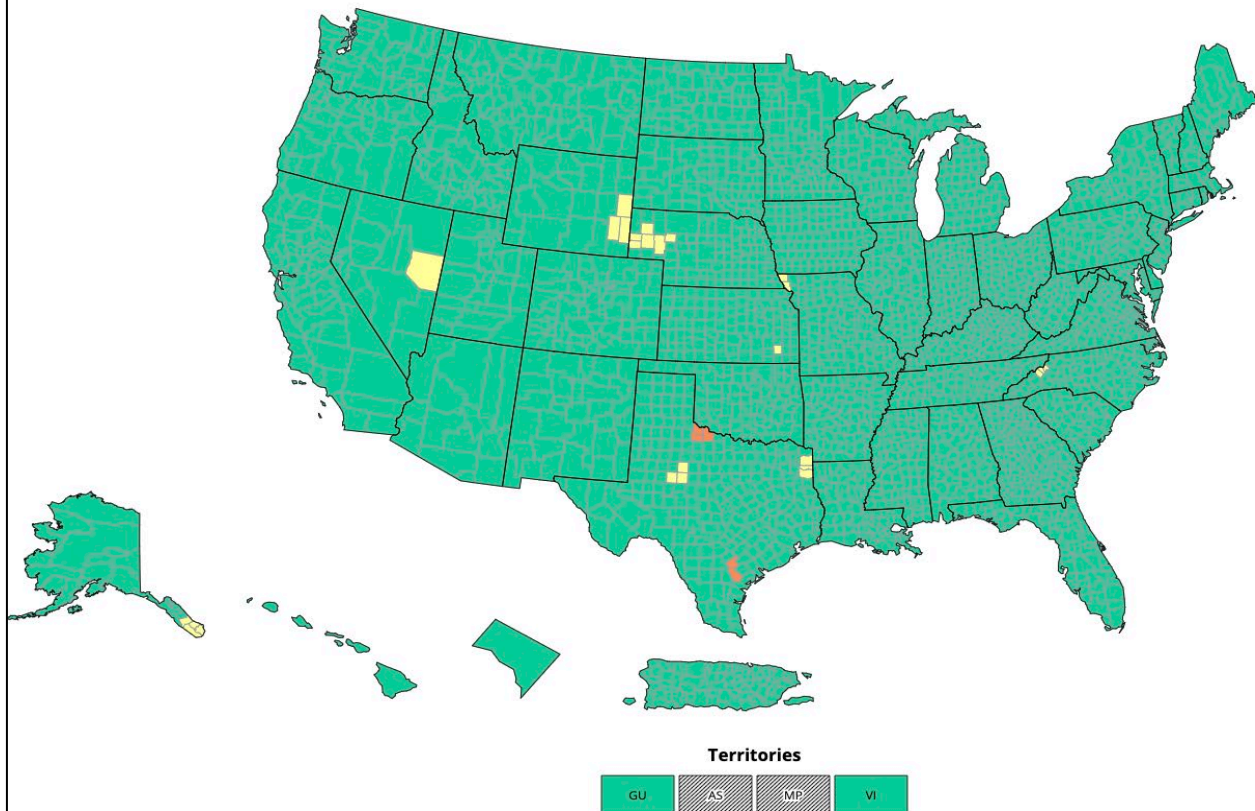


COVID-19 hospital admissions levels in US by county
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
■ ≥ 20.0	5	0.16%	0%
■ 10.0 - 19.9	26	0.81%	0.71%
■ <10.0	3191	99.04%	-0.74%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending June 3, 2023.

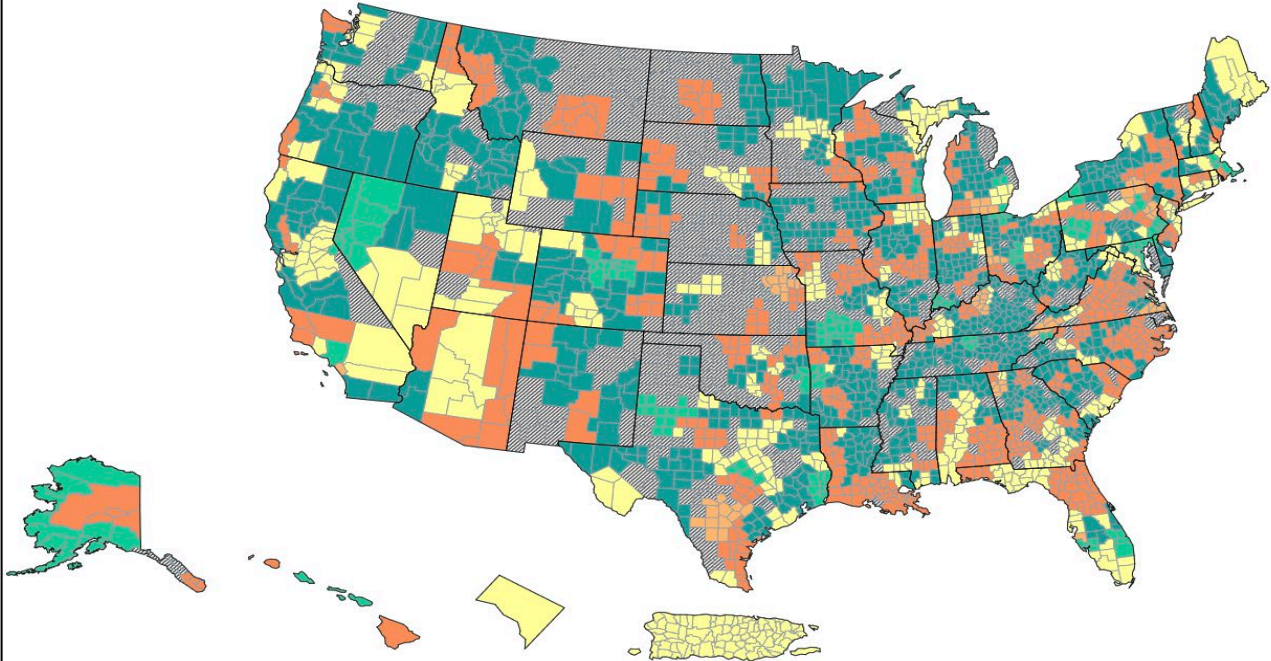
US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County



High => 20 new COVID-19 admissions per 100,000 population over the last 7 days
=

Universal source control

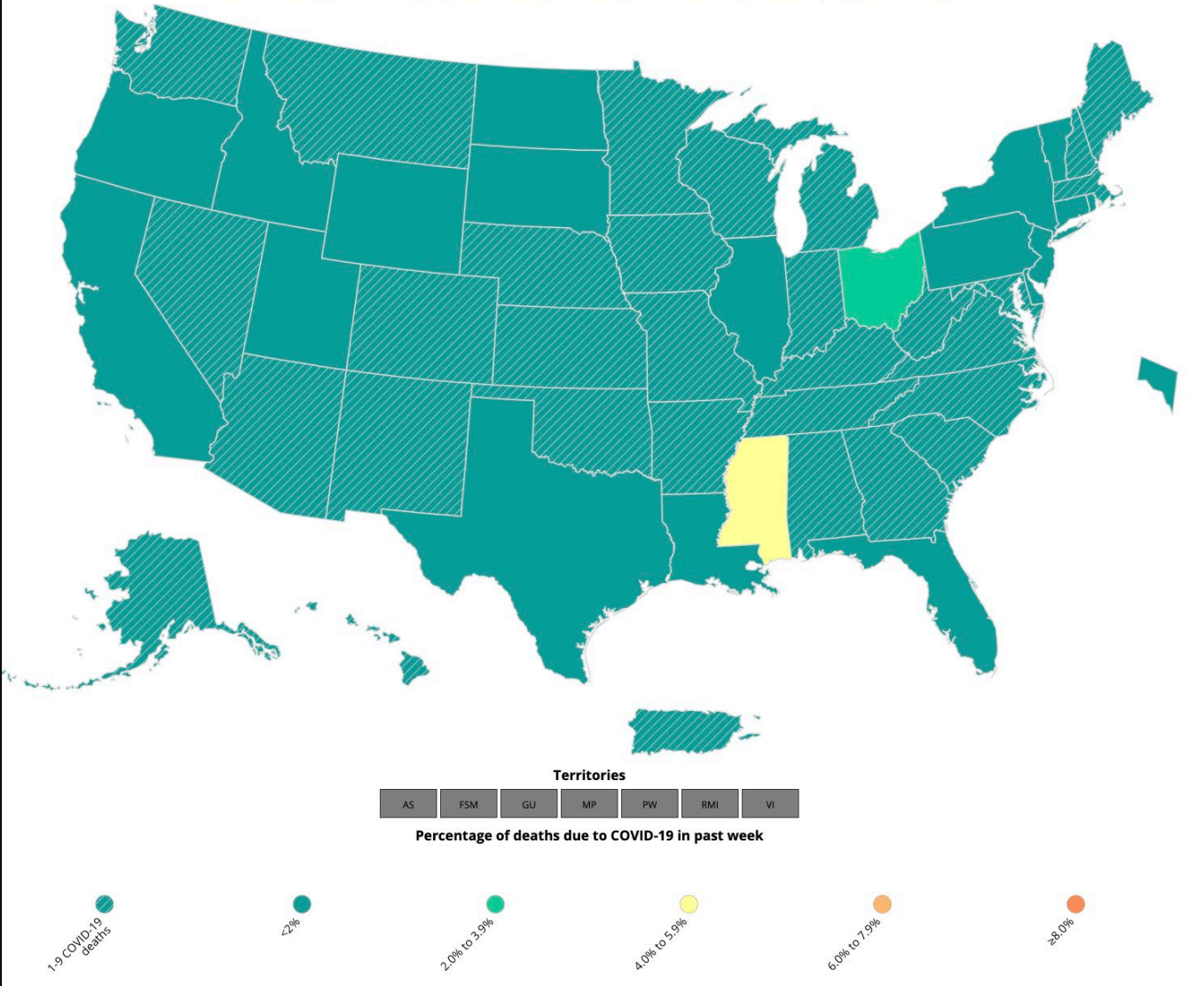
US Change (%) in the Percentage of COVID-19 New Hospital Admissions from Prior Week, by County



% Change in new hospital admissions of confirmed COVID-19 from the prior week



US Percentage of Provisional Deaths Due to COVID-19 in the Past Week, by State/Territory



Resident Safety Against COVID-Related Serious Outcomes and Long COVID

Bivalent vaccine

Sustained increased protection against ICU admissions, death

Protection against Long COVID

Therapeutics

Oral therapeutics:

- **Paxlovid**
 - Protection against hospitalization and death
 - Protection against Long COVID

- **Lagevrio**
 - Ability to dissolve

Parenteral therapeutics:
Remdesivir

LIVES
SAVED

Changes in Vaccine Recommendations



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

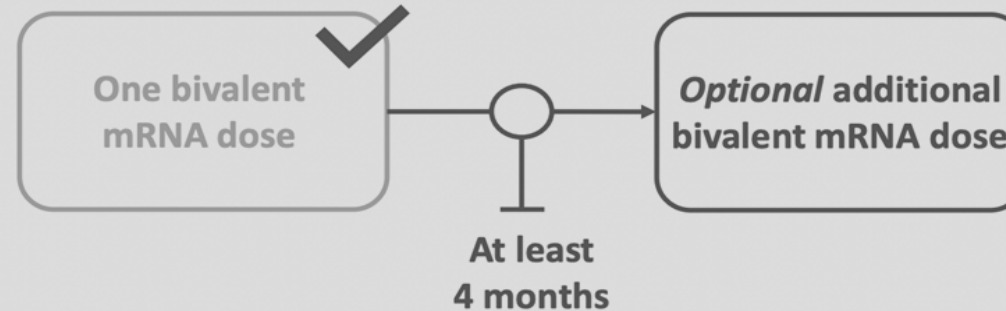
New recommendations for aged ≥ 6 years without immunocompromise who have already received a bivalent mRNA dose

One 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**



COVID Vaccine Options

mRNA Vaccines – Pfizer/Moderna

**ONE &
DONE**

Novavax – Manufactured like Influenza vaccine

Primary
1

3-8 W

Primary
2

6M

Booster

Use of Timely Therapeutics in COVID-19

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.

<https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults-therapeutic-management/>

Table 2a. Therapeutic Management of Nonhospitalized Adults With Mild to Moderate COVID-19 Who Do Not Require Supplemental Oxygen

Last Updated: April 20, 2023

Patient Disposition	Panel's Recommendations
All Patients	<ul style="list-style-type: none"> • Symptom management should be initiated for all patients (AIIII). • The Panel recommends against the use of dexamethasone^a or other systemic corticosteroids in the absence of another indication (AIIb).
Patients Who Are at High Risk of Progressing to Severe COVID-19 ^b	<p>Preferred therapies. Listed in order of preference:</p> <ul style="list-style-type: none"> • Ritonavir-boosted nirmatrelvir (Paxlovid)^{c,d} (AIIa) • Remdesivir^{d,e} (BIIa) <p>Alternative therapy. For use when the preferred therapies are not available, feasible to use, or clinically appropriate:</p> <ul style="list-style-type: none"> • Molnupiravir^{d,f,g} (CIIa)

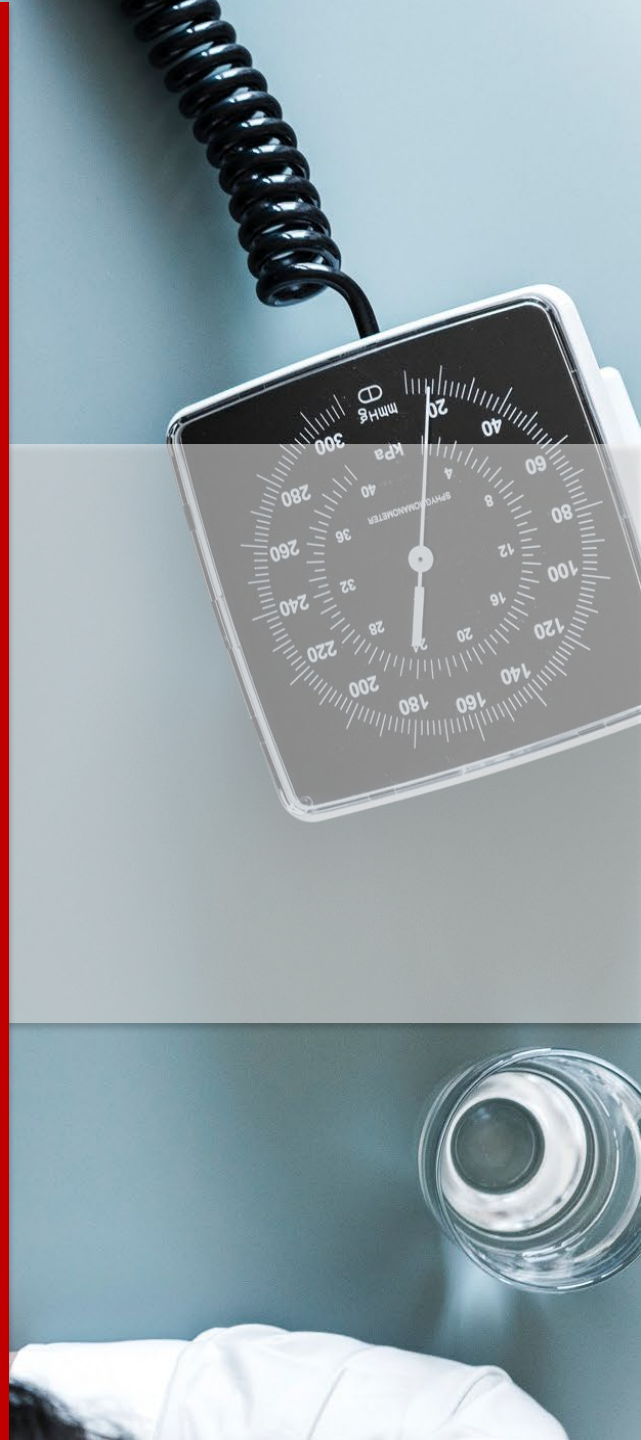
Flu Guidance Updated ACIP 2023

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



COVID-19 IPC Updates



COVID-19 Infection Prevention and Control Guidance Updates

- Updates
 - Facility-wide use of source control (masking)
 - Admission testing in nursing homes
 - [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- No updates
 - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure
 - Strategies to Mitigate Healthcare Personnel Staffing Shortages

COVID-19 IPC Guidance Updates: Source Control

- No longer guided by the Transmission Levels (previous metric)
- Source control **broadly recommended** as described in the [CDC's Core IPC Practices](#) in the following circumstances:
 - During SARS-CoV-2 outbreak or other respiratory infection outbreak
 - Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas or patient or resident population
 - When recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)

Broader Use of Source Control: Potential Metrics

- Consider masking during typical respiratory virus season (~October to April)
- COVID Hospital Admission levels
 - High => 20 new COVID-19 admissions per 100,000 population over the last 7 days
- Follow national (or local, if available) data on trends of several respiratory viruses
 - [RESP-NET interactive dashboard](#)
 - [National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus](#)
 - [ILINET](#)

COVID-19 IPC Guidance Updates: Admission Testing in Nursing Homes

- At the discretion of the nursing home (similar to other health care settings)
 - Considerations for pre-admission or pre-procedure testing for asymptomatic individuals are detailed in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

COVID-19 IPC Updates

Admission Screening

- **Admission testing is at the discretion of the facility, no longer guided by the Transmission Levels (previous metric)**

Source Control

- **No longer guided by the Transmission Levels (previous metric)**
- **Health care facilities should identify local metrics that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted**

Staff Screening

- **No change**
- Screening testing of asymptomatic HCP is at the discretion of the health care facility.

Exposure/Close Contact

- **No change**
- Asymptomatic patients/residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection.

Outbreak Investigations

- **No change**
- A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.

Scenario 1: Admission Testing

Mr. Jones has been a resident at Sunshine Health Nursing Facility for the past year. Mr. Jones is a 72-year-old male with a history of heart failure, diabetes type II and renal failure. He receives hemodialysis 3x/week at the local dialysis clinic. During yesterday's dialysis session, he experienced abnormal heart rhythms accompanied by chest discomfort. His dialysis session was stopped, and he was subsequently transferred to the local hospital for evaluation and admitted for observation for 48 hours. He is now stable and ready to return to Sunshine Health Nursing Facility. **Should the facility obtain a COVID-19 (admission) test upon Mr. Jones' arrival?**

- A. Yes
- B. No
- C. I'm not sure
- D. I need more information

Scenario 1: Admission Testing

Should the facility obtain a COVID-19 (admission) test upon Mr. Jones' arrival?

A. Yes

B. No

C. I'm not sure

D. I need more information

- ✓ Residents who leave the facility for 24 hours or longer should generally be managed as an admission
- ✓ In general, the performance of pre-procedure or pre-admission testing is at the discretion of the facility.
- ✓ Considerations (more information)
 - ✓ Facility admission testing policy/procedure
 - ✓ Resident population risk
 - ✓ Known COVID-19 exposures while hospitalized
 - ✓ Weekly COVID-19 hospital admissions
 - ✓ Weekly COVID-19 percentage death
 - ✓ Emergency department visits

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county

https://covid.cdc.gov/covid-data-tracker/#trends_weeklyhospitaladmissions_weeklypctdeaths_13

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#admission_testing

Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge

Updated public health tracking* will keep you informed about COVID-19

Hospital admissions



track →

Spread in communities + severity of illness

Death certificates



track →

Severity of illness

Emergency department visits



track →

Early signs of spread

Genomic sequencing



tracks →

New variants



Check [COVID.cdc.gov](https://www.cdc.gov) to know when to take action

*To account for changes in available data after the end of the U.S. Public Health Emergency declaration

bit.ly/mm7219e1

MAY 5, 2023

MMWR

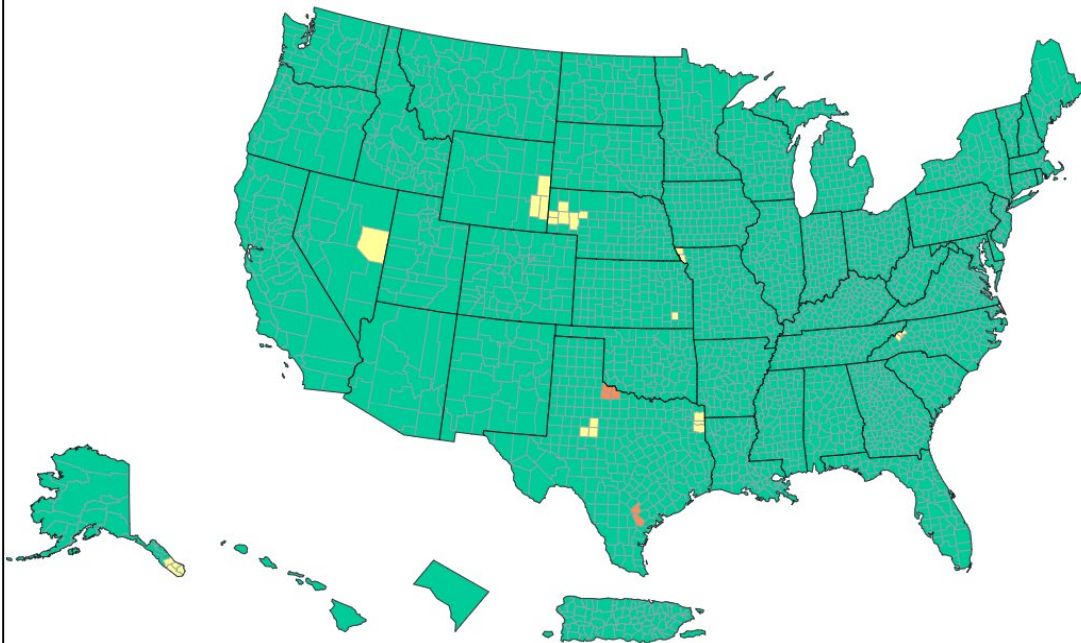
COVID-19 hospital admissions levels in US by county

Based on new COVID-19 hospital admissions per 100,000 population

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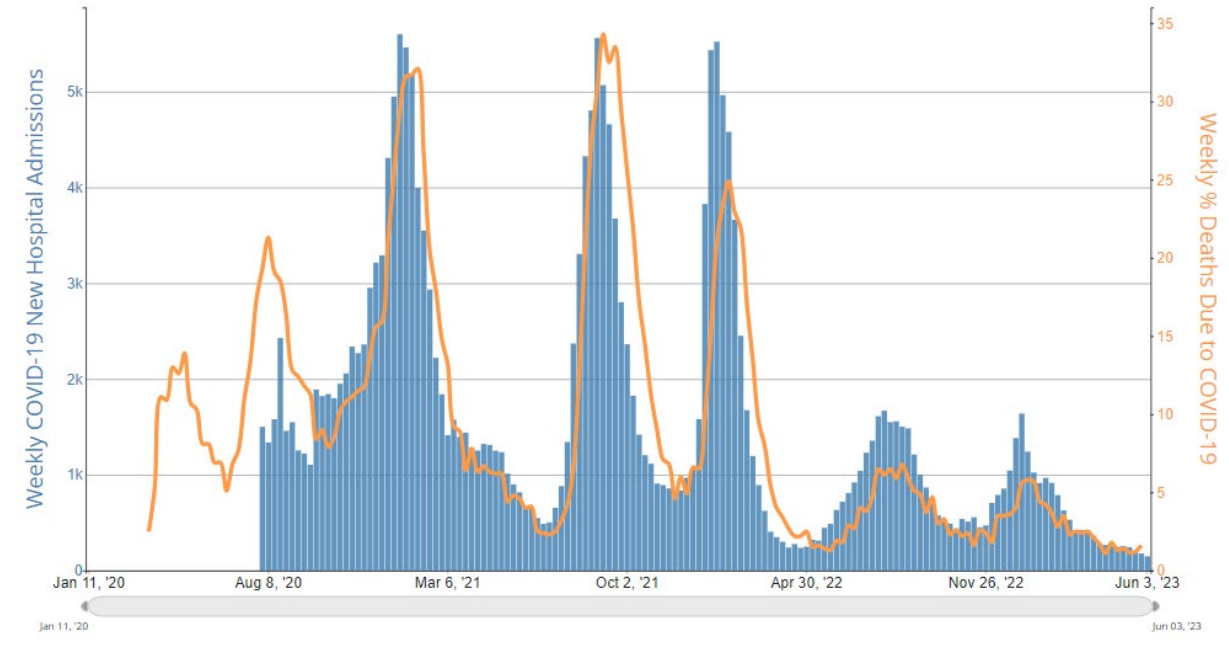
Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending June 3, 2023.

US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County



https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county

Weekly Trends in COVID-19 New Hospital Admissions and Weekly Trends in the Percent of Deaths Due to COVID-19 in Georgia Reported to CDC



https://covid.cdc.gov/covid-data-tracker/#trends_weeklyhospitaladmissions_weeklypctdeaths_13

Scenario 2: Staff Screenings

Nurse Smith arrived this morning for her shift. She shares that she is returning from vacation. She states she feels fatigued but attributes it to traveling. She also mentions that she has a cough and runny nose, which she attributes to allergies. Her records indicate that she is up to date with her COVID-19 vaccinations. **Should the administration conduct a COVID-19 test on Nurse Smith before she starts her shift?**

- A. Yes
- B. No

Scenario 2: Staff Screenings

Nurse Smith arrived this morning for her shift. She shares that she is returning from vacation. She states she feels mildly fatigued but attributes it to traveling. She also mentions that she has a cough and runny nose, which she attributes to allergies. Her records indicate that she is up to date with her COVID-19 vaccinations. **Should the administration conduct a COVID-19 test on Nurse Smith before she starts her shift?**

- A. Yes
- B. No

- ✓ Exhibiting COVID-19 symptoms
- ✓ Anyone with even mild symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test for SARS-CoV-2 as soon as possible.
- ✓ Health care personnel with even mild COVID-19 symptoms should be prioritized for viral testing with nucleic acid or antigen detection assays.
 - ✓ When testing a person with symptoms of COVID-19, negative results from at least one viral test indicate that the person most likely does not have an active SARS-CoV-2 infection when the sample was collected.

Scenario 3: Source Control

The administrator's or IP's immediate next step, in addition to COVID-19 testing, should be to ensure Nurse Smith is wearing source control.

- A. True
- B. False

Scenario 3: Source Control

The administrator's or IP's immediate next step, in addition to COVID-19 testing, should be to ensure Nurse Smith is wearing source control.

- A. True
- B. False

- ✓ Source control is recommended for individuals in health care settings who:
 - ✓ Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
 - ✓ Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure

Scenario 4: Outbreak Investigation

Today, a CNA reported a positive COVID-19 result from a viral SARS-CoV-2 PCR test taken two days ago. His last and only shift in the past week was on 6/12/2023 from 7 a.m. - 3 p.m., and he was sent home early for not feeling well (reporting a runny nose, sore throat, fatigue, and headache).

Does this constitute a COVID-19 outbreak and require an outbreak investigation?

- A. Yes
- B. No

Scenario 4: Outbreak Investigation

Today, a CNA reported a positive COVID-19 result from a viral SARS-CoV-2 PCR test taken two days ago. His last and only shift in the past week was on 6/12/2023 from 7 a.m. - 3 p.m., and he was sent home early for not feeling well (reporting a runny nose, sore throat, fatigue, and headache).

Does this constitute a COVID-19 outbreak and require an outbreak investigation?

A. Yes

B. No

- ✓ A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.
- ✓ Outbreak investigation approach
 - ✓ Contact tracing **OR** a broad-based approach
 - ✓ Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status

Boosting IPC Basics: The Importance of Infection Prevention and Control Strategies to Prevent & Control COVID-19 Outbreaks in Nursing Facilities

Erica Umeakunne, MSN, MPH, APRN, CIC

February 3, 2022



CMS Guidance Updates

This [rule](#) makes three key changes:

- Removes expired language addressing staff and resident COVID-19 testing requirements issued in the interim final rule (IFR) [“LTC Facility Testing”](#) on September 2, 2020.
- Withdraws the regulations published by the IFR [“COVID-19 Health Care Staff Vaccination”](#) on November 5, 2021.
- Finalizes certain provisions published in the IFR [“COVID-19 Vaccine Educate and Offer”](#) on May 13, 2021.



CMS Final Rule Removes COVID-19 Testing and Staff Vaccination Requirements



COVID-19 REGULATIONS

RELATED BLOGS

INFECTION CONTROL PATHWAY
UPDATED TO REFLECT END OF STAFF
VACCINE REQUIREMENT

6.6.2023

CMS RELEASES QSO ON
INFORMATION SHARING DURING
HOSPITAL TRANSFER TO POST
ACUTE CARE

6.6.2023

CMS COVID-19 Vaccine Regulatory Changes

- CMS is withdrawing all requirements to vaccinate staff for COVID-19 issued in the [staff vaccination IFC](#).
- This means that the requirement to have all staff vaccinated for COVID-19 or receive a medical exemption will be removed.
 - Note: COVID-19 vaccination of health care staff and residents will be reported through the SNF Quality Reporting Program (QRP).
- CMS is finalizing the requirement from the [“COVID-19 Vaccine Educate and Offer rule”](#) which maintains requirements for LTC facilities to educate staff and residents about, and offer, the COVID-19 vaccine.
 - Guidance on this rule is available in [QSO-21-19-NH](#).
 - All elements of this rule are being finalized except for the language referring to LTC facility staff refusing the COVID-19 vaccine originally set forth at § 483.80(d)(3)(v).
 - Note that this rule maintains the requirement to report COVID-19 vaccine status for residents and staff to NHSN.

CMS COVID-19 Testing Changes

- CMS is removing all testing requirements issued in the interim final rule (IFR) [“LTC Facility Testing”](#) on September 2, 2020.
- CMS still expects facilities to conduct COVID-19 testing in accordance with accepted national standards, such as CDC recommendations.
 - Noncompliance with this expectation will be cited at F-880 for failure to implement an effective Infection Prevention and Control Program in accordance with accepted national standards.

CMS Guidance Updates

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/Quality, Safety & Oversight Group

Ref: QSO-23-16-Hospitals

DATE: June 6, 2023
TO: State Survey Agency Directors
FROM: Director, Quality, Safety & Oversight Group (QSOG)
SUBJECT: Requirements for Hospital Discharges to Post-Acute Care Providers

Memorandum Summary

CMS is committed to ensuring that the health and safety of patients are protected when discharges from hospitals and transfers to post-acute care providers occur. Therefore, we are providing the following information:

- Reminding state agencies (SAs), accrediting organizations (AOs), and hospitals of the regulatory requirements for discharges and transfers to post-acute care providers.
- Highlighting the risks to patients' health and safety that can occur due to an unsafe discharge.
- Recommendations that hospitals can leverage to improve their discharge policies and procedures to improve and protect patients' health and safety.

- CMS identified a concern regarding resident information post-acute care providers receives from hospitals:
- Information regarding substance use disorders and mental health diagnoses or histories.
- A complete list of medications for discharge.
- Information about skin conditions, including skin tears, pressure injuries, healthcare-associated infections, cultures, treatments, etc.
- Information regarding durable medical equipment.
- Information regarding the patient's preferences for care, including end-of-life decisions.
- Communications about the patient's needs at home.

Inter-Facility Infection Control TRANSFER FORM

Best practice recommendation: Complete prior to transfer to accepting facility. If sent with initial referral, update when transfer occurs.
 Attach copies of most recent 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"/>
Other, specify (e.g., lice, scabies, norovirus, influenza, COVID-19): _____	<input type="checkbox"/>	<input type="checkbox"/>
If COVID-19, please include date of diagnosis: _____	<input type="checkbox"/>	<input type="checkbox"/>

Does the person* currently have any of the following? Check here if none apply

- | | |
|--|--|
| <input type="checkbox"/> Cough or requires suctioning | <input type="checkbox"/> Central line/PICC (Approx. date inserted _____) |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hemodialysis catheter |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary catheter (Approx. date inserted _____) |
| <input type="checkbox"/> Incontinent of urine or stool | <input type="checkbox"/> Suprapubic catheter |

Is the person* currently in Transmission-Based Precautions? No Yes

Type of Precautions (check all that apply) Contact Droplet Airborne Other: _____

Reason for Precautions: _____

Is the person* currently on antibiotics? No Yes

List any antibiotics, current or in the previous 6 months, the person* has been prescribed.

Antibiotic, Dose, Route, Frequency	Treatment for	Start Date	Anticipated Stop Date	Date/Time of Last Dose

Has the person* received treatment for COVID-19? No Yes
 (monoclonal antibody treatment, convalescent plasma, etc.)

Dose, Route, Frequency	Start Date	Anticipated Stop Date	Date/Time of Last Dose

Vaccine	Date Administered (If known)	Lot and Brand (If known)	Does the person* self-report receiving vaccine?
Influenza (seasonal)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PPSV23)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PCV13)			<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19	REQUIRED Dose 1: _____ Dose 2: _____ Booster Dose/ Additional Dose: _____	REQUIRED <input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

*Refers to patient or resident, depending on transferring facility

Name of staff completing form (print): _____

Signature: _____ Date: _____

If information communicated prior to transfer:

Name of individual at receiving facility: _____ Phone of individual at receiving facility: _____

CDC COVID-19 Infection Prevention and Control Guidance Updates



[Interim IPC Recommendations for Healthcare Personnel](#)

[Interim Guidance for Managing Healthcare Personnel with Infection or Exposure](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

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](#)

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](#)

Hand Hygiene

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

NHSN

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

Clostridioides Difficile Infection (C. difficile)

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

Antibiotic Stewardship

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

Training

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

COVID-19

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

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

Questions?



GADPH Healthcare-Associated Infections (HAI) Team

State Region/Districts	Contact Information	
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	<u>Sue.bunnell@dph.ga.gov</u> (404-967-0582)	
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<u>Teresa.Fox@dph.ga.gov</u> (256-293-9994) <u>Renee.Miller@dph.ga.gov</u> (678-357-4797)	
Central (Dublin, Macon, Augusta, & Columbus) Districts 5-1, 5-2, 6, 7	<u>Theresa.Metro-Lewis@dph.ga.gov</u> (404-967-0589) <u>Karen.Williams13@dph.ga.gov</u> (404-596-1732)	
Southwest (Albany, Valdosta) Districts 8-1, 8-2	<u>Connie.Stanfill1@dph.ga.gov</u> (404-596-1940)	
Southeast (Savannah, Waycross) Districts 9-1, 9-2	<u>Lynn.Reynolds@dph.ga.gov</u> (804-514-8756)	
Backup/Nights/Weekends	<u>Joanna.Wagner@dph.ga.gov</u> (404-430-6316)	

Thank You for Your Time!
Contact the AHS Patient Safety Team
Patientsafety@allianthealth.org



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Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org

Save the Date

SNF and Medical Directors Office Hours:

July 21, 2023 | 11 a.m. ET

ALF and PCH

June 23, 2023 | 11 a.m. ET



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



**UNIVERSITY OF
GEORGIA**

Making Health Care Better



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