Meet the Team

Presenters:

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director, Alliant Health Solutions

Amy Ward, MS, BSN, RN, CIC, FAPIC
Patient Safety Manager
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.
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 being outdoors camping, bicycling and running.

Contact: Amy.Ward@AlliantHealth.org
Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia
Learning Objectives

• Learners will understand COVID-19 data and use it to inform their IP practice.
• Learners will apply the infection prevention risk assessment to day-to-day workflows and improvement activities.
• Learners will apply CDC guidelines to their daily practice.
Key Data Takeaways (as of 8/7/2023)
- COVID-19 indicators, including hospital admissions, emergency department visits, test positivity, and wastewater levels, are increasing nationally.
- CDC’s guidance for individual and community actions around COVID-19 are tied to hospital admission levels, which are currently low for more than 99% of the country.

Data Update for the United States

**Hospitalizations**
Hospital Admissions
10,320
(Only 10 to August 5, 2023)
Trend in Hospital Admissions
+14.3% in most recent week

<table>
<thead>
<tr>
<th>Jul 7, 2023</th>
<th>Aug 5, 2023</th>
</tr>
</thead>
</table>

**Deaths**
% Due to COVID-19
1.3%
(August 6 to August 12, 2023)
Trend in % COVID-19 Deaths
+8.3% in most recent week

<table>
<thead>
<tr>
<th>Jun 24, 2023</th>
<th>Aug 12, 2023</th>
</tr>
</thead>
</table>

**Vaccinations**
Total Updated (Bivalent) Vaccine Doses Distributed
152,508,460
(through August 9, 2023)
Wastewater Surveillance

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

<table>
<thead>
<tr>
<th>Current virus levels category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Site</td>
<td>96</td>
<td>7</td>
<td>-2%</td>
</tr>
<tr>
<td>0% to 19%</td>
<td>195</td>
<td>14</td>
<td>-21%</td>
</tr>
<tr>
<td>20% to 39%</td>
<td>466</td>
<td>34</td>
<td>-13%</td>
</tr>
<tr>
<td>40% to 59%</td>
<td>358</td>
<td>26</td>
<td>2%</td>
</tr>
<tr>
<td>60% to 79%</td>
<td>212</td>
<td>15</td>
<td>15%</td>
</tr>
<tr>
<td>80% to 100%</td>
<td>52</td>
<td>4</td>
<td>33%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1379
Total number of wastewater sampling sites: 1679

How is the current SARS-CoV-2 level compared to past levels calculated?
Wastewater Change

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

<table>
<thead>
<tr>
<th>15-day % change category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 100%</td>
<td>28</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>- 99% to - 10%</td>
<td>358</td>
<td>32</td>
<td>- 8%</td>
</tr>
<tr>
<td>- 9% to 0%</td>
<td>103</td>
<td>9</td>
<td>- 8%</td>
</tr>
<tr>
<td>1% to 9%</td>
<td>73</td>
<td>6</td>
<td>- 20%</td>
</tr>
<tr>
<td>10% to 99%</td>
<td>227</td>
<td>20</td>
<td>- 25%</td>
</tr>
<tr>
<td>100% to 999%</td>
<td>216</td>
<td>19</td>
<td>- 19%</td>
</tr>
<tr>
<td>1000% or more</td>
<td>128</td>
<td>11</td>
<td>27%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1133
Total number of wastewater sampling sites: 1679

How is the 15-day percent change calculated?
COVID-19 Hospitalization

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

<table>
<thead>
<tr>
<th>Total</th>
<th>Percent</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1.0</td>
<td>1,000</td>
<td>0.0%</td>
</tr>
<tr>
<td>1.0 - 1.9</td>
<td>53</td>
<td>1.5%</td>
</tr>
<tr>
<td>≥ 20.0</td>
<td>3163</td>
<td>99.5%</td>
</tr>
</tbody>
</table>

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 August 5, 2023.

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States
ED Admission

Georgia
Data through: Aug 12 2023
% of COVID-19 ED visits: 1.6%, Low (1.5% to 2.9%)
Percent change: 22.5%, Substantial Increase (>19.9%)
Click on map to visit the Georgia health department website.
Variant Distribution for COVID-19

Weighted and Nowcast Estimates in United States for 2-Week Periods in 4/30/2023 – 8/19/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results

Newcast: Model-based projected estimates of variant proportions

Nowcast Estimates in United States for 8/6/2023 – 8/19/2023

<table>
<thead>
<tr>
<th>WHO label</th>
<th>Lineage #</th>
<th>%Total</th>
<th>95% PI</th>
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</thead>
<tbody>
<tr>
<td>Omicron</td>
<td>EU.5</td>
<td>20.6%</td>
<td>17.8-23.8%</td>
</tr>
<tr>
<td></td>
<td>FL.1</td>
<td>13.3%</td>
<td>9.4-18.4%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.16</td>
<td>10.7%</td>
<td>8.1-12.7%</td>
</tr>
<tr>
<td></td>
<td>XBB.2</td>
<td>10.6%</td>
<td>8.6-10.7%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.16.6</td>
<td>8.0%</td>
<td>6.4-10.1%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.16.1</td>
<td>5.9%</td>
<td>5.1-6.8%</td>
</tr>
<tr>
<td></td>
<td>XBB</td>
<td>5.1%</td>
<td>4.2-6.4%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5</td>
<td>4.7%</td>
<td>4.0-5.6%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.9.1</td>
<td>4.1%</td>
<td>3.4-5.4%</td>
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<tr>
<td></td>
<td>XBB.1.70</td>
<td>2.4%</td>
<td>1.7-3.4%</td>
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<tr>
<td></td>
<td>EQ.6</td>
<td>2.3%</td>
<td>1.6-3.3%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.16.11</td>
<td>1.5%</td>
<td>1.0-2.4%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5.72</td>
<td>1.9%</td>
<td>1.5-2.4%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.9.2</td>
<td>1.6%</td>
<td>1.2-2.3%</td>
</tr>
<tr>
<td></td>
<td>GE.1</td>
<td>1.8%</td>
<td>1.1-2.7%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5.10</td>
<td>1.0%</td>
<td>0.7-1.4%</td>
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<tr>
<td></td>
<td>FE.1</td>
<td>0.9%</td>
<td>0.5-1.5%</td>
</tr>
<tr>
<td></td>
<td>FD.1.1</td>
<td>0.8%</td>
<td>0.5-1.4%</td>
</tr>
<tr>
<td></td>
<td>CH.1</td>
<td>0.8%</td>
<td>0.5-1.2%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5.68</td>
<td>0.6%</td>
<td>0.4-1.0%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5.59</td>
<td>0.4%</td>
<td>0.3-0.8%</td>
</tr>
<tr>
<td></td>
<td>EU.1.1</td>
<td>0.2%</td>
<td>0.1-0.3%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5.1</td>
<td>0.1%</td>
<td>0.0-0.2%</td>
</tr>
<tr>
<td></td>
<td>BA.2.1.1</td>
<td>0.9%</td>
<td>0.6-0.2%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5.9</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BA.2</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>FD.2</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BA.3</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BD.1</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BD.1.1</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td>Other Other*</td>
<td>0.1%</td>
<td>0.0-0.1%</td>
<td></td>
</tr>
</tbody>
</table>

* Characterized lineages are US VOC and lineages (including above 1% nationally in at least one 2-week period). Other represents the aggregation of lineages which are circulating <1% nationally during a 2-week period displayed.

Regional proportions from specimens collected in the 2-week period ending on 8/19/2023 (Nowcast).

US Territories not shown are included in HHS regions:
PR, VI - Region 2
AS, FM, GU, MH, MP, PW - Region 9

Updated August 16, 2023
COVID-19 Cases in Nursing Home Staff

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

[Graph showing trends in COVID-19 cases among nursing home staff over time.]
Safety Strategy

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>• COVID-19 vaccine</td>
</tr>
</tbody>
</table>
| Infection Control | • Testing  
|                | • Transmission-based precaution    |
| Treatment     | • Antivirals                        
|               | • Supportive treatment             |
Paxlovid

• Creatinine clearance - GFR
• Severe hepatic impairment
• Liverpool drug interaction checker
Molnupiravir

• Four capsules bid for five days
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/infection-control/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.

Background

The purpose of this memo is to highlight the importance of providing timely access to available COVID-19 therapeutics to patients who test positive for the virus. Treatments, including both monoclonal antibodies and oral antiviral drugs, can prevent serious illness and save the lives of
Infection Prevention Risk Assessment

- Infection Prevention Risk assessment should be updated annually and as needed.
- After an outbreak investigation, a risk assessment should be updated.

https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx
Actions to Take

• For all high-risk event line items
  – Review the rating by column and understand why the rating was applied
  – Look through each category with a score of 2 or 3 and apply interventions to reduce risk
    • Probability of occurrence
    • Level of harm
    • Impact on care
    • Readiness to prevent
Reducing the Probability of Occurrence

• How can we reduce the likelihood of this event type from occurring?
  – Is there a vaccine available?
  – Is there recommended post-exposure prophylaxis?
  – What are the isolation and quarantine guidelines?
  – What are the visitor and staff screening guidelines?
  – What are the criteria for staff exclusion if ill or exposed?
  – Other recommendations dependent on disease.
Reducing Probability of Occurrence

- Increase up-to-date vaccination rates for staff and residents.
- Implement a routine process to identify and manage individuals with suspected COVID-19 before entry to the facility.
  - [Example visual alerts](#)
- Implement source control measures for the facility when the risk for COVID-19 or other respiratory viral illnesses increases in the community or when recommended by public health authorities.

- Ensure these goals and practices are incorporated into policy and procedures for the facility.
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC](#)
Reducing Probability of Occurrence

• Optimize indoor air quality by ensuring ventilation systems meet health care facility standards for humidity, air changes per hour, filtration and fresh air changes.

• Utilize standard precautions during all activities in health care facilities.

• Ensure all goals and practices are incorporated into policy and procedures for the facility and are based on the most up-to-date CDC guidelines: Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC.
Reducing Probability of Occurrence

<table>
<thead>
<tr>
<th>Community-Level Prevention Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW, MEDIUM, AND HIGH</strong></td>
</tr>
<tr>
<td>At all COVID-19 hospital admission levels:</td>
</tr>
<tr>
<td>• Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.</td>
</tr>
<tr>
<td>• Ensure access to testing, including through point-of-care and at-home tests for all people.</td>
</tr>
<tr>
<td>• Maintain <strong>ventilation improvements</strong>.</td>
</tr>
<tr>
<td>• Provide communications and messaging to encourage isolation among people who test positive.</td>
</tr>
<tr>
<td><strong>MEDIUM AND HIGH</strong></td>
</tr>
<tr>
<td>When the COVID-19 hospital admission level is Medium or High:</td>
</tr>
<tr>
<td>• Implement screening testing in high-risk settings where screening testing is recommended.</td>
</tr>
<tr>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td>When the COVID-19 hospital admission level is High:</td>
</tr>
<tr>
<td>• Implement healthcare surge support as needed.</td>
</tr>
</tbody>
</table>

In general, long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care* similar to that provided by family members in the home (e.g., many assisted livings, group homes), should follow **community prevention strategies based on COVID-19 hospital admission levels**, similar to independent living, retirement communities or other non-healthcare congregate settings.
Reducing Probability of Occurrence - Additional Measures to Reduce Risk

- Ensure policies for work restriction, including return-to-work, are updated according to CDC guidelines.
- Asymptomatic staff who have had higher exposure risk do not generally require work restriction if no symptoms develop or if testing is negative.
  - Staff should follow all IPC practices, including wearing a well-fitting source control mask, self-monitor for fever and symptoms of COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Prioritize testing for all staff who have any symptoms, even mild ones.
  - One negative PCR test is sufficient in most cases unless there is high clinical suspicion.
  - One negative antigen confirmed by a negative PCR or a second negative antigen 48 hours after the first negative test.
  - Return-to-work decisions should be based on other suspected or confirmed diagnoses, do not consider COVID-19 alone in return-to-work decisions.
Reducing Probability of Occurrence - Additional Measures to Reduce Risk

- Positive symptomatic staff who are not immunocompromised
- Mild to moderate illness and not immunocompromised
  - At least seven days have passed since symptom onset and a negative viral test obtained at least 48 hours before return to work, and no fever within 24 hours, symptoms improving (if antigen test used to test at day five post symptom onset and 48 hours before return to work).
  - Severe or critical illness and not immunocompromised
    - At least 10 to 20 days have passed since symptom onset, no fever within the previous 24 hours, symptoms improving, may also include test-based strategy.
- Moderately or severely immunocompromised
- Consultation with ID physician in addition to test-based strategy.
- Asymptomatic and not immunocompromised
- At least seven days have passed since the day of the first positive and negative viral test obtained at least 48 hours before return to work (if antigen test used to test at day five post symptom onset and 48 hours before return to work).
Residents should also be counseled about **strategies to protect themselves and others**, including recommendations for source control if they are immunocompromised or at high risk for severe disease.

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### Individual-Level Prevention Steps You Can Take Based on Your COVID-19 Hospital Admission Level

#### 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.

#### Medium and High

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.

#### 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.
Reducing Probability of Occurrence – Additional Measures to Reduce Risk

• Symptomatic residents under evaluation for COVID-19
• Utilize transmission-based precautions until COVID-19 is ruled out
  – Single negative PCR test
  – Negative antigen test confirmed by negative PCR test or second negative antigen test at least 48 hours after first negative test
• Asymptomatic residents after exposure to someone with COVID-19
• In general, precautions are not required. The resident should wear source control until test results are negative (3 tests, days 1,3,5 post-exposure)
• Consider empiric precautions if the resident cannot be tested or wear source control, is immunocompromised, residing on the unit with others who are immunocompromised, residing on the unit with ongoing COVID-19 transmission
  – Precautions can be discontinued seven days after exposure if no symptoms develop and viral testing remains negative
  – If viral testing is not performed, discontinue precautions after day 10 following the exposure if symptoms do not develop (exposure date = day 0)
Reducing Level of Harm

• Does the facility have access to rapidly identify and diagnose the illness when suspected?

• Prioritize SARS-CoV-2 Viral testing for:
  – Anyone with symptoms, regardless of vaccination status
  – Residents who had close contact with someone with COVID-19 using a series of three tests (at one, three-, and five days post-exposure)
  – Anytime the facility experiences a new case of COVID-19 or other respiratory illness

• What treatments or post-exposure prophylaxis (PEP) are available?
  – What is the process for ordering, receiving and administering treatment or PEP so there is no delay?
Mitigating the Impact on Care

- Develop and review policies and procedures:
  - Staffing plans
  - Cohorting and quarantine plans
  - Activities and dining plans
  - Visitation plans (including screening, alternative formats, etc.)
Improving the Readiness to Prevent

- Review policies and procedures regularly
- Receive alerts from CDC on updates to guidelines
- Receive Health Alert Network notifications from the health department to understand new or changing threats in your area
- Stay connected with the GDPH and continue to report new positive cases
- Exercise policies and procedures
- Debrief after the event
Questions?
Alliant Health Solutions Resources


https://quality.allianthealth.org/topic/infection-control/
Thank you!
Consult with the DPH Team! We are here to help!

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

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Save the Date

SNF and Medical Directors Office Hours:
September 15, 2023 | 11 a.m. ET

ALF and PCH
September 22, 2023 | 11 a.m. ET
Thanks Again…

- Georgia Department of Public Health
- University of Georgia