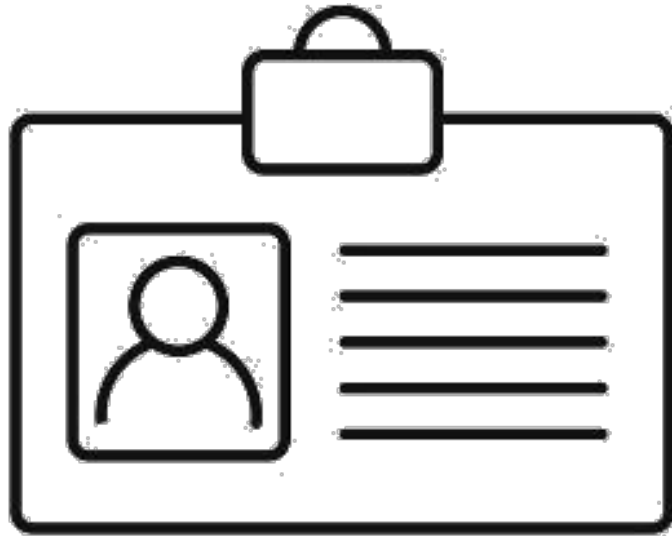




Georgia Department of Public Health:
GDPH SNF Office Hours
August 18, 2023

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.

COVID Data Tracker

Maps, charts, and data provided by CDC, updates Mondays and Thursdays by 8 p.m. ET

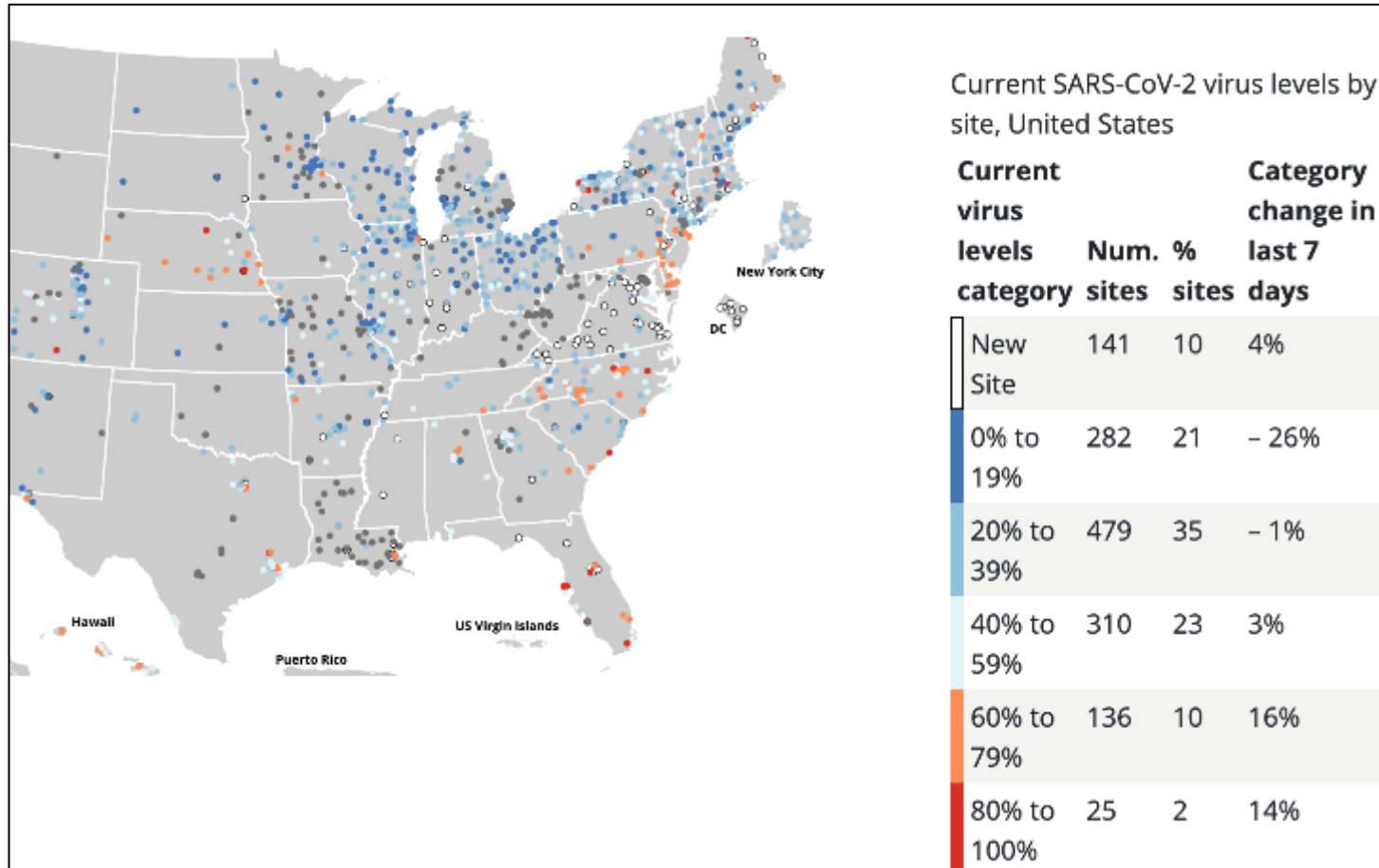
[COVID-19 Home](#) >



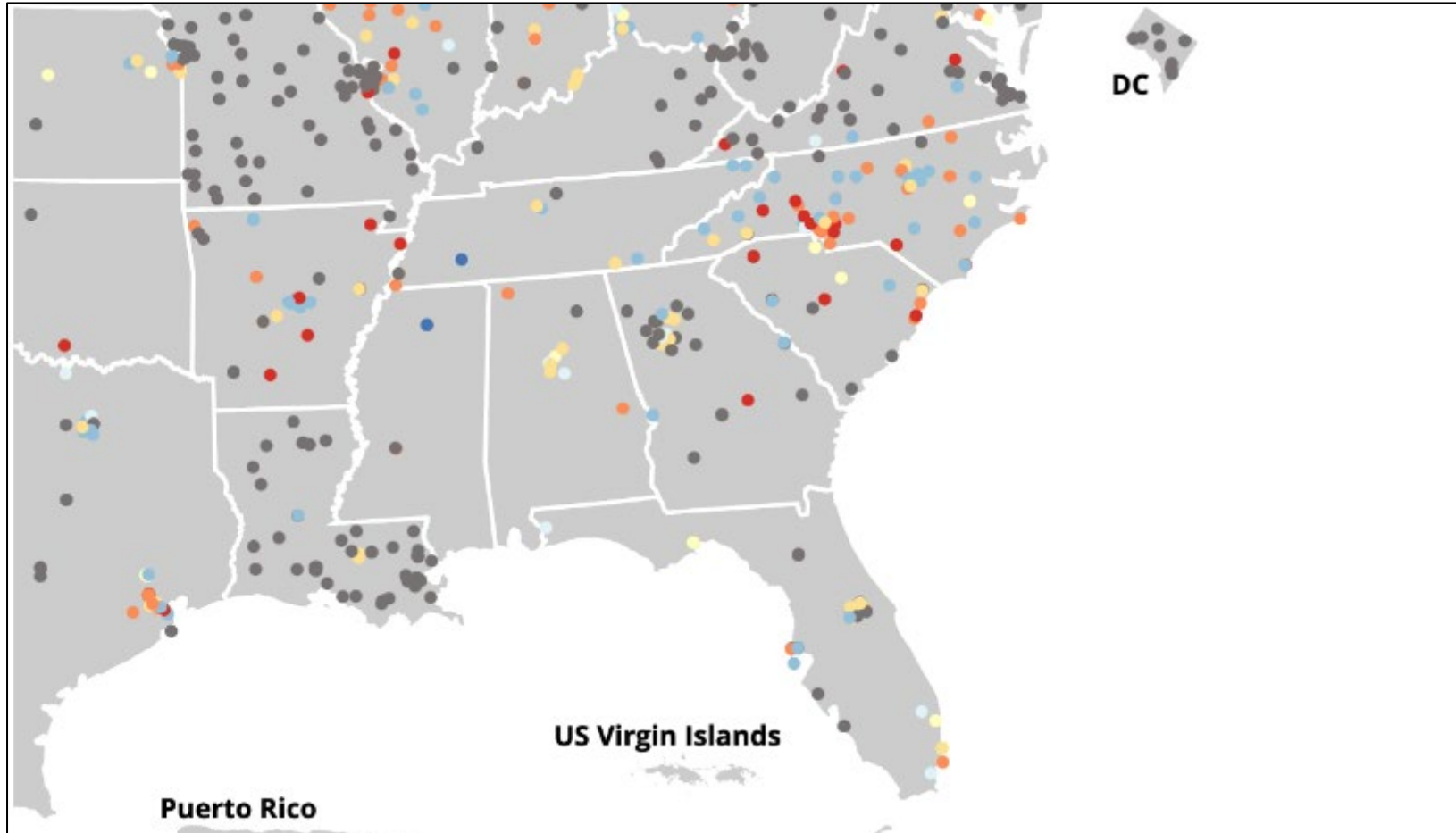
Key Data Takeaways (as of 8/7/2023)

- 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.

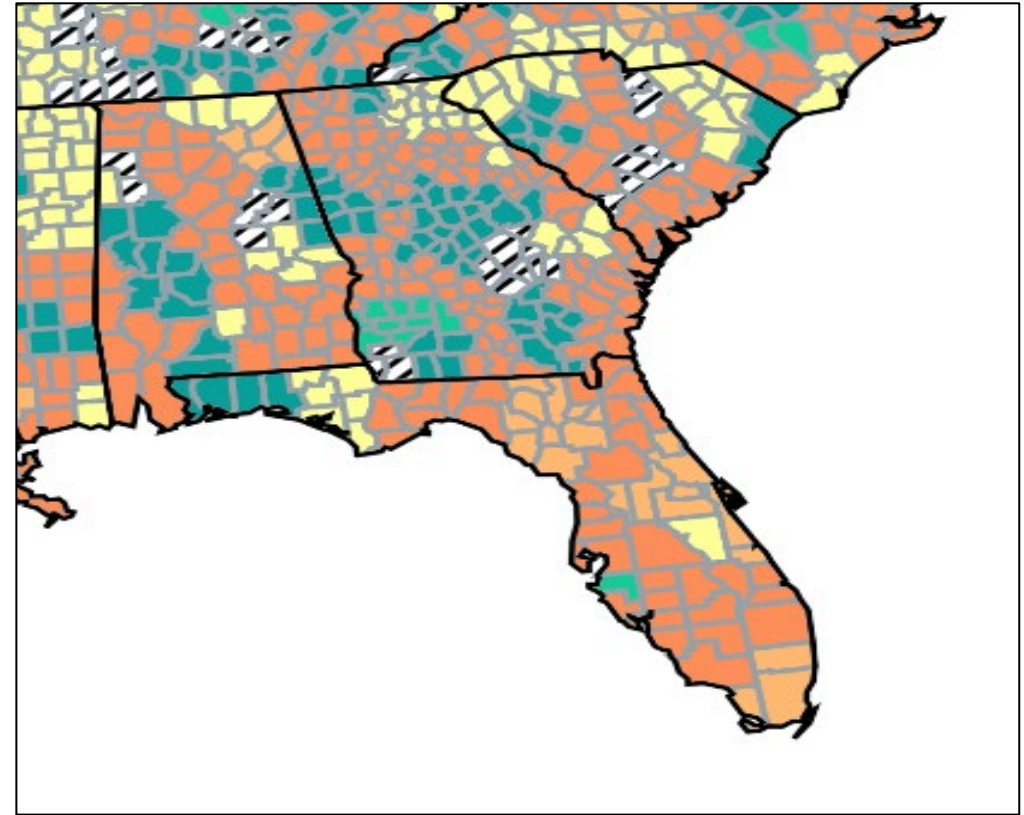
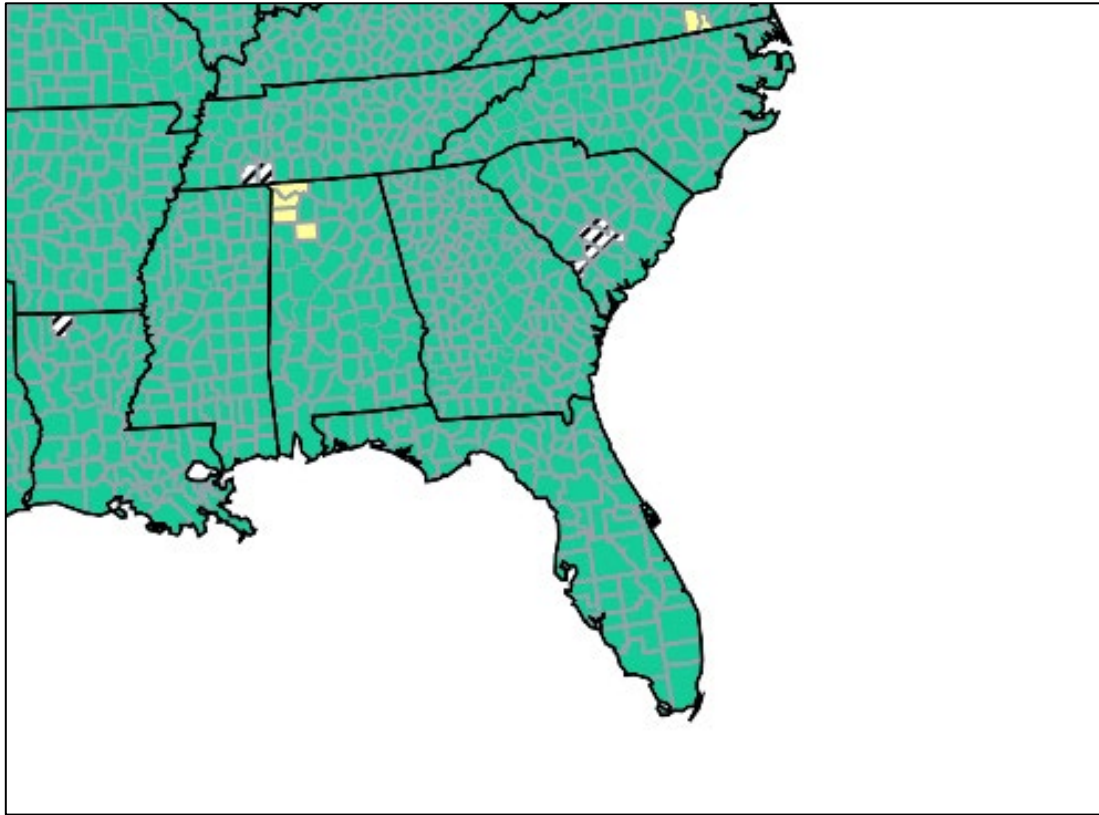
Wastewater Surveillance



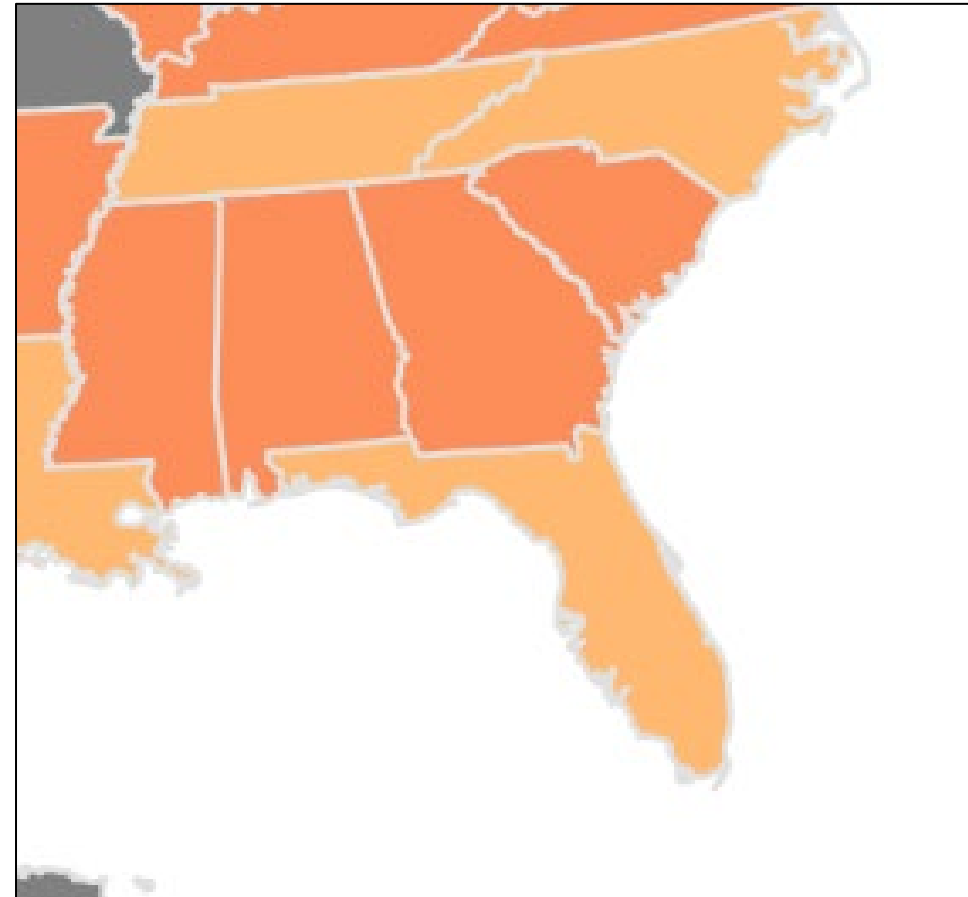
Wastewater Change



COVID-19 Hospitalization



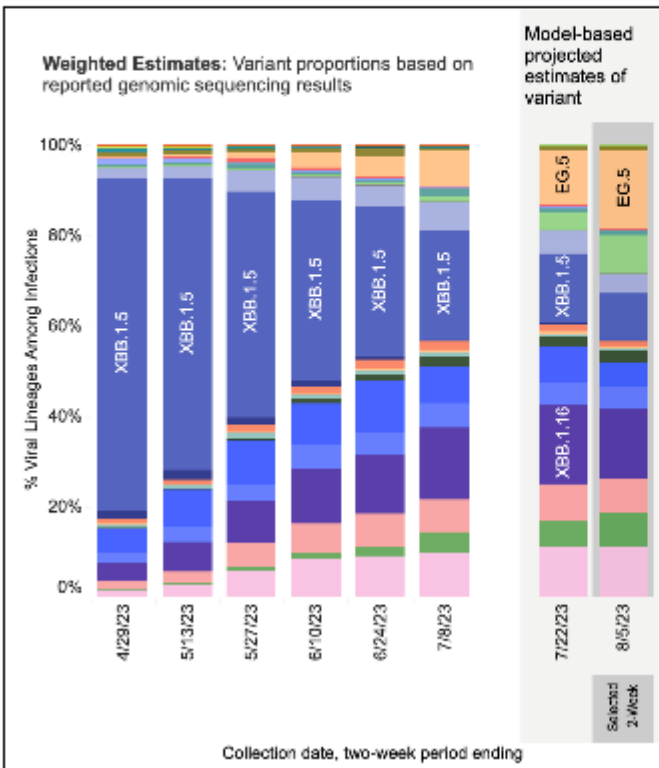
ED Admission



Variant Distribution for COVID-19

Weighted and Nowcast Estimates in United States for 2-Week Periods in 4/16/2023 – 8/5/2023

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

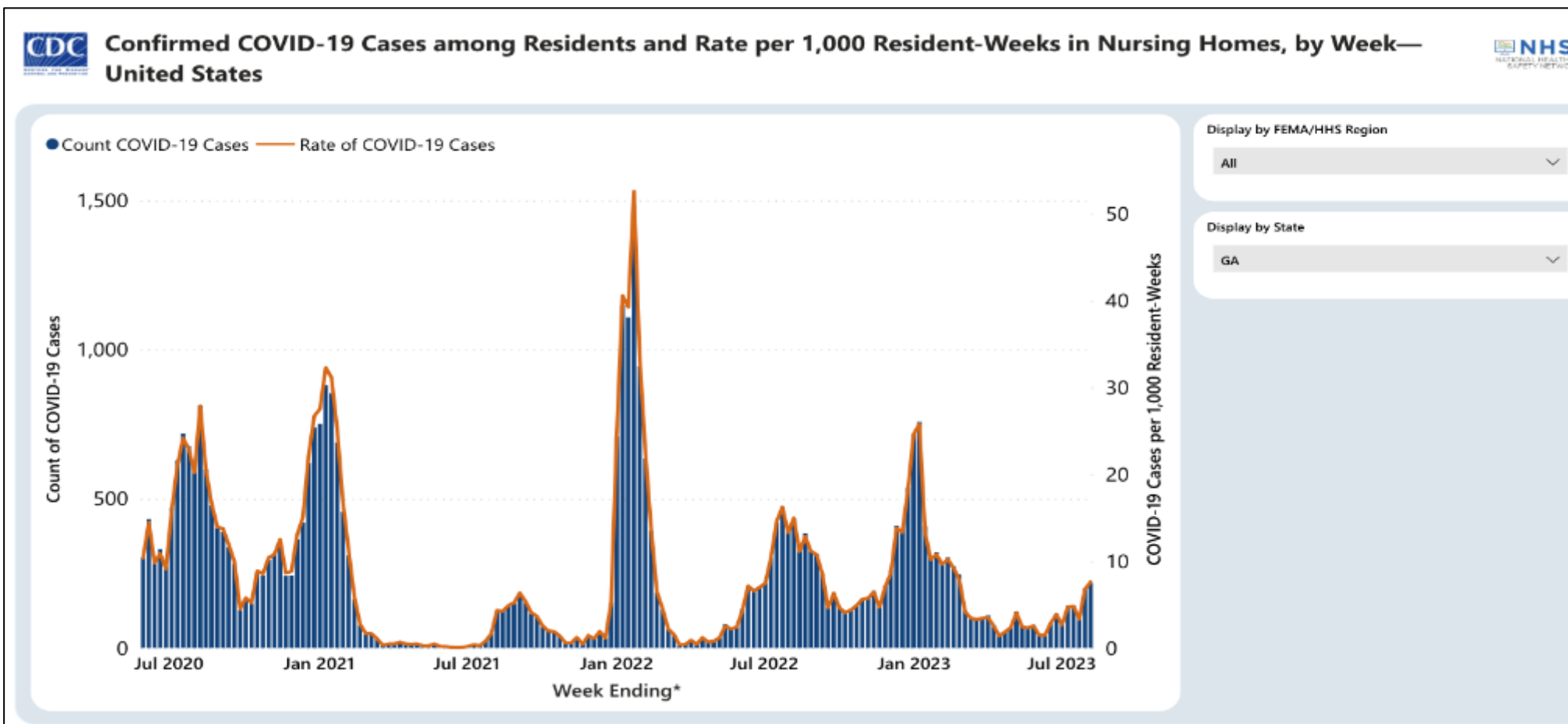


Nowcast Estimates in United States for 7/23/2023 – 8/5/2023

USA

WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	17.3%	14.1-21.0%
	XBB.1.16	15.6%	12.5-19.2%
	XBB.2.3	11.2%	9.5-13.1%
	XBB.1.5	10.3%	8.6-12.3%
	FL.1.5.1	8.6%	4.2-16.1%
	XBB.1.16.6	7.7%	5.6-10.6%
	XBB.1.16.1	7.2%	6.0-8.7%
	XBB.1.9.1	5.4%	4.5-6.5%
	XBB.1.9.2	4.8%	3.5-6.6%
	XBB	4.4%	3.1-6.1%
	XBB.1.5.72	2.4%	1.6-3.7%
	XBB.1.5.10	1.2%	0.7-1.9%
	FE.1.1	1.1%	0.6-2.1%
	CH.1.1	1.1%	0.6-1.9%
	XBB.1.5.68	0.6%	0.4-1.0%
	XBB.1.5.59	0.4%	0.2-0.8%
	EU.1.1	0.3%	0.2-0.6%
XBB.1.5.1	0.2%	0.1-0.2%	
BA.2	0.0%	0.0-0.1%	
BA.2.12.1	0.0%	0.0-0.1%	
FD.2	0.0%	0.0-0.0%	
BA.5	0.0%	0.0-0.0%	
BQ.1.1	0.0%	0.0-0.0%	
BQ.1	0.0%	0.0-0.0%	
Other	Other*	0.1%	0.0-0.1%

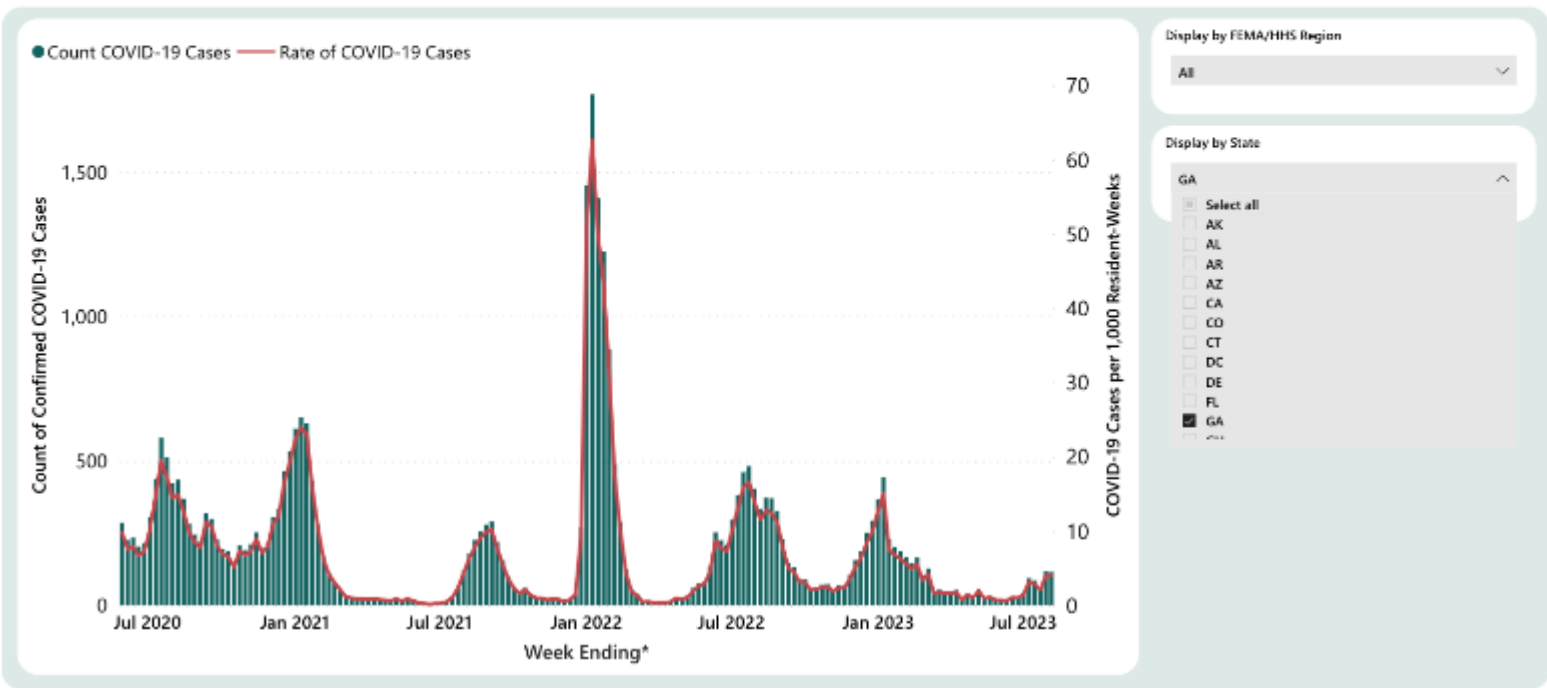
COVID-19 Cases in Nursing Home Residents



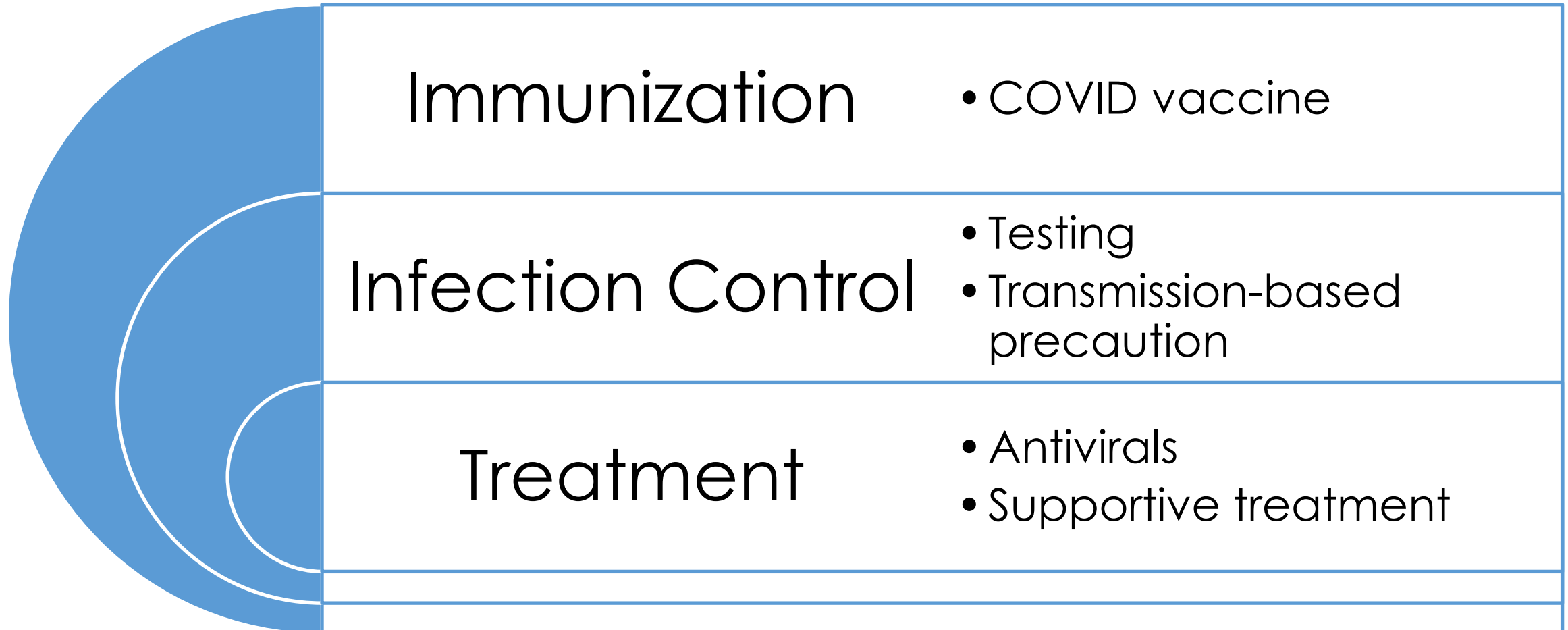
COVID-19 Cases in Nursing Home Staff

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

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



Safety Strategy





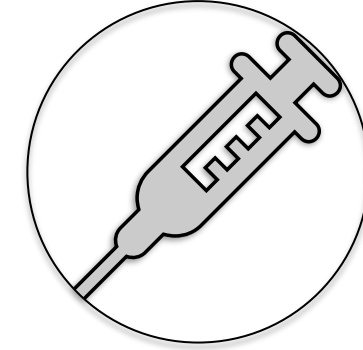
CLINICAL SURVEILLANCE

Low threshold for testing
Expand surveillance symptoms
Increase frequency



TEST

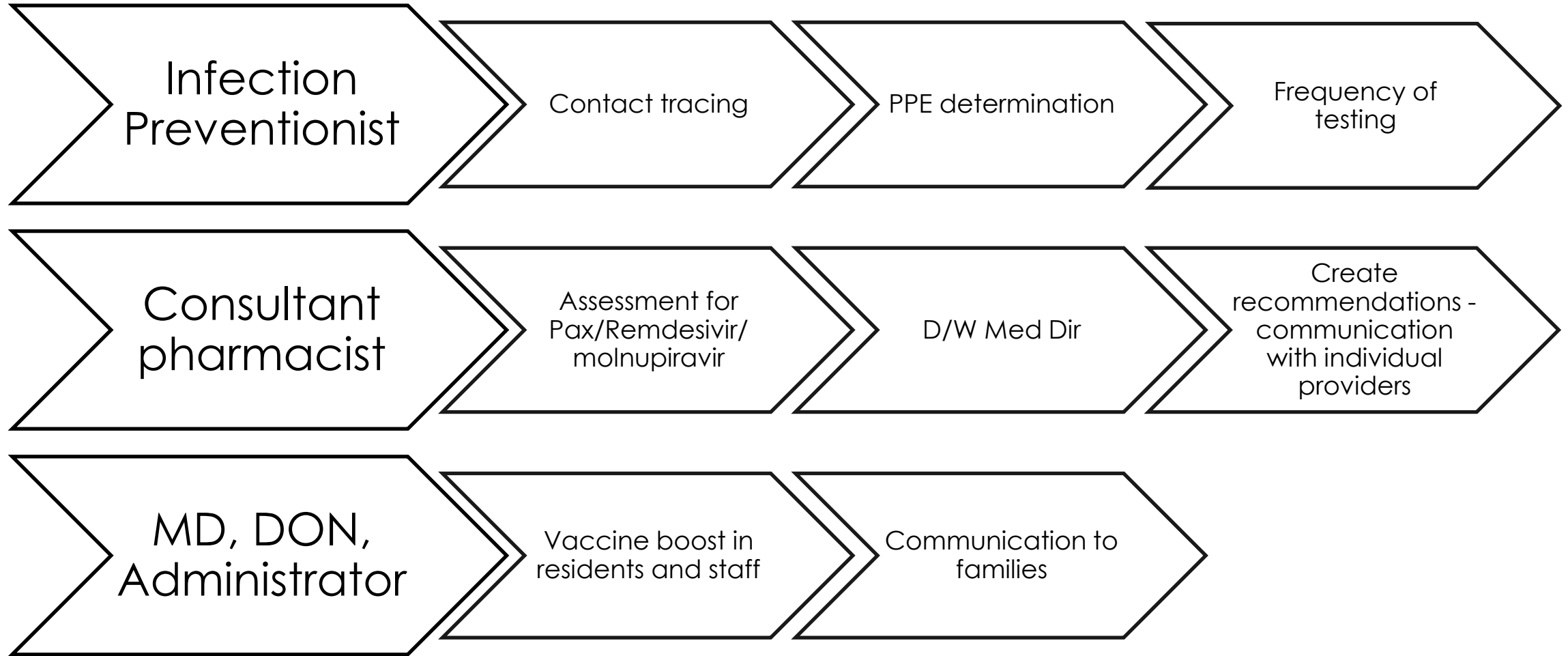
COVID-19 Ag test +
Flu/RSV/COVID-19 PCR



COVID PROTOCOL

Institute standing orders
(Lab, Supportive Rx,
monitor) (Communication
to IP, CP, Med Dir, DON,
Adm)





Paxlovid

- Creatinine clearance - GFR
- Severe hepatic impairment
- [Liverpool drug interaction checker](#)

Molnupiravir

- Four capsules bid for five days

CMS Therapeutics Memo

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.*

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

infectioncontrol/index.htm

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

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resident/staff?)				(Are processes/resources in place to identify/address this event?)			
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s)																
Outbreak-related																
Influenza*		2				2			3						1	8
Other viral respiratory pathogens*	3				3				3				3			12
Norovirus gastroenteritis*		2					1			2			3			8
Bacterial gastroenteritis (e.g., <i>Salmonella</i> , <i>Shigella</i>)			1				1			2			3			7
Scabies																
Conjunctivitis																
Group A <i>Streptococcus</i> *																
MDRO																
Other (specify):																

* Risk assessment should take into account the frequency of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

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 to greater than 90% by October 15, 2023.
- 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

- 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.

Knowledge Check

Nurse Heather was exposed to COVID-19 on Tuesday, 8/15/2023. She is scheduled to work again on Friday, 8/18/2023.

Does Heather need to be tested before she returns to work?

- Yes
- No

Knowledge Check

- Nurse Heather was exposed to COVID-19 on Tuesday 8/15/2023. She is scheduled to work again on Friday, 8/18/2023.
- Does Heather need to be tested before she returns to work?
 - Yes
 - No

Key Points

- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.
- When the risk for COVID-19 is high (increasing ED visits, hospitalizations, etc.), the facility should consider utilizing testing to guide return to work.
- 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.

Reducing Probability of Occurrence

- 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).
 - 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).
 - 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](#).

Reducing Probability of Occurrence

- 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 not required, resident should wear source control until test results negative (3 tests, days 1,3,5 post exposure)
 - Consider empiric precautions if resident cannot be tested or wear source control, immunocompromised, residing on unit with others who are immunocompromised, residing on unit with ongoing COVID-19 transmission
 - Precautions can be discontinued 7 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?

- Perform 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

Home Start Here Browse by Topic Events Library of Resources Search

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:

Home Start Here Browse by Topic Events Library of Resources Search

Infection Control Resources

Sepsis

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

[SHOW MORE](#)

Catheter Associated Urinary Tract Infection (CAUTI)

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

[SHOW MORE](#)

Hand Hygiene

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

NHSN

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

Clostridioides Difficile Infection (C. difficile)

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

Antibiotic Stewardship

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

[SHOW MORE](#)

Training

[Op'lions 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/georgia-department-of-public-health/>

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

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

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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678.527.3651



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

Save the Date

SNF and Medical Directors Office Hours:

September 15, 2023 | 11 a.m. ET

ALF and PCH

August 25, 2023 | 11 a.m. ET

September 22, 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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This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021. GA DPH--4286-08/14/23

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