



Georgia Department of Public Health: GDPH Office Hours for SNFs & Medical Directors September 15, 2023



Meet the Team



Presenters:

Swati Gaur, MD, MBA, CMD, AGSFMedical Director
Alliant Health Solutions

Donald Chitanda, MPH, CIC, LTC-CIPInfection Prevention Technical Advisor
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.





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 hospitaland 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.

activities.

Donald enjoys spending time with family and doing outdoor



Contact: <u>Donald.Chitanda@AlliantHealth.org</u>



Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia







Learning Objectives

- Learners will be updated on COVID-19 epidemiology and infection prevention interventions.
- Learners will be able to understand risks associated with improperly managed building water systems and use it to inform their IP practice as they re-open units/areas that were closed due to COVID.
- Learners will be able to utilize the CDC Guide to Developing a Water Management Program as a reference for policies, procedures and the water management program.
- Learners will utilize the resources provided regularly in their IP practice.









Data Update for the United States

Hospitalizations

Hospital Admissions

17,418

(August 20 to August 26, 2023)

Trend in Hospital Admissions

+15.7% in most recent week

Jul 28, 2023

Aug 26, 2023

Deaths

% Due to COVID-19

2.1%

(August 27 to September 2, 2023)

Trend in % COVID-19 Deaths

+10.5% in most recent week

Jul 15, 2023

Sep 2, 2023

Vaccinations

Total Updated (Bivalent) Vaccine Doses Distributed

152,508,460

(through August 9, 2023)

Total Hospitalizations

6,289,643

Total Deaths

1,140,278

CDC | Hospitalization data through: August 26, 2023; Death data through: September 2, 2023; Vaccination data through: August 9, 2023. Posted: September 7, 2023 4:40 PM ET



Wastewater Surveillance



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	88	6	- 6%
	0% to 19%	99	7	- 16%
	20% to 39%	351	25	- 13%
	40% to 59%	431	31	0%
	60% to 79%	322	23	- 4%
	80% to 100%	109	8	10%

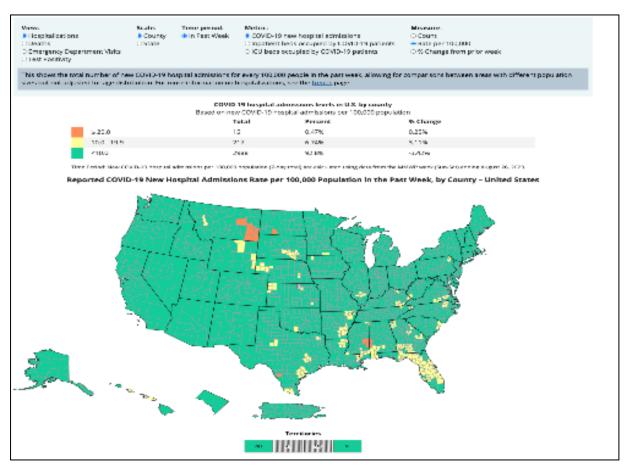
Total sites with current data: 1400

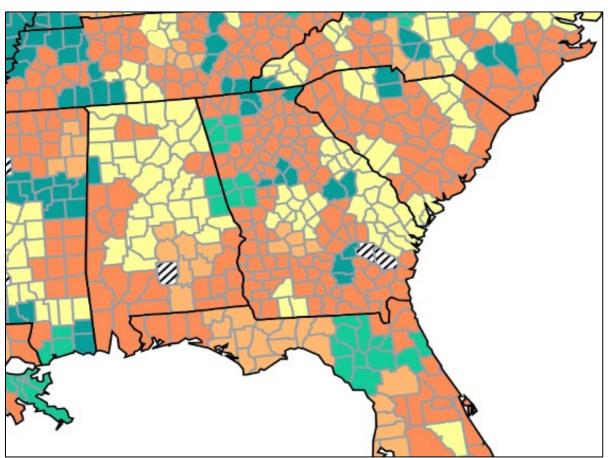
Total number of wastewater sampling sites: 1684

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



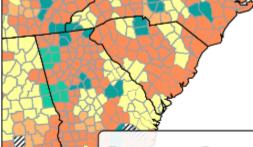
COVID-19 Hospitalization







COVID Hospitalizations



Decatur County, Georgia

Data through: 2023-08-26

New hospital admissions of confirmed COVID-19, past week (total): 5

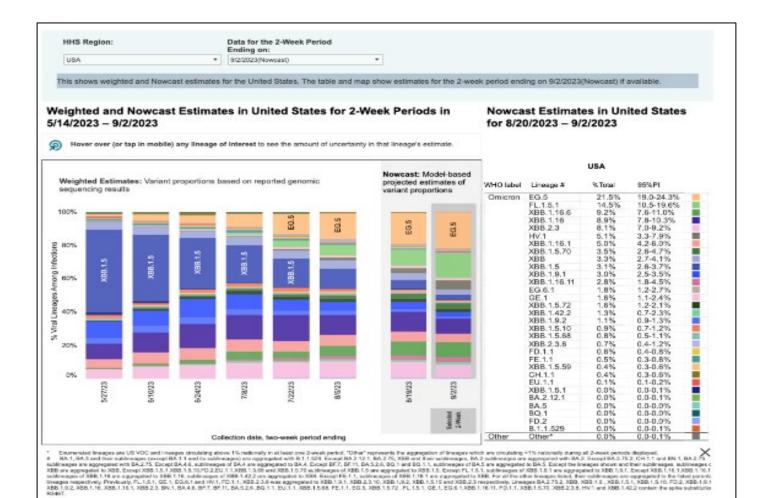
% Change in hospital admissions from prior week: 150%

New COVID-19 hospital admissions per 100,000 population, past week (total): 12.4

COVID-19 hospital admissions level: Medium (10.0 to 19.9)



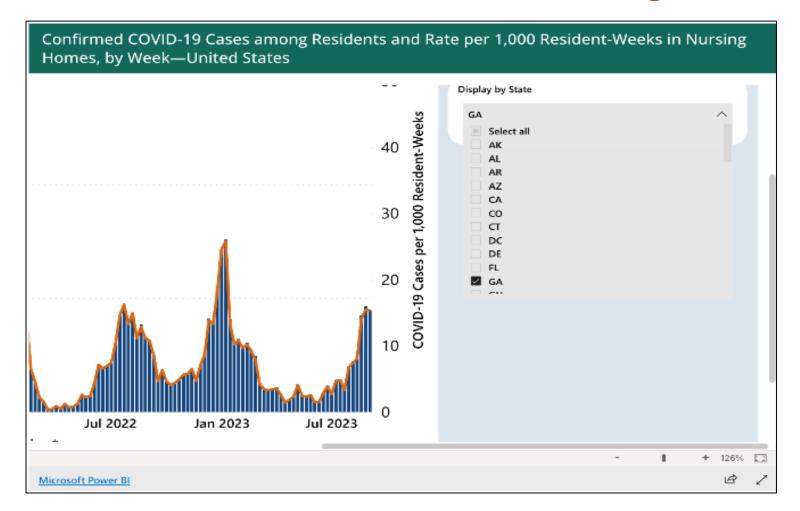
Variant Distribution for COVID-19



¹²

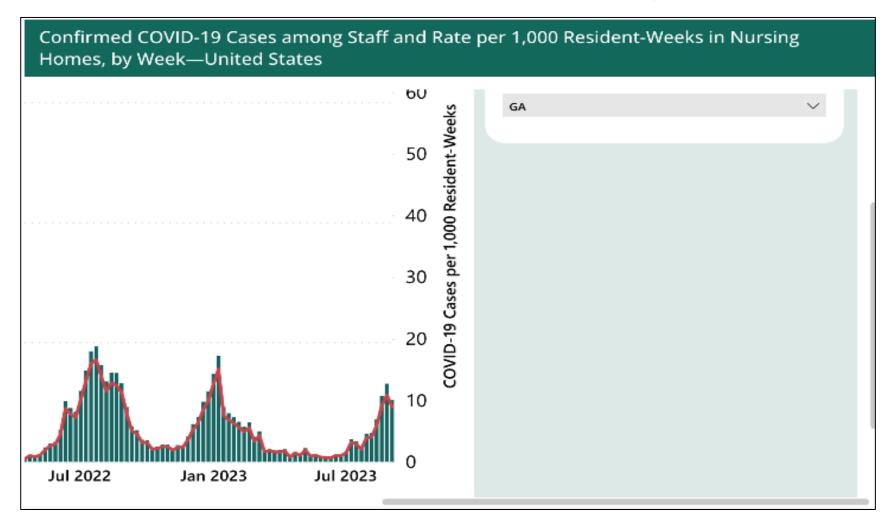


COVID-19 Cases in Nursing Home Residents



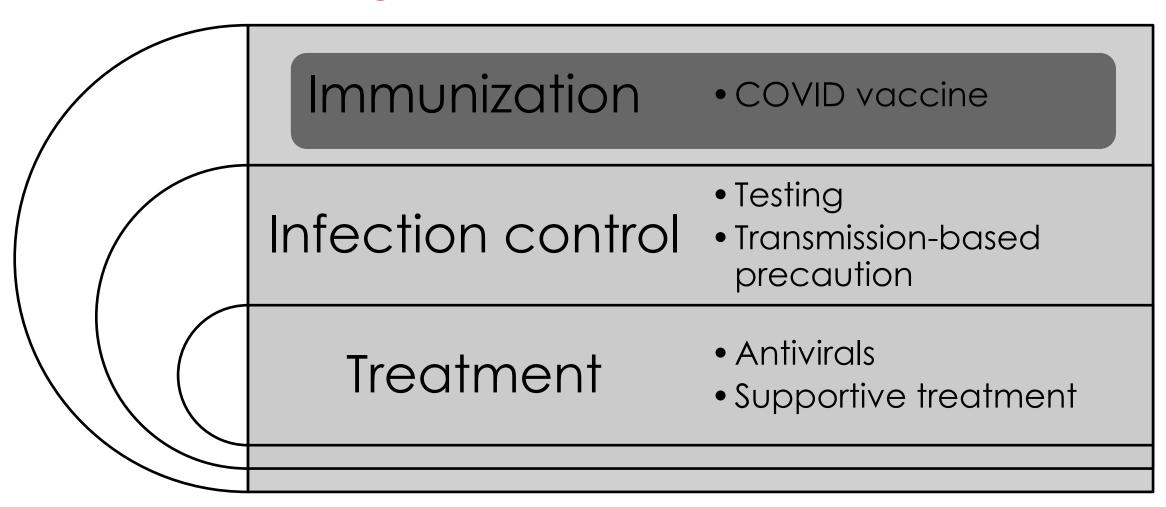


COVID-19 Cases in Nursing Home Staff





Safety Strategy





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/infectioncontrol.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 clioncontrol/index.htm; lonal antibodies and oral antiviral drugs, can prevent serious illness and save the lives of



Coadministration



COVID-19 vaccine + Flu vaccine



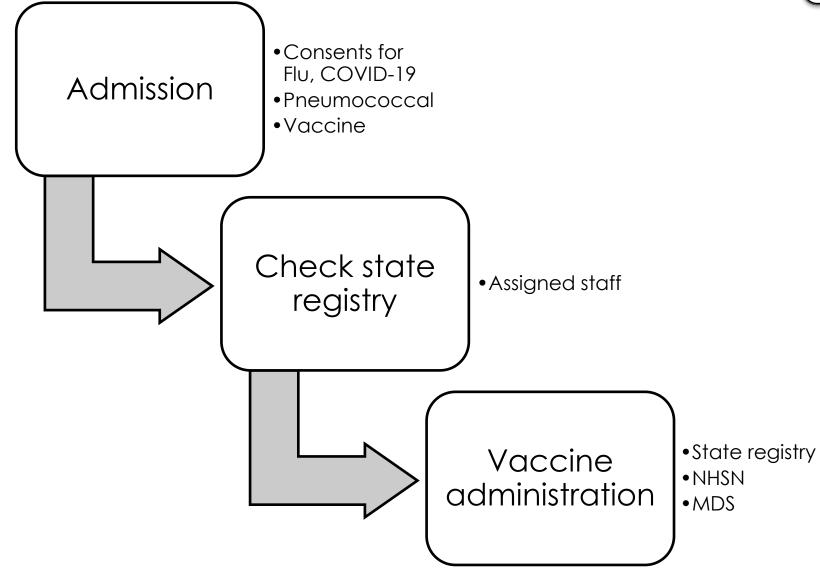
Pneumococcal vaccine + Flu vaccine



 COVID-19 vaccine + Pneumococcal vaccine









COVID-19 Vaccine Update

- FDA approved updated 2023-2024 COVID-19 vaccines for this fall/winter season. The bivalent vaccines are no longer authorized as of 9/12/2023.
- CDC recommends everyone aged 6 months and older should receive the 2023-2024 updated
 COVID-19 vaccine to protect against serious illness from COVID-19 and to remain up to date.
- Under the new recommendations, most individuals will not be up to date with COVID-19 vaccines until they receive the 2023-2024 updated COVID-19 vaccine.
- The new definition of up to date with COVID-19 vaccines will apply for NHSN surveillance beginning the week of **September 25**, **2023 October 1**, **2023** (the first week of reporting Quarter 4 2023).
- The new definition applies to both the NHSN Weekly HCP and Resident Vaccination Forms and the NHSN COVID-19 Surveillance Pathways (RIFC Form).







Legionnaires' Disease

 A serious type of pneumonia caused by bacteria, called Legionella, that live in water.

 Legionella can make people sick when they inhale contaminated water from building water systems that are not adequately maintained.



Other Waterborne Pathogens

- Pseudomonas
- Acinetobacter
- Stenotrophomonas
- Non-tuberculous mycobacteria
- Fungi



Polling Question

- Does your facility have a water management program?
 - Yes
 - No
 - Don't know/Not sure/First time hearing about water management program



If You Answer YES to Any of These....

1. Is your building a health care facility where patients stay overnight, or does your building house or treat people who have chronic acute medical problems or weakened immune systems?



If You Answer YES to Any of These....

2. Does your building primarily house people older than 65 years (like a retirement home or assisted-living facility?)

3. Does your building have multiple housing units and a centralized hot water system?



If You Answer **YES** to Any of These....

Then, you should have a water management program for your facility's hot and cold-water distribution system.

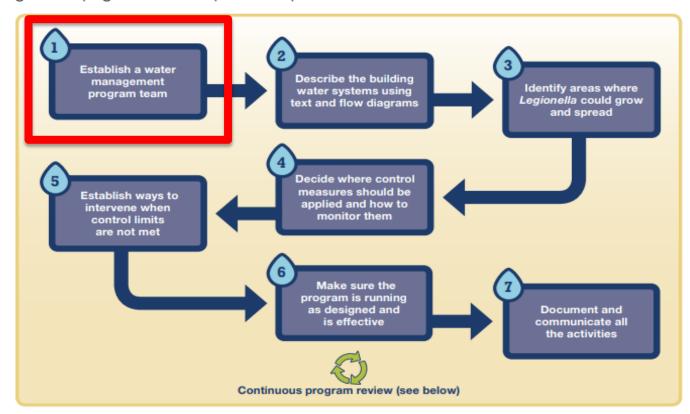


So Where Do We Start?



Elements of a Water Management Program

Developing and maintaining a water management program is a multi-step, continuous process. The key steps, listed here, are explained in more detail throughout the toolkit with the associated step number appearing on the page where the specific step is discussed.



<u>Legionella Toolkit-Version 1.1-June 24, 2021</u> (cdc.gov)



Establish a Water Management Program Team

Certain skills, described in the diagram below, are needed to develop and implement your water management program. These skills would typically be provided by a combination of people, some of whom may have multiple skills (examples shown below).



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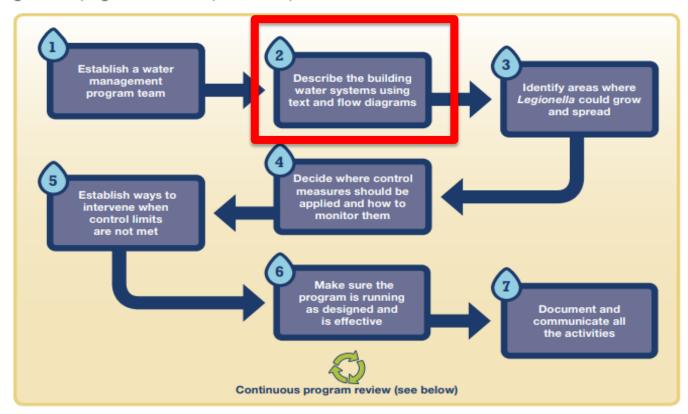
Water Management Team (Nursing Homes)

- Three or more individuals representing:
 - Management
 - Infection preventionist
 - Facilities engineer
 - Clinician with expertise in infectious diseases
 - Risk and quality management staff
 - Contractors/consultants (e.g., water treatment professionals)
 - Microbiologists



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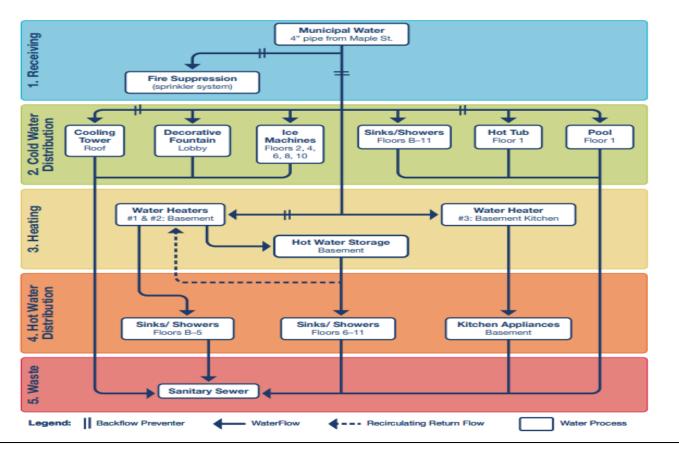




Describe Your Building Water Systems Using a Flow Diagram

EXAMPLE: BUILDING A

In addition to developing a written description of your building water systems, you should develop a process flow diagram. Below is an example of a process flow diagram for Building A. Note that this diagram does not need to be as detailed as your building plans. In fact, it's best if the process flow diagram can be understood easily by all members of your team.

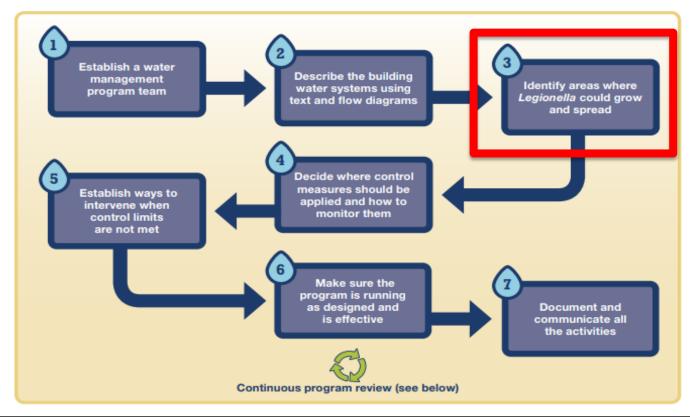


<u>Legionella Toolkit-Version 1.1-June 24, 2021</u> (cdc.gov)



Elements of a Water Management Program

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<u>Legionella Toolkit-Version 1.1-June 24, 2021</u> (cdc.gov)



Where Can Legionella or Waterborne Pathogens Grow and/or Spread?

- Hot and cold water storage tanks
- Water heaters
- Aerators
- Showerheads and hoses
- Faucets
- Pipes, valves and fittings
- Misters and humidifiers
- Ice machines
- Decorative fountains or aquariums
- Hydrotherapy/hot tubs
- Infrequently used equipment, including eyewash stations



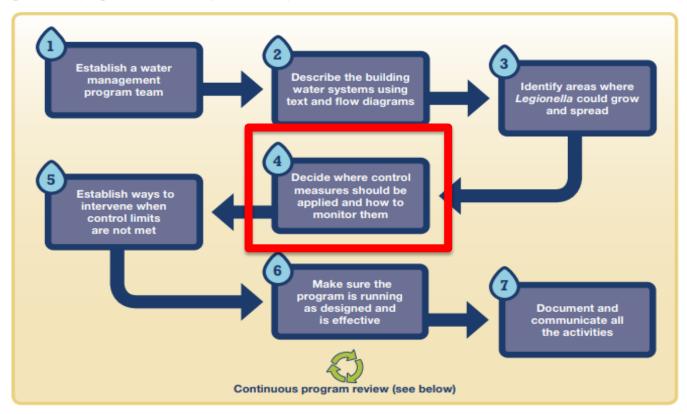
Consider...

- Areas that were shut down/closed due to COVID-19 and are due for re-opening.
- Patient care areas and other places like dialysis, respiratory therapy, hydrotherapy, dietary, and central supply that could contribute to the spread.
- Places where patients can be exposed to contaminated water (ice machines, heater-cooler units, respiratory therapy equipment.
- Areas where patient care supplies could be contaminated due to splashing.



Elements of a Water Management Program

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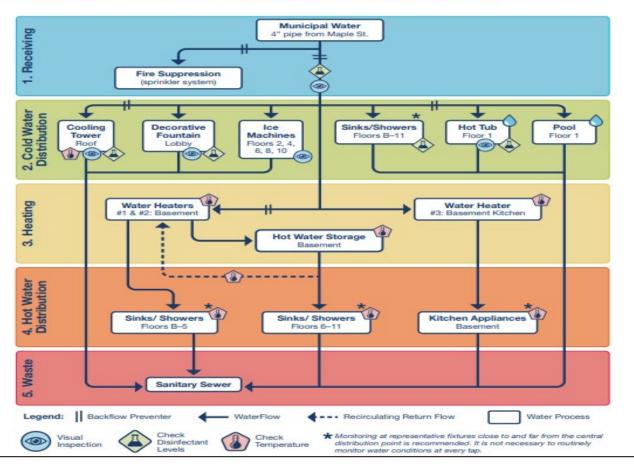




Decide How to Monitor Your Control Measures

EXAMPLE: BUILDING A

The diagram below shows which types of monitoring could occur at different locations within Building A's water system to reduce the risk of growth and spread of *Legionella*.



Legionella Toolkit-Version 1.1-June 24, 2021 (cdc.gov)



Elements of a Water Management Program

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<u>Legionella Toolkit-Version 1.1-June 24, 2021</u> (cdc.gov)



Establish Ways to Intervene When Control Limits Are Not Met



CORRECTIVE ACTION EXAMPLES

Building water systems are dynamic. You should plan for your monitoring results to vary over time and be prepared to apply corrective actions. **Corrective actions** are taken in response to systems performing outside of control limits. The following are examples of corrective actions.

Example 1—Biofilm growth in the decorative fountain



 During her weekly inspection of the fountain in the first floor lobby, Michelle Patterson notes that the fountain walls have accumulated a slimy growth.

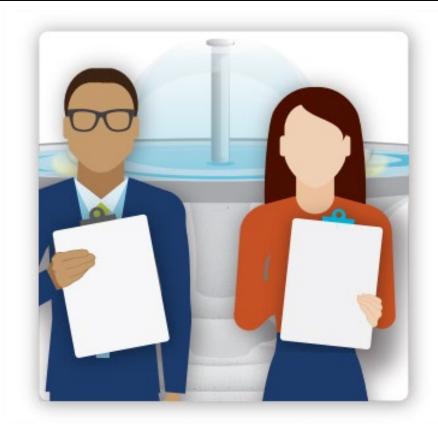


As dictated by her water management program, Michelle immediately shuts off the fountain, drains it to the sanitary sewer, and scrubs it with a detergent recommended by the manufacturer. <u>Legionella Toolkit-Version 1.1-June 24, 2021</u> (cdc.gov)





 She then follows the program's start up procedure to refill the fountain with water and checks the residual disinfectant levels to make sure that they are within control limits.

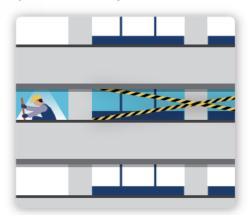


 Michelle documents her observations and the performance of interim cleaning in her log book. She informs her supervisor.



(5)

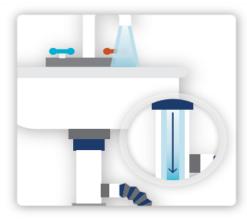
Example 2—Unoccupied floor



 The eighth floor of the building is being renovated and is closed to the public. Jason Hernandez understands that this may cause a temporary hazardous condition because water usage will decrease, which means that stagnation is possible.



 Jason also increases the frequency of measuring temperature and chlorine levels on the eighth floor from weekly to daily for the duration of the renovation.



2. After discussing the issue with his supervisor, Jason counteracts the potential for stagnation by daily flushing of the sinks and fixtures with hot and cold water in several rooms including those at the end of the hall, which are farthest from the vertical pipe serving that floor (riser).

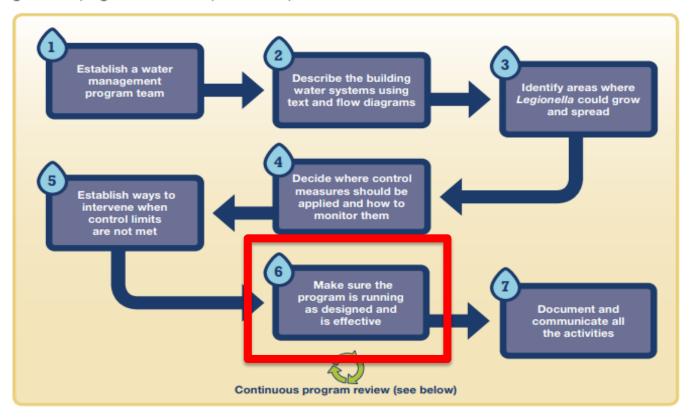


 He documents the method and duration of flushing and records his daily temperature and chlorine readings in his log book. He reviews his documentation with his supervisor. <u>Legionella Toolkit-Version 1.1-June 24, 2021 (cdc.gov)</u>



Elements of a Water Management Program

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Legionella Toolkit-Version 1.1-June 24, 2021 (cdc.gov)



Questions to Consider...

Are we doing what we said we would do?

 Establish procedures initially and ongoing to confirm that the water management program is being implemented as designed

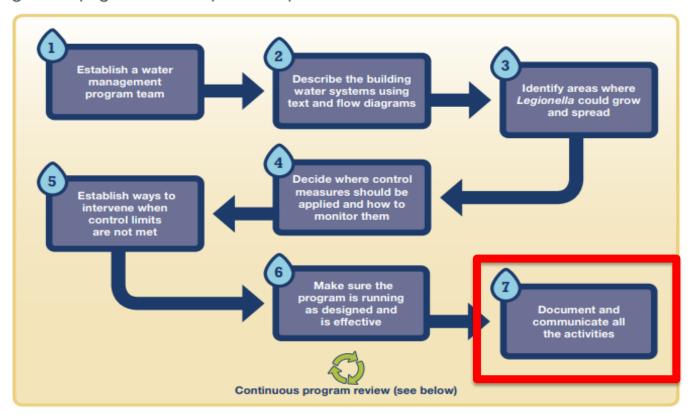
Is our program working?

- Environmental testing for Legionella
- Surveillance for healthcare-associated cases



Elements of a Water Management Program

Developing and maintaining a water management program is a multi-step, continuous process. The key steps, listed here, are explained in more detail throughout the toolkit with the associated step number appearing on the page where the specific step is discussed.



<u>Legionella Toolkit-Version 1.1-June 24, 2021</u> (cdc.gov)



Documentation

Your written program should include at least the following:

- Program team, including names, titles, contact info and roles on the team
- Building description, including location, age, uses and occupants and visitors
- Water system description
- Control measures
- Confirmatory procedures, including verification steps to show that the program is being followed as written and validation to show that the program is effective
- Document collection and transport methods and which lab will perform the testing if environmental testing is conducted



Communication

 Share your work/ plan with your occupants, employees, and colleagues regularly to keep them informed that you have a plan in place to keep building water systems safe.

 Continually look for opportunities to improve the management and efficiency of your water systems.



Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 11: Water Exposure Facilitator Guide

Water Exposure: This form is intended to aid an ICAR facilitator in the review of a healthcare facility's infection risks posed by water exposures and related policies (Part A) and guide observations about water exposure risks (Part B). The form is intended for use in acute care facilities, long-term care facilities, and outpatient healthcare facilities. It is not intended for use in hemodialysis facilities; if conducting an assessment of a hemodialysis facility, refer to the resources at: <u>Audit Tools and Checklists | Dialysis Safety | CDC</u>

NOTE: This module does not apply to assessment of dental water lines.

Part A. Water Exposure Interview Questions

This interview should include the person in charge of Plant Operations or Facility Management

1.	Does your facility have a water management program (WMP) to reduce the growth and transmission of Legionella and other waterborne
	pathogens (e.g., Pseudomonas, Acinetobacter, Burkholderia, Elizabethkingia, Stenotrophomonas, nontuberculous mycobacteria, and fungi)?

O Yes

O No

Unknown

Not Assessed

A water management plan should address additional topics not addressed in this ICAR, including the assessment and assurance of the microbial safety of water within a facility's premise plumbing. Information regarding water management including tools for developing a WMP to ensure the safety of patients, staff and visitors is available at Reduce Risk from Water | HAI | CDC and includes the following tools and other resources:

- Healthcare Facility Water Management Program Checklist (cdc.gov)
- Water Infection Control Risk Assessment (WICRA) for Healthcare Settings (cdc.gov) which may be performed during the initial development of a WMP, and which can be used to evaluate water sources, modes of transmission, patient susceptibility, patient exposure and program preparedness. It may be updated over time and subsequently reused.
- · CDC Toolkit: Developing a Water Management Program to Redwuce Legionella Growth and Spread in Buildings.

NOTE: The Centers for Medicare and Medicaid Services (CMS) considers it essential that healthcare facilities have a Water Management Plan, and provides information at SC17-30.Legionella_Risks in Healthcare Revised 6-09-17 (cms.gov)

NOTE: CDC guidelines recommend to evaluate possible environmental sources of specimen contamination (e.g., water, laboratory solutions, or reagents) when microbiologic test results (e.g., cultures) appear to be inconsistent with the given clinical context. For more information, see Box 1 of https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html

NOTE: An essential part of a water management plan includes monitoring water coming into the building (e.g., municipal water line). CDC recommends that healthcare facilities develop an ongoing dialogue with their drinking water provider so that they are aware of

ICAR Tool for General Infection and Control (IPC) Across Settings - Module 11: Water Exposure Facilitator Guide (cdc.gov)



 Are patient care items located at least three feet from sinks, or is a splash guard in place to prevent items from becoming wet, including in medication preparation areas?





- Daily cleaning and disinfection of countertops and sinks with EPA-registered disinfectant.
- Are toilets in patient/resident rooms in restrooms with doors that can be closed when flushed, or are toilets equipped with flush covers?
- Does the facility have a policy to routinely flush all eye wash stations to prevent water stagnation in the systems?



- Are ice machines and ice chests routinely cleaned and protected from contamination?
 - Are ice scoops stored outside the chest?
 - Is a log of preventative maintenance kept?
 - Are ice machines flushed before use if disconnected for a prolonged amount of time?



- Is shower equipment and surfaces cleaned and disinfected between each resident?
- Is there a system to help HCP readily identify clean equipment vs. not clean?
- For hydrotherapy areas:
 - Routine cleaning with EPA-registered product
 - Monitoring of minimal disinfectant levels
 - Avoid patients with draining wounds or fecal incontinence



Patient Care Activities Using Water

- Clean and disinfect nebulizer with sterile water rinse between treatments for same patient use
 - HLD or sterilize between use on different patient
- Use sterile fluid for nebulization



Resources

 Legionella Toolkit-Version 1.1-June 24, 2021 (cdc.gov)

 ICAR Tool for General Infection and Control (IPC) Across Settings - Module 11: Water Exposure Facilitator Guide (cdc.gov)

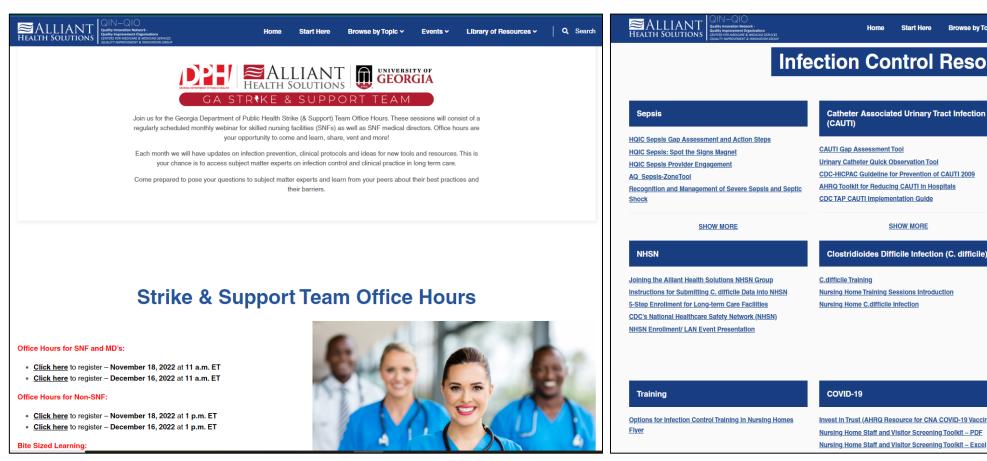


Questions?





Alliant Health Solutions Resources





https://quality.allianthealth.org/topic/georgia-department-of-public-health/

https://auality.allianthealth.org/topic/infection-control/



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



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



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

State Region/Districts	Contact Information
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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 (256-293-9994)</u> <u>Renee.Miller@dph.ga.gov (678-357-4797)</u>
Central (Dublin, Macon, Augusta, & Columbus) Districts 5-1, 5-2, 6, 7	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589) Karen.Williams13@dph.ga.gov (404-596-1732)
Southwest (Albany, Valdosta) Districts 8-1, 8-2	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southeast (Savannah, Waycross) Districts 9-1, 9-2	Lynn.Reynolds@dph.ga.gov (804-514-8756)
Backup/Nights/Weekends	Joanna.Wagner@dph.ga.gov (404-430-6316)



Save the Date

SNF and Medical Directors Office Hours:

October 20, 2023 | 11 a.m. ET

ALF and PCH

Sept. 22, 2023 | 11 a.m. ET October 27, 2023 | 11 a.m. ET



Thanks Again...

- Georgia Department of Public Health
- University of Georgia





Making Health Care Better







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