ALLIANT HEALTH SOLUTIONS

Georgia Department of Public Health:
GDPH Office Hours for ALFs & PCHs
February 23, 2024

Meet the Team

Presenters:

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

Haley Taylor, MSN, RN, CIC
Infection Preventionist | PI/IC Coordinator
Trinka Davis Veterans Village - Carrollton, Ga

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

Haley Taylor, MSN, RN, CIC

Infection Preventionist | PI/IC Coordinator
Trinka Davis Veterans Village – Carrollton, Ga

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia

Objectives

- Provide updates on COVID-19 and other respiratory viral threats
- Identify infection control risks related to sinks in nursing facilities
- Share GADPH and Alliant Health Solution Resources to support infection prevention and control initiatives
- Address any questions or concerns from facilities

COVID-19 Update

ALLIANT HEALTH SOLUTIONS

CDC COVID Data Tracker

COVID-19 Update for the United States

Early Indicators

Test Positivity

% Test Positivity

10.0%

(January 28 to February 3, 2024)

Trend in % Test Positivity

-0.6% in most recent week

Dec 16, 2023 Feb 3, 2024

Emergency Department Visits

% Diagnosed as COVID-19

1.8%

(January 28 to February 3, 2024)

Trend in % Emergency Department Visits

-10.8% in most recent week

Dec 16, 2023 Feb 3, 2024

These early indicators represent a portion of national COVID-19 tests and emergency department visits. Wastewater information also provides early indicators of spread.

Severity Indicators

Hospitalizations

Hospital Admissions

20,772

(January 28 to February 3, 2024)

Trend in Hospital Admissions

-10% in most recent week

Dec 16, 2023 Feb 3, 2024

Total Hospitalizations

6,793,622

Deaths

% of All Deaths in U.S. Due to COVID-19

3.1%

(January 28 to February 3, 2024)

Trend in % COVID-19 Deaths

-6.1% in most recent week

Dec 16, 2023 Feb 3, 2024

Total Deaths

1,176,639

CDC | Test Positivity data through: February 3, 2024; Emergency Department Visit data through: February 3, 2024; Hospitalization data through: February 3, 2024; Death data through: February 3, 2024.
Posted: February 9, 2024 4:27 PM ET

https://covid.cdc.gov/covid-data-tracker/#datatracker-home

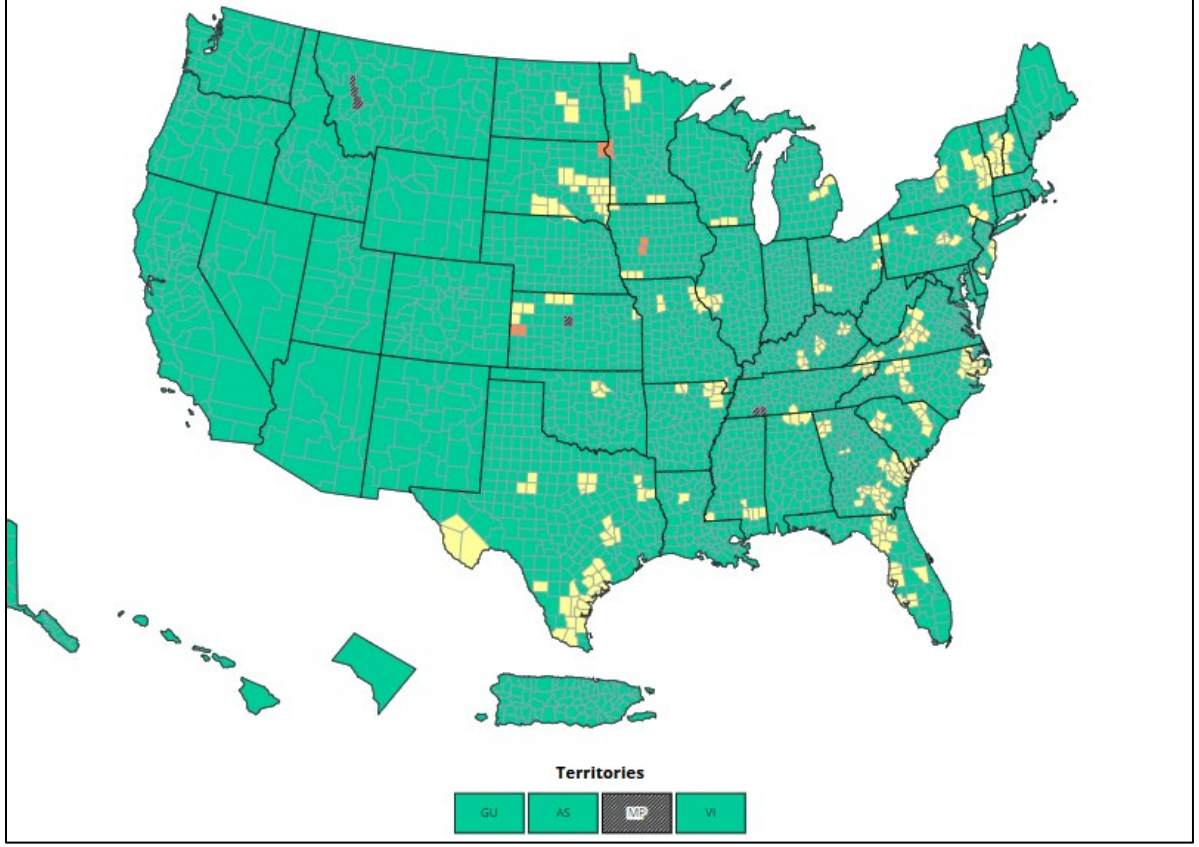
COVID-19 hospital admissions levels in U.S. by county

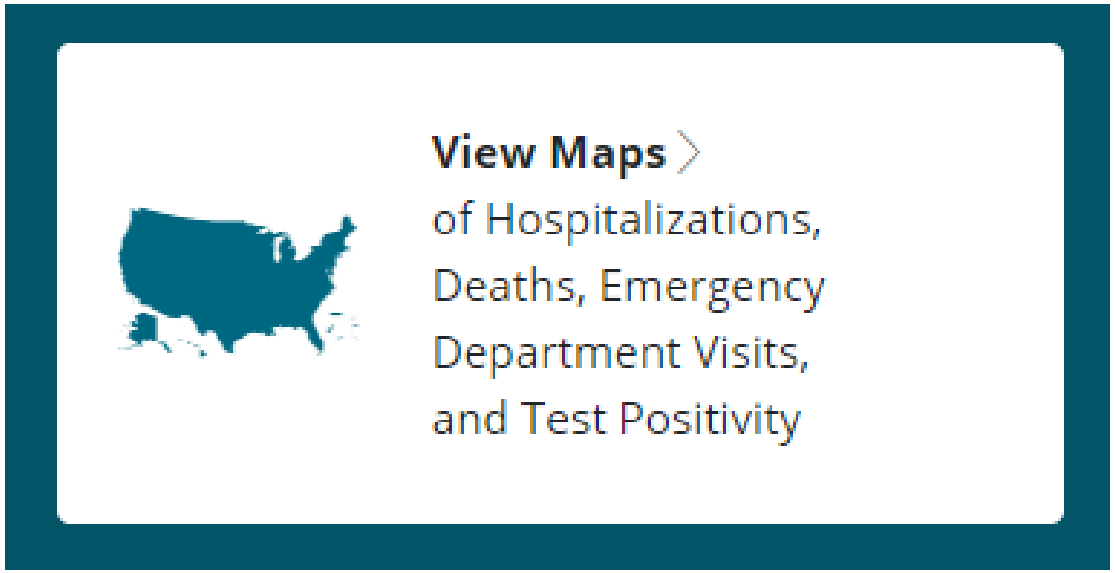
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	32	0.99%	0.78%
10.0 - 19.9	370	11.48%	2.79%
<10.0	2820	87.52%	-3.48%

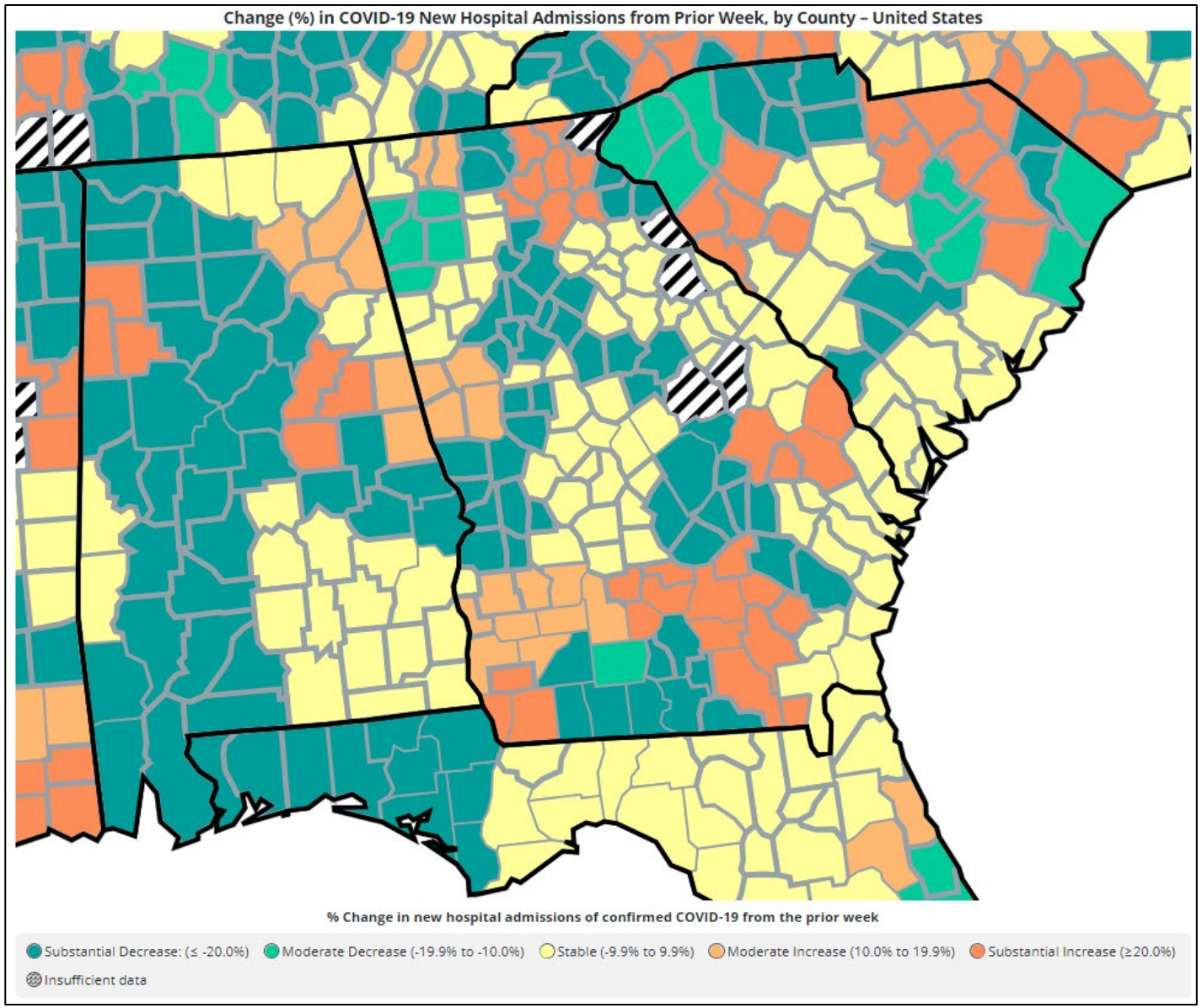
Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending February 10, 2024.

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



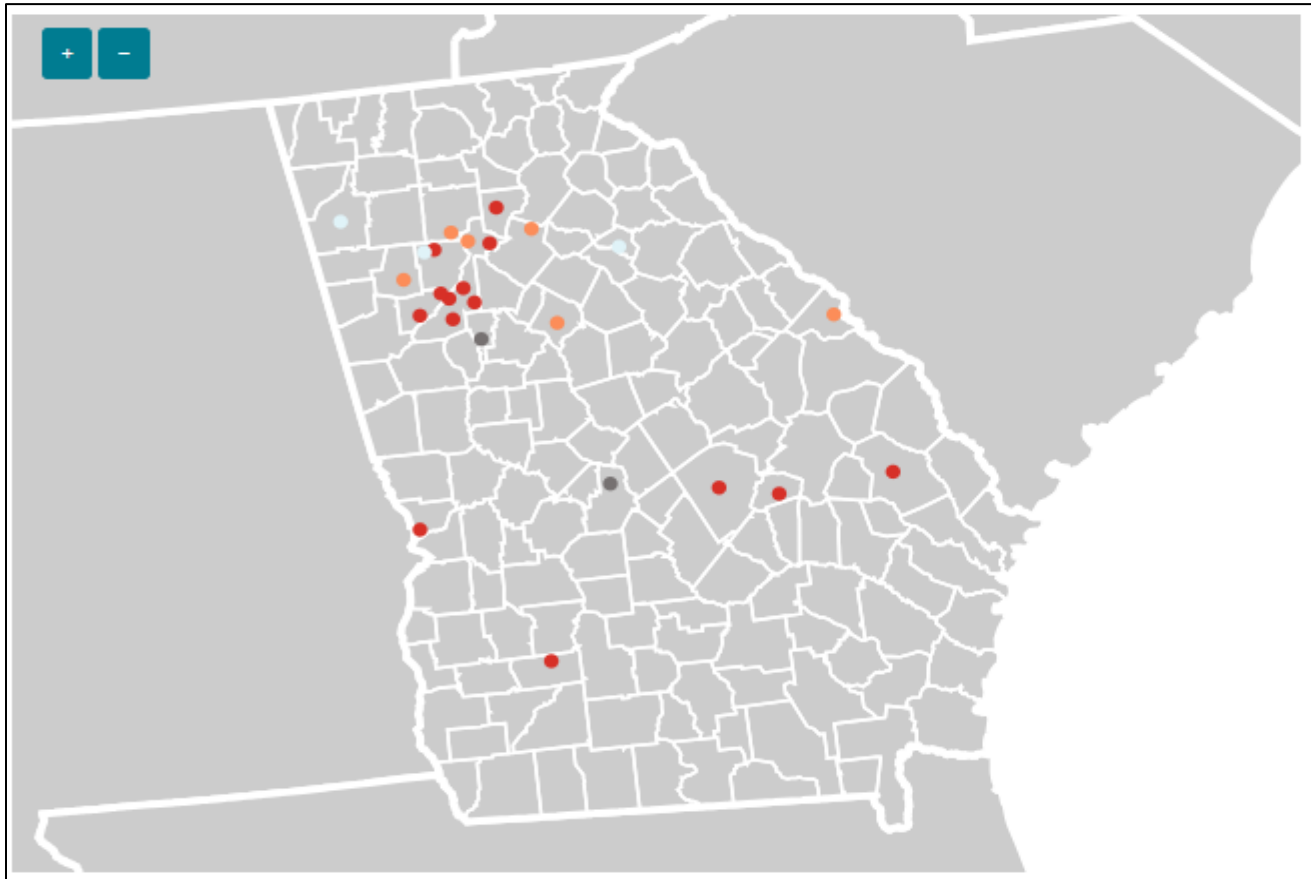


https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county



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

Wastewater Surveillance



Current SARS-CoV-2 virus levels by site, Georgia

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	0	0	N/A**
0% to 19%	0	0	N/A**
20% to 39%	0	0	N/A**
40% to 59%	3	13	– 25%
60% to 79%	6	26	0%
80% to 100%	14	61	– 7%

Total sites with current data: 23

Total number of wastewater sampling sites: 25

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

Select legend categories to filter points on the map.

New site | 0% to 19% | 20% to 39% | 40% to 59% | 60% to 79% | 80% to 100% | No recent data

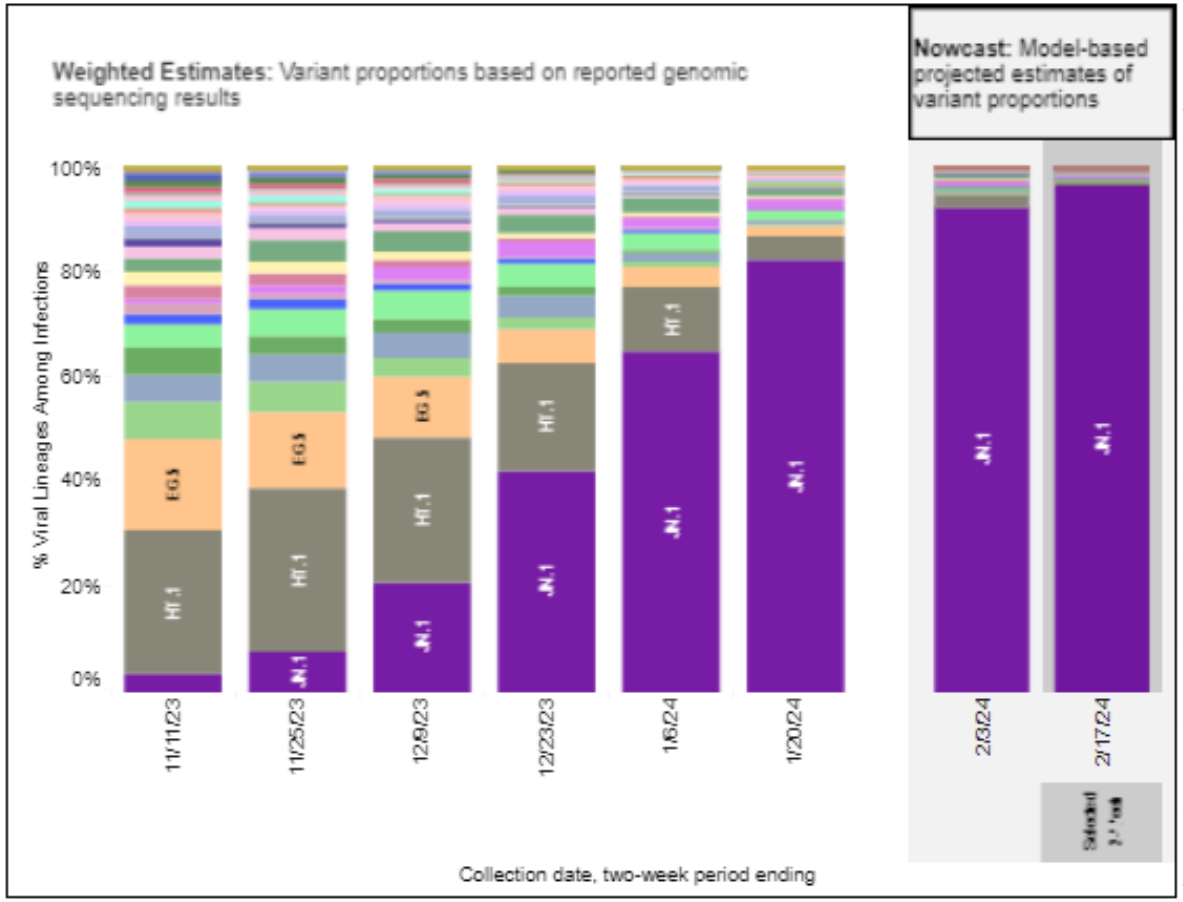
https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance

SARS-CoV-2 Variant Surveillance

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

Weighted and Nowcast Estimates in United States for 2-Week Periods in 10/29/2023 – 2/17/2024

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

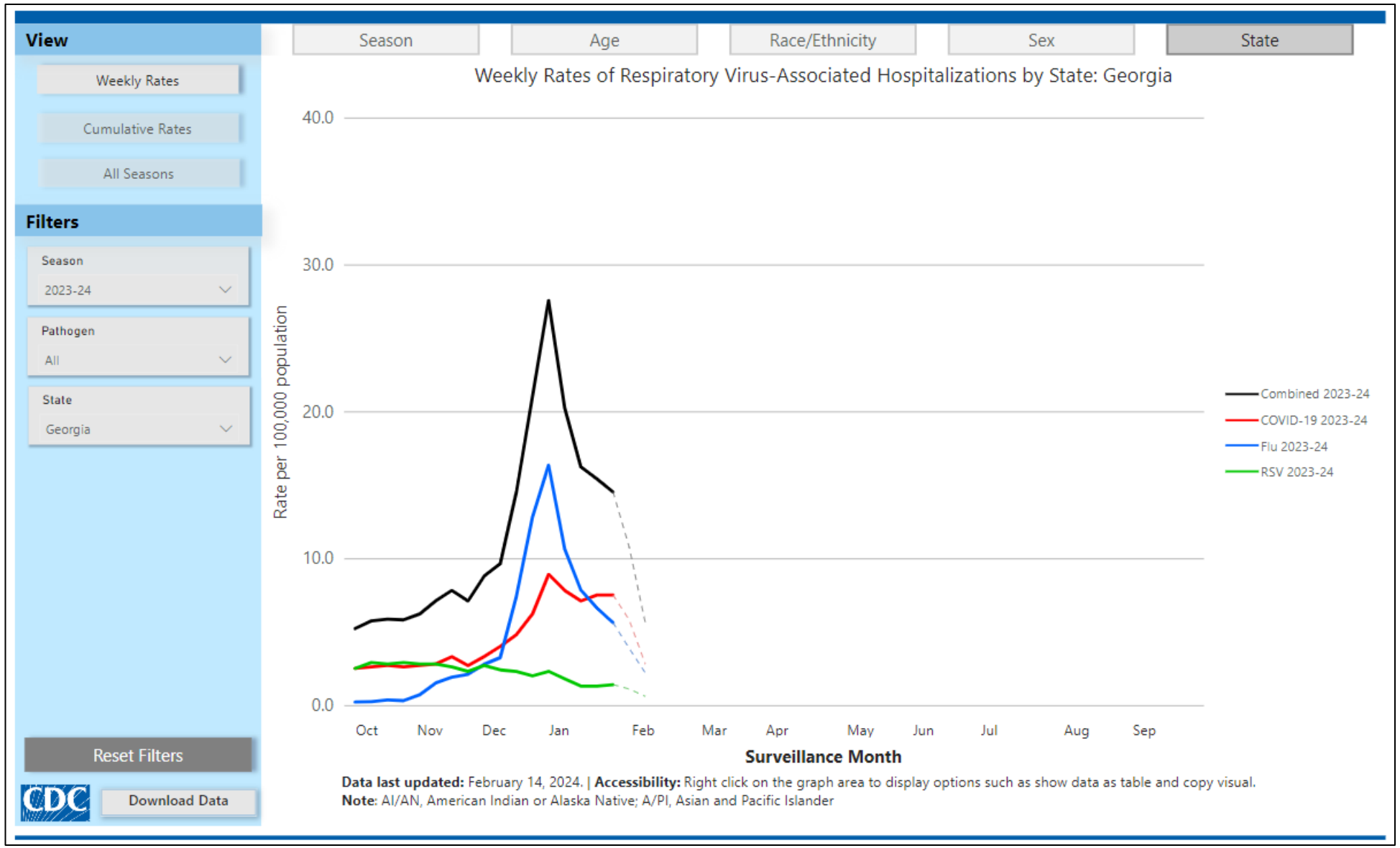


Nowcast Estimates in United States for 2/4/2024 – 2/17/2024

USA

WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	96.4%	94.9-97.4%
	HV.1	1.0%	0.8-1.2%
	JG.3	0.6%	0.4-0.7%
	BA.2.86	0.5%	0.3-0.6%
	BA.2	0.4%	0.0-2.7%
	JD.1.1	0.3%	0.3-0.4%
	GE.1	0.3%	0.1-1.3%
	HK.3	0.2%	0.1-0.2%
	EG.5	0.1%	0.1-0.1%
	EG.5.1.8	0.0%	0.0-0.1%
	JF.1	0.0%	0.0-0.0%
	XBB	0.0%	0.0-0.1%
	FL.1.5.1	0.0%	0.0-0.0%
	XBB.1.9.1	0.0%	0.0-0.0%
	XBB.1.16.15	0.0%	0.0-0.0%
	XBB.1.5.70	0.0%	0.0-0.0%
	XBB.1.16.6	0.0%	0.0-0.0%
	XBB.1.16.11	0.0%	0.0-0.0%
	XBB.2.3	0.0%	0.0-0.0%
	GK.1.1	0.0%	0.0-0.0%
	HF.1	0.0%	0.0-0.0%
	XBB.1.16	0.0%	0.0-0.0%
	GK.2	0.0%	0.0-0.0%
	XBB.1.5	0.0%	0.0-0.0%
	CH.1.1	0.0%	0.0-0.0%
	EG.6.1	0.0%	0.0-0.0%
	XBB.1.5.68	0.0%	0.0-0.0%
	XBB.1.16.1	0.0%	0.0-0.0%
	XBB.1.9.2	0.0%	0.0-0.0%
	XBB.1.16.17	0.0%	0.0-0.0%
	XBB.1.5.72	0.0%	0.0-0.0%
Other	Other*	0.1%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.
\# While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules/.



RESP-NET Surveillance

https://www.cdc.gov/surveillance/resp-net/dashboard.html

Sinks: Health Vs. Harm

Haley Taylor, MSN, RN, CIC, LTC-IC

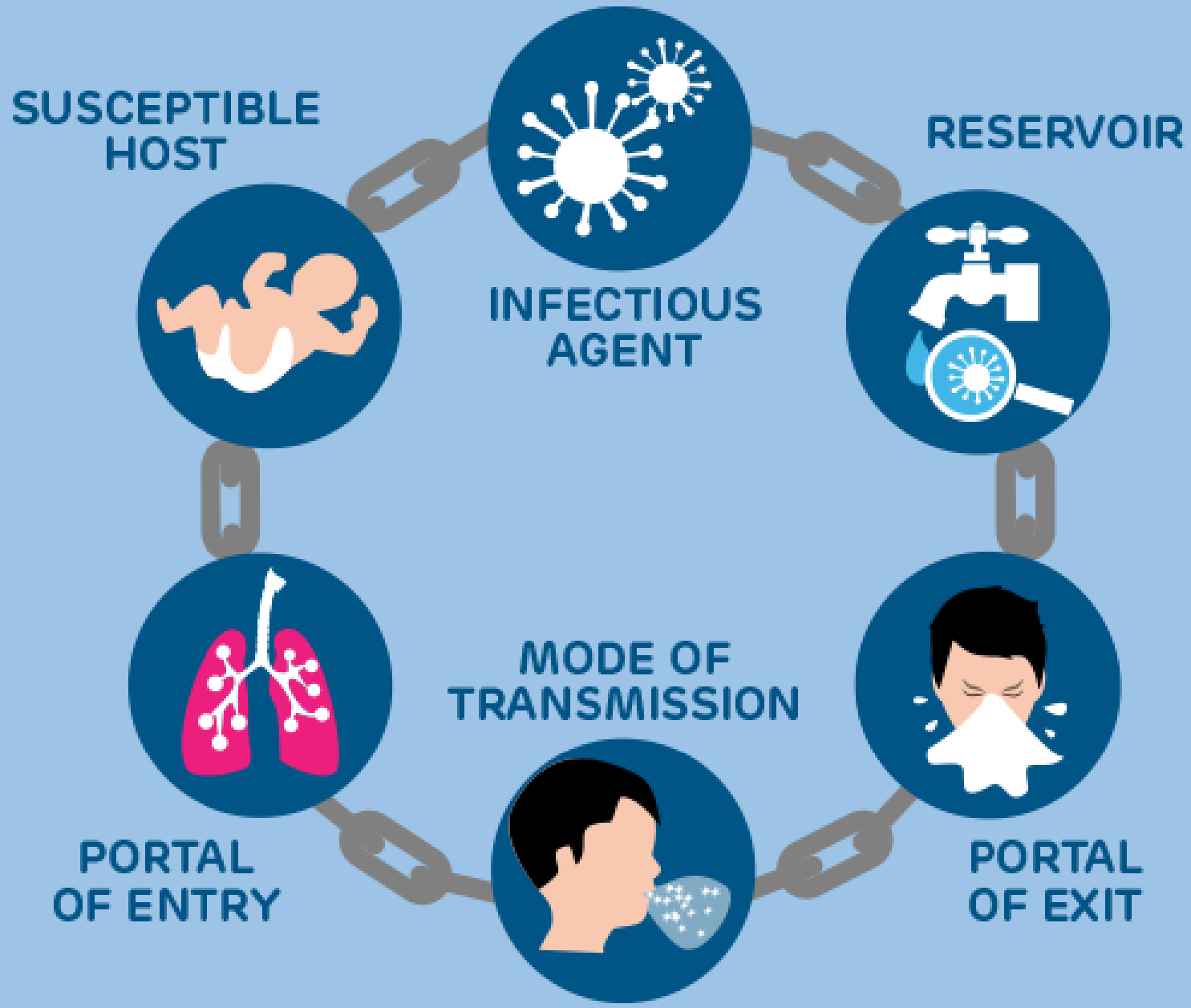
Goals

- Identify the proper use of the sinks
- Identify sink related risks
- Identify ways to mitigate those risks

Microbiology Basics

Microbes are intertwined with our lives in many vital ways! They are present in virtually all parts of the planet and throughout all environments and our bodies!

- Generate oxygen in the atmosphere
- Enhance soil fertility
- Clean the environment
- Aid in the absorption of nutrients
- Skin microbes protect us from other pathogens
- Help protect the skin from water loss


SUSCEPTIBLE HOST
INFECTIOUS AGENT
RESERVOIR
PORTAL OF ENTRY
MODE OF TRANSMISSION
PORTAL OF EXIT

According To The CDC:

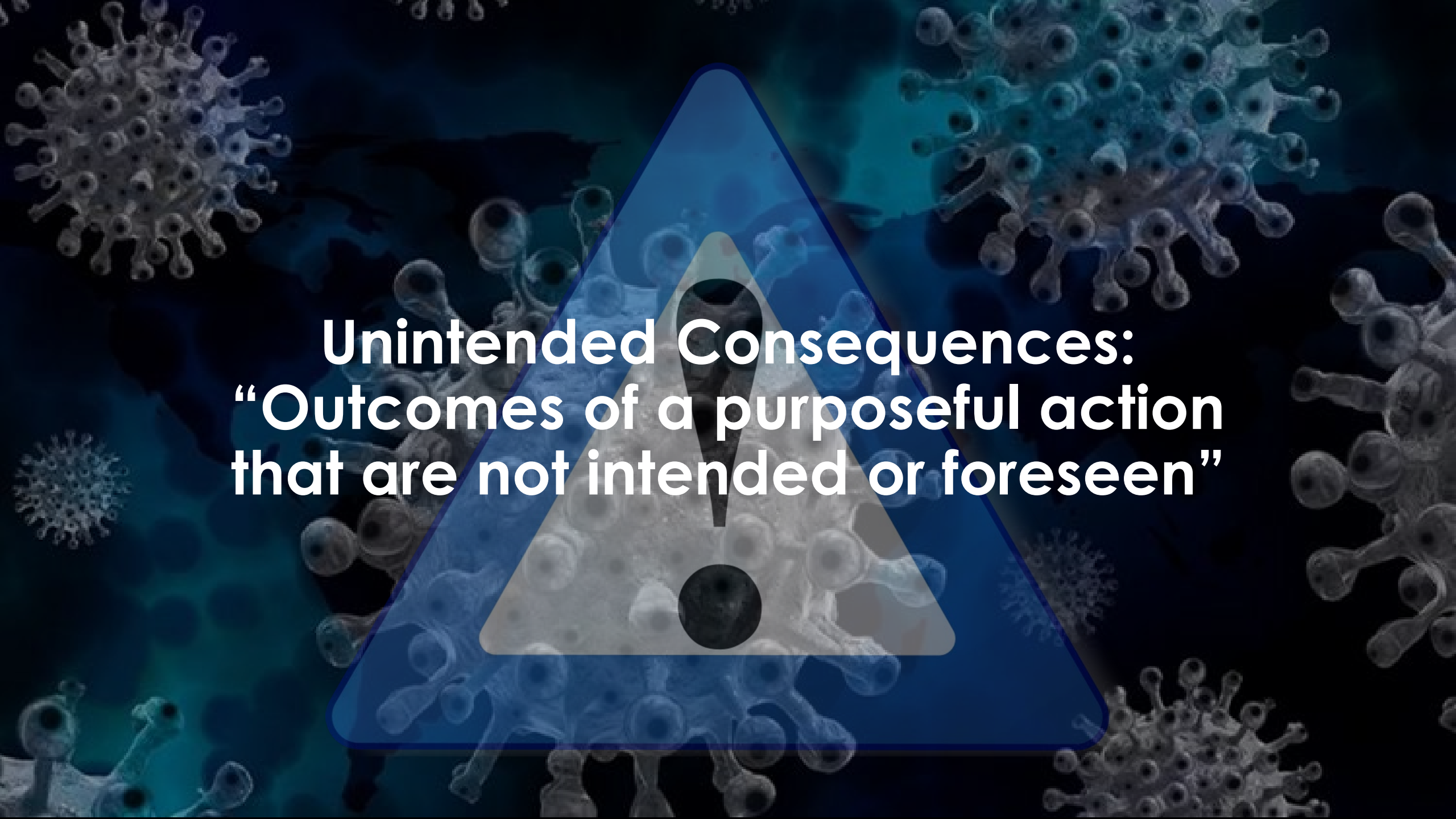
"Recent evidence indicates sinks and other drains, such as toilets or hoppers, in healthcare facilities can become contaminated with multidrug-resistant organisms (MDROs).

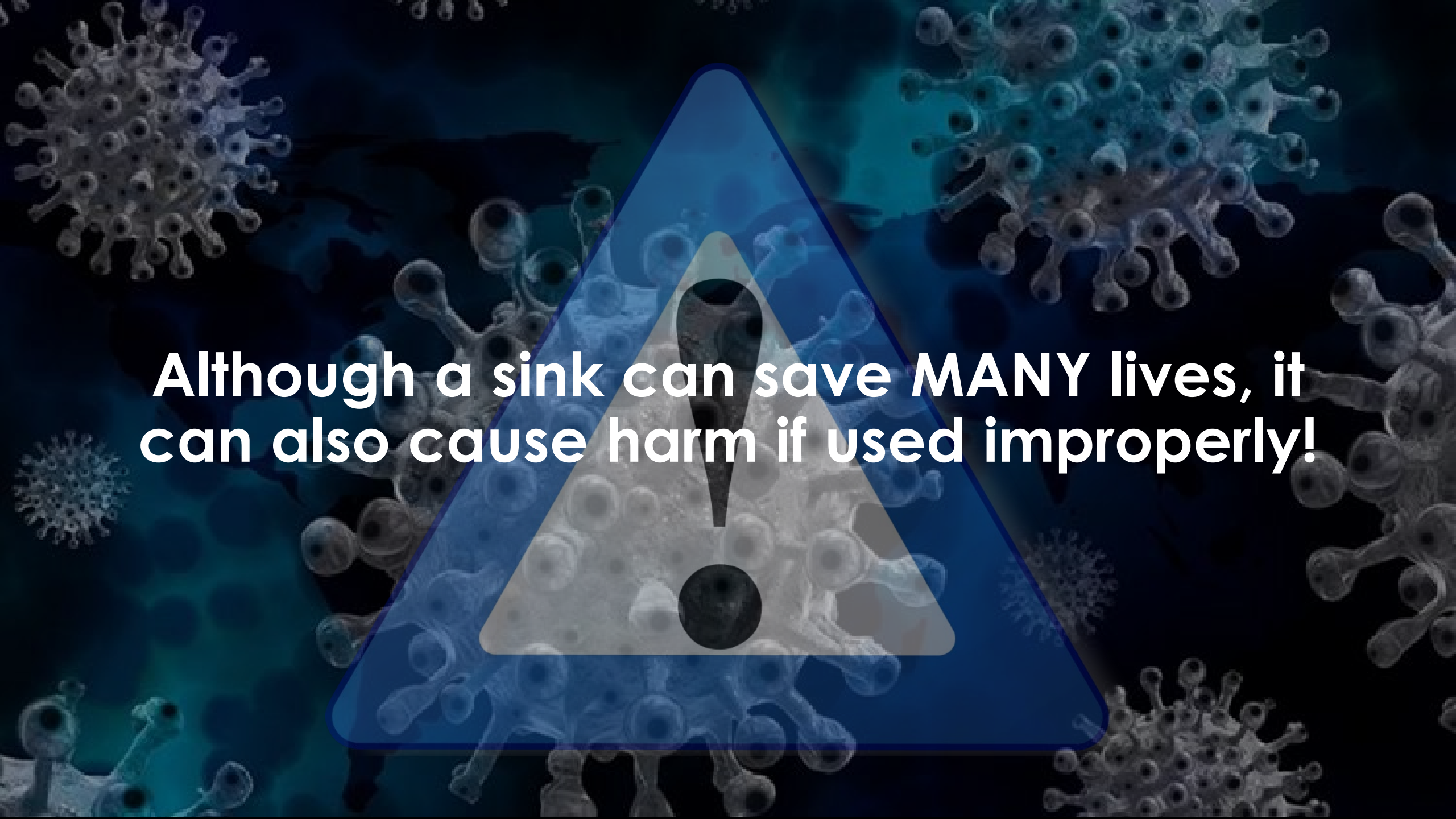
These pathogens can stick to the pipes to form biofilms, which allow the organisms to persist in drains for long periods and are often difficult to impossible to remove. Because different types of bacteria may contaminate the same drain, drains can serve as sites where antibiotic-resistant genes are transferred between bacterial species.

According To The CDC:

Patients may be exposed to organisms in drains when water splashes from the drain. Splashes may occur when water flow hits the contaminated drain cover. Splashes can lead to dissemination of MDRO-containing droplets, which in turn may contaminate the local environment or the skin of nearby healthcare personnel and patients."

Think bottle of lotion sitting by the sink in a resident's room


Unintended Consequences:
“Outcomes of a purposeful action
that are not intended or foreseen”


Although a sink can save MANY lives, it can also cause harm if used improperly!

Reduced rate of intensive care unit acquired gram-negative bacilli after removal of sinks and introduction of water-free patient care

Hopman Et. aL, 2017

The overall GNB colonization rate dropped from 26.3 to 21.6 GNB/1000 ICU admission days (colonization rate ratio 0.82; 95%CI 0.67–0.99; P = 0.02).

Conclusions: Removal of sinks from patient rooms and introduction of a method of water-free patient care is associated with a significant reduction of patient colonization with GNB, especially in patients with a longer ICU length of stay.

Highlighting Proper Use

The single most important action that we can take to prevent infection involves the sink:

Hand Hygiene	15-20 seconds or hum the HBD song twice	Covering all surfaces of the hands and nails	dry hands with a clean towel

Proper hand hygiene as an act of caring

Highlighting Proper Use

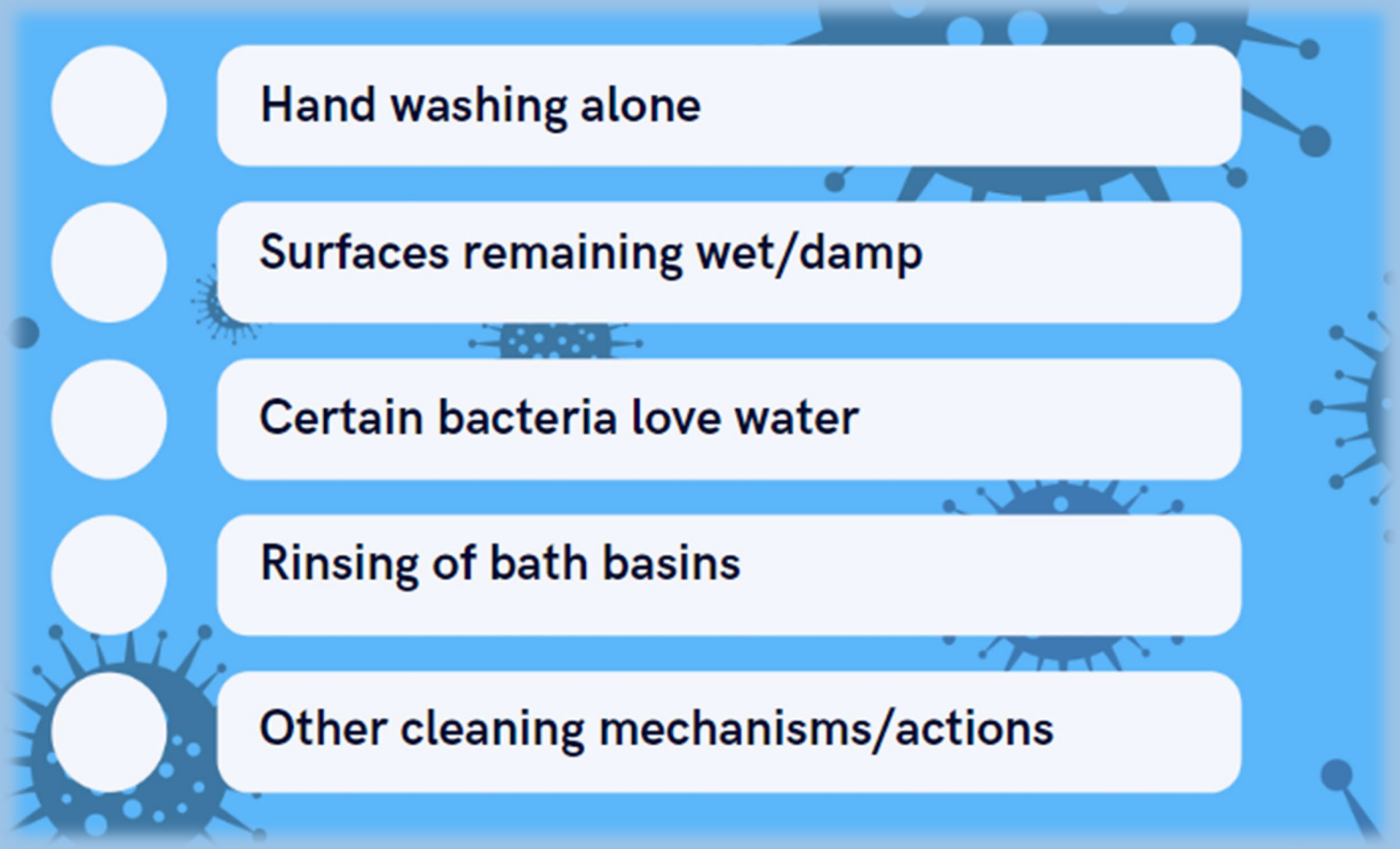
Hand Sanitizer Usage (Sinkless)

Hand Hygiene (at least 60% alcohol)	Cover all surfaces of the hands	Rub until completely dry (about 20 seconds)	No jazz hands, do not rinse

Proper hand hygiene as an act of caring

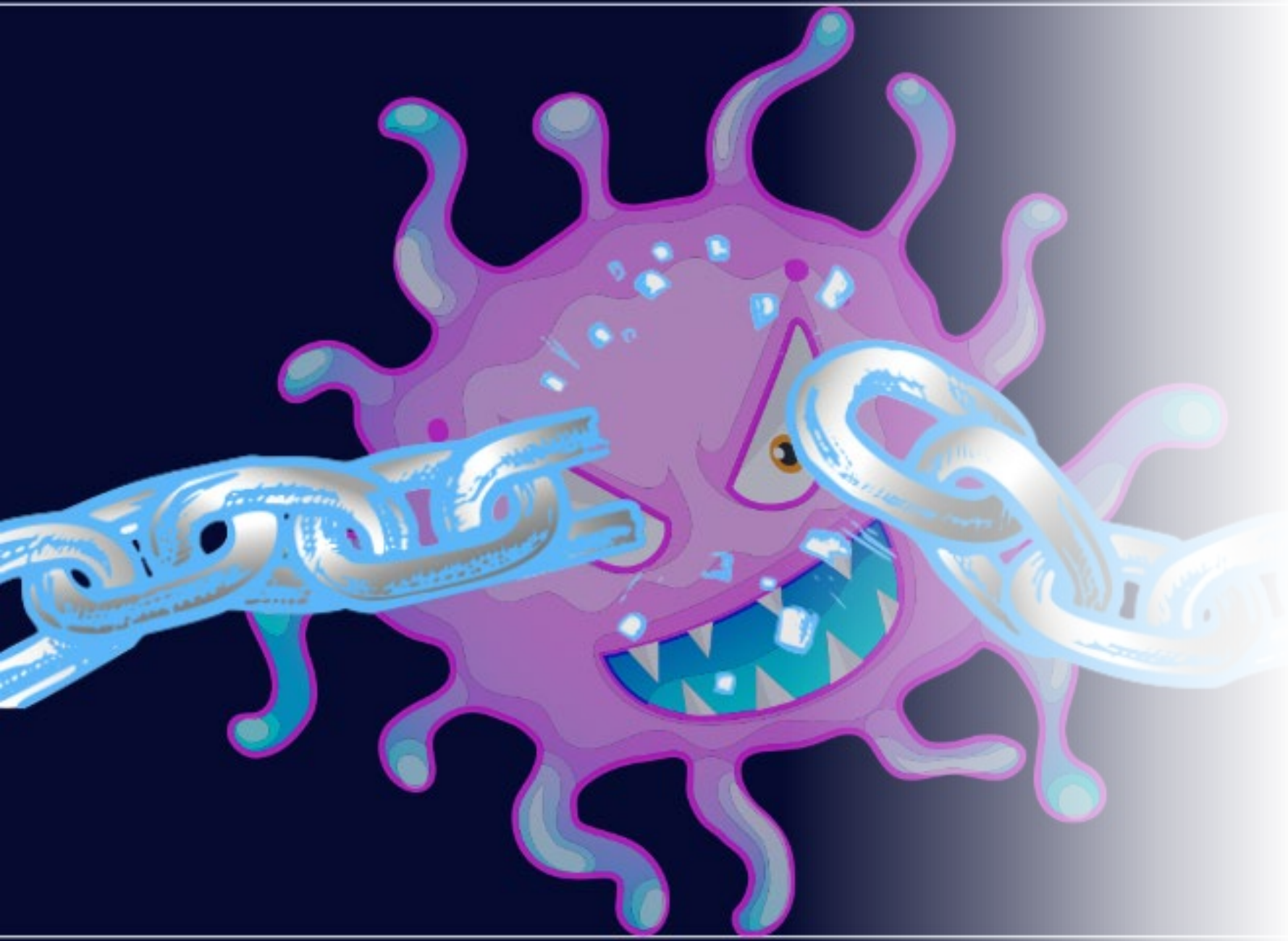
By Design ALONE, sinks can easily become contaminated with many different types of organisms! Think about the different types of organisms that are natural to the hands of the health care worker and the organisms that we may pick up from the environment along the way—All leading to the same place—the sink.

Factors Contributing to Microbial Contamination/Growth of the Sink Area



Opportunistic Pathogens Examples

- Psudomonas aeruginosa
- Enterobacter cloacae
- Klebsiella spp
- Serratia liquifaciens, Serratia marcescens
- Stenotrophomonas maltophilia
- Acinetobacter baumannii
- Legionella pneumophilia
- To name a few

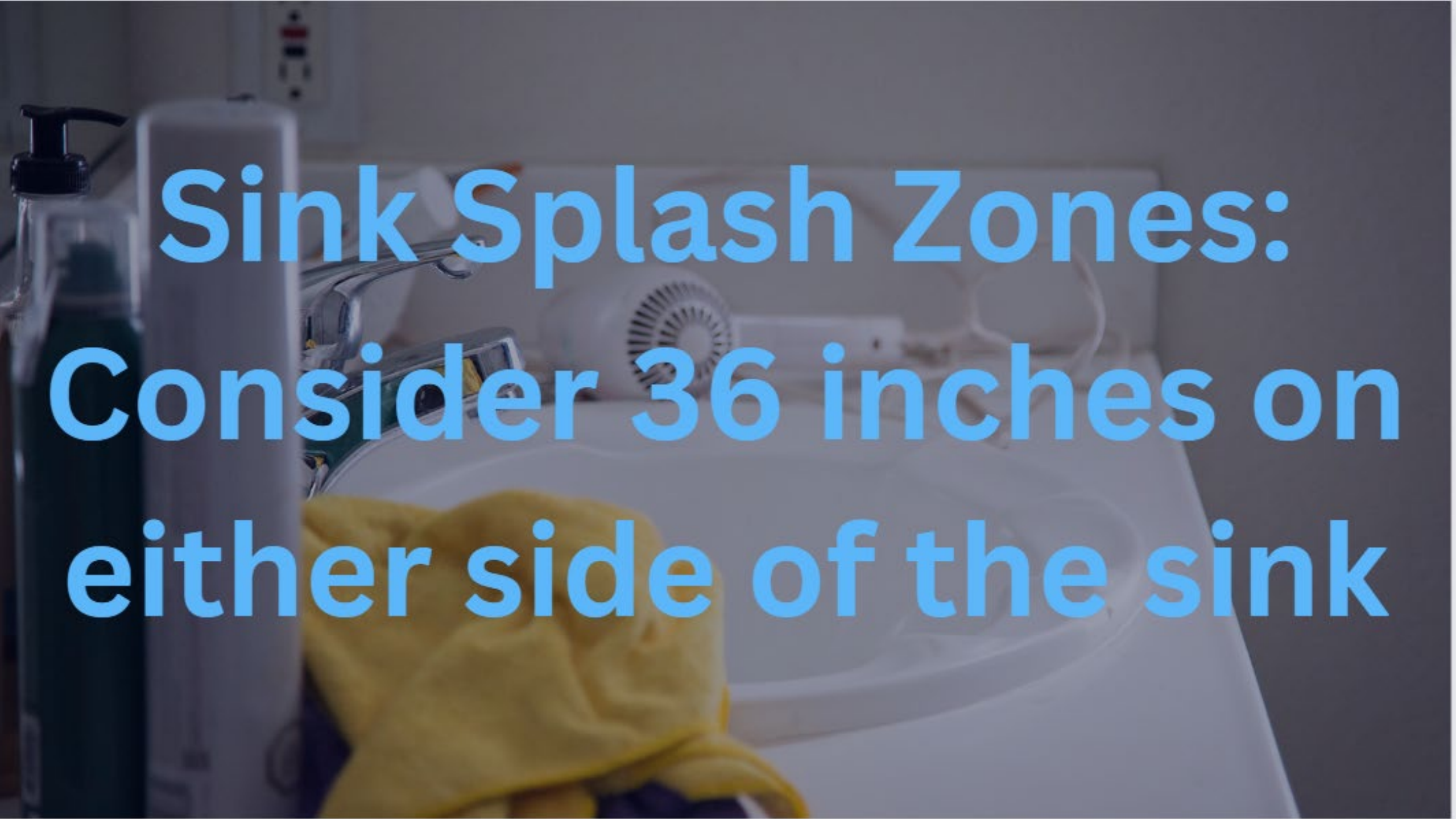


Break the Chain

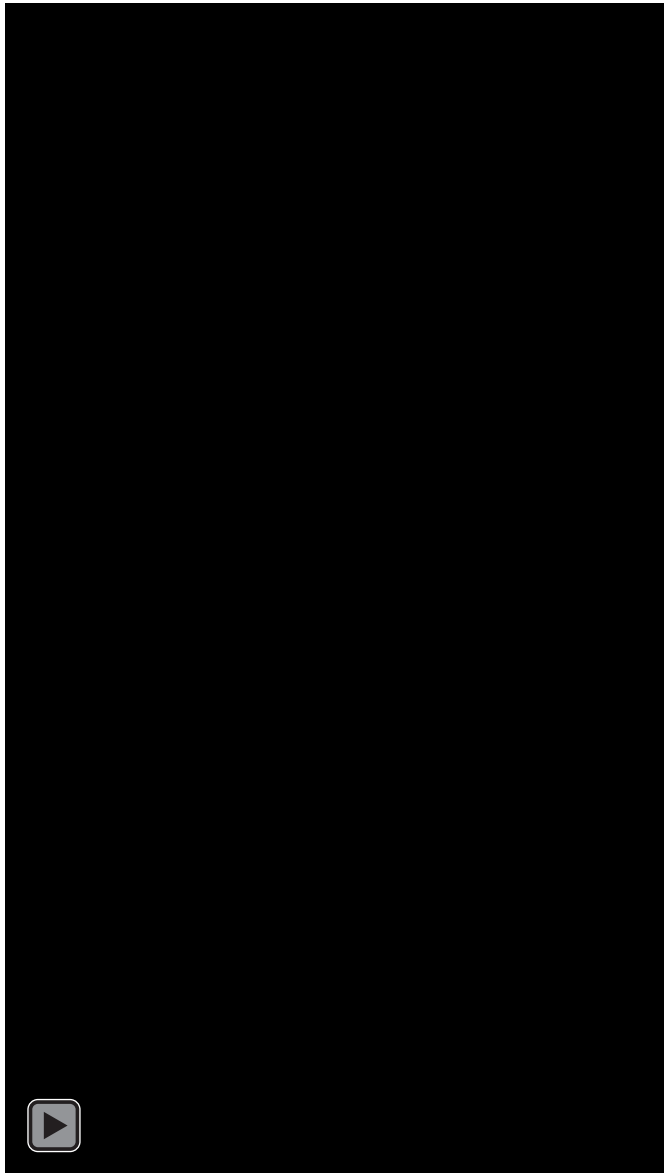
- We have discussed many ways to complete the chain
- Now, let's discuss how to break it

Understanding Risks to Break the Chain

- Splash Zone
- Aerators
- Storage Under Sinks
- Inadequate Disinfection
- Transfer of Organisms to Other Surfaces

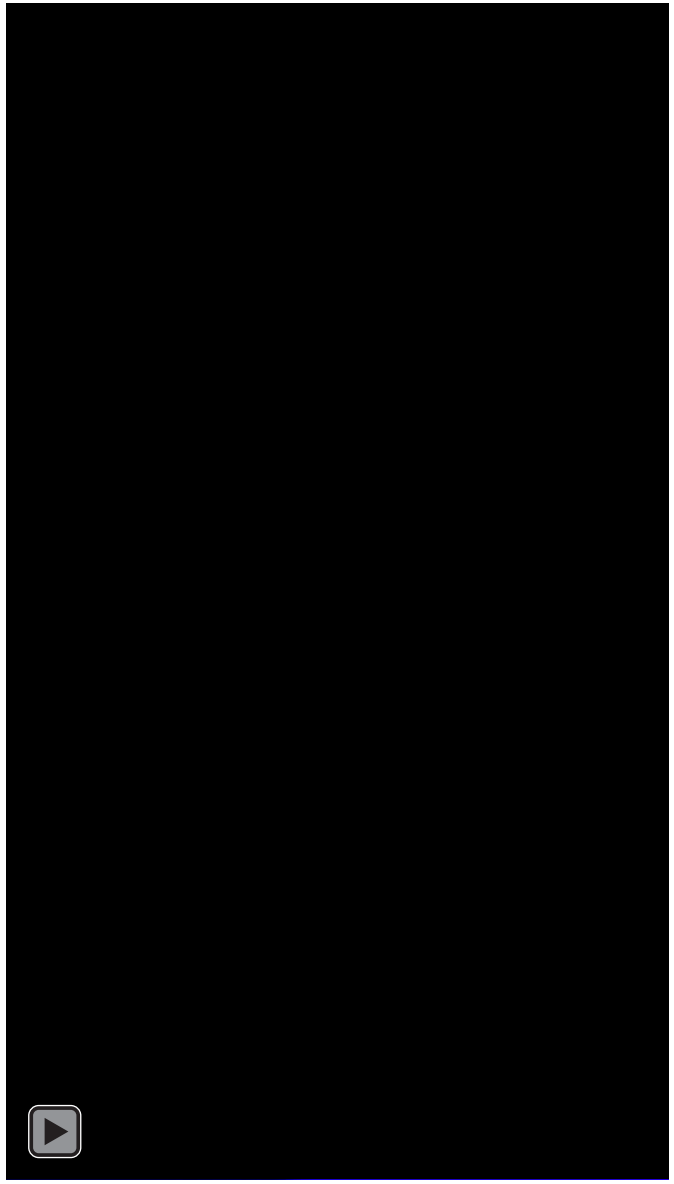

Sink Splash Zones:
Consider 36 inches on
either side of the sink

Sink and Splash Zone Before Handwashing:



Splash Zone After Handwashing:

- Can you guess how many times hands were washed to create this much splash?
- Place your guess in the chat




LET'S TALK AERATORS

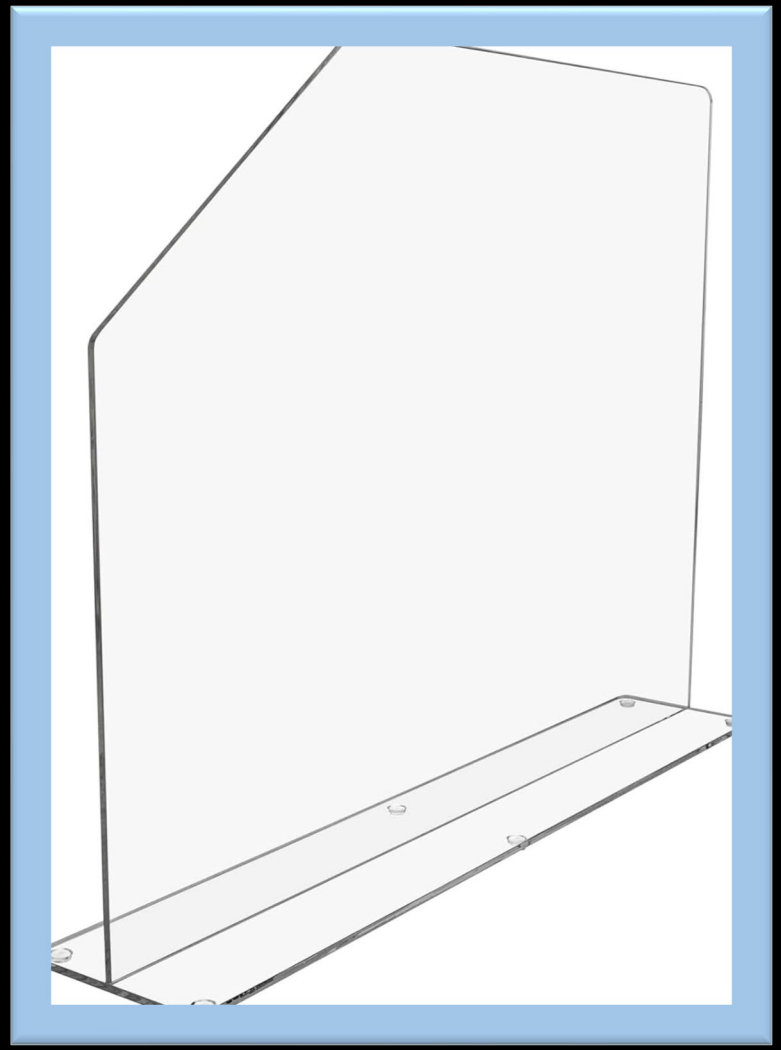
Storage Under Sinks

Ways to Decrease Risks

- ENSURE ADEQUATE, ROUTINE DISINFECTION OF SURFACES (WET TIMES)
- DO NOT DISCARD WASTE AND MINIMIZE DISCARDING SUPPLEMENTS DOWN SINKS OR TOILETS
- CONSIDER THE USE OF GLOW GERM WITH STAFF (HAND HYGIENE AND SPLASH ZONE DEMONSTRATION)
- DO NOT STORE ITEMS WITHIN THE SPLASH ZONE
- REMOVE AERATORS AND INSTALL LAMINAR FLOW DEVICES; IF UNABLE TO REMOVE, ESTABLISH CLEANING SCHEDULE
- DO NOT STORE ITEMS UNDER SINKS
- ENSURE ANCILLARY STAFF ARE ABLE TO ACCESS AREAS TO CLEAN-MED ROOMS, ETC..

Ways to Decrease Risks (continued)

- Install splash guards around the sink when 36 inches cannot be maintained
  - This may not be an option in your facility; staff training regarding sink splash zone is key for resident safety
- Think outside of the box. No two facilities are exactly the same



The Microbiology Struggle Is Real

- Creating buy-in is difficult because organisms are invisible to the naked eye
- Also, transmission of organisms is not always evident right away
  - Infection vs. Colonization
- Ways to Create Buy-In:
  - Glo Germ
  - Real-life stories (HIPPA compliant)
  - Demonstration
  - Data
  - ATP monitoring of surfaces

**********Things that are tangible**********

Closing Thoughts:

- Expect the unexpected
- Although IP is easy, IP IS NOT easy. You are not alone
- Although no two facilities are the same, many of us struggle with the same issues (i.e., same issues, different buildings)
- Perform a risk assessment to identify and mitigate risks related to sinks in your facility
- Don't give up
  YOU are making a difference—YOU are changing lives

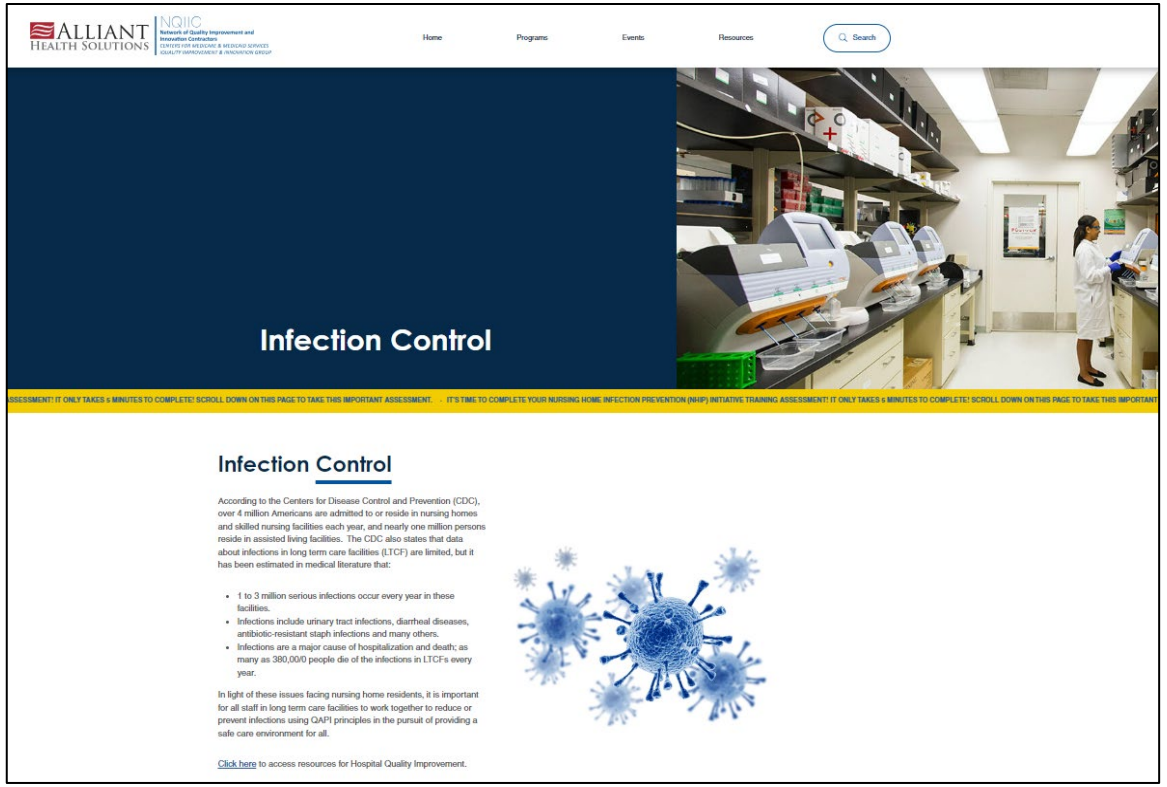
Questions?

References:

- Hopman J, Tostmann A, Wertheim H, Bos M, Kolwijck E, Akkermans R, Sturm P, Voss A, Pickkers P, Vd Hoeven H. Reduced rate of intensive care unit acquired gram-negative bacilli after removal of sinks and introduction of 'water-free' patient care. Antimicrob Resist Infect Control. 2017 Jun 10;6:59. doi: 10.1186/s13756-017-0213-0. PMID: 28616203; PMCID: PMC5466749.

- Reduce Risk from Water | HAI | CDC

Alliant Health Solutions Resources



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

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

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

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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	Sue.bunnell@dph.ga.gov (404-967-0582)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	Teresa.Fox@dph.ga.gov (256-293-9994) Renee.Miller@dph.ga.gov (678-357-4797)
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:

March 15, 2024 | 11 a.m. ET

ALF and PCH

March 22, 2024 | 11 a.m. ET

Thank you!

- Georgia Department of Public Health
- University of Georgia

Making Health Care Better

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