ALLIANT HEALTH SOLUTIONS

Georgia Department of Public Health:
GDPH Office Hours for SNFs & Medical Directors
February 16, 2024

Meet the Team

Presenters:

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

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

Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. 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. She established the palliative care service line at the Northeast Georgia Health System.

Dr. Gaur is an attending physician in several nursing facilities. She 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 with a concentration in technology management at the Georgia Institute of Technology.

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

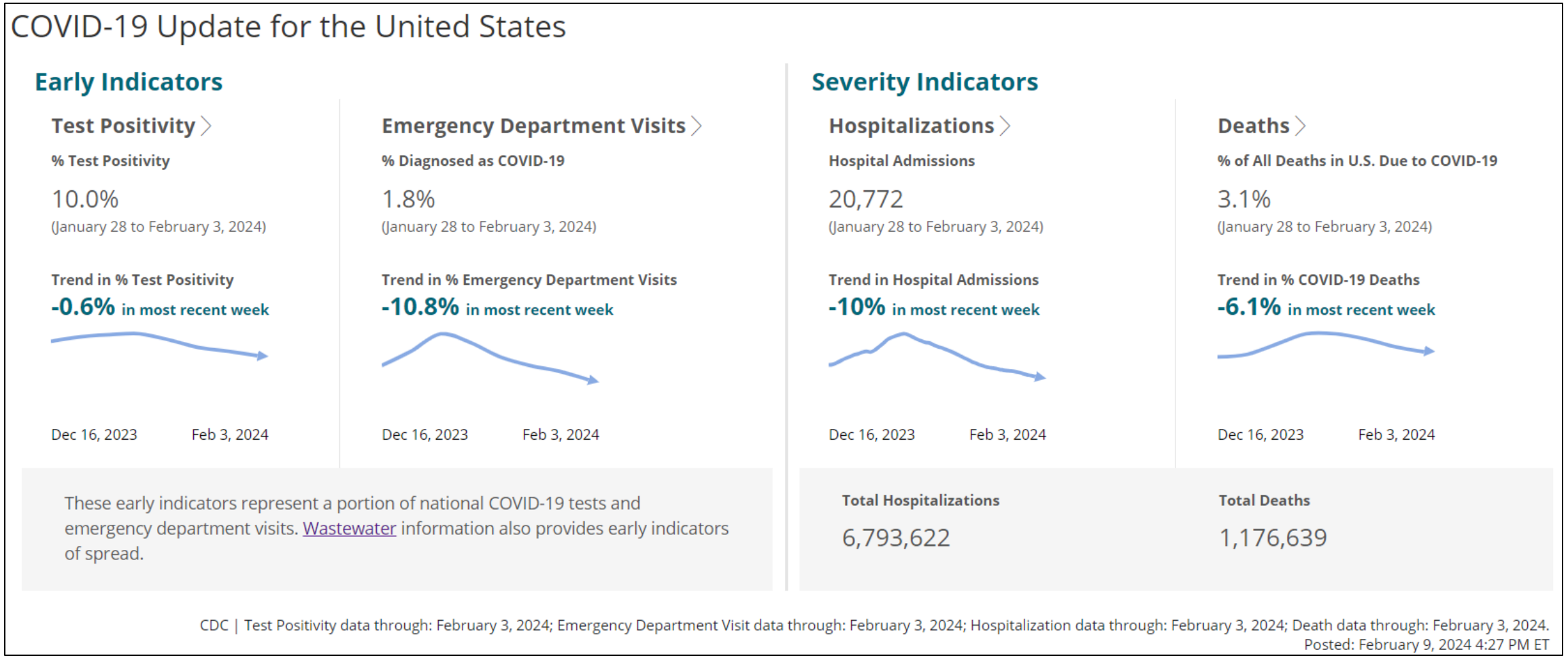
Objectives

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

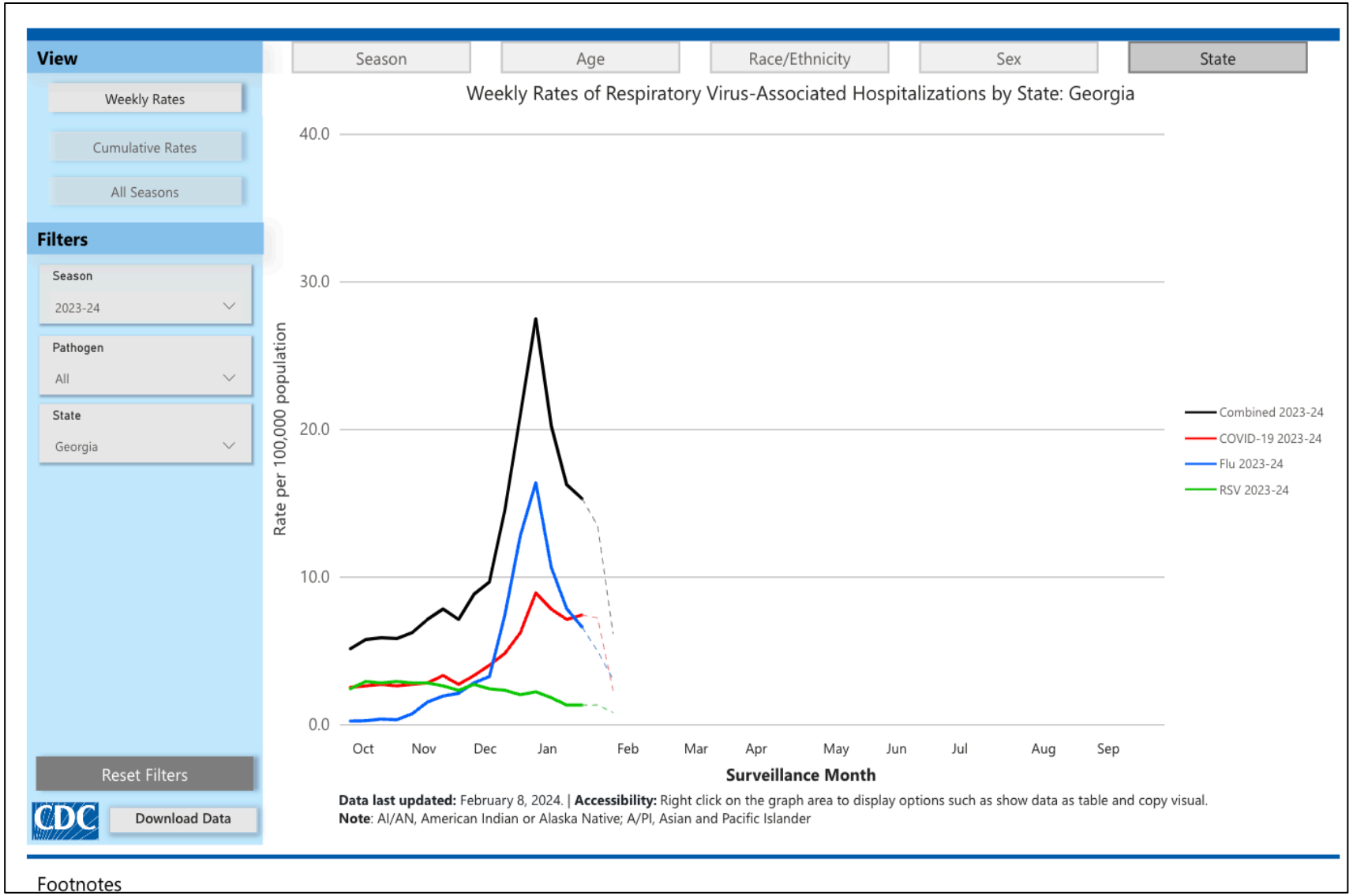
COVID-19 Update

ALLIANT HEALTH SOLUTIONS

CDC COVID Data Tracker



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



CDC RESPNET Dashboard

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

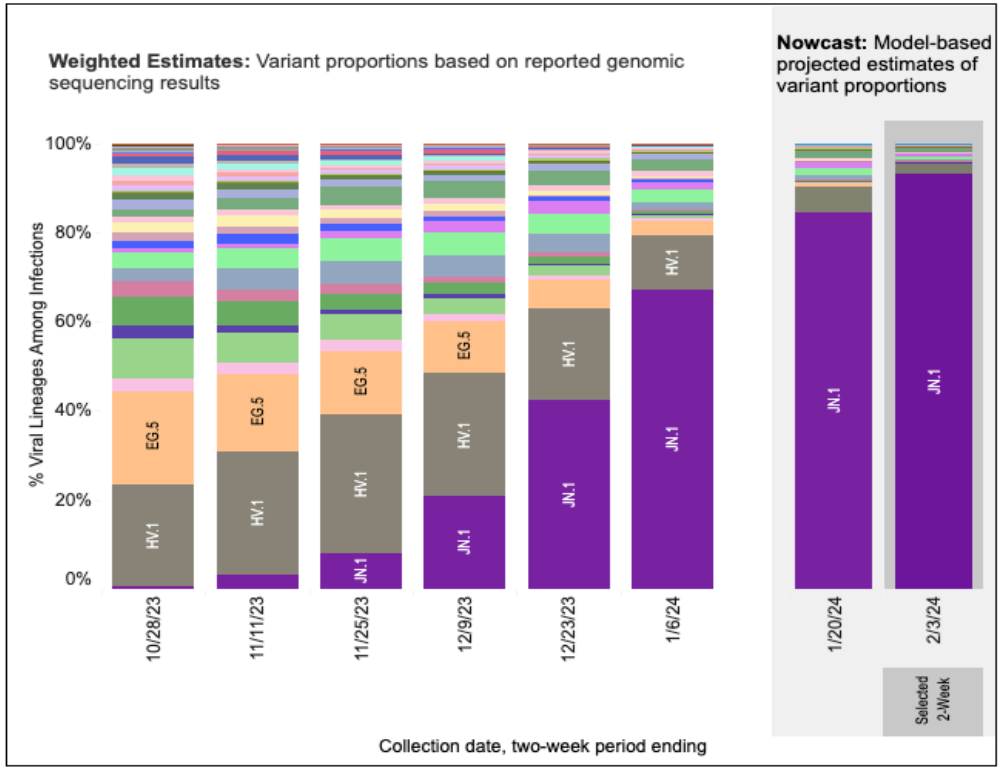
HHS Region: USA

Data for the 2-Week Period Ending on: 2/3/2024(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 2/3/2024(Nowcast) if available.

Weighted and Nowcast Estimates in United States for 2-Week Periods in 10/15/2023 – 2/3/2024

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 1/21/2024 – 2/3/2024

USA

WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	93.1%	91.5-94.4%
	HV.1	2.3%	2.0-2.8%
	JG.3	1.1%	0.8-1.4%
	JD.1.1	0.8%	0.6-1.0%
	BA.2.86	0.7%	0.5-0.9%
	HK.3	0.4%	0.4-0.5%
	GE.1	0.4%	0.1-1.0%
	EG.5	0.3%	0.2-0.4%
	BA.2	0.3%	0.0-1.9%
	EG.5.1.8	0.1%	0.1-0.1%
	JF.1	0.1%	0.1-0.1%
	FL.1.5.1	0.1%	0.0-0.1%
	XBB.1.9.1	0.0%	0.0-0.1%
	XBB	0.0%	0.0-0.1%
	XBB.1.16.6	0.0%	0.0-0.1%
	XBB.1.16.11	0.0%	0.0-0.1%
	XBB.1.5.70	0.0%	0.0-0.1%
	GK.1.1	0.0%	0.0-0.0%
	XBB.1.16.15	0.0%	0.0-0.0%
	HF.1	0.0%	0.0-0.0%
	XBB.2.3	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.1.16.1	0.0%	0.0-0.0%
	XBB.1.42.2	0.0%	0.0-0.0%
	XBB.1.9.2	0.0%	0.0-0.0%
	XBB.1.5.68	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%	0.1-0.2%

* 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/.

COVID-19 Variant Surveillance CDC

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

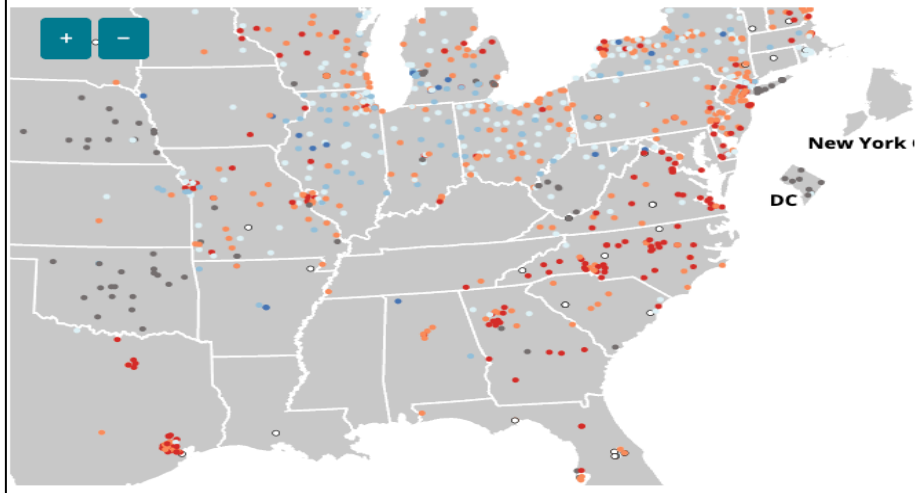
Wastewater Surveillance

Metric:
- (●) Current virus levels in wastewater by site
- ( ) Percent change in the last 15 days
- ( ) Percent of wastewater samples with detectable virus

Show:
- [x] Sites with no recent data
- [x] 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	35	3	17%
0% to 19%	43	4	13%
20% to 39%	150	13	10%
40% to 59%	331	28	– 4%
60% to 79%	420	36	– 6%
80% to 100%	198	17	– 10%

Total sites with current data: 1177

Total number of wastewater sampling sites: 1320

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

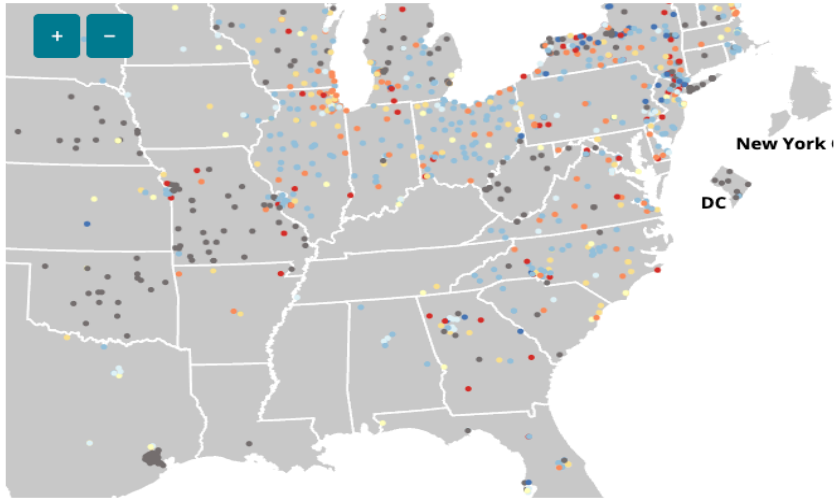
https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance

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

Percent change in the last 15 days
This metric shows whether virus levels have increased or decreased over the last 15 days. When levels of virus in wastewater are low, a modest increase in virus level can appear much larger when you look at the percent change. This metric may be affected by how often wastewater plants collect samples or by environmental factors (such as rainfall). Wastewater data showing the percent change in virus levels should be used along with other data such as overall levels of the virus in wastewater, historical wastewater data for that location, geographical context, and clinical cases.

Note: This metric does **not** show overall levels of SARS-CoV-2 in wastewater.



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

15-day % change category	Num. sites	% sites	Category change in last 7 days
– 100%	50	5	233%
– 99% to – 10%	409	41	– 25%
– 9% to 0%	117	12	5%
1% to 9%	69	7	– 9%
10% to 99%	124	13	– 34%
100% to 999%	134	14	– 9%
1000% or more	85	9	25%

Total sites with current data: 988

Total number of wastewater sampling sites: 1320

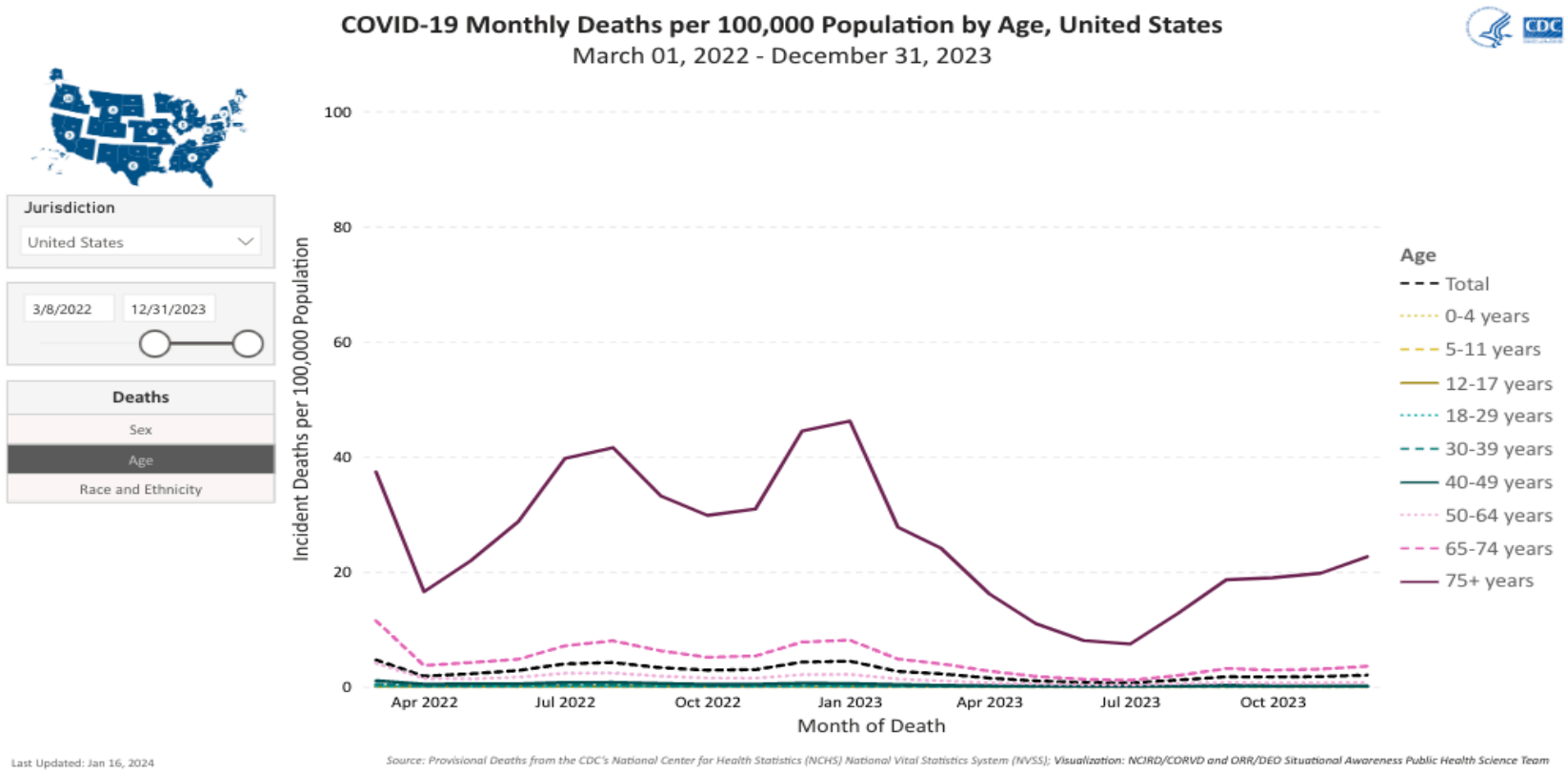
How is the 15-day percent change calculated?

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

< Back to Deaths

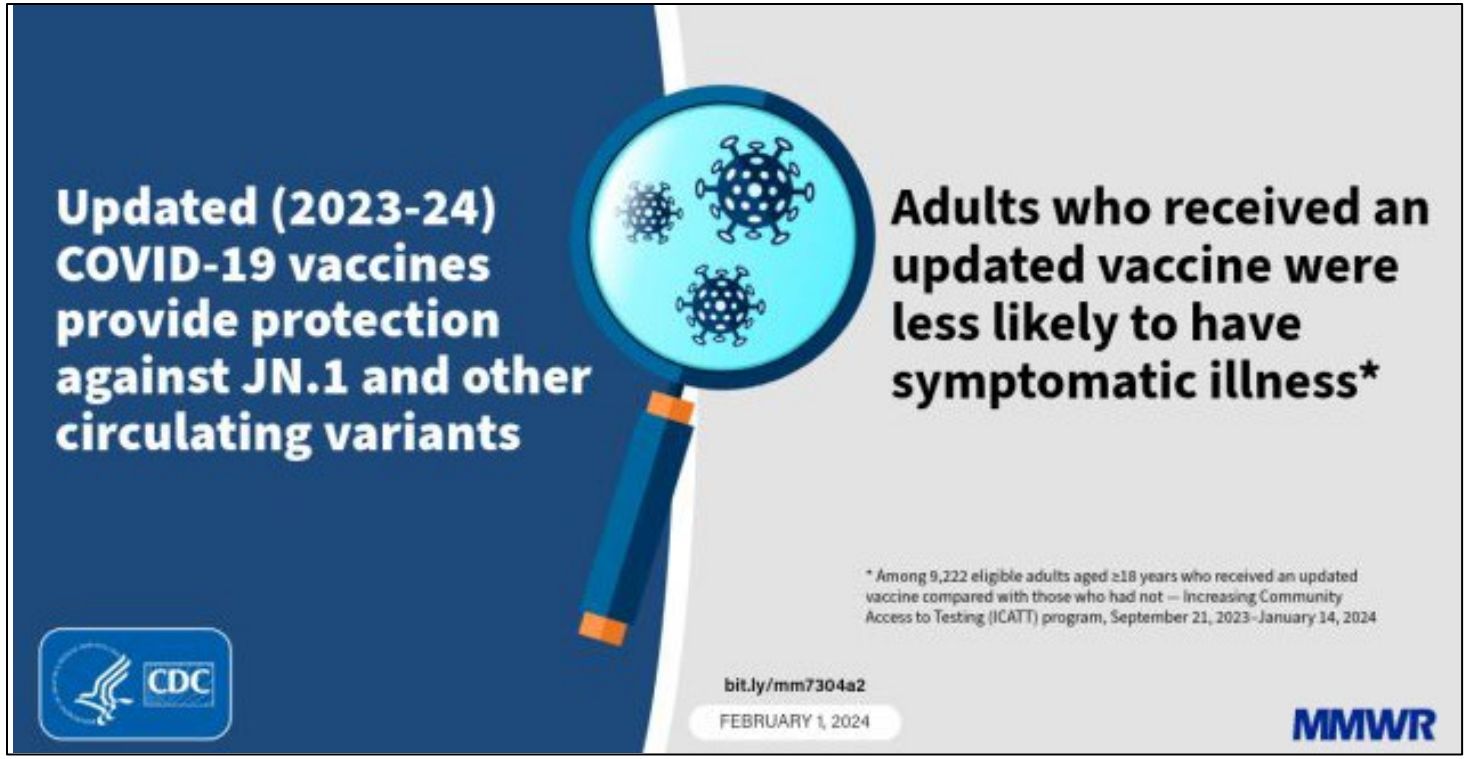
COVID-19 Monthly Death Rates per 100,000 Population by Age Group, Race and Ethnicity, and Sex

View Footnotes and Additional Information



Early Estimates of Updated 2023–2024 (Monovalent XBB.1.5) COVID-19 Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection Attributable to Co-Circulating Omicron Variants Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, September 2023–January 2024

Weekly / February 1, 2024 / 73(4);77–83

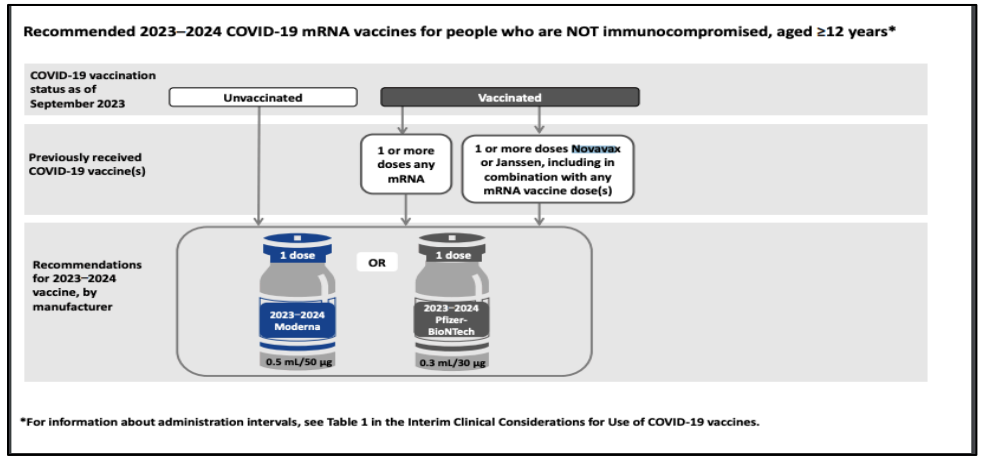


https://www.cdc.gov/mmwr/volumes/73/wr/mm7304a2.htm?s_cid=mm7304a2_w

COVID-19 Vaccine Recommendation 2023-2024

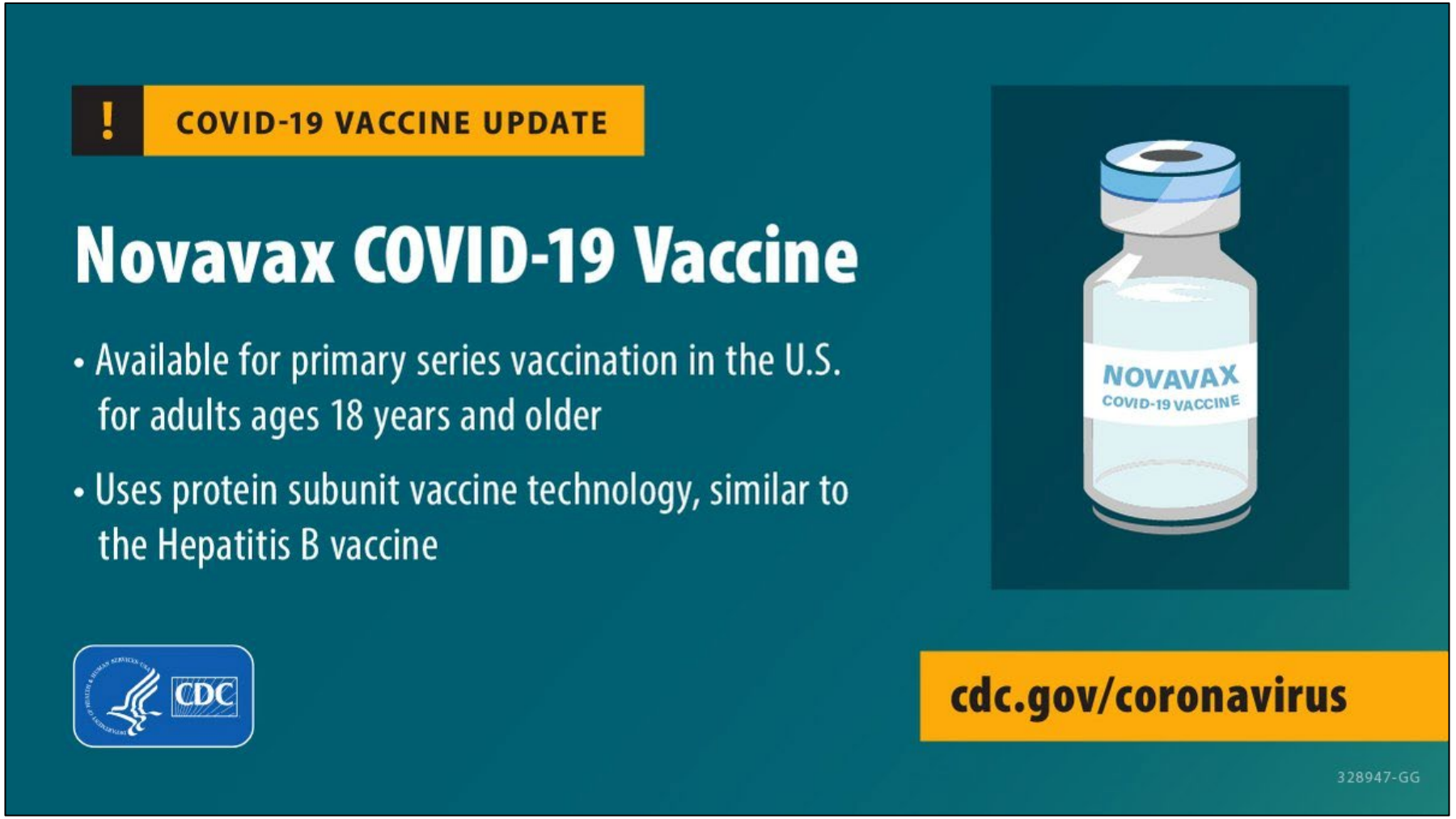
Doses recommended:

- **1 dose of 2023–2024 COVID-19 vaccine**, regardless of prior vaccination history



Novavax:

- Ages 12 years and older
- Previously completed primary vaccination using any FDA-approved or FDA-authorized COVID-19 vaccine
- Unable or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose
- Administered at least six months after completion of any primary series
- 2023-24 vax was authorized by FDA Oct 3,2023


!
COVID-19 VACCINE UPDATE
Novavax COVID-19 Vaccine
• Available for primary series vaccination in the U.S. for adults ages 18 years and older
• Uses protein subunit vaccine technology, similar to the Hepatitis B vaccine
NOVAVAX
COVID-19 VACCINE
CDC
cdc.gov/coronavirus
328947-GG

Sinks: Health Vs. Harm

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

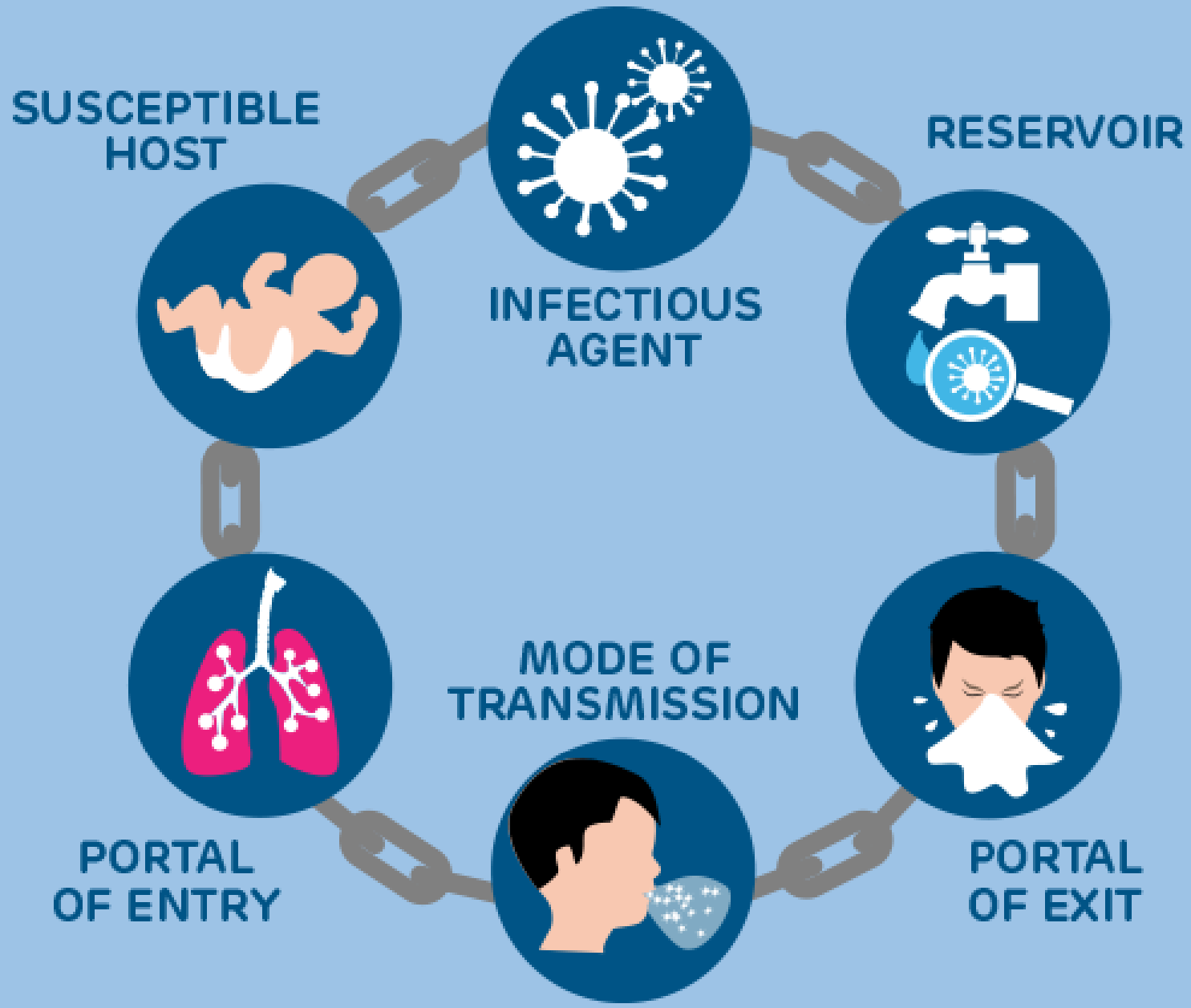
Goals

- 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:

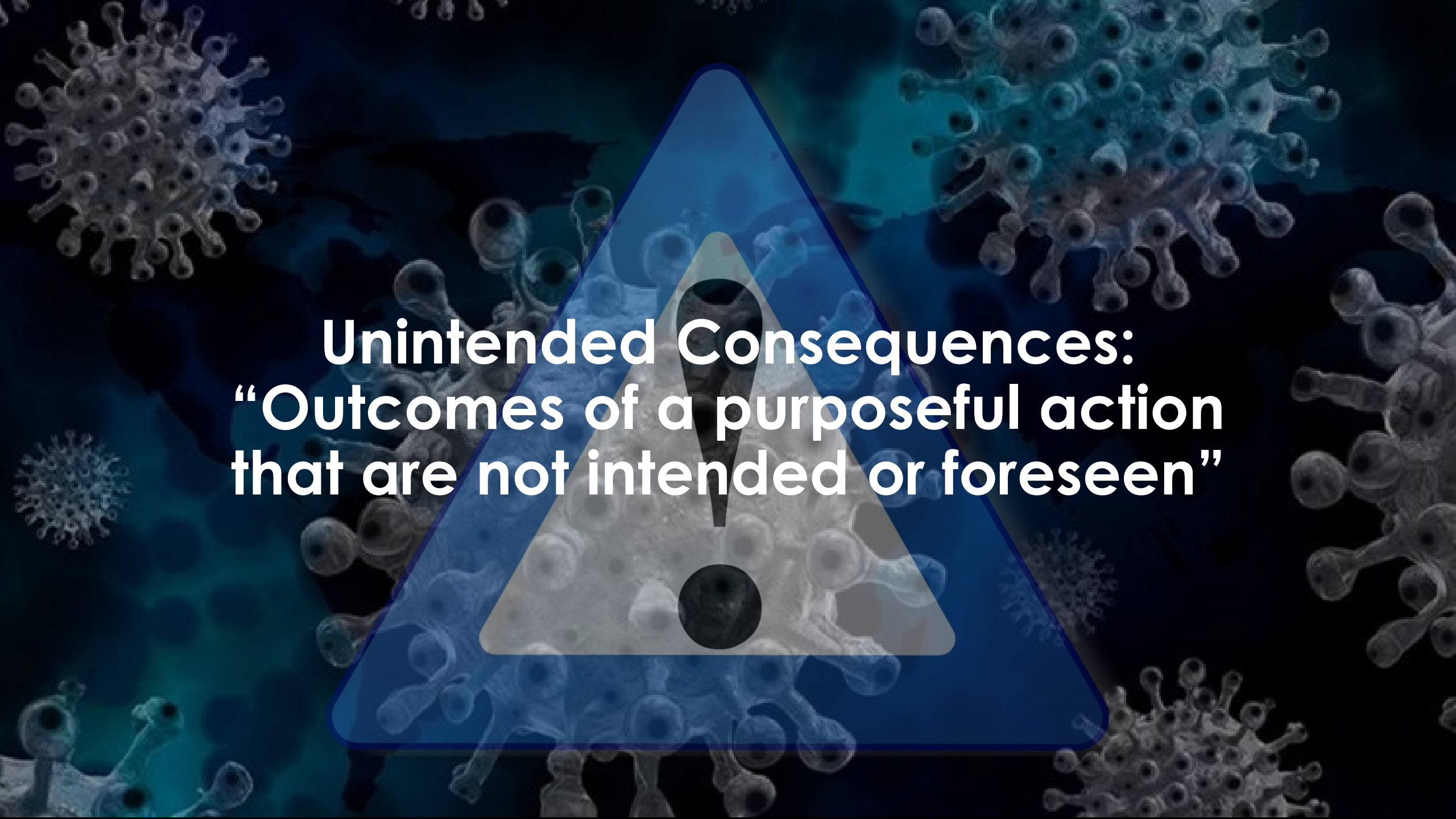
"Recent evidence indicates sinks and other drains, such as toilets or hoppers, in healthcare facilities can become contaminated with multidrug-resistant organisms (MDROs).

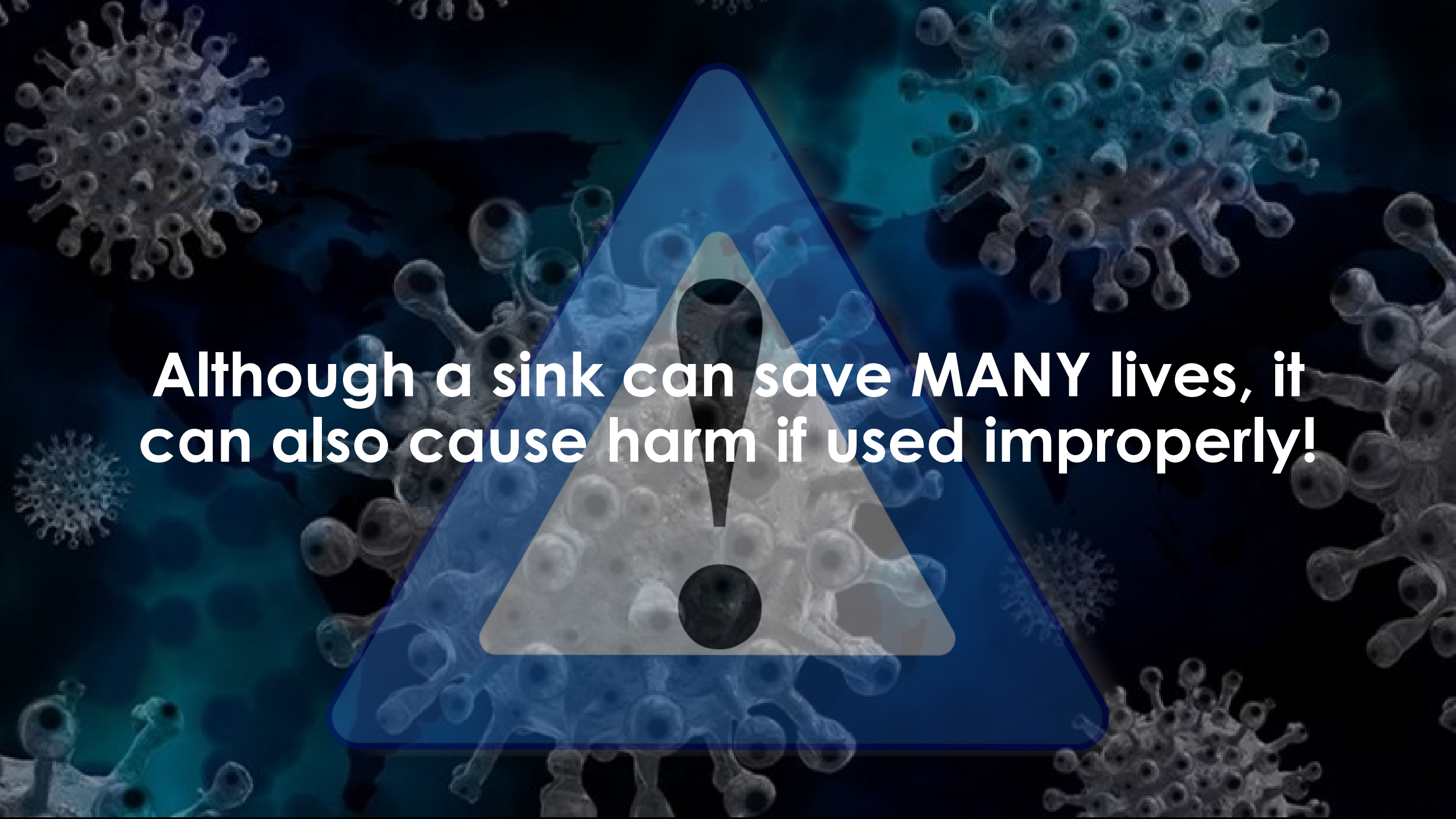
These pathogens can stick to the pipes to form biofilms, which allow the organisms to persist in drains for long periods and are often difficult to impossible to remove. Because different types of bacteria may contaminate the same drain, drains can serve as sites where antibiotic-resistant genes are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

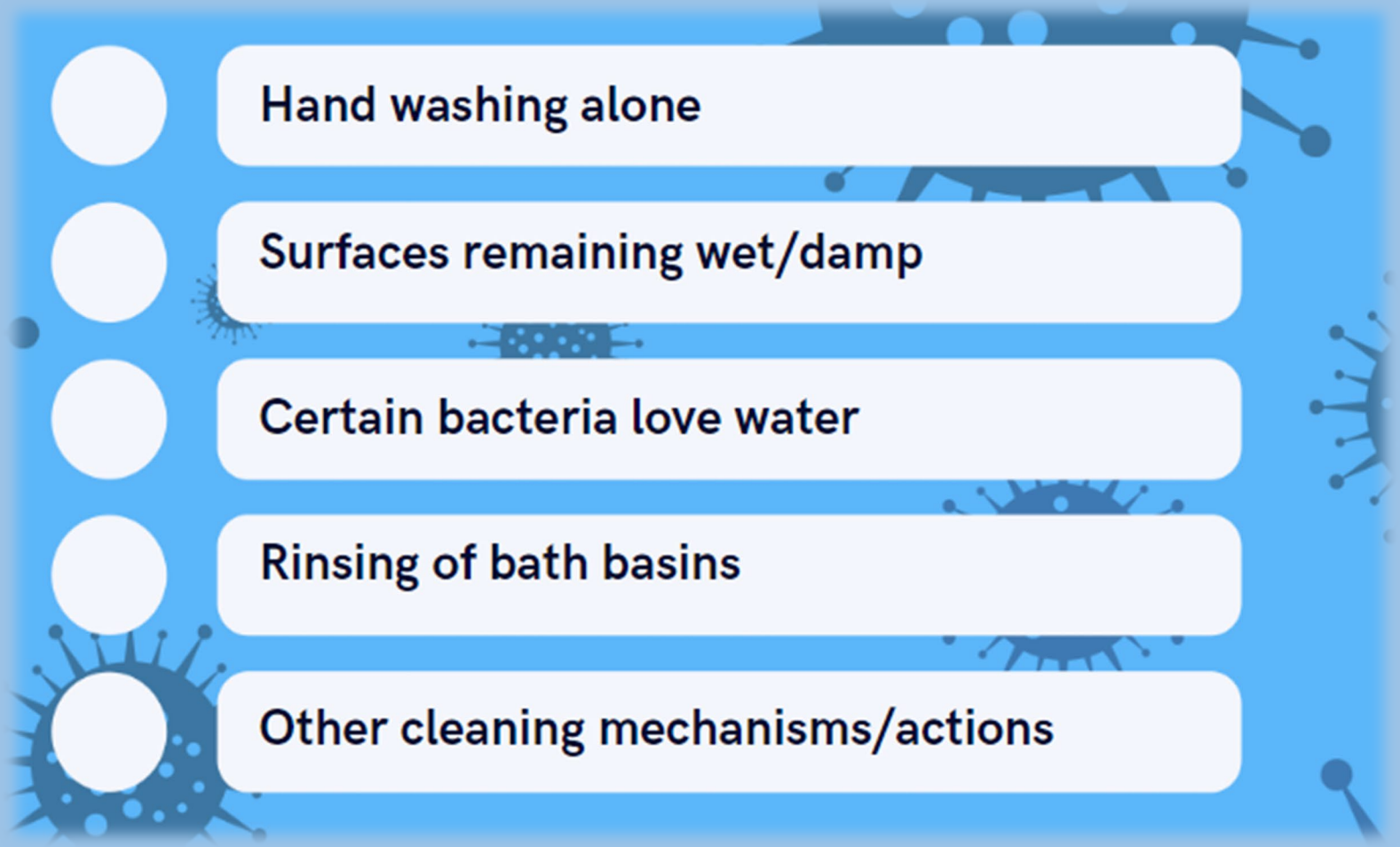
Hand Sanitizer Usage (Sinkless)

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

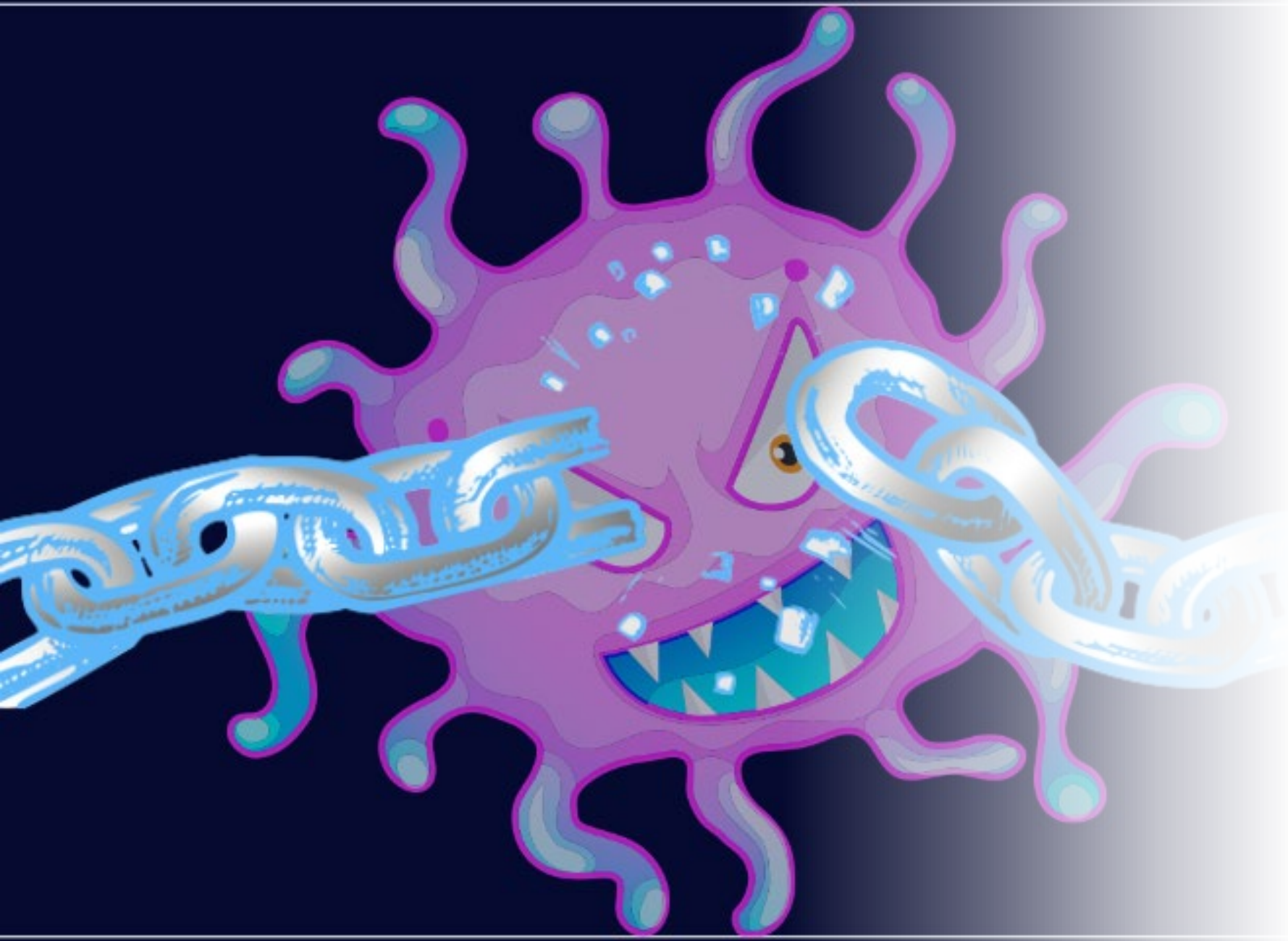
By Design ALONE, sinks can easily become contaminated with many different types of organisms! Think about the different types of organisms that are natural to the hands of the health care worker and the organisms that we may pick up from the environment along the way—All leading to the same place—the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

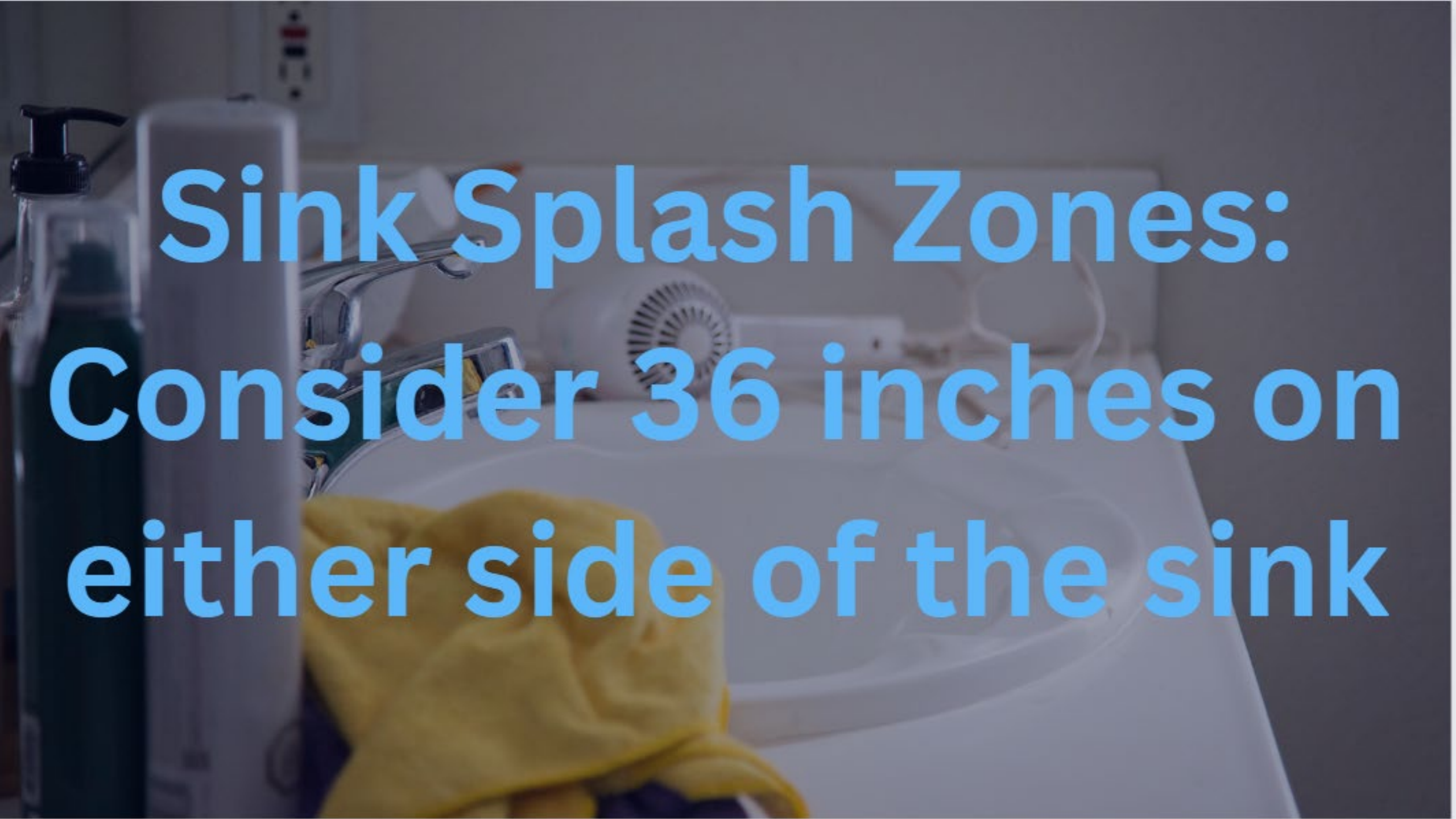


Break the Chain

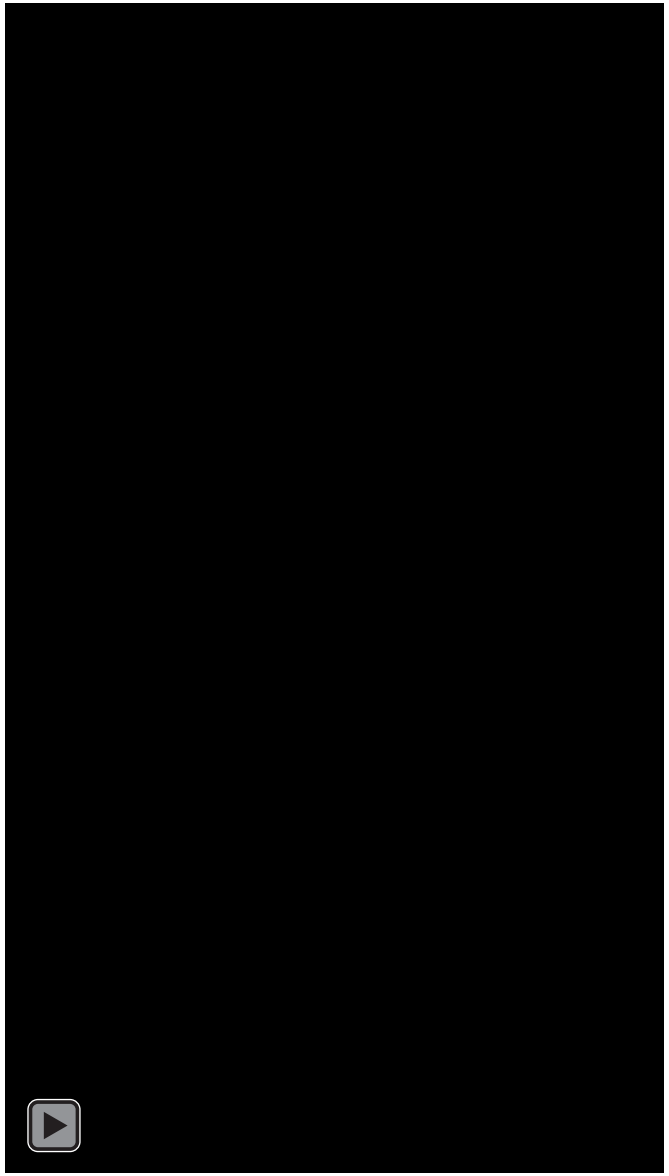
- We have discussed many ways to complete the chain
- Now, let's discuss how to break it

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

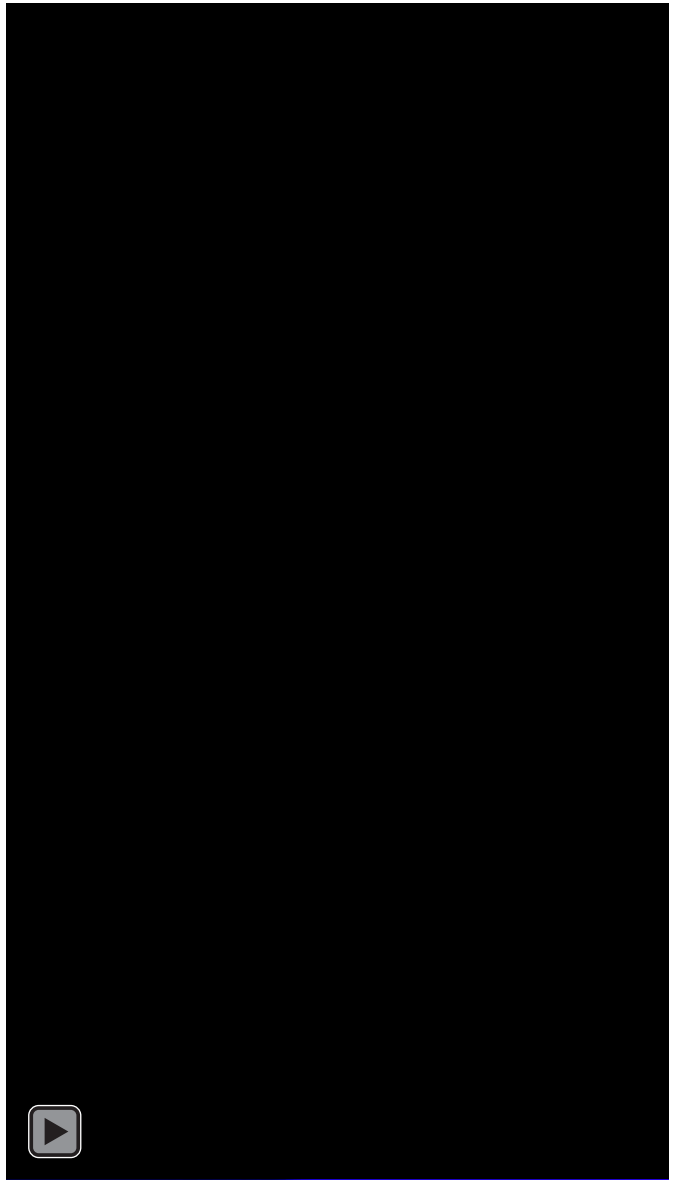
Sink and Splash Zone Before Handwashing:



- **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

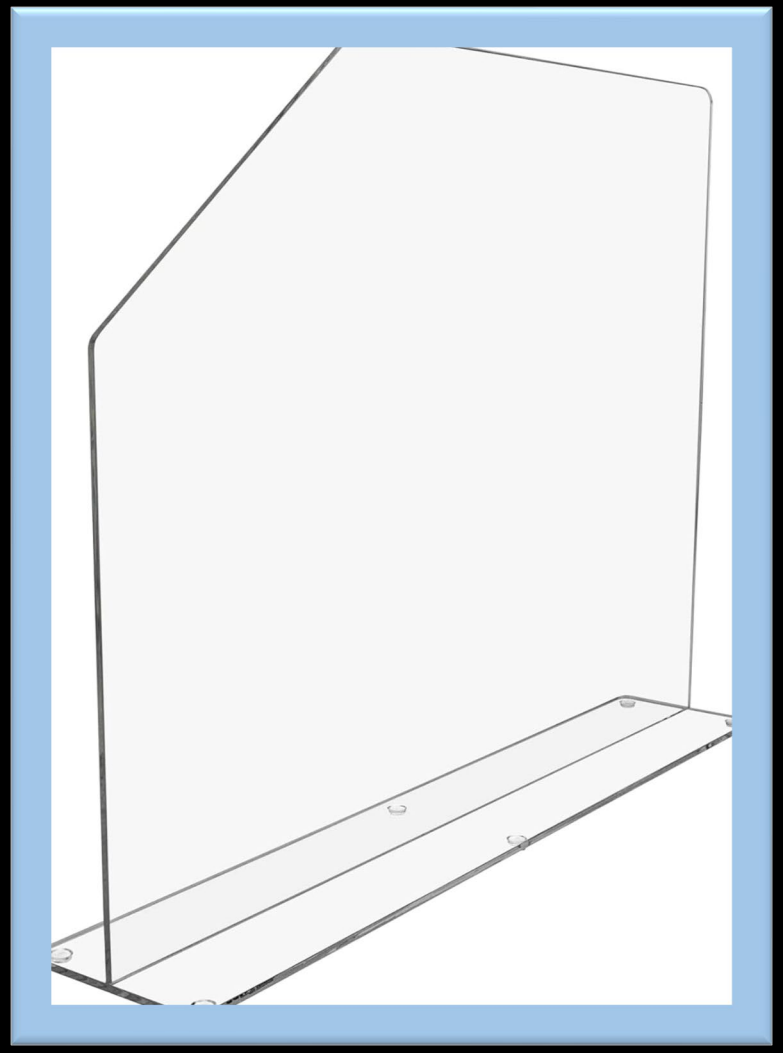
Storage Under Sinks

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

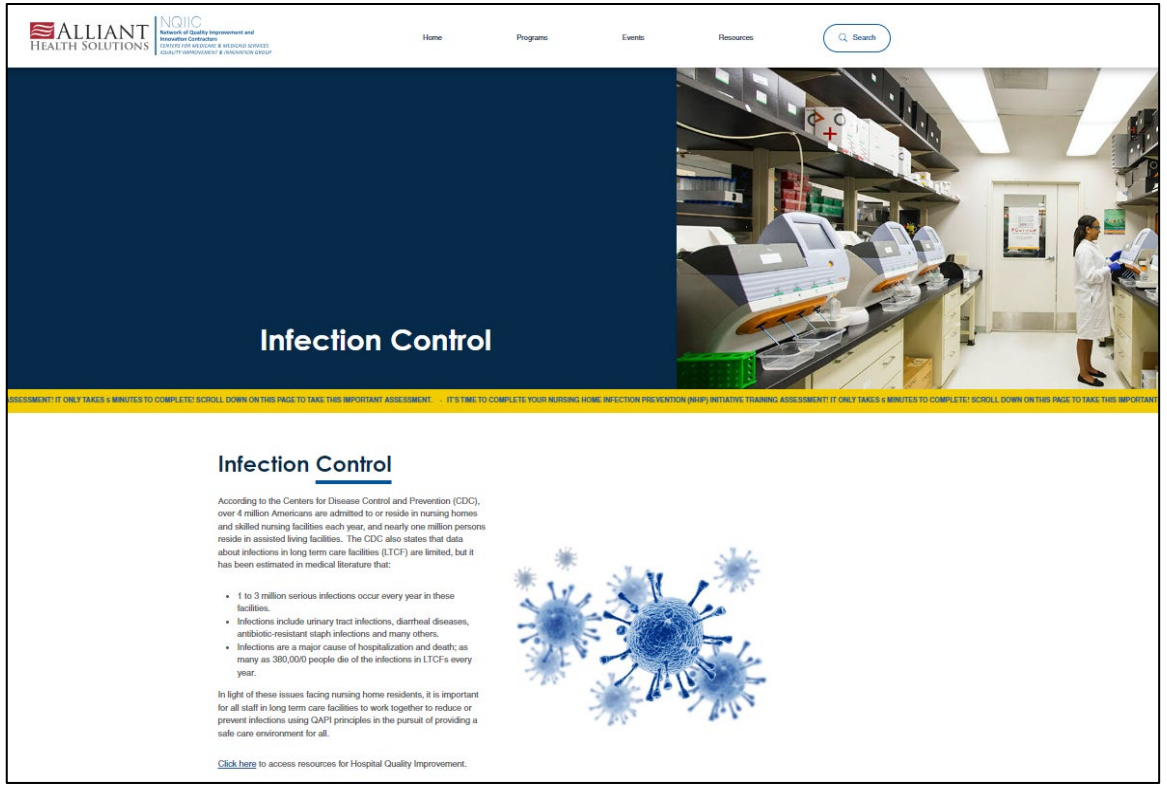
Questions?

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

February 23, 2024 | 11 a.m. ET

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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quality.allianthealth.org