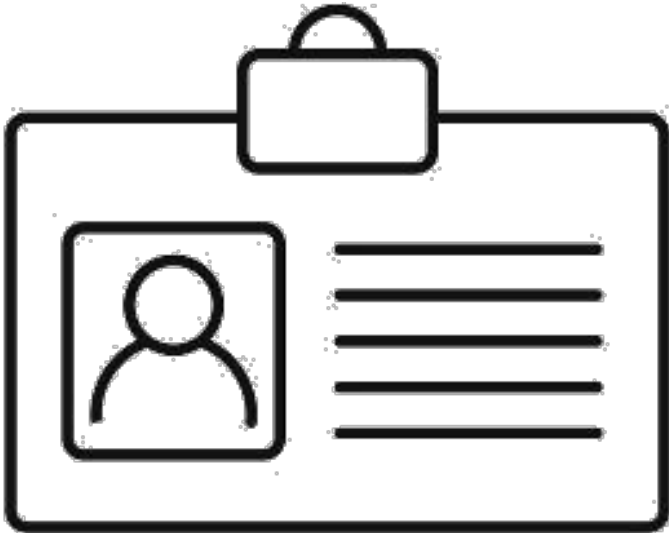




Georgia Department of Public Health:
GDPH Office Hours for SNFs & Medical Directors
January 19, 2024

Meet the Team



Presenters:

Swati Gaur, MD, MBA, CMD, AGSF

Medical Director Alliant Health Solutions

Cathy Davis, RN

Director of Training and Quality Assurance
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division

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 at the Georgia Institute of Technology with a concentration in technology management.



Cathy Davis, RN

**Director of Training and Quality Assurance
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division**

Cathy Davis is a registered nurse and the director of Training and QA for the Georgia Department of Community Health, Healthcare Facility Regulation Division (HFRD). As a nurse, she worked with various providers, including acute care, hospice, home health, and long-term care. She has been the regional director of HFRD's long-term care department for six years.

Cathy is passionate about regulating and overseeing health care facilities and helping ensure the health and safety of our vulnerable population. She is also passionate about ensuring that HFRD successfully meets its goals as a division.

She is known for her faith, friendliness, dedication to her work, and encouragement of her colleagues and staff.



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
- Discuss the most commonly cited deficiencies in 2023 for 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



CDC COVID Data Tracker

COVID-19 Update for the United States

Early Indicators

Test Positivity >

% Test Positivity

12.7%

(December 31 to January 6, 2024)

Trend in % Test Positivity

-0.1% in most recent week



Nov 18, 2023

Jan 6, 2024

Emergency Department Visits >

% Diagnosed as COVID-19

2.9%

(December 31 to January 6, 2024)

Trend in % Emergency Department Visits

-13.1% in most recent week



Nov 18, 2023

Jan 6, 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

35,801

(December 31 to January 6, 2024)

Trend in Hospital Admissions

+3.2% in most recent week



Nov 18, 2023

Jan 6, 2024

Deaths >

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

4.0%

(December 31 to January 6, 2024)

Trend in % COVID-19 Deaths

+14.3% in most recent week



Nov 18, 2023

Jan 6, 2024

Total Hospitalizations

6,693,491

Total Deaths

1,167,210

CDC | Test Positivity data through: January 6, 2024; Emergency Department Visit data through: January 6, 2024; Hospitalization data through: January 6, 2024; Death data through: January 6, 2024.
Posted: January 12, 2024 12:00 PM ET

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

HHS Region:

USA

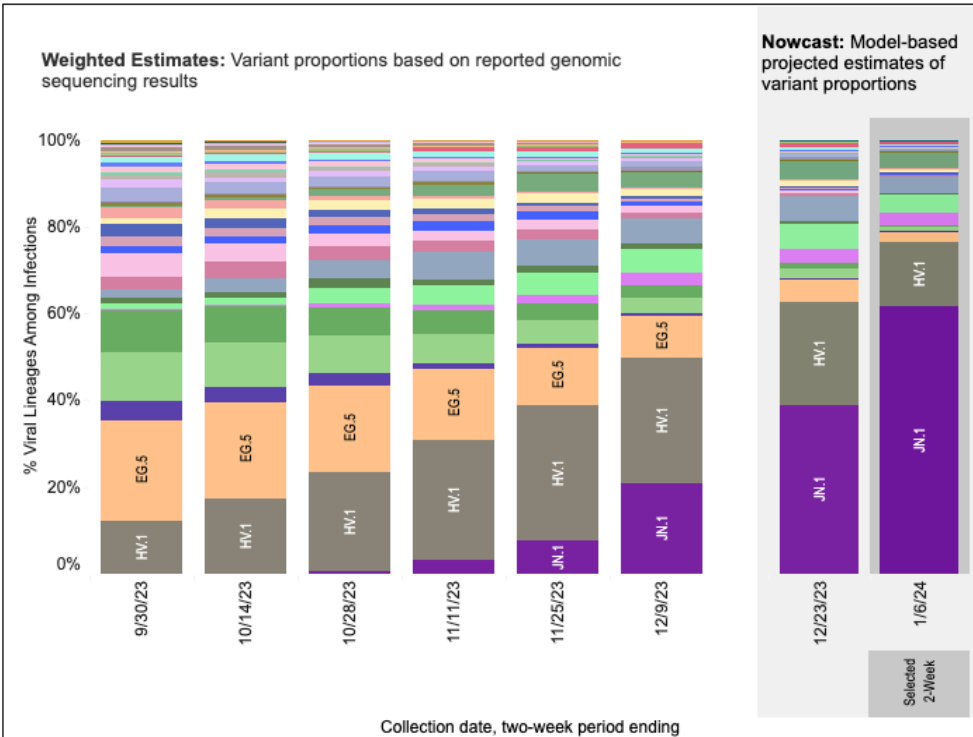
Data for the 2-Week Period
Ending on:

1/6/2024(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 1/6/2024(Nowcast) if available.

Weighted and Nowcast Estimates in United States for 2-Week Periods in 9/17/2023 – 1/6/2024

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 12/24/2023 – 1/6/2024

USA			
WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	61.6%	54.9-67.9%
	HV.1	14.8%	12.3-17.7%
	JD.1.1	4.1%	3.4-5.0%
	HK.3	4.0%	3.4-4.8%
	JG.3	3.7%	3.0-4.6%
	BA.2.86	2.8%	1.9-4.2%
	EG.5	2.4%	1.9-3.0%
	FL.1.5.1	1.0%	0.7-1.3%
	JF.1	0.8%	0.6-1.1%
	EG.5.1.8	0.7%	0.5-1.1%
	XBB.1.16.6	0.5%	0.4-0.8%
	GE.1	0.5%	0.1-1.9%
	XBB.1.16.17	0.4%	0.2-0.9%
	XBB.1.16.11	0.4%	0.2-0.5%
	XBB.1.5.70	0.3%	0.2-0.6%
	GK.1.1	0.3%	0.2-0.4%
	HF.1	0.3%	0.2-0.4%
	BA.2	0.3%	0.1-0.9%
	XBB	0.2%	0.1-0.3%
	XBB.1.16.15	0.2%	0.1-0.3%
	XBB.1.9.1	0.2%	0.1-0.3%
	XBB.2.3	0.2%	0.1-0.2%
	XBB.1.16	0.1%	0.0-0.1%
	GK.2	0.1%	0.0-0.1%
	CH.1.1	0.0%	0.0-0.1%
	XBB.1.5	0.0%	0.0-0.1%
	EG.6.1	0.0%	0.0-0.1%
	XBB.1.16.1	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.2.3.8	0.0%	0.0-0.0%
	XBB.1.42.2	0.0%	0.0-0.0%
	XBB.1.5.72	0.0%	0.0-0.0%
	XBB.1.5.59	0.0%	0.0-0.0%
	XBB.1.5.10	0.0%	0.0-0.0%
	FD.1.1	0.0%	0.0-0.0%
Other	Other*	0.0%	0.0-0.1%

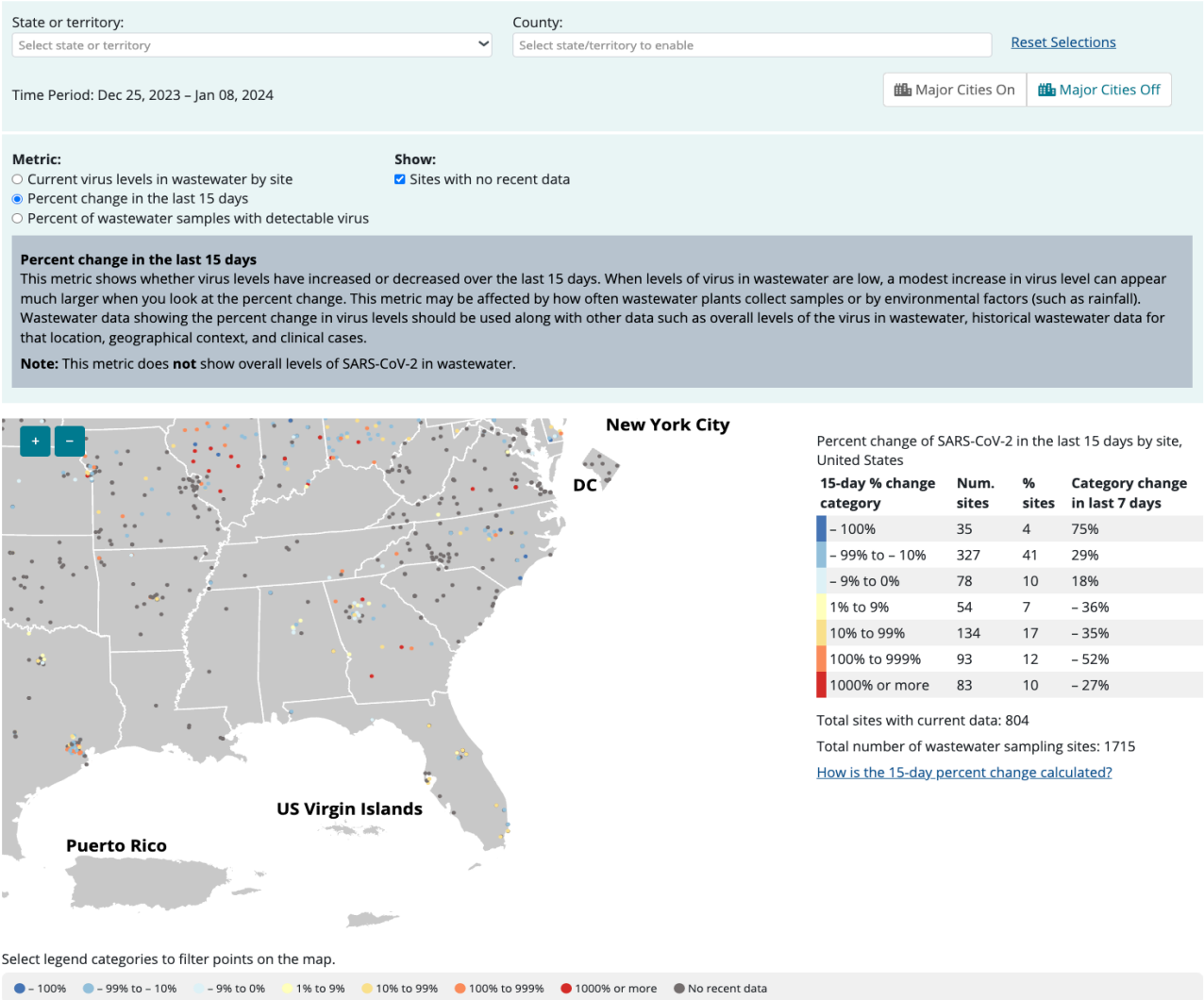
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.

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/>.

CDC COVID-19 Variant surveillance

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

Wastewater Metric Map



<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](#)

COVID-19 Monthly Deaths per 100,000 Population by Age, United States

January 01, 2022 - November 30, 2023



Jurisdiction
United States

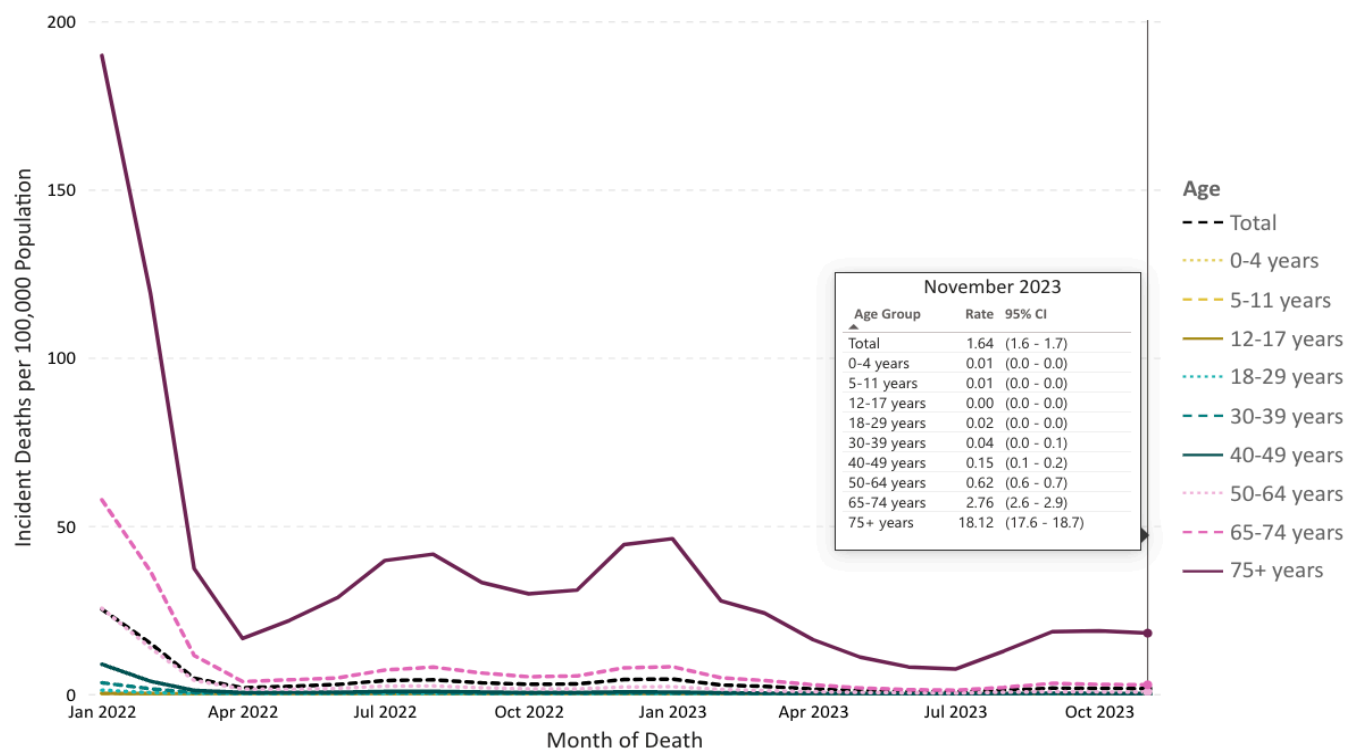
1/1/2022 11/30/2023

Deaths

Sex

Age

Race and Ethnicity



Last Updated: Dec 18, 2023

Source: Provisional Deaths from the CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS); Visualization: NCIRD/CORVD and ORR/DEO Situational Awareness Public Health Science Team

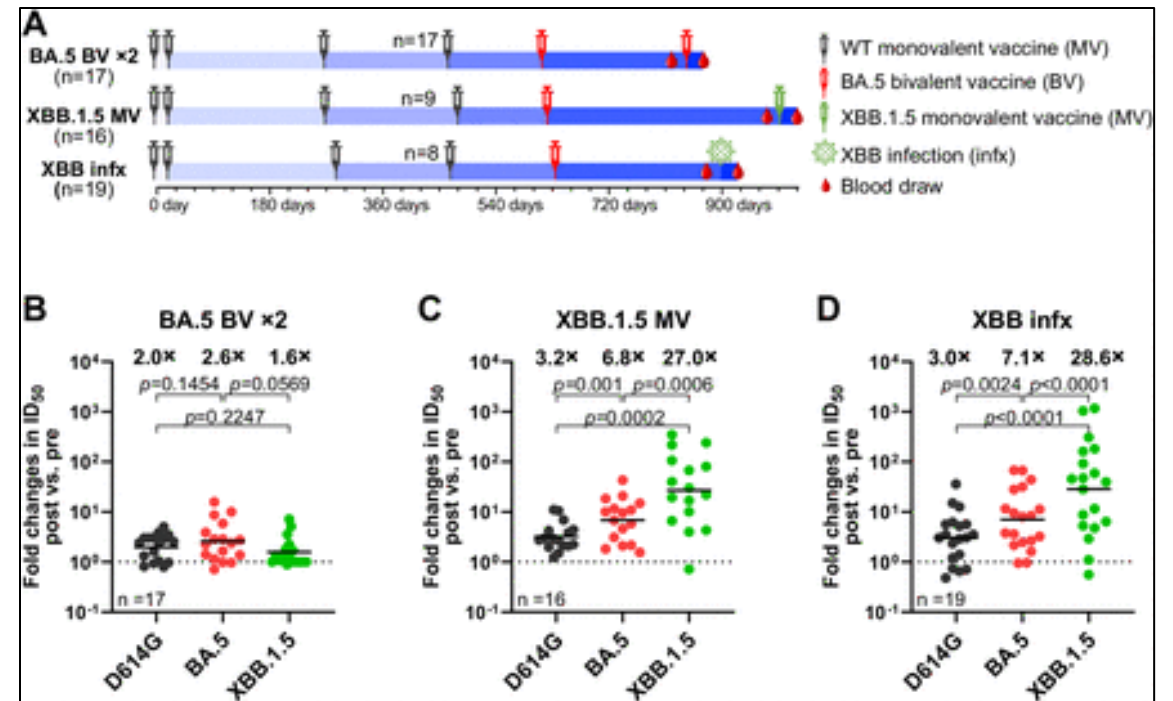
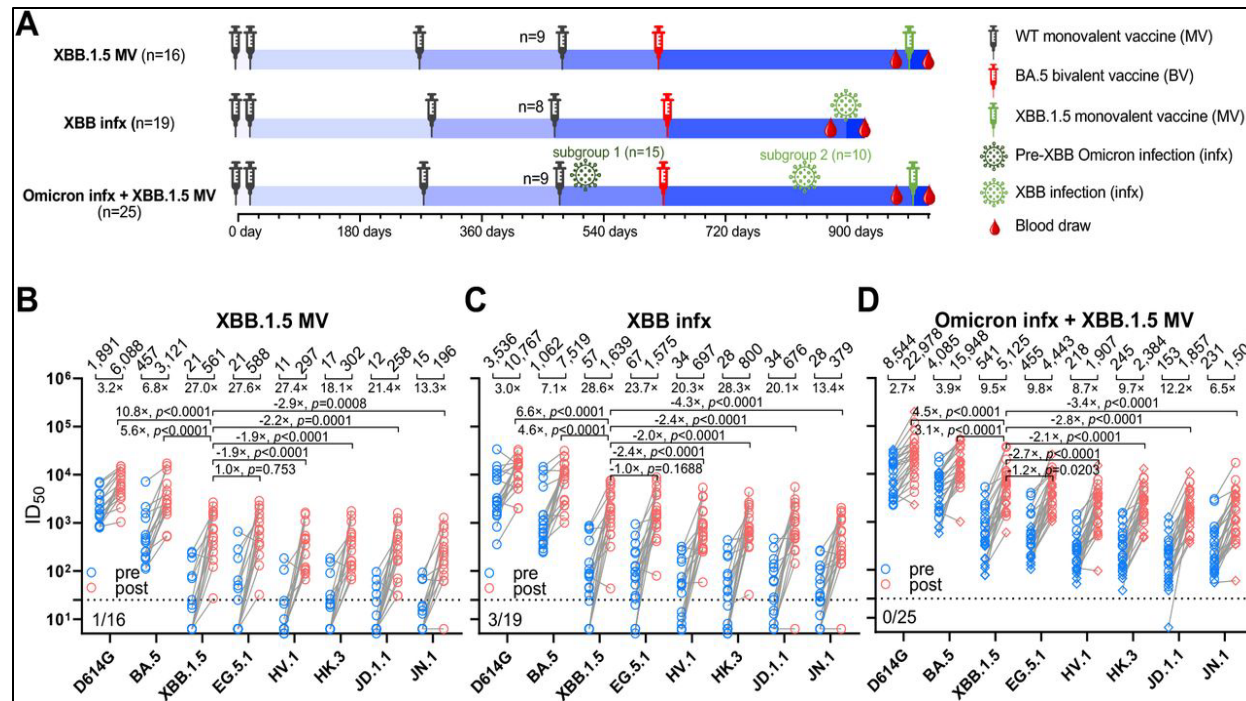
XBB.1.5 monovalent mRNA vaccine booster elicits robust neutralizing antibodies against emerging SARS-CoV-2 variants

Qian Wang, Yicheng Guo,  Anthony Bowen, Ian A. Mellis, Riccardo Valdez, Carmen Gherasim,  Aubree Gordon, Lihong Liu, David D. Ho


doi: <https://doi.org/10.1101/2023.11.26.568730>

expanding. We now report that administration of an updated monovalent mRNA vaccine (XBB.1.5 MV) to uninfected individuals boosted serum virus-neutralization antibodies significantly against not only XBB.1.5 (27.0-fold) and the currently dominant EG.5.1 (27.6-fold) but also key emergent viruses like HV.1, HK.3, JD.1.1, and **JN.1 (13.3-to-27.4-fold)**. In individuals previously infected by an Omicron subvariant,

XBB.1.5 Monovalent mRNA Vaccine Booster Elicits Robust Neutralizing Antibodies Against Emerging SARS-CoV-2 Variants



Early COVID-19 vaccine effectiveness of XBB.1.5 vaccine against hospitalization and ICU admission, the Netherlands, 9 October - 5 December 2023

C. Henri van Werkhoven, Anne-Wil Valk, Bente Smagge, Hester E. de Melker, Mirjam J. Knol, Susan J.M. Hahné, Susan van den Hof,  Brechje de Gier

doi: <https://doi.org/10.1101/2023.12.12.23299855>

Abstract

We present early vaccine effectiveness (VE) estimates of the 2023 seasonal COVID-19 vaccination campaign using XBB.1.5 vaccine against COVID-19 hospitalization and ICU admission in previously vaccinated adults ≥ 60 years old in the Netherlands. We compared vaccination status of 2050 hospitalizations including 92 ICU admissions with age group-, sex-, region- and date-specific population vaccination coverage between 9 October and 5 December 2023. **VE against hospitalization was 70.7% (95% CI: 66.6; 74.3), VE against ICU admission was 73.3% (95% CI: 42.2; 87.6).**



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Most Commonly Cited Deficiencies in 2023

Presenter: Cathy Davis
Director of Training
Healthcare Facility
Regulation Division (HFRD)

Date: January 19, 2024





GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Our Purpose

Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.





AGENDA

F884 & F656

Slide # 4-6

F584

Slide # 13-14

F812

Slide # 7-8

F677

Slide # 15-16

F880

Slide # 9-10

F761

Slide # 17-18

F695

Slide # 11-12

F689/F609

Slide # 19-22



F884: Reporting – National Health Safety Network

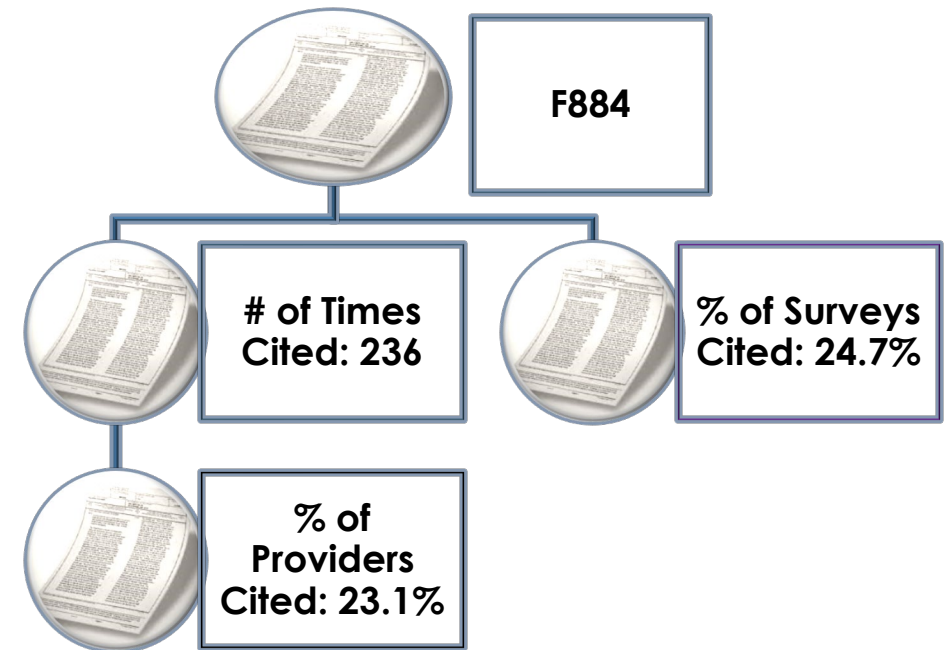
F884 = #1 Most Commonly Cited Deficiency

Georgia Active LTC Providers – 359

Number of times F884 Cited – 236

Percent of Providers Cited – 23.1%

Percent of Surveys Cited – 24.7%





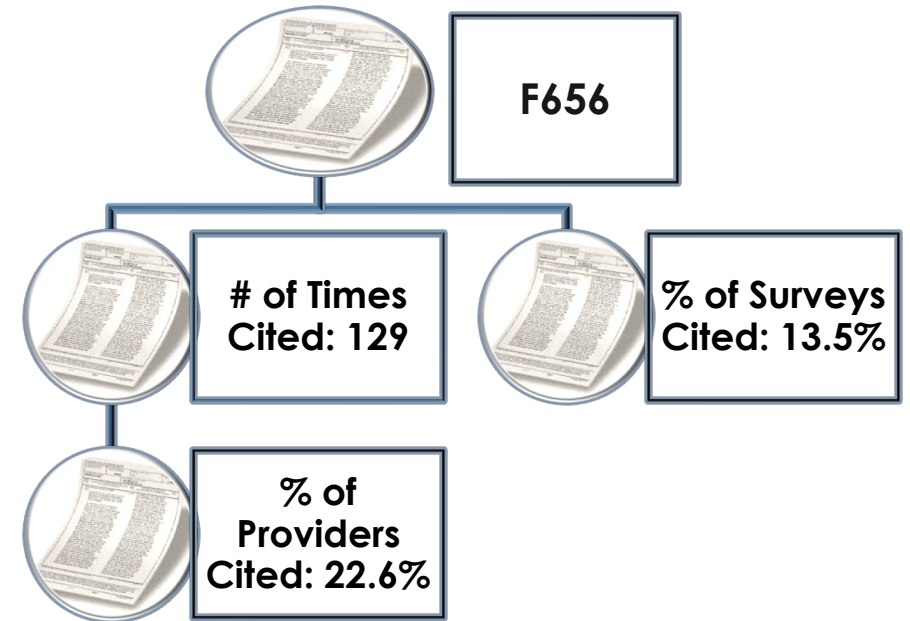
F656: Development/Implement Comprehensive Care Plan

F656 = #2 Most Commonly Cited Deficiency

Number of times F656 Cited – 129

Percent of Providers Cited – 22.6%

Percent of Surveys Cited – 13.5%





F656: Development/Implement Comprehensive Care Plan



F656

Scope &
Severity Review



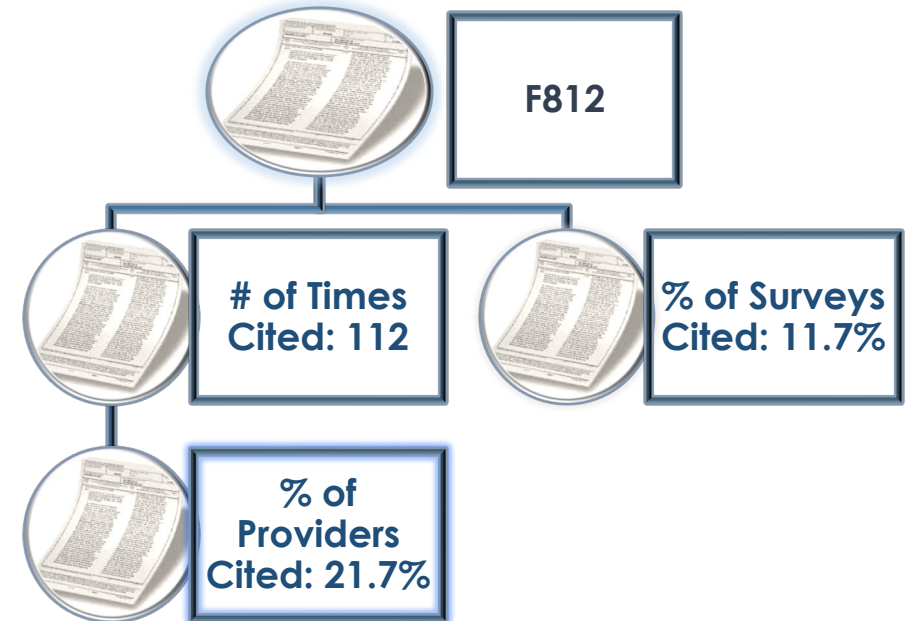
F812: Food Procurement, Store/Prepare/Serve Sanitary

F812 = 3rd Most Commonly Cited Deficiency

Number of times F812 Cited – 112

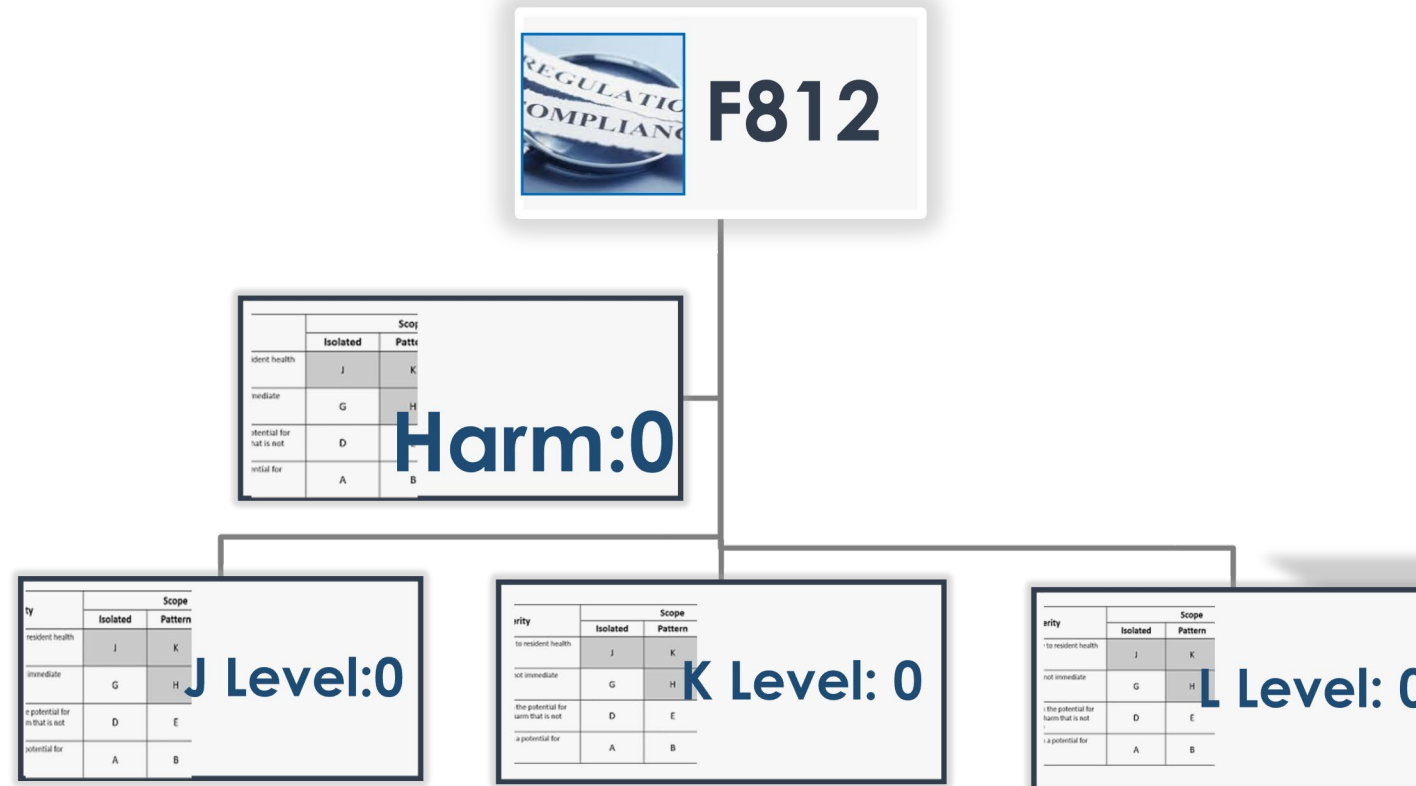
Percent of Providers Cited – 21.7%

Percent of Surveys Cited – 11.7%





F812: Food Procurement, Store/Prepare/Serve Sanitary



F812

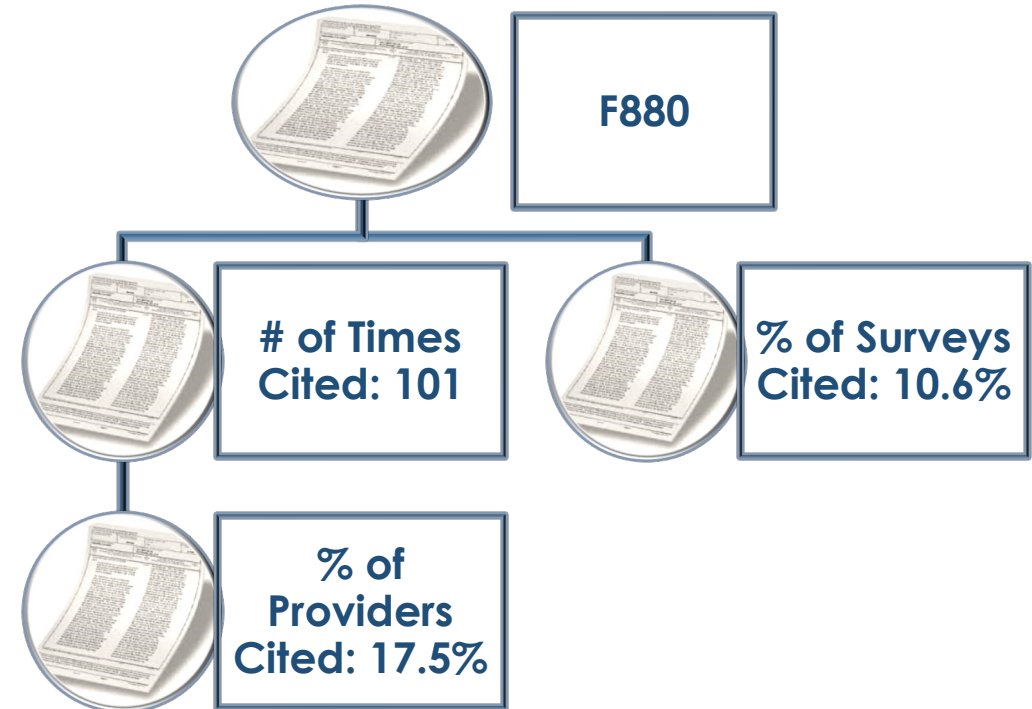
Scope & Severity Review



F880: Infection Prevention & Control

F880 = 4th Most Commonly Cited Deficiency

Number of times F880 Cited – 101
Percent of Providers Cited – 17.5%
Percent of Surveys Cited – 10.6%

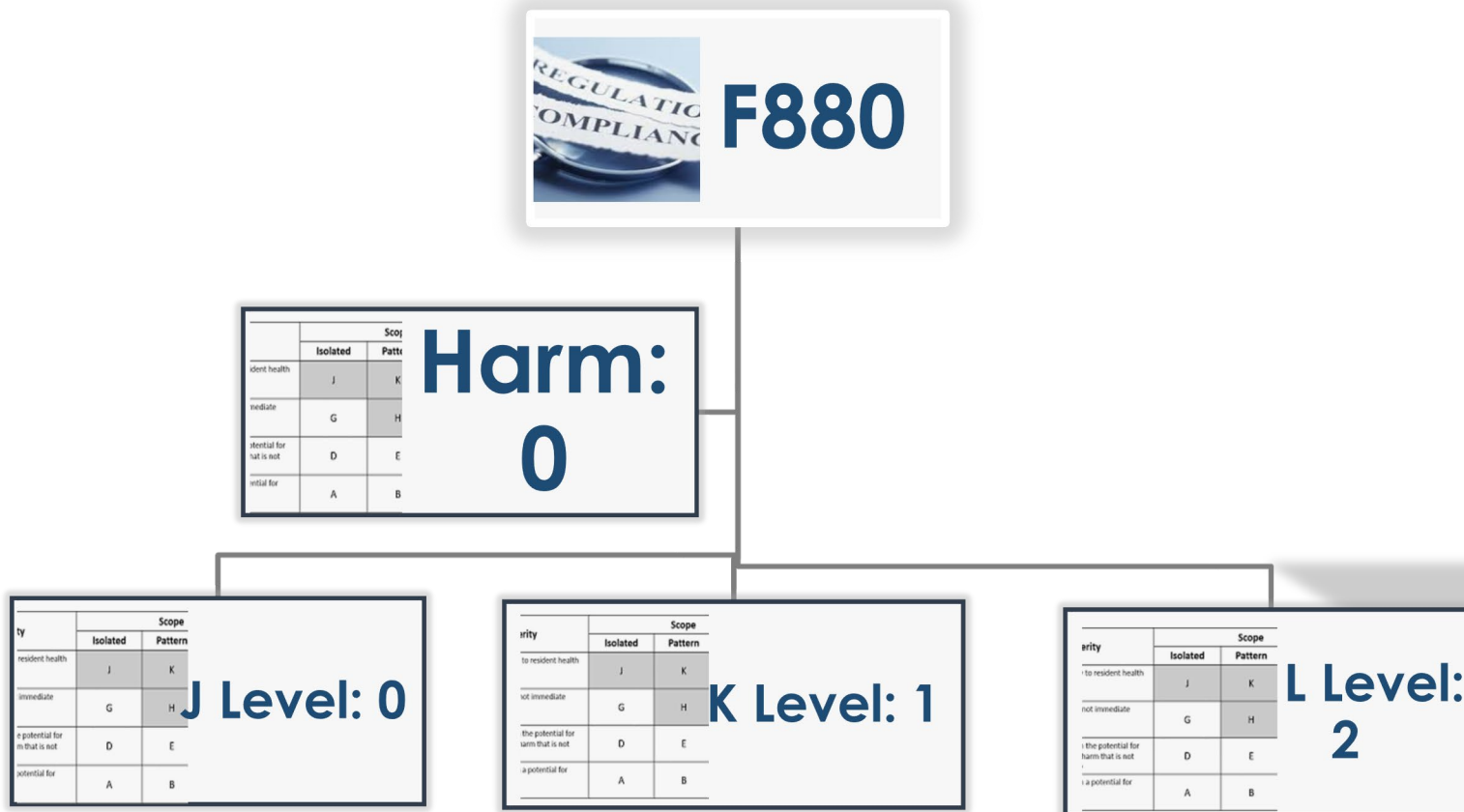




F880: Infection Prevention & Control

F880

Scope &
Severity Review

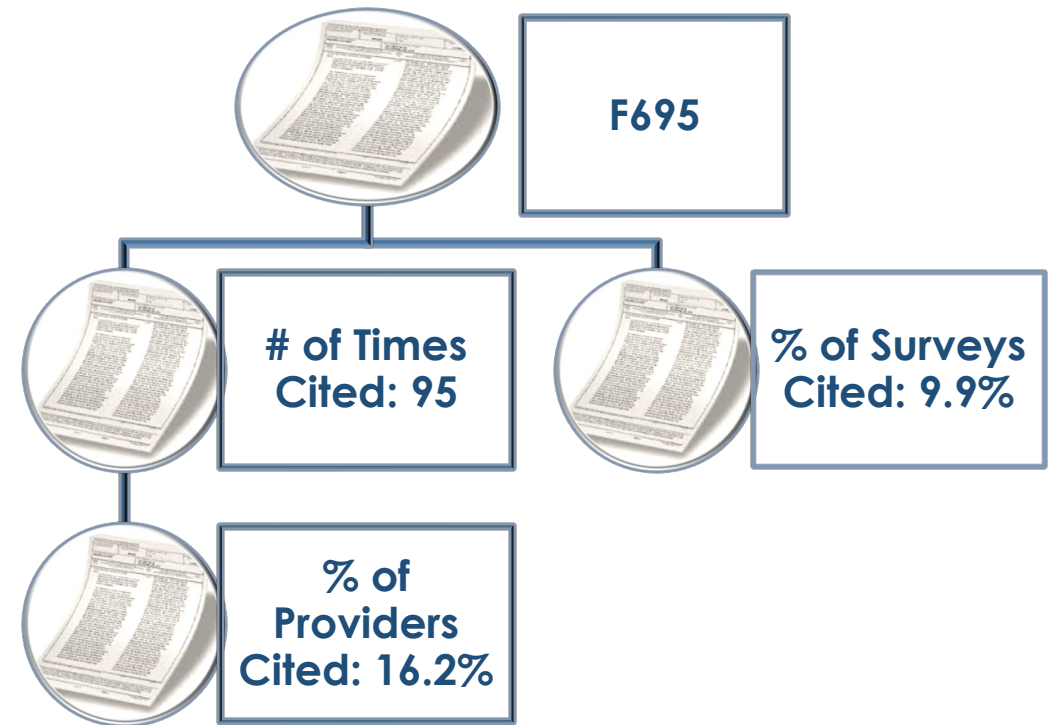




F695: Respiratory/Tracheostomy Care and Suctioning

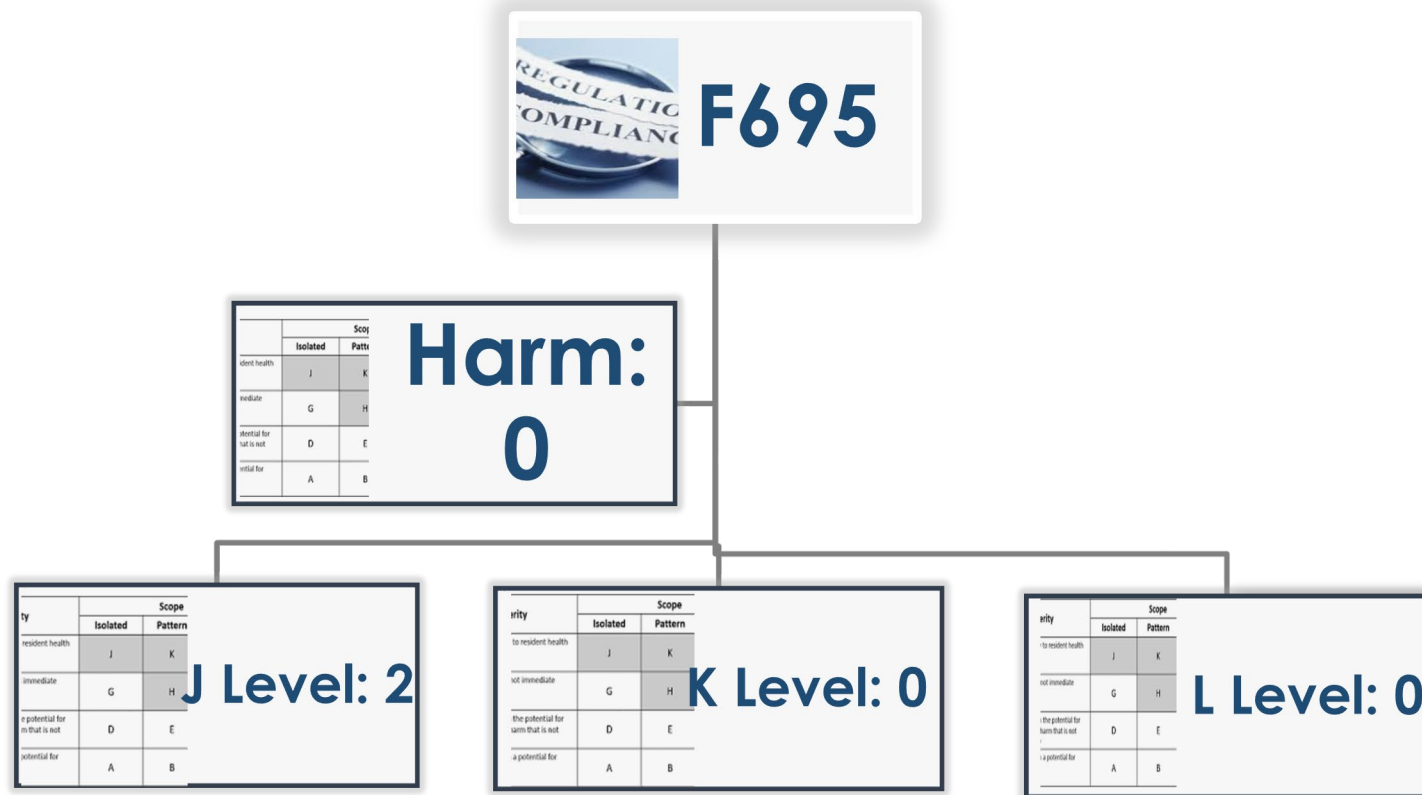
F695 = 5th Most Commonly Cited Deficiency

Number of times F695 Cited – 95
Percent of Providers Cited – 16.2%
Percent of Surveys Cited – 9.9%





F695: Respiratory/Tracheostomy Care and Suctioning



F695

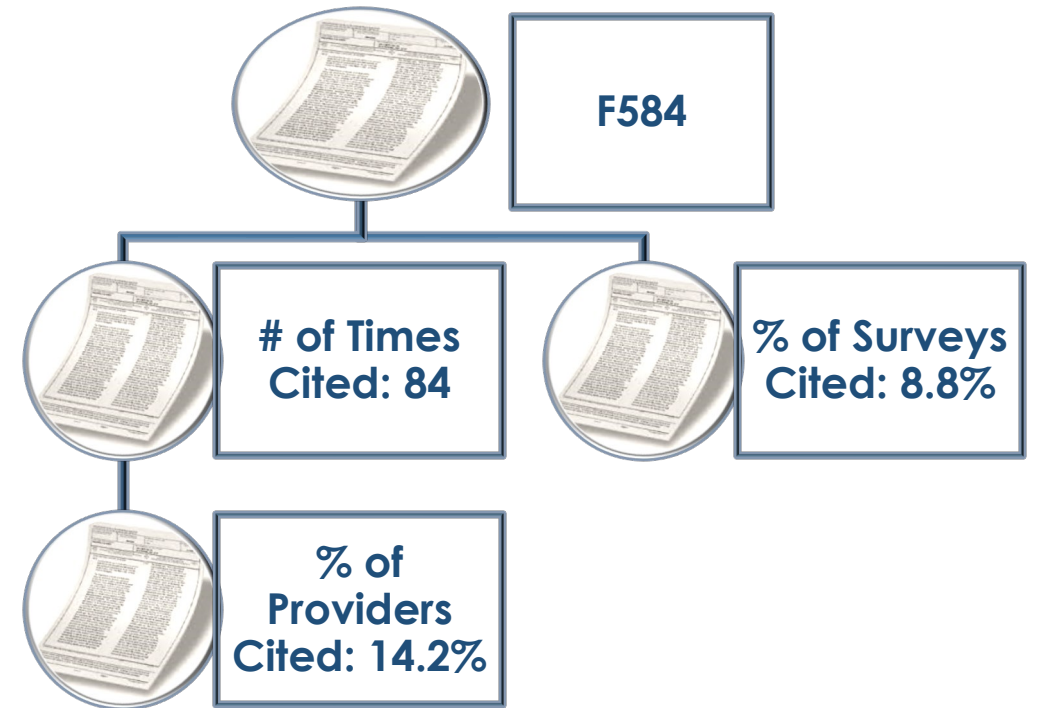
Scope &
Severity Review



F584: Safe/Clean/Comfortable/Homelike Environment

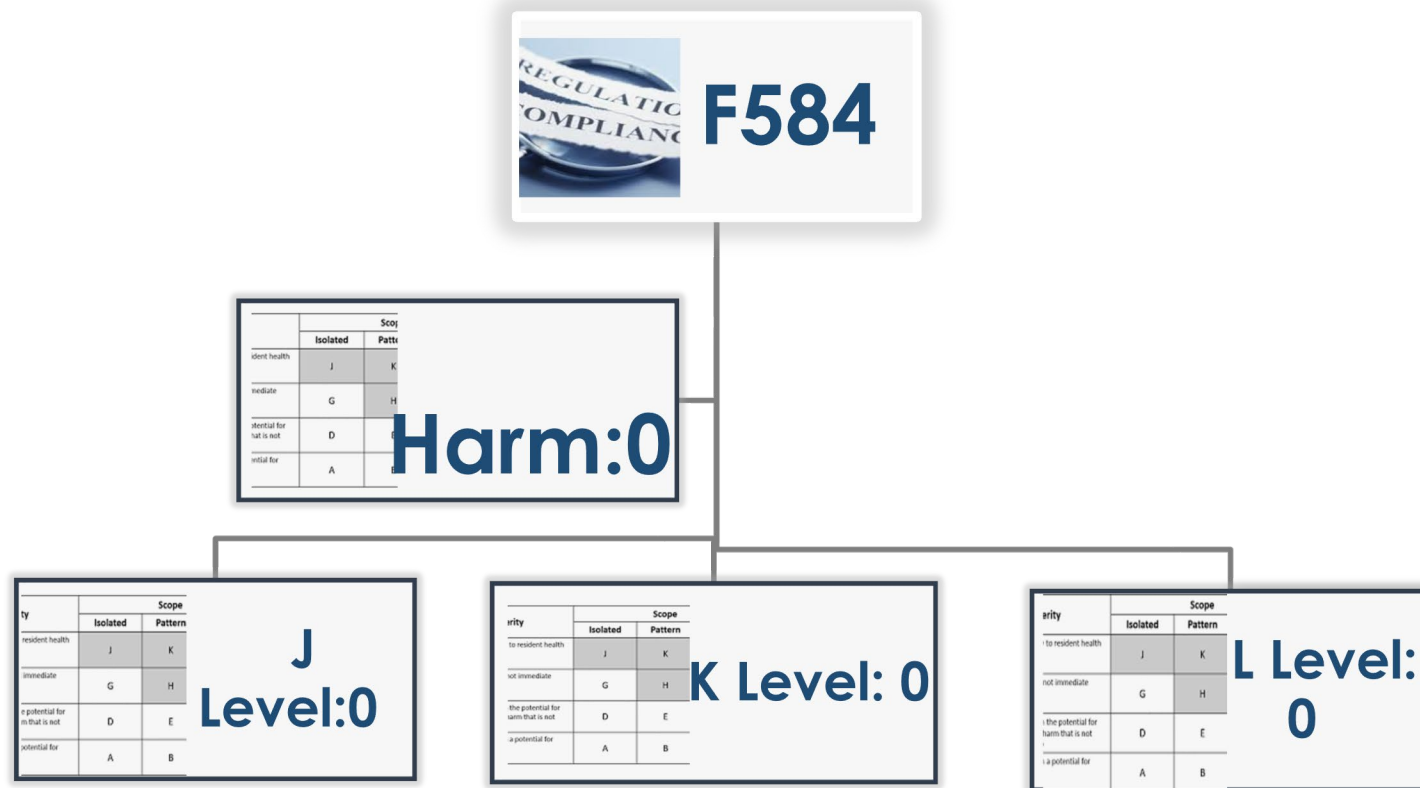
F584 = 6th Most Commonly Cited Deficiency

Number of times F584 Cited – 84
Percent of Providers Cited – 14.2%
Percent of Surveys Cited – 8.8%





F584: Safe/Clean/Comfortable/Homelike Environment



F584

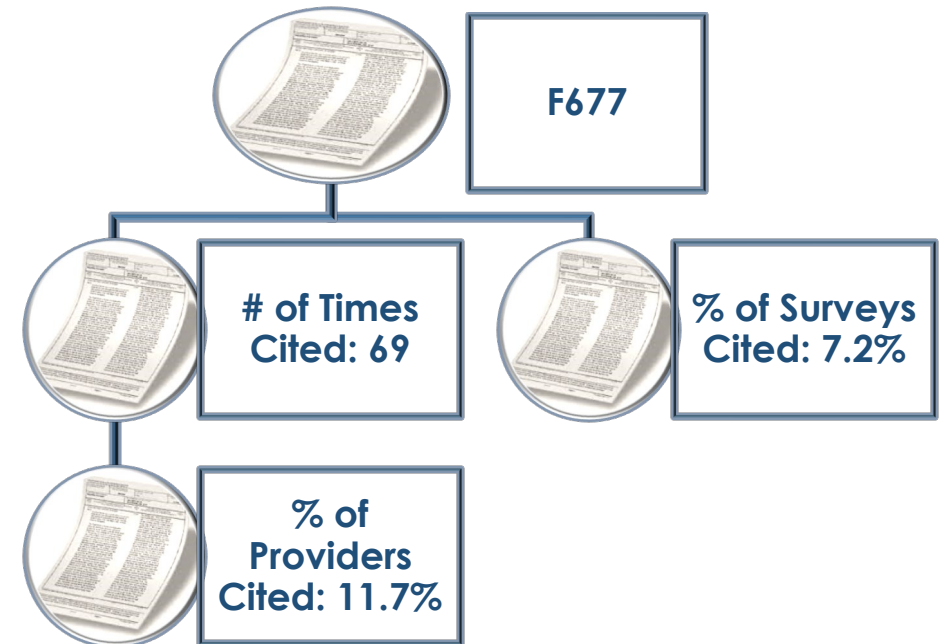
Scope &
Severity Review



F677 – ADL Care Provided for Dependent Residents

F677 = 7th Most Commonly Cited Deficiency

Number of times F677 Cited – 69
Percent of Providers Cited – 11.7%
Percent of Surveys Cited – 7.2%





F677 – ADL Care Provided for Dependent Residents



F677

Scope &
Severity Review



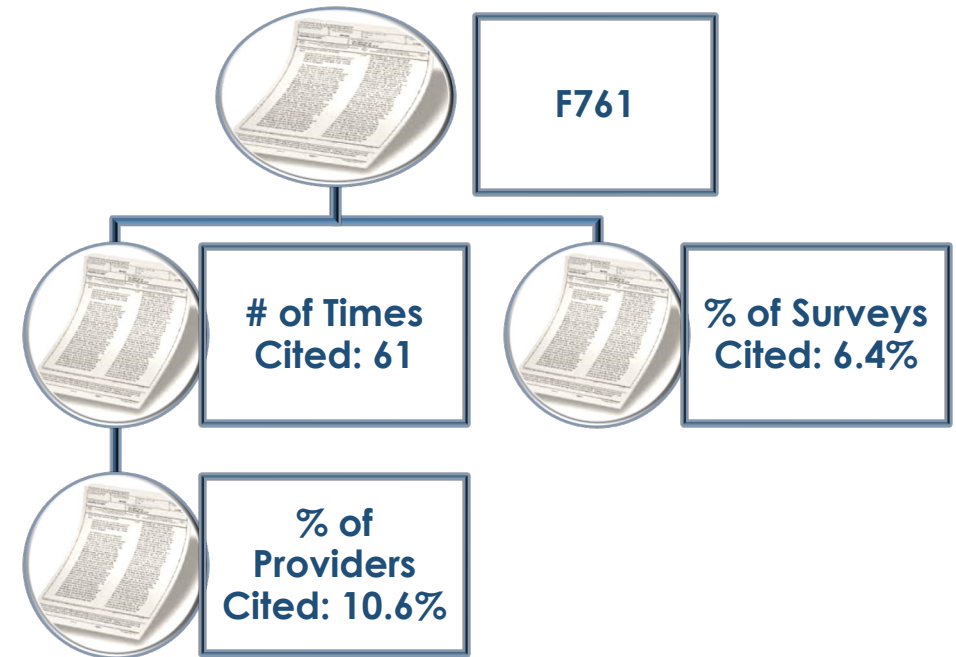
F761 – Label/Store Drugs and Biologicals

F761 = 8th Most Commonly Cited Deficiency

Number of times F761 Cited – 61

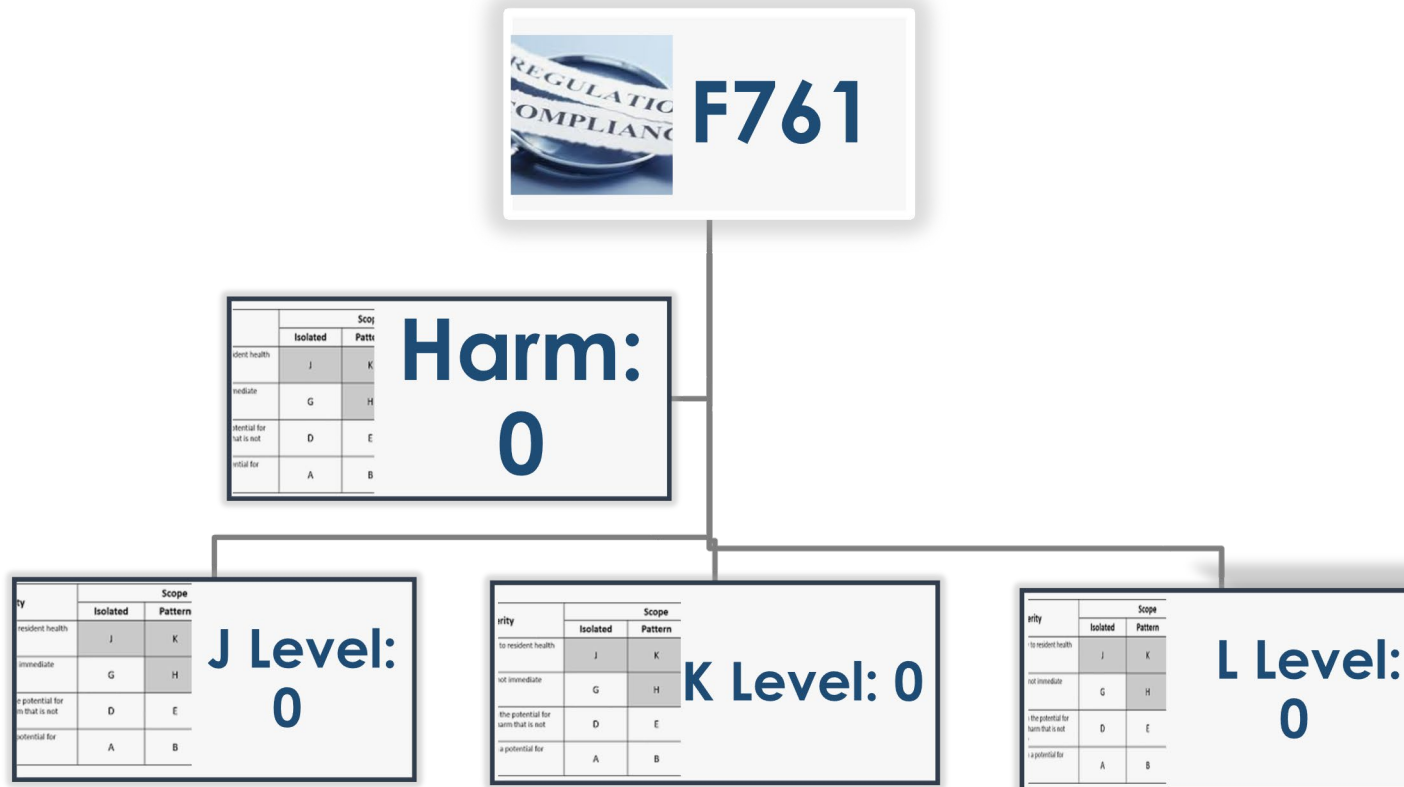
Percent of Providers Cited – 10.6%

Percent of Surveys Cited – 6.4%





F761 – Label/Store Drugs and Biologicals



F761

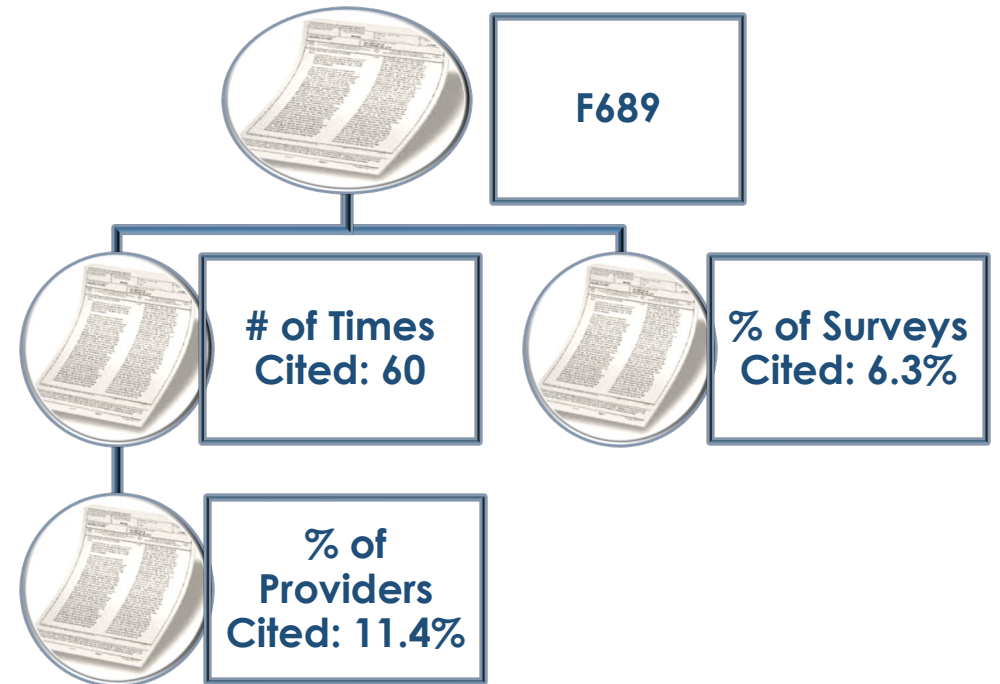
Scope &
Severity Review



F689 – Free of Accident Hazards/Supervision/Devices

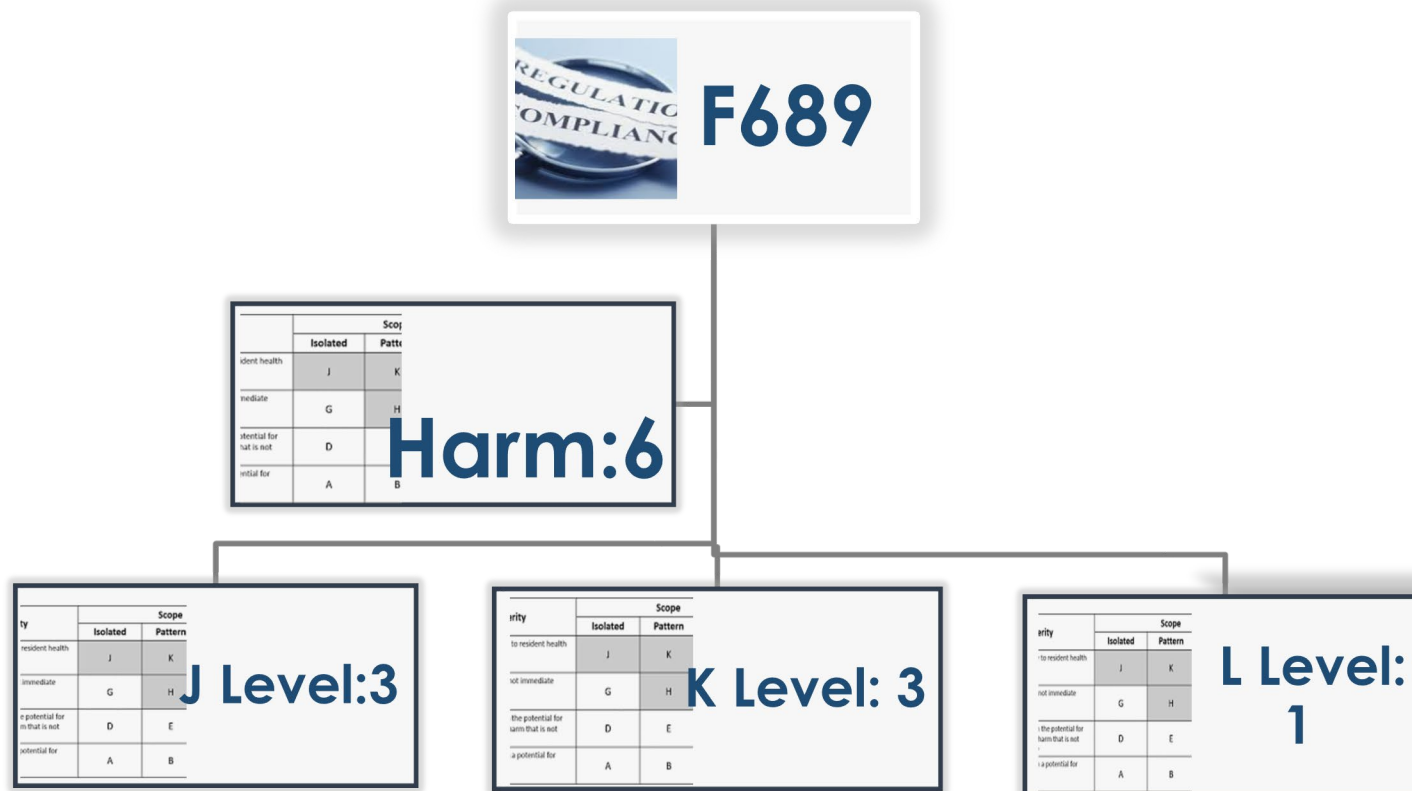
F689 = 9th Most Commonly Cited Deficiency

Number of times F689 Cited – 60
Percent of Providers Cited – 11.4%
Percent of Surveys Cited – 6.3%





F689 –Free of Accident Hazards/Supervision/Devices



F689

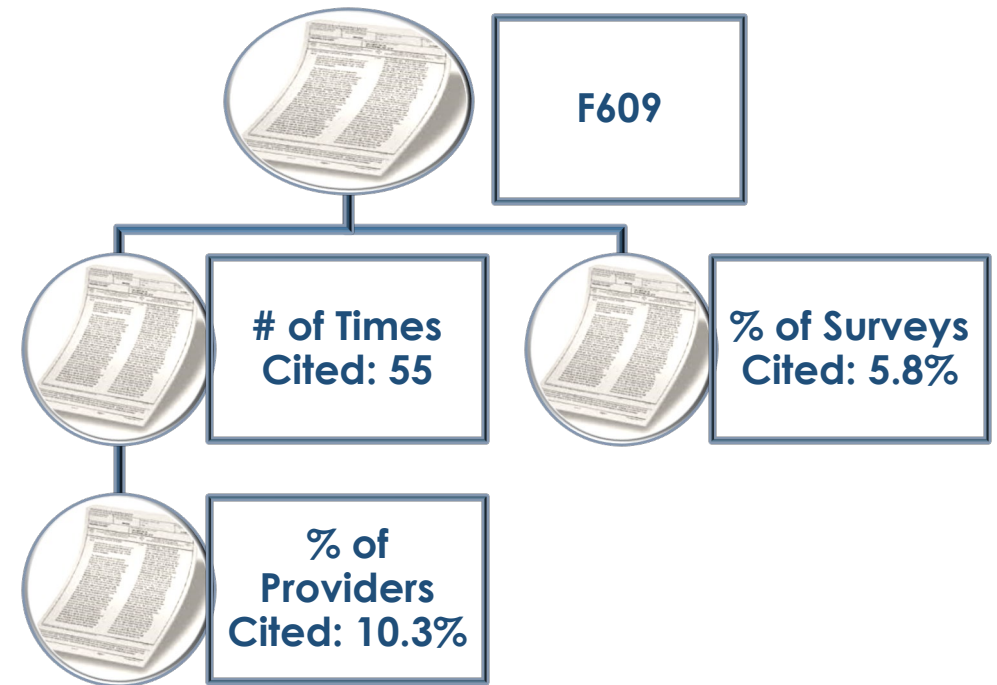
Scope &
Severity Review



F609 – Reporting of Alleged Violation

F609 = 10th Most Commonly Cited Deficiency

Number of times F609 Cited – 55
Percent of Providers Cited – 10.3%
Percent of Surveys Cited – 5.8%





F609 – Reporting of Alleged Violation

F609

Scope &
Severity Review



	Scope	
	Isolated	Pattern
to resident health	J	K
not immediate	G	H
the potential for harm that is not	D	E
a potential for	A	B

Harm:
0

Severity	Scope	
	Isolated	Pattern
to resident health	J	K
not immediate	G	H
the potential for harm that is not	D	E
a potential for	A	B

J Level:
1

Severity	Scope	
	Isolated	Pattern
to resident health	J	K
not immediate	G	H
the potential for harm that is not	D	E
a potential for	A	B

K Level:
1

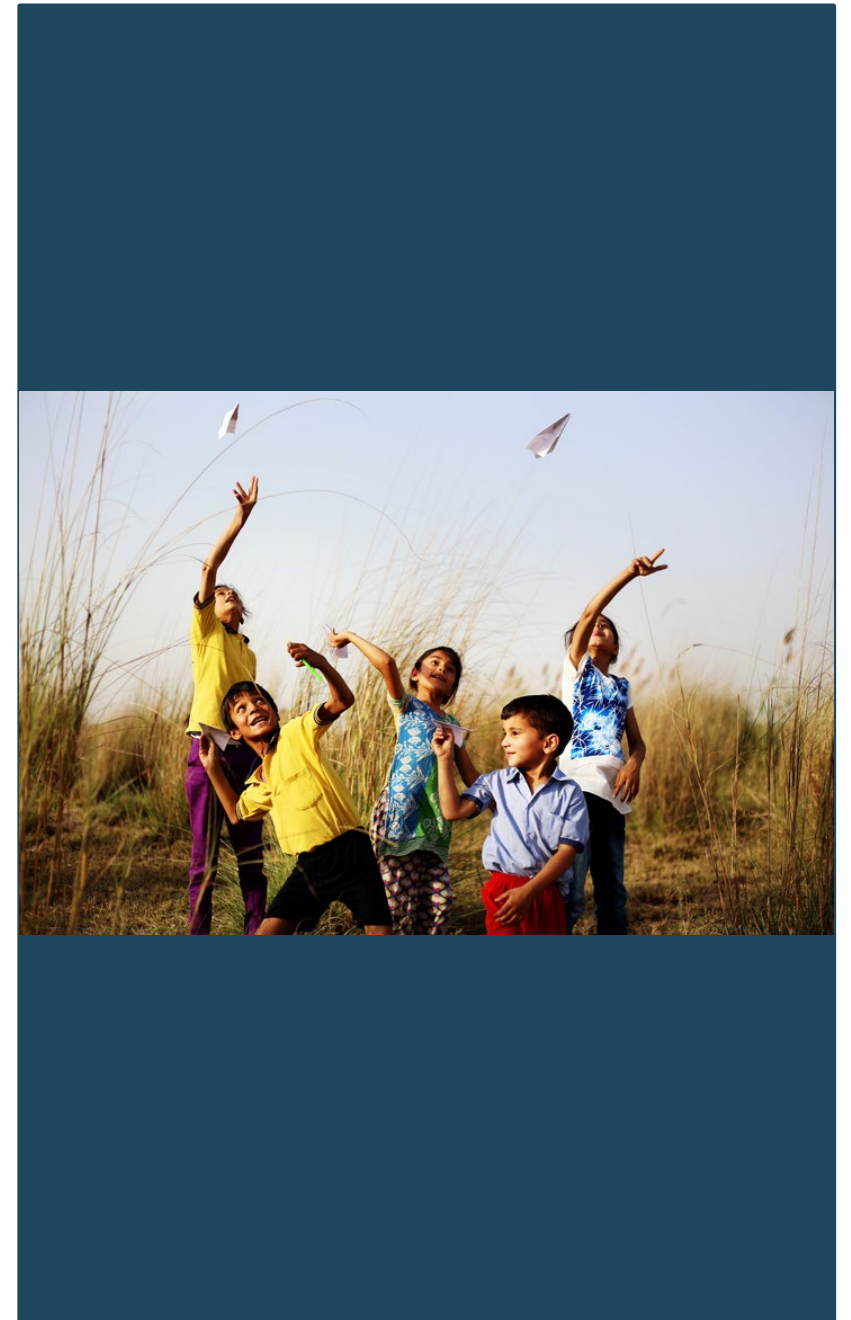
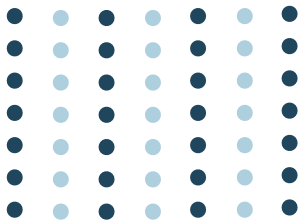
Severity	Scope	
	Isolated	Pattern
to resident health	J	K
not immediate	G	H
the potential for harm that is not	D	E
a potential for	A	B

L Level:
1



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

THANK YOU!
**QUESTIONS/
COMMENTS?**



Alliant Health Solutions Resources



The screenshot shows the Alliant Health Solutions website with the navigation bar (Home, Programs, Events, Resources, Search) and the NQIC logo. The main content area features a banner for the Georgia Department of Public Health with a "GDPH Website" button. Below this is a graphic with logos for DPH, Alliant Health Solutions, and the University of Georgia, labeled "GA STRIKE & SUPPORT TEAM". The bottom section includes an image of a person at a desk and text about the "GA Strike & Support Team" office hours.

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.

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



The screenshot shows the Alliant Health Solutions website with the navigation bar and NQIC logo. The main content area features a banner for Infection Control with a background image of a laboratory. Below the banner is a section titled "Infection Control" with text from the CDC and a list of bullet points. A graphic of virus particles is on the right.

Infection Control

According to the Centers for Disease Control and Prevention (CDC), over 4 million Americans are admitted to or reside in nursing homes and skilled nursing facilities each year, and nearly one million persons reside in assisted living facilities. The CDC also states that data about infections in long term care facilities (LTCF) are limited, but it has been estimated in medical literature that:

- 1 to 3 million serious infections occur every year in these facilities.
- Infections include urinary tract infections, diarrheal diseases, antibiotic-resistant staph infections and many others.
- Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCF's every year.

In light of these issues facing nursing home residents, it is important for all staff in long term care facilities to work together to reduce or prevent infections using QAPI principles in the pursuit of providing a safe care environment for all.

[Click here](#) to access resources for Hospital Quality Improvement.

<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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Paula St. Hill, MPH, A-IPC
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Donald Chitanda, MPH, CIC
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678.527.3651



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
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)

Save the Date

SNF and Medical Directors Office Hours:

February 16, 2023 | 11 a.m. ET

ALF and PCH

January 26, 2023 | 11 a.m. ET

February 23, 2023 | 11 a.m. ET



Thank you!

- Georgia Department of Public Health
- University of Georgia



Making Health Care Better



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Alliant Health Solutions



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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.

quality.allianthealth.org