

# Boost Office Hours

March 4, 2024

**Swati Gaur, MD, MBA, CMD, AGSF**

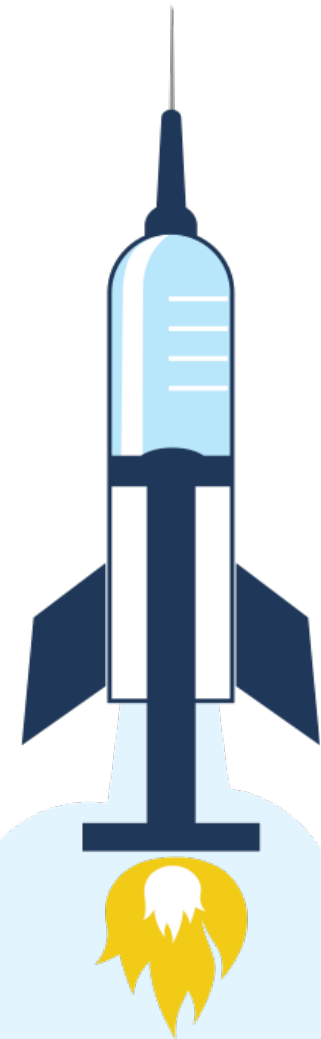
Northeast Georgia Health System  
Alliant Health Solutions

**Erica Umeakunne, MSN, MPH, APRN, CIC**

Alliant Health Solutions

**Deena Tarver, MBA, BSHCA**

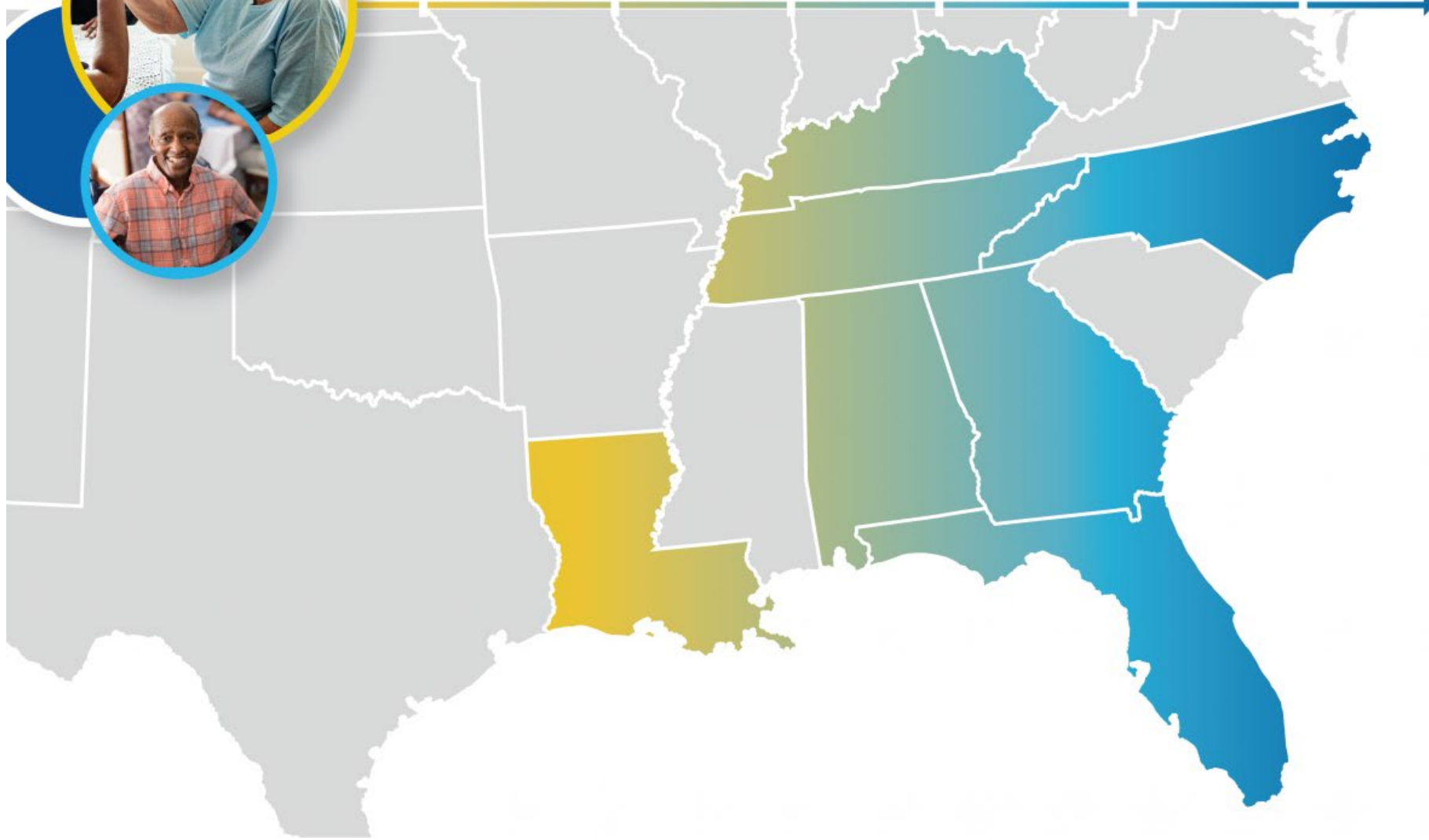
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 **ALLIANT**  
HEALTH SOLUTIONS

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

# Making Health Care Better *Together*



## About Alliant Health Solutions

# Swati Gaur, MD, MBA, CMD, AGSF

## Medical Director of the Year 2022

ASSOCIATE CHIEF MEDICAL OFFICER, RAINMAKERS SOLUTIONS  
MEDICAL DIRECTOR, ALLIANT HEALTH SOLUTIONS  
SENIOR MEDICAL DIRECTOR, POST-ACUTE CARE,  
NORTHEAST GEORGIA MEDICAL CENTER

- Past chair of an Infection Advisory Committee during the COVID-19 pandemic
- Created and issued guidance to a COVID-19 task force
- National and international speaker on infection prevention and control issues in nursing homes
- Board certified in internal medicine, geriatrics, and hospice and palliative medicine
- Master's in business administration from Georgia Institute of Technology



# Erica Umeakunne, MSN, MPH, APRN, CIC

## INFECTION PREVENTION SPECIALIST

Erica is an adult gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She was previously the interim hospital epidemiology director for a large Atlanta health care system and a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. At the CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

**Erica enjoys reading, traveling, family time and outdoor activities.**

**[Erica.Umeakunne@allianthealth.org](mailto:Erica.Umeakunne@allianthealth.org)**



# Deena Tarver, MBA, BSHA

## VACCINE ADVISOR

Deena Tarver is a vaccine advisor with a focus on the COVID vaccine.

She has a business background, having owned her own businesses before entering the health industry. Her passion for serving led her into the health field, where she could combine her business background and clinical knowledge to better serve others.

**Deena enjoys time with her family and loves hiking with her husband and three fur babies.**

**[Deena.Tarver@allianthealth.org](mailto:Deena.Tarver@allianthealth.org)**



# Objectives

- Review the new ACIP guidance on COVID-19 vaccine for individuals over 65 years of age
- Review updated NMSN guidance related to COVID-19 vaccine reporting
- Discuss the recent CMS memo on enhanced barrier precautions (EBP) and its implications for nursing facilities



# COVID-19 Vaccines

# Poll

Are you aware of the additional COVID-19 vaccine recommendations effective at the end of Feb 2024?

A. Yes

B. No



# Poll

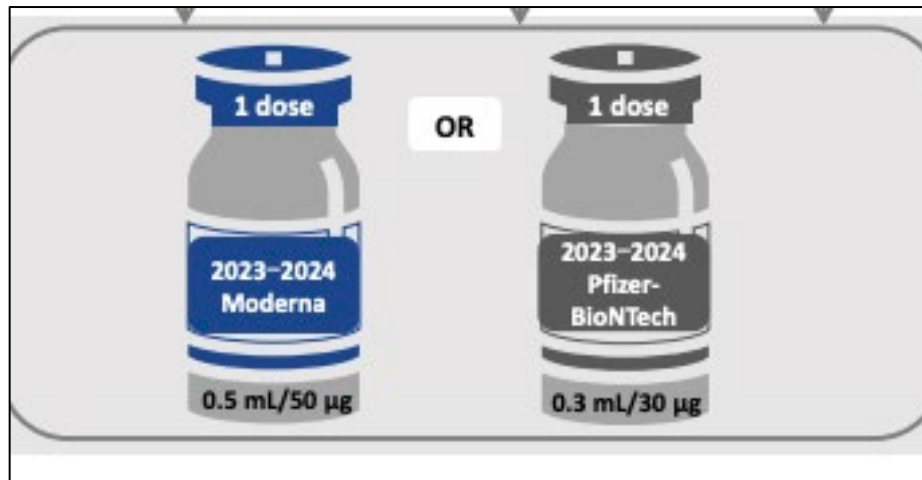
Have you implemented or are you in the process of implementing additional vaccine recommendations in your nursing facility?

- A. Yes
- B. No

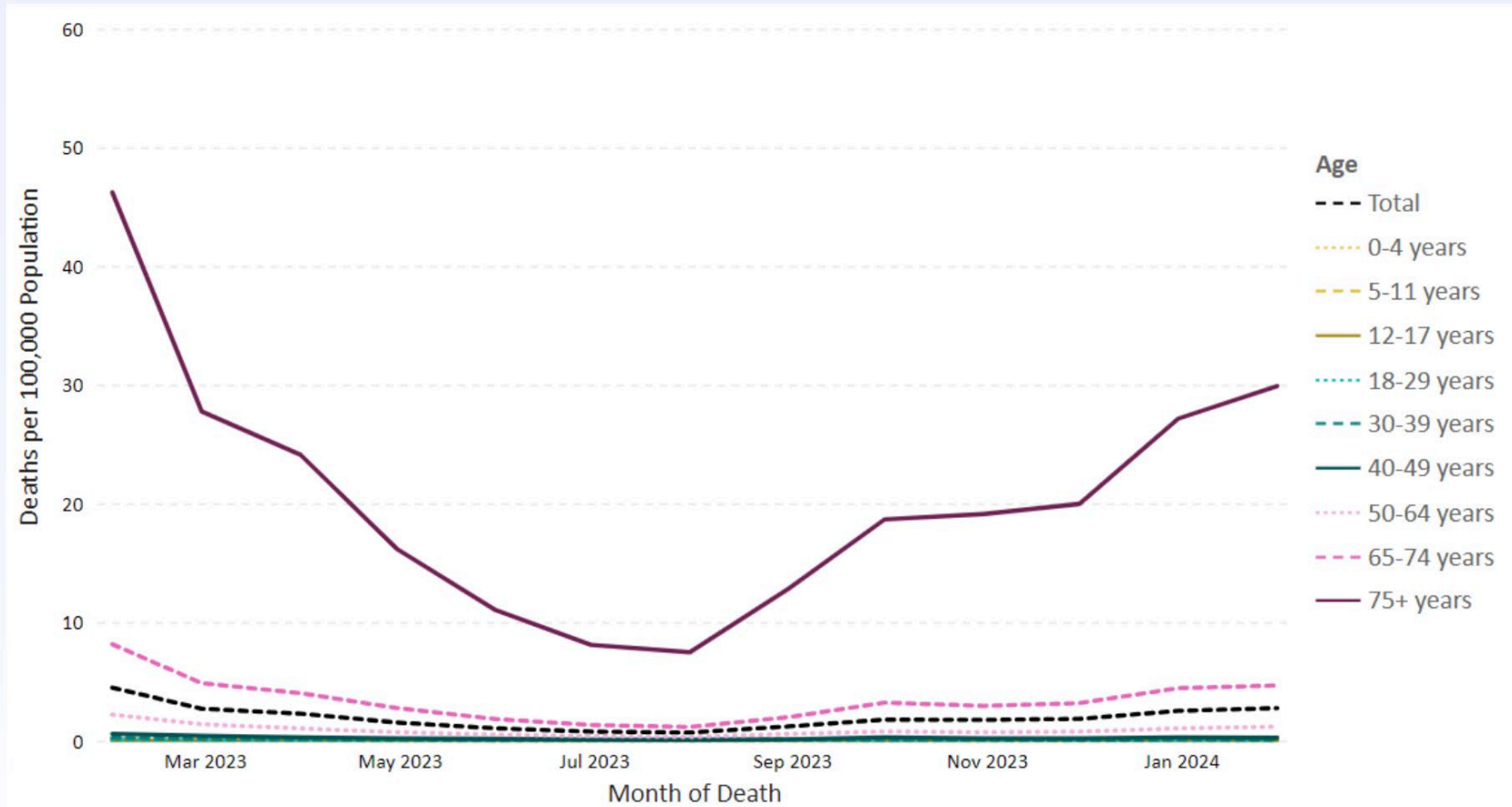
# What Is the Recommendation?

**Existing**: ALL over six months SHOULD receive an updated COVID-19 vaccine.

**New added recommendation**: Additional dose of updated COVID-19 vaccine **SHOULD** be administered four months after the original updated vaccine.



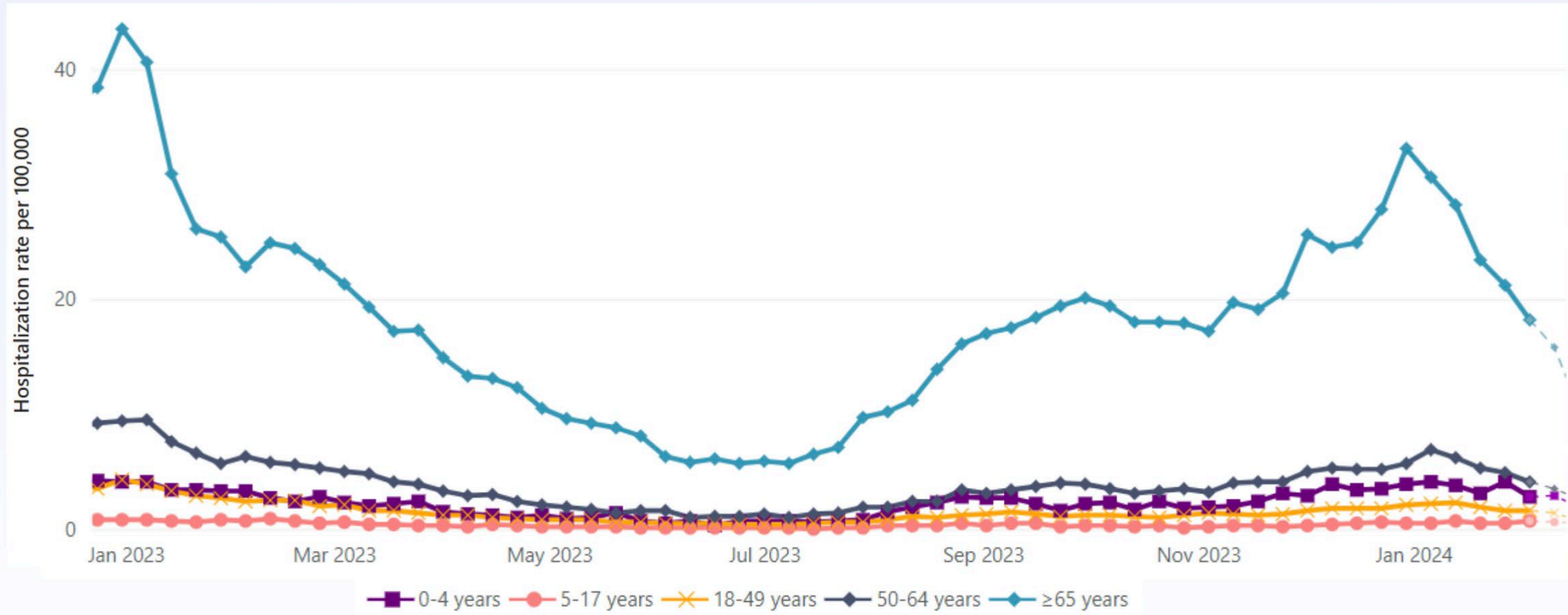
# Monthly rates of provisional COVID-19 deaths by age group, United States, January 1, 2023 – January 31, 2024



Provisional data are non-final counts of deaths based on reported mortality data in NVSS. Deaths include those with COVID-19, coded as ICD-10 code U07.1, on the death certificate. Death data are displayed by date of death (event).

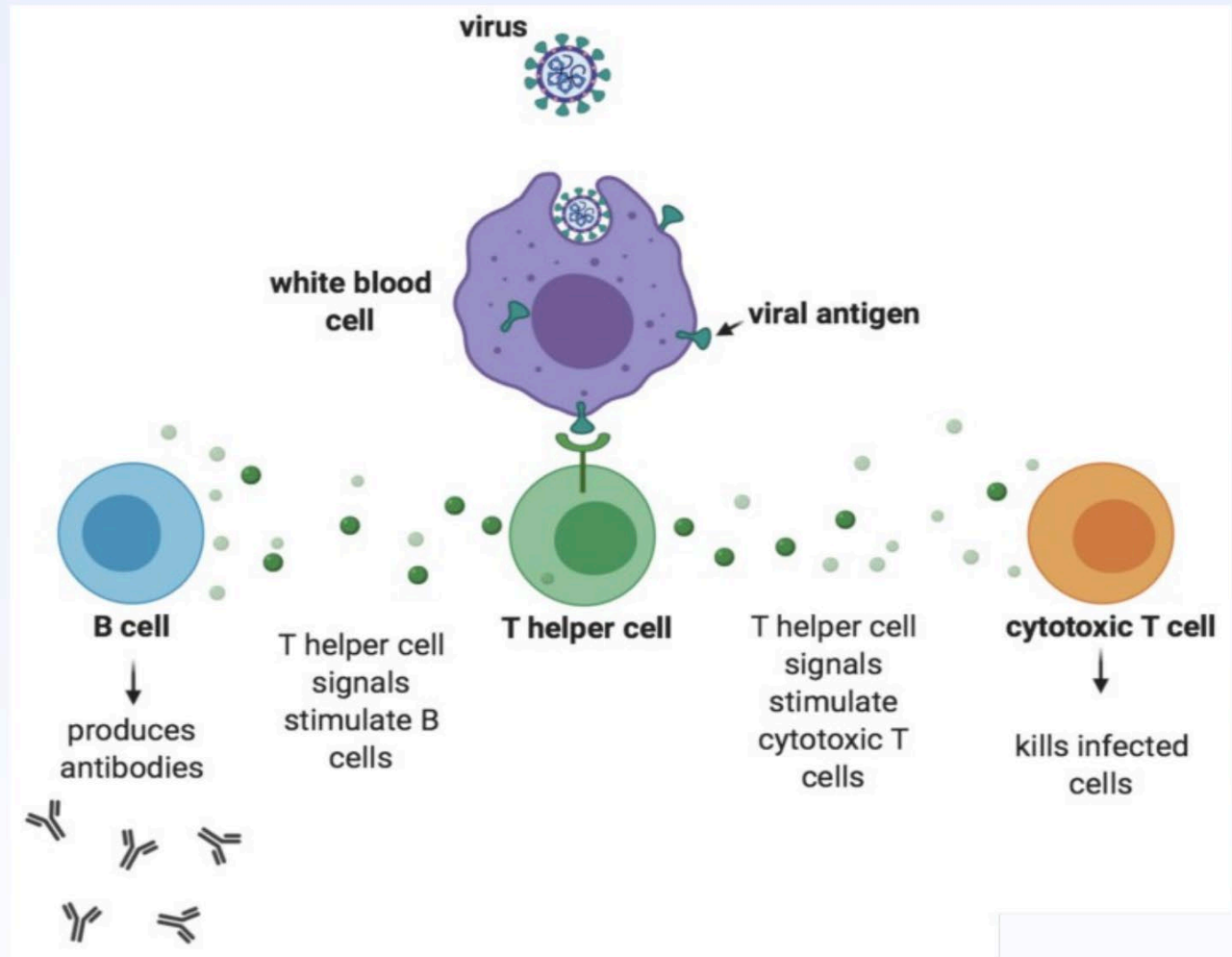
Source: Provisional data from the CDC's National Center for Health Statistics (NCHS) National Vital Statistic System (NVSS); CDC COVID Data Tracker. <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>. Accessed February 23, 2024

# Weekly population-based rates of COVID-19-associated hospitalizations, by age group — COVID-NET, January 1, 2023 – February 24, 2024



Dashed lines indicate potential reporting delays and interpretation of trends should exclude these weeks.  
 CDC COVID Data Tracker. <https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalization-network>. Accessed February 23, 2024

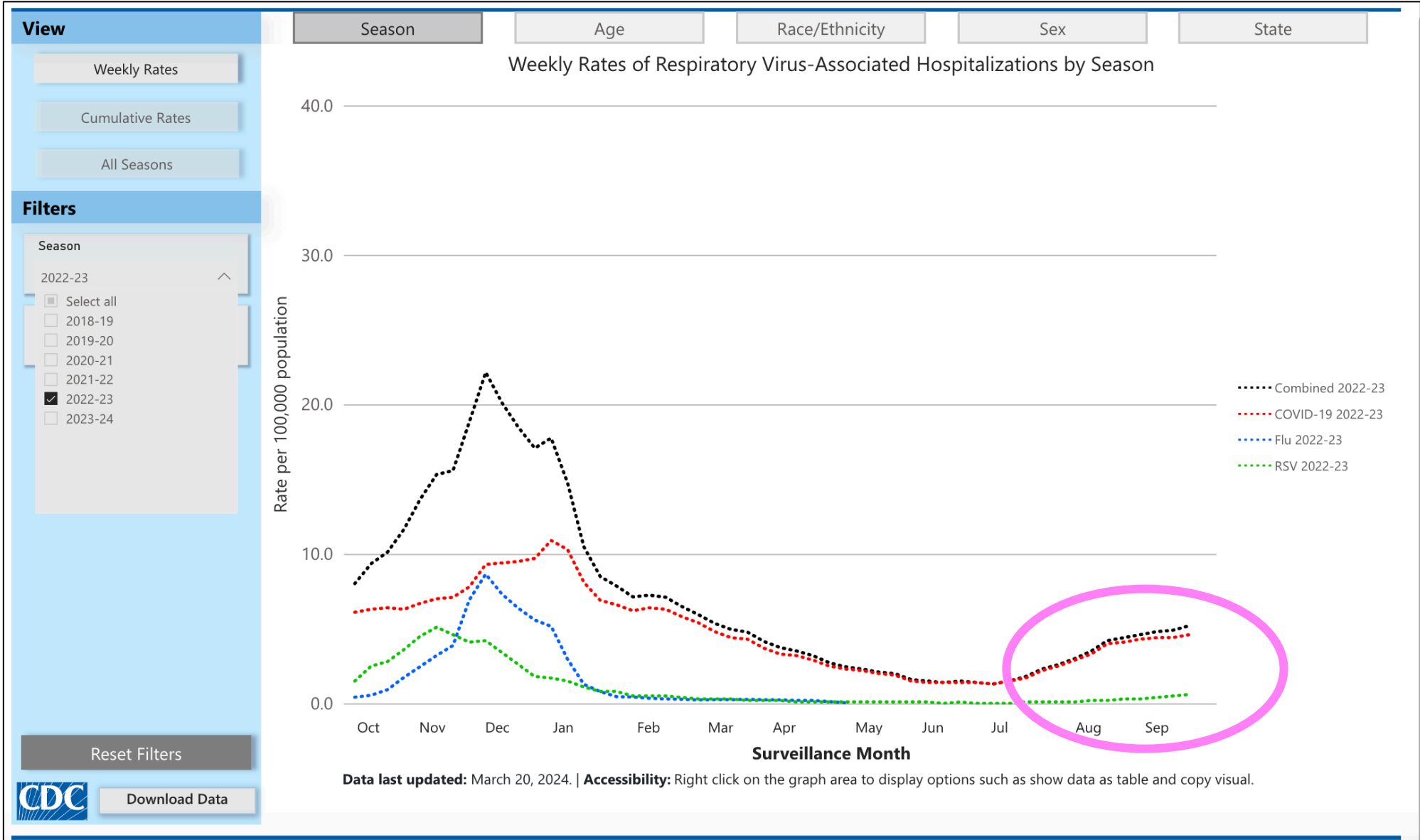
# Adaptive immunity includes cellular and humoral responses



Insufficient pools of naïve T cells impacts ability to generate:

- Neutralizing antibody responses
- Cytotoxic T cells

Source: Rey, Gertrud. T Cell Responses to Coronavirus Infection are Complicated. <https://www.virology.ws/2020/11/05/t-cell-responses-to-coronavirus-infection-are-complicated/>





# NHSN Updates

# Poll

## What is the definition of being up to date?

Old Definition: Received a 2023-2024 Updated COVID-19 vaccine **OR** received a bivalent COVID-19 vaccine within the last two months (prior to 9/12/2023).

New Definition: Individuals aged **65 years and older** are up to date when they received **two doses of the updated 2023-2024 COVID-19 vaccine or received one dose of the updated 2023-2024 COVID-19 vaccine in the past four months.**

- Individuals younger than 65 are up to date when they have received one dose of the updated 2023-2024 COVID-19 vaccine.



# Poll

## Does the definition of being up-to-date apply to staff?

Old Definition: Received a 2023-2024 updated COVID-19 vaccine **OR** received a bivalent COVID-19 vaccine within the last two months (prior to 9/12/2023).

New Definition: Health care personnel aged **65 and older** should only be counted as up to date with COVID-19 vaccines if they have received a second dose of the updated 2023-2024 COVID-19 vaccine **or** if they received one dose of the updated 2023-2024 COVID-19 vaccine in the past four months.

- Continue to count healthcare personnel under the age of 65 as up to date if they have received one dose of the updated 2023-2024 COVID-19 vaccine.

# Updates to LTC Weekly COVID-19 Vaccination Data Reporting

Dear NHSN Users,

The NHSN Vaccination Team will be hosting two webinars to review important changes to the surveillance definition of up to date with COVID-19 vaccines. These webinars are geared toward long-term care facilities reporting vaccination data through the NHSN COVID-19 Vaccination Modules.

## Key Points:

### What are the new recommendations?

- ACIP and CDC provided new recommendations of COVID-19 vaccines for individuals aged 65 years and older.
- Individuals aged **65 years and older** are up to date when they have received **2 doses of the updated 2023-2024 COVID-19 vaccine** or received **1 dose of the updated 2023-2024 COVID-19 vaccine in the past 4 months**.
- There is **no change** to the up to date definition for individuals **younger than 65 years**. Therefore, individuals aged **less than 65 years** are up to date when they have received 1 dose of the updated 2023-2024 COVID-19 vaccine (any time since it was approved in September 2023).
- The new definition applies to both the **NHSN Weekly HCP and Resident Vaccination Forms**.
- The up to date definition change for individuals aged 65 years and older will occur at the start of Quarter 2 of 2024 (week of April 1 - 7, 2024).

# Updates to LTC Weekly COVID-19 Vaccination Data Reporting

## How should facilities report data beginning with Quarter 2 of 2024?

- Residents and healthcare personnel aged **65 and older** should **NOT** be counted as up to date with COVID-19 vaccines until they receive a second dose of the 2023-2024 updated COVID-19 vaccine; **or** if they have received 1 dose of the updated 2023-2024 COVID-19 vaccine in the past 4 months.
- Be careful not to incorrectly over-report the number of residents who are up to date. **Residents aged 65 and older who previously had 1 dose of the 2023-2024 COVID-19 vaccine greater than 4 months ago, should NOT be counted as up to date (question #2).**
- Continue to count residents and healthcare personnel age **less than 65** as up to date if they have received 1 dose of the updated 2023-2024 COVID-19 vaccine.



# Pre-Ordering Vaccines

# Poll

Have you preordered Flu or other vaccines for fall?

- A. Yes
- B. No, plan to in April
- C. No, plan to in May
- D. No, plan to in June
- E. No, plan to later

# Poll

Have you preordered the COVID-19 vaccine?

A. Yes

B. No



All three vaccines can be ordered through your medical supply company with an MD's order



Pfizer and Moderna have direct ordering



Pre-ordering for next year is available

# ORDERING

# COVID VACCINE ORDERING OPTIONS

## MODERNA

- mRNA vaccine- 60 day development
- Order direct at [Modernadirect.com](https://www.modernadirect.com)
- Freezer storage acceptable up to 9 months
- Minimum order requirement 1 box (10 vaccines)
- Single dose, ready to use vials
- Reimbursement program available for unused vaccines

## PFIZER

- mRNA vaccine- 60 day development
- Order direct at [primevaccinespfizer.com](https://www.primevaccinespfizer.com)
- Fridge safe
- Minimum order requirement 2 box (20 vaccine requirement)
- Single Dose, ready to use vials
- Reimbursement program available for unused vaccines



# NOVAVAX

- Non mRNA protein-based vaccine, months to manufacture.
- Technology resembles the Hep B vaccine
- Fridge Safe
- Minimum order requirement is 2 vials (10 doses)
- Only order through pharmacies or Medical Supply Company with MD orders
- Multi Dose vials, 5 per vial. (single dose next year)
- Reimbursement program for unused and opened vials.



# Evidence Based Precautions

# Poll

Are you aware of the QSO for Enhanced Barrier Precaution (EBP)?

A. Yes

B. No

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/Quality, Safety & Oversight Group**

Ref: QSO-24-08-NH

**DATE:** March 20, 2024  
**TO:** State Survey Agency Directors  
**FROM:** Director, Quality, Safety & Oversight Group (QSOG)  
**SUBJECT:** Enhanced Barrier Precautions in Nursing Homes

**Memorandum Summary**

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

# CMS Memo: Enhanced Barrier Precautions in Nursing Homes

# Enhanced Barrier Precautions

- Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high-contact resident care activities.
- EBP may be indicated (when contact precautions do not otherwise apply) for residents with any of the following:
  - Wounds or indwelling medical devices, regardless of MDRO colonization status
  - Infection or colonization with an MDRO
- Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.

# Poll

Have you implemented EBP?

- A. Yes, fully
- B. Yes, in the process
- C. No, will do it now
- D. What is EBP?

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
<b>Standard Precautions</b>	All residents	Any potential exposure to: <ul style="list-style-type: none"> <li>Blood</li> <li>Body fluids</li> <li>Mucous membranes</li> <li>Non-intact skin</li> <li>Potentially contaminated environmental surfaces or equipment</li> </ul>	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
<b>Enhanced Barrier Precautions</b>	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> <li>Infection or colonization with an MDRO when Contact Precautions do not otherwise apply</li> <li>Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status</li> </ul>	During high-contact resident care activities: <ul style="list-style-type: none"> <li>Dressing</li> <li>Bathing/showering</li> <li>Transferring</li> <li>Providing hygiene</li> <li>Changing linens</li> <li>Changing briefs or assisting with toileting</li> <li>Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator</li> <li>Wound care: any skin opening requiring a dressing</li> </ul>	Gloves and gown prior to the high-contact care activity  (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None
<b>Contact Precautions</b>	All residents infected or colonized with a MDRO <i>in any of the following situations</i> : <ul style="list-style-type: none"> <li>Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained</li> <li>For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak</li> <li>When otherwise directed by public health authorities</li> </ul> All residents who have another infection (e.g., <i>C. difficile</i> , norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions.	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

## Implementation of Personal Protective Equipment (PPE) Uses in Nursing Homes to Prevent the Spread of Multi-Drug Resistant Organisms (MDROs):

## Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes

# Enhanced Barrier Precautions (EBP): Guidance for Nursing Homes to Prevent MDRO Spread

The screenshot shows the CDC website page for 'Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)'. The page is part of the 'Healthcare-associated Infections (HAI) > Containment Strategy' section. The main heading is 'Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)'. A note states: 'Note: This Interim Guidance was updated on 07/26/2019 to clarify its current intended use as part of a Containment Response'. A print version link is provided: 'Print version: [Implementation of PPE in Nursing Homes to Prevent Spread of MDROs](#) [PDF - 6 pages]'. The main text begins with: 'Implementation of Contact Precautions, as described in the CDC [Guideline for Isolation Precautions](#), is perceived to create challenges for nursing homes trying to balance the use of PPE and room restriction to prevent MDRO transmission with residents' quality of life. Thus, current practice in many nursing homes is to implement Contact Precautions only when residents are infected with an MDRO and on treatment.' The page includes a sidebar with navigation options like 'HAI Data', 'Types of Infections', 'Diseases and Organisms', 'Preventing HAIs', 'Containment Strategy', 'What Can Be Done', 'Guidelines', 'Case Studies', 'PPE in Nursing Homes', 'State-based HAI Prevention Activities', and 'Research'. There is also an 'On This Page' section with links to 'Description of Existing Precautions', 'Description of New Precautions', 'Summary of PPE Use and Room Restriction', 'Implementation', and 'References'.

## [Implementation of PPE in Nursing Homes to Prevent Spread of Novel or Targeted MDROs](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



# Poll

Would you like more education on EBP?

A. Yes

B. No

**Questions?**



# Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



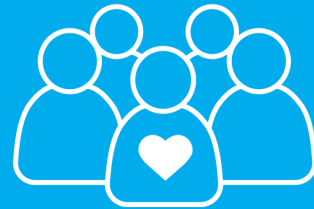
## OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



## PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



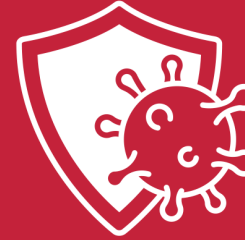
## CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes



## CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



## COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans



## IMMUNIZATION

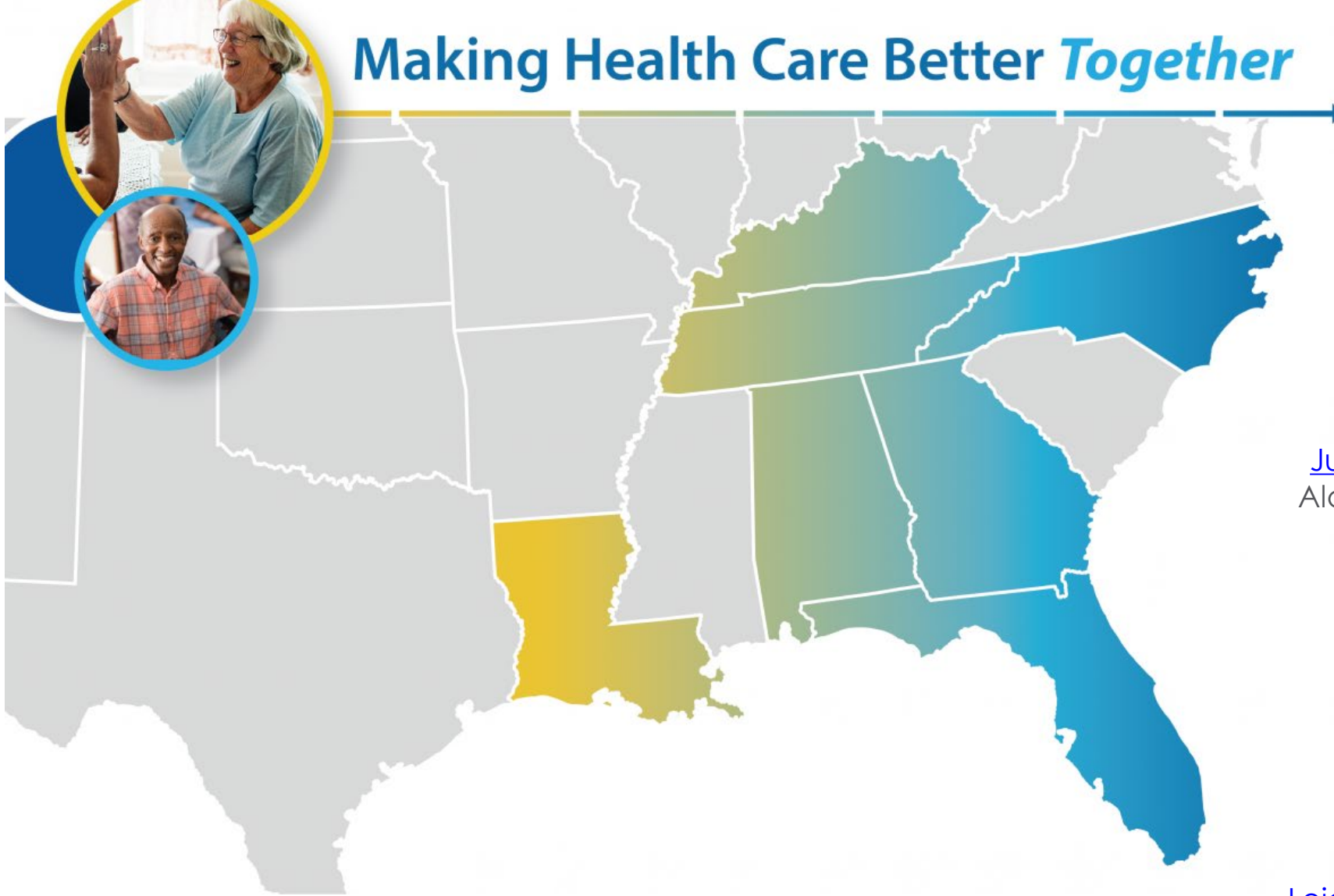
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



## TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

# Making Health Care Better *Together*



Julie Kueker

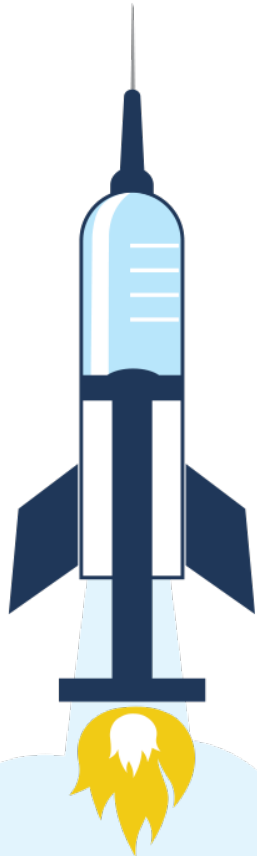
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Georgia, Kentucky, North Carolina and Tennessee

## Program Directors



# Thank you



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