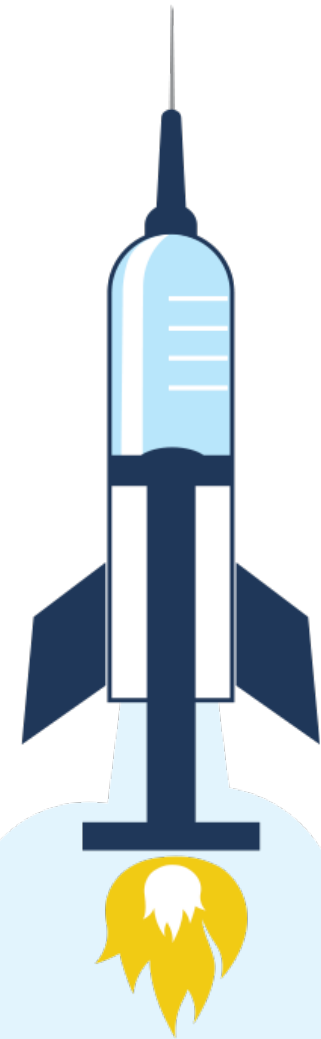


Boost Office Hours

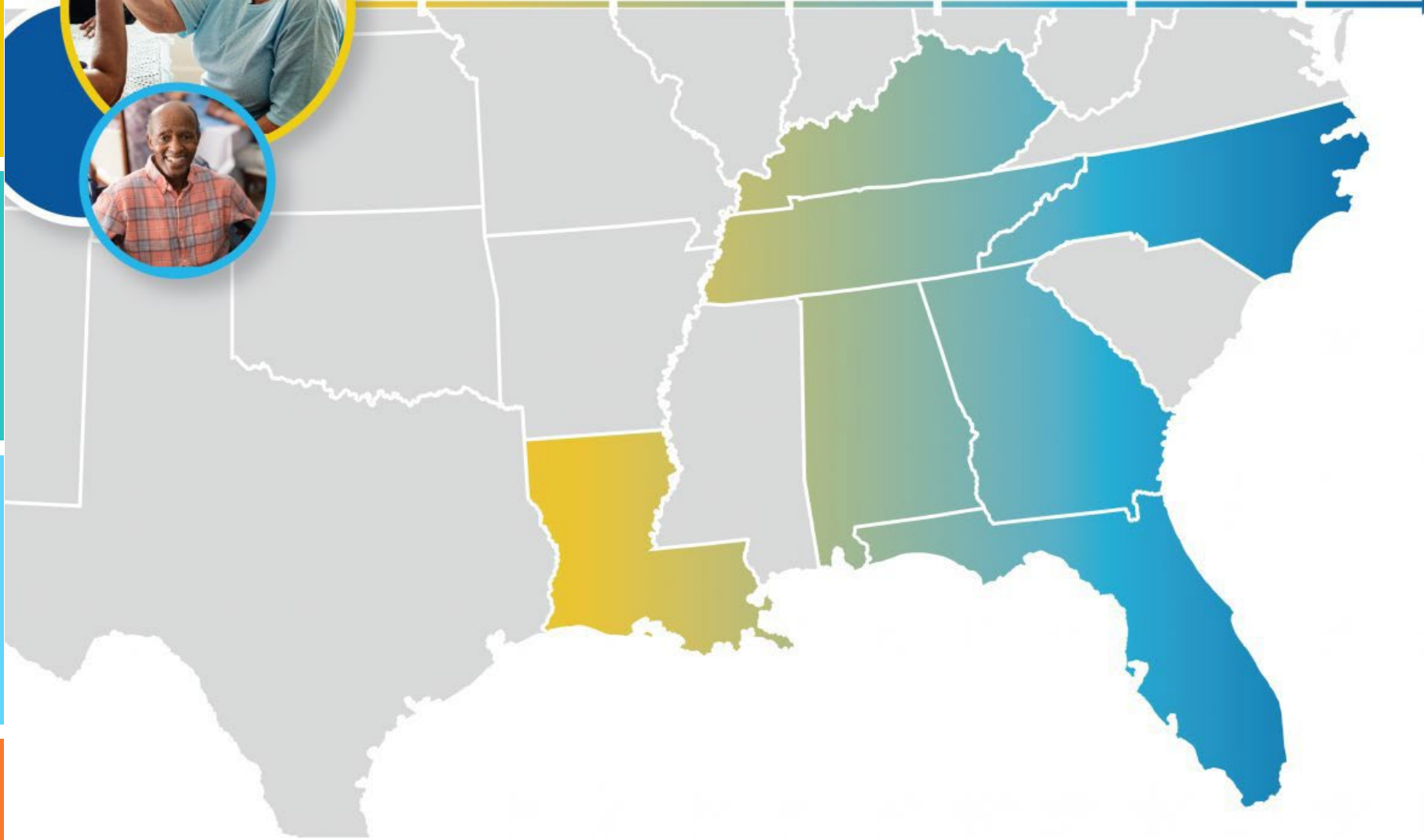
July 25, 2024

Erica Umeakunne, MSN, MPH, ARPN, CIC
Alliant Health Solutions

Deena Tarver, MBA, BSHCA
Alliant Health Solutions



Making Health Care Better *Together*



About Alliant Health Solutions

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



Deena Tarver, MBA, BSHA

VACCINE ADVISOR

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

She has a business background and owned 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 hiking with her husband and three fur babies.

Deena.Tarver@allianthealth.org



Objectives

- Provide an update on the epidemiology of COVID-19 and its infection prevention and control (IPC) implications for nursing facilities.
- Discuss IPC strategies to prevent and contain SARS-CoV-2 transmission in nursing facilities.
- Share Alliant resources to support facility IPC initiatives.



COVID-19 Epidemiology Update

CDC COVID Data Tracker

COVID-19 Update for the United States

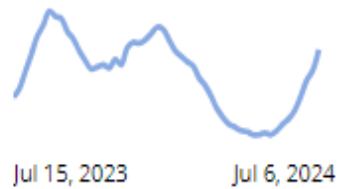
Early Indicators

Test Positivity >

% Test Positivity

11.0%

Week ending July 6, 2024
Previous week 9.1%

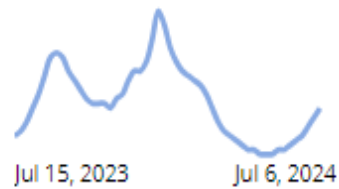


Emergency Department Visits >

% Diagnosed as COVID-19

1.3%

Week ending July 6, 2024
Previous week 1.1%



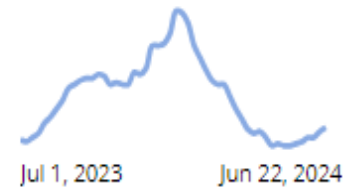
Severity Indicators

Hospitalizations >

Hospitalization Rate per 100,000 population

2.0

Week ending June 22, 2024
Previous week 1.8

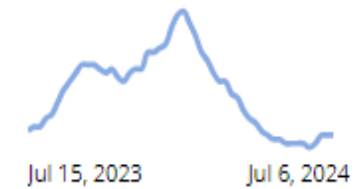


Deaths >

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

0.8%

Week ending July 6, 2024
Previous week 0.8%



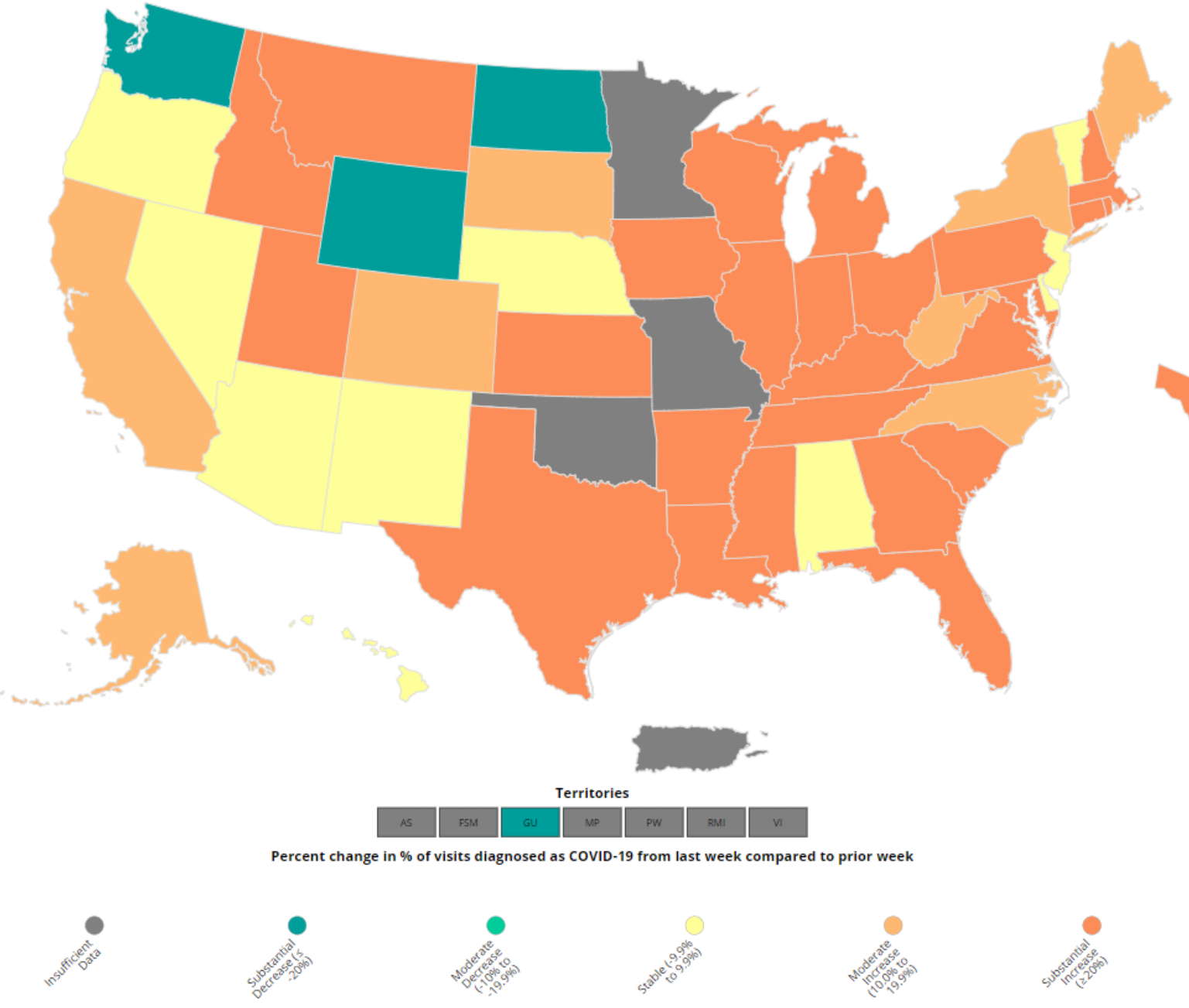
These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

CDC | Test Positivity data through: July 6, 2024; Emergency Department Visit data through: July 6, 2024; Hospitalization data through: June 22, 2024; Death data through: July 6, 2024.

Posted: July 15, 2024 3:05 PM ET

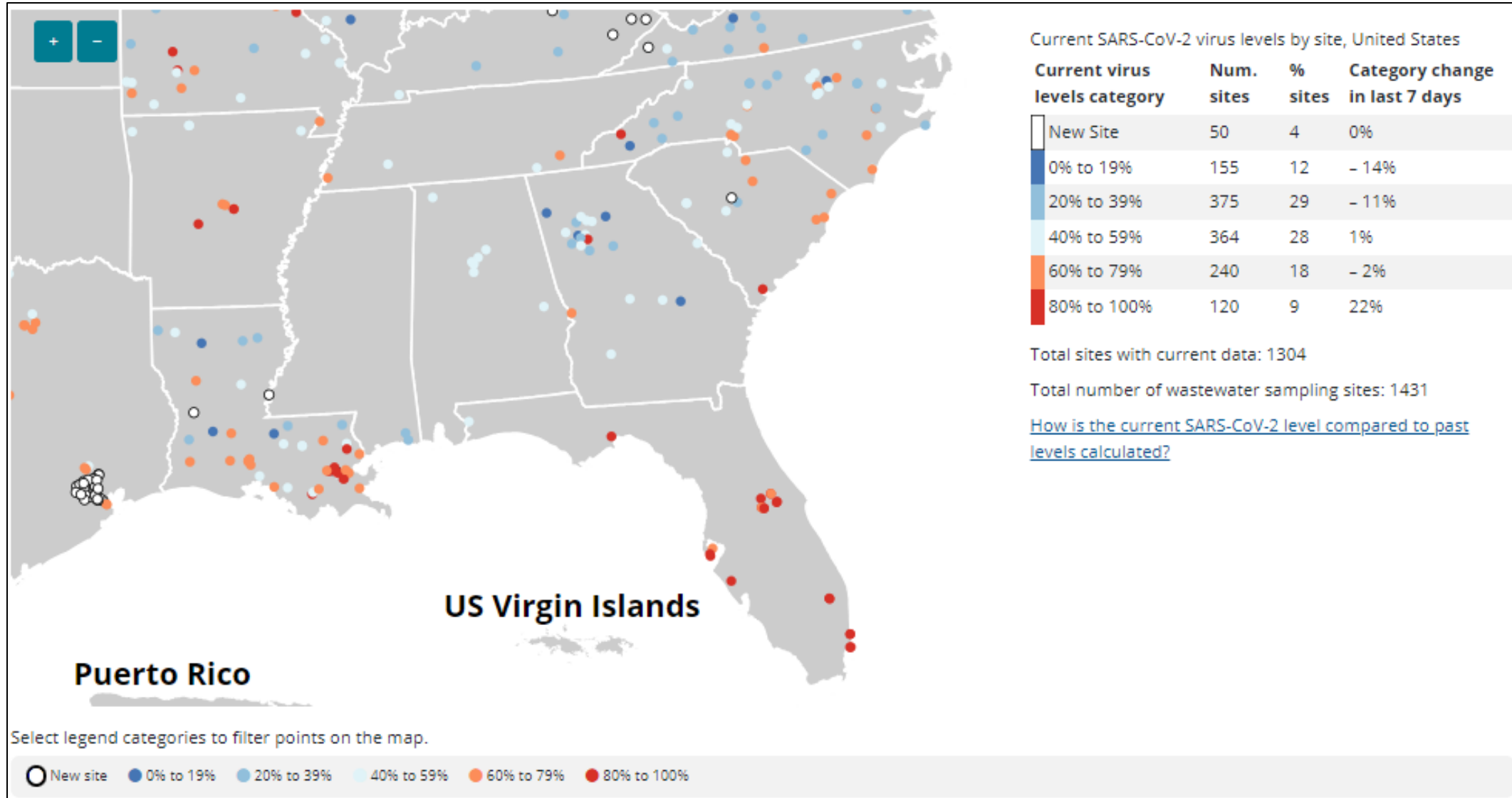
<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Change (%) in Percentage of Emergency Department (ED) Visits Diagnosed as COVID-19 from Prior Week, by State/Territory - United States



https://covid.cdc.gov/covid-data-tracker/#maps_percent-covid-ed-change

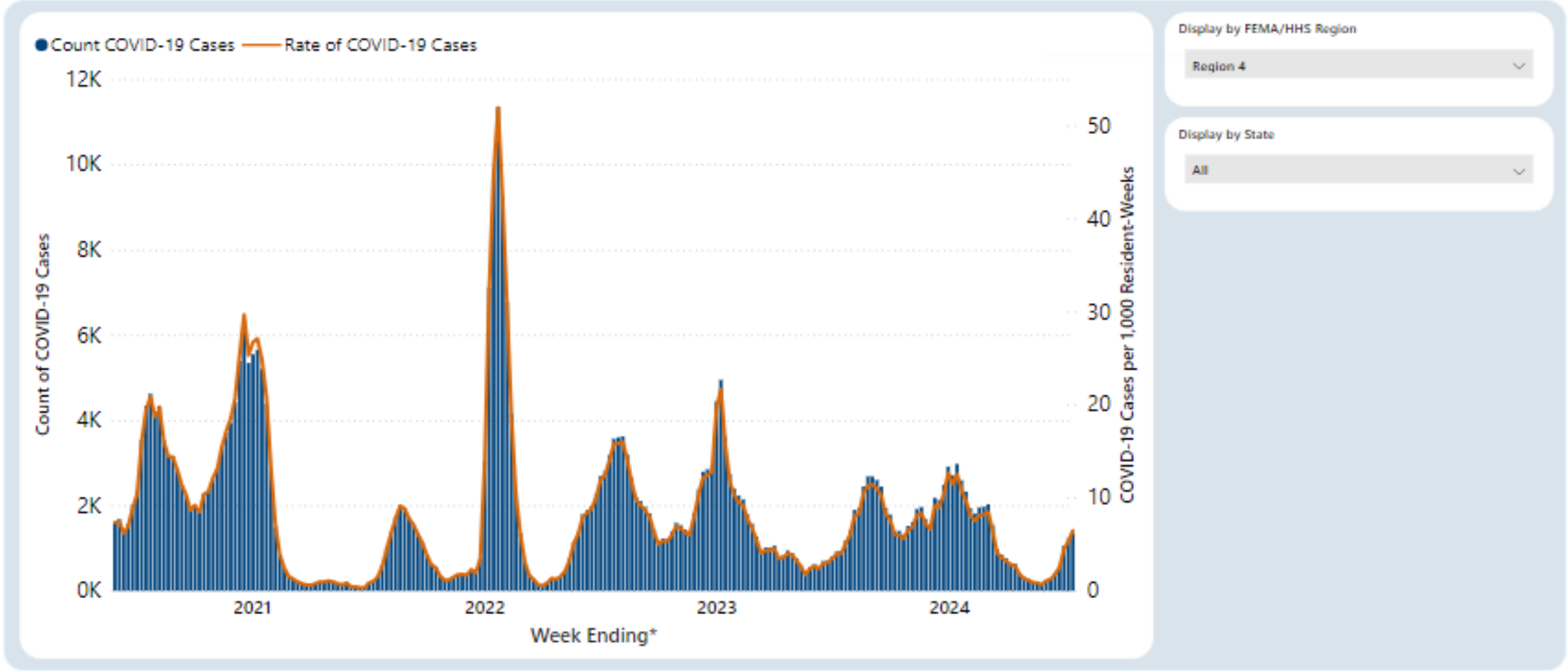
Wastewater Surveillance



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



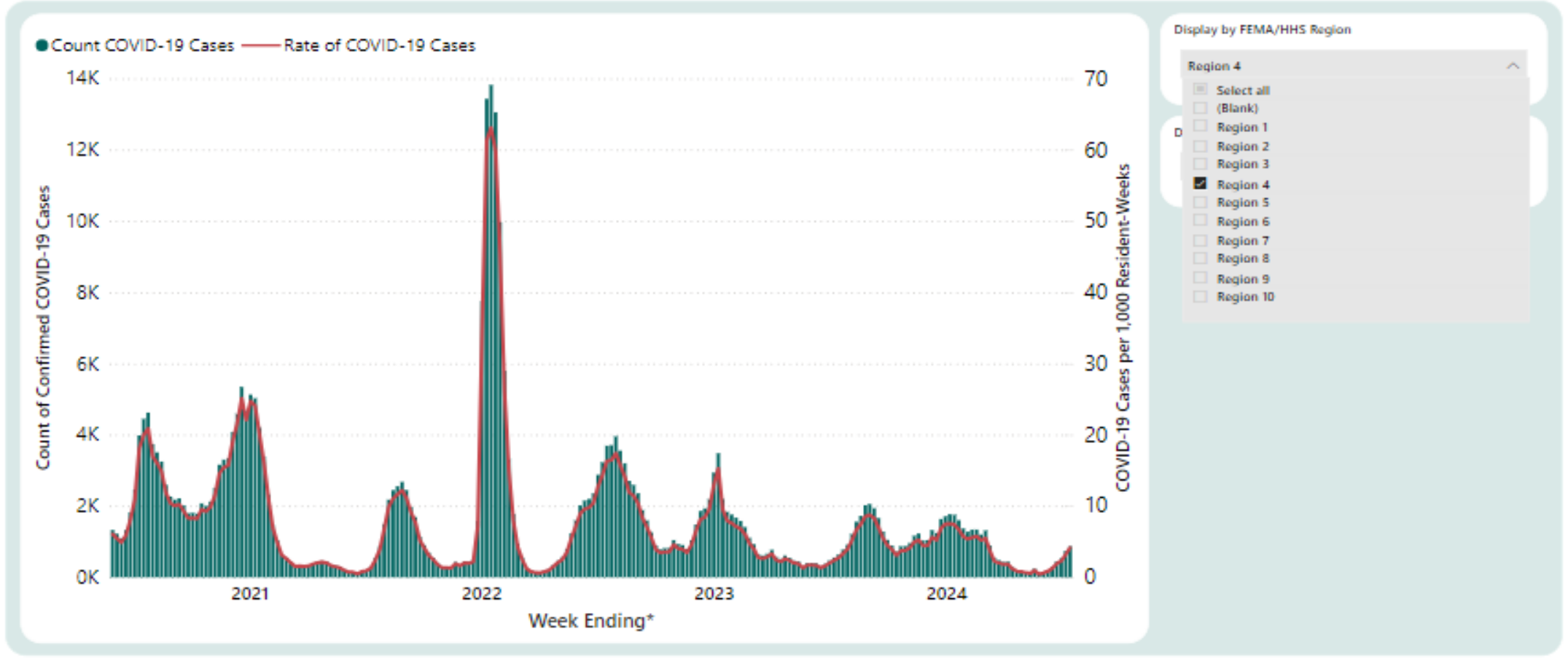
Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week — United States

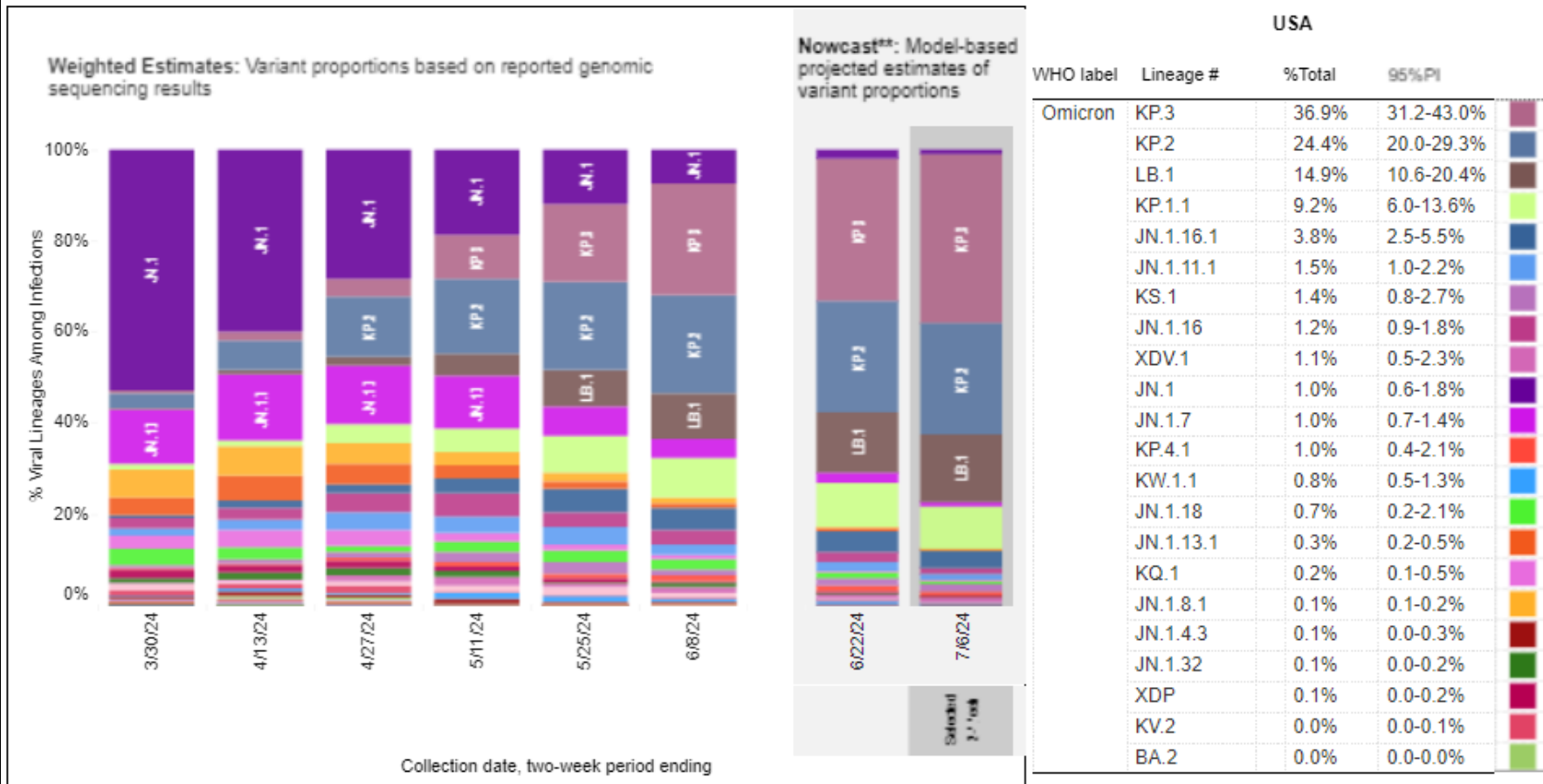


Subvariant Surveillance

Weighted and Nowcast Estimates in United States for 2-Week Periods in 3/17/2024 – 7/6/2024

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 6/23/2024 – 7/6/2024



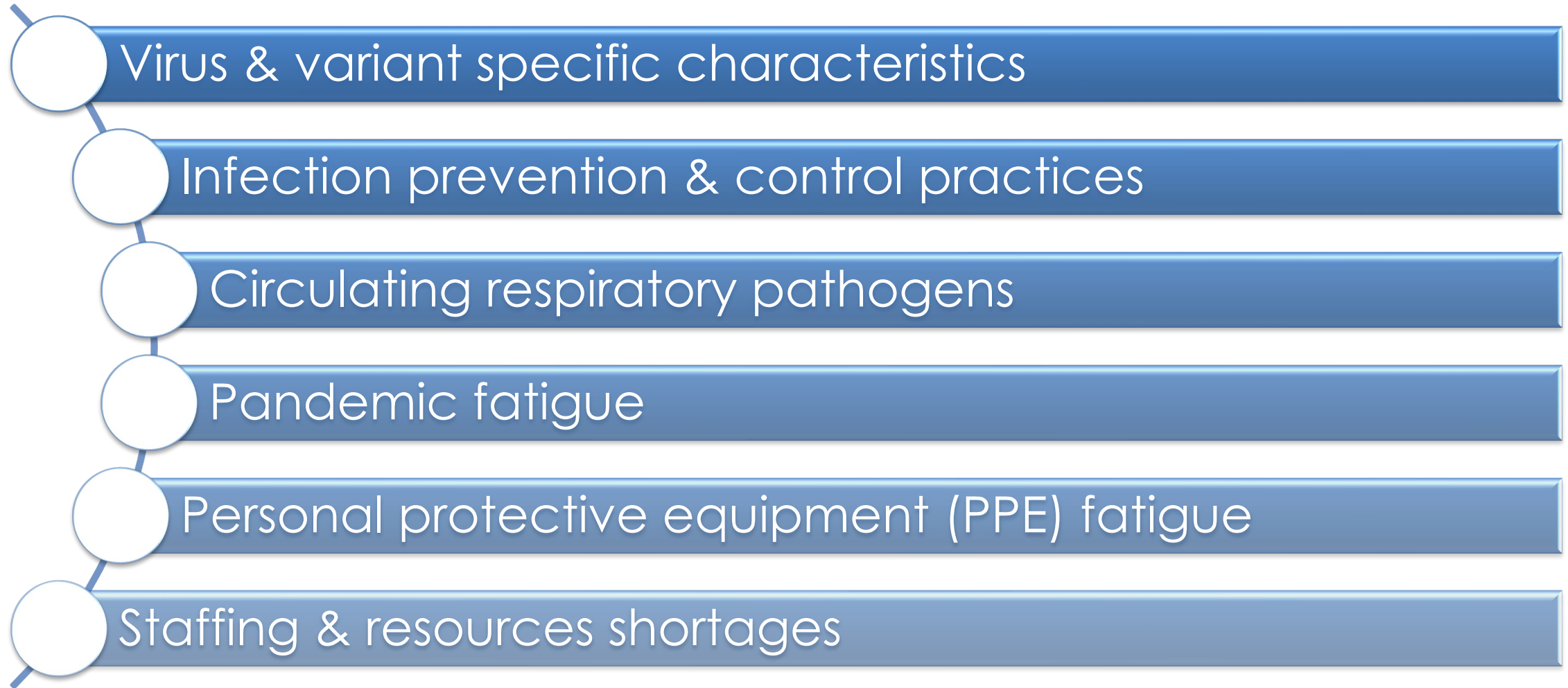


COVID-19 IPC: Outbreaks and Testing

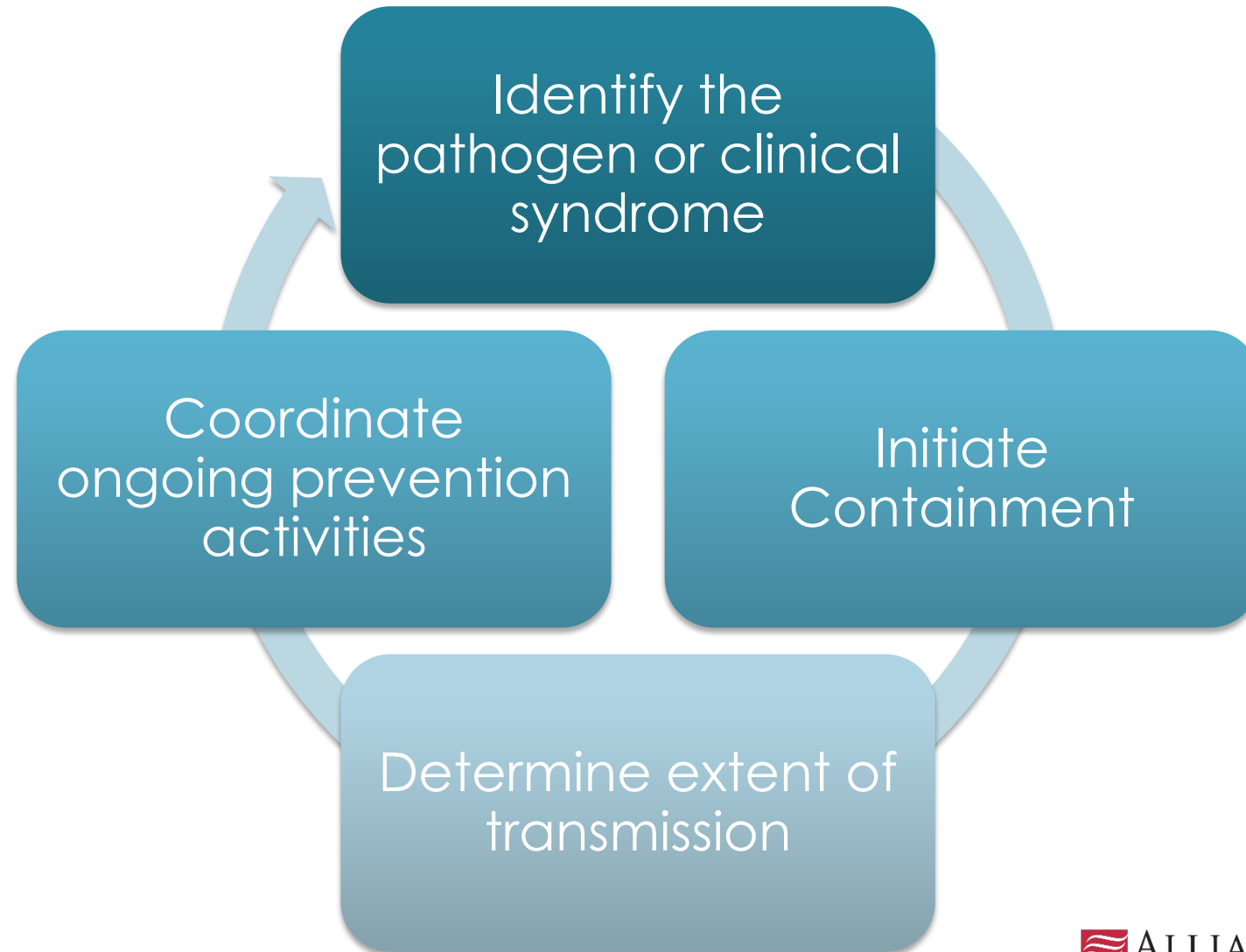
What are factors that may contribute to COVID-19 outbreaks in nursing facilities?

Please drop your answer in the chat box.

COVID-19 Outbreak Factors



Practical Steps To Implementing Transmission-Based Precautions



Important Points

High degree of suspicion (Identification)

Containment (Implementation of TBP)

Surveillance and testing (Determine extent of Transmission)

Mapping (Determine extent of Transmission)

Risk assessment & audits (Coordinate Ongoing IPC Activities)

Respiratory Infections

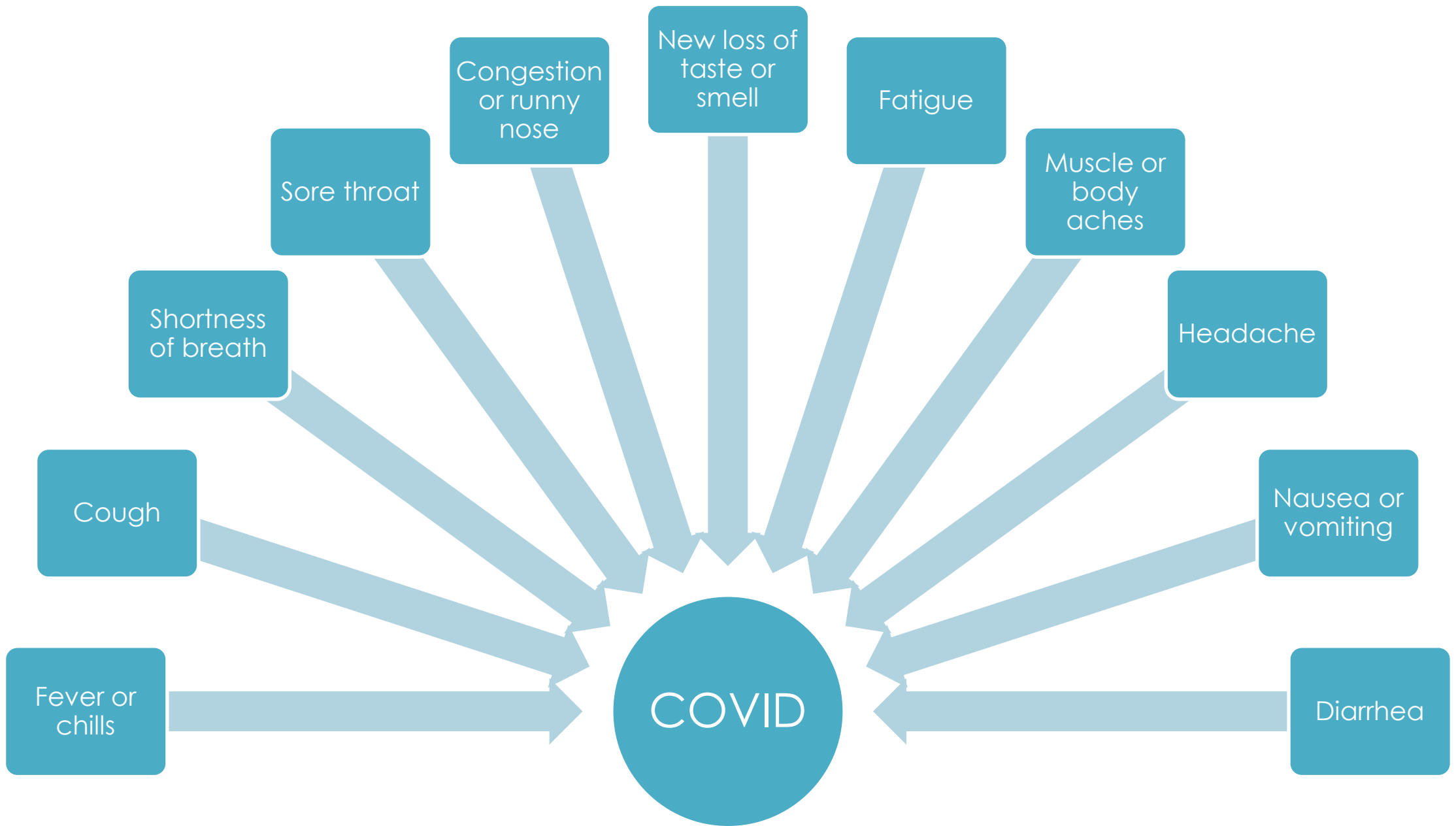
Be conservative

- Consider implementing the highest level of precautions as indicated for the suspected pathogen(s).
- **Implement COVID-19 TBP until SARS-CoV-2 ruled out.**
 - Health care personnel (HCP) who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and **use a NIOSH-approved particulate respirator with N95 filters** or higher, **gown, gloves and eye protection** (i.e., goggles or a face shield that covers the front and sides of the face).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**Which COVID-19 symptoms do your residents
and/or staff most frequently exhibit?**

Please drop your answer in the chat box.



COVID-19 Outbreak: COVID-19 IPC Practices

Source control/
Respiratory etiquette/
Hand hygiene

Personal protective
equipment (PPE) use
(N95 respirator or
surgical mask, goggles,
etc.)

Early screening, testing,
TBP, and work
restrictions

Empiric use of TBP for
residents with higher-risk
exposures (if outbreak
uncontrolled)

Increased frequency
environmental cleaning
(communal areas, high
touch, etc.)

Cohort residents, re-
establishing COVID-19
unit

Appropriate
vaccinations,
therapeutics, and
treatments

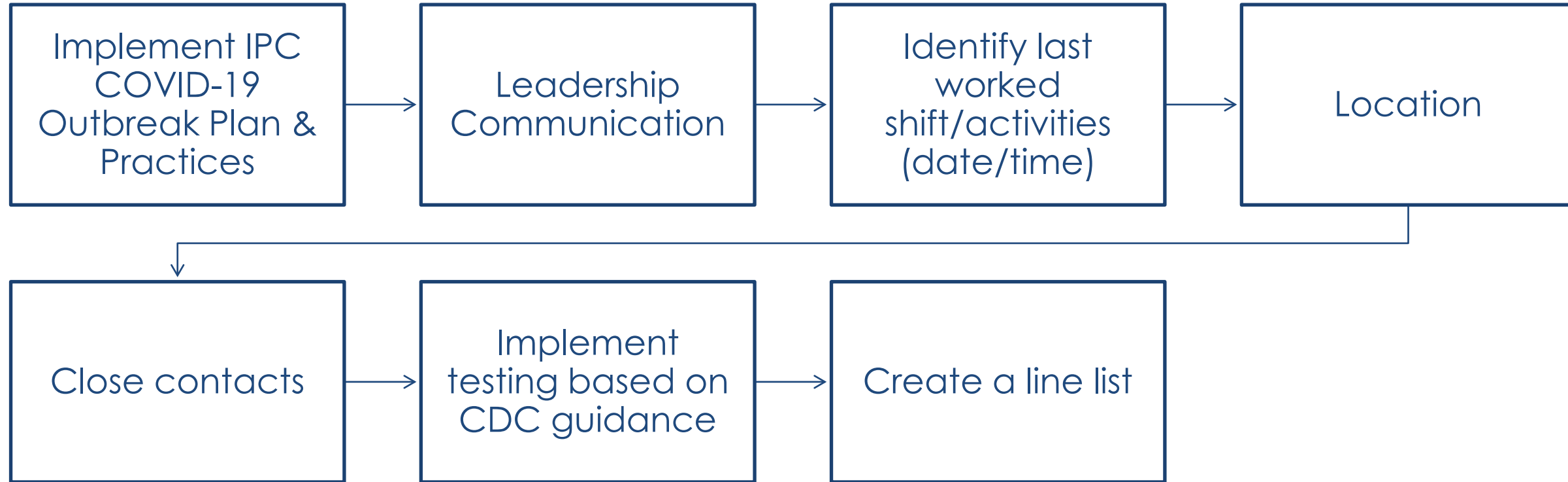
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

COVID-19 Outbreak: Systematically Identifying Cases

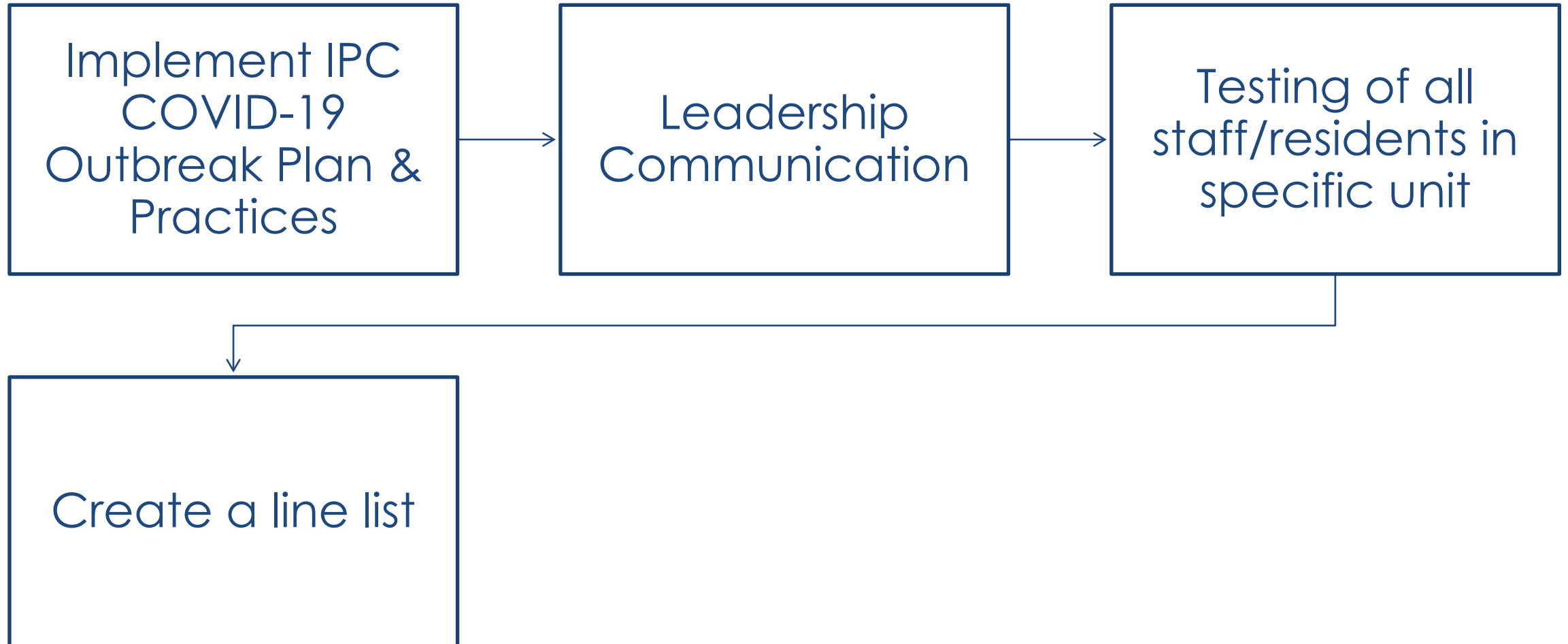
- Either contact tracing or a broad-based approach
 - A broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if contact tracing cannot identify or manage all potential contacts or fails to halt transmission.
- Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure), and:
 - If negative again 48 hours after the first negative test.
 - If negative again 48 hours after the second negative test.
 - This will typically be on Day 1 (where the day of exposure is day 0), Day 3, and Day 5.
- Testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the last 30 days.
 - It should be considered for those who have recovered in the last 31-90 days; however, an antigen test is recommended instead of a nucleic acid amplification test (NAAT).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

COVID-19 Outbreak: Systematically Identifying Cases (Contact Tracing Approach)



COVID-19 Outbreak: Systematically Identifying Cases (Broad-based Approach)



Name	DOB	Sex	Room	Hall/Area Worked	Symptom onset	Symptoms	Lab test result
Mr. CNA (staff)	3/4/89	M	*	Hall B	7/21/24	Sore throat, fatigue	Positive
Mr. Resident 1	5/3/42	M	214	Hall B	7/24/24	Sore throat	Positive
Ms. Resident 2	8/13/53	F	212	Hall B	7/24/224	Fever	2 nd test, pending
Mrs. Resident 3	7/14/62	F	218	Hall A	7/25/25	Congestion	1 st test, negative 2 nd test, pending

Based on the line list above, where should I promptly implement COVID-19 outbreak testing to maximize my resources and systematically find cases?

- A. Hall A only
- B. Hall B only
- C. Halls A & B
- D. No additional testing is needed

Name	DOB	Sex	Room	Hall/Area Worked	Symptom onset	Symptoms	Lab test result
Mr. CNA (staff)	3/4/89	M	*	Hall B	1/21/23	Sore throat, fatigue	Positive
Mr. Resident 1	5/3/42	M	214	Hall B	1/24/23	Sore throat	Positive
Ms. Resident 2	8/13/53	F	212	Hall B	1/24/20	Fever	2 nd test, pending
Mrs. Resident 3	7/14/62	F	218	Hall A	1/25/20	Congestion	1 st test, negative 2 nd test, pending

Based on the line list above, where should I promptly implement COVID-19 outbreak testing to maximize my resources and systematically find cases?

A. Hall A only

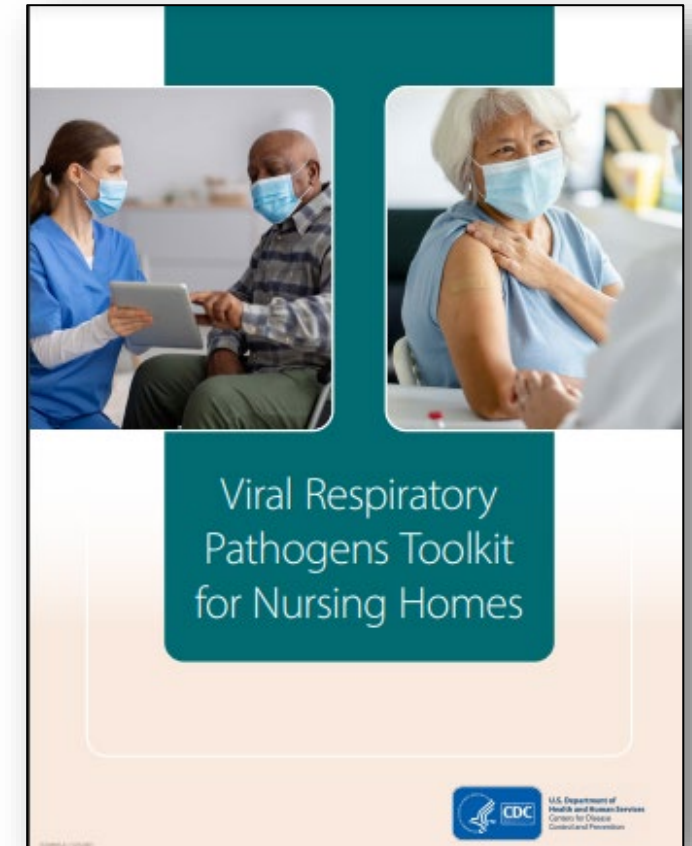
B. Hall B only

C. Halls A & B

D. No additional testing is needed

Preparing for and Responding to Nursing Home Residents or Health Care Personnel Who Develop Signs or Symptoms of a Respiratory Viral Infection

- **PREPARE** for respiratory viruses (e.g., SARS-CoV-2, influenza, RSV)
 - Vaccinate
 - Allocate resources
 - Monitor and mask
 - Educate
 - Ventilate
 - Test and treat
- **RESPOND** when a resident or HCP develops signs or symptoms of a respiratory viral infection
 - **For Residents:** Apply appropriate transmission-based precautions
 - **For HCP:** Test anyone with respiratory illness signs or symptoms
 - Investigate for potential respiratory virus spread among residents **and** HCP
- **CONTROL** respiratory virus spread when transmission is identified
 - Notify the local or state public health department when respiratory viral outbreaks* are suspected or confirmed
 - Consider establishing cohort units for residents with confirmed infections
 - Limit group activities and communal dining
 - Consider modifications to indoor visitation policies
 - Avoid new admissions or transfers into and out of units or wards with infected residents or facility-wide if the outbreak is more widespread



https://quality.allianthealth.org/media_library/viral-respiratory-pathogens-toolkit-for-nursing-homes/

CDC COVID-19 Infection Prevention and Control Guidance Resources



[Interim IPC Recommendations for Healthcare Personnel](#)

[Interim Guidance for Managing Healthcare Personnel with Infection or Exposure](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)



COVID-19 Vaccine Update

COVID-19 Vaccine 23-24

- Up-to-date definition: Individuals aged **65 years and older** are up to date when they have 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, per the CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

Ordering COVID-19 Vaccines for 23-24



COVID-19 vaccines can be ordered through your medical supply company with an MD's order; you can also order from your pharmacy or directly from **the** manufacturer.



Pfizer and Moderna have direct ordering.



When direct ordering, you can get discounts, and unused vaccines may qualify for reimbursement.

Ordering

You can order all three vaccines through your medical supply company, pharmacy, or wholesaler once the 24-25 is available. To order directly from Moderna, visit [Modernadirect.com](https://www.modernadirect.com). To order Pfizer, visit primevaccines.pfizer.com. Novavax can only be ordered through your medical supply company, pharmacy or wholesaler.

	PFIZER	MODERNA	NOVAVAX
Type	mRNA	mRNA	Protein
Single/Multi Dose	Single dose vial	Single dose vial	Single Dose vial
Variant	KP.2	KP.2	JN.1
Temperature	Fridge temps . 36-46 degrees Fahrenheit	Freezer for up to 9 months -58 to 5 degrees Fahrenheit, fridge 30 days at 36-46	Fridge temps 36-46 degrees Fahrenheit
Direct Ordering	Available	Available	Not Available
Minimum Doses	Minimum direct order 2 boxes Which is 20 vaccines.	Minimum direct order 1 box or 10 vaccines.	Minimum 1 box (10 vaccines) from medical supply company
Trade Name	COMIRNATY	Spikevax	NVX-CoV2373
Pre-ordering	Direct from Pfizer or through wholesaler or pharmacy once available	Direct from Moderna or through wholesaler or pharmacy once available.	Available through wholesaler or pharmacy once 24-25 vaccine available.

Roster Billing

For assistance with Roster Billing, please reach out to your MAC.

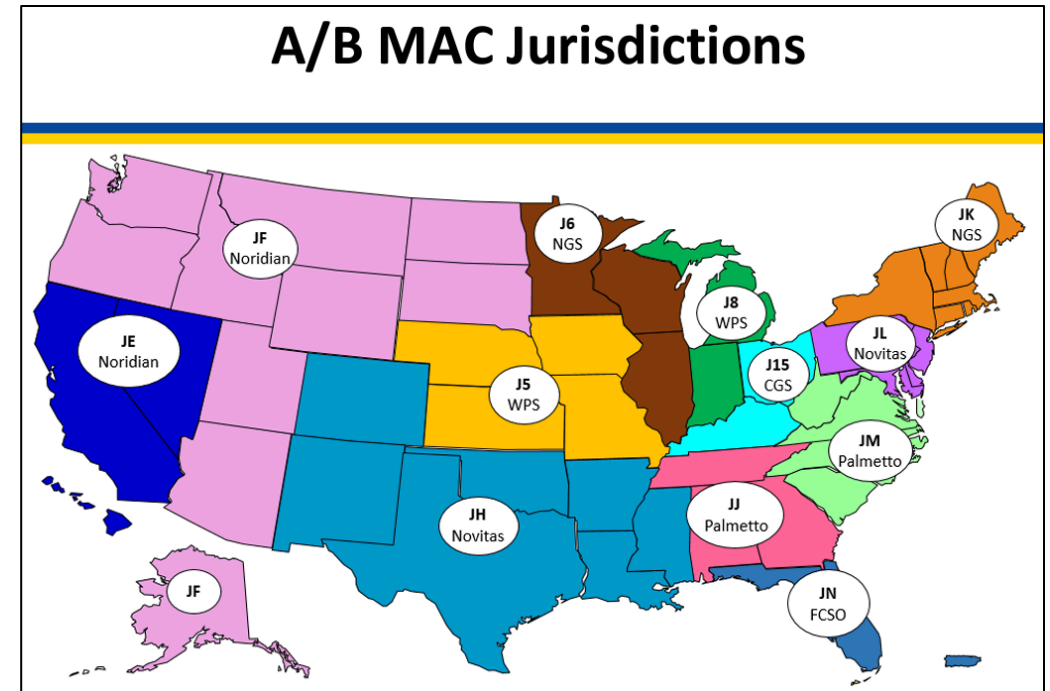
What is a MAC?

A Medicare Administrative Contractor (MAC) is a private health care insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries.

<https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/whats-mac>

Who's Your MAC?

State	MAC	Website
Alabama	JJ Palmetto	https://palmettogba.com/
Florida	First Coast Service Options, Inc	https://www.fcso.com/
Georgia	JJ Palmetto	https://palmettogba.com/
Kentucky	CGS Administrators, LLC	https://www.cgsmedicare.com/
Louisiana	Novitas Solutions	https://www.novitas-solutions.com/webcenter/portal/NovitasSolutions
North Carolina	JM Palmetto	https://palmettogba.com/
Tennessee	JJ Palmetto	https://palmettogba.com/



What Can My MAC Do For Me?

- Process Medicare FFS claims
- Make an account for Medicare FFS payments
- Enroll providers in the Medicare FFS program
- Handle provider reimbursement services and audit institutional provider cost reports
- Handle redetermination requests (first stage appeals process)
- Respond to provider inquiries
- Educate providers about Medicare FFS billing requirements
- Establish local coverage determinations (LCDs)
- Review medical records for selected claims
- Coordinate with CMS and other FFS contractors

<https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/whats-mac>

Questions?



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



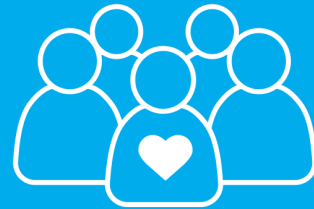
OPIOID UTILIZATION AND MISUSE

- 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

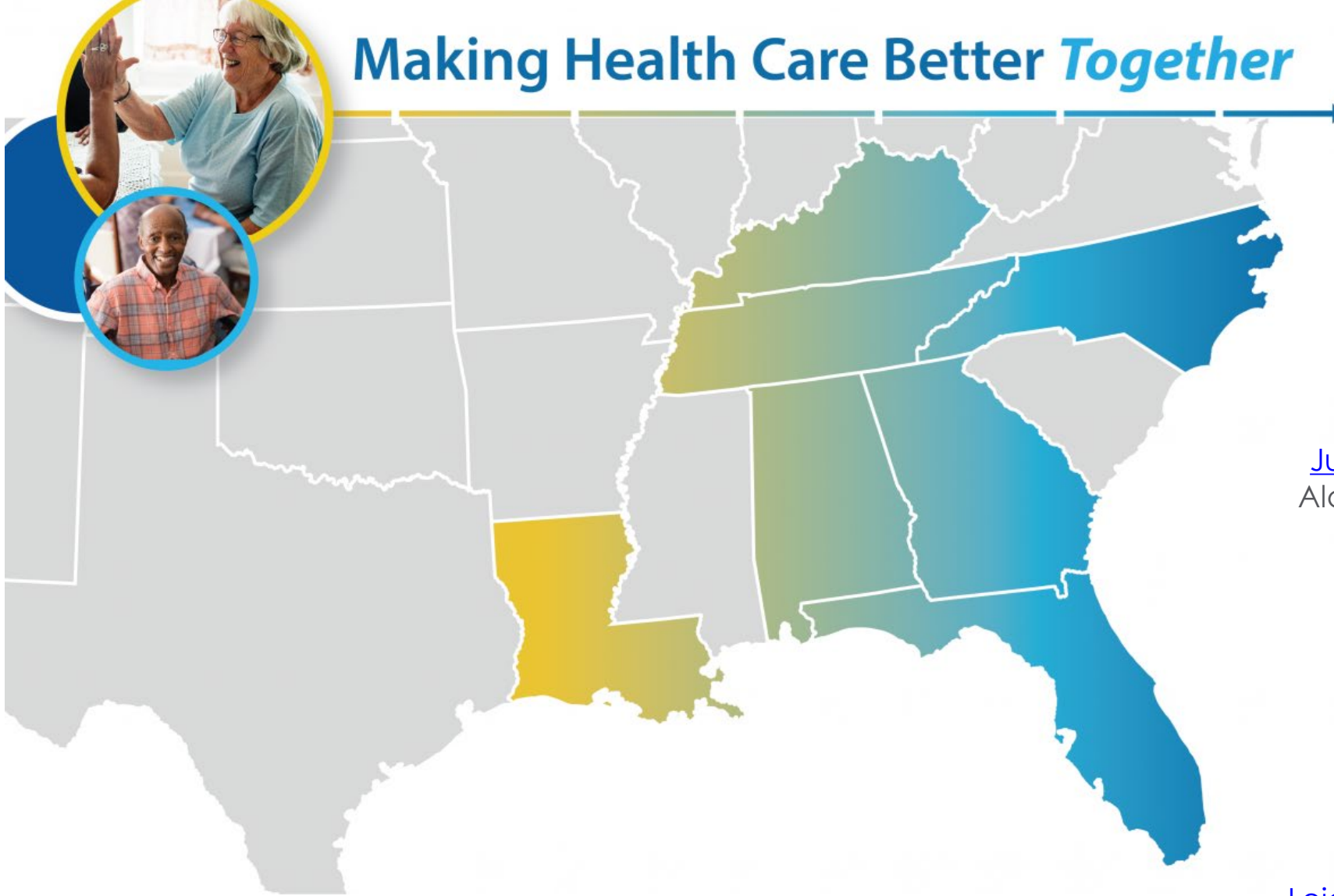
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

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

Making Health Care Better *Together*



Julie Kueker

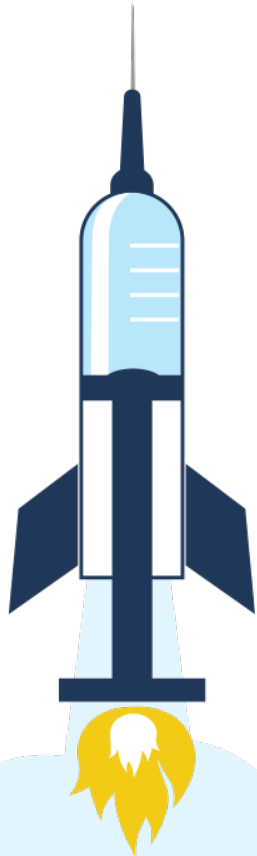
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Georgia, Kentucky, North Carolina and Tennessee

Program Directors



Thank you



@AlliantQIO



@AlliantQIO



Alliant Health Solutions



AlliantQIO

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