



COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

April 22nd, 2022

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Survey Results
- TB Training
- XDRO Training Videos
- Updates to the Administrative Code
- Community Transmission Levels
- COVID-19 Treatment
- PALASE Collaborative
- Open Q & A

IDPH webinars

Upcoming Friday Brief Updates and Open Q&A
1:00 pm - 2:00 pm

Friday, April 29	CANCELED
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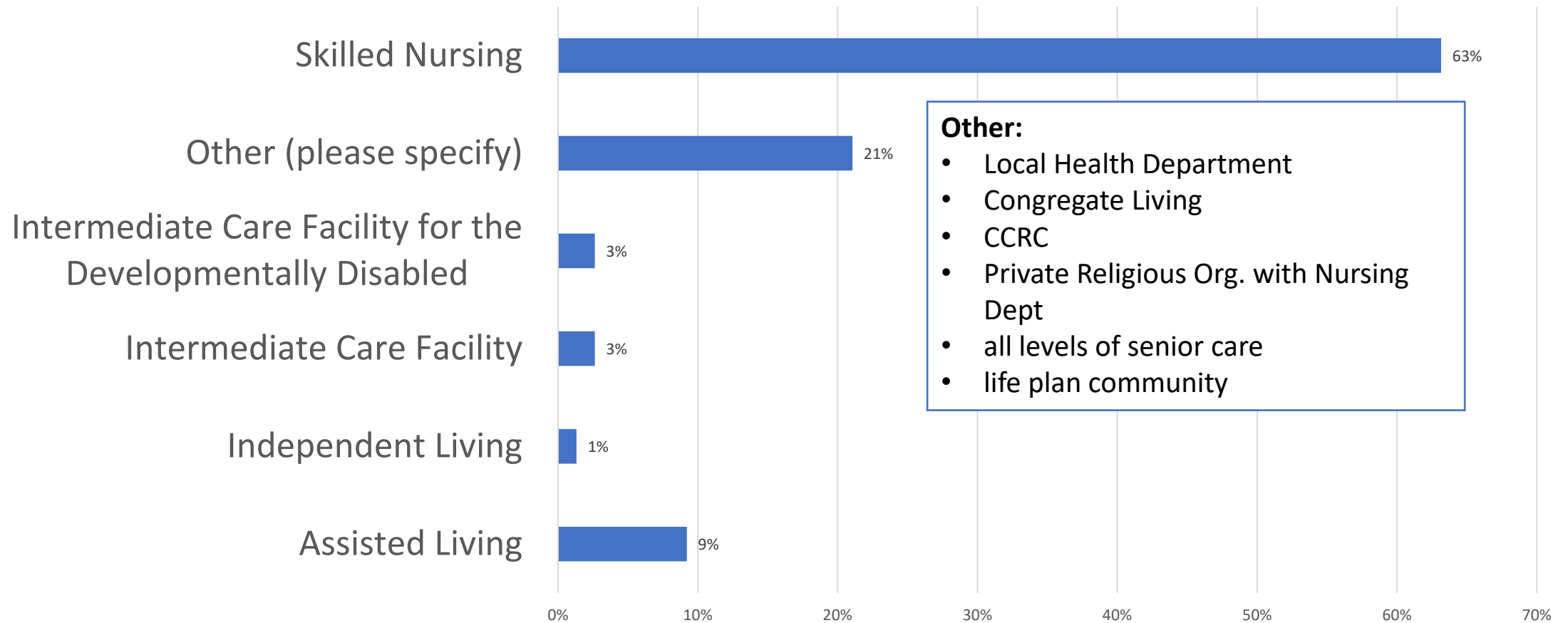
Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

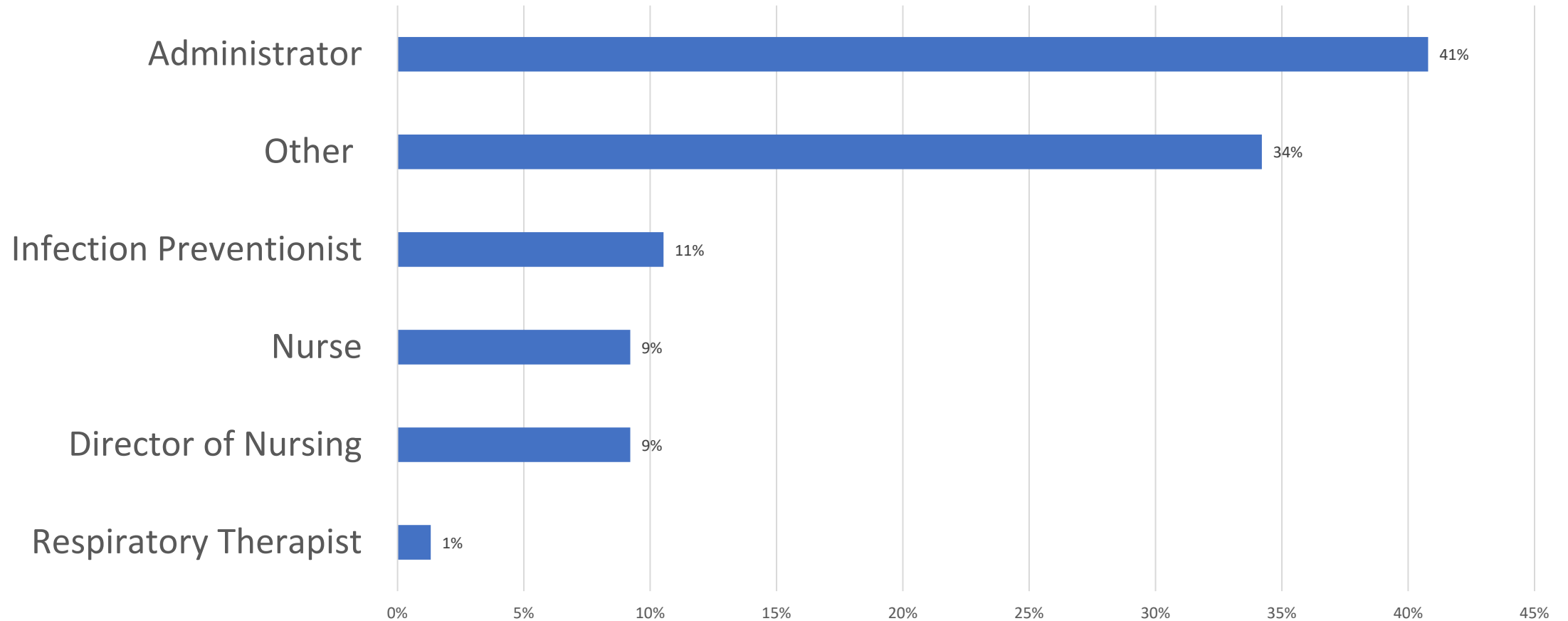
LTC Topic Interest Survey Summary

75 responses as of 4/8/22

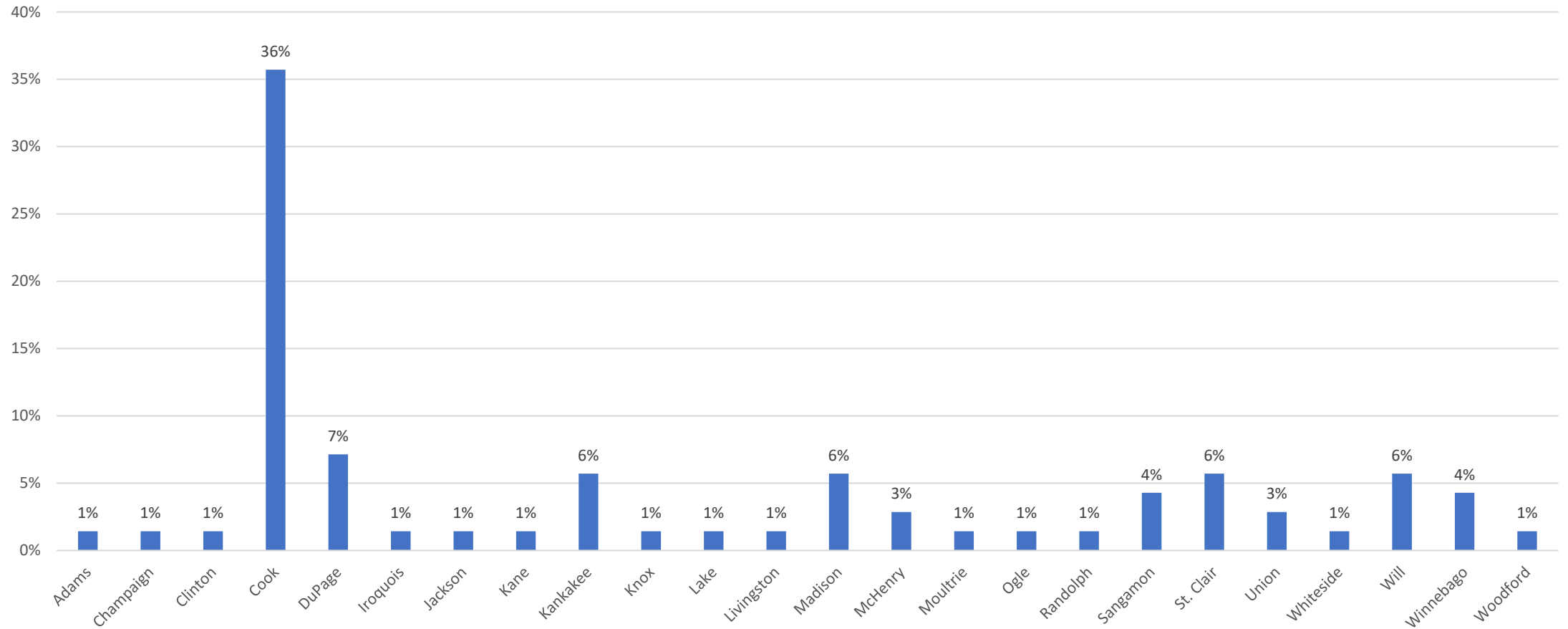
What is your primary work setting?



What is your primary role? Select all that apply



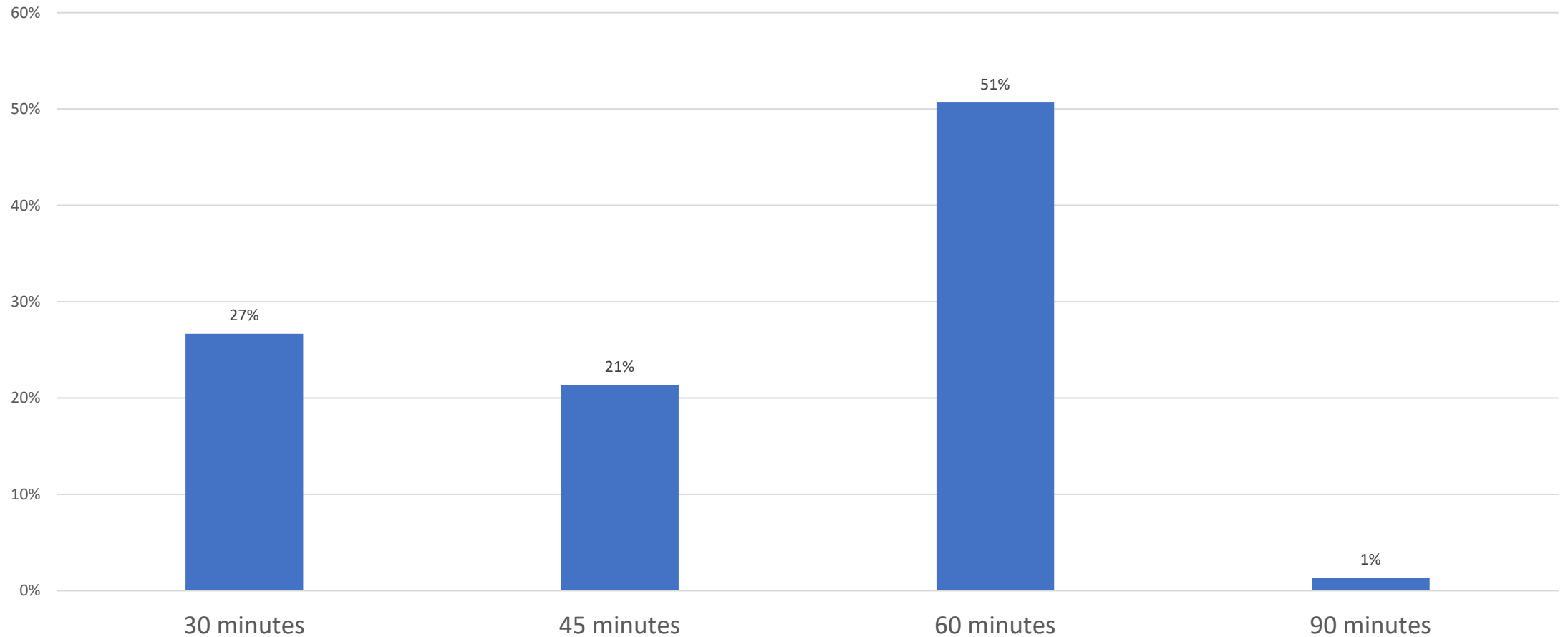
What county is your primary facility located in?



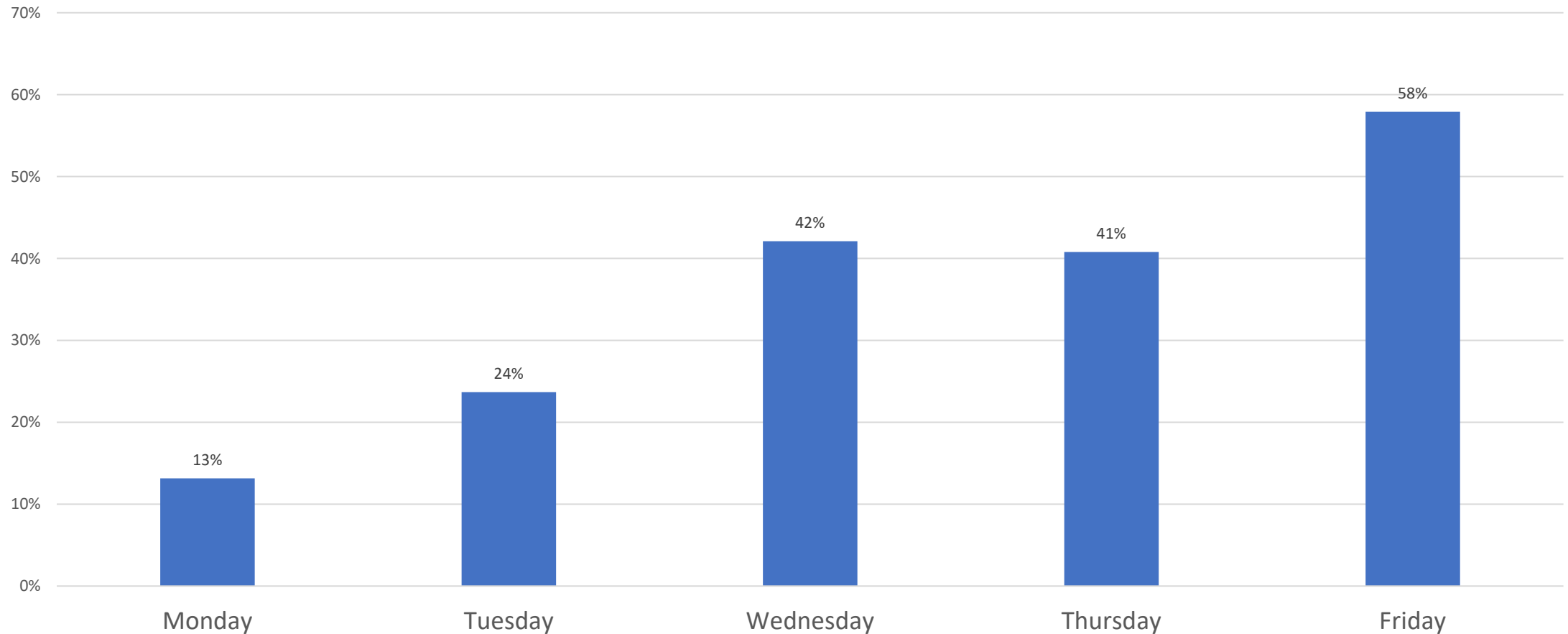
Current Satisfaction

Question 1	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly Agree
I regularly attend the Friday LTC Q&A webinars.	5%	4%	8%	21%	62%
I find the Friday LTC Q&A webinars to be informative and useful	7%	5%	16%	29%	43%
I find the presenters on the Friday LTC Q&A webinars to be knowledgeable.	4%	7%	9%	18%	62%
I rely on the Friday LTC Q&A webinars to learn the latest COVID-19 guidance updates	5%	3%	8%	26%	58%

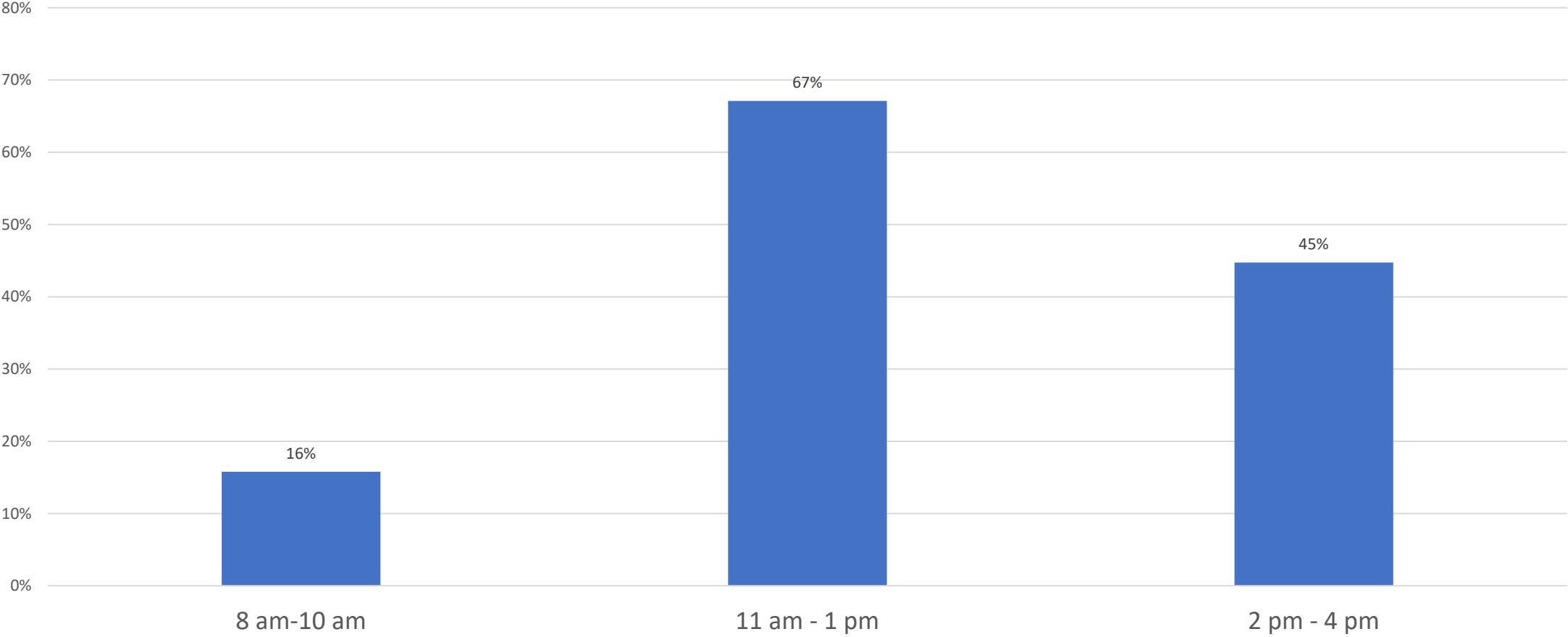
What is your preferred length for an educational webinar



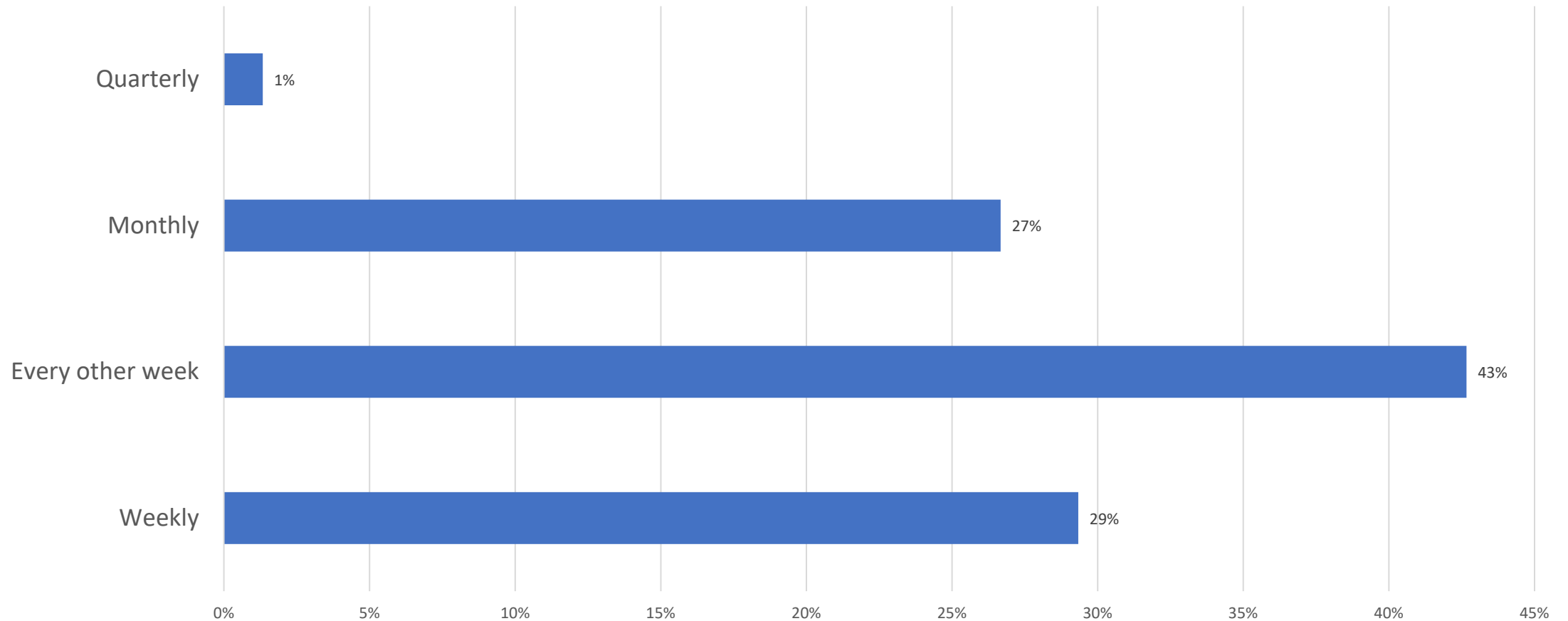
What days of the week work best with your schedule for an educational webinar?



What times of day work best with your schedule for an educational webinar? Select all that apply

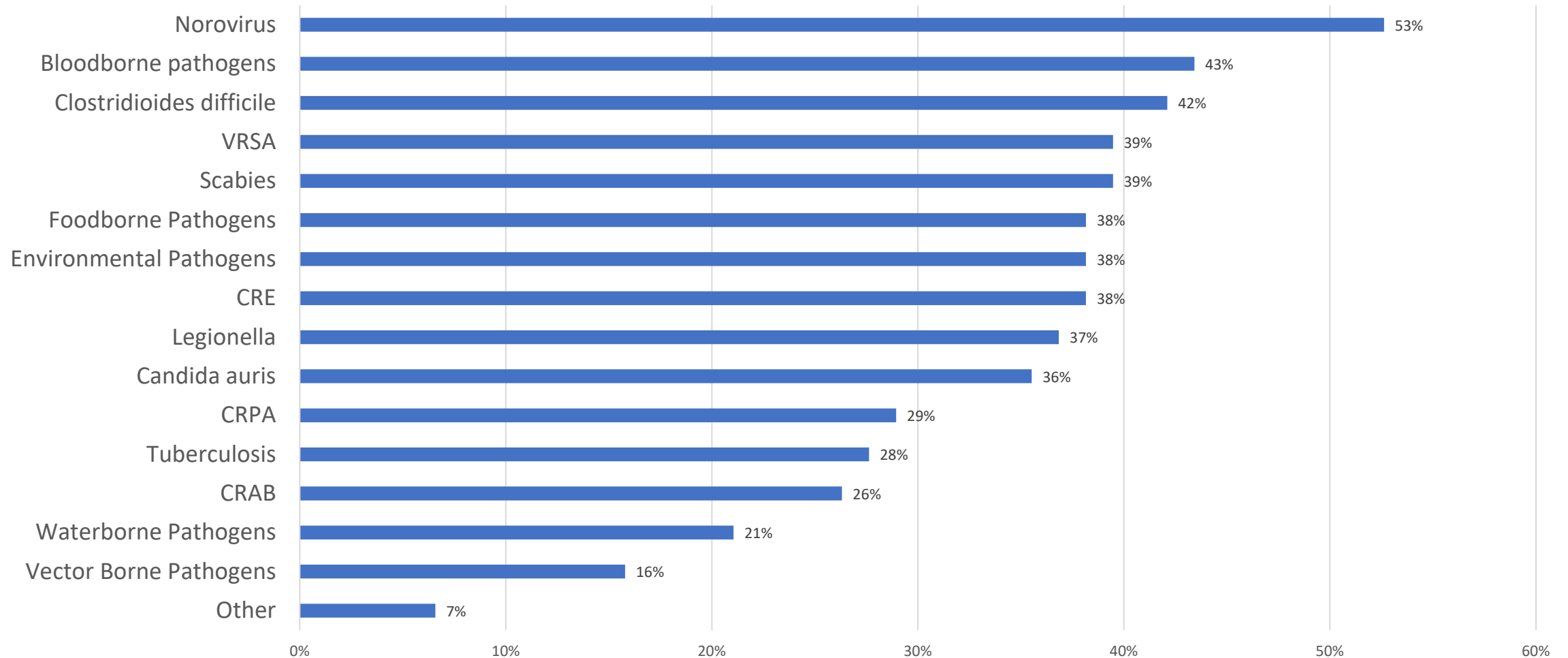


What frequency would you prefer for these educational webinars?



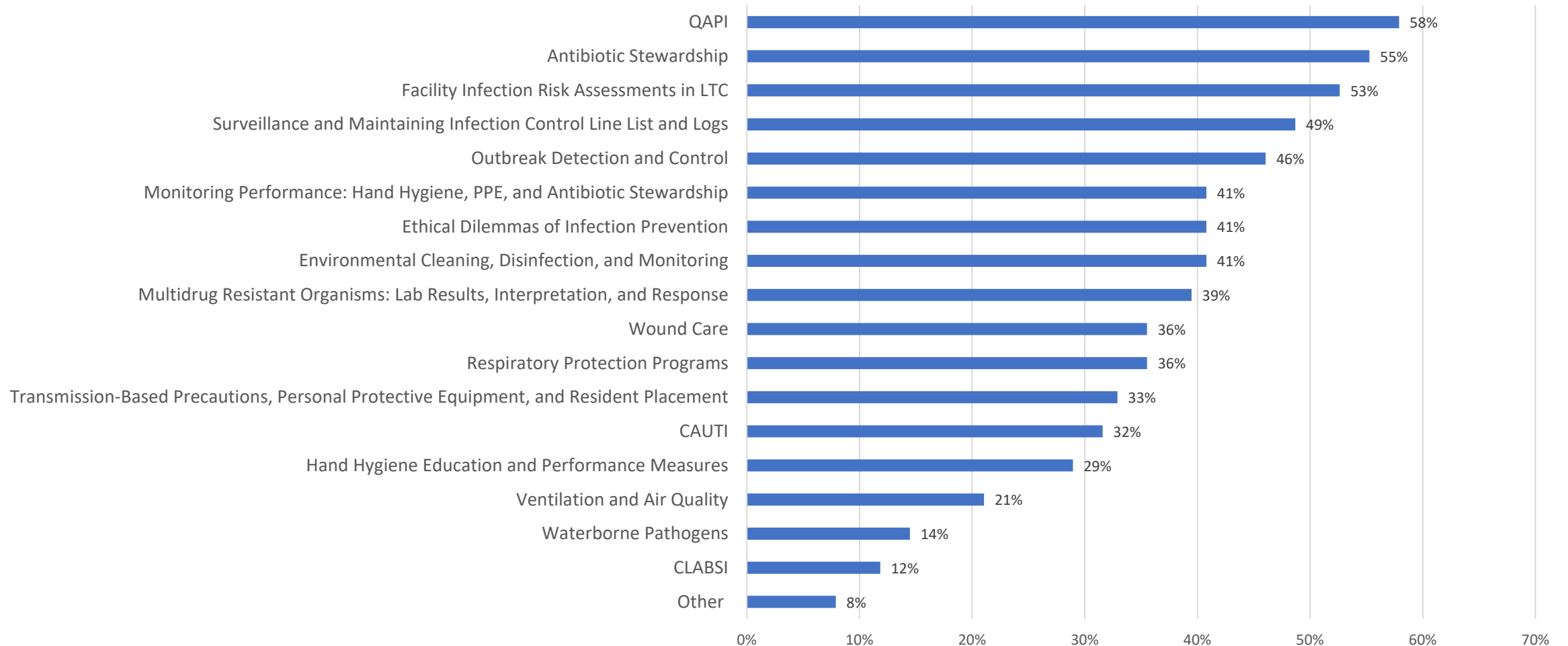
Which of the specific organisms/pathogens you would be interested in learning more about.

Select all that apply



Which of the following topics would you be interested in learning more about during the Friday LTC Q&A webinars?

Select all that apply



TB Education and Training – Led by IDPH TB Program

- Recorded sessions and slides are available on the IDPH Web Portal (log-in needed)
- [Introduction to TB January 26, 2022](#)
- [Epidemiology TB February 23, 2022](#)
- [Transmission-and-Pathogenesis March 23, 2022](#)
- [Screening-for-Latent-TB-Infection-and-TB-Disease.aspx](#) APRIL 20, 2022
- **[Diagnosing Latent TB Infection and TB Disease: Screening-for-LTBI.aspx](#)** May 18, 2022
 - Register:
<https://illinois.webex.com/illinois/onstage/g.php?MTID=e4bc98899bd46afe286af1abc6a9b0e58>
- **[Latent TB Infection:](#)** June 22, 2022
 - Register:
<https://illinois.webex.com/illinois/onstage/g.php?MTID=ebd85e8dd35c6c28e6e56aa9143e8305b>

TB Education and Training (cont.)

- **TB Disease:** July 20, 2022
 - Register: <https://illinois.webex.com/illinois/onstage/g.php?MTID=e6ef44fc139b4b4714cf304f7cc7d47ad>
- **Infection Control Measures:** August 24, 2022
 - Register: <https://illinois.webex.com/illinois/onstage/g.php?MTID=ef23c2138c8a9f6fe8cc3ccd4a8dcc5b6>
- **Contact Investigation:** September 21, 2022
 - Register: <https://illinois.webex.com/illinois/onstage/g.php?MTID=ea5a3aaff179c34ca7ec1cdea51fc7200>
- **Steps in Reporting a Case, Electronic Disease Notifications, and Interjurisdictional Notifications:** Oct 19, 2022
 - Register: <https://illinois.webex.com/illinois/onstage/g.php?MTID=e4656ebb74d3d8cfcb4ee5eb14d8cd4a0>
- **INEDSS and Report of Verified Case of Tuberculosis:** Nov 23, 2022
 - Register:
<https://illinois.webex.com/illinois/onstage/g.php?MTID=e32a136a8b20043920a48fd52bd386af0>
- **INEDSS and Report of Verified Case of Tuberculosis:** Dec 21, 2022
 - Register:
<https://illinois.webex.com/illinois/onstage/g.php?MTID=ec7f5e72feaf686f2c7455d5011e41f44>



LTC COVID-19 Vaccination and Testing Reporting - UPDATED

Smartsheet website

- Original URL still works:
<https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744>
- However, a handful of facilities have had technical issues with the old URL and may need to use a NEW URL. Info goes to the same database.
<https://app.smartsheet.com/b/form/3522eaadbfc4400ea324476c255e25c6>

New questions added

- 2nd booster
- Cumulative cases
- Cumulative deaths

Cases and Deaths

Cumulative Staff Cases *

To the best of your ability, indicate the total number of COVID-19 cases among staff and facility personnel, from 1/1/2020 to present.

Cumulative Staff Deaths *

To the best of your ability, indicate the total number of COVID-19 cases among staff and facility personnel, from 1/1/2020 to present.

Total # of COVID-19 Positive Staff in the Last Week? *

New Staff Deaths Since Last Report *

Cumulative Resident Cases *

To the best of your ability, indicate the total number of COVID-19 cases among residents, from 1/1/2020 to present.

Cumulative Resident Deaths *

To the best of your ability, indicate the total number of residents who died from COVID-19 or related complications, either in the facility or another location, from 1/1/2020 to present.

Total # of COVID-19 Positive Residents in the Last Week? *

New Resident Deaths Since Last Report *

XDRO Registry Training Videos

<https://www.xdro.org/training-videos.html>

- 1 Registering for XDRO
- 2 Becoming a PRA
- 3 Reporting Requirements
- 4 Querying XDRO
- 5 Reporting a CRE Case
- 6 Reporting a CRE Case (Lab)
- 7 Editing and Deleting a Case
- 8 Auto Alert Orientation

Update on Changes to 77 Ill Administrative Code 300

Key Dates

- Approved by at the Joint Committee on Administrative Rules March 22, 2022 meeting
- Effective April 1, 2022
- Published in the Illinois Register April 15, 2022
- July 1, 2022
 - Infection Preventionist has completed 19 hours of training
 - Clinical work experience related to infection prevention and control

https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_16.pdf

General Summary

- Statutory requirements for
 - An infection preventionist
 - Training and minimum experience
 - Specific staffing requirements
 - Policies for governing the control of infections and communicable diseases
 - Testing and response
 - Incorporation of new guidance documents
 - Maintenance of a confidential employee health record

https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_16.pdf

300.697 Infection Preventionists

Q: Can the ADON also be the designated qualified infection preventionist (IP)?

A: It will depend in part on the facility size and resident/patient acuity. The intent is for the IP to have sufficient time to develop a robust infection prevention and control program that will contribute to a safe environment for residents/patients, staff, and visitors.

It might be possible for the ADON in a facility that only requires 20 hours per week to be the designated IP if the ADON meets the other IP requirements and spends at least 20 hours per week on the infection prevention and control program.

300.697 Infection Preventionists

- Designated qualified infection preventionist
 - A minimum of 20 on-site hours per week
 - A minimum of 40 on-site hours per week for facilities with
 - More than 100 licensed beds
 - OR**
 - Facilities that provide high-acuity services
 - » On-site dialysis
 - » Infusion therapy
 - » Ventilator care
 - Coordinates with the infection prevention and control and/or quality assurance committees

https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_16.pdf

300.697 Infection Preventionists

Q: Does a facility that accepts residents/patients receiving IV Fluid/TPN/IV antibiotics require a 40 hour per week designated qualified infection preventionist if they have fewer than 100 beds?

A: Yes.

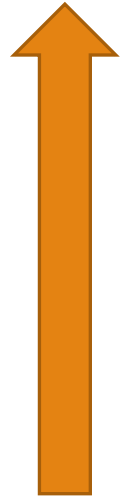
“Facilities with more than 100 licensed beds or facilities that offer high-acuity services, including but not limited to on-site dialysis, infusion therapy, or ventilator care shall have at least one IP on-site for a minimum of 40 hours per week to develop and implement policies governing control of infectious diseases. For the purposes of this subsection (d), "infusion therapy" refers to parenteral, infusion, or intravenous therapies that require ongoing monitoring and maintenance of the infusion site (e.g. central, percutaneously inserted central catheter, epidural, and venous access devices).“

Long-term Care Updates

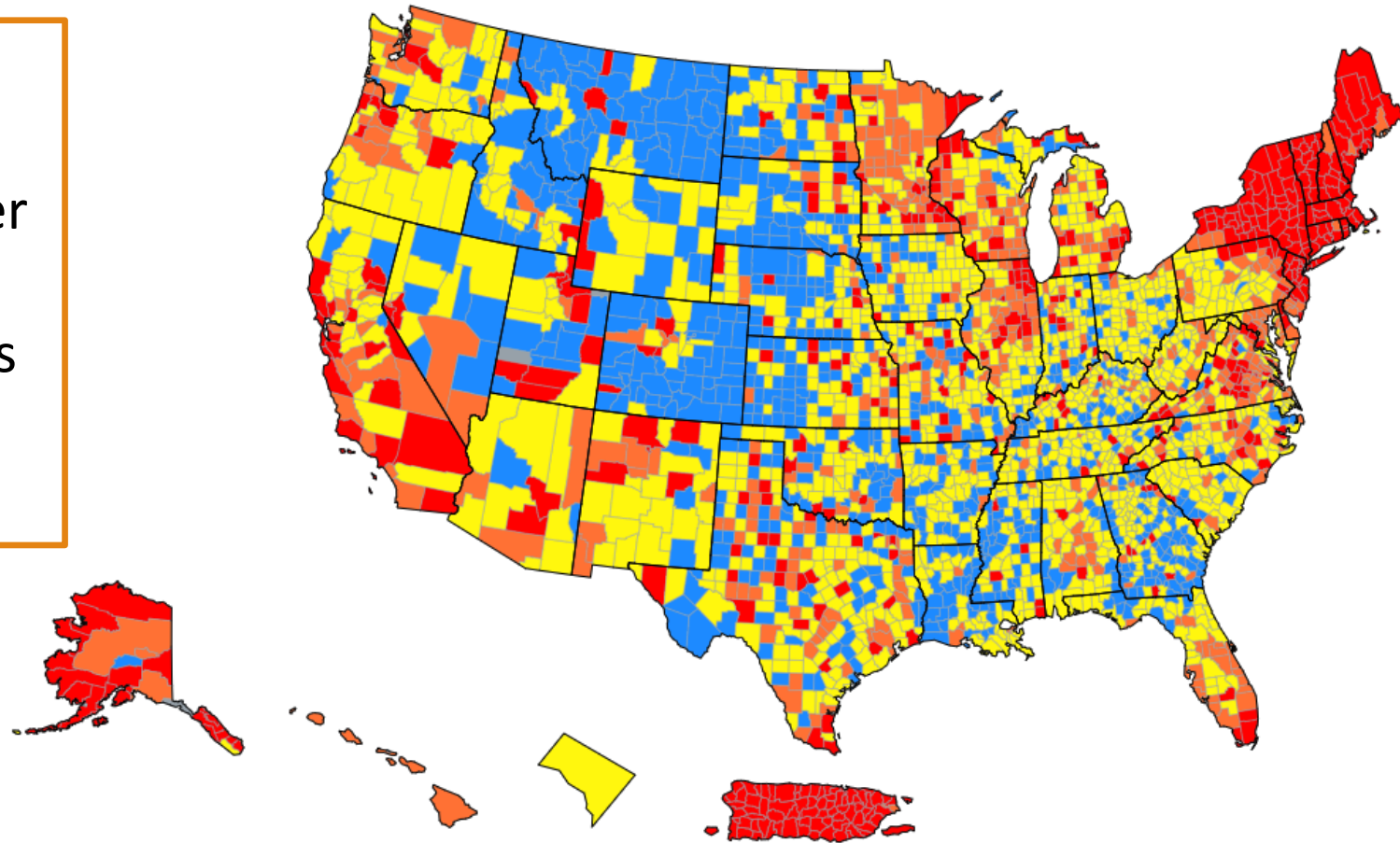
➤ Application of LTC Guidance

COVID-19 Community Transmission Levels

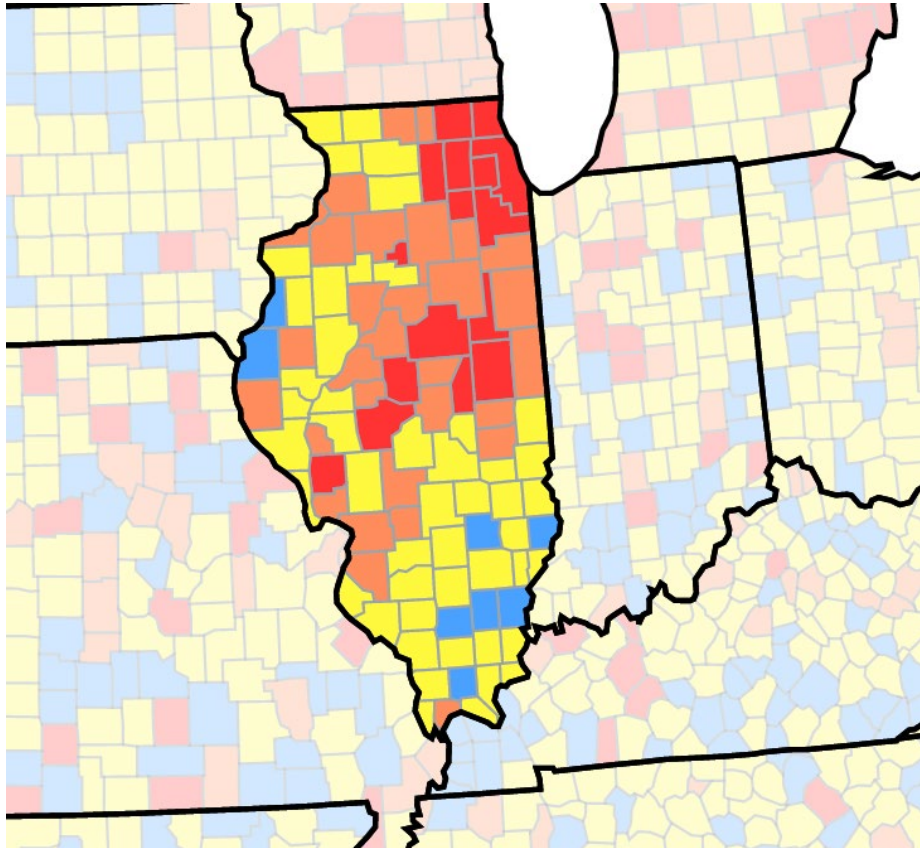
April 21, 2022



Seeing an increase in the number of cases in some areas across the country!



Illinois: COVID-19 Community Transmission Levels— April 21, 2022



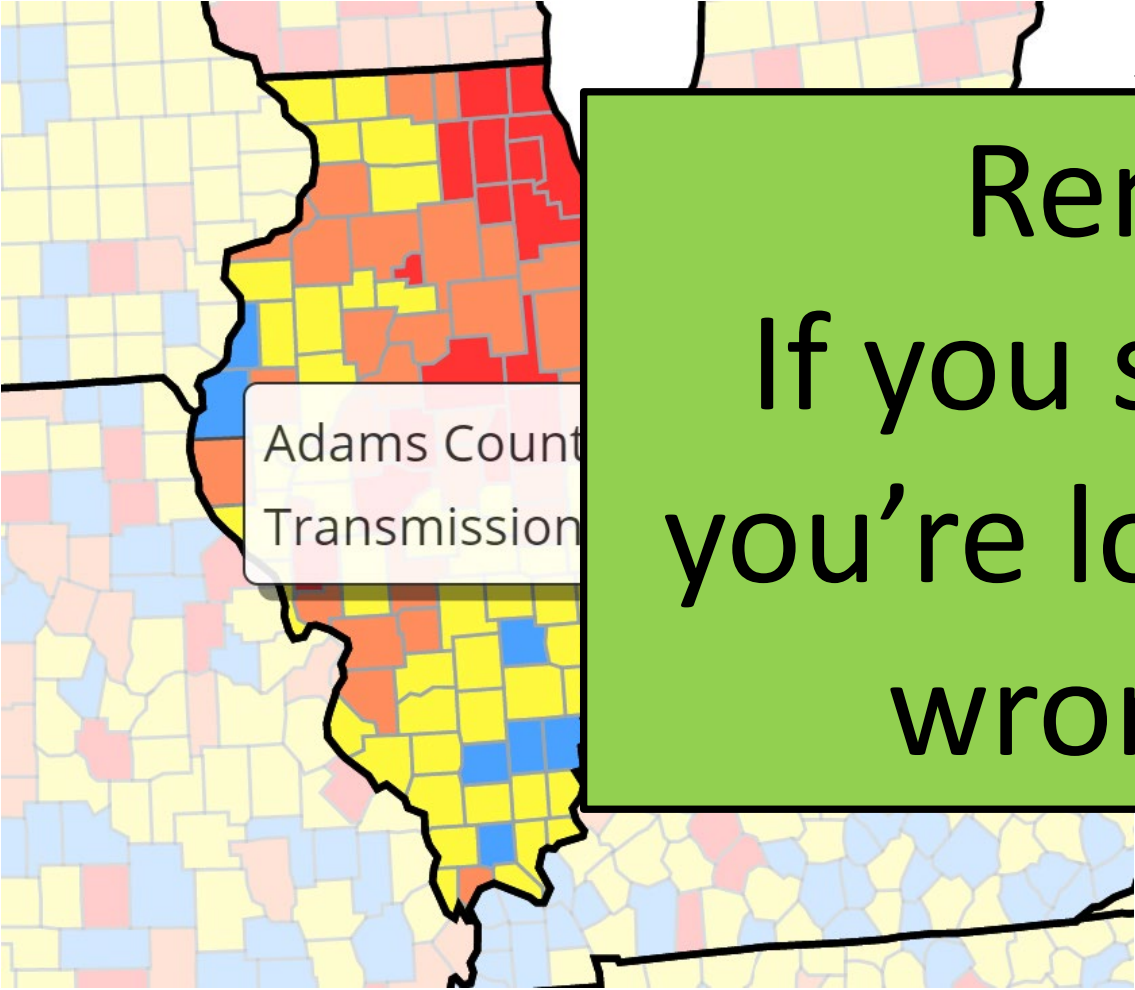
Illinois

[State Health Department](#)

7-day Metrics

Cases	16,046
% Positivity	3-4.9 %
Deaths	41
% of Population \geq 5 Years of Age Fully Vaccinated	72.8%
New Hospital Admissions (7-Day Moving Avg)	60

County Transmission Levels



Adams County
Transmission

**Reminder:
If you see GREEN,
you're looking at the
wrong map!!**

- 1. Best approach is to hover over your county to find the community transmission level
 - 2. Community Transmission Levels
- requirements of facility types
strative
Guidance
by HCP(all
7-8 LTC Guidance
nts for residents
ssions (all
facility types) — **page 23 LTC Guidance**



LakeCounty

Health Department and
Community Health Center

Long-Term Care COVID-19 Treatment

Kelley Donley, RN, BS

Communicable Disease Program Specialist - LTCF

Sana Ahmed, MD

Medical Epidemiologist

COVID-19 Data

COVID-19 Summary

updates through April 3, 2022

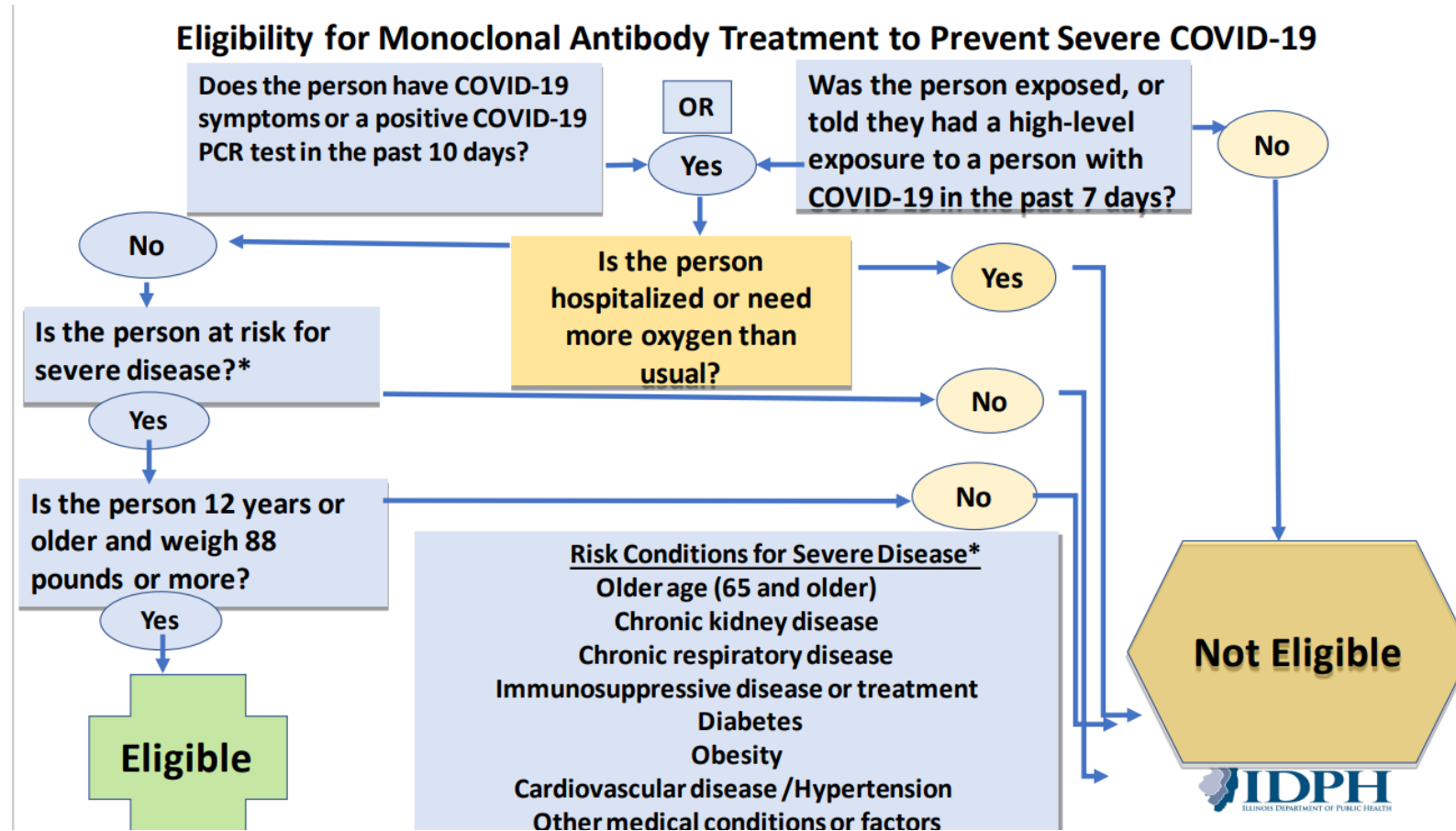
location	total COVID-19 cases	total COVID-19 related deaths	source
United States	80,403,894	985,583	https://covid.cdc.gov/covid-data-tracker/#datatracker-home
Illinois	3,094,485	33,510	https://dph.illinois.gov/covid19/data.html
Lake County	125,019	1,367	https://covid19response-lakecountyil.hub.arcgis.com/
LTCF Lake County	4,213	573 *	https://covid19response-lakecountyil.hub.arcgis.com/

** April 2022 LTCF deaths = 42% of total Lake County COVID-19 related deaths*

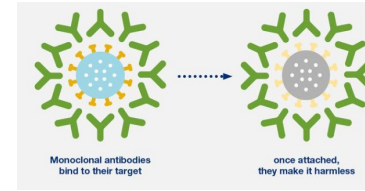
October 2020 LTCF death = 68% of total Lake County COVID-29 related deaths

COVID-19 Therapeutic Timeline

IDPH LTCF webinar 09/24/21



Getting educated on mAb



LCHD Education



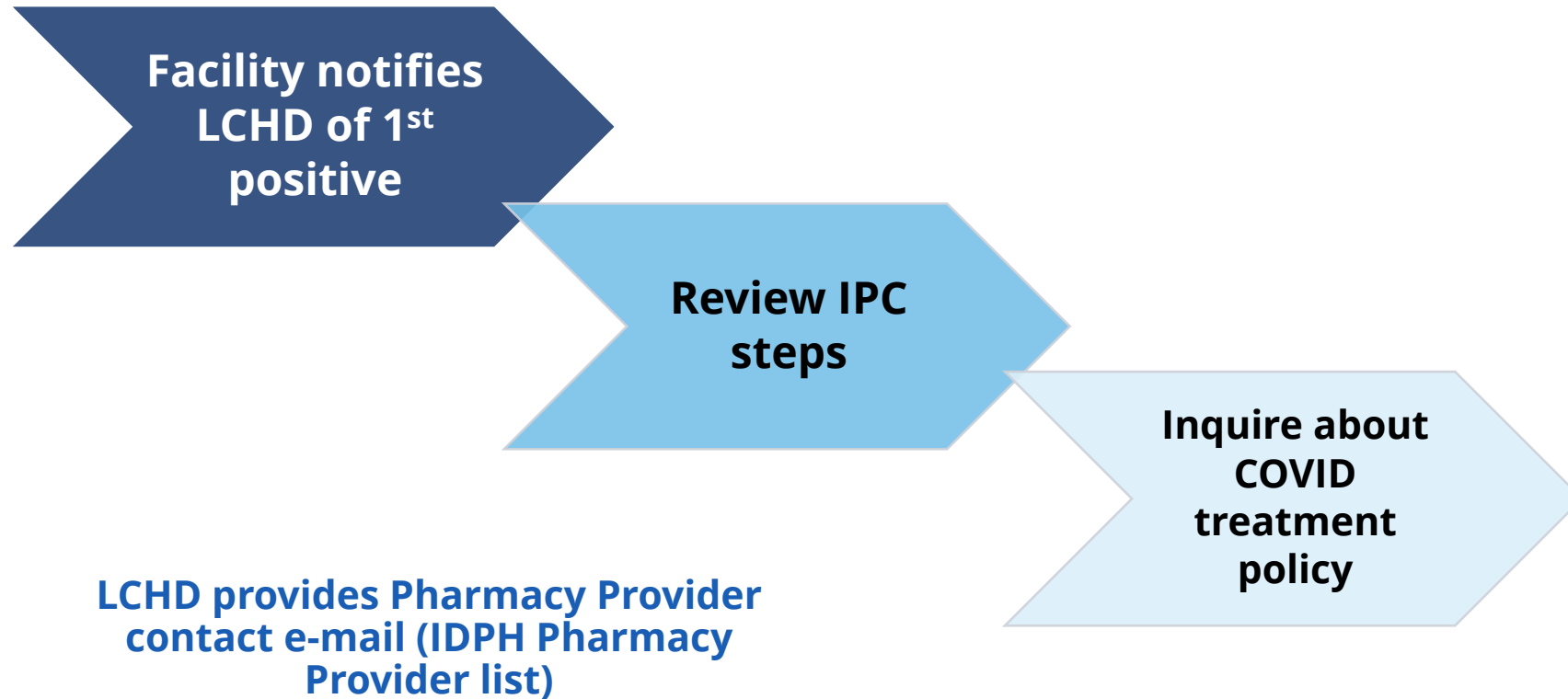
- IDPH LTCF Weekly Webinar
- 15 min Team Huddle 3x/week
- Weekly Team meeting

LTCF Education

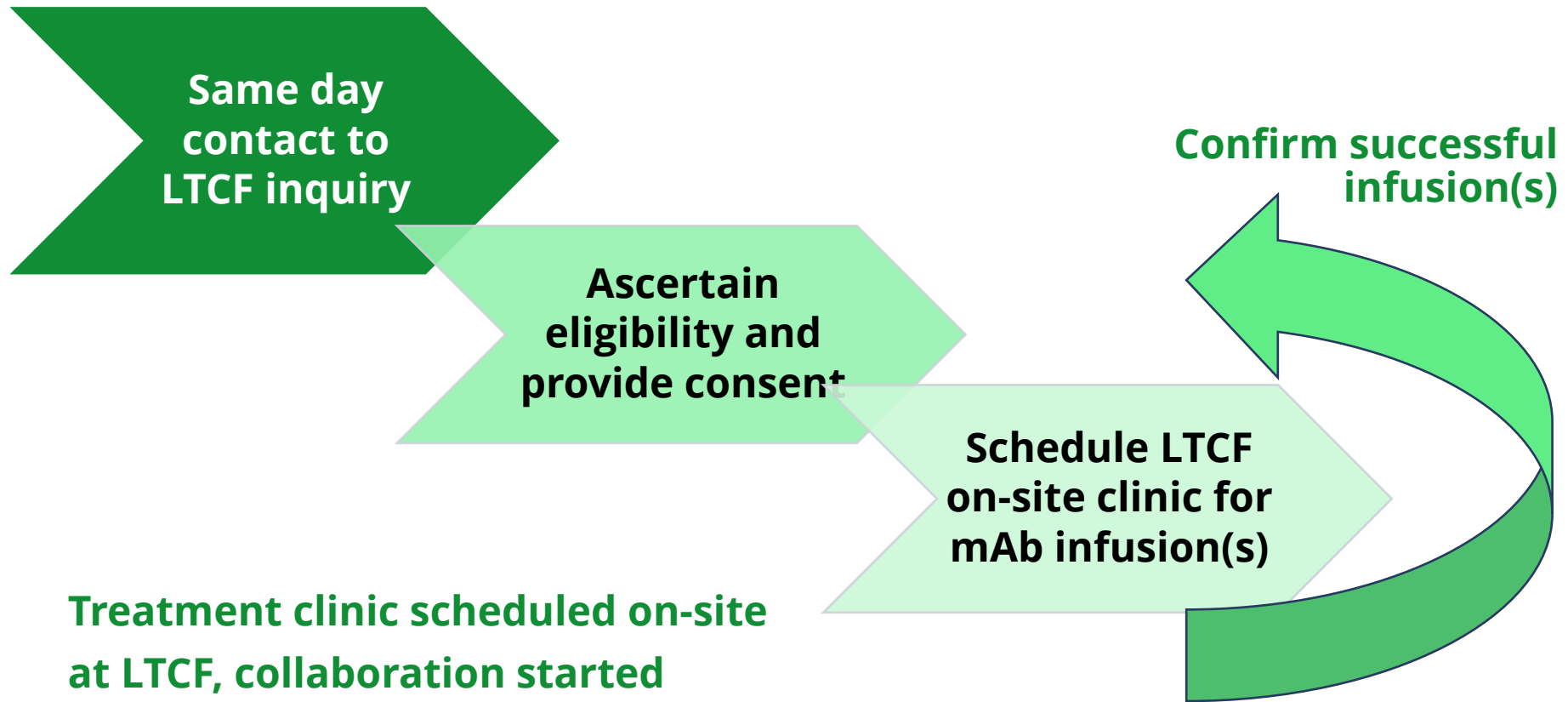


- Encourage IDPH weekly webinar attendance
- LCHD sends weekly e-mail updates including last week's webinar/recording
- Provide Pharmacy Provider contact e-mail

LCHD COVID treatment process



Pharm Provider COVID treatment process



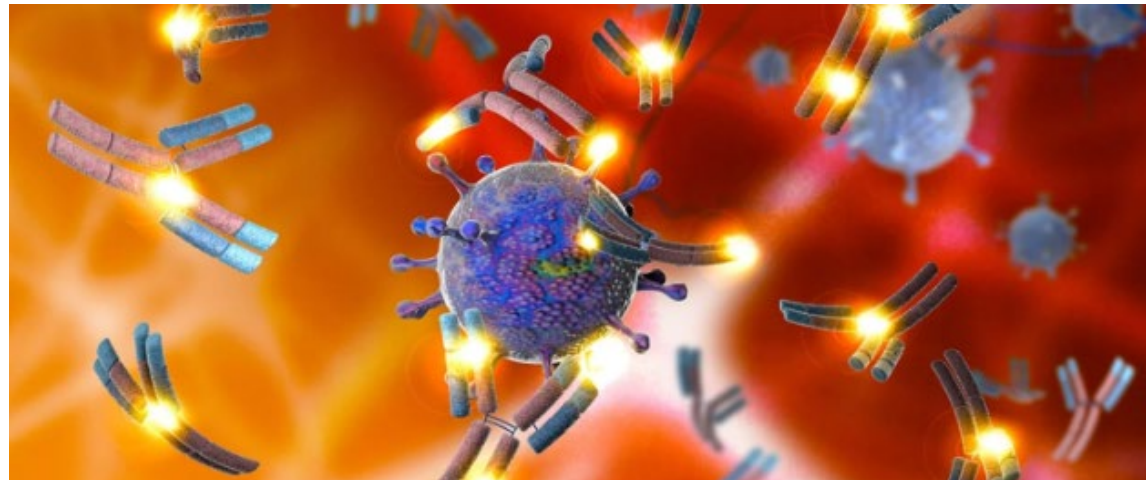
Monoclonal Antibody Challenges

- Access for mAb treatment
 - Initially, acute care ER access only
 - Pharmacy provider available for on-site administration
- Variant/mAb match for clinical efficacy
 - REGEN COV – Sotrovimab – Bebtelovimab
 - mAb updates led to supply shortages
 - Treatment for positive cases prioritized over PEP
- Timing of surges and variants and resulting change in mAb therapy wasn't optimal

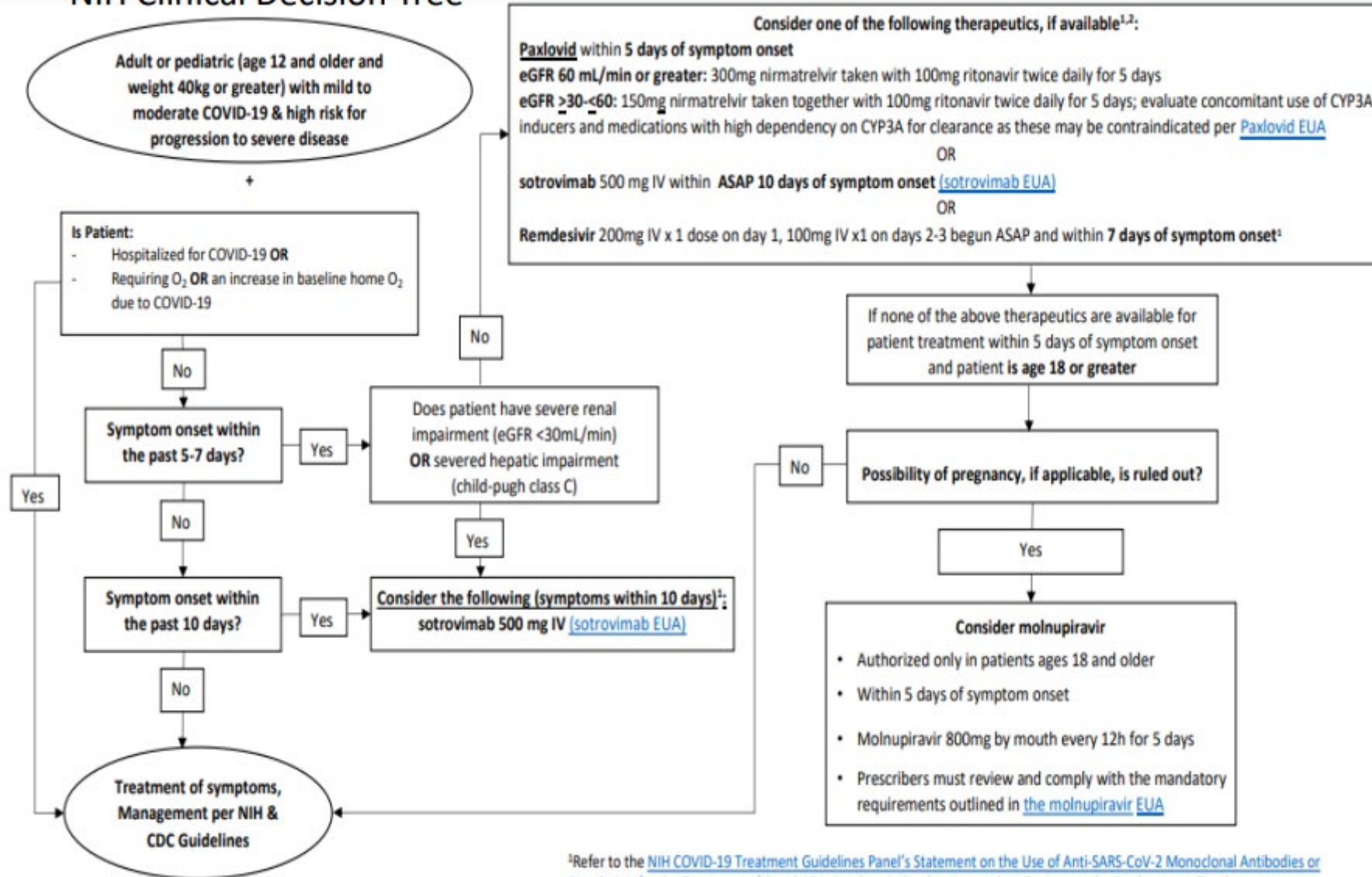


Monoclonal Antibody Challenges

- LTCF Medical Director not familiar with mAb
 - Provide LTCF referrals promoting success
 - Plan to hold a call/webinar with therapeutic-hesitant Medical Directors of LTCFs



NIH Clinical Decision Tree



Limited use of bamlanivimab/etesevimab and REGEN-COV as they are not expected to be active against the Omicron variant¹

¹Refer to the [NIH COVID-19 Treatment Guidelines Panel's Statement on the Use of Anti-SARS-CoV-2 Monoclonal Antibodies or Remdesivir for the Treatment of Covid-19 in Nonhospitalized patients when Omicron is the Predominant Circulating Variant](#);

Remdesivir is only approved for hospitalized individuals with COVID-19. Outpatient treatment is based on information from the literature ([Dec 22, 2021 Early Remdesivir to Prevent Progression to Severe Covid-19 in Outpatients](#); DOI: 10.1056/NEJMoa2116846)

² COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies is authorized for the treatment of COVID-19 in patients with immunosuppressive disease in either the outpatient or inpatient setting ([COVID-19 Convalescent Plasma EUA](#))

In Conclusion ...

COVID-19 treatment success relies on:

- Communication with facilities and pharmacy providers
- Community ease of access to mAb infusion
 - Easy access to infusion ... OP clinics / Pharmacy Providers
- Monitoring outcomes
- Sharing success stories

Acknowledgements

- IDPH for thoughtful explanations of federal guidance and dissemination to LHD and LTCFs
 - Dr. Counard & Dr. Barnes for their expertise related to COVID-19 treatments.
 - IDPH consultant, Deb Burdsall who is always there for us
- Lake County Health Department leadership, Mark Pfister and Lisa Kritz, for supporting a strong LTCF response during the pandemic
 - Dr. Sana Ahmed for her extraordinary vision that inspires us.
 - LTCF Team Leads and Case investigators/contact tracers for their continued commitment and hard work.



PALASE

Partnering Acute and Long-Term Care to Advance Antimicrobial Stewardship Efforts

Collaborative

Jamie Jacob, PharmD, BCIDP

Antimicrobial Stewardship Program Coordinator, IDPH

jamie.jacob@illinois.gov

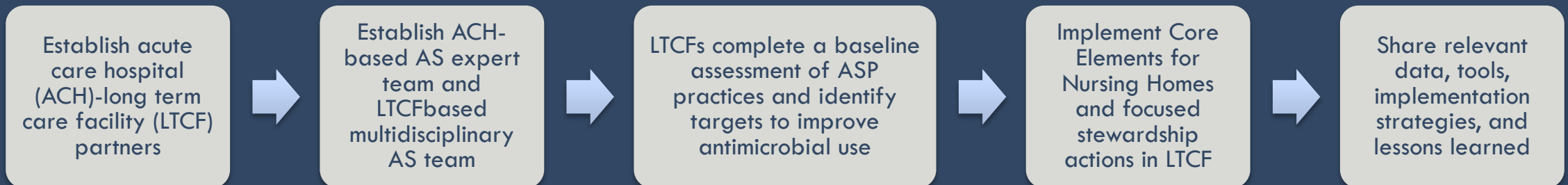
Rationale

- Antibiotic exposure predisposes long-term care facility (LTCF) residents to *Clostridioides difficile* infections and colonization with multidrug resistant organisms.
- The transfer of patients between LTCFs and acute care hospitals (ACHs) contributes to the spread of resistance in both institutions, highlighting the need to improve regional antibiotic prescribing practices.
- LTCFs often lack the antimicrobial stewardship (AS) expertise and resources commonly found in ACHs.

The PALASE Collaborative is a unique model to engage and support LTCFs that presently do not have the expertise or infrastructure to implement a robust Antimicrobial Stewardship Program. Extending ACH AS expertise to LTCFs within their referral network will enable both organizations to deliver quality patient care and mitigate antimicrobial resistance throughout the healthcare continuum.

Goals

- Strengthen cross-setting partnerships, coordination, and communication to support the development of successful and sustainable ASPs in LTC settings.
- Initiate and/or improve upon key AS activities to optimize antibiotic prescribing and use, based on Core Elements of Antibiotic Stewardship for Nursing Homes recommended by the CDC.
- Reduce inappropriate fluoroquinolone prescribing and total antibiotic use by improving the diagnosis and treatment of urinary tract, respiratory tract, and skin and soft tissue infections.
- Contribute to a reduction in antimicrobial resistance and CDI among a shared patient population by decreasing the use of high-risk antibiotics.



If interested, please email jamie.jacob@illinois.gov with:

- Best Contact Information
- Name of Facility
- Partnering Acute Care Hospital

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>

- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**