CHICAGO

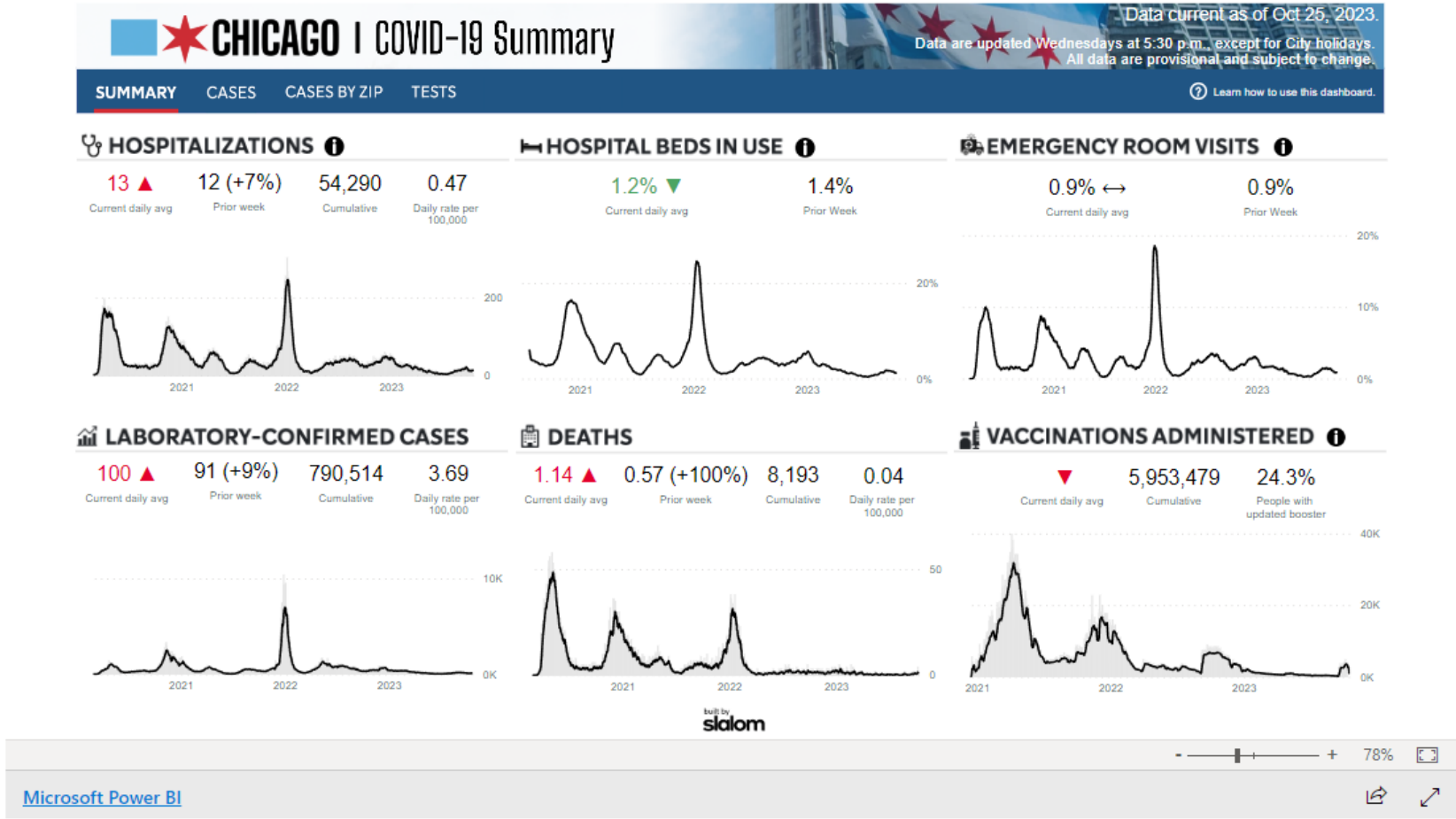
# COVID-19
# Chicago Long Term Care Roundtable

10-26-23

# Agenda

- COVID-19 Epidemiology & Updates
- Influenza Guidance
- NHSN Updates
- Resource Distribution Updates
- Competency, Return Demonstration, and Audits
- LTCF HAN Page Updates
- Questions & Answers

# Chicago Dashboard

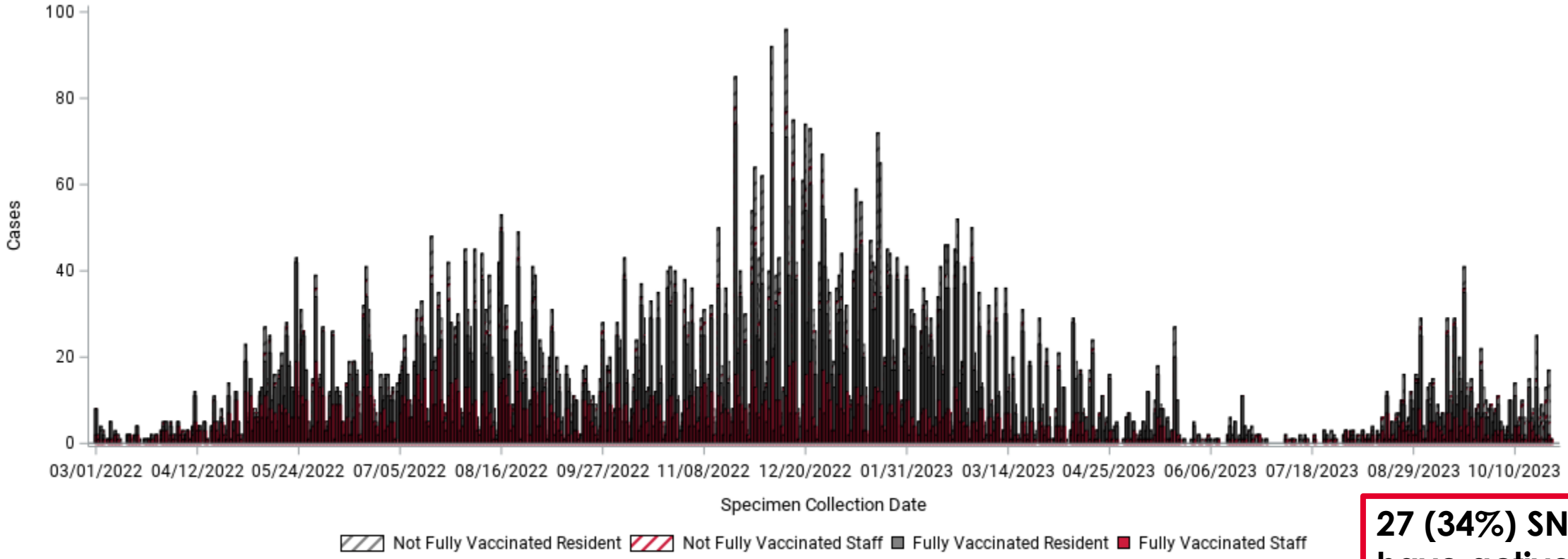



Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

Data as of 10/25/2023

# SNF COVID-19 Cases

***(Mar. 1, 2022 – Oct. 25, 2023)***




Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

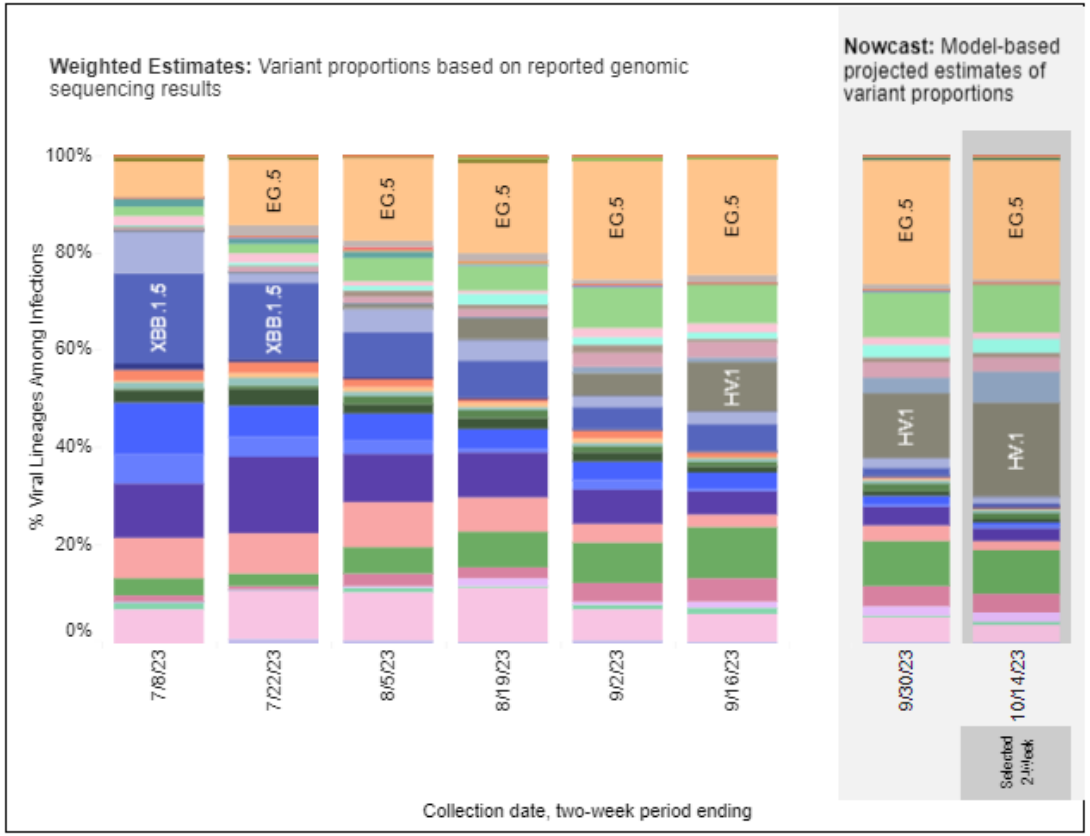
Fully vaccinated cases may be underestimated due to delayed reporting

**27 (34%) SNFs have active outbreaks**

# COVID-19 Variant Proportions

**Weighted Estimates in HHS Region 5 for 2-Week Periods in 6/25/2023 – 10/14/2023**

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.




**Nowcast Estimates in HHS Region 5 for 10/1/2023 – 10/14/2023**

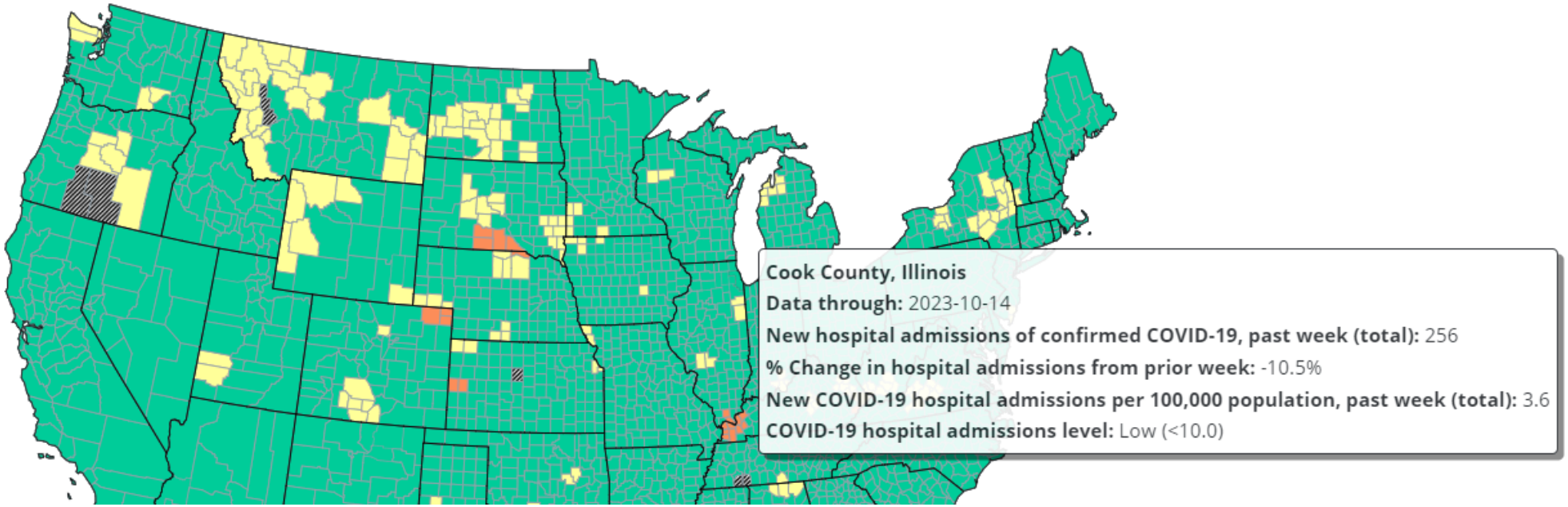
Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

| WHO label | Lineage # | %Total | 95%PI |
|---|---|---|---|
| Omicron | EG.5 | 24.6% | 21.5-28.1% |
| | HV.1 | 19.4% | 15.0-24.6% |
| | FL.1.5.1 | 10.0% | 7.6-13.0% |
| | XBB.1.16.6 | 8.9% | 7.3-10.9% |
| | HK.3 | 6.1% | 2.9-11.7% |
| | XBB.1.16.11 | 3.8% | 3.0-4.9% |
| | XBB.2.3 | 3.8% | 3.0-4.7% |
| | HF.1 | 3.1% | 1.8-5.2% |
| | GK.1.1 | 2.8% | 1.4-5.2% |
| | XBB.1.16 | 2.5% | 2.2-3.0% |
| | XBB.1.16.1 | 2.1% | 1.6-2.6% |
| | XBB.1.16.15 | 1.9% | 1.3-2.7% |
| | XBB | 1.4% | 0.9-2.0% |
| | XBB.1.5.70 | 1.3% | 0.9-1.9% |
| | GE.1 | 1.3% | 0.8-1.8% |
| | GK.2 | 1.0% | 0.7-1.4% |
| | XBB.1.5 | 0.8% | 0.6-1.0% |
| | XBB.1.9.1 | 0.8% | 0.6-1.0% |
| | XBB.1.5.72 | 0.7% | 0.5-1.1% |
| | EG.6.1 | 0.7% | 0.5-1.1% |
| | BA.2 | 0.6% | 0.1-2.0% |
| | XBB.1.5.68 | 0.5% | 0.3-0.8% |
| | XBB.1.9.2 | 0.4% | 0.3-0.7% |
| | XBB.1.42.2 | 0.4% | 0.2-0.7% |
| | XBB.1.5.59 | 0.3% | 0.1-0.5% |
| | XBB.1.5.10 | 0.3% | 0.2-0.4% |
| | CH.1.1 | 0.2% | 0.1-0.4% |
| | XBB.2.3.8 | 0.2% | 0.1-0.4% |
| | FD.1.1 | 0.1% | 0.0-0.2% |
| | FE.1.1 | 0.1% | 0.0-0.1% |
| | XBB.1.5.1 | 0.0% | 0.0-0.1% |
| | EU.1.1 | 0.0% | 0.0-0.0% |
| | FD.2 | 0.0% | 0.0-0.0% |
| | B.1.1.529 | 0.0% | 0.0-0.0% |
| | BQ.1 | 0.0% | 0.0-0.0% |
| Other | Other* | 0.0% | 0.0-0.1% |

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

# CDC COVID Data Tracker: Cook County

**Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States**






Source: https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county

# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

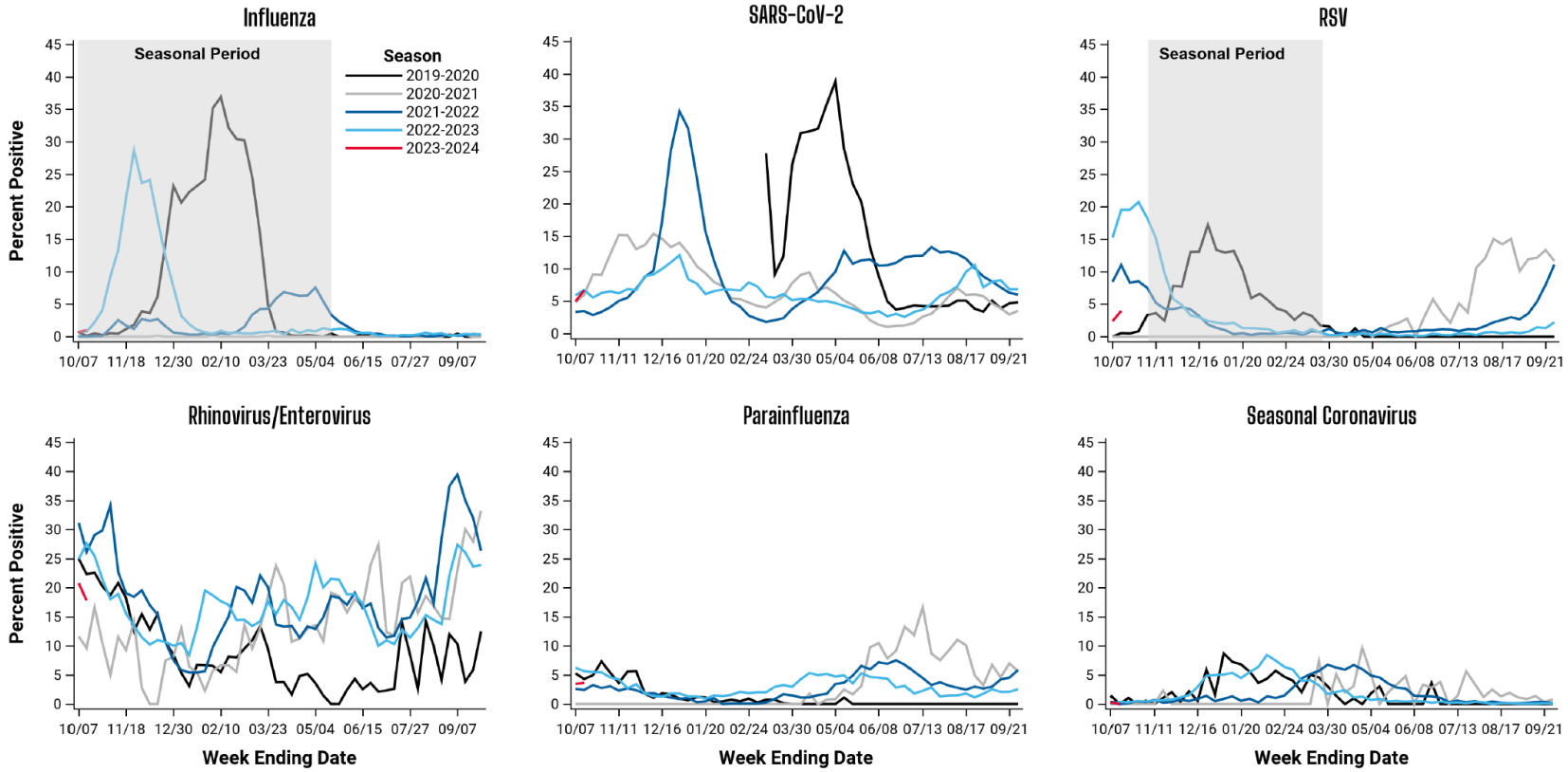
| | Week Ending October 14, 2023 | | Since October 1, 2023 | |
|---|---|---|---|---|
| Respiratory Pathogen | # Tested | % Positive | # Tested | % Positive |
| Influenza* | 3,892 | 1.0 | 7,816 | 0.8 |
| RSV* | 2,295 | 4.0 | 4,640 | 3.2 |
| SARS-CoV-2* | 2,244 | 6.7 | 4,755 | 5.8 |
| Parainfluenza | 1,449 | 3.7 | 2,913 | 3.6 |
| Rhinovirus/Enterovirus | 758 | 17.8 | 1,533 | 19.3 |
| Adenovirus | 758 | 4.5 | 1,533 | 4.2 |
| Human Metapneumovirus | 759 | 0.5 | 1,539 | 0.5 |
| Seasonal Coronaviruses† | 1,448 | 0.0 | 2,907 | 0.1 |

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



Source: Chicago Respiratory Virus Weekly Surveillance Report

# Chicago Respiratory Virus Surveillance Report – Seasonal Trends




Source: Chicago Respiratory Virus Weekly Surveillance Report

# Reminder: Minimum Routine Staff Testing Frequency

| Vaccination Status | Community Transmission Level | Testing Frequency |
|---|---|---|
| **Not up to date** | All | No required routine testing* |
| **Up to date**** | All | No required routine testing* |

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.
** An individual has received all COVID-19 vaccinations for which they are eligible



**Source:** IDPH Updated Interim Guidance for Nursing Homes Following the End of the Public Health Emergency

# Reminder: Minimum Routine Resident Testing Frequency

| Vaccination Status | Hospital Admission Level | Routine Testing Frequency |
|---|---|---|
| **Not up to date** | All | No required routine testing* |
| **Up to date** | All | No required routine testing* |
| **New and readmissions, regardless of vaccination status** | Low or Medium | No required routine testing* |
| **New and readmissions, regardless of vaccination status** | High | Facility discretion* |

*Unless symptomatic, following a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

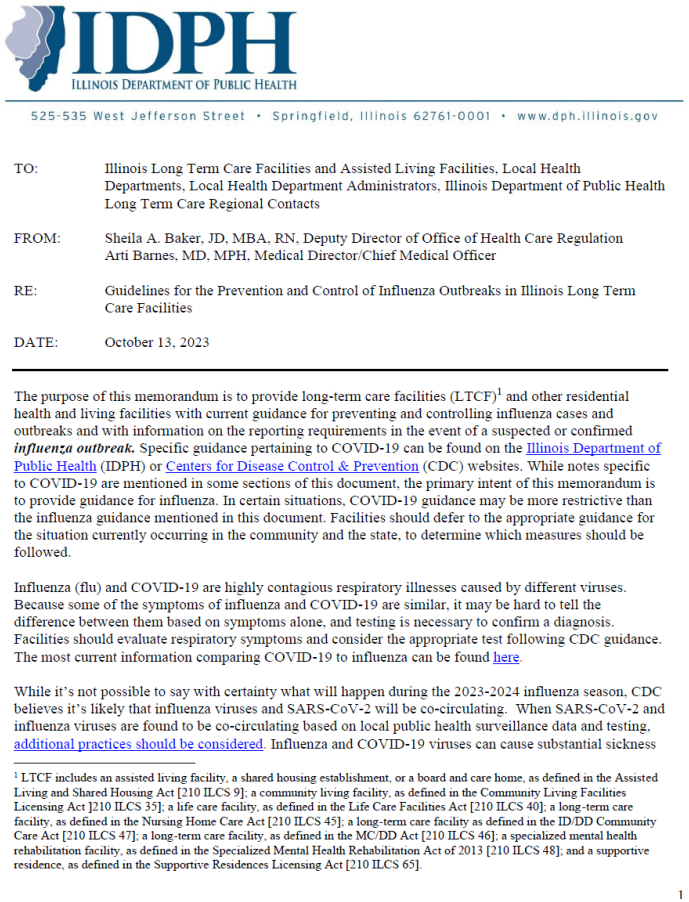


**Source:** IDPH Updated Interim Guidance for Nursing Homes Following the End of the Public Health Emergency

# Updated IDPH Guidance for Influenza Outbreaks in LTC Facilities

- IDPH released guidance for the 2023-2024 flu season on October 13, 2023

- Guidance document is posted on the CDPH HAN page and the link is included in our follow-up emails



IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Sheila A. Baker, JD, MBA, RN, Deputy Director of Office of Health Care Regulation
Arti Barnes, MD, MPH, Medical Director/Chief Medical Officer

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 13, 2023

The purpose of this memorandum is to provide long-term care facilities (LTCF)[1] and other residential health and living facilities with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed ***influenza outbreak.*** Specific guidance pertaining to COVID-19 can be found on the Illinois Department of Public Health (IDPH) or Centers for Disease Control & Prevention (CDC) websites. While notes specific to COVID-19 are mentioned in some sections of this document, the primary intent of this memorandum is to provide guidance for influenza. In certain situations, COVID-19 guidance may be more restrictive than the influenza guidance mentioned in this document. Facilities should defer to the appropriate guidance for the situation currently occurring in the community and the state, to determine which measures should be followed.

Influenza (flu) and COVID-19 are highly contagious respiratory illnesses caused by different viruses. Because some of the symptoms of influenza and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing is necessary to confirm a diagnosis. Facilities should evaluate respiratory symptoms and consider the appropriate test following CDC guidance. The most current information comparing COVID-19 to influenza can be found here.

While it's not possible to say with certainty what will happen during the 2023-2024 influenza season, CDC believes it's likely that influenza viruses and SARS-CoV-2 will be co-circulating. When SARS-CoV-2 and influenza viruses are found to be co-circulating based on local public health surveillance data and testing, additional practices should be considered. Influenza and COVID-19 viruses can cause substantial sickness

[1] LTCF includes an assisted living facility, a shared housing establishment, or a board and care home, as defined in the Assisted Living and Shared Housing Act [210 ILCS 9]; a community living facility, as defined in the Community Living Facilities Licensing Act ]210 ILCS 35]; a life care facility, as defined in the Life Care Facilities Act [210 ILCS 40]; a long-term care facility, as defined in the Nursing Home Care Act [210 ILCS 45]; a long-term care facility as defined in the ID/DD Community Care Act [210 ILCS 47]; a long-term care facility, as defined in the MC/DD Act [210 ILCS 46]; a specialized mental health rehabilitation facility, as defined in the Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 48]; and a supportive residence, as defined in the Supportive Residences Licensing Act [210 ILCS 65].

1



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Influenza 101

- Spread via respiratory droplets
- Symptoms may include fever, cough, sore throat, runny/stuffy nose, muscle/body aches, headache, fatigue, and nausea/vomiting
- People with flu are most contagious in the first three to four days after their illness begins
  - An otherwise healthy adult may be able to infect others from one day before symptom onset and up to five to seven days after becoming sick
  - Young children and persons with weakened immune systems may be infectious for ten or more days after symptom onset
- Incubation period is one to four days, with an average of two days



Source: https://www.cdc.gov/flu/about/keyfacts.htm; https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Important Definitions

- **Influenza-like illness**: Fever and new onset of cough and/or sore throat
- ***Fever:*** A temperature of 100º F (37.8º C) or higher orally or, for elderly residents, a temperature of two degrees (2º F) above the established baseline for that resident
- ***Laboratory-confirmed influenza:*** Influenza detected via reverse transcription polymerase chain reaction (RT-PCR), viral culture, or rapid test



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# LTCF Influenza Outbreak Definition

Two or more cases of influenza-like illness occurring within 72 hours among residents in a unit of the facility with at least one of the ill residents having laboratory-confirmed influenza

**OR**

Two or more laboratory-confirmed cases of influenza within 72 hours among residents in a unit of the facility



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Influenza Immunizations for Residents

- Residents should be vaccinated on an annual basis as soon as the vaccine becomes available, unless medically contraindicated
  - Unvaccinated new residents should be vaccinated as soon as possible after admission to the facility. If vaccination status is unknown, consider the resident **not** immunized and vaccinate accordingly (check ICARE first)

- Should have a standing order in effect for all residents

- Can get the flu vaccine at the same time as the COVID and/or RSV vaccines



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# What type of flu vaccine should be used for residents?

For the 2023-2024 influenza season, ACIP recommends that adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:

- quadrivalent high-dose inactivated influenza vaccine (HD-IIV4)
- quadrivalent recombinant influenza vaccine (RIV4)
- quadrivalent adjuvanted inactivated influenza vaccine (aIIV4)

If none of these three vaccines are available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Influenza Immunizations for Staff

- Facilities are required to:
  - Provide education on influenza to staff
  - Offer staff the opportunity to receive the influenza vaccine, during the influenza season (September 1 – March 1), unless the vaccine is unavailable
  - Maintain a system for tracking/documenting vaccine offered and administered to employees
  - Ensure staff who decline the vaccine have signed declination statement certifying that they received education on the benefits of the vaccine
  - Keep documentation for three years



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Staff Declinations

Effective July 1, 2018, P.A. 100-1029 amended Section 2310-650 of the Department of Public Health Powers and Duties Law (20ILCS 2310/2310-650) to modify the instances in which a health care employee may decline an influenza vaccine offer. P.A. 100-1029 provides that 'A health care employee may decline the offer of vaccination if the vaccine is medically contraindicated, if the vaccine is against the employee's religious beliefs, or if the employee has already been vaccinated. General philosophical or moral reluctance to influenza vaccinations does not provide a sufficient basis for an exemption'. The Department has adopted revised rules to the Health Care Employee Vaccination Code, [77 Ill. Adm. Code 956], effective February 6, 2019, to implement and adopt P.A. 100-1029.



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Testing

- If influenza is suspected in any resident, testing should be performed promptly

- If your facility is experiencing an outbreak, institute the facility's plan for collection and handling of specimens to identify influenza virus as the causal agent early in the outbreak (within one to two days of symptom onset) by performing rapid influenza virus testing of multiple residents with recent onset of symptoms suggestive of influenza
  - Note that rapid antigen tests are not as sensitive as PCR/NAAT testing



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Testing

- When COVID and influenza are co-circulating, test any resident with compatible symptoms for both viruses
- Because virus co-circulation can occur, a positive influenza test result without COVID testing does not exclude a COVID infection (and vice versa)
- Use of a respiratory virus panel should be considered to determine the cause of respiratory illness when influenza and COVID-19 are either not suspected or have been ruled out, when there are concerns about co-infection, or when multiple viruses are circulating.



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Influenza Infection Prevention & Control Measures

- Respiratory Hygiene & Cough Etiquette
- Standard Precautions
- Droplet Precautions
- Staff Restrictions
- Surveillance
- Education



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Respiratory Hygiene/Cough Etiquette

- Facilities should ensure the availability of supplies for hand and respiratory hygiene in resident and visitor areas, including:
  - Tissues
  - No-touch receptacles for used tissue/mask disposal
  - Alcohol-based hand rub (ABHR) dispensers
  - Hand washing supplies (e.g., soap, paper towels)
  - Surgical/procedure masks



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Standard Precautions

- During the care of residents with symptoms of an unknown respiratory infection:
  - Wear gloves if hand contact with secretions or potentially contaminated surfaces is anticipated
  - Wear a gown if soiling of clothes with a resident's respiratory secretions is anticipated
  - Change gown/gloves after each resident encounter
  - Perform hand hygiene before/after touching the resident, after touching the resident's environment, and/or after touching the resident's respiratory secretions, regardless of whether gloves are worn
    - If hands are not visibly soiled, use alcohol-based hand rub
    - When hands are visibly soiled, wash hands with soap and water
  - Eye and mucus membrane protection are part of standard precautions when possible exposure to secretions is anticipated



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Droplet Precautions

- Residents with suspected/confirmed influenza must also be placed under droplet precautions:
  - Place in a private room (cohorting is allowed in certain situations)
  - Wear a facemask and eye protection while in the resident's room and/or when caring for the resident
    - If COVID is also suspected or confirmed, must wear a N95 respirator, eye protection, gown, and gloves
  - If resident movement or transport is necessary, the resident should wear a facemask



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Length of Droplet Precautions

- Residents with influenza must remain in droplet precautions for **whichever is longer**:
  - Seven days after illness onset **OR**
  - 24 hours after the resolution of fever and respiratory symptoms

- If residents also have COVID, they must remain in isolation for ten days after illness onset/specimen collection date for the positive COVID test
  - If they test positive for influenza >3 days *after* testing positive for COVID, their total isolation period must be extended accordingly



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Staff Exclusion

- Staff members with ILI/influenza must be excluded from work until at least 24 hours after fever has subsided, without the use of fever-reducing medications
  - If coughing or sneezing are still present after they return to work, they must wear a facemask during patient care activities
  - If the staff member also has COVID, follow the COVID-related exclusion guidance



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Surveillance

- LTCFs should implement daily active surveillance for respiratory illness for residents and staff

- Examples of surveillance activities include:
  - Monitoring for symptoms of respiratory illness among residents, staff, and visitors
  - Maintaining a line list of ill residents and staff
  - Maintaining a log of staff call-ins and reviewing daily for symptoms of respiratory illness
    - Inquire if influenza testing was performed and request results, if available



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Education

- Educate healthcare personnel at least annually on:
  - The importance of vaccination
  - Signs and symptoms of influenza
  - Influenza prevention and control measures
  - Indications for obtaining influenza testing




Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true; https://www.chicago.gov/content/dam/city/sites/covid/communication-resources/2023/ltc/CDPH_RespIllnessPrevention_LTC_8.5x11_English.pdf

# Antiviral Chemoprophylaxis for Residents

- Antiviral chemoprophylaxis is meant to prevent transmission for residents who are not exhibiting influenza-like illness but who may have been exposed to an individual with influenza

- During a confirmed influenza outbreak:
  - Use of antiviral chemoprophylaxis within 48 hours of exposure is recommended for all non-ill residents (regardless of whether they have received the influenza vaccination) living on the same unit as the resident with the laboratory-confirmed influenza (outbreak affected units)
  - Consideration may be given for extending antiviral chemoprophylaxis to residents on unaffected units based on other factors (e.g., unavoidable mixing of residents from different units)

# Antiviral Chemoprophylaxis for Staff

- Antiviral chemoprophylaxis can be considered or offered to unvaccinated personnel who provide care to persons at high risk of influenza complications.

- For newly vaccinated staff, chemoprophylaxis can be offered for up to two weeks (the time needed for antibody development) following influenza vaccination.



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Antiviral Chemoprophylaxis Duration & Additional Considerations

- For institutional outbreak management, antiviral chemoprophylaxis should be administered for a minimum of two weeks and continue for at least seven days after the last known case
- Oseltamivir is the recommended antiviral drug for chemoprophylaxis in long-term care settings
- Those receiving antiviral chemoprophylaxis should be actively monitored for potential adverse effects and infection with influenza viruses that are resistant to the medications
- Dosage recommendations vary by age group and medical condition



Source: https://www.chicagohan.org/documents/14171/427525/2023-2024_Influenza_LTCF.pdf/21e76acd-7477-cf18-f2a3-3a1db9688c4c?t=1697232713692&download=true

# Antiviral Treatment

- Empiric use of antiviral treatment should be started as soon as possible for residents with suspected or confirmed influenza
  - Antivirals are most effective if started within 48 hours after symptom onset. However, antivirals can still help if given those with severe illness after 48 hours

- Pre-approved medication orders, or plans to obtain physicians' orders on short notice, should be in place to ensure that treatment can be started as soon as possible

- Due to antiviral resistance patterns, it is recommended that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of currently circulating influenza A viruses in the U.S.



Source: IDPH, https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

# Reporting Influenza Outbreaks

- All outbreaks of influenza must be reported to CDPH and your respective IDPH Long-term Care Regional Office

**REGION 8/9 - BELLWOOD**
4212 W. St. Charles Road
Bellwood, IL 60104
708-544-5300 Ext 263
Janette Williams-Smith
janette.williams-smith@illinois.gov
IDPH IP Contact: Tracy Boyle
tracy.boyle@illinois.gov

**Assisted Living Facilities**
525 West Jefferson, 5th Floor
Springfield, IL 62761-0001
217-782-2363 or 708-544-5300
Erin Rife
erin.rife@illinois.gov

# CDPH LTCF Outbreak Reporting Form

- Mirrors IDPH Influenza Outbreak Report Form for Congregate Settings
- Includes questions about facility, (e.g., resident census and staff numbers), case counts, testing/treatment/vaccination information, and infection control actions planned
- Also includes a spot for facilities to upload their LTCF influenza outbreak log

CDPH
Chicago Department of Public Health

**IDPH Influenza Outbreak Report Form for Congregate Settings**

(e.g. Long Term Care & Correctional Facilitites)

**All reports must be received within 24hrs of a confirmed influenza outbreak being met**

Confirmed influenza outbreak: 2 or more cases of influenza-like illness occuring within 72hrs among RESIDENTS in a unit of the facility with at least one of the ill residents lab-confirmed for influenza. An outbreak must start with residents, but should include staff once it has started.

Fax or email (encrypted) the Outbreak Log to Chicago Department of Public Health. See section below "Reporting Logs and Contact Information"

Visit https://www.chicagohan.org/diseases-and-conditions/influenza for more information.

**Facility Information**

Date of Report: 08-29-2023 M-D-Y
* must provide value

Facility Name:
* must provide value

Type of Setting:
* must provide value
- Correctional Facility
- Long-Term Care Facility
- Group Home
- Homeless Shelter
- Other

reset

Facility Address:
* must provide value

City:

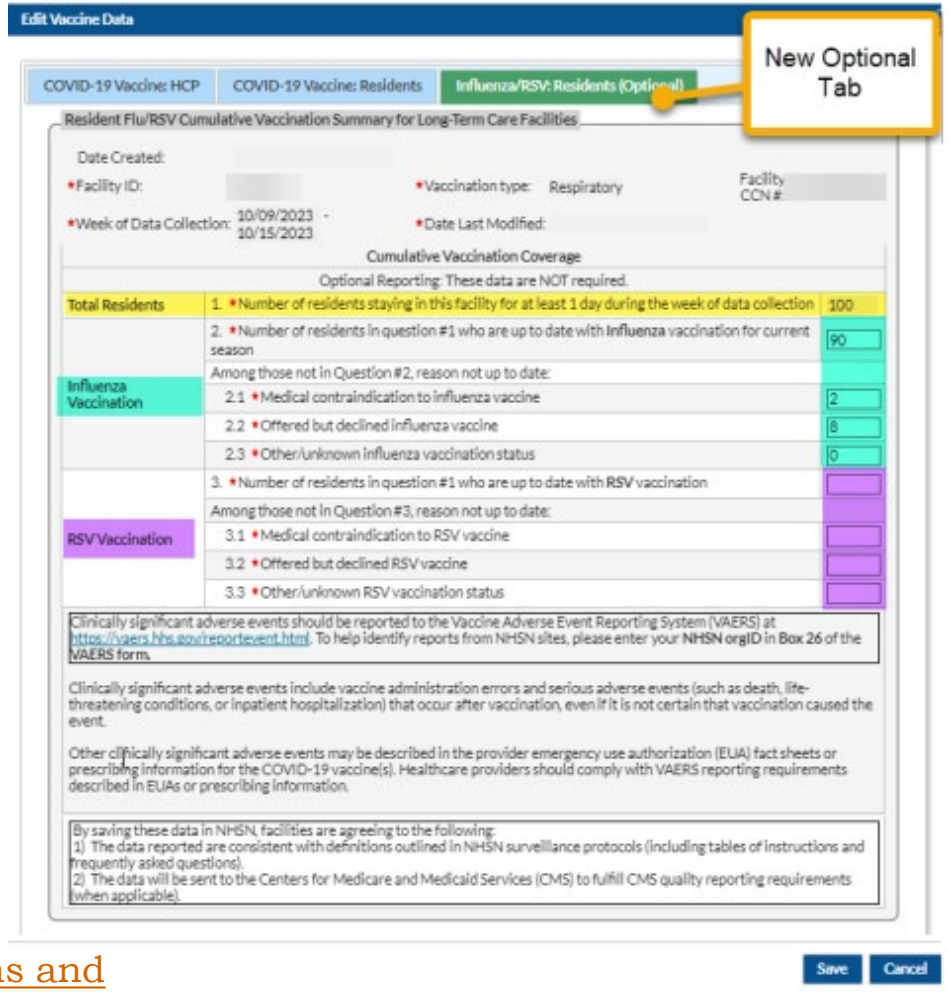
County:

Zip Code:

Name of Reporter:
* must provide value

# NHSN Optional Influenza/RSV Vaccination Reporting for LTCF Residents

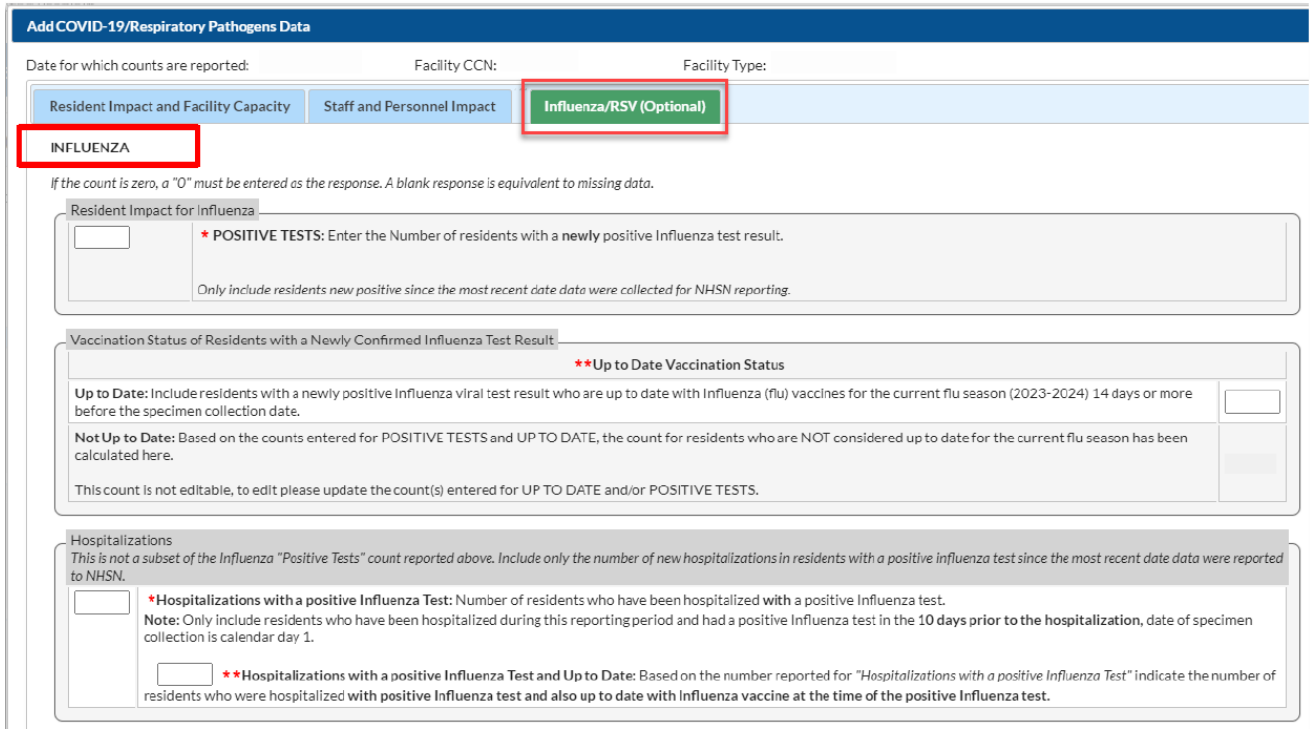
- Required to report COVID-19 residents' data before entering Influenza/RSV vaccination data
- You can report:
  - Both Flu and RSV vaccination questions
  - Only Flu vaccination questions
  - Only RSV vaccination questions
  - Users choose how often to report
- Can submit manually or via .csv upload
- Available on the COVID-19/Respiratory Pathogens / Vaccination-Residents / Influenza/RSV: Residents menu




Source: NHSN Optional Reporting of Influenza and RSV Vaccinations and Cases for Long-term Care Facility Residents

# NHSN Optional Influenza/RSV Case Reporting for LTCF Residents

- Facilities:
  - that choose to report cases must report *both* Influenza and RSV data
  - can choose reporting frequency
  - can submit data manually or via .csv upload
- Check NHSN surveillance definitions of Up to Date for Influenza and RSV
- Available on the Covid-19/Respiratory Pathogens / Pathway Data Reporting / Influenza/RSV (Optional) menu




Source: NHSN Optional Reporting of Influenza and RSV Vaccinations and Cases for Long-term Care Facility Residents

# COVID-19 Up to Date Surveillance Definition Change

- The new definition of up to date with COVID-19 vaccines will apply for NHSN surveillance beginning the week of September 25, 2023 – October 1, 2023
- Individuals (both residents and healthcare personnel) are considered up to date with their COVID-19 vaccines for the purpose of NHSN surveillance if they meet (1) of the following criteria:
  - Received a 2023-24 Updated COVID-19 Vaccine **OR**
  - Received bivalent* COVID-19 vaccine within the last 2 months

  *bivalent vaccines are no longer authorized as of 9/12/2023
- For virtual or on-site assistance with entering person-level COVID-19 vaccination data into NHSN, please contact matthew.mondlock@cityofchicago.org

Source: CDC: Up to Date Vaccination New Definition as of September 25, 2023

# Glo Germ Kits for Chicago-based Facilities

- If your facility has NOT already received a GloGerm kit and would like one, please either write in the meeting chat or email Angelica.Serra@cityofchicago.org
  - Only available to Skilled Nursing, Assisted Living, and Supportive Living facilities within the city limits

- The kit (and posters for COVID, RSV, and Flu) will be dropped off at your facility by a CDPH team member

- Two options for distribution of the kits/posters:

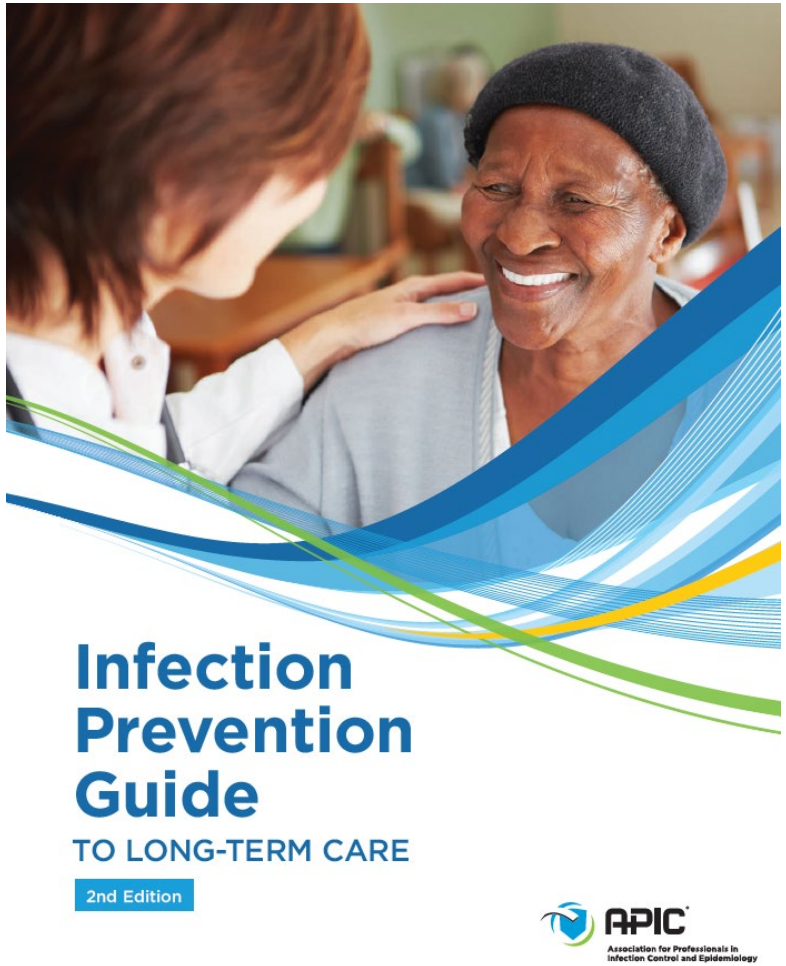
  *Option 1*: Receive the kit and a brief train-the-trainer session on how to use it. Intended audience is at least one member of the leadership team (Admin, DON/ADON, IP) **and** the EVS manager.

  *Option 2*: Receive the kit with no train-the-trainer session.

# Coming Soon: APIC LTC IPC Guide

- APIC guide covering many aspects of LTC Infection Prevention and Control, including water management, regulatory compliance, and antimicrobial stewardship

- Physical copies will be mailed from directly from APIC to Chicago-based SNF, AL, and SL facilities
  - Addressed to facility administrators



# Rapid Influenza/COVID-19 Tests & PPE Kits for LTCFs

- **CDPH's HPP Team has purchased rapid COVID-19/Influenza A&B tests to be provided to all Chicago LTCFs, at no cost.**
- Tests will be delivered this week October 4th-6th directly to the Long-Term Care Facilities by McKesson
- HAN alert was sent out on 10/3 letting the LTCFs know the shipment is coming


- **In Addition to the test kits, CDPH is deploying a cache of PPE to the LTCFs**
- To receive kits facilities will need to register via a HAN survey that was sent out 9/28.
- Using the results of this HAN survey, we will determine need and obtain the contact info required to schedule the delivery of LTCF PPE Kits. Date TBD.

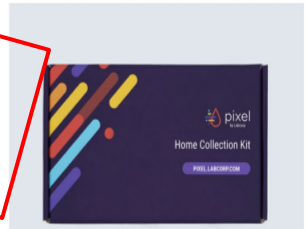
# IDPH Free COVID + Flu+ RSV Combo tests

## Free COVID + Flu + RSV Combo Test for SNFs

- 1-swab multiplex
- Lab-based PCR test
- Adults & children > 2y
- Each SNF ***eligible for 100 test kits***
- Use ***for outbreak response*** if rapid covid test is negative
- Store tests onsite, collect sample & call LabCorp for pick-up
- Results w/clinical follow-up in 24-48hrs

**Chicago facilities are not eligible**

labcorp OnDemand




***Sign-up to receive your kits today:***

https://redcap.dph.illinois.gov/surveys/?s=8DWNMHNDKADDXM9R

Questions?: DPH.AntigenTesting@illinois.gov

IDPH
Illinois Department of Public Health

## Pixel Multiplex (SARS-CoV-2 + FLU + RSV) Request Form- Store On Site Option for Outbreak Testing

**The following request form was developed by the Illinois Department of Public Health (IDPH) for eligible facilities to request a bulk order of Pixel Multiplex (COVID-19 + FLU A/B + RSV) test kits. Collected specimens are then transported to a laboratory for PCR testing. These tests are available at no cost.**

**The purpose of bulk ordering is to maintain an inventory of Pixel Multiplex test kits on-site at your facility. Tests are quickly accessible when stored on-site, and samples can be collected in response to outbreaks. If your facility supply is low, you are welcome to submit another bulk request using this form.**

**Bulk ordering is only approved for the following facility types:**

**1. Local Health Departments (LHDs)**

**2. Skilled Nursing Facilities (SNFs)**

**3. IDHS Developmental and Mental Health Centers**

**4. IDOC Correctional Facilities**

**5. IDVA Veterans' Homes**

***Only facilities located outside the City of Chicago are eligible for this initiative****

**All Pixel Multiplex samples collected on-site at your facility require a Clinical Laboratory Improvement Amendments (CLIA) waiver and a provider order. Questions can be directed to the IDPH Antigen Testing Team by emailing DPH.AntigenTesting@illinois.gov.**

Thank you!

# Vaccination Clinic Poll

# Competency Assessments, Return Demonstration, and Observational Audits?

## What are they, how do they differ, and why is it important?

**Thomas C. Roome**,
Infection Prevention Specialist,
Chicago Department of Public Health,
Bureau of Disease Control | Healthcare Settings,
Thomas.Roome@CityofChicago.org

# Competency Assessment

- "**Competence** denotes the ability to execute a certain task or action with the necessary knowledge"

- "A **competency assessment**, is an evaluation of the capabilities of an employee that are measured against their job requirements to assure employees and caregivers are delivering the best possible care to patients [and] residents"

- Competency assessments can be done in many ways, including:
  - Post tests or quizzes
  - Return demonstrations or "teaching back"
  - Pulling staff aside and asking for demonstrations

https://bmjopen.bmj.com/content/13/6/e067352
https://chcm.com/competency-assessment-book-4th/#:~:text=A%20competency%20assessment%2C%20is%20an,%2C%20residents%2C%20and%20other%20customers.

# Return Demonstration

- A **Return Demonstration** is "an educational technique in which someone demonstrates a skill they have just been taught"

- Return demonstrations are often a form of competency assessment and are commonly coupled with training.
  - Assesses if the desired outcome (i.e., learning new material) has been achieved through training.

- Return demonstrations have been shown to encourage better retention of material.

https://en.wiktionary.org/wiki/return_demonstration#:~:text=Noun,or%20had%20demonstrated%20to%20them .

# Observational Audits

- **Observational Audits**: Directly observing the real-world practices of staff, as they work, and assessing if their actions adhere to best practice.
  - Often done *discretely* so that staff don't change their behavior (Hawthorne Effect)

- In addition, these observations should be recorded and used to calculate simple rates.
  - Auditing data can be used to direct Quality Assurance/Performance Improvement (QAPI) projects,
  - Can allow comparisons of adherence rates between different IPC practices, unit etc.
  - Auditing data can also be used to assess if interventions lead to real world changes in staff behaviors.

# Observational Audits

- Observational audits are different from competency assessments and return demonstrations in critical ways.
  - They assess what staff actually do in practice (i.e. in real world situations)

- Why is auditing so important?
  - Often, real world practice diverges from what we, as Healthcare Personnel (HCP), know we *should* do, and/or *know how* to do.

  - *Discrete* observational audits also avoid staff changing their behavior because they know they're being watched

# Advantages and Disadvantages

## Observational Audits

- Auditing can tell us about **real-world** practices
- Can **assess and inform** a wide array of practices/projects (flexibility)
- May be more challenging and/or require more staff time.

## Competency Assessments

- Assess if staff have essential **skills** and **knowledge**
- Can take many different forms
- Staff knowledge or skill may not translate to real-world improvements
- Staff know they are being observed

## Return Demonstration

- Can be used to ensure staff **learn** or **retain** info from trainings.
- Often involves demonstration of *ability*
- Knowledge/skill may not translate to improvements
- Staff know they are being observed

All Three are **Important** Tools for Ensuring a **Safe Healthcare Environment**

# Compare & Contrast: Competencying, Return Demonstrations, and Observational Audits

| | Definition | Context | Information Obtained | Purpose |
|---|---|---|---|---|
| **Competency Assessments** | To ***assess*** whether staff have the knowledge and ability to execute a certain task or action. | Staff are prompted to show that they have certain knowledge or ability | Is subject *able* to perform a practice correctly? | Allows us to ensure that staff have essential skills and knowledge |
| **Return Demonstration** | An educational technique in which someone demonstrates what they have just been taught or had demonstrated to them. | Staff are asked to demonstrate a certain skill, usually after being trained. | Has the subject learned the material they were just trained on? | Ensures that training is being done effectively, and that staff are learning and retaining information. |
| **Observational Audits** | (Discretely) observing the real-life practices of HCP as they work and assessing if their actions adhere to best practice. | Real-World practice (e.g., while providing resident/patient care) | Do staff adhere to best practices while providing care? | 1) Identify practices that need improvement<br>2) Target QAPI measures and interventions<br>3) Validate interventions<br>4) and much more! |

# Question 1:

- Which of the following describes **observational auditing**:

A. An ADON pulling aside a staff member during their shift and asking them to demonstrate proper hand hygiene technique.

B. Having staff demonstrate proper hand hygiene technique after an in-service to verify that they've learned the material

C. Discretely observing staff to see if they perform hand hygiene appropriately while providing care.

D. None of the above

# Question 1:

- Which of the following describes **observational auditing**:

A. An ADON pulling aside a staff member during their shift and asking them to demonstrate proper hand hygiene technique.

B. Having staff demonstrate proper hand hygiene technique after an in-service to verify that they've learned the material

**C. Discretely watching staff to see if they perform hand hygiene appropriately while providing care.**

D. None of the above

# Question 2:

- What information can be obtained through auditing that **cannot** be gained from return demonstrations and competency assessments :

A. If staff know how to perform a practice properly.

B. If staff have learned how to perform a practice properly from a training session.

C. If staff are employing practices properly while providing care in real-life.

D. Auditing does not provide information that can't be obtained through competencying or return demonstrations.

# Question 2:

- What information can be obtained through auditing that **cannot** be gained from return demonstrations and competency assessments :

A. If staff know how to perform a practice properly.

B. If staff have learned the material from a training session.

C. **If staff are employing practices properly while providing care in real-life.**

D. Auditing does not provide information that can't be obtained through competencying or return demonstrations.

# Question 3:

- Auditing data can be used for all the following **except**:

A. Identifying Infection Prevention and Control practices that need improvement.

B. To assess if interventions have been effective in changing staff behavior.

C. To demonstrate the need for a Quality Assurance and Performance Improvement project.

D. As a form of syndromic surveillance.

# Question 3:

- Auditing data can be used for all the following **except**:

A. Identifying Infection Prevention and Control practices that need improvement.

B. To assess if interventions have been effective in changing staff behavior.

C. To demonstrate the need for a Quality Assurance and Performance Improvement project.

**D. As a form of syndromic surveillance.**

# Question 4:

- When people know they're being observed or their behavior assessed, they tend to:

A. Behave the same way they always do

B. Behave as the way they think they *should* behave

C. Blame things on someone else.

D. None of the Above

# Question 4:

- When people know they're being observed or their behavior assessed, they tend to:

A. Behave the same way they always do

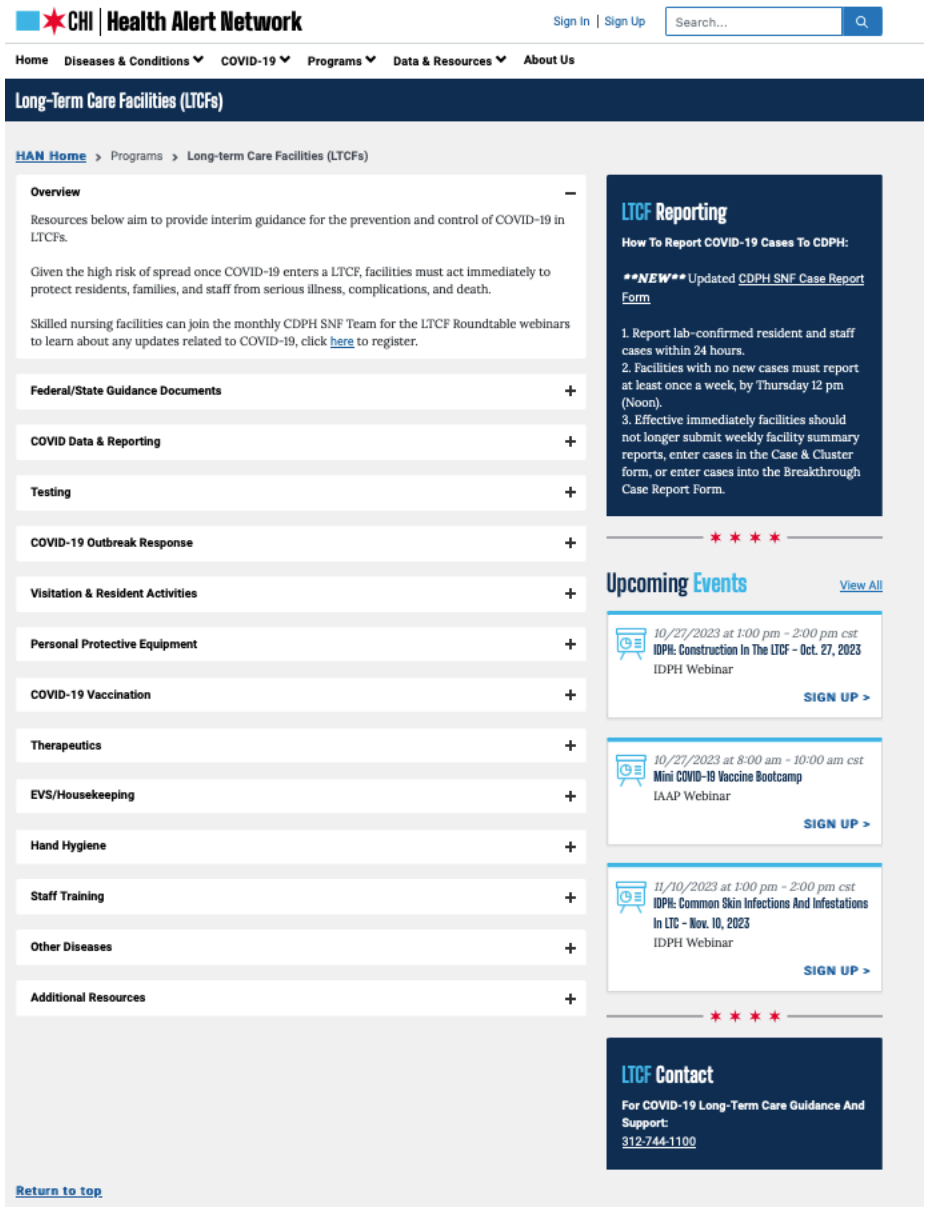
**B. Behave as the way they think they *should* behave**

C. Blame things on someone else.

D. None of the Above

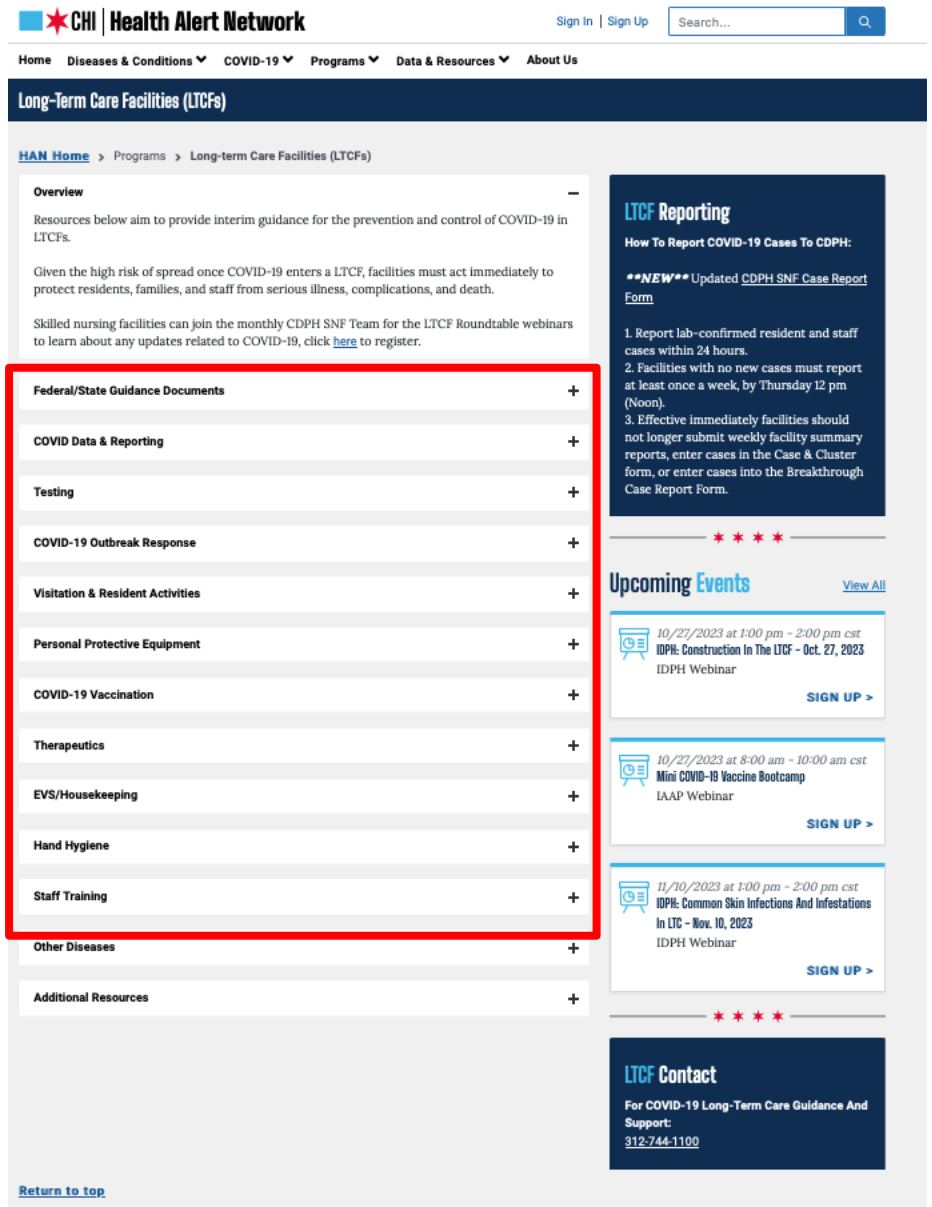
# Chicago HAN Page

- Visit the LTCFs webpage at: https://www.chicagohan.org/ltcf



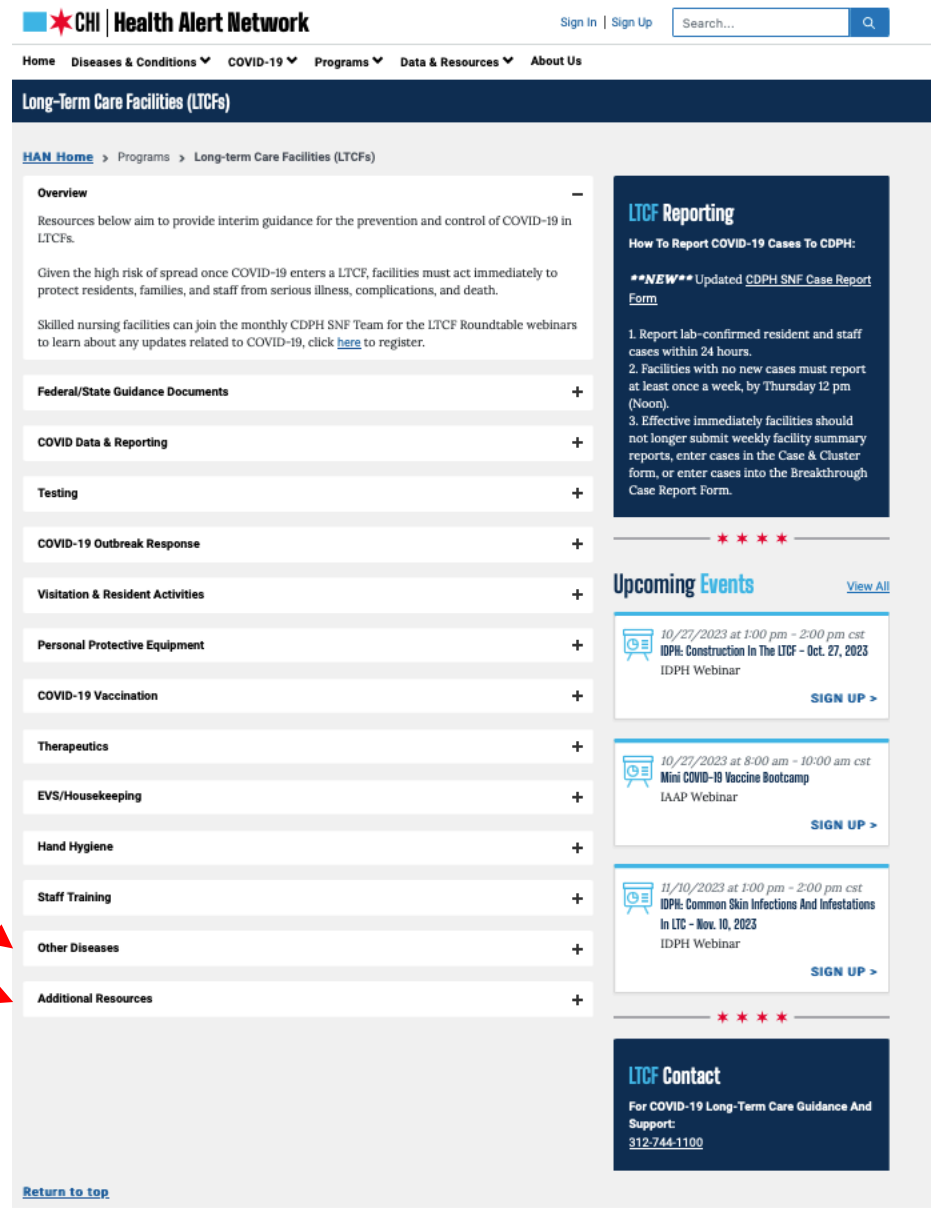
# Chicago HAN Page

- COVID-19 Resources
  - Federal/State Guidance
  - COVID Data & Reporting
  - Testing
  - COVID-19 Outbreak Response
  - Visitation & Resident Activities
  - Personal Protective Equipment
  - COVID-19 Vaccination
  - Therapeutics
  - EVS/Housekeeping
  - Hand Hygiene
  - Staff Testing



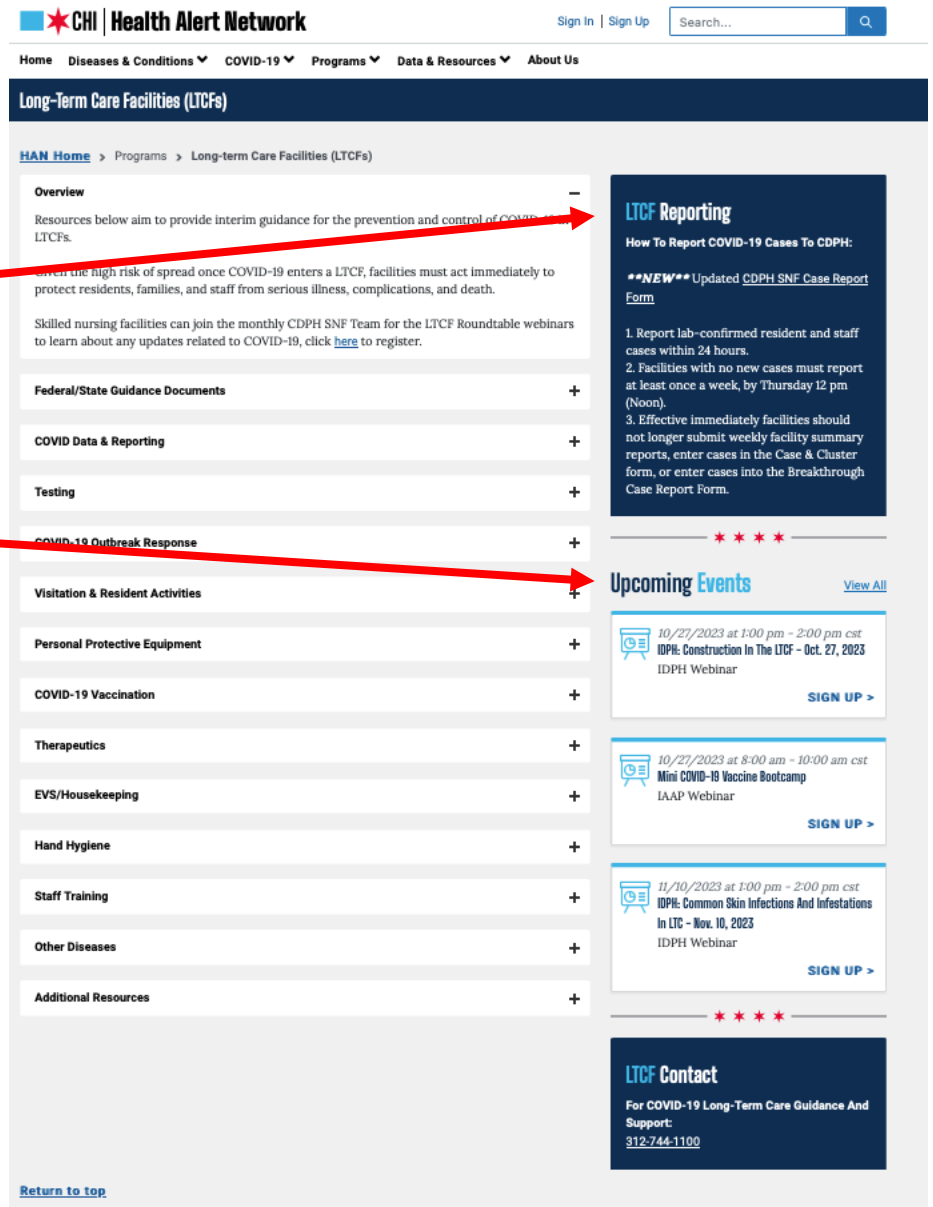
# Chicago HAN Page

- Other Diseases
  - Influenza
  - Scabies
  - iGAS
  - RSV
  - TB
- Additional Resources
  - Transmission-based Precautions



# Chicago HAN Page

- LTCF Reporting
  - SNF COVID-19 Case Report Form
- Upcoming Events
  - CDPH Roundtable (1x month)
  - IDPH COVID-19 and HAI Updates and Q&A Webinar (bi-weekly)
  - CDC COCA Calls



# Respiratory Protection Program Registration Form

- Training will focus on respiratory protection plan review to help identify gaps and assist in acquisition/maintenance of equipment, supplies, training, and fit testing.
- Training consists of 6 virtual ECHO sessions.
- Currently enrolling cohorts 3 & 4
  - January 9th Tues
  - January10th Wed
- Email questions to: SFischer@ProjectHOPE.org

- Registration is available now!
  - Link: https://redcap.uchicago.edu/surveys/?s=PJCXCKR9KH8F3JDH
  - QR code:

# Questions & Answers

**For additional resources and upcoming events, please visit the CDPH LTCF HAN page at:**
https://www.chicagohan.org/covid-19/LTCF