



COVID-19 Chicago Long Term Care Roundtable

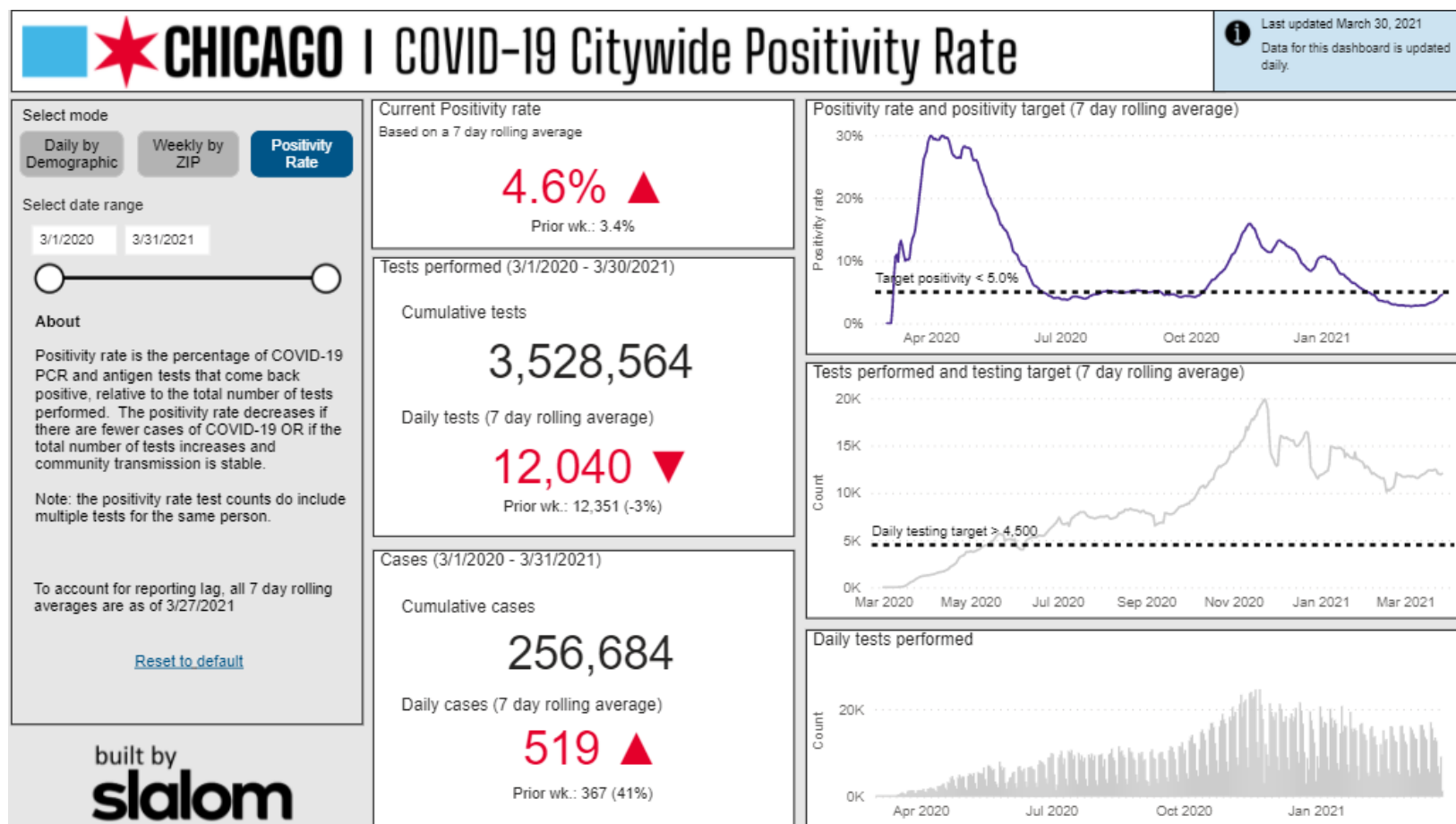
04-01-2021



Objectives

- Chicago COVID-19 Epidemiology
- Reminders & Updates
- Antimicrobial Stewardship: GAIN Collaborative
- Q&A

Chicago Dashboard

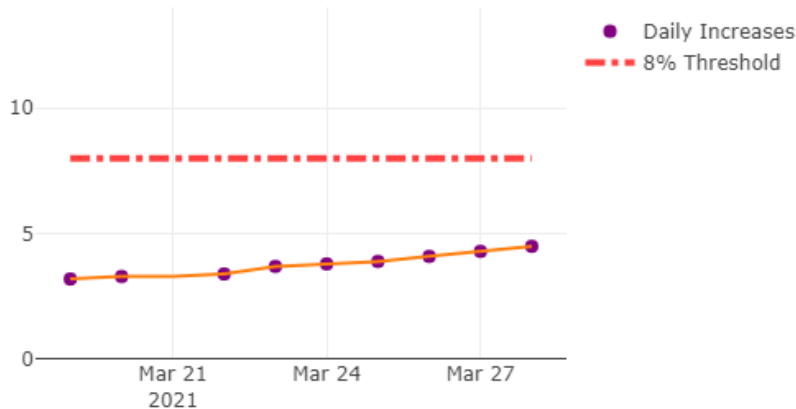




IDPH Regional Resurgence Metrics: Region 11

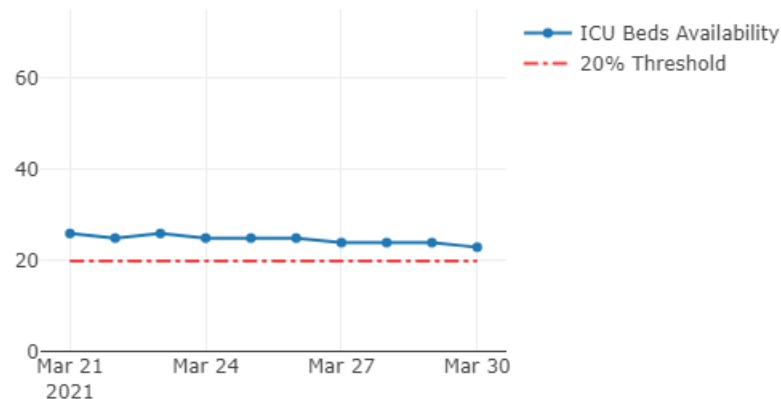
Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



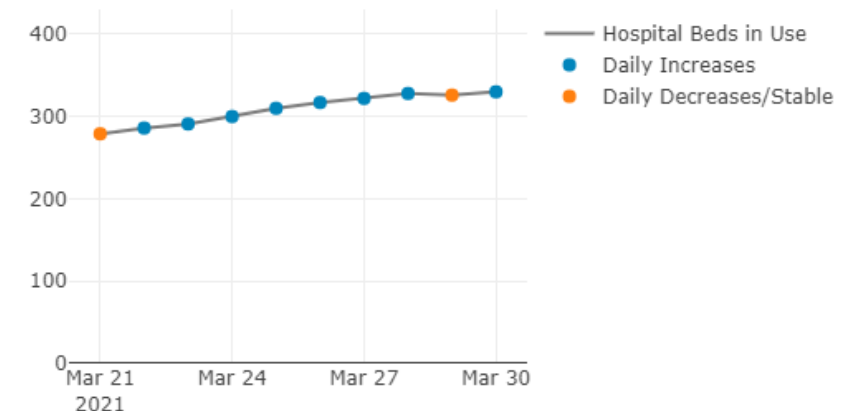
Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days $\geq 20\%$ Threshold



COVID-19 Patients in the Hospital 7-Day Rolling Average

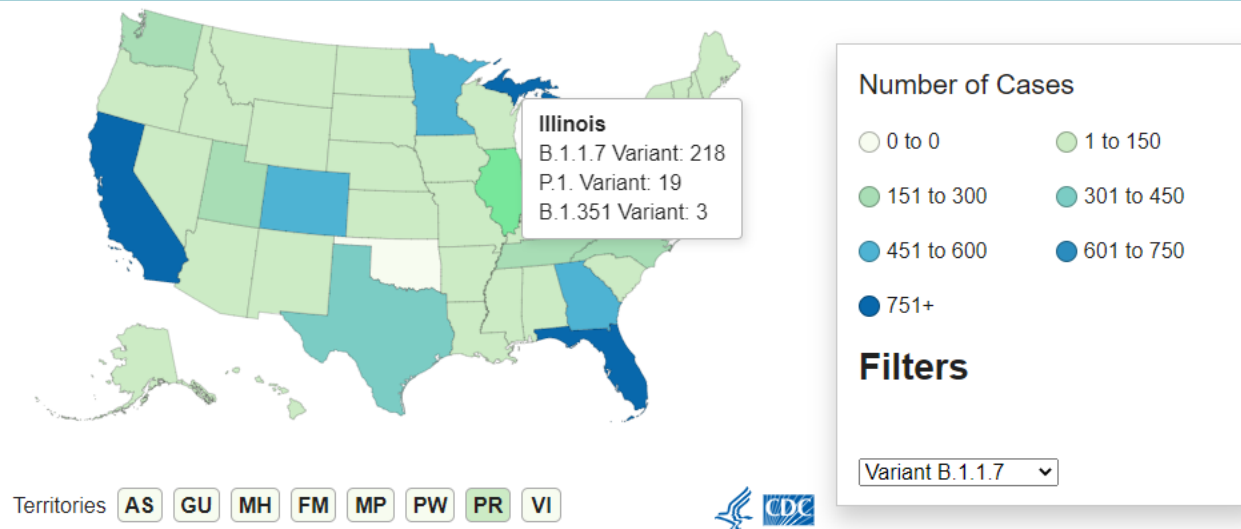
8 Days of COVID-19 Patient Increases



★ COVID Variants in the US & IL

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	11,569	51
B.1.351	312	31
P.1	172	22

Cases of Variants of Concern in the United States*†





Request for Information: Breakthrough Cases

If you have a resident or staff member who tests positive for COVID >14 days after they received their 2nd dose of vaccine, please e-mail me at Elizabeth.Shane@cityofchicago.org.



COVID-19 Vaccine Providers for LTCF

Currently Have Vaccine Available	Vaccine Coming Soon (2-3 weeks)
<ul style="list-style-type: none">• UnitedRx• Symbria• CIMPAP• Forum• Genoa• MMP• PrimeCare LTC	<ul style="list-style-type: none">• CareOne• Critical Care• MacRx• Extended Care• Senior Care Pharmacy• RxPerts



★ Reminder: New/Readmission Resident Quarantine

Doses received	(Re)admission Quarantine Requirements
0 doses	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 2-dose series)	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 1-dose series) <14 days ago OR 2 doses (of a 2-dose series) <14 days ago	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 1-dose series) 14+ days ago OR 2 doses (of a 2-dose series) 14+ days ago	No quarantine is necessary

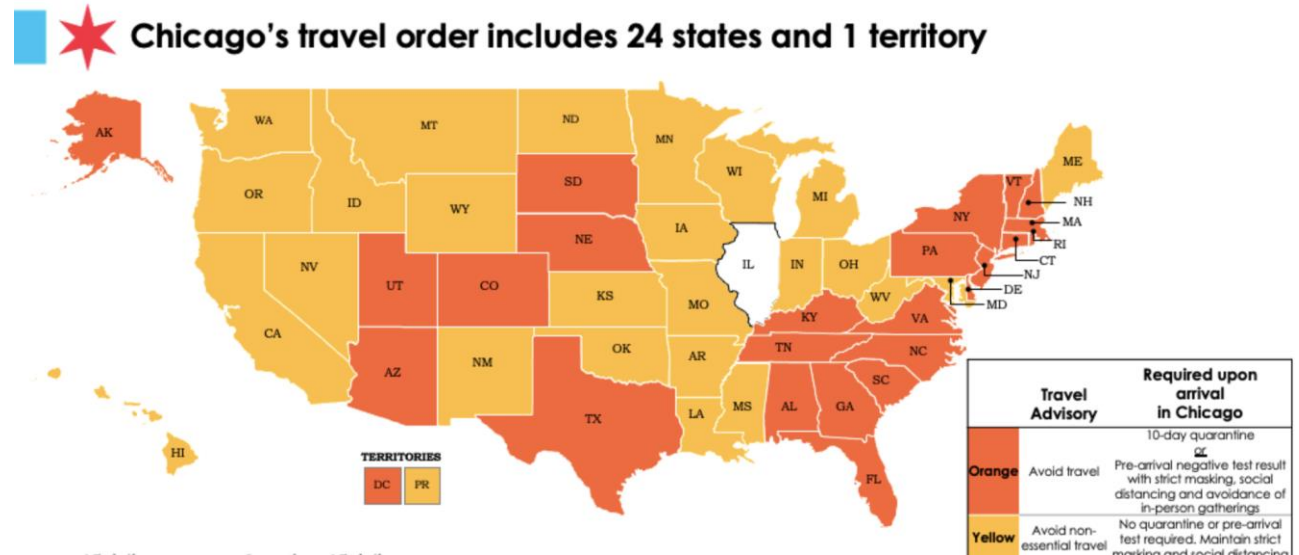


Reminder: Resident & Staff Quarantine Following a Confirmed Exposure

- Residents who had close contact with a confirmed case must be quarantined for 14 days regardless of their vaccination status
 - Exception: Residents who had COVID <90 days ago can bypass quarantine
- Staff who had high-risk close contact with a confirmed case (e.g., a household contact):
 - **Do not** need to quarantine if fully vaccinated (+14 days)
 - **Do** need to quarantine if unvaccinated, partially vaccinated, or fully vaccinated <14 days

Reminder: Domestic Travel

- Fully vaccinated (+ 14 days) asymptomatic staff members who travel domestically do not need to quarantine or have a pre-arrival test prior to returning to work.
- Continue to follow the Chicago Travel Order for unvaccinated and partially vaccinated staff and visitors that travel domestically
 - If they traveled to a yellow state, no quarantine or pre-arrival test is needed
 - If they traveled to an orange state, they must quarantine or have a negative pre-shift test result



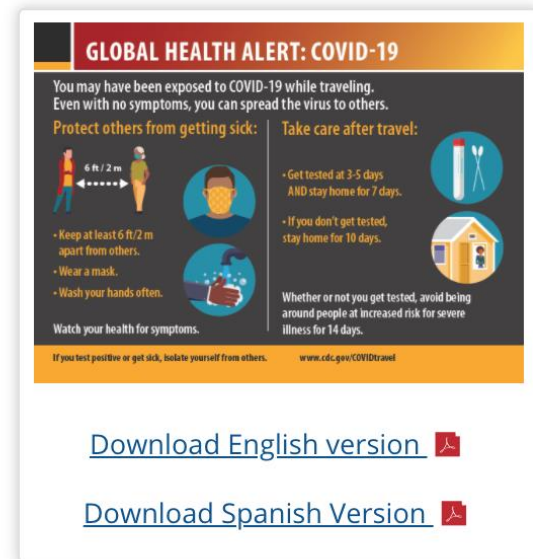
★ Reminder: International Travel

- Regardless of vaccination status, staff and visitors who have traveled internationally should not be allowed in the facility for 14 days after their return (excluding compassionate care situations)
- If you are in a critical staffing shortage and need someone to come back early, please contact us to discuss.

You may have been exposed to COVID-19 on your travels. You may feel well and not have any symptoms, but you can be contagious without symptoms and spread the virus to others. You and your travel companions (including [children](#)) pose a risk to your family, friends, and community for 14 days after you travel.

Get Tested and Stay Home After Travel

- [Get tested](#) with a [viral test](#) 3-5 days after travel **AND stay home and self-quarantine** for a full 7 days after travel.
 - Even if you test negative, stay home and self-quarantine for the full 7 days.
 - If your test is positive, [isolate](#) yourself to protect others from getting infected.
- If you don't get tested, stay home and self-quarantine for 10 days after travel
- Avoid being around people who are at [increased risk for severe illness](#) for 14 days, whether you get tested or not.



GLOBAL HEALTH ALERT: COVID-19

You may have been exposed to COVID-19 while traveling. Even with no symptoms, you can spread the virus to others.

Protect others from getting sick:

- Keep at least 6 ft / 2 m apart from others.
- Wear a mask.
- Wash your hands often.

Take care after travel:

- Get tested at 3-5 days AND stay home for 7 days.
- If you don't get tested, stay home for 10 days.

Whether or not you get tested, avoid being around people at increased risk for severe illness for 14 days.

Watch your health for symptoms.

If you test positive or get sick, isolate yourself from others. www.cdc.gov/COVIDTravel

[Download English version](#)

[Download Spanish Version](#)

Update: Placement of Antigen Positive Residents

Antigen Result	PCR Result	Symptoms	COVID Activity in the Facility	Action
Positive	Positive	Yes or No	Yes or No	Place in the COVID unit; can cohort with others
Positive	Negative	Yes	Yes or No	Place in the COVID unit, preferably in a private room
Positive	Negative	No	Yes	Place in the COVID unit in a private room
Positive	Negative	No	No	Place in the PUI (orange) unit in a private room

Reminder: If you have a new case...

If you have a new facility-associated case (e.g., do not count residents who were COVID+ upon admission), immediately pause:

- Outdoor visitation
- Indoor visitation (except for compassionate care)
- Communal Dining
- Group Activities
- Beauty/Barber Services

ACROSS THE ENTIRE FACILITY

Reminder: If you have a new case...

- Conduct a round of whole house testing on all residents and staff (excluding those who tested positive <90 days ago) ASAP
- Must continue testing residents and staff every 3-7 days until you have gone at least 14 days with no new cases
 - Final round of testing must take place on or after the 14th day following the specimen collection date for the last positive case

Reminder: If you have a new case...

- Based on results from the first round of testing:
 - If no new cases are identified in the building **OR** there are only other cases on the original affected unit, then you can open up activities/visitation to all other units as soon as all results have been received and reviewed for all tested residents/staff.
 - The affected unit must remain on a pause until 14 days with no new cases
 - If new cases are identified in any other area of the building, then the entire building must remain on a pause until 14 days with no new cases

Reminder: If you have a new case...

Important notes:

- If, after the first round of testing, any subsequent rounds of testing within the 14-day period identifies additional cases beyond the affected area (e.g., if there are no new cases from the first round of testing but a new case on a different floor from the second round of testing), the entire building goes back on a pause for 14 days after the specimen collection date for the most recent case.
- If a staff member who works on more than one unit (or with residents from multiple units) tests positive, then the entire building must pause visitation/activities for 14 days



Reminder: Staffing Shortages & Illinois Helps

- If your facility is experiencing a staffing shortage, consider utilizing Illinois Helps
- Instructions for how to request staff and the forms required to be completed for the request are available on at the bottom of the main LTCF HAN page

Thank you for requesting Chicago Medical Reserve Corp (MRC) volunteers to support your COVID-19 response activities. In order for your volunteer request to be fulfilled, follow the steps below:

1. Submit 213RR form directly in EMResources (hospitals, long-term care and dialysis only).
2. If not, EMResources user, submit fillable PDF version of 213RR via email to CDPHPHEOC@cityofchicago.org
3. Complete Medical Reserve Corps (MRC) Request Form and email to Jannita.caine@cityofchicago.org
4. Indicate who would provide liability coverage for volunteer (s) by selecting “requesting agency” or “responding agency” on the MRC form.
5. Provide Job Role Descriptions for Specialties (positions) requested.
6. Identified an Illinois System Administrator that will be responsible for querying organization’s volunteers, receive, track and demobilize volunteers. The appointed person must have a complete registration profile and submit to a national background check via Illinois Helps; www.illinoishelps.net.
7. Your agency’s System Administrator should watched the pre-recorded training, “Illinois Helps System Administrator Training” Webinar via TRAIN Illinois; <https://www.train.org/illinois/course/1084178/>
8. “Create an Account” if the System Administrator does not have a TRAIN Illinois account; <https://www.train.org/illinois>
9. Make sure to designate a contact person(s) to mobilize, train and demobilize volunteer on site.

Reminder: Tiered Mitigation

- Based on resurgence metrics (positivity rate plus either hospital bed capacity or increased hospitalizations)

Mitigation	Tier 1	Tier 2	Tier 3
Visitation	Suspend indoor visits. Continue outdoor visits.	Same as Tier 1	Suspend all visits except for EC or compassionate care.
Communal Dining	Continue	Continue	Suspend
Group Activities	Continue without outside leaders or off-site outings.	Same as Tier 1, plus limit to 10 participants.	Suspend
Barber and Beauty Shop	Suspend	Suspend	Suspend

Frequently Asked Questions

Question: A resident's daughter wants the resident to come over for Easter Dinner. The resident received the second dose of Moderna vaccine in February. Does the resident need to quarantine when they get back to the facility?

Answer: No

Question: A resident's daughter wants the resident to come over for Easter Dinner. The resident received the second dose of Moderna vaccine in February. A family member tests positive for COVID the next day. Does the resident need to quarantine when they get back to the facility?

Answer: Yes

Question: A resident's daughter wants the resident to come over for Easter Dinner. The resident has only received one dose of the Moderna vaccine. Does the resident need to quarantine when they get back to the facility?

Answer: Yes



Frequently Asked Questions

Question: Can we stop testing fully vaccinated residents and staff?

Answer: No. CDC/CMS has not changed any testing requirements based on vaccination status.

Frequently Asked Questions

- **Question:** I see in the IDPH guidance it says verbal screening is no longer required upon entry. Does that mean that screening staff/visitors is no longer needed?
- **Answer:** No, everyone entering the facility still needs to be screened for symptoms, travel, and exposure history. IDPH updated the guidance to allow for tech-based screening options (e.g., electronic kiosks, iPads). If using tech-based options, there should be an alert set up (e.g., push notification to the receptionist) if someone answers a question in a way that should exclude them from entering the building.

Frequently Asked Questions

- **Question:** Can a fully vaccinated family member hug a non-vaccinated resident?
- **Answer:** No. As per the new CMS guidance, the **resident** must be fully vaccinated for physical touch to occur (except in compassionate care situations). The vaccination status of the visitor does not factor into the decision for allowing physical touch. Reminder that visitors and residents must be masked during the entire visit and that hand hygiene should be performed before and after physical touch.

Frequently Asked Questions

- **Question:** With the new CMS/IDPH guidance, does the 10 person max for group activities and 25% capacity max for dining still apply?
- **Answer:** No. Once communal dining and group activities are allowed, the maximum number of people can be determined by how many people can be in the room maintaining at least a 6 foot separation from one another (assuming that the number of people is below max capacity limits set out by the fire dept). Please also consider how well your residents will adhere to masking/distancing guidelines and how much supervision you will have available when determining how many people can participate in group activities and communal dining.

Frequently Asked Questions

- **Question:** We have a new admission who came to the facility 10 days after his second shot of Moderna. Does he need to be quarantined for 4 days or 14 days?
- **Answer:** 14 days. It takes 14 days after the last shot in a series for the vaccine to offer the maximum amount of protection. If the resident had been exposed to COVID soon after vaccination, he could be in the incubation period, thus it is safest to do a full 14-day quarantine.

Frequently Asked Questions

- **Question:** We have new residents who transferred in from Cook County facilities and they need a second Pfizer dose. How do we get them vaccinated?
- **Answer:** Reach out to your long-term pharmacy provider (e.g., Forum, MacRx) as they should have access to Moderna, Pfizer, and Johnson & Johnson (supply permitting). If they are unable to accommodate the request, please email Christy Zelinski at Christy.Zelinski@cityofchicago.org.



Antimicrobial Stewardship Programs in Chicago SNFs

Amy Hanson, PharmD, BCPS AQ-ID

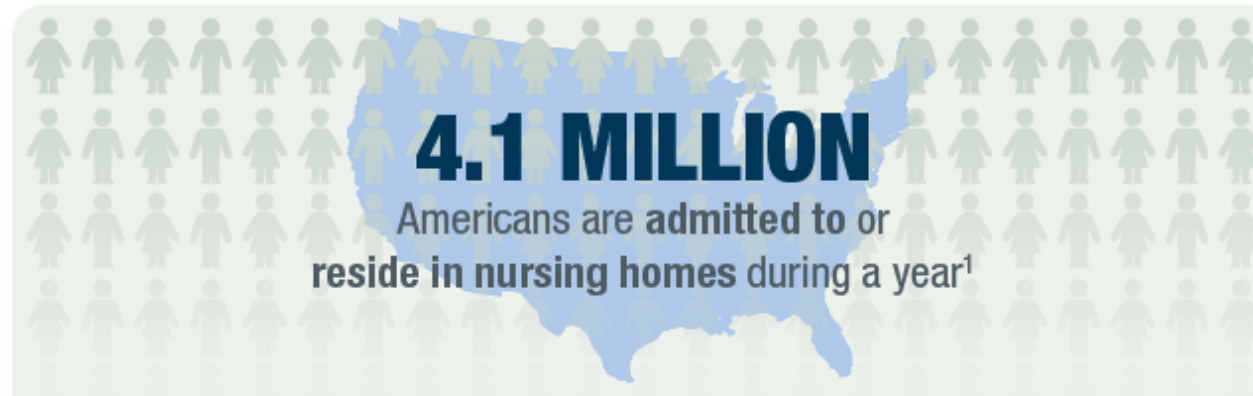
Project Administrator, Antimicrobial Stewardship

Chicago Department of Public Health

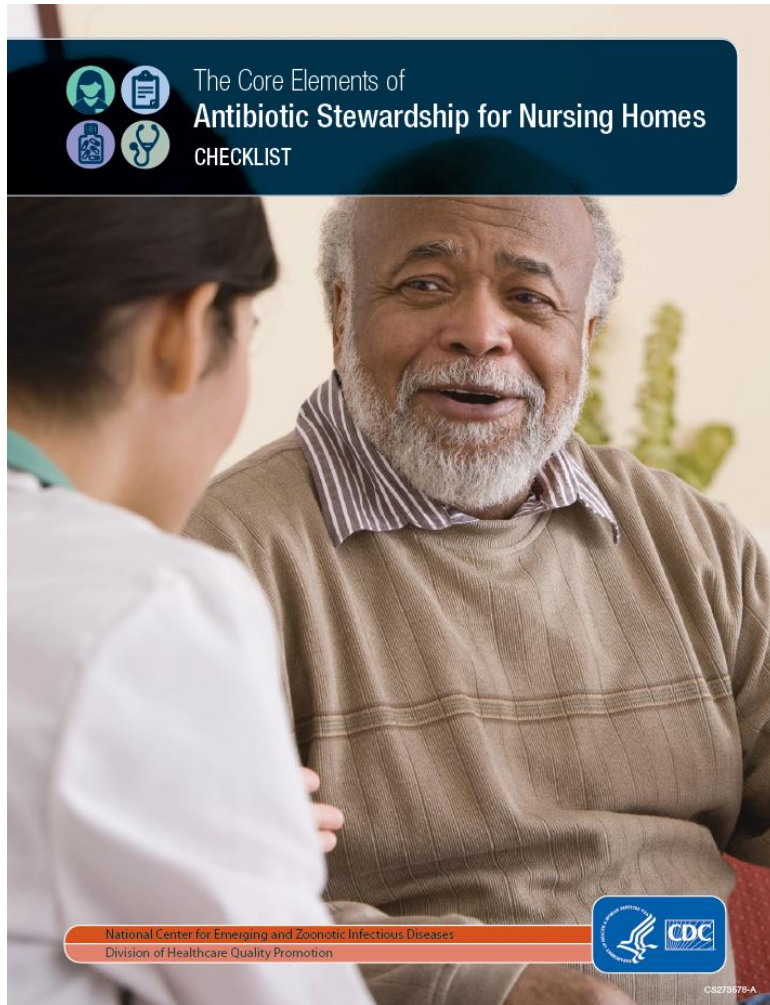
Objectives of the Stewardship Pearl today

- Review a baseline Antimicrobial Stewardship Program (ASP) survey in Chicago Skilled Nursing Facilities (SNFs).
- On 4/15 next CDPH Roundtable: Discuss the results of the GAIN Collaborative, or Generating Antimicrobial Stewardship Initiatives in Chicago Skilled Nursing Facilities, an Antimicrobial Stewardship Collaborative pilot in 4 Chicago SNFs.

Antimicrobial Stewardship Program Needs in Nursing Homes



7 CDC Core Elements for Antimicrobial Stewardship Programs in Nursing Homes



Summary of Core Elements for Antibiotic Stewardship in Nursing Homes



Leadership commitment

Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



Drug expertise

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



Action

Implement **at least one** policy or practice to improve antibiotic use



Tracking

Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility



Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff



Education

Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

★ Antimicrobial Stewardship Programs in Nursing Homes are Mandated by CMS

Revised Requirements for Participation: Centers for Medicare and Medicaid Services (CMS) **Required** all long-term care (LTC) facilities to have an antimicrobial stewardship program (ASP) by November 28, 2017.





Chicago's Antimicrobial Stewardship Efforts in Skilled Nursing Facilities





Baseline Survey Assessing SNF ASPs

- 76 SNFs were contacted by phone to gather contact information and titles for the appropriate ASP leads to complete the survey.
- Provide information on the GAIN Collaborative.
- Survey questions were adopted from the CDC Core Elements of Antimicrobial Stewardship for Nursing Homes Checklist.
- Used REDCap, an electronic data capture system, to send to SNF representatives: Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), and/or Infection Preventionist.

Results of the Baseline SNF ASP Survey

- Chicago SNF response rate was 27 of 76 (36%).

Respondents to survey position	
DON	41%
ADON	26%
Administrator	15%
Director of Quality / Clinical Services	11%
Other	7%

- Majority of facilities had a written statement of leadership support (93%), but 22% cited financial support for stewardship activities.

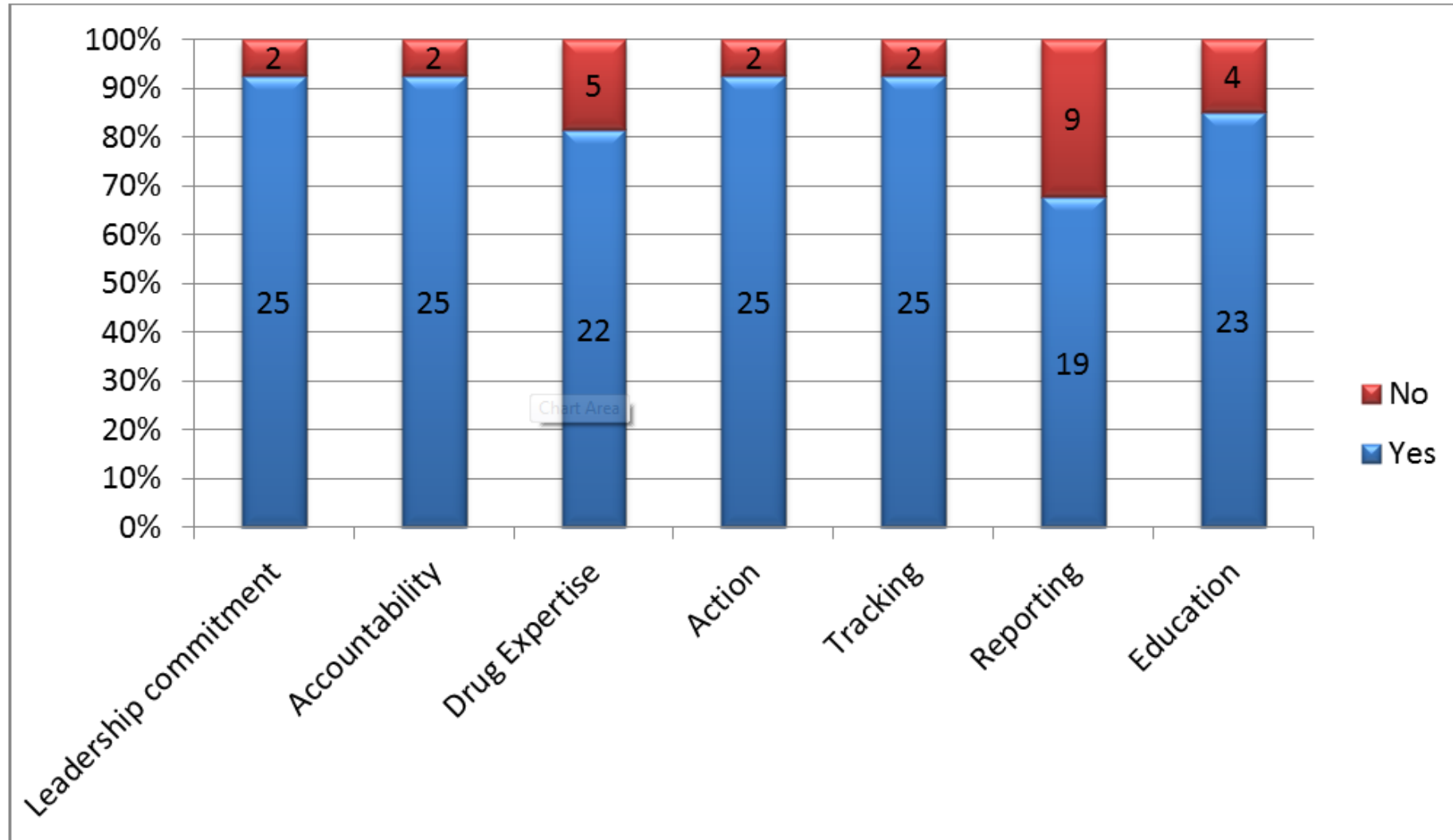
Results of the Baseline SNF ASP Survey



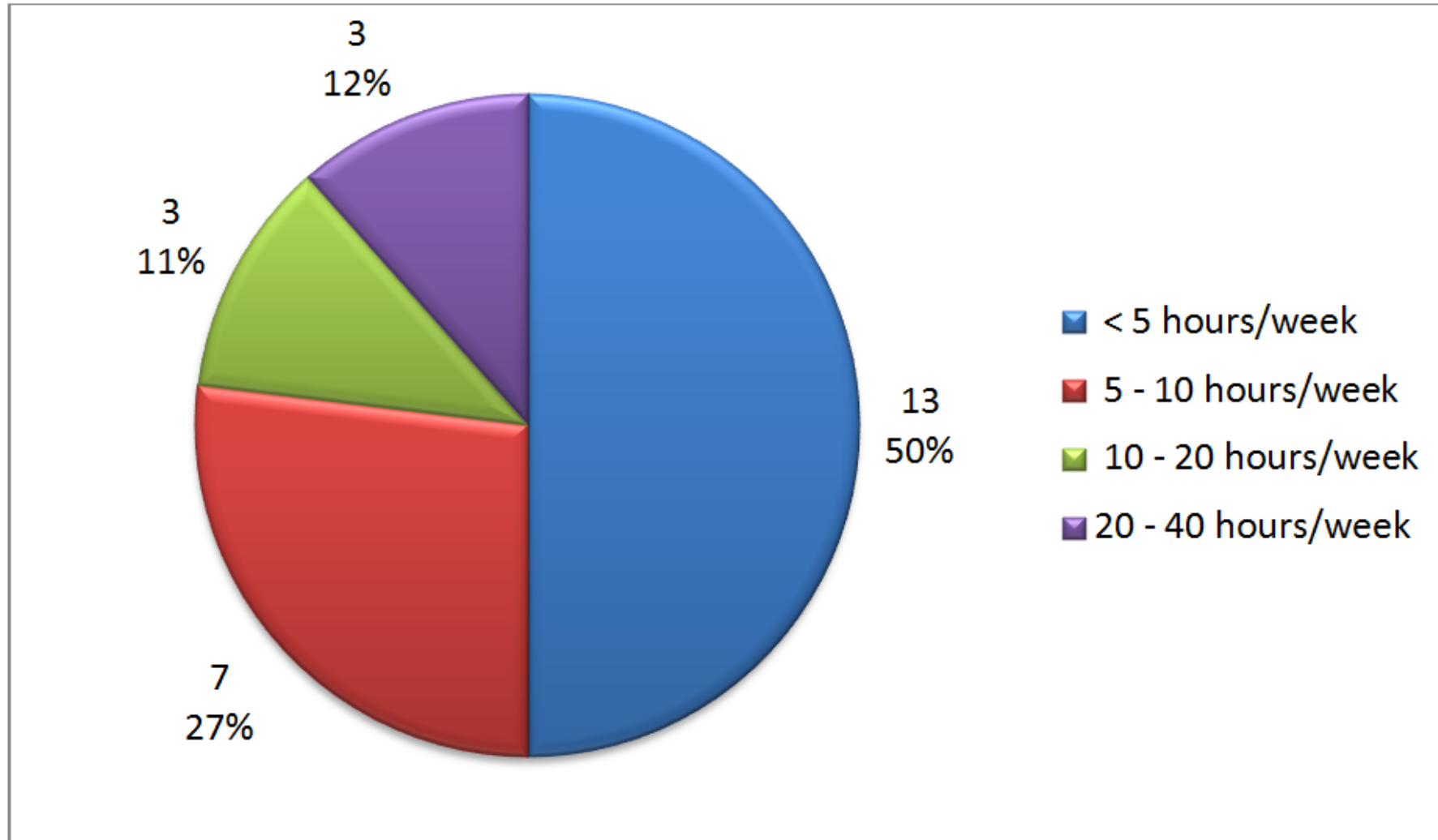
Antimicrobial Stewardship Lead(s)	
ADON	78%
DON	67%
Medical Director	52%
Infection Preventionist	52%
Consultant Pharmacist	41%
Other	18%

- Pharmacist Consultants visited all SNFs (most monthly)
- 33% of SNFs had an Infectious Disease Provider that consulted as needed.
- Pharmacist Consultants were reported members of the Quality Improvement meetings where antimicrobial stewardship is discussed in 50% of facilities.

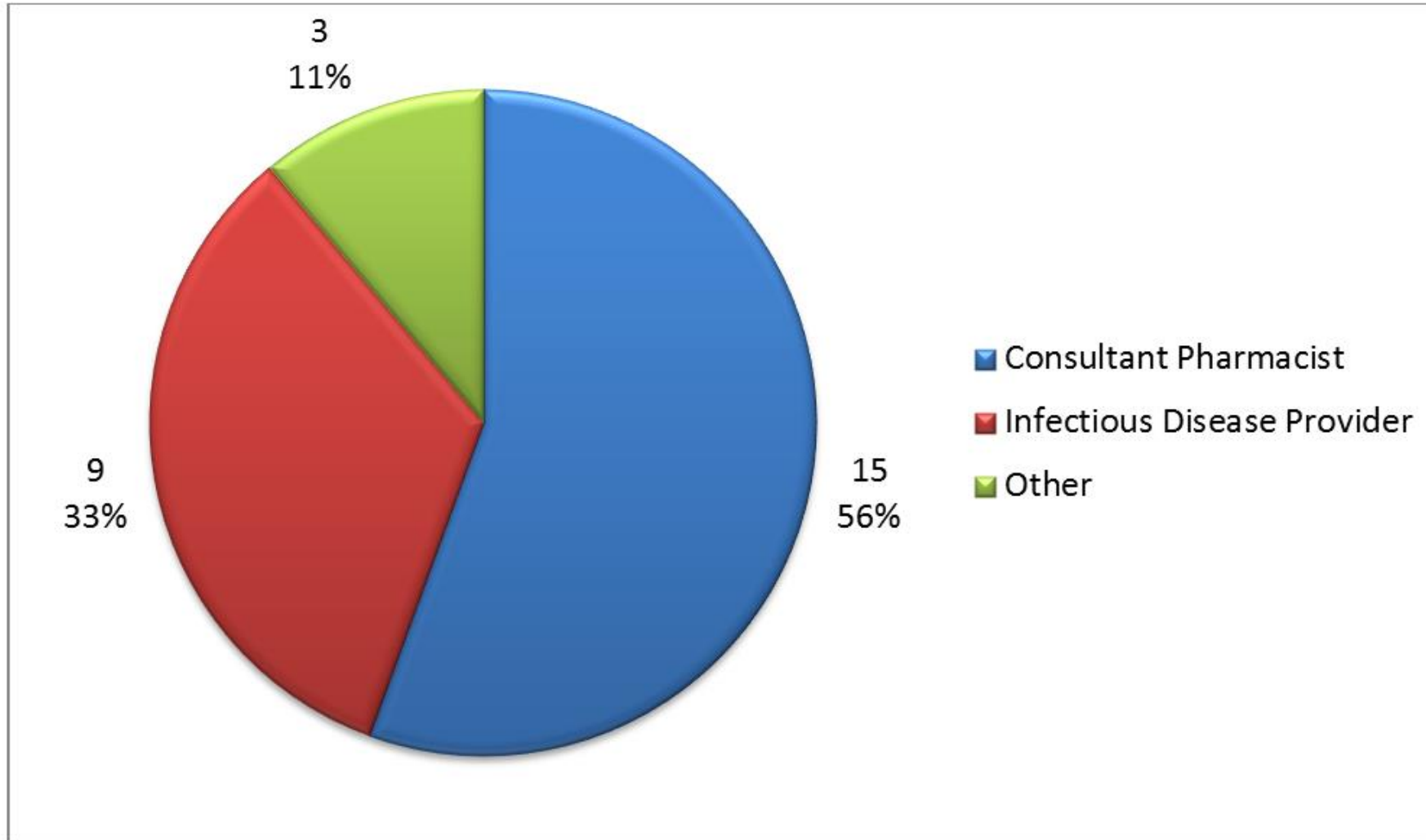
Chicago SNF Compliance with CDC Core Elements of ASPs



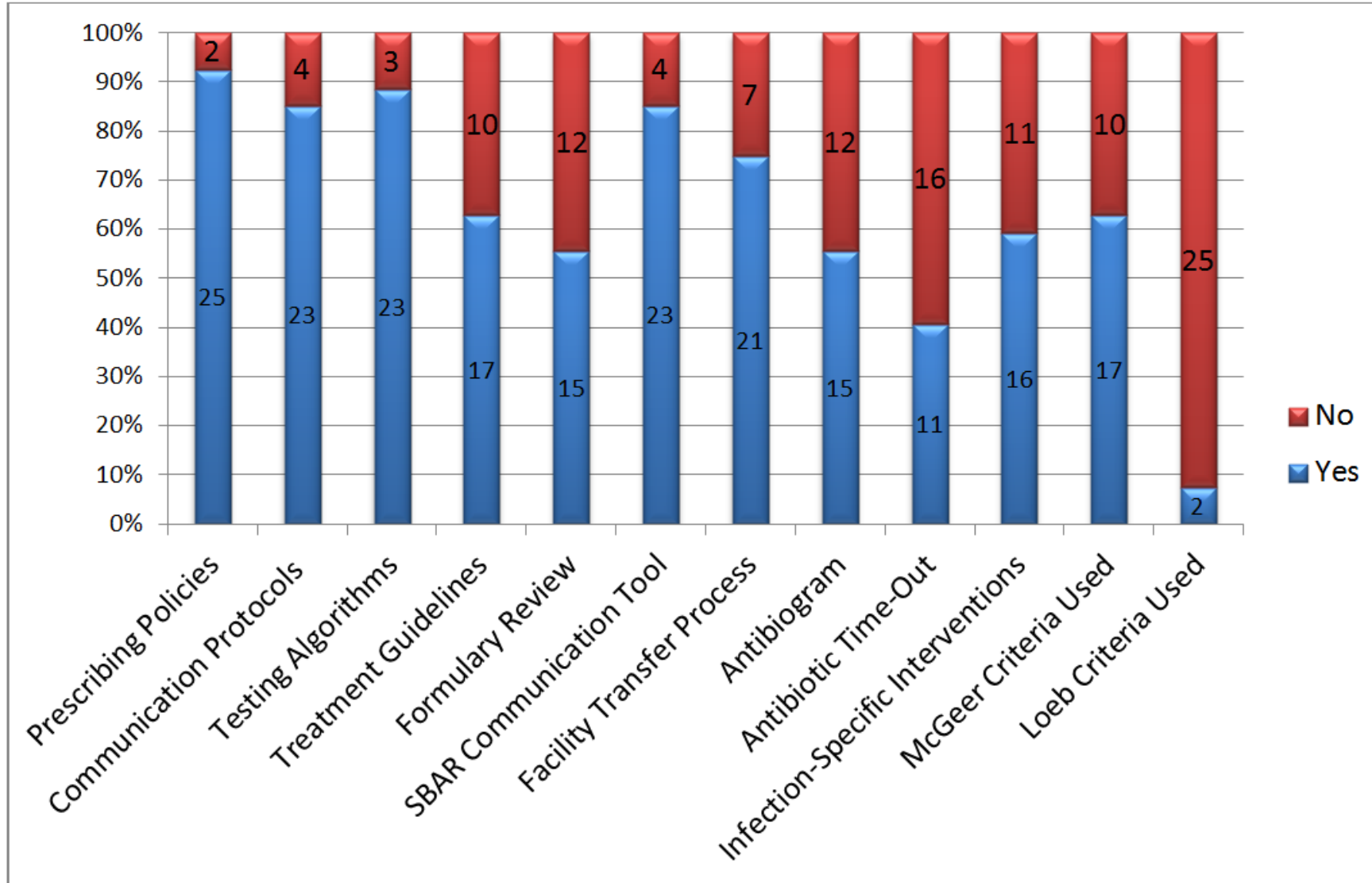
SNF Reported Dedicated Time for AS per Week



SNF Reported Accountable Specialist for Antimicrobial Stewardship Expertise



Compliance with Action AS Interventions at Chicago SNFs





Results of SNF ASP Survey Continued

- Treatment guidelines were in place for 63% of SNFs.
- 56% had a facility-specific antibiogram.
- Many facilities tracked antimicrobial stewardship metrics (93%) and reported out these quality measures to staff (70%).
- The top policy or practice tracked was adherence to clinical assessment documentation (signs/symptoms, etc) at 81% of facilities.

Results of SNF ASP Survey

- The most frequent outcome reported to clinical staff was the measure of antibiotic use at the facility (59%).
- Annual nursing training on antimicrobial stewardship occurs more frequently (85%) than prescriber education (56%).



SNF Perceived Barriers for ASP Compliance

- Perception of ASP compliance ranged from partially compliant (66%), majority non-compliant (15%), to fully compliant (19%).

Perceived Barriers to ASP Compliance at SNFs	
Financial Considerations	9/27 (33%)
Lack of Clinical Expertise	9/27 (33%)
Opposition from Providers	8/27 (30%)

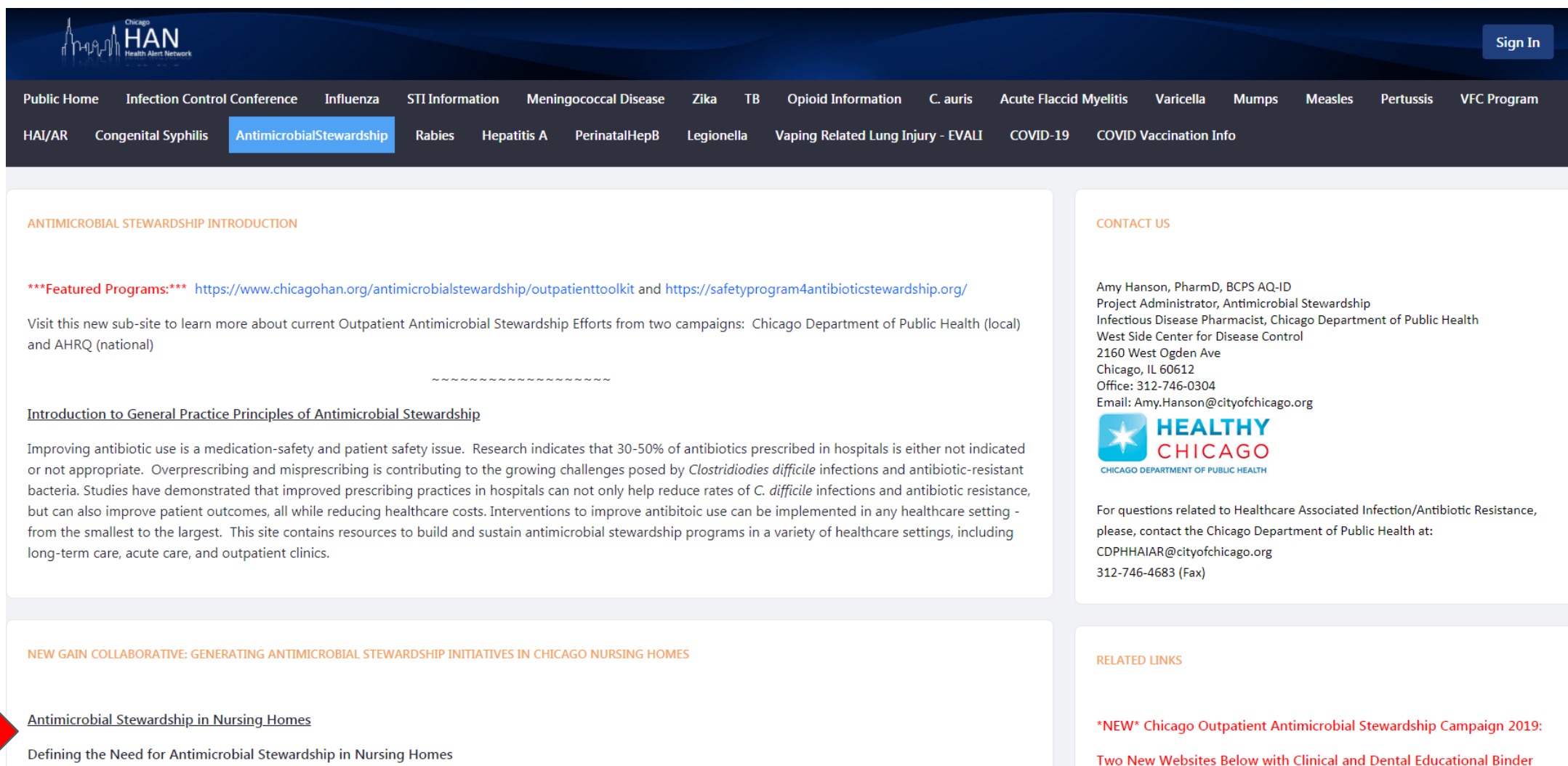


How the COVID-19 Pandemic Effected Antimicrobial Stewardship Efforts at CDPH

- As of March 2020, the AR/AS Expert has been functioning as an Infection Preventionist on the COVID Nursing Home Response Team.
- Positive impacts have included:
 - (1) Building a strong rapport with SNF leadership team.
 - (2) “Antibiotic Time-Out” on Infection Prevention calls.
 - (3) Long-term Care Facility Webinars hosted by CDPH weekly throughout the pandemic: present intermittent Antimicrobial Stewardship Clinic Pearls

For more information, visit the HAN

<https://www.chicagohan.org/antimicrobialstewardship>



Chicago HAN
Health Alert Network

Sign In

Public Home Infection Control Conference Influenza STI Information Meningococcal Disease Zika TB Opioid Information C. auris Acute Flaccid Myelitis Varicella Mumps Measles Pertussis VFC Program
HAI/AR Congenital Syphilis **Antimicrobial Stewardship** Rabies Hepatitis A Perinatal Hep B Legionella Vaping Related Lung Injury - EVALI COVID-19 COVID Vaccination Info

ANTIMICROBIAL STEWARDSHIP INTRODUCTION

*****Featured Programs:***** <https://www.chicagohan.org/antimicrobialstewardship/outpatienttoolkit> and <https://safetyprogram4antibioticstewardship.org/>

Visit this new sub-site to learn more about current Outpatient Antimicrobial Stewardship Efforts from two campaigns: Chicago Department of Public Health (local) and AHRQ (national)


~~~~~

#### Introduction to General Practice Principles of Antimicrobial Stewardship

Improving antibiotic use is a medication-safety and patient safety issue. Research indicates that 30-50% of antibiotics prescribed in hospitals is either not indicated or not appropriate. Overprescribing and misprescribing is contributing to the growing challenges posed by *Clostridioides difficile* infections and antibiotic-resistant bacteria. Studies have demonstrated that improved prescribing practices in hospitals can not only help reduce rates of *C. difficile* infections and antibiotic resistance, but can also improve patient outcomes, all while reducing healthcare costs. Interventions to improve antibiotic use can be implemented in any healthcare setting - from the smallest to the largest. This site contains resources to build and sustain antimicrobial stewardship programs in a variety of healthcare settings, including long-term care, acute care, and outpatient clinics.

### CONTACT US

Amy Hanson, PharmD, BCPS AQ-ID  
Project Administrator, Antimicrobial Stewardship  
Infectious Disease Pharmacist, Chicago Department of Public Health  
West Side Center for Disease Control  
2160 West Ogden Ave  
Chicago, IL 60612  
Office: 312-746-0304  
Email: [Amy.Hanson@cityofchicago.org](mailto:Amy.Hanson@cityofchicago.org)



CHICAGO DEPARTMENT OF PUBLIC HEALTH

For questions related to Healthcare Associated Infection/Antibiotic Resistance, please, contact the Chicago Department of Public Health at:  
[CDPHHAIAR@cityofchicago.org](mailto:CDPHHAIAR@cityofchicago.org)  
312-746-4683 (Fax)

### NEW GAIN COLLABORATIVE: GENERATING ANTIMICROBIAL STEWARDSHIP INITIATIVES IN CHICAGO NURSING HOMES

[Antimicrobial Stewardship in Nursing Homes](#)  
Defining the Need for Antimicrobial Stewardship in Nursing Homes

### RELATED LINKS

**\*NEW\*** Chicago Outpatient Antimicrobial Stewardship Campaign 2019:  
[Two New Websites Below with Clinical and Dental Educational Binder](#)



Amy Hanson, PharmD, BCPS AQ-ID  
Chicago Department of Public Health  
[Amy.Hanson@cityofchicago.org](mailto:Amy.Hanson@cityofchicago.org)

# Thank You!



[Chicago.gov/Health](https://chicago.gov/Health)



[HealthyChicago@cityofchicago.org](mailto:HealthyChicago@cityofchicago.org)



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)



# Questions & Answers

**A special thanks to:**

**CDPH HAI Team:**

Hira Adil

Dr. Stephanie Black

Dr. Amy Hanson

Liz Shane

Winter Viverette

Kelly Walblay

Shannon Xydis

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