

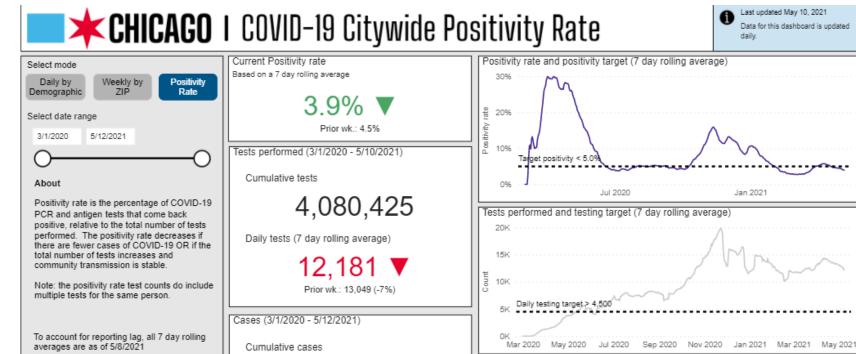
# COVID-19 Chicago Long Term Care Roundtable

## **X** Objectives

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



## Chicago Dashboard



279,868

Prior wk.: 501 (-21%)

Daily cases (7 day rolling average)

Daily tests performed

Jul 2020

Jan 2021

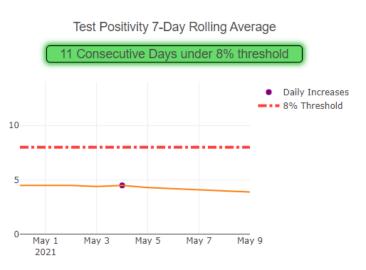
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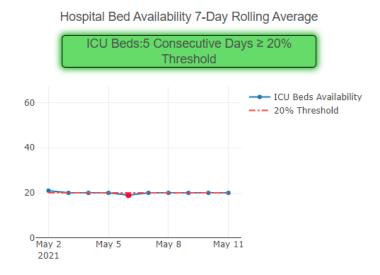
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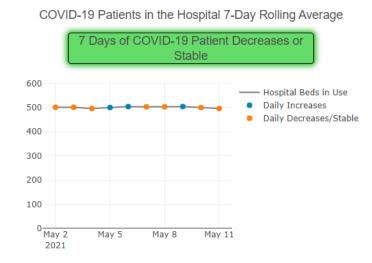
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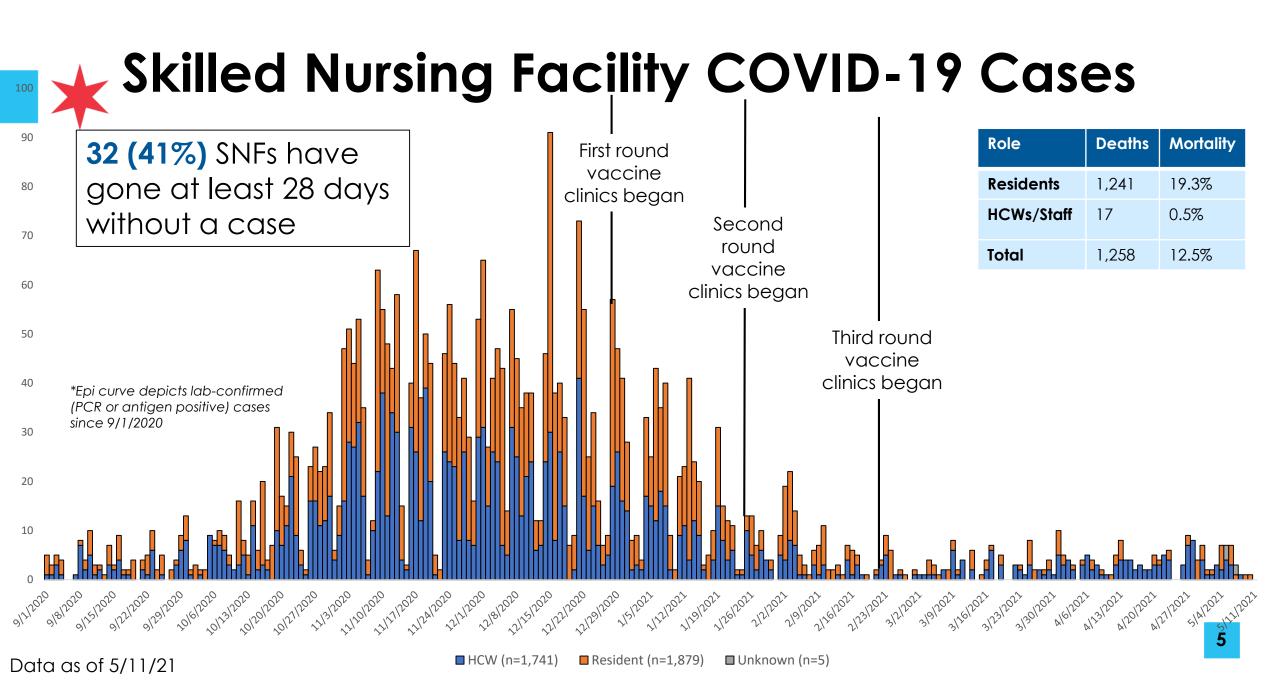


## \*\* IDPH Regional Resurgence Metrics: Region 11











## **X** COVID Variants in the US & IL

#### Proportions in Illinois:

- B.1.1.7 (U.K.) 54.4%
- B.1.351 (South Africa) 0.8%
- B.1.427/1.429 (California) 6.7%
- P.1 (Brazil) 20.4%
  - Highest proportion in the country!!!
  - Bamlanivimab and Etesevimab are not effective against this variant
- Other lineages 17.7%

				B.1.427 /		Other	Total Available
State	A	B.1.1.7	B.1.351	B.1.429	P.1	lineages	Sequences
Arizona		52.3%	1.4%	15.9%	5.1%	25.3%	509
California		45.0%	0.8%	21.8%	6.6%	25.9%	6,342
Colorado		58.8%	0.5%	17.4%	2.7%	20.6%	1,883
Connecticut		50.4%	0.6%	1.2%	2.4%	45.5%	1,064
Florida		66.9%	0.3%	2.7%	7.2%	23.0%	8,530
Georgia		75.9%	1.9%	2.6%	2.2%	17.4%	1,223
Illinois		54.4%	0.8%	6.7%	20.4%	17.7%	3,449
Indiana		63.5%	0.8%	4.1%	6.9%	24.8%	1,283
Kentucky		65.2%	0.3%	2.0%	2.8%	29.7%	397
Maryland		67.2%	1.4%	1.0%	1.0%	29.4%	1,250
Massachusetts		50.7%	0.1%	1.9%	10.6%	36.8%	4,946
Michigan		76.7%	0.6%	2.0%	1.9%	18.9%	6,200
Minnesota		74.9%	0.8%	8.4%	1.0%	14.9%	5,223
Missouri		69.2%	0.8%	3.4%	3.9%	22.7%	357
New Hampshire		42.5%	0.3%	7.0%	5.9%	44.4%	631
New Jersey		47.4%	0.3%	0.9%	2.5%	48.9%	4,212
New York		47.8%	0.8%	2.2%	2.5%	46.7%	2,147
North Carolina		58.6%	2.3%	2.2%	1.3%	35.6%	1,639
Ohio		71.3%	1.4%	3.0%	2.3%	22.0%	1,297
Oregon		35.5%	5.0%	27.3%	3.4%	28.7%	439
Pennsylvania		60.0%	1.0%	2.0%	1.9%	35.2%	4,719
Puerto Rico		67.5%		0.6%	2.5%	29.4%	360
Rhode Island		43.2%		3.1%	4.6%	49.2%	1,029
Tennessee		80.7%	0.6%	1.6%	1.9%	15.2%	1,089
Texas		71.4%	0.2%	4.1%	4.3%	20.0%	2,743
Virginia		69.8%	1.8%	2.0%	1.9%	24.6%	903
West Virginia		55.0%		3.4%	0.3%	41.4%	657
Wisconsin		57.8%	1.2%	7.9%	4.1%	29.0%	909



## Reminder: Types of Testing

- Outbreak testing: Testing that takes place after identification of a new facilityassociated case.
- Routine testing: Periodic surveillance testing; frequency of testing is based on COVID-19 activity in the community. Minimum frequency of staff testing is based on CMS positivity rates. CDPH also requires a minimum resident testing frequency.



### **X** Reminder: Outbreak Testing

All staff and residents regardless of vaccination status (excluding those with a prior COVID infection <90 days ago) must be tested immediately and then every 3-7 days until testing identifies no new cases of COVID-19 infection or a period of at least 14 days since the most recent positive result.



## **X** Update: Routine Testing Frequency

- Fully vaccinated (i.e., >14 days since the second dose of Moderna/Pfizer or one dose of J&J) residents and staff no longer need to be routinely tested, unless there is a new facility-associated case, they are symptomatic, or they had a high-risk exposure.
- As CMS has now released two reports indicating that Cook County's positivity rate is <5%, routine testing for unvaccinated or partially vaccinated staff can now occur monthly instead of weekly. Please also continue to test unvaccinated or partially vaccinated residents at least monthly.
  - Facilities are welcome to test more frequently than once a month



## Update: Testing Requirements by Vaccination & Prior Infection Status

	Outbreak testing	Routine testing	Testing due to symptoms	Testing due to high-risk exposure
Vaccinated staff and residents	Yes (every 3-7 days)	No	Yes (ASAP)	Yes (ASAP and 5-7 days after exposure)
Unvaccinated staff and residents	Yes (every 3-7 days)	Yes (monthly)	Yes (ASAP)	Yes (ASAP and 5-7 days after exposure)
Staff or residents with a prior infection <90 days ago	No	No	No (but should test for other pathogens)	No

## **Update: Visitation**

	Vaccinated Resident	Unvaccinated Resident
Vaccinated Visitor	If away from others, can be unmasked and have close contact	Must be masked and socially distant
Unvaccinated Visitor	Must be masked but can have close contact (although best to be socially distant)	Must be masked and socially distant

- No longer need 24-hour pre-screen prior to visitation.
- Must continue on-site pre-visit screening and temperature checks.



### **\*** Update: Group Activities

- If all individuals participating in a group activity are fully vaccinated, participants do not need to be masked or socially distant
  - All residents should be masked on the way to and from the activity area
- If even one resident participating in the group activity is unvaccinated or partially vaccinated, the unvaccinated/partially vaccinated resident(s) need to be at least 6 feet away from others and all participants must be masked
- Should still avoid activities that involve singing or chanting



## **X** Update: Communal Dining

- Fully vaccinated individuals can sit at a table together without physical distancing and without masks
  - If at least one unvaccinated or partially vaccinated individual is participating in communal dining, all participants should wear masks when not actively eating or drinking.
- Unvaccinated or partially vaccinated individuals must be at least six feet away from other residents when dining
- All residents should be masked on the way to and from the dining area and should perform hand hygiene before and after eating
- Surfaces should be cleaned and disinfected in between dining shifts



## **X** Update: Facility Summary Report

- We are revising the facility summary report template so that it is more useful to facilities and CDPH
- A member of our team will send you an updated pre-populated spreadsheet within the next few weeks
- Once you receive the updated report, please continue adding to that spreadsheet moving forward
- Stay tuned for more information!



## **X** Update: Interim Rule re: NHSN Reporting

- Facilities must report staff and resident vaccination status into NHSN
  - CMS will begin reviewing for compliance on June 14, 2021
- Must be able to provide evidence, upon request, of efforts to make vaccine available to residents and staff
- Must not take any adverse action against a resident who refuses the vaccine, including social isolation, denied visitation and involuntary discharge

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850



#### Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: OSO-21-19-NH

DATE: May 11, 2021

TO: State Survey Agency Directors

FROM: Director

Quality, Safety & Oversight Group

SUBJECT: Interim Final Rule - COVID-19 Vaccine Immunization Requirements for

Residents and Staff

#### Memorandum Summary

- CMS is committed to continually taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On May 11, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes Long-Term Care (LTC) Facility Vaccine Immunization Requirements for Residents and Staff. This includes new requirements for educating residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine. Furthermore, LTC facilities must report COVID-19 vaccine and therapeutics treatment information to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).
- Transparency: CMS will post the new information reported to the NHSN for viewing by facilities, stakeholders, or the general public on CMS's COVID-19 Nursing Home Data
- Updated Survey Tools: CMS has updated tools used by surveyors to assess compliance with these new requirements.



## Reminder: Breakthrough Case Survey

Moving forward, if you have a resident or staff member who tests positive for COVID >14 days after they received their **2<sup>nd</sup> dose** of Moderna or Pfizer vaccine of 1st dose of J&J vaccine, please complete the Breakthrough Case Investigation Survey.

· Only fill out the information you have available. If there is a mandatory field and you don't know the answer (e.g., type of instrument used), just put "Unknown".



- Question: We have a single new case in a 2<sup>nd</sup> floor resident. Do we need to
  use N95 respirators throughout the building?
- **Answer**: As per CDC guidance, when a facility has a new staff or resident case, N95 respirators must be worn when providing care to **any** resident, regardless of the residents' COVID status, for 14 days following the specimen collection date for the most recent case.



- Question: I am hearing conflicting information about whether Chicago LTCFs should have staff wear face shields when providing resident care. Can you please clarify?
- Answer: In <u>CDC's infection control guidance</u>, it says that HCPs working in areas/communities with moderate to substantial COVID transmission should wear eye protection for all resident encounters. <u>CDC's COVID Data Tracker</u> still categorizes Cook County as having "High Community Transmission". As such, CDPH is still requiring that staff in *Chicago* LTCFs wear eye protection when providing care or interacting closely with residents, regardless of the residents' COVID status.

## Map Data: Level of Community Transmission Level Of Community Tra

Time Period: Sat May 01 2021 - Fri May 07 2021

Level of Community Transmission in Cook County, Illinois



## Antimicrobial Stewardship Programs in Chicago SNFs

Amy Hanson, PharmD, BCPS AQ-ID
Project Administrator, Antimicrobial Stewardship
Chicago Department of Public Health



## Antimicrobial Stewardship Program Needs in Nursing Homes





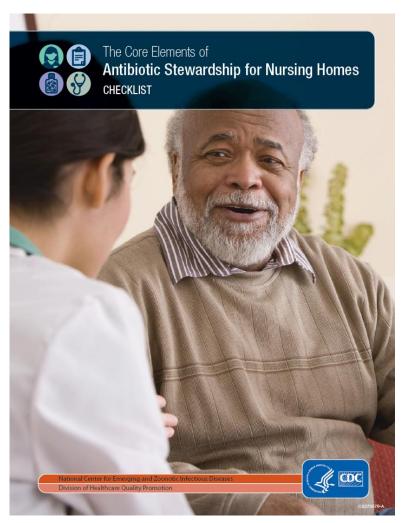
UP TO **70%**of nursing home residents
received antibiotics during a year<sup>23</sup>



UP TO **75%** of antibiotics are prescribed incorrectly\*23



## 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



#### **Fracking**

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.











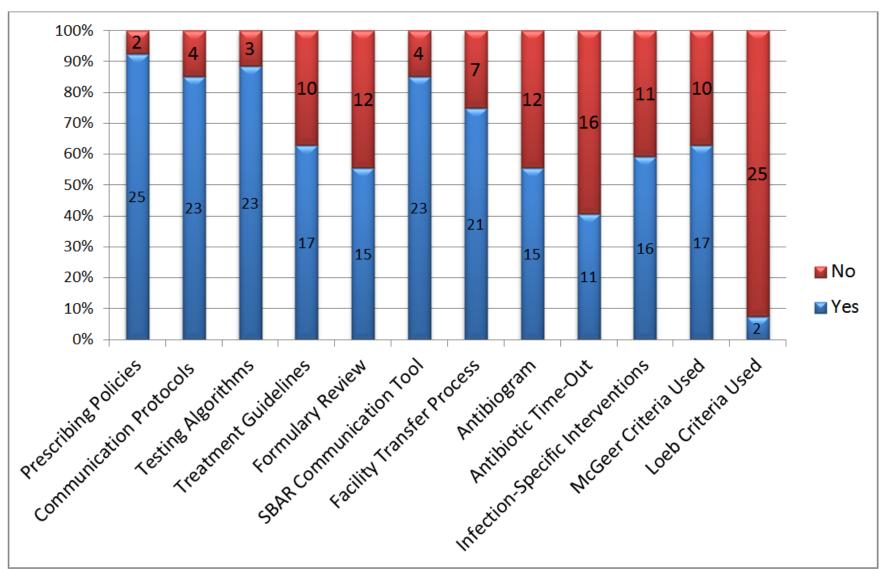
## GAIN Collaborative: <u>Generating</u> <u>Antimicrobial Stewardship Initiatives in Chicago Skilled <u>N</u>ursing Facilities</u>







## Compliance with Action AS Interventions at Chicago SNFs (N=27)







SNF B



## GAIN Collaborative: Pilot Antimicrobial Stewardship Intervention in 4 Chicago SNFs

SNF C



SNF D





### **GAIN Collaborative Methods**

- The GAIN Collaborative was launched to assist SNFs in improving antibiotic prescribing.
- An ASP action plan developed and executed by each SNF during March - April 2019.
- A list of antibiotic prescriptions was generated from the electronic health records.
- Chart reviews were performed pre- and post-ASP implementation at each facility.
- Baseline point-prevalence survey (PPS) results were presented at the inter-disciplinary Quality Assurance meetings.
- Education completed on antimicrobial stewardship.

## SBAR UTI Form to Help Decision Making, Improve Communication



SBAR Tool for a Suspected Urinary Tract Infection

Resident Name: DOB: Rm #:

#### SBAR =

- Situation
- Background
- Assessment (using Loeb criteria)
- Recommendation
- SBAR Tools available for other common infections, including respiratory and skin infections

+		Today's Date:/				
S	Situation I am concerned about a suspected UTI for	or the above resident.				
A	, ,	, □ Urethral □ Suprapubic , is this new or worsening □Yes □No  rate Temp 0, Sats				
	Resident WITH indwelling catheter The criteria are met to initiate antibiotics if one of the following are selected:  No Yes  □ Fever of 100°F (37.9°C), or 2.4°F (1.5°C) above baseline □ New back or flank pain □ Rigors / shaking / chills □ New onset delirium (new dramatic change in mental status)	Resident WITHOUT indwelling catheter Criteria are met to initiate antibiotics if one of the two situations are met:  No Yes  Acute dysuria alone (pain or burning while urinating) AND at least one of the following new or worsening symptoms: Urgency Suprapubic pain Frequency Back or flank pain Gross Urinary hematuria incontinence  OR  Single temp of 100°F (37.9°C), or 2.4°F (1.5°C) above baseline, AND at least one of the following new or worsening symptoms: Urgency Suprapubic pain Frequency Back or flank pain Gross Urinary hematuria incontinence				
R	Recommendation  Protocol criteria met. Resident may require UA and urine culture or an antibiotic.  (If catheter in place more than 14 days, change catheter, then send UA and urine culture).  Protocol criteria are NOT met. Resident DOES NOT need immediate antibiotic but may need					
	additional observation. Do not send UA/Urine culture.					
	Nurse's Name:	Date/Time:				

### Loeb Criteria – NO catheter



### NO indwelling catheter:

Acute dysuria OR Fever\*

**AND** at least one of the following:

New or worsening:

- Urgency
- Frequency
- Suprapubic pain
- Gross hematuria
- Costovertebral angle tenderness
- Urinary incontinence

\*>37.9°C (100°F) or a 1.5°C (2.4°F) increase above baseline temperature



### Loeb Criteria – catheter



WITH indwelling catheter (Foley or suprapubic):

At least one of the following:

Fever\*

New costovertebral tenderness

Rigors

New onset of delirium

\*>37.9°C (100°F) or a 1.5°C (2.4°F) increase above baseline temperature





### Loeb vs Revised McGeer Criteria



#### Loeb Criteria

#### UTI—No indwelling catheter

Acute dysuria **OR** Fever (> 37.9°C [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)

**AND** at least **one** of the following:

New or worsening:

Urgency

Frequency

Suprapubic pain

Gross hematuria

Costovertebral angle tenderness

Urinary incontinence

\*Main difference\* = Loeb is used for diagnosis, vs revised McGeer is used for surveillance

#### **Revised McGeer Criteria**

#### **UTI—No indwelling catheter**

Both criteria 1 AND 2 must be met:

- 1. At least one of the following:
- a) Dysuria **OR** acute pain, swelling, tenderness of testes, epididymis, or prostate
- b) Fever **OR** leukocytosis **AND** at least **one** of the following:

Costovertebral angle tenderness

Suprapubic pain

Gross hematuria

New or increased incontinence

New or increased frequency

c) If no fever or leukocytosis then **two or more** of the following:

Suprapubic pain

Gross hematuria

New or increased incontinence

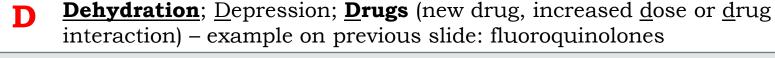
New or increased urgency

New or increased frequency

- 2. **One** of the following:
- a) >  $10^5$  CFU/mL of < 2 organisms in voided urine
- b) > 10<sup>2</sup> CFU/mL of any number of organisms of in/out catheter sample

## Causes of Delirium in the Elderly







<u>E</u>lectrolyte abnormalities (hypo-/hypernatremia, hypo-/hypercalcemia); Endocrine disorders (e.g., thyroid or adrenal dysfunction); EtOH (alcohol) and other drug withdrawal



Liver failure



Infections (especially respiratory, skin, urinary tract); Impaired oxygenation (e.g., from exacerbations of chronic obstructive pulmonary disease, congestive heart failure, myocardial infarction)



Renal failure; Retention of urine or stool (constipation); Recent change in surroundings or emotional stress



Immobilization (catheters or restraints); Injuries; Increased pressure in the brain (intracranial)



<u>Untreated</u>/undertreated pain



Metabolic disorders (e.g., hypo-/hyperglycemia, hypo-/hyperthermia); Malnutrition (thiamine, folate or B12 deficiency)



Sleep deprivation; Sensory impairment (hearing or vision-lack of/illfitting hearing aids or glasses); Stroke





### **GAIN Collaborative Results**

- During the pre-PPS, antibiotic orders from September 2018 March 2019 were randomly selected at 4 SNFs, and 120 antibiotic courses were reviewed (23, 40, 25 and 32).
- Post-PPS, 120 antibiotic courses from April December 2019 were reviewed (25, 35, 31 and 29).
- Bed size ranged from 72-156 (median 88).

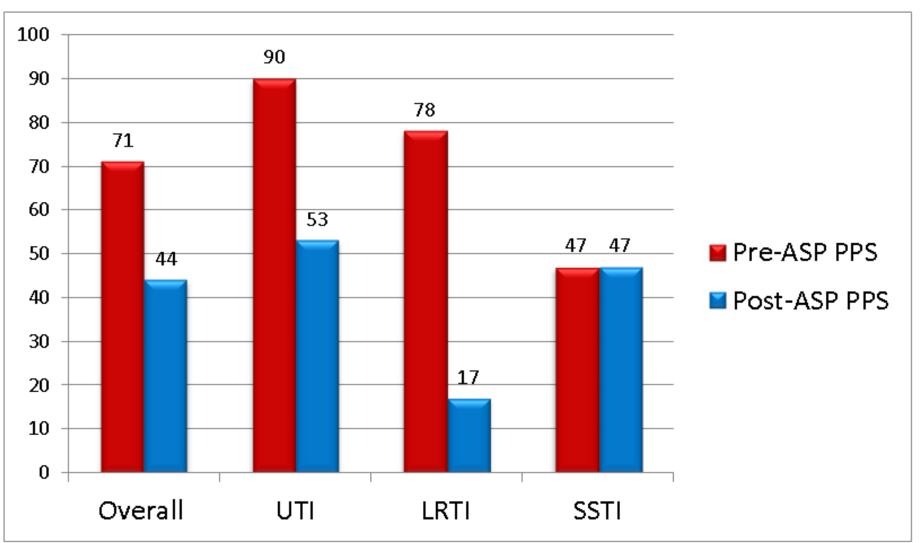
## Pre- vs Post ASP Implementation Characteristics of Antibiotic Prescribing



	Pre-ASP PPS	Post-ASP PPS		
Inappropriate antibiotic prescribing,	60 – 78	34 – 46		
range (median)	(71%)	(44%)		
Top 3 indications:				
UTI	40%	38%		
LRTI	26%	29%		
SSTI	19%	24%		
Antibiotics prescribed:				
Beta-lactams	42%	37%		
Fluoroquinolones	33%	20%		
Trimethoprim-sulfamethoxazole	4%	12%		
Azithromycin	4%	10%		
Tetracycline	7%	7%		
Other	10%	14%		

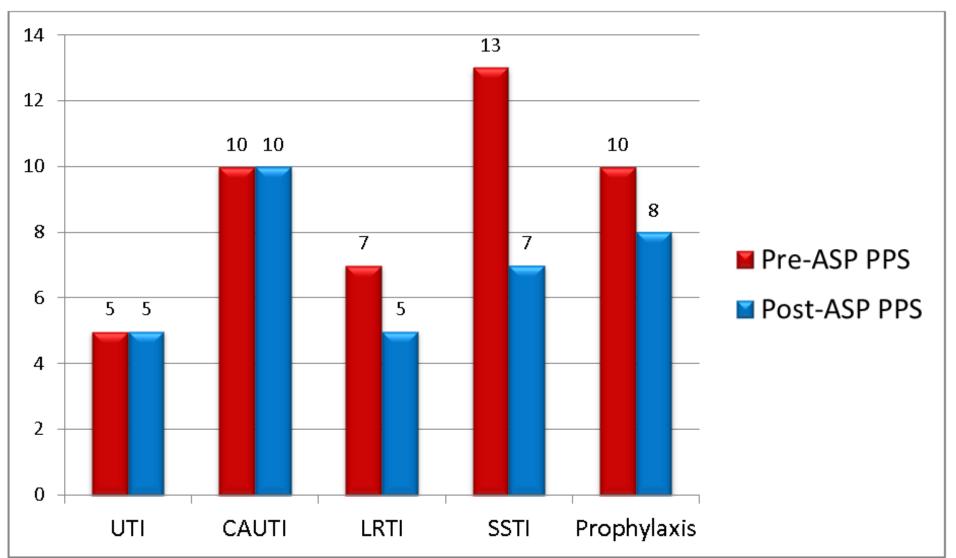






## Duration of Antibiotic Therapy (days) by Indication Pre- vs Post- ASP

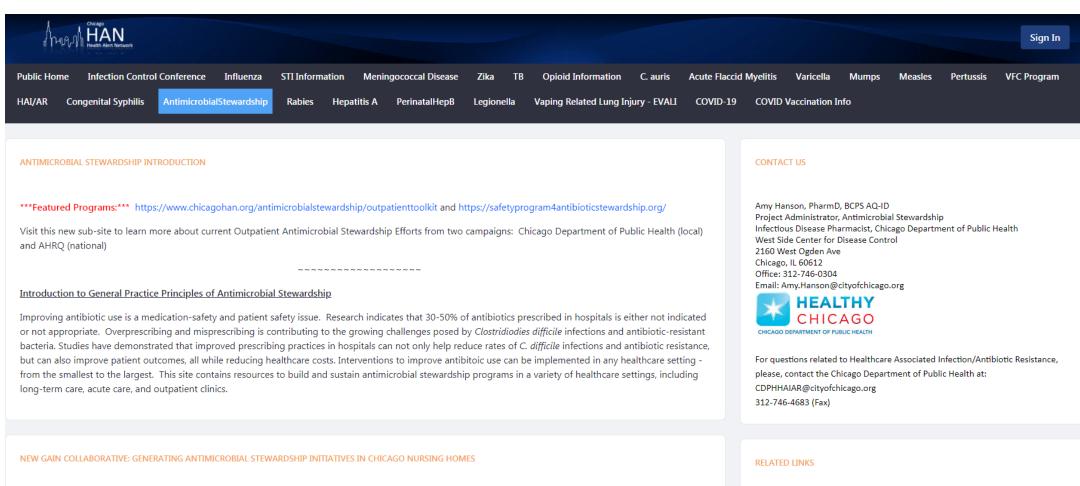






### For more information, visit the HAN

https://www.chicagohan.org/antimicrobialstewardship



Antimicrobial Stewardship in Nursing Homes

Defining the Need for Antimicrobial Stewardship in Nursing Homes

\*NEW\* Chicago Outpatient Antimicrobial Stewardship Campaign 2019:

Two New Websites Below with Clinical and Dental Educational Binder



### **Questions & Answers**

#### A special thanks to:

#### **CDPH HAI Team:**

Hira Adil
Dr. Stephanie Black
Dan Galanto
Dr. Amy Hanson
Adebola Hassan
Liz Shane
Winter Viverette
Kelly Walblay
Shannon Xydis
Shane Zelencik
Christy Zelinski

please visit the CDPH LTCF HAN page at:

https://www.chicagohan.org/covid-19/LTCF