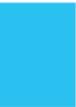




COVID-19 Chicago Long Term Care Roundtable

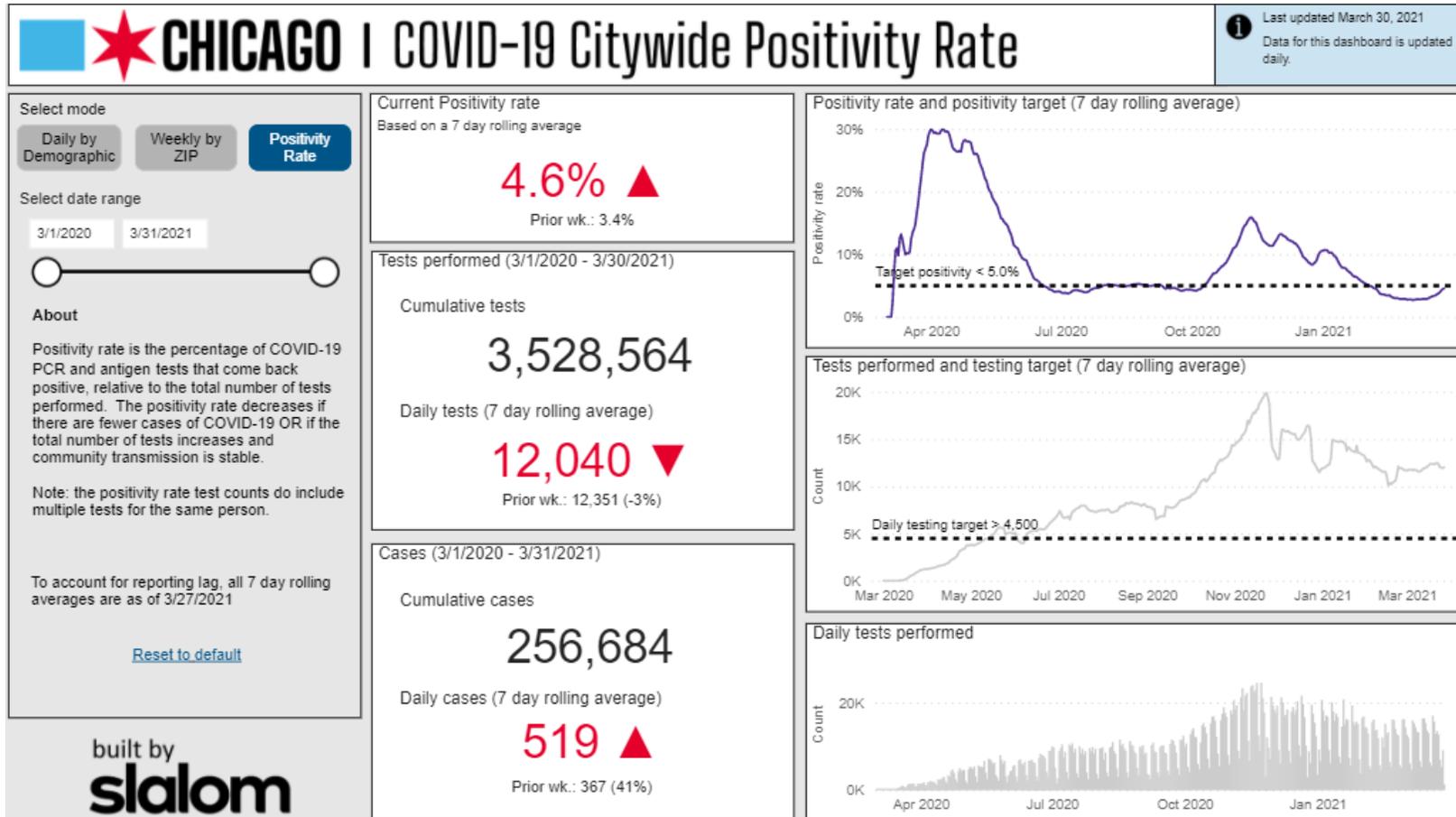
04-01-2021



Objectives

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

Chicago Dashboard

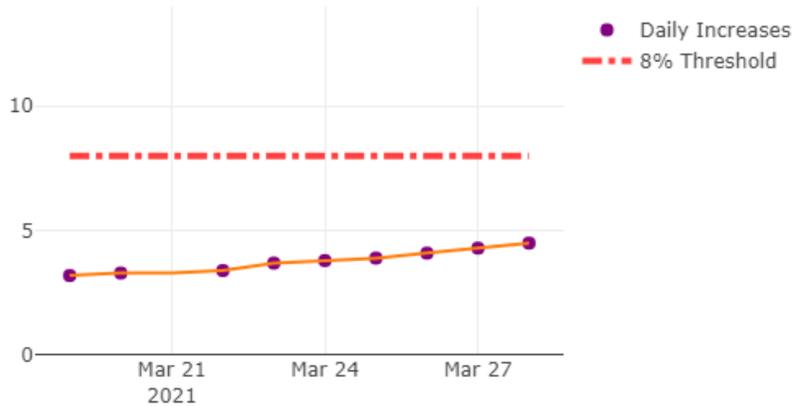




IDPH Regional Resurgence Metrics: Region 11

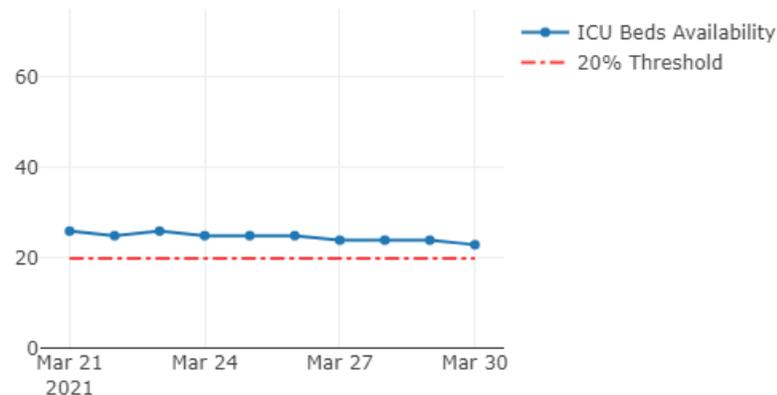
Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



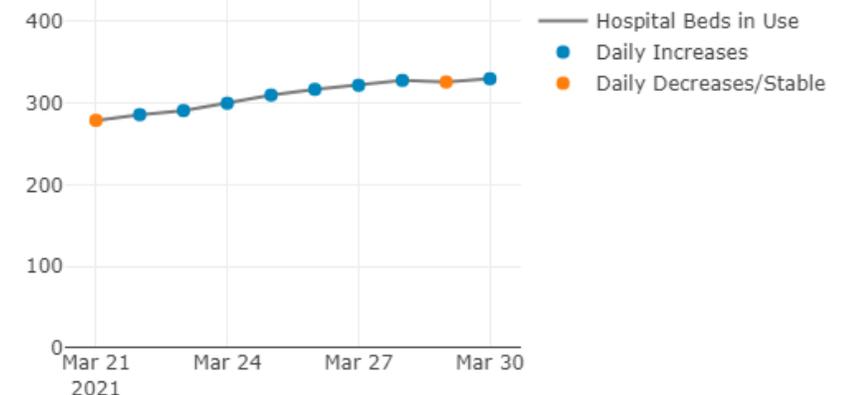
Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days \geq 20% Threshold



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

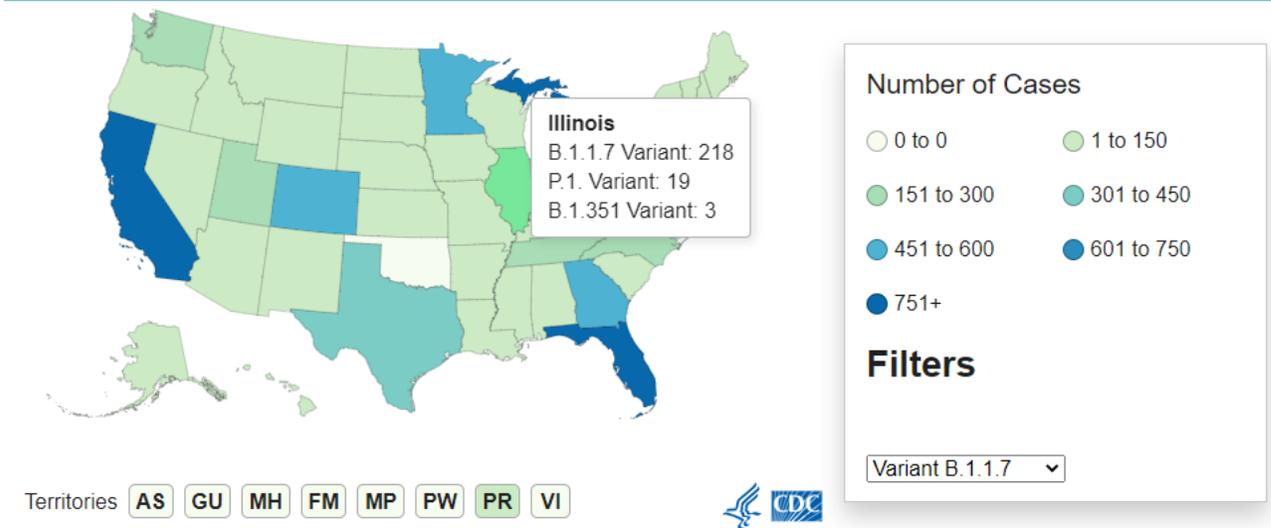
8 Days of COVID-19 Patient Increases

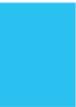


★ COVID Variants in the US & IL

| 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

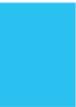
| Currently Have Vaccine Available | Vaccine Coming Soon (2-3 weeks) |
|---|--|
| <ul style="list-style-type: none">• UnitedRx• Symbria• CIMPAN• Forum• Genoa• MMP• PrimeCare LTC | <ul style="list-style-type: none">• CareOne• Critical Care• MacRx• Extended Care• Senior Care Pharmacy• RxPerts |





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

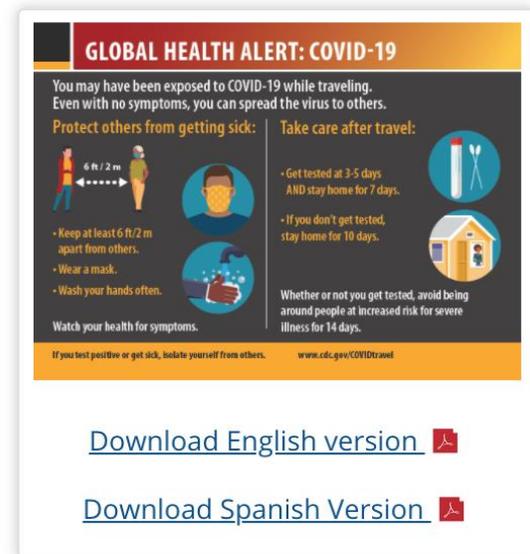
★ Reminder: International Travel

- 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

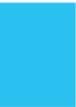
Question: Can we stop testing fully vaccinated residents and staff?

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



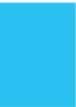
Frequently Asked Questions

- **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.



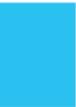
Frequently Asked Questions

- **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

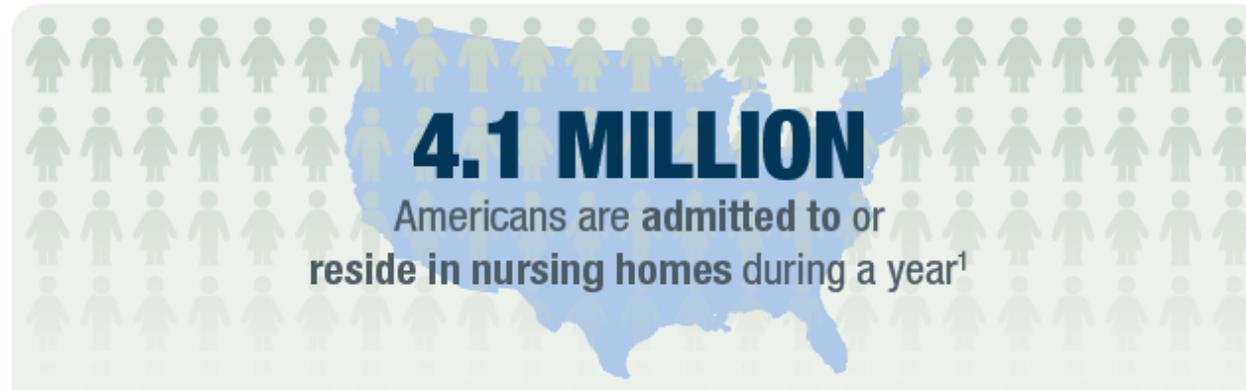
Project Administrator, Antimicrobial Stewardship

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 **G**enerating **A**ntimicrobial Stewardship **I**nitiatives in Chicago Skilled **N**ursing 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.

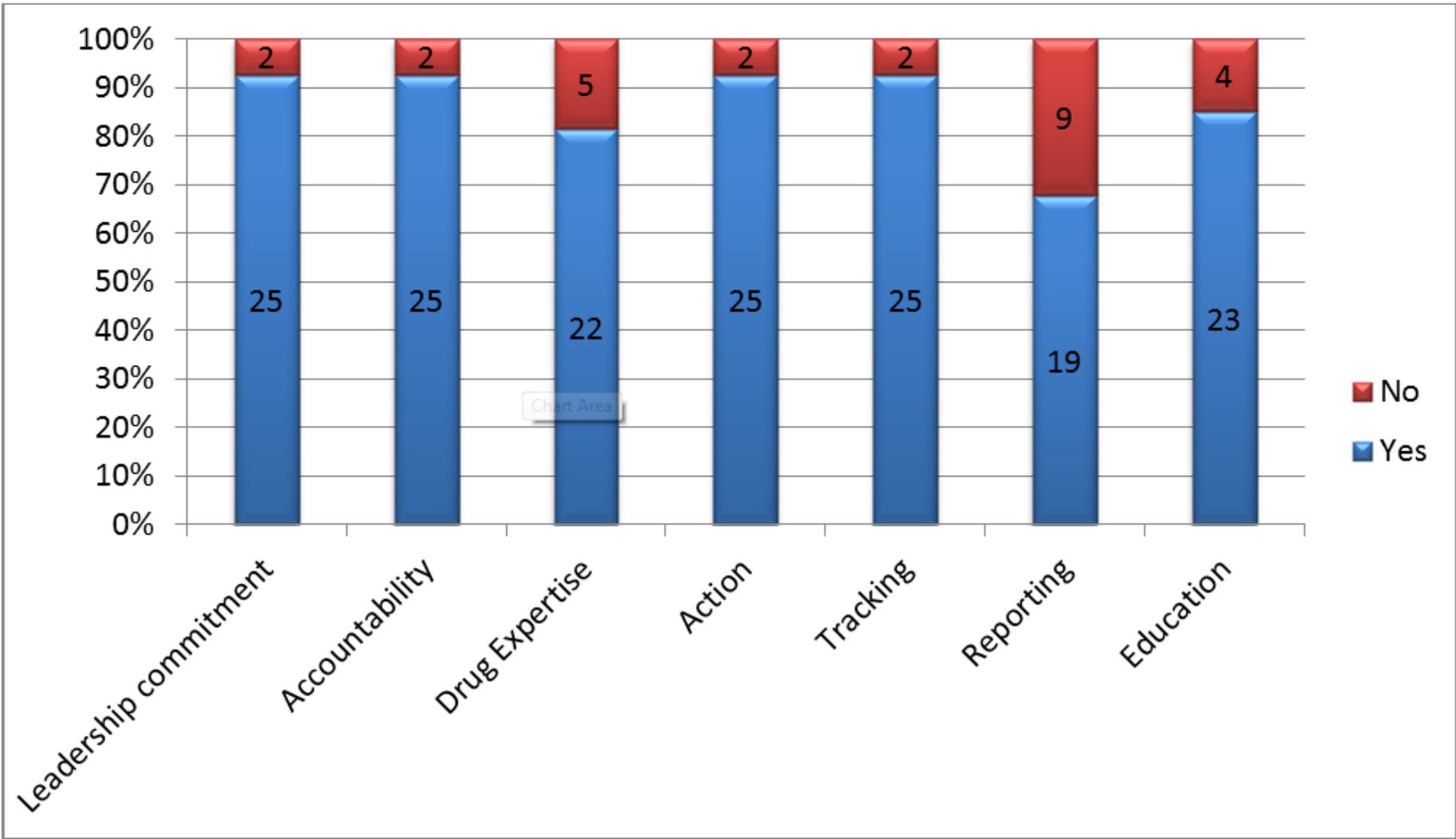
Results of the Baseline SNF ASP Survey



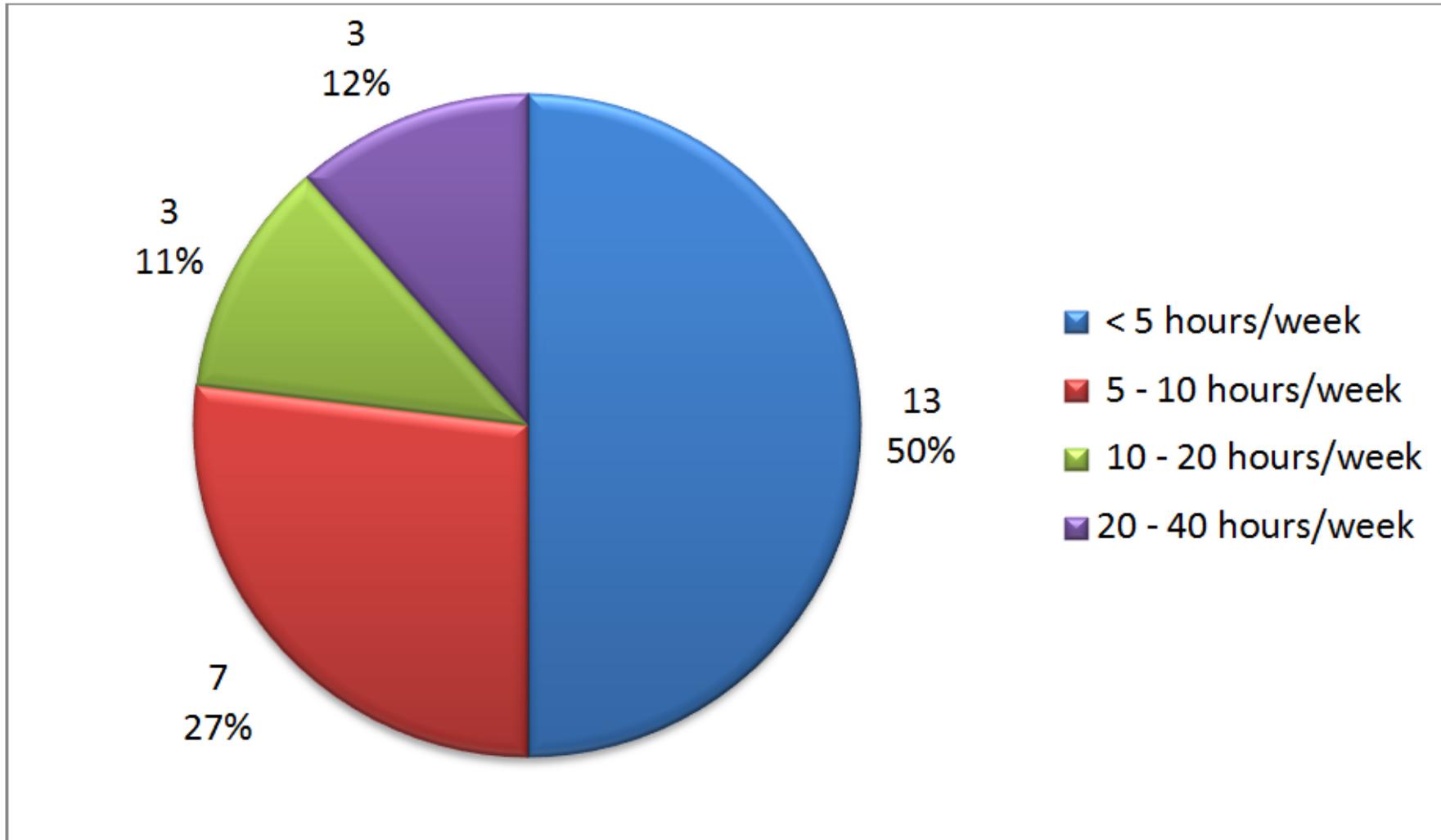
| | |
|-----------------------------------|-----|
| Antimicrobial Stewardship Lead(s) | |
| ADON | 78% |
| DON | 67% |
| Medical Director | 52% |
| Infection Preventionist | 52% |
| Consultant Pharmacist | 41% |
| Other | 18% |

- 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.

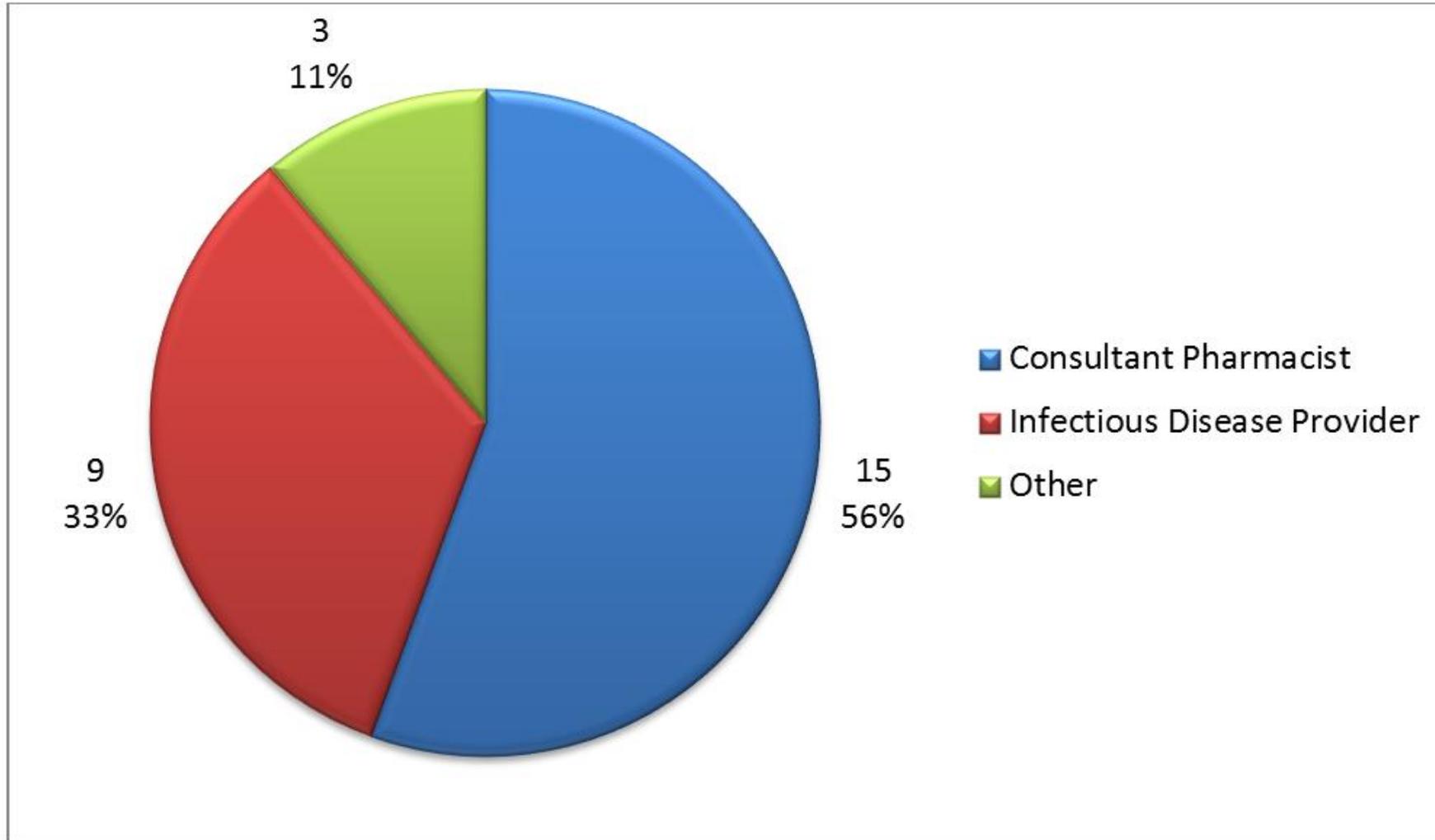
Chicago SNF Compliance with CDC Core Elements of ASPs



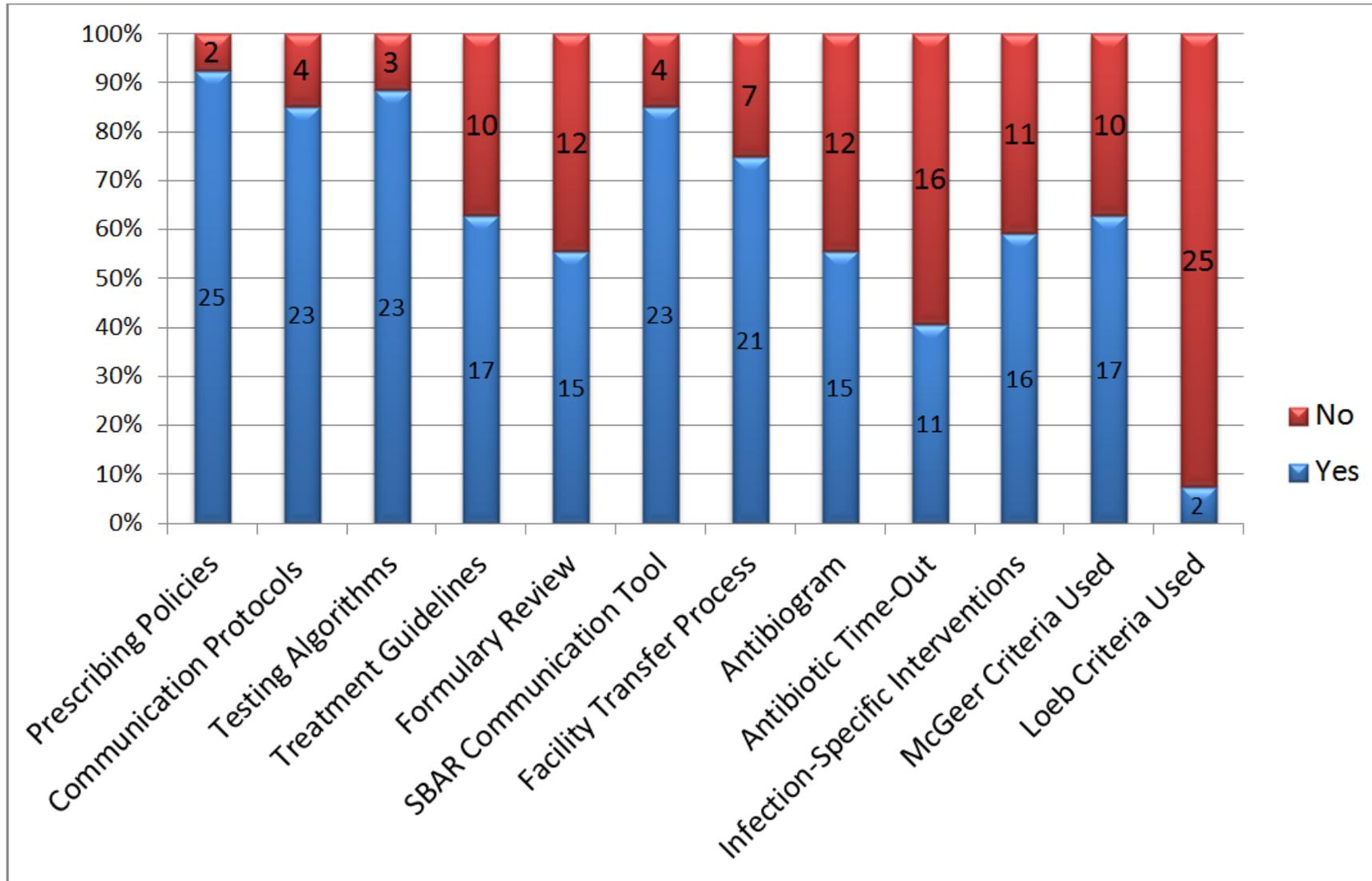
SNF Reported Dedicated Time for AS per Week



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>

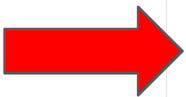
The screenshot shows the Chicago HAN website. At the top left is the HAN logo (Chicago Health Alert Network). A navigation menu includes links for Public Home, Infection Control Conference, Influenza, STI Information, Meningococcal Disease, Zika, TB, Opioid Information, C. auris, Acute Flaccid Myelitis, Varicella, Mumps, Measles, Pertussis, VFC Program, HAI/AR, Congenital Syphilis, Antimicrobial Stewardship (highlighted), Rabies, Hepatitis A, Perinatal Hep B, Legionella, Vaping Related Lung Injury - EVALI, COVID-19, and COVID Vaccination Info. A 'Sign In' button is in the top right.

The main content area is divided into two columns. The left column has a section titled 'ANTIMICROBIAL STEWARDSHIP INTRODUCTION'. It features a red text block: *****Featured Programs:***** with links to <https://www.chicagohan.org/antimicrobialstewardship/outpatienttoolkit> and <https://safetyprogram4antibioticstewardship.org/>. Below this is a paragraph: "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)". A dashed line separates this from the next section, 'Introduction to General Practice Principles of Antimicrobial Stewardship'. The text describes antibiotic use as a medication-safety and patient safety issue, noting that 30-50% of antibiotics prescribed in hospitals are not indicated or appropriate. It mentions challenges from *Clostridioides difficile* infections and antibiotic-resistant bacteria, and states that improved prescribing practices can reduce rates of these infections and resistance while improving patient outcomes and reducing costs. The site contains resources for building and sustaining antimicrobial stewardship programs in various healthcare settings, including long-term care, acute care, and outpatient clinics.

The right column has a section titled 'CONTACT US'. It lists contact information for 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. Below this is the 'HEALTHY CHICAGO' logo with the text 'CHICAGO DEPARTMENT OF PUBLIC HEALTH'. A paragraph follows: "For questions related to Healthcare Associated Infection/Antibiotic Resistance, please, contact the Chicago Department of Public Health at: CDPHAIAR@cityofchicago.org 312-746-4683 (Fax)".

The bottom left section is titled 'NEW GAIN COLLABORATIVE: GENERATING ANTIMICROBIAL STEWARDSHIP INITIATIVES IN CHICAGO NURSING HOMES'. It features a red arrow pointing to the link 'Antimicrobial Stewardship in Nursing Homes' and the text 'Defining the Need for Antimicrobial Stewardship in Nursing Homes'.

The bottom right section is titled 'RELATED LINKS' and contains the text: '*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

Thank You!



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



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>