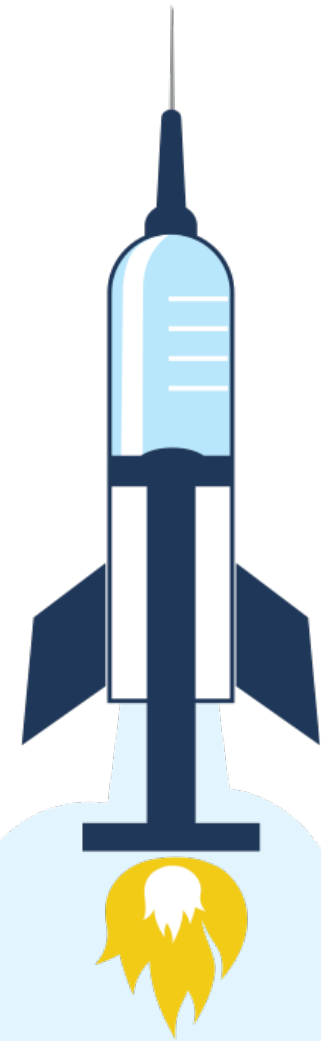


Ready, Set, Launch – Give Your Vaccine Clinic the BOOST

February 16, 2022



 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Darcy J. Watson

REGISTERED NURSE
LICENSED NURSING HOME ADMINISTRATOR

Darcy Watson is currently serving as a Quality Consultant for Alliant Health Solutions. She is functioning in a supportive role to assist with a direct change order from CMS, to aid with nursing homes to accelerate vaccination rates. Prior to her consultation services, she was the former Vice President of Operations for Westbury Administrative Services and Addington Enterprises, where she held oversight responsibilities for the overall day-to-day operations of skilled nursing and rehabilitation centers in the state of Georgia.

As a proven quality results driven expert in the health care profession, Darcy has held many positions of clinical and administrative leadership over the past 25 years. She has devoted her life and talents to serve the nation's most vulnerable populations and the staff that care for them. Expressing her honor and respect for our geriatric population, and the processes for effectively providing person-centered care, is an extreme passion for Darcy. This passion is secondary only to the vital need for the genuine demonstration of appreciation and empowerment to, and for, the skilled care workforce that commit their lives to care for our patients.



Agenda

01

Review current COVID-19 booster data

02

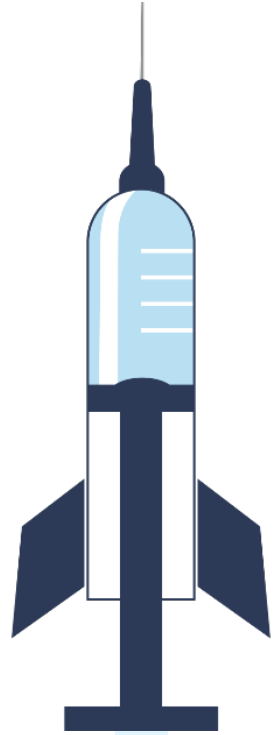
Demonstrate statistical evidence of COVID-19 booster efficacy

03

Understand the vital necessity of receiving the COVID-19 booster and review the eligibility requirements

04

Review potential COVID-19 booster access challenges and assist with finding and/or conducting timely clinics



Making Health Care Better *Together*



About Alliant Health Solutions

Some days (every day?) – do you feel you need a snorkel & some fins?



Thank you (not) SARS-CoV-2... and to all of your variants



How Do You Stay Resilient to Keep On Keepin' On?



Nursing Home COVID-19 Booster Vaccination Data is Now Available Online to Increase Transparency for Consumers

As part of its commitment to improve transparency and help families and caregivers find the best nursing home care for their loved ones, the Centers for Medicare & Medicaid Services (CMS) is now posting data on COVID-19 vaccine booster shots administered to nursing home residents and staff on the [Medicare.gov Care Compare website](https://www.medicare.gov/care-compare). The data will show resident and staff booster rates at the facility level and will include national and state averages.

The current data indicates that the rate of booster shots administered to nursing home residents is comparable to the national average for adults over the age of 65. It also shows the rate of booster shots administered to nursing home staff lags behind the national average of those over the age of 18 (for staff).

The vaccination section is located below the Star Ratings on Care Compare. To view vaccination rates, select 'View COVID-19 Vaccination Rates'. The vaccination and booster data posted on Care Compare is updated every other Thursday with the most recent available data. **For example, on Thursday, February 17, the vaccination and booster data will be updated with data reported in NHSN as of February 6.** The display is delayed by a week and several days because of the validation and posting process. Updates will continue every other week.

[CMS Makes Nursing Home COVID-19 Booster Vaccination Data Available Online, Increasing Transparency for Consumers | CMS](#)

This Is What Consumers Will See

Resident vaccination

↑ Higher percentages are better

89.4%

National average: 87.4%

Georgia average: 85%

Resident boosters

↑ Higher percentages are better

61.4%

National average: 66.8%

Georgia average: 60.4%

Staff vaccination

↑ Higher percentages are better

100%

National average: 82.1%

Georgia average: 84.1%

Staff boosters

↑ Higher percentages are better

2.4%

National average: 31.8%

Georgia average: 20.6%

Fully Vaccinated VS “Up To Date”

Fully vaccinated – a person has received/completed their primary series of COVID-19 vaccines

Up to date – a person has received all recommended COVID-19 vaccines, including booster dose(s) when eligible



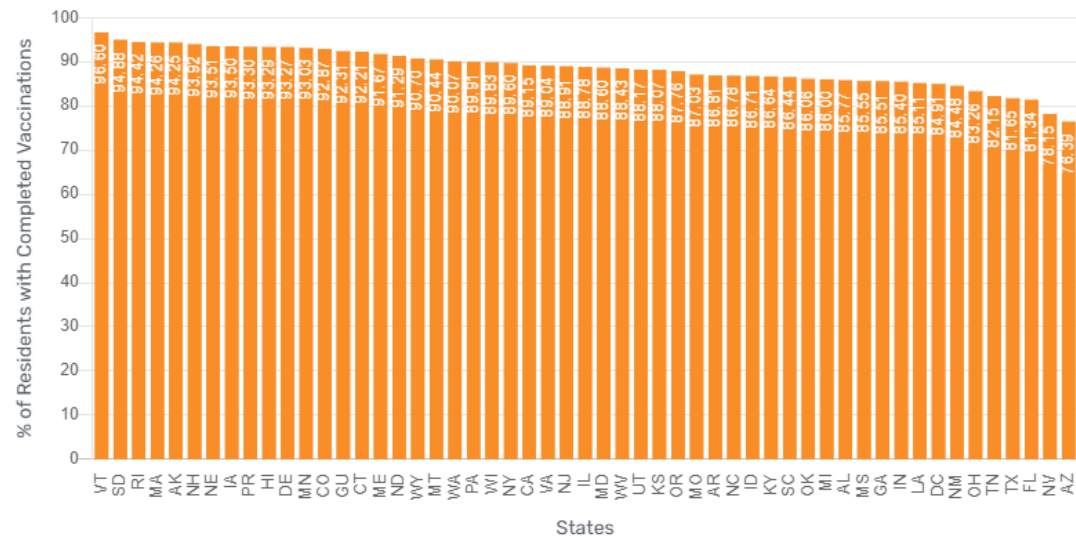
Sandra Lindsay, a nurse at Long Island Jewish Medical Center, receives a Pfizer COVID-19 vaccine on Dec. 14, 2020, in New York.
(Mark Lennihan / Pool Photo)

<https://www.latimes.com/world-nation/story/2021-12-28/first-us-covid-vaccine-recipient-now-activist>

Current Residents with Completed Vaccinations and are *Up To Date* - [COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://www.cms.gov/medicare/medicaid-services/nursing-home-data)

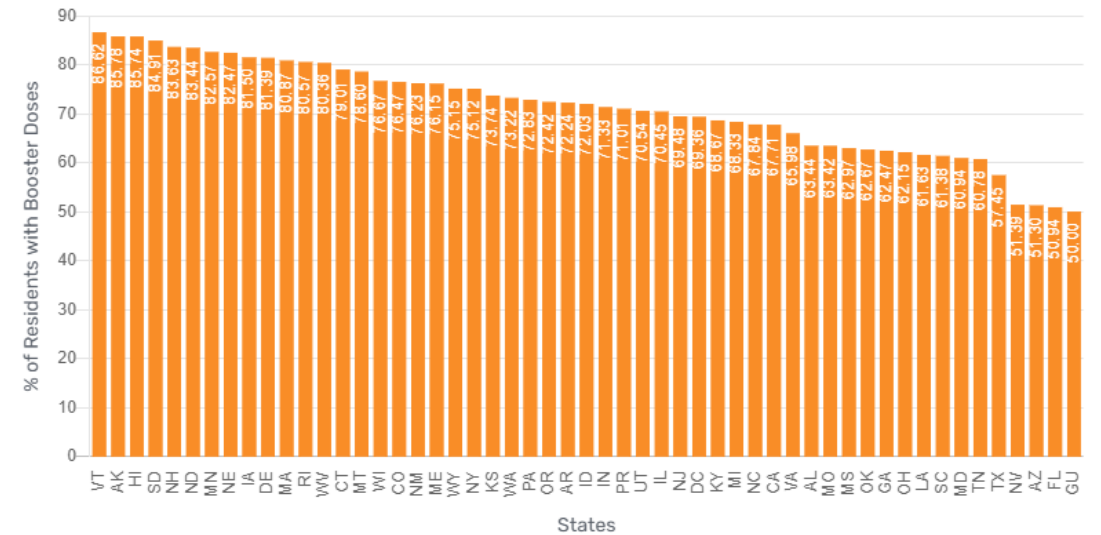
Percentage of Current Residents with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



Percentage of Current Completely Vaccinated Residents with COVID-19 Booster Doses per Facility

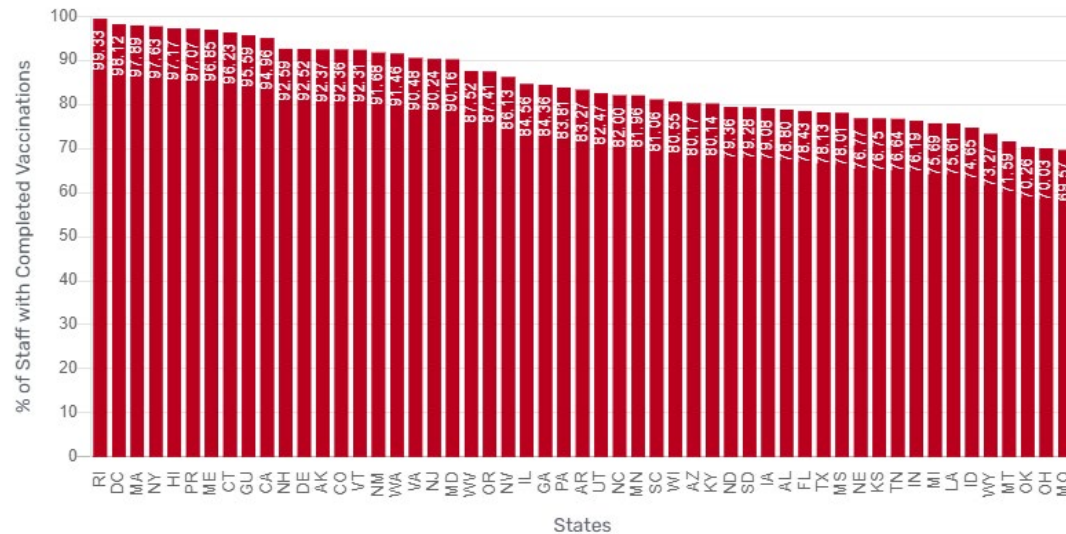
This shows the average percentage among facilities who have reported booster data in the current or prior week.



Current Staff with Completed Vaccinations and are Up To Date - [COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://www.cms.gov/medicare/medicaid-services/nursing-home-data)

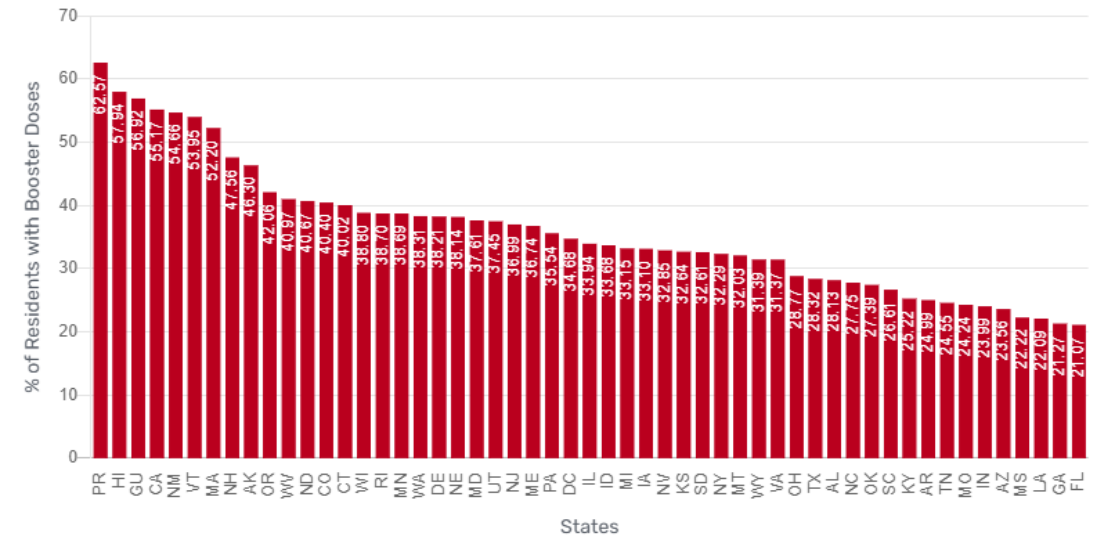
Percentage of Current Staff with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



Percentage of Current Completely Vaccinated Staff with COVID-19 Booster Doses per Facility

This shows the average percentage among facilities who have reported booster data in the current or prior week.

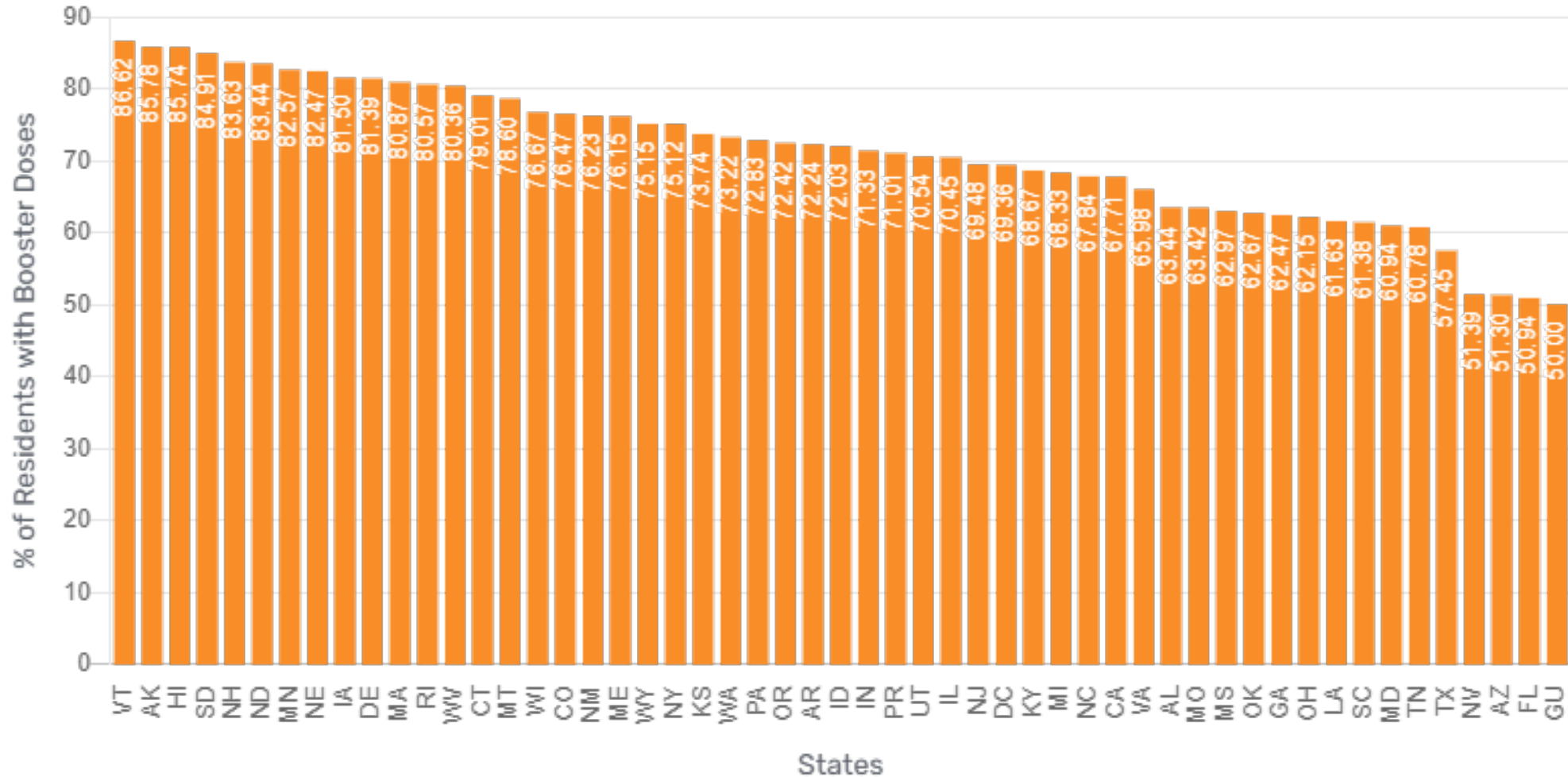


We are a competitive region – We can do this together

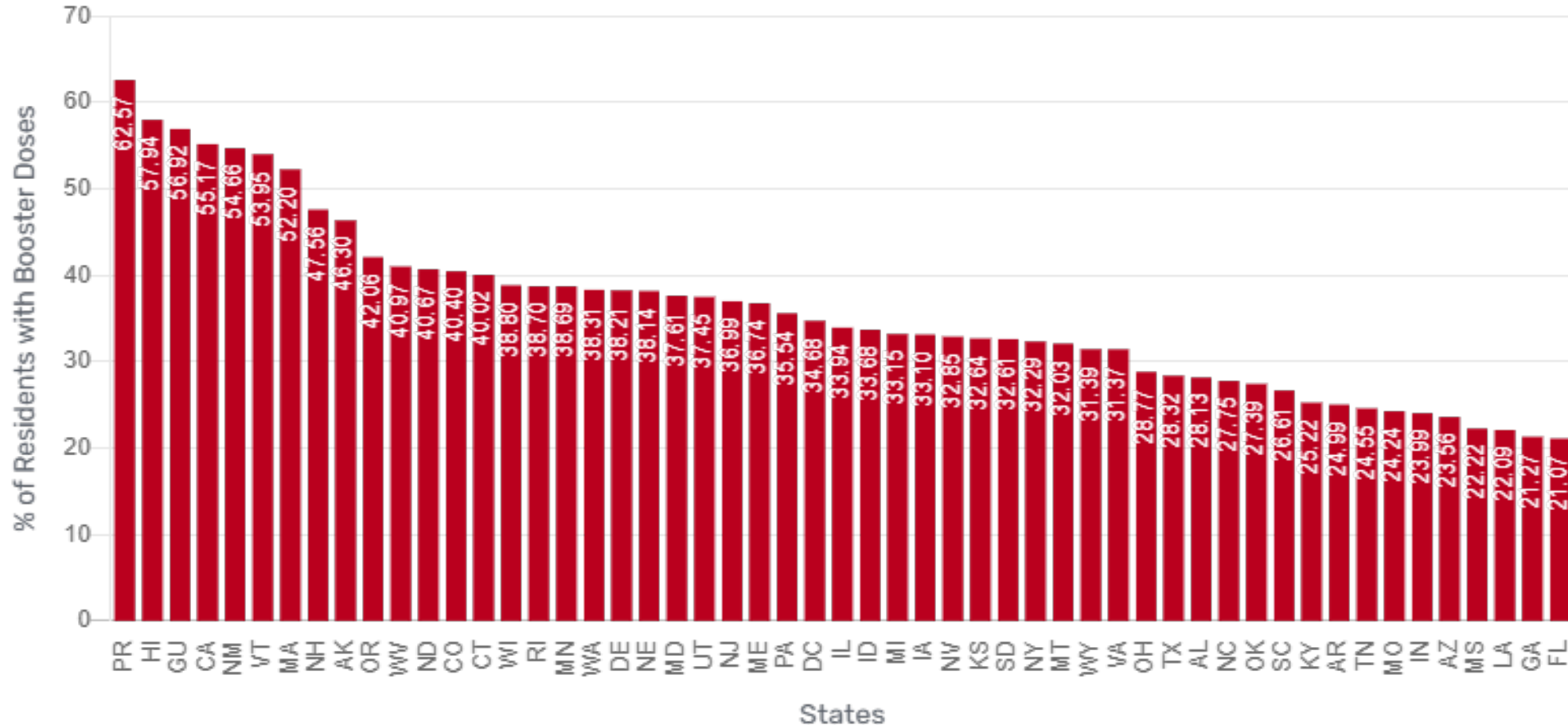
We've Got Some Work To Do



Percentage of Current Completely Vaccinated Residents with COVID-19 Booster Doses per Facility - [COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://www.cms.gov/medicare/medicaid-services/quality-innovation/qin-qio)



Percentage of Current Completely Vaccinated Staff with COVID-19 Booster Doses per Facility - [COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://www.cms.gov/medicare/medicaid-services/quality-innovation/qin-qio)





Polling Question #1

Does your organization offer recognition, awards, celebrations, incentives, etc. for residents and staff, for COVID-19 booster uptake?

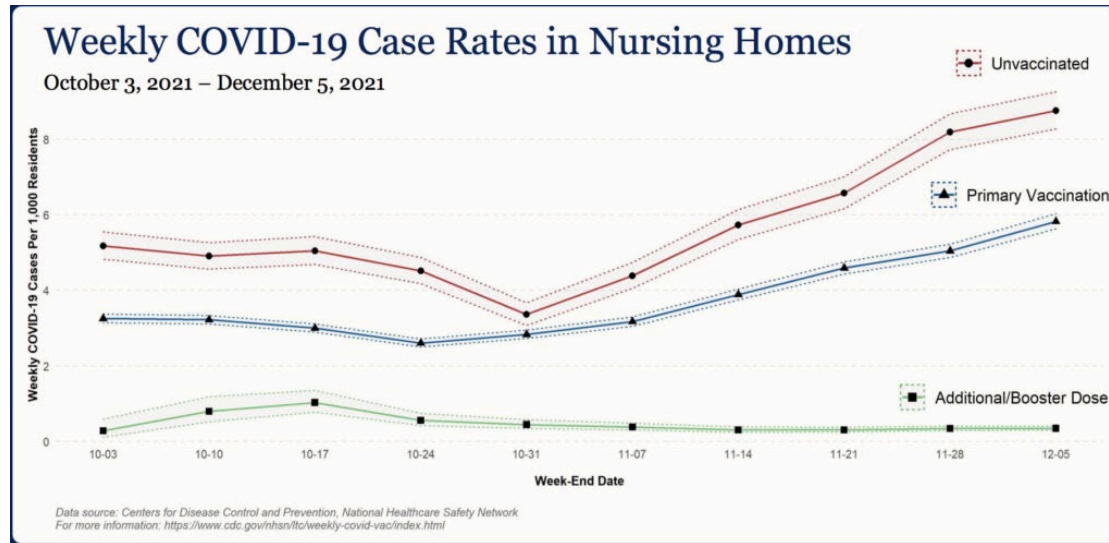
Think about your staff and resident engagement





Why do we want to BOOST away, anyway? Because of this!

[CDC: Boosted nursing home residents 10 times less likely to be infected with COVID-19 - Clinical Daily News - McKnight's Long-Term Care News \(mcknights.com\)](#)



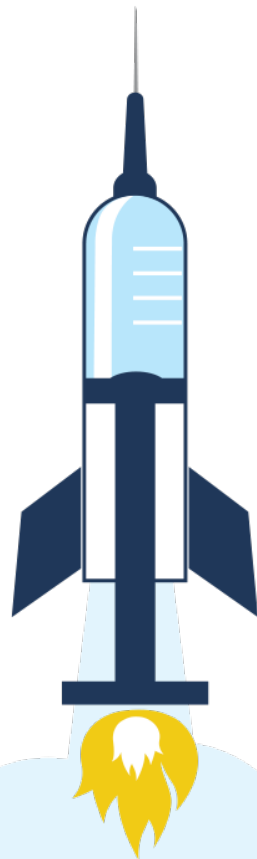
CDC Director Rochelle Walensky, M.D.; Image credit: Massachusetts General Hospital

Nursing home residents who have received booster doses of COVID-19 vaccines are 10 times less likely to contract the disease, according to new figures released by the Centers for Disease Control and Prevention.

The news is a bit of cheer amidst other new evidence that COVID-19 infections are increasing among fully vaccinated long-term care residents. This uptick likely is due to the diminished efficacy of vaccine protection over time, CDC Director Rochelle Walensky, M.D., [said](#) in a Wednesday briefing.

And Because We NEVER Want to Go Back Through This





EFFICACY, EFFICACY, EFFICACY

“the ability to produce a desired or intended result”

Booster Eligibility Review - [Stay Up to Date with Your Vaccines | CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html)

Eligible For	IF YOU RECEIVED Pfizer-BioNTech	IF YOU RECEIVED Moderna	IF YOU RECEIVED Johnson & Johnson's Janssen
Additional Primary Shot	<p>People age 5+ who are moderately or severely immunocompromised should get an additional primary shot of Pfizer-BioNTech COVID-19 vaccine</p> <p>Given 28 days after 2nd shot</p>	<p>People age 18+ who are moderately or severely immunocompromised should get an additional primary shot of Moderna COVID-19 vaccine</p> <p>Given 28 days after 2nd shot</p>	<p>No additional primary shot is recommended at this time</p>
Booster Shot	<ul style="list-style-type: none"> Teens ages 12-17 should only get a Pfizer-BioNTech COVID-19 vaccine booster shot People age 18+ should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations <p>Given 5 months after additional primary shot</p>	<p>People age 18+ should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations</p> <p>Given 5 months after additional primary shot</p>	<p>People age 18+ should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations</p> <p>Given 2 months after 1st shot</p>

Who is ELIGIBLE for a Booster/Additional Primary Shot?

- mRNA Vaccine = 5 months post Primary
- J&J Vaccine = 2 months post Primary
- Moderate to Severely Immunocompromised should receive an Additional Primary Dose 28 days post Primary Vaccination (*See CDC link at page bottom for additional info)

Who is NOT Eligible for the Booster?

- Anyone with an ACTIVE COVID infection
 - Eligible once active infection has resolved. Temporary deferral.
- Anyone who received monoclonal antibodies or convalescent plasma should wait 90 days
- Anyone with a Medical or Religious Exemption
- Other temporary deferrals due to illness

Fully Vaccinated VS “Up to Date” - When Are You Considered *Up to Date*?

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Fully vaccinated means a person has received their primary series of COVID-19 vaccines.

- The recommendations will be different depending on your age, your health status, and when you first got vaccinated.
- Many people who are [immunocompromised](#) may need an additional dose as part of their primary vaccine series.
- Note that booster shots are not recommended for everyone at this time. *(refer to previous slide)*

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [†] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [†] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



cdc.gov/coronavirus

Important dates: February 14 and March 15, 2022 -

[QSO-22-09-ALL Injunction Lifted \(cms.gov\)](https://www.cms.gov/medicare/quality-innovation/quality-improvement-organizations/qio-22-09-all-injection-lifted)

February 14, 2022

- Policies and procedures developed and implemented
- 100 percent of staff having received one dose of vaccine, except those with or pending an exemption request and those having a temporary delay recommended by the CDC
- A facility above 80 percent that has a plan to achieve a 100 percent staff vaccination rate within 60 days would not be subject to enforcement action (e.g., civil monetary penalties)

March 15, 2022

- Policies and procedures developed and implemented
- 100 percent of staff having completed the vaccine series, except those with granted exemption request and those having a temporary delay recommended by the CDC
- A facility above 90 percent and has a plan to achieve a 100 percent staff vaccination rate within 30 days would not be subject to enforcement action (e.g., CMPs)

Staff hired after the above dates may begin work with an initial dose of a vaccine series or with a qualifying exemption, if additional measures are put in place to mitigate risk of COVID transmission.

Vaccination Enforcement – Surveying for Compliance - Attachment A. LTC (cms.gov)

Table 1: Scope and Severity Grid

Severity & Scope for F888	<u>ISOLATED</u> 1% or more, but less than 25% of staff are unvaccinated (76% – 99% of staff are vaccinated).	<u>PATTERN</u> 25% or more, but less than 40% of staff are unvaccinated (61% – 75% of staff are vaccinated).	<u>WIDESPREAD</u> 40% or more of staff are unvaccinated (0% - 60% of staff are vaccinated), OR 1 or more components of the P&Ps were not developed and implemented.
<p>Level 4 - Immediate Jeopardy: Noncompliance resulting in serious harm or death:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; and 3 or more resident infections in the last 4 weeks resulting in at least one resident experiencing hospitalization (i.e., serious harm) or death. <p>OR, Noncompliance resulting in a likelihood for serious harm or death:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; and 3 or more resident infections in the last 4 weeks that did not result in serious harm or death; and One of the following: <ul style="list-style-type: none"> Any observations of noncompliant infection control practices by staff; or 1 or more components of the policies and procedures were not developed or implemented. <p>OR,</p> <ul style="list-style-type: none"> More than 40% of staff are unvaccinated and there is evidence of a lack of effort to increase staff vaccination rates. 	J	K	L
<p>Level 3 – Actual Harm:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; and 3 or more resident infections in the last 4 weeks which did not result in hospitalization (i.e., serious harm) or death, or the likelihood for IJ for one or more residents; and 1 or more components of the policies and procedures were not developed and implemented 	G	H	I
<p>Level 2: No actual harm w/potential for more than minimal harm that is not IJ:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; and No resident infections <p>OR,</p> <ul style="list-style-type: none"> Did not meet the expected minimum threshold of staff vaccinated; and 1 or more components of the policies and procedures were not developed and implemented. 	D	E	F
<p>Level 1: No actual harm w/potential for minimal harm:</p> <ul style="list-style-type: none"> Met the requirement of staff vaccinated; and 1 or more components of the P&Ps were not developed and implemented (cited as widespread (“C”). 	A	B	C



Polling Question #2

Does your organization have adequate/timely access to the COVID-19 booster vaccines?

There are multiple ways to access your boosters – What is best for you?

Accessing COVID-19 Vaccine in Long Term Care

After the Long Term Care (LTC) Pharmacy Partnership Program finishes their third clinics, LTC facilities (skilled nursing, assisted living, ID/DD, and other congregate care settings) will need to secure access to vaccine for new residents, staff, and those who did not get vaccinated initially. To secure access to COVID-19 vaccine, AHCA/NCAL recommends following the steps below.

- 1. Determine which LTC pharmacies in your area are offering COVID-19 vaccine.**
 - To offer vaccine, they must have signed a provider agreement in your state AND be enrolled in the state immunization registry (IIS). **Make sure to verify this.**
 - If they are unable to offer vaccine, call around to other LTC pharmacies.
 - The American Society of Consultant Pharmacists has developed a [pharmacy locator](#) for COVID-19 access that providers can use to help identify a pharmacy. This locator only includes pharmacies registered with the federal program, so there may be additional LTC pharmacies signed up in your state.
- 2. Determine how you will receive and administer COVID-19 vaccine in your center.**
 - Once you identify a LTC pharmacy with access to COVID-19 vaccine, you will need to determine how you will receive and administer the vaccine to your residents and staff.
 - There are three potential models for this.
 1. *The pharmacy brings vaccine to your center and administers it to residents and staff.* In this scenario, the LTC pharmacy retains all responsibilities for wastage, transportation, storage, and reporting.
 2. *The pharmacy offers a subcontract model where they subcontract facility staff to administer the vaccine on their behalf.* In this scenario, the LTC pharmacy retains all responsibilities for wastage, transportation, storage, and reporting.
 3. *The pharmacy offers a distribution agreement where they order and deliver doses of the vaccine to the LTC facility, but then hands-off responsibility to the facility.* In this scenario, the LTC facility is responsible for wastage and reporting, but may not be responsible for storage.
 - The LTC facility may also bill for the COVID-19 vaccine administration under this scenario. For more information, see AHCA/NCAL's [COVID-19 Vaccine Coverage and Billing Guidance](#).
 - This means you must enroll in the state IIS and sign a provider agreement in your state. See step three for more information.
- 3. Determine if you need to become a vaccine provider in your state.**
 - If you are going to store or administer the vaccine (unless you are working under a subcontracting agreement), then you must become a vaccine provider in your state.
 - This requires you to enroll and use the state IIS.
 - Make sure to carefully review the requirements, particularly around storage and reporting, and make sure you can meet them.
 - Contact your [state immunization office](#) for more information.
 - Regardless of how you get the vaccine now, you will likely need to sign up as a vaccine provider and enroll in the state IIS in the future. Providers should consider beginning this process now.
- 4. Develop plans to avoid vaccine wastage.**
 - Vaccine wastage is a top priority for states and the federal government.
 - Once a vial of COVID-19 vaccine is opened, you only have six hours to administer all the doses in the vial, which is dependent on the vaccine.
 - Moderna – 10 doses/vial
 - Pfizer – 5 doses/vial
 - Johnson & Johnson – 5 doses/vial
 - Develop a process to make sure you have the right number of people ready for each vaccine clinic, depending on which vaccine you are using. You may want to work with other LTC facilities in your geographic area to run a coordinated clinic to meet the minimum number of people/doses.

What if I cannot find an LTC pharmacy to deliver vaccine?

- If you cannot locate an LTC pharmacy with vaccine, you should:
 - Call your state public health agency and your state immunization program to see if there are any state specific programs for ordering the vaccine or entities that will come and administer the vaccine to your residents or staff.
 - Determine whether you can order, store, and administer vaccine directly by enrolling in the state IIS and sign a vaccine provider agreement.

Let's Give That Clinic a BOOST - [COVID-19 Vaccine Access in Long-term Care Settings | CDC](#)

Vaccinations On-Site

For residents and staff, receiving vaccinations on-site may be the best option. Arrange for residents and staff to receive a COVID-19 vaccine through a vaccination provider that you coordinate with and host at your facility.

Timing and availability of on-site clinics will likely vary based on pharmacy and state resources, as well as when the majority of your residents received their last dose.

Contact your long-term care pharmacy, local retail pharmacy, or other vaccine provider to arrange for an on-site vaccination clinic.

You may request vaccination support from a pharmacy partner enrolled in the [Federal Retail Pharmacy Program](#). See [Connecting Long-Term Care Settings with Federal Pharmacy Partners](#) for links and contact information.

The CDC [COVID-19 Vaccine Provider Agreement](#) permits LTC pharmacies that are enrolled providers in the CDC COVID-19 Vaccination Program through the Federal Retail Pharmacy Program to contract with an LTC setting or LTC setting staff and, through this process, utilize facility staff for vaccine administration. LTC pharmacies enrolled in the CDC COVID-19 Vaccination Program through their state and local immunization programs may do the same.

Coadministration of Vaccines – Double Up, Save Time

Many LTC settings, as well as vaccine providers and partners, are making plans to leverage existing flu clinics or appointments to also offer COVID-19 vaccine if patients are eligible, and to promote coadministration of flu and COVID-19 vaccines to more efficiently increase coverage for both vaccines.

According to CDC and ACIP, [flu vaccines and COVID-19 vaccines can be administered \(given\) during the same visit](#) if the individual is eligible for both vaccines. In addition to flu vaccine, [COVID-19 vaccine can be given with other vaccines as well](#).

The Advisory Committee on **Immunization Practices** (ACIP)

FREE BEER!!!
Double Your Dose
COVID-19 Vaccine Clinic
Black Husky Brewing
Saturday, May 15
Sunday, May 16
12:00 PM – 6:00 PM



Bring an unvaccinated friend in for a vaccine,
you both get a free beer!





Polling Question #3

Does your organization provide onsite booster clinics?

Sample SNF COVID-19 Vaccination Check List

Points for Consideration for Vaccination Administration

- Complete consent forms for Residents Who Consent for Vaccination; communicate facility vaccination process to Residents and/or Family
- Obtain a physician order for administration of Vaccination
- Review Facility Policy and Procedure: Consider Current Vaccination P&Ps and develop COVID vaccination Policy and Procedure; consider policies and procedures for staff that may refuse the vaccine (continue with masks? Temperature checks prior to start of shift)
- Review MDS and PPS questions regarding Vaccination and how these will relate to COVID-19
- Create a Resident Vaccination Log to capture the following: Accepted Vaccine, Declined Vaccine with Rationale, MD notification, additional MD orders, Date of administration, Lot #
- Create an Employee Vaccination log to Capture the following: Accepted Vaccine, Declined Vaccine with Rationale, Date of administration, Lot #, expiration date etc.
- Consider space to administer vaccination- Take into consideration social distancing, space to set up supplies. Dining rooms may be a good location since they have been closed and are spacious.
- Consider Vaccination Supplies: Band-aids, Alcohol swabs, Thermometers, extra blood pressure cuffs
- Be prepared to review the Vaccination Information Sheet (VIS) for the vaccination that is being administered in your center.
- Develop monitoring tools in your Electronic Record or on Paper for any effects or adverse reactions to the vaccine based on the Manufacturer's guidelines.
- Consider staffing: additional staff needed for vaccination day for monitoring of residents, transporting residents etc.

[Sample SNF COVID19 Vaccination Check list.pdf \(fhca.org\)](#)

Get Your Center Ready for a Booster Clinic –

getvaccinated.us

Review Recommendations

- ✓ Review and understand the latest vaccine recommendations by the FDA and the CDC

Identify a Vaccine Provider

- ✓ Identify a LTC pharmacy or a retail pharmacy partner to work with.
- ✓ Identify a facility point of contact to work with the pharmacy partner to plan the clinic
- ✓ Consider providing a joint COVID-19 booster and flu vaccination clinic
- ✓ Discuss vaccine clinic logistics with the pharmacy partner
 - ❖ Finalize the clinic date and time
 - ❖ Review necessary consent forms and vaccine information that will be needed
 - ❖ Confirm any supplies needed for the clinic (tables, chairs, etc.) that you will need to provide

Communicate with Residents and Staff

- ✓ Share information about the COVID-19 booster and the upcoming clinic
- ✓ Identify which residents are able to provide consent and which ones need a proxy (NRC –BIMS example)
- ✓ Provide informational one-pagers to help assist your efforts (AHS working on these to assist you)

Get Your Center Ready for a Booster Clinic – continued

getvaccinated.us

Pre-Vaccine Booster Clinic – *very important step for a successful clinic*

- ✓ Identify where in your center you will host the clinic
 - ❖ Ensure it is in a well-ventilated area that can allow for social distancing pre and post booster
- ✓ Determine which residents will receive the booster in their room and which will come to the clinic site
- ✓ Develop a schedule for staff clinic assignment times
- ✓ Set up staffing schedule to ensure enough staff are present on clinic day to transport residents and to assist pharmacy clinic staff
- ✓ Submit required information to pharmacy:
 - ❖ Number of residents that need booster
 - ❖ Number of staff that need booster
 - ❖ Resident and Staff consent forms
- ✓ Set up schedule for resident clinic assignment times (think about meals, morning care, etc. – early morning clinics are hard)

Day of Vaccine Booster Clinic

- ✓ Print roster of residents receiving booster
 - ❖ In the clinic or in their rooms with room #'s
- ✓ Print roster of staff receiving booster
- ✓ Facility point of contact meets with pharmacy point of contact
 - ❖ Share rosters for residents and staff
 - ❖ Provide any required clinical information for residents needed the day of the clinic (any febrile, feeling ill, etc.)

Get Your Center Ready for a Booster Clinic – continued

getvaccinated.us

Day of Vaccine Booster Clinic – cont.

- ✓ Assign staff to each unit for resident transport
- ✓ Assign staff to clinic area to assist pharmacy staff and to monitor residents waiting for the booster/post booster
- ✓ Assign a facility staff to complete documentation such as
 - ❖ Consent retrieval
 - ❖ Lot#/Manufacture info
 - ❖ Dosing info
 - ❖ Administration site, type
 - ❖ Pre and post vaccine assessments


Post Vaccine Booster Clinic

The following two resources provide information on how to prepare for after your clinic

- ❖ [Post-vaccination Considerations for Workplaces | CDC](#)
- ❖ [Post Vaccine Considerations for Residents | CDC](#)

How to Request a COVID-19 Vaccination Clinic On-Site or in a Retail Pharmacy Location

The links and contact information in the table below cover how to request a COVID-19 vaccination clinic on-site or in a retail pharmacy location. If you need help finding the pharmacy partner closest to you, visit www.vaccines.gov.

Residential or community-based long-term care providers can also request COVID-19 vaccination support from a long-term care pharmacy enrolled with the federal government. [Visit Long-term Care Pharmacies Participating in the Federal Retail Pharmacy Program](#)  for more information.

[Walmart COVID-19 Vaccine Interest Survey \(wrike.com\)](https://wrike.com)

If you are having difficulties arranging COVID-19 vaccination for your residents (staff),

[contact your state or local health department's immunization program](#)

Jurisdiction	Contact Information to provide to Long-Term Care Facilities	Updated: 10/20/2021, 11:30am ET		
	Name	Organization	Email Address	Phone Number
Alabama	Denise Strickland		denise.strickland@adph.state.al.us	
Florida	Leah Bass		leah.bass@flhealth.gov	
Georgia		GA Pandemic Vaccine Program	DPH-COVID19Vaccine@dph.ga.gov	
Kentucky	Dr. Emily Messerli DNP, APRN		Emily.messerli@ky.gov	
Louisiana	Louisiana LTCF COVID-19 Vaccination Partnership Call Center	Louisiana Independent Pharmacy Association	vaccines@lipa.org	1-866- 266-1334
North Carolina	Wendy Holmes		wendy.holmes@dhhs.nc.gov	
Tennessee	Christopher Wilson, MD, MPH	Vaccine-Preventable Diseases and Immunization Program	VPDIP.Pandemic@TN.gov	615-532-6628

Considering Enrolling As A COVID-19 Vaccination Provider?

Does your facility have the ability to coordinate vaccine shipments, transportation, storage, handling and preparation, in addition to the administration of and required documentation.

[How to Enroll as a
COVID-19
Vaccination
Provider | CDC](#)

[What to Consider
When Planning to
Operate a COVID-19
Vaccine Clinic | CDC](#)

**If you are still experiencing difficulties
obtaining/arranging COVID-19 vaccinations for
your residents (staff). Call me.**

Darcy J. Watson, BSN, LNHA - Quality Consultant

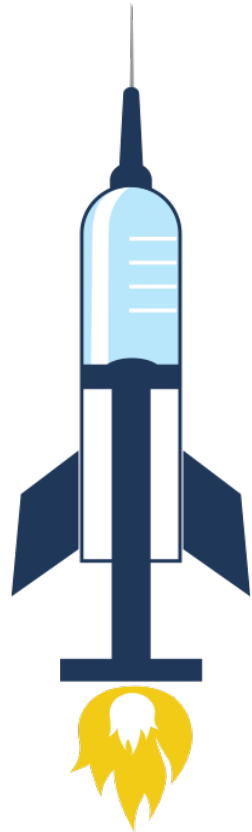
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Give Your COVID-19 Vaccination Protection a BOOST

[Protect Your Loved Ones by Getting a COVID-19 Booster | WECANDOTHIS.HHS.GOV](https://www.wecandothis.hhs.gov)

[Give Your COVID-19 Vaccination Protection a Boost | WECANDOTHIS.HHS.GOV](https://www.wecandothis.hhs.gov)

[COVID-19 Vaccine Booster Shots | CDC](https://www.cdc.gov)

[CMS begins posting nursing home COVID-19 booster data \(mcknights.com\)](https://www.mcknights.com)

[How to Request a COVID-19 Vaccination Clinic On-Site or in a Retail Pharmacy Location | CDC](https://www.cdc.gov)

[How to Enroll as a COVID-19 Vaccination Provider | CDC](https://www.cdc.gov)

[Sample SNF COVID19 Vaccination Check list.pdf \(fhca.org\)](https://www.fhca.org)



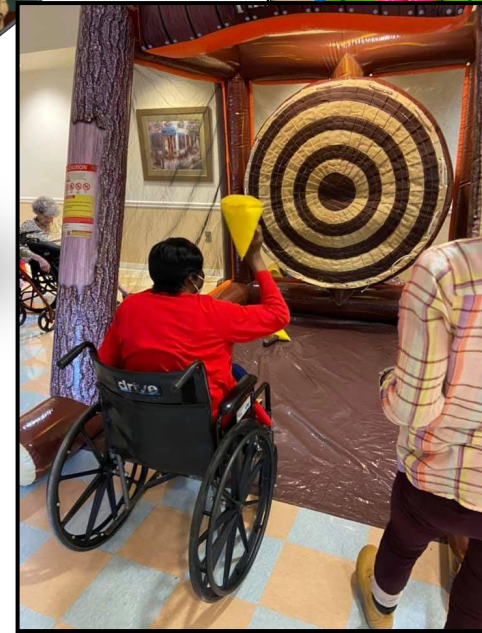
Stay The Course

We've Come Too Far To Turn Back Now



Honor those we've lost and protect those that are still with us.
GIVE COVID-19 THE BOO(S)T!





No Matter What - We Have To “Stick” Together



AHS is here to help **BOOST** you in the right direction, how can we help?

E-mail us at booster@allianthealth.org

Darcy J. Watson, BSN, LNHA - Quality Consultant

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Questions?



CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

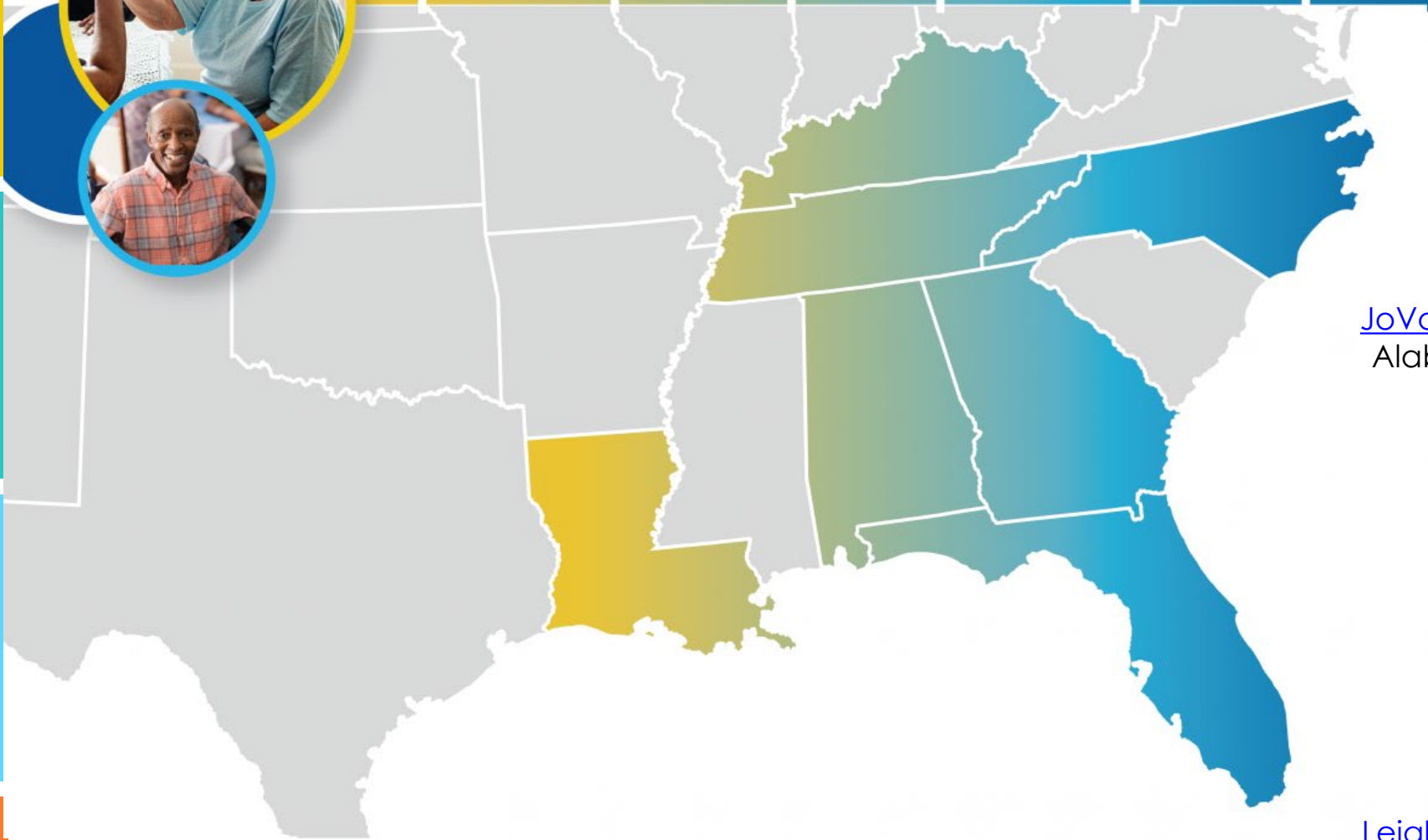
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*



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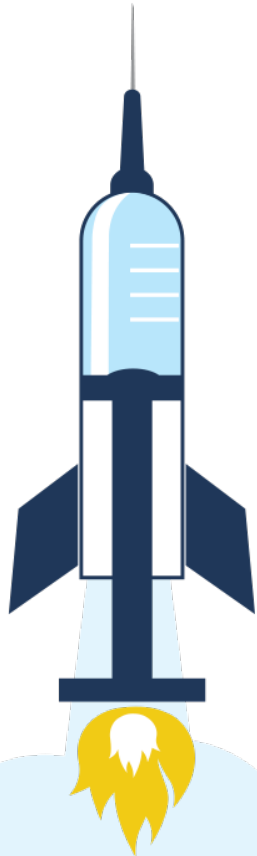


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Making Healthcare Better *Together*



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