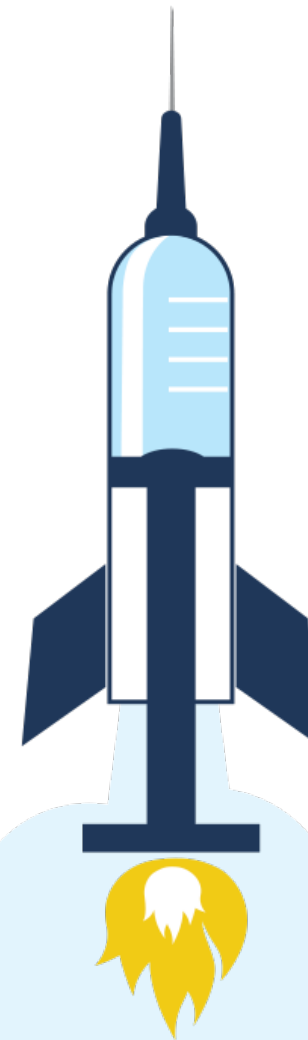


GIVE THE BOOST A SHOT

DON'T ACCEPT NO AS THE FINAL ANSWER

March 9, 2022



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

Darcy J. Watson, BSN LNHA

QUALITY CONSULTANT FOR ALLIANT HEALTH SOLUTIONS

Darcy assists with the direct change order from CMS to aid skilled nursing centers in accelerating booster vaccination acceptance. She is the former vice president of operations for multiple companies, where she held oversight responsibilities for the day-to-day operations of skilled nursing and rehabilitation centers in Georgia.

As a proven quality results-driven expert in the health care profession, Darcy has held many administrative and clinical leadership positions over the past 25 years. She has devoted her life and talents to serving the nation's most vulnerable population and the staff that care for them. Darcy is passionate about honoring and respecting our geriatric population and the ongoing pursuit of providing person-centered care.

This passion is secondary only to the critical need for the genuine demonstration of appreciation and empowerment to and for the workforce that commits their daily lives to care for our patients.



Agenda

01

Review COVID-19 & Variant(s) Booster Significance and Eligibility Requirements

02

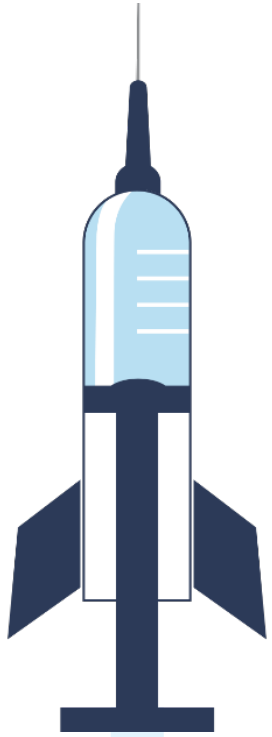
Discuss COVID-19 & Variant(s) Booster Consent Challenges

03

Spotlight COVID-19 & Variant(s) Booster Clinic Best Practice Champions

04

Provide COVID-19 & Variant(s) Booster Clinic Resources



Making Health Care Better *Together*



About Alliant Health Solutions

We've come so far... and we NEVER want to go back
Don't Give Up Now



How Do We Give the BOOST a Shot Now? They Keep Saying *NO*

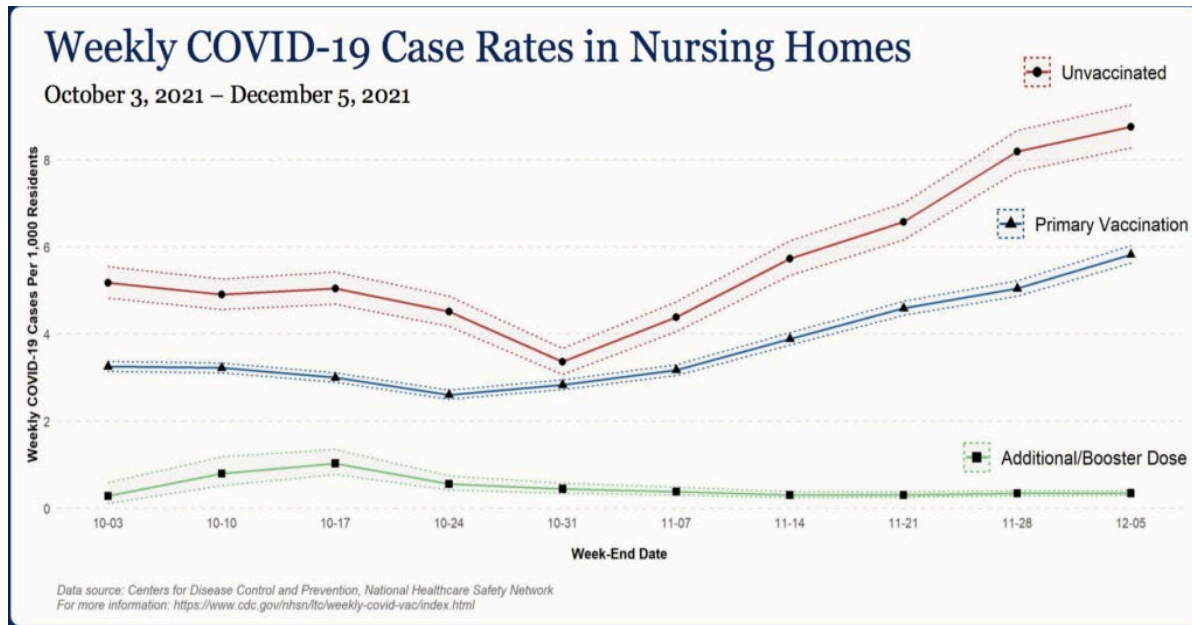
Let's start with COVID-19 and Variant(s) Booster Significance & Eligibility Requirements

[New data shows COVID-19 booster shot effectiveness - Bing video](#)

FULLY VACCINATED versus UP-TO-DATE

Don't Stop at *NO* Just Yet—The Data on Booster Effectiveness for Preventing Severe Illness/Death Continues To Roll In

[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.

Most of Us Had Similar Experiences in Our Facilities

<Those boosted had better outcomes>

Feb. 3, 2022 - Americans who received a COVID-19 booster shot are 97 times less likely to die from the coronavirus than those who aren't vaccinated, according to a new update from the CDC.

Fully vaccinated Americans—meaning those with up to two doses but no booster—are still 14 times less likely to die from COVID-19 than unvaccinated people.

[Press Briefing by White House COVID-19 Response Team and Public Health Officials | The White House](#)



Who Is Eligible To Receive the Booster?



For the General Population, Including Most of Our Elderly

Who is eligible for a booster/additional primary shot?

- mRNA vaccine = five months post primary
- J&J Vaccine = two months post primary
- Moderate to severely immunocompromised individuals should receive an additional primary dose 28 days post primary vaccination and a booster dose three months after third dose (next slide)

Who is NOT eligible for the booster?

- Anyone with an ACTIVE COVID infection
 - Eligible once active infection has resolved (isolation over)
- ~~Anyone who received monoclonal antibodies or convalescent plasma should wait 90 days~~
(Waiting time removed as of 2/11/22)
- Anyone with a medical or religious exemption
- Other temporary deferrals due to illness

[COVID-19 Vaccine Booster Shots | CDC](#) 03/06/22

IF YOU RECEIVED Pfizer-BioNTech	Who should get a booster: <ul style="list-style-type: none">• Everyone 12 years and older	When to get a booster: <ul style="list-style-type: none">• At least 5 months after completing your primary COVID-19 vaccination series	Which booster can you get: <ul style="list-style-type: none">• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations• Teens 12-17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
IF YOU RECEIVED Moderna	Who should get a booster: <ul style="list-style-type: none">• Adults 18 years and older	When to get a booster: <ul style="list-style-type: none">• At least 5 months after completing your primary COVID-19 vaccination series	Which booster can you get: <ul style="list-style-type: none">• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations
IF YOU RECEIVED Johnson & Johnson's Janssen*	Who should get a booster: <ul style="list-style-type: none">• Adults 18 years and older	When to get a booster: <ul style="list-style-type: none">• At least 2 months after receiving your J&J/Janssen COVID-19 vaccination	Which booster can you get: <ul style="list-style-type: none">• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations

Moderately or Severely Immunocompromised?

[COVID-19 Vaccines for Moderately or Severely Immunocompromised People | CDC](#)

Many conditions and treatments can cause a person to be immunocompromised, also known as having a weakened immune system. People are considered to be moderately or severely immunocompromised if they have:

- Received active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and taking medicine to suppress the immune system
- Received a stem cell transplant within the last two years or taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress their immune response

People should talk to their healthcare provider about COVID-19 vaccination given their medical condition.

How Do We Get Past the Booster Consent Challenges?

What Do We Do When All We Hear Is NO?

[BOOST Education 3/2 - Deke Cateau – YouTube](#)



- When you have given all the data you can give
- When you have implemented the best processes for revisiting the topic regularly
- When you have said *all you can* about the why versus the why not and you still get



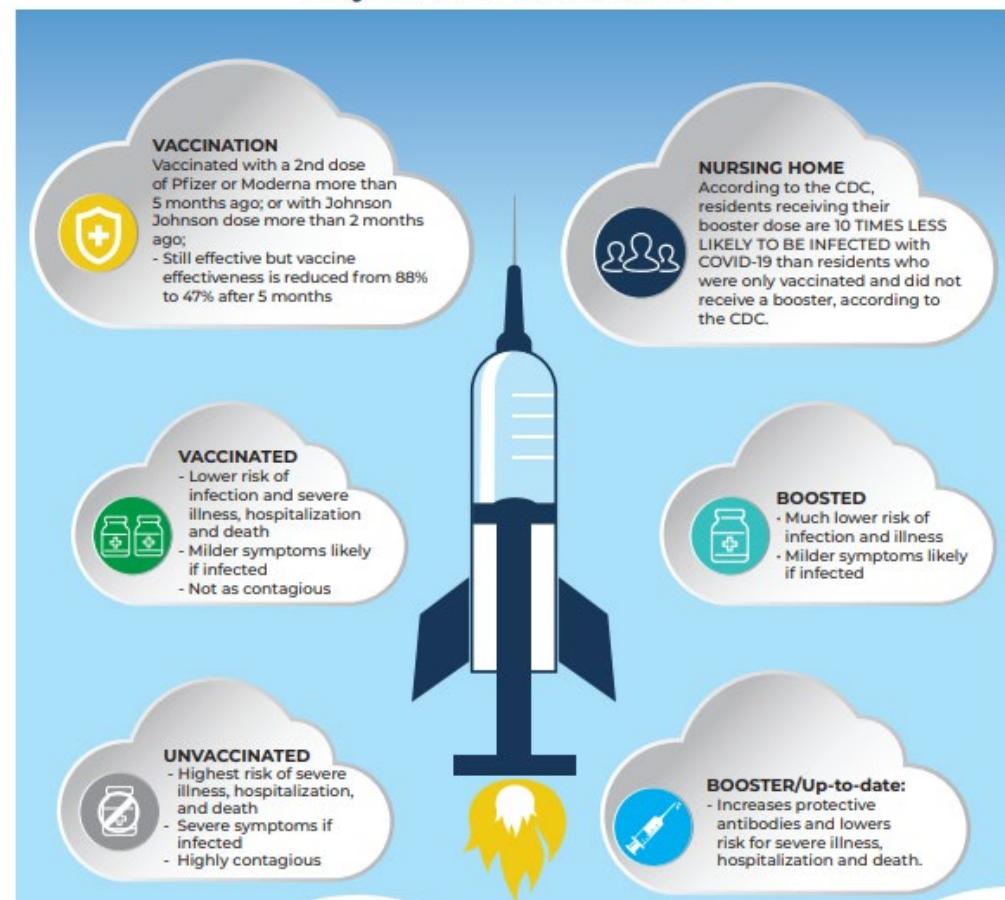
CHANGE YOUR MESSAGING/MESSENGER

~~your guess is as good as mine~~

****every facility in this partnership receives a copy****

COVID-19 VACCINE BOOSTER

Why Should I Get Boosted?



Additional information can be found here:

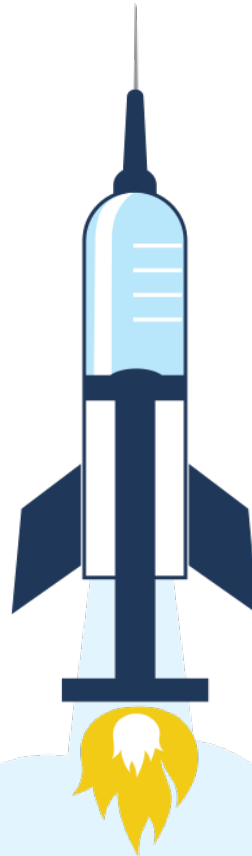
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
<https://covid.cdc.gov/covid-data-tracker/#vaccinations-nursing-homes>
https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e2.htm?cid=mm7050e2_w
www.mcknights.com/news/clinical-news/cdc-boosted-nursing-home-residents-10-times-less-likely-to-be-infected-with-covid-19/

This material was prepared by Coram and modified by Alliant Health Solutions, a Quality Innovation Network - Quality Improvement Organization (QIN - QIO) and Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication Number: 12SOW-AHSQIN-QIO-TO1-NH-1439-01/3/22

[AHS-QIO-COVID-Booster-Guide_12SOW-AHSQIN-QIO-TO1-NH-1439-01.31.22.pdf \(allianthealth.org\)](#)

Time For a Different Approach: Slice and Dice “BOOST”





**Everyone on Board Now?
Let's Get This Clinic Rolling!**

Let's Take a Look at a Best Practice Clinic Champion

Keep it simple – the consent is most likely your biggest challenge

always follow your center and Pharmacy P&Ps

- Offer the COVID vaccine or booster on admission or when they become eligible for the booster.
- Booster clinics are held every four weeks.
- Complete the COVID Vaccine Assessment/Consent in the EHR.
- The COVID Vaccine Assessment/Consent is sent to the pharmacy the Friday before the week of the vaccine clinic.
- The pharmacy will confirm eligibility for the patient through GRITS.
- The pharmacy creates the vaccine roster.
- The nurses complete the education for administering vaccines.
- The day of the clinic, the pharmacy delivers the vaccines, ancillary supplies and anaphylaxis kits in a sealed tote.
- The immunizing nurse assesses the patient, gives the vaccine, documents in the Immunization Log in the EHR and vaccine roster.
- Facility sends the roster back to the pharmacy with any supplies that are left over, waste documentation or vaccines that were wasted.
- The pharmacy checks for the documentation in EHR in the Immunization Log and enters the vaccine in GRITS.



What if I Am a Small Chain or Independent With No EHR

How do I keep up with all of these dates?



COVID-19 VACCINATION RESIDENT TRACKING LOG							
Resident Name	DOB	Vaccine Type	1st Shot Date	2nd Shot Date	3rd Shot Date	Booster Shot Date	Additional Information
		P= Pfizer J= Janssen M= Moderna					

Sample SNF COVID-19 Vaccination Check List

Simple Points for Consideration for Vaccination Administration

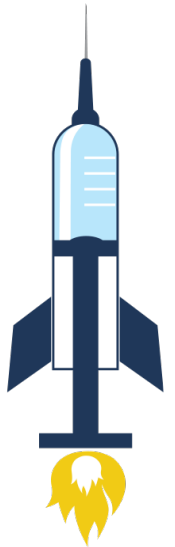
- ☐ Complete consent forms for Residents Who Consent for Vaccination; communicate facility vaccination process to Residents and/or Family
- ☐ Obtain a physician order for administration of Vaccination
- ☐ Review Facility Policy and Procedure: Consider Current Vaccination P&Ps and develop COVID vaccination 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 \(fhca.org\)](https://www.fhca.org/sample-snf-covid19-vaccination-check-list.pdf)

What if We Still Don't Have Access to the Vaccine

- Does your center's pharmacy participate in the Federal Retail Pharmacy Program?
[Long-term Care Pharmacies Participating in the Federal Retail Pharmacy Program \(cdc.gov\)](https://www.cdc.gov/retail-pharmacy/)
- Did you know that many local retail pharmacies will provide onsite clinics for you?
[How to Request a COVID-19 Vaccination Clinic On-Site or in a Retail Pharmacy Location | CDC](https://www.cdc.gov/vaccines/imz/downloads/pdf/19-021.pdf)
- Is your health department available for you?
[AIM-LTC Contact Info v.3.xlsx \(immunizationmanagers.org\)](https://www.imz.org/aim-ltc-contact-info-v3.xlsx)
- If all of the above options still leave you searching, the CDC is available as a safety net support.
CDC INFO at 800-232-4636 for additional support
- **Call Me: # 678-680-4456**

[Long-term Care Administrators and Managers: Options for Coordinating Access to COVID-19 Vaccines | CDC](https://www.cdc.gov/retail-pharmacy/)





What We've Learned So Far In Our Partnership Together

What's Helping Us Turn Their *No* Into a *YES*

- Even though we are battling many obstacles, we are still on solid ground because of TEAMS.
- Leadership engagement will make or break your booster efforts.
- Information delivery is key to gaining their confidence. Not working? Change the message/messenger.
- Amid a crisis that brings out the best and worst in people, keep your focus on what you are doing.
- Everyone is tired. What do you do to remain resilient?
- Don't give up. Offer information in a fun manner, provide regular events for “slicing and dicing,” and keep clinics on a regular schedule.
- There is light at the end of this tunnel...



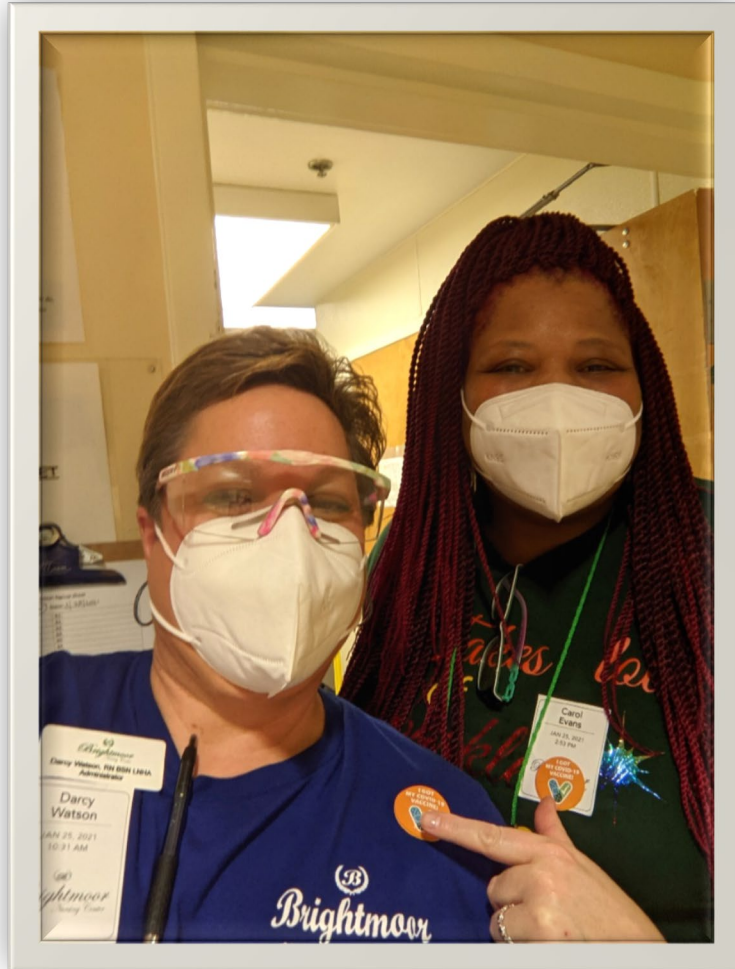
Remember Why We Can't Take *No* for a Final Answer

Wall of Protection

Break through the wall of *NO...* to the other side



Stay Strong and Know That Alliant Health Solutions Is Here To Help You Through This



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[Give the Boost a Shot Archives - NQIIC \(allianthealth.org\)](https://allianthealth.org)

Access to experts in epidemiology, quality improvement,
and infection control

- Assistance Hotline: 1-888-519-4128
- Email: Booster@allianthealth.org

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

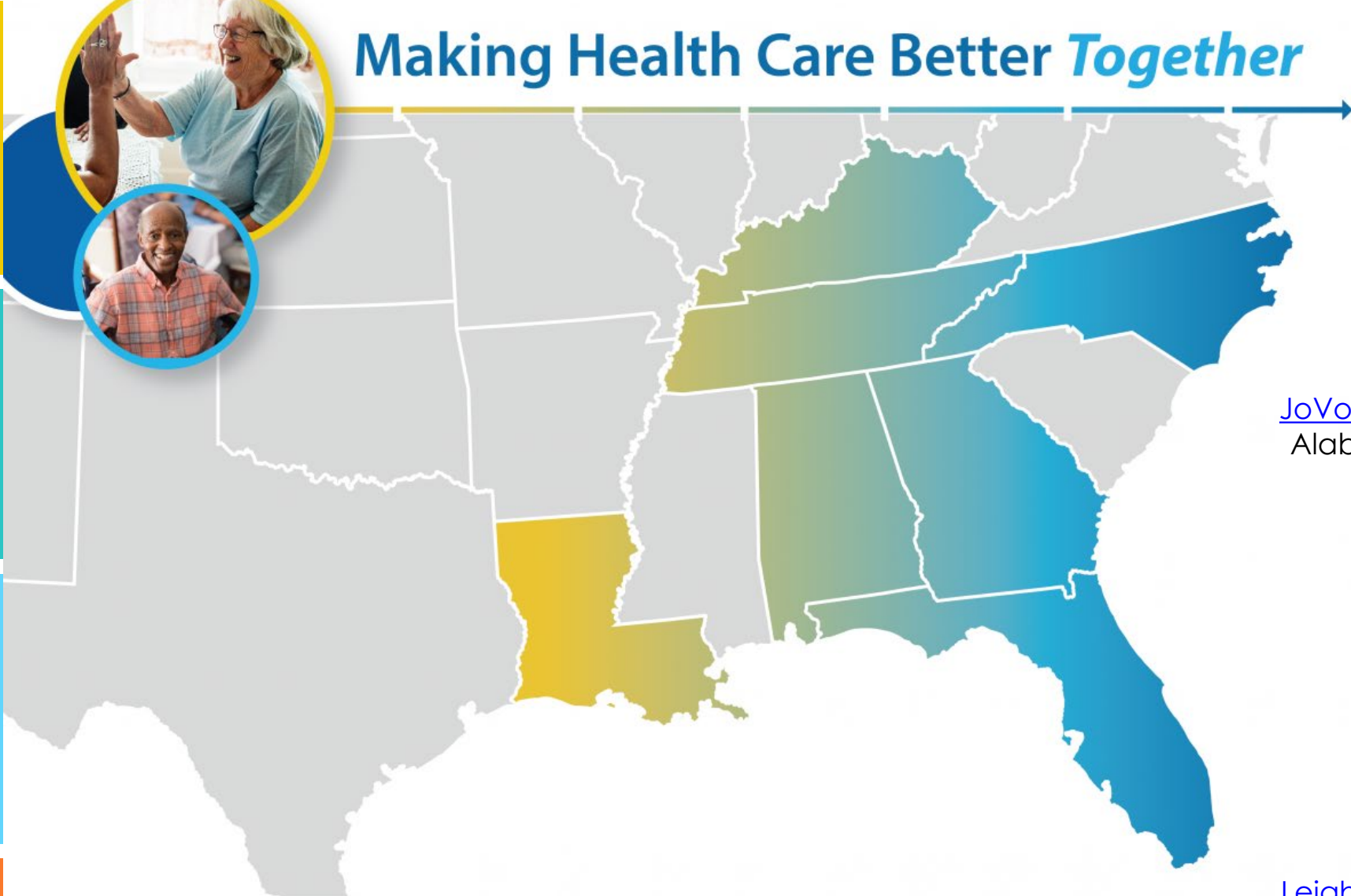
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



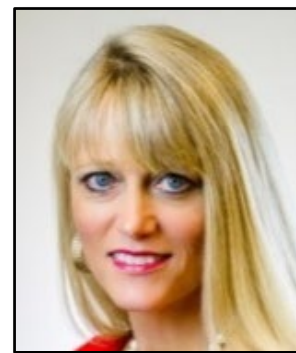
Nursing Home Quality

- ✓ 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*

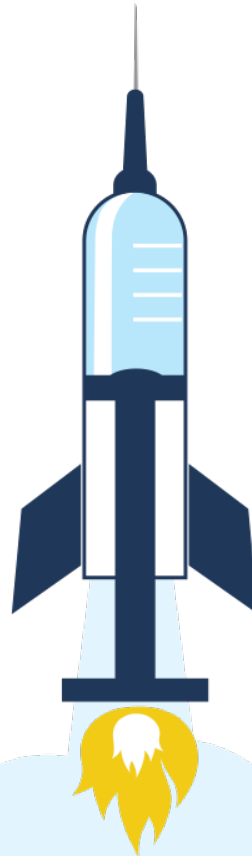


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