

Move the Needle!

Tactics for a Successful Immunization Campaign

Welcome!

- All lines are muted, so please ask your questions in Q&A.
- For technical issues, initiate a chat with the Technical Support panelist.
- Please actively participate in polling questions that will appear on the lower right-hand side of your screen.

**We will get
started shortly!**

Move the Needle!

Tactics for a Successful Immunization Campaign



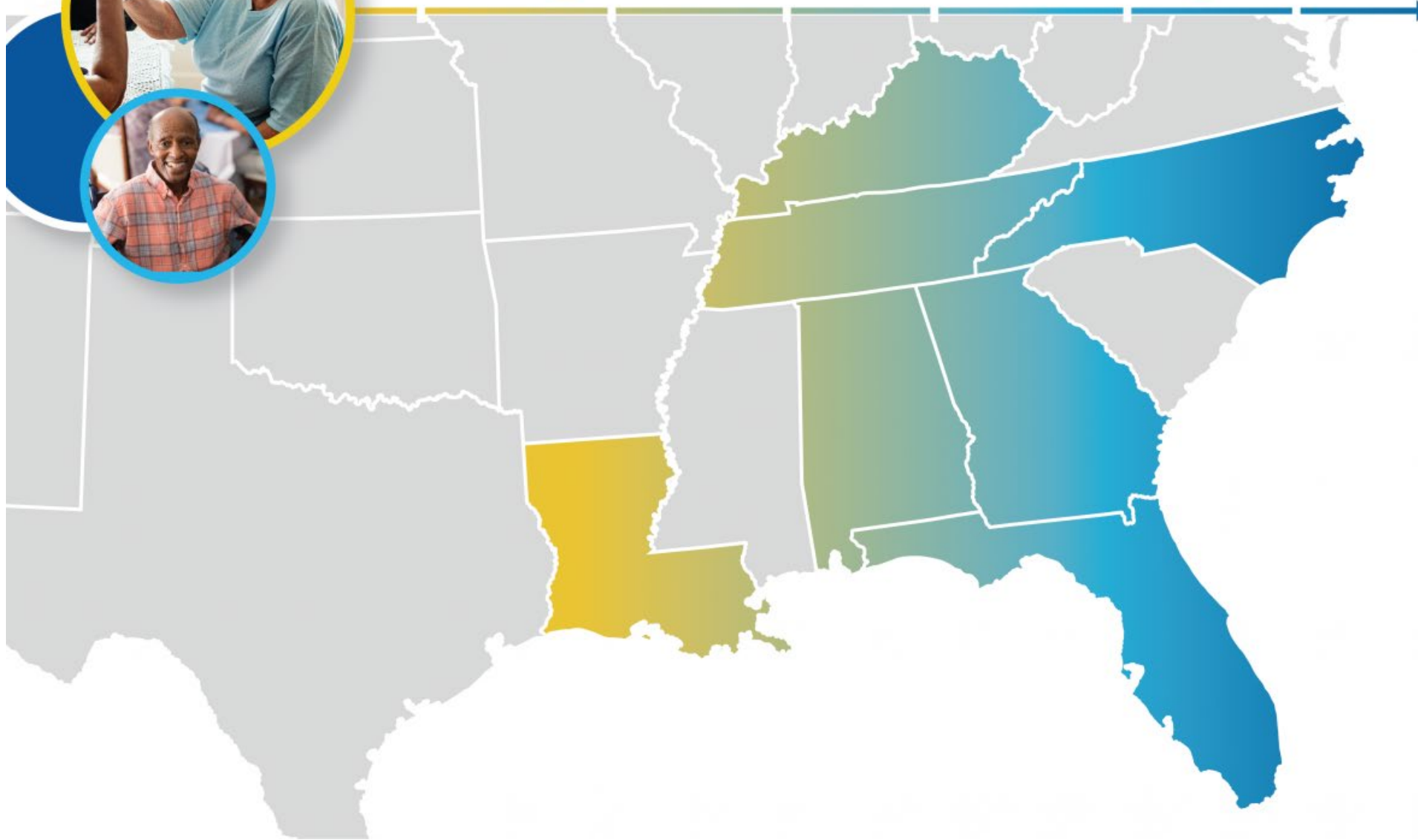
Presented by:
Melanie Ronda, MSN, RN
Danyce Seney RN, BSN, RAC-CTA

August 25, 2022

 **ALLIANT**
HEALTH SOLUTIONS

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

Making Health Care Better *Together*



Melanie Ronda, MSN, RN

ASSISTANT DIRECTOR, NH LEAD NY, NJ, OH INFECTION PREVENTIONIST IPRO

Melanie is the assistant director, nursing home lead for New York, New Jersey and Ohio, and the infection preventionist for IPRO, the Medicare Quality Improvement Organization for New York state, under contract with the Centers for Medicare & Medicaid Services. Melanie has worked in health care for over 25 years, and her experience includes acute, primary and long-term care. While working in acute care, she joined the infection prevention team and found a passion. She earned a BSN and MSN in infection prevention and control. She is a member of the APIC and served on the board of directors. She co-authored the mandatory infection control course in New York State for an internet-based company. Most recently, Melanie worked in LTC as a DON, incorporating her knowledge and expertise in infection prevention and control into the day-to-day activities of the LTC facilities.



Danyce Seneby RN, BSN, RAC-CTA

QUALITY IMPROVEMENT SPECIALIST

Danyce has more than 28 years of experience in acute care, long-term care and dialysis care in various leadership roles. Danyce is a quality improvement specialist and registered nurse with Lean, Infection Control Preventionist, Advanced Resident Assessment Coordination (MDS) and Educator for Adult Learner certifications. At IPRO, Danyce is responsible for supporting skilled nursing facilities in utilizing a quality improvement framework to implement evidence-based interventions and strategies to improve patient safety, improve immunization rates and reduce avoidable readmissions.



Learn Today

1. The steps to a successful immunization campaign
2. Best practices for documentation and transfer of vaccine status across the continuum of care
3. This year's campaign

Use Tomorrow

- ✓ Identify your campaign team
- ✓ Assess how important this year's campaign is to your facility
- ✓ Review how immunization status is communicated as patients transition to and from other levels of care

Why Energize Your Team for This Year's Campaign?

Every year, thousands of adults in the United States become seriously ill and are hospitalized because of diseases that vaccines can help prevent.

Immunization is the best way to protect ourselves, our patients and our family members



We get it
to protect
the good times

People 65 years and older are at higher risk of developing serious flu complications that can result in hospitalization. A flu shot is the best way to protect you and your loved ones from flu.

There's still time to get a flu shot.
cdc.gov/flu/highrisk/65over.htm

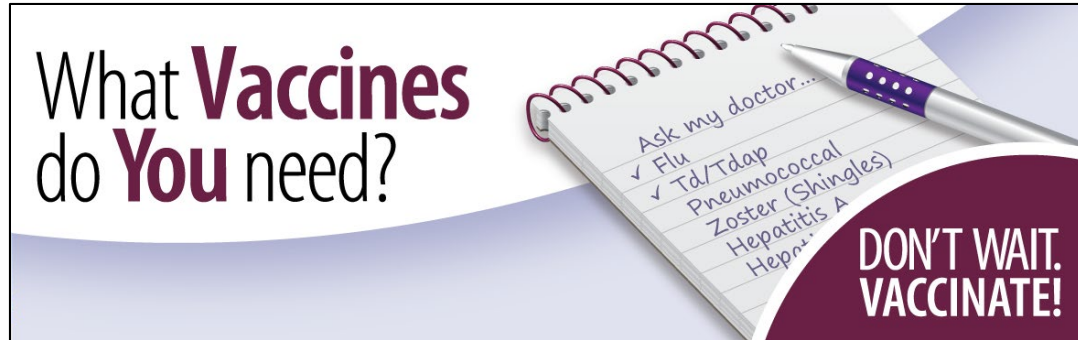
 #FIGHT FLU

Building Your Immunization Campaign

Develop	<ul style="list-style-type: none">✓ A plan of action for your immunization campaign based on CDC ACIP Recommendations - ARDA✓ Strategies to be cost effective✓ Campaign messaging
Identify	<ul style="list-style-type: none">✓ Facility vaccine champion(s)✓ What vaccines will be provided✓ Clinic setting and/or on the spot vaccination✓ Resources needed<ul style="list-style-type: none">✓ Forms, supplies, educational material✓ Safe storage✓ Opportunities to partner with community partners to encourage immunization throughout your community✓ Available resources for education and social media https://www.cdc.gov/vaccines/events/niam/index.html CDC National Immunization Awareness Campaign
Educate	<ul style="list-style-type: none">✓ Staff✓ Patients and Care Partners✓ Visitors



Assess



- Ensure your patient/resident/client is assessed for the vaccines they need to protect against serious vaccine-preventable diseases.
- Factors that change over time that can impact vaccination needs include health conditions, lifestyle, travel, occupation and age
- The CDC website has vaccine questionnaires to help identify vaccines that are appropriate
- The community guide can provide strategies to improve vaccination rates

<https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/assessment.html>

<https://www.thecommunityguide.org/topic/vaccination>

Recommend: Best Practices



- **SHARE** the reasons why the vaccine is appropriate for the individual and specific situation/ risk factors
- **HIGHLIGHT** positive experiences to reinforce the benefits and confidence in vaccinations
- **ADDRESS** patient questions and concerns that are specific to their concerns and situations
- **REMIND** patients/residents/clients that vaccines protect from serious illness and disease
- **EXPLAIN** the potential impact of getting the disease/sick – lost work time, care, medications etc.

Provide vaccine information. Online self-assessment resources are available on the CDC website for all vaccines.

<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

Administer



Administer vaccine at the time of the visit and throughout the stay or provision of service.

If a vaccine is not in stock, refer the individual to a local immunization provider that can vaccinate and follow up for documentation.


Ensure your policies and processes align with current recommendations and contain the appropriate information, including:

- Standing orders or protocols (where allowed by state law) for vaccine administration
- Proper storage and handling of vaccines
- How Vaccine information education will be provided to patients, residents, care partners and staff
- Proper administration protocols
- Infection control measures during vaccination
- Potential adverse events and reporting

<https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>

Administer: Partnerships to Increase Vaccine Administration Rates

Partnering for Vaccine Equity: Partner Network Interactive Map



Partnering for Vaccine Equity: Partner Network

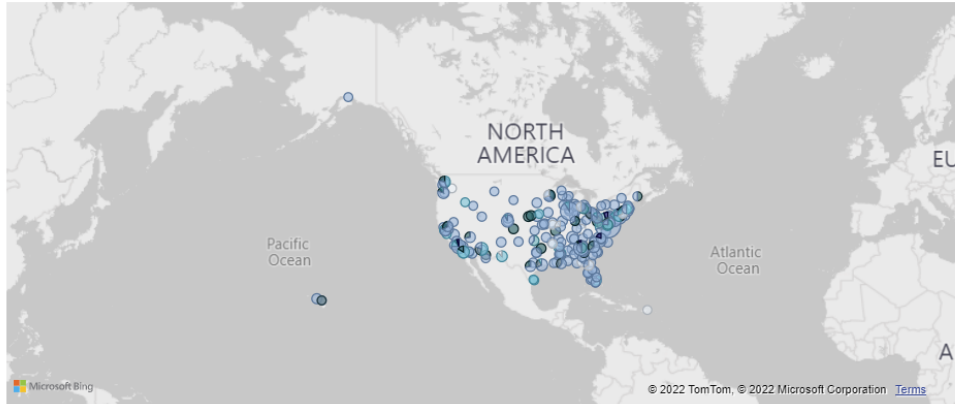
Last Updated
7/22/22

Organization Type
All

State
All

Primary Recipient
All

Funding Mechanism
All



Organization Type

- City gov...
- Commu...
- Federall...
- Health d...
- Nonprofi...
- Nonprofi...
- Social M...
- University

No. of States, Territo... **52**

No. of Organizations **544**

Primary Recipient

483 Sub

61 Prime

African American/Black

American Indian/Alaska Native

Asian American/Pacific Islander

Hispanic/Latinx

Organization Name	State	City	Organization Type
6th District Episcopal AME Church	Georgia	Atlanta	Nonprofit (non-medical associati
6th District Episcopal CME Church	Georgia	Atlanta	Nonprofit (non-medical associati
A Compass Project, Inc.	Kansas	Lawrence	Nonprofit (non-medical associati
Able South Carolina	South Carolina	Columbia	Nonprofit (non-medical associati
Abounding Prosperity, Inc.	Texas	Dallas	Nonprofit (non-medical associati
Acacia Network / Promesa	New York	Bronx	Federally Qualified Health Center

Organization Type

- Nonprofit (non-medical associati
410
- Federally Qualified Health Center (FQHC)
61
- Health department
24
- Community health center (non-FQHC)
15
- University
15
- Nonprofit (Medical association)
11
- Social Media Partner
6
- City government
2

Document



Documentation of Vaccination status should follow the resident/patient/client just like Advance Directives

Admission	<ul style="list-style-type: none">• Ask about immunization status• Seek immunization records from prior care facilities, state registries and other databases
During Stay	<ul style="list-style-type: none">• Educate and offer vaccines• Document education, administration, refusals and reasons for refusals• Offer repeatedly, minimally on admission and prior to discharge
Discharge	<ul style="list-style-type: none">• Provide a record of immunizations given to patients• Include a record of immunizations given as well as refusals and reasons for vaccine hesitancy in the information provided to the next level of care and to the patient's primary care physician

Documentation: Communication Across the Care Continuum



What immunization information is shared?	<ul style="list-style-type: none">✓ Immunization status✓ Educational material provided✓ Documentation of reasons for declination or hesitancy that were shared
How is immunization status and related information shared?	<ul style="list-style-type: none">✓ Hard copies✓ Electronically✓ Wallet card
Who is information shared with?	<ul style="list-style-type: none">✓ Next level of care provider✓ Care partner✓ Transition care services✓ Community paramedic programs✓ State immunization registry

Documentation: Impact on SNF Quality Measures and Star Rating



State Operations Manual

The facility must develop policies and procedures that ensure that:

- Education regarding the benefits and potential side effects of the immunization.
- Offered appropriate vaccine unless the immunization is medically contraindicated or the resident has already been immunized.
- The right to refuse.
- Document the following:
 - The resident or resident's legal representative was provided education regarding the benefits and potential side effects.
 - The resident either received the pneumococcal immunization or did not receive immunization due to medical contraindication or refusal.

SOM: Appendix PP F334 483.25 (N)

Documentation in Nursing Homes

Alliant Health Solutions has a nearly 7-minute video titled “Immunization Documentation in Nursing homes” that can be found here:

<https://www.youtube.com/watch/LRW8E4TsVhA>

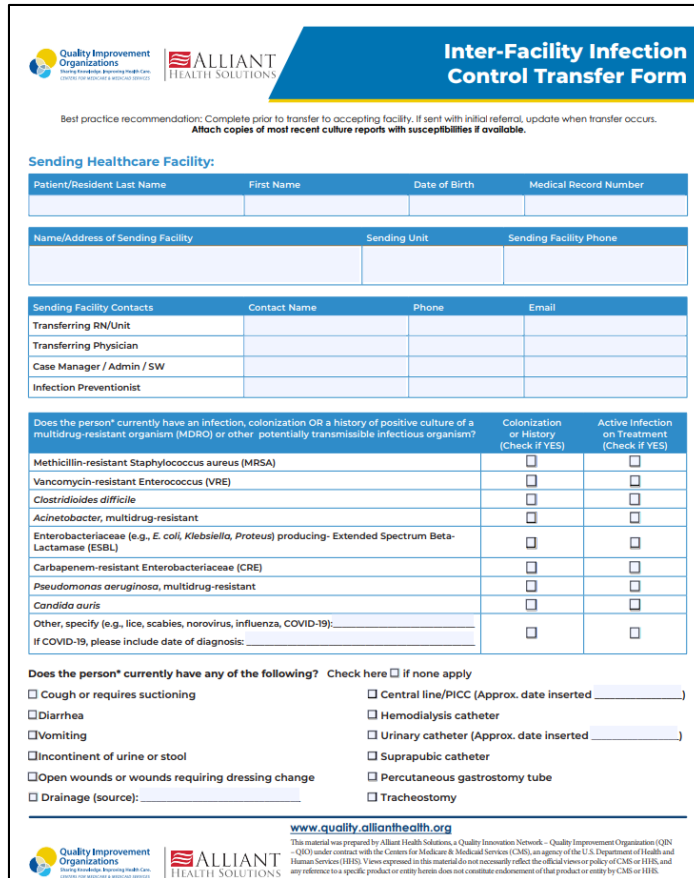


Points to Consider

Education = Vaccination!

- Have a concrete process to obtain information on admission and address the need for a vaccine.
- You offered the vaccine, but the resident/family declined.
- Within your organization, decide on how to best handle this situation.
- Who does the resident trust?
- Readdress with the quarterly MDS.
- Provide written educational material to show the importance of the vaccine.
- Alliant Health Solutions has a comprehensive library of educational tools to assist you in training your staff, residents and/or families.

Alliant Health Solutions has a Inter-Facility Infection Control Transfer Form with an area specific to Immunizations for easy communication across the continuum of care.



Inter-Facility Infection Control Transfer Form

Best practice recommendation: Complete prior to transfer to accepting facility. If sent with initial referral, update when transfer occurs. Attach copies of most recent culture reports with susceptibilities if available.

Sending Healthcare Facility:

Patient/Resident Last Name, First Name, Date of Birth, Medical Record Number

Name/Address of Sending Facility, Sending Unit, Sending Facility Phone

Sending Facility Contacts: Transferring RN/Unit, Transferring Physician, Case Manager / Admin / SW, Infection Preventionist

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?

	Colonization or History (Check if YES)	Active Infection on Treatment (Check if YES)
Methicillin-resistant Staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin-resistant Enterococcus (VRE)	<input type="checkbox"/>	<input type="checkbox"/>
Clostridioides difficile	<input type="checkbox"/>	<input type="checkbox"/>
Acinetobacter, multidrug-resistant	<input type="checkbox"/>	<input type="checkbox"/>
Enterobacteriaceae (e.g., E. coli, Klebsiella, Proteus) producing Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/>	<input type="checkbox"/>
Pseudomonas aeruginosa, multidrug-resistant	<input type="checkbox"/>	<input type="checkbox"/>
Candida auris	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify (e.g., lice, scabies, norovirus, influenza, COVID-19):	<input type="checkbox"/>	<input type="checkbox"/>

If COVID-19, please include date of diagnosis: _____

Does the person* currently have any of the following? Check here if none apply

<input type="checkbox"/> Cough or requires suctioning	<input type="checkbox"/> Central line/PICC (Approx. date inserted _____)
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hemodialysis catheter
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Urinary catheter (Approx. date inserted _____)
<input type="checkbox"/> Incontinent of urine or stool	<input type="checkbox"/> Suprapubic catheter
<input type="checkbox"/> Open wounds or wounds requiring dressing change	<input type="checkbox"/> Percutaneous gastrostomy tube
<input type="checkbox"/> Drainage (source): _____	<input type="checkbox"/> Tracheostomy

www.quality.allianthealth.org

This material was prepared by Alliant Health Solutions, a Quality Improvement Network - Quality Improvement Organization (QIN-QIO) 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.

Is the person* currently in Transmission-Based Precautions? No Yes

Type of Precautions (check all that apply) Contact Droplet Airborne Other: _____

Reason for Precautions: _____

Is the person* currently on antibiotics? No Yes

Antibiotic, Dose, Route, Frequency	Treatment for	Start Date	Anticipated Stop Date	Date/Time of Last Dose

Has the person* received treatment for COVID-19? No Yes (monoclonal antibody treatment, convalescent plasma, etc.)

Dose, Route, Frequency	Start Date	Anticipated Stop Date	Date/Time of Last Dose

Vaccine	Date Administered (If known)	Lot and Brand (If known)	Does the person* self-report receiving vaccine?
Influenza (seasonal)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PPSV23)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PCV13)			<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19	REQUIRED Dose 1: _____ Dose 2: _____ Booster Dose/ Additional Dose: _____	REQUIRED <input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

*Refers to patient or resident, depending on transferring facility

Name of staff completing form (print): _____

Signature: _____ Date: _____

If information communicated prior to transfer:

Name of individual at receiving facility: _____ Phone of individual at receiving facility: _____

This Year's Campaign

Immunization Schedules

CDC > Schedules Home > For Healthcare Providers



Adult Immunization Schedule

Recommendations for Ages 19 Years or Older, United States, 2022

COVID-19 Vaccination

ACIP recommends use of COVID-19 vaccines for everyone ages 6 months and older. COVID-19 vaccine and other vaccines may be administered on the same day. See the [COVID-19 Vaccine: Interim COVID-19 Immunization Schedule](#) for additional information.

Using the schedule

To make vaccination recommendations, healthcare providers should:

1. Determine needed vaccines **based on age** ([Table 1](#))
2. Assess for **medical conditions and other indications** ([Table 2](#))
3. Review **special situations** ([Vaccination Notes](#))
4. Review **contraindications and precautions to vaccination** ([Appendix](#))

Download the schedule

[Printable schedule, color](#)

[Printable schedule, black & white](#)

[Download the mobile schedule app](#)

[Get Email Updates](#)

More schedule resources

[Compliant version of the schedule](#)

[Vaccines in the schedule](#)

[Schedule changes and guidance](#)

[Syndicate the schedules on your website](#)

[Table 1. By age](#)

[Table 2. By indications](#)

[Vaccination Notes](#)

[Appendix](#)

This Year's Campaign

CDC > Schedules Home > For Healthcare Providers > Resources

Schedules Home

For Healthcare Providers

- Child & Adolescent Immunization Schedule
- Adult Immunization Schedule
- Schedule Changes & Guidance
- Resources
 - Schedule-Related Resources
 - Vaccine Schedules App

For You and Your Family

Related Links

- [Vaccines & Immunizations](#)
- [ACIP Vaccination Recommendations](#)
- [ACIP: Acronyms for Vaccines](#)
- [Vaccine Guidelines and Recommendations for Emergency Situations](#)
- [Delays in Vaccine Supply](#)

CDC Vaccine Schedules App for Healthcare Providers

Note: If you previously downloaded the app, check that you have version 9.0.1 with 2022 schedules and footnotes.

[Download the App](#)

Healthcare providers who recommend or administer vaccines can immediately access all CDC recommended immunization schedules and footnotes using the CDC Vaccine Schedules app. Optimized for tablets and useful on smartphones, the app shows child, adolescent, and adult vaccines recommended by the Advisory Committee on Immunization Practices ([ACIP](#)).

The app visually mimics the printed schedules, which are reviewed and published annually. Users can identify correct vaccine, dosage, and timing with 2 or 3 clicks. Any changes in the schedules will be released through app updates. This app is one of an expanding collection of applications from CDC on a variety of topics, each optimized for your mobile device.

This free tool provides the most current version of the

- Child and adolescent schedule with immunization recommendations from birth through age 18
- Catch-up schedule for children and adolescents 4 months through 18 years
- Adult schedule, including recommended vaccines for adults by age group and by medical conditions
- Adult Contraindications and precautions table

Features of the app:

- Color coding coordinates with printed schedules
- Hyperlinked vaccine name opens as a pop-up with dose specifics
- Catch-up schedule for children and adolescents
- Related vaccine resources and websites are included
- Any changes in the schedules will be released through app updates

For more information please visit: [Immunization Schedules for Healthcare Providers](#).

Share content using social media sites.

[Top of Page](#)

Download the App

This Year's Campaign

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2022

How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (**Table 1**)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (**Table 2**)
- 3** Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
- 4** Review contraindications and precautions for vaccine types (**Appendix**)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), and American Academy of Physician Associates (www.aapa.org), and Society for Healthcare Epidemiology of America (www.shea-online.org).

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB® Heplisav-B®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 15-valent conjugate vaccine	PCV15	Vaxneuvance™
Pneumococcal 20-valent conjugate vaccine	PCV20	Prevnar 20™
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide (PPSV23) and zoster (RZV) vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation.

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2022: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

Scan QR code for access to online schedule



CS310021-A



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

<https://www.cdc.gov/vaccine/schedules/downloads/adult/adult-combined-schedule.pdf>

This Year's Campaign

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2022

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 percentage and count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism ¹	Chronic liver disease	Diabetes	Health care personnel ²	Men who have sex with men	
			<15% or <200 mm ³	≥15% and ≥200 mm ³								
IIV4 or RIV4 or LAIV4			1 dose annually									
			Contraindicated			Precaution			1 dose annually			
Tdap or Td	1 dose Tdap each pregnancy		1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	Contraindicated*	Contraindicated	1 or 2 doses depending on indication									
VAR	Contraindicated*	Contraindicated		2 doses								
RZV			2 doses at age ≥19 years			2 doses at age ≥50 years						
HPV	Not Recommended*		3 doses through age 26 years			2 or 3 doses through age 26 years depending on age at initial vaccination or condition						
Pneumococcal (PCV15, PCV20, PPSV23)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)									
HepA			2 or 3 doses depending on vaccine									
HepB	3 doses (see notes)		2, 3, or 4 doses depending on vaccine or condition									
MenACWY			1 or 2 doses depending on indication, see notes for booster recommendations									
MenB	Precaution		2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib		3 doses HSCT ³ recipients only		1 dose								

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
 Recommended vaccination for adults with an additional risk factor or another indication
 Recommended vaccination based on shared clinical decision-making
 Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction
 Contraindicated or not recommended—vaccine should not be administered.
 No recommendation/Not applicable

1. Precaution for LAIV4 does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. 3. Hematopoietic stem cell transplant.

<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

Questions?



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



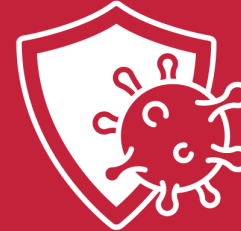
CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes



CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans



IMMUNIZATION

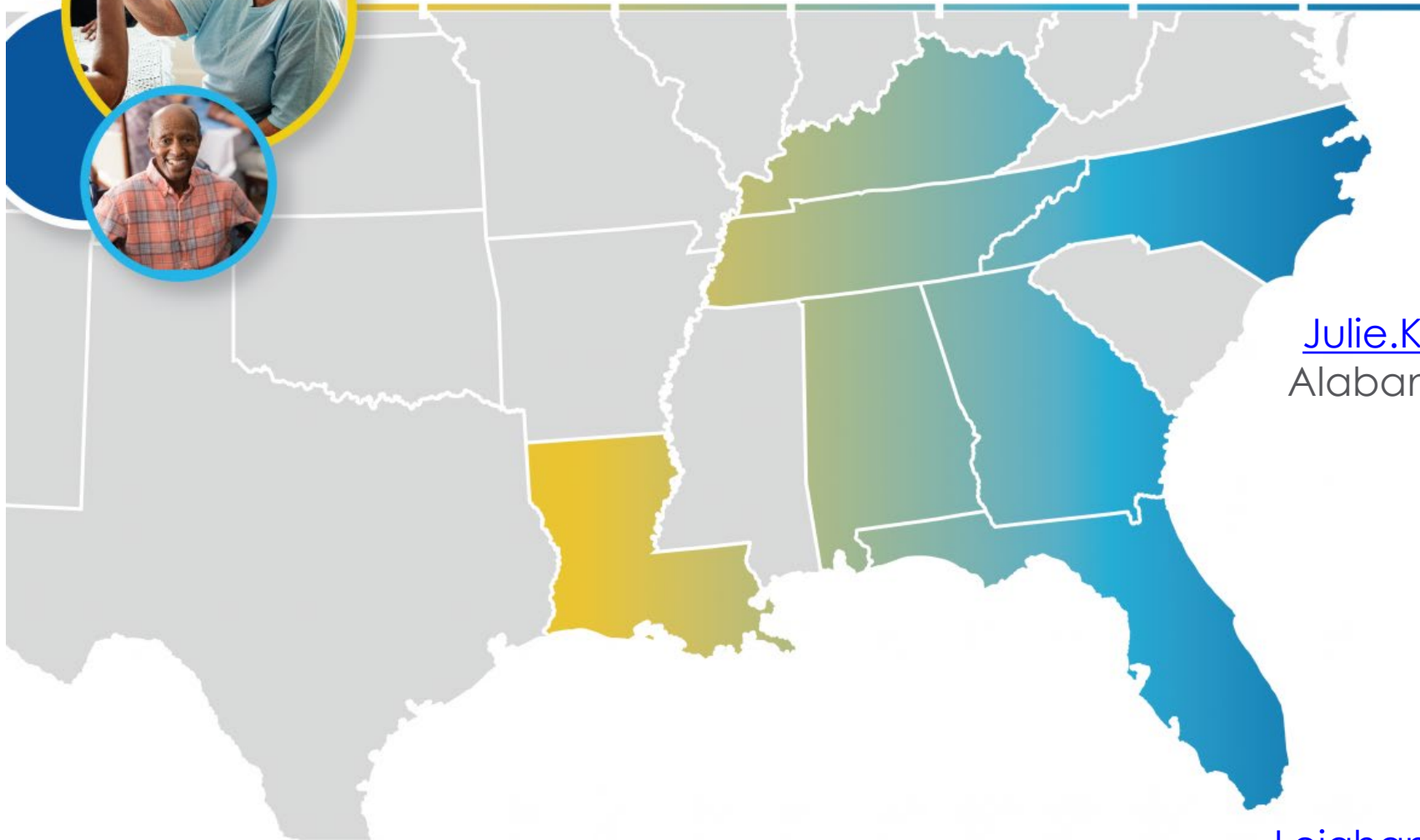
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

Making Health Care Better *Together*



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