

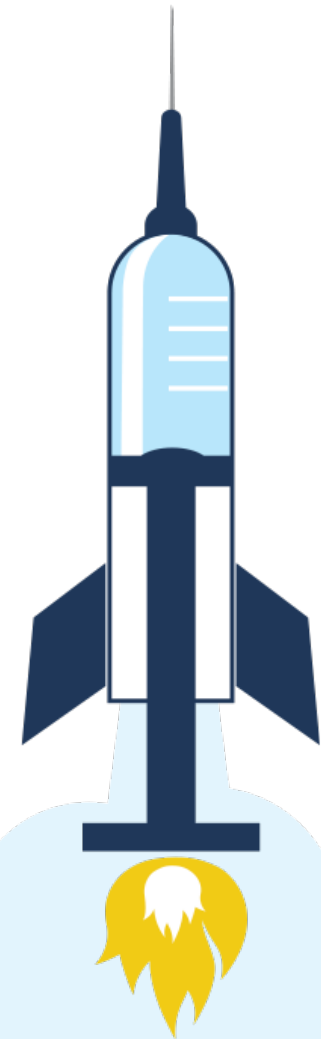
# Improving Immunization Rates in PALTC

Elizabeth Sobczyk, MSW, MPH

March 9, 2023

 **ALLIANT**  
HEALTH SOLUTIONS

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



# Elizabeth Sobczyk, MSW, MPH

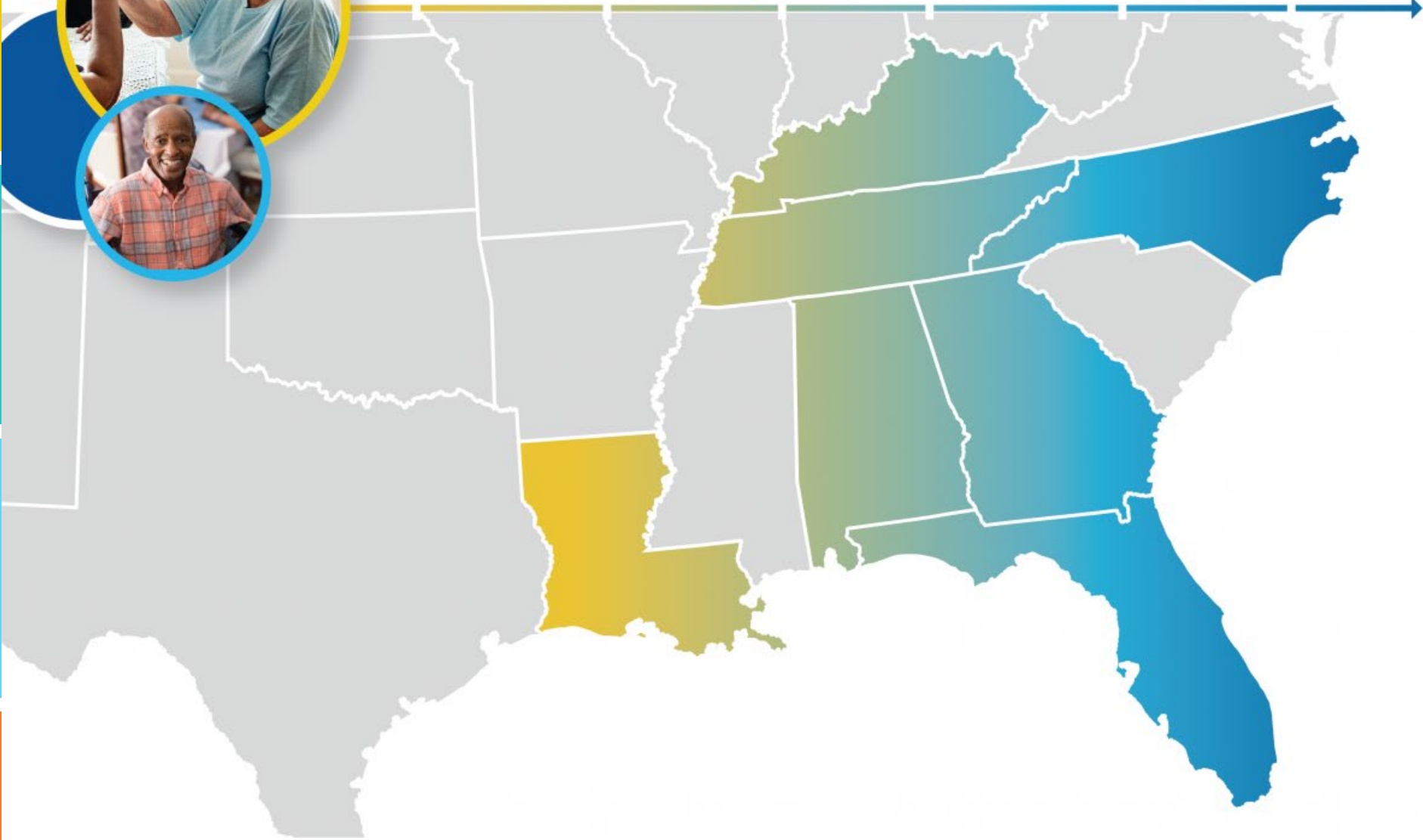
**PROJECT DIRECTOR, AMDA**

**THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE**

Elizabeth A. Sobczyk, MSW, MPH, has more than 15 years of experience in building partnerships to improve public health prevention through education and change management. She spent over a decade overseeing immunization initiatives at the American Academy of Pediatrics and more than five years leading a portfolio of work around immunizations and prevention at the Gerontological Society of America as the director of strategic alliances. She is currently the project director at AMDA–The Society for Post-Acute and Long-Term Care Medicine, where she is responsible for a Centers for Disease Control and Prevention Cooperative Agreement on raising immunization coverage rates in post-acute and long-term care facilities.



# Making Health Care Better *Together*



About Alliant Health Solutions



**Moving  
Needles**   
A CDC FUNDED INITIATIVE

# Improving Adult Immunization Rates in PALTC

A five-year, CDC-funded  
cooperative agreement with AMDA



THE SOCIETY  
FOR POST-ACUTE AND  
LONG-TERM  
CARE MEDICINE™

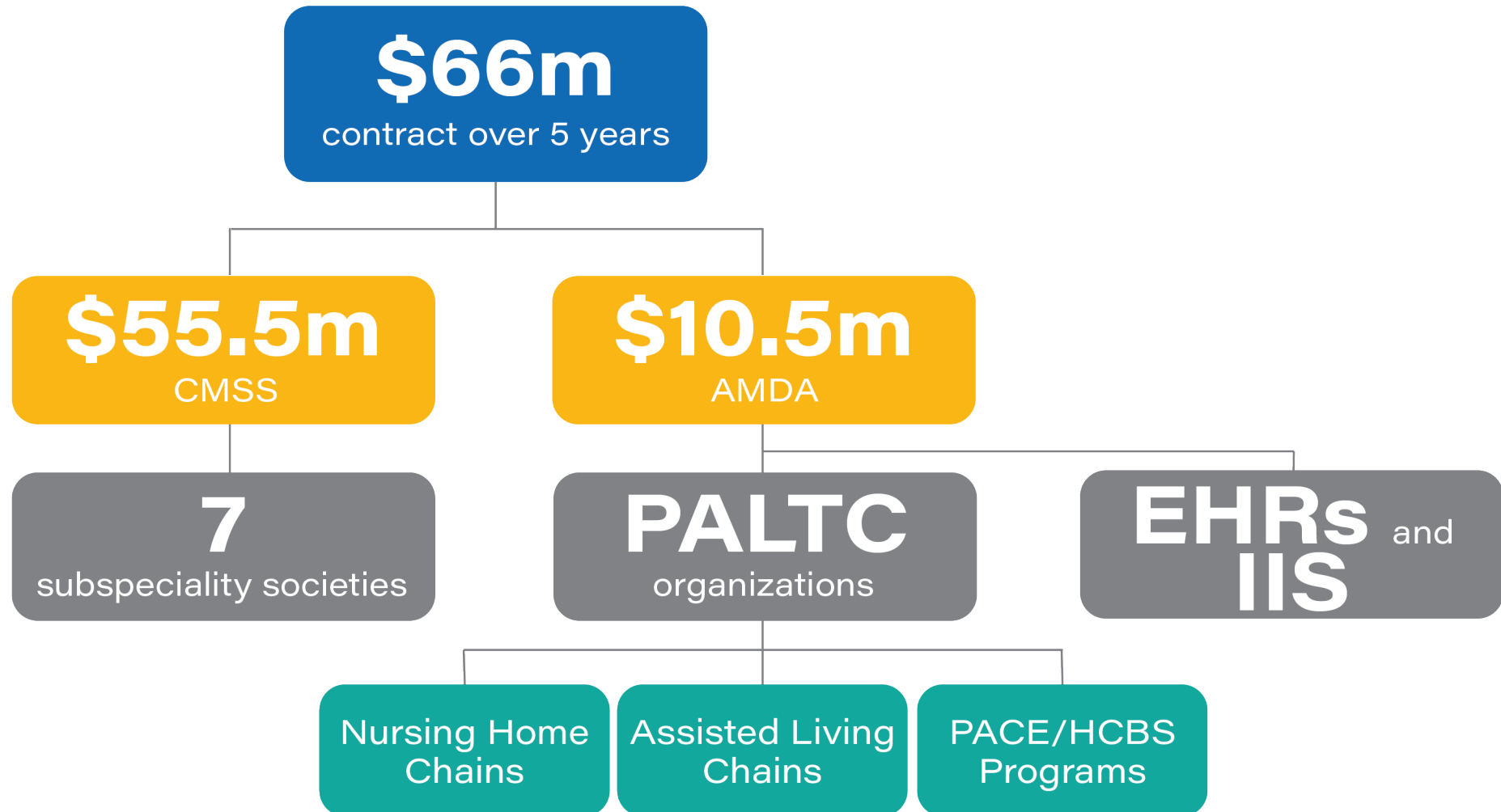
[WWW.MOVINGNEEDLES.ORG](http://WWW.MOVINGNEEDLES.ORG)

# Today's Objectives

- Provide an overview of the *Moving Needles Project*
- Share details about the quality improvement pilot
- Encourage Alliant members to visit the website and sign up for the newsletter



# The Big Picture



A photograph showing two men in conversation. On the left, a man with glasses is seen from the back of his head. On the right, a man with dark hair is smiling and looking towards the other man. The background is a blurred outdoor setting with green foliage.

# Overview

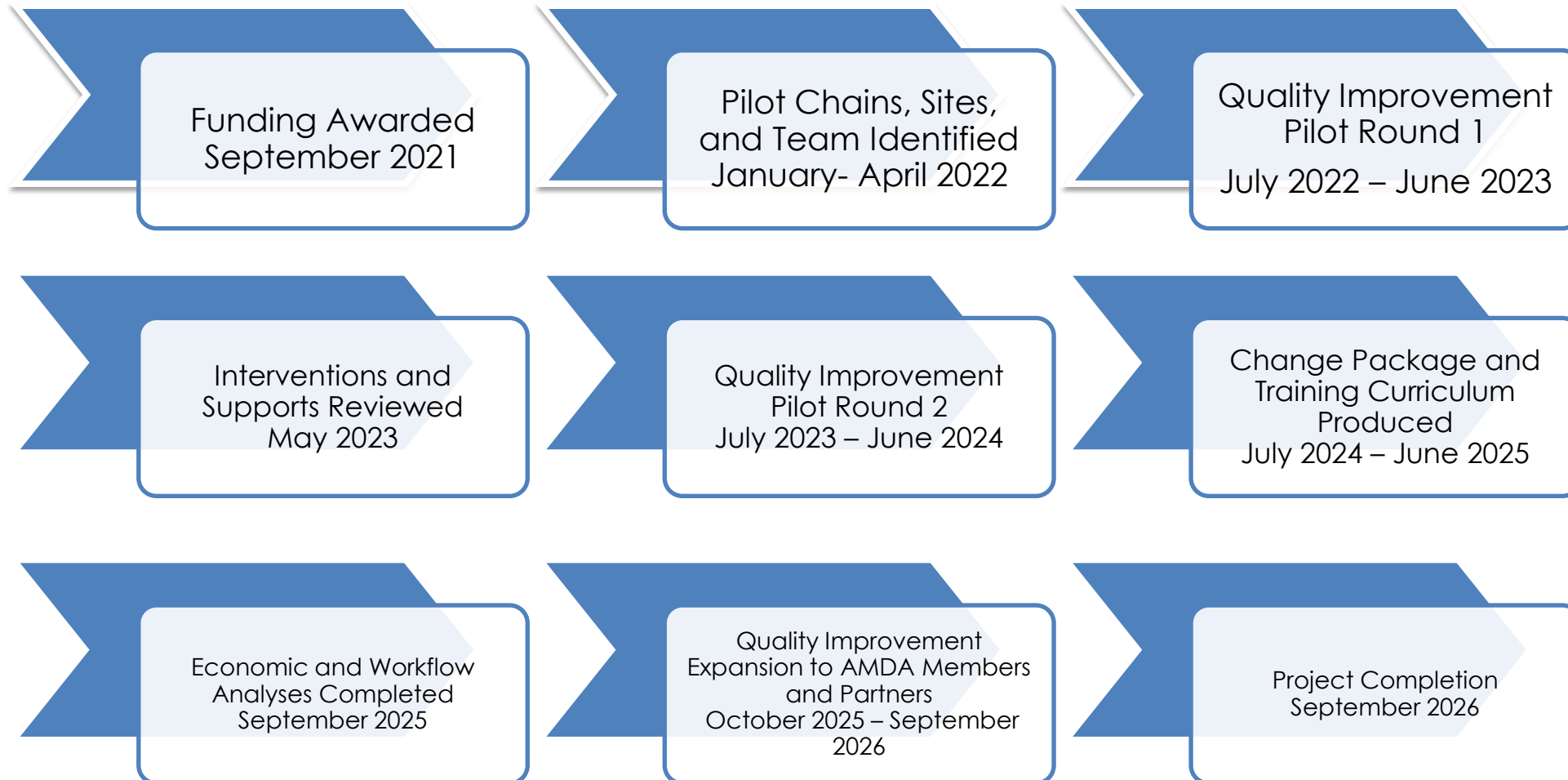
## Goal

Make routine adult immunizations a standard of care for PALTC residents and an expectation for employees.

## Main Components

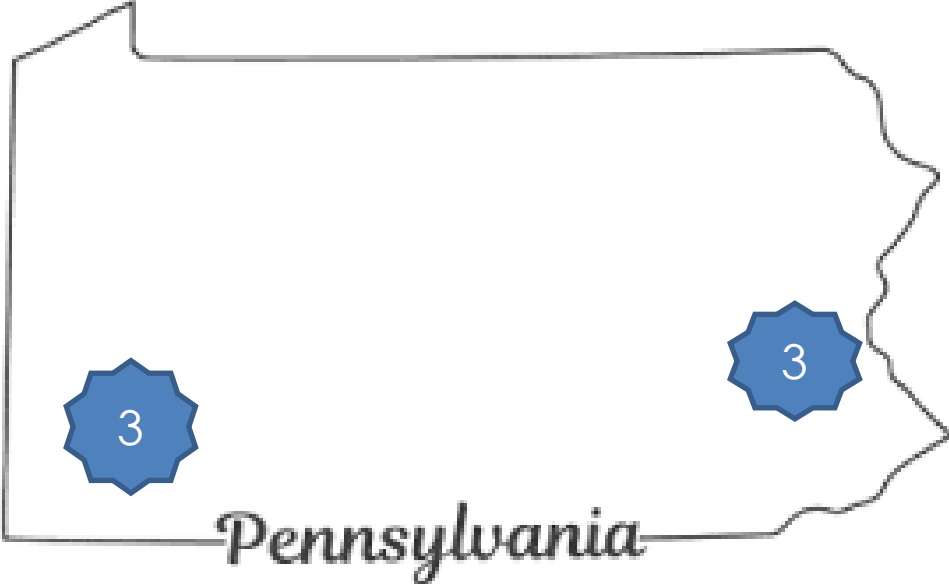
- Align existing immunization policies and procedures in PALTC
- Develop pilot programs to test standardized routine adult immunizations across all PALTC settings for both residents and staff
- Establish baseline data and measure improvement
- Integrate routine immunization and reporting to state IISs into workflows and EHR systems for both staff and residents
- Demonstrate both clinical benefits and operational/cost benefits to the implementation
- Establish a permanent resource for PALTC immunization

# Timeline





# Pilot Sites





# Structure of the Pilot

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**Teams in each site:** medical director (where applicable), CNA or other front-line staff, director of nursing, etc.

## Once a month:



Hour-long virtual meeting – part information/education, part group discussion and measures review



Individual site 15-minute check-in



Data submission

# Pilot Interventions



## Residents:

- Adopt standard operating procedures
  - Standing orders, prompts or reminders, offer onsite with regular calendar
- Address concerns of residents and families
- Create immunization champions/advocates



## Staff:

- Offer vaccines on site at no cost
- Address concerns of staff
- Build trust between administration and front line staff
- Consider the impact of mandates

# Pilot Interventions



# Measures for Residents

## COVID-19

- Fully vaccinated: 2 doses of Pfizer or Moderna vaccines or 1 dose of Janssen
- Up-to-date: 2<sup>nd</sup> booster: for adults age 50+ years old **OR** ages 12 years & older who are moderately or severely immunocompromised
- Up-to-date: 1<sup>st</sup> booster for everyone else 12 & older

## Influenza

- Once per year
- For 65+, consider an enhanced vaccine that has been shown to work better in older adults

## Pneumococcal

- For 65+
- One dose of PCV20 or PCV15+PPSV23
- No need to revaccinate if they have previously received PCV13
- Give PCV15 or 20 if they have only received PPSV23 in the past

## Tdap

- Once every 10 years
- When feasible, use Boostrix for 65+

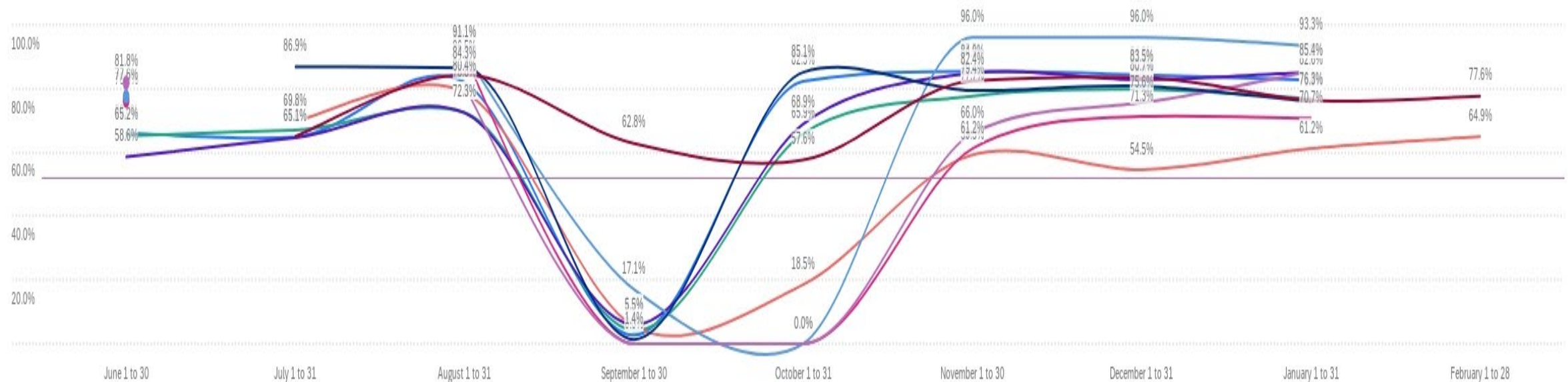
## Shingles

- For 50+
- RZV (Shingrix) is now recommended
- 2 doses, 2-6 months apart
- Should be given even if someone had shingles or was previously vaccinated with Zostavax



# Residents: COVID-19 Vaccination Rates

## COVID-19 Rate – Residents

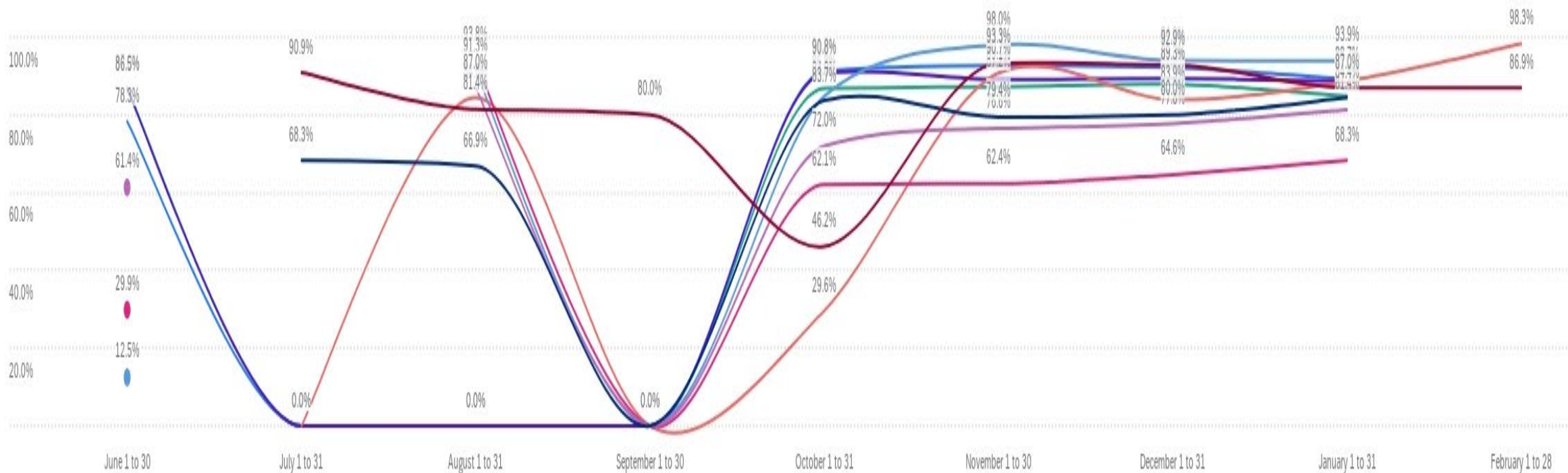


## Notes

- Facilities agreed to add the bivalent booster into their COVID-19 measures, so facilities went back to zero in September.
- Most have vaccinated residents back to or exceeding their pre-bivalent booster numbers in 1-2 months.

# Residents: Influenza Vaccination Rates

## Influenza Rate – Residents

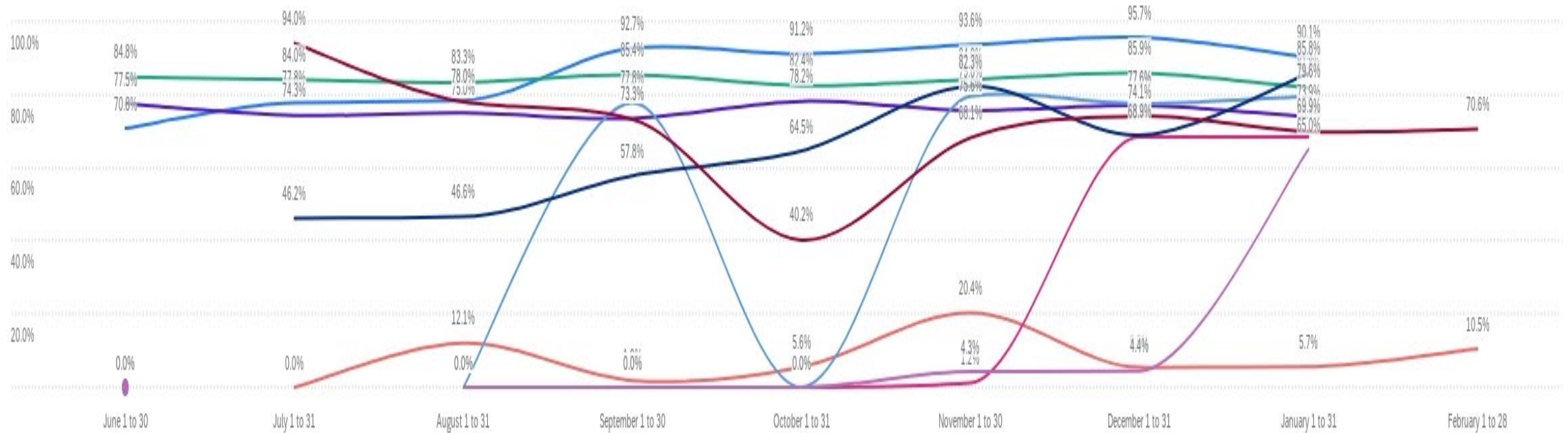


### Notes

- We used June/July as a benchmark for last year's rates.
- Almost all facilities have met or exceeded last year's baseline in 1-2 months of vaccinating for influenza.

# Residents: Pneumococcal Vaccination Rates

## Pneumococcal Rate – Residents



## Notes

- Facilities have been highly focused on COVID-19 and influenza vaccination for most of the project due to the season and changing recommendations.
- Despite this, several facilities took the opportunity to incorporate pneumococcal vaccination into their processes and have seen jumps between 15 and 20% in their rates.

# Residents: The Takeaways

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- In many facilities, COVID-19 vaccination rates are the same or higher than when we first started.
- In almost every facility, influenza vaccination rates are higher than when we first started.
- In many facilities, pneumococcal vaccination rates are significantly higher than when we first started.
- What is working?
  - Facilities have been implementing structured processes and procedures because of the pilot. They are working to routinize offerings and are expanding what vaccines they provide.
  - Checking status on admission or using reminder-recall systems and organizing vaccine availability outside of just clinic times
  - Assigning someone/a team to be responsible for the process
  - Using the state immunization information system to get data on the resident's history

# Measures for Staff

## COVID-19

- Fully vaccinated: 2 doses of Pfizer or Moderna vaccines or 1 dose of Janssen
- Up-to-date: 1<sup>st</sup> booster for everyone 12 & older

## Influenza

- Once per year
- For 65+, consider an enhanced vaccine that has been shown to work better in older adults

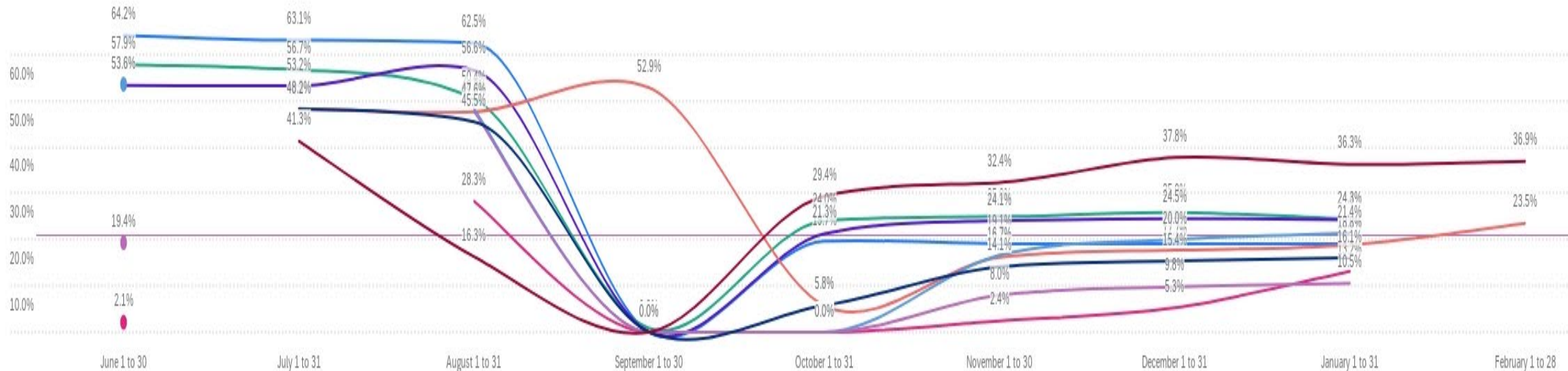
## Hepatitis B

- Adults age:19-59
- 60+ with risk factors for Hepatitis B
- 2-dose, 3-dose, or 4-dose series, depending on vaccine or condition as recommended by the CDC



# Staff: COVID-19 Vaccination Rates

## COVID-19 Rate – Staff

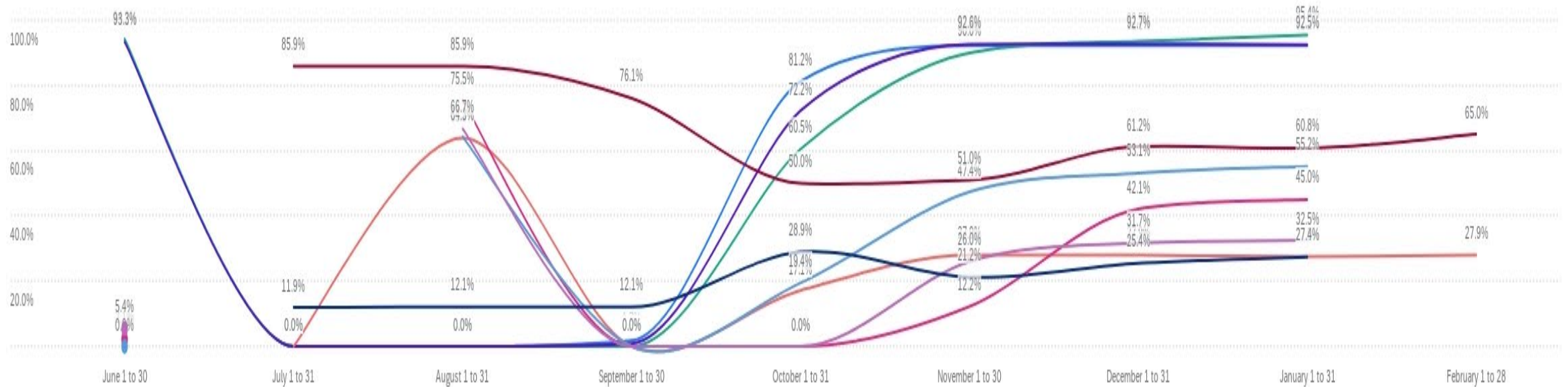


## Notes

- Facilities are universally struggling with staff acceptance of the bivalent booster.
- Facilities have been able to tailor the approach to what works best for them – for example, some use staff incentives to get any movement. Some have found that a peer champion offering three or more times gets movement, while others recognize vaccine fatigue and more resistance to continued offering.

# Staff: Influenza Vaccination Rates

## Influenza Rate – Staff

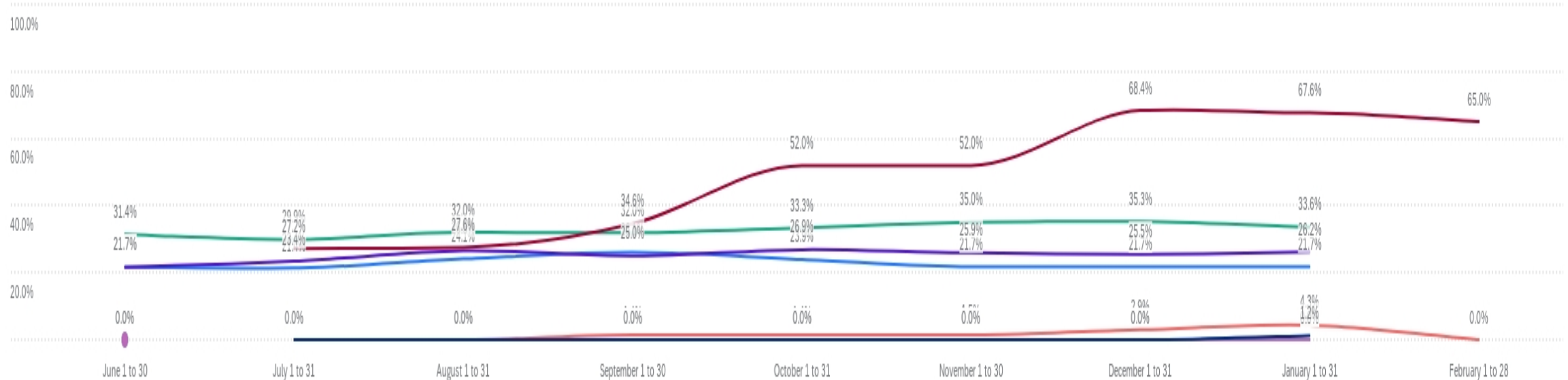


## Notes

- Facilities are seeing success with the increasing accessibility of vaccine, such as rounding on units instead of only offering vaccines during designated clinic times.
- COVID-19 fatigue has spilled into some facilities with influenza vaccine, too.
- Even chains that have mandated the vaccine face difficult decisions due to extreme staffing shortages.

# Staff: Hepatitis B Vaccination Rates

## Hepatitis B Rate – Staff



## Notes

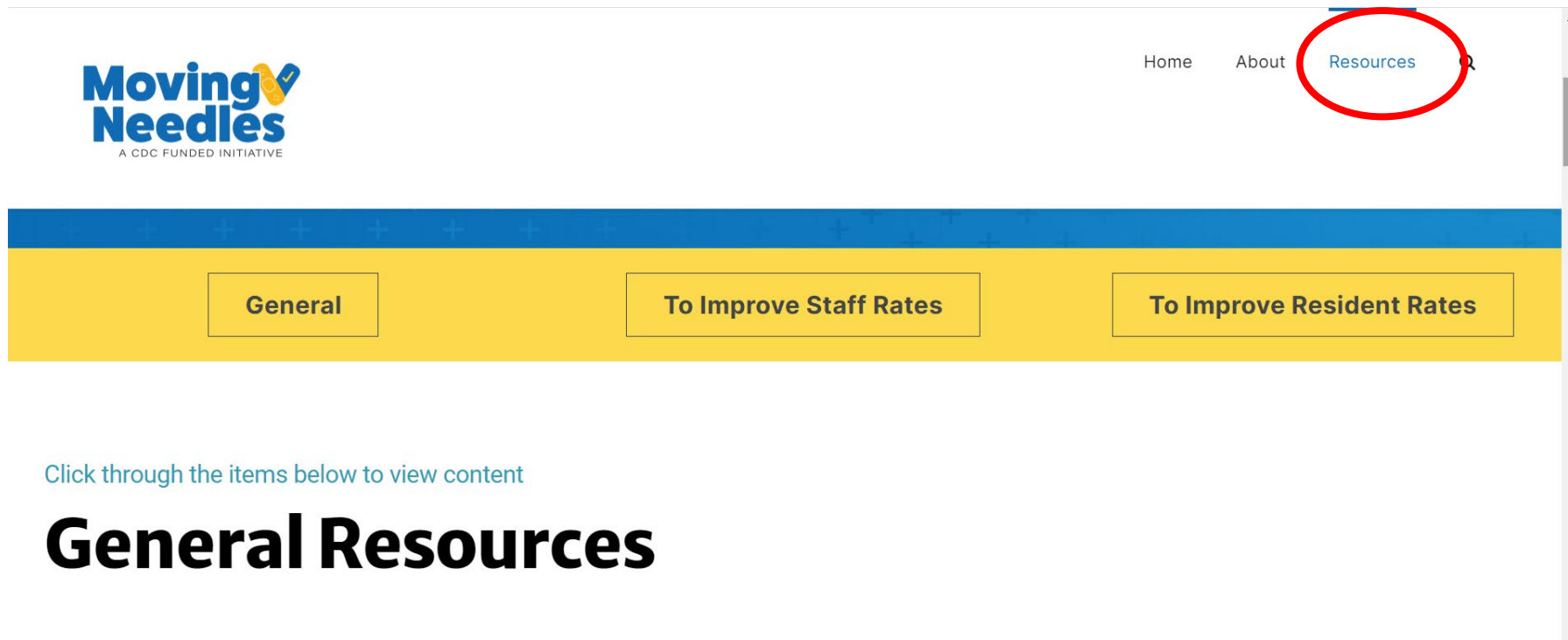
- Most facilities have focused heavily on influenza and COVID-19 vaccination for the past few months.
- The zeroes represent a lack of access to data, not a reflection of rates.
- One facility has had great success cohorting staff – housekeeping, kitchen staff, etc. – providing education and vaccination in small groups.

# Staff: The Takeaways

- All facilities are struggling with COVID-19 bivalent booster rates.
- Vaccine fatigue has spilled over to influenza in some facilities.
- Where we are seeing success, facilities are making the vaccine more accessible, addressing staff in cohorts, and persistently offering the vaccine. But we also recognize that strategies need to be tailored to individual circumstances.
- What is working?
  - Identifying the reasons for lack of vaccination – sometimes it's lack of a convenient time or location, needing to offer 3x from a trusted peer or staff person, or more traditional hesitancy.
  - Step back if the continued offering is pushing staff further away. Focus on building trust. (AHCA Course)
  - Make the vaccine accessible and provide reasons for staff to bring in records. Build community

# Website and Newsletter

[www.movingneedles.org](http://www.movingneedles.org) and [movingneedles@paltc.org](mailto:movingneedles@paltc.org)



The screenshot shows the top portion of the Moving Needles website. On the left is the logo for "Moving Needles" with a syringe icon and the text "A CDC FUNDED INITIATIVE". On the right is a navigation menu with links for "Home", "About", and "Resources". The "Resources" link is circled in red. Below the navigation is a yellow banner with three buttons: "General", "To Improve Staff Rates", and "To Improve Resident Rates".

Home About Resources

General To Improve Staff Rates To Improve Resident Rates

Click through the items below to view content

## General Resources



# Thank You!

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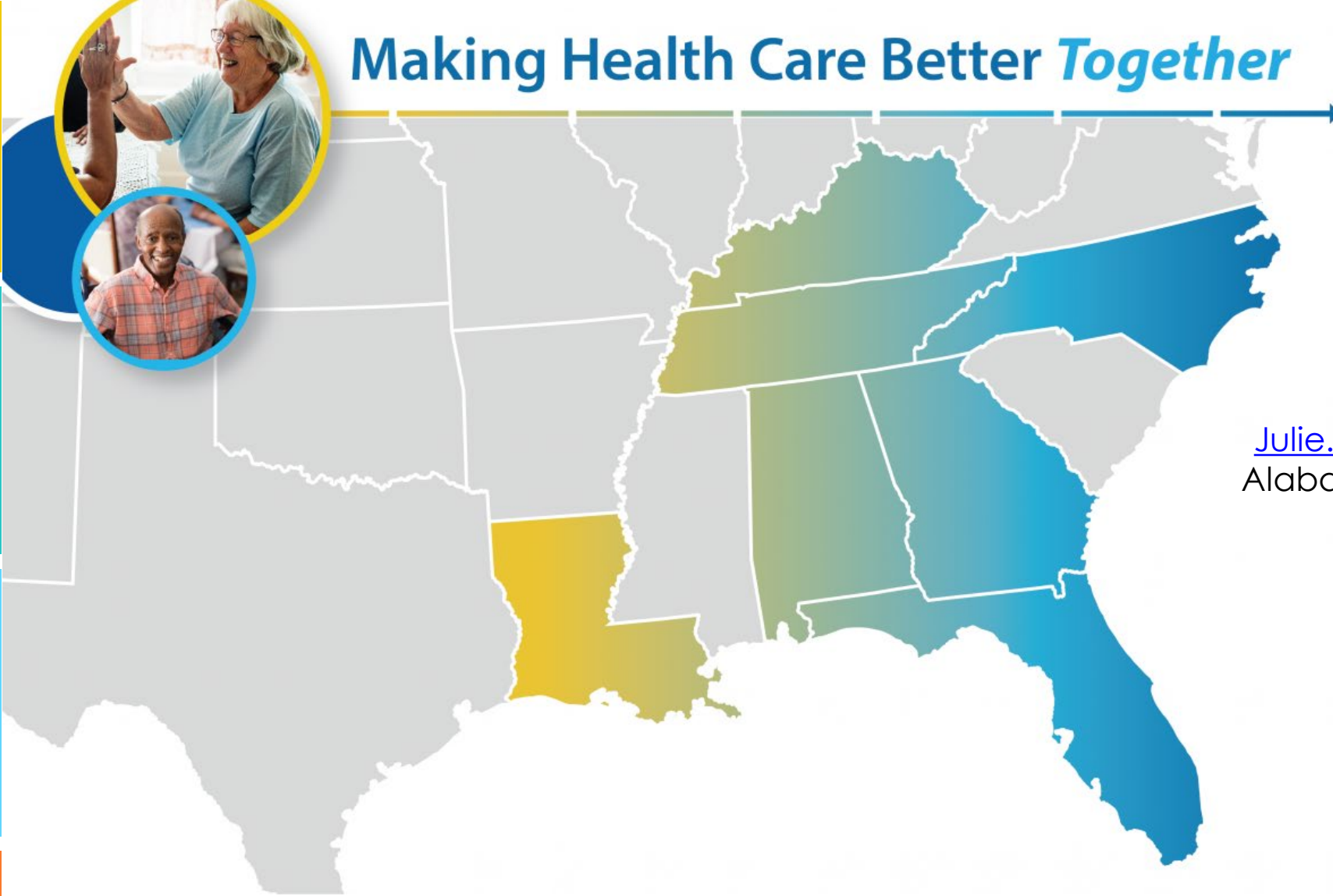
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**Questions?**



# Making Health Care Better *Together*



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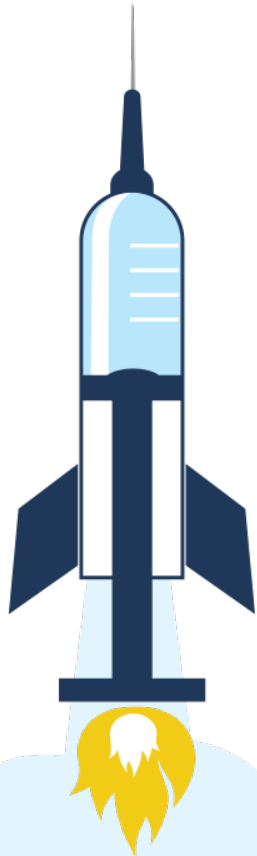
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# Making Health Care Better Together



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