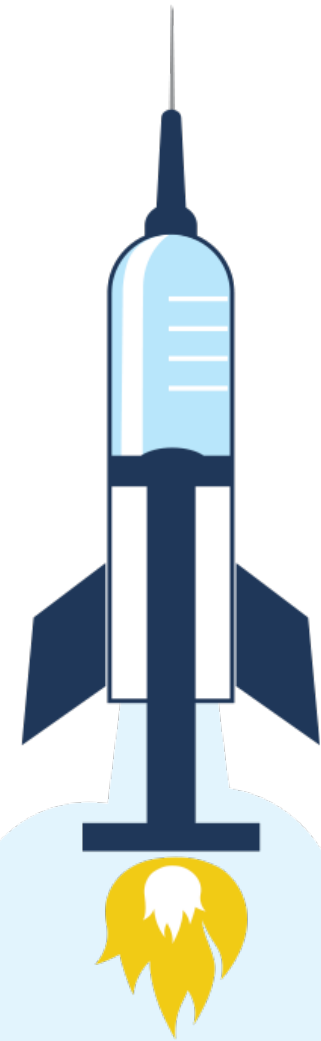


# Ready, Set, Go!

## *Key Milestones for a Successful Seasonal Vaccination Campaign*

Dr. Swati Gaur, MD, MBA, CMD, AGSF  
Julie Clark, BS, LPTA

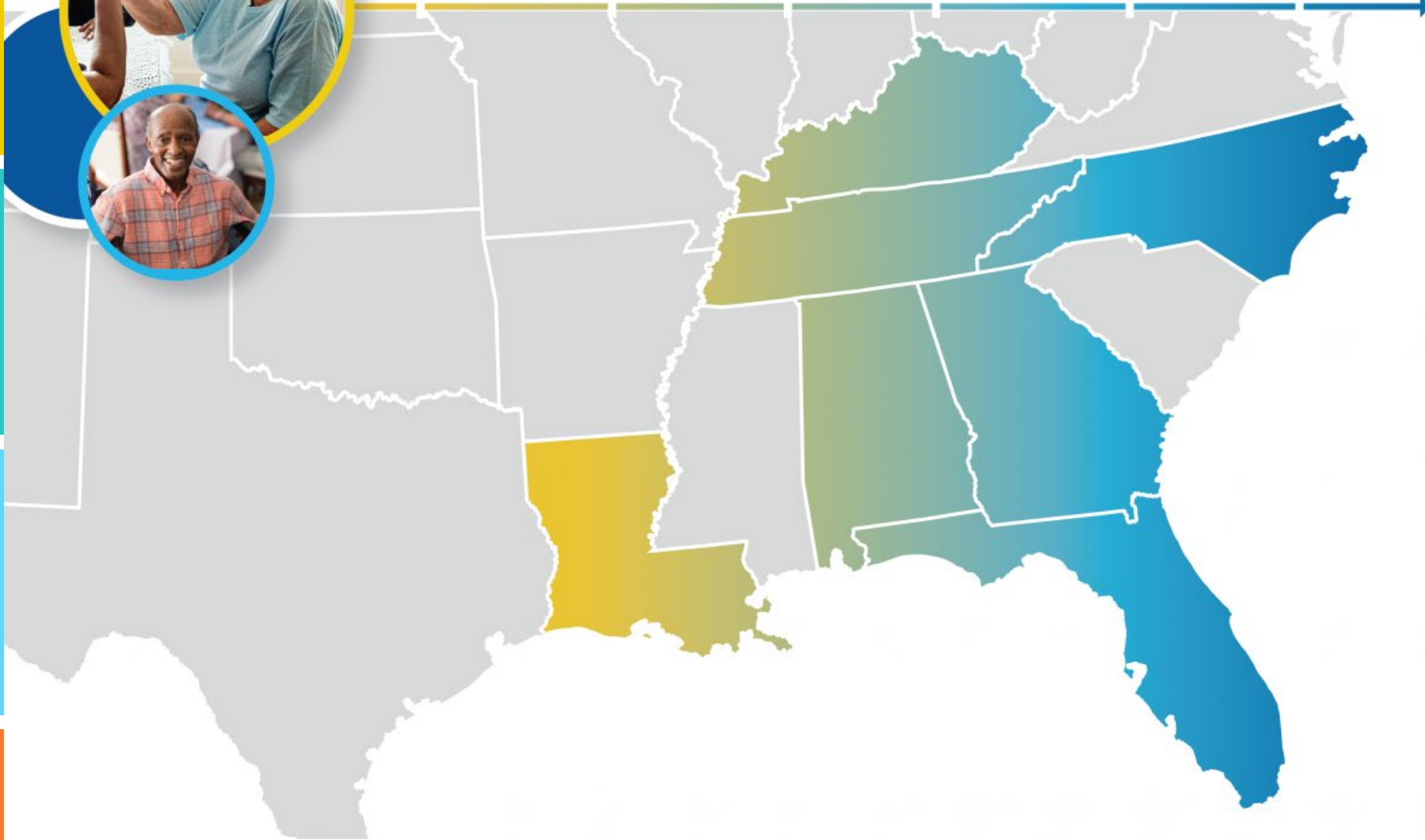
July 27, 2023



 **ALLIANT**  
HEALTH SOLUTIONS

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

# Making Health Care Better *Together*



About Alliant Health Solutions

# Swati Gaur, MD, MBA, CMD, AGSF

**MEDICAL DIRECTOR, POST-ACUTE CARE  
NORTHEAST GEORGIA HEALTH SYSTEM**

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the EMR transition and implementation team for the health system, providing direction to EMR entity adapt to the LTC environment. She has also consulted with post-acute long-term care companies to optimize medical services in PALTC facilities, integrate medical directors and clinicians into the QAPI framework and create frameworks of interdisciplinary work in the organization. She established the Palliative Care service line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Prior to that, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.



# Julie Clark, BS, LPTA

## TN STATE QUALITY MANAGER

Julie is a licensed physical therapist assistant with more than eight years of experience in managing rehab departments while treating patients in long-term care, hospital, outpatient, home health, and inpatient hospital settings. She has a bachelor's degree in healthcare leadership. Julie has served as a state quality improvement manager in Tennessee since 2012, collaborating with long-term care, hospitals, community coalitions, families, and Medicare beneficiaries as they work to make health care better. Julie's areas of expertise include geriatric seating and positioning, QAPI, NHSN, MDS quality measure review, falls reductions, community coalition development and process improvement in varied topics, including infection control, vaccines and COVID-19.

**Contact:** [Julie.clark@allianthealth.org](mailto:Julie.clark@allianthealth.org)

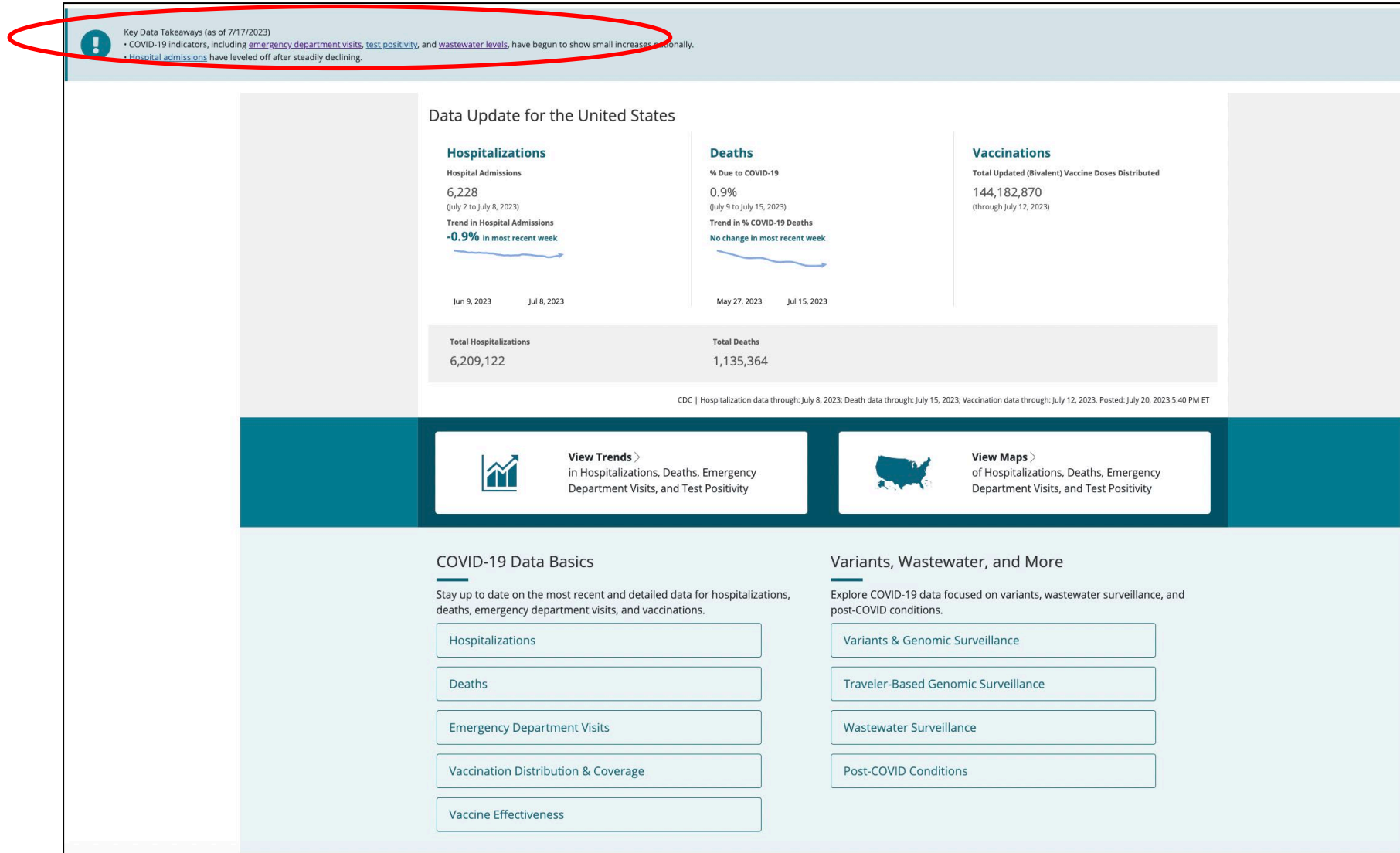
**Office:** 919-745-4731



# In This Session, We Will:

- Examine how to assess the risk of respiratory illness and outbreak in nursing homes
- Discuss the current vaccines available and their schedule
- Recognize the impact on resident safety and CMS quality reporting
- Summarize resources and ways to create an effective vaccine-preventable infection program

# CDC COVID-19 Data Tracker





HHS Region:

USA

Data for the 2-Week Period Ending on:

7/22/2023(Nowcast)

View:

Nowcast and Weighted Estimates (selected)
Weighted Estimates Only

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 7/22/2023(Nowcast).

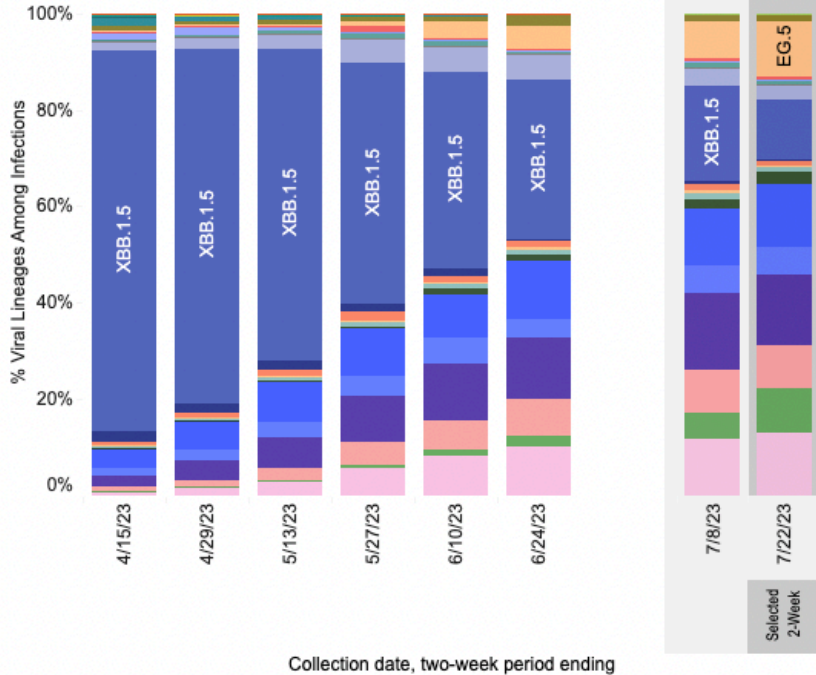
Weighted and Nowcast Estimates in United States for 2-Week Periods in 4/2/2023 – 7/22/2023

Nowcast Estimates in United States for 7/9/2023 – 7/22/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results

Model-based projected estimates of variant



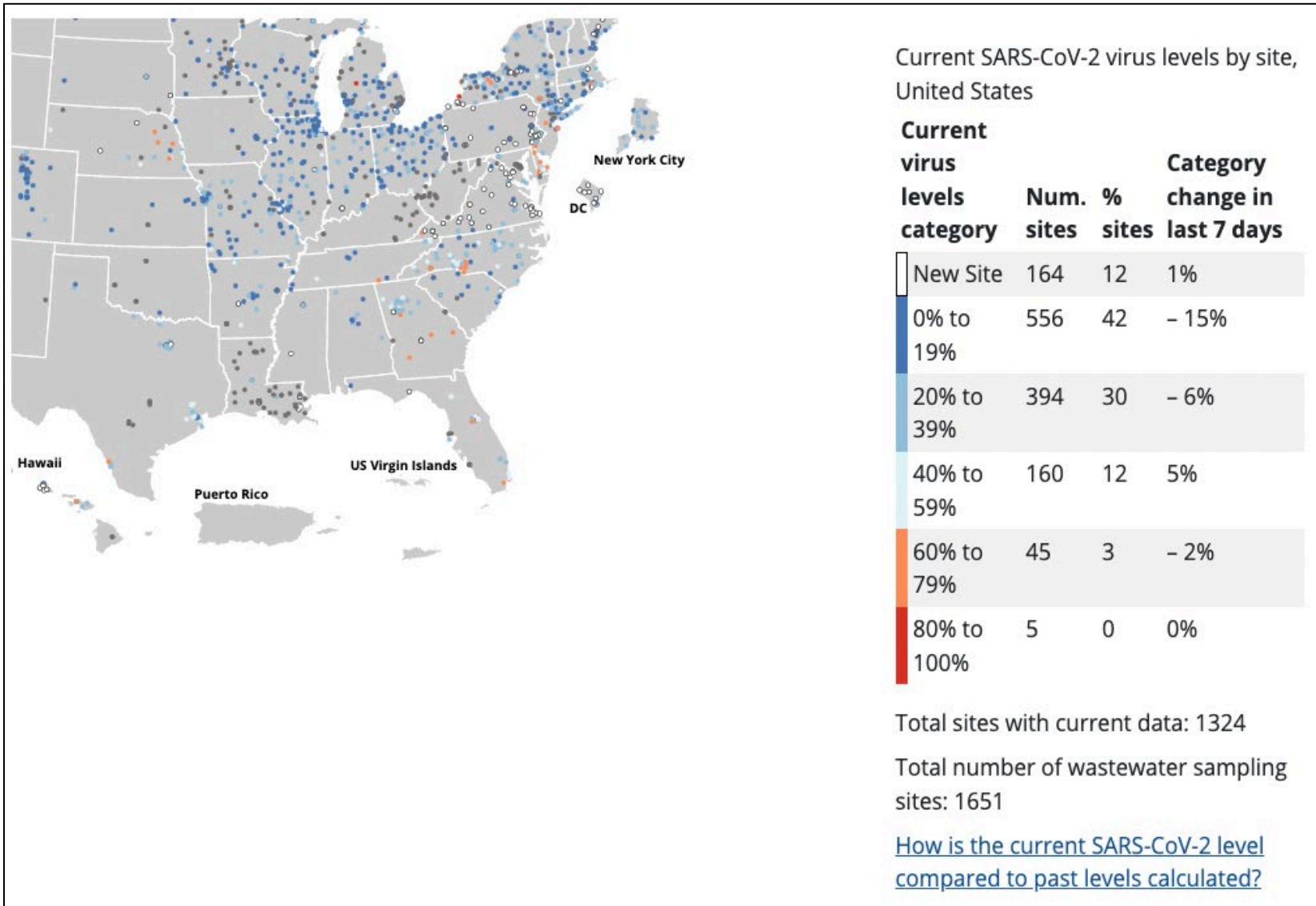
USA

Table with 4 columns: WHO label, Lineage #, %Total, and 95%PI. It lists various COVID-19 lineages such as Omicron, XBB.1.16, XBB.1.9.1, XBB.2.3, XBB.1.5, EG.5, etc., along with their respective percentages and 95% confidence intervals.

\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. # BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2 CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages shown and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, XBB.1.5.10, FD.2, EU.1.1, XBB.1.5.68 and XBB.1.5.72, sublineages of XBB.1.5 are aggregated to XBB.1.5. Except XBB.1.16.1, sublineages of XBB.1.16 are aggregated to XBB.1.16. Except FE.1.1, sublineages of XBB.1.18.1 are aggregated to XBB. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, EU.1.1, XBB.1.5.68 and XBB.1.5.72 was aggregated to XBB.1.5, FE.1.1 was aggregated to XBB and EG.5 was aggregated to XBB.1.9.2. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.5.10, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.1.16.1, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6, BQ.1.1, EU.1.1, XBB.1.5.68, FE.1.1, EG.5 and XBB.1.5.72 contain the spike substitution R346T.

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

# Wastewater Surveillance



<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>



○ Current virus levels in wastewater by site      ■ Sites with no recent data

- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

### Percent change in the last 15 days

This metric shows whether virus levels have increased or decreased over the last 15 days. When levels of virus in wastewater are low, a modest increase in virus level can appear much larger when you look at the percent change. This metric may be affected by how often wastewater plants collect samples or by environmental factors (such as rainfall). Wastewater data showing the percent change in virus levels should be used along with other data such as overall levels of the virus in wastewater, historical wastewater data for that location, geographical context, and clinical cases.

**Note:** This metric does **not** show overall levels of SARS-CoV-2 in wastewater.



Percent change of SARS-CoV-2 in the last 15 days by site, United States

15-day % change category	Num. sites	% sites	Category change in last 7 days
- 100%	46	4	188%
- 99% to - 10%	377	35	- 9%
- 9% to 0%	71	7	- 32%
1% to 9%	65	6	- 26%
10% to 99%	176	16	- 40%
100% to 999%	177	16	- 24%
1000% or more	161	15	48%

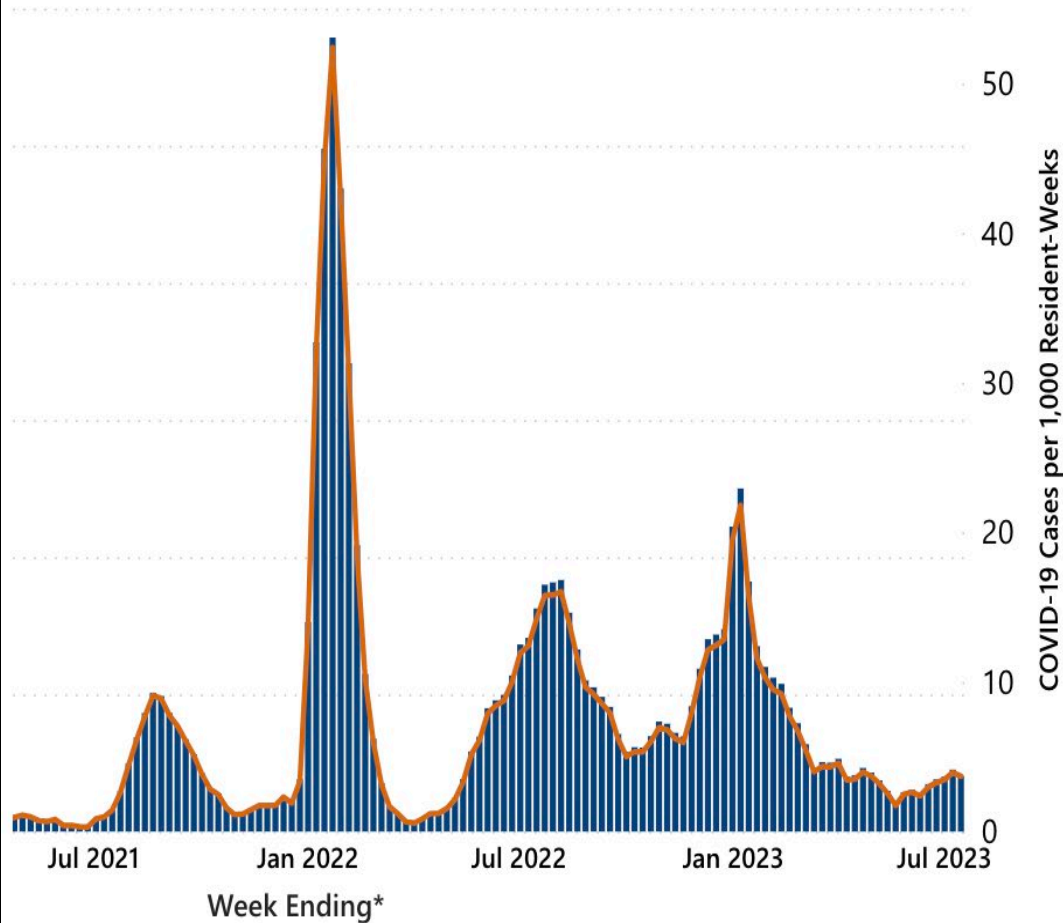
Total sites with current data: 1073

Total number of wastewater sampling sites: 1651

# Wastewater Surveillance

# Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

D-19 Cases



Display by FEMA/HHS Region

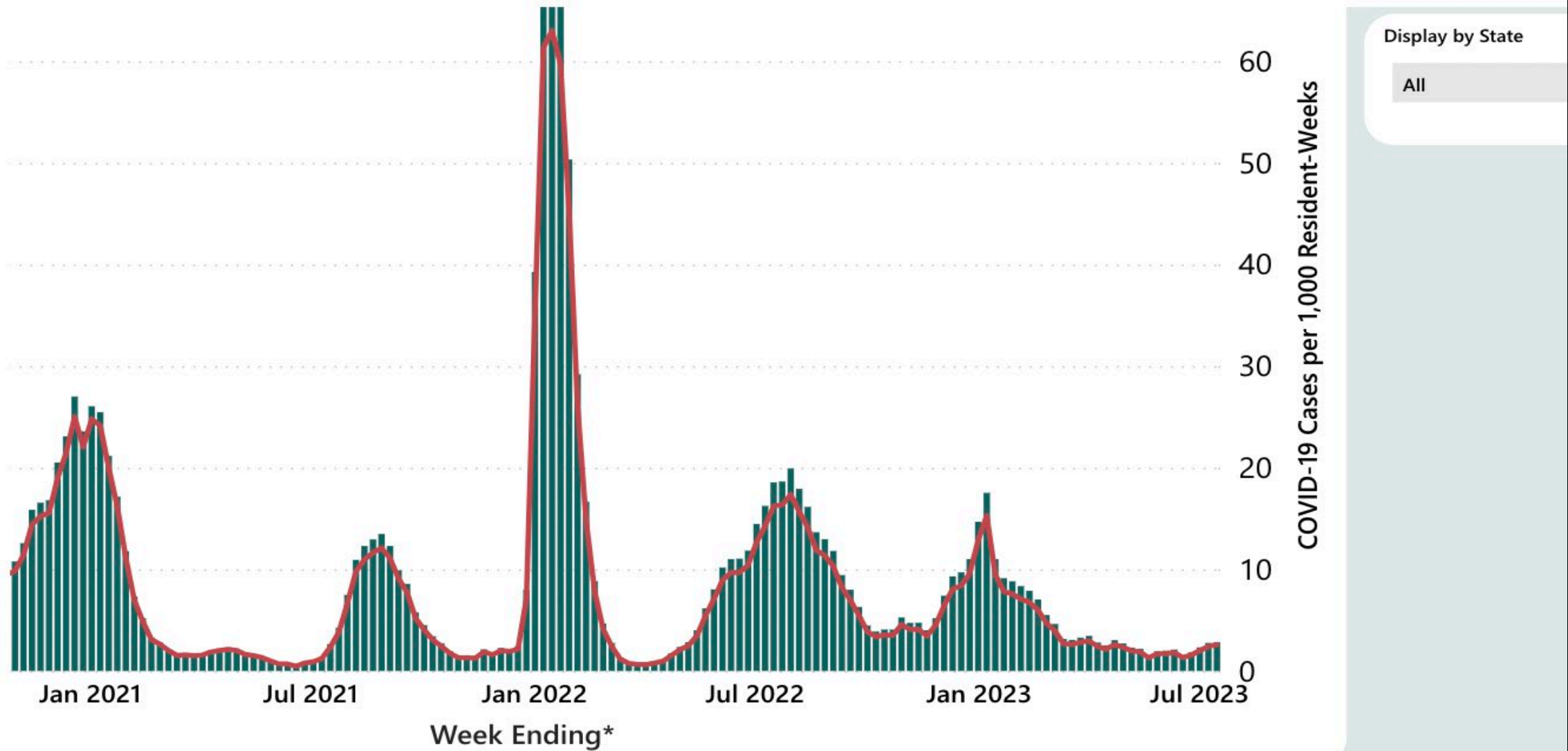
Region 4

Display by State

All

<https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html>

# Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



WEEKLY % OF COVID-19 ED VISITS  
**0.6%**

% CHANGE IN COVID-19 ED VISITS (%) FROM PRIOR WEEK  
**7.1%**

COVID-19 HOSPITAL ADMISSIONS (PAST WEEK)  
**6,228**

CDC | Data through: July 15, 2023. Posted: July 20, 2023

**View:**

- Hospitalizations
- Deaths
- Emergency Department Visits
- Test Positivity

**Time period:**

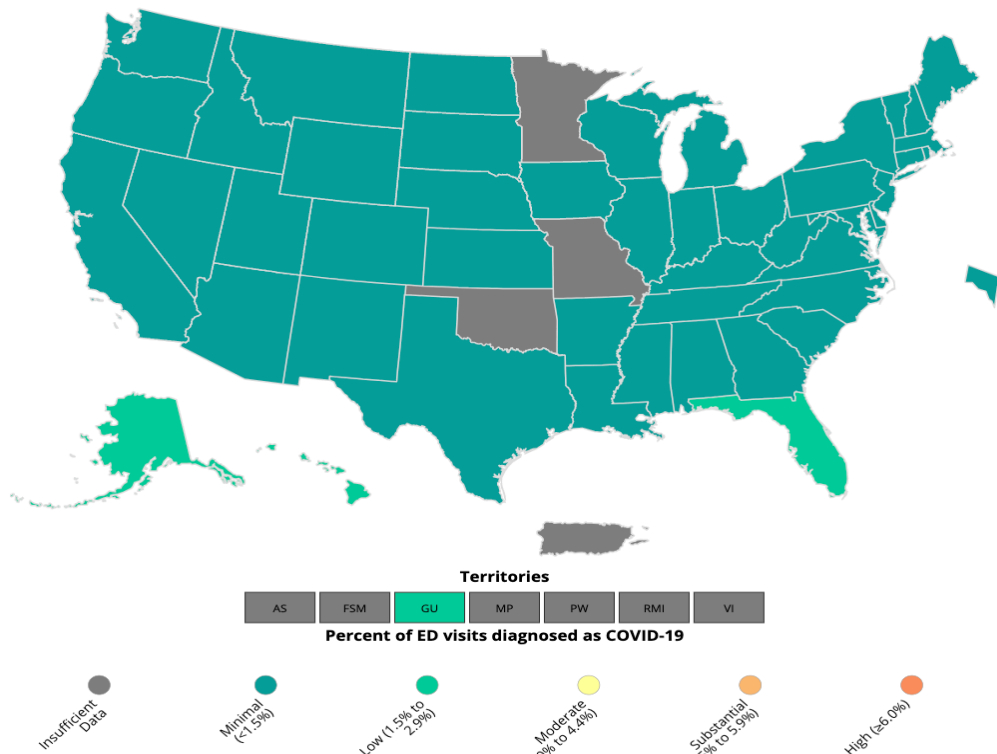
- In Past Week

**Metric:**

- % of ED visits diagnosed as COVID-19
- Percent change, % of ED visits diagnosed as COVID-19 from prior week

This shows the percentage of emergency department visits that were diagnosed as COVID-19 in the past week, as a timely measure of burden. For more information on emergency department visits, see the [trends](#) page. For daily data updated twice a week, please see the [Trends in Emergency Department \(ED\) Visits](#) page.

**Percentage of Emergency Department (ED) Visits with Diagnosed COVID-19 in the Past Week, by State/Territory - United States**



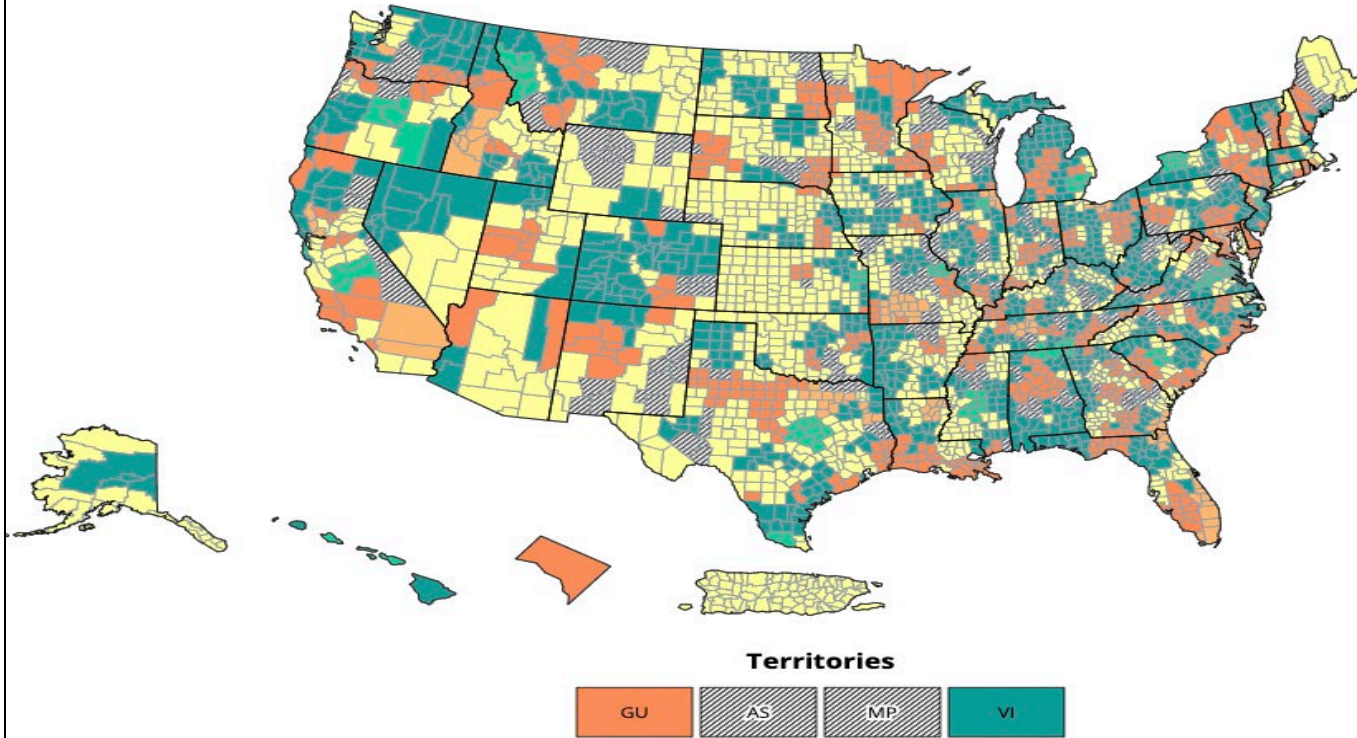
[https://covid.cdc.gov/covid-data-tracker/#cases\\_percent-covid-ed](https://covid.cdc.gov/covid-data-tracker/#cases_percent-covid-ed)



- Rate per 100,000
- % Change from prior week

This shows the percent change in the number of new COVID-19 hospital admissions in the past week compared with the prior week. For more information on hospitalizations, see the [trends](#) page.

### Change (%) in COVID-19 New Hospital Admissions from Prior Week, by County - United States



#### % Change in new hospital admissions of confirmed COVID-19 from the prior week

- Substantial Decrease: ( $\leq -20.0\%$ )
- Moderate Decrease (-19.9% to -10.0%)
- Stable (-9.9% to 9.9%)
- Moderate Increase (10.0% to 19.9%)
- Substantial Increase ( $\geq 20.0\%$ )
- Insufficient data

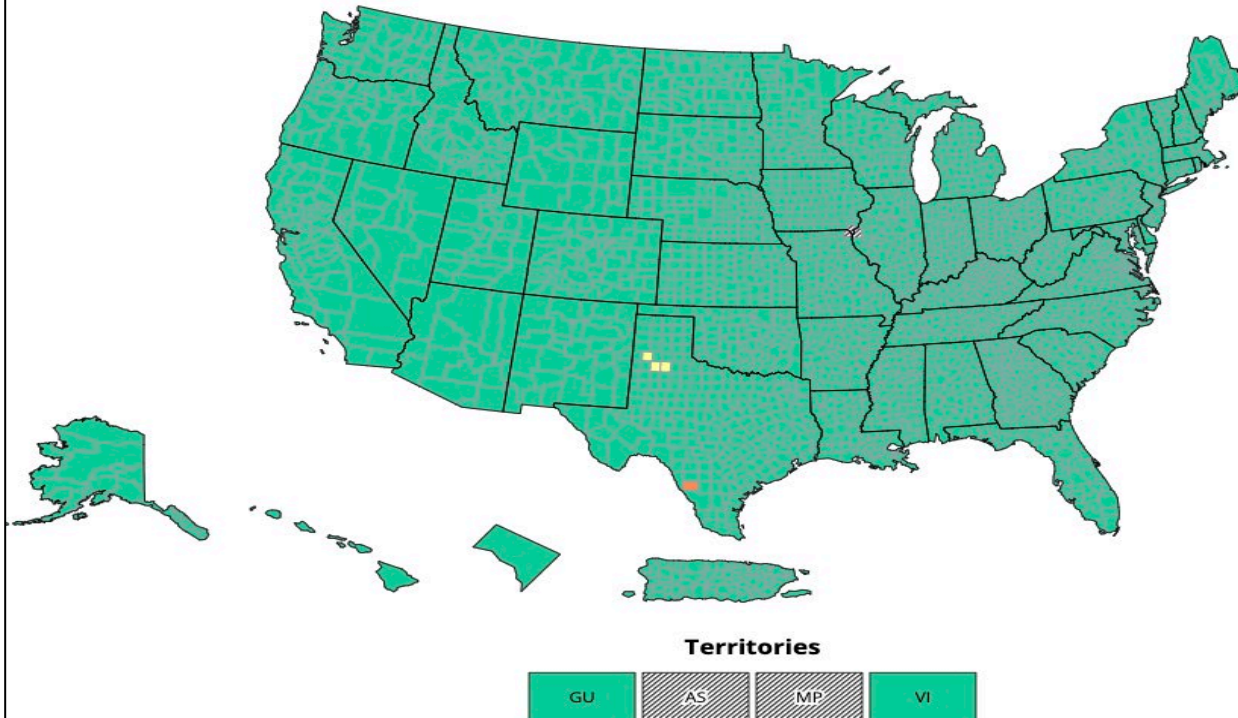


**COVID-19 hospital admissions levels in U.S. by county**  
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	1	0.03%	-0.09%
10.0 - 19.9	3	0.09%	-0.09%
<10.0	3215	99.88%	0.09%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending July 8, 2023.

**Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States**



High => 20 new COVID-19 admissions per 100,000 population over the last seven days= Universal source control

**New COVID-19 hospital admissions per 100,000 population, past week (total)**

● Low (<10.0) ● Medium (10.0 to 19.9) ● High (≥20.0) ● Insufficient data

**View:**

- Hospitalizations
- Deaths
- Emergency Department Visits
- Test Positivity

**Scale:**

- County
- State

**Time period:**

- In Past Week

**Metric:**

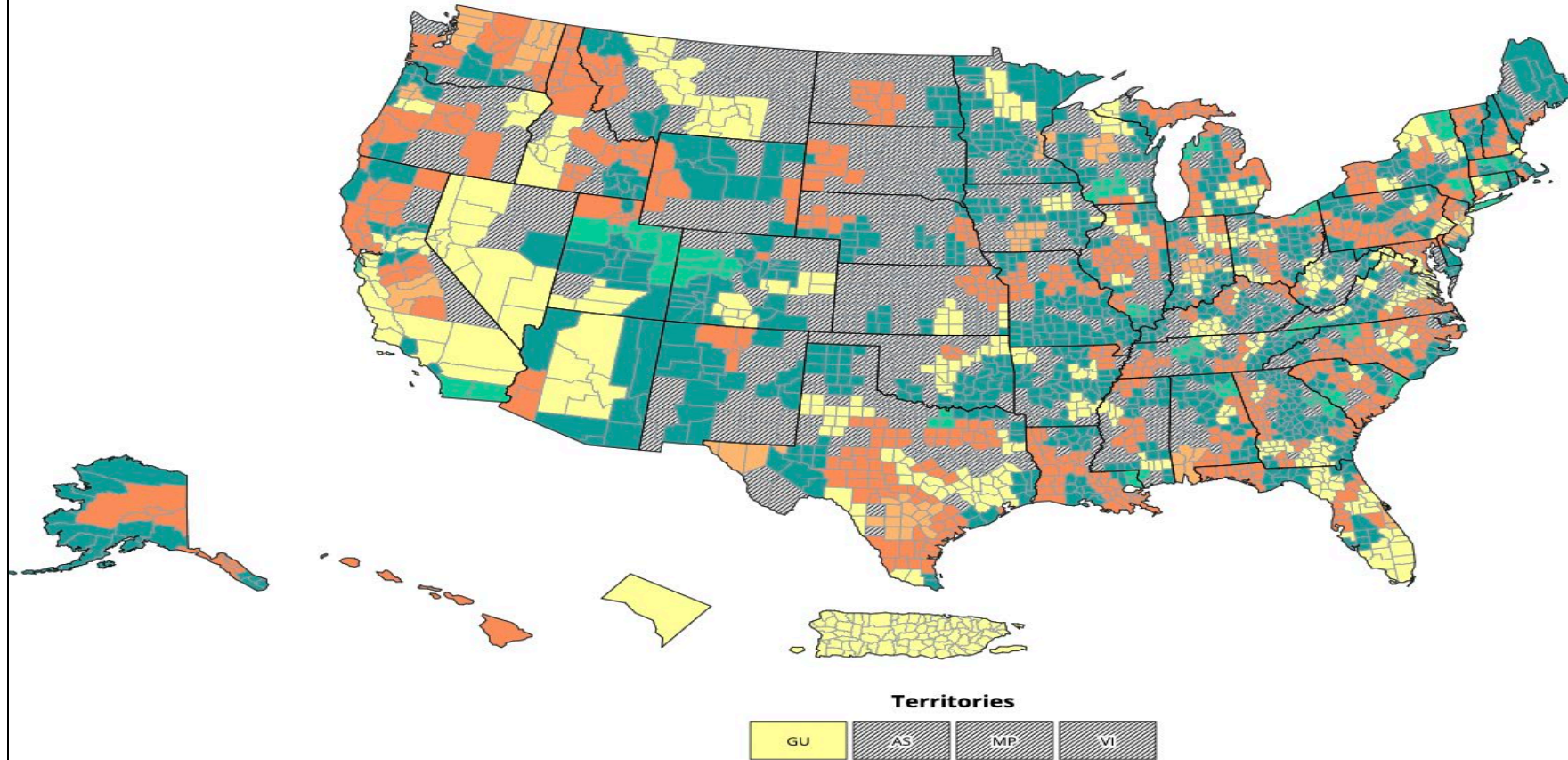
- COVID-19 new hospital admissions
- Inpatient beds occupied by COVID-19 patients
- ICU beds occupied by COVID-19 patients

**Measure:**

- Count
- Rate per 100,000
- % Change from prior week

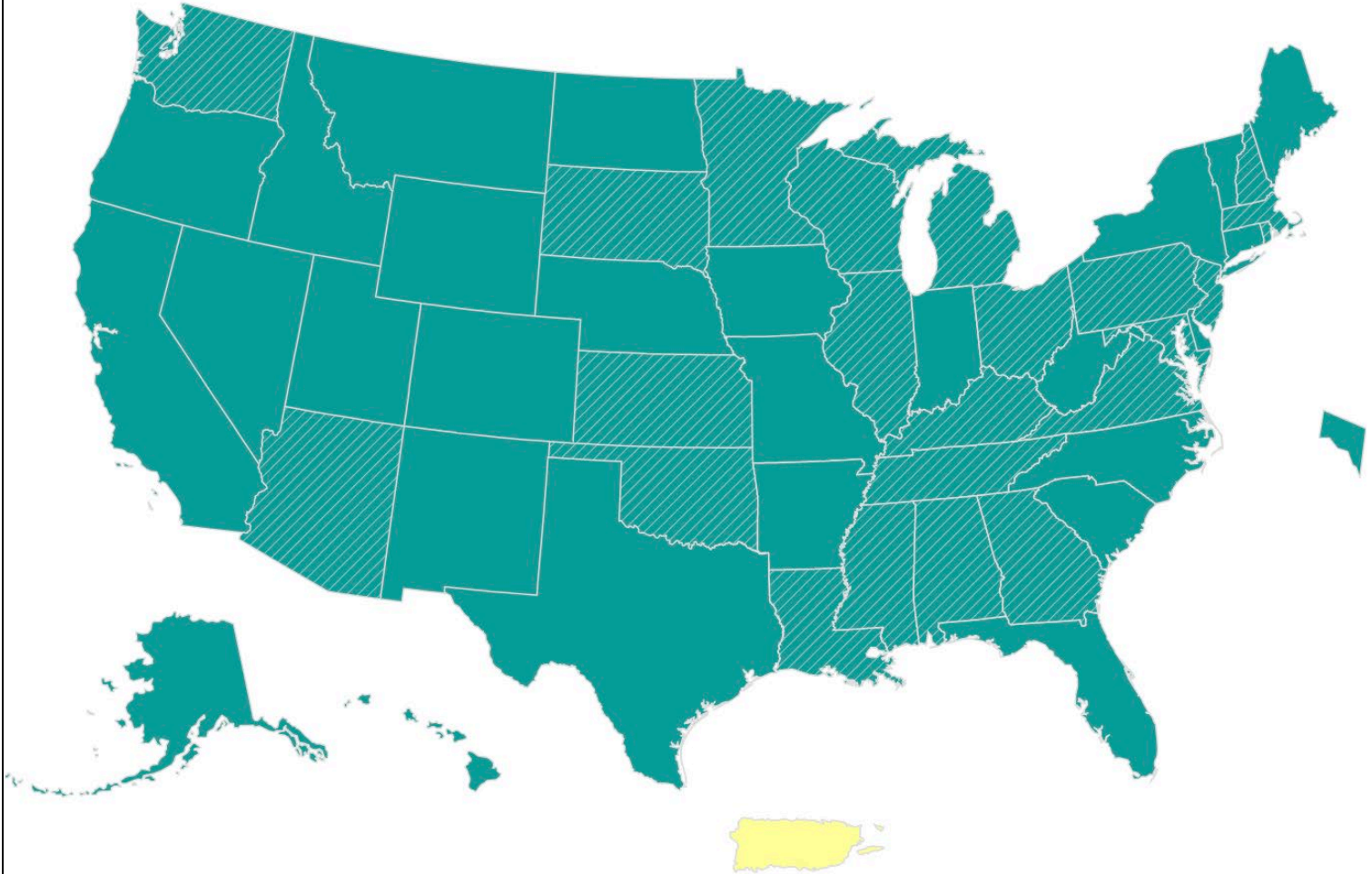
This shows the percent change in the number of new COVID-19 hospital admissions in the past week compared with the prior week. For more information on hospitalizations, see the [trends](#) page.

**Change (%) in COVID-19 New Hospital Admissions from Prior Week, by County - United States**





Percentage of Provisional Deaths Due to COVID-19 in the Past Week, by State/Territory - United States



**Territories**

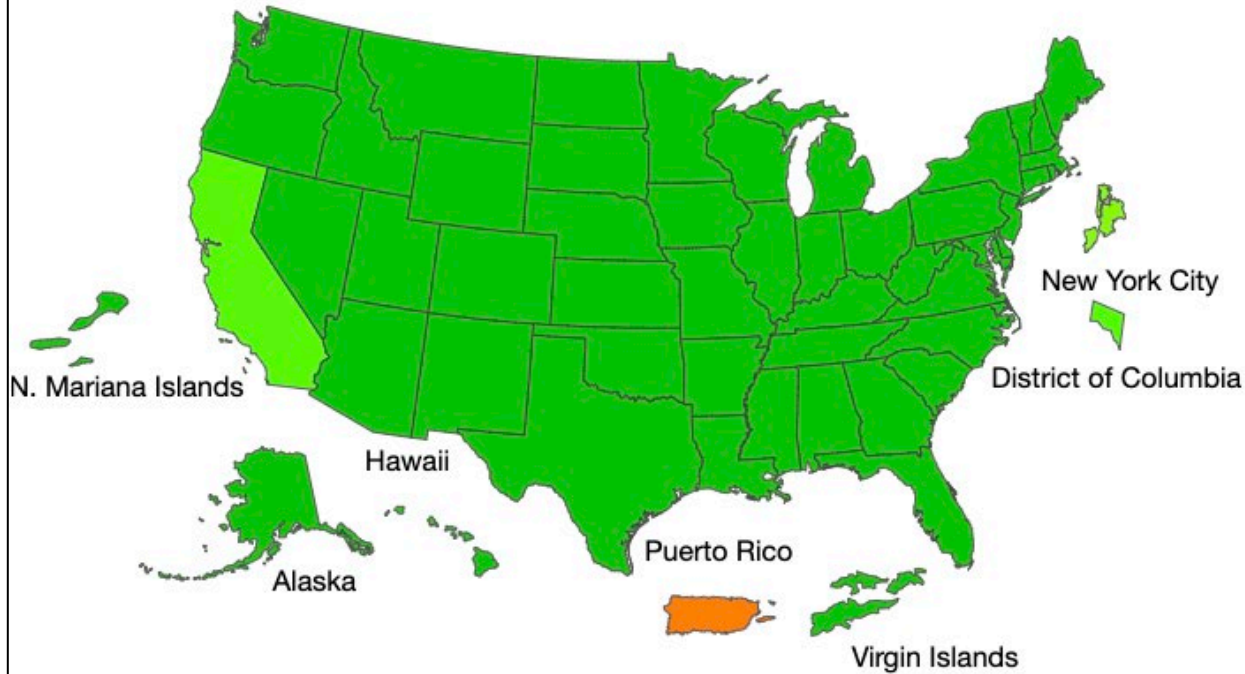
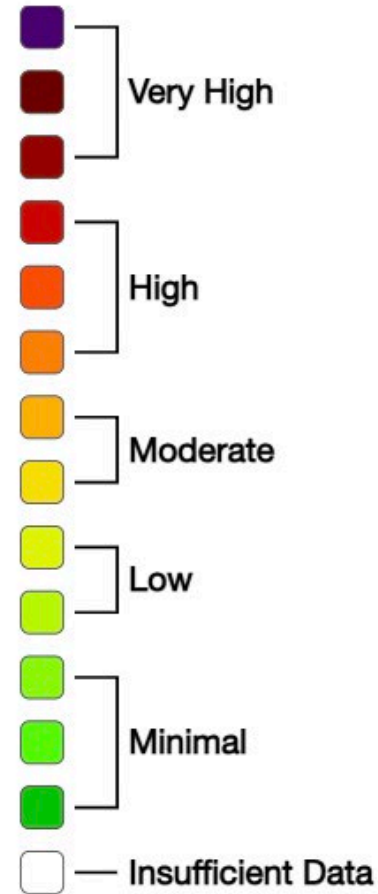
AS	FSM	GU	MP	PW	RMI	VI
----	-----	----	----	----	-----	----

Percentage of deaths due to COVID-19 in past week



2022-23 Influenza Season Week 28 ending Jul 15, 2023

ILI Activity Level



Season: 2022-23 ▲

Download Image

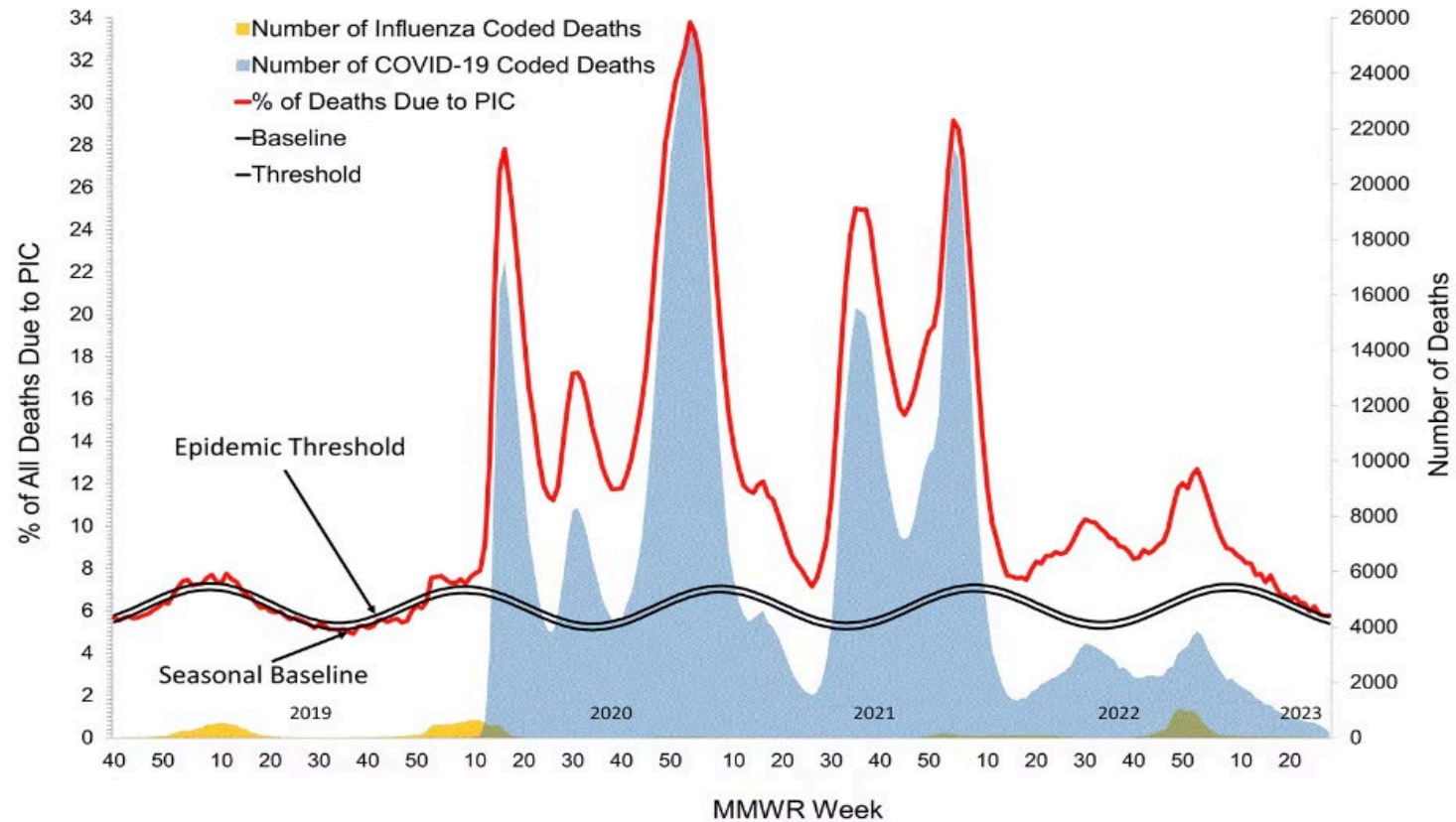
Download Data

[View Full Screen](#)

<https://www.cdc.gov/flu/weekly/index.html>

# PIC Deaths

Pneumonia, Influenza, and COVID-19 Mortality from  
the National Center for Health Statistics Mortality Surveillance System  
Data as of July 20, 2023



[View Chart Data](#)  [View Full Screen](#)



Following is a list of all the health and age factors that are known to increase a person's risk of getting serious flu complications:

- Adults 65 years and older
- Children younger than 2 years old<sup>1</sup>
- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney diseases
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index [BMI] of 40 or higher
- People younger than 19 years old on long-term aspirin- or salicylate-containing medications.
- People with a weakened immune system due to disease (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)
- People who have had a stroke

CDC estimates\* that, from October 1, 2022 through April 30, 2023, there have been:

27 – 54 million  
flu **illnesses**



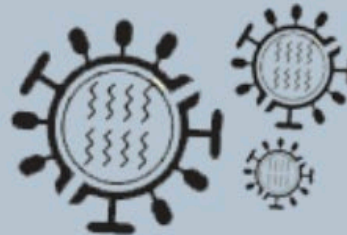
12 – 26 million  
flu **medical visits**

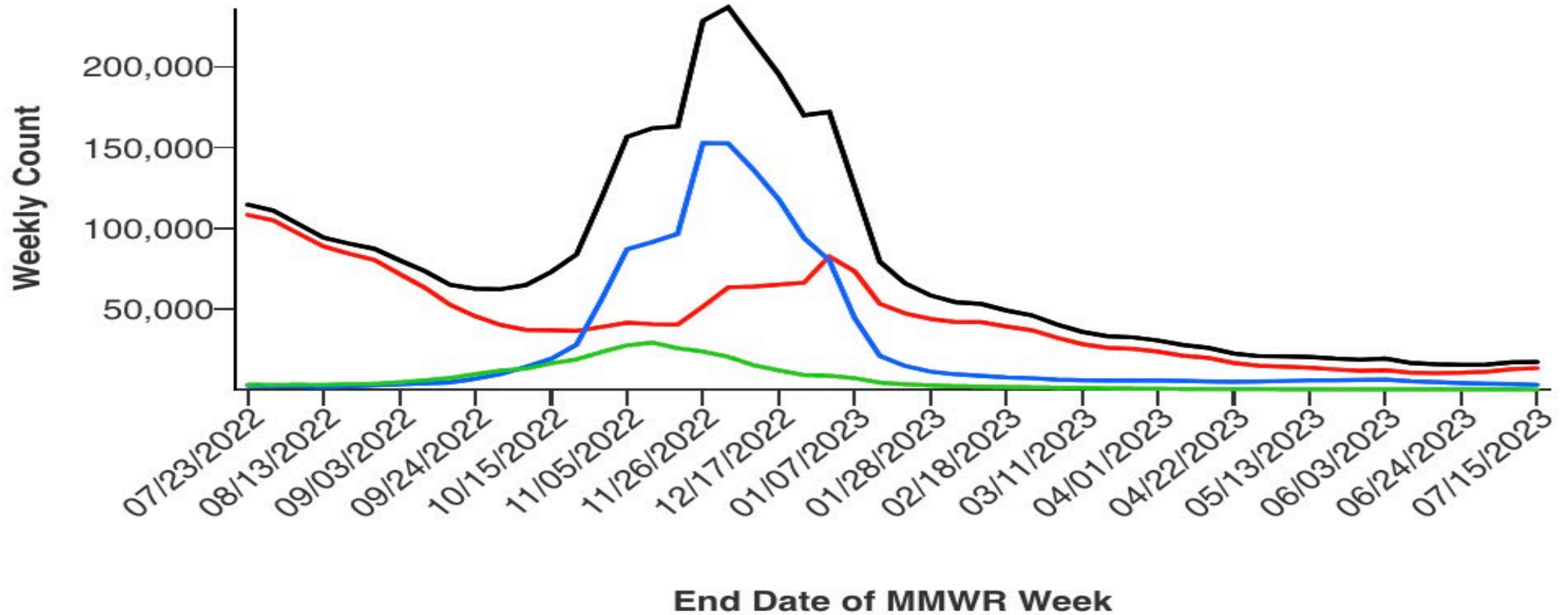


300,000 – 650,000  
flu **hospitalizations**



19,000 – 58,000  
flu **deaths**





- COVID-19
- Influenza
- RSV
- Combined





# The CDC is preparing for a winter with '3 bugs out there': Covid, flu and RSV

Vaccine fatigue is already here, although many Americans will be urged to get three different shots this fall.



July 22, 2023



# COVID Vaccine Options

mRNA Vaccines – Pfizer/Moderna

ONE &  
DONE

Novavax – Manufactured like Influenza vaccine



NEWS & MEDIA

# Novavax Intends to Deliver Protein-based XBB COVID Vaccine as Specified in U.S. HHS Letter to COVID Manufacturers

---

July 13, 2023

# Flu and RSV Activity in Nursing Home

63% of residents with comorbid conditions:

- Influenza:
  - Hospitalizations: 28
  - Antibiotics: 147 courses
  - Deaths: 15 per 1,000 persons annually
- RSV:
  - Hospitalizations: 15
  - Antibiotics: 76 courses
  - Deaths: 17 per 1,000 persons annually

Influenza and RSV accounted for 7% of cardiopulmonary hospitalizations and 9% of total deaths in high-risk residents during the four study years.

# Flu Vaccines for >65 Years

<b>Quadrivalent IIV (HD-IIV4)—High-dose—Egg-based (60 µg HA per virus component in 0.7 mL)</b>			
Fluzone High-Dose Quadrivalent <i>Sanofi Pasteur</i>	0.7 mL prefilled syringe	≥65 yrs	≥65 yrs—0.7 mL
<b>Adjuvanted quadrivalent IIV4 (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 µg HA per virus component in 0.5 mL)</b>			
Fluad Quadrivalent <i>Seqirus</i>	0.5 mL prefilled syringe	≥65 yrs	≥65 yrs—0.5 mL
<b>Quadrivalent RIV (RIV4)—Recombinant HA (45 µg HA per virus component in 0.5 mL)</b>			
Flublok Quadrivalent <i>Sanofi Pasteur</i>	0.5 mL prefilled syringe	≥18 yrs	≥18 yrs—0.5 mL



# Pneumococcal Disease

- 100,000 hospitalizations from pneumococcal pneumonia
- 43% of IPD cases in adults occurred in those aged 65 years or older

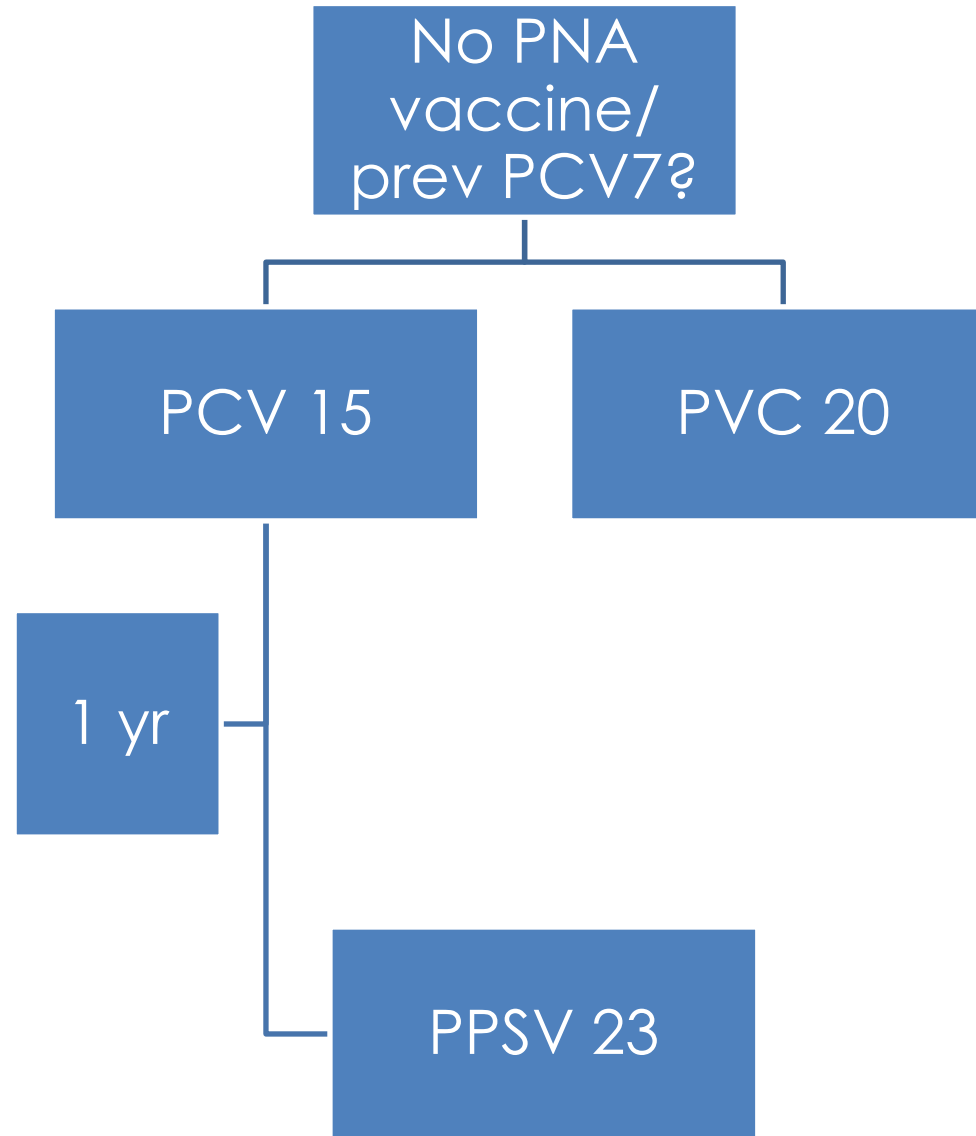
Chronic health conditions that increase the risk of pneumococcal disease include:

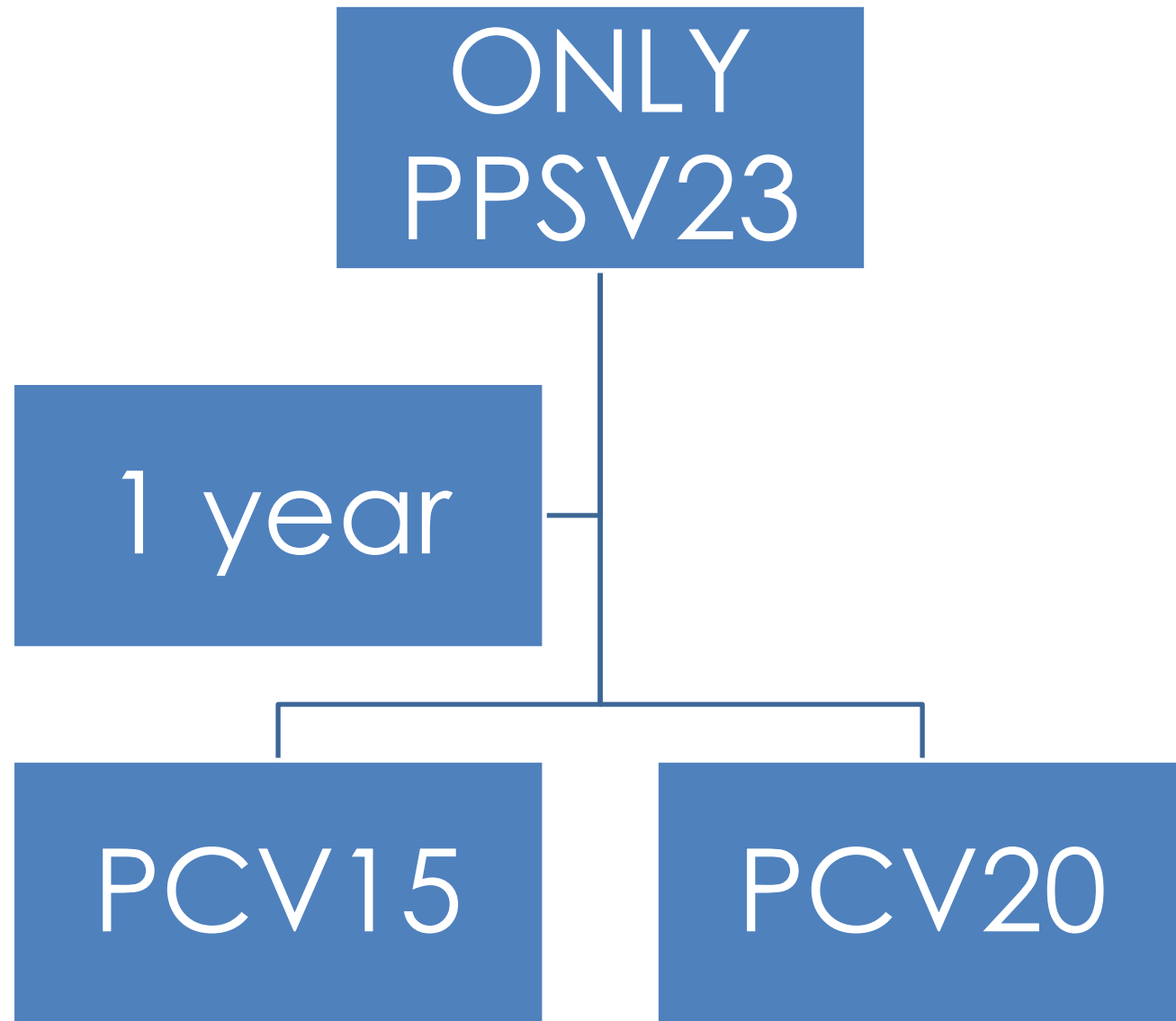
- Alcoholism
- Cerebrospinal fluid leak
- Chronic heart/liver/lung disease
- Cigarette smoking
- Cochlear implant
- Diabetes mellitus

Immunocompromising conditions can also increase the risk of pneumococcal disease. These conditions include:

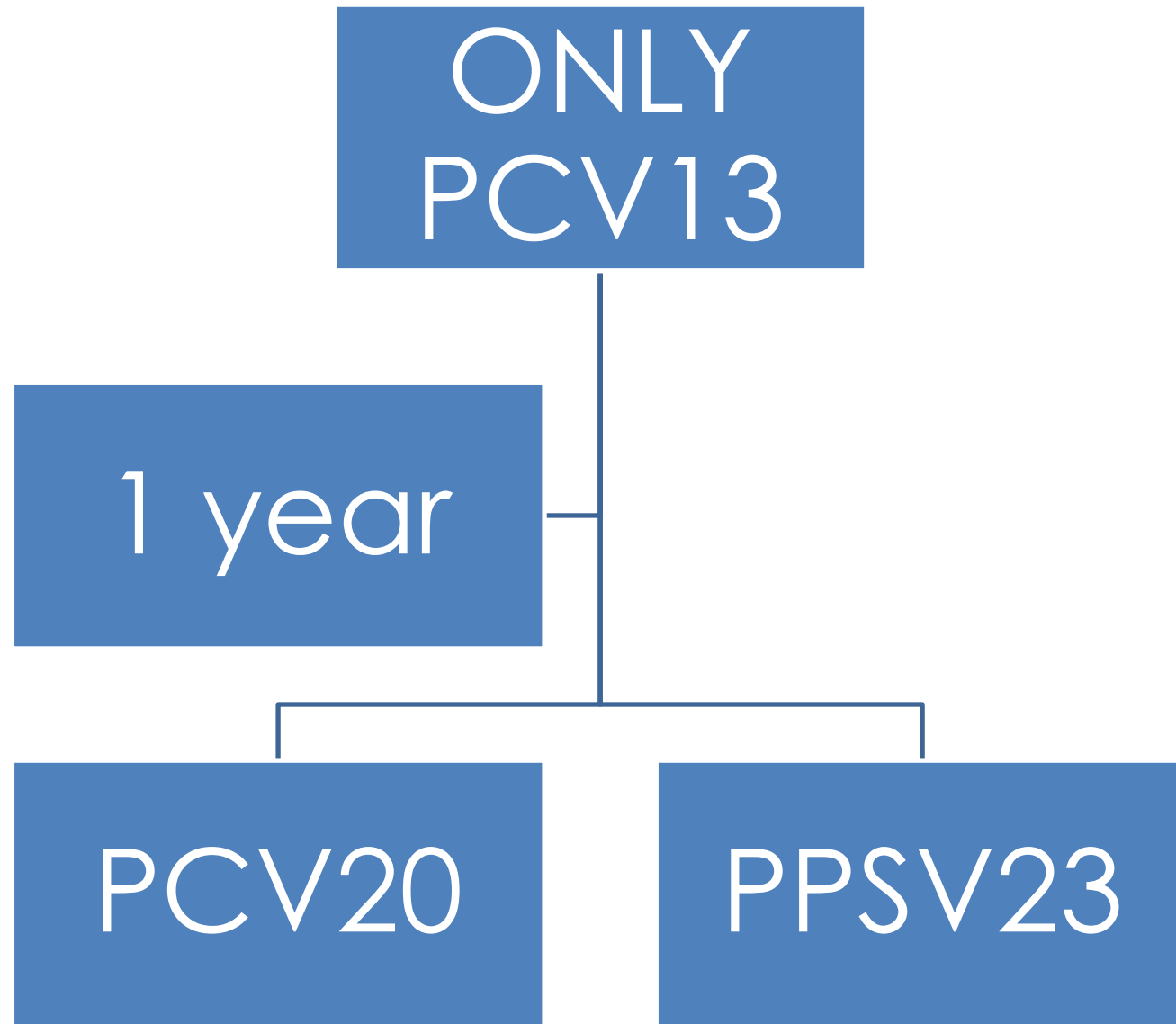
- Chronic renal failure or nephrotic syndrome
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency
- Generalized malignancy, Hodgkin's disease, leukemia, lymphoma, or multiple myeloma
- HIV infection
- Iatrogenic immunosuppression
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

- PCV15 contains all PCV13 serotypes (1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 23F) plus 22F and 33F.
- PCV20 contains all PCV15 serotypes plus 8, 10A, 11A, 12F, and 15B.
- PCV or PCV13 = Pneumococcal conjugate vaccine
- PPSV or PPSV23 = Pneumococcal polysaccharide vaccine







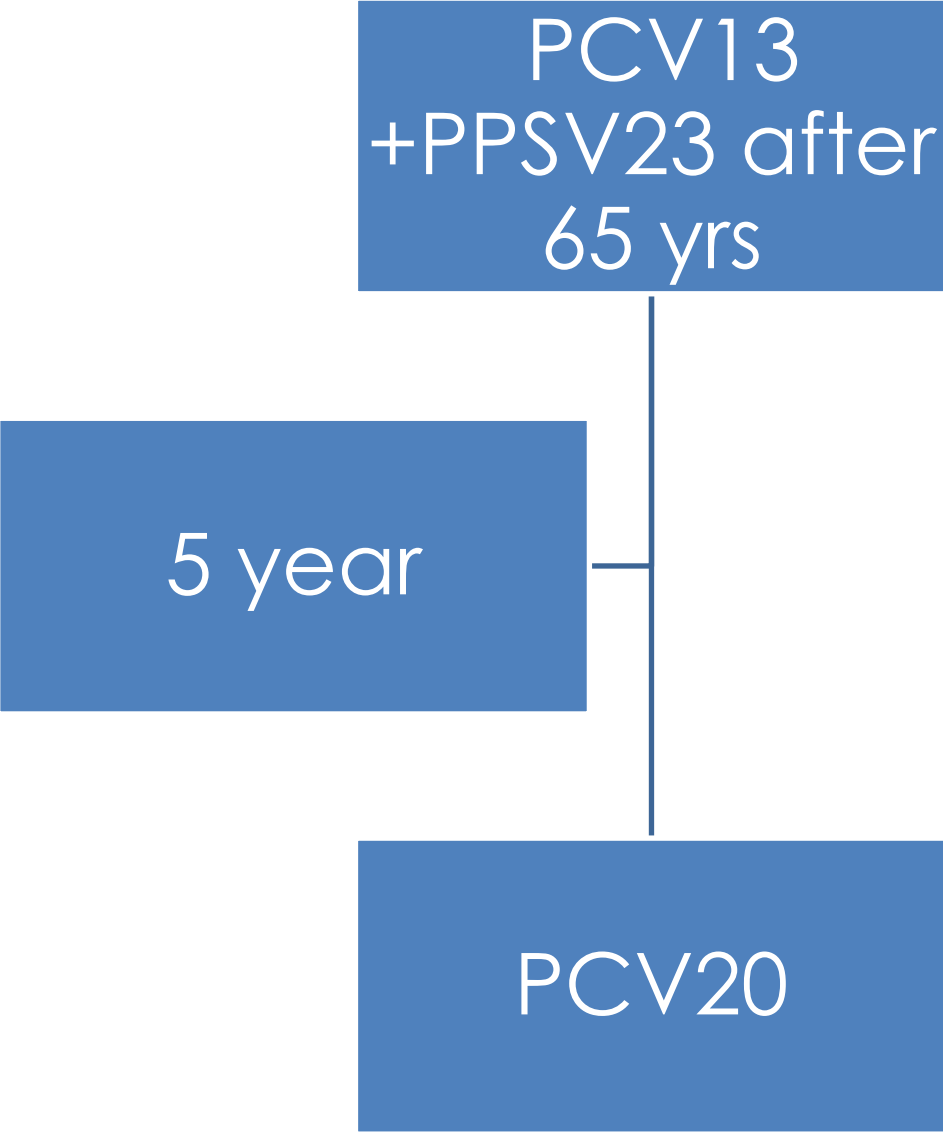


ONLY PCV13  
+PPSV23  
before 65 yrs

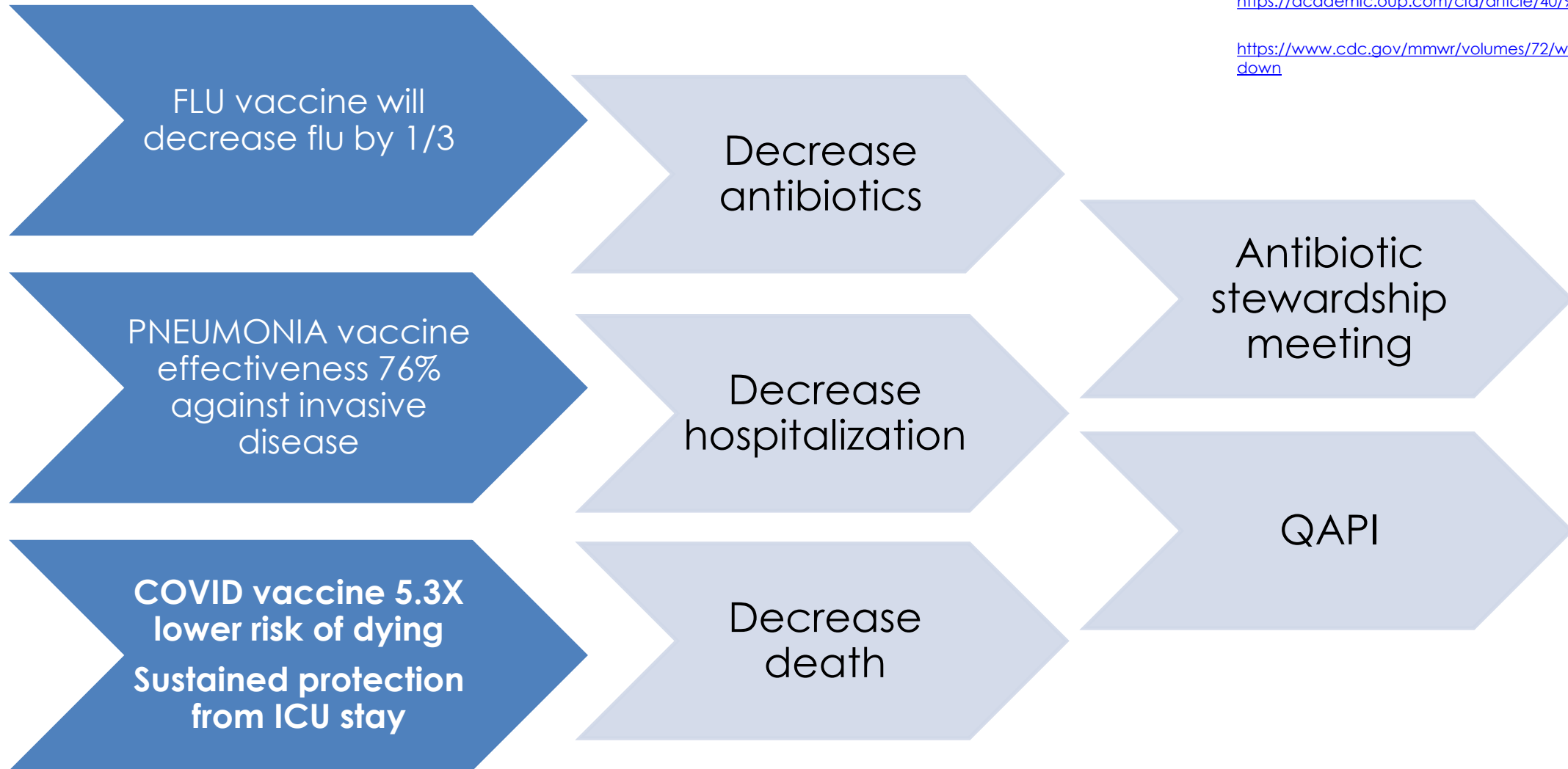
5 year

PCV20

PPSV23



# Vaccine Impact:



<https://www.acpjournals.org/doi/10.7326/M22-2042>

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/02-influenza-Chung-508.pdf>

<https://academic.oup.com/cid/article/40/9/1250/369981>

[https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm#T1\\_down](https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm#T1_down)



# CMS Quality Reporting Program

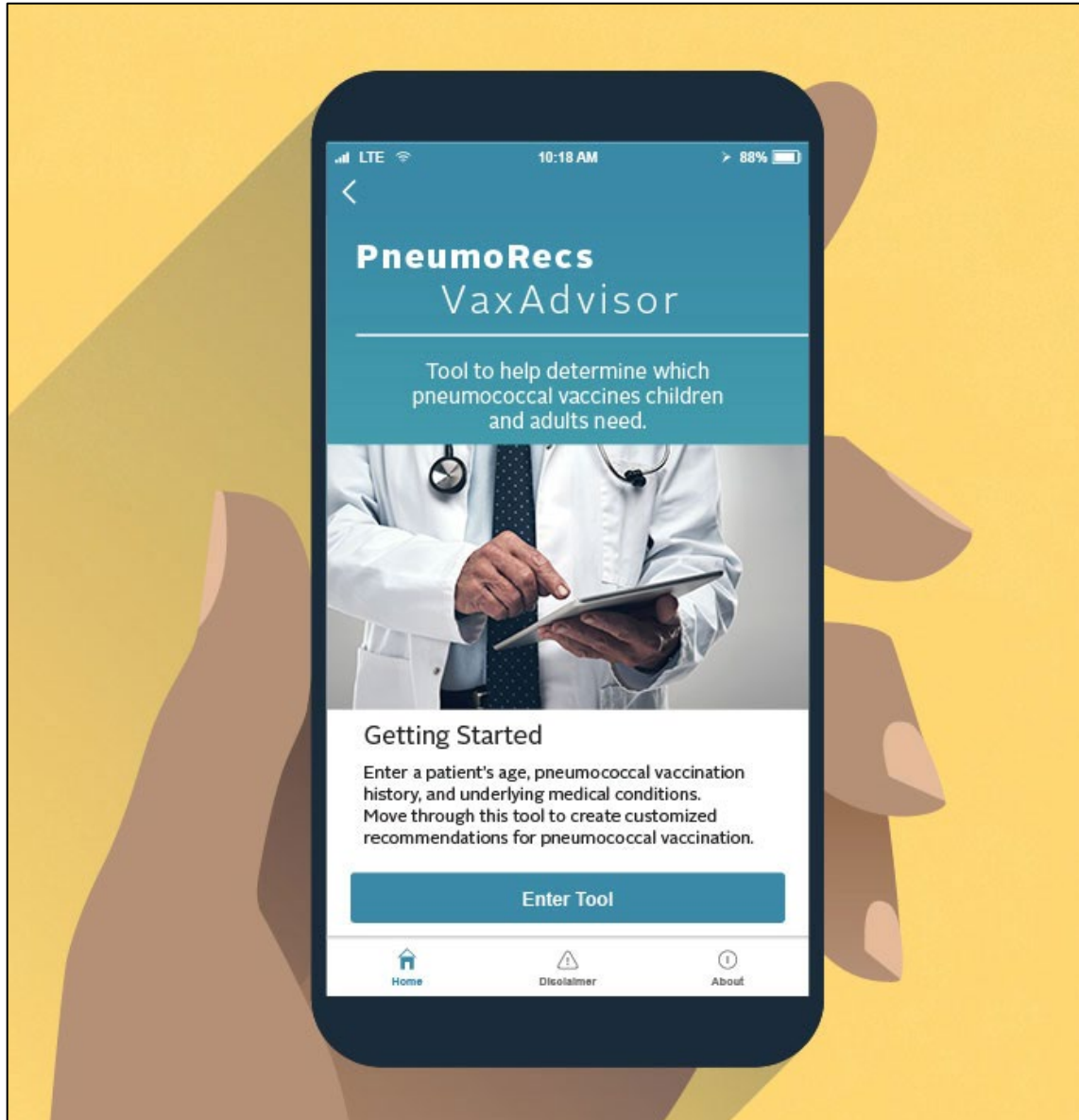
## **SNF QRP Measure #11: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CBE #3636)**

This measure was finalized in the [FY 2022 SNF PPS Final Rule](#), which was published in the Federal Register on August 4, 2021 (86 FR 42480 through 42489). Data submission for this measure began October 1, 2021.

## **SNF QRP Measure #12: Influenza Vaccination Coverage among Healthcare Personnel (HCP) (CBE #0431)**

This measure was finalized in the [FY 2023 SNF PPS Final Rule](#), which was published in the Federal Register on August 3, 2022 (87 FR 47537 through 47544). Data submission for this measure began October 1, 2022.

# Pneumonia Vaccine Decision Tool

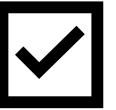


## PneumoRecs VaxAdvisor

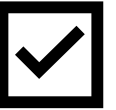
# Coadministration



COVID-19 vaccine + Flu vaccine

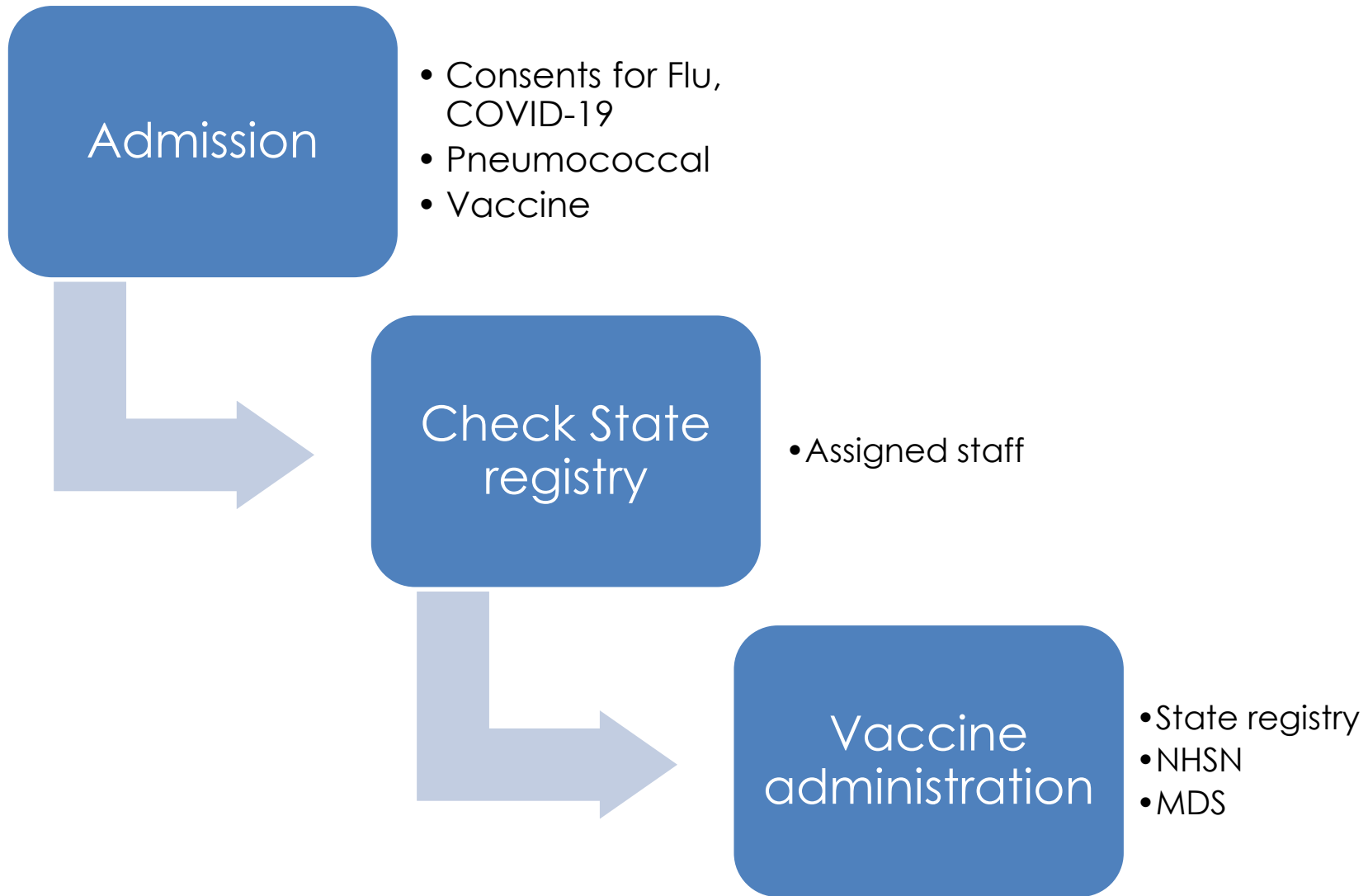


Pneumococcal vaccine + Flu vaccine



COVID-19 vaccine +  
Pneumococcal vaccine







# Increasing Influenza Vaccination Rates in Nursing Homes



## Increasing Influenza Vaccination Rates in Nursing Homes

Alliant Health Solutions in collaboration with Health Equity Leads has developed a comprehensive toolkit that discusses strategies and provides comprehensive resources for improving influenza vaccination rates in nursing homes. This toolkit can be shared broadly with nursing homes with opportunity to increase their immunization rates. It is available on the Alliant website for download. This tool was updated in June 2023.

Ways to use this toolkit:

- Source for staff education
- 1:1 coaching with individual nursing home
- Corporate clinical or QI leads
- Re-used every year in preparation for seasonal flu campaign

[https://quality.allianthealth.org/wp-content/uploads/2023/02/Increasing-Influenza-Vaccination-Rates-in-Nursing-Homes-FINAL-v2\\_508.pdf](https://quality.allianthealth.org/wp-content/uploads/2023/02/Increasing-Influenza-Vaccination-Rates-in-Nursing-Homes-FINAL-v2_508.pdf)

**TABLE OF CONTENTS**

<b>Chapter 1: Accessing and Knowing Your Data</b>	<b>3</b>
QIES Internet Quality Improvement and Evaluation System	3
CMS Care Compare	3
Electronic Health Records	4
National Healthcare Safety Network (NHSN)	4
State Immunization Registries	5
<b>Chapter 2: Regulations, Policies and Procedures</b>	<b>5</b>
Federal, State, and Local Regulations	5
Policy and Procedures	5
<b>Chapter 3: Process Mapping</b>	<b>6</b>
<b>Chapter 4: CDC Standards for Adult Immunization Practice (Assess, Recommend, Administer, Document)</b>	<b>7</b>
Assess	7
Recommend	7
Administer	7
Document	8
Resources	8
<b>Chapter 5: Action Planning</b>	<b>9</b>
QAPI	9
Resources	9
<b>Chapter 6: Emergency Preparedness Planning Integration</b>	<b>9</b>
<b>Chapter 7: Fostering a Culture of Immunization</b>	<b>10</b>
Engaging Staff, Medical Staff, and Resident and Family Councils	10
Health Literacy, Health Disparities and Implicit Bias	10
Resources	10
<b>Chapter 8: Sustainability</b>	<b>11</b>
<b>State Departments of Public Health Links</b>	<b>12</b>
<b>References</b>	<b>12</b>
<b>Contact Information</b>	<b>12</b>

Chapter 4 outlines the CDC Standards for Adult Immunization Practice of Assess, Recommend, Administer, and Document.

## INCREASING INFLUENZA VACCINATION RATES IN NURSING HOMES

### Chapter 4: CDC Standards for Adult Immunization Practice (Assess, Recommend, Administer, Document)

The CDC Standards for Adult Immunization Practice provide a framework for defining specific steps to operationalize your influenza immunization policies.

#### Assess

Assess each short-term patient and long-term resident at multiple touchpoints, including on admission, during each care conference, during an outbreak and before discharge. Consider all avenues for obtaining immunization history, including the patient or resident's primary care physician, all hospitals providing past care to the patient, the patient, health care agents, family members, care partners, state registries, and health information exchanges. For patients and residents declining immunization, establish a leadership-driven structured reapproach.

#### Recommend

According to the 2021 edition of the [Pink Book](#), "A strong recommendation by a health care provider is a powerful motivator for patients to comply with vaccine recommendations" and "Even initially reluctant adults are likely to receive an influenza vaccination when the health care provider's opinion of the vaccine is positive."

Strategies to maximize the impact of a facility's recommendations on each vaccine decision include:

- Educating vaccine-hesitant staff on their responsibilities to promote immunization regardless of their personal choices.
- Providing scripted messages to help staff promote vaccine acceptance.
- Incorporating a presumptive approach that assumes a patient, resident or health care agent will choose to vaccinate. Ensure that your presumptive approach combines the required elements of informed consent, shared decision-making, person-centered care and resident federal and state rights to refuse treatment.

Tailor the reasons why vaccination is right for each patient and resident and address patient concerns or questions in a culturally and linguistically appropriate way. Chapter 7 contains guidance on health literacy, health disparities and implicit bias that should be considered in tailoring the approach or reapproach for each individual.

#### Administer

When administering the vaccine to the patient, provide the [Influenza Vaccine Information Statement \(VIS\)](#), follow standard precautions for infection control, and know, be prepared for, monitor and report potential [adverse reactions](#). The VIS for influenza and other vaccines is available in multiple languages.

Your process should also include steps to properly [store, handle and monitor vaccines](#) and supplies.

## INCREASING INFLUENZA VACCINATION RATES IN NURSING HOMES

#### Document

As the source of influenza quality measure data, the Minimum Data Set (MDS) is the first place to look when assessing opportunities to improve immunization rates.

1. Identify upcoming MDSs due for completion. Pay particular attention to each Admission MDS. Conduct a team review of the MDS and the patient's chart and update, when appropriate, all influenza vaccines coded "not offered," "inability to obtain influenza vaccine due to a declared shortage," or "none of the above."
2. Review all completed MDSs that reflect that a resident did not receive the influenza vaccine. Ensure the reason is coded appropriately and reapproach as appropriate.
3. Pay close attention to deadlines for submitting corrected or modified MDSs. Thirty days before the deadline, run a report of all residents who did not receive the vaccine or documented as never offered. Conduct a team review and correct as appropriate.
4. Establish a process for reviewing and discussing the immunization of all new admissions and a path for reapproach (i.e., during morning or unit rounding).

Ensure there is clear documentation in the medical record of assessments, education, and conversations with patients, residents and health care agents regarding immunizations, decisions and vaccinations given. Specifying any reasons for declination in documentation positions you to develop a person-centered reapproach. Accurate documentation of each element in the health record is essential for completion of the MDS Section O: Special Treatments, Procedures and Programs: O0250 Influenza Vaccine. [The Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual](#) provides specific instructions for documenting influenza vaccination in the MDS.

Watch the Alliant Health Solution [Immunization Documentation in Nursing Homes](#) video for additional guidance on documentation in the MDS. The guidance can be used for your MDS quality check and for new or existing staff education.

Consider the health literacy of the patient, resident or health care agent when providing education and developing your person-centered re-approach.

Document known vaccination history and all vaccines provided during the patient or resident's stay with you in transitions of care and/or discharge documentation. Documentation of vaccination status should follow the individual just like advance directives.

Review your state regulations for additional documentation requirements, such as requirements for reporting to a state immunization registry.

Several resources are listed below to guide you in assessing, recommending, administering and documenting influenza immunizations.

#### Resources

- [Standards for Adult Immunization Practices](#)
- [Influenza \(Flu\) Vaccine -Addressing Common Questions about Influenza Vaccination for Adults](#)
- [Alliant Health Solutions Immunization Resource webpage](#)
- [2022 National Forum for Heart Disease & Stroke Prevention Flu Decision Guide](#)

[https://quality.allianthealth.org/wp-content/uploads/2023/02/Increasing-Influenza-Vaccination-Rates-in-Nursing-Homes-FINAL-v2\\_508.pdf](https://quality.allianthealth.org/wp-content/uploads/2023/02/Increasing-Influenza-Vaccination-Rates-in-Nursing-Homes-FINAL-v2_508.pdf)





## Immunization Process Self-Assessment for Long Term Care

Please complete this self-assessment form to help us understand your current processes and where we may be able to provide you with additional support. It shouldn't take more than a few minutes and will help us help you with increasing immunization rates.

1. Do you have an 'immunization champion' who focuses on QI measures, reducing barriers and improving coverage levels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do your staff have access to up-to-date immunization information resources, including legally required Vaccine Information Sheets? <a href="#">Vaccination Information Statements</a> , <a href="#">VIS One Page Overview</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are the information resources and Vaccine Information Sheets also available in all primary languages spoken by your residents and staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do your staff educate staff, residents or other staff about immunizations and the diseases they prevent, even when the person is not able to be vaccinated or is refusing to be vaccinated at that time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a process in place to ensure staff are aware of the current CDC ACIP (Advisory Committee on Immunization Practices) recommendations? E.g., clinical decision-making recommendations <a href="#">CDC ACIP Webpage</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are there vaccine protocols in place that include scheduled and non-scheduled opportunities for offering immunizations to staff and residents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is there a process for obtaining immunization information when it is not automatically provided by a referring facility or the patient/responsible party? E.g., from previous care sites and/or primary care physician practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you have standing orders for staff to identify opportunities, assess immunization status, administer immunizations, and refer/follow up on refusals? (skip this question if standing orders are not permissible in your state) <a href="#">Immunize.org Standing Order materials</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Does the process for documenting refusals include a review by the interdisciplinary team and a scheduled follow up with individual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you have a reminder process in place to notify patients and/or staff who are due for an immunization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. If you do not have a vaccine available, do you have a process for securing from alternate vendors and a relationship or formal agreement with a nearby immunizing partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Are the homes' immunization coverage rates routinely measured and shared with staff as part of a quality improvement initiative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Do your staff use your state immunization registry to assess and/or verify patient immunization status? <i>*(If applicable in your state).</i> <a href="#">CDC Link to state immunization information systems (IIS)</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do your staff report all immunizations administered to the state immunization registry? <i>*(If applicable in your state).</i> <a href="#">CDC Link to state immunization information systems (IIS)</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reference: Questionnaire adapted from site visit questions from the CDC AFIX/IQIP programs. Please see <https://www.cdc.gov/vaccines/programs/iqip/at-a-glance.html> for more information.

If you answered "no" to any of these questions, please contact us so that we can offer you support with identifying resources and implementing process improvements to help improve your vaccinations rates. You can reach us by emailing [nursinghome@alliantquality.org](mailto:nursinghome@alliantquality.org) or you can follow our self-directed guide at <https://quality.allianthealth.org/topic/immunizations/>.

Thank you for your time.

### LINKS TO ADDITIONAL RESOURCES

Alliant Health Solutions 5 minute video overview of vaccine documentation and the MDS (insert link to new BSL)	Communicating immunization status across the care continuum <a href="#">Alliant Health Solutions Inter-Facility Infection Control Transfer Form</a>
Skills checklist for vaccinations <a href="https://www.immunize.org/catg.d/p7010.pdf">https://www.immunize.org/catg.d/p7010.pdf</a>	State specific Influenza laws <a href="#">Menu of State LTC Facility Influenza Vaccination Laws</a>
You Call the Shots (interactive web-based course) <a href="https://www.cdc.gov/vaccines/ed/youcalltheshots.html">https://www.cdc.gov/vaccines/ed/youcalltheshots.html</a>	Vaccinating Adults: A Step-By-Step guide <a href="#">Immunize.org Adult Vaccination Guide</a>



# Immunization Documentation in Nursing Homes



<https://www.youtube.com/watch?v=LRW8E4TsVhA>



# READY, SET, GO – Seasonal Immunization Campaign Calendar



## Use as a guide each year to:

- Plan your campaign
- Track your campaign
- Evaluate your campaign
- Increase your vaccination rates



Scan the QR code or click the link access the calendar  
[Seasonal Immunization Campaign Calendar 2023-2024](#)



## JUNE

INITIATE THE PLANNING PROCESS AND PLAN THE CAMPAIGN

## JULY & AUGUST

PROMOTE THE CAMPAIGN AND BEGIN EDUCATION

## SEPTEMBER

START THE CAMPAIGN WITH A KICK-OFF

## OCTOBER & NOVEMBER

CONDUCT AND TRACK CAMPAIGN

## DECEMBER

INITIATE THE PLANNING PROCESS AND PLAN THE CAMPAIGN

## JANUARY & FEBRUARY

CONDUCT AND TRACK CAMPAIGN

## MARCH

COMPLETE THE CAMPAIGN AND TRACK

## APRIL

INITIATE CAMPAIGN REVIEW (2023-2024 SEASON)

## MAY

FINALIZE SEASON WRAP-UP AND INITIATE THE PLANNING PROCESS FOR NEW SEASON (2024-2025)

## SEPTEMBER

START THE CAMPAIGN WITH A KICK-OFF

- Do a final pulse check of recommendations, policies, and employee competencies (plan for anyone, including onboarding staff who still need annual in-service training).
- Hold a kick-off event when sufficient vaccine is available.
- Review declinations and no responses and initiate a strategy to approach with a trusted messenger.
- Establish a schedule for staff vaccination.
- Consider hosting community vaccination events with community pharmacies, hospitals or health departments.
- Monitor daily operations, storage and handling and inventory levels. Obtain staff feedback on what is going well and what process improvements could be made to improve workflow.
- Review EMR and MDS documentation of education, consent, declination, and vaccination.
- Record and track any vaccinations given. Monitor dates and submission requirements in your state registries and NHSN. (CDC/NHSN encourages facilities to update healthcare personnel influenza vaccination summary counts monthly.)
- Maintain campaign communication, emphasize the need to vaccinate throughout the influenza season, and measure success by sharing your outcomes.
- Celebrate success as key milestone targets are reached. Identify strategies for re-invigorating the campaign for any milestone lag.



July Subject: READY SET GO – July's Milestones

Pulse check! This month the focus is on education and sharing your vision for a successful campaign. Here is a [link](#) to a calendar for the remainder of the season.

- Standing orders and policies reviewed and updated to reflect current year [regulations](#)
- Staff training developed on campaign vision and [goals](#)

Last month's milestones:

- ✓ Established flu vaccine and provide par levels for supplies such as sharps [containers](#)
- ✓ Ordered promotional [items](#)
- ✓ Identified team members and facility [champions](#)

The full calendar with resource links is attached for planning and easy reference.

Your Alliant Health Solutions State Quality Manager and I are available to **provide individualized coaching support** help you and your team, work through any challenges.

Ready, **set**, go!

August Subject: READY SET GO – August's Milestones

Pulse check! This month's focus is on finalizing logistics and education:

- Establish communication strategy and process for engaging families and health care agents.
- Finalize logistics and staffing plans for the campaign and kick-off event(s)

Last month's milestones:

- ✓ Standing orders and policies reviewed and updated to reflect current year [regulations](#)
- ✓ Staff training developed on campaign vision and [goals](#)
- ✓ Established flu vaccine and provide par levels for supplies such as sharps [containers](#)
- ✓ Ordered promotional [items](#)
- ✓ Identified team members and facility [champions](#)

The full calendar with resource [links](#) is attached again for planning and easy reference.

Your Alliant Health Solutions State Quality Manager and I remain available to **provide individualized coaching support** help you make this your most successful campaign ever!

Ready, **set**, go!



**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



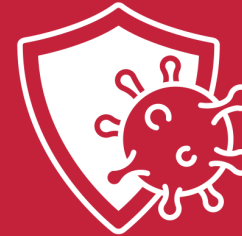
## CHRONIC DISEASE SELF- MANAGEMENT

- 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

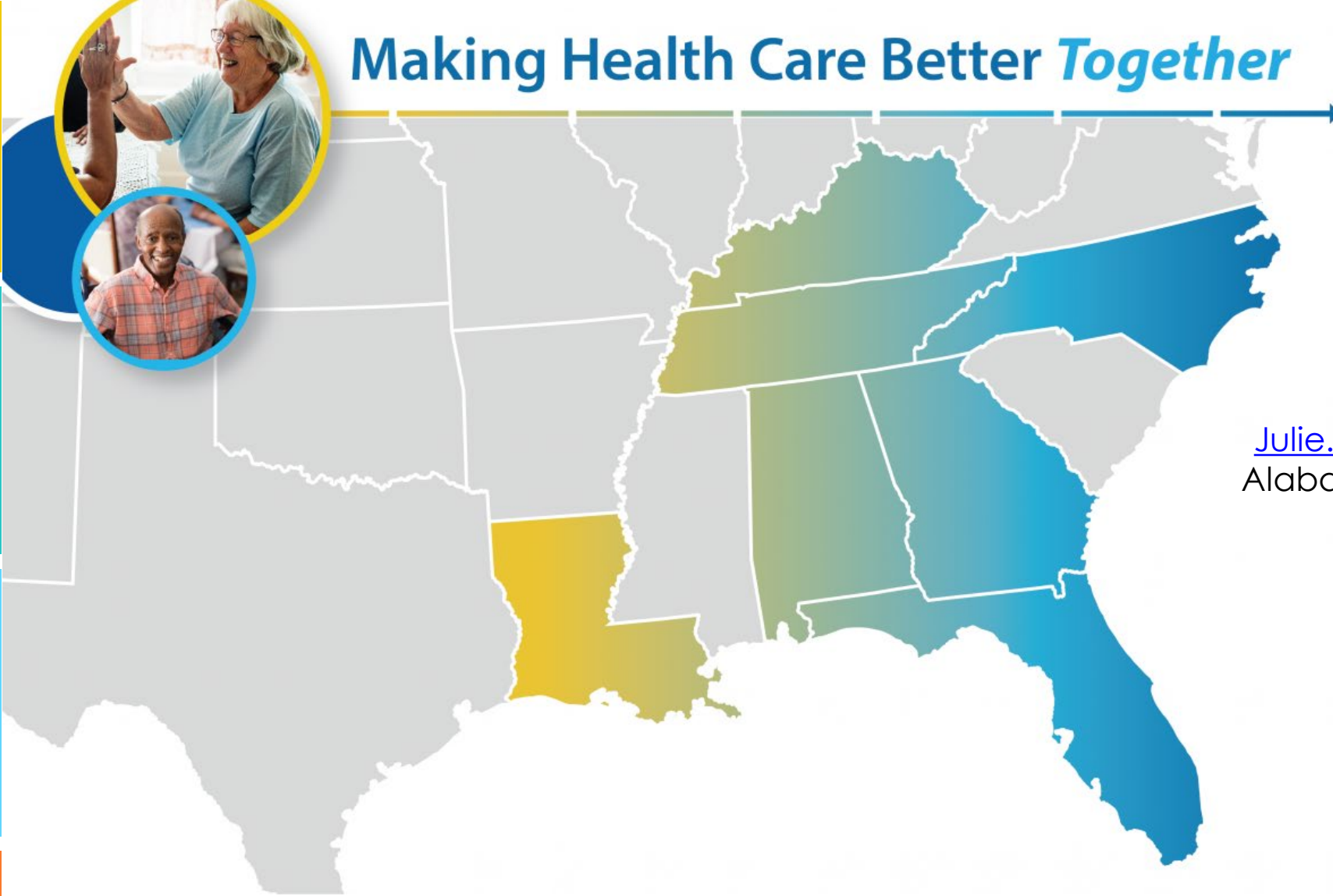
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



## TRAINING

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

# Making Health Care Better *Together*



Julie Kueker

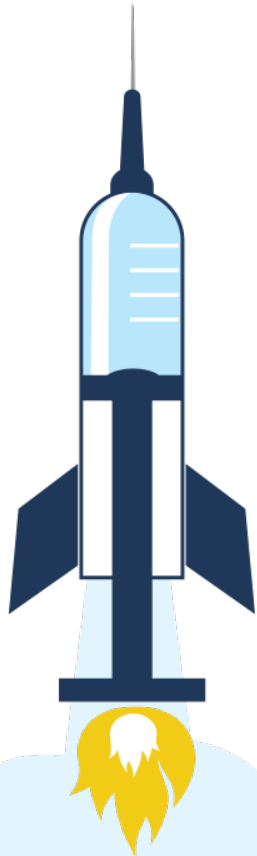
[Julie.Kueker@AlliantHealth.org](mailto:Julie.Kueker@AlliantHealth.org)  
Alabama, Florida and Louisiana



Leighann Sauls

[Leighann.Sauls@AlliantHealth.org](mailto:Leighann.Sauls@AlliantHealth.org)  
Georgia, Kentucky, North Carolina and Tennessee

## Program Directors



# Making Health Care Better Together



@AlliantQIO



@AlliantQIO



Alliant Health Solutions



AlliantQIO

This material was prepared by Alliant Health Solutions, a Quality Innovation 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. Publication No. 12SOW-AHS-QIN-QIO TO1-NH TO1-PCH--4173-07/25/23