

Boost Office Hours

2024-2025 COVID-19 Vaccine: Myths, Facts and Questions

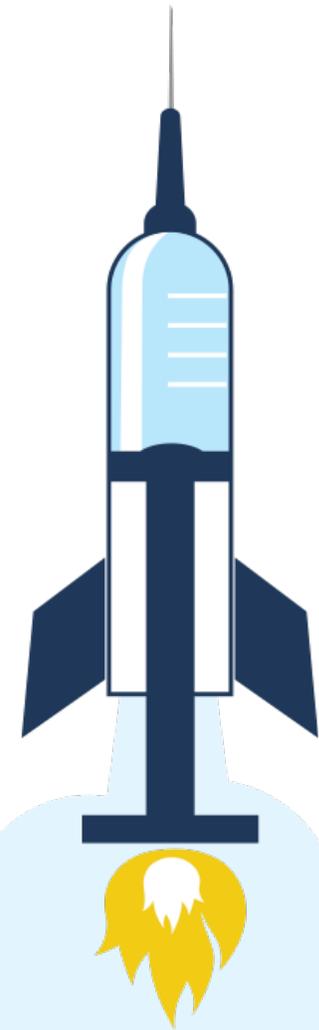
August 22, 2024

Swati Gaur, MD, MBA, CMD, AGSF
Northeast Georgia Health System
Alliant Health Solutions

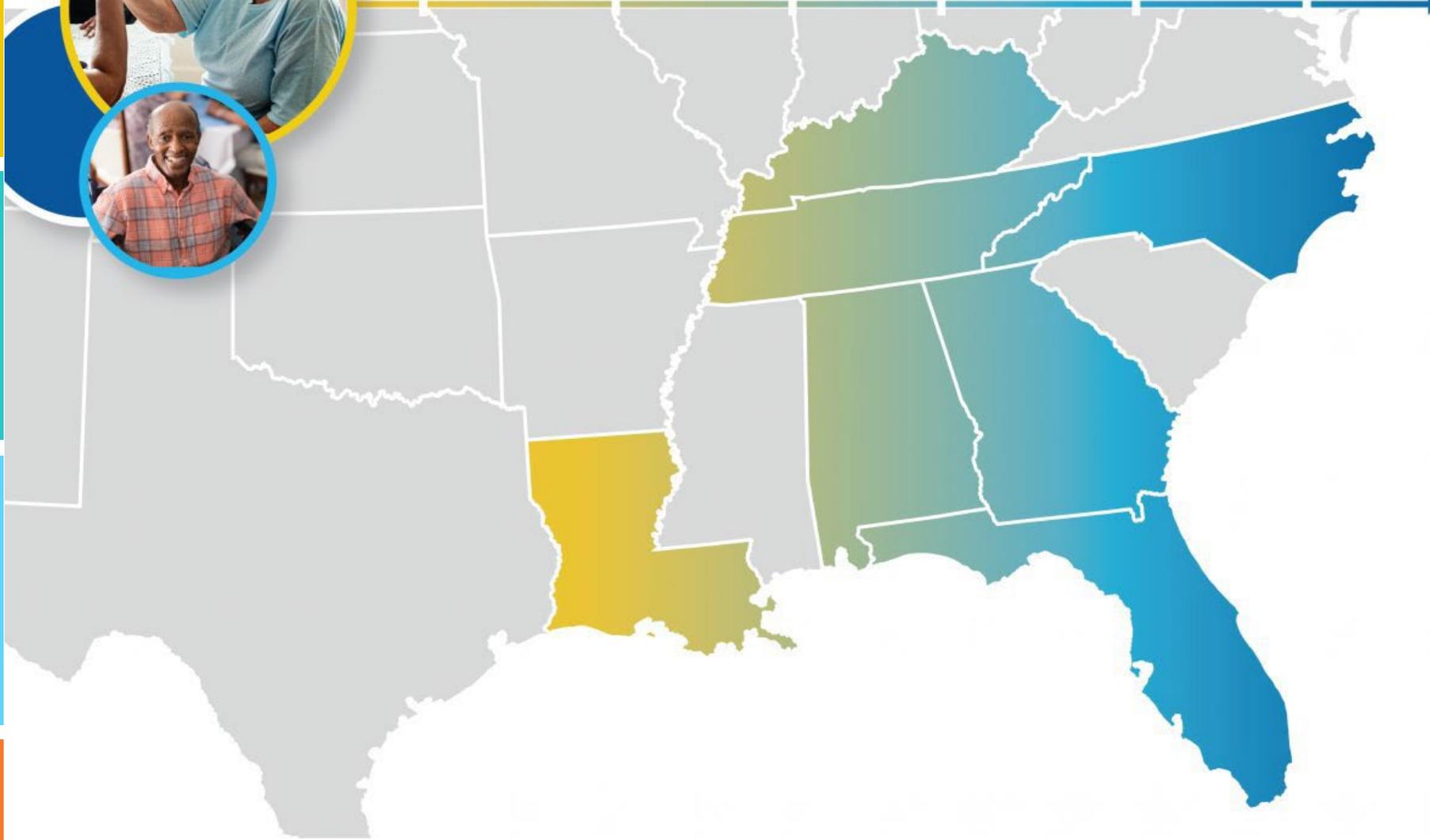
Deena Tarver, MBA, BSHCA
Alliant Health Solutions



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 of the Year 2022

ASSOCIATE CHIEF MEDICAL OFFICER, RAINMAKERS SOLUTIONS
MEDICAL DIRECTOR, ALLIANT HEALTH SOLUTIONS
SENIOR MEDICAL DIRECTOR, POST-ACUTE CARE,
NORTHEAST GEORGIA MEDICAL CENTER

- Past chair of an Infection Advisory Committee during the COVID-19 pandemic
- Created and issued guidance to a COVID-19 task force
- National and international speaker on infection prevention and control issues in nursing homes
- Board certified in internal medicine, geriatrics, and hospice and palliative medicine
- Masters in business administration from Georgia Institute of Technology



Deena Tarver, MBA, BSHA

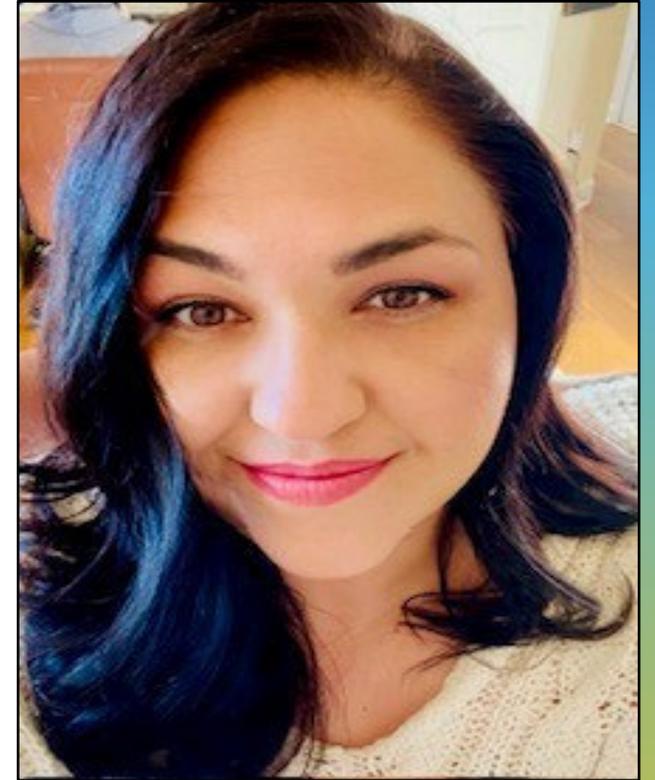
VACCINE ADVISOR

Deena Tarver is a vaccine advisor with a focus on the COVID-19 vaccine.

She has a business background and owned businesses before entering the health industry. Her passion for serving led her into the health field, where she could combine her business background and clinical knowledge to better serve others.

Deena enjoys time with her family and loves hiking with her husband and three fur babies.

Deena.Tarver@allianthealth.org





COVID-19 Epidemiology Update

COVID-19 Update for the United States

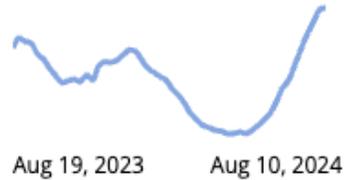
Early Indicators

Test Positivity >

% Test Positivity

18.1%

Week ending August 10, 2024
Previous week 17.9%

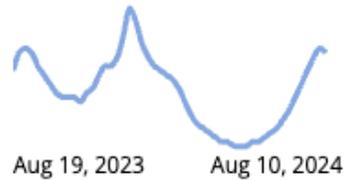


Emergency Department Visits >

% Diagnosed as COVID-19

2.4%

Week ending August 10, 2024
Previous week 2.5%



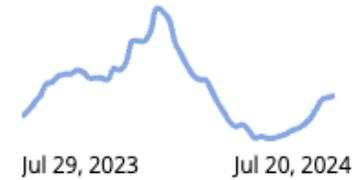
Severity Indicators

Hospitalizations >

Rate per 100,000 population

3.3

Week ending July 20, 2024
Previous week 3.2

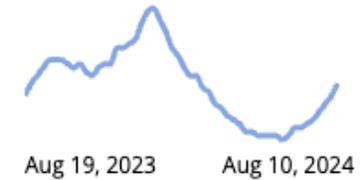


Deaths >

% of All Deaths in U.S. Due to COVID-19

1.9%

Week ending August 10, 2024
Previous week 1.6%



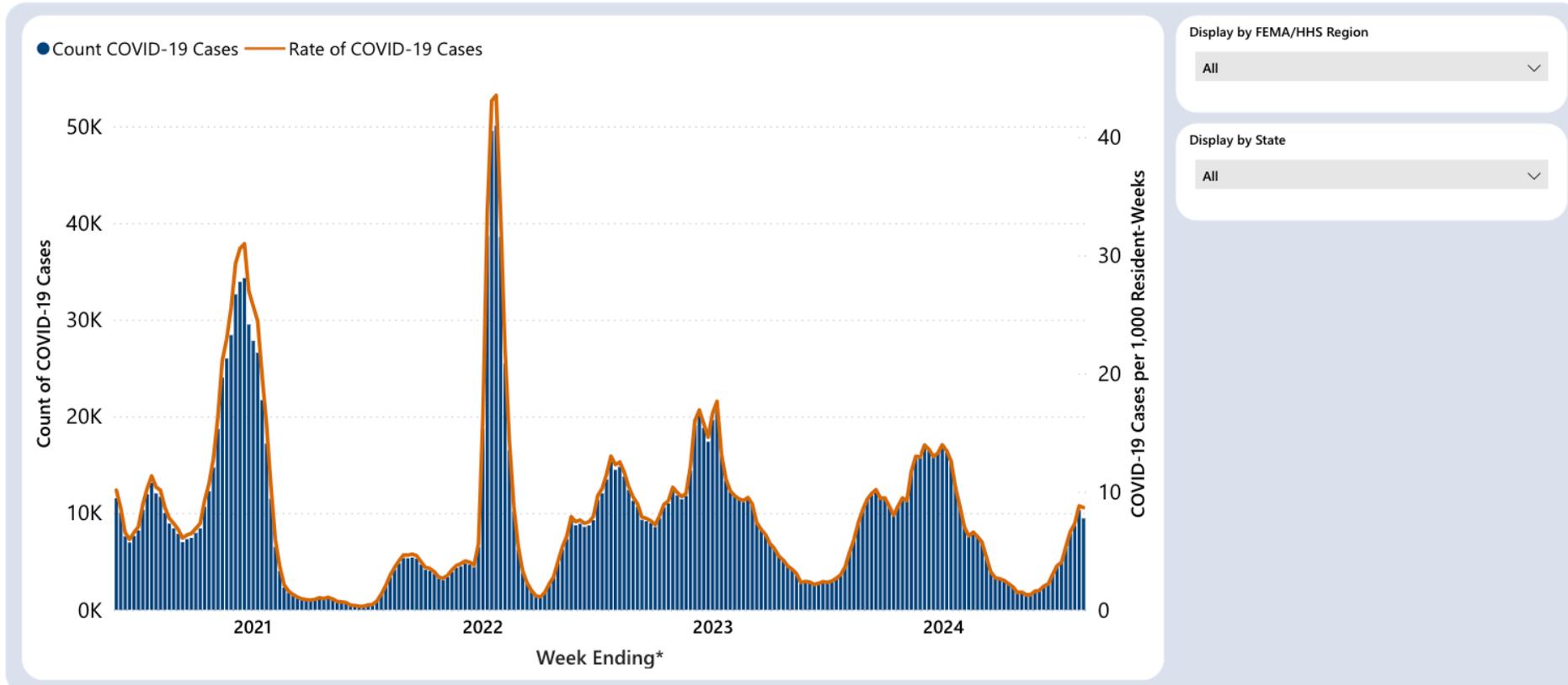
These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

CDC | Test Positivity data through: August 10, 2024; Emergency Department Visit data through: August 10, 2024; Hospitalization data through: July 20, 2024; Death data through: August 10, 2024.
Posted: August 19, 2024 3:49 PM ET

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



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



* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. **Accessibility:** [Right click on the graph area to show as table]

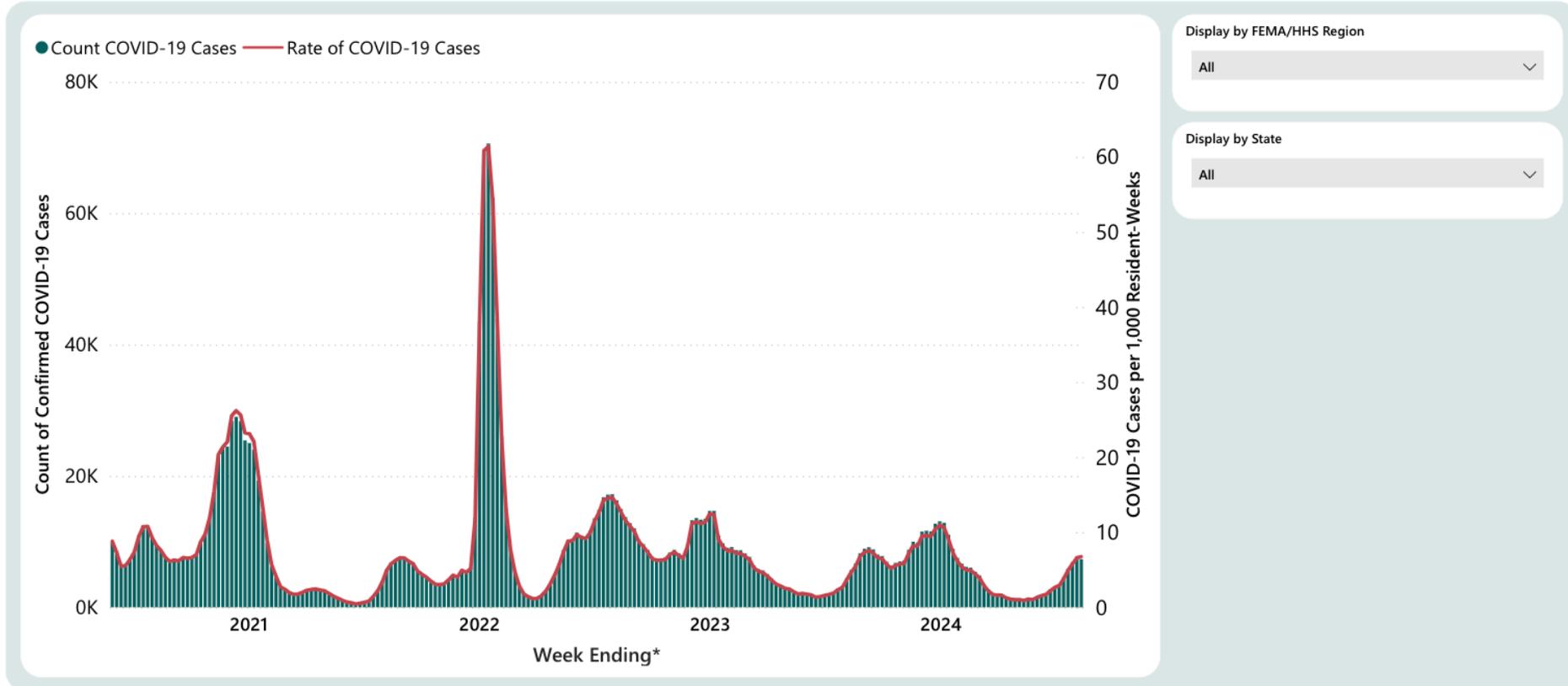
For more information: <https://www.cdc.gov/nhsn/itc/covid19/index.html>

Data as of 8/12/2024 5:30 AM

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



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



* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

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For more information: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

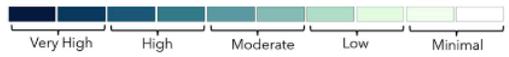
Data as of 8/12/2024 5:30 AM

Wastewater COVID-19 National Trend

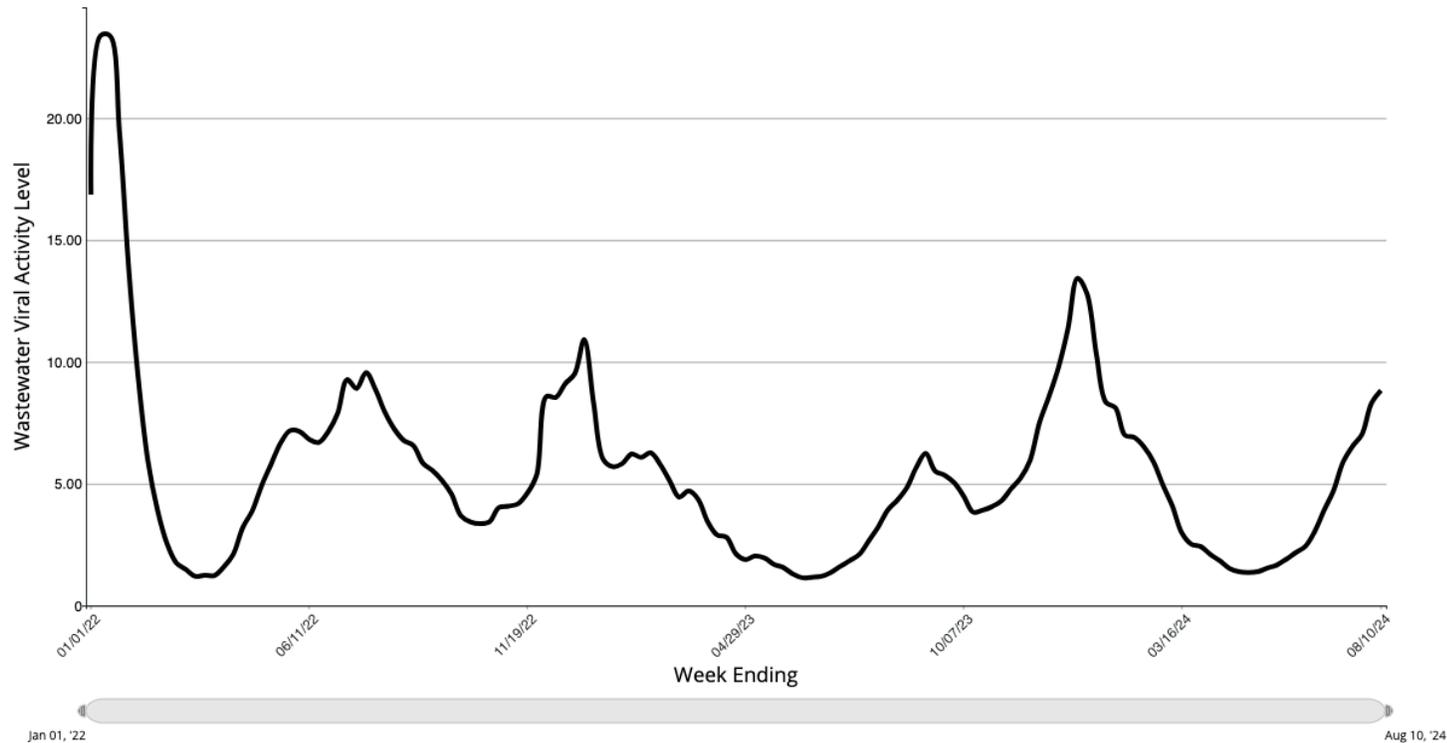
This chart shows national trends of SARS-COV-2 viral activity levels in wastewater.

VERY HIGH

Nationally, the wastewater viral activity level for COVID-19 is currently **very high**.



COVID-19 Wastewater Viral Activity Level Over Time, United States



Metric:

- Current virus levels in wastewater by site
- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

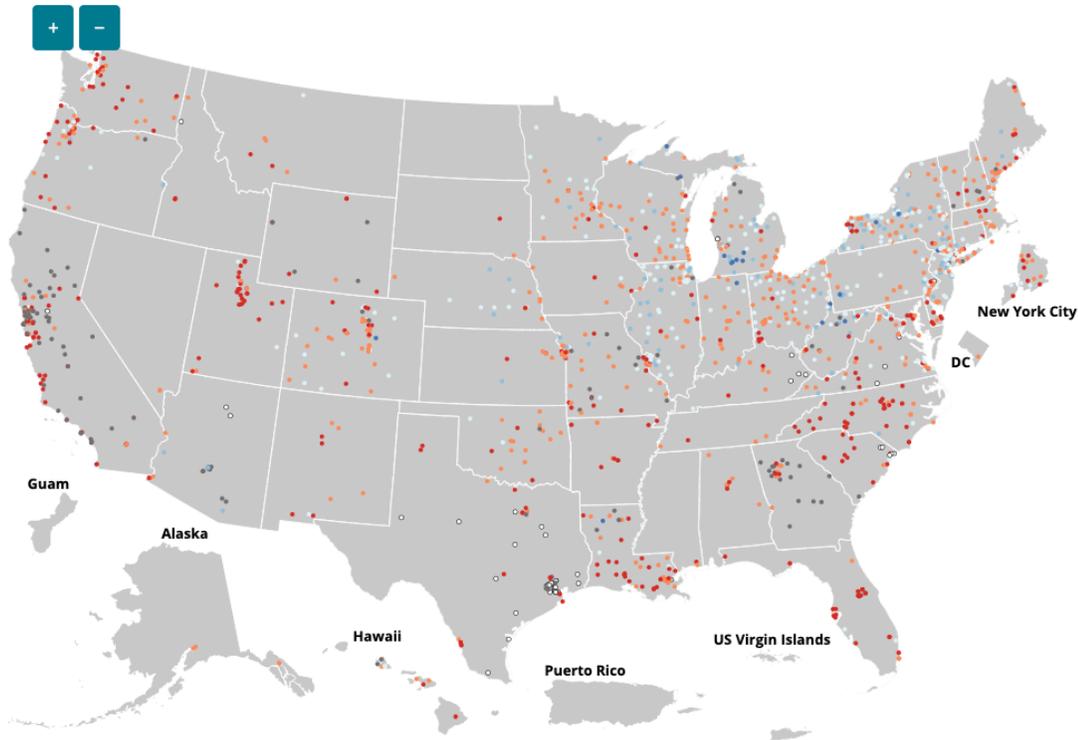
Show:

- Sites with no recent data
- Sites that started sampling after 12/1/21

Current virus levels in wastewater by site

This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

⚠ Note: Sites began collecting data at different times. Sites that began reporting wastewater data after December 1, 2021 are not comparable to sites that started reporting data on or before December 1, 2021. The data history for these new sites is not long enough to reflect the same surges as the other sites.



Current SARS-CoV-2 virus levels by site, United States

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	51	4	- 2%
0% to 19%	23	2	- 34%
20% to 39%	118	9	- 17%
40% to 59%	310	24	- 8%
60% to 79%	469	36	- 4%
80% to 100%	340	26	5%

Total sites with current data: 1311

Total number of wastewater sampling sites: 1466

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)

Select legend categories to filter points on the map.

- New site
- 0% to 19%
- 20% to 39%
- 40% to 59%
- 60% to 79%
- 80% to 100%
- No recent data

HHS Region:

USA

Data for the 2-Week Period

Ending on:

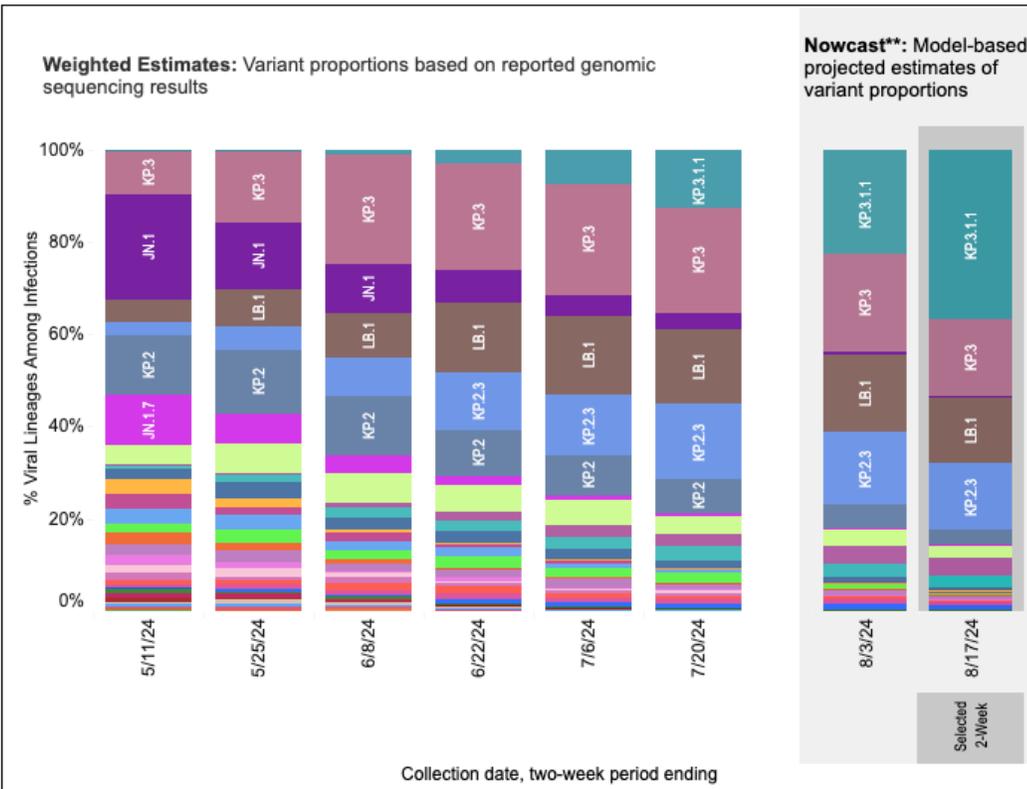
8/17/2024(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 8/17/2024(Nowcast) if available.

Weighted and Nowcast Estimates in United States for 2-Week Periods in 4/28/2024 – 8/17/2024

Nowcast Estimates in United States for 8/4/2024 – 8/17/2024

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



USA			
WHO label	Lineage #	%Total	95%PI
Omicron	KP.3.1.1	36.8%	31.1-42.7%
	KP.3	16.8%	14.4-19.6%
	KP.2.3	14.4%	11.7-17.7%
	LB.1	14.1%	11.2-17.5%
	LP.1	4.1%	3.0-5.6%
	KP.2	3.2%	2.7-3.8%
	KP.1.1	2.7%	1.9-3.7%
	KP.1.1.3	2.5%	1.7-3.6%
	KS.1	1.0%	0.6-1.7%
	KP.2.15	0.9%	0.4-2.1%
	LF.3.1	0.9%	0.6-1.4%
	JN.1.16.1	0.8%	0.5-1.1%
	JN.1.18	0.4%	0.3-0.7%
	KP.4.1	0.3%	0.2-0.6%
	JN.1	0.2%	0.1-0.3%
JN.1.11.1	0.2%	0.1-0.3%	
XDV.1	0.2%	0.1-0.4%	
KW.1.1	0.1%	0.1-0.2%	
JN.1.16	0.1%	0.1-0.1%	
KP.1.2	0.1%	0.0-0.1%	
JN.1.7	0.1%	0.1-0.1%	
KQ.1	0.0%	0.0-0.0%	
JN.1.13.1	0.0%	0.0-0.0%	
JN.1.4.3	0.0%	0.0-0.0%	
JN.1.8.1	0.0%	0.0-0.0%	
XDP	0.0%	0.0-0.0%	
JN.1.32	0.0%	0.0-0.0%	

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # 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. While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: <https://web.archive.org/web/20240116214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules>.



COVID-19 Vaccine FAQ

The COVID-19 vaccine makes me sicker than I am, and my focus is not to get sick while I finish rehab.

The COVID-19 vaccine activates the immune system to make specific antibodies against new variants. The activated immune system can have normal effects like body aches, fever, and local effects that last for about two days.

These symptoms can and should be managed by the health care team.

COVID-19 vaccine side effects by age

DATA IS FOR SYSTEMIC REACTIONS, COLLECTED FROM THE CLINICAL TRIALS

Frequency of post-vaccine side effects in participants

Johnson & Johnson



Pfizer-BioNTech



Moderna* (*second dose)



Source: CDC

Our medical director doesn't want to co-administer the COVID-19 vaccine with other vaccines because he doesn't know which vaccine causes side effects.

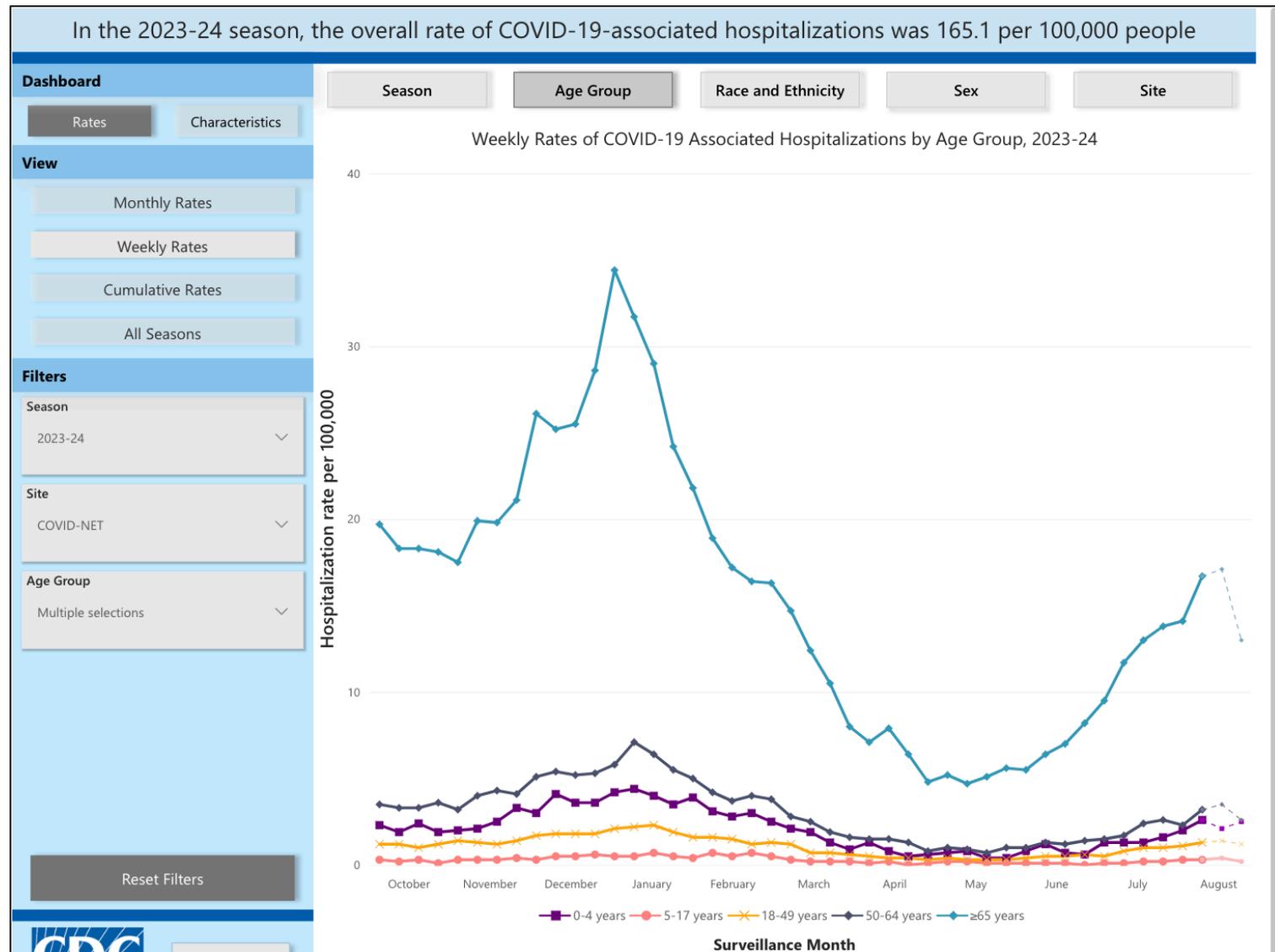
Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients.

Simultaneous administration is defined as:

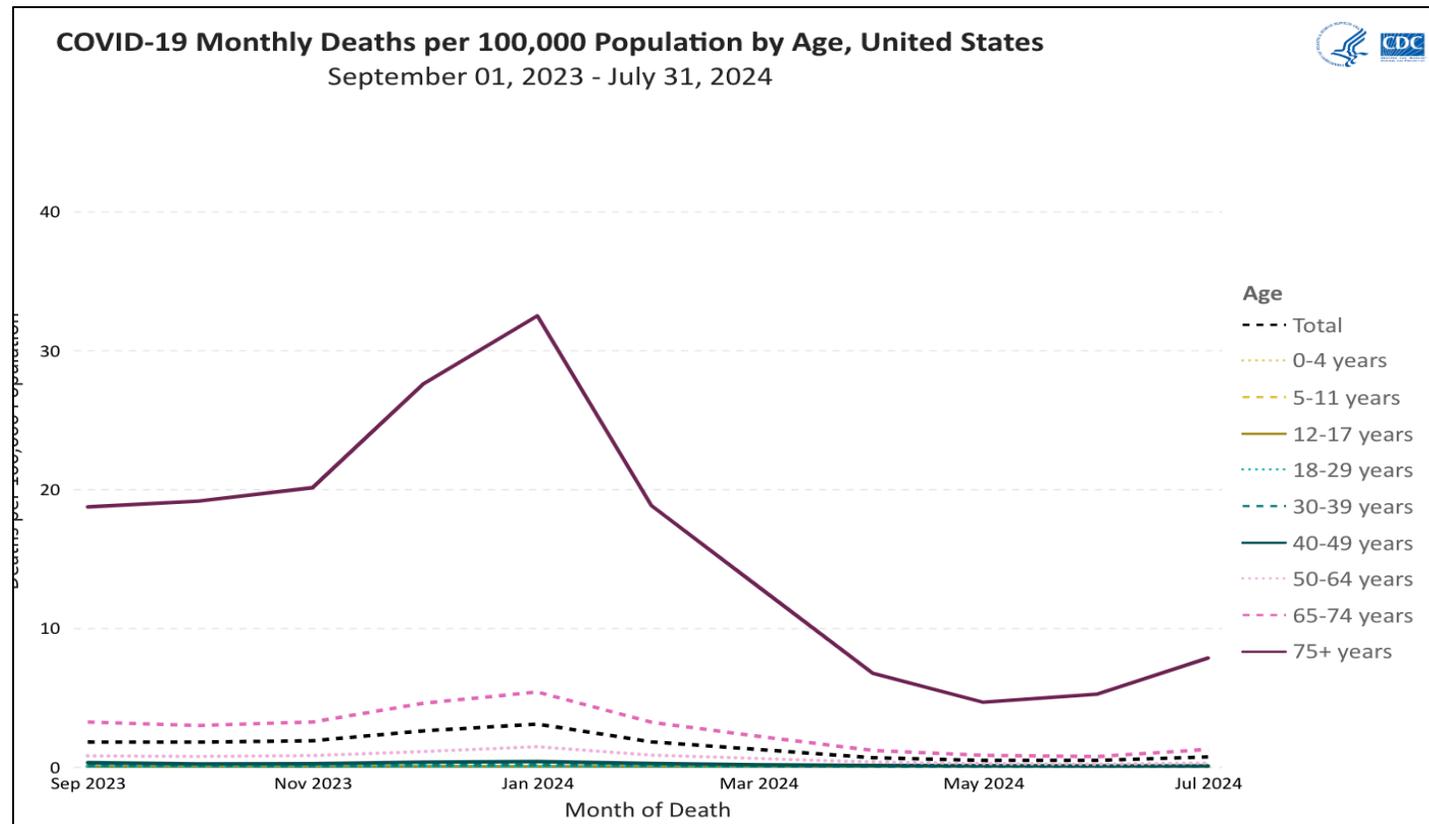
- Administering more than one vaccine on the same clinic day
- At different anatomic sites
- Not combined in the same syringe

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised>

I have taken several COVID-19 shots over the years, and still get sick with COVID-19. Each time, I get sicker than the last infection. Therefore, I stopped. The COVID-19 vaccine is not working for me.

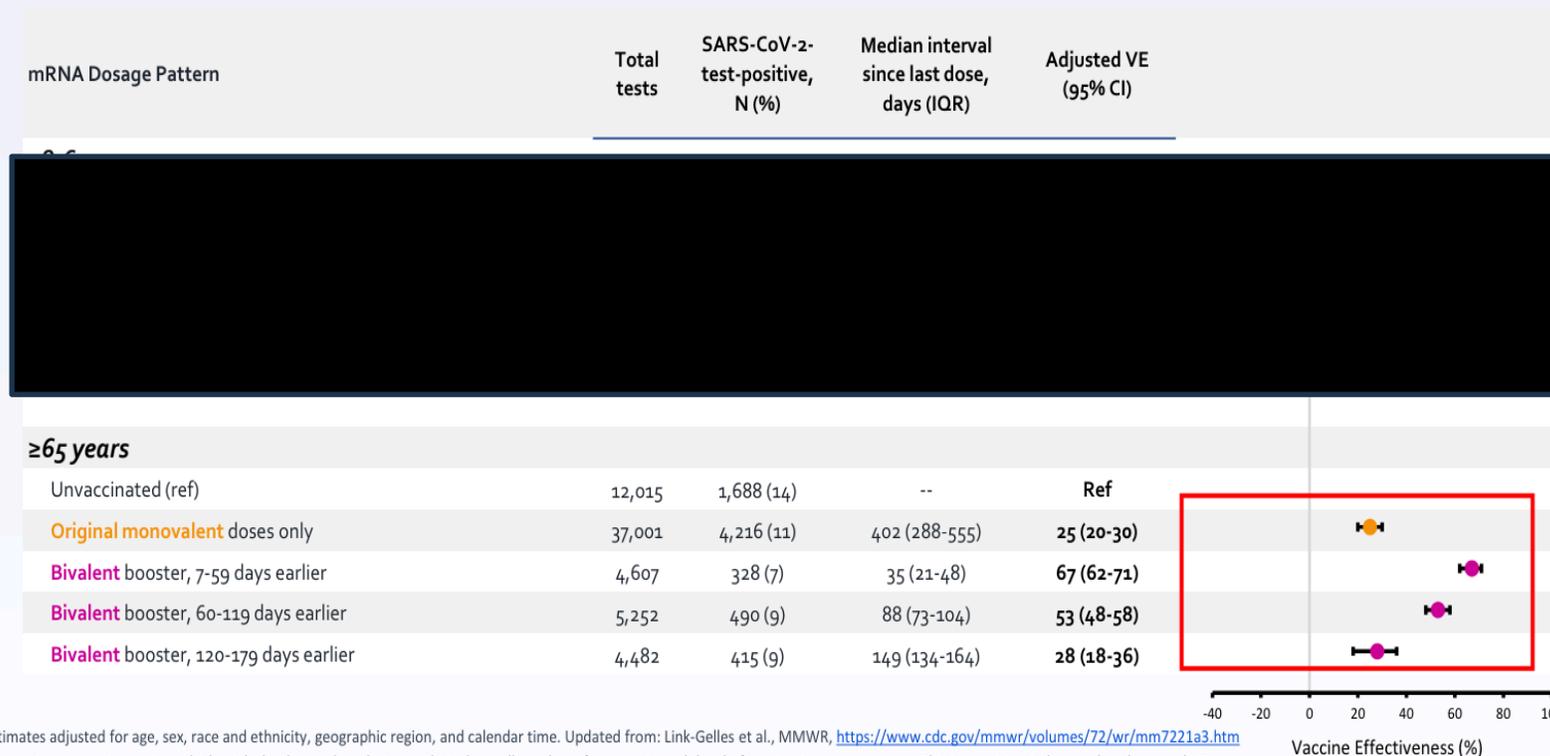


I've seen older adults sick with COVID-19, and it was nothing—very few symptoms. I can handle it, so I do not need a COVID vaccine.



The number of shots needed keeps growing. When will it stop?

VISION: Absolute VE of *original monovalent* and *bivalent* booster doses against *hospitalization* among immunocompetent adults, by age group – September 2022 – August 2023



VE estimates adjusted for age, sex, race and ethnicity, geographic region, and calendar time. Updated from: Link-Gelles et al., MMWR, <https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm>
 * These estimates are imprecise, which might be due to there being a relatively small number of persons in each level of vaccination or case status. This imprecision indicates that the actual VE could be substantially different from the point estimate shown, and estimates should therefore be interpreted with caution. Additional data accrual could increase precision and allow more precise interpretation.

- ACIP

What's Up-To-Date?

CDC's clinical considerations and up-to-date definition



first day of the reporting quarter.



NHSN's surveillance definition of up to date for COVID-19 vaccination data

My facilities have an outbreak. Should I administer vaccines during the outbreak, or should I stop offering the vaccine to residents who are not current?

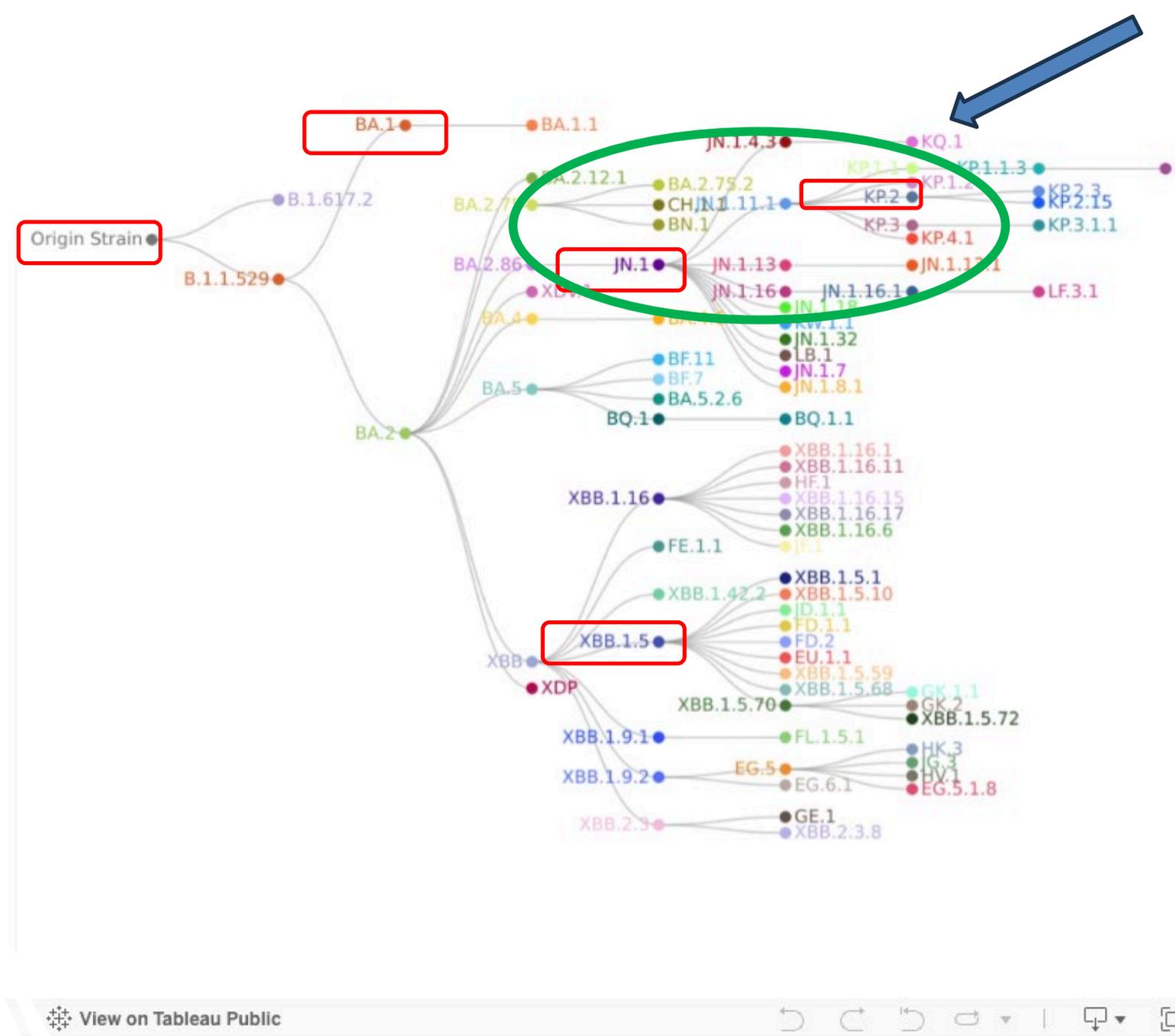
- People with a known or potential SARS-CoV-2 exposure may receive a vaccine if they do not have [symptoms consistent with COVID-19](#).
- People with a known SARS-CoV-2 infection should defer any COVID-19 vaccination until recovery from the acute illness (if symptoms were present) and the [criteria](#) to discontinue isolation have been met.
- People who recently had a SARS-CoV-2 infection may consider delaying a COVID-19 vaccine dose by three months from symptom onset or a positive test (if the infection was asymptomatic).
- [Viral testing](#) to assess for acute SARS-CoV-2 infection or [serologic testing](#) to assess for prior infection is not recommended for the purpose of vaccine decision-making.

I am frequently asked, "If I received the 2023-2024 COVID-19 vaccine in July/August 2024, how long should I wait until I can receive the 2024-2025 COVID-19 vaccine once it becomes available?"

CDC does not expect the interval between doses to differ from [2023-2024 COVID-19 vaccine recommendations](#).

The COVID-19 vaccine doesn't work. That is why they keep changing it.

FACT: Data shows that COVID-19 vaccines protect people against severe illness, hospitalization and death due to COVID-19. Like the flu vaccine, scientists work to predict what variant of the COVID-19 virus will be circulating this season and tailor the vaccine to those variants, thereby making the vaccine more relevant to the current season.



The 2024-2025 updated COVID-19 vaccine ingredients are different and more dangerous.

There is NO CHANGE in the basic ingredients of the COVID-19 vaccine. This vaccine has been extensively studied in the millions of people who have taken the vaccine in past years.

Similar to the past, nearly all the ingredients in the 2024-2025 updated COVID-19 vaccine are also in many foods – fats, sugars, and salts. They do NOT contain preservatives, tissues (like aborted fetal cells), antibiotics, food proteins, medicines, latex, or metals.

I am a young nurse who works in a nursing home. I do not need the vaccine.



decreased risk of **long-term COVID-19** (tiredness, headaches, dizziness, muscle and joint pains, difficulty breathing, chest pain, fast heartbeat, difficulty thinking, sleep problems, or changes in smell or taste. Duration: weeks, months or years)



For vulnerable family members - **protect** young children and older parents/ relatives.



For residents - **protect** residents, especially those with diabetes, heart disease etc. and lung disease.

15,042 nursing homes

Increase in staff vaccination rates of 10 %

fewer weekly COVID-19 cases among residents,
Fewer weekly COVID-19 deaths among residents
Fewer weekly COVID-19 cases among staff

Flu- staff vaccination

43% decrease in the incidence of ILI

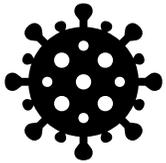
44% decrease in overall mortality among facility residents, from 17% to 10% (OR = 0.6; 95% CI = 0.4--0.8)

<https://pubmed.ncbi.nlm.nih.gov/8985189/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9856799/#:~:text=This%20cohort%20study%20of%2015,residents%2C%20and%20fewer%20weekly%20COVID%2D>

I plan to have children, and I heard that the COVID-19 Vaccination can decrease my chance of getting pregnant.

There is **no evidence** that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.



COVID-19 increase ICU admission, Vent support, ECMO, death. More in diabetes and obesity.



Less severe illness in mom.



Decreased infant hospitalization by 61%.

I don't want to get the vaccine because it doesn't work. Vaccinated people have still gotten COVID-19.

Effectiveness means lowering risk of severe disease, hospitalization and death.

Each COVID-19 vaccination lowers the risk of severe illness, hospitalization and death for nursing home residents.

For staff and the general public, the COVID-19 vaccine decreases symptomatic COVID-19, hospitalization, and death from COVID-19.

If you've already had COVID-19, you have natural immunity and don't need the updated vaccine

People who previously had COVID-19 and do not stay up to date with vaccination after they recover are more likely to get COVID-19 again than those who remain up to date after recovery.



How to plan for daily vaccination administration or a vaccine clinic

Ordering

You can order all three vaccines through your medical supply company, pharmacy, or wholesaler once the 24-25 is available. To order directly from Moderna, visit [Modernadirect.com](https://www.modernadirect.com). To order Pfizer, visit [primevaccines.pfizer.com](https://www.primevaccines.pfizer.com). Novavax can only be ordered through your medical supply company, pharmacy or wholesaler.

	PFIZER	MODERNA	NOVAVAX
TYPE	mRNA	mRNA	Protein
SINGLE/MULTI DOSE	Single dose vial	Single dose vial	Single Dose vial for ages 12+
Variant	KP.2	KP.2	JN.1
TEMPERATURE	Fridge temps . 36-46 degrees Fahrenheit	Freezer for up to 9 months -58 to 5 degrees Fahrenheit, fridge 30 days at 36-46	Fridge temps 36-46 degrees Fahrenheit
DIRECT ORDERING	Available	Available	Not Available
MINIMUM DOSES	Minimum direct order 2 boxes Which is 20 vaccines.	Minimum direct order 1 box or 10 vaccines.	Minimum 1 box (10 vaccines) from medical supply company
TRADE NAME	COMIRNATY 12+ age	Spikevax	NVX-CoV2373
PRE-ORDERING	Direct from Pfizer, wholesaler or pharmacy once available	Direct from Moderna, wholesaler or pharmacy once available.	Available through wholesaler and LTC pharmacy once 24-25 vaccine available.

Vaccine Consent Form – Multiple Vaccines

- I, the undersigned, have received information about the risk and benefits of the vaccines listed below.
- I have had the opportunity to ask questions and have received answers to my satisfaction.
- I understand the vaccination process and freely consent to such process.
- I understand that I will be screened for eligibility prior to receiving any vaccine dose based on the recommended vaccine schedule by the National Advisory Committee for Immunization Practices (ACIP).
- I understand that I may change my mind about vaccination at any time prior to receiving the vaccine(s).
- I understand that this consent form is good for 3 years. It will be reviewed and offered for renewal every 3 years.
- I consent to the vaccines selected below as indicated by circling Yes. My signature also authorizes entry of the vaccination(s) into the State Immunization Registry if required.

Vaccine	Consent (Circle Yes or No)	
Influenza	Yes	No
COVID-19	Yes	No
Pneumococcal (PCV15, PCV20; PPSV23)	Yes	No
Respiratory Syncytial Virus (RSV)	Yes	No
Tdap	Yes	No
Shingles	Yes	No
Other Vaccines recommended by ACIP:	Yes	No

Signature of Resident or Legal Representative

Date/Time

If Legal Representative, state relationship to Resident

****If Legal Representative, please ensure receipt of a copy of the Healthcare Power of Attorney, Advance Directive, Letters of Guardianship, or other documents that authorize Resident Representative to execute this**

Name:	Birthdate:
Admission Date:	Medical Record #:
Physician:	

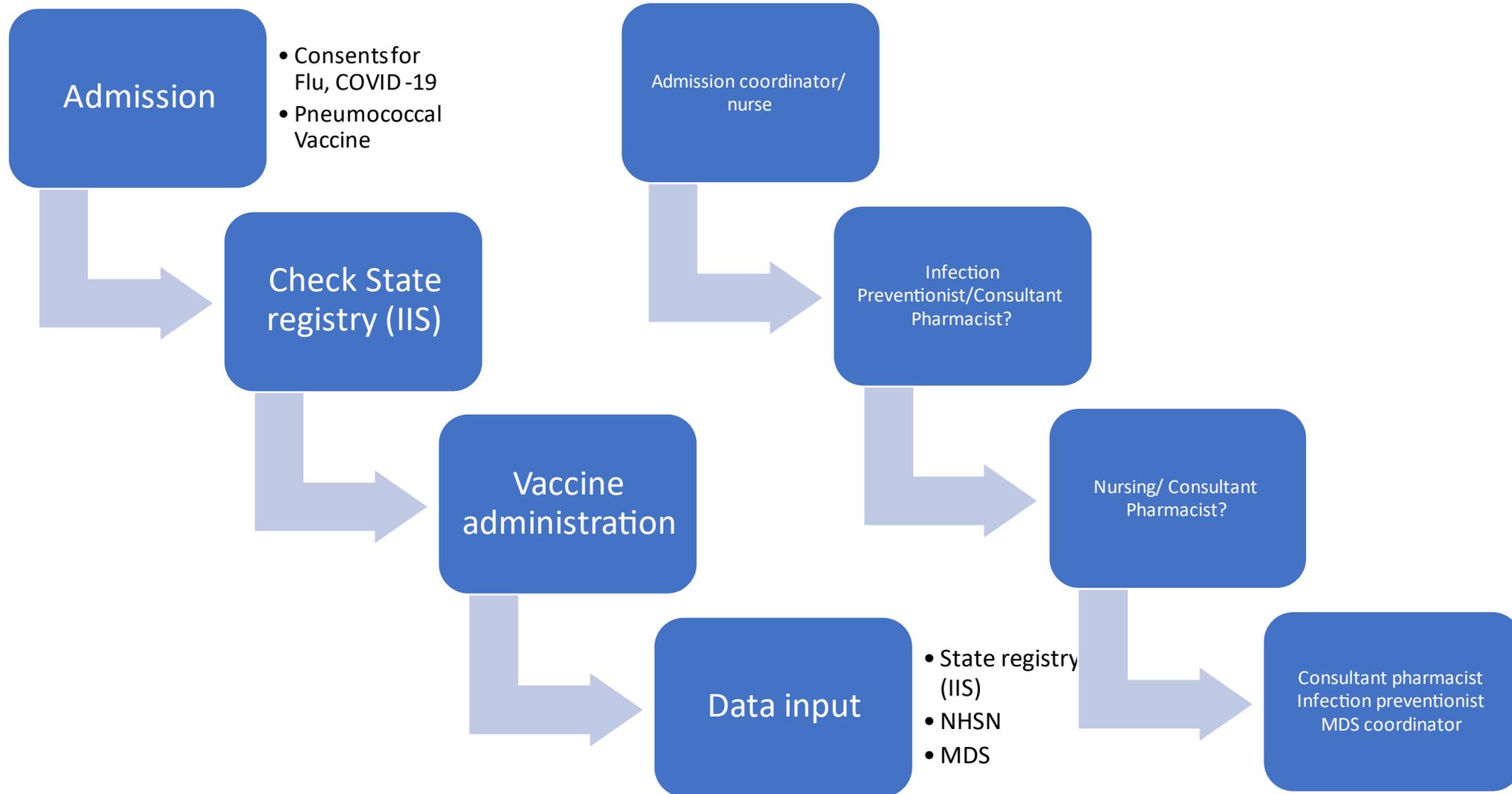
consent.

Vaccine Consent to vaccines during stay

Multi vaccine consent form

<https://www.ahcancal.org/Quality/Documents/GetVaccinated/Admission%20Consent%20Form%20for%20Vaccines%20in%20LTC.pdf>

Day-To-Day Vaccine Operations



COVID-19, Flu or Pneumonia Vaccine Clinic Process Checklist

Long Term Care Facilities (LTCF) should ensure they have an agreement in place for ongoing vaccinations with their LTCF pharmacy provider or another designated provider.

PRE-VACCINATION

- Establish a facility point of contact (POC), one of whom should be a licensed nurse, to communicate with and coordinate vaccination administration with the pharmacy provider.
 1. Primary POC: _____
 2. Secondary POC: _____

*Best practice: Designate a primary and secondary POC (i.e., administrator, director of nursing, or infection preventionist) to receive notifications from your consultant pharmacy provider.
- Notify your pharmacy/wholesaler when the need for vaccination for residents or staff is identified.
- Identify staff to assist with vaccination administration, consents or clinic setup.

Names and roles: _____
- Confirm with your consultant pharmacist:
 1. Ensure the pharmacy will accept the facility's consent forms and provide supplies for the clinic (tables, chairs, trash receptacles, gloves, sharps containers, band-aids, alcohol wipes, hand hygiene supplies, etc.)
- Identify a vaccination clinic area.
 1. Ensure the dedicated space is well-ventilated, well-lighted and clean, and provides a space for the 15-minute observation period after each administration.
- Have one table and two chairs for the vaccine administration area.
 1. Non-fabric chairs are preferred as they will allow for proper disinfecting procedures.
 2. Power source or extension cords positioned to safely provide power for laptops or other electronic devices.
 3. Identify residents who need bedside vaccination versus centralized vaccination area.

- Facility POC communication with the pharmacy for the clinic
 1. Current consents on file and accepted by pharmacy
 2. Insurance information for staff and residents
 3. Primary care physicians for each resident
- Create a tracking sheet for residents and staff who have:
 1. Accepted or declined the COVID-19, flu or pneumonia vaccine
 2. Current completed consent forms on file
- Ensure staff assisting with vaccination administration are knowledgeable about how to respond to severe adverse reactions to vaccines.
 - https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fpfizer%2Fanaphylaxis-management.html
 - https://www.cdc.gov/vaccines/basics/possible-side-effects.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/vac-gen/side-effects.htm
- Be prepared to activate EMS and begin clinical management in the event of a severe adverse reaction.

EDUCATE AND OBTAIN VACCINE CONSENTS

Residents:

- Identify staff members who will obtain and educate resident consent.
 1. Names _____
- Provide education to staff members who will educate about the COVID-19, flu or pneumonia vaccine and gain informed consents.
 1. Immunization knowledge, motivational interviewing and behavioral science.
 2. Have resources available to help with education.
- Gather copies of:

1. COVID-19, Flu or Pneumonia VIS sheets from the CDC

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

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/covid-19.html>

- Educate staff, residents, and their families about the vaccines. Post fliers and videos, attend resident council meetings, and send out information in emails or monthly newsletters.

1. COVID-19 vaccine for LTC residents: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/LTCF-residents.html>

- Standard practice of care is to obtain multi-vaccine consent upon admission. Verbal confirmed consents are allowable.

- Identify residents who can consent for themselves and those who cannot consent for themselves.

1. Residents who can consent for themselves should receive education about the vaccine, benefits vs. risks, and have an opportunity to ask questions and determine if the vaccine is a good fit for them.

- Provide residents with a CDC VIS sheet for vaccines.
- Sign and file consent with the building and pharmacy providing the vaccine (if they are administering the vaccine).

2. Residents who cannot consent for themselves.

- Identify resident healthcare proxy (e.g., power of attorney (POA), Resident representative (RR), or legal guardian) and their contact information. Contact proxy.
- Provide CDC VIS sheet for vaccines.
- Educate about current vaccines and ACIP recommendations for this demographic.
- Provide resources to proxy as requested.
- Follow up with proxy as needed.
- Document and file consents with the building and provide a copy to the pharmacy if they are administering.
- Check with the pharmacy about their consent protocol (e.g., how early they want consent; what consent form will be accepted).

STAFF CONSENT

- Educate staff about the vaccine and promote vaccine acceptance.
- <https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/cna-vaccine-confidence-poster1.pdf>
<https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/cna-vaccine-confidence-poster2.pdf>
- The medical director or IP nurse should be available to answer questions
- Share the consent form and have signed and filed before the clinic
- Follow-up one-on-one with staff who have not consented may be beneficial.

Before Clinic (<10 days)

- Develop vaccination schedule for staff and residents
 1. Which residents can be vaccinated at the clinic and must be vaccinated in their room?
 2. Set up a schedule for those vaccinated in their rooms, including resident name, DOB, and room number.
 3. Schedule appropriate staff for clinic dates to help with patient transport and setup.
- Submit the required forms to the pharmacy
 1. Signed consents
 2. Number of residents getting the vaccine
 3. Number of staff getting the vaccine
 4. Resident demographics (name, DOB, allergies, diagnoses, insurance information)

Ensure you consult your pharmacy before the clinic about the required information.

DAY BEFORE VACCINE CLINIC

- Confirm clinic with pharmacy
- Confirm consents are on file and how many vaccines are required

DAY OF CLINIC

- Print Roster of residents receiving the vaccine
 1. Print Resident Part A and Resident Part B Medicare forms on separate reports day of the clinic.
 2. Print Roster stating if this is their first or second dose for the current year
 3. Roster should delineate where they will get the vaccine, i.e., in the room or in the clinic area.
- Print Staff Roster of those receiving the vaccine
 1. Note whether it is their first or second dose for the current year.
- Facility Coordinator should meet with the pharmacy POC to:
 1. Share the current rosters of those receiving the vaccine
 2. Provide medical information on those who may require further assessment or have additional needs (e.g., temperature, any feeling sick or “not well”, history of previous vaccine issues, e.g., Guillain Barre, SIRRS, need to use specific arm s/p breast CA, etc.).
 3. Confirm how the vaccine clinic will run; who will be vaccinated first. Staff, residents in rooms, mobile residents etc.
- Designate staff and post their assignments day of clinic. Staff should be designated to transport residents.
- Assign a clinical staff member (at least one licensed nurse) to assist the pharmacy staff as needed and to monitor staff both pre-vaccination and post-vaccination. This staff member should be familiar with all residents and staff.
- Assign staff (pharmacy consultant or IP nurse) to complete documentation on residents and staff:
 1. Collect information on vaccine administration from the pharmacy team.
 2. Document in state registry and electronic medical record (EMR).
 3. Submit to NHSN, patient chart and IIS (state registry).

If you are using an EMR, you must check with the EMR provider to see if their record is directly communicated with the state immunization registry.

POST-VACCINE ADMINISTRATION

- Monitor residents and staff for adverse effects of vaccine as required.
- After initial monitoring is complete, continue to monitor for the next 72 hours.
- Encourage newly vaccinated staff to self-monitor and report adverse side effects to be reported to the designated POC at the building. Report adverse events to <https://vaers.hhs.gov/>.
- Update the internal tracking document for COVID-19 vaccines.
- Prepare for the next clinic.

Questions?



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



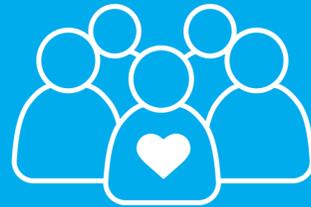
OPIOID UTILIZATION AND MISUSE

- 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



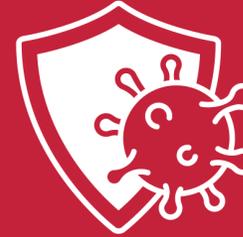
CHRONIC DISEASE SELF- MANAGEMENT

- 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

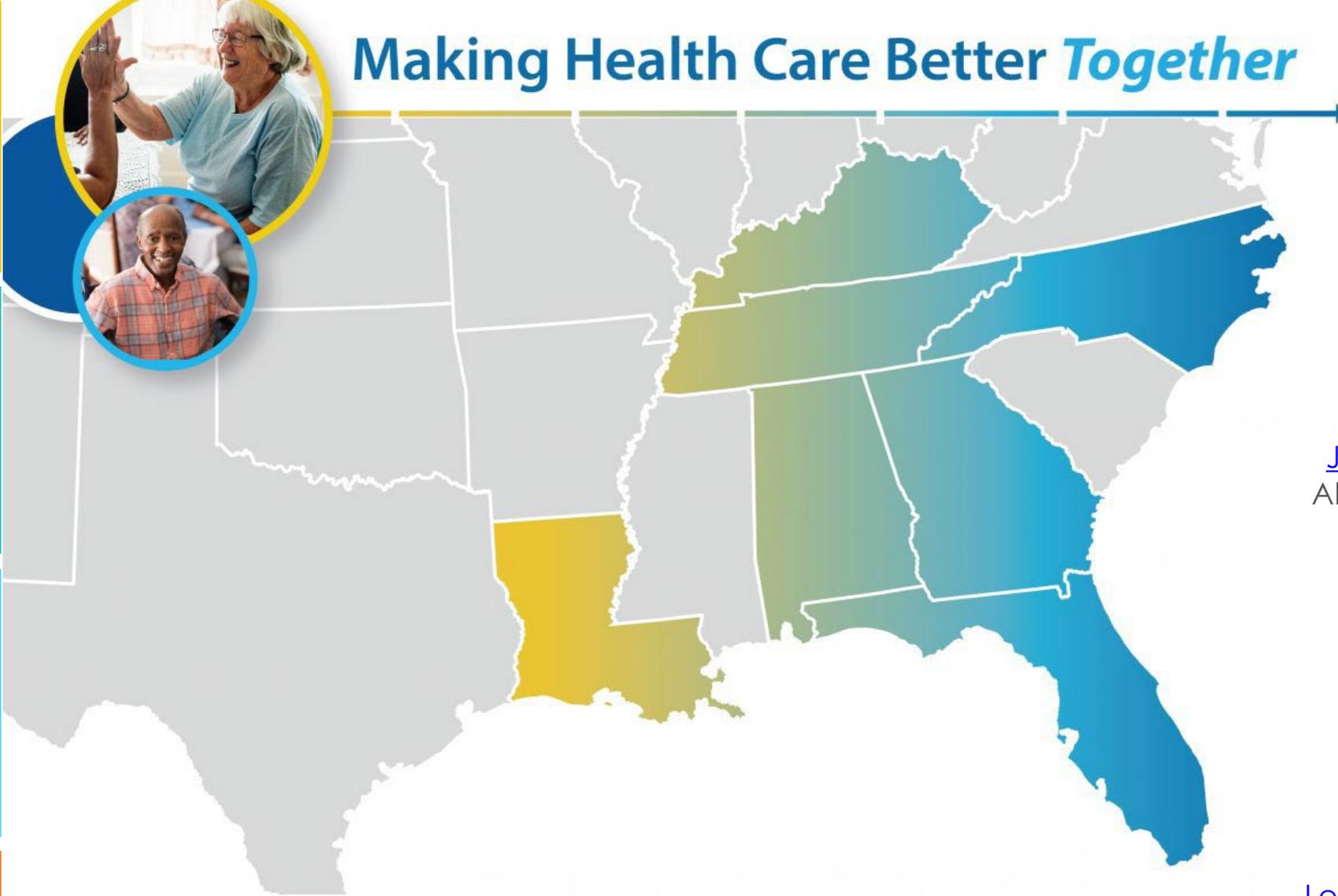
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

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

Making Health Care Better *Together*



Julie Kueker

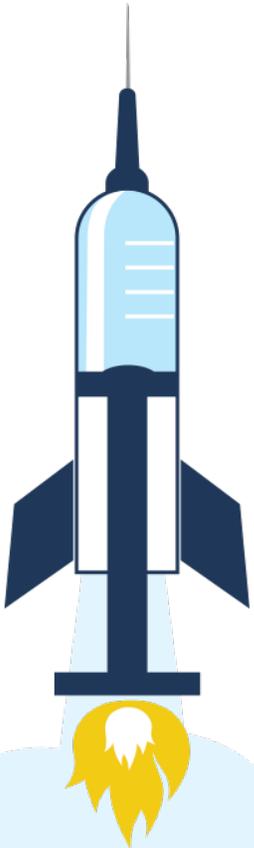
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana



Leighann Sauls

Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors



Thank you



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