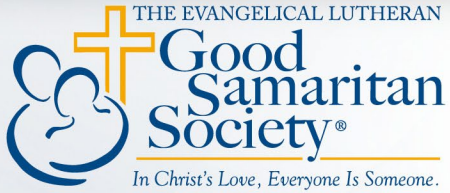
ELEVATING VACCINE PRACTICES IN LONG-TERM CARE



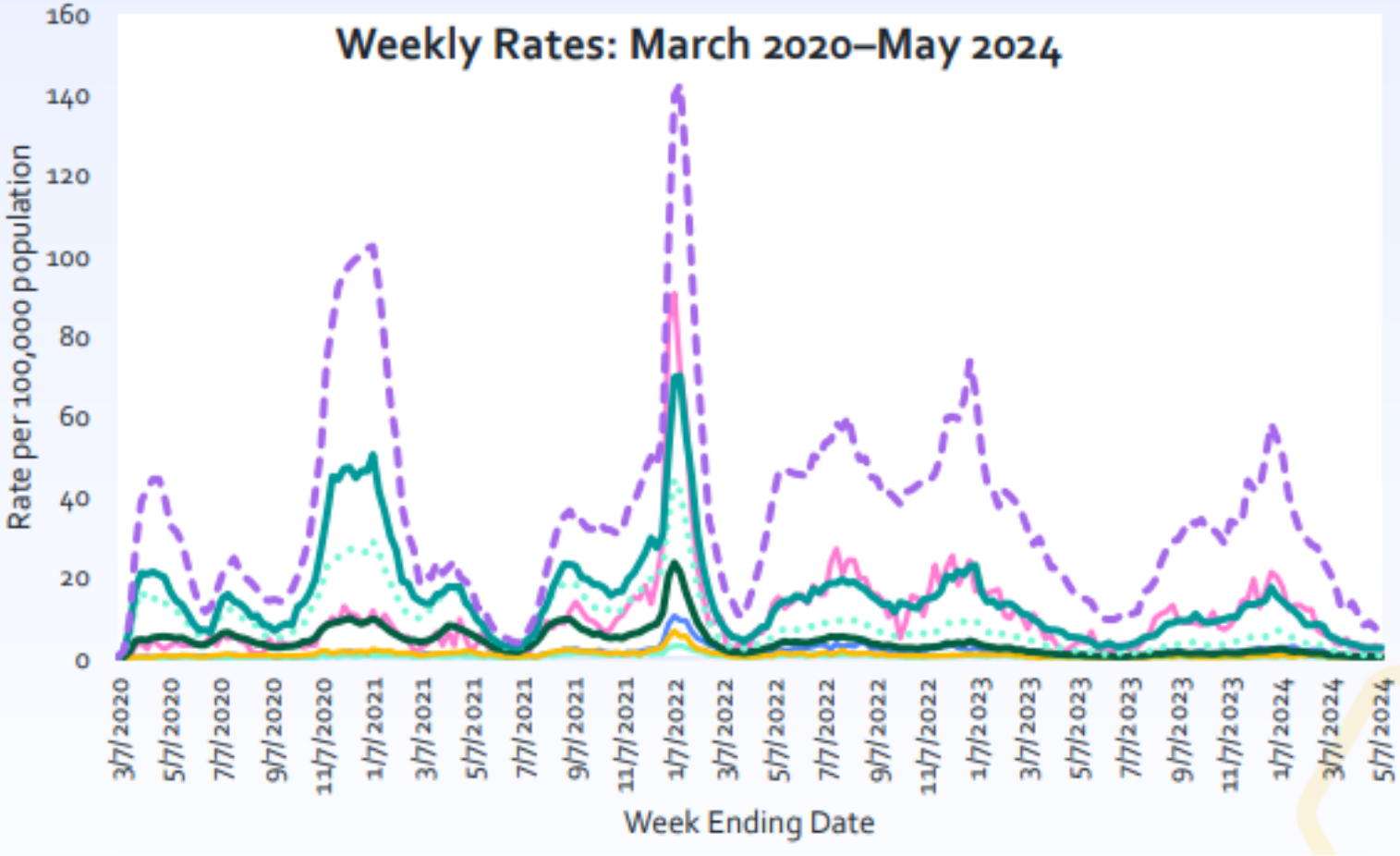
OBJECTIVES

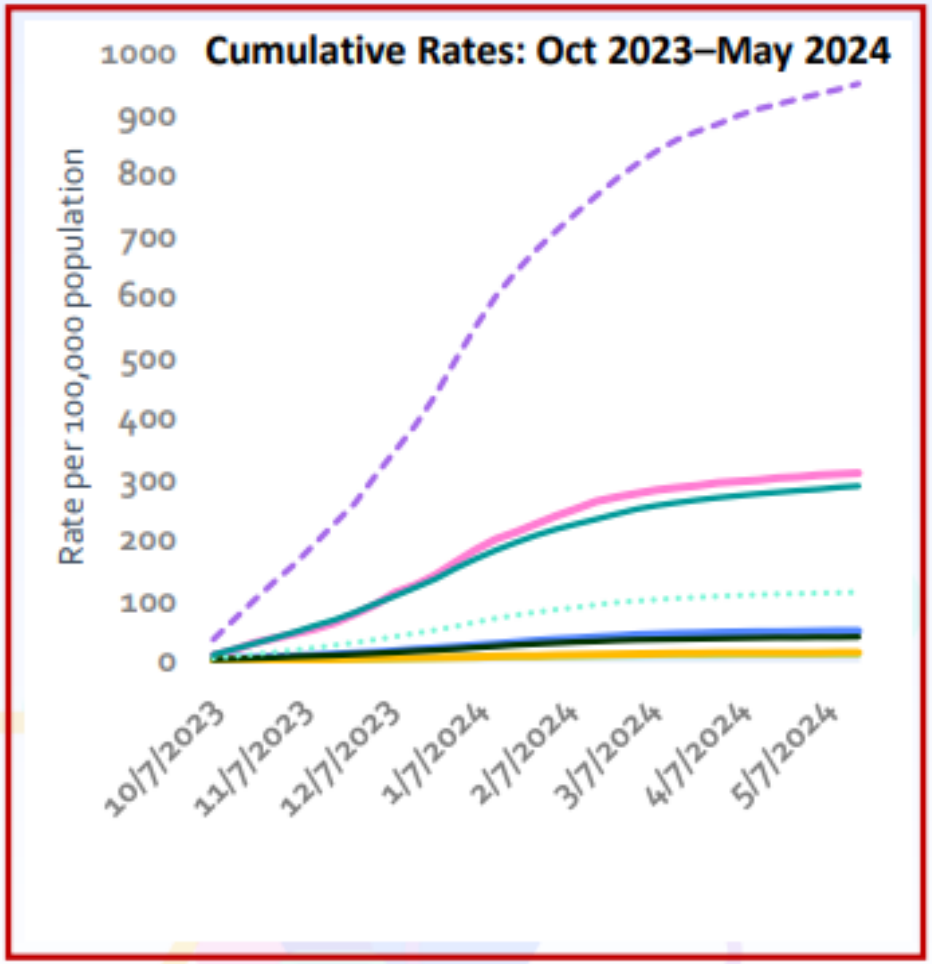
- Implement strategies to build a strong vaccination program
- Set measurable vaccination rate benchmarks and goals
- Monitor vaccination progress to ensure high vaccination rates among staff and residents

BACKGROUND

- Older adults are the most at-risk group for severe disease resulting in hospitalization from COVID-19, Influenza, and RSV.
- Communal settings, like nursing homes, are at-risk for infectious illness transmission.

Population-Based Rates of COVID-19-Associated Hospitalizations — COVID-NET, March 2020–May 2024

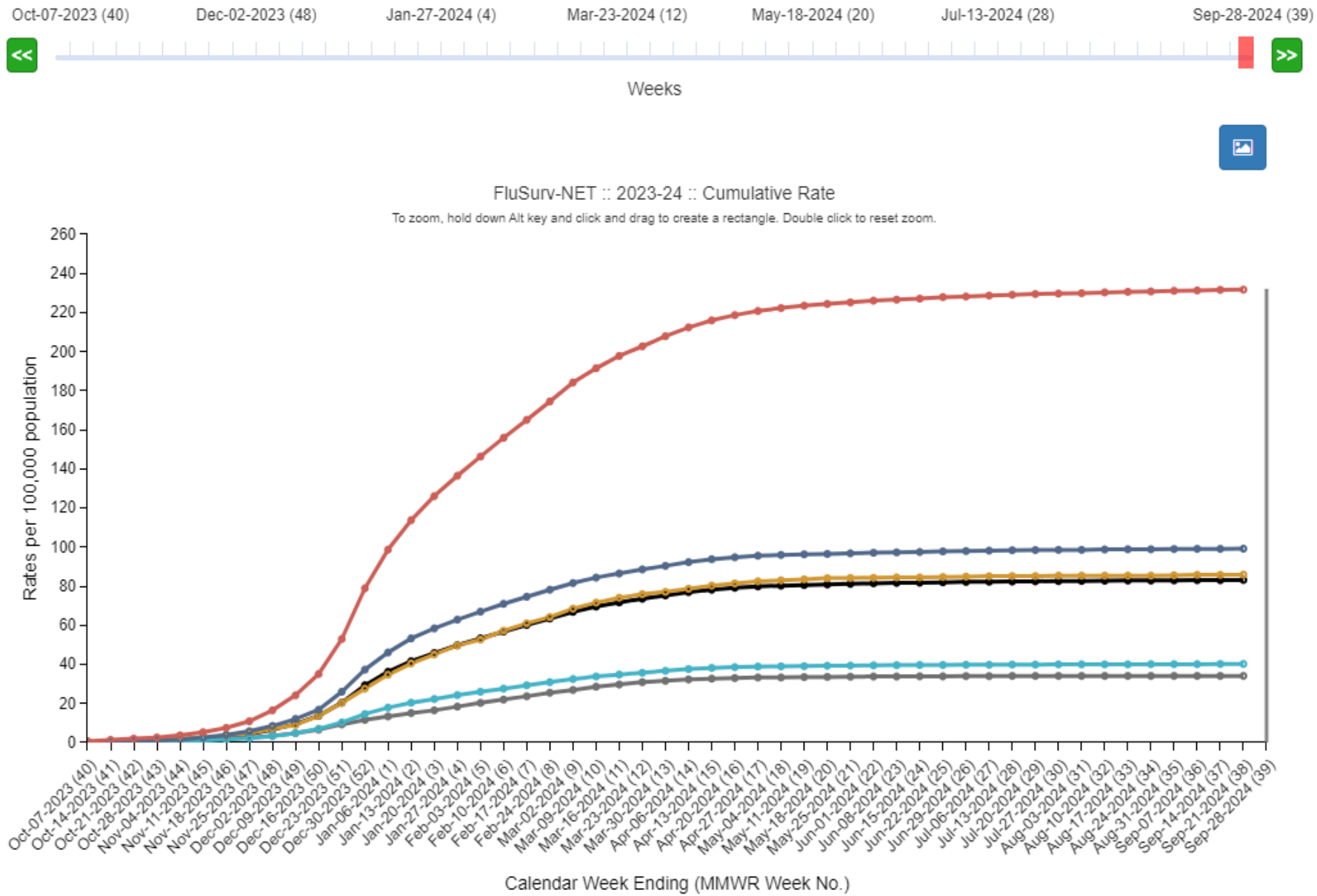




Rates highest in ≥75 years, followed by infants <6 months and adults 65–74 years

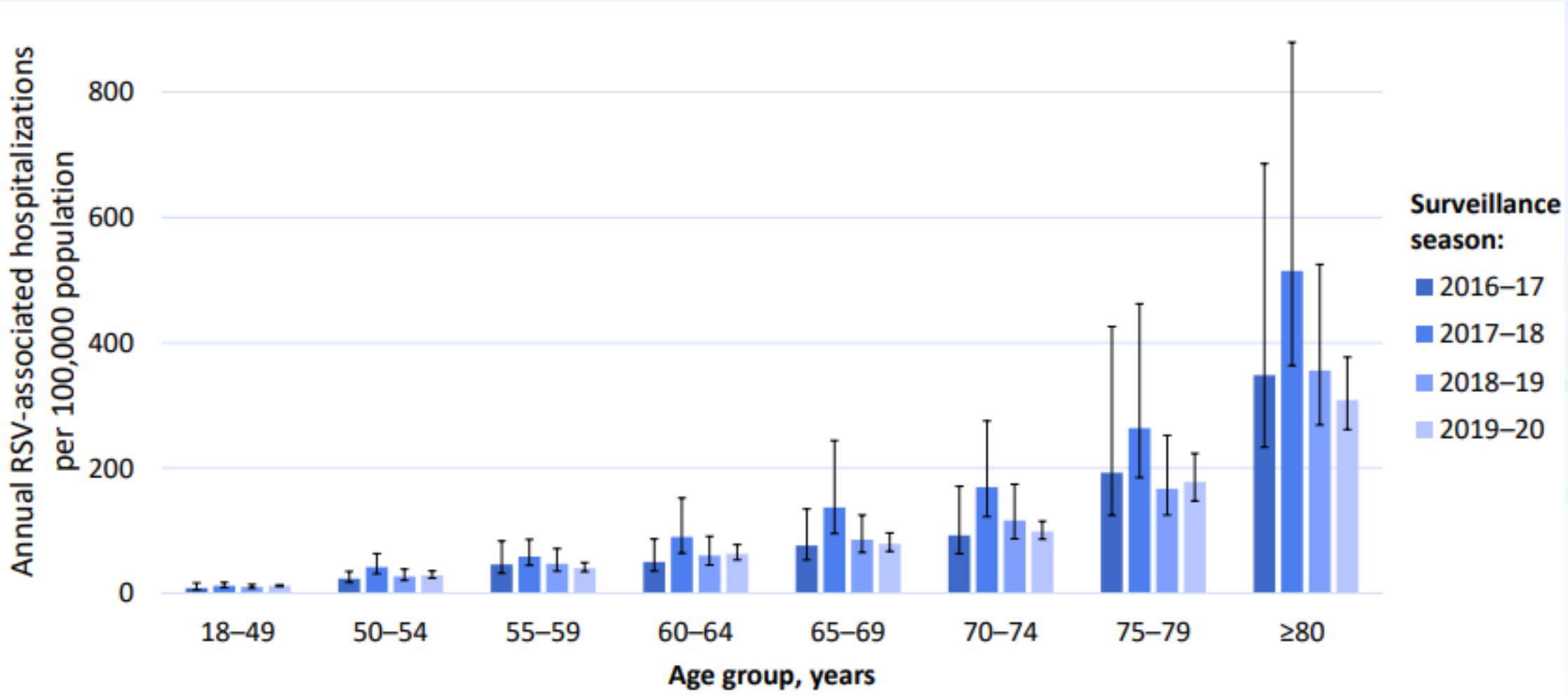
Rates of Influenza Hospitalization

Preliminary cumulative rates as of Sep 21, 2024



https://gis.cdc.gov/grasp/fluview/fluhosprates.html

Estimated annual RSV-associated **hospitalization** rates per 100,000 adults* **≥18 years** by age group and year, RSV-NET, 2016–17 to 2019–20



Unpublished data. Rates are adjusted using multipliers for the frequency of RSV testing during each season and the sensitivity of RSV diagnostic tests. Error bars represent 95% confidence intervals.

*Estimated rates exclude recorded hospitalizations among pregnant adults.

https://www.cdc.gov/rsv/research/rsv-net/index.html

BACKGROUND

CMS requirement: The facility has established an immunization program to promote the health and well-being of its residents and staff in accordance with current standards of practice.

BUILDING A STRONG VACCINATION PROGRAM

CULTURE OF SAFETY

- A culture of Safety makes implementing a strong vaccine program easier.
- Vaccination as a prevention technique. Keeping our staff and residents safe.
- Keeping those we serve – residents, staff, and communities – at the center of all we do.

VAX CHAMPS

- Passionate about Vaccination
- Stays up-to-date on current guidelines
- Coordinates vaccination for staff and residents
- Makes it fun & something people want to be part of

- Who: Infection Preventionist, Director of Nursing, Nurse Manager/Leader
- Support from: Administrator, Medical Director, Department Leaders, Human Resources

RESIDENT IMMUNIZATIONS

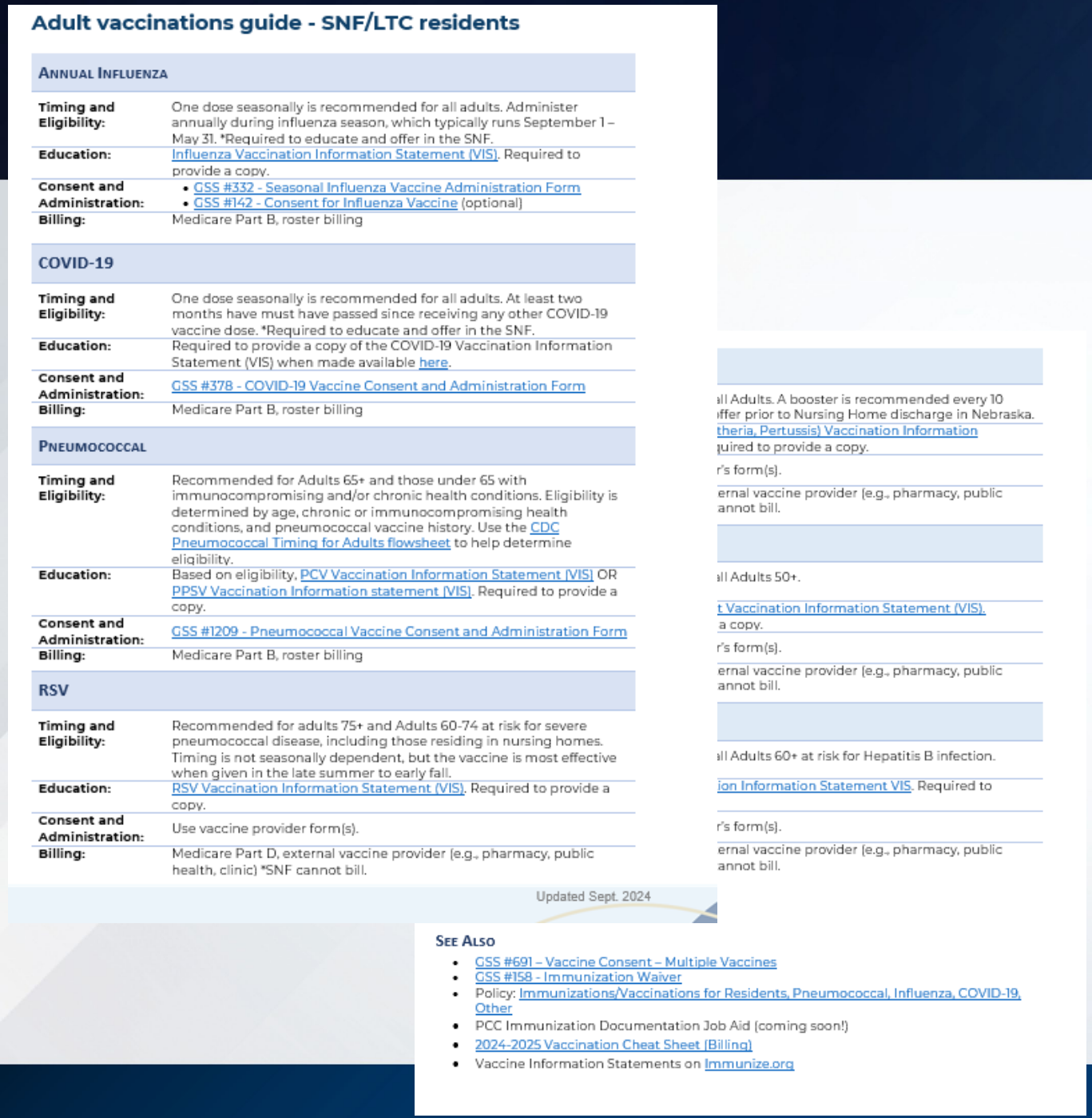
The Infection Preventionist, or designated appointee, is federally required to educate and offer the following:

- Influenza
- Pneumococcal
- COVID-19

Recommended immunizations that are not federally required include, but are not limited to:

- RSV
- Herpes Zoster
- Hepatitis B
- TDAP

DOCUMENTATION



Adult vaccinations guide - SNF/LTC residents

Annual Influenza

Timing and Eligibility:	One dose seasonally is recommended for all adults. Administer annually during influenza season, which typically runs September 1 – May 31. *Required to educate and offer in the SNF.
Education:	Influenza Vaccination Information Statement (VIS). Required to provide a copy.
Consent and Administration:	• GSS #332 - Seasonal Influenza Vaccine Administration Form • GSS #142 - Consent for Influenza Vaccine (optional)
Billing:	Medicare Part B, roster billing

COVID-19

Timing and Eligibility:	One dose seasonally is recommended for all adults. At least two months have must have passed since receiving any other COVID-19 vaccine dose. *Required to educate and offer in the SNF.
Education:	Required to provide a copy of the COVID-19 Vaccination Information Statement (VIS) when made available here.
Consent and Administration:	GSS #378 - COVID-19 Vaccine Consent and Administration Form
Billing:	Medicare Part B, roster billing

Pneumococcal

Timing and Eligibility:	Recommended for Adults 65+ and those under 65 with immunocompromising and/or chronic health conditions. Eligibility is determined by age, chronic or immunocompromising health conditions, and pneumococcal vaccine history. Use the CDC Pneumococcal Timing for Adults flowsheet to help determine eligibility.
Education:	Based on eligibility, PCV Vaccination Information Statement (VIS) OR PPSV Vaccination Information statement (VIS). Required to provide a copy.
Consent and Administration:	GSS #1209 - Pneumococcal Vaccine Consent and Administration Form
Billing:	Medicare Part B, roster billing

RSV

Timing and Eligibility:	Recommended for adults 75+ and Adults 60-74 at risk for severe pneumococcal disease, including those residing in nursing homes. Timing is not seasonally dependent, but the vaccine is most effective when given in the late summer to early fall.
Education:	RSV Vaccination Information Statement (VIS). Required to provide a copy.
Consent and Administration:	Use vaccine provider form(s).
Billing:	Medicare Part D, external vaccine provider (e.g., pharmacy, public health, clinic) *SNF cannot bill.

Updated Sept. 2024

See Also

- GSS #691 – Vaccine Consent – Multiple Vaccines
- GSS #158 - Immunization Waiver
- Policy: Immunizations/Vaccinations for Residents, Pneumococcal, Influenza, COVID-19, Other
- PCC Immunization Documentation Job Aid (coming soon!)
- 2024-2025 Vaccination Cheat Sheet (Billing)
- Vaccine Information Statements on Immunize.org

- Documentation includes
  - Education
    - The risks and benefits of each eligible immunization
  - Consent
  - Administration
  - Declination
  - Medical contraindication of the immunization.

EMPLOYEE IMMUNIZATIONS

Employee Immunizations

- Influenza
- COVID-19
- Hepatitis B

Clear communication on how to obtain these vaccines

- Onsite
- Through a community partner

Ensure there is no out-of-pocket cost to the employee

COMMUNITY PARTNERSHIPS

- Health System
- Pharmacy
- Health Department
- Quality Improvement Organization

Lewis

SOUTH DAKOTA DEPARTMENT OF HEALTH

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains Quality Innovation Network

MAKING THE RIGHT THING EASY TO DO

- Coordinate consent before a vaccine event
- Standing orders for vaccination
- Keep EMR up-to-date
- Have vaccine available onsite
- Have Supplies ready and stored together
  - Needles
  - Alcohol Swabs, cotton swabs, band-aides
  - Consent and Administration Forms
  - Candy, stickers, or other incentives for getting poked

COMMUNICATION TOOLS

- Flyers and Posters
- Emails to resident's families
- Newsletters
- Staff Communication

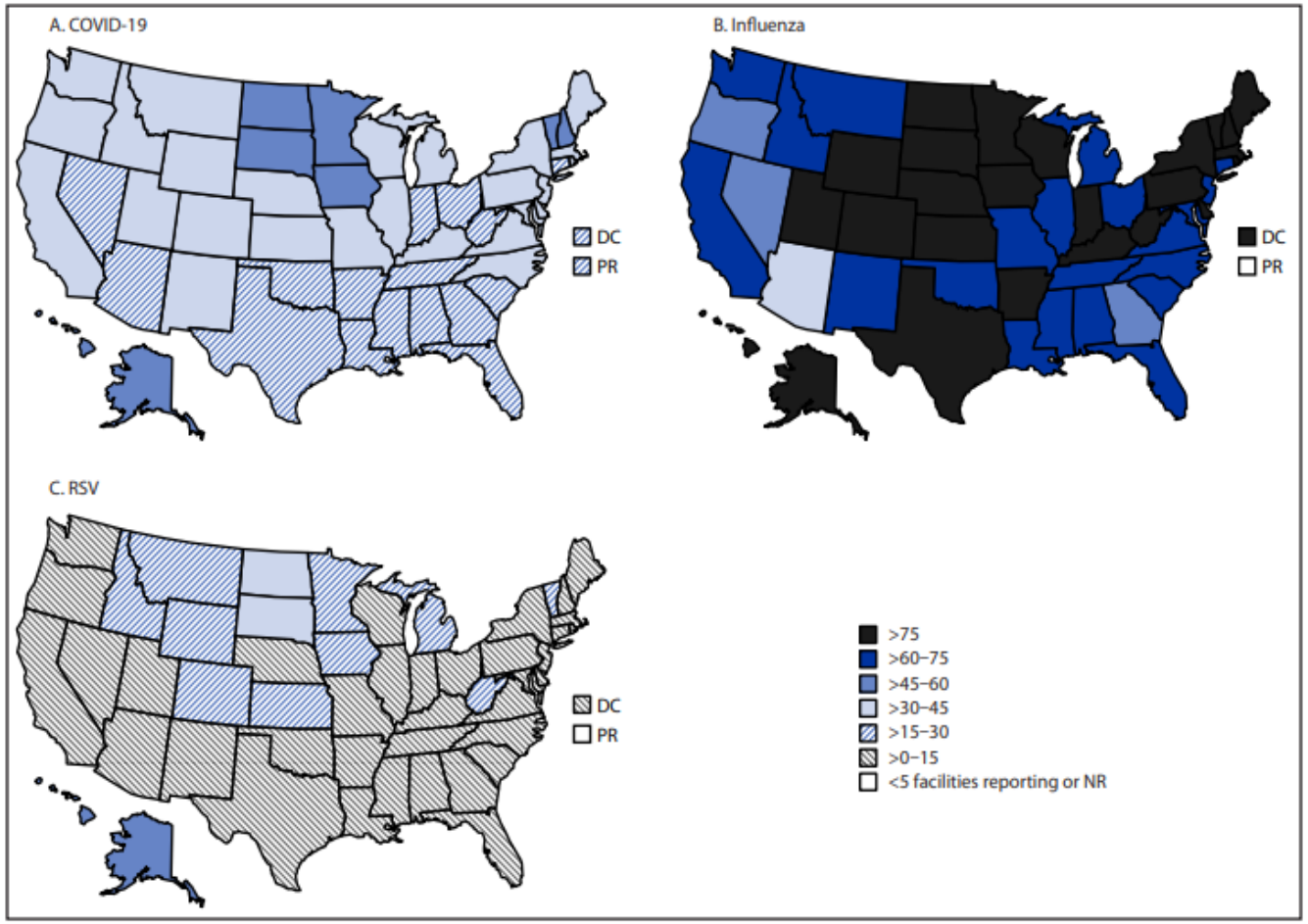
- Communicate early and often

BENCHMARKS

SETTING ATTAINABLE GOALS

NATIONAL AND STATE VACCINATION RATES

FIGURE. Estimates* of coverage with updated (2023–2024) COVID-19 vaccination (A), influenza vaccination (B), and RSV vaccination (C) among nursing home residents, by U.S. jurisdiction — National Healthcare Safety Network, United States, December 2023†



South Dakota outpaces the national average for COVID-19, Influenza, and RSV Vaccines.

Abbreviations: DC = District of Columbia; NR = not reported; PR = Puerto Rico; RSV = respiratory syncytial virus.

* Estimates of coverage (percentage of residents vaccinated) with influenza, RSV, and updated (2023–2024) COVID-19 vaccines were calculated using Poisson regression models. Residents who reported having a medical contraindication to each vaccine were subtracted from the corresponding denominator.

† Data reported from nursing homes certified by the Centers for Medicare & Medicaid Services for the week of December 10, 2023, (or the preceding week if data for December 10, 2023, were not available) were used for analysis. Facilities were excluded from the coverage estimates if they reported zero residents or did not report data for either the week of December 10, 2023, or the week of December 3, 2023 (467 facilities were excluded for COVID-19; 12,067 were excluded for influenza; and 12,174 were excluded for RSV).

https://www.cdc.gov/mmwr/volumes/72/wr/mm7251a3.htm

BENCHMARKS

Vaccine	National Avg - Resident (December 2023)	Facility Rate – Resident (December 2023)	Goal
COVID-19	33.1% (SD 60.4%)	80%	96%
Influenza	72.0% (SD >75%)	96.15%	100%
RSV	9.8% (SD 30-45%)	50%	80%

MONITORING VACCINATION RATES

MONITORING VACCINATION RATES

Track rates each month

Vaccine	# Eligible	# Received	# Declined	Compliance Rate
Influenza	100	90	10	90%
Pneumococcal	90	50	40	55.56%
COVID-19	100	50	50	50%
RSV	90	50	10	55.56%
Other:				

Real-time tracking – leverage technology if possible

QAPI COMMITTEE

- Infection Preventionist gathers vaccination rate data.
- Infection Preventionist analyzes vaccine data
  - Current rate
  - Gaps in offering **Received + Declined = Eligible**
  - Rate comparison to previous years
  - If rate is higher
    - Celebrate! What did we do different this year
  - If rate is lower
    - Why are people declining
    - Did we do anything last year
    - that we didn't do this year
    - What can we do to increase the rate
- Data, analysis, and recommendations are taken to QAPI committee
- QAPI committee formulates any further recommendations
- QAPI committee formalizes next steps
- Continue process each month, especially through respiratory season

Quality

Assurance

Performance

Improvement

ELIMINATING BARRIERS TO VACCINATION IN LTC

SUPPLY & PAYER

- Pharmacy Partner
- Direct from Manufacturer

- Ensure that staff know how to check insurance coverage, how to bill each vaccine, and the process if the SNF cannot bill a vaccine (RSV, Shingles, Hepatitis B, TDAP)

RESIDENT/FAMILY HESITANCE

- Strong relationships
- Fact-based resources
- Easy to digest resources
- Make it a community event

Letter to families re: influenza vaccine

Sept. 5, 2024

USE: Replace any red text with the appropriate information, then send as an email to families of residents
IMPORTANT: If sending this as an email, all recipients should be added in the BCC field to ensure PHI is not disclosed. Thank you!

Dear <Good Samaritan Society or Sanford> families,

As winter approaches, it becomes more important to focus on our health. This season, take a small but powerful step by getting your flu and COVID-19 vaccines.

What's new this year?

2024 flu vaccine: The flu vaccine has been updated to fight the flu strains we expect this year. It's the best way to guard against the flu and can make symptoms milder if you get sick.

Vaccinations help older adults stay stronger for longer

Health and Wellness | Sanford Health News

00:00 | 06:25

15 30 1× More Info Share

STAFFING – TIME AND TURNOVER

- Carve out time for vaccine administration and monitoring
- Assign tasks to a position, not a person
- Split up tasks if needed
  - Collecting vaccination records upon admission
  - Documenting historical vaccines in the medical record
  - Determining eligibility to receive vaccines
  - Ordering Vaccines, coordinating clinics
  - Administering Vaccines
  - Staff vaccine
  - Oversight of the vaccine program – Infection Preventionist

THE POWER OF THE FRONTLINE NURSE

- The nurse is the medical authority in the long-term care facility.
- Equip all nurses to be confident about the vaccines recommended and offered.
- Impact on staff and residents.

More vaccine information from trusted sites for Long-Term Care Facilities

SANFORD HEALTH https://news.sanfordhealth.org/category/immunizations/

AHCA NCAL https://www.ahcancal.org/Quality/Pages/GetVaccinated.aspx

APIC https://apic.org/apic-vaccination-resources/

IMMUNIZE.ORG https://www.immunize.org/

CDC https://www.cdc.gov/vaccines/index.html