



The Roadmap to Success:

Prevention of Respiratory Infection
Improving Vaccination Rates in Long Term Care

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 **HSAG** HEALTH SERVICES ADVISORY GROUP

Infection Prevention (IP) and Control—Step

1

Rationale:

Fundamental IP activities like hand hygiene, covering your cough and sneeze, screening visitors/resident/staff for symptoms of illness, masking, and personal protective equipment (PPE) use, testing, cleaning, and vaccination are all crucial interventions in protecting the vulnerable residents living within long-term care facilities (LTCFs) from infection.

	Strategies to Implement	Tools and Resources
<input type="checkbox"/>	Educate staff, providers, residents, and families about the importance of IP practices including vaccination.	<ul style="list-style-type: none">• CDC—Viral Respiratory Pathogens Toolkit for Nursing Homes• CDC—Clean Hands• HSAG—Process Measure Tracker and Trend Chart• CDPH—Adherence Monitoring IP Tools• CDC—Nursing Home (NH) Infection Control Assessment and Response (ICAR) Tool• HSAG—Quality Assurance & Performance Improvement (QAPI) Resources• CDPH—AB 1797 Immunization FAQs• CMS Regulatory Enforcement Guidance for Infection Control Deficiencies• F Tag 887• Critical Element COV Pathway Infection Prevention Control and Immunization
<input type="checkbox"/>	Ensure infection control supplies are easily accessible.	
<input type="checkbox"/>	Allocate resources to screen, test, and isolate promptly when signs, symptoms, or illnesses are identified.	
<input type="checkbox"/>	Empower staff, residents, and their families to speak up when non-compliant practices are identified. Place visual reminders of routine IP practices around the facility.	

Determine Who Is Eligible for Vaccination—Step

2

Rationale:

Vaccination is a crucial intervention in improving the safety and overall well-being of our staff, residents, and their family members. In order to improve vaccination rates and decrease vaccination hesitancy, we must first understand the current vaccines available, the benefits and risks of each vaccine, and be willing to address concerns such as vaccine hesitance and fatigue. A key method of approach is for nursing facilities to understand and implement the best practice guidelines on who is eligible to receive the vaccine, regulations around education and offering the vaccine, and how to appropriately document and track vaccination efforts.

	Strategies to Implement	Tools and Resources
<input type="checkbox"/>	Review current data on vaccination status for both residents and staff.	<ul style="list-style-type: none"> • CDC Clinical Considerations for Use of COVID-19 Vaccines in the United States • CDC—Respiratory Syncytial Virus (RSV) in Older Adults with Chronic Medical Conditions • CDC—Pneumococcal Vaccination Facts • CDC—Influenza Facts
<input type="checkbox"/>	Develop (or review) process improvements to track and trend data on vaccination rates. <ul style="list-style-type: none"> • Offer vaccination to residents at time of admission. <ul style="list-style-type: none"> – If resident states they “already received”, attempt to obtain vaccine record via resident, discharge hospital, or state immunization registry website. • Provide vaccine education to residents upon admission. • Provide vaccine education to staff at time of hire and at least annually thereafter. 	<ul style="list-style-type: none"> • California Immunization Resources <ul style="list-style-type: none"> – CAIR2 Portal and CAIR2 User Guide – RIDE – My Vaccine Record Infographic CA • Arizona Immunization Data Base <ul style="list-style-type: none"> – My IR QR Disclosure – Arizona State Immunization Information System (ASIIS)
<input type="checkbox"/>	Develop process to educate staff and long-term residents annually.	<ul style="list-style-type: none"> • CDPH—AB 1797 Immunization FAQs • CMS Regulatory Enforcement Guidance for Infection Control Deficiencies • F Tag 887 • Critical Element Pathway Infection Prevention Control and Immunization

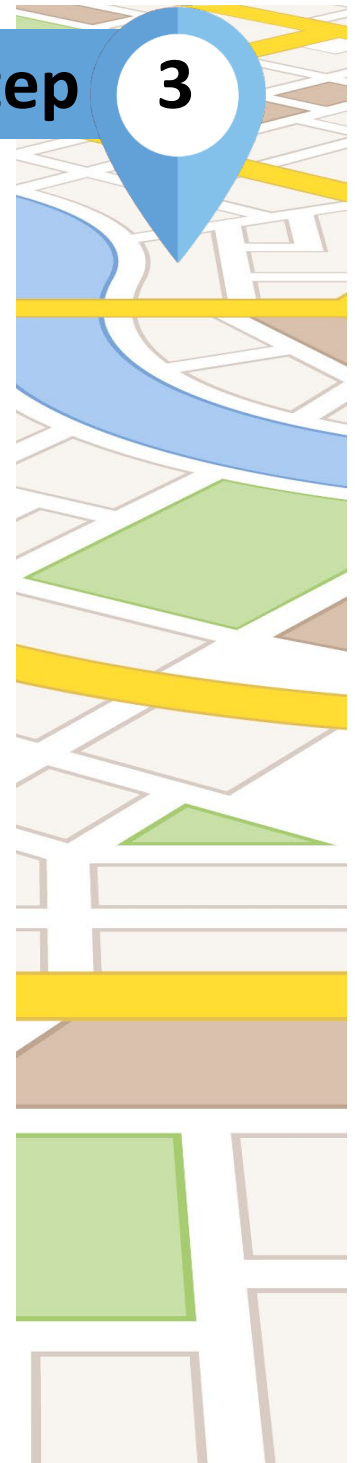
Improving Vaccination Rates Through Education—Step

3

Rationale:

Ensuring staff members and residents have current education related to currently available vaccines, will allow for informed decision making and potentially eliminate vaccine hesitancy and declination due to limited knowledge or misinformation related to vaccines.

Strategies to Implement	Tools and Resources
<input type="checkbox"/> Assess the reasons staff members and/or residents are not accepting vaccination. <ul style="list-style-type: none"> • Vaccine hesitancy. • Vaccine misinformation. • Vaccine fatigue. • Limited knowledge about current vaccines available. <ul style="list-style-type: none"> – Gather necessary resources and tools that can be utilized for education purposes based on which barriers are identified. – Set both initial and incremental goals to reach for increases in vaccination rates. 	<ul style="list-style-type: none"> • CDC—Strategies to Help Increase COVID-19-Vaccine Confidence and Uptake • CDC—Talking with Patients about COVID-19 Vaccination • CDC—Myths and Facts about COVID-19 Vaccines • COVID-19 Vaccination Communication • Fact Sheet COVID Education Messaging • AHCA/NCAL—#GetVaccinated Toolkit • American Health Care Association (AHCA)/National Center for Assisted Living (NCAL)—Building Trust in LTC • HSAG—Motivational Interviewing Tip Sheet • HSAG—Motivational Interviewing Role Play Script • COVID-19 Vaccines for LTC Residents • CDC—How mRNA COVID-19 Vaccines Work • Vaccine Guidance and Education Resources for LTCFs • CDC—Pneumonia Information • HSAG—Preventing Pneumonia in Skilled Nursing Facilities Educational Webinar • CDC—RSV Prevention • AHCA/NCAL—Preparing for Fall Vaccinations in LTC
<input type="checkbox"/> Set up opportunities to provide vaccine education to staff members and residents and improve overall knowledge related to current vaccine availability and recommendations. <ul style="list-style-type: none"> • Workshops or in-services for staff members and residents in collaboration with facility leadership to show teamwork and support. • Information booth to provide answers to vaccine related questions. • Organize fun activities that can be incorporated as part of education efforts to help retain interest in the information being provided. <ul style="list-style-type: none"> – Setup a visual display to highlight progress towards reaching set goals that are visible to staff members and residents to celebrate success, large or small. 	



Setting up a Vaccine Clinic—Step

4

Rationale:

HSAG is aware of vaccine access, billing, and reimbursement challenges that nursing homes and pharmacies are experiencing when administering COVID-19, influenza, RSV, and pneumococcal vaccines for residents and staff.

Strategies to Implement

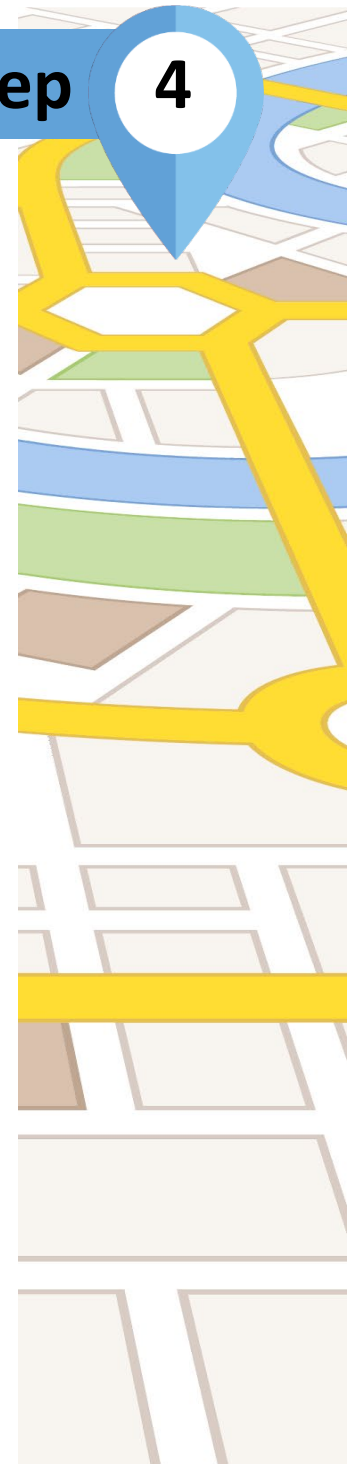


HSAG is offering in-person support to Arizona nursing homes for vaccine education and vaccine administration clinics. Simply complete the short HSAG NH vaccine clinic request form online and HSAG will respond to your request within 72 hours.

- [Fillable Vaccine Clinic Promotional Handout](#)
- [Fillable Vaccine Educational Event Promotional Handout](#)
- [Template for email or letter to residents/families promoting upcoming vaccine clinic and vaccine education events.](#)

Tools and Resources

- Complete the [HSAG NH Vaccine Clinic Request Form](#). Ensure you include all the requested information.
- HSAG staff will contact the facility to schedule the on-site COVID-19 vaccine clinic.
- *Note: If your facility has a pharmacy of choice, you should reach out to your contact before engaging HSAG to assist.*



Creating, Monitoring, and Follow-up of an Ongoing Plan—Step

5

Rationale:

It is a CMS requirement that staff members and residents are offered education and access to certain vaccines. NHs are responsible for continuous, open communication from leadership to staff members and residents regarding the risks and benefits of vaccination. As changes to the vaccine occur, education for staff members and residents can help reduce vaccine hesitancy and misinformation. Monitoring vaccine status of resident admissions, new staff hires as well as current staff members, and residents is key to a successful ongoing vaccination plan. Set goals for vaccination among staff members and resident by tracking trends in QAPI.

	Strategies to Implement	Tools and Resources
<input type="checkbox"/>	Know vaccination status of new resident and new hired staff members.	<ul style="list-style-type: none"> • HSAG—QAPI Resources • HSAG—Performance Improvement Project Guide • Plan-Do-Study-Act (PDSA) Cycle Template • Fall Vaccines • NHSN Person-Level COVID-19 Vaccination Forms • Vaccine Hesitancy Guide Vaccine Guide • Medicare—Compare Care Near You • Arizona Department of Health Services—Flu Preparedness • California Department of Public Health—Flu Preparedness • CDC—Weekly Flu Tracker • CDC—Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities • CDC—Flu & People 65 Years and Older • CDC—HCP Fight Flu Toolkit • CDC—Pneumonia Causes, Risk Factors, Management, and Prevention • CDC—Pneumococcal Vaccination Recommendations • CDC—Preventing Respiratory Syncytial Virus (RSV) • CDC—RSV in Older Adults and Adults with Chronic Medical Conditions • CDC Health Action Network—Increased RSV Activity in Parts of the Southeastern United States: New Prevention Tools Available to Protect Patients
<input type="checkbox"/>	Provide ongoing vaccine education.	
<input type="checkbox"/>	Offer quarterly vaccine clinics.	
<input type="checkbox"/>	Review of admission process to determine how vaccine education is provided and vaccine is offered.	
<input type="checkbox"/>	Review on a quarterly basis which vaccines due with the minimum data set (MDS) patient driven payment model (PDPM) and the Omnibus Budget Reconciliation Act (OBRA) process.	
<input type="checkbox"/>	Review of new hire process to determine how vaccine education is provided and vaccine is offered.	
<input type="checkbox"/>	Monthly review, during the quality assurance meeting: <ul style="list-style-type: none"> • New admissions, vaccine status, and education provided for residents. • New hires, vaccine status, and education provided for staff members. 	

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