


Improving Adult Immunization Rates in PALTC

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



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Overview

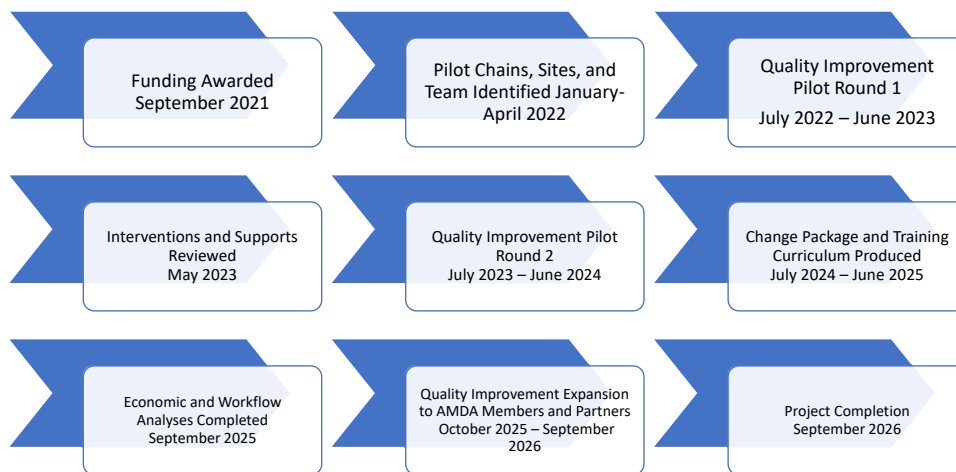
Goal

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

Main Components

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

Timeline



Year 2 Pilot

- We are in the recruitment stage with a launch date of June 2023.
- Changes from Year 1
 - A more directed process around the Standards for Adult Immunization
 - Strong focus on standardization and operating procedures
- Goal is to understand what works and why to create a change package

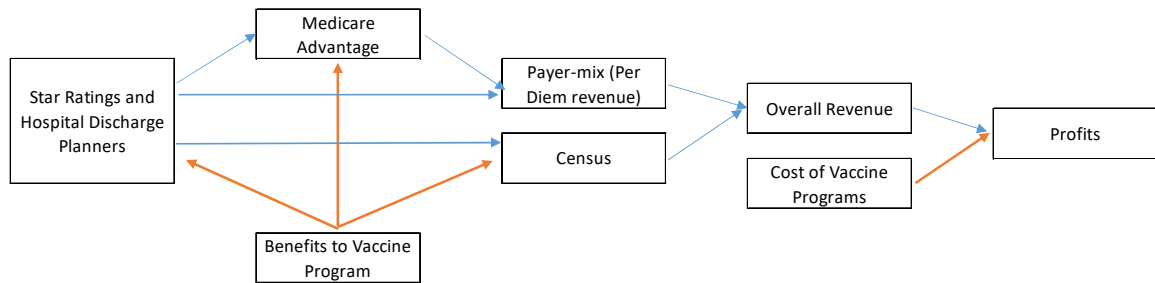
Understanding the Environment

- Regulations
 - One of the most heavily regulated industries
 - Different regulations for skilled nursing, assisted living, home based care
- Short staffing
 - Generally low wage work with high need residents
 - Shortage across the healthcare system
 - Those who stay are burned out more quickly
 - High turnover
- More complex resident needs
- Real estate investment trusts (REITs) are purchasing buildings and profit margins are slim

Systems Level Work

- Objective: remove barriers in the environment in which facilities are trying to implement immunization programs
 - Cost benefit analysis
 - Front line staff survey
 - EHR and IIS connectivity

Cost Benefit Analysis



Benefits: Increased star rating, improved reputation among hospital discharge planners, contracts with Medicare Advantage, higher census through fewer hospitalizations
Increased Costs: Increased turnover and training costs if workers leave, agency staff for vaccine side-effects, cost of program
Decreased Costs: Fewer sick days among staff, less need to rely on agency staff when workers are sick

What increases revenue and decreases costs?

Cost Benefit Analysis

- Working with a health economist to quantify what we can and describe what we cannot
- Cost of immunizing
 - Vaccine, administration – who bills and who does not
 - Mandates and turnover
 - Staff out with side effects
- Cost of not immunizing
 - Care for ill residents, staff shifts for higher level of care
 - Bed holds if hospitalized, conversely Part A stay starts over with higher rates
 - Staff out with illness, use of temp staff
- Developing survey to field in the fall/winter

Frontline Staff Survey

- Formative survey to understand the education and training preferences of frontline staff
 - How much time
 - What format
 - Trusted sources
 - Thoughts on vaccines
- Tested at two facilities and had input from a resident, family caregiver, and CAN
- Will field more broadly in facilities to capture all frontline staff (housekeeping, kitchen, etc) and develop the type of education requested
- Will write up results to share

EHR/IIS Connectivity

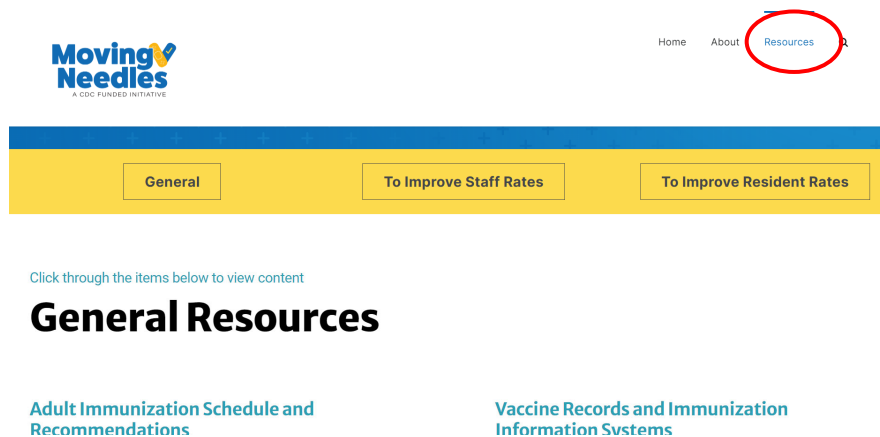
- Partnership with AIRA
- Goal: Facilities can access resident (and someday staff) vaccination history from IIS to determine what is needed in order to make a recommendation for which vaccines are still needed
 - Activity #1: Mapping the standards between EHR vendors and IISs
 - Activity #2: Stakeholder interviews and roundtable with consensus recommendations for how to address challenges with connectivity

EHR/IIS Connectivity

- From the stakeholder interviews
 - EHRs
 - Onboarding is challenging and not uniform
 - There are not many benefits back to facilities
 - IISs
 - No electronic exchange happening
 - Staff turnover in facilities makes user agreements, training, and continuity of use very challenging
- Particular challenges in LTC
 - Pharmacies may supply, facilities may administer breaking up the data components
 - User agreements that require storage facilities may not make sense for LTC
 - Facilities primarily benefit from accessing the history to assess their residents, particularly as pharmacies may already be connected to IISs and sending data when they provide the vaccine

Website and Newsletter

- www.movingneedles.org and movingneedles@paltc.org



Thank You!

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