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

- **Funding Awarded**
  - September 2021

- **Pilot Chains, Sites, and Team Identified**
  - January-April 2022

- **Quality Improvement Pilot Round 1**
  - July 2022 – June 2023

- **Interventions and Supports Reviewed**
  - May 2023

- **Quality Improvement Pilot Round 2**
  - July 2023 – June 2024

- **Change Package and Training Curriculum Produced**
  - July 2024 – June 2025

- **Economic and Workflow Analyses Completed**
  - September 2025

- **Quality Improvement Expansion to AMDA Members and Partners**
  - October 2025 – September 2026

- **Project Completion**
  - September 2026
Frontline Staff Survey Findings
Survey Goals

• Survey frontline PALTC staff to understand:
  • What types of information they would like to receive regarding immunization
  • Trusted sources for vaccine information
  • Preferred modalities, sources, and formats for professional development

• AMDA will use survey findings to develop a training module and distribution plan to encourage vaccine uptake among staff.
Survey Distribution and Analysis

- Paper survey distributed at 3 PALTC facilities in OH, CO, CT
- Online survey shared via email to NAHCA members
- Online and paper versions available in English and Spanish
- Respondents offered $15 gift card to Amazon or Walmart
- Facilities distributing paper surveys received $300 honorarium

- Analyzed 200 responses from paper surveys and NAHCA members
  - Excluded online responses that were duplicated or unvalidated (e.g., email not on NAHCA list).
  - Excluded respondents not working in PALTC setting.
- Analyzed: 145 paper surveys, 55 online surveys.
- 2 responses in Spanish
- 155 responses to: "Imagine you manage staff vaccination for a LTC facility. How would you go about it?"
About Survey Respondents

• Of these 200 respondents:
  • 90% worked in nursing homes
  • 14% in assisted living
  • 13% in home health
  • 15% other LTC settings

Some respondents worked in more than one setting
CNA, nursing, and front office roles were most common.
Respondents’ Beliefs about Immunization: Benefits

• Main benefits respondents noted:
  • Preventing spread, reducing severity of illness

• Open-ended responses mentioned:
  • Protecting others more often than protecting self and family
  • Protecting residents slightly more often than protecting co-workers

“You have to consider the safety of yourself and those around you not only at work but in everyday activities outside of work.”
Respondents’ Beliefs about Immunization: Concerns

Respondents were split on how well vaccines offer protection.

Concerns focused on side effects, unknown long-term effects, and limited effectiveness.
Respondents’ Views on Vaccination for LTC Workers

• Half agreed getting vaccinated was a responsibility for LTC workers.
• Half felt LTC staff vaccination requirements are reasonable.
• But nearly as many (40%) viewed vaccination as a personal decision that does not impact their work.
• Open-ended responses most often focused on personal choice.

“Although I am tired of the vaccines, I do know that they are helpful in preventing sickness and spreading virus. So I would only advice people to take the shot if they choose.”
More on Respondents’ Views about LTC Worker Vaccination

• Open-ended responses showed nuanced views on vaccination for LTC staff.
  • Younger staff more often voiced support for personal choice. Decreased by age group.
  • Comments supporting staff vaccine requirements did not vary by age; overall very low (8-12%).
  • Comments did not vary by race
• Respondents suggested alternative ways to protect residents: masking, testing, separating unvaccinated staff from most vulnerable residents.

“Employees should still be able to work non-vaccinated at facilities, as long as they are taking proper precautions such as daily testing and wearing masks. The vaccines are not proven to prevent covid-19.”

“I would consider that while it is important to protect the elderly. Staff should have a choice to be vaccinated. If they choose not to they should have to wear a mask.”
Desired Vaccine Information

Respondents wanted balanced information on vaccine pros and cons.

- Who a vaccine helps, how much
- Side effects, long-term effects, vaccine ingredients, employee rights.

“Offer education pros and cons on vaccination. Decision up to employee.”

“I would make sure that they had all the information they needed. Like how effective it is, side effects, potential long-term effects.”

Healthcare providers, government agencies, and co-workers were most trusted sources.
Respondents’ Preferences for Training

<table>
<thead>
<tr>
<th>Preferred Ways to Get Job-Related Training</th>
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<tbody>
<tr>
<td>Staff in-service by facility</td>
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<tr>
<td>In-person events with speaker</td>
</tr>
<tr>
<td>Pre-recorded videos/webinars</td>
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<tr>
<td>Written materials</td>
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<tr>
<td>Online live events</td>
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<tr>
<td>Other</td>
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<tr>
<td>Podcasts or other audio sources</td>
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</tbody>
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<table>
<thead>
<tr>
<th>From What Sources Do You Prefer to Get Information</th>
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</thead>
<tbody>
<tr>
<td>My direct supervisor</td>
</tr>
<tr>
<td>Facility administrators</td>
</tr>
<tr>
<td>Government agencies</td>
</tr>
<tr>
<td>My peers</td>
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<tr>
<td>Professional association</td>
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<tr>
<td>University or college</td>
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<tr>
<td>Social media sources</td>
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<tr>
<td>Pharmacist at my facility</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

- Limit training to 30-60 minutes
- Protect staff time for training through designated in-service times.
- Half more likely to participate when they receive a certificate or credit.
Key Take-Aways

• Respondents motivated to protect selves and others from illness.
  • Half accept vaccination as a responsibility or requirement for LTC staff.
• Respondents’ confidence in protection through vaccination is low.
• Many respondents view vaccination as a personal decision.
  • Want balanced information to make own health decisions.
  • Want information from healthcare providers, government agencies, co-workers with medical training.
• For training, respondents preferred brief (<1 hour) paid in-service by a direct supervisor or administrator.
Staff In-Service Modules

Front-line Staff Module

Content:
- Why immunization important for residents
- Which vaccines recommended for residents
- Which vaccines recommended for staff
- Why immunization important for staff: Benefits, risks, considerations in your choice.

Tone:
- Informing workers’ personal health decisions
- Balanced information (no preaching or selling)

Presentation:
- Intended for 45-minute staff in-service
- Delivered by supervisor or administrator
- Package to include agenda, materials (i.e., slides, video?), talking points

“Train the trainer” Module

Content:
- Why staff in-service is important
- Survey key take-aways – why we designed the training as we did
- Tips and considerations for in-service delivery
- Brief walk through each section of staff module

Tone:
- Preparing you for successful in-service
- Making your job easier in encouraging staff vaccination

Presentation:
- Brief (15-20 minute) online module
- Links to download in-service materials (suggested agenda, slides, etc)
A Quick Note on Other Projects

• Cost benefit analysis
  • Direct link between resident vaccination rates, hospitalization rates, five star ratings and reimbursement
  • Survey going out to facilities in the spring
• EHR/IIS interoperability
  • Mapping document for technical side
  • White paper with consensus recommendations for operational aspects
Questions

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