Moving Needles
A CDC FUNDED INITIATIVE

A Guide to Support Effective Immunization Practices in Post-Acute and Long-Term Care

PALTmed
POST-ACUTE AND LONG-TERM CARE MEDICAL ASSOCIATION

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Contents

01 Introduction

The value of immunization coverage in long-term care and how to start an immunization quality improvement (QI) initiative

01 Introduction

Why Is Immunization Important for Residents and Staff?

High immunization rates in long-term care settings can directly protect both staff and residents when they are individually vaccinated, as well as enable them to indirectly protect each other. This can mean avoiding morbidity and mortality for a vulnerable group of residents, as well as reducing the risk of spreading vaccine-preventable diseases to other residents, their families, and facility staff, who might also bring illnesses home to their families and communities.

Many long-term care communities, however, do not have high immunization rates, for a variety of reasons. By spending some time focusing a quality improvement (QI) immunization initiative on immunization, adjustments in current processes could save staff time and increase vaccination coverage.

This guide has practical suggestions for process adjustments that will increase immunization rates, both for staff and for residents. The suggestions are based on findings from Moving Needles,[1] a QI project funded by the Centers for Disease Control and Prevention (CDC) and led by the Post-Acute and Long-Term Care Medical Association (PALTmed).

The goal of Moving Needles is to make routine adult immunizations a standard of care for post-acute and long-term care (PALTC) residents and an expectation for staff.

The project included a QI pilot with both skilled nursing facilities and assisted living communities that tested evidence-based interventions between 2022 and 2024. This guide presents their findings and lessons learned to help other facilities adopt proven strategies to increase their own immunization rates.

[1] This publication and the Moving Needles project are funded by CDC Cooperative Agreement NH231P922655.

Benefits of a QI Initiative

- Staying in compliance with facility requirements
- Maintaining a strong reputation and Centers for Medicare & Medicaid Services (CMS) Star Rating for the facility
- Easing staff workload by reducing the number of ill residents
- Reducing the number of staff out sick, thereby lessening the impact of staffing challenges and shortages
- Decreasing the spread of illness within the broader community

Who Should Use This Guide

This guide may be used by facility staff and leaders (medical directors, directors of nursing, infection preventionists, administrators) as well as chain/multisite-level leaders (regional nurses, chief medical officers, chief quality or clinical officers). The guide offers a variety of solutions that can be implemented by staff in all positions to increase immunization rates.

Use this guide as a...

Resource on PALTC immunization practices and guidelines

Support for facilities that are implementing a QI initiative on immunizations, with a set of practical tools like checklists, templates, calendars, fact sheets, and info sheets

Compilation of strategies for developing and promoting a positive culture of immunization among residents, staff, and leaders

Layout of the Guide

This guide is divided into several sections, including four based on the CDC's National Vaccine Advisory Committee (NVAC) Standards for Adult Immunization Practice. The sections do not need to be followed sequentially, nor do all sections' suggestions need to be used to develop strong immunization processes and improve immunization rates. The standards include:

Assessing which vaccines residents and staff have received and what they need

Recommending vaccines that will protect residents and staff

Administering recommended vaccines, or referring residents or staff to an appropriate provider

Documenting all vaccines given in the Immunization Information System (IIS)

Additionally, the guide has sections on **building leadership** and **using data**.

Watch a Video

See an overview of the National Vaccine Advisory Committee (NVAC) standards for adult immunization practice.

Getting Started

Prior to starting an immunization QI initiative, it is helpful to understand, outline, and/or reflect on current processes and procedures for immunizing both staff and residents. Some of the steps outlined here may already be part of current processes; if so, skip over those steps to focus on other strategies.

Once current processes are recorded, engage staff in reviewing them, identifying gaps, and brainstorming ideas for improvement. Find a process or solution from the guide that works best for a facility's circumstances and solves a problem that staff are struggling with. Start small. Set goals for target immunization rates. Measure any change(s). Once a process change from the guide is going as intended, add another, until goals are reached. Document any new processes in a standard operating procedure (SOP). Seek input from peers in other organizations who have successfully overcome challenges, and share learnings. This is the QI process. It is meant to be flexible and to build on what works and discontinue what does not. This guide provides tools and ideas that support a QI initiative focused on immunization.

During each process and step, keep in mind the end goal: Protecting residents and staff from vaccine-preventable illness by increasing immunization rates.

Immunization Process Templates

Resident Immunization Process
Click to Download

Staff Immunization Process
Click to Download

Glossary of Terms and Acronyms

AHCA: American Health Care Association

CDC: Centers for Disease Control and Prevention

CMS: Centers for Medicare & Medicaid Services

CMS Star Rating: consumer service offering information about the quality of care in US nursing homes

DoP: director of pharmacy

EHR: electronic health record

IIS: immunization information system

MDS: Minimum Data Set, a required assessment for all residents of nursing homes and skilled nursing facilities

MDS liaison: a healthcare professional who acts as a bridge between the clinical team, residents, and other healthcare providers in collecting, reporting, and using MDS data

Moving Needles: a QI project funded by the CDC and led by PALTmed

NHSN: National Healthcare Safety Network, a national healthcare-associated infection reporting and tracking system led by the CDC

NVAC: National Vaccine Advisory Committee, a federal advisory committee providing guidance to the Secretary of Health and Human Services

PALTmed: Post-Acute and Long-Term Care Medical Association

PCP: primary care physician

Peer champion: staff member who can address immunization hesitancy among other staff

QAPI: Quality Assurance and Performance Improvement, a data-driven approach to improving the quality of care and services in nursing homes

QI: quality improvement

SHARE model: CDC-recommended method for making strong immunization recommendations

SOP: standard operating procedure

UPMC: University of Pittsburgh Medical Center

VIS: Vaccine Information Statements, information sheets produced by CDC that explain the benefits and risks of a vaccine

Current Vaccine Recommendations

As of January 2025, these are the CDC recommendations for each of the vaccines most relevant to residents and staff in PALTC environments:

Influenza: One seasonal influenza vaccine for everyone ages 6 months and older, with an enhanced product (adjuvant, high-dose, or recombinant vaccine) recommended for those ages 65+

COVID-19: Two doses of the latest COVID-19 vaccine spaced four months apart for people ages 65+, and one dose of the latest COVID-19 vaccine for those ages 6 months to 64 years

RSV (respiratory syncytial virus): One vaccine for adults ages 75+ and one vaccine for adults ages 60-74 at increased risk of severe RSV disease; RSV vaccine is also recommended for pregnant women between 32 and 36 weeks' gestation from September through January in most of the continental United States

Pneumococcal: One dose of PCV15, PCV20, or PCV21 for adults ages 50+ who have never received any pneumococcal conjugate vaccine (PCV) or whose previous vaccination history is unknown

- If PCV15 is used, administer a dose of PPSV23 one year later
- If PCV20 or PCV21 is used, a dose of PPSV23 is not required

Shingles: Two doses of the Shingrix vaccine 2-6 months apart for immunocompetent adults ages 50+, regardless of previous herpes zoster or history of zoster vaccine live vaccination

Tdap (tetanus, diphtheria, and pertussis): One dose of Tdap for adults ages 19+ and then Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis) every 10 years as a booster dose

Hepatitis B: All adults ages 19-59, and adults ages 60+ with risk factors for hepatitis B, including healthcare personnel who may be exposed to blood or blood-contaminated bodily fluids

- Adults ages 60+ without known risk factors for hepatitis B may also receive the vaccine
- Individuals who have a hepatitis B titer that demonstrates positive antibodies can be presumed to be vaccinated

Check with CDC, state, and local public health departments, or Immunize.org for the most up-to-date immunization recommendations.

02

Assess

What immunizations do residents and staff already have, and what do they need?

02 Assess

In this step, the immunization history of residents and staff is gathered and any needed vaccinations identified. This process, including gathering consent, can take a significant amount of time. The tips in this section will help refine current processes to focus efforts and save time.

What

Staff will assess:

- Which vaccinations residents and staff have already received (only documented doses count). Verbal history of vaccination is not sufficient.
- Whether those vaccinations meet current CDC recommendations
- Which, if any, vaccinations residents and staff need to get up to date

Following the assessment, gather consent for immunizations due.

Why

Assessing which vaccinations residents and staff need helps focus limited time toward the individuals who most need them. Using a multiple vaccine consent form on admission can save time individually when collecting consents from family members ahead of clinics.

When

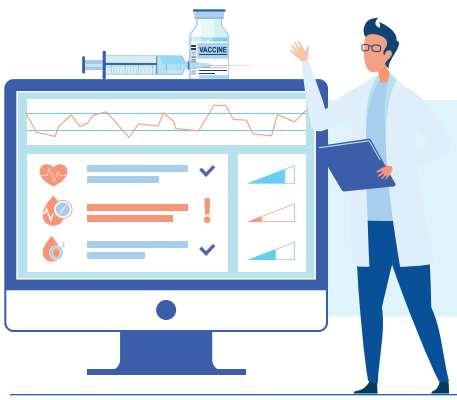
Assessment should take place:

- Upon resident admission or staff hire
- Yearly after resident admission or staff hire
- Ahead of vaccine clinics

Who

For residents, an assessment can be done by the infection preventionist, director of nursing, medical director, or other clinical staff. Consider using the admissions staff to document immunization history and obtain consent when a resident initially enters a facility. Admissions staff can record dates of residents' last vaccinations for review by clinical staff and provide caregivers with a vaccine consent form as part of the admissions packet.

For staff, a clinical staff person (usually the infection preventionist, the director of nursing, or another person who has access to confidential employee records) should perform the assessments.



These tips can save time in assessing the vaccine status of residents and staff.

How

STARTING OUT

✓ **Gather historical records.**

- Check the state or local immunization information system (IIS). Find out how to request query-only access for appropriate facility staff. Check state laws on whether employers may access staff records; the state health department or IIS program can help. For more information about IIS, see page 13.
- Consult residents' continuity of care documents, family, and/or primary care physician (PCP) for records.
- Document all past vaccinations in the resident record and/or any immunization tracking document(s).
- Staff are generally required to have received a hepatitis B vaccine for employment. Most staff born after 1991 received the hepatitis B vaccine in childhood; many other staff likely previously received it to meet employment requirements in past healthcare jobs. If the employee has no record of hepatitis B immunization, titers can be drawn by their healthcare provider or the immunization series can be started. It is also recommended that staff get influenza and COVID-19 vaccines, as they are at higher risk of getting sick due to their employment setting, and they might spread the illness to the facility's residents. Because influenza and COVID-19 are annual immunizations, records may only be needed if an employee was vaccinated elsewhere during the current season.

✓ **Compare the historical record to CDC-recommended immunizations.**

- Add residents who need vaccinations to the requisite lists for upcoming clinics. Order the administration of other vaccines for residents who need them after obtaining consent.

✓ **Get consent.**

- Consider using a multiple vaccine consent form for residents, to be signed on admission. The form obtains permission for immunizing per CDC recommendations when the facility offers those vaccines. Residents and families can select which vaccines they want and which they do not. Using the form at admission can save time by avoiding the need to obtain individual consent ahead of every clinic.
- If a consent form is not on file, start the consent process two to three weeks before each clinic.
- Staff may verbally assent to their own vaccinations.

NEXT STEPS

✓ **Reassess resident and staff status at least yearly.**

- Run monthly reports of residents due for particular vaccinations (e.g., shingles in February, pneumococcal in March). Ideally, reports will be from an electronic health record (EHR); if an EHR is not available, consider using an internal tracking document or spreadsheet.
- Set up reminders for the second dose of multidose vaccines (e.g., shingles, hepatitis B), such as an automated prompt in the EHR or on an internal tracking document or spreadsheet.

How

Continued

READY TO GO DEEPER?

- ✓**Use the state's IIS to look up resident immunization history.** Some states allow employers to look up staff immunization status.
- ✓**Build reports in the EHR that support easy identification of residents** due or overdue for vaccinations.
- ✓**Adopt standards that support EHR interoperability with public health systems such as IISs.** Moving Needles has documents to support EHR readiness.
- ✓**Build an automated immunization tracking system using Microsoft Power BI.** See the case study on page 57.

Take Action

Select one or two suggestions from the How section to try in the facility workflow.

Meet with staff involved to talk through new processes and answer questions.

If the changes work, add them to the documented workflow, SOPs, and job descriptions.

Moving Needles has documents to support EHR readiness.

Click here to download

Tools and Templates

TOOLS

- Recommended Adult Immunization Schedule (CDC)
- Multiple Vaccine Consent Form (PALTmed)
- Immunization Tracker and Rate Calculator (PALTmed)
  *Download the file for best results
- Vaccine Contraindications and Precautions (CDC)

TEMPLATES

- Resident Assessment Process (PALTmed)
- Staff Assessment Process (PALTmed)
- Immunization Planning Calendar (PALTmed)

A Note on Consent

There is no federal law requiring written consent for vaccination. Permission or assent can be provided by residents themselves or their medical proxy/legally authorized representative. Check with the local or state health department for local or state regulations. Facilities may have their own requirements or policies on the process of receiving consent or assent.

Immunization Information Systems Overview

An immunization information system (IIS), also known as a registry, is an electronic database that tracks individuals' vaccination records. Every US state and territory has an IIS, as do some major metropolitan areas, such as Chicago and Houston. Providers such as doctors, pharmacists, and other healthcare professionals submit to the IIS data about vaccines that they administer. There is variation across the country as to what types of data are required to be submitted, meaning some IISs are more complete than others.

These databases can be a valuable tool to look up immunization history, helping verify which vaccines staff and residents are up to date on. To learn more about a state's IIS, including how to register through a facility as a user, visit CDC's IIS website. It contains links to all 64 IISs, as well as information about what each database collects.

Registering through a facility to become a user is not always a straightforward process, so be sure to engage facility/site leadership in the process in advance and enlist their help in navigating any application issues or questions. Apply specifically for query-only access as a user if not submitting data from the facility to the IIS.

Similarly, for questions about employers' privacy policies related to looking up cases in the IIS, the Data Sharing links on the CDC website often provide state-specific guidance on appropriate use (e.g., here is Alaska's language from the 2023-2024 legislative session). Share these as needed with leadership to help develop a policy that is consistent with the regulations.

EXAMPLE IN PRACTICE

Residents

Alex is the infection preventionist at Silver Cedars Care Center in Virginia. A new resident, Mr. Johnson, has just been transferred from the local hospital to the facility. All Silver Cedars' immunization processes are written as part of an SOP and kept in the facility's infection control binder. Per the SOP, the first thing the facility needs to do when a new resident arrives is assess what vaccinations they have already received and which they are eligible for and recommended to receive. The intake coordinator starts this process by checking the continuity of care document from the hospital. Then the coordinator logs in to the state IIS and looks up Mr. Johnson's history. She sees that he received the influenza and COVID-19 vaccines last fall. Mr. Johnson's daughter, Angela, mentioned to the intake coordinator that he moved to the state last year, so she knows that any vaccinations he received prior to that will not be in the Virginia IIS.

The intake coordinator provides the history to Alex and includes a multiple vaccine consent form in the admissions paperwork for Mr. Johnson and his daughter to sign. Next, Alex calls both the daughter and Mr. Johnson's PCP to see if they can provide any additional immunization information. Angela gives Alex documentation showing that Mr. Johnson received the PCV15 vaccine last year, and the PCP sends over documentation showing that he also received the RSV vaccine a few weeks ago. This means that Mr. Johnson is eligible to receive the shingles and Tdap vaccines and that he also needs to complete his PCV series. Silver Cedars is also going to offer its fall influenza, COVID-19, and RSV clinics in a few weeks. Because influenza and COVID-19 are annual vaccinations, Mr. Johnson is eligible for these. He will not need an RSV vaccine since he previously received one. In addition to documenting this in the EHR, Alex has her own spreadsheet tracking patients' immunization status. Because RSV is currently recommended as a one-time dose, Alex notes in her spreadsheet that unless CDC guidance changes, she does not need to approach Mr. Johnson again about RSV immunization.

Next, Alex reviews Mr. Johnson's insurance. She confirms Medicare will cover all the vaccines he is eligible to receive: PPSV23 (his final vaccine in the PCV series) will be covered by Part B, and shingles and Tdap will be covered through Part D. Then she reviews Mr. Johnson's medical history and medication list with the facility's medical director, Dr. Ali, and confirms that none of the vaccines he is eligible for are contraindicated. Because Angela signed the multiple vaccine consent form when Mr. Johnson was admitted, nothing further is needed for the consent process. As a final step in the Assess phase, Alex reviews with Mr. Johnson which vaccines he will receive while a resident at Silver Cedars and places him on the lists for the next pneumococcal, Tdap, and shingles clinics. She is now done with the Assess phase.

EXAMPLE IN PRACTICE

Staff

As the infection preventionist, Alex is also responsible for managing staff immunizations. She focuses on COVID-19, influenza, and hepatitis B for them. Silver Cedars is owned by Serene Horizons Senior Care. The chain's human resources team centrally collects all employee paperwork, including proof of hepatitis B status, and enters it into its chain-level computer system. Unfortunately, Alex does not have access to this system, so she always meets with new hires to assess their immunization history.

Two new staff have recently joined Silver Cedars – Eli, who will work in housekeeping, and Maya, who is an activities aide. Eli is in his 50s, and Maya is 19. Eli cannot remember if he ever got immunized for hepatitis B but tells Alex that he did get his influenza vaccine a few weeks ago. He has not received a COVID-19 vaccine this season. Maya also cannot remember if she has been immunized against hepatitis B and shares with Alex that she has not received the influenza or COVID-19 vaccine this season. To help assess their hepatitis B immunization status, Alex looks up both Eli and Maya in the state IIS. She finds a record of Maya's hepatitis B vaccination, and she sees Eli's recent influenza vaccination in the system but does not see anything for him related to hepatitis B.

Alex documents all of this in the spreadsheet she uses to track the immunization status of her colleagues and includes a note to recommend to Eli that he get immunized for hepatitis B, per facility requirements. She also makes a note to herself to contact both Eli (for COVID-19) and Maya (for influenza and COVID-19) when the fall clinic is organized to recommend that they receive those vaccines.

03

Recommend

Why and how to make a strong immunization recommendation to protect residents and staff

03 Recommend

In this step, a trusted colleague or healthcare provider explicitly recommends to staff and residents that they get one or more needed vaccinations. The process of recommending includes building a positive immunization culture and addressing any hesitancy or reluctance.

What

Recommend all necessary vaccinations based on patient history and current CDC guidance. Employ strategies to support positive associations with immunization to build culture (e.g., themed clinic days or incentives for choosing to be immunized or bringing in records). Address hesitancy and reluctance using proven strategies.

Why

Many facilities have been exhausted by immunization mandates, changing schedules, misinformation, and hesitancy over the past few years. Rebuilding a culture in the facility that has positive associations with vaccination can be done in small ways with big impact. Finding the right trusted sources can convey important information in a way that residents and staff are more receptive to.

When

The best time to recommend vaccination is immediately (no more than a week) before a vaccine clinic or other opportunity to receive the vaccine. For those who are hesitant or reluctant, schedule follow-up conversations and continue to offer the vaccination(s), since some people need time to consider the recommendation but will agree to vaccination during a future discussion.

For residents, consider recommending that they get immunized upon admission, ahead of clinics, and during quarterly care planning when a legally authorized representative may be more available to give consent. For staff, schedule town halls or office hours ahead of clinics to answer questions.

Who

A recommendation from a trusted healthcare professional is the single greatest predictor of whether someone receives a vaccination.[2] In long-term care settings, identify someone residents and/or staff trust to give a strong recommendation and answer questions. These may be different people for residents versus staff (e.g., attending physician, medical director, peer champion).

Also consider assigning someone, usually the infection preventionist or director of nursing, to educate residents and staff, organize themed or fun activities, schedule and execute town halls and office hours, and promote a positive immunization culture.

[2] Adult Immunization Standards | Adult Vaccines | CDC, www.cdc.gov/vaccines-adults/hcp/imz-standards/index.html, August 9, 2024. Accessed January 24, 2025.

How

STARTING OUT

- ✓ **Identify trusted messengers for both staff and residents who will personally recommend immunization to individuals.** Use words such as "You are due for this vaccination," "I strongly recommend you get the influenza vaccine for these reasons," or "Would you like me to walk to the clinic with you?" If possible, messengers should share that they personally received the vaccine and why they did so. Watch a Video: How to Make a Strong Recommendation.
- ✓ **If someone refuses a vaccination, seek to understand why, and keep track of the reasons to note patterns.** Differentiate between those who are clearly not going to change their minds and those who are open to conversation.
  - If the person seems like a hard "no," consider following up with, "I respect your decision. It is part of my job to keep our residents and staff healthy, so may I follow up with you in a month/next year/before the next clinic to have a conversation about this?" In the interim, focus on building a trusted relationship between leaders and staff without mentioning immunization.
  - If the person is open to conversation, ask them about what specifically concerns them. Perhaps they have an important family event and do not want to miss it because of side effects. Offer to follow up with them at the next clinic. If they have specific questions or concerns, validate their concerns through understanding. Share facts and be curious about their reasoning. Recognize how culture, community, or family dynamics may be at play. Do not repeat misinformation, as often it reinforces what the individual is concerned about.
- ✓ **Plan specific, consistent places and times (office hours, town halls, flyers, going door-to-door) for conversations about immunization with trusted messengers.**
- ✓ **Follow up.** Each time a clinic is offered, continue to ask hesitant residents or staff if they would like to receive the vaccination that day. It may take three or more times of offering before someone accepts.
- ✓ **Provide information on where and when staff and residents can get the recommended vaccination(s).** For residents, this could be at planned, upcoming clinics. For staff, it may be information about local pharmacies that take their insurance or health clinics where free vaccinations are available.

NEXT STEPS

- ✓ **Have the medical director and/or office administrator get vaccinated as part of the clinic.** Take pictures and share them via the office newsletter or social media.
- ✓ **Work toward a positive immunization culture by having themed clinic days** (e.g., "hit me with your best shot" with '80s clothes, or a carnival with small games and prizes).

How

Continued

READY TO GO DEEPER?

✓ **Identify and develop peer champions among staff**

A peer champion is a staff member who can address immunization hesitancy among other staff. Peer champions can come from any part of the organization (leader, administrator, frontline staff) – the key is that they are seen both as trustworthy by other staff and as representative of the same community as immunization-hesitant staff.

- **Characteristics of a strong peer champion:**
  - Willing to be immunized and speak about it
  - Trusted by other staff in the facility
  - Comfortable asking questions of facility medical leaders to better understand immunization information and sharing information about staff concerns with facility/site leaders
  - Able to provide accurate information about vaccinations
- **Role of a peer champion:**
  - Speak to other staff about why they got vaccinated, and encourage their peers to get vaccinated
  - Advocate for the needs of their colleagues if they hear consistent issues or concerns
- **How to use a peer champion:**
  - Identify an individual who is trusted by peers and has a good relationship with leaders. A facility may need more than one to engage different groups among staff (e.g., one for floor staff, one for kitchen staff).
  - Identify a medical leader who can support the champion with medical information about vaccinations and develop a structure to provide the peer champion with regular training and support.
  - Co-develop strategies for when, where, and how the peer champion can engage with staff.
  - Routinely meet with the peer champion to understand what they are hearing from staff (e.g., reasons for hesitancy, common questions or concerns), assess how the work is going, and adjust strategies as needed.
  - Consider offering financial remuneration to the peer champion(s) as an acknowledgment of the work involved in the role and to help persuade people to take it on.

Watch a Video

See tips and examples to make a strong recommendation for immunization.

See tips on approaching and responding to a person who is immunization-hesitant.

Take Action

Select one or two suggestions from the How section to try in the facility workflow.

Meet with staff involved to talk through new processes and answer questions.

If the changes work, add them to the documented workflow, SOPs, and job descriptions.

Tools and Templates

TOOLS

- Vaccine Information Statements (CDC)
- RSV Fact Sheet for Residents (PALTmed)
- Hepatitis B Fact Sheet for Staff (PALTmed)
- Hepatitis B Immunization Information Poster for Staff (PALTmed)
- A Conversation Guide to Help Build Confidence in the Vaccine Against COVID-19 (The Manufacturing Institute)
- In-Service Slides on Immunization for Frontline Staff (PALTmed)
- Customized Pneumococcal Vaccination Recommendations (CDC)

TEMPLATES

- Modifiable Posters Promoting COVID-19 Immunization to Staff (PALTmed)
- How to Make a Strong Recommendation: Sample Scripts (PALTmed)

EXAMPLE IN PRACTICE

Residents

Alex, Silver Cedars' infection preventionist, has organized the facility's immunization efforts in a calendar-based system and so has a set schedule for the vaccinations she offers each month. This helps her distribute the vaccinations throughout the year and makes her life easier by allowing her to focus on one or two immunizations at a time. She is currently organizing a shingles clinic for next month. Because Mr. Johnson, a new resident, has not yet received that vaccine, she moves on to the next step – recommending that he get the vaccinations he is eligible for. Because Mr. Johnson's daughter, Angela, signed the multiple vaccine consent form when he was first admitted, Alex sends a note to Angela informing her of the clinic and reminding her that Mr. Johnson is on the list to receive the vaccine. A few days after sending out the note, Alex gets a call from Angela, who shares that her aunt recently had a bad reaction to the shingles vaccine and she is worried that the same thing might happen to her dad. Alex listens to Angela's concerns without judgment and validates that it is reasonable for her to want the best for her dad. She acknowledges that the shingles vaccine can cause some people to have side effects like an achy arm or influenza-like symptoms for a few days, but also shares that these side effects are much shorter-lasting and less harmful than shingles itself. In the past, Alex would have ended the conversation by asking, "Would you like your dad to get this shot?" However, she has seen recent studies showing that using strong, directive language is more likely to motivate people to get the immunization.[3] So instead she says, "I strongly recommend that your dad get this shot."

Angela says she wants to think about it further, so Alex offers to send her some more information about the shingles vaccine and to connect her to the peer champion, Jordan. One of the reasons that Jordan, a care manager, decided to become a peer champion is because her grandmother had a severe case of shingles. This, as well as her own experience of being hospitalized from COVID-19, led her to become a strong advocate for vaccination. Jordan calls Angela the next day, and the two have a good conversation. Jordan listens to Angela's concerns and shares how much she saw her grandmother suffer when she had shingles. She reiterates that she strongly believes that Mr. Johnson would benefit from the vaccine. At the end of the call, Angela agrees to her father getting vaccinated.

[3]"A Strong Vaccine Recommendation Makes a Difference," National Foundation for Infectious Diseases, www.nfid.org/a-strong-vaccine-recommendation-makes-a-difference/, August 19, 2015. Accessed January 24, 2025.

EXAMPLE IN PRACTICE

Staff

Non-Clinic Vaccines

Eli and Maya have now been working at Silver Cedars for two weeks. Alex asks Eli to stop by her office to follow up on their immunization conversation. He pops in during lunch, and she lets him know that she could not find any hepatitis B records for him in the state IIS. Given that he was born before hepatitis B became a routine childhood vaccination, Alex encourages him to get vaccinated for it now, per facility requirements. Just as she did when speaking to the daughter of Mr. Johnson, the resident, Alex uses strong and directive language with Eli when recommending the vaccination. "I highly recommend that you get this shot," she says. She explains to him how residents are more susceptible to illness and death from hepatitis B than other populations, and how staff are at risk of being exposed to bodily fluids that can spread the disease. Eli asks her if it could be dangerous to receive the vaccination if he received it previously. Alex explains that it would be fine for him to get the series again – there are no risks to receiving the series more than once. Eli agrees to the vaccination, saying that his mother-in-law lives with him and his family and he wants to make sure he does not expose her to the disease. Alex obtains his consent and stores it in the employee records binder she has created.

Clinic Vaccines

As infection preventionist, Alex is also busy organizing the fall respiratory clinic. A week before the clinic begins, she organizes a town hall for all staff. She invites Silver Cedars' medical director, Dr. Ali, to attend. Dr. Ali has a conversation with staff about why she recommends they get the influenza and COVID-19 vaccines. She reminds them that they have a choice, and like Alex, she uses phrasing such as "highly recommend" and "strongly encourage" in the conversation to motivate staff to get vaccinated. Dr. Ali also emphasizes that getting immunized can help make staff's lives easier by ensuring that fewer people will get sick and require time off work. Everyone knows how burdensome and tiring it can be when there is an influenza or COVID-19 outbreak among staff and others need to step in to provide extra coverage. Dr. Ali also makes time to address staff questions and concerns about the vaccinations. She answers these questions by acknowledging the fears and concerns that staff have about side effects and the vaccines themselves and then shares information from scientific studies and personal stories about how she has seen vaccinations protect vulnerable staff and residents. She finishes by repeating that she strongly recommends that staff get vaccinated and lets everyone know that she will be joining them at the upcoming clinic to get her influenza and COVID-19 vaccines. She lets staff know that she would be happy to have further conversations with anyone if they still have questions about the vaccines.

Two days before the clinic, Alex also holds office hours and makes herself available to staff who may have questions or concerns about the influenza or COVID-19 vaccines. As part of this effort, she has created an education station outside her office, which includes one-page informational handouts on the vaccines and short, five-question quizzes for staff. If they get all the questions right, Alex gives them a $5 Starbucks gift card.

The SHARE Model for Vaccine Recommendations

CDC recommends the **SHARE** method for making strong immunization recommendations.

S **SHARE** the reasons why immunizations are right for the patient given their age, health status, lifestyle, occupation, or other risk factors.

H **HIGHLIGHT** positive experiences with immunizations (personal or in the practice), as appropriate, to reinforce the benefits and strengthen confidence in immunization. People in the US still become seriously ill and die from diseases that immunizations can help prevent.

A **ADDRESS** patient questions and any concerns about immunizations – including side effects, safety, and effectiveness – in plain and understandable language.

R **REMIND** patients that immunizations protect them and their loved ones from serious illness and other complications. CDC and other experts continually review and monitor immunization safety.

E **EXPLAIN** the potential negative impacts of getting a vaccine-preventable illness, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

04 Administer

Administer recommended immunizations to residents and/or staff, or refer them to an appropriate provider

04 Administer

In this step, facilities refine and make their workflows for administering vaccinations as efficient as possible and ensure that the vaccines given are properly stored and injected.

What

Offer and provide recommended vaccinations for residents and staff throughout the calendar year.

If vaccinations are not available on-site (e.g., COVID-19 for staff), refer residents or staff to providers in the area.

Understand the billing guidelines, which are complex for long-term care based on whether or not a resident is in their Medicare Part A stay and whether an immunization is covered through Medicare Part B or Part D.

Why

Assessment and education or recommendations without the ability to administer vaccinations miss the end goal of protecting residents and staff.

When

Consider the workflow model that best suits the facility – administer vaccinations either on admission/hire or in a clinic model. Both workflows should be in place year-round and cover a variety of immunizations. Use a calendar to offer immunizations throughout the year to distribute the planning and execution of clinics and make immunization part of the facility's culture.

Who

Facility staff, pharmacies, trusted healthcare personnel, and community partners can ensure convenient access. The infection preventionist or director of nursing may manage the calendar. Administrators are essential in the billing and payment process.

Use a calendar to offer immunizations throughout the year to distribute the planning and execution of clinics and make immunization part of the facility's culture.

How

STARTING OUT

✓ **Determine whether the facility will offer vaccinations to residents on admission/staff upon hire, yearly in clinics, and/or more frequently throughout the year.**

- If the facility elects to offer vaccinations to residents upon admission and they are not available in single-dose presentations, keep running lists of interested residents and staff and order when the multidose presentation number is met (usually 10 people).

✓ **Use standing orders, where available, to minimize workload. Standing orders should include:**

- **Vaccination details:** Specify the vaccine type, manufacturer, lot number, and dosage based on the patient's age and health status.
- **Administration instructions:** Clearly state the route of administration (e.g., intramuscular, subcutaneous) and the injection site.
- Adverse reaction monitoring: Outline procedures for monitoring residents post-vaccination, including potential adverse reactions and steps to take in case of a severe reaction.
- Documentation: Requirements include the date, vaccine administered, lot number, dosage, administration site, any observed reactions, and the name of the healthcare professional administering the vaccination.
- Compliance with CDC guidelines: Align with the latest recommendations from CDC regarding immunization schedules and contraindications.
- State regulations: Consider and comply with specific immunization laws and regulations in the state where the facility operates.

✓ **Check for consent and any contraindications.**

- If a multiple vaccine consent form was not used at admission, obtain consent from residents or their caregivers.
- Send notice of the clinic to residents and their caregivers.

✓ **Review** billing guidance **to determine if the facility must purchase and bill for the vaccine or if partnership with a pharmacy is needed.**

✓ **Create or review guidance for the healthcare professionals who administer vaccinations.**

- Review storage and handling guidance. If the cold chain (process of keeping a vaccine in required temperature ranges) is broken, vaccinations may not be effective. Call the manufacturer for guidance if a vaccine is suspected to have been out of temperature range, whether too warm or too cold.
- Review site and route guidance.
- Monitor for any reactions to vaccination.

Continued on next page

How

Continued

NEXT STEPS

✓ **Plan clinics for residents and staff.**

- Consider offering vaccinations on-site more than once and during all shifts for staff. Increasing ease of access has been shown to increase vaccination uptake. For example, night shift staff who must come at midday for vaccinations are not as likely to take advantage of the opportunity.

✓ **Use a reminder system for multidose vaccinations.**

- Use a calendar, set an appointment or flag, or use whatever system works best to plan for the second or third dose in the recommended time frame.
- If vaccinations are provided in a clinic setting, make sure all who received a multidose vaccination are on the list for the next dose.

READY TO GO DEEPER?

✓ **Many facilities offer COVID-19, influenza, and sometimes pneumococcal vaccinations to their residents.** These are all covered under Medicare Part B. There are, however, other recommended vaccines for residents, based on age and risk, that are covered under Medicare Part D (e.g., shingles and RSV). Once a system is in place to offer Part B vaccines, build out the pharmacy partnership to also offer Part D vaccines. Keep in mind...

- The pharmacy must purchase and bill for Part D vaccines.
- The pharmacy can also bill an administration fee, and the facility can contract for a part or all of that.

Facilities may need to use workarounds or partner with the information technology (IT) department to be able to place orders for Part D vaccines outside their EHR Part B modules.

TAKE ACTION

Select one or two suggestions from the How section to try in the facility workflow.

Meet with staff involved to talk through new processes and answer questions.

If the changes work, add them to the documented workflow, SOPs, and job descriptions.

Tools and Templates

TOOLS

- Vaccine Billing and Reimbursement Guide (PALTmed)
- Billing Medicare for Respiratory Vaccines (CMS)
- Vaccine Storage and Handling Toolkit (CDC)
- Guide to Medical Management of Vaccine Reactions (Immunize.org)

TEMPLATES

- Immunization Planning Calendar (PALTmed)
- Standing Order Template (PALTmed)

Tips for a Successful Immunization Clinic

1. **Work with the pharmacy on logistics:** While some facilities elect to order vaccines directly from the manufacturer, most work with a trusted pharmacy partner to procure them. Recall that a pharmacy can only bill for Part B vaccines for residents who are not in their Part A stay and for all Part D vaccines. Select a date, order the appropriate vaccines (e.g., an enhanced influenza vaccine for those ages 65 and older), identify eligible individuals, and check for consent.

2. **Identify trusted sources who can help spread the word:** A surefire way to increase someone's willingness to receive a vaccination is if someone they trust recommends it to them. When preparing to roll out vaccine clinics, consider who could help spread the word about the clinics and share why they are confident in the vaccines. This can be anyone – facility/site leadership, a resident who has a strong rapport with others, a peer champion, etc. They do not need to do any of the administrative work involved in offering clinics but can help raise awareness and confidence. Consider different staff for different departments (e.g., housekeeping, dining staff).

3. **Make a strong recommendation:** Rather than stating, "I think you should get this shot," strengthen the pitch by strongly recommending the vaccination and explaining why: "I recommend that you get this vaccination, and here's why." Develop a script or talking points if needed to help guide conversations.

4. **Take the time to engage, hear concerns, answer questions, and convey confidence:** Taking the time to understand any hesitancy or concerns staff and residents have is key. Consider holding a conversation over a meal and using it to hear concerns and answer questions. If facility leaders participate in these conversations, that can help convey how much the facility values this type of engagement. One facility from the Moving Needles project conveyed confidence in the influenza vaccine by having leadership offer to cover any shifts that staff missed due to side effects.

5. **Focus on making vaccinations accessible:** Offer vaccinations at different times so that night shift and weekend staff can easily get them. Other ways to make vaccinations more accessible include offering paid time off if staff experience side effects, creating a QR code so staff can easily upload their records if they get vaccinated off-site, and making staff who receive vaccinations off-site eligible for any incentives offered to staff who receive them on-site.

6. **Use incentives to develop a sense of community:** Incentives that focus on community-building and helping people feel like they are part of a broader effort are more effective than individualized incentives such as gift cards. Examples include creating "I got vaccinated" T-shirts or jackets, offering food during clinics (one Moving Needles site held a midnight barbecue during the night shift clinic), or ordering in a catered meal if vaccination goals are met.

7. **Get creative and find the fun:** Vaccine clinics are an opportunity to get creative and put each facility's spin on efforts. A Moving Needles site held daily "vaccine trivia" over the intercom and gave gift cards to the first staff to answer correctly. Another site held a "vaccine carnival" with prizes, games, and music. Food is always a good motivator; perks such as stickers, therapy animals, photo walls, ice cream trucks, and dance parties are other examples to consider. Ask staff and residents for ideas and suggestions to make it a collective creative effort.

The Difference Between Skilled Nursing Facilities (SNF) and Assisted Living (AL) Facilities in Administration and Billing

Much of the administration and billing guidance provided herein is for skilled nursing facilities (SNF). Assisted living (AL) facilities typically do not have the same restrictions that come with having Medicare Part A residents; many are also not allowed to provide direct vaccination services (or other medical care) per the regulations of their state.

AL facilities may recommend residents see their PCPs or may opt to partner with a pharmacy or other third-party vaccinator that can assess immunization status by checking the state or local IIS for history, determine what is due, administer and bill for all vaccinations via an on-site clinic or by billing individually, and document provision of the vaccinations in the medical record and/or IIS.

EXAMPLE IN PRACTICE

Residents

Now that Angela, daughter of new resident Mr. Johnson, has agreed to him receiving the shingles vaccine, Alex, Silver Cedars' infection preventionist, adds him to her list for that clinic. On the day of the clinic, she goes to his room and administers the vaccine. Alex tells Mr. Johnson what side effects he might experience and encourages him to reach out if he has any questions or concerns. Because the shingles vaccine is a two-dose series, Alex sets a reminder in her calendar to revisit Mr. Johnson in two months to administer the second dose.

EXAMPLE IN PRACTICE

Staff

To ensure as many staff as possible have access to the vaccinations, Alex, the infection preventionist, organized two different influenza and COVID-19 vaccination clinics. The first one is in the middle of the day, and Alex kicks it off by standing in line with Dr. Ali, Silver Cedars' medical director, and getting their vaccinations together. By doing this, they are showing staff they believe the vaccines are safe and important. Alex also ordered T-shirts that say "I Keep Silver Cedars Healthy"; any staff who get immunized receive one. Alex knows incentives that help build community and a sense of shared commitment can be more effective than financial incentives such as gift cards or raffles. There is a great turnout for the clinic, and Maya stops by to get her influenza vaccine.

Recognizing that staff who work the night shift cannot make the daytime clinic, Alex also organizes a clinic the following morning starting at 6 a.m. This way she can catch colleagues as they wrap up their shift. She ordered breakfast sandwiches and coffee, and just as with the first clinic, everyone who gets vaccinated also gets a free T-shirt. A few staff who had not previously signed consent forms for the vaccinations walk by the setup and ask to get vaccinated. Eli, a new employee, shows up to get his COVID-19 vaccination and thanks Alex for scheduling the clinic at a time he could attend. He was worried that he had missed his chance by not making the clinic yesterday, so is very happy to see her this morning before heading home.

CASE STUDY

How One System Used Quality Improvement to Drive Revenue

UPMC (University of Pittsburgh Medical Center) Senior Communities spent two years with the Moving Needles initiative testing a vaccine-tracking dashboard and developing standardized processes across the chain. The processes included offering some vaccines, such as the shingles vaccine, to residents individually or in small groups, as well as providing larger clinics for the influenza, pneumococcal, and COVID-19 vaccines. Previously, UPMC billed for the vaccine product but only billed the fee allowed for administering the vaccine when it was given to a single resident at a time; they did not bill CMS an administration fee when vaccines were given to residents as part of a larger clinic. UPMC staff confirmed that billing guidance allows for payment of a vaccine administration fee when the vaccine is given by facility staff, whether in a clinic or individually. UPMC administration identified the tracking that would be required to support billing of the administration fee and worked with frontline staff to distribute the tasks so that the process was not entirely dependent on a single infection preventionist. Once the tracking was adopted and billing sent, UPMC realized revenue of $156,222.75 for work that they were already doing.

05 Document

Record all immunizations given on-site, and confirm and record those administered by other providers

05 Document

Once immunizations are administered, they are documented in the appropriate location so that required reports are accurate, the results of QI efforts can be examined to see if they are working, and additional efforts can focus on those who have not received their needed vaccinations.

What

Know where the facility keeps immunization records for residents and staff. Record all vaccinations given on-site. Confirm residents and staff have received their recommended immunizations, including those they were referred to get from other providers.

Participate in the state IIS. This helps residents, their families, and their healthcare providers know which vaccinations they have had.

Why

In addition to being required by law, documentation saves work in the long term by providing a systematic way of tracking residents' immunization status and focusing efforts on those who have not been vaccinated. Documentation also helps demonstrate progress – the ability to share facility data with staff, residents, and residents' families creates an environment of transparency and accountability as well as a positive culture of immunization. Aggregate immunization rates (such as those reported to the National Healthcare Safety Network (NHSN) or assessed in CMS surveillance) are immunization documentation measures.

When

Ideally, vaccination documentation takes place immediately after administration.

Who

The infection preventionist, director of nursing, or other staff involved in the immunization process can document vaccinations in the EHR, the IIS, or another tracking list. The Minimum Data Set (MDS) liaison may also clarify what is currently documented and reported.

How

STARTING OUT

✓ **Assemble a list of places where immunization information is currently recorded, including any reports available to run on resident or staff immunization status.**

- These could include the facility EHR, the state IIS, or an Excel spreadsheet for residents. The pharmacy may also keep track of immunization status.
- Ask HR about any places they may document immunization status for staff. Typical tracking methods for staff include software solutions such as Excel spreadsheets.

✓ **Assess whether the current recordkeeping includes:**

- The information required by law to be documented
- A format that is helpful for accessing both individual status and aggregate rates
- Ways to see residents or staff who may have received vaccinations outside the facility

NEXT STEPS

✓ **Consider how to address any documentation gaps.**

- Is the IT department willing to develop new reports that help track individual resident or staff vaccination needs or that calculate facility immunization rates in the way they need to be reported to CMS, NHSN, or others?
- Is connecting with the state IIS bidirectionally an option?
- Is an Excel spreadsheet the most accessible and affordable option at this time?

✓ **Find easy ways (and consider incentives) for staff to bring in records of influenza and COVID-19 vaccinations received outside the facility** (e.g., provide a QR code to easily upload proof of immunization into the online system).

READY TO GO DEEPER?

✓ **Bidirectional exchange of information between EHRs and IISs can facilitate access of historical immunization records, save time, and contribute to better transitions of care.** Unfortunately, developing that bidirectionality can be challenging. The Moving Needles project developed:

1. Recommendations to facilitate interoperable systems in PALTC
2. Specifications for EHR vendors seeking to build functionality with IISs

These papers can be shared with EHR vendors, facility administrators, chain/multisite leadership, and local public health officials to advocate for more interoperable systems.

Take Action

Select one or two suggestions from the How section to try in the facility workflow.

Meet with staff involved to talk through new processes and answer questions.

If the changes work, add them to the documented workflow, SOPs, and job descriptions.

Reporting to the National Healthcare Safety Network

Effective January 1, 2025, CMS issued a rule requiring long-term care facilities to electronically report resident information about COVID-19, influenza, and RSV, including immunization rates, on a weekly basis through the CDC's NHSN.

See Calendar Year (CY) 2025 Home Health Prospective Payment System Final Rule Fact Sheet (CMS-1803-F) | CMS.

Tools and Templates

TOOLS

- Guide to Documenting Vaccinations (CDC)
- Adult Vaccine Administration Record (Immunize.org)

TEMPLATES

- Consent for Staff IIS Lookup (PALTmed)
- Immunization Tracker and Rate Calculator (PALTmed)
  *Download the file for best results

EXAMPLE IN PRACTICE

Residents

As a final step in the vaccination process, Alex, the infection preventionist, needs to document that she administered the first dose of the shingles vaccine to Mr. Johnson, the new resident. She enters the information into Silver Cedars' EHR and adds notes to her resident immunization tracking spreadsheet, which she uses to tally monthly how many residents are fully immunized for each vaccine.

Next, she shares documentation with Silver Cedars' pharmacy partner, sending the names of the residents who received the vaccine. Alex's contact at the pharmacy confirms they received the information and will (1) upload this information to the state IIS and (2) send Silver Cedars the administration fee for the vaccines per Medicare Part D guidelines and their contract with the facility.

EXAMPLE IN PRACTICE

Staff

New hire Maya gets her influenza vaccination during the clinic but does not want to get vaccinated for COVID-19 as she has to work the next day and is worried about the side effects. Alex, the infection preventionist, lets her know that she can get her COVID-19 vaccination at a chain drugstore, and Maya says that will be ideal because there is one close to her house. They agree that she will go tomorrow, as she has the following day off and can use that time to recuperate from the vaccination if she experiences any side effects. Alex gives Maya a printout with a QR code and asks her to use the code to upload a photo of her proof of immunization paperwork to Silver Cedars' portal.

Two days later, Alex receives notification that Maya uploaded a document to the portal. She goes into the system and downloads Maya's paperwork. To document Maya's status, Alex prints out a copy and puts it in the employee records binder and tracks it on her spreadsheet.

06 Leading a New Initiative

The role of strong chain and facility leaders in supporting immunization quality improvement efforts

06 Leading a New Initiative

Change is hard. Asking people to change how they have done things can bring questions about the need for the change, resistance to the new idea, and discontent with those leading the change. Fortunately, there are proven ways to help change go more smoothly. While leadership from both a chain and facility/site is ideal for implementing and sustaining immunization QI efforts and plans, having someone at either level willing to lead the change from where they stand can make a significant difference.

What

Chain/multisite and facility/site leaders can support new processes; help staff and residents understand why efforts are important; increase motivation, commitment, and accountability; and play a critical role in problem-solving.

Why

Having a consistent and trusted leader is foundational for first making change and then leading successful immunization process and rate changes. A culture of trust among staff in long-term care facilities can assist in increasing immunization rates.

When

Leaders will follow a change in process from inception/planning through the cycle of feedback and adjustment. Taking on a new change should be done in small, intentional steps. Changes can be initiated throughout the year but may make the most sense when other facility needs are quieter. Ideally, immunization process changes could be made ahead of a big clinic or avoided during an outbreak. Having quieter times to test and refine a new process builds a solid foundation for applying the process in more stressful times.

Who

The leader of immunization process change can vary. Success depends on finding the right person but does not require a specific position. Some facilities involve the director of nursing, assistant director of nursing, infection preventionist, medical director, and/or consultant pharmacist. A chain/multisite or administrative-level leader could be a regional nurse manager, pharmacist, or chief medical officer, to name a few.

Both chain/multisite and facility/site leaders set the vision for and model a positive immunization culture. Note: Successful leadership does not require heroics – just steady focus on immunization over time.

How

STARTING OUT

Both chain/multisite and facility/site leaders can effect change and build a culture of immunization by following the steps below.

✓ **Set a vision.**

- Provide a clear vision of why immunization improvement work is important. This shows staff that their efforts contribute to the big picture of success and provides a sense of accountability.
- Highlight immunization as a priority – explain why it is on the to-do list and why it matters to staff's work, even when there is so much else to do.

✓ **Acknowledge and encourage efforts.**

- Publicly recognize staff efforts to address immunization and link those efforts to incentives and rewards. This works best when incentives are things that build community rather than things that are purely financial. For example, Team Vaccine shirts with the name of the facility have been more successful in some facilities than a $20 gift card or large raffle item for those who get vaccinated.
- Link ideas to improve immunization rates among staff and residents to job performance or career advancement in a positive way (recognize effort and success rather than punishing failure). Create a safe place to try things; even if not successful, efforts create a culture of learning.
- Recognize that QI work is challenging and may require staff to take on additional duties. Consistent recognition and encouragement make staff feel valued and can sustain motivation.

✓ **Build trust through visibility and accessibility.**

- Set clear goals. Provide progress updates and feedback on those goals regularly. Build a learning climate by acknowledging ways to improve your own work. Highlight how staff can assist and provide input. Create time for group reflection on progress and lessons learned.
- Build trust between leadership and facility/site staff by being available to answer questions about vaccination hesitancy, being a visible presence at immunization-related events, and demonstrating confidence in vaccine safety and efficacy.

✓ **Provide operational and problem-solving support.**

- Ask staff what they need to be successful. Do everything possible to get it. Be creative in working around challenges.
- Understand barriers and use influence and access to eliminate them. Assisting in problem-solving improves processes and builds trust within the facility and among staff.

✓ **Develop standardized guidance and processes.**

- Use the templates and tools in this guide to create SOPs tailored to the facility.
- Advocate and implement solutions that can be applied across multiple facilities.

✓ **Build facilities' understanding of how to use data to guide and inform efforts.**

- Leaders can educate staff on how to use data to help with immunization efforts, including goal setting, regular review of immunization data, and discussion of successes and challenges.

How

Continued

READY TO GO DEEPER? > For Facility/Site Leaders

While leaders can set the tone for staff and move logistics forward, a good team can support success in testing and spreading small changes.

✓ **Consider who will make a good immunization team member or who can help support immunization efforts.** These can be specific roles for individuals involved in logistics (e.g., director of nursing) or people who are opinion leaders (e.g., a Certified Nursing Assistant (CNA) who is trusted among other staff). Consider at least one person from each of the following categories:

- **Trusted leaders of staff:** These individuals have formal or informal influence on the attitudes and beliefs of their colleagues with respect to implementing interventions.
- **Staff with immunization-specific roles:** These individuals are formally appointed and have responsibility for implementing an intervention as coordinator, project manager, or team leader.
- **Champions:** These individuals may not hold a formal leadership title but are trusted among their peers. They can liaise between staff and administration, cheering on staff and troubleshooting challenges. They may also help discuss vaccinations with staff or residents who have questions.

✓ **Spread out tasks or duties in the vaccination process across the team.** This helps infuse immunization throughout the workplace culture and ensures continuity if one person is out or leaves their role.

A strong team will also work together to create multiple opportunities for engagement with staff and residents. The most successful facilities integrate immunization into their culture through activities such as themed vaccination clinic days and education offerings for both staff and residents throughout the year. Education can take many forms – see the Examples in Practice and Case Studies throughout this guide for more details on how other facilities have approached this.

READY TO GO DEEPER? > For Chain/Multisite or Administrative Leaders

✓ **Administrative staff, whether from the chain or facility level, also have a role in developing a positive immunization culture.** If leaders find that staff are not ready or willing to engage in fruitful conversation about vaccination, it may be best to step back and build a more trusting relationship between administration and staff using empathy, logic, and authenticity.

- **Empathy:** Leaders can show that they are looking out for staff and that they are not just at the job for themselves. Building empathy involves listening and immersing oneself in frontline staff perspectives, understanding their worries and motivators.
- **Logic:** Leaders need to ensure both the quality of logic being shared about the work that needs to be done and the quality of communication about the logic.
- **Authenticity:** Leaders set the environment where staff can be themselves. Embrace and celebrate how differences contribute to the team's success.[4]

✓ **Learn more.** For leaders interested in learning more about building trust, a free course is available from the American Health Care Association (AHCA).

[4]Frei, Frances. "How to build (and rebuild) trust", *TED*, "How to Build (and Rebuild) Trust", Assessed July 21, 2025.

Take Action

Select one or two suggestions from the How section to try in the facility workflow.

Meet with staff involved to talk through new processes and answer questions.

If the changes work, add them to the documented workflow, SOPs, and job descriptions.

Recognize that QI work is challenging and may require staff to take on additional duties. Consistent recognition and encouragement make staff feel valued and motivated.

Tools and Templates

TOOLS

- In-Service Slides on Immunization for Frontline Staff (PALTmed)
- Virtual Course: Building Trust in Long-Term Care (AHCA)

TEMPLATES

- Suggested Staff Job Description for Immunization Activities (PALTmed)
- Printable poster for setting target immunization goals for residents (PALTmed)
- Printable poster for setting target immunization goals for staff (PALTmed)

EXAMPLE IN PRACTICE

Staff

In addition to all that Alex, the infection preventionist, is doing to create a positive immunization culture at Silver Cedars, Dr. Ali knows that as medical director, she also has an important and unique leadership role in improving vaccination rates. Attending the town hall and getting her influenza and COVID-19 vaccinations during the vaccine clinic were some visible ways she led by example. But she is also helping in behind-the-scenes ways, such as by working with Alex to identify and communicate vaccination goals. Every year, Dr. Ali uses the month of June to help Silver Cedars set its vaccination goals for the next year. She does this in a few ways, including:

- Meeting with the infection preventionist to take a deep dive into Silver Cedars' vaccination numbers for the previous 12 months and compare them to national nursing home averages
- Joining a staff meeting to reiterate to employees why Silver Cedars focuses so heavily on vaccinations, and to ask for their feedback on what is working well and what they could be doing better in this area

Based on these conversations, Dr. Ali works with Alex to develop staff and resident vaccination rate goals for the next 12 months, including both realistic and "stretch" goals. Both Alex and Dr. Ali use these goals over the course of the next year to help understand how Silver Cedars' efforts are going, motivate staff and residents to get vaccinated, and help set a vision for a positive immunization culture.

Base vaccination rate goals on informative conversations with staff and other medical professionals.

LEADERSHIP IN ACTION CASE STUDIES: EXAMPLES FROM THE MOVING NEEDLES PILOT

Saber Healthcare Group

As part of its efforts to improve its vaccination rates and create a positive immunization culture, Saber Healthcare Group invested in developing internal leadership. Over the course of the Moving Needles project, it empowered leaders at the facility level to create tailored strategies to improve staff and resident vaccination rates, supported by a regional nurse manager. For example, one facility's director of nursing and infection preventionist combined a vaccine clinic with a midnight barbecue focused specifically on making vaccinations available for staff working the night shift. They also developed a "vaccine trivia" game, asking vaccination-related questions over the speaker system on a weekly basis. The first staff who came to the office with a correct answer received a prize. These efforts helped to create a sense of community and fun around vaccinations and helped the facility significantly improve their vaccination rates.

In another example, Saber Healthcare Group recognized that its regional nurse manager was interested in and good at supporting vaccination efforts. The chain wanted to scale the strategies developed under the Moving Needles pilots to all its facilities chain-wide, so it empowered this regional nurse manager to lead the effort and support facilities in other regions. Saber Healthcare Group expanded the regional nurse manager role to include a range of vaccination-related tasks, including helping facilities find and track their vaccination data and develop tailored strategies to improve vaccination rates. This role allowed Saber Healthcare Group to spread its vaccination strategies beyond the original three facilities participating in the Moving Needles initiatives to all facilities in the chain.

Good Samaritan Society

Another example of how chain/site leaders can help support vaccination efforts comes from Good Samaritan Society. Its director of pharmacy (DoP) played a key role in understanding and solving problems related to barriers that facilities faced in improving vaccination rates. For example, facility staff were confused about whether they were permitted to use state IISs to look up staff vaccination information. The DoP raised this question with chain/site leadership and helped them understand how this would be a valuable tool for staff to improve vaccination efforts. Ultimately, chain/site leadership determined that this was allowed, and the DoP communicated to facilities that they had permission to use the IIS to gather staff immunization information.

Similarly, several facilities had questions about billing for Part B vaccines and running reports in the EHR to help them track and calculate vaccination rates. The DoP regularly attended facility meetings to answer these questions and let staff know that they could always reach out to him with additional challenges. He focused his efforts on clearly communicating existing company policy and being an advocate to develop chain-level policies to support facilities' vaccination efforts. All of this helped clear the way for facilities to carry out their work more efficiently and effectively.

Integrating Immunization Efforts into QAPI Meetings

Dr. Leslie Eber, medical director at Orchard Park Health Care Center in Colorado, approaches improving vaccination rates as a community education process that requires shared commitment, consistent focus, and open communication.

A key strategy Dr. Eber uses to build buy-in and maintain a focus on vaccination is integrating discussion of immunizations into regular Quality Assurance and Performance Improvement (QAPI) meetings. She sees every meeting as an opportunity to remind administrators and leaders that vaccines increase the quality of residents' lives. She also reminds everyone that vaccinations are the best way to avoid the burden of disease outbreaks within the facility. During QAPI meetings, the committee reviews current staff and resident immunization rates and highlights the state and federal requirements to report this vaccination data. It is important to celebrate rising vaccination rates and understand that this keeps everyone in the community safer.

In addition to these standard agenda items, Dr. Eber uses QAPI meetings to discuss different immunization processes throughout the year. For example, in the spring she focuses on planning, including reviewing schedules for ordering seasonal vaccines and focusing on nonseasonal vaccines such as shingles, RSV, and Tdap. During late-summer meetings, she begins planning for education and immunization clinics ahead of respiratory virus season and offers reminders about consistent handwashing as kids return to school and the spread of infections increases. During the fall months, Dr. Eber focuses on getting staff and residents up to date on seasonal vaccinations, as well as implementing additional precautions required for unvaccinated staff.

The QAPI meeting is a great opportunity to brainstorm with administrators and leaders on how to keep immunization education efforts new and engaging for the entire Orchard Park community of residents, staff, and families. She shares the latest information about risks of vaccine-preventable illness and invites input on how best to share that information. For example, she has talked about "watching Australia" for clues about when influenza season will peak in the United States and how to time vaccine clinics to maximize immunity during the expected peak in Colorado. Integrating these discussions into QAPI meetings keeps facility/site leadership "in the know" and promotes buy-in for a consistent focus on immunization. The team also discusses what questions they have and what they are curious about.

Continued on next page

LEADERSHIP IN ACTION CASE STUDIES > CONTINUED

Through these QAPI meeting discussions, Dr. Eber has developed key strategies to engage residents and staff in vaccination efforts:

- **Lead by example:** Dr. Eber gets vaccinated for influenza in front of staff and residents.
- **Offer relevant education:** She provides handouts with graphics showing the risks of hospitalization for vaccine-preventable diseases in older adults, shares data and publications showing the impact of vaccines, and reminds staff about the increased risk of illness and complications in older adults, emphasizing, "This is why we vaccinate."
- **Engage everyone:** She visits each nursing station with both a fact sheet and sign-up sheet so that participants can get credit for vaccination education. She invites staff, residents, and family members to the education session at the nursing station and shares only 10-15 minutes of education followed by time to answer questions from everyone.
- **Show appreciation:** Dr. Eber often comes to the nursing station with something to share (pens, snacks).

Dr. Eber has found QAPI meetings to be a valuable venue for informing and motivating immunization efforts across the facility. By encouraging those in attendance to "not keep this information in the room" and building momentum to encourage participants to share the information throughout the facility, she has been able to positively impact both immunization rates and resident and staff health and well-being.

07 Collecting and Using Data to Guide Immunization Efforts

Using data to guide immunization efforts and track progress

07 Collecting and Using Data to Guide Immunization Efforts

Collecting and tracking data is key to immunization efforts. Data guides every step in the QI process as it is the only way to determine whether strategies are succeeding. That said, data collection can also feel intimidating, and sometimes the process is challenging.

What

To guide immunization efforts, examine data on immunization rates: the percentage of residents or staff who are up to date on a particular vaccine as of a specific month or date. Calculate an immunization rate for each recommended vaccine for residents and staff, such as COVID-19 or pneumococcal vaccines for residents, and influenza or hepatitis B vaccines for staff. Immunization rates, also sometimes called vaccination coverage levels, give a sense of the level of protection against vaccine-preventable illnesses at a facility. The higher the rate of immunization among residents and staff, the lower the risk of vaccine-preventable illness.

Why

Looking at facility immunization rates will help in several ways.

- **Prioritize immunization efforts:** When examining immunization opportunities, it is important to understand how the facility is currently doing. Immunization rates can indicate where residents and staff are already well-protected and where the risks for vaccine-preventable disease are greatest. Focusing initial efforts on the biggest gaps will lead to faster gains in protecting against the spread of infection.
- **Track progress:** As changes are made to improve resident and staff immunization rates, use data to direct resources to the processes that will likely be most effective and efficient. Tracking how immunization rates change with the implementation of best practices will show what is working and where additional tools or approaches may be needed.
- **Highlight successes:** Sharing progress over time is a great way to celebrate successes and encourage integration of efficient and effective immunization activities into facility processes.

When

Immunization rates offer a snapshot in time. Rates will fluctuate over time, so reexamine them periodically to track progress. This could be monthly or quarterly, following an on-site immunization clinic, or at the end of seasonal immunization campaigns.

Who

All long-term care facilities routinely report rates of resident and staff influenza and COVID-19 vaccination to NHSN and MDS. To get these immunization rates for a facility, start by reaching out to the NHSN or MDS coordinator, who may be able to share recent reports or indicate where to find information on resident and staff immunization status.

Even without access to NHSN or MDS reports, anyone with access to vaccination records can follow the steps in this guide to calculate immunization rates. Often this will be the infection preventionist, director of nursing, medical director, or another person tasked with vaccination efforts. For staff immunization rates, this will typically be the infection preventionist, director of nursing, or another clinical staff person who has access to confidential employee records.

How

STARTING OUT

- ✓ **Gather data.** For influenza and COVID-19 immunization rates, review the facility's most recent submissions to NHSN or MDS for residents and staff. For other immunization rates, or if unable to access the facility's NHSN and MDS data, gather data to calculate the rates. See How to Calculate Immunization Rates for additional guidance on gathering data.
- ✓ **Calculate immunization rates.** Once data are gathered, calculate immunization rates by dividing the number of vaccinated residents or staff (the numerator) by the total number of residents or staff (the denominator). See How to Calculate Immunization Rates and the associated template for step-by-step guidance.
- ✓ **Review and reflect.** Where are the biggest gaps in immunization for residents? For staff? What processes does the facility currently use to vaccinate staff and residents? Ask staff, "Is there anything that would make those processes more effective or efficient?" Identify areas where small changes can be made. Focusing efforts first on the lowest immunization rates will lead to faster gains in protecting against the spread of illness. Consider any measures the facility must meet or deficiencies that have been cited that may need to be addressed first.

NEXT STEPS

- ✓ **Set goals for improving immunization rates.** See "Tips for Setting Immunization Goals" on page 54 for additional guidance.
- ✓ **Track immunization rates over time.** Calculate immunization rates periodically, such as monthly or quarterly, to see what is improving and where additional changes or other approaches may be needed.
  - For seasonal vaccines like influenza and COVID-19, review immunization rates before fall vaccination clinics start, and again in the winter or spring.
  - For multidose vaccines, all doses must be administered before changes in the immunization rate will be evident. For example, because a second dose of the shingles vaccine is needed two to six months after the first, plan to reexamine the resident shingles vaccination rate at least six months after starting a focus on that vaccine.
- ✓ **Share progress with leaders during QAPI meetings or other quality reviews.** Also keep staff informed of progress using goal posters.

How

Continued

READY TO GO DEEPER?

✓ **Put the facility's rates in context by looking at state and national immunization rates.** To understand how the facility is doing, it can help to compare, or benchmark, the facility against state and national immunization rates (also called vaccination coverage) for long-term care residents and healthcare professionals. Benchmark data is available free and online from the CDC (see below). In some cases, the data may be specific to long-term care; in others it may apply to broader populations. Either way, it can be helpful to see trends, show that a facility is doing better than average, or show gaps where improvement is needed.

Benchmark data for resident immunization:

- Nursing home resident COVID-19 vaccination coverage by week (CDC)
- Older adult pneumonia, shingles, and Tdap vaccination coverage for prior years (CDC)
- Older adult RSV vaccination coverage by week (CDC)
- Medicare patient influenza vaccination coverage by week (CDC)

Benchmark data for staff immunization:

- Nursing home staff COVID-19 vaccination coverage by week (CDC)
  * scroll to the bottom of the page for staff data

  CDC does not publish real-time influenza vaccination data specific to nursing home staff. However, two useful benchmarks for a facility's staff vaccination coverage are:
- Skilled nursing facility staff influenza vaccination coverage, available nationally and by state (CDC)
- Adult influenza vaccination coverage, available by week for current and past influenza seasons (CDC)

Information on rates of resident influenza and pneumococcal vaccination, as well as staff influenza and COVID-19 vaccination, is also publicly reported on the Nursing Home Compare (Medicare.gov) website.

How

Continued

✓**Aggregate data across facilities within the organization to guide immunization efforts.** Corporate leadership can benefit from calculating combined immunization rates across facilities within the organization to understand systemwide risks for vaccine-preventable illness and opportunities for improvement. Look at rates across facilities to prioritize vaccination efforts.

- Look to facilities in the organization with the highest immunization rates for examples of how to make improvements at other locations.
- Provide additional resources and support to facilities with lower immunization rates.

Centralizing the process of calculating and reporting immunization rates can make it much easier for facilities to see progress and for corporate leaders to target improvement efforts. When sharing immunization rates with facility/site leaders, provide guidance and resources to help them make improvements. For example, see the Case Study on page 57: **How One Nursing Home Built an Automated Immunization Tracking System.**

Tools and Templates

TOOLS

- How to Calculate Immunization Rates (PALTmed)

TEMPLATES

- Immunization Tracker and Rates Calculator (PALTmed)
  *Download the file for best results
- Printable posters for setting target immunization goals for residents and for staff (PALTmed)

Watch a Video

View a demonstration of the Resident and Staff Immunization Tracker Template.

Watch a Video

See an example of an immunization rate calculation.

Take Action

Select one or two immunization rates to focus on at first.

Make changes to improve these rates using guidance in the Assess, Recommend, Administer, and Document sections of this guide.

Cumulative Immunization Rates

Immunization rates include everyone who is up to date, regardless of when or how they received a vaccine. Another way to think about an immunization rate is that it tracks vaccination status, not vaccines administered.

A common mistake in calculating immunization rates is to count only those residents or staff who received a vaccine in the past month or at the facility, instead of all residents and staff currently at the facility. This will underestimate the rate. Immunization rates are cumulative over time, meaning as more residents and staff get up to date on a particular vaccine, the rate will increase.

If gathering data to calculate immunization rates is a challenge, consider starting with the Assess step to fill in data gaps. Guidance in the Document section will also help facilities record data in ways that make it easier to calculate immunization rates in the future.

Tips for Setting Immunization Goals

Setting goals for improving immunization rates can help focus efforts and show progress. The SMART approach is a commonly used framework for goal setting. Use this adapted framework to develop immunization goals.

S SPECIFIC Set a goal for each immunization you want to focus on. You can have different goals for different immunizations, and for residents and staff. Set goals for one or two immunization rates at a time and focus on improving those rates, then expand out to additional immunizations over time.

M MEASURABLE Vague goals such as "increase flu immunization" are difficult to measure, making it hard to know whether you are making progress or how much progress you are making. Instead, set a specific target immunization rate to help you gauge progress.

A AMBITIOUS AND
R REALISTIC Evidence shows that teams make bigger gains when they set both a realistic goal and an ambitious, or stretch, goal. Even if you cannot reach the ambitious goal right away, continuing to work toward it will help increase protection for residents and staff.

- **To set a realistic goal,** focus on making a meaningful improvement from your previous immunization rate. For example, aim for at least 5 percentage points higher than your previous rate, then reassess what worked and where you can make further improvements. In a facility with 50 residents, a 5 percentage point increase would mean getting two or three additional residents up to date on immunization.
- **To set an ambitious goal,** focus on the ideal immunization rate you would like to reach. Remember, although it is important to protect as many residents and staff as possible, reaching a 100% immunization rate is not expected or realistic. For many facilities, exceeding a 90% immunization rate is an ambitious goal, while for others, stretching may mean focusing on additional immunizations (pneumococcal or RSV, for example), maintaining a very high immunization rate over time, or expanding immunization efforts to include short-stay residents or temporary employees.

T TIME-BOUND Set a timeframe to achieve your goal. Keep in mind it may take several months to make the changes necessary to increase an immunization rate. For multidose vaccines, the immunization rate will not increase until individuals have received all doses, so when setting a goal for these immunizations, take into account the recommended timing for subsequent doses.

EXAMPLE IN PRACTICE

Residents

Alex, the infection preventionist, uses a spreadsheet to track residents' immunization status, which enables her to see who is due for specific vaccines and when, which promotes efficiency when offering vaccinations to residents and tracking when residents are due for additional doses of a multi-vaccine series. The spreadsheet also calculates the percentage of residents who are up to date on each recommended vaccination, known as immunization rates. Every month, Alex reviews these immunization rates to see if there are any gaps that need to be filled with a clinic or by adjusting a process.

As of the end of January 2025, Silver Cedars' resident immunization rate is 73% for influenza and 40% for shingles. Alex can see that Silver Cedars is doing pretty well in protecting residents from influenza, although she would like to increase the immunization rate to over 85% and sets that goal for the next year. She plans to reach out to residents who have not yet received this year's influenza vaccine to find out if they or their family have questions and make a strong recommendation that they receive the vaccine. Alex can also see that Silver Cedars could do more to protect residents from shingles and so decides to hold a shingles vaccine clinic in March and another in June to administer second doses of this two-dose vaccine. She aims to increase the shingles immunization rate to 75% by the end of June.

Alex reviews these immunization rates monthly to track progress, identify barriers to vaccinating residents, and figure out how to work around those barriers. She also posts progress toward the influenza and shingles vaccination rate goals in the staff room and highlights progress during staff meetings. Every quarter, Alex reports immunization rates to Silver Cedars' medical director and corporate leadership during QAPI meetings.

EXAMPLE IN PRACTICE

Staff

Just as she does for residents, Alex uses a spreadsheet to keep track of staff immunization status. In February, Alex checks on staff immunization rates. She can see the percentage of Silver Cedars' employees who are up to date on the influenza vaccine is lower now than it was just a few months ago. Looking more closely at the data, Alex notices that many of the staff who are not up to date on the vaccination joined Silver Cedars in the past few months. She talks to the facility's hiring manager and realizes that for staff hired after the October fall vaccine clinics ended, there was no option to get the influenza vaccine on-site. Alex works with the HR department to offer a second on-site influenza clinic in early February, recognizing that influenza often peaks in their area in the spring. Alex hosts a brief info session for new employees about why getting up to date on the influenza vaccine is still important in the spring, and she offers a free snack for those who attend. She also asks supervisors in each department to share information about the upcoming clinic, make a strong recommendation that all staff get up to date, and encourage any unvaccinated staff to sign up for the clinic.

After the vaccine clinic, Alex looks back at the data in her tracking sheet. Silver Cedars' staff influenza vaccination rate improved somewhat, but only about half of the unvaccinated staff got up to date. Alex raises this in the next QAPI meeting and asks supervisors of each department for ideas on how to better encourage new staff to get up to date. A night shift supervisor points out that although the vaccine clinic in February was held early in the morning when both day and night shift staff could attend, Alex's info session was in the middle of the day, meaning night shift staff did not have a chance to attend the info session. A kitchen supervisor also points out that the early-morning hours when the vaccine clinic took place are a very busy time for kitchen staff, making it difficult for those staff to step away. Alex makes a note to talk with supervisors when planning future immunization education and clinics. She works with both supervisors to schedule additional info sessions and another vaccine clinic at times that work better for those staff.

CASE STUDY

How One Nursing Home Built an Automated Immunization Tracking System

When Avalon Health Care Management began participating in the Moving Needles initiative, staff across its facilities relied on a patchwork of strategies to track resident and staff immunization data. Their EHR, Point Click Care, could generate reports for some but not all immunizations. To fill the gaps, many staff developed spreadsheets and checklists to track immunization information by hand. The process was time-consuming, varied widely across facilities, and would break down if the person managing the system left. As a result, both staff and corporate leadership struggled to see who was due for immunizations and to understand how well their immunization efforts were working.

As part of its Moving Needles project, Avalon partnered with a data company called SNF in Focus to create an immunization dashboard. The dashboard uses Microsoft Power BI to pull data on residents' immunization status from facilities' EHR. Clinical staff and directors of nursing can now see residents' immunization status at both the individual and aggregate levels in an easily understandable format. The dashboard shows information such as who has been offered which vaccinations, who has refused, who has received them, and when next doses are due. Staff have already found the dashboard to be a valuable tool, with one infection preventionist sharing that it helped her identify several patients who she had thought were up to date on their pneumococcal immunizations but who in fact were not. This saved time and effort as she worked to protect residents against pneumonia because she could focus specifically on those residents who were due for PCV vaccination.

Corporate leaders are also using the dashboard to track data trends and immunization rates across Avalon facilities. It has become a key tool for understanding what is working well and where and how leaders can best support facilities. In its next phase, Avalon is looking to expand the dashboard's capabilities to include tracking staff immunization data.

Avalon identified several key factors that contributed to its success with the dashboard, including:

- Having a culture and executive leadership supportive of using data to drive QI efforts
- Partnering with a skilled IT developer
- Ongoing and hands-on involvement from leadership in designing the dashboard
- Spending time training staff on how to use and make the most of the dashboard

This dashboard is helping staff and leadership more efficiently and accurately track Avalon's immunization efforts and is a strategy the chain believes could be valuable for others across the country as well.

08 Conclusion

08 Conclusion

Practical, evidence-based strategies can improve immunization rates in PALTC communities. While each section of this guide includes recommendations and potential actions, it is not necessary to implement every tool and strategy. Choosing even one or two processes within one section can significantly improve immunization rates.

The key is to get started!

The following tips and process adjustments can guide a successful immunization QI initiative

- Understand current processes and work with staff to identify areas of opportunity.
- Find existing data and set up systems to track coverage levels.
- Make small changes and ask staff how they are working.
- Document the final process as a standard operating procedure for the facility or community.

Questions?

For additional support or inquiries, contact movingneedles@paltmed.org.

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