

**Nursing Home COVID-19 Vaccination Booster**

Action Plan

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| Nursing Facility Name: Click to enter text. | | CCN ID: Click to enter number. |
| Nursing Facility Address: Click to enter text. | | |
| Primary Contact Name: Click to enter text.  Email: Click to enter text. | Secondary Contact Name: Click to enter text.  Email: Click to enter text. | |
| Primary NHSN User Name: Click to enter text.  Email: Click to enter text. | Backup NHSN User Name: Click to enter text.  Email: Click to enter text. | |

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| **Nursing Facility Action Plan Information** | | |
| Date Action Plan Initiated: Click to enter a date. | | Resident Census: Click to enter number. |
| **RESIDENTS** | # of Residents Who Have Received COVID-19 Booster as of (today’s date): Click to enter number. | |
| # of Residents Eligible for COVID-19 Booster as of (today’s date): Click to enter number. | |
| # Residents Received Booster divided by # Residents Eligible for Booster = (enter calculation) % Rate Click to enter number. | |
| Current # of Residents with Medical Contraindication: Click to enter number. Religious Declination: Click to enter number. | |
| **STAFF** | # of Staff Who Have Received COVID-19 Booster as of (today’s date): Click to enter number. | |
| # of Staff Eligible for COVID-19 Booster as of (today’s date): Click to enter number. | |
| # Staff Received Booster divided by # of Staff Eligible for Booster = (enter calculation) % Rate Click to enter number. | |
| Current # of Staff with Approved Vaccination Exemptions: Medical: Click to enter number. Religious: Click to enter number. | |

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| **Facility COVID-19 Booster Goal** | |
| **Facility will achieve 90% Resident Booster Rate by (enter date):** Click to enter date. | |
| **Root Cause Analysis – check all that apply** | |
| Resident has medical beliefs for refusal  Resident expresses fear of vaccination/booster  Unable to obtain permission for administration of vaccination/booster from resident/resident representative | Resident has religious beliefs for refusal  NHSN reporting has been delayed or there was issue with accuracy  Current staffing level impacts ability to have staff available to coordinate, order or administer vaccinations/boosters at this time |
| Delay in scheduling/administering vaccination/booster Describe: Click to enter text.  Limited availability/access to booster vaccinations Describe: Click to enter text.  Inadequate/incomplete record keeping of resident/staff vaccination Describe: Click to enter text.  Other: Click to enter text. | |
| **[Download Intervention Resources to Accomplish Actions](https://hqin.org/wp-content/uploads/2022/02/Booster-Action-Plan-Resources.pdf) (press and hold the "Ctrl" button while clicking the link)** | |

| **Action Plan** | | | | | | |
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| **✓ When Complete** | **Action/Intervention** | **Projected Completion Date** | **Person or Team**  **Responsible** | | | **Ongoing Monitoring** |
|  | Accept resident’s decision for exemption, and document in their care plan | Click to select date. | * Physician/NP | | | Audit to ensure booster education and refusal is addressed in care plan |
| * RN | | * IDT |
|  | While respecting resident’s refusal, periodically review as part of the care plan process | Click to select date. | * IDT * Physician/NP | | | Periodic review of care plan with specific notation of vaccination status |
|  | Provide resident facts of benefit to vaccination/ booster in an understandable format [layman’s language, large print, foreign language, etc.] | Click to select date. | * IP * Staff Educator * Social Work | | |  |
|  | Facilitate face-to-face discussion with resident and attending physician on risks/benefits of vaccination/booster | Click to select date. | * IP * Physician/NP * Medical Director | | | Have physician/NP document the discussion in the medical record and of the resident’s decision |
|  | Facilitate discussion with consultant pharmacist on risks/benefits of vaccination/booster to residents/staff | Click to select date. | * IP * Pharmacist * Staff Educator * DON | | | Consider having a consultant pharmacist available for 1:1 conversations or discussion with the resident council |
|  | Collaborate with state and local health departments to identify additional resources for vaccines | Click to select date. | * IP | * DON | | Schedule periodic calls or review local HD updates on website |
| * Administrator * Medical Director | | |
|  | Collaborate with local pharmacies and LTC pharmacies to promote access to vaccination/ booster | Click to select date. | * IP | | * DON | Coordination with Health Care Coalition |
| * Administrator * Medical Director * Health Care Coalition * Local Health Departments | | |
|  | Review and modify as needed facility tracking tools for resident/staff vaccination | Click to select date. | * IP * HR Manager * IT Support/Tech | | |  |
|  | Include and validate vaccination/booster information during pre-admission review for new admissions | Click to select date. | * Admission Review Team * IP * Physician/NP * DON | | | Use QI tools from CDC to validate that all information was submitted and appears accurate |
|  | Conduct audit that resident records have current and viable contact information for resident representatives | Click to select date. | * Social Work * Administrative Assistant | | | Schedule periodic review and validation; consider doing with each care plan review |
|  | Provide additional education to staff responsible for submitting NHSN data | Click to select date. | * IP * CDC Tutorials * QIO | | | Use QI tools from CDC to validate that all information was submitted and appears accurate |
|  | Obtain authorization for more than 1 staff person to submit NHSN data | Click to select date. | * Administrator * IP | | |  |
|  | Incorporate vaccination/booster discussion/tracking in QAPI | Click to select date. | * Medical Director | | * IP | Modify QAPI agenda |
| * DON and QAPI Committee | | |

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0159-02/03/22



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