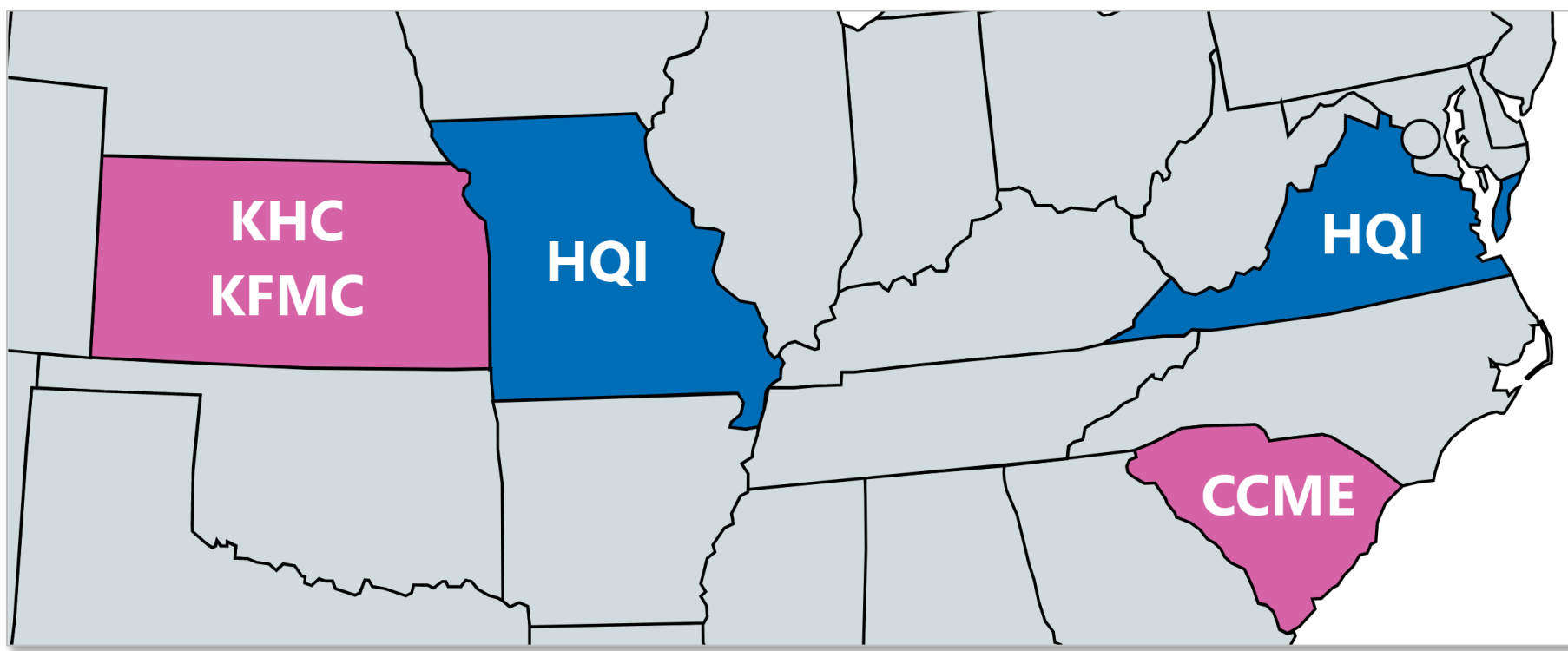


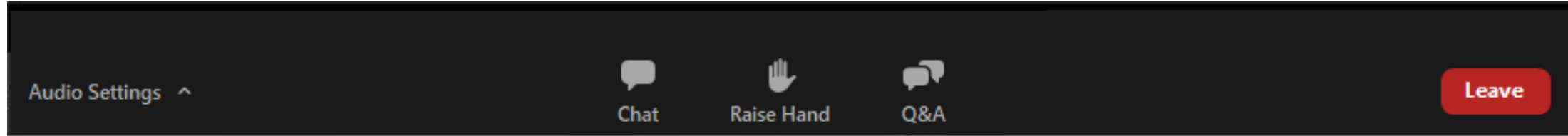
Pneumonia and COVID-19: Posturing for Improved Outcomes

5/9/2023

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Your Team



**Allison Spangler, BSN,
RN, RAC-CT, QCP**
Consulting Manager



**Carla Thomas,
MS, CTRS, CPHQ**
Director/Consulting Manager



**Laura Finch,
MS, GNP, RN**
HQIN Consultant



**Cindy Warriner,
BS, RPh, CDCES,**
Senior Pharmacy Consultant



April Faulkner
Communications
Specialist

Goals for this Series:

- Assist attendees in gaining knowledge related to updates associated with COVID-19 vaccines and boosters
- Assist attendees in meeting CMS regulatory expectations



The content presented in this webinar is based on COVID-19 information and guidance as of the date of this session.



Goals for this Webinar

Participants will:

- Identify processes in place to prevent transmission of COVID-19 and pneumonia
- Understand the value and importance of accurate identification and reporting of vaccine status (NH documentation/reporting, locating vaccines)
- Learn how to choose and time the most appropriate pneumonia vaccine
- Apply health disparity knowledge to increase vaccine rates



Co-administer Vaccinations to Catch Up

5 Vaccines Recommended for Adults 65 and Over:

- COVID Series: 42.4% are up to date
- Influenza Vaccine: 71.3% are up to date*
- Pneumococcal Vaccine: 63.4% have had*
- Shingles Vaccine: 45.7% have had**
- Tetanus: 65.1% have had within 10 years**

Note: Disparity with Vaccinations in Age > 65:

Vaccine coverage **highest** for white adults (non-Hispanic)

Vaccine coverage **lowest** for poor adults



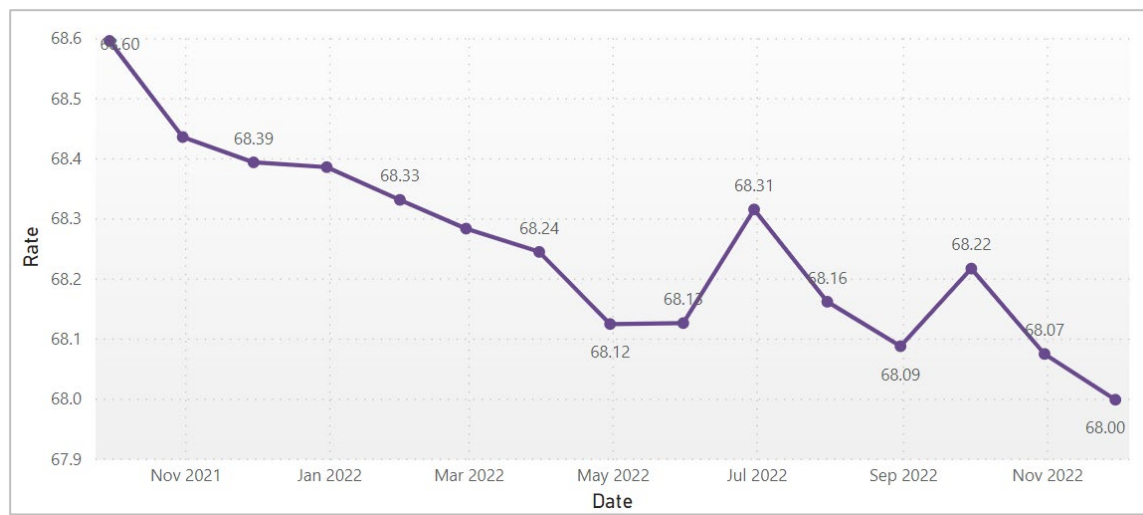
Vaccinations
prevent common
infections

*[Vaccination Coverage among Nursing Home Residents | CDC](#)

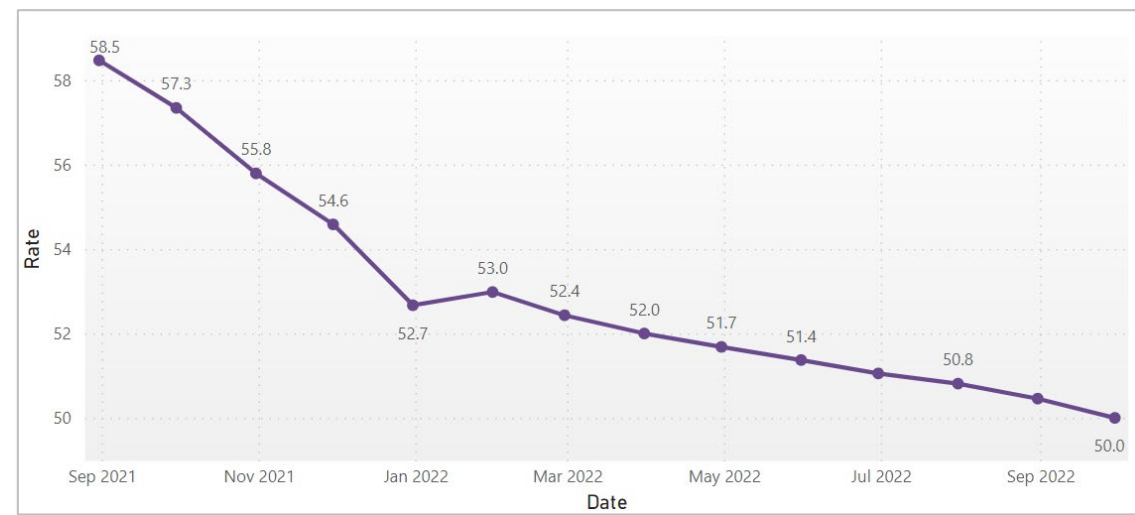
** [Vaccination Coverage among Adults | CDC](#)

Pneumococcal Vaccinations 2021-2022

Nursing Home Rates



Community Rates



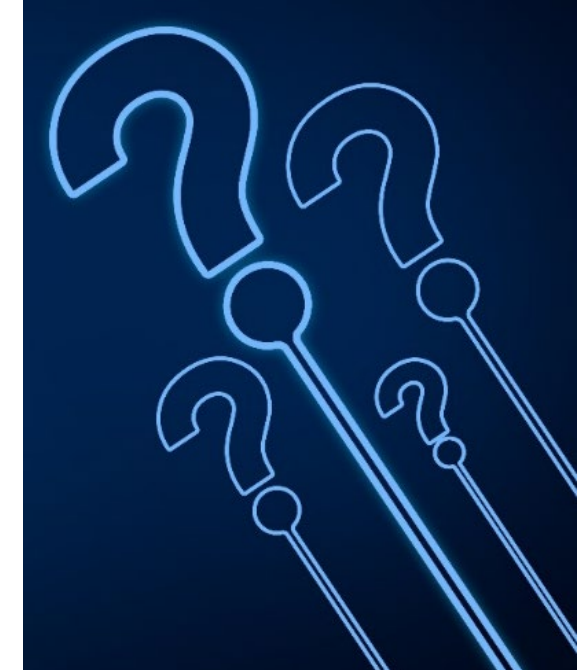
Vaccine Co-administration

“Extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone. Studies that compared coadministration of COVID-19 vaccines and seasonal influenza vaccines with separate administration of these vaccines found similar levels of immunogenicity and similar or slightly higher reactogenicity; no specific safety concerns were identified.”

Polling Question

True or False: You should not mix vaccines together to co-administer them.

- A. True
- B. False



Co-administration Tips

- Separate vaccinations by limb or at least by one inch
- When co-administering, give vaccinations known to be more painful last
- Be sure to share pertinent information with the person receiving the vaccine



Conduct a Performance Improvement Plan

Step 1: Determine the Key Areas for Improvement:

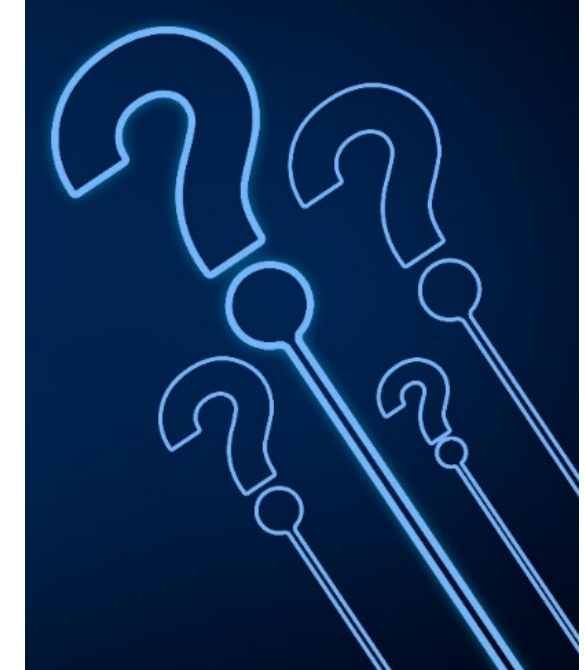
- Complete a medical records vaccination review for 8-10 residents who are not up to date on vaccinations.
 - **NOTE:** You can choose a different number based on your facility's resident population and number of not up to date. Select a meaningful number to help identify any trends.
- Study documentation by the nurse and other staff. Review other areas, such as notes from the hospital and vaccination records. Note any other patterns of interest (e.g., type of documentation, staff involved, residents involved, time of day, unit, staffing, etc.).
- Determine if there were missed opportunities that could lead to vaccination compliance.



Polling Question

Who is responsible for determining a resident's vaccination status at your facility?

- A. Infection preventionist
- B. Admitting nurse
- C. MDS staff
- D. Clinician (MD, NP, PA)
- E. Pharmacist



Complete Vaccine History

- Be a good detective – follow through
- Review current care plans that the facility uses that cover a vaccine history
- Have a strategy and place where the vaccine information is accessible and easy to find
- Document, document, document



How to Find Vaccination Records

- Primary care provider offices and patient portals
- Local or usual pharmacy
- Previous post-acute facility
- State Immunization Registry
- Public health clinics
- Veterans Affairs records
- Local hospital systems and patient portals
- Insurance records
- Former employers
- Ask the patient and family to help find records



If this fails to produce answers, in many cases you may be able to give the vaccine but verify with the provider.

Breaking It Down: Vaccinations

Vaccinations (Complete vaccine history fields prior to conversation)

Suggested dialogue: Vaccines are one way to help keep us healthy because they can help lower our chances of getting sick. I'd like to talk about the vaccines you have had and ones you might be due for. It looks like, from your records, that you had the [<customize response per vaccine information below>](#) and that you are due for the [<customize response per vaccine information below>](#). Do you have any questions about the ones you are due for? Can I schedule a date for you to get those?

COVID-19 vaccinations received on: Click or tap to enter a date. Click or tap to enter a date.

COVID-19 booster vaccinations received on Click or tap to enter a date. Click or tap to enter a date.

COVID-19 bivalent booster vaccinations received on: Click or tap to enter a date.

Resident has (check all that apply):

- Completed the primary vaccination series
- Received at least one booster
- Received the bivalent booster
- Not completed the primary vaccination series

Influenza vaccination received on: Click or tap to enter a date.

Pneumonia vaccination received on: Click or tap to enter a date.

Shingles/zoster vaccination received on: Click or tap to enter a date.



[Planning for COVID-19 Care Conversation Tool | HQIN](#)

Updates for COVID and Pneumonia Vaccines



CDC Simplifies COVID-19 Vaccine Recommendations

Press Release (Wednesday, April 19, 2023)

- CDC has taken steps to simplify COVID-19 vaccine recommendations and allow more flexibility for people at higher risk who want the option of added protection from additional COVID-19 vaccine doses.
- ACIP (Advisory Committee on Immunization Practices) members expressed their support for these recommendations.

These changes include:

- CDC's new recommendations allow an additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised. This allows more flexibility for healthcare providers to administer additional doses to immunocompromised patients as needed.
- Monovalent (original) mRNA COVID-19 vaccines will no longer be recommended for use in the United States.
- CDC recommends that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.
- Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.

Review Recommendations Pertinent to YOU

- Take an additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised
- Monovalent mRNA COVID-19 vaccines are no longer recommended
- Anyone ages 6 years and older should receive a bivalent mRNA COVID-19 vaccine, regardless of whether they completed their (monovalent) primary series
- Individuals ages 6 years and older who have already received a bivalent mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised



Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥65 years old

Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year† → PPSV23
PPSV23 only at any age	→ ≥1 year → PCV20	→ ≥1 year → PCV15
PCV13 only at any age	→ ≥1 year → PCV20	→ ≥1 year† → PPSV23
PCV13 at any age & PPSV23 at <65 yrs	→ ≥5 years → PCV20	→ ≥5 years‡ → PPSV23

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

‡ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option
Complete series: PCV13 at any age & PPSV23 at ≥65 yrs	→ ≥5 years → PCV20 Together, with the patient, vaccine providers may choose to administer PCV20 to adults ≥65 years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.

Adults 19–64 years old with specified immunocompromising conditions Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥8 weeks → PPSV23
PPSV23 only	≥1 year → PCV20	≥1 year → PCV15
PCV13 only	≥1 year → PCV20	≥8 weeks → PPSV23 → ≥5 years → PPSV23 Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
PCV13 and 1 dose of PPSV23	≥5 years → PCV20	≥5 years [†] → PPSV23 Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
PCV13 and 2 doses of PPSV23	≥5 years → PCV20	No vaccines recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
Immunocompromising conditions	<ul style="list-style-type: none"> •Chronic renal failure •Congenital or acquired asplenia •Congenital or acquired immunodeficiency[§] •Generalized malignancy •HIV infection 	<ul style="list-style-type: none"> •Hodgkin disease •Iatrogenic immunosuppression[¶] •Leukemia •Lymphoma •Multiple myeloma

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

[†] The minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose

[§] Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)

[¶] Includes diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

Disparities: Pneumococcal Vaccination

- Pneumococcal vaccination coverage overall (≥ 1 dose of PPSV23 or PCV13) among adults aged 19-64 years at increased risk for pneumococcal disease was 23.9% in 2020, similar to the estimate for 2019
- Coverage among White adults aged 19–64 years at increased risk was higher (26.3%) compared with Hispanic (16.7%) and Asian (13.8%) adults
- Coverage among adults aged ≥ 65 years was 67.5%, similar to the estimate for 2019
- Coverage among White adults aged ≥ 65 years (72.4%) was higher compared with Black (50.8%), Hispanic (48.1%) and Asian (54.9%) adults



Vaccine Disparities

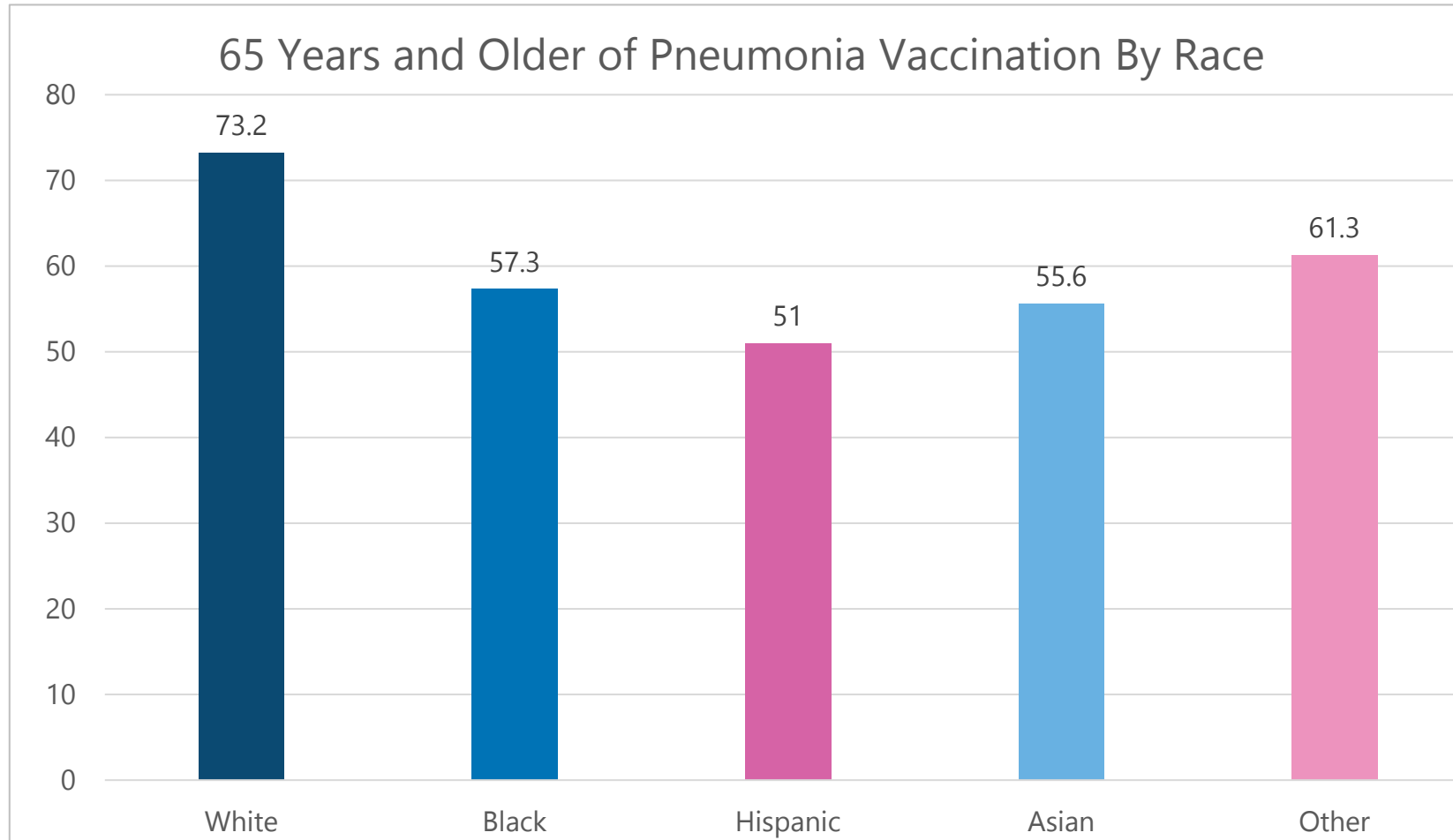


Chart developed from a [National Health Interview Survey](#)

Resource Center to Improve Equity in Vaccination Uptake

The **P4VE** program aims to increase vaccine equity* in racial and ethnic minority communities by providing:



Support for national, state, local and community-based organizations that implement activities focused on vaccine awareness, access, availability, and confidence in disproportionately affected adult populations.



A learning community, resource repository, and data technical assistance that support partners with webinars, tailored resources, coaching, peer-to-peer information-sharing, and more.



National communications disseminating vaccine information, addressing mis- and dis-information, and building vaccine confidence.

Partnering for Vaccine Equity (P4VE) Program Overview



The **P4VE** program aims to increase vaccine equity* in racial and ethnic minority communities by providing:



Support for national, state, local and community-based organizations that implement activities focused on vaccine awareness, access, availability, and confidence in disproportionately affected adult populations.

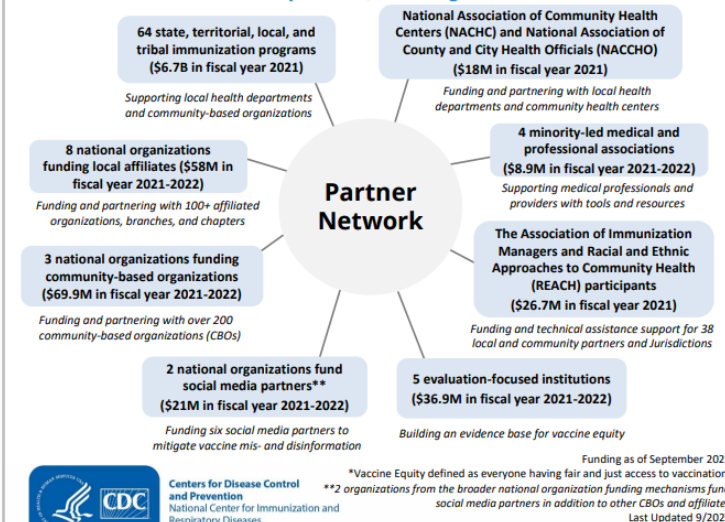


A learning community, resource repository, and data technical assistance that support partners with webinars, tailored resources, coaching, peer-to-peer information-sharing, and more.



National communications disseminating vaccine information, addressing mis- and dis-information, and building vaccine confidence.

Since 2020, the program has engaged over 500 national, state, and local partners, including:



Resident and Family Engagement: Simple Strategies

- For those who have never received any pneumococcal conjugate vaccine, the CDC recommends PCV15 or PCV20 for adults 65 years or older
 - If PCV15 is used, it should be followed by a dose of PPSV23
 - Adults who received an earlier pneumococcal conjugate vaccine (PCV13 or PCV7) should talk with a vaccine provider to learn about available options to complete their pneumococcal vaccine series

Getting the Flu and Pneumococcal Vaccines this Year is More Important Than Ever!

Why Take the Vaccine?

- By getting vaccinated, you will protect yourself, loved ones and your community from flu and pneumonia
- Vaccines can keep you from getting sick with the flu and pneumonia
- Vaccines are important preventive tools for people with chronic health conditions
- Vaccines help reduce the severity of illness if you still get sick with the flu or pneumonia

The Facts

- Flu and pneumonia vaccines cannot cause you to get sick with the flu and pneumonia
- Flu and pneumonia vaccines will not make you more susceptible to COVID-19 or other respiratory infections
- You need to get the flu vaccine EVERY year
- It takes up to two weeks to build up your immunity to protect you from the flu
- As long as the flu is circulating, it is not too late to get the flu vaccine
- You can receive both the flu and pneumonia vaccine at the same time
- If you just received the flu or pneumonia vaccine, you do not have to wait 14 days to receive the COVID-19 vaccine and vice versa – talk with your doctor
- For those who have never received any pneumococcal conjugate vaccine, the CDC recommends PCV15 or PCV20 for adults 65 years or older
 - If PCV15 is used, it should be followed by a dose of PPSV23
 - Adults who received an earlier pneumococcal conjugate vaccine (PCV13 or PCV7) should talk with a vaccine provider to learn about available options to complete their pneumococcal vaccine series

Simple Strategies for Resident Flu and Pneumococcal Vaccines

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. 1250W/HQI/QIN-QIO-9438-02/2/23



Bringing It All Together

Infection Prevention, Care Planning and COVID-19 Care

- **Encourage and record appropriate vaccinations** – the BEST prevention
 - COVID bivalent booster
 - Pneumonia (see previous resource slides)
 - Flu
 - Shingles (Zoster)
- **Highlights importance of resident education and engagement** – if every resident has had discussions about COVID care plans, it becomes “normal” and can be more easily discussed



Care Transitions and Vaccine Status



Vaccine Status During Care Transitions

Ensuring an accurate vaccine history and that current needs are being met are part of the transition process – every time.

Pneumonia vaccine – now only a one-shot option

- Prevnar 20[®]
- If a patient is new to the nursing home, the hospital can administer the vaccine prior to admission
- If nursing home patients are sent to the hospital without a vaccine, the hospital could potentially administer it before their return to the nursing home



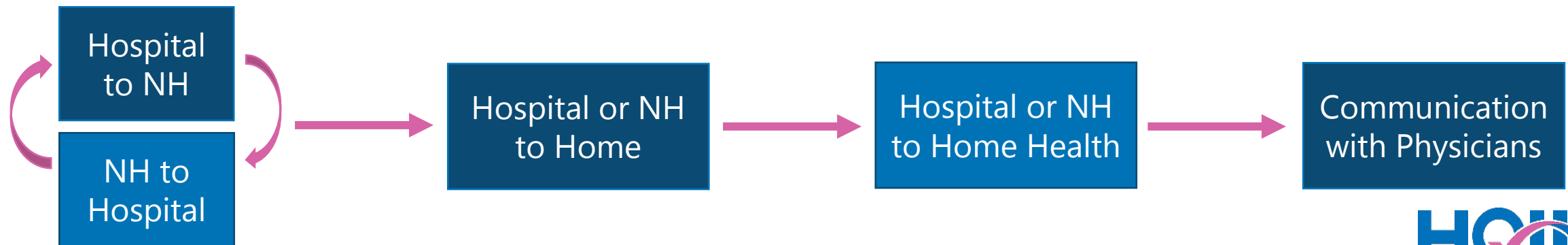
Vaccine Status During Care Transitions

When is vaccination status communicated between the nursing home and the hospital?

- During warm handovers/calls
- During the admission and transition processes
- On the transfer form (INTERACT sample transfer forms)
- During medication reviews (vaccines included!)



Communication and Vaccination Opportunities:



Vaccine Status During Care Transitions

Since COVID, vaccination should be a normalized part of transition communication

Toolkits, models and resources

[Transitional Care Management \(TCM\) Toolkit \(discharge section\) | HQIN](#)

- [Transitions of Care: Improve Care and Reduce Costs | AMA](#)



Vaccine registries

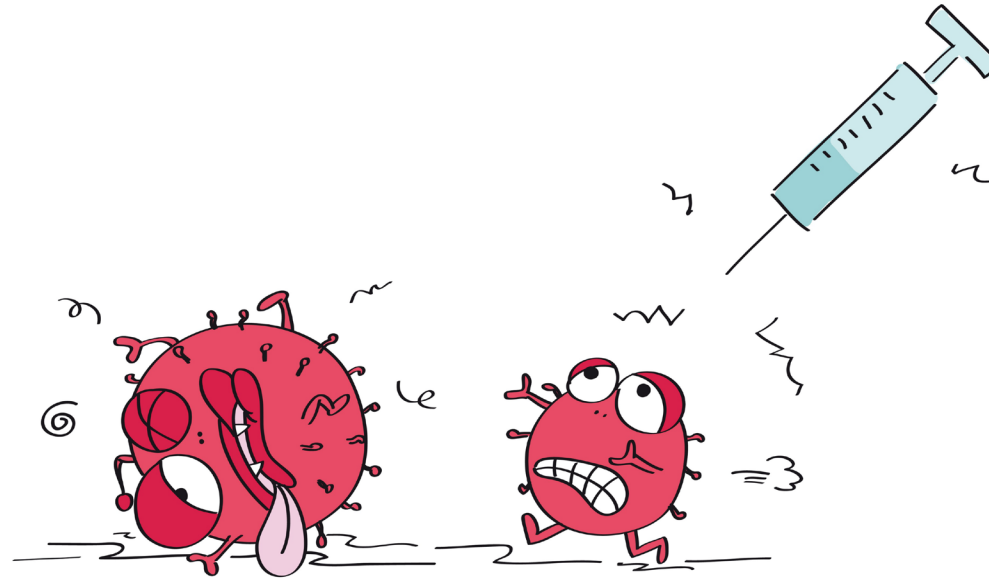
KS: [Statewide Immunization Registry | Kansas Department of Health and Environment](#)

MO: [ShowMeVax | Missouri Department of Health & Senior Services](#)

SC: [Statewide Immunization Online Network \(SIMON\) | SC Department of Health and Environmental Control](#)

VA: [Vaccinate Virginia | Virginia Department of Health](#)
[Virginia Immunization Information System \(VIIS\) | Virginia Department of Health](#)

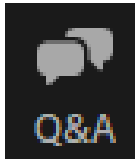
Use vaccinations to squash the “bugs” that can make you or your loved ones sick!



Questions? Comments? Share With Colleagues What is Working or What is Difficult for Your Team!



Raise your hand to ask a question



Or you may type a question by clicking the **Q&A** icon

*Don't hesitate to ask a question at any time
during the presentation of the remaining slides*

HQIN's Resident/Patient Resources

- [Flu or COVID-19? flyer](#)
- [COVID-19: Boost Your Protection](#)
- [7 Questions About the COVID-19 Bivalent Booster Flyer](#)
- [Booster Questions Poster and Handout](#)
- [COVID-19 Booster Videos](#)
- [Booster Myths: Science vs. Sorcery Slides and Recording](#)
- [Posters: "I Wear a Mask...", "I Got a Booster..." and "Please Help Keep Us Safe"](#)
- [Simple Strategies for Encouraging Staff to Receive the Influenza Vaccine](#)
- [Simple Strategies for Resident Flu and Pneumococcal Vaccines](#)



Staff Resources

- [Workplace Vaccination Program | CDC \(updated April 19, 2023\)](#)
- [Entrance Conference Worksheet for COVID Vaccine | LeadingAge MN](#)
- [CMS-20054 Infection Prevention, Control & Immunizations | CMS](#)
- [COVID-19 Vaccine Effectiveness and Safety \(MMWR\) | CDC](#)
- [Motivational Interviewing Strategies for Vaccine Readiness Tip Sheet | HQIN](#)
- [Toolkit for Education & Promotion of the Updated COVID-19 Booster Vaccine | HQIN](#)
- [Vaccine Administration Toolkit | HQIN](#)
- [Partnering for Vaccine Equity \(P4VE\) Program Overview | CDC](#)

Next Session:

Proactive Survey Readiness & Vaccines

Tuesday, June 13, 2023

2:00 p.m. EST | 1:00 p.m. CST



FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

LTC@hqin.solutions

Kansas

Brenda Groves

Quality Improvement Advisor

bgroves@kfmc.org

785.271.4150

Virginia

Mary Locklin

Quality Improvement Advisor-Infection Prevention

mlocklin@hqi.solutions

804.287.6210

Virginia and Missouri

Allison Spangler

Quality Improvement Advisor

aspangler@hqi.solutions

804.289.5342

South Carolina

Kristine Williamson

Quality Specialist

kwilliamson@thecarolinascenter.org

919.461.5525

From HQIN:

To all essential care giving teams
supporting residents and families,

Thank you for attending

