

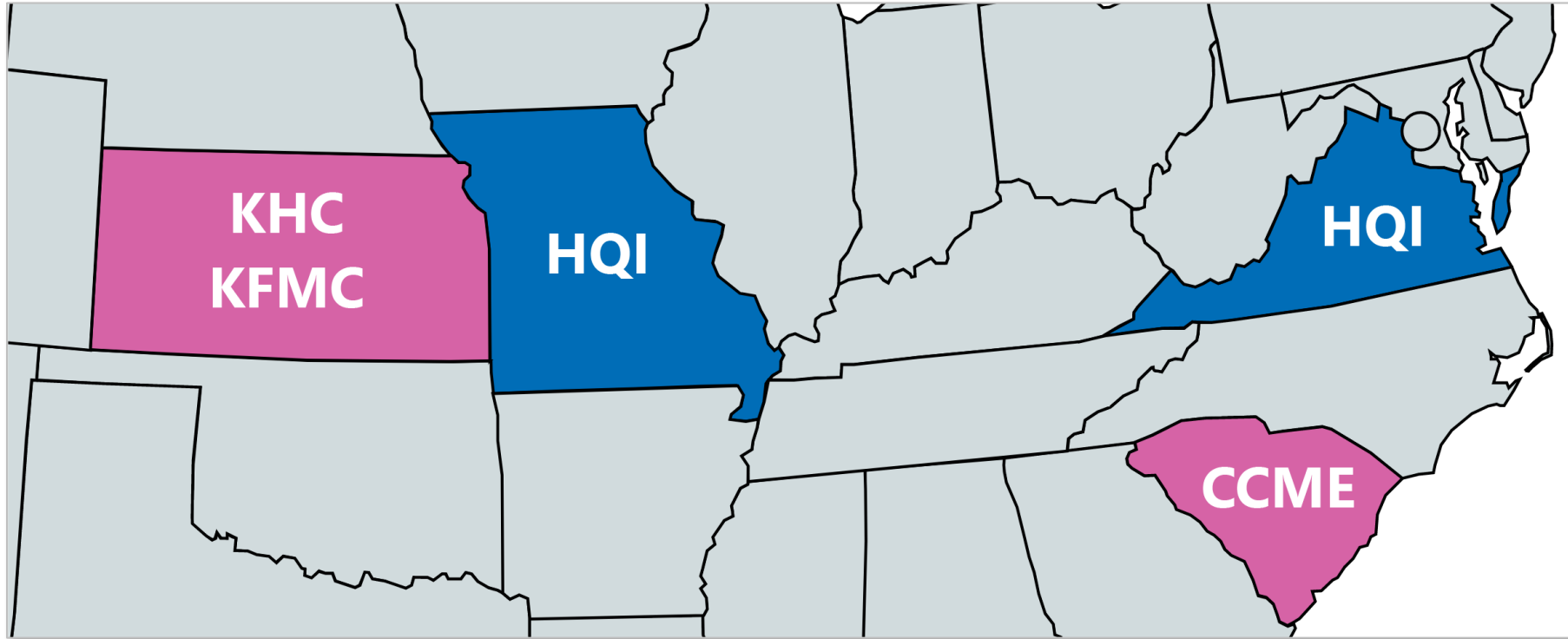


*Simple Strategies Stand-Up*

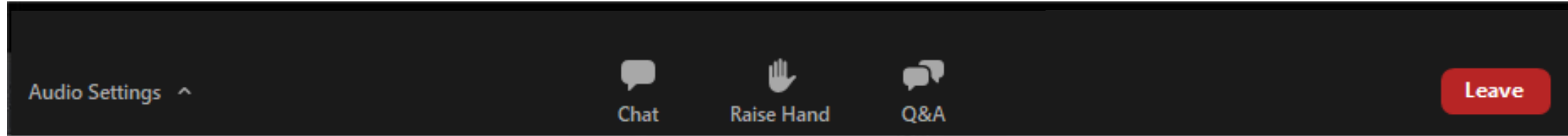
# Proactive Survey Readiness & Vaccines

6/13/2023

# 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



**Mary Locklin, MSN, RN, CIC**  
Senior QIA-Infection  
Prevention



**Felicity Wood, MS, LNHA**  
Consultant



**Elizabeth Nugent, LNHA, CDP**  
Consultant



**April Faulkner**  
Communications  
Specialist

# Goals for this Webinar

- Review top infection prevention and control survey citations with survey readiness strategies
- Provide an overview of key takeaways of new regulatory guidance for strengthened enhanced enforcement and NHSN reporting
- Review requirements for vaccination tracking beyond only COVID-19
- Discuss the importance of education and documentation of vaccinations
- Introduction to HQI's *Your Health Can't Wait, Vaccinate!* campaign



# Polling Question

How do you feel about the latest CMS updates and survey readiness?

- A. Glad we are moving forward to “normalizing” COVID-19
- B. A bit overwhelmed with the changes and hoping to get QIO support with integrating a plan to monitor them
- C. Uncertain



# Kansas 2022 Survey Citation Frequency

**Provider and Supplier Type(s):** Dually Certified SNF/NFs - Medicare and Medicaid

**State:** Kansas

**Survey Focus:** Health

**Year Type:** Fiscal Year

**Year:** 2022

**Quarter:** Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			Kansas Active Providers = 280	Total Number of Surveys = 1402
F0884	Reporting - National Health Safety Network	203	23.6%	14.5%
F0689	Free of Accident Hazards/Supervision/Devices	186	43.9%	13.3%
F0880	Infection Prevention & Control	129	30.0%	9.2%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	121	28.2%	8.6%
F0756	Drug Regimen Review, Report Irregular, Act On	112	27.1%	8.0%



# Missouri 2022 Survey Citation Frequency

**Provider and Supplier** Dually Certified SNF/NFs - Medicare and Medicaid

**Type(s):**

**State:** Missouri

**Survey Focus:** Health

**Year Type:** Fiscal Year

**Year:** 2022

**Quarter:** Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			Missouri Active Providers = 439	Total Number of Surveys = 3365
F0884	Reporting - National Health Safety Network	505	29.8%	15.0%
F0689	Free of Accident Hazards/Supervision/Devices	167	27.1%	5.0%
F0880	Infection Prevention & Control	136	25.7%	4.0%
F0658	Services Provided Meet Professional Standards	122	18.2%	3.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	116	24.1%	3.4%





# South Carolina 2022 Survey Citation Frequency

**Provider and Supplier Type(s):** Dually Certified SNF/NFs - Medicare and Medicaid  
**State:** South Carolina  
**Survey Focus:** Health  
**Year Type:** Fiscal Year  
**Year:** 2022  
**Quarter:** Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			South Carolina Active Providers = 145	Total Number of Surveys = 691
F0884	Reporting - National Health Safety Network	100	24.1%	14.5%
F0600	Free from Abuse and Neglect	34	17.9%	4.9%
F0689	Free of Accident Hazards/Supervision/Devices	33	19.3%	4.8%
F0880	Infection Prevention & Control	32	17.9%	4.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	27	15.2%	3.9%



# Virginia 2022 Survey Citation Frequency

**Provider and Supplier Type(s):** Dually Certified SNF/NFs - Medicare and Medicaid  
**State:** Virginia  
**Survey Focus:** Health  
**Year Type:** Fiscal Year  
**Year:** 2022  
**Quarter:** Full Year



Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			Virginia Active Providers = 237	Total Number of Surveys = 507
F0884	Reporting - National Health Safety Network	117	24.5%	23.1%
F0684	Quality of Care	99	31.6%	19.5%
F0842	Resident Records - Identifiable Information	83	27.4%	16.4%
F0657	Care Plan Timing and Revision	72	26.2%	14.2%
F0880	Infection Prevention & Control	65	21.5%	12.8%

Source: CASPER (05/21/2023) Citation Frequency Report, <https://qcor.cms.gov/main.jsp>

# Top Survey Citations Nationally Year-to-Date 2023

**Provider and Supplier Type(s):** Dually Certified SNF/NFs - Medicare and Medicaid  
**National**

**Survey Focus:** Health

**Year Type:** Fiscal Year

**Year:** 2023

**Quarter:** Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			Active Providers = 12026	Total Number of Surveys = 40378
F0884	Reporting - National Health Safety Network	7,065	23.8%	17.5%
F0689	Free of Accident Hazards/Supervision/Devices	2,559	16.6%	6.3%
F0880	Infection Prevention & Control	2,233	15.1%	5.5%
F0684	Quality of Care	1,907	12.8%	4.7%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	1,799	13.7%	4.5%

Source: CASPER (05/21/2023) Citation Frequency Report, <https://qcor.cms.gov/main.jsp>

# Be Proactive...

## Survey Readiness is Your Goal!

- ✓ Maintain close oversight of day-to-day activities
- ✓ Stay up to date and current with CMS guidelines
- ✓ Hold staff accountable for monitoring compliance (\*including NHSN reporting)
- ✓ Educate to expectations and re-educate when issues are noted
- ✓ Keep your QAPI activities documented and up to date
- ✓ Investigate, document and follow up on all grievances



# CMS Updates to Survey Documents

Changes to the Entrance Conference Worksheet include **removal** of the following items:

- A list of residents who are confirmed or suspected COVID-19 cases
- Name of facility staff responsible for overseeing the COVID-19 vaccination effort
- The facility's mechanism(s) to inform residents, their representatives and families of confirmed or suspected COVID-19
- Documentation related to COVID-19 testing
- List of residents and their COVID-19 vaccination status
- The staff responsible for notifying all residents, representatives and families of confirmed or suspected COVID-19 cases in the facility

The facility now must provide surveyors with the *medical director's phone number* within one hour of entrance

ENTRANCE CONFERENCE WORKSHEET	
INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/>	3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/>	4. A list of residents who smoke, designated smoking times, and locations.

# Changes to the Infection Prevention, Control, and Immunization CE Pathway

- Requirements to review employee COVID-19 vaccination information were significantly reduced
- Requirements to review source control were changed to only require surveyors to ensure source control is in accordance with national standards
- Surveyors are only required to ensure COVID-19 testing is in accordance with national standards
- Surveyors must ensure facility residents and staff were offered and educated on any potential risks of receiving the COVID-19 vaccination
- Surveyors must ensure visitors were educated of the potential risk before visiting residents on transmission-based precautions

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## Infection Prevention, Control & Immunizations

**Infection Control:** This facility task must be used to investigate compliance at F880, F881, F882, F883, F887, and F888. For the purpose of this task, “staff” includes all facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and, volunteers; and individuals who provide care, treatment or other services for the facility and/or its residents, under contract or by other arrangement. The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.

# Long Term Care Infection Preventionist's Survival Guide

**The Long-Term Care Infection Preventionist's Survival Guide**  
 Setting Up a Successful Infection Control Program



**Getting Started**

- Locate and review scope of responsibilities document/[job description](#)
- Locate and review the facility's infection prevention [policies](#)
- Establish a [point of contact](#) list:
  - Local health department
  - State health department
  - Corporate contacts
  - Local hospital contacts
  - Reporting systems and EHR help desk support
  - Who is reporting in [NHSN](#) (establish account if needed)
  - Vaccine supplier (pharmacy)
  - Lab contact
- Familiarize yourself with the [EHR and lab reporting](#) system
- Determine [after-hours expectations](#) for infection control issues or potential outbreaks



**Tools of the Trade**

- Locate the [infection tracking tool](#) or develop an infection tracking tool
- Locate the [vaccination tracking tool](#) or develop a vaccination tracking tool
- Locate [rapid flu, antigen COVID tests](#), etc. and determine the process for PCR testing
- Determine the result process for [send-out testing](#)
- Review the [vaccine storage](#) process and policy
- Ensure an [antibiotic stewardship program](#) is in place



**Isolation, PPE and Supplies**

- Review [isolation protocols](#), including the process to establish an isolation room
- Locate and inventory the [isolation carts and PPE](#) supplies
- Identify the [system for ordering and tracking](#) PPE supplies
- Locate [additional supplies](#) and ensure you have access to all supplies
- Review isolation and infection prevention and control [signage](#)

[The Long-Term Care Infection Preventionist's Survival Guide | HQIN](#)

# Case Study, Survey Ready?

Recent survey:

- 120 bed SNF
- 4-star facility
- No complaint inspections, 0 infection control citations in past 3 years
- Resident up to date rate = 97%
- QM:
  - Short stay residents: flu shot = 100%, PNA vac = 84%
  - Long stay residents: flu shot = 100%, PNA vac = 98%



Surveyors requested the facility provide a comprehensive list of vaccines offered and administered

- Facility produced various spreadsheets, nothing comprehensive



# Case Study Outcome

2567

- Facility cited at scope/severity level 2 for both F880 and F887
- No actual harm with potential for more than minimal harm

## Plan of Correction

- Facility completed a directed plan of correction that included a root cause analysis with a quality improvement organization

Directed plan of correction with the QIO



# QSO-23-10-NH Strengthened Enhanced Enforcement

## Infection Control Deficiencies Quality Improvement Activities

New 3-30-23: [QSO-23-10-NH \(cms.gov\)](https://www.cms.gov)

- Directed plan of correction
- Root cause analysis
- Work with a QIO or qualified consultant

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-10-NH

**DATE:** March 30, 2023

**TO:** State Survey Agency Directors

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT:** Strengthened Enhanced Enforcement for Infection Control Deficiencies and Quality Improvement Activities in Nursing Homes

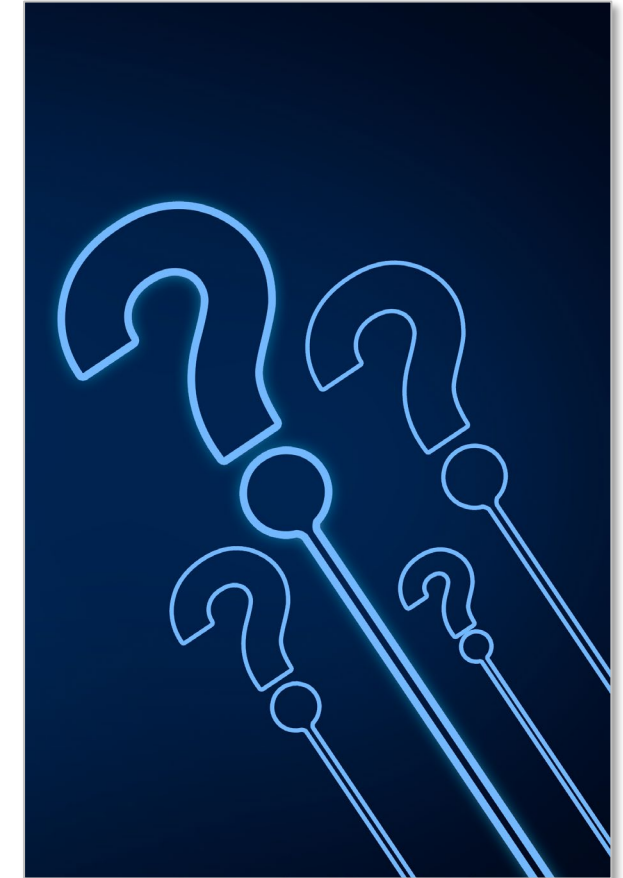
### Memorandum Summary

- **CMS has rescinded** memorandum [QSO-20-31-ALL](#), the Enhanced Enforcement for Infection Control Deficiencies, and replaced it with memorandum QSO-23-10-NH, revised guidance for Strengthened Enhanced Enforcement for Infection Control Deficiencies. This revised guidance strengthens enforcement efforts for noncompliance with infection control deficiencies. The enhanced enforcement actions are more stringent for infection control deficiencies that result in actual harm or immediate jeopardy to residents. In addition, the criteria for enhanced enforcement on infection control deficiencies that result in no resident harm has been expanded to include enforcement on noncompliance with Infection Prevention and Control (F880) combined with COVID-19 Vaccine Immunization Requirements for Residents and Staff (F887).
- **CMS is providing guidance** to the State Survey Agencies and CMS locations on handling enforcement cases before and after the revisions of Enhanced Enforcement for Infection Control Deficiencies.
- **Quality Improvement Organizations** have been strategically refocused to assist nursing homes in combating COVID-19 through such efforts as education and training, creating action plans based on infection control problem areas, and recommending steps to establish a strong infection control and surveillance program.

# Polling Question

The influenza (flu) vaccine should be offered:

- A. During the months of September and October
- B. Before flu season begins in the spring
- C. As long as influenza viruses are circulating, and unexpired vaccine is available



# Vaccination Schedule

**Table 1** COVID-19 vaccination recommendations have changed. Find the latest recommendations at [www.cdc.gov/covidschedule](http://www.cdc.gov/covidschedule)  
Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection  
 Recommended vaccination for adults with an additional risk factor or another indication  
 Recommended vaccination based on shared clinical decision-making  
 No recommendation/Not applicable

[Immunization Schedules | CDC](#)

# Survey-Ready Vaccine Tracking



# Screening and Eligibility

All residents and staff must be screened prior to offering vaccines.

Screening should include:

- Prior immunization history
- Medical precautions
- Medical contraindications



# COVID-19 Vaccine Tracking Spreadsheet

## Header Categories

Resident Information

Vaccine Type Information

1<sup>st</sup> Dose Details

2<sup>nd</sup> Dose Details (if applicable)

Reporting Prompts

AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA
2nd ADDITIONAL DOSE/BOOSTER (if applicable)						BIVALENT BOOSTER (if applicable)						REPORTING			
2nd Booster Dose Name	Eligible to Receive 2nd Booster Dose?	2nd Booster Dose Vaccination Status (dropdown)	2nd Booster Dose Reason for Refusal, e.g. declined, medical (dropdown)	2nd Booster Dose Date REFUSED (mm/dd/yyyy)	2nd Booster Dose Administered: (mm/dd/yyyy)	Bivalent Booster Dose Name	Eligible to Receive Bivalent Booster Dose?	Bivalent Booster Dose Vaccination Status (dropdown)	Bivalent Booster Dose Reason for Refusal, e.g. declined, medical (dropdown)	Bivalent Booster Dose Date REFUSED (mm/dd/yyyy)	Bivalent Booster Dose Administered: (mm/dd/yyyy)	Completed Primary Vaccine Series? (Autopopulated Column)	1st Additional Dose/Booster Received? (Autopopulated Column)	2nd Booster Dose Received? (Autopopulated Column)	Bivalent Booster Dose Received? (Autopopulated Column)

# Resident Influenza, Pneumococcal, TB Vaccination Log

Once "Given" is populated, check here for info on what/when to revaccinate

RESIDENT					PNEUMOCOCCAL VACCINE																									
Room #	Unit	Last Name	First Name	Age Group (19-64, 65+)	Medical Indications* (Refer to CONDITIONS tab for full list of underlying medical conditions)	PCV13 Status	Manufacturer	Lot #	Expiration	PCV13 Date Given	FLAG: Need PCV13	PCV15 Status	Manufacturer	Lot #	Expiration	PCV15 Date Given	FLAG: Need PCV15	PCV20 Status - if given, "One and Done"	Manufacturer	Lot #	Expiration	PCV20 Date Given	FLAG: Need PCV20	PPSV23 Status	Manufacturer	Lot #	Expiration	PPSV 23 Date Given	FLAG: Need PPSV23	
401	1B	Clause	Santa	65+ years	Cochlear implants OR CSF leak	Given	xxxx	123456	5/30/2023	12/25/2022																				Give PPSV23 >=8 weeks after PCV13 or PCV15 OR >=5 years after any PPSV23 received under 65
402	1B	Clause	Mrs	65+ years	Certain medical conditions*													Given	yyyyyyy	578910	2/25/2023	12/25/2022								No further doses needed -"One and Done"
403	1B	Fred	No Rudolph	65+ years	Certain medical conditions*							Given																		Give PPSV23 >=1 year after PCV13 or PCV15
404	1B	Clause	Noelle	19-64 years	Immunocompromising conditions*																			Given					Revaccinate in >=5 years after first dose PPSV23	
111	2a	vixen	mr	19-64 years	Certain medical	Given																							Give PPSV23 >=1 year after	
114	2a	blitim	mrs	65+ years	Certain medical	Given																							Give PPSV23 >=1 year after	
115	2a	comet	mr	65+ years	None of the below							Given																	should be: Give PPSV23 1 year	
116	2a	rudolph	mr	19-64 years	Certain medical conditions*													Given											No further doses needed -"One and Done"	
117	2a	dasher	ms	19-64 years	Persons with functional or anatomic asplenia*	Given																							PCV13 or PCV15; Revaccinate in >=5 years after first dose PPSV23	
113	2a	dancer	mrs	19-64 years	Certain medical							Given																	Give PPSV23 >=1 year after	
114	2a	cupid	mr	65+ years	Certain medical													Given											No further doses needed -"One and Done"	
118	2a	dunder	mr	65+ years	Certain medical conditions*																			Given					Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete	
150	3a	on shell	Elf	65+ years	Cochlear implants OR CSF leak																			Given					Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete	
155	3B	Grinch	Mr	65+ years	Persons with functional or anatomic asplenia*																			Given					Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete	
170	3a	Whoo	Susie	65+ years	Immunocompromising conditions*																			Given					Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete	
171	3a	Dog	Max	19-64 years	Certain medical																			Given						
172	3a	Kringle	Kris	65+ years	Immunocompromising conditions*	Declined																								Give PPSV23 >=8 weeks after PCV13 or PCV15 OR >=5 years after any PPSV23 received

Fill in fully that the vaccine was administered (or when, if it is a previous record) by type and date at a minimum; if you have the manufacturer, lot number and expiration, that will be more complete



# Motivational Interviewing

## Explore – Offer – Explore

This strategy is a great way to share information in a non-threatening, partnering way.

### Explore

- Existing knowledge
- Interest
- Permission

### Offer

- Affirmation
- Information in small bits
- Menu of options

### Explore

- Reactions
- Ideas
- Next steps
- Questions

[Motivational Interviewing Strategies for Vaccine Readiness Tip Sheet | HQIN](#)

# Vaccine Education

Education should consist of:

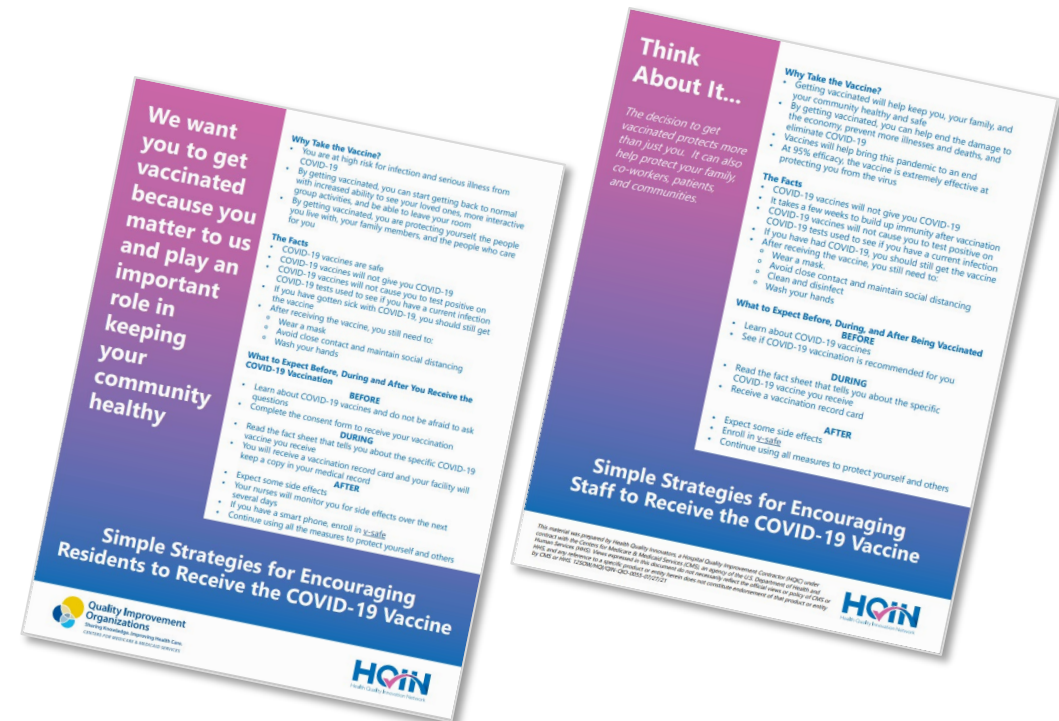
- Eligibility to receive
- Benefits
- Potential side effects
- Risks



# Simple Strategies Resources

Share *Simple Strategies* to educate your staff and residents about the benefits and what to expect before, during and after receiving vaccines

- [Simple Strategies for Encouraging Residents to Receive the COVID-19 Vaccine](#)
- [Simple Strategies for Encouraging Staff to Receive the COVID-19 Vaccine](#)
- [Simple Strategies for Side Effects of the COVID-19 Vaccine](#)
- [Simple Strategies for Resident Flu and Pneumococcal Vaccines](#)
- [Simple Strategies for Encouraging Staff to Receive the Influenza Vaccine](#)



# Documentation

The resident's medical record must include documentation that indicates:

- The resident/representative was provided education regarding the benefits and potential side effects of vaccines
- The resident's record should show vaccination administration unless it contains documentation as to why the vaccine was not administered
- Facilities should also provide examples of the educational materials that were used to educate residents



# QSO-20-39-NH Updated Visitation Guidance

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



**Center for Clinical Standards and Quality/Survey & Certification Group**

**DATE:** September 17, 2020  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** Nursing Home Visitation - COVID-19 (*REVISED*)

**Ref: QSO-20-39-NH**  
***REVISED 05/08/2023***

[QSO-20-39-NH REVISED  
05/08/2023 \(cms.gov\)](https://www.cms.gov)

**Memorandum Summary**

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation is allowed for all residents at all times.**
- ***Updated guidance to align with the ending of the PHE***

# Visitation Guidance

## Indoor Visitation During an Outbreak Investigation

- Adhere to CMS regulations for infection control following accepted national standards, such as CDC recommendations
- If residents or their representative would like to have a visit during an outbreak investigation, the visit should ideally occur in the resident's room, the resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit

## Visitor Testing and Vaccination

- CMS strongly encourages all visitors to stay up to date with their COVID-19 vaccinations

## Core Principles of COVID-19 Infection Prevention and Control (IPC)

- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) – these alerts should include instructions about current IPC recommendations (e.g., when to use source control)
- Clean and disinfect frequently-touched surfaces in the facility often, as well as designated visitation areas after each visit
- Conduct resident and staff testing following nationally accepted standards, such as CDC recommendations

# Reminder: Update Your Facility Signage

Consistent with CDC, CMS also noted that facilities should ensure proper visual alerts for visitors to understand infection prevention and control (IPC) best practices and what source control is recommended in the facility, at any time.



[Cover Your Cough Poster | CDC](#)



[Please Help Keep Us Safe Posters | HQIN](#)

# NEW Vaccine Campaign

**Your Health Can't Wait, Vaccinate!**  
 Adults can be protected from deadly diseases.

**COVID-19**  
 Older adults and people with underlying medical conditions like heart or lung disease, or diabetes, are at higher risk for getting very sick from Covid-19.

**Shingles**  
 An older adult with shingles is more likely to experience pain from postherpetic neuralgia (nerve pain) 1 in 3 adults develop shingles!

**KNOW THE RISKS FOR ADULTS AGE 65+**

**Influenza (Flu)**  
 Between 70% and 85% of seasonal flu related deaths have occurred in people 65 years and older. Older adults have a 5x greater risk of dying from flu and related complications.

**Pneumococcal Disease (Pneumonia)**  
 Complications of pneumococcal disease include infection in the lungs and chest cavity, inflammation of the lining of the heart, and blockage of airways. Risk of hospitalization for pneumococcal pneumonia is more than 6x greater in older adults.

**VACCINES ARE SAFE**

**Recommended Adult Immunization Schedule | CDC**

COVID-19 Risks and Information for Older Adults | CDC  
 Flu & People 65 Years and Older | CDC  
 Complications of Shingles (Herpes Zoster) | CDC  
 Symptoms and Complications of Pneumococcal Disease | CDC

**HQIN**  
 Health Quality Innovation Network

This material was prepared by Health Quality Innovation (HQIN), a Quality Improvement Network Quality Improvement Organization (QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency within the U.S. Department of Health and Human Services (HHS). It is not intended to be used for any other purpose, and any reference to a specific product or service does not constitute endorsement of that product or service by CMS or HHS. HQIN-2020-0148-001-002



**Your Health Can't Wait, Vaccinate!**  
 Vaccine Letter to Residents and Family Members/Responsible Party

**Tips for Using the Letter to Promote Vaccines**

The letter on the following page is a template intended to be adapted for use by an administrator, director of nursing, medical director, infection prevention nurse, etc.

**Your Health Can't Wait, Vaccinate!**

Dear (named resident or named family member/responsible party),

We take many safety measures to help keep our residents and staff healthy. Besides cleaning, masking as needed and handwashing, we also encourage those who are due to get vaccines. This is all part of our effort to control COVID-19 and other infections.

Vaccination can help keep everyone in our facility safe. Vaccines can reduce the risk of sickness, hospitalization or death. The more people who take vaccines, the less likely they are to spread pneumonia, COVID-19 and shingles.

COVID-19, shingles and the flu are caused by viruses. Pneumonia is caused by bacteria. COVID-19, flu and pneumonia spread through air droplets. Shingles is caused by the same virus as chickenpox. But the good news is that there is a vaccine for all of these illnesses.

**At the very least, we recommend that everyone who is able to gets an annual COVID-19 vaccine.** It provides the ultimate protection against the COVID-19 virus and long COVID.

Even if a person has had COVID-19, they may get the virus again. Also, they can spread the virus even if they do not have symptoms. **Getting the vaccine can decrease how sick someone gets and reduce the likelihood of getting long COVID. It also reduces the chance of death from COVID-19.**

If a resident in our care has missed any vital vaccines, we will contact the resident or family member (as appropriate) to help us get their vaccinations up to date. We may also contact a resident or family member for clarification of vaccine status.

If you have questions or concerns, please feel free to email me at \_\_\_\_\_ or schedule a face-to-face conversation by calling \_\_\_\_\_ to reserve a date and time.

Sincerely,

Your Health Can't Wait, Vaccinate! Resources | HQIN



# Resources

- [Enhanced Enforcement for Infection Control Deficiencies \(QSO-23-10-NH\) | CMS](#)
- [Updated Survey Resources | CMS](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic | CDC](#)
- [Best Practices Pocket Cards | HQIN](#)
- [Your Health Can't Wait, Vaccinate! Resources | HQIN](#)
- [COVID-19 Vaccination & Booster Tracking Tool | HQIN](#)
- [Resident Influenza, Pneumococcal, TB Vaccination Log | HQIN](#)
- [Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff \(QSO-21-19-NH\) | CMS](#)
- [Guidance for the Expiration of the COVID-19 Public Health Emergency \(PHE\) QSO-23-13-ALL | CMS](#)



# Resources, continued

- [COVID-19 Vaccine Effectiveness and Safety | MMWR \(CDC\)](#)
- [Safe Visitation in Nursing Homes | HQIN](#)
- [Visitation Plan Guidelines | HQIN](#)
- [Checklist of Best Practices to Keep Infectious Diseases from Spreading in Nursing Homes | HQIN](#)
- [NHSN LTCF Component Manual | CDC](#)
- [ACIP Vaccine Recommendations and Guidelines | CDC](#)
- [Vaccine Information Statements \(VISs\) | CDC](#)
- [COVID-19 Vaccine EUA Fact Sheets for Recipients and Caregivers | CDC](#)
- [COVID-19 and Flu Vaccines Pocket Card | HQIN](#)
- [Pneumonia and Shingles Vaccines Pocket Card | HQIN](#)



Stay connected about upcoming educational opportunities with the *Weekly Dose* and *Simple Strategies* newsletters delivered to your inbox!



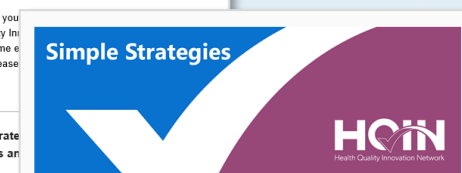
The *Weekly Dose* is a brief bulletin that provides you support vaccine uptake. As your Medicare Quality Improvement Organization (QIN-QIO), our team of nursing home experts at the Health Quality Innovation Network (HQIN) is dedicated to helping you increase vaccine uptake with questions.

**Simple Strategies: Proactive Readiness and Vaccines**

Don't miss the webinar when HQIN's experts discuss proactive readiness and vaccine uptake on **Tuesday, June 15, 2022**.

The webinar series includes a 20-minute presentation followed by an open forum to discuss what's working, challenges, and solutions.

[Register Today](#)



**In This Newsletter:**

- [Emerging Infectious Diseases \(EID\) Component](#)
- [Risk Assessment and Emergency Plan Review](#)
- [Communication Plan](#)
- [Coordination with Local, State and Federal Officials](#)
- [Training and Testing Program](#)
- [Emergency Preparedness Help is Just a Click Away](#)

**Learning Opportunities**

- [New Updates to the NHSN Long-Term Care Facility COVID-19 Module Surveillance Pathways](#)
- [Prepare, Prevent, Protect Webinar Series Concludes TODAY \(May 16\)](#)
- [Simple Strategies Stand-Up: Proactive Readiness & Vaccines](#)
- [Free COVID-19 Training to Improve Infection Prevention in Nursing Homes](#)

# FOR MORE INFORMATION

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From HQIN:

To all essential care giving teams  
supporting residents and families,

*Thank you for attending*

