



QUALITY IMPROVEMENT ACTION PLAN FOR COVID-19 BIVALANT VACCINE BOOSTER - NAME OF FACILITY:

(Complete either electronically or via a print copy.)

Team Lead(s)

- Administrator
- ICP
- Nurses
- Admissions

Process or problem identified for improvement

Increase education on COVID-19 Bivalent vaccination booster for residents and staff, increase access to booster vaccine and increase booster vaccination reporting.

Background leading up to need for this action plan (include findings from root cause analysis):

Facility/contract staff and residents have received education on the COVID-19 Bivalent Vaccine Booster, yet there is continued declination of the vaccine. What % of staff have received Bivalent booster dose and what % of residents have received Bivalent booster dose as of XX/XX/XXXX. Root cause analysis results of declination- Survey of staff/residents to determine social and structural barriers. Facility staff and residents have access to the Bivalent booster dose. Root cause analysis of access if this is an issue. Is there a need for pharmacy contact information or assistance with scheduling vaccine clinics.

SMART Goals

(Specific, Measurable, Attainable, Realistic, Time-Bound)

1. 100% of facility/contract staff and residents will receive education on the COVID-19 Bivalent vaccine booster using 2 or 3 different types of media by XX/XX/XXXX. As applicable.
2. Increase the number of residents and facility/contract staff that received the COVID-19 Bivalent vaccine booster. Goal is to achieve an absolute rate of 90% for residents and 70% for staff or a baseline increase in the vaccination rate of 5% over the next 90-120 days. As applicable.
3. Schedule XX COVID-19 Bivalent booster vaccine clinics to meet the vaccination goal within the next 90-120 days, completing vaccination series for each staff and resident. As applicable.

Baseline Measurements

(For each SMART Goal, identify a corresponding baseline measurement)

1. Current educational outreach and media type, including start date, distribution % for facility/contract staff and residents.
2. Current percentage of residents and facility/contract staff that have received the COVID-19 Bivalent vaccine booster to date.
3. Number of completed COVID-19 booster vaccine clinics to date.

Scope (boundaries for where project begins and ends)	Resources needed
<p>Vaccine clinic data reported up to XX/XX/XXX will serve as baseline data. Data collection and monitoring will continue for 90 - 120 days or until selected vaccination goal for eligible residents and staff has been achieved.</p>	<p>COVID-19 Bivalent Vaccine Booster Resources:</p> <p>FDA: COVID-19 Bivalent Vaccine Boosters COVID-19 Bivalent Vaccine Boosters FDA</p> <p>Evaluating post vaccine symptoms and new onset COVID symptoms- https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html</p> <p>Stay Up to Date with COVID-19 Vaccines Including Boosters: Stay Up to Date with COVID-19 Vaccines Including Boosters CDC</p> <p>COVID-19 Booster Power Point for Resident and Family Council Meetings: COVID-19 Booster Power Point for Resident & Family Council Meetings – IPRO QIN-QIO Resource Library</p>
Potential barriers	Strategies to mitigate barriers
<p>Overcoming resident and staff objections to receiving the COVID-19 Bivalent booster vaccine.</p> <p>Understanding what is up to date for vaccination.</p> <p>Language barrier to understanding the benefit of staying up to date with COVID-19 booster doses.</p>	<p>Utilize multi-lingual resources.</p> <p>Provide education resources in multiple media (formats) to residents, resident caregivers, and staff on multiple occasions.</p> <p>Provide subject matter expert access to increase confidence in vaccine.</p> <p>Offer incentive for completing vaccination series (stickers, lifesaver candies, refreshments, monetary rewards).</p>

KEY ACTION STEPS AND PDSA CYCLES						
Action	Start Date	Target Completion Date	Process Owner	Monitoring Strategy	Findings/Lessons Learned	Recommendations/ Next Steps
RCA: Interview all staff with vaccine declination to determine cause other than medical exception.	XX/XX	XX/XX	Identified team member or leadership (IC, DON) with demonstrated skills in interviewing with RCA 5 Whys.	QAPI agenda item, Audit Tool.		
RCA: Identify access issue - availability, scheduling, or administration.	XX/XX	XX/XX	Identified team member or leadership (IC, DON) with demonstrated skills in interviewing with RCA 5 Whys.	QAPI agenda item.		
Re-education of staff with objections to receiving the COVID-19 Bivalent Booster dose utilizing new resource media and content.	XX/XX	XX/XX	Clinical educator, medical director, IC, DON, NHA, residential council leaders	Number of staff that originally declined the vaccine that accept the vaccine in the next clinic. Conversion rate.		
Re-education of residents with objections to receiving the COVID-19 Bivalent booster dose utilizing new resource media and content.	XX/XX	XX/XX	Clinical educator, medical director, IC, DON, NHA, residential council leaders	Number of residents that originally declined the vaccine that accept the vaccine in the next clinic. Conversion rate.		
Re-education of staff with continued objections to receiving the COVID-19 Bivalent booster-individualized education.	XX/XX	XX/XX	Clinical educator, medical director, IC, DON, NHA, local subject matter expert	Number of staff that originally declined the vaccine that accepted the vaccine in the next clinic. Conversion rate.		

KEY ACTION STEPS AND PDSA CYCLES

Action	Start Date	Target Completion Date	Process Owner	Monitoring Strategy	Findings/Lessons Learned	Recommendations/ Next Steps
Re-education of residents with continued objections to receiving the COVID-19 Bivalent booster dose individualized education.	XX/XX	XX/XX	Clinical educator, medical director, IC, DON, NHA, local subject matter expert	Number of residents that originally declined the vaccine that accepted the vaccine in the next clinic. Conversion rate.		
COVID vaccine clinics scheduled to increase rate of vaccination of staff and residents .	XX/XX	XX/XX	Identified team member or leadership team.	Number of COVID clinics on the schedule and anticipated/planned new clinic dates.		

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For more information:
<https://qi.ipro.org/>

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