Paths to COVID-19 Vaccine Acceptance





Facility Name:	Person Responsible:	Date:
Problem Statement:		
Why?		
> Why?		
Why?		
₩hy?		

Based on the root cause you identified, which of these issues below apply to you?

Resident Characteristics		Vaccine Hesitancy			Vaccine Logistics			
	Hospice, end-of-life residents decline vaccine		Staff/Resident: Cultural characteristics		No vaccine guidance/process for nursing homes (NHs)			
	Contraindication: Antibody therapy		Resident: News/social media creates doubt		No standard data collection procedures			
	Contraindication: COVID+		Resident/staff: Nervous about second shot side effects		Staff vaccinate elsewhere/not reflected in facility data			
	Short-stay residents do not return for second dose		Staff: Pregnancy safety		Federal Pharmacy Partnership Program ending			
	Short-stay residents plan to vaccinate elsewhere		Staff: Lack of research/fast development		Long-term care (LTC) pharmacies currently lack access to vaccine			
			Staff: Wait-and-see approach		Rural: Lack of access to vaccine			
			Staff: Hesitant to receive vaccine if they already had COVID		Rural: Lack of access to services			

Based on the issues identified above, which of these change ideas should you consider?

Resident Characteristics	Vaccine Hesitancy	Vaccine Logistics			
Monitor and track COVID cases alongside vaccination data to determine strategy	Staff: Physician encouragement	Ensure NH has relationship with LTC pharmacies			
Create action plan/ communication strategy for discharged residents	Share vaccine convertor stories (videos and peer conversations)	AZ: Promote Arizona Department of Health Services (ADHS) vaccine onboarding application			
Other	1:1 conversations with leadership	Share National Healthcare Safety Network (NHSN) staff/resident vaccine spreadsheet			
	Share peer-reviewed vaccine safety and efficacy studies with staff	Connect NHs to county public health for vaccines			
	Create vaccine vision board	Share online vaccine location finders with NHs			
	Other	Use of alternate sites for vaccine access			
		Other			

Paths to COVID-19 Vaccine Acceptance (part 2)

Plan	Plan:											
Goal:	Goal:											
Do:	Plan started on (date):											
Which	h tracking sheet(s) utilized?											
	CDC tracking	ng worksheet for residents			CDC tra	CDC tracking worksheet for staff						
	Other:				Other:							
Study:												
Resident Results (if applicable)		Week 1	Week 2	Wee	Week 3			Week 4				
		Date:	Date:	Date:				Date:				
	·	Score:	Score:	Score:				Score:				
Staff Results (if applicable)		Week 1	Week 2		Week 3			Week 4				
		Date:	Date:			Date:			Date:			
		Score:	Score:		Scor	Score:			Score:			
Act:												
1. Did you reach your goal?					Yes		No					
2. Do you want to spread your change to other residents, staff, areas, etc.?					Yes		No		N/A			
3. Do you feel that you need to change/revise your plan?					Yes		No					
4. Do you feel you need to start a new PDSA cycle?					Yes		No					
*If "YES", refer to "Part 1" and revise/change your plan (if needed) and start again.												

*If "NO", Congratulations! You have met your goal and your residents and staff are safer.



