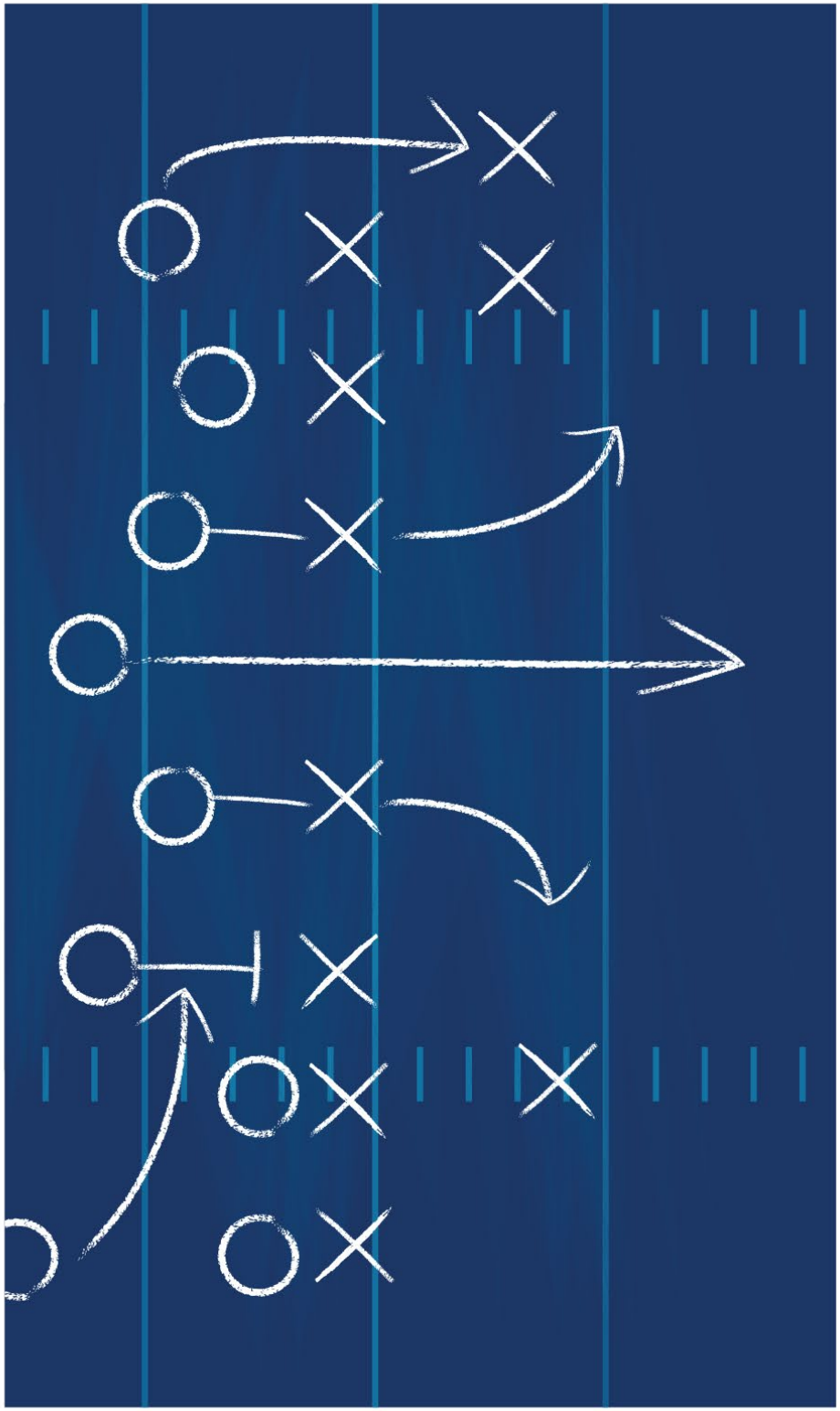

BE A FLU MVP

MOST VALUABLE PROTECTOR

Intercept the Flu Before It Reaches Your Team

Prevention of Respiratory Infection

Improving Vaccination Rates among Healthcare Workers

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

Infection Prevention (IP) and Control

Rationale:
Protect patients, visitors, and healthcare personnel (HCP) from respiratory pathogen transmission, while meeting CMS, NHSN, Joint Commission, and public health expectations for HCP influenza vaccination. The CDC recommends annual influenza vaccination for all HCP. Core infection prevention practices—including hand hygiene, respiratory etiquette, staff and visitor symptom screening, appropriate source control/masking, personal protective equipment (PPE) use, testing, and vaccination—are essential to protecting vulnerable patients and residents from infection.

	Strategies to Implement	Tools and Resources
☐	Develop a comprehensive vaccination policy. Include: • Annual influenza vaccination requirements • Medical and religious exemptions • A declination process • Documentation requirements • Respiratory protection requirements for unvaccinated staff	• California Health and Safety Code, HSC 1288.7. leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=1288.7 • California Occupational Safety and Health (CAL/OSHA). *Workplace Guide to Aerosol Transmissible Disease.* www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf • CDC. *Viral Respiratory Pathogens Toolkit for Nursing Homes.* www.cdc.gov/long-term-care-facilities/media/pdfs/viral-respiratory-pathogens-toolkit-508.pdf • CDC. *About Handwashing.* www.cdc.gov/clean-hands/about/index.html • California Department of Public Health (CDPH). *Adherence Monitoring: Source Control and Respiratory Hygiene.* www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoring_SourceControlAndRespiratoryHygiene.pdf • CDPH. *Adherence Monitoring: Hand Hygiene.* www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoring_HandHygiene.pdf • HSAG. *Quality Assurance and Performance Improvement Resources.* www.hsag.com/en/medicare-providers/nursing-homes/qapi • CDPH. *California Immunization Registry. AB 1797 FAQs.* www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/AB1797-Registry-FAQs.aspx • CDPH. *Immunization Recommendations for California HCP.* www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HCWIZRecs.pdf • Arizona Department of Health Services (ADHS). *Healthcare Worker Influenza Vaccination Toolkit.* www.azdhs.gov/documents/preparedness/epidemiology-disease-control/healthcare-associated-infection/advisory-committee/flu-vaccination-toolkit.pdf
☐	Form a multidisciplinary vaccination task force with executive and/or medical sponsorship to guide the program, establish measurable goals, and strengthen accountability. Examples: • ≥ 95% influenza vaccination among HCP • 100% vaccine status documented • Barriers to achieving compliance goals	
☐	Ensure vaccines are easily accessible and allocate resources to implement the program. Include: • Unit champions, extra staff, and volunteers • Vaccination clinics to cover all shifts (e.g., mobile vaccination cart, cafeteria clinic)	
☐	Establish operational strategies. Include: • Education on vaccine safety and effectiveness • Regulatory expectations • Common myths and misconceptions	

CMS = Centers for Medicare & Medicaid Services, NHSN = National Healthcare Safety Network, CDC = Centers for Disease Control and Prevention

Determine Vaccination Eligibility and Availability

Rationale:
Vaccination is essential to protecting staff, patients/residents, and families. To improve uptake and reduce hesitancy, facilities should clearly understand available vaccine options, including their benefits and risks, and follow best practices for eligibility, education, offering vaccines, documentation, and tracking.

	Strategies to Implement	Tools and Resources
☐	• Assign unit-level champions and accountability for each discipline. • Review current available types of influenza vaccinations for staff (trivalent, high dose, live attenuated). • Review vaccine eligibility for staff. • Review current consent and declination form.	• CDC. *Flu and people 65 Years and Older.* www.cdc.gov/flu/highrisk/65over.htm • California Immunization Resources – CDPH. *California Immunization Registry (CAIR2).* cair.cdph.ca.gov/CAPRD/portalInfoManager.do – CDPH. *Assembly Bill 1797 Immunization Registry FAQs.* www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/AB1797-Registry-FAQs.aspx – CDPH. *My Vaccine Record (MyDVR).* myvaccinerecord.cdph.ca.gov • Arizona Immunization Data Base – ADHS. *My Immunization Record (MyIR) QR Disclosure.* www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/azmyir/index.php – ADHS. *Arizona State Immunization Information System (ASIIS).* asiis.azdhs.gov • CMS. *State Operations Manual. Appendix PP. FTag 883.* www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf • HSAG. *Process Measure Tracker and Trend Chart*. www.hsag.com/globalassets/covid-19/processmeasurestemplate_runchart.xlsx
☐	• Assess prior flu season vaccination rates. • Identify low-uptake departments and reasons for declination. • Develop or review processes to track, trend, and stratify data by unit, role, shift, and vaccine type. • Offer vaccines to all staff, contractors, providers, and volunteers. • Document vaccines received elsewhere for all staff, contractors, providers, and volunteers.	
☐	• Strengthen vaccine delivery methods. • Offer vaccination across all shifts. • Use mobile vaccination carts. • Host clinics in high-traffic areas, such as cafeterias, staff lounges, and meetings. • Provide vaccination during onboarding. • Reduce barriers, including appointments and excess paperwork.	

Improve Vaccination Rates Through Education

Rationale:
Providing up-to-date vaccine education to staff, providers, contractors, students, and volunteers supports informed decision-making and may reduce vaccine hesitancy or declination related to limited knowledge or misinformation.

	Strategies to Implement	Tools and Resources
☐	Develop a comprehensive education campaign. • Vaccine safety and effectiveness • Current CDC recommendations • Regulatory expectations • Vaccine hesitancy/misinformation • "Frequently Asked Questions" documents Address knowledge gaps about current vaccine options. • Staff meetings and huddles • Online learning modules • Town halls with medical experts and campaign champions • Peer champions and "ask the expert" sessions • Posters, newsletters, and intranet resources	• CDC. *Vaccines By Disease*. www.cdc.gov/vaccines/hcp/by-disease • HSAG. *Motivational Interviewing Tip Sheet*. www.hsag.com/globalassets/12sow/nh-ip/motivatiinterviewtipsheetfinal.pdf • HSAG. *Motivational Interviewing Role Play Script*. www.hsag.com/globalassets/12sow/nh-ip/miroleplayfinal.pdf • CDPH. *EZIZ. Training and Resources for California's Vaccine Programs.* eziz.cdph.ca.gov • AHCA/NCAL. *Preparing for Fall Vaccinations in LTC*. www.ahcancal.org/News-and-Communications/Blog/Pages/Preparing-for-Fall-Vaccinations-in-Long-Term-Care.aspx
☐	Create incentives and recognition. • Unit competitions and recognition boards • Leadership acknowledgments • Certificates for high-performing units • Milestone celebrations at 75%, 85%, 95%, and 100% vaccination rates Track compliance and share progress toward the goal. • Overall vaccination rate • Vaccination, declination, and exemption rate by department • Staff education completion rate Develop a community outreach program. • Offer family vaccination clinics	

High-Impact Tactics to Reach Organizational Goal

Rationale:
Increase influenza vaccination rates among staff, providers, contractors, students, and volunteers to ≥ 95 percent by the current flu season using enhanced education, expanded access, vaccine champions, community outreach, and monthly performance monitoring.

	Strategies to Implement	Tools and Resources
☐	**July–August** • Establish a task force. • Review vaccine supply. • Update policies. • Develop communication materials. **September** • Launch of campaign by leadership. • Conduct staff education. • Begin vaccination clinics. **October–November** • Begin aggressive outreach. • Employ mobile carts. • Organize unit competitions. • Conduct weekly monitoring. **December–March** • Follow up with unvaccinated staff. • Organize new hire vaccinations. • Submit monthly reporting to Quality Assurance and Performance Improvement (QAPI). **April** • Evaluate program outcomes. • Identify lessons learned. • Begin planning for next season.	• CDC. NHSN. *HCP Influenza Summary Reporting FAQs*. www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html • CDC. Clinician Outreach and Communication Activity (COCA). *2025–2026 Clinical recommendations for Seasonal Influenza Prevention and Control*. www.cdc.gov/coca/hcp/trainings/seasonal_influenza_2025-2026.html • CDC. Flu Resource Center. *CDC Digital Media Kit*. www.cdc.gov/flu-resources/php/toolkit/index.html • CDC. Flu Resource Center. *I Get Vaccinated I Protect My Patients*. www.cdc.gov/flu-resources/php/resources/protect-patients.html • HSAG. *Vaccination for Flu Resources.* www.hsag.com/en/medicare-providers/hospitals/prevention-and-chronic-disease-management

Creating, Monitoring, and Following Up of an Ongoing Plan

Rationale:
Ongoing leadership communication about vaccine risks, benefits, and updates helps reduce hesitancy and misinformation. Monitoring vaccination status for new admissions, new hires, current staff, and patients/residents—and tracking trends through QAPI—supports a sustainable vaccination plan and goal setting.

	Strategies to Implement
☐	Track vaccination status for new hires, physicians, contractors, and vendors.
☐	Establish a sustainable vaccination program that ensures eligible staff are educated, offered recommended vaccines, and monitored for vaccination status and uptake.
☐	Hold monthly vaccine clinics for staff and providers.
☐	Review the admission process to determine how vaccine education is provided and how the vaccine is offered.
☐	Monthly QAPI review to evaluate: • Vaccination rates • Declination trends • Missed opportunities • Vaccine supply chain issues • Education effectiveness • Outbreak preparedness

Tools and Resources

- HSAG. *Performance Improvement Project (PIP) Guide*. www.hsag.com/contentassets/bee44a4185d145438fb2c51e08b1fbdf/performance-improvement-plan-worksheet.pdf
- CMS. *Plan-Do-Study-Act (PDSA) Cycle Template*. www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf
- ADHS. *Roll Up Your Sleeve & Get Your Influenza Shot*. www.azdhs.gov/preparedness/epidemiology-disease-control/flu/flu-shot/index.php
- CDPH. *Influenza. Protect Yourself From Flu*. www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx
- CDC. *Influenza Infection Control in Health Care Facilities.* www.cdc.gov/flu/hcp/infection-control
- CDC. *Flu and People 65 Years and Older*. www.cdc.gov/flu/highrisk/65over.htm
- CDPH. MyTurn. *Vaccine Locator*. myturn.cdph.ca.gov/vaccinelocator
- County of Los Angeles Public Health (LACDPH). *Where to Find Vaccines. Vaccine Clinics & Locator Tools*. publichealth.lacounty.gov/ip/clinics/index.htm
- Southern Nevada Health District (SNHD). *Immunization Clinic*. www.southernnevadahealthdistrict.org/community-health-center/immunization-clinic
- The Arizona Partnership for Immunization (TAPI). *Where to go for adult and children's vaccinations.* whyimmunize.org/get-info/family-and-community/where-to-go-for-your-vaccines
- CDC. NHSN. *HCP Influenza Summary Reporting FAQs*. www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html

Common Barriers and Solutions to Vaccine Uptake

Rationale:
The most commonly identified barriers include **vaccine hesitancy, misinformation, vaccine fatigue, limited knowledge of current vaccine recommendations, documentation challenges, and access issues.** This playbook recommends assessing specific barriers and implementing targeted education, communication, and tracking strategies.

	Strategies to Overcome Barriers	Tools and Resources
☐	• Use motivational interviewing, one-on-one counseling, trusted messengers, success stories, and evidence-based information. • Explain common and rare side effects, share safety data, discuss risks and benefits, and allow time for questions. • Develop myth-versus-fact materials, address concerns quickly, and use trusted messengers.	• CDC. RespVaxView. *Vaccination Uptake, Intent, and Confidence*. www.cdc.gov/respvaxview/dashboards/vaccination-behavioral-social-drivers.html • MedCentral. *6 New Ways to Address Vaccine Hesistancy*. www.medcentral.com/family-med/new-ways-to-address-vaccine-hesitancy • Cleveland Clinic Journal of Medicine. *Meeting the challenge of vaccine hesitancy*. www.ccjm.org/content/91/9_suppl_1/S50 • American Medical Association (AMA). *Vaccine Hesistancy*. www.ama-assn.org/topics/vaccine-hesitancy • National Foundation for Infectious Diseases. *Overcoming Barriers to Vaccination*. www.nfid.org/overcoming-barriers-to-vaccination
☐	• Include vaccination education during onboarding, annual training, and staff meetings; provide multilingual materials as needed. • Ensure leaders use consistent, simple, and targeted messaging. • Provide respectful, evidence-based education that supports individual choice and engages faith-based or community leaders as appropriate.	
☐	• Offer on-site, walk-in vaccination across all shifts during admissions, hiring, meetings, and clinics in high-traffic areas. • Use dashboards to monitor vaccination, declination, refusal reasons, and monthly trends. • Provide leadership progress updates. • Cross-train vaccinators, schedule clinics during shift overlap, use champions, and deploy mobile carts.	

HSAG is the West Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Region 7.

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