

A Change Package To Increase Vaccinations

Key Change Ideas for Dialysis
Facilities to Drive Local Action

Updated 2024





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I. Introduction

This change package is intended to support dialysis facilities and End State Renal Disease (ESRD) Networks in increasing the number of patients receiving vaccinations, including COVID, influenza, and pneumococcal. The change package includes actionable change ideas, collected from top-performing dialysis facilities related to vaccination rates. The change ideas are intended as a menu of interventions from which leaders can choose to implement within their facilities.

The original change package was released by the Centers for Medicare & Medicaid Services (CMS) in 2022. The change package was updated in 2023 and 2024 after additional interviews were conducted with high-performing facilities.

How to Get Started

Change happens at the local level. Dialysis facility Quality Assessment & Performance Improvement (QAPI) meetings are the perfect place to start. Giving interdisciplinary team (IDT) members this change package for review will allow them to identify and prioritize change ideas that could be implemented to increase the number of patients getting vaccinated.

The change ideas presented in this change package represent the practices used by high-performing dialysis facilities. They are not meant to serve as the entire universe of approaches to increase the number of patients receiving vaccinations. They can, however, serve as “tests of change” that drive performance improvement and quality improvement programs.

About QAPI: QAPI merges quality assessment (QA) and performance improvement (PI) into a comprehensive approach to quality management. QA is the process of meeting standards and ensuring care reaches an acceptable level. PI is the proactive, continuous study of processes with the intent to identify opportunities and test new approaches to fix the underlying causes of persistent, systemic problems. Data-driven QAPI programs may be customized to facility needs. Key steps include:

- Identifying the problem and defining the goal
- Deciding on a measurement to monitor improvement
- Brainstorming solutions based on barriers and root causes
- Planning an intervention
- Using plan-do-study-act (PDSA) to implement the improvement project

Learn more about QAPI: <https://esrdnetworks.org/toolkits/professional-toolkits/qapi-toolkit/>



Contacting ESRD Networks

Dialysis facilities can contact their local ESRD Networks for assistance with PDSA principles and practices, questions about change strategies, and vaccination-related resources. A complete listing of ESRD Networks can be found at <https://esrdncc.org/en/ESRD-network-map/>.

II. Change Package Methodology

The ideas presented in this change package were identified through interviews with high-performing dialysis facilities. The facilities were selected utilizing vaccination data for COVID, as documented in the ESRD Quality Reporting System (EQRS), and influenza, which is reported via the National Healthcare Safety Network (NHSN). During the interviews, systemic themes emerged, which were organized into driver diagrams, visual displays of what drives and contributes to achieving an overall aim.¹ The diagrams include drivers and associated change ideas, which were reviewed by ESRD experts to ensure relevance to a broad range of dialysis facilities. The input from these experts was incorporated into the document.

2023 Update: The 2023 change package revisions were based on 10 additional interviews with high-performing facilities in 2023. The facilities were selected utilizing vaccination data for influenza and pneumococcal, as documented in EQRS. The interviews resulted in the addition and/or modification of change ideas to improve vaccination rates to keep patients healthy.

2024 Update: Information was added after 10 additional interviews were conducted with high-performing facilities, based on EQRS data. Change ideas were modified or added (indicated by asterisks) from information gathered from dialysis facility staff during the interviews.



III. Vaccination Drivers

Interviews with high-performing dialysis facilities revealed primary and secondary drivers being used to increase vaccination rates (Table 1). “Primary drivers are the most important influencers” that “contribute directly to achieving the aim.” Secondary drivers are the actions and interventions that impact the primary drivers.²

The primary and secondary drivers (Tables 1–13), as well as the associated change ideas in the driver diagrams (Tables 2–13), are not in ranked order. They are numbered for easy reference.

Table 1. Primary and Secondary Drivers to Increase Vaccinations

AIM: INCREASE VACCINATION RATES	
PRIMARY DRIVERS	SECONDARY DRIVERS
1. Achieve a high-performing culture	1a: Cultivate a welcoming, trusted setting for patients 1b: Build a team that works toward common vaccination goals 1c: Establish and maintain open, consistent communication
2. Implement quality improvement strategies	2a: Incorporate vaccinations into continuous quality improvement 2b: Measure, monitor, and assess vaccine metrics to drive success and continued improvement
3. Adopt processes to achieve quality goals	3a: Develop and implement processes to administer vaccines 3b: Bring safety to the forefront of patient care
4. Expand efforts beyond the facility staff	4a: Connect with stakeholders to enhance efforts 4b: Engage physicians to interact and intervene
5. Provide education on vaccinations	5a: Educate patients on all recommended vaccines 5b: Equip staff with knowledge of vaccines
6. Address vaccine hesitancy	6: Use a multi-pronged approach: educate, engage, support, and follow up



IV. Key Change Ideas

The following driver diagrams (Tables 2–13) expand on the vaccination drivers (Table 1) and include specific change ideas for all the secondary drivers identified by high-performing dialysis facilities. The visualizations show the relationships between the primary and secondary drivers and the associated change ideas.

Table 2. Cultivate a Welcoming, Trusted Setting for Patients

PRIMARY DRIVER #1: ACHIEVE A HIGH-PERFORMING CULTURE
Secondary Driver #1a: Cultivate a welcoming, trusted setting for patients
When staff welcome patients and treat them like family, patients feel safe to share concerns and ask questions. Open discussions occur. Trust grows. When this happens, according to high-performing facilities, the likelihood of patients agreeing to get vaccinated increases. Change Ideas 1. Operate with an all-embracing culture for vaccination and all other areas of care. 2. Encourage a family atmosphere. a. Enhance the patient’s experience by keeping a light atmosphere, for instance, joking, laughing, singing among staff and patients. b. “Make it fun and bring patients in on the fun.” c. Be more personable with patients, so they can get to know the team. Share personal stories with patients. d. “Treat patients as you would like to be treated.” 3. Create an environment of trust. a. Identify the root cause of lack of trust with vaccines. b. Talk about patient fears, e.g., live virus or how sick they may get after the vaccine. c. Acknowledge trust issues that are based on historical healthcare experiences or cultural differences. d. Discuss the benefits and risks of vaccines. e. Provide fact-based education from a standard source (e.g., CDC) to counter misinformation. Do not provide opinions. f. Gain patient trust related to vaccines with staff setting an example by getting vaccinated. g. Build trust over time: talk with patients at eye-level, show an interest in their lives, share stories, and demonstrate staff have the patient’s best interests in mind always. 4. Be supportive of patients about vaccinations, even if they elect not to take the vaccine.



Table 3. Build a Team That Works Toward Common Vaccination Goals

PRIMARY DRIVER #1: ACHIEVE A HIGH-PERFORMING CULTURE
Secondary Driver #1b: Build a team that works toward common vaccination goals
Using a team approach to improve the quality of care for patients on dialysis ensures that all staff are accountable for the outcome, e.g., getting patients vaccinated. This shared accountability enables staff to implement consistent processes to achieve goals. Change Ideas 1. Incorporate an open-door policy by leaders to hear staff and patient concerns. Be visible in the clinic to encourage discussions. 2. Include the medical director as well as all staff (e.g., facility administrator, charge nurse, patient care technician [PCT]) as part of the team addressing vaccinations. 3. Obtain staff buy-in from the entire team on vaccinations. a. Hold internal meetings with physicians, leaders, and all staff on vaccinations. b. Share the vision of performance with the team. c. Keep communications open; listen to each other. d. Encourage discussions of vaccine concerns. e. Engage the medical director to speak with staff about vaccinations. f. Educate everyone on the team about the need for the vaccines, so that all team members know their roles and can act as educators, e.g., PCTs reinforce COVID vaccine education given by the nurse. g. Include education on vaccinations during new staff on-boarding and through preceptors. 4. Provide staff with data, so they can see the progress their efforts have produced (e.g., number of COVID vaccinations) and how much work still needs to be done, e.g., patients not yet vaccinated. 5. Allow staff to bring forth concerns and barriers to leaders anonymously if they are more comfortable doing so. 6. Work as a team. Accept that vaccinations are everyone's responsibility, e.g., all staff help to get the consents signed ahead of vaccination day, if needed, so the vaccines can be administered when scheduled. 7. Foster the idea that nobody is less than somebody else on the team "because of letters after their names." 8. Bring teams together from different areas of the facility (e.g., in-center and home program) or from different clinics within one company, so that teams that are doing well can mentor those that need to improve performance on vaccination measures. a. Begin by reviewing and comparing QAPI data/results of each team/facility. b. Engage medical directors of both areas. c. Hold joint quality and staff meetings. d. Share results and best practices. e. Identify areas in need of improvement. f. Encourage all staff to speak up.



PRIMARY DRIVER #1: ACHIEVE A HIGH-PERFORMING CULTURE

Secondary Driver #1b: Build a team that works toward common vaccination goals
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| <ul style="list-style-type: none">g. Look for breakthroughs at 30 and 60 days.h. Review results of the collaboration in 90 days.9. Hire a team that “chooses to work at the facility” and provides patients with comfort and opportunities to ask questions. |
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Table 4. Establish and Maintain Open, Consistent Communication

PRIMARY DRIVER #1: ACHIEVE A HIGH-PERFORMING CULTURE
Secondary Driver #1c: Establish and maintain open, consistent communication
Good communication among staff promotes teambuilding, knowledge sharing, and a unified process for vaccinations. Open, consistent communication among staff and patients encourages patients to ask questions and share concerns about vaccinations. Change Ideas 1. Communicate vaccination goals (e.g., facility goals, Network goals) to staff; ask for their input on how to realize the goals. 2. Constantly talk with employees to gather information and input. Ask, “What do you need or what can we do?” and “What are we seeing in the clinic?” 3. Conduct morning huddles to educate staff on changes in policies (e.g., update to COVID policy), increase in risk events (e.g., medication errors), or specific patient concerns (e.g., patient says something that needs social worker follow-up). 4. Ask staff not to share negative personal views of vaccines (e.g., COVID or flu) with patients. 5. Share progress and celebrate successes, e.g., exceeding the facility’s target vaccination goal. 6. Communicate with nursing home staff responsible for vaccinations (e.g., infection preventionist) to coordinate appropriate vaccinations whether in the nursing home or the dialysis facility to prevent missed vaccinations or duplication of vaccinations. 7. Create or enhance the Patient Communication Binder that travels with dialysis patients living in nursing homes to include documentation related to vaccinations. 8. Approach patients even before the vaccine is available to explain why they should get it. 9. Tell patients what to expect related to vaccines, e.g., when the flu vaccine will be administered in the clinic. 10. Present vaccination as a positive expectation. 11. Use therapeutic communication with patients. Spend time listening to concerns, find out patient views on the vaccination, get to the root of why they have certain opinions, answer questions, and do not judge. “We are there with open ears.” 12. Encourage patients to share concerns with whomever they are comfortable, e.g., PCT instead of nurse. Recognize as a team that this approach will build trust with patients, so they are comfortable sharing information with staff. 13. Keep patients informed of any changes in the vaccination schedule (e.g., change in the date for vaccinations or update on COVID boosters) and the reasons for the change. 14. Speak with and relate to patients in their preferred language. Utilize a translator (e.g., video or telephone translation), if needed. 15. Encourage implementation of a diversity program to ensure staff learn about different cultures, how to communicate with patients and families from different cultures, potential barriers in communication, and how to overcome challenges when communicating.



Table 5. Incorporate Vaccinations into Continuous Quality Improvement

PRIMARY DRIVER #2: IMPLEMENT QUALITY IMPROVEMENT STRATEGIES
Secondary Driver #2a: Incorporate vaccinations into continuous quality improvement
Reviewing and sharing data with the IDT, using data to guide interventions, and tracking performance are key components of improving vaccination rates for influenza, COVID, and pneumococcal disease. Change Ideas 1. Set a target for vaccinations for all staff and all patients, as medically indicated. “We want everyone vaccinated.” 2. Review data on vaccinations daily, weekly, or biweekly, depending on the vaccine and the urgency (e.g., pandemic), and during monthly QAPI meetings. Determine what needs to be done to reach the goal. 3. At the height of a pandemic, run daily reports within the facility or obtain from the corporate office to show which patients still need vaccinations and the date needed (date of booster). a. Share the information with the nurses. b. Hold daily meetings. c. Once vaccinations are underway and infection rates (e.g., COVID rates) are going down, produce and review weekly reports (e.g., from the electronic medical record [EMR]) of patients still needing vaccinations. 4. During flu season, review influenza vaccination data weekly and discuss in monthly quality meetings with the IDT, including the nephrologists. 5. Routinely, run reports on all vaccinations monthly at the same time as QAPI meetings, generated from the EMR. Meet with patients missing vaccinations monthly. 6. During QAPI meetings: a. Generate graphs, goals, pie charts to share with the IDT. b. Monitor trends and discuss during QAPI meetings. c. Find the root causes for declining trends, set up actionable plans with target dates, and assign responsible individual staff or groups of staff. Discuss specific patients with the medical director. d. Invite patient representatives to discuss vaccinations and share concerns. 7. Share the percentage of the population of the facility that is vaccinated, e.g., use a bar graph to chart COVID vaccination rates for staff and patients and post it in the facility for everyone to see. 8. Hold monthly meetings by regional managers over multiple clinics. Share where improvement is needed and what needs to be done (e.g., set expectations for pneumococcal vaccination to include who should have it), provide education, and track progress.



Table 6. Measure, Monitor, and Assess Vaccine Metrics

PRIMARY DRIVER #2: IMPLEMENT QUALITY IMPROVEMENT STRATEGIES
Secondary Driver #2b: Measure, monitor, and assess vaccine metrics to drive success and continued improvement
Quality improvement cannot occur without measurement. Facilities that are successful in achieving high vaccination rates track metrics as well as each patient’s status with vaccinations. Change Ideas 1. Use the EMR to track each patient’s vaccination status. Produce reports, sorted by vaccine, and set up alerts to remind staff of which patients need a particular vaccine, e.g., COVID booster or additional dose of pneumococcal vaccine. 2. If the EMR does not have the capability to produce reports for vaccinations, implement a user-friendly method, such as a spreadsheet or logbook, to track details of vaccination per patient, e.g., when the patient received the vaccine and when the next vaccination is due. Upload the information into the EMR. Give staff access through a shared drive. 3. Explore the use of a software program to produce reports with suggested dates of the next vaccination per patient (e.g., COVID booster) and send an email alert to staff that the patient is due for a vaccination, including a reminder to the manager. 4. Report COVID and flu vaccinations of patients and healthcare workers in the CMS-identified system for reporting vaccinations, e.g., NHSN, EQRS. 5. Document details needed for specific vaccines per patient, i.e., which pneumococcal vaccine is appropriate based on age, previous vaccinations and doses received, and timing of the vaccination. 6. Track vaccinations outside of the clinic. a. Ask all new patients if they have been vaccinated and document the vaccinations in the medical record and tracking systems, e.g., spreadsheet. b. Obtain vaccination information from nursing homes and update the EMR. c. Check state systems, if available. 7. Track patients who need additional information about a vaccination or who declined a vaccination, so follow-up information can be provided.



Table 7. Develop and Implement Processes to Administer Vaccines

PRIMARY DRIVER #3: ADOPT PROCESSES TO ACHIEVE QUALITY GOALS
Secondary Driver #3a: Develop and implement processes to administer vaccines
High-performing facilities report that administering vaccines at the dialysis facility is a key factor in high vaccination rates. Administration of vaccines necessitates processes that incorporate planning, education, coordination of efforts, documentation, and patient, staff, and stakeholder roles and perspectives. Change Ideas 1. Use a patient-centered approach that includes shared clinical decision-making. Work together with patients to balance risks and expected outcomes with patient preferences and values. 2. Become a vaccine provider and offer the vaccine in the facility, which will give patients easy and convenient access to the vaccine, e.g., COVID or flu. 3. Plan and host a vaccination clinic for rapid provision of vaccination for staff. 4. Take steps early to prepare for vaccinations. Create a Vaccine Playbook.* a. Work with stakeholders such as the Emergency Operations Center (EOC) to facilitate obtaining vaccines (e.g., COVID) as soon as they are available. b. Prepare patients for upcoming vaccinations by talking with patients before the paperwork is ready. c. Share the timeline with the team (e.g., flu vaccine is coming out in two weeks), so patient education and consents can be completed. d. Educate patients on the vaccine and outline the process, i.e., when and how vaccines will be administered. e. Assign staff to get consents signed ahead of the day vaccinations will be administered. 5. Inform staff and patients that they can receive the vaccines at the facility instead of going to the PCP's office, pharmacy, etc. 6. Provide COVID vaccines from different pharmaceutical companies to accommodate patient preferences. 7. Administer the COVID vaccine the day prior to patients' two consecutive non-dialysis days, (e.g., Friday vaccination for Monday-Wednesday-Friday patients) in case the individual experiences side effects. 8. Pick a Monday or Tuesday to administer vaccines. Obtain consent before the treatment begins. If the patient missed his/her treatment, then reschedule the vaccine for later in the week.* 9. Have sufficient inventory to vaccinate patients who need them by ordering vaccines on time. 10. Schedule vaccinations for home patients when they come in for clinic days. 11. Be flexible in scheduling patients' vaccinations, e.g., have the nurse come in after hours to administer the vaccine. 12. Appoint a nurse champion to lead the vaccination process. 13. Consider starting with one vaccine (e.g., flu or pneumococcal) at a time and review each patient's vaccination status. 14. Use the CDC VAX Advisor to determine which pneumococcal vaccine is best for the patient.* 15. Offer Prevnar 20 pneumococcal vaccine to patients. It is a one-time only vaccine.* 16. Upon admission, assess each patient's vaccination status. Add standing orders as needed.



PRIMARY DRIVER #3: ADOPT PROCESSES TO ACHIEVE QUALITY GOALS

Secondary Driver #3a: Develop and implement processes to administer vaccines

17. Discuss patient vaccination status and next steps during patient plan of care meetings.
18. Utilize the whole team in vaccination efforts, e.g., PCT to educate and administrative assistants to obtain consents.
19. Develop a plan on how staff will approach patients, e.g., that flu vaccines are part of the treatment plan. Educate patients. Determine each patient's interest in the vaccination. Document the patient's intention. Re-educate patients but do not pressure them.
20. Hold an Annual Flu Vaccination Campaign in which patients receive information about the flu through mail or email prior to the start of flu season.
21. Address barriers, such as, "I'm wearing a mask. What's the point of the flu vaccine?"
22. Administer the flu vaccine to everyone in the same month.
23. Conduct flu huddles two to three times per month. Include the flu champions, quality nurse, manager, and medical director to discuss the overview of the flu shots.
24. Schedule staff vaccinations, so that they occur the day prior to a non-workday to ensure staffing levels at the dialysis facility are not impacted by staff experiencing side effects from the vaccine.
25. If unable to give the COVID or other vaccine at the facility:
 - a. Engage the social worker to assist patients with appointments by finding vaccination locations (e.g., local pharmacies, health departments, PCP) and by arranging transportation.
 - b. Enlist the services of a mobile vaccine service.
26. Encourage patients to keep a vaccination card to record when vaccines are received and assist them with documenting the vaccinations.
27. Create an admissions checklist that requests vaccination records, i.e., flu, pneumococcal, and COVID.*

*Added/updated 2024



Table 8. Bring Safety to the Forefront of Patient Care

PRIMARY DRIVER #3: ADOPT PROCESSES TO ACHIEVE QUALITY GOALS
Secondary Driver #3b: Bring safety to the forefront of patient care
Safety must always be a top priority in patient care and can be achieved when staff follow policies and procedures and hold each other accountable. Change Ideas 1. Maintain a high-performing culture related to vaccination and all aspects of care in the dialysis facility. 2. Always follow policies and procedures, i.e., no shortcuts or workarounds. “Then everything is easy.” 3. Hold each other accountable, regardless of position, to follow policies and procedures. a. During the new hire interview process, emphasize that the facility operates in a high-feedback environment, so staff know what to expect. b. Continuously offer high levels of constructive feedback on policies and procedures—to all staff positions from all staff positions, e.g., PCT to nurse, nurse to administrator, PCT to PCT. c. Recognize that feedback from other members of the team helps everyone follow policies and procedures. 4. Encourage patients to give feedback as well once they observe correct procedures and the acceptance of feedback as the norm.



Table 9. Connect with Stakeholders to Enhance Efforts

PRIMARY DRIVER #4: EXPAND EFFORTS BEYOND THE FACILITY STAFF
Secondary Driver #4a: Connect with stakeholders to enhance efforts
When facilities join stakeholders in the vaccination process, access to care can be expanded. Facilities may be able to acquire vaccines early during a pandemic and facilitate stakeholders' hosting vaccination sites. Change Ideas 1. Establish and continually cultivate relationships with the county's EOC, not just for natural disasters such as wildfires. a. Actively participate in EOC meetings, e.g., quarterly. b. During crises, such as a pandemic, participate in more frequent calls with the EOC and other stakeholders (e.g., Kidney Emergency Community Response [KCER], nursing homes, hospitals) to support coordination of services (e.g., testing, vaccination) and promote partnerships with other healthcare entities. c. Communicate the urgent healthcare needs of patients receiving dialysis. d. Request early access to vaccines, e.g., COVID. 2. Collaborate with county health departments. a. Ask the nurse from the health department to administer the first and second doses of the COVID vaccine at the dialysis facility. b. Participate in weekly calls with the health department during a pandemic to discuss vaccination rates, positivity rates, number of tests available and performed, location of testing sites, and location of vaccination sites if the dialysis facility is not administering the vaccine. c. Access health departments' or state health systems' records (e.g., LA Links State Health Records System, Virginia Department of Health) to track if other providers have vaccinated patients and prevent duplication. 3. Talk with church leaders or committees about vaccinations during a pandemic, which could result in the churches hosting vaccine clinics in conjunction with health departments or other stakeholders. Provide flyers about vaccinations and ask the churches to post them.



Table 10. Engage Physicians to Interact and Intervene

PRIMARY DRIVER #4: EXPAND EFFORTS BEYOND THE FACILITY STAFF
Secondary Driver #4b: Engage physicians to interact and intervene
Nephrologists, medical directors, and PCPs can positively influence patients’ decisions to get vaccinated. What physicians say and how they interact with patients can be the deciding factors in whether or not patients agree to be vaccinated. Change Ideas 1. Establish and maintain good working relationships with the medical director and attending nephrologists. 2. Engage the nephrologists and medical directors to participate in the vaccination process by: a. Meeting with patients who are hesitant to receive a vaccine, as physicians may be influential in getting patients to agree to vaccination. b. Talking about vaccinations during weekly rounds. c. Providing information on the science of vaccines. d. Calling PCPs, who may have strong relationships with their patients, to ask them to discuss vaccinations with the patients. e. Writing a letter to patients, letting them know the importance of the vaccine and the value of getting the vaccine for themselves and others. 3. Communicate with the nephrologists if patients refuse a vaccine, so they can intervene.



Table 11. Educate Patients on All Recommended Vaccines

PRIMARY DRIVER #5: PROVIDE EDUCATION ON VACCINATIONS
Secondary Driver #5a: Educate patients on all recommended vaccines
Early, consistent, and follow-up education is a key ingredient to patients’ understanding of the purpose, risks, and benefits of each vaccination. This can lead to informed decision-making, acceptance of vaccinations, and increased vaccination rates for facilities. Change Ideas 1. Start a flu campaign in late August. Prepare patients in advance of the vaccine clinic day. 2. Begin education prior to the arrival of the vaccines, e.g., advertise throughout the clinic when the facility will be giving COVID and flu vaccines. 3. Get ahead of a pandemic, e.g., nephrologists talk with patients about the COVID vaccine every week for a month and a half before the vaccine is available. 4. Involve leaders and the entire interdisciplinary team, including the medical director and the vaccine champion, in educating patients one-on-one on the need for a vaccination, risks and benefits of the vaccine, and risks of not receiving the vaccine. 5. Ask the social worker to educate the patient, caregiver, family, and the person with power of attorney for patients with cognitive decline or other challenges to learning. 6. Use the time for obtaining consent for a vaccine as an educational opportunity to share information. Encourage patients to ask questions; supply additional information as needed. 7. Ensure education is clear, precise, and easy to understand. 8. Utilize readily available information for patient education from credible sources, e.g., CDC, WHO, dialysis corporation, ESRD Network. 9. Provide educational materials to all patients. a. Display vaccination information in the clinic, e.g., flyers on bulletin board in the lobby, banners in hallways, and posters in the waiting room, home training room, and reception window. b. Hand out educational materials, e.g., monthly flyers as flu season approaches, frequently asked questions (FAQs) on COVID concerns, and the CDC Vaccination Information Sheet (VIS) on flu and pneumococcal vaccines. c. Give patients access to educational videos. d. Follow up with patients to answer questions after they have received educational materials (e.g., CDC vaccination information) and had time to absorb the information. 10. Make information available in the patient’s language, e.g., provide CDC COVID information in Chinese or translate materials. For patients with low literacy or low vision, read the information or call caregivers and review it with them. Use an interpreter or language line for translation.* 11. Encourage patients to talk with other patients about the vaccines, e.g., before or after treatments or during a meeting of peritoneal dialysis patients. 12. During a public health emergency, admit that staff do not have all the answers but are staying abreast of new facts, e.g., transmission, infectivity, lethality, best ways to stay safe.



PRIMARY DRIVER #5: PROVIDE EDUCATION ON VACCINATIONS

Secondary Driver #5a: Educate patients on all recommended vaccines

13. Ask staff to share personal experiences and stories, e.g., physician who had the COVID infection, tells his story. “You have to get to the heart of the patient for them to be moved to want to get vaccinated.”
14. Give patients a chance to repeat their questions. Answer questions and provide continuous reinforcement.
15. Upon admission to the dialysis facility, encourage patients to arrive one hour before their treatment to receive new patient education, sign consents related to vaccinations, and share their vaccination history. Follow up with the PCP or the Veterans Administration for vaccination history, if needed.

*Updated 2024



Table 12. Equip Staff with Knowledge of Vaccines

PRIMARY DRIVER #5: PROVIDE EDUCATION ON VACCINATIONS
Secondary Driver #5b: Equip staff with knowledge of vaccines
Staff’s knowledge of vaccines, including guidelines, doses, risks, and benefits, enables them to provide consistent, accurate education to patients. Staff are also able to make informed decisions about receiving vaccines themselves. Change Ideas 1. Create a task force to train, educate, and guide staff who are leading vaccination efforts. 2. Utilize credible and readily available information for staff education, e.g., evidence-based guidelines, CDC training videos, and corporate-developed materials. 3. Deliver staff education via discussions with the medical director, facility administrator, and vaccine champion; expert presentations; online courses; printed materials (e.g., fact sheets); interactive lectures with the medical director; and corporate calls. 4. Disseminate updated information (e.g., new COVID guidelines or current pneumococcal immunization recommendations) from managers to staff by sending e-mails and discussing during daily huddles. 5. Reinforce education during stand-up meetings, so staff can provide consistent education to patients. 6. Create an environment where staff feel comfortable asking questions of peers, if they do not know the answers to patient questions. Be available and accessible to answer questions from staff. 7. Include all staff in vaccine education. 8. Allow staff to discuss concerns directly with the medical director. 9. Obtain information from stakeholders and share with the IDT, e.g., participate in weekly calls with city and state health department during a pandemic to discuss vaccine rates, infectivity and positivity rates, number of tests, location of testing sites, sources of vaccine, and local hospitalization and mortality rates. 10. Develop a sheet for the staff that has six or seven talking points to use if patients refuse vaccines. Examples include discussing patients’ allergies in reference to the vaccines, which vaccines are needed for patients on the transplant wait list, and how vaccinations can help them in pursuing what motivates them, e.g., being around their grandchildren or working.*

*Added 2024



Table 13. Use a Multi-Pronged Approach

PRIMARY DRIVER #6: ADDRESS VACCINE HESITANCY
Secondary Driver #6: Use a multi-pronged approach: educate, engage, support, and follow up
Patients and staff who are hesitant to receive a vaccine may respond to receiving education and hearing the facts about the vaccine from a trusted staff member or physician, knowing someone is listening to them, or being given the recognition that it is their decision to make. Persistent follow-up by the team is essential. Change Ideas 1. Discuss aspects that could persuade a hesitant patient to get a vaccine, including the risk of COVID infection versus the risk of the COVID vaccine, the signs and symptoms of COVID, the benefits of getting vaccinated because of pre-existing medical conditions, and the risk of transmitting the infection to family members. 2. Remind patients they had the flu vaccine the previous year. Continue to educate once a month. 3. Speak with patients one-on-one; form a personal connection, e.g., by sharing personal stories related to COVID. 4. After initial discussions, hold informal discussions as the topic or questions come up. “Have you thought about...?” 5. Ask patients during their next visit if they had any side effects from the vaccinations, which allows staff to address future hesitancy, answer questions, and report to Vaccine Awareness Event Reporting System (VAERS), if indicated. 6. Share what to do about the side effects of the vaccine itself, e.g., if mild symptoms, call the physician; if severe, call 911. 7. Use a “Why Not Form” for patients that decline a vaccine for them to describe in their own words the reasons why they do not want the vaccine, e.g., religious reason or allergy to eggs. Share reasons for refusals in the facility’s quality meeting and engage the nephrologists to address misinformation with patients. 8. Let patients know that staff are there to support them. “We all listen. That was first and foremost.” 9. Allow patients to tell their side of the story. Ask what they are feeling. Let them express concerns. 10. Support whatever decision patients make but provide education. 11. Give patients control. Allow patients to approach the staff. Let the vaccination be the patient’s decision. “When you’re ready, you come tell me.” 12. Dispel myths: a. Alleviate specific concerns (e.g., for COVID, “It was produced too quickly. I don’t want to be the guinea pig.”) with education such as sharing a FAQ sheet. b. Provide facts to counter misperceptions, e.g., for flu, “If I get the flu shot, I will get the flu”; “My aunt got the flu shot and she died a week later”; “They are already making me wear a mask, why get the flu vaccine?” c. Talk with family members to see if the patient is hearing misinformation from them; provide education.



PRIMARY DRIVER #6: ADDRESS VACCINE HESITANCY

Secondary Driver #6: Use a multi-pronged approach: educate, engage, support, and follow up

13. Reapproach patients whenever a new vial (e.g., COVID vaccine) is opened. “Is this something that interests you?”
14. Ask the facility administrator to talk with the patient; if not successful, notify the nephrologist about the reluctance, so the physician can talk with the patient during rounds.
15. Engage the nephrologist and medical director to meet with patients who are hesitant to receive a vaccine, as physicians may be influential in getting patients to agree to the vaccination.
16. Email the PCP with a request to talk with the patient about reasons for hesitancy, as the patient may trust the PCP.
17. Respect patients’ decisions when they are no longer receptive to discussions. Then flag refusals in the care plan to be reviewed after a certain time period, e.g., the next year for flu.
18. Connect hesitant patients with patients with whom they relate, e.g., same culture, ethnicity or age.
19. Hold monthly meetings of patients and families to share stories and experiences and offer support around vaccinations.
20. After the patients receive the vaccine, reinforce that they did the right thing and that staff got vaccinated as well.
21. Get to the patient’s level by sitting on a stool at the patient’s chairside and start small talk to build trust.*
22. For staff who are hesitant:
 - a. Provide additional specific education to staff who are hesitant or who have questions, e.g., video on COVID and fertility.
 - b. Educate staff who do not understand the science behind the vaccines.
 - c. Talk one-on-one with staff who are hesitant.
 - d. Remind staff they are taking care of patients and could put them at risk.
 - e. Offer support during vaccinations, e.g., the manager accompanying staff when they get the vaccine.

* Added 2024



V. Conclusion and Next Steps

Dialysis facilities play a central role in helping more patients with ESRD to receive vaccinations. The ideas presented in this change package are being implemented in high-performing dialysis facilities across the United States. These ideas can be tailored and adapted to fit the needs of dialysis facilities and the patients with ESRD that they serve across the country.

As with any change, a best practice is to start small and build improvement toward systemic change. Facilities can start with one test of change and do it well. This will relieve the burden on staff and encourage buy-in when change begins. Measuring and monitoring performance improvement will ensure the facility stays on track with goals. Celebrating every success with staff, patients, families, and community partners at every change will be contagious. Above all, the best time to start performance improvement is now. With this change package in hand, program leaders, administrators, and staff should ask themselves, “What can I do by next Tuesday to get this started?”

VI. References

1. Institute for Healthcare Improvement. *QI Essential Toolkit* [ebook]. 2017; pp. 7–8. Available at: http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx?utm_campaign=QI-Toolkit-Promotion&utm_medium=Whiteboard-Video&utm_source=ihl. Accessed February 5, 2020.
2. Institute for Healthcare Improvement. *QI Essential Toolkit* [ebook]. 2017; pp. 7–8. Available at: http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx?utm_campaign=QI-Toolkit-Promotion&utm_medium=Whiteboard-Video&utm_source=ihl. Accessed February 5, 2020.

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