

# Expert Teams – Vaccination

*Case-Based Learning & Mentorship*

Thursday, April 25, 2024

Moderator: Julie Moss, MS

ESRD National Coordinating Center



# Meeting Logistics

- Call is being recorded
- Participants can unmute themselves
  - Please stay on mute unless you are speaking
  - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



# Who Is On The Call?

Clinician and  
Practitioner  
Subject Matter  
Experts

Dialysis Facility  
and Transplant  
Professionals

ESRD Network  
Staff

Centers for  
Medicare &  
Medicaid Services  
(CMS) Leadership

Kidney Care  
Trade Association  
Members

# What are Expert Teams?



Participants from varying levels of organizational performance, each with lived experience and knowledge, come together to support continual learning and improvement



Help others learn faster by sharing what worked and what didn't work around a particular case, situation, or circumstance



Bring the best possible solutions to the table

# Questions to Run On

# How Might We ...

- Ensure all eligible patients are vaccinated?
- Improve communication about the importance of vaccination? What the message be?
- Overcome vaccination hesitancy?
- Improve patient adherence to booster requirements for some vaccines?

# Guest Expert

**Karen Krueger, MD**

**Assistant Professor of Medicine and Infectious Diseases**

**Clinical Director, Travel and Immunization Clinic**

**Division of Infectious Diseases**

**Northwestern University Feinberg School of Medicine**





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Feinberg School of Medicine

# The New Kid on the Block: **RSV Vaccines**

ESRD NCC Vaccination Team Call  
April 25, 2024

Karen Krueger, MD  
Director of Travel and Immunization Clinic  
Assistant Professor of Medicine  
Infectious Disease



Presentation Overview

# Respiratory Syncytial Virus (RSV) Infection in Adults

**Background**

**Clinical Presentation**

**Prognosis**

**Prevention**

# Respiratory Syncytial Virus Infection in Adults

## Background

- RSV is a viral respiratory infection spread by droplets (e.g., coughing/sneezing) or contaminated surfaces
- Most commonly presents as a mild, “common cold”
- There is seasonal transmission with peak in winter months in temperate climates
- Majority of population infected before age 2, repeat infections common throughout lifetime
- Risk factors for acquisition include exposure to young children, or residence in nursing facilities and other long term care facilities

# Respiratory Syncytial Virus Infection in Adults

## Clinical Presentation

- Symptoms occur 4-6 days after infection onset
- Presentation is like other “cold viruses” and may include:
  - Runny nose
  - Decrease in appetite
  - Coughing
  - Sneezing
  - Fever
  - Wheezing
- May cause more severe disease of the lower respiratory tract such as bronchiolitis or pneumonia

# Respiratory Syncytial Virus Infection in Adults

## Prognosis

- Older adults and those with certain medical comorbid conditions are at higher risk for more severe disease including:
  - Lower respiratory tract disease including pneumonia
  - COPD exacerbation
  - CHF exacerbation
- Annually, RSV in older adults leads to an estimated:
  - 60,000 – 160,000 hospitalizations
  - 6,000 – 10,000 deaths

# Respiratory Syncytial Virus Infection in Adults

## Prognosis

Adults at highest risk for severe complications include those  $\geq 60$  with the following comorbid conditions:

Chronic lung  
disease

Cardiovascular  
disease

Diabetes mellitus

Neurologic  
conditions

**Kidney  
disorders**

Liver disorders

Hematologic  
disorders

Immune  
compromise

# Respiratory Syncytial Virus Infection in Adults

## Vaccines

Two vaccines were approved by the US FDA in 2023 for adults  $\geq 60^{*,**}$ :

1. **Adjuvanted RSV vaccine** (RSVPreF3) or Arexvy by GSK
2. **Bivalent PreF vaccine** (RSVPreF) or Abrysvo by Pfizer

\* The non-adjuvanted vaccine can be administered during 32-36 weeks of pregnancy

\*\* Recommendation for “shared decision making” between patient and provider

# Respiratory Syncytial Virus Infection in Adults

## Vaccines Trials

### Adjuvanted RSV Vaccine Trial

- Nearly 25,000 healthy adults  $\geq 60$
- Randomized to vaccine or placebo
- End point prevention against lower respiratory tract disease
- Efficacy
  - Season 1: 82.6%
  - Season 2: 56%
  - Combined: 64.5%
- Overall favorable safety profile

### Non-adjuvanted Bivalent RSV Vaccine Trial

- Over 36,000 healthy adults  $\geq 60$
- Randomized to vaccine or placebo
- End point prevention against lower respiratory tract disease
- Efficacy
  - Season 1: 88.9%
  - Season 2: 78.6%
  - Combined: 84.4%
- Overall favorable safety profile

Melgar M, Britton A, Roper LE, et al. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. MMWR Morb Mortal Wkly Rep 2023;72:793–801.

# Respiratory Syncytial Virus Infection in Adults

## Vaccine Guidelines

- ACIP recommends that adults  $\geq 60$  years of age may receive a single dose of RSV using “shared decision making”
- Both vaccines demonstrated moderate to high efficacy against development of lower respiratory tract disease
- Choice of vaccine for older adults depends on availability, no clear preference for either one (outside of pregnancy)
- Immunization should ideally occur prior to seasonal transmission (**great to include alongside seasonal influenza/COVID-19 campaigns!**)
- Protection lasts for 2 seasons based on available data, no information on whether boosters will be recommended at any point in the future



# Respiratory Syncytial Virus Infection in Adults

## Vaccines

### Shared Decision Making

Consider the following factors when discussing with your patients  $\geq 60$  old:

1. Does patient have risk factors for severe disease?
2. What is the patient's risk of exposure to RSV?
3. What is the patient's preference for RSV vaccination?

Thank You

# Case Study Presenters

**Bridget Tertsakian, RN**  
**Facility Administrator, DaVita Trinity Dialysis**

**Shelia McMaster, MSN, RN, CNN, CPHQ**  
**Deputy Director, ESRD**  
**Alliant Health Solutions | ESRD Networks 8 & 14, Inc.**





# ESRD NCC Expert Team Case Study Improving Vaccination Rates

HSAG: ESRD Network 7

*Bridget Tertsakian, RN  
Facility Administrator, DaVita Trinity Dialysis*

# DaVita Trinity dialysis Facility Information

- Located in New Port Richey, Florida
- 20 Treatment Chairs (one isolation)
- Patient count from March 2024: 60
- Vaccination Rates YoY
  - Influenza March 2023: 78%
  - Influenza March 2024: 93.3%
  - Pneumonia March 2023: 50%
  - Pneumonia March 2024: 75%

# Our Team Approach

- Goal: Increase patient vaccination rate to >90% of all patients by:
  - Reviewing medical records prior to patient admission
  - Educating all patients on admission
  - Documenting any vaccinations given elsewhere
  - Documenting any vaccinations given in-center
  - Monthly follow up with physician engagement to address refusals

# Identified Patient Barriers

- Allergies and contraindications
- Inaccurate belief that the flu vaccine will cause the flu
- Religion
- Patient signed consent then refuses on date scheduled to be given
- Patients not believing in vaccinations

# Educational Process

- Team is educated on the benefits of being fully vaccinated
- Verify allergies
- Nurses provide continuous education, identifies interested patients, gets consents signed, enters orders, assures vaccinations were given and documented properly
- Charge nurse reviews medical records prior to admission including vaccine records
- Nurse communicates with Rehab or SNF to obtain vaccination records.
- Nurse reviews vaccine tracker monthly, reschedules any missed vaccinations or lab draws
- Interdisciplinary Team reviews vaccinations during FHM
- Nephrologists reinforce vaccination education when rounding



# Celebrate Success





# Vaccination Expert Teams Call

April 25, 2024

# Network 8 High Performers

**Dawn Wright RN, Clinical Manager**  
FKC Grenada MS

**Christy Freeny RN, Clinical Manager**  
FKC Canton MS

**Melony Smithson RN, Clinical Coordinator**  
DaVita Greene County, Eutaw AL

**Angela Davis RN, Clinical Manager**  
FKC Bartlett Home Therapies, Cordova TN



## Do you have a vaccine resistant patient(s) that you worked with and were able to vaccinate? If so, what was your strategy?



- A new patient refused the flu vaccine and has never taken the flu shot before. We educated the patient that their immune system wasn't functioning well and our goal was to keep him well. We reminded him that the flu vaccine does not promise he won't get the flu, but studies show that his symptoms wouldn't be as bad as an unvaccinated patient.
- We involved the MD, NP, and MSW to help me discuss vaccines with hesitant patients. Some patients were receptive to the vaccine after the message was reinforced by others.
- Don't take the first refusal and drop it. Continuously educate and ask the patient to reconsider.

## Your vaccination process is obviously working! Tell me about it.

- Remind staff to use a direct, easily understood approach, i.e. “Mr. Jones, I have your flu vaccine to give to you so we can help keep you well. Being on dialysis, your immune system is not as strong as it used to be. We want to keep our patients well and hopefully out of the hospital.”
- As the manager, I help give the vaccines to reinforce the importance.
- We started by getting access to the state immunization registry and documenting any vaccines received from other providers. We reviewed the VIS for the Prevnar 20 vaccine with each patient and obtained their consent or refusal. One shot and done!
- We designated a vaccine manager and scheduled a designated “shot day.”





## Any words of wisdom you want to share with units struggling to get shots in arms?



- Explain the importance of vaccines on admission. Make sure you get buy-in from all IDT members, especially the physicians. Empower frontline staff to educate first and if the patient refuses, ask the clinic manager to speak with the patient, followed by a physician if the patient still refuses. Every 2-4 weeks, check the internal report to identify which patients declined or missed any vaccines.
- Use smaller needles. Some of our patients have bony little arms. If it doesn't hurt, they are much more likely to vaccinate. Also, most of our staff takes the vaccine. A positive attitude about vaccines goes a long way.
- Start pneumonia shots on admission if giving the series.

**Any words of wisdom  
you want to share with  
units who are  
struggling to get  
vaccines in arms?**

I feel like one reason that the number of patients agreed to take the Prevnar 20 vaccine was the fact that when we were educating and encouraging them, we informed them that it is a “one-and-done” vaccine. They liked the fact that it protects against 20 strands of the bacteria that can cause pneumonia and that they wouldn’t have to keep getting re-dosed to stay protected!

**As you can see, no rocket science was used, just taking the time to concentrate our efforts on getting them vaccinated!**

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ESRD NETWORK 8



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ESRD Network of Texas



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# Questions and Answer Discussion

# Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?

# Recap & Next Steps

- Additional pathways for learning
  - Sharing Best Practices to a greater community through coalition meetings
  - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – TBD

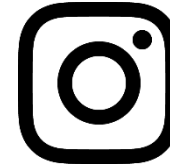
Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



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Expert Teams – Case-Based Learning & Mentorship

# Thank You

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