

Moving Needles Project Newsletter

! PROJECT UPDATES: **WHAT'S NEW WITH MOVING NEEDLES**

The Moving Needles project is now half-way through the Year 1 pilot phase. We are encouraged by the success to date in vaccinating residents of post-acute and long-term care facilities against influenza and COVID-19. Residents of our nine pilot facilities are all above the national average for those vaccinations! We celebrate this success and the efforts by the facility staff to protect their residents.

While most facilities focused on influenza and COVID-19, those that adopted standard operating procedures for pneumococcal vaccines have seen great success.

Staff vaccination rates for influenza and COVID-19 are lower than pilot facilities would prefer, but in most cases above the national average. Facilities report the same vaccine hesitancy and fatigue challenges as their local communities. If steady nudges are yielding gains and staff are receptive, consider offering vaccines at times staff identify as convenient. If efforts are instead moving staff further away from the goal, consider temporarily pausing those efforts and focusing instead on building trust among staff and residents. For ideas on addressing these issues, see the **Tips and Tidbits section** below.

For more information about the project, including intervention strategies to consider, see the **Moving Needles website**.

PILOT FACILITY SPOTLIGHT

Name: Saber – Statesman

- Type of Facility: Skilled Nursing Facility
- Number of Beds: 101
- Total Number of Employees: 94
- Location: Levittown, PA
- Staff Intervention Chosen: Address staff concerns: understand concerns or reasons for hesitancy.
- Resident Intervention Chosen: Adopt standard operating procedures: assess residents at admission and yearly thereafter.



Statesman promoted vaccines with recent "Jax for Vax" clinics. Residents who received either the influenza or COVID-19 vaccine received a t-shirt, and staff received a jacket. Cindy Woodward, NHA, shared that residents used the phrase "**Why not give it a shot?**" to promote the clinics.

Pictured clockwise from top left are: Director of Nursing Jamy Vonberg, Administrator Cindy Woodward, and Resident Thomas McLaughlin



Do You Know Your Recommended Vaccines?

Health care workers are an identified risk group for contracting Hepatitis B. CDC recommends vaccination for protection against Hepatitis B, which can cause long-term, chronic liver infection. The vaccine is given as a series of 2-4 shots, depending on the vaccine formula and health needs of the person getting vaccinated. The most common vaccines include a 3-dose series administered over 6 months. To be fully protected, individuals must complete the full dose regimen.

Individuals who do not know their Hepatitis B vaccine status can get a titer (blood) test to see if they have immunity against the virus.

See CDC guidance and information on Hepatitis B disease and vaccination [here](#).

Featured Resource

Building Trust: A Strategy to Improve Patient Safety, Staff Wellbeing & Vaccine Uptake in Long Term Care



AHCA

DESCRIPTION

The American Health Care Association (AHCA) and National Center for Assisted Living (NCAL) developed a course to provide tools and resources for leaders to build trust with staff in long term care facilities.

WHY IT'S IMPORTANT

This free, virtual course can help build a culture of trust among staff in long term care facilities, which can eventually assist in increasing vaccination rates.

HOW TO ACCESS

<https://educate.ahcancal.org/buildingtrust>

LEARN MORE

For more information about the project or to subscribe to this newsletter, visit our website, scan the QR code, or contact movingneedles@paltc.org

SCAN HERE



TIPS & TIDBITS

For information on building trust within an organization, see the Ted Talk **How to build (and rebuild) trust** by Dr. Frances Frei of Harvard Business School, and the related ACHA course on building trust in the "Featured Resource" section below.

This may also be a good time to consider the reasons individuals are declining vaccinations and tailor responses and interventions accordingly. For example:

- Is vaccine timing considered inconvenient? Consider changing the dates/times of offerings
- Is staff worried about vaccine side effects? Offer flexibility in shift scheduling to accommodate potential absences
- Is continuing to push vaccine acceptance only increasing resistance? Take a break! Focus on other care essentials with a plan to revisit vaccine readiness at a later date



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