

Expert Teams – Vaccination

Case-Based Learning & Mentorship

Thursday, January 26, 2023

Facilitator: Julie Moss, 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.



Meeting Guidelines



INTRODUCE YOURSELF
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC
INFORMATION
CONFIDENTIAL



BE WILLING TO SHARE
SUCCESSSES AND
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

Who Is On The Call?

Clinician and
Practitioner
Subject Matter
Experts

Dialysis Facility
and Transplant
Professionals

ESRD Network
Staff

Kidney Care
Trade Association
Members

Centers for
Medicare &
Medicaid Services
(CMS) Leadership

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

Expert Team Call Objectives



Prepare for improvement using shared clinical cases



Test processes through the application of knowledge from the cases



Use inquiry-based learning to problem solve



Examine clinical reasoning, problem solving, and decision making through lived experience



Act as a consultancy for behavior change and improvement

What is Case Based Learning?

Describes an individual situation (case)

Identifies key issues around the problem, barrier, or missed opportunity

Analyzes the situation using relevant processes meant to mitigate the problem or situation

Recommends a course of action for the situation, including implementing PDSA cycles and process modifications



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?

Case Presentations

Allen Daugherty, RN, BSN, CDN
Clinical Manager
Innovative Renal Care



The Only Good Diseases....



are the ones we prevent!

What Worked Still Works!

Polio

Tetanus

Measles

Mumps

Diphtheria

Yellow Fever

Whooping Cough

Small Pox



What Worked Still Works!



It's Our Holistic Duty

Think about what our patients are dealing with.

1. Anemia – iron deficiency
2. Suppressed immune system
3. Fluid overloads
4. Malnutrition
5. Secondary Hyperparathyroidism etc.
6. Electrolyte imbalance
7. **PLUS** – All their co-morbid conditions

The Concern is **STILL** Real

- A 2021 study showed that among adults hospitalized with flu, vaccinated patients had a 26% lower risk of intensive care unit (ICU) admission and a 31% lower risk of death from flu compared with those who were unvaccinated.
- In the United States, 1.5 million people were diagnosed with pneumonia in an emergency department during 2018. Unfortunately, more than 40,000 people died from the disease that year in the United States. Most of the people affected by pneumonia in the United States are adults.
- Patients undergoing long-term dialysis were more than five times likelier to be infected with COVID-19 and nearly four times as likely to die than the general population, suggesting that they should be prioritized for vaccination, according to a Canadian study published today in *CMAJ*.

Hurdles That We Face

1. Mindset around vaccines
2. Resistance to change
3. Don't fully understand the risk
4. Recent debate on the Covid Vaccines
5. 2022 Flu What Flu????
6. Rushed In-Center pace
7. Lack of urgency



Case Study: 1

Mrs. Apple

72 y/o female

Diabetes, hypertension, A-Fib, GERD, GI Bleed

Started saving and planning a trip to see her granddaughter for Christmas

Covid vaccines in 2021

Convinced her to get a booster in October 2022

Travel date 12/23/22

Tested + for Covid 12/17/22

Mild symptoms / tested negative 12/22/22

Andshe was able to attend her family Holiday celebration!

Case Study: 2

Mrs. Orange

85 y/o Asian American

Diabetes, Hypertension, Hepatitis B

Covid Vaccines given in June

Contracted Covid in December

Moderate Symptoms – asked to be put on Hospice

TURN AROUND

Symptoms resolved in 3 days

Felt great on Chinese New Year – sign of prosperity

No more talks of Hospice

Game Plan

1. Make vaccination education a part of new patient orientation
2. Start early in the year talking about the upcoming flu season
3. Brief the team well before starting
4. Be prepared for objections
5. Have rounding NPs and MDs reinforce the importance of vaccines
6. Staff testimonials “I got my flu shot today” (NOT: I ain’t getting that flu shot!)
7. Posters and Handouts – review the stats
8. DON’T RUSH
9. FOLLOW UP!!!
10. Rewards and celebrations, individual and clinic.

Vaccines Make the Difference



Questions and Answer Discussion

Knowledge Into Action

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 – Thursday, April 27, 2023 @ Noon ET

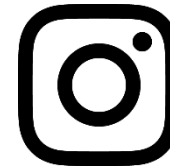
Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



Social Media



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Thank You

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