Barriers to COVID-19 Booster Administration Prior to Discharge to Long-Term Care Centers

Hospital and Health System Roundtable Discussions

Comagine Health is committed to supporting the Centers for Medicare & Medicaid Services' efforts to improve COVID-19 outcomes for long-term care settings. In early 2023, Comagine Health implemented several strategies to increase the percentage of patients in long-term care settings who are fully vaccinated. One strategy was hosting several individual discussions and five state-specific roundtable sessions with hospital and health care leaders to discuss barriers to booster administration prior to discharge to long-term care centers. This document summarizes the key learnings and barriers as well as potential mitigation strategies.

Summary and Key Learnings

Each discussion revealed various successes and barriers to providing COVID-19 vaccinations and boosters to patients prior to discharge, with some common themes emerging. Most of the hospital and health systems reported that patients can receive COVID-19 vaccinations when requested, or when required for transfer to another facility. However, the process for doing so is often cumbersome and potentially requires staff to take additional steps to ensure it is completed. Common barriers were cited, and although each individual barrier may not be insurmountable on its own, the combination of these barriers is leading to decreased COVID-19 vaccination administration in hospital settings. The discussions surfaced these common barriers:

1. Inability to hardwire standard COVID vaccination protocols due to rapidly changing guidelines

Hospitals and health systems have reported great success improving influenza and pneumonia vaccination rates with hardwired standard protocols. Hardwiring protocols – which optimizes the use of the electronic health record to identify appropriate candidates for vaccination and initiate the process of ordering the vaccination – requires easily accessible immunization registry data and robust, stable national guidelines to ensure the process is safe and effective.

Roundtable participants reported issues with state immunization registries not having accurate, up-to-date information on COVID-19 vaccination status, which makes automatic protocols inaccurate and ultimately creates additional work for hospital staff to find and confirm the information on patient vaccination status.

Additionally, COVID-19 vaccination guidelines change often as more information is learned about the vaccination and virus. Each change to a guideline requires staff to adjust the automated protocols, which is resource- and time-intensive. Hospitals and health systems reported challenges in quickly adjusting the hardwired protocols to match the changing guidelines, and the risk of systematically providing the wrong care using outdated automated protocols is too high to continue the use of automatic, hardwired protocols until the guidelines are stable.

Potential mitigation strategies:

a. State or federal government support for maintenance of an accurate, up-to-date immunization registry in each state.
b. Federal government support and creation of robust, stable clinical guidelines for COVID-19 vaccination.

2. Competing priorities in a consistently understaffed environment

Participants noted that, across the nation, hospitals and health systems are experiencing a staffing shortage, with remaining clinicians and staff reporting increasing levels of burnout. Roundtable participants reported that hospital staff are feeling overwhelmed, with minimal time to focus on multiple, competing priorities.

Participants stated that because of the many cultural and system-level challenges with COVID-19 vaccinations, the focus has been on other priorities where there is a higher chance of success. One participant noted that the health system would be able to prioritize COVID-19 vaccinations if the government clearly made it a priority.

Potential mitigation strategy: Federal government/CMS support to incentivize prioritizing COVID-19 vaccination through the implementation of national COVID-19 vaccination quality measures.

3. Cost and waste concerns with the COVID-19 vaccination multidose vial

Roundtable participants agreed that concerns about stocking the many formulations of the vaccine, and waste with the multidose vial were barriers to providing vaccinations in the hospital. Participants noted that each formulation of the vaccine has unique requirements for storage, so stocking several formulations leads to overly complex management strategies. Additionally, each vial of COVID-19 vaccination contains 10 doses that expire within hours of the first use. Hospitals and health systems – even large systems in urban areas – rarely have 10 patients that need the same vaccination at the same time, which leads to significant waste with each vaccination given. The participants stated that these concerns will increase significantly when the health systems and hospitals must pay for the vaccine as well.

Potential mitigation strategies:

a. Federal government/CMS support for the widespread implementation of single-dose vials.
b. Hospitals and health systems stock only one formulation to reduce management and storage complexities (need to balance this strategy with access barriers if formulation isn't appropriate for all patients).
c. Hospitals and health systems consider "batching" COVID-19 vaccinations to specific days to reduce waste per vial (this approach should be balanced to provide vaccination regardless of discharge date).

4. Cultural resistance to vaccination among patients, families, and staff

Roundtable participants reported that patients, their family members and occasionally staff themselves continue to resist vaccination due to multiple factors, including political identities, lack of trust in the health care system, widespread misinformation on the safety and efficacy of the vaccine, and other individual-level factors. Some rural participants reported that local community vaccination events have little to no attendees, and community partners are no longer interested in participating in COVID vaccination clinics. Several resources were discussed and shared that might support clinicians in partnering with patients and families who resist COVID-19 vaccination. Roundtable participants expressed that clinician messaging technique can play a big role increasing boosters, and needs to express multiple ideas, not just vaccines. As one participant noted, when it comes to discussions about COVID-19 vaccinations, "it's not what you say, it's how you say it," and the focus should be on clinicians asking themselves "what might make this patient more likely to accept a vaccination?"

One roundtable discussion revealed that other states – such as South Dakota – likely face similar cultural resistance to vaccination but consistently lead the nation in the percentage of nursing home residents fully up to date on their COVID-19 vaccinations. Participants expressed interest in key learnings from those states that might be implemented in other geographical areas.

Potential mitigation strategies and action items:

a. Hospitals and health systems can work with community organizations to provide vaccinations to patients in vulnerable populations. Washington's Care-a-Van program was provided as an example.
b. Hospitals and health systems can provide training to support clinicians through crucial discussions and messaging on vaccination acceptance, including the use of a conversation guide, motivational interviewing resources, and possible creation of videos for patients and families to watch during their inpatient stay.
c. Hospitals and health systems can partner with Comagine Health to learn from South Dakota's successes.

Coordinated federal government/CMS support is required for many of the mitigation strategies. Until these national issues are addressed, hospitals and health systems must continue to stay vigilant to overcome barriers and provide COVID-19 vaccinations to patients, especially among vulnerable populations and patients transitioning to long-term care facilities.

Comagine Health Facilitators: Dr. Bard Coats, Kate Drummond and Seema Rathor

Participating Organizations

Idaho

- Clearwater Valley Health
- Idaho Healthcare Association
- Idaho Hospital Association
- St. Luke's Health System
- St. Alphonsus Regional Medical Center
- Syringa Hospital and Clinics

Nevada

- Nevada Hospital Association
- Renown Health
- Universal Health Services, Inc.

New Mexico

- CHRISTUS St. Vincent Regional Medical Center
- Lovelace UNM Rehabilitation Hospital
- Miners' Colfax Medical Center
- New Mexico Healthcare Association
- New Mexico Hospital Association
- Rehoboth McKinley Christian Health Care Services
- Roosevelt General Hospital

Oregon

- St Charles Health System, Inc.
- School of Medicine, Oregon Health & Science University
- Samaritan Health Services
- Legacy Health
- OHSU Adventist Health Portland
- PeaceHealth
- Providence Health and Services
- Good Shepherd Health Care System
- Samaritan North Lincoln Hospital

Utah

- HCA Healthcare
- Intermountain Health
- Milford Valley Memorial Hospital
- Utah Hospital Association

Washington

- City of Seattle
- Harbor Regional Health
- Valley Medical Center
- Washington Hospital Association

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