OVERVIEW OF ACTIVITY
The Utah Immunization Program (UIP) conducted targeted site visits to long-term care facilities to increase adult vaccine coverage rates and promote participation in the statewide immunization registry.

BACKGROUND/IMPETUS FOR THE ACTIVITY
Licensing requirements for long-term care (LTC) facilities in Utah require them to report employee and resident vaccination data to the state annually. These data show low vaccination rates among employees, with little improvement over the past decade. Educational materials mailed to LTC facilities over the years did not appear to have had a positive impact. In-person education and training visits were thought to be more effective, but staffing levels in the Immunization Program did not allow for such a labor-intensive effort.

DESCRIPTION OF ACTIVITY
As part of a federal grant funding opportunity, the Utah Immunization Program developed a plan to conduct site visits to LTC facilities. The goal was to conduct at least 100 site visits over a two-year period, targeting the subset of LTC facilities with at least 50 residents and with the lowest employee flu vaccination rates. Follow-up visits were conducted in a small, random sample of the initial 100 visits to assess progress. Site visits were piloted to refine materials and protocols. During the site visits, Immunization Program staff reviewed the site visit questionnaire; checked vaccine storage equipment; discussed the facility’s vaccine coverage rates; provided educational materials; and offered training on storage, handling, and reporting to the Utah Statewide Immunization Information System (USIIS). LTC facilities received an Assessment, Feedback, Incentives, eXchange (AFIX) follow-up letter with site-specific vaccine rate comparisons and recommendations for improvement.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
Immunization Program staff were responsible for developing the site visit protocols and materials (e.g., questionnaire, AFIX follow-up letter, educational materials checklist, trainings), and for conducting the site visits.

DISSEMINATION
Initial and follow-up site visits were done in person. AFIX follow-up letters were mailed to each LTC facility visited. Additional materials and trainings were provided upon request.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
This activity overlapped with the efforts of several local health districts (LHDs) to work with LTC facilities to increase employee vaccination coverage. The Immunization Program and these LHDs collaborated to share data collected and conduct group training sessions. VFC site visit materials were used as a basic template for the site visit questionnaire, protocols, and AFIX follow-up letters.
FUNDING
This activity was funded through a federal Prevention and Public Health Fund (PPHF) cooperative agreement.

STAFFING
A part-time staff person was hired to conduct the site visits.

IMPLEMENTATION STATUS
The LTC facility site visits are continuing using 317 funds, albeit at a slower pace. The Immunization Program is also developing an immunization-focused guidebook and website for LTC facilities.

SUCCESSES
- The Immunization Program conducted 100 site visits and 9 follow-up visits; 64 sites received USIIS training, and 56 site enrolled in USIIS.
- There was a significant improvement in LTC facility employee influenza vaccine coverage rate in the first post-intervention measurement (2013), which increased an additional two percentage points in 2014.
- This activity helped to improve the relationship between the Immunization Program and LTC facilities.

CHALLENGES
- Getting LTC facilities to schedule site visits was a big challenge. Midway through the project, the Immunization Program began conducting drop-in visits with those LTC facilities that were not responding to phone calls about visit scheduling.
- There is a high turnover rate among LTC facility staff, and follow-up visits found that immunization-related materials provided at the initial site visit were not being shared with new personnel. Plans to address this challenge in the future include getting LTC facility management buy-in and creating standard procedures to train new staff.
- Establishing policies to maintain improvements will be an ongoing challenge that will require system-level changes at each facility. Site visit questionnaires illuminated poor immunization practices at LTC facilities on many levels, such as lack of immunization tracking, lack of standing orders or employee vaccination policies, poor vaccine storage and handling practices, and non-adherence to the state immunization licensing rule.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS
- Some LTC facilities seemed to treat the site visit as more of a disciplinary procedure. Emphasizing the site visits as being beneficial to the facility, rather than a punitive action, might help LTC facilities be more willing to make and sustain improvements.
Keeping LTC facilities engaged in making immunization-related improvements will require routine follow-up visits or calls. Drop-in visits may be more effective than scheduled visits in identifying issues.

The program found that the site visit questionnaire could be improved by including fewer direct questions for the facility and more ways to record observations.

Working with LTCF-related associations might be a helpful entry to these facilities and provide an outlet for group trainings.

RELEVANT RESOURCES

- Utah LTC site visit questionnaire: https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT%20LTC%202015%20Site%20Visit%20Questionnaire.docx
- Utah LTC site visit checklist: https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT_LTC_Site_Visit_Checklist.docx
- Utah LTC site visit thank-you letter: https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT_LTC_Site_Visit_Thank_You_Letter.docx
- Oregon State Health Department LTC facility toolkit: https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/LTCFResource.aspx

FOR MORE INFORMATION

Contact Carlie Shurtliff, Adult Immunization/Perinatal Hepatitis B Coordinator, at (801) 538-9168 or cshurtli@utah.gov.