



# Project IVAC: Influenza Vaccine Acceptance Clinic



## Facility Selection

The Network has reviewed data from all facilities to determine areas where additional intervention and support is needed. Facilities with less than 60% influenza “acceptance” rate for the previous 2024-2025 influenza season will participate in Project IVAC between June 2025 – November 2025. Please utilize this project packet to assist your facility with the initiative’s goals, expectations, and best practice interventions.



## Intended Goals

- Increase acceptance of flu vaccines at your facility this upcoming flu season.
- Increase the knowledge of your staff and patients surrounding the influenza vaccine benefits and effectiveness in the dialysis population.
- Provide you with the support to host a vaccine clinic day at your facility.
- Ensure appropriate documentation of vaccine administration (in or outside of clinic) or declination within an internal tracking system (electronic medical record [EMR] and ESRD Quality Reporting System [EQRS]).



# Interventions

**Note: Some of the timelines for completion will vary based on your facility workflow. You will have the autonomy to determine when you complete some of the tasks, however, all must be completed prior to the end of November 2025.**

Throughout the project period, you will complete the following interventions.

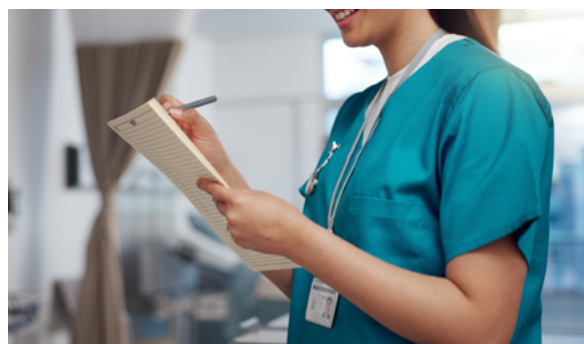
## Participation Requirements

### Patient Involvement

- ☐ Invite one patient representative or Peer in Action to attend the Flu Vaccination Quality Improvement Activity meeting hosted by the Network on October 7, 2025 at 11 a.m. CT. This call will be focused on addressing vaccine clinic preparation and brainstorm ideas for how facilities address vaccine hesitancy.
- ☐ Display a vaccination bulletin board in a high-traffic area (i.e. lobby) for patients and staff to view. Sample bulletin board kits are included in the [Vaccine Clinic Checklist](#), included at the end of this packet.

### Staff Education and Awareness

- ☐ Complete the Qsource Vaccine Clinic Checklist by November 30, 2025.
- ☐ At least one team member will attend each Vaccination Lunch and Learn Session provided by the Network in July, August, and September 2025. Appointments will be forthcoming for specific dates and times.
- ☐ Interim vaccine tracking is essential to ensure all ESRD patients (new and established) receive their vaccines as recommended. Ensure a vaccine tracking system is in place by using your own tracking system or the [Qsource Vaccine Tracker](#), to monitor the status of all recommended vaccines for ESRD patients.
- ☐ Submit the COMPLETED Vaccine Clinic Checklist copy to your Network QI Advisor by fax or by email by the end of November 2025.



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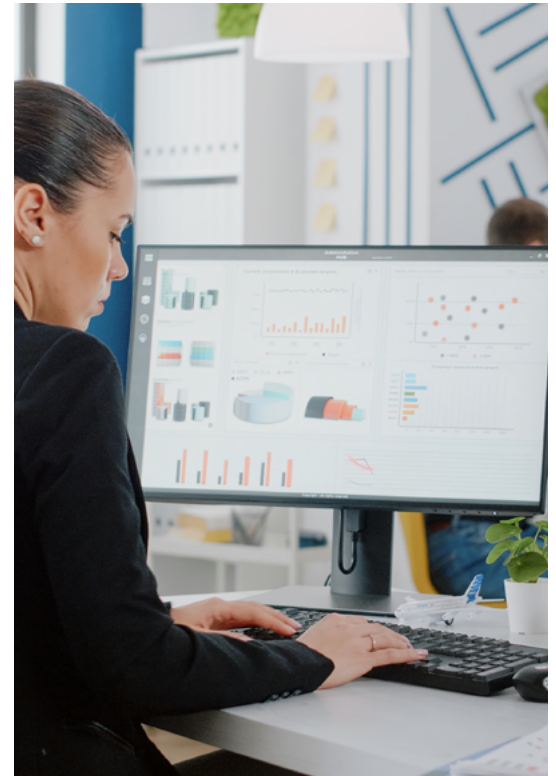


# Reporting and Data Review

Facilities are expected to review the facility's influenza vaccination rates in the EQRS Influenza Dashboard beginning in August 2025. Flu vaccination data should be reconciled with internal tracking data at least monthly to ensure accuracy of EQRS reporting.

To ensure project requirements are met, complete the brief surveys emailed by the Network each month. Surveys will include submission of internal tracking of influenza vaccinations including the following data:

1. Number of patients that received a flu vaccine at your facility.
2. Number of patients that received a flu vaccine outside your facility.
3. Number of patients that declined the flu vaccine due to medical allergy or contraindication.
4. Number of patients that declined the flu vaccine due to religious/philosophical beliefs.
5. Number of patients that received additional education after reporting vaccine hesitancy.



## Related Resources:

- [EQRS Influenza Dashboard Guide](#)
- [EQRS Manual Vaccine Entry](#)



## Tips for Success

- Identify a specific staff member to champion each intervention. You are not meant to do this work alone.
- Follow the Vaccine Clinic Checklist and set dates for completion of tasks within the checklist.
- Include discussion of interventions during QAPI meetings (use this time to update everyone on the progress made).
- If you are having trouble completing the activities, experiencing barriers with patients or staff, or need to brainstorm other ideas, please contact the Network to schedule a 1:1 technical assistance call.

# Vaccine Clinic Checklist

Vaccine Clinic Date: \_\_\_\_\_

## Determine which vaccines will be administered.

- ☐ Influenza (Flu)
- ☐ RSV
- ☐ COVID-19
- ☐ Pneumococcal Pneumonia
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## Primary Facility Coordinator:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Vaccine Champion Point of Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



If you are unable to provide a desired vaccine to your patients, reach out to your ESRD Network Quality Improvement Advisor to establish a pathway for patients to gain access to the vaccine.

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| ✓                        | Pre-Vaccine Clinic Day (4-6 weeks)  | Lead Person | Target Date to Complete | Notes  |
|--------------------------|---|-------------|-------------------------|--|
| <input type="checkbox"/> | Review individuals' immunization history for eligibility. <ul style="list-style-type: none"> <li>Assess for needed immunizations.</li> <li>Screen for contraindications and precautions.</li> <li>Check State Immunization Registry for vaccine history.</li> </ul> |             |                         | <ul style="list-style-type: none"> <li><a href="#">CDC Recommended Adult Immunization Schedule</a></li> <li><a href="#">Screening Checklists for Contraindications to Vaccines for Adults</a></li> </ul>   |
| <input type="checkbox"/> | Offer education.  |             |                         | <ul style="list-style-type: none"> <li><a href="#">Vaccine information statements</a></li> <li><a href="#">Ten Reasons to Get Vaccinated</a></li> <li><a href="#">Vaccination Toolkit</a></li> </ul>   |
| <input type="checkbox"/> | Overcome hesitancy and build trust.   |             |                         | <ul style="list-style-type: none"> <li><a href="#">How to Assist in Vaccine Decision-Making</a></li> <li><a href="#">Conversation Guide for Healthcare Providers</a></li> <li><a href="#">Motivational Interviewing Scenarios for Vaccination Conversations</a></li> </ul> |
| <input type="checkbox"/> | Check vaccine availability of distribution.   |             |                         |  |
| <input type="checkbox"/> | Promote the vaccine clinic. <ul style="list-style-type: none"> <li>Posters, social media and newsletters</li> <li>Staff meetings</li> <li>Bulletin Board Kits</li> <li>Brainstorm a vaccine day theme with staff</li> <li>Patient Activities</li> </ul>             |             |                         | <ul style="list-style-type: none"> <li><a href="#">Stay Healthy Bulletin Board</a></li> <li><a href="#">Ultimate Protection Bulletin Board</a></li> <li><a href="#">Immunization Word Search</a></li> <li><a href="#">Respiratory Health Crossword</a></li> </ul>          |

| ✓  | Pre-Vaccine Clinic Day (>10-30 Days)   | Lead Person | Target Date to Complete | Notes  |
|--|--|-------------|-------------------------|--|
| <input type="checkbox"/>                               | Identify staff to assist with the vaccine clinic.<br>Name: _____   |             |                         |  |
| <input type="checkbox"/>                               | Confirm what supplies are needed for vaccine clinic (syringes/needle sizes, thermometer, consents, etc.).  |             |                         |  |
| <input type="checkbox"/>                               | Collect information needed, such as: <ul style="list-style-type: none"> <li>Consent forms</li> <li>Standing Orders</li> </ul>  |             |                         | <ul style="list-style-type: none"> <li><a href="#">Using Standing Orders for Administering Vaccines: What You Should Know</a></li> </ul>         |
| <b>Establish a process for collecting consent</b>      |  |             |                         |  |
| <input type="checkbox"/>                               | Identify who will oversee collection of patient consents.<br>Name: _____   |             |                         |  |
| <input type="checkbox"/>                               | Obtain copies of vaccine consent forms.  |             |                         |  |
| <input type="checkbox"/>                               | Identify which patients can consent themselves and who needs a health care proxy to sign consent and who needs a healthcare proxy or interpreter to consent.                             |             |                         |  |
| <input type="checkbox"/>                               | Schedule interpreter services.   |             |                         |  |
| <input type="checkbox"/>                               | Create a tracking sheet for individuals who have: <ul style="list-style-type: none"> <li>Received consent forms</li> <li>Agreed or declined the vaccine</li> <li>Received VIS</li> </ul> |             |                         | <ul style="list-style-type: none"> <li><a href="#">Vaccine information statements</a></li> <li><a href="#">Sample Vaccine Tracker</a></li> </ul> |
| <b>Obtain consent from individuals who can consent</b> |  |             |                         |  |
| <input type="checkbox"/>                               | Meet with individuals who can consent (individuals who are cognitively intact) to discuss interest and answer questions.   |             |                         |  |
| <input type="checkbox"/>                               | Collect signed forms.  |             |                         |  |

| ✓   | Pre-Vaccine Clinic Day (>10-30 Days)  | Lead Person | Target Date to Complete | Notes   |
|---|---|-------------|-------------------------|---|
| <input type="checkbox"/>  | Store or upload a copy of consent to patient's medical record.  |             |                         |   |
| <input type="checkbox"/>  | Meet with patients using interpreter services for non-English speaking patients to discuss interest, answer questions, and collect consent forms. |             |                         |   |
| <input type="checkbox"/>  | Provide a list of patients that declined vaccine consent to patients' nephrologist(s) for review and discussion.                                  |             |                         |   |
| <b>Obtain consent from individuals who are unable to consent themselves</b> |   |             |                         |   |
| <input type="checkbox"/>  | Identify individuals who need a health care proxy to sign consent.  |             |                         |   |
| <input type="checkbox"/>  | Identify individuals' health care proxy and contact information.  |             |                         |   |
| <input type="checkbox"/>  | Contact individuals' health care proxy to discuss need to obtain consent for upcoming vaccine clinic.   |             |                         |   |
| <input type="checkbox"/>  | Follow up with individuals' representative/health care proxy as needed via phone call or in person.   |             |                         |   |
| <b>Obtain consent from staff</b>  |   |             |                         |   |
| <input type="checkbox"/>  | Use valid resources to promote the value and importance of the vaccine for staff.   |             |                         |   |
| <input type="checkbox"/>  | Develop a schedule for staff vaccinations.  |             |                         |   |
| <input type="checkbox"/>  | Follow up with staff who have not completed consent.  |             |                         |   |
| <input type="checkbox"/>  | Review competency of staff that will be administering the vaccines .  |             |                         | <ul style="list-style-type: none"> <li>• <a href="#">CDC Immunization Education and Training</a></li> </ul> |

| ✓                        | Pre-Vaccine Clinic Day (≤ 10 Days)  | Lead Person | Target Date to Complete | Notes |
|--------------------------|---|-------------|-------------------------|-------|
| <input type="checkbox"/> | Review patient list to be vaccinated by day and shift.  |             |                         |       |
| <input type="checkbox"/> | Ensure enough staff are scheduled on clinic day to provide vaccines.  |             |                         |       |
| <input type="checkbox"/> | Order vaccines for the number of patients & staff needing the vaccine.  |             |                         |       |
| <input type="checkbox"/> | Confirm with vaccine supplier any last-minute issues, and when vaccines are expected to arrive.   |             |                         |       |
| ✓                        | Clinic Day  | Lead Person | Target Date to Complete | Notes |
| <input type="checkbox"/> | Print roster of patients getting vaccine.   |             |                         |       |
| <input type="checkbox"/> | Print roster of staff getting vaccine.  |             |                         |       |
| <input type="checkbox"/> | Assign staff to assist nurses and monitor patients during post-vaccine observation.   |             |                         |       |
| <input type="checkbox"/> | Ensure emergency medical supplies are readily available, such as: <ul style="list-style-type: none"> <li>• Antihistamines</li> <li>• Epinephrine</li> <li>• First aid kit</li> <li>• Oxygen</li> <li>• Blood pressure device</li> </ul> |             |                         |       |



| ✓                        | Clinic Day   | Lead Person | Target Date to Complete | Notes   |
|--------------------------|--|-------------|-------------------------|---|
| <input type="checkbox"/> | <p>Assign facility staff to complete documentation:</p> <ul style="list-style-type: none"> <li>Document in facility record the vaccine/s given – including date, type, lot number, manufacturer, receipt of VIS (including edition date and date VIS was provided), injection site, route, dosage; and name, title of person who administered the vaccine.</li> <li>Some states require reporting of an individual who receive the vaccine (If you are not sure whether your state requires reporting, check with your <a href="#">state public health department</a>).</li> </ul> |             |                         | <ul style="list-style-type: none"> <li><a href="#">Vaccine information statements</a></li> </ul>  |
| <input type="checkbox"/> | <p>Assign a facility staff to ensure vaccinations are entered or get batched over to appropriate reporting program.</p> <ul style="list-style-type: none"> <li><b>EQRS</b>-Patient Influenza, Patient Pneumococcal Pneumonia Vaccines</li> <li><b>NHSN</b>- Staff Influenza, Staff COVID-19, Patient COVID-19 Vaccines</li> </ul>  |             |                         | <ul style="list-style-type: none"> <li><a href="#">Managing Patient Pneumococcal Vaccination Status</a></li> <li><a href="#">EQRS-Manual Vaccine Entry</a></li> <li><a href="#">HCP COVID-19 Summary Form</a></li> <li><a href="#">Patient COVID-19 Summary Form</a></li> <li><a href="#">HCP Influenza Summary Form</a></li> </ul> |
| ✓                        | Post-Clinic  | Lead Person | Target Date to Complete | Notes   |
| <input type="checkbox"/> | <p>Monitor individuals for adverse effects:</p> <ul style="list-style-type: none"> <li>Report adverse effects as required.</li> <li>Monitor individuals' temperature per facility policy.</li> </ul>   |             |                         | <ul style="list-style-type: none"> <li><a href="#">Vaccine Adverse Event Reporting System (VAERS)</a></li> </ul>  |
| <input type="checkbox"/> | <p>Share follow-up communication with individuals:</p> <ul style="list-style-type: none"> <li>Remind them of next dose.</li> <li>Respond to questions.</li> <li>Provide patients with documentation of vaccine given.</li> </ul>   |             |                         | <ul style="list-style-type: none"> <li><a href="#">Vaccine Passport</a></li> <li><a href="#">Dialysis Patient Vaccination Card</a></li> </ul>   |
| <input type="checkbox"/> | Any unused vaccine was properly disposed or placed back in proper storage.   |             |                         |   |

| ✓                        | Post-Clinic  | Lead Person | Target Date to Complete | Notes |
|--------------------------|--|-------------|-------------------------|-------|
| <input type="checkbox"/> | Any vaccine administration errors, including needlestick injuries were reported to all appropriate entities. |             |                         |       |
| <input type="checkbox"/> | Prepare for next clinic by conducting a de-brief to review what went well and what didn't.                   |             |                         |       |

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