

Transcript: RespSafe Introductory Webinar

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Good afternoon, everybody. Welcome to our RespSafe program introduction. We're really excited to have you all here with us today to talk to you about a new program that we've been working really hard on. Really happy to have you all here to share some information and just share a few things about this program that is coming to you this coming respiratory season.

To give a little bit of background information to start off, I want to introduce you to the program staff. Those of us will be working actively on this program and those of us you will be connecting with. I'm Phoenix Borowski. I'm the project manager for RespSafe. I have Sarah Spah with me as well, who works with our clinical guidance, Lizz Wenzel working with MIIC support and then Maureen and Lisa are two of our project members. We all work on this project tangentially together, bringing you all of this information and all of these resources. We're really excited to be here with you all today and to talk to you a little bit about RespSafe.

To give some context and some background on what exactly RespSafe is, this program is an immunization program that recognizes high immunization coverage rates of health care personnel in long term care facilities and hospitals. Really, this program encourages the importance of immunizations that prevent respiratory illness, specifically COVID and influenza. And through this program activities and strategies will be provided to help meet increased immunization coverage rates. And this program was born out of the need of increasing their COVID and flu coverage rates specifically in health care personnel, and that's what we're really aiming to do is to provide activities and strategies that are gonna be able to help you do this in your own facilities.

To give some more background context as well, the program goals, the specifics about what this program entails are that this program will track the coverage rates for both flu and COVID-19 vaccination uptake in staff. And so along with that, we're asking that facilities implement at least two best practice activities from our four-strategy list, which we'll go into a little bit later as well. And then for the specific coverage rates, we're asking that facilities meet an 80 % coverage rate for COVID and an 80 % flu coverage rate as well. And we understand that these are, these are high goals and I'm gonna talk about some data as well to provide some context to these numbers because we understand that this is a high number, but really trying to continue to encourage the importance of vaccine uptake, especially in times where our respiratory illnesses are not going away. And to give some more context as well as to who exactly is eligible to participate, our eligible health care personnel, this is defined by the NHSN or consistent with that information, paid employees and licensed independent practitioners who are physically present in the health care facility for at least one working day from 1 October through 31 March for that year. So that is specifically who is considered to be eligible to participate in this program specifically.

I want to talk a little bit about our current vaccination coverage rates specifically in Minnesota to give some context as to why 80 % is the number that we are asking for when it comes to flu and to COVID. So, in the 2023-2024 flu season, there was an average, a statewide average of a 42 % flu coverage rate in

our long-term care facilities and a 20.6 COVID coverage rate in long term care facilities. And I want to give some context as well when I'm talking about COVID coverage, I'm not talking about primary series, I'm talking about the NHSN definition, which is one bivalent COVID-19 mRNA vaccine dose or a completion of a primary series within the preceding two months. So specifically receiving what in quotes would be that season's COVID vaccine. And then in our hospitals, we had a 75 % flu coverage rate in Minnesota and a 24 % COVID coverage rate in Minnesota as well. So really just trying to understand why our coverage rates are the way that they are and trying to meet facilities where they're at, understanding that vaccination efforts are extremely difficult especially with the amount of vaccine hesitancy and fatigue that is occurring, but really understanding that in order to protect our communities and protect our residents and our patients and ourselves, that vaccine uptake is really one of the best ways to be able to do this. So, these numbers are something that I want to make sure that we're all aware of when we're moving forward.

To give a little bit more context as well, I have this map here of the counties in Minnesota. So, of the 82 counties with long term care facilities reporting to the NHSN, 18 of those counties had vaccination coverage rates below 30 % when it comes to flu, and those counties are highlighted in red. Of the 82 counties with hospitals reporting to NHSN, six of them had vaccination covered rates below 50 %. And then I also have shaded in purple those counties that had coverage rates for flu below 30 % in long term care and below 50 % in hospitals. So, really trying to understand specifically which counties perhaps needs some more outreach, need some more resources, and needs some more help from MDH support in general to help increase those rates. Really looking at these counties and trying to understand what specifically is happening in these areas that MDH needs to assist with and what resources need to be made available to ensure that we are helping to increase COVID and flu vaccination cover coverage rates overall.

So, like I said previously, our COVID coverage rate, the goal that we are asking to hit is 80 %. Same with flu. Both of those are the goals. And I know that these are high high goals and maybe difficult to achieve, but we absolutely believe that this is a possibility and some of the ways that we think that these can be achieved are through the strategies and the activities that we're gonna talk about in a little bit, and I'll give some context too is why we picked 80 % as those numbers specifically, but I understand that this is a significant increase based on our current averages across the state, but this is really in line with a lot of data at a federal level that we are looking at, and I will go into that a little bit in the next slide as well.

So specifically, the healthy people 2030 goals are looking at a target of a 70 % coverage rate when it comes to flu in adults and adults are those over the age of 18. And as you can see, I have the graph down below, we're looking at the blue coverage rates from 2019 to 2020 and 2020 to 2021. Our over 65 is our highest vaccinated population when it comes to the flu vaccine. And I think this is really wonderful. We are really happy that our older adults and aging population are getting vaccinated, but we also really want to encourage our 18- to 64-year-old population to be getting vaccinated as well. So, based on the healthy people 2030 goals is how we landed on the number of 80 % for Minnesotans. Minnesota prides itself on increasing public health initiatives whenever possible, and we want to be at the forefront of these vaccination efforts. And when it comes to our COVID coverage rates, specifically these are national averages, though the previous slides I showed Minnesota averages. And like I said, these are national, but 22.5 % of adults 18 plus received the 2023-2024 COVID-19 vaccine. So, a national average of 22.5 % is extremely low. And again, encouraging the importance of vaccine uptake in what getting vaccinated does to protect ourselves, our community and those we care for. And now I'm gonna hand it off to Sarah to talk about some activities and strategies.

Thanks Phoenix, and hi everybody. Again, my name is Sarah Spah, and I'm gonna focus on the immunization quality improvement activities section of the RespSafe program. So, facilities who participate in the program, they'll commit to implementing two or more activities that support immunization quality improvement. The goal of these activities is to improve your staff's vaccination coverage rates. We recommend that you select activities that are from best practice strategies and meaningful to your facilities. So, to assist with this, we've compiled a list of suggested activities for your facilities to choose from. These activities fall into one of four core strategies. So, you can see the core strategies are assessment, communication, education, and promotion. Our activities were selected from sources such as the moving needles quality improvement tools. Moving needles is a five-year cooperative agreement between post-acute and long-term care medical association and the CDC. They have tested strategies using a quality improvement intervention to improve immunization rates. Their final project won't be completed until September of 2026, but they've released their 2023 survey of frontline staff to determine professional development preferences and attitudes about vaccine and based on these findings, they also developed an in service for staff to be delivered by a clinical supervisor as well as a training to prepare them to deliver that in service. So, we provided that link to moving needles, and I encourage you to check that out, has some great resources there, and our activities again were selected from some of their testing [Quality Improvement Tools - Moving Needles \(live-moving-needles-org.pantheonsite.io\) \(https://live-moving-needles-org.pantheonsite.io/quality-improvement-tools/\)](https://live-moving-needles-org.pantheonsite.io/quality-improvement-tools/). We've also utilized MDH's long term care vaccine champion webinars that we did back in 2021. Here we've heard from Minnesota long term care facilities who shared their best practice strategies on improving staff's COVID-19 vaccination rates. And many of those that they had listed have also been supported by the moving needles project. And I know that these two areas are focused on long term care facilities, but as you dive in, you'll see that they will most likely apply to most of the health care workers. And lastly, we utilize World Health Organization's implementation Guide for vaccination of health care workers, specifically section four on vaccine confidence and demand [WHO: Implementation guide for vaccination of health workers \(www.who.int/publications/i/item/9789240052154\)](http://www.who.int/publications/i/item/9789240052154). So, the link to these resources can be found on our vaccinating health care workers, influenza, and COVID-19 web page [Vaccinating Health Care Workers: Influenza and COVID-19 \(www.health.state.mn.us/diseases/respiratory/hcp/vaxhcw.html\)](http://www.health.state.mn.us/diseases/respiratory/hcp/vaxhcw.html). And we will be sharing that link too. Next slide, please.

So, here I'm gonna show you the core strategies, and here those are featured in the green boxes. Again, assessment, communication, education, and promotion. The activities that you'll be choosing from are shown with a check mark under each of the corresponding course strategies. Participating facilities will need to select at least two activities from any core strategies and can even be from different categories. For example, a facility may have already done many of the activities under the assessment category and really want to begin partnering with trusted leaders under the communications category. They also want to support their trusted leaders through a feedback loop of information sharing under the education category and offer vaccination events for every shift under the promotion category. So, for that example, they would have selected three activities to implement and under three different categories. So again, you just need to select at least two activities and they can be from any core strategy. I also want to highlight that if you look at our vaccinating health care workers webpage, you'll see all the activities listed there [Vaccinating Health Care Workers: Influenza and COVID-19 \(www.health.state.mn.us/diseases/respiratory/hcp/vaxhcw.html\)](http://www.health.state.mn.us/diseases/respiratory/hcp/vaxhcw.html). We've also provided examples for each of the activities. For example, under the support trusted leaders, peers through a feedback loop, we've provided ideas on how to do this. For instance, we've listed ideas for supporting those trusted

leaders and peers through that feedback loop and they are provide updates on vaccine information and rationale in layman's terms, allow space for discussing questions and concerns that trusted leaders or peers are hearing and how to address them, or offer a resource list for your trusted leaders or peers to share with staff as they are not expected to be vaccination experts, and lastly, promote attending the Vaccinate Your family university advocates training, and we provided a link to that training. So those would be ideas that support that activity, and you can learn a lot from all of those, under each of those activities. While RespSafe participants must implement at least two activities, other health care facilities who are not participating can also use this list to identify strategies to select for their own immunization quality improvement projects. And now I'm going to hand it over to my colleague Phoenix.

Thank you, Sarah. To get some more information about the reporting season specifically for this program, we're gonna be using the same guidelines as the NHSN flu reporting season, so that's starting on October 1, and it goes through March 31. Specifically, how this program will be utilized, we are going to be using backs check, which is a supported application which my colleague Lizz will talk about a little bit later. And then to give some more context as well as to what exactly can be achieved via RespSafe are our tier levels. So, our bronze tier is that a facility participated and implemented strategies. Silver, a facility participated and met the 80 % coverage goal for either flu or COVID. In gold, you participated, implemented the strategies, met the 80 % coverage goal for both flu and COVID. So, we really want to ensure that everybody that participates is recognized for their achievements and trying to achieve the highest coverage rate that they are able to do so. We also understand that 80 % is a very high goal to achieve for both flu and for COVID. So, regardless of a facility's ability to meet that 80 % coverage goal for flu or COVID, they will be recognized for their achievements in their participation in the program.

Why participate in RespSafe? Why exactly is this program something that your facility should participate in? So, vaccinated health care personnel create a safer environment. We know that having vaccinated health care personnel protect them and those they care for. Specifically improving vaccination rates and facilities doesn't only benefit our health care personnel, but patients, residents, and communities as well. Highlighting the commitment of safe patient and resident care is really integral to this program. MDH publicly recognizes facility's hard work and commitment to safe patient and resident care and achieving the RespSafe program goals. And also, by participating in RespSafe, you'll be recognized for your hard work and dedication to increasing vaccination coverage rates specifically in health care settings. And like I said previously regardless of the vaccine coverage level achieved, participation will be rewarded by MDH. The activities we are asking to be implemented maybe strategies your facility already employs. We want to empower facilities to choose strategies that will work for them and want to recognize your diligent work. We understand that these strategies maybe something that your facility already utilizes or maybe these are strategies you've not thought of. And we want to make sure that we are providing resources and guidance to help you throughout this process as increasing vaccination rates takes time and we understand this to be true, and we want to make sure we are offering the most amount of support and resources available as we possibly can.

To talk a little bit about the accolades from this program in specific, a certificate of participation will be provided regardless of tier achievement. So, whether or not a facility issues a bronze, silver, or gold level, a certificate of their achievement with their facility name will be provided to them. Window claims and door hangs will be provided as well. Our RespSafe website will feature the facilities name posted and we will also provide social media templates that are available for use. We really want facilities to feel empowered and proud of their achievements, and we want them to know that MDH sees them and recognizes the hard work that they're doing. So, these are all just some ways that we want to recognize

the hard work that you've continuously put in over the past couple of years and are continuing to put in in the coming years when it comes to increasing vaccine coverage rates. And now I'm gonna hand it off to Lizz.

Thanks Phoenix, and hello, everyone. I wanted to spend a little bit of time talking about VaxCheck. So, if facilities who wish to participate in RespSafe will be asked to register for the program in VaxCheck, which is a tool designed to collect consent to share immunization information from the Minnesota Immunization Information Connection or MIIC [Minnesota Immunization Information Connection \(MIIC\) \(www.health.state.mn.us/people/immunize/miic\)](http://www.health.state.mn.us/people/immunize/miic). As an immunization information system, MIIC confidentially stores electronic immunization records and consolidates a person's full immunization history into one record, even if they receive immunizations from multiple providers throughout Minnesota. Many hospitals and long-term care facilities participate in MIIC to support their immunization practice and ensure their patients and residents receive the right vaccination at the right time [Participating in MIIC \(www.health.state.mn.us/people/immunize/miic/participate/index.html\)](http://www.health.state.mn.us/people/immunize/miic/participate/index.html). Facilities are reminded that accessing an employee's immunization history for employment verification or any other purpose is not an allowable use of MIIC under the MIIC data use agreement nor is such access authorized without consent under Minnesota's immunization the data sharing law. VaxCheck was developed to allow for the electronic capture of consent and the sharing of specific immunizations from a person's MIIC record with their employer. Next slide.

So, what does this process look like? A health care organization enrolls their hospital or long-term care facility in VaxCheck. Each hospital and long-term care facility must enroll individually, even if part of a health system or larger organization. MDH reviews all enrollment requests, and once approved, the designated primary contact for the facility will be given login credentials to access the VaxCheck tool. From within VaxCheck, users can obtain the unique web link to their facility's specific consent form. Organizations can share that link with their employees to invite them to provide consent to electronically share their flu and COVID immunization information from MIIC to you, their employer. VaxCheck also has functionality for organizations to type in their employees' email addresses and then VaxCheck will automatically send an email inviting the employee to provide consent. So, a couple of different ways to share that unique web link to the consent form. From there, the employee will access the consent form from the link provided, input their demographic information like name and date of birth, and then provide their consent to share flu and COVID immunization information with their employer. Because the employee accessed the consent form from the unique web link you shared, VaxCheck knows which enrolled facility to return that employee's information to. Using the provided demographic information, VaxCheck matches the employee to a record in MIIC. If a match is made, the immunization information is added to an immunization report, which the organization's authorized users can log in to VaxCheck to download. Data will only be returned if vax check can confidently match the employee's provided information to a single MIIC record and only flu and COVID immunizations administered in the current respiratory season will be returned, and that current respiratory season runs July 1 through June 30. If additional users are needed to log into vax check to send the consent form link or to view the immunization report, that primary contact can create user accounts for other staff who will need to access the VaxCheck tool. Staff who only need to sign the consent form do not need to log into VaxCheck to do that, and therefore they do not need a VaxCheck user account. Next slide please.

Because RespSafe requires facility abilities to track the immunization status of their employees to report employee immunization coverage rates, VaxCheck offers an option for your facility to collect consent and view electronic immunization information for your employees. Employees cannot be mandated to

provide consent to share their immunization information via VaxCheck. Facilities are not required to collect their employees' immunization information via vax check. Employees or facilities who prefer to share like paper records or records from their health care provide can continue to do so. VaxCheck simply offers an option that aims to reduce that paperwork and help ease staff burden that may come with the manual tracking of it, of employee immunization status. VaxCheck also houses functionality that supports RespSafe registration and reporting requirements. As such, hospitals and long-term care facilities who wish to participate in RespSafe must enroll in facts check, even if they then intend to request their employees provide paper records to you. Once enrolled in VaxCheck facilities can submit a RespSafe registration by providing a designated RespSafe point of contact and indicating which quality improvement activities your facility will implement or improve on throughout the reporting period. In early 2025, the RespSafe reporting function will be available in VaxCheck and RespSafe participating facilities will need to submit the report through VaxCheck to be considered for RespSafe recognition.

Next slide, please. MDH staff have been hard at work this summer to build this VaxCheck tool. It will officially launch in the coming weeks. And once live facilities will be able to enroll in VaxCheck, register for RespSafe, and begin collecting consent from employees to view their fluent COVID immunization information through that VaxCheck report. This winter in early 2025 facilities will be able to use VaxCheck to submit their 2024-2025 rest safe report to MDH. This includes immunization coverage rates amongst your employees. Next summer, more advanced functionality will be available, including historical record of your employee immunization coverage rates for those respiratory seasons where your facility participated in RespSafe. I just want to put a plug to be sure to subscribe to the RespSafe list serve, to be notified once VaxCheck officially launches and is ready for use, as well as to be notified as continued enhancements come or are released through the VaxCheck tool. And from here, I'm gonna pass it back to Phoenix.

Thank you, Lizz. We have just launched our website, which is very exciting news. So, I have a link to the website and I'm sure that will be popped in the chat as well [RespSafe \(www.health.state.mn.us/diseases/respiratory/hcp/respsafe.html\)](https://www.health.state.mn.us/diseases/respiratory/hcp/respsafe.html). This webinar has also been recorded and will be accessible on our RespSafe website. We do have an email inbox where you are able to send us any questions or ask have provide comments anything you'd like to chat with us about that inboxes monitored, and we will be happy to reach out to you and answer in any way we are able to health.respsafe.mdh@state.mn.us. And then like Lizz said previously at the bottom of our website, if you access the website and scroll all the way down to the bottom, there's a little blurb on the screen that looks like this, which is our list serve to sign up for our RespSafe email updates. This is a great spot to hear any news from us, upcoming information, and updates to the program.

That is all the information that we have to share with you today. We really appreciate you all taking time out of your day to be here with us and hopefully are as excited about RespSafe as we are, but really want to provide a time for questions or comments if anybody has anything they'd like to share with us. This is a time we are able to answer those questions and are happy to do so. Feel free to put those in the chat.

Phoenix this is Tracy. It looks like most questions were asked and answered, but just to reiterate, you know, there are a lot of questions about the use of VaxCheck if the requirement, if, you know, they're already collecting immunization status in another way or through another system or can they send reports from that? And so, Lizz did answer that question that, you know, it's an option for facilities to collect electronic immunization information for their employees through this system but cannot be

mandated to do so. It's just there for you to use, but if you are gonna participate in RespSafe, you need to enroll in VaxCheck whether you're going to utilize it or not.

And then, oh, there was another question about if we were to continue to track with our current method, how do we get the data uploaded or how would we share that information with MDH?

I can take that one. This is Lizz. It's a great question. So, if you are tracking the through an Excel spreadsheet or some other manual process you have set up, you can continue to do that. When it comes time to submit your final coverage rates to MDH, you will need to submit that through VaxCheck. So again, even if you're not using VaxCheck to collect consent or to view electronic immunization information. At a minimum you need to log, to enroll in VaxCheck so that you can submit a RespSafe registration and then next late winter or early spring, submit the RespSafe report, which is where you would, provide the coverage rates amongst your employees.

Another VaxCheck related question Lizz, does consent for the use of VaxCheck or do you need to get consent obtained annually from your employees?

Yeah, great question. Yes, you will need to obtain re obtain consent every year. The consent form that staff are invited to sign is only valid for the current respiratory season. So, anything signed, you know today or later, through the current reporting season, would only be returning immunization information for immunizations administered after July 1 and that consent resends as of June 30, 2025. So next fall, when we're launching the next respiratory season, staff would need to re consent to share their immunization information for the 2025-2026 respiratory season, which would run on July 1, 2025, through June 30, 2026.

Okay, and it looks like that is all we have in the chat. If any of you have further questions, you can reach out to health.repsafe.MDH@state.mn.us.

Thank you all so much for being with us today. We hope you have a wonderful rest of your day and we're excited to share rest of you and hopefully connect further in the future.

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