Background

• Long-term care facilities (LTCFs) provide a high level of medical care on a frequent basis to adults who require short term rehabilitation or long-term care.
• Influenza and pneumonia remain significant causes of mortality in the United States, with 90% of these deaths occurring in adults aged 65 or older, including those residing in LTCFs; only 42-66% of LTCF residents received these vaccinations.
• Given the current COVID-19 pandemic, it is crucial to bring awareness to gaps in vaccination of residents at LTCFs in order to promote the overall health among a vulnerable population as well as to maximize vaccination rates.

Objective

• To identify perceived barriers to vaccination in older adults residing in LTCFs across Northeastern Pennsylvania.

Methods

• LTCFs located in PA, identified by zip-code, were contacted via publicly available contact information, and asked to participate in an anonymous phone survey designed to gather information from key LTCF administrators regarding vaccination practices.
• Descriptive analysis of the aggregated data was performed to determine the following: how vaccines are recorded, what information is recorded, how charts are checked for vaccination gaps, the vaccination process, and perceived barriers to vaccination.

Results

• Of 406 LTCFs in PA, 109 were contacted and 22 agreed to participate (20.2% response rate).
• Records were managed either electronically or via hybrid paper/electronic records.
• The following methods were used for vaccine tracking: chart reviews - 28.6%, electronic alerts - 42.9%, scheduled audits - 38.1%, vaccination at admission - 19%.

• Of the 22 LTCFs interviewed, 52.4% perceived barriers in the vaccination of their residents.
• The two main barriers identified were lack of patient education and vaccine acquisition.

Conclusion

• Within LTCFs, there are perceived barriers in the vaccination process of residents.
• Recognizing potential barriers to achieving higher vaccination rates in vulnerable populations is essential.
• Limitations include the lack of LTCF administrator willingness to participate, lowering our sample size and introducing sampling bias into our results.
• Future research could be centered on steps to overcome barriers and increase vaccination rates, such as improving patient education with vaccine fact sheets and discussing any misconceptions the patient may have.