

2015 Population Health Innovation Pilot Project (PHIPP) Vaccination Discussion Group Toolkit

This toolkit contains the following templates and forms:

FORM A: Facilitator's Guide Attestation Form

The *Attestation Form* is for the facilitator to verify that he or she has read the *Facilitator's Guide* and understands the content and purpose of the discussion groups. Discussion groups are a mandatory requirement of the PHIPP, in which the facilitator's unit is currently participating. The form must be returned to the Network 14 office by the deadline.

FORM B: Vaccination Discussion Group Flyer

The *Vaccination Discussion Group Flyer* is a template you may use to recruit Black/African-American dialysis patients. This form is not required, and may be adapted for use in your facility.

FORM C: Informed Consent to Participate in Vaccination Discussion Group

The *Informed Consent* will inform your patients that their thoughts and opinions will help create a vaccination awareness campaign and that the group discussion may be recorded. The form will stress that the recording will not be used outside of the facility or by anyone other than the staff members in the room. By signing the form, your patients agree to participate in the discussion and have their voices recorded. You should invite your patients to the group, have them sign the form before the meeting takes place, and provide them with a copy of the form. Keep all consent forms on file, but do not submit this form to Network 14.

FORM D: Vaccination Discussion Group Sign-in Sheet

The *Sign-in Sheet* must be signed by all staff members and patients that attend the group discussion and must document the date, time, and the primary language in which the meeting is held. A sign-in sheet must be completed for each meeting held and returned to the Network 14 office by the deadline. **DO NOT EMAIL.**

FORM E: Discussion Group Summary Form

The *Discussion Group Summary Form* should be filled out for each discussion group you hold. It will allow Network 14 to understand the barriers to patient vaccination. The form must be returned to the Network 14 office by the deadline. Any recordings or notes you take during the meeting will help you complete the summary form and design the awareness campaign, but are not required to be submitted to Network 14. **DO NOT EMAIL.**

FORM A: Facilitator's Guide Attestation Form

I, _____, vaccination discussion group facilitator, hereby attest that I have read the *Vaccination Discussion Group Facilitator's Guide* provided to me by the ESRD Network of Texas, Inc. (Network 14) and agree to follow the guidelines and instructions contained therein and those that I have received from Network 14 through other communications. Furthermore, I understand:

- The purpose of the vaccination discussion group(s)
- The discussion groups are a mandatory requirement for the Population Health Innovation Pilot Project (PHIPP), of which my dialysis unit is a participant
- Failure to hold these discussions as described in the *Facilitator's Guide*, or to develop an alternate plan with Network 14, may result in my unit being reported to the Centers for Medicare & Medicaid Services (CMS) for non-compliance

Signature

Date

Facility Name

Medicare Provider Number

Due to Network 14: July 3, 2015

VACCINATION DISCUSSION GROUP

DATE:

TIME:

LOCATION:



If you are a Black/African-American dialysis patient, we need your opinion!

The number of Black/African-American dialysis patients in Texas is growing rapidly, currently making up 28% of the entire dialysis population in the state. We would like to understand why a Black/African-American person would or would not choose to be vaccinated. The information that you provide to your facility staff will be used to develop a vaccination awareness campaign for National Immunization Awareness month in August!

If you are willing to participate in a small discussion group with other Black/African-American dialysis patients, please contact your discussion group coordinator TODAY!

Discussion Group Coordinator

Phone Number

FORM C: Informed Consent to Participate in Vaccination Discussion Group

You are being asked to take part in a quality improvement activity to help your facility understand cultural attitudes toward vaccinations. This document is called an informed consent form. Please read this information carefully and take your time making your decision. Ask your staff to discuss this consent form with you and explain any words or information you do not clearly understand. This activity is the **Population Health Innovation Pilot Project (PHIPP)**.

Purpose of the activity. The number of Black/African-American dialysis patients in Texas is growing rapidly, currently making up 28% of the entire dialysis population in the state. We would like to understand why a Black/African-American person would or would not choose to be vaccinated. The information that you provide to your facility staff will be used to develop a vaccination awareness campaign to educate other patients. Your name will not be used in the vaccination awareness campaigns.

Use of patient names. You will sign in when you attend the discussion group. The sign-in sheet will be submitted to ESRD Network of Texas, Inc. (Network 14). Your name will not be used on any other documents.

Recording of patient voices. PHIPP discussion groups include only people who choose to take part. The discussion may be recorded; recordings will not be used outside of your dialysis facility.

Language for discussion. The discussion will be held in the language (English or Spanish) that you are most comfortable speaking. You will tell your facility which language you prefer for the discussion. In some cases, the discussion may be held in one language and translated to you in another. If you do not understand the translation, you should ask your translator to explain his or her meaning until you understand.

Facilitator. The person who is in charge of this discussion group at your facility is:

Facilitator's Name

Phone

Facility Name

Medicare Provider Number

Meeting information. The discussion group will be held:

Date: _____ Time: _____

Location: _____

Network 14 project administrator. Your dialysis facility is working with Network 14 on this project, and the person in charge of the PHIPP project at Network 14 is Rachelle DuBose Caruthers, LMSW.

Consent to Participate in Vaccination Discussion Group

It is up to you to decide if you want to take part in this quality improvement activity. If you want to take part, please read the statements below and sign the form if the statements are true:

I freely give my consent to take part in this quality improvement activity and authorize that my opinions on vaccination be collected/disclosed in this activity. I have received a copy of this form to take with me.

Signature of Person Participating in Vaccination Discussion Group

Date

Printed Name of Person Participating in Vaccination Discussion Group

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in quality improvement activity what he or she can expect from their participation. I hereby certify that when this person signs this form, to the best of my knowledge, he/ she understands:

- What the quality improvement activity is about
- What the potential benefits might be
- How the information collected will be used

I can confirm that the participant speaks the language that was used to explain this quality improvement activity and is receiving an informed consent form in the appropriate language. Additionally, this person reads well enough to understand this document or, if not, this person is able to hear and understand when the form is read to him or her. This person does not have a medical/psychological problem that would compromise comprehension and therefore makes it hard to understand what is being explained and can, therefore, give legally effective informed consent. This person is not under any type of anesthesia or analgesic that may cloud his or her judgment or make it hard to understand what is being explained and, therefore, can be considered competent to give informed consent.

Signature of Person Obtaining Informed Consent

Date

Printed Name of Person Obtaining Informed Consent

Medicare Provider Number

FORM D: Vaccination Discussion Group Sign-in Sheet

Date and time	
Name of facilitator	
Facility and Medicare Provider Number	
Name of patient co-facilitator	
Primary language	

Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Due to Network 14: July 24, 2015. DO NOT EMAIL.

FORM E: Discussion Group Summary Form

Logistics

Date and time	
Name and title of facilitator	
Phone and email of facilitator	
Facility and Medicare Provider Number	
Name of patient co-facilitator	
Number of attendees	
Primary Language Spoken	
Length of meeting	
Location	
Refreshments provided?	
Incentives provided?	
Format of record keeping	

Discussion Instructions: The following questions are REQUIRED. Please read them to the patients directly from the Facilitator’s Guide. Document the most important points of the discussion in this summary form and submit the summary to Network 14.

Question	Main discussion points
Q1: Do you think that immunization and vaccination is the same thing?	<ul style="list-style-type: none"> • • •
Q2a: What do you think the Hepatitis B vaccination does?	<ul style="list-style-type: none"> • • •
Q2b: What do you think the Pneumonia vaccination does?	<ul style="list-style-type: none"> • • •

2015 Population Health Innovation Pilot Project (PHIPP)

Vaccination Discussion Group Toolkit

Vaccination Data: The following questions are OPTIONAL. If you choose to omit them from the discussion, please provide the data from the patient’s medical chart. **DO NOT** report names.

Q3a: Number of participants that HAVE been vaccinated for Hepatitis B	<ul style="list-style-type: none">•
Q3b: Number of participants that HAVE been vaccinated for Pneumonia	<ul style="list-style-type: none">•

Discussion Instructions: The following questions are REQUIRED. Please read them to the patients as they are written. Document the most important points of the discussion in this summary form and submit the summary to Network 14.

Q4: What are some myths or stories you have heard about vaccines that you later learned were wrong?	<ul style="list-style-type: none">•••
Q5: Do you know any children that were vaccinated to attend school?	<ul style="list-style-type: none">•••
Q6: Did your children or grandchildren have any problems after getting the vaccines?	<ul style="list-style-type: none">•••
Q7: If a patient decides NOT to be vaccinated, what worries would you think they have about getting vaccinated?	<ul style="list-style-type: none">•••
Q8: If a patient HAS been vaccinated, what do you think encouraged him or her (information, friend, TV) to get vaccinated?	<ul style="list-style-type: none">•••
Q9: When you have questions about your health, like getting shots to prevent diseases, what books, websites, or other resources do you find helpful?	<ul style="list-style-type: none">•••
Q10: In your community, who do you trust to give you good advice? For example, who	<ul style="list-style-type: none">•••

2015 Population Health Innovation Pilot Project (PHIPP)

Vaccination Discussion Group Toolkit

would you go to for advice about making healthcare decisions?	
Q11: Pictures or drawings help some people understand new things. What helps you learn new things?	<ul style="list-style-type: none">•••

Discussion Instructions: Additional questions are recommended, but OPTIONAL. If you ask additional and/or follow-up questions, please note both the question and the most important discussion points and submit them to Network 14.

Question	Main discussion points
Q12:	<ul style="list-style-type: none">•••
Q13:	<ul style="list-style-type: none">•••
Q14:	<ul style="list-style-type: none">•••
Q15:	<ul style="list-style-type: none">•••
Q16:	<ul style="list-style-type: none">•••

Due to Network 14: July 24, 2015