

The Delphi process is well known in the field of geriatrics, and the California Association of Long Term Care Medicine (CALTCM) has used this approach to successfully develop recommendations that have influenced effective policy at the federal, state and local levels during the COVID-19 Pandemic.^{1,2} The modified Delphi process provides structured communication utilizing email and survey technology, iterative feedback, and informed expert discussions to guide the development of novel, person-centered guidance statements.

The mission of the *Vaccine Implementation Delphi group* is to provide effective, expert driven recommendations and guidance to support the successful rollout of the COVID-19 Vaccine to nursing home staff and residents.

For vaccine administration in SNFs not using the Pharmacy Partnership for Long-Term Care Program, CALTCM's *Vaccine Implementation Delphi group* recommends staggering vaccinations. Vaccinating most or all residents and employees of a nursing facility on the same day carries risk. Staff call-offs from adverse reactions, even in smaller percentages, could risk patient care. Residents may be more challenging to care for two to three days post-vaccination. Decreasing the number of residents being vaccinated at a given time allows for more effective monitoring for adverse vaccine reactions. The process of vaccinating staff and residents will need to take time and PPE/infection control procedures into consideration because many residents will need to be vaccinated room by room, with monitoring for adverse events.

For SNFs enrolled in the Pharmacy Partnership for Long-Term Care Program, a supply of a supplemental vaccine would support vaccination of residents and staff who were not present or had declined the vaccine during the initial visits. In those cases, having access to a vaccine that can be stored on site would be beneficial for increasing the overall percentage of those vaccinated. Utilizing a rigid 3-visit cadence approach does not accommodate the need to stagger vaccination "days." Facilities should still consider staggering vaccinations if at all possible.

Engage the established medical director and/or pharmacist . Every SNF has a consultant pharmacist and a medical director; both can help coordinate and bridge the communication challenges, improving vaccine confidence. Communication, education and planning are vital to the success of these vaccination days and these leaders know the facilities well. They can be a bridge to managing multiple vaccine types, triage of employees and residents, and managing the staggered approach.

Engage the Local LTC Ombudsman Program when possible. It is not the LTC Ombudsmen's role to influence residents or facility staff about getting or not getting the vaccine. The Ombudsmen can help answer questions, promoting greater confidence about the vaccine in residents, families, and staff.

¹ J Nutr Health Aging, 2020;24(6):538-443. Diagnostic Testing for SARS-Coronavirus-2 in the Nursing Facility: Recommendations of a Delphi Panel of Long-Term Care Clinicians. Wasserman, M., Ouslander, J.G., Lam, A. *et al.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7262162/>

² JAMDA. Recommendations for Welcoming Back Nursing Home Visitors during the COVID-19 Pandemic: Results of a Delphi Panel. Bergman C, Wasserman M, et al October 7, 2020. [https://www.jamda.com/article/S1525-8610\(20\)30836-7/fulltext](https://www.jamda.com/article/S1525-8610(20)30836-7/fulltext)