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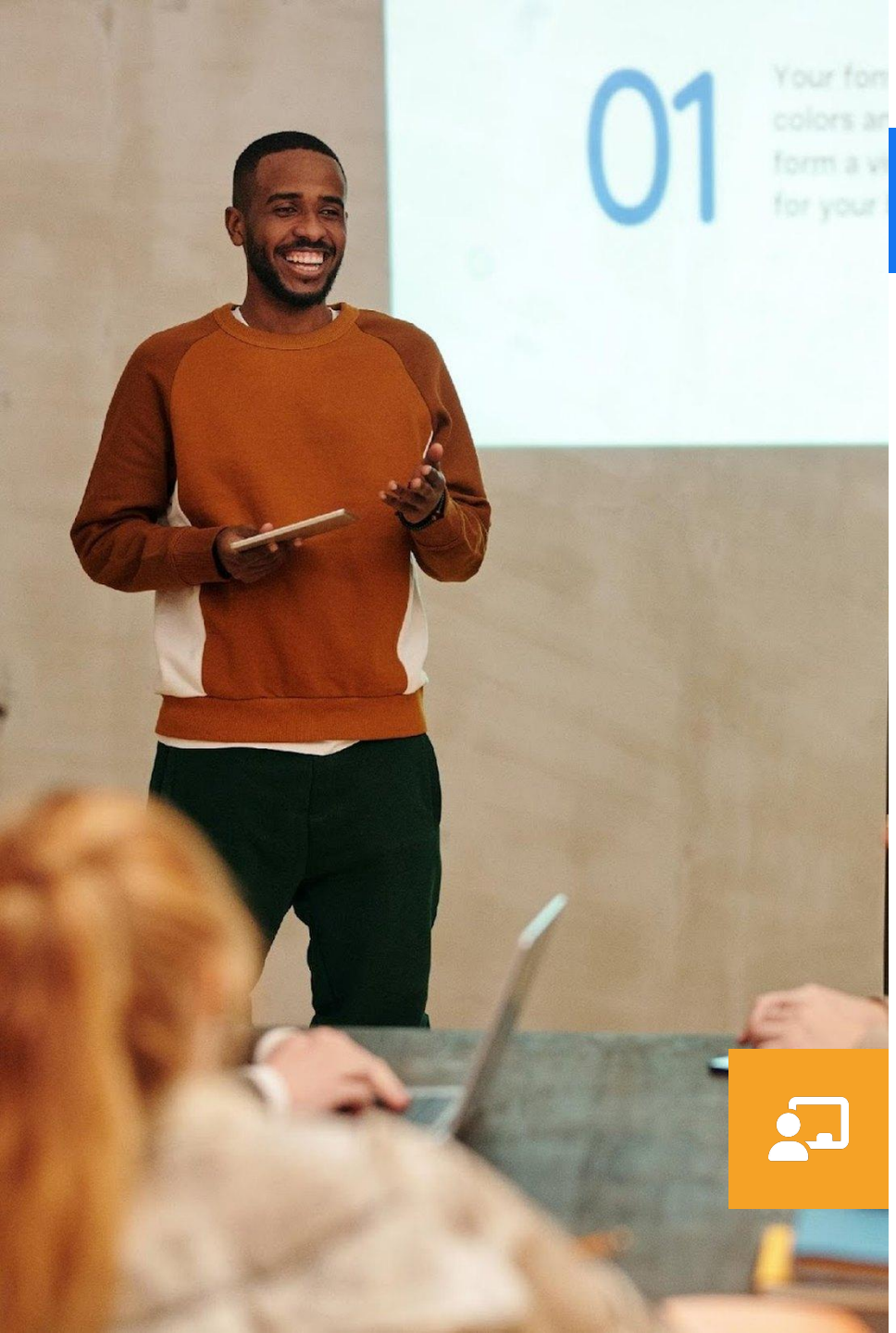
RSV PREVENTION · EDUCATION MODULE

DRIVing Equity in RSV Prevention

A QI-Informed Approach to Help Protect Infants, Families, and Communities from RSV

DRIVE
Center for Sustainable Health Care Quality and Equity





GETTING STARTED

About This Module

This presentation provides background information about RSV, prevention and clinical care, disparities, and trusted resources for patients, families, and health care teams.

WHAT'S COVERED

- **RSV Basics**
- **Prevention & Clinical Care**
- **Disparities**
- **Trusted Resources**

Use these slides with clinical teams and staff as you prepare RSV prevention and education activities. The QI implementation section will be developed separately.



PROGRAM AT A GLANCE

RSV DRIVE: Program Overview

01

Education

RSV basics, disease burden, prevention options, clinical management and equity.

02

Equity Lens

Identify differences in access, communication, prevention and outcomes.

03

Trusted Resources

Connect staff, pregnant patients, parents and caregivers with reliable information.

04

QI Foundation

Prepare practices to identify barriers and improve RSV prevention workflows.

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01

SECTION 01

RSV & DRIVE Background



What Is RSV?

Respiratory syncytial virus (RSV) is a common respiratory virus that infects the nose, throat and lungs.

RSV spreads through close contact with infected people and by touching contaminated surfaces.

Most infections cause mild, cold-like symptoms, but RSV can lead to bronchiolitis or pneumonia—especially in infants and some high-risk children.

Reinfection is common.

SEASONALITY

Fall → Spring

RSV typically circulates from fall through spring in the continental U.S.

Prevention planning should begin before RSV activity increases.

LEARN MORE

AAP: RSV Prevention

HealthyChildren.org: RSV

RSV in Infants & Young Children



HOSPITALIZATIONS EACH YEAR

58K–80K

Approximately 58,000–80,000 U.S. children under age 5 are hospitalized with RSV each year.

01 RSV is a leading cause of hospitalization among infants and young children.

02 Young infants may have feeding difficulty, irritability, decreased activity or pauses in breathing rather than classic cold symptoms.

03 Severe RSV can cause bronchiolitis, pneumonia, dehydration and breathing difficulty.

04 Many infants hospitalized with RSV were previously healthy and had no known underlying risk factor.

LEARN MORE

- AAP: RSV Prevention
- AAFP: Preventing RSV in Infants



RSV Prevention Begins During Pregnancy

Maternal RSV vaccination can help protect an infant during the first months of life by transferring protective antibodies before birth.

One pathway

For most infants, protection is provided through either maternal RSV vaccination during pregnancy OR infant RSV immunization—not both.

Coordinate across settings

Clinical teams should discuss RSV prevention during prenatal care and coordinate documentation across obstetric, delivery and pediatric settings.

Communicate clearly

Clear communication helps families understand which prevention pathway applies to their baby.

LEARN MORE

AAFP: Maternal RSV Vaccination

HealthyChildren.org: Vaccines During Pregnancy

Who Is at Higher Risk for Severe RSV?

Young Infants

Risk is highest in the first months of life, particularly among very young infants.

Preterm / Medical Risk

Prematurity and certain heart, lung, immune, neuromuscular or genetic conditions can increase risk.

Second RSV Season

AAP recommends immunization for specified high-risk children 8–19 months entering a second season.

Access & Environment

Crowding, transportation, indoor air quality and other social factors can shape exposure and access to prevention.

LEARN MORE

AAP: 2026–27 RSV Recommendations

AAP Pediatrics: RSV Guidance

RSV & Health Equity



RSV does not affect every family or community in the same way.

1. Differences in access to prenatal care, pediatric care, prevention products, transportation and paid time off can affect whether families receive timely protection and care.
2. Language access, health literacy, trust and the quality of provider communication can shape prevention decisions.
3. Health systems can use an equity lens by examining who is reached, who is missed and where barriers occur across the RSV prevention pathway.

LEARN MORE

AAP: RSV Disease Prevention Recommendations

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02

SECTION 02

RSV Prevention, Care & Treatment Guidelines

RSV Prevention: Two Ways to Protect Infants

OPTION A

During Pregnancy

Maternal RSV vaccination helps transfer protective antibodies to the baby before birth.

OR

OPTION B

After Birth

Long-acting monoclonal antibody immunization can directly protect eligible infants during RSV season.

Usually One Path

Most infants do not need both maternal vaccination and infant RSV immunization.

Coordinate Care

Document maternal vaccination status so newborn and pediatric teams can determine infant eligibility.

LEARN MORE

AAFP: Maternal RSV Vaccination

AAP: Immunization FAQ

Infant RSV Immunization: 2026–27 AAP Guidance

Products: Nirsevimab or clesrovimab may be used for eligible infants in the first RSV season.

<8 mo

FIRST RSV SEASON

AAP recommends RSV immunization for infants younger than 8 months born during or entering their first RSV season when they are not protected through maternal RSV vaccination.

14 days

MATERNAL VACCINATION

For most infants whose pregnant parent received RSVpreF during pregnancy at least 14 days before birth, infant immunization is not indicated.

8–19 mo

SECOND RSV SEASON

For the second RSV season, nirsevimab is recommended for children 8–19 months who meet AAP high-risk criteria.

LEARN MORE

AAP: 2026–27 RSV Recommendations

AAP: Immunization FAQ

Timing & Workflow Matter

01

Time it to the season

In most of the continental U.S., RSV immunization is generally administered shortly before or during the RSV season.

02

Identify eligible infants

Practices can use EHR reports to identify eligible infants before the season and confirm maternal vaccination and prior immunization status.

03

Remind & recall

Reminder/recall strategies can include portal messages, texts, calls, letters and flexible immunization-only visits.

04

Plan resources early

Plan inventory, staffing and outreach early so eligible infants are protected before exposure risk increases.

LEARN MORE

AAP: RSV Administration



Recognizing RSV & When to Escalate Care

Common Symptoms

RSV commonly causes runny nose, congestion, cough, fever and decreased appetite.

Infants may show irritability, decreased activity, feeding difficulty or apnea.

Evaluate Severity

Evaluate severity based on breathing effort, oxygenation, hydration/feeding and age or underlying medical risk.

Escalate Care

Urgent or higher-level evaluation may be needed for significant breathing difficulty, cyanosis, dehydration, apnea, lethargy or clinical deterioration.

LEARN MORE

HealthyChildren.org: When RSV Is More Than a Cold

RSV Treatment & Supportive Care

SUPPORTIVE CARE FOCUSES ON

Hydration

Comfort

Adequate oxygenation

For most children, RSV treatment is supportive and focuses on maintaining hydration, comfort and adequate oxygenation.

Antibiotics do not treat RSV unless there is a separate bacterial infection.

Clinical management should be based on severity, age, comorbidities and the patient's ability to feed and breathe safely.

Families should receive clear instructions about expected symptoms, warning signs and when to seek additional care.

LEARN MORE

HealthyChildren.org: When RSV Is More Than a Cold



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03

SECTION 03

Disparities in RSV Prevention & Care

Where RSV Disparities Can Occur

Prevention Access

Missed prenatal vaccination or infant immunization opportunities.

Communication

Inconsistent recommendations, misinformation, language barriers or low health literacy.

Care Access

Transportation, scheduling, insurance, cost concerns and fragmented care.

System Factors

Workflow gaps, incomplete documentation, provider bias and unequal outreach.

LEARN MORE

AAP: RSV Disease Prevention Recommendations





COMMUNICATION

Building Confidence Through Strong Communication

01 **Recommend clearly** Start with a clear recommendation and explain why RSV prevention matters for the patient's baby or child.

02 **Use plain language** Explain the difference between maternal RSV vaccination and infant monoclonal antibody immunization in plain language.

03 **Ask, don't assume** Ask what questions or concerns the family has rather than assuming the reason for hesitation.

04 **Tailor materials** Use culturally responsive, language-appropriate materials and confirm understanding.

05 **Make the next step easy** Offer the recommended prevention option, schedule it, or connect the family to where it is available.

LEARN MORE

- Immunize.org: RSV
- Vaccinate Your Family
- Voices for Vaccines

Opportunities for Health Systems to Reduce RSV Disparities

01 Standardize

Standardize RSV screening and recommendation workflows so prevention does not depend on individual clinician memory.

02 Connect Care

Improve communication between prenatal, delivery, newborn and pediatric care settings.

03 Reach Out

Use reminder/recall and proactive outreach for eligible patients who may otherwise be missed.

04 Expand Access

Offer flexible scheduling and connect families with coverage or access support.

05 Measure Equity

Review prevention uptake by race/ethnicity, language, insurance, geography and other available equity measures to identify gaps.

LEARN MORE

AAP: RSV Administration



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04

SECTION 04

Patient, Family & Community Education Resources

Trusted RSV Resources for Patients & Families



HealthyChildren.org

Parent-friendly RSV information from the American Academy of Pediatrics.

Visit site →



Immunize.org

RSV vaccine and immunization information for clinicians and patients.

Visit site →



Vaccinate Your Family

Vaccine education and practical family-facing resources.

Visit site →



Voices for Vaccines

Evidence-based vaccine education and communication resources.

Visit site →

Resources for Pregnant Patients & Parents of Infants

Pregnancy

HealthyChildren.org
Pregnancy immunization and RSV prevention information

AAFP
Maternal RSV vaccination information and clinical recommendations

Parents & Caregivers

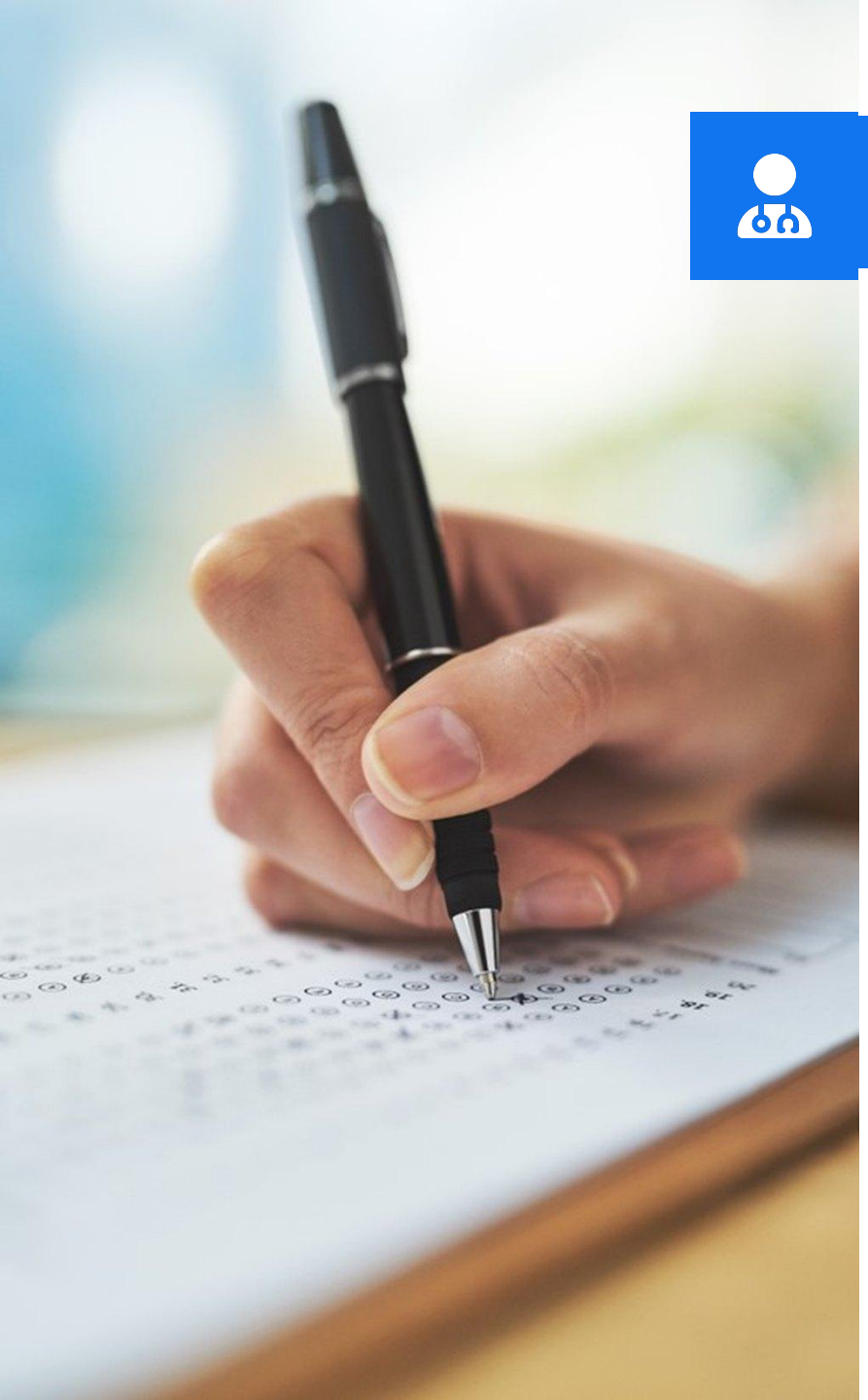
HealthyChildren.org
RSV symptoms, prevention and when to seek care

Immunize.org
RSV immunization handouts and clinical resources

Vaccinate Your Family / Voices for Vaccines
Vaccine confidence and family education

LEARN MORE

- HealthyChildren.org: Pregnancy
- AAFP: Maternal RSV Vaccination
- Immunize.org: RSV



Resources for Health Care Teams

American Academy of Pediatrics	Current RSV prevention recommendations, administration guidance and implementation tools
AAFP	Family medicine guidance and clinical education on RSV prevention
Immunize.org	RSV clinical resources, standing-order support, handouts and vaccine communication materials
HealthyChildren.org	Patient-facing education that can reinforce conversations in the clinic
Vaccinate Your Family & Voices for Vaccines	Communication and confidence-building resources for families and communities

LEARN MORE

AAP: RSV Prevention | AAFP: RSV | Immunize.org

RSV Resource Directory

AAP / HealthyChildren.org

Clinical recommendations + parent education

AAFP

Family medicine guidance + maternal RSV vaccination

Immunize.org

Clinical tools + patient handouts

Vaccinate Your Family

Family-facing vaccine education

Voices for Vaccines

Vaccine confidence + communication

Families Fighting Flu

Respiratory illness education and family storytelling resources

Tip: Click any tile to open the resource.



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05

SECTION 05

QI and AI

Putting DRIVE into Action

SHC's DRIVE program helps primary care teams promote high quality, equitable care through the rapid cycle improvement model, by promoting a champion-led, patient-centered, team-based approach. This module outlines six practical steps for increasing RSV prevention for your patients of color.

SIX PRACTICAL STEPS

01 ID Your Team

02 Complete Your Practice Assessment

03 Learn About Your Community

04 Design Your Activity

05 Put the Plan into Action

06 Communicate, Celebrate, Continue





STEP 1

ID Your Team: The Champions

System level

A health system leader often champions a DRIVE program, identifying the practice sites to participate and connecting educational, IT, nursing, equity, specialty care, research, and communication resources.

Practice level

At the practice level, whether a clinic, FQHC, or residency program, champions are recruited to lead program implementation.

Champions at the practice level typically include a physician or advanced practice clinician along with:

- Nurse
- Practice manager
- Patient navigator
- Pharmacist
- Resident

Their role

Practice champions develop the QI strategy and lead its implementation.

STEP 2

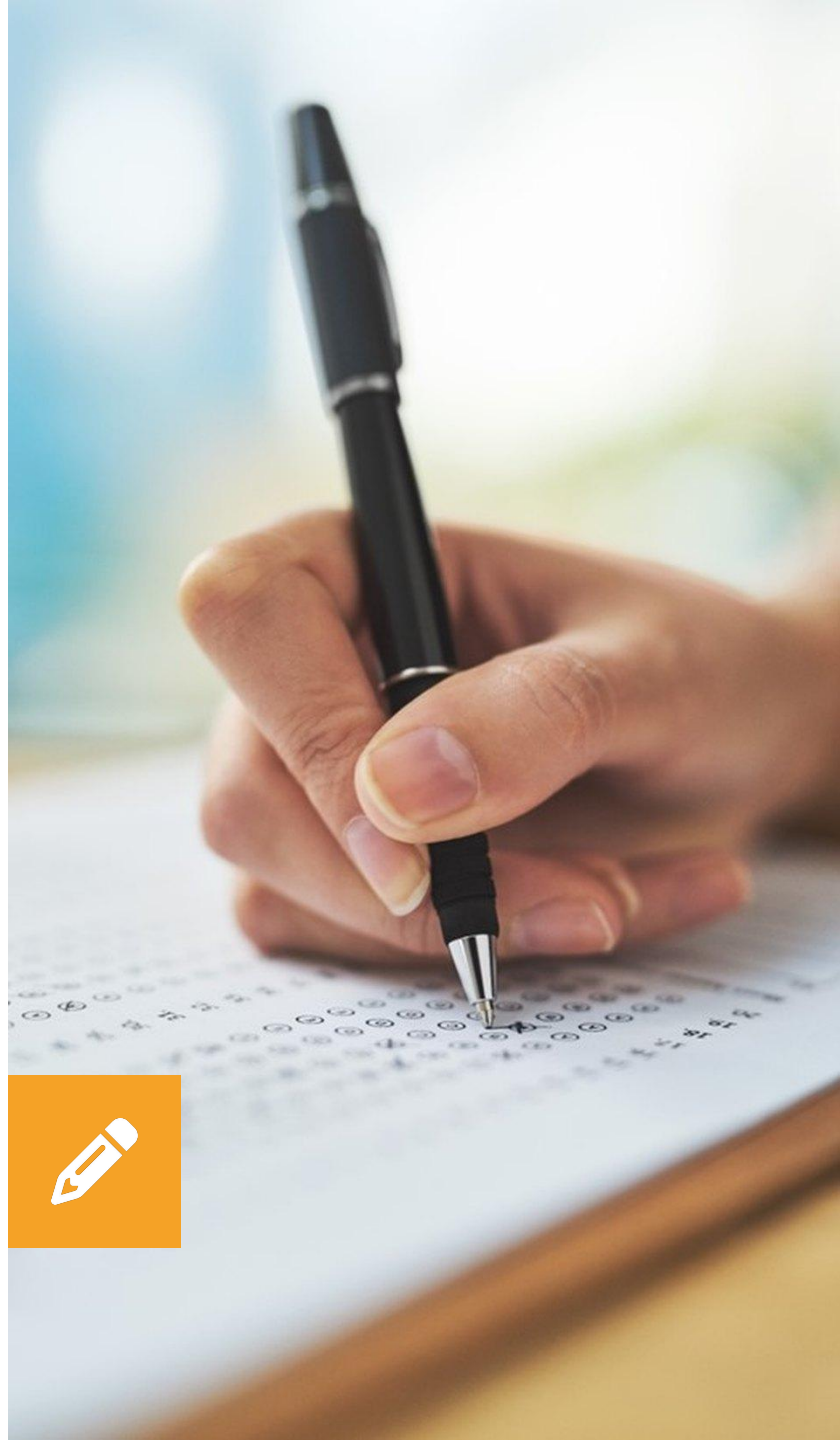
Complete Your Practice Assessment

A BRIEF ONLINE SURVEY HELPS YOU ASSESS

- Your practice and patients
- Your current approaches to RSV prevention
- Barriers you and your patients face
- What you would like to work on in the QI activity

This information will guide your project design.

https://www.surveymonkey.com/r/RSV-DRIVE



STEP 3

Learn More About Your Community

Community health assessments can help you tailor your DRIVE program to fit the needs of the community your clinic serves.

A COMMUNITY HEALTH ASSESSMENT CAN PROVIDE INFORMATION ABOUT

- **Demographics**
- **Health status**
- **Social and economic factors impacting health**
- **Available health services and community resources**

COMMUNITY DATA AND REPORTS OFTEN ARE AVAILABLE IN YOUR REGION

01

Hospitals, FQHCs, local foundations, and other health and social service providers often have published community health assessments

02

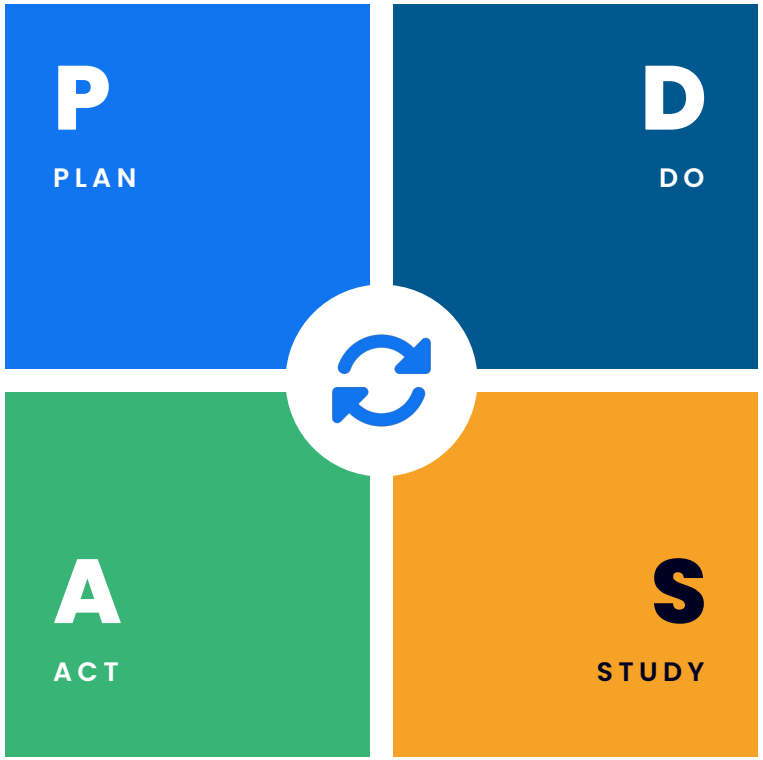
Local, county, and state health and public health departments often have relevant data and reports

03

National surveys and data sources are also available to probe your community needs



Design Your Activity



PLAN · DO · STUDY · ACT

Plan-Do-Study-Act (PDSA) is a structured, straightforward approach to implementing quality improvement projects in practices.

- This approach works on many types of changes — from improving a patient care process to executing a new workflow — and in practices of all sizes.
- This approach can be adapted to many clinical practices, supporting a sustainable culture of quality improvement.
- Start small and be VERY specific – timelines, level of improvement, role of individuals.
- Share your plan with the overall staff and system leadership for their input, suggestion of resources to assist with implementation, and buy-in.

Review the QI Library for QI projects that others have used to successfully increase RSV prevention rates and equity.

QI Library

surveymonkey.com/r/PDSA25

Creating Your Aim Statement and Action Plans

Aim statements describe the improvement you want to make that's both important to your organization overall and fits within your metrics.

When creating it, it's best if you have some sort of baseline data to determine your start point and, if possible, an idea of where your end point (your goal) would be.

Once you have a good idea about what your Aim Statement should be, ensure that it is SMART:

S	M	A	R	T
Specific	Measurable	Achievable	Realistic	Time Based

USING AI TO HELP CREATE IT

> *"We are currently at X% in [what you want to improve – RSV immunizations, patient ID verification, surveys completed, etc.] in department X. If we want to achieve X%, what could we possibly change or implement to achieve said goal?"*

- Remember to tweak your prompt as the AI system gives you different responses so that it can best assist you. Include specific demographic information about the population you serve so it is tailored to your situation.
- If one Action Plan idea sounds good, ask it to "expand further on that point" by giving specifics of your department/unit.

Note: Ensure you aren't putting any sensitive patient information in the AI system and are only using general or public knowledge information about your facility.

Determining Your Measures: Process

4.2 Process | 4.3 Outcome | 4.4 Balancing

- This is the most influential PDSA that you can measure & easily track its data.
- Here we want to measure the process that is being changed that you identified in your Aim Statement and Action Plans.

ASK AI

AI can help if you have the data on hand. With the amount of data that you actually have, you can ask:

> *"What type of graph should I use if I want to present X data?"*

> *"If I want to present this data over a period of time, what time intervals would be best visually (days, weeks, months, etc.)?"*

STEP 4.2

Process Measure

Tracks the specific steps, actions, or activities performed during the process rather than the final result.

Determining Your Measures: Outcome

4.2 Process | **4.3 Outcome** | 4.4 Balancing

- This is the direct measure of the Aim Statement.
- It's an evaluation of the process measure and comparison with the intended project aim.

ASK AI

You could ask AI:

> *"Since we have determined that our process measure is X, and our project goal is Y, how could we determine the success of our project / what should our outcomes measure be?"*

Once again, you could ask AI questions to see how best to visualize your data, like you did for the Process Measure.

STEP 4.3

Outcome Measure

Here we are trying to determine: what are we trying to accomplish?

Determining Your Measures: Balancing

4.2 Process | 4.3 Outcome | **4.4 Balancing**

- Here we are trying to measure unintended consequences of changes in the system, whether they were expected or not.

ASK AI

To determine a few Balancing Measure examples, you could ask AI:

> *"Based off of my project, would any of the changes we are implementing to improve one part of the system cause new problems/other changes to occur in other parts of the system?"*

STEP 4.4

Balancing Measure

A positive or negative consequence since implementing change ideas (or PDSA).

Barriers and Project Time Table

BARRIERS

Ideas to consider: What countermeasures and action plans were devised? What were the results of the corrective actions that were attempted?

ASK AI

Ask yourself and, if need be, you could ask AI:

> *"What could get in the way of success and what could we do about this?"*

PROJECT TIME TABLE · STAGES TO INCLUDE

1 Initiation → 2 Planning → 3 Implementation → 4 Monitoring → 5 Closing → 6 Follow up

START

≈ 3 MONTHS

Some sort of visible / quantifiable change

On average we aim for sustainment at the 1-year mark. You could mention this to AI when asking it to help plan your timetable.

1 YEAR

Project reaches sustainment



Project Team and Responsibilities

While AI can't be the one to determine who should be on your team and what responsibilities each should have, it can be helpful when trying to figure out what type of members should be on your team.

ROLES TO DEFINE, SUCH AS

- **Project Sponsor**
- **Project Leader**
- **Project Champion**
- **QI Advisor**

ASK AI

A prompt for this would be:

> *"Based on my project goals and timelines, as well as the department I want to implement my change in, who should be a part of my team, such as nurses, social workers, doctors, providers, etc.?"*

Long-Term Sustainability Plan

Here we want to find out how your changes will be maintained beyond this project.

Remember to always include a Long-Term Sustainability plan in your QI/PI projects. Once you have achieved your goal, or are on a promising route to reaching it, what steps do you need to take to ensure that you will get there?

SOME IDEAS COULD BE

01

Continuous check-ins

02

Set schedule for meetings

03

Evaluation of how well your change idea is doing, quantitatively and qualitatively

04

Will it be possible to mirror this project in another department?

STEP 5

Put the Plan into Action

- Train staff participating in the activity: what is going to be done and why.
- Present in regular staff meetings or have a breakfast or lunch presentation.
- Track QI impact using a run chart.

Run Chart Tool – Institute for Healthcare Improvement

CONSIDER THE IMPACT OF THE QI CYCLE AND NEXT STEPS

Expand

It worked great

Adjust

Impact was uneven

Try a new approach

It just didn't work





STEP 6

Communicate, Celebrate, Continue

Share

Share the results of your work with the whole practice team.

Celebrate

Acknowledge and celebrate those who contributed.

Inform leadership

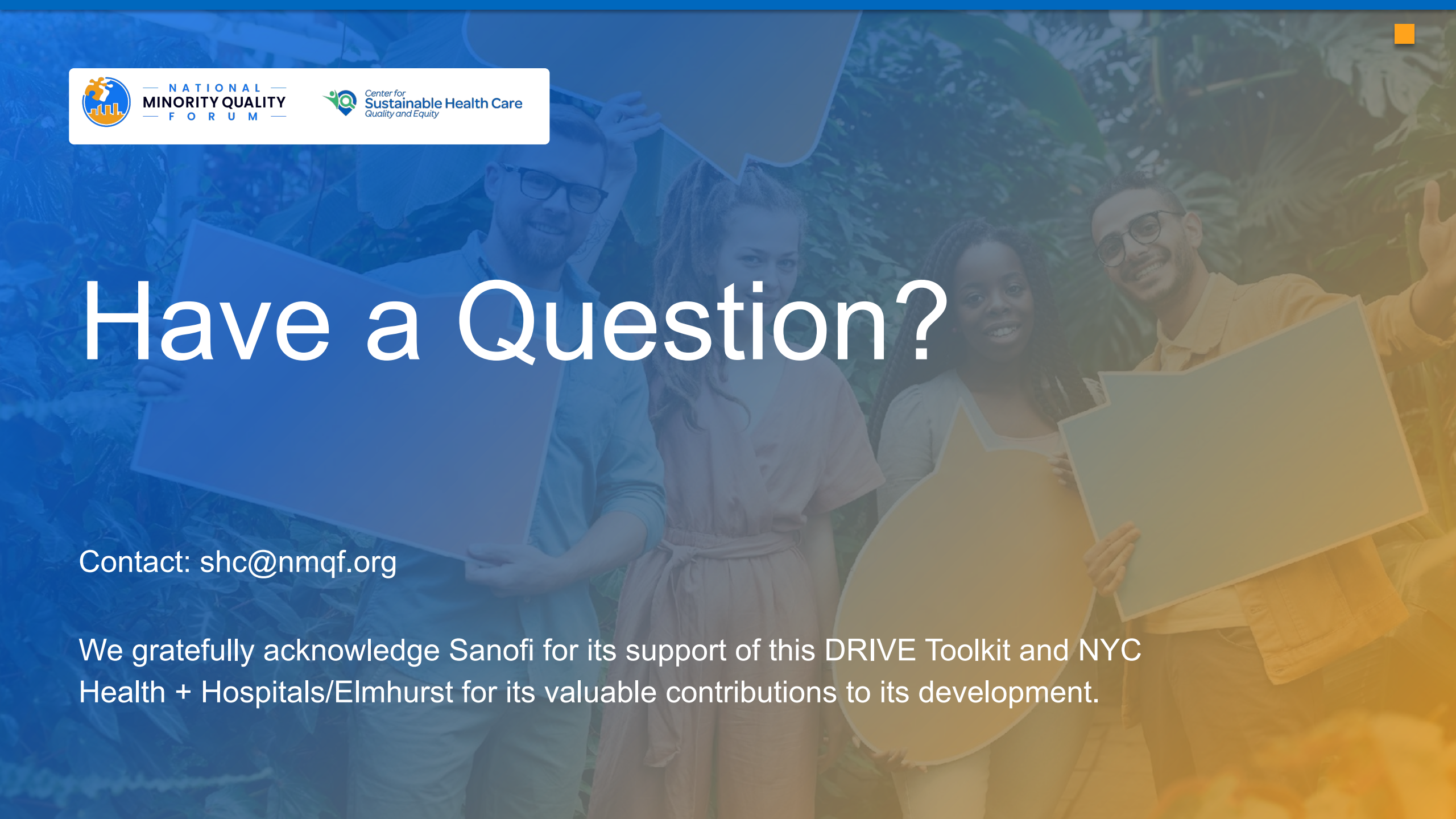
Let the leadership know about your success.

Engage community

Inform your patients and the whole community about your commitment to improving quality care for all your patients.

Continue

Continue cycles of healthcare quality and equity.



Have a Question?

Contact: shc@nmqf.org

We gratefully acknowledge Sanofi for its support of this DRIVE Toolkit and NYC Health + Hospitals/Elmhurst for its valuable contributions to its development.