



# Best Practice: Immunization

# Therapist Track



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# Therapist Track



Therapist

This Best Practice Intervention Package is designed to educate and support therapists in the components necessary for a comprehensive home health immunization program that will support reducing avoidable acute care hospitalizations.

## Objectives

After completing the activities included in the Therapist Track of this **Best Practice Intervention Package – Immunization**, the learner will be able to:

1. Define the three components of a home health immunization program.
2. Describe how immunization will support the reduction of avoidable acute care hospitalizations.
3. Describe two therapy actions that will ensure optimal immunization status for staff, patients and caregivers.

Complete the following activities:

	Activity	Location	Estimated Time
<input type="checkbox"/>	Review “Immunize Rather than Hospitalize,” Therapist’s Guide to Practical Application and immunization tool	Page 49	10 minutes
<input type="checkbox"/>	Listen to: Immunization Podcast	Page 52	10 minutes
<input type="checkbox"/>	View WebEx or listen to audio: <i>Influenza and Pneumococcal Polysaccharide Vaccinations and Institutional Protocols for Home Health</i> - Dr. R Zimmerman	Page 52	40 minutes
<input type="checkbox"/>	Read Examples of Excellence	Page 57	10 minutes
<input type="checkbox"/>	<b>Complete the therapist post-test online for free certificate of participation</b>	<b>See link below</b>	10 minutes
	<b>Total time for completion</b>		<b>80 minutes</b>

**NEW**



**Therapists (PT, PTA, OT, COTA, & SLP):** Apply for a certificate of attendance for completing the therapist track activities.

**Complete evaluation/post-test online at:**

<http://www.zoomerang.com/survey.zgi?p=WEB226UG8D2DTJ>



# Immunize Rather than Hospitalize!



## Influenza Facts & Stats

Every year in the United States, on average, more than **200,000 people are hospitalized** from flu complications.

For those aged 65 and older (especially home health patients who have conditions that put them at high risk for complications), influenza can be a serious and potentially life-threatening disease.

(CDC - [www.cdc.gov/flu/keyfacts.htm](http://www.cdc.gov/flu/keyfacts.htm))

## Pneumonia Facts & Stats

Pneumococcal infection causes an estimated **1.4 million hospitalizations** for pneumonia annually in the U.S.

Whereas flu immunization occurs primarily in the fall, pneumococcal immunization status should be assessed and immunizations updated throughout the year.

All adults aged 65 and over should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated for that patient.

Immunize if patient's immunization status is unknown or cannot be verified.

(CDC - [www.cdc.gov/nchs/fastats/pneumonia.htm](http://www.cdc.gov/nchs/fastats/pneumonia.htm))

## YOUR Responsibility






As a health care provider, you have an **ethical obligation** to protect your patients and their caregivers from the consequences of influenza. Getting immunized demonstrates your **professional commitment** to preserving the health of your co-workers, patients and their caregivers.

The "Healthy People 2010" goal is for 90 percent of health care workers to be immunized.

**Immunize rather than hospitalize: Get your flu shot this season!**



## Immunization Therapist's Guide to Practical Application

<p style="font-size: 2em; color: green; text-align: center;"><b>ASSESS</b></p> <div style="text-align: center;">  </div>	<p>Therapy only patients: Assess all patients for BOTH influenza and pneumonia immunization status.</p> <hr/> <p>Educate patients/caregivers about the importance of receiving immunizations and how they may reduce hospitalizations.</p> <hr/> <p>Remind family/caregivers of their need to be immunized against flu and pneumonia.</p> <hr/> <p>Assess your own immunization status!</p>
<p style="font-size: 2em; color: orange; text-align: center;"><b>ACCESS</b></p> <div style="text-align: center;">  </div>	<p>Therapy only patients: Document and communicate immunization status to clinical manager/team leader.</p> <hr/> <p>Coordinate plan for receiving immunization with patient/caregiver. Identify who will be providing, i.e., the home health agency, physician or clinic.</p> <hr/> <p>Offer pneumonia vaccine to all patients with undocumented or unknown pneumococcal vaccination status; if unable to provide assist with scheduling.</p>
<p style="font-size: 2em; color: red; text-align: center;"><b>ADMINISTERed</b></p> <div style="text-align: center;">  </div>	<p>Verify that patient received immunizations as planned and document per agency protocol.</p> <hr/> <p>Inform patients that the influenza and pneumococcal vaccines can be safely given at the same time.</p> <hr/> <p>Therapy only: Document patients' immunization refusal/ineligibility and reasons. (e.g., allergic, contraindicated, did not want vaccine, etc.)</p> <hr/> <p>Encourage patients/caregivers to carry an updated Immunization Record Card.</p>

# Influenza and Pneumococcal Immunization Patient Plan

## Assess, Access, Administer

Patient Name: \_\_\_\_\_ Medical Record#: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinician Signature: \_\_\_\_\_

Select one:

- Start of Care  Recertification  
 Resumption of Care  Mid-Care (current patient)
- 

### Step I: Assess

See agency immunization comprehensive assessment screen; Complete steps II & III  
**OR** complete steps I-III

Received influenza vaccine Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location:  Physician office  Clinic  Other

Received pneumonia vaccine Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location:  Physician office  Clinic  Other

Needs the  influenza vaccine and/or  pneumococcal polysaccharide vaccine

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### Step II: Access (Who will be providing?)

Influenza and pneumococcal vaccines status is current and no further action needed  
**OR**

Patient will receive the  influenza vaccine and/or  pneumococcal polysaccharide vaccine at physician's office or clinic within the next \_\_\_\_\_ weeks

**OR**  
 Patient wants [home health agency] to administer  
 Influenza vaccine and/or  pneumococcal polysaccharide vaccine  
Obtain vaccine from \_\_\_\_\_ Scheduled for: \_\_\_\_\_

**AND**  
 Patient and/or caregiver provided with and instructed on the Centers for Disease Control and Prevention (CDC) Vaccine Immunization Statement (VIS)

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### Step III: Administered (Follow-Up)

Patient received the  influenza vaccine and/or  pneumococcal polysaccharide vaccine at their physician's office or clinic on \_\_\_\_\_.

**OR**  
 [Home health agency] administered  influenza vaccine on: \_\_\_\_\_  
and/or  pneumococcal polysaccharide vaccine on: \_\_\_\_\_

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**Refuses vaccine** because:

- Believes he/she is not at risk for disease  Allergic  
 Believes immunization does not work  Contraindicated  
 Fear of adverse effects  
 Other reason: \_\_\_\_\_
- 

If influenza vaccine limited or unavailable follow CDC guidelines



## Immunization Multi-Media Activities Podcast\* (Audio Recording)

### **Immunization Podcast (Audio Recording) Instructions:**

Listen to the podcast (audio recording) to learn more about reducing avoidable acute care hospitalizations with immunization.

### **Immunization Audio Recording**

- 10-minute podcast (audio recording) related to immunization
- Podcast (audio recording) link is located at <http://www.homehealthquality.org/hh/hha/interventionpackages/immunization.aspx>

There are several ways to listen to the podcast (audio recording):

- Visit the link above and listen directly through the Web site
- Download the podcast (audio recording) by right clicking on the audio file and selecting “Save Target As . . .” This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or can burn the audio file to a CD or MP3 player.

\*A podcast is a digital media file, often an audio recording, placed on the Internet and made available to the listener on their home computer or personal digital recording device for convenience. There is no change from previous references to “audio recordings” except the name. You may continue to download and listen to recordings as you have in previous months.

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## WebEx



### **Immunization WebEx or audio instructions:**

**View WebEx or listen to audio:** [Influenza and Pneumococcal Vaccinations and Institutional Protocols for Home Health- Dr. R. Zimmerman, University of Pittsburgh School of Medicine](http://www.homehealthquality.org)  
[www.homehealthquality.org](http://www.homehealthquality.org), under **Best Practice Intervention Package - Immunization**

View on your personal computer or download to use as a presentation:

- d. Download the PowerPoint handouts (PDF)
- e. View presentation from individual computer
  - i. Click on the WebEx link to the file
- f. View presentation using the WebEx file with projector for in-service
  - i. Download the WebEx file onto your laptop computer or save the WebEx file on a CD
  - ii. Open file and test your audio volume (may need to use a microphone to project the audio in your room)
  - iii. Click play

# Examples of Excellence

## South Dakota Home Health Agency Improves Patient Vaccinations Through Consistency, Communication and Education

When St. Michael's Home Health Agency sets a goal, they don't just meet it, they surpass it. The rural agency, located in Tyndall, South Dakota, wanted to ensure that at least 90 percent of their patients received appropriate vaccinations. At the end of 2006, the agency was just short of achieving a 100 percent influenza and pneumococcal vaccination rate for their patients.

### Plan of Action (POA) Development

In February 2006, following the process of investigation regarding their influenza and pneumococcal immunization rates, the quality improvement (QI) team at St. Michael's Home Health Agency gathered to write a thorough immunization plan of action (POA). The POA set a goal of greater than 90 percent influenza and pneumococcal immunization rates.

The QI team discovered that often a patient was not being immunized because the patient did not remember if, or when, he or she had received an influenza or pneumococcal immunization. The agency developed an alternative process to obtain the immunization information, including contacting physician offices, and checking the status on the Medicare Common Working File (CWF).

"While our team is always happy to administer the vaccine, we want the physician to be involved, so we communicate, giving the physician the choice to have the patient vaccinated in the clinic or by our agency," shared Sharon Hauck, Home Health Supervisor at St. Michael's Home Health Agency. "In most cases, the physicians wish to administer the vaccinations, but are quite appreciative when the agency checks in." St. Michael's Home Health Agency tracks home health patients' immunization data by use of a tracking form that aligns with their agency's immunization POA best practices. Ensuring that all their clients are appropriately immunized is a high priority for St. Michael's. The agency's system of tracking vaccinations helps them accomplish their goal.



*The Staff at St. Michael's Home Health Agency.*

### **Two-Way Communication**

St. Michael's encourages two-way communication. When staff is aware that a patient is making a physician office visit, they send a summary note to the physician as a reminder of a needed vaccination. On the bottom of the note, there is a section for the physician to communicate back to the agency. Physicians can also use the summary note to share information about medications that were administered or prescribed as well as any changes they would like to see in the patient's plan of care. St. Michael's staff follow up with the patient after the appointment to ensure the vaccine was administered. If the patient is unsure, an agency staff member will follow up with the physician.

### **Immunization Promotion**

Staff support of immunization promotion has been outstanding at St. Michael's. The agency provides free vaccinations to employees. In addition, employee immunizations have been successfully promoted in consistent verbal communication, poster campaigns, discussions at department meetings, and payroll communication inserts. As a result of these efforts, St. Michael's Home Health Agency achieved a 100 percent staff immunization rate.

### **Patient Assessment and Education**

Patient education is truly the key to increase immunization rates. When a patient is unsure of his or her vaccination history, St. Michael's staff efficiently takes steps to determine the patient's vaccination history. As a result of this consistent approach, staff found three patients who repeatedly refused to receive a pneumococcal vaccination. When these patients were asked the reason for their refusal, the responses were surprising. It turned out that these patients did not realize Medicare covered influenza and pneumococcal vaccinations and therefore did not think they could afford to be vaccinated. "A little perseverance and effort on the part of our nurses about why patients objected to being vaccinated resulted in getting those patients vaccinated," shared Hauck.

### **Next Steps**

The staff has worked hard to improve vaccination rates and the agency has achieved its original goal. However, St. Michael's Home Health Agency is not stopping there. The agency continues to strive to improve vaccination rates, particularly influenza vaccination rates since administration of this vaccine has been less consistent. With continued consistency, education, and communication, St. Michael's Home Health Agency will undoubtedly continue to improve immunizations rates, and most importantly, they will sustain the high rates of influenza and pneumococcal immunization of all their home health patients. Staff at St. Michael's also plans to begin using the Medicare CWF to determine their patients' Medicare preventive services history.

You may access St. Michael's Home Health Agency's Immunization POA and monitoring tool on the Web site of the South Dakota Foundation for Medical Care, [www.sdfmc.org](http://www.sdfmc.org), under immunizations in the home health section.

*Data in this article was provided by Sharon Hauck, St. Michael's Home Health Agency*

## St. Joseph's Long Term Home Health Care Program Topples ACH Rates

"We take a 'domino theory' approach to reducing Acute Care Hospitalization (ACH) rates," says Annette Pisano-Higley, RN, Performance Improvement Manager of St. Joseph's Medical Center Nursing Home Long Term Home Health Care Program in highly urban Yonkers, New York. "Each risk that we can reduce for a patient is one domino to fall until the last domino—ACH rates—goes down."



St. Joseph's has an active census of 400 patients on a daily basis, approximately 65 percent of whom do not use English as their primary language. So when the agency set out to improve patient immunization rates in the fall of 2006, they knew that language and finding appropriate communications resources for patients would be a key factor to increasing the agency rates for immunization.

"Language barriers impact immunization, and health literacy is very low among our demographic, which has a large new immigrant group," Pisano-Higley says. "I used resources from the Department of Health and Human Services for staff and patient education, such as posters and handouts. I also used a lot of online MedQIC resources ([www.medqic.org](http://www.medqic.org)) in terms of educational material, tools and resources. Anything that is multilingual is useful for us. I can modify it using staff language expertise to suit our particular agency."

St. Joseph's patient population is also highly dependent on Medicaid and uses the ED, which makes managing co-morbidities through immunization more difficult.

At the beginning of flu/pneumonia season in October 2006, the agency implemented an Adult Immunization Initiative and Best Practice as a proactive, early intervention ACH prevention measure. The agency placed patient adult immunization screening forms and informational brochures in patient admission folders for easy nurse access and utilization.

As part of the initiative, approximately 400 Physician Immunization Evaluation/Administration Request Letters were mailed to the primary care physicians for all active patients and new admissions. All findings from returned letters and verbal

notifications by nursing of patient vaccination are logged and results tabulated; charts and patient immunization screening forms are then updated.

Pisano-Higley says she was pessimistic about physician response rates to the letters, but as of May 31, 2007, 161 letters had been returned, resulting in:

- ▶ 160 patients receiving influenza vaccines
- ▶ 35 patients receiving pneumococcal vaccines
- ▶ 16 staff members receiving influenza vaccines.

Pisano-Higley says immunizations are a very significant factor in ACH. She sees a huge impact on hospitalization reduction for the agency's total census as a result of the immunization program they implemented. Just six months after implementing the program, St. Joseph's staff was able to:

- ▶ Reduce ACH total census percentage rate by 7.7% from the previous year, even though the census increased by 9.25%
- ▶ Reduce ACH discharged/transferred patient rate by 1.2%.

"We take a team approach and our staff really supports each other," Pisano-Higley says. We have to look at our personal best and we reward it."

*Annette Pisano-Higley, RN, Performance Improvement Manager, St. Joseph's Medical Center Nursing Home Long Term Home Health Care Program provided data in this article.*



Clinician name: \_\_\_\_\_

Date: \_\_\_\_\_



**New**

## Therapist Post-Test Immunization



**All therapists, including OTAs and PTAs can apply for a certificate of attendance to use towards continuing education for 1.3 continuing education hours –follow directions on page 45**

**Directions: Choose the ONE BEST response to the following questions. Circle your answer that identifies the ONE BEST response.**  
**THERAPY:**

1. The purpose of improving immunizations (influenza and pneumonia) is to assist with all of the following **except**:
  - A. Reducing acute care hospitalizations
  - B. Increasing pharmaceutical profits
  - C. Preventing some deaths associated with the infections
  - D. Decreasing the risk of spreading the influenza virus and developing complications from the pneumococcal bacteria
2. Assessing patients for their pneumonia status should occur year round. Pneumonia is not seasonal.
  - A. True
  - B. False
3. Pneumonia causes an estimated \_\_\_\_\_ number of hospitalizations annually in the U.S.
  - A. 14 hundred
  - B. 14 thousand
  - C. 140 thousand
  - D. 1.4 million
  - E. 140 million
4. The following people should be a priority in immunizing for influenza, **except**:
  - A. Patient
  - B. Caregivers
  - C. Health care workers
  - D. Immediate family
  - E. Out-of-state family who visits each summer
5. Therapists can actually be involved with the agency's immunization program by:
  - A. Encouraging patients/caregivers to be immunized
  - B. Getting self-immunized
  - C. Administer immunizations
  - D. A & B
  - E. A & C

**Answers to post-test are located in the Leadership Section page 34.**