

ΡΝΕΥΜΟΝΙΑ



ΚΝΟΚΟΥΤ



Webinar description

This webinar will serve as the project kickoff for participating FQHCs. It will provide attendees with information about the Pneumonia Knockout Campaign, an overview of pneumococcal pneumonia and vaccination standards, and next steps in the project.

Learning objectives

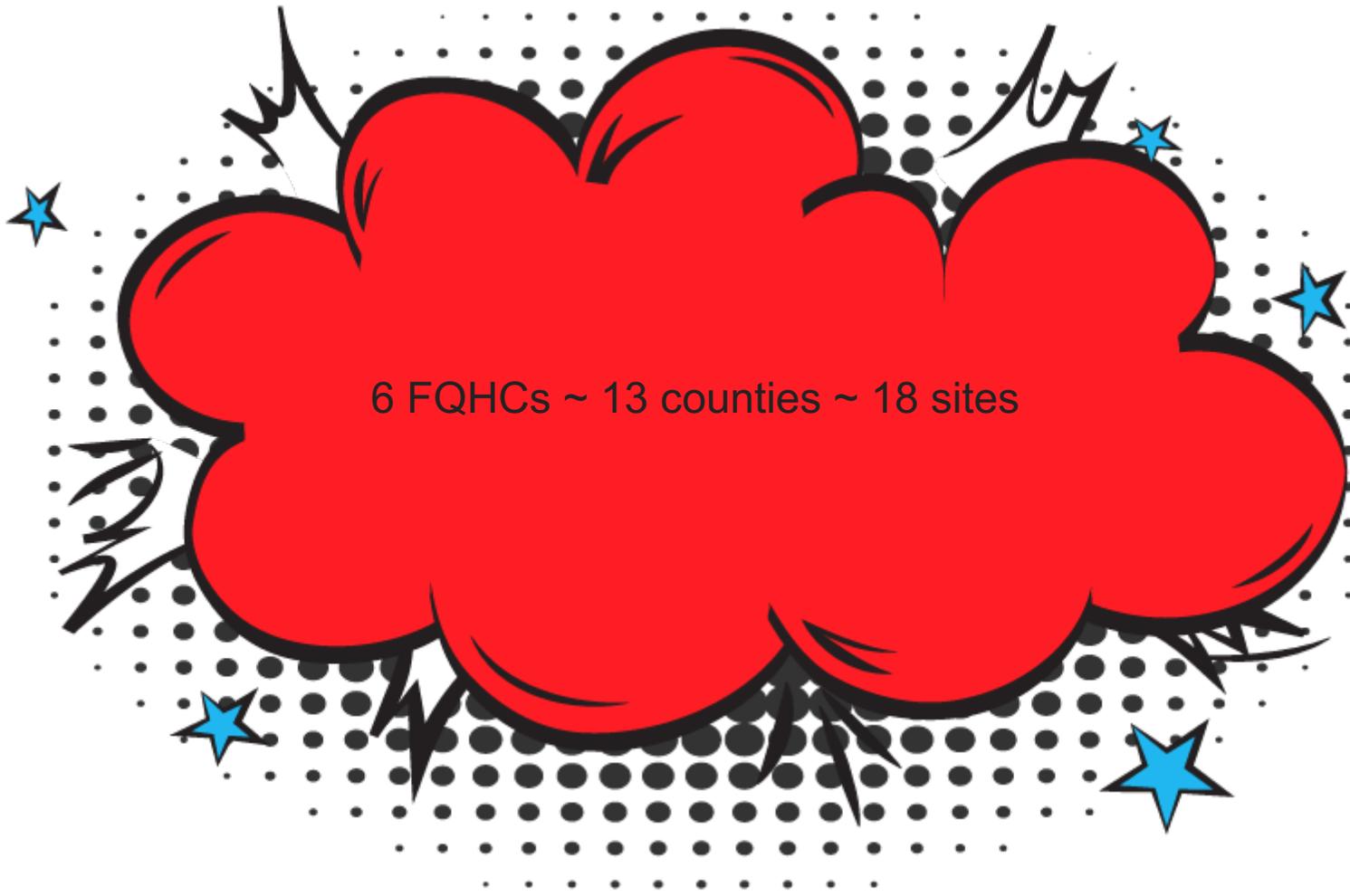
At the end of this activity, attendees will:

1. Understand the burden of pneumonia mortality in North Carolina.
2. Understand the pneumococcal pneumonia vaccination standards.
3. Understand the next steps in participation in the project.



Agenda

- Welcome/introductions
- Pneumonia Knockout Campaign overview - Trish Vandersea, NCHA
- Pneumococcal pneumonia vaccination standards review - Laura Edwards, CHS
- FQHC project overview - Carey O'Reilly, NCCHCA and Laura Edwards, CHS
- Question/Answer



6 FQHCs ~ 13 counties ~ 18 sites



Participating FQHCs and Counties

1. CommWell Health – Bladen, Sampson, Johnston
2. Mountain Community Health Partnership - Yancey, Mitchell
3. Ocracoke Health Center/Engelhard Medical Center – Hyde
4. Robeson Community Health Center – Robeson, Scotland, Columbus, Montgomery
5. Roanoke Chowan Community Health Center – Washington, Bertie
6. Stedman Wade Health Services - Cumberland

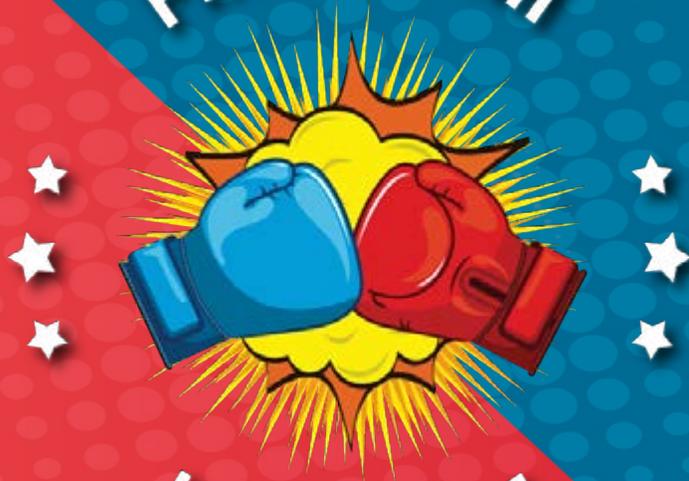


Pneumonia Knockout: Reducing Pneumonia Mortality and Readmissions in NC through Collective Action and Cross Continuum Partnerships

North Carolina Healthcare Association

Uniting hospitals, health systems and care providers for healthier communities

ΡΠΕΥΜΟΝΙΑ



ΚΝΟΚΟΥΤ



Prioritizing Community Acquired Pneumonia in NC

Nationally
NC is ranked
50^h for
Pneumonia
Mortality

Trending – Dropped
From 35th in 2015
to 49th in 2016 to
50th in 2017

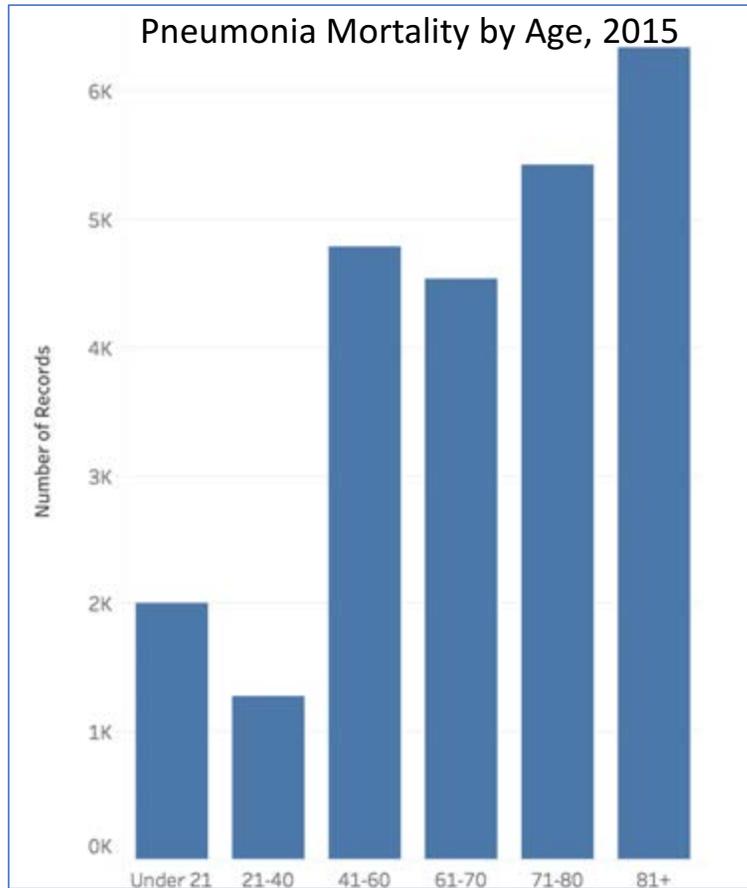
Among top
10 causes of death
In NC

Every year, approximately 1,700 people in North Carolina die from complications of pneumonia.

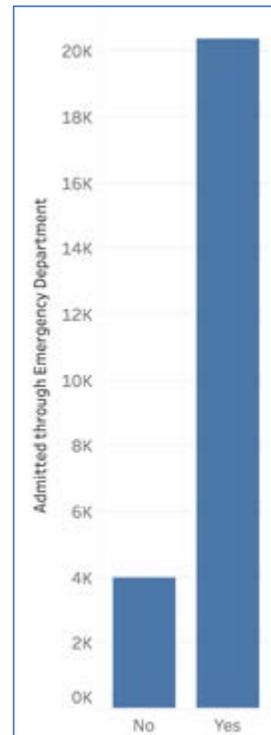
Pneumonia is most often acquired in the community, outside of the hospital setting.

73% of all NC hospitals are below the CMS national benchmark.

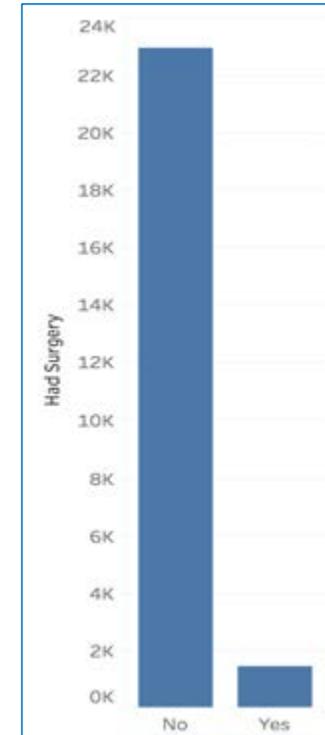
Pneumonia Patient Characteristics



**Admitted through
Emergency Department**



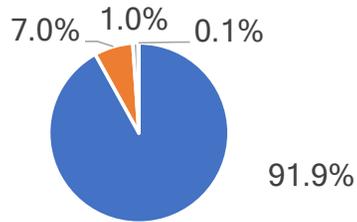
**Had
Surgery**



End of Life Utilization

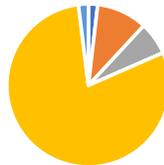
Unique patients	2,508
Discharges	2,740

Number of Inpatient Discharges for Patients who Died from Pneumonia, 2016



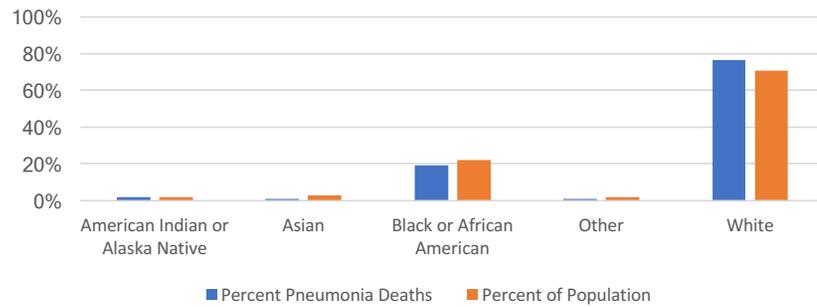
■ 1 discharge ■ 2 discharges ■ 3 discharges ■ 4 discharges

Payer Type, Patients who Died from Pneumonia, 2016

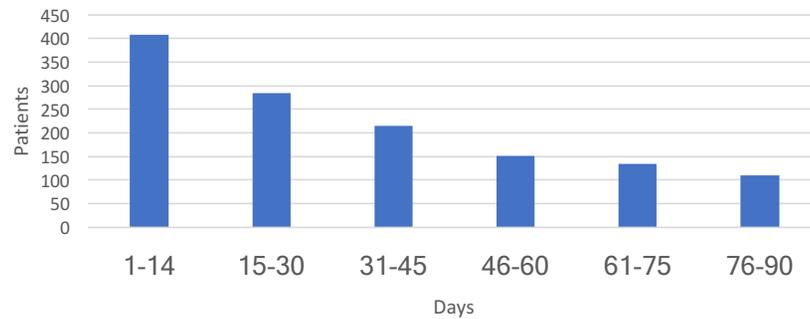


■ Self Pay ■ Commercial ■ Medicaid ■ Medicare ■ Other

Race of Patients who Died from Pneumonia, 2016



Days from Discharge to Death for Patients who Died from Pneumonia, 2016



Mortality: By patient journey

Episode End Date: Jan 1, 2016 - Dec 31, 2016

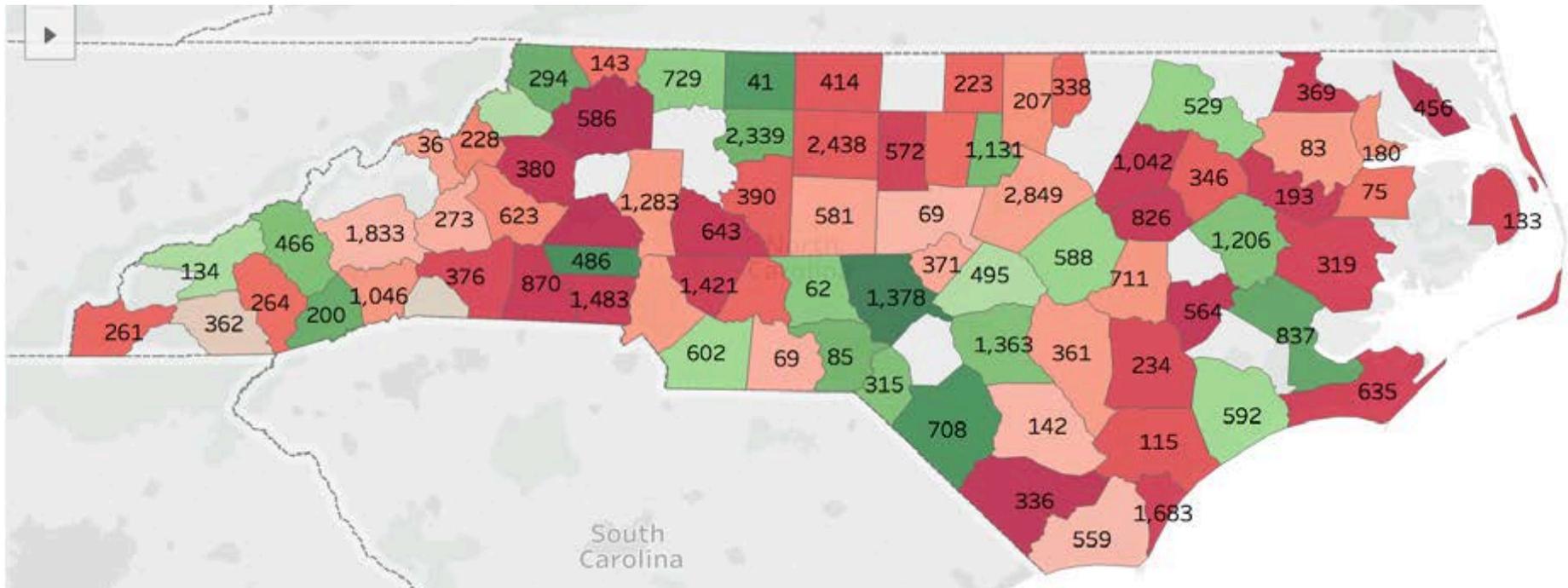
Volume: 16,424

By discharge location ↗



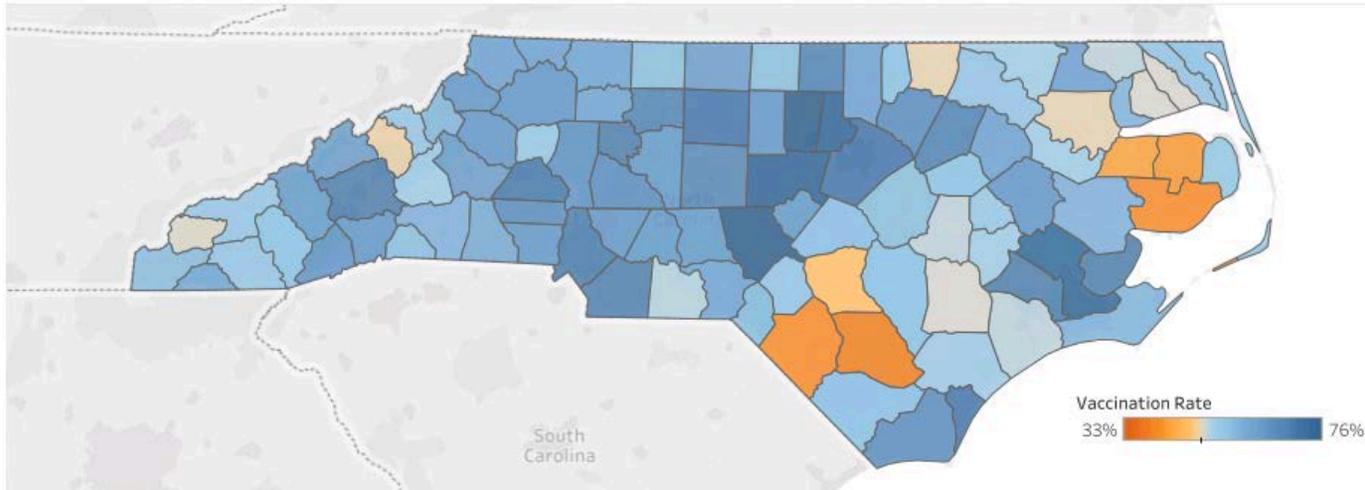
The actual location of death is not available; however, this is the discharge location for patients who died within 30 days – may be a pretty good proxy

Pneumonia Mortality by County



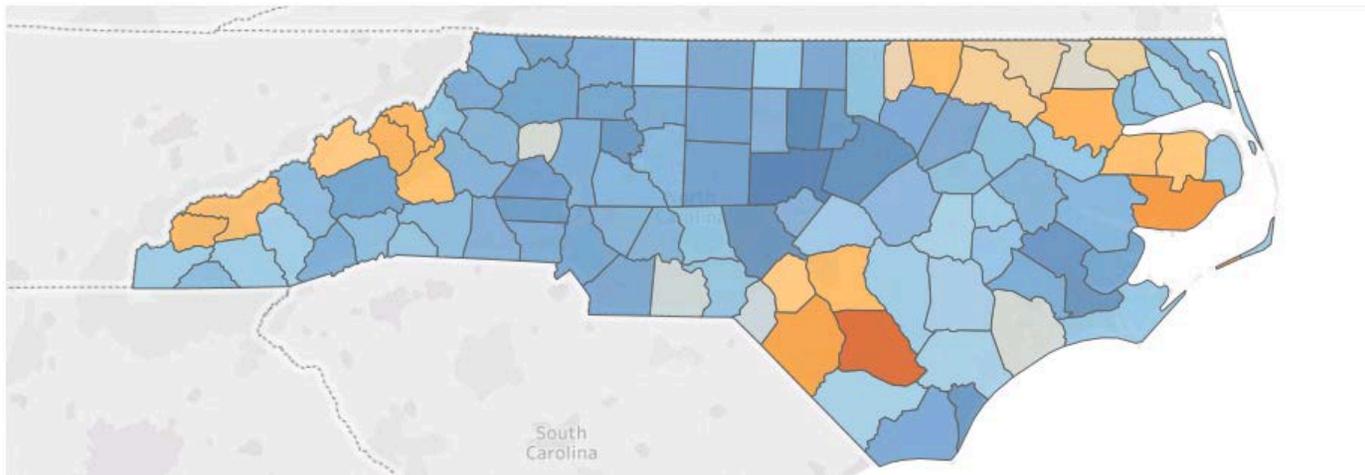
Number label indicates total cases by county in 2016. Color indicates performance compared to national benchmark on mortality – red is worse, green is better.

Pneumonia Vaccination Rates in NC, July 2015 - June 2016



According to 2016 data from the Behavioral Risk Factor Surveillance System, only 23% of NC Medicare beneficiaries age 65 years old or older report they have received the CDC recommended regimen of *BOTH* PPSV23 and PCV13 pneumococcal vaccinations.

Flu Vaccination Rates NC, August 2015 - March 2016



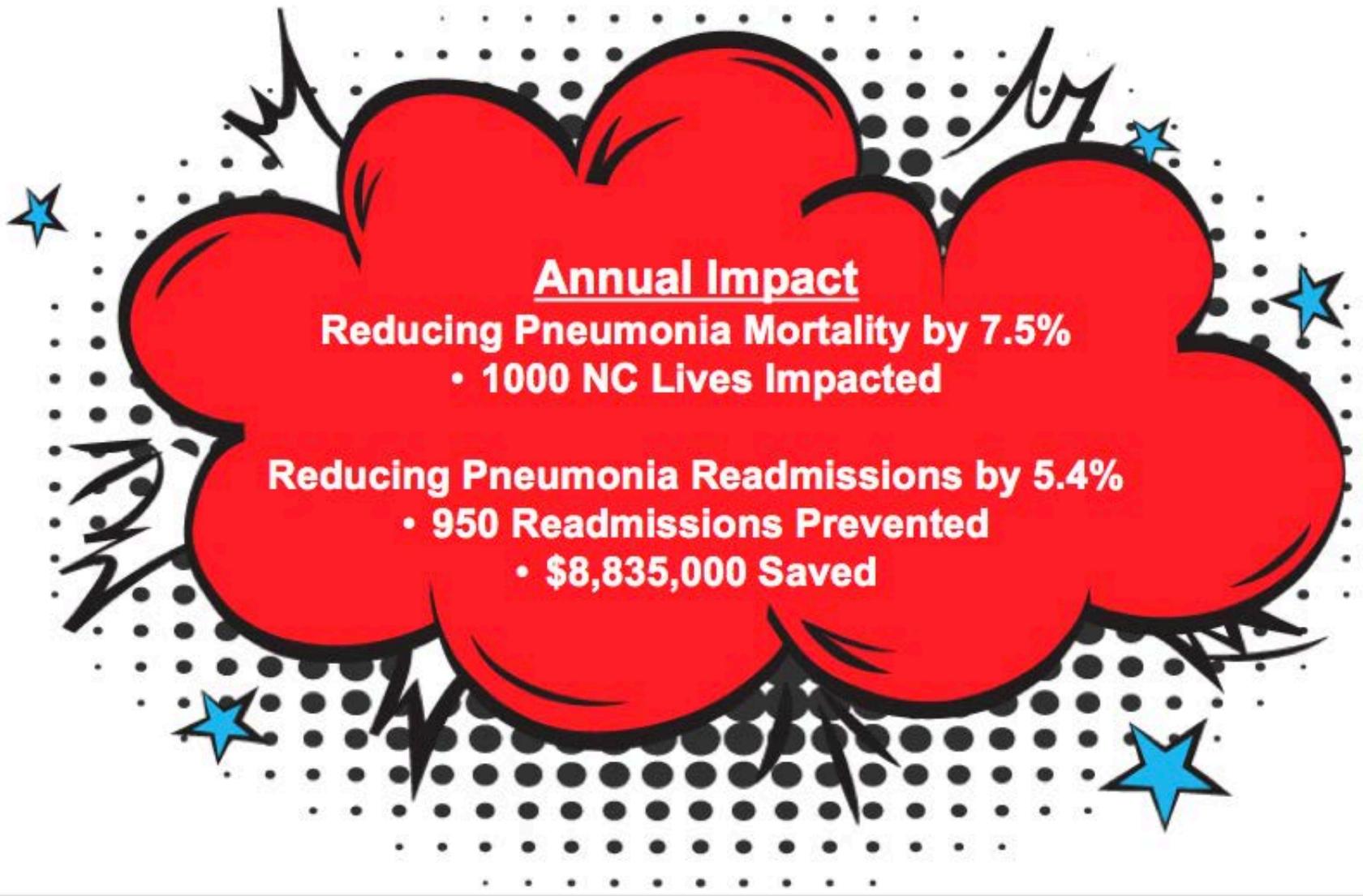


Pneumonia Knockout Campaign

In March 2017, the NCHA Board of Trustees approved a **two-year Quality Goal** to reduce pneumonia (PNE) mortality and readmission rates to put North Carolina at and below the national average. Specifically, the goal is to:

- **Reduce** PNE state mortality rate by 7.5% to the national average of 16.3% over 2 years
- **Reduce** PNE state readmissions by 5.4% over 2 years to target top 25% quartile of the nation

The Board's approval of this goal signifies an organizational commitment to guide this work and a call to NCHA's 117 member hospitals and health systems statewide to actively participate. **Currently have 94 hospitals participating**



Annual Impact

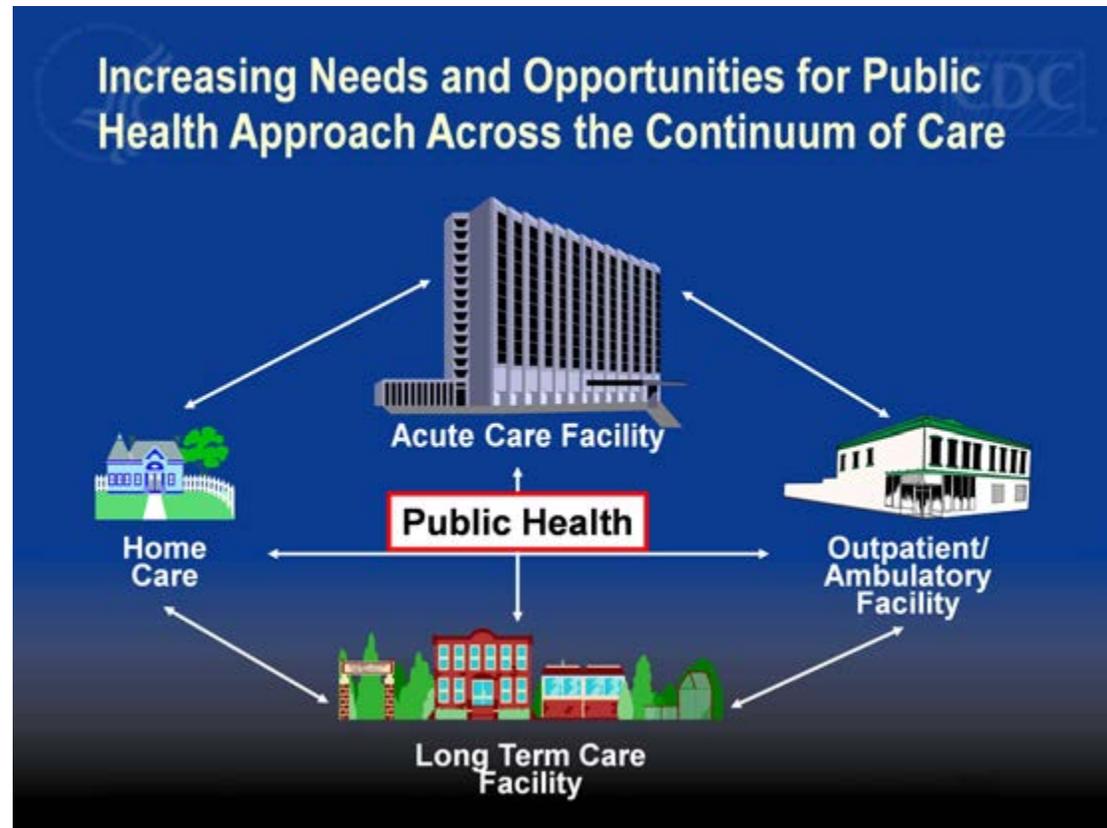
Reducing Pneumonia Mortality by 7.5%

- 1000 NC Lives Impacted

Reducing Pneumonia Readmissions by 5.4%

- 950 Readmissions Prevented
- \$8,835,000 Saved

Reaching
Beyond the
Hospital

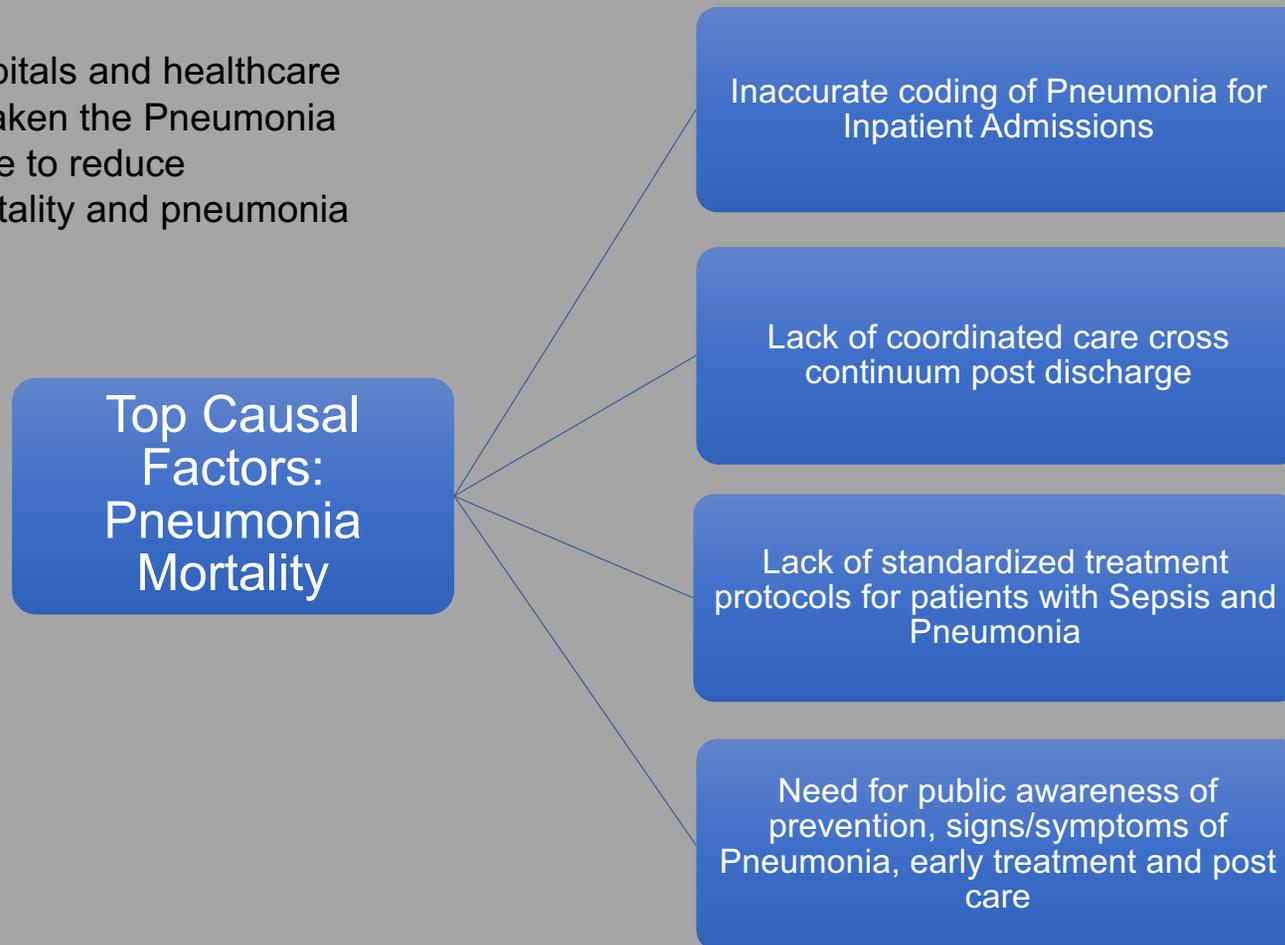


Pneumonia Knockout Advisory Group

- Alliant Quality
- Blaze Advisors
- Blue Cross Blue Shield
- Collaborative Health Solutions
- Cone Health System
- Consulate Health Care
- DHHS, Communicable Disease Branch
- DHHS, Division of Aging & Adult Services
- Liberty Healthcare & Rehabilitation Services
- Margaret R Pardee Memorial Hospital
- Merck
- Mission Health System
- NC Association of Pharmacists
- NC BAM (Baptist Aging Ministry)
- NC Case Management Association
- NC Community Health Care Association
- NC Healthcare Facilities Association
- NC Immunization Coalition
- NC Independent Respiratory Therapy/Genesis Health Care
- NC Medical Society
- Pender Memorial Hospital
- Pfizer Inc.
- The Carolinas Center for Hospice & End of Life Care
- Vidant Health- Vidant Roanoke Chowan
- Walgreens
- Well Care Home Health

Collective Action for Performance Improvement

83% of NC hospitals and healthcare systems have taken the Pneumonia Knockout pledge to reduce pneumonia mortality and pneumonia readmissions.



PNE Advisory Group Recommendations



Pneumonia Knockout 2018 Targeted Improvement Strategy Areas



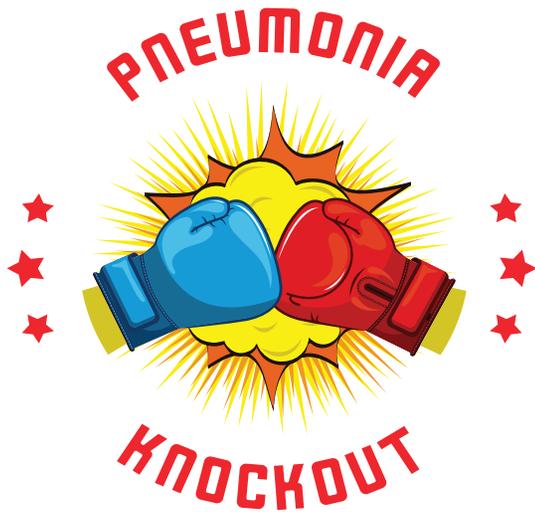
Increase Public Awareness on Importance of Pneumococcal Vaccinations

Increase Healthcare Provider Education on Pneumococcal Vaccinations

Develop Clinical Guidelines and Standardization Around Pneumonia Care- care pathways, ABS

Improve Clinical Coding and Documentation

Launch Readmission Aspire webinar and develop NC Playbook



Pneumococcal Immunization Campaign

- Increase awareness, sign/symptoms & post care treatment of pneumonia and provide education on the importance of vaccination
- Targeted outreach in 9 counties with lowest immunization rates in NC
- Strategic partnerships with Federally Qualified Health Centers
- <https://www.healthiertomorrownc.com/pneumonia-knockout>

WHO PNEU?™



Developed by the American Lung Association in partnership with Pfizer.

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[HOME](#) | [WHAT IS PNEUMOCOCCAL PNEUMONIA?](#) | [YOUR RISK ASSESSMENT](#) | [ABOUT THE AMERICAN LUNG ASSOCIATION](#)



Who Pneu?

Even healthy adults as young as 50 are at increased risk for pneumococcal pneumonia, a serious lung infection that is potentially life-threatening.

Symptoms, like difficulty breathing, chest pain, fatigue, and cough, can even put you in the hospital—in fact, the average stay for those requiring hospitalization is approximately six days.

50 or older? Your risk of being hospitalized after getting pneumococcal pneumonia is 8X greater than younger adults (18-49).

Don't be caught off guard. Explore our website to learn more about your personal risk for pneumococcal pneumonia.

[Are you at risk? Take the assessment!](#) ▶

Pam's Story

Risk Factors

Causes and Symptoms



NCMS Joins in Pneumonia Knockout Campaign

The North Carolina Medical Society (NCMS), the North Carolina Hospital Association (NCHA) and a variety of health care stakeholders have joined forces to reduce North Carolina's dismal pneumonia mortality rate. Our state currently ranks 49 out of 50 states for mortality due to pneumonia.

The NCHA Quality Center, with help from an Advisory Council, will provide hospitals, health systems and other stakeholders with technical support, education, best practice learning and sharing and a public education campaign to reduce the mortality rate by 7.5 percent over the next two years. Learn more about the Pneumonia Knockout Campaign. World Pneumonia Day is Nov. 12, and serves as a reminder that pneumonia is a leading killer of children around the world. Learn more about this international awareness raising movement.

Keep in mind the CDC recommends pneumococcal vaccination for all adults 65 years or older. Use the resources below to educate your patients on the need for vaccination.

Resources for your patients:

- Patient Commercial
- Are you at risk? Take the assessment!
- Protect yourself from pneumococcal disease...get vaccinated!
 - Patient Info/English
 - Patient Info/Spanish
- 5 Questions To Ask Your Doctor
- 5 Facts You Should Know About Pneumonia
- Pneumococcal Vaccine Timing for Adults - Pocket Guide
- Immunization Action Coalition



The Wilson Times

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Practice prevention to knock out pneumonia in Wilson

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Posted Wednesday, October 11, 2017 8:40 pm



Terri Shanon
@TheWilsonTimes

Chances are, you or someone you know has been diagnosed with pneumonia.

Pneumonia and influenza caused 2,113 deaths in North Carolina in 2015, ranking North Carolina 49th (No. 1 being the best) in the nation for loss of life due to pneumonia deaths.

Pneumonia is an infection of the lungs, and there are many different types. The most common type of bacterial pneumonia is called pneumococcal pneumonia. This type of pneumonia is a potentially serious lung disease that, in severe cases, can be life-threatening. Symptoms may include high fever, fatigue, shaking chills, excessive sweating, a cough with

NEWS

ORANGE COUNTY NORTH CAROLINA

Media Contact

Latonya Brown
Department on Aging
Phone: 919.245.4270
lbrown@orangecountync.gov

FOR IMMEDIATE RELEASE

Orange County to offer Shingles and Pneumonia Vaccine Clinic

ORANGE COUNTY, NC (October 6, 2017)—Orange County Department on Aging, in partnership with Walgreens and Walmart, will offer two Shingles and Pneumonia Vaccination Clinics in October.

Participants must attend an immunization assessment prior to the actual clinic date. The assessment provides clinicians the opportunity to answer your questions, explain your vaccine options, and check to be sure your insurance plan covers the vaccines and what your co-pay will be.

Participants are asked to bring the following to the assessment and clinic:

- Health Insurance Cards
- Name and Phone Number of your Primary Care Provider
- Immunization History (if possible)
- List of Medications (if possible)

To schedule an immunization assessment and vaccine appointment contact the location of your choice. If you are unable to attend the immunization assessment, please contact the sponsoring pharmacy to schedule your vaccine appointment at another time.

Immunization Assessment and Clinic Locations, Dates and Times:

Seymour Center, 2551 Homestead Rd., Chapel Hill, (919) 968-2070
Immunization Assessment
Shingles and Pneumonia Clinic
Monday, October 16, from 12:30 – 2:30 p.m.

Passmore Center, 103 Meadowlands Dr., Hillsborough, (919) 245-2015
Immunization Assessment
Monday, October 23, from 9:30 – 11:30 a.m.
Monday, October 25, from 9:30 – 11:30 a.m.

State and Community Partnerships

Strategic Partnerships

- AARP January 2018 Bulletin
- Importance of Physician Champions
- Working together to improve public awareness on importance of pneumococcal vaccinations in NC.

Had Your Pneumonia Shots Yet?

Posted on 01/1/2018 by [TheAARPBulletin](#) | [AARP North Carolina](#)



Thomas Koinis, M.D., chats with patient Thomas Hamilton after giving him a pneumonia vaccination at Duke Primary Care in Oxford. Photo by Travis Dove.

By Michelle Crouch

Julia McLean, 70, knew it was time to get a second pneumonia vaccination. Her doctor had reminded her, but the holidays were coming, so she decided to put it off.

That turned out to be a mistake. In early 2017, McLean came down with pneumonia.

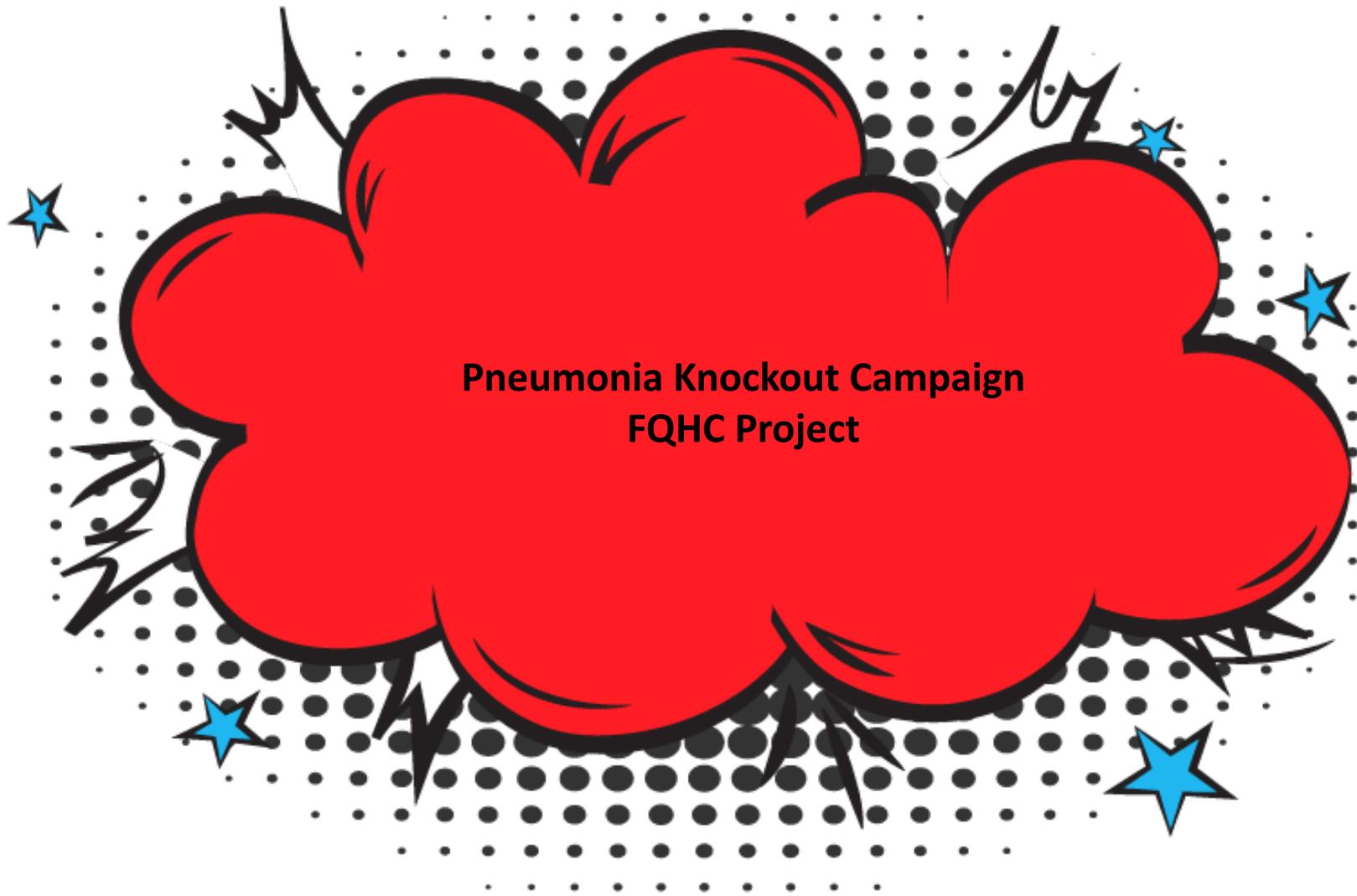
"It was horrible," said McLean, who lives in Charlotte. "I was really, really sick for three weeks. I felt terrible, I had no energy, and it seemed like it took forever to get rid of it."

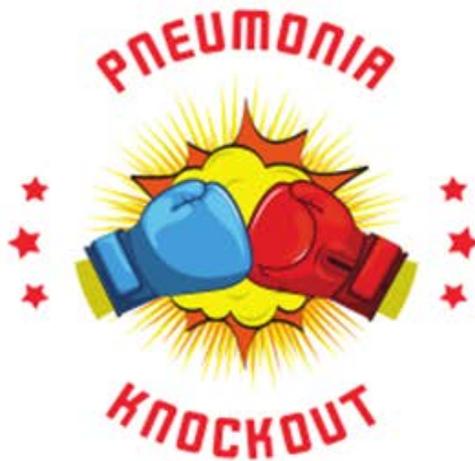
McLean said her story should be a lesson for older people: Don't put off getting your shots.

Knockout Pneumonia!



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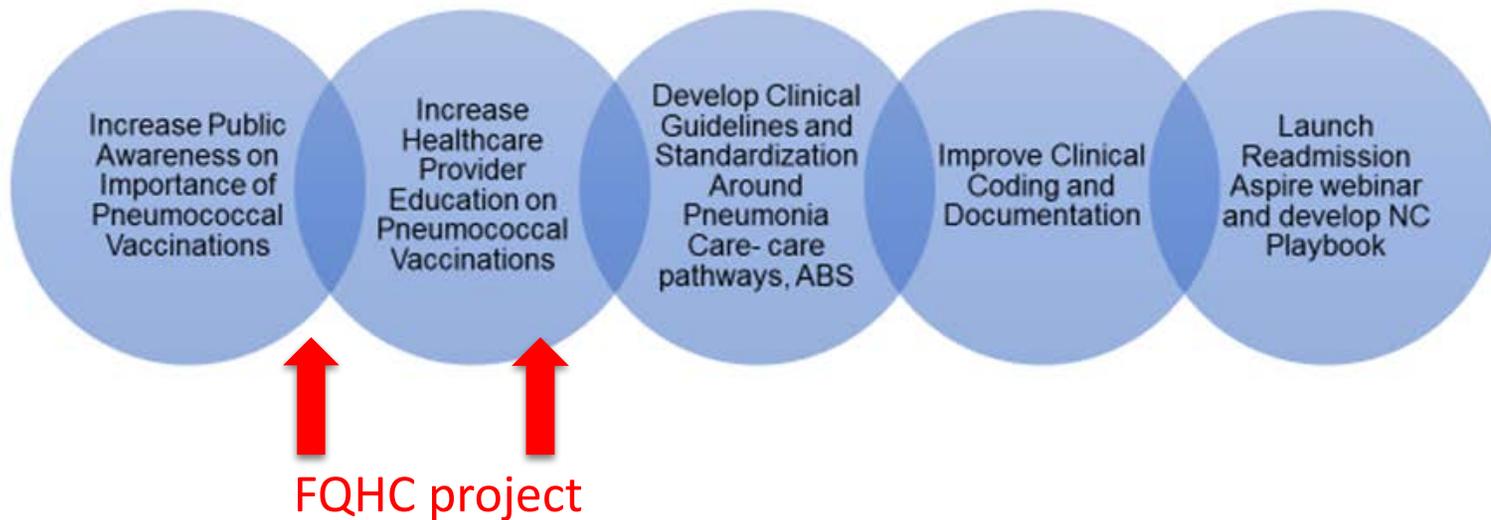




Pneumococcal Immunization Campaign

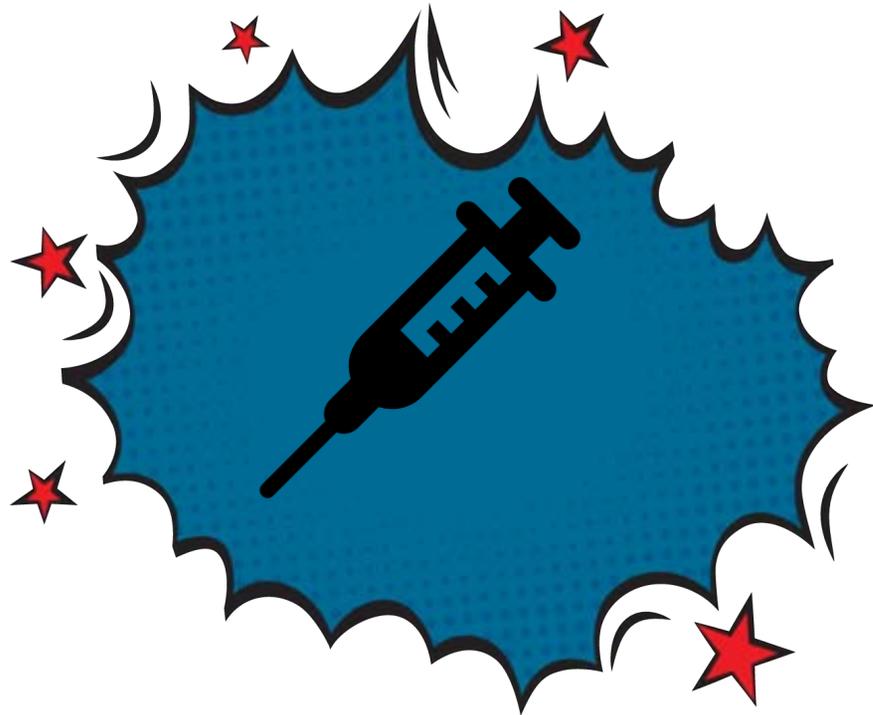
- Increase awareness, sign/symptoms & post care treatment of pneumonia and provide education on the importance of vaccination
- Targeted outreach in 9 counties with lowest immunization rates in NC
- Strategic partnerships with Federally Qualified Health Centers
- <https://www.healthiertomorrownc.com/pneumonia-knockout>

Pneumonia Knockout 2018 Targeted Improvement Strategy Areas



OVERVIEW OF PNEUMOCOCCAL PNEUMONIA AND REVIEW OF VACCINATION STANDARDS

Laura Edwards, RN, MPA
Collaborative Health Solutions



PNEUMOCOCCAL PNEUMONIA

- Pneumococcal pneumonia is caused by *Streptococcus pneumoniae*, a common bacteria that can be spread from person to person through cough or touch. These bacteria can cause part of the lung to become inflamed and fill up with mucus, making it harder to breathe.
- Pneumococcal pneumonia symptoms can appear quickly and can be severe. For some people, certain symptoms like cough and fatigue can last for weeks or longer—even after treatment with antibiotics.
- Many people think of pneumonia as an illness that only the elderly or sick people get in the hospital. That's not always true. Pneumococcal pneumonia is a bacterial lung infection you can catch anywhere, anytime. Even healthy adults 65 or older are at increased risk.

PNEUMOCOCCAL PNEUMONIA

Symptoms are distinct, can appear quickly, and may include:



Chest pain with difficulty breathing



Fatigue



A high fever, shaking chills



A cough with phlegm that persists or gets worse



Excessive sweating

PNEUMOCOCCAL PNEUMONIA

Age and risk are related. Over time, the immune system weakens and can't respond as quickly to infection. This makes it more difficult to defend against pneumococcal disease.

Even those who are active and healthy may be at increased risk for pneumococcal pneumonia. After age 65, the risk of being hospitalized after getting pneumococcal pneumonia is 13X greater than younger adults aged 18 to 49.

Other factors like lifestyle and certain chronic conditions like COPD, asthma, heart disease and diabetes, could increase the risk for pneumococcal pneumonia.

The Pathogen and its Transmission



Streptococcus pneumoniae

- Polysaccharide capsule is a primary virulence factor^{1,2}
- >90 known capsular types (serotypes)^{1,2}
- Serotype-specific antibody is protective^{1,2}
- Individual serotypes may demonstrate variable clinical impact²



Transmission via respiratory droplets, autoinoculation^{1,2}



Nasopharyngeal colonization

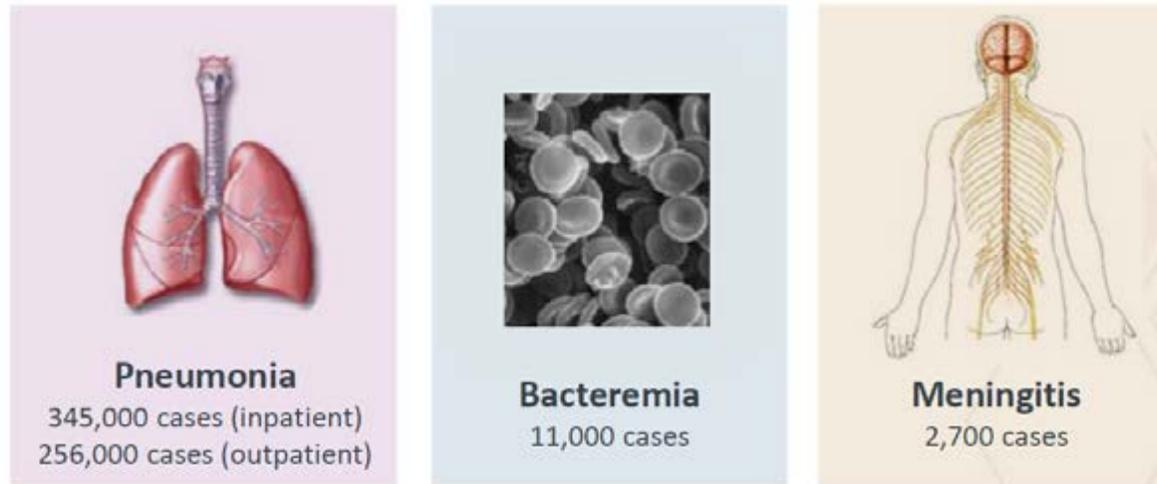


Asymptomatic colonization or Pneumococcal disease

1. Henriques-Normark B et al. *Cold Spring Harb Perspect Med.* 2013;3:a010215. Images © Cold Spring Harbor Laboratory Press.
2. Centers for Disease Control and Prevention (CDC). Pneumococcal disease. In: Hamborsky J et al, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 13th ed. Public Health Foundation; 2015:279–295.

Key Clinical Manifestations of Pneumococcal Disease in Adults ≥ 18 Years of Age^{1,2,a,b}

Pneumococcal Disease Distribution and Estimates



^aThese data are from 2004 and do not account for the effect that PCV13 has had on the burden of pneumococcal disease in adults and continued use of PPSV23. Consequently, these data may not provide a precise estimate of the burden of disease in adults.²

^bBased on 2004 data from the Centers for Disease Control and Prevention (CDC) Active Bacterial Core surveillance, national health care utilization data, existing literature, and expert panel opinion.

PCV13=13-valent pneumococcal conjugate vaccine; PPSV23=23-valent pneumococcal polysaccharide vaccine.

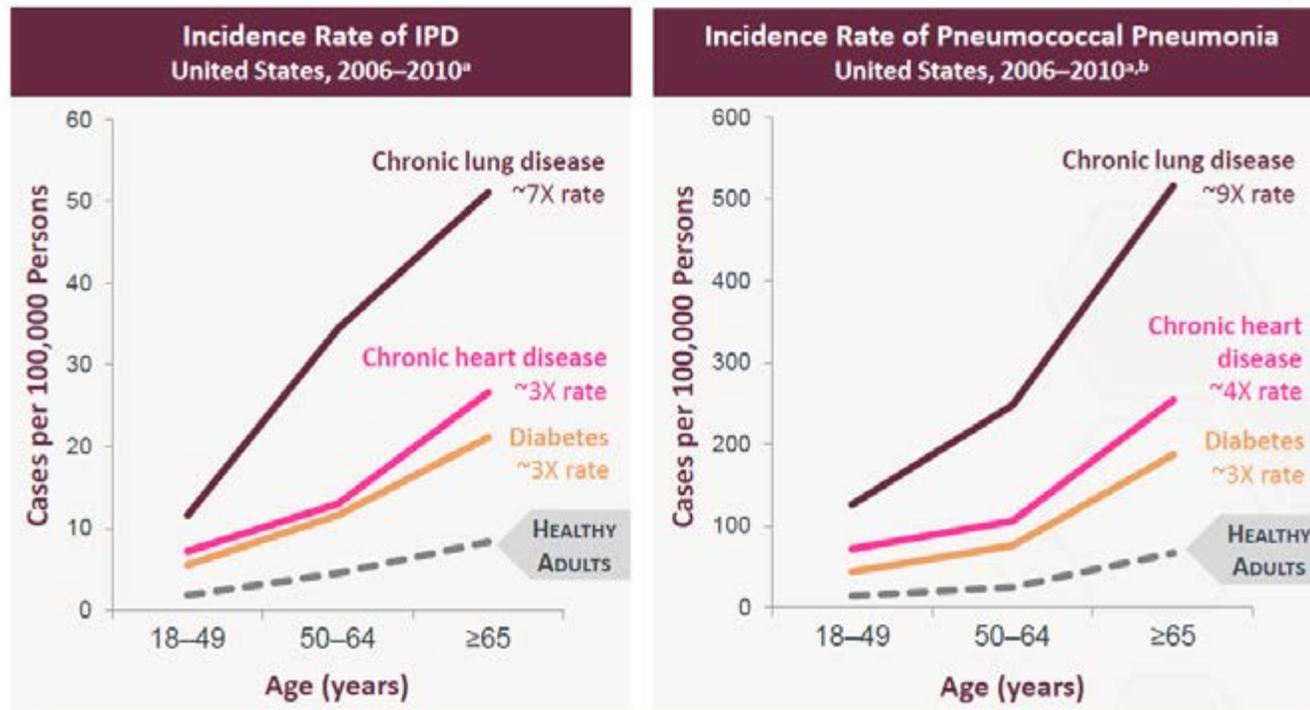
1. Henriques-Normark B et al. *Cold Spring Harb Perspect Med.* 2013;3:a010215. Images © Cold Spring Harbor Laboratory Press.

2. Huang SS et al. *Vaccine.* 2011;29:3398-3412.

Acknowledgement: Slide provided by Merck



The Rate of Pneumococcal Disease Increases With Age and Certain Chronic Conditions¹



IPD=invasive pneumococcal disease.

^aRetrospective cohort study using data from January 1, 2006 through December 31, 2010 from 3 health care claims databases representing >35 million insured adults; ^bExcludes bacteremic cases.

1. Shea KM et al. *Open Forum Infect Dis*. Spring 2014;1:1–9.

Acknowledgement: Slide provided by Merck

IMMUNIZATIONS FOR PREVENTION OF PNEUMOCOCCAL DISEASE

- Two immunizations for prevention of pneumococcal disease
- PNEUMOVAX 23[®] is a vaccine indicated for active immunization for the prevention of pneumococcal disease caused by the 23 serotypes contained in the vaccine (1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, and 33F). PNEUMOVAX 23 is approved for use in persons 50 years of age or older and persons aged ≥ 2 years who are at increased risk for pneumococcal disease. Manufactured by Merck.
- PREVNAR 13[®] is a vaccine approved for adults 18 years of age and older for the prevention of pneumococcal pneumonia and invasive disease caused by the 13 *Streptococcus pneumoniae* strains included in the vaccine. Manufactured by Pfizer.

Serotypes Contained in the 2 Pneumococcal Vaccines



PNEUMOVAX[®]23 (Pneumococcal Vaccine Polyvalent) has 11 unique serotypes, whereas PCV13 has 1 unique serotype^{1,2}

-  Serotypes unique to PNEUMOVAX 23¹
-  Serotype unique to PCV13²
-  Serotypes contained in both vaccines^{1,2}

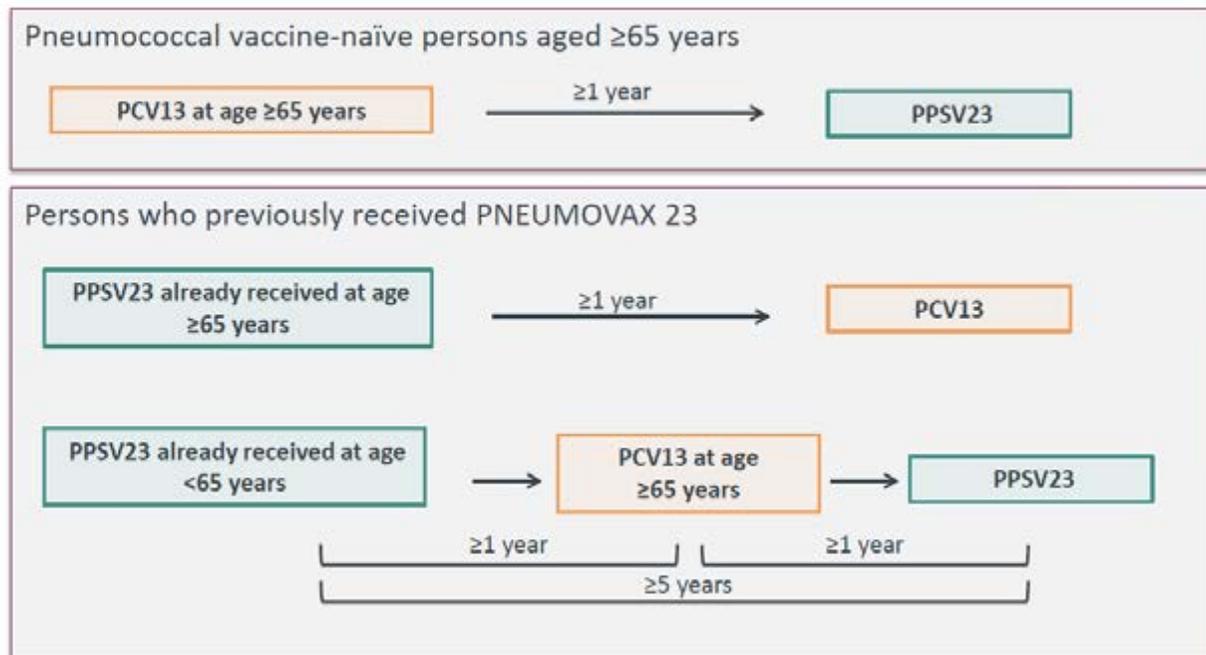
PCV13=13-valent pneumococcal conjugate vaccine.

1. PNEUMOVAX 23 [prescribing information]. Whitehouse Station, NJ: Merck & Co., Inc.; 2015.

2. Prevnar 13 [prescribing information]. New York, NY: Pfizer; 2017.

Brands mentioned are the trademarks of their respective owners.

Sequential Administration and Recommended Intervals for Immunocompetent Adults Aged ≥ 65 Years^{1,2,a,b}



PCV13=13-valent pneumococcal conjugate vaccine; PPSV23=23-valent pneumococcal polysaccharide vaccine; PNEUMOVAX[®] 23 (Pneumococcal Vaccine Polyvalent).

^aIf a dose of PNEUMOVAX 23 is given earlier than the recommended interval, the dose need not be repeated.

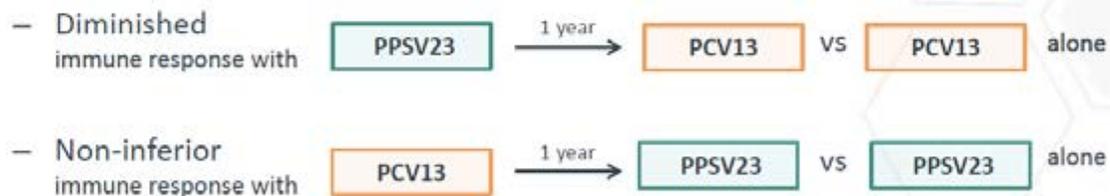
^bPNEUMOVAX 23 and PCV13 should not be co-administered.

1. Centers for Disease Control and Prevention (CDC). *MMWR Morb Mortal Wkly Rep.* 2014;63(37):822–825.

2. CDC. *MMWR Morb Mortal Wkly Rep.* 2015;64(34):944–947.

Sequential Administration of Pneumococcal Vaccines

- There are limited data on the sequential administration of PNEUMOVAX[®]23 (Pneumococcal Vaccine Polyvalent) with other vaccines, including PCV13
- An immunogenicity study described in the Prescribing Information for PCV13 evaluated the sequential administration of PNEUMOVAX 23 with PCV13 in adults 60–64 years of age:¹



PCV13=13-valent pneumococcal conjugate vaccine; PPSV23=23-valent pneumococcal polysaccharide vaccine.

1. Prevnar 13 [prescribing information]. New York, NY: Pfizer; 2017.

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Two pneumococcal vaccines are recommended for adults:

- 13-valent pneumococcal conjugate vaccine (PCV13, Prevnar13®)
- 23-valent pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23)

PCV13 and PPSV23 should not be administered during the same office visit.

When both are indicated, PCV13 should be given before PPSV23 whenever possible.

If either vaccine is inadvertently given earlier than the recommended window, do not repeat the dose.

One dose of PCV13 is recommended for adults:

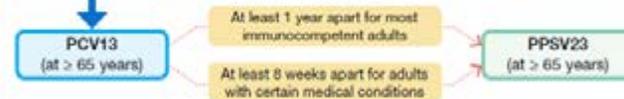
- 65 years or older who have not previously received PCV13.
- 19 years or older with certain medical conditions and who have not previously received PCV13. See *Table 1* for specific guidance.

One dose of PPSV23 is recommended for adults:

- 65 years or older, regardless of previous history of vaccination with pneumococcal vaccines.
 - Once a dose of PPSV23 is given at age 65 years or older, no additional doses of PPSV23 should be administered.
- 19 through 64 years with certain medical conditions.
 - A second dose may be indicated depending on the medical condition. See *Table 1* for specific guidance.

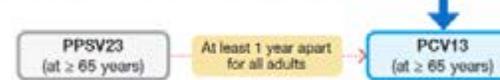
Pneumococcal vaccine timing for adults 65 years or older

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history



- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 **at least 1 year** later for most immunocompetent adults or **at least 8 weeks** later for adults with immunocompromising conditions, cerebrospinal fluid leaks, or cochlear implants. See *Table 1* for specific guidance.

For those who have previously received 1 dose of PPSV23 at ≥ 65 years and no doses of PCV13



- Administer 1 dose of PCV13 **at least 1 year** after the dose of PPSV23 for all adults, regardless of medical conditions.

NCIRDig410 | 11.30.2015

www.cdc.gov/pneumococcal/vaccination.html



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Let's Get Started!

PKC FQHC PROJECT

Working together in a quality improvement project to increase pneumococcal pneumonia vaccination rates in persons age 65 years and older.

- Participating as partners in reaching this Quality Goal.
- Supporting public education efforts in the FQHC setting.
- Committing to activities supporting the campaign.



PKC FQHC PROJECT

Each FQHC will lead its improvement efforts, supported by the partnership of the North Carolina Community Health Center Association, North Carolina Healthcare Association and Collaborative Health Solutions.

These partners will provide participating FQHCs with technical support, education and resources.

Collaborative Health Solutions will serve as the lead consultant.



2018 TIMELINE

- January/February Recruitment of FQHCs for participation
- March Orientation to the Campaign and FQHC's complete pre-project assessment
- April FQHCs participate in Pneumonia Knockout webinar and identify population health improvement quality improvement processes and measurement strategies
- May FQHCs initiate implementation of 3 population health quality improvement processes
- June – September Continued implementation of population health quality improvement processes
- October Gather data on measurement of activities
- November Measurement activities reported, participation in project wrap-up webinar, and completion of post-project survey

ACTIVITIES

FQHCs will implement 3 population health process improvement activities. These may include (but are not limited to):

- Implementation of standing orders
- Use of screening tools at check-in to determine whether patient needs pneumococcal vaccination
- Inclusion of prompts, flags, notations or standardized checklists in charts and EMRs
- Display educational materials in offices to prompt patients to ask about vaccination during their visit
- Educate patients through websites, newsletters, and on hold/voicemail scripts or other communications
- Engage multiple professionals in vaccination activities
- Host pneumococcal vaccination clinics
- Encourage use of state immunization registry

EVALUATION MEASURES

OVERALL

- How many pneumococcal pneumonia vaccines were given to patients 65 years and older during **May-October 2017**?
- How many pneumococcal pneumonia vaccines were given to patients 65 years and older during **May-October 2018**?
- Did your site(s) implement an improvement process during **May-October 2018**?
- Which improvement processes were implemented during **May-October 2018**?
 - Implementation of standing orders
 - Use of screening tools at check-in to determine whether patient needs pneumococcal vaccination
 - Inclusion of prompts, flags, notations or standardized checklists in charts and EMRs
 - Display educational materials in offices to prompt patients to ask about vaccination during their visit
 - Educate patients through websites, newsletters, and on hold/voicemail scripts or other communications
 - Engage multiple professionals in vaccination activities
 - Host pneumococcal vaccination clinics
 - Encourage use of state immunization registry
 - Other _____

EVALUATION MEASURES

ACTIVITY SPECIFIC

- Did your site(s) implement standing orders or revise existing standing orders?
- What screening tools were implemented at check-in to determine need for pneumococcal vaccine?
- What prompts, flags, notations or standardized checklists were included in charts/EMRs?
- Did the displayed education materials prompt patients to ask about vaccination during their visit? How many?
- Did patient education on websites, newsletters, phone scripts or other communications prompt patients to ask about vaccination? How many patients?
- What professionals were engaged in vaccination activities?
- How many pneumococcal vaccination clinics were held? Where? How many vaccines were given?
- Did you document pneumococcal vaccines administered in the state immunization registry (NCIR)? How many?

NEXT STEPS

Assemble your QI team and complete project start up processes
(ex. aim statement, process mapping, administrative buy-in, potential barriers to success, identification of provider champion)

Gather and interpret baseline data

Identify 3 activities

Identify data/methods for evaluation of activities

Implement

Monitor

Evaluate



RESOURCES

We are here to help you!

Trish Vandersea, NCHA
Carey O'Reilly, NCCHCA
Marti Wolf, NCCHCA
Laura Edwards, CHS

Laura is the main point of contact for the project. She will act as liaison and help coordinate resources, expertise, etc.

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919-802-6611



RESOURCES

NCHA Pneumonia
Knockout Campaign

<https://www.healthiertomorrownc.com/pneumonia-knockout>

CDC Pneumococcal
pneumonia
vaccination page

<https://www.cdc.gov/vaccines/vpd/pneumo/index.html>



RESOURCES

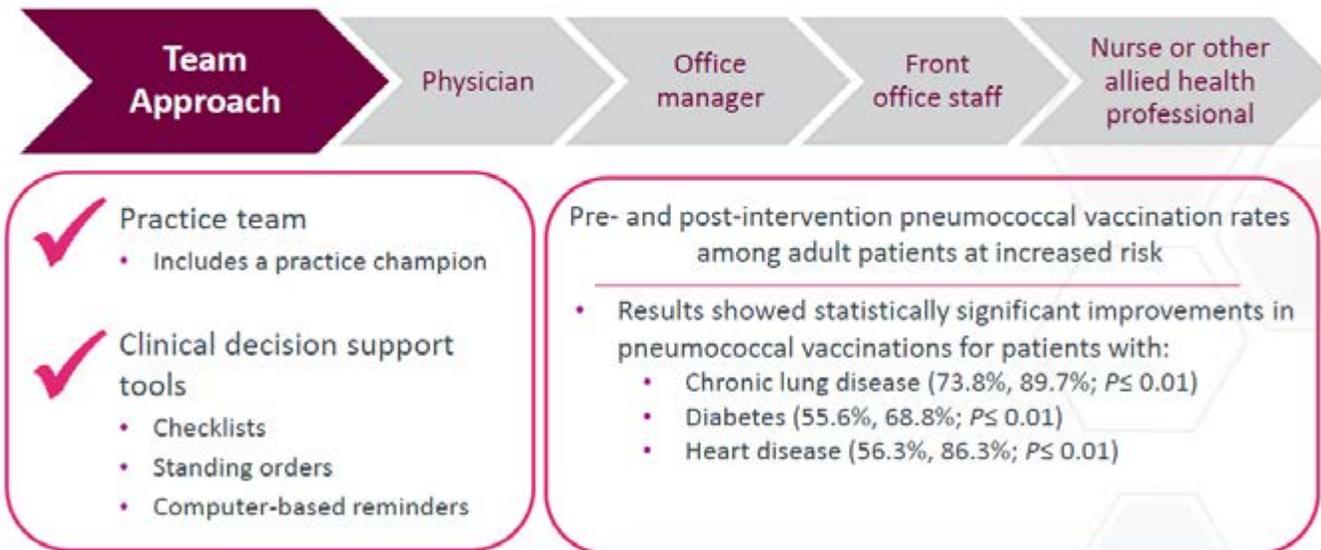
- NCHA Pneumonia Knockout Campaign <https://www.healthiertomorrownc.com/pneumonia-knockout>
- AIM Adult Immunization Resource Guide <http://www.immunizationmanagers.org/page/adults>
The AIM Adult Immunization Resource Guide characterizes a selection of the varied activities and strategies that Immunization Programs have employed to enhance and improve the delivery of immunizations to adults.
- The Adult Vaccine Quiz <https://www2.cdc.gov/nip/adultimmsched/> Adults need vaccines too. Take the quiz to find out which vaccines you may need.
- CDC Adult Vaccination Schedule <https://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html#print>
This 2018 schedule summarizes the [Advisory Committee on Immunization Practices \(ACIP\)](#) recommendations for currently licensed vaccines for adults 19 years and older. The specific vaccinations you need as an adult are determined by factors such as your age, lifestyle, health and risk conditions, type and locations of travel, and previous immunizations.
- CDC Pneumococcal pneumonia vaccination page <https://www.cdc.gov/vaccines/vpd/pneumo/index.html>
Contains basic information everyone should know, and information for health care professionals
- CDC site for general adult vaccination information, including pneumococcal.
<https://www.cdc.gov/vaccines/adults/vpd.html>

RESOURCES

- CDC print materials available for download. <https://www.cdc.gov/pneumococcal/resources/print.html>
- Pfizer website. <https://www.knowpneumonia.com/>
- CDC pneumonia website. <https://www.cdc.gov/pneumonia/index.html>
- Pfizer facts about pneumonia. https://www.pfizer.com/news/featured_stories/featured_stories_detail/facts-about-pneumonia
- Pfizer pneumococcal website. <https://www.pfizer.com/health/vaccines/areas-of-focus/Pneumococcal-Disease>
- Mayo Clinic Pneumonia website. <https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204>
- American Lung Association pneumonia website. <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/learn-about-pneumonia.html>

Case Study: Implementing A Team Approach in Primary Care Practices¹

17 Primary Care Practices: American College of Physicians Quality and Practice Improvement Network, 2009–2010



1. Gannon M et al. *Am J Public Health*. 2012;102:e46–e52.



Meta-Analysis of Interventions That May Help Improve Adult Pneumococcal Vaccination Rates^{1,a}

- **Interventions that approximately doubled the likelihood for pneumococcal vaccination included:**
 - ✓ **Team approach**
 - Nurse vaccine administration
 - Multidisciplinary team
 - ✓ **Provider reminders**
 - Reminder systems for vaccination/preventive care
 - Reminders generated from patient medical history (eg, EHR)
 - ✓ **Patient outreach**
 - Office brochures
 - Telephone reminders
 - Waiting/examination room posters
 - Patient-held preventive care checklists

EHR=electronic health record.

^aMeta-analysis of 48 comparisons from 35 studies of interventions to improve pneumococcal vaccination rates among community-dwelling adults.

1. Lau D et al. *Ann Fam Med*. 2012;10:538-546.

Strategies at Patient Encounter



Research shows that when patients receive a vaccine recommendation and are **offered the vaccine at the same time** they are **more likely to get vaccinated**¹

- CDC standards for adult vaccination²:
 - **ASSESS** vaccination status of all patients at every clinical encounter
 - Clearly **RECOMMEND** vaccines that are indicated
 - **ADMINISTER** recommended vaccines or **REFER** to a provider who can vaccinate
 - **DOCUMENT** vaccines received by your patients

CDC=Centers for Disease Control and Prevention.

1. CDC. Standards for Practice: Vaccine administration & referral. [cdc.gov/vaccines/hcp/adults/for-practice/standards/referral.html](https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/referral.html). Accessed September 5, 2017. 2. CDC. Standards for adult immunization practice: Overview. [cdc.gov/vaccines/hcp/adults/for-practice/standards/](https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/). Accessed September 5, 2017.

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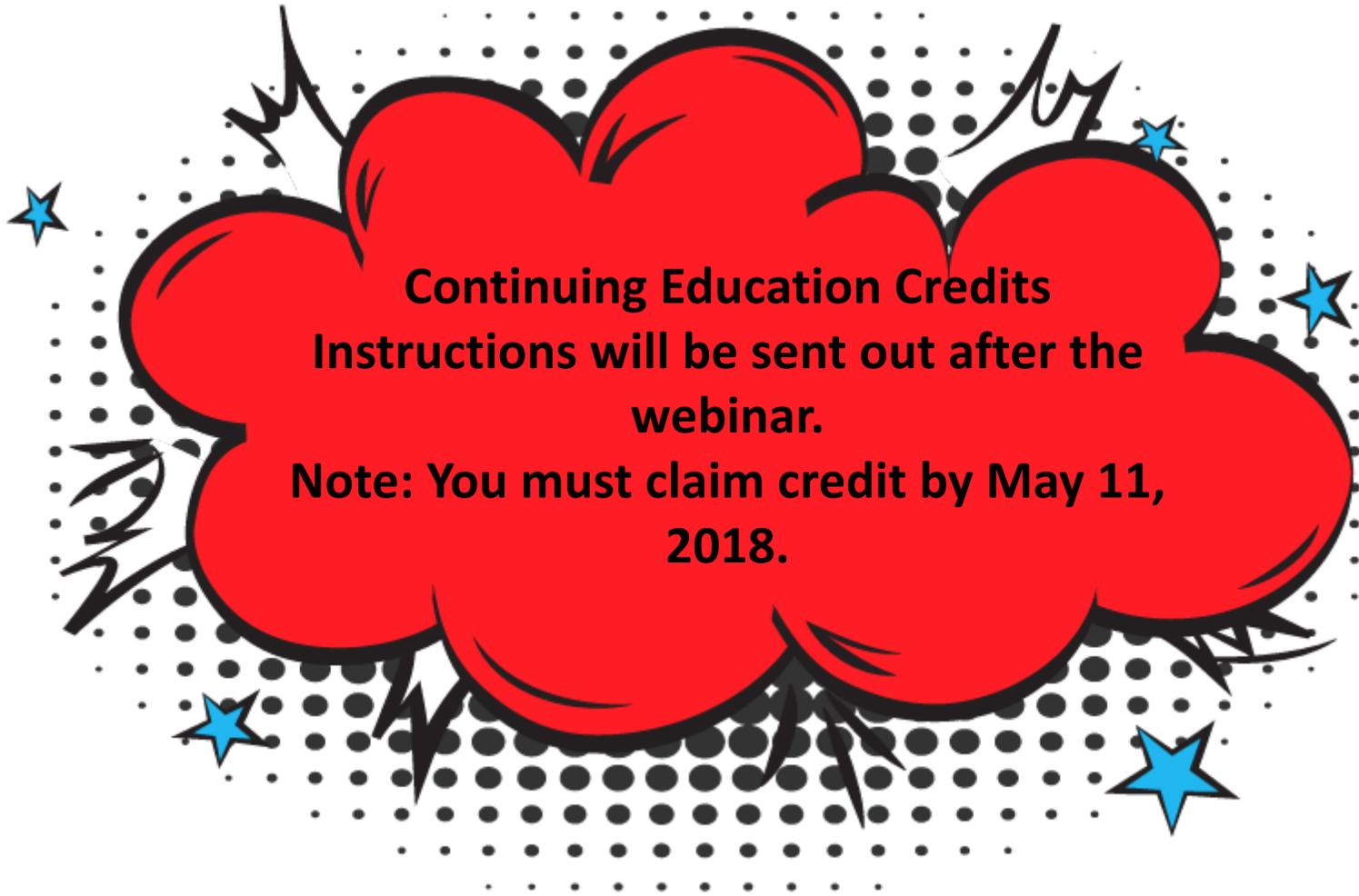
Questions?



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