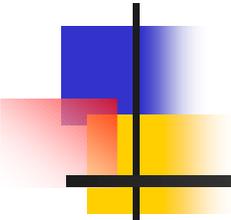


# Influenza and Pneumonia Prevention in Chronic Care Facilities



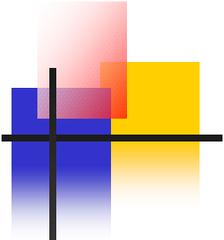
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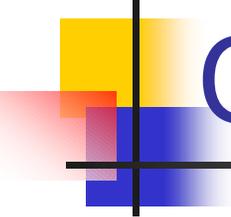
L.A. County Dept. of Health  
Services, Public Health

San Gabriel Service Planning Area

Zuzka P. Eggena, MD, MPH

APHA - November 11, 2002

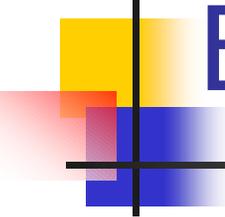




# Objective

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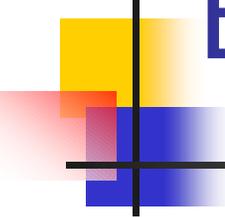
- To improve immunization rates and documentation for influenza (residents and employees) and pneumococcal (residents) vaccines in Chronic Care Facilities (CCFs) through an educational outreach effort by Public Health Nurses (PHNs).



# Background

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- 20,000 to 40,000 estimated deaths attributed annually to influenza complications during epidemics
- > 90% of deaths attributed to influenza and pneumonia occur in older adults
- Residents of CCFs are among the highest risk groups for influenza-related complications
- 60% of CCF residents may become infected during outbreaks with 25% requiring hospitalization and resulting in significant mortality



# Background, Cont'd

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- Employees of CCFs can transmit influenza to residents
- Both vaccines are safe and effective in preventing complications and/or death
- Vaccine coverage in residents of long-term care facilities:

1999 Nat'l Nurs. Home Surv.

HP 2010 Obj.

66%

Influenza Vaccine

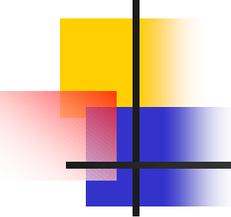
90%

38%

Pneumococcal Vaccine

90%

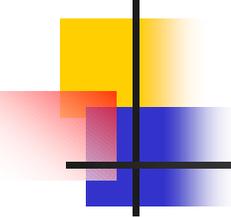
- Facilities with no written policy on immunization had 6.5 times the incidence of outbreaks compared to those with policies



# Methods- Project Development

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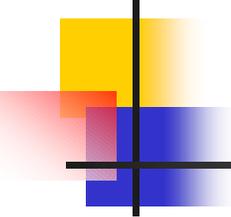
- Multidisciplinary Committee
  - Nurse Managers, Health Educator, PHN, Epidemiology Analyst, Area Health Officer, Immunization Program, Health Facilities Division, CA Medical Review, Inc., Convalescent Hospital Administrator
- Training manual
  - A detailed how-to-guide to prepare for and make a presentation to the facilities, educate on the importance of immunizing, obtain information on past practices, and provide tools to make the effort easier



# Methods - Project Implementation

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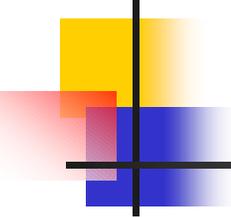
- Training – 35 PHNs trained to educate, motivate, and provide tools
- Outreach – 29 of 81 facilities received intervention in 2001
  - Information – on vaccines and their value
  - Forms - Sample Policy, Patient Consent, Physician Pre-printed Order, Immunization Screening and Order form, etc.
  - Sample tools for easy record keeping
  - Ordering of materials – vaccines, forms, posters, chart stickers, QI tools
  - Roster billing – cost effectiveness



# Methods - Roster Billing

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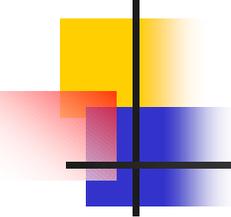
- Medicare covers both Influenza (annually) and Pneumococcal Vaccines
- Reimbursement for vaccine and administration negotiated each year
- Roster bill with up to 100 names per claim submitted
- Software is available for electronic billing:  
<http://cms.hhs.gov/providers/edi/>



# Methods – Outcome Measures

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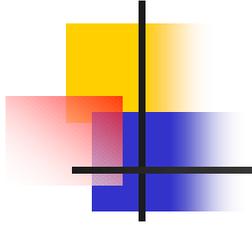
- Pre and post intervention data compared:
  - Data availability
  - Reported influenza and pneumococcal vaccine utilization for pre (2000) and post (2001) intervention years



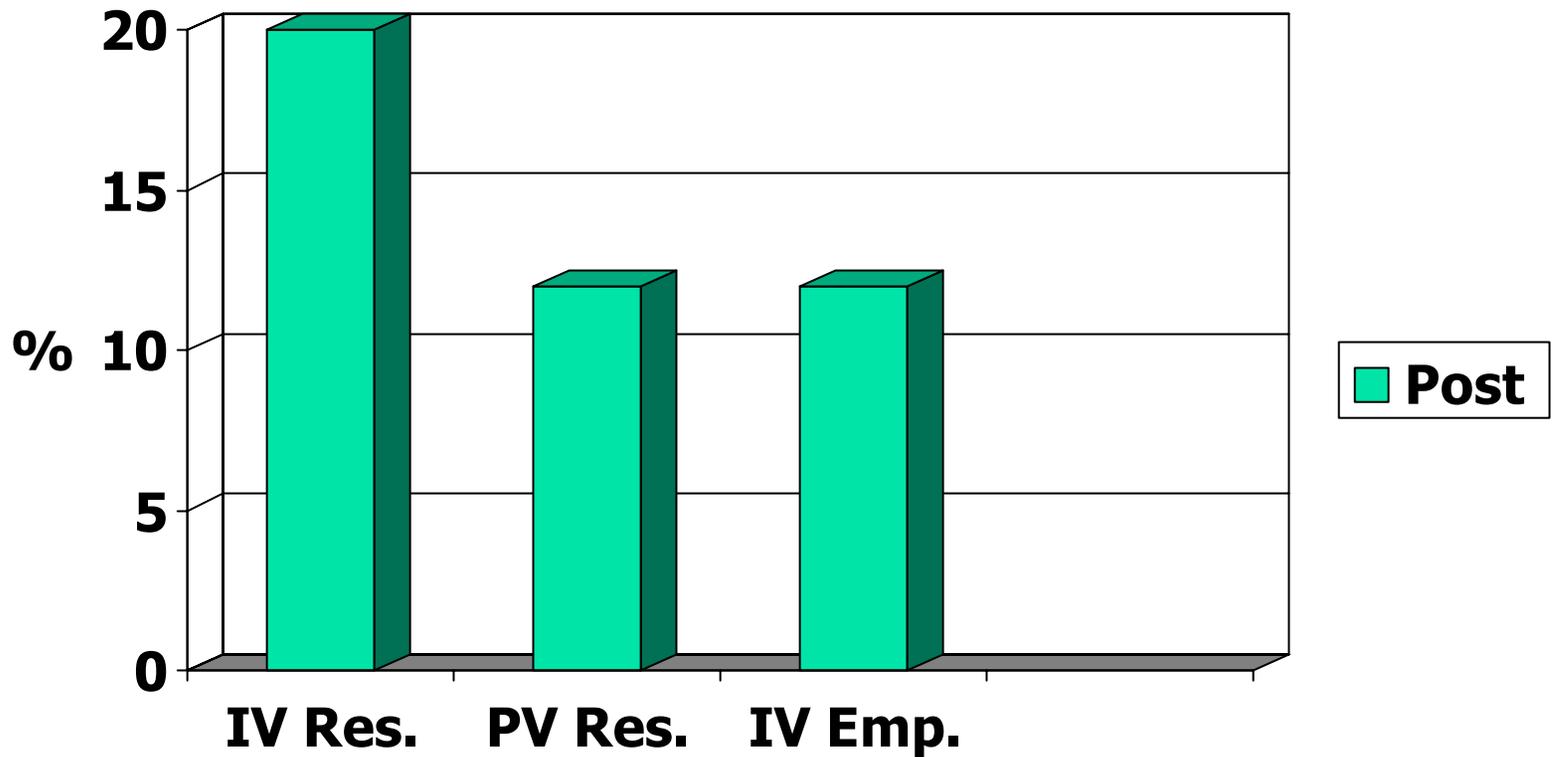
# Results – First Year Evaluation

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- 25 of 29 facilities (86%) responded with data

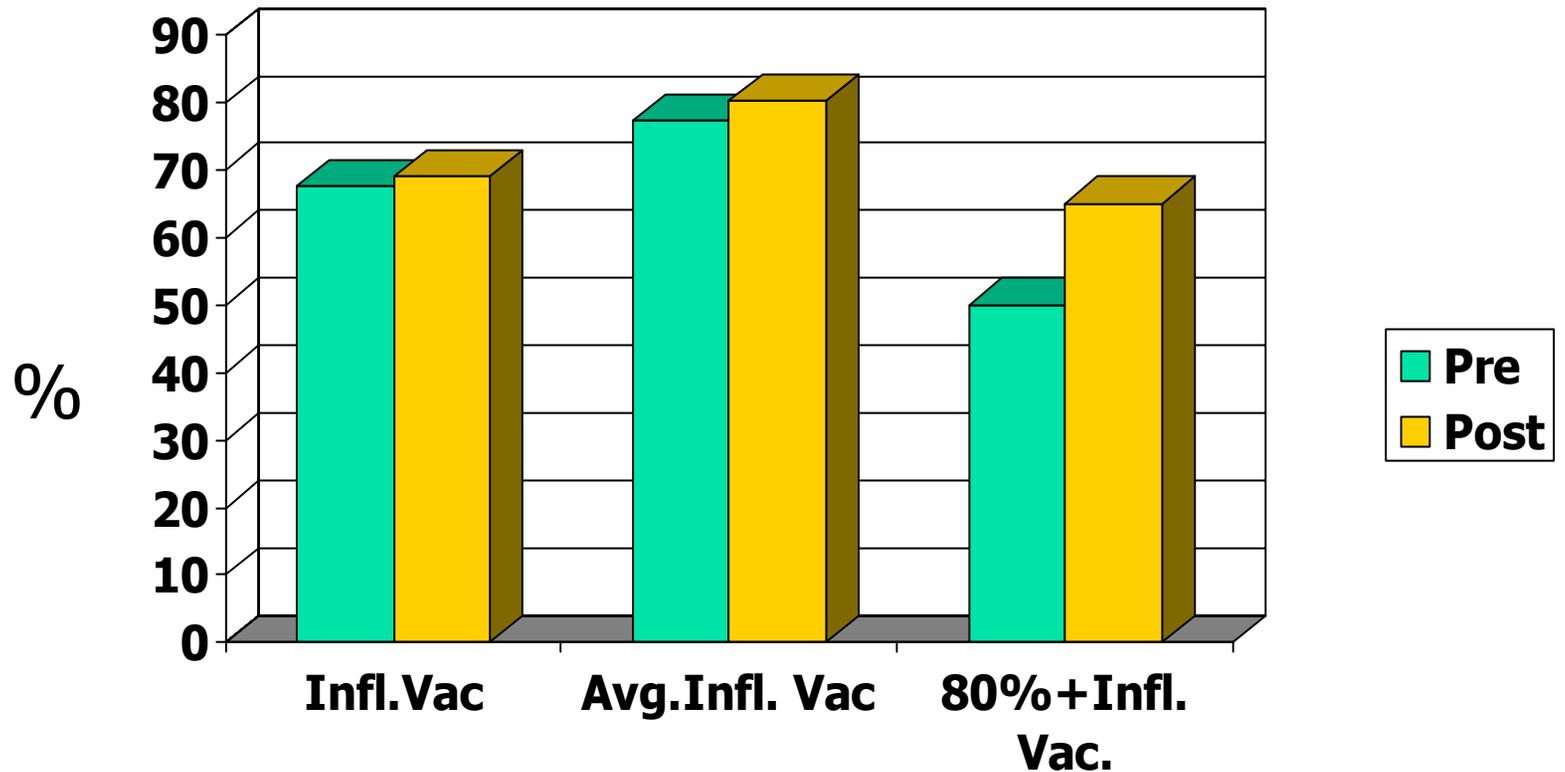


# Awareness



**% Improvement in Data Availability on Influenza (IV) and Pneumonia (PV) Vaccine Utilization**

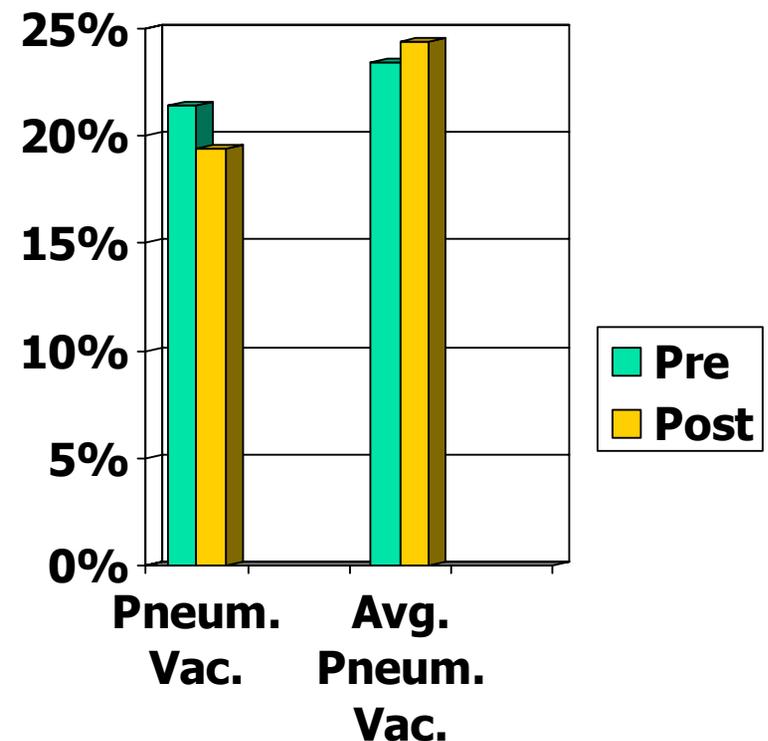
# Influenza Immunization of Residents



**Pre and Post Intervention**

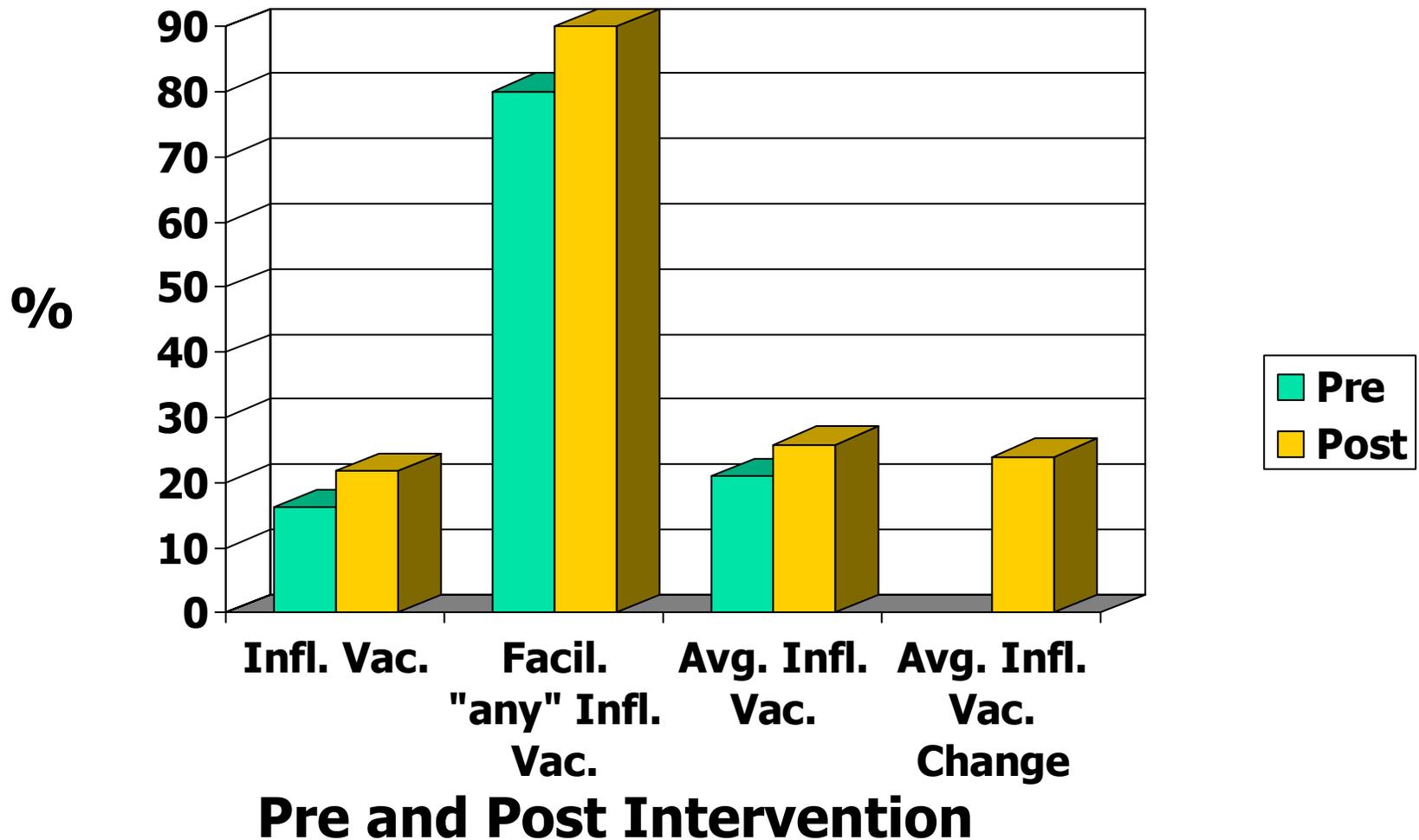
# Pneumococcal Vaccine Immunization of Residents

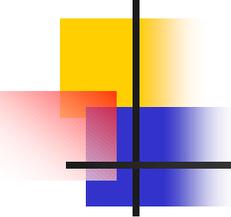
- **Confusion about the concept of Pneum. Vac. "ever", i.e., single dose**
- **Two facilities reported "0" vaccine given in 2001 after administering 18 and 30 doses in 2000, skewing the data**
- **Three facilities improved from "0" to 3, 30 & 37 residents immunized**



**Pre and Post Intervention**

# Influenza Immunization of Employees

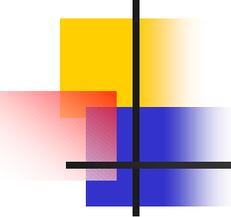




# Lessons Learned

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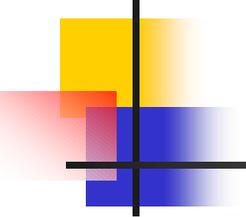
- Improvement in awareness – important start
- Improvement in immunization of employees
- 15% improvement in CCFs reaching 80% Infl. Vaccine in residents - HP 2000 goal
- Other benefit - establishment of relationship with CCFs
- Limitations
  - Small sample size
  - Difficulty in obtaining data
  - Concept of single Pneumococcal vaccine
  - Possible reporting errors



# Challenges

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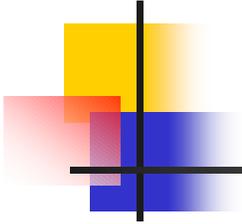
- Lack of clear requirements
- Lack of enforcement
- Turnover of staff
- Part-time staff
- Availability of data
- Staff acceptance of Influenza Vaccine
- Standing Orders not permitted in CA



# Conclusions and Recommendations

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- Improvement in immunization levels in CCFs is difficult to achieve
- Personal contact is effective
- CCF effort is easier with tools and support
- Effort/reinforcement must continue
- Need to provide feed-back to CCFs to motivate
- Track progress over time
- Success would be easier with:
  - Regulations permitting Standing Orders in CA
  - Requirement for immunization, enforcement and consequences for non-compliance



Training Manual available on:

[www.lapublichealth.org/QA](http://www.lapublichealth.org/QA)