



Senior Immunization Awards CASE STUDY

St. Vincent's Family Medicine Residency

STEADY AND PURPOSEFUL WINS THE IMMUNIZATION RACE

Faced with overwhelming “to-do” lists and with so many distractions, it’s not surprising that even vital tasks can get lost in the day-to-day flow of events. Certainly that proved the case for the busy medical team at St. Vincent’s Family Medicine Residency Program when it came to flu and pneumonia vaccination. “We knew it was a good thing,” admitted faculty member Helena Karnani, MD, “but we weren’t really paying specific attention to it.” So when the invitation came across her desk to apply for a 2014-15 Senior Immunization Grant through the American Academy of Family Physicians (AAFP) Foundation, she recognized an opportunity.

Hoping to encourage their participation in process improvement activities, Dr. Karnani sent out an email to all 30 Family Medicine residents seeking volunteers to “Champion” a project to improve senior immunization rates at St. Vincent’s. Three residents, Omolabake Bankole, MD, Mariana Lacerda, MD and Leslie Thomas, MD took the challenge, joining Dr. Karnani and fellow faculty member Dr. David McInnes to form a senior immunization project team.

The team set an ambitious project goal of increasing pneumonia and flu immunization rates to over 75% among their primary practice patients age 65+ in the 2014-15 influenza season (October 2014-March 2015). Early on,

they recognized that no single strategy or small group of people could possibly get the job done. “You can’t implement a project like this in a vacuum,” said Dr. Karnani. “It’s important to delegate and share tasks among the whole healthcare team and tap into everybody’s strengths.” But how to best utilize the duties of each staff position so they flowed up to support the desired outcome?

Their answer was to adopt an inclusive, multi-faceted approach, where engaging and educating provider and administrative staff became key components to reaching immunization success. “Physicians and nurses are uniquely positioned to communicate credibly about the benefits and risks of vaccinations, and to ensure that vaccination histories are properly maintained,” Dr. Karnani said, “but front desk staff can help a great deal too, even by just asking, ‘Is it time to schedule a flu shot?’” she adds. “And administrative staff can contribute by pulling out initial and interim data.”

Nurses and physicians were briefed on Center for Disease Control and Prevention (CDC) guidelines for pneumonia and influenza shots using time set aside for team meetings and scheduled teaching seminars. Family Medicine residents were tapped to be part of the peer education team, and to help devise and apply strategies for increasing vaccinations.

Several new tactics were employed to help close gaps in internal processes that could result in missed opportunities to vaccinate patients. “Nurses began asking patients about their vaccine record at each office visit and offering shots as needed,” said Dr. Karnani. Nurses were also given order delegations rights to allow them to administer needed influenza and pneumonia shots independently per set protocol.

But perhaps the most useful aspect of nurse and physician education centered on how best to persuade reluctant patients to accept vaccinations. “How you communicate with patients during office visits is critical for fostering patient confidence in the decision to accept vaccinations,” said Dr. Karnani. “It is very important to approach vaccination as something we’re supposed to do rather than an optional measure that’s open for discussion. For example, rather than asking, ‘Would you like to get your flu/pneumonia shot today?’ say instead, ‘This is important for preserving your health and this is why.’” Provider staff communication efforts were further bolstered by “talking points” and sample CDC key messages.

Effective patient outreach and education also required some trial and error. In early September 2014, patients in the target group (as identified through the electronic health record or EHR system) were invited by mail to attend pre-scheduled flu clinics, or make a nurse appointment to receive their shots if needed. Those already vaccinated elsewhere were asked to let staff know. The need for flu and pneumonia shots was also advertised using posters in the waiting and bathroom areas of the center; videos produced in-house and radio spots promoting the need for flu and

pneumonia vaccines also helped bolster public awareness.

In late October, the EHR was again queried for a second list of patients who still had not received flu or pneumonia vaccinations. These patients were contacted by phone from a member of the nursing staff to further encourage them to accept vaccinations. Those “Talking Points” handouts came in handy as the nurses attempted to identify and address barriers and dispel misconceptions. Those patients still “holding out” by mid-season were contacted (via mail or phone) by his/her assigned primary care physician to confirm current vaccination status and again offer appointments. “We used multiple ways of contacting them, and each seemed to bring in some patients,” said Dr. Karnani.

An upgrade to a new EHR mid-project initially brought more challenges and frustrations. “The changeover from Allscripts to the athenaClinicals EHR system in June/July was part of a national roll-out implemented throughout the Ascension Health care system, of which we are a part,” explained Dr. Karnani. “It was not as smooth as it could have been – even in September we were still rather stressed and it certainly affected our data gathering.” In the end, however, some of Athena’s new features offered real benefits to the project, such as the ability to make automated calls, and to access data directly from the Florida Vaccine Registry.

By mid-point in the project’s implementation, office processes had been refined, Athena mastered, staff trained and patients contacted...and vaccination numbers were up! Nevertheless, the project team found that maintaining interest and forward momentum across the entire St. Vincent’s healthcare team

took ongoing effort. “It can be a real challenge to implement a project across such a big campus—it’s like comparing a huge ocean liner to a little canoe. The canoe can maneuver and make changes easily, but it’s more time consuming and difficult to redirect the ocean liner,” said Dr. Karnani. The project team found that frequent updates on progress were essential to maintaining interest, and that keeping the focus on outcomes kept the project on track by reinforcing expected behavior (such as consistently offering the shots, and documenting them in the appropriate section of the chart.

“Overall, we all learned that with a coordinated and multi-faceted effort we can produce remarkable changes and results that are clear and measurable,” concluded Dr. Karnani. Final numbers showed influenza immunization rates in age 65 and older population had soared, from 25.1% in the 2011-12 flu season to 70% in the 2014-15 season (656 out of 932 seniors). Pneumococcal vaccination rates also increased dramatically, up from 42.5% to 76% (714 out of 932 seniors) in the same time period.

Although the most important benefit resulting from the senior immunization project was the knowledge that the project had helped to save lives, Dr. Karnani also reports a huge impact on the resident physicians. “I realized what a strong impression the project was having when at most mentoring sessions, the residents proudly stated that they’d made sure their patients’ influenza and pneumonia shots were up to date. This has also translated into their increased awareness of preventive measures in general, and in finding ways within the new EHR to track their personal progress relative to these patient health issues.” Having observed the success of this project, several residents have

shown interest in conducting their own process improvement projects next year.

And as for the Champions? Dr. Karnani sums it up this way: “The most important impact of this project on the Champions was for them to learn how to apply for grant funds, how to design and implement a process improvement project, and how to educate their peers and patients alike. They learned there are always glitches along the way and that you need to be able to make adjustments as they appear. They learned that is a constant process to maintain enthusiasm and focus in such a project, and that clear and repeated communication is the key to this.” In the end, steady and purposeful won the race! “The very best part for me, as a faculty member, was when we calculated the final results. When I saw the look of excitement and pride on my residents’ faces...it was priceless!”