

IPRO ESRD Program Webinar Series: Improving Vaccination Rates

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April 26, 2016



Improving Healthcare for the Common Good

Participant Objectives

At the conclusion of this webinar the participant will:

- Describe the effect of Hepatitis B and pneumococcal pneumonia on the population and the importance of vaccination to improve the ESRD patient's health.
- Be able to list the intended goals and outcomes of the Health Associated Infections (HAI) immunization Quality Improvement Activity (QIA).
- Discuss the important role patient Subject Matter Experts (SMEs) can play to assist with reaching vaccination goals.
- Review the AFIX approach to focus work on this QIA.
- List the Centers for Disease Control and Prevention (CDC) recommendations for Hepatitis B Vaccine (HBV) and pneumococcal disease vaccination in the ESRD population.



Goals for Today's Call

- Everyone is engaged with a commitment to improve vaccination rates
- Webinar is seen as the first step in starting this important work
- Questions are explained and participants get involved
 - There will be time at the end of the presentation for questions.
 - Questions can also be put into chat during the conference.
- Everyone can hear and participate in the call without interruption
 - Please put your phone on mute if there is background noise in your area.

QIA Goals: First Year

- Every facility involved in the project will show a 2% improvement from April to October in HBV and pneumococcal vaccination rates.
- Facilities who achieve a $> 60\%$ vaccination rate for both vaccinations will have achieved project goals and graduate from the project at the end of the project year.
- Data for vaccination will be updated in CrownWeb to more accurately reflect ESRD population vaccination data.



Why Are Vaccinations Important?

#1 They are the most cost effective way to prevent disease.

Pneumococcal Pneumonia

- Approximately 18,000 patients die each year from pneumococcal disease
- Treatment with antibiotics is becoming less effective due to bacteria increasingly developing drug resistance

Hepatitis B

- Hepatitis B is a serious disease affecting the liver
- 2,000 - 4,000 patients die from cirrhosis or liver cancer each year



*CDC, Vaccine Information Statement Hepatitis B Vaccine, 2/2/2012,
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b-pdf>

CDC Recommendations

Pneumococcal Polysaccharide Vaccine (PPSV23)

- Adults 65 and older
- Anyone 2 - 64:
 - With certain long term health problems
 - Weakened immune system
- Adults 19 – 64 who smoke cigarettes or have asthma
- **Children under 2 should not get this vaccine**

Pneumococcal Conjugate Vaccine (PCV13)

- Children and Adults 2- 64 with certain health conditions
- Adults 65 and older

Hepatitis B Vaccine

- Vaccine can be given across age continuum with the earliest dose given at birth
- Anyone 18 years of age or older who did not receive vaccine as a child
- **Anyone with life threatening yeast allergy should not get this vaccine**



More information can be found in the Center for Disease Control and Prevention Vaccine Information Statement



Let's Talk

What is the number one opportunity for facilities to improve vaccination rates?



QIA Inclusion & Exclusion Criteria

Inclusion

- Dialysis facilities in the lowest 10th percentile for both vaccines

Exclusion

- Veteran Administration clinics
- Any facility that opened in 2015
 - Excluded due to lack of complete data

Facility Selection

- Facilities chosen for this project were selected based on vaccination data from CROWNWeb.
- Vaccination rates for both Hepatitis B and pneumococcal vaccines were evaluated to make the determination.
- Facilities can graduate from the program with improvement at the end of the project year if $> 60\%$ vaccination rate is reached for each vaccination type.



Facility Selection (con't)

CROWNWeb Data Cleanup

- Each facility is responsible in ensuring all data in CROWNWeb is current and up-to-date.
- However, in regards to the Hepatitis B data, the Network is unable to Differentiate patients who were reported as greater than or less than 10 due to no >/< signs reported in CROWNWeb.
- At the initiation of the program the Network will have facilities identify which patients are greater or less than 10 to establish final Hepatitis vaccine rate baseline for each facility.



Facility Notification

- All participating facilities were notified of their inclusion in the project by email and postal mail.
- Facilities received the project agreement and the root cause analysis (RCA) tool.
- Facilities are asked to identify a project lead/primary contact to be assigned to this project and return RCA forms.
 - Project leads will be responsible for managing the project within the facility and making sure all CROWNWeb data is complete and accurate

The AFIX Approach



Overview of the AFIX Approach

- This approach focuses on outcomes and strategies. By completing an assessment and gathering data, specific interventions can be utilized to target deficiencies leading to better outcomes.
- AIFX is not aimed as a persuasion technique used on patients but instead focuses on the healthcare provider to introduce behavior change.
- The four letters of AFIX are
 - Assessment
 - Feedback
 - Incentives
 - eXchange



The AFIX Approach: Assessment

The Provider	The Network
<ul style="list-style-type: none">• Utilizing the RCA tool provided to determine reasons why vaccination rates are lower in the their facility.• Offers a deep dive for each facility to pinpoint specific reasons why patients may not be vaccinated.• Requires facilities to take a look at their current vaccination processes in place and how it can be improved	<ul style="list-style-type: none">• The assessment is done during the facility selection process.• A review of CROWNWeb data identified vaccination rates.

The AFIX Approach: Feedback

The Provider	The Network
<ul style="list-style-type: none">• Feedback is collected from the root cause analysis completed by the participating facilities.• By reviewing the feedback provided, the facilities will be able to narrow down existing barriers.	<ul style="list-style-type: none">• Feedback was provided regarding the baseline data collected with CMS and CROWNWeb.• Facilities will be provided with feedback about general trends found in the Network as well as successful practices throughout the activity.

The AFIX Approach: Incentives

The Provider	The Network
<ul style="list-style-type: none">• Creating better health for the ESRD patient.• Improvement in vaccination rates and meeting the intended goal of 60% or greater for both vaccines• Enhancing the vaccination procedure in your facility to maintain the Network benchmark.	<ul style="list-style-type: none">• Partnering and collaborating with the community to provide better quality of care for ESRD patients.• Meeting the intended goal of improving both vaccination rates by 2% from the initial baseline by the end of the third quarter (Sept. 30th, 2016).

Incentives and interventions are not static so may change as we learn more.



The AFIX Approach: eXchange

The Provider	The Network
<ul style="list-style-type: none">• Shared learning experiences will assist the facility to more efficiently and effectively improve.• Community involvement motivates improvement	<ul style="list-style-type: none">• Through communication exchange with the participating facilities, The Network will be able to share best practices, work on solutions to common barriers, and raise awareness in the community.

Routine Monitoring and Support

- From April through the end of September 2016, monthly evaluation will continue using the CROWNWeb data.
- The Network will notify facilities of their progress through monthly emails with updates on progress to goal.
- Individual conference calls will be held with facilities not showing improvement.
 - Barriers will be identified
 - Potential solutions and interventions will be discussed
 - Corrective action plans will be updated.



Sustainability

Methods Identified by the National Institute of Health

Engaging the Leadership	<ul style="list-style-type: none">• Medical directors, facility administrators and clinical nurse managers.• Patient leaders to act as SME's• All parties are encouraged to take part on all levels of the this project.
Create an Influential Team	<ul style="list-style-type: none">• The Network's medical review board, HAI LAN and SMEs will assist in the development of the plan, tools, resources, and evaluation of its progress.• The Network team will assist facility leadership and facility patient leads with activities

Sustainability

Methods Identified by the National Institute of Health

Evidence to Support the Project	<ul style="list-style-type: none">• The Network will provide resources from a variety of sources including the CDC.
Monitoring Progress	<ul style="list-style-type: none">• Monthly reports will be sent out tailored to each facility upon receipt of the NCC data.
Benefits of the Program	<ul style="list-style-type: none">• Increased awareness in the ESRD community about the need for vaccination.• Increased community protection from infectious diseases.• Ultimately, reduction of Hepatitis B and pneumococcal transmission.

Staff Preparation

- Talk about inclusion in the project at QAPI meeting goals and outcomes. Determine a facility lead.
- Participate in Network training opportunities:
 - Webinars
 - Resource provision.
 - Individual and group conference calls as needed.
- Take an ALL discipline focus (social workers, dietitians, nurses, PCTs) trained in educating patients about the importance of vaccinations and spreading awareness.



Building Patient Leads and SME's

- Facilities are encouraged to identify patients to act as leaders or “representatives” with this project.
 - Leads will act as advocates for vaccinations and volunteer to talk with other patients about the importance of receiving their vaccinations to prevent disease.
- Patient mentors have assisted the facility in working with patients to reach the goals of the in multiple Network projects .
- The Network will support facilities with patient lead identification and provide patient training materials related to peer mentoring.

Have you ever had a patient lead in your facility provide education on vaccines?

What role would the patient lead play in your facility during this project?



What's Next?

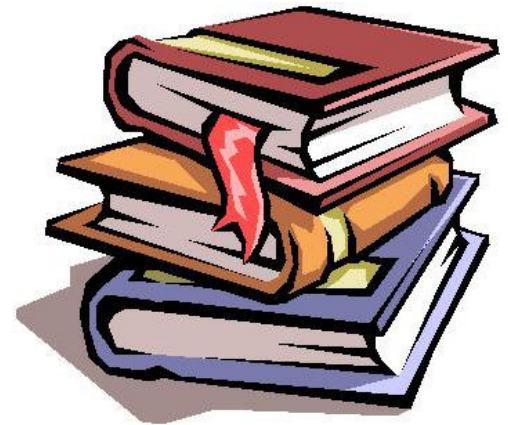
- April 2016
 - Facilities notified of their inclusion in the project
 - Given RCA templates
- May 2016
 - RCA's collected and reviewed.
 - Release of Resources
- June – September 2016
 - Network sponsored education and best practice sharing opportunities.
 - Monthly progress reports provided to facilities
 - Individual facility conference calls as needed
- September 2016
 - Final re-measure and project completion



Available Resources

For more information on vaccinations visit:

- www.cdc.gov/vaccines
- www.cdc.gov/vaccines/pubs/pinkbook
- <http://www.nfid.org/default.aspx>
- www.adultvaccination.org



Available Resources

INFORMATION SERIES FOR ADULTS

3 Important Reasons For Adults to Get Vaccinated

You may not realize that you need vaccines throughout your adult life. Vaccines are still important to your health and here are just three reasons why.

- 1. You may be at risk for serious diseases that are still common in the U.S.**
Each year thousands of adults in the United States get sick from diseases that could be prevented by vaccines — some people are hospitalized, and some even die.
Even if you get all your vaccines as a child, the protection from some vaccines can wear off over time. You may also be at risk for other diseases due to your age, job, lifestyle, travel, or health conditions.
- 2. You can't afford to risk getting sick.**
Even healthy people can get sick enough to miss work or school. If you're sick, you may not be able to take care of your family or other responsibilities.
- 3. You can protect your health and the health of those around you by getting the recommended vaccines.**
Vaccines lower your chance of getting sick.
Vaccines work with your body's natural defense to lower the chances of getting certain diseases as well as suffering complications from these diseases.
Vaccines lower your chance of spreading certain diseases.
There are many things you want to pass on to your loved ones; a vaccine preventable disease is not one of them. Infants, older adults, and people with weakened immune systems (like those undergoing cancer treatment) are especially vulnerable to vaccine preventable diseases.
Vaccines are one of the safest ways to protect your health.
Vaccine side effects are usually mild and go away on their own. Severe side effects are very rare.

Getting Vaccinated
Adults can get vaccines at doctor's offices, pharmacies, workplaces, community health clinics, health departments, and other locations. To find a vaccine provider near you, go to www.vaccinehealthmap.org.

Most health insurance plans cover the cost of recommended vaccines. Check with your insurance provider for details and for a list of vaccine providers. If you do not have health insurance, visit www.healthcare.gov to learn more about health coverage options.

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
August 2015

<http://www.cdc.gov/vaccines/hcp/adults/downloads/fs-three-reasons.pdf>

<http://www.cdc.gov/vaccines/hcp/adults/downloads/fs-vaccines-need.pdf>

INFORMATION SERIES FOR ADULTS

Vaccines Know What You Need

ALL adults need vaccines to protect their health against common diseases that can be serious.

- Everyone needs an influenza vaccine every year during flu season, including pregnant women during any trimester.
- Everyone needs Tdap vaccine one time, no matter when you got your last tetanus (Td) vaccine. Pregnant women need a Tdap dose during every pregnancy. Td vaccine, to protect against tetanus and diphtheria, is needed every 10 years.

There are three things that determine which other vaccines are recommended for you:

1. Your age
2. Your health conditions, lifestyle, or job
3. Your travel outside the U.S.

Talk to your healthcare professional about which vaccines are right for you!

1. Vaccines you may need based on your age:	
Pneumococcal (pneumonia, meningitis)	WHEN? Adults 65 or older HOW OFTEN? Two pneumococcal vaccines are recommended. Get one dose of PCV13 (conjugate vaccine) followed by one dose of PPV23 (polyvalent vaccine), ideally 6-12 months later.
Shingles (Zoster)	WHEN? Adult 60 or older HOW OFTEN? One time
Human papillomavirus (HPV)	WHEN? Females age 26 or younger Males age 21 or younger Males age 26 or younger who have weakened immune systems or HIV, or have sex with men. HOW OFTEN? One time series of three doses
Recommended if you haven't received the full 3-shot series	
Measles, mumps, rubella (MMR)*	WHEN? Adults born in the United States in 1957 or later who have not received MMR vaccine, or who had lab tests that showed they are not immune to measles, mumps, and rubella. HOW OFTEN? One time for most adults; however certain people like college students, international travelers, or healthcare professionals, should get two doses.
Recommended as a catch up if you didn't receive as a child	
Varicella (chickenpox)*	WHEN? Adults born in the United States in 1980 or later who never had two doses of the vaccine or never had chickenpox. HOW OFTEN? One time series of two doses
Recommended as a catch up if you didn't receive as a child	

*This vaccine should not be given to pregnant women or people who have a very weakened immune system. That includes people with a CD4 count less than 100.

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
August 2015

What do they all have in common?

They are all at increased risk for an infection called pneumococcal disease

- Pneumococcal disease** can cause pneumonia, meningitis, or bloodstream infection (sepsis), which can lead to severe complications, hospitalizations, or death

Getting vaccinated is the safest, most effective way to protect yourself

Nearly **one million people** get pneumococcal pneumonia in the US every year and 5 to 7 percent of them die.

Pneumococcal meningitis and bloodstream infection are less common, but more deadly.

One in every four to five people over the age of 65 who get it will die

Ask your healthcare provider about pneumococcal vaccination today. Medicare and most private insurers cover the cost of vaccination for those who need it.

Medical Office **Pharmacy**

Everyone 65 and older and all adults with certain health conditions are at risk. Learn more at: adultvaccination.org/pneumococcal

National Foundation for Infectious Diseases
July 2015

<http://www.adultvaccination.org/pneumococcal-infographic>



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Available Resources

<http://www.cdc.gov/vaccines/hcp/adults/downloads/fs-hepb-hcp.pdf>



<http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf>

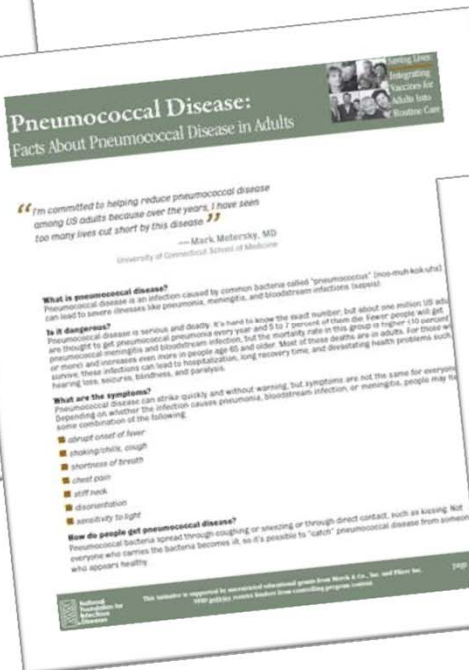


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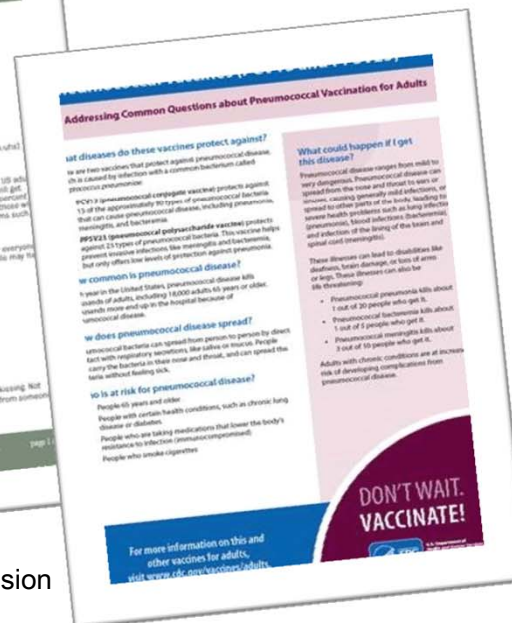
Available Resources



<http://www.adultvaccination.org/professional-resources/pneumo/assessment-tool-in-office.pdf>



<http://www.adultvaccination.org/professional-resources/pneumo/patient-fact-sheet.pdf>

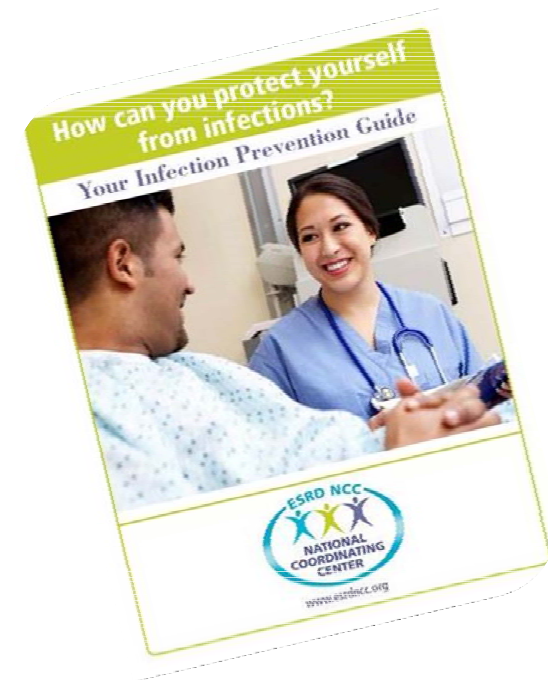


<http://www.cdc.gov/vaccines/hcp/adults/downloads/fs-pneumo-hcp.pdf>



ESRD Patient Resources

- For more information on vaccinations visit:
 - WWW.ESRDNCC.ORG
 - Network created patient resources are currently under development



IPRO ESRD Net**work**
Vaccination Inform**ation**
Flyer!

COMING
SOON



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Polling Questions

1. This webinar was helpful to me in understanding the importance of pneumococcal and Hepatitis vaccination.
2. I now understand the goals of this Quality Improvement Activity (QIA).
3. The facility selection process for this QIA was explained
4. After participating in this webinar I have a good understanding of the role my facility will play in the QIA.
5. The CDC guidelines for vaccination were covered in this presentation.
6. One of the first actions I will take in my facility is to make sure my CrownWeb data is accurate.
7. The AFIX approach is a tool that will help with my work improving vaccination rates.
8. I am interested in learning more about the role of a subject matter expert to help with vaccination rates in my clinic?

