

*Southern California Renal Disease Council, Inc.
ESRD Network 18*

Immunization Project

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2010-2011 Quality Improvement Project

WebEx Conference

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Resource Acknowledgements:

- Healthy People 2010
- MMWR: *Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients*
- ESRD Conditions for Coverage
- Conditions for Coverage Interpretive Guidelines
- CDC: *Strategies for Increasing Adult Vaccination Rates*
- Hohler, Sharon E.: “*Tips for Better Patient Teaching*”,
http://findarticles.com/p/articles/mi_qa3689/is_200407/ai_n9442024/



Resource Acknowledgements (continued):

- Dadich, Karen A.: “*Practical Tips for Patient Teaching*”,
http://findarticles.com/p/articles/mi_qa3689/is_199708/ai_n8765117/?tag=rbxcra.2.a.11
- Habel, Maureen, RN, MA: “*Getting Your Message Across: Patient Teaching, Part 2*”,
<http://www.patienteducationupdate.com/2005-10-01/article3.asp>
- London, Fran, M.S., RN: “*Moving Beyond Teaching Checklists*”,
<http://www.patienteducationupdate.com/2005-10-01/article4.asp>



Recommended Vaccinations for ESRD Patients:

Vaccinations recommended for dialysis patients:

1. Influenza (seasonal flu)
2. Pneumococcal
3. Hepatitis B



Recommended Vaccinations for ESRD Patients (continued):

The ESRD patient population is considered a high-risk population and it is recommended that every patient get vaccinated against Influenza, Pneumococcal and Hepatitis B.

- Hemodialysis patients are immunocompromised.
- Vaccination is an effective strategy to reduce illness, reduce hospital stays, and reduce deaths.



Healthy People 2010 Objectives: Immunizations and Infectious Diseases

- Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
- Increase Hepatitis B vaccine coverage among high-risk groups.



Healthy People 2010 Goal:

Vaccination	Healthy People 2010 Goal
Influenza (seasonal flu)	90%
Pneumococcal	90%
Hepatitis B	80%

www.healthypeople.gov/Document/HTML/uih/uih_4.htm



Conditions for Coverage

- Immunization Requirements are found under:
 - 494.80 Patient Assessment (a)(3)
 - Interpretive Guidelines: V506 – Immunization history and medication history

The CDC recommends that all dialysis patients:

“Be offered influenza and pneumococcal vaccine and have immunization histories for these vaccines be tracked. Both are universally recommended for this population and relate directly to infection control issues.”



Conditions for Coverage (continued):

- 494.30 Infection Control (a)(1)(i)
 - Implementing the recommendations found in “*Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients*” – CDC, MMWR – RR05, April 27, 2001
 - Interpretive Guidelines: V126 - CDC RR-5 Requirements as Adopted by Reference 42 CFR 494.30 (a)(1)(i)

Hepatitis B Vaccination:

Vaccinate all susceptible patients and staff members against Hepatitis B.



Conditions for Coverage (continued):

- **V124: Routine Testing for Hepatitis B**

“ all new patients should be tested and their HBV serologic status (ie.e HBsAg, total anti-HBc, and anti-HBs results) should be known prior to admission for treatment. **If the results of this testing are not known at admission because of emergency situation, the patient should be tested immediately upon intake and results known within 7 days of admission.**”



Conditions for Coverage (continued)

- 494.110 Quality Assessment and Performance Improvement (a)(2)(ix)(B)
 - Interpretive Guidelines: V637: (B) Develop recommendations and action plans to minimize infection transmission, **promote immunization.**

“Surveillance information available for review should include, but not limited to , patients’ vaccination status (hepatitis B, pneumococcal pneumonia, and influenza vaccines);”

Per the Measures Assessment Tool (MAT) this includes **documentation of education .**



Measures Assessment Tool (MAT):

V Tag	Condition/ Standard	Measure	Values	Reference	Source
V637	Vaccinations	Hepatitis B, influenza, & pneumococcal vaccines Influenza vaccination by facility or other provider	Documentation of education in record ↑ % of patients vaccinated on schedule ↑ % of patients receiving flu shots 10/1-3/31	Conditions for Coverage CMS CPM 4/1/2008	Records

The MAT is a reference guide for current professionally-accepted standards, values, and targets for the listed clinical elements. The MAT is to be used as a reference for expected standards for; facility operations in water quality and reuse, individual patient assessments & plan of care and the QAPI program.



Network 18 2009-2010 Immunization Scan

- Determined baseline data for Network 18 (2008-2009 Immunization Scan conducted in Sept. 2009).
- Facilities conducted QAPI projects to improve their vaccination rates.
- The Network distributed resources.
- Network re-assessed vaccination rates in February 2010 (2009-2010 Immunization Scan).



Network 18 2009-2010 Immunization Scan (continued):

Vaccination	Network 18 2008-2009	Network 18 2009-2010	Healthy People 2010 Goal
Influenza (seasonal flu)	65.5%	76.7%	90%
Pneumococcal	52.9%	58.5%	90%
Hepatitis B	53%	62.1%	80%



Immunization Comparison Table:

Vaccination	Healthy People 2010 Year 2008	USRDS 2008	Network 18 February 2010	Healthy People 2010 Goal
Influenza (seasonal flu)	67%	62.4%	76.7%	90%
Pneumococcal	60%	22.3% (2007-2008)	58.5%	90%
Hepatitis B	No data available for 2008 60% for 2001	22% (receipt of one vaccination)	62.1%	80%

2008 HP2010 – from CDC Data 2010 on 10-18-2010
2008USRDS - from 2010 USRDS Annual Report



Immunization Project:

Objective:

Improving vaccination rates of facilities through education of patients and staff.

Some facilities may not physically vaccinate patients at the facility, but per the CfC, they must **educate patients about the vaccines and encourage patients to get vaccinated.**

Goal:

1. Vaccination rates for each vaccine (influenza, pneumococcal & Hepatitis B) will improve by at least 2 percentage points by March 2011.
2. All project facilities will conduct 100% assessment for Hepatitis B.



Immunization Project (continued):

Baseline & Goals: (project facilities)

Vaccine:	Baseline: (project facilities - aggregate)	Goal:
Influenza (seasonal flu)	57.6%	59.6%
Pneumococcal	25.9%	27.9%
Hepatitis B (vaccination)	35.9%	37.9%
Hepatitis B (vaccinated/immune)	No baseline available	90% Healthy People 2010
Hepatitis B Assessment	No baseline available	100% CfC requirement



Immunization Project (continued):

Project Activities:

- Submission of Project Acknowledgment Letters
 - Clinic Manager Acknowledgement Letter –
due: October 1, 2010
 - Medical Director Acknowledgement Letter –
due: October 8, 2010

If you have not submitted your letters please submit them as soon as possible.



Immunization Project (continued):

- Submission of the facility's current vaccination process, policy & procedure OR flow chart.
 - If a facility does not currently have a process/policy & procedure or flow chart – please develop one.
 - **DUE: Tuesday, November 30, 2010**



Immunization Project (continued):

- Utilization of resources.
 - Resources for this project are posted on the Network 18 website: www.esrdnetwork18.org under 2010-2011 QIWP projects – Immunization Project.
 - FOCUS: Educating patients and staff.
 - One-on-one patient teaching is stressed vs. distribution of materials alone.
 - Staff education so that they can assist in encouraging patients to get vaccinated.



Immunization Project (continued):

- Submit immunization data (form provided by Network).
 - Collected in January 2011 (mid-project assessment)
 - Final data collection in April 2011

FYI: The April 2011 immunization data collection (scan) will be distributed to all Network facilities. The project facilities' results will be calculated separately as well as be included in the whole NW's results.



Immunization Project (continued):

Resources:

Posted on Network 18 website: www.esrdnetwork18.org

(Professionals, Quality Improvement, QI Work Plan, 2010-2011 QIWP Projects, Immunization Project)

- *Comprehensive Resource Guide of Educational Materials on Hepatitis B, Influenza and Pneumococcal Immunizations* developed by the Safe & Timely Immunizations Coalition (STIC).
- *Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients* developed by the CDC.



Immunization Project (continued):

- *Link: New! IAC “Handouts” for Patients and Staff.*
- *It’s Federal Law! (Vaccination Information Statement [VIS] requirements).*
- *Instructions fro the use of VIS*
- *Medicare Preventative Services Quick Reference Information: Medicare Part B Immunization Billing (Seasonal Influenza, Pneumococcal, and Hepatitis B).*
- *Link: Vaccination Information Statements*



Strategies for Increasing Adult Vaccination Rates:

- CDC Recommendations & Guidelines:
 - <http://www.cdc.gov/vaccines/recs/rate-strategies/adultstrat.htm>
 - Standing Orders
 - Reminders:
 - Computerized Record Reminder
 - Chart Reminder
 - Mailed/Telephone Reminders



Strategies for Increasing Adult Vaccination Rates (continued):

- CDC Recommendations & Guidelines *(continued)*:
 - <http://www.cdc.gov/vaccines/recs/rate-strategies/adultstrat.htm>
 - Performance Feedback
 - Patient Education
 - VIS (Vaccination Information Statements)
www.immunize.org



Strategies for Increasing Adult Vaccination Rates (continued):

- CDC Recommendations & Guidelines *(continued)*:
 - <http://www.cdc.gov/vaccines/recs/rate-strategies/adultstrat.htm>
 - Personal Health Records
 - Measuring and Tracking Rates for Most Strategies



Strategies for Increasing Adult Vaccination Rates (continued):

Comprehensive Clinic Assessment Software Application (CoCASA):

This CDC software is used to analyze coverage rates for healthcare facilities and identify those who need vaccination.

This program is part of the Assessment, Feedback, Incentives, and Exchange (AFIX) methodology for improving standards of healthcare delivery.

CoCASA - <http://www.cdc.gov/vaccines/programs/cocasa/default.htm>

AFIX - <http://www.cdc.gov/vaccines/programs/afix/default.htm>



Strategies for Increasing Adult Vaccination Rates (continued):

- MAC Vaccination Toolkit
 - Found on the Network 18 website: www.esrdnetwork18.org
 - Designed to meet the requirements of a QAPI.
 - Provider/System based approach
 - Patient-oriented approach
 - Staff vaccination initiative (for influenza)
 - Patient vaccination initiative
 - Surveillance/monitoring



Patient Teaching Strategies:

Preparation for teaching:

- Make sure you're organized and prepared with teaching tools.
 - Collect appropriate handouts, videos and fact sheets.
 - Teaching aids should be have simple language and illustrations. (Recommended – 5th grade reading level.)
- Identify learning issues prior to teaching – hearing, vision, age-related problems, literacy level, etc.
- Identify “teachable moments”.



Patient Teaching Strategies (continued):

Teaching Adults:

- Speak clearly and concisely. Use simple words.
- Include the patient as a partner in the teaching process. Also, ask the patient if someone else will be involved in his care.
- Build on what the patient already knows.
 - Verify what your patient knows about what you want to teach them.
- Emphasize why the information is important or useful.



Patient Teaching Strategies (continued):

Teaching Adults (continued):

- Determine what the patient needs and wants to know.
- Reinforce oral teaching and demonstrations with handouts.
- Invite the patient to ask questions.
- Ask open-ended questions.



Patient Teaching Strategies (continued):

Teaching Adults (continued):

- Use repetition to reinforce what you are teaching and what the patient has learned.
- Periodically assess understanding.
- Document your patient teaching.



Patient Teaching Strategies (continued):

“The point of patient education is not to increase information, but to improve health outcomes.”

*Fran London, M.S., RN
Moving Beyond Teaching Checklists*



Project Summary:

- Utilize the resources posted for this project as well as other resources that are relevant to educate your patients and your staff.
- Submit requested documents for the project by the due dates.
 - **COPY of facility's vaccination process, policy & procedure, or flow chart is due on:**
TUESDAY, NOVEMBER 30, 2010
- Re-measurement (January 2011) and final measurement (April 2011) will be conducted.



Project Resources:

**Resources for the project are found on
the Network 18 website at:**

www.esrdnetwork18.org

*It is found under Professionals, Quality Improvement, QI
Work Plan, 2010-2011 QIWP Projects, Immunization
Project.*



Project Summary (continued):

Participation in the project is mandatory.

Condition for Coverage: 494.180 – Condition: Governance

“Each facility must participate in ESRD Network activities and pursue Network goals.”

Interpretive Guidelines: V772

“The ESRD facility must respond promptly within any specified deadlines to requests for information, data, or corrective action plans from its ESRD Network. The facility must participate in Network projects and activities aimed at addressing identified needs and improving quality of care in the individual facility or the Network-wide area.”



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