

Increasing Immunization Efforts



System Vaccine Subcommittee, est. 2015

- Co-Chairs
 - April D. Green, PharmD – Ambulatory Care Clinical Pharmacist, Population Management
 - Katherine Baumgarten, MD – Medical Director Infectious Disease
- Multidisciplinary team with representation from around the Ochsner system
 - Providers, Pharmacists, Nurses, Information Specialists, Nursing Informatics, Revenue Cycle, Inventory Management
- Monthly meeting
- Review vaccine policies & procedures, resolve concerns or issues related to vaccines, review new vaccines

OHS Top 5 Targeted Adult Immunizations

- Influenza
 - Fluzone, Fluzone-HD, FluBlok (egg-free)
- Pneumococcal
 - Prevnar13 and Pneumovax23
- Zoster
 - Zostavax
- Tetanus/Tdap
 - Adacel
- HPV (human papillomavirus)
 - Gardasil-9

Why?

- HealthyPeople 2020 has set the following immunization goals for adults:

– Influenza	70%
– Pneumococcal (≥65yo)	90%
– Zoster	30%
– Tetanus/Tdap	N/A*
– HPV	80%

*OHS has adopted an immunization goal of 80% for Tetanus/Tdap.

Ochsner Vaccine Accomplishments



Additional Efforts to Improve Vaccine Rates

- Ochsner ICAMP (2016)
 - Quarterly Meetings for Vaccine Champions that include education
 - NIAM triggers system-wide education refreshers
- Partnership with industry to educate staff
- AMGA Influenza and Pneumococcal Collaborative (April 2017-2018)
- Partnership with retail pharmacy to vaccinate patients
- Utilization of Clinical Care Coordinators
- “Shot” Location (pilot)
- Community Service events

Written Order Guidelines (WOGS)



Written Order Guidelines/Standing Orders

Department/Region: General Pediatrics

Provider(s): All Providers and Advanced Practice Clinicians working in the above department/region.

Results Needed for:

Pending New Patient Appointment

Hospital Discharge (including post-op) appointment

Health Screening appointment

Established patient to department - return visit

Chronic disease follow-up

Other_Shot only visit

Scope or category of individuals involved:

Individuals authorized to place orders in EPIC

Limited to Pediatrics Primary Care RNs and LPNs with demonstrated immunization administration competency and skills check off.

⚠ If patient is a pre- or post-transplant patient, STOP! DO NOT administer any vaccine. Refer patient to appropriate TRANSPLANT TEAM for management of vaccinations required.

Indication: Regular scheduled immunizations in ages 2 months to 6 years (see attached immunization schedule)	Intervention(s): Administer vaccines according to the current CDC vaccination schedule for 2 months to 6 years of age.
Indication: Regular scheduled immunizations in ages 7 -18 years (see attached immunization schedule)	Intervention(s): Administer vaccines according to the current CDC vaccination schedule for 7 -18 years order.
Indication: Delayed (catch up or alternate schedule) immunizations in ages 4 months to 6 years. (see attached catch up immunization schedule)	Intervention(s): Administer vaccines according to the current CDC catch up vaccination schedule for 4 months to 6 years.
Indication: Delayed (catch up or alternate schedule) immunizations in ages 7 years to 18 years (see attached catch up immunization schedule).	Intervention(s): Administer vaccines according to the current CDC catch up vaccination schedule for 7 -18 years.

⚠ Check contraindications/precautions PRIOR TO administering vaccine. If CONTRAINDICATIONS exist, DO NOT administer vaccine. If PRECAUTIONS are present, DO NOT administer vaccines without a provider order.

Vaccine	Contraindications (Do Not Administer)	Precautions (If the patient has any of these, obtain an Order from provider)
Hepatitis B (HepB)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	Moderate or severe acute illness with or without fever Infant weighing less than 2000 grams (4 lbs, 6.4 oz);



Written Order Guidelines/Standing Orders

Department/Region: Primary Care – All Regions

Provider(s): All Providers and Advanced Practice Clinicians working in the above department/region.

Results Needed for:

Pending New Patient Appointment

Hospital Discharge (including post-op) appointment

Health Screening appointment

Established patient to department - return visit

Chronic disease follow-up

Other

Scope or category of individuals involved:

RN, LPN

⚠ For PEDIATRIC patients: If patient is a pre- or post-transplant patient, STOP! DO NOT administer any vaccine. Refer patient to appropriate TRANSPLANT TEAM for management of vaccinations required.

<p>Indication:</p> <p>1. Prevention of Diphtheria, Tetanus, and Pertussis (Tdap) disease^{13,14}</p>	<p>Intervention(s):</p> <p>Persons aged 11 years or older who have not received Tdap vaccine regardless of time since last tetanus and diphtheria toxoid-containing vaccine or for whom vaccine status is unknown</p> <ul style="list-style-type: none"> 1 dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter <p>Prophylaxis in wound management in adults: If ≥5 years since last receiving Td or if booster indicated, Tdap is preferred.</p> <p>Pregnant patients</p> <ul style="list-style-type: none"> 1 dose of Tdap Vaccine during each pregnancy preferably during 27-36 weeks' gestation or post partum regardless of time since last Td or Tdap vaccination. If tetanus booster is due, give Tdap instead. <p>Adolescents and adults who have or anticipate having close contact with an infant <12 months old.</p>
<p>Indication:</p> <p>2. Prevention of Human Papillomavirus (HPV) infection^{44,0}</p>	<p>Intervention(s):</p> <p>Females aged 11 – 26*</p> <ul style="list-style-type: none"> Vaccination can begin at the age of 9 years 3 dose series of either HPV vaccine can be used: <ul style="list-style-type: none"> ○ 9vHPV (9-valent) or

Questions:

