Raising Immunizations Safely & Effectively

Health Care Worker Campaign

RISE-HCW

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Team Members

• RISE Steering Committee
  – Sandra Carroll
  – Daniel Grant
  – Jay Harper
  – Steven Handler
  – Shikha Iyengar
  – Mary Ann Suda
  – Mark Tannis
  – Barry Young
  – Paula Carlock
  – Scott Stephens

• Facilities and their teams
  – Asbury Heights
  – Canterbury Place
  – Caring Place
  – Cranberry Place
  – Grove Manor
  – Heritage Place
  – Seneca Place
  – Sherwood Oaks
  – Sugar Creek Station
Objectives

• Review the background work that led to RISE-HCW

• Describe the RISE-HCW program

• Present the RISE-HCW outcomes
Questions from the 1990’s

• 1) Can a facility reach a HCW influenza immunization rate of 60% or greater?

• 2) IF SO, can the facility maintain HCW influenza immunization rates of 60% or greater over time?

• 3) IF SO, can the program be deployed to other facilities?
BHWP Pilot
Community Based Long-Term Care (LTC) Facility

- 1996 – Identified influenza immunization as QI Indicator
- 1997-98 – flu outbreaks
  - CFR 10%
  - CRF 0%
- 2002-03 – implemented declination form
- 2002-03 – Act 95 implemented
- 2004-05 – national shortage
Organizational Barriers

- inadequate vaccine supplies
- general vaccine inaccessibility
- lack of positive incentives for immunization
- requirement of written consent
- limited record keeping
- lack of any feedback or shared learning
Individual Barriers

• limited leadership knowledge and support
• poor staff knowledge about influenza
• negative staff attitudes about the vaccine and injections
BHWP HCW Rates

Questions from the 1990’s

• 1) Can a facility reach a HCW influenza immunization rate of 60% or greater?
   A = YES

• 2) IF SO, can the facility maintain HCW influenza immunization rates of 60% or greater over time?
   A = YES

• 3) IF SO, can the program be deployed to other facilities?
PLTCVP
Promoting LTC Vaccinations Project

• AMDA Foundation / Pfizer 2002 QI Award
  – 2002-2003 Season
  – 6 LTC Facilities in Western PA

• Goals
  – Improve resident immunization rates
    • Flu & pneumococcal
  – Improve HCW immunization rates
    • Flu
PLTCVP
Promoting LTC Vaccinations Project

• Design
  – 3 Usual care (UC) and 3 collaborative groups (C)
  – All facilities
    • received the ADMA Immunization Toolkit
    • Access to project team for questions/information
  – Collaborative group (3)
    • Single collaborative training session October 2002
    • Email / Phone contacts every 1-2 months Oct – February
### PLTCVP Results

**Promoting LTC Vaccinations Project**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Δ HCW Flu %</th>
<th>Δ Resident Flu %</th>
<th>Δ Resident Pneumococcal %</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC1</td>
<td>-10.6</td>
<td>12.6</td>
<td>-33.8</td>
</tr>
<tr>
<td>UC2</td>
<td>-16.7</td>
<td>-64.7</td>
<td>-2.0</td>
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<tr>
<td>UC3</td>
<td>16.9</td>
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<tr>
<td>C1</td>
<td>10.3</td>
<td>26.8</td>
<td>38.7</td>
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<td>21.9</td>
<td>5.1</td>
<td>20.3</td>
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<tr>
<td>C3</td>
<td>0.4</td>
<td>-19.9</td>
<td>30.6</td>
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Focus Group Evaluation

• Usual barriers identified
• Staff turnover problem
  – Nursing & CNA turnover of 30-55% average annually
  – Nick Castle
    • 1996-2004 OSCAR data
    • 43% ADM, 39% DON
  – Facility UC2 champion team – 300% during study
Staff Turnover

Institutional Memory
RISE Program

Raising Immunizations Safely & Effectively
RISE-HCW
Raising Immunizations Safely & Effectively-Healthcare Workers

• Created 2004-2005 season

• Collaborative effort
  – Rx Partners, LTC – a LTC pharmacy
  – University of Pittsburgh Institute on Aging
  – 9 Western PA LTC facilities

• Pharmacy based program
RISE-HCW
Organizational Structure

RISE STEERING
CMT
Representatives include Administration, Nursing, Medical Director, Marketing, Human Resources, Staff Development

Rx Partners, LTC

Primary UPMC SRC Facilities
Rx Partner, LTC Facilities
Community Drug Facilities
A subsidiary of Rx Partners, LTC
<table>
<thead>
<tr>
<th>Facility</th>
<th>Beds (skilled only when multi-level)</th>
<th>No Staff (2007)</th>
<th>Urban/Rural</th>
<th>County</th>
<th>Union</th>
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</thead>
<tbody>
<tr>
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<td>356</td>
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<td>Allegheny</td>
<td>No</td>
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<tr>
<td>B</td>
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<td>158</td>
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<td>Allegheny</td>
<td>Yes</td>
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<tr>
<td>C</td>
<td>100</td>
<td>107</td>
<td>Rural</td>
<td>Venango</td>
<td>No</td>
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<tr>
<td>D</td>
<td>150</td>
<td>199</td>
<td>Urban</td>
<td>Butler</td>
<td>No</td>
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<tr>
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<td>59</td>
<td>96</td>
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<td>Mercer</td>
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<tr>
<td>I</td>
<td>214</td>
<td>180</td>
<td>Rural</td>
<td>Venango</td>
<td>No</td>
</tr>
</tbody>
</table>
RISE-HCW Objectives

• **Primary**
  – 60% HCW Influenza Immunization Rate

• **Secondary**
  – 80% HCW Influenza Immunization Rate
Steering Committee Tasks

• Spring
  – Season activity
  – Vaccination rates
  – Vaccine supplies & orders

• Summer
  – Vaccination rates
  – Barrier assessment
  – Educational planning
  – Communications

• Fall
  – 2 meetings
  – Early implementation barriers
  – Mid-season push
Facility Responsibilities

• Leadership Contact Team
  – Communication of information
  – Accountability
  – Leadership buy-in
  – Sense of urgency

• Designate Flu Champion
  – Coordinate immunizations
  – Coordinate education
  – Data collection
  – Dissemination of outcomes
Pharmacy Responsibilities

• Vaccine Supplies
• Defines Immunizations Process
  – Policy and Procedures
  – Forms
    • MAR
    • Preprinted labels
• Data collection
• Vaccination Clinic
  – Initial start date at each facility
  – Facility is responsible for administration
• Liaison between Steering Committee & Facilities
RISE-HCW
Tools Used

• Declination Form
  – Encouraged
• Incentives
  – Pizza party for winning facility
  – News coverage of positive outcomes
• Education
  – Training and reference materials
  – Formal training sessions
  – AMDA video
• RISE Prevention & Management Network
APPENDIX C
RISE-HCW FIU IMMUNIZATION RATES 2001-2008*
(* 2008 Data as of May 7, 2008)

FACILITY

2001-2002
2002-2003
2003-2004
2004-2005
2005-2006
2006-2007
2007-2008*
RISE – Program
Influenza Prevention & Management Network

• 18 campuses in Western PA
  – Distribution list-serve
  – Guidance
    • Immunization issues
    • Surveillance
    • Outbreak detection
    • Outbreak management
    • Policy development
  – Regulatory assistance
Questions from the 1990’s

• 1) Can a facility reach a HCW influenza immunization rate of 60% or greater?
   
   \[ A = YES \]

• 2) IF SO, can the facility maintain HCW influenza immunization rates of 60% or greater over time?
   
   \[ A = YES \]

• 3) IF SO, can the program be deployed to other facilities?
   
   \[ A = YES \]
RISE Program Strengths

Leadership

Stable Process Home

Teamwork
Contact Information

• naceda@upmc.edu

• www.aging.pitt.edu