

# Raising Immunizations Safely & Effectively

*Health Care Worker Campaign*

## RISE-HCW

David A. Nace, MD, MPH  
Director, Long Term Care and Flu Programs  
University of Pittsburgh Institute on Aging  
May 12, 2008  
naceda@upmc.edu





# 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?

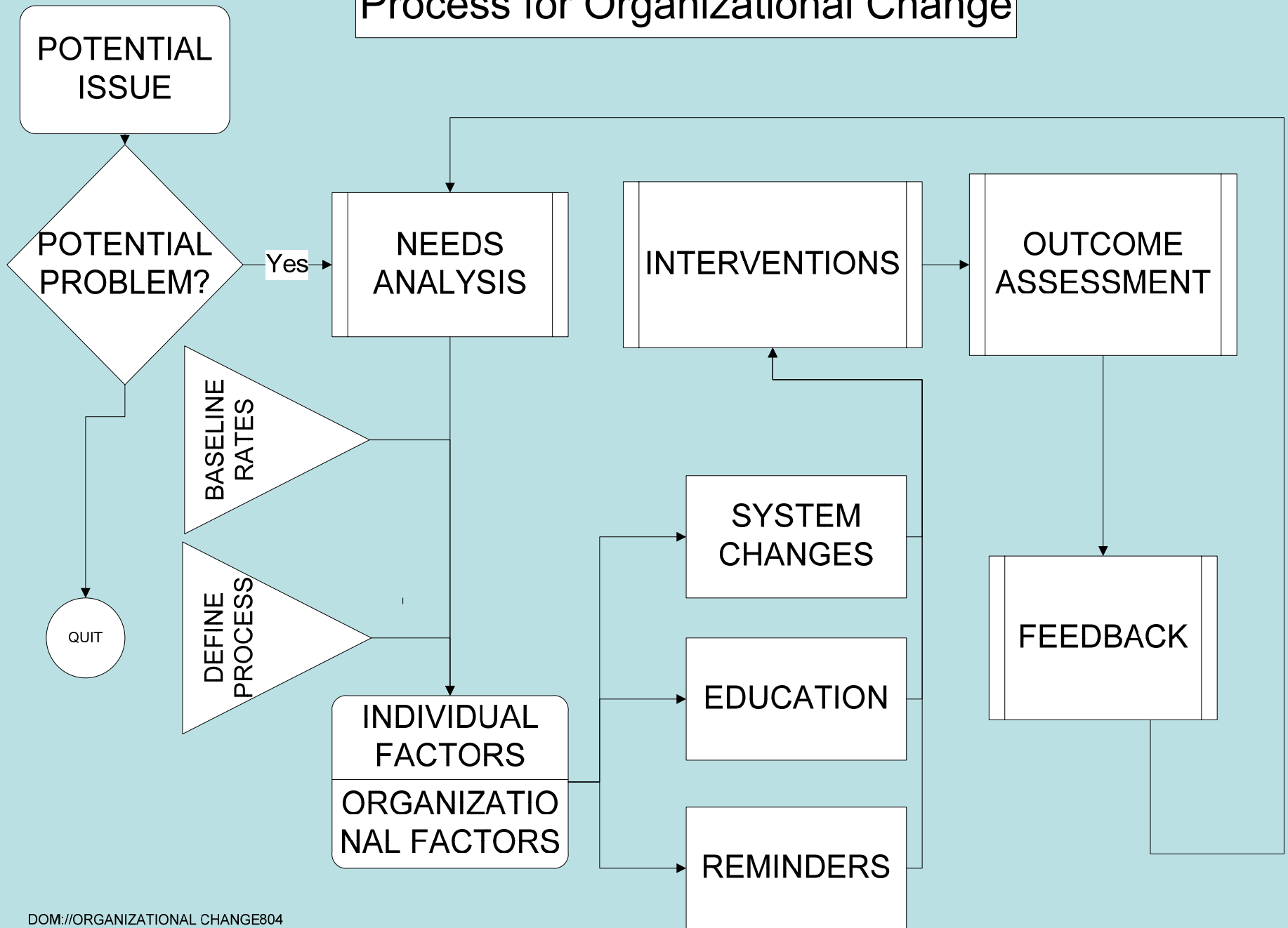


# BHWP Pilot

## *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

# Process for Organizational Change



# 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



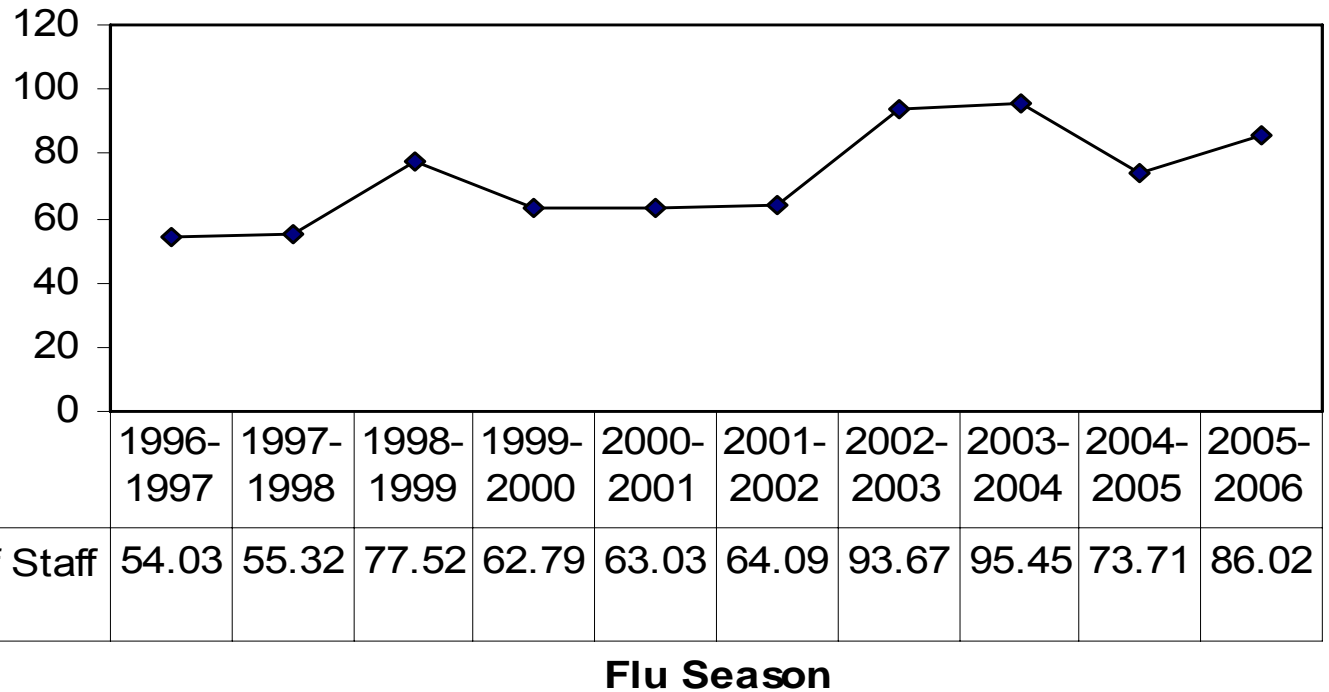


# Individual Barriers

- limited leadership knowledge and support
- poor staff knowledge about influenza
- negative staff attitudes about the vaccine and injections

# BHWP HCW Rates

Nace DA, Hoffman EL, Resnick NM, Handler SM. Achieving and Sustaining High Rates of Influenza Immunization Among Long-Term Care Staff. *J Am Med Dir Assoc* February 2007; 8(2):128-133.



# 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*

Facility	$\Delta$ HCW Flu %	$\Delta$ Resident Flu %	$\Delta$ Resident Pneumococcal %
UC1	-10.6	12.6	-33.8
UC2	-16.7	-64.7	-2.0
UC3	16.9	-10.3	-6.0
C1	10.3	26.8	38.7
C2	21.9	5.1	20.3
C3	0.4	-19.9	30.6

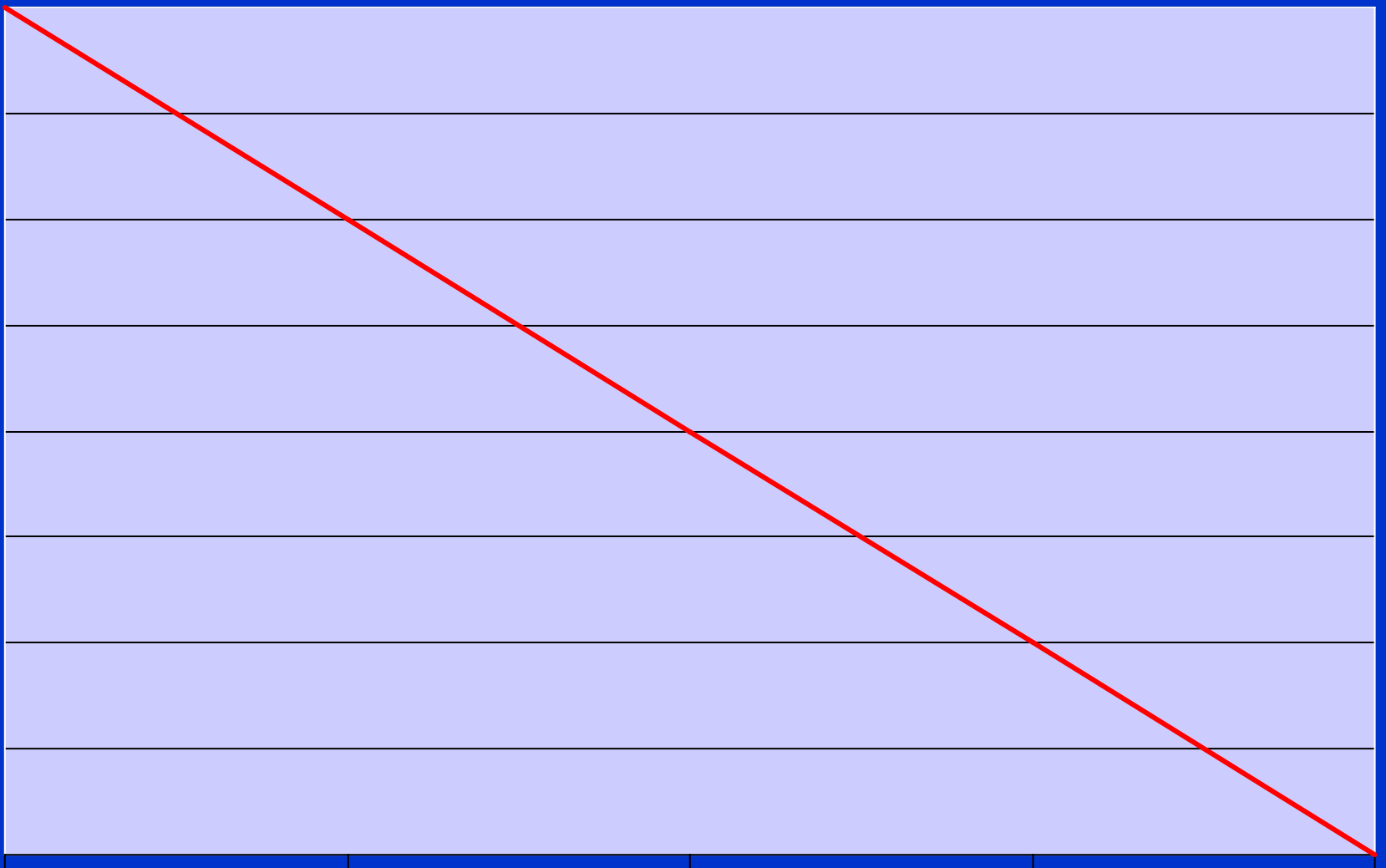


# Focus Group Evaluation

- 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



**Institutional Memory**



**Staff Turnover**

# RISE Program

*Raising Immunizations Safely &  
Effectively*

RISE Program  
David A. Nace, MD, MPH  
Program Director

RISE Steering Committee

Rx Partners, LTC

RISE – Patient  
Immunization

RISE - HCW

RISE-Influenza  
Prevention and  
Management Network



# RISE-HCW

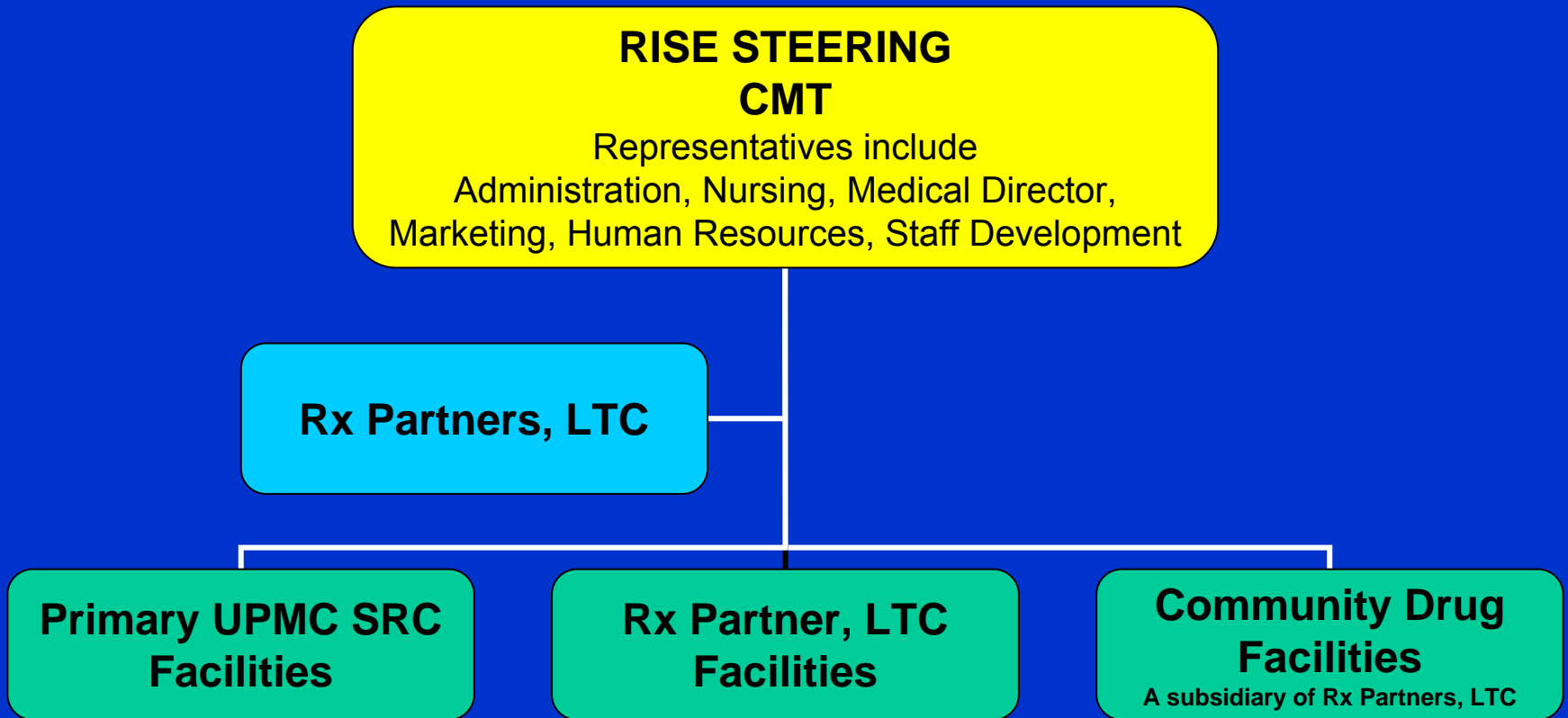
## *Raising Immunizations Safely & Effectively-Healthcare Workers*

- 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



Facility	Beds *skilled only when multi-level	No Staff (2007)	Urban/ Rural	County	Union
A	139*	356	Urban	Allegheny	No
B	59*	158	Urban	Allegheny	Yes
C	100	107	Rural	Venango	No
D	150	199	Urban	Butler	No
E	59	96	Rural	Mercer	No
F	145	176	Urban	Allegheny	No
G	180	243	Urban	Allegheny	No
H	60*	294	Urban	Butler	Yes
I	214	180	Rural	Venango	No

# 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

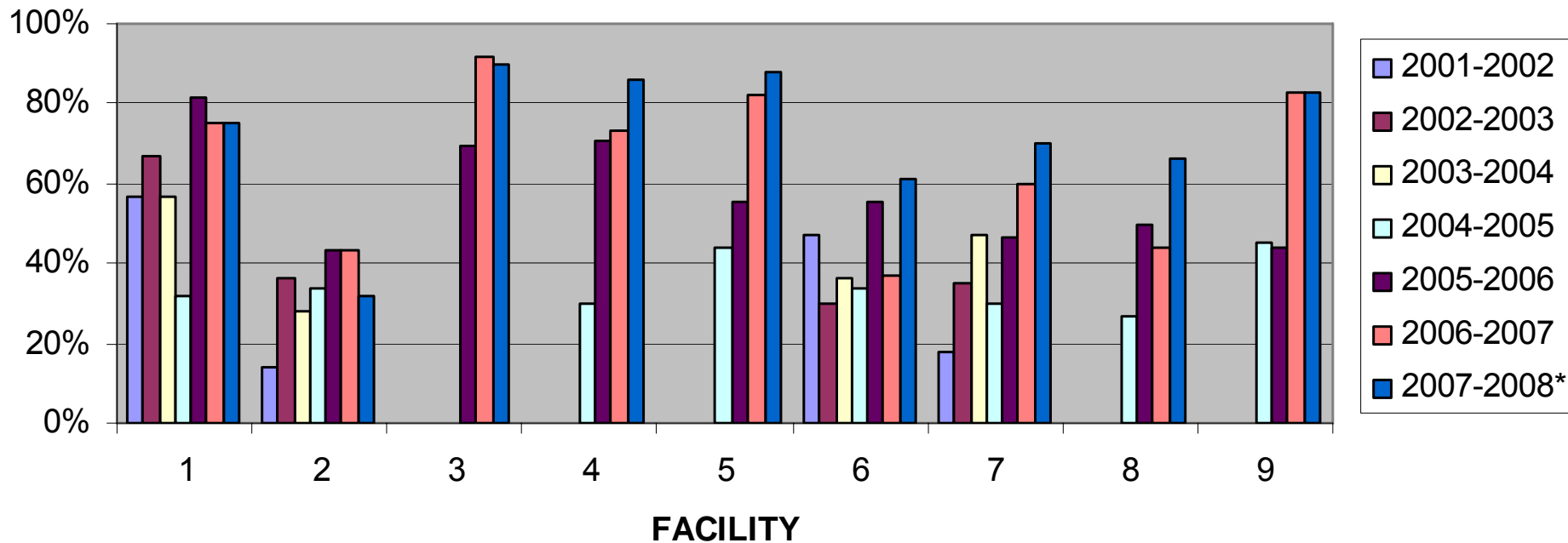


# RISE-HCW

## 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\***  
**(Baseline Seasons = 2001-2004, RISE Intervention Seasons = 2004-2008)**  
 (\* 2008 Data as of May 7, 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

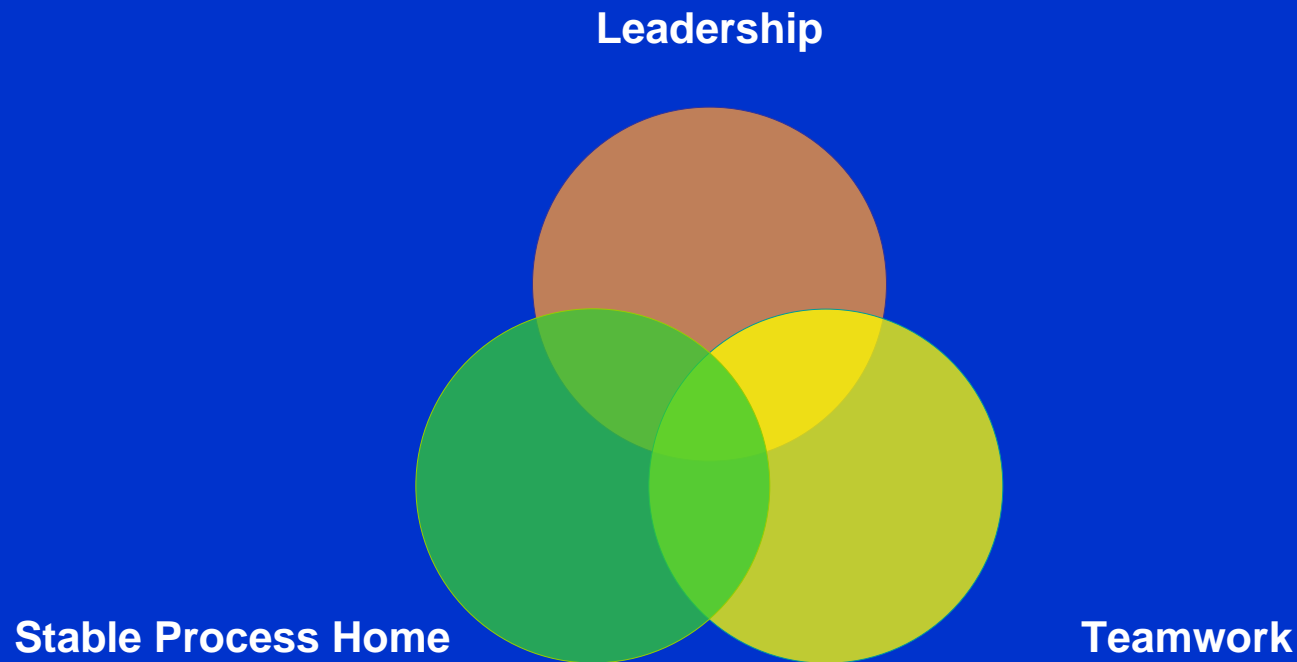
University of Pittsburgh



INSTITUTE ON AGING

*in partnership with University of Pittsburgh Medical Center*

# RISE Program Strengths







# Contact Information

- [naceda@upmc.edu](mailto:naceda@upmc.edu)
- [www.aging.pitt.edu](http://www.aging.pitt.edu)