SAY NO TO PNEUMONIA: IMPROVING PNEUMOCOCCAL RATES IN A PRE-SURGICAL TESTING SETTING
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Problem: Centers for Disease Control (CDC) recommend that adults 65 years of age and older, those with chronic diseases and/or smokers receive pneumococcal vaccination. The cost of community-acquired pneumonias can be substantial. In our Pre-surgical Testing Center (PST) we screen according to CDC guidelines but were immunizing only 24% of those who met criteria. Literature suggests that primary causes for missing patients were staff and patient misconceptions about vaccines. We saw a need to develop effective, sustainable strategies for vaccine delivery.

Purpose: The purpose of this project was to develop evidence-based tools and processes for improving immunization rates in our PST, to increase immunizations from 24% to 50% of eligible patients and to share effective strategies with other ambulatory settings.

Methods and Evidence: Following review of the literature, we developed evidence-based strategies to modify staff and patient behaviors. These strategies included: 1) targeted staff education, stressing information regarding pneumococcal vaccinations and interactive role playing on addressing patient concerns; 2) monthly feedback to staff on immunization rates; 3) reinforcement of achievement with group and individualized recognition; 4) development of a patient education flyer, that was included in the pre-surgical information packet. This one page flyer was written at a 3rd grade reading level and incorporated patient education based on focus group feedback about readability and impact.

Results: The outcome of this project from January 2013 to December 2013 showed an increase of 20% in pneumococcal vaccination rates compared with the same period in 2012 (from 24% to 44%). Patient education materials were included in the information packets beginning in June 2013. We have maintained elevated vaccination rates since that implementation. Patients were almost twice as likely to get vaccinated post intervention. This project demonstrates that strategies targeting immunizations can be effective in changing staff and patient behaviors and can be implemented in pre-surgical ambulatory settings.

Implications: Vaccinations are often not a focus in pre-surgical testing. This project demonstrates that perianesthesia nurses have an opportunity to impact the health of patients, preventing mortality and morbidity associated with community-acquired pneumonia. Further work needs to be done on how to sustain these positive changes.