


## Bethesda Memorial Hospital Boynton Beach FL

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Nurse Education – The Final Step  
to Improving Pneumovax  
Compliance




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### BMH Raised Vaccine Compliance From 17% to Consistently > 95%.

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- 1. Standing MD order
- 2. Pharmacy – for eligible patients, vaccine due appears on the MAK (med admin check)
- 3. Close follow up by Pharmacy and QI
- 4. Interest of administration
- 5. Education program to nurses




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### Education to Nurses - Need

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- We realized that nurses were AFRAID to give vaccine.
  - Fear of ADR, Lawsuit
- Nurses were UNAWARE of vaccine facts


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## Education to Nurses – Problem Solving

- Developed this slide show – presented it at every unit’s staff meeting.
- Slide show a required part of orientation. (CBL)
- QI nurse as “ vaccine champion ”
- Slides follow (in color)


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## Pneumovax Vaccine



MIS conceptions =

Missed opportunities




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## Nurses’ Misconceptions



- By being too cautious – we miss opportunities to provide life saving vaccines




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## Pneumovax - Is It Safe?

- 9 controlled trials (7500 patients) = **NO** severe febrile, anaphylactic or neurological complications (1)

Overwhelming evidence of safety

Vaccine is considerably safer than many Antibiotics!



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## Offering Vaccine

You are **REQUIRED** by FL law to offer flu and pneumococcal vaccine to every pt > 65 yrs.

**Be positive!**

- Try this phrase: "I see you need this vaccine – I will order it"



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## Misconception – There Are Lots of Contraindications

- **FACT** – only 2 contraindications

1. Allergic to vaccine
2. Temp currently 100.4 or greater (if temp today- vaccinate tomorrow!)



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## Misconception – My Patient Is Too Sick to Vaccinate.

### ***FACT – You SHOULD vaccinate :***

- Acutely ill patients – non febrile
- Surgical or immune compromised
- Patients with current pneumonia
- Chronically ill patients
- Patients who don't know if they had vaccine



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## Misconception – Vaccines Aren't That Necessary.

- **FACT** - 50,000 vaccine preventable deaths in USA every year!
- Explain to your patients the value of **BOTH** flu and pneumovax vaccine



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## Pneumovax – Get the Facts

- Pneumovax **DOES NOT**- decrease your chance of getting community acquired pneumonia
- Pneumovax **DOES** – reduce risk of bacteremia and meningitis caused by pneumococci by 75% (2)



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## Saving Lives –the Facts

- Bacteremia has up to 60% mortality in elders.
- Meningitis in elderly has mortality up to 80%. (3)
- Preventing these diseases limits the development of medication resistant bacteria – helping us all.



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## Misconceptions Regarding the VIS (Vaccine Information Sheet)

- Fact – VIS is *required* but Patient does not have to read it
- Administer vaccine if patient is confused or unconscious
- Administer vaccine if there is no family to approve



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## What If the Physician Does Not Want Pt to Get Vaccine?

- Vaccine is standing order. No MD signature required
- If MD does NOT want pt vaccinated – need to write an order to that effect with a reason.



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## Misconception- The Patient Will Get Vaccine As an Out-patient



- ***FACT*** - Only 1% of patients who leave the hospital without pneumovax vaccine will get it as an outpatient.
- Vaccinate NOW.



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## The BIG Misconception – “I Can’t Make a Difference”

- ***FACT*** – You are the **ONLY** ones who can!
- Patients LISTEN to nurses.
- Many patients have misinformation.
- Your explanation/ persuasion – can boost level of immunization **AND SAVE LIVES.**



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## Bethesda Memorial Hospital Practice



- Nurse inquires on admission about vaccines
- Pharmacy reviews its data
- Vaccines appear on the MAK if needed
- Vaccine message appears on MAR if vaccine has been given in past



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## Bethesda Memorial Hospital Practice

- We auto-populate the MAK for vaccine for:
  - Everyone over 55
  - All adults with chronic illnesses,
  - Anyone admitted with Dx of pneumonia or stroke.
- We renew vaccine after 5 years.



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## Bethesda Memorial Hospital Practice

- Day 2 of stay – pharmacy faxes charge nurse – Do you want vaccine delivered today?
- Weekly feedback to each nurse director – how many missed opportunities for vaccine each week? Nurses involved are counseled



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## Final Time Out

- Two nurses do final review of med list for discharged patients.
- Nurse responsible to assure vaccines received before discharge
- Vaccine data sent with patient to ECF



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## BMH Education



- This slide show and accompanying quiz questions are CBL required of every nurse within 90 days of employment.
- Offered as remedial ed as needed.



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## BMH Results



- July 1 to December 31 2006
- 1292 doses of pneumovax required
- 1236 doses administered or documented refused
- **95.6%** compliance



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## References

1. Fine MJ, et al. Efficacy of pneumococcal vaccination in adults: a meta-analysis of randomized controlled trials. *Arch Intern Med* **1994**; 154:2666-77.
2. Butler JC, Breiman RF, Campbell JF, et al. Polysaccharide pneumococcal vaccine efficacy: an evaluation of current recommendations. *JAMA* **1993**; 270:1826-31
3. FMQAI. Adult Inpatient Influenza and Pneumococcal Vaccination: nothing to be Afraid of. Nursing Self Study Continuing Education Module. August 2005.



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