Increasing the Rate of Pneumococcal Vaccination in Patients over 65 at HCA Florida Osceola Primary Care

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Area of Interest/Problem Statement

• At the HCA Florida Osceola Primary Care Clinic, the yearly metric for Preventive Care and Screening for pneumococcal vaccination in patients 65 years and older is at an average of 23%. This is below the target goal of 71.82% as set by Centers for Medicare and Medicaid Services.

• This metric is a core measure within the eClinicalWorks quality measures.

• This metric affects the clinic rating and Medicare reimbursement.
Background Information

- Pneumococcal vaccination is a vital preventive healthcare measure for our elderly patients.
- Correct documentation of immunization records help increase efficiency with clinic workflow and ensures that patients are getting high quality care for preventable diseases.
- Pneumococcal vaccination protects up to 50 to 85% of relatively healthy adult recipients against invasive pneumococcal disease and is recommended by the CDC.\(^1\), \(^2\)
- Proper immunization documentation is a cornerstone for high quality care for our patients.

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Current Assessment

• Currently the average pneumococcal vaccination documentation rate for the 6 attendings is 23% (range 16%- 33%).
• On a sample size of 100 records/ 622 patients >= 65 yo seen in 2021
Aim/Goal of Quality Improvement Project

• Increase proper documentation of preventative care and screening for pneumococcal vaccination in patients 65 years or older (111-eCQM) to 40% by 12/31/22 (and ideally to goal of > 71.82%).

• Increase preventative care and screening for pneumococcal vaccination (documented anywhere in the chart) for patients 65 years or older (111-eCQM) to 50% by 12/31/22.
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**Lack of PNA Vaccine Documentation**

**EMR**
- Multiple new Pneumococcal vaccinations out and new recommendations
- No reminder
- Hard to navigate EMR
- Only uses immunization tab to count metric
- Fields required not clear

**Measurement**
- If patient declines vaccine it counts against you
- You must document twice in preventive tab and immunization tab
- Cumbersome: too many clicks/steps to document

**Methods/Procedures**
- EMR fields are not required
- You must document twice in preventive tab and immunization tab

**Environment**
- Bottlenecking of attending to patient ratio
- If patient is there for acute visit this is not a priority
- Vaccine status not always discussed when staffing

**Men/People**
- Residents are only ones documenting if its historical vaccine
- Patient unaware of vaccine status

**Medicine**
- Multiple new Pneumococcal vaccinations out and new recommendations
- Vaccine status not always discussed when staffing
## Countermeasures

<table>
<thead>
<tr>
<th>Root Cause</th>
<th>Countermeasure</th>
<th>Plan (Who, What, When, Where)</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Measures tab was hard to read</td>
<td>Reformatted</td>
<td>Talked to IT who redesigned</td>
<td>X</td>
</tr>
<tr>
<td>Vaccine status not always discussed with Attending</td>
<td>Publicizing to Attendings</td>
<td>Talked to Attendings</td>
<td>X</td>
</tr>
<tr>
<td>Fields required are not clear</td>
<td>Publicizing and putting up flyers that explain the fields</td>
<td>Posted in resident rooms</td>
<td>X [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post in Attending staffing rooms</td>
<td>X [ ]</td>
</tr>
</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>EMR design</td>
<td>Contact eCW</td>
<td>QI team will contact eCW about vaccine-specific EMR modifications via email.</td>
<td>Talking to IT</td>
</tr>
<tr>
<td>Patients do not know vaccine status</td>
<td>Explore logging into Florida shots</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients decline vaccine</td>
<td>Explore education aimed at patients, Spanish flyers</td>
<td>Look into other projects aimed at increasing vaccination rates</td>
<td></td>
</tr>
</tbody>
</table>