Increasing Pneumonia and Shingles Vaccination Rates in Primary Care

Negest Alemu, APRN, FNP-C; Aaron Scott, DNP, FNP-C, Chanel Thomas, APRN, FNP-BC, Laurie Connors, PhD(c), DNP, FNP-BC, AGN-BC

Vanderbilt University School of Nursing



INTRODUCTION

Background

CDC eligibility criteria

- Pneumonia Vaccine
 - Adults 65 and older
 - Adults ages 19-64 if with certain underlying medical conditions
- Shingles Vaccine
 - Adults 50 and older

Topic

Increasing pneumonia and shingles vaccination rate in primary care

Problem

Primary prevention in an outpatient primary care clinic to decrease morbidity and mortality from pneumonia and shingles by increasing vaccination rate.

Team Members

Nurse practitioners – Negest Alemu & Chanel Thomas Medical Assistants – Beatriz Molina Clinic Manager – Aaron Scott

Aim

To improve primary prevention by increasing the rate of pneumonia and shingles vaccination rates by one-hundred percent over three months in eligible patients.

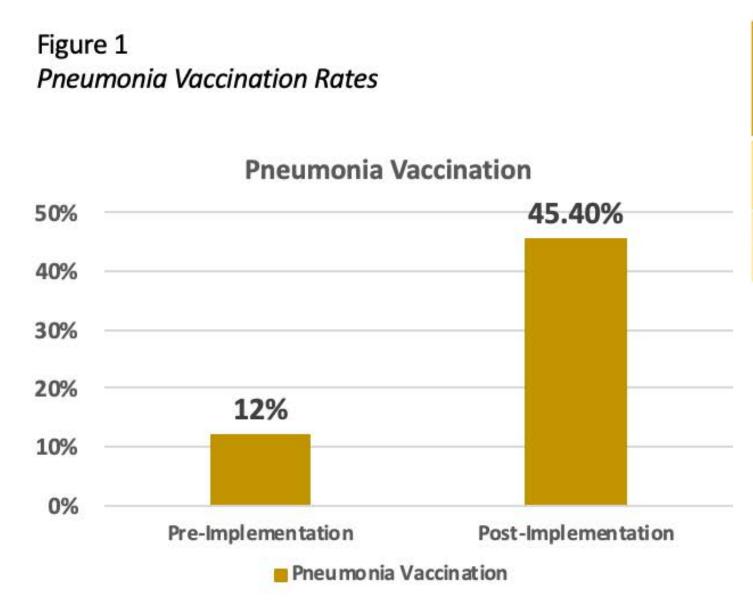
METHODS

Baseline data chart review (September 2021-February 2022)

- 2 of 122 (1.6%) eligible patients received shingles vaccine.
- 27 of 225 (12%) eligible patients received pneumonia vaccine.
- Increased supply of vaccines at the clinic
- Providers were educated eligibility
- Eligible patients were informed of vaccination recommendation by providers
- Data analyzed by comparing baseline vaccination rates to post-implementation vaccination rates

RESULTS

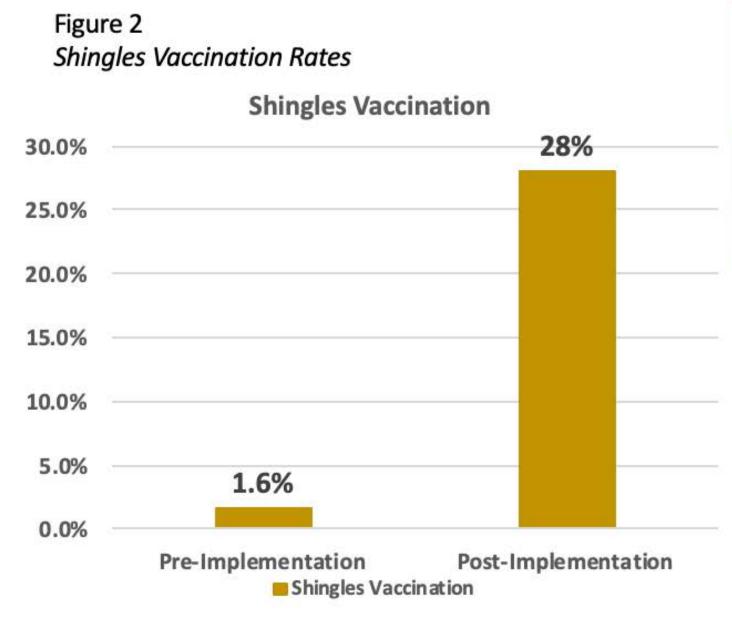
Pneumonia Vaccination Rates



	Eligible for pneumonia vaccine	Received pneumonia vaccine	Percentage
Pre- Implementation	225	27	12%
Post- implementation	130	59	45.4%

• 3.78X (378%) increase

Shingles Vaccination Rates



	Eligible for shingles vaccine	Received shingles vaccine	Percentage
Pre- Implementation	122	2	1.6%
Post- implementation	121	34	28%

17.5X (1750%) increase

IMPLICATIONS FOR PRACTICE

- Ensuring supply of all vaccinations is important to improve primary prevention.
- Reinforcing vaccination eligibility criteria to providers as well as informing patients on vaccinations that are recommended can help improve primary prevention.

STRENGTHS

- Aim of increasing pneumonia and shingles vaccination rates by one-hundred percent was attained.
- Implementation of ensuring supply of vaccinations and informing patients of recommended vaccinations can be generalized to other primary care offices.

WEAKNESSES

- Preventative interventions can become difficult for providers with heavy workloads
- A balance between increasing revenue and quality of care can be difficult to achieve.

REFERENCES

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