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Best Practice:
Immunization

Leadership Track
Leadership Section
Objectives

Objectives
After completing the activities included in the Leadership Section of this Best Practice Intervention Package – Immunization, the leader will be able to:

1. Define the three components of a home health immunization program.
2. Describe how immunization will assist in the reduction of avoidable acute care hospitalizations.
3. Identify resources to support the agency in implementing an effective, structured home health immunization program.

Immunization:
How to Use this Package

The Best Practice Intervention Package – Immunization is for home health agencies to utilize, create or improve upon a structured and effective immunization program.

- Complete the Agency Assessment to determine problem areas within your agency immunization program
- Review educational materials, resources and tools
- Read the Leadership Action Items
- View the Introduction to the Best Practice Intervention Package-Immunization WebEx that demonstrates the use of the Patient/Staff Immunization Tracking Record
- Develop an Action Plan to resolve your agency’s identified problems utilizing tools and resources

All agencies need a structured and effective immunization program!
Immunization: Best Practice Intervention Package

This Best Practice Intervention Package - Immunization focuses on both influenza and pneumococcal immunizations as they relate to the home care setting. This package correlates with the Immunization Toolkit 2007-2008 available at www.medqic.org.

Three action items necessary for an effective immunization program are addressed:

1. **ASSESS**
   - Assess all of your patients for influenza and pneumonia immunizations

2. **ACCESS**
   - Ensure ACCESS for influenza and pneumonia immunizations
     - Who will be providing the immunizations?
     - Is the home health agency (HHA) providing?
     - Is the HHA arranging for physician office or clinic to provide?

3. **ADMINISTERed**
   - Follow-up
     - Has the patient actually had the influenza and pneumonia immunizations **ADMINISTERed**?
“Why is immunization important and how does it relate to reducing acute care hospitalizations?”

“Healthy People 2010,” a coalition of national organizations, created a statement of national health objectives designed to identify the most significant preventable threats to health and established national goals to reduce these threats.

The “Healthy People 2010” goals for immunization include increasing the percentage of adults in the community who are vaccinated annually against influenza and vaccinated against pneumococcal disease as measured by:

Patients - 90 percent rate for influenza and pneumococcal immunizations

Health Care Workers - 90 percent rate for influenza

Influenza immunization is also a recommendation of the National Pandemic Preparation. Please see www.pandemicflu.gov.

**Health Care Workers**

A low percentage of health care workers are being immunized annually against influenza. The “Healthy People 2010” goal is for 90 percent of health care workers to be immunized. Staff can be contagious 1-2 days prior to developing symptoms of the flu and for 3-5 days afterwards, allowing the unintentional transfer to vulnerable patients. Many carriers are asymptomatic.

Health care providers have an ethical obligation to protect patients and fellow caregivers from the consequences of influenza. Getting immunized demonstrates a professional commitment to preserving the health of co-workers, patients and their caregivers.
Immunization: Acute Care Hospitalization Connection

Influenza “Facts & Stats”

Every year in the United States, on average, more than 200,000 people are hospitalized from flu complications.

For those aged 65 and older (especially home health patients who have conditions that put them at high-risk for complications), influenza can be a serious and potentially life-threatening disease.

Source: CDC - www.cdc.gov/flu/keyfacts.htm

Pneumonia “Facts & Stats”

Pneumococcal infection causes an estimated 1.4 million hospitalizations for pneumonia annually in the U.S.

Whereas, flu immunizations occur primarily in the fall, pneumococcal immunization status should be assessed and immunizations updated throughout the year.

All adults aged 65 and over should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated.

Immunize if patient’s immunization status is unknown or cannot be verified.

Source: CDC - www.cdc.gov/nchs/fastats/pneumonia.htm
The *Immunization Toolkit 2007-2008* contains the latest information on influenza and pneumococcal immunizations including: current statistical data, sample policies, forms, educational materials, posters and references. The toolkit can be downloaded at [www.medqic.org](http://www.medqic.org).

To locate tools and resources in the *Immunization Toolkit 2007–2008* related to *Assess, Access, Administer* refer to the crosswalk below.

### Crosswalk to the Immunization Toolkit

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<td>Influenza disease (epidemiology, statistics, criteria, vaccine effectiveness, and side effects)</td>
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<tr>
<td>Pneumococcal disease (epidemiology, statistics, criteria and side effects)</td>
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<tr>
<td>Physician notification forms</td>
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</tbody>
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# Immunization: Agency Assessment

## ASSESS

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Does your agency screen all patients for both influenza and pneumonia immunization?</td>
<td></td>
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<tr>
<td>Start of care, resumption of care and mid-episode (all current patients during flu season, as of 10/1)</td>
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<td>Does your agency have a protocol in place that addresses influenza and pneumonia immunization?</td>
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<td>Assessment</td>
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<td>Referral for administration</td>
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<td>Administration</td>
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<td>Storage</td>
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<td>Safe transport and handling</td>
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<td>Standing orders or physician orders</td>
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<td>Patient refusals</td>
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<tr>
<td>Evaluation and monitoring of agency program</td>
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</table>

## ACCESS

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
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<tbody>
<tr>
<td>Does your agency ensure access to influenza and pneumonia immunizations for patients?</td>
<td></td>
<td></td>
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<tr>
<td>Agency provides influenza immunizations</td>
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<tr>
<td>Agency provides pneumococcal immunizations</td>
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<tr>
<td>Refers patient/caregivers to community resources</td>
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<tr>
<td>Does your agency provide and/or encourage staff influenza immunizations?</td>
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## ADMINISTERed

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Does your agency have a process in place to track patients who need to have immunizations?</td>
<td></td>
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<tr>
<td>Follow-up process to ensure immunizations are administered</td>
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<tr>
<td>Tracking process to determine number of patients AND staff immunized and not immunized to calculate immunization rate</td>
<td></td>
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<tr>
<td>Track patients and staff not immunized and list reasons why</td>
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<tr>
<td>Set a target for immunization rate for patients and for staff</td>
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<tr>
<td>Does your agency communicate patient’s immunization status?</td>
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<tr>
<td>Physician</td>
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<td>Patient’s family</td>
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<td>Other clinical staff</td>
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<td>Hospitals/nursing homes on transfer</td>
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"What are the requirements for physician orders?"

**Standing Orders**  
**Excerpt from the 10/02/02 Federal Register:**

The Standing Orders Report states that standing orders’ protocols should also specify that vaccines be administered by healthcare professionals trained to (a) screen patients for contraindications to vaccination, (b) administer vaccines, and (c) monitor patients for adverse events, in accordance with state and local regulations.

3. Home Health Agencies

“...drugs and treatments are administered by agency staff only as ordered by the physician, **with the exception of influenza and pneumococcal polysaccharide vaccines**, which may be administered per agency policy developed in consultation with a physician, and after an assessment for contraindications.”

Remember to check your state regulations!

"What should I know about storing vaccines?"

**Key Points for Vaccine Storage:**

- Designate one person in charge of handling and storing vaccines
- Maintain a vaccine inventory log and rotate stock by date
- Store vaccines in a **designated** refrigerator; do not store any food or drink in the vaccine refrigerator or freezer
- Store vaccines in the middle of the refrigerator – not in or near the door
- Always keep a thermometer in the refrigerator (temperature should be kept between 35°-46°F) & freezer (+5°F). Ensure you have a “Do not unplug” sign next to the outlet
- Develop an action plan for refrigerator failure
- Refer to the **Immunization Toolkit 2007-2008** (pages 27 – 28) located at [www.medqic.org](http://www.medqic.org) for more comprehensive information
Sample Agency Influenza and Pneumonia Immunization Protocol
Agency Administering Vaccines

Purpose:
To establish an agency immunization program for influenza and pneumonia vaccination of patients, caregivers and staff in order to reduce avoidable hospitalization of patients due to influenza and pneumonia complications.

Goals:
1. To achieve a 90% rate of staff influenza immunization each influenza season.
2. To achieve a 90% rate of patient influenza immunization each influenza season.
3. To achieve a 90% rate of pneumonia immunization of patients admitted for service.

Procedure: Assess, Access, Administer
1. All patients will be assessed for influenza and pneumonia immunization status at SOC, ROC beginning of influenza season and discharge.
2. Assessment of patient immunization status for influenza and pneumonia will be incorporated into the agency's Comprehensive Assessment. The assessing clinician will address the patient immunization status at each time point.
3. On an ongoing basis the agency will promote pneumonia immunization and provide education materials to patients, including the current year's CDC Vaccine Information Statement.
4. On a yearly basis, preferably in January, the agency will order a supply of vaccine for the upcoming influenza season. Pneumococcal vaccinations may be kept on hand at all times or obtained from physician offices. The agency will follow the instructions in Maintaining the Cold Chain During Transport for all vaccines.
5. On a yearly basis the agency will establish an agency Influenza Immunization Campaign, September through March, to promote influenza immunization and provide education materials to patients and staff, including the current year's CDC Vaccine Information Statement.
6. On a yearly basis the agency will complete the Checklist for Safe Vaccine Handling and Storage.
7. The agency staff will promote patient and caregiver influenza and pneumonia immunization by providing education and resources, including:
   a. Epidemiology
   b. People at high risk
   c. Who should/should not be vaccinated
   d. Prevention and control
   e. Vaccine effectiveness
   f. Immunization side effects
   g. Vaccine myths
   h. Vaccine Information Statements at time of vaccination
9. Any adverse events will be reported to the Vaccine Adverse Event Reporting System (VAERS) and tracked in the patient's medical record.
10. The agency's progress toward goals for influenza and pneumonia vaccination will be tracked and shared regularly with staff.

Evaluation and Monitoring of Program
1. Monitoring data will be collected and patient immunization status will be tracked to evaluate the effectiveness and implementation of the program, including such data as:
   • Percent of patients immunized for pneumonia
   • Percent of patients immunized for influenza, October through March
   • Percent of staff immunized for influenza, October through March
   • Percent of patients offered immunization, by clinician
   • Reasons for refusal
Purpose:
To establish an agency immunization program for influenza and pneumonia vaccination of patients, caregivers and staff in order to reduce avoidable hospitalization of patients due to influenza and pneumonia complications.

Goals:
1. To achieve a 90% rate of staff influenza immunization each influenza season.
2. To achieve a 90% rate of patient influenza immunization each influenza season.
3. To achieve a 90% rate of pneumonia immunization of patients admitted for service.

Procedure: Assess, Access, Administer

1. All patients will be assessed for influenza and pneumonia immunization status at SOC, ROC, beginning of influenza season and discharge.
2. Assessment of patient immunization status for influenza and pneumonia will be incorporated into the agency’s Comprehensive Assessment. The assessing clinician will address the patient immunization status at each time point.
3. On an ongoing basis the agency will promote pneumonia immunization and provide education materials to patients, including the current year’s CDC Vaccine Information Statement.
4. On a yearly basis the agency will establish an agency Influenza Immunization Campaign, September through March, to promote influenza immunization and provide education materials to patients and staff, including the current year’s CDC Vaccine Information Statement. Agency will compile a list of local immunization clinics.
5. The agency staff will promote patient and caregiver influenza and pneumonia immunization by providing education and resources, including:
   a. Epidemiology
   b. People at high risk
   c. Who should/should not be vaccinated
   d. Prevention and control
   e. Vaccine effectiveness
   f. Immunization side effects
   g. Vaccine myths
   h. A schedule of immunization clinics and resources for immunization

7. The agency’s progress toward goals for influenza and pneumonia vaccination will be tracked and shared regularly with staff.

Evaluation and Monitoring of Program

1. Monitoring data will be collected and patient immunization status will be tracked to evaluate the effectiveness and implementation of the program, including such data as:
   - Percent of patients immunized for pneumonia
   - Percent of patients immunized for influenza, October through March
   - Percent of staff immunized for influenza, October through March
   - Percent of patients offered immunization, by clinician
   - Percent of patients immunized, by clinician
Influenza and Pneumococcal Immunization Patient Plan
Assess, Access, Administer

Patient Name: ________________________ Medical Record#: ________________

Date: ___/___/___ Clinician Signature: ____________________________

Select one:
☐ Start of Care  ☐ Recertification
☐ Resumption of Care  ☐ Mid-Care (current patient)

Step I: Assess
☐ See agency immunization comprehensive assessment screen; Complete steps II & III
OR complete steps I-III
☐ Received influenza vaccine Date: ___/___/___
Location: ☐ Physician office  ☐ Clinic  ☐ Other

☐ Received pneumonia vaccine Date: ___/___/___
Location: ☐ Physician office  ☐ Clinic  ☐ Other

☐ Needs the ☐ influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine

Step II: Access (Who will be providing?)
☐ Influenza and pneumococcal vaccines status is current and no further action needed
OR
☐ Patient will receive the ☐ influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine at physician’s office or clinic within the next __________ weeks
OR
☐ Patient wants [home health agency] to administer
☐ Influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine
Obtain vaccine from___________ Scheduled for: __________
AND
☐ Patient and/or caregiver provided with and instructed on the Centers for Disease Control and Prevention (CDC) Vaccine Immunization Statement (VIS)

Step III: Administered (Follow-Up)
☐ Patient received the ☐ influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine at their physician’s office or clinic on __________.
OR
☐ [Home health agency] administered ☐ influenza vaccine on: ___________
and/or ☐ pneumococcal polysaccharide vaccine on: ___________

Refuses vaccine because:
☐ Believes he/she is not at risk for disease  ☐ Allergic
☐ Believes immunization does not work  ☐ Contraindicated
☐ Fear of adverse effects
☐ Other reason: _____________________________________________

If influenza vaccine limited or unavailable follow CDC guidelines

Adapted from Influenza and Pneumococcal Immunization Status Assessment developed by Holy Redeemer Home Care, Philadelphia, PA
This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number: 8SOW-PA-HHQ07.552 App. 7/19/07 (Modified 8/14/2007)
Benefits & Strategies for Staff Immunization

Benefits of providing influenza immunizations to health care workers:

- Reduces spread of illness to patients, caregivers and other staff
- Potential for reduced avoidable hospitalizations and even deaths
- Shows agency commitment to good health practices, infection control and patient safety
- Financial advantage by reducing sick days for influenza

Strategies to increase health care worker influenza immunization rates:

- Leaders serve as role models
- Provide staff education
- Increase awareness that immunization is an important infection control and patient safety issue
- Re-educate every year to include new staff and those that missed previous in-services
- Provide Vaccine Information Statement (VIS) in multiple languages for your staff (www.cdc.gov)
- Provide immunizations at convenient and frequent times for clinical staff
- Provide immunizations for free or at low cost
- Offer vaccines at local health department or other settings at no cost, if agency does not provide
- Provide staff incentives for being immunized
- Consider requiring staff to receive immunization or sign a refusal statement
- Branch/team competition
  - Set a goal for the number immunized each year and increase the target each year
  - Create a themed competition for branches/teams
  - Utilize interdisciplinary staff (including office staff) to assist with development of theme, decorating, educating and promoting, as well as, tracking of immunized staff
The Importance of **Staff Immunization**

**How to get the message to staff:**

- E-mail immunization information and schedules for staff immunization
- Update screen savers with immunization facts and schedule for staff immunization
- Employee newsletter, include:
  - Articles related to immunizations, influenza, pneumonia
  - Articles that show the connection between immunizations and acute care hospitalizations
  - Photographs of leadership receiving vaccine
  - Tips to avoid the flu
  - Myth busters
  - Dates, times and locations of staff immunizations
  - Updated statistics on agency’s staff immunization rates (agency, branch and/or team) – use a run chart to show progress
- Posters/Bulletin Boards/Office Doors
  - Utilize posters included in this package for display at agency
  - Create team competition to create their own posters (provide a copy of this package and/or the *Immunization Toolkit 2007 – 2008* as resource) – encourage creativity and reward with prizes or food
- Create or purchase Immunization Stickers, such as:
  - “I Got My Flu Shot,” “Do No Harm... Stick out Your Arm,” “Immunize Not Hospitalize”
- Infection Control Fair
  - Present annual infection control material/competencies and include influenza and pneumonia
  - Provide influenza immunizations at the fair (make alternative arrangements for staff that cannot attend)
  - Encourage interdisciplinary staff to work on project and be champions
Patient/Staff Immunization Tracking Record

**Purpose:** The Patient/Staff Immunization Tracking Record is an Excel workbook created to **track patient and/or staff status for influenza and/or pneumococcal immunizations.** This tracking record provides a listing of patients and staff that need **follow-up** to verify they have been immunized as planned. A summary report is generated from the information entered. Sample tools are located on page 19 in the Best Practice Intervention Package and the Excel file is located on the HHQI Web site, [www.homehealthquality.org/hh/hha/interventionpackages/immunization.aspx](http://www.homehealthquality.org/hh/hha/interventionpackages/immunization.aspx), with the Best Practice Intervention Package - Immunization under ‘Associated Resources’.

**Who should use this tool?**
Any agency can use this tool – small or large. A basic understanding of Excel is required.

**Considerations:**
- Point of care electronic documentation agencies need to determine if their current system can produce a similar report
- Agency is currently effectively tracking immunizations, you may only need to evaluate your process and adjust to ensure that follow-up is being captured (**ADMINISTERed**, i.e. did patient/staff member receive immunization as planned)
- Agencies with minimal expertise with Excel may choose to use the tool as a paper-based tracking system
- Large agencies may want to use the tool at a team or branch level, rather than agency wide
- Decide who will maintain the tracking record; suggestion to be a clerical or data entry person

There are four worksheets included in the one file:

1. **Patient Immunization Log**
   (October – March) - for use during flu season to track both influenza and pneumococcal immunizations
2. **Staff Immunization Log**
3. **Patient Immunization Log**
   (April – September) - for use during **non-flu season** to track pneumococcal immunizations
4. **Summary Report**

**A picture is worth a thousand words.**

To see the value of this tool, it is best to view the **demonstration of the tool.**

Introduction to the **Best Practice Intervention Package – Immunization WebEx.**

([www.homehealthquality.org](http://www.homehealthquality.org))
# Patient/Staff Immunization Tracking Record

## Patient Influenza/Pneumococcal Immunization Log (Flu Season)

<table>
<thead>
<tr>
<th>Medical Record</th>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Date of Vaccine</th>
<th>Vaccinator</th>
<th>Reason for Not Administered</th>
<th>Administered by</th>
<th>Next Flu Season Date</th>
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<tbody>
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## Patient Pneumococcal Immunization Log (Non-Flu Season)

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<thead>
<tr>
<th>Medical Record</th>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Date of Vaccine</th>
<th>Vaccinator</th>
<th>Reason for Not Administered</th>
<th>Administered by</th>
<th>Next Flu Season Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Staff Influenza Immunization Log (Flu Season)

<table>
<thead>
<tr>
<th>Employee ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Date of Vaccine</th>
<th>Vaccinator</th>
<th>Reason for Not Administered</th>
<th>Administered by</th>
<th>Next Flu Season Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patient/Staff Immunization Tracking Record Summary Report

Entries into the worksheets on the Patient/Staff Immunization Tracking Record will automatically be entered into the summary report. The report will provide statistics related to each tracking log (if in use – data entered into the log). During the flu season, the non-flu season log will not be in use and will not appear on this report. The summary report follows the ASSESS, ACCESS and ADMINISTERed theme. Agency processes to ensure all active patients are entered into the logs are essential in providing a true statistical picture of patient immunization. Eligible patients on the report will include patients who have not been immunized, have no contraindications and have not refused the immunization. This eligible population is the denominator for the ADMINISTERed statistic. Likewise, all staff need to be entered on their log and the eligible population definition stays the same.

```
<table>
<thead>
<tr>
<th>Total patients assessed during flu season out of all patients entered in log</th>
<th>25 / 25 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESS</strong></td>
<td></td>
</tr>
<tr>
<td>Patients that were already immunized</td>
<td>8 / 25 (32%)</td>
</tr>
<tr>
<td>Patients not immunized who are eligible for immunization</td>
<td>15 / 16 (93.8%)</td>
</tr>
<tr>
<td>Patients eligible for immunization who refused immunization</td>
<td>4 / 15 (26.7%)</td>
</tr>
<tr>
<td><strong>ACCESS</strong></td>
<td></td>
</tr>
<tr>
<td>Immunizations administered by our agency to eligible patients</td>
<td>8 / 11 (72.7%)</td>
</tr>
<tr>
<td>Immunizations referred to community</td>
<td>2 / 3 (66.6%)</td>
</tr>
<tr>
<td>Immunizations administered in community</td>
<td>1 / 2 (50%)</td>
</tr>
<tr>
<td><strong>ADMINISTERed</strong></td>
<td></td>
</tr>
<tr>
<td>Current patient immunization status out of all eligible patients</td>
<td>19 / 20 (95%)</td>
</tr>
</tbody>
</table>

**Staff Immunization**

```

```
<table>
<thead>
<tr>
<th>Total staff assessed during flu season out of all staff entered in log</th>
<th>16 / 16 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESS</strong></td>
<td></td>
</tr>
<tr>
<td>FLU</td>
<td></td>
</tr>
</tbody>
</table>
```

“St. Michael’s Home Health Agency in South Dakota found it difficult to obtain immunization history, especially with pneumococcal immunization. Their QI team developed a plan to utilize the Medicare Common Working File (CWF) to more efficiently capture patient pneumococcal and influenza vaccination data. The office manager would access the Medicare CWF and check screen 6 for documentation of billed immunizations. The manager would notify the home health clinician if the patient has a history of billed immunization services on the CWF. The clinician then contacts the patient’s physician to determine if the physician has a preference in whether they administer or the agency administers the vaccination.”

Sharon Hauck, Home Health Supervisor
### Immunization: Leadership Action Items

#### ASSESS

- Revise **comprehensive assessment** (OASIS or other documentation) to include assessment of patients’ current immunization status
  - Integrate assessment and follow-up into point of care system as a required field
- Designate at least two employees or staff to stay current with immunization resources
- Educate staff handling the vaccine, if transporting it to the patient’s home
- Utilize the *Maintaining the Cold Chain During Transport* handout (page 27 of the *Immunization Toolkit 2007 – 2008*)
- Check state laws related to providing and transporting the vaccines
- Annually review immunization **protocols and procedures** to ensure current CDC standards are incorporated
- Protocols should address:
  - Administration to patients
  - Standing orders (page 31 – 42 of the *Immunization Toolkit 2007–2008*) or need for individual physician orders
  - Protocol/guideline for patients who refuse immunization
  - Safe handling and storage of vaccine (page 28 of *Immunization Toolkit 2007 – 2008*)
- Establish an **Immunization Campaign Champion** and plans for rolling out your immunization campaign
  - Timeline (page 24 of this package)
  - Strategies (page 21 of the *Immunization Toolkit 2007 – 2008*)
- Review federal **standing orders** protocols and check your state regulations for any restrictions regarding immunizations
  - Utilize and adapt the policies and procedures in the *Immunization Toolkit 2007-2008*
  - Educate staff on standing orders
  - Make sure your Vaccine Information Statements (VIS) are current
    - Most recent version (released 7/16/07) is on the CDC Web site ([www.cdc.gov](http://www.cdc.gov))
    - Numerous language translations available
- Provide patient/caregiver education
  - Use patient letters, brochures, etc.
  - Provide patients with a Vaccine Information Statement prior to immunization federal mandate ([www.cdc.gov](http://www.cdc.gov))
  - Include the importance and goals of immunization to home care patients
  - Resources in the *Immunization Toolkit 2007 – 2008*
## Immunization: Leadership Action Items (cont.)

### Provide staff education
- Use staff letters, posters, audio recordings, clinician pocket guides, etc.
- Include the importance, statistics and goal for immunization of staff
- Distribute the care track Guidelines for Practical Application from this Best Practice Intervention Package

### Print and distribute clinician pocket cards (see pages 59, 61 – 62 of *Immunization Toolkit 2007-2008*)

### ACCESS

- Review and update immunization protocols and procedures to secure vaccines
  - Check state regulations for providing and transporting vaccines

- Educate staff on immunization availability in the community
  - Local health department, medical insurance companies, local supermarkets/chain retailers
  - Visiting Nurse Association of America – VNAA Flu Clinic Finder at [www.vnaa.org](http://www.vnaa.org)
  - American Lung Association Flu Clinic Locator at [www.flucliniclocator.org](http://www.flucliniclocator.org) to find flu clinic by zip code

- Review billing guidelines for cost and administration of vaccines per CMS guidelines
  - Medicare Part B (see page 82 *Immunization Toolkit 2007 - 2008*)
  - Evaluate possibility of roster billing for efficiency (see page 85 *Immunization Toolkit 2007 - 2008*)
  - Use the correct coding for billing (see page 84 *Immunization Toolkit 2007 – 2008*)

- Encourage staff immunizations
  - Leaders should serve as role models
  - Stress the importance of taking care of staff first so they can care for their patients
  - Provide or reimburse staff for annual influenza vaccines, don’t forget office staff
  - Schedule convenient and alternative times to allow staff the opportunity for immunization
  - Encourage or reimburse for vaccines administered in the community or at the physician’s office, if not proving immunizations at the agency.
  - Utilize some ideas on pages 16 - 17 of this package
## Immunization: Leadership Action Items (cont.)

### ADMINISTERed

- Implement or update an immunization screening tool to include contraindications for immunizations
- Educate staff if verbal orders are not necessary (check if state regulations supersede federal regulations)
- Evaluate agency immunization documentation process and forms and update to include follow-up
- Create communication process to notify the following of immunization status:
  - Physician (see notification form on page 29 of package)
  - Hospital/nursing home on transfers
- Provide patient with immunization card (see pages 60 & 97 of *Immunization Toolkit 2007 - 2008*)
- Implement a process to track patient and staff immunizations. **Sample – Patient/Staff Immunization Tracking Record** see pages 18 - 20
  - Track the number of patients and staff immunized (by the agency or at an alternative source) to determine the percentage of patients and staff that receive vaccines
  - Track number of patients and staff refusing immunization and include reason for refusal to assist with future planning
  - **Track patients and staff who still need to be immunized!**
    - Monitor results and follow-up to ensure all patients and staff desiring immunizations are immunized
    - Calculate and display patient and staff immunization rates in office and newsletters or other ideas suggested on page 17 of package
- Check with state department to find out if your state has an Immunization Registry to see if there is a way to integrate your agency tracking system with theirs or use your tracking log to enter into the registry
- Determine how you will monitor and evaluate the effectiveness of your program
  - Percentage of immunized patients and staff
  - Number of hospitalizations with diagnosis of influenza or pneumonia
# Influenza Immunization Timeline

<table>
<thead>
<tr>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December – March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote immunization campaign (posters, newsletters, e-mail reminders, etc.)</td>
<td>Publicize dates, times and locations</td>
<td>Publish immunization rate updates in newsletters</td>
<td>Continue to use both staff and patient tracking logs, until all eligible staff and patients have been immunized</td>
</tr>
<tr>
<td>Review patient educational materials for outdated information</td>
<td>Obtain vaccine and kick off immunizations with staff first, and then patients</td>
<td>Send reminders to staff who still need immunized. Offer open times for immunization</td>
<td>Send reminders to patients and staff that it is not too late for influenza immunization through March</td>
</tr>
<tr>
<td>Review physician order regulations, revise policies and procedures as needed, and develop a communication plan with physicians and other facilities</td>
<td>Use the CDC guidelines to immunize the vulnerable first, according to CDC guidelines, if there is a shortage of flu vaccine.</td>
<td>Utilize tracking system for patients that still need to be immunized</td>
<td>Book your influenza vaccine supply early, in February/March</td>
</tr>
<tr>
<td>Schedule staff education sessions: utilize Care Provider Tracks from Immunization BPIP or utilize the Fast Track with staff</td>
<td>Promote public awareness and education with newsletter updates, poster contests, and infection control fairs.</td>
<td></td>
<td>Establish an off season log for pneumonia (Sample - Patient Pneumococcal Immunization Log, April–September see page 20)</td>
</tr>
<tr>
<td>Select action items from the Leadership Track and plan implementation</td>
<td>Keep log of staff immunized and those who still need to be immunized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule staff clinics</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remember to assess and administer pneumococcal immunizations year around!
**Leadership Action Plan**

Using the Leadership Action Items (pages 21 - 23), request that your leadership team members select and prioritize **two to four items** that they want to implement or modify. Remember, you will have four weeks to review, plan and implement some key action items, since another important best practice intervention will be released at the beginning of the following month. You may choose to add more action items after accomplishing your priority action items.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>By Whom</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review the care discipline tracks to determine what portions of this <strong>Best Practice Intervention Package – Immunization</strong> you choose to use and how you want to utilize them.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Immunization Implementation Tools: How to Use**

**Patient & Family Connection**
- Use this page to educate staff on the need to use patient immunization cards

**Physician Connection**
- Create a communication plan for physicians using this page as a guide
- Initiate a discussion with managers and physician liaisons related to current immunization communication practices

**Influenza/Pneumococcal Immunization Physician Notification Form**
- Modify this notification form for physicians with your agency information and use as a template to notify physicians of immunization status (Word format is on [www.homehealthquality.org](http://www.homehealthquality.org))

**Managed Care Connection**
- Provide the page to staff who contact managed care organizations for visit authorization

**Immunization Awareness Posters**
- Use any or all of the immunization posters around your office for awareness and education
  - HHQI campaign poster
  - Awareness poster – patient focused for staff
  - Awareness poster – staff focused

**Success Stories**
- Insert one of the stories in your agency newsletter for staff
- Read at staff meetings, distribute in mail boxes, post on bulletin boards
Patient – Family Connection
Self-Management
Immunization

ADMINISTERed – Patient self-management is key
- Agency can ASSESS, arrange ACCESS and educate
- Patient has to choose to receive immunization
- Patient has to act to obtain immunization (if going to physician’s office or clinic)

EQUIP - Provide the necessary education and resources for patients and caregivers to take an active role in managing their immunization status:
- Educate patients/caregivers on the need for immunizations including the influential role in reducing acute care hospitalizations and death
- Encourage questions that may impact their decision (i.e. fears, religious or cultural beliefs)
- Explain the patient’s responsibilities to obtain the immunization
- Provide wallet size adult immunization record cards

A sample Adult Immunization Record is located on page 97 of the Immunization Toolkit 2007 – 2008 or on www.immunize.org
Physician Connection
Immunization

How to coordinate

1. **ASSESS**
2. **ACCESS**
3. **ADMINISTERed**

...with the physician

1. **Collaborate** with patient’s primary care physician’s office to assess immunization status
2. **Communicate** patient’s immunization status to the physician
3. **Collaborate** with physician’s office to assure patient has access to influenza and pneumococcal vaccine
4. **Administer** immunization if appropriate
5. **Coordinate** information flow using the Influenza/Pneumococcal Immunization Physician Notification Form or comparable tool
6. **Confirm** that immunization was administered as planned
7. **Create** a quality culture that promotes immunization status communication between provider settings
8. **Take** advantage of timing and setting to assure all patients are immunized—small window of time for influenza immunization!

**PHYSICIAN COORDINATION TOOLS:**
- Influenza/Pneumococcal Immunization Physician Notification Form (see next page)
- Poster—“Are Your Home Care Patients Immunized?” [www.homehealthquality.org](http://www.homehealthquality.org) (For Physicians)
Influenza/Pneumococcal Immunization Physician Notification Form

Date: __________________________________________

Patient: _______________________________________

To: [Physician]  
Fax #: ____________________________

From: [Home Health Agency]  
Fax #: ____________________________  
Phone #: ____________________________  
Clinician: ____________________________

At [Home Health Agency name], we assess the immunization status of all of our patients, ensure access (to the vaccine) and verify that immunizations were administered.

Please be advised that the following immunizations were provided or need to be provided. Update your medical records.

<table>
<thead>
<tr>
<th>IMMUNIZATION</th>
<th>Date</th>
<th>Comments/Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFLUENZA</td>
<td></td>
<td>☐ Home Health Agency administered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Patient wants/needs influenza vaccine. Please notify patient and schedule visit.</td>
</tr>
<tr>
<td>PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPV23)</td>
<td></td>
<td>☐ Home Health Agency administered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Patient wants/needs pneumonia vaccine. Please notify patient and schedule visit.</td>
</tr>
</tbody>
</table>

Thank you for the opportunity to provide comprehensive home health care services for your patients.

(Agency Name)
### Managed Care Connection

#### Immunization

<table>
<thead>
<tr>
<th>Home Health Immunization Plan</th>
<th>Managed Care Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESS</strong></td>
<td></td>
</tr>
<tr>
<td>Assess all patients for influenza and immunization status</td>
<td>Communicate immunization status as part of initial evaluation report</td>
</tr>
<tr>
<td><strong>ACCESS</strong></td>
<td></td>
</tr>
<tr>
<td>Ensure access for influenza and pneumonia immunization</td>
<td>Identify payer's reimbursement options for immunizations</td>
</tr>
<tr>
<td>Identify who will be providing</td>
<td></td>
</tr>
<tr>
<td><strong>ADMINISTERed</strong></td>
<td></td>
</tr>
<tr>
<td>Verify patient has received influenza and/or pneumonia immunizations as planned</td>
<td>Notify managed care case manager when patient has received immunizations</td>
</tr>
</tbody>
</table>
Immunize
Rather than Hospitalize!

Assess flu and pneumonia immunization status of all patients

Ensure Access to immunizations: Agency will provide or refer to physician or clinic

Verify the vaccines were Administered

Have you gotten YOUR flu shot this season?
Immunization can help reduce avoidable acute care hospitalizations and preventable deaths, especially for patients over 65 years old.

- Over 1.4 million people are hospitalized each year for pneumonia and influenza
- 80,000 people die each year in the U.S. from pneumonia and influenza

Have you arranged for your patients to be immunized? The patient’s home care agency can coordinate immunizations.

Don’t let your patient become a statistic!

CDC statistics available at www.cdc.gov/nchs/fastats
Getting immunized doesn’t really hurt.

What does hurt is not getting immunized!

You can prevent:
- Missed days at work
- Last minute patient scheduling adjustments
- Infecting your elderly, frail, vulnerable patients
- Taking home the flu to your loved ones

Get immunized today!

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

Publication number 850W-PA-HH06.167.
Immunization
Post-Test Answer Keys

Each track of the Best Practice Intervention Package has a post-test that providers may choose to complete after reviewing the track and completing the activities.

For the immunization package, the post-tests are found on the following pages:
Nurse Track – page 42
Therapist Track – page 51
Medical Social Work Track – page 57
Home Health Aide Track – page 65

Use the answer keys below to score the post-tests included with the Best Practice Intervention Package - Immunization.

**Nurse post-test answers:**
1. B
2. A
3. D
4. E
5. C

**Therapist post-test answers:**
1. B
2. A
3. D
4. E
5. D

**Medical Social Worker post-test answers:**
1. B
2. A
3. D
4. E
5. B

**Home Health Aide post-test answers:**
1. B
2. A
3. D
4. E
5. B
Best Practice: Immunization

Nurse Track

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number: 8SOW-PA-HHQ07.463 App. 9.1.07
Nurse Track

This Best Practice Intervention Package is designed to educate and support nurses on the components necessary for a comprehensive home health immunization program that will support reducing avoidable acute care hospitalizations.

Objectives
After completing the activities included in the Nurse Track of this Best Practice Intervention Package – Immunization, the learner will be able to:

1. Define the three components of a home health immunization program.
2. Describe how immunization will support the reduction of avoidable acute care hospitalizations.
3. Describe two nursing actions that will ensure optimal immunization status for staff, patients and caregivers.

Complete the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review “Immunize Rather than Hospitalize,” Nurse’s Guide to Practical Application and the immunization tool</td>
<td>Page 37</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Listen to: Immunizations Podcast</td>
<td>Page 40</td>
<td>10 minutes</td>
</tr>
<tr>
<td>View WebEx or listen to audio: Influenza and Pneumococcal Vaccinations and Institutional Protocols for Home Health - Dr. R. Zimmerman</td>
<td>Page 40</td>
<td>40 minutes</td>
</tr>
<tr>
<td>Read Examples of Excellence</td>
<td>Page 41</td>
<td>10 minutes</td>
</tr>
<tr>
<td>RNs: Complete the nursing evaluation and post-test online for free CNEs</td>
<td>See link below</td>
<td>10 minutes</td>
</tr>
<tr>
<td>LPNs: Complete the nursing post-test online for a free certificate of participation</td>
<td>See link below</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

Total time for completion: 80 minutes

RNs: Apply for free 1.3 Continuing Nursing Education units for completing the nursing track activities.
LPNs/LVNs: Apply for a certificate of attendance for completing the nursing track activities.

RNs and LPNs/LVNs complete evaluation/post-test online at: http://www.zoomerang.com/survey.zgi?p=WEB226UG6U2CVL
Immunize Rather than Hospitalize!

**Influenza Facts & Stats**

Every year in the United States, on average, more than **200,000 people are hospitalized** from flu complications.

For those aged 65 and older (especially home health patients who have conditions that put them at high risk for complications), influenza can be a serious and potentially life-threatening disease.

(CDC - [www.cdc.gov/flu/keyfacts.htm](http://www.cdc.gov/flu/keyfacts.htm))

**Pneumonia Facts & Stats**

Pneumococcal infection causes an estimated **1.4 million hospitalizations** for pneumonia annually in the U.S.

Whereas flu immunization occurs primarily in the fall, pneumococcal immunization status should be assessed and immunizations updated throughout the year.

All adults aged 65 and over should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated for that patient.

Immunize if patient’s immunization status is unknown or cannot be verified.

(CDC - [www.cdc.gov/nchs/fastats/pneumonia.htm](http://www.cdc.gov/nchs/fastats/pneumonia.htm))

**YOUR Responsibility**

As a health care provider, you have an **ethical obligation** to protect your patients and their caregivers from the consequences of influenza. Getting immunized demonstrates your **professional commitment** to preserving the health of your co-workers, patients and their caregivers.

The “Healthy People 2010” goal is for 90 percent of health care workers to be immunized.

**Immunize rather than hospitalize: Get your flu shot this season!**
### Immunization
Nurse’s Guide to Practical Application

<table>
<thead>
<tr>
<th><strong>ASSESS</strong></th>
<th>Assess all patients for BOTH influenza and pneumonia immunization status.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Educate patients/caregivers about the importance of receiving immunizations and how they may reduce hospitalizations.</td>
</tr>
<tr>
<td></td>
<td>Remind family/caregivers of their need to be immunized against flu and pneumonia.</td>
</tr>
<tr>
<td></td>
<td>Assess your own immunization status!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ACCESS</strong></th>
<th>Coordinate plan for receiving immunization with patient/caregiver. Identify who will be providing, i.e., the home health agency, physician or clinic.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communicate immunization status and plan with physician.</td>
</tr>
<tr>
<td></td>
<td>Store vaccines in the middle of the refrigerator; not in or near the door (temperature is too warm in or near the door).</td>
</tr>
<tr>
<td></td>
<td>Offer pneumonia vaccine to all patients with undocumented or unknown pneumococcal vaccination status; if unable to provide, assist with scheduling.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ADMINISTERed</strong></th>
<th>Influenza and Pneumococcal immunizations can be given at the same time.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Verify that patient received immunizations as planned and document per agency protocol.</td>
</tr>
<tr>
<td></td>
<td>Document patients’ immunization refusal/ineligibility and reasons. (e.g., allergic, contraindicated, did not want vaccine, etc.)</td>
</tr>
<tr>
<td></td>
<td>Encourage patients/caregivers to carry an updated immunization record card.</td>
</tr>
</tbody>
</table>
Influenza and Pneumococcal Immunization Patient Plan
Assess, Access, Administer

Patient Name: _______________________ Medical Record#: ____________________

Date: ___/___/___ Clinician Signature: ____________________

Select one:
☐ Start of Care ☐ Recertification
☐ Resumption of Care ☐ Mid-Care (current patient)

Step I: Assess
☐ See agency immunization comprehensive assessment screen; Complete steps II & III
OR complete steps I-III
☐ Received influenza vaccine Date: ___/___/___
   Location: ☐ Physician office ☐ Clinic ☐ Other
   ☐ Received pneumonia vaccine Date: ___/___/___
   Location: ☐ Physician office ☐ Clinic ☐ Other
☐ Needs the ☐ influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine

Step II: Access (Who will be providing?)
☐ Influenza and pneumococcal vaccines status is current and no further action needed
OR
☐ Patient will receive the ☐ influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine at physician’s office or clinic within the next __________ weeks
OR
☐ Patient wants [home health agency] to administer
   ☐ Influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine
   Obtain vaccine from_____________ Scheduled for: __________
   AND
☐ Patient and/or caregiver provided with and instructed on the Centers for Disease Control and Prevention (CDC) Vaccine Immunization Statement (VIS)

Step III: Administered (Follow-Up)
☐ Patient received the ☐ influenza vaccine and/or ☐ pneumococcal polysaccharide vaccine at their physician’s office or clinic on __________.
   OR
☐ [Home health agency] administered ☐ influenza vaccine on: __________
   and/or ☐ pneumococcal polysaccharide vaccine on: __________

Refuses vaccine because:
☐ Believes he/she is not at risk for disease ☐ Allergic
☐ Believes immunization does not work ☐ Contraindicated
☐ Fear of adverse effects
☐ Other reason: _____________________________________________

If influenza vaccine limited or unavailable follow CDC guidelines

Adapted from Influenza and Pneumococcal Immunization Status Assessment developed by Holy Redeemer Home Care, Philadelphia, PA
This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number: 8SOW-PA-IIHQ07.552 App. 7/19/07 (Modified 8/14/2007)
Immunization Multi-Media Activities
Podcast* (Audio Recording)

Immunization Podcast (Audio Recording) Instructions:
Listen to the podcast (audio recording) to learn more about reducing avoidable acute care hospitalizations with immunization.

Immunization Podcast
• 10-minute podcast (audio recording) related to immunization
• Podcast (audio recording) link is located at

There are several ways to listen to the podcast (audio recording):
• Visit the link above and listen directly through the Web site
• Download the podcast (audio recording) by right clicking on the audio file and selecting “Save Target As . . .” This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or can burn the audio file to a CD or MP3 player.

*A podcast is a digital media file, often an audio recording, placed on the Internet and made available to the listener on their home computer or personal digital recording device for convenience. There is no change from previous references to “audio recordings” except the name. You may continue to download and listen to recordings as you have in previous months.

WebEx

Immunization WebEx or audio instructions:
View WebEx or listen to audio: Influenza and Pneumococcal Vaccinations and Institutional Protocols for Home Health-
Dr. R. Zimmerman, University of Pittsburgh School of Medicine
www.homehealthquality.org, under Best Practice Intervention Package - Immunization
View on your personal computer or download to use as a presentation:
  a. Download the PowerPoint handouts (PDF)
  b. View presentation from individual computer
     i. Click on the WebEx link to the file
  c. View presentation using the WebEx file with projector for in-service
     i. Download the WebEx file onto your laptop computer or save the WebEx file on a CD
     ii. Open file and test your audio volume (may need to use a microphone to project the audio in your room)
     iii. Click play
Examples of Excellence

South Dakota Home Health Agency Improves Patient Vaccinations Through Consistency, Communication and Education

When St. Michael’s Home Health Agency sets a goal, they don’t just meet it, they surpass it. The rural agency, located in Tyndall, South Dakota, wanted to ensure that at least 90 percent of their patients received appropriate vaccinations. At the end of 2006, the agency was just short of achieving a 100 percent influenza and pneumococcal vaccination rate for their patients.

Plan of Action (POA) Development
In February 2006, following the process of investigation regarding their influenza and pneumococcal immunization rates, the quality improvement (QI) team at St. Michael’s Home Health Agency gathered to write a thorough immunization plan of action (POA). The POA set a goal of greater than 90 percent influenza and pneumococcal immunization rates.

The QI team discovered that often a patient was not being immunized because the patient did not remember if, or when, he or she had received an influenza or pneumococcal immunization. The agency developed an alternative process to obtain the immunization information, including contacting physician offices, and checking the status on the Medicare Common Working File (CWF).

“While our team is always happy to administer the vaccine, we want the physician to be involved, so we communicate, giving the physician the choice to have the patient vaccinated in the clinic or by our agency,” shared Sharon Hauck, Home Health Supervisor at St. Michael’s Home Health Agency. “In most cases, the physicians wish to administer the vaccinations, but are quite appreciative when the agency checks in.” St. Michael’s Home Health Agency tracks home health patients’ immunization data by use of a tracking form that aligns with their agency’s immunization POA best practices. Ensuring that all their clients are appropriately immunized is a high priority for St. Michael’s. The agency’s system of tracking vaccinations helps them accomplish their goal.
Two-Way Communication
St. Michael’s encourages two-way communication. When staff is aware that a patient is making a physician office visit, they send a summary note to the physician as a reminder of a needed vaccination. On the bottom of the note, there is a section for the physician to communicate back to the agency. Physicians can also use the summary note to share information about medications that were administered or prescribed as well as any changes they would like to see in the patient’s plan of care. St. Michael’s staff follow up with the patient after the appointment to ensure the vaccine was administered. If the patient is unsure, an agency staff member will follow up with the physician.

Immunization Promotion
Staff support of immunization promotion has been outstanding at St. Michael’s. The agency provides free vaccinations to employees. In addition, employee immunizations have been successfully promoted in consistent verbal communication, poster campaigns, discussions at department meetings, and payroll communication inserts. As a result of these efforts, St. Michael’s Home Health Agency achieved a 100 percent staff immunization rate.

Patient Assessment and Education
Patient education is truly the key to increase immunization rates. When a patient is unsure of his or her vaccination history, St. Michael’s staff efficiently takes steps to determine the patient’s vaccination history. As a result of this consistent approach, staff found three patients who repeatedly refused to receive a pneumococcal vaccination. When these patients were asked the reason for their refusal, the responses were surprising. It turned out that these patients did not realize Medicare covered influenza and pneumococcal vaccinations and therefore did not think they could afford to be vaccinated. “A little perseverance and effort on the part of our nurses about why patients objected to being vaccinated resulted in getting those patients vaccinated,” shared Hauck.

Next Steps
The staff has worked hard to improve vaccination rates and the agency has achieved its original goal. However, St. Michael’s Home Health Agency is not stopping there. The agency continues to strive to improve vaccination rates, particularly influenza vaccination rates since administration of this vaccine has been less consistent. With continued consistency, education, and communication, St. Michael’s Home Health Agency will undoubtedly continue to improve immunizations rates, and most importantly, they will sustain the high rates of influenza and pneumococcal immunization of all their home health patients. Staff at St. Michael’s also plans to begin using the Medicare CWF to determine their patients’ Medicare preventive services history.

You may access St. Michael’s Home Health Agency’s Immunization POA and monitoring tool on the Web site of the South Dakota Foundation for Medical Care, www.sdfmc.org, under immunizations in the home health section.

Data in this article was provided by Sharon Hauck, St. Michael’s Home Health Agency
St. Joseph’s Long Term Home Health Care Program Topples ACH Rates

“We take a ‘domino theory’ approach to reducing Acute Care Hospitalization (ACH) rates,” says Annette Pisano-Higley, RN, Performance Improvement Manager of St. Joseph’s Medical Center Nursing Home Long Term Home Health Care Program in highly urban Yonkers, New York. “Each risk that we can reduce for a patient is one domino to fall until the last domino—ACH rates—goes down.”

St. Joseph’s has an active census of 400 patients on a daily basis, approximately 65 percent of whom do not use English as their primary language. So when the agency set out to improve patient immunization rates in the fall of 2006, they knew that language and finding appropriate communications resources for patients would be a key factor to increasing the agency rates for immunization.

“Language barriers impact immunization, and health literacy is very low among our demographic, which has a large new immigrant group,” Pisano-Higley says. “I used resources from the Department of Health and Human Services for staff and patient education, such as posters and handouts. I also used a lot of online MedQIC resources (www.medqic.org) in terms of educational material, tools and resources. Anything that is multilingual is useful for us. I can modify it using staff language expertise to suit our particular agency.”

St. Joseph’s patient population is also highly dependent on Medicaid and uses the ED, which makes managing co-morbidities through immunization more difficult.

At the beginning of flu/pneumonia season in October 2006, the agency implemented an Adult Immunization Initiative and Best Practice as a proactive, early intervention ACH prevention measure. The agency placed patient adult immunization screening forms and informational brochures in patient admission folders for easy nurse access and utilization.

As part of the initiative, approximately 400 Physician Immunization Evaluation/Administration Request Letters were mailed to the primary care physicians for all active patients and new admissions. All findings from returned letters and verbal
notifications by nursing of patient vaccination are logged and results tabulated; charts and patient immunization screening forms are then updated.

Pisano-Higley says she was pessimistic about physician response rates to the letters, but as of May 31, 2007, 161 letters had been returned, resulting in:
- 160 patients receiving influenza vaccines
- 35 patients receiving pneumococcal vaccines
- 16 staff members receiving influenza vaccines.

Pisano-Higley says immunizations are a very significant factor in ACH. She sees a huge impact on hospitalization reduction for the agency’s total census as a result of the immunization program they implemented. Just six months after implementing the program, St. Joseph’s staff was able to:
- Reduce ACH total census percentage rate by 7.7% from the previous year, even though the census increased by 9.25%
- Reduce ACH discharged/transferred patient rate by 1.2%.

“We take a team approach and our staff really supports each other,” Pisano-Higley says. We have to look at our personal best and we reward it.”

Annette Pisano-Higley, RN, Performance Improvement Manager, St. Joseph’s Medical Center Nursing Home Long Term Home Health Care Program provided data in this article.
Nursing Post-Test
Immunization

RNs may apply for 1.3 FREE CNEs by following directions.

LPNs/LVNs may apply for certificate of participation, directions on page 36.

Directions: Choose the ONE BEST response to the following questions. Circle your answer that identifies the ONE BEST response.

NURSING:
1. The purpose of improving immunizations (influenza and pneumonia) is to assist with all of the following except:
   A. Reducing acute care hospitalizations
   B. Increasing pharmaceutical profits
   C. Preventing some deaths associated with the infections
   D. Decreasing the risk of spreading the influenza virus and developing complications from the pneumococcal bacteria

2. Assessing patients for their pneumonia status should occur year round. Pneumonia is not seasonal.
   A. True
   B. False

3. Pneumonia causes an estimated _________ number of hospitalizations annually in the U.S.
   A. 14 hundred
   B. 14 thousand
   C. 140 thousand
   D. 1.4 million
   E. 140 million

4. The following people should be a priority in immunizing for influenza, except:
   A. Patient
   B. Caregivers
   C. Health care workers
   D. Immediate family
   E. Out-of-state family who visits each summer
5. Clinicians can actively support improving immunization status by the following except:
   A. **Assess** all patient’s immunization status for influenza on SOC, ROC and Mid-Care (current patient) during the flu season (October – March)
   B. **Assess** all patients’ immunization status for pneumonia on SOC, ROC and current patients
   C. **Assess** pneumonia immunization status only during influenza season
   D. **Access** immunizations by either agency administration or assisting patients to make immunization plans with their physician’s office, neighborhood clinics, etc.
   E. Follow-up to ensure that the immunizations were **Administered** and recorded in patient’s record

*Answers to Post-Test are located in the Leadership Section page 34*
Best Practice: Immunization

Therapist Track

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This Best Practice Intervention Package is designed to educate and support therapists in the components necessary for a comprehensive home health immunization program that will support reducing avoidable acute care hospitalizations.

**Objectives**

After completing the activities included in the Therapist Track of this **Best Practice Intervention Package – Immunization**, the learner will be able to:

1. Define the three components of a home health immunization program.
2. Describe how immunization will support the reduction of avoidable acute care hospitalizations.
3. Describe two therapy actions that will ensure optimal immunization status for staff, patients and caregivers.

Complete the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review “Immunize Rather than Hospitalize,” Therapist’s Guide to Practical Application and immunization tool</td>
<td>Page 49</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Listen to: Immunization Podcast</td>
<td>Page 52</td>
<td>10 minutes</td>
</tr>
<tr>
<td>View WebEx or listen to audio: <em>Influenza and Pneumococcal Polysaccharide Vaccinations and Institutional Protocols for Home Health</em> - Dr. R Zimmerman</td>
<td>Page 52</td>
<td>40 minutes</td>
</tr>
<tr>
<td>Read Examples of Excellence</td>
<td>Page 57</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>Complete the therapist post-test online for free certificate of participation</strong></td>
<td>See link below</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

**Total time for completion**: 80 minutes

**Therapists (PT, PTA, OT, COTA, & SLP)**: Apply for a certificate of attendance for completing the therapist track activities.

Immunize Rather than Hospitalize!

Influenza Facts & Stats

Every year in the United States, on average, more than **200,000 people are hospitalized** from flu complications.

For those aged 65 and older (especially home health patients who have conditions that put them at high risk for complications), influenza can be a serious and potentially life-threatening disease.

(CDC - [www.cdc.gov/flu/keyfacts.htm](http://www.cdc.gov/flu/keyfacts.htm))

Pneumonia Facts & Stats

Pneumococcal infection causes an estimated **1.4 million hospitalizations** for pneumonia annually in the U.S.

Whereas flu immunization occurs primarily in the fall, pneumococcal immunization status should be assessed and immunizations updated throughout the year.

All adults aged 65 and over should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated for that patient.

Immunize if patient’s immunization status is unknown or cannot be verified.

(CDC - [www.cdc.gov/nchs/fastats/pneumonia.htm](http://www.cdc.gov/nchs/fastats/pneumonia.htm))

YOUR Responsibility

As a health care provider, you have an **ethical obligation** to protect your patients and their caregivers from the consequences of influenza. Getting immunized demonstrates your **professional commitment** to preserving the health of your co-workers, patients and their caregivers.

The “Healthy People 2010” goal is for 90 percent of health care workers to be immunized.

**Immunize rather than hospitalize: Get your flu shot this season!**
## Immunization
### Therapist’s Guide to Practical Application

<table>
<thead>
<tr>
<th>Assess</th>
<th>Therapy only patients: Assess all patients for BOTH influenza and pneumonia immunization status.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Educate patients/caregivers about the importance of receiving immunizations and how they may reduce hospitalizations.</td>
</tr>
<tr>
<td></td>
<td>Remind family/caregivers of their need to be immunized against flu and pneumonia.</td>
</tr>
<tr>
<td></td>
<td>Assess your own immunization status!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access</th>
<th>Therapy only patients: Document and communicate immunization status to clinical manager/team leader.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coordinate plan for receiving immunization with patient/caregiver. Identify who will be providing, i.e., the home health agency, physician or clinic.</td>
</tr>
<tr>
<td></td>
<td>Offer pneumonia vaccine to all patients with undocumented or unknown pneumococcal vaccination status; if unable to provide assist with scheduling.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administered</th>
<th>Verify that patient received immunizations as planned and document per agency protocol.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inform patients that the influenza and pneumococcal vaccines can be safely given at the same time.</td>
</tr>
<tr>
<td></td>
<td>Therapy only: Document patients’ immunization refusal/ineligibility and reasons. (e.g., allergic, contraindicated, did not want vaccine, etc.)</td>
</tr>
<tr>
<td></td>
<td>Encourage patients/caregivers to carry an updated Immunization Record Card.</td>
</tr>
</tbody>
</table>
Influenza and Pneumococcal Immunization Patient Plan
Assess, Access, Administer

Patient Name: _______________________             Medical Record#: __________________
Date: ___/___/___                  Clinician Signature: ____________________________

Select one:
□ Start of Care                     □ Recertification
□ Resumption of Care               □ Mid-Care (current patient)

Step I: Assess
□ See agency immunization comprehensive assessment screen; Complete steps II & III
 OR complete steps I-III
□ Received influenza vaccine   Date: ___/___/___
 Location: □ Physician office □ Clinic □ Other
□ Received pneumonia vaccine   Date: ___/___/___
 Location: □ Physician office □ Clinic □ Other
□ Needs the □ influenza vaccine and/or □ pneumococcal polysaccharide vaccine

Step II: Access (Who will be providing?)
□ Influenza and pneumococcal vaccines status is current and no further action needed
 OR
□ Patient will receive the □ influenza vaccine and/or □ pneumococcal polysaccharide vaccine at
 physician’s office or clinic within the next __________ weeks
 OR
□ Patient wants [home health agency] to administer
 □ Influenza vaccine and/or □ pneumococcal polysaccharide vaccine
 Obtain vaccine from__________ Scheduled for: __________
 AND
□ Patient and/or caregiver provided with and instructed on the Centers for Disease Control and
 Prevention (CDC) Vaccine Immunization Statement (VIS)

Step III: Administered (Follow-Up)
□ Patient received the □ influenza vaccine and/or □ pneumococcal polysaccharide vaccine at their
 physician’s office or clinic on __________ .
 OR
□ [Home health agency] administered □ influenza vaccine on: __________ and/or □ pneumococcal polysaccharide vaccine on: __________

Refuses vaccine because:
□ Believes he/she is not at risk for disease        □ Allergic
□ Believes immunization does not work            □ Contraindicated
□ Fear of adverse effects                        
□ Other reason: ________________________________

If influenza vaccine limited or unavailable follow CDC guidelines

Adapted from Influenza and Pneumococcal Immunization Status Assessment developed by Holy Redeemer Home Care, Philadelphia, PA
This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number: 8SOW-PA-IIHQ067.552 App. 7/19/07 (Modified 8/14/2007)
**Immunization Multi-Media Activities Podcast** (Audio Recording)

**Immunization Podcast (Audio Recording) Instructions:**
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View on your personal computer or download to use as a presentation:
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- 35 patients receiving pneumococcal vaccines
- 16 staff members receiving influenza vaccines.

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- Reduce ACH total census percentage rate by 7.7% from the previous year, even though the census increased by 9.25%
- Reduce ACH discharged/transferred patient rate by 1.2%.

“We take a team approach and our staff really supports each other,” Pisano-Higley says. We have to look at our personal best and we reward it.”

Annette Pisano-Higley, RN, Performance Improvement Manager, St. Joseph’s Medical Center Nursing Home Long Term Home Health Care Program provided data in this article.
Therapist Post-Test
Immunization

All therapists, including OTAs and PTAs can apply for a certificate of attendance to use towards continuing education for 1.3 continuing education hours – follow directions on page 45

Directions: Choose the ONE BEST response to the following questions. Circle your answer that identifies the ONE BEST response.

THERAPY:

1. The purpose of improving immunizations (influenza and pneumonia) is to assist with all of the following **except**:
   A. Reducing acute care hospitalizations
   B. Increasing pharmaceutical profits
   C. Preventing some deaths associated with the infections
   D. Decreasing the risk of spreading the influenza virus and developing complications from the pneumococcal bacteria

2. Assessing patients for their pneumonia status should occur year round. Pneumonia is not seasonal.
   A. True
   B. False

3. Pneumonia causes an estimated __________ number of hospitalizations annually in the U.S.
   A. 14 hundred
   B. 14 thousand
   C. 140 thousand
   D. 1.4 million
   E. 140 million

4. The following people should be a priority in immunizing for influenza, **except**:
   A. Patient
   B. Caregivers
   C. Health care workers
   D. Immediate family
   E. Out-of-state family who visits each summer

5. Therapists can actually be involved with the agency’s immunization program by:
   A. Encouraging patients/caregivers to be immunized
   B. Getting self-immunized
   C. Administer immunizations
   D. A & B
   E. A & C

Answers to post-test are located in the Leadership Section page 34.
Best Practice: Immunization

Medical Social Worker Track
Medical Social Worker Track

This Best Practice Intervention Package is designed to educate and support social workers in the components necessary for a comprehensive home health immunization program that will support reducing avoidable acute care hospitalizations.

Objectives
After completing the activities included in the Social Worker Track of this Best Practice Intervention Package – Immunization, the learner will be able to:

1. Define the components of a home health immunization program.
2. Describe how immunization will support the reduction of avoidable acute care hospitalizations.
3. Describe two social worker actions that will ensure optimal immunization status for staff, patients and caregivers.

Complete the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review “Immunize Rather than Hospitalize” &amp; the Social Worker’s Guide to Practical Application</td>
<td>Page 61</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Listen to: Immunization Podcast</td>
<td>Page 63</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Complete the social worker post-test</td>
<td>Page 64</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>Total Time</strong></td>
<td></td>
<td><strong>30 minutes</strong></td>
</tr>
</tbody>
</table>
Immunize Rather than Hospitalize!

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Every year in the United States, on average more than 200,000 people are hospitalized from flu complications.

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(CDC - www.cdc.gov/flu/keyfacts.htm)

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Pneumococcal infection causes an estimated 1.4 million hospitalizations for pneumonia annually in the U.S.

Whereas flu immunization occurs primarily in the fall, pneumococcal immunization status should be assessed and immunizations updated throughout the year.

All adults aged 65 and over should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated for that patient.

Immunize if patient’s immunization status is unknown or cannot be verified.

(CDC - www.cdc.gov/nchs/fastats/pneumonia.htm)

YOUR Responsibility

As a health care provider, you have an ethical obligation to protect your patients and their caregivers from the consequences of influenza. Getting immunized demonstrates your professional commitment to preserving the health of your co-workers, patients and their caregivers.

The “Healthy People 2010” goal is for 90 percent of health care workers to be immunized.

Immunize rather than hospitalize: Get your flu shot this season!
# Immunization
Social Worker’s Guide to Practical Application

| **ASSESS** | Be aware of immunization status of all patients for BOTH influenza and pneumonia. |
| **Reinforce to patients/caregivers the importance of receiving immunizations and how they may reduce hospitalizations.** |
| **Remind family/caregivers of their need to be immunized against flu and pneumonia.** |
| **Assess your own immunization status!** |

| **ACCESS** | Assist with transportation arrangements to physician office or clinic that will be providing influenza and/or pneumococcal immunization as needed. |
| **Identify and provide information to home health team, patients and caregivers about local immunization sources including pharmacies, grocery stores, health department, etc.** |

| **ADMINISTERed** | Assist with verification that the patient received immunizations as planned. |
| **Inform patients that the influenza and pneumococcal vaccines can be safely given at the same time.** |
| **Encourage patients/caregivers to carry an updated immunization record card.** |
Immunization Multi-Media Activities Podcast* (Audio Recording)

Immunization Podcast (Audio Recording) Instructions:
Listen to the podcast (audio recording) to learn more about reducing avoidable acute care hospitalizations with immunization.

Immunization Audio Recording
- 10-minute podcast (audio recording) related to immunization
- Podcast (audio recording) link is located at http://www.homehealthquality.org/hh/hha/interventionpackages/immunization.aspx

There are several ways to listen to the podcast (audio recording):
- Visit the link above and listen directly through the Web site
- Download the podcast (audio recording) by right clicking on the audio file and selecting “Save Target As . . .” This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or can burn the audio file to a CD or MP3 player.

*A podcast is a digital media file, often an audio recording, placed on the Internet and made available to the listener on their home computer or personal digital recording device for convenience. There is no change from previous references to “audio recordings” except the name. You may continue to download and listen to recordings as you have in previous months.
Medical Social Worker
Post-Test
Immunization

Directions: Choose the ONE BEST response to the following questions. Circle your answer that identifies the ONE BEST response.

MEDICAL SOCIAL WORKER
1. The purpose of improving immunizations (influenza and pneumonia) is to assist with all of the following except:
   A. Reducing acute care hospitalizations
   B. Increasing pharmaceutical profits
   C. Preventing some deaths associated with the infections
   D. Decreasing the risk of spreading the influenza virus and developing complications from the pneumococcal bacteria

2. Assessing patients for their pneumonia status should occur year round. Pneumonia is not seasonal.
   A. True
   B. False

3. Pneumonia infection causes an estimated ___________ number of hospitalizations annually in the U.S.
   A. 14 hundred
   B. 14 thousand
   C. 140 thousand
   D. 1.4 million
   E. 140 million

4. The following people should be a priority in immunizing for influenza, except:
   A. Patient
   B. Caregivers
   C. Health care workers
   D. Immediate family
   E. Out-of-state family who visits each summer

5. MSW may assist patients’ immunization status by all of the following except:
   A. Encouraging patient and caregiver immunization
   B. Administering immunization
   C. Getting self-immunized
   D. Identifying and providing a listing of available influenza clinics for staff
   E. Assisting with accessing transportation for patients

Answers to post-test are located in the Leadership Section page 34.
Best Practice: Immunization

Home Health Aide Track

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number: 8SOW-PA-HHQ07.463 App. 9.1.07
This Best Practice Intervention Package is designed to educate and support home health aides in the components necessary for a home health immunization program that will support reducing avoidable acute care hospitalizations.

**Objectives**

After completing the activities included in the Home Health Aide Track of this Best Practice Intervention Package – Immunization, the learner will be able to:

1. Define a home health immunization program.
2. Describe how immunization will support the reduction of avoidable acute care hospitalizations.
3. Describe two home health aide actions that will ensure optimal immunization status for staff, patients and caregivers.

Complete the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review “Immunize Rather than Hospitalize” &amp; the Home Health Aide’s Guide to Practical Application</td>
<td>Page 67</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Listen to: Immunization Podcast and use discussion questions for group interaction</td>
<td>Page 69</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Immunization Game Show</td>
<td>Page 70</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Complete the home health aide post test and give to your clinical manager</td>
<td>Page 72</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>Total Time</strong></td>
<td></td>
<td><strong>60 minutes</strong></td>
</tr>
</tbody>
</table>
Immunize Rather than Hospitalize!

Influenza Facts & Stats

Every year in the United States, on average more than **200,000 people are hospitalized** from flu complications.

For those aged 65 and older (especially home health patients who have conditions that put them at high risk for complications), influenza can be a serious and potentially life-threatening disease.

(CDC - [www.cdc.gov/flu/keyfacts.htm](http://www.cdc.gov/flu/keyfacts.htm))

Pneumonia Facts & Stats

Pneumococcal infection causes an estimated **1.4 million hospitalizations** for pneumonia annually in the U.S.

Whereas flu immunization occurs primarily in the fall, pneumococcal immunization status should be assessed and immunizations updated throughout the year.

All adults aged 65 and over should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated for that patient.

Immunize if patient’s immunization status is unknown or cannot be verified.

(CDC - [www.cdc.gov/nchs/fastats/pneumonia.htm](http://www.cdc.gov/nchs/fastats/pneumonia.htm))

YOUR Responsibility

As a health care provider, you have an **ethical obligation** to protect your patients and their caregivers from the consequences of influenza. Getting immunized demonstrates your **professional commitment** to preserving the health of your co-workers, patients and their caregivers.

The “Healthy People 2010” goal is for 90 percent of health care workers to be immunized.

**Immunize rather than hospitalize: Get your flu shot this season!**
### Immunization
**Home Health Aide’s Guide to Practical Application**

- **Assess**
  - Be aware of immunization status of all patients for BOTH influenza and pneumonia.
  - Reinforce to patients/caregivers the importance of receiving immunizations and how they may reduce hospitalizations.
  - Remind family/caregivers of their need to be immunized against flu and pneumonia.
  - Observe and report signs and symptoms of influenza to clinical manager such as sore throat, sudden onset of headache, stuffy nose, fatigue, body aches, dry cough, fever, stomach symptoms.
  - Assess your own immunization status!

- **Access**
  - Remind patients/caregivers of scheduled appointments to receive influenza and/or pneumonia vaccine.
  - Inform patients/caregivers that you are current with your influenza immunizations!

- **Administered**
  - Assist with verification that the patient received immunizations as planned.
  - Inform patients that the influenza and pneumococcal vaccines can be safely given at the same time.
  - Encourage patients/caregivers to carry an updated immunization record card.
Immunization Podcast (Audio Recording) Instructions:
Listen to the podcast (audio recording) to learn more about reducing avoidable acute care hospitalizations with immunization.

Immunization Audio Recording
- 10-minute podcast (audio recording) related to immunization
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Discussion Questions
You may complete these discussion questions together in a group setting (monthly team meeting) or just think about them if you are doing this as a self-study.

Home Health Aide Podcast (audio recording) Discussion Questions
1. Review Immunization Facts
   a. Approximately 200,000 people are hospitalized annually in US
   b. Approximately 36,000 people die annually in US

2. Review Pneumonia Facts
   a. Approximately 1.4 million hospitalizations occur annually in US
   b. Approximately 65,000 deaths annually in US

3. Were the influenza and pneumonia statistics surprising to you?
4. What are some of the benefits of immunization for patients?
5. Discuss why it is important for home health aides to be immunized.
   a. How does it affect patients?
   b. How does it affect other staff?
Immunization Game Show

This can be completed as a group or individual activity.

Individual Activity:
- Fold the Q & A table (located on the next page) so that the questions are on one side and the answers on the other side
- Read each question and circle your answer by the question
- When all questions are completed, check answers and read the responses with the answers
- Continue to complete the Immunization Home Health Aide Track, including the post-test
- Ask your manager or Quality Improvement leader any questions you may have related to immunizations

Group Activity:
- Create a game show title (Truth or Consequences, Myth Busters, Name That Microorganism, Name That Bug, Truth or Dare ...)
- Create some atmosphere for the game (decorations, buzzers/bells, prizes, token for ‘call a friend’ if help is needed, costumes ...)
- Decide on the rules (ideas below)
  - Establish the value of each question (e.g. 20 points)
  - Determine if you want additional questions
  - Decide on amount of time a contestant will have to answer
  - Read one question to each aide or have buzzers for the contestants to buzz in or use round robin approach (read 1 question aloud to contestant one and then proceeds to contestant two, etc.)
  - Provide tokens to phone a friend (to ask another aide in the room)
- Start the education portion of the home health aide meeting with this game
- Select different aides to be the game show host, 2 – 5 contestants, a score keeper
- Review rules
- Game Show host will read the questions and validate the answers
- When all questions have been answered have scorekeeper announce the winner(s)
- Award prize(s)
- Follow with education from the Immunization Best Practice Intervention Package – Home Health Aide Track
# Immunization Questions and Answers

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People typically get the flu after getting the flu shot.</td>
<td><strong>1. False</strong>: The flu and pneumonia vaccines are usually made from inactivated virus and bacteria and do not typically cause illness</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>2. The flu is not a serious disease, so I don’t need to worry about being immunized.</td>
<td><strong>2. False</strong>: Influenza, the flu, is the most frequent cause of death from a vaccine-preventable disease in the country. Each year, an average of 36,000 deaths and 200,000 hospitalizations are attributed to the flu.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>3. Patients can receive the flu and pneumonia vaccines at the same time.</td>
<td><strong>3. True</strong>: Both vaccines can be given at the same time, just in two different areas without increasing the risk of side effects.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>4. Signs and symptoms of the flu can include: High fever, stomach symptoms (nausea, vomiting diarrhea), sore throat, headache, stuffy or runny nose, fatigue, body/muscle aches or dry cough.</td>
<td><strong>4. True</strong>: All of the signs and symptoms listed are associated with the flu. The stomach symptoms are more common in children than in adults.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>5. Home Health Aides should receive the flu vaccine because they give direct care.</td>
<td><strong>5. True</strong>: Employees have an ethical obligation to protect themselves and their patients, including home health aides. Very few people are truly contraindicated (not allowed) to receive the flu vaccine.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>6. Pneumonia immunizations are only for patients over 65 years of age.</td>
<td><strong>6. False</strong>: All people over 65 years old should receive a pneumonia immunization, unless they have had the vaccine within the last 5 years. In addition, people who are at high-risk such as patients with long-term heart problems such as heart disease, diabetes, lung disease, sickle cell anemia and/or lower body immune system such as Hodgkin’s disease, leukemia, lymphomas, HIV/AIDS, bone marrow transplants should receive the pneumococcal immunization regardless of age.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>7. Pneumonia immunization can be administered anytime of the year.</td>
<td><strong>7. True</strong>: Pneumonia is not seasonal and the immunization can be given any time of the year.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>8. You must have your flu shot by the end of December.</td>
<td><strong>8. False</strong>: Flu immunizations can be given from October – March and be effective. Typically, most people are immunized in the Fall.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>9. There are approximately 1.4 million hospitalizations each year in the U.S. for pneumonia.</td>
<td><strong>9. True</strong>: The majority of the hospitalizations related to pneumonia (about 90%) are for people over 65 years of age.</td>
</tr>
<tr>
<td><strong>True or False</strong></td>
<td></td>
</tr>
<tr>
<td>10. More than 200,000 people are hospitalized and about 36,000 people die from the influenza in the U.S. every year.</td>
<td><strong>10. True</strong>: Older people, young children and people with certain health conditions, are at high risk for serious flu complications, even death.</td>
</tr>
</tbody>
</table>
Directions: Choose the ONE BEST response to the following questions. Circle your answer that identifies the ONE BEST response.

HOME HEALTH AIDE
1. The purpose of improving immunizations (influenza and pneumonia) is to assist with all of the following except:
   A. Reducing acute care hospitalizations
   B. Increasing pharmaceutical profits
   C. Preventing some deaths associated with the infections
   D. Decreasing the risk of spreading the influenza virus and developing complications from the pneumococcal bacteria

2. Assessing patients for their pneumonia status should occur year round. Pneumonia is not seasonal.
   A. True
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5. Home Health Aides may assist patients’ immunization status by all of the following except:
   A. Encouraging patient and caregiver immunization
   B. Administering immunization
   C. Getting self-immunized
   D. Reminding patients/caregivers of scheduled appointments to receive influenza and/or pneumonia vaccine
   E. Encouraging patient/caregivers to carry an updated Immunization Record Card

Answers to post-test are located in the Leadership Section page 34.