IMPROVING THE QUALITY OF ELDERLY CARE:

Reducing the Incidence of Vaccine-Preventable Pneumonia and Related Morbidity and Mortality

ALGORITHM

Stage A: Baseline Assessment

Retrospectively identify **20 resident** charts AND **10 staff member** charts (or another number determined to be appropriate) and complete the Data Collection Form, one form per chart

Review and analyze resident and staff vaccination practices

Set goals for quality improvement

Stage B: Intervention & Action Plan

Educate healthcare providers and staff from your facility on best practices, based on areas of need/low performance in Stage A

Quality Measure I:

Percentage of residents aged 70 years and older with documentation of pneumococcal immunization status

- Determination of whether resident charts include status of pneumococcal vaccination
- Types of potential documentation
- · Documentation of other vaccines

Quality Measure II:

Percentage of residents aged 70 years and older who have ever received pneumococcal immunization

- Determination of whether pneumococcal vaccination administered
- Potential sites for vaccinations (facility or nontraditional setting)
- · Awareness of vaccine
- · Reasons for not receiving vaccine

Quality Measure III:

Percentage of healthcare personnel who have received the influenza vaccination

- Status of affiliation with facility (ie, employee or volunteer)
- Staff member role
- Determination of whether influenza vaccine received
- Opportunities for vaccination
- Reasons for not receiving vaccine

Develop and implement action plans for improvement

Stage C: Reassessment

Allow a predefined amount of time for the action plan(s) to take effect—if staff influenza rates are being measured, ensure that interventions occur during typical vaccination season

Retrospectively identify 20 new resident charts AND 10 new staff member charts (or another number determined to be appropriate) and complete the Data Collection Form, one form per chart

Review and analyze resident and staff vaccination practices

Reset goals for quality improvement, and repeat intervention & action plan, as needed

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Instructions for Implementation

This toolkit was created based on a completed quality improvement (QI) CME/CE activity, and is designed based on the following model of performance or quality improvement:

- Stage A: Learning from current practice performance assessment
- Stage B: Learning from the application of QI to patient care
- Stage C: Learning from the evaluation of the QI effort

Instructions for Stage A:

- Review 20 resident charts AND 10 staff member charts (or another number determined to be appropriate) and complete
 the Data Collection Form, one form per chart
- Calculate and analyze how residents were managed / performance based on the provided Quality Measures and Calculation Instructions
- Set goals for quality improvement

Instructions for Stage B:

- Educate healthcare providers and staff from your facility on best practices; PowerPoint slides used for interventions are available within this Toolkit, and/or you can use other sources to customize the education as needed
 - If influenza vaccination rates are being measured, ensure that interventions occur during typical vaccination season, so they are timely and relevant
- Develop and implement action plans for improvement (as determined to be relevant and appropriate). An action plan template is provided for reference.

Instructions for Stage C:

- Allow a predefined amount of time for the action plan(s) to take effect
- Identify 20 new resident charts AND 10 new staff member charts (or another number determined to be appropriate) and complete the same Data Collection Form, one form per chart
- Calculate and analyze how residents were managed / performance based on the provided Quality Measures and Calculation Instructions, and compare to performance in Stage A
- If desired, set new quality goals again and repeat Stages B and C to reach desired outcome