



Strategies for Effectively Integrating Immunizations Into Routine Obstetric–Gynecologic Care

Overview

The strategies outlined in this resource are based on findings from an American College of Obstetricians and Gynecologists adult immunization project funded by the Centers for Disease Control and Prevention. During this project, recommendations from the National Vaccine Advisory Committee Standards for Adult Immunization Practice were implemented among a diverse population of obstetric–gynecologic providers. Through this process, four overarching strategies were shown to improve immunization processes and ultimately increase immunization rates among obstetrician–gynecologists (ob-gyns) that put them into practice.

Immunizing pregnant and nonpregnant women against vaccine-preventable diseases is an essential component of women's health care. These suggested strategies are intended to help ob-gyns optimize their immunization programs and integrate immunizations into their routine patient care.

1. Administer routinely discussed and recommended vaccines, which at a minimum include influenza; tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap); and human papillomavirus (HPV).

Activities and considerations to successfully implement this strategy include the following:

- ▶ Train staff on how to deliver strong immunization recommendations to every patient, with statements that include, at a minimum, the recommendation, a time frame for getting the vaccine, and a benefit to the patient.
- ▶ For practices that currently offer immunizations only to obstetric patients, pilot-test expanding a routine immunization, such as influenza, to gynecologic patients.
- ▶ Similarly, when adding immunizations to a practice or unit that previously did not administer onsite, start with one vaccine and pilot-test the process for a specified time frame.
- ▶ You may wish to research vaccine manufacturers for special pricing offers to ensure your practice obtains the best price per vaccine. Consult your legal counsel regarding discounts, as certain restrictions may apply.

2. Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.

Activities and considerations to successfully implement this strategy include the following:

- ▶ Regularly offer education to clinicians and staff on the importance of immunizations through routine meetings; circulation of educational materials; and access to opportunities, such as webinars and conferences.
- ▶ Develop scripts for staff to follow when promoting immunizations to patients to ensure strong and consistent recommendations.
- ▶ Encourage front desk staff to promote immunizations to patients as appropriate, such as letting each patient know at check in that she is due for a vaccine.
- ▶ Display patient education materials on immunizations throughout the practice in locations where clinical staff and patients can easily access, such as intake areas and examination rooms.
- ▶ Based on your practice structure, delegate immunization program management duties (eg, ordering and stocking of new vaccine, monitoring vaccine storage) to an Immunization Champion team or individual. An Immunization Champion team should include at least one medical assistant and/or nurse, one physician, and the manager of the practice or clinic.
- ▶ Recognize your Immunization Champions with a name badge, shirt pin, or desk placard that acknowledges their special role and the importance of their work.

3. Develop a standard process for assessing, recommending, administering, and documenting vaccination status of patients.

Activities and considerations to successfully implement this strategy include the following:

- ▶ If allowed by state law and conducive to your practice structure, institute immunization standing orders for vaccines administered onsite.
- ▶ In practices unable to implement standing orders, instead develop a standard immunization process that takes into account your unique staffing structure and current work flow while shifting immunization responsibilities away from the health care provider. Examples include the following:
 - Have a health care provider review patient charts the day before the patient visit and assess for indicated immunizations. This will allow a nurse or medical assistant to offer and administer vaccines early in the visit.
 - Develop a written step-by-step process for clinical staff to follow with pregnant patients that outlines expected messaging and routine procedures for each week of gestation, including immunizations.
- ▶ Before implementation of any changes, gather input from staff on opportunities (and barriers) to improve existing immunization processes.
- ▶ Link Tdap vaccination to screening for gestational diabetes or to Rho(D) immune globulin administration to create a natural prompt for Tdap administration.
- ▶ Build language into intake forms, as well as check-in and check-out paperwork, to remind clinical staff and patients to ask about immunizations.
- ▶ Make use of electronic prompts within the electronic health record (EHR) to remind health care providers and staff about due immunizations. And if your EHR has the capability, use smart phrases or dot phrases, for example, to make documentation flow more quickly.
- ▶ Work with colleagues and staff to implement steps for consistent immunization documentation in the EHR. When feasible, also enroll in your state's immunization information system to electronically report your immunization administration data.

4. Use existing systems and resources to conduct periodic assessments of immunization rates among patients to determine if and where progress is needed.

Activities and considerations to successfully implement this strategy include the following:

- ▶ Conduct periodic assessments of immunization rates that are best suited to your practice structure, staffing, and capabilities. Examples include the following:
 - Chart review (randomized if feasible) that compares vaccine administration to eligibility over a selected time frame
 - Review of processed immunization billing codes for a certain time frame compared with the number of patients seen during that time
 - Review of vaccine purchasing amounts and doses administered compared with the number of patients eligible for a certain vaccine over a selected time frame
- ▶ When assessing immunization rates, consider looking initially at just one population group or immunization, such as pregnant patients or influenza administration, during a specific and limited time frame.
- ▶ Develop a plan for how you will use the findings of your immunization rates assessment. For example, presenting data to health care providers and staff in the practice can illuminate the need for process improvements and motivate staff to set goals and implement changes.

For more information, including ACOG immunization clinical guidance; practice management, coding, and other immunization resources; and the full project report with further details and examples on implementing the strategies outlined in this document, please visit www.acog.org/More-Info/ImmunizationsinPractice.

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