

Thank you for joining

The presentation will
begin shortly

Rise to Immunize™ Monthly Webinar

Lessons Learned from a RIZE High Performer

Wendy Scheckel, RN-BS, PhD, and Nikki Mensing, MA, BSN, RN, *Olmsted Medical Center*

Today's Webinar

Campaign Updates

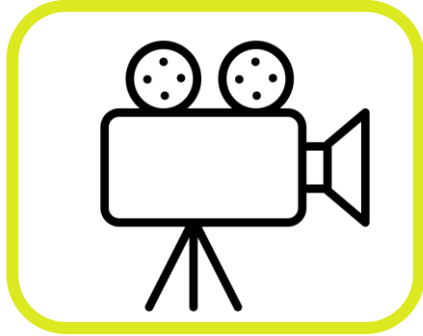
- Data Submission Reminder
- New RIZE Cast
- RIZE Action Month
- Save the Date
- Annual Survey Results

Lessons Learned from a RIZE High Performer

- Wendy Scheckel, RN-BC, PhD
- Nikki Mensing, MA, BSN, RN

Q&A Session

Webinar Reminders



Today's webinar recording
will be available the week of
06/19

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → "Resources" → "Webinars")



Ask questions during the
webinar using the **Q&A**
feature

- Questions will be answered
at the end of the presentation



**Data submission
deadline:**

July 14



New RIZE Cast Available

**Utilizing and Implementing
Standing Orders**

Nikki Mensing, BSN, MA, RN
Director of Operations
Olmsted Medical Group

03:05

▶ [Progress Bar] 🔊 [CC] ⚙️ [Full Screen] [Share] **vimeo**

RiseToImmunize.org/RIZEVideos

RIZE

Action Month

August 2023

Visit RiseToImmunize.org/ActionMonth



Save the Date:



RIZE Symposium



November 9–10, 2023
Arlington, VA



2023 RIZE Survey Results

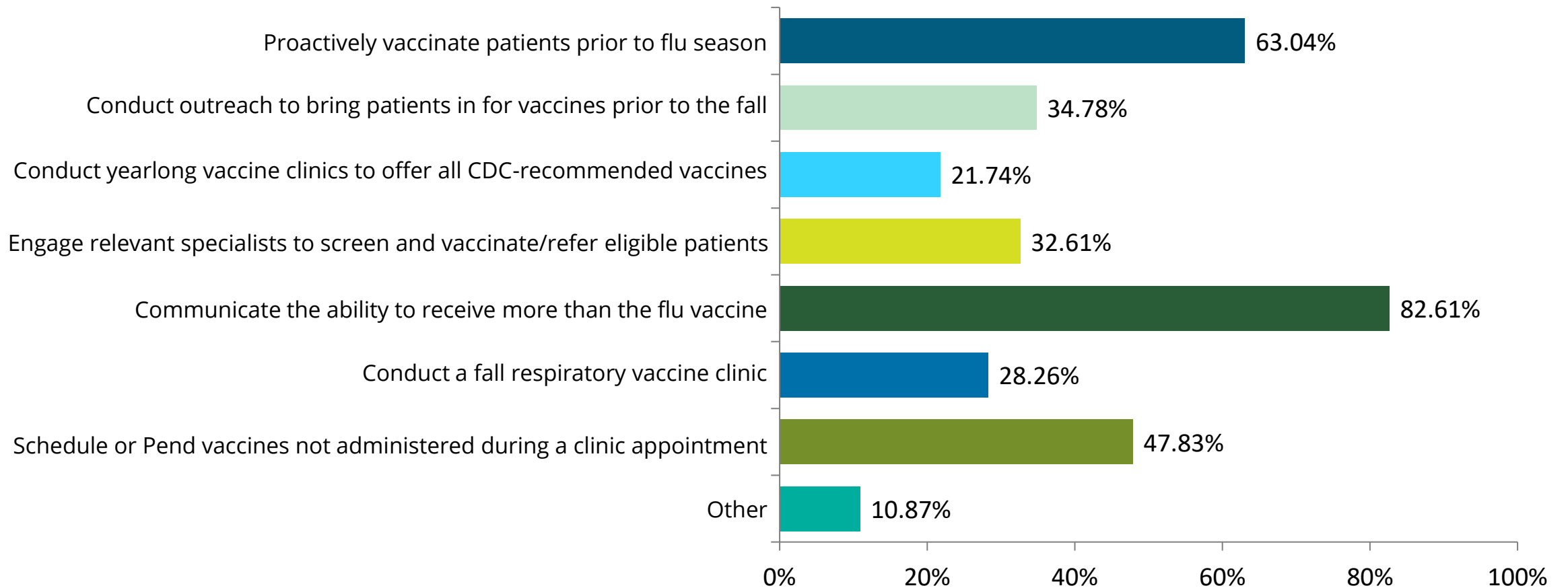
May 2023











We heard from **48**
RIZE member groups, representing
59% of campaign participants

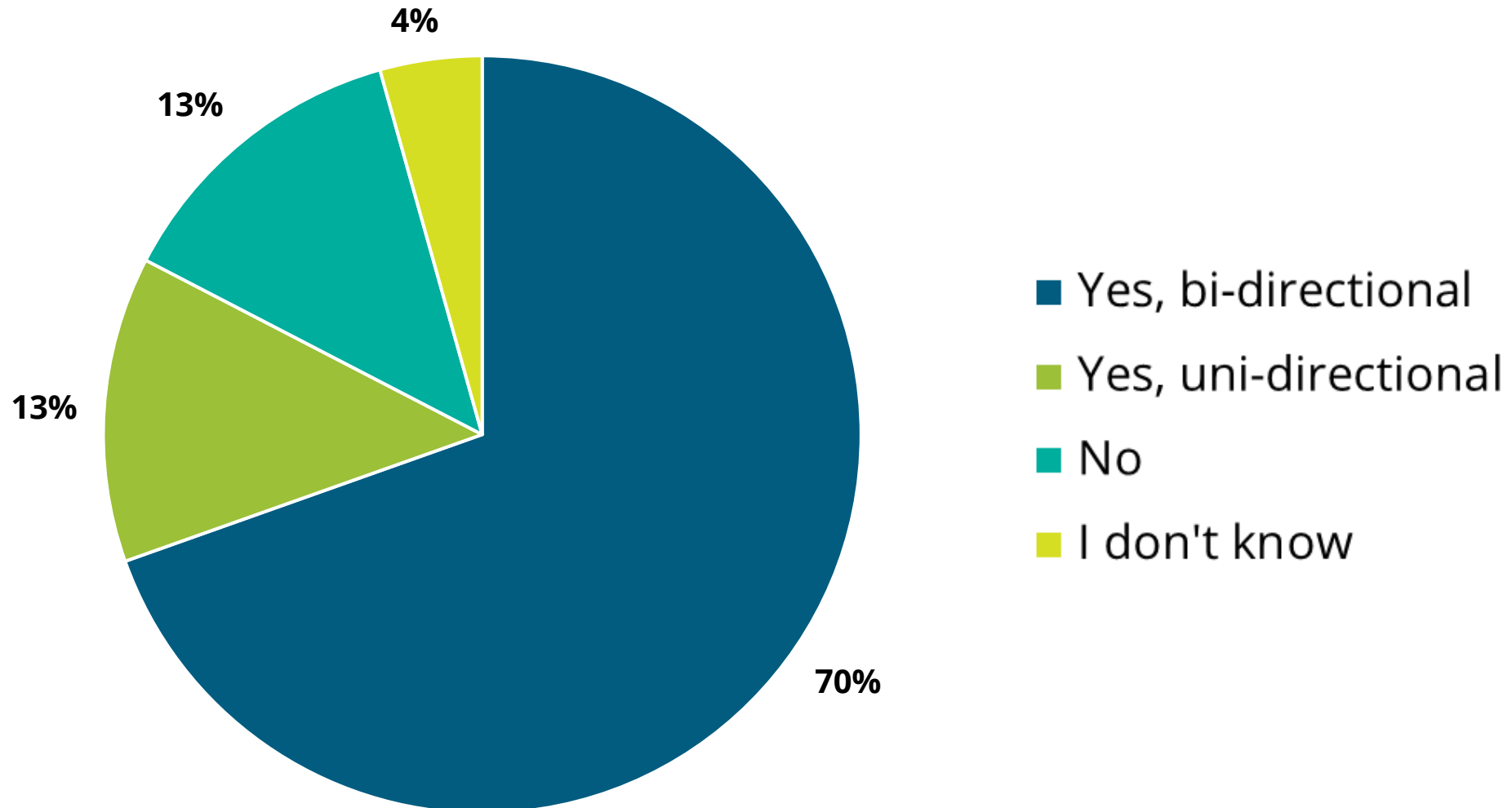
Q1: What are some strategies that your organization is employing/planning to overcome this barrier and ensure that adults are protected against all vaccine-preventable respiratory diseases?



Q2: What Strategies has your organization implemented to document vaccinations administered outside of your health system?

-  **Leverage bidirectional data feed with state**
-  **Use of EPIC's Care Everywhere or other health information exchanges**
-  **Develop standard workflows – asking patients as part of the rooming process**
-  **Use of claims data**
-  **Conduct direct patient outreach outside of the office visit**
-  **Coordinate with local pharmacies**

Q3: Does your organization leverage a data feed with your state immunization registry?



Q4: What topic(s) would you like to see featured on future RIZE educational offerings (i.e. webinars, RIZE Casts, meetings)?

Addressing patient vaccine hesitancy

Improving patient engagement

Leveraging technology

Navigating insurance coverage

Improving provider engagement

Success stories from peer groups

Addressing health disparities

Updates on new guidelines

Developing community partnerships

Updates on other vaccines (i.e., RSV and HPV)

Campaign plank implementation trends



Increase in groups who have completed baseline staff education



~ 90% of groups are in the process or have implemented standing orders



Over 60% have established gap reports or POC of alerts



Majority of groups are preparing to/conducting proactive patient outreach

Q6: What benefits has your organization recognized through engagement in RIZE?

Benchmarking

- Taking a critical look at data gaps
- Comparison to peers nationwide



Peer-to-Peer Learning

- Network and connect with peers
- Learn how others have overcome barriers



Renewed focus

- Increased awareness among providers & staff
- Develop sustainable processes and improvement



Utilizing RIZE Resources

- Access to relevant and practical resources
- Utilizing the campaign planks

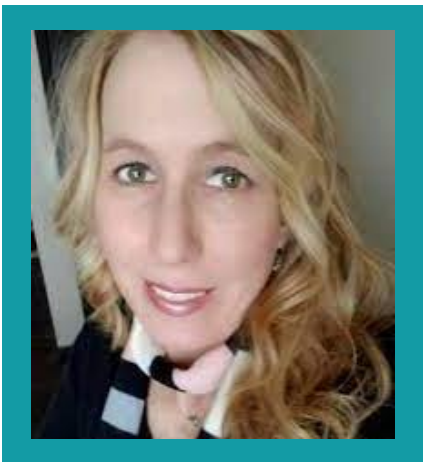


Today's Speakers



Wendy Scheckel, RN-BC, PhD

Chief Information Officer, *Olmsted Medical Center*



Nikki Mensing, MA, BSN, RN

Director of Operations, *Olmsted Medical Center*



Ways to Improve TDaP and PNE Vaccination Rates

Olmsted Medical Center's Journey to High Performance

Nikki Mensing, MA, BSN, RN and Wendy Scheckel, RN-BC, PhD

MISSION, VISION, CORE VALUES



Our Mission

Partnering for better health and better lives.

Our Brand Statement

Good health starts with great care.™

Our Core Values

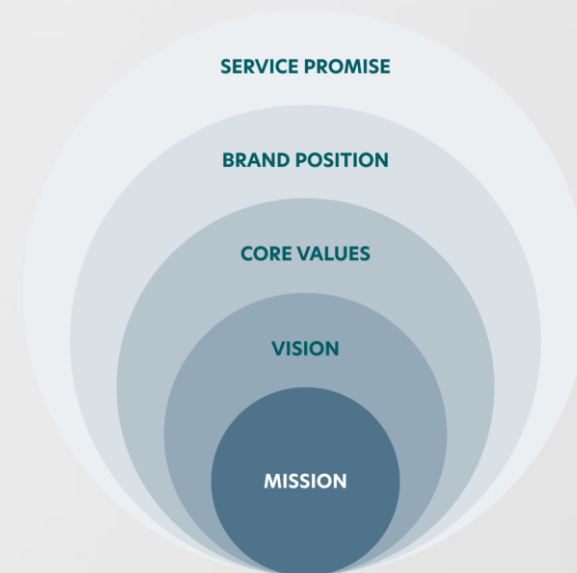
- Our patients are our highest priority.
- Our people are the key to our success.
- Our communities are our source of inspiration.

Our Vision

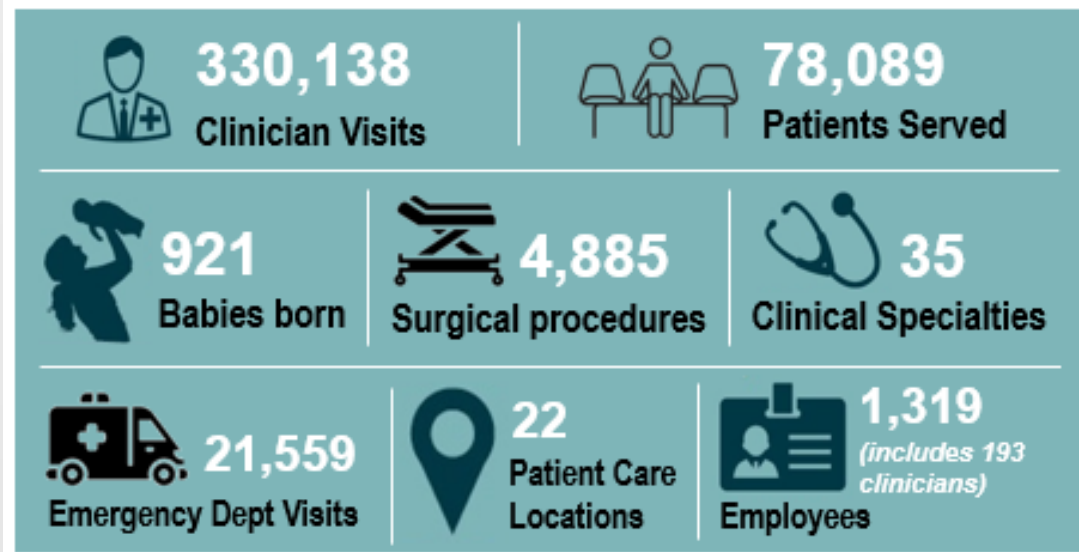
Patient-centered.
Community-focused. Future-oriented.

Our Service Promise

We bring simplicity and compassion to the complexity of healthcare.



Olmsted Medical Center



Agenda

Executive Oversight

Nursing Protocols and Access

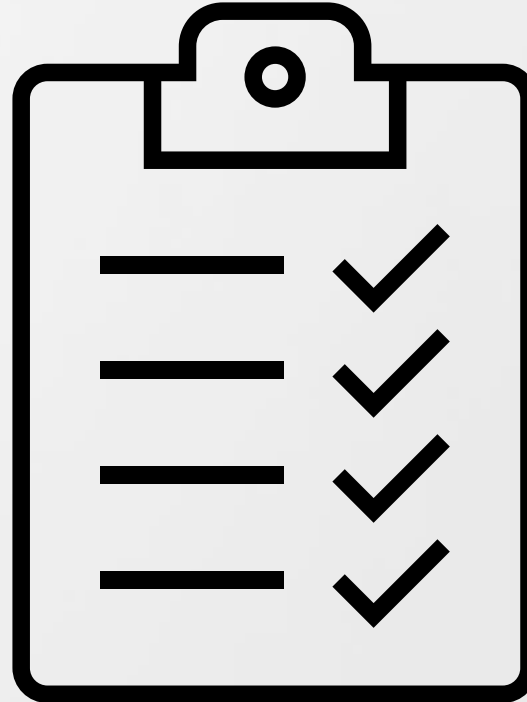
Technology Solutions

- Patient Campaigns
- Electronic Medical Record Build
- Immunization Registry

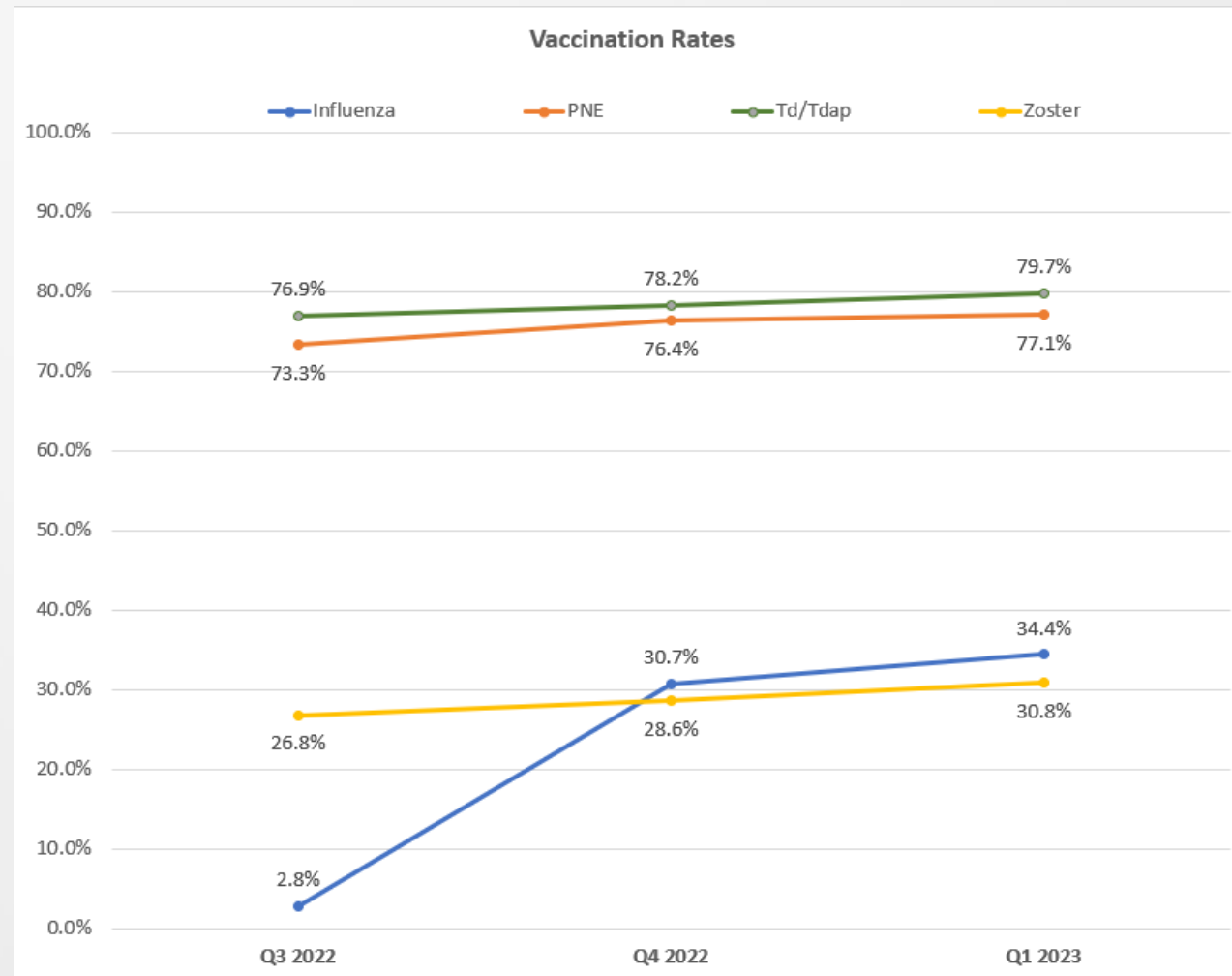
Staff Education/Awareness

- Specialty Clinics Engagement

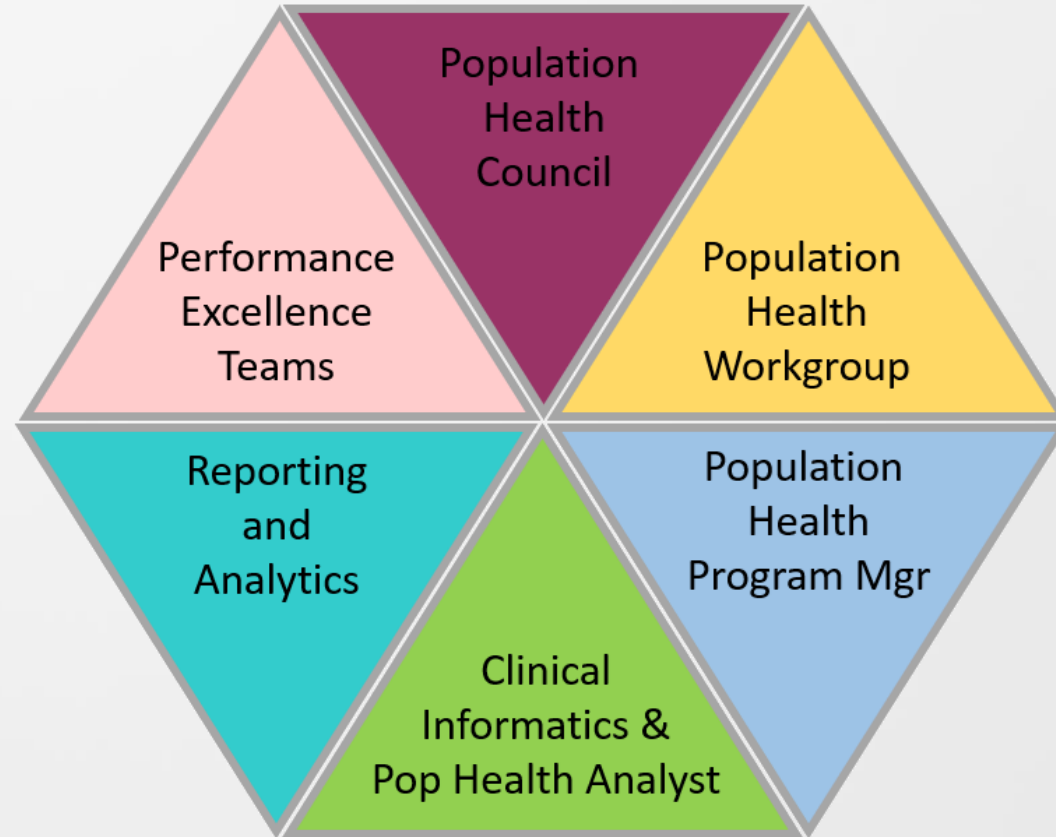
Future Work



OMC's Performance



Executive Oversight



Executive Oversight



The Population Health Council defines, builds, implements, and supports the population health framework and competencies throughout the entire system, provides educational opportunities around population health concepts, and provides direction and support for population health activities within operations.

Standard Rooming Process



Policy: Rooming and Discharge Standards during Outpatient Encounter - Primary Care

Purpose

To provide a consistent approach to performing and documenting the rooming and discharge processes in the patient's medical record for all Primary Care departments.

- Complete Screenings
 - Fall Risk (*age 65 and over*)
 - Adult PHQ 2 or 9 (*every visit*)
 - Pediatrics PHQ 9: Modified for Teens and PHQ 9: Modified for Teens (Parent Form *Well Child Visit beginning at age 12 or based on diagnosis*)
 - Suicide and Homicide Screening Tool will be administered annually at complete physical and/or for patients that are scheduled to establish care with a provider and/or if the symptoms or diagnoses:
 - patient talking about suicide
 - answers greater than 0 on question 9 on the PHQ-9
 - anxiety or agitation
 - depression
 - mood changes
 - substance abuse.
 - GAD 7 (*every visit if history of anxiety or on anti-anxiety medication*)
 - ACT (*every visit for patients on the asthma registry*)
 - Mini Cog (*every Annual Wellness Visit*)
 - Social Determinants of Health (SDoH) (*annually at complete physicals and/or for patients that are scheduled to establish care or during an annual wellness visit*)
- Review Immunizations/Administer as indicated

Protocols



Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine Protocol for Healthy Patients 19 Years of Age and Older

- Condition for Protocol:** To reduce incidence of morbidity and mortality of tetanus, diphtheria, and pertussis disease, Olmsted Medical Center (OMC) offers the Tdap vaccination.
- Policy of Protocol:** The registered nurse (RN), licensed practical nurse (LPN), or registered/certified medical assistant (MA) implements this protocol for OMC patients seen by an OMC clinician within the last three years and needing the Tdap vaccination. Patients managed by the Occupational Health Services department do not need to meet the three-year visit requirement.
- Condition-Specific Criteria and Prescribed Actions:** Per this protocol, the following immunizations may be offered to patients seen by an OMC primary care clinician within the last three years without an additional clinician visit if the patient does not have any of the contraindications listed. Patients managed by the Occupational Health Services department do not need to meet the three-year visit requirement.

	Criteria	Prescribed Action
Indication	Every pregnancy (preferably during 27-36 weeks gestation) regardless of interval since prior Td or Tdap vaccine.	Proceed to vaccinate with Tdap.
	Patient aged 19 or older who has not received a Tdap previously, regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.	Proceed to vaccinate with Tdap as a catch-up vaccination followed by Tdap booster doses every 10 years thereafter.
Contraindications	Systemic allergic reaction (anaphylaxis) or any other type of complication related to a previous dose or any component of a previous dose of DTaP, Tdap, or Td.	Do not vaccinate.
	Guillain-Barré syndrome (GBS) within six weeks after a previous dose of tetanus toxoid-containing vaccine.	Do not vaccinate; refer to clinician.



Pneumococcal (PPSV23& PCV20) Vaccine Protocol For Patients 65 Years of Age and Older

- Condition for Protocol:** To reduce incidence of morbidity and mortality of *Streptococcal Pneumoniae* invasive disease, Olmsted Medical Center (OMC) offers Pevnar 20 (PCV20) and Pneumovax (PPSV23)
- Policy of Protocol:** The registered nurse (RN), licensed practice nurse (LPN), or registered/certified medical assistant (MA) implements this protocol for OMC patients seen by an OMC clinician within the last three years and needing the Pevnar 20 (PCV20) or Pneumovax (PPSV23) Patients managed by the Occupational Health Services department do not need to meet the three-year visit requirement.
- Condition-Specific Criteria and Prescribed Actions:** Per this protocol, Pevnar 20 (PCV20) and Pneumovax 23 (PPSV23) vaccination may be offered to patients seen by an OMC clinician within the last three years without an additional clinician visit if the patient does not have any of the contraindications listed. Patients managed by the Occupational Health Services department do not need to meet the three-year visit requirement.

	Criteria	Prescribed Action
Indication	Patient is 65 years of age or older and has not previously received any pneumococcal vaccination or whose previous vaccination history is unknown.	Proceed to vaccinate with PCV20
	Patient is 65 years of age or older and has previously received PPSV23 only.	Proceed to vaccinate with PCV20 at least 1 year following PPSV23 vaccination.
	Patient is 65 years of age or older and has previously received PCV13 only	Proceed to vaccinate with PCV20 at least 1 year following their PCV 13 vaccine.
	Patient is 65 years of age or older and has previously received PCV13 and PPSV23 prior to age 65.	Proceed to vaccinate with PCV20 at least 5 years following their previous PPSV23 dose.
	Patient is 65 years of age or older and has previously received PCV15	Proceed to vaccinate with PPSV23 at least 1 year following their PCV15 vaccination*
	Patient is 65 years of age or older and has completed PCV13 and PPSV23 series and received PPSV23 after age 65	Do not vaccinate. Clinician to review with patient vaccination with PCV20 at least 5 years following their previous PPSV23 dose.

Access Options

Drive Thru

Walk-In

Community Clinics

Other Barrier Reductions

- After Hours
- Multiple Locations



Immunization Registry





Minnesota Immunization Information Connection (MIIC)

Integration with the EMR

Auto-Query

 [Query Imm Registry](#)

 Immunizations from outside sources need attention. [Go Reconcile](#) 

Outside of Local Medical Record

Immunization

Unrecognized Immunizations

[+ All](#)

[🗑 All](#)



Pneumococcal Conjugate 20-Valent

Add as: unknown [✎ Change](#)

Electronic Medical Record



1:20 PM OFFICE VISIT
Ht: 1.61 m (5' 3.39")
Wt: 105 kg (230 lb 7.9 oz)
>7 days

SINCE LAST SE FAMILY MEDICINE
4TH FLOOR VISIT
Asthma, Derm, Neurology
Lab (3)

CARE GAPS
Bone Density Scan
Zoster Vaccines (1 of 2)
Pneumococcal Vaccine: 65+...
Medicare Annual Wellness Vi...

PROBLEM LIST (16)

Care Gaps [Close care gaps](#)

Overdue

- Never Done Bone Density Scan (Every 5 Years)
- Never Done Zoster Vaccines (1 of 2)
- MAR 9 2021 Pneumococcal Vaccine: 65+ Years (2 - PCV)
Last completed: Mar 9, 2020
- MAY 25 2023 Medicare Annual Wellness Visit (AWV) (Yearly)
Last completed: May 25, 2022

Upcoming

- JUN 14 2023 Fall Risk Performed (Yearly)
Last completed: Jun 14, 2022
- AUG 9 2023 Mammogram (Yearly)
Last completed: Aug 9, 2022
- NOV 1 2023 COVID-19 Vaccine (1)
Postponed by Adriana M Vasquez, LPN (Patient)
- APR 2 2029 DTaP,Tdap,and Td Vaccines (3 - Td or Tdap)
Last completed: Apr 2, 2019

Care Gaps [Manage User Versions](#)

- Zoster Vaccines**
 - Zoster Vaccine
 - Varicella-zoster vaccine subcutaneous
[Details](#)
- Pneumococcal Vaccine: 65+ Years**
 - Pneumococcal Vaccine: 65+ Years
 - Pneumococcal Conjugate vaccine PCV20
[Details](#)
- Additional SmartSet Orders**

Search

You can search for an order by typing in the header of this section.

[Associate](#) [Edit Multiple](#) [Patient Estimate](#) [Providers](#) [Remove](#) [Pend](#) [Sign](#)

Electronic Medical Record



Dashboard and Reports

Immunizations

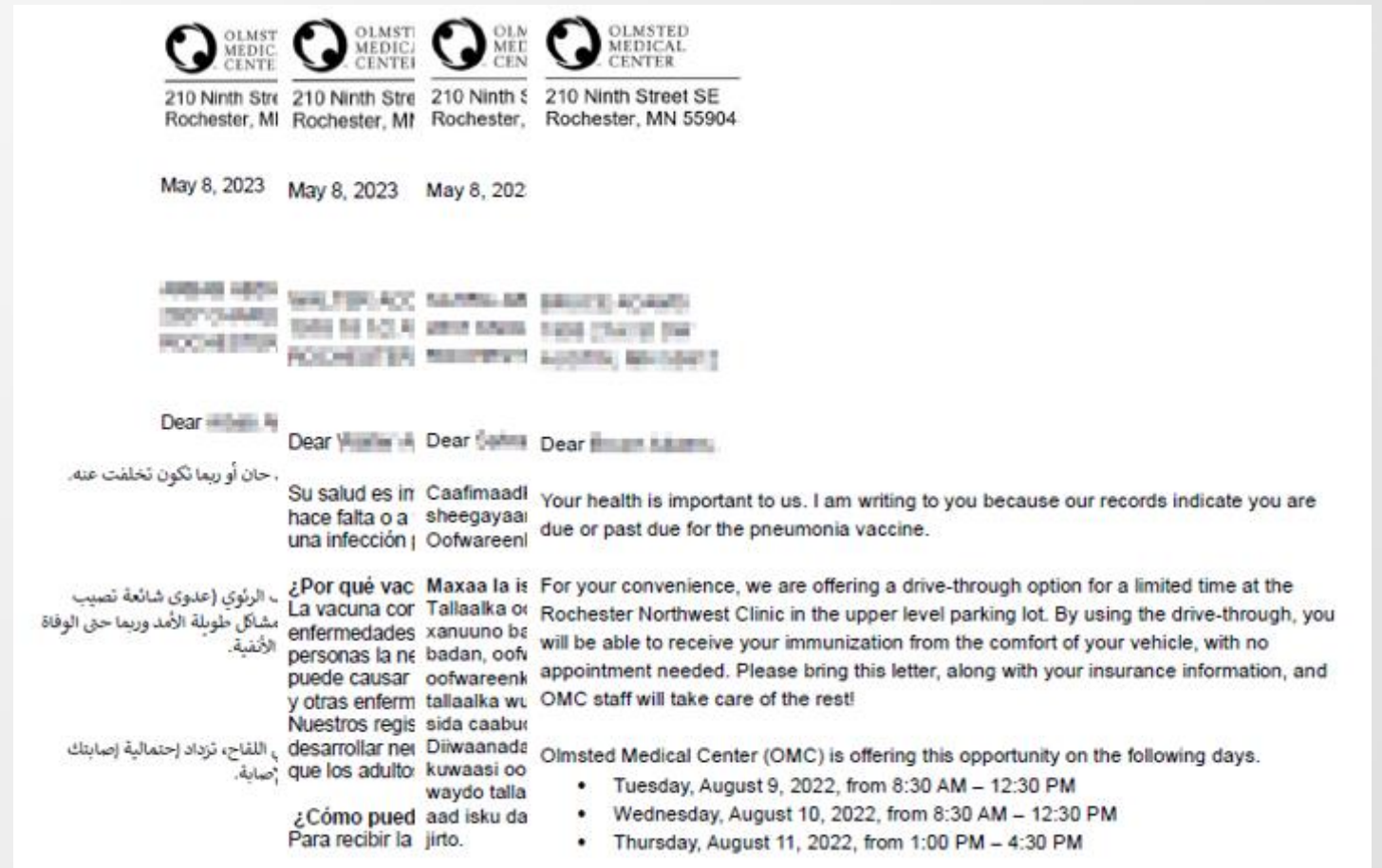
	Dec 22	Jan	Feb	Mar	Apr	May	QTD
Influenza Vaccination Status - 6mo+ - Internal Only	27 %	29 %	30 %	31 %	31 %	32 %	22 %
Influenza Vaccination Status - 6mo+ - Internal & External	-	37 %	37 %	37 %	37 %	37 %	27 %
Pneumonia Vaccination Status – 19yr - 64yr	16 %	16 %	16 %	16 %	16 %	16 %	16 %
Pneumonia Vaccination Status – 65yr+	57 %	58 %	58 %	58 %	58 %	59 %	59 %
Meningococcal B Vaccine ages 16 to 23	12 %	12 %	12 %	12 %	12 %	12 %	12 %
Immunizations for Adolescents (Combo 2) 13 year olds	<1 %	<1 %	<1 %	<1 %	<1 %	<1 %	<1 %
Zoster Recombinant Completed Series 50 years or older	28 %	28 %	29 %	30 %	30 %	31 %	31 %
Zoster Recombinant Vaccination Rates 50 years or older	34 %	35 %	36 %	37 %	37 %	38 %	38 %
Tetanus Vaccination Rates 21 to 25 year olds	66 %	67 %	68 %	68 %	68 %	68 %	68 %

Patient Campaigns



Patient Outreach

- Multiple Modalities/Languages
 - Letters
 - Phone Calls
 - Text Messages
 - MyChart Messages



Campaign Effectiveness



Vaccine Campaigns

Campaign	Message	Type	Contact	Date	Total Sent	Total Action	Response Rate
Pneumococcal	Drive Thru Vaccine Clinic	Letter	Terri F	8/9/2022	2102	138	6.57%
Zoster	Drive Thru Vaccine Clinic	Letter	Terri F	8/16/2022	1495	99	6.62%
TDaP	Drive Thru Vaccine Clinic	Letter	Terri F	8/24/2022	1900	97	5.11%
Retail Pharmacy Shingrix	In person clinic at retail pharmacy/shell space NW office 2/9/2023	Letter	Terri F	2/9/2023	518	110	21.23%
AMGA Pneumo collaboration for non English speaking high risk patients	You may be at high risk for pneumonia, please call your clinician office to schedule. Arabic, Spanish and Somali.	Letter	Terri F	5/1/2023	277		6/6/2023 - 8 of 27 = 29%

Staff Awareness and Education



Newsletters

Open Forum

Epic Communication

Banners

Meeting Agendas

Registry Dashboard

Executive Dashboard

Primary Care Spotlight  OLMSTED MEDICAL CENTER

Our Mission: Partnering for better health and better lives. **Our Vision:** Patient-centered. Community-focused. Future-oriented.

A dark blue banner with white text and the Olmsted Medical Center logo. The text reads "Primary Care Spotlight" in a large serif font, followed by the logo and "OLMSTED MEDICAL CENTER" in a smaller serif font. Below this, a thin white line separates the header from the mission and vision statement.

Stay Safe During Influenza Season

Our local communities are seeing an increase in flu influenza A (flu) cases.

There is still time to get your flu shot! Vaccines such as the flu shot can help reduce your risk of getting influenza as well as reduce symptoms if you do get flu.

To get your flu shot, schedule an appointment with your primary care provider or stop by one of the four OMC pharmacy location between 9:00 AM – 5:00 PM, Monday through Friday. No appointment is needed.

Be sure to follow precautions such as covering your mouth when you cough or sneeze, wearing a mask, and washing your hands regularly. It is also important to stay hydrated and to get plenty of rest. If possible, stay at home if you are not feeling well.

Contact your insurance company with questions regarding coverage.



Staff Engagement

MAT Clinic

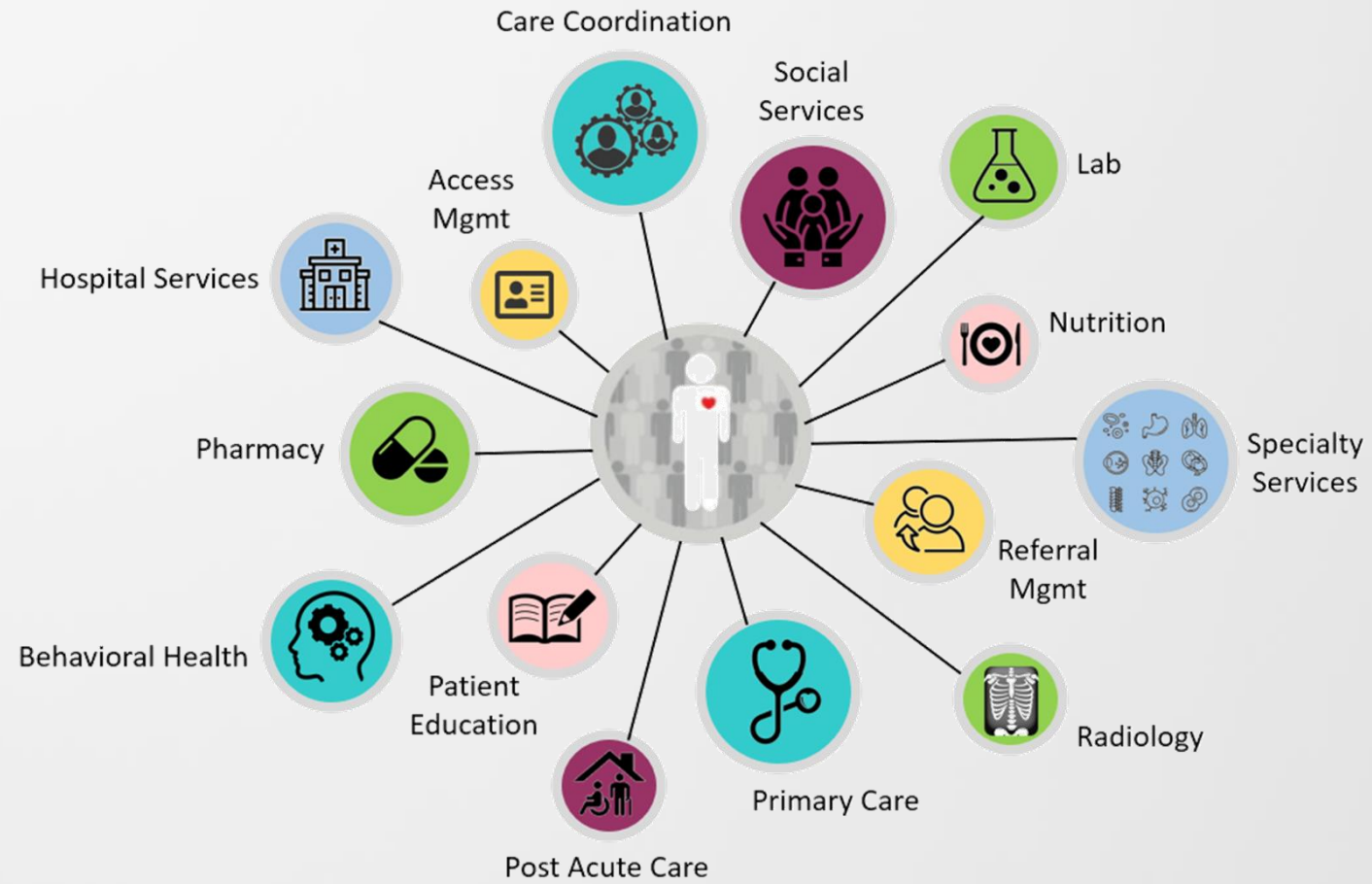
OB/GYN

Endocrinology

Cardiology

Anticoag RNs

CCMs



Future Work



Additional Specialties

- Rheumatology
- Active Aging Services

Community Partners

Targeted Campaigns

Celebrating Successes

QUESTIONS?





TM

OLMSTED
MEDICAL
CENTER


Good Health Starts With Great Care®

Upcoming Webinar



 Topic: Administering Vaccines Outside the Clinic

 Date/ Time: **Thursday, July 20 at 2pm ET**

 Presenters: Iris Lundy, RN, BSN, and Heather Strock from Sentara Medical Group

Questions?



Submit your questions using the **Q&A feature** at the bottom of the screen