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## Giving older adults a shot

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All of us deserve a shot, especially older adults. In fact, the primary reason older adults move into ALC is for that shot at a better life through assistance. Think of it as assistance in that shot to a better life. And in some incidences the assistance can actually come from the AL nursing staff in the form of a shot—a vaccine shot, that is. These vaccinations can actually lead to a better life for older adults through decreased infections with their associated morbidity and mortality. Of course to be successful in assisting, AL nurses must know how; this is sometimes difficult given the constantly changing complex vaccine landscape. Education about current vaccination standards can help AL staff figure out exactly the why, what, when, where and how to assist older adults in getting their appropriate vaccines.

#### Why ...

So what's the point of vaccinations? Specifically why are vaccinations so very important for older adults, especially those living in an ALC? Overall, approximately 45,000 adults die each year from vaccine-preventable diseases, the majority from influenza. http:// www.cdc.gov/mmwr/pdf/rr/rr6002.pdf Vaccines within the AL are actually of benefit not only to the individual AL resident but the community as well as providers. There are several vaccines with

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direct impact on older adults which includes preventions of shingles, seasonal flu (influenza) pneumococcal, tetanus, diphtheria, and pertussis http://www.cdc.gov/vaccines/adults/rec-vac/.

With regard to giving AL residents a better shot, vaccination offers benefits through "herd immunity." Herd immunity is a concept often used when discussing vaccination of individuals in a population. When a larger portion of individuals in a population are vaccinated against a disease, that population should have a reduced risk of the disease. The reason is because vaccination promotes immunity to the disease, and the greater the number of individuals who are susceptible to disease. This is sometimes referred to as "indirect protection" or a "herd effect" http://cid.oxfordjournals.org/content/ 52/7/911.full.

When a critical portion of a community is immunized against a contagious disease, most members of the community are protected against that disease because there is little opportunity for an outbreak. Even those who are not eligible for certain vaccines—such as immunocompromised individuals—get some protection because the spread of contagious disease is contained. This is known as "community immunity."

In the Center for Disease Control and Prevention (CDC) illustration below, the top box depicts an ALC in which no one is immunized and an outbreak occurs. In the middle box, some of the population is immunized but not enough to confer community immunity. In the bottom box, a critical portion of the population is immunized, protecting most community members. The principle of community immunity applies to control of a variety of contagious





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diseases, including influenza, measles, mumps, rotavirus, and pneumococcal disease. http://www.vaccines.gov/basics/protec Beyond the AL residents and community, providers also tion/ benefit through improved quality measures. In many areas providers are being held accountable for vaccination rates. Immunization measures were developed as a result of recommendations in 2006 from a National Quality Forum (NQF) Harmonization Workgroup that influenza and pneumococcal vaccination measures should apply to all patients regardless of diagnosis. In 2007 NOF and CMS sponsored the CMS Adult Immunization Task Force with a goal of developing influenza and pneumococcal measures that could cross care settings and would be applicable to all patients. Collaborative work then began between CMS and The Joint Commission to develop two hospital measures that could eventually replace the two diagnosis specific pneumonia measures (PN 2 Pneumococcal Vaccination and PN 7 Influenza Vaccination) with immunization measures that would address all hospitalized inpatients. While these measures apply to the hospital they also have application to other joint commission accredited facilities as well as

health plans and providers. Specific to the joint commission the following measures apply:

- > Pneumococcal Immunization (PPV23) Overall rate
- > Pneumococcal Immunization (PPV23) Age 65 and Older
- Pneumococcal Immunization (PPV23) High Risk Populations (Age 6 through 64 years)
- Influenza Immunization http://www.jointcommission.org/im munization/

Additional quality measure financial incentives are provided through the Physician Quality Reporting System (PQRS)—Medicare's voluntary reporting program—and through newer reimbursement models, such as accountable care organizations (ACOs), which provide bonus payments based on specific outcomes. These newer models are still in the process of being developed, but long-term care—including Assisted Living—is going to be a part of most ACOs. The quality measures will be applied in the AL setting. Many of the target outcomes were derived from clinical guidelines Download English Version:

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