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Session 4

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Disclosure

The Immunization Action Coalition has been responsible for all aspects of content development for the enclosed presentation and all other assets supporting the Take a Stand™ program. Any questions should be directed to the Immunization Action Coalition.

Pfizer is supporting this initiative because it provides focus on the importance of adult immunization. Pfizer has had no role in the creation of content for this presentation or other assets supporting the Take a Stand™ program workshops and therefore accepts no responsibility for the content.
Disclosure

Dr. Atkinson has served as a consultant to Merck for human papillomavirus vaccine implementation.
Session 4
How to Implement Standing Orders in Your Practice

William Atkinson, MD, MPH
Associate Director for Immunization Education
How to Implement Standing Orders in Your Practice

In this session we will:

• Work through the implementation guidance
• Address perceived barriers in practice
• Review tools and materials available to help you
• Demonstrate the newly created standing orders website
• Discuss helpline and other resources
Standing Orders - Review

The goal of using standing orders is to increase vaccination coverage in a practice by:

- **Delegating** to RNs or other legally qualified health care professionals the role of assessing patients’ vaccination needs and vaccinating them

- **Eliminating** clinicians from involvement in vaccine needs assessments and writing vaccination orders one patient at a time

- **Empowering** nurses (or others) to improve their practice’s vaccination program
Barriers to the Use of Standing Orders

Table 2. Among Physicians with Differing Use of Standing Orders Programs (SOPs), Percent Reporting Various “Major Barriers” to Initiating or Maintaining SOPs for Adult Vaccinations

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<th>Barrier</th>
<th>None, no Plans to Implement n = 273</th>
<th>None, Would Like to Implement n = 142</th>
<th>Uses Inconsistently n = 87</th>
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<td>5.4**</td>
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<td>Resources to change policy</td>
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<td>26.5</td>
<td>15.9</td>
<td>6.0**</td>
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<td>Patient preference for physician management of care</td>
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<td>8.9</td>
<td>4.9</td>
<td>2.4**</td>
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<tr>
<td>Physician preference for management of care</td>
<td>25.7</td>
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<td>Fear of malpractice</td>
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<td>Frequently changing recommendations</td>
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<td>10.5</td>
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<td>2.7**</td>
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<td>Physicians do not support vaccination as a preventive measure</td>
<td>2.1</td>
<td>1.5</td>
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</tbody>
</table>

aComparisons are for each vaccine across all physician groups; values represent column percents.

**p<.001 by χ².

†Not significant.

Yonas et al. J Healthcare Quality 2012;34:34-42
What barriers do you anticipate as you develop and launch your standing orders program?
10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction

Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified health care professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should a medical emergency (e.g., anaphylaxis) occur.

Having standing orders in place streamlines your practice workflow by eliminating the need to obtain an individual physician’s order to vaccinate each patient. Standing orders carried out by nurses or other qualified health care professionals are the most consistently effective means for increasing vaccination rates and reducing missed opportunities for vaccination, which improves the quality of care for patients.

Standing orders are straightforward to use. The challenge is to integrate them into the practice setting so they can be used to their full potential. This process requires some preparation up front to assure everyone in the practice understands the reasons why standing orders are being implemented. Suggested steps to help you work through this process are shown below.

Phase 1: Get Ready – Build Support of Leadership

**STEP 1** Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

Standing orders will:
- Facilitate efficient assessment for and administration of influenza vaccine in your practice.
- Improve influenza vaccination rates in your practice.
- Protect more of your patients from influenza.
- Empower nurses and/or other eligible staff to use standing orders to protect more patients.
- Decrease opportunities for influenza transmission in your health care setting.
Three Phases of Standing Orders Implementation

• Phase 1: Build Support of Leadership
• Phase 2: Develop Materials and Strategies
• Phase 3: Make It Happen
Phase 1: *Get Ready* – Build Support of Leadership
Phase 1: Build Support of Leadership

**STEP 1:** Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

It is critical that leadership support the use of standing orders from the beginning of your program.
Why Use Standing Orders?

Standing Orders will:

• **Free up** clinicians from active roles in immunization

• **Delegate** clinician authority to vaccinate to other qualified health care professionals in the practice, facilitating efficient assessment for need of and administration of vaccines

• **Improve** influenza (and other) vaccination rates in your practice, protecting more patients

• **Decrease** opportunities for influenza transmission in your health care setting

• **Empower** nursing staff or others to take a leading role in prevention activities
Leadership Agreement is Critical

Medical Director

- This person is either responsible for signing the standing orders protocols or supervises the clinician who signs them, so it is critical that he/she agrees with the need for standing orders and supports their use.

Clinician

- Determine which clinician will review and sign the standing orders protocols in the practice.
Leadership Agreement Is Critical

Providers
• Identify issues that might lead to any resistance among other providers.

Nurse Leaders
• Involve nurse leaders in the planning from the start.
• Nurses (or perhaps pharmacists) are the key players in implementing and carrying out standing orders programs.
Discussion with State Health Authorities and Others

- Consult with your state immunization program and state medical or nursing boards to determine who is legally qualified to vaccinate using standing orders under your state law.
- Some practices may want to check with their legal counsel.
Phase 1: Build Support of Leadership

STEP 2: Identify the person who will take the lead and be in charge of your standing orders program.

- In most practices, the lead person will be a nurse, nurse practitioner, or physician assistant.
- The lead person must be an influential leader who has medical knowledge, understands the standing orders protocol, and is able to answer questions about them from other staff members.
Phase 1: Build Support of Leadership

The lead person must be motivated to protect patients by improving the adult vaccination levels in your practice – a true *Immunization Champion.*
Phase 1: Build Support of Leadership

**STEP 3:** Reach agreement about which vaccine(s) your practice will administer using standing orders.

- It may be best to start using standing orders only for influenza vaccine if you have not implemented standing orders previously.
- When staff are trained and know how standing orders work, you can expand their use to additional vaccines.

* Standing orders work well for improving coverage for child and adolescent vaccines, too!
Phase 2: Get Set – Develop Materials and Strategies
Phase 2: Develop Materials and Strategies

STEP 4: Create standing orders protocols for the vaccine(s) you want to administer.

- The Immunization Action Coalition has standing orders templates for all routinely recommended vaccines available to download at www.immunize.org/standing-orders.

- IAC standing orders are reviewed by the Centers for Disease Control and Prevention (CDC) for technical accuracy.

- You may use IAC’s standing orders templates as written, or you may modify them to meet your practice’s needs.
STANDING ORDERS FOR Administering Influenza Vaccine to Adults

Purpose
To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy
When allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure
1. Assess Adults for Need of Vaccination against influenza
   • All adults are recommended to receive influenza vaccination each year.
   • People who do not recall whether they received influenza vaccine this year should be vaccinated.

2. Screen for Contraindications and Precautions
   Contraindications for use of all influenza vaccines
   Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer’s package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   Contraindications only for live attenuated influenza vaccine (LAIV): Flublast, nasal spray
   Do not give live attenuated influenza vaccine (LAIV, Flublast, nasal spray) to a person who:
   • Has a history of either an anaphylactic or non-anaphylactic allergic reaction to eggs
   • Is pregnant
   • Has immunosuppression (including that caused by medications or HIV
   • Is age 50 years or older
   • Received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or will possibly receive them within 14 days after vaccination
   • Provides care for a severely immunosuppressed person who requires a protective environment

   Precautions for use of all influenza vaccines
   • Moderate or severe acute illness with or without fever
   • History of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination

   Precautions for use of LAIV only
   • Asthma
   • Other chronic medical conditions (e.g., other chronic lung diseases, chronic cardiovascular disease [excluding isolated hypertension], diabetes, chronic renal or hepatic disease, hemoglobin disease, neurologic disease, and metabolic disorders)

   NOTE REGARDING PATIENTS WITH HIVES AFTER EATING EGGS: An egg-free recombinant hemagglutinin influenza vaccine (RVIV) may be used for people age 18 years and older with egg allergy of any severity. For people who experience onset of hives only (and not a more serious reaction) after ingesting eggs, health care providers should administer inactivated influenza vaccine (IIV) and observe the patient for at least 30 minutes after receipt of the vaccine for signs of a reaction.

3. Provide Vaccine Information Statements
   Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled “Document Vaccination.”)
Standing Orders for all routine vaccines are available on the IAC website

www.immunize.org/standing-orders
Phase 2: Develop Materials and Strategies

Have the standing order(s) reviewed and signed by the medical director or clinician responsible for the program.
Phase 2: Develop Materials and Strategies

STEP 5: Hold a meeting to explain your new standing orders program to all staff members.

- It is crucial that all staff understand the program because they will all be involved directly or indirectly.
- To get buy-in from staff, you will need to explain WHY you are starting this program.
- Review how standing orders work and the specific protocols and procedures with all staff members who will be involved.
A handy visual aid to use during the staff meeting

Why are we starting a standing orders program?

- Disease should be prevented whenever possible, and vaccines can do this.
- Our patients are counting on us to keep them healthy.
- Adult vaccination rates in the United States are low and significant racial and ethnic disparities exist.
- Vaccination levels among adults are inadequate in most practices.
- Standing orders have been demonstrated to streamline the assessment and delivery of immunizations in medical practices.
- The burden of disease as a result of vaccine-preventable diseases is seen not only in increased morbidity and mortality, but also in increased costs to the health care system.
Phase 2: Develop Materials and Strategies

**STEP 6:** Determine the role various staff members will play in implementing/using standing orders.
Who in Your Practice . . .

• Is eligible under state law to assess a patient’s vaccination needs and provide vaccinations using a standing orders protocol (RNs, pharmacists, or others)?

• Can help determine the need for a patient to be vaccinated? For example, the receptionist or the person who rooms patients can inquire if they have had their influenza vaccine yet this season.

• Will check the patient’s chart to find out if they need vaccinations?
Who in Your Practice . . . (cont.)

• Will provide screening checklists for contraindications and precautions to patients and who will review the patient’s answers? (Can these screening questions be added to your electronic medical record?)

• Will give Vaccine Information Statements (VISs) to patients?
Screening Checklist for Contraindications to Vaccines for Adults

For patients: The following questions will help us determine which vaccines you may be answer “yes” to any question. It does not necessarily mean you should not be vaccinated. Additional questions must be asked. If a question is not clear, please ask your healthcare provider.

1. Are you sick today? [ ]
2. Do you have allergies to medications, foods, a vaccine component, or latex? [ ]
3. Have you ever had a serious reaction after receiving a vaccination? [ ]
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [ ]
5. Do you have cancer, leukemia, HIV/AIDS, or any other immunosuppressed system problem? [ ]
6. In the past 3 months, have you taken medications that affect your immune system such as prednisone, other steroids, or anticonvulsant drugs; for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or have you had radiation treatments? [ ]
7. Have you had a seizure or a brain or other nervous system problem? [ ]
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiseptic drug? [ ]
9. For women: Are you pregnant or is there a chance you could become pregnant during the next 3 months? [ ]
10. Have you received any vaccinations in the past 4 weeks? [ ]

FORM COMPLETED BY ____________________________
FORM REVIEWED BY ____________________________

Did you bring your immunization record card with you? [ ]

It is important for you to have a personal record of your vaccinations. If you don’t have your health care provider to give you one, keep this record in a safe place and bring it to your next visit to your health care provider. Make sure your health care provider records all your vaccinations.

Information for Health Care Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

Are you interested in knowing why we include a certain question on the screening checklist? If so, read the information below. If you want to find out more, consult the references listed at the end.

1. Are you sick today? [ ]
   - There is no evidence that acute illness reduces vaccine efficacy or increases vaccine-related adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) may not contraindicate vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you have allergies to medications, food, a vaccine component, or latex? [ ]
   - Use extreme caution with patients who have a history of hives or angioedema (swelling) within 7 days following a prior vaccine. If given again, they will not react to any vaccine component.

3. Have you ever had a serious reaction after receiving a vaccination? [ ]
   - If someone has anaphylaxis following a vaccine, do not administer more vaccine.

4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [ ]
   - Use extreme caution with patients who have a history of hives or angioedema (swelling) within 7 days following a prior vaccine. If given again, they will not react to any vaccine component. Do not withhold vaccination if a person is taking antibiotics.

5. Are you pregnant or is there a chance you could become pregnant during the next 3 months? [ ]
   - Live virus vaccines (e.g., Varicella, MMR, Varicella, HIV, Mumps) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. However, in women who are still planning to have children, live vaccine should be administered. Live virus vaccines (e.g., Varicella, Mumps) are not recommended for individuals who are in the first trimester of pregnancy. Immuno suppressed patients should not receive MMR. For details, consult the AAP recommendations.

6. Have you received any vaccinations in the past 4 weeks? [ ]
   - Live virus vaccines (e.g., Varicella, MMR, Varicella, HIV, Mumps) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. However, in women who are still planning to have children, live vaccine should be administered. Live virus vaccines (e.g., Varicella, Mumps) are not recommended for individuals who are in the first trimester of pregnancy. Immuno suppressed patients should not receive MMR. For details, consult the AAP recommendations.

REFERENCES

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:
- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine can:
- keep you from getting flu
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

Vaccine Information Statement

Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:
- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu vaccine cannot prevent:
- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead.

Tell the provider if you or the person being vaccinated:
- have any allergies, including an allergy to eggs, or
- have ever had an allergic reaction to an influenza vaccine.
- have ever had Guillain-Barré Syndrome (also called GBS).
- have any long-term heart, breathing, kidney, liver, or nervous system problems.
- have asthma or breathing problems, or are a child who has had wheezing episodes.
- are pregnant.
- are a child or adolescent who is receiving aspirin or aspirin-containing products.
- have a weakened immune system.
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and does not cause flu.

There are many flu viruses, and they are always changing. Each year LAIV is made to protect against four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

LAIV contains:
- a flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season.

Children younger than 3 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The live, attenuated influenza vaccine (called LAIV) may be given to healthy, non-pregnant people 2 through 49 years of age. It may safely be given at the same time as other vaccines.
## Vaccine Information Statements

By Federal Law, You Must Provide Current VISs

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<th>LANGUAGE INDEX</th>
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### Current VIS Dates

Check your stock of VISs against this list. If you have outdated VISs, get current versions.

- Adenovirus: 6/1/14 - MMR: 4/20/12
- Anthrax: 3/10/10 - MMRV: 5/21/10
- Chickenpox: 3/13/08 - Multi-vaccine: 10/22/14
- DTaP: 5/17/07 - PCV13: 2/27/13
- Hib: 4/2/15 - PPSV: 4/24/15
- Hepatitis A: 10/25/11 - Polio: 11/8/11
- Hepatitis B: 2/2/12 - Rabies: 10/6/09
- HPV-Cervarix: 5/3/11 - Rotavirus: 4/15/15
- HPV-Genotypes: 5/17/13 - Shingles: 10/6/09
- HPV-Genotypes 9: 4/15/15 - Td: 2/24/15
- Influenza: 8/7/15 - Tdap: 2/24/15
- J. enceph: 1/24/14 - Typhoid: 5/29/12
- MCV4/MPV4: 10/14/11 - Y. enteros: 3/30/11
- MenB: 8/14/15

[PRINT VERSION](#)

Feedback: VIS Translations: Let us know what you think.
Vaccine Information Statements

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- Hib: 4/2/15
- Hepatitis A: 10/25/11
- Hepatitis B: 2/2/12
- HPV-Cervarix: 5/3/11
- HPV-Genital: 5/17/13
- HPV-Genital B: 4/15/15
- Influenza: 8/7/15
- J. enceph: 1/24/14
- MCV4/MPSV4: 10/14/11
- MenB: 8/14/15

Feedback: VIS Translations
Let us know what you think.
Who in Your Practice . . . (cont.)

• Will administer the vaccine?
• Will ensure the patient’s personal record is updated and given to the patient?
What Is the Role of . . .

• The front desk staff? How can they help?
• The nurse?
• The medical assistant?
Where in Your Practice . . .

• Will vaccine be administered?
• Will vaccine administration information be recorded?
  For example:
  – EMR
  – Paper document in medical chart
  – State/local immunization information system or “registry”?
  – If you don’t use an EMR and don’t already have a medical record chart form for vaccination, you can use the Immunization Action Coalition’s record forms for adults (www.immunize.org/catg.d/p2023.pdf) or children (www.immunize.org/catg.d/p2022.pdf).
Vaccine Administration Record for Adults

Before administering any vaccines, give patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Date given</th>
<th>Notes (V.D.P.)</th>
<th>Route &amp; Site</th>
<th>Vaccine</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Date given</th>
<th>Date given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdp)</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Lot #</td>
<td>MH</td>
<td>Date on VIS</td>
<td>Date given</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How to Complete This Record

1. Record the vaccine given as either F (Federa), S (state), or P (private).
2. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intramuscular (IN), or oral (PO).
3. Record the date the vaccine was given as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinations that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

See page 1 to record Tdap, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

Take a STAND! Use Standing Orders to Vaccinate Adults
Available for purchase on the IAC website at www.immunize.org/shop

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of vaccine</th>
<th>Date given</th>
<th>Healthcare professional or clinic name</th>
<th>Date next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>HepB, HepA-HepB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA, HepA-HepB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If combo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>(MMR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster (shingles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis [whooping cough] [Tdap, Td]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of vaccine</th>
<th>Date given</th>
<th>Healthcare professional or clinic name</th>
<th>Date next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal</td>
<td>PPV23, PCV13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>H1, H3N1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td>HPV2, HPV4, HPV6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>MCV4, MenB, MPSV4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To learn more about vaccines, visit www.vaccineinformation.org
Phase 2: Develop Materials and Strategies

**STEP 7:** Determine your standing orders operational strategy

- Review your existing vaccination services logistics.
- Are there ways to improve patient vaccination and flow?
Standing Orders Operational Strategy

Modifications to Consider

• Assess the influenza vaccination status of every patient by asking the patient and checking chart.

• Provide vaccinations in an easy-to-access site in your practice, away from the normal traffic pattern in office.

• Offer vaccinations on a walk-in basis using standing orders.
Vaccination Services Logistics
Changes to Consider

Consider expanding your vaccination services when using standing orders:

• Hold vaccination clinics on evenings or weekends.

• Offer “express” service for vaccination during regular office hours for both patients with appointments and those who are “walk-ins.”
Vaccination Services Logistics
Changes to Consider

• If you use an EMR, consider whether the standing orders protocols and screening questionnaires can be added as prompts within your existing system.

• If possible in your clinic setting, determine your current immunization rates so you will be able to measure your improvements after implementing standing orders. (Your local public health department may be able to help you with this.)
Phase 2: Develop Materials and Strategies

**STEP 8:** Identify strategies and publicize the program to your patients:

- Review your current methods for contacting patients (e.g., appointment reminders, laboratory results, prescriptions, online communications, text messaging, etc.)

- Can these methods also be used to tell patients about their need for vaccination and the availability of a convenient new program?
Phase 2: Develop Materials and Strategies

STEP 8 (cont.): Identify strategies and publicize the program to your patients:

• Consider whether your existing communication systems are sufficient to inform patients about enhanced vaccine availability.

• Implement a reminder/recall system. Your state/local health department often can help you with ideas on how to do this.
Phase 2: Develop Materials and Strategies

Strategies for informing and identifying patients who need vaccines:

- At each visit, inform all patients about when they should come for influenza vaccine.
- Email or text the information.
- Put a notice about the program on the practice’s website.
- Social media
- Advertisements in local media
- Promotional mailings
- Add promotional telephone messages or “on hold” messaging
- Signs and posters in the office
Materials You Will Need On Hand

• A copy of the signed standing orders protocol for each vaccine you plan to use
• Contraindication screening checklists to help you determine if there is any reason not to vaccinate your patients
• Vaccine Information Statements for all vaccines you plan to administer
Materials You Will Need On Hand

- Adult vaccine administration record forms, if you don’t use an electronic medical record and don’t already have a medical record chart form
- Information on how to report vaccinations to your state/local immunization information system (registry) if one is available
- A personally held vaccination record card or a printed copy of the vaccine administered, including the date it was given
Phase 3: *Go!* – Make It Happen
Phase 3: Make It Happen

STEP 9: Start Vaccinating!

Make sure the nursing and medical staff have all the tools they need to run a successful vaccination program:

- Storage and handling of vaccines
- Vaccine administration techniques
- Strategies to avoid vaccine administration errors
- Documentation requirements for administering vaccines
- Materials to help answer questions of vaccine-hesitant patients
Phase 3: Make It Happen

**STEP 10:** Review your progress – when you start your program and periodically:

- Review your standing orders program shortly after it begins.
- Check in with staff each week until it is running well, then every few months until the end of influenza vaccination season.
Phase 3: Make It Happen

STEP 10 (cont.): Review your progress – at the end of influenza season

• Compare the number of doses of vaccine you gave this season with a season before your standing orders program was put in place.

• Hold a staff meeting to get input from everyone involved in the program to find out what went right and how the program could be improved for next season.

• Consider whether you are ready to expand your use of standing orders to additional vaccines.
Congratulations!

You have provided a valuable service to your patients and helped keep them healthy!
Follow-up Support

- We’re committed to standing with you every step of the way as you implement standing orders.
- You receive full access to direct phone and email support for one year.
Barriers to the Use of Standing Orders

Table 2. Among Physicians with Differing Use of Standing Orders Programs (SOPs), Percent Reporting Various “Major Barriers” to Initiating or Maintaining SOPs for Adult Vaccinations

<table>
<thead>
<tr>
<th>Barrier</th>
<th>None, no Plans to Implement n = 273</th>
<th>None, Would Like to Implement n = 142</th>
<th>Uses Inconsistently n = 87</th>
<th>Uses Consistently n = 378</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient care staff</td>
<td>22.6</td>
<td>22.6</td>
<td>12.2</td>
<td>4.8**</td>
</tr>
<tr>
<td>Inadequate training of staff</td>
<td>14.0</td>
<td>5.3</td>
<td>3.7</td>
<td>2.1**</td>
</tr>
<tr>
<td>Staff communication</td>
<td>6.7</td>
<td>5.3</td>
<td>11.0</td>
<td>3.3**</td>
</tr>
<tr>
<td>Lack of reliable tracking system</td>
<td>15.4</td>
<td>19.5</td>
<td>15.7</td>
<td>4.5**</td>
</tr>
<tr>
<td>Work flow pattern</td>
<td>21.9</td>
<td>20.0</td>
<td>12.2</td>
<td>5.4**</td>
</tr>
<tr>
<td>Resources to change policy</td>
<td>26.0</td>
<td>26.5</td>
<td>15.9</td>
<td>6.0**</td>
</tr>
<tr>
<td>Patient preference for physician management of care</td>
<td>15.1</td>
<td>8.9</td>
<td>4.9</td>
<td>2.4**</td>
</tr>
<tr>
<td>Physician preference for management of care</td>
<td>25.7</td>
<td>5.2</td>
<td>4.9</td>
<td>2.4**</td>
</tr>
<tr>
<td>Fear of malpractice</td>
<td>17.1</td>
<td>5.3</td>
<td>2.5</td>
<td>2.4**</td>
</tr>
<tr>
<td>Frequently changing recommendations</td>
<td>8.7</td>
<td>10.5</td>
<td>4.9</td>
<td>2.7**</td>
</tr>
<tr>
<td>Physicians do not support vaccination as a preventive measure</td>
<td>2.1</td>
<td>1.5</td>
<td>0.0</td>
<td>0.9†</td>
</tr>
</tbody>
</table>

*aComparisons are for each vaccine across all physician groups; values represent column percents.
**p<.001 by χ².
†Not significant.

Yonas et al. J Healthcare Quality 2012;34:34-42
What barriers do you anticipate as you develop and launch your standing orders program?
Resources

• *Take A Stand™* project
  www.StandingOrders.org

• Immunization Action Coalition
  www.immunize.org

• IAC free weekly email updates
  www.immunize.org/subscribe