

A Multifaceted Approach to Improve Shingles Vaccine Uptake in Primary Care

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INTRODUCTION

Shingles, a widespread disease affecting 1 in 3 Americans, leads to serious complications, especially in those 50+.

Economic Impact: Estimated to incur over \$2.4 billion annually in direct healthcare costs and productivity losses in the U.S.

Vaccination: A Critical Preventative Measure

CDC Recommendation: Two doses of the recombinant zoster vaccine (RZV/Shingrix) for those 50 and older.

Vaccination Rates: A primary care clinic in Baltimore observed only 16% of adults aged 50 and above and 22% of those aged 60 and above had received the recommended two doses of the shingles vaccine.

Root Cause Analysis: Identified barriers to vaccination includes lack of follow-up reminders, unclear guidelines on vaccine status assessment, and insufficient patient knowledge.

PURPOSE

The purpose of this QI initiative was to improve RZV uptake in a primary care clinic by distributing educational handouts during in-person visits followed by patient portal reminder.

Process Goals:

- 100% of patients will receive an educational handout.
- 100% of patients will engage with a portal reminder to get vaccinated.

Outcome Goal: To increase RZV vaccination uptake among the target patient population by 20%.

METHOD

Setting: A primary care center in Baltimore, Maryland.

Target Demographic: Individuals aged 50 and older who are active users of a patient portal and have not yet completed the RZV vaccine series.

Intervention:

- Primary care provider and patient portal specialist educated about the project.
- RZV status assessment during in person visit.
- Educational handouts distributed during in person visit.
- Portal reminders sent via patient portal two weeks after the in person visit.

Outcome measure:

- Patient chart.
- Patient portal report.
- Vaccination status assessed using Maryland vaccine registry website.

Educational Handout



Portal Reminder



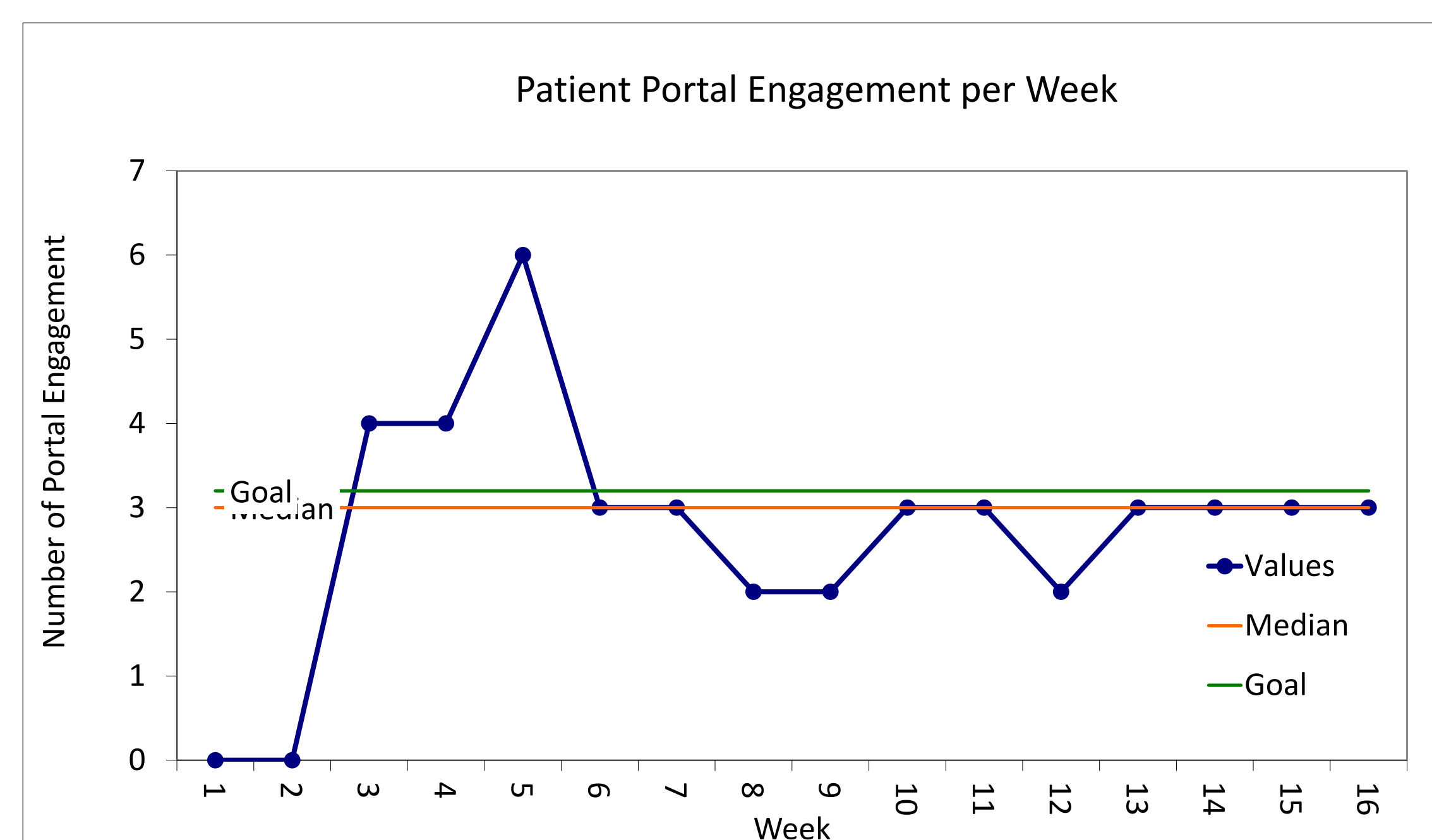
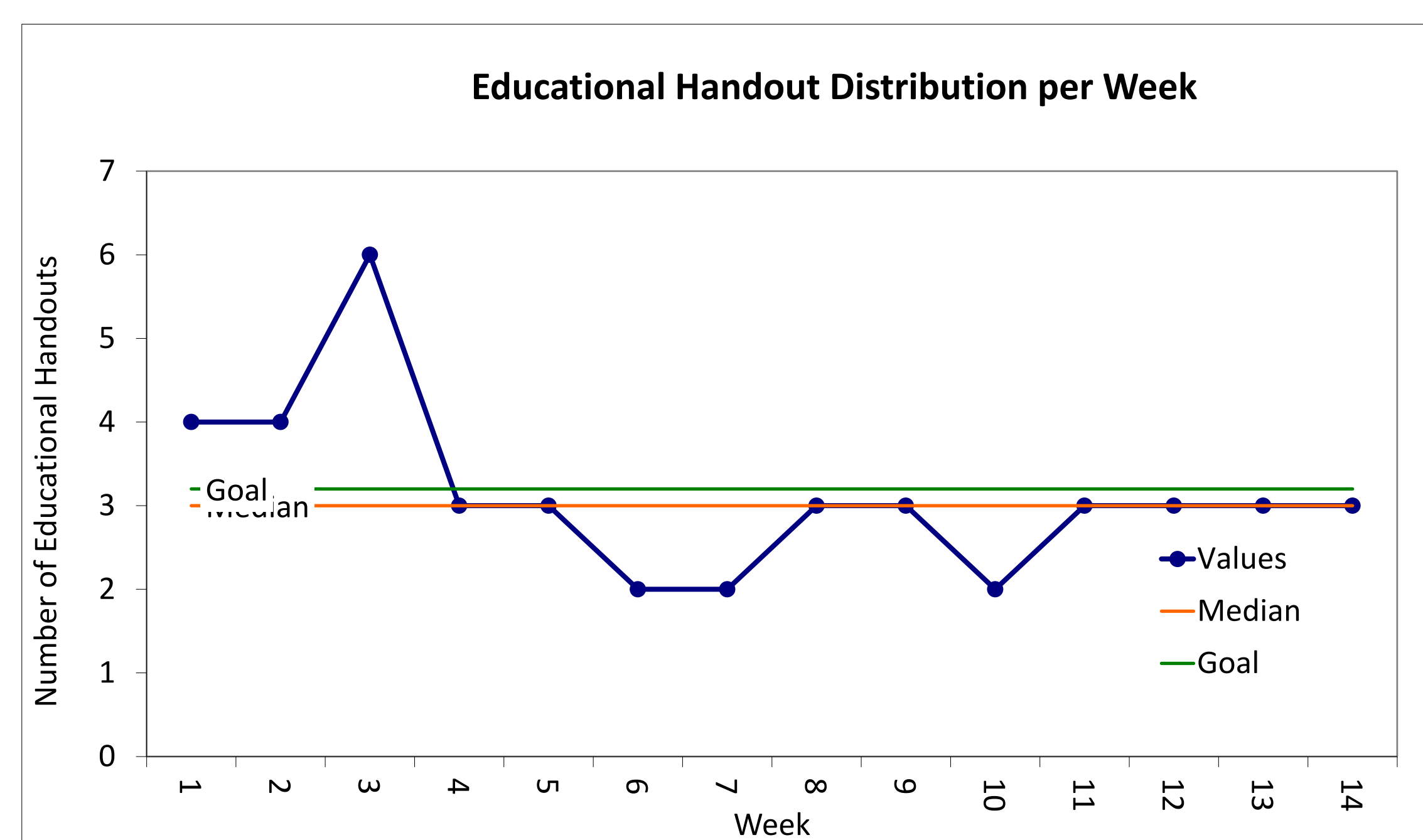
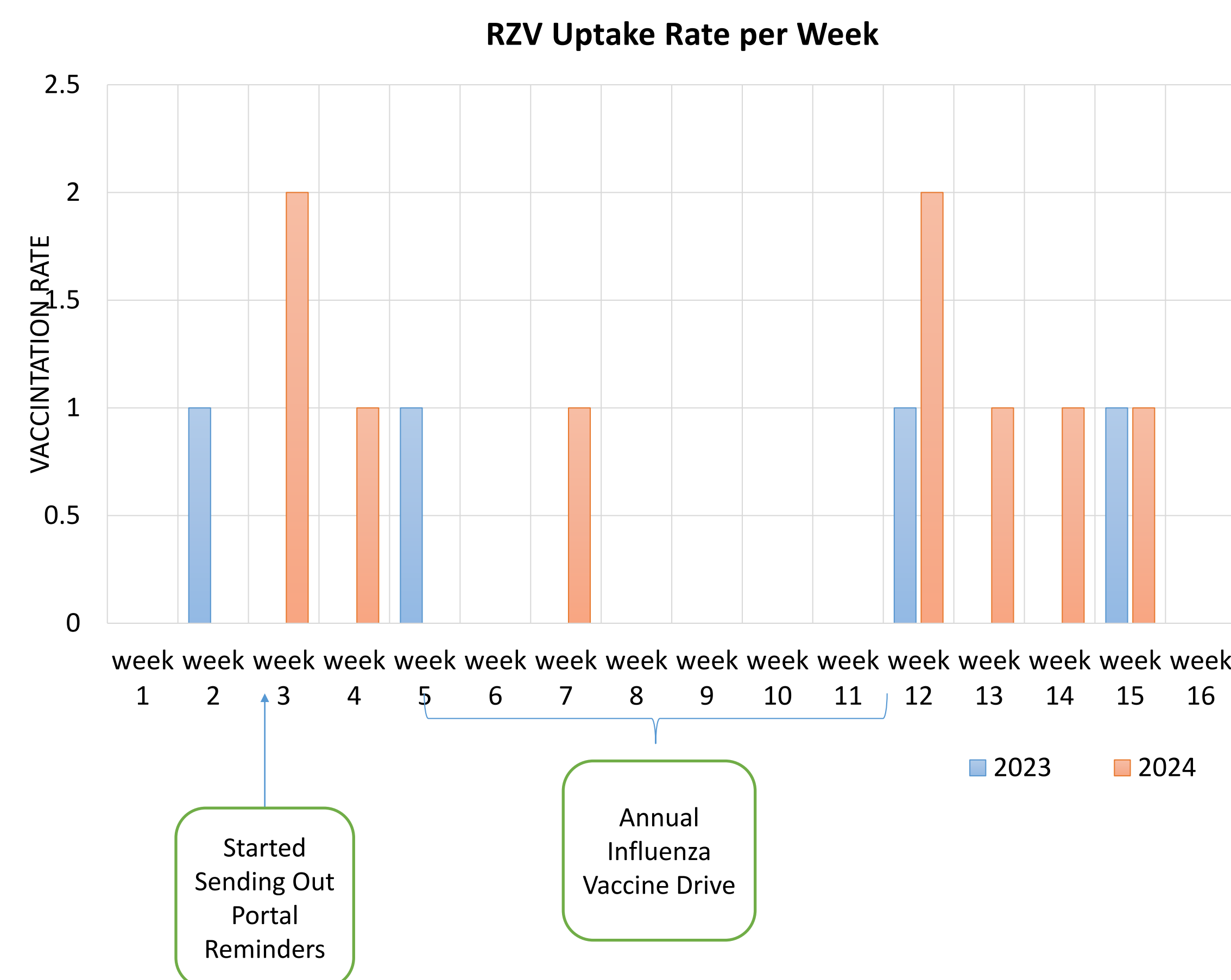
RESULTS

Primary Achievement: A 20.45% (n=9) RZV uptake rate among engaged patients. A 12% (n=5) increase in vaccine uptake compared to 2023 data.

Secondary achievement:

Educational Material Distribution: Reached 95.6% (n=44) of the target demographic with educational handouts.

Patient Portal Engagement: Recorded a 100% (n=44) opening rate for portal reminders among patients.



DISCUSSION

The initiative's success aligns with broader research, though it faced challenges like the absence of direct patient feedback and limitations in tracking vaccinations outside Maryland.

Vaccine status was assessed during in person visit and tracked using vaccine tracking system interfaced with EMR.

A recommended 4 to 6 week interval between influenza and Shingrix vaccines may have influenced Shingrix vaccine uptake from week 5 to 11.

Future directions involve incorporating patient feedback, improving follow-up and data validation methods.

CONCLUSION AND NURSING IMPLICATIONS

Implications for Practice

Feasibility: Patient portal reminders and educational handouts are practical in a small primary care setting.

Vaccine Uptake: Use of patient portal reminders and educational handout has been shown to enhance vaccination rates in primary care.

Sustainability and Spread

Site Adaptation: Can easily tailor the approach to different clinical settings.

Efficiency: Integrating chart updates with an electronic intake process can streamline the workflows and improve sustainability.

REFERENCES



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