

**Title:** Pneumococcal Disease in the Older Adult: Increasing Vaccination Rate

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**Background:** The highest incidence of invasive pneumococcal disease occurs in adults'  $\geq 65$  years of age, in children  $< 2$  years of age, and in those with certain underlying conditions, such as HIV infection. According to the United States Active Bacterial Core surveillance (ABCs) database of the Emerging Infections Program Network, in 2010 the incidence of invasive pneumococcal disease in individuals'  $\geq 65$  years of age was 36.4 cases per 100,000 population (Sexton, 2016). The estimated cost of PD among those 65 and older was \$3.8 billion in 2013 and most (80–85 %) pneumococcal costs stemmed from nonbacteremic pneumococcal pneumonia.

**Purpose:** The purpose of this project was to increase pneumococcal pneumonia vaccination rate among adults 65 years or older who presented to primary care clinic by implementing standing order protocol for pneumococcal vaccine (PV).

**Sample/Setting:** The setting was Sancta Familia Medical Apostolate. The sample included adults'  $\geq 65$  years of age, who presented for primary care from August 2017 to December 2017.

**Methods:** Educational sessions were conducted with nurses and providers elaborating background on the pneumococcal disease, purpose of the study and proposed intervention. The study included pre and post pneumococcal vaccination rate. Odds ratio was used to measure the significance of differences between pre intervention pneumococcal vaccination rate and post intervention rate.

**Results:** Pre-implementation pneumococcal vaccination rate was 38.94%. Following implementation of nursing standing order the pneumococcal vaccination rate was 47.11%.

**Implication for Practice:** Implementation of nursing standing order for pneumococcal vaccination increased staff awareness of the importance of pneumococcal vaccine (PV) among adults 65 years or older. Future attempts at implementing a standing order protocol should include proper education and training to employees including receptionist, weekly assessment of the intervention, and electronic reminder system to both nurses and the providers. Lack of an effective electronic reminder system and staffing shortage has negative impact on implementation of standing order protocol.