# **Increasing Awareness of Shingles and Shingles Vaccine: A Collaborative Effort with a Midwestern Pharmacy**

## **Problem:**

Among adult patients in the United States, there is a poor adherence to the recommended vaccination against herpes zoster.

#### **Purpose:**

The purpose of this DNP quality improvement project was to increase knowledge and awareness of Shingrix to pharmacy staff. This was achieved through the following aims:

- 1. Identify barriers to shingles vaccine administration.
- 2. Educate pharmacists and pharmacy staff about shingles, the shingles vaccine, and how to best serve patients.
- 3. Create an environment that fosters increased vaccination rates.

#### **Background & Lit. Review:**

- Shingles infection
  - o Rash
  - Post Herpetic Neuralgia
- Vaccination
- Vaccination Rates
- Barriers
- Interventions





Special thanks to community partner Marty Feltner, Pharm.D., all the Kohll's pharmacy staff and GlaxoSmithKline representative who helped me along the way!!

College of Nursing

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#### **Methods:**

- Initial survey to assess barriers to vaccination.
- Pharmacy staff education program created.
  - Live presentations
  - Online presentation
- Post test survey.

## **Setting/Sample:**

- All staff of the pharmacy chain were surveyed for the original survey of this project.
- Only staff at two locations were included in education program.
- All information gathered remained anonymous.
- Convenience sample.

#### **Results:**

- Original survey: 45 responses (25%)
- Barriers:
  - o Time
  - Cost
  - Supply



SHINGRIX **(ZOSTER VACCINE RECOMBINANT, ADJUVANTED**)

- Distributed education
- Post test survey: 12 responses (70%)

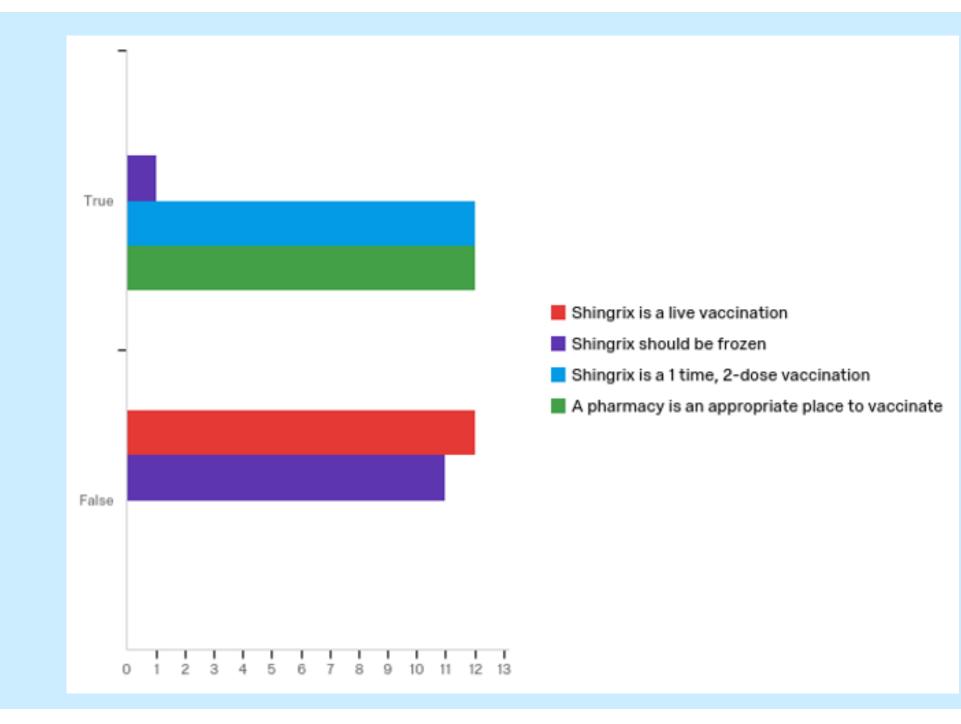
#### **Initial Survey Questions**

#### Agree/Disagree

- . There is not enough time to administer vaccines at the pharmacy 2. There is no incentive among the pharmacy staff to give vaccines 3. Patients do not want the Shingrix vaccine 4. Patients get the Shingrix vaccine at their primary care office 5. There is not enough staff to give vaccines 6. Vaccines are not profitable . Vaccine administration is too much of a liability 8. Language barriers with the customer prevent vaccination Free Text Fill In l. Please list other barriers to Shingrix vaccination at the pharmacy
- 2. Do you feel comfortable talking to patients about Shingrix vaccination? Please explain. If yes, what do you say to the patient?
- 3. How do you see the pharmacy and the primary care office working together to increase vaccination rates?
- Demographic Questions
- 1. Location
- 2. Occupation
- . Years in position

## **Post Test Questions**

Age	Stress		Illness		All of the above
2. Appropriate adminis	stration site for	Shingrix vacc	ination		
Deltoid		Back of arm		Abdomen	
3. A patient received a	Zostavax vacc	ination at age	62, they are not	w 72 and wa	nt to know if they ca
the Shingrix vaccination	on. You tell the	m			
No, they do not need	No, they are too old		Yes, but only 1 dose		Yes, they are elig
it					for the 2-dose ser
4. When should a patie	ent receive their	r second dose	of Shingrix?		
2 weeks from 1 <sup>st</sup> dose	2-6 months from 1 <sup>st</sup> dose		1 year from first dose		It is only 1 dose
True/False					·
1. Shingrix is a live va	ccination				
2. Shingrix should be f	frozen				
3. Shingrix is a 1 time,	, 2-dose vaccina	ation			
4. A pharmacy is an ap	propriate place	to vaccinate			
Yes/No					
The presentation by St	ephanie Maddo	ox improved n	ny knowledge o	f Shingrix va	accine



#### **Discussion:**

- Strengths:
  - Sustainability- new employee orientation and annual review
  - Reached many levels of the organization
  - Increase in knowledge among surveyed staff
- Limitations:
  - Vaccine availability
  - Results cannot be generalized
- Pharmacy setting not conducive to live education program.
- Project can be re-visited when Shingrix in steady supply or with a different vaccination.







