Background

- Patients with rheumatic diseases are at increased risk of invasive pneumococcal disease
- Both pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23) are recommended in the setting of immunosuppressant use
- However, under-vaccination is common

Aims

- Increase the rate of complete pneumococcal vaccination coverage in TVHS Rheumatology clinic (i.e. decrease the % of patients due for vaccine in a given month by 15% in 6 months)

Methods

- Analysis of a random sample of completed visits in TVHS Rheumatology clinic showed that ~35% of patients are indicated to receive one of the two vaccines
- Few of those due are vaccinated during their clinic visit
- Barriers were identified and an intervention was designed incorporating patient outreach, provider outreach, and health system components

Results

- Proportion of Sample Due for a Pneumonia Vaccine at Time of Visit: p Chart
- # Receiving a Pneumococcal Vaccination in Clinic, by Month: c Chart

Discussion & Lessons Learned

- Administrative barriers can be one of several factors contributing to insufficient vaccination rates
- Increased patient and provider outreach combined with a streamlined vaccination process led to increased vaccination rates in the TVHS Rheumatology clinic
- Next steps include development of an educational intervention for providers regarding the pneumococcal vaccination schedule for immunocompetent versus immunocompromised patients

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