

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 (rare event) 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.

While this guide focuses on implementing standing orders for influenza vaccination, the basic principles included can be used to implement standing orders for other vaccines and for any age group desired.

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.

It is important to get buy-in from physician and nurse leadership from the start.

Medical Director – This person is 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 for the practice.

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

Nurse Leaders – Involve nurse leaders in the planning from the start. Nurses are the key players in implementing and carrying out standing orders programs.

If possible, determine the influenza vaccination rate in your practice *prior* to meeting with leadership. Measured vaccination rates are inevitably lower (sometimes much lower) than perceived rates. Lower-than-expected vaccination rates will help support the need for a standing orders program.

As appropriate for your medical setting, you also may want to discuss the standing orders protocols with your legal counsel to be sure they comply with all applicable state requirements.

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 protocols, and is able to answer questions about them from other staff members.
- The lead person must be **motivated** to protect patients by improving the adult vaccination levels in your practice – a **true immunization champion**.



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. Later, 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, adolescent, and adult vaccines.



Completing Phase 1 means you are on your way. You have buy-in from your medical director and clinicians, buy-in from nurse leadership, have identified your **immunization champion** to lead the effort, and have decided on the vaccines you want to provide. Now you're ready to move to Phase 2.

Phase 2: *Get Set* – Develop Materials and Strategies

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

- Don't reinvent the wheel! The Immunization Action Coalition (www.immunize.org) 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.

- Have the standing order(s) reviewed and signed by the medical director or clinician responsible for the program.

NOTE: Immunization Action Coalition (IAC) also has standing orders templates available for managing vaccine reactions, which include the administration of medication. These templates are available at www.immunize.org/catg.d/p3082.pdf for adults and at www.immunize.org/catg.d/p3082a.pdf for children.

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. Some of the reasons are shown in the box below:



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.

- Review how standing orders work and the specific protocols and procedures with all staff members who will be involved.

STEP 6 Determine the role various staff members will play in implementing/using standing orders.

Here are some general and specific questions that will help you plan:

WHO in your practice:

- is eligible under state law (RNs, pharmacists, others?) to assess a patient's vaccination needs and provide vaccinations using the standing orders protocols?
 - 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?
 - will provide screening checklists for contraindications and precautions to patients, and who will review the patients' answers. (available at www.immunize.org/handouts/screening-vaccines.asp)
- Can these questions be added to your electronic medical record (EMR)?

(CONTINUED) **WHO** in your practice:

- will give Vaccine Information Statements (VISs) (legally required documents given before vaccination) to patients? (www.immunize.org/vis)
- 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 (e.g., 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).



STEP 7 Determine your standing orders operational strategy.

Review your existing vaccination services logistics. Are there ways to improve patient vaccination and flow and to maximize your office immunization rates?

Here are some proposed modifications to consider:

- Assess the influenza vaccination status of every patient who enters the office by asking the patient directly and checking the chart.
- Consider providing vaccinations in an easy-to-access site in your practice, separated from the normal traffic pattern through the office.
- Consider offering vaccinations under standing orders on a walk-in basis.
- Discuss expanding your vaccination services when using standing orders. For example, can you:
 - Hold vaccination clinics on evenings or weekends?
 - Have "nurse-only" visits for vaccination?
 - Offer "express" service for vaccination during regular office hours for both patients with appointments and those who are "walk-ins"?
- If you use an EMR, consider whether the standing orders protocols and screening questionnaires can be added as prompts within your existing system.
- If viable in your clinic setting, determine your current immunization rates so you will be able to measure your improvements after implementing standing orders.

STEP 8 Identify strategies and publicize your program to your patients.

Your enhanced vaccination program is of more value if your patients know the service is available.

- 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?
- Consider whether your existing communication systems are sufficient to inform patients about enhanced vaccine availability.
- Implement reminder/recall systems. (A reminder system notifies the patient of an upcoming appointment. A recall system contacts a patient who misses an appointment and encourages them to reschedule.) Your state/local health department often can help you with ideas on how to do this.
- Here are 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, if applicable.
 - Use social media (such as Facebook or Twitter).
 - Place advertisements in local media.
 - Use promotional mailings.
 - Add promotional telephone messages or “on hold” messaging.
 - Place appropriate signs and posters in the office.

Materials You Will Need to Have on Hand

All these materials are FREE on the IAC website:

www.immunize.org

- ▶ A copy of the signed standing orders protocol at your fingertips for each vaccine you plan to use (templates available at www.immunize.org/standing-orders)
- ▶ Adult and child contraindication screening checklists to help you determine if there is any reason not to vaccinate your patient (available at www.immunize.org/catg.d/p4065.pdf and www.immunize.org/catg.d/p4060.pdf)
- ▶ Vaccine Information Statements for all vaccines you plan to administer (available in English and additional languages at www.immunize.org/vis)
- ▶ Adult and child vaccine administration record forms, if you don’t use an electronic medical record (EMR) and don’t already have a medical record chart form (available at www.immunize.org/catg.d/p2023.pdf and www.immunize.org/catg.d/p2022.pdf)
- ▶ Information on how to report vaccinations to your state/local immunization information system (registry) if one is available. (See www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html)
- ▶ To give to your patients: a personally-held vaccination record card (available for purchase at www.immunize.org/shop/record-cards.asp) or a printed copy of the vaccine administered, including the date it was given.



Completing Phase 2 has helped you to get your standing orders logistics figured out. You have determined who will do what, and when they will do it. You have made your patients aware of enhanced vaccine availability. Time to move to Phase 3.

Phase 3: *Go!* – 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. Listing all these materials is beyond the scope of this guide, but topics can include proper storage and handling of vaccines, vaccine administration techniques, strategies to avoid vaccine administration errors, documentation requirements for administering vaccines, and materials to help answer questions of vaccine-hesitant patients. Visit www.immunize.org/clinic for many helpful resources.

STEP 10 Review your progress.

As with all quality improvement activities, it's wise to review your standing orders program shortly after it begins, check in with staff each week until it's running well, and then every few months until the end of influenza vaccination 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 on implementing standing orders in your practice! Both you and your patients are now benefitting from this proven method to streamline your office practice while improving your patients' quality of care.

