## Vaccination Programs: Standing Orders

Summary Evidence Tables - Updated Evidence (search period: 1997-2012)

Standing Orders When Used Alone

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Bourdet (2003)  Study Period: Jan -Feb 2001  Design Suitability (Design): Greatest (other w/concurrent comparison )  Outcome Measure: Influenza vaccination PPV	Location: USA, Chapel Hill, NC  Intervention: Pharmacist Assessment + Standing Orders  Comparison: Usual Care	Pharmacist-managed program of Influenza and PPV immunization utlizing standing orders  Setting: University of North Carolina, Chapel Hill Hospitals (teaching hospital) Study medical center: N=1  Eligible patients Adults:  • ≥ 18 years of age  Group N admitted N w/risk PPV Inf Inter 542 442 478	Vaccination rates: Influenza PPV	C: 5 (0.8%) out of 659  C: 3 (0.5%) out of 608	out of 478	+9.0 pct pts 95% CI= [6,12] +14.4 pct pts 95% CI= [11,18]	Interv period was 2 months
Author (Year): deHart (2005)  Study Period: 1999-2002  Design Suitability (Design): Greatest (Prospective cohort study)  Outcome Measure: PPV	Location: USA, Washington State  Intervention: Prevalence/adoption of standing orders in or written guidelines by sampled patients in nursing homes in Washington State  Comparison: Absence of standing orders or written orders by sampled patients in nursing homes	Study Population: Residents of Washington State nursing homes that were selected from the nursing home residents listed in the CMS required MDS  • cross-sectional samples (10%)  • ≥ 65 years or older  Pd N selected N resp(%) 2000 1800 1444 (80) 2002 1487 1092 (73)	Odds ratio of PPV vaccination in the nursing homes (exposed to policy vs not exposed)  Nursing home self-reported adoption of standing order protocol	NR  1999 103/268 (38.4%) nursing homes	NR  2001 129/257 (50.2%) nursing homes	OR 2.59 [1.54,4.34] OR 3.19 [1.68,6.01] +11.8 pct. pts [3.4,20.2]	Interv period was 2 year intervals

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Dexter (2004)  Study Period: 1998-1999  Design Suitability (Design): Greatest (Group Randomized Trial )  Outcome Measure: Influenza vaccination PPV	Location: USA, Indiana Intervention: Computer-generated standing orders for eligible inpatients Comparison: Comparison: Computer-generated provider reminders for eligible inpatients	Study Population: Inpatient medical ward physicians randomly assigned to interventions Standing orders: 4 teams Provider reminder: 4 teams  Computer-generated eligible inpatients for vaccination  Grp PPV Influenza SO 406 385 PR 423 463	Vaccination administration rates for eligible inpatients: Influenza	Provider Rem 137 <b>(30%)</b> of 463 Provider Rem 132 <b>(31%)</b> of 423	Standing Order 163 (42%) of 385 Standing Order 209 (51%) of 406	+12 pct pts 95% CI= [5.5,18.5] +20 pct pts 95% CI= [13.4,26.6]	Interv period was 14 months
Author (Year): Donato (2007)  Study Period: 2002-2005  Design Suitability (Design): Moderate (Retrospective cohort w/ sequential beforeafter)  Outcome Measure: Influenza vaccination	Location: USA, Pennsylvania  Intervention: Nurse assessment and standing orders protocol + provider education campaign (2004)  Nurse assessment + standing orders protocol (2003)  Comparison: Nurse assessment and provider reminder (2002)	Consecutive sampling of inpatients records selected by admission day; starting Oct 15 of each study until minimum of 200 records were reviewed per year  Year Nreviewed N eligible % 2002-2004 1,298 654 (50.3)  Year N eligible pts Assmt+PR 287 Assm+SO 197 Assmt+SO+Ed 170  • All patients 18 years of age and older	Proportion of eligible inpatients who were sampled and vaccinated	2002 10/287 (3%) 2002 10/287 (3%)	2004 73/170 (43%) 2003 42/197 (21%)	2004 vs 2002 +40 pct pts P<0.001 95% CI [32.3,47.7] 2003 vs 2002 +18 pct pts P<0.001 95% CI [12.0, 24.0]	Interv period was for 1 influenza season each year

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Eckrode (2007)  Study Period: 09/2004-11/2004  Design Suitability (Design): Least (Before -After)  Outcome Measure: PPV	Location: USA, Portland, OR  Intervention: Nurse Assessment & Standing Orders  Comparison: Before -After	Inpatients of study hospital were randomly sampled from population that met the program criteria for two periods (Before and after the implementation of SO program)  Grp N N eligible (%) n I 5072 1106 (28) 286 C 5543 2874 (52) 338  • 65 years of age or greater • 2-64 years of age w/risk factors for PPV	Proportion of eligible inpatients who were vaccinated during their hospital stay Pneumococcal vaccine	0(0%) of 338	44(15.4%) of 286	+15.4 pct pts P=.00 95% CI [11.2, 19.6]	Interv period was 3 months
Author (Year): Gamble (2008)	Location: USA, North Carolina Intervention:	Study Clinic: N=3 Community outpatient primary care clinics	Immunization rates of eligible patients				Interv period was 2 seasons
Study Period: 1999-2001  Design Suitability (Design): Least (Before-after)  Outcome Measure: Influenza vaccination PPV	Standing Orders  Comparison: Before-After	Clinic         Influenza         PPV           1         148         73           2         29         20           3         146         96           Total         323         189           Patients:           +65 years of age	Influenza PPV	51.1%	57.8% 15.7%	+6.7 pct pts 95% CI: [-0.8,14.2] -1.2 pct pts 95% CI: [-0.9,6.2]	

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Loughlin (2007)  Study Period: 2003-2005  Design Suitability (Design): Moderate (Retrospective cohort)  Outcome Measure: Influenza vaccination	Location: USA, Houston, Texas  Intervention: Standing Orders (pharmacist assessment)  Comparison: Usual Care	Secondary prevention lipid clinic of the Kelsey-Seybold clinic (a large multi-specialty group practice)  Season N patients 03-04 Pre 476 04-05 Post 266	Patient vaccination rates for influenza	Pre: 186 (39%) out of 476	Post: 202 (76%) out of 266	+37 pct pts 95% CI [30,44] Note: Intervention period 133 (66%) of 202 vaccinated patients were vaccinated in lipid clinic	Interv period was 2 influenza seasons
Author (Year): Lawson (2000)  Study Period: 1994-1995  Design Suitability (Design): Least (Before-after)  Outcome Measure: Influenza vaccination	Location: USA, Edmonton, Canada  Intervention: Assessment and Standing Orders  Comparison: Before-after	All inpatients ≥ 65 years of age who had been discharged between the study period (Oct-Dec)  Study Pd N N eligible Fall 2004 761 761  N f/u= 761(83 deaths)	Vaccination status of study patients	Pre- hospitalization 332/761 (43.6%)	Post- hospitalization 511/761 (67.1%)	+23.5 pct pts 95% CI [19,28]	Interv period was for 1 influenza season

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Stevenson (2000) Study Period:	Location: USA, Alaska, Idaho, Montana, and Wyoming	Collaborative effort between Peer Review Organizations and LTCFs to increase PPV rates among LTCF residents. (4 states)	Vaccination of eligible LTCF residents: PPV	3050 (40%) out of 7589	5720 (75%) out of 7623	+35.0 pct pts 95% CI= [34,36]	Interv period was 2 -3 months
1998-1999	Intervention:	LTCFs:	Vaccination of eligible LTCF	Non-Standing Orders	Standing Orders	11 pct pts	monens
Design Suitability (Design): Least (Before-After)	Assessment + Standing orders. (Montana, Wyoming and Idaho were the 3		residents: PPV (facilities) Idaho	112 (59% out of 191)	606 (70% out of 871)	95% CI= [3,19]	
Outcome Measure: PPV	states that implemented standing orders in their long-term care facilities)	8,926 (47%out of 18,883)	Montana	711 (53% out of 1334)	2625 (83% out of 3175)	30 pct pts 95% CI=[27,33]	
	<b>Comparison:</b> Before-After						

## Standing Orders When Used with Additional Interventions

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Bardenheier (2005)  Study Period: 1999-2002  Design Suitability (Design): Greatest (Prospective Cohort)  Outcome Measure: Influenza vaccination Pneumococcal	Location: USA: DC, FL, HI, ID, KY, MA, MN, MT, NM, OH, PA, WI, SC, NV  Intervention: Standing Orders+ Registry+ Provider Education+ Client Education+ Provider Reminder+ Provider Assessment and Feedback	Quality Improvement Project with an emphasis on promoting Standing Orders Programs in long-term care facilities in an effort to increase immunization coverage among residents  States: Intervention: 9 Control: 5 * States were selected based on the QIO's rating of the SOP project  LTCFs: 20 sites per state Residents: 100 residents randomly selected from each LTCF	Proportion of facilities that adopted standing orders for: Influenza Pneumococcal	No 179(88%) out of 202 No 182 (90%) out of 202	Yes 23(12%) out of 202 Yes 20 (10%) out of 202	pct pts [NA] 95% CI [not calculated] pct pts [NA] 95% CI [not calculated]	Interv period was 3 years
Author (Year): Bardenheier (2010)  Study Period: 2004  Design Suitability (Design): Greatest (Other design w/concurrent comparison)  Outcome Measure: Influenza vaccination	Location: USA, nationwide  Intervention: Long-term care facilities with standing orders  Comparison: Long-term care facilities without standing orders	Cross-sectional data from the 2004 National Nursing Home Survey (NNHS)  Setting: Long-term Care Facilities n=1152  Study Population: • Residents aged 65 years and older • n=11,939 residents	Proportion of residents vaccinated	No standing orders policy 61.1% (95% CI: 59, 63)	Standing orders policy 67.5% (95% CI: 65, 75)	+6.4 pct pts	Interv period was 5 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Britto (2006)  Study Period: 1999-2003  Design Suitability (Design): Moderate (Time Series )  Outcome Measure: Influenza vaccination	Location: USA, Cincinnati, Ohio  Intervention: Quality Improvement Project Registry + Client Reminder/Recall + Client Education + Provider Reminder + Provider Education + Standing Orders + Expanding Access	Study Medical Center: N=1 CF clinic  Patients of Cystic Fibrosis Clinic Clinic N eligible Cystic Fibrosis 205 (03-04) Eligible patients  Children (high-risk)  Outpatients  Cystic Fibrosis Clinic	Vaccination rates among the patients of the Cystic Fibrosis clinic Influenza	Baseline 1999- 2001 (2 seasons) <u>Yr Coverage</u> 99-00: 17.3% 01-02: 41.3%	QI Project (2 seasons) <u>Yr</u> <u>Coverage</u> 02-03: 85.5% 03-04: 90.4%		Interv period was 4 years
	Comparison: Before-After						
Author (Year): Byrnes (2006)  Study Period: 2004  Design Suitability (Design): Least (Before-After)  Outcome Measure: Influenza vaccination	Location: Bundaberg (Queensland)  Intervention: Standing Orders + Client Reminder/Recall  Comparison: Before-After	Study Clinic: N=1  Patients:  • ≥ 65 years of age  • who attended the practice within the previous 12 months  • had not transferred to another practice  • had a Bundaberg address  Year N analysis 2004 574 2005 580	Vaccination rates among patients ≥ 65 years of age	2004 442 (77%) out of 574	2005 482 (83%) out of 580	+ 6 pct pts 95% CI=[1,11]	Interv period was approx 6 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Connors (1998)	<b>Location:</b> Australia, Northern Territory, Darwin	New universal vaccination policy for all neonates that was implemented in 1993.	Vaccination rates: first dose (overall) Hep B	Hospital B 1032 (74%) out of 1396	Hospital A 2614 (94%) out of 2769	+20 pct pts 95% CI= [18,23]	Interv period was 2 years
Study Period: 1993-1994	Intervention: Nurse Standing	Universal neonatal Hep B vaccination program	·				·
<b>Design Suitability</b> ( <b>Design):</b> Least (Post only)	Orders + Client Education  Comparison:	Study Hospital: N=2 Hospital A: referral center for smaller regional hospitals Hospital B: private facility					
Outcome Measure: Hepatitis B vaccination	Hospital B (Client Education)	Eligible patients All neonates					
		Year         Hospital         Nbirths           1993         A         1369           1993         B         685           N= 2054 births         685					
		1994 A 1400 1994 B 711 N=2111births					

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Coyle (2004)  Study Period: 1999  Design Suitability (Design): Greatest (Group non- Randomized Trial)  Outcome Measure: PPV	Location: USA, Bronx, New York  Intervention: Standing orders activated in CIS by pharmacist + Client education  Computerized provider reminder inserted into pharmacy recommendation screen for providers  Comparison: Usual care	Study hospital: N=1 Study wards= N=3 assigned to condition SO, PR, UC  Patients: Hospitalized, unvaccinated, ≥65 yrs of age,competent to give oral consent,had not received vaccination within the previous 5 years  Arm Nadmit Neligible Naccepted SO 147 56 42 PR 122 55 35 UC 155 NR NR	Proportion of adults who received PPV Pneumococcal vaccine	UC (0.6%)	SO 27.9% P<0.0001	+27.3 pct pts 95% CI [19.9,34.7]	Interv period was 4 months
Author (Year): Daniels (2006)  Study Period: 2004  Design Suitability (Design): Least (Post only)  Outcome Measure: PPV	Location: USA, San Francisco, CA  Intervention: Standing orders + Provider reminders  Comparison: Post only	Study Clinic: N=1 University-based general internal medicine clinic  Patients: +65 years of age N eligible: 370	Proportion of adults who received PPV Pneumococcal vaccine		327 (88%) out of 370		Interv period was 7 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Donato (2007)	<b>Location:</b> USA, Pennsylvania	Consecutive sampling of inpatients records selected by admission day; starting Oct 15 of each study until	Proportion of eligible inpatients who were	2002 10/287 (3%)	2004 73/170 (43%)	2004 vs 2002 +40 pct pts P<0.001	Interv period was for 1
Study Period: 2002-2005	<b>Intervention:</b> Nurse assessment and standing orders		sampled and vaccinated			95% CI [32.3,47.7]	influenza season each year
Design Suitability (Design): Moderate (Retrospective cohort	protocol + provider education campaign (2004)	All patients 18 years of age and older		2002	2003	2003 vs 2002	
w/ sequential before- after)	Nurse assessment + standing orders	<u>Year Nreviewed N eligible %</u> 2002-2004 1,298 654 (50.3)		10/287 (3%)	42/197 (21%)		
Outcome Measure:	protocol (2003)	<u>Year</u> <u>N eligible pts</u> Assmt+PR 287				24.0]	
Influenza vaccination	Comparison: Nurse assessment and provider reminder (2002)	Assm +SO 197 Assmt+SO+Ed 170					

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Ginson (2000)  Study Period: 1997  Design Suitability (Design): Greatest (Group randomized trial)  Outcome Measure: Influenza vaccination PPV	Location: Canada, Moncton, New Brunswick  Intervention: Standing Orders (proxy) + Client Education  Note: We considered the pharmacist written conditional order to be a proxy for Standing Orders in this case (as opposed to a Provider Reminder)  Comparison:	Patient-focused education and a standing order for vaccination  Study Hospital: 393-bed tertiary care hospital  Study Population:  N=36 providers and 353 admits over the period of study  Adults  Inpatients  Patients:  Group Prov Enrolled I elig PPVelig Inter NR 50 28 49  Comp NR 52 37 48	Proportion of vaccine eligible patients who were vaccinated by the 3m f/u Influenza	C: 16% C:21%	I: 61% I: 67%	+45 pct pts p=0.0001 95%CI=[23, 67] +46 pct pts p=0.0001 95%CI=[28, 64]	Interv period was 1 month
	Usual care						
Author (Year): Gruber (2000)  Study Period: 1998-1999  Design Suitability (Design): Least (Before-After)  Outcome Measure: PPV	Location: USA, Long Branch, New Jersey  Intervention: Provider Education (lecture, small media reminders) + Client Education (small media) + standing orders (nursing staff)	Setting: Community Health Center (primary care clinic/ outpatient)  Eligible outpatients  Period N eligible Pre 94  Post (9m) 65	Proportion of eligible outpatients that were vaccinated during the study period	30 (32%) of 94	41 (63%) of 41	+31 pct pts 95% CI [16, 46] P<0.001	Interv period was 9 months
	<b>Comparison:</b> Before-After						

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Honeycutt (2007)  Study Period: Oct 2003-Mar 2004  Design Suitability (Design): Moderate	Location: USA, North Carolina  Intervention: Standing Orders + Provider Reminder +	Setting: North Carolina Hospital Association members N= 9 member hospitals with existing influenza and pneumococcal vaccination programs Eligible inpatients  10 Immunization programs	Percentage of admitted patients for whom at least one vaccine was ordered	529 (3.2%) vaccinated	822 (8.9%) vaccinated	+5.7 pct pts 95% CI= [cannot be calculated]	Interv period was 6 months
(Retrospective Cohort)	<b>Comparison:</b> Pre-Printed Orders	<ul><li>4 standing orders programs</li><li>3 pre-printed orders</li></ul>					
Outcome Measure:		3 provider reminder					
Influenza vaccination PPV							
Author (Year):	Location: USA,	Setting:	Vaccination rates:	1998	1999	+20 pct pts	Interv
Kleschen (2000)	Guam	FHP Guam Medical Group (HMO) Study Clinic: N=1	Pneumococcal	540 (42%) out of 1278	789 (62%) out of 1278	95% CI= [ 16,32]	period was 4 months
Study Period: Oct 1998- Jan 1999	Intervention: Standing Orders + Electronic Care	staff-model primary care clinic (HMO)					
Design Suitability (Design): Least (Before-After ) Outcome Measure: PPV	Monitoring System + Provider Education + Reduced Out-of- Pocket Cost + Expanding Access + Client Reminder + Provider Reminder	Study Population: Eligible patients Adults: • actively enrolled patients with diabetes  N=1278 patients					

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Logue (2011)  Study Period: 2007-2009  Design Suitability (Design): Least (Before-After)  Outcome Measure: Influenza vaccination	Location: USA, not reported  Intervention: Standing Orders + Clinic-based Client Education + Expanded Access  Comparison: Before-after	Setting: outpatient clinic of the health system's family medicine residency program  Study Population: all Family Medicine Cneter patients over the age of 6 months with an office visit during study pd (1) (2007-2008) and study pd (2) (2008-2009)  Period N eligible Pre 4497 Post 5061  *50-75% of the same patients are present in both cohorts	Infleunza vaccination rates	36%	49%	+ 13 pct pts 95% CI: [11,15 pct pts]	1 year
Author (Year): Melinkovich (2007)  Study Period: 1995-2006  Design Suitability (Design): Least (Before-After)  Outcome Measure: 3-2-2-2 series (1 yr olds) 4-3-1-3-3 series (2 yr olds) vaccination	Location: USA, Denver, CO  Intervention: Registry + Standing Orders + Provider Assessment and Feedback + Client Reminder + Provider Education  Comparison: Before-After	Immunization initative that was designed to increase childhood immunization rates in the high-risk pediatric population served through the DCHS safety-net delivery system Study Clinic: N=9 DCHS sites  Study Population: Eligible patients Children: • younger than 3 yrs of ages • made a medical visit to one of the nine DCHS sites serving infants and younger children	Up-to-Date vaccination rates: 3-2-2-2 series (1 yr olds)  4-3-1-3-3 series (2 yr olds)	38%	2006 92% 85%	+26 pct pts 95% CI= not calculated +47 pct pts 95% CI= not calculated	Interv period was 11 years

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Nichol (1998) Study Period:	Location: USA, Minneapolis, MN	Setting: Institution-wide, multifaceted, influenza vaccination program MinneapolisVA Medical Center	Vaccination doses administered: Influenza				Interv period was 10 years
1985-1996	Nurse Standing Orders (general	Study Hospital: N=1	Outpatients Provider Ed vs Full		1996	+22750 doses 95% CI= not	
Design Suitability (Design): Least	medical clinic)	Eligible patients Adults:	Program	1250 doses	24000 doses	calculated	
(Before-After )  Outcome Measure: Influenza vaccination	Nurse Standing Orders + Client Education + Expanding Access	<ul><li>&gt;65 years of age</li><li>outpatient and inpatients of the VA</li></ul>	Standing Orders (GMC) vs Full Program	1986 4500 doses	1996 24000 doses	+19500 doses 95% CI= not calculated	
Innuenza vaccination	Comparison: Provider Education		Inpatients Full Program	1994 23000 doses	1996 24000 doses	+1000 doses 95% CI= not calculated	
Author (Year):	<b>Location:</b> USA, Pennsylvania	<b>Setting:</b> Faith-based centers and community inner city health centers	Receipt of vaccinations				4 years
Nowalk (2008)	,	, ,				+ 21 pct pts	
Study Period: 2001-2005	Intervention: Standing orders + Provider education	Study Population:  • Adults  • ≥50 years of age	Influenza	27.1% 48.3%	48.9%	[95% CI: 13, 29]	
Design Suitability (Design): Greatest (Other Design with Concurrent Comparison)	+ Client reminder/recall + Reduced out-of- pocket costs + Client education + Expanded Access + Provider reminder +	Period         I (N)         Site         C (N)         Site           Year 1         255         A,B         313         C,D,E           Year 2         401         A,B,C         167         D,E           Year 3         507         A,B,C,D         61         E           Year 4         507         A,B,C,D         61         E	PPV	10.0 %	81.3%	+ 33 pct pts [95%CI: 24, 42]	
	Client incentives +						
Outcome Measure: Influenza vaccination PPV	Provider incentives  Comparison: Usual care						

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Parry (2004)  Study Period: 1998-2002  Design Suitability (Design): Least (Before-After)  Outcome Measure: Influenza vaccination	Location: USA, Stamford, Connecticut  Intervention: Standing Orders + Client Reminder + Registry+ Home Visits + Expanded Access + Reduced Out-Of-Pocket Costs  Comparison: Before-after	Setting: Stamford Hospital partnered with the Stamford, Connecticut Department of Health to increase the number of patients receiving influenza vaccine  Settings: N=4 Hospital clinics, Immediate Care Center, Stamford Department of Health	Number of patients vaccinated in all settings during each season Influenza	1998-1999 7387 patients	2001-2002 18471 patients	Relative (150%)	Interv was 3 years

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Rhew (1999)  Study Period: 06/1997-07/1997  Design Suitability (Design): Greatest (Group Randomized Trial)  Outcome Measure: PPV	Location: USA, West Los Angeles, CA  Intervention: 1. Nurse/clerk assessment, Nurse standing orders, comparative feedback, client education (reminders), provider reminders  2. Nurse/clerk assessment, nurse standing orders w/compliance reminders, client education (reminders), provider reminders  Comparison: Client education (reminders) and provider reminders	Setting: 3 health care firms/teams in geographically distinct areas. Providers were randomly assigned to condition  Study Population: Study clinic (provides care to 12,000 patients; 90% men; 36.5% age 65 yrs and older; lower SES)  Team N patients seen in 12wks 1 1,101 2 1,221 3 1,180	Total number of vaccines given by team ( all eligible staff)  Pneumococcal vaccine  x2 analysis used for between group comparisons	NR NR	3 5% P<0.001 Team 2 25% 3 5%	+17 pct pts 95% CI [14.3, 19.7]  +20 pct ts 95% CI [17.3,22.7]	Interv period was 12 weeks

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Slobodkin (1998)  Study Period: 1996-1997  Design Suitability (Design): Least (Before-After)  Outcome Measure: Influenza vaccination PPV	Location: USA, Chicago, Illinois  Intervention: Nurse Assessment + Standing Orders + Provider Education + Incentives + Dedicated staff (2wks) + Client Education (min)  Comparison: Before-After	Study Population: Adult patients seen in the ED during the 6 week study period  Nursing staff screened and determined eligibilty for the high-risk patients  N screened N high-risk 716 (27% screened)	Vaccination rates estimates in screened adult high-risk patients in the ED Influenza	200 (28%) of 716 self- reported vaccination within the previous year 25 (3.5%) of 716	621 (87%) of 716 266 (37.2%) of 716	+59 pct pts 95% CI [55,63] +33.7 pct pts 95% CI [30,38]	Interv period was 6 weeks
Author (Year): Slobodkin (1999) Study Period: Summer 1997 Design Suitability (Design): Least (Before-After) Outcome Measure: PPV	Location: USA, Chicago, Illinois  Intervention: Nurse Assessment + Standing Orders + Provider Education + Incentives + Client Education Comparison: Before-After	Setting: Adult patients seen in the ED during the study period N=17,556 visits during study period Study Population: Nursing staff screened and determined eligibilty for the high-risk patients  N screened 1833 (13% of all patients)	Vaccination rates estimates in screened adult high-risk patients in the ED PPV	183 (10%) of 1833 screened adult ED patients	1356 (74%) of 1833 screened adult ED patients	+64 pct pts 95% CI [62,66]	Interv period was 2 months

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Sokos and Skedlar (2007) Study Period: 2003-2005 Design Suitability (Design): Least (Before-After) Outcome Measure: PPV Influenza vaccination	Location: USA, Chicago, Illinois  Intervention: Pharmacy Assessment + (dedicated staff) + Standing Orders + Provider Education campaign (during start)  Comparison: Provider Reminder	Setting: Hospital with DUDSM program that provides internship for pharmacy students  Study Population: Eligible inpatients Adults: - ≥ 65 years or older - patients hospitalized with pneumonia  Pd Intervention NR 2003 Prov Rem NR 2004 SOP in NR 2005 SOP NR	Vaccination of eligible inpatients-PPV  Vaccination of eligible inpatients-Influenza	2003 38% NR	2005 70% -At-risk adults was 87.5% in 2005 Season 2004-2005: 65% 2005-2006: 73%	+32 pct pts 95% CI= not reported  Post only: 65%  73%	Interv period was 2 years
Author (Year): Swenson (2012) Study Period: 2005-2008  Design Suitability (Design): Least (Before-After)  Outcome Measure: PPV	Location: USA, Denver, Colorado  Intervention: Quality Improvement (Provider Ed + Standing Orders using Clinical Decision Support System (CDSS) + PAF)  Comparison: Before-after	Setting: Denver Health and Hospital Authority: Large integrated, safetynet health care system. Including community health clinics and hospital units  Eligible patients:  Adults Ages 65+, 18-64 w/ diabetes and 18-64 w/ COPD	Vaccination of patients-PPV			The CDSS standing order led to a 10% improvement in immunization rates. However, the statistical model showed that the use of CDSS did not change the trend of increasing rates over and above the initial QI efforts.	Interv period was 3 years

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Veltri (2009)	Location: USA, Bronx, New York	Setting: Montefiore Medical Center Study Population:	In-patient vaccination encounter rates				Interv period was 1 year
Study Period: 2006-2007	Intervention: Pharmacy-based inpatient Standing	<ul><li>Inpatients</li><li>Aged 65 years and older</li></ul>	Influenza	27%	55%		
Design Suitability (Design): Least (Before-after)	Orders + Client Education		PPV Overall	18%	85%		
Outcome Measure: Influenza vaccination PPV	<b>Comparison:</b> Before-after		vaccination rate of hospitalized patients(in-house) after implementation of STOP program		74% 89%		
Author (Year): Weaver (2007)	<b>Location:</b> USA; 23 VA Spinal Cord	Study SCI&D Clinic: N=23	Self-report of influenza vaccine	2001	2003		Interv period was
Study Period: 2002-2004	Injury  Intervention: Quality	Study Population: - Adults (High-risk) - Outpatient	by responding SCI&D patients	33%	67.4%	+34.4 pct pts 95% CI= not calculated	2 years
Design Suitability (Design): Least (Before-After)	Improvement Project: Provider Education + Nurse Standing	Year 1: N=3015 Year 2: N=3038 <u>Period</u> <u>N</u> <u>Nanalyzed</u>	Standing orders used in inpatient			OR=1.18 95% CI= [.79,1.75]	
Outcome Measure: Influenza vaccination	Orders + Provider Reminder + Client Education + Client Reminder	Baseline         NR         NR           Int 1         1733         1517 (50%)           Int 2         3038         1615 (53%)	and outpatient			P=.424 ns	
	<b>Comparison:</b> Before-After						

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Zimmerman (2003)	<b>Location:</b> USA, Pittsburgh, PA	<b>Setting:</b> Faith-based neighborhood health centers that serve the disadvantaged in inner-city	Vaccination of eligible adults: Influenza	2000-2001	2001-2002		Interv period was 2 years
Study Period: 2000-2002	Intervention: Provider Education + Nurse Standing	neighborhoods in Pittsburgh  Eligible patients:	Doses administered	1147 doses	1821 doses	+148% 95% CI= not reported	,
<b>Design Suitability</b> ( <b>Design):</b> Least (Before-After)	Orders + Provider Reminder + Reduced Out-of- Pocket Costs +	Adults:  • 50-64 years of age  • ≥ 65 years of age	Electronic Medical Records (EMRs) (50-64 yrs)	24%	30%	+6 pct pts 95 CI%= not reported	
Outcome Measure: Influenza vaccination	Client Education + Expanded Access + Client Reminder	Study Clinic: N=2 Health Center A Health Center B	Electronic Medical Records (EMRs) (≥ 65 yrs)	45%	53%	+8 pct pts 95 CI%= not reported	
	<b>Comparison:</b> Before-After						

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Zimmerman (2006)  Study Period: 2002-2004  Design Suitability (Design): Greatest (Other w/concurrent comparison )  Outcome Measure: Influenza vaccination	Location: USA, Pittsburgh, PA  Intervention: Community health system project to improve vaccination rates Individual clinics adopted their own sets of interventions including  Provider Education + Nurse Standing Orders + Provider Reminder + Client Education + Expanded Access + Client Reminder  Comparison:	Setting: Participating clinic within the University of Pittsburgh School of Medicine  Study Population: N=5 practices in 10 offices  Condition N practices (Pre) 2438 (Int1) 2935 (Int 2) 3311 Comp 1 Not reported Outpatient Children (high-risk)	Vaccination rates of eligible children: Influenza	Baseline I: 10.4% C: 42.0%	Year 2 I: 18.7% C: 42.7%	I: 8.3% vs C:0.7% +7.6 pct pts 95% CI= not reported	Interv period was 2 influenza seasons
	Usual care (Provider Education)						

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow-up time
Author (Year): Zimmerman (2009)	<b>Location:</b> USA, Pittsburgh, PA	<b>Setting:</b> Solo or multiphysician practices selected serving primarily minority patients were matched with	Correlated of vaccination status in multivariate			OR: 2.12 [95% CI: 1.57-2.87] P<0.001	N/A
Study Period: (NR)	Physicians and practices were surveyed about	practices that served primarily white patients in sociaioeconomically comparable neightborhoods	hierarchical linear modeling • Practice uses			17-19% increase in influenza rates	
Design Suitability (Design): Least (Cross-sectional)	office systems for proving adult immunizations	N=30 physicians in 17 practices	standing orders (Influenza)			for practices using standing orders	
Outcome Measure:	Intervention:	Study population: • Patients aged 65 years and older					
Influenza vaccination PPV Adults (65 years +)	standing orders+ provider reminders+ client reminder/recall	receiving care  Urban  Socioeconomically disadvantaged  Majority of participants were largely female and white					
	Comparison: No use of standing orders	N=2021 patients					