Vaccine the Veterans! Immunization Rates in Veterans With Inflammatory Bowel Disease at the James A. Haley Veterans Hospital

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BACKGROUND: Patients with inflammatory bowel disease (IBD) have a dysregulated immune system and are more susceptible to preventable illnesses. Additionally, immunosuppressive therapies used in the treatment of IBD further compromise the immune system. As such, lack of recommended vaccinations leads to preventable increased morbidity, mortality, and utilization of healthcare resources. Vaccination rates for IBD patients in the Veteran’s Affairs (VA) healthcare system are lagging behind general population guidelines. The objective of this study was to investigate immunization rates in veterans with IBD and to determine any predictors of vaccination.

METHODS: Data was collected from the Veterans’ Affairs data warehouse using a query tool. Immunization history was obtained from January 1, 2007 to December 31, 2016 on veterans at the James A. Haley Veterans Hospital with an IBD diagnosis by ICD-9 or ICD-10 codes. The inclusion criteria were determined by CDC guidelines and the IBD Cornerstone Checklist for all vaccines1–3. The following vaccines were evaluated: Hepatitis A, Hepatitis B, Pneumococcal (PCV13 & PPV23); Influenza, Tetanus, diphtheria, and acellular pertussis (Tdap); and Human papillomavirus (HPV). Veterans were considered high risk if they were on immunosuppressants or had active IBD.

RESULTS: A total of 1,396 veterans met inclusion criteria for the study. The total percent of patients vaccinated is as follows: Hepatitis A 8%, Hepatitis B 12.8%, Pneumococcal 33.4%, Influenza 42.7%, Tetanus 79.8%, and HPV 0%. For the high-risk population, the vaccination rates were: Hepatitis A 17.4%, Hepatitis B 30.2%, Pneumococcal 44.1%, Influenza 66.6%, and Tetanus 85.2%. Vaccination rates obtained from the National Healthcare Quality and Accountability Council (NHCQAC)2 are as follows: Hepatitis B 3.3%, Pneumococcal 39%, and Tetanus 23%.

CONCLUSION(S): Our study shows that while the James A. Haley VA was above the national average in vaccination rates for veterans with IBD compared to over 62,000 veterans in the National VA IBD cohort, our veterans were not meeting the optimal vaccination requirements recommended for IBD patients. Higher risk patients were vaccinated at only slightly higher rates than low risk patients. Our future goal is to implement multiple strategies to increase immunizations in our patients to meet national guidelines. Using a process map in our clinic, we have identified multiple opportunities for improvement including a vaccination checklist, RN/APN charting templates that follow the IBD Cornerstone checklist, and an EMR order set decision support tool to increase the vaccination rates for Hepatitis A, Hepatitis B, Pneumococcal (PPV23 and PCV13), and Influenza by 20% each at one year after intervention.

P-039 Factors Influencing Length of Hospital Stay and Hospital Charges in Patients With Inflammatory Bowel Disease: A Five-Year Population Based Study

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BACKGROUND: Inflammatory bowel disease (IBD) is a chronic inflammatory disorder of the gastrointestinal tract, which can be categorized into two different disease forms: Crohn’s disease (CD) and Ulcerative Colitis (UC). The objective of this study was to identify factors associated with hospital length of stay (LOS) and hospital charges in patients with IBD.

METHODS: We conducted a five-year retrospective analysis, using the Healthcare Cost and Utilization Project National Inpatient Sample Database, and estimated the national IBD related hospitalizations from 2009 to 2013 in the United States. The main outcome measures were IBD-associated hospitalization charges (ICD-9 codes 553.X and 556.X), length of stay, and total hospital charges. A uni-variate and multivariate analysis of length of hospital stay and total hospital charges were performed while controlling for potentially confounding variables including age, sex, primary payer, hospital type (teaching vs. nonteaching), race, discharge disposition, median and interquartile ranges were used as central tendency measures and Mann-Whitney U test was used to analyze the differences between the first and last year studied.

RESULTS: In 2013, the number of hospital discharges for IBD was 2,009 in 2013, the number of deaths was 60. The first number increased 98.9% from 2004-2015 (P<0.001), the second increased 96.2% from 2004-2011 (P=0.056) and decreased 42.3% from 2012-2013 (P=0.126). Specifically, the number of hospital discharges, the number of deaths and the average hospital charges have shown an increasing trend from 2004 to 2013 (P<0.05). The costs of hospitalization and hospital stays have increased significantly (P<0.05). The average hospital stay was 6.0 days, median and interquartile range were 4.0 days. The average hospital charge for IBD was $14,220.00, median and interquartile range were $17,000.00.

CONCLUSION(S): There are significant differences in hospitalization duration and hospital costs between the years. The average hospital stay was 6.0 days, and the average hospital charge was $14,220.00.

P-040 Do Nurses and Physicians Know How Much Pain and Anxiety Their IBD Inpatients Have?

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BACKGROUND: Pain is a common symptom in patients with inflammatory bowel disease (IBD) which negatively affects their quality of life and can lead to increased health-seeking behavior and changes in patient behaviors as a result. Addressing and alleviating IBD patients’ pain and psychological distress are important goals of management, but it is not known whether patients’ subjective reporting of these factors aligns with physicians’ (MDs) and registered nurses’ (RNs) objective reporting. Therefore, we evaluated the correlations of IBD patient pain and anxiety between the patients, RN/APNs and MDs.

METHODS: This study was approved by the local IBD. We approached a convenience sample of IBD patients admitted to the University of Chicago Medicine and asked them to complete visual analog scales (VAS) of their pain severity and anxiety using a range of 0-100, 100 being the worst pain or worst anxiety. Additionally, we calculated Spearman correlation coefficient (r) to assess the relationships between these groups.

RESULTS: As IBD patients (26, 27 females, median age 28, range 18-62) were enrolled in this study. Of those, (19, 39%) were receiving previous opiate therapy and 40% (83) received analgesics during their admission. A total of 20 patients (102%) underwent a surgical intervention during their hospitalization. There was no correlation (P<0.05) observed in pain and anxiety of the patients, the patients’ RN/APNs and the patients’ MDs.

CONCLUSION(S): There is a significant positive correlation between hospitalized IBD patient perception of pain and that assessed by RNs and MDs, but poor correlation of patient reports of anxiety. These findings have important implications for pain management and better assessment of anxiety in our patients.

P-041 Analysis of Hospital Discharges and Deaths From Nationwide Health Registry of Inflammatory Bowel Disease in Mexico From 2004 to 2015

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BACKGROUND: Inflammatory Bowel Disease (IBD) comprises Ulcerative Colitis (UC) and Crohn’s Disease (CD). The incidence is increasing worldwide, nevertheless, the information in this population is lacking in Mexico, similarly in Mexico is still unknown. The national registries of hospital discharges and deaths include information about diagnosis, sex and age that can be used as an indirect parameter of how the frequency of IBD has distributed and changed throughout the country and across the years. The aim of this study is to analyze the distribution and tendencies of hospital discharges and deaths reported for IBD in Mexico from 2004-2015 and 2013, respectively.

METHODS: Quantitative cross-sectional analysis. Data from secondary sources through Dynamic Cubes of the General Direction of Health Information (DGIS) for its Spanish acronym), using descriptive statistics and primary diagnosis, age, sex, and hospital discharge. We used the chi square distribution, median and interquartile ranges were used as central tendency measures and Mann-Whitney U test was used to analyze the differences between the first and last year studied.

RESULTS: In 2015, the number of hospital discharges for IBD was 2,009 in 2013, the number of deaths was 60. The first number increased 98.9% from 2004-2015 (P<0.033), the second increased 96.2% from 2004-2011 (P=0.056) and decreased 42.3% from 2012-2013 (P=0.126). Specifically, the number of hospital discharges, the number of deaths and the average hospital charges have shown an increasing trend from 2004 to 2013 (P<0.05). The costs of hospitalization and hospital stays have increased significantly (P<0.05). The average hospital stay was 6.0 days, median and interquartile range were 4.0 days. The average hospital charge for IBD was $14,220.00, median and interquartile range were $17,000.00.

CONCLUSION(S): Hospital discharges for IBD in Mexico are increasing significantly, especially those reported for CD; 2,009 number of deaths, especially for UC, increased until 2011 but from then on it is starting to decrease. IBD affects Mexican people without gender predominance, affecting more people mainly between 15 and 44 years; the diagnosis of UC is two-fold more frequent than CD. Mexico City has the greatest number of reported hospital discharges, while Veracruz has reported the greatest number of hospital deaths for this cause. The states with a greater number of hospital discharges are most of them in the north of Mexico, while the states with the greatest number of deaths reported are located in the north and south.

P-042 Predictors of Severity in Inflammatory Bowel Diseases

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BACKGROUND: Inflammatory bowel diseases (IBD), represented by Crohn’s disease (CD) and ulcerative colitis (UC), can evolve with disabling symptoms that compromise the patients quality of life. The early identification of severe disease allows a more aggressive therapeutic approach with a lower risk of...