

Improving Influenza Vaccination Rates in an Outpatient Setting



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BACKGROUND

Influenza (flu) is a severe but a potentially preventable infection. The inactivated vaccination produced before flu season helps to decrease the incidence of the flu. This season alone there have been 13 pediatric deaths from influenza (1).

Vaccination rates continue to be low despite its known benefit. The center for disease control and prevention have identified barriers that may lead to such low vaccination rates, which includes access to vaccination. One systematic review reports convenience of vaccination as barrier for uptake of vaccination (2).

Eastern North Carolina has a diverse patient population with significant comorbid condition such as heart disease, chronic pulmonary disease, and diabetes where hospitalizations can be devastating. We hope by providing the vaccination for our patient population and reduce influenza associated morbidity.

PROJECT AIM

By May 2019, at least 80 percent of eligible adults and children who visit the Adult Pediatric Health Clinic (APHC) of ECU physicians will receive the influenza vaccination.

PROJECT DESIGN/STRATEGY

Using EPIC we are able to track all APHC patients who have received the influenza vaccination.

We plan to identify, vaccinate, educate all patients of APHC who are eligible for the vaccination.

Each month we plan to review the percentages of patients and identify barriers to vaccination.

CHANGES MADE (PDSA CYCLES)

•PDSA Cycle 1

- Patients in need of influenza vaccination were identified prior to vaccine's availability in clinic at check-in.
- All patients 6 months and older are asked in check if they would like the flu vaccine by the medical assistant (MA). If interested, the MA notified the provider. If the patient had already been vaccinated EPIC was updated. If the patient declined the vaccine, the provider was notified prior to entering the patient's room.
- Providers were instructed on how to accurately document in EPIC patients who have been vaccinated or have declined vaccination. Common myths were discussed with providers to educate patient during encounter.

• PDSA Cycle 2

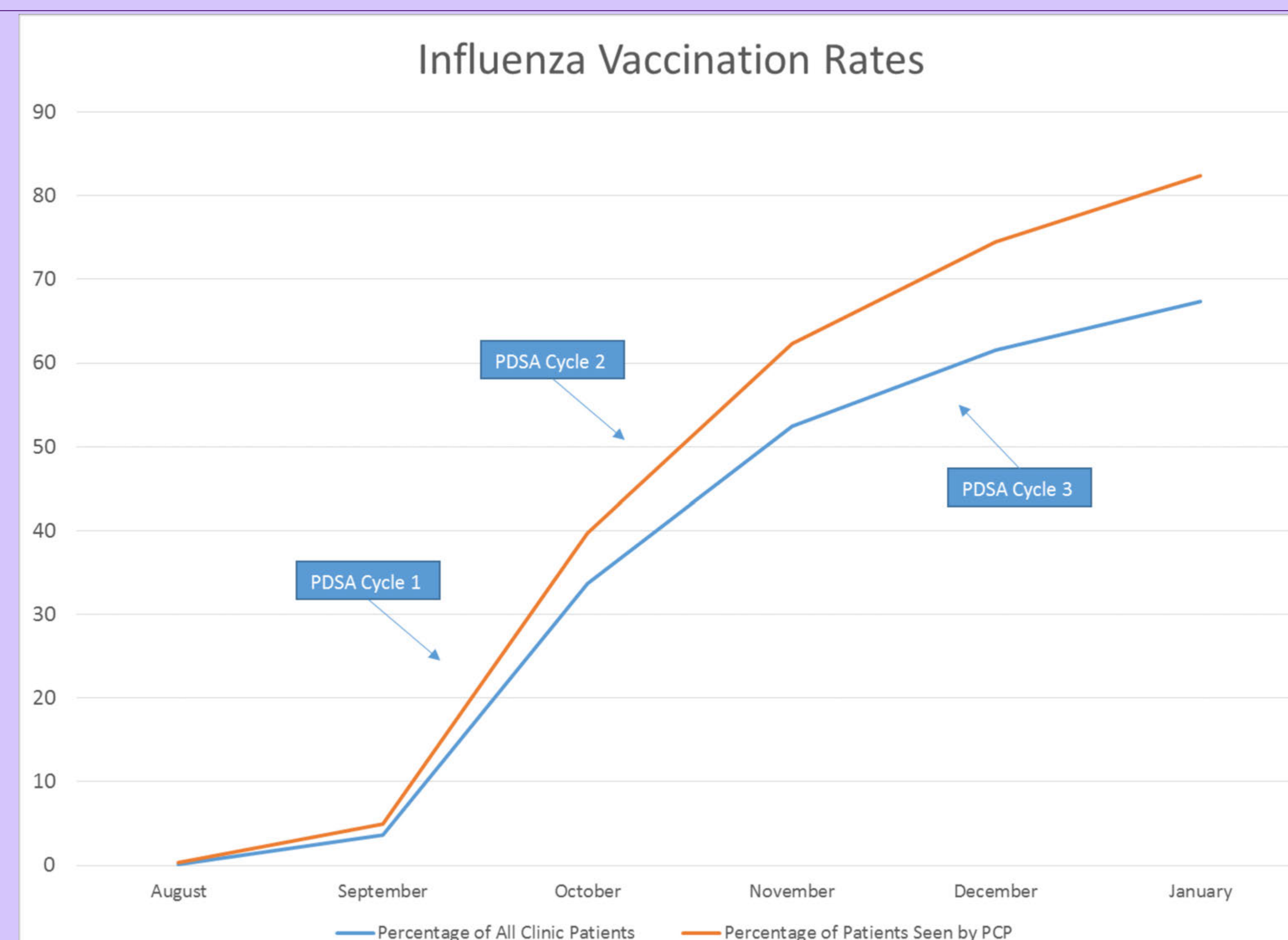
- Providers were notified on vaccinated status by flagging patients on their schedule in EPIC.
- Flu vaccine walk-in clinics were added during each week at APHC.

• PDSA Cycle 3

- Inconsistencies were found in EPIC regarding accuracy of vaccinated and unvaccinated patients. This was addressed by working with IT to fix the issue of correct data capture.

Time	Status	Status Details	Exam Rm	Phc
1:20 PM	Not Seen			
1:30 PM	Signed	Checked out: 2:32 PM	5	
1:30 PM	Signed	Checked out: 1:59 PM	14	
1:40 PM	Signed	Checked out: 2:55 PM	1	Already received flu vaccine
2:00 PM	Signed	Checked out: 3:13 PM	3	
2:00 PM	Signed	Checked out: 2:17 PM	2	wants flu vaccine
2:00 PM	Signed	Checked out: 3:14 PM	6	
2:00 PM	Signed	Checked out: 2:59 PM	9	wants flu vaccine
2:00 PM	Signed	Checked out: 3:24 PM	15	
2:20 PM	Signed	Checked out: 4:08 PM	1	Already received flu vaccine

RESULTS/OUTCOMES



LESSONS LEARNED

- Access to vaccination in clinic was delayed until October/November causing delayed vaccination.
- Flagging patients in EPIC allowed providers to identify patients to counsel regarding the benefits of the vaccine
- Accurately documenting in EPIC has been difficult for providers and confusing with the recent upgrade during PDSA cycle.
- Data is based on all encounters within fall season

NEXT STEPS

- We are updating EPIC to accurately extract information regarding patient vaccination status.
- We are educating providers on how to document vaccination history in EPIC.
- We need to educate patients who are unvaccinated or decline vaccination on the benefits of vaccination.

ACKNOWLEDGEMENTS

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References

1. CDC. Influenza-associated pediatric mortality. <https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html> [serial online] 2018; Accessed January 7, 2019
2. Schmid P, Rauber D, Betsch C, Lidolt G, Denker ML. Barriers of Influenza Vaccination Intention and Behavior - A Systematic Review of Influenza Vaccine Hesitancy, 2005 - 2016. *PLoS One*. 2017;12(1):e0170550. Published 2017 Jan 26. doi:10.1371/journal.pone.0170550