

Title of Intervention: Inpatient computer-based standing order system

Intervention Strategies: Environments and Policies

Purpose of the Intervention: To improve influenza and pneumococcal immunization rates by implementing a computerized standing order system

Population: All patients discharged from general medicine wards

Setting: General medicine wards of Wishard Memorial Hospital at the Indiana University medical center; health care facility-based

Partners: None mentioned

Intervention Description:

- Environments and Policies: The hospital's computerized physician order entry system identified inpatients eligible for influenza and pneumococcal immunization. For group 1: The system automatically produced vaccine orders directed to nurses at the time of patient discharge. For group 2: The system automatically produced reminders directed to physicians to either administer or recommend vaccines to patients prior to or at the time of discharge. The physicians would then refer patients to nurses for vaccine administration.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Health care facility staff
- Training: Not mentioned
- Technology: Computerized physician order system and computer
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Computerized physician order system, vaccines
- Evaluation: Computerized nurse questionnaire

Evaluation:

- Design: Randomized trial
- Methods and Measures:
 - A two-item computerized nurse questionnaire determined immunization rates

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: Patients with standing orders received both influenza and pneumococcal vaccines significantly more often than patients with physician reminders only.

Maintenance: Not mentioned

Lessons Learned: Computerized standing orders were more effective than just computerized reminders for increasing both influenza and pneumococcal vaccine rates.

Citation(s):

Dexter, P.R., et al., Inpatient computer-based standing orders vs physician reminders to increase influenza and pneumococcal vaccination rates: a randomized trial. JAMA, 2004. 292(19): p. 2366-71.