

Title of Intervention: Institution-wide Influenza and Pneumococcal Immunization Program

Intervention Strategies: Environments and Policies, Individual Education, Provider Education

Purpose of the Intervention: To improve influenza and pneumococcal immunization rates for high-risk outpatients.

Population: Phase I: All outpatients followed at the Veterans Affairs Medical Center in Minneapolis, MN; Phase II: All outpatients and inpatients.

Setting: Veterans Affairs Medical Center in Minneapolis, Minnesota; health care facility-based

Partners: None mentioned

Intervention Description:

- **Environments and Policies:** A hospital policy was adopted to allow nurses to vaccinate without signed physician's orders. A walk-in flu clinic was established for two weeks just before flu season. Influenza immunization stations were established in the busiest hospital areas. Pneumococcal vaccines were added to the program in phase II.
- **Individual Education:** A personalized letter was sent to all patients. The letter provided information about influenza and people at highest risk for complications from infection.
- **Provider Education:** Clinic progress notes were stamped with reminders to let health care providers know to recommend vaccine to their patients. In-service educational sessions were held for nurses.

Theory: Not mentioned

Resources Required:

- **Staff/Volunteers:** Nurses
- **Training:** Not mentioned
- **Technology:** Computers and printers
- **Space:** Walk-in clinic space
- **Budget:** Not mentioned
- **Intervention:** Letters to patients, access to all clinic progress notes, vaccines, stamp
- **Evaluation:** Pharmacy vaccine logs, patient questionnaires, statistical software

Evaluation:

- **Design:** Randomized trial
- **Methods and Measures:**
 - Total vaccine doses dispensed were measured through pharmacy logs
 - Surveys assessed immunization status and where patients were vaccinated

Outcomes:

- **Short Term Impact:** Not measured
- **Long Term Impact:** There was a significant increase in immunization rates.

Maintenance: Not mentioned

Lessons Learned: Results show that that a combination of administrative, organizational, and patient-oriented educational and publicity interventions can be implemented on an institution-wide scale. Outpatient mailing and appointment letter cues educated patients about influenza immunizations and informed them that immunization was recommended by their health care providers.

Citation(s):

Nichol, K.L., et al., Achieving the national health objective for influenza immunization: success of an institution-wide vaccination program. *Am J Med*, 1990. 89(2): p. 156-60.

Nichol, K.L., Ten-year durability and success of an organized program to increase influenza and pneumococcal vaccination rates among high-risk adults. *Am J Med*, 1998. 105(5): p. 385-92.