

Title of Intervention: Promoting influenza and pneumococcal immunization in older adults

Intervention Strategies: Campaigns and Promotions, Provider Education, Environments and Policies

Purpose of the Intervention: To increase influenza vaccinations at acute care facilities state-wide

Population: Health care workers

Setting: Acute care hospitals in West Virginia; health care facility-based

Partners: Health care facilities, West Virginia Medical Institute

Intervention Description:

- Campaigns and Promotions: Community outreach activities included newspaper and television coverage.
- Provider Education: Collaborative learning sessions were used to instruct personnel on how to use the West Virginia Inpatient Toolkit. A "train the trainer" program appointed anyone who attended the collaborative learning session to return to his/her facility to train the rest of the hospital staff on how to use the toolkit. The West Virginia Inpatient Immunization Toolkit is an 80-page binder designed to offer providers an opportunity to examine care processes within their facility, determine the most practical methods for improving immunization rates, adopt any changes and then measure their success.
- Environments and Policies: Some hospitals that participated decided to adopt policy changes such as including immunization status questions on admission forms for nurses, placing stickers on charts of patients that needed an immunization or standing orders stipulating that infection control nurses were to follow up on each eligible patient regarding his/her immunization status.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Registered Nurse coordinators, health care providers
- Training: Not mentioned
- Technology: Teleconferencing capabilities
- Space: Location to hold training
- Budget: Not mentioned
- Intervention: Print materials (manual provided to each hospital), telephones
- Evaluation: Trained nurse chart auditors, telephones, ability to travel throughout the state to audit each facility

Evaluation:

- Design: Case study
- Methods and Measures:
 - Chart audits were used to determine vaccination rates

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: Both pneumococcal and influenza immunizations increased significantly during the first part of the project. Rates increased, but not significantly, in the second part of the program.

Maintenance: Project coordinators conducted monthly conference calls with hospitals to share information. West Virginia Medical Institute provided other personnel to educate staff members and help troubleshoot.

Lessons Learned: Hospitals and long-term facilities can make dramatic improvements in quality performance in a relatively short time when key staff members receive feedback about the need to improve and the tools to assist in improving. Many providers were reluctant to immunize hospitalized patients. To address this issue, they received journal articles and best practices from the Advisory Committee on Immunization Practices and other expert sources. Some hospitals were reluctant to immunize patients in the hospital setting rather than on

an outpatient basis because Medicare does not reimburse for immunizations under diagnosis-related groups. To address this, they provided a fact sheet and video to each hospital explaining the process of roster billing for immunizations so that hospitals could recoup their costs. There must be a collaborative effort involving the state hospital association, nursing home association, and immunization coalition.

Citation(s):

Hannah, K. L., C. P. Schade, et al. (2005). "Promoting influenza and pneumococcal immunization in older adults." *Jt Comm J Qual Patient Saf* 31(5): 286-93.