

Title of Intervention: Nurse initiated provider-reminder system

Intervention Strategies: Provider Education, Environments and Policies

Purpose of the Intervention: To improve inpatient pneumococcal vaccination rates

Population: Physicians and patients

Setting: Grady Memorial Hospital, Atlanta, Georgia; health care facility-based

Partners: None mentioned

Intervention Description:

- Provider Education: In-service education was held for physicians, nurses and administrators prior to the commencement of the study.
- Environments and Policies: Nurses assessed patients upon admission for vaccine needs. They flagged the charts for the health care provider if the patient needed immunizations. Preprinted forms were included in patients' admission packets and placed in the physician-order section of the chart.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Health care providers
- Training: Not mentioned
- Technology: Not mentioned
- Space: Space for educational in-service meetings with staff
- Budget: The hospital saved \$924,838 over a 2-year period using the provider-reminder system.
- Intervention: Preprinted screening and order forms, in-service, education, continual feedback
- Evaluation: Medical record access

Evaluation:

- Design: Quasi-experimental
- Methods and Measures:
 - Vaccination rates tracked through chart audits

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: Pneumococcal vaccination rates prior to discharge increased significantly.

Maintenance: Monthly feedback was given concerning use of forms and vaccination rates.

Lessons Learned: Obstacles to receiving the pneumococcal vaccine include lack of form placement in the chart by the clerical staff and availability of the vaccine on the floor. Inpatient vaccine programs at urban inner-city hospitals should be considered a standard of care. The nurse-initiated, provider-reminder system was successful in improving vaccination rates. Still, physicians' lack of compliance directly contributed to the lower vaccination rates during the hospital-wide intervention.

Citation(s):

Shevlin, J.D., et al., A systematic approach for increasing pneumococcal vaccination rates at an inner-city public hospital. *Am J Prev Med*, 2002. 22(2): p. 92-7.