Increasing the Pneumococcal and Influenza vaccination hospitalized patients

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CONTACT

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TEAM

- PHYSICIANS

 Hospital Medicine Robyn Poteet
- FACILITATOR

 Amruta Parekh, MD, MPH

Need team picture

NURSING

Please fill in the names...

- PHARMACY
- SOCIAL WORK
- •TECH/STATISTICAL SUPPORT Wayne Fischer, MS, PhD



LIST OF CUSTOMERS

- PATIENTS
- PROVIDERS
- NURSING
- PHARMACY
- HOSPITAL ADMINISTRATION



BACKGROUND

• Literature....

Please fill in some literature justifying the aim statement

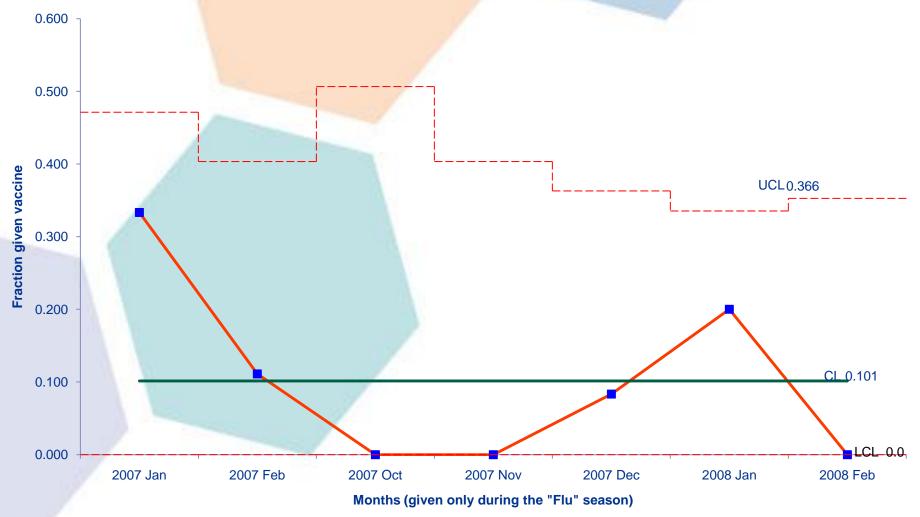




To increase the rate of Pneumococcal and Influenza vaccination by 20% over a period of 4 months in patients hospitalized with Pneumonia

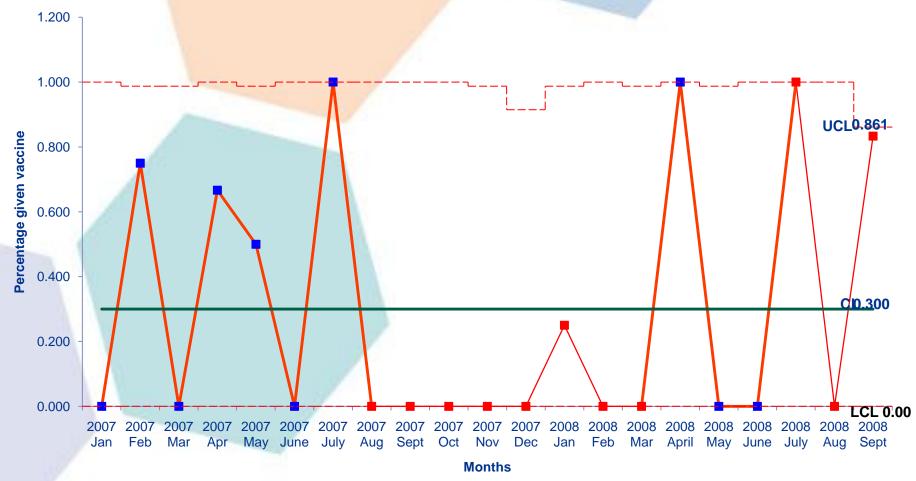


Preintervention data for Influenza Vaccine



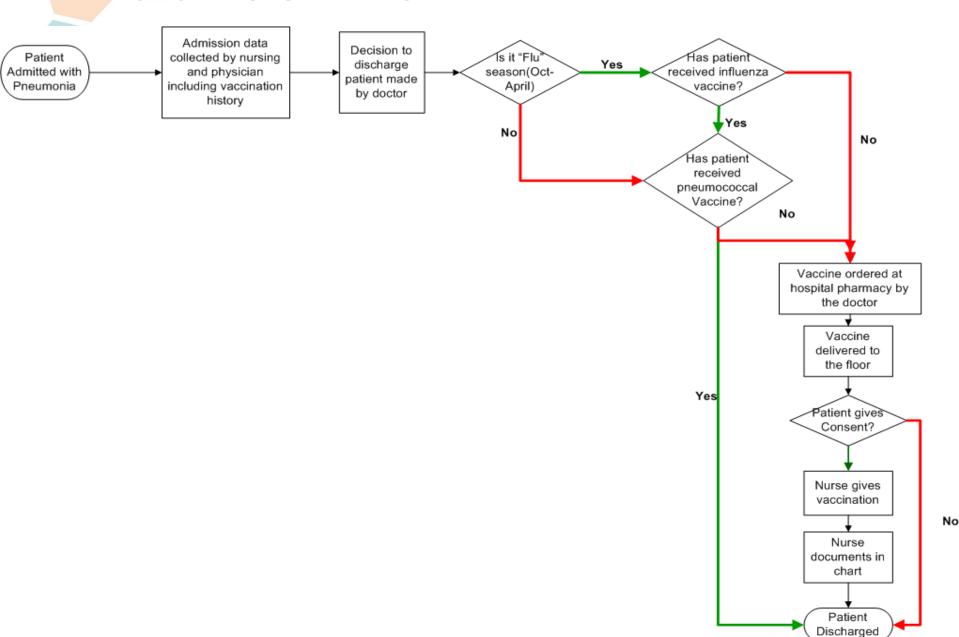
Only 10% of eligible patients were receiving the vaccine on discharge!

Preintervention data for Pneumococcal Vaccine

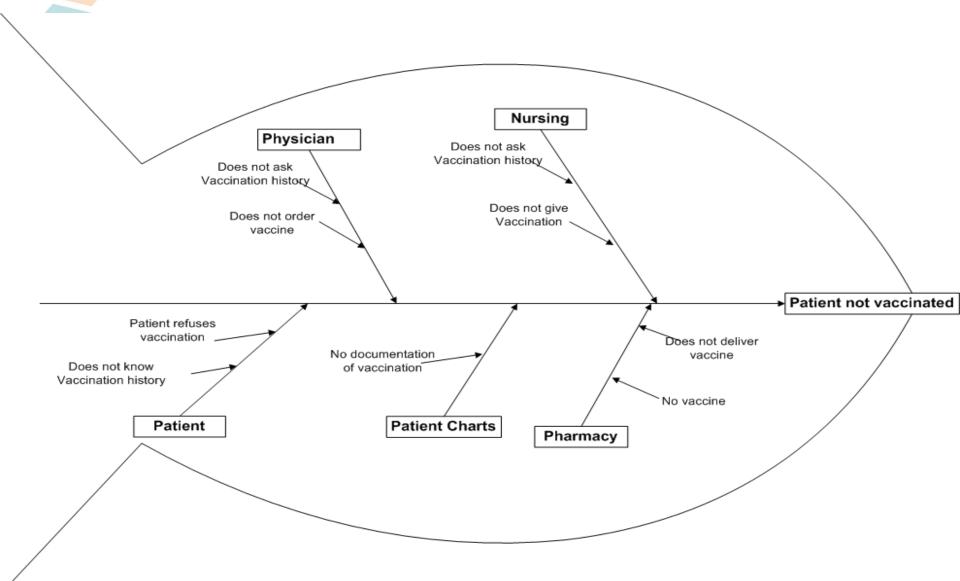


Only 30% of eligible patients were receiving the vaccine on discharge! There was a lot of variation too.

PROCESS FLOW - Pre Intervention



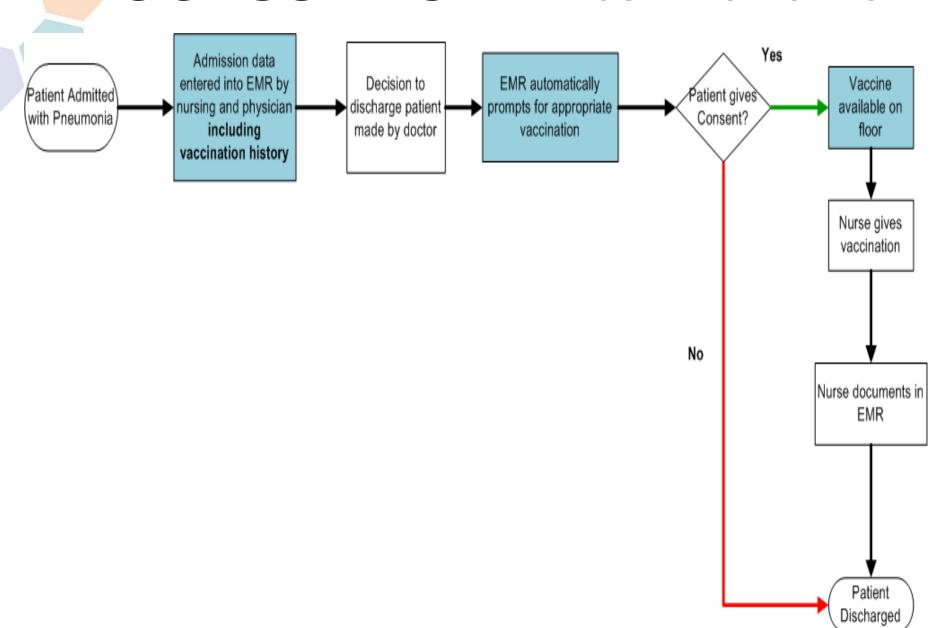
CAUSE & EFFECT DIAGRAM



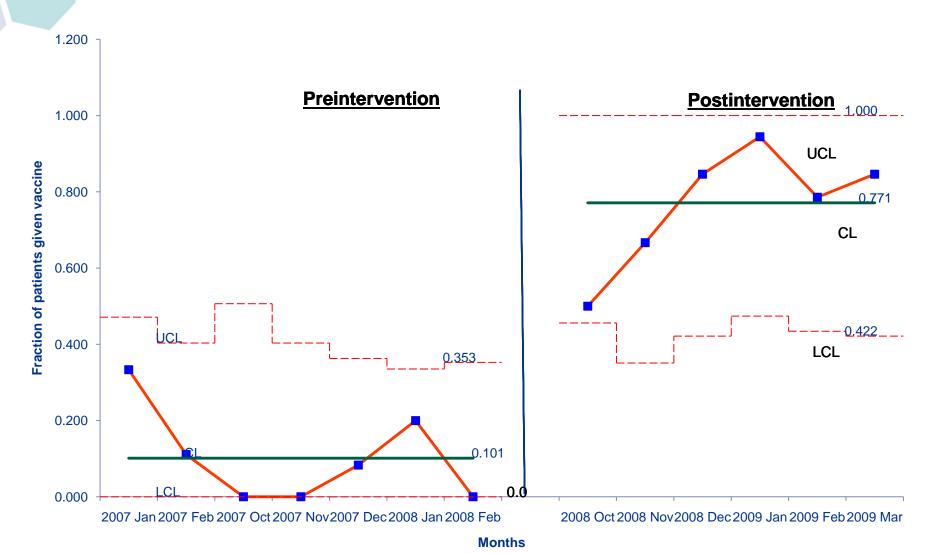
Intervention

- Team discussed the process
- Found out:
- Too cumbersome
- Missed some of the patients due to lack of immunization records on charts
- Delay in getting vials form Pharmacy led to delayed discharge or even patient refusal
- Action taken
- Have immunization data on electronic medical record (EMR) on admission.
- Have vaccine vials on patient floors

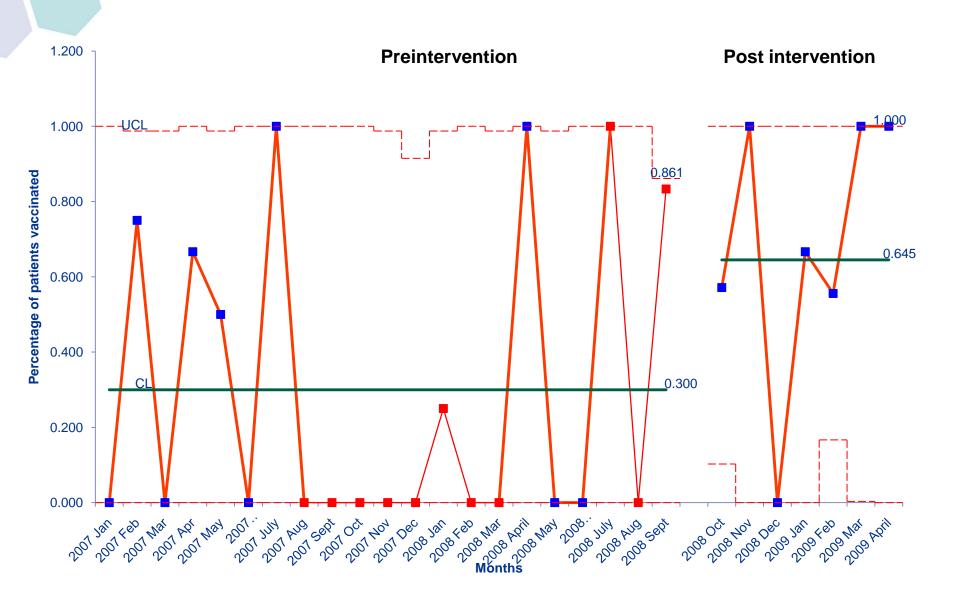
PROCESS FLOW - Post Intervention



Comparison of Pre and Post intervention Influenza Vaccination in patients



Comparison of Pre and Post intervention Pneumonia Vaccination in patients



RESULTS

- Influenza vaccination: Increased number of immunized patients from 10% to 70%
- Pneumococcal vaccination: Increased number of immunized patients from 30% to 64.5%
- More streamlined process
- Faster ..as vaccine available on floor
- •Less duplication of work as EMR captured

 data

 center for Patient Safety & HEALTH POLICY

 UT HEALTH SCIENCE CENTER*

RETURN ON INVESTMENT

We put in...

We hope to achieve...

- Cost of vaccine on floor
- •Start-up cost = \$
- •could include storage??
- •Yearly cost = \$\frac{\$}{2}\$

- •Approx <u>??</u> medicine admissions/month
- Average ?? Get vaccinated per month
- •<u>\$</u> generated



WHERE ARE WE GOING?

Other possible interventions:



PERTINENT POINTS FROM LITERATURE



CONCLUSIONS

- Baseline process was extremely complicated and involved lot of steps.
- •Critical evaluation of the process enabled us to identify simple solutions that made a big difference.
- Seeing the variability in the SPC chart before and after intervention showed surprising but reassuring results.
- •Knowledge of basic tools was integral to visualizing the goal and achieving the aims.



QUESTIONS?





