

Purpose

Influenza vaccination rates are a quality metric used to compare hospitals across the United States (U.S.) on the excellence of care provided to their patients. Influenza vaccination rates at Emory University Hospital (EUH) were below average when compared to other institutions in the Atlanta area and nationwide. In order to provide the best patient care possible and retain status as a provider of high quality patient care, this pilot program sought to implement a pharmacist-driven intervention to increase our compliance with this core measure at the institution. Prior to hospital-wide implementation, this pilot sought to determine the impact that pharmacist-provided education and counseling would have on influenza vaccination rates.

Methods

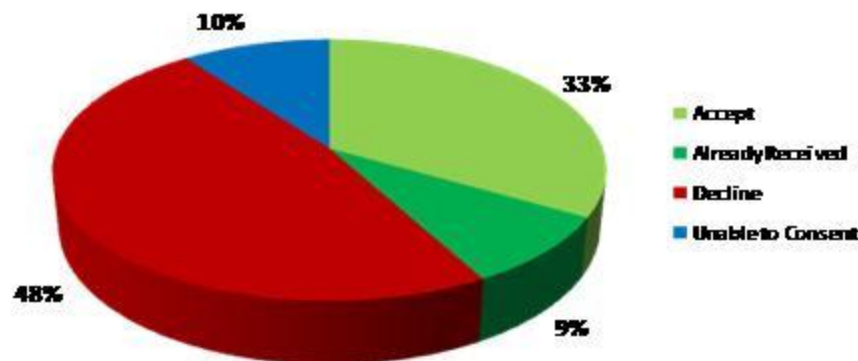


Influenza Vaccine Patient Education Handout

- "The Flu" is a respiratory viral illness
- Everyone is at risk of getting the flu
- In the U.S., 36,000 people die each year from the flu
- Complications include:
 - Pneumonia
 - Ear/sinus infections
 - Worsening heart failure
 - Asthma exacerbation
- You can decrease the risk of getting the flu by up to 90% if you receive the influenza vaccine
- The influenza vaccine does NOT cause the flu
- Side effects of the vaccine are:
 - Pain at the injection site
 - Muscle aches
 - Low grade fever

Results

A total of 69 patients were identified as having refused the influenza vaccine, and an attempt was made to counsel those patients on the importance of vaccination. Of these patients, 23 (33%) consented to receive the vaccine, and an influenza vaccine order was placed. Six patients were found to have already received the vaccine, so proper documentation was recorded in the EMR. Additionally, seven patients were unable to consent during pharmacist intervention due to cognitive impairment (3), patient out of room (2), acute respiratory distress (1), and one patient under the age of 18. Despite counseling, 33 patients still declined vaccination. The most common reasons for refusal were as follows: imminent death, fear of catching influenza from vaccine, previous reaction to vaccine, and prescriber recommendation against vaccination at this time. The overall success rate for core measures compliance was 42% after pharmacist intervention in patients who had previously documented to have refused vaccination.



Additional Findings

Many patients had misconceptions about the adverse effects associated with and the duration of protection of the influenza vaccine. The pharmacist was able to provide more detailed information to help the patients correct these misunderstandings. Some patients stated that they had not been asked about the influenza vaccine and did not recollect refusing the vaccine. These interactions lead us to believe that our vaccination rates could also be improved by increased education for the nursing staff on the importance of influenza vaccination, appropriate screening of patients and the need to accurately document vaccination status.

Barriers to Implementation

Based on this pilot, it is anticipated that approximately 10 – 15 patients out of the average daily census of 301.4 will need a handout and counseling each day when this intervention is implemented hospital-wide. The median time required for a pharmacist to provide education to each patient was 15 minutes. Pharmacists participating in the intervention will need education on the information to provide to patients and the systemic processes to complete after counseling to ensure consistency and completeness. Additionally, nurses will need to be informed that pharmacists will be entering orders for patients who have decided to get the influenza vaccine after receiving education and that these vaccines should be administered prior to discharge.

References

Centers for Disease Control and Prevention. Key Facts About Influenza (Flu) and Flu Vaccine. www.cdc.gov/flu/keyfacts.htm. Accessed 9/4/2010.