Influenza: A Collaborative Approach to Screening and Vaccinating Hospitalized Patients

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Introduction

Seasonal influenza, commonly known as “the flu,” is caused by viruses that infect the respiratory tract (noses, throat, lungs). Unlike the common cold and other respiratory viruses, influenza can cause severe illness and be life-threatening for some individuals1.

- Flu season in the United States occurs during the fall and winter, with the peak occurring between late November through March.
- Symptoms include a sudden onset of fever, chills, sore throat, body aches and headache.
- Complications of the flu may include bacterial pneumonia, dehydration, and exacerbation of chronic medical conditions such as diabetes, asthma, and/or congestive heart failure.

Background and Significance

- Each year, 24.7 million individuals in the United States get the flu, resulting in 31.4 million outpatient visits4.
- Approximately 200,000 of those individuals are hospitalized due to heart- and respiratory-related conditions associated with the influenza virus2.
- Influenza-related deaths vary year to year, ranging from 3,000 deaths per year to as high as 49,000 deaths per year3.
- Direct medical costs associated with influenza is $10.4 billion annually4.

- The Affordable Care Act (ACA) of 2010 redesigned healthcare insurance options and delivery/payment systems. The Value-Based Purchasing (VBP) Program is part of payment reform6.
- VBP is an incentive program where a % of Medicare payments are withheld and then distributed back to organizations based on performance for various measures. Influenza assessment and vaccination of inpatients is one of the Clinical Process of Care VBP measures5.

Baseline Performance and Improvement Strategies

Inpatient Influenza Immunization Rates: Baseline Performance

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan-Dec 2012</th>
<th>Jan-Dec 2013</th>
<th>Jan-Mar 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>56.9%</td>
<td>55.1%</td>
<td>52.1%</td>
</tr>
<tr>
<td>2013</td>
<td>50.9%</td>
<td>60.9%</td>
<td>65.1%</td>
</tr>
<tr>
<td>2014</td>
<td>64.0%</td>
<td>82.0%</td>
<td>90.8%</td>
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An interdisciplinary team was created, with the purpose of streamlining processes which would enable RNs to practice at the top of their license and increase inpatient flu vaccination administration rates.

Strategies Implemented September 2014

- Implemented a Nurse-Driven Vaccination Protocol that authorizes nurses to screen and administer the influenza vaccine.
- Vaccine changed to a scheduled one-time order, from “as needed”
- Simplification of the screening process
- A Best Practice Advisory (BPA) was built in the Electronic Medical Record (EMR) to provide decision support to the RN screening the patient
- Education of nursing staff about the importance of vaccination: health and financial implications
- Regular feedback provided to unit managers and staff regarding compliance

Performance After Strategies Implemented

<table>
<thead>
<tr>
<th>Month</th>
<th>2014: 91-100% Needed for VBP</th>
<th>2015: 95-100% Needed for VBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>100%</td>
<td>95-100%</td>
</tr>
<tr>
<td>October</td>
<td>95%</td>
<td>95-100%</td>
</tr>
<tr>
<td>November</td>
<td>55%</td>
<td>95-100%</td>
</tr>
<tr>
<td>December</td>
<td>50%</td>
<td>95-100%</td>
</tr>
</tbody>
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Ongoing Metric Monitoring

- Real-time dashboard report available in the EMR system for real-time patient follow-up and vaccination status.
- Information Warehouse generates an automatic bimonthly report indicating individual nursing unit and business unit compliance.
- Nursing Quality emails nursing leadership team bimonthly compliance report and will send nursing leaders list of noncompliant cases for staff follow-up.
- Bimonthly reports posted on Nursing Collaboration Site on the OSUWMC intranet.

Project Team Members

- Dr. Susan Moffatt-Bruce, Quality and Patient Safety
- Dr. Julie Mangino, Epidemiology
- Anne VanBuren, Quality and Patient Safety
- Jacalyn Buck, Nursing Administration
- Amy Knupp, Nursing Quality and Patient Safety
- Ruth Labardee, Nursing Quality
- Carol Colussi, James Quality
- Lindy Martz, James Nursing Quality
- Dawn Elisea, OSU East Quality
- Trisha Jordan, Pharmacy
- John Plant, Legal Services
- Linda Locke, Clinical Applications
- Kelly Kent, Senior Systems Consultant
- Chip Murray, Graduate Administrative Associate

References


