

Intervention Doubles Flu Vaccinations in 1 Year

BY DENISE NAPOLI

BALTIMORE — A three-pronged intervention to increase influenza vaccination rates in high-risk pediatric patients doubled the number of patients who were vaccinated in just 1 year.

Some of the lessons learned: Start planning for flu season long before it actually begins, and be creative with scheduling to allow for weekend and evening hours, Dr.

Zeina M. Samaan said at the annual meeting of the Pediatric Academic Societies.

Dr. Samaan, a pediatrician at Cincinnati Children's Hospital Medical Center, said that before intervention, in the 2006-2007 flu season, 72% of the asthma patients and 68% of the children aged 6-59 months old who were seen at an inner city pediatric primary care clinic received an influenza immunization.

After intervention, in the 2007-2008 flu

season, 84% of the asthma target population was immunized, as were 89% of patients aged 6-59 months. Those rates stayed about the same during the 2008-2009 flu season.

In total, in 2009, 2,203 asthma patients and 4,665 patients aged 6-59 months were vaccinated. In contrast, in 2007, there were 1,120 asthma patients and 1,760 patients aged 6-59 months who were vaccinated.

The interventions fell into three general categories, according to Dr. Samaan.

The first tactic was to increase access for patients. "Throughout the flu season, from October through March, we had—every day—30 appointments for a flu shot, only offered as a nurse visit," said Dr. Samaan. "And even though the majority of our visits are by appointment, we also accommodated those patients who walked in our clinic and asked for a flu vaccine." The practice also organized a walk-in flu shot clinic every Saturday throughout the flu season.

"We also trained our ... staff to register and immunize siblings," she added.

The second part of the intervention involved clinical decision support. Using the electronic health records system that has been in place at her practice for about 5 years, Dr. Samaan and her staff programmed the computers—which are located in every exam room—to automatically open a reminder window. "When a patient comes in and meets the criteria for a flu vaccine, an alert will fire," she said.

Additionally, on every visit, when the triage nurse triaged the patient, the nurse was trained to ask whether the patient had received the flu vaccine. If the patient hadn't been vaccinated, the nurse would offer the vaccine, and document whether the patient got the vaccine or refused it. "So when the physicians opened the chart, [if the patient had refused the vaccine], they would see it on the chief complaint, and be reminded to offer it [again]," said Dr. Samaan. The staff also was trained to request a flu shot if the provider forgot to order it.

The third portion of the intervention involved patient education. Previously, Dr. Samaan's clinic had sent out postcard reminders to patients about flu vaccine at the start of the season, "and we'd get half of them returned with the wrong address," she said. This year, thanks to some early planning, "when the families came in for a visit a few months before the flu season started, we gave them a flu reminder card, and asked them to fill it with the most recent address or the best address at which we could reach them." When the season began, the practice mailed the cards, "and we had very few returned to us this year with the wrong address."

Posters about the flu vaccine were hung in the waiting room and exam rooms, as well as in the physician break rooms and even the bathrooms.

Finally, the staff also attended bi-monthly meetings with other outpatient clinics in the area to "learn about strategies and share ideas and experiences," she said.

Although the clinic fell short of its goal to immunize 95% of the high-risk patients, the intervention was relatively cheap, with the greatest expense being staffing at the Saturday clinics for the "huge number" of patients who showed up. Her staff is already working on techniques to further increase rates this 2009-2010 flu season, she said.

Dr. Samaan said that she had no conflicts of interest to disclose. ■

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