

Nurse Driven Protocol for Influenza Immunizations for Inpatients

Anne Bane, RN, MSN, Amy Bulger RN, MPH, Denise Goldsmith RN, MS, MPH, FAAN

Brigham and Women's Hospital, Boston, MA;

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Introduction/Background

Influenza vaccines have been shown to be safe and effective in preventing Influenza. This disease can lead to substantial morbidity and mortality, especially in the elderly. The Center for Medicare and Medicaid Services (CMS) requires that all hospitalized patients be screened for eligibility of the influenza immunization and vaccinated if no contraindications exist. Inpatient influenza immunization screening and documentation compliance rates declined significantly after Brigham and Women's Hospital (BWH) transitioned to a new Electronic Health Record (EHR) in May 2015. This required us to design a new influenza immunization workflow to improve patient care and compliance. A BWH interdisciplinary team opted to implement a nurse-driven protocol for the ordering and administration of the influenza immunization.

Methods

A BWH team including physicians, pharmacists, clinical and informatics nurses and quality leaders convened a task force to implement the new workflow. Interventions included:

- Collaborated with informatics colleagues across the health system to build functionality in the EHR that would facilitate and support the nurse-driven protocol
- Reviewed a new nursing workflow with all clinicians to identify potential facilitators and barriers to the ordering and administration of the influenza immunization by nursing
- Created the BWH Department of Nursing & Medical Staff Executive Committee approved *Nurse Driven Protocol for Influenza Immunizations for BWH Inpatients* to support the new workflow
- Updated the online drug information references for clinicians
- Created an additional workflow with pharmacists to order the influenza immunizations for special patient populations (egg & latex allergies and hematologic conditions)
- Utilized BWH EHR super users and department experts to educate front line staff on the nurse-driven protocol
- Collaborated with informatics colleagues to optimize the Influenza Immunization Core Measure (IMM-2) electronic report for real time monthly data review and identification of opportunities for continued improvement

Results

Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) Influenza Immunization Core Measure (IMM-2) for the first quarter of the 2016 influenza season (October-December 2016) exceeded our 90% target, with a performance rate of 99% for screening and documentation of influenza immunization.

Table 1: BWH CMS/TJC IMM-2 Performance

Time Period	# of Patient Cases Compliant	Total Patient Cases Included	Observed Rate (%)
October-December 2015	207	249	83
October-December 2016	238	240	99

Discussion/Conclusion

Transitioning to a nurse driven protocol for the ordering and administration of the influenza vaccine proved to be successful. Critical elements to the success of this project included multidisciplinary collaboration to implement the new workflows as well as a streamlined build in the EHR that supports an efficient nursing workflow.

References

1. Center for Medicare and Medicaid Services (CMS) guidelines 2016 §482.23(c) (1) (ii), (c) (3) and (c) (3) (iii)