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## Improving Influenza Vaccination Rates and Understanding Reasons for Patient Refusal at Jefferson Hospital Ambulatory Practice

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# Improving Influenza Vaccination Rates and Understanding Reasons for Patient Refusal at Jefferson Hospital Ambulatory Practice

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## BACKGROUND

- Despite CDC recommendations that everyone 6 months and older get flu vaccination, many eligible patients are not vaccinated.
- In **2014-2015** an estimated 106 million adults >18 years old were vaccinated, only **43.6%** of the adult population.
- According to CDC and NCHS statistics in 2014 influenza and flu-related illness was in the **top 10 leading causes of death in the US**.
- Documented vaccination rates are rapidly becoming a quality metric for outpatient medical practices.

## AIM

- Improve influenza vaccination rates for eligible patients at the Jefferson Hospital Ambulatory Practice to levels above the national average of 43.6% between October 2015 and March 2016 with universal screening and improved documentation.

- To characterize reasons for patients who did not receive vaccination.

## METHODS

- Targets for intervention were identified as shown in Figure 1.

- Interventions

- Universal Screening: All patients coming in for a routine visit between October 2015 and March 2016 were screened by Medical Assistants (MAs) with a pre-visit checklist regarding influenza vaccination status. Those who were unvaccinated were immediately offered vaccination.
- Increasing Patient Awareness: Residents with Friday clinics discussed vaccination with patients who declined initially after discussion with MA's.
- Improving Patient Education: For those who declined, a "Misconceptions about Flu Vaccines" sheet was provided.
- Improving Documentation: Vaccinations received during visit—as well as those received elsewhere—were documented within the practice's EMR.
- Understanding Refusals: Reviewed clinic notes and/or called patients to discuss reasons for deferring vaccination.

## METHODS

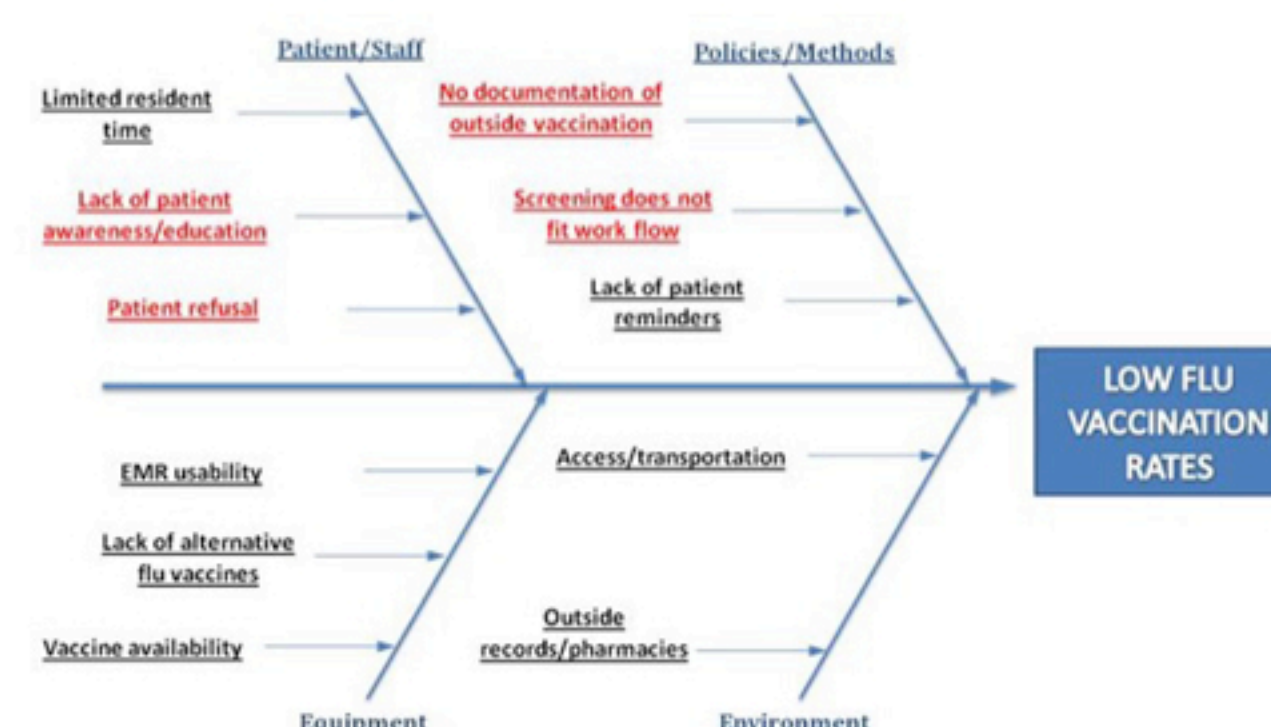


Figure 1. Fishbone diagram outlining possible areas for intervention.

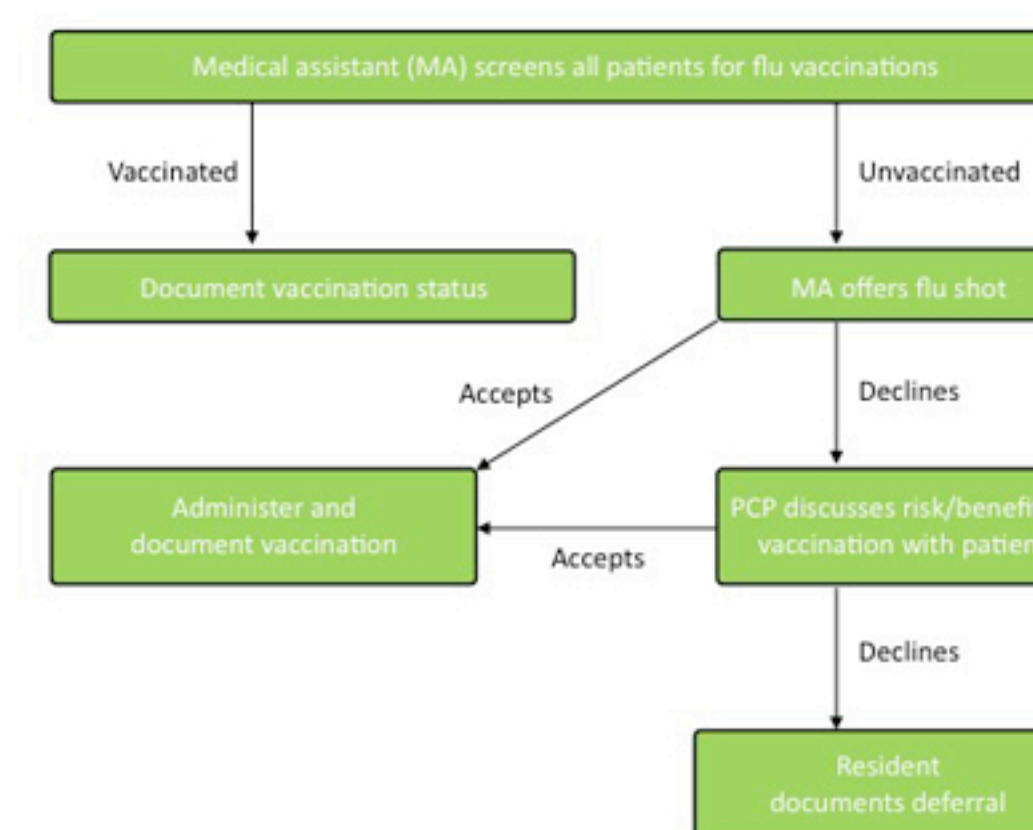


Figure 2. Process flowchart.

## RESULTS

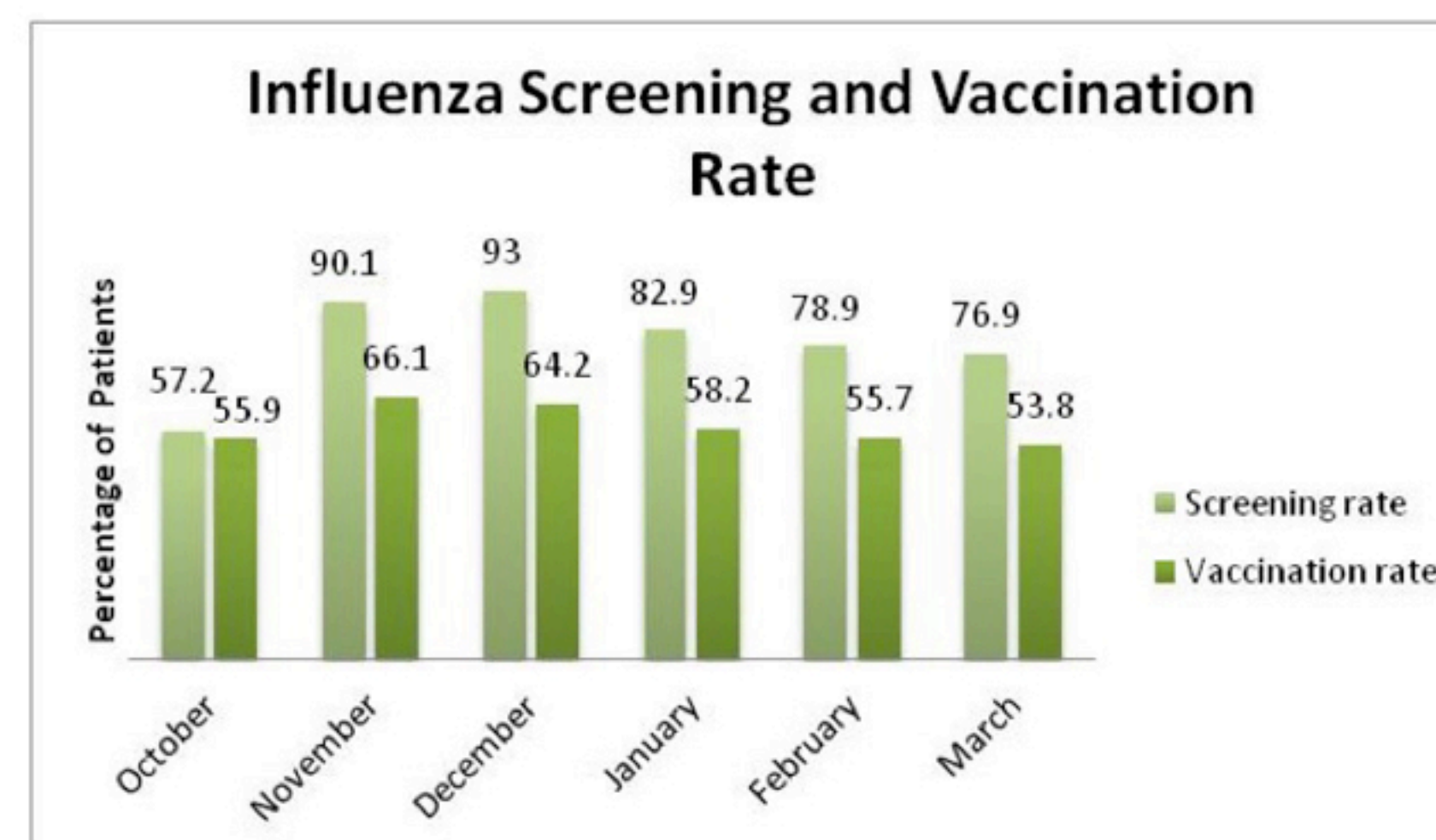


Figure 3. Percent of all visits (n = 2660) with documented vaccination status. The left-sided bars represent the screening rate for all patients. Right-sided bars represent vaccination rate for all eligible patients excluding those with vaccine allergy.

### Reasons Patients Were Not Vaccinated

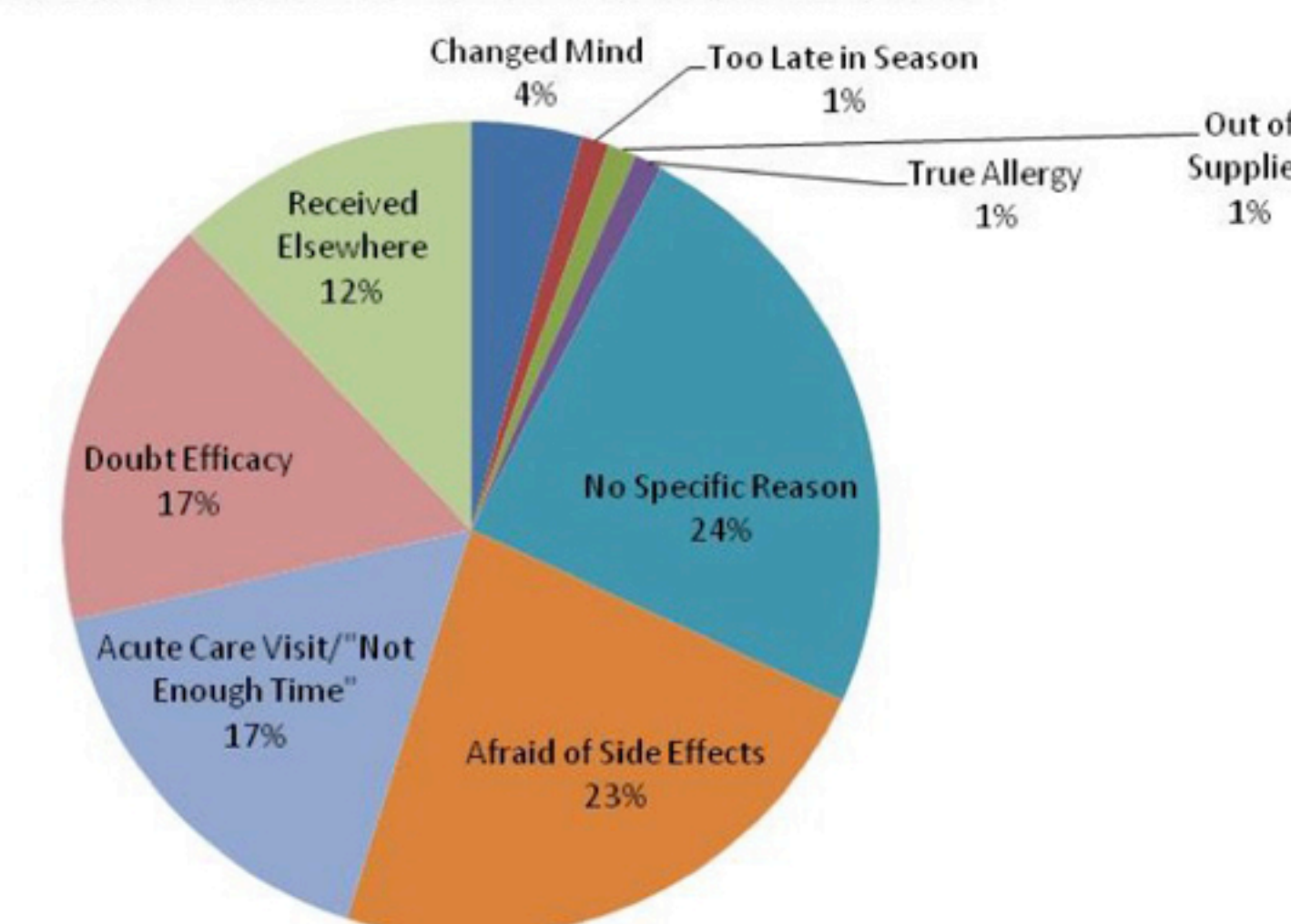


Figure 4. Breakdown of reasons patients were not vaccinated (n = 91).

## DISCUSSION

- The influenza vaccination rates for JHAP the 2015-16 season was above the national average from the 2014-15 season.
- Even when controlled for patients with vaccine allergies or documented deferrals *documented* vaccination rates were not at 100%, indicating need for better screening and documentation practices.
- Documentation issues were seen in survey data as well 12% of “unvaccinated” patients surveyed had been vaccinated elsewhere.
- The majority of those contacted had no specific reason for refusal.
- One major barrier for both patients and resident physicians was a lack of time.
- 40% of patients in the surveyed group were fearful of side effects or doubted vaccination efficacy.

## LIMITATIONS

- There was no available vaccination data from prior years for comparison.
- Screening intervention implemented clinic-wide; resident involvement limited to Friday clinic residents only. Vaccination rates reflect clinic-wide data.
- No ability to standardize discussion of vaccinations between resident physicians.
- Limited sample size which may not be representative of larger patient population.

## NEXT STEPS

- Ongoing data collection regarding vaccination rates.
- Educational interventions which target areas of patient concerns, i.e. lack of efficacy/applicability or side effect profile.
- Efforts to improve documentation by office staff.