

# HRET HIIN CASE STUDY

## QUEST FOR EXCELLENCE

### IMPROVING INPATIENT INFLUENZA VACCINATION RATES AT CIBOLA GENERAL HOSPITAL DURING THE 2017-2018 FLU SEASON

Cibola General Hospital  
Grants, NM



#### SETTING THE STAGE

**Describe how this project is consistent with your strategic plan and how leadership guided and sustained performance expectations.**

- > Our Hospital's 2017 Strategic Plan indicated that the overall health status for our community was below both the New Mexico and national averages. Along with this, our 2016 Community Health Needs Assessment indicated that health care affordability was a significant health priority for people living in our community. This data clearly showed that our Hospital needed to focus on preventative efforts, like influenza immunization, because doing so would help to improve the health of our community and would help to address the issue of health care affordability since prevention leads to improvements in health outcomes and reductions in health care costs.
- > The main reason that our Hospital's influenza immunization improvement project was so successful was because our Executive Team, physicians, and department leaders (Pharmacy, Infection Control, MS/ICU, OB, AS, Marketing, IT, and Quality/Risk) saw value in administering the flu vaccine to as many eligible patients as possible and committed their time and skillsets to ensuring the success of this improvement initiative.

**Why did you select this project and what methods were used to identify the need?**

- > Our Continuous Quality Committee—comprised of our CEO, CNOs, and Quality director—along

with department directors determined that focusing on flu vaccination should be a hospital priority given that our performance on the immunization core measure up to this point had been subpar. Additionally, we wanted to work on an improvement initiative that aligned with our Strategic Plan and Community Health Needs Assessment, and this seemed like the perfect project that fit the bill.

- > During the 2016-2017 flu season our Hospital achieved a vaccination rate of 28%, with the New Mexico average being 87% and the national average being 93%. We set our goal for the 2017-2018 flu season to be a 50% vaccination rate.

#### PROJECT DESIGN

**Who was involved in the improvement effort**

- > Executive Team, physicians, and department leaders from Pharmacy, Infection Control, MS/ICU, OB, AS, Marketing, IT, and Quality/Risk were integrally involved in this improvement effort

**What methodology was used?**

- > Our team used rapid cycle PDSA to carry out this initiative and met on a bi-weekly basis during the 2017-2018 flu season to discuss the progress we were making, changes that needed to be made, and who would be responsible for implementing the proposed changes after the bi-weekly meetings adjourned.

### How was the data collected and how you used the data to guide your process improvement efforts?

- > We used a multidisciplinary team approach to work on this improvement initiative. With guidance from our CNOs, our IT director reformatted flu vaccine assessment questions in our EMR so questions asked by nursing staff align with flu vaccination protocol. The CNOs implemented a 4 O’Clock (PM) Flu Shot campaign, which served as the hour dedicated to ensuring that nursing staff asked patients if they wanted a flu shot and were administering it if a patient wanted the shot. The Quality director and Infection Control nurse would perform chart abstraction on a monthly basis and present the performance reports in our bi-weekly team meetings. The team would propose solutions.

## RESULTS

### Describe the results including patient outcomes, process changes and service delivery results

- > We exceeded our goal of reaching a 50% vaccination rate, and reached a 70% inpatient flu vaccination rate for the 2017-2018 flu season. This is a **150% improvement** from our 2016-2017 rate of 28%.
- > We have streamlined processes around assessing patients for vaccination, proper documentation of vaccination administration, and core measure chart abstraction.

## LESSONS LEARNED

- > Using rapid cycle PDSA with a multidisciplinary team can be an efficient way to perform continuous improvement in our hospital. Because all of our team members were committed to the success of this project, we met frequently and provided continuous feedback in the form of data to our team. This led to success.

## SPREAD AND SUSTAINABILITY

- > We are confident that this project can be carried out by other hospitals—big and small. The key is to identify a team that is comprised of individuals who are committed to working towards improvement and who will assume responsibility for implementing and overseeing certain steps in the change process, and who will share their feedback on what is working and not working.