

Increasing Flu Vaccination Rates in a Heart Failure Bridge Clinic

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Background

- Recent AHA/ACC/HFSA Heart Failure Guidelines suggest that vaccinating patients with heart failure against respiratory illness is effective in reducing mortality rates.
- Without the flu vaccine, heart failure patients are at risk of respiratory illness and hospital readmission.
- At an urban hospital, patients discharged with a primary diagnosis of heart failure are referred to the Heart Failure Bridge Clinic (HFBC) with the primary goal of preventing hospital readmission by performing cardiopulmonary risk reduction.
- In the past, the HFBC has not screened patients for the flu vaccine or administered the vaccine to patients during their appointments.

Objectives

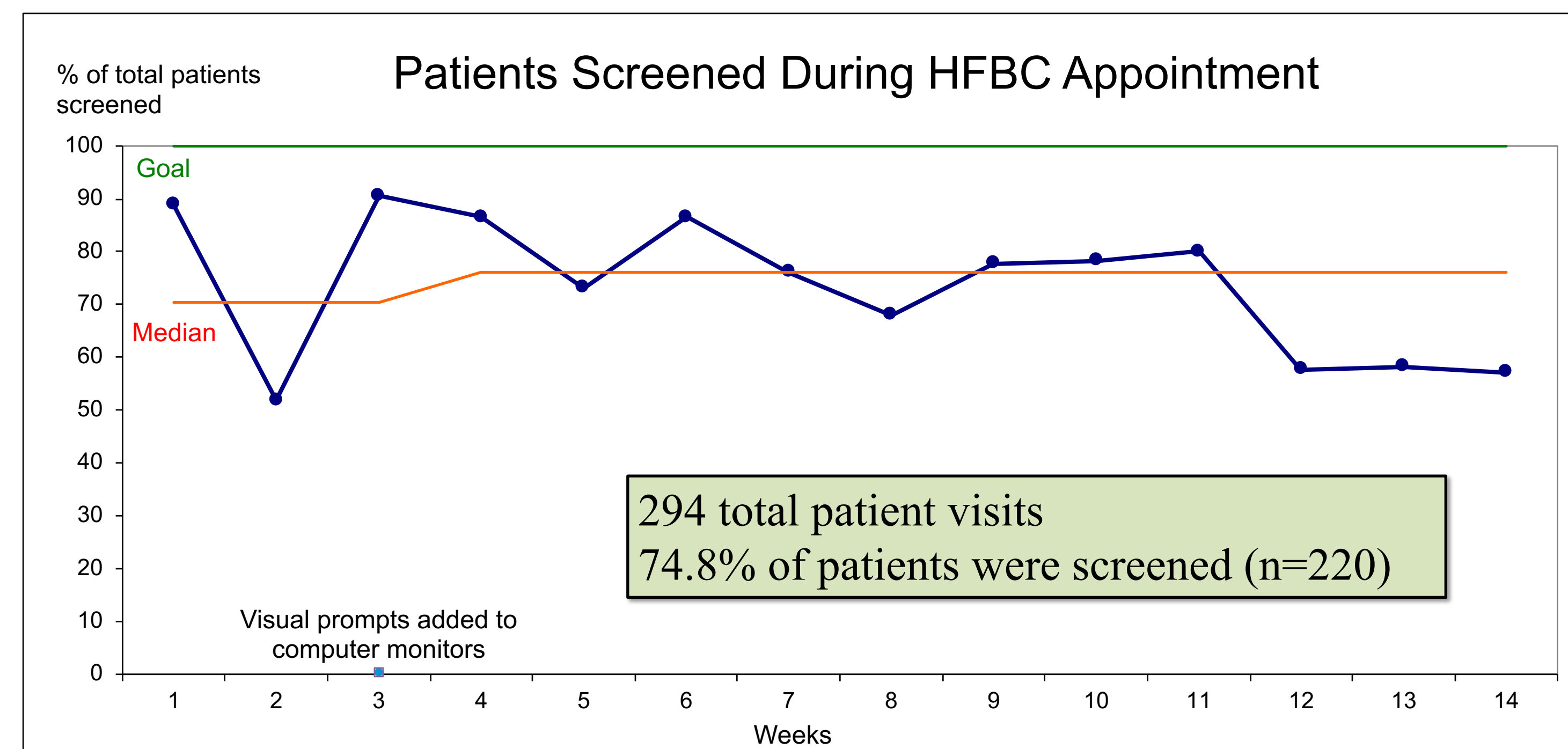
The objectives of this quality improvement project were to:

- increase the number of heart failure patients screened for the flu vaccine during a routine clinic visit
- increase the number of patients who received the influenza vaccine over the course of the flu season.

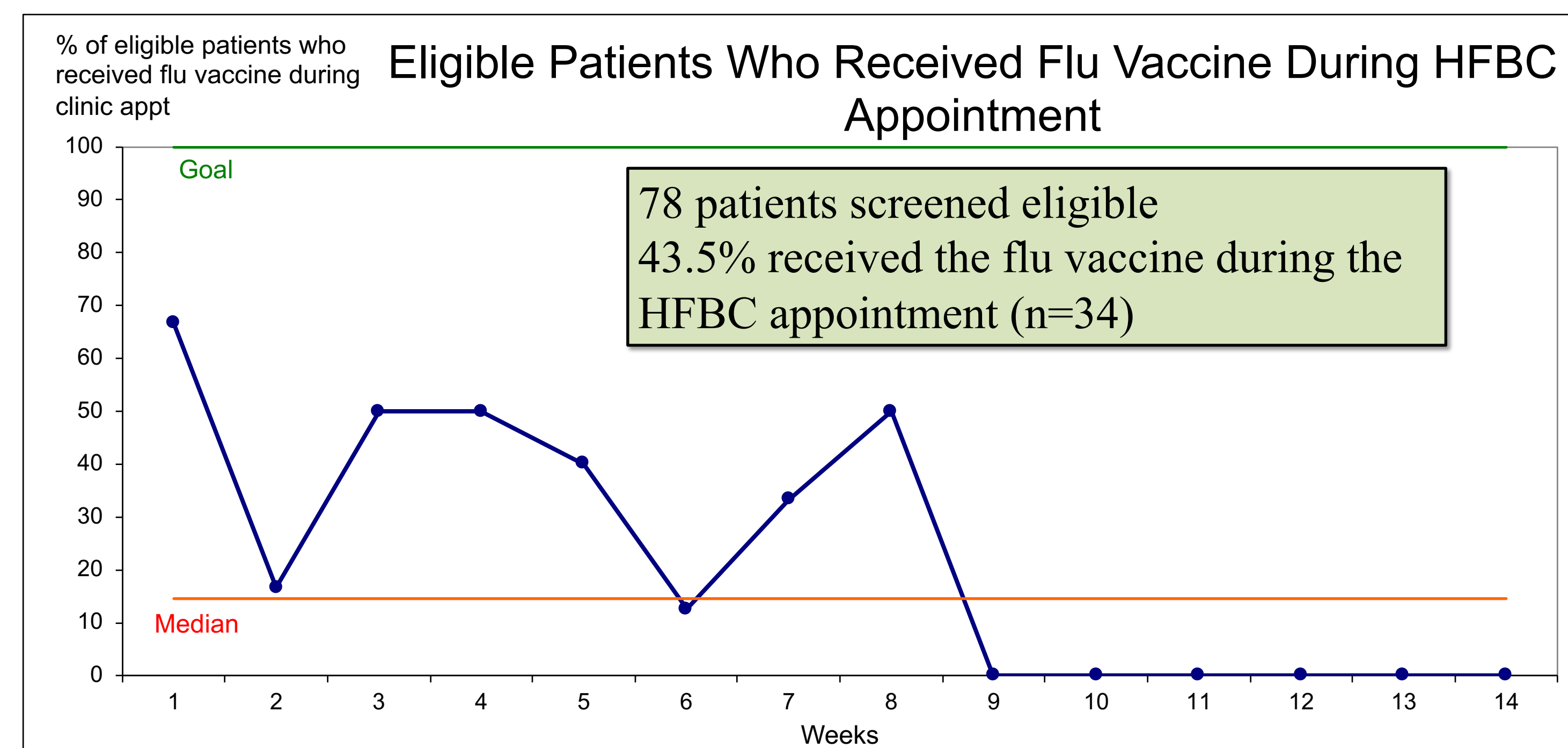
Methods

- The PARIHS Quality Improvement Framework was utilized for project development.
- The intervention took place over a 15 week period in the Fall and Winter of 2023.
- HFBC staff were trained to properly use an existing Vaccine Screening and Administration tool in electronic medical record.
- At each individual appointment, staff determined patient eligibility for vaccination during the intake process using institutional eligibility criteria.
- Eligible patients were offered the vaccine and the opportunity to receive it during the appointment. Patients were considered ineligible if they had a history of an allergy to the flu vaccine or if they were undergoing active chemotherapy treatment
- Data were collected using a retrospective chart audit tool that included the number of patients screened, the number of eligible patients, and the number of patients who elected to receive the flu vaccination.

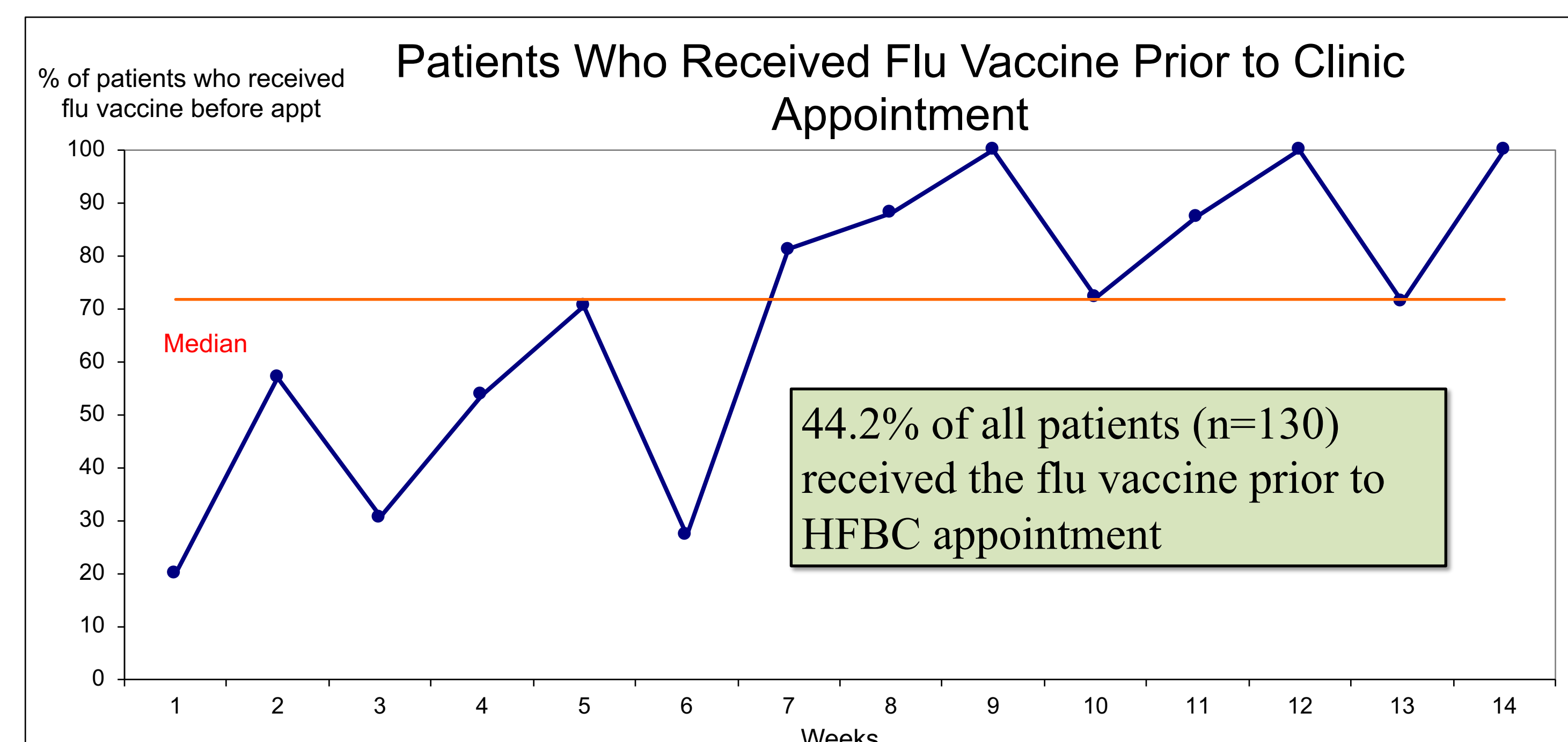
Results



Total number of patients varied each week. Week one, the clinic saw 36 patients while week 14 the clinic saw 7 patients. Appointment availability changed with provider staffing.



As the flu season progressed, an increasing number of patients had already received the flu vaccine prior to coming to their HFBC appointment making them ineligible to receive the vaccine during their clinic appointment.



Discussion

Impact

- Pre-implementation data showed that zero patients were screened for the flu vaccine or offered the vaccine during their clinic appointment despite recommendations included in updated guidelines.
- Towards the end of the implementation period, an increasing number of patients received the flu vaccine at an outside source prior to coming to the clinic appointment. This resulted in a lower number of eligible patients beginning in week 9.

Limitations

- As staff participation in the process change decreased over time, less patients were screened at each appointment.
- Notable barriers to this project included staff adoption of the intervention, time limitations with flu vaccine availability, and clinic staff turnover during the intervention period

Conclusions

- Without a previous screening process in place, eligible patients were not receiving the flu vaccine during the HFBC appointment. This season, 43.5% of eligible patients received the flu vaccine, which is an increase from the baseline of zero patients.
- With support from clinic leadership, the staff have chosen to continue to screen patients during HFBC appointments and provide vaccination against the flu when eligible. Considering the decrease of administration rates later in the season, it would benefit the patients to offer the vaccine earlier in September going forward.

References

