Development of a Pharmacy-based immunization program in a community hospital
Suburban Hospital

Program/Project Description.
Vaccination against Streptococcus pneumoniae has been identified as a major preventative measure against illness, and pneumonia is the number one vaccine-preventable cause of death in the U.S. The Center for Medicare and Medicaid Services and The Joint Commission collaborated to align common measures for preventing community acquired illness with pneumococcal vaccination of specified patients as one of the Core Measure criteria. Prior to August 2010, Suburban Hospital, a 238 bed community hospital, fell consistently below desired compliance with this Core Measure. The purpose of this project is to improve compliance with best practice recommendation through redesign of the hospital’s vaccine administration program.

Process.
A collaborative process between Suburban Hospital’s Pharmacy and Nursing staff was developed, resulting in an innovative approach to vaccine screening and administration. In this new process, pharmacists administer the pneumococcal vaccine to eligible patients in the inpatient setting. To our knowledge, this is the first inpatient pharmacy-based immunization program in the state of Maryland.

Suburban Hospital’s procedure for vaccine administration prior to August 2010 began with an initial nurse screening of patients for vaccine eligibility upon hospital admission. If a patient was vaccine-eligible, an order was initiated and the patient was to receive the vaccine on the day of discharge. Compliance ranged between 60-70% over the last 2 years. Barriers identified to the process included vaccine preparation occurring in the Pharmacy rather than on the nursing unit and inconsistency with regard to the administration of the vaccine on the day of patient discharge because of the significant number of additional nursing driven discharge processes.

A multi-disciplinary team consisting of nursing, clinical informatics, outcomes management and pharmacy representatives was convened to improve patient outcomes and Core Measure compliance resulting in a pilot program in which the pharmacist administers the vaccine to the patient.

Solution.
In the pilot program, nurse screening for patient eligibility upon admission to the hospital is the trigger for a report of vaccine eligible patients. The report is automatically generated twice daily and is reviewed by a subset of Nurse Educators and Nursing Quality. A thorough review of the patient chart for any patient with unknown vaccine history is critical to avoid duplicate vaccine administration. Once the patient’s vaccine history is clarified, decentralized pharmacists obtain the physician order required by Maryland law for pharmacist administration. A patient-specific vaccine is prepared by pharmacy staff and administered by a certified vaccination pharmacist on day 1 or 2 of the patient’s hospital stay. The administering pharmacist documents the administration of the vaccine on the patient’s MAR and in the hospital’s clinical database.

Measurable Outcomes.
The pilot program was initiated on August 2, 2010. Compliance rate for the last quarter 99% respectively.

Sustainability.
All pharmacists on staff are in the process of certification

Role of Collaboration and Leadership.
Pharmacy, Nursing, quality and Pharmacy and Therapeutics Committee

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