
View Abstract

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TITLE: Mythbusters! Improving Influenza Vaccination Rates in an Urban Underserved Resident Practice Using Targeted Educational Intervention

ABSTRACT BODY:

Statement of Problem or Question (one sentence): Will influenza (flu) vaccination rates improve by targeting patient concerns and providing standardized educational information?

Objectives of Program/Intervention (no more than three objectives): To increase flu shot administration rates by 10% from our practice's usual care (67%) over two months (October-December 2018)

Description of Program/Intervention, including organizational context (e.g. inpatient vs. outpatient, practice or community characteristics) : The resident primary care practice serves a predominantly Afro-Caribbean urban underserved population in Brooklyn, NY. All patients were offered the flu vaccine. Those that declined were engaged in conversation based on the CDC "No More Excuses: You Need a Flu Vaccine" fact sheet. Most common categories of declination reasons were:

- The flu vaccine can give me the flu.
- I do not need to get the flu vaccine every season.
- I can wait to get vaccinated.
- The flu vaccine is not 100% effective/protective.

Residents were educated on the most common reasons for declination and targeted educational interventions based off the fact sheet addressed each patient's specific concern. The number of patients who converted to accepting vaccination was recorded. Patients with reasons other than the above were excluded from the study.

Measures of success (discuss qualitative and/or quantitative metrics which will be used to evaluate program/intervention): The percentage of patients who converted to accepting the flu vaccine following the intervention.

Findings to Date (it is not sufficient to state →findings will be discussed→): The flu vaccine was offered to 71 patients, 37 patients (52%) accepted, 34 patients (48%) initially declined. Of these 34 patients, 23 (68%) patients converted to accepting flu vaccination following the targeted educational intervention. In total, 60 out of 71 patients (84%) ultimately accepted flu vaccine administration. Our intervention had an absolute improvement of flu shot acceptance of 17% over usual care (67% in our practice the previous year).

34 patients were surveyed on reasons for declination, with the following results:
15 patients (44.1%) "The flu vaccine can give you the flu."
9 patients (26.4%) "The flu vaccine is not 100% effective/protective."
6 patients (17.6%) "I can wait to get vaccinated."
4 patients (11.7%) "I do not need to get the flu vaccine every season."
6 patients (17.6%) "Other reasons." These patients were excluded from the study.

Key Lessons for Dissemination (what can others take away for implementation to their practice or community?): Patients decline influenza vaccination for a few common reasons as mentioned above. By identifying and addressing each patient's particular concern, and by using a focused standardized educational intervention, physicians can improve vaccination rates.

Impact: Categorizing patient reasoning behind vaccine declination to give standardized responses across providers can be an effective method of ensuring consistency and ensuring all providers have the language to respond to patient concerns.

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PRESENTATION FORMAT: No Preference

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