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A primary care quality improvement initiative to increase influenza and pneumococcal vaccinations in the elderly and diabetics

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Background and Aim: The elderly and those with diabetes face more severe complications of influenza and pneumococcal disease. However, both influenza and pneumococcal vaccines are under-prescribed. Our objective was to measure and improve the proportion of patients receiving these recommended vaccinations through a multifaceted quality improvement initiative.

Methods: Using a Plan-Do-Study-Act quality improvement model, a process was developed to improve the proportion of elderly and diabetics receiving influenza and pneumococcal vaccinations over a 5-month period. Interventions were designed to 1) increase patient demand; 2) enhance access; 3) improve provider reminder systems.

Results: The overall influenza immunization rate increased from 9% to 47.1% (≥ 65 y/o: 11.5% to 48.7%; diabetics 5% to 50.5%). Improvement in pneumococcal immunization rates were also observed, from 6% to 47.1% (≥ 65 y/o: 4.5% to 48.7%; diabetics 4% to 50.5%).

Conclusion: This multifaceted quality improvement initiative incorporating administrative, organization and educational strategies improved influenza and pneumococcal vaccination rates. Further efforts will be needed to evaluate sustainability and applicability in other primary care settings.