

# Improving the Care of Asplenic Patients in HCA

## The Problem

Asplenic patients (patients who do not have working spleens) are at risk for fulminant sepsis (severe blood stream infection). Vaccination against certain bacteria and early use of self-administered antibiotics in the setting of illness with fever decreases the risk of sepsis. HCA discovered that few of its asplenic patients received the full complement of recommended interventions.

HCA's early efforts at improving care for asplenic patients focused on physician education and exhortation. In theory, knowledge would influence behavior, and care for asplenic patients would improve one patient-physician encounter at a time. In practice, results were modest. So HCA turned to the concept of panel management. Could a set of medical interventions be applied reliably to a defined population of patients as a panel? Would results be different if we transferred the burden of implementation from physicians to other healthcare providers?

## Aim

We wanted to ensure that asplenic HCA patients received the following: pneumococcal vaccine, Hemophilus influenza vaccine, meningococcal vaccine, annual influenza vaccine, prescriptions for empiric antibiotic treatment, and education regarding self-management of febrile illnesses.

## The Team

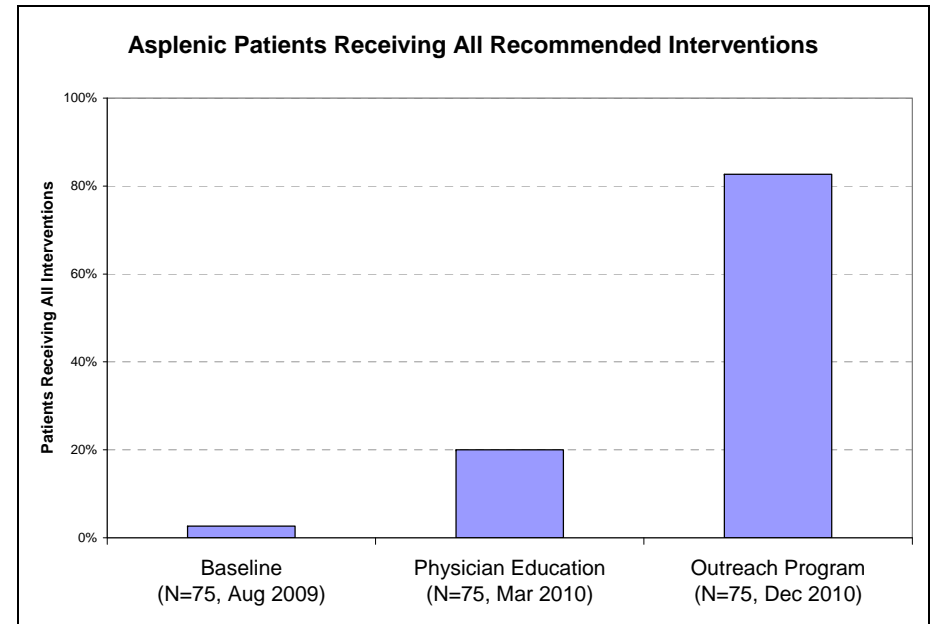
Hans Kim, MD; Mark Aronson, MD; Gila Kriegel, MD; Frederic Goldman, MD; Jennifer Allen, PharmD, Francine Theberge, RN, Kathleen Mazzio, RN, Jacob Shin, BA; Joanne E. Schulze, BA; Scot B. Sternberg, MS.

## The Interventions

A working group of physicians, nurses, pharmacists, practice managers, and decision support analysts designed an "opt-out" outreach system in which patients were identified and contacted to receive the interventions as indicated by their physician. We identified potentially asplenic patients using electronic data. Primary care physicians reviewed and revised patient lists. Clinic staff contacted patients to arrange for nurse-run appointments to receive necessary vaccinations, antibiotic prescriptions, and education. The program was implemented over a two-month period.

## Results/Progress to Date

With the outreach program, 82.7% of asplenic patients received the full complement of recommended care.



## Lessons Learned

We achieved substantial improvements in performance by creating an opt-out outreach system that shifted the burden of implementation from physicians to a team of trained, skilled support staff. Close multidisciplinary cooperation was essential.

## Next Steps

We will monitor our performance to ensure that HCA's asplenic patients continue to receive optimal care.



Beth Israel Deaconess  
Medical Center



A teaching hospital of  
Harvard Medical School

THE SILVERMAN INSTITUTE  
For Healthcare Quality and Safety

For More Information Contact

Joanne E. Schulze  
Medicine QI Project Coordinator  
(jschulze@bidmc.harvard.edu)