Improving Immunization Rates at Northside Health Center for Children 0 to 27 Months

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BACKGROUND

❖ HEALTH PROMOTION / DISEASE PREVENTION:
• Immunizations protect children from very serious illnesses
• American Academy of Pediatrics recommendations

❖ REPORTABLE QUALITY AND PERFORMANCE MEASURE:
• CHD reports immunization status as a quality measure (HEDIS/NCQA, HRSA/UDS)

❖ ORGANIZATIONAL ALIGNMENT:
• Aligns with the Thrive at Five Collaborative

HEDIS: Healthcare Effectiveness Data and Information Set
NCQA: National Committee for Quality Assurance
HRSA: Health Resources and Services Administration
UDS: Uniform Data System

Childhood Immunization Schedule
https://www.cdc.gov/vaccines/schedules/
THEORY

Improving Immunization Rates for Children 0 to 27 Months
Key Driver Diagram (KDD)

Project Leader(s): Sheila Bonner, RN, FNP
Revision Date: 10.2019 (v1)

Global Aim
The children in the city of Cincinnati are healthy, thriving, and free from preventable diseases

SMART Aim
To increase the percent of children turning 27 months old who are up to date on all immunizations from 28% to 50% by April 15, 2020

Key Drivers
- Educates and informed parents
- Educated and informed staff
- Real time identification of missed appointments
- Anticipatory guidance given at every visit regarding immunizations

Interventions (LOR #)
- Proactive Outreach (LOR #)
- Proactively schedule 1, 2, and 4-month WCC at Newborn visit
- Supportive Pregnancy Group: Educate moms during group on importance of vaccinating

Population
0 to 27-month-old children at Northside Health Center

Legend
- Potential intervention
- Active intervention
- Adopted/Abandoned intervention
LEARNING CYCLES

PDSA Worksheet – Immunizations

Plan SMART Aim: To increase the percent of children turning 27 months old who are up to date on all immunizations from 28% to 50% by 4/15/20

Key driver does this test impact? Educated and informed parents

What is the objective of the test? To see if proactively reaching out to parents/families will help with appointment completion and care gap closed.

Plan:

A. Briefly describe the test:
   With list of children getting ready to turn 24 months, execute proactive outreach.

B. What would the successful test look like?
   Children get scheduled who are about ready to age-out of the measure.

C. How will you measure the success of this test?
   Number of appointments scheduled.

D. What do you predict will happen?
   Will be time consuming, but will likely get some appointments scheduled.

E. Plan for collection of data:
   Manual; keep log of calls and appointments.

F. Tasks:

<table>
<thead>
<tr>
<th>List the tasks necessary to complete this test (what)</th>
<th>Person responsible (who)</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain list of Northside children who are going to turn 24 months</td>
<td>Shelsi</td>
<td>11/19</td>
<td>NSHC</td>
</tr>
<tr>
<td>Work with CSRs to start cross-referencing that list with the schedule</td>
<td>LA/SHMIA</td>
<td>11/19</td>
<td>NSHC</td>
</tr>
<tr>
<td>Proactive outreach to those children needing appointment</td>
<td>LA/SHMIA and Teams</td>
<td>11/20 – 12/2</td>
<td>NSHC</td>
</tr>
</tbody>
</table>

Do:

Test the changes.

Was the cycle carried out as planned?  [ ] Yes [ ] No

Record data and observations.

What did you observe that wasn’t part of the plan?

Study:

Did the results match your predictions?  [ ] Yes [ ] No

Compare the result of your test to your previous performance:

What did you learn?

Act:

Decide to Adapt, Adopt or Abandon (shade one box).

- Adapt. Improve the change and continue testing the plan. Plan changes for next test:
- Adopt. Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.
- Abandon. Discard this change idea and try a different one.
RESULTS

Percent of 27 month olds receiving all vaccines*
January 2018 - present

*includes Flu and Rotavirus
Proud of all the learnings

Working on a population health level is rewarding

<table>
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<tr>
<th>QI Learning</th>
<th>Leadership Learning</th>
<th>Project Process Learning</th>
</tr>
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<tbody>
<tr>
<td><strong>QI Learning 1</strong>&lt;br&gt;Learning how to dig into data.</td>
<td><strong>Leadership Learning 1</strong>&lt;br&gt;As health center manager and leader of QI project I am learning not to assume that everybody has the same knowledge base. (staff education).</td>
<td><strong>Project Process Learning 1</strong>&lt;br&gt;Importance of providing vaccine information to mothers/families before newborn visit. Patients/families are not aware that vaccine are given by a schedule.</td>
</tr>
<tr>
<td><strong>QI Learning 2</strong>&lt;br&gt;It takes a lot of work to review charts for needed information and time is needed to retrieve data.</td>
<td><strong>Leadership Learning 2</strong>&lt;br&gt;As a leader I need to figure out the best ways to motivate staff to do this work.</td>
<td><strong>Project Process Learning 2</strong>&lt;br&gt;Importance of updating demographics at every visit. If appointments are not scheduled before leaving health center it is more likely flu vaccine appointment will be forgotten and or scheduled outside the required vaccine schedule.</td>
</tr>
<tr>
<td><strong>QI Learning 3</strong></td>
<td><strong>Leadership Learning 3</strong></td>
<td><strong>Project Process Learning 3</strong>&lt;br&gt;Delay in administration of vaccine per schedule will affect projects outcome. No show/missed appointment plays a significant role in children not receiving their vaccines at age requirement.</td>
</tr>
</tbody>
</table>
GREATEST CHALLENGE

- Limited time to work on project.
- Population health data; many reasons out of my control.
- New to QI

- Provider preference
- Staff feeling as if they have done this work already
  - Staffing
  - Overwhelmed
With thanks

TEAM MEMBERS

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Team Members:
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