

April 2010

A Shot of Quality Improvement!

Welcome to Immu-News, the Immunization Initiatives listserv, a monthly resource for the community of participants in this project.

All health care delivery organizations are required to have quality assurance and quality improvement programs, but it is often difficult to make these efforts really meaningful in the everyday practice of serving patients. This month's Immu-News suggests a number of immunization quality measurements that you can adapt to your local setting. We are finding from our site visits that many of you really struggle with understanding who is getting immunized, who is missed, and what the root causes are for the gap between your goal of full immunization and the present reality at your center. Additionally, immunization data gathering is often very time consuming, often duplicated several times over for various outside agencies, and often not in step with the ways changes are made in other parts of your organization. Here are a few ideas from us, and we welcome responses back from you that will continually improve immunization practices.

Addressing the Big Four: On-Time Immunizations, Knowing Your Baseline, Making Improvement, and Accurate Records

Our four quality topics will cover:

- Immunization reminder systems
- Baseline immunization rate audits
- Measuring success
- Patient self-management in record retrieval

Resources

- [PDSA Worksheet for Testing Change](#)
- [Immunization Audit Summary](#)
- [Manual Immunization Audit](#)

Immunization Reminder Systems

Why do our dentists and veterinarians do a better job at keeping our teeth clean and our pets vaccinated than we do at identifying who is in need of an immunization? My doctor doesn't tell us when our children need shots, but my dog's vet sends three different reminders ahead of time. There are several answers. First, privacy rules don't apply to vets. But they do apply to dentists, so it's not all about problems with privacy and recall systems. Second, human immunizations have complex schedules and are on a larger scale than dental care and pet care. Third, vets and dentists are used to recall systems. So—our reminder systems must be able to protect privacy concerns, respond to complex schedules, and be able to deal with a large scale population. Where do we start?

- Measure what you are doing. Your QA should start with the question of whether you have a recall system for immunizations. Yes/No
 - Is it prospective or retrospective? That is, does it only trigger a call if an immunization is missed, or does it remind the person in advance of the actual needed vaccine?
 - Is it working? What is the relationship between the recall system and when people come in for an immunization? Do you know how to measure this? If you haven't, simply ask

the next 25 people who come in how they knew to come. Then you have done a QA audit!

- Make improvements. You can start small scale but go deep. Have every patient who gets a vaccine fill out a postcard to be self-addressed that tells them it's time to come in for their next vaccine. Figure out when that actually is. Put the card in a file sorted by month of the year. Put it in the month prior to the actual need. Then every month, mail the postcards for that month. Track your success.
- Deal with privacy concerns. Immunizations are a public health matter and don't require record privacy. So call or email with reminders. Train staff and patients on need for openness on immunization records.
- Go for everyone if you don't have good data on subgroups. Send every patient a card or a call that says they need to check with you about the status of their immunizations. Track how big of a response you get if you do this twice a year.
- Set up a Facebook page for your site and let people be fans. Send out updates on when different groups need immunizations.
- Decide to target a particular group, like teens. Get really good with a recall system for the neediest group, and then spread it to other groups. Need more help with designing a recall system? Just ask! And have fun! Try to design a recall system that fits your population and that is manageable by you. Build in rewards for staff and patients as the recall system is found to be effective.

Set baseline immunization rates for your clinic and conduct a baseline audit

- Define fully immunized for your clinic. Include the vaccines that you administer at your clinic, and subcategories.
- Use standard groups: measure 2 year olds, twelve year olds, and adults. Pick another age group that you are concerned about, such as twenty-thirty year olds. Look at gender differences, ethnic differences, and insurance/self-pay differences as you look at baseline rates. Consider other distinctions within your population.
- Design a schedule for your audits, like two year olds in October, twelve year olds in January and adults in May. Then you will have time to design interventions that target each group.
- Plan your audit. Decide who will be involved. The more providers, the better, as the involvement in the audit contributes to understanding and improvement.
- Make the audit fun. Don't cram it into a full day. Provide refreshments or some nice touch. If five people do 5 charts each, it isn't a big deal, whereas one person with 25 charts at the end of a day is tedious.
- Have a uniform audit sheet. Plenty of samples are available. We have attached a sample above. Have a place to record age, gender, special population (migrant, homeless, immigrant, etc.) Note language spoken. Note whether fully immunized by a specific date you have chosen. Decide what counts as your record: electronic record, paper chart, or registry. If you have the time, it's great to also note what immunizations are getting missed.
- Pull sample charts, paper or electronic. Look at enough records to have confidence in outcome. Usually 5-10% of your strata group is good. You may need to over represent particularly at-risk or minority patients.
- Determine, yes or no, if record shows client is fully immunized (based on definition set above). Take no prisoners: keep it clean and just do yes/no. You can find out more when you revisit the "no's" but a lot of audits fail because people get wrapped up in the why and ignore the fact of the percentage actually reached.
- Calculate baseline rates based on audit findings

Make Improvements: Report rates semi-annually and share with staff

There is no point in doing audits if they aren't linked to rapid change possibilities. But too often we try to change everything at once. Do your audits twice a year and use the information. Is your rate lower than you thought? Find out why. Find at least two or three reasons why. How? Do a QA cycle looking at patient satisfaction related to vaccines. Ask 3-5 questions, like: "I know when my child needs his next vaccine" yes/no. "I find it easy to keep my immunizations up to date." Yes/no. "The main reason I can't get immunized on time is: _____ (can give several choices like cost, transportation, forgot, don't like side effects, worried about vaccine safety, sick, etc.)

Then devise a quick intervention related to your findings. Don't make all your efforts conform to a one-year grant cycle plan. Make small changes frequently, and measure success.

- Ask your staff for ideas. Show them the results and ask them to identify 3 problems and 3 strategies. Let everyone pick a strategy and try it for a month. Measure if it works the next month. You don't need to pull lots of charts to do this, just the ones seen in the last month related to your improvement strategy. This can make QA interesting!
- Try to streamline data entry. Any time someone enters data, figure out how to use that data in your QA plan. Don't enter useless data! Often, forms get added but nothing gets deleted. Part of QA is purging old stuff. Do you ask about Social Security numbers on forms? Delete it! Do you ask place of business? Why? What do you really need? Then collection is quicker and retrieval is quicker. One month of a QA activity could just be to review forms for things that could be deleted or streamlined.
- Celebrate success. Did rates go up by a significant margin? Do something about that to celebrate! Make a poster for your clinic, announce it to staff, tell the world. Good job! Set goals for continued improvement.

Patient Self-Management: Institute and Measure Hand-Carried Records

Over and over again we find that the best way to know if a migrating patient is up to date on their vaccines is through patient self-reporting. Those who are given accurate records and told to show them each time, actually do this over 90% of the time.

- Do you have a system for giving patients up to date vaccine records?
- Is it working well? Audit this and see. Just check the next 30 patients for a self-carried record.
- Collect samples of portable records.
- Pick one.
- Use it on everyone who gets a vaccine.
- Consider an incentive for the patient keeping it, like updating the card with a new digital photo of the child before each shot. This is easy with today's technology! You can have an electronic record, take a web photo, and then print the record with the new photo.
- Check the % patients using your portable record in two months time. You can use the attached Worksheet for Tracking Change to keep track of your work.
- Be creative!

Collaborate as much as possible with parents, patients, and staff. Be creative and engaged and your performance will go way up!

Immu-News is a project of the Migrant Clinicians Network. The Immunization Initiative is funded by the Centers for Disease Control and Prevention. The Immu-News Listserv is a support service for clinics participating in the project. This is a post-only listserv, and postings will come from Immunization Initiative staff about once a month. If others at your clinic would like to be on the listserv, or if you have



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questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, administrator, at kath@healthletter.com. You can also contact the listserv administrator if you would like to subscribe or unsubscribe from the list.