

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

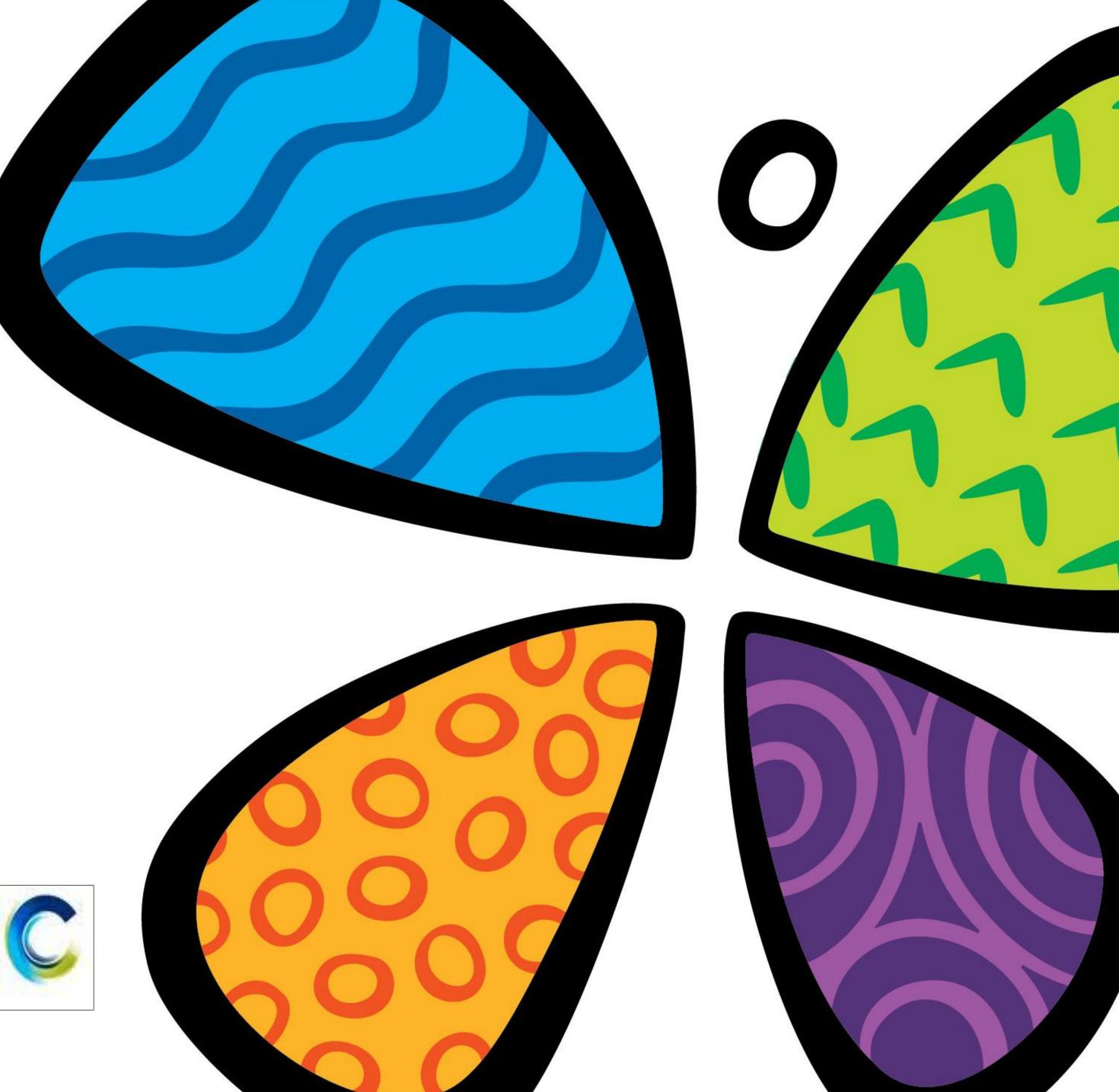
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Cincinnati Health Department

Northside Health Center

December 2019





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

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
НерВ	НерВ				НерВ					
		RV	RV	RV						
		DTaP	DTaP	DTaP		1	DTaP			DTaP
		Hib	Hib	Hib		Hib				
		PCV13	PCV13	PCV13	Р	CV13				
		IPV	IPV			IPV				IPV
						1	nfluenza (Yearly)	*		
					1	MMR				MMR
					Va	ricella				Varicella
						Н	lepA <u>§</u>			

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

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

Population

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

Key Drivers

Educates and informed parents

Educated and informed staff

Real time identification of missed appointments

Anticipatory guidance given at every visit regarding immunizations Proactive Outreach (LOR #)

Interventions (LOR #)

Revision Date: 10.2019 (v1)

Proactively schedule 1, 2, and 4-month WCC at Newborn visit

Supportive Pregnancy Group: Educate moms during group on importance of vaccinating

Potential intervention Active intervention Adopted/Abandoned intervention

Legend

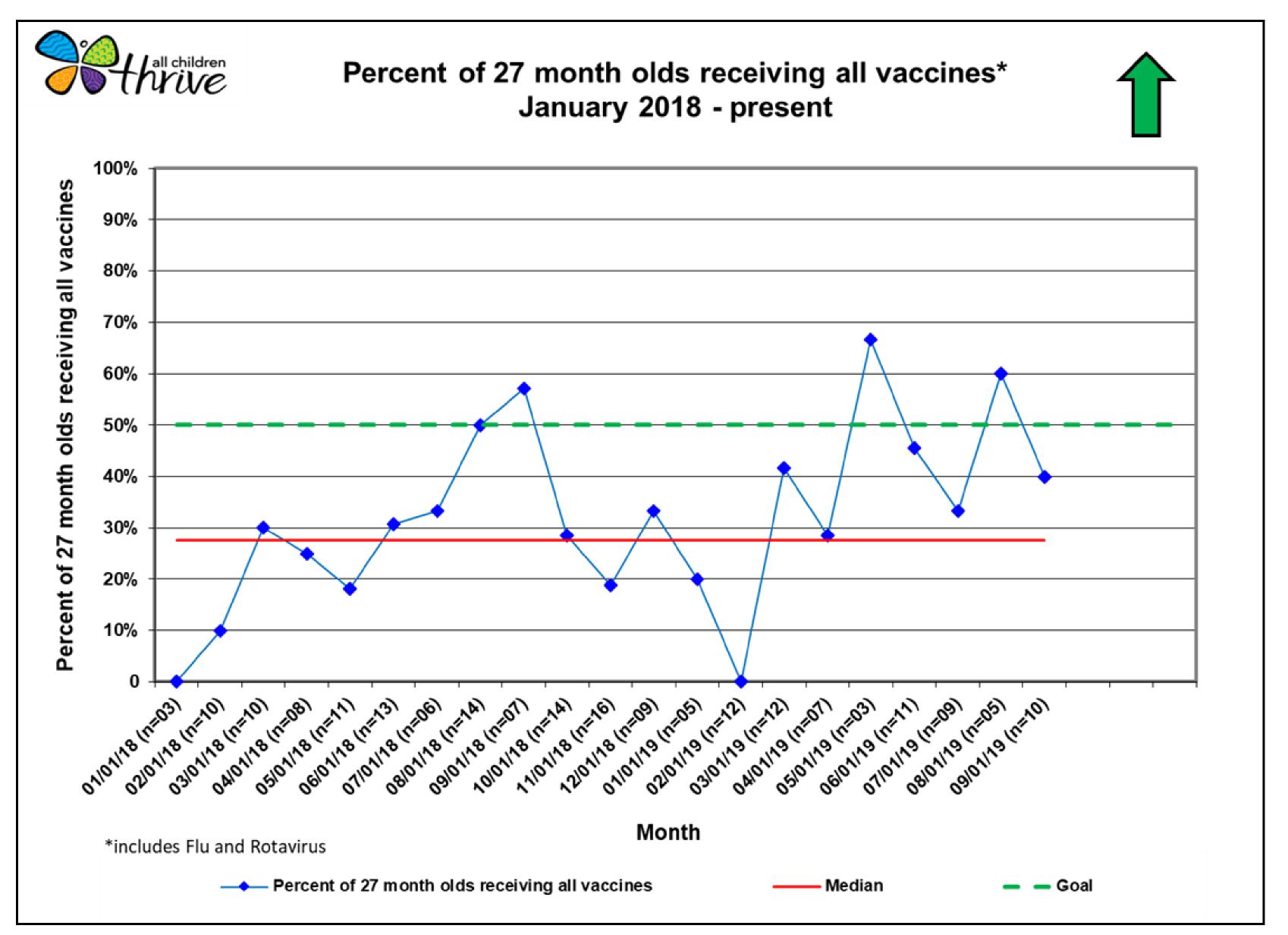
LEARNING CYCLES



Children's R changing the outcome together	Ramp Name: Proactive C	Outreach		Test Name: Proactive Outreach	Test Start Date: 11.18.19	Test Complete Date: 12.02.19	Sh		
Project SMART Aim: To increas	e the percent of	children turn	ing 27 mont	hs old who are up to date	on all immunization	ns from 28% to 50% by 4/1	5/2		
What key driver does this test imp Educated and informed pare				What is the objective of the test? To see if proactively reaching out to parents/families will help with appointment completions / care gap closed					
PLAN:				DO: Test the change	_	Tyes or □ No			
. Briefly describe the test: With list of children getting ready to turn	n 24 months, execute	proactive outre	ach		- L				
. What would the successful te	st look like?			Record data and observations.					
Children get scheduled who are about	ready to age-out of th	ne measure							
How will you measure the suc	ccess of this test	?		What did you observe that was not part of the plan?					
Number of appointments scheduled									
. What do you predict will hap	pen?			STUDY:					
Will be time consuming, but will likely g	get some appointmen	ts scheduled		Did the results match	your predictions?	Yes or No			
Plan for collection of data:	1-			Compare the result of	your test to your p	revious performance:			
Manual; keep log of calls and appointm Tasks:	ients			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	Person responsible (who)	When	Where	What did you learn?					
List the tasks necessary to complete this test (what)				ACT: Decide to Ada	ot, Adopt or Abando	n (shade one box).			
	Shelia	11/18/19	NSHC		-	(Shade one box).			
complete this test (what) Obtain list of Northside children who are	Shelia LaShanta	11/18/19	NSHC	_ ·	-	ntinue testing the plan.			
Complete this test (what) Obtain list of Northside children who are going to turn 24 months Work with CSRs to starting cross-				Adapt. Improve Plan/changes for Adopt. Select of	r next test: hanges to implemen	,			

RESULTS





MOST PROUD & WHY



QI Learning

(Ex. Learned benefits of failing on a small scale)

QI Learning 1 Learning how to dig into data.

QI Learning 2

It takes a lot of work to review charts for needed information and time is needed to retrieve data.

QI Learning 3

Leadership Learning

(Ex. Importance of communicating with stakeholders)

Leadership Learning 1
As health center manager and leader of QI project I am learning not to assume that everybody has the same knowledge base. (staff

Leadership Learning 2
As a leader I need to figure out the best ways to motivate staff to do this work.

Leadership Learning 3

education).

Project Process Learning

(Ex. Importance of documenting throughout the project)

Project Process Learning 1
Importance of providing vaccine information to mothers/families before newborn visit.

Patients/families are not aware that vaccine are given by a schedule.

Project Process Learning 2

Importance of updating demographics at every visit.

If appointments are not scheduled before leaving health center it is more likely f/u vaccine appointment will be forgotten and or scheduled outside the required vaccine schedule.

Project Process Learning 3

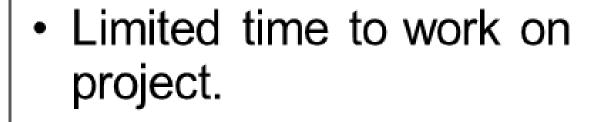
Delay in administration of vaccine per schedule will affect projects outcome.

No show/missed appointment plays a significant role in children not receiving their vaccines at age requirement.

- Proud of all the learnings
- Working on a population health level is rewarding

GREATEST CHALLENGE





 Population health data; many reasons out of my control.

Systems Thinking

Understanding Variation

New to QI

Theory of Knowledge/ Testing Change Management/ Psychology

 Staff feeling as if they have done this work already

Provider preference

- Staffing
- Overwhelmed

With thanks



TEAM MEMBERS

Sheila Bonner, RN, FNP Northside Health Center Manager (Sheila.Bonner@cincinnati-oh.org)

Team Members:

- Dr. Nikki LaCasse
- Dr. Hazel Kanu
- Dr. Allison Ng
- Parent Partner

- Susan Horne, RN
- LaShanta Pearson, Admin Tech
- Crystal Duskin, MA

