

PLAN

Identify an Opportunity and Plan for Improvement

1. Getting started

- Immunization rates for LeFlore County have increased over the last 5 years but the 4th DTaP remains low at 82%
- Because the DTaP remains low, children having completed the 4:3:1:3:3:4 series is only at 82%
- Child health is a flagship issue for OSDH.

2. Assemble the team

- LCHD RN Coordinator
- LCHD Registered Nurses
- LCHD Patient Care Assistants
- LCHD Immunization Field Consultant

3. Examine the current approach

- Parents/guardians did not want their children receiving all vaccines needed at one visit.
- Immunizations were offered on a walk-in basis only.
- There was 6 months between the 3rd and 4th DTaP. Parents/guardians would forget vaccines were due.

4. Identify potential solutions

- Mail reminder cards
- Use of audit tool
- Offer both walk-in and appointments
- Utilize vaccine preventable disease pictures
- Use of self-addressed envelopes

SWOT Analysis used during this process:

Goal: Increase 4th DTaP rate

Timeline: 1 year

Strengths	Weaknesses	Opportunities	Threats
Participate in VFC program Large immunization caseload 6 registered nurses	6 months between 3 rd & 4 th DTaP Typically several vaccines needed at 1 year of age	Educate and encourage regarding vaccines Offer next vaccines as walk-in or appt. Mailing reminder cards	Shortage of State DTaP Barriers to client care i.e.: transportation Illness of child Religious beliefs

5. Develop an improvement theory

- Consistency in implementing the potential solutions along with education and encouragement regarding vaccines, the potential exists to increase the 4th DTaP rate

AIM: Increase 4th DTaP rates by 1% for children under the age of 3 years by November 30, 2015 for LeFlore County

DO

Test the theory for improvement

6. Test the theory

- Place reminder cards and envelopes in all exam rooms.
- Print Site Recall Report and Missed Opportunity Report monthly. Mail reminder cards.
- Offer clients appointment or walk-in for next vaccines.
- Post ACIP recommendations, minimal intervals and contraindications for easy access by RNs.
- Develop audit tool and use monthly
- Monitor PHOCIS for missed appointments and mail reminder cards
- Use vaccine preventable disease pictures and VIS to encourage clients to obtain all vaccines due.

Check

Use Data to check the results

7. Check the results

- Reminder cards and envelopes placed in all exam rooms. Parents/Guardians self-addressed envelopes.
- Site Recall and Missed Opportunity reports were printed monthly and reminder cards mailed.

- Clients were offered their choice of walk-in or appointment for next visit.
- Audit tool was used monthly.
- PHOCIS was monitored and reminder cards mailed for missed appointments.
- Completion of 4th DTaP increased from 82% to 83%. Other vaccines rose as well.



ACT

Standardize the improvement and establish future plans

8. Standardize the improvement or develop a new theory

- The implementation of new strategies proved to be a success
- Team members agree this process should become a standard for LCHD

9. Establish future plans

- Nursing staff, PCAs and IFC agree to continue all interventions implemented in order to improve child health by increasing vaccine rates
- Share success with other LCHD staff and LeFlore County Board of Health