Project Charter

Project Name	Standing Orders for Childhood Vaccination
Lead Staff/Physician	Dr. B
Project Manager	Aaron
Project Start Date	July 10, 2017

Project Aim

What are you trying to accomplish? Every aim will required multiple small tests of change (PDSAs).

Aim statement: (Make sure your aim is measurable and has a timeline.)
Over the next 15 months, among our patients ages 18 to 24 months, we will increase *(below are samples, consider assessing practice rates and determining which vaccines are your biggest priority. Also consider using standing orders for adolescent vaccines)*:

- The percentage who are up-to-date on DTaP vaccine.
- The percentage who are up-to-date on MMR vaccine.
- The percentage who are up-to-date on the Combined 7-Vaccine series.*

Performance Gap

What is the problem and why are you addressing it?

Our providers are very pro-vaccination, but we are hectic and often forget to order vaccines, especially when a child is not in for well care (but even sometimes when the purpose of the visit IS well care). We all agree with using the AAP immunization schedule, but slip up—especially during August when it's crazy busy with back to school visits and February when we are swamped with sick visits.

Project Deliverables

What are the tangible things that the project will produce to enable the aim to be achieved?

- Accurate knowledge of practice vaccination rates.
- Working protocol for standing orders to administer. vaccines to all eligible patients.

*Includes ≥4 DTaP doses, ≥3 Polio doses, ≥1 MMR dose, Hib full series, ≥3 HepB doses, ≥1 Varicella dose, and ≥4 PCV doses

Barriers

What are potential barriers and how will you overcome them?

- The MA has to check with a licensed provider** before administering the vaccine. If the physician is the only one available it wouldn't save him/her any time.
- The patient record could be inaccurate and MAs should double check with the immunization registry. (The MA can also ask the parent if any other vaccines had been received, but receipt of a vaccine outside the office that is not in the registry should be verified).
- Parents may think it's odd if the child is vaccinated *before* the doctor part of the visit?
- MAs may not be allowed to administer vaccines in some states. Each of the 50 states separately regulates physicians, nurses, MAs and other health-related practitioners. Contact your state immunization program or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice) to determine who is authorized to administer vaccines under standing orders.
- Using standing orders results in different coding for immunization administration. Depending on your payers, this may affect overall payment for vaccine administration. Using Standing order for adolescent vaccines may be very effective.

Measures

What measures will determine success?

To determine the success of our project, we will look at the percentage of eligible patients aged 18-24 months who are up-to-date on DTaP, MMR and the Combined 7-Vaccine Series* vaccine series. We will sample all charts of patients 2 years and younger who come into the office for any reason over a 2-week period (up to 20 patients who arrive for any reason). Ashley (the nurse) will check the charts for each of the 20 patients and record their vaccination status for the vaccine relevant to our project's aim.

Measure	Operational Definition	Baseline Number (percentage)	Goal Number (percentage)
Up-to-date on DTaP	Patients who have received all recommended doses of DTaP vaccine.	14/20 (70%)	18/20 (90%)
Up-to-date on MMR	Patients who have received recommended dose of MMR vaccine.	14/20 (70%)	18/20 (90%)
Up-to-date on Combined 7-Vaccine Series*	Patients who have completed vaccination series.	12/20 (60%)	18/20 (90%)

Project Scope

In Scope	Out of Scope
Active patients ages 2 years and younger, who visit the office during the project period.	Patients who do not visit the office during the project period. Patients age 3 years and older.

*Includes ≥4 DTaP doses, ≥3 Polio doses, ≥1 MMR dose, Hib full series, ≥3 HepB doses, ≥1 Varicella dose, and ≥4 PCV doses
**Often an RN fills this role. Practices without an RN should decide would be most appropriate to fill this role

Project Team Roles and Responsibilities

Team members	Roles	Responsibilities
Dr. B	Oversee project Physician lead	Communicate with physicians and explain project and provide updates to all staff at staff meetings.
Ashley, RN	Nurse lead	Review at least 20 charts each cycle to assess improvements. Share results with Dr. B.

Other

Ground rules, decision making process, etc.

- Improvement will likely take multiple small tests of change; the team agrees to work collaboratively to improve coverage rates.
- This project will require a team approach, all staff input and ideas are welcome (no wrong ideas).
- Stay positive (change can be hard).

Stakeholders

Stakeholder Name	Impact on Project (High, Medium, Low)	Strategies to Communicate and Gain Support
Pediatricians	High	Involve all providers in the planning meetings to get their ideas and buy in.
Nurses and MAs	HIgh	Involve the “opinion leaders” of the group in the planning meetings and use their ideas on how to test and implement the standing orders protocol.
Parents	Medium	Communicate to parents that there has been a change in office protocol. Considering surveying parents to determine what might make them most comfortable with standing orders.

Senior Leadership Signature/Approval

Printed Name Dr. B

Signature

Date 1/15/2017