

## Example 1, Immunization Assessment: DO, STUDY & ACT phases

MODEL FOR IMPROVEMENT

Team Name: ABC Pediatrics

# Plan a Test of Change

Cycle #: \_1\_ Start Date: 1/4/13 End Date: 1/4/13

### Objective for this PDSA Cycle (Aim):

By April 1, 2013, our practice will be assessing immunization status for at least 90% of patients seen for office visits today for any type of visit.

### PLAN:

#### QUESTIONS

Can we assess immunization status of all patients when they are seen?  
Can a staff member in our practice confidently and appropriately assess Immunization status? Do we have complete immunization records for all of our patients?

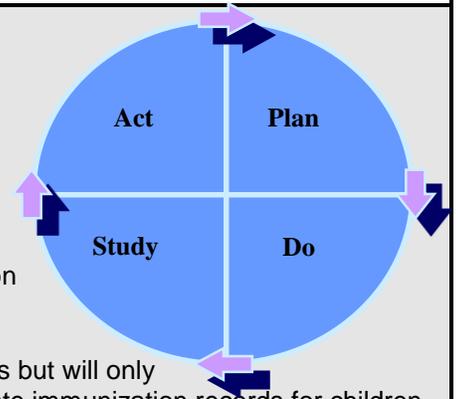
**PREDICTIONS** We will do a good job assessing immunization status at well-visits but will only remember to assess status at 75% of other types of visits. We may not have complete immunization records for children who didn't get all of their shots at our office.

#### PLAN FOR CHANGE OR TEST: WHO, WHAT, WHEN, WHERE

On Tuesday morning of next week (1/8), Mary (MA) will assess the immunization status of each patient being seen by Dr. Gordon for any type of visit when she rooms the patient. She will set an "alert" in the record for any patient who appears in need of one or more immunizations, for Dr. Gordon to confirm/order vaccine. She will note "up to date" immunization status (dated) for Dr. Gordon to confirm.

#### PLAN FOR COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE

By the end of the day (Tuesday), Mary will review the records of patients seen by Dr. Gordon that morning. She will record total # of patients seen, count the number with immunization status reviewed ( $\frac{\# \text{assessed}}{\text{total \# of records}} = \% \text{ assessed}$ ).



**DO: CARRY OUT THE CHANGE OR TEST; COLLECT DATA AND BEGIN ANALYSIS. REPORT THE RESULTS OF YOUR TEST HERE.** Describe observations, problems encountered, and special circumstances.

Mary reported it was difficult to initially remember to do the assessment at sick visits. Found it easiest to remember to do it after confirming reason for visit. Patients often missing flu shots but several parents reported shot had been given at County Health Dept. or CVS. We have no record of it. Mary reported not being sure of ages and intervals when assessing doses of HiB or PCV needed for children behind schedule.

### STUDY: COMPLETE ANALYSIS OF DATA; SUMMARIZE WHAT WAS LEARNED

73% (11/15) of the patients seen that morning by Dr. Gordon had their immunization status assessed by Mary. The 4 patients who were missed were all sick visits and during the busiest part of the morning. Of the 11 assessed, 5 were sick visits and 2 of those patients were in need of immunizations (1 was immunized, 1 has appointment for immunizations).

Need immunization and catch-up schedules available for Mary to more easily assess immunization status. Found we are missing shots given to patients at other facilities, such as the health dept. or a pharmacy.

### ACT: ARE WE READY TO MAKE A CHANGE? Modifications or refinements to the test? PLAN FOR THE NEXT CYCLE

Not ready to make change yet. Modifications for Cycle #2 – Wednesday morning, Mary will have pocket version of immunization schedule and catch-up schedule to refer to. She will also access the immunization information system (IIS) prior to rooming patients to see if additional vaccination history exists for the patients being seen.