Vaccine Recommendations: Cycle 1

MODEL FOR IMPROVEMENT Team Name: ABC Pediatrics

Plan a Test of Change Cycle #: Start Date: End Date:

Plan Describe the proposed test. What performance gap will it address? What idea will you test? What barriers will you need to overcome? What do you predict will happen?

Try your change with a few patients over a short period of time. Collect data that can be measured. Describe what happened when you ran the test.

Study Describe how the results from the data collected compare to the predicted outcome.

Act How will you modify the plan in the next test cycle based on "learnings" from this cycle? Or, describe a new idea to test to help you achieve your aim.



AlM of this project Describe the aim of this project. What are you trying to accomplish? Every aim will require multiple small tests of change.

Over the next 3 months, doctors in our practice will start using a presumptive recommendation* for vaccines, aiming to reduce the number of parents who delay or refuse vaccines by 50%.

*For the purpose of this test, present the vaccine recommendation(s) with the presumption that they will be accepted and administered; present all recommended vaccines together.

Plan

Describe the proposed test. What performance gap will it address? What idea will you test? What barriers will you need to overcome? What do you predict will happen?

Performance Gap

Our practice recently <u>assessed our immunization rates</u>, and learned they were lower than expected —64% of children were up-to-date (UTD) on all vaccinations. When reviewing charts we noticed vaccines were refused and/or delayed in 20% of all charts. Dr B, our Practice Improvement Lead, dug some more into his own patient files, and learned that in the past 6 months, 75% of his patients were UTD on vaccinations, and 20% of his patients had refused or delayed at least 1 vaccine.

Idea for Test

Our trial for test will be to have Dr B begin using a presumptive approach to recommending vaccines, rather than asking if parents want the shots.

At each visit:

- 1. The medical assistant (MA) rooming the patient will assess whether any vaccines are due, and note the chart for Dr B.
- 2. When Dr B sees the patient, he will issue a presumptive recommendation.
- 3. If the parent or patient has questions, he will engage in conversation.
- 4. When Dr B orders which vaccines should be drawn up, he will also report to the MA whether he made a strong, presumptive recommendation and whether questions about the vaccine were asked.
- 5. Unless the parents/patients object to receiving vaccines, the MA will return to administer them.

- 6. The MA will record the following in the patient record:
 - Whether a presumptive recommendation was made
 - Whether the parent/patient had questions about the vaccine
 - Whether or not the vaccine was administered

Predicted Outcomes:

Within 4 weeks, Dr B will make a presumptive recommendation for 80% of his patients and half as many parents will decline vaccines.

Barriers:

- Dr B has been practicing for 15 years, and has always asked parents if they were getting
 all the vaccines that day, which is not a presumptiove approach. It will be a change and he
 may not always remember.
- Parents may still refuse or delay vaccines, even if Dr B makes a presumptive recommendation.



What is the desired goal that will close the performance gap?

Describe the specific measures that will determine a successful outcome for the test.

How we will measure our rates:

- 1. At the end of a 2-week cycle, we will count the number of patients seen by Dr B and the number who received a presumptive recommendation. An MA (Abby or Sara) will document the type of vaccine recommendations made and whether the vaccine was administered (accepted).
- 2. At the end of a 2-week cycle, we will count the number of patients Dr B saw, the number who have refused or delayed a vaccine and the number who are currently UTD. Then we will calculate the percentage of patients that refused or delayed vaccines.

The table shows our current situation and our goal.

	Baseline Number	Goal Number
Percentage of visits during which a vaccine is due, and Dr B makes a presumptive recommendation.	0%	80%
Percentage of all patients seen by Dr B, who refused or delayed a vaccine.	20%	10%
Percentage of patients seen by Dr B, who are now UTD on vaccines.	75%	85%

Tasks

People	Tasks	Tools	
Dr B	Designate when we start.		
Abby & Sarah	Review all patient charts before visits and flag which (if any) immunizations are due.	Patient charts	
Dr B	Develop a short list of phrases that can be used to make a presumptive vaccine recommendation. Consider including the list of phrases in a note section in the EMR.	This document has helpful tips 5 Tips for Making a Strong Vaccine Recommendation	
Dr B	Approach parents and patients with a presumptive vaccine recommendation at every visit, during which a vaccine is due.	These articles on the effectiveness of presumptive recommendations are helpful The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience (login may be required) The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits (login may be required)	
Abby & Sarah	Documnent vaccine recommendation type, according to Dr B; whether questions were asked; and whether recommended vaccines were administered, in the patient record.	Patient Records	
Dr B	Review the patient records and record outcomes in project log.	Project log	

Predicted outcome:

Dr B will forget at times, but he will get the hang of it. MAs may forget to ask about his recommendation and/or parent questions at the time Dr B orders the vaccines.

Do

Make a change! Try your change with a few patients over a short period of time. Collect data that can be measured. Describe what happened when you ran the test.

The first week went generally smoothly and as planned. Twice, Emily, another MA, roomed patients for Dr B, and she was not trained in our test, so she didn't know to record the recommendation type.

Study

Did the change lead to the desire improvement?

Describe how the measured results compare to the predicted outcome.

Overall our first cycle went well. We realized that Emily was out the day we discussed our test with all staff and informed them that for the first cycle, only Abby and Sarah should room Dr B's patients. There were a few times that Dr B reverted to his old language for vaccine recommendations.

	Baseline Number	Cycle 1	Goal Number
Percentage of visits during which a vaccine is due, and Dr B makes a presumptive recommendation	0%	65%	80%
Percentage of all patients seen by Dr B, who refused or delayed a vaccine	20%	15%	10%
Percentage of all patients seen by Dr B, who are now UTD on vaccines	75%	78%	85%

Act

Describe how you will modify the plan. In the next test cycle based on "learnings" from this cycle. Or, describe a new idea to test to help you achieve your aim.

- Measure: We will keep the same measures for the next cycle.
- Train: An email will go out to all staff to remind them of our project.
- *Motivate:* The staff involved are pretty motivated. We want the MAs to stay focused on the vaccine recommendation, so we're reminding them that we could prevent illnesses by getting this right.
- Follow-up: We're bringing Emily into the project for cycle 2, and we're asking all 3 MAs to make a note about using a presumptive recommendation in the patient chart.

End of Cycle 1

