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| **QI Project Documentation Form** | | Date: 7/14/2015 |
| Service Section & Subject:  AIDEP; pneumonia vaccination increase for those aged 65 and older | | Team Leader: Bethany Bjorklund |
| Select all goals: | | Team Members |
| Improve health indicators in CHNA HIP and/or priorities  List indicator: Immunizations (tier 2) | | *The 1st person is the scribe (responsible for documentation)*  1. Jodi Willemsen |
| Increase cost effectiveness | | 2. Jennifer Stiles |
| Increase staff capacity | | 3. Sandy Pals |
| State the need or problem:  The pneumonia immunization rate for those aged 65 and older is low. | | 4. Kara Ruge |
| 5. |
| 6. |
| List customers this will affect (internal &/or external): constituents aged 65 and older | | |
| Initial AIM Statement: Increase the pneumococcal vaccination rate by 5% for Cerro Gordo County residents aged 65 and older by 1/31/2016. | | |
| Once completed with this top section, please notify your manager  Manager notified & date\_5/22/15 If your manager approves please continue. If not, please send this completed form to the QI Coordinator. | | |
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| Revised AIM Statement: Increase the pneumococcal vaccination rate by 5% for Cerro Gordo County residents aged 65 and older by 1/31/2016. | | |
| Meeting Dates:  5/22/15  5/28/15  7/1/15  7/9/15  8/10/15  2/22/2016 | **Timeline** | |
| Plan: May 2015 – 6/30/15 | |
| Do: 7/1/15 – 01/31/2016 | |
| Check: 2/1/2016 | |
| Act: 4/20/2016 | |
| QI Tools Used:  Force & Effect Diagram  Cause & Effect Diagram  Solution & Effect Diagram  Nominal Group Technique  Impact Difficulty Matrix  GANTT chart | Root Cause(s):  Several root causes were determined; these are ranked in order of priority. The first two are acted upon in the GANTT chart   * Lack of pneumonia promotion & education for vaccine availability and necessity * Lack of record look up access and process for look up at immunization clinic & at outreach sites * Lack of provider education, provision of vaccine & use of IRIS * Lack of enough staff at outreach sites * Lack of intentional pneumonia vaccine provision outside of walk-in clients | |
| Measurable Outcomes: |  | |
| 1. 432 total doses of pneumococcal vaccine were administered during QI project.   The previous year, July 2014- January 2015, only 52 total doses of pneumococcal vaccine were administered. | | |
| 1. Total pneumococcal vaccine revenue:   July 2014 - January 2015: $6,543.09  July 2015 - January 2016: $79,040.56 | | |
| 1. Cerro Gordo County Vaccine Coverage Rates for Pneumococcal conjugate Vaccine (PCV13):   July 2014 – January 2015: 4%  July 2015 – January 2016: 16% ------ 12% increase, AIM statement met!   1. Cerro Gordo County Pneumococcal polysaccharide (PPSV23) rates remained about the same. | | |
| Lessons Learned & Insights   * Once the team began the “Do” phase of QI, it was quickly determined the majority of adults 65 years and older needed the PCV13 instead of the PPSV23 vaccine. * The QI Project created a new procedure to implement a best practice standard of routinely checking every patient’s immunization records prior to administering vaccinations whether at the immunization clinic or at influenza outreach clinics. * Staff capacity increased during the peak immunization clinic months of September-November by having an administrative aide and/or AIDEP Service Section manager to screen immunization records of patients’ and notifying the administering nurse to educate and offer the vaccination to all eligible patients. * Strong pneumococcal vaccination recommendation by public health staff and local providers lead to more patients receiving the vaccine. * Agencies in our state who serve a large population of adults 65 years of age and older do not use IRIS, resulting in inaccurate pneumococcal vaccination rates for Cerro Gordo County. * IRIS does not have the capability to provide a county wide benchmark report for PCV13 vaccine coverage rates in adults 65 years of age and older in its reports section of the website. The IRIS Help Desk was able to provide this statistic upon special request. * Relayed concerns of inaccurate immunization data for all adults in IRIS to the Iowa Department of Public Health’s Immunization Program Bureau Chief and Iowa Immunization Coalition. | | |
| Upon completion, send this form, copies of your meeting notes and copies of the tools used to the QI Coordinator | | |