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“Increasing Immunization Rates for Two Year Old Children in the Duval County Health Department Clinics”

The Duval County Health Department (DCHD) recognized there was a problem with children being vaccinated as recommended by ACIP standards. The county overall immunization rates have been unfavorable and ranked among the lowest in Florida. DCHD is a major health care provider for Medicaid eligible children in the county, this provides an opportunity for us to reach our children, improve the department's immunization levels, and ultimately contribute to improving the overall county immunization levels. DCHD desired to identify evidence based strategy to improve the consistently low immunization levels of its two year old patient population. In 2009, Leadership gave priority to the low immunization levels hence initiating a quality improvement project to address the issue. In 2010, an Immunization Service Line was implemented to further enhance public health outcomes. The service line chose to incorporate the evidence based practices documented in the Community Guide. The Department's strategic goal was to increase the 4:3:1:3:3:1 series of two year old children in the Duval County Health Department clinics from 75% to 90% by 06/30/2011.

The Quality Improvement team used the PDSA model as a tool to systematically research, identify, modify, and implement solutions. During the planning and discovery stage, we identified challenges such as; most clinics were not utilizing Florida Shots (the immunization registry) to identify children who should be provided reminders when they were due for immunizations, staff who had an opportunity to administer vaccines were not trained and authorized to administer, some physicians preferred to delay some vaccines, educational materials was confusing to parents, and missed opportunities were not being identified properly. The Community Guide provided several evidence based strategies for the department to consider in addressing these barriers.

The first intervention addressed reminder and recall procedures. The Community Guide recommends reminder and recall interventions based on strong evidence of effectiveness in improving vaccination coverage. The updated review performed by the Task Force on Community Preventive Services documented client reminder and recall combined with additional components yielded a 10 percentage increase in vaccination coverage. The DCHD clinic incorporated the use of the Florida Shots registry to extract data indicating which children needed reminders and recall on a monthly basis. The department also discovered by using this tool many errors in data was identified including many children who were no longer in the area or were no longer clients.

The second intervention addressed education and policy. The Community Guide recommends health care system-based interventions implemented in combination such as provider education and standing orders. The department had staff available to administer vaccines however they were not trained or authorized to do so. In another instance

Physicians were accessible but decided not to give the necessary immunizations also creating a missed opportunity. DCHD instituted a large scale training for all clinics to train Health Technicians and LPNs to administer the vaccines which were formerly only administered by RNs. Policies which clearly referenced the Advisory Committee on Immunization Practices (ACIP) recommendation for vaccination were communicated to providers and combination vaccines were made readily available.

The third intervention addressed educational media for parents and caregivers. The Community Guide recommends community-based interventions implemented in combination. The Task Force identified media and educational activities as contributing to reducing missed opportunities. The Duval County Health Department's printed educational materials on immunizations showed the full range of time when a child could still receive vaccines and be up to date rather than when the child should receive shots. Following clarification of policy for children to obtain immunization at earliest eligible opportunity, education posters were revised and distributed to reflect recommendations for parents that would maximize immunization rates.

In March 2011, the DCHD achieved a level of 90% up-to-date overall immunization rate for the 4:3:1:3:3:1 series from a 75% rate in 2009, a 15% increase. The department is currently documenting and sharing best practices with private community providers. Community providers and partners also will be given the link to the Community Guide website. The task has not been easy but having a tool such as the Community Guide has truly decreased the time spent in trial in error.