Management Guide to: Pediatric Immunizations (at 24 months) Toolkit

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Developed August 2011

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I. Introduction

Background

The Pediatric Immunizations (at 24 months) improvement project started 3/17/2010 when the Peds Collaborative mapped the process, identified root causes, and developed a tracking tool. A charter was created and presented at the May 2010 PCLT meeting. Below are highlights of events:
- June 2010 - Pilot started with the NEHC Peds team.
- August 2010 - Pilot started with the MCHC FP 2 team.
- 4Q 2010 - Conversion of ALERT IIS (from IRIS and ALERT) started and the project was put on hold.
- January 2011 - Implemented ALERT IIS at all Health Centers and error messages were addressed.

The project was reopened and meetings occurred in August 2011 with the pilot teams to review the Toolkit capturing the processes followed that resulted in an increase in their immunization rates.

NOTE: This Toolkit is under the assumption that clinical staff, particularly Panel Managers and Support Staff (CMA/LPN), have gone through documented competency with forecasting and administering of immunizations.

Pilot Teams Data
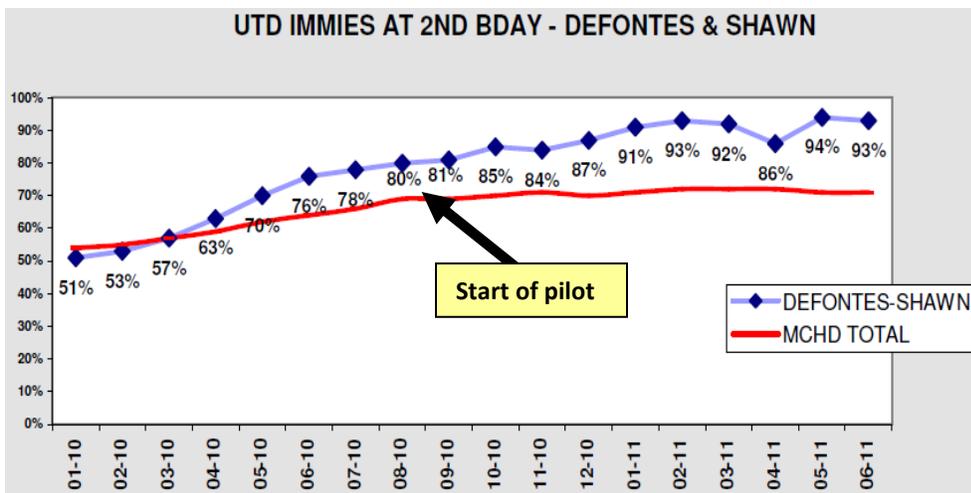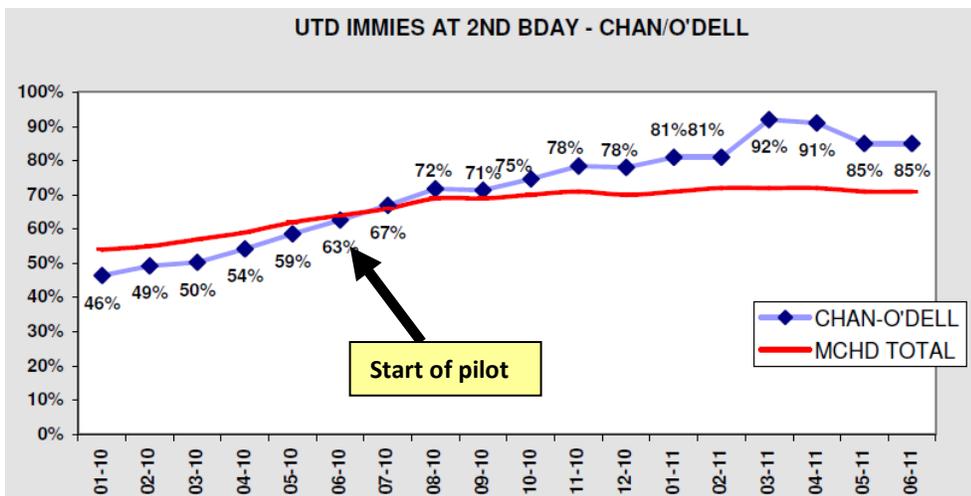
II. Overview

Objectives

To increase 4:3:1:3:3:1 immunization rates for all pediatric and family practice teams.

Objectives will be to improve the process to:

- Use a generated Not Up to Date (NUTD) immunization report for patients' age 15-36 months to help validate EPIC data by reviewing immunizations in ALERT IIS; contact the patient's parent or legal guardian to schedule an appointment for the child to update immunizations; and to allow for additional outreach strategies.
- Handle calls if a parent's parent or legal guardian returns a call regarding immunizations that are due.
- Scrub for immunizations.
- Properly administer the correct immunizations during patient appointments.

Why is it Important?

Fully immunizing children according to the recommended immunization schedules can help protect children from many common illnesses that can lead to serious or life threatening health conditions. Though vaccines may have side effects, in general, it is safer to immunize children than allow them to get illnesses that are preventable.

Target Goal

For % of children with UTD immunizations 4:3:1:3:3:1 at 24 months:

- Overall goal of ≥ 85%.

Roles Involved?

- Front Desk
- Panel Managers (PM)
- Provider Support (CMA/LPN)
- Community Health Nurse (CHN)
- Primary Care Providers (PCP)

III. Implementation Process

Introduction of the Pediatric Immunization (at 24 months) Toolkit *Present at the 08/22/11 HCL Meeting*
- Present, discuss, and answer questions about the final draft of the Toolkit.
  - Why the improvement implementation is important? Reviewed Pilot Teams Data.
  - Process flows *Using the NOT UTD Immunization Report* and *Pediatric Immunization Appointments* (roles involved and Job Aids).
  - Standard Work.
- The target goal is ≥ 85%.
- Goal to implement at all teams by 12/31/11.

NOTE: For future reference, the most current version of this toolkit is saved at T:\Toolkit.

IV. Role Description

Role	Main Duties
Front Desk	• Check patient in for appointment. • Give parent's parent or legal guardian VAR to complete (if it is not given when the patient is roomed).
Panel Managers (PM)	• Review monthly NUTD immunization report to validate data in EPIC. • Look in ALERT IIS to determine immunizations to enter in EPIC. • Contact patients' parent or legal guardian to schedule an appointment for the child to update immunizations; send follow up letter if a live person is not reached. • Scrub scheduled appointments for immunizations that are due (forecast).
Provider Support (CMA/LPN)	• Take part in Huddle and review "Appt Notes" from scrubbing. • Give parent's parent or legal guardian VAR to complete (if it is not given at check-in). • Room the patient and verify correct immunizations to administer. • Administer the correct immunizations and document in EPIC.
Community Health Nurse (CHN)	• Take part in daily Huddle, review "Appt Notes" from scrubbing, and provide feedback as needed.
Primary Care Provider (PCP)	• Take part in Huddle, review "Appt Notes" from scrubbing, and determine if changes need to be made in the Appt Notes regarding what immunizations to administer at the patient appointment.

Keys to Success

Overall, trust in each other as a team is the key to success. Items to build trust are:
- Panel Manager and Support Staff (CMA/LPN) understand and competent
  - in how to navigate through ALERT IIS and EPIC to find patient record and determine immunizations given.
  - to forecast and administer immunizations correctly.
- Panel Manager appropriately scrubs to determine immunizations due at time of visit.
- The team huddles to plan for the visit; determine when and who during the visit to administer the immunizations (reviewing the VAR).
- Support Staff (CMA/LPN) verifying at time of visit the correct immunizations to administer.
- Provider full support to give immunizations at time of visit (if appropriate considering contraindications or precautions).

Other Considerations:
- Scrub all patients in the morning.
- Immunize patients at any type of visit (not just WCC).
- The monthly NOT UTD report is very important. It lets the team know the status.
- The Panel Manager reviews the NOT UTD report, contacts patient's parents or legal guardian that are NOT UTD, and makes and appointment. The Wait List in EPIC is not used.
- Many patients require only one vaccine to get them caught up.
- Teams need a strong Immunization Advocate. The Panel manager is the person for the NEHC Peds team.
- To help with patient flow, the team decides to administer vaccines before or after the patient sees the provider.
- Patients seen for sick-child visits can be screened for immunizations and in many instances, there are not true contraindications or precautions preventing vaccine administration. [1]

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[1] Oregon Immunization Program, Multnomah County Public Health Clinic Immunization Practices 2007. *SECTION C: Missed Shots and Late Starts.*

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V. Standard Work

| Process	Description/Components	Role Group

Using the NOT UTD Immunization Report	▪ Retrieve the monthly report from T:\Reporting Primary Care\Immunizations\Immunizations - NOT UTD (MONTHLY).
	▪ Review the report identify clients who are NOT UTD:
	   o Verify immunization history between ALERT IIS and EPIC.
	   o Contact the patient's parents or legal guardian and schedule an immunization appointment in the Team Template and/or WCC (if applicable). Ask to bring any immunization records to the appointment.
	   o *For clients who are no longer patients, change status to Inactive using PCP Termination workflow.*
		Panel Manager

Pediatric Immunization Appointments	▪ Room the patient.
	▪ Review the completed VAR.
	▪ Verify correct immunizations to administer.
	   o Ask the patient's parents or legal guardian for hard copies of immunization records and other immunization that might not appear on the form.
	   o Look for duplicate records in ALERT IIS.
	   o Review the scrubbing/huddling information.
	▪ Give to the patient's parents or legal guardian the appropriate vaccination information sheet and document in EPIC that it was received.
	▪ Administer the correct immunizations and document in the Immunization Tab in EPIC what immunizations are administered.
	▪ Review with the patient's parent or legal guardian what immunizations were given and when the next immunizations are needed and/or scheduled.
		Support Staff (CMA/LPN)

VI. Process Flows

Process Flow for Using the NOT UTD Immunization Report

Data Analyst

Generate the NOT UTD Immunization Report and post to T:\Reporting Primary Care\Immunizations\ Immunizations - NOT UTD (MONTHLY) by the 1st Tuesday of the month.

Job Aid – Example of NOT UTD Immunization Report (page 11)

Panel Manager (PM)

Job Aid – ICS Service Directory (page 12)

Job Aid – Immunization Policies (page 13-14)

Job Aid – Inactivating Clients (page 15)

Review the NOT UTD Immunization Report and determine if patients are Active or Inactive.

Is the patient Active or Inactive?

Inactive → Change patient to Inactive in EPIC.

Job Aid – Inactivating Clients (page 15)

Active →

For each patient in the NOT UTD Immunization Report, look in EPIC and determine if there are any missing Immunization information to enter from ALERT IIS.

If there are duplication of records in ALERT IIS, call the State at 800-980-9431 to merge the accounts.

NOTE: Panel Manager and Support Staff to use code v64.05 if care giver refuses immunization and v64.06 if patient refuses immunization.

If the provider states patient does not need a specific immunization, document in Immunization Tab under History of Disease.

Is the patient UTD or NUTD?

UTD → No more action needed.

NUTD → Contact the patient's parents or legal guardian to schedule an immunization appointment.

Job Aid – Access Vaccination Information Statements (VIS) (page 16-17)

Was a live person reached?

Yes → Schedule an appointment in the Team Template and/or a WCC appointment (if applicable). Ask to bring any immunization records they have.

No → Document a phone encounter in EPIC and/or use the NOT UTD Immunization Report to write activities to contact the patient.

Job Aid – Follow-up Immunization Letter (page 18-24)

Process Flow for Pediatric Immunization Appointments

Front Desk

Job Aid -
Access Community
Immunization
Program Manual
(page 25-27)

Check patient in for appointment
(check the patient in as any other Office Visit)

Verify demographics as normal.

Read priority messages as normal.

The front desk gives the Patient VAR to complete during check-in and brings it to the exam room OR the patient completes it when they are roomed. Give the front desk parameters of when to give the VAR at check-in (for example for Pediatric New Patient, WCC, and/or Immunization Appointments).

The VAR can be retrieved from the Community Immunization Program Manual.

NOTE: Panel Manager and Support Staff to use code v64.05 if care giver refuses immunization and v64.06 if patient refuses immunization.
If the provider states patient does not need a specific immunization, document in Immunization Tab under History of Disease

Support Staff (CMA/LPN)

Job Aid -
ICS Service
Directory
(page 12)

Job Aid -
Immunization
Policies
(page 13-14)

Review the completed VAR. Ask the patient's parents or legal guardian for hard copies of immunization records they brought and other immunizations that might not appear on the form.

Verify the correct immunizations to administer. Look at hard copies of the immunization records, duplicate entries in ALERT IIS, and/or compare it to the information from scrubbing/huddling.

If there are duplication of records in ALERT IIS, call the State at 800-980-9431 to merge the accounts.

Job Aid -
Access
Vaccination
Information
Statements (VIS)
(page 16-17)

Give to the patient's parents or legal guardian the appropriate Vaccination Information Statement and document in EPIC that it was received.

Job Aid -
Access Community
Immunization
Program Manual
(page 25-27)

Write information in the Immunization Card and/or provide a copy of the Immunization History Report from ALERT IIS and write updates as needed.

Job Aid-
Print Immunization
History Report in
ALERT IIS
(page 29-31)

Did the patient request a list of all immunizations given?

Yes

No

Update the Immunization Tab in EPIC with administered immunizations.

If needed, schedule the next appointment for future immunizations.

Job Aid -
ALERT IIS
(Eligibility)
(page 28)

Administer the correct immunizations.

Review the AVS with the patient's parent or legal guardian stating what immunizations were given and when the next immunizations are needed and/or scheduled.

VII. Tools

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Goal: Provide an example of the report

Created by the Data Analyst and posted to T:\Reporting Primary Care\Immunizations\Immunizations - NOT UTD (MONTHLY) by the 1st Tuesday of the month.

Patients age 15 mos to 36 mos by UTD Immies: NOT UTD
PCP: CHAN, YUEN

Page 1 of 11   Monica Gration, x29753   07/12/2011

REPORT CRITERIA:

- Patient Age in Mos: 15 to 36
- UTD: 4 DTAP, 3 Polio, 1 MMR, 3 HIB**, 3 HEP, 1Varicella.
- Immunization Status = Given or External Admin = Confirmed
  **Note: if HIB count < 3 but any HIB given at 15 mos or older - counts as UTD for HIB

COUNTS IN BOXES ARE INCOMPLETE SERIES

IMMIE NAME	AGE IN MOS AT IMMUNE DATE	IMMUNE DATE	DTAP	IPV	MMR	HIB	HEP B	VARIC	UTD STATUS	IN EPIC	IN IRIS	NOTES
Patient Name 4231558	CURR AGE IN MOS: 24		3	3	1	3	3	1	NOT UTD			
HEP B, PED/ADOL, 3 DOSE	0	7/26/09					1					
HIB HBOC, 4 DOSE	7	2/25/10				1						
PEDIARIX (DTAP-HEP B-IPV)	7	2/25/10	1	1			1					
PNEUMOCOCCAL, CONJUGATE, (<5 YEARS)	7	2/25/10										
PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	12	7/15/10										
PEDIARIX (DTAP-HEP B-IPV)	12	7/15/10	1	1			1					
HIB HBOC, 4 DOSE	12	7/15/10				1						
INFLUENZA, 6-35MO	16	11/2/10										
DTAP/IPV/HIB	16	11/2/10	1	1		1						
VARICELLA, LIVE VACCINE	16	11/2/10						1				
MMR	16	11/2/10			1							
HEP A, PED/ADOL, 2 DOSE	16	11/2/10										
PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	16	11/2/10										
Patient Name 4236678	CURR AGE IN MOS: 15		3	3	1	4	3	1	NOT UTD			
HEP B, PED/ADOL, 3 DOSE	0	4/18/10					1					
ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE	3	7/15/10										
HIB HBOC, 4 DOSE	3	7/15/10				1						
PEDIARIX (DTAP-HEP B-IPV)	3	7/15/10	1	1			1					
PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	3	7/15/10										
PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	5	9/14/10										
DTAP/IPV/HIB	5	9/14/10	1	1		1						
ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE	5	9/14/10										
HIB PRP-T, 4 DOSE	11	3/2/11				1						
PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	11	3/2/11										

Job Aid-ICS Service Directory
Goal: Reference guide of when to call the Immunization Program, Accounts Receivable, ICS Medical Records, and CSI Helpdesk at x26200 Option 3.

Call the Immunization Program with questions regarding the following:
- Childhood forecasting
- Vaccine storage and handling including temperature excursions and transferring vaccine among sites
- Temperature datalogger downloading
- Datalogger (hamster) cords
- Special Project vaccine campaign if one is going on (e.g. Tdap, HPV)
- Using Vaccines for Children (VFC) and 317 vaccine and how to code State-supplied vaccine
- Vaccine shortages
- Monthly inventory
- Questions regarding online State supplied vaccine ordering
- Ordering Locally Owned (LO) vaccine (e.g. adult flu, tubersol, IG)
- Ordering by fax for English or Spanish Vaccine Information Sheets (VIS), yellow shot records (order form in AGN.02.05)
- Go to www.immunize.org to download VIS's for less common languages
- Fielding short-dated vaccines among sites
- Training on codes, forecasting
- Refering non-established clients (adults or kids) to Community Immunization Clinic; advise adults that immunizations not necessarily free, depending on what they need. Most shots needed for immigration have a cost
- Community Immunization Program website has fee schedule, clinic schedule, info about school shots: web.multco.us/health/immunizations
- Immunizations needed by age or grade for daycare or school
- Flu vaccine
- Oregon Health Authority temperature data requests

Miscellaneous
- Call Accounts Receivable about insurance billing questions
- Call ICS Medical Records with questions about HIPAA, CPT code
- Call the CSI Help Desk with questions about ALERT IIS

Only contact ALERT IIS at 800-980-9431 if there is duplication of records in ALERT IIS to merge accounts.

Job Aid-Immunization Policies

Goal: Provide policy information regarding *Authorization to Utilize Model Standing Orders* and *Authorization for Immunizations and Limited Injectable Medications for administration by Clinical Medical Assistants*.

<u>NOTE:</u> *The following content came from the policy titled **Authorization to Utilize Model Standing Orders** to post in the Immunization Manual of the Greenbook*.

Applies to: MCHD CMA, CNA/Medication Aide, LPN, CHN/RN, Physician, NP, PA

Policy Statement:

It is the policy of the Multnomah County Health Department (MCHD) to ensure quality of care and to provide services to clients in a timely way. All Health Department clinic staff authorized to give immunizations must follow the Oregon Model Immunization Standing Orders as reviewed, modified and approved by the Tri-County Health Officer.

> "This site is provided as a public service by the Immunization Section of the Oregon Health Services, Department of Human Services. The model standing orders provided here are intended for use by the public and private sectors to promote quality standard of practice in immunization. This information is designed to help practitioners provide precise and timely immunization services to the client. These orders are not in effect unless they have been reviewed and authorized by a medical doctor." (http://public.health.oregon.gov/)

Multnomah County Health Department Community Immunization Program maintains electronic copies of the immunization standing orders signed by the Tri-county Health Officer in the electronic version of the MCHD immunization manual retrievable from Volume 2, Section 3 of the MCHD "Green Book" in "Manuals" or at:
http://mints.co.multnomah.or.us/jsp/MINT/EntryPoint?ch=81041f8254c40110VgnVCM1000003bc614acRCRD

Authorization:

MCHD CMAs, CNA/Medication Aides, LPNs, CHN/RNs, Physicians, NPs, and PAs who have documented competency to give immunizations, are authorized to use the signed Immunization Standing Orders and recommendations in the MCHD Immunization Manual. These outline immunization protocols and procedures, including immunizations to be given, their timing, methods of administration, and recommendations to achieve immunity to vaccine preventable diseases.

*NOTE: The following content came from the policy titled **Authorization for Immunizations and Limited Injectable Medications for administration by Clinical Medical Assistants** to post to the T-drive. It replaces the AGN.01.33 Immunization and Injections by CMAs and AGN.12.36 Limited Injectable Medication For Administration by CMAs.*
Applies to: Clinical Medical Assistant.

OVERVIEW (Brief description): Describes the scope of practice for MCHD clinical medical assistants with regard to injectable immunizations and medications. MCHD utilizes the Oregon State Immunization Standards and Standing Orders set for children by the ACIP and the CDC; these are housed in the immunization manual and signed by the Medical Director for use by all MCHD staff administering immunizations in all units of MCHD. (See relevant links below)

POLICIES (Rules):
It is the policy of the Multnomah County Health Department to ensure the clinical quality of care and to provide timely, effective and safe treatment for client health issues. Some tasks performed by unlicensed Clinical Medical Assistants (CMAs) will require licensed staff oversight or be limited in scope related to complexity, risk, organizational and state licensure board requirements, or other reasons determined.

STANDARDS (Actions/steps to achieve the rules):
CMAs who have documented MCHD competency are authorized to give immunizations and medications (**excluding EXCEPTIONS below**) via injection under MCHD standards when they:
- Have been directly ordered for a specific patient by an MCHD physician, nurse practitioner or physician assistant, or
- Have been assigned or delegated by a CHN/RN for a specific patient form a direct or Nurse Standing Order approved by the Medical Director, or
- Are working under a Clinical Medical Assistant Standing Order approved by the Medical Director.
- Are working under Oregon Model Immunization Standing Orders approved by the Tri-County Health Officer.
  - **EXCEPTIONS to the above. MCHD CMAs may not administer**:
    - Intravenous medications (per OSBN rules)
    - Antibiotics (All)
    - Insulin (All types)
    - Risperdal Consta
    - Kenalog
    - Synagis
    - Controlled and narcotic medications
    - Interferon
    - Medications requiring 'Z' track injection method
    - Any injectable medication to an agitated client.

Medications listed above are included in EXCEPTIONS for the following reasons/rationale:
- Assessment required prior to, during, or after the medications administered.
- Complex dosing calculations are required.
- Infrequency of administration of the injectable medication within the clinic setting
- Maintenance of competencies for infrequently given medications

Job Aid-Inactivating Clients
Goal: Inactive Clients correctly in EPIC.
NOTE: *The following content came from the **Access: Managing Panel Size** policy.*

Inactivating Clients from the Panel

To effectively manage their panel, PCPs can decide with the Care Team to remove patients from their active panel that are no longer receiving services from MCHD. If the patient is removed from the active panel but calls and requests an appointment, they will immediately be reassigned and appointed to their PCP following standard FQHC client policies.

Clients can be considered no longer active if:
1. The client informs the team that they are receiving PCP services elsewhere
2. The client is lost to follow-up and the team has tried **at minimum** one phone call and one letter to reach the client
3. The PCP approves the in-active status

Removing client from active status will remove that client from standard panel reports including panel size, chronic disease reports, and other tracking report. **If a client has any encounter (refill, telephone, office visit) after the date of termination, they will automatically be re-activated and will appear on standard panel reports.**

Workflow:

```
┌─────────────────────────────────┐
│  Open PCP Assignment window     │
└─────────────────────────────────┘
              │
              ▼
┌─────────────────────────────────┐
│  Click Add/Change PCP           │
└─────────────────────────────────┘
              │
              ▼
┌─────────────────────────────────┐
│  Enter Provider Name/number to  │
│  terminate in New PCP field     │
└─────────────────────────────────┘
              │
              ▼
┌─────────────────────────────────┐
│  Enter date in Termination Date │
│  field                          │
└─────────────────────────────────┘
              │
              ▼
┌─────────────────────────────────┐
│  Enter Reason for Change –      │
│  Client Left MCHD Services (107)│
└─────────────────────────────────┘
              │
              ▼
┌─────────────────────────────────┐
│  Click Accept                   │
└─────────────────────────────────┘
```
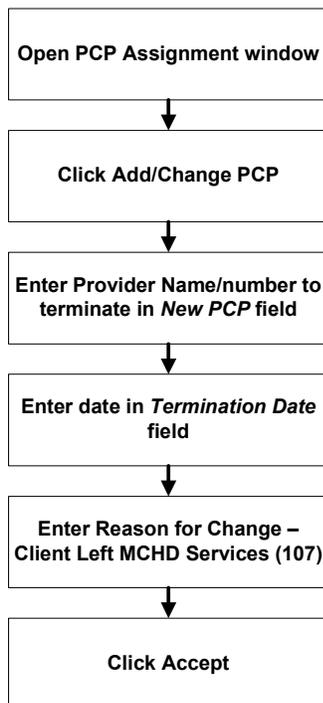
Job Aid-Access Vaccination Information Statements (VIS)
Goal: Use the VIS to educate patient's parents or legal guardian if there is resistance to immunizations.

If there is resistance to immunizations, ask the patient's parent or legal guardian:
- "May I ask for specific reasons to resisting immunizations for your child?"

Knowing the specific reason(s) for resistance helps address concerns. Is it because they do not know:
- What the vaccine is?
- Why get vaccinated?
- Who should get the vaccine and when?
- When should a vaccine?
- The risks to get the vaccine.
- What to do if there is a moderate or sever reaction?
- How to get more information?

Answers to these questions (and more) are on the VIS and on the Immunization Action Coalition website (www.immunize.org). *It is important to know and understand the information on the VIS to properly educate.*

The Panel Manager and/or Support Staff (CMA/LPN) in collaborate with the providers helps address concerns/myths.

You can access the VIS by going to www.immunize.org and click on "Vaccination Information Statements."

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Vaccine Information Statements

VISs Explain the Benefits and Risks of Vaccines

VACCINE INDEX	LANGUAGE INDEX	A-Z
➔ Adenovirus	➔ Influenza - TIV	➔ Polio - IPV
➔ Anthrax	➔ Influenza - LAIV	➔ Polio - OPV
➔ Chickenpox (varicella)	➔ JE-Ixiaro	➔ Rabies
➔ DTaP	➔ MMR	➔ Rotavirus
➔ Hib	➔ MMRV	➔ Shingles
➔ Hepatitis A	➔ Meningococcal	➔ Smallpox
➔ Hepatitis B	➔ Multi-vaccine	➔ Td/Tdap
➔ HPV - Cervarix	➔ PCV	➔ Typhoid
➔ HPV - Gardasil	➔ PPSV	➔ Yellow Fever

When you select on of the VIS, notice the "Up-to-date translations" for other languages.

DTaP (diphtheria, tetanus, pertussis) VIS

➔ **DTaP (diphtheria, tetanus, pertussis) VIS**

May 17, 2007

Up-to-date translations

You are encouraged to distribute the up-to-date English-language VIS at the same time as the translation.

Armenian	Karen	Spanish
Burmese	Korean	Tagalog
Chinese	Nepali	Thai
Farsi	Russian	Turkish
Hmong	Somali	

Adobe Reader® | PDF Help

Out-of-date translations

The translations for some VISs on our website are from previously published English-language versions that have since been updated. Unfortunately, IAC is not always able to obtain translations as updates are issued. Please ensure that your patients receive information consistent with the current English-language version of the following VISs.

Job Aid-Follow-up Immunization Letter
Goal: Provide an example of the report

NOTE: The name of the letter in EHR is "MCHD Vaccination Letter" smart text ID 10351

The letter is also in Spanish.

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Letters can be sent from a Letter Encounter, or, letters can be sent from within any open encounter.

To open a Letter only encounter, click the Encounter button.

Select your patient, and click New to create a New encounter.

On the Encounter type window, select Letter and Accept.
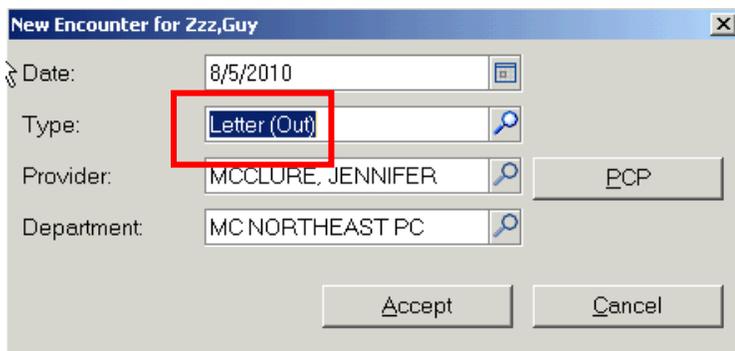
To send a letter from within an open visit encounter, Telephone encounter, or interim encounter, select Letters activity from the Activity menu.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc
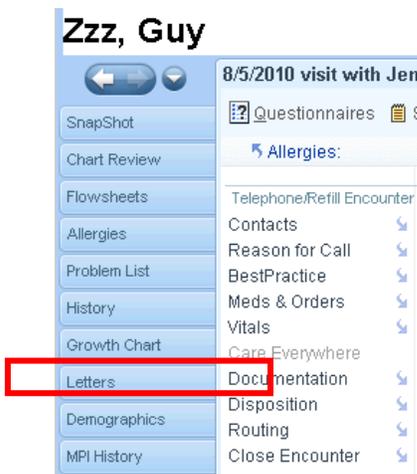
The Letter Templates screen opens. Click on the "All" tab and type "MC" to jump to the MCHD letters section. **Note: the MCHD letters are programmed specifically for MCHD. If you choose letters from other service areas, they will not have appropriate MCHD information.**
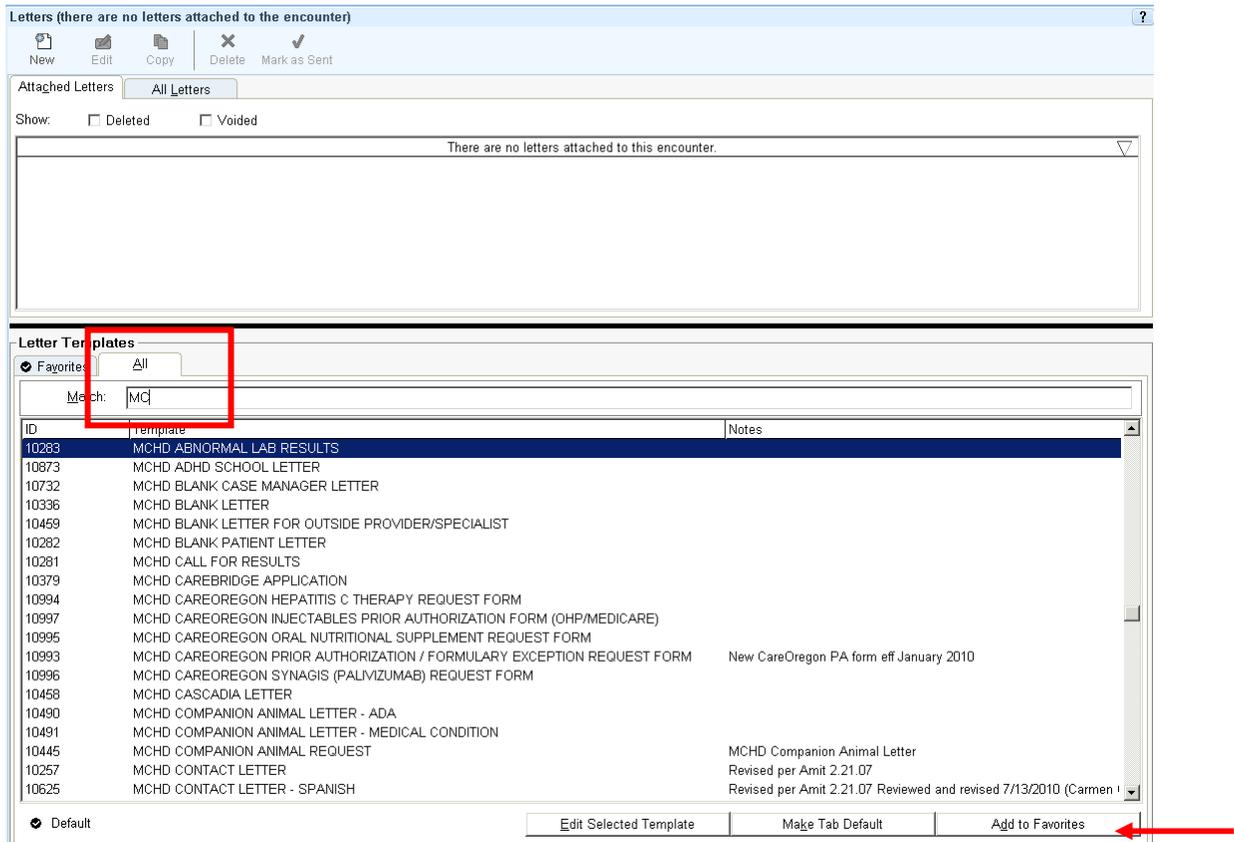
Scroll through the MCHD templates to find the title of the letter template you need. Double click to start a letter for your patient using the selected template. **Note: If you think you will use a template frequently, single click on the letter type and use the "Add to Favorites" button in the lower right to save that template on your Favorites tab before double clicking to open the letter template.**

The New Letter opens from the template.

The letter defaults to be "From" the person who opened the encounter.
The "Template" is listed.
The cursor will be blinking in the "Reason for letter" field. Choose from the drop down menu. This reason for letter will be visible in chart review.
 "Letter Comments" are optional.
Note that the letter template contains SmartLinks that pull in information. In the example below, we see the date has defaulted, as has the name of the patient, the clinic phone number, the clinic address, and the name/credentials of the author.
Some letters contain SmartLists or wildcards (***). F2 through these fields to fill out appropriate information. You may also add free text.

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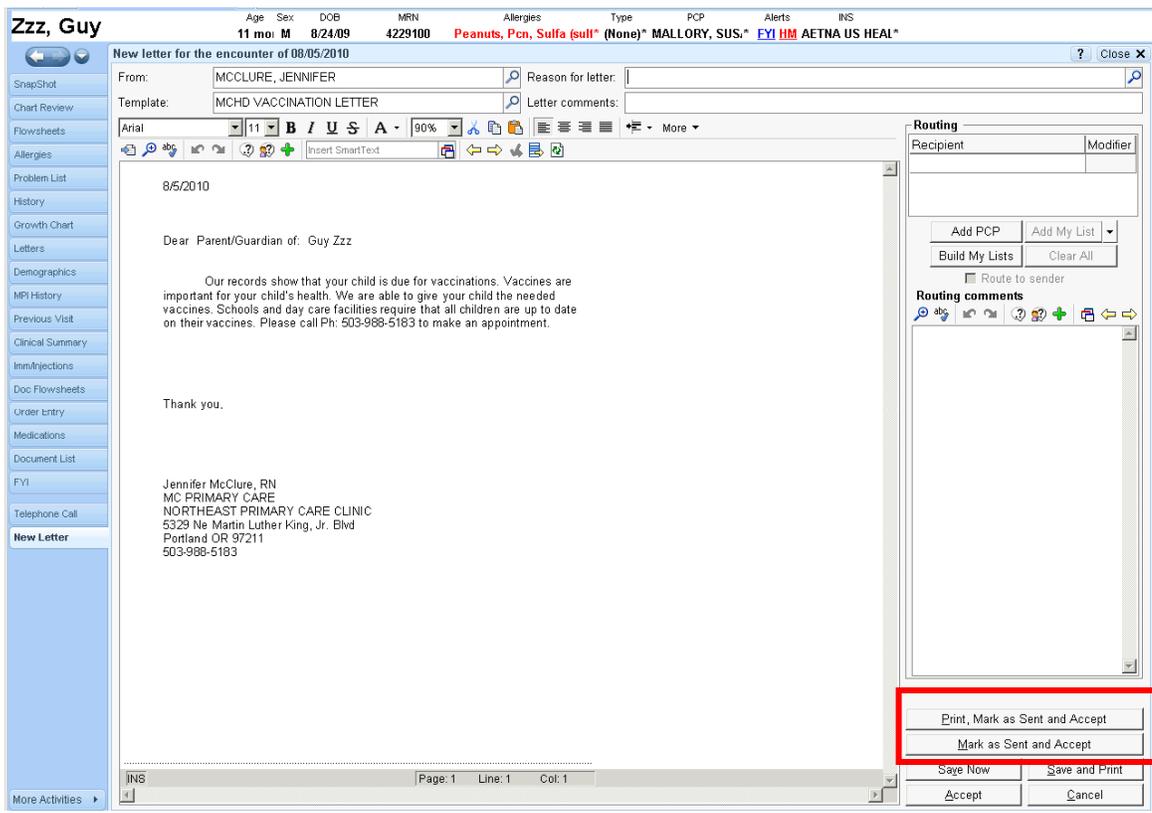
After you have proofread the letter, you must finalize and print it.

If you want to print it on plain paper, you may choose Print, Mark as Sent and Accept to print and finalize the letter on plain paper.
Clinic workstations are not set up to route letters to a printer tray containing letterhead.

If you want to print a letter on letterhead paper, do the following.
Choose "Mark as Sent and Accept". In the upper right of your screen, choose the dropdown arrow beside the word Print and select Print Options.
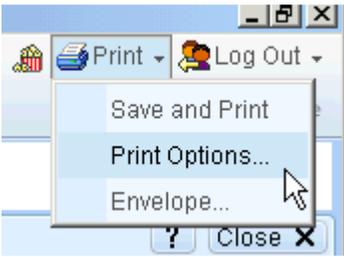
The Print pop-up appears. Be sure that the default printer is selected correctly and click on Preferences.
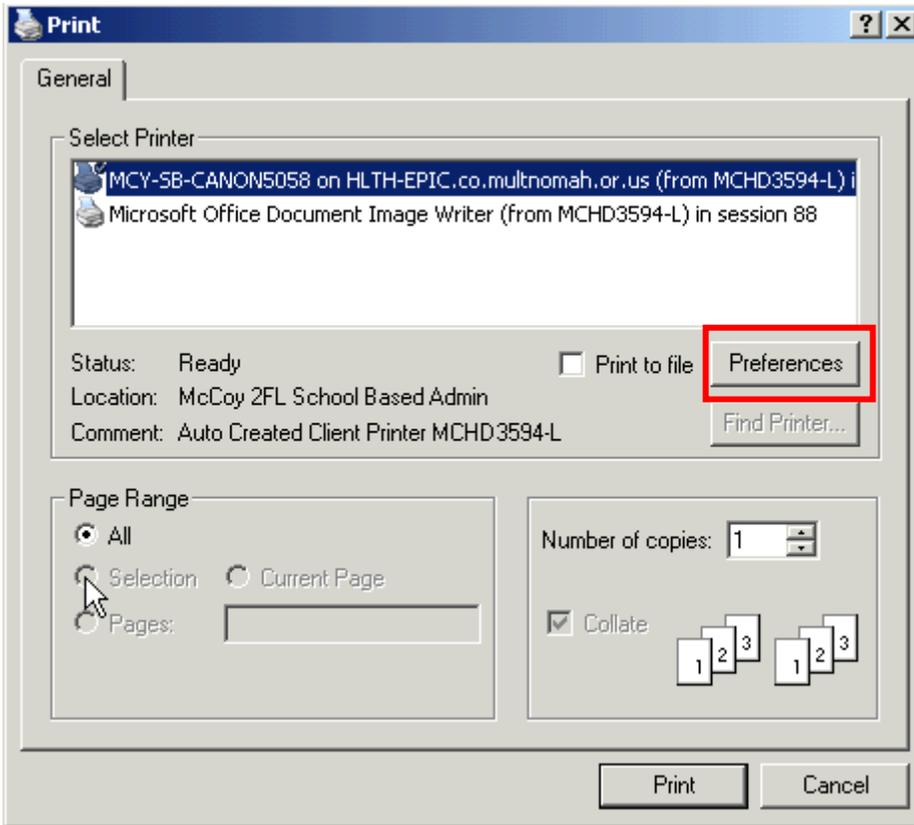
Choose the Paper Quality Tab.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc
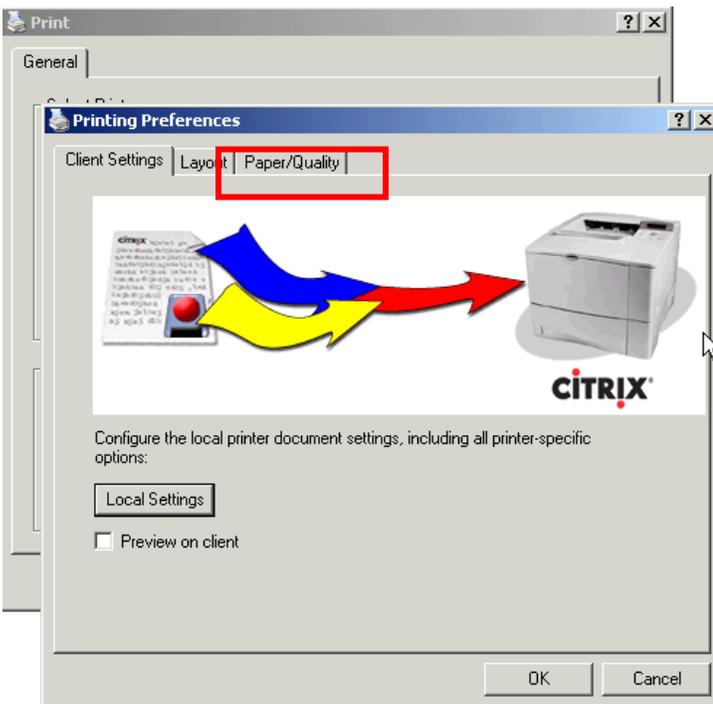
Open the Paper Source dropdown and select the drawer containing letterhead paper. Click OK.
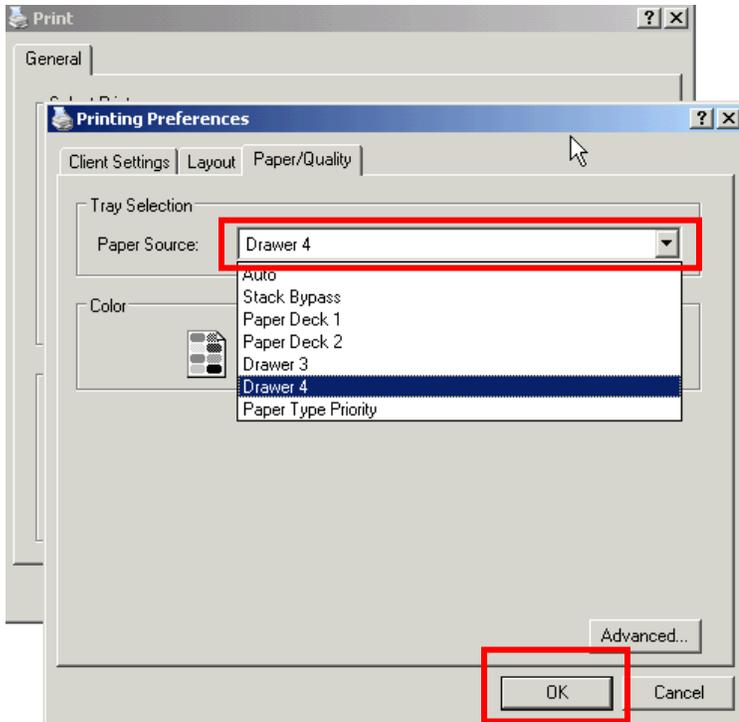
Click Print to Route the letter to the drawer with letterhead.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc
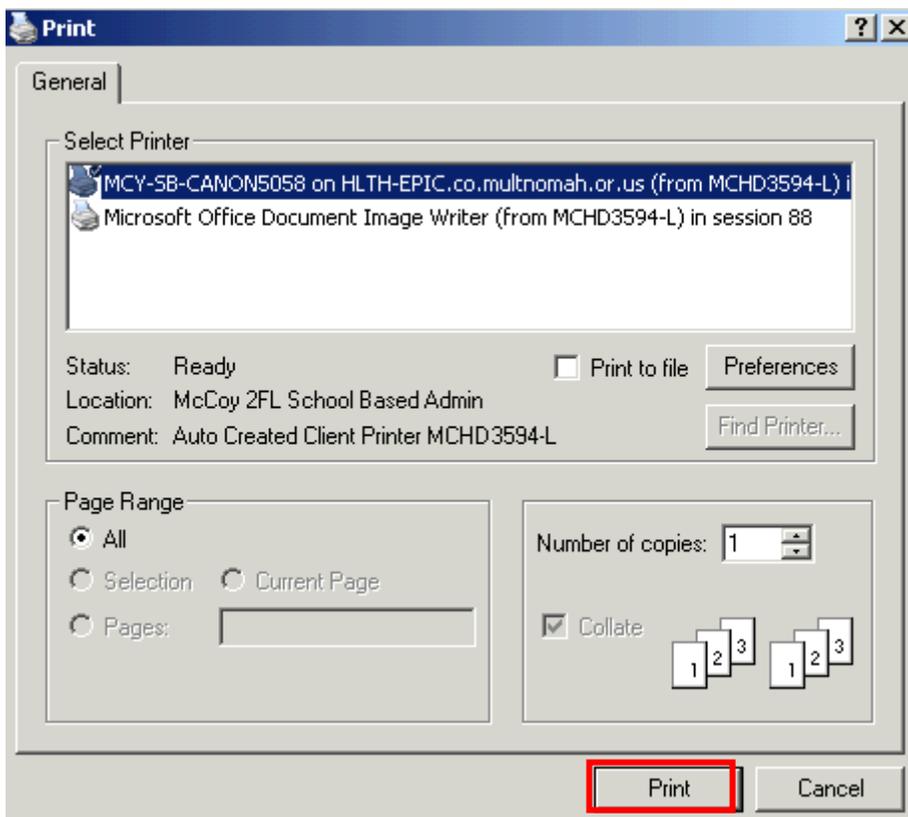
The Letter shows as Sent.

Letters (letters attached: 1, letters satisfying display options: 1)							?

New   View   Copy   Void   Mark as Sent

Attached Letters | All Letters

Show: ☐ Deleted   ☐ Voided

Date ▽	From	Reason for Letter	Comments	Enc Date	Status	
08/05/2010	MCCLURE, JENNIFER			08/05/2010	Sent	

Job Aid-Access Community Immunization Program Manual
Goal: Retrieve information in the Mint for immunization reference.

Consult Standing Orders and AGNs – located in online Immunization Manual at for questions pertaining to:
- Clinical questions for each vaccine used at MCHD.
- Guidelines on vaccine storage and handling.
- Steps to take if have an excursion.
- Locating and downloading new copies of Vaccine Administration Record.

Consult your team provider about all things clinical

The Community Immunization Program Manual provides clinical guidance. If there is a discrepancy with the information and what is in the Pink Book, abide by the Pink Book; then contact Virginia Schmitz in Communicable Disease Services to follow up with the issue.

The website address to access the Community Immunization Program Manual is:
> http://mint.co.multnomah.or.us/health/immi./index.shtml

NOTE: The route to the Manual will change once the new MINT replacement system is implemented.   Implementation date is still unknown.

You can access the Community Immunization Program Manual in the Greenbook by following the steps below from the T-drive.

1. Go to the T-drive. One way to access it is by clicking on the "My Computer" icon on the desktop then click on the T-drive.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc
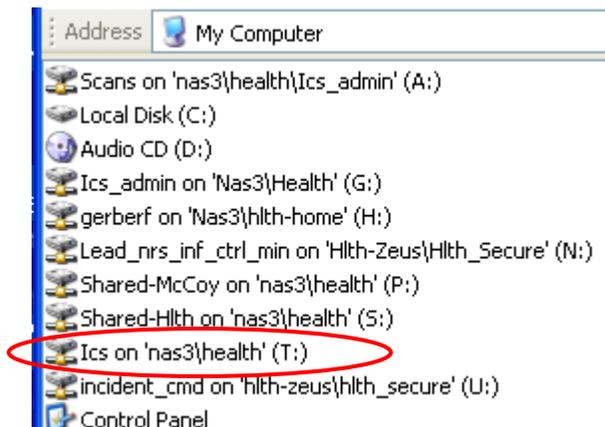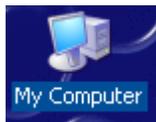
2. Click on "Role Based Manuals"
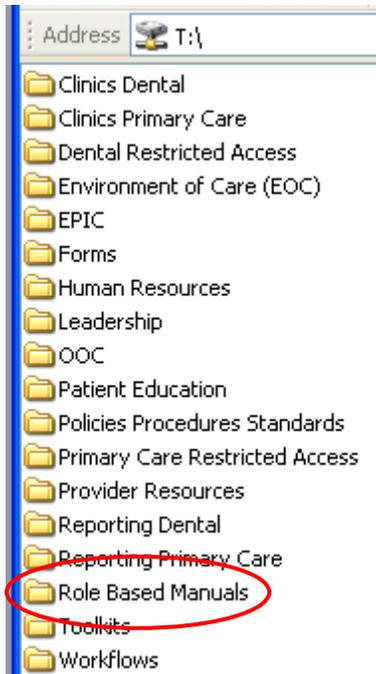
3. Click on CHN, Clinical Support (CMA LPN) or Panel Manager and you will see the link to the Immunization Manual.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc
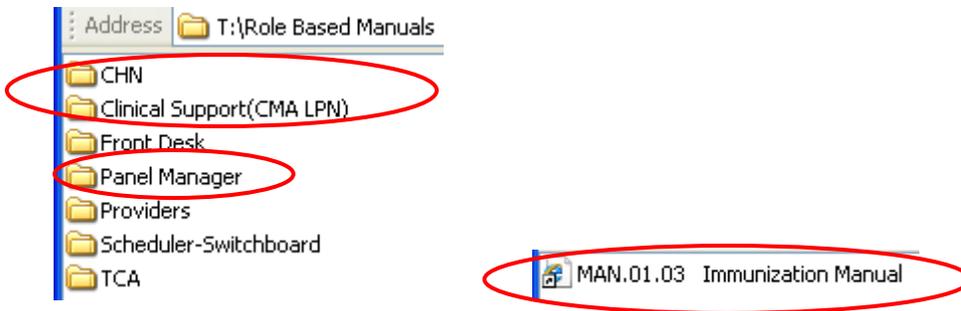
4. The next screen takes you to the Manual.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc

Job Aid-ALERT IIS (Eligibility)
Goal: Reference for eligibility codes.

Eligibility VFC and 317 programs look at the State Immunization web page.
http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/vfc/Pages/index.aspx

ICS Eligibility Codes

These eligibility codes can be used by ICS. Eligibility is based on patient qualification for VFC or 317.
Refer to State Immunization website for information:

Eligibility Code	Elibility Criteria	State Program
A	– 0-18 years of age – Alaska Native or American Indian – Regardless of Coverage	VFC
B	– All Ages – State Stock Used – Not Eligible for VFC or 317 programs	NA, State will charge MCHD for Stock used. Eligibility code B should only be used when following ICS workflow.
C	– Patients have insurance that covers immunizations – Patients are unable to pay copay or deductible	317
F	– 0-18 years of age – Patients have insurance but plan does not cover immunizations	VFC
G	– Immunoglobulin(IG) is used.	317
L	– All Ages – Patients not covered by VFC or 317 but willing to pay for their vaccinations – Vaccine Stock is purchased by MCHD	NA State will not charge MCHD. Stock is not state provided.
M	– 0-18 years old – VFC Eligible – Have Medicaid Coverage	VFC
N	– 0-18 years of age – Have no Insurance	VFC
O	– All Ages – If State Stock is used – Patient is eligible for 317	317
R	– All Ages – Do not know status of their Insurance Coverage – Follow 317 Program Rules	317
S	– All Ages – State has designated a specific immunization for funding.	NA

Job Aid-Print Immunization History Report in ALERT IIS
Goal: Print the patient's Immunization History Report.

1. Look up a patient by clicking Manage Patient.

2. Click Reports.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc

3. Select Immunization History Report.

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc

4. The Immunization History Report appears on the screen to print. Below is an example.

MULTCO PC MID COUNTY HEALTH CLINIC

Immunization History Report

Patient ID:

Patient Name: **TEST ROTA PATIENT**

Birth Date: **01/01/2010**   Gender: Male

    Age: **1 year, 7 months, 8 days**

Tracking Schedule: **ACIP**

Immun	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	React
DTP/aP	03/04/2010	1 of 5	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
DTP/aP	05/05/2010	2 of 5	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
DTP/aP	07/07/2010	3 of 5	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
HepA	03/15/2011	Not Valid	HepA-HepB [Twinrix ®]	Full	SKB	ANONATEST1 23			Wanda's Test Clinic	
HepB	03/04/2010	1 of 3	HepB-Peds [Engerix-B Peds ®]	Full					Wanda's Test Clinic	
HepB	07/07/2010	2 of 3	HepB-Peds [Engerix-B Peds ®]	Full					Wanda's Test Clinic	
HepB	03/15/2011	3 of 3	HepA-HepB [Twinrix ®]	Full	SKB	ANONATEST1 23			Wanda's Test Clinic	
Hib	03/04/2010	1 of 4	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
Hib	05/05/2010	2 of 4	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
Hib	07/07/2010	3 of 4	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
PneumoConjugate	08/13/2010	1 of 2	PCV13 [Prevnar13 ®]	Full					Wanda's Test Clinic	
Polio	03/04/2010	1 of 4	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
Polio	05/05/2010	2 of 4	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	
Polio	07/07/2010	3 of 4	DTaP-IPV/Hib [Pentacel ®]	Full					Wanda's Test Clinic	

Reaction Descriptions:
No Records Found.

Patient Comments:
No Records Found.

Start Date: End Date:

Pediatric Immunizations (at 24 months) Toolkit 1.1 2011-08-26.doc

VIII. Reporting/Evaluation

In the new Dashboard, the % UTD immunization by age 2 is located under Planned Care.

Family Practice Team 2 Dashboard - PCP: Defontes
Team: Family Practice Team 2

System Aims

Improve Clinical Outcomes					Improve Patient Experience of Care				
	Jul	Oct	Jan	Apr		Jul	Oct	Jan	Apr
% patients meeting D3 bundle (target = 35%)					% always patient centered (target=70%)				
% depressed patients with 50% reduction in PHQ-9 (target =50%)									

Key Priorities

	Measure	Target	Jul 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	All MCHC	All MCHD	Resources
Improve Clinical Outcomes																	
Disease Management	% risk stratified	90%													#N/A	#N/A	Depression SOC
	# referrals	12													#N/A	#N/A	
	% participating pts with contacts every 45 days	100%													#N/A	#N/A	Diabetes SOC
	% DM pts with A1c < 8	--													#N/A	58%	Referral Report
	% DM pts with LDL < 100	--													#N/A	54%	Interpretation
	% DM pts with BP under control	--													#N/A	61%	
Planned Care	% pts screened for depression	80%													#N/A	#N/A	Pre-Visit Toolkit
	% pap up to date	50%													#N/A	#N/A	
	% UTD immunizations by age 2	85%													#N/A	#N/A	ePortfolio
	% DM pts with A1c in the last 6 months	90%													#N/A	85%	

If a team does not meet the target goal of ≥ 85%, use the PDSA form to track improvement initiatives.
A blank copy of the PDSA form can be retrieved by going to T:\Forms\Medical. A hard copy is on the next page.

1. What are we trying to accomplish?

Describe Project:

Brief Description: What/How
(include above- limit 2 sentences)

Boundaries:

Sponsor(s):

Core Team Members:

2. How will we know a change is an improvement?

Measure(s):

1.

2.

3.

Change Concepts
(circle all that apply)

Simplify

Standardize

Eliminate Waste

Improve Work Flow

Change the Work Environment

Manage Time

Focus on the Relationship

Use Reminders

Other

3. What changes might cause an improvement?

PDSA #1

PDSA #2

PDSA #3

Examples of Completed PDSA Forms

What are we trying to Accomplish?	How will we know a change is an improvement?	What changes might cause improvement?	
		Change Concepts to consider	Questions To Consider

Brief Description: What/How
(include above- limit 2 sentences)

Redesign the process of getting kids under 2 in for immunizations

Boundaries:
Pediatric Immunizations
EHR data only

Sponsor(s):
Susan Kirchoff
Carole Gaglione

Core Team Members:
MCHC Peds Team
NEHC Peds Team
ECHC
NPHC
Westside

Objective:

Increase the % of children UTD on immunizations by 24 months

Measure(s):

1. % of clients 24 months and younger who are UTD on Dtap
2. % of clients 24 months and younger UTD on immunizations

Objective:

Measure(s):

Change Concepts to consider:

Standardize and simplify process

Schedule into multiple processes

Smooth work flow

Give people access to the information

Use reminders

Use a coordinator

Reduce or eliminate overkill

PDSA #1
2/08

Understand why UTD rates aren't at 85% by looking at different rates of immunization by vaccine. Discovered that 4th Dtap rate was lowest.

PDSA #2
3/18/08

Understand why children are not UTD on 4th Dtap by creating a list of kids 16-24 months who are missing the immunization. Categorize missing into: refusal, data entry issue, missed appointment, and others.

PDSA #3
4/18/08

Test recalling clients who don't have the 4th Dtap between 16+24 months old in for immunization appointment. Data pulled from encounters.

PDSA #4
6/1/08

Test recalling clients who don't have the 4th Dtap between 16+24 months old in for immunization appointment. Data pulled from historical immunizations.

PDSA #3
12/1/08

Refine data—still kids on list that are UTD.

1. What are we trying to accomplish?	2. How will we know a change is an improvement?		3. What changes might cause an improvement?

Describe Project:

Brief Description: What/How
(include above- limit 2 sentences)

Improve immunization rates by putting children 2 years and under on the waitlist and forecast all add-ons. Add notes to daily scrub.

Boundaries:

Sponsor(s):

Core Team Members:
Carissa Morrow
Veronica Alfaro
Pedro Espinoza
Amy Henninger
Karen Campbell

Objective:
Improve immunization rates

Measure(s):
Increase in up to date percentage of children < age 2

Objective:

Measure(s):

Change Concepts
(circle all that apply)

Simplify

Standardize

Eliminate Waste

Improve Work Flow

Change the Work Environment

Manage Time

Focus on the Relationship

Use Reminders

Other

PDSA #1

Children < 2 will be put on the put on a waitlist if they are behind on immunizations for tracking. They will be contacted in 2 months for next set.

PDSA #2

A note will be added to the scrub (edit notes section)

*forecasted
*UTD = up to date
*Behind on immies, add to waitlist

PDSA #3

If nothing in regards to immies in edit note and the child is <2 the direct support/CMA will forecast at arrival.

IX. Support

Process Consultant Contact Information

For any comments, concerns, or questions, please contact the Process Consultant, Florence Gerber; 503-988-3663 x27229.

X. Version Changes

Version	Pages	Sections	Changes Made
	6	Keys to Success	Added "*Other Considerations.*"
	8	Process Flow for Using the NOT UTD Report	Added Job Aid-Inactivating Clients.
	8, 9	Process flow for Using the NOT UTD Report and Pediatric Immunization Appointments	Added Job Aid-Immunization Policies. Added page numbers for each Job Aid.
1.1 2011-08-26	12 to 37 page numbering changed	Chapter VII. Tools: • Job Aid-Inactivating Clients • Job Aids-Immunization Policies • Job Aid-Access Community Immunization Program Manual Chapter IX. Support Chapter X. Version Changes	Added: • Job Aid-Inactivating Clients. • Job Aids-Immunization Policies. • X. Version Changes. Added "Only contact ALERT IIS at 800-980-9431 if there is duplication of records in ALERT IIS to merge accounts" in *Job Aid-Access Community Immunization Program Manual* under *Miscellaneous*. Deleted "ALERT IIS Contact Information" in Chapter IX. Support.