VACCINE PROCESS IMPROVEMENT

A COMPILATION OF CASE STUDIES
**THIS COMPILATION OF CASE STUDIES** offers examples of Integrated Delivery Systems’ approaches to improving their vaccination rates.

The following slides are excerpts from the full case study. To view the full case study, **click the button** located at the top right corner of that slide.

**TOPICS INCLUDE:**

- Establishing vaccination benchmarks
- Implementing process improvement plans
- Utilizing Health Information Technology
- Measuring improvement initiative results

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CASE STUDY BACKGROUND
Geisinger’s community was impacted by outbreaks of vaccine-preventable disease, which led them to assess their current vaccination rates. Their leadership was disappointed to see vaccination gaps in care in their vaccination rates compared to Healthy People 2020 goals. This inspired leadership to implement simple steps to improve their processes, utilize health information technology (HIT), and increase the impact in population health.

PROCESS
Geisinger’s focus on patient-centered and coordinated team care has been standardized and replicated throughout the system. A multifaceted approach is used to increase vaccination rates.

RESULTS
In 2016, based on these simple approaches to increase vaccination rates and impact public health, Healthy People 2020 goals were met for all ACIP-recommended adolescent and adult vaccinations.
CASE STUDY BACKGROUND

Enhancing EHR and other clinical software capabilities to transform data quality, clinical efficiency, usability and patient engagement to increase vaccination rates is a priority. Although providing vaccine access at every point of care, vaccination rate care gaps still existed.

PROCESS

➤ Implemented a distinct HIT strategy of innovation focused on closing the vaccine rate gaps in care to impact their population health management goals
➤ Focused on modification of their EHR to meet their vaccination needs and goals
➤ Applied these strategies to each point of care

RESULTS

➤ Implementing vaccine specific HIT interventions resulted in:
  ○ An increase in vaccination rates
  ○ Enhanced provider/patient communication
  ○ Efficient clinical workflow
  ○ More time to concentrate on value-based care delivery
CASE STUDY BACKGROUND
After acquiring numerous affiliated satellite locations and providers, a Midwest IDS discovered adult vaccination rates across its network were inferior when compared to organizational goals. Standardized clinical processes for all preventive services, including vaccination, were implemented in such a way that they could be replicated by all health care providers within the system.

PROCESS
➤ Developed a process to prioritize adult vaccinations:
   ○ Provided comprehensive vaccine education to all health care providers
   ○ Created a computerized analytical tool to search patient’s demographics and medical history, including past vaccinations
   ○ Implemented nursing protocols and standing orders
   ○ Determined insurance coverage of vaccines prior to a patient’s appointment

RESULTS
➤ The first month after implementation of the computerized tool, the number of doses administered of one of the adult vaccines doubled.
➤ The clinical practice areas where this tool is in use currently have vaccination rates of this vaccine that are twice the national average.
CASE STUDY BACKGROUND

Vaccination rates for Orlando Health Physicians Associates were similar to or below those of the entire state of Florida, per CDC National Immunization Survey (NIS) Teen rates. Providers lacked visibility into their vaccination rates and how they compared to their peers.

PROCESS

- Established vaccination goals for the short, intermediate, and long term.
  - Team-based care process changes.
  - Implementation of changes.
  - Implementation of physician and staff education programs.
  - Vaccine rate measurement.
  - Activated EHR order sets to identify eligible patients for education and vaccination at point of service and appointment reminders activated for series completion.
- Conducted sustainability programs to measure and track the vaccine improvement process. Physicians were kept aware of their progress.

RESULTS

- Vaccination rates increased immediately and surpassed state (Florida) and national NIS rates. The most rapid increase in rates occurred after the physician and staff education programs.
**CASE STUDY BACKGROUND**

These are examples of actions taken by Integrated Delivery Systems to improve vaccination rates using the IHI’s Plan, Do, Study, Act model for improvement.

**PROCESS**

➢ **PLAN** Awareness
  - Set goals
  - Assign team
  - Define rate measurement guidelines

➢ **DO** Implement process for improvement
  - Measure vaccination rates
  - Identify vaccination gaps in care or low vaccination rates
  - Recommend same-day, on-site vaccination for appropriate patients using ACIP recommendations
  - Train and educate provider teams

➢ **STUDY** Building the process for improvement
  - Evaluate if process is working
  - Discuss ideas for improvement

➢ **ACT** Tracking and measuring the process for improvement
  - Present routine updates to staff
  - Train staff on updates to process

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