

### Examples of Quality Improvement Projects in Adult Immunization

The following activities are provided to prompt your thinking about what works best for your practice. When designing a project, consider the following:

1. Clinical Setting
  - x What strategy for improvement is appropriate for your clinical setting? For example, is it feasible to implement a reminder and recall system or report to an immunization registry?
  - x What is your timeline for the project? How much time will you allocate to carrying out this project?
2. Current Performance

your institution have trained volunteers who can educate patients on

## Example Projects

For all clinical settings:

1. For each clinical encounter, document that influenza vaccination review has occurred with detailed documentation (patient received vaccine, vaccine is contraindicated, patient declined or patient was not offered vaccine)
2. Assess patient's vaccination status at intake using checklist:  
<http://www.cdc.gov/vaccines/hcp/patient-ed/adults/downloads/patientintake-form.pdf>
3. Conduct immunization review of healthcare personnel to identify Hepatitis B, MMR and/or Varicella status.

For the ambulatory setting:

1. Generate list of diabetic patients 19 to 59 years of age, and their Hepatitis B vaccination status. Flag patients who have not been vaccinated to discuss at next visit.
2. Distribute information on Tdap vaccination to all pregnant women and discuss benefits of vaccinating against pertussis.
3. Identify patients who started HPV series and send reminder notification (phone call, email, letter) to return for next dose.

For the hospital setting:

1. Use Medicare's Hospital Compare data to compare influenza vaccination rates.

## Extended Examples of Quality Improvement Projects in Adult Immunization

These extended examples will highlight the Residency Clinic and the Private Practices vaccination settings. These examples are provided to illustrate the practice improvement process, and that actual efforts devised by physicians and their team may differ based upon individual needs. Regardless of the setting, these examples can be used as springboards to guide the planning of any immunization quality improvement project.

Residency is an ideal time to learn quality improvement skills and apply them to situations in the “real world.” Residency establishes the learning processes that physicians will continue to apply over the course of their careers. Residency provides an opportunity to develop good habits

ability to run reports. These “queries” of the system can be used to gain

### 5) Maintain Momentum

Once the practice or residency clinic finishes the first PDSA, take what is learned and plan the next cycle. Do not be afraid to scrap ideas that did not work well. Show appreciation to the team and all involved parties. Administration's recognition of practice improvement can be a great motivational tool; this can be as simple as sending an email to the department praising the quality improvement team.

- x For any setting:
  - o Using the VIS example in the Practice Setting above, if the practice is only 60% success on the run charts, a "huddle" (as opposed to a formal meeting) with the MA may be in order to try to determine the barrier.
  - o For example, if the MA reports that documenting the information onto the chart is proving cumbersome, a PDSA cycle concentrated on documentation would be a natural next step. Education on the federal requirements of VIS distribution may also be necessary.

The extended examples were modified from the American College of Physicians Guide to Adult