

Standing Orders for HPV Vaccination Cycle 1

MODEL FOR IMPROVEMENT

Team Name: _____

Plan a Test of Change

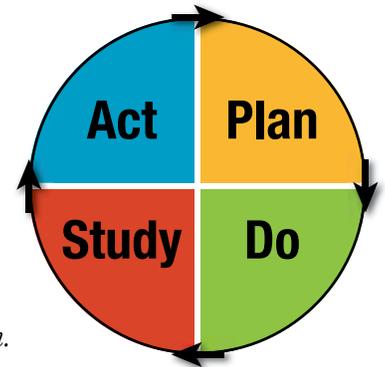
Cycle #: 1 Start Date: _____ End Date: _____

Plan → Describe the proposed test. What performance gap will it address? What idea will you test? What barriers will you need to overcome?

Do → Try your change with a few patients over a short period of time. Collect data that can be measured. Describe what happened when you ran the test.

Study → Describe how the measured results compare to the predicted outcome.

Act → How will you modify the plan in the next test cycle based on “learnings” from this cycle? Or, describe a new idea to test to help you achieve your aim.



AIM of this project

Describe the aim of this project. What are you trying to accomplish? Every aim will require multiple small tests of change.

Over the next 15 months, among our patients 11-17 as of today, we will increase:

- The percentage who have > or = to 1 dose of HPV vaccine
- The percentage who have > or = to 3 doses of HPV vaccine

Plan

Describe the proposed test. What performance gap will it address? What idea will you test? What barriers will you need to overcome?

Performance Gap:

Our providers are very pro-vaccination, but we are hectic and often forget to order vaccines, especially when an adolescent is not in for well care (but even sometimes when the purpose of the visit IS well care). We all agree with using the AAP immunization schedule, but slip up – especially during August when it’s crazy busy with back to school visits and February when we are swamped with influenza.

Idea for Test:

Our policy is that MAs can work off a standing order if there is an RN present when vaccinating. For all adolescents (age 11 and up), the MAs will do the following:

1. As soon as possible when the patient arrives, check the immunization record to see if any vaccines are due and if there are any contraindications to vaccination.
2. If a vaccine is due, the MA will prepare it.
3. The MA will check everything with the RN before administering the vaccine (if the doctor is in the room, wait until she/he leaves the room).
4. The MA will do all the charting per routine.
5. If the patient/parent declines vaccination, the MA will notify the physician and track the outcome on our HPV Refusal Board (does talking to the physician lead to a change in heart?).

Standing Orders for HPV Vaccination Cycle 1 *continued*

Barriers:

- The MA has to check out with the RN before administering the vaccine. This could lead to a delay and if the RN is absent that day, the MA will have to check out with the physician, so it won't really save the physician any time.
- If the EMR is wrong, how will we know it?
- Will parents think it's weird if the adolescent is vaccinated BEFORE the doctor part of the visit?

MEASURES

What is the desired goal that will close the performance gap? Describe the specific measures that will determine a successful outcome for the test.

How we will measure our rates:

1. Dr. B will get our billing system folks to list (in a spreadsheet) all the patients with a birthday in the correct range who have generated any billing event in the past 24 months
2. That list will give number for each patient (from 0 to XXX)
3. Aaron will generate a list of 20 random numbers from 0 to XXX
4. Ashley will check the charge for each of the 20 patients corresponding to the numbers and tally if the patient received 0, 1-2, or > or = 3 HPV vaccines

The table shows our current situation and our goal

HPV DOSES	Current	Goal
0	14 (70%)	6 (30%)
1-2	3 (15%)	7 (35%)
> or = 3	3 (15%)	7 (35%)
TOTAL	20 (100%)	20 (100%)

Tasks and tools

Who	Dr. B	Aaron	Ashley
What	Get billing list	Generate random numbers	Review 20 charts
When	Dr. B only does this once	Once per cycle	Once per cycle
Where	N/A	N/A	N/A
How	N/A	N/A	N/A
Tools	We can store the results on BOX so we all have access to it		

Standing Orders for HPV Vaccination Cycle 1 *continued*

Predicted outcome: Describe your plan for change. List the tasks and tools needed to perform the test. Predict what will happen when the test is carried out?

People	Tasks	Tools
Dr. B	Check with billing department, lawyer—can we do this?	(phone)
Dr. B	Download standing order sheets for adolescent vaccination from immunize.org	immunize.org
Angie	Meet with all the MAs and talk about this at weekly staff meeting and go over S.O. sheets	Put S.O. sheets in BOX so everyone has access
Dr. B	Meet with all the MDs and talk about this at physician meeting and go over S.O. sheets	Put S.O. sheets in BOX so everyone has access
Dr. B Aaron Ashley	Measurement as described above	Billing data, random number generator, EMR
Ashley	Post a tally sheet so we can see how many parents refused the MA, refused the MD	Print out the sheet and hang in med room

Predicted outcome:

The MAs and RNs will be nervous at first, but soon this will be the routine and waiting for physician orders will seem slow and insulting! If we explain to parents that we want the patient to stay 15 minutes after vaccination to improve safety, they will appreciate having it done first thing.

Do

Make a change! Try your change with a few patients over a short period of time. Collect data that can be measured. Describe what happened when you ran the test.

Only Becky and Cara (MAs) used the new process this week and it went pretty well. Angie (RN) worked really hard to make herself available asap (Angie is an HPV Vaccine Champion). One doctor was a little put out and voiced a negative opinion of “protocol medicine,” but Dr. B talked to her and reminded her of our HPV vaccination rates at the start.

Standing Orders for HPV Vaccination Cycle 1 *continued*

Study

Did the change lead to the desired improvement? *Describe how the measured results compare to the predicted outcome.*

The measured results did not change. When you think about it, there are so many adolescents in this practice...it will be months before we start to see a change because we are only vaccinating kids who came in anyway. That's really hard to take—we wanted to see at least a blip!

- Should we change the measure?
- Should we have a big “party” for 13 year olds one Saturday this month – a “get caught up on vaccinations” party for all the 13-year-olds. Then we could do that for all the 14-year-olds two months later, etc.
- Should we just be patient?

Last week, 4 parents wanted to talk to the doctor before immunization and of those 2 still ended up refusing a vaccine (both HPV).

Act

Describe how you will modify the plan *in the next test cycle based on “learnings” from this cycle. Or, describe a new idea to test to help you achieve your aim.*

1. We decided that ALL the staff need to see the info on office rates so everyone will see and remember WHY we are doing this. Aaron's going to post the chart (sample shown below) every Monday morning. The bad thing about this is that the improvement will be so slow.

HPV DOSES	Start	Week 1	Goal
0	14 (70%)	14 (70%)	6 (30%)
1-2	3 (15%)	4 (20%)	7 (35%)
> or = 3	3 (15%)	2 (10%)	7 (35%)
TOTAL	20 (100%)	20 (100%)	20 (100%)

2. Becky and Cara were very nervous about possibly making an error so we will get a good sheet about contraindications to adolescent immunizations (Angie will go onto immunize.org).
3. We want something exciting to boost the rates. Dr. H and Betsy love the “get caught up” birthday party idea so they are taking on planning this.

END OF CYCLE 1

Standing Orders for HPV Vaccination Cycle 2

MODEL FOR IMPROVEMENT

Team Name: _____

Plan a Test of Change

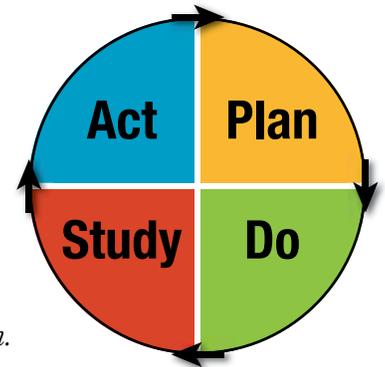
Cycle #: 2 Start Date: _____ End Date: _____

Plan → Describe the proposed test. What performance gap will it address? What idea will you test? What barriers will you need to overcome?

Do → Try your change with a few patients over a short period of time. Collect data that can be measured. Describe what happened when you ran the test.

Study → Describe how the measured results compare to the predicted outcome.

Act → How will you modify the plan in the next test cycle based on “learnings” from this cycle? Or, describe a new idea to test to help you achieve your aim.



AIM of this project

Describe the aim of this project. What are you trying to accomplish? Every aim will require multiple small tests of change.

Over the next 15 months, among our patients 11-17 as of today, we will increase:

- The percentage who have > or = to 1 dose of HPV vaccine
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Plan

Describe the proposed test. What performance gap will it address? What idea will you test? What barriers will you need to overcome?

Performance Gap:

HPV DOSES	Start	Week 1	Goal
0	14 (70%)	14 (70%)	6 (30%)
1-2	3 (15%)	4 (20%)	7 (35%)
> or = 3	3 (15%)	2 (10%)	7 (35%)
TOTAL	20 (100%)	20 (100%)	20 (100%)

Idea for Test:

Three MAs will use standing orders for adolescent immunizations. (I am not going to go into details about the “get caught up” birthday party here, but Betsy is keeping notes on it separately in case they want to do it again).

Barriers:

Cara’s son is ill so she may need to take some PTO to stay home with him. That would hurt our trial, but it might also make it so all the MAs are crazy busy.

Standing Orders for HPV Vaccination Cycle 2 *continued*

MEASURES

What is the desired goal that will close the performance gap?

Really, it comes down to giving all the adolescent vaccines to every patient who is eligible at a visit. By having the MAs take direct responsibility for this (under RN supervision) it seems like the MD can be a “double check” on the system. Fewer kids will slip through the cracks. This week three MAs will use standing orders (assuming Cara can stay at work).

Tasks and tools

People	Tasks	Tools
Angie	Download contraindication sheets for adolescent vaccination from immunize.org	immunize.org
Angie	Meet with all the MAs & train them on contraindications so they have high degree of confidence	Put contraindications sheets in BOX so everyone has access
Dr. B	Meet with all the MDs and talk about this plan—any questions or concerns. Also, he’ll talk about how to handle HPV vaccine hesitant parents.	Tips & Time Savers sheet
Aaron Ashley	Measurement as described above Post results	Random number generator, EMR
QI team	Review the tally sheet—how many parents refused the MA, refused the MD	Colorful paper

Predicted outcome: *Describe your plan for change. List the tasks and tools needed to perform the test. Predict what will happen when the test is carried out?*

We won’t see a change in immunization rates, per se. Last week, 4 parents wanted to talk to the doctor before immunization and of those 2 still ended up refusing the vaccine; this week we have just as many adolescent visits scheduled and 0 will refuse.

Do

Make a change! *Try your change with a few patients over a short period of time. Collect data that can be measured. Describe what happened when you ran the test.*

Fortunately for everyone, Cara’s son was not sick enough to stay home! The “birthday party” plans got everyone talking about HPV—how bad it would be to have oropharyngeal cancer or even a positive HPV pre-cancer. This, in turn, got people enthusiastic about giving the vaccine. The doctors seem quite comfortable with using standing orders for this.

Standing Orders for HPV Vaccination Cycle 2 *continued*

Study

Did the change lead to the desired improvement? *Describe how the measured results compare to the predicted outcome.*

- Our measurement is not responsive to our short-term actions. That's frustrating. The QI team is worried about sustaining the effort if we don't see results.
- This week, we had a problem with MAs forgetting to mark it if a parent "refused" the vaccine. Knowing if a lot of parents are refusing is a good balancing measure.
- Having the RN check the MAs made it so we discovered some problems with the needle lengths one of the MAs is using. We'll have to address that, too.

Act

Describe how you will modify the plan *in the next test cycle based on "learnings" from this cycle. Or, describe a new idea to test to help you achieve your aim.*

- We are embracing the "get caught up" birthday party plan for 13 year olds, while moving forward with the QI project. It's boosting morale and interest in the QI project!
- Dr. B has to (1) decide if we are going to change our outcome measure because there are just too many adolescents in the practice to see a real increase any time soon (or maybe we should wait until after the "get caught up" birthday party) and (2) come up with a better way to track refusals. However, this may not happen this week because Dr. B has to miss two days of work this week for a meeting in Atlanta.
- After two trials, we are ready to expand to 5 of our 6 MAs. (We won't bring Jill on yet, but Angie will start working with her so we are sure she will be up to speed soon.)

END OF CYCLE 2

