

Example 2, VIS: DO, STUDY & ACT phases

MODEL FOR IMPROVEMENT

Team Name: Everyday Pediatrics

Plan a Test of Change

Cycle #: _1_ Start Date: 1/7/13 End Date: 1/7/13

Objective for this PDSA Cycle (Aim):

By March 1, our practice will provide all necessary current Vaccine Information Statements (VIS) for review by patient/family prior to immunizing at least 95% of our patients.

PLAN:

QUESTIONS

Do we have access to all of the currently necessary VIS forms and in the appropriate languages? Can we provide all of the appropriate VIS forms for each patient/family to review prior to receiving immunizations?

PREDICTIONS We will find that we do not have the most current version of VIS form for at least 1 vaccine type (Note: This task can be completed by MA prior to conducting this planned test of change by accessing the VIS website included in our Toolkit).

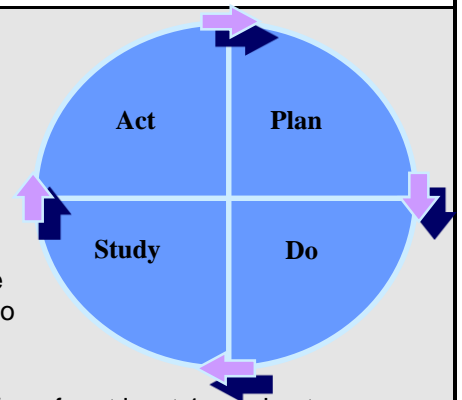
We will find that we have provided all of the currently necessary VIS forms in appropriate languages for at least 85% of our patients prior to receiving immunizations.

PLAN FOR CHANGE OR TEST: WHO, WHAT, WHEN, WHERE

Prior to Wednesday morning, Alison (MA) will put copies of current VIS forms in folders (1 for each vaccine type, in English and Spanish) in drawers of 1 of the exam rooms used by Deb (NP) – Exam Rm. #3. On Wednesday morning, Deb will give each patient/family seen in Rm.3 who is being immunized all necessary VIS forms to review prior to Alison administering the needed immunizations. She will note “VIS given” as part of vaccine order. Allison will continue to record the date of each VIS form in the patient’s record when she records the vaccine administration information.

PLAN FOR COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE

By the end of the day (Wednesday), Allison will review the records of patients seen by Deb that morning in Rm #3 who received immunizations. She will record total # of patients immunized, count the number of those records with “VIS given” noted by Deb (# with “VIS given” noted/total # of records of patients immunized = % receiving VIS to review prior to receiving immunizations).



DO: CARRY OUT THE CHANGE OR TEST; COLLECT DATA AND BEGIN ANALYSIS.
REPORT THE RESULTS OF YOUR TEST HERE. Describe observations, problems encountered, and special circumstances.

Deb reported that it was not easy to remember to go in the drawer and took time to remove a VIS from each folder. It threw off her visit plan. She did note that giving the VIS forms herself (rather than the MA doing it as currently done in our practice) did prompt one parent to express her previously not asked concerns about her child’s vaccinations which led to a positive interaction/discussion. One parent asked why she has to get these same forms every time her baby gets shots. Allison gave VIS forms when she found that patient/family had not yet received them from Deb. Needed to download VIS forms in Russian. There is no space on our current immunization encounter form to record the VIS date for HPV!

STUDY: COMPLETE ANALYSIS OF DATA; SUMMARIZE WHAT WAS LEARNED

60% (6/10) of the patients seen that morning by Deb who needed immunizations had received their VIS forms prior to Alison coming in to administer immunizations. VIS folders in the drawer are not easily accessible.

Parents used VIS form to ask Deb additional questions. Need easy access to VIS forms in other languages.

Additional task to do: Immunization form in record needs to be modified to include space to record VIS form date for HPV.

ACT: ARE WE READY TO MAKE A CHANGE? Modifications or refinements to the test?
PLAN FOR THE NEXT CYCLE

Not ready to make change yet. Modifications for cycle #2 – VIS forms will be put in easy access clear pocket folder on counter in Rm. 3. Thursday morning, when rooming patient, Allison will confirm primary language of patient/family and download appropriate VIS forms, if needed. Deb and Allison will retest the planned cycle and collect data.