

Public Health Performance Management Centers for Excellence

QUALITY IMPROVEMENT STORY BOARD 9/27/12



WHATCOM COUNTY HEALTH DEPARTMENT
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 75 EMPLOYEES, SERVING A
 POPULATION OF 201,140

QI Team:	Alice Clayton, CD & Epi PHN
	Alice Simmons, Immunization Program Supervisor
	Ben Scholtz, Public Health Advisory Board Member
	Connie Kelley, Immunization Program PHN
	German Gonzalez, MD & CD & EPI Division Manager
	Sandy Abernathy, Immunization Program PHN
	Susan Sloan, Performance Management Specialist
	Terry Hinz, Assistant Director

QI PROJECT: *IMPROVING IMMUNIZATION PROGRAM
 VFC & AFIX SITE VISIT EFFICIENCY*

Definitions: **VFC** – **V**accine **F**or **C**hildren Program provides public purchased vaccine to health care providers who serve children less than 18 years. **AFIX**- A quality improvement strategy to raise immunization coverage levels and improve standards of practice at the provider level. It includes **A**ssessment of immunization coverage levels, **F**eedback of diagnostic information to improve service delivery, **I**ncentives to recognize and reward improved performance, **eX**change of information among providers.

PLAN
 Identify an opportunity and Plan for Improvement

1. Getting Started

The quality improvement project WCHD chose was intended to increase efficiencies in our Immunization Program while improving our readiness for accreditation by enhancing staff skills in implementing a QI effort.

2. Assemble the Team

Our diverse team included the CD & Epi Division, administrative staff and a local Public Health Advisory Board member. The team met regularly through May 2012 and was supported by a Centers for Excellence QI coach, Scott Davis.

3. Examine the Current Approach

Based on data from a 2011 Immunization Program evaluation, the team began with the goal of increasing two-year-old "up-to-date" immunization rates to 80 percent. Difficulties in implementing the project led the team to arrive at a more realistic project goal.

AIM STATEMENT:
 Reduce the number of steps required to enter, retrieve and compliance and AFIX Site Visit data by at least 30% by July 2, 2012.



and inefficient steps in the site visit process.

4. Identify Potential Solutions

The following potential changes were identified:

- ☐ Adopt the use of laptops during VFC and AFIX visits to create an electronic system for onsite reporting to providers and DOH.
- ☐ Complete provider "Summary Reports" in the field rather than back at the office.
- ☐ Eliminate the need for printing, copying and mailing reports to providers and DOH

5. Develop an Improvement Theory

If WCHD reduces the time it takes staff to report VFC and AFIX visit findings, then additional staff time will be available to focus on provider education to increase two-year-old immunization rates and contribute to longer-term goals.

DO
 Test the Theory for Improvement

6. Test the Theory

The team reviewed in detail the VFC process flow and measured the number of steps in the process and the time

required to complete VFC and AFIX visits. This review identified redundant

Pre and post VFC & AFIX visit times were calculated for each Public Health Nurse.

STUDY
 Use Data to Study Results of the Test

7. Study the Results

For VFC visits, the average visit time was reduced from 7.25 to 6.71 hours for a savings of .54 hours. Also, a gain of .67 hours of staff time was achieved because printing, copying and mailing of VFC reports were eliminated.

Cost savings per visit = \$79.16
Time savings per visit = 1.21

ACT
 Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Using field computers during provider VFC visits provides modest cost and time savings in reporting findings to providers and DOH. The team will be sharing these results with other WA Immunization Programs.

9. Establish Future Plans

- ✓ Complete post-times for AFIX visits and calculate savings.

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- ✓ Create a standing QI agenda item for Immunization meetings.
- ✓ Establish a program QI budget.
- ✓ Implement additional solutions identified during this project—eliminate the use of paper & pencil charts, for example.