program will be determined if 75% of all clients receiving services in the health centers have received flu vaccine either from public health centers or other community providers.

3. Examine the Current Approach
A flowchart representing the current process of determining the amount of flu vaccine that would be available to start the flu vaccination season was developed. Amount of vaccine ordered is determined by the number of flu vaccinations given the previous year and evaluation of success has always been based on the number of flu vaccinations given.

4. Identify Potential Solutions
It was noted that the number of flu vaccinations administered by GRDHD had declined in the past few years. A fishbone diagram analyzing possible reasons for the decline indicated 4 areas of thought that might explain the decrease in flu vaccinations.

Root cause analysis of the data appeared to support the idea that the increase in the numbers of community providers and lack of marketing by public health was contributing to the decrease in flu vaccinations administered by our Department. The QI committee decided that in order to verify this hypothesis, a more comprehensive study would be required that involved gathering specific information regarding flu vaccination practices within our communities.

5. Develop an Improvement Theory
If we determine that at least 75% of our clients are receiving flu vaccinations by other community providers then our role as public health would focus more on community education regarding the importance of everyone aged 6 months and older receiving a flu vaccination. This would take the primary focus off of Public Health as a provider of vaccine and place more emphasis on our role as prevention specialists.
6. Test the Theory
In order to test our assumptions, a survey tool was developed that was sent to 255 service providers across our 7 county District. The survey requested information regarding their involvement in the previous year’s flu vaccination season. See the survey tool below.

There were 120 valid surveys returned from the following providers:
- Physician practices
- Pharmacies
- Clinics
- Long term care facilities
- Industry
- Home Health

In addition, the QI members decided to randomly survey clients that presented for services in the 7 county health centers regarding whether they had received an annual flu vaccination during the previous flu vaccination season. The survey utilized for this data collection is seen below.

There were a total of 415 surveys completed in the clinics over a 2-3 week period.

7. Check the Results
Analysis of the “Area Provider Survey” results indicated that of the 120 completed and returned surveys, 101 providers gave the seasonal flu vaccine and 54 of those same providers made the high dose vaccine available to individuals 65 years of age and older.

Providers responding to the survey:
- Physician practices – 42
- Pharmacies – 29
- Clinics – 18
- Long term care facilities – 18
- Industry – 8
- Home Health – 3
- Unknown – 2

Doses administered by these providers were as follows:
- >100 doses ....................34
- 100-200 doses ................25
- 200-300 doses ................. 7
- >300 doses ....................35

It was recognized after receiving the returned surveys that it would have been better to have separated the number of doses given between seasonal flu vaccine and the high dose vaccine. In addition it would have been helpful to know the age breakdown of those receiving vaccine to determine if older adults were receiving the seasonal flu vaccine instead of the high dose flu vaccine.

8. Standardize the Improvement or Develop New Theory
Based on the results of the two surveys, it was apparent that there is a rather large gap in the number of providers and the specific segments of the population actually accessing an annual flu vaccination. Even though there were more providers making flu vaccination more readily accessible in our communities there were still large populations who went unvaccinated. It is difficult to determine the actual
percentage of clients accessing services in our clinics by simply performing a random survey over a couple of weeks. However, it is safe to presume that 75% of our clients did not receive the flu vaccine in the previous year.

9. Establish Future Plans
The data indicated a clear need for GRDHD to continue to make flu vaccinations available for their clients as well as the general public. Based on the results from our 7 county clinics, it is apparent that senior adults are interested in being vaccinated with the high-dose flu vaccine. It is also quite apparent that we are not vaccinating the very young and their care providers adequately. Therefore the GRDHD is adopting the following protocol for ensuring that a greater percentage of the population is protected against influenza infection this coming year.

- Instituting an all-call system of notifying our clients of when flu vaccination clinics will be held
- Visible signage indicating the availability of vaccine
- Making appointments and taking walk-ins interested in becoming vaccinated
- Conducting off-site clinics to businesses, Sr. Centers, and schools
- Lowering the price of a flu vaccination from $34 to $29 and billing all third part payers
- Possible Saturday and/or later hour clinics
- Public education re: importance of getting an annual flu vaccination (news releases, TV, radio promos)
- Asking each client accessing services in the health centers if they have had their annual flu vaccination

Most of the above activities are standard practice for the flu vaccination season. However, there will be a greater intensity placed on the efforts to vaccinate the public this year. The information gained from this study will assist us in evaluating GRDHD’s delivery of flu vaccinations during the 2012-2013 campaign. It is our intent to continue to promote the public health message of prevention. We intend to make this an on-going priority for study each year.