STORYBOARD



Green River District Health Department
Serving: Daviess, Hancock, Henderson,
Mel can Obje Union and Webster counting

LOCAL HEALTH DEPARTMENT NAME: McLean, Ohio, Union and Webster counties

ADDRESS: 1501 Breckenridge Street
Owensboro, KY 42303

PHONE NUMBER: <u>270-686-7747</u>

SIZE: District Health Department (7 counties)

POPULATION SERVED: 215,000
PROJECT TITLE: Project Flu

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

Staff began expressing concern at the end of the 2011-2012 flu vaccination season that they were not seeing the numbers of people in their clinics requesting flu vaccine that they had seen in previous vears. Many felt that the increase in community providers, such as pharmacies, who were actually making flu vaccine available to the public were impacting the numbers that we had traditionally seen. It was decided that the Department would benefit from a comprehensive study to determine if the people in our seven county service area were receiving their annual flu vaccination or were unvaccinated and at risk for influenza.

2. Assemble the Team

The Director of Nursing, Nurse Administrator responsible for clinical services, and the Nursing Supervisor and lead clerk in each of our seven county service area of Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster were selected to participate in the QI study which was entitled "Project Flu".

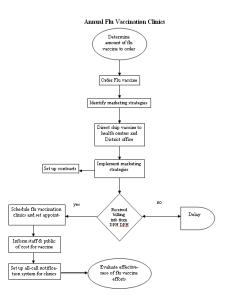
AIM Statement:

Beginning November 2011 launch a campaign to evaluate the effectiveness of the influenza vaccination program administered through the Green River District Health Department and community partners. Success of the vaccination

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.

DO

Test the Theory for Improvement

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.

<u>Area Provider Survey</u> 2011-2012 Flu Vaccine Administration							
1)	What is the name	of your agen	cy/prac	tice?			
2)	Did you offer the fl	J vaccine du	uring the	2011-2012 f	lu Seaso	n? YES	NO
3)	Did you offer the high risk flu vaccine for ages 65-? YES NO						
4)	How many flu vaccines would you estimate your agency/practice administered during the 2011-2012 season?						
	Below 100	100-200	200-	300 abo	ove 300		
5)	Did your agency/p	ractice offer	off-site	flu clinics?	YES	NO	
6)	What form of media did your agency/practice utilize to reach your population?						
	Newspaper	Radio	TV	Social Me	dia	Signs	
	Other:						
7)	If you had patients the reasons given?	/clients who	refused	the vaccine	, what i	were some	of

- 8) (Optional) At what price did your agency/practice offer the flu vaccine?
- 9) Does your agency/practice plan to offer the flu vaccine for the 2012-2013 Flu Season? YES NO

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.

	<u>Patient Flu Survey</u>						
1)	Did you receive the flu vaccine this year? YES NO						
2)	Did your children receive the flu vaccine this year? YES NO						
3)	Where did you receive the flu vaccine this year?						
4)	If you did not get the flu vaccine this year, why?						
Ξ							
_							
-	Development and the ferromagnetic and transport and						
2)	Do you plan to get the flu vaccine next year? YES NO						
6)	What can the Health Center do to make it easier for you and your family to receive the flu vaccine?						

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

CHECK

Use Data to Study Results of the Test

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.

- 25 providers offered off-site clinic options
- Cost of vaccine ranged from free to \$56.00 (many gave free to employees and billed 3rd party payers)
- 99 of those surveyed intend to provide flu vaccine during the 2012-2013 flu vaccination season
- Most marketing was in the form of signage, verbal reminders, bulletin board

postings, and newspaper ads

Analysis of the 415 completed "Patient Flu Survey" indicated that the population completing the survey primarily represented women and women with children. Very few male clients and older adults accessed services during the period of time the surveys were administered. The following results were obtained:

Many of the reason cited for not receiving flu vaccination included fear of injections, didn't think of it, cost, and had never had the flu in the past and saw no need to be vaccinated.

The Clinics in the Green River District Health Department administered a total 5250 doses of flu vaccine during the 2010-2011 flu vaccination season. During the 2011-2012 flu vaccination season GRDHD administered a total of 4166 doses of flu vaccine with 42% of those doses being the high dose vaccine given to adults aged 65 and older.

ACT

Standardize the Improvement and Establish Future Plans

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.

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.

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