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Implementation of HPV Vaccination for Child and Adolescent Victims of Non-acute Sexual Assault/Abuse

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Quality Improvement Abstract Title

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Describe role of Submitting/Presenting Trainee in this project (limit 150 words): This QI project is a scholarly work product that has been completed during my fellowship training. I created this project and have done all data collection and data analysis.

Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words

Problem Statement/Question: The Centers for Disease Control and Prevention (CDC) recommends routine vaccination against human papillomavirus (HPV) to prevent HPV infections as well as HPV-associated diseases beginning at age 11. The CDC also recommends that children with a history of sexual abuse receive the HPV vaccination when they are seen for initial medical evaluation for sexual abuse/assault, as early as age 9. Vaccination as early as possible is recommended as this population is at an increased risk of having a higher number of lifetime sexual partners. HPV vaccination has not been offered for patients seen for non-acute sexual abuse/assault examination in the SCAN (Suspected Child Abuse and Neglect) Clinic.

Background/Project Intent (Aim Statement): Using quality improvement (QI) methodology and Plan Do Study Act (PDSA) cycles, it was our aim to improve the HPV vaccination rate of non-acute sexual abuse/assault victims seen in the SCAN clinic from 0% to 50% in 1 year.

Methods (include PDSA cycles): The initiative was undertaken as a QI project. The baseline HPV vaccination rate in the SCAN clinic was 0%. The initial intervention involved education about HPV vaccination to SCAN Clinic providers and nurses, posting HPV vaccination reminder cards in the provider workroom, and clinic nurses asking caregivers to bring the child's immunization cards to the clinic appointment. Rates of HPV being offered and given to patients, and rates of nurse reminder calls, were tracked on a weekly basis. Additional interventions were implemented every 2 months, and periodic updates on HPV vaccination numbers were provided to SCAN Clinic providers. The second intervention was adoption of this QI project as the Division of Child Abuse and Neglect QI project for the 2018-2019 academic year. Faculty are financially incentivized as a

group to achieve an HPV vaccination offering rate of 70% for the year. The third intervention implemented included clinic nurses reviewing the statewide immunization databases prior to the clinic visit to determine which patients needed HPV vaccination. This information was provided to the clinic provider at the time of the appointment.

Results: The baseline HPV vaccination rate for sexual abuse/assault victims in SCAN clinic was 0%. HPV vaccination was first offered on May 1, 2018 to sexual abuse/assault victims seen in SCAN Clinic who were age 9 or older. Data was tracked for 2 months with 36% of eligible patients being offered and 28% of eligible patients receiving the HPV vaccination. The second intervention was implemented and HPV vaccination rates were again tracked for 2 months with overall rates increasing to 54% of eligible patients being offered and 38% of eligible patients receiving HPV vaccination. A third intervention was implemented and HPV vaccination rates were tracked for 2 months with overall rates increasing to 63% of eligible patients being offered and 45% of eligible patients receiving the HPV vaccination. Current rate of eligible patients being offered HPV vaccination is 71% and 49% of eligible patients receive the vaccination.

Conclusions: Using multiple PDSA cycles, the HPV vaccination rate for eligible sexually abused patients in a child abuse clinic increased from 0% to 49% over an 8 month time period.