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Influencing Influenza Immunization: QI Project in a Pediatric Resident Continuity Clinic

Brittany Moore
Children's Mercy Hospital

Influencing Influenza Immunization

Brittany Moore, MD

Pediatric Resident, PGY-3

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Disclosures

- No disclosures

Outline

- Background
- Aim Statement
- Methods
- Results
- Conclusions
- Future Directions

Background

- Influenza can lead to significant illness, hospitalization, and death in children.
- Children can also serve as vectors in spreading disease to at-risk adults.
- Vaccination of children is an effective way to prevent illness and the spread of influenza.
  - Yearly influenza vaccination is recommended for all children aged greater than 6 months, by the US Advisory Committee on Immunization Practices and the American Academy of Pediatrics

Background

- 58.6% of children aged 6 months to 17 years per the CDC were reported to have vaccination coverage against influenza in the 2021-2022 influenza season.
- 38.6% of children aged 6 months and older enrolled in Children's Mercy ROYAL clinic were reported to have vaccination coverage against influenza in the 2021-2022 season.

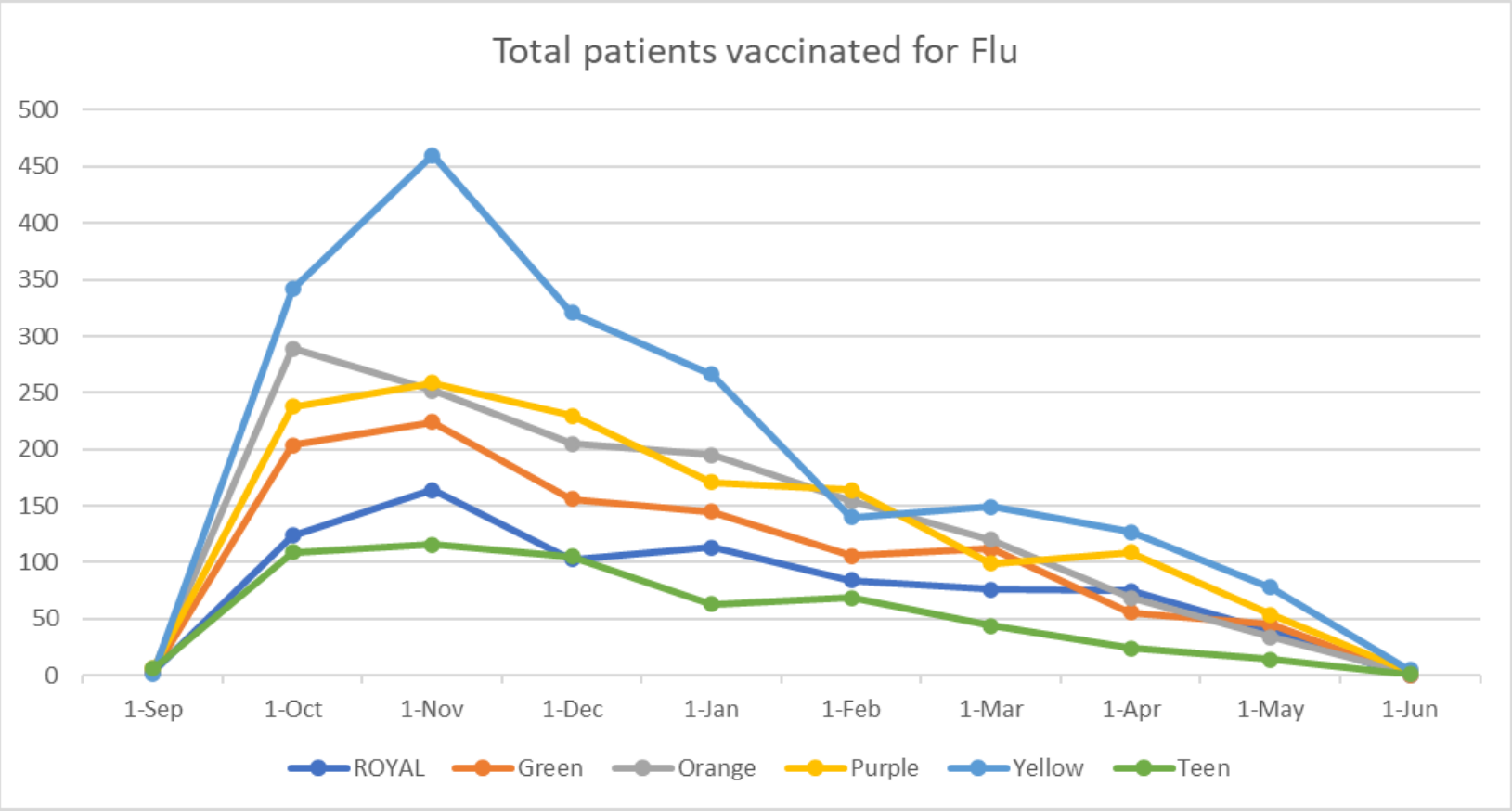
Background

- Health Belief Model has been one of the most widely used theories in understanding health and illness behaviors
  - Perceived susceptibility
    - beliefs regarding vulnerability to infection
  - Perceived severity
    - beliefs regarding the negative effects of contracting the infection
  - Perceived benefits
    - individual's beliefs about being vaccinated
  - Perceived barriers
    - the belief that being vaccinated is restricted due to psychosocial, physical or financial factors
  - Self-efficacy to engage in a behavior
  - Cues to action
    - information, people and events that guide an individual to be vaccinated

AIM Statement

- Increase the percentage of patients aged 6 months and older currently enrolled in ROYAL clinic receiving at least one influenza vaccine from 38.6% to 55% by January 1, 2023

Influenza Immunization Rates AY 21-22



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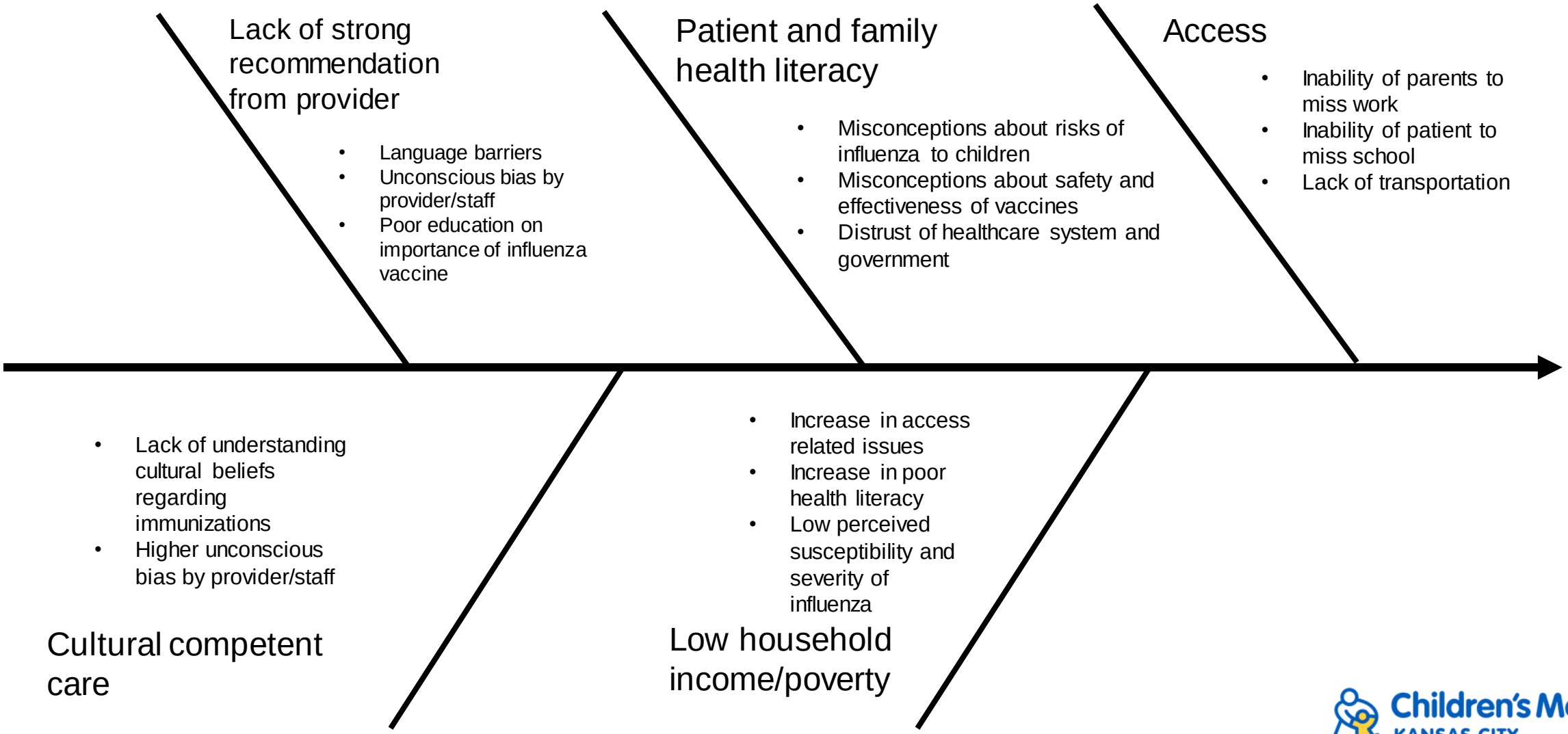
Fishbone



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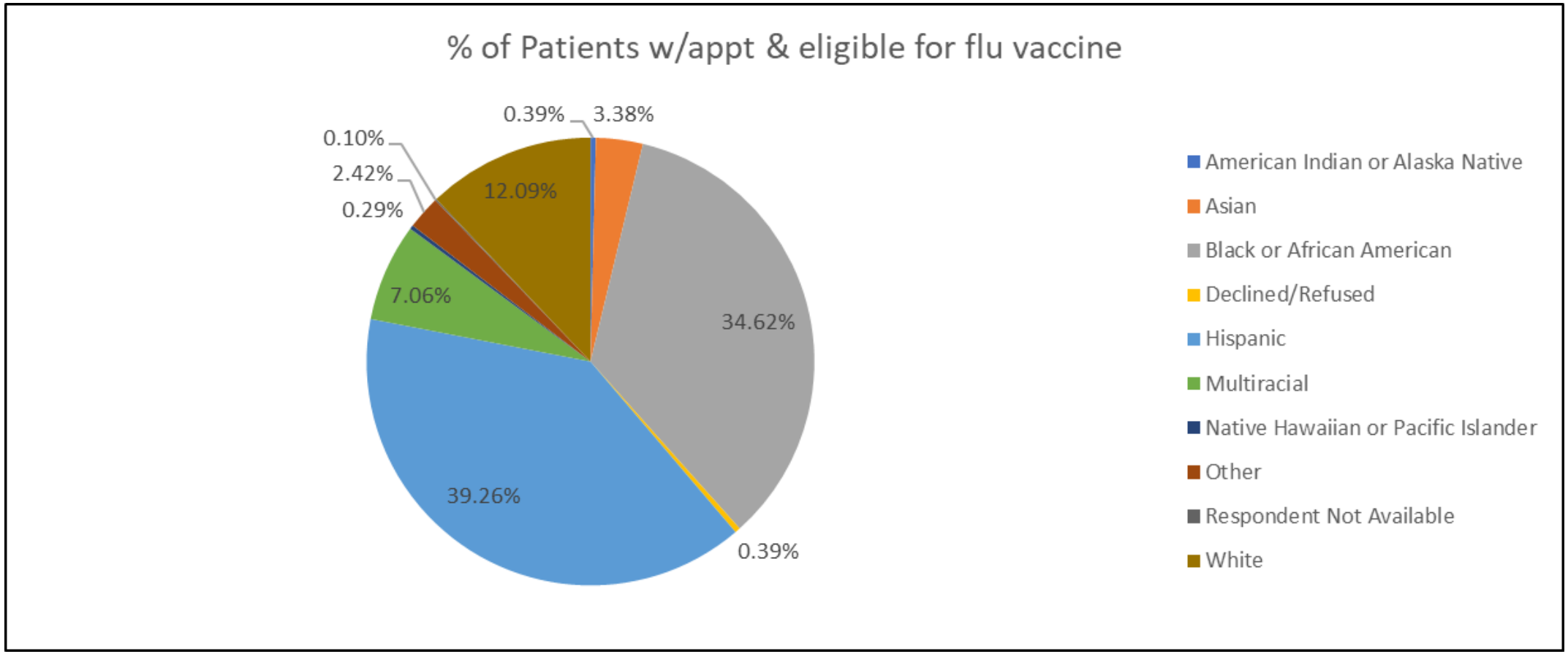
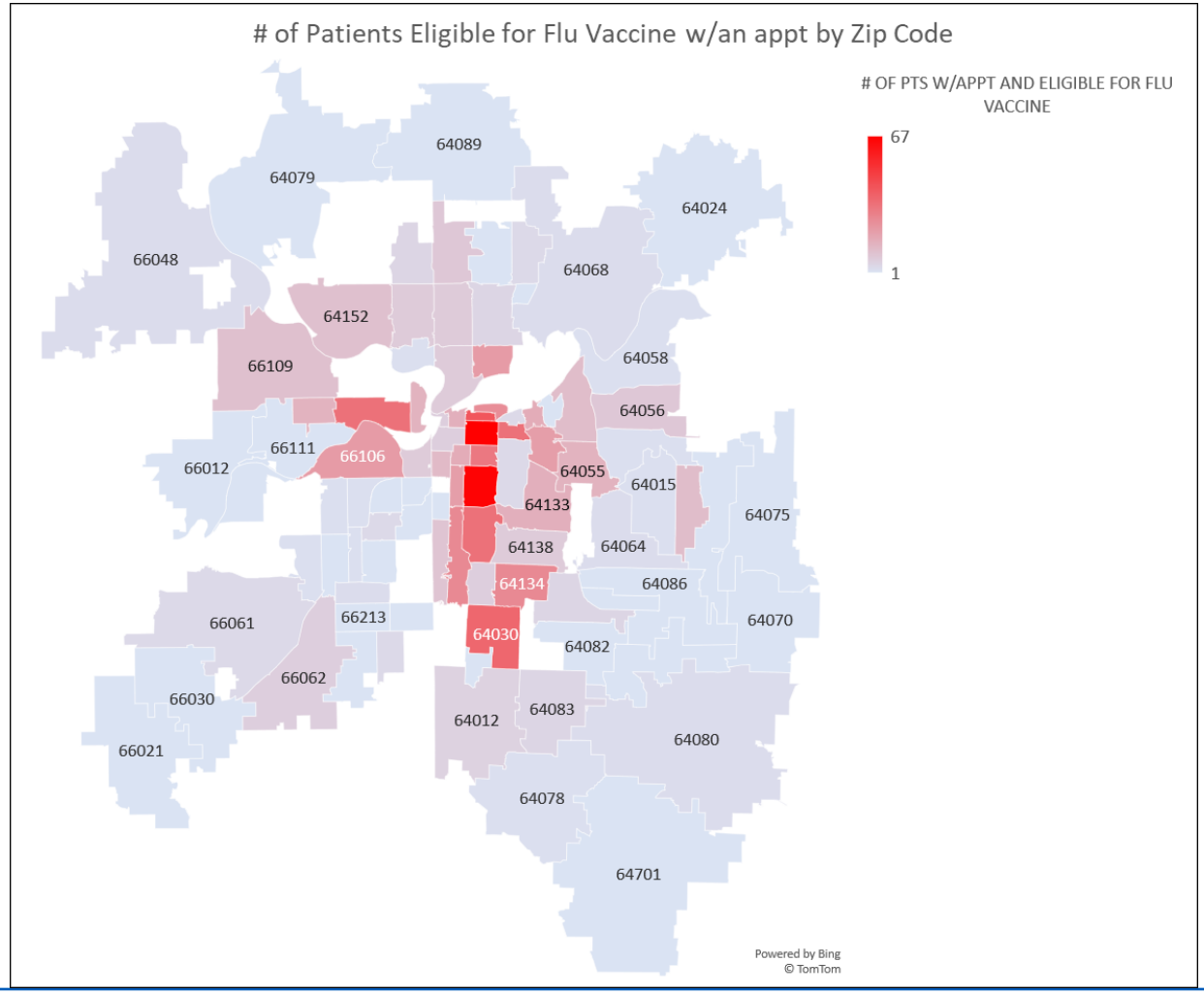
Patient Demographics



Patient Demographics



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Poverty Demographics: KC Metro

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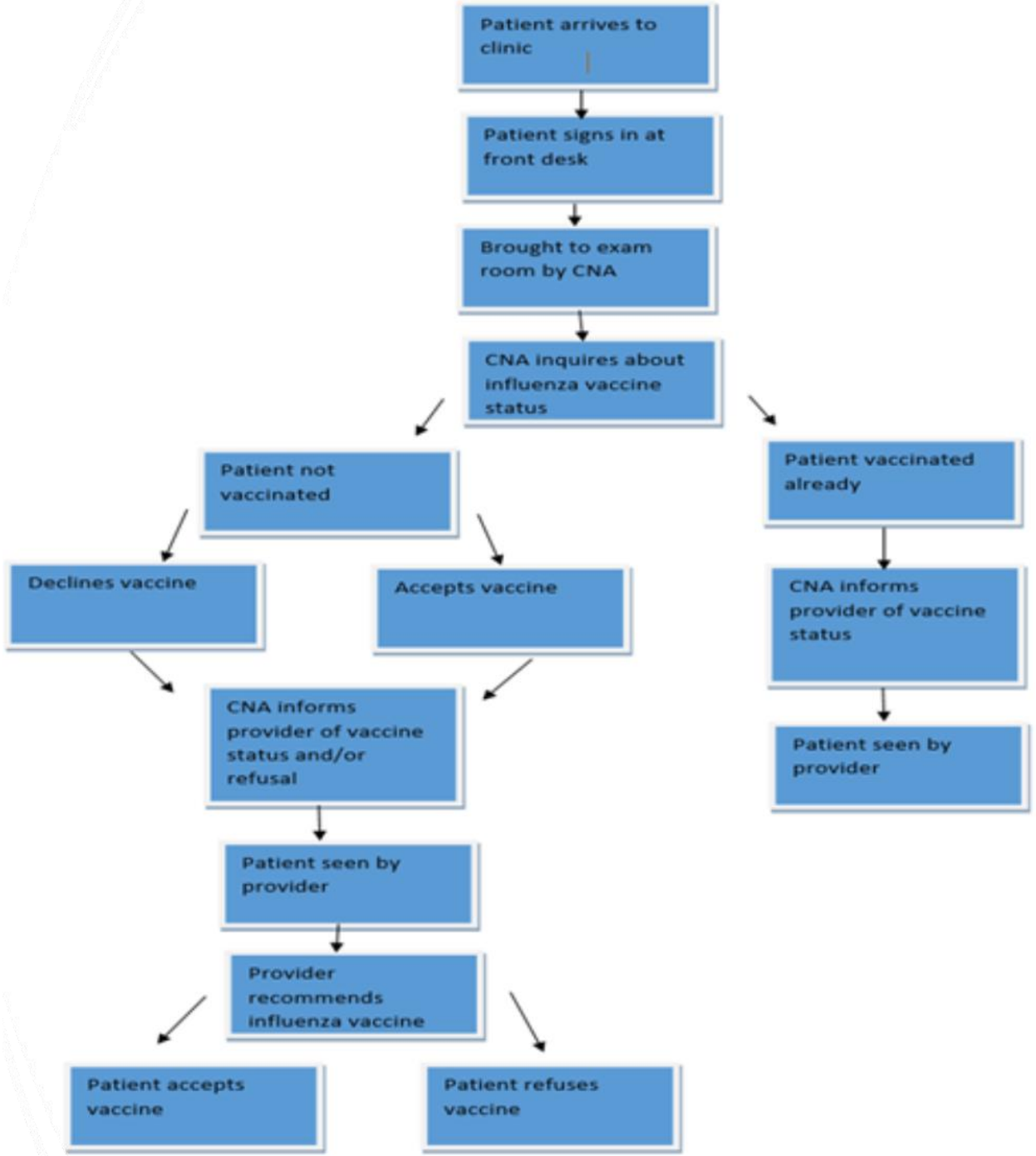
Methods



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Methods: Breakpoints in Process

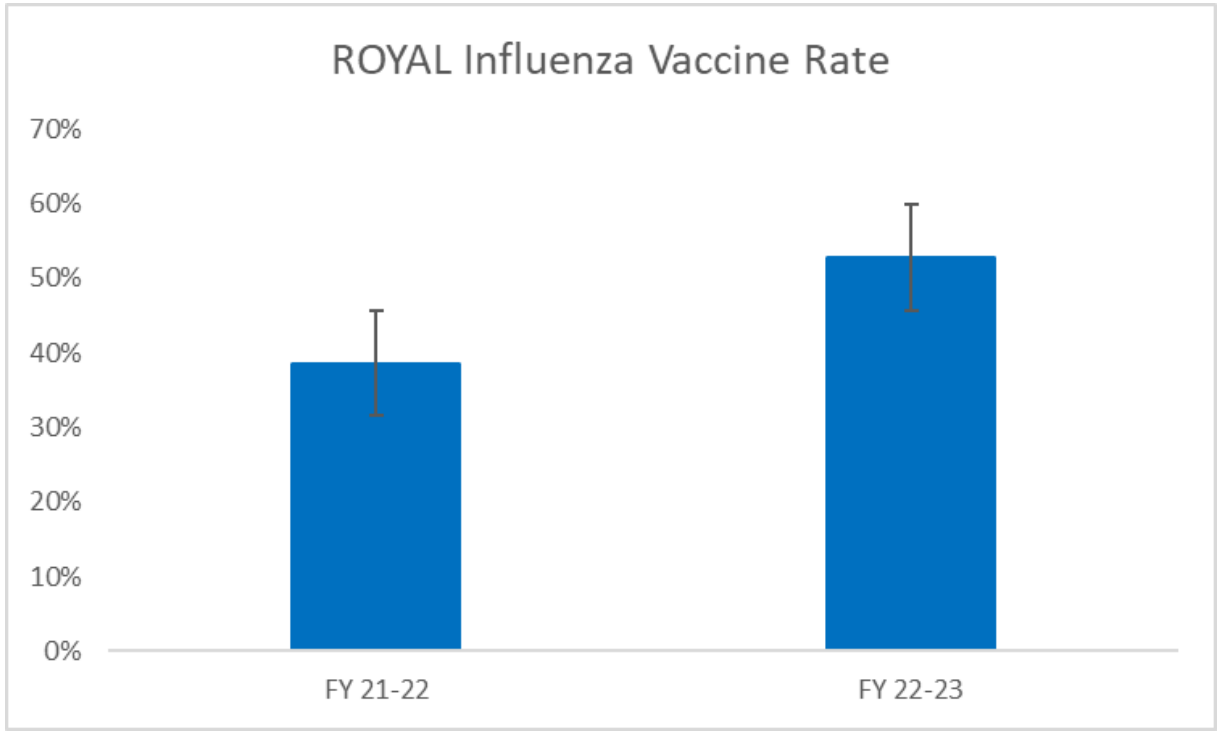
- Patient/family unable to present to clinic due to poor access
- CNA and/or nurse don't inquire about flu vaccine status
- Resident does not inquire about flu vaccine status
- Resident/provider does not effectively relay importance of the vaccine

Methods: Areas to Target

- Standardize nurses to inform provider of patient's vaccination status
  - Nurses within the ROYAL clinic have 1-2 residents
  - Nurses and Pediatric residents review the patient panel for the day including which vaccines patient may need
- Pediatric Residents were tasked with providing strong recommendation to have patient receive the influenza vaccine
  - Residents were already required to perform an online module prior to the influenza season that provides education on influenza and the vaccine

Results

- In 2021-2022 there were 1013 patients who presented to ROYAL clinic during Oct-Dec 2021
  - 391 (39%) patients who presented to their clinic visit received their influenza vaccine between Oct-Dec 2021
- In 2022-2023 there were 1034 patients who present to ROYAL clinic during Oct-Dec 2022
  - 545 (53%) patients who presented to their clinic visit received their influenza vaccine between Oct-Dec 2022



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Conclusion

- Appreciable increase in the percentage of patients receiving the influenza vaccine with…
  - Increased emphasis from pediatric resident physicians detailing the benefits with families
  - Standardization of communication between nurses and residents about patient's vaccination needs
- Influenza vaccine hesitancy is due to a multitude of reasons including but not limited to public misinformation, access to healthcare, and low risk perception
  - Prior studies assessing the influenza vaccine hesitancy have utilized the health belief model to obtain a better understanding for low influenza vaccination rates

1-2, 5-6, 9-10

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Future Directions

- Use of the health belief model within this clinic could further highlight future areas of focus on the influenza vaccine rate and the COVID-19 vaccine rate
- The process map and fishbone causal analysis created in this study highlights several areas where future PDSA cycles can be performed to continue influencing the influenza vaccine rates within this special patient population
  - Improving access
  - Documenting refusal reasons to better understand the hesitancy and how that can relate to patient/family cultural background
  - Continued improvement in continuity
  - Continued improvement in resident, nursing, and patient/family education

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