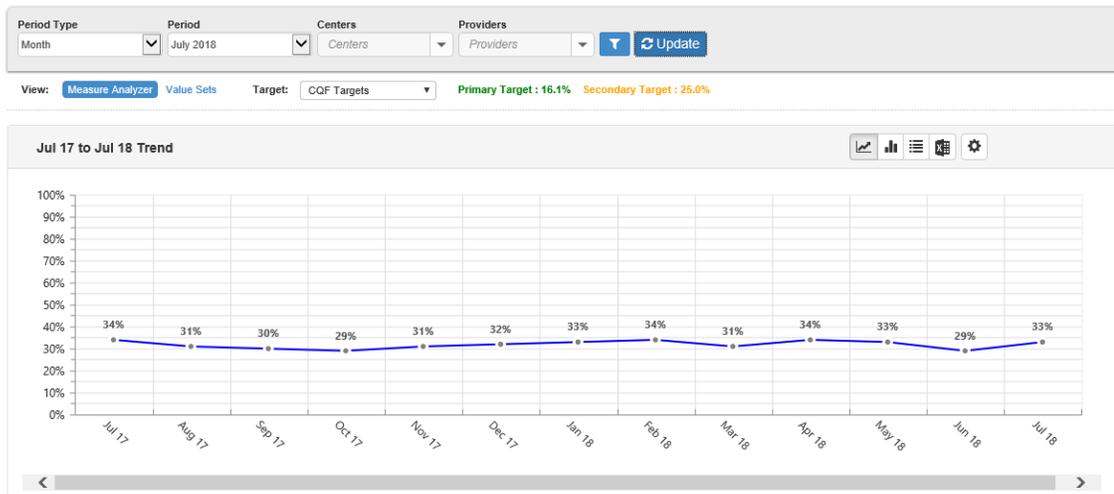


Diabetes A1c Control PDSA Review:

- Staff from Atchison, First Care and PrairieStar submitted Diabetes A1c Control PDSAs after the May Forum. Between May and July, the percent of uncontrolled/untested diabetics increased at one of the health centers and remained nearly constant at the other two.
- Refer to the following graph created in DRVS at the end of July. The graph shows a relatively flat line over the past year for the six health centers using DRVS. According to UDS, the national health center rate for 2016 was 32.1%, which is in line with this data.



Connections Quality Forum Measures and Goals:

- The childhood immunization rates in DRVS are low and a few participants voiced a question about the accuracy of the rates. Terri will follow up with Azara to report the concern.
- The graph on slide 7 shows inconsistency in rates among health centers year to year.

Introduction of UDS Childhood Immunization Status Measure: Refer to presentation slide 8 for a breakdown of the UDS measure definition and slide 9 for a recommended workflow.

- Per Rhiannon Maier, First Care staff do as much preparation prior to rooming the patient as they can, including reviewing WebIZ and determining missing imms.

Vaccines for Children Program: KDHE administers VFC for Kansas. Slide 15 contains links to the program page and to several printable resources.

Member Best Practice Spotlight – Key Takeaways:

- Konza Prairie’s Immunization Program – Konza’s UDS measure performance for Childhood Immunization Status has been above the HP 2020 goal for the last two years. Cherie Singletary provided several strategies used by Konza staff to maintain a high rate of childhood imms. Cherie provided a nice write-up that is included at the end of these notes.

PDSA Cycle Planning and Member Report Back:

- Rhiannon Maier stated she plans to pursue the completion of their bi-directional interface with WebIZ.

Tools in DRVS to Manage and Improve Immunization Rates: Heather Budd reviewed tools to aid improvement efforts. Refer to slides 28-39 for examples of the Patient Visit Planning report (PVP), alerts, dashboards, scorecards, and other tools in DRVS.

- Azara added a **new alert** for “General Childhood Immunizations” that you may need to configure (slide 29).
- Heather suggested setting up well child alerts, which would in turn alert you to missing imm.

Action Items:

- Review/finalize your PDSA plan with rest of your health center team.
- Email completed PDSA form to Terri Kennedy **by August 3**.
- Plan for review of PDSAs and performance at the beginning of the next Quality Forum.
- Terri will follow up with Azara to report the concern with the childhood immunization data.

Meeting Participation:

Connections Health Center	Attendee(s)
<i>Atchison CHC</i>	Dorothy Gibson, Sarah Marlatt
<i>CHC in Cowley County</i>	David Brazil, Melody Vaden
<i>First Care Clinic</i>	Rhiannon Maier
<i>GraceMed Health Clinic</i>	Diane Moore, Heather Sell, Monica Juarez, Saida Castillo, Sherry Clark
<i>Health Partnership Clinic</i>	Maria Hensley
<i>Heart of Kansas FHC</i>	Heather Hicks
<i>Heartland CHC</i>	Amy Lurken
<i>Hunter Health Clinic</i>	Joanna Sabally
<i>Konza Prairie CH&DC</i>	Cherie Singletary, Linda Davies
<i>PrairieStar Health Center</i>	Mona Broomfield, Tad Ramage
<i>Salina Family Healthcare</i>	Melodie Reich
Other Organization	Attendee(s)
<i>KAMU</i>	Trish Harkness, Terri Kennedy
<i>Azara Healthcare</i>	Heather Budd

Next Forum: Depression Screening on September 24

KPCHC IMMUNIZATION PROGRAM

The first step to the most accurate rates is cleaning up the patient panel. If a patient has not been seen in the clinic in greater than 3 years; they have probably moved elsewhere. Being in a transient location this is a very common factor. When receiving cards back from reminder/recalls we can MOGE these patients from our attribution in KS WebIZ & also make them inactive in the EMR.

The next factor in increasing rates is getting everyone on board. The buy-in from Providers & Support Staff is essential. We did a lot of education on missed opportunities & the approach with patients using ACIP Recommendations. We took the focus off the "required vaccines for school," to educating on the "vaccine preventable diseases." We brought in KIP staff & various vendors of vaccines to talk & educate our staff. We even had a video clip shared of a Meningitis survivor. This all helped get everyone to speak the same language. We approach the patients with all the ACIP Recommended vaccines for the visit & they hear it from the nurse, the Provider & again from the Immunization Department.

Our process: a week or two out, the Immunization Department skims the schedule for potential needs of vaccines for any appointments on the schedule. If there is noted a need for a vaccine, then a note is placed in the "yellow sticky" on the chart to make the Provider & nurse aware. The note lists the actual vaccines needed & is dated & initialed by the Immunization Department. This allows an open door for education to occur in the back office as well on the need for the immunizations.

Once the need for vaccines is determined, a current Immunization Record from KS WebIZ is printed out, all recommended vaccines are highlighted, all VIS Statements are pulled, then all of this is paperclipped to a Goldenrod with a note as to the date & time of the patients appt & then this is given to the front desk to give to the patient/guardian when they arrive for their appointment. This allows yet another point of education & reinforcement of the importance of the vaccines. (sidebar: at the end of the week the front desk returns any pkts, this is then utilized by the Immunization Department to send out reminder cards for the needed vaccines) Patients can schedule directly with the Immunization Department to come in to get the needed vaccines without seeing a Provider. We utilize Standing Orders to facilitate this.

In the rare even that a patient/guardian refuses to obtain the recommended vaccines we do have them sign a refusal form; which is also an additional education piece & makes people think of the risks involved in not vaccinating. We will also utilize the proper coding in the EMR for refusal.