How to Increase Influenza Vaccine Coverage in Your Clinic

California Department of Public Health
Immunization Branch
Webinar Tech Tips!

1. Listen to today’s webinar through the computer audio

2. If you cannot connect through the computer audio, have WebEx call you
Getting Your Question(s) and Answer(s) Submitted

Write down your questions in the Chat box as we move through the presentation
In case you have technical difficulties during the webinar use the email address below for assistance.

Cecilia.LaVu@cdph.ca.gov
Webinar’s Objectives

• Describe the importance of changing current influenza prevention strategies in order to protect your patients this influenza season

• Describe provider-based strategies for increasing immunization coverage levels among pediatric populations

• Consider the adoption of steps your practice can take now to prepare your clinic and enhance influenza vaccine administration this season
Today’s Speakers

CDPH Speakers:
Cora Hoover, MD, MPH
Erin Murray, PhD

Special Guest Speakers:
Elaine Soriano, MD
Mitali Weiglein, MHA

Host:
Edgar Ednacot, EdD, MPH
The Potential to Prevent Seasonal Flu: Setting the Stage for a Call to Action

Dr. Cora Hoover
California Department of Public Health
Immunization Branch
Influenza Disease

• Influenza (flu) is a contagious respiratory illness caused by influenza viruses
• Can cause spectrum of illness from mild to severe
• Severe outcomes of flu infection include hospitalization or death
• Some people are at higher risk severe outcomes and flu complications
  • Children <5 years of age, especially children <2 years of age
  • Adults 65 years of age and older
  • Persons with certain health conditions, such as asthma, diabetes, and heart disease
  • Pregnant women
Signs and Symptoms

• Abrupt onset of fever
• Cough
• Sore throat
• Runny or stuffy nose
• Muscle or body aches
• Headache
• Fatigue
• Vomiting and diarrhea (more common among children)
Complications of Influenza Infections

• Ear infections
• Sinus infections
• Viral pneumonia due to influenza
• Bacterial pneumonia
• Sepsis
• Inflammation of the heart (myocarditis); inflammation of the brain (encephalitis)
• Worsening of chronic medical conditions (i.e., congestive heart failure, asthma, or diabetes)
Influenza Vaccination Coverage Estimates by Age, California 2011-2018

![Graph showing influenza vaccination coverage by age group (6 mo-4yr, 5 yrs-12 yrs, 13-17 yrs, 18-64 yrs, >65 yrs) from 2011-2018 in California.]

Data not available

National Immunization Survey-Flu (NIS-Flu) and Behavioral Risk Factor Surveillance System (BRFSS)

https://www.cdc.gov/flu/fluaview/interactive.htm
### Measles vs. Flu Vaccination Levels of Infants/Toddlers, Provider Verified, CA

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>• 93% --one dose MMR</td>
<td>• 46% up to date --2 doses (or 1)</td>
</tr>
</tbody>
</table>

Source: National Immunization Survey (NIS), personal communication, Jim Singleton (CDC)
Influenza Prevention

• The best way to prevent influenza AND to decrease severity of influenza is to get vaccinated every year
  • Influenza vaccine has been shown to reduce the risk of hospitalization and death among vaccinated persons who get influenza

• CDC also recommends everyday preventive actions:
  • Stay away from people who are sick
  • Stay home if you are ill
  • Covering coughs and sneezes
  • Frequent and proper handwashing
Approximately 40% of the U.S. population chose to get a flu vaccine during the 2017-2018 flu season, and this prevented an estimated:

- 7 million flu illnesses, about the population of New York City.
- 109,000 flu hospitalizations, about the number of vehicles crossing the Golden Gate Bridge each day.
- 8,000 flu deaths, twice the number of hospitals in the United States.

Imagine the impact if more Americans chose to get a flu vaccine. Many more flu illnesses, flu hospitalizations and flu deaths could be prevented.
Even though ....

• Flu vaccine is not perfect
  • Cuts in half the chances of children having to go to doctor with flu
  • Reduces risk of death in children by 65%

• With only 40% of US population immunized and ~40% vaccine effectiveness in 2017-18
  • Large burden of disease averted

• Flu seasons vary in severity; “predictably unpredictable”

https://www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm
Influenza:
Morbidity and Mortality

Dr. Erin Murray - Epidemiologist
California Department of Public Health
Immunization Branch
Annual Influenza Burden in the United States

Hospitalizations
140,000 – 960,000

Medical Visits
4,300,000 – 23,000,000

Illnesses
9,300,000 – 49,000,000

Deaths
12,000 – 79,000
Influenza-associated Pediatric Deaths

• Nationally notifiable condition
• Reportable condition in California
• Since the 2010–2011 influenza season, 1,107 influenza-associated pediatric deaths have been reported nationally
• Likely only represents tip of the iceberg
Age Distribution of California Influenza-associated Pediatric Deaths, 2010–2019

Very High Risk

High Risk

<6 months: 11
6-23 months: 18
2-4 years: 25
5-17 years: 62
Underlying Medical Conditions
California Influenza-associated Pediatric Deaths, 2010–2019

- Yes: 63
- No: 36
- Unknown: 17

Legend:
- Green: Yes
- Blue: No
- Grey: Unknown
Underlying Medical Conditions
California Influenza-associated Pediatric Deaths, 2010–2019

<table>
<thead>
<tr>
<th>Condition</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Condition</td>
<td>29</td>
</tr>
<tr>
<td>Pulmonary Condition</td>
<td>28</td>
</tr>
<tr>
<td>Genetic Disorder</td>
<td>17</td>
</tr>
<tr>
<td>Gastrointestinal Disorder</td>
<td>17</td>
</tr>
<tr>
<td>Cardiac Condition</td>
<td>14</td>
</tr>
<tr>
<td>Prematurity</td>
<td>11</td>
</tr>
<tr>
<td>Metabolic Disorder</td>
<td>10</td>
</tr>
<tr>
<td>Hemoglobinopathy</td>
<td>9</td>
</tr>
<tr>
<td>Immunosuppression</td>
<td>7</td>
</tr>
<tr>
<td>Obesity</td>
<td>7</td>
</tr>
</tbody>
</table>
Received at Least One Dose of Influenza Vaccine
California Influenza-associated Pediatric Deaths, 2010–2019

- Yes: 27
- No: 33
- <6 months of age: 11
- Unknown: 45

- Yes
- No
- Unknown
- <6 months of age
Provider Spotlight:
A Private Provider’s Perspective
A JOURNEY TOWARDS IMPROVED FLU VACCINATION AT GVHC 2018-2019

Elaine Joy Soriano, MD, FAAP, ACP Member
Regional Medical Director
Golden Valley Health Centers
WHO WE ARE....

- Golden Valley Health Centers, FQHC
- 40+ locations throughout Stanislaus, Merced and San Joaquin Counties, 150,000 unique patients with 450,000 encounters per year, diverse population of patients
- NCQA (PCMH), The Joint Commission Certified
- Scope of Practice: Medical, Dental, Behavioral including Psychiatry, Podiatry, Sports medicine
- Chiropractor
- Inpatient Pediatrics
- Comprehensive support
OUR MISSION

• To improve the health of our patients by providing quality, primary health care services to people in the communities we serve regardless of:
  • Language
  • Financial Barriers
  • Cultural barriers
OUR VISION

Golden Valley Health Centers will be known as a premier organization ensuring **access to high quality**, culturally, responsive and comprehensive primary health care for all, especially the underserved.

OUR VALUES

- Advocacy
- Access
- Efficiency
- Respect
- Innovation
- Excellence
OBJECTIVES

- To share our journey towards an improved flu vaccination rate
- To share our strategies, challenges and lessons learned
THE CHALLENGE
• Low Immunization Rate < 2 years old
• Low overall Flu immunization rate of 27%

GOALS
• To promote awareness of flu as a disease, prevention of flu and the flu vaccine. Also to increase knowledge regarding the reasons everyone should be vaccinated.
• To improve overall Flu vaccination rates from 27 % to 40% by implementing the “ Be a Flu Fighter “ campaign.
OUR JOURNEY AS FLU FIGHTERS
**FLU VACCINE CAMPAIGN**

<table>
<thead>
<tr>
<th>QUALITY TOUCHPOINTS</th>
<th>INTERVENTION</th>
<th>ACCOUNTABILITY</th>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortage of Vaccines on site</td>
<td>PAR level/Inventory Training of Clinical Supervisors/CM</td>
<td>CM/CS</td>
<td>Communicate the Workflow and tools At the CS/CM meeting by the ITF rep</td>
</tr>
<tr>
<td>Lack of Awareness of Flu Vaccine schedule</td>
<td>Share the scheduled</td>
<td>PORD and POR</td>
<td>Send email to the employees first week of August about Flu and Flu vaccine</td>
</tr>
<tr>
<td>Lack of Awareness of the Standing Order</td>
<td>Review of the Standing order</td>
<td>PORD /CM/CS</td>
<td>Review the Standing order at the CM/ CS meeting by Mhaiki</td>
</tr>
<tr>
<td>Late Flu Vaccine Campaign</td>
<td>Campaign to start Mid–August</td>
<td>Marketing/ Health Education Team</td>
<td>Follow up the Flyers, Posters, Stickers , Buttons</td>
</tr>
<tr>
<td>STAFF Engagement</td>
<td>Initiate internal competition</td>
<td>OPS</td>
<td>Create guideline &amp; logistics of the competition, Verbiage change when recommending the flu vaccine</td>
</tr>
<tr>
<td>Support Staff</td>
<td>Initiate Internal Competition</td>
<td>QI/OPS</td>
<td>Create the guideline and logistics for the competition</td>
</tr>
<tr>
<td>Provider</td>
<td>Initiate Internal Competition</td>
<td>QI/OPS</td>
<td>Motivate providers to be engaged</td>
</tr>
<tr>
<td>Access for Flu Vaccine Administration</td>
<td>Flu vaccine Clinics? Low flu rates from 2017, Review need every visit with AZARA alert/Chart Prep</td>
<td>Operations and Nursing</td>
<td>Plan for intervention-data to be shared</td>
</tr>
<tr>
<td>Lack of awareness of the importance Flu vaccine tid bits, Marketing (social media Marketing, Dr Soriano Weekly to biweekly tid bits , marketing campaign of flu vaccine posters, flyers, pins)</td>
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</tbody>
</table>
To improve the awareness of the staff, patients, and the community on the importance of flu vaccination and GVHC’s “Be a Flu Fighter Campaign”

- Social Media campaign: Facebook, Instagram with competition
- Billboards, Flyers, Posters in the rooms, stickers for recipients, and “I got my flu shot” and Flu Fighter button.
- “Blue the Flu” Mascot
- Flu Ad scripts in radios
Be a FLU FIGHTER
GET YOUR FLU SHOT!
Get healthy. Stay healthy.

GET YOUR FLU SHOT!

Ask our staff for more information on how to get your flu shot today!

Immunization protects you and others you care about.
Getting vaccinated is one of the most important things you can do to keep yourself and your family healthy.

To Schedule an Appointment
call or text 1.866.682.4842
www.gvhc.org


OBTENGA SU VACUNA CONTRA LA GRIPE!
Preguntenos sobre informacion de como obtener su vacuna contra la gripe hoy!

Imunizaciones lo protegen a usted y a sus seres queridos.
Vacunándose es una de las cosas mas importantes que puede hacer para mantenerse a usted y a su familia sanos.

Para hacer su cita,
llame o mande un mensaje
de texto a 1.866.682.4842
www.gvhc.org
SCHEDULING

- Text messaging system of patients
- Live recalls
- Text messaging and proactive scheduling of patients needing second dose before the patient leaves the clinic
“Be a flu fighter by getting your flu shot now to protect you and your loved ones from the dangerous flu!
Text us at 209-384-6672 to make an appointment”

“Your child did not get the two flu shots that are needed to be fully protected from the flu. Please text or call us for an appointment at 866-682-4842. If your child did get the second shot at a different clinic or pharmacy, please let your child’s provider know.”
IMPROVEMENT OF ACCESS

- Designated flu vaccine clinic sessions at the sites – nurses standing orders
- WCC Saturday Care gap clinics
- GVHC Moving Flu clinics
GVHC Flu Vaccine Clinics
ENGAGING THE CARE TEAM

- Workflows
- PRV planning report by Azara
- Chart Preps
- Improved VERBIAGE
“Our records show that you are due for the flu shot. The flu shot is safe and cannot give you the flu. The most common side effects of the vaccine are mild, like redness, swelling, or pain in your arm where the shot was given. This should go away within a few days. **Your provider strongly recommends giving you the flu shot today to protect you and your family from getting sick from the flu, missing doctors’ visits, work, or school. Do you want us to give your flu shot now or after the provider sees you?**”
• Pizza party of winning Care Team per region every month
• Acknowledgement of winning Care team per region mid-month by email announcement
OTHER STRATEGIES

- Improved availability of flu vaccines on site (VFC, State donated and Private vaccines)
- Continuous communication and education on the importance of flu vaccination

“Annual flu vaccination remains our Best Flu Protection not only for our patients but also for health care personnel like us. Join the fight against flu to protect yourself, your family, and your patients---- Be a Flu Fighter, get vaccinated!”
As healthcare providers, we all know that prevention of flu is really important. Annual flu vaccine is the best way to protect against this potentially serious disease. Flu vaccine does not only reduce the course of the illness but it protects the people around us, including those who are more vulnerable to serious flu illness such as babies and young children, older people, and people with chronic health conditions. We need to strongly recommend flu vaccine to all our patients 6 months old and older! We need all of your help as it has been proven that the strongest predictor of getting vaccinated is a provider’s recommendation!

- Myths and Facts about Flu Vaccination
- Flu activity and our vaccination rate
- Be a Flu Fighter Tidbits
OTHER STRATEGIES

- Extended Flu vaccination time until expiration date - June 30, 2019 if possible
- QI team engagement - identifying barriers in sites with lowest Flu vaccination rates
Challenges

1. Provider engagement- compliance with HR requirement and the publication of the competition
2. Staff engagement- Culture change on how we recommend vaccination, constant coaching on the verbiage, competition
3. Shortage of vaccines on site- Robust inventory, other resources
4. Workforce limitations
5. Text messaging system- constant phone change- live confirmation
THE RESULT

2018-2019 GVHC Flu Campaign
Month by Month (Season Summary)

- October 2018: 39.18%
- November 2018: 44.90%
- December 2018: 46.68%
- January 2019: 47.62%
- February 2019: 47.64%
- March 2019: 47.04%
- April 2019: 45.49%
- May 2019: 43.51%
## Year over Year Growth

<table>
<thead>
<tr>
<th>Metric</th>
<th>2017-18 Season</th>
<th>2018-19 Season</th>
<th>Increase in people served</th>
<th>% Increase in people served (over 2017-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Patients Vaccinated</td>
<td>25,147</td>
<td>40,937</td>
<td>15,790</td>
<td>62.8%</td>
</tr>
<tr>
<td>Children (6 months-17yo) Vaccinated</td>
<td>13,496</td>
<td>21,313</td>
<td>7,817</td>
<td>57.9%</td>
</tr>
<tr>
<td>Adults (18+) Vaccinated</td>
<td>11,707</td>
<td>19,706</td>
<td>7,999</td>
<td>68.3%</td>
</tr>
<tr>
<td>Patients under the age of 2 Vaccinated (at least 1 dose)</td>
<td>2,483</td>
<td>3,559</td>
<td>1,076</td>
<td>43.3%</td>
</tr>
</tbody>
</table>
LESSONS LEARNED
Lessons Learned

• Team involvement is crucial to the success of an immunization campaign
• Consistent recommendation by the staff and providers lead to improved outcome
• Competition is engaging
• Flu vaccination continues to be a challenge
• There is light at the end of the tunnel, we just need to keep on going and take the journey together
• Strategies should be diverse and multidisciplinary
Acknowledgement

• Flu Vaccine Campaign Team
• Immunization Task Force
• QI Department, Marketing, Health Education, HIT, Nursing, and Operations
Thank you!

Elaine Joy Soriano
elsoriano@gvhc.org
Provider Spotlight: Pediatric Program Manager’s Perspective
Mitali Weiglein, MHA

Salud Para La Gente
VFC: Afternoon TEACh

Salud’s Strategies for Flu Season Success

July 24, 2019

Mitali Weiglein, MHA
Pediatric Program Manager

Salud Para La Gente
Working Together for a Healthy Community
Organizational Background

• Founded in 1978 as a single free clinic offering healthcare primarily to farmworkers living and working on California’s Central Coast (Santa Cruz County and North Monterey County)

• 5 clinics and 6 school-based health centers

• 93 providers serving ~27,000 patients, 75% of whom are non-English speaking
  • Family Medicine | Pediatrics | Women’s Health (OB/GYN)
  • Dental | Optometry | Behavioral Health | SUD Counseling
  • Specialty Care Services: Chiropractic, Nephrology, Nursing, Lactation, Case Management, Telehealth

• Patient-Centered Medical Home (PCMH) Recognition by the National Committee for Quality Assurance (NCQA).
Salud’s Pediatric Program

Patient Mix

- Pediatrics: 54%
- Adults: 46%

Payer Mix

- Medi-Cal: 90%
- Private Insurance: 8%
- Uninsured: 2%
Strategies for Salud’s Success

• Formal Vaccine Team
• MA Vaccine Training
• Preparing for Flu Season
• During Flu Season
• Reference Guide/Cheat Sheets
• Plan for 2019-2020
Formal Vaccine Team

- System improvements and solutions
- Increase compliance: measures & audits
- Increase immunization rates
- Increase MA skill levels

- Vaccine Program Manager
- Director of Peds (MD)
- Nurse Manager
- Est. January 2017
- Lead MA - Vaccines
- Vaccine Coord. (MA)
MA Vaccine Training

• 8 hours classroom training
• 12 hours clinical skills
  - IZ workflow, administration, patient interaction, safety, disposal, etc.
• 1-1 with MA trainer
  - 2 weeks per department
• Check off with 3 MA trainers, then with RN
• Refreshers:
  - Yearly: In September for flu
  - Monthly: During flu season at staff meetings
  - Emails: As appropriate
# MA Vaccine Checklist

## Prior to Administration
- CAIR routing slip is printed and ready for provider to review.
- Vaccine order is verified in EHR; provide VIS to patient.
- Registry Consent active status if new patient in CAIR and SPLG.
- Insurance status checked with type of vaccine to select; VFC, VFA (317); Private (340).
- Check 6 rights: medication, time, dose, patient, route, documentation.
- Check lot and expiration date.
- Correct syringe utilized to match route of administration.
- Draw up correct vaccine using sterile technique; check if vaccine requires diluent.
- All necessary supplies are gathered.
- Enter vaccine into EHR.
- Verify vaccine transferred to CAIR once “administered” in EHR.
- Vaccine/medication checked by provider (to include diluents and vials).
- Prior to admin: MA verbalizes sites and route with training MA.

## Administration: Once vaccines have been checked by provider:
- Confirm identity - name and DOB of patient prior to administration.
- Patient receives VIS sheet.
- Depending on age: pt is verbally or positionally prepped for administration.
- Proper PPE: Gloves and area of injections properly prepped.
- Administer vaccine at correct angle.
- Safe technique utilized when retracting needle and proper disposal of supplies.
- Provide pt or parent with CAIR record and follow up appointment.

Name of Registered Nurse: ___________________________  Date of Completion/Approval: __________

Signature of Registered Nurse: ___________________________

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**With RN approval MA is permitted to give vaccines and medications in room independently. All vaccines must be double checked by training MA prior to administration until assigned an official schedule.**
Preparing for Flu Season

• Review past season’s numbers; pre-book in February

<table>
<thead>
<tr>
<th>9/1/16 – 4/30/17</th>
<th>9/1/17 – 4/30/18</th>
<th>9/1/18 – 4/30/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>8785</td>
<td>10543 (20% inc.)</td>
<td>12063 (14.4% inc.)</td>
</tr>
</tbody>
</table>

• Create flu resources for MAs and providers
  • Stock Guide
  • Options in EHR
  • 2-dose schedule

• Employee flu clinic

• Match flu stock to pt profile at each site

• Review walk-in vaccine workflow
Flu Season 2018-2019 Cheat Sheet

**Flurax (Prefilled)**
- County stock: 6m & up
- VFC Stock: at PVH ONLY
- Preservative-Free

**Flulaval (Prefilled)**
- VFC and Private stock
- 6 mos & up/Prenatal
- Preservative-Free

**Fluzone High Dose (Prefilled)**
- Private stock: 65 yrs & up
- Preservative-Free

**Flucelvax (MDV)**
- County Stock: 19 yrs & up

**Flulaval (MDV)**
- County Stock: 19 yrs & up

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**FIGURE.** Influenza vaccine dosing algorithm for children aged 6 months through 6 years — Advisory Committee on Immunization Practices, United States, 2018–19 Influenza season.

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Created 09/10/2018
Walk Ins for Vaccines

**Self Pay/Uninsured Medicare A only**
- Eligible for all VFA vaccines; county flu
- OK to give vaccines without a physical. Put on walk-in list for triage*.

**Medicare D only**
- Eligible for some VFA vaccines; private flu
- OK to give vaccines without a physical. Put on walk-in list for triage*.
  - VFA PPSV23, PCV13, Hep B only. Send to pharmacy for rest.

**Medicare B only**
- Eligible for VFA and prv/340B vaccines; private flu
- OK to give vaccines without a physical. Put on walk-in list for triage*.
  - VFA Zoster, Tdap, TD (if no wound), and Hep B (low risk only).
    - All other vaccines from PVT/340B stock.

**Medi-Cal/CCAH Private Insurance Medicare B+D**
- In Network/Assigned to Salud
  - OK to give vaccines without a physical. Put on walk-in list for triage*.

  - Out of Network/Not assigned to Salud
    - Explain that patient is responsible for out of pocket cost for appointment fee, individual vaccine cost, and provider fee.
    - OK to give vaccines without a physical.

  - If patient says yes, put on walk-in list for triage*.

  - If patient says no, refer to assigned PCP for vaccines.

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**Child Under 19**

**Medi-Cal/CCAH Self-Pay/Uninsured American Indian Alaskan Native**
- Eligible for VFA vaccines
- OK to give vaccines without a physical. Put on walk-in list for triage*.

**Private Insurance**
- In Network/Assigned to Salud
  - OK to give vaccines without a physical. Put on walk-in list for triage*.

  - Out of Network/Not assigned to Salud
    - Explain that patient is responsible for out of pocket cost for appointment fee, individual vaccine cost, and provider fee.
    - OK to give vaccines without a physical.

  - If patient says yes, put on walk-in list for triage*.

  - If patient says no, refer to assigned PCP for vaccines.

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**RN/Triage Provider:** Goal of triage is to ensure patient truly needs IZ that day and to verify that patient is due based on IZ schedule.
During Flu Season

• Coordinated push in Peds, OB/Gyn, and FP depts
  • Vaccinate family members of patient (newborn visits, prenatal, sick visits)
  • Discuss cocooning: newborns and immunocompromised
  • Provider language: “Today you will get…” vs “Would you like…?”

• Recall lists (call 3x, send letter)
  • Beginning of season
    • 6 months to 8 years
    • Prenatal
    • 65+
  • Mid-season
    • 2nd dose for 6m-8y

• “Vaccine Tip of the Week” emails re: flu
Flu Vaccines

Flu season begins in October and typically ends in May.

All patients 6 months and older should be offered a flu vaccine once every flu season.

Children between 6 months and 8 years should receive two doses of flu vaccine if:
   a) they have never been vaccinated against influenza; or
   b) their vaccination history is unknown; or
   c) they have not received at least 2 doses of seasonal influenza vaccine.

If you have any questions about flu vaccines, flu season, dosages, etc., please reach out to us at vaccines@splg.org for assistance.

Sent by the Vaccine Team

“Vaccine Tip of the Week” emails re: flu

Vaccine Refusal Forms

1. Any time a patient refuses a vaccine, for themselves or their children, we must ask them to sign a vaccine refusal form.
2. This refusal form needs to be completed each time they are offered and they decline that vaccine.
3. The only exception is for the flu shot: we only need one refusal form per patient, per season.
4. Please mark the vaccine as “refused” and be sure to send the refusal form to Medical Records for uploading. During an audit, the auditor needs to see a signed refusal form for every refused vaccine.

Special note: If a patient declines to sign the vaccine refusal form, the provider must document in the chart that the patient refused the vaccine, and refused to sign the vaccine refusal form.

If you have any questions about vaccine refusal forms, please reach out to us at vaccines@splg.org for assistance.

Sent by The Vaccine Team
During Flu Season (contd.)

• RNs schedules for flu-only visits
• Double- or triple-book flu appointments
  • Counters high no-show rate
• Assign provider (MD/NP/PA) for flu walk-ins
• IZ Inventory: weekly for all sites
  • Place order when running low and based on usage
• Recognize high performing Provider-MA teams
  • Bragging rights only! 😊
Plan for 2019-2020 – New Items

• New digital signage in waiting rooms
  • Display flu poster, reminders to patients about flu season

• Decrease missed opportunities
  • 26% missed opportunities in peds; chart review to identify patterns
  • Share data with providers and MAs

• Weekly monitoring of refusal rates + documentation

• Add to on-hold message for callers
  • 13,000-15,000 calls per month at call center
California Department of Public Health, Immunization Branch:

Helping Providers Increase Flu Immunization for Children this Upcoming Season
A Combination of Improvements Works Best!

- Standardized operating procedures to make immunization routine (such as standing orders, workflow changes)
- Reminders and feedback for providers
- Use of EHR to identify patients and track immunizations
- Involve nursing staff in process
- Policies to avoid “missed opportunities”
  - Can immunize at any visit
  - OK to immunize if child has mild illness
- Patient reminder/recall (letters, text message)
- Parent education
Spotlight on the Provider Role

• Provider recommendation; pursue recommendation despite resistance
  • Children whose providers recommended the vaccine were twice as likely to be immunized
  • When providers pursued the recommendation despite initial hesitancy or resistance, the majority of parents agreed to immunization

• Concurrent and presumptive recommendations
  • Assume that vaccine will be accepted and discuss it together with other routine vaccines
  • “Today we’ll do the Hep A and flu vaccine”
  • The majority of parents who received the concurrent and presumptive recommendations agreed to immunization

• These strategies did not decrease parent satisfaction with the visit!
Routinizing Influenza Vaccine Ordering

Are you a Vaccines for Children Program Provider?

- Vaccine allocations based on non-influenza pediatric vaccine utilization
  - Moving away from basing provider orders on just historical orders from previous seasons
  - Comparison of Flu ordering vs. routine vaccine ordering

- Seasonal Targets
  - Be on the lookout for seasonal flu vaccine targets based on reported pediatric vaccine usage

- Shifting from supplemental ordering if needed to ordering along with routine vaccines

Look at sentinel vaccines:
- DTaP, PCV, MMR, Hep A (Pediatric)
- HPV, Tdap and MCV (Adolescent)
What Actions Will Your Clinic Take?

• Who will be your champion?
• How will you set goals?
• How will you involve staff?
• How will you prepare for questions from parents?
• How will you monitor progress?
CA Resources

- EZIZ influenza resources: EZIZ.org
- For more influenza stories, visit ShotbyShot.org
References for Pediatric Immunization Strategies

• Aigbogun, NW. Interventions to increase influenza vaccination rates in children with high-risk conditions—a systematic review. Vaccine 2015.

• Frew, PM. Interventions to increase pediatric vaccine uptake: an overview of recent findings. Human Vaccines and Immunotherapeutics 2017.


CDC Online Flu Resources

- CDC “Prepare your practice for seasonal influenza toolkit”
- CDC “Talking to Parents about Vaccines”
Questions and Answers
Thank You for Protecting California Children!

Your commitment today can make a difference this upcoming season.