



Creating Consistency through a Master Training Booklet & Immunization Manual

Redwood Community Health Coalition
Promising Practice

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PROMISING PRACTICE OVERVIEW

In 2014 Sonoma Valley Community Health Center (SVCHC) created a training booklet (informally called “The Bible”) to both train new staff and act as a reference guide for existing staff. While the booklet is described as a “broad overview” of policies, procedures, and workflows, it’s now almost 800 pages. The booklet provides staff with a solid foundation on required measures and at the same time helps create consistency of work across the organization. Updated annually in two parts: we update the procedure if needed, based on the measure steward and guidance, it contains many of the health center’s key workflows, including childhood immunizations (IZ).

Starting in 2016, the health center began experiencing staff turnover, specifically medical assistants (MAs). Not surprisingly this has made it difficult to keep measure rates high and staff on the same page. The training booklet has been vital in this effort.

AIM

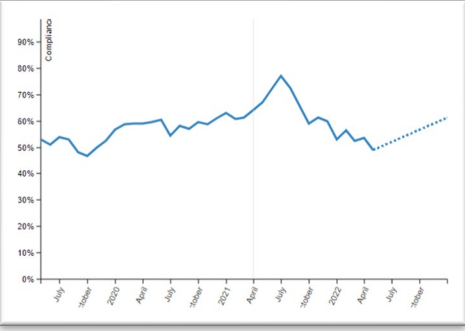
To increase childhood immunization rates through consistency in health center procedures and workflows. Vaccines are given at all appointments and not just Well Child-specific appointments.

MEASURES

Childhood Immunizations Status (UDS 2021 Table 6B)

Numerator: Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday

Denominator: Children who turn 2 years of age during the measurement period and who had a **medical** visit during the measurement period



Exclusions: Patients who were in hospice care during the measurement period

SVCHC Childhood IZ Status

2019	2020	2021
57%	63%	53%

ACTIONS TAKEN

Created resources for staff:

- “Training Booklet” was developed in 2014 and updated yearly. The QI department conducts two 4-hour trainings when a new version of the booklet is released.
- “Immunization Template Training Manual” used for IZ-specific workflows.
- “Training Plan” for MAs includes a review of all workflows and measures as part of the onboarding process. The plan includes a review of the training booklet and manual resources.

Encourage staff to look at measures in different ways to understand what the measures are, what they mean, and what closing the loop for each entails.

WORKFLOW

Training Booklet “The Bible”

- Childhood Immunization section includes:
- Workflow for back-office staff, CQI coordinator and IZ coordinator, and Clinic Manager
- Information on what to cover during well-child visits and patient education to provide
- Information on types of flu vaccines for children

Immunization Template Training Manual

- Manual informs staff how to do the following:
- Vaccine set up using NextGen’s Pediatric Vaccine Orders Template
- Updating the vaccine inventory
- Ordering IZ
- Understanding vaccine alert displays
- Processing IZ orders
- Obtaining CAIR consent

CHALLENGES

- SVCHC has some parents who refuse to vaccinate, making it harder to improve overall rates.
- Some patients see providers outside the health center, which can make it difficult to get the release their records.
- The lack of interface between The California Immunization Registry (CAIR) and NextGen continues to be challenging.
- Data quality is impacted when staff selects the incorrect vaccine in the system.
- During the height of the COVID-19 pandemic, parents were not bringing in their children for a face-to-face. Worked to ensure they would be seen by their provider in the Health Center parking lot. However, it should be noted that oftentimes these visits were limited in scope. If the patient was sick and was due for a vaccination, it was not clinically wise to administer a vaccination to the sick child.

LESSONS LEARNED

- Staff must know who’s responsible for getting a patient’s record up to date. For example, when a provider reviews a chart (regardless if they’re the PCP), they become responsible for making sure all required IZ has been done. Similarly, MAs are responsible for entering IZ into patient records and CAIR.
- At Provider Peer Review or Quality Meetings are dedicated to reviewing provider rates and providers can take a closer look at their own rates. When providers take their IZ rates seriously, they ask for details on their patient-specific rates. They communicate the importance of missed opportunities with their team.



Document Title: Childhood Immunizations, 0-2 years of age		Page 1 of 6
Document Type: Procedure	Document ID Number:	
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Author: Marianne Clinton, MD, CMO, revised by Julie M Vlasis, CQI Consultant	Implementer/Owner: Carol Ahern, MD CMO, Teresa Rodriguez, Clinic Manager	
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STATEMENT OF PURPOSE:
To ensure that children are fully immunized according to current guidelines on or before their second birthday.

DEFINITIONS:

Evidence-Based Guidelines: Clinical Practice guidelines based on scientific evidence, or in the absence of scientific evidence, professional standards, or professional standards, an expert opinion.

Practice Guidelines: Systematically developed descriptive tools or standardized procedures for care to support clinician and patient decisions about appropriate health care for specific clinical circumstances. Practice guidelines are typically acquired through a formal process and are based on authoritative sources that include clinical literature and expert consensus.

Important Condition: A condition including an unhealthy behavior, substance abuse, or mental health issue, with evidence-based clinical guidelines that affect many people or consumes a disproportionate amount of health resources.

NextGen Enterprise Practice Management (EPM): NextGen EPM is the application used primarily for billing and is also used to manage appointments. Other functions of EPM include, but are not limited to, storing patient demographics, posting transactions, and processing charges.

NextGen Electronic Health Records (EHR): NextGen EHR is the application used to store and maintain a patient's electronic chart. Clinical information such as lab results, health history, and diagnosis history are located in EHR.

History of Present Illness (HPI): The HPI is a chronological description of the development of the patient's present illness, including the following elements: Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, and Associated signs and symptoms.

Brief and Extended HPI's are distinguished by the amount of detail needed to characterize the clinical problem or problems accurately:

Brief – consists of 1 to 3 elements.

Extended - consists of 4 or more elements.

BACKGROUND:

Sonoma Valley Community Health Center's policy is that we adopt a goal of providing all our patient's ages 0-2 years with current immunizations.

The American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC) reported keeping immunizations on track by not delaying well-child appointments based on the periodicity schedule between children approaching 2 years of age. If the Child is last in receiving their well-child exam early in life, it can have a compounding effect, delaying future well-child visits and immunizations.

ASSUMPTIONS:

According to the American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC), vaccines due before the Child's second birthday ***are scheduled to be completed by the 18th month of life.***

The Provider will ensure that the next visits are documented in the CHDP Review Document within the NextGen System.

The Front Desk at Check-out will ensure that all children 0-21 are placed on the appropriate recall if the Provider of record has neglected to indicate the correct interval.

The Back Office Staff will use the Pediatric Huddle Sheet for all Pediatric visits, not just well-child visits, to ensure that no immunizations or visits are missed.

Immunization records will be checked at every pediatric appointment against the CAIR Registry to ensure SVCHC has the most updated patient record.

PCMH (Patient Care Medical Home) Related: Yes (X); No ()

NextGen EPM/EHR Procedure is needed for this Procedure: Yes (X); No ()

PROCEDURES:

The Medical Back Office Staff are responsible for:

1. Print CAIR report to identify missing vaccinations before the daily huddle.
2. The Medical Back Office Staff must update the patient immunization record in NextGen before the patient visit.
3. The Medical Back Office staff will obtain and review with the Provider the **Pediatric Huddle Sheet** at every pediatric visit, including Well Child visits.
4. Discuss with provider missing vaccinations and have Provider order them in the patient electronic health record in the immunization module.

5. Complete CAIR Consent and CAIR Registry Identification Number.
6. Obtains consent and reviews child vaccine questionnaire with parent
7. Educate parents on the vaccine(s), including any known reactions
8. Prints and hands parent VIS for each vaccine, ensuring the documents show in the patient electronic medical record.
9. Uses universal precautions and proper infection control techniques to prepare vaccines under the supervision of a licensed staff person
10. Utilizing; the 5 medication verification points (correct patient, correct vaccine, correct dose, the correct route, correct timing of vaccine), administer vaccine(s).
11. Document in NextGen Immunization module all of the required fields that vaccine order is completed. (Documentation in NextGen and CAIR should be consistent.)
12. Document in CAIR vaccines given.
13. Parent given copy of current immunizations.

The CQI Coordinator and Immunization Coordinator will review monthly.

1. Print and review reports identifying patients age 0-2 years needing vaccinations.
2. Contact parents/guardians to schedule an appointment.
3. Follow through with requests from the providers.

The Provider will be responsible to:

1. Perform an appropriate history and physical examination.
2. Review immunization template in NextGen to check the patient's record for due and past due immunizations.
3. Check patient's allergies and diagnosis history for any contraindications for vaccinations.
4. Review the consent for immunizations reviewing risks and benefits with parents that the Medical Back Office Staff have completed with the parent.
5. Children who have contraindications for a required immunization will have the vaccine ordered. The Medical Back Office Staff will document the contraindication of the vaccine as required.
6. ***Parents who decline immunization(s) for their Child; will be required to complete declination paperwork. The Provider will order the vaccine, and the Medical Back Office Staff will document on the vaccine in the patient electronic medical record has been refused by the parent.***

Well Child Visits

- a. All Providers complete the CHDP Review in the NextGen System (regardless of insurance type) for all well-child visits as a guideline to ensure proper documentation, noting vaccinations given along with physical assessment and all required diagnosis codes.
- b. The Provider has provided the patient with the next scheduled CHDP visit in the electronic medical record using the CHDP HPI in NextGen. This allows the patient to be placed on the correct recall.
- c. The Medical Back Office Staff prints the CHDP document from the patient's chart and provides it to the Child's parent/guardian.

- d. **The Front Office Staff ensures that all Children have a Well Child recall upon leaving the health center at any visit.**

Patient Education:

- Encourage families to keep immunizations up to date for their children.
- Review the importance of childhood immunizations.
- Refer families to the vaccine information sheet (VIS) for specific information and precautions about each vaccine
- Notifying SVCHC should child experience a non-life-threatening reaction to a vaccine

Childhood Immunizations Age Birth through 2 Years of age as required by CMS

Influenza is the most commonly missed immunization in the required dosage. Please see the CDC Recommendation



Influenza (Flu)

The best way to prevent flu is with a [flu vaccine](#). CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October. However, as long as flu viruses are circulating, vaccination should continue throughout the flu season, even in January or later. Keep in mind that vaccination is especially important for certain people who are at high risk or who are in close contact with high risk persons. This includes children at high risk for developing complications from flu illness and adults who are close contacts of those children.

Flu vaccines are updated each season if necessary to protect against the influenza viruses that research indicates will be most common during the upcoming season. (See [Vaccine Virus Selection](#) for this season's exact vaccine composition.) The 2018-2019 vaccine has been updated from last season's vaccine to better match circulating viruses. Immunity from vaccination sets in after about two weeks.

Types of flu vaccines for children

Children 6 months and older should get annual influenza (flu) vaccine. For the 2018-2019 flu season, CDC recommends annual influenza vaccination for everyone 6 months and older with any licensed, age-appropriate flu vaccine (IIV for children aged 6 months and older or LAIV4 for children 2 years of age and older) with no preference expressed for any one vaccine over another.

- **Flu shots (IIV)**, vaccines are given as an injection and made with inactivated (killed) flu virus are approved for use in people 6 months and older.
- **The nasal spray vaccine (LAIV4)** is approved for use in people 2 through 49 years of age. However, there is a [precaution against the use of the nasal spray flu vaccine \(LAIV\)](#) in people with certain underlying medical conditions. More information about the nasal spray flu vaccine can be found [here](#).

Your Child's health care provider will know which vaccines are right for your Child.

For more information on the different types of flu vaccines available visit CDC's [Different Types of Flu Vaccines page](#).

Special vaccination instructions for children aged 6 months through 8 years of age

- Some children 6 months through 8 years of age require two doses of influenza vaccine. Children 6 months through 8 years getting vaccinated for the first time, and those who have only previously gotten one dose of vaccine should get two doses of vaccine this season. All children who have previously gotten two doses of vaccine (at any time) only need one dose of vaccine this season. The first dose should be given as soon as the vaccine becomes available.
- The second dose should be given at least 28 days after the first dose. The first dose "primes" the immune system; the second dose provides immune protection. Children who only get one dose but need two doses can have reduced or no protection from a single dose of flu vaccine.
- If your Child needs the two doses, begin the process early. This will ensure that your Child is protected before influenza starts circulating in your community.
- Be sure to get your Child a second dose if he or she needs one. It usually takes about two weeks after the second dose for protection to begin.

Children should be vaccinated every flu season

Children should be vaccinated every flu season for the best protection against flu. For children who will need two doses of flu vaccine, the first dose should be given as early in the season as possible. For other children, it is good practice to get them vaccinated by the end of October. However, getting vaccinated later can still be protective, as long as flu viruses are circulating. While seasonal influenza outbreaks can happen as early as October, in most seasons influenza activity peaks between December and February. Since it takes about two weeks after vaccination for antibodies to develop in the body that protects against influenza virus infection, it is best that people get vaccinated, so they are protected before influenza begins spreading in their community.

POLICY THIS PROCEDURE SUPPORTS:

1. SVCHC Evidence-Based Guidelines

References:

1. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines>.
2. CDC Immunization Guidelines: <https://www.cdc.gov/vaccines/parents/parent-questions.html>
3. CDC Influenza Guidelines for Infants and Children: <https://www.cdc.gov/flu/protect/children.html>