

**American Academy of Pediatrics (AAP) Chapter 2 and
New York City Department of Health and Mental Hygiene (DOHMH)
Immunization Quality Improvement Collaborative**

February 2017-February 2018

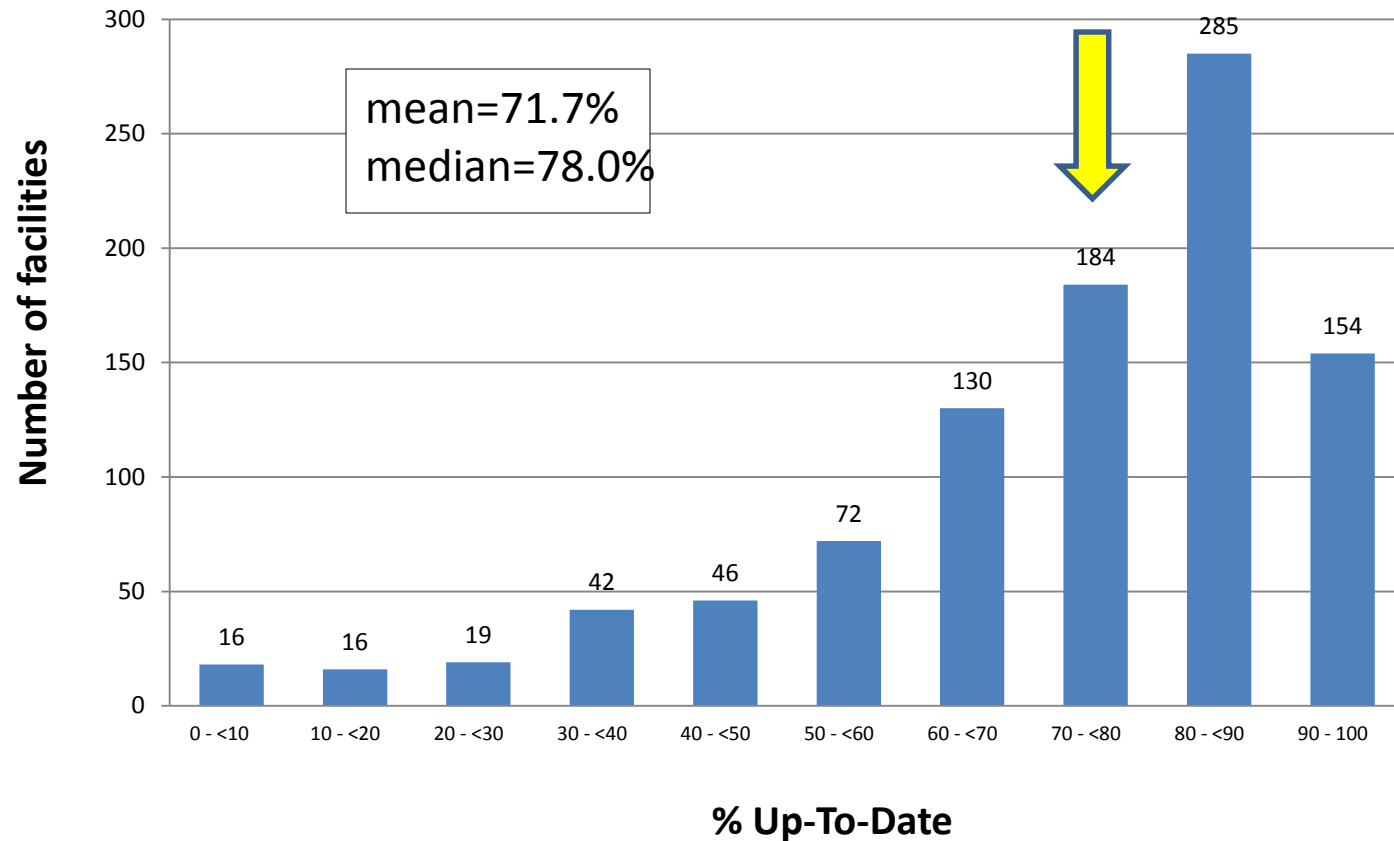
Collaborative

- 11 practices in Brooklyn and Queens
 - Practices invited to participate
 - Variety of practice sizes
 - Mid-level “up-to-date” performance at start
- Used PDSA methodology to make small changes
- Results reported monthly
- MOC Part 4 credit and CME provided

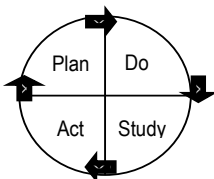
Collaborative (cont'd)

- 2 in-person meetings
- 2 webinars
- Tracked at the local and the national level
- 5 other collaboratives going on simultaneously in other parts of the country

Distribution of 19-35 month-olds' 4314314 immunization coverage rates among New York City health care facilities



Rates based on CIR data as of 7/31/18



PDSA WORKSHEET

Team Name:	Date of test:	Test Completion Date:
Overall team/project aim:		
What is the objective of the test?		

PLAN:

Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen?

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1.			
2.			
3.			
4.			
5.			
6.			

Plan for collection of data:

DO: Test the changes.

Was the cycle carried out as planned? Yes No

Record data and observations.

What did you observe that was not part of our plan?

STUDY:

Did the results match your predictions? Yes No

Compare the result of your test to your previous performance:

What did you learn?

ACT: Decide to Adopt, Adapt, or Abandon.

Adapt: Improve the change and continue testing plan.
Plans/changes for next test:

Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

Abandon: Discard this change idea and try a different one

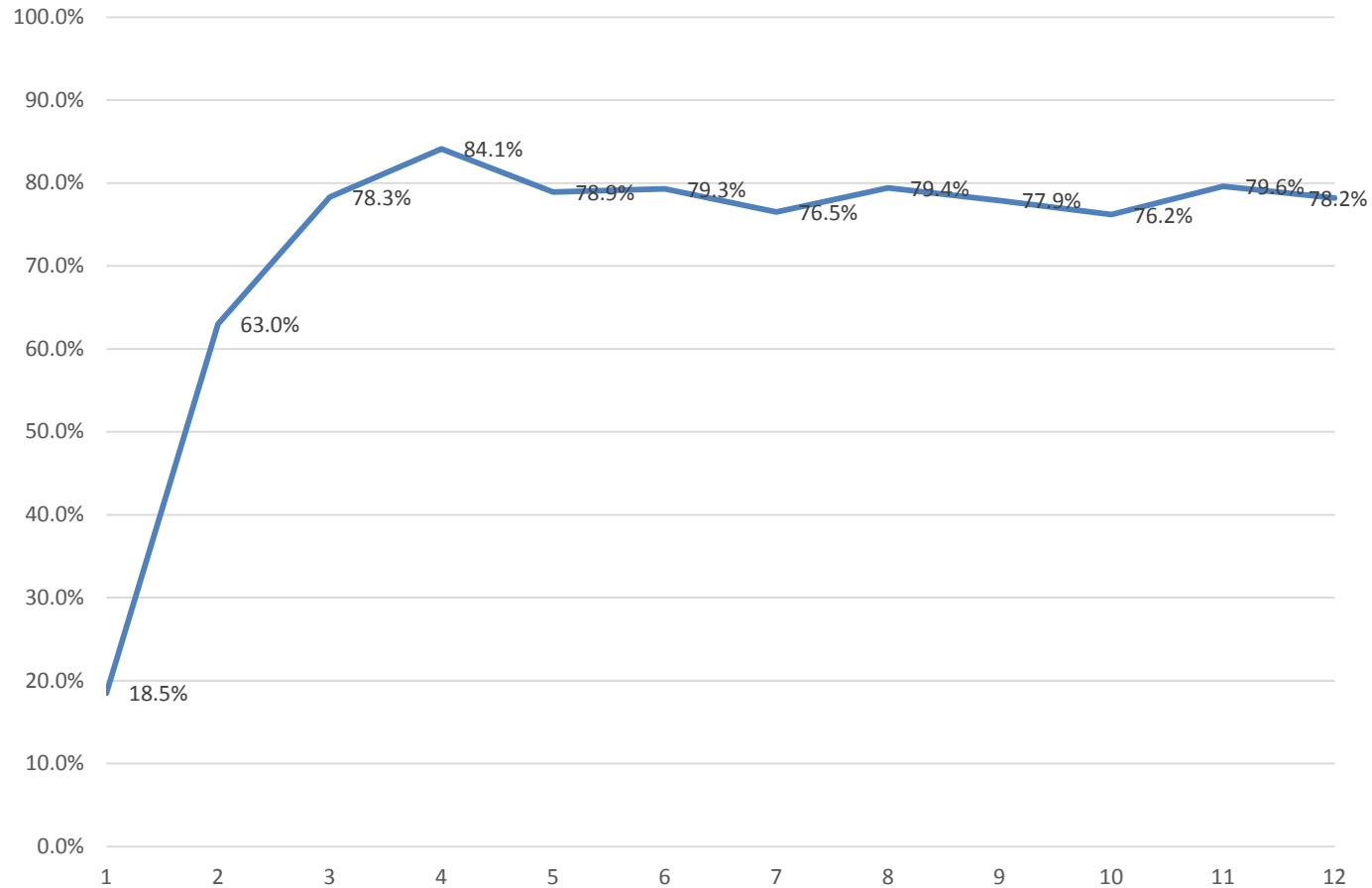
Outcome measures

- 19-35 month-old cohort assessed
- Increase in 4:3:1:4:3:1:4 rates was goal
 - 4 DTaP
 - 3 Polio
 - 1 MMR
 - 4 Hib (or age-dependent)
 - 3 HepB
 - 1 Varicella
 - 4 PCV (or age-dependent)

Reflections Post-Collaboration

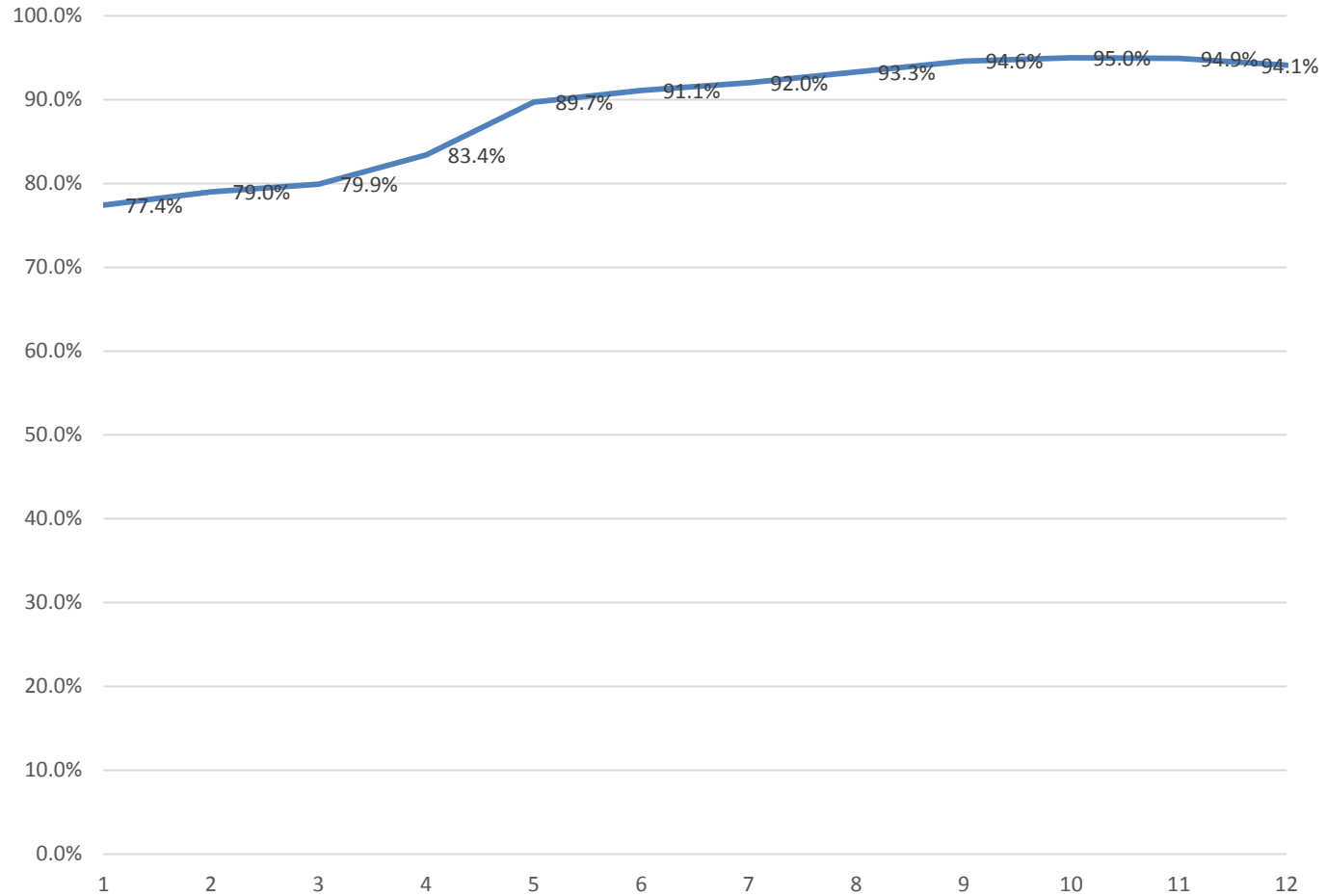
- AAP Chapter-level team
 - Made itself available to the practices
 - Constructive relationships developed between team and practices
 - Relationships/competition developed between practices
 - Were teachers, cheerleaders, hand-holders, data nerds, disciplinarians, partners
- AAP National-level team
 - Provided credibility that project was important to pediatrics
 - Vital to connect the project to the bigger world of pediatrics
 - Senior members of national team were much appreciated by both the practices and the Chapter team
- NYC Department of Health & Mental Hygiene
 - Developed a stronger connection with practices involved
 - Developed a better understanding and appreciation of front-line pediatrics and difficulties with effecting immunization improvement

DeVito and Alvarado



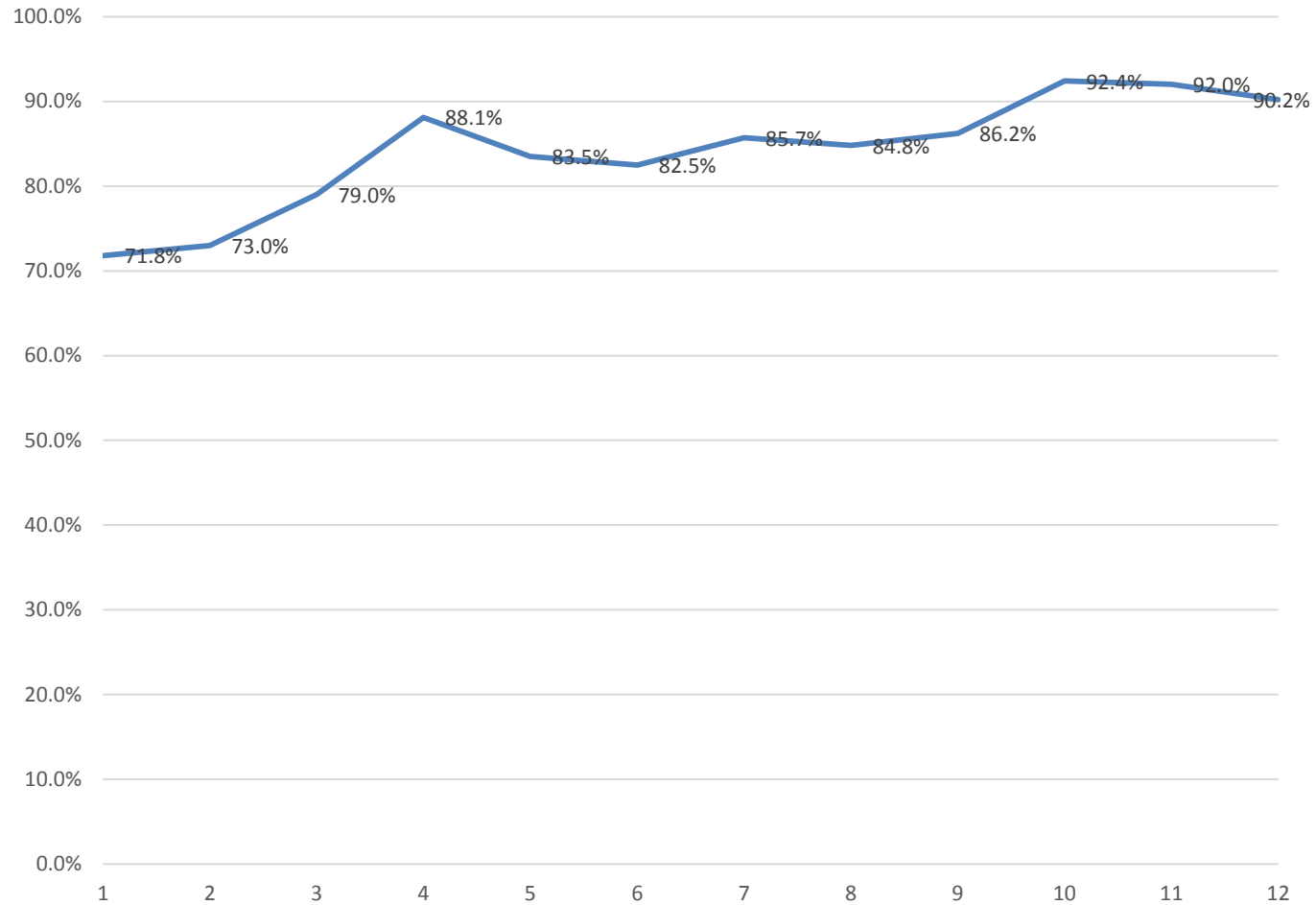
12/4/18
N=433
71.8%

Comes



12/4/18
N=165
87.8%

Norowitz



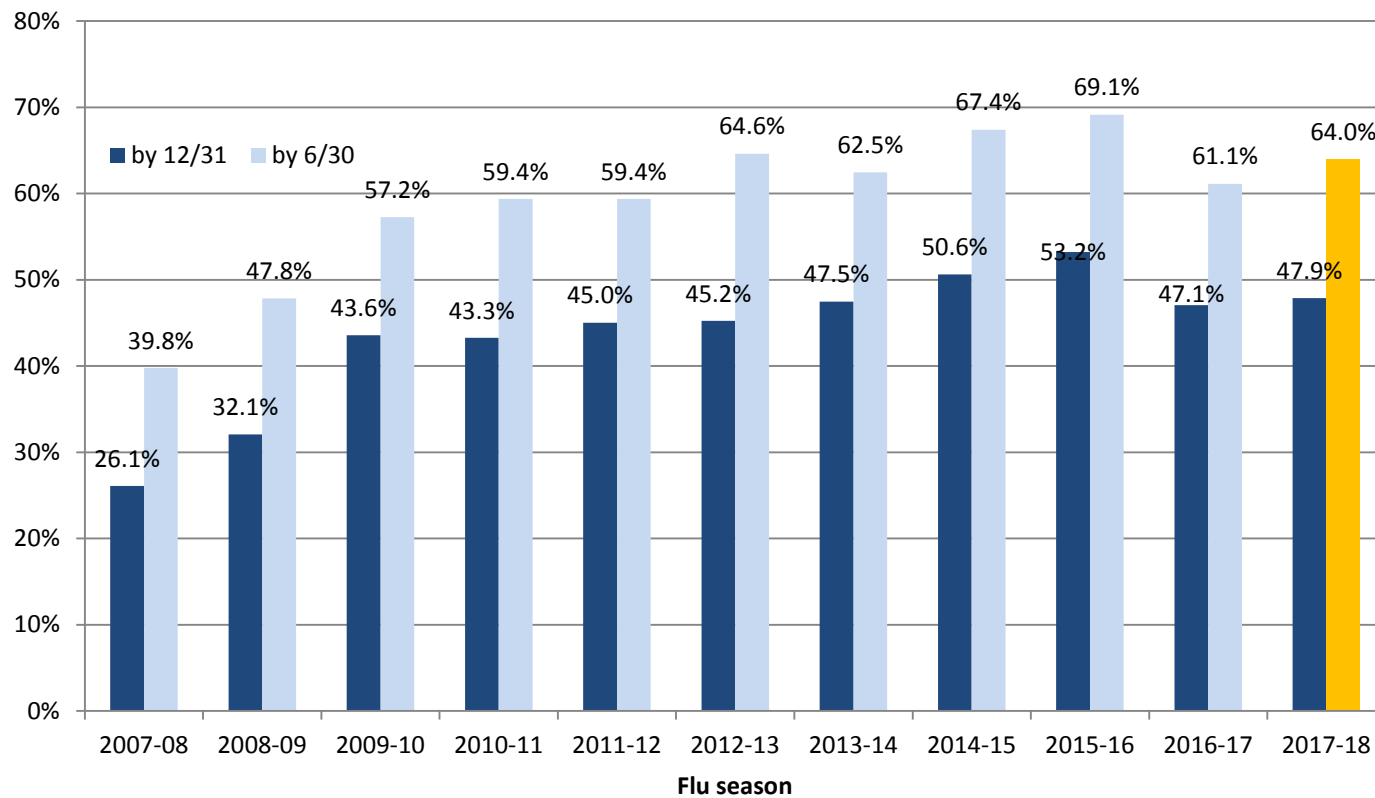
12/4/18
N=92
85.9%

Top 5 Interventions

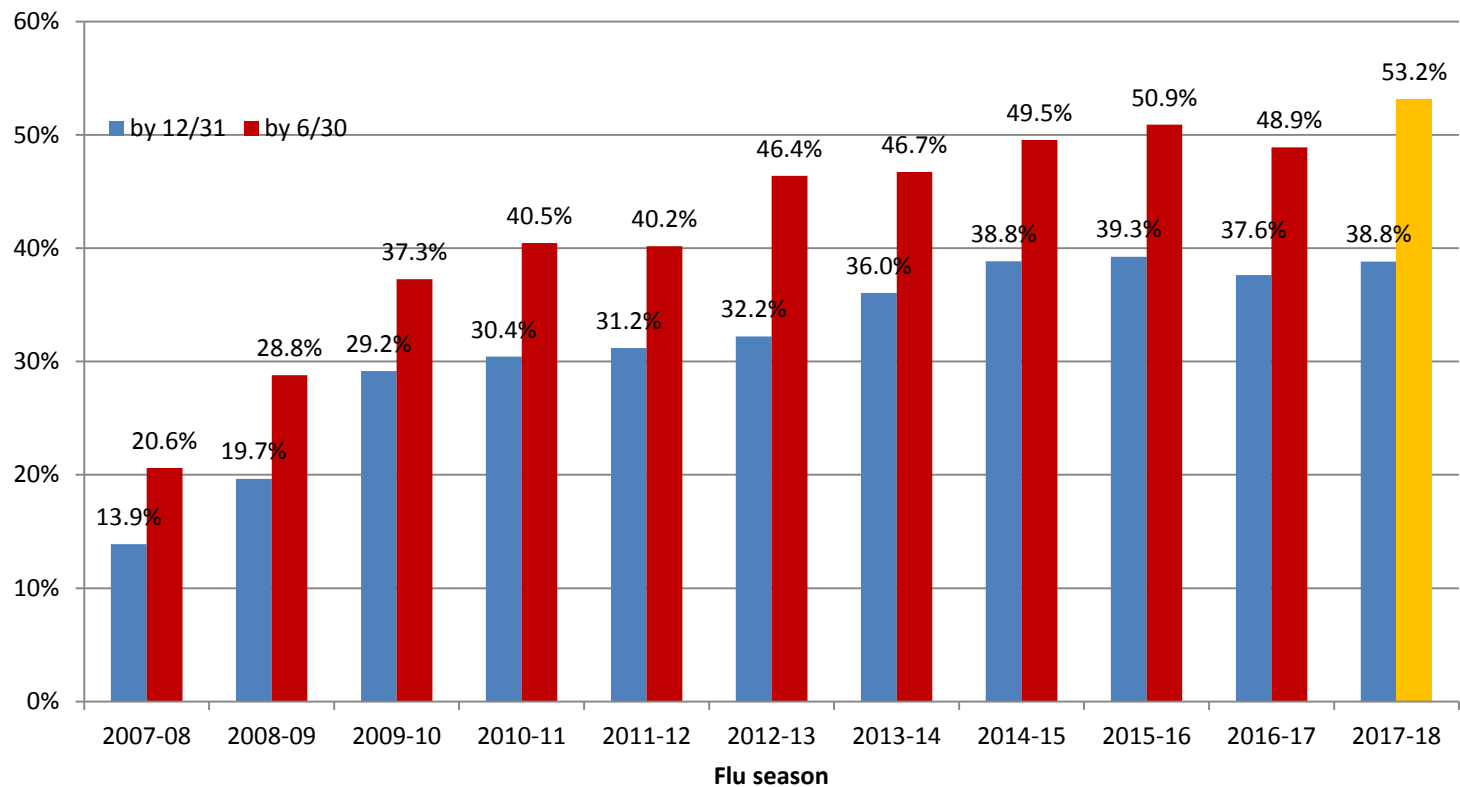
- Direct connection to CIR staff
- The concept of MOGE's and “cleaning” the patient lists
- Learning how to use the Online Registry effectively
- Having AAP team members and a data person available to practices
- All practices supported and kept in collaborative, even those struggling

Flu Vaccine Coverage Improvement Tools

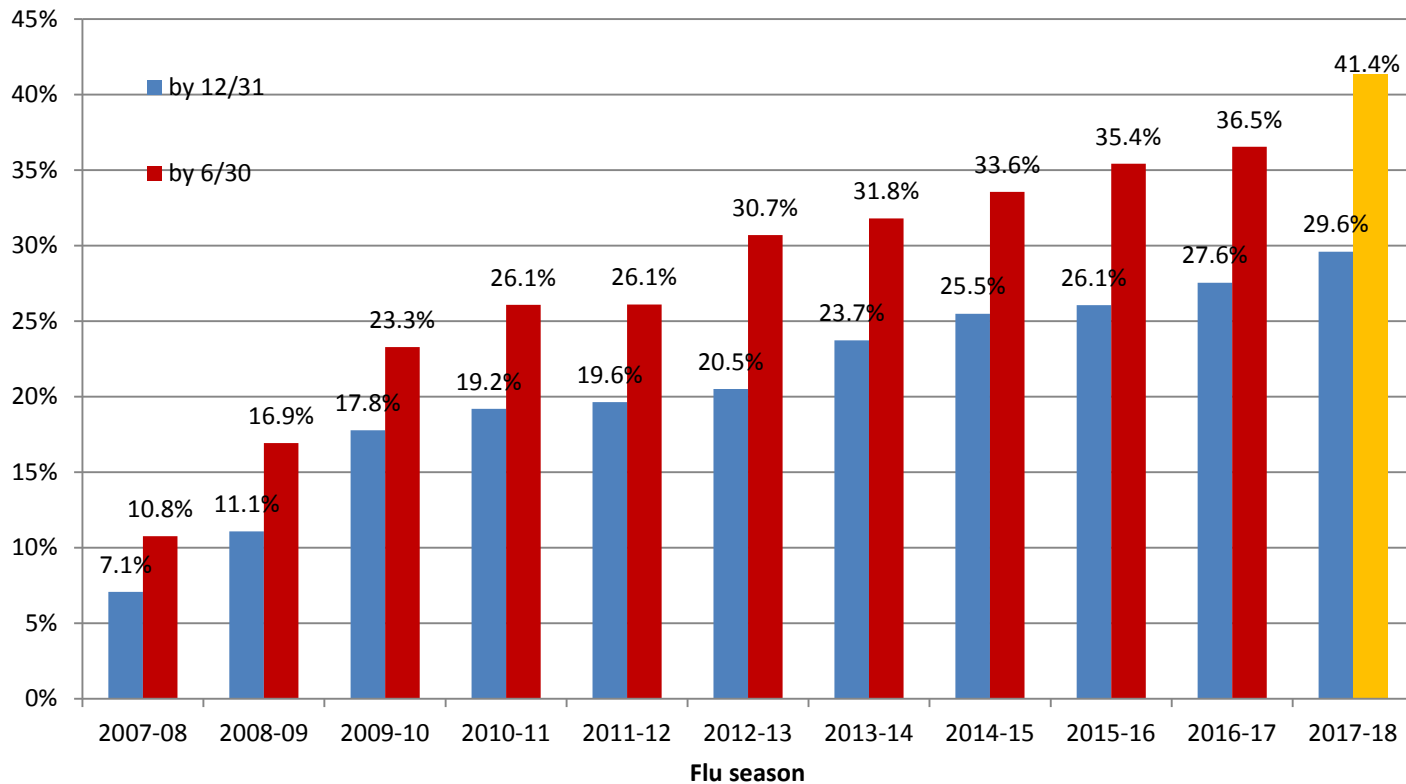
Proportion of children 6-59 months of age who received a seasonal flu shot



Proportion of children 5-8 years of age who received a seasonal flu shot



Proportion of children 9-18 years of age who received a seasonal flu shot



Online Registry Demo

www.nyc.gov/health/cir