



# Wyeth Immunization Awards

## Award Track: 2009 Best Practices

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### **Mercer University School of Medicine / Medical Center of Central Georgia Family Medicine Residency Program \* Macon, GA**

**Program Director:** Roberta J Weintraut, MD  
**Program Contact:** Adil Ansari, MD and Nancy Garcia, MD (2<sup>nd</sup> year resident)  
**No. of Residents:** 23  
**Patient Base:** Total 11,492; Children (0-3): 325  
**Reporting Period:** Baseline 2004 compared to 2008  
**Number Audited:** 145 children (age 19-35 months)

#### **Overview**

The Mercer University School of Medicine (MUSM) family medicine residency program encompasses care within an ambulatory clinic of the Family Health Center. Collaboration between physicians, nursing staff and family medicine residents occurs in order to practice up-to-date, evidenced-based medicine as a portion of routine care and via academic curriculum. Over the last several years, the program has addressed many barriers to childhood immunizations by integrating a multi-faceted approach to quality improvement principles.

Similar to other institutions, we have a high number of patients without commercial insurance. With approximately 91% surveyed of the population relying on Medicaid and an average 20% no show rate, the plethora of barriers include social, transitory lifestyles, financial, transportation, educational and cultural limitations that stand in the way of compliance with preventative health care access. Despite these barriers, every opportunity to stress the importance of compliance to vaccination protocols is addressed timely at our institution.

With the administration of the Vaccines for Children program, as well as a Georgia state-based, on-line registry incorporated in 2004, our immunization rates and adherence has increased dramatically. Our tracking and monitoring of vaccination timelines has improved remarkably which has also allowed for more emphasis on preventative education for our patients and their families. At the beginning of this review, our immunization numbers were below the national average across all counts. Since then, we have seen an exponential rise in adherence to vaccination scheduling, more effective communication and follow-up to address concerns about scheduling conflicts, and increasing access as well as efficiency in educational opportunities.

#### **Programs/Processes Instituted**

***Participation in the Vaccines for Children Program (VFC)*** in 2004 within the state of Georgia in order to provide vaccines to our under-insured, uninsured and low income families. Free vaccines are provided to participating physicians servicing qualified children and is administered by the CDC on a national basis. An Advisory Committee of Immunization Practices (ACIP) meets three times a year to discuss and vote on any updates or changes in immunization scheduling, administration, side effects, etc. Once these are agreed upon by the committee, the new recommendations are seamlessly introduced into our clinic and educational updates are announced to the physicians and nursing staff.

The ***Georgia Registry of Immunization Transactions and Services (GRITS)*** was implemented in 2004. Access and training was accomplished with the nursing and auxillary staff, physicians and residents upon request. To increase attrition to immunization opportunities, an updated GRITS record is printed at each visit and attached to the physician's list of patients they will see that day after the nursing staff has had a chance to review it. This way, all parties have the opportunity to peruse the immunization history up to that date. Highlights of which immunizations are due currently, overdue, or repeated due to invalid timing is also available. As well, the program extrapolates forward based on the past immunization history and the patient's age when the next set of immunizations are due to further facilitate accurate re-scheduling to increase adherence. In order to streamline documentation, the GRITS record is immediately updated after consent and administration of vaccinations is obtained. An updated copy is incorporated in the patient's chart as well as given to the patient's family for their own record. This also increases the efficiency of obtaining a complete, reliable immunization history for those children who need them for school registration.

***The clinic environment allows for ease of access to educational handouts and pamphlets, available upon request in Spanish,*** about vaccination in general as well as specific information about the vaccinations administered during each visit. The auxillary staff are also trained to provide this information to the patient's families before departure.

***The approach to immunization compliance is "education first."*** Whenever there is a question about the need for vaccination, all eligible vaccines are given at each visit. Postponement is only allowed if there is a medically related contraindication or a parental declination documented in the patients chart. The GRITS system also allows for incorporation of surveillance and tracking of immunization timelines for patients and once a deficiency is identified, allows the clerical staff, in coordination with the auxillary staff, to then provide phone call reminders and to discuss scheduling opportunities. The Center also runs with several acute care slots throughout the day to allow same day scheduling with a physician provider in case a time sensitive need for vaccination compliance arises.

***Annual training and curriculum updates*** occurs with the residents, faculty physicians and nursing staff to highlight updates and/or best practices in vaccine administration. Any areas of need are identified and education provided.

***In 2006, the residency program was invited to participate in a national influenza surveillance project*** in which criteria for influenza-like illness are identified and flagged during regular clinic visits and information updated weekly by rotating residents within the database with strategic report updates at several points in the year on disease occurrence. ***These results are then used to initiate quality improvement initiatives to improve flu immunization rates.***

***The Family Health Center has also been a large proponent in offering immunization for our teenage, adults and elderly community and GRITS has been utilized effectively for dealing with these populations.*** A good example is the incorporation of gardasil vaccination for cervical cancer prevention which has tied in nicely with counseling and administration of pap smears as needed for young women. The vaccines for children program covers gardasil up to the age of 19. For the patients who are older than this without adequate insurance we have a partnership with the Macon Health Department who can administer the vaccinations at a fraction of the cost than would be provided in our clinic. This has also been an effective resource for STI screening/testing if the patients cannot afford those services in our clinic. An extension of this project would be to follow chart review for the older population to see how effective immunization would be for influenza, pneumovax, etc. and to address these preventative measures more effectively as the needs arise.