



# Wyeth Immunization Awards

## Award Track: 2009 Best Practices

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### Midland Family Medicine Residency Program \* Midland, MI

**Program Director:** William H Dery, MD  
**Program Contact:** Gail Colby, MD, FAAFP  
**No. of Residents:** 17  
**Patient Base:** Total 14,593; Children (0-3): 784  
**Reporting Period:** as of 10/31/2007 compared to as of 10/31/2008  
**Number Audited:** 305 children in 2007 & 280 in 2008 (age 19-35 months)

#### Overview

The Family Practice Center of the Midland Family Medicine Residency Program sees a large proportion of Medicaid and underinsured children in the community. The residency is divided into 3 teams consisting of 2-3 faculty members, and 2 first-year, 2 second-year and 2 third-year residents. Prior to implementation of the new system, each individual physician ordered immunizations to be administered by the nursing staff on each team. Although our average vaccination rate was acceptable, significant variability existed between physicians and teams on immunization rates and vaccine series completion. In addition, immunization opportunities were missed. Many physicians were not up-to-date on current vaccine recommendations, available vaccine combinations and dosing intervals. Some would defer to nursing staff to give what they felt was appropriate. When immunizations were given, they were not necessarily given at appropriate intervals, nor were all needed vaccines routinely administered. Prior to the implementation of our new system, immunization rates ranged from 86% on Team A to 65 % on Team B to 78% on Team C. Immunization practices in the Family Practice Center needed to be streamlined, consolidated and improved.

#### Programs/Processes Instituted

***To improve uniformity, office flow was changed. A nursing position was dedicated to the vaccine program.*** An immunization nurse is experienced in immunization protocols, administration schedules and vaccine formulations administers all vaccines.

***To identify all vaccine opportunities, the immunization nurse reviews all provider schedules on Friday for the upcoming week's appointments. Scheduled well-child exam patients are identified and the MICR (Michigan Childhood Immunization Registry) from the State Registry is obtained and reviewed for vaccine status.*** The immunization nurse flags any vaccines identified as being due on the office immunization form, attaches it to the MICR, and then places it on the top of the patient's chart for the physician to review at the time of the well-child exam. All children at the end of their exam are routed to the immunization nurse station prior to leaving the office to update immunizations. If parents are unwilling to vaccinate that day, the immunization nurse uses the time to educate the parents/caregivers, give vaccine information, schedule a return visit for vaccines, or sign waivers of vaccine refusal, if necessary. The immunization nurse tracks commercial insurance vaccine coverage and is able to counsel parents/patients on how to gain affordable immunizations. The immunization nurse coordinates the Vaccines for Children and Vaccines for Adults programs for the FPC. To capture older child, adolescent, and young adult vaccine opportunities, all patients less than 25 years of age

routinely have a MICR placed on the chart for ALL office visits. The physician can easily review the child, adolescent or young adult immunization status and update vaccines at that visit if deficiencies are identified. Thus, any patients with vaccine deficiencies are sent to the immunization nurse prior to leaving the office.

***To further improve uniformity, provider education has been increased.*** Lectures have been given to physicians emphasizing current vaccine practices. In-services have been provided to nursing staff that may need to step in to administer vaccines if the immunization nurse is unavailable. To train the Family Medicine Residents in appropriate vaccine practices the Pediatrics curriculum will incorporate time with the immunization nurse to learn vaccine series, dosing intervals, catch-up protocols and vaccine formulations. At the end of the resident's experience, he/she will successfully complete a vaccine case-study to demonstrate competency in these topics.

These changes in our Family Practice Center patient flow have eliminated our inter-team vaccination rate discrepancy and improved our overall vaccination rate and series completion.