



## Howard University Family Medicine Residency Program\* Washington, DC

Program Director: **Babafemi Adenuga, MD**  
Program Contact: **Kandie S. Tate, MD**  
No. of Residents: **17 residents**  
Patient Base: **7,200+ of all ages**  
Reporting Period: **January 2009 – December 2009**  
Number Audited: **33 ages 19-35 months**

The Howard University Family Medicine Residency program is located in the Nation's Capital and serves the greater Northwest section of the District of Columbia. This northwest section of the district includes Ward 8, which has one of the largest populations of low income and low socioeconomic communities in the district. A majority of our patient population consist of of minority populations that include African American, Hispanic and immigrant populations. The majority of our patient population consist of the medically underserved and disenfranchised and a majority of our pediatric population are insured through DC Medicaid and related managed health programs as well as District run insurance programs such as Unison and DC Healthright or DC Alliance. This fortunate occurrence of insurance coverage has been helpful in creating and using the DC Immunization registry that uses the Vaccine for Children program. While our residency program is not yet participating in the Vaccine for Children program we are able to access the registry.

As of March 2010, the Family Health Center has initiated implementation of our electronic health records to help address the concerns of immunization in our pediatric population. The system is based on the Touchworks program and includes functions for clinical reminders, immunization standards, and compliance computation.

### Proposed System

#1: **Raise pediatric immunization compliance rates** of the Howard University Family Health Center to national standards.

The objectives attached to this goal include increasing awareness among parents, primary care physicians and nursing staff of the compliance standards and guidelines for pediatric immunization. This will be accomplished by creating and distributing information regarding immunization requirements and standards for parents and distributing information at each immunization appointment. This will also be accomplished by using CDC posters and information in the examination rooms to serve as reminders for clinicians and parents. This will be measured by surveying pediatric patient visits and determining which patients have received brochures and information.

**#2: Decrease the no-show rate for pediatric immunization appointments and increase the communication between parents and primary care physicians** regarding current status of pediatric immunization status.

This objective will be implemented by creating reminders for parents regarding appointment day and time. This will also be accomplished by having clinicians and/or nursing staff weekly call to pediatric patients for reminders of appointments. This will be measured by keeping a call log determining which patients have been contacted with monthly review of call log.

**#3: Develop a biannual review for residents, clinical staff and nursing staff** to update immunization compliance standards to improve clinician awareness.

This will be accomplished by including biannual updates for residents as part of the Grand Rounds schedule and inviting outside authorities and experts to update training and immunization standards. Nursing staff and clinic staff will be involved in biannual in-service training to maintain updates and status reviews. This will be measured by sign-in sheets for Grand Round presentations and clinical staff in-service with a goal of 100% attendance .

**# 4: Decrease delinquent or missed immunizations** through use of electronic health record alerts.

This will be accomplished by creating alerts in the electronic health records to alert clinicians and nursing staff regarding delinquent or missed immunizations. This will be measured quarterly by reviewing the alerts and reviewing associated charts to determine if patients received appropriate immunizations.

## SUMMARY OF CURRENT IMMUNIZATION RATES

VACCINE	U.S. Overall Q1-Q4 2008, NIS Compliance %	Current Compliance %
<b>4+ DTaP</b> ≥4 doses of any diphtheria and tetanus toxoids and pertussis vaccines including diptheria and tetanus toxoids, and any acellular pertussis vaccine TP/DTaP/DT	84.6 ± 1.0	27.00
<b>3+ Polio</b> ≥3 doses of any poliovirus vaccine	93.6 ± 0.6	24.00
<b>1+ MMR</b> ≥1 dose of measles-mumps-rubella vaccine	92.1 ± 0.7	39.00
<b>3+ Hib</b> ≥3 doses of <i>Haemophilus influenzae</i> type b vaccine	90.9 ± 0.7	39.00
<b>3+ Hep B</b> ≥3 doses of hepatitis B vaccine	93.5 ± 0.7	24.00
<b>4+ PCV 7</b> ≥4 doses of pneumococcal conjugate vaccine	80.1 ± 1.1	24.00
<b>1+ Var</b> 1 or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness	90.7 ± 0.7	33.00
<b>2+Hep A</b> ACIP expanded recommendation to children 12-23 months in May 2006	40.4 ± 1.2	39.00
<b>VACCINE SERIES</b>		
<b>4:3:1:3:3</b> 4 or more doses of DtaP, 3 or more doses of poliovirus vaccine, 1 or more doses of any MMR, 3 or more doses of Hib, and 3 or more doses of HepB	78.2 ± 1.1	N/A
<b>4:3:1:3:3:1</b> 4:3:1:3:3 plus 1 or more doses of varicella vaccine	76.1 ± 1.1	N/A
<b>4:3:1:3:3:1:4</b> 4:3:1:3:3:1 plus 4 or more doses of PCV7 + 1 or more doses of varicella vaccine	68.4 ± 1.2	N/A