

Title of Intervention: Immunization intervention program for high-risk children

Intervention Strategies: Campaigns and Promotions, Provider Education, Individual Education, Environments and Policies

Purpose of the Intervention: To improve influenza immunization for high-risk children and adolescents

Population: High-risk children

Setting: Health care facilities in the greater Cincinnati area; health care facility-based

Partners: Regional cystic fibrosis centers, clinics associated with Cincinnati Children's Hospital Medical Center, community-based pediatric practices

Intervention Description:

- Campaigns and Promotions: One clinic displayed posters of ongoing results of the program. A few clinics added flu immunization reminders to their "on hold" phone message.
- Provider Education: One clinic chose to start using reminder stickers placed on patients' charts - another clinic developed a packet of educational materials for all staff.
- Individual Education: Most clinics chose to use immunization reminder postcards, letters, phone calls - another clinic developed a packet of educational materials for all patients.
- Environments and Policies: Many clinics chose to implement a web-based patient registry that identifies and tracks high-risk patients. Some clinics chose to move to a standard vaccine order system to reduce confusion with ordering. Some clinics chose to set up new preparation procedures with pharmacies to ensure an adequate vaccine supply. Some clinics started an open clinic policy where patients could get walk-in or same-day immunizations.

Theory: Diffusion of Innovation

Resources Required:

- Staff/Volunteers: Health care facility providers, project leaders, staff
- Training: Not mentioned
- Technology: Computers and software
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Posters, postcards, letters, mailing materials, phone lines, educational materials for medical staff and for patients, stickers and vaccine doses
- Evaluation: Survey, access to medical billing records

Evaluation:

- Design: Non-comparative study
- Methods and Measures:
 - A project leader web-based survey evaluated the intervention and its implementation.
 - Medical billing records were examined to determine the proportion of the population that had been immunized.

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: There was a significant increase in immunization rates

Maintenance: Not mentioned

Lessons Learned: The most frequently implemented change concepts were posters in the office, walk-in clinics or same day appointments and reminder phone calls. The interventions deemed most helpful were weekend or evening "flu shot only" sessions, walk-in or same day appointments, reminder calls and special mailings to families.

Citation(s):

Britto, M.T., et al., Improving influenza immunisation for high-risk children and adolescents. *Qual Saf Health Care*, 2007. 16(5): p. 363-8.