2022 Washington State Public Health Association Abstract

Background:

The Washington Chapter of the American Academy of Pediatrics, Seattle Children's, Public Health Seattle King County and the Washington State Department of Health (DOH) have joined forces on the Washington Child Health Improvement Partnership, funded by the Best Starts for Kids (BSK) initiative and DOH.

WA-CHIP is modeled on the framework developed by the National Improvement Partnership Network (NIPN), which is a network of over 20 states that have developed Improvement Partnerships to advance quality and transform healthcare for children and their families.

Pediatric Improvement Partnerships bring together key players from across the healthcare system who can affect desired changes. This includes Medicaid, public health, professional organizations, academic institutions, children's hospitals, healthcare delivery institutions, policymakers, and insurers.

Partnerships actively support provider capacity to **improve child health and to measure performance**. Pediatric Improvement Partnerships develop and disseminate best practice and convene state and community partners to improve policy to support best practices.

Implementation:

There are many reasons to optimize vaccination rates in King County and Washington State, but there is currently none bigger than to recover from the reductions ushered in by the pandemic. The number of vaccine doses administered to 4–6 year-olds and 13-17 year-olds in Washington State still continues to lag behind average 2015-2019 rates.

The WA-CHIP Childhood and Adolescent Vaccinations learning collaborative is a 9-month commitment in which clinics of each cohort identify opportunities to increase childhood and adolescent vaccinations. This includes implementing improvements, receiving regular data, coaching, and benefitting from participation in a community of clinics working toward the same goals. At each site we require a clinical leader and a project leader who are responsible for introducing and executing intervention efforts at their clinic.

Clinical Leader: This person should be a clinician, have a comprehensive understanding of how the clinic operates, and have a strong interest in quality improvement. For this project, they provide insights into areas of opportunity and how a new intervention would be received. The clinical leader does not have to be a physician but should have a direct patient care role. *Examples: Physician, Nurse Practitioner, Physician Assistant, Registered Nurse.*

Project Leader: This person serves as the project manager for this project at their clinic. They ensure materials are shared with clinic staff, the selected QI intervention is implemented, and data is shared with WA-CHIP leaders. This leader should be comfortable with peer-to-peer instruction and have time to dedicate to the project. *The project leader must have experience using the Washington State Immunization Information System (WA-IIS) in their clinic.*

The clinical leaders and project leaders are partnered with coaches from Seattle Children's hospital, Public Health Seattle and King County and the Washington Chapter of the American Academy of Pediatrics. There

are monthly meetings made up of cohort calls and practice-team check-ins. During these meetings the attendees can raise questions or concerns to their assigned QI coach and review data that is submitted by the appointed person at each clinic in preparation for the "cohort calls," which include all participating clinics. The data is submitted through a survey tool, which includes 32 chart reviews per month for 4-6 year-olds and 32 chart reviews per month for 11-17 year-olds.

The WA-CHIP Childhood and Adolescent immunizations learning collaborative encourages focus on the recommended immunization practices by CDC and WA State school requirements. These include:

- 5th DTaP, 4th IPV, 2nd MMR, and 2nd Varicella as well as three Hep B doses for 4-6 year-olds and children entering school.
- Tdap, Meningococcal, and three doses of HPV for 11-12 year-olds

Limitations:

The project limitations include the current staffing crisis and provider/ staff burnout due to COVID-19 pandemic needs:

> *"Since the beginning of 2020, hospitals, health systems and post-acute care providers — along with our doctors, nurses and other team members — have been on the front lines of the COVID-19 pandemic, working tirelessly to provide lifesaving care for patients, families and communities. Their steadfast mission of caring and compassion has saved lives, healed families and helped to protect communities… The staffing crisis currently plaguing our nation's hospitals is only expected to worsen. In 2017, more than half of nurses were age 50 and older, and almost 30% were age 60 and older. According to Bureau of Labor Statistics data, it is anticipated that 500,000 nurses will leave the workforce in 2022, bringing the overall shortage to 1.1 million nurses. And due to significant shortages of faculty, classroom space and clinical training sites, nursing schools actually had to turn away more than 80,000 qualified applicants in 2019. These data highlight the need to develop and implement longer-term solutions to avoid the further deepening of this crisis, which includes investing in more opportunities and slots for health care workers in the pipeline."* - American Hospital Association

Healthcare systems have been greatly affected by the pandemic and need external support and encouragement to continue to offer vaccinations whenever possible.

https://www.aha.org/lettercomment/2022-03-01-aha-provides-information-congress-re-challenges-facing-americas-health

Conclusion:

Getting involved in a project that is focused on increasing vaccination rates, such as WA-CHIP, makes lasting changes and can also help improve other areas of healthcare practices.

Cohort 1 Participant, Elizabeth Hadland, ARNP:

> *"This KCHIP (now WA-CHIP) project has helped to see how small interventions can make a big difference. I would like to take this learning experience and apply to many other areas in our practice to help with increasing all vaccination rates and see what does and does not work well.*

This has been valuable to both our patients and us as a practice, and I am grateful we were participants."

Cohort 1: Four clinics reached 11,000 adolescents. Clinics reported cohort calls, QI coaching, and cross-clinic collaboration were instrumental in implementing their interventions.

Cohort 2: Nine clinics reached over 7,000 adolescents and successfully contacted 2,438 adolescents needing vaccinations. The cohort reduced their missed opportunities by 39%.

Cohort 3: Ten clinics successfully contacted 2,300 adolescents needing vaccinations and reduced their missed opportunities by up to 20%.