

Testing for Improvement Case Study

(This case has been adapted from an original case developed by HRSA)

<https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/testingforimprovement.pdf>

The Problem

Redline Health Clinic (RHC) provides primary care services in a rural community. The RHC Quality Improvement (QI) team monitors several quality care measures. Recently, the QI team noticed that many adult patients were not receiving appropriate influenza vaccinations per the adult immunization guidelines. The QI team met and reviewed the information collected from the practice management system. In analyzing data on adult influenza vaccinations, the team noted only 50 percent of patients aged 50 to 64 years received the influenza vaccine. This finding concerned the QI team, because annual influenza epidemics are a leading cause of death in the United States adult population. Given the risk for adults who do not receive influenza vaccinations, the team decided to focus its improvement efforts on increasing the rate of adult patients receiving an influenza vaccine. The QI team decided they would begin by setting a goal or an aim for the improvement project. The team reviewed State statistics when setting its goal and came up with the following aim statement:

Over the next 12 months, we will redesign the care systems of RHC to ensure that 80 percent of patients aged 50 to 64 years have been screened, and if clinically appropriate, will receive influenza immunization.

Initially, it was thought the care team members forgot to inform patients about the importance of proper vaccination for influenza, but the care team assured this point was stressed with patients. The QI team developed a simple and efficient approach to determine why patients were not receiving their influenza vaccines and decided to use sampling to further analyze the situation. To avoid burdening its overworked schedule, the QI team randomly chose 15 patients, aged 50 to 64 years, who were not vaccinated for influenza.

The team divided the 15 patient charts equally and phoned each patient to determine why he or she did not receive the influenza vaccine. Each team member had three patients to contact. The QI team successfully contacted 10 patients. Four reported being anxious about having a vaccination due to pain and fear of needles; two patients feared they would get the flu from the vaccine; two patients reported an allergy to eggs, and two patients reported "never been sick a day in their life" and felt the vaccination was unnecessary. Of the five not reached, three patients had disconnected phone numbers and two patients did not return the phone call.

Testing a Change

Since 60% of the patients reached (6 of 10) reported some type of fear or anxiety as a reason for not receiving their influenza immunization, we have provided you with three change ideas that seek to address possible barriers for people choosing to be vaccinated.

The change ideas are as follows:

1. A handout to be created by staff to address providing education about fears and anxiety related to vaccines (it may be worth thinking about whether or not this should be given to all patients receiving vaccines or just those who identify as anxious, fearful, and/or hesitant/skeptical).
2. A brief survey is sent to all patients who are eligible for a vaccine to gather information on what may prevent an individual from getting a vaccine at that specific visit or from an individual being compliant with vaccines in the future. This may target the specific question of “what prevents vaccine compliance,” as it may be more than just fear (e.g., cultural considerations, inaccurate information, etc.).
3. A medical assistant trained as a community health worker and able to do vaccinations does outreach to patients who have screened positive for lacking transportation on the Social Drivers of Health questionnaire (PRAPARE) administered by the health center. The medical assistant will offer the vaccination during a home visit.

In our upcoming QI Seminar, you will be assigned to a breakout group in which you will focus on one of the change ideas. Your group will go through the first stage of testing to help RHC’s efforts to improve influenza immunization rates in adults aged 50 to 64 years. The first stage of the PDSA is PLAN. Your breakout group will work on the PLAN which includes developing an outline of the initial tasks, documentation of the first logical test that you would try, and your predictions of what will happen during the test.

Plan

List the tasks needed to set up this test of change	

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds