

**MLC-2 in Kansas  
West Central Public Health Initiative  
(WCPHI)**

Five counties:  
Gove, Logan, Ness, Sheridan and Trego  
Serving a population of nearly 14,207

**Influenza Vaccination QI Team Members:**  
Cindy Mullen – Regional Coordinator

**QI County Leaders:**  
Cheryl Goetz & Maxine Litson – Gove  
Georgetta Schoenfeld & Rhonda Sperber – Logan  
Sharon Anderson & Arlene Langer – Ness  
Melanie Cooper & Heather Bracht – Sheridan  
Diana Parke & Nicole Mattheyer – Trego

**Quality Improvement  
Story Board**



**Plan**

**1. Understand the system and select the team**

**How did we know there was an opportunity?**

- Team brainstorming
- The anecdotal information gathered during conversations with nurses and other local health departments' staff suggested that influenza vaccination rates are too low in the West Central region.

**Initiative participants:**

- One regional coordinator and two staff members from each of the five participating counties

**Considered problems previously identified in:**

- Evaluation of data gathered for the region from 2004 to 2006
- The regional vaccination rate is lower than CDC recommendation that all children ages 6 to 59 months should receive influenza vaccine yearly

**2. Define the opportunity**

**Problem statement:**

Influenza vaccination rates for children ages 6 months to 59 months in the West Central public health region are too low.

**Primary clients/stakeholders and their needs:**

- Residents of the West Central region, specifically parents of children in the target population, need public health information regarding influenza vaccination.
- Local health departments (LHD) staff and managers need Quality Improvement (QI) training and technical assistance, such as how to abstract influenza vaccination data.
- Local health departments, day care providers, child care licensing surveyors, preschools, school districts, Kansas Association of Child Care Resource and Referral Agencies, physician offices, WIC, and Head Start need educational materials for patients and professionals.

**3. Study the current situation**

**The following data collection tools were used to gather baseline data for the project:**

- PHClinic (public health clinic management software)
- KSWebIZ (Kansas immunization registry)

**Through collected data, the team identified low influenza vaccination rates (less than 50 percent in each county) in 6- to 59-month-old children in the region:**

- Analyzed maps of current processes to determine areas of improvement
- Participated in the region's QI workshop on July 18, 2007

**4. Analyze the causes**

After conducting an initial root cause analysis (Fishbone Diagram) of the possible reasons for the low influenza vaccination rates in the region, the team found that an overlapping issue in various categories was lack of parent knowledge/education regarding influenza vaccination.

**Root causes of low influenza vaccination rates in 6- to 59-month-old children:**

- Information about the flu vaccine for children ages 6 to 59 months is not readily available for the public.
- Physicians are not recommending influenza vaccine for children of all ages.
- LHDs have not previously directed efforts to educate parents and providers about the vaccine.
- The region does not have uniform, printed materials about the flu vaccine.

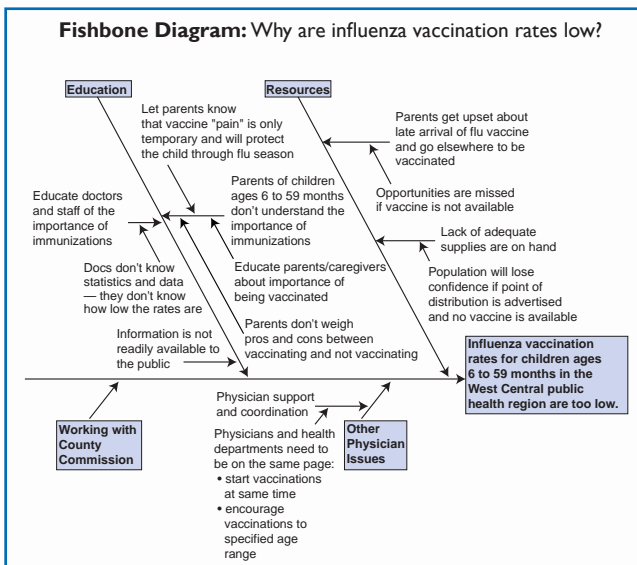
- Conduct public information campaign:
- Run various advertisements in each local county newspaper
- Run public service announcements on area radio stations



**Check**

**Project results:**

- By the end of the project period, there was an increase of 62 percent over the previous three year average for the months of October and November in the number of 6- to 59-month-old children vaccinated (see chart below).
- Increased collaboration between local health departments, day care providers, child care licensing surveyors, preschools, school districts, Kansas Association of Child Care Resource and Referral Agencies, physician offices, WIC and Head Start
- Started learning how to extract data from multiple sources in the region and the possibilities of extracting data for other purposes



**Act**

**1. Standardize the improvement**

- Continue to use PHClinic and KSWebIZ to look at all immunizations, including flu vaccination
- Continue to educate and promote the importance of flu vaccination to the target population prior to each flu season
- Continue to foster collaboration between LHDs and physician offices
- Continue to utilize QI tools in day-to-day activities

**2. Reflect and establish future plans**

- QI will be expanded to other areas of the region
- Continue familiarizing LHD staff with QI concepts, tools and methods

**Do**

**Select and implement a theory for improvement**

**Activities:**

- Pull up information and statistics about the flu
- Review evidence and recommendations for increasing influenza vaccination rates
- Calculate type and quantity of vaccine necessary
- Order vaccine
- Identify locations suitable for outreach activities
- Select and print campaign materials (posters and fact sheets) from the CDC Flu Gallery
- Distribute print campaign materials to health care clinics, elementary schools, hospitals, health departments, day cares and preschools
- Create postcards to send directly to all targeted families

