

# IMMUNIZATION DATA ENTRY QUALITY IMPROVEMENT PROJECT

DESCHUTES COUNTY HEALTH SERVICES (OREGON)

FTEs: 56/POPULATION SERVED: 158,000



## PLAN

**1. Team:** Key staff in QI and Immunizations comprised the team.

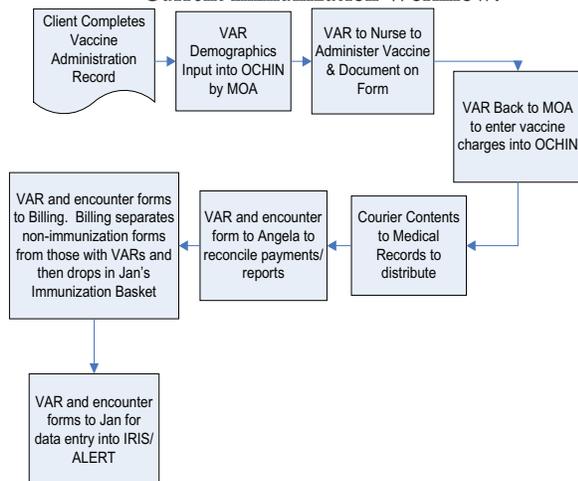
### 2. Identify the Problem

The Oregon State Immunization Program Triennial Review in May 2010 found that DCHS immunization data entry did not meet the necessary benchmark of 80% of data being entered into the State IRIS/ALERT database within 14 days of vaccine administration. Addressing this issue would satisfy measure 9.2.2B: two examples of implementing quality improvement.

**AIM Statement:** 95% of all immunization administration data from all Deschutes County Public Health clinics will be entered into IRIS/ALERT within 14 days of administration.

### 3. Examine the Current Approach

#### Current Immunization Workflow:

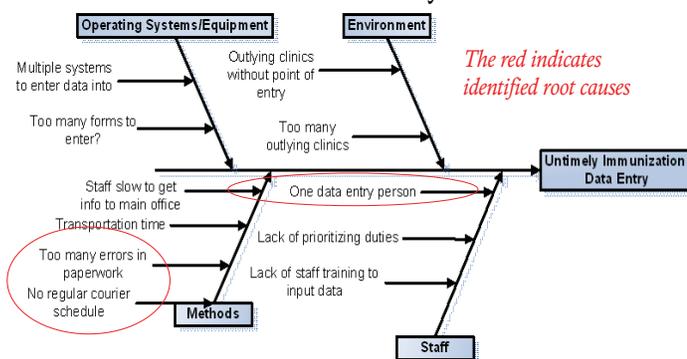


#### Baseline Data Entry Jan 08 – Oct 2010

% of Immunization data submitted within 14 days

Site	2008 Avg.	2009 Avg.	2010 Avg.
Clinic Lapine	62%	61%	71%
Clinic Bend	65%	61%	54%
Clinic Redmond	56%	46%	63%
SBHC Lapine	49%	54%	57%
SBHC Ensworth	24%	64%	67%
SBHC Lynch	14%	46%	33%

#### Root Cause Analysis



### 4. Identify Potential Solutions

Potential solutions included adding an additional staff member to conduct data entry, develop a consistent courier schedule, and eliminate unnecessary rework and quality checking that result in interruptions of data entry.

### 5. Develop an Improvement Theory

If a regular courier schedule can be established, additional staff can assist with data entry, and immunization paperwork is checked for accuracy, then immunization data entry timeliness will be improved across clinics.

## DO

In response to our improvement theory, four interventions were conducted and data were collected following a one month period.

### 6. Test the Theory

The following improvements were implemented over a one month period in response to the improvement theory:

- Developed and implemented a regular courier schedule.
- Allocated an additional staff member to be trained to complete data entry for the Bend Clinic.
- Trained Front Office staff to check immunization paperwork for completeness at the time of service to eliminate re-work later.
- Re-trained clinicians to accurately complete paperwork and now hold them accountable for errors.

## CHECK

### 7. Check the Results

The results from the first data collection, 11/30/2010, are as follows:

Site	11/2010	11/2009	11/2008
Clinic Lapine	0%	100%	62%
Clinic Bend	68%	27%	39%
Clinic Redmond	78%	28%	17%
SBHC Lapine	67%	32%	29%
SBHC Ensworth	86%	86%	26%
SBHC Lynch	38%	21%	27%

On average, across all clinics, there was a 31% increase in data entry timeliness. Given the above results, it was determined that the interventions resulted in improvements at the majority of clinics. It is anticipated that a higher increase in data entry timeliness will be achieved by the next data collection of 12/31/10.

## ACT

### 8. Standardize the Improvement or Develop New Theory

The test has been adapted by extending the study time. If additional improvements are achieved the improvement will be standardized.

### 9. Establish Future Plans

Data will be collected until July 1, 2011 at which time the full effectiveness of the changes will be analyzed. Subsequently, data entry rates will be monitored on a six month basis to ensure the maintenance of the improvements.