

A3 Problem Solving

A tool for Continuous Quality Improvement

Project Title:
Prenatal (PN) Vaccination Project

Team Members/Role: Project Intern-Frances Hopkins
Sonoma County Indian Health Project MA's, RN's, Providers facilitating project

Date: 2/15/2021
Revision: 3/6/2021

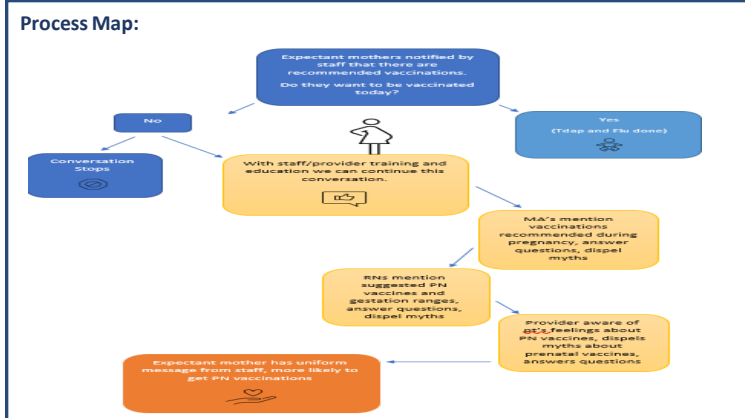
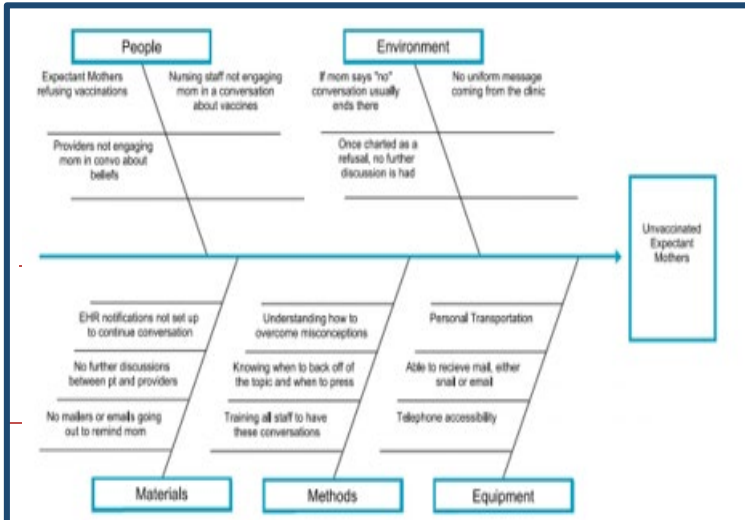
Define: Problem Statement Only 30% of expectant mothers are vaccinating for Flu and Tdap leading to less antenatal and post partum protection against common, preventable diseases.

Goal: Vaccinate 100% of expectant mothers

Benefits: Better maternal/fetal outcomes, less hospitalization, better bonding post partum.

SMART Objectives
Specific -> converse with expectant mothers regarding PN vaccination.
Measurable -> use EHR to track who is having the PN vaccinations conversation with pt, their concerns about vaccinations.
Achievable -> consistent messaging about PN vaccinations, regardless of which team member is having the conversation.
Realistic -> 100% participation, 200% increase in PN vaccination
Time-Dated -> starting 1/1/21 to 6/30/21

Scope:
This project is specific to the Native American Population in Santa Rosa, CA at the Sonoma County Indian Health Project. It can be applied to any clinic or community where low PN vaccination levels are causing poor maternal-fetal outcomes.



Key Metrics: Using a pre-vaccination questionnaire <25th week PNC visit and another >36th week PNC visit, measure learning and comfort level with prenatal vaccinations with expectant mothers. At the end of each PDSA cycle check in with entire medical staff to see if improvements to message or training are indicated to keep up with concerns of population.

Measure: Baseline Process

- * Prior to the first PDSA staff education cycle staff would ask expectant mothers of their intention to vaccinate and would stop the conversation after yes/no answer.
- * Mother's may or may have not had a deeper conversation with their provider about the necessity of the PN vaccinations, therefore education and myth dispelling were not always done.

Interventions:

- 1) All medical staff training to unify message going out to expectant mothers.
- 2) Continue conversation with expectant mothers to educate and listen to their vaccination concerns. Conversation and outcome documented in SOAP note.

Responsible Person	Date
MA's, RN's, Providers	
Providers	

Improve: Results / Actions

- *Initial education for staff was done to create unity of message (1st rapid cycle PDSA)
- *Consistent messaging with expectant mothers has yielded 5 out of 28 mother's either receiving or scheduled to receive Tdap and Flu vaccinations. Last year 4 out of 29 mother's were vaccinated at this time.

Reason	Count
Will hurt pregnancy	7
Will get sick	6
Tracking device	1
Vaccine made from fetal tissue	2
rather take chance	9
unwilling to state belief	3

Control: Sustainability

- Keeping the message consistent with mothers will increase participation in PN vaccinations and may spill over to friends and family members.
- Medical team has greater confidence engaging in these conversations and the population will have better maternal-fetal outcomes as a result of higher vaccination compliance.

