



## New Mexico Department of Health Immunization Program

# Immunization Update

Summer 2007

News for New Mexico VFC Providers

### Tips from the Field

*In this issue we bring you immunization solutions from the real experts: New Mexico VFC providers and their staff, Shot Nurses, and Public Health Staff.*

Contents include:

- Getting Kids Back In: Reminder/Recall
- It Takes a Team
- Quality Improvement at Presbyterian
- Back-to-school Shots
- A Streamlined 'Done by One'

### Shots on Time: Reaching All of New Mexico's Kids

All VFC providers are encouraged to participate in quarterly immunization events being planned for New Mexico over the next year. This is a chance to help get New Mexico kids up-to-date and connected to a 'medical home'!

Any VFC provider can participate by agreeing to give no-appointment, no-cost shots during these weeks. Special evening and Saturday clinics are especially encouraged. These events are sponsored by the NM Primary Care Association, the NM Immunization Coalition, and the NMDOH. Contact the NMIC (apentler@unm.edu) or the NMPCA (egoode@nmpca.org) for more information and promotional materials.

Dates are: 2007: November 12-17 *Tiny Tots Need Their Shots*  
Flu shots & catch-up immunizations

2008: February 11-16 *Catch Up on Flu*  
2nd Flu dose & catch-up immunizations

April 21-26 *National Infant Immunization Week*  
Catch-up immunizations

August 4-9 *Shots for School*  
Catch-up immunizations for school and preschool

### Reminder and Recall Strategies

**Recall 101: No computer needed!**

When a child under the age of 3 comes in, mark the outside of the medical chart (post-it notes could be used) with a number from 1-12 signifying the month of the next required visit (e.g. 6=June), so it can be seen when the chart is filed. To catch children who miss appointments, go to the record room once a month to check for any remaining charts from previous months. Pull the chart and call the parents of these children to schedule a recall visit.

**For providers who can generate lists of patients by age & birth date:**

Children should be up-to-date for their first year of shots by 16 months. Generate a list of 16-month-olds and review their charts for any missing immunizations. This method has the advantage of limiting the number of charts staff review for recall each month, but does require time from a staff person who can interpret shot records. -Shot Nurse Team at Rio Grande Medical Group, Las Cruces

**Using computer calendar 'Task' functions for patient reminder or recall:**

When a follow-up appointment is made, open your computer's calendar function. For users of MS Outlook, click on the 'Task' folder in the top left menu. Click 'New' on the top toolbar. Enter the child's name, phone number, and shots due as the subject, and the date of the next appointment on the 'due date' line. Then, check the 'Reminder' box and enter the date you wish to make reminder calls next to it. When you open MS Outlook on that day, a reminder box will pop open with reminders to call patients. -Santa Teresa Medical Center, Santa Teresa



Photo: CDC

### ***Making Shots Easier— for Everyone!***

Shots make kids cry and parents anxious. Make vaccination sessions go more smoothly by being prepared and having all your materials in order. The VFC Program and providers from around the state offer these suggestions:

#### **Before the session**

- Reduce waiting times and make waiting rooms inviting and child-friendly.
- Hand out Vaccine Information Statements (VISs) to parents before the session so they can read them ahead of time.



*Young Children's Health Center in Albuquerque has vaccines clearly labeled for quick and easy access.*

#### **During the session**

- When giving IM shots to infants, have the parent distract the child whose legs hang over the edge of the exam table (see also photo at right) by holding the child with criss-crossed hands over the child's heart and talking quietly to him or her. Pin the child's legs with your body and use the anterior thighs for the injection site. It's quick with minimal constraint.
- Do you have a child who needs multiple shots? Your VFC representative can show you techniques for giving up to 7 shots in the same session.

*"We have ice pops for everyone at the end of a vaccination visit."*

*Farmington Health Center*

### ***No Missed Opportunities: It Takes a Team***

At Dr. Parveen's Pediatric Care in Albuquerque, getting kids the shots they need is a team effort. "It's very simple and easy; it takes only a few minutes. At any office visit we check immunization records and update the vaccines," says Dr. Parveen.

Dr. Parveen has consistently high coverage rates; a 2007 coverage survey showed 98% of her 2-year-old patients were fully immunized.



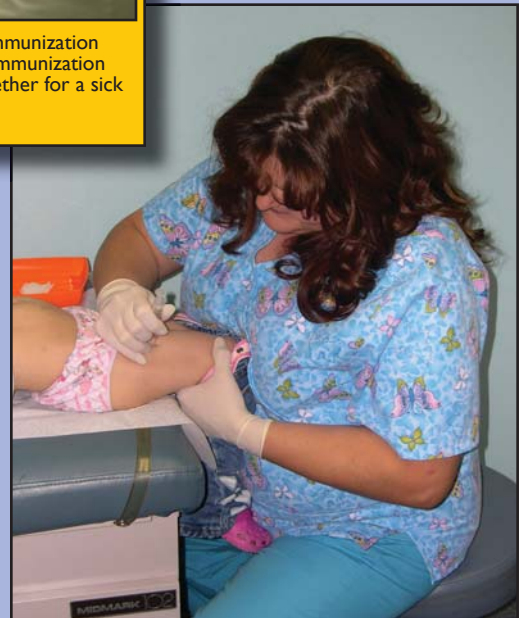
Every morning, receptionist Ernestine Pedroncelli checks the charts of children being seen that day. If a child scheduled for shots misses an appointment, she contacts the family to reschedule the appointment.



Dr. Parveen has maintained consistently high immunization coverage for her patients by checking patient immunization records whenever they come to the clinic, whether for a sick or well visit.



Nurse LeeAnna Hall administers immunizations. By using the technique shown on the right, a parent can distract an infant during an intramuscular injection. Any child too sick to receive immunizations is scheduled for a later immunization-only visit, if needed.





***A Helping Hand:  
Partnerships Working Together  
for New Mexico's Kids***

### **Pay for Performance: The Presbyterian Model**

In 2005, Presbyterian Health Plan in New Mexico decided to spotlight quality improvement of immunization delivery. As a first step, each Presbyterian site established a Primary Care Committee that worked with Dr. Sylvia Crago, Medical Director for Presbyterian's Pediatric Primary Care, to identify where obstacles existed that kept kids from being fully immunized.

Then, they initiated steps to overcome these barriers including:

- Designating a provider immunization champion at each site;
- Setting up standing orders for immunizations at all sites;
- Setting up standard immunization protocols for Presbyterian Medical Group, including, for instance, use of Pediarix for infants;
- Routinely generating lists of children still needing immunizations before they approach their second birthday; providers can then contact the parents of these children so they can be brought up-to-date.

As an incentive to promote a culture of quality, a provider pay-for-performance system was put in place based on provider 'report cards'. Contractor staff perform quarterly CASA coverage assessments at all Presbyterian sites. Then, providers at each site share in financial bonuses based on how well the patient population of their site is immunized.

Presbyterian's sites have made significant and consistent improvements in coverage levels since the program's inception. Other VFC providers interested in doing internal quality improvement for immunization may contact the DOH Immunization Program for assistance.

### ***Back-to-School Shots***

In the fall of 2007, Tdap will be required for all incoming 7th graders if at least 5 years have passed since their last tetanus-containing vaccine. Statewide, over 20,000 new 7th graders will need Tdap for school entry. (Tdap is required for grades 8-10 only if 10 or more years have passed since the last tetanus-containing vaccine was received.)

VFC providers should take this new requirement into account for back-to-school physicals and other office visits.

Strategies used for reaching this school-age group in New Mexico include:

### **Points of Dispensing Clinics**

DOH staff in the Las Cruces area have collaborated with Emergency Preparedness staff in Points of Dispensing, or POD, practice exercises, which are used as preparedness training for distribution of medicines or vaccines during emergency situations. In April, nursing students from NMSU assisted with clinics that immunized some 1,300 of the 1,800 6th graders in the area who needed Tdap for entry into 7th grade.

In early August, a team of over 20 nurses and Las Cruces professionals will conduct POD exercises to give shots at schools and community centers.

### **Flexible Hours!**

Special evening and other after-hours clinics help working families make time for preventive visits.



VFC providers who use New Mexico's Done by One schedule often want to know which combination of vaccines will allow them to vaccinate children at the earliest opportunity with the fewest number of shots.

Shown at the right is an example of a series that gets a child 'Done by One' with only 14-16 shots, compared to up to 21-23 shots if other single antigen vaccines are used.

Thanks to Shot Nurses Marianne Panzini-Rosenthal & Nancy Rivera for assistance with this schedule.

### Getting "DONE BY ONE" With Fewer Shots

You may use this schedule whether or not the birth dose of Hepatitis B has been given.

Two Months Old	Four Months Old*	Six Months Old*	12 Months Old* (Minimum age!)
Pediarix #1	Pediarix #2	Pediarix #3	DTaP #4
PedVax Hib #1 (3 dose series)	PedVax Hib #2		PedVax Hib #3
Prevnar #1	Prevnar #2	Prevnar #3	Prevnar #4
Rotavirus #1	Rotavirus #2	Rotavirus #3	
			MMR #1**
			Varicella #1**
			Hepatitis A #1 (Will need a second dose in 6 months.)
		Flu shot if flu season. (Must return in one month for booster.)	

\* It is essential that the minimum interval between doses be maintained if a child starts shots later than two months of age. See Footnotes on Done by One Schedule or consult Pink Book for details.

\*\*MMRV Vaccine may substitute for MMR & Varicella, but will be unavailable from the manufacturer at least through the end of 2007.



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