Module 4: Other Topics
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Disclosures

None of the CME planning group, faculty, presenters, content reviewers, CME application reviewers or anyone involved in the content of these presentations has a relevant financial relationship to disclose.
CME Accreditation Statements

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Illinois State Medical Society (ISMS) through the joint providership of the Illinois Chapter, American Academy of Pediatrics (ICAAP) and the Chicago Department of Public Health. The ICAAP is accredited by the ISMS to provide continuing medical education for physicians.

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This program is eligible for continuing education credit by American Medical Technologists (AMT). Granting of credit in no way constitutes endorsement by AMT of the program content or the program’s sponsor.

Funding for this training is provided by the Chicago Department of Public Health.
Learning Objectives

01
Review Immunization Quality Improvement Program for Providers (IQIP).

02
Recognize common data quality errors and apply solutions.

03
Review pain management in pediatric patients and resources available.

04
Demonstrate strategies for staying up to date with VFC information and preparing for back-to-school vaccinations.
Immunization Quality Improvement for Providers (IQIP) Overview

Victor M. Santiago, MSHC
Vaccines For Children Program Coordinator
Immunization Quality Improvement for Providers (IQIP) Overview
IQIP Overview

• Quality improvement arm of VFC program
• Goal is to improve provider immunization service delivery with the expected result of increased vaccine uptake among children and adolescents.
  • Review/observe provider’s vaccination workflow
  • Identify strengths and opportunities for improvement
  • Provide ongoing technical assistance for implementation of appropriate strategies to increase vaccine uptake
  • Measure progress (baseline and follow-up coverage assessments)
IQIP Overview (continued)

- IQIP serves to assist and support health care providers by identifying opportunities to improve vaccine uptake, determining options for improving immunization delivery practices, and ensuring providers are:
  - Aware of and knowledgeable about their vaccination coverage and missed opportunities to vaccinate
  - Motivated to try new immunization service delivery strategies and incorporate changes into their current practices
  - Capable of sustaining changes and improvements to their vaccination delivery services
  - Able to use available data from the IIS and/or EHR to improve services and coverage
PURPOSE OF IQIP

To promote and support the implementation of provider-level quality improvement strategies designed to increase vaccine uptake among childhood and adolescent patients in adherence to the ACIP-recommended routine schedule.
Collaboration with Providers

• Consultants, not “reviewers”
• Collaborative project, not an audit
• IIS or EHR-generated coverage assessments (no chart pulls)
• Still have requirement to visit 25% of IQIP candidate providers
  • Allow programs to claim credit for QI programs if provider is already engaging in one that aligns with IQIP goals
  • Supports IQIP with multi-site providers
  • Supports working at health system level
Overview of the IQIP Process

**Site visit** (In person)
- Assess provider workflow
- Review assessment reports and set coverage goals
- Discuss/select QI strategies and provide technical assistance
- Establish action items for the Strategy Implementation Plan (SIP)
- Enter data into IQIP Database

**2-month check-in** (Phone call)
- Prepare by reviewing synopsis and notes from site visit
- Review SIP and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated SIP
- Enter data into IQIP Database

**6-month check-in** (Phone call)
- Prepare by reviewing synopsis and notes from 2-month check-in
- Review SIP and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated SIP
- Enter data into IQIP Database

**12-month follow-up** (Phone call or in person)
- Prepare by reviewing synopsis and notes from 6-month check-in
- Review SIP and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated SIP
- Review coverage levels and discuss year-over-year changes
- Enter data into IQIP Database
- Send provider high-level summary including selected strategies, coverage levels, and final SIP; encourage continued efforts
IQIP Requirements
Provider Site Selection

• One-fifth of an awardee’s required IQIP visits may be fulfilled by crediting provider participation in alternate QI programs as long as it serves the IQIP purpose
  • Allows awardees to invest more time and energy into slightly fewer visits
  • May help to decrease reports of provider fatigue
  • Recognizes meaningful contributions made by other, non-CDC QI programs
Site Visit

Requirement: Documentation of the site visit in the IQIP Database is required within 10 business days after the site visit.

Requirement: Awardees must begin the site visit by assessing the provider’s immunization workflow.

Requirement: Awardees must ensure each provider receiving an IQIP visit selects at least two QI strategies for implementation or improvement.
Site Visit – IQIP Core Strategies

- Prioritize strategies that focus on routine provider workflow/process
- 5 QI strategies in PY3 (Jul 2021 – Jun 2022):
  - 4 CDC-defined (core strategies)
  - 1 awardee-defined (custom strategy)—optional
- IQIP is designed to be flexible and responsive
  - New strategies can replace existing strategies from year to year
  - Allows the program to stay focused while reflecting evolving CDC and awardee priorities
Core strategy 1: **Schedule next visit before patient leaves the provider site**

- Develop a plan to ensure that the next vaccination visit is scheduled before the patient leaves the office

- Identify all staff needed to execute the plan, and assign and document roles
2- and 6-Month Check-Ins

Requirement: The 2- and 6-month check-ins are not optional and must be conducted according to IQIP scheduling guidelines.

Requirement: Documentation of the 2- and 6-month check-ins in the IQIP Database is required within 10 business days after the check-in.
Promotion and support of QI strategies—2- and 6-month check-ins

- Phone call
- Discuss implementation status, any barriers encountered
- Provide motivation and support
- As with site visit, for each selected QI strategy, IQIP site visitors will describe
  - Implementation status
  - Existing gaps or limitations
  - TA provided and requested
  - Next steps for implementation (update strategy implementation plan)
12-Month Follow-Up

Requirement: If the 12-month follow-up will double as the site visit for a new IQIP cycle, then it must be done in person.

Requirement: 12-month follow-up coverage assessments must be run using the same parameters used for the initial coverage assessment.

Requirement: Documentation of the 12-month follow-up in the IQIP Database is required within 10 business days after the follow-up.
Promotion and support of QI strategies—12-month follow-up

• Providers have a full year to implement and refine the QI strategies, so follow-up assessments are more likely reflect long-term effort

• Measuring at the same time of year controls for seasonality

• Perform new coverage assessment using same parameters for year-over-year comparison of coverage levels
Procedural Pain Management in Pediatric Patients

Viktoria De Jong
Certified Child Life Specialist
Factors Influencing the Undermanagement of Children’s Pain
Introduction

• Children experience actual pain & the anticipation of pain uniquely.
• Immature coping mechanisms and developing neurological systems can lead to physiological and psychological differences.
• Pain and the distress experienced around pain can lead to lifelong impact, similar to trauma.
• High rates of procedural pain in children are preventable. This matter should be taken more into consideration, especially when you think about how often pain management strategies are being underutilized in healthcare facilities across the nation.
• Using pain management techniques are a cost effective way to reduce a child’s stress and increase their positive coping behaviors as they undergo medical treatment or anxiety provoking procedures.
Science tells us that the most effective treatment for pain is biopsychosocial.

The brain and the body are always connected which means pain is always physical and emotional.
The 5 P’s of Procedural Pain Management

• **Planning** - Increasing your awareness about past procedural experiences a child has gone through and procedural pain interventions, can help you, as a provider, make the healthcare experience for the patient and family as painless as possible.

• **Preparation** - Preparing the child, family, healthcare team and environment are essential to helping the procedure go smoothly.

• **Physical** - Physical interventions work through The Gate Control Theory. Physical stimulation alters the transmission of pain messages to the brain at the spinal level, interfering/blocking the transmission by interfering with the pain impulses.

• **Psychological** - Cognitive behavioral therapy is a well-established and empirically supported treatment for procedure related pain in children and adolescents. Distraction is the most common type of cognitive-behavioral method to pain management.

• **Pharmacological** - Pain prevention options such as Pain Ease, EMLA, Sweet Ease and Buzzy are used to decrease pediatric distress for the more common procedures children experience such as immunizations and venipuncture.
Conceptual Model of “5” P Intervention for Procedural Pain

1. Planning
2. Preparation

Child & Family: (Family centered Care)
Assess for risk of anxiety and distress, past history
of needlesticks (or other painful procedures),
Numeric/FLACC-R/Faces-R Pain Assessment based
on developmental level
Intervention with Child Life involvement including
options from the “3” P’s below
Include location and plan for siblings and parental
role during procedure

3. Psychologic
Distraction (Child life, Parent, or Clinician)
Intervention chosen with parent & child
(if cognitively able)
Behavioral Health- consulted based on
severity of assessed risk,
Psychologists can provide advanced
interventions for managing pain and
needle phobias

4. Physical
Neonate/Infant: swaddle, skin-skin,
breastfeeding, providing heel pressure prior
to heel sticks
Child: Buzzy, Comfort Holds

5. Pharmacologic
Analgesics
Anxiolytics
EMLA
Jtip
Sweetease (Sweet Ums)
Pain Ease
With continued effort, undertreated pain and unfavorable outcomes can be avoided!
Solutions for Kids in Pain (SKIP): A Call to Action
Questions?

Viktoria De Jong

Viktoria.dejong@cityofchicago.org
All the Rest

Kevin Hansen
Manager
The news bulletin serves to keep you aware of emerging VFC program, vaccine, and vaccine-preventable disease updates.

In This Issue:

COVID-19 Vaccine Updates for VFC Providers

As you have likely heard, the FDA may grant Emergency Use Authorization (EUA) for the first COVID-19 vaccine in mid-December. Since Outpatient and FQHC Healthcare Providers fall within the category of initial healthcare providers to be vaccinated, we are writing to you as to obtain planning information for the city of Chicago. Among healthcare personnel at your clinic, priority will be given to healthcare professionals who are working directly with COVID-19 patients. Any Outpatient Clinic or FQHC outside the city limits fall under the planning scenarios of IDPH which, in principle, is the same process, but through...
Launch a “Recharge Routine Immunization” Back-to-School Campaign Now

American kids missed approximately 9 million routine vaccines in 2020.

Take advantage of current low COVID-19 disease incidence this spring and get your pediatric patients back in the office for routine appointments. You can bring your pediatric patients up-to-date on vaccines and avoid a crush of back-to-school visits this fall.

CPS is resuming in-person learning, and students need their required immunizations as well as catch-up immunizations to protect them as they resume community activities including sports and school.

- [CDC Interim Guidance for Immunization Services During the COVID-19 Pandemic](#)
- Immunization Action Coalition’s [FAQ’s about COVID-19 and Routine Vaccination](#)
- NEW [CDC Vaccine Catch-up Guidance job aides](#)

As we await COVID-19 vaccine authorization for children and adolescents, we need to protect Chicago’s kids now from other diseases. We can all do that together by catching them up on vaccines required for in-person learning.
Spring Back to School (Cont)

How to start a “Recharge Routine Immunization” campaign at your clinic during the pandemic

- **Target outreach**: Use your EHR, patient portal, email, phone calls, reminder/recall letters, or texts. Identify patients due for well-child visits by running an I-CARE “Immunization Due” report (instructions attached).
- **Reassure parents**: Share information about COVID-19 safety measures your clinic is taking.
- **Get staff buy-in**: Run your clinic’s coverage rates in I-CARE and re-establish team huddles at the beginning of the day to remind clinic staff of the “recharge routine immunization” campaign.
- **Share information**: Promote the importance of routine immunizations during the COVID-19 pandemic on your website and social media.
- **Make it convenient**: Offer nurse-only quick shot visits. Consider hosting drive-thru or pop-up vaccine clinics on site. Consider weekend vaccine clinics to help busy families.
- **Share safety net options**: Educate patients who lost insurance about Medicaid and VFC.

Promote COVID-19 Vaccine alongside the Recharge Routine Immunization campaign:
One Last Thing

chicagovfc@cityofchicago.org

or

COVID19Vaccine@cityofchicago.org
“Thank Goodness it’s Over…”

Kevin Hansen

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End of Training

Congratulations, you have completed all four modules!

• Please fill out your evaluation at www.surveymonkey.com/r/2022VFC or use the QR code.
• You will only receive CME and a certificate if you have registered for and completed all four modules.
• Please reach out to Monica at MDelCiello@illinoisaap.com if you have any questions.
THANK YOU