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# Module 4: Other Topics



# Disclosure Grid

<b>Name and Credentials</b>	<b>Role in Activity</b>	<b>Was there a relevant Financial Disclosure</b>	<b>List of Mitigated Disclosures</b>
Craig Batterman, MD	Faculty/Presenter Planning Committee Member	No	N/A
David Juen	Faculty/Presenter	No	N/A
Magale Avitia MPH, CHES	Staff Content Reviewer	No	N/A
Jacqueline Tiema-Massie, DrPHc, MPH	Faculty/Presenter	No	N/A
Viktorija De Jong, BS, CCLS	Faculty/Presenter	No	N/A
Kerri M. Lockhart, MD, FAAP, TIPC	Faculty/Presenter	No	N/A
Victor Santiago, MSHC	Planning Committee Member, Moderator/Facilitator	No	N/A
Jennifer Burns, ANP	Faculty/Presenter	No	N/A
Kevin Hansen	Faculty/Presenter Planning Committee Member	No	N/A
Caroline Werenskjold, MPH	Staff	No	N/A
Stephanie Atella, MPH, CHES	Planning Committee Member Staff, Moderator/Facilitator	No	N/A



# 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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# Learning Objectives

01

Review  
Immunization  
Quality Improvement  
Program for  
Providers (IQIP).

02

Recognize common  
data quality errors  
and apply solutions.

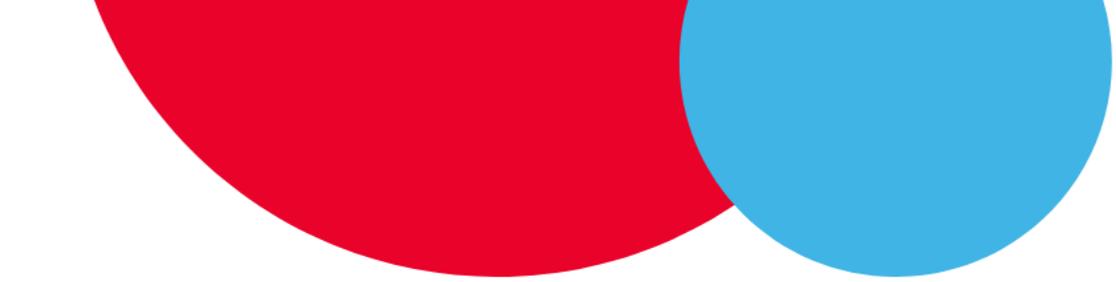
03

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.

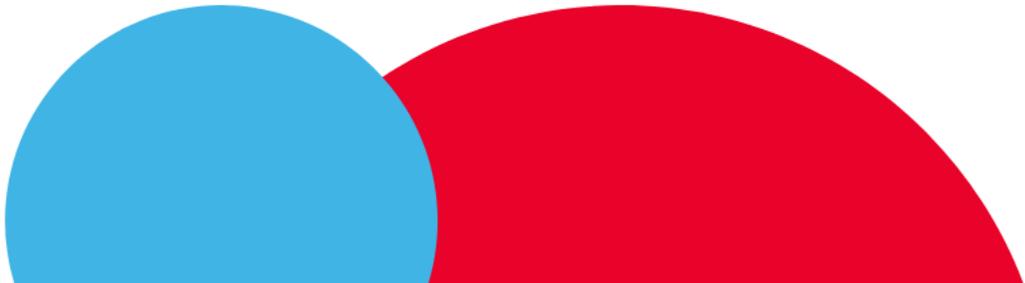




# **Immunization Quality Improvement for Providers (IQIP) Overview**

**Victor M. Santiago, MSHC**

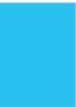
Vaccines For Children Program Coordinator





# Immunization Quality Improvement for Providers (IQIP) Overview

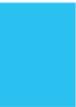




# IQIP Overview

- 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)

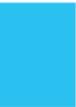
- IQIP serves to assist and support health care providers by identifying opportunities to improve vaccine uptake, determining options for improving immunization delivery practices, and ensuring providers are:
  - Aware of and knowledgeable about their vaccination coverage and missed opportunities to 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.



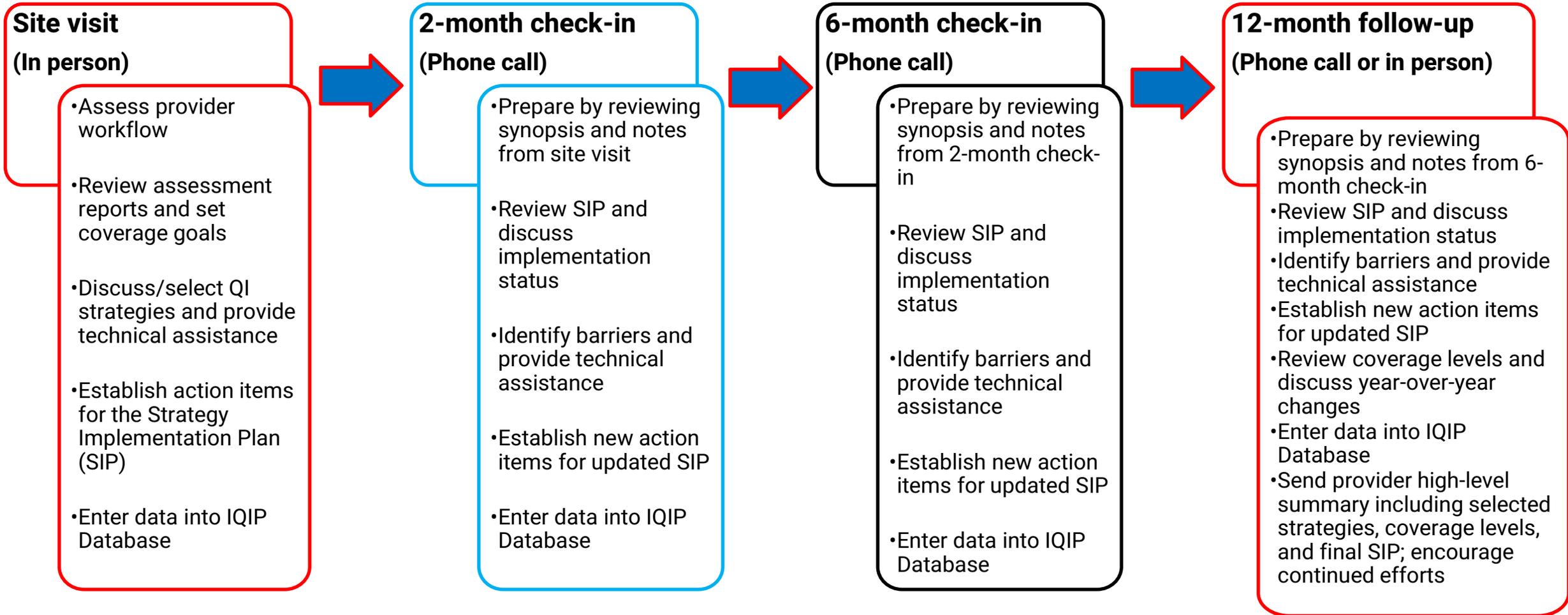


# Collaboration with Providers

- 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





# IQIP Requirements



# ★ Provider Site Selection



Requirement: Awardees must initiate IQIP quality improvement activities with 25% of CDC-defined IQIP candidate VFC providers within their jurisdiction as well as complete check-in and follow-up activities with those providers already engaged in the process.

- 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



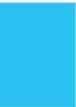
**Requirement:** Documentation of the site visit in the IQIP Database is required within 10 business days after the site visit.



**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.



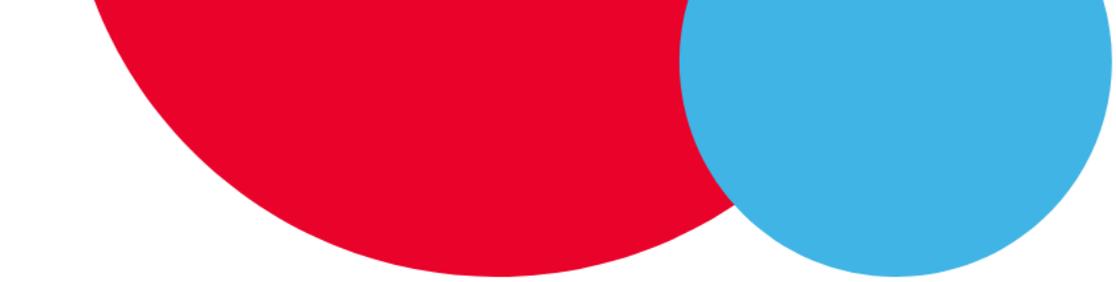
Requirement: Documentation of the 12-month follow-up in the IQIP Database is required within 10 business days after the follow-up.



# Promotion and support of QI strategies— 12-month follow-up

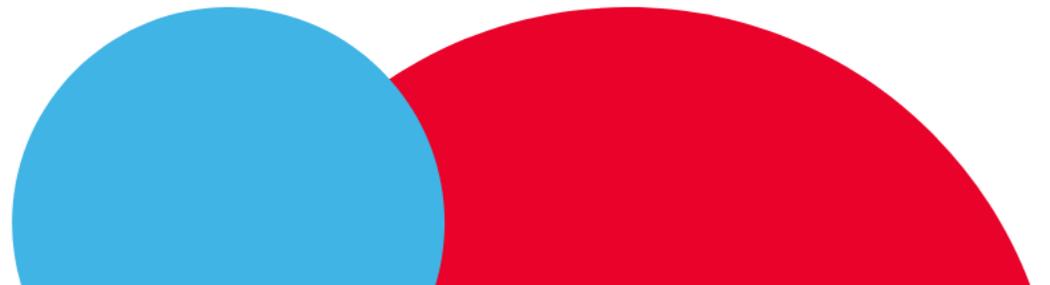
- Providers have a full year to implement and refine the QI strategies, so follow-up assessments are more likely reflect long-term effort
- Measuring at the same time of year controls for seasonality
- Perform new coverage assessment using same parameters for year-over-year comparison of coverage levels





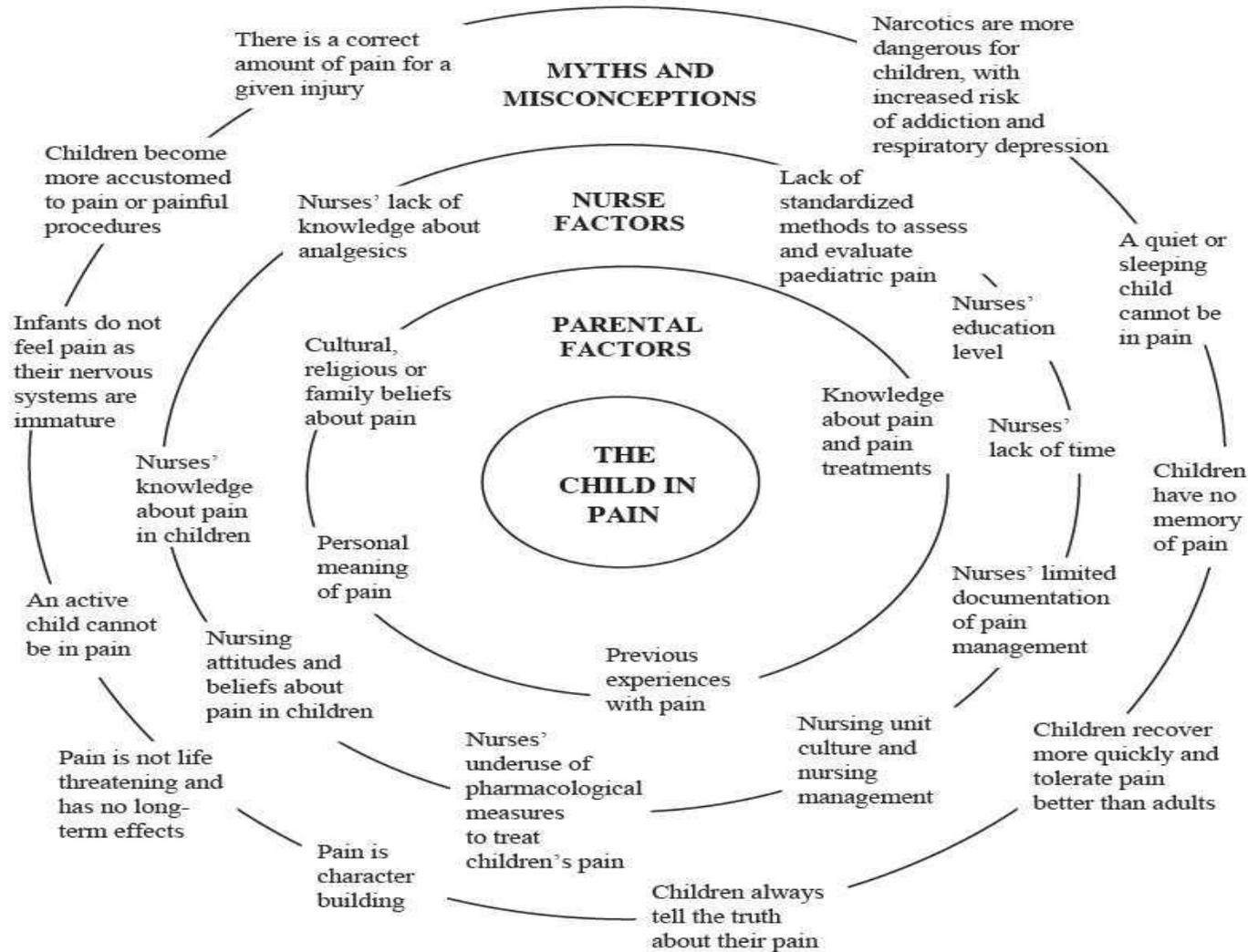
# **Procedural Pain Management in Pediatric Patients**

**Viktorija De Jong**  
Certified Child Life Specialist





# Factors Influencing the Undermanagement of Children's Pain

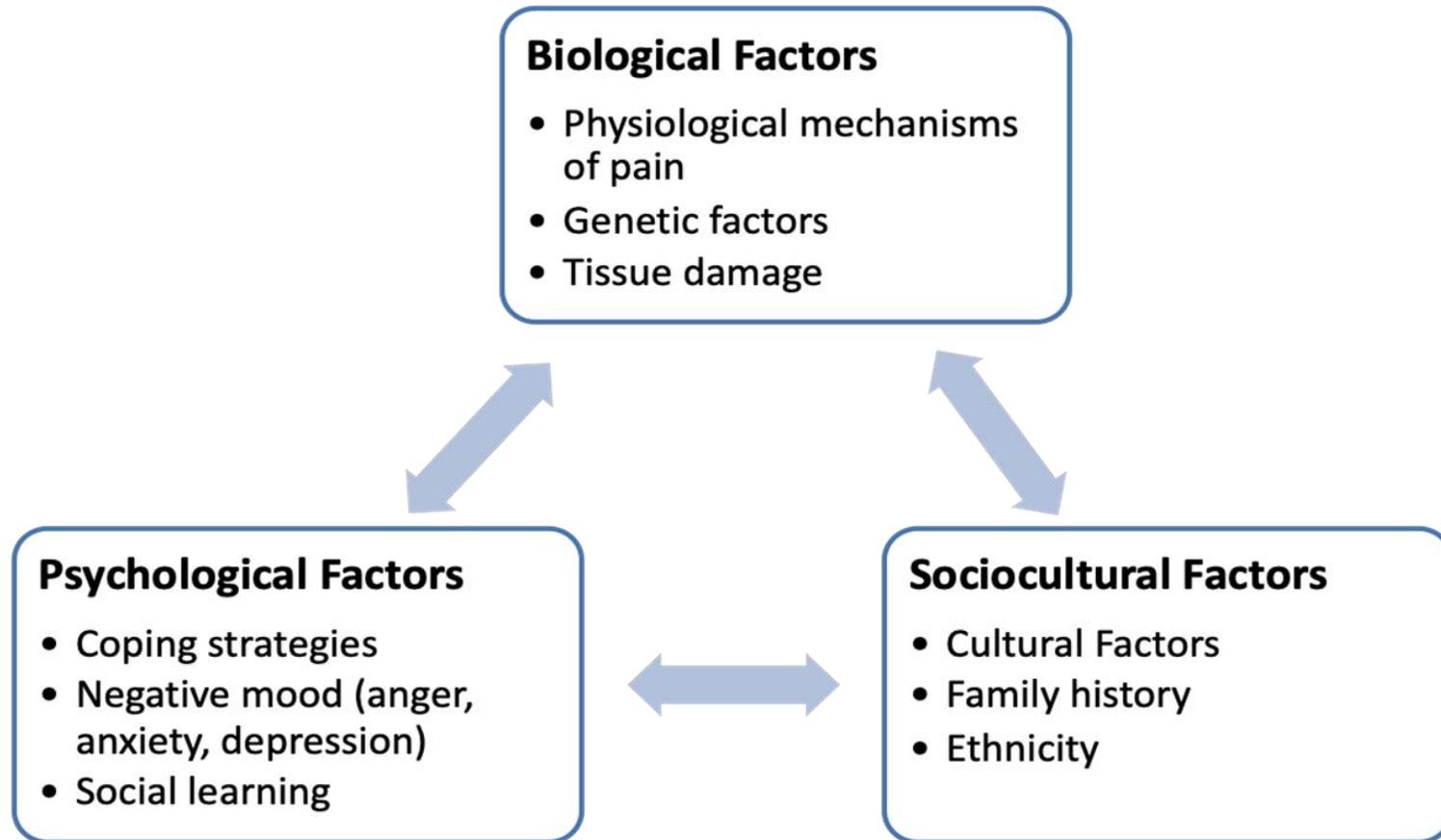




# Introduction

- 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.
- 

# ★ Biopsychosocial Model of Pain



- 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



# References



- Canbulat N, Ayhan F, Inal S. Effectiveness of external cold and vibration for procedural pain relief during peripheral intravenous cannulation in pediatric patients. *Pain management nursing : official journal of the American Society of Pain Management Nurses*. 2015 Feb;16(1):33-9.
- Canbulat Sahiner N, Inal S, Sevim Akbay A. The effect of combined stimulation of external cold and vibration during immunization on pain and anxiety levels in children. *Journal of perianesthesia nursing: official journal of the American Society of PeriAnesthesia Nurses*. 2015 Jun;30(3):228-35.
- Cassidy KL, Reid GJ, McGrath PJ, Smith DJ, Brown TL, Finley GA. A randomized double-blind, placebo-controlled trial of the EMLA patch for the reduction of pain associated with intramuscular injection in four to six-year-old children. *Acta Paediatr*. 2001 Nov;90(11):1329-36.
- Cohen LL. Behavioral approaches to anxiety and pain management for pediatric venous access. *Pediatrics* 2008; 122 (suppl 3): S134–39.
- Cohen LL, MacLaren JE, DeMore M, et al. A randomized controlled trial of vapocoolant for pediatric immunization distress relief. *Clin J Pain*. 2009 Jul-Aug;25(6):490-4.
- Ellis, J. A., Sharp, D., Newhook, K., & Cohen, J. (2004). Selling comfort: A survey of interventions for needle procedures in a pediatric hospital. *Pain management nursing : official journal of the American Society of Pain Management Nurses*, 5(4), 144–152. <https://doi.org/10.1016/j.pmn.2004.09.002>
- Inal S, Kelleci M. The Effect of External Thermomechanical Stimulation and Distraction on Reducing Pain Experienced by Children During Blood Drawing. *Pediatr Emerg Care*. 2017 Sep 5.
- Irsfeld S, Klement W, Lipfert P. Dermal anaesthesia: comparison of EMLA cream with iontophoretic local anaesthesia. *Br J Anaesth*. 1993 Sep;71(3):375-8.
- Iserson, K. V. (2014). An hypnotic suggestion: Review of hypnosis for clinical emergency care. *Journal of Emergency Medicine*, 46(4), 588–596. Retrieved from <https://doi-org.lopes.idm.oclc.org/10.1016/j.jemermed.2013.09.024>
- Karakaya, A., & Gözen, D. (2016). The effect of distraction on pain level felt by school-age children during venipuncture procedure: Randomized controlled trial. *Pain Management Nursing*, 17 (1), pp. 47-53. Retrieved from DOI: 10.1016/j.pmn.2015.08.005
- Olsen, K. & Weinberg, E. (2017). Pain-Less practice: Techniques to reduce procedural pain and anxiety in pediatric acute care. *Clinical Pediatric Emergency Medicine*, 18(1), 32-41. Retrieved from <https://www.sciencedirect.com/science/article/pii/S1522840117300095>
- *Pediatric emergency care at Medical City Children's Hospital*. Medical City Children's Hospital. (n.d.). Retrieved April 4, 2022, from <https://medicalcityhealthcare.com/specialties/pediatric-emergency-care/?location=medical-city-childrens-hospital>
- Petovello, K. (2012). Pediatric procedural pain management: A review of the literature. *International Journal of Child, Youth and Family Studies*, 4(1), 569–589. Retrieved from <https://journals.uvic.ca/index.php/ijcyfs/article/view>
- Redfern, R.E., Chen, J.T., & Sibrel, S. (2018). Effects of thermomechanical stimulation during vaccination on anxiety, pain, and satisfaction in pediatric patients: A randomized controlled trial. *Journal of Pediatric Nursing*, 38, 1-7. Retrieved from DOI: 10.1016/j.pedn.2017.09.009
- Redfern RE, Micham J, Seegert S, Chen JT. Influencing Vaccinations: A Buzzy Approach to Ease the Discomfort of a Needle Stick-a Prospective, Randomized Controlled Trial. *Pain management nursing: official journal of the American Society of Pain Management Nurses*. 2018 Nov 10.
- Russell K, Nicholson R, Naidu R. Reducing the pain of intramuscular benzathine penicillin injections in the rheumatic fever population of Counties Manukau District Health Board. *J Paediatr Child Health*. 2014 Feb;50(2):112-7.
- Shah V, Taddio A, McMurtry CM, et al. Pharmacological and Combined Interventions to Reduce Vaccine Injection Pain in Children - a Systematic Review and Meta-Analysis. *Clin J Pain*. 2015;31((Suppl 10)):S38-S63.
- **Solutions for Kids in Pain. (2019, April 15). *Solutions for kids in pain (skip): A call to action*. YouTube. Retrieved April 4, 2022, from [https://www.youtube.com/watch?v=\\_xOJQaFuJDK](https://www.youtube.com/watch?v=_xOJQaFuJDK)**
- Stinley, N. E., Norris, D. O., & Hinds, P. S. (2015). Creating mandalas for the management of acute pain symptoms in pediatric patients. *Art Therapy: Journal of the American Art Therapy Association*, 32(2), 46–53. Retrieved from <https://search-ebshost-com.lopes.idm.oclc.org/login.aspx?direct=true&db=eric&AN=EJ1065814&site=eds-live&scope=site>
- Taddio A, McMurtry CM, Shah V, et al. Reducing pain during needle sticks: clinical practice guideline. *Cmaj*. 2015 Sep 22;187(13):975-82.
- Thrane, S.E., Wanless, S., Cohen, S.M., & Danford, C.A. (2016). The assessment and non-pharmacologic treatment of procedural pain from infancy to school age through a developmental lens: A synthesis of evidence with recommendations. *Journal of Pediatric Nursing*, 31, e23–e32. Retrieved from 10.1016/j.pedn.2015.09.002
- King, S., Chambers, C. T., Huguet, A., MacNevin, R. C., McGrath, P. J., Parker, L., & MacDonald, A. J. (2011). The epidemiology of chronic pain in children and adolescents revisited: a systematic review. *Pain*, 152(12), 2729–2738. <https://doi.org/10.1016/j.pain.2011.07.016>
- Kleiber, C., Schutte, D. L., McCarthy, A. M., Floria-Santos, M., Murray, J. C., & Hanrahan, K. (2007). Predictors of topical anesthetic effectiveness in children. *Journal of Pain*, 8(2), 168. Retrieved from <https://search-ebshost-com.lopes.idm.oclc.org/login.aspx?direct=true&db=edo&AN=23878495&site=eds-live&scope=site>
- Krauss et al. Current concepts in management of pain in children in the emergency department. *The Lancet*. 2015:1-10. [http://dx.doi.org/10.1016/S0140-6736\(14\)61686-X](http://dx.doi.org/10.1016/S0140-6736(14)61686-X)
- Lee VY, Caillaud C, Fong J, Edwards KM. Improving vaccine-related pain, distress or fear in healthy children and adolescents-a systematic search of patient-focused interventions. *Human vaccines & immunotherapeutics*. 2018;14(11):2737-47
- Lurie Children's Hospital (2020). Pediatric pain prn curriculum. Retrieved March 14, 2021, from <https://www.luriechildrens.org/en/for-healthcare-professionals/education/pediatric-pain-prn-curriculum/>
- Malviya, S., Voepel-Lewis, T., Burke, C. N., Merkel, S., Tait, A. R., (2006). The revised FLACC observational pain tool: Improved reliability and validity for pain assessment in children with cognitive impairment. *Pediatric Anesthesia*, 16, 258-265.
- Manworren, R.C. & Hynan, L.S. (2003, April-May). Clinical validation of FLACC: Preverbal patient pain scale. *Pediatric Nursing*, 29(2), 140-146. Retrieved from <http://ncbi.nlm.nih.gov/pubmed/12723> McCaffrey, M., Beebe A. (1993). *Pain: Clinical manual for nursing practice*. Baltimore: V.V. Mosby Company.
- Moadad, N., Kozman, K., Shahine, R., Ohanian, S., & Badr, L.K. (2016). Distraction Using the BUZZY for Children During an IV Insertion. *Journal of Pediatric Nursing*, 31(10), pp. 64-72. Retrieved from <https://doi.org/10.1016/j.pedn.2015.07.010>

  Questions?

Viktorija De Jong

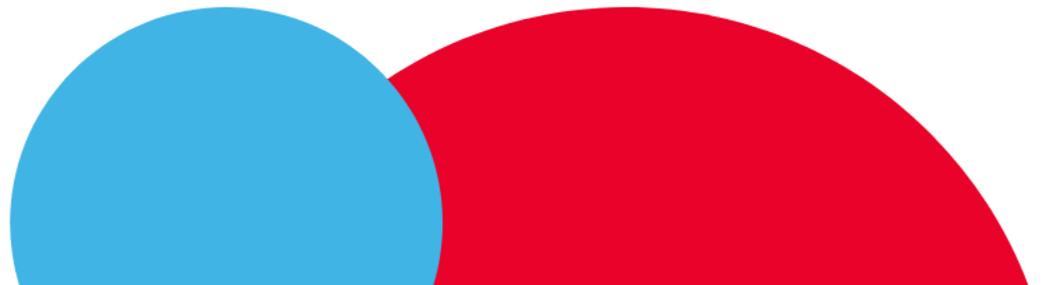
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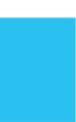




# All the Rest

**Kevin Hansen**  
Manager





Know it all



Chicago Department  
of Public Health

## VACCINES FOR CHILDREN NEWS BULLETIN

Chicago Department of Public Health – Immunization Program

Issue Number 16: December 7, 2020

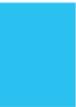
The news bulletin serves to keep you aware of emerging VFC program, vaccine, and vaccine-preventable disease updates.

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 a different jurisdictional authority.





# Spring Back to School

## ***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](mailto:chicagovfc@cityofchicago.org)

or

[COVID19Vaccine@cityofchicago.org](mailto:COVID19Vaccine@cityofchicago.org)





“Thank Goodness it’s Over...”

**Kevin Hansen**

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# End of Training

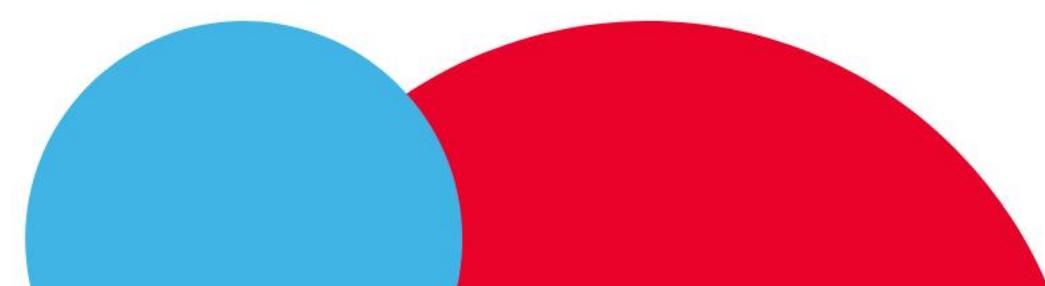
**Congratulations, you have completed all four modules!**

- Please fill out your evaluation at [www.surveymonkey.com/r/2022VFC](http://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@illinoisap.com](mailto:MDelCiello@illinoisap.com) if you have any questions.



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# THANK YOU

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