

Protecting Children

Achieving the National Immunisation Target

Department of Public Health
Tullamore

Dr. Phil Jennings, Director of Public Health

Dept of Public Health,
HSE Midland Area



Uptake MHB 2002 QTR 1

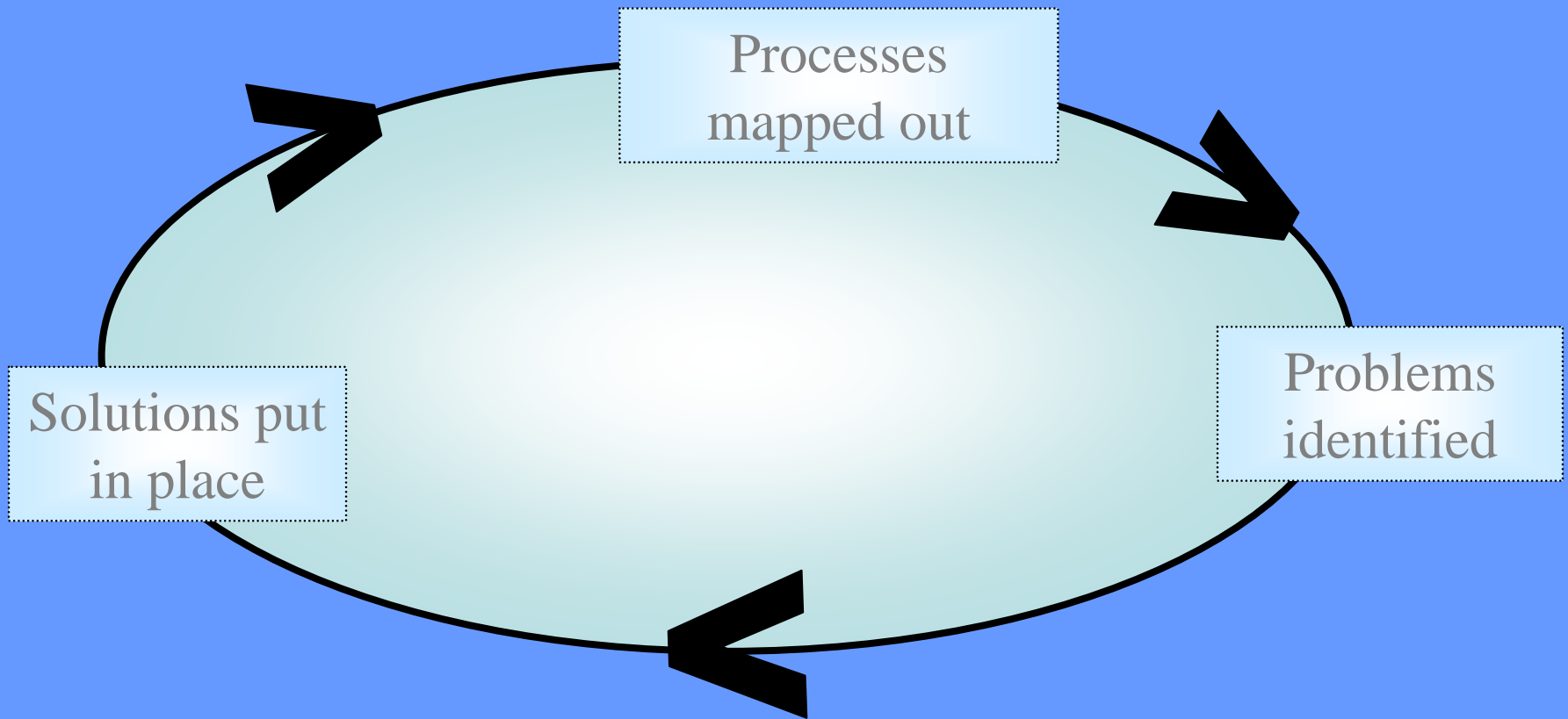
| Vaccine | % |
|---------|----|
| 5 in 1 | 78 |
| Men C | 71 |
| MMR | 64 |



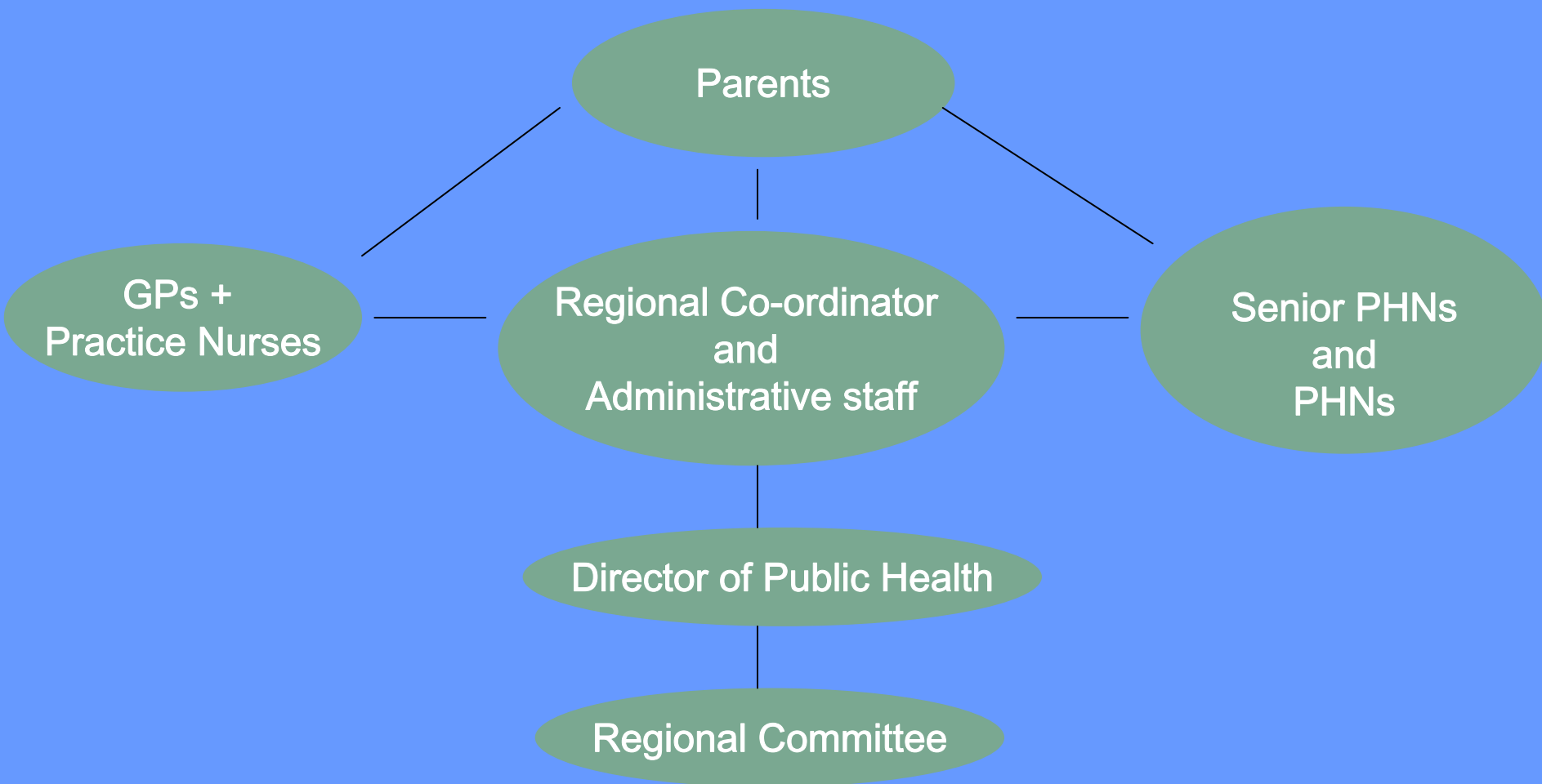
Initial Steps

- Steering group set up by DPH to identify barriers to achieving immunisation targets.
- Research undertaken to explore perceptions of stakeholders.
- Regional Co-ordinator of Immunisations appointed.

Audit of the Immunisation System



Stakeholders



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Chain of Events

Child Born



7

1st dose given



3

Data entered on Immunisation Register

Chain of Events

- 1) Birth notification entered
- 2) 1st visit - form returned by PHN
- 3) GP recorded
- 4) Child details forwarded to GP
- 5) Letter of invitation issued to mother
- 6) Mother presents child to GP
- 7) Baby vaccinated
- 8) GP completed immunisation return form
- 9) Returns sent to HSE
- 10) Data entered on Immunisation Register

Completed Primary Childhood Immunisation

| | |
|---------------|-----------------------------|
| 10 steps..... | 1 st Vaccination |
| 5 steps..... | 2 nd Vaccination |
| 5 steps..... | 3 rd Vaccination |
| 6 steps..... | MMR |

Total of **26** steps (at a minimum) completed for each child

Barriers

Remedies

- Data entry problems - five locations, frequent backlogs, frequent staff changes.
- IT issues - lack of accuracy in the computerised database.

- Centralised to one location, no backlogs, cross over provided during periods of leave, protocols developed for all admin staff.
- Audited database - identification of children who moved, duplicates removed.

Communication

Problems:

- Poor uncoordinated communication between HSE-MA and GPs/PNs , PHNs, parents and administrative staff
- Lack of clear guidelines for returns
- Poor follow up of defaulters and returns not being made in a timely manner
- Incomplete immunisation returns

Initiatives

- **In consultation with relevant staff:**
 - The roles, responsibilities and accountability of all disciplines defined
 - Protocols developed for PHNs in consultation with them
 - Defaulter reports sent quarterly to PHNs

Initiatives with General Practice

- Protocols developed for all practices in consultation with practice nurses
- New practice nurses are given an induction
 - Protocols explained/ System for tracking defaulters - including a customised patient immunisation Schedule explained

Initiatives with General Practice (2)

The Regional Co-ordinator targets GP surgeries with a low uptake :

- Review every child's immunisation status registered with that GP over a three year period
- Identifies defaulters
- Arranges for follow up of defaulters by practice nurse/HSE defaulter letter/public health nurse/SPHNs as appropriate

Initiatives with General Practice(3)

- Monthly target and defaulter reports sent to GPs
- Percentage uptake reports sent to GPs every quarter
 - per GP
 - per county
 - per HSE Midland Area

Communication with Parents

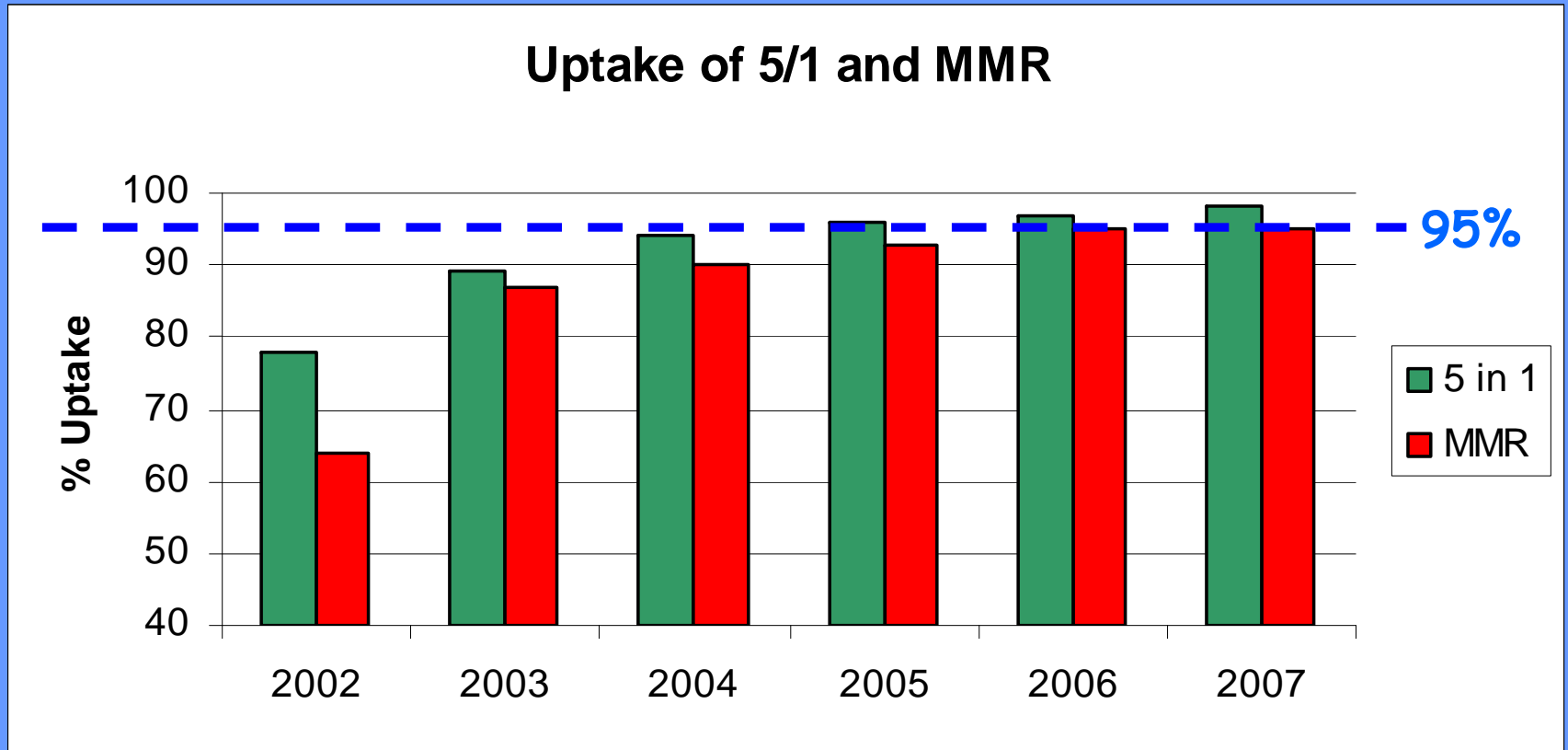
- Initial invitation letter sent to parents
- Invitation letter for MMR/Hib
- If parent defaults:
 - Initial contact made by GP practice
- If no response:
 - defaulter letter sent from HSE
 - Contains information plus contact numbers for admin staff and Senior PHN
 - Very good response from parents (phone/text)
- If no response from defaulter letter child referred from Regional Co-ordinator of Immunisation to PHN/SPHN

Non - Starters



- Follow up-initially by GP
- Defaulter letter from HSE
- If no response referred to Senior PHN who makes direct contact

Outcomes



Increase in 5/1 of 20% and in MMR of 31% over the period Q1 2002 to Q1 2007

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Keys to Success

- Vision
- Team work
- Good Communication
 - HSE staff
 - GP Practices
 - Parents
- Clear Organisational Procedures/protocols
- Proactive approach/Forward Planning
- Addressing the issues at the lowest level of complexity

Acknowledgements

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- Birth Registration Staff PCCC
- Practice Nurses
- PHNs
- GPs
- Members of the Regional Immunisation Steering Committee

Thank you!

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