IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION CLINICS IN RESPONSE TO CHANGES IN STATE MANDATES

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A QUALITY IMPROVEMENT PROJECT IN A SCHOOL-BASED HEALTH CENTER

ABSTRACT

- In 2017, Pennsylvania amended school immunization laws to better align with current guidelines
- Access to healthcare services and the provision of vaccines was a concern
- Many students faced possible school exclusion due to under-immunization status
- The Scranton School District is located in Northeastern Pennsylvania and serves over 10,000 pupils with a sizeable population of uninsured and Medicaid-eligible students
- Clinics were organized at 3 separate schools selected based on geographic location within the district

METHODS

- A total of 5 vaccine clinics were held from July through September 2017
- Interprofessional staffing model included nurse practitioners, resident physicians, licensed practical nurses, medical assistants, and administrative support staff
- As a Vaccines for Children provider, children were immunized regardless of ability to pay
- Implementation Process
  - Each child was registered and demographic information captured
  - Immunization records were reviewed by a nurse practitioner and all age-appropriate vaccines recommended
  - Parents were counseled on each advised vaccine and consent obtained
  - Immunizations were then prepared and administered
  - Each child was given a record of all vaccines received
  - Records were also uploaded to the statewide immunization database (PA-SIIS)

RESULTS

- 438 unique patients were successfully immunized
- 1,110 vaccines were administered
- 332 patients were Vaccines for Children eligible
- More than half of those immunized also received the seasonal influenza vaccine

CONCLUSIONS

- The implementation of school-based vaccine clinics minimized the number of students excluded from school due to under-immunization
- The developed protocol can be easily replicated in school-based health centers across the country
- Vaccine clinics serve as a potential referral source for school-based health centers by linking unattached students and their families to primary care

TOTAL IMMUNIZATIONS ADMINISTERED BY VACCINE TYPE

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Implementation of School-Based Immunization Clinics in Response to State Mandates

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Background:
In 2017, the Pennsylvania Department of Health amended school immunization laws to better align with current guidelines set forth by Center for Disease Control’s Advisory Committee on Immunization Practices. These new laws decreased the amount of time that students were given to obtain proper immunizations while attending school from 8 months to just 5 days. Although the purpose was to improve the overall health and well-being of the students, access to healthcare and provision of vaccines was a concern. Many students faced exclusion from school due to under-immunization status. School administrators and nurses were tasked with identifying avenues for accessible and timely vaccination.

The Scranton School District is a large, urban school district located in Northeastern Pennsylvania and serves over 10,000 pupils with a sizeable population of uninsured and Medicaid-eligible students. In 2015, the Scranton School District joined together with a local community health center to operationalize school-based health centers in schools throughout the district.

Details of Innovation:
Anticipating the potential effects of the amended laws, the school district collaboratively planned immunization clinics through the school-based health center. A total of 5 vaccine clinics were held from July through September 2017 at 3 separate schools selected based on geographic location within the district. The clinics utilized an interprofessional staffing model that included nurse practitioners, resident physicians, nurses, medical assistants, and administrative support staff. Immunizations provided at the clinics included all state mandated vaccines as well as recommended vaccines based on age. As a Vaccines for Children provider, the school-based health center offered vaccines free of charge to uninsured and Medicaid-eligible children regardless of their ability to pay.

Each child that presented for immunizations was registered and demographic information captured in the electronic medical record. Immunization records were reviewed by a nurse practitioner, and all age-appropriate vaccines were recommended. Parents were counseled on each advised vaccine and consent obtained. Immunizations were then prepared and administered. Each child was given a record of all vaccines received. Records were also uploaded to the statewide immunization database (PA-SIIS).

Outcome:
A total of 438 unique patients were successfully immunized during the vaccine clinics. The school-based health center team provided a total of 1,110 vaccines. Of the 438 patients, 332 were Vaccines for Children eligible. More than half of those immunized also received the seasonal influenza vaccine.

Implications:
The implementation of school-based vaccine clinics minimized the number of students excluded from school due to under-immunization. The developed protocol can be easily replicated in school-based health centers across the country. Vaccine clinics serve as a potential referral source for school-based health centers by linking unattached students and their families to primary care.

Open Ended Question:
What are some barriers that you would expect to meet during the implementation of a school-based immunization program? How would you plan to overcome these barriers?