

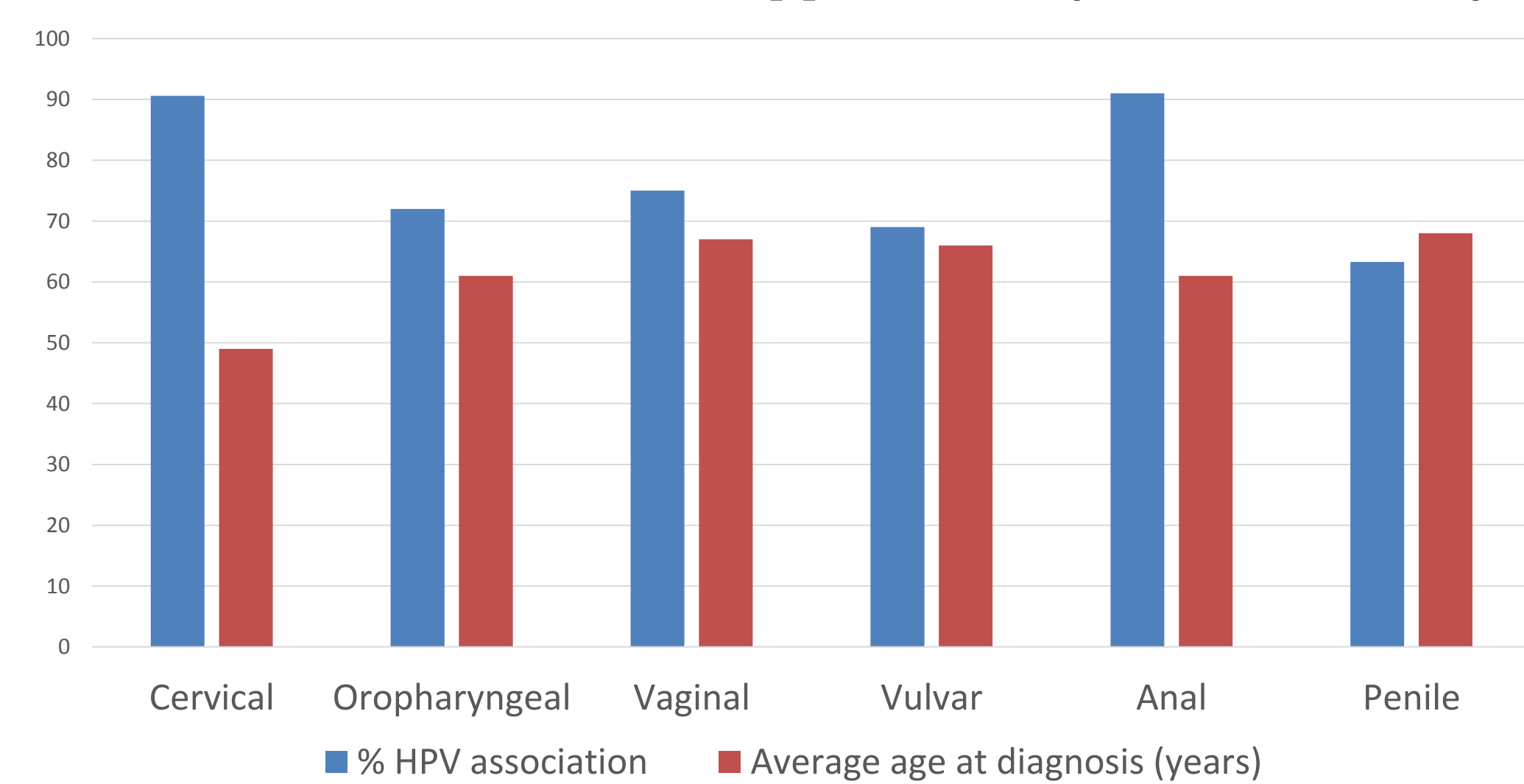
## Background

- HPV is the most common STI = over 79 million infected
  - 14 million infected annually
- Over 100 strains of HPV
  - High-risk strains include HPV-16 and HPV-18
- HPV-associated cancers
- Gardasil-9
  - Routine administration at 11-12 years old
  - May administer as young as 9 years old
  - 2 dose series if given before the age of 15 years
    - 0, 6 months
  - 3 dose series if first dose given at 15 years or older
    - 0, 2, 6 months
- Immunization Rates

U.S.	Iowa	Mills County, Iowa	Rural Clinic
48.6%	38%	30%	17%

## Significance

- Healthy People 2020 goal= 80%
- Cancer treatment costs are approximately \$150 billion a year



## Purpose/Aims

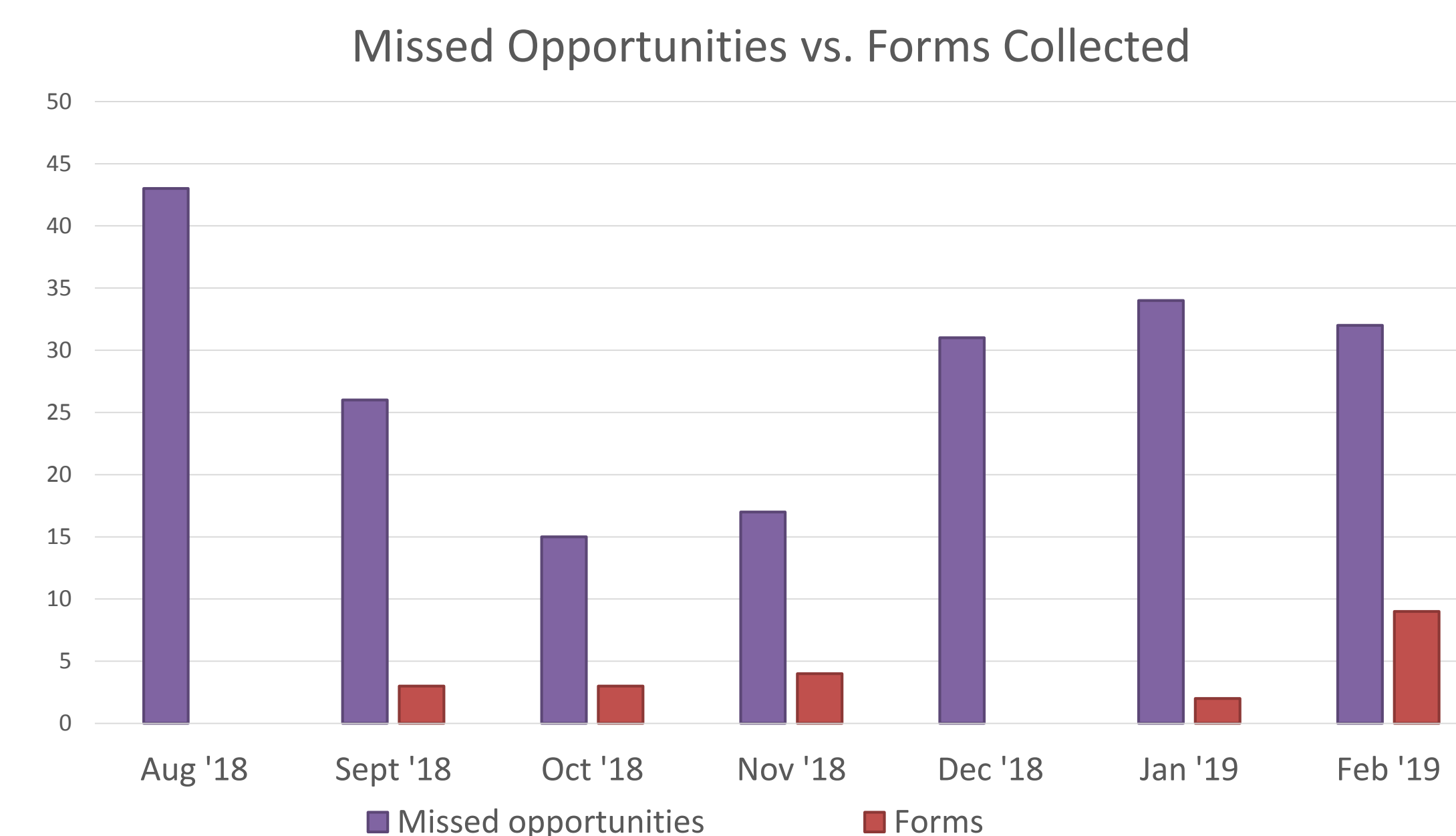
- Purpose: To increase HPV vaccination rates through education of staff and providers
- Aims:
  1. Increase knowledge of HPV and Gardasil-9 to staff
  2. Implement and evaluate new assessment form
  3. Educate staff regarding recommendation framing

## Methods

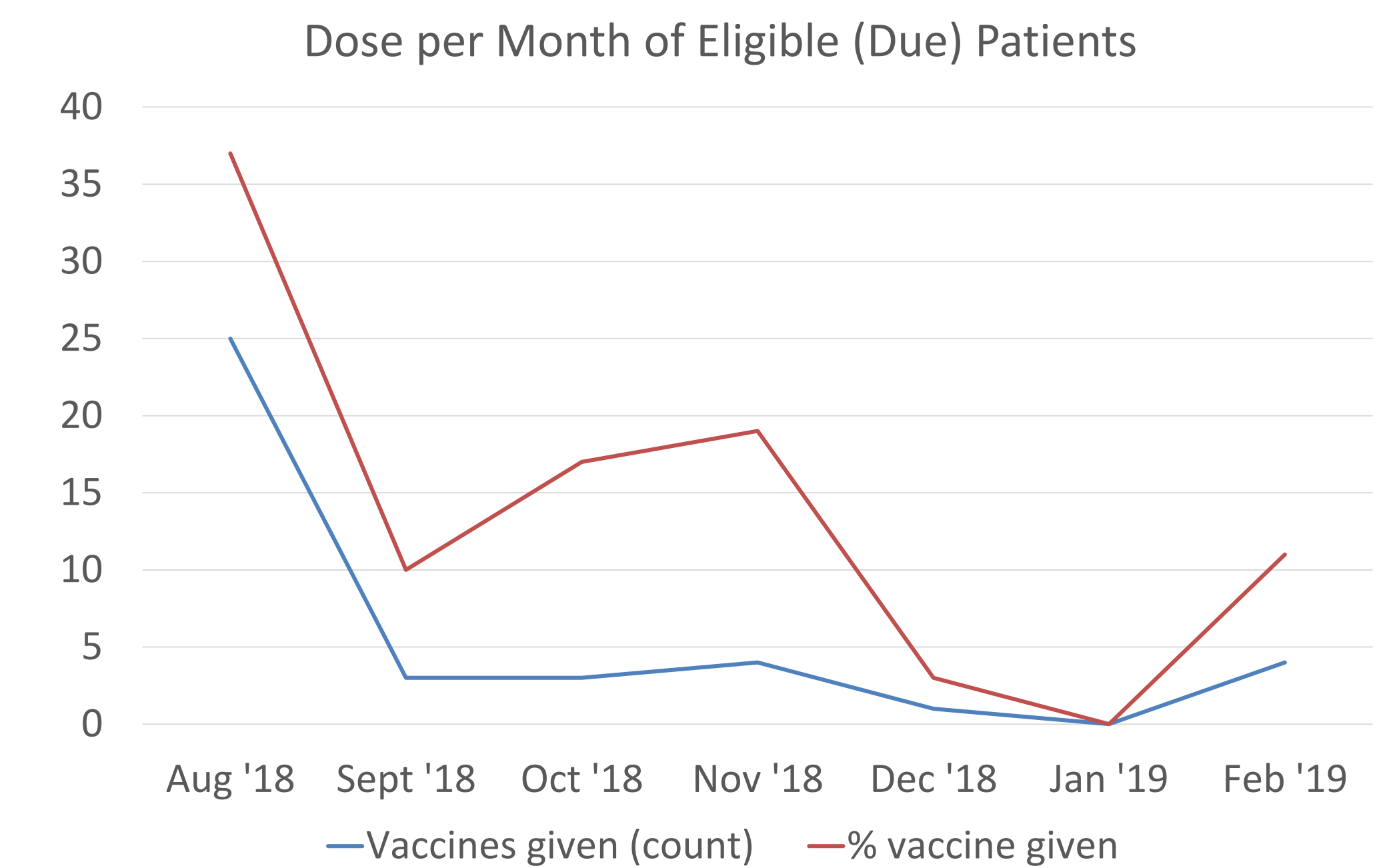
1. Educational handout presented to staff: "You Are the Key to Cancer Prevention"- CDC
2. Educational brochures placed in exam rooms: "HPV Vaccine is Safe (Gardasil)"- CDC
3. Worked with staff to develop new assessment form for intervention
4. Poster placed in waiting area to have parents ask regarding vaccines
5. Recommendation of HPV vaccine
6. Nurse Visit appointment for subsequent dosing
7. PDSA cycles completed every 4 weeks
8. Intervention started September 2018 and ended February 2019. Baseline= August 2018
9. Data collected through chart review, Iowa Immunization Registry Information System (IRIS), and assessment forms

## Results

- No follow-up appointments made for subsequent doses
- 1<sup>st</sup> PDSA cycle: Change in assessment form
- No 9 or 10 year old patients were assessed during the intervention
- A total of 170 patients were due to receive an HPV dose (52%)



- No assessment forms were collected in December 2018
  - Baseline=August 2018



## Conclusions

- Increased missed opportunities from Dec 2018-Feb 2019
- Inconsistency in filling out assessment forms in Dec 2018 and Jan 2019
  - Possible relation to decline in vaccinations
  - Increased influenza-like illnesses
- Continued stigma
- Lack of well-child examinations during implementation of project

## Future Implications

- Start implementation of projects in spring months
- Pre-/Post- test after staff education
- Electronic Health Record prompts versus forms
- Adequate follow-up scheduled with a reminder system for subsequent doses
- Need for standing orders
- Vaccine Champion

## Acknowledgements

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