

Union Hospital Family Medicine Residency

RESIDENTS GAIN NEW OUTLOOK THROUGH POTENT OUTREACH

It was evaluation time for the Union Hospital Family Medicine (UHFM) residents, and the reviews were mixed at best. Under discussion was a recently completed community medicine assignment. It was clear that the residents craved a community medicine experience that allowed them to serve the community in a meaningful way.

Residents' feedback served as a call to action for UHFM's Education Coordinator Nicole McGuire, DHSc, and UHFM faculty. So when Dr. McGuire saw the AAFP Foundation's 2015 Senior Immunization Grant Award announcement, she spotted a means for taking residents outside hospital walls to engage with the community's older population.

The AAFP Foundation Senior Immunization Grant Awards recognize Family Medicine residency programs whose residents implement and report on a quality improvement and/or community-based project designed to increase influenza and pneumococcal vaccination rates in patients age 65 and older.

"I took this opportunity to our Program Evaluation Committee (comprised of Family Medicine residents and faculty) and received enthusiastic endorsement," Dr. McGuire said. She then recruited residents to develop a quality improvement plan for providing flu vaccines to approximately 1,250 patients age 65+ and pneumococcal vaccines to 125 seniors

(an increase in vaccination rates of 30% and 25%, respectively).

"From the beginning, it was important to make everyone feel a part of the team." A redesign of the office work flow brought front office and nursing staff on board almost immediately. "Since reception staff make the initial patient contact, it made sense for them to inquire about the patient's flu and pneumonia vaccination status at check-in," said Dr. McGuire. Vaccinations previously received at the clinic or elsewhere were recorded in the patient's Electronic Medical Record (EMR). Patients not current with vaccinations were flagged for follow-up by the nurse via a notation on the registration cover sheet. For most patients, "standing orders" from the physician gave the nurse authority to administer the vaccine(s) with the patient's approval. In all cases, the nurse would alert the physician if the patient expressed concerns or needed additional information about either vaccine.

To keep efforts focused on increasing vaccination numbers, monthly meetings to touch base on interventions and progress were held immediately following didactics. All staff—providers, nurses and administrative personnel—were included in these regular discussions. "We also adopted a strategy of celebrating every accomplishment (no matter how small), praising with photos, sharing statistics on progress, and constantly

reinforcing the message, ‘We can’t do this alone! It’s not just about the physicians—it’s also about the nurses on the front line and staff who know our patients well and can identify who needs vaccines,’” said Dr. McGuire.

Quality improvement (QI) methods were an integral part of the project’s execution and evaluation. During Wednesday afternoons, didactic time was reserved for monthly sessions educating residents and faculty physicians on the PDSA cycle of continual improvement (Plan, Do, Study, Act). “Once the basics were covered we tried to apply the model to each stage of the project’s execution,” said Dr. McGuire. A disconnect between proposed activities and what actually happened during implementation provided a perfect learning opportunity.

According to Dr. McGuire, “We thought partnering with specialist physicians (e.g., cardiologists, nephrologists, pulmonologists) who serve a large geriatric population but do not offer flu or pneumonia vaccinations during office visits would be a no-brainer. But we quickly learned that this would not be a simple process. There were many obstacles (staff time, logistics, paperwork, etc.) and although it sounded like a great idea, it could not be easily worked prior to the beginning of flu season. In applying the whole PDSA model to this component, residents decided to go back to the drawing board. ‘Maybe we can’t use specialists to help us reach our immunization goals so let’s use health fairs instead and have the specialists hang posters in their offices as well.’ They learned to link PDSA cycle concepts to every piece of their work. Consequently, everyone stayed clear on what they were doing and why they were doing it.”

Although workflow changes resulted in increased vaccination in the clinic, outreach in

the community was by far the most successful component. “By capitalizing on existing community partnerships, we were able to reach individuals in rural areas, covering five counties in west central Indiana and east central Illinois,” reported Dr. McGuire.

Community based immunization efforts took a variety of forms and all were successful to some degree. Project team members set up booths at two large community health fairs sponsored by the Indiana Minority Health Coalition and Indiana University School of Medicine to offer free flu and pneumonia vaccines. Collaboration with the Vigo County Department of Health resulted in the referral of individuals 65 and older who were otherwise ineligible to receive free vaccines, and students at Indiana State University School of Nursing provided the immunizations. The team also set up booths at two “Mini Medical School” presentations, both open to the public. Social media posts augmented by newspaper, radio and TV ads placed by Union Hospital’s marketing department helped publicize the events.

Weekly “Dine with a Doc” events sponsored by Senior Education Ministries (a local faith-based organization) presented an almost ideal opportunity for outreach. Held at community centers, senior centers and tiny rural churches, “Dine with a Doc” events offer seniors an opportunity for fellowship and preventive health care education—all with the added incentive of free meals and wellness screenings. In total, UHFM resident/faculty physicians attended 19 weekly Dine with a Doc events where they shared lunch and offered a short presentation on flu and pneumonia vaccinations and a variety of other healthcare topics, followed by time for questions and answers. Flu and pneumonia vaccines were

always available to be administered on the spot. The physicians also made themselves available for one-on-one questions with each of the seniors.

“I have to say that in the beginning, a lot of the residents weren’t very interested in volunteering for the Dine with a Doc events,” Dr. McGuire now ruefully admits. “At first, I had to just assign someone to go to a certain place at a certain time.” Residents felt intimidated, had limited public speaking experience and hadn’t had much interaction with seniors who weren’t their patients. But as the project went along and they got a feel for it, their whole mentality changed. It wasn’t long before the residents started moving beyond the typical canned speeches and toward an ‘Ask the Doc Anything’ platform.”

It was the one-on-one conversations that proved the most transformative, revealing to the residents a host of unmet needs in areas ranging from hypertension and diabetes to mental health care and end of life decision-making. “They began to carefully curate handouts to take to each event, sometimes asking health educators to accompany them,” reports Dr. McGuire. “They encouraged individuals who needed medical care to contact the community health workers at our FQHC for assistance. They came to realize that healthcare disparities aren’t just concepts covered in Wednesday afternoon didactics--this is ‘real life’ for many of the seniors in these communities.”

Residents’ time and attention was met with a well-spring of gratitude. Typical comments were, “Thank you so much for taking the time to talk to me about (fill in the blank),” “I really hope you stay in the area after you graduate from the program,” and even “I’d really like to switch to you as my physician.” On one

memorable occasion, a 92-year old gentleman approached the physicians with tears streaming down his face. “I can’t tell you how much we love having you here. It’s such a blessing.”

Although project immunization results were modest, Dr. McGuire considers this just the beginning. “It’s not all we hoped for but it opened the door for bigger and better numbers in subsequent years.” Looking to the future, the Union Hospital Family Medicine Residency will maintain changes to office workflow and stay focused on increasing flu and pneumonia vaccination rates each year. UHFM has renewed its commitment with the Senior Education Ministries and will continue to support them by facilitating monthly Dine with a Doc events. They are also planning to partner with a local indigent care clinic to provide flu and pneumonia vaccinations for the upcoming season and will involve specialists in the project as well.

Perhaps most significant is the impact the project has had on how residents view their future roles in Family Medicine. Some have discovered “this is what I’m meant to do”. As a result of such potent “real world” outreach experiences these residents are so much more forward-looking, can visualize themselves in leadership roles and see that they personally can have an impact beyond hospital walls.

“Without a doubt, I would say that the residents benefitted greatly from this grant,” concluded Dr. McGuire. “I kid you not, there were a few times I’d see a resident walk away from a Dine with a Doc session completely choked up, so palpable were these interactions. I know the grant was for \$10,000, but the impact on our residents and program was worth millions.”