

CALL TO ACTION MEETING - SEPTEMBER 13-14, 2006
PROVIDER EDUCATION-WHAT IS WORKING

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- Education mostly occurs when provider call us. (flip chart 1)
- EPI-VAC is available but takes time.
- Using drug reps to provide the in-service.
- Nurse educator goes out into the community.
- Turn-over in office staff makes for constant need for education to new providers.
- Drug reps provide a nice lunch and in-service at a nice restaurant.
- The providers come to our offices so they don't get distracted by their work at their own offices. (flip chart 2)
- M.A.S. don't know what they need to know.
- Physicians aren't experts at giving shots-give shots in the wrong way.
- Open the tool kit and go over it with the provider, otherwise it stays unused.
- Always include an evaluation at in-services.
- Day-care in-service (held in the evenings) get their CEU's (partner with someone who can provide the CEU). (flip chart 3)
- A training session for all the VFC providers at once.
- Staff that leave does not inform new staff about procedures.
- Do a lot of one-on-one training when you have less providers.
- Training on basic things like "how to read a thermometer".
- Swaps out short-dated vaccine with those that can use it.
- Training to also include nurses and school nurses. (flip chart 4)
- What is being done? Not well and not much-staff is needed. (flip chart 5)
- Work with school nurses and day-cares-educate on Registry.
- School nurses cannot help immunize – liability.
- ??School board-possibility.
- Provide tool kit-visit-keep contact-concerns.
- Web-cast-trainings, updated VIS forms.
- Work with health fair, work together wit city to train, review material with providers.
- Mock test nurses to make sure everyone is doing the same-quality assurance.
- Coordinate clinics with city/local health departments.
- School based clinics.
- Quarterly trainings.
- Bi-annual meetings to provide information.
- Quarterly in-service and newsletter. Sessions: breakfast and lunch-eat free-pickup CEU's. (flip chart 6)
- CEU's, provide CASA reports.
- Educate and award them.
- Attend nurse's meetings.
- Join nurse graduates to provide information.
- State/Region to take the lead for CEU's.
- Web-cast for CEU's.
- Offer web-cast for local health departments for CEU's/
- Medicaid reimbursement-web-cast.
- Provider visits. (flip chart 7)
- Day-care updates.

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- Parenting class.
- TMF follow-up.
- Personal calls.
- Offer training.
- School nurse presentations.
- Annual in-service.
- Tool kit training. (flip chart 8)
- Distribute new information.
- Series of training – quarterly.
- Member of Coalition (including I.S.D.)
- Member-Shots across Texas Coalition.
- Visit from doctor’s office. (flip chart 9)
- Technical assistance for TVFC.
- Email new vaccine information
- One-on-one relationship.
- Satellite broadcasts.
- Providers call in for training.
- Developing new provider follow-up.
- Monthly memo is faxed to providers as a refresher. (flip chart 10)
- Quarterly newsletter.
- Annual meeting-with pharmaceutical to provide meals:
 - School nurse get together.
 - State comes in to provide education.
 - Newsletter to WIC and TVFC providers.
- Survey the three top schools (MA schools). (flip chart 11)
- All information received from region is forwarded to our provider. Regional manager came to speak. (flip chart 12)
- Schools/ISD’s are under our TVFC provider list.
- Yearly TVFC update in July in the evenings.
- Provide CEU’s and CME’s to providers.
- Talk with school nurses and day-cares, inform them about ImmTrac and immunizations. (flip chart 13)
- Yearly meeting with providers-region attends.
- Schools as TVFC providers-Dr. Morgan and ??????????????????
- School nurse conference-have state and regional staff to present-once per year.
- In-service: reps food, Dec. (flip chart 14)
 - End of July, 1st of August – time: 11:00-1:00.
 - Offer CME’s, CEU’s, CNE/s, etc.
- Region 7 training module-TOT
- Medical Assistant schools-training on immunizations.
- Using vaccine reps to educate providers.
- One-on-one training with nurses. (flip chart 15)
- Public health nurses, provide education.
- Send out letters.

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- Newsletters, gets input from providers.
- Community relation person-recruitment, 100% grant paid, site visits.

- Updating tool kits.
- Logos
- Providers call regional office directly without knowing local health department is available.
- Letter (mail or website).
- Email address of providers.
- Stakeholders also receive newsletters. (flip chart 16)
- When enrolled, program manager sets appointment for training, orientations.
- Enough lines, enough staff to answer provider questions.
- Public health educator/follow-up with providers.
- Texas Medical Foundation follow-ups, site visits. If 100%, visit facility to see what they are doing to make other facilities raise their rates.
- Attendance to local health department, one a week. (flip chart 17)
- Every 2 months provides training to providers at local health department.
- Immunization workshop for health care professionals.
- Conference, invited all providers.
- Drug reps help pay for luncheon.
- CEU's were available.
- VFC training quarterly.
- Difficult to providers to get to local health department.
- Expectations: go back to contract. (flip chart 18)
- Project. Day-care center looking at immunization rates (good and bad rates), educate staff.
- Local face and name, more accountability.
- Educate by ImmTrac.
- Make initial visit, then follow-up.
- Hit big events, registered homes, make presentations at organizational meetings.
- Yearly meetings on education for nurses. (flip chart 19)
- Good communication with school nurses.
- Successful with nurses to get involved with ImmTrac.
- Schedule way in advance for nursing training (luncheon).
- Leave paper work if nurses miss training.
- In May, host luncheon for nurses (when school starts, back to school rush, order more vaccine.)
- Immunization workshops. (flip chart 20)
- Identify participants.
- Community relations staff work with providers on VFC.
- Using tool kits.
- Using newsletter.
- Work with pharmacy schools.
- For quick response send memo by mail and electronically to VFC and other providers including local medical alliance, nursing associations. (flip chart 21)

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- Access public health educator.
- Evaluate 100% site visits to see what provider is doing right. (flip chart 22)
- Off 8 hour workshop to people new to immunizations every month; include ImmTrac, admin, VPD's-immunization workshop for healthcare professionals.

- Local health department immunization conference-community partners brought in speakers.
- Asking locals to have any training in different locations. (flip chart 23)
- Go along with other agencies on inspections, childcare licensing to educate and review records.
- Hit big events-RF home meetings.
- Nursing meetings with school nurses.
- Get schools involved with ImmTrac by using large multi-purpose facilities (colleges) that are centrally located and can be used at lunch. (flip chart 24)
- Hold end-of-school meeting with school nurses and local providers regarding back-to-school dates, requirements.
- Annual update for all providers-cover four counties; through lunch hour 12:00-1:30 p.m. Reps do a presentation on the new vaccines-sometimes provide lunch. Provide a lot of resources, networking. Have them at the community building with a good turn out. (flip chart 25).
- Fax to the nurses all VIS, CDC info; provide information to the providers who do not have a fax.
- Annual in-service meeting-over 200 providers, notify them within two weeks. Good turn out-all day. (flip chart 26)
- Visited local providers-invited them to go to Midland for ImmTrac training, good turn out.
- Drug reps do presentation to the providers.
- Concern from last year's hurricanes-vaccine management plan-focused on that plan this year. (flip chart 27)
- Go out to providers to do staff training; sometimes go out to the same provider due to staff turnover.
- Certificate for well performing CASA rates.
- Let new TVFC providers know of immunization resources available. (flip chart 28)
- Let office staff and nurses come to observe an immunization clinic, procedures, immunization schedule. Have clinic nurse's phone numbers for future references.
- Satellite broadcasts-EPI-VAC (let them know of dates.)
- Send a monthly packet to TVFC providers and school nurses. Send out everything received from DSHS and/or specific immunization information.
- Providing ImmTrac/TWICES training (will also do PICS)-have six computers, set up a yearly training schedule for provider to review.
- Vaccine updates.
- Tri-annual meetings (info given on ImmTrac/Vaccine Management/tool kits/updates/TWICES. Time: 8:00 a.m. to 12:00 noon; medical aides/nurses attend.
- Email, fax, mailouts to providers. (flip chart 29)
- Support from Region.

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- Training centers with six computers to train providers and staff.
- New provider-follow-up after initial training.
- Additional staff.
- Full time immunization RN's.
- Scheduled follow-up with providers.
- Quality assurance audits by local health department staff.

(flip chart 30)

- Increase resources.
- Educational materials.
- Education to go.
- Adopt CDC schedule: 2,4,6, and 12 months, and four years.
- Change physican's view.
- Peer counseling.