

# IMPLEMENTATION OF NO COST HPV VACCINATION PROGRAM IN AN URBAN YOUTH CLINIC

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### PROBLEM STATEMENT

- The Human Papillomavirus (HPV) - Sexually Transmitted Disease
- Preventable with a vaccine
- Affected nearly 19,400 women and 12,100 men (Rand et al., 2018)
- Financial burden approximately 8 billion dollars

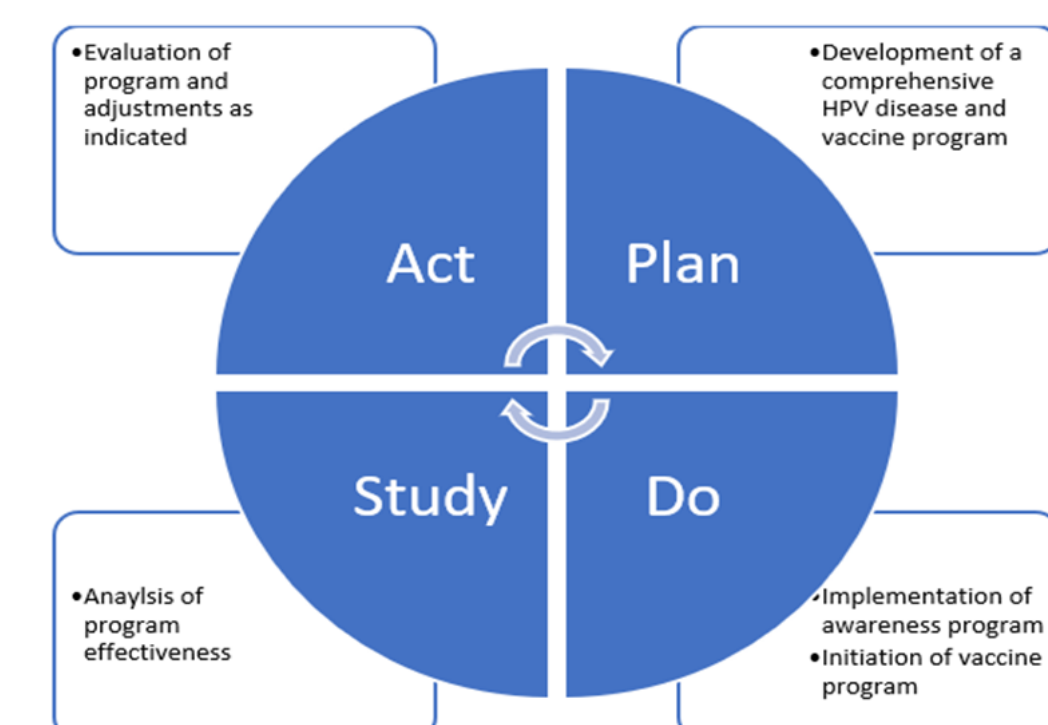


### PROJECT PURPOSE

- Increasing HPV vaccination rates among the youths
- To implement a no cost HPV vaccination clinic
- Will the implementation of a no cost HPV vaccination and comprehensive awareness program at youth clinic increase vaccination rates by 25% in youths age 13-24 years old who visit the clinic over 3-4 months?

### MODEL/NURSING THEORY

- Plan Do Study Act (PDSA) methodology to analyze the effectiveness of an education and public awareness program to increase HPV vaccination rate



### METHODS

#### Subjects (Participants)

- Both male and female youths aged 13-24

#### Setting

- A youth clinic, on the west coast of Florida

#### Recruitment

- Brochures, flyers, reminder calls

#### Instruments/Tools

#### VACCINE CLINIC PROTOCOL

**Purpose:** To reduce incidence of morbidity and mortality of cancers and pre-cancers caused by human papillomavirus (HPV) infection of types 16, 18, 31, 33, 45, 52, and 58; and/or reduction of morbidity of genital warts caused by types 6 and 11.

**Eligibility:** The population will include both male and female, aged 13-24. The eligibility of the vaccination will be determined by the immunization record through the Florida shots.

**Vaccine Schedule:** The HPV vaccination will be administered the second Thursday of every month by the students at USF College of Public Health. 10 Patients will be scheduled for the appointment.

**Promotions:** Posters emphasizing the importance of HPV vaccine will be created using CDC information and will be posted in the exam room and waiting room. The posters will include a QR code within it.

**Education Materials:** The receptionist will provide brochures and pamphlets to parents and youths which focus on the importance of HPV vaccination and HPV related infections collected from CDC website. Once the patient meets the provider, the provider will educate the patients about the HPV vaccines in detail and clarify any concerns, while recommending the need for being vaccinated.

**Will you make reminder calls the day before to make sure patients show up?**

There will be reminder calls made by the medical assistant 2 days prior of these appointment day

**What arrangements do you need to make with DOH so that their staff are available?**

The DNP student will communicate with the Senior Community Health Nurse, Florida Department of Health- Hillsborough, Division of Disease Control Immunization/Refugee Clinic. They will then be informed on the HPV vaccines needed for the administration. The future staff need to ensure that they are in contact with DOH and be sure that criteria by the CDC is met.

**What other staff will you have at the vaccine clinic?**

The staffs, other than the Ybor Youth Clinic employees, will be the students from the USF College of Public Health. The supervision will be made by the USF DNP student.

**How are you going to ensure that patients return for their boosters at 2 and 6 months?**

The patients will be given an appointment card with the next scheduled dose

#### PROTOCOL FOR THE IMPLEMENTATION OF A VACCINE CLINIC

##### OVERVIEW OF THIS DOCUMENT

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness. A clinic coordinator/supervisor at the site should **complete, sign, and date this checklist EACH TIME a vaccination clinic is held**. To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

##### INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. (This individual will be responsible for completing the steps below and will be referred to as "you" in these instructions.)
2. Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
3. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, concerns about whether patients' personal information was protected appropriately, or concerns about other responses that you have marked as "NO" on rows that do not have the
4. This checklist should be used in conjunction with CDC's Vaccine Storage and Handling Toolkit: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf). For information about specific vaccines, consult the vaccine manufacturer's package insert.
5. This checklist applies **ONLY** to vaccines stored at REFRIGERATED temperatures.
6. Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). If more than one clinic coordinator/supervisor is responsible for different aspects of the clinic, you should complete only the section(s) for which you were responsible.
7. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor is overseeing different shifts), and submit the checklist(s) to your organization to be kept on file for accountability.

Name and credentials of clinic coordinator/supervisor: \_\_\_\_\_

Name of facility where clinic was held: \_\_\_\_\_

Address where clinic was held (street, city, state): \_\_\_\_\_

Time and date of vaccination clinic shift (the portion you oversee): \_\_\_\_\_

Time and date when form was completed: \_\_\_\_\_

Signature of clinic coordinator/supervisor: \_\_\_\_\_

### RESULTS

- The prediction of analysis was to successfully implement the vaccine clinic and vaccinate a minimum of 10 patients per month
- Protocols were created for both vaccine clinic and vaccine administration.
- The implementation of a vaccine clinic will advance public health awareness of HPV clinic and availability of a no cost vaccine.
- Results of implementation will drive further refinement.

### DISCUSSION

- This QI project revealed the various internal and external challenges that came across throughout the different stages of implementing a no cost HPV vaccination program.
- As part of the project, a protocol for implementation of vaccine clinic and administration of vaccine was created. The protocol will assist in data collection as the project advances

### IMPLICATIONS FOR ADVANCE PRACTICE NURSING

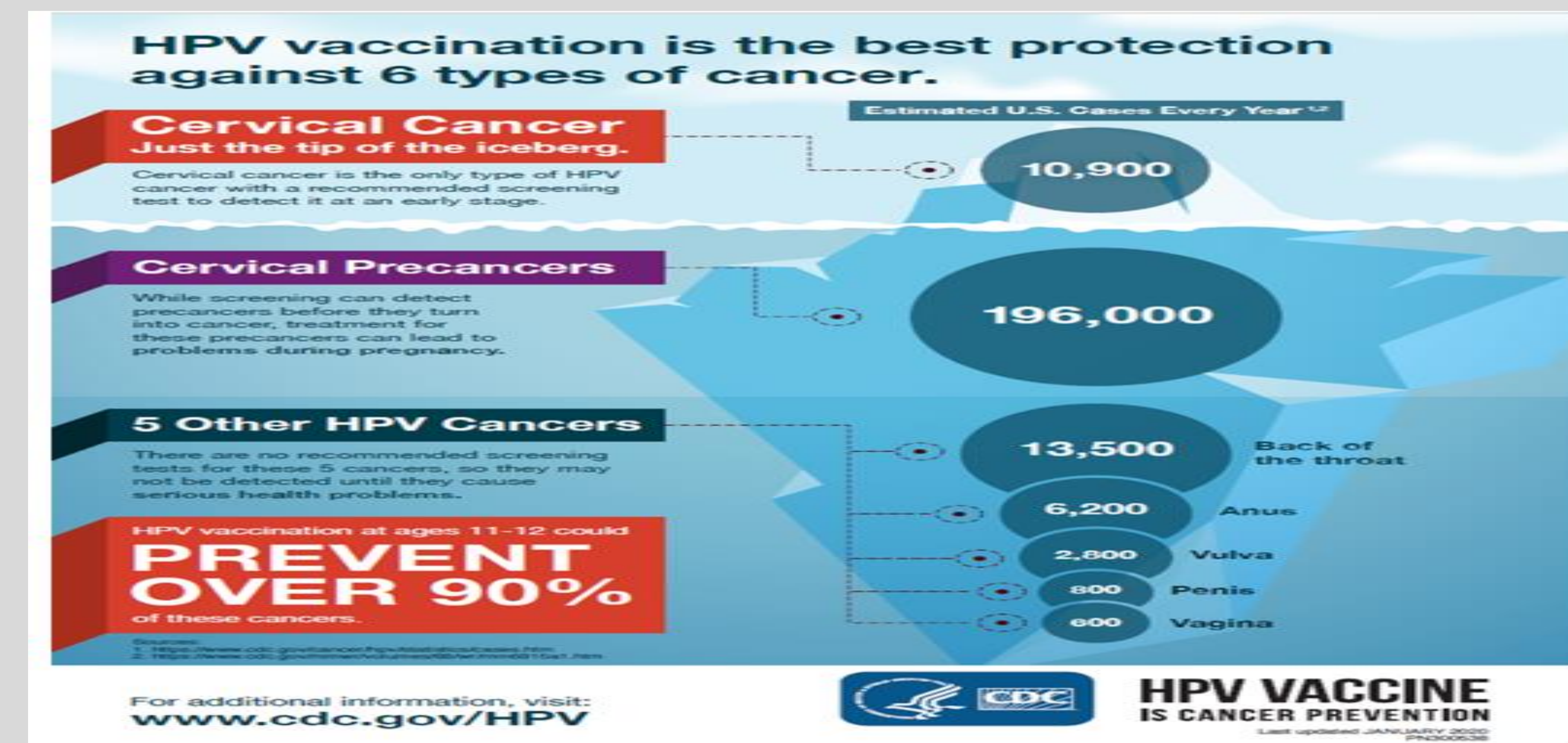
- Development of alliance and continued partnership between entities improve the delivery of care
- By assessing the success of the HPV vaccine clinic, this QI project can serve as a base for similar vaccine deployment projects.

### SUSTAINABILITY

- The availability of resources are critical for project sustainability.
- Protocols developed in this project provide a model for sustainable deployment of a vaccine clinic.
- Protocol s can be easily adapted to the vaccine needed to be disseminated.

### REFERENCES

- Centers for Disease Control and Prevention. (2019). Epidemiology and prevention of vaccine-preventable diseases. Retrieved on July 30, 2020, from: <https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- Rand, C. M., Tyrrell, H., Wallace- Brodeur, R., Goldstein, N. P., Darden, P. M., Humiston, S. G., ... Szilagyi, P. G. (2018). A learning collaborative model to improve human papillomavirus vaccination rates in primary care. *Academic Pediatrics*, 18(2S). <http://doi.org/10.1016/j.acap.2018.01.003>



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