

Will Providing Doctors And Nurses In Medical Clinics With Personalized Feedback Help To Reduce Late Vaccinations With Prevnar[®], Pentacel[®] And Meningitec[®]?



Type of Project: Research

Organization: Centre de recherche de CHUL (CHUQ)
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Objective:

To determine whether providing doctors and nurses in medical clinics with personalized feedback will help to reduce late vaccinations with Prevnar[®], Pentacel[®] and Meningitec[®]

Target Audience: Healthcare Professionals (HCPs)

Project Summary: The study population will consist of 10 medical clinics that administer the most vaccinations in Quebec City. These clinics will be identified using a regional database that holds all the vaccination data. Calculations will be performed on vaccination delay indicators for the three vaccines administered over the course of 2007 (Pentacel[®], Prevnar[®] and Meningitec[®]). Overdue timeframes of 1 week, 2 weeks and 1 month overdue will be used.

Doctors, nurses and secretaries of the 10 clinics will receive personalized feedback on vaccination delays at their own clinic for the three vaccines studied. Feedback will be given by a professional from the Direction de santé publique who will visit each of the clinics at a time that is convenient for most of the stakeholders at the clinic. These visits will take place between April and June 2008.

A "before-after" specification will measure vaccination delays in the top 10 vaccinating clinics in the region. Measurements will be taken before the intervention and 1 year later. The 10 participating clinics will be sufficient to observe a difference of 5% given the vaccination volume of these clinics with a power of over 80% if the alpha error is set at 0.05.

Results obtained for each of the clinics will be compared with those obtained before the intervention. A comparison will also be conducted on the difference in indicators (the value obtained before and after the intervention). A Chi square test and Fisher's exact test will be performed. The statistical significance level will be set at < 0.05.

Each of the identified medical clinics will be free to participate or refuse to participate in the study and may withdraw at any time. All personal identifiers will be removed prior to data analysis, report development and publication.

Findings from the research could guide future education approaches to improve childhood immunization rates.

Planned Completion Date: December 2009