

A Model Process for Refugee Immunization: Towards a Better Understanding of Performance Improvement

*Ruth M. Carrico, PhD, RN, FSHEA, CIC; Lindsey N. Horrell, RN, BSN; Elizabeth M. Fitzgerald, EdD, APRN, PMHCNS-BC;
Mary E. Pike, PhD, APRN, ACNS-BC; Barbara Jackson, PhD, RN*



INTRODUCTION

Upon acceptance into the US, refugees navigate the resettlement process with local agencies to find housing, medical care, employment, and education. During this period, refugees must receive proper immunizations and medical exams in order to apply for permanent residence (US Department of State, 2013). Administering refugee immunizations can often be a costly, inefficient, hazardous endeavor. To streamline this process, Dr. Ruth Carrico, PhD RN FSHEA CIC, Associate Professor at the University of Louisville School of Medicine and Clinical Director at the University of Louisville Vaccine and International Health and Travel Center, and her team partnered with Kentucky Refugee Ministries (KRM) and Catholic Charities of Louisville (CC) in 2011 to develop a mobile refugee immunization clinic.

PURPOSE: The purpose of this study was to conduct a performance improvement project to improve processes that may impact the clinic’s flow and efficiency. This project resulted in suggestions to improve education and communication prior to immunization, overcome cultural barriers between clinic staff, volunteers, and refugees, and enhance the safety of the immunization process.

METHODS

This study was conducted using exploratory intrinsic case study methods. This author conducted a through review of the literature, analyzed surveys from approximately 304 nursing student volunteers who administered vaccines in the clinic, and gathered field notes during six observational visits. A categorical aggregation of data was used to identify themes of quality improvement. Suggestions were reviewed by clinic staff and some have been implemented to improve the safety, efficacy and cultural sensitivity of the vaccination process. The following questions were included in the nursing student surveys:

1. What year are you in your nursing program?
1st year, 2nd year, 3rd year, 4th year, or Other
2. What type of nursing program are you attending?
Associate’s Degree, Bachelor’s Degree, Accelerated Degree, or Other
3. In this experience, can you please let us know what you think went well.
4. In this experience, can you please let us know what you think did not go well.
5. Please give us your ideas for improvement.
6. Please rate your perception of this overall experience (1 = poor, 5 = excellent).

RESULTS

Students rated their clinic experience at an average 4. 715 on a Likert scale. Qualitative data analysis revealed the following five themes of survey responses:

Educational Experiences

Students expressed increased confidence with vaccine administration as a result of their experience and stated the clinical guidance was helpful. Other students requested more instruction and improved communication to create a better learning environment.

Cultural Encounters

Many respondents enjoyed the transcultural communication experience gained in the clinic, although some students felt interpretation and translation services were not being optimized in vaccination processes.

The Physical Environment

Students liked the way each station was stocked with supplies at the beginning of each clinic. Some respondents reported running out of supplies and cluttered work spaces, while others requested lids for the sharps containers and more trashcans, gloves, and chairs for each station. Many students gave suggestions for a more comfortable working environment.



Chaos and Order Within the Clinic

The most frequent response indicated student satisfaction with clinic organization. Many suggestions provided ideas to decrease chaos and improve patient flow.

Patient Safety

Many students stated the documentation system was efficient. Several respondents stated an additional volunteer or staff member was needed to double-check patient identification prior to vaccination. Observations revealed language barriers, similar client names, and chaos all contributed to difficulty ensuring proper patient identification.

DISCUSSION

The following table lists suggestions shared with clinic staff:

Table 1	
<i>Suggestions for Quality Improvement</i>	
<u>Suggestions</u>	
1)	Utilize staff member to direct patient flow in immunization area.
2)	Place ice chests with vaccines at each station.
3)	Place lids on the sharps containers.
4)	Provide additional trashcans, chairs, and supplies at each station.
5)	Post additional directional/multi-lingual signs throughout the clinic.
6)	Ask refugees to form lines at each station.
7)	Designate one student to administer all of the client’s vaccines.
8)	Try alternate station layouts.
9)	Use a staff member to check patient identification.
10)	Bring in additional nursing instructors to oversee students
11)	Recruit language majors to direct patients and see client feedback
12)	Create a website to post VIS forms and relevant health articles
13)	Place laminated VIS forms at the immunization tables.
14)	Provide entertainment in the waiting room area.
15)	Utilize louder speakers in the interpretation area.
16)	Use a larger space for vaccinations if available.
17)	Limit volunteers to one clinical group per day
18)	Email instruction to volunteers prior to the beginning of each clinic.

Table 1. Suggestions for Quality Improvement. This table illustrates suggestions shared with clinic staff throughout the study.

Several suggestions have been implemented into clinic processes and deemed useful by clinic staff (R. Carrico, personal communication, February 4, 2014) .

CONCLUSIONS

The results of this study will be used to optimize clinic processes and patient outcomes and can be implemented in similar clinics across the country. Future studies may explore the refugees’ perception of the care they receive and how we can better prepare refugees for the American healthcare system prior to their arrival in the U.S.

References

US Department of State. (2013). *Refugee admissions*. Retrieved from <http://www.state.gov/j/prm/ra/index.htm>