Improving Hepatitis Vaccine Assessment, Documentation, And Vaccine Initiation Using A Standardized Bundle In An LGBTQ+ Health Clinic

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Background

- Hepatitis A (HAV) and Hepatitis B (HBV) are vaccine-preventable viral infections that cause liver inflammation.
- Men who have sex with men (MSM) and transgender women are at higher risk for HAV and HBV in the United States (Cahill et al., 2024).
- The CDC recommends vaccination for all sexually active men who have sex with men (CDC, 2024).
- The HELP Center lacked a standardized process for vaccine education, documentation, and patient notification.

Local Problem

- The HELP Center provides free pre-exposure prophylaxis (PrEP), HIV care, sexually transmitted infection (STI) services, and hepatitis vaccinations.
- Over 90% of the agency's patients identify as MSM.
- As of January 2025, approximately 50% of the clinic's population (>900 patients) required a hepatitis vaccine.
- As of May 2025, only 39 hepatitis vaccine appointments had been completed; 60 patients started but did not finish their multi-dose series in the past year.

AIM Statement

During the 12-week quality improvement implementation, healthcare providers at the HELP Center Fort Worth will adhere to a new hepatitis vaccine assessment, documentation, and vaccine initiation process, using a standardized clinical bundle, 30% of the time for vaccine-eligible patients.

Methods

Plan

- **Identify gaps:** Hepatitis vaccine assessment, documentation, and follow-up by creating a bundle checklist, updating EHR templates, implementing chart alerts, standing orders, and updating portal messages.
- **Define role-based execution**: Assign responsibilities across front desk, Medical Assistants, Providers, and Patient Success Coordinators to ensure consistent delivery and follow-through.

Do

- **Execute the workflow:** Educate stakeholders pre-launch; front desk verifies portal access and attaches checklist; MAs use gain-framed scripting and escalate hesitancy to providers; PSC schedules 1-week vaccine follow-ups.
- **Monitor and optimize:** Run daily audits and PDSA cycles (weeks 4, 8, 12), Share progress with staff using run charts in the breakroom and at daily huddles.

Act

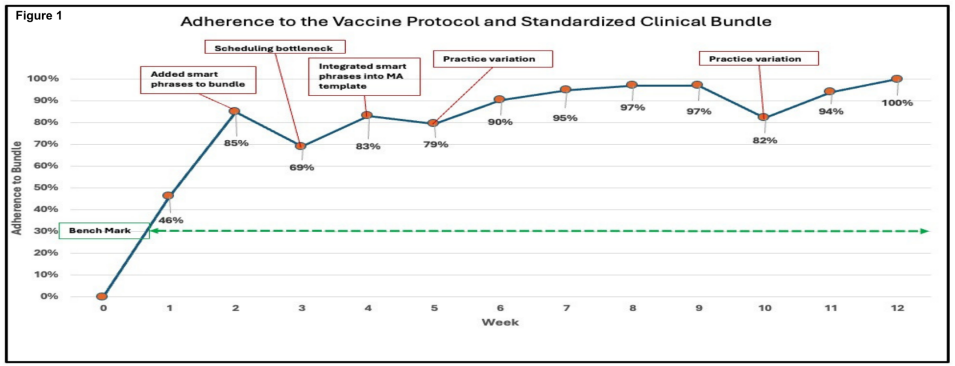
- **Refine operations:** Adjust data entry to align with dynamic scheduling (within 48 hours), increase provider engagement in vaccine delivery, and modify bundle components that create workflow strain.
- **Scale and sustain:** Apply lessons learned to strengthen and inform future QI initiatives.

Study

- **Track performance:** Measure bundle adherence as the primary outcome (Figure 1), monitor process measures, and workload burden to identify variation.
- **Review and act:** Analyze data weekly and reinforce findings through daily huddles and leadership reviews.

Results

Figure 1



Results

Figure 2

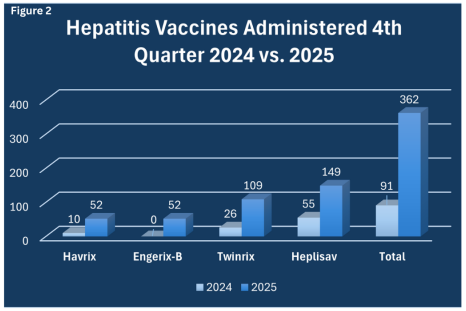
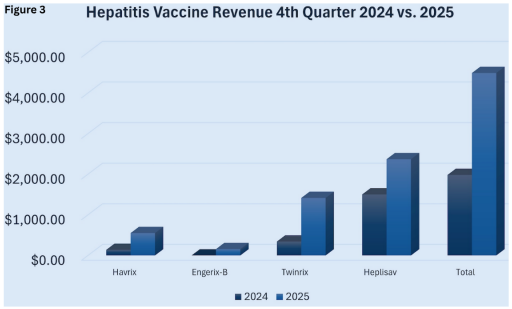


Figure 3



Clinical & Financial Impact

Vaccine Uptake (Figure 2)

- Total vaccines dispensed Q4 2024 = 91
- Total vaccines dispensed Q4 2025= **362**
- Total vaccines % increase Q4 2024 to Q4 2025 = **297.8%**

Financial Outcomes (Figure 3)

- Q4 2024 vaccine gross margins = $1982.74
- Q4 2025 vaccine gross margins = **$ 4,492.06**
- Gross Margin % increase Q4 2024 to Q4 2025 = **126.6%**

Conclusion

The QI project significantly:

- Improved identification of vaccine-eligible patients.
- Increased vaccine initiation rates.
- Enhanced staff engagement and interprofessional communication.
- Introduced role-based interventions, clarified responsibilities, and accountability.
- Implemented workflow standardization and supported consistent care delivery.
- Structured EHR optimization and improved clinical processes.
- Created no perceived increase in workflow burden.

Sustainability & Spread

Sustainability was achieved by integrating workflow and EHR changes into routine practice, excluding the bundle checklist. The QI model is scalable and can be adapted to other health initiatives within the organization and across similar clinical settings.

References & Contact

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