Abstract

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Background and Purpose: Over half of children in the United States are not current on routine well child visits (WCVs). Attendance to WCVs is imperative for early identification of developmental, behavioral, psychosocial, and other health issues. Children residing in rural areas have higher rates of health inequity, and mortality than children residing in urban areas. The purpose of this quality improvement project was to improve pediatric attendance to WCVs and adherence to routine immunizations in the rural population.

Methods: This project utilized a pre- and post- survey design comparing perspectives and perceptions of guardians. The intervention was telephonic communication used to contact guardians in attempt of scheduling children for these visits and/or immunizations. Surveys administered assessed sociodemographics, health literacy, and vaccine hesitancy.

Results: A total of 44 participants who met inclusion criteria were surveyed from the rural health clinic utilizing three assessment surveys. They were categorized into guardians of children current on WCV and immunizations, or guardians of children behind on WCV and immunizations. A total of 174 charts of children ages 0-12 years old behind on WCVs and vaccinations were selected for guardian contact in attempt to schedule a visit. 53 guardians scheduled their children.

Conclusions: A notable increase identified between pre- and post-intervention groups indicates feasibility and should be considered for long-term implementation. This project displays evidence that a telephonic intervention can play a pivotal role in improving attendance to and outcomes of WCV in the pediatric population.

Implications: Intervention implementation revealed that routine verification of demographics is crucial as many guardians could not be reached as a result incorrect demographics.

Keywords: Well child visits, childhood immunizations, telephonic communication, rural health