

National Association of Nurse Practitioners in Women's Health
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Virtual Conference
Abstract

Purpose/Aim

The purpose of this project was to test an evidence-based bundle intervention within a military hospital-based outpatient clinic to improve HPV vaccination rates among military-affiliated females ages 11-26 years.

Summary of the innovative project - describe setting/population, intervention, methods/tools used for the evaluation of outcomes

A bundled intervention was used to improve HPV vaccine uptake among females, including active-duty, retirees, and dependents, ages 11-26 years seeking care in a hospital-based outpatient obstetrics/gynecology clinic within a military treatment facility. The bundle intervention consists of 1) pre-screening patients' charts, 2) placing prompts in the clinic template, 3) identifying immunization champions, 4) educating and empowering health care professionals to recommend the HPV vaccine, 5) providing free vaccinations, and 6) not requiring a pregnancy test before vaccination. The project was conducted over three months, and two electronic systems (Aeromedical Services Information Management System [ASIMS] and Armed Forces Health Longitudinal Technology Application [AHLTA]) were used to evaluate the outcomes. Three-month pre- and post-intervention data were compared for 1) the number of missed opportunities (MO) to recommend the HPV vaccine, and 2) vaccine-eligible patients who received the HPV vaccine.

Outcomes

The brief project results are promising, but not consistent with current research that indicates bundle interventions improve HPV vaccination rates. However, since MO was reduced, this project has a high potential to lead to greater HPV vaccine uptake with further testing of the bundle intervention. Also, the questionnaire results are congruent with the evidence that shows the provider's recommendations are a primary predictor of HPV vaccination.

Results and implications for women's health.

The results show an increase in the frequency of assessing the patient's HPV vaccination status (33%) and using the prompt by the providers (15%), and subsequently, a considerable reduction in MO (29%) to discuss the HPV vaccine. However, there was no difference in HPV vaccine uptake. The HPV vaccine must be available to administer at the clinical visit, and the Department of Defense's recommendation for the HPV vaccination policy needs to be updated to mandate the HPV vaccine to all service members to reduce preventable cancers and genital warts in military-affiliated females.