The team used the following criteria to assist in the prioritization discussion:

1. Good chance for success
2. What we do will make a difference (not just an exercise)
3. Manageable and doable (in terms of time and resources)
4. A meaningful goal for the team, Department, and community

<table>
<thead>
<tr>
<th>Potential Project Direction</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| **A. Decrease lead time between initial call and a scheduled appointment (days/weeks)** *(n=4)*<sup>1</sup> | • Meets all 4 criteria  
• A doable “chunk”  
• Would also potentially decrease “no shows” because people can get in when they actually need an appointment | • Requires change that may be uncomfortable  
• May require stress on staff (Tracey suggested that BTC students might be available to help)  
• This is a BIG “chunk” (Scott)  
• System level analysis (Scott) |
| **B. Decrease the number of appointment “no shows”** *(n=1)* | • Would result in more people vaccinated  
• Could make a big difference for some  
• More efficient use of staff time | • Many factors that are out of our control (ex: weather)  
• Success may be limited |
| **C. Increase the number of immunizations provided per hour** *(n=0)* | • Potential to streamline clinic processes  
• LEAN | • It is difficult to stay on schedule  
• Changes may impact quality of care |
| **D. Increase 2-year-old pertussis immunizations** *(n=0)* | No “pros” mentioned | • Too broad, not manageable |
| **E. Increase TDAP immunizations** *(n=2)* | • Very worthwhile for impact on pertussis  
• Dovetails nicely with current project of available TDAP  
• Current increase in pertussis cases (vaccine provides quick turnaround)  
• Could improve system-level collaboration | • Vaccine may be limited to doses on hand  
• Not typical QI project in terms of application |
| **F. Increase immunization rates within one specific provider practice (for 2-year-olds and their guardians)** *(n=3)* | • Potential to fit well with AFIX work  
• Good chance of success  
• Project of interest to Family Care Network  
• Potential to raise knowledge of staff/patients by developing consistent standards  
• Potential for wider application | • Provider practices have multiple projects, may be seen as “just another mandate”  
• Provider practice would need additional support to participate  
• Perhaps not manageable or doable (but meets the other 3 criteria)  
• Changing provider environment (potential for practice mergers) |

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<sup>1</sup> Bracketed numbers are initial votes from 1/17. Each of 5 persons had 2 votes each.
Following this exercise, each team member rank-ordered the six choices with the top choice getting 6 points, second choice getting 5 points, etc. through last choice at 1 point. The results were tabulated and then rank-ordered from highest to lowest score:

<table>
<thead>
<tr>
<th>CHOICE</th>
<th>Score: 6</th>
<th>Score: 5</th>
<th>Score: 4</th>
<th>Score: 3</th>
<th>Score: 2</th>
<th>Score: 1</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>2 X 6 = 12</td>
<td>2 X 5 = 10</td>
<td>1 X 4 = 4</td>
<td>1 X 3 = 3</td>
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<tr>
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<td>2 X 5 = 10</td>
<td>1 X 4 = 4</td>
<td>2 X 3 = 6</td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>A</td>
<td>3 X 6 = 18</td>
<td>1 X 5 = 5</td>
<td></td>
<td></td>
<td>1 X 2 = 2</td>
<td>1 X 1 = 1</td>
<td>26</td>
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<tr>
<td>C</td>
<td></td>
<td>1 X 5 = 5</td>
<td>2 X 4 = 8</td>
<td>3 X 2 = 6</td>
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<td>17</td>
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<td></td>
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<td>1 X 2 = 2</td>
<td>4 X 1 = 4</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

The team then had an in depth discussion centering on the top three choices (F, B, and A). The discussion largely confirmed that the “pros” for increasing immunization rates within on specific provider practice were strong factors in the high score F received. A show of hands was then taken and the group chose F by consensus.