



Feedback of Information to the Practice

The 'F' in AFIX stands for Feedback, the process of informing immunization providers about their performance in providing vaccines to a specifically defined population and providing information about their immunization coverage levels. The feedback session provides a valuable opportunity for the physician and staff to discuss and prioritize quality improvement activities related to immunizations with the assistance of an immunization representative from the state or local health district. The feedback process is given in a sensitive/respectful manner that assures provider confidentiality.

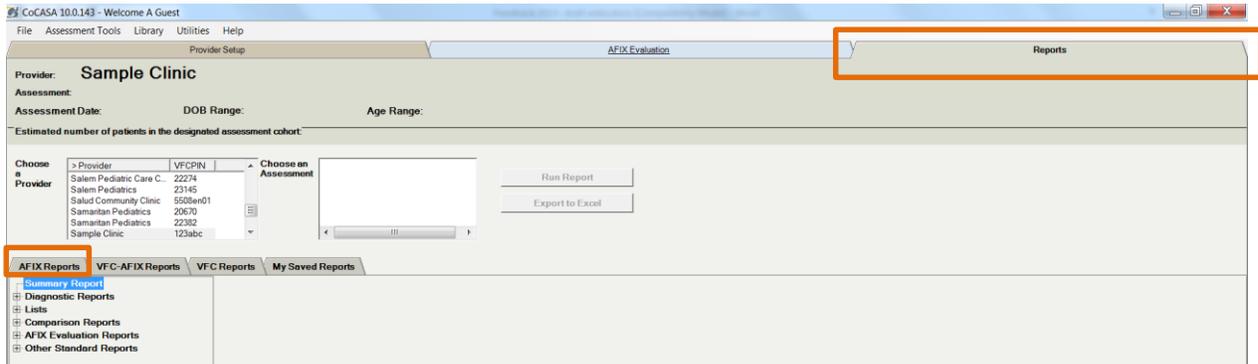
Preparing for the Feedback Session

The AFIX Project for Ohio conducts in-person feedback sessions. Following are some measures to take in preparing for the feedback session:

1. **Schedule** your feedback session at a mutually convenient time for the practice and yourself. At least one key decision maker should be present and as many staff from the practice as are available. Be sure to find out how many people they expect to attend to make sure you have enough copies of the materials including a copy of the AFIX Provider Satisfaction Survey.
2. Make sure all the **reports** are run several days in advance and you review them.
 - a. Summary Report – Run the reports and transfer the information to the AFIX Assessment Analysis form (see Forms section).
 - 4:3:1:3:3:1- document rates only on AFIX Assessment Analysis
 - 4:3:1:3:3:1:4- use to fill out the Assessment Analysis form
 - b. Single Antigen Report Childhood (4:3:1:3:3:1:4)
 - c. Diagnostic Report Childhood (4:3:1:3:3:1:4)
 - d. Missing Immunizations (4:3:1:3:3:1:4) “Missing any doses”
 - e. Invalid Doses (4:3:1:3:3:1:4)
3. Document the practice’s **strengths** and any **observations** on the AFIX Assessment Analysis
4. Bring a copy of the **AFIX Site Visit Questionnaire**- to guide improvement suggestions
5. Bring a copy of the **AFIX Site Visit Questionnaire Response Guide** (you may want to leave a copy of the guide with the provider at the end of the session)
6. **Be comfortable** in presenting information - practice feedback session(s) in front of the staff.
7. Bring **resources** to provide to the practice
 - a. ACIP Immunization schedule
 - b. Accelerated/catch-up schedule
 - c. Vaccine Information Statements (VIS)
 - d. Centers for Disease Control and Prevention’s (CDC) *Epidemiology and Prevention of Vaccine-Preventable Diseases* (“The Pink Book”)
 - e. Immunization Record card for charts

- f. Immunization Resources list (see Resources section)
 - g. Impact SIIS (statewide immunization information system) information
 - h. Maximize Office Based Immunizations (MOBI) information (in-service education program)
8. Utilize the **Feedback Checklist Questions** to guide your discussion if needed.

Running CoCASA Reports for the Feedback Session



Reports are located under the **Reports** tab in the CoCASA software. At this time there are five different reports that will be used for the feedback session. **Some of the information on these reports is to be transcribed or typed onto the AFIX Assessment Analysis.** Present the AFIX Assessment Analysis to the practice as part of the feedback session, it is a **summary** of the reports you will provide them with at the feedback.

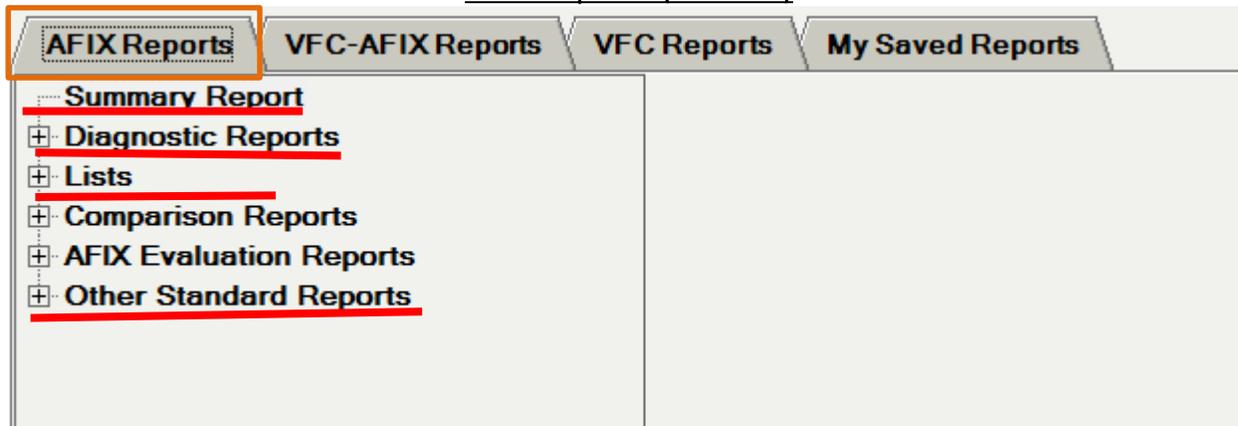
Pediatric Assessment Report Required to take to the FB Session:

1. **Summary Report-** 431331
2. **Summary Reports-** 4313314
3. **Single Antigen Report Childhood-** 4313314
4. **Diagnostic Report Childhood-** 4313314
5. **Missing Immunizations-** 4313314
6. **Invalid Doses-** 4313314
7. **Notes Report-** if you used that function during the data entry portion

Optional reports: Please feel free to run any other reports that CoCASA can produce that you feel may be helpful in your feedback. You may call the AFIX Coordinator to discuss possible options if you are interested.

Once in the **Reports** tab, look at the top of the screen to assure that the correct practice and assessment are selected.

AFIX Reports (sub-tab)



Summary Reports (2 total summary reports: 4:3:1:3:3:1 & 4:3:1:3:3:1:4)

Click once on the *Summary Report* in the left hand column

The *Summary Report* now includes the flow chart and pie chart. The Summary Report will need to be run for the 4:3:1:3:3:1 and 4:3:1:3:3:1:4 series.

The *Age Range* should read **24-35 months** as of **1/1/____** (the year of the assessment).

Select the first *Series* 4:3:1:3:3:1

Mark **Compliance By Age: 24 months**, leave *Apply ACIP Recommendations* and *Apply 4 day grace period* checked and under *Immunization opportunity missed* select *On Last Immunization Visit*.

Once all the information is entered for a report, the criteria can be saved for the next time the report is run. Select *Save Criteria* and name the report. (e.g. 2012- 4:3:1:3:3:1 by 24 months)

Then select *Run Report*

Repeat process for 4:3:1:3:3:1:4 series.

Save the report criteria for the 4:3:1:3:3:1:4 reports as well by setting the criteria the same as you did previously but changing the antigen series to include the 4 PCVs. Select *Save Criteria* and name the report. (e.g. 2012- 4:3:1:3:3:1:4 by 24 months)

Saving Report Criteria:

Note: You will have to save new report criteria every calendar year.

Using Saved Criteria to run reports helps to reduce report errors and time spent running CoCASA reports

Report Criteria

My Saved Criteria
 Select one... Save Criteria Delete Criteria

Step 1: Age Range:
 From 24 To 35 Months Years As Of 01/01/2011

Step 2: Antigens:
 Series 4:3:1:3:3:1 Or Antigens
 4:3:1:3:3:1 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var)

Step 3: Compliance:
 By Age 24 Months Years Or By Date

Step 4: Additional Criteria:
 Apply ACIP Recommendations Limit by a user-selected variable
 Apply 4 day grace period

Step 5: Immunization Opportunity Missed
 On LAST immunization visit

Step 6:

Step 1: Age Range

- Type *From 24 To 35*
- Select radio button by Months
- Type As Of: 01/01/current year

Step 2: Antigens

- Use the drop down menu to select the desired antigen series (4:3:1:3:3:1) & (4:3:1:3:3:1:4)

Step 3: Compliance

- Select the radio button next to By Age
- Type 24 in the box
- Select the radio button next to Months

Step 4: Additional Criteria

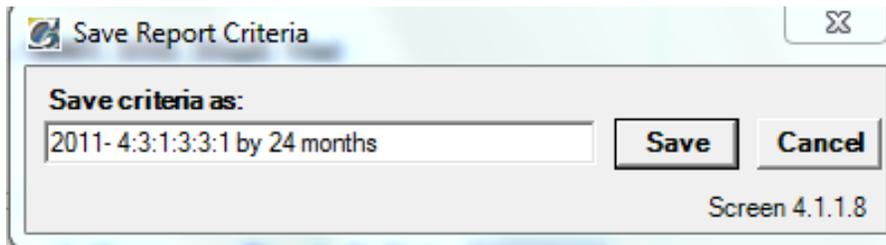
- The boxes by 'Apply ACIP Recommendations' and 'Apply 4 day grace period' should be checked. If they are not, please check them.

Step 5: Immunization Opportunity Missed

- Use the dropdown menu to select 'On LAST immunization visit'

Step 6: Once the above steps are completed

- Click on the 'Save Criteria' button
- Name the saved criteria so that you may be able to identify it (current year- antigen series by 24 months)



Step 7: Repeat the process for the remaining antigen series

Deleting Saved Criteria (from past years)

Step 1:

- Select the desired criteria from the dropdown menu

Step 2:

- Click the 'Delete Criteria' button

Step 3:

- Repeat the process as needed

Previous year criteria should be deleted to avoid reporting errors.

Single Antigen Report Childhood (1 single antigen report)

Double click on *Diagnostic Reports* in the left column and select *Single Antigen Report Childhood*

The *Age Range* should read **24-35 months** as of **1/1/____** (the year of the assessment).

Select the *Series 4:3:1:3:3:1:4*. This report will include rates on all vaccines assessed.

Mark *Compliance By Age: 24 months*, leave *Apply ACIP Recommendations* and *Apply 4 day grace period* checked.

After saving, for future use select the *Saved Criteria* report for the 4:3:1:3:3:1:4 series and select *Run Report*

Diagnostic Report Childhood (1 diagnostic report: 4:3:1:3:3:1:4)

Double click on *Diagnostic Reports* in the left hand column and select *Diagnostic Report Childhood*

The *Age Range* should read **24-35 months** as of **1/1/____** (the year of the assessment).

Select the *Series 4:3:1:3:3:1:4*

Mark *Compliance By Age: 24 months*, leave *Apply ACIP Recommendations* and *Apply 4 day grace period* checked.

Or select the *Saved Criteria* report for the 4:3:1:3:3:1:4 series and select *Run Report*

Missing Immunizations (1 missing immunizations report: 4:3:1:3:3:1:4)

Double Click on *Lists* and select *Missing Immunizations*

The *Age Range* should read **24-35 months** as of 1/1/____ (the year of the assessment).

Select the *Series 4:3:1:3:3:1:4*

Mark *Compliance By Age: 24 months*, leave *Apply ACIP Recommendations* and *Apply 4 day grace period* checked.

Or select the *Saved Criteria* report for the 4:3:1:3:3:1:4 series and select *Run Report*

Select the radio button for the third option: ***“Missing any doses”***

Select *OK*

Invalid Doses (1 invalid doses report)

Double click on *Lists* and select *Invalid Doses*

The *Age Range* should read **24-35 months** as of 1/1/____ (the year of the assessment).

Select the *Series 4:3:1:3:3:1:4*

Mark *Compliance By Age: 24 months*, leave *Apply 4 day grace period* checked.

Or select the *Saved Criteria* report for the 4:3:1:3:3:1:4 series and select *Run Report*

Notes Report

Double click on *Other Standard Reports* and select *Notes Report*

Using the drop down menu indicate that you would like the report to be run by Name.

Select *Run Report*

Site Visit Summary Report

Assure that the correct provider and assessment is selected.

Double click on *AFIX Evaluation Reports* and select *Site Visit Summary Report*

Select *Run Report*

Saving (Exporting) CoCASA Reports to your computer

After running any CoCASA report, the report can be saved in two ways: a pdf file or in *My Saved Reports*. A pdf file can be saved and then attached to an email. Reports saved in *My Saved Reports* can only be viewed under this tab in CoCASA.

To save a report as a pdf file:

Select *Export Report*

Choose where to save the file

Name the file

Select *Save*

Definitions

The following are some key definitions of terms used during the feedback session.

Complete and Up-to-Date (UTD): The patient had received all of the selected vaccinations by 24 months of age for a particular series. The doses must meet the minimum spacing and age requirements as set by ACIP, taking into account the 4-day grace period.

Complete and Late Up-to-Date: If a patient had not received all the immunizations for a particular series by 24 months of age. However; the patient has received the remaining immunizations by the date the AFIX assessment is conducted and the patient is now complete and up to date for the series. The doses must meet the minimum spacing and age requirements as set by ACIP, taking into account the 4-day grace period.

Missed Opportunity: On Last Immunization Visit: This is only determined for those patients that are not up-to-date at the time of the assessment. It indicates that a child had received immunizations at the last visit but did not receive all of the immunizations that could have been given. If a parent refuses a vaccine and the date of refusal is documented by 24 months of age, it will not be counted as a missed opportunity.

No Missed Opportunity: For a record that is not up-to-date, this indicates that all the immunizations that were due at the last immunization visit were given.

Missing Immunization: Any dose that is missing. If a parent refuses a vaccine, the dose will remain on the missing immunizations report, since the child is susceptible. If history of disease is documented by 24 months of age, it will not show up on the missing immunization report.

Invalid Dose: A dose was not given according to the minimum spacing and age requirements as set by ACIP, taking into account the 4-day grace period.

Perform the Feedback Session

Be aware of time limits and keep within the limit for the session. What information will you present in the session? You may use the following check list for Feedback discussion:

Questions	Answer
Were the coverage level results and missed opportunities presented during your feedback session?	YES NO
Did you present the coverage level results for all assessed antigens and age groups?	YES NO
Did you explain the missed opportunities results and discuss possible causes?	YES NO
Did you ask the provider and their staff questions that test their understanding of the assessment reports?	YES NO

Did you explain the purpose of the Site Visit Questionnaire?	YES NO
Did you discuss the results of the Questionnaire? Please make sure you define and explain the QI strategies provided in the questionnaire.	YES NO
Did you note your observations of office practices and discuss opportunities for improvement during the feedback session	YES NO
Did you encourage discussion among clinic staff during your session?	YES NO
Did you highlight the provider's areas of strength?	YES NO
Was a QI plan completed in collaboration with the provider staff during the QI strategies to be implemented?	YES NO
Was a timeline developed for implementing the QI strategies?	YES NO
Did you explain the program's incentives process?	YES NO

- **Outline** key points from the assessment and include on the **AFIX Assessment Analysis**
 - Practice strengths – offer appreciation for things done well
 - Observations of office practices
- Identify areas for Improvement
- Brainstorm with the Practice on **Improvement Strategies** that can be adopted
 - Include “easy fixes”
 - Target areas that provide the “Biggest Bang for the Buck”
 - Be supportive that change is never easy and foster an environment of change
 - Discuss opportunities for incentives for outstanding and improved performance and exchange of best practices
- Document the practice's **Improvement Plan** on the AFIX Site Visit Packet (page 5)
 - Identify **2-3 QI strategies** (record on the AFIX Site Visit Packet)
 - Some ideas might include reducing missed opportunities, implementing a reminder/recall system, initiating parent education, participating in Impact SIIS and/or participating in a MOBI
 - Outline and discuss follow-up activities
 - Let the practice know that you will be contacting them in **4 to 6 weeks**, and as outlined in the Improvement plan, to discuss the status of the activities identified and any further assistance needed.
- Distribute one **AFIX Provider Satisfaction Survey** per attendee and kindly request them to complete survey. Once this is done, the practice should and submit the survey directly via fax to the AFIX Coordinator

Visit Reminders

Before leaving the office, remember to:

1. Thank the office for participation in the AFIX program
2. Review key findings of the assessment
3. Review agreed upon follow up activities
4. Notify the practice that they will be receiving an evaluation regarding the AFIX assessment and feedback within the next few weeks following the feedback.

- Distribute the 'AFIX Provider Satisfaction Survey' to each attendee and direct the office to complete and return the survey via fax to the AFIX Coordinator

Some final points to keep in mind:

- Be empathetic/supportive
- Encourage creativity
- Expect and accept mistakes
- Allow for candid opinions
- Offer positive feedback
- Offer appreciation for a job well done

After the Feedback Session

Follow-up must be conducted for each site receiving an assessment and feedback. This follow up should **not** occur more than **6 months** after the feedback. Also, please use the results from the Feedback session to determine the type of follow-up that is appropriate for the provider site. (phone call vs. in-person). The follow up should be customized to aid the site in achieving practice improvements as well as coverage improvement. This information should be documented in the AFIX Site Visit Packet (page 5).

Due Dates

Email, mail or fax the proceeding AFIX packet with the appropriate CoCASA reports to the ODH AFIX Coordinator. All worksheets found in this packet are to be completed and returned together to ODH after the 30-45 day follow-up has been performed. If the AFIX 30-45 day follow-up cannot be completed by December 31, then all the other reports and forms are to be turned into the ODH AFIX Coordinator by January 15 with a date as to when the AFIX Feedback Report will be completed with the follow-up information.

AFIX Site Visit Packet contains:

- AFIX Demographic Form (page 1)
- AFIX Site Visit Questionnaire (page 2-3)
- AFIX Site Visit Feedback Form (page 4)
- Provider Improvement Plan (page 5)

CoCASA Reports to be included with AFIX packet:

VFC Provider	Non-VFC Providers
<ul style="list-style-type: none"> • Diagnostic Report 	<ul style="list-style-type: none"> • Diagnostic Report • Summary Reports

These forms can be emailed, faxed or mailed to the ODH AFIX Coordinator:

ODH AFIX Coordinator
 Ohio Department of Health, Immunization Program
 35 E Chestnut Street, 6th Floor
 Columbus, OH 43215
 Fax: (614) 728-4279
 Immunize@odh.ohio.gov