



Assessment, Feedback, Incentives and Exchange (AFIX) Project for Ohio

Reporting Instructions

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 Follow-up will be completed.

AFIX Site Visit Packet contains:

- AFIX Demographic Form (page 1)
- AFIX Site Visit Questionnaire (page 2-3)
- Provider Feedback and Improvement Plan (page 4-12)

CoCASA Reports to be included with AFIX packet:

Pediatric Visits (24-35 months):

VFC Provider	Non-VFC Providers
<ul style="list-style-type: none"> • Diagnostic Report (4:3:1:3:3:1:4) 	<ul style="list-style-type: none"> • Diagnostic Report (4:3:1:3:3:1:4) • Summary Report

Adolescent Visits (13-15 years):

VFC Provider	Non-VFC Providers
<ul style="list-style-type: none"> • Site Visit Summary Report • Adolescent Coverage Report 	<ul style="list-style-type: none"> • Site Visit Summary Report • Adolescent Coverage Report

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
 Phone: (614) 466-4643
 Fax: (614) 728-4279
Immunize@odh.ohio.gov
Subject: 2016 AFIX packet- Site Name VFC/Assigned #

AFIX Site Visit Demographic Form

AFIX Assessor Information			
First Name	Last Name	Organization	Education Level
Provider Information			
Site Name:			Site VFC/Assigned Number:
Site Contact Name:	First Name	Last name	
Site Contact Information:	Street	City	Zip
	Email Address	Office Phone	Fax
Provider Type:	<input type="checkbox"/> Private Practice <input type="checkbox"/> FQHC/RHC <input type="checkbox"/> Local health district		
AFIX Assessment Information			
Age (s) Assessed:	<input type="checkbox"/> Pediatric (24-35 months)	<input type="checkbox"/> Adolescent (13-15 years)	
Type of Assessment:	Pediatric (24-35 months): <input type="checkbox"/> Impact SIIIS extract <input type="checkbox"/> Manual Entry <input type="checkbox"/> HDIS extract	Adolescent (13-15 years): <input type="checkbox"/> Impact SIIIS extract <input type="checkbox"/> Manual Entry <input type="checkbox"/> HDIS extract	
Total number of eligible children/adolescent in practice:	Pediatric (24-35 months): _____	Adolescent (13-15 years): _____	
Total Number of children/adolescent assessed:	Pediatric (24-35 months): _____	Adolescent (13-15 years): _____	
AFIX Assessment Date:	Pediatric (24-35 months): ___/___/_____	Adolescent (13-15 years): ___/___/_____	
Year of last AFIX:	Pediatric (24-35 months): _____ <input type="checkbox"/> Site has never had a Ped. AFIX	Adolescent (13-15 years): _____ <input type="checkbox"/> Site has never had an Adol. AFIX	

This is an IAP self-assessment. It is our:

First Assessment (January-June)
 Second Assessment (July-December)

AFIX Site Visit Questionnaire

AFIX Visit Information			
AFIX Assessor First Name	AFIX Assessor Last Name	Site Name	Site VFC/Assigned Number:

Strategies to improve the quality of immunization services	Pediatric (24-35 months)	Adolescent (13-15 years)
1. Do you have a reminder/recall process in place for all patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you offer walk-in or immunization only visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you routinely measure your clinic's immunization coverage levels (both pediatric and adolescent) and share the results with your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you schedule the next vaccination visit before the patients/parents leave the office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you contact patient/parents within 3-5 days when a "well-child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you regularly document vaccine refusals and the reasons for the refusal (parent has vaccine safety concern, medical contraindication, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Strategies to decrease missed opportunities	Pediatric (24-35 months)	Adolescent (13-15 years)
9. Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have immunization information resources to help answer questions from patients/parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended age-appropriate vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Strategies to improve the quality of immunization information in the IIS	Pediatric (24-35 months)	Adolescent (13-15 years)
15. Does your staff report all immunizations you administer at your clinic to your state IIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does your staff report immunizations previously administered to your patients by other providers to the IIS (e.g. official shot record, other IIS report, copy of medical record)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you inactivate patients in the IIS who are no longer seen by your practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you use your IIS to determine which immunizations are due for each patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AFIX Visit Information			
AFIX Assessor First Name	AFIX Assessor Last Name	Site Name	Site VFC/Assigned Number:
Provider Feedback and Improvement Plan			
Feedback Date: ___/___/_____ (This date must be on or after the assessment date)		Feedback Attendance (Mark box and indicate number in attendance): <input type="radio"/> Physician(s): _____ <input type="radio"/> Nursing Staff: _____ <input type="radio"/> Office Staff: _____ <input type="radio"/> Other: _____	
30 to 45 Day Follow-up Date: ___/___/_____ (This date must be at least 30 days after the feedback date)		Choose one of the following: <input type="radio"/> Follow-up in person <input type="radio"/> Follow-up by phone call	

Mark QI strategies selected by the provider. You must choose at least **two QI strategies** for each AFIX you perform. If you perform a pediatric and adolescent AFIX at the same time, you must choose **at least two QIs for the practice's pediatric population** and **at least two QIs for the adolescent population**. Identify if the QI strategies will be applied to the practice's pediatric and/or adolescent population.

Follow-up with the practice in four to six weeks (**30-45 days**) after the feedback session to evaluate the progress of the practice's selected QI strategies. Mark progress made towards implementation in table below.

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
Develop a reminder/recall process for your practice (Q #1) <input type="radio"/> Pediatric <input type="radio"/> Adolescent	<input type="radio"/> Designate an immunization champion to lead and coordinate the reminder/recall efforts. <input type="radio"/> Develop reminder/recall procedures for your office. This will include: frequency, methodology, age cohort, and responsible personnel. <input type="radio"/> Utilize the IIS to run and send reminder/recall notifications to child and adolescent patients <input type="radio"/> Other: _____			Pediatric: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
Provide walk-in or immunization only visits (Q #2) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Develop and implement standing order for health care personnel (nurses, physician assistants or other) to administer vaccinations ○ Designate an immunization champion to lead and organize immunization only/walk-in visits ○ Offer immunization only or nurse only visits ○ Offer evening or weekend walk-in service ○ Provide parents/patients a forecaster that lists upcoming vaccinations and their due dates. This may encourage parents/patients to take advantage of immunization only visits. ○ Publicize the availability of these services ○ Evaluate if the standing orders are being utilized and how to improve their use ○ Other: _____ 			Pediatric: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
Routinely measure your clinic's immunization coverage levels and share the results with your staff (Q #3) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Designate a point person for measuring coverage levels and tracking progress ○ Develop a protocol for sharing data and disseminating results (i.e. during team meetings, etc.) ○ Discuss results and determine ways to improve coverage. ○ Other: _____ 			Pediatric: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
Schedule the next vaccination visit before the patients/parents leave the office (Q #4) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Develop a protocol for communication between your clinical staff and the front desk staff. ○ Utilize a vaccination scheduling system (EMR) that transmits the schedule from the clinical staff to the front desk staff. ○ Train all staff involved in scheduling visits to use and understand the scheduling system. 			Pediatric: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)*

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
	<ul style="list-style-type: none"> ○ Communicate to parent/patient that vaccinations may be part of a milestone well-check visit or physical so the parent/patient knows what to expect at their next visit. ○ Spot-check to ensure that next vaccination visits are scheduled based on protocol ○ Other: _____ 			<input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
<p>Develop a system to contact patient/parents within 3-5 days when a "well child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible (Q #5)</p> <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Designate a point person to lead recall effort. ○ Develop a system to flag/identify patients who missed their scheduled vaccination (flag chart, no show stamp, IIS) ○ Develop a protocol to routinely review charts and recall 'no show' patients within 3-5 days of the missed visit ○ Train staff (clinical and front office) on 'no show' protocol ○ Evaluate to ensure that 'no show' patients are routinely recalled ○ Other: _____ 			<p>Pediatric:</p> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* <p>Adolescent:</p> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
<p>Develop a system to schedule wellness visits for patients at 11-12 years of age (Q #6)</p> <ul style="list-style-type: none"> ○ Adolescent 	<ul style="list-style-type: none"> ○ Designate a point person to your clinic's reminder efforts for scheduling adolescent wellness visits. ○ Develop a communication plan in the form of a brochure/flyer/website that can be readily available to patients/parents. Provide, as part of this information the following: <ol style="list-style-type: none"> 1) What to expect at the doctor's office 2) The list of vaccinations the patient should have received to date and the list of vaccines they will receive during the visit 3) The importance of these vaccines and the diseases they prevent 			<p>Pediatric:</p> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* <p>Adolescent:</p> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
	4) An overview of the importance of the wellness check in preventing or addressing common medical problems found in the age group 5) Ways to contact the provider office with questions <ul style="list-style-type: none"> ○ Designate a point person to routinely report on recall status for 11-12 year olds and the challenges faced in recalling this population ○ Discuss with the clinic team potential new practices that can improve recall efforts ○ Other: _____ 			
Designate an immunization champion to focus on QI measures, reducing barriers, and improving coverage levels (Q #7) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Select a staff member knowledgeable in immunizations or AFIX visits. ○ Assign the selected champion the responsibility in leading the practice towards achieving the QI strategies and improved outcomes. ○ Provide training opportunities for the selected person (online trainings, MOBI, TIES, etc.) ○ Schedule regular meetings with clinic staff to discuss quality improvement, review coverage data and develop action steps with concrete deliverables and timelines for improvement ○ Other: _____ 			Pediatric: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
Develop a system to regularly document vaccine refusals (Q #8) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Create standards and processes to document vaccine refusals in IIS or in patient charts ○ Discuss your practice's trends in vaccine refusals and seek resources aimed at addressing refusals ○ Routinely check to ensure all vaccine refusals are properly documented ○ Other: _____ 			Pediatric: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)*

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
				<input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
Educate parents about immunizations and the diseases they prevent, even when parents refuse to immunize (Q #9) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Train all immunization staff on how to discuss the importance of vaccinations and the diseases they prevent. ○ Provide available literature, handouts, and other resources to highlight the importance of vaccinations ○ Provide Vaccine Information Statements (VIS) to patients, parents and/or legal guardians before each vaccine dose. ○ Provide a strong, concise and assertive recommendations for delivering vaccines during a visit such as: <i>"Your child needs three shots today: meningitis, HPV, and Tdap."</i> ○ Evaluate staff's conversations during immunization visits and provide additional assistance and training as needed. ○ Develop script for staff for reversing vaccine hesitancy and provide incentives for staff to keep up efforts in battling hesitancy ○ Other: _____ 			Pediatric: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
Provide immunization information resources to patients/parents (Q #10) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Designate a point person to gather and update educational resources for patients/parents ○ Provide Vaccine Information Statements (VIS) to patients, parents and/or legal guardians before each vaccine dose ○ Provide additional education materials to patients/parents who are vaccine hesitant ○ Display communication materials throughout the clinic and waiting area ○ Other: _____ 			Pediatric: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
<p>Ensure clinic staff are knowledgeable and comfortable with current ACIP recommendations (Q #11)</p> <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Schedule a MOBI/TIES presentation ○ Designate a point person to lead educational quality improvement initiatives ○ Train staff quarterly on ACIP recommendations, minimal intervals and contraindications ○ Create a pre and posttest to assess knowledge and redesign training based on feedback from clinic staff ○ Display ACIP recommendations in visible places throughout the clinic ○ Other: _____ 			<p>Pediatric:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* <p>Adolescent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
<p>Train front desk/scheduling staff on how and when to schedule immunization appointments (Q #12)</p> <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Develop a protocol for scheduling immunization visits (i.e. scheduling next vaccination visits at time of check-out) ○ Train front desk staff routinely on scheduling immunization appointments. Designate a point person to implement training. ○ Develop a protocol for chain of communication between the clinical and the front desk staff. ○ Spot-check to ensure that next vaccination visits are scheduled based on protocol ○ Other: _____ 			<p>Pediatric:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* <p>Adolescent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
<p>Develop standing orders for nurses, physician assistants, and other health care personnel to identify opportunities to administer all</p>	<ul style="list-style-type: none"> ○ Develop standing orders in compliance with state law for administering vaccinations ○ Evaluate if the standing orders are being utilized and how to improve their use ○ Other: _____ 			<p>Pediatric:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* <p>Adolescent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%)

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
<p>recommended child/adolescent vaccines (Q #13)</p> <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 				<input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
<p>Ensure that clinic staff are comfortable administering vaccines at each child/adolescent visit (Q #14)</p> <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Designate a point person to lead educational quality improvement initiatives ○ Train nursing staff on facilitating conversations on the importance of vaccination with patients/parents ○ Develop role play scenarios to provide additional feedback ○ Provide a strong, concise and assertive recommendations for delivering vaccines during a visit such as: <i>"Your child needs three shots today: meningitis, HPV, and Tdap."</i> ○ Provide Vaccine Information Statements (VIS) to patients, parents and/or legal guardians before each vaccine dose ○ Provide additional educational materials to patients/parents who are vaccine hesitant ○ Train staff on ACIP recommendations, minimal intervals and contraindications ○ Create a pre and posttest to assess knowledge ○ Evaluate staff during immunization visits to provide additional feedback ○ Create educational workshops in which clinic staff discuss barriers to immunizing patients and possible next steps ○ Other: _____ 			<p>Pediatric:</p> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* <p>Adolescent:</p> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
Report all administered immunizations to the state/city IIS (Q #15) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Contact your IIS trainer to set-up access to IIS ○ Schedule training with your IIS trainer for staff (clinical and front office) ○ Work with IIS trainer to ensure EMR is uploading correctly to IIS ○ Monitor to ensure progress ○ Other: _____ 			Pediatric: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
Report all previously administered vaccinations from other providers in the IIS (Q #16) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Contact your IIS trainer to set-up access to IIS ○ Schedule training with your IIS trainer for staff (clinical and front office) ○ Develop a system to track immunizations previously administered by other providers ○ Discuss the proposed protocol during team meeting and gather feedback ○ Redesign protocol based on feedback ○ Train staff on the proposed protocol and how to add previous records into IIS ○ Monitor and evaluate the success of the new system and redesign based on success rate ○ Other: _____ 			Pediatric: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*
Inactivate all patients in the IIS who are no longer seen by your practice (Q #17) <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Contact your IIS trainer to set-up access to IIS ○ Schedule training with your IIS trainer for staff (clinical and front office) ○ Develop a protocol to inactivate all patients in IIS who are no longer seen by the clinic (contact IIS trainer on steps on how to) ○ Discuss the proposed protocol during team meeting and gather feedback. Redesign protocol based on feedback. ○ Train staff on the proposed protocol and how to inactivate patients in IIS 			Pediatric: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* Adolescent: <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*

Quality Improvement Strategy	Action Step	Responsible Party	Date to implement	Progress towards selected QI Strategy at time of 30 to 45 day follow-up
	<ul style="list-style-type: none"> ○ Monitor and evaluate progress ○ Other: _____ 			
<p>Use IIS to determine which vaccines are due for each patient (Q #18)</p> <ul style="list-style-type: none"> ○ Pediatric ○ Adolescent 	<ul style="list-style-type: none"> ○ Contact your IIS trainer to set-up access to IIS ○ Schedule training with your IIS trainer for staff (clinical and front office) ○ Develop standard operating procedures for clinic staff administering vaccines to provide routine assessment of vaccinations during every visit by review of records in IIS ○ Create an effective communication chain between clinic staff and front desk staff on immunization timing and next appointments using IIS ○ Provide immunization forecast for individual patients at the time of visit using IIS ○ Evaluate new procedures, discuss with clinic staff and redesign based on the most effective approach for increasing vaccine coverage rates using IIS ○ Other: _____ 			<p>Pediatric:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)* <p>Adolescent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented (100%) <input type="checkbox"/> Progress to full implementation (>50%)* <input type="checkbox"/> Partially implemented (<50%)* <input type="checkbox"/> No implementation (0%)*

*If a QI strategy was not fully implemented at the follow-up, continue to perform additional follow-ups until QI is fully implemented.