

2014 AFIX Site Visit Questionnaire



SITE VISIT QUESTIONNAIRE INSTRUCTIONS

* Indicates a REQUIRED field. Must be completed for the questionnaire to be considered complete.	
The questionnaire may be filled out prior to the AFIX visit or during the visit.	
ANSWERS:	All questions are YES or NO answers according to the behaviors CURRENT at this provider office.
QI PLAN:	The assessor along with the provider is to select 2-3 strategies to incorporate into the Quality Improvement (QI) Plan for implementation and follow up.

1. STRATEGIES TO IMPROVE THE QUALITY OF IMMUNIZATION SERVICES			
QUESTIONS	CHILD	ADOL	Selected QI Strategy
1. Do you have a reminder/recall process in place for pediatric/adolescent patients?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
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	<input type="checkbox"/>
3. Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
6. Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
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	<input type="checkbox"/>

8. Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
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2. STRATEGIES TO DECREASE MISSED OPPORTUNITIES

QUESTIONS	CHILD	ADOL	Selected QI Strategy
1. 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	<input type="checkbox"/>
2. 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	<input type="checkbox"/>
3. 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	<input type="checkbox"/>
4. 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	<input type="checkbox"/>
5. Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended pediatric vaccines?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
6. 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	<input type="checkbox"/>

3. STRATEGIES TO IMPROVE IIS FUNCTIONALITY AND DATA QUALITY

QUESTIONS	CHILD	ADOL	Selected QI Strategy
1. Does your staff report all immunizations you administer at your practice to your state/ city IIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
2. 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	<input type="checkbox"/>
3. 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	<input type="checkbox"/>
4. Do you use your IIS to determine which immunizations are due for each patient at every visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>

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