

**2009 Local Health Department
Immunization Program Triennial Review Tool
County: _____**

Date: _____ Reviewer's Name: _____
Provider Site Name: _____
Provider address: _____
Contact person: _____ Telephone: _____
Email: _____ FAX: _____
VFC Number: _____ Region: _____

Note: ! Per CDC, an unsatisfactory response to any question marked with this icon automatically requires that a written corrective action be completed (VFC Operations Guide: M9-4(E))

Type of Practice:
 Public Health Dept Clinic Other Public (Specify)
 FQHC/RHC

How many physicians are practicing at this site?

The following question should be answered prior to the site visit, so the findings can be discussed during the site visit.

! Are vaccine orders consistent with the most current provider profile? Yes No
(Pre-site visit, check TOF & site data base for larger-than-expected ordering pattern. If issue(s) are resolved, check "Yes"; if not resolved, check "No".)

If no, follow up actions must be documented in 32b.

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Notes:

SECTION I. VFC COMPLIANCE

Questions 1-7 should be answered by the provider.

1. **!** What is the vaccine administration fee charged to non-Medicaid VFC eligible patients (uninsured, American Indian/Alaska Native, under-insured if vaccinated at FQHC/RHC)? (PPA #6)
2. Under what circumstances is a child referred to another facility for immunization services? (PPA #7)
 - Not applicable children are never referred
 - Child is underinsured
 - Parent is unable to pay administration fee
 - Other (specify)
 - Vaccine is unavailable
 - Parent is unable to pay office visit fee
3. Which of the following vaccines are **NOT** routinely administered in this clinic/practice? (PPA#3)
 - DTaP
 - Hepatitis A
 - Hepatitis B
 - Hib
 - Human Papillomavirus
 - Varicella
 - Influenza
 - Meningococcal Conjugate (MCV4)
 - MMR
 - MMR-V
 - Pneumococcal Conjugate
 - Other:
 - Pneumococcal Polysaccharide*
 - Polio
 - Rotavirus
 - Td
 - Tdap

3a. Pediarix
 Comvax

 - *to high-risk patients*
4. **!** When does this clinic/practice provide patients with copies of the Vaccine Information Statements (VIS) to keep? (PPA #4)
 - Every time the patient receives a vaccination
 - When the child receives the first dose of vaccine within a particular series (e.g. 1st dose of DTaP)
 - Do not provide
 - Other (specify)
5. In order to complete the annual provider profile, how does this clinic/practice determine the number of VFC-eligible patients in this clinic/practice? (PE# 43, 4.e.i)
 - Use doses administered data
 - Use benchmarking data
 - Use Medicaid & billing data
 - Immunization Information System (Registry)
 - Other (please describe):
6. **!** When does the clinic/practice screen patients for VFC eligibility? (PPA#1)
 - First immunization visit to the office
 - Every immunization visit
 - Do not screen for VFC eligibility
 - Not applicable, clinic/practice serves 100% VFC eligible children and has appropriate Comprehensive Certification form with up-to-date signature on file
 - Other (specify)

7. Does this clinic/practice always notify the Immunization Program when publicly purchased vaccine has been involved in a cold chain failure, has expired or been wasted? (PPA#10)

Yes No

7a. How often is a physical inventory of vaccine conducted? (PE #43: 4.b.i.)

Never Weekly Monthly Quarterly

~~7b. Does the clinic order vaccines according to their Tiered Order Frequency (TOF) status? (PE #43.7.b.)~~

~~Yes No~~

~~If no, explain: _____~~

8. **!** When does this clinic/practice prepare vaccine for administration to patient? (PE #43: 4.e.ii.)

Immediately before administration Other: specify process

Questions (9-28) should be answered based on a physical review of provider's written plan, VISs, refrigerator(s) and freezer(s).

9. **!** Does the clinic/practice have a **written plan** for vaccine management including the following (review for accurate content): (PE#43: 4.b.i.)

	Yes	No
Designation of primary vaccine coordinator and at least one back-up staff	<input type="checkbox"/>	<input type="checkbox"/>
Proper vaccine storage and handling	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine shipping (includes receiving, & transport)	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for vaccine relocation in the event of a power failure, mechanical difficulty or emergency situation (emergency plan)	<input type="checkbox"/>	<input type="checkbox"/>
Has the emergency plan been reviewed or updated annually or since change in responsible staff?	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine ordering	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control (e.g. stock rotation)	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine wastage	<input type="checkbox"/>	<input type="checkbox"/>

~~9a. Reviewer provided hard copy or website location of sample SOP? Yes No~~

~~<http://www.oregon.gov/DHS/ph/imm/docs/PrivClinicSOP.dot>~~

10. ! Please identify the publication date for each of the VIS currently being used in this clinic/practice and then check the appropriate status for each VIS. (PE# 43: 4.j.i.)

VIS Website: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>

VACCINE	VIS VERSION BEING USED IN THIS CLINIC/PRACTICE				
	Current	Outdated	None Used	Does Not Administer	Spanish Current
DTaP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Conjugate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inactivated Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live Intranasal Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Td	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Polysaccharide (PPV23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Vaccines Multiple Vaccines (9/18/09)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. ! What type of storage units does this clinic/practice use to store varicella-containing vaccines* and all other vaccines? (check all that apply) (PE# 43:4.d.) *MMR, Varicella, Zoster

Varicella-Containing Vaccines*	All Other Vaccines
<input type="checkbox"/> Stand alone freezer	<input type="checkbox"/> Stand alone freezer
<input type="checkbox"/> Stand alone refrigerator	<input type="checkbox"/> Stand alone refrigerator
<input type="checkbox"/> Dormitory style refrigerator/freezer	<input type="checkbox"/> Dormitory style refrigerator/freezer
<input type="checkbox"/> Combined refrigerator/freezer with separate external refrigerator and freezer doors (e.g. household style appliance).	<input type="checkbox"/> Combined refrigerator/freezer with separate external refrigerator and freezer doors (e.g. household style appliance).
<input type="checkbox"/> Combined refrigerator/freezer with single door	<input type="checkbox"/> Combined refrigerator/freezer with single door
<input type="checkbox"/> Does not administer vaccines requiring freezer storage	

12. **!** Are working thermometers placed in a central area of each refrigerator and freezer? (PE# 43: 4.d.)

	Refrigerator			Freezer		
	#1.	#2.	#3.	#1.	#2.	#3.
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have thermometer but not placed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. (A) What type of thermometer is used by the clinic/practice? (check all that applies) (PE# 43:4.d.ii.)

	Refrigerator			Freezer		
	#1.	#2.	#3.	#1.	#2.	#3.
Standard Fluid Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Recording	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min-Max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)						

13. (B) **!** For each type of thermometer used by the clinic/practice, indicate if the thermometer is certified (check all that apply). (PE# 43:4.d.ii.) *Thermometers must be certified according to NIST or ASTM standards

	Refrigerator			Freezer		
	#1.	#2.	#3.	#1.	#2.	#3.
Standard Fluid Filled	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
Continuous Recording	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
Min-Max	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
Dial	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
Digital	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
Other (specify)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

14. **!** For each refrigerator and freezer indicate how often temperatures are recorded (check all that apply). (PE# 43:4.d.iii.)

	Refrigerator			Freezer		
	#1.	#2.	#3.	#1.	#2.	#3.
Once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twice a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than twice a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Record the highest and lowest temperatures logged in the last 3 months. If no log is available for the past three months, record the highest and lowest temperatures from available logs. (PE# 43:4.d.iii.)

Please indicate if recordings are Celsius (°C) or Fahrenheit (°F).

	Refrigerator (2-8°C / 35-46°F)			Freezer (-15°C / 5°F or lower)		
	#1.	#2.	#3.	#1.	#2.	#3.
Lowest	°C	°C	°C	°C	°C	°C
	°F	°F	°F	°F	°F	°F
Highest	°C	°C	°C	°C	°C	°C
	°F	°F	°F	°F	°F	°F
Log available for last 3 months?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
	Partial <input type="checkbox"/>	Partial <input type="checkbox"/>	Partial <input type="checkbox"/>	Partial <input type="checkbox"/>	Partial <input type="checkbox"/>	Partial <input type="checkbox"/>

If any of the lowest and/or highest temperatures are out of the recommended range then **GO TO** question 16.
If the temperatures are within the recommended guidelines, **SKIP** to question 19.

16. **!** During past 3 months, how many times were the temperatures outside the recommended range? (PE# 43:4.d.i.)

	Refrigerator (2-8°C / 35-46°F)			Freezer (-15°C / 5°F or lower)		
	#1.	#2.	#3.	#1.	#2.	#3.
Below Guidelines						
Above Guidelines						
Unknown, no logs available						

17. **!** When the temperatures were outside the recommended range, what action did the clinic/practice take? (PE# 43:4.d.iii-iv.)

(✓ all that apply)

- Adjusted thermostat in refrigerator/freezer
- Measured temperature with different thermometer to check accuracy of original reading
- Moved vaccine to a different refrigerator/freezer maintained at proper temperature
- Called the vaccine manufacturer to determine the potency of the vaccine
- Called the local/state immunization program for assistance
- Did not do anything

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18. **!** Does the clinic/practice have written documentation of the action taken when the temperatures were outside the recommended range? (PE# 43: 4.b.i., 4.d.iii)

- Yes
- No

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19. Record the current temperatures:

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	Refrigerator (2-8°C / 35-46°F)			Freezer (-15°C / 5°F or lower)		
	#1.	#2.	#3.	#1.	#2.	#3.
Practice Thermometer	°C	°C	°C	°C	°C	°C
	°F	°F	°F	°F	°F	°F
Reviewer's Thermometer	°C	°C	°C	°C	°C	°C
	°F	°F	°F	°F	°F	°F

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20. **!** Are current temperatures within the guidelines according to the reviewer's thermometer? Please note: if reviewer does not use a thermometer to check the temperature, then refer to the practice's thermometer to answer this question. (PE# 43:4.d.i.)

(Refrigerator: 2-8°C / 35-46°F, Freezer: -15°C / 5°F or lower)

Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

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21. **!** Is food stored with vaccines in the refrigerator or freezer? (PE# 43: 4.b.i.)

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Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.

YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

22. **!** Are vaccines stored in the doors of the refrigerator or freezer? (PE# 43: 4.b.i.)

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Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

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23. **!** Is vaccine stored in the middle of the storage unit and stacked with air space between the stacks and side/back of the unit to allow cold air to circulate around the vaccine? (PE# 43: 4.b.i.)

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Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

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23a. Are bottles of water placed in the refrigerator door? Yes No N/A
 23b. Are ice packs placed in the freezer door and compartment? Yes No N/A

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24. **!** Is there a "DO NOT DISCONNECT" sign on the refrigerator/freezer electrical outlet? (PE# 43: 4.b.i.)

Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

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~~24a. DO NOT DISCONNECT sign provided by reviewer? Yes No~~

25. **!** Is there a "DO NOT DISCONNECT" sign on the circuit breaker? (PE# 43: 4.b.i.)

Yes No Don't Know

~~25a. DO NOT DISCONNECT sign provided by reviewer? Yes No~~

26. **!** Are short-dated vaccines stored in front and used first, rotating stock effectively? (PE# 43: 4.b.i.)

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Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.

YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

27. ! Can the clinic/practice physically differentiate privately purchased vaccine from publicly purchased vaccine? (PE #43: 4.b.i.)

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To answer yes, clinic/practice must be able to demonstrate how this is done.

- Yes, clinic/practice can physically differentiate public vaccine from private vaccine
(includes documentation via IRIS/ALERT eligibility coding)
- No, clinic/practice cannot physically differentiate public vaccine from private vaccine
- Not applicable, clinic/practice is located in a universal state, has no private stock
- Not applicable, clinic/practice serves 100% VFC eligible children, has no private stock

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28. ! Upon checking the clinic/ practice's vaccine supply, did the reviewer find any unreported wasted or expired vaccine? (PE #43: 4.b.i.)

- Yes
- No

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Questions 29 - 31 should be answered based on a review of patient charts, electronic medical records, or patient log (electronic or manual) or registry which records VFC eligibility status. (PPA#1)

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29. What is the VFC eligibility screening coverage in this clinic/practice?

- VFC screening coverage of 100%
- VFC screening coverage of at least 95%
- VFC screening coverage of at least 90%
- VFC screening coverage below 90%

[Health Educator must pull 5 charts and review to derive the answer to this question.]

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30. What methodology was used to determine VFC eligibility screening coverage during this site visit? (PPA#1)

- CDC-supplied Lot Quality Assurance (LQA) protocol (chart review)
- CoCASA (AFIX assessment)
- Grantee-developed methodology (IIS vaccine eligibility review)
- Other:

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31. **31.** Do all immunization records contain the following documentation as required by statute 42 US Code 300aa-25?
 (✓ *one box per item*) (PE #43: 4.e.iii.B.)

Required Documentation	Yes	No
Name of vaccine given	<input type="checkbox"/>	<input type="checkbox"/>
Date vaccine was given	<input type="checkbox"/>	<input type="checkbox"/>
Date VIS was given	<input type="checkbox"/>	<input type="checkbox"/>
Name of vaccine manufacturer	<input type="checkbox"/>	<input type="checkbox"/>
Name and title of person who gave the vaccine	<input type="checkbox"/>	<input type="checkbox"/>
Address of clinic where vaccine was given	<input type="checkbox"/>	<input type="checkbox"/>
Publication date of VIS	<input type="checkbox"/>	<input type="checkbox"/>

Questions 32-33 should be answered based on results of the VFC site visit.

32a. Are corrective actions recommended for this VFC enrolled site?

- Yes No (*STOP here*)

32b. Please indicate which corrective actions regarding vaccine practices were recommended for this VFC-enrolled site.

Please refer to high-risk question (1), key to determine what questions were answered inappropriately. All questions answered with inappropriate responses require corrective actions. The reviewer may also enter corrective actions for non high-risk questions. Enter all recommended corrective actions in the appropriate space provided below.

(✓ *all that apply and specify problem*)

- Administrative practices
 Vaccine storage and handling
 Other:

33. Please indicate your plan for following-up with the site to ensure recommendations were implemented.

- Provided technical assistance at time of site visit, no further follow-up is needed
 Telephone call
 Site visit Suspended delivery of VFC vaccine until storage/handling problems resolved
 F/U letter Other:

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SECTION II. Standards for Pediatric & Adolescent Immunization Practices

Vaccine Administrative Policy

1. How does the clinic/practice offer immunization services to patients? (Check all that apply)

<input type="checkbox"/> During well-child visits	<input type="checkbox"/> Immunization-only appointments
<input type="checkbox"/> Walk-in immunizations	<input type="checkbox"/> Dedicated days/times for immunizations
<input type="checkbox"/> Off-site immunizations	<input type="checkbox"/> Other (specify) _____

2. Is an office visit fee charged in addition to any vaccine administration fees?

 Yes No

If yes, what is the amount of the office visit fee? _____

3. Is a physical exam required before immunizations are given?

 Yes No

Assessment of Vaccination Delivery

4. Does the clinic/practice routinely immunize when the child has:

	Yes	No	Situational
A cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low grade fever (e.g. 100.4°F [38°C] or lower)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recently been exposed to infectious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convalescing from an acute illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effective Communication about Vaccine Benefits and Risks

5. Does the clinic/practice staff know how to obtain foreign-language Vaccine Information Statements (VIS) for patients/families whose first language is not English?

 Yes No

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

6. Does the clinic/practice have a current copy of the following documents?

	Yes	No
<i>Recommended Childhood Immunization Schedule</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Revised Standards for Child and Adolescent Immunization Practices</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Contraindications for Childhood Immunization</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Vaccine Management: Recommendations for Handling & Storage of Selected Biologicals</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>6a. Adult Immunization Schedule</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>6b. Standards for Adult Immunization Practices</i>	<input type="checkbox"/>	<input type="checkbox"/>

7. Are up-to-date, written vaccination protocols accessible at all locations where vaccines are administered? ~~2~~ ~~(If Yes, ask to see a copy)~~ ~~(If Yes, ask to see a copy. Includes storage & handling, vaccine schedule, contraindications, administration techniques, treatment & reporting of adverse events, vaccine benefit/risk communication, & vaccination record maintenance/accessibility.)~~

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7. Yes No

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8. Who gives immunization injections? (Check all that apply)
 MD NP PA RN LVN LPN MA

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9. How do persons who administer vaccines and staff who manage or support vaccine administration receive ongoing education regarding immunization? (Check all that apply.)
 No ongoing training In-house training by health dept./professional organization at least once a year
 In-house training by staff at least once a year Off-site conferences or workshops at least once a year
 Distribution of written materials Web-based training
 Other (specify)_____

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10. Does the practice document ongoing education regarding immunization for persons who administer vaccines and staff who manage or support vaccine administration?
 Yes No

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11. Does the clinic/practice simultaneously administer all vaccines for which the child is eligible?
 Yes No

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12. What size needles are generally used for intramuscular injections?
 5/8 " (inch) 7/8" (inch)
 1 " (inch) Depends on age Other (Specify):

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13. Does the clinic/practice pre-fill syringes?
 Yes No

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14. Does the clinic/practice have VAERS forms and know how to report to VAERS? (PE #43: 4.m.i-iii; 7.e.)
 Yes No

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15. Does the clinic/practice require staff who have contact with patients to be immunized or show proof of immunity against the following vaccine-preventable diseases? (Check all that apply)
 None required Measles/Mumps/Rubella Hepatitis B
 Hepatitis A Varicella Influenza
 Td Other (specify)_____

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15a. Do you require a signed declination form when staff refuse flu vaccine? Yes No

Implementation of Strategies to Improve Vaccination Coverage (Q. 16-19 citations: PE #43: 4.h.ii.)

16. How does the clinic/practice remind patients of their next appointment? (Check all that apply)
 Mail Written appointment slip given at last visit
 Telephone Does not remind patients of next appointment
 Verbally at last visit Other (specify)_____

17. How does the clinic/practice contact patients who miss their appointments? (Check all that apply)
 Mail Telephone
 Does not contact patients who miss their appointments

Other (specify) _____

18. How does the clinic/practice identify patients if no appointment is made and immunizations are due/overdue?
(Check all that apply)

- Cannot identify patients due/overdue for immunizations Immunization registry
 Computer (office-based, not connected to a registry) Paper-based "tickler" system
 Other (specify) _____

19. How frequently does the clinic/practice generate reminder/recall notices (or phone calls) to patients who are due/overdue for a vaccination? (Check all that apply)

- Weekly Monthly Quarterly
 No regular schedule Clinic/practice does not distribute recall notices to patients

19a. Does your clinic/practice rely on ALERT/IRIS for recall notices to patients? Yes No

~~19b. Does your clinic/practice rely on FamilyNet (IRIS) for recall notices to patients? Yes No~~

~~19c. How many recall notices are sent to a patient who does not respond?~~

- ~~One Two (IRIS Standard) Three or more N/A~~

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20. Is an office- or clinic-based patient record review and vaccination coverage assessment performed at least once a year (check all that apply)? (PE #43.4.f.)

- No Yes Yes, by practice staff
 Yes, by Immunization/VFC program Yes, by other external reviewer
(AFIX)

~~20a. When was the most recent office- or clinic-based patient record review and vaccination coverage assessment?
Date: _____~~

~~20b. If you are not already receiving clinic immunization assessments, are you interested in having them?~~

- ~~Yes No Contact person (name/phone/ email): _____~~

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21. Does the practice/clinic participate in an immunization registry? (PE #43: 7.d.)

- Yes No

22. What community-based approaches does the clinic/practice use to increase immunization coverage?

(Check all that apply)

- No community-based approaches used Participates in health fairs
 Provides off-site immunization services Conducts community-based outreach/education
 Partners w/ schools/school nurses Other (specify) _____

23. Are you interested in receiving emailed vaccine supply and other immunization updates from the VFC or ORShots listserve?

- Yes No If yes, your email address: _____

SECTION III Agency Program Elements (PE 43)

Immunization Coverage and Performance Data (PE 43: 5.a.-d.)

	2005 2006	2006 2007	2007 2008	Percentage Point Change
State UTD 4:3:1:3:3:1 (Pop. Based Rate)				
County UTD 4:3:1:3:3:1 (Pop. Based Rate)				
LHD UTD 4:3:1:3:3:1 (AFIX Measure) (PM 5a)*				
Missed Shots (AFIX Measure) (PM 5b)				
Late Starts (AFIX Measure)				
Shots Coded Correctly (PM 5c)				
Peri Hep B Case Management (PM 5d)				
Timely Data Entry (PM 5e)				

*Note: As of FY09 (July 2008) the series evaluated will expand to include varicella (4:3:1:3:3:1)

Performance Measures (PE 43: 5.a-b)	Met	Not Met	Notes
5.a Increase 4:3:1:3:3:1* coverage rate by 1% yearly and/or maintain rate at $\geq 90\%$	<input type="checkbox"/>	<input type="checkbox"/>	
5.b Reduce Missed Shot rate by 1% yearly and/or maintain rate at $\leq 10\%$	<input type="checkbox"/>	<input type="checkbox"/>	
5.c 95% of all state-supplied vaccine coded correctly per age-eligibility guidelines	<input type="checkbox"/>	<input type="checkbox"/>	
5.d 80% of infants in LPHA's Service Area exposed to perinatal hepatitis B shall be immunized with the 3-dose hepatitis B series by 15 months of age.	<input type="checkbox"/>	<input type="checkbox"/>	
5.e 80% of vaccine administration data entered within 14 days of administration	<input type="checkbox"/>	<input type="checkbox"/>	

1. Are the following Immunization Plans and Agreements submitted and approved?

	Yes	No	Notes
Annual Public Provider Profile & Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehensive Triennial Plan (CTP)	<input type="checkbox"/>	<input type="checkbox"/>	
Annual CTP Plan Progress Report	<input type="checkbox"/>	<input type="checkbox"/>	

2. For each Delegate Agency, are the following documents submitted and current? N/A

	Yes	No	Notes
Annual Delegate Agency Profile & Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Delegate Agency Vaccine Certification D	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Delegate Agency Review Site Visit Tool	<input type="checkbox"/>	<input type="checkbox"/>	

3. Prior to shots, how are clients screened to identify contraindications? (PE 43: 4.e.iii.C.)

- Screening form completed by parent, guardian or client
- Provider asks parent, guardian or client the questions in-person
- Other:

4. Are Vaccine Administration Records (VARs) or other comparable immunization documentation kept for 10 years?

(PE43 4.e.iii.B)

Yes No

5. If you are not using the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), has your VAR been approved by PHD? (PE43: 4.e.iii.B)

Yes No NA, using State VAR

6. Are updated Lifetime Immunization Records (LIRs) or other updated shot history documentation given after shots? (PE43: 4.e.iii.A)

Yes No

7. Does staff administer vaccine under current, signed Standing Orders approved by OIP? (PE43: 4.e.ii)

Yes No

8. How do you forecast for clients? (PE43: 4.h.i-iii)

IIS (IRIS/ALERT) Manual Electronic (other than FamilyNet) N/A

8a. If an electronic forecaster **other than IRIS/ALERT** is used, has the algorithm been approved by OIP?

Yes No (Please provide a current copy of the algorithm) N/A

9. How do you recall clients? (PE43: 4.h.i-iii)

IIS (IRIS/ALERT) Manual Electronic (other than FamilyNet)

9a. If an electronic recall system is used, has the algorithm been approved by OIP?

Yes No (Please provide a current copy of the algorithm)

10. Immunization data is submitted to OIP via: (PE43: 7.d)

IRIS ALERT barcode ALERT electronic file

10a. For data submitted electronically but not through FamilyNet, flags or codes identify those clients who are:

(PE 43: 7.d)

Deceased Moved Out of the Oregon Service Area (MOOSA)

Other: _____ N/A

11. Is client immunization information entered into any other data system besides IRIS/ALERT?

Yes No If yes, type of system: _____

Vaccine Accountability

12. Vaccine eligibility coding for all state-supplied vaccine is essential to vaccine management. Based on data submitted: (PE43 4.a.i)

Coding looks great Possible problems identified

13. Are Monthly Vaccine Reports (MVRs) submitted to PHD by the 5th working day of the month? (PE43 7.a)

Yes No

Vaccines Billing

14. Are children ever denied VFC or 317 vaccines needed for school entry due to inability to pay? (PE43 4.e.iii.F)
 Yes No Two-tiered Only Travel Vaccine Other
15. Are clients charged for any state-supplied (other than "billable") vaccine doses received? (PE43 4.e.iii.D)
 Yes No
16. In the past 12 months, quarterly bills for billable doses equaling _____ dollars have been sent to you.
Have the bills been paid? (PE43 4.a.ii)
 Yes No
17. In the past 12 months, bills for returned/wasted vaccine equaling _____ dollars have been sent to you.
Have the bills been paid? (PE43 6.a-b)
 Yes No

WIC – Immunization Integration (Citation for this section: PE43 4.i)

18. What immunization records are reviewed when your WIC Program screens 3-24 month old children?
 Parent Record ALERT Record IRIS Record Other
- 18.a. How are you doing the screening?
 Using the Immunization forecast button in TWIST Using the ALERT forecaster
 Counting DTaPs (Manual Forecasting) Manual Forecasting
 Other
19. How is the LHD Immunization Program supporting the screening and referral efforts of WIC?
 Training provided (how often?) Supply patient education materials
 Shot nurse available on WIC appointment days Supply referral info for WIC staff's use
20. Are immunization visits co-scheduled with WIC certification visits?
 Yes No
21. Are you satisfied with the coordination between the LHD Immunization and WIC Programs?
 Yes No

School Immunization Law (Citation for this section: PE43: 4.o.i-ii)

22. In the past 3 years, the County Immunization Status Reports (CIS) were:
 Accurately completed Submitted on time
23. Were any schools/facilities reported to OIP as out of compliance during the past 3 years?

Yes No

24. If you requested validation survey for schools/facilities, were these completed satisfactorily?

Yes No N/A

Epidemiology Review: VPDs and Perinatal Hepatitis B Case Management (Citation questions 25-33: PE43 4.n.i-iv.)

Outbreak Investigation and Disease Reporting

25. Are there any problems from either agency (OIP or LHD) regarding VPD reporting? (PE 43: 4.I.)

Yes No

Perinatal Hepatitis B Case Management (PE 43: 4.g.i-ii)

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Data Reported to Immunization Program – data assigned to year cohort by Infants DOB

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	<u>2005200</u> 6	<u>200620</u> 07	<u>2007200</u> 8
Identification: Number of Mother-Infant Pairs reported			
Average estimated number of expected births per CDC			
Prophylaxis: Number (%) of Infants receiving HBIG and 3 Hep B doses by 15 months of age			
Post-Vaccination Serologic Testing: Number (%) of Infants receiving post-vaccination serologic testing			

[Reviewer: Share attached detailed case management data.]

Comments: _____

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26. What do you routinely do to assure that infants are receiving appropriate follow-up for prophylaxis?

- Phone/mail parent/guardian
- Home visit
- Look up infant in ALERT
- Phone/mail health care provider
- Contact Immunization Program for assistance
- Other: _____

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27. How many attempts do you make to reach parent/guardian before considering a case lost to follow-up?

- One Time
- Two Times
- Three Times
- Other _____

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Hepatitis B Screening, Documentation, and Birth Dose (PE 43: 4.n.i-iv)

[State law now requires routine HBsAg testing during pregnancy unless the woman opts out.]

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28. For all pregnant women receiving prenatal care or seeking prenatal screening from the public sector, do you:

- Provide HBsAg testing
 - Provide referrals for HBsAg screening
- If referrals are provided, to whom do you refer? _____

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29. What steps do you take with laboratories and providers to ensure prompt reporting of HBsAg-positive pregnant woman?

- Regular contact with lab and review of reports
- Regular contact with provider and review reports
- Contact medical provider to determine appropriate patient follow up
- We do not receive lab reports
- We do not receive provider reports
- Other _____

30. How do you communicate pending delivery of a suspect HBsAg-positive woman to hospital(s)?

- Contact the hospital's infection control manager
- Contact other hospital staff: (Specify) _____
- No routine contact

31. If a hospital identifies a birth to an HBsAg positive mother, who contacts the LHD?

- The hospital's infection control manager
- Other hospital staff (Specify) _____
- Physician
- They don't

According to the Electronic Birth Certificate (EBC) data:

Number of Birthing Hospitals in County:	<u>2005</u> <u>006</u>	<u>2006</u> <u>007</u>	<u>2007</u> <u>008</u>
Percent of Hospitals with documented screening results for >95% of delivering moms			
Percent of Hospitals giving birth dose to >95% of newborns			

[Reviewer: Share attached data regarding screening and birth dose policies and practices at birthing hospitals.]

32. If one or more hospitals do not test delivering mothers for HBsAg, what steps have you taken with them?

33. If one or more hospitals do not routinely administer the Hepatitis B birth dose, what steps have you taken? (PE 43: 4.g.ii) [Reviewer: remind LHD that VFC-eligible newborns receive this vaccine free of charge.]
