

2009 VFC State, Delegate and Private Site Visit Questionnaire* Provider:

Agency Provider Type: State Delegate Private

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

Note: ! Per CDC, an incorrect or inappropriate 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:

- | | | | |
|--------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Public hospital based clinic | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Public Health Dept Clinic | <input type="checkbox"/> Military Health Care Facility |
| <input type="checkbox"/> Private hospital based clinic | <input type="checkbox"/> FQHC/RHC | <input type="checkbox"/> Private Preschool/daycare/etc | <input type="checkbox"/> Public Preschool/daycare/etc |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> WIC | <input type="checkbox"/> Indian Health Center | <input type="checkbox"/> Corrections Facility |
| <input type="checkbox"/> HIV/STD Clinic | | | |

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.

Notes:

**Sections 1 & 2 are completed at all site visits.
Section 3 is completed only for State & Delegate Agency site visits.**

* A VFC site visit is a formal visit to VFC-enrolled provider sites to evaluate compliance with VFC program requirements.

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)

- | | | |
|-----------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Influenza | <input type="checkbox"/> Pneumococcal Polysaccharide* |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Meningococcal Conjugate (MCV4) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> MMR | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> HIB | <input type="checkbox"/> MMR-V | <input type="checkbox"/> Td |
| <input type="checkbox"/> Human Papillomavirus | <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> Tdap |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Other: | <input type="checkbox"/> Pentacel |

- 3a. Pediarix
 Comvax
 Kinrix

* 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 documented physical inventory of vaccine conducted? (PE #43: 4.b.i.)

- Never
- Weekly
- Monthly
- Quarterly

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	<input type="checkbox"/>	<input type="checkbox"/>

back-up staff		
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"/>

<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.)

VACCINE*	VIS VERSION BEING USED IN THIS CLINIC/PRACTICE			
	Current	Outdated	None Used	Does Not Administer
DTaP (5/17/07)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio (1/1/00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR (03/13/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (7/18/07)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella (03/13/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A (3/21/06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hib (12/16/98)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Conjugate (12/9/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inactivated Influenza (07/24/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live Intranasal Influenza (07/24/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Td (11-18-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Pneumococcal Polysaccharide (PPV23) (7/29/97)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal (01/28/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tdap (11-18-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus (08/28/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (2/02/07)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Vaccine (09/18/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoster/Shingles (9/11/2006)	<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"/>

VIS Website: <http://www.cdc.gov/vaccines/pubs/vis>. Current VIS publication dates as of 12/9/2008.

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

Varicella Containing Vaccines	All Other Vaccines
<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						
Have thermometer but not placed properly						
No thermometer						

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						
Continuous Recording						
Min-Max						
Dial						
Digital						
Other (specify)						

13. **(B)** **!** For each type of thermometer used by the clinic/practice, indicate if the thermometer is certified

(Check all that apply). *Thermometers must be certified according to NIST or ASTM standards (PE# 43:4.d.ii.)

	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						
Less than once a day						
Twice a day						
More than twice a day						

15. **!** Record the highest and lowest temperatures logged in the last 3 months. [If partial log is available for the past three months, record the highest and lowest temperatures from available logs. If no log is available, use current temperature for both lowest and highest temperatures and select no log is available for last 3 months. If practice does not have a thermometer use reviewer's thermometer temperature to record both lowest and highest temperatures. Use same temperatures for reviewer's section in question #19. If log is available for less than 3 months, use lowest and highest temperatures from timeframe available on log and select partial log is available for last 3 months. All three sections must be answered] (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 °F	°C °F	°C °F	°C °F	°C °F	°C °F

Highest	°C °F	°C °F	°C °F	°C °F	°C °F	°C °F
Log available for last 3 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partial	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partial	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partial	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partial	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partial	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partial

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

16. **!** During past 3 months or for the amount of time log is available, if less than 3 months, how many times were the temperatures outside the recommended range? If no log is available, select the unknown: no log available answer. (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 log 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
- NA, no temperatures outside range
- Unable to answer: no log available

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 N/A, no temperatures outside range Unable to answer: no log available

19. Record the current temperatures:

	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

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.
<input type="checkbox"/> 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

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

Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
<input type="checkbox"/> 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

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

Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
<input type="checkbox"/> 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

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.)

Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
<input type="checkbox"/> 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

23a. Are bottles of water placed in the refrigerator door?

Yes No N/A (No door storage)

23b. Are ice packs placed in the freezer door and compartment?

Yes No N/A (No door storage)

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.
<input type="checkbox"/> 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

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

Yes No Don't Know

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

Refrigerator			Freezer		
#1.	#2.	#3.	#1.	#2.	#3.
<input type="checkbox"/> 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

27. **!** Can the clinic/practice physically differentiate privately purchased vaccine from publicly purchased vaccine?

To answer yes, clinic/practice must be able to demonstrate how this is done. (PE #43: 4.b.i.)

- 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

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

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.

29. What is the VFC eligibility screening coverage in this clinic/practice? (PPA#1)

- 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.]*

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:

31. Do all immunization records contain the following documentation as required by statute 42 US Code 300aa-25 and 300aa-26 ?

(✓ 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"/>
Lot number	<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 (**!**) 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
 F/U letter
 Suspended delivery of VFC vaccine until storage/handling problems resolved
 Other:

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"/>
6a. <i>Adult Immunization Schedule</i>	<input type="checkbox"/>	<input type="checkbox"/>
6b. <i>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? (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.)

Yes No

8. Who gives immunization injections? (Check all that apply)

MD NP PA RN LVN LPN MA

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)_____
10. Does the practice document ongoing education regarding immunization for persons who administer vaccines and staff who manage or support vaccine administration?
- Yes No
11. Does the clinic/practice simultaneously administer all vaccines for which the child is eligible?
- Yes No
12. What size needles are generally used for intramuscular injections?
- 5/8 " (inch) 7/8" (inch) Depends on weight
- 1 " (inch) Depends on age Other (Specify):
13. Does the clinic/practice pre-fill syringes?
- Yes No
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
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)_____
- 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

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

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

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

- Yes No

21a. If yes, what is the age range of patients that is submitted?

21b. If clinic uses barcodes, but has an electronic medical record or billing system from which they can extract data files, is the clinic interested in electronic transfer of shot record data?

- Yes No N/A

Contact person (name/phone/ email)

21c. Does your clinic use ALERT to get immunization histories?

- Never access ALERT information
 Call for immunization histories
 E-mail or fax requests for immunization histories
 Look up immunization histories on the ALERT website

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 listserv?

- Yes No If yes, your email address:

SECTION III State & Delegate Agency Program Standards

1. For each State Agency, are the following annual immunization documents submitted and approved?

<input type="checkbox"/> N/A	Yes	No	Notes
Public Provider Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Public Provider Profile	<input type="checkbox"/>	<input type="checkbox"/>	
Public Provider Certification S Form	<input type="checkbox"/>	<input type="checkbox"/>	

2. For each Delegate Agency, are the following annual immunization documents submitted and current?

<input type="checkbox"/> N/A	Yes	No	Notes
Delegate Agency Profile & Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Delegate Agency Certification D	<input type="checkbox"/>	<input type="checkbox"/>	
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 OIP? (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)

8a. If an electronic forecaster is used, has the algorithm been approved by OIP?

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

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) NA
 Other: _____

11. Is client data entered into IIS (FamilyNet/IRIS) or ALERT within 14 days of vaccine administration? (PE43 7.d)
 Yes No

11a.. Exceptions to 14-day data entry?

- Privately purchased vaccine Flu clinic shots School clinic data Other:

11b. 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. Monthly Vaccine Reports (MVR)

13a. For Delegate Agencies, are Monthly Vaccine Reports (MVRs) submitted to the Local Health Department (LHD) by the 27th day of the month? (PE43 7.a)

- Yes No

13b. For State Agencies, are Monthly Vaccine Reports (MVRs) submitted to OIP by the 5th working day of the month? (PE43 7.a)

- Yes No

Vaccines Billing

14. Are children ever denied VFC or 317 vaccines 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