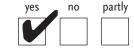
## **Suggestions to Improve Your Immunization Services**

Following are several ideas that healthcare professionals
and practices can use to improve their efficiency in
administering vaccines and increase their immunization
rates. Read each idea and check the response that
applies to your work setting.

**Yes** = We already do this.



No = We don't like this idea,

or it couldn't work in our practice setting.

**Partly** = We do some of this (or do it sometimes); we will consider it.

Кеер	ing clinic staff up to date with current recommendations				
1	In all exam rooms, we post the current, official ACIP U.S. immunization schedule for children and/or adults or variations thereof (for example, the official schedule of a medical society or of a state health department).	yes no partly			
2	We use the official "catch-up" schedule for children for advice on how to bring children up to date on their vaccinations when they have fallen behind.				
3	We are familiar with special vaccination recommendations for high-risk patients (e.g., special groups who need hepatitis A, hepatitis B, pneumococcal, influenza vaccines).				
4	We routinely receive and read updates on vaccines and other immunization issues from government agencies, our professional society, state or local health department, or other trusted organizations.				
Assu	Assuring complete, up-to-date patient records				
1	We participate in our local/regional/state immunization registry (Immunization Information System [IIS]).	yes no partly			
2	When scheduling appointments, we remind patients/parents to bring along their (or their child's) personal immunization record. We also confirm the address and phone number in case we need to contact them.				
3	We maintain a comprehensive immunization record in a visible location in each patient's chart (e.g., the front of the chart if we keep paper files), or print the patient's immunization record from the immunization registry or Immunization Information System (IIS).				
4	Whenever a patient comes in, the staff routinely asks to see his/her immunization record to determine if the patient received vaccinations at another healthcare site.				
5	If a patient tells us "I'm up to date with my vaccinations," or "my child's vaccinations are up to date," we are not convinced. We must have written documentation (either paper or in the computer registry).				
6	If no immunization record exists for a patient at the time of the visit and we are unable to obtain records by phone or the IIS, we give the vaccinations that we <b>think</b> are indicated, based on the history provided by the patient/parent. We have the patient/parent sign a release of records to obtain immunization records from previous providers. If no records of previous vaccinations can be located, the patient is treated as if unimmunized.				
7	If we see a patient in our office and don't administer a vaccination when it's due, we document the reason why in the patient's chart.	ED ON THE NEXT PAGE			



Assu	ring complete, up-to-date patient records (continued from page 1)	
8	If we have written confirmation that a patient received vaccines at another site or at a public health, school-based, worksite-based, or community-based immunization site, we update the patient's medical chart or the IIS with that information, recording the vaccination date(s) and healthcare site(s) where the vaccination was received.	yes no partly
9	With each patient visit, we document on the patient's chart that their immunization status has been reviewed (e.g., a notation such as "immunization status reviewed" is pre-printed on the progress note or other chart form).	
Mair	taining and protecting our vaccine supply	
1	We have a designated vaccine coordinator and a designated backup coordinator who oversee all vaccine storage and handling activities.	yes no partly
2	We provide vaccine storage and handling training to all new staff and to all staff whenever recommendations are changed or new product added.	
Getti	ng patients ready for their vaccinations	
1	We've trained our nursing and office staff (e.g., receptionist, scheduler) to know how to determine valid and invalid contraindications to vaccinations, as well as the minimum ages and minimum intervals permissible between vaccinations. Guides to valid contraindications and precautions, and minimum age and interval charts are posted or easily available to all staff. This training ensures that our clinic staff miss no opportunity to vaccinate.	yes no partly
2	We ask patients/parents to complete a simple screening questionnaire for contraindications to determine if the vaccinations they need can be given safely on the day of their visit. To save time, we have them complete it prior to seeing the clinician (e.g., in the waiting room or exam room).	
3	Before the clinician sees the patient, a staff member completes an immunization assessment and gives Vaccine Information Statements (VISs) to the patient/parent to read. If they need a VIS in another language, we give it, if it is available.	
Avoi	ding "missed opportunities"	
1	Our staff are trained to administer multiple vaccinations to patients who are due for multiple vaccinations.	yes no partly
2	Prior to patient visits, we review the immunization record for each patient and flag charts of those who are due or overdue.	
3	If children in our waiting room are the siblings or children of the patient, we pull their charts and review their immunization status and vaccinate them if needed before they leave the office.	
4	We have immunization "champion(s)" in our clinic to keep all clinic staff up-to-date on current recommendations and effective strategies to avoid missed opportunities.	
5	Vaccines are consistently available (system is in place to order vaccines in a timely manner).	
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Impr	oving access to clinic services	
1	We provide vaccination services during some evening and/or weekend hours.	yes no partly
2	Patients can walk in during office hours for a "nurse only" visit and get vaccinated. We use standing orders.	
3	Our nurses can give vaccinations under standing orders (i.e., they can independently screen patients and administer vaccines under pre-existing signed physician's orders).	
4	We use all patient encounters (including acute-care and follow-up visits) to assess and provide vaccinations.	
5	If children miss "well-child" visits and can't be rescheduled quickly, we reschedule them in one to two weeks for a "shots only" visit.	
Com	municating with patients	
1	We give patients/parents a simple schedule of recommended vaccinations.	yes no partly
2	We give patients/parents an information sheet about how to treat pain and fever following vaccinations.	
3	We always update the patient's personal immunization record card each time we administer vaccinations. If the patient doesn't have a card, we give them one that contains their vaccination history.	
4	We provide resources (e.g., information, pamphlets, websites, hotline numbers) to patients/parents who have questions or concerns about vaccine safety or who want more vaccine information. We provide translated materials, if available.	
5	When giving vaccinations, we inform the patient/parent when the next appointment for vaccinations is due. We schedule the visit before they leave the office if our appointment system allows it; otherwise we put the information in a manual tickler system or electronic recall system.	
6	We contact all patients who are due for vaccinations with a reminder (e.g., by phone or mail) and those who are past due with a recall (e.g., using computerized tracking or a simple tickler system).	
7	We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.	
Evalu	uating and improving our clinic's performance	
1	We routinely assess immunization levels of our patient population, including those with high-risk indicators. (Contact your state or local health department's immunization staff for assistance in performing such an assessment.) We share this information with all our staff and use it to develop strategies to improve immunization rates.	yes no partly
2	We are enrolled in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured children (0–18 years) and others who are eligible under the state's program.	

