2018-19 Ohio AFIX Site Visit Packet: Reporting Instructions

Email, mail or fax the proceeding AFIX packet to the ODH AFIX Program.

Ohio Department of Health
Immunization Program-AFIX
35 E Chestnut Street, 6th Floor
Columbus, OH 43215
Fax: (614) 728-4279
Email: Immunize@odh.ohio.gov
Subject: AFIX packet- Site Name VFC/Assigned #

AFIX Site Visit Packet contains the following sections:

- **Section 1: Demographics**
- **Section 2: Assessment**
- **Section 3: Questionnaire**
- **Section 4: Feedback**
- **Section 5: eXchange**

Section 1 through 4 should be returned to ODH within 5 days of the **feedback date**.

Section 5 should be returned to ODH within 5 days of the **follow-up date**.

Section 1: Demographics

AFIX Assessor Contact Information	
Name (First and Last):	
Organization:	Galion City HD
Email:	

Provider Contact Information		
Provider Name:	Galion City Health Department	
VFC #:	20980	
Provider Type:	☒ Local Health Department ☐ Private ☐ FQHC	
Type of Medical Records used:	☒ Electronic (EHR, ImpactSIIS, etc.) **(only)** ☐ Paper **(only)** ☐ Combination	
Method Provider Reports to Impact SIIS:	☐ Direct Data Entry via Web Interface (EHR is sent to ImpactSIIS, HL7) ☐ Electronic Submission (provider directly hand enters data into ImpactSIIS) ☐ Provider does not submit data to ImpactSIIS	
Provider Address:	**Street:**	113 Harding Way E
	City:	Galion
	Zip:	44833
	Phone:	419-468-1075
Primary Contact	**Name:** Emily Miller	**Email:** emily.miller@galionhealth.org
Secondary Contact	**Name:** Lynn Corwin	**Email:** lynn.corwin@galionhealth.org

Section 2: Assessment

General Assessment Information	
Assessment Date:	02/01/2018
Assessment Age Cohort:	☒ Childhood 24 - 35 Months ☐ Adolescent 13 -17 Years
Compliance By:	☒ Childhood 24 - 35 Months by 24 months ☐ Adolescent 13 -17 Years by Date of the Assessment
Number of Patients Assessed:	Childhood (24 - 35 Months): _____ 9 Adolescent (13 - 17 Years): __500
Type of Assessment	☒ Import ☐ Manual*
Date of Previous AFIX:	__ /__ /____ _ unknown
Coverage Rates from Previous AFIX	4 DTaP: _____% 3 Polio: _____% 1 MMR: _____% UTD Hib: _____% UTD Hep B: _____% 1 VAR: _____% UTD PCV13: _____% UTD RV: _____% 1 Influenza: _____% 2 Hep A: _____% Series 4:3:1:3:3:1:4: _____%	UTD Hep B: _____% 2 MMR: _____% 2 VAR: _____% 1 Tdap: _____% UTD MCV4: _____% UTD HPV: _____% 1 HPV: _____% 1 Influenza: _____% 2 Hep A: _____% UTD Polio: _____%

Important: any manual assessments must have prior approval by ODH to be considered eligible for reimbursement under the Get Vaccinated Public Health Initiative Grant

Vaccine Coverage

'UTD' will be used in reference to vaccine measurements where a variable number of doses can be applied to achieve protection depending on patient age, date of first dose, and/or vaccine product licensure nuances.

Pediatric Single Vaccines			
Vaccine	**Current Vaccination Coverage (%)**	**Goal Vaccination Coverage (%)**	**Healthy People 2020 Goals**
4 DTaP	77.78	90	90%
3 Polio	88.89	90	90%
1 MMR	88.89	90	90%
UTD Hib	100.00	100	90%
UTD Hep B	100	100	90%
1 VAR	100	100	90%
UTD PCV	88.89	90	90%
UTD RV	22.22	60	80%
1 Flu	11.11	60	80%
2 Hep A	22.22	60	85%

Pediatric Series			
Vaccine	**Current Vaccination Coverage (%)**	**Goal Vaccination Coverage (%)**	**Healthy People 2020 Goals**
4:3:1:3:3:1:4	77.78	80	80%

Adolescent Single Vaccines			
Vaccine	**Current Vaccination Coverage (%)**	**Goal Vaccination Coverage (%)**	**Healthy People 2020 Goals**
UTD Hep B	87.4	6.0	N/A
2 MMR	84.20	5.6	N/A
2 VAR	50.20	40.00	90%
1 Tdap	69.60	2.20	80%
UTD Meningococcal	42.00	23.20	80%
UTD HPV	13.00	51.00	80%
1 HPV	25.80	45.20	N/A
1 Flu	4.20	89.40	N/A
UTD Polio	91.80	1.80	N/A
2 Hep A	17.80	75.20	N/A

Missed Opportunities

When a patient presents to their provider for services, is due for one or more vaccinations, and does not receive every vaccine they are currently due for at the time of that visit. Assessed on the last immunization visit.

Pediatric Series			
Vaccine	**Current Missed Opportunities (%)**	**Goal Missed Opportunities (%)**	**Healthy People 2020 Goals**
4:3:1:3:3:1:4	0		N/A

Adolescent Single Vaccines			
Vaccine	**Current Missed Opportunities (%)**	**Goal Missed Opportunities (%)**	**Healthy People 2020 Goals**
UTD Hep B	87.4 6.8	6.80	N/A
2 MMR	84.20 6.4	6.40	N/A
2 VAR	50.20 40.4	40.40	N/A
1 Tdap	69.60 2.2	2.20	N/A
UTD Meningococcal	42.00 23.2	23.20	N/A
UTD HPV	13.00 51	51	N/A
1 HPV	25.80 45.2	45.20	N/A
1 Flu	4.20 89.4	89.40	N/A
UTD Polio	91.80 1.8	1.80	N/A
2 Hep A	17.80 75.2	75.20	N/A

Section 3: Questionnaire

All questions are **YES** or **NO** answers per the behaviors **CURRENT** at this provider office.

Strategies to Improve the Quality of Immunization Services	Pediatrics	Adolescents	Selected QI
1. Do you have a reminder/recall process in place for all patients?	☒ Yes ☐ No	☒ Yes ☐ No	☒
2. Do you offer walk-in or immunization only visits?	☒ Yes ☐ No	☒ Yes ☐ No	☐
3. Do you routinely measure your clinic's immunization coverage levels (both pediatric and adolescent) and share the results with your staff?	☐ Yes ☒ No	☐ Yes ☒ No	☒
4. Do you schedule the next vaccination visit before the patients/parents leave the office?	☒ Yes ☐ No	☒ Yes ☐ 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?	☒ Yes ☐ No	☒ Yes ☐ No	☐
6. Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?		☐ Yes ☒ No	☐
7. Do you recommend the HPV vaccine the same day and the same way you recommend the Tdap and meningococcal vaccines for all boys and girls aged 11–12 years?		☒ Yes ☐ No	☐
8. Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels?	☒ Yes ☐ No	☒ Yes ☐ No	☐
9. Do you regularly document vaccine refusals and the reasons for the refusal (parent has vaccine safety concern, medical contraindication, etc.)?	☒ Yes ☐ No	☒ Yes ☐ No	☐
Strategies to decrease missed opportunities	**Pediatrics**	**Adolescents**	**QI Project**
10. Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize?	☒ Yes ☐ No	☒ Yes ☐ No	☐
11. Do you have immunization information resources to help answer questions from patients/parents?	☒ Yes ☐ No	☒ Yes ☐ No	☐
12. Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?	☒ Yes ☐ No	☒ Yes ☐ No	☐
13. Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	☒ Yes ☐ No	☒ Yes ☐ No	☒
14. Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended age-appropriate vaccines?	☒ Yes ☐ No	☒ Yes ☐ No	☐
15. Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	☒ Yes ☐ No	☒ Yes ☐ No	☐

Strategies to decrease missed opportunities	Pediatrics	Adolescents	QI Project
16. Does your staff report all immunizations you administer at your clinic to your state IIS?	☒ Yes ☐ No	☒ Yes ☐ No	☐
17. 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)?	☒ Yes ☐ No	☒ Yes ☐ No	☐
18. Do you inactivate patients in the IIS who are no longer seen by your practice?	☒ Yes ☐ No	☒ Yes ☐ No	☐
19. Do you use your IIS to determine which immunizations are due for each patient?	☒ Yes ☐ No	☒ Yes ☐ No	☐

Additional Notes

Section 4: Feedback

The assessor along with the provider is to select **2 strategies** to incorporate into the Quality Improvement (QI) Plan for implementation and follow up.

Feedback Information	
Feedback Date:	12/07/2018
AFIX Assessor(s) Attendees at Feedback:	○ # Nurse (e.g. RN, LPN): ___ 2 ○ # Nurse Practitioner: ___ ___ ___ ○ # Physician: ___ ___ ___ ○ # Other Clinical Training: ___ ___ ___ ○ # Non-Clinical Trainings: ___ ___ ___
Number of Provider Representatives at Feedback:	○ # Nurse (e.g. RN, LPN): ___ 1 ○ # Nurse Practitioner: ___ ___ ___ ○ # Physician: ___ ___ ___ ○ # Office Manager: ___ ___ ___ ○ # Other: ___ ___ ___

Quality Improvement Plan				
Quality Improvement Strategy	**Action Step**	**Point Person**	**Completion Deadline**	**Resources**
Example: *Develop a reminder process for the practice*	*Designate lead personnel to coordinator and be trained on R/R in IIS*	*John Doe*	*6/1/2017*	*IIS information and training*
1) Develop + maintain a recall procedure	Take data from COCASA Missing Imms + Create data log + send recalls	Emily Miller	3/11/19	Impact Sis + CoCasa
2) Track Imm Rates Quarterly	Pull Reports from COCASA Quarterly	Emily Miller	3/11/19	Same

Acknowledgement

The undersigned acknowledge they have reviewed the Quality Improvement Action Plan and agree with the approach it presents. Changes to this Quality Improvement Action Plan will be coordinated with and approved by the undersigned or their designated representatives.

Provider Staff Signature: *Emily Miller*   Provider Staff Position: DON

Scheduled Follow-up (**3 to 6 months** after the feedback date): __3/11/2019__

STOP

Email, mail or fax the proceeding **AFIX packet Section 1 thru 4** to the ODH AFIX program **within 5 days of the feedback session.**

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Section 5: eXchange

Contact Information			
AFIX Assessor's Name (First and Last):	Emily Miller	AFIX Assessor's Organization:	Galion City Health Dept
Provider Name:		VFC #:	20980

Follow-up Information	
Re-assessment Date:	03/11/2019
Follow-up Date:	0311/2019
Assessment Age Cohort:	☒ Childhood 24 - 35 Months ☒ Adolescent 13 -17 Years
Compliance By:	☒ Childhood 24 - 35 Months by 24 months ☒ Adolescent 13 -17 Years by Date of the Assessment
Number of Patients Assessed:	Childhood (24 - 35 Months): __ __ 10 Adolescent (13 - 17 Years): __ 468
Type of Follow-up Method:	☒ Face-to-face ☐ Phone ☐ Webinar
AFIX Assessor(s) Attendees at Follow-up:	o # Nurse (e.g. RN, LPN): __ __ ☒ 1 o # Nurse Practitioner: __ __ 0 o # Physician: __ __ 0 o # Other Clinical Training: __ __ 0 o # Non-Clinical Trainings: __ __ 0
Number of Provider Representatives at Follow-up:	o # Nurse (e.g. RN, LPN): __ __ 1 o # Nurse Practitioner: __ __ 0 o # Physician: __ __ 0 o # Office Manager: __ __ 0 o # Other: __ __ 0

Vaccine Coverage

'UTD' will be used in reference to vaccine measurements where a variable number of doses can be applied to achieve protection depending on patient age, date of first dose, and/or vaccine product licensure nuances.

Pediatric Series					
Vaccine	Initial Vaccination Coverage (%)	Initial Goal Vaccination Coverage (%)	Re-assessment Vaccination Coverage (%)	Difference of Vaccination Coverage (%)	Healthy People 2020 Goals
4 DTaP	77.78	90	80.00	+ 2.22	90%
3 Polio	88.89	90	90.00	+ 1.11	90%
1 MMR	88.89	90	90.00	+ 1.11	90%

UTD Hib	100	100	100	+ 0	90%
UTD Hep B	100	100	100	+ 0	90%
1 VAR	100	100	90	- 10	90%
UTD PCV	88.89	90	80	- 8.89	90%
UTD RV	22.22	60	20	- 2.22	80%
1 Flu	11.11	60	20	+ 8.89	80%
2 Hep A	22.22	60	30	+ 7.78	85%

Pediatric Series					
Vaccine	**Initial Vaccination Coverage (%)**	**Initial Goal Vaccination Coverage (%)**	**Re-assessment Vaccination Coverage (%)**	**Difference of Vaccination Coverage (%)**	**Healthy People 2020 Goals**
4:3:1:3:3:1:4	77.78	80	80	+2.22	80%

Adolescent Single Vaccines					
Vaccine	**Initial Vaccination Coverage (%)**	**Initial Goal Vaccination Coverage (%)**	**Re-assessment Vaccination Coverage (%)**	**Difference of Vaccination Coverage (%)**	**Healthy People 2020 Goals**
UTD Hep B	87.4	93.4	87.61	+ 0.21	N/A
2 MMR	84.20	89.8	84.19	- 0.01	N/A
2 VAR	50.20	90.2	51.50	+ 1.3	90%
1 Tdap	69.60	71.8	70.09	+ 0.49	80%
UTD Meningococcal	42	65.2	39.96	- 2.04	80%
UTD HPV	13	64	13.46	+0.46	80%
1 HPV	25.80	71	26.28	+ 0.48	N/A
1 Flu	4.2	89.4	24.27	+ 0.07	N/A
UTD Polio	91.80	93.6	91.88	+ 0.08	N/A
2 Hep A	17.80	75.20	18.8	+ 1.0	N/A

Missed Opportunities

When a patient presents to their provider for services, is due for one or more vaccinations, and does not receive every vaccine they are currently due for at the time of that visit. Assessed on the last immunization visit.

Pediatric Series					
Vaccine	**Initial Missed Opportunities (%)**	**Initial Goal Missed Opportunities (%)**	**Re-assessment Missed Opportunities (%)**	**Difference of Missed Opportunities (%)**	**Healthy People 2020 Goals**
4:3:1:3:3:1:4	0	0	0	0	N/A

Adolescent Single Vaccines

Vaccine	Initial Missed Opportunities (%)	Initial Goal Missed Opportunities (%)	Re-assessment Missed Opportunities (%)	Difference of Missed Opportunities (%)	Healthy People 2020 Goals
UTD Hep B	~~0.8~~ 6.8	~~6.8~~ n/A	5.34	- 1.46	N/A
2 MMR	~~6.4~~ 6.4	~~6.4~~	5.13	-1.27	N/A
2 VAR	~~40.4~~ 40.4	40.4	38.46	-1.94	N/A
1 Tdap	~~2.2~~ 2.2	~~2.2~~	1.50	-0.7	N/A
UTD Meningococcal	~~23.2~~ 23.2	~~23.2~~	23.93	+0.73	N/A
UTD HPV	~~13~~ 51	~~13~~	50.43	- 0.57	N/A
1 HPV	~~25.8~~ 45.2	~~25.8~~	44.66	- 0.54	N/A
1 Flu	~~4.2~~ 89.4	4.2	88.89	- 0.51	N/A
UTD Polio	~~41.8~~ 1.8	~~41.8~~	1.28	- 0.52	N/A
2 Hep A	~~17.8~~ 75.2	~~17.8~~	73.72	-1.48	N/A

Progress Toward Implementing Selected QI Strategies

Quality Improvement Strategy	Progress towards selected QI Strategy	Notes
Develop + maintain a recall procedure	☒ Fully Implemented ☐ Partially implemented ☐ No implementation	Completed Postcard recall to all patients (24-35 mo. + 13-17 yr) due for vaccinos
Track immi rates Quarterly	☒ Fully Implemented ☒ Partially implemented ☐ No implementation	This is the 1st quarter was completed.

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

Was a follow-up letter/email sent to provider (letter to include re-assessment rates and initial follow-up information)?

☐ Yes

☒ No, follow-up done by face-to-face

Date the letter was/will be mailed out: ___N/A___/_____