

Strategies and Tools for Creating an Efficient and Immunization Friendly Office



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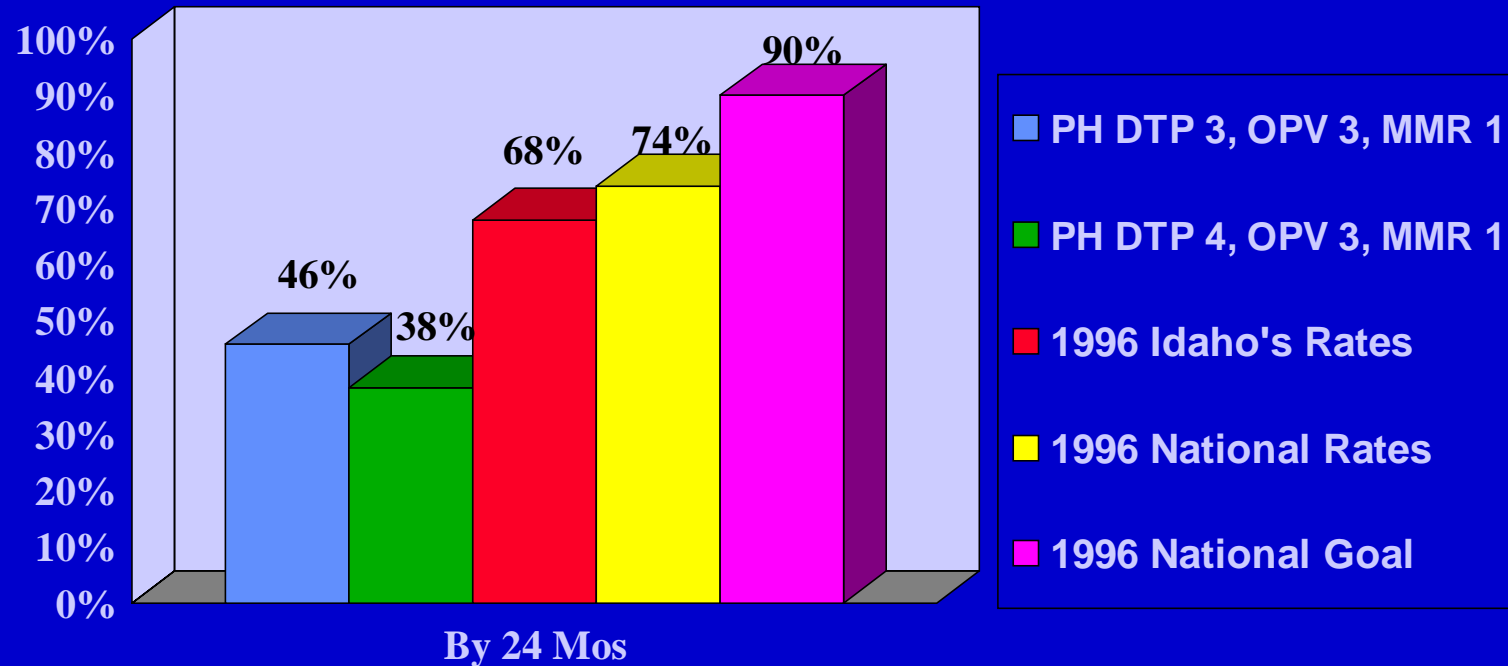
Primary Health Pediatrics



- Primary Health Pediatrics is a private practice consisting of 5 Pediatricians.
- In a typical month, an average of 1148 immunizations are given to an average of 440 children.
- In January of 1997 Primary Health Pediatrics did their first CASA.
- Idaho has Universal Status for vaccines
- Private Practice offices give 65% of the state supplied vaccines

Located in Boise, Idaho. One of a larger clinics enrolled in the Idaho Immunization Program.

January 1997

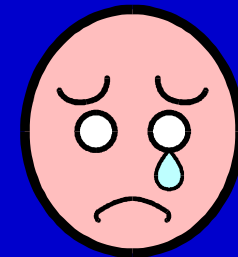


- * Total Records in Clinic 24-35 months of age: 873
- * Total Records Reviewed: 168

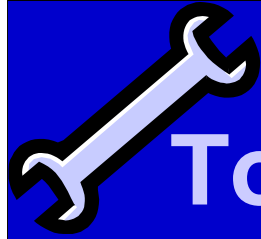
Our first CASA—we weren't pleased with the results. As one doctor said "this is not acceptable".

Observations Noted During CASA

- * 25% of records had no immunization history
- * No history form
- * Incomplete immunization records
 - * ✓ or CDH and no dates of administration
- * Dates only in progress notes
- * “UTD” written on flow sheet and history
- * Missed opportunities
 - * Simultaneous administration
 - * Acute care visits



Feedback from the Idaho Immunization Program. We only put check marks stating they had a certain vaccine or wrote CDH which was our health department—no dates were recorded. The persons doing the CASA had to rummage through charts trying to find the immunization records. “UTD”—up to date, we had reviewed the child’s immunization record, handed it back to the parent then recorded “UTD” on the history form. We always checked immunization status at well child visits but not routinely at any other visits.



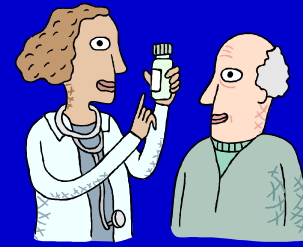
Tools for an Efficient Office

- * *Staff involvement and cooperation*
- * *Record Keeping*
- * *Chart Organization*
- * *Organized Immunization Preparation Area*
- * *State Registry-IRIS*



After the CASA results, we got a team together that consisted of a doctor, nurse, office manager, receptionist and the immunization coordinator. These are the tools we came up with to improve our rates.

Staff Cooperation



- * *Efficient immunization requires participation from everyone: receptionists, office managers, nurses, and physicians.*
- * *Give all staff a chance to give input on improvements.*

When staff are given the opportunity to come up with a solution they have a tendency to follow through with those solutions rather than if they are told to do something without a choice.

Record Keeping

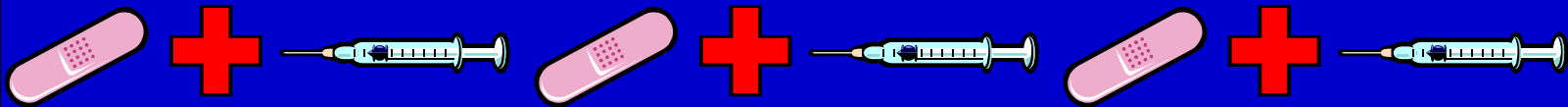
- * Current and Historical Immunizations
- * Check immunization status
- * Vaccine documentation



Three parts of our record keeping that needed improvement.

Current and Historical Immunizations

- * Record all immunizations, regardless of where given.
- * If child has had immunizations elsewhere copy immunization record and keep in chart.
- * Record immunization records given at your office in black ink, use red ink for those given elsewhere.



On the "Child Wellness Chart" we record those dates of immunizations given at our clinic in black ink and those given elsewhere in red ink.

Child Wellness Chart

Name _____ Birth date _____
 Social History _____
 Allergies _____

Past History

Date	Operations

Date	Hospitalizations

Pregnancy and Birth
Pregnancy:
Birth:
Birth Wt:

Problem List

#	Onset	Problems (Key tests/consults)

Maintenance Medications

Start Date	Medication	Stop Date

Preventive Health

	2 wk	2 mo	4 mo	6 mo	12 mo	18 mo	2 yr	3 yr	5 yr	12 yr	16 yr
Well Child											
Vision											
Hearing											
Hgb											
Urine											
IPV		10/2/95	1/3/96	2/28/96					8/24/00		
DTaP/DT/Td		10/2/95	1/3/96	2/28/96		2/6/97			8/24/00		
Hib		10/2/95	1/3/96	2/28/96		2/6/97					
Hep B	8/9/95	10/2/95		2/28/96							
MMR					8/28/96				8/24/00		
Varicella											
PCV-7											
Hep A									8/24/00	4/7/01	

Child Wellness Chart or history form.

✓ **Check Immunization Status**

- * Check immunization status at EVERY visit
- * Have a permanent question printed or stamped on each flow sheet to inquire if immunizations are up to date--UTD
- * When an appointment is made, remind parents to bring immunization record
- * Have a sign in waiting room reminding parents to bring their child's immunization record with them for every visit

Parents get both an audible reminder and a visual reminder—sooner or later it clicks.

Immunization UTD Stamp

PEDIATRICS

Progress Notes

Date: _____ Patient Name: _____ D.O. B.: _____

Visit Type: Illness/Injury Recheck Imms

Age: _____ Sex: _____ Ht: _____ Wt: _____

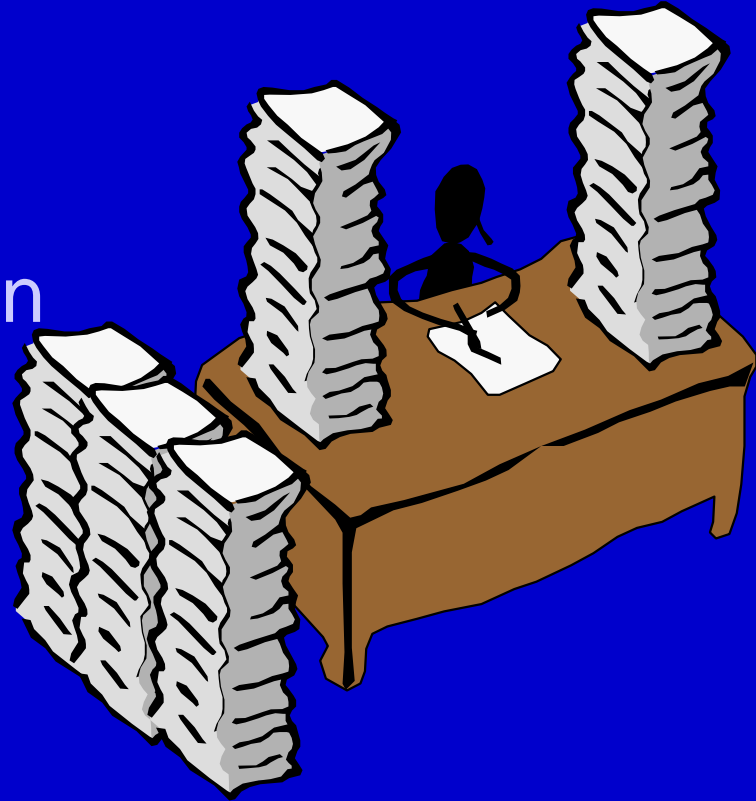
Immunizations UTD: _____

Initials: _____

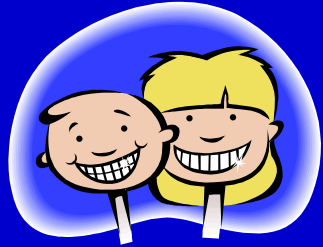
Flow sheet or Progress Notes for illness visits. The nurse fills in the blank after Immunizations UTD (up-to-date) with Yes or No-and what is needed. The doctor can then discuss if immunizations needed and if the child is well enough the child can receive the immunizations indicated. By having the nurse initial, she takes responsibility in asking if the child is utd.

Vaccine Documentation

- * Labels
- * Vaccine Administration Record



We had good documentation—you just couldn't find it.



Labels

- * One step recording-- Fill in the blanks
- * All of the information that is required is included
- * Saves time-decreases mistakes
- * Marks syringes
- * Lot numbers and other variables easily changed
- * Help protect light sensitive vaccines



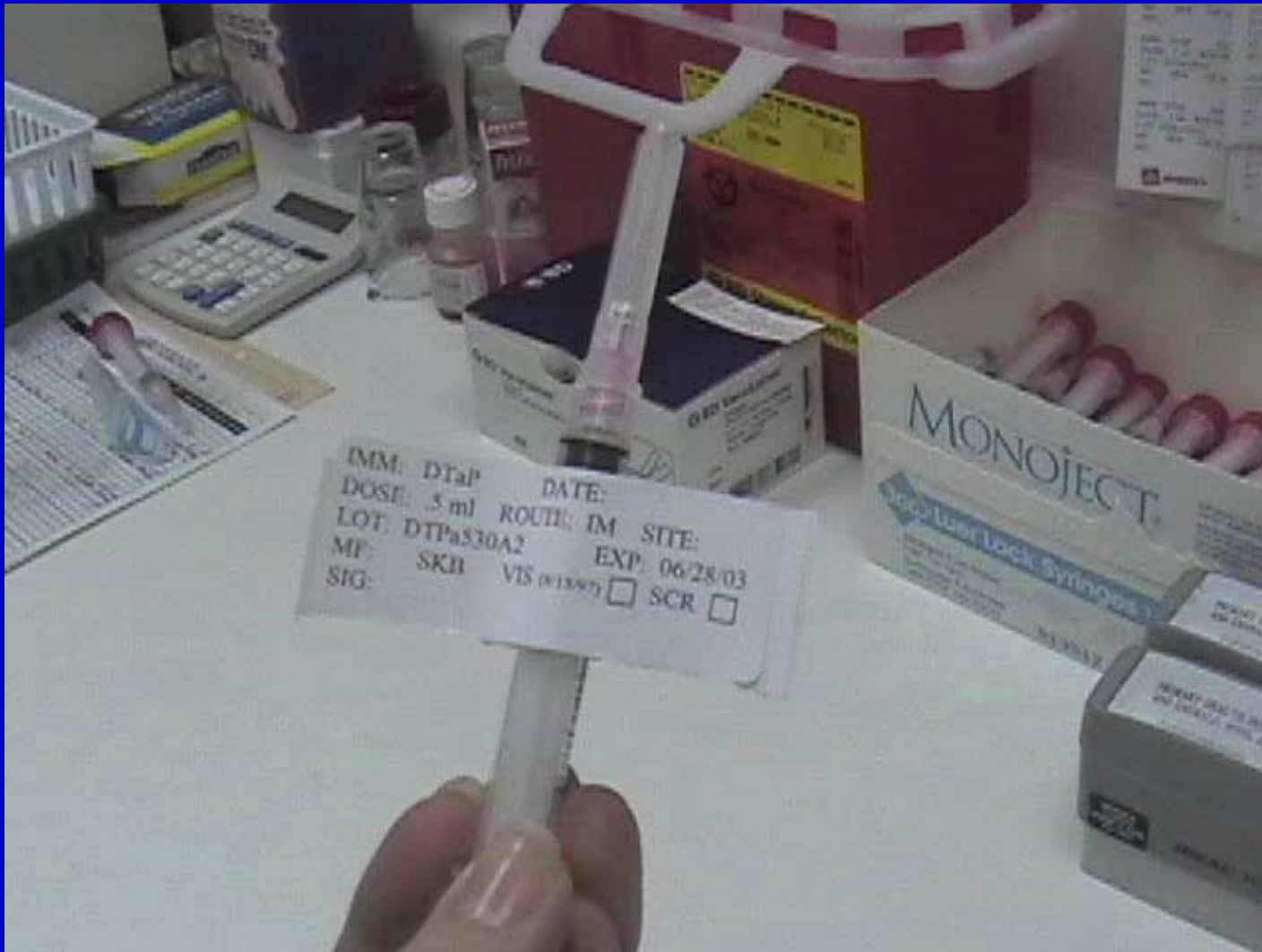
We have been using labels for over 11 years, but not all of the information was included. Now everything is included and you basically have to fill in the blanks. Labels are made using a *Word* document and can be edited easily. There is nothing proven that they help protect light sensitive vaccines, but we feel it can't hurt. See pictures.

Sample Label

IMM: DTaP DATE:
DOSE: .5 ml ROUTE: IM SITE:
LOT: DTPa530A2 EXP: 6/28/03
MF: SKB VIS: (7/30/01) SCR:
SIG:

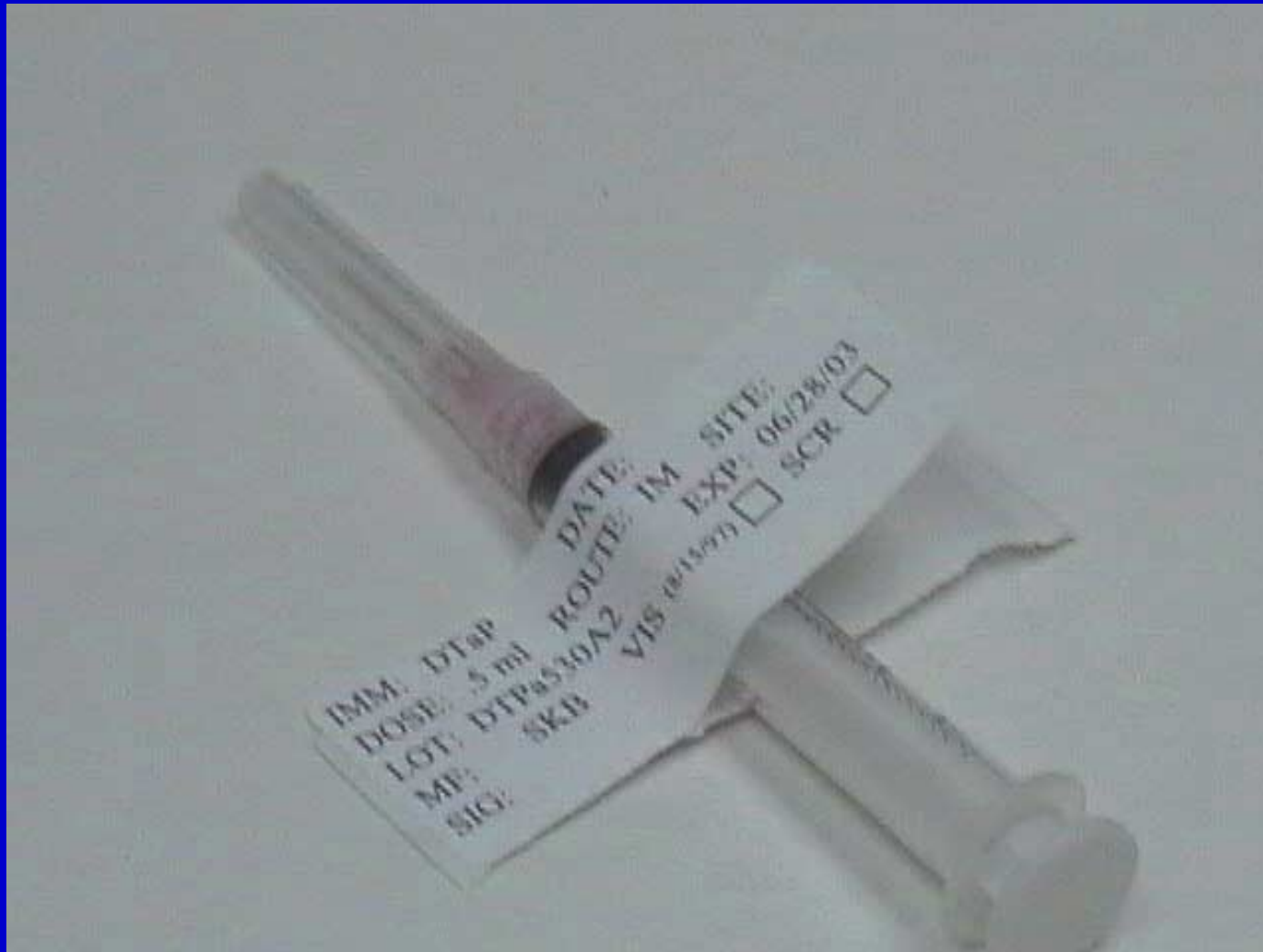
The date, site and signature are all that needs filled in. The lot number and expiration date are checked against the vial. The date after the VIS is the publication date and the check box is checked to indicate we gave the parents the VIS. SCR stands for a screening questionnaire that we give the parents to screen for contraindications, and the check box is checked to indicate we have given that to the parents. These are as much a reminder for the nursing staff as well as a record of what we have done.

Labeled Syringe



Syringe being marked with a label.

Syringe in-between Label



The syringe is actually in-between the label and the backing so the label does not stick to any paperwork until it is placed on the administration record.

Printing and Storing Labels



- * *Print labels with each new shipment*
- * *If you receive small shipments, 3 different vaccines can be printed on one page of labels*
- * *Change the lot number if needed.*
- * *Keep extra labels in color coded folders.*
- * *Cut labels, punch hole in top and put on a “O” ring. Hang on hooks.*
- * *Mark box that starts new lot number.*

If I get a new shipment of 700 doses I print 700 labels. Each page is 30 labels so I would print 24 pages for 700 labels. The *Word* document is easily edited to change lot numbers and expiration dates. (Directions for creating and editing labels can be found in the Immunize Idaho Manual.) Each vaccine is a separate document. I keep the pages of extra labels in a file folder that matches the VIS—our DTaP VIS is pink so I keep the extra DTaP labels in a pink folder. One of the nurses came up with this idea—again recognizing staff involvement. The pages of label are 3 columns of 10, we cut the columns and punch a hole in the top and put on a “O” ring and hang on little cup hooks . See the picture.

Instructions to Create Vaccine Labels

How to set up labels for the first time:

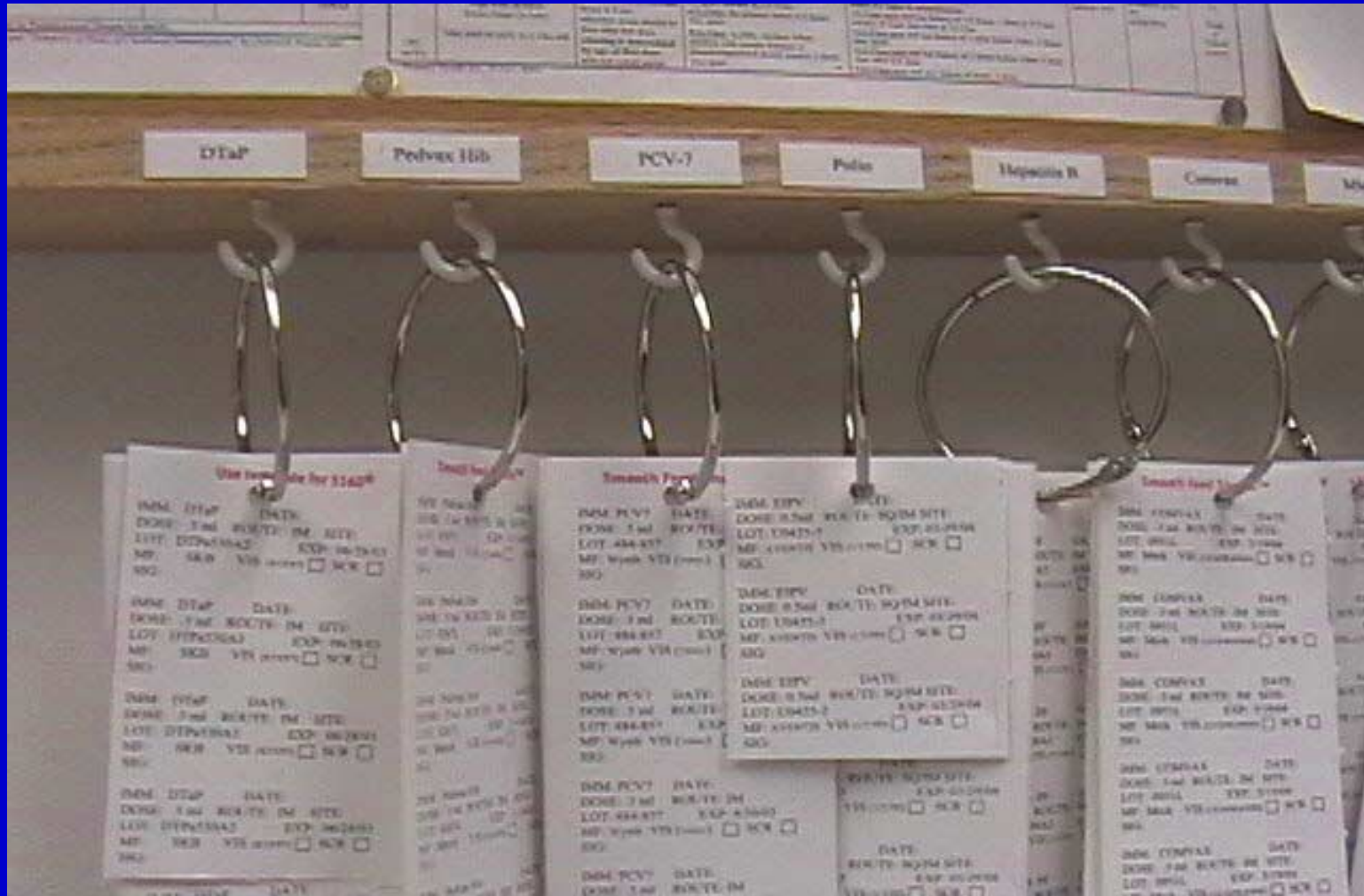
1. Open a word document.
2. Under "tools" open Envelopes and Labels
3. Under labels go to options, choose Avery labels # 5160 Address labels.
4. Using Times New Roman 10 pt. font type in:
IMM: DTaP DATE:
DOSE: .5 ml ROUTE: IM SITE:
LOT: DTPa530A2 EXP: 6/28/03
MF: SKB VIS: (7/30/01) SCR:
SIG:
5. Click on "Full Page of the Same Label"
6. Click on "New Document"
7. Change font size of date after VIS to 8 pt.: Click on Edit, Click on "Replace". In "Find What" enter in (7/30/01). In "Replace With" enter in (7/30/01) Click on "Format" button, click on "Font", change font to 8 pt. Click OK. Click "Replace ALL". Close "Replace".
8. Place cursor after VIS date, Click on Insert, click on form field, Insert Check Box Form Field (may need to highlight box and change font size to 10 pt), repeat placing cursor after SCR.
9. Adjust spacing of words on label as necessary to have room to fill in the Date & Site.
10. Highlight the 1st label and click on copy. Highlight each label in that column one at a time and paste until the 1st column is copied. Highlight the entire column and click copy, then highlight the 2nd column and paste, do the same with the 3rd column.
11. When you are finished, you should have 30 labels the same and ready to print.
12. Click on file, print, choose the number of copies-remember each page is 30 labels.
13. Save this as "DTaP" or choose another name, next time you will only need to open the document make any changes in lot # or expiration date (see below) and print.
14. To do labels for each separate vaccine, copy the entire page and paste in new document and follow directions below on editing repeat for each vaccine

A copy of this is in the Immunize Idaho manual found online.

IMM: DTaP DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: DTPa530A2 EXP: 6/28/03 MF: SKB VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: Pedvax Hib DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 1676K EXP: 10/02/03 MF: MERCK VIS (12/16/98) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: PCV-7 DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 486-804 EXP: 8/31/03 MF: LED VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:
IMM: DTaP DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: DTPa530A2 EXP: 6/28/03 MF: SKB VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: Pedvax Hib DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 1676K EXP: 10/02/03 MF: MERCK VIS (12/16/98) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: PCV-7 DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 486-804 EXP: 8/31/03 MF: LED VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:
IMM: DTaP DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: DTPa530A2 EXP: 6/28/03 MF: SKB VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: Pedvax Hib DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 1676K EXP: 10/02/03 MF: MERCK VIS (12/16/98) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: PCV-7 DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 486-804 EXP: 8/31/03 MF: LED VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:
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IMM: DTaP DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: DTPa530A2 EXP: 6/28/03 MF: SKB VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: Pedvax Hib DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 1676K EXP: 10/02/03 MF: MERCK VIS (12/16/98) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: PCV-7 DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 486-804 EXP: 8/31/03 MF: LED VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:
IMM: DTaP DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: DTPa530A2 EXP: 6/28/03 MF: SKB VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: Pedvax Hib DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 1676K EXP: 10/02/03 MF: MERCK VIS (12/16/98) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:	IMM: PCV-7 DATE: DOSE: .5 ml ROUTE: IM SITE: LOT: 486-804 EXP: 8/31/03 MF: LED VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG:
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If a clinic does not receive large shipments, instead of wasting labels, 3 different vaccines can be printed on one page—each using a different column.

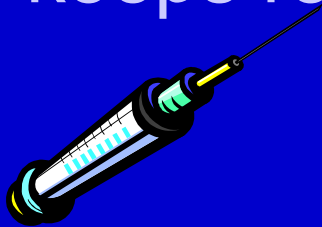
“O” Rings with labels



Picture of the labels cut, with a hole punched in the top and hanging with “O” rings from cup hooks screwed in under a cabinet or board. Names of each vaccine are above each set of labels.

Vaccine Administration Record

- * Made of cardstock
- * Part of child's permanent record
- * Labels have a designated place
- * VFC Information on back
- * Use of a Administration Record for labels keeps records in one place.



We had the labels on the “flow sheet” or on the “well child sheet” for the day they were seen. This was difficult when they did the CASA—they had to look all through the chart to find the dates. I created a simple form to place the labels. The administration record is made of cardstock to hold up better because it is going to be a part of the child's permanent record. The color is not white so it can be distinguished easily and not blend in with the other papers. Each label has a designated place—DTaP has a column (see picture). The VFC information that we have to keep for the Idaho Immunization Program is on the back. All immunization labels are in one place instead of scattered throughout the chart according to when they received the immunizations.

Patient Name: _____
 Birthdate: _____

Vaccine Administration Record

Clinic: _____

DTaP/DT	POLIO	HIB	HEP B/HEP A
1 st	1 st	1 st Hib	1 st Hep B
IMM: DTaP DATE: _____ DOSE: .5 ml ROUTE: IM SITE: _____ LOT: DTPa530A2 EXP: 6/28/03 MF: SKB VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG: _____	2 nd	1 st Comvax / 2 nd Hib	2 nd Hep B
3 rd	3 rd	2 nd Comvax / 3 rd Hib	3 rd Hep B
4 th	4 th	Booster	1 st Hep A
5 th			2 nd Hep A

MMR/Varicella/ Td		PCV-7	
1 st MMR	Varicella	1 st PCV-7	2 nd PCV-7
2 nd MMR	2 nd Varicella (if ≥13)/ Booster Td	3 rd PCV-7	4 th PCV-7

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Vaccine Administration Record. A sample label is in the DTaP column. If the child did not receive for example DTaP #1 at our clinic, we would just put a line through that to know it had been given elsewhere.

Idaho Vaccines for Children Program

Date _____

Child _____ Date of Birth _____
Last First MI

Parent/Guardian
Individual of Record _____ Provider _____

1. This child qualifies for vaccination through the Vaccines For Children Program because he/she (check only one box):

- (a) is enrolled in Medicaid
- (b) does not have health insurance
- (c) is American Indian or Alaskan Native
- (d) has health insurance that DOES NOT pay for vaccines (for FQHC/RHC's)

2. Child does not qualify for the Vaccines For Children Program

No one will be denied childhood vaccinations because they are ineligible for the VFC Program or because of inability to pay.

This record may be completed by the parent, guardian, or by the health care provider. It is necessary for the health care provider to retain this or a similar record for each child receiving a vaccine.

FLU/OTHER

FLU/OTHER		

VFC information on back of Vaccine Administration Record. This only needs to be filled out the first time they receive immunizations unless there is a change in their status. Also room for more immunizations like influenza.

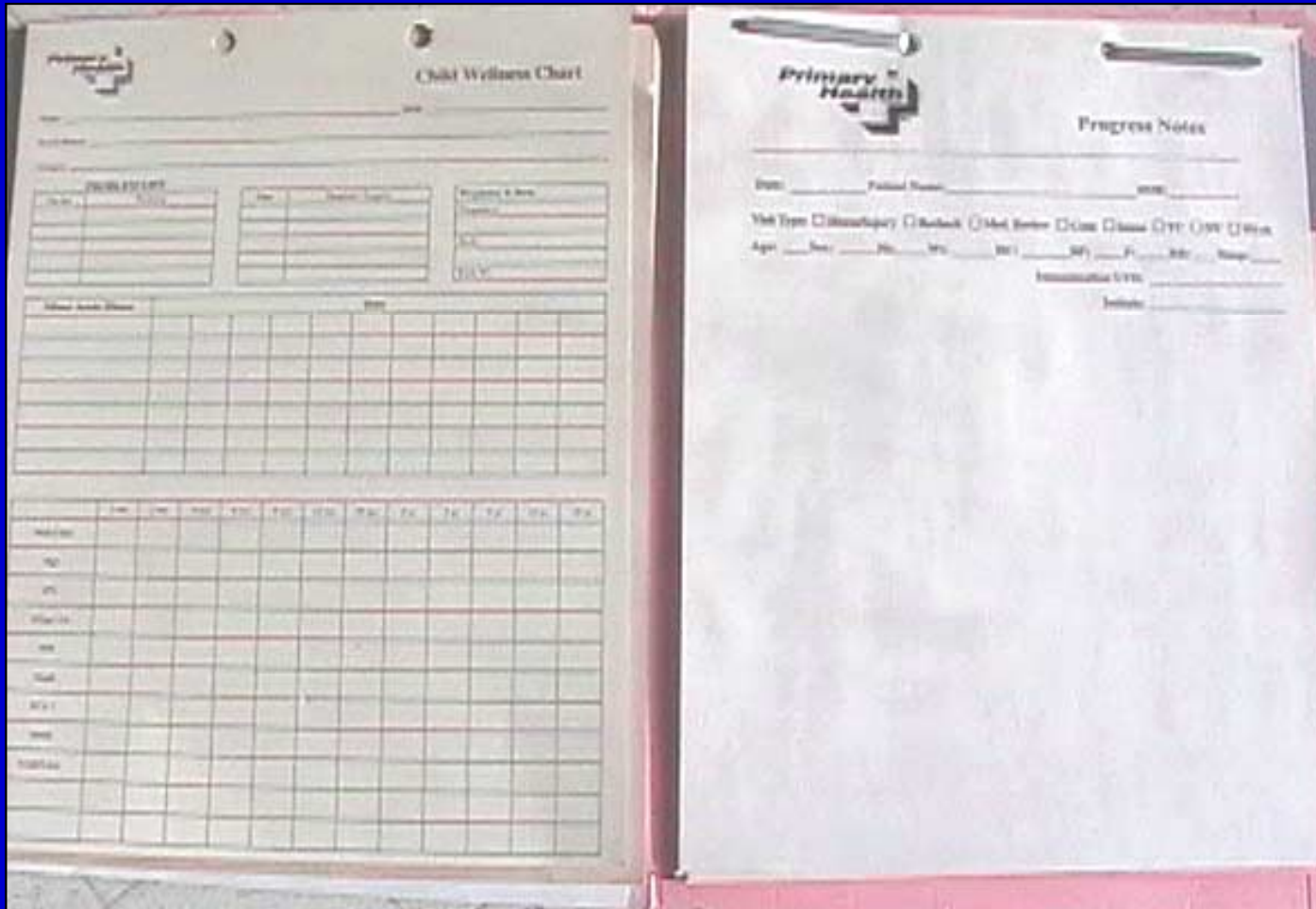
Chart Organization



- * Keep all immunization records together in one location in the chart:
- * Child Wellness Chart
- * Vaccine Administration Record
- * Screening Questionnaire
- * Copies of immunization records given elsewhere

See picture. All immunization records are on the left hand side of our chart starting with the Child Wellness Chart on top and the others in order underneath.

Chart Organization



Immunization records on the left side, on the right all progress notes, well child visits, with tabs underneath to separate into labs, hospital records, etc.

Child Wellness Chart

Name _____ Birth date _____
 Social History _____
 Allergies _____

Date		Operations	Date		Hospitalizations	Pregnancy and Birth	
						Pregnancy:	
						Birth:	
						Birth Wt:	

Problem List		
#	Onset	Problems (Key tests/consults)

Maintenance Medications		
Start Date	Medication	Stop Date

Preventive Health											
	2 wk	2 mo	4 mo	6 mo	12 mo	18 mo	2 yr	3 yr	5 yr	12 yr	16 yr
Well Child											
Vision											
Hearing											
Hgb											
Urine											
IPV		10/2/95	1/3/96	2/28/96					8/24/00		
DTaP/DT/Td		10/2/95	1/3/96	2/28/96		2/6/97			8/24/00		
Hib		10/2/95	1/3/96	2/28/96		2/6/97					
Hep B	8/9/95	10/2/95		2/28/96							
MMR					8/28/96				8/24/00		
Varicella											
PCV-7											
Hep A									8/24/00	4/7/01	

Child Wellness Chart—typed only for example.

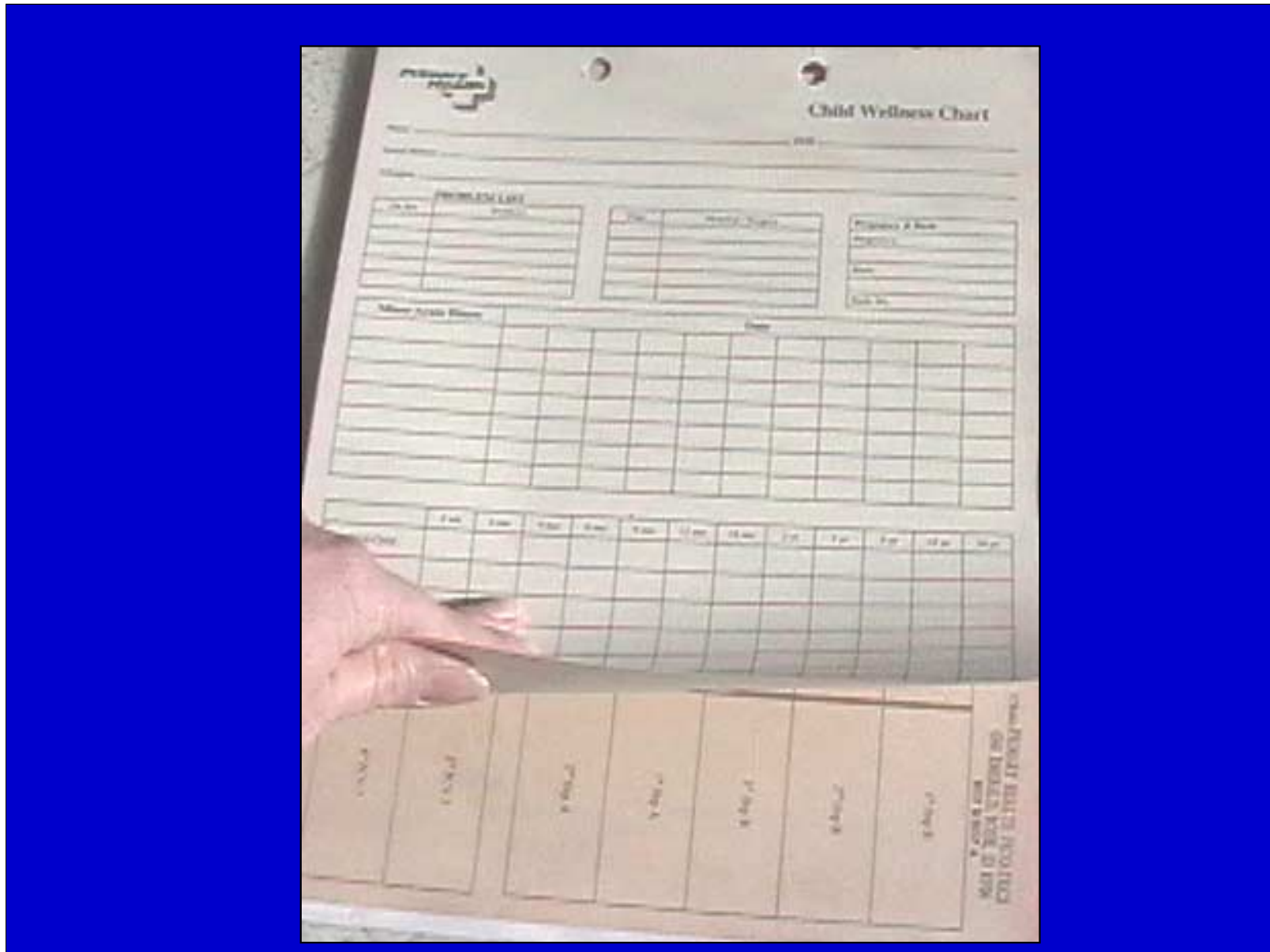
Patient Name: _____
 Birthdate: _____

Vaccine Administration Record

Clinic: _____

DTaP/DT	POLIO	HIB	HEP B/HEP A
1 st	1 st	1 st Hib	1 st Hep B
IMM: DTaP DATE: _____ DOSE: .5 ml ROUTE: IM SITE: _____ LOT: DTPa530A2 EXP: 6/28/03 MF: SKB VIS (7/30/01) <input type="checkbox"/> SCR <input type="checkbox"/> SIG: _____	2 nd	1 st Comvax / 2 nd Hib	2 nd Hep B
3 rd	3 rd	2 nd Comvax / 3 rd Hib	3 rd Hep B
4 th	4 th	Booster	1 st Hep A
5 th			2 nd Hep A

MMR/Varicella/ Td		PCV-7	
1 st MMR	Varicella	1 st PCV-7	2 nd PCV-7
2 nd MMR	2 nd Varicella (if ≥13)/ Booster Td	3 rd PCV-7	4 th PCV-7



Picture showing Child Wellness Chart with Administration record underneath it followed by screening questionnaire and copy of immunization record.

Screening Questionnaire



Vaccine Screening Questionnaire

Name: _____

Birthdate: _____

Allergies: _____

For Patients / Guardians: This form helps us decide which vaccines should be given in the clinic today. Please mark the appropriate box. If the question is not clear, please ask the nurse or doctor to explain. Thank you.

1. Is the patient sick today?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the patient have allergies to medications, food additives, eggs, gelatin, alum, yeast, preservatives or any previous vaccines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has the patient had a serious reaction to a vaccine in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the patient had a seizure or a changing neurological disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the patient have cancer, leukemia, AIDS, or any immune system disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does the patient take medications that suppress the immune system such as steroids (by mouth or injection), anti-cancer drugs or had x-ray treatments in the past 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Has the patient received blood, plasma, or gamma globulin in the past 11 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is the patient pregnant or at risk of becoming pregnant within the next month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Has the patient received any vaccinations in the past 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

By initialing at the right you also agree that you:

Date & Initial

Date & Initial

Date & Initial

Date & Initial

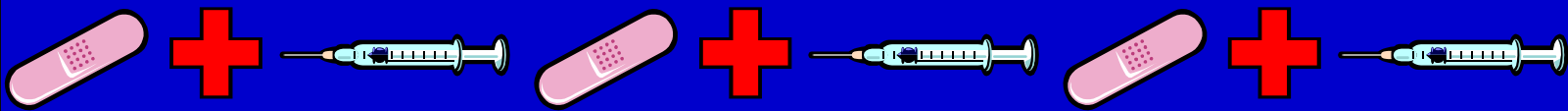
Date & Initial

Date & Initial

Screening Questionnaire that we give parents to fill out and initial to check for contraindications. (Copy in Immunize Idaho Manual—questions adapted from immunize.org)

Organize Immunization Area

- * Immunization preparation
- * Reference Books
- * Reminder/recall



Our old area was a counter that was about 3-4 feet long and similar in depth to a kitchen counter with cabinets above. Refrigerator was on one side, and in the corner was the dust collecting ACIP manual where it was hard to reach and see. Rx samples were in the cabinets above the counter, so it was not uncommon to have 3-4 nurses fighting for space to draw up vaccines and a doctor reaching over them to get Rx samples. We had no organization!

Organize an Area for Immunization Preparation

- * Organizer in refrigerator
- * Tally Log
- * Have Current VIS
- * Post Schedules, cheat sheets, Rules of Immunizations, Accelerated Schedule



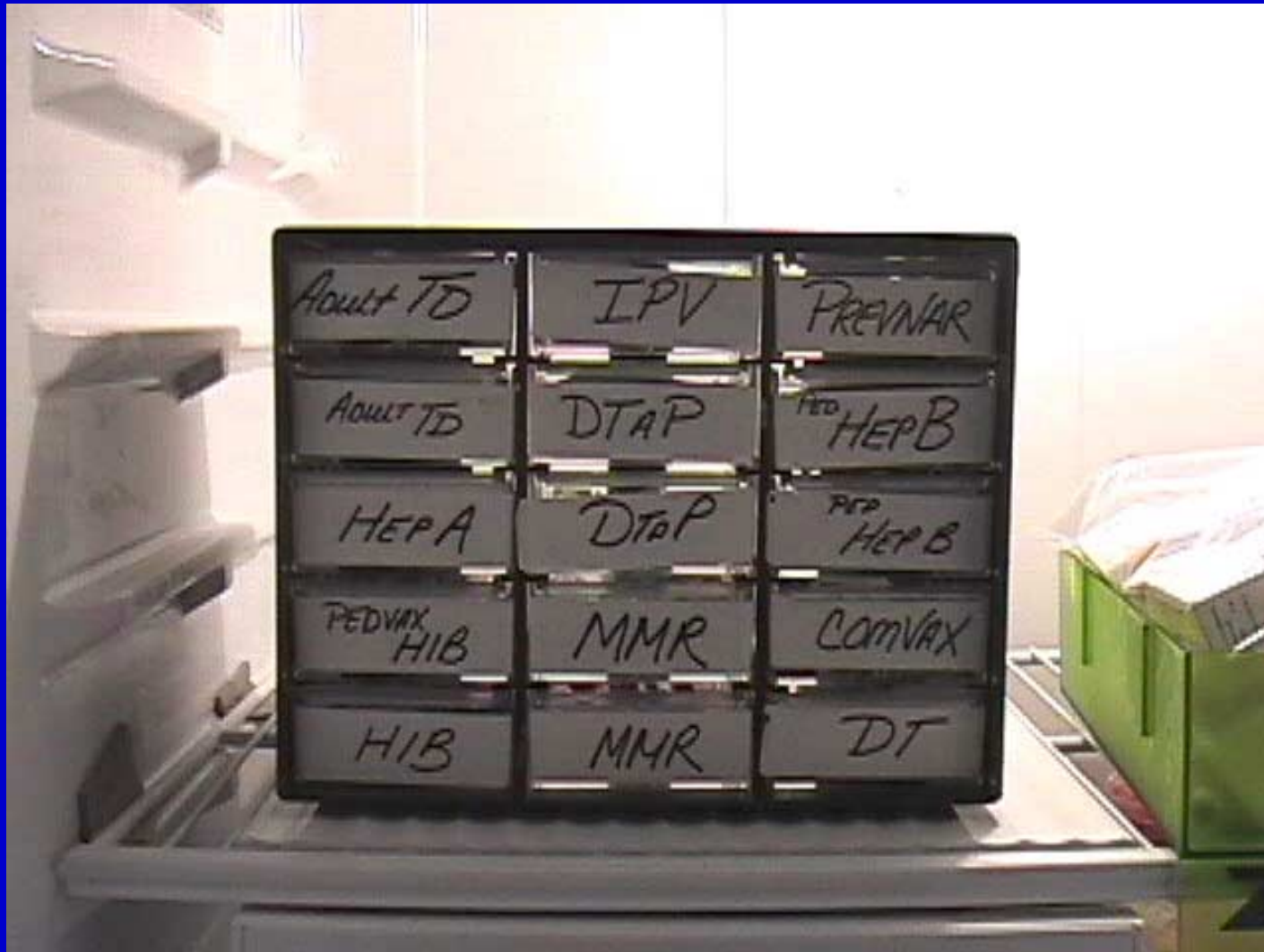
See pictures. Organizer in refrigerator with individual sections for the single dose vials. Tally log to “log” vaccines given. VIS easily accessible, schedules, cheat sheets, and rules easily viewed.

Immunization Tray



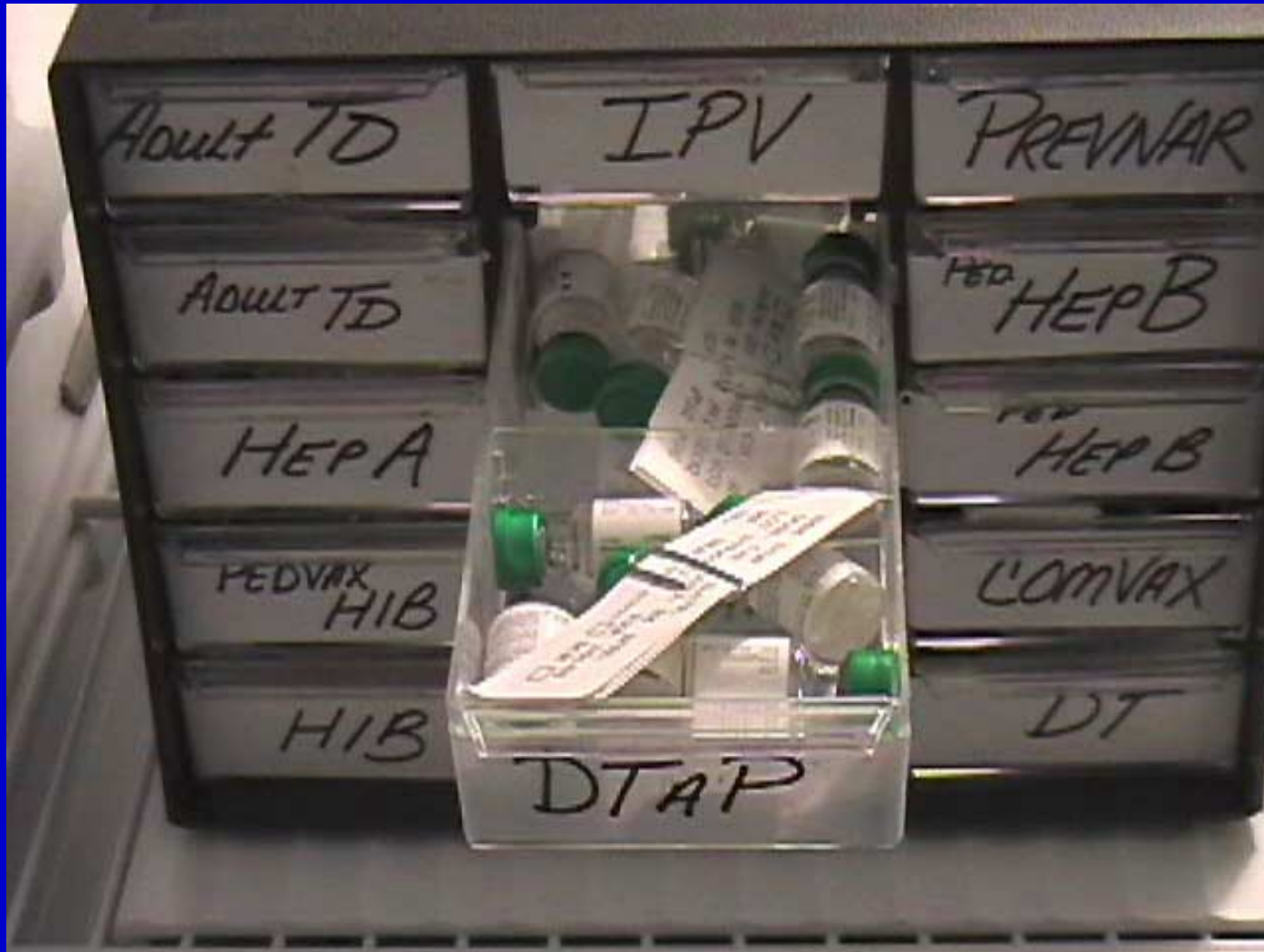
Inside refrigerator.

Immunization Box



One of the nurses at one of our smaller clinics came up with this idea—again staff involvement. It is a storage box typically used to sort and organize screws.

Divided Drawer



Each drawer is labeled with name of the vaccine it contains. The drawers can be divided if you have 2 different lot numbers. Labels are kept with the vaccines.

Tally Log



PRIMARY HEALTH IMMUNIZATIONS STATE SUPPLY TALLY LOG

MONTH _____

LOCATION _____

VFC INFORMATION*

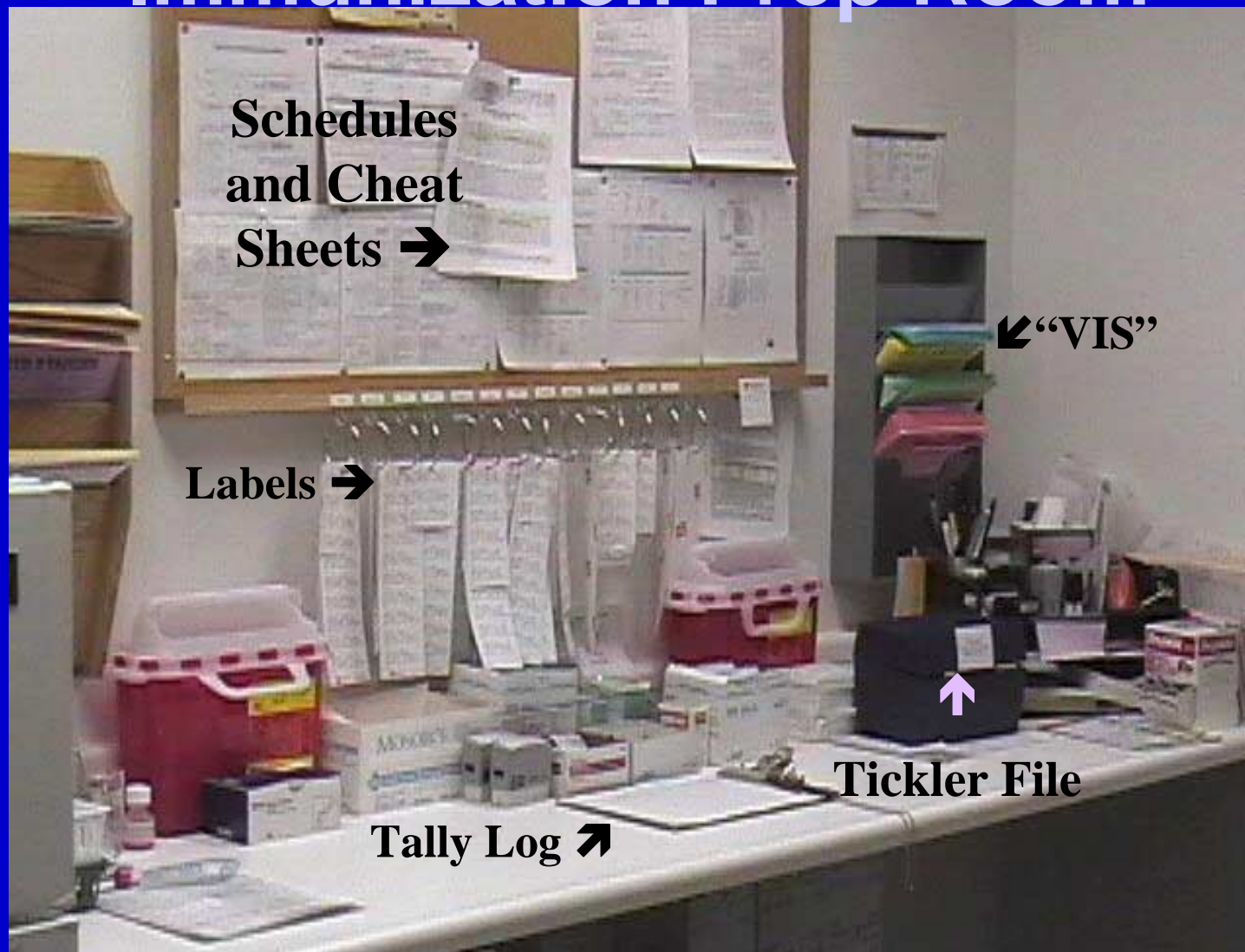
DATE	NAME	GUARANTOR NAME IF DIFFERENT THAN CHILD	AGE	<7yr DTaP	<5yr HIB	<7yr Ped DT	7y &> Adult Td	EIPV	≥1yr MMR	0-18yr Hep B	≥1yr Varicella	2-18yr Hep A	<5yr Comvax Hep B /Hib	<5yr PCV-7 Pevnar	Other	Medi- caid	No Health Ins.	Native Amer- ican	NURSE INITIALS

IMM: 11/20/00 AJ

*Record on 1st visit only or if status changes.

Tally Log—Child’s name, age, and dose are recorded. For example if the child was receiving dose #2 of DTaP, a 2 would be put in the DTaP column adjacent to the child’s name. This really helps when I am doing accountability. Also as a check and balance, the nurses check each day against the billing records to make sure each child that was billed for a vaccine was written down, and each child that was written down was billed. (Copy in Immunize Idaho manual).

Immunization Prep Room



**Schedules
and Cheat
Sheets →**

↙“VIS”

Labels →



Tickler File

Tally Log ↗

What our organized room looks like. Books are on top of the refrigerator with easy access.

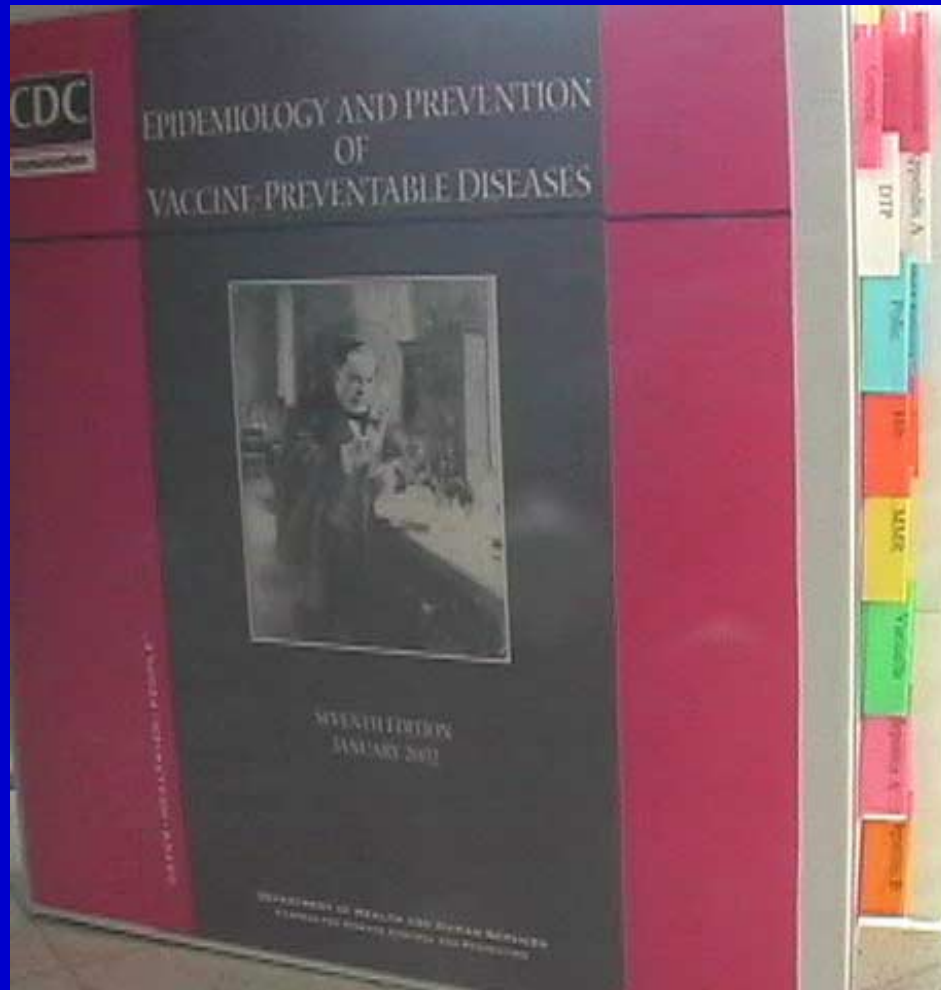
Reference Books



- * Pink Book-holes drilled, pages tabbed
- * ACIP Manual
- * AAP Red Book
- * Office Policy and Procedures for Immunizations

I took the "Pink" book to a printer, had them drill holes so it could be put in a binder. I inserted tabs to separate each chapter or disease. When there is an update, I can print off that chapter and replace it and have a new updated book. The nurses love the tabs so they can easily find what they are looking for. (See picture) We also have a ACIP Manual, Red Book, and we have our own office policy and procedure book for immunizations. These books are on the top of our refrigerator and can be easily reached.

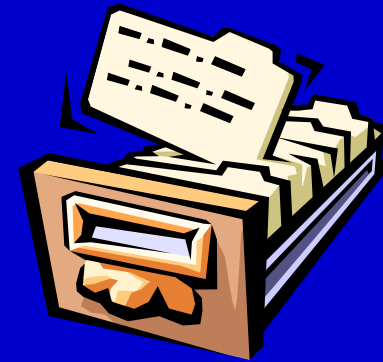
“Pink” Book



Pink book with holes drilled, put in clear view binder with cover page inserted, tabs separate the different chapters.

Reminder/Recall

- *Send out a reminder card when a child's immunizations are due.
- *When a vaccine is deferred use a tickler file.



We use a card file for deferred vaccines—we hand the parent a post card for them to fill out and then mail those out when we receive our shipment of vaccine.

State Registry-IRIS



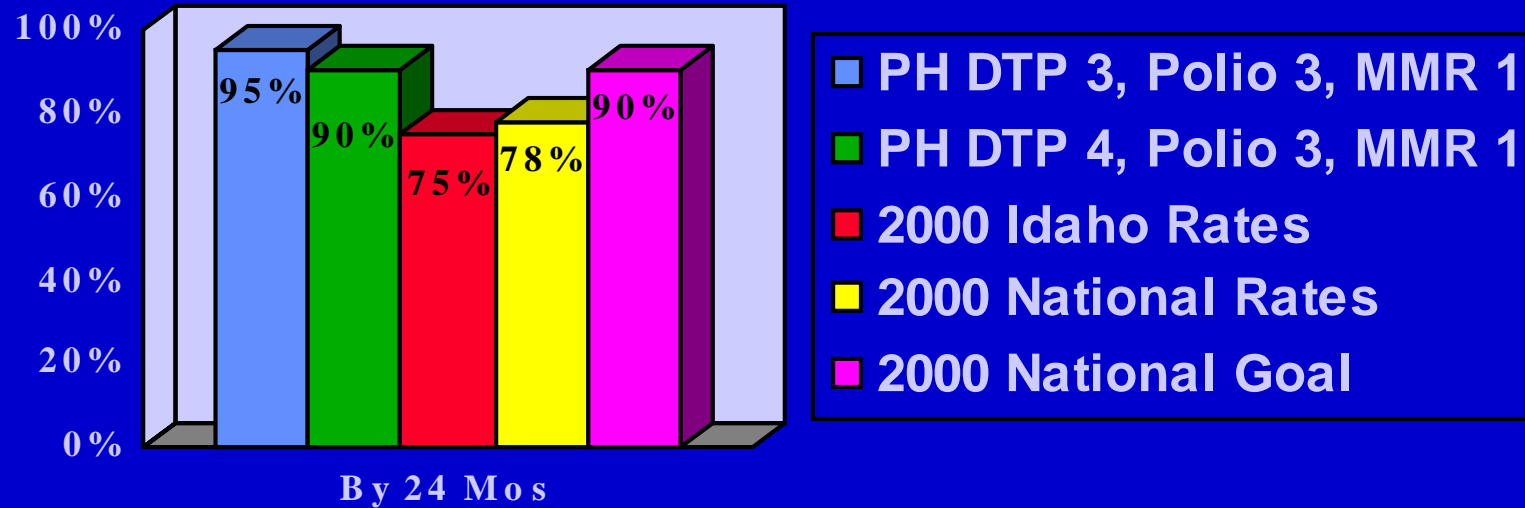
- * *IRIS-Immunization Reminder Information System*
- * *Use IRIS to find records you don't have.*
- * *Use a consent form that works for your patients--we use a form that parents can enroll all of their children.*
- * *We keep an alphabetized file box just for IRIS enrollment forms.*

Idaho's registry. We use it if parents have forgotten to bring their child's immunization record with them. Idaho is an opt-in registry so we have to gain consent on all children to enter their records. I designed a form that lets the parents sign up all their children at one time with one signature. I designed it around the exact verbiage that our state requires. We have to keep these consents indefinitely, so I have a file box just for IRIS enrollment forms. They are filed alphabetically according to last name. I have these printed on 2 copy NCR form so the original can be filed, and the copy is given to our data entry person.

The Results . . .



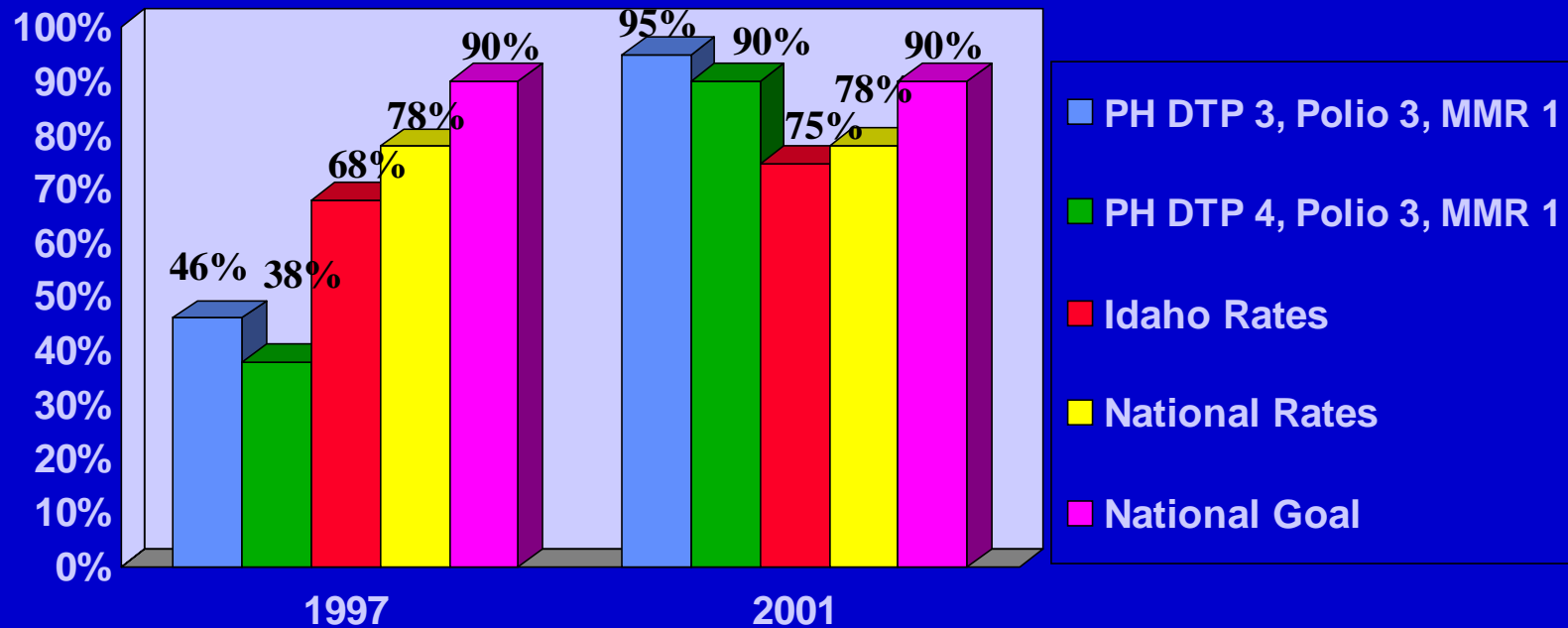
April 2001



- * Total Records in Clinic 24-35 months of age: 1160
- * Total Records Reviewed: 221

In April 2001 we repeated a CASA with much better results.

1997 vs. 2001 CASA



*Total records 24-35 months of age 873 (1997) vs. 1160 (2001)

*Total records reviewed 168 (1997) vs. 221 (2001)

Comparing 1997 to 2001. It took less time to review the charts in 2001 even though there were about ¼ more charts reviewed because all immunization records were in one area of the chart.

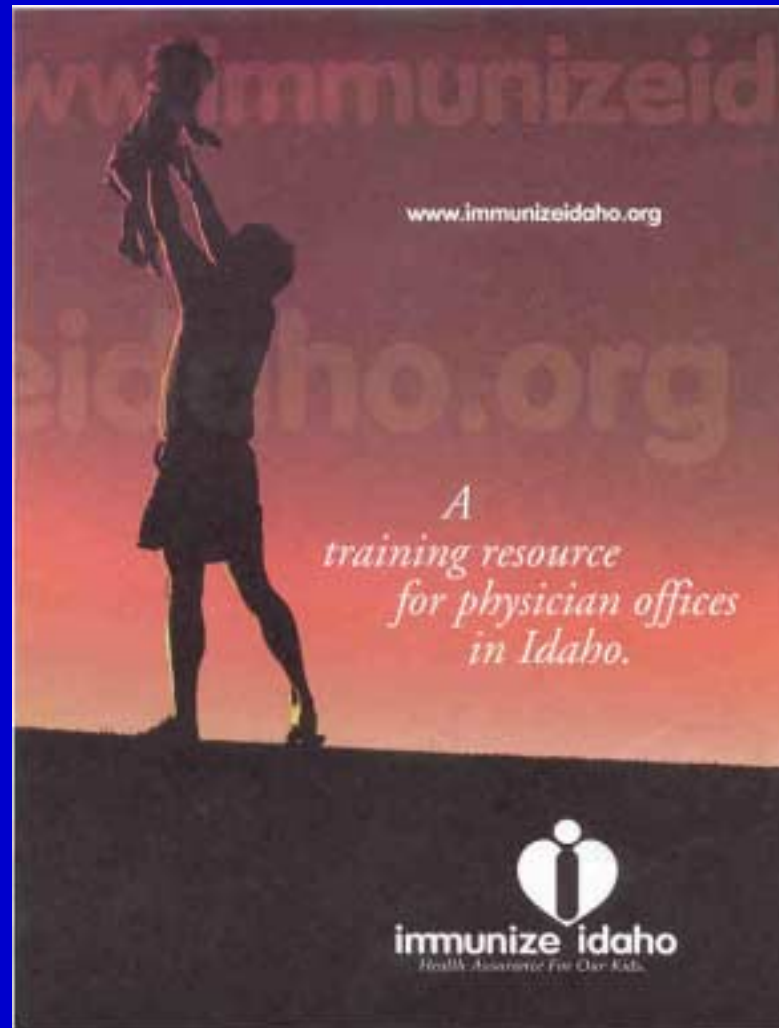
Immunize Idaho Website



www.immunizeidaho.org

We wanted to share with others what we had learned and the forms we created. We launched the Immunize Idaho web site.

Immunize Idaho Manual



We created a manual that contains most of the forms and how to create them. The Idaho Immunization Program handed the manuals out to other offices they visited. The manual is found on the website and can be downloaded or pages printed individually.

Immunizing For Healthier Children—How Do You Rate?



Idaho Immunization Program 2001

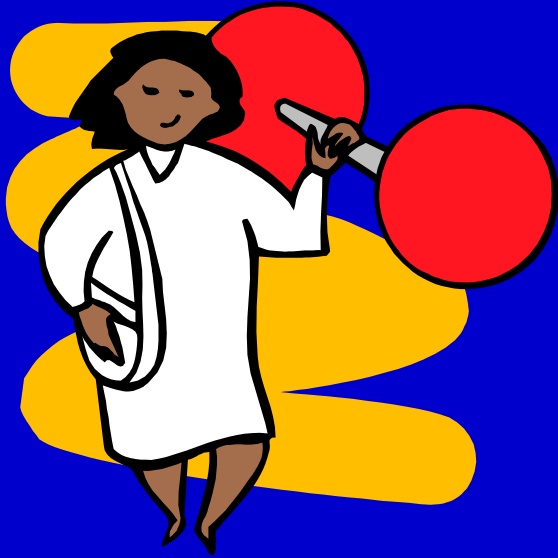
The Idaho Immunization Program came to our office in August 2001 and asked us to help make a video demonstrating all the tools we used to increase our rates. I was also asked in 2002 to speak at “Shot Smarts—Immunization Best Practices Workshop” a project by the Idaho Immunization Program. Three workshops were held regionally around the state and then I was the keynote speaker during lunch to 10 smaller workshops around the state. I presented the video and a similar presentation to this one.

Big Shot Award



Our clinic was given this award for having 90% or above on our immunization rates from the Idaho Immunization Program.

We Hope That What Worked for Us . . .



- * Staff involvement and cooperation
- * Record Keeping
- * Chart Organization
- * Organized Immunization Preparation Area
- * State Registry

In conclusion—these were the tools that we used to increase our rates.

...Will Work for You!



Primary Health Pediatrics

Some of the nurses, staff and doctors at Primary Health Pediatrics.

Resources

- * aliciaj@primaryhealth.com
- * Immunize Idaho Website:
<http://www.immunizeidaho.org>
- * IRIS Website:
<https://iris.idhw.state.id.us/irisweb/main.jsp>
- * Idaho Immunization Program Website:
<http://www2.state.id.us/dhw/Immun/immun.htm>