

PROVIDER SURVEY – QUALITY IMPROVEMENT (QI) WORKPLAN EVALUATION

(Optional – any information provided in this section will be kept confidential)

1. PIN#: _____

2. Facility Name: _____

3. Provider Contact Name: _____

4. Provider Contact Phone: _____

5. During your AFIX site visit in 2010, what suggestions were made to address issues specific to your practice regarding immunization rates? *(check all that apply)*

- ☐ Running Reminder/Recall
- ☐ Simultaneous Administration of Vaccines
- ☐ Adherence to Contraindications Guidance
- ☐ Reviewing records to identify patients that have MOGED (Moved or Gone Elsewhere)
- ☐ Providing information regarding vaccinations to parents/guardians
- ☐ Calling to remind parents/guardians of upcoming appointments
- ☐ Following up with parents/guardians whom miss scheduled appointments
- ☐ Flagging patient charts to identify missing immunizations
- ☐ Other (please specify below):

6. Of the suggestions made, which have been the easiest to implement? *(check all that apply)*

- ☐ Running Reminder/Recall
- ☐ Simultaneous Administration of Vaccines
- ☐ Adherence to Contraindications Guidance
- ☐ Reviewing records to identify patients that have MOGED (Moved or Gone Elsewhere)
- ☐ Providing information regarding vaccinations to parents/guardians
- ☐ Calling to remind parents/guardians of upcoming appointments
- ☐ Following up with parents/guardians whom miss scheduled appointments
- ☐ Flagging patient charts to identify missing immunizations
- ☐ Other (please specify below):

7. Of the suggestions made, which have been the most difficult to implement? *(check all that apply)*

- ☐ Running Reminder/Recall
- ☐ Simultaneous Administration of Vaccines
- ☐ Adherence to Contraindications Guidance
- ☐ Reviewing records to identify patients that have MOGED (Moved or Gone Elsewhere)
- ☐ Providing information regarding vaccinations to parents/guardians
- ☐ Calling to remind parents/guardians of upcoming appointments
- ☐ Following up with parents/guardians whom miss scheduled appointments
- ☐ Flagging patient charts to identify missing immunizations
- ☐ Other (please specify below):

8. What do you feel has been the biggest barrier for your practice when trying to implement improvement strategies?

- ☐ Staff time
- ☐ Cost
- ☐ Parent/guardian refusal to vaccine
- ☐ Dual data entry (EMR/Patient Charts and IIS)
- ☐ Missed appointments
- ☐ Lack of clinical understanding regarding simultaneous administration of vaccines
- ☐ Other (please specify below):

9. Do you feel that the outcome of this initiative has been worth the staff time/costs incurred?

- ☐ Yes
- ☐ No
- ☐ Don't Know

10. How strongly do you agree that the action steps outlined in your QI Workplan has helped to increase your immunization rates?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

11. If funding became available, what types of resources/materials/assistance would be beneficial to your practice in helping to improve delivery service or increase immunization rates?

12. Are there any suggestions or comments you would like to share regarding the QI Workplan process?