

## AFIX Feedback Session Checklist and Quality Improvement Workplan

The following worksheet will be used to record the **AFIX Feedback Content** and **Opportunities for Improvement** identified during the AFIX site visit. It includes strengths identified and recommendations that were discussed as ways to improve the provider practice immunization delivery. The AFIX staff and provider practice staff have worked together to develop a quality improvement plan of action.

Provider Practice Name: \_\_\_\_\_ PIN#: \_\_\_\_\_

Date of AFIX **Feedback**: \_\_\_\_\_ Date of AFIX **Follow up**: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Contact Telephone: \_\_\_\_\_

### Identify all Provider staff present for Feedback:

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

MIP AFIX staff that provided feedback: \_\_\_\_\_

### AFIX Feedback Content

Identify **assessment reports** used in feedback session:

- Summary Report
- Diagnostic Report
- Single Antigen Report
- Missing Immunizations List
- Invalid Doses Report
- Other:
- Other:

**Date assessment reports were run:**

List at least two **areas of strength** related to immunization delivery in practice.

1.

2.

Identify specific **opportunity for improvement** identified during AFIX Site Visit:

**Quality Improvement Action Plan:** (What steps will be taken by the Provider to address the opportunity for improvement): *For each step, identify staff that will implement process.*

1.

2.

3.

4.

5.

**Responsible Individual(s):**

Identify who in the Provider practice will be **responsible for designating staff to put the plan into action:**

Identify who in the Provider practice will **offer assistance to staff when barriers are identified:**

Identify who in the Provider practice will **follow up on plan and discuss progress/outcome with AFIX Staff:**

**Opportunity for Improvement Goal. Goal should be SMART – specific, measurable, achievable, realistic and timely** (Example: By November 2010, will reduce missed immunization opportunities at the last office visit by 10%)

**Identify resources provided to practice:** what did you supply to the Provider to help work towards quality improvement? Identify information shared with Provider such as how to sign up for MIP Listserv, how to sign up for CDC VIS email notification, how to run reminder/recall, etc.

- MIP Materials Order Form has been completed. MIP staff will fill and ship order.
- 2011 Provider Resource Packet
- Other:**
- Other:**
- Other:**

**Follow up Date/Type:** identify when and how AFIX Staff will follow up with the Provider to discuss progress being made towards improvement. Include this information in Activity Tracker and CoCASA; update as necessary.

Date:

Type of Follow up:

Date assessment reports were run for INITIAL AFIX site visit:

**Number of records assessed:**

Immunization Status Up to date and according to schedule by 24 months age:	# of patients	% of patients UTD
4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Var, 4PCV (4-3-1-3-3-1-4)		
Immunization Status for Single antigens	# of patients	% of patients UTD
4 DTaP		
3 Polio		
1 MMR		
3 Hib		
3 HepB		
1 Varicella		
4 Pneumococcal		

Date assessment reports were run for FOLLOW UP:

**Number of records assessed:**

Immunization Status Up to date and according to schedule by 24 months age:	# of patients	% of patients UTD
4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Var, 4PCV (4-3-1-3-3-1-4)		
Immunization Status for Single antigens	# of patients	% of patients UTD
4 DTaP		
3 Polio		
1 MMR		
3 Hib		
3 HepB		
1 Varicella		
4 Pneumococcal		

**Follow Up Progress/Outcome:** Identify the progress and outcome of the Quality Improvement Workplan. Indicate whether additional follow up will be scheduled.