

2010 AFIX Site Visit Satisfaction Survey

Practice Name: _____ PIN#: _____

Name of Contact: _____ Telephone: _____

Name of AFIX Staff whom conducted AFIX site visit: _____

1. Were hard copies of the immunization assessment results presented to someone in your practice at the time of the AFIX feedback portion of the site visit? ____ Yes ____ No

1A. What types of issues specific to your practice were identified by the assessment?
(please check all that apply)

____ Late starts	____ Missed opportunities to vaccinate
____ Missing immunizations	____ Children not MOGED
____ Children late up to date	____ Other _____
____ Record keeping/Proper Documentation	____ Other _____

2A. What suggestions were made by AFIX staff to address the issues identified in 1A?
(please check all that apply)

____ Minimal Intervals/Accelerated Schedule	____ Review of ACIP Guidelines and/or Imm. Schedule
____ Simultaneous Administration of Vaccines	____ Exemption Documentations (MOGE/Refusal)
____ Adherence to Contraindications Guidance	____ Other _____
____ Reminder/Recall Systems	____ Other _____
____ Enhanced Record Keeping	

3. Was a Quality Improvement Workplan developed at the time of the AFIX site visit? ____ Yes ____ No

4. As a result of the AFIX site visit, has your practice changed or plan to change any policy or procedures? ____ Yes ____ No

If yes, please describe:

5. Are you aware that the Maine Immunization Program offers individualized in-services to practices regarding immunization requirements, vaccine ordering/shipping/management, VFC program requirements, and monthly vaccine usage reports? ____ Yes ____ No

6. Would you be interested in receiving an in-service from the Maine Immunization Program? ____ Yes ____ No

Please tell us how strongly you agree or disagree with each of the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Feedback identifying areas of strength as well as identifying opportunities for improvement was constructive					
Comments:					
Feedback was timely					
Comments:					
The materials provided were useful					
Comments:					
The assessment of immunization levels was informative					
Comments:					
AFIX Staff was knowledgeable					
Comments:					
AFIX Staff was courteous and professional					
Comments:					
Used as a tool to help with operation management and improving the practice for future assessment, I would recommend participating in an AFIX site visit to a colleague					
Additional Comments:					

Thank you. Please return this survey to the Maine Immunization Program in the enclosed self-addressed stamped envelope, or fax to 1-800-437-5743.