

Quality Assurance Checklist for EC-68

PIN: _____

Reviewer: _____

Date of Review: _____

TVFC Enrollment form current

- No – contact provider to obtain current enrollment - once received submit update to appropriate approval authority
- Yes – continue

C-33 – Current on submission and correct

- No – stop review and contact provider to obtain current/correct report – once received continue process
- Yes – continue

C-105 – Current on submission and all temperatures within range

- No – stop review and contact provide to see if issues with temperatures have been corrected and obtain a current temperature chart showing all within range – once received continue process
- Yes – continue

C-68 – Biological Order Form

1.0 Tiered frequency:

1.1 Appropriate order month

- A. Yes – continue
- B. No – 50% or less on hand based on maximum stock level
 - 1) Yes – process anyway
 - 2) No- stop review, educate provider on appropriate time frame for ordering and do not process order

2.0 Demographics:

2.1 Complete and correct PIN

- A. No – stop review and complete (Enrollment or C-33)
- B. Yes – continue

2.2 Correct Name/address

- A. No – stop review and complete (Enrollment or C-33)
- B. Yes – continue

2.3 Days/Hours of operation complete

- A. No – stop review and contact provider to determine days/hours to receive vaccine
- B. Yes – continue

2.4 Signature

- A. Yes – continue
- B. No – stop review and return order to provider to obtain signature

3.0 Form contents

3.1 Amount on hand –

A. Matches Column H on C-33

1) No – stop review and discuss different totals with provider

2) Yes – continue

3.2 Amount on hand 50% more than maximum stock levels

A. No – continue

B. Yes – contact provider and discuss re-distribution

3.3 Amount on hand is zero –

A. Yes –

1) Evaluate last three months of usage to see if maximum stock levels need to be adjusted

2) If order amount needs to be adjusted

a) Note on C-68 and initial as approved

3) If maximum stock level needs to be adjusted

a) Change amount (bolded text) on maximum spreadsheet

b) Frequency of ordering changed

(1) No – continue

(2) Yes –change (bolded text) on maximum spreadsheet

4) Submit updated spreadsheet to appropriate approval authority

5) Submit updated info or master C-68 to provider showing new maximum stock levels

B. No – continue

3.4 Amount ordered:

A. Amount on hand minus maximum stock level = amount to be ordered

1) Yes – continue

2) No – stop and evaluate based on steps outlined below

B. Amount ordered does exceed maximum stock level

1) Yes – justification included:

a) If special clinic – clinic dates noted

b) If additional vaccine needed because of increase of patient load or other reason

i. Yes –

a) Is request temporary?

(1) Yes - Note on order 'temporary increase' and initial beside each vaccine changed – continue

(2) No - evaluate last three months of usage to see if agree with amount requested

(a) No – contact provider for additional justification

(b) Yes

(1) Note approval by initialing amount on C-68;

(2) Change amount (bolded text) on maximum spreadsheet

(3) Change amount on master copy of C-68

(4) Is frequency of ordering changed?

(a) No – continue

(b) Yes – change (bolded) on maximum spreadsheet

(5) Submit updated spreadsheet to appropriate approval authority

(6) Submit updated info or master C-68 to provider

- 2) No, amount does not exceed maximum stock level proceed with evaluation of amount to be ordered:
 - a) Amounts for Pneumococcal Polyssacharide 23 – increments of 5 – Rounding examples: maximum stock level is 5 – amount on hand is 2 = 3 doses ordered rounded to 5 or example: maximum stock level is 5 – amount on hand is 3 = 2 doses ordered rounded to zero – amount cancelled.
 - b) Amount for DT – Pediatric and Zoster – increments of 1
 - c) Amounts for other vaccines – increments of 10
Rounding examples:
 - i. Less than or equal to 4 – amount rounded to next lowest 10 – example: maximum stock level is 50 – amount on hand is 37 = 13 doses ordered would be rounded down to 10 doses
 - ii. More than or equal to 5 – amount rounded to next highest 10 – example: maximum stock level 50 – amount on hand 23 = 27 doses ordered rounded to 30 doses

4.0 Corrections/additions made to form or spreadsheet:

- A. Yes
 - 1. Note 'Revised' at top of form and fax to appropriate approval authority and/or private provider –
 - 2. Copy and send hard copy onto appropriate approval authority
- B. No - copy and send hard copy onto appropriate approval authority

Sampling QA Internal Review Process

Summary evaluation done each month to review:

Data reported by”

HSR

Individual LHD

Number of C-68 submitted

Number with errors

Listed by types of errors – to allow training conducted on errors occurring with greatest frequency.

Legend for Chart:

Appropriate Tiered Frequency – ordering in the appropriate assigned tier

Demo/PIN – incorrect or incomplete

Days/Hours of Operation – incorrect or incomplete

Excessive Vaccine – 50% or more than maximum stock level on one or more vaccines

Order - based on amount on hand minus maximum stock level does equal to or greater than 5 doses
- order should have been placed

Amt not rounded – amount ordered was not rounded properly

Justification for exceeding maximum – insufficient or no justification for amount ordered exceeding maximum stock level

Amount on hand less than or equal to 5 doses* – amount on hand of one vaccine being at or below 5 doses – under stocking - *exception DT-Pedi, Pneumococcal and Zoster

No amount on hand – No current amount on hand noted

Change maximum stock level – Request to change or increase maximum stock level and not changed on maximum stock level column

No signature on form – self explanatory

Sampling of data –

Summary Report	Week of	Week of	Week of	Week of
# C-68 submitted				
# C-68 with errors				
Appropriate Tiered Frequency				
Demo/PIN				
Days/Hours of Operation				
Excessive Vaccine				
Order				
Amount not rounded				
Justification for exceeding maximum level				
Amount on hand <5 doses				
No amount on hand				
Chg of max stock levels				
No signature on order				

Corrective action:

Quality Assurance Checklist for EC-33

PIN: _____

Reviewer: _____

Date of Review: _____

TVFC Enrollment Form current

- No – contact provider to obtain current enrollment – once received submit update to appropriate approval authority
- Yes – continue

C-105 – Current on submission and all temperatures within range

- No – stop review and contact provide to see if issues with temperatures have been corrected and obtain a current temperature chart showing all within range – once received continue process
- Yes – continue

C 68– Biological Order Form

Appropriate month to order:

- Yes – stop review and contact provider to obtain vaccine order – once received continue process
- No – continue

C-33 Monthly Biological Order Form

1.0 Demographics:

1.1 Complete and correct PIN

- A. No – stop review and complete (Enrollment)
- B. Yes – continue

1.2 Correct Name/address

- A. No – stop review and complete (Enrollment)
- B. Yes – continue

1.3 Days/Hours of operation complete

- A. No – stop review and contact provider to determine days/hours to receive vaccine
- B. Yes – continue

1.4 Signature

- A. Yes – continue
- B. No – stop review and return form to provider to obtain signature

2.0 Form contents

2.1 Column A: Doses at Beginning of Month –

A. Matches Column H on previous month's C-33

- 1) No – stop review and discuss different totals with provider
- 2) Yes – continue

2.2 Column B: Doses Received During Month - Packing Slip Received

- A. Yes – continue
- B. No – contact provider and request copy to be faxed

2.3 Column D: $A+B+C=D$: Math is correct for each antigen

- A. Yes – continue
- B. No – correct and continue

2.4 Column E: 19+ doses administered

A. Provider is a public site

- 1) Yes – continue
- 2) No – stop and contact provider to see if doses administered was to complete a series for HPV, Hepatitis A or B?
 - a) Yes – continue
 - b) No
 - (1) Discuss policy with provider
 - (2) In comment section: note and initial that matter was discussed with provider and what arrangements have been made for re-payment

B. Column E: <1-18 and 19+ totals are correct

- 1) Yes – continue
- 2) No, correct and continue

2.5 Column C, F or G: Amounts transferred

A. Amounts noted in either column C, F or G

- 1) Yes – transfer slips received to document transfer of vaccine
 - a) Yes – continue
 - b) No – contact provider for copies of paperwork showing transfer or return of vaccine
- 2) No – continue to process

2.6 Column H: Doses on Hand

A. Amounts noted for each antigen noted in column A

- 1) Yes – continue
- 2) No – did the amount administered deplete the stock
 - a) Yes – continue
 - b) No – contact provider to determine amount on hand

2.7 Column I: Net Doses Lost or Gained:

A. Math requires column to be completed

- 1) Yes – amount correct:
 - a) Yes
 - (1) Comment section completed noting justification for loss/gain
 - (a) Yes – continue
 - (b) No – contact provider for explanation
 - b) No –
 - (1) Contact provider with corrections and request justification
- 2) No – continue to process

3.0 Corrections/additions made to form

- A. Yes
 - 1. Note 'Revised' and initials at top of form and fax to appropriate approval authority and/or private provider –
 - 2. Copy and send hard copy onto appropriate approval authority
- B. No
 - 1. Note initials at top of form
 - 2. Copy and send hard copy onto appropriate approval authority

Sampling QA Internal Review Process

Summary evaluation done each month to review:

Data reported by:

HSR

Individual LHD

Number of C-33 submitted

Number with errors

Listed by types of errors – to allow training conducted on errors occurring with greatest frequency.

Legend for Chart:

Demo/PIN – incorrect or incomplete

Days/Hours of Operation – incorrect or incomplete

Column A: Amount on Hand – does not match Column H amount from previous month's report

Column B: Amount Received – noted, but no packing slip to support receipt

Column D: Subtotal - incorrect or incomplete

Doses Administered to 19+ population – not a public site and not to complete series

Column E: Total - amount incorrect

Columns C, F or G: Amounts Noted: - no transfer documentation to support

Column I: Net Doses Lost or Gained – amount not noted and/or no comment

No signature on form – self explanatory

Sampling of data –

Summary Report	Week of	Week of	Week of	Week of
# C-33 submitted				
# C-33 with errors				
Demo/PIN				
Days/Hours of Operation				
Column A: Amount on Hand				
Column B: Amount Received				
Column D: Subtotal				
Doses Admin 19+				
Column E Total				
Columns C, F, or G: Amount Noted				
Column I Net Doses Lost/Gained				
No signature on form				

Corrective action: