

CHAPTER 5

PROGRAM EVALUATION

Last Updated: 10/2014

I. Compliance Site Visit

A. Compliance Site Visits

Providers at public sites participating in the TVFC Program will receive a Compliance Site Visit from a DSHS HSR or LHD reviewer annually. Providers at private facilities can expect to receive a Compliance Site Visit by a DSHS quality assurance contractor at least once every other year. By signing the VFC Program Provider Agreement, the signing physician agrees to allow a DSHS or DSHS-contracted entity to conduct a Compliance Site Visit.

The purpose of the visit is to assess, support, and educate the clinic regarding TVFC policies and procedures. If areas of need are identified, the DSHS HSR or LHD will provide a follow-up call or visit to assist the clinic with any changes or questions.

Providers will be contacted to schedule a Compliance Site Visit. Providers will receive a confirmation letter, email, or fax with the date, time, materials needed, and summary of the site visit process.

During a Compliance Site Visit, the reviewer will need access to the following:

- A space to work (and a power source if a laptop is used)
- Patient records
- Current and past temperature logs or data for the last three months, or longer if issues are found
- Current and past Vaccine Borrowing Forms
- The circuit breaker
- Admitting and billing personnel to clarify eligibility screening and billing processes
- All vaccine storage units where TVFC vaccine is stored

The Compliance Site Visit is split into two types to ensure that each site is being evaluated based on the population served. These types are described below.

B. “A” site (VFC Compliance Visit & AFIX Visit)

The “A” visit is the VFC Questionnaire and an AFIX visit utilizing the Comprehensive Clinical Assessment Software Application (CoCASA). The focus of “A” visits is for childhood assessment and review of 10-50 records on children 24-35 months of age. Reviewers use all of the qualifying records (up to 50 records). A minimum of 10 records 24-35 months is required for

childhood CoCASA assessments. Providers pull 50 charts for the CoCASA cohort prior to the site visit. The reviewer randomly selects 10 records of the charts pulled to determine compliance with VFC documentation requirements. Providers will not be notified in advance of the charts to be reviewed.

An “Adolescent” Site visit is performed if there are not enough children in the 24-35 months age range to perform an “A” site visit. The adolescent site visit uses CoCASA with a minimum of 20 records (50 preferred) of adolescents in the age range of 13-18 years.

C. “B” site (VFC Compliance Visit only)

The “B” visit is the VFC Questionnaire only because there are not at least 10 records in the 24-35 months or 20 records in the 13-18 years age range. A “B” site visit, using 10 records of children from birth to 18 years of age only completes the VFC Compliance Tool.

D. Follow-Up Activities

Upon completion of the Compliance Site Visit, the reviewer will discuss the outcomes of the visit with the provider staff. The discussion will include a review of the site visit findings and a formal follow-up plan with a timeline that addresses any issues on non-compliance or opportunities for improvement. Providers must sign the Acknowledgement of Receipt following the visit. The Acknowledgement of Receipt is the document that attests to the fact that a Compliance Site Visit was completed, the provider received the results of the visit, and that both the reviewer and the provider understand the non-compliance issues identified and the actions necessary to address them.

The responsible entity (DSHS HSR or LHD) will conduct follow-up activities if required. The purpose of follow-up activities is to ensure that areas for improvement identified by the DSHS HSR, LHD or QA contractor, are understood at the clinic, and corrective actions have been identified and implemented.

Follow-up activities are conducted at two weeks, three months and six month intervals following the initial site visit review. Follow up activities include, but are not limited to:

- Visiting the clinic to observe corrective actions
- Calling the TVFC Coordinator at the clinic
- Sending a letter to address the deficient items identified during the site visit

The responsible entity (DSHS HSR or LHD) works with providers on noncompliance issues by providing education and guidance regarding corrective actions. If a provider exhibits habitual noncompliance and does not take corrective actions in response to education, vaccine orders may be withheld or the provider may be withdrawn from the TVFC Program.

E. Electronic Medical Records (EMR)

In recent years, the use of Electronic Medical Records (EMR) has become routine and has changed the way record reviews are conducted. Providers with EMRs have the following two immunization record review options, one of which should be available at the time of the visit:

1. A dedicated staff member who can log-in to the EMR and sit with the field reviewer throughout the record review process to pull up EMR immunization and eligibility records.

Note: It is not acceptable to have a staff member log-in and then turn the EMR screens over to the reviewer; the staff person is required to be present.

2. Print outs from the EMR of the immunization records and documentation of the child's eligibility. The immunization records need to include all immunization history including records from other providers.

Note: TVFC or the quality assurance contractor will not pay for or reimburse providers for the copies when the provider chooses to print out immunization records from their EMR system.

II. Unannounced Storage and Handling Visit

Unannounced storage and handling visits may be conducted to serve as “spot checks” for proper vaccine storage and handling. DSHS HSRs and LHDs prioritize sites for unannounced visits based on the following criteria:

- Loss of publicly purchased vaccine
- Storing vaccines incorrectly
- Improper documentation of temperature logs
- Vaccine orders not consistent with provider profile data
- Newly enrolled provider

Vaccine storage and handling issues are identified and addressed immediately during unannounced visits. The provider is expected to make onsite corrections to safeguard the vaccine.