

On-Site Evaluation Report for:
For FY 2019, effective 9/1/2018

Date of Review:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Immunization Program Review of Local Health Department (LHD) Contracts
ON-SITE EVALUATION REPORT INSTRUCTIONS (DSHS Stock #: EF11-13997)

Name and Title of Person(s) Conducting the Review:

Clinic Site(s) Visited:

Dates of Site Review:

*This tool is based on the FY2019 Immunization Work Plan activities, the **DSHS Immunization Contractors Guide for LHDs**, the **Standards for Child and Adolescent Practices**, and the **Standards for Adult Immunization Practices**.*

For each item reviewed, place an X in the appropriate column for Yes or No or use Not Applicable-N/A or Not Reviewed-N/R where appropriate. If the reviewer places an X under “No,” the reviewer should describe the discrepancy and note any education or technical assistance provided. If the reviewer places an X under “Not Reviewed”, the reviewer should give a very brief explanation of why the item was not reviewed. The local health department (LHD) must provide a written response for each item checked “No” that is not immediately corrected during the site visit and produce a Corrective Action Plan (CAP) as directed by DSHS that encompasses proposed solutions for all items marked as “No.” The CAP should be submitted within 45 days of the site review. Main activities (A, B, C, etc.) under each objective are shaded to help separate them from individual tasks required for those activities.

PLEASE NOTE: {YES} means the standards were fully met. {No} means the standards were not met. {N/A or N/R} means the item was not applicable or not reviewed at site visit.

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Unit A-1. Program Stewardship and Accountability: <u>Policies and Procedures</u>				
A. The LHD has current, approved, written policies in effect; the written policies are available to staff and cover the topics listed below:				Best Practice: Keeping all policies and records of education, information disseminated, training, and collaborations in a binder system has been an efficient method for filing paperwork required during site reviews.
1. Decreasing financial barriers to immunization including not denying services based on an inability to pay;				Contracted LHDs must have a policy on reducing client barriers to vaccines (including how referrals are made for clients eligible for Medicaid, CHIP, or other funding sources). <ul style="list-style-type: none"> • Policy must state that services will be provided regardless of client’s ability to pay; • Should also address how public is notified about policy; at a minimum, there should be an “inability to pay” poster posted in a high traffic area; and Billing letters should also have inability to pay language.

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2. Immunization services are provided at times other than 8:00 a.m. to 5:00 p.m., Monday through Friday, at least once a month;				Policy should address access to services like providing immunization services at times outside normal office hours (8 a.m. to 5 p.m., Monday through Friday) at least once a month and offering walk-in immunization services. Policy should also address how public is informed of clinic hours and services; e.g., hours are posted on clinic door.
3. Screening and documentation of eligibility for Texas Vaccines for Children (TVFC) vaccines;				Policy must reflect and be consistent with the TVFC requirements outlined in the <i>TVFC Operations Manual</i> and the <i>Texas Vaccines for Children and Adult Safety Net Provider Manual</i> : http://www.dshs.texas.gov/immunize/tvfc/publications.aspx
4. Adult Safety Net (ASN) vaccines;				Policy describes those adults eligible for ASN vaccines as outlined in the <i>TVFC Operations Manual</i> and the <i>Texas Vaccines for Children and Adult Safety Net Provider Manual</i> and references the CDC adult schedule: http://www.cdc.gov/vaccines/schedules/index.html .

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5. Assessing immunization status at every visit;				The LHD policy describes how vaccination status is reviewed, including by whom.
6. Following only true contraindications to vaccination;				The LHD policy should reference: <ul style="list-style-type: none"> • CDC’s <i>Vaccination Recommendations and Guidelines of the ACIP: Contraindications and Precautions</i>: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html; • the recommendations of ACIP, AAP, and AAFP http://www.cdc.gov/vaccines/schedules/index.html; • Vaccine Information Statements (VIS) https://www.cdc.gov/vaccines/hcp/vis/index.html; and • Manufacturers’ package inserts.
7. Giving all needed vaccinations simultaneously;				The LHD policy references the recommendations of ACIP, AAP, and AAFP: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm .

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8. Informing clients of the risks and benefits of vaccinations;				The LHD policy describes how risks and benefits are discussed with clients (at a minimum, the client receives the VIS before administration) and clients are told what to do if an adverse event occurs. Languages for the VIS must meet the needs of the community.
9. Maintaining confidentiality of client information;				The privacy and confidentiality policy addresses how services will be provided in a confidential manner and how client privacy will be ensured.

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<p>10. Education policy for staff who administer vaccines and staff that manage or support vaccine administration; policy addresses credentialing of professionals, orientation of new staff, and ongoing immunization updates.</p>				<p>The LHD has a policy describing the orientation and ongoing education requirements for its staff. Policy should indicate how training is documented and where. The LHD also has procedures to verify credentials of their clinical providers. The LHD assures that all licenses, certifications, and DEA numbers (as appropriate) are current. The policy should state who is responsible for reviewing licenses and when the review process happens. The LHD contacts the appropriate licensing board (e.g., TMB, BNE) to verify current licensure. Licenses may be verified on line through the boards' websites at:</p> <ul style="list-style-type: none"> • http://www.tmb.state.tx.us/page/look-up-a-license for physicians and PAs and • https://www.bon.texas.gov/licensure_verification.asp for nurses. <p>The credentialing files may be kept separate from the personnel files or the information may be kept in the individual personnel files.</p>

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11. Employee immunization policy;				Policy should address: <ul style="list-style-type: none"> • How LHD assures that employees are immunized; and • Steps (including timeframes) that are taken to bring an employee up-to-date. • Immunization declinations should be kept on file for all employees that refuse/decline immunizations. • The policy should include timeframes for reviewing employee immunization status.
12. Reporting adverse events;				The LHD policy describes the requirements for reporting and documenting adverse events using TVFC vaccine (https://www.dshs.texas.gov/immunize/tvfc/publications.aspx). Policy should address how to report adverse events involving vaccine to VAERS by contacting (800) VAC-RXNS for information or http://vaers.hhs.gov .

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13. Investigating and reporting vaccine preventable diseases;				<p>The LHD policy includes requirements and procedures for investigation and reporting of vaccine-preventable diseases. Policy addresses how staff are trained or informed. Policy references to the <i>DSHS Emerging and Acute Infectious Disease Branch Guidelines</i> at: https://www.dshs.texas.gov/IDCU/investigation/Investigation-Guidance.xls.</p>
14. Effective use of ImmTrac/ImmTrac2 in LHD clinics;				<p>The LHD Policy addresses how vaccination records for patients are maintained. Policy should address steps LHD takes to ensure accuracy, completeness, and accessibility of these immunization records in ImmTrac2. Policy should be consistent with ImmTrac/ImmTrac2 rules and legislation in 25 TAC 100: https://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=100&rl=Y and the affirmation/consent process in 2 H&SC 161.007: http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm.</p>

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15. Reminder/Recall;				LHD should have a policy on reminder/recall, its system to remind parents, guardians, patients, and health care professionals when vaccinations are due and to recall those who are overdue. Policy should clarify how reminder/recall is conducted, what system will be used, and who will be responsible for notifying clients or parents of clients of immunizations due or overdue.
16. Vaccination coverage assessment;				Office or clinic-based patient records reviews and vaccination coverage assessments are performed annually. Assessments are most effective in improving vaccination coverage when they combine chart reviews with feedback to health care professionals and staff. The policy should address both how chart reviews will be conducted and how the information is shared with staff. A description of how an assessment is completed using Comprehensive Clinic Assessment Software Application (CoCASA) might be appropriate.

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17. Current standing delegation orders;				<p>The reviewer evaluates the agency Standing Delegation Orders (SDOs) to assure that the following criteria are followed:</p> <ul style="list-style-type: none"> • The SDOs are reviewed, updated, and signed annually by the authorizing physician. • SDOs specify which acts require a particular level of training and licensure and under what circumstances they are to be performed. • There is a method of maintaining a written record of those persons authorized to perform specific SDOs. • Decisions regarding contraindications should be documented. • Current copies of SDO manuals are present at all sites and accessible to all staff.

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18. Infection control including effective hand washing and management of hazardous waste;				The LHD policy: <ul style="list-style-type: none"> • Promotes safe work practices while caring for clients; • Serves as a guide for employees to ensure proper work practices are used in providing client services, including the proper use of personal protective equipment. • Addresses handling, storing and disposing of hazardous, chemical and infectious waste, e.g., syringes/needles and medications. The LHD has a method to store and secure items such as clean syringes/needles and medications.
19. Clinical records and record retention schedule;				The LHD policy addresses record security during transport if records are transferred from location to another. The LHD follows the DSHS Record Retention Schedule for Medical Records. The schedule is available on the web at http://www.dshs.texas.gov/records/medicalrec.shtm .

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<p>B. Issues related to Vaccine Management, ImmTrac/ImmTrac2 Registry, Perinatal Hepatitis B, Surveillance, Education, Training, and Collaborations, Adult and Adolescent Immunization, Population Assessment, and Service Delivery are noted on the ILA Quarterly Reports and previous site visits are being addressed by the LHD.</p>				<p>The review team will review and discuss with the LHD issues that remain unaddressed by the LHD on the ILA Quarterly Report and previous contract site visits, technical assistance visits, or unannounced visits. The LHD is expected to make corrections from previous site visits and issues noted on the quarterlies. The Review Team will make suggestions to the LHD for corrections.</p>
<p>Unit A-2. Program Stewardship and Accountability: <u>Personnel</u></p>				
<p>A. The LHD has informed DSHS (in writing) of any changes in Medical Director or other high-level positions responsible for the Immunization Program within 30 days of staffing changes.</p>				<p>Interview. If applicable, Review Team Leader asks LHD management about high-level staff changes.</p>
<p>B. The LHD has informed DSHS (via letter or e-mail) of any vacancy lasting longer than 90 days.</p>				<p>LHD must submit a written justification to DSHS Austin CMU for any position vacant longer than 90 days. Interview. Review Team Leader asks LHD management about vacancies.</p>

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C. All required training for new and existing staff are listed below:

1. Orientation for all **new** staff includes, at a minimum the following: **(all areas must be covered to receive a “yes”):**
 - View the new *EPI-VAC Pink Book* webinar series (all webinars) at: <http://www.cdc.gov/vaccines/ed/webinar-epv/>;
 - Review of *Standards for Child and Adolescent Immunization Practices* at: <http://pediatrics.aappublications.org/content/112/4/958>;
 - Review of *Standards for Adult Immunization Practice* at: <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html>;
 - Review annual updates on storage and handling and on VFC (Modules 10 and 16) at: <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>;
 - Review the 2019 *TVFC Provider Policy Training* at <http://www.vaccineeducationonline.org/>;
 - Review and understanding of the current immunization schedules for persons of all ages;
 - Training and observation of skills in the proper storage and handling of vaccines;
 - Training and observation of skills in screening immunization clients;
 - Observation of staff skills administering vaccinations to infant, children, adolescent, and adult clients;

(Data entry for this column is at the top as the review list is long.)

LHD maintains a record of orientation (new staff) and ongoing training for existing staff on the grant involved in the provision of immunization services.

Review of personnel or training records kept by the LHD.

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<ul style="list-style-type: none"> • Training in emergency procedures; • Observation of staff providing vaccine-specific information to clients; • Review of the appropriate use of the Vaccine Information Statement (VIS); • Review of true contraindications for vaccines; and • Observation of appropriate documentation of administered vaccinations. <p>2. All existing LHD personnel on the Immunization grant will complete the annual training and update training by doing the following:</p> <ul style="list-style-type: none"> • Viewing the new <i>EPI-VAC Pink Book</i> webinar series (all webinars) at: http://www.cdc.gov/vaccines/ed/webinar-epv/; and • Reviewing the 2018 <i>TVFC Provider Policy Training</i> at http://www.vaccineeducationonline.org/. 				<p>A review of personnel or training records kept by the LHD.</p>
<p>Unit B-1. Assessing Program Performance: Education, Information, Training, and Collaboration (EITC) for the <u>General Public</u></p>				
<p>A. The LHD contractor will provide vaccine and immunization education to target audiences and to the general public.</p>				

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<p>1. Inform and educate the public about vaccines and vaccine-preventable diseases on the average of once per month during the fiscal year.</p>				<p>Review of flyers, brochures, planning meeting minutes, or newsletter articles about educational events.</p> <ul style="list-style-type: none"> • LHD must conduct at least one monthly immunization education activity, • must document the activity (by noting number and type of participants), and • must evaluate the activity by obtaining feedback from participants. <p>Public information should include the importance and benefits of being fully vaccinated, vaccine recommendations, the location(s) of vaccination clinics, and the importance of a medical home.</p>
<p>2. Inform the general public about the TVFC and ASN programs and the eligibility criteria for participating in the programs.</p>				<p>Review of flyers, brochures, planning meeting minutes, or newsletter articles about educational events related to the TVFC and ASN programs.</p>

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3. Implement written procedures in health department clinics to assure that telephone callers who request information about immunizations receive consistent and correct information.				Review written procedures for answering caller questions. Interview staff who answer the phone regarding how the LHD ensures that information provided to callers is current and accurate, e.g., Do they have a Resource Guide that is revised periodically? Do they have the up-to-date immunization schedules at the phone?
4. Plan and implement specific activities to promote the importance of Immunizations during National Infant Vaccination Week (NIVW), National Adult Immunization Week (NAIW), National Influenza Week, and National Immunization Awareness Month (NIAM).				Review of flyers, brochures, planning meeting minutes, or newsletter articles about specific events for NIVW, NAIW, National Influenza Week, and NIAM.
5. Provide information to clients, families, and the general public on the purpose of ImmTrac/ImmTrac2, the benefits of ImmTrac/ImmTrac2 participation, and the importance of maintaining a complete immunization history in the Registry.				Review of materials used to inform families about ImmTrac2, any educational events flyers, etc. If scheduled, monitor a public event, presentation, or health fair to observe activities and techniques. Observe the IPOS as he/she works through the client or provider outreach lists.
6. Distribute immunization literature for the public in LHD clinic(s).				Observation. Is current, accurate, and sufficient literature available in the clinic(s)?

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7. Maintain a link from the LHD website (if the LHD has one) to the DSHS Immunization Unit website. If the LHD does not have a website, make the information available via another method.				Reviewers check LHD website before or during the review. If LHD does not have a website, interview staff to determine how this requirement is met.
Unit B-2. Assessing Program Performance: Education, Information, Training, and Collaboration (EITC): <u>Provider Education</u>				
A. Each LHD makes immunization information available to the immunization providers within their service area on a timely basis.				
1. Provide training on TVFC requirements and updates (as described in the <i>TVFC Operations Manual</i> and the <i>TVFC and ASN Provider Manual</i>).				Review documentation of training and technical assistance to TVFC private providers. Ask how they communicate with TVFC private providers regarding immunization updates.
2. Inform providers about the annual <i>Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)</i> training.				Review documentation of LHDs communication to providers regarding EPI-VAC.
3. Educate providers on the process to order immunization literature from DSHS.				Review documentation of training and technical assistance to private providers regarding process for ordering immunization literature from DSHS.

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4. Promote a health care workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, vaccine-preventable diseases, and the delivery of immunization services.				Review documentation of training and technical assistance to private providers, including: <ul style="list-style-type: none"> information on the most current Advisory Committee on Immunization Practices (ACIP) recommendations for all age groups.
5. Inform all private providers on the federal requirement that the most current VIS must be distributed to patients.				Review documentation of training and technical assistance to private providers.
6. Inform all private providers on the appropriate reporting of vaccine adverse events.				Review documentation of training and technical assistance to private providers.
7. Provide training relating to <i>Standards for Child and Adolescent Immunization Practice</i> .				Review documentation of training and technical assistance to providers. Should include information on the most current ACIP recommendations for all age groups.
8. LHD provides training and periodic updates on 1) assessing the immunization status of WIC participants and their siblings, 2) the referral process to WIC staff to ensure that WIC participants receive appropriate referrals for immunizations, and 3) ensuring WIC works with participants to locate and establish a medical home.				Review documentation of training and technical assistance to WIC staff. Interviews with managers regarding the referral process.

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9. Educate private providers to send National Immunization Survey (NIS) surveys to the LHD for research prior to returning the survey to CDC.				Review documentation of communications, trainings, and technical assistance to private providers about the NIS and what providers should do if they receive a survey from CDC.
10. LHD distributes the <i>TVFC/ASN Digest</i> (https://dsbs.texas.gov/immunize/Immunization-News/The-TVFC/ASN-Digest/) via electronic format to constituents and customers as it is published by the Immunization Unit.				Review the distribution list of constituents and customers maintained by the LHD.
Unit B-3. Assessing Program Performance: Education, Information, Training, and Collaboration (EITC): <u>Adolescent and Adult Education</u>				
A. LHD conducts activities to improve the rate of adult and adolescent immunization.				
1. Target adolescent health-care providers for recruitment.				Review LHD documentation of recruitment activities; review flyers, brochures, planning meeting minutes, or newsletter articles about provider enrollment.

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2. Inform and educate the public about vaccines for adults and vaccine-preventable diseases.				Review of flyers, brochures, planning meeting minutes, or newsletter articles about educational events. Public information should include the importance and benefits of being a fully vaccinated adult, adult vaccine recommendations, and the benefits of receiving vaccines at client's medical home.
3. Inform and educate the public about vaccines for adolescents and vaccine-preventable diseases with an emphasis on adolescent vaccine recommendations.				Review of flyers, brochures, planning meeting minutes, or newsletter articles about educational events. Public information should include the importance and benefits of being a fully vaccinated adolescent, the vaccine recommendations, and the benefits of receiving vaccines at client's medical home.
4. Provide training to providers relating to <i>Standards for Adult Immunization Practices</i> .				Review documentation of training and technical assistance to private providers. Should include information on the most current Advisory Committee on Immunization Practices (ACIP) recommendations for all age groups.

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<p>Unit B-4. Assessing Program Performance: Education, Information, Training, and Collaboration (EITC): <u>Collaborations / Partnerships</u></p>				
<p>A. LHD contractors create and maintain collaborative relationships with community organizations to promote immunization best practices and with the overarching goal of raising vaccine coverage levels in the community for children, adolescents, and adults.</p>				
<p>1. LHD identifies providers, hospitals, schools, child-care facilities, social service agencies, and groups involved in promoting immunizations and reducing vaccine-preventable diseases.</p>				<p>Interviews with LHD managers regarding participation in coalitions or other partnership activities. Reviews documentation of activities with coalitions or partnerships.</p>
<p>2. LHD maintains a list of partners with current contact information.</p>				<p>Review of LHD’s list of partners.</p>
<p>3. LHD maintains documentation of collaborative meetings and activities such as agendas, sign-in sheets, and meeting minutes.</p>				<p>Review of meeting agendas, summaries, minutes, or announcements. Especially include any follow-up done as a result of the meeting or activity.</p>

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Unit B-5. Assessing Program Performance: Epidemiology and Surveillance				
<p>A. LHD conducts surveillance and reports vaccine-preventable diseases according to the <i>DSHS Emerging and Acute Infectious Disease Guidelines</i> and <i>Epi-Case Criteria Guide</i> and completes data entry according to the NEDSS Base System (NBS) <i>Data Entry Guidelines</i>.</p>				<p>Review Team determines if the LHD has a copy of <i>The DSHS Emerging and Acute Infectious Disease Branch Guidelines</i>, <i>NBS Data Entry Guidelines</i>, and <i>Epi-Case Criteria Guide</i> and if staff members are aware of their locations at the LHD and their content. Interviews. Team will identify LHD surveillance staff and review LHD procedures for vaccine-preventable disease surveillance.</p> <p>LHD will discuss handling of incoming vaccine-preventable disease reports including laboratory reports. Review Team will provide LHD with NBS data report reflecting data completeness and discuss methods for improvement.</p>
<p>B. Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on vaccine-preventable diseases reporting requirements.</p>				<p>Review Team Leader reviews recent reports for any issues to be addressed at the on-site visit. Review documentation of training and technical assistance to private providers. LHD will discuss methods used to educate providers, school nurses/administrators, child-care facilities, and general public on vaccine preventable disease reporting requirements.</p> <p>Interviews and observations.</p>

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Unit B-6. Assessing Program Performance: Population Assessment / School Compliance				
A. LHD completes assigned Child-Care Assessment, Child-Care Audit, School Audits, Validation Surveys, and Retrospective Surveys according to deadlines established by DSHS and follows procedures outlines in the <i>Population Assessment Manual</i> .				
1. Staff uses the current version of the <i>Population Assessment Manual</i> .				Review Team determines if the LHD has a copy of the most recent <i>Population Assessment Manual</i> and if staff members are aware of its location at the LHD and its content. Interviews.
2. Due dates set by DSHS Immunization Unit in Austin or PHR are met.				Review Team Leader reviews recent ILA Quarterly Reports for any issues to be addressed at the on- site visit. Interviews, observation.

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<p>3. All data collection is happening properly; there are no issues with any population assessment activities.</p>			<p>Review Team Leader reviews recent ILA Quarterly Reports for any issues to be addressed at the on- site visit. The Review Team Leader does one or more of the following activities to verify that correct data collection is occurring:</p> <ol style="list-style-type: none"> 1. Reviewer observes an audit/survey. 2. Reviewer repeats an audit/survey (on one facility) to determine if the results are in agreement. 3. LHD auditor describes to Review Team Leader in detail how the most recent audit was conducted from beginning to end to determine if the procedure matches the steps in the <i>Population Assessment Manual</i>. <p>Interviews, observation.</p>
<p>Unit C-1. Assuring Access to Vaccines: Vaccine Management</p>			
<p>A. Vaccine management standards are reviewed annually by the DSHS regional staff using the TVFC Quality assurance site visit tool; contract on-site reviews may entail questions regarding the results of these reviews and information reported on the monthly TVFC and ILA Quarterly Reports.</p>			

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<p>1. If repeat findings exist on the annual TVFC QA site visit, the issue(s) has been addressed.</p>				<p>Review Team Leader checks most recent (last 2-3 years) annual clinic reviews (those conducted using the TVFC quality assurance site visit tool) before the on-site visit. During the on-site visit, check if findings have been addressed. Interviews, observation.</p>
<p>2. LHD utilizes and adheres to current <i>Work Plan, TVFC Operations Manual, and TVFC and ASN Provider Manual.</i></p>				<p>Review Team determines if the LHD has a copy of the current <i>TVFC Operations Manual</i> and <i>TVFC and ASN Provider Manual</i> and if staff members are aware of their locations at the LHD and their content. Interviews.</p>
<p>3. Conduct recruitment activities as defined in the current <i>Work Plan, TVFC and ASN Provider Manual, and the TVFC Operations Manual</i> for 100% of providers on the DSHS-supplied provider recruitment list.</p>				<p>Review LHD documentation of recruitment activities; review flyers, brochures, planning meeting minutes, or newsletter articles about provider enrollment.</p>
<p>B. The LHD is responsible for conducting follow-up quality assurance visits with the private providers within their jurisdiction and initial quality assurance visits to non-LHD WIC immunization clinics.</p>				
<p>1. Follow-up visits are conducted within the timeframes established in the current <i>Work Plan, TVFC and ASN Provider Manual, and the TVFC Operations Manual.</i></p>				<p>Review quality assurance data in PEAR before visit to discuss any issues with follow up. Observation of a follow-up visit, when possible.</p>

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<p>2. Quality assurance (QA) visits are conducted at subcontractor locations for LHDs that sub-contract for immunization services.</p>				<p>Review Team should review PEAR website to verify that initial site visits have been conducted for all non-WIC or subcontract clinics within the last 12-15 months.</p>
<p>3. Unannounced visits are conducted within the timeframes and manner established in the current <i>Work Plan, TVFC and ASN Provider Manual</i>, and <i>TVFC Operations Manual</i>.</p>				<p>Review Team reviews and determines if all unannounced visits were completed in a timely manner and as indicated according to the <i>Work Plan, TVFC and ASN Provider Manual</i>, and the <i>TVFC Operations Manual</i>.</p>
<p>Unit C-2. Assuring Access to Vaccines: Vaccine Management</p>				
<p>A. LHD (LHD) contractors will assist clients to identify a medical home.</p>				
<p>1. LHD staff consistently checks for client eligibility according to the Screening and Documentation policy before using TVFC vaccines.</p>				<p>Observation of LHD staff at client encounters. Do they discuss the benefits of having a regular source of health care to clients and families? Do they explain the benefits of a “medical home” and assist the parent/guardian in obtaining or identifying the child’s medical home by referring them to Medicaid and CHIP for enrollment (if they are eligible)?</p>

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2. Refer uninsured clients to Medicaid or the Children’s Health Insurance Program (CHIP) as appropriate.				Observation of client encounters should show that client is made aware that uninsured clients are made aware of and are referred to Medicaid or the Children’s health Insurance program (CHIP) as appropriate.
3. Maintain a list of current providers within the LHDs jurisdiction who accept children on Medicaid or CHIP and make this list available to clinic clients and families as needed.				Observation of client encounters. Make sure the clinic maintains a list of current providers and is made available as needed.
B. The LHD is responsible for monthly reporting under Deputization of Authority Memorandum of Understanding (DOA MOU).				
1. LHD has reported doses administered to underinsured children to DSHS monthly.				Review of monthly documentation of doses to underinsured children reported to DSHS.
2. LHD has reported doses administered to unduplicated, underinsured children to DSHS monthly.				Review of monthly documentation of doses to unduplicated, underinsured children reported to DSHS.
Unit C-3. Assuring Access to Vaccines: Perinatal Hepatitis B				
A. LHD contractor implements perinatal hepatitis B prevention activities and case management according to the current <i>Perinatal Hepatitis B Prevention Manual</i> .				Review Team determines if the LHD has the most current version of the <i>Perinatal Hepatitis B Prevention Manual</i> and if staff members are aware of its location at the LHD and contents. Interviews with staff.

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<p>B. LHD participates in location and engagement of hospitals and providers to assist with surveillance and reporting of perinatal hepatitis B.</p>				<p>Review documentation of engagement efforts to hospitals and private providers.</p>
<p>C. Conduct educational training regarding perinatal hepatitis B surveillance and reporting for hospital and health-care providers to increase mandatory screening and reporting of HBsAg-positive women and provide training on the prevention of perinatal hepatitis B.</p>				<p>Review documentation of training and technical assistance to hospitals and private providers.</p>
<p>Unit D. Immunization Information and Technology Infrastructure</p>				
<p>A. Issues related to the ImmTrac2 noted on ILA Quarterly Report forms and previous site visits are being addressed by the LHD.</p>				<p>Review Team Leader reviews recent reports for any issues to be addressed at the on-site visit. Interviews, observation.</p>

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<p>B. The LHD utilizes ImmTrac2 effectively in all LHD clinics. Effective use includes <u>ALL</u> of the following activities:</p>				<p>Reviewers will observe clinic encounters, review LHD procedures and available documentation. Interviews with LHD staff to assure familiarity with the latest version of the system user instruction manual. While observing patient flow, observe if the steps for the effective use of ImmTrac2 are followed. These six steps should be done:</p> <ul style="list-style-type: none"> • Review patient's (client's) immunization record in ImmTrac2 (before or during visit). • For clients not in ImmTrac2, attempt to obtain and affirm ImmTrac2 consent. • Administer vaccines. • Update ImmTrac2/TWICES with newly administered vaccine information and client demographic information, as needed. • Offer an updated immunization history for the parent/legal guardian, or adult. • Conduct patient <i>Reminder</i> and <i>Recall</i>. (Does not have to be ImmTrac2--any reminder/recall system can be used.)
<p>1. Searching for the client's immunization record at every encounter.</p>				<p>Observation.</p>
<p>2. Reviewing the client's record for vaccines <u>due and overdue</u> (before or during visit).</p>				<p>Observation.</p>

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3. Reporting to ImmTrac2 all immunizations administered in LHD clinics, either directly into ImmTrac2 online or through TWICES.				Observation.
4. Updating demographic information as needed.				Observation.
5. Offering updated immunization history record from ImmTrac2 or TWICES to the child's parent or guardian, or the adult.				Observation.
6. Utilizing the <i>Reminder/Recall</i> feature.				Observation of any reminder/recall system. LHD can use tickler file, TWICES, auto-dialer, or ImmTrac2.
C. LHDs must implement activities to increase the number of young adults and older adults participating in ImmTrac2.				
1. Confirm client participation or offer ImmTrac2 consent at every client encounter.				Observation of client encounters. When not observed in client encounters review of documentation of efforts to confirm participation and review immunization history, or offer consent if no record exists. Interviews with LHD staff to assure they are familiar with the LHD policy and procedure.

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<p>2. Educate adults and the parents/legal guardians of adolescents 14–17 years old on the benefits of participation, both in LHD clinics and in the community.</p>			<p>Observation of client encounters. When not observed in client encounters review of documentation of efforts to confirm participation or offer consent. Interviews with LHD staff to assure they are familiar with the LHD policy and procedure.</p>
<p>3. Obtain consent for inclusion in ImmTrac2 according to DSHS guidelines.</p>			<p>Observations of client encounters and/or review of documentation of the number of new clients consenting for inclusion into ImmTrac2.</p>
<p>4. Offer an updated immunization history record for the adult or parent/legal guardian.</p>			<p>Observation of client encounters. When not observed in client encounters, review of related documentation or LHD policy to offer an updated immunization history.</p>
<p>D. LHD contractors will conduct activities to increase the number of private users actively reporting to ImmTrac2.</p>			
<p>1. Provide orientation and technical assistance on the ImmTrac2 Registry application and enrollment process.</p>			<p>Review documentation of technical assistance (TA) to private providers. Records/documentation may include fliers, event information, agendas, presentations, attendance lists, e-mails, phone logs, follow-up activities, etc. Observe staff recruiting private providers for ImmTrac2 enrollment. Review documentation of outreach and assistance to private providers who are not ImmTrac2 users.</p>

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2. Explain guidelines for obtaining and affirming ImmTrac2 consent.				Review materials or documentation used as guidelines for obtaining and affirming ImmTrac2 consent.
3. Recruit new private provider sites for ImmTrac2.				Review list of new provider sites recruited for ImmTrac2.
E. LHD contractors will encourage the effective use of ImmTrac2 by registered providers.				
1. The LHD provides orientation, training, and technical assistance to private providers who are new ImmTrac2 sites.				Records/documentation may include fliers, event information, agendas, presentations, attendance lists, e-mails, phone logs, follow-up activities, etc.
2. The LHD conducts follow-up with users who are not utilizing or reporting to ImmTrac2.				Review documentation of follow-up to private providers who are not reporting to ImmTrac2.
3. Update private provider's staff on conducting client searches and how to effectively enter client demographic and immunization information.				Review documentation of outreach and assistance to private providers ImmTrac2 users.
F. LHD contractors will implement procedures to ensure that ImmTrac2 data is complete, current, and accurate.				
1. At every client encounter, comparing all immunization histories (ImmTrac2, TWICES, validated parent-held records, clinic medical record), and enter into ImmTrac2 or TWICES any historical immunizations not in ImmTrac2.				Review of LHD's written procedures. Observe staff working through the client or provider outreach lists and doing data entry into ImmTrac2 or TWICES to monitor for data quality. Review any policies and procedures for ensuring data quality.

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<p>2. Update LHD staff on conducting client searches and how to effectively enter client demographic and immunization information.</p>			<p>Observation. Interviews. Documentation, if available.</p>
<p>3. Educate and inform first responders about ImmTrac2, the benefits of ImmTrac2 participation, and the opportunity to include their current and historical immunizations in the Registry, as well as those of their immediate family members.</p>			<p>Observation. Interviews. Documentation, if available. Information should emphasize that this service can increase 'Texas' preparedness to face emergency events more efficiently and help ensure that first responders and their families are protected against vaccine-preventable diseases they could be exposed to when responding to an emergency event.</p>
<p>4. LHD contractors will educate and inform children 14-18 years of age and their parents about ImmTrac/ImmTrac2 becoming a lifetime registry. With the passage of House Bill 2171 during the 84th Legislature in 2015, ImmTrac/ImmTrac2 extended the time frame to maintain information in the Immunization Registry after an individual becomes an adult, from 18 years to 26 years of age. Individuals turning 18 years of age must sign an ImmTrac2 Adult Consent Form by their 26th birthday to keep their immunization information in ImmTrac2 or it will be purged on their 26th birthday.</p>			<p>Observation. Interviews. Documentation, if available. The educational information should include the opportunity for ImmTrac2 clients to sign an adult consent form at 18 years of age in order to retain their immunization information in the Registry. If the client does not sign an adult consent form, their immunization must be permanently purged from the system on their 26th birthday. Contractors should highlight the benefits of retaining the client's immunization information in ImmTrac2 for a lifetime.</p>

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<p>5. LHD will conduct at least 12 outreach and educational activities during the contract period in accordance with Texas Health and Safety Code Chapter 161, Subsection A, Section 161.0095 to each of the following audiences: health-care providers, health-care clinics, hospitals, and any other healthcare facility providing health care to adolescents 14 to 18 years of age and report results on the ILA Quarterly Report. Additional outreach and educational activities may focus on high schools, colleges, and universities.</p>				<p>Make sure the ILA Quarterly Reports note that at least three trainings or outreach activities are noted per quarter to the 14 to 18-year-olds. If not noted in the ILA Quarterly Report, find any evidence that 12 trainings or outreach activities per year were completed for this age group.</p>
<p>Other pertinent information as noted by the reviewer:</p>				<p>Note any other information pertinent to the on-site evaluation.</p>