

On-Site Evaluation Report for:
For FY 2018, effective 9/1/2017

Date of Review:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Immunization Program Review of LHD Contracts
ON-SITE EVALUATION REPORT (DSHS Stock #: EF11-13998)

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

Clinic Site(s) Visited:

Dates of Site Review:

This tool is based on the FY2018 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:				
1. Decreasing financial barriers to immunization including not denying services based on an inability to pay;				
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;				
3. Screening and documentation of eligibility for Texas Vaccines for Children (TVFC) vaccines;				
4. Adult Safety Net vaccines;				
5. Assessing immunization status at every visit;				
6. Following only true contraindications to vaccination;				
7. Giving all needed vaccinations simultaneously;				
8. Informing clients of the risks and benefits of vaccinations;				
9. Maintaining confidentiality of client information;				

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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.				
11. Employee immunization policy;				
12. Reporting adverse events;				
13. Investigating and reporting vaccine preventable diseases;				
14. Effective use of ImmTrac/ImmTrac2 in LHD clinics;				
15. Reminder/Recall;				
16. Vaccination coverage assessment;				
17. Current standing delegation orders;				
18. Infection control including effective hand washing and management of hazardous waste;				
19. Clinical records and record retention schedule;				

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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 Quarterly Reports and previous site visits are being addressed by the LHD.				
Unit A-2. Program Stewardship and Accountability: <u>Personnel</u>				
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.				
B. The LHD has informed DSHS (via letter or e-mail) of any vacancy lasting longer than 90 days .				

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<p>C. All required training for new and existing staff are listed below:</p> <p>1. Orientation for all <i>new</i> staff includes, at a minimum the following: (all areas must be covered to receive a “yes”):</p> <ul style="list-style-type: none"> • View the new EPI-VAC Pink Book webinar series (all webinars) at: http://www.cdc.gov/vaccines/ed/webinar-epv/; • Review of <i>Standards for Child and Adolescent Immunization Practices</i> at: http://pediatrics.aappublications.org/content/112/4/958; • Review of <i>Standards for Adult Immunization Practice</i> 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 2018 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; 	<p>(Data entry for this column is at the top as the review list is long.)</p>			

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<ul style="list-style-type: none"> • Training and observation of skills in screening immunization clients; • Observation of staff skills administering vaccinations to infant, children, adolescent, and adult clients; • 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. • All existing LHD personnel on the Immunization grant will complete the annual training and update training by doing the following: • Viewing the new EPI-VAC Pink Book webinar series (all webinars) at: http://www.cdc.gov/vaccines/ed/webinar-epv/; and • Reviewing the 2018 TVFC Provider Policy Training at http://www.vaccineeducationonline.org/. 				

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Unit B-1. Assessing Program Performance: Education, Information, Training, and Collaboration (EITC) for the <u>General Public</u>				
A. The LHD contractor will provide vaccine and immunization education to target audiences and to the general public.				
1. Inform and educate the public about vaccines and vaccine-preventable diseases on the average of once per month during the fiscal year.				
2. Inform the general public about the TVFC and ASN programs and the eligibility criteria for participating in the programs.				
3. Implement written procedures in health department clinics to assure that telephone callers who request information about immunizations receive consistent and correct information.				
4. Plan and implement specific activities to promote the importance of Immunizations during National Infant Immunization Week (NIIW), National Adult Immunization Week (NAIW), National Influenza Week, and National Immunization Awareness Month (NIAM).				

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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.				
6. Distribute immunization literature for the public in LHD clinic(s).				
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.				
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>).				
2. Inform providers about the annual <i>Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)</i> training.				

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3. Educate providers on the process to order immunization literature from DSHS.				
4. Promote a health care workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, vaccine-preventable diseases, and the delivery of immunization services.				
5. Inform all private providers on the federal requirement that the most current VIS must be distributed to patients.				
6. Inform all private providers on the appropriate reporting of vaccine adverse events.				
7. Provide training relating to <i>Standards for Child and Adolescent Immunization Practice</i> .				
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.				
9. Educate private providers to send National Immunization Survey (NIS) surveys to the LHD for research prior to returning the survey to CDC.				

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10. LHD distributes the <i>ACIP Advisory</i> (http://www.dsbs.state.tx.us/immunize/vacadvise/default.shtm) via electronic format to constituents and customers as it is published by the Immunization Unit.				
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.				
2. Inform and educate the public about vaccines for adults and vaccine-preventable diseases.				
3. Inform and educate the public about vaccines for adolescents and vaccine-preventable diseases with an emphasis on adolescent vaccine recommendations.				
4. Provide training to providers relating to <i>Standards for Adult Immunization Practices</i> .				
Unit B-4. Assessing Program Performance: Education, Information, Training, and Collaboration (EITC): <u>Collaborations / Partnerships</u>				

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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.				
1. LHD identifies providers, hospitals, schools, child-care facilities, social service agencies, and groups involved in promoting immunizations and reducing vaccine-preventable diseases.				
2. LHD maintains a list of partners with current contact information.				
3. LHD maintains documentation of collaborative meetings and activities such as agendas, sign-in sheets, and meeting minutes.				
Unit B-5. Assessing Program Performance: Epidemiology and Surveillance				
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> .				

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B. Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on vaccine-preventable diseases reporting requirements.				
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> .				
2. Due dates set by DSHS Immunization Unit in Austin or HSR are met.				
3. All data collection is happening properly; there are no issues with any population assessment activities.				

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Unit C-1. Assuring Access to Vaccines: Vaccine Management				
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 quarterly reports.				
1. If repeat findings exist on the annual TVFC QA site visit, the issue(s) has been addressed.				
2. LHD utilizes and adheres to current <i>Work Plan</i> , <i>TVFC Operations Manual</i> , and <i>TVFC and ASN Provider Manual</i> .				
3. Conduct recruitment activities as defined in the current <i>Work Plan</i> , <i>TVFC and ASN Provider Manual</i> , and <i>TVFC Operations Manual</i> for 100% of providers on the DSHS-supplied provider recruitment list.				
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.				

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1. Follow-up visits are conducted within the timeframes established in the current <i>Work Plan, TVFC and ASN Provider Manual</i> , and the <i>TVFC Operations Manual</i> .				
2. Quality assurance (QA) visits are conducted at subcontractor locations for LHDs that sub-contract for immunization services.				
3. Unannounced visits are conducted within the timeframes and manner established in the current <i>Work Plan, TVFC and ASN Provider Manual</i> , and the <i>TVFC Operations Manual</i> .				
Unit C-2. Assuring Access to Vaccines: Vaccine Management				
A. LHD (LHD) contractors will assist clients to identify a medical home.				
1. LHD staff consistently checks for client eligibility according to the Screening and Documentation policy before using TVFC vaccines.				
2. Refer uninsured clients 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.				

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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.				
2. LHD has reported doses administered to unduplicated, underinsured children to DSHS monthly.				
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> .				
B. LHD participates in location and engagement of hospitals and providers to assist with surveillance and reporting of perinatal hepatitis B.				
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.				

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Unit D. Immunization Information and Technology Infrastructure				
A. Issues related to the ImmTrac2 noted on Quarterly Report forms and previous Site Visits are being addressed by the LHD.				
B. The LHD utilizes ImmTrac2 effectively in all LHD clinics. Effective use includes <u>ALL</u> of the following activities:				
1. Searching for the client's immunization record at every encounter.				
2. Reviewing the client's record for vaccines <u>due and overdue</u> (before or during the visit).				
3. Reporting to ImmTrac2 all immunizations administered in LHD clinics, either directly into ImmTrac2 online or through TWICES.				
4. Updating demographic information as needed.				
5. Offering updated immunization history record from ImmTrac2 or TWICES to the child's parent or guardian, or the adult.				
6. Utilizing the <i>Reminder/ Recall</i> feature.				

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C. LHDs must implement activities to increase the number of <u>young adults and older adults</u> participating in ImmTrac2.				
1. Confirm client participation or offer ImmTrac2 consent at every client encounter.				
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.				
3. Obtain consent for inclusion in ImmTrac2 according to DSHS guidelines.				
4. Offer an updated immunization history record for the adult or parent/legal guardian.				
D. LHD contractors will conduct activities to increase the number of private users actively reporting to ImmTrac2.				
1. Provide orientation and technical assistance on the ImmTrac2 Registry application and enrollment process.				
2. Explain guidelines for obtaining and affirming ImmTrac2 consent.				
3. Recruit new private provider sites for ImmTrac2.				
E. LHD contractors will encourage the effective use of ImmTrac2 by registered providers.				

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1. The LHD provides orientation, training, and technical assistance to private providers who are new ImmTrac2 sites.				
2. The LHD conducts follow-up with users who are not utilizing or reporting to ImmTrac2.				
3. Update private provider's staff on conducting client searches and how to effectively enter client demographic and immunization information.				
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.				
2. Update LHD staff on conducting client searches and how to effectively enter client demographic and immunization information.				
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.				

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<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>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 Quarterly Report. Additional outreach and educational activities may focus on high schools, colleges, and universities.</p>				

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Other pertinent information as noted by the reviewer: