CHAPTER 5: PROGRAM EVALUATION

I. Compliance Site Visit

By signing the VFC Program Provider Agreement, the signing clinician agrees to allow DSHS or DSHS quality assurance (QA) contractor to conduct a Compliance Site Visit at least every other year at their site. Providers at DSHS Health Service Regional (HSRs) clinics and Local Health Departments (LHDs) participating in the TVFC Program will receive a scheduled Compliance Site Visit from a DSHS HSR reviewer annually. The DSHS HSRs are responsible for conducting annual Compliance Visits at all DSHS HSR field offices and LHDs. Providers at private facilities can expect to receive a Compliance Site Visit at least once every other year by a DSHS QA contractor. In some cases, Compliance Site Visits may be conducted by the DSHS LHDs. Newly enrolled providers should receive a Compliance Site Visit between 6-12 months after enrollment.

A. Compliance Site Visits

Provider Compliance Site Visits are driven by data, not dates, to ensure that providers with the most needs are seen first. The purpose of the compliance visit is to assess, support, and educate the site regarding TVFC policies and procedures, not to critique. If areas of concern are identified, the Responsible Entity (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 prior to the scheduled Compliance Site Visit and will receive a confirmation letter, email, or fax that includes 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;
- A power source (Internet connectivity is recommended);
- Access to patient records;
- Any temperature logs or data for the last three months, or longer if deficiencies are found;
- Any Vaccine Borrowing Forms (EF11-14171) for the previous 12 months;
- The circuit breaker;
- Admitting and billing personnel to clarify eligibility screening and billing processes; and
- All vaccine storage units where TVFC vaccine is stored.

Compliance Site Visits are split into different types to ensure that each site is being evaluated based on the eligible populations served. These types are described below.

**B. “A” site (Combined AFIX and TVFC Compliance 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. The reviewers pull qualifying records randomly (up to 50 records).
An adolescent assessment is performed if there is not enough charts for children in the 24-35 months age group to perform an “A” site visit. The adolescent site visit is conducted with a minimum of 20 records (50 preferred) of adolescents in the age group of 13-18 years. The reviewer randomly selects records from the provider’s charts.

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

The “B” visit consists only of the TVFC Compliance Visit and occurs if there are not enough records to conduct an immunization assessment (i.e., less than 10 records in the age group of 24-35 months and less than 20 records in the age group of 13-18 years).

D.  “C” site (AFIX Follow-up Visit only)

The “C” visits consists only of a re-assessment of immunization records. All providers who receive an “A” visit will also receive a “C” visit 3-6 months later.

E.  Follow-Up Activities

Upon completion of the Compliance Site Visit, the reviewer will discuss the outcomes of the visit with the vaccine coordinator. The discussion will include a review of the site visit findings and a formal follow-up plan with a timeline that addresses any issues of non-compliance or opportunities for improvement.

The vaccine coordinator 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 vaccine coordinator understand all non-compliance issues identified and the actions necessary to address them.

The Responsible Entity will conduct all required follow-up activities. The purpose of follow-up activities is to ensure that areas for improvement identified by the Responsible Entity or DSHS contractor are understood by site’s provider/staff and corrective actions have been identified and implemented.

Follow-up activities are conducted as necessary to address any issues and are dependent upon the severity of the non-compliance issues and the follow-up action plan.

Follow up activities can include, but are not limited to:

- Visiting the clinic to observe corrective actions;
- Calling the vaccine coordinator at the clinic;
- Sending a letter to address the deficient items identified during the site visit; and
- Determining the provider’s compliance with the corrective action plans, if applicable.

The Responsible Entity works with providers on non-compliance issues by providing education and guidance regarding corrective actions, including monitoring.

If a provider exhibits habitual non-compliance and does not follow corrective actions in response to education, the provider may have their vaccine ordering privileges suspended. If non-compliance continues, the provider may be terminated from the TVFC Program.
F. Electronic Medical Records (EMRs)

Providers with Electronic Medical Records (EMRs) have the following immunization record review options, one of which must be available at the time of the visit:

- 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; or
- 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: 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. The TVFC Program or the DSHS QA 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. Unannounced visits focus on vaccine storage and handling.
The provider’s Responsible Entity will prioritize sites for unannounced visits based on the following criteria:

- Vaccine loss;
- Improper storage of vaccine;
- Improper documentation of temperature logs;
- Orders inconsistent with provider profile data;
- Newly enrolled provider; and
- Determination of the provider’s compliance with corrective actions.

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.

III. Annual TVFC Provider Feedback Survey

In addition, the TVFC Program will conduct an annual TVFC Provider Feedback Survey to help identify areas of the TVFC Program that are working well and those that need improvement. The survey will be electronically sent to all providers and the final results will be collected and submitted to program staff for review. Questions in the survey will address provider satisfaction with the current vaccine ordering and shipping practices, TVFC policies and procedures, reporting requirements, customer service provided by TVFC state, regional, and local staff as well as the communication methods of the TVFC Program. The survey will also ask TVFC providers about their use of the Texas Immunization Registry (ImmTrac2) as part of their daily practice.