

Suggestions to Improve Your Immunization Services

Looking for clear-cut ways to improve your practice's efficiency in administering vaccines and increase your immunization rates?

Here are the basics:

- Keep staff up to date with current recommendations.
- Maintain complete, up-to-date patient records.
- Maintain and protect your vaccine supply.
- Help your patients anticipate their need for vaccinations.
- Avoid "missed opportunities" to vaccinate.
- Maintain administration best practices.
- Improve access to your immunization services.

- Communicate with patients and parents.
- Evaluate and improve your practice's performance.

Use the handy checklist that follows to help you implement or reinforce these suggestions. Mark areas that "need attention" or are "done"... and congratulate yourself for those items that have been completed!

Yes = We already do this.

No = We don't like this idea, or it couldn't work in our practice setting.

Partly = We do some of this (or do it sometimes); we will consider it.

yes	no	partly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keep staff up to date with current recommendations

- 1 We post the current, official CDC U.S. immunization schedules (or the official schedule of our medical association or state health department) in all exam rooms.
- 2 We use the official "catch-up" schedule for bringing children and adolescents up to date on their vaccinations when they have fallen behind.
- 3 We understand and implement the routine vaccination schedule, as well as special vaccination recommendations for high-risk patients (e.g., certain groups who need hepatitis A, hepatitis B, meningococcal, pneumococcal vaccines).
- 4 We routinely receive, read, and share updates on vaccines and other immunization issues from government agencies (e.g., CDC), our state or local health department, the Immunization Action Coalition, or other trusted organizations.

yes	no	partly
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Maintain complete, up-to-date patient records

- 1 We participate in our local/regional/state immunization registry (Immunization Information System or "IIS").
- 2 When scheduling appointments, we remind patients/parents to bring along their (or their child's) record of immunizations, and we confirm the address and phone number in case we need to contact them.
- 3 We maintain a comprehensive immunization record in a highly visible location in each patient's chart or electronic medical record.
- 4 EVERY TIME a patient comes in (e.g., acute or chronic care visit, physical exam), we ask if they have received vaccinations elsewhere. If they have, we check the IIS (registry) or request written documentation, and we record confirmed vaccination dates and places in the patient's medical record. If no immunization record exists for a patient at the time of the visit and we are unable to obtain records by phone or the IIS, we give the vaccinations we determine are indicated, based on the history provided by the patient/parent. We have the patient/parent sign a release allowing us to obtain vaccination records from previous providers. If no prior records can be located, we treat the patient as if unvaccinated.
- 5 During each patient visit, we document in the patient's chart that the vaccination status was reviewed. If a recommended vaccine was not administered, we document the reason why.

yes	no	partly
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Maintain and protect your vaccine supply

- 1 We designate a vaccine coordinator and backup coordinator to oversee all vaccine storage and handling activities.
- 2 We provide vaccine storage and handling training to all new staff, as well as updates to *all* staff whenever recommendations are changed or a new vaccine product is introduced.
- 3 We follow the guidance provided in CDC's "Vaccine Storage and Handling Toolkit."

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Help your patients anticipate their need for vaccinations

- 1 We train all nursing and office staff (e.g., receptionists, schedulers) on the minimum ages and intervals permissible between vaccinations and how to determine valid and invalid contraindications to vaccinations. We post this information in places available to all staff.
- 2 Prior to seeing the clinician (e.g., while in the waiting room), we ask patients/parents to complete a simple screening checklist for vaccine contraindications to determine if the vaccinations they need can be given safely on the day of their visit.
- 3 We have a staff member complete a vaccination assessment and give the appropriate Vaccine Information Statements (VISs) to the patient/parent in a language they can read, when a translation is needed and available.

yes	no	partly
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Avoid "missed opportunities" to vaccinate

- 1 We have a designated immunization "champion" to keep all clinic staff current on recommendations and effective strategies to avoid missed opportunities to vaccinate.
- 2 We train our staff to administer multiple vaccinations to patients who are due for multiple vaccinations.
- 3 Prior to patient visits, we review the immunization record for each patient and flag charts of those who are due or overdue for vaccination(s).
- 4 When feasible, we check the immunization status of other family members (siblings, etc.) who have accompanied the patient, and, if they are behind on their vaccinations, we vaccinate them as well.
- 5 We put a system in place to ensure vaccines are ordered in a timely manner and are consistently available.

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Maintain administration best practices

- 1 We adhere to the "Rights" of medication administration by ensuring we have the: **Right** patient; **Right** vaccine and diluent (when applicable); **Right** time (including the correct age and interval, as well as before the product expiration/time/date); **Right** route (including the correct needle gauge and length and technique); **Right** site; and **Right** documentation.
- 2 We screen for contraindications and precautions prior to administering any vaccine(s).
- 3 We discuss vaccine benefits and risks (and vaccine-preventable disease risks) using VISs and other reliable resources.
- 4 We follow best practices with respect to patient positioning, including comforting restraint for children and sitting for adults.
- 5 We follow the manufacturer's vaccine-specific guidelines for vaccine preparation and administration.
- 6 We maintain proper hand hygiene before vaccine preparation, between patients, and any other time hands need to be cleaned. Although gloves are not required when administering vaccines, if gloves are worn, we change them and follow proper hand hygiene between patients.
- 7 We incorporate strategies to prevent administration errors as described in CDC's *Pink Book*.

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Improve access to your immunization services

- | | yes | no | partly |
|--|--------------------------|--------------------------|--------------------------|
| 1 We provide vaccination services during some evening and/or weekend hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 We implement standing orders to allow appropriate professional staff to independently screen patients and administer recommended vaccines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 We allow patients to walk in during office hours for a “nurse only” visit and get vaccinated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 If patients miss visits and can’t be rescheduled quickly, we reschedule them in one to two weeks for a “shots only” visit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Communicating with patients and parents

- | | yes | no | partly |
|--|--------------------------|--------------------------|--------------------------|
| 1 We provide patients/parents a simple schedule of recommended vaccinations in a language they can read. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 We have a policy statement for our practice that states the importance we place on their child’s vaccinations, and we give a copy of it to all new patients. (Note: You can find a policy statement template on IAC’s website at www.immunize.org/catg.d/p2067.pdf .) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 We provide the patient with documentation (e.g., record card, print-out, or other) of the vaccinations received at our office each time we administer a vaccine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 We give patients/parents an information sheet about how to treat pain and fever following vaccinations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 We provide reliable educational resources (in a language they can read) to patients/parents who have questions or concerns about vaccine safety or who want more vaccine information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 If patients/parents refuse a vaccine, we request that they sign a declination form (e.g., www.immunize.org/catg.d/p4059.pdf) and we make sure to revisit the issue at future visits. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 When giving vaccinations, we inform the patient/parent when the next appointment for vaccinations is due, and we attempt to schedule the visit before they leave the office. We put this information in an electronic recall system or manual tickler. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 We send a reminder (e.g., by phone call, postcard, email, or text) when vaccinations are due, and we recall patients (e.g., using computerized tracking or a simple tickler system) who are overdue. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 If patients miss visits and can’t be rescheduled quickly, we reschedule them in one to two weeks for a “shots only” visit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Evaluate and improve your practice’s performance

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|---|--------------------------|--------------------------|--------------------------|
| 1 We routinely assess immunization levels of our patient population. We know that we can contact our state or local health department for possible assistance in performing the assessment. We share the results with all staff, and we use this information to develop strategies to improve immunization rates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Because we provide services to children/adolescents (if applicable), we enroll in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured and other eligible children age birth through 18 years. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REFERENCES

Administering Vaccines: Clinic Resources from IAC (www.immunize.org/clinic/administering-vaccines.asp)

Epidemiology and Prevention of Vaccine-Preventable Diseases (www.cdc.gov/vaccines/pubs/pinkbook/index.html)

Immunization Action Coalition (www.immunize.org)

Injection Safety: Information for Providers (www.cdc.gov/injectionsafety/providers.html)

National Vaccine Injury Compensation Program (www.hrsa.gov/vaccinecompensation/index.html)

Recommendations and Guidelines: Vaccine Administration (www.cdc.gov/vaccines/hcp/admin/recs-guidelines.html)

Vaccine Adverse Event Reporting System (vaers.hhs.gov/index)

Vaccine Storage and Handling Toolkit (www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html)

Vaccines and Immunization (www.cdc.gov/vaccines/index.html)