

FY2020 Immunization Contract Review Tool Instructions

Date of Review:

Contract Review Period:

LHD:

Clinic/Site Visited:

Name and Title of Reviewer(s):

| Required Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|-------------------|--------|---|---|-----|----|-------|----------|--|
| 1 | 1.1.03 | Attend all required trainings for each Area of Work as specified in the Immunization Program Contractor's Guide. Ensure that the immunization program manager and TVFC & ASN Coordinator attend the annual Immunization Unit mandatory in-person meeting. | Attend annual IPRE in-person meeting | | | | | At least one LHD immunization staff member must register for and attend all required trainings for each area of work as specified in the Immunization Program Contractor's Guide. LHD maintains a list of required training. Training document includes the name(s) of attendees. |
| | | | Attend ImmTrac Training | | | | | |
| | | | Attend Perinatal Hepatitis B Prevention Program Summit | | | | | |
| | | | Attend any other required trainings as required by DSHS | | | | | |
| 2 | 1.1.07 | Develop and implement an employee immunization policy for Contractor's immunization program staff according to CDC recommendations. | Develop Employee Immunization Policy | | | | | LHD has policy and protocols developed to ensure organizations have standard vaccine protocols for new and existing staff. The Immunization Policy should meet the CDC recommendations for the adult immunization schedule and should be incorporated into new staff orientation and annual immunization |

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|-------------------|--------|--|---|-----|----|-------|----------|--|
| | | | | | | | | <p>requirements. Policy should address:</p> <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. |
| 3 | 1.1.08 | Maintain a record of orientation (new staff) and ongoing training for existing contract-funded staff involved in the provision of immunization services. | Develop records of orientation and ongoing training for contract-funded staff | | | | | All staff involved in providing immunization services received orientation and regular immunization updates. All staff training must be documented, tracked, and on file for audit. See the Contractor's Guide for a list of the minimum training requirements. |

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| 4 | 3.5.01 | Utilize the CDC Provider Education Assessment and Reporting (PEAR) system to document TVFC compliance site-visits for all sub-contracted clinics and non-LHD Contractor's clinics (as applicable). | Use the PEAR system to document TVFC site visits | | | | | <p>The following is documented in PEAR:</p> <ul style="list-style-type: none"> • Total number of site visits conducted with dates/times • Total number of TVFC providers in your area |
| 5 | 3.7.02 | <p>For personnel identified by DSHS, attend and/or complete the following trainings:</p> <ul style="list-style-type: none"> • CDC Immunization Trainings • TVFC/ASN Annual Trainings • Annual Responsible Entity Training • Public Health Region (PHR) Trainings | Identified personnel attended/completed the following training | | | | | <p>Review training documentation for personnel designated to attend and/or complete the required training. Documentation should include the dates of training, title of training, and position title of attendee.</p> |
| 6 | 4.1.02 | Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or HBIG and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and HBIG within 12 hours of birth. | Document technical assistance (TA) provided to any facilities that did not provide appropriate post exposure prophylaxis (PEP) | | | | | <p>DSHS Central Office to provide a list of facilities to PHR prior to visit.</p> <p>Review documentation on technical assistance provided to the facility to prevent problems and/or take corrective action.</p> |

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| 7 | 4.1.04 | Ensure timely follow-up and reporting of case status of possible moms as reported by DSHS within 2 weeks of receipt of report | Provide information and feedback to DSHS Assessment, Compliance and Evaluation (ACE) Group on moms listed on vital stats/NBS/HBIG reports. | | | | | Use DSHS Central Office monthly report to identify positive pregnant women. LHD must provide documentation of attempts to determine eligibility and submit CMRs within 2 weeks. |
| 8 | 4.2.01 | Contact and provide case management to 100% of the number of hepatitis B surface antigen-positive pregnant women identified | Contact & provide 100% of the number of hepatitis B surface antigen-positive pregnant women identified to DSHS Central Office | | | | | Review documentation of information provided to Central Office. Case management data should include the following: <ul style="list-style-type: none"> • Total number of hepatitis B surface antigen-positive pregnant women identified with dates when they were identified • Total number of hepatitis B surface antigen-positive women case management reports submitted to Central Office • Date(s) CMRs were submitted to Central Office |
| 9 | 4.2.05 | Case manage and report all household contacts under 24 months of age in accordance with the DSHS Immunization | Opened a case management report on identified household contacts of HBsAG positive pregnant | | | | | Review documentation of the case management report to validate that a report was opened. |

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| | | Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual (including serologic testing and completion of the full hep B vaccination series). | women under the age of 24 months | | | | | |
| | | | Submitted a case management report on ≥90% identified household contacts of HBsAG positive pregnant women under the age of 24 months within two weeks of identification | | | | | <p>If less than 90% of cases were not reported, review documentation to support why were the cases not reported. Report should include the following:</p> <ul style="list-style-type: none"> • Total number of CMRs submitted to Central Office • Date(s) CMRs were submitted to Central Office |
| 10 | 4.3.01 | For all cases documented as 'lost-to-follow-up' on the Perinatal Hepatitis B case management form, report the number and types of attempted activities performed in locating the mother or guardian of the infant to the DSHS Immunization Unit on the Perinatal Hepatitis B case management form. | All the 'lost-to-follow-up' cases have the appropriate follow-up completed and documented | | | | | Review LTFU cases. Ensure all have appropriate documentation. If not, why? Cases must have documentation of the date the case(s) was opened. |
| | | | Submit closed case management reports on ≥90% identified 'lost-to-follow-up' cases using the Perinatal Hepatitis B case management form | | | | | <p>If less than 90% of cases were not reported, review documentation to support why were the cases not reported. Report should include the following:</p> <ul style="list-style-type: none"> • Total number of CMRs submitted to Central Office |

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| | | | | | | | | <ul style="list-style-type: none"> Date(s) CMRs were submitted to Central Office |
| 11 | 4.3.02 | Report to the DSHS Immunization Unit all infants born to HBsAg-positive women within 2 weeks of the event. | Within 2 weeks opened a case management report on 100% infants born to HBsAg-positive women cases | | | | | Review date case(s) were opened to ensure less than 90% of infant CMRs are sent to Central Office via Regional Coordinator within two weeks of infant's birth |
| | | | Submitted a case management report on ≥90% on infants born to HBsAg-positive women within two weeks of infants' birth | | | | | If less than 90% of cases were not reported, review documentation to support why were the cases not reported. Report should include the following: <ul style="list-style-type: none"> Total number of CMRs submitted to Central Office Date(s) CMRs were submitted to Central Office |
| 12 | 4.3.03 | Report to the DSHS Immunization Unit the case status of possible exposed infants (born to women of unknown or unconfirmed HBsAg status) as reported by DSHS within 2 weeks of receipt of report | Lab Report: Identified client outcome/status for ≥75% of possible exposed infants (born to women of unknown or unconfirmed HBsAg status) as reported by DSHS within 2 weeks of receipt of report | | | | | Report should include the following: <ul style="list-style-type: none"> Identified number of clients that do not qualify for program Date(s) information was reported to Central Office |

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| | | | | | | | <ul style="list-style-type: none"> • Opened/Submitted a case management report for all cases on list to Central Office that are eligible for case management. • Investigated case to ensure validity |
| | | VSU Report: Contacted hospitals/providers and verified mother HBsAg status | | | | | <p>Report should include the following:</p> <ul style="list-style-type: none"> • Total number of clients identified listing eligible or not eligible • Dates client(s) were identified • Date(s) client info was submitted to Central Office • Opened/Submitted a case management report for all cases on list to Central Office that require an investigation to determine eligibility. • Investigated case(s) to ensure validity. |

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| 13 | 4.3.04 | Ensure timely reporting of updates in case management as requested by DSHS within 2 weeks of inquiry | Past Due Vaccine/PVST: Verified that all cases are updated completely within 2 weeks | | | | | Updates for greater than or equal to 90 percent of the past due vaccine/PVST cases are reported to Central Office via Regional Coordinator within 30 days. Request follow up on the percent of infants without timely updates and address why not completed timely? |
| | | | | | | | | Report should include the total number of a cases of infants that received the necessary PEP, complete the vaccine series on time and complete PVST to prevent Perinatal Hepatitis B transmission submitted to Central Office with dates reported information to Central Office |
| | | | VSU Report: Opened infant case management reports of all cases | | | | | Report should include the following: <ul style="list-style-type: none"> • Total number of infant case management reports opened • Date case(s) were opened • Date(s) submitted CMRs to Central Office |

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| 14 | 4.4.01 | Require Perinatal Hepatitis B Case Manager to attend the bi-annual conference. | Perinatal Hepatitis B Case Manager attends the bi-annual conference | | | | | Documentation of training should include the following: <ul style="list-style-type: none"> • Case Manager name • Date of bi-annual conference • Additional staff attending conference |
| | | | If not, another staff attend on the Case Manager's behalf | | | | | Documentation of training should include the following: <ul style="list-style-type: none"> • Staff Member(s) name • Date of bi-annual conference |
| 15 | 5.2.01 | Train all clinic staff on the policies outlined in the TVFC and ASN Provider Manual and LHD procedures for implementing policies. Procedures should include - <ul style="list-style-type: none"> • storage and handling guidelines • vaccine management • use of the DSHS vaccine management system (EVI) • compliance guidelines | Trained all clinic staff on policies outlined in the TVFC and ASN Provider Manual and the LHD procedures for implementing them. | | | | | Training should include the following: <ul style="list-style-type: none"> • Training date(s) • Title/type of training • LHD staff that participated • Topic(s) discussed at a minimum – <ul style="list-style-type: none"> - storage and handling guidelines - vaccine management - use of DSHS vaccine management system (EVI) - compliance guidelines • Resources provided • Total number of attendees |

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| 16 | 5.2.02 | <p>Develop clinic staff education requirements. Ensure that persons who administer vaccines and staff that are involved in the vaccine administration process (including those who screen immunization records and administer vaccines) to follow ACIP standards for children and adults and are knowledgeable on immunizations and immunization practices.</p> <p>This can be accomplished by having staff complete the most current CDC Pink Book (Epidemiology and the Prevention of Vaccine Preventable Diseases) training and appropriate Vaccine Education Online (VEO) modules.</p> | Developed training for clinic staff requirements. | | | | | <p>Review policy to identify staff education requirements for new and existing staff.</p> <p>Employee education policy for new and current staff that are involved in the vaccine administration process (including those that screen records and administer vaccines) must include specific training topics. See Contractor’s Guide for list of required training.</p> |

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| 17 | 5.2.03 | Develop eligibility screening and documentation policy for all LHD clinics. Provide training to all staff on appropriate screening and documentation for TVFC eligibility to ensure TVFC vaccine is administered only to TVFC-eligible children. Implement policy and plan for routine adherence to eligibility policies. | Developed eligibility screening and documentation policy for all LHD clinics. | | | | | Review eligibility screening and documentation policy. |
| 18 | 5.2.04 | Develop and implement a policy on the use of the Texas Immunization Registry. Train LHD staff on conducting client searches in the Texas Immunization Registry and how to effectively enter client demographic and immunization information. | Developed and implemented a policy on the use of the Texas Immunization Registry. | | | | | Review policy on the use of the Texas Immunization Registry |

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| 19 | 5.3.06 | 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. (STANDARD) | 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. | | | | | Review list of current providers who accept children on Medicaid or CHIP. List must include providers in the local jurisdiction. Reviewers can observe client encounters. |
| 20 | 5.3.07 | Refer uninsured clients to Medicaid or the Children’s Health Insurance Program (CHIP) as appropriate. (STANDARD) | Refer uninsured clients to Medicaid or the Children’s Health Insurance Program (CHIP) as appropriate. | | | | | Review documentation or list of clients referred to Medicaid or CHIP. Reviewer can observe client encounters to validate that uninsured clients are made aware of and are referred to Medicaid or the Children’s health Insurance program (CHIP) as appropriate. |
| 21 | 5.3.10 | Establish “standing orders” for vaccination in LHD Contractor’s clinics that are consistent with legal requirements for standing orders (including, but not limited to, those found in the Texas Medical Practice Act). | Standing orders are available to review during On-Site Evaluation. | | | | | Review copies of standing orders. The reviewer evaluates the agency Standing Delegation Orders (SDOs) to assure that the following criteria are followed: <ul style="list-style-type: none"> • The SDOs are reviewed, updated, and signed |

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| | | | | | | | | <p>annually by the authorizing physician.</p> <ul style="list-style-type: none"> • 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. |
| 22 | 5.3.19 | Provide immunization services at times other than 8 am to 5 pm, Monday through Friday, at least once per month. | Provided immunization services at times other than 8 am to 5 pm, Monday through Friday, at least once per month. | | | | | Review the clinic hours to ensure immunization services must be provided at times other than 8:00 a.m. to 5:00 p.m., Monday through Friday. |

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| | | | | | | | | Alternative hours must be available at least one time a month. Policy should also address how public is informed of clinic hours and services; e.g., hours are posted on clinic door. |
| 23 | 7.3.02 | Develop and implement a customer service plan for Contractor's staff to ensure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis. | Developed and implemented a customer service plan. | | | | | Review customer service plan. Document includes instructions for answering caller questions made available for review that included the frequency of asked questions, list of contacts for Regional and Central Office staff, and the date it was last updated. 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? |

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| 24 | 7.5.08 | Participate in special initiatives as directed by the DSHS Immunization Unit. | Participated in special initiatives as directed by the DSHS Immunization Unit. | | | | | Review the special imitative events and ensure the date and partners/collaborators are documented. Partnership includes the following - <ul style="list-style-type: none"> • Contributing content for public education materials. • Distributing public education materials via LHD communication tools (newsletters, social media sites, email lists). • Engaging in coalitions |
| 25 | 7.6.01 | Attend all TISWG and other designated stakeholder meetings. These meetings can be attended remotely. | Attended TISWG designated stakeholder meetings. | | | | | Review meeting agendas, date(s) attended |
| | | | Attended any TISWG sub-group meetings. | | | | | Review documentation of subgroup meetings (e.g. title of meeting and date attended) |
| 26 | 7.7.03 | Participate, when directed, in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high | Distributed Public Service Announcements and advertisements to local media outlets. | | | | | Review documentation of DSHS directed media activities. If applicable, the LHD shall include local contact information to each media components, available in English and Spanish |

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| | | school newspapers, and neighborhood newspapers. | | | | | | |
| 27 | 7.7.04 | Promote www.ImmunizeTexas.com, the Immunization Unit’s website; and any other Immunization Unit newsletters to providers in the local jurisdiction. | Promoted www.ImmunizeTexas.com, the Immunization Unit’s website; and any other Immunization Unit newsletters to providers in the local jurisdiction. | | | | | Review documentation of promotion - direct to website, email blast, etc. |
| 28 | 7.7.06 | Share available federal, state, and/or local adolescent vaccination coverage and/or vaccine-uptake-related data with partner organizations, adolescent immunization providers, and other stakeholders. | Distributed available federal, state, and/or local adolescent vaccination coverage and/or vaccine-uptake-related data with partner organizations, adolescent immunization providers, and other stakeholders. | | | | | Review documentation of vaccine coverage and vaccine-preventable disease information shared with partner organizations, providers, and stakeholders. Clinic observation of literature available. Is current, accurate, and sufficiently available in the clinic(s)? |

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Suggested Activities

| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|---|--|-----|----|-------|----------|--|
| 1 | 1.1.12 | Use the results of the community assessment conducted in activity 4.7.01 to review and address an immunization need within the LHD jurisdiction. | Complete a Community Needs Assessment. | | | | | Review the Community Needs Assessment document |
| | | | Address at least one gap identified in the Community Needs Assessment. | | | | | Review summary report addressing gap(s) identified in assessment |
| 2 | 2.3.01 | Educate and inform first responder facilities on the use of the Texas Immunization Registry to assess first responder immunization records and forecast any future immunization needs. Use the First Responder Immunization Toolkit (FRIT) to drive these activities. | Provide education to first responder facilities (using the DSHS FRIT). | | | | | Review training documentation including the following: <ul style="list-style-type: none"> • Name(s) of first responder facilities education • list of sites registered and participating • dates of education training(s) • resources used |
| 3 | 3.1.03 | Collaborate with medical societies and/or local health provider organizations to identify providers to recruit and enroll | Collaborate with medical societies and/or local health providers to identify providers to recruit. | | | | | Show documentation of collaborations and the number of providers recruited |

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| 4 | 3.2.02 | Promote TVFC and ASN <ul style="list-style-type: none"> • Provider achievements: Implement incentives for provider sites that reach vaccination coverage rate goals • Implement incentives to recognize sites during national observances (i.e. NIIW, NIAM, and NIVW). | Promote TVFC/ASN provider achievements. | | | | | Show documentation of promotion activities. |
| | | | Implement incentives for provider sites that reached vaccination coverage rate goals. | | | | | If awards given, document the provider name(s), vaccination coverage rate and type of incentives provided |
| | | | Implement incentives to recognize sites during national observances. | | | | | If awards given, document the provider name(s), vaccination coverage rate and type of incentives provided |
| 5 | 3.5.09 | Review submitted reports to ensure data quality. The review includes: <ul style="list-style-type: none"> • Quarterly, review 25% of enrolled sites to ensure contacts are listed correctly in EVI • Quarterly, review 25% of enrolled sites and provide education for the Vaccine borrowing and Vaccine transfer forms. | Using monthly reports, provide education for the Vaccine borrowing and Vaccine transfer forms for 25% of enrolled sites, quarterly. | | | | | Review documentation of the LHD review of the Data Quality Report. Documentation should include the following: <ul style="list-style-type: none"> • Total number of enrolled sites • List of PINS, dates of education event and the resources provided |

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| 6 | 3.5.10 | Review monthly data logger reports for 25% of providers in LHD contractor's jurisdiction to validate the accuracy of provider submitted monthly temperature reporting forms. | Review monthly data logger reports for 25% of providers to validate the accuracy of provider submitted monthly temperature reporting forms. | | | | | Review documentation of the LHD review of data logger reports to monthly temperature recording logs to validate accuracy of submitted temperature recording forms. Documentation should include the total number of monthly data logger reports with PINS/Names and dates. |
| 7 | 3.5.12 | Conduct a monthly review of 10% of randomly selected providers in LHD contractor's jurisdiction to identify vaccine loss report forms that were completed in EVI but were not submitted. | Conduct a monthly review of 10% of randomly selected providers to identify vaccine loss report forms that were completed in EVI but not submitted. | | | | | Review documentation of the LHD review random list of providers vaccine loss report forms in EVI but not submitted. Documentation should include the total number of monthly reviews conducted with PINS/Names and dates |
| 8 | 3.5.13 | Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to identify those that have adjusted more than 10% of their vaccine inventory. | Conduct a quarterly review of 25% of providers to identify those that have adjusted more than 10% of their vaccine inventory. | | | | | Review documentation of the LHD review of providers that have adjusted more than 10% of their vaccine inventory. Report should include the total number of quarterly |

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| | | | | | | | | reviews conducted with PINS/Names and dates |
| 9 | 3.5.14 | Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to ensure the reported patient population matches the number of doses ordered. | Conduct a quarterly review of 25% of providers to ensure they reported patient population matches the number of doses ordered. | | | | | Review documentation of the LHD review of patient population from providers. Documentation includes number of reviews of providers conducted with PINS/names and dates |
| 10 | 3.7.03 | Ensure that the TVFC & ASN Coordinator conducts quality assurance on 10% of the temperature recording logs that were reviewed by their staff each quarter. | TVFC/ASN Coordinator conducts QA on temperature recording logs | | | | | Review QA checks on temperature reading logs. Documentation includes the total number of QA checks completed on temperature reading logs recorded this quarter |
| 11 | 4.1.03 | Develop a surveillance system that includes prenatal care providers, obstetrical and gynecological care providers, family practitioners, and labor and delivery facilities to ensure all HBsAg-positive pregnant women are reported to the | Created tracking system to keep track of prenatal providers and delivery facilities in your area. | | | | | Review tracking system. |
| | | | Report all HBsAg-positive women to DSHS immunization Unit within one week of diagnosis. | | | | | Documentation includes a summary of the total number of reported HBsAg-positive women reported to DSHS Immunization |

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| | | DSHS Immunization Unit within one week of diagnosis. | | | | | | Unit, including the date(s) reported to DSHS Immunization Unit and the total number of HBsAg-positive women identified/tracked. |
| 12 | 4.4.09 | Provide trainings to delivery hospitals on reporting HBsAg-positive test results for women who have delivered at their facilities using the LHD contractor developed surveillance system. | Provide trainings to delivery hospitals on reporting HBsAg-positive test results for women who have delivered at their facilities using the LHD contractor developed surveillance system. | | | | | Training documentation should include the <ul style="list-style-type: none"> • total number of attendees • topic and title of training • total number of educational trainings • total number of facilities • name(s) of facilities • resources provided at each training |
| 13 | 5.3.24 | Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders. | Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders. | | | | | Review documentation of jurisdiction exercises or LHD participation in public health emergencies. |

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| 14 | 5.3.25 | Conduct outreach activities to raise the immunization coverage levels of uninsured adults by visiting sites such as homeless shelters, halfway houses, day labor sites or other locations. | Conducted outreach activities to raise immunization coverage levels of uninsured adults by visiting the sites. | | | | | Review documentation of LHD outreach to uninsured adults. |
| 15 | 5.3.26 | Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration. | Documented all employee-based influenza vaccination clinics conducted. | | | | | Review documentation of outreach to community entities to coordinate employee-based influenza vaccination clinics and information on clinics conducted. |
| 16 | 6.1.01 | Conduct Texas Immunization Registry (the Registry) outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have complete immunization records. | Conducted Texas Immunization Registry outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have complete immunization records. | | | | | Review documentation of outreach to organizations missing consent forms for vaccinations for children and adults. Documentation should include the total numbers for the following: clients on the outreach list, clients for whom outreach was attempted and shots validated, entered in ImmTrac2 and clients |

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| | | | | | | | | brought up-to-date based on the ACIP schedule. |
| 17 | 6.2.01 | Conduct activities aimed at increasing the consent rate for all age groups, including adults and individuals identified as recently moved in-state. | Perform outreach activities aimed at increasing the consent rate for all age groups, including adults and individuals identified as recently moved in-state. | | | | | Review outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of activity • Organization name(s) • Total number of attendees ImmTrac2 Org Code(s) (if applicable) • Description of content of educational materials provided • Outcome of outreach |
| 18 | 6.3.02 | Provide orientation to all new Texas Immunization Registry organizations within the LHD Contractor's jurisdiction at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs). | Provided orientation to all new Texas Immunization Registry organizations within the LHD Contractor's jurisdiction at least once a year and maintain documentation of all technical assistance provided. | | | | | Review orientation activities. Documentation should include the following: <ul style="list-style-type: none"> • Date(s) of outreach • ImmTrac2 Org Code(s) (if applicable) • Total number of new users trained |

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|--------------------|--------|--|---|-----|----|-------|----------|---|
| | | Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry. Identify and assist newly registered providers and new users reporting to the Texas Immunization Registry. | Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry. | | | | | Review education and training activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of education event(s)/training(s) • ImmTrac2 Org Code(s) (if applicable) • Total number of attendees |
| 19 | 6.4.01 | Provide education, training, and technical assistance to promote the effective use of Texas Immunization Registry by organizations | Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry. | | | | | Review education and training activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of education event(s)/training(s) • ImmTrac2 Org Code(s) (if applicable) • Total number of attendees |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|--|---|-----|----|-------|----------|--|
| 20 | 6.4.02 | Identify and assist providers to establish electronic affirmation of consent. | Identify and assist providers to establish electronic affirmation of consent. | | | | | Review outreach activities to establish electronic affirmation of consent. Documentation should include the following: <ul style="list-style-type: none"> • Date(s) of outreach • ImmTrac2 Org Code(s) (if applicable) • Expressed interest (Yes/No) • Description of organization's feedback (optional) • Total number of organizations contacted • Total number of organizations in your jurisdiction • If ≤200 organizations contacted, why? |
| 21 | 6.5.02 | Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry | Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry. | | | | | Review education and outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Number of birth registrars receiving education and technical assistance |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|---|---|-----|----|-------|----------|--|
| | | | | | | | | <ul style="list-style-type: none"> Total number of birth registrars in jurisdiction from previous quarter/year If ≤10% provided, why? |
| 22 | 6.5.03 | Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate. | Collaborate with 12 entities in awardee jurisdiction. | | | | | Review documentation of collaborations. Documentation should include the following: <ul style="list-style-type: none"> Date of activity(ies) Organization name(s) Event/attendance/volume ImmTrac2 Org Code(s) (if applicable) Description of content Educational materials provided Outcome of collaboration |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|---|---|-----|----|-------|----------|--|
| 23 | 7.2.01 | Educate and update providers on the most current ACIP recommendations for all age groups. | Educate providers on the most current ACIP recommendations. | | | | | Review education and outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of education event(s) • Total number of attendees • List of PINs from staff that attended • Content of training(s) • Date completed or date of information dissemination • Total number of attendees (if applicable) |
| 24 | 7.2.02 | Inform and highly recommend to the medical community and local providers within the LHD Contractor's jurisdiction the most current Centers for Disease Control and Prevention (CDC) Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC) training (https://www.cdc.gov/vaccines/ | Provide training and technical assistance (on-site/virtual) to providers. | | | | | Review training and outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of education event(s) • Total number of attendees • List of PINs from staff that attended • Content of training(s) |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|--|--|-----|----|-------|----------|---|
| | | ed/webinar-epv/index.html). The most current “Pink Book”, titled Epidemiology and Prevention of Vaccine-Preventable Diseases, can be found on the CDC website at http://www.cdc.gov/vaccines/pubs/pinkbook/index.html . | | | | | | <ul style="list-style-type: none"> • Date(s) completed or date of information dissemination • Total number of attendees (if applicable) |
| 25 | 7.2.03 | Provide information to community healthcare employers (hospitals, clinics, doctor offices, long-term care facilities) about the importance of vaccination of healthcare workers. | Provide information to community healthcare employers about the importance of vaccination of healthcare workers. | | | | | Review outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Provider name(s) or PINs (group/individual) • Type of content distributed (flyers, brochures, newsletter articles, etc.) • Meeting minutes from training(s), if applicable • Total number of attendees |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|---|---|-----|----|-------|----------|--|
| 26 | 7.2.04 | Provide training relating to Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices to all immunization providers within LHD Contractor's jurisdiction. | Provide trainings relating to Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices to all immunization providers. | | | | | Review training and outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Content of training(s) • Type of training(s) (on-site or virtual) • Date of training(s) or date training(s) were posted online • Total number of attendees |
| 27 | 7.4.01 | Appoint an immunization coalition coordinator. | Appoint an Immunization Coalition Coordinator. | | | | | Verify the name(s) of staff. If vacant, was this vacancy reported? |
| | | | Document outreach activities. | | | | | Review and outreach activities. Documentation includes the name(s) of group/individual and copies of signed letter of commitment to coalition. |
| 28 | 7.4.03 | Develop and maintain a planning group with the goal of sustaining a coalition. | Develop and maintain a planning group charged with coalition sustainability. | | | | | Review documentation of the ICC activities to outreach, coordination or plan for sustainability of coalition. |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|---|---|-----|----|-------|----------|---|
| 29 | 7.4.04 | Engage and recruit community groups and immunization stakeholders into a coalition. | Engage and recruit community groups and immunization stakeholders into a coalition. | | | | | Review outreach and recruitment activities. |
| 30 | 7.4.05 | Facilitate and host coalition meetings. | Facilitate and host coalition meetings. | | | | | Review coalition meeting activities. Documentation should include: <ul style="list-style-type: none"> • Date(s) of coalition meeting • Total number of attendees • Meeting minutes/notes |
| 31 | 7.4.06 | Participate in monthly calls to provide updates on coalition collaboration activities. | Participate in monthly calls to provide updates on coalition collaboration activities. | | | | | Review coalition meeting activities. Documentation should include: <ul style="list-style-type: none"> • Date(s) of calls • Number of attendees • Meeting minutes/notes |
| 32 | 7.4.07 | Provide signed letters of agreements and other documentation of commitment to participate in coalition. | Provide signed letters of agreements and other documentation of commitment to participate in coalition. | | | | | Review signed agreements. (e.g. Coalition Membership Application, Coalition Charter, Coalition Commitment Letter) |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|---|--|-----|----|-------|----------|--|
| 33 | 7.4.08 | Document communications, group meetings, and planning of activities that promote the best practices identified in contract agreement. Documents are to be accessible during site visits. | Document communications, group meetings, and planning activities that promote the best practices identified in contract agreement. | | | | | Review activities to promote best practices. Documentation should include: <ul style="list-style-type: none"> • Date of event/Title of Meeting or activity/ Name or Organization Name • Content/outreach material distributed |
| 34 | 7.5.04 | Coordinate educational and other activities with local Women, Infants, and Children (WIC) programs to ensure that children participating in WIC are screened and referred to their “medical home” for vaccination using a documented immunization history in accordance with the Standards for Child and Adolescent Immunization Practices. | Coordinate education and other activities with local WIC programs | | | | | Review education and collaboration activities with WIC. Documentation should include: <ul style="list-style-type: none"> • Type of event or activity/date/Numbers reached • Group(s) in attendance • Topic Discussed • Resources provided • Total number of attendees |
| 35 | 7.5.05 | Offer educational opportunities to all WIC programs in the service area, including information about on-line and | Offer and publicize education opportunities to all WIC programs in the service area, including information about on-line | | | | | Type of event or activity/date/Numbers reached Training content/outreach material distributed |

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| Suggested Activity | | Activity | Review Criteria | YES | NO | NA/NR | Comments | Instruction |
|--------------------|--------|--|---|-----|----|-------|----------|---|
| | | satellite-broadcast continuing education opportunities from the CDC Continuing Education web site at https://www.cdc.gov/vaccines/ed/index.html . | and satellite-broadcast continuing education opportunities from the CDC Continuing Education website. | | | | | Date completed or date of information dissemination Total number of attendees |
| 36 | 7.6.02 | Host at least 1 immunization stakeholder meeting per quarter (4 per contract year). | Host at least 1 immunization stakeholder meeting this quarter. | | | | | Review planning activities or meeting notes. Documentation should include: <ul style="list-style-type: none"> • Total number of attendees • Meeting minutes |

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Provide other pertinent information noted during the review (e.g. successes, best practices, challenges, follow-up items, etc.)

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Form Instructions

This tool is based on the activities listed in the Fiscal Year 2020 DSHS Immunization Contractors Guide and should be used for reviews after August 1, 2019. Each activity is noted as one of the following:

- Required – activities essential to the implementation and/or operation of an Immunization Program. These activities are assigned performance metrics.
- Standard (Universal) – activities that are normal/standard to the implementation and/or operation of an Immunization Program. Performance measures are not required.
- Suggested – activities recommended but not required.

For each item reviewed, the reviewer must select Yes, No, Not Applicable (N/A) or Not Reviewed (N/R) where appropriate.

- Yes - standard met fully; reviewer can acknowledge successes and best practices in the comment section.
- No - standard met; reviewer must describe the discrepancy and note any education or technical assistance provided.
- NA - item was not applicable or not reviewed at site visit.
- NR – provide a 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 30 days of the site review.

Any additional information such as issues, concerns, challenges, successes, collaborations, etc. should be documented in the tool also.

Naming convention - please save the document as LHD_FY Year_Contract Review Tool.