

# Symposium on Education and Quality Improvement Programs Information Questionnaire

The purpose of this form is to collect information on practice-based education and quality improvement (QI) projects. These projects could have been performed in your state or elsewhere. The projects should be long-term, sustainable activities that have been implemented in provider offices to improve the quality of immunization delivery in that practice or a group of practices. The projects may be on-going or completed within the last 3 years.

1. Title of Quality Improvement Project: \_\_\_\_\_  
Person completing form: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Description of QI project:

2. What was the objective(s) of the QI program?  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe interventions that were conducted:  
\_\_\_\_\_  
\_\_\_\_\_

4. How many provider sites participated in the project during the last calendar year in which the project was being implemented? \_\_\_\_\_

5. How were the provider sites selected? (select one)

- self-selected  
 random  
 convenience  
 other \_\_\_\_\_

6. When did the program start? (month/year) \_\_\_\_\_  
Is it still going on?  yes  no  
If "no", when did it end? (month/year) \_\_\_\_\_

## Evaluation and Impact:

7. Was there an evaluation done to determine the impact of the program?  yes  no

8. If "yes", what type of outcome measure was collected? (select all that apply)

- immunization coverage rates  
 missed opportunities  
 health care visits to the provider's office  
 other \_\_\_\_\_

9. How were the outcome measure(s) collected? (select all that apply)

- chart abstraction  
 patient survey  
 billing records  
 other \_\_\_\_\_

10. When were the outcome measures collected?

month/year (baseline, if done) \_\_\_\_\_ month/year \_\_\_\_\_  
month/year \_\_\_\_\_ month/year \_\_\_\_\_

11. Was there a control group in which provider sites did not receive the QI program but had outcome measures collected?  yes  no

12. Was there an improvement in the measures during the course of the QI program?  
(please describe what the evaluation showed by giving pre and post numbers as appropriate):  
\_\_\_\_\_  
\_\_\_\_\_

Please send completed form to Ken Anderson:

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