Checklist: Suggestions to Improve Your Immunization Services

Suggestions to Improve Your Immunization Services

Following are several ideas that healthcare professionals and parents can use to improve their efficiency in administering vaccines and increase their immunization rates. Read each idea and check the response that applies to your work setting.

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.

Suggesting clinic staff up to date with current recommendations
1. In all exam rooms, we post the current, official AAP U.S. immunization schedule for children and/or adults or variations thereof (for example, the official schedule of a medical society or of a state health department).
2. We use the official “catch-up” schedule for children for advice on how to bring children up to date on their vaccinations when they have fallen behind.
3. We are familiar with special vaccination recommendations for high-risk patients (e.g., special groups who need hepatitis A, hepatitis B, pneumococcal, influenza vaccines).
4. We routinely review and update on vaccines and other immunization issues from government agencies, our professional society, state or local health department, or other trusted organizations.

Evaluating and improving our clinic’s performance
1. We participate in our local/regional/state immunization registry (immunization information system [IIS]).
2. When scheduling appointments, we remind patients/patients to bring along their (or their child’s) personal immunization record. We also confirm the address and phone number in case we need to contact them.
3. We maintain a comprehensive immunization record in a visible location in each patient’s chart (e.g., the front of the chart, if we keep paper files), or print the patient’s immunization record from the immunization registry or Immunization Information System (IIS).
4. Whenever a patient comes in, the staff routinely asks to see the patient’s immunization record to determine if the patient received vaccinations at another healthcare site.
5. If a patient tells us, “I’m up to date with my vaccinations,” or “my child’s vaccinations are up to date,” we are not conviced. We must have written documentation (either paper or on the computer registry).
6. 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 that we think are indicated, based on the history provided by the patient/patient. We have the patient/patient sign a release of records to obtain immunization records from previous providers. If no records of previous vaccinations can be located, the patient is treated as an unvaccinated.
7. If we see a patient in our office and don’t administer a vaccination when it’s due, we document the reason why in the patient’s chart.

Assuring complete, up-to-date patient records
1. We participate in our local/region/state immunization registry (immunization information system [IIS]).
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Getting patients ready for their vaccinations
1. We’ve trained our nursing and office staff (e.g., receptionist, scheduler) to know how to determine valid and invalid contraindications to vaccinations, as well as the minimum ages and minimum intervals permissible between vaccinations. Guides to valid contraindications and precautions, and minimum age and interval charts are posted or easily available to all staff. This training ensures that our clinic staff is no opportunity to vaccinate.
2. We ask patients/patients to complete a simple screening questionnaire for contraindications to determine if the vaccinations they need can be given safely on the day of their visit. To save time, we have them complete it prior to seeing the clinician (e.g., in the waiting room or exam room).
3. Before the clinician sees the patient, a staff member completes an immunization assessment and gives Vaccine Information Statements (VISs) to the patient/patient to read. If they need a VIS in another language, we give it, if it is available.

Avoiding “missed opportunities”
1. Our nurses give vaccinations under standing orders (i.e., they are independently screen patients and administer vaccines under pre-existing signed physician’s orders).
2. We use all patient encounters (including acute care and follow-up visits) to assess and provide vaccinations.
3. If children miss “well child” visits and can’t be rescheduled quickly, we reschedule them in one to two weeks for a “catch up” visit.

Communicating with patients
1. We give patients/patients a simple schedule of recommended vaccinations.
2. We give patients/patients an information sheet about how to treat pain and fever following vaccinations.
3. We always update the patient’s personal immunization record card each time we administer vaccines and increase their immunization rates. Read each idea and check the response that applies to your work setting.

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Evaluating and improving our clinic’s performance
1. We routinely assess immunization levels of our patient population, including those with high-risk indicators. (Contact your state or local health department’s immunization staff for assistance in performing such an assessment.) We share this information with all our staff and use it to develop strategies to improve immunization rates.
2. We are enrolled in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured children (0–18 years) and others who are eligible under the state’s program.

Great ideas to expedite vaccination and increase immunization rates in your healthcare setting!
Print out this helpful resource, read each idea, and check the response that applies to your work setting.

Suggestions to Improve Your Immunization Services (continued)

Assuring complete, up-to-date patient records
8. If we have written confirmation that a patient received vaccines at another site or at a public health, school-based, workplace-based, or community-based immunization site, we update the patient’s medical chart or the IIS with that information, recording the vaccination date(s) and healthcare site(s) where the vaccination was received.
9. With each patient visit, we document on the patient’s chart that their immunization status has been reviewed (e.g., a notation such as “immunization status reviewed” is pre-printed on the progress note or other chart form).

Maintaining and protecting our vaccine supply
1. We have a designated vaccine coordinator and a designated backup coordinator who oversee all vaccine storage and handling activities.
2. We provide vaccine storage and handling training to all new staff and to all staff whenever recommendations are changed or new product added.

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4. We provide resources (e.g., information, pamphlets, websites, hotlines numbers) to patients/parents who have questions or concerns about vaccine safety or who want more vaccine information. We provide translated materials, if available.
5. When giving vaccinations, we inform the patient/patient when the next appointment for vaccinations is due. We schedule the visit before we leave the office so our appointment system allows it; otherwise we put the information in a manual tickler system or electronic recall system.
6. We contact all patients who are due for vaccinations with a reminder (e.g., by phone or mail).
7. We provide or refer our vaccine/immunization patients to reliable resources to help them in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.

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For a ready-to-copy 8½ x 11" version of this 3-page piece, visit
www.immunize.org/catg.d/p2045.pdf