



IQIP Database User Guide

Version 6.0 (Last updated: July 2024)



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Summary of Changes for Version 6.0

This guide is effective July 1, 2024, coinciding with the start of PY6.

- Inclusion of Older Teen as an optional stand-alone IQIP cohort: IQIP Database logic and pop-ups have been updated to allow for providers who only had older teen patients at the initial assessment.
- Updates from PCV13 to PCV: The antigen name has been changed from PCV13 to PCV in all areas of the IQIP Database where it is listed.
- New Data fields:
 - Consultants will now have the option on the 2-month and 6-month check-in form to select if a check-in was not able to be completed because of provider availability.
 - The 12-month follow-up form now includes a required data field asking if electronic data are available to conduct a 12-month assessment. If no is selected, the 12-month coverage data fields will remain hidden.

IQIP Database Overview

IQIP Database is a data collection and analysis tool built on the REDCap platform that supports immunization quality improvement activities at the provider level to increase vaccine uptake among children and adolescents. This guide describes navigating the IQIP Database for recording, managing, and aggregating Immunization Quality Improvement for Providers (IQIP) data.

The following terms will be used in this guide:

- **Awardee** – the state, local, or territorial health department implementing the IQIP program, conducting IQIP visits and calls with providers.
- **Provider** – a VFC-enrolled *provider location* identified by assigning a unique VFC PIN. The term “provider” will not refer to an individual clinician/practitioner/vaccinator.
- **IQIP Consultant** – an individual at the awardee level who conducts tasks supporting the IQIP process, including conducting site visits, check-ins, and follow-ups and generating coverage reports.

For guidance regarding proper implementation of the IQIP program, including how to complete IQIP site visits, check-ins, and follow-ups, please refer to the IQIP Operations Guide, which can be found in the IQIP Library on SharePoint and in the File Repository of the IQIP Database.

IQIP Database Help Desk Support

For questions or issues specific to the IQIP Database, please contact the IQIP Database Help Desk at: IQIPDatabase@cdc.gov. For all other IQIP-related questions or comments, please contact IQIP@cdc.gov.

IQIP Database Updates

The IQIP Database team will periodically update the IQIP Database to enhance user experience. Screenshots in this guide may sometimes differ from the system's latest version.

Acronyms and Abbreviations

AFIX: Assessment, Feedback, Incentives and eXchange program

CDC: Centers for Disease Control and Prevention

CoCASA: Comprehensive Clinic Assessment Software Application

EHR: Electronic health record

IIS: Immunization information systems

IQIP: Immunization Quality Improvement for Providers

PEAR: Provider, Education, Assessment and Reporting system

PY5: Project Year Five (July 1, 2023 – June 30, 2024)

PY6: Project Year Six (July 1, 2024 – June 30, 2025)

REDCap: Research Electronic Data Capture (software application used for secure online data collection)

SAMS: Secure Access Management Services

YOY: Year-over-year

VFC: Vaccines for Children

Getting Started

Accessing IQIP Database

- The IQIP Database is a browser-based system designed on the REDCap platform. The REDCap developers recommend using Google Chrome to access the IQIP Database, but other web browsers may be used.
- Before accessing the system, the consultant/staff need to verify their email with CDC's Secure Access Management Services (SAMS) authentication system (outlined below).

SAMS Registration and REDCap Access

After the consultant/staff IQIP or immunization program leadership submits their name and email address to CDC for IQIP Database access, they will receive an automated email from SAMS-no-reply@cdc.gov. Follow the SAMS registration/verification steps in that email within 60 days. This includes

SAMS ID proofing for users, if needed. After 60 days, the request is canceled, and the process must start from the beginning.

1. After SAMS registration/verification is completed, the consultant/staff will receive an email from SAMS confirming that their SAMS account is activated. Follow the link in that email to access REDCap from SAMS.
2. In REDCap, enter the consultant's/staff's first name, last name, and email. They will then receive an email from REDCap titled "Verify your email address."
3. **After completing the above email verification step, email IQIPDatabase@cdc.gov with the subject, "REDCap verification complete."** Note: if this email is not sent, CDC IQIP staff will not know the consultant has/staff have completed the confirmation process, and their access to the IQIP Database will be delayed.
4. CDC IQIP staff will add the consultant/staff to the IQIP Database project after receiving this email.
5. **If a staff member leaves the IQIP program, please email IQIPDatabase@cdc.gov to have their access to the IQIP Database deactivated.**

Logging On

1. Login to REDCap using <https://rdcp.cdc.gov> or <http://sams.cdc.gov>. Either link will go to the CDC Secure Access Management Services (SAMS) Login Page. [Some users (e.g., CDC field assignees) will log in using the "AMS Login" option in SAMS.]
2. In **Choose a Login option**, navigate to the **External Partners** section, and under **SAMS Credentials**, the consultant/staff will enter their SAMS Username and Password and click the **Login** button (**Figure 1**).

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

OR

Click the Login button to sign on with a SAMS Grid Card

Login

For External Partners who have been issued a SAMS Grid Card.

SAMS Grid Card

Entrust

	A	B	C	D	E	F	G	H	I	J
1	E	Q	X	3	T	5	N	4	M	Q
2	E	3	K	6	J	M	9	F	8	6
3	C	1	6	M	3	J	H	M	P	Y
4	T	W	W	1	4	V	6	0	7	2
5	8	6	7	W	6	J	5	M	P	X

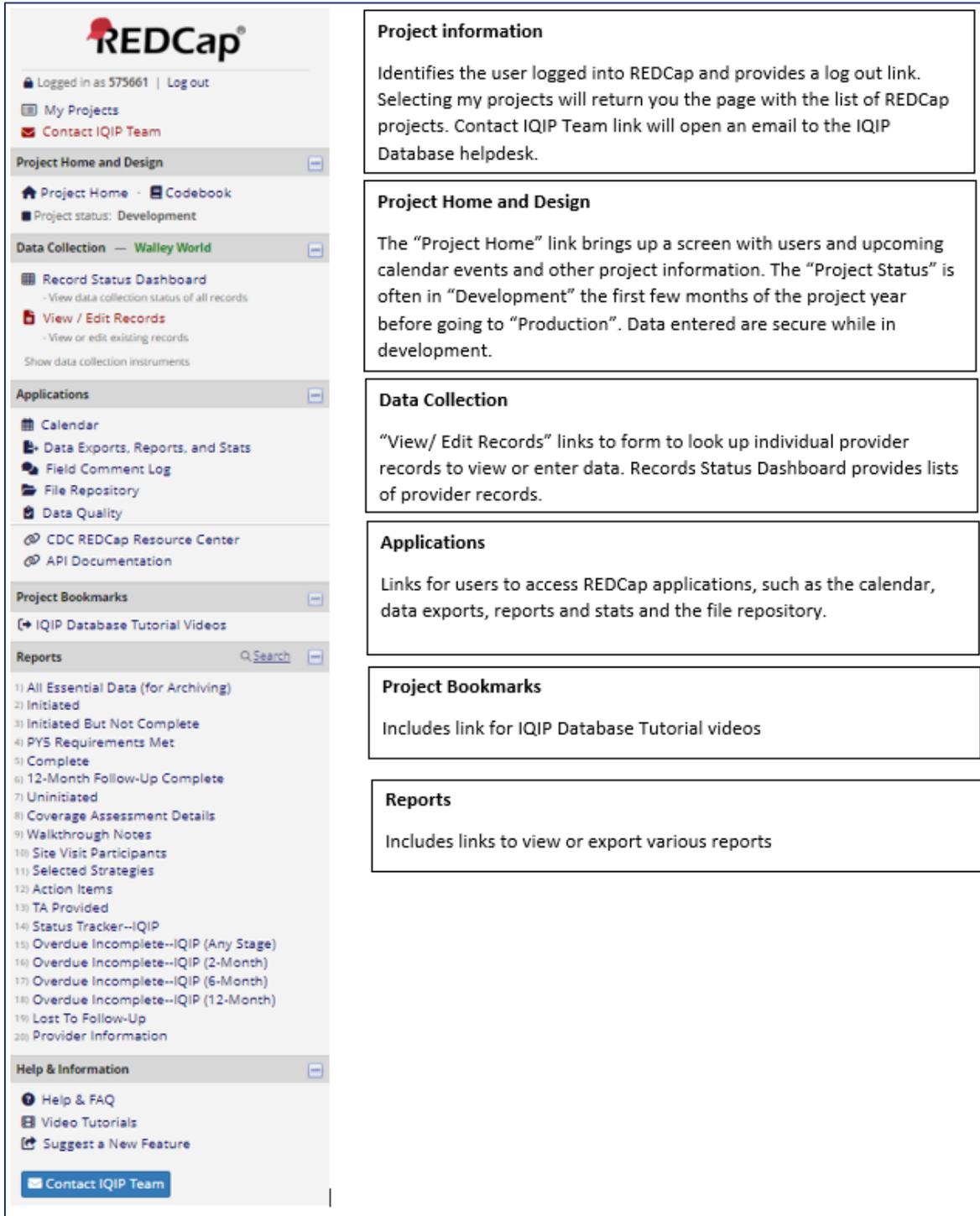
Social #

FIGURE 1: SAMS LOGIN

3. Upon SAMS authentication, the consultant/staff can access REDCap from the list of available SAMS applications.
 - a. **For any questions or problems involving SAMS login or password, users should contact the SAMS Help Desk between the hours of 8:00 AM to 6:00 PM EST Monday through Friday (except U.S. Federal holidays) at 877-681-2901 or via email at samshelp@cdc.gov.** This SAMS Help Desk contact information is always available at the bottom of the SAMS home page.
 - b.
4. To access the IQIP Database, click the **My Projects** link on the menu bar and select the IQIP Database project.

Using the IQIP Database

Project Navigation



The image shows a screenshot of the REDCap project navigation sidebar. The sidebar is organized into several sections, each with a title and a list of links. To the right of the sidebar, there are six callout boxes, each with a title and a description of the corresponding section in the sidebar.

Project information
Identifies the user logged into REDCap and provides a log out link. Selecting my projects will return you the page with the list of REDCap projects. Contact IQIP Team link will open an email to the IQIP Database helpdesk.

Project Home and Design
The "Project Home" link brings up a screen with users and upcoming calendar events and other project information. The "Project Status" is often in "Development" the first few months of the project year before going to "Production". Data entered are secure while in development.

Data Collection
"View/ Edit Records" links to form to look up individual provider records to view or enter data. Records Status Dashboard provides lists of provider records.

Applications
Links for users to access REDCap applications, such as the calendar, data exports, reports and stats and the file repository.

Project Bookmarks
Includes link for IQIP Database Tutorial videos

Reports
Includes links to view or export various reports

FIGURE 2: PROJECT NAVIGATION

Record Status Dashboard

1. From the IQIP Database main page, select **Record Status Dashboard** under the Data Collection section on the project navigation pane (**Figure 3**).

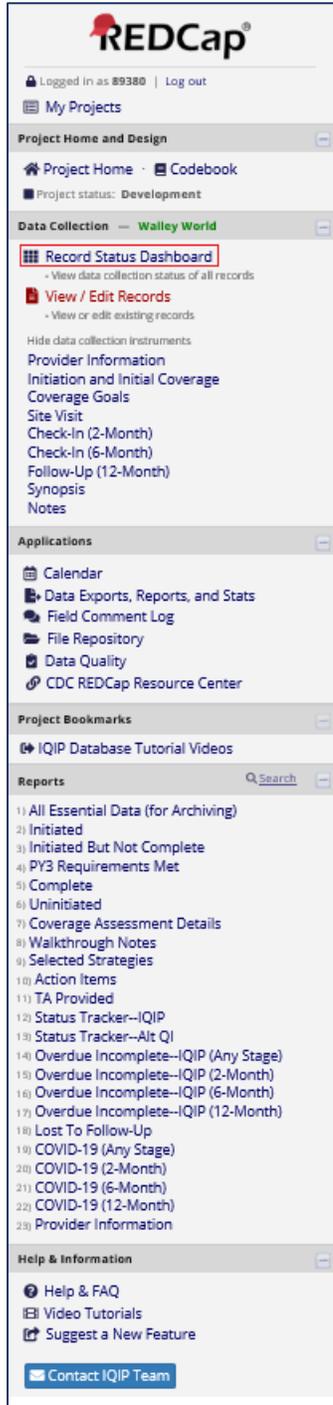


FIGURE 3: RECORD STATUS DASHBOARD LINK

2. The status of each form for all provider records is displayed on the Record Status Dashboard (Default Dashboard View) (Figure 4).

- **Grey:** Blank – No data entered in the selected form.
- **Red:** Incomplete – Form started but not complete.
- **Yellow:** Unverified – Data entered in the form but not verified or considered final.
- **Green:** Complete – Form marked as completed by the user.

These are default settings from the REDCap program and cannot be changed. **It is important to remember that the user may mark a data entry page as “complete,” but it may not meet the IQIP Program requirements for “complete.”**

Record Status Dashboard (all records)

Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tab/window in your browser to view that record on that particular data collection instrument. Please note that if your form-level user privileges are restricted for certain data collection instruments, you will only be able to view those instruments, and if you belong to a Data Access Group, you will only be able to view records that belong to your group.

Legend for status icons:
● Incomplete ○ Incomplete (no data saved) ○ Unverified ● Complete

Dashboard displayed: [Default dashboard] [Create custom dashboard](#)

Displaying Data Access Group: Walley World

Displaying record: Page 1 of 2: "WLW11111" through "WLW2226" of **104** records 100 records per page

Enter new record name [+ Create](#)

Displaying: Instrument status only | [Lock status only](#) | [All status types](#) [Table not displaying properly](#)

VFC PIN	Provider Information	Initiation and Initial Coverage	Coverage Goals	Site Visit	Check-In (2-Month)	Check-In (6-Month)	Follow-Up (12-Month)	Synopsis	Notes	Background Calculations
WLW11111	Griswold Vacation Travel Medicine --- Walley World, Sparky County WW ()	●	○	○	○					
WLW11112	Cousin Eddie's Clinic --- Walley World, RV County WW ()	●	○	○	○	○				
WLW11113	Trapper John, M.D. --- Westman, M*A*S*H County WW ()	●	●	●	●	●	○	○	○	○
WLW11114	Doogie Howser, M.D. --- Eastman, Bochco County WW ()	●	○	○	○	○				
WLW11115	Bob Seger Clinic --- Silver Bullet, Band County WW ()	●	○	○	○	○				
WLW11116	Hill Valley Medical --- Twin Pines, Calvin County WW ()	●	○	○	○	○				

FIGURE 4: RECORD STATUS DASHBOARD

3. The number of records displayed in bold indicates the total number of providers in the awardee’s jurisdiction (Figure 4). The forms for Coverage Goals through 12-Month Follow-up are blocked for editing unless the provider is initiated as “IQIP” for the QI type.
4. Click on a provider VFC Pin link in the column labeled “VFC PIN” on the **Record Status Dashboard (Figure 4)** to see that provider’s **Record Home Page (Figure 5)**.

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

Choose action for record

VFC PIN **WLW11119** Dr. Biff Tannen ---
Hill Valley, Manure County WW ()

Data Collection Instrument	Status
Provider Information	<input checked="" type="radio"/>
Initiation and Initial Coverage	<input type="radio"/>
Coverage Goals	<input type="radio"/>
Site Visit	<input type="radio"/>
Check-in (2-Month)	<input type="radio"/>
Check-in (6-Month)	<input type="radio"/>
Follow-Up (12-Month)	<input type="radio"/>
Synopsis	<input type="radio"/>
Notes	<input type="radio"/>

Legend for status icons:

Incomplete Incomplete (no data saved) ?

Unverified

Complete

FIGURE 5: PROVIDER RECORD HOME PAGE

Record Status Dashboard (all records)

Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tab/window in your browser to view that record on that particular data collection instrument. Please note that if your form-level user privileges are restricted for certain data collection instruments, you will only be able to view those instruments, and if you belong to a Data Access Group, you will only be able to view records that belong to your group.

Legend for status icons:

Incomplete Incomplete (no data saved) ?

Unverified

Complete

Dashboard displayed:

Displaying record of **104** records records per page

Enter new record name

Displaying: Instrument

	Provider Information	Initiation and Initial Coverage	Coverage Goals	Site Visit	Check-In (2-Month)	Check-In (6-Month)	Follow-Up (12-Month)	Synopsis	Notes	Background Calculations
WLW11111 Griswold Vacat	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
WLW11112 Cousin Eddie's	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
WLW11113 Trapper John, N	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WLW11114 Doogie Howser, M	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WLW11115 Bob Seger Clinic --- Silver Bullet, Band County WW ()	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIGURE 6: PROVIDER RECORD DASHBOARD SELECTIONS

- The IQIP Database has multiple Provider Record Dashboard views available to users. Dashboard views may be selected from the dropdown list next to the "Dashboard displayed:" label (**Figure 6**).

6. The number of records displayed in bold on each dashboard indicates the number of providers meeting the selected dashboard's criteria (**Figure 7**).



FIGURE 7: DASHBOARD NUMBER OF PROVIDER RECORDS

7. The bright blue text at the top of the screen for each dashboard describes the criteria for which providers are included in the selected dashboard (**Figure 8**). The descriptions of each dashboard (below) define these criteria.

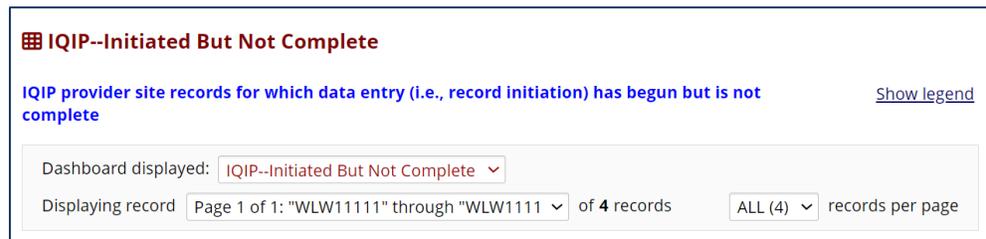


FIGURE 8: DASHBOARD CRITERIA DESCRIPTION

- a. **Default Dashboard:** Listing of all provider location records in the IQIP Database.
- b. **All—Complete:** IQIP and Alternate QI provider location records with instruments marked as complete corresponding to the following conditions:
 - i. **IQIP:** Initiation and Initial Coverage, Site Visit, Check-In (2-Mo.), Check-In (6-Mo.), Follow-Up (12-Mo.)
 - ii. **Alternate QI:** Initiation and Initial Coverage
- c. **All—Initiated:** IQIP and Alternate QI provider location records for which data entry (i.e., record initiation) has begun.
- d. **All—Initiated But Not Complete:** IQIP and Alternate QI provider location records for which data entry (i.e., record initiation) has begun but is not complete.
- e. **All—PY6 Requirements Met*:** IQIP and Alternate QI provider location records with instruments saved as complete by the user (i.e., green) corresponding to the following conditions:
 - i. **IQIP:** Initiation and Initial Coverage and Site Visit saved as complete
 - ii. **Alternate QI:** Initiation and Initial Coverage
- f. **Alt QI—Complete*:** Alternate QI provider location records with the initiation and initial coverage page saved as complete.
- g. **Alt QI—Initiated:** Alternate QI provider site records for which data entry (i.e., record initiation) has begun.
- h. **Alt QI—PY6* Requirements Met:** Alternate QI provider location records with Initiation and Initial Coverage marked as complete (i.e., green).
- i. **IQIP—Complete*:** IQIP provider location records with the following instruments marked as complete:

- i. Initiation and Initial Coverage, Site Visit, Check-In (2-Mo.), Check-In (6-Mo.), Follow-Up (12-Mo.)
- j. **IQIP—Initiated:** IQIP provider location records for which data entry (i.e., record initiation) has begun.
- k. **IQIP—Initiated But Not Complete:** IQIP provider location records for which data entry (i.e., record initiation) has begun but is not complete.
- l. **IQIP—PY6 Requirements Met*:** IQIP provider location records with Initiation and Initial Coverage and Site Visit saved as complete by the user (i.e., green).
- m. **Lost to Follow-Up:** IQIP provider location records for which data entry (i.e., record initiation) began, but the provider was subsequently recorded as lost to follow-up.
- n. **Uninitiated:** Provider location records for which data entry (i.e., record initiation) has not begun.

*If data are entered incorrectly or incompletely, the instrument may be marked as complete in the IQIP Database, but the provider record will not be considered complete. Reviewing the Power BI Awardee IQIP dashboards will provide an accurate count of completed stages and list any provider records flagged for missing or incorrect data.

Calendar Functionality

The calendar is accessible from the **Calendar** link under the **Applications** section of the project navigation pane. To add a new event, click on the '+' in the top left corner of a day on the calendar. This will open the Add New Calendar Event window (**Figure 9**). The time of the calendar event is optional. The consultant/staff can select the provider from the dropdown list. When the consultant/staff click on an upcoming calendar event, the "view record homepage" link gives them the provider's dashboard so that they can click on the appropriate form they wish to access (**Figure 10**).

Tip: Always include your last name in the Notes field when adding a new calendar event. This way, you can search the page for your last name when viewing upcoming events in the Agenda view. To search for your name, press the 'Control' key and the 'F' key simultaneously (Ctrl+F) in Windows or press the 'Command' key and the 'F' key simultaneously (Command + F) on a Mac. A search field will appear. Type your name and press the 'Enter' key.

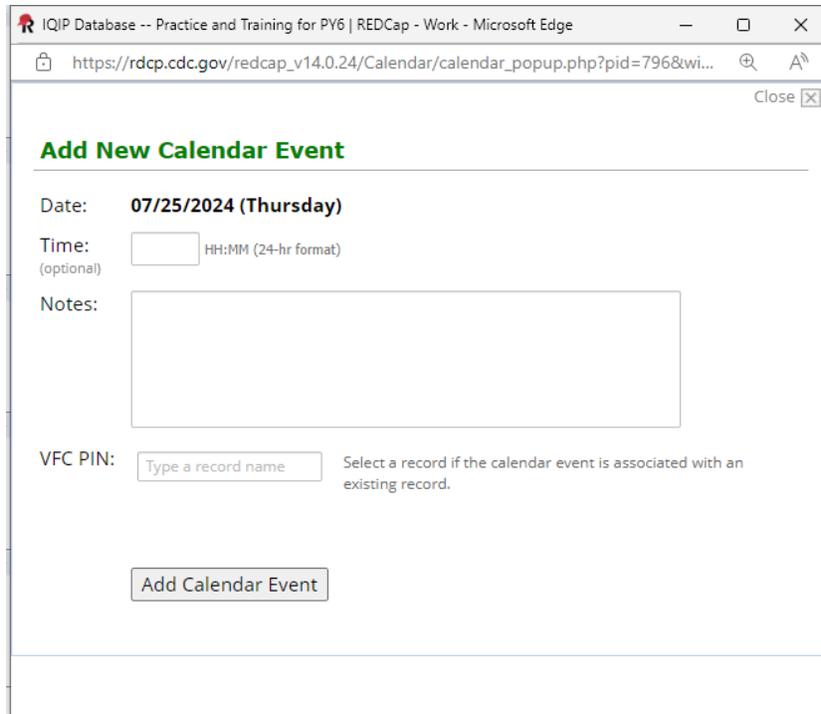


FIGURE 9: ADD NEW CALENDAR EVENT

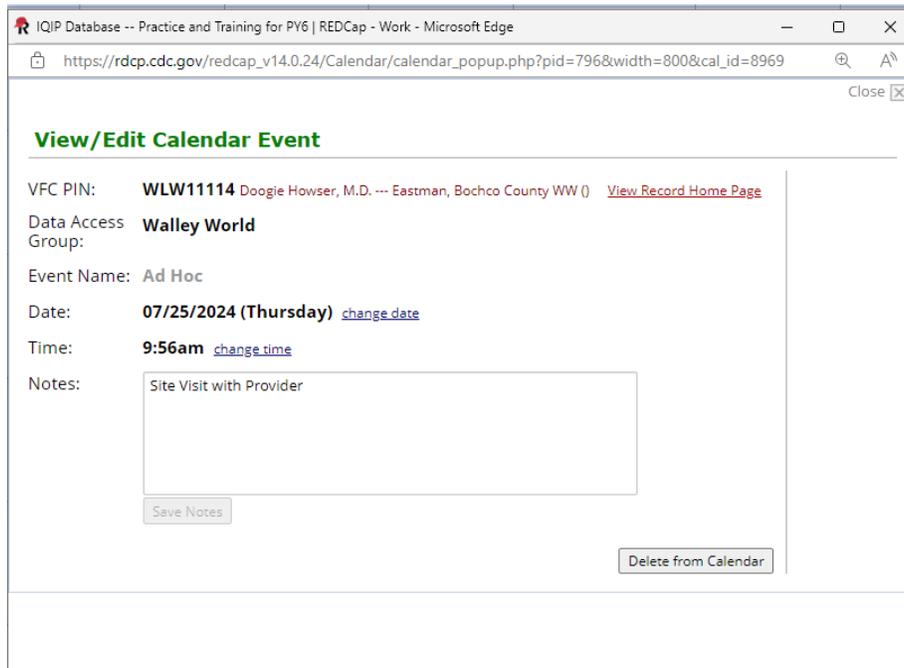


FIGURE 10: CALENDAR VIEW RECORD HOME PAGE LINK

IQIP Database Codebook

The **IQIP Database codebook** is accessible by clicking the **Codebook** button on the **Project Home** page. The codebook gives contextual information about each data field, including branching patterns that determine when a data field is visible, formulas used for calculations, and numbers assigned to multiple

choice answers (e.g., Yes=1, No=2), which allow the consultant/staff to interpret data reports and exports.

Data Entry Collection Forms — Overview

1. Near the top of the webpage displaying data collection forms is a dropdown to download a PDF of the instrument(s) (**Figure 11**). The version obtained using this button is a PDF version that may require editing. If the consultant/staff want to print a hard copy of the site visit form, go to the **File Repository** link under the **Applications** section of the project navigation pane (pictured in Figure 2) and download and print the **IQIP Site Visit Form** from there. The form in the File Repository is properly formatted for use during a site visit.



FIGURE 11: DOWNLOAD PDF OF INSTRUMENTS

2. The **VIDEO: The Basic Data Entry** link is **NOT** specific to the IQIP Database. It displays a generic 5-minute Data Entry demonstration video.
3. Each form includes buttons near the top and bottom of the webpage, similar to the image displayed below (**Figure 12**):

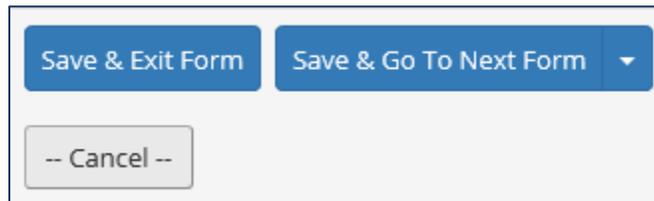


FIGURE 12: SAVE BUTTONS

- a. **Save & Exit Form** – Save any changes to the selected form and return to the Record Home Page.
- b. **Save & Go To Next Form** – Save any changes to the selected form and advance to the next form for the record.
- c. **Save & Stay** – Save any changes made to the selected form, and remain on that form to continue making any additional edits
- d. **Save & Exit Record**- Save any changes to the selected form, leave the provider record, and return to the View / Edit Records page.
- e. **Cancel** – Cancel any changes to the selected form and return to the Record Home Page.

Deleting Data

In the IQIP Database, the consultant/staff cannot delete whole provider records, but they may edit data they have previously entered. The IQIP Database does not require a code to edit data. In the rare case where the consultant/staff may wish to delete all data entered for a provider (i.e. if a visit is inadvertently recorded or a call data is in the incorrect provider record), the consultant/staff may manually delete all

data entered for that provider, or they may contact the IQIP Database Help Desk for assistance at IQIPDatabase@cdc.gov.

Provider Information Page

CDC has pre-loaded descriptive information for all providers into the IQIP Database. This information is on the **Provider Information** page (**Figure 13**). The consultant/staff may not edit this provider information. If any provider information is incorrect, please contact the IQIP Database Help Desk for assistance at IQIPDatabase@cdc.gov. The provider information data comes from **PEAR** and the **AFIX Online Tool**. The Provider Information page does not include each provider's primary IQIP contact because the primary IQIP contact is not a PEAR variable. The **IQIP History** section provides information about the dates and status of the previous IQIP cycles.

Dr. John Watson & Associate (WLW11121)

221B Baker St.
c/o Mrs. Hudson
London, Sherlock County, WW 10040

Phone: 800-555-8888

Fax: 800-555-2232

Vaccine manager: Sherlock Holmes, sherlock@elementary.org

Backup contact: John Watson, MyDearWatson@elementary.org

Medical director: Angelo Dundee, snickers12@belle.com

PEAR Descriptive Data

Awardee jurisdiction: Walley World

Region: Central

Provider type: Solo/Group/HMO practice (pediatrician, primary care, etc.)

Facility type: Private Facility (privately funded entity; non-governmental)

VFC function: Stores and Administrators

Provider size*: Medium (M)

*Proxy for provider size based on VTrack5 data for the number of doses distributed during the previous calendar year (XS, 0-100 doses; S, 101-200 doses; M, 201-750 doses; L, 751-3,500 doses; XL, 3,501+ doses). "No size data" indicates that a provider lacked 12 months of ordering data for the previous calendar year.

IQIP History

Project year	QI type	Req. met for project year	IQIP cycle complete	Site visit date	2-mo. date	6-mo. date	12-mo. date
PV5 (Jul 2023 - Jun 2024)	---	---	---	---	---	---	---
PV4 (Jul 2022 - Jun 2023)	---	---	---	---	---	---	---
PV3 (Jul 2021 - Jun 2022)	---	---	---	---	---	---	---
PV2 (Jul 2020 - Jun 2021)	---	---	---	---	---	---	---
PV1 (Jul 2019 - Jun 2020)	---	---	---	---	---	---	---

FIGURE 13: PROVIDER INFORMATION

Initiation and Initial Coverage Form

The **Initiation and Initial Coverage** form asks the consultant/staff to define assessment cohorts and enter coverage data. If the awardee generates coverage data using their IIS, this form should be completed before the site visit date. Please review the IQIP Operations guide for guidance on running assessment reports. EHR-based coverage data are acceptable, but it is not the consultant's/staff's responsibility to generate such data. If a provider prefers or insists on using EHR data, it is up to them to generate coverage data for the consultant/staff. If the provider does not have IIS or EHR data available for assessment, the consultant/staff may conduct a chart pull, but this is not required. Warning messages will be displayed in the form if the following occur:

1. The initial assessment date entered does not fall in the correct IQIP project year.
2. The number of age-eligible patients assessed exceeds the total number of age-eligible patients in the practice for any assessment cohort (i.e., childhood, adolescent, or older teen).

Initiation of Provider Location IQIP Record

In the **Initiation of Provider Location IQIP Record** section, select **Yes** if the consultant/staff wish to initiate the provider location’s IQIP record. (Note: If the provider location has zero people in both the childhood and the adolescent age cohort, then the provider is not eligible for IQIP and the IQIP record should not be initiated.) Then select the primary IQIP consultant for this provider, the home office of the consultant, and the type of QI the consultant/staff are reporting (**IQIP** or an **Alternate QI program**) (**Figure 14**). Initiating a provider’s IQIP record will allow the consultant/staff to begin data entry and include the provider in dashboards and reports for tracking and analysis.

Initiation of Provider Location IQIP Record

<p>Do you wish to initiate this provider location's IQIP record? Doing so will allow you to begin data entry and will include this site in dashboards and reports for tracking and analysis.</p>	<p><input checked="" type="radio"/> Yes</p>	reset
<p>Primary IQIP consultant for this provider <small>* must provide value</small></p>	<p><input type="text" value=""/></p>	
<p>Home office of primary IQIP consultant for this provider <small>* must provide value</small></p>	<p><input type="radio"/> Local/county health department or contractor <input type="radio"/> State/central immunization program</p>	reset
<p>Which type of QI are you reporting for this provider location? <small>* must provide value</small></p>	<p><input type="radio"/> IQIP <input type="radio"/> Alternate QI program</p>	reset

FIGURE 14: INITIATION OF PROVIDER LOCATION IQIP RECORD

Alternate QI Program Description

If an **Alternate QI program** is selected, complete the **Alternate QI Program Description**, optional **Alternate QI Program Notes**, and **Primary Contact at This Provider Location** sections (**Figures 15 & 16**). This information will come from the Alternate QI Program Submission Form the consultant/staff submitted to CDC.

Alternate QI Program

Alternate QI Program Description	
What is the name of the alternate QI program? <small>* must provide value</small>	<input type="text"/>
What entity developed the alternate QI program? <small>* must provide value</small>	<input type="text"/>
List the age cohort(s) targeted by the alternate QI program <small>* must provide value</small>	<input type="text"/>
Number of vaccines targeted by the alternate QI program <small>* must provide value</small>	<input type="radio"/> One or two specific vaccines <input type="radio"/> Three or more vaccines reset
Provider's start date with the alternate QI program Report provider's best estimate. <small>* must provide value</small>	<input type="text"/> Today M-D-Y
Select the option that best describes the provider's participation in the alternate QI program If concluded <u>before</u> July 1, 2024, the provider may not be credited for participation in an alternate QI program for py5. <small>* must provide value</small>	<input type="radio"/> Participation in the program is ongoing <input type="radio"/> Participation in the program has concluded, but it concluded after July 1, 2024 reset

FIGURE 15: ALTERNATE QI PROGRAM DESCRIPTION

Alternate QI Program Notes	
Alternate QI program: additional notes This is optional but may be useful for future reference. Notes from all forms are automatically compiled in the "Notes" instrument.	<input type="text"/> Expand

FIGURE 16: ALTERNATE QI PROGRAM NOTES

Alternate QI Program (continued)

Primary Contact at This Provider Location	
Name <small>* must provide value</small>	<input type="text"/>
Position or title <small>* must provide value</small>	<input type="text"/>
Phone <small>* must provide value</small>	<input type="text"/>
Email <small>* must provide value</small>	<input type="text"/>

FIGURE 17: PRIMARY CONTACT AT THIS PROVIDER LOCATION

If an alternate QI is selected, the subsequent forms will not be available for editing. The forms will appear as shaded gray buttons.

VFC PIN WLW11148 Flying Tigers Medicine --- Holt, Greene County WW () Walley World	
Data Collection Instrument	Status
Provider Information	<input checked="" type="radio"/>
Initiation and Initial Coverage	<input checked="" type="radio"/>
Coverage Goals	<input type="radio"/>
Site Visit	<input type="radio"/>
Check-In (2-Month)	<input type="radio"/>
Check-In (6-Month)	<input type="radio"/>
Follow-Up (12-Month)	<input type="radio"/>
Synopsis	<input type="radio"/>
Notes	<input type="radio"/>
Background Calculations	<input type="radio"/>

FIGURE 18: PROVIDER RECORD STATUS

Initial Coverage Assessment Details

The **Initial Coverage Assessment Details** section is required if IQIP is selected as the QI type. (Note: If the provider location has zero people in both the childhood and the adolescent age cohort, then the provider is not eligible for IQIP and the IQIP record should not be initiated.)

If the response to the question **“IIS or EHR data available to non-manually generate coverage data for this assessment?”** is **“Yes,”** then select answers to the questions: **“Coverage assessment performed by?”** and **“Method of coverage assessment”** (Figure 19).

Non-manual coverage assessment may be accomplished using (a) the awardee IIS platform, (b) IIS integration software (e.g., Surveillance Monitoring and Right-time Trends (SMaRT) AFIX or other AFIX-IIS integration solutions), (c) CoCASA with IIS data, or (d) the provider’s EHR (if the provider staff run this assessment themselves; IQIP consultants are not expected to run EHR reports or provide technical assistance on the provider’s EHR). Please note that CoCASA is sunsetting and can be used for initial coverage assessments until December 31, 2024. If CoCASA was used for an initial coverage assessment in 2024, it can also be used for the 12-month coverage assessment in 2025. After 2025, CoCASA will not be accepted for any IQIP coverage assessments.

The screenshot shows a form titled "Initial Coverage Assessment Details". The first question is "IIS or EHR data available to non-manually generate coverage data for this assessment?". It has radio buttons for "Yes" (selected) and "No". Below the question is a red asterisk and the text "* must provide value". To the right of the question is a "reset" link. The second question is "Coverage assessment performed by" with radio buttons for "Awardee" (selected), "Provider", and "Awardee and provider together". It also has a red asterisk and "* must provide value", and a "reset" link. The third question is "Method of coverage assessment" with radio buttons for "Awardee IIS platform" (selected), "IIS integration software (e.g., SMaRT AFIX or AFIX Product)", "CoCASA with IIS data", and "Provider EHR". It has a red asterisk and "* must provide value", and a "reset" link.

FIGURE 19: INITIAL COVERAGE ASSESSMENT DETAILS – IIS OR EHR DATA AVAILABLE – YES

If the response to the question “IIS or EHR data available to non-manually generate coverage data for this assessment?” is “No,” enter an explanation in the text box on why no IIS data was available for coverage assessment, and select a response to the question “Chart-pull assessment is performed?” (Figure 20). If the awardee generates IIS coverage data that seems incorrect or unreliable, the consultant should select “No” because IIS data are unavailable to discuss with the provider and set coverage goals.

The screenshot shows the same form as Figure 19, but with "No" selected for the first question. The second question is "In one sentence or less, please explain why IIS data for this provider are unavailable for assessment." It has a red asterisk and "* must provide value" and a text input box. The third question is "Chart-pull assessment performed?" with radio buttons for "Yes" and "No" (selected). It has a red asterisk and "* must provide value" and a "reset" link.

FIGURE 20: INITIAL COVERAGE ASSESSMENT DETAILS – IIS OR EHR DATA AVAILABLE – NO

If the response to the question “**Chart-pull assessment performed?**” is “**No,**” select answers to questions “**Does this provider location have childhood patients?**” and “**Does this provider location have adolescent patients?**” (Figure 21).

Chart-pull assessment performed? Coverage assessment is not required if no alternative to a chart-pull exists. <i>* must provide value</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	reset
Does this provider location have childhood patients? <i>* must provide value</i>	<input type="radio"/> Yes <input type="radio"/> No	reset
Does this provider location have adolescent patients? <i>* must provide value</i>	<input type="radio"/> Yes <input type="radio"/> No	reset
Does this provider location have older teen patients? <i>* must provide value</i>	<input type="radio"/> Yes <input type="radio"/> No	reset

FIGURE 21: INITIAL COVERAGE ASSESSMENT DETAILS – CHART-PULL ASSESSMENT PERFORMED – NO

Note: If the provider has neither childhood, adolescent, nor older teen patients, they are not eligible for IQIP. The consultant should not continue the IQIP process with a provider who has zero patients in any IQIP cohorts. Subsequent forms for the provider will not be available for editing.

Initial Coverage Assessment Parameters---Childhood

Childhood age range evaluated 24-35 months

* must provide value Other age range

Provider location has no childhood patients reset

RECOMMENDED: 24-35 months

Initial Coverage Assessment Parameters---Adolescent

Adolescent age range evaluated 13 years

* must provide value Other age range

Provider location has no adolescent patients reset

RECOMMENDED: 13 years

Optional Older Teen Coverage Assessment

Do you wish to record an assessment of older teen patients? Yes

This is not required. No

reset

Initial Coverage Assessment Parameters---Older Teen

Older teen age range evaluated 17 years

Other

Provider location has no older teen patients reset

RECOMMENDED: 17 years

STOP! If the provider does not have patients in the IQIP cohorts: childhood, adolescent nor older teen, then they are not eligible for IQIP. The consultant should not continue the IQIP process with a provider who has zero patients in all cohorts.

FIGURE 22: INITIAL COVERAGE PARAMETERS SECTION OF THE IQIP DATABASE

If the response to the question “**Chart-pull assessment performed?**” is “**Yes,**” select the answer in the “**Coverage assessment performed by**” field (Figure 23).

Chart-pull assessment performed?

Coverage assessment is not required if no alternative to a chart-pull exists.

* must provide value Yes

No reset

Coverage assessment performed by

* must provide value Awardee

Provider

Awardee and provider together reset

FIGURE 23: INITIAL COVERAGE ASSESSMENT DETAILS – CHART-PULL ASSESSMENT PERFORMED – YES

Initial Coverage Assessment Parameters and Results

In the Initial Coverage Assessment sections, the consultant/staff select the initial coverage assessment parameters and results for the childhood (Figure 24), adolescent (Figure 27), and optional older teen (Figure 29) cohorts.

Note: These sections will only display if “Yes” was selected to questions “IIS or EHR data available to non-manually generate coverage data for this assessment?” or “Chart-pull assessment performed?” in the previous Initial Coverage Assessment Details section. The consultant/staff will not enter coverage assessment data if IIS or EHR data are not available, and they do not complete an optional chart-pull assessment.

Initial Coverage Assessment Parameters---Childhood

Childhood age range evaluated
* must provide value

24-35 months
 Other age range
 Provider site has no childhood patients

RECOMMENDED: 24-35 months reset

Childhood patients evaluated at:
* must provide value

24 months (2nd birthday)
 Assessment date
 Other

RECOMMENDED: 24 months (2nd birthday) reset

Childhood initial assessment date
* must provide value

Today M-D-Y

FIGURE 24: INITIAL COVERAGE ASSESSMENT PARAMETERS – CHILDHOOD

If the childhood initial assessment date is outside of the permissible date range for the current project year (Figure 25), the subsequent forms will not be available for editing until the date error is corrected.

Total number of age-eligible childhood patients in the practice
* must provide value

0

WARNING! Do not enter zero (0) here. Instead, select "Provider location has no childhood patients" in the "Childhood age range evaluated" question above.

Number of age-eligible childhood patients assessed
* must provide value

0

FIGURE 25: INITIAL COVERAGE ASSESSMENT PARAMETERS – CHILDHOOD – INVALID NOTIFICATION

Consultants should not enter zeros for the total number of age-eligible childhood patients nor for the number of age-eligible childhood patients assessed. If the provider has zero patients in this cohort, the consultant should return to the section above and select that the provider has no childhood patients. If the IIS generates zeros, but the provider sees patients in this cohort, the consultant should select that IIS data are unavailable for the assessment.

If the consultant/staff are not conducting a chart pull, the number of age-eligible patients in the practice and the number of age-eligible patients assessed should be the same (**Figure 26**).

Initial Coverage Assessment Results---Childhood	
Total number of age-eligible childhood patients in the practice <small>* must provide value</small>	<input type="text" value="10"/>
Number of age-eligible childhood patients assessed <small>* must provide value</small>	<input type="text" value="10"/>
Enter the childhood coverage percentage assessed for the following vaccine doses:	
4:3:1:U:U:1:U series U = UTD <small>* must provide value</small>	<input type="text"/>
4 DTaP <small>* must provide value</small>	<input type="text"/>
3 IPV <small>* must provide value</small>	<input type="text"/>
1 MMR <small>* must provide value</small>	<input type="text"/>
UTD Hib <small>* must provide value</small>	<input type="text"/>
UTD HepB <small>* must provide value</small>	<input type="text"/>
1 VAR <small>* must provide value</small>	<input type="text"/>
UTD PCV <small>* must provide value</small>	<input type="text"/>
Do you wish to record childhood coverage percentage for UTD COVID-19, UTD Influenza, UTD RV, or 2 HepA? <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No reset
UTD COVID-19	<input type="text"/>
UTD Influenza <small>Recommended: measure coverage for the previous complete influenza season (i.e., July 1, 2022 - June 30, 2023).</small>	<input type="text"/>
UTD RV	<input type="text"/>
2 HepA	<input type="text"/>

FIGURE 26: INITIAL COVERAGE ASSESSMENT RESULTS – CHILDHOOD

Initial Coverage Assessment Parameters---Adolescent

Adolescent age range evaluated <small>* must provide value</small>	<input checked="" type="radio"/> 13 years <input type="radio"/> Other age range <input type="radio"/> Provider site has no adolescent patients RECOMMENDED: 13 years
Adolescent patients evaluated at: <small>* must provide value</small>	<input checked="" type="radio"/> 13th birthday <input type="radio"/> Assessment date <input type="radio"/> Other RECOMMENDED: 13th birthday
Adolescent initial assessment date <small>* must provide value</small>	<input type="text"/> Today M-D-Y

FIGURE 27: INITIAL COVERAGE ASSESSMENT PARAMETERS – ADOLESCENT

Consultants should not enter zeros for the total number of age-eligible adolescent patients nor for the number of age-eligible adolescent patients assessed. **If the provider has zero patients in this cohort, they should return to the section above and select that the provider has no adolescent patients.** If the IIS generates zeros, but the provider sees patients in this cohort, the consultant should select that IIS data are unavailable for the assessment.

Initial Coverage Assessment Results---Adolescent	
Total number of age-eligible adolescent patients in the practice <small>* must provide value</small>	<input type="text" value="99"/>
Number of age-eligible adolescent patients assessed <small>* must provide value</small>	<input type="text" value="99"/>
Enter the adolescent coverage percentage assessed for the following vaccine doses:	
1 Tdap <small>* must provide value</small>	<input type="text" value="99"/>
1 MenACWY <small>* must provide value</small>	<input type="text" value="99"/>
UTD HPV <small>* must provide value</small>	<input type="text" value="99"/>
Do you wish to record adolescent coverage percentage for UTD COVID-19, UTD Influenza, 1 HPV, UTD HepB, 2 MMR, 2 VAR, 2 HepA, or UTD IPV? <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No
UTD COVID-19	<input type="text" value="99"/>
1 Influenza <small>Recommended: measure coverage for the previous complete Influenza season (i.e., July 1, 2022 - June 30, 2023).</small>	<input type="text" value="99"/>
1 HPV	<input type="text" value="99"/>
UTD HepB	<input type="text" value="99"/>
2 MMR	<input type="text" value="99"/>
2 VAR	<input type="text" value="99"/>
2 HepA	<input type="text" value="99"/>
UTD IPV	<input type="text" value="99"/>

FIGURE 28: INITIAL COVERAGE ASSESSMENT RESULTS – ADOLESCENT

If the provider has zero childhood, zero adolescent, and zero older teen patients, the provider is not eligible for IQIP. The consultant should not continue the IQIP process with a provider who does not see patients in any cohort.

Optional Older Teen Coverage Assessment

Do you wish to record an assessment of older teen patients? (H) Yes
🗨️ No
This is not required. reset

Initial Coverage Assessment Parameters---Older Teen

Older teen age range evaluated (H) 17 years
🗨️ Other
 Provider location has no older teen patients reset
RECOMMENDED: 17 years

Older teen patients evaluated at: (H) 17th birthday
🗨️ Assessment date
 Other age reset
RECOMMENDED: 17th birthday

Older teen initial assessment date (H) 🗓️ Today M-D-Y

FIGURE 29: INITIAL COVERAGE ASSESSMENT RESULTS – OPTIONAL OLDER TEEN

Initial Coverage Assessment Results---Older Teen

Total number of age-eligible older teen patients in the practice (H)

Number of age-eligible older teen patients assessed (H)

Enter the older teen coverage percentage assessed for the following vaccine doses:

UTD COVID-19	(H) <input type="text"/>
2 MenACWY	(H) <input type="text"/>
1 Influenza <small>Recommended: measure coverage for the previous complete influenza season (i.e., July 1, 2022 - June 30, 2023).</small>	(H) <input type="text"/>
1 MenB	(H) <input type="text"/>
UTD HPV	(H) <input type="text"/>
1 Tdap	(H) <input type="text"/>

FIGURE 30: INITIAL COVERAGE ASSESSMENT – OLDER TEEN

Consultants should not enter zeros for the total number of age-eligible older teen patients nor for the number of age-eligible older teen patients assessed. If the provider does not see patients in this cohort, they should return to the section above and select that the provider has no older teen patients. If the IIS

generates zeros, but the provider does have patients in this cohort, the consultant should select that IIS data are unavailable for the assessment.

If a provider does not have childhood or adolescent patients but has older teen patients, starting on July 1, 2024, they are eligible for IQIP. Older teen is still an optional cohort for the IQIP program and awardees are not required to assess older teen patients.

Optional 6-Month Coverage Assessment

In the **Optional 6-Month Coverage Assessment** section, select if the consultant/staff plan to conduct an optional 6-month coverage assessment. The CDC does not recommend conducting coverage assessments at the 6-month check-in.

Coverage Assessment Wrap-Up

The consultant/staff can enter additional initial coverage assessment notes in the Coverage Assessment Wrap-Up section (**Figure 31**). This is optional, but any notes the consultant/staff would like to reference later can be added here, and they can review them in the **Notes** section of the provider's dashboard. Select **Save & Exit Form** or **Save & Go To Next Form** when finished. If the data is not saved, it will need to be re-entered.

The screenshot shows a web form with two main sections. The first section, titled "Optional 6-Month Coverage Assessment", contains a question: "Do you plan to conduct an optional 6-month coverage assessment?". Below the question is a help icon (H) and a speech bubble icon. The text reads: "A 6-month coverage assessment is not required. You may update this answer at a later date if your plans change." There are two radio buttons: "Yes" (selected) and "No". A red asterisk indicates a required field: "* must provide value". A "reset" link is visible in the bottom right of this section. Below this is a red-bordered box with a note: "NOTE: Take care when interpreting and drawing conclusions -- especially comparisons across providers -- if you conduct a 6-month coverage assessment, due to the seasonality of vaccine uptake." The second section, titled "Coverage Assessment Wrap-Up", contains a question: "Additional initial coverage assessment notes". Below it is a help icon and a speech bubble icon. The text reads: "This is optional but may be useful for future reference. Notes from all forms are automatically compiled in the 'Notes' instrument." To the right of the text is a large text input area with a vertical scrollbar. An "Expand" link is at the bottom right of this section.

FIGURE 181: OPTIONAL 6-MONTH COVERAGE ASSESSMENT AND WRAP-UP

Coverage Goals Form

In the **Coverage Goals** form, the consultant/staff will enter the 12-month coverage goals for childhood (**Figure 32**), adolescent (**Figure 33**), and optional older teen (**Figure 34**). A good coverage goal is one that is possible to reach but not met too easily.

The consultant/staff may keep the default coverage goals calculated for 4:3:1:U:U:1:U (if the provider has childhood patients) and for 1 Tdap, 1 MenACWY, and UTD HPV (if the provider has adolescent patients). Or the consultant/staff may edit them. The consultant/staff may also enter goals for the other coverage measures that are not auto-calculated if they wish.

The consultant/staff may wish to save the completion of this form for their site visit to discuss with the provider, or they may want to prepare it in advance to initiate the discussion by showing the provider the consultant's/staff's recommended goals. Select **Save & Exit Form** or **Save & Go to Next Form** when finished. If the consultant/staff does not save the data, they will need to re-enter the data.

Coverage Goals for 12-Month Follow-Up

Reminder: Discuss the provider workflow prior to discussing coverage and coverage goals

Childhood Coverage Goals

The 12-month 4:3:1:U:U:1:U series coverage goal is prepopulated using the logic in the table below. You may edit this value if a different goal is preferred. If desired, you may enter coverage goals for the remaining childhood doses manually using the logic in the table below or other logic.

Initial coverage	Suggested coverage goal for 12-month follow-up
0% to 79.99%	Increase by 10 percentage points
80% to 84.99%	Increase to 90%
85% to 89.99%	Increase by 5 percentage points
90% to 94.99%	Increase to 95%
95% and greater	Maintain initial percentage

Number of age-eligible children in the practice: 10
 Number of age-eligible children assessed: 10

4:3:1:U:U:1:U series goal (initial coverage: 70%)	<input type="text" value="80"/>
4 DTaP goal (initial coverage: 70%)	<input type="text"/>
3 IPV goal (initial coverage: 80%)	<input type="text"/>
1 MMR goal (initial coverage: 80%)	<input type="text"/>
UTD Hib goal (initial coverage: 80%)	<input type="text"/>
UTD HepB goal (initial coverage: 80%)	<input type="text"/>
1 VAR goal (initial coverage: 80%)	<input type="text"/>
UTD PCV goal (initial coverage: 70%)	<input type="text"/>
UTD COVID-19 goal (initial coverage: 40%)	<input type="text"/>
UTD Influenza goal (initial coverage: 40%)	<input type="text"/>
UTD RV goal (initial coverage: 40%)	<input type="text"/>
2 HepA goal (initial coverage: 40%)	<input type="text"/>

FIGURE 32: 12-MONTH COVERAGE GOALS – CHILDHOOD

Adolescent Coverage Goals

The 12-month coverage goals are prepopulated for 1 Tdap, 1 MenACWY, and UTD HPV using the logic in the table below. You may edit these values if different goals are preferred. If desired, you may enter coverage goals for other adolescent doses manually (if other doses were assessed) using the logic in the table below or other logic.

Initial coverage	Suggested coverage goal for 12-month follow-up
0% to 69.99%	Increase by 10 percentage points
70% to 74.99%	Increase to 80%
75% to 89.99%	Increase by 5 percentage points
90% to 94.99%	Increase to 95%
95% and greater	Maintain initial percentage

Number of age-eligible adolescents in the practice: 99

Number of age-eligible adolescents assessed: 99

1 Tdap goal (initial coverage: 99%)	<input type="text" value="99"/>
1 MenACWY goal (initial coverage: 99%)	<input type="text" value="99"/>
UTD HPV goal (initial coverage: 99%)	<input type="text" value="99"/>
UTD COVID-19 goal (initial coverage: 99%)	<input type="text"/>
1 Influenza goal (initial coverage: 99%)	<input type="text"/>
1 HPV goal (initial coverage: 99%)	<input type="text"/>
UTD HepB goal (initial coverage: 99%)	<input type="text"/>
2 MMR goal (initial coverage: 99%)	<input type="text"/>
2 VAR goal (initial coverage: 99%)	<input type="text"/>
2 HepA goal (initial coverage: 99%)	<input type="text"/>
UTD IPV goal (initial coverage: 99%)	<input type="text"/>

FIGURE 33: 12-MONTH COVERAGE GOALS – ADOLESCENT

Older Teen Coverage Goals	
Number of age-eligible older teens in the practice: 44 Number of age-eligible older teens assessed: 44	
UTD COVID-19 goal (initial coverage: 12%)	<input type="text"/>
2 MenACWY goal (initial coverage: 23%)	<input type="text"/>
1 Influenza goal (initial coverage: 34%)	<input type="text"/>
1 MenB goal (initial coverage: 45%)	<input type="text"/>
UTD HPV goal (initial coverage: 56%)	<input type="text"/>
1 Tdap goal (initial coverage: 67%)	<input type="text"/>

FIGURE 34: 12-MONTH COVERAGE GOALS – OLDER TEEN

Site Visit Form

In the **Site Visit** form, the consultant/staff will enter site visit information. The consultant/staff may complete this on their computer during the visit or print a paper of the site visit form (and enter the into the IQIP Database after the visit). The printable IQIP Site Visit Form can be downloaded from the File Repository.

This form provides fields to collect optional notes related to site visit preparation, site visit details and information about the provider staff, and patient lists (**Figure 35**), along with information for the QI strategies that will be implemented (**Figures 39 - 43**). Refer to the IQIP Operations Guide for guidance on entering responses in the **QI Strategies** section. At the end of the form, the consultant/staff will enter the site visit wrap-up and additional (and optional) site visit notes (**Figure 44**). The dates entered in the **Site Visit Wrap-Up** section are automatically copied to the **Synopsis** page. Warning messages will be displayed in the form if the following occur:

1. The site visit date entered does not fall within the selected project year.
2. The planned 2-month check-in date entered is either less than 1 month or more than 3 months after the site visit date.
3. The planned 6-month check-in date entered is either less than 5 months or more than 7 months after the site visit date.
4. The planned 12-month follow-up date entered is either less than 11 months or more than 13 months after the site visit date.

The consultant/staff also have the option to add a customized note for the provider that will show up on the Synopsis page. For instance, the consultant/staff can provide consultant contact information for the provider or other information, such as the date of the upcoming 2-month check-in.

Select **Save & Exit Form** or **Save & Go to Next Form** when finished. If the consultant/staff does not save the data, they will need to re-enter the data.

The screenshot shows a web form titled "Site Visit Details". It contains several sections:

- Optional: Notes relating to site visit preparation, including documentation of scheduling attempts.** (Text area with "Expand" button)
- Method of site visit** (Radio buttons: In-person, Tele-IQIP)
- Date of site visit** (Date picker with "Today" button)
- IQIP consultant who led the site visit** (Dropdown menu)
- Type of site visit** (Radio buttons: IQIP, IQIP and VFC)
- Provider locations represented during the visit** (Radio buttons: This provider location only, This provider location and others from the same multi-site practice or healthcare system)
- Number of provider locations represented during the visit (including this one)** (Text input with "Enter a whole number (no letters)" hint)
- Name of the health system or multi-site practice** (Text input)
- Does the provider have a written vaccination policy?** (Radio buttons: Yes, No)
- Overview of Vaccination Workflow** (Section header)
- Brief notes on vaccination workflow** (Text area with "Expand" button)

FIGURE 35: SITE VISIT – DETAILS

If the site visit date is outside of the current project year, a pop-up warning will appear and subsequent forms will be disabled until the date error is corrected.

The screenshot shows the "Site Visit Details" form with a date picker set to "06-20-2024". A red warning box is displayed below the date field:

INVALID ENTRY! Double-check your site visit date. Site visits for PY6 must take place on or after July 1, 2024, and on or before June 30, 2025. You must correct the invalid date or you will not be able to enter any further data for the provider.

FIGURE 36: SITE VISIT DETAILS – INVALID ENTRY

Provider Staff	
Primary IQIP Contact	
Name * must provide value	<input type="text"/>
Phone * must provide value	<input type="text"/>
Email * must provide value	<input type="text"/>
Immunization-Focused Staff	
Does the provider have an immunization champion? If no, encourage the provider to identify one and make it an action item. * must provide value	<input checked="" type="radio"/> Yes <input type="radio"/> No reset
Name of immunization champion	<input type="text"/>
Does the provider have a QI coordinator? This refers to somebody other than an immunization champion. This refers to somebody who covers quality improvement across subject areas, not just immunization. Sometimes a QI coordinator works out of a specific practice, but oftentimes a QI coordinator works out of corporate headquarters with multiple sites in a health care system. * must provide value	<input type="radio"/> Yes <input type="radio"/> No reset
Site Visit Participants	
How many staff from <u>THIS</u> provider location participated during this IQIP site visit? * must provide value	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 or more reset
Name and title or role of IQIP site visit participants from <u>THIS</u> provider location CDC recommends, <u>and IQIP coordinators may require</u> , this information to assist with record-keeping and follow-up.	<input type="text"/> Expand
Did any representative(s) from the health system management/headquarter level participate? Examples may include health system-level QI coordinator, medical director, etc. * must provide value	<input checked="" type="radio"/> Yes <input type="radio"/> No reset
Name and title or role of IQIP site visit participants from the health system management/headquarter level.	<input type="text"/> Expand
Which option best describes participation during the visit of provider staff <u>responsible for prescribing vaccines</u>? This refers not only to physicians, but also to physician assistants and nurse practitioners. * must provide value	<input checked="" type="radio"/> Participated for the entire IQIP visit <input type="radio"/> Participated only for discussion of coverage levels <input type="radio"/> Participated only for discussion of QI strategies <input type="radio"/> Did not participate reset

FIGURE 37: SITE VISIT – PROVIDER STAFF

Patient Lists

Did this site visit include the review of any patient list(s)? Yes
 No

* must provide value reset

Patient list(s) reviewed Not UTD / missing doses
 Missed opportunities
 Active/inactive patients
 Other

* must provide value

FIGURE 38: SITE VISIT – PATIENT LISTS

QI Strategies---Select At Least Two

Facilitate Return for Vaccination

Summarize this strategy's current implementation status
Information from the walkthrough of the provider's immunization workflow will help to assess current implementation status. Complete this field even if the strategy is not selected.

* must provide value Expand

Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy
Complete this field even if the strategy is not selected.

* must provide value Expand

Was this strategy (Facilitate Return) selected for implementation or improvement? Yes
 No

* must provide value reset

Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)
Brief description.

* must provide value Expand

Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)
Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.

Recommended format for action items:
* Brief description of task [assigned staff: target date]

Example action item:
* Add discussion of patient-scheduling workflow as a standing item for weekly staff meeting [Miguel: 10/14/2023]

* must provide value Expand

FIGURE 39: QI STRATEGIES – FACILITATE RETURN FOR VACCINATION

Leverage IIS Functionality to Improve Immunization Practice	
<p>Summarize this strategy's current implementation status Information from the walkthrough of the provider's immunization workflow will help to assess current implementation status. Complete this field even if the strategy is not selected.</p> <p><small>* must provide value</small></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Expand</p>
<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy Complete this field even if the strategy is not selected.</p> <p><small>* must provide value</small></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Expand</p>
<p>Was this strategy (Leverage IIS) selected for implementation or improvement?</p> <p><small>* must provide value</small></p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p style="text-align: right; font-size: small;">reset</p>
<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.) Brief description.</p> <p><small>* must provide value</small></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Expand</p>
<p>Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide) Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.</p> <p><u>Recommended format for action items:</u> * Brief description of task [assigned staff: target date]</p> <p><u>Example action item:</u> * Demo (using screen-sharing) how to run coverage reports in the IIS during the 2-month check-in call [M. Hilleman (IQIP consultant): 12/1/2023]</p> <p><small>* must provide value</small></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Expand</p>

FIGURE 40: QI STRATEGIES – LEVERAGE IIS FUNCTIONALITY TO IMPROVE IMMUNIZATION PRACTICE

Give a Strong Vaccine Recommendation (Including HPV Vaccine)

Summarize this strategy's current implementation status
 Information from the walkthrough of the provider's immunization workflow will help to assess current implementation status. Complete this field even if the strategy is not selected.
* must provide value

Expand

Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy
 Complete this field even if the strategy is not selected.
* must provide value

Expand

Was this strategy (Strong Recommendation) selected for implementation or improvement?
* must provide value

Yes
 No

reset

Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)
 Brief description.
* must provide value

Expand

Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)
 Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.

Recommended format for action items:
 * Brief description of task [assigned staff: target date]

Example action item:
 * Encourage staff who administer vaccines to install the "HPV Vaccine: Same Way, Same Day" mobile app; verify they have completed the exercises by 2-month check-in [Susan & Miguel: 12/1/2023]

Expand

* must provide value

FIGURE 41: QI STRATEGIES – GIVE A STRONG VACCINE RECOMMENDATION

Strengthen Vaccination Communications

Summarize this strategy's current implementation status
 Information from the walkthrough of the provider's immunization workflow will help to assess current implementation status. Complete this field even if the strategy is not selected.
* must provide value

Expand

Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy
 Complete this field even if the strategy is not selected.
* must provide value

Expand

Was this strategy (Strengthen Vax Comms) selected for implementation or improvement?

Yes
 No

* must provide value reset

Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)
 Brief description.
* must provide value

Expand

Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)
 Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.

Recommended format for action items:
* Brief description of task [assigned staff: target date]

Example action item:
* Include a reputable vaccine resource in every quarterly newsletter mailing [Peter and June: 11/15/2023]

* must provide value

Expand

FIGURE 42: QI STRATEGIES – STRENGTHEN VACCINATION COMMUNICATIONS

Custom QI Strategy

Did you cover a custom QI strategy during the site visit? Yes
 No
* must provide value reset

Provide a short name for the custom strategy
* must provide value

Summarize this strategy's current implementation status
 Information from the walkthrough of the provider's immunization workflow will help to assess current implementation status. Complete this field even if the strategy is not selected.
* must provide value Expand

Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy
 Complete this field even if the strategy is not selected.
* must provide value Expand

Was this strategy (____) selected for implementation or improvement? Yes
 No
* must provide value reset

Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)
 Brief description.
* must provide value Expand

Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)
 Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.

Recommended format for action items:
 * Brief description of task [assigned staff: target date]

* must provide value Expand

FIGURE 43: QI STRATEGIES – CUSTOM QI STRATEGIES

Site Visit Wrap-Up

ENCOURAGE PROVIDER STAFF TO COMPLETE THE FOLLOWING ACTION ITEMS AT THEIR NEXT STAFF MEETING:

- * Introduce colleagues to IQIP and describe the year-long IQIP cycle
- * Review initial coverage reports, selected IQIP strategies, and roles/workflows to support implementation
- * Select---or introduce, if already selected---an immunization champion or QI coordinator, and describe their role

Date planned for 2-month check-in

Discuss with provider.

* must provide value

M-D-Y

Optional: Time planned for 2-month check-in on _____

Discuss with provider.

H:M

Date planned for 6-month check-in

Discuss with provider.

* must provide value

M-D-Y

Optional: Time planned for 6-month check-in on _____

Discuss with provider.

H:M

Date planned for 12-month follow-up

Discuss with provider.

* must provide value

M-D-Y

Optional: Time planned for 12-month follow-up _____

Discuss with provider.

H:M

How much time was devoted to IQIP during this site visit?

Only account for time devoted to IQIP specifically. For example, if this is an IQIP-VFC combined visit, count only the IQIP portion.

* must provide value

- Less than 1 hour
 1 hour to less than 1.5 hours
 1.5 hours to less than 2 hours
 2 hours to less than 3 hours
 3 hours or more

reset

Additional site visit notes

Expand

Click 'Yes' to add a customized note for the provider to the top of the Synopsis page (e.g., consultant contact information).

Otherwise, leave blank.

Yes

The text you enter here will show up next to the consultant name on the top of the Synopsis page.

Expand

FIGURE 44: SITE VISIT WRAP-UP

Check-In (2-Month) Form

In the **Check-In (2-Month)** form, the consultant/staff will enter optional notes related to 2-month check-in preparation, indicate if the provider is lost to follow-up, and enter 2-month check-in call details (**Figure 45**). The consultant will have the option to select if the check-in did not occur because of the provider's availability, update information for the QI strategies that will be implemented (**Figures 46 & 47**) and include any additional check-in notes (**Figure 48**). A warning message will be displayed in the form if the 2-month check-in date entered is either less than 1 month or more than months after the site visit date. Refer to the IQIP Operations Guide for guidance on entering responses in the **QI Strategies** section. Select **Save & Exit Form** or **Save & Go To Next Form** when finished. If the consultant/staff does not save the data, they will need to re-enter the data.

Tip: The consultant/staff can right-click on the dashboard to open the **Synopsis** and **Notes** pages in different tabs (or, if the consultant/staff have two monitors, they can open them in separate windows) so that they can view the Notes and Synopsis while entering data during the check-in and follow-up calls. This will allow the consultant/staff to look at each action item in the Strategy Implementation Plan (within the Synopsis page) while on the call, so they can reference the Plan while asking the provider to give status updates. The consultant/staff can then type the provider answers in the other monitor or tab.

Note: The **Check-In (2-Month)** form is only applicable if **IQIP** has been selected as the type of QI being reported in the **Initiation and Initial Coverage** form.

Check-In (2-Month)

Editing existing VFC PIN **WLW11121**. Dr. John Watson & Associate --- London, Sherlock County WW ()

VFC PIN WLW11121

2 Month Check-In Prep

Optional: Notes relating to 2-month check-in preparation, including documentation of scheduling attempts. Expand

Lost to Follow-Up at 2 Months

Is this provider lost to follow-up?
 Answer "yes" only if one of the following applies:
 - Provider location has closed
 - Provider has merged with another location
 - Provider no longer participates in the VFC Program
 - Provider has opted out of further IQIP engagement
 - Consultant has made documented attempts to contact the provider by phone and e-mail on at least four separate occasions over a four-week period and received no response
 * must provide value

Yes No reset

Optional: Was the check-in not completed because of the provider's lack of availability?
 Yes No reset

2-Month Check-In Call Details

Date of 2-month check-in call
 * must provide value Today M-D-Y

IQIP consultant who led the call
 * must provide value ▼

Does the provider have an immunization champion?
 If no, encourage the provider to identify one and make it an action item.
 * must provide value reset

Yes No

Does the provider have a written vaccination policy?
 * must provide value reset

Yes No

Name and title or role of call participants from this provider location
 CDC recommends, and IQIP coordinators may require, this information to assist with record-keeping and follow-up. Expand

FIGURE 19: 2-MONTH CHECK-IN – CALL DETAILS

2-Month Check-In Call Details

Date of 2-month check-in call Today M-D-Y
* must provide value

WARNING! Double-check your 2-month check-in date. The date you entered is either less than 1 month or more than 5 months after the site visit date (07-05-2024). If it is more than 5 months save 2-month check-in as incomplete and enter the data as the 6-month check-in instead.

FIGURE 20: 2-MONTH CHECK-IN – CALL DETAILS

QI Strategies	
Facilitate Return for Vaccination	
<p>Summarize this strategy's current implementation status Brief summary. Consultants do not need to record every detail that they noted from the site visit but can instead highlight aspects of the implementation status that are noteworthy or have changed since then.</p> <p>* must provide value</p>	<div style="border: 1px solid gray; height: 50px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Implementation status at site visit ----- Practice has new scheduling system. MAs write note about upcoming appointment in chart. Checkout staff review the notes and schedule with parents at checkout. Patients receive appointment cards at checkout.</p>	
<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy Brief summary.</p> <p>* must provide value</p>	<div style="border: 1px solid gray; height: 50px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Gaps/limitations/opportunities at site visit ----- Sometimes parents don't have time to schedule before leaving. No reminders set up.</p>	
<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.) Brief description.</p> <p>* must provide value</p>	<div style="border: 1px solid gray; height: 50px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Technical assistance delivered at site visit ----- Brainstormed opportunities for including reminders using new scheduling system or sending reminder postcards. Role played phrases for ensuring parents make appointments before leaving</p>	
<p>Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide) Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.</p> <p><u>Recommended format for action items:</u> * Brief description of task [assigned staff; target date]</p> <p><u>Example action item:</u> * Add discussion of patient-scheduling workflow as a standing item for weekly staff meeting [Miguel: 12/14/2023]</p> <p>* must provide value</p>	<div style="border: 1px solid gray; height: 50px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Action items assigned at site visit ----- Dick will review scheduling software limitations and features to see if they can set up text reminders using the new software by April. During next month's staff training, Matilda will train front desk staff on ACIP schedule guidelines and how to encourage all parents to make appointments before leaving.</p>	

FIGURE 46: 2-MONTH CHECK-IN – QI STRATEGIES

Leverage IIS Functionality to Improve Immunization Practice

Summarize this strategy's current implementation status
 Brief summary. Consultants do not need to record every detail that they noted from the site visit but can instead highlight aspects of the implementation status that are noteworthy or have changed since then.

* must provide value

Expand

For reference: Implementation status at site visit

 Changes in staffing have led to lapse in data entry to the IIS. New EHR may allow for integration.

Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy
 Brief summary.

* must provide value

Expand

For reference: Gaps/limitations/opportunities at site visit

 Regular direct data entry stalled by staff disruptions so there's an opportunity to integrate EHR with IIS.

Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)
 Brief description.

* must provide value

Expand

For reference: Technical assistance delivered at site visit

 Set up appointment for practice IT to talk with state IIS staff. Provided IIS handouts.

Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)
 Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.

Recommended format for action items:
 * Brief description of task [assigned staff; target date]

Example action item:
 * Demo (using screen-sharing) how to run coverage reports in the IIS during the 6-month check-in call [M. Hilleman (IQIP consultant): 4/1/2022]

* must provide value

Expand

For reference: Action items assigned at site visit

 Jolene will talk with IT and EHR provider about capabilities for integration before two month check in. Mac will assign roles for regular submission of IIS data.

FIGURE 47: 2-MONTH CHECK-IN – QI STRATEGIES – LEVERAGE IIS FUNCTIONALITY TO IMPROVE IMMUNIZATION PRACTICE

2-Month Check-In Wrap-Up

ENCOURAGE PROVIDER STAFF TO COMPLETE THE FOLLOWING ACTION ITEMS AT THEIR NEXT STAFF MEETING:

- * Summarize the 2-month check-in, and review progress toward implementation of selected IQIP strategies
- * Adjust staff roles and refine clinic workflows as appropriate

Additional 2-month check-in notes



Expand

Reminder: The 6-month check-in call is scheduled for
Return to the Site Visit page to update this scheduled date, if needed.

Click 'Yes' to add a customized note for the provider to the top of the Synopsis page (e.g., consultant contact information).
Otherwise, leave blank.



Yes

The text you enter here will show up next to the consultant name on the top of the Synopsis page.



Expand

FIGURE 21: 2-MONTH CHECK-IN WRAP-UP

Check-In (6-Month) Form

For the 6-month check-in form, the consultant will enter optional notes relating to 6-month check-in preparation and indicate if the provider is lost to follow-up. Consultants will have the option to select whether the check-in was not completed because of provider availability. If “conduct an optional 6-Month coverage assessment” was selected on the **Initiation and Initial Coverage** form, the consultant will enter data into the 6-month coverage assessment details (**Figure 49**), parameters and results sections for childhood (**Figures 50 & 51**), adolescent (**Figures 52 & 53**), and optional older teen (if applicable) (**Figure 54**), and the optional Coverage Assessment Notes section (**Figure 55**) in the **Check-In (6-Month)** form. Warning messages will be displayed in the form if the following occur:

1. The 6-month assessment method selected does not match the initial coverage method selected.
2. The 6-month assessment “as of” date entered is either less than 5 months or more than 7 months after the initial assessment “as of” date.
3. The number of age-eligible patients assessed exceeds the total number of age-eligible patients in the practice for any age cohorts assessed (i.e., childhood, adolescent, or older teen).

Suppose the optional 6-month coverage assessment was selected, but the consultant or the provider no longer wants to review coverage at the time of the check-in. In that case, the consultant/staff can return to the initiation and initial coverage page, reset that question, and select “no.”

If the consultant/staff did not select to conduct an optional 6-Month coverage assessment in the **Initiation and Initial Coverage** form, then the coverage assessment sections will be suppressed, and the consultant/staff will only enter data into the 6-Month Check-In Call Details (**Figure 56**), QI Strategies (**Figures 57 & 58**), and Check-In Wrap-Up sections (**Figure 59**). Refer to the IQIP Operations Guide for guidance on entering responses in the **QI Strategies** section. Select **Save & Exit Form** or **Save & Go To Next Form** when finished. If the consultant/staff does not save the data, they will need to re-enter the data.

Tip: The consultant/staff can right-click on the dashboard to open the **Synopsis** and **Notes** pages in different tabs (or, if the consultant/staff have two monitors, they can open them in separate windows) so that the consultant/staff can view the Notes and Synopsis while entering data during the check-in and follow-up calls. This will, for instance, allow the consultant/staff to look at each action item in the Strategy Implementation Plan (within the Synopsis page) while on the call, so they can reference the Plan while asking the provider to give status updates. The consultant/staff can then type the provider answers in the other monitor or tab.

Note: The **Check-In (6-Month)** form is only applicable if **IQIP** was selected as the type of QI being reported in the **Initiation and Initial Coverage** form and “no” was selected as the answer to the lost to follow-up question of the 2-month check-in form.

Check-In (6-Month)

Editing existing VFC PIN **WLW11121**. Dr. John Watson & Associate --- London, Sherlock County WW ()

VFC PIN WLW11121

6-Month Check-In Prep

Optional: Notes relating to 6-month check-in preparation, including documentation of scheduling attempts.

Expand

Lost to Follow-Up at 6 Months

Is this provider lost to follow-up?
Answer "yes" only if one of the following applies:

- Provider location has closed
- Provider has merged with another location
- Provider no longer participates in the VFC Program
- Provider has opted out of further IQIP engagement
- Consultant has made documented attempts to contact the provider by phone and e-mail on at least four separate occasions over a four-week period and received no response

* must provide value

Yes
 No

reset

Optional: Was the check-in not completed because of the provider's lack of availability?

Yes
 No

reset

6-Month Coverage Assessment Details

Coverage assessment performed by

Awardee
 Provider
 Awardee and provider together

reset

Method of coverage assessment
Use the same method used for the initial assessment

Awardee IIS platform
 IIS integration software (e.g., SMaRT AFIX or AFIX Product)
 CoCASA with IIS data
 Provider EHR
 Chart-pull

reset

FIGURE 49: 6-MONTH CHECK-IN PREP, LOST TO FOLLOW-UP, AND COVERAGE ASSESSMENT DETAILS

6-Month Coverage Assessment Parameters---Childhood

Childhood Assessment Details

Use the assessment parameters below to match those used for the initial assessment.

Age range evaluated: 24-35 months
Patients evaluated at: 24 months (2nd birthday)

Childhood 6-month assessment "as of" date

* must provide value

Today M-D-Y
Date assessment performed, unless earlier "as of" date chosen

FIGURE 50: 6-MONTH COVERAGE ASSESSMENT PARAMETERS – CHILDHOOD

6-Month Coverage Assessment Results—Childhood	
Total number of age-eligible childhood patients in the practice * must provide value	<input type="text" value="10"/>
Number of age-eligible childhood patients assessed * must provide value	<input type="text" value="10"/>
Enter the childhood coverage percentage assessed for the following vaccine doses:	
4:3:1:U:U:1:U series U = UTD * must provide value	<input type="text"/>
4 DTaP * must provide value	<input type="text"/>
3 IPV * must provide value	<input type="text"/>
1 MMR * must provide value	<input type="text"/>
UTD Hib * must provide value	<input type="text"/>
UTD HepB * must provide value	<input type="text"/>
1 VAR * must provide value	<input type="text"/>
UTD PCV * must provide value	<input type="text"/>
UTD COVID-19	<input type="text"/>
UTD Influenza Recommended: measure coverage for the previous complete influenza season.	<input type="text"/>
UTD RV	<input type="text"/>
2 HepA	<input type="text"/>

FIGURE 51: 6-MONTH COVERAGE ASSESSMENT RESULTS – CHILDHOOD

6-Month Coverage Assessment Parameters---Adolescent

Adolescent Assessment Details

Use the assessment parameters below to match those used for the initial assessment.

Age range evaluated: 13 years
Patients evaluated at: 13th birthday

Adolescent 6-month assessment "as of" date
 M-D-Y

* must provide value
 Date assessment performed, unless earlier "as of" date chosen

FIGURE 52: 6-MONTH COVERAGE ASSESSMENT RESULTS – ADOLESCENT

6-Month Coverage Assessment Results---Adolescent

Total number of age-eligible adolescent patients in the practice	<input type="text"/>
<small>* must provide value</small>	
Number of age-eligible adolescent patients assessed	<input type="text"/>
<small>* must provide value</small>	
Enter the adolescent coverage percentage assessed for the following vaccine doses:	
1 Tdap	<input type="text"/>
<small>* must provide value</small>	
1 MenACWY	<input type="text"/>
<small>* must provide value</small>	
UTD HPV	<input type="text"/>
<small>* must provide value</small>	
1 Influenza <small>Recommended: measure coverage for the previous complete influenza season.</small>	<input type="text"/>
1 HPV	<input type="text"/>
UTD HepB	<input type="text"/>
2 MMR	<input type="text"/>
2 VAR	<input type="text"/>
2 HepA	<input type="text"/>
UTD IPV	<input type="text"/>

FIGURE 22: 6-MONTH COVERAGE ASSESSMENT – ADOLESCENT

6-Month Coverage Assessment Parameters---Older Teen

Older Teen Assessment Details

Use the assessment parameters below to match those used for the initial assessment.

Age range evaluated: 17 years
Patients evaluated at: 17th birthday

Older teen 6-month assessment "as of" date
 Today M-D-Y
* must provide value
Date assessment performed, unless earlier "as of" date chosen

6-Month Coverage Assessment Results---Older Teen

Total number of age-eligible older teen patients in the practice
* must provide value

Number of age-eligible older teen patients assessed
* must provide value

Enter the older teen coverage percentage assessed for the following vaccine doses:

2 MenACWY	<input type="text"/>
1 Influenza <small>Recommended: measure coverage for the previous complete influenza season.</small>	<input type="text"/>
1 MenB	<input type="text"/>
UTD HPV	<input type="text"/>
1 Tdap	<input type="text"/>

FIGURE 54: 6-MONTH COVERAGE ASSESSMENT PARAMETERS AND RESULTS – OLDER TEEN

Coverage Assessment Notes

6-month coverage assessment notes
This is optional but may be useful for future reference. Notes from all forms are automatically compiled in the "Notes" instrument.

Expand

FIGURE 55: 6-MONTH COVERAGE ASSESSMENT NOTES

6-Month Check-In Call Details	
Date of 6-month check-in call * must provide value	<input type="text"/> Today M-D-Y
IQIP consultant who led the call * must provide value	<input type="text" value="▼"/>
Does the provider have an immunization champion? If no, encourage the provider to identify one and make it an action item. * must provide value	<input type="radio"/> Yes <input type="radio"/> No
Does the provider have a written vaccination policy? * must provide value	<input type="radio"/> Yes <input type="radio"/> No
Name and title or role of all call participants from this provider location CDC recommends, <u>and IQIP coordinators may require</u> , this information to assist with record-keeping and follow-up.	<input type="text"/>

reset

reset

Expand

FIGURE 56: 6-MONTH CHECK-IN CALL DETAILS

QI Strategies

Facilitate Return for Vaccination

Summarize this strategy's current implementation status
Brief summary. Consultants do not need to record every detail that they noted from the 2-month check-in but can instead highlight aspects of the implementation status that are noteworthy or have changed since then.

* must provide value

Expand

For reference: Implementation status at 2-month check-in

Meeting set up with scheduling software vendor. Front desk staff trained on new script for checkout.

Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy
Brief summary.

* must provide value

Expand

For reference: Gaps/limitations/opportunities at 2-month check-in

Postcards purchased but no process in place.

Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)
Brief description.

* must provide value

Expand

For reference: Technical assistance delivered at 2-month check-in

Consultant reviewed best practices for implementing reminder letters/postcards.

Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)
Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.

Recommended format for action items:
* Brief description of task [assigned staff; target date]

Example action item:
* Add discussion of patient-scheduling workflow as a standing item for weekly staff meeting [Miguel: 4/14/2023]

* must provide value

Expand

For reference: Action items assigned at 2-month check-in

Wally will set up procedure for sending reminder postcards by 7/31.
Dick will set up text reminders once trained by scheduling software vendor by 6/14.

FIGURE 57: QI STRATEGIES

Leverage IIS Functionality to Improve Immunization Practice	
<p>Summarize this strategy's current implementation status Brief summary. Consultants do not need to record every detail that they noted from the 2-month check-in but can instead highlight aspects of the implementation status that are noteworthy or have changed since then.</p> <p><i>* must provide value</i></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Implementation status at 2-month check-in ----- EHR is capable of integration with state IIS.</p>	
<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy Brief summary.</p> <p><i>* must provide value</i></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Gaps/limitations/opportunities at 2-month check-in ----- Jolene working with IT and state IIS to smooth out issues.</p>	
<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.) Brief description.</p> <p><i>* must provide value</i></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Technical assistance delivered at 2-month check-in ----- Demonstrated data quality checks that Jolene can do.</p>	
<div style="border: 2px solid orange; padding: 5px;"> <p>Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide) Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.</p> <p><u>Recommended format for action items:</u> * Brief description of task [assigned staff: target date]</p> <p><u>Example action item:</u> * Demo (using screen-sharing) how to run coverage reports in the IIS during the 6-month check-in call [M. Hilleman (IQIP consultant): 10/1/2022]</p> <p><i>* must provide value</i></p> </div>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>For reference: Action items assigned at 2-month check-in ----- Jolene will setup monitoring plan.</p>	

FIGURE 58: 6-MONTH CHECK-IN QI STRATEGIES

6-Month Check-In Wrap-Up

ENCOURAGE PROVIDER STAFF TO COMPLETE THE FOLLOWING ACTION ITEMS AT THEIR NEXT STAFF MEETING:

- * Summarize the 6-month check-in, and review progress toward implementation of selected IQIP strategies
- * Adjust staff roles and refine clinic workflows as appropriate

Additional 6-month check-in notes



Expand

Reminder: The 12-month follow-up call is scheduled for
Return to the Site Visit page to update this scheduled date, if needed.

Click 'Yes' to add a customized note for the provider to the top of the Synopsis page (e.g., consultant contact information).
Otherwise, leave blank.



Yes

The text you enter here will show up next to the consultant name on the top of the Synopsis page.



Expand

FIGURE 23: 6-MONTH CHECK-IN WRAP-UP

Follow-Up (12-Month) Form

In the **Follow-Up (12-Month)** form, the consultant/staff will enter optional notes relating to 12-month follow-up preparation, indicate if the provider is lost to follow-up, and indicate if electronic data are available for a 12-month assessment (**Figure 60**). If yes, the consultant/ staff will enter 12-Month coverage assessment details (**Figure 60**), parameters and results for childhood (**Figure 61**), adolescent (**Figure 62**), and older teen (if applicable) (**Figure 63**). The consultant/staff will also enter coverage assessment notes and 12-Month follow-up call details (**Figure 64**), information for the QI strategies (**Figures 65 & 66**) that were implemented, and additional follow-up notes (**Figure 67**). Warning messages will be displayed in the form if the following occur:

1. The 12-month assessment method selected does not match the initial coverage method selected.
2. The 12-month assessment “as of” date entered is either less than 11 months or more than 13 months after the initial assessment “as of” date.
3. The number of age-eligible patients assessed exceeds the total number of age-eligible patients in the practice for any age cohort assessed (i.e., childhood, adolescent, or older teen).

Refer to the IQIP Operations Guide for guidance on entering responses in the **QI Strategies** section. Select **Save & Exit Form** or **Save & Go To Next Form** when finished. If the consultant/staff does not save the data, they will need to re-enter data.

Tip: The consultant/staff can right-click on the dashboard to open the **Synopsis** and **Notes** pages in different tabs (or, if the consultant/staff have two monitors, they can open them in separate windows) so that they can view the Notes and Synopsis while entering data during the check-in and follow-up calls. This will, for instance, allow the consultant/staff to look at each action item in the Strategy Implementation Plan (within the Synopsis page) while on the call, so they can reference the Plan while asking the provider to give status updates. The consultant/staff can then type the provider answers in the other monitor or tab.

Note: The **Follow-Up (12-Month)** form is only applicable if **IQIP** was selected as the type of QI being reported in the **Initiation and Initial Coverage** form.

12-Month Follow-Up Prep

Optional: Notes relating to 12-month follow-up preparation, including documentation of scheduling attempts. Expand

Lost to Follow-Up at 12 Months

Is this provider lost to follow-up?
Answer "yes" only if one of the following applies:

- Provider location has closed
- Provider has merged with another location
- Provider no longer participates in the VFC Program
- Provider has opted out of further IQIP engagement
- Consultant has made documented attempts to contact the provider by phone and e-mail on at least four separate occasions over a four-week period and received no response

Yes
 No reset

12-Month Coverage Assessment Details

Is IIS or EHR data available to generate coverage without a manual chart review? reset

* must provide value

Yes
 No

Coverage assessment performed by reset

* must provide value

Awardee
 Provider
 Awardee and provider together

Method of coverage assessment reset

Use the same method used for the initial assessment

* must provide value

Awardee IIS platform
 IIS integration software (e.g., SMaRT AFIX or AFIX Product)
 CoCASA with IIS data
 Provider EHR
 Chart-pull

FIGURE 60: 12-MONTH COVERAGE ASSESSMENT DETAILS

12-Month Coverage Assessment Results---Childhood	
Total number of age-eligible childhood patients in the practice * must provide value	<input type="text" value="10"/>
Number of age-eligible childhood patients assessed * must provide value	<input type="text" value="10"/>
Enter the childhood coverage percentage assessed for the following vaccine doses:	
4:3:1:U:U:1:U series U = UTD * must provide value	<input type="text"/>
4 DTaP * must provide value	<input type="text"/>
3 IPV * must provide value	<input type="text"/>
1 MMR * must provide value	<input type="text"/>
UTD Hib * must provide value	<input type="text"/>
UTD HepB * must provide value	<input type="text"/>
1 VAR * must provide value	<input type="text"/>
UTD PCV * must provide value	<input type="text"/>
UTD COVID-19	<input type="text"/>
UTD Influenza Recommended: measure coverage for the previous complete influenza season (i.e., July 1, 2022 - June 30, 2023).	<input type="text"/>
UTD RV	<input type="text"/>
2 HepA	<input type="text"/>

FIGURE 61: 12-MONTH COVERAGE ASSESSMENT – CHILDHOOD

12-Month Coverage Assessment Parameters---Adolescent

Adolescent Assessment Details

Use the assessment parameters below to match those used for the initial assessment.

Age range evaluated: 13 years
 Patients evaluated at: 13th birthday

Adolescent 12-month assessment "as of" date (H) Today M-D-Y
* must provide value 🗨 Date assessment performed, unless earlier "as of" date chosen

12-Month Coverage Assessment Results---Adolescent

Total number of age-eligible adolescent patients in the practice (H)
* must provide value 🗨

Number of age-eligible adolescent patients assessed (H)
* must provide value 🗨

Enter the adolescent coverage percentage assessed for the following vaccine doses:

1 Tdap <small>* must provide value</small>	(H) <input type="text"/> <small>🗨</small>
1 MenACWY <small>* must provide value</small>	(H) <input type="text"/> <small>🗨</small>
UTD HPV <small>* must provide value</small>	(H) <input type="text"/> <small>🗨</small>
UTD COVID-19	(H) <input type="text"/> <small>🗨</small>
1 Influenza Recommended: measure coverage for the previous complete influenza season (i.e., July 1, 2022 - June 30, 2023).	(H) <input type="text"/> <small>🗨</small>
1 HPV	(H) <input type="text"/> <small>🗨</small>
UTD HepB	(H) <input type="text"/> <small>🗨</small>
2 MMR	(H) <input type="text"/> <small>🗨</small>
2 VAR	(H) <input type="text"/> <small>🗨</small>
2 HepA	(H) <input type="text"/> <small>🗨</small>
UTD IPV	(H) <input type="text"/> <small>🗨</small>

FIGURE 62: 12-MONTH COVERAGE ASSESSMENT – ADOLESCENT

12-Month Coverage Assessment Parameters---Older Teen	
Older Teen Assessment Details	
Use the assessment parameters below to match those used for the initial assessment.	
Age range evaluated: 17 years Patients evaluated at: 17th birthday	
Older Teen 12-month assessment "as of" date <small>* must provide value</small>	<input type="text"/> <input type="button" value="Today"/> M-D-Y <small>Date assessment performed, unless earlier "as of" date chosen</small>
12-Month Coverage Assessment Results---Older Teen	
Total number of age-eligible older teen patients in the practice <small>* must provide value</small>	<input type="text"/>
Number of age-eligible older teen patients assessed <small>* must provide value</small>	<input type="text" value="40"/>
Enter the older teen coverage percentage assessed for the following vaccine doses:	
2 MenACWY	<input type="text"/>
UTD COVID-19	<input type="text"/>
1 Influenza <small>Recommended: measure coverage for the previous complete influenza season (i.e., July 1, 2022 - June 30, 2023).</small>	<input type="text"/>
1 MenB	<input type="text"/>
UTD HPV	<input type="text"/>
1 Tdap	<input type="text"/>

FIGURE 63: 12-MONTH COVERAGE ASSESSMENT – OLDER TEEN

Coverage Assessment Notes

12-month assessment notes
 This is optional but may be useful for future reference. Notes from all forms are automatically compiled in the "Notes" instrument.

Expand

12-Month Follow-Up Call Details

Date of 12-month follow-up
* must provide value

31

IQIP consultant who led the call

▼

Does the provider have an immunization champion?
 If no, encourage the provider to identify one and make it an action item.
* must provide value

Yes
 No

Does the provider have a written vaccination policy?
* must provide value

Yes
 No

Name and title or role of all call participants from this provider location
 CDC recommends, and IQIP coordinators may require, this information to assist with record-keeping and follow-up.

Expand

FIGURE 64: 12-MONTH FOLLOW-UP COVERAGE ASSESSMENT NOTES AND CALL DETAILS

QI Strategies	
Facilitate Return for Vaccination	
<p>Summarize this strategy's current implementation status (and discuss with the provider the progress observed over the past 12 months)</p> <p>Brief summary. Consultants do not need to record every detail that they noted from the 6-month check-in but can instead highlight aspects of the implementation status that are noteworthy or have changed since then.</p> <p><small>* must provide value</small></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 60px; margin-top: 10px;"></div> <div style="text-align: right;"><small>Expand</small></div>
<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy</p> <p>Brief summary.</p> <p><small>* must provide value</small></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 60px; margin-top: 10px;"></div> <div style="text-align: right;"><small>Expand</small></div>
<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.) and plans for sustainable implementation</p> <p>Brief description.</p> <p><small>* must provide value</small></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 60px; margin-top: 10px;"></div> <div style="text-align: right;"><small>Expand</small></div>
<p>Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)</p> <p>Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.</p> <p><u>Recommended format for action items:</u> <small>* Brief description of task [assigned staff; target date]</small></p> <p><u>Example action item:</u> <small>* Add discussion of patient-scheduling workflow as a standing item for weekly staff meeting [Miguel: 10/14/2023]</small></p> <p><small>* must provide value</small></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 60px; margin-top: 10px;"></div> <div style="text-align: right;"><small>Expand</small></div>

FIGURE 65: 12-MONTH FOLLOW-UP QI STRATEGIES

Leverage IIS Functionality to Improve Immunization Practice	
<p>Summarize this strategy's current implementation status (and discuss with the provider the progress observed over the past 12 months)</p> <p>Brief summary. Consultants do not need to record every detail that they noted from the 6-month check-in but can instead highlight aspects of the implementation status that are noteworthy or have changed since then.</p> <p><i>* must provide value</i></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> <div style="text-align: right;">Expand</div>
<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy</p> <p>Brief summary.</p> <p><i>* must provide value</i></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> <div style="text-align: right;">Expand</div>
<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.) and plans for sustainable implementation</p> <p>Brief description.</p> <p><i>* must provide value</i></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> <div style="text-align: right;">Expand</div>
<p>Describe action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)</p> <p>Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.</p> <p><u>Recommended format for action items:</u> * Brief description of task [assigned staff: target date]</p> <p><u>Example action item:</u> * Demo (using screen-sharing) how to run coverage reports in the IIS during the 6-month check-in call [M. Hilleman (IQIP consultant): 12/8/2023]</p> <p><i>* must provide value</i></p>	<div style="text-align: right;">   </div> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> <div style="text-align: right;">Expand</div>

FIGURE 246: 12-MONTH FOLLOW-UP QI STRATEGIES – LEVERAGE IIS FUNCTIONALITY TO IMPROVE IMMUNIZATION PRACTICE

12-Month Follow-Up Wrap-Up

ENCOURAGE PROVIDER STAFF TO COMPLETE THE FOLLOWING ACTION ITEMS AT THEIR NEXT STAFF MEETING:

- * Evaluate implementation status of selected IQIP strategies
- * Refine roles and workflows to support sustained improvement

Additional 12-month follow-up notes



Expand

Click 'Yes' to add a customized note for the provider to the top of the Synopsis page (e.g., consultant contact information).
Otherwise, leave blank.



Yes

The text you enter here will show up next to the consultant name on the top of the Synopsis page.



Expand

FIGURE 67: 12-MONTH FOLLOW-UP WRAP-UP

Synopsis Page

The **Synopsis page** concisely summarizes awardee and provider contact information, strategies selected, the Strategy Implementation Plan, dates of check-ins and follow-up, and coverage data (including baseline, goals, and follow-up). Coverage tables on the Synopsis page now exclude rows for optional vaccines if no optional vaccine coverages have been reported. Refer to the IQIP Operations Guide for guidance on interpreting the year-over-year (YOY) column data in the coverage summary vaccination tables. An up-to-date IQIP Synopsis (and the Strategy Implementation Plan within it) can be saved as a PDF or printed and shared with the provider after each step of the IQIP cycle.

1. If the consultant/staff wish, they can share the **Synopsis page** with the provider after each visit and call, so they have a record of what was covered and what their action items are. To do this, highlight the information on the **Synopsis page** starting with "IQIP Status" at the top and ending at the bottom, above the yellow bar labeled "Form Status." Once highlighted, right-click anywhere on the highlighted area and select "Print" to print it or save it as a PDF to share with the provider.
2. Alternatively, if the consultant/staff would like to format or edit the IQIP Synopsis before sharing it, they can highlight the information on the page starting with "IQIP Status" at the top and ending at the bottom, above the yellow bar labeled "Form Status." Once highlighted, copy and paste it into a blank Word document (with or without the program's logo/letterhead).
 - a. To make it look nicer, scroll to the top left of the content the consultant/staff just pasted and click on the square with the "+" in the middle of it (it appears when they hover their mouse near the top left). This will highlight everything the consultant/staff just pasted. Click on **Layout** in the **Table Tools** ribbon at the top of Word. Then click "AutoFit" and select the "AutoFit Contents" option. Now the full table fits on the page nicely.
 - b. With the entire table still highlighted, the consultant/staff can also click **Design** in the **Table Tools** ribbon and then click on the pulldown menu labeled **Shading** and select No color. Now the pasted content no longer has a grey background.

Notes Page

The **Notes** page is a compilation of all the text fields and notes entered in the IQIP Database's various sections for a specific provider record. Its primary purpose is for IQIP consultants to review provider IQIP data while preparing for check-in and follow-up calls. This section may also be shared with providers (using the formatting methods described for the Synopsis page above).

Reports

The IQIP Database includes multiple reports that the consultant/staff can view in the **Reports** section of the project navigation pane (**Figure 68**). Each Report can be viewed within a browser or exported into

various formats (e.g., CSV, Excel, SAS, R). To export, at the top of the window, click on **Export Report**, select the preferred file format, and open the exported file. (Most commonly, users will choose **CSV/Microsoft Excel (raw data)**). Now the data can be sorted, filtered, and manipulated more efficiently.

Some reports take time to load and render in the browser window. If the consultant/staff know they will not be viewing a report in the browser window, they can export it more quickly by clicking on **Data Exports, Reports, and Stats** link under the **Applications** section of the project navigation pane.

For contextual information about report data, consult the **IQIP Database codebook** by clicking the **Codebook** button on the **Project Home** page. Reports give numbers for multiple choice answers, for example, and the codebook helps determine which answer each number represents (e.g., 0, incomplete; 1, unverified; 2, complete).



FIGURE 68: REPORTS NAVIGATION PANE

1. **All Essential Data:** Comprehensive report of all data elements for provider location records. It includes all essential data.
2. **Initiated:** Report of IQIP and Alternate QI provider location records for which data entry (i.e., record initiation) has begun.
3. **Initiated But Not Complete:** Report of IQIP provider location records for which data entry (i.e., record initiation) has begun but the cycle is not complete (check-ins or follow-up still due).
4. **PY6 Requirements Met:** Report of IQIP and Alternate QI providers for which PY6 requirements are met. (i.e., for IQIP, initiation and initial coverage and site visit forms are saved as complete. For alternate QI, initiation and initial coverage form is saved as complete.)
5. **Complete:** Report of IQIP and Alternate QI provider location records where all required forms are saved as complete.
6. **Uninitiated:** Report of provider location records for which data entry (i.e., record initiation) has not begun.
7. **Coverage Assessment Details:** Report displays the date, age range, and “evaluated at” information for all initial coverage assessments for which the “Initiation and Initial Coverage” form is saved as complete. The report also indicates the assessment method used (e.g., IIS or CoCASA) and the number of patients assessed.
8. **Walkthrough Notes:** Report includes the notes taken from the “walkthrough” of the provider’s vaccination workflow that should occur at the start of each IQIP site visit.
9. **Site Visit Participants:** Report includes fields describing provider staff participation in the IQIP site visit for both single-site and multi-site visits.
10. **Selected Strategies:** Report generates data summarizing which (and how many) strategies were selected during all site visits saved as “complete.” The report identifies whether or not a custom strategy was presented during the site visit and, if so, the name of the custom strategy and whether or not it was selected.
11. **Action Items:** Report includes all action items entered at each step of the IQIP process for each strategy. The report also indicates which strategies were selected for implementation/improvement on the site visit and which were not. Only providers with a site visit saved as “complete” will appear.
12. **TA Provided:** Report includes all data entered that describes technical assistance (TA) provided at each step of the IQIP process. The report also indicates which strategies were selected for implementation/improvement on the site visit and which were not. Only providers with a site visit marked as “complete” will appear.
13. **Status Tracker—IQIP:** Report of provider location record completion status (IQIP records only).
14. **Overdue Incomplete—IQIP (Any Stage):** Report of all initiated IQIP records (not Alt QI records) with a planned date for the 2-month check-in, 6-month check-in, and/or 12-month follow-up that has passed without being completed. Any provider on this list is overdue for a check-in or follow-up.

15. **Overdue Incomplete—IQIP (2-Month):** Report of all initiated IQIP records with a planned date for the 2-month check-in that has passed without being completed. The 2-month check-in has either not yet happened or has happened but has not yet been saved as “complete.”
16. **Overdue Incomplete—IQIP (6-Month):** Report of all initiated IQIP records with a planned date for the 6-month check-in that has passed without being completed. The 6-month check-in has either not yet happened or has happened but has not yet been saved as “complete.”
17. **Overdue Incomplete—IQIP (12-Month):** Report of all initiated IQIP records with a planned date for the 12-month follow-up that has passed without being completed. The 12-month follow-up has either not yet happened or has happened but has not yet been saved as “complete.”
18. **Lost to Follow-Up:** Report identifies providers that are marked as lost to follow-up after the IQIP site visit. The report includes the criteria used to mark the provider as lost to follow-up and any recorded lost to follow-up notes.
19. **Provider Information:** Report of data information for each provider.
20. **Provider IQIP Site Visit History:** This report displays providers' site visit dates from PY1-PY5 and whether the provider was initiated in PY6.

File Repository

The **File Repository** contains multiple documents for reference, such as the IQIP Operations Guide, the printable IQIP Site Visit Form, the number of required visits for each awardee, and other helpful documents and forms for preparing for and conducting site visits and calls. The File Repository link is accessible under the **Applications** section of the project navigation pane.

For questions or issues regarding the IQIP Database, please contact the IQIP Database Help Desk at: IQIPDatabase@cdc.gov. For all other IQIP-related questions or comments, please contact IQIP@cdc.gov.