



QI SITE VISIT FORM 2020-2021

Site Name		VFC PIN
SITE VISIT DETAILS		
1	Date of site visit <i>* must provide value</i>	
2	Type of site visit <i>* must provide value</i>	<input type="checkbox"/> (a) IQIP <input type="checkbox"/> (b) IQIP and VFC
3	Provider sites represented during the visit <i>* must provide value</i>	<input type="checkbox"/> (a) This provider site only <input type="checkbox"/> (b) This provider site and others from the same multisite practice or health care system <i>If (a), skip to Question 6</i>
4	Number of provider sites represented during the visit (including this one) <i>* must provide value</i>	
5	Name of the multisite practice or health care system <i>* must provide value</i>	
Michigan QI CONSULTANT		
6	First name <i>* must provide value</i>	
7	Last name <i>* must provide value</i>	
8	Phone <i>* must provide value</i>	
9	Email <i>* must provide value</i>	
10	Home office <i>* must provide value</i>	<input type="checkbox"/> (a) Local health department or contractor <input type="checkbox"/> (b) State immunization program
11	Name of home office <i>* must provide value</i>	
OVERVIEW OF IMMUNIZATION WORKFLOW		
12	Brief notes on immunization workflow The site visit begins with a high-level walkthrough or description by the provider staff of their immunization workflow, from patient arrival to departure. This does not involve following any actual patients. It is intended to help identify areas to focus discussion when reviewing IQIP strategies later in the site visit.	

PROVIDER STAFF

Primary QI Contact

13	Name <small>* must provide value</small>	
14	Phone <small>* must provide value</small>	
15	Email <small>* must provide value</small>	

Immunization-Focused Staff

16	Does the provider have an immunization champion? <small>* must provide value</small>	<input type="checkbox"/> (a) Yes <input type="checkbox"/> (b) No
17	Does the provider have a QI coordinator that covers immunization? <small>* must provide value</small>	<input type="checkbox"/> (a) Yes <input type="checkbox"/> (b) No

Site Visit Participants

18	How many staff from <u>this</u> provider site participated during this IQIP site visit? <small>* must provide value</small>	<input type="checkbox"/> (a) 1 <input type="checkbox"/> (d) 4 <input type="checkbox"/> (b) 2 <input type="checkbox"/> (e) 5 or more <input type="checkbox"/> (c) 3
19	Names and titles or roles of IQIP site-visit participants from this provider site <small>CDC recommends, and IQIP coordinators may require, this information to assist with record-keeping and follow-up.</small>	
20	Which option best describes the participation of the provider's vaccine prescriber(s) during this IQIP site visit? <small>* must provide value</small>	<input checked="" type="checkbox"/> (a) Participated for the entire visit <input type="checkbox"/> (b) Participated only for discussion of coverage <input type="checkbox"/> (c) Participated only for discussion of QI strategies <input type="checkbox"/> (d) Did not participate

PATIENT LISTS from QI Reports

21	Did this site visit include the review of any patient list(s)? <small>* must provide value</small>	<input checked="" type="checkbox"/> (a) Yes <input type="checkbox"/> (b) No <small><i>If no, skip to Question 24. If yes, proceed to Question 22.</i></small>
22	Patient list(s) reviewed <small>* must provide value</small>	<input type="checkbox"/> (a) Not UTD/missing doses <input type="checkbox"/> (b) Missed opportunities <input type="checkbox"/> (c) Active/inactive patients <input type="checkbox"/> (d) Other <small><i>If (d), go to Question 23. Otherwise, skip to Question 24.</i></small>
23	Specify "Other" patient list(s) reviewed <small>* must provide value</small>	

QI STRATEGIES

Select **two QI strategies** for implementation or improvement.

Schedule the Next Immunization Visit Before the Patient Leaves the Office

24	<p>Summarize this strategy's current implementation status</p> <p>Complete this field even if the strategy is not selected. * must provide value</p>	
25	<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy</p> <p>Complete this field even if the strategy is not selected. * must provide value</p>	
26	<p>Did the provider select this strategy for implementation or improvement?</p> <p>* must provide value</p>	<p><input type="checkbox"/> (a) Yes</p> <p><input type="checkbox"/> (b) No</p> <p style="color: blue;"><i>If yes, skip to Question 28. If no, go to Question 27.</i></p>
27	<p>Why not?</p> <p>* must provide value</p>	<p style="color: blue;"><i>Skip to Question 30 after completing this answer.</i></p>
28	<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)</p> <p>* must provide value</p>	

29	<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. The action items for all selected strategies are autocopied to the Strategy Implementation Plan on the Synopsis page of the IQIP Database, which you can email to the provider after the site visit.</p> <p><u>Recommended format for action items:</u></p> <ul style="list-style-type: none"> • Brief description of task (assigned staff: target date) <p><u>Example action item:</u></p> <ul style="list-style-type: none"> • Add discussion of patient scheduling workflow as a standing item for weekly staff meeting (Miguel: 10/14/2019) <p>* must provide value</p>	
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Leverage IIS Functionality to Improve Immunization Practice		
30	<p>Summarize this strategy's current implementation status</p> <p>Complete this field even if the strategy is not selected.</p> <p>* must provide value</p>	
31	<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy</p> <p>Complete this field even if the strategy is not selected.</p> <p>* must provide value</p>	
32	<p>Did the provider select this strategy for implementation or improvement?</p> <p>* must provide value</p>	<p><input type="checkbox"/> (a) Yes</p> <p><input type="checkbox"/> (b) No</p> <p><i>If yes, skip to Question 34. If no, go to Question 33.</i></p>
33	<p>Why not?</p> <p>* must provide value</p>	<p><i>Skip to Question 36 after completing this answer.</i></p>
34	<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)</p> <p>* must provide value</p>	

35	<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. The action items for all selected strategies are autocopied to the Strategy Implementation Plan on the Synopsis page of the IQIP Database, which you can email to the provider after the site visit.</p> <p><u>Recommended format for action items:</u></p> <ul style="list-style-type: none"> • Brief description of task (assigned staff: target date) <p><u>Example action item:</u></p> <ul style="list-style-type: none"> • Demo (with screen sharing) how to run coverage reports in the IIS during the 2-month check-in (M. Hilleman (IQIP consultant): 12/1/2019) <p>* must provide value</p>	
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Give a Strong Vaccine Recommendation (Include HPV Vaccine If Practice Serves Adolescents)		
36	<p>Summarize this strategy's current implementation status</p> <p>Complete this field even if the strategy is not selected.</p> <p>* must provide value</p>	
37	<p>Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy</p> <p>Complete this field even if the strategy is not selected.</p> <p>* must provide value</p>	
38	<p>Did the provider select this strategy for implementation or improvement?</p> <p>* must provide value</p>	<p><input type="checkbox"/> (a) Yes</p> <p><input type="checkbox"/> (b) No</p> <p><i>If yes, skip to Question 40. If no, go to Question 39.</i></p>
39	<p>Why not?</p> <p>* must provide value</p>	<p><i>Skip to Question 42 after completing this answer.</i></p>
40	<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.)</p> <p>* must provide value</p>	

41	<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. The action items for all selected strategies are autocopied to the Strategy Implementation Plan on the Synopsis page of the IQIP Database, which you can email to the provider after the site visit.</p> <p><u>Recommended format for action items:</u></p> <ul style="list-style-type: none"> Brief description of task (assigned staff: target date) <p><u>Example action item:</u></p> <ul style="list-style-type: none"> Encourage staff members who discuss vaccines with families to install CDC's "HPV Vaccine: Same Way, Same Day" app; verify completion of the exercises by 2-month check-in (Susan & Miguel: 12/1/2019) 	
	* must provide value	

Michigan Custom QI Strategy - Promote Flu Vaccine		
42	<p>Did you cover a custom QI strategy during the site visit?</p>	<input type="checkbox"/> (a) Yes <input type="checkbox"/> (b) No <i>If no, go to Question 50.</i>
43	<p>Provide a short name for the custom strategy * must provide value</p>	Promote Flu Vaccine
44	<p>Summarize this strategy's current implementation status Complete this field even if the strategy is not selected. * must provide value</p>	
45	<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. * must provide value</p>	
46	<p>Did the provider select this strategy for implementation or improvement? * must provide value</p>	<input type="checkbox"/> (a) Yes <input type="checkbox"/> (b) No <i>If yes, skip to Question 48. If no, go to Question 47.</i>
47	<p>Why not? * must provide value</p>	<i>Skip to Question 50 after completing this answer.</i>

48	<p>Describe technical assistance you provided for this strategy (e.g., resources, demos, role-playing, etc.) * must provide value</p>	
49	<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. The action items for all selected strategies are autocopied to the Strategy Implementation Plan on the Synopsis page of the IQIP Database, which you can email to the provider after the site visit.</p> <p><u>Recommended format for action items:</u></p> <ul style="list-style-type: none"> • Brief description of task (assigned staff: target date) <p>* must provide value</p>	

QI SITE VISIT WRAP-UP		
<p>ENCOURAGE PROVIDER STAFF TO COMPLETE THESE ACTION ITEMS AT THEIR NEXT STAFF MEETING:</p> <ul style="list-style-type: none"> • Introduce colleagues to IQIP and describe the yearlong IQIP cycle • Review selected IQIP strategies and roles/workflows to support implementation/improvement • Review initial coverage reports (if measured for this site visit) • Select—or introduce, if already selected—an immunization champion or QI coordinator 		
50	<p>Date & time planned for 2-month check-in Discuss with provider. * must provide value</p>	
51	<p>Date & time planned for 6-month check-in Discuss with provider. * must provide value</p>	
52	<p>Date & time planned for 12-month follow-up Discuss with provider. * must provide value</p>	
53	<p>How much time was devoted to IQIP during this site visit? * must provide value</p>	<p><input type="checkbox"/> (a) Less than 1 hour</p> <p><input type="checkbox"/> (b) 1 hour to less than 1.5 hours</p> <p><input type="checkbox"/> (c) 1.5 hours to less than 2 hours</p> <p><input type="checkbox"/> (d) 2 hours to less than 3 hours</p>

		<input type="checkbox"/> (e) 3 hours or more
54	Additional site visit notes	

End of IQIP Site Visit Form — Proceed to the next page for the IQIP Coverage Goals Form
 Please transfer these notes and data to IQIP Database within 10 business days.



COVERAGE GOALS FORM

Site name		VFC PIN	
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CHILDHOOD COVERAGE GOALS

Establishing a coverage goal for the 4:3:1:U:U:1:U series is recommended, but goals may be applied to the individual antigens, as well. You may enter coverage goals using the logic in the table below or other logic.

Initial Coverage	Suggested 12-Month Coverage Goal
0% to less than 80%	Increase by 10 percentage points
80% to less than 85%	Increase to 90%
85% to less than 90%	Increase by 5 percentage points
90% to less than 95%	Increase to 95%
95% and greater	Maintain initial percentage

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

Dose (or Series)	Initial Coverage	12-Month Coverage Goal
4:3:1:U:U:1:U		

4 DTaP		
3 IPV		
1 MMR		
UTD Hib		
UTD HepB		
1 VAR		
UTD PCV13		
UTD Influenza		
UTD RV		
2 HepA		

ADOLESCENT COVERAGE GOALS

You may enter coverage goals using the logic in the table below or other logic.

Initial Coverage	Suggested 12-Month Coverage Goal
0% to less than 70%	Increase by 10 percentage points
70% to less than 75%	Increase to 80%
75% to less than 90%	Increase by 5 percentage points
90% to less than 95%	Increase to 95%
95% and greater	Maintain initial percentage

Number of age-eligible children in the practice:

Number of age-eligible children assessed:

Dose (or Series)	Initial Coverage	12-Month Coverage Goal
1 Tdap		
1 MenACWY		
UTD HPV		
1 Influenza		
1 HPV		
UTD HepB		
2 MMR		
2 VAR		
2 HepA		
UTD IPV		

OLDER TEEN COVERAGE GOALS (OPTIONAL)

Number of age-eligible older teens in the practice:

Number of age-eligible older teens assessed:

Dose (or Series)	Initial Coverage	12-Month Coverage Goal
2 MenACWY		
1 Influenza		
1 MenB		
UTD HPV		
1 Tdap		