## **Suggestions to Improve Your Immunization Services**

Looking for clear-cut ways to improve your practice's efficiency in administering vaccines and increase your vaccination coverage rates?

Here are the basics:

- Keep staff up to date with current recommendations.
- Maintain complete, up-to-date patient records.
- Maintain and protect your vaccine supply.
- Help your patients anticipate their own vaccine needs, and those of their family members as well.
- Avoid "missed opportunities" to vaccinate.
- Maintain administration best practices.
- Improve access to your vaccination services.

- Communicate with patients and parents.
- Evaluate and improve your practice's performance.

Use the handy checklist that follows to help you implement or reinforce these suggestions. Mark areas that "need attention" or are "satisfactory"... and congratulate yourself for those items that are ready!

**Yes** = We already do this.

**No** = We don't like this idea, or it couldn't work in our practice setting.



**Partly** = We do some of this (or do it sometimes); we will consider it.

Keep	staff up to date with current recommendations	yes	no	partly
1	We post the current, official CDC U.S. immunization schedules (or the official schedule of our medical association or state health department) in each exam room.			
2	We use the official "catch-up" schedule for bringing children and adolescents up to date on their vaccinations when they have fallen behind.			
3	We understand and implement the routine vaccination schedule, as well as special vaccination recommendations for high-risk patients (e.g., certain groups who need hepatitis A, meningococcal, pneumococcal vaccines).			
4	We routinely receive, read, and share updates on vaccines and other immunization issues from government agencies (e.g., CDC), our state or local health department, Immunize.org, or other trusted organizations.			
Main	tain complete, up-to-date patient records	yes	no	partly
1	We participate in our local/regional/state immunization registry (Immunization Information System or "IIS").			
2	When scheduling appointments, we remind patients/parents to bring along their (or their child's) record of immunizations, and we confirm the address and phone number in case we need to contact them.			
3	We maintain a comprehensive immunization record in a highly visible location in each patient's chart or electronic medical record.			
4	EACH TIME a patient comes in, we ask if they have been vaccinated elsewhere. If yes, we check the IIS (registry) or request written documentation. We record confirmed vaccination dates and places in the medical record. If we have no vaccinations recorded and we cannot obtain records via phone or IIS, we give the vaccinations we determine are indicated, based on the history provided by the patient/parent. We have the patient/parent sign a release so we can obtain vaccination records from other providers. If no other records can be found, we treat the patient as if unvaccinated.			
5	During each patient visit, we document in the patient's chart that the vaccination status was reviewed. If a recommended vaccine was not administered, we document the reason why.			







Mair	tain and protect your vaccine supply	yes no partly
1	We designate a vaccine coordinator and backup coordinator to oversee vaccine storage and handling activities.	
2	We provide vaccine storage and handling training to each new staff member, as well as updates to <i>all</i> staff whenever recommendations are changed or a new vaccine product is introduced.	
3	We follow the guidance provided in CDC's "Vaccine Storage and Handling Toolkit" (see references).	
Help	your patients anticipate their need for vaccinations	yes no partly
1	We train all nursing and office staff (e.g., receptionists, schedulers) on the minimum ages and intervals permissible between vaccinations and how to determine valid and invalid contraindications to vaccinations. We post this information in places available to all staff.	
2	Before seeing the clinician (e.g., while in the waiting room), we ask patients/parents to complete a simple screening checklist for vaccine contraindications to check if the vaccinations they need can be given safely on the day of their visit.	
3	We have a staff member complete a vaccination assessment and give the appropriate Vaccine Information Statements (VISs) (see www.immunize.org/vaccines/vis/) to the patient/parent in a language they can read, when a translation is needed and available (see www.immunize.org/vaccines/vis-translations).	
Avoi	d "missed opportunities" to vaccinate	yes no partly
1	We have a designated vaccination "champion" to keep all clinic staff current on recommendations and effective strategies to avoid missed opportunities to vaccinate.	
2	We train our staff to administer multiple vaccinations to patients who are due for multiple vaccinations.	
3	Before patient visits, we review the vaccination record for each patient and flag charts of those who are due or overdue for vaccination(s).	
4	When feasible, we check the vaccination status of other family members (siblings, etc.) who have accompanied the patient. If they are behind on their vaccinations, we vaccinate them as well.	
Mair	tain administration best practices	yes no partly
1	We adhere to the "Rights" of medication administration by ensuring we have the: <i>Right</i> patient; <i>Right</i> vaccine and diluent (when applicable); <i>Right</i> time (including the correct age and interval, as well as before the product expiration/time/date); <i>Right</i> route (including the correct needle gauge and length and technique); <i>Right</i> administration site; and <i>Right</i> documentation.	
2	We screen for contraindications and precautions prior to administering any vaccine(s).	
3	We discuss vaccine benefits and risks (and vaccine-preventable disease risks) using VISs and other reliable resources.	
4	We follow best practices with respect to patient positioning, including comforting restraint for children and sitting for adults.	
5	We follow the manufacturer's vaccine-specific guidelines for vaccine preparation and administration.	
6	We maintain proper hand hygiene before vaccine preparation, between patients, and any other time hands need to be cleaned. Although gloves are not required when administering vaccines, if gloves are worn, we change them and follow proper hand hygiene between patients.	
7	We incorporate strategies to prevent administration errors as described in CDC's Pink Book.	
8	We put a system in place to ensure vaccines are ordered in a timely manner and are consistently available. We rotate the inventory so packages with shortest expiry dates are in front.	



Improve access to your vaccination services			no	partly
1	We provide vaccination services during some evening and/or weekend hours.			
2	We implement standing orders to allow appropriate professional staff to independently screen patients and administer recommended vaccines.			
3	We allow patients to walk in during office hours for a "nurse only" visit and get vaccinated.			
4	If patients miss visits and can't be rescheduled quickly, we reschedule them in one to two weeks for a "shots only" visit.			
Com	municating with patients and parents	yes	no	partly
1	We provide patients/parents a simple schedule of recommended vaccinations in a language they can read.			
2	We have a policy for our practice that states the importance we place on their child's vaccinations, and we give a copy of it to all new patients. (Note: You can find a policy statement template on Immunize.org's website at www.immunize.org/catg.d/p2067.pdf.)			
3	We provide the patient with documentation (e.g., record card, print-out) of the vaccinations received at our office each time we administer a vaccine.			
4	We give patients/parents an information sheet about how to treat pain and fever after vaccinations (e.g., www.immunize.org/catg.d/p4015.pdf).			
5	We provide reliable educational resources (in a language they can read) to patients/parents who have questions or concerns about vaccine safety or who want more vaccine information.			
6	If patients/parents refuse a vaccine, we request that they sign a declination form (e.g., www.immunize.org/catg.d/p4059.pdf) and we discuss the value of vaccination at future visits.			
7	When giving vaccinations, we inform the patient/parent when the next appointment for vaccinations is due. We try to schedule the visit before they leave the office. We put this information in an electronic recall system or manual tickler.			
8	We send a reminder (e.g., by phone call, postcard, email, or text) when vaccinations are due, and we recall patients (e.g., using computerized tracking or a simple tickler system) who are overdue.			
Evalu	uate and improve your practice's performance	yes	no	partly
1	We routinely assess vaccination rates of our patient population. We know that we can contact our state or local health department for assistance in performing the assessment. We share the results with all staff, and we use this information to develop strategies to improve vaccination rates.			
2	Because we provide services to children/adolescents (if applicable), we enroll in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured and other eligible children age birth through 18 years.			

## **REFERENCES**

Clinical Resources: Administering Vaccines (www.immunize.org/clinical/topic/admin-vaccines/)
Epidemiology and Prevention of Vaccine-Preventable Diseases (www.cdc.gov/pinkbook/hcp/table-of-contents/)

Injection Safety: Information for Providers (www.cdc. gov/injection-safety/hcp/resources)

National Vaccine Injury Compensation Program (www.hrsa.gov/vaccinecompensation/index.html)

CDC: Vaccine Administration (www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration. html)

Vaccine Adverse Event Reporting System (vaers.hhs. gov/index)

Vaccine Storage and Handling Toolkit (www.cdc.gov/vaccines/hcp/storage-handling/index.html)

Vaccines and Immunizations (www.cdc.gov/vaccines/index.html)

