

# Suggestions to Improve Your Immunization Services



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

- Yes = We already practice 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.

	Yes	No	Partly		Yes	No	Partly
1. In all exam rooms, we post the current, official U.S. immunization schedule for children and/or adults or variations thereof (for example, the official schedule of a medical society or of a state health department).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Prior to patient visits, we review the immunization record for each patient and flag charts of those who are due or overdue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. We use the official "catch-up" schedule for children for advice on how to bring children up to date on their vaccinations when they have fallen behind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. We provide vaccination services during some evening and/or weekend hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. We are familiar with special vaccination recommendations for high-risk patients (e.g., special groups who need hepatitis A, hepatitis B, pneumococcal, influenza vaccines).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Patients can walk in during office hours for a "nurse only" visit and get vaccinated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When scheduling appointments, we remind patients/parents to bring along their (or their child's) personal immunization record. We also confirm the address and phone number in case we need to contact them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. We use all patient encounters (including acute-care and follow-up visits) to assess and provide vaccinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. We've trained our nursing and office staff (e.g., receptionist, scheduler) to know how to determine valid and invalid contraindications to vaccinations, as well as the minimum intervals permissible between vaccinations. This training ensures that our clinic staff miss no opportunity to vaccinate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Whenever a patient comes in, the staff routinely asks to see his/her immunization record to determine if the patient received vaccinations at another healthcare site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Our staff are trained to administer multiple vaccinations to patients who are due for multiple vaccinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. If a patient tells us "I'm up to date with my vaccinations," or "my child's vaccinations are up to date," we are not convinced. We must have written documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Our nurses can give vaccinations under standing orders (i.e., they can independently screen patients and administer vaccines under pre-existing signed physician's orders).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. We ask patients/parents to complete a simple screening questionnaire for contraindications to determine if the vaccinations they need can be given safely on the day of their visit. To save time, we have them complete it prior to seeing the clinician (e.g., in the waiting room or exam room).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. We maintain a comprehensive immunization record in a visible location in each patient's chart (e.g., the front of the chart).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Before the clinician sees the patient, a staff member completes an immunization assessment and gives Vaccine Information Statements (VISs) to the patient/parent to read. If they need a VIS in another language, we give it, if it is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				17. We can call on translators when we need to communicate with patients who speak little or no English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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| 18. If children in our waiting room are the siblings or children of the patient, we pull their charts and review their immunization status and vaccinate them if needed before they leave the office.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. If no immunization record exists for a patient at the time of the visit and we are unable to obtain records by phone, we give the vaccinations that we THINK are indicated, based on the history provided by the patient/parent. We have the patient/parent sign a release of records to obtain immunization records from previous providers. If no records of previous vaccinations can be located, the patient is treated as if unimmunized. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. With each patient visit, we document on the patient's chart that their immunization status has been reviewed (e.g., a notation such as "immunization status reviewed" is pre-printed on the progress note or other chart form).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. We give patients/parents a simple schedule of recommended vaccinations.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. We give patients/parents an information sheet about how to treat pain and fever following vaccinations.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. We always update the patient's personal immunization record card each time we administer vaccinations. If the patient doesn't have a card, we give them one that contains their vaccination history.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. We provide resources (e.g., information, pamphlets, websites, hotline numbers) to patients/parents who have questions or concerns about vaccine safety or who want more vaccine information. We provide translated materials, if available.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. If we see a patient in our office and don't administer a vaccination when it's due, we document the reason why in the patient's chart.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- |  | Yes                   | No                    | Partly                |
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| 26. When giving vaccinations, we inform the patient/parent when the next appointment for vaccinations is due. We schedule the visit before they leave the office if our appointment system allows it; otherwise we put the information in a manual tickler system or electronic recall system.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. If children miss "well-child" visits and can't be rescheduled quickly, we reschedule them in one to two weeks for a "shots only" visit.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. We contact all patients who are due for vaccinations with a reminder (e.g., by phone or mail) and those who are past due with a recall (e.g., using computerized tracking or a simple tickler system).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. If we have written confirmation that a patient received vaccines at another site or at a public health, school-based, worksite-based, or community-based immunization site, we update the patient's medical chart with that information, recording the vaccination date(s) and healthcare site(s) where the vaccination was received.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. We routinely assess immunization levels of our patient population, including those with high-risk indicators. (Contact your state or local health department's immunization staff for assistance in performing such an assessment.) We share this information with all our staff and use it to develop strategies to improve immunization rates. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. We are enrolled in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured children (0–18 years) and others who are eligible under the state's program.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Now that you know where you stand on your office practices, you can take steps that will likely improve your immunization rates. Talk to your local or state health department for assistance or visit the website of the Immunization Action Coalition at [www.immunize.org/izpractices](http://www.immunize.org/izpractices) for resources to help you change your "partly" statements into "yes" statements.