



CLINIC CHECKLIST

Immunization Practices Improvement



MnVFC PIN	CLINIC NAME
FOR ADDITIONAL REFRIGERATORS OR FREEZERS, PLEASE MAKE COPIES OF PAGES 1-3 OR USE THE MULTIPLE REFRIGERATOR CHECKLIST	

Vaccine Storage Unit(s) Assessment (Use additional checklist forms as needed) MnVFC PIN: _____		Refrigerator # _____	Freezer # _____	Improvement Needed	Met Criteria	ACTION PLANS AND COMMENTS	Date to be Completed
1	Is a working thermometer placed in the center of each unit?	<input type="checkbox"/> Yes <input type="checkbox"/> Not placed properly <input type="checkbox"/> No thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> Not placed properly <input type="checkbox"/> No thermometer	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there a current certificate of calibration for the thermometer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
3	What type of thermometer is used?	<input type="checkbox"/> MDH supplied <input type="checkbox"/> Fluid filled <input type="checkbox"/> Recording <input type="checkbox"/> Min/max <input type="checkbox"/> Dial <input type="checkbox"/> Digital <input type="checkbox"/> Other:	<input type="checkbox"/> MDH supplied <input type="checkbox"/> Fluid filled <input type="checkbox"/> Recording <input type="checkbox"/> Min/max <input type="checkbox"/> Dial <input type="checkbox"/> Digital <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>		
4 !	Unit Types: A. Stand-alone refrigerator (no freezer in unit) B. Stand-alone freezer C. Dormitory style refrigerator/freezer D. Combined refrigerator/freezer with separate doors E. Combined refrigerator/freezer with single door	Location: Type:	Location: Type:	Vaccine is stored in an approved unit. <input type="checkbox"/> <input type="checkbox"/>			
5 ★	How often are temperatures recorded?	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Twice a day <input type="checkbox"/> > Twice daily <input type="checkbox"/> Never	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Twice a day <input type="checkbox"/> > Twice daily <input type="checkbox"/> Never	Temperatures are recorded twice a day <input type="checkbox"/> <input type="checkbox"/>			

★ = Corrective Action required within 14 days, ! = Corrective Action required within 30 days

Clinic Checklist – IPI

Vaccine Storage Unit(s) Assessment (Use additional checklist forms as needed) MnVFC PIN: _____		Refrigerator #_____	Freezer #_____	Improvement Needed	Met Criteria	ACTION PLANS AND COMMENTS	Date to be Completed
6	A. Record the current temperature on the provider's thermometer (choose F or C)	°F °C	°F °C				
	B. Record the current temperature on the reviewer's thermometer (F or C)	°F °C	°F °C				
7 !	Is the refrigerator within 35° to 46°F (2° to 8°C) Is the freezer -58° to 5°F (-50° to -15°C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refrigerator and freezer temperatures are within the required range	<input type="checkbox"/>	<input type="checkbox"/>	
8 ★	Is food stored with vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	No food is stored with vaccines	<input type="checkbox"/>	<input type="checkbox"/>	
9 ★	Is there any vaccine in drawers or doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	No vaccines are in the drawers or doors	<input type="checkbox"/>	<input type="checkbox"/>	
10 ★	Is vaccine stored in the center of the unit so air circulates around the vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccine is stored in the center of the unit	<input type="checkbox"/>	<input type="checkbox"/>	
11 ★	Is there a "DO NOT UNPLUG/WARNING" sign on the refrigerator/freezer outlets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	A "Do Not Unplug/Warning" sign is on all refrigerator/freezer outlets	<input type="checkbox"/>	<input type="checkbox"/>	
12 ★	Is there a "DO NOT UNPLUG/WARNING" sign on the refrigerator/freezer circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	A "Do Not Unplug/Warning" sign is on all circuit breakers	<input type="checkbox"/>	<input type="checkbox"/>	
13 !	Are short-dated vaccines stored in front and used first?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccine is properly rotated	<input type="checkbox"/>	<input type="checkbox"/>	
14 ★	Did you find any outdated vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	There is no outdated vaccine in the unit	<input type="checkbox"/>	<input type="checkbox"/>	

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Vaccine Storage Unit(s) Assessment (Use additional checklist forms as needed) MnVFC PIN: _____		Refrigerator #_____	Freezer #_____	Improvement Needed	Met Criteria	ACTION PLANS AND COMMENTS	Date to be Completed
15 !	Are temperature logs available for the past 3 months? <ul style="list-style-type: none"> If temperature logs are not available, skip questions 16 and 17. If only partial logs are available, answer using the temperature logs that are available. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	Temperature logs are available from the last 3 months			
16 !	Including today's reading, record the highest and lowest temperatures logged in the past three months (choose F or C)	H ____°F ____°C	H ____°F ____°C	Temperatures were stored within the correct range			
		L ____°F ____°C	L ____°F ____°C	<input type="checkbox"/>	<input type="checkbox"/>		
17 !	During the past 3 months, how many times were the refrigerator and/or freezer outside the recommended range?	Above ____ Below ____	Above ____ Below ____				
18 ★	If the temperatures were outside the recommended range, what action did the clinic take? (Check all that apply) <input type="checkbox"/> Adjusted thermostat (checked every half hour) <input type="checkbox"/> Checked temperature with a different thermometer <input type="checkbox"/> Moved vaccine to a different unit <input type="checkbox"/> Called the manufacturer to determine viability <input type="checkbox"/> Called the MnVFC Program for assistance <input type="checkbox"/> Did nothing <input type="checkbox"/> Not applicable; no temperatures outside of range			If temperatures were outside the recommended range the clinic took the appropriate response			
19 !	Does the clinic have written documentation of the action taken when temperatures were outside of the recommended range? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable; no temperatures outside of range <input type="checkbox"/> No log available			The clinic has written documentation			

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MnVFC PIN: _____		Improvement Needed	Met Criteria	ACTION PLANS AND COMMENTS	Date to be Completed
20 !	<p>Can staff show you how the clinic physically distinguishes privately purchased vaccine from MnVFC vaccine? Clinic must be able to demonstrate how this is done.</p> <p><input type="checkbox"/> Yes, clinic can physically differentiate private vaccine from MnVFC vaccine.</p> <p><input type="checkbox"/> No, clinic cannot physically differentiate private vaccine from MnVFC vaccine.</p> <p><input type="checkbox"/> Other: _____</p>	MnVFC vaccine is distinguished from privately purchased vaccine			
		<input type="checkbox"/>	<input type="checkbox"/>		
21 !	<p>Does the clinic/practice “borrow vaccine” between public stock and private stock?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If yes, answer a. and b. below.</i></p> <p>a. Review the borrowing reports. Are the reports completed correctly and document timely replacement of vaccine?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>b. Does the frequency of borrowing vaccine indicate an inventory/stock problem?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If yes, the inventory problem is related to:</i></p> <p><input type="checkbox"/> Lack of private stock</p> <p><input type="checkbox"/> Lack of public stock</p> <p><input type="checkbox"/> A specific national vaccine shortage. List vaccine(s): _____</p> <p><input type="checkbox"/> Other, specify: _____</p>				
		<input type="checkbox"/>	<input type="checkbox"/>		
22	<p>After reviewing 10 patient charts, what percentage of patient charts had documented MnVFC eligibility screening? (Can be documented from electronic sources [registry, billing system, EMR, etc.], paper chart, etc.)</p> <p><input type="checkbox"/> MnVFC screening was documented in 100% of the charts reviewed.</p> <p><input type="checkbox"/> MnVFC screening was documented in at least 90% of the charts reviewed.</p> <p><input type="checkbox"/> MnVFC screening was documented in less that 90% of the charts.</p>	MnVFC eligibility is documented 100% of the time			
		<input type="checkbox"/>	<input type="checkbox"/>		

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MnVFC PIN: _____				<i>Improvement Needed</i>	<i>Met Criteria</i>	ACTION PLANS AND COMMENTS	<i>Date to be Completed</i>
23	Do medical/immunization records include the following documentation required by statute 42 US Code 300aa-25 and 300aa-26?			All immunization records contain required documentation			
	Required Documentation			Yes	No		
	Name of vaccine given			<input type="checkbox"/>	<input type="checkbox"/>		
	Date vaccine was given			<input type="checkbox"/>	<input type="checkbox"/>		
	Date VIS was given			<input type="checkbox"/>	<input type="checkbox"/>		
	Name of vaccine manufacturer			<input type="checkbox"/>	<input type="checkbox"/>		
	Lot number			<input type="checkbox"/>	<input type="checkbox"/>		
	Name and title of person who gave the vaccine			<input type="checkbox"/>	<input type="checkbox"/>		
	Address of clinic where vaccine was given			<input type="checkbox"/>	<input type="checkbox"/>		
	Publication date of VIS given			<input type="checkbox"/>	<input type="checkbox"/>		

MnVFC PIN: _____ ACTION PLAN FOLLOW UP					
Using both the Provider Questionnaire and the Clinic Checklist please complete the following					
Are corrective actions recommended for this clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please indicate the follow-up to be done to ensure the action plan(s) were implemented in the agreed upon timeframe (check all that apply)					
<input type="checkbox"/> Provided technical assistance during the site visit.	<input type="checkbox"/> Make follow-up telephone call (e.g., to be assured that a specific recommendation has been implemented).	<input type="checkbox"/> Make follow-up visit (e.g., in –service for storage & handling, vaccine administration techniques, etc.).	<input type="checkbox"/> Write follow-up letter or e-mail (e.g., storage and handling letter).	<input type="checkbox"/> Contact MDH (e.g., for follow-up on MnVFC compliance, or other immunization concerns).	<input type="checkbox"/> No additional follow up needed (only if no action plans were needed).
ACTION PLAN SUMMARY					
STRENGTHS:					
CORRECTIVE ACTIONS NEEDED					
ADMINISTRATIVE PRACTICES:	VACCINE STORAGE AND HANDLING:	OTHER:			
To be completed by IPI Coordinator at MDH					
Date Reviewed:	IPI Coordinator Signature:				