



PROVIDER QUESTIONNAIRE

Immunization Practices Improvement



Our goals for the Immunization Practices Improvement (IPI) Program at MDH are to help clinics assess their own immunization practices, adopt best practices for immunization, and ultimately increase immunization rates. The MnVFC site visit is an opportunity to provide resources to clinic staff, review proper storage and handling procedures, review screening practices for MnVFC eligibility, and review vaccination documentation.

Please have the most appropriate staff person(s) complete each section of this questionnaire. I will review the questionnaire prior to the clinic visit. This will help assess your clinic's practices and provide you information to enhance your practice. **At the visit I will need to see 10 randomly selected patient charts containing immunization documentation and I will need to see all refrigerator and freezer temperature logs for the past three months.** This questionnaire will also be reviewed during your clinic's MnVFC site visit.

Please return the completed questionnaire to: _____ by ____/____/____.

You can return this document by email to _____, by fax to _____ or by mail to me at _____.

If you have any questions about this questionnaire or the clinic visit, please feel free to call () _____. Thank you for your time and cooperation. I look forward to meeting with you.

MnVFC PIN	CLINIC NAME	DATE AND TIME OF VISIT
CLINIC CONTACT	E-MAIL	
PHONE	FAX	
# OF REFRIGERATORS	# OF FREEZERS	(ONLY REFRIGERATORS AND FREEZERS THAT STORE VACCINE)
IPI ADVISOR		

THIS SECTION TO BE COMPLETED BY THE PROVIDER PRIOR TO THE SITE VISIT - MnVFC PIN # _____		FOR OFFICE USE ONLY			
		IMPROVEMENT NEEDED	MET CRITERIA	ACTION PLANS AND COMMENTS	DATE TO BE COMPLETED
1. ★	What vaccine administration fee do you charge to MnVFC eligible patients? \$	<input type="checkbox"/>	<input type="checkbox"/>		

Provider Questionnaire – IPI

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2.	<p>Under what circumstances do you refer a child to another facility for immunization services?</p> <p><input type="checkbox"/> Not applicable, children are never referred</p> <p><input type="checkbox"/> Child is underinsured</p> <p><input type="checkbox"/> Vaccine is unavailable</p> <p><input type="checkbox"/> Parent is unable to pay administration fee</p> <p><input type="checkbox"/> Parent is unable to pay office visit fee</p> <p><input type="checkbox"/> Other: _____</p>																									
3.	<p>Which of the following vaccines does your clinic routinely administer to pediatric patients? (Check all that apply)</p> <table border="1"> <tr> <td><input type="checkbox"/> DTaP</td> <td><input type="checkbox"/> MMR</td> <td><input type="checkbox"/> Td</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis A</td> <td><input type="checkbox"/> MMR-V</td> <td><input type="checkbox"/> Tdap</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis B</td> <td><input type="checkbox"/> Pneumococcol conjugate (PCV13)</td> <td><input type="checkbox"/> Varicella</td> </tr> <tr> <td><input type="checkbox"/> Hib</td> <td><input type="checkbox"/> Pneumococcol polysaccharide (PPSV23) (for high risk patients)</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> HPV</td> <td><input type="checkbox"/> Polio</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Influenza</td> <td><input type="checkbox"/> Rotavirus</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Meningococcal conjugate (MCV4)</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> DTaP	<input type="checkbox"/> MMR	<input type="checkbox"/> Td	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> MMR-V	<input type="checkbox"/> Tdap	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcol conjugate (PCV13)	<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcol polysaccharide (PPSV23) (for high risk patients)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> HPV	<input type="checkbox"/> Polio	_____	<input type="checkbox"/> Influenza	<input type="checkbox"/> Rotavirus	_____	<input type="checkbox"/> Meningococcal conjugate (MCV4)			<input type="checkbox"/>	<input type="checkbox"/>		
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4. !	<p>When does your clinic provide patients with copies of the Vaccine Information Statements (VIS) to keep?</p> <p><input type="checkbox"/> Every time the patient receives a vaccination</p> <p><input type="checkbox"/> When the patient receives the first dose of a series</p> <p><input type="checkbox"/> Do not provide</p> <p><input type="checkbox"/> Other: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>																							

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5.	Does your clinic staff know how to obtain foreign-language Vaccine Information Statements (VIS) for patients/families who do not understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
6.	How do you generate the data for your <i>Annual Report of the Number of Patients Immunized Through the MnVFC Program?</i> (Check all that apply) <input type="checkbox"/> Manually (e.g., keep a log, count copies of eligibility screening records, etc.) <input type="checkbox"/> Use Medicaid and billing data <input type="checkbox"/> Through the immunization registry (MIIC) <input type="checkbox"/> Summarize screening data from EMR (electronic medical records) <input type="checkbox"/> Other (please describe): _____				
7.	When does your clinic screen patients for MnVFC eligibility? (Check all that apply) <input type="checkbox"/> First immunization visit to the clinic <input type="checkbox"/> Every immunization visit to the clinic <input type="checkbox"/> We do not screen for MnVFC eligibility <input type="checkbox"/> If the patient's insurance status changes <input type="checkbox"/> Other: _____		Review the pediatric and adult screening criteria/forms.		
!		<input type="checkbox"/>	<input type="checkbox"/>		
8.	Does your clinic always promptly notify the MDH Immunization Program when MnVFC vaccine has been involved in a storage and handling mishap or has expired or been wasted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – MnVFC vaccine has never been wasted or expired	<input type="checkbox"/>	<input type="checkbox"/>		
!					
9.	Does your clinic know how to return expired or spoiled MnVFC vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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10. !	When does your clinic prepare vaccine for administration? <input type="checkbox"/> Immediately before administration <input type="checkbox"/> Other (specify process) : _____	<input type="checkbox"/>	<input type="checkbox"/>		
11. !	Does your clinic have a written procedure for the following areas of vaccine management? (Check all that apply) <input type="checkbox"/> Designation of a primary vaccine coordinator and at least one back-up staff <input type="checkbox"/> Proper vaccine storage and handling <input type="checkbox"/> Vaccine shipping (includes receiving and transport) <input type="checkbox"/> Vaccine ordering <input type="checkbox"/> Inventory control (e.g. stock rotation) <input type="checkbox"/> Vaccine wastage <input type="checkbox"/> Emergency plan (procedures for vaccine relocation in the event of a power failure, mechanical difficulty or emergency situation) <input type="checkbox"/> Does your clinic review and/or update the emergency plan each year or more often if there is a change in the staff responsible for fulfilling the tasks?	Review the procedure for accurate content A signed and dated "MnVFC Manual" meets the requirement for all of the following procedures except the emergency plan.			
12.	Does your clinic have an anaphylaxis protocol which is clearly posted and reviewed annually? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Does your clinic have an emergency kit in the area where immunizations are administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		

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14. !	Please provide the VIS publication date for each vaccine your clinic administers.										
	PUBLICATION DATE		OFFICE USE ONLY*	PUBLICATION DATE						OFFICE USE ONLY*	
	DTaP ___/___/___		C O N	PCV13 ___/___/___						C O N	
	Hepatitis A ___/___/___		C O N	Polio ___/___/___						C O N	
	Hepatitis B ___/___/___		C O N	PPSV23 ___/___/___						C O N	
	Hib ___/___/___		C O N	Rotavirus ___/___/___						C O N	
	HPV ___/___/___		C O N	Td/Tdap ___/___/___						C O N	
	Influenza (TIV) ___/___/___		C O N	Varicella ___/___/___						C O N	
	Influenza (LAIV) ___/___/___		C O N	Multi-vaccine ___/___/___						C O N	
	MCV ___/___/___		C O N	Zoster ___/___/___						C O N	
MMR ___/___/___		C O N	Other, specify: _____		C O N						
MMRV ___/___/___		C O N	___/___/___								
* C = Current O = Outdated N = Not used											
15. !	What type of refrigeration unit does your clinic use to store vaccines, including varicella and MMR? (Check all that apply)										
	Refrigerated Vaccines		Varicella & MMR								
<input type="checkbox"/> Stand alone refrigerator <input type="checkbox"/> Dormitory style refrigerator/freezer <input type="checkbox"/> Combined refrigerator/ freezer with separate refrigerator and freezer doors (e.g. household style appliance) <input type="checkbox"/> Combined refrigerator/ freezer with a single door		<input type="checkbox"/> Stand alone freezer (including commercial grade under counter freezer units) <input type="checkbox"/> Dormitory style refrigerator/freezer <input type="checkbox"/> Combined refrigerator/ freezer with separate refrigerator and freezer doors (e.g. household style appliance) <input type="checkbox"/> Combined refrigerator/ freezer with a single door									

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	<input type="checkbox"/> No frozen vaccine stored				
16	<p>In most situations, does your clinic immunize if the patient presents with any of the following? (Check all that apply)</p> <input type="checkbox"/> A “cold” <input type="checkbox"/> A low grade fever of 100.4°F (38°C) or less <input type="checkbox"/> Recent exposure to infectious illness <input type="checkbox"/> Mild diarrhea <input type="checkbox"/> Convalescing from acute illness				
17	<p>How do staff that administer vaccines receive ongoing education about immunizations? (Check all that apply)</p> <input type="checkbox"/> No ongoing training <input type="checkbox"/> In-house training by staff at least annually <input type="checkbox"/> Distribution of written materials <input type="checkbox"/> In-house training by an outside source <input type="checkbox"/> Off-site conference or workshop <input type="checkbox"/> Web based training <input type="checkbox"/> Other: _____				
18	<p>Does your clinic ever defer immunizations to avoid multiple injections? (Check all that apply)</p> <input type="checkbox"/> Yes, due to parental concern <input type="checkbox"/> Yes, due to provider concern <input type="checkbox"/> No <input type="checkbox"/> Other: _____				
19	<p>What size needle does your clinic use when giving intramuscular (IM) injections to infants/toddlers</p> <input type="checkbox"/> 5/8 inch: Technique used _____ <input type="checkbox"/> 1 inch <input type="checkbox"/> NA/no infants/toddlers in clinic	<input type="checkbox"/>	<input type="checkbox"/>		

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20	<p>Do staff at your clinic know how to obtain Vaccine Adverse Events Reporting System (VAERS) forms and how to report post-vaccination adverse events as required by the National Childhood Injury Act (NCVIA)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<input type="checkbox"/>	<input type="checkbox"/>				
21	<p>How does the clinic/practice offer immunization services to established patients? (Check all that apply)</p> <p><input type="checkbox"/> During well-child visits</p> <p><input type="checkbox"/> Walk-in immunizations</p> <p><input type="checkbox"/> Off-site immunization clinics</p> <p><input type="checkbox"/> Immunization only appointments</p> <p><input type="checkbox"/> Dedicated days/times for immunizations</p> <p><input type="checkbox"/> Other: _____</p>						
22	<p>How does your clinic identify patients who are due/overdue for immunizations? (Check all that apply)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cannot identify patients due for immunizations <input type="checkbox"/> MN Immunization Information Connection (MIIC) <input type="checkbox"/> Paper based “tickler” system </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Computer (office based, not connected to a registry) <input type="checkbox"/> Routine chart audit <input type="checkbox"/> Other: _____ </td> </tr> </table>	<input type="checkbox"/> Cannot identify patients due for immunizations <input type="checkbox"/> MN Immunization Information Connection (MIIC) <input type="checkbox"/> Paper based “tickler” system	<input type="checkbox"/> Computer (office based, not connected to a registry) <input type="checkbox"/> Routine chart audit <input type="checkbox"/> Other: _____				
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23	<p>Does your clinic participate in MIIC, the MN Immunization Information Connection?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Would like to learn more about registries</p>						
24	<p>How often is physical inventory of vaccine done? (check all that apply)</p> <p><input type="checkbox"/> At least once a month</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Before placing a vaccine order</p> <p><input type="checkbox"/> No regular schedule</p> <p><input type="checkbox"/> Never</p>	<input type="checkbox"/>	<input type="checkbox"/>				

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25 !	Does your clinic receive varicella vaccine directly from the manufacturer to your clinic site without going to a parent clinic first? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (No varicella ordered for clinic)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTES – MNVFC PIN # _____ (ATTACH ADDITIONAL PAGE IF NECESSARY)