

Defense Health Agency - Immunization Healthcare Branch (DHA-IHB)

Continuous Quality Immunization Improvement Process (CQIIP)

Customer Tool

This product will provide immunization personnel with a quality control tool to self-assess their sites' immunization processes and ensure compliance with the 8 Standards for Military Immunizations as outlined in the Department of Defense (DOD) Joint Instruction and the Centers for Disease Control and Prevention (CDC) Immunization Recommendations (see references 1 and 2 below). If you have any questions concerning this product, please contact your Immunization Healthcare Specialist (IHS) by using the following: www.vaccines.mil/map

Site/Clinic Information:

Date: _____ Service: _____ Component: _____

Site/Clinic Name: _____

Site/Clinic Address: _____

Type of Site/Clinic: _____ Site/Clinic Phone #/DSN: _____

CQIIP POC: _____ CQIIP POC Email: _____

CQIIP POC Phone#/DSN: _____

Hours of Operation: _____ Busiest Days/Times: _____

Immunizations Available by: ☐ Walk-In ☐ Appointment Other: _____

Closed for: ☐ Lunch (time): _____ ☐ Training (day/time): _____

Patient Population (check all that apply):

☐ Active Duty ☐ Reserve/Guard ☐ Retired ☐ Dependents ☐ DOD Civilians/Contractors

Immunizations provided (check all that apply):

- ☐ Routine Adult: Hep A, Hep B, Flu, MMR, IPV, Td/Tdap, Varicella
- ☐ Infants/Children ages 0-6 yrs: Hep A, Hep B, RV, DTaP, Hib, PCV, IPV, MMR, Varicella, Flu
- ☐ Children/Adolescents ages 7-18 yrs: Tdap, HPV, MCV4, Flu, Hep B, IPV, MMR, Varicella
- ☐ Anthrax
- ☐ Smallpox
- ☐ Travel: Yellow Fever, Meningococcal, Japanese Encephalitis (JE), Typhoid, etc.
- ☐ Other: Rabies, Zoster, HPV, Adenovirus, Pneumococcal, etc.

References:

1. Joint Instruction AR 40-562, BUMEDINST 6230.15B, AFI 48-110_IP, CG COMDTINST M6230.4G, Immunizations and Chemoprophylaxis for Prevention of Infectious Disease at: www.vaccines.mil/ImmJointInstruction
2. Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization at: www.cdc.gov/mmwr/pdf/rr/rr6002.pdf
3. Centers for Disease Control and Prevention; Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book); 12th ed. Washington DC: Public Health Foundation, 2011. www.cdc.gov/vaccines/pubs/pinkbook/index.html

Submit completed CQIIP form to your IHS: www.vaccines.mil/Map

Standard 1: Immunization Availability

1. Are records reviewed routinely for required immunizations and are immunizations given at appropriate intervals? ☐ Yes ☐ No
 - a. If yes, do you administer the vaccine during the same patient visit?
 - b. If no, do you require the patient to return at a later date?
2. Has a privileged physician with medical oversight over any site/clinic that provides vaccinations been appointed in writing and a privileged healthcare provider (e.g., physician, nurse practitioner, physician assistant, Independent Duty Corpsman [IDC], Independent Duty Medical Technician [IDMT]) under the privileged physician been appointed in writing to oversee daily site/clinic activities? ☐ Yes ☐ No
3. Standard Operating Procedures (SOPs)/Operating Instructions (OIs):
 - a. Are SOPs/OIs available and signed by a privileged physician? ☐ Yes ☐ No
 - b. Has the privileged physician approved, annually reviewed, and signed SOPs/OIs? ☐ Yes ☐ No
 - c. SOPs/OIs include:

<input type="checkbox"/> Immunization Availability	<input type="checkbox"/> Vaccine Storage and Handling
<input type="checkbox"/> Vaccine Information and Vaccinee Education	<input type="checkbox"/> Immunization Personnel Training
<input type="checkbox"/> Indications and Contraindications	<input type="checkbox"/> Adverse Event after Immunization
<input type="checkbox"/> Immunization Recordkeeping	<input type="checkbox"/> Vaccine Advocacy to Protect the Military Family
4. Standing Orders:
 - a. Are standing orders used in place of a physician's prescription? ☐ Yes ☐ No
 - b. Has privileged physician annually reviewed/approved/signed all standing orders? ☐ Yes ☐ No
5. Do you provide travel and/or deployment immunizations? ☐ Yes ☐ No

Standard 2: Vaccine Information and Vaccinee Education

1. Vaccine Information Statements (VISs):
 - a. Are VISs available for all vaccines provided? ☐ Yes ☐ No
 - b. Are all VISs current? ☐ Yes ☐ No
2. What process is in place for patients/parents who ask for additional information beyond what is on the VIS or refuse vaccination? Explain:
3. Are current mandatory DOD brochures and educational materials available for the smallpox and anthrax vaccine? ☐ Yes ☐ No ☐ N/A

<input type="checkbox"/> Anthrax brochure dated: _____	<input type="checkbox"/> ACAM2000 Medication Guide dated: _____
<input type="checkbox"/> Smallpox brochure dated: _____	<input type="checkbox"/> Smallpox Screening Form dated: _____

Standard 3: Vaccine Storage and Handling

1. What is the approximate cost of vaccine(s) in your refrigerator and/or freezer? _____
2. Is your thermometer certified and calibrated? ☐ Yes ☐ No
3. How often do you visually check and manually document refrigerator and/or freezer temperatures on a temperature log?

4. Do you have a continuous (24/7) temperature monitoring alarm system that notifies staff if the refrigerator and/or freezer temperature(s) fall outside the normal ranges? ☐ Yes ☐ No
 - a. Is alarm system plugged into back-up or battery power? ☐ Yes ☐ No
 - b. Is refrigerator and/or freezer plugged into back-up or battery power? ☐ Yes ☐ No
5. Are all vaccines stored IAW manufacturer's recommendations in original packaging and properly rotated (e.g., by expiration date)? ☐ Yes ☐ No
6. Are all diluents current (not expired) and stored IAW manufacturer's package insert? ☐ Yes ☐ No
7. Do you pre-fill/pre-draw vaccine in syringes? ☐ Yes ☐ No. If yes, explain:

8. Are all vaccines handled IAW CDC/ACIP Storage and Handling guidelines? ☐ Yes ☐ No
9. Do you receive annual cold chain management training? ☐ Yes ☐ No
10. Do you receive vaccine specific Medical Materiel Quality Control (MMQC) messages? ☐ Yes ☐ No
11. Are step-by-step emergency procedures included in site's/clinic's SOPs/OIs to help prevent a vaccine cold chain compromise? ☐ Yes ☐ No
12. Does site/clinic have a process for reporting a potential vaccine or Temperature Sensitive Medical Product (TSMP) compromise? ☐ Yes ☐ No
13. Does staff know the proper packing protocol for transporting or shipping vaccines and/or other TSMP? ☐ Yes ☐ No
14. Does site/clinic have a process for redistribution of vaccines that will expire and not be used within 90 days? ☐ Yes ☐ No

Standard 4: Indications and Contraindications

1. Are patients screened for all indicated vaccinations based on age, health status, occupation, etc. during their visit? ☐ Yes ☐ No
 - a. If yes, how are records screened and when does this occur?

- b. If no, how do you know what immunizations a patient requires?

2. Do you have standardized questions for screening patients prior to vaccination? ☐ Yes ☐ No

3. What do you do if a patient states they have an allergy to a component of a vaccine? Explain:

4. Are signs posted in the area where vaccines are administered asking pregnant woman to identify themselves? ☐ Yes ☐ No. What is your process for pregnancy screening? Explain:

Standard 5: Immunization Recordkeeping

1. Which DOD approved Immunization Tracking System (ITS) is utilized to document immunizations? Check all that apply:

☐ MRRS

☐ SAMS

☐ MEDPROS

☐ ASIMS

☐ Non-Active Duty – AHLTA

☐ Active Duty – AHLTA

☐ Other

☐ No ITS utilized

2. What process(es) is/are in place for notifying patients when immunizations are due?

☐ Hit list

☐ Reminder cards

☐ Readiness web-site

☐ Unit correspondence

☐ Recall roster

☐ Deployment list

☐ Automated notification system

☐ Mailed/emailed

☐ Telephone notification

☐ During routine visits

☐ Health record verification

☐ In/Out processing

3. How and when do you document immunizations? (Describe electronic and/or manual method)

4. What process is in place for patients who present with no written documentation of previous vaccinations? Explain:

5. CDC 731 (Yellow Shot Record):

a. Do you have form CDC 731 (formerly PHS 731) available? ☐ Yes ☐ No

b. Is DOD International certification stamp (known as Yellow Fever stamp) available? ☐ Yes ☐ No

6. Do you transcribe immunization records? ☐ Yes ☐ No

Standard 6: Immunization Personnel Training

1. How many hours of immunization specific training are required during orientation and annually for staff members? _____ Is the training documented in the staff's training record(s)? ☐ Yes ☐ No
2. Are immunization specific competencies utilized for immunizer's training records? ☐ Yes ☐ No
3. Which of the following immunization resources do you utilize? (check all that apply)

<input type="checkbox"/> DHA-IHB	<input type="checkbox"/> Pink Book
<input type="checkbox"/> CDC / ACIP	<input type="checkbox"/> Yellow Book
<input type="checkbox"/> Service specific	<input type="checkbox"/> Immunization Toolkit
<input type="checkbox"/> COCOM	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MAJCOM	
4. Which training resources does your site/clinic utilize? (check all that apply)

<input type="checkbox"/> DHA-IHB online training (e.g., ImzU, PIR)
<input type="checkbox"/> Live training (e.g., SQIPC/IPLC, Pink Book course, National Immunization Conference, etc.)
<input type="checkbox"/> CDC
<input type="checkbox"/> Immunization Action Coalition (IAC)
<input type="checkbox"/> Other: _____

Standard 7: Adverse Events after Immunization

1. Does site/clinic have medications, equipment, and supplies readily available for emergency management of anaphylaxis? ☐ Yes ☐ No
 - a. Are a minimum of 3 vials of epinephrine 1:1,000 or Epi-pen auto-injectors available? ☐ Yes ☐ No
 - b. Are emergency medications (e.g., Epi, Benadryl) & equipment (e.g., blood pressure cuffs, oral airways, bag valve mask) available for patient population served (e.g., Infant, Peds, Adult)? ☐ Yes ☐ No
 - c. Is ability to activate emergency response system available and tested at least monthly? ☐ Yes ☐ No
2. Is staff trained annually on management of anaphylaxis and vasovagal (e.g., fainting) episodes?
☐ Yes ☐ No
3. What is the site/clinic's process to report an adverse event after immunization?
4. Does SOPs/OIs include step-by-step procedures in the event of anaphylaxis and/or an adverse event?
☐ Yes ☐ No

Standard 8: Vaccine Advocacy to Protect the Military Family

1. Does staff or site/clinic participate in immunization patient education, outreach events, and/or marketing? ☐ Yes ☐ No. Immunization events include (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Annual Flu Campaign | <input type="checkbox"/> Adult Immunizations |
| <input type="checkbox"/> Retiree Day | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Immunization Awareness Month | <input type="checkbox"/> Zoster (shingles) |
| <input type="checkbox"/> Peds-Infant Immunization Week | <input type="checkbox"/> Tdap |
| <input type="checkbox"/> School Programs | <input type="checkbox"/> HPV |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Flyers/Posters |
| <input type="checkbox"/> Newspaper Articles | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emails | |

2. Does your site/clinic have a quality improvement process for your immunization practice? ☐ Yes ☐ No

3. Are annual influenza compliance and immunization readiness rates tracked at your site/clinic? ☐ Yes ☐ No

4. Are ACIP recommended vaccines promoted at site/clinic for high risk groups? ☐ Yes ☐ No
ACIP recommended vaccines include (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> Japanese Encephalitis |
| <input type="checkbox"/> Zoster (shingles) | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> HPV for females | <input type="checkbox"/> Adenovirus |
| <input type="checkbox"/> HPV for males | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Typhoid | |
| <input type="checkbox"/> Meningococcal | |