PAVE Adult Vaccination Performance Improvement Guide

November 2013

PAVE

PARTNERSHIP FOR ADULT VACCINATION AND EDUCATION

PAVE Adult Vaccination Performance Improvement Guide

Table of Contents

PAVE Adult Vaccination Performance Improvement Guide

Table of Contents (cont.)

INTRODUCTION

PAVE Adult Vaccination Performance Improvement Guide

Introduction

WELCOME TO PAVE PERFORMANCE IMPROVEMENT

This Performance Improvement (PI) guide will help facilitate the engagement of both you and your care team in the process of assessing, addressing, and improving your current adult immunization practices. The use of assessments, surveys, tools, and resources created by PAVE experts as well as sources such as the Centers for Disease Control and Prevention (CDC), Immunization Action Coalition (IAC), and the National Foundation for Infectious Diseases (NFID), can help you formulate a plan specific to the needs of your practice. Over a time interval of your choice, you and your care team can use this guide to focus on your exact needs, acquire necessary knowledge and skills, then apply that knowledge, use those skills, and implement desired changes in order to help you achieve your adult vaccination goals in your practice.

This guide has been created to be just that; a guide. Please feel free to modify any of the instructions as you see fit in order to suit your individual practice needs.

Congratulations on your decision to become an agent of change in order to better treat and manage your patients! We sincerely believe this guide will be of great use to you and your care team.

Of note: Physicians boarded by the American Board of Internal Medicine may be able to use this project data to fulfill MOC Part IV via a Completed PIM through the ABIM.

PAVE Educational Partners:

Physicians' Institute for Excellence in Medicine — Improving medical practice for physicians and their patients

School of Medicine and Public Health, University of Wisconsin-Madison

CME Enterprise

Healthcare Performance Consulting

Declaration of Commercial Support:
This activity is supported by an educational grant from GlaxoSmithKline.

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PAVE Adult Vaccination Performance Improvement Guide

Process Overview

Part 1: Learn from your current practices (process should take ~1 month)

The entire care team works together to define current roles and responsibilities of each team member and complete the Systems Evaluation. Also during this time, the physician, and anyone else who is interested or deemed appropriate, completes the Learning Self-Assessment (LSA). This is followed by the distribution and collection of patient surveys, as well as the process of chart review and analysis, which is typically most effective if the care team extracts data from the charts and then the group, or the individual physician, analyzes the data.

	Part 1	
Activity Tasks	Month 1	
Self Assessment	X	
Systems Evaluation	X	
Patient Surveys	X	X
Chart Review		X
Review Resources		
PDSA Cycle		
Activity Evaluation		

Part 2: Learn from the application of PI to patient care (process should take at least ~2-3 months)

The care team reviews all data collected in Part 1 in order to identify gaps in care. After reviewing national benchmarks and available tools and resources from various different sources, they then devise an action plan that will address specific needs that were identified.

	Part 2					
Activity Tasks	Month 2		Month 3		Month 4	
Self Assessment						
Systems Evaluation						
Patient Surveys						
Chart Review			X			X
Review Resources	X	X		X		X
PDSA Cycle		X			X	
Activity Evaluation						

Part 3: Learning from the evaluation of the PI Process (process could take ~1 month)

A near mirror of Part 1, assessments are completed in the same manner in which they were done in Part 1 (self-assessment, systems evaluation, patient surveys, chart review). Each assessment is compared to its Part 1 counterpart in order to identify any changes that may have taken place, recognizing that improvements can take place in many forms. To finish the process, the care team completes an Official Process Evaluation Form.

	Part 3	
Activity Tasks	Month 5	
Self Assessment	X	
Systems Evaluation	X	
Patient Surveys	X	X
Chart Review		X
Review Resources		
PDSA Cycle		
Activity Evaluation		X

PAVE Adult Vaccination Performance Improvement Guide

Prework, Part 1 Work, Part 2 Work, and Part 3 Work

PREWORK

1. Complete Organizational Assessment. *(See Addendum A, page 11.)* Send a copy of this document to UW Staff via e-mail to tmnelson@ocpd.wisc.edu.
2. Review Sequence of Events. *(See Addendum B, page 15.)*
3. Identify a project champion, or a project lead, to facilitate the project.

PART 1 WORK

1. Schedule a PAVE PI kick-off meeting. *(See Addendum C, page 17.)*
    a. This should be a 90-minute meeting to be held at the clinic site with the entire care team.
    b. Project lead should review/modify agenda as appropriate and facilitate meeting.
    c. No work is to be done (by the care team or the physician/s) PRIOR to this meeting.
    d. It is CRITICAL that the entire team know their importance and value in this process; without everyone vested and performing to maximum capacity, the process breaks down.
2. After the kick-off meeting, all appropriate staff members complete the Learning Self-Assessment *(See Addendum D, page 19)* to identify gaps in knowledge and/or practices with regard to vaccinations.
3. Distribute a minimum of 50 Patient Surveys at the clinic level in order to get at least 10 back. *(See Addendum E, page 26.)*
4. Conduct Team Meeting #1. *(See Addendum F, page 27.)*
    a. This meeting should be 45-60 minutes.
    b. Care Team completion of the PAVE Roles and Responsibilities–Part 1 document. *(See Addendum G1, page 28.)*
    c. Care Team completion of the Systems Evaluation. *(See Addendum H, page 30.)*
5. Review 25 patient charts (recommended minimum number) with regard to the adult vaccinations your care team has decided to focus on. This step can be done by the care team as a group, or as individuals. The important part is that the care team comes together and discusses the results together to identify gaps in care. *(See Addenda I, J, K, and L, pages 34, 37, 39, 42, respectively, for how to select or create a measure, as well as how to determine gaps in care and create a data collection form.)*

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PARTNERSHIP FOR ADULT VACCINATION AND EDUCATION

PAVE Adult Vaccination Performance Improvement Guide

Prework, Part 1 Work, Part 2 Work, and Part 3 Work (cont.)

PART 2 WORK

1. Part 2 starts with Team Meeting #2. *(See Addendum M, page 45.)*
    a. Plan for 45-60 minutes.
    b. Review Learning Self-Assessment(s)–identify systems issues. *(See Addendum N, page 46.)*
    c. Review Patient Survey responses–again, identify systems issues. *(See Addendum O, page 49.)*
    d. Review chart review results–identify systems issues. *(See Addendum P, page 52.)*
    e. Review Systems Evaluation results–identify systems issues. *(See Addendum Q, page 55.)*
    f. All of the above will be compared to national benchmarks (at a minimum), or other benchmarks that you have available to you (eg, institutional requirements, clinic standards). *(See Addendum R, page 58.)*
2. The care team reviews the tools and resources at: **www.PAVEresources.com** to see what is available that will suit the identified needs. As necessary, care team members can seek additional sources for more tools that align with identified clinic needs.
3. Conduct Team Meeting #3. *(See Addendum S, page 61.)*
    a. Plan on 45-60 minutes.
    b. Finish all of the review forms (self-assessment, patient surveys, chart review, systems evaluation) and prioritize gaps.
    c. Create Action Plan. *(See Addendum T1, page 62.)*
    d. Revise Roles and Responsibilities. *(See Addendum G2a, page 65.)*

    NOTE: Ensure that each member of the care team understands that they will be responsible for performing their vaccination duties as outlined in the PAVE Roles and Responsibilities document. A process should be established for whom to ask, how to ask, and when to ask if someone has questions or concerns about these roles and responsibilities (theirs or their colleagues').
4. The project lead should report the action plan to the group for clarification.
5. After a minimum of 3 weeks has passed, which is considered PDSA Cycle 1, complete a small chart review (10 charts) and benchmark comparison. Again, this can either be done by the project lead alone or as an entire care team.

6. Conduct Team Meeting #4. *(See Addendum U, page 68.)*
    a. Plan on 15 minutes.
    b. Review and/or update the Action Plan as needed based on the results of the Chart Review, as well as the impressions of and feedback from all members of the care team. *(See Addendum T2, page 69.)*
    c. Review and/or update Roles and Responsibilities as needed based on the results of the Chart Review, as well as the impressions of and feedback from all members of the care team.

    NOTE: If changes are made to the Action Plan, they should be reflected in the Roles and Responsibilities as necessary. (See Addendum G2b, page 72.)
7. The project lead should report updates to the action plan, as well as status of the activity in general.
8. After a second 3 weeks has passed, which is considered PDSA Cycle 2, perform another small chart review (10 charts) and benchmark comparison. As previously stated, this can either be done alone, or as a care team.
9. Conduct Team Meeting #5. *(See Addendum V, page 75.)*
    a. Plan on 15 minutes.
    b. Review and/or update the Action Plan as needed based on the results of the Chart Review, as well as the impressions of and feedback from all members of the care team. *(See Addendum T3, page 76.)*
    c. Review and/or update the Roles and Responsibilities as needed based on the results of the Chart Review, as well as the impressions of and feedback from all members of the care team.

    NOTE: If changes are made to the Action Plan, they must be reflected in the Roles and Responsibilities as necessary. (See Addendum G2c, page 79.)

PART 3 WORK

1. All who completed the LSA *(Addendum D, page 20)* in Part 1 should again complete it and compare his/her results to that of Part 1.
2. Distribute a minimum of 50 Patient Surveys in order to get at least 10 back. *(See Addendum E, page 26.)*
3. The care team completes the Systems Evaluation and compares it to the one completed in Part 1. *(See Addendum H, page 30.)*
4. A chart review is completed, and as was the case in Part 1, 25 charts are recommended. (However, whatever number of charts was reviewed in Part 1 should again be reviewed in Part 3.) This can be done alone or by the care team as a group. Comparison to benchmarks as well as to the results of previous chart reviews is necessary.

5. Conduct Team Meeting #6. *(See Addendum W, page 83.)*
    a. Plan on 60-90 minutes.
    b. The care team will review each of the assessments (self-assessment, systems evaluation, patient surveys, chart reviews) as they were compared to their Part 1 counterparts and discuss this as a group.
    c. Note and discuss improvements and why the group thinks they occurred.
    d. Note and discuss any declines in performance and why the group thinks they occurred.
    e. Review the final Action Plan *(See Addendum T3 from Part 2, page 76)*. Discuss which aspects will remain in place as the clinic ends the project; then document, and continue with the new 'steady state' of vaccination practice *(See Addendum T4, page 84).*
    f. Review the final Roles and Responsibilities. *(See Addendum G2c from Part 2, page 79.)* Discuss which aspects will remain in place as the clinic ends the project; then document and continue with the new 'steady state' of vaccination practice. *(See Addendum G3, page 87.)*
    g. Complete the Official Process Evaluation form. *(See Addendum X, page 90.)*
6. Send a copy of the Official Process Evaluation form to UW Staff via e-mail to tmnelson@ocpd.wisc.edu.

PAVE Adult Vaccination Performance Improvement Guide

Organizational Assessment—Addendum A

Organization Name and Address: _____

_____

Name(s), Title(s), Role(s), and Contact Information (phone/e-mail) of person filling out this form:

_____

Organizational Administration Contacts (Names, Titles, Contact Information): _____

_____

Assessment Date: _____

ORGANIZATIONAL BACKGROUND

1. How would you classify your clinic (eg, Internal Medicine, OB/GYN, Infectious Disease, etc)?

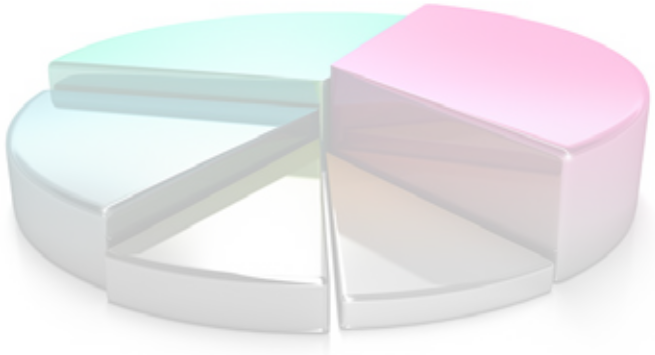
   _____

CLIENT DEMOGRAPHICS

2. What percent of your total client population belongs to the following categories?

   19-64 years old _____%

   65 years old and above _____%



3. GENDER—What percent of your total client population is … ?

   Male _____%

   Female _____%

   Pregnant/Postpartum _____%

4. During the past 3 months, how many ADULT patients did your organization serve? (Note: Do not count visits, count individuals) *Number Required

   _____ ☐ Estimated ☐ Actual

PAVE Adult Vaccination Performance Improvement Guide

Organizational Assessment—Addendum A (cont.)

VACCINATION PRACTICES

5. Which of the following vaccines do you routinely offer at your clinic?

Hepatitis A	_____	Pneumococcal	_____
Hepatitis B	_____	Td/Tdap	_____
HPV	_____	Varicella	_____
Influenza	_____	Zoster	_____
Meningococcal	_____		

6. Do you have a regular process in place for reviewing and administering adult vaccinations? If so, please describe:

_____

_____

_____

_____

CONTINUOUS QUALITY IMPROVEMENT

7. Does your organization have a Quality Management (QM)/Continuous Quality Improvement (CQI) plan?

☐ Yes ☐ No (Skip to Question 13)

8. Does your QM/CQI plan contain performance indicators related to ADULT vaccination practices?

☐ Yes ☐ No

9. Who monitors the QM/CQI plan implementation? (Data collection and Data analysis)

Provide Name(s) and Title(s): _____

10. How often do you review your QM/CQI data? _____

11. Is your QM/CQI data collected via EMR, registry, or by a paper chart review? _____

If electronic, what software do you use? _____

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PARTNERSHIP FOR ADULT VACCINATION AND EDUCATION

12. To what extent does the organization integrate QM/CQI findings into future planning?

_____

_____

_____

_____

CLINICAL STAFF

13. How many of each of the following clinicians are part of your organization?

Physician (MD/DO)	TOTAL	Other Clinicians	TOTAL
Family Practice		Total # of Physician Assistants	
Internal Medicine		Total # of Nurse Practitioners	
Infectious Disease Specialist			
OB/GYN			
Other specialties			

LINKAGES

14. Does your organization have linkages/relationships (formal or otherwise) with other organizations (like pharmacies) to provide vaccinations that you do not offer directly?

☐ Yes ☐ No

If yes, please identify linkage sites and services provided: _____

_____

_____

PAVE Adult Vaccination Performance Improvement Guide

Organizational Assessment—Addendum A (cont.)

PAVE PI PLAN

15. What are your expected outcomes from engagement in this process?

16. What clinicians intend to participate (name and MD, DO, NP, PA, etc)?

PAVE Adult Vaccination Performance Improvement Guide

Sequence of Events—Addendum B

PRIOR TO KICKOFF			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Complete Organizational Assessment	Physician leaders, administrators	
2	Send Organizational Assessment to UW	Physician leaders, administrators	
3	Review Sequence of Events	Physician leaders, administrators	
PART 1 WORK (ASSESS YOUR CURRENT PRACTICE)			
KICKOFF			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Hold kick-off meeting	Physician(s) and care team	
2	Complete Learning Self-Assessment(s)	Physician(s), others?	
3	Distribute patient surveys	Physician(s), with care team if desired	
4	Hold team meeting #1	Physician(s) and care team	
	• Roles and Responsibilities		
	• Systems Evaluation		
5	Perform chart review/benchmark comparison	Physician(s)	
PART 2 WORK (IMPLEMENT CHANGES IN YOUR PRACTICE)			
MEETING #2			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Hold team meeting #2	Physician(s) and care team	
	• Review Learning Self-Assessment(s)		
	• Review Systems Evaluation results		
	• Review patient survey responses		
	• Review chart review results		
	• Compare above to national benchmarks		
2	Review tools and resources	Physician(s) and care team	
MEETING #3			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Hold team meeting #3	Physician(s) and care team	
	• Create Action Plan		
	• Update Roles and Responsibilities		
2	Perform chart review (PDSA cycle 1)/benchmarks	Physician(s), with care team if desired	

PAVE Adult Vaccination Performance Improvement Guide

Sequence of Events—Addendum B (cont.)

MEETING #4			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Hold team meeting #4	Physician(s) and care team	
	• Review/update Action Plan		
	• Review/update Roles and Responsibilities		
2	Perform chart review (PDSA cycle 2)/benchmarks	Physician(s), with care team if desired	

MEETING #5			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Hold team meeting #5	Physician(s) and care team	
	• Review/update Action Plan		
	• Review/update Roles and Responsibilities		

PART 3 WORK (RE-ASSESS YOUR PRACTICE)			
ASSESSMENT			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Complete Learning Self-Assessment(s)	Physician(s)	
2	Distribute patient surveys	Physician(s), with care team if desired	
3	Complete Systems Evaluation	Physician(s) and care team	
4	Perform chart review/benchmark comparison	Physician(s), with care team if desired	

MEETING #6			
Step	**Task**	**Clinic Individuals Involved**	**Date Completed**
1	Hold team meeting #6	Physician(s) and care team	
	• Review/update Action Plan		
	• Review/update Roles and Responsibilities		
	Complete Official Process Evaluation Form		
2	Send Process Evaluation Form to UW	Physician leaders, administrators	

PAVE Adult Vaccination Performance Improvement Guide

Kick-off Meeting—Addendum C

DATE: _____

ATTENDEES: _____

LOCATION: _____

DOCUMENTS: PAVE PI Guide

Agenda:

1. Introductions
2. Review PI Guide, especially Process Overview
3. Discussion of Assessments, Surveys, Chart Review, Measures, Calculations
4. Identify project lead and co-lead
5. Questions?
6. Schedule next meeting

PART 1:
ASSESS YOUR CURRENT PRACTICE

PAVE Adult Vaccination Performance Improvement Guide

Adult Immunization LSA—Addendum D

Example

Competency: Systematically screen all patients for tobacco use

Question: A 45-year-old patient comes to see you for her annual check-up. She has been your patient for 20 years. Your chart notes indicate that she has been smoking cigarettes since she was 22 years old. She has tried to quit smoking once or twice in her 30s but was only successful for short periods of time. How likely are you to ask her if she is currently smoking cigarettes during this visit?

Not very likely 1 2 3 4 5 Very likely

UTILIZE ALL CLINICAL ENCOUNTERS AS OPPORTUNITIES TO ASSESS A PATIENT'S IMMUNIZATION STATUS.

Competency: Identify an individual patient's immunization status

1. **An established 30-year-old patient is seen on an office visit for a UTI. Aside from assessing the patient's UTI, how likely are you to review this patient's immunization status on this visit?**

   Not very likely 1 2 3 4 5 Very likely

Competency: Maintain up-to-date records on immunizations

2. **How likely is it that the medical record would provide quick accessibility to this patient's immunization records?**

   Not very likely 1 2 3 4 5 Very likely

ADMINISTER AT EACH CLINICAL ENCOUNTER ALL IMMUNIZATIONS THAT ARE DUE OR OVERDUE UNLESS TRUE CONTRAINDICATIONS EXIST.

Competency: Identify which vaccines are indicated for each patient seen

3. **Can you determine the comprehensive vaccination status of a specific patient in your practice panel?**

   ☐ Yes ☐ No

4. **Can you identify (or produce a list of) all vaccines that are indicated for any given patient in your practice panel?**

   ☐ Yes ☐ No

PAVE
PARTNERSHIP FOR ADULT VACCINATION AND EDUCATION

PAVE Adult Vaccination Performance Improvement Guide

Adult Immunization LSA—Addendum D (cont.)

Competency: Identify which vaccines are indicated for each patient seen (cont.)

PATIENT CASES

Adapted from http://www2a.cdc.gov/vaccines/ed/whatworks/test_your_knowledge.asp

Note: for all of these cases, assume the zoster vaccine would still be for age 60 and above, rather than 50 (as recently approved by the FDA).

Julie is a 19-year-old first-year college student who will be living in a dormitory this fall. She presents to you in late August. In the state where she lives, colleges require that her vaccinations are up to date. You review her medical record and find that she had 5 doses of Tdap prior to age 5. Her medical history also includes chlamydia cervicitis that she contracted from her boyfriend last year. Although it is not noted in her medical history, she states that her mother told her she had chickenpox when she was 3 years old.

What vaccines, if any, should Julie receive? (Select all that apply.)

- ☐ Tdap
- ☐ Influenza
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ HPV
- ☐ Pneumococcal
- ☐ Zoster
- ☐ Meningococcal
- ☐ Varicella
- ☐ None

Janine is a 40-year-old heterosexual social worker who comes to your office in November for a check-up. She is beginning a new job at a medical clinic that cares primarily for HIV-infected patients. She does not expect to be exposed to blood or body fluids, but she will be working closely with patients. Her medical record shows that she received her most recent Td booster 5 years ago. She reports that she has never had chickenpox. She has no current medical problems.

What vaccines, if any, should Janine receive? (Select all that apply.)

- ☐ Tdap
- ☐ Influenza
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ HPV
- ☐ Pneumococcal
- ☐ Zoster
- ☐ Meningococcal
- ☐ Varicella
- ☐ None

PAVE Adult Vaccination Performance Improvement Guide

Adult Immunization LSA—Addendum D (cont.)

Competency: Identify which vaccines are indicated for each patient seen (cont.)

Marguerite, a 58-year-old female, presents to your office in November complaining of urinary frequency. As you take a history from her, you learn that she smokes 1½ to 2 packs of cigarettes per day and reports a history of alcohol dependence. She remembers having received a shot 3 years ago during a visit to the emergency room when her "pancreas was acting up" but cannot remember what the shot was. She thinks she had chickenpox as a child. Her liver test results show ALT levels at 5 times the upper limit.

What vaccines, if any, should Marguerite receive? (Select all that apply.)

- ☐ Tdap
- ☐ Influenza
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ HPV
- ☐ Pneumococcal
- ☐ Zoster
- ☐ Meningococcal
- ☐ Varicella
- ☐ None

Michele is a 28-year-old HIV (+) lesbian presently in good health presenting to your office in November. She is employed at a computer software agency, but spends 10 or more hours per week volunteering at an AIDS hospice. According to her medical record, Michele received Td 6 years ago, 3 doses of hepatitis B vaccine 3 years ago, and had chickenpox as a child.

What vaccines, if any, should Michele receive? (Select all that apply.)

- ☐ Tdap
- ☐ Influenza
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ HPV
- ☐ Pneumococcal
- ☐ Zoster
- ☐ Meningococcal
- ☐ Varicella
- ☐ None

PAVE Adult Vaccination Performance Improvement Guide

Adult Immunization LSA—Addendum D (cont.)

Competency: Identify which vaccines are indicated for each patient seen (cont.)

Hank is a 66-year-old male grandfather with history of cardiac arrest, arteriosclerosis, and congestive heart failure presenting to your3 office in October. His vaccination history shows that he received influenza vaccine last September (1 year ago) and Td 6 years ago. He believes he had chickenpox as a child.

What vaccines, if any, should Hank receive? (Select all that apply.)

- ☐ Tdap
- ☐ Influenza
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ HPV
- ☐ Pneumococcal
- ☐ Zoster
- ☐ Meningococcal
- ☐ Varicella
- ☐ None

Do you have a system to keep yourself up to date regarding changes in immunization best practices?

☐ Yes ☐ No

How effective do you think you are in keeping up to date regarding changes in immunization best practices?

Not very likely	1	2	3	4	5	Very likely

Competency: Manage vaccines for special populations (pregnancy, immunocompromised, allergies, etc)

Are you confident that you will make appropriate vaccine recommendations for patients that are:

	(Confidence 1=low, 5=high)				
Pregnant	1	2	3	4	5
Feel ill	1	2	3	4	5
Believe they are up-to-date on vaccines but there is no verification	1	2	3	4	5
Immunocompromised	1	2	3	4	5

PAVE Adult Vaccination Performance Improvement Guide

Adult Immunization LSA—Addendum D (cont.)

EDUCATE PATIENTS REGARDING THE IMPORTANCE OF IMMUNIZATIONS, THE RECOMMENDED SCHEDULE AND THE NEED TO MAINTAIN A PERSONAL RECORD OF IMMUNIZATIONS.

Competency: Communicate importance of specific vaccines

How important are the following vaccines in your practice?	**(importance 1=low, 5=high)**
Pneumococcal	1 2 3 4 5
Influenza	1 2 3 4 5
Tetanus	1 2 3 4 5
Hepatitis	1 2 3 4 5
Varicella/Shingles	1 2 3 4 5
STD-related vaccines	1 2 3 4 5

How many adults in the United States die annually from vaccine-preventable diseases?

- ☐ 1,000
- ☐ 5,000
- ☐ 10,000
- ☐ 50,000

What is the most important reason why patients get vaccinated?

- ☐ Insurance requirements
- ☐ Physician recommendation
- ☐ Patient demand
- ☐ Workplace protocols

Which of the following do you use to educate patients about the need for immunizations? (Select all that apply.)

- ☐ Counseling by a physician
- ☐ Counseling by a nurse
- ☐ Office questionnaire about general vaccination needs
- ☐ Patient vaccine information statements (VIS) before actual vaccination
- ☐ Other _____

PAVE Adult Vaccination Performance Improvement Guide

Adult Immunization LSA—Addendum D (cont.)

Competency: Resolve patient concerns about adverse effects of vaccines

Are you confident that you will make appropriate vaccine recommendations for patients that:

	(Confidence 1=low, 5=high)
State an allergy to eggs	1 2 3 4 5
State an allergy or a concern about thimerosal	1 2 3 4 5
Fear getting ill from the vaccine	1 2 3 4 5

Which of the following do you use for education on side effects and reactions to vaccines? (Select all that apply.)

- ☐ Patient VIS
- ☐ Counseling by a physician
- ☐ Counseling by a nurse
- ☐ Counseling by a pharmacist
- ☐ Other _____

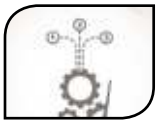
DOCUMENT REASONS FOR NOT ADMINISTERING IMMUNIZATIONS THAT ARE CLINICALLY INDICATED.

_____

_____

_____

_____



IMPLEMENT SYSTEMS TO REMIND PATIENTS AND PROVIDERS WHEN VACCINATIONS ARE DUE AND RECALL PATIENTS WHO ARE OVERDUE.

Competency: Utilize reminder system to identify patients for whom vaccinations are due or overdue.

If a patient begins a 2 or 3 vaccine series, is there a system in place for a reminder for the patient to have another appointment?

☐ Yes ☐ No

PAVE Adult Vaccination Performance Improvement Guide

Adult Immunization LSA—Addendum D (cont.)

If a patient fails to keep a follow-up appointment, is the patient contacted?

☐ Yes ☐ No

DOCUMENT THE FUTURE PLAN FOR ADMINISTERING IMMUNIZATIONS.

_____

_____

_____

_____

_____

REPORT IMMUNIZATIONS TO IMMUNIZATION REGISTRIES AND VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS).

Competency: Report immunizations to immunization registries and Vaccine Adverse Event Reporting System (VAERS).

Does your state have an immunization registry?

☐ Yes ☐ No ☐ I don't know

If yes to the above question, do you utilize the immunization registry?

☐ Yes ☐ No

Do you know where to find the site for reporting Vaccine Adverse Events Reporting System (VAERS)?

☐ Yes ☐ No

The LSA Answer Key is located on PAVEResources.com in the "PI In Your Practice" section

PAVE Adult Vaccination Performance Improvement Guide

Patient Survey—Addendum E

Please print full name of the physician being reviewed: _____

The information that you provide is anonymous, and for informational purposes only. Please select a performance rating for each of the following statements.

PERFORMANCE RATINGS

Never	Rarely	Occasionally	Frequently	Always	Not Applicable
1	2	3	4	5	6

Please indicate if you are male or female	MALE			FEMALE		
Please indicate your age	AGE IN YEARS:					
Vaccination Specific Questions						
DOES YOUR PHYSICIAN OR YOUR PHYSICIAN'S STAFF:						
Review your vaccination status with you	1	2	3	4	5	6
Inform you of adult vaccination recommendations	1	2	3	4	5	6
Inform you of the importance of adult vaccinations Select vaccinations you have been made aware of by your healthcare provider: ☐ Hepatitis A ☐ Hepatitis B ☐ HPV ☐ Influenza (Flu) ☐ Pneumococcal (Pneumonia or PPSV) ☐ Meningococcal (Meningitis) ☐ Tetanus (Tdap/Td) ☐ Varicella (Chicken Pox) ☐ Zoster (Shingles)						
Inform you of what vaccinations you need to update and when	1	2	3	4	5	6
Discuss possible reasons you SHOULDN'T get vaccinated	1	2	3	4	5	6
Inform you of the importance of maintaining personal shot records	1	2	3	4	5	6
Offer you a personal shot record if you don't have one	1	2	3	4	5	6
Recommend annual influenza vaccinations (flu shots)	1	2	3	4	5	6
Inquire about your lifestyle as it applies to vaccination requirements *(ie, global traveling, overseas adoption, sexual orientation, etc)*	1	2	3	4	5	6
Inform you of how your lifestyle impacts your vaccination needs *(ie, global traveling, overseas adoption, sexual orientation, etc)*	1	2	3	4	5	6
Review your medical history as it applies to vaccination requirements *(ie, Hepatitis A, B, or C; HIV; chicken pox; other illnesses)*	1	2	3	4	5	6
Provide you with educational materials on vaccinations	1	2	3	4	5	6
Respond to questions/concerns you have about vaccinations	1	2	3	4	5	6
Inform you of when and where to obtain vaccinations	1	2	3	4	5	6
Inform you of potential side effects to vaccinations	1	2	3	4	5	6
Provides instruction on possible reactions to vaccinations	1	2	3	4	5	6
General Healthcare Questions						
Physician asks questions regarding your health history	1	2	3	4	5	6
Physician discusses treatment costs, insurance, and payment options	1	2	3	4	5	6
Physician considers your preferences with regard to treatment options	1	2	3	4	5	6
Physician tells you when to schedule a return visit	1	2	3	4	5	6
Physician treats you in a professional manner regardless of age, sex, race, etc	1	2	3	4	5	6

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PAVE Adult Vaccination Performance Improvement Guide

Team Meeting #1—Addendum F

DATE: _____

ATTENDEES: _____

LOCATION: _____

DOCUMENTS: Roles and Responsibilities—Part 1, Systems Evaluation

Agenda:

1. Address questions, concerns, comments to-date
2. Complete Roles and Responsibilities—Part 1 document
3. Complete Systems Evaluation
4. Additional/New Questions
5. Schedule next meeting

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 1—Addendum G1

Using the table below, list each individual involved in the process of adult vaccination, their CURRENT role(s), tasks associated with the role(s), and the frequency with which the task(s) are performed.

NOTE: Be sure to consider all aspects—from ordering and disposing of the sharps containers and 4x4's to checking the temperature of the refrigerator to calling the patient to administering the vaccine.

Name, Certification/Degree	Role	Tasks Associated	Frequency
Ie, Christina, Medical Assistant	Room Patients	Height, weight, B/P, pulse, temp, pain, smoke status, safety, review meds, etc	Every patient, every visit

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 1—Addendum G1 (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

PAVE Adult Vaccination Performance Improvement Guide

Systems Evaluation—Addendum H

1. We are familiar with special vaccination recommendations for high-risk patients (eg, special groups who need Hepatitis A, Hepatitis B, Pneumococcal, Influenza vaccines).
   ☐ Yes ☐ No ☐ Partly
2. 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).
   ☐ Yes ☐ No ☐ Partly
3. 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.
   ☐ Yes ☐ No ☐ Partly
4. 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.
   ☐ Yes ☐ No ☐ Partly
5. Patients can walk in during office hours for a "nurse only" visit and get vaccinated.
   ☐ Yes ☐ No ☐ Partly
6. 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.
   ☐ Yes ☐ No ☐ Partly
7. We use all patient encounters (including acute-care and follow-up visits) to assess and provide vaccinations.
   ☐ Yes ☐ No ☐ Partly
8. 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.
   ☐ Yes ☐ No ☐ Partly
9. We ask patients/parents to complete a simple screening questionnaire for contra-indications 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 (eg, in the waiting room or exam room).
   ☐ Yes ☐ No ☐ Partly
10. We provide vaccination services during some evening and/or weekend hours.
    ☐ Yes ☐ No ☐ Partly
11. We've trained our nursing and office staff (eg, receptionist, scheduler) to know how to determine valid and invalid contra-indications to vaccinations, as well as the minimum intervals permissible between vaccinations. This training ensures that our clinic staff miss no opportunity to vaccinate.
    ☐ Yes ☐ No ☐ Partly

PAVE Adult Vaccination Performance Improvement Guide

Systems Evaluation—Addendum H (cont.)

12. Our staff are trained to administer multiple vaccinations to patients who are due for multiple vaccinations.
    ☐ Yes ☐ No ☐ Partly
13. Our nurses can give vaccinations under standing orders (ie, they can independently screen patients and administer vaccines under pre-existing signed physician's orders).
    ☐ Yes ☐ No ☐ Partly
14. We maintain a comprehensive immunization record in a visible location in each patient's chart (eg, the front of the chart).
    ☐ Yes ☐ No ☐ Partly
15. Prior to patient visits, we review the immunization record for each patient and flag charts of those who are due or overdue.
    ☐ Yes ☐ No ☐ Partly
16. We can call on translators when we need to communicate with patients who speak little or no English.
    ☐ Yes ☐ No ☐ Partly
17. 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.
    ☐ Yes ☐ No ☐ Partly
18. 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.
    ☐ Yes ☐ No ☐ Partly
19. With each patient visit, we document on the patient's chart that their immunization status has been reviewed (eg, a notation such as "immunization status reviewed" is pre-printed on the progress note or other chart form).
    ☐ Yes ☐ No ☐ Partly
20. We give patients/parents a simple schedule of recommended vaccinations.
    ☐ Yes ☐ No ☐ Partly
21. We give patients/parents an information sheet about how to treat pain and fever following vaccinations.
    ☐ Yes ☐ No ☐ Partly
22. 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.
    ☐ Yes ☐ No ☐ Partly

PAVE Adult Vaccination Performance Improvement Guide

Systems Evaluation—Addendum H (cont.)

23. We provide resources (eg, 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.
    ☐ Yes ☐ No ☐ Partly

24. 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.
    ☐ Yes ☐ No ☐ Partly

25. 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.
    ☐ Yes ☐ No ☐ Partly

26. Our staff enters every vaccination for every patient into our state immunization registry.
    ☐ Yes ☐ No ☐ Partly

27. Our staff informs patients about our state immunization registry and provides instructional information about how to access their and their children's (if applicable) information.
    ☐ Yes ☐ No ☐ Partly

28. When our patients need immunizations that we don't offer, we refer them to local shot clinics, including pharmacies, in our area that we know for certain offer those immunizations.
    ☐ Yes ☐ No ☐ Partly

29. We have a working relationship and open two-way communication with our local pharmacies with regard to ensuring our patients are properly immunized.
    ☐ Yes ☐ No ☐ Partly

30. Our staff is aware of our state immunization registry.
    ☐ Yes ☐ No ☐ Partly

31. Our staff is routinely reviewed and are all up-to-date on appropriate adult vaccinations.
    ☐ Yes ☐ No ☐ Partly

32. Our charting system (be it electronic or paper-based) facilitates the review of immunization status, as well as the administration and documentation of immunizations for every patient at every visit.
    ☐ Yes ☐ No ☐ Partly

33. We have a process in place to ensure that we receive immunization guideline updates on a routine basis, as well as whenever changes are made to immunization recommendations outside of the normal timeframes.
    ☐ Yes ☐ No ☐ Partly

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34. Our clinic is physically set up to be conducive to immunization screening, storage, and administration for all patients at every visit.
    ☐ Yes ☐ No ☐ Partly

35. 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.
    ☐ Yes ☐ No ☐ Partly

36. Can you identify (or produce a list of) all of the vaccines that are indicated for any given patient in your practice panel?
    ☐ Yes ☐ No ☐ Partly

37. 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.
    ☐ Yes ☐ No ☐ Partly

38. We contact all patients who are due for vaccinations with a reminder (eg, by phone or mail) and those who are past due with a recall (eg, using computerized tracking or a simple tickler system).
    ☐ Yes ☐ No ☐ Partly

39. Can you determine the comprehensive vaccination status of a specific patient in your practice?
    ☐ Yes ☐ No ☐ Partly

40. Do you know where to find the site for reporting adverse events (the Vaccine Adverse Events Reporting System-VAERS)?
    ☐ Yes ☐ No ☐ Partly

PAVE Adult Vaccination Performance Improvement Guide

Measures Selection and/or Creation—Addendum I

SELECT

1. Identify if a measure already exists for the gap you want to address.

a. First, check with your internal Quality Improvement, Information Technology, or other "data" staff to inquire if your organization is already collecting data on the gap you want to address. There may be a current PQRS, Joint Commission, or other publicly reported metric that is being captured and meets your need. If so, you will need specifics of the measure; numerator criteria, denominator criteria, being sure to capture inclusionary and exclusionary criteria.

b. Second, check the AHRQ National Quality Measures Clearinghouse to determine if a measure exists that is publicly available for use. This site allows multiple forms of searching, including a free text search (allowing you to search by vaccine name), disease/condition, treatment/intervention, and health services administration. Their web address is: http://www.qualitymeasures.ahrq.gov/index.aspx

CREATE

1. If you have not been able to identify a measure that will suit your needs, you will need to create one.

a. Consider the gap you have identified in care.

b. Determine the exact population of patients that is included in, and excluded from, this gap in care.

   i. This should include criteria such as: age, gender, living in a specific demographic location, of a certain race, etc, as applicable.

   ii. See the document "Sample Gaps and Associated Recommendations".

c. Determine the timeframe within which you plan to implement change in order to maximize the impact on your current performance.

   i. There is no "set" amount of time; however, it is typical for a process such as this to take a minimum of 2-3 months of implemented change.

      1. A good way to gauge the "appropriate" amount of time for your practice is to choose a number of charts to review–a typical amount for a process of this nature is at least 25, as required by several American Board of Medical Specialty (ABMS) boards.

      2. Next, determine how far back in time you will need to search in order to have this many charts to review and assess your current practice. This is called obtaining your baseline.

a. For example, if you choose 25 charts (our recommended minimum), and you know that you see 25 adult patients every month, you will only need to do a retrospective chart review looking at the last month or two of charts in order to obtain a sample of 25 (this is done in Part 1).

b. This, in turn means that you will want to be engaged in the change process (done in Part 2) for at least that same amount of time in order to acquire that many patients again, for the next chart review (which is done in Part 3).

c. We recommend 2-3 months for Part 2, as this is a typical recommendation from many of the ABMS boards.

d. We further recommend at least one Plan-Do-Study-Act cycle within Part 2, as recommended by many of the ABMS boards.

ii. Review the ACIP/CDC Guidelines for Adult Immunizations.

iii. Based on the guidelines, complete the following:

1. Align the inclusionary and exclusionary criteria from your gap (ie, age, gender, living in a specific demographic location, of a certain race, etc, as applicable) with the detailed criteria from the recommendations.

2. Apply the timeframe for engagement you have determined.

3. Compose the numerator for the measure (this is often easier to start with than the denominator).

a. Ie, All qualified patients age 19 or older who have either (a) received the influenza vaccine, or (b) been offered the influenza vaccine and declined.

i. NOTE: You would need to define whether or not “received the influenza vaccine” means the patient received it in your clinic, outside of your clinic, or either. If you include patients who have received the vaccine outside of your clinic, say at a local pharmacy (which would be reasonable), you will need to clearly state this as part of your inclusionary criteria. You will also need to clarify what documentation from the patient is considered “proof” of vaccination.

4. Compose the denominator for the measure.

a. All qualified patients age 19 or older who were seen between 9/1/2012 and 3/31/2013 (the previous flu season).

i. Be sure to list all inclusionary and exclusionary criteria.

5. You now have your measure; you will be measuring your performance based on:
    a. All qualified patients, age 19 or older, who were seen between 9/1/2012 and 3/31/2013 who either (a) received the influenza vaccine, or (b) were offered the vaccine and declined.
    b. **THIS IS JUST AN EXAMPLE AND IS NOT MEANT TO BE USED AS PART OF YOUR PI PROCESS**
6. See the document “Measures Examples” for more examples.

2. Create a data collection tool/form in order to capture the data you need upon chart review.

a. In many cases, if the data is being collected already, there may be a report that exists such that you could obtain population performance on your patients, or your practice.

b. See the document “Data Collection Tool Examples.”

PAVE Adult Vaccination Performance Improvement Guide

Sample Gaps and Associated Recommendations—Addendum J

SAMPLE GAPS AND ASSOCIATED RECOMMENDATIONS

1. Only 25% of adults age 50 to 64 in your practice, and fewer than 40% of adults age 65 and older in your practice are up to date on colorectal cancer screening.
    a. U.S. Preventative Services Task Force (USPSTF) guidelines recommend screening for colorectal cancer using fecal occult blood testing annually, sigmoidoscopy 5 years with fecal occult blood testing every 3 years, or colonoscopy 10 years for persons aged 50 to 75 years.
2. The proportion of people with a regular primary care provider in your organization decreased between 1998 and 2008 from 78.0% to 75.6%.

Children and Adolescents

a. Routine checkups during infants' first year can ensure that they are keeping pace with developmental milestones and staying healthy.
b. Regular doctor visits can monitor children and adolescents' healthy growth and development.
c. Vaccinating children and adolescents on a recommended immunization schedule can protect them from serious diseases, including mumps, tetanus, and chicken pox.
d. Screening for overweight and obesity can reduce children and adolescents' risk of developing diabetes, heart disease, and cancer later in life.

Adults

a. Monitoring and managing weight, blood pressure, and cholesterol can reduce adults' risk for developing heart disease and diabetes.
b. Routine screening can detect certain cancers, such as breast, colorectal, and skin cancers, at earlier, more treatable stages.
c. Screening for and treating sexually transmitted diseases can reduce the risk of serious and long-term health conditions, such as infertility.
d. Regular checkups among adults age 65 and older can screen for health conditions that develop with age, such as eye diseases and hearing loss.

3. 1 in 5 women in your practice are obese at the beginning of their pregnancy, placing them at increased risk of complications, including high blood pressure and diabetes, during pregnancy.
    a. Good nutrition helps pregnant women support the healthy development of their infants.
    b. Regular physical activity throughout pregnancy can help women control their weight, make labor more comfortable, and reduce their risk of postpartum depression.

c. Staying at a healthy body weight can help women reduce their risk of complications during pregnancy.

4. 78.6% of sexually experienced females in your practice aged 15 to 44 years received reproductive health services in the past 12 months.

Adolescents

a. STDs are a risk to adolescents' health and fertility. Nearly half of new STD infections are among young people age 15 to 24.

b. Adolescents who become pregnant are much less likely to complete their education. About 50% of teen mothers get a high school diploma by age 22, compared with 90% of teen girls who do not give birth. Only 50% of teen fathers who have children before age 18 finish high school or get their GED by age 22.9.

Older Adults

a. 29% of people living with AIDS are over age 50.

b. Older women may be especially at risk of contracting HIV and other STDs because age-related vaginal thinning and dryness can cause tears in the vaginal area.

c. Some older adults, compared with those who are younger, may be less knowledgeable about HIV/AIDS and therefore less likely to protect themselves. Many do not perceive themselves as at risk for HIV, do not use condoms, and do not get tested for HIV.

PAVE Adult Vaccination Performance Improvement Guide

Measures Examples—Addendum K

1. **Percentage of patient charts in which any indicators of possible child abuse were documented as a result of the patient's physical exam.**
    a. PROCESS MEASURE. Not complete. Missing age parameters of children and time frame.
    b. Correct: Percentage of patients age 0-12 in which any indicators of possible child abuse were documented as a result of the patient's physical exam within the previous 12 months.
    c. Numerator: Patients in which any indicators of possible child abuse were documented as a result of the patient's physical exam.
    d. Denominator: Patients age 0-12 who had a physical exam in the previous 12 months.
    e. What does this tell you? The approximate rate of child abuse that is being identified in your practice.
    f. What do you do with it?
        i. You measure YOUR performance against what is "normal". For example, if national data shows that, on average 18% of children are victims of child abuse*, and your rate is 4%, you may have identified a gap in care in that you are under-identifying.
        This is not actual data.
        ii. You then use this number to begin to identify why your performance might be different than the norm. Maybe you need additional training on how to do a thorough exam that is careful to pinpoint potential signs of abuse. Maybe you need to identify biases you have–ie, boys bruise all the time, thus you think nothing of it. Maybe it's that your patient demographic is atypical, so you don't actually have a gap in care at all.
2. **Percentage of Primary Care patients seen in the previous 12 months with a systolic reading 140 or above.**
    a. OUTCOMES MEASURE. Not complete. Missing age parameters.
    b. Correct: Percentage of Primary Care patients age 18-64 seen in the previous 12 months with a systolic reading 140 or above.
    c. Numerator: Patients with a systolic reading of 140 or above.
    d. Denominator: Primary Care patients age 18-64 seen in the previous 12 months.
    e. What does this tell you? The approximate rate of adult patients with hypertension in your practice.
    f. What do you do with it?

i. You measure YOUR performance against what is “normal”. In this case, you know that normal blood pressure is 120/80, and the ideal is that no patient is left with uncontrolled hypertension.

ii. You then use this number to begin to identify why your performance might be different than the norm. Maybe your staff needs to assist you by taking a B/P three times for patients who are high, before you see the patient. Maybe you need to incorporate a process that allows you and/or your staff to check in with these patients regarding their medication adherence.

3. Percentage of patients 6 years of age or less with documented exposure to second hand smoke in the previous 12 months.

a. PROCESS MEASURE. Complete.

b. Correct: as is.

c. Numerator: Patients with documented exposure to second hand smoke.

d. Denominator: Patients age 6 or less who have been seen in the previous 12 months.

e. What does this tell you? The approximate rate of patients age 6 or less who have been exposed to second hand smoke.

f. What do you do with it?

i. You measure YOUR performance against what is “normal.” Here, the rate of children exposed would ideally be zero.

ii. You then use this number to begin to identify why your performance might be different than the norm. Maybe you need a better parent/guardian education program. Maybe you need to learn about Motivational Interviewing as a tool in which to talk with parents/guardians about this issue. Maybe you as the provider needs to better understand the risks of second hand smoke exposure so you can better share that with parents/guardians.

Measures Examples—Addendum K (cont.)

4. **Percentage of patients age 19-70 who have been prescribed NSAIDs (selective or non-selective), DMARDs, glucocorticoids, or narcotics within the last six months in which discussion of the risks associated with the chosen therapy is documented.**
    a. PROCESS MEASURE. Complete.
    b. Correct: as is.
    c. Numerator: Patients in which a discussion of the risks associated with their chosen therapy is documented.
    d. Denominator: Patients age 19-70 who have been prescribed NSAIDs (selective or non-selective), DMARDs, glucocorticoids, or narcotics within the last six months.
    e. What does this tell you? The approximate rate of patients who have been properly informed of the risks of their medication.
    f. What do you do with it?
        i. You measure YOUR performance against what is “normal”. Here, the rate would ideally be 100%.
        ii. You then use this number to begin to identify why your performance might be different than the norm. Maybe you are doing this, but you aren’t documenting that you are doing this, so you just need to add this step. Maybe you need to review the risks of each of the drug classes so you can better speak to the risks with your patients.

PAVE Adult Vaccination Performance Improvement Guide

Data Collection Tool Examples—Addendum L

SAMPLE A

Measures

1. Percentage of sexually active female patients between the ages of 16-24 who were screened for chlamydia within the last 12 months.
2. Of those who were screened, those who tested positive for chlamydia.
3. Of those who tested positive, those who were treated according to CDC recommended treatment guidelines.
4. Of those who tested positive and who have had sexual partners in the last 60 days, those who received expedited partner therapy (EPT).

Chart Questions

Denominator for Measure #1

1. Is the patient a sexually active female between the ages of 16-24? ☐ Yes ☐ No

   Numerator for Measure #1 and Denominator for Measure #2

2. Was the patient screened for chlamydia? ☐ Yes ☐ No

   Numerator for Measure #2 and Denominator for Measure #3

3. Did the patient test positive for chlamydia? ☐ Yes ☐ No

   Numerator for Measure #3

4. Did the patient receive an appropriate CDC recommended therapy to treat chlamydia? ☐ Yes ☐ No

CRITICAL NOTES:

- ✓ The information you are reporting must be DOCUMENTED in the chart to count.
- ✓ The patient must have been seen in the last 12 months to count.
- ✓ The patient must be a sexually active female between the ages of 16-24 to count.

PAVE Adult Vaccination Performance Improvement Guide

Data Collection Tool Examples—Addendum L (cont.)

SAMPLE B

Measures

1.	Patient visits for patients aged 10 years and older where inquiry about tobacco use was recorded.
2.	Patients who are former tobacco users aged 10 years and older where assistance with relapse prevention was provided.
3.	Patient visits for tobacco users aged 10 years and older where the act of advising the patient to quit tobacco use was recorded.
4.	Patient visits for tobacco users aged 10 years and older where the act of assessing the patient's readiness to quit tobacco use was recorded.

Chart Questions

For all patients:

1. Was the patient's tobacco use addressed? ☐ Yes ☐ No
    a. If yes, in what format was this addressed (verbally, via EMR, form, etc)? _____
        i. If verbally, by whom (you, MA, RN, etc)? _____
2. Does the patient use tobacco? ☐ Yes ☐ No

If the patient does NOT currently use tobacco:

3. Did they ever? ☐ Yes ☐ No
4. In what form (eg, cigarettes or smokeless tobacco)? _____
5. In what month and year did they quit? _____ Month _____ Year
6. Are they currently facing quit challenges? ☐ Yes ☐ No
    a. If yes, did you discuss relapse prevention? ☐ Yes ☐ No
        i. Did it include social support? ☐ Yes ☐ No
        ii. Did it include counseling options? ☐ Yes ☐ No
        iii. Did it include medication options? ☐ Yes ☐ No

If the patient currently uses tobacco:

7. Did you advise the patient to quit using tobacco? ☐ Yes ☐ No
8. Did you ask the patient if they are ready to quit? ☐ Yes ☐ No
    a. If yes, is the patient ready to quit? ☐ Yes ☐ No

PAVE Adult Vaccination Performance Improvement Guide

Data Collection Tool Examples—Addendum L (cont.)

SAMPLE C

Measures

1. Percentage of patients age 19 and older who were screened for influenza vaccine in the previous flu season.
2. Percentage of patients age 19 and older who have received an influenza vaccine during the previous flu season.

Chart Questions

1. Did this visit occur between 9/1/2010 and 3/31/2011 OR 9/1/2011 and 3/31/2012 OR 9/1/2012 and 3/31/2013?	☐ Yes ☐ No
2. Did the patient have moderate or severe acute illness with or without fever?	☐ Yes ☐ No
3. Was it considered as a precaution for all vaccinations?	☐ Yes ☐ No
4. Had the patient used amantadine, rimantadine, zanamivir, or oseltamivir in the past 48 hours?	☐ Yes ☐ No
5. Was it considered as a precaution for influenza?	☐ Yes ☐ No
6. Could the patient avoid amantadine, rimantadine, zanamivir, or oseltamivir for 14 days following vaccination?	☐ Yes ☐ No
7. Was it considered as a precaution for influenza?	☐ Yes ☐ No
8. Did the patient have a history of Guillain-Barré syndrome (GBS) within 6 weeks of influenza or tetanus toxoid-containing vaccine?	☐ Yes ☐ No
9. Was this considered a precaution for influenza and Td/Tdap?	☐ Yes ☐ No
10. Had the patient already received the influenza vaccine during the most recent flu season (per the date of the visit being reviewed) OR had a severe allergic reaction after receiving a dose or component of influenza?	☐ Yes ☐ No
11. Was the patient allergic to eggs?	☐ Yes ☐ No
12. Could the person eat a lightly cooked egg (eg, scrambled egg) without reaction?	☐ Yes ☐ No
13. After eating eggs or egg containing foods, did the person experience ONLY hives?	☐ Yes ☐ No
14. Did the person experience other symptoms such as: cardiovascular changes, respiratory distress, gastrointestinal, reaction requiring epinephrine, reaction requiring emergency medical attention?	☐ Yes ☐ No

PAVE Adult Vaccination Performance Improvement Guide

Team Meeting #2—Addendum M

DATE: _____

ATTENDEES: _____

LOCATION: _____

DOCUMENTS: Self-Assessment—Review, Patient Survey—Review, Chart Review—Review, Systems Evaluation—Review, Benchmark Comparison Table

Agenda:

1. Address questions, concerns, comments to-date
2. Begin Self-Assessment—Review (ID gaps, review benchmarks, etc)
3. Begin Patient Survey—Review (ID gaps, review benchmarks, etc)
4. Begin Chart Review—Review (ID gaps, review benchmarks, etc)
5. Begin Systems Evaluation—Review (ID gaps, review benchmarks, etc)
6. Schedule next meeting

PAVE Adult Vaccination Performance Improvement Guide

Learning Self-Assessment Review—Addendum N

Gap Identified

_____

_____

_____

Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

_____

_____

_____

What resources do we need?

_____

_____

_____

Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Learning Self-Assessment Review—Addendum N (cont.)

Gap Identified

_____

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Learning Self-Assessment Review—Addendum N (cont.)

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Patient Survey Review—Addendum O

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Patient Survey Review—Addendum O (cont.)

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Patient Survey Review—Addendum O (cont.)

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Chart Review—Addendum P

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Chart Review—Addendum P (cont.)

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

PAVE Adult Vaccination Performance Improvement Guide

Chart Review—Addendum P (cont.)

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

PAVE Adult Vaccination Performance Improvement Guide

Systems Evaluation Review—Addendum Q

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

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Systems Evaluation Review—Addendum Q (cont.)

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

PAVE Adult Vaccination Performance Improvement Guide

Systems Evaluation Review—Addendum Q (cont.)

Gap Identified

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Is this a high need for us? ☐ Yes ☐ No

Is there a benchmark? ☐ Yes ☐ No **If yes, what is it?** _____

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What resources do we need?

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Do we have/can we get the resources? ☐ Yes ☐ No

Do we have the support? ☐ Yes ☐ No

Will we focus on this? ☐ Yes ☐ No

PAVE Adult Vaccination Performance Improvement Guide

Benchmarks Comparison Table—Addendum R

	Healthy People 2020 Focus	Healthy People 2020 Baseline	Healthy People 2020 Goal
Hepatitis A Screening	IID 23—Reduce hepatitis A	*not applicable*	100% expert opinion
Hepatitis A Administration		1 case per 100,000	0.3 cases per 100,000
Hepatitis B Screening	IID 25.1—Reduce new hepatitis B infections in adults 19+	*not applicable*	*100% expert opinion*
Hepatitis B Administration		2 symptomatic cases per 100,000	1.5 symptomatic cases per 100,000
	IID 25.2—Reduce new hepatitis B infections among high-risk populations—IV drug users	285 symptomatic cases	215 symptomatic cases
	IID 25.3—Reduce new hepatitis B infections among high-risk populations—men who have sex with men	62 new cases	45 new cases
HPV Screening	*no adult focus*	*not applicable*	*100% expert opinion*
HPV Administration Female ONLY	IID 11.4—3 doses of human papillomavirus (HPV) vaccine for females by age 13-15 years	*no adult baseline*	*no adult goal*
		17% (females 13-15)	80% (females 13-15)
HPV Administration Male and Female			
Influenza Screening		*not applicable*	*100% expert opinion*
Influenza Administration	IID 12.5—Non-institutionalized adults 18-64	25%	80%
	IID 12.6— Non-institutionalized high-risk adults 18-64	39%	90%
	IID 12.7—Non-institutionalized adults 65+	67%	90%
Meningococcal Screening	IID 3—Reduce meningococcal disease	*not applicable*	*100% expert opinion*
Meningococcal Administration		0.3 cases per 100,000	0.3 cases per 100,000

PAVE Adult Vaccination Performance Improvement Guide

Benchmarks Comparison Table—Addendum R (cont.)

PPSV Screening	IID 4.2—New infections among adults 65+	*not applicable*	*100% expert opinion*
Adult PPSV Administration		40.4 per 100,000	31 per 100,000
Geriatric PPSV Administration	IID 13.1—Non-institutionalized adults 65+	60%	90%
	IID 13.2—Non-institutionalized high-risk adults 18-64	17%	60%
Adult Td/Tdap Screening	*no adult focus*	*no adult baseline*	*100% expert opinion*
Adult Td/Tdap Administration	IID 11.1—Dose of tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine by 13 to 15 years	47% (13-15 year olds)	80% (13-15 year olds)
Geriatric Td/Tdap Screening			*100% expert opinion*
Geriatric Td/Tdap Administration			80% (13-15 year olds)
Varicella Screening	*no adult focus*	*no adult baseline*	*100% expert opinion*
Varicella Administration	IID 1.10—Varicella (chicken pox) (persons aged 17 years of age and under)	583K cases reported	483K cases reported (down 100k)
Zoster Screening	IID 14—Increase the % of adults vaccinated against zoster	*not applicable*	*100% expert opinion*
Zoster Administration		7% (60+)	30%

PART 2: IMPLEMENT CHANGES IN YOUR PRACTICE

PAVE Adult Vaccination Performance Improvement Guide

Team Meeting #3—Addendum S

DATE: _____

ATTENDEES: _____

LOCATION: _____

DOCUMENTS: Self-Assessment—Review, Patient Survey—Review, Chart Review—Review, Systems Evaluation—Review, Action Plan 1, Roles and Responsibilities 2a

Agenda:

1. Address questions, concerns, comments to-date
2. Finish Self-Assessment—Review (tools and resources)
3. Finish Patient Survey—Review (tools and resources)
4. Finish Chart Review—Review (tools and resources)
5. Finish Systems Evaluation—Review (tools and resources)
6. Prioritize gaps based on patient need/impact, support provided, and resources available
7. Create Action Plan 1
8. Update Roles and Responsibilities 2a
9. Schedule next meeting

PAVE Adult Vaccination Performance Improvement Guide

Action Plan 1—Addendum T1

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Action Plan 1—Addendum T1 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

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Action Plan 1—Addendum T1 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 2a—Addendum G2a

Using the table below, list each individual involved in the process of adult vaccination, their role(s) as per the ACTION PLAN, tasks associated with the role(s), and the frequency with which the task(s) ought to be performed. Then, copy, distribute, and/or strategically post this form so everyone involved in the process knows what is expected at all times.

NOTE: Be sure to consider all aspects—from ordering and disposing of the sharps containers and 4x4's to checking the temperature of the refrigerator to calling the patient to administering the vaccine.

Name, Certification/Degree	Role	Tasks Associated	Frequency
Ie, Christina, Medical Assistant	Room Patients	Height, weight, B/P, pulse, temp, pain, smoke status, safety, review meds, etc	Every patient, every visit

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 2a—Addendum G2a (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

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Roles and Responsibilities—Part 2a—Addendum G2a (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

PAVE Adult Vaccination Performance Improvement Guide

Team Meeting #4—Addendum U

DATE: _____

ATTENDEES: _____

LOCATION: _____

DOCUMENTS: Action Plan Update 1, Roles and Responsibilities—Part 2a

Agenda:

1. Address questions, concerns, comments to-date
2. Review Chart Review data
3. Review Action Plan Update 1—revise if necessary
4. Review Roles and Responsibilities 2b—revise if necessary
5. Schedule next meeting

PAVE Adult Vaccination Performance Improvement Guide

Action Plan Update 1—Addendum T2

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

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Action Plan Update 1—Addendum T2 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Action Plan Update 1—Addendum T2 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 2b—Addendum G2b

Using the table below, list each individual involved in the process of adult vaccination, their role(s) as per the ACTION PLAN, tasks associated with the role(s), and the frequency with which the task(s) ought to be performed. Then, copy, distribute, and/or strategically post this form so everyone involved in the process knows what is expected at all times.

NOTE: Be sure to consider all aspects—from ordering and disposing of the sharps containers and 4x4's to checking the temperature of the refrigerator to calling the patient to administering the vaccine.

Name, Certification/Degree	Role	Tasks Associated	Frequency
Ie, Christina, Medical Assistant	Room Patients	Height, weight, B/P, pulse, temp, pain, smoke status, safety, review meds, etc	Every patient, every visit

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 2b—Addendum G2b (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

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Roles and Responsibilities—Part 2b—Addendum G2b (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

PAVE Adult Vaccination Performance Improvement Guide

Team Meeting #5—Addendum V

DATE: _____

ATTENDEES: _____

LOCATION: _____

DOCUMENTS: Action Plan Update 2, Roles and Responsibilities—Part 2c

Agenda:

1. Address questions, concerns, comments to-date
2. Review Chart Review data
3. Review Action Plan Update 2—revise if necessary
4. Review Roles and Responsibilities 2c—revise if necessary
5. Schedule next meeting

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PAVE Adult Vaccination Performance Improvement Guide

Action Plan Update 2—Addendum T3

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Action Plan Update 2—Addendum T3 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Action Plan Update 2—Addendum T3 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 2c—Addendum G2c

Using the table below, list each individual involved in the process of adult vaccination, their role(s) as per the ACTION PLAN, tasks associated with the role(s), and the frequency with which the task(s) ought to be performed. Then, copy, distribute, and/or strategically post this form so everyone involved in the process knows what is expected at all times.

NOTE: Be sure to consider all aspects—from ordering and disposing of the sharps containers and 4x4's to checking the temperature of the refrigerator to calling the patient to administering the vaccine.

Name, Certification/Degree	Role	Tasks Associated	Frequency
Ie, Christina, Medical Assistant	Room Patients	Height, weight, B/P, pulse, temp, pain, smoke status, safety, review meds, etc	Every patient, every visit

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 2c—Addendum G2c (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

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Roles and Responsibilities—Part 2c—Addendum G2c (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

PART 3:
RE-ASSESS YOUR PRACTICE

PAVE Adult Vaccination Performance Improvement Guide

Team Meeting #6—Addendum W

DATE: _____

ATTENDEES: _____

LOCATION: _____

DOCUMENTS: All previous documentation

Agenda:

1. Address questions, concerns, comments to-date
2. Review all previous data, especially Systems Evaluation and chart review data, as they compare to Part 1 results
3. Discuss improvements—what may have caused them specifically?
4. Notice any declines in performance and discuss reasons why they may have occurred
5. Review Action Plans—decide what changes will be the new "steady state" and what will be tossed out
6. Review Roles and Responsibilities—decide what changes will be the new "steady state" and what will be tossed out
7. Discuss process as a whole—what were positive aspects? Negative aspects?

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Action Plan Update 3—Addendum T4

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

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Action Plan Update 3—Addendum T4 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

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Action Plan Update 3—Addendum T4 (cont.)

Gap being addressed

What resources are we using?

How are we using the resources?

What is the goal?

PAVE Adult Vaccination Performance Improvement Guide

Roles and Responsibilities—Part 3—Addendum G3

Using the table below, list each individual involved in the process of adult vaccination, their role(s) as per the ACTION PLAN, tasks associated with the role(s), and the frequency with which the task(s) ought to be performed. Then, copy, distribute, and/or strategically post this form so everyone involved in the process knows what is expected at all times.

NOTE: Be sure to consider all aspects—from ordering and disposing of the sharps containers and 4x4's to checking the temperature of the refrigerator to calling the patient to administering the vaccine.

Name, Certification/Degree	Role	Tasks Associated	Frequency
Ie, Christina, Medical Assistant	Room Patients	Height, weight, B/P, pulse, temp, pain, smoke status, safety, review meds, etc	Every patient, every visit

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Roles and Responsibilities—Part 3—Addendum G3 (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

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Roles and Responsibilities—Part 3—Addendum G3 (cont.)

Name, Certification/Degree	Role	Tasks Associated	Frequency

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Official Process Evaluation—Addendum X

1. What aspects of your action/change plan will you continue to use in practice now that you have ended your active change process?

2. What changes, additions, and/or deletions will you make to your plan in continuing practice and why?

Reflect on the performance measures you used

3. Was the information provided about measures adequate to assist you in creating and/or selecting measures for your change process? Why or why not?

Official Process Evaluation—Addendum X (cont.)

4. What performance measures did you use in this process to measure your current practice and to assess if your changes had an impact?

5. Do you think these measures were robust enough to address your specific performance gaps? Why or why not?

6. How did tracking your measures help you in the ***learning*** process?

Official Process Evaluation—Addendum X (cont.)

7. How did tracking your measures help you in the ***change*** process?

Reflect on the performance improvement process itself.

8. What have you learned from this process?

9. Do you feel more confident making changes in practice? Why or why not?

PAVE Adult Vaccination Performance Improvement Guide

Official Process Evaluation—Addendum X

10. Are you working more effectively with your team (residents, PAs, NPs, RNs, MAs, registration staff, pharmacy staff, etc)? Why or why not?

11. Do you feel more learning took place throughout this performance improvement process versus others you have previously participated in? Why or why not?

12. Will you participate in another PI process in the future? Explain.

13. Other comments, suggestions or recommendations:

PAVE Adult Vaccination Performance Improvement Guide

Feedback Form—Addendum X

GIVE US YOUR FEEDBACK!

Finding out about how the PAVE tools and resources facilitated your learning and improvements of your practice is important to us so that we can assess and improve our educational design and delivery. If you are willing to share your PAVE experiences and its impact on your learning and practice, please do so by sending your responses to the below questions.

How did you use the material?

What changes did you make?

PAVE Adult Vaccination Performance Improvement Guide

Feedback Form—Addendum X (cont.)

What was the impact of the changes you made (on processes, patients, your team cohesiveness, communication, protocols, etc)?

What else would you like to share or other feedback you would like the PAVE partners to know about your experiences with PAVE?

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Please e-mail your responses to ocpd@mailplus.wisc.edu with the subject line: PAVE Feedback Form