



Problem Solving for Immunization Programs
Michael McQuestion

Facility Best Practices Assessment Form

Name of evaluator/student			
Starting date			
Finishing date			
Type of facility	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Private hospital	<input type="checkbox"/> HMO
	<input type="checkbox"/> Public health center	<input type="checkbox"/> Private clinic	<input type="checkbox"/> Other _____
Total score	<input type="text"/> %		

Domain/Indicator		Response	Score
1	Vaccine Safety		
1.1	Are used syringes and needles discarded into a safe, puncture-resistant container? (<i>record "yes" only if you saw the container</i>)	1= Yes 0 = No	
1.2	Is there a registry for recording vaccine-related adverse events? (<i>record "yes" only if you saw the registry</i>)	1= Yes 0 = No	
1.3	Do the staff know where and how to report an adverse event?	1= Yes 0 = No	
	Sub-total <i>Vaccine Safety</i>		__/3
2	Vaccine and Supply Management		
2.1	Is there a daily log kept of temperatures in the refrigerator/freezer where vaccines are stored? (<i>record "yes" only if you saw the log and there is an entry for yesterday or today</i>)	1= Yes 0 = No	

2.2	Are all vials of vaccine on hand within their expiration dates? (<i>record "yes" only if you checked each vial and none had expired</i>)	1= Yes 0 = No	
2.3	Is there a back-up generator or a contingency plan to maintain cold chain in the event power is cut?	1= Yes 0 = No	
2.4	Do you feel you have all the necessary equipment to immunize children here?	1= Yes 0 = No	
2.5	If "No" what additional equipment do you need?		
2.6	In the past 12 months have you lacked any vaccines, syringes or other immunization supplies?	0 = Yes 1 = No	
	Sub-total <i>Vaccine Management</i>		__/5
3	Logistics		
3.1	Is there an up-to-date record (inventory) of all vaccines, needles, and syringes on hand? (<i>record "yes" only if you saw the inventory and there is at least one entry within the past 30 days</i>)	1= Yes 0 = No	
3.2	Does the staff know the number of children ages 0–11 months the facility expects to immunize this year? (<i>record "yes" only if you were told a specific number of infants targeted or expected</i>)	1= Yes 0 = No	
3.3	Is there an up-to-date registry showing doses of vaccine and dates they were administered to children seen in that facility? (<i>record "yes" only if you saw the registry and it is up-to-date</i>)	1= Yes 0 = No	
3.4	Does your practice use a computerized system to identify children needing immunizations?	1= Yes 0 = No	
3.5	Does your practice use a manual system to identify children needing immunizations?	1= Yes 0 = No	
3.6	Does your practice routinely flag charts to remind the physicians when immunizations are due?	1= Yes 0 = No	
3.7	Does your practice participate in the Vaccine for Children's Program (VFC)?	1= Yes 0 = No	
3.8	Does your practice provide parents with a hand held vaccination card?	1= Yes 0 = No	
	Sub-total <i>Logistics</i>		__/8
4	Surveillance		
4.1	Are there written clinical diagnostic and treatment norms in the facility for vaccine-preventable diseases? (<i>record "yes" only if you saw the written norms or protocols</i>)	1= Yes 0 = No	
4.2	Are the numbers of vaccine-preventable disease cases reported by the facility so far this year available? (<i>record "yes" only if you saw the data and they cover up to the current month</i>)	1= Yes 0 = No	
4.3	Are written surveillance system performance standards available in the facility? (<i>record "yes" only if you</i>	1= Yes	

	<i>saw the written standards)</i>	0 = No	
	Sub-total <i>Surveillance</i>		<u> </u> /3
5	Patient Interface		
5.1	How long have you been providing immunizations to children?*(<i>The answer to this question is not included in the total score</i>)	>1 year <1 year	
5.2	Do you feel you have had adequate training (formal and in-service) to immunize children?"	1= Yes 0 = No	
5.3	In the facility, are there written or graphic materials explaining immunization to the public? (<i>record "yes" only if you saw them</i>)	1= Yes 0 = No	
5.4	Is there a clean, comfortable waiting area for patients? (<i>record "yes" if you observed a clean area with adequate seating</i>)	1= Yes 0 = No	
5.5	Is there a tickler file or other recall/reminder system for immunizations? (<i>record "yes" only if you saw the system and at least one reminder or recall has been sent in the past three month</i>)	1= Yes 0 = No	
	Sub-total <i>Patient Interface</i>		<u> </u> /4
6	Human Resources		
6.1	Are all permanent immunization staff positions filled in the facility?	1= Yes 0 = No	
6.2	Have any staff received immunization-related training during the past 12 months?	1= Yes 0 = No	
6.3	In the past 12 months have you been supervised?	1= Yes 0 = No	
6.4	Has there been a supervisory visit to the facility in the past 12 months?	1= Yes 0 = No	
	Sub-total <i>Human Resources</i>		<u> </u> /4
	Overall Best Practices Score (<i>calculate percentage</i>)	<u> </u> %	<u> </u> /27

1. What type of health care provider are you? Please circle all that apply.

a. Pediatrician b. Family Physician c. Nurse/Nurse Practitioner d. Other (Describe):

2. Thinking of your service population, what do you think are the main reasons some caretakers do not bring their children back to complete their immunizations on time?

3. If you could make any changes here regarding children's immunization services, what would they be?

Thank you for your time and consideration.