

# Suggestions to Consider to Help Improve Your Office's Adolescent/Pediatric Vaccination Program

Following are several ideas that health care professionals and practices can consider to help improve their vaccination programs and increase their vaccination rates. Read each idea and check the response that applies to your work setting.

**Yes** = We already practice this.

**No** = We don't like this idea, or it couldn't work in our practice setting.

**Partly** = We do some of this (or do it sometimes); we will consider it.

**New idea** = We hadn't thought of this or haven't tried incorporating, and we will consider it.

Vaccination Schedules/Exam Rooms	Yes	No	Partly	New Idea
In all exam rooms, we post current Advisory Committee on Immunization Practices (ACIP) – recommended vaccination and catchup schedules for children (or variations, for example, the official schedule of a medical society or of a state health department).				
We are familiar with special vaccination recommendations for high-risk patients.				
In all exam rooms, we have educational materials about vaccines for patients/parents.				
Staff Training	Yes	No	Partly	New Idea
We have designated vaccine champion(s)/coordinator(s) to help keep staff up-to-date on current recommendations and strategies to avoid missed opportunities, as well as maintain office vaccination processes.				
We share vaccine information from government agencies and other trusted organizations with all appropriate staff and use it to develop strategies to improve vaccination rates. We perform periodic vaccine coverage assessments for our office and share the results with our staff. (Contact your state or local health department's vaccination staff for assistance in performing such an assessment.)				
Our staff is trained on office vaccination processes, including vaccine storage and handling. Information is accessible at all locations where vaccines are stored and administered.				
Our staff is trained to use the local/regional/state immunization registries and electronic medical records (EMR). We know how to run immunization reports and how to set up patient prompts or alerts in EMRs. We print a copy of the patient's vaccination record from the registries for the patient chart.				
Our staff is trained in knowledge of vaccines and the diseases they help prevent in preparation for answering patients' questions.				
Our staff is trained in vaccine contraindications and precautions, as well as recommended ages and intervals between vaccinations.				
Our staff is trained to administer multiple vaccines to patients who are eligible for multiple vaccinations.				
Our nurses can administer vaccines as appropriate under standing orders (ie, they can independently screen patients and administer vaccines under preexisting signed physician's orders).				
Prior to Visit/Scheduling Appointments	Yes	No	Partly	New Idea
We use the local/regional/state immunization registries, EMRs, and our hard copy patient charts to identify children who are due or overdue for recommended vaccines.				
We run queries in our state registry/EMRs on gaps in care and use the patient portal to contact those patients identified for vaccinations.				
We call, mail, e-mail, or send reminders through the patient portal to patients who have scheduled checkups or "shot-only" visits.				
When scheduling appointments in person or by phone, we remind patients/parents to bring along their (or their child's) personal vaccination record if they have one. We also confirm the address and phone number in case we need to contact them.				
When scheduling back-to-school checkups and sports physicals, we remind patients that vaccines may be due. When patients come in for these appointments, we have a process in place to assess what ACIP-recommended vaccines should be administered.				
We provide vaccinations during evening and/or weekend hours.				
Patients can walk in during office hours for a "nurse only" visit to be vaccinated.				

Time of Visit/Patient Charts	Yes	No	Partly	New Idea
We ask patients/parents to complete a screening questionnaire for contraindications to determine if the vaccinations they need can be appropriately given on the day of their visit. To save time, we have them complete it prior to seeing the clinician (for example, in the waiting room).				
Before the clinician sees the patient, a staff member prints a state registry vaccine assessment to determine vaccines due and attaches the assessment to the patient chart/router along with the corresponding Vaccine Information Statements (VISs). Patients are made aware of the option to opt out of having their vaccine information placed in the registry.				
We give available VISs and a vaccine assessment to the patient/parent to read. If the patient/parent needs a VIS in another language, we give it, if it is available.				
We give patients/parents information about how to treat potential side effects following vaccinations.				
We document in the patient chart every discussion about vaccine risks and benefits, including vaccine refusal.				
During all patient visits, the staff routinely asks to see the patient's vaccination record to determine if the patient received vaccines at another health care site.				
With each patient visit, we document on the chart/EMR that the patient's vaccination status has been reviewed (for example, a notation such as "vaccination status reviewed" is preprinted on the progress note or other paper chart form).				
We always update the patient's personal vaccination record each time we administer vaccinations. If the patient doesn't have a personal record, we give the patient/parent a record card or printout of their vaccinations.				
We are enrolled in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured children (0–18 years) and others who are eligible under the state program.				
We use all patient encounters (including acute-care, follow-up visits) to assess status and provide vaccinations to appropriate patients.				

Follow-Up	Yes	No	Partly	New Idea
If during a patient visit, we can't administer a vaccination when due, we document the reason why in the patient's chart. We schedule a visit before the patient leaves the office if the appointment system allows it. We also enter the information in an electronic recall/reminder system.				
When giving vaccinations, we inform the patient/parent when the next vaccines are due. We schedule visits before the patient leaves the office if our appointment system allows it. We also enter the information in an electronic recall/reminder system.				
If children miss "well-child" visits and can't be rescheduled quickly, we try to keep their recommended vaccinations on schedule by rescheduling them in 1 to 2 weeks for a "vaccinations only" visit, as well as rescheduling their well-child visit.				

Once you know where you stand on your office's vaccination practices, you can take steps that can help improve your vaccination rates. Talk to your local or state health department for assistance that may help you change your **"partly"** or **"new idea"** statements into **"yes"** statements.



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