

AAFP Adult Immunization Project Planning Form

TEAM

Project: AAFP Adult Immunization Office Champions Project

Physician Champion: _____

Office Champion: _____

PATIENT POPULATION	MEASURE	GOALS – DUE: July 31, 2016 (Entered after completion of baseline data evaluation)	FINAL PROJECT GOALS – DUE: Dec. 31, 2017 (Entered after 2nd re-measurement results)
1. All adult patients 19 years of age and older	Percentage of patients 19 years of age and older who received the influenza vaccine for the influenza season.	ENTER GOALS	ENTER FINAL GOALS
2. All adult patients 61 years of age and older	Percentage of patients 61 years of age and older who have received a single dose of the zoster vaccine.	ENTER GOALS	ENTER FINAL GOALS
3. All adult patients 66 years of age and older	Percentage of patients 66 years of age and older who have received one dose of PCV13.	ENTER GOALS	ENTER FINAL GOALS
4. All adult patients 66 years of age and older	Percentage of patients 66 years of age and older who have received one dose of PPSV23.	ENTER GOALS	ENTER FINAL GOALS

Assess your practice immunization process. Download the practice assessment, and check and date when completed.

Completed Date _____

COLLECT AND ASSESS THE MEDICAL RECORDS DATA

PATIENT POPULATION (RANDOM SAMPLE) MEASUREMENT RESULTS	Baseline Measure Results (percentage of all 50 patients) Due: Aug. 31, 2016	Observations From Baseline Data Due: Aug. 31, 2016	Re-Measurement Results (percentage of all 50 patients) Due: Oct. 31, 2017	Observations From Re-Measurement Due: Dec. 31, 2017	Sustainability Measure Results (percentage of all 50 patients) Due: Feb. 28, 2019	Observations From Sustainability Results Due: Apr. 30, 2019
Percentage of patients 19 years of age and older who received the influenza vaccine for the influenza season.						
Percentage of patients 61 years of age and older who have received a single dose of the zoster vaccine.						
Percentage of patients 66 years of age and older who have received one dose of PCV13.						
Percentage of patients 66 years of age and older who have received one dose of PPSV23.						

PROJECT PLANNING FORM, CONTINUED

Immunization	Plan Interventions (Select the interventions your practice will implement from the list below)	Person(s) Responsible/Comments or Lessons Learned	Timeline													
			t = test i = implement s = spread													
INFLUENZA	<input type="checkbox"/> 1. Vaccination assessment will be incorporated into the routine clinical examination <input type="checkbox"/> 2. Clinical staff will increase their knowledge on which vaccines may be administered during a patient's visit <input type="checkbox"/> 3. A strong recommendation to vaccinate will be included in every patient visit <input type="checkbox"/> 4. Vaccines will be referred when they are "not given" or they are not in stock <input type="checkbox"/> 5. All vaccination statuses will be documented in my practice's Electronic Health Records (EHR) and/or state Immunization Information System (IIS) <input type="checkbox"/> 6. Culturally competent vaccination materials will be available in the practice <input type="checkbox"/> 7. The practice will expand its knowledge regarding valid contraindications, adverse events, and reporting of adverse events <input type="checkbox"/> 8. The practice will reduce missed opportunities for vaccination <input type="checkbox"/> 9. If vaccines are referred elsewhere the practice will follow-up about the receipt of the vaccines at next patient visit <input type="checkbox"/> 10. The practice will implement adult vaccination Standing Orders and asses the effectiveness of the Standing Orders initiative <input type="checkbox"/> 11. The practice will implement reminder/recall systems for patients and providers	Name _____ Comments:	Week 1 2 3 4 5 6 7 8 9 10 11 12 13 14													
ZOSTER	<input type="checkbox"/> 1. Vaccination assessment will be incorporated into the routine clinical examination <input type="checkbox"/> 2. Clinical staff will increase their knowledge on which vaccines may be administered during a patient's visit <input type="checkbox"/> 3. A strong recommendation to vaccinate will be included in every patient visit <input type="checkbox"/> 4. Vaccines will be referred when they are "not given" or they are not in stock <input type="checkbox"/> 5. All vaccination statuses will be documented in my practice's Electronic Health Records (EHR) and/or state Immunization Information System (IIS) <input type="checkbox"/> 6. Culturally competent vaccination materials will be available in the practice <input type="checkbox"/> 7. The practice will expand its knowledge regarding valid contraindications, adverse events, and reporting of adverse events <input type="checkbox"/> 8. The practice will reduce missed opportunities for vaccination <input type="checkbox"/> 9. If vaccines are referred elsewhere the practice will follow-up about the receipt of the vaccines at next patient visit <input type="checkbox"/> 10. The practice will implement adult vaccination Standing Orders and asses the effectiveness of the Standing Orders initiative <input type="checkbox"/> 11. The practice will implement reminder/recall systems for patients and providers	Name _____ Comments:	Week 1 2 3 4 5 6 7 8 9 10 11 12 13 14													
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