



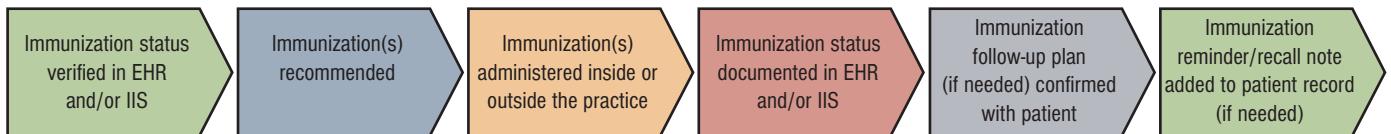
# AAFP Adult Immunization Assess Your Current Immunization Process Survey

*This survey is used to collect staff estimates for the frequency of missed opportunities and the potential degree for harm.*

DATE: \_\_\_\_\_ SURVEY NO: \_\_\_\_\_

Describe your perception about your clinic's processes for administering immunizations, based on the following steps:

- Circle the number that you feel most accurately describes the frequency of missed opportunity for each step.
- Circle the number that you feel most accurately describes the potential level of harm associated with a missed opportunity.
- **PLEASE COMPLETE *ONE* "SCORE SHEET" (SECOND PAGE) FOR THE ENTIRE PRACTICE TO DETERMINE YOUR PRACTICE'S GREATEST RISK.**



Missed Opportunities	1) How often does this happen? (Frequency)			2) Do you have staff responsible to do this task?	3) What could be the degree of the potential harm for patients (general population)?				4) Don't know/ Not applicable	Total Score
	Rarely (less than once a day)	Occasionally (once a day)	Frequently (2 or more times per day)	Yes 1 or No 2	None	Mild	Moderate	Severe		
1. The immunization status is <b>NOT</b> verified in the EHR and/or IIS.	1	2	3	Yes 1 or No 2	1	2	3	4	1	
2. A needed immunization is <b>NOT</b> recommended.	1	2	3	Yes 1 or No 2	1	2	3	4	1	
3. A needed immunization is <b>NOT</b> administered inside or outside the practice.	1	2	3	Yes 1 or No 2	1	2	3	4	1	
4. The immunization status is <b>NOT</b> documented in the EHR and/or IIS.	1	2	3	Yes 1 or No 2	1	2	3	4	1	
5. An immunization follow-up plan is <b>NOT</b> confirmed with the patient (if needed).	1	2	3	Yes 1 or No 2	1	2	3	4	1	
6. An immunization reminder/recall note is <b>NOT</b> added to the patient record (if needed).	1	2	3	Yes 1 or No 2	1	2	3	4	1	

DATE: \_\_\_\_\_ SURVEY NO: \_\_\_\_\_

**SCORE SHEET**

**Interpreting the Results**

- The highest scores for “Total Score” show areas where staff have identified the greatest risk in your practice.
- Staff responses of “Don’t know/Not applicable” for a specific task may indicate an area for further discussion.
- Share the results and discuss them during a staff meeting.
- Use this information to identify an area that you and your clinical staff and physicians will address.
- After identifying problems, you can use the Project Plan form to design changes in your health care system process.

**Scoring the Responses**

1. Number each survey.
2. Copy the total scores from each survey into a single column on the scoring sheet.
3. Add all the entries in a row and put that total in the right hand column on the scoring sheet (represents the “office total”).

Survey Number	1. Immunization status <b>NOT</b> verified in EHR and/or IIS.	2. A needed immunization is <b>NOT</b> recommended.	3. A needed immunization is <b>NOT</b> administered inside or outside the practice.	4. Immunization status was <b>NOT</b> documented in EHR and/or IIS.	5. Immunization follow-up plan <b>NOT</b> confirmed with the patient.	6. Immunization reminder/recall notes <b>NOT</b> added to patient record.	OFFICE TOTAL SCORE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							