

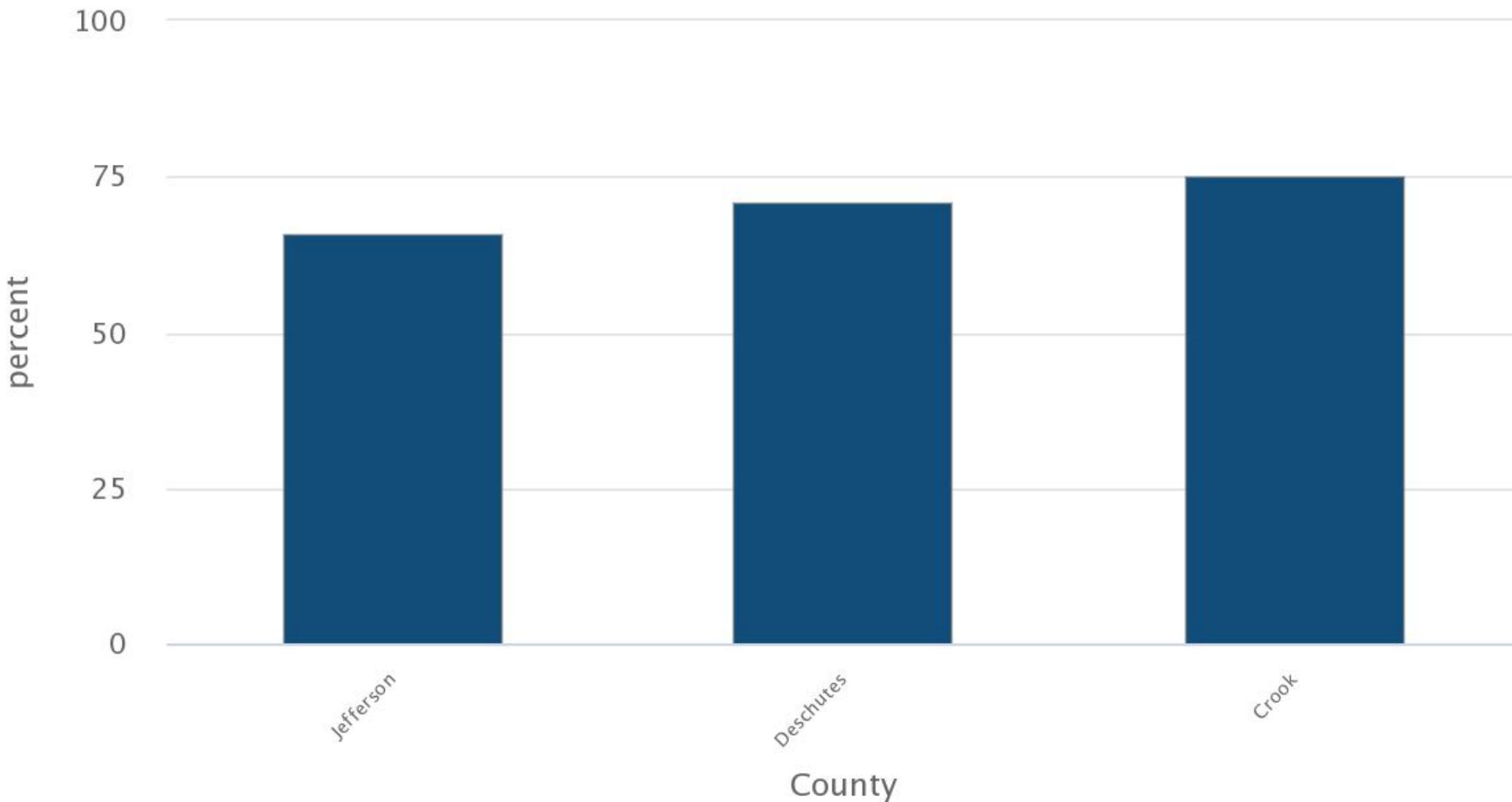
# Central Oregon Regional Childhood Immunization Rate Quality Improvement Project

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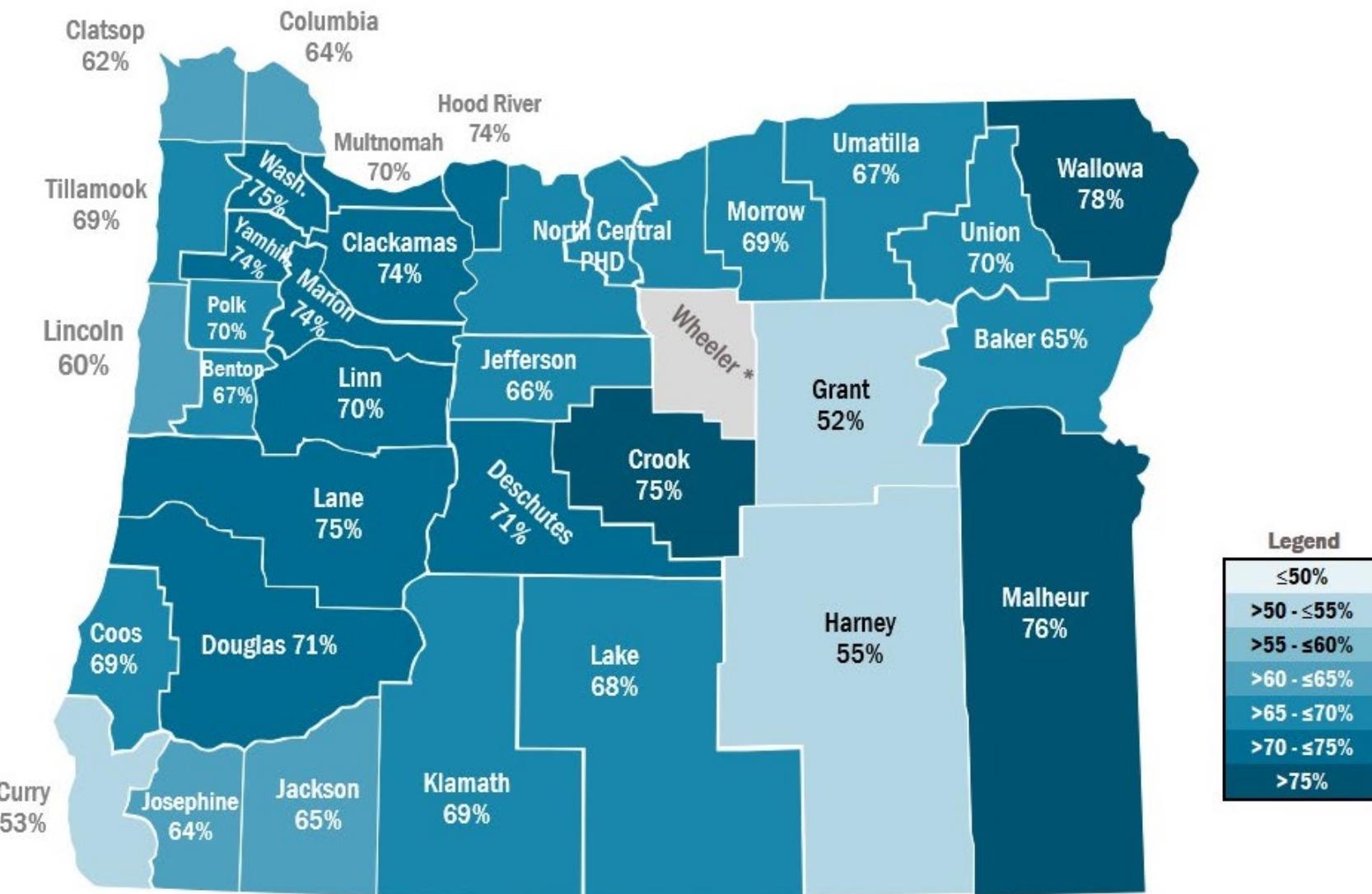


## Children Up-to-Date on Immunizations: 2 Years



Source: Oregon Health Authority, Immunization Program (2020)

## 2020 2-year-old 4:3:1:3:3:1:4 series completion rate



\*Rates not displayed for populations of fewer than 50 people.

# What does it mean to be Up To Date?

A fully vaccinated 2 year old has completed the 4:3:1:3:3:1:4 series.

- $\geq 4$  doses of DTaP Diphtheria and tetanus toxoids and acellular pertussis vaccine
- $\geq 3$  doses of Poliovirus vaccine
- $\geq 1$  dose of Measles or Measles-Mumps-Rubella vaccine (MMR)
- $\geq 3$  doses of *Haemophilus influenzae* type b vaccine (Hib)
- $\geq 3$  doses of Hepatitis B
- $\geq 1$  dose of Varicella vaccine (Var)
- $\geq 4$  doses of Pneumococcal conjugate vaccine (PCV)



## Children Up-to-Date on Immunizations: 2 Years

County:	Value	Compared To:			
		OR Value	Prior Value	Trend	Target
County: Crook	75.0% (2020)				
County: Deschutes	71.0% (2020)				
County: Jefferson	66.0% (2020)				





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**Assessment, Feedback, Incentives, eXchange (AFIX)**  
2014 Provider Site Visit Questionnaire  
Childhood and/or Adolescent Visits

**General notes:**  
Questionnaire may be filled out prior to the AFIX visit or during the visit. The assessor, along with the provider, should select 2-3 strategies to incorporate into the QI plan for implementation and follow-up.

- If questionnaire is filled out during the visit and using CoCASA, the provider's demographic information should be entered in the **provider set-up** tab
- If questionnaire is filled out during the visit and using AFIX online tool, the provider's demographic information should be entered in the **General Site Visit Information** tab
- If questionnaire is **mailed out** prior to the AFIX visit, the following provider demographic questions should be added to the top:  
Assessment date: \_\_\_\_\_ Assessment name: \_\_\_\_\_  
Assessor's name: \_\_\_\_\_ Provider site name: \_\_\_\_\_  
Provider address: \_\_\_\_\_ Contact person: \_\_\_\_\_ Telephone/fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ VFC pin number: \_\_\_\_\_  
Type of medical records the provider uses: Electronic (type) \_\_\_\_\_ Paper \_\_\_\_\_  
Method of reporting to the IIS: \_\_\_\_\_

**Strategies to improve the quality of immunization services**

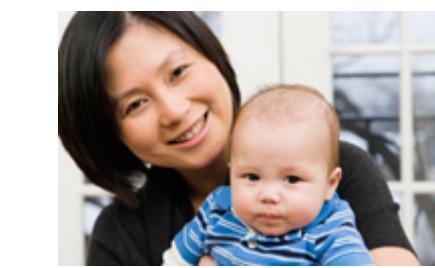
1. Do you have a reminder/recall process in place for pediatric/adolescent patients? (y/n)
2. Do you offer walk-in or immunization only visits? (y/n)
3. Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff? (y/n)
4. Do you schedule the next vaccination visit before the patients/parents leave the office? (y/n)
5. Do you contact patient/parents within 3-5 days when a "well child" or "immunization only" visit is a "no show" and reschedule it as soon as possible? (y/n)
6. Do you have a system in place to schedule wellness visits for patients at 11-12 years of age? (y/n)
7. Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers, and improving coverage levels? (y/n)
8. Do you regularly document vaccine refusals and reasons for refusals (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)? (y/n)

**Strategies to decrease missed opportunities**

1. Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize? (y/n)
2. Do you have immunization information resources to help answer questions from patients/parents? (y/n)







*Thank you for  
your support!*

