

Central Oregon Regional Childhood Immunization Rate Quality Improvement Project

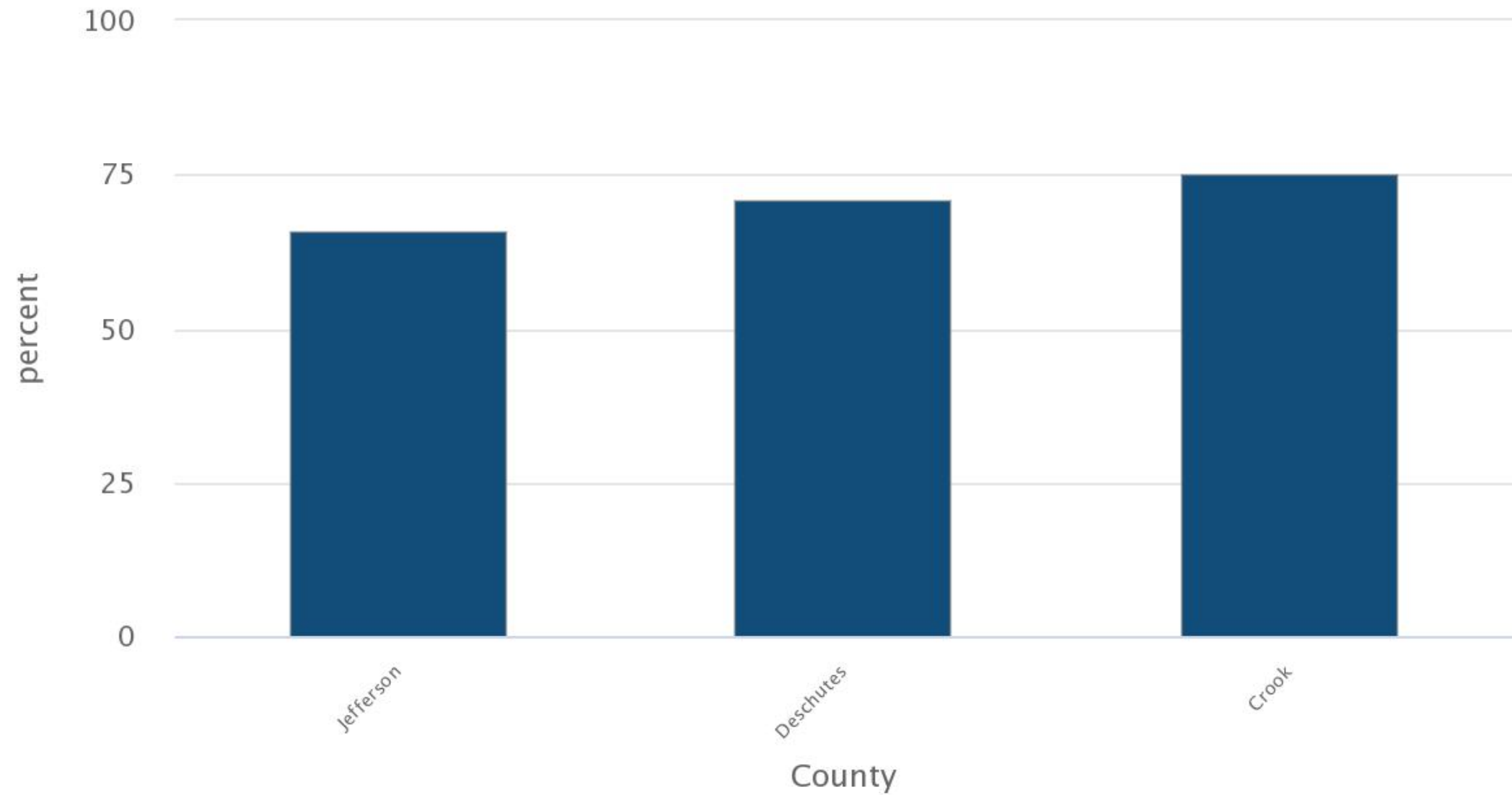
Dr. Rita Bacho

Adrea Rodriguez-Lovejoy

Deschutes County Health Services

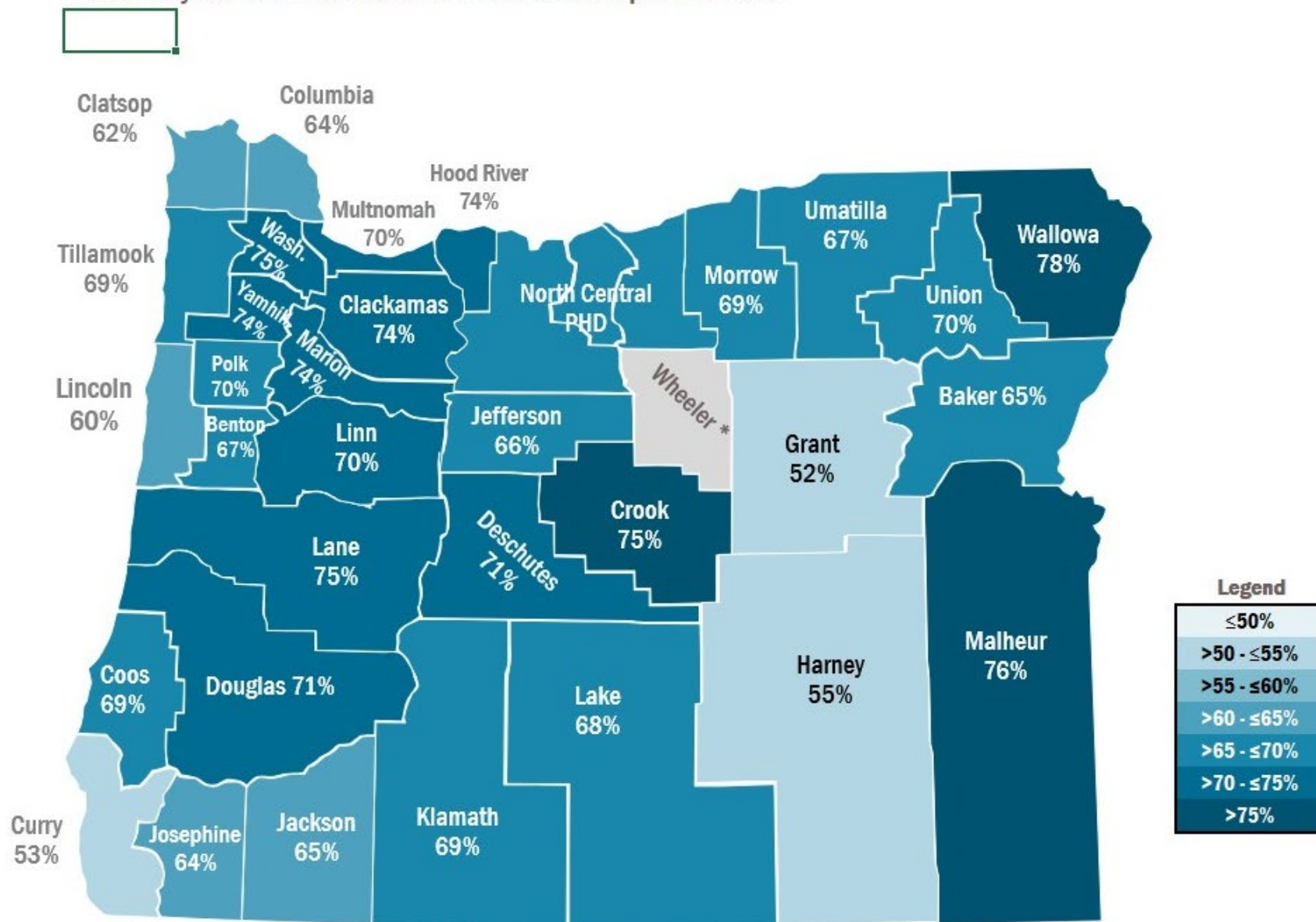


Children Up-to-Date on Immunizations: 2 Years



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.

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



Children Up-to-Date on Immunizations: 2 Years

County: Crook

VALUE

75.0%
(2020)

COMPARED TO:



OR Value
(71.0%)



Prior Value
(71.0%)



Trend



Crook RHIP
Target
(80%)

County: Deschutes

71.0%
(2020)



OR Value
(71.0%)



Prior Value
(72.0%)



Trend



Deschutes RHIP
Target
(80%)

County: Jefferson

66.0%
(2020)



OR Value
(71.0%)



Prior Value
(69.0%)



Trend




Jefferson RHIP
Target
(80%)










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: _____
E-mail: _____ Telephone/fax: _____
Type of medical records the provider uses: Electronic (type) _____ VFC pin number: _____
Method of reporting to the IIS: _____ Paper _____

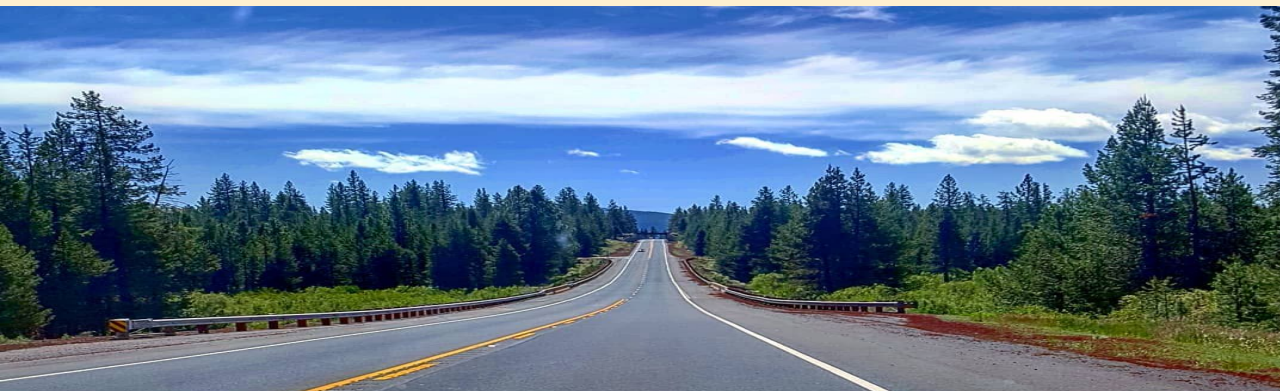
Strategies to improve the quality of immunization services

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 for 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!*

