

Philadelphia Immunization Program

SPECIAL DELIVERY

The Philadelphia Department of Public Health
Division of Disease Control

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December 18, 2012

The Philadelphia Immunization Program is conducting its annual provider survey

- Please complete and return the survey by January 3, 2013
 - Complete it online at:

<https://www.research.net/s/2012KIDSProviderSurvey>

or

Fax back attached paper copy to 215-238-6943

The Philadelphia Immunization Program is conducting its annual survey to learn about providers' experiences with the Immunization Program, including components like the KIDS Plus IIS, VFC-AFIX, and VFAAR.

Please complete this survey in its entirety. Your complete answers will provide essential feedback to help us ensure that our program is delivering the highest quality services to our provider community.

Please ask your co-workers if you do not know the answer to a question – all staff input is welcome to complete the survey!

- The deadline for responding is January 3, 2013.
- **You may complete the survey online by visiting the following web site:** <https://www.research.net/s/2012KIDSProviderSurvey>

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The survey should take about 15 minutes. Your individual responses will not be disclosed outside the Immunization Program at PDPH.

Results will be summarized in the Immunization Program newsletter once responses have been analyzed.



2012

PHILADELPHIA IMMUNIZATION PROVIDER SURVEY

Philadelphia Department of Public Health, Immunization Program

SECTION 1: INTRODUCTION

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The survey should take about 15 minutes. Your individual responses will not be disclosed outside the Immunization Program at PDPH. Results will be summarized in the Immunization Program newsletter once responses have been analyzed.

Contact Kendra Viner at 215-685-6721 or kidsregistry@phila.gov with any questions.

SECTION 2: CONTACT INFORMATION

<p>1. PRACTICE NAME:</p> <hr/>	<p>6. Your Work Phone Number(s): _____</p> <hr/>
<p>2. VFC / KIDS Plus PIN or KIDS Plus Provider ID (if known): _____ [ex: PU1234]</p>	<p>7. Your Work Fax Number(s): _____</p>
<p>3. Practice Address:</p> <hr/> <hr/>	<p>8. How long have you worked at the practice?</p> <p><input type="radio"/> less than 6 months <input type="radio"/> 3 to 4 years</p> <p><input type="radio"/> 6 months up to 1 year <input type="radio"/> 5 or more years</p> <p><input type="radio"/> 1 to 2 years</p>
<p>4. Your First & Last Name:</p> <hr/>	<p>9. What is your role in the practice? [Check all that apply]</p> <p><input type="radio"/> Office Manager</p> <p><input type="radio"/> Physician</p> <p><input type="radio"/> Other Licensed Professional (such as PA-C, RN, CRNP)</p> <p><input type="radio"/> Other Health Professional (such as MA)</p> <p><input type="radio"/> Medical Records Staff</p> <p><input type="radio"/> Other, please specify: _____</p>
<p>5. Your Preferred Work Email:</p> <hr/> <p>(for receiving information from the Health Dept)</p>	

SECTION 3: IMMUNIZATION REPORTING

10. What method does your office currently use to report immunizations to the Philadelphia Health Department?

- Manual Reporting** (mailing or faxing paper immunization reporting forms)
- Electronic Reporting** (uploading data to the Web File Repository (WFR) from your office's EMR/EHR/billing software or uploading HL7 data to the sFTP from your office's EMR/EHR) **(skip to Question 11)**
- Do not report vaccines administered **(skip to Question 11)**

10a. If your office reports Pediatric or Adult Immunizations **manually**, please rate the new manual immunization reporting forms on the following features:

	Excellent	Good	Fair	Poor	Very Poor
Ease of Use					
Time to Complete					
Appearance					
Readability					
Other, please specify: _____					

11. Does your office use an EMR/EHR system?

- Yes
- No **(skip to Question 12)**

11a. What is the EMR/EHR system name and version? _____

[Visit <http://www.cchit.org/products/Ambulatory> for a list of electronic health record products certified by the Certification Commission for Health Information Technology (CCHIT)]

11b. When did your office implement its EMR/EHR?

- Within the last 6 months
- In the last 6 months – 1 year
- 1-2 years
- > 2years

12. What office technology plans does your practice have for the next two years?

- Acquire computers
- Acquire Internet connection
- Acquire clinical management or billing software
- Change clinical management or billing software
- Begin using an EMR (electronic medical record) system

System Name (if known): _____

- None of the above
- Other, please specify: _____

SECTION 4: KIDS PLUS IMMUNIZATION INFORMATION SYSTEM (IIS)

13. Does someone at your office actively log into KIDS Plus IIS?

- Yes (**skip to Question 14**)
- No

13a. Why is no one in your office logging into KIDS Plus IIS? (**skip to Question 17**)

- Unaware that our office could access the system
- Our patient information is not represented in the system
- Unsure how to use the system
- Concerned about confidentiality
- Do not have computers, internet, and/or reliable internet connection
- Forgot the KIDS Plus web address or login/password
- Other, please specify: _____

14. To what extent has your office experienced these problems with KIDS Plus IIS?

KIDS IIS Concerns/Problems	Never	Rarely	Often	Don't Know
The search capacity is slow				
The system commonly freezes or times out				
It is difficult to log in				
There are duplicate patient records				
There are duplicate vaccines in the patient record				
It is difficult to find patients				
Patient records are incomplete				

15. Which of the following KIDS Plus IIS reports would be useful for your office?

- Patient Management (reminder/recall, patient detail with services, patient roster, etc.)
- Coverage Statistics (immunization rates, daily vaccinations, clinic immunization count, etc.)
- Vaccine Inventory Management (inventory on-hand, inventory transactions, inventory summary, etc.)

15a. Are you or other staff in your office interested in receiving training on how to use KIDS Plus IIS reports?

- Yes
- No

16. KIDS Plus IIS is introducing a vaccine inventory management tool. Would this feature be useful to your office?

- Yes
- No

17. What method is currently used by your office to manage your vaccine inventory? (*please choose one for each vaccine funding source*)

Vaccine Funding Source	Method for Managing Inventory				
	Paper	Excel	EMR/EHR	Other, please specify: _____	Not Applicable
Private					
VFC					
VFAAR					

SECTION 5: VFC/AFIX

18. Did your office receive a VFC/AFIX visit by a PDPH Quality Assurance staff nurse in the past year?
- Yes
 - No (**skip to Section 6**)
- 18a. How many hours did you spend preparing for the VFC/AFIX visit? _____
- 18b. Did you or your staff receive verbal feedback after this visit?
- Yes
 - No (**skip to Question 18c**)
- 18bi. Was the verbal feedback effective at highlighting what is being done correctly in your office?
- Yes
 - No
- 18bii. Did the verbal feedback include suggestions about what could be improved?
- Yes
 - No
- 18c. Did you or your staff receive written feedback after this visit?
- Yes
 - No (**skip to Question 19**)
- 18ci. Did the written feedback concisely review all aspects addressed in the verbal feedback session(s)?
- Yes
 - No
19. How many additional education visits did your office receive?
- 0 (**skip to Section 6**)
 - 1
 - 2
 - 3
- 19a. Did these additional education visits assist your office in making the changes required to be in compliance with VFC policies and regulations?
- Yes
 - No
- 19b. Were charts reviewed at these additional education visits?
- Yes
 - No
- 19c. Did you or your staff receive feedback after each education visit was completed?
- Yes, verbal feedback only
 - Yes, verbal and written feedback
 - No

20. Please rate the following feedback tools:

AFIX Feedback Tools	Excellent	Good	Fair	Poor	Very Poor
Immunization Coverage Rate (<i>Rate of 24-36 month olds at your site who are up-to-date with the 4:3:1:3:3:1:4 immunization schedule</i>)					
Missing Immunization List (<i>List of 24-36 month olds who are not up-to-date with their immunizations</i>)					
Invalid Immunization List (<i>List of 24-36 month olds who have received invalid doses of vaccine</i>)					

21. Was the nurse who visited your office:

	Strongly Disagree	Disagree	Agree	Strongly Agree
On-time				
Professional				
Courteous				
Helpful				
Knowledgeable about immunizations				
Clear in relating feedback				

SECTION 6: Vaccines for Adults at Risk Program (VFAAR)

22. Based on your site's VFAAR eligibility requirements, roughly how many VFAAR Program eligible adults (19 - 64 years of age) do you see at your practice/facility each year?

- 0-29
- 30-99
- 100-299
- 300-499
- ≥500

23. What additional information about adult immunizations would you like to receive?

- Adult vaccine administration
- ACIP schedule updates
- New vaccine updates
- KIDS Plus IIS registry trainings
- Other _____
- None

24. Beginning January 1, 2013, PDPH will be asking providers to reimburse for any VFAAR vaccine that is wasted/spoiled/expired as a result of staff negligence. Are you aware of this change?

- Yes
- No

25. What types of interactions have you had with VFAAR staff in the past year (*check all that apply*):

- Vaccine delivery/pick-up
- Communication through ordering process
- Phone call
- Storage and handling site visit
- Site visit for enrollment
- Site visit to review VFAAR vaccine inventory and immunization processes
- No interaction (**skip to Question 26**)

25a. How would you rate your interactions with VFAAR Program staff during the last year?

- Excellent
- Good
- Fair
- Poor
- Very Poor

26. Do you provide privately purchased vaccine to your adult, **non**-VFAAR eligible population?

- Yes
- No (**skip to Section 7**)

26a. What is the average number of vaccine doses you administer to your non-VFAAR eligible adult population each month? _____

26b. Which vaccines are administered? (*check all that apply*):

- Hep A
- Hep B
- Twinrix
- HPV
- MCV4
- MMR
- Pneumococcal
- Tdap
- Td
- Varicella

SECTION 7: ADDITIONAL COMMENTS

****INSTRUCTIONS FOR RETURNING SURVEY****

Return by fax to: (215) 238-6943

Return by mail to:

Immunization Program: Survey
500 S. Broad Street, 2nd Floor
Philadelphia, PA 19146