



Washington State Department of  
**Health**  
 Immunization Program *CHILD Profile*  
 Quality Assurance Team

VACMAN Provider Number: \_\_\_\_\_

### 2008 AFIX Program Feedback Session Checklist

**LHJ Instructions:** Use this form for all **Combination AFIX/VFC and AFIX-only site visits**. Complete the provider information section. Place a check mark in each area that you addressed during your feedback session. Please document any significant findings or discussions in the comment area of the appropriate section. Sign your name and the date of follow-up or next assessment if applicable. Contact Gary Gant at (360) 236-3579 or [gary.gant@doh.wa.gov](mailto:gary.gant@doh.wa.gov) if you have any questions regarding this form.

#### Section I.

Feedback Content	Discussed	Comments
<b>Areas of strengths related to immunization delivery in practice</b>  <input type="checkbox"/>		
<b>List at least 2 opportunities for improvement related to immunization delivery in practice</b>  <input type="checkbox"/>	<b>Opportunities for improvement discussed:</b> 1.  2.  3.	
<b>Assessment reports used in Feedback session</b>  	<b>Reports:</b> 1.  2.  3.  4.  <b>Left with staff? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>CoCASA report data was:</b> <b>Downloaded <input type="checkbox"/> Manually entered <input type="checkbox"/></b>
<b>Staff type present for assessment findings:</b>  	<input type="checkbox"/> RN/ARNP/LPN/PA  <input type="checkbox"/> MD/DO/NP  <input type="checkbox"/> Office manager  <input type="checkbox"/> Other _____	<b>Would you consider these to be the key decision-makers who are able to affect positive change in the providers' immunization coverage rates?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Quality improvement plan developed for ___opportunities for improvement.</b>  <input type="checkbox"/>		<b>Opportunities for improvement for QI plan:</b> 1.  2.
<b>Written plan developed with Staff (attach copy of form)</b>	<b>Attach Copy</b>	<b>Attach copy</b>
<b>Resources/incentives left for office</b>  <input type="checkbox"/>		<b>List resources/incentives</b> 1.  2.
<b>Follow-up commitments and due dates</b>		1. <b>Date:</b> 2. <b>Date:</b> 3. <b>Date:</b>
<b>Other comments:</b>		

**Section II.**

**LHJ/Provider Information**

**LHJ Conducting Review:** \_\_\_\_\_ **Date of review:** \_\_\_\_\_

**Feedback Reviewer** \_\_\_\_\_ **Follow-up assessment date:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Provider Primary Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Provider Contact Phone Number:** \_\_\_\_\_ **Provider Fax:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**LHJ Representative Name (Print)** \_\_\_\_\_

**LHJ Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

