



## PROGRAM PRACTICES SUBMISSION FORM

### IMMUNIZATION PROGRAM PRACTICES INFORMATION

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**Program:** Immunization Program –Rhode Island Department of Health

**Does AIM have permission to share this information on the publicly accessible AIM website?** *All materials submitted will be posted on the AIM website.* ☒\_X\_Yes ☐\_\_No

### BULL’S-EYE AWARD

The **Bulls-Eye Award for Innovation and Excellence in Immunization** recognizes immunization strategies that “hit their mark” and achieve immunization goals with special consideration for practices that are innovative and easily replicated. Each year, AIM awards three programs the Bull’s-Eye Award. Only those practices with activities that are **currently ongoing** or **concluded during 2016** (including implementation, follow-up, and/or evaluation activities) will be considered for the award.

**Would you like for this submission to be considered for the 2017 AIM Bull’s- Eye Award?** ☒\_X\_Yes ☐\_\_No

### PROGRAM PRACTICE INFORMATION

**Title**

Off Year Site Visits

**Keywords** (up to 5 main terms/phrases that describe the practice)

VFC site visit, practice partnership, education, quality improvement

**Is this practice Evidence / Guideline Based?** *(if yes, please include reference below)* ☒\_X\_Yes ☐\_\_No

**Reference:**

**Background** (scope of the immunization need or problem)

Off year site visits are conducted during the year that a VFC Comprehensive visit is not due. This is a 30 minute scheduled visit. The visit includes storage and handling review and updates of any new educational materials and policies the Immunization Program may have for them. New staff are identified and trained as needed. This activity builds a stronger partnership with the practice.

## Program Practice Description

*Describe the practice goals and objectives.*

Objective and goals are to make sure each practice has had one visit each year whether they are due for a comprehensive visit or just off year visit. Making visits to every practice each year can be beneficial to identify any issues a practice may have.

*What were the main implementation activities?*

Determining what to review at the visit. Contacting each VFC practice contact to explain the purpose of and to schedule the visit. Documenting the visit in PEAR as a VFC Contact.

*Where and when did the practice take place?*

Takes place throughout the year at the practices.

*How much staff time was involved?*

The visit takes about 30 minutes but varies depending on new staff needs and/or conversations around newly replaced vaccine units and temperature monitor installations.

*What were the costs associated with the activity? What was the funding source?*

## VFC Funding

*Identify the target population that the practice affected.*

The target population directly affects practice staff and indirectly affects pediatric and adolescent patients.

*If partners were involved, include who was involved, and how.*

Quality Assurance Specialist, Practice Vaccine Coordinator, Physicians or Office Manager,

## Timeframe of Implementation (Start and Stop Dates)

Ongoing

**Evaluation Data: Was the implementation and/or effectiveness of this practice assessed?** (if "yes" or "limited," provide any data that is available) ☒\_X\_Yes ☐\_No ☐\_Limited

Data: New Staff, Identify storage and handling issues, update with new information regarding vaccines

## Conclusions / Lessons Learned / Key Factors for Success

Visits are conducted to build stronger relationships with the practices and to support and train new staff. Every year visits helps maintain a stability between the practice and Department of Health, Office of Immunization.

**Check if any of the following are being submitted to complement your submission:**

(All materials will be posted on the AIM website)

☐ Testimonials

☐ Quote from partner/participant

☐ Sample of materials produced

☐ Press release

☐ Promotional materials

☐ Project photo(s)

☐ Publication (e.g., news story, journal article)

☐ Video/audio clip

☐ Website URL

☐ Tables or graphs

☐ Other — Explain: \_\_\_\_\_

**\*\*Email the completed form to Mary Waterman ([mwaterman@immunizationmanagers.org](mailto:mwaterman@immunizationmanagers.org)) with the subject line "Program Practices Submission."**

