CT Annual Birth Hospital Questionnaire 2026

Example for Bullseye Award Submission

Pre-Survey Information

This survey should take about an hour to complete.

1. Name of Interviewer

- ◯ Consultant A
- ◯ Consultant B
- ◯ Consultant C
- ◯ Consultant D
- ◯ Consultant E
- ◯ Other

2. Name of Birthing Hospital

- ◯ Hospital 1
- ◯ Hospital 2
- ◯ Hospital 3
- ◯ Hospital 4
- ◯ Hospital 5

3. Date of Visit

4. Interviewee 1 Name

5. Interviewee 1 Title

6. Interviewee 1 Phone Number

The value must be a number

7. Interviewee 1 Email Address

Please enter an email

8. Are there additional interviewees at the visit?

- ◯ Yes
- ◯ No

9. Interviewee 2 Name

If applicable

10. Interviewee 2 Title

If applicable

11. Interviewee 2 Phone Number

If applicable

12. Interviewee 2 Email Address

If applicable

Please enter an email

13. Interviewee 3 Name

If applicable

14. Interviewee 3 Title

If applicable

15. Interviewee 3 Phone Number

If applicable

16. Interviewee 3 Email Address

If applicable

Please enter an email

17. Interviewee 4 Name

If applicable

18. Interviewee 4 Title

If applicable

19. Interviewee 4 Phone Number

If applicable

20. Interviewee 4 Email Address

If applicable

Please enter an email

Pre-Visit Introduction Template (to relay to interviewees)

"Each year the DPH Immunization Program meets with Connecticut birth hospitals. Today, we're going to run through a revised version of the CT WiZ birthing hospital questionnaire used at these meetings which brings in the addition of some quality improvement strategies and activities to meet the needs of a Centers for Disease Control and Prevention (CDC) program called Immunization Quality Improvement for Providers (IQIP).

Things we'll discuss include:

- *How your unit facilitates the first pediatric visit and timely vaccination post-discharge*
- *How you're reporting vaccinations through the electronic health record (EHR) or CT WiZ and ConnVRS*
- *How your providers and other staff recommend immunizations to patients*
- *What kinds of immunization education materials you provide to parents*

At the end of the survey, we will review the hepatitis B birth dose administration data for your facility and then we will work together to identify some of the barriers or opportunities for improvement that were discussed during the questionnaire. You will then choose ***two quality improvement strategies*** *that we will break down into smaller action items to move towards your ideal practice and increase immunization coverage over a year's time (i.e. if the unit doesn't require parents to schedule a pediatric appointment, is that something we can work on this year?). I will help support you as you work on these action items and will follow up at regular intervals to discuss how the action items are going, help you set new action items as you complete them, and offer technical assistance and guidance as necessary."*

Survey Start

General Information

21. *In previous years, the IAPs (I/we/DPH) have discussed the hepatitis B rates with you or someone at this facility. As of last year, our new CT Birth Hospital Vaccination Report shows the percentage of infants born at your facility in the previous year that received an on-time hepatitis B vaccine dose plus the number of infants that were immunized for respiratory syncytial virus (RSV) at your facility during the RSV season.*

    Has everyone at the visit seen the newly revised CT Birth Hospital Report this season?

    ◯ Yes

    ◯ No

22. Name(s)/email address(es) to send to (if they did not receive report and want to)

23. Has there been a change in your rates, and if so, what would you attribute recent rising or falling hepatitis B birth dose rates to?

24. Do you have any questions or comments on the new report?

25. Does the birthing unit (or hospital) have a quality improvement coordinator?

    If the hospital has a QI coordinator and they are not present for this visit, they should participate in future visits if possible.

    ◯ Yes

    ◯ No

26. What is their name so they can be included in future conversations?

    Please provide their email as well

27. Are you familiar with the DPH Immunizations Program website?

- ◯ Yes
- ◯ No

28. Are you familiar with these specific webpages?

If no was selected above, see webpages below as well as: https://portal.ct.gov/immunization

- ☐ DPH Immunizations (for providers) *https://portal.ct.gov/immunization*
- ☐ All About CT WiZ (for parents) *https://portal.ct.gov/immunization/Public-Landing-Page/All-About-CT-WiZ*
- ☐ Neither

Vaccines

Guidelines, Procedures, Administration, and Documentation

29. If someone comes to visit the birthing unit prior to giving birth, what is discussed? If you provide a virtual visit instead, what does that look like?

30. Do you address vaccines for parents or newborns during the pre-visit?

- ◯ Yes
- ◯ No
- ◯ N/A (no pre-visits occur)

31. What is said?

32. When a person gives birth at your facility, what does the vaccination workflow look like on your unit?

Please be sure to address hepatitis B and RSV when answering the below questions:

- *Who performs the management role in your unit?*
- *How is documentation prepared and who prepares documentation?*
- *What does check-in/admission look like? Who performs this?*
- *Who discusses immunization with parents/patients?*
- *Who administers vaccines?*
- *Who oversees appointment scheduling for their first pediatrics appointment post-discharge?*
- *What does discharge look like?*

33. Do you ask mothers if they were vaccinated during pregnancy (flu, Tdap, RSV, COVID-19)?

- ◯ Yes
- ◯ No

34. If they haven't been vaccinated, do you ask if they would like to be during their stay?

- ◯ Yes
- ◯ No

35. Do you provide families who have not chosen a pediatrician a list of local ones?

DPH resources:
Vaccine information: https://portal.ct.gov/immunization/Public-Landing-Page/Vaccine-Information?language=en_US
List of Pediatricians: https://www.datawrapper.de/_/R0OUx/

Note: As DPH continues to update the pediatrician information in ConnVRS, if the provider/clinic is not listed, please select 'other' and enter notes with the provider's name and town.

- ◯ Yes
- ◯ No

36. If not, what do you do?

37. Are all parents required to make an appointment at their chosen pediatrician's office prior to leaving the hospital?

- ◯ Yes
- ◯ No

38. What reasons do parents most often give when they refuse the hepatitis B or RSV vaccines?

39. Does anyone on your unit ensure that there are plans to receive the hepatitis B or RSV vaccines at an upcoming pediatric appointment if the parent declines vaccination at the hospital?

- ◯ Yes
- ◯ No

40. Is it a part of the parent conversation about scheduling an appointment?

- ◯ Yes
- ◯ No

Vaccines (continued...)

Now I would like to discuss your guidelines for administering the hepatitis B, HBIG (if applicable), and RSV immunizations to newborns.

41. According to your facility's guidelines, who is vaccinated against **hepatitis B** and when?

42. What approach do you take when communicating your hepatitis B guidelines to parents?

- *Is it being described as optional or due?*
- *Do you use a presumptive approach? i.e. "It is time for your baby's hepatitis B shot."*
- *Is there shared decision-making going on?*
- *Do you offer additional information?*

43. According to your facilities guidelines, who is given an **RSV immunization** and when?

44. What approach do you take when communicating your RSV immunization policy to parents?

During RSV season, October 1 - March 31.

The American Academy of Pediatrics (AAP) recommends RSV immunization with nirsevimab or clesrovimab for infants <8 months of age born during or entering their first RSV season if: pregnant parent did not receive RSVpreF vaccine during this pregnancy, pregnant parent's RSVpreF vaccination status is unknown, or infant was born <14 days after the pregnant parent's RSVpreF vaccination. *It is available to order free of cost ($556.13/dose) through the Connecticut Vaccines for Children Program (CVP) to all enrolled providers.*

- *Is it being described as optional or due?*
- *Do you use a presumptive approach? i.e. "It is time for your baby's RSV shot."*
- *Is there shared decision-making going on?*
- *Do you offer additional information?*

45. What do you do if maternal RSV vaccination status is unknown at the time of birth?

46. Are RSV immunizations integrated into the vaccine workflow of the hepatitis B and vitamin K vaccines?

- ◯ Yes
- ◯ No

47. Have recent CDC vaccine schedule changes resulted in any **modifications** to hepatitis B or RSV birth dose recommendations or protocols at your hospital?

- ◯ Yes
- ◯ No

48. Please describe

49. In your opinion, has the new vaccine schedule resulted in increased parental confusion or reluctance concerning the hepatitis B and RSV birth doses?

Please explain.

50. According to your facilities guidelines, who is given **HBIG** and when?

Note: When both the hepatitis B and HBIG doses are given, they are supposed to be given in opposite limbs. The recommended injection site for infants is the anterolateral aspect of the thigh.

51. What approach do you take when communicating your HBIG guidelines to parents of children for whom it is indicated?

- *Is there a specific script or standard language staff are trained to use?*
- *When during the hospital stay do you typically have this conversation?*
- *How do you ensure parents understand why HBIG is recommended?*
- *Do you offer additional information?*

52. What is your protocol with HBsAg+ mothers?

53. How are you notified when a chronic hepatitis B patient will be delivering at this facility?

54. How do you manage women whose status is unknown at the time of delivery?

55. What barriers do you face relating to your guidelines?

Vaccines (continued...)

56. How do you handle vaccine-hesitant parents or anti-vaccine parents?

    Do you try and persuade them?

57. What barriers do you face during these conversations?

58. Are there any programs you mention that are designed to speak with new parents or pregnant women about available community resources?

    i.e. Healthy Start or Nurturing Families

59. Do you ever mention the Vaccines for Children (VFC) program or the Connecticut Vaccine Program (CVP) to new parents?

    The VFC is a federal program that provides all ACIP recommended vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The CVP is Connecticut's expanded pediatric vaccination program and provides vaccines at no cost to all children under 19 years, regardless of insurance status.
    See: https://portal.ct.gov/immunization/providers-landing-page/cvp?language=en_US for more information.

    - ◯ Yes
    - ◯ No

60. Are there materials (e.g. handouts) you include in the birth packet or elsewhere to support parent's vaccination decisions with other than the VIS?

    Consider highlighting immunize.org as a source of numerous educational resources and printable materials.

    - ◯ Yes
    - ◯ No

61. What are they?

62. Do you disseminate those prior to, during, or after vaccination?

63. How is documentation of immunizations at the hospital shared with **parents**?

- *How does it get to parents upon discharge?*
- *Are there paper copies in addition to electronic?*

64. How is documentation of immunizations at the hospital shared with **pediatricians**?

- *Where is it entered or faxed?*
- *Are there paper copies in addition to electronic?*

65. Who enters vaccine information into your EHR and CT WiZ on the unit?

66. What barriers do you face regarding the documentation of vaccines?

Notes **(only applicable if unit is <u>not onboarded</u> to CT WiZ)**

- ConnVRS and CT WiZ have an automatic interface to send births and updates to CT WiZ.
- Electronic Health Records (EHRs) and CT WiZ have interfaces for ordering CVP vaccines, reporting vaccines administered, querying, and running reports. For EHR Onboarding questions for the birthing hospitals to electronically order and report CVP (hep B) doses administered, please visit:
  - CT WiZ Onboarding: https://portal.ct.gov/immunization/Providers-Landing-Page/CT-WiZ/CT-WiZ-Onboarding?language=en_US
  - CT WiZ Training: https://portal.ct.gov/immunization/Providers-Landing-Page/CT-WiZ?language=en_US
- The Primary Vaccine Coordinator's training on CVP vaccine ordering will be scheduled after onboarding.

CT WiZ Enrollment

67. Name, title, and email of person(s) interviewed **(if different from above)**

68. As you may know, the CT WiZ Handout must be provided to the patient at the time of birth, such as in the Birth Packet. Do you print your own or order them printed from DPH?

- ◯ Self-print
- ◯ Order them from us
- ◯ Other

69. Do you know how to get more handouts if needed?

Educational Materials Birthing Hospitals Order Form: https://portal.ct.gov/immunization/-/media/immunization/provider-page/pdfs/educational-materials-birthing-hospitals-order-form.pdf

- ◯ Yes
- ◯ No

70. Is there a staff person(s) who verbally explains CT WiZ to the family?

- ◯ Yes
- ◯ No

71. Are the staff members educated on the benefits of CT WiZ?

Explanation should be ~60 seconds including confidentiality and the benefits of the child's complete record available securely to their provider and to the parent when needed.

- ◯ Yes
- ◯ No

72. Are there new staff that need training on understanding CT WiZ benefits for parents and children?

If so, I/we can set up in-service with staff.

- ◯ Yes
- ◯ No

73. Enrollment into CT WiZ is automatic, per state law. Do you understand the opt-out process, if the parent asks?

It is the parent's responsibility to request to opt out of CT WiZ (not the birthing hospitals). If a parent wishes to opt out, they must send to DPH CT WiZ a signed, written letter stating they wish to opt out of CT WiZ and must include their baby's full name and date of birth. This can be sent via fax or mail, or parents can use the secure online Immunization Updates - Request Form (fortunately, only about 1% opt-out each year): https://ctwizsubmissions.dph.ct.gov/.

- ◯ Yes
- ◯ No

74. Do staff initiate conversations about opting out of CT WiZ, or is that only discussed if parents raise the question first?

- ◯ Staff initiate conversations
- ◯ Only discussed if parents raise the question first

75. How is the information communicated?

76. What barriers do you face relating to CT WiZ enrollment / education / opt-out?

Birth Certification Process / ConnVRS Reporting

77. How does the data from the birth certificate get collected and entered into ConnVRS?

78. Who does this?

79. Who fills out the medical information worksheet that feeds into the birth certificate?

80. When reviewing the birth certificate worksheets, what do you do when the pediatrician/clinic is incorrect or unclear? *(i.e. OBGYN or unknown provider listed)*

81. If the hepatitis B, HBIG (if applicable), or RSV immunizations are given in the hospital, how do you ensure the accuracy of the first vaccine date administered (prior to entering the data into ConnVRS)?

    If HBIG is given, it is a required field to be entered into the record. Please refer to Tab 13, Newborn II of your ConnVRS instruction guide for more information.

82. In the "Immunization Authorization" field in ConnVRS, is YES being selected?

- ◯ Yes
- ◯ No
- ◯ Unsure

83. Do you have any questions for me about CT WiZ or ConnVRS?

For the NICU Nurse Manager

If applicable

84. Name of Contact and their Title

85. Contact's Email Address

86. Do you provide families who have not chosen a pediatrician a list of local ones?

Note: IAPs should continue to track babies who are in the NICU until they are discharged and go to their medical home. These babies remain under "Patient Record" in CT WiZ and will continue to fall on IAP outreach reports. IAPs should work with NICU staff for tracking and should not call the parents for updates.

- ◯ Yes
- ◯ No
- ◯ Sometimes

87. If not, what do you do?

88. Are all parents required to make an appointment at their chosen pediatrician's office prior to leaving the hospital?

- ◯ Yes
- ◯ No

89. According to your facilities guidelines, who is given the hepatitis B vaccine and when?

*Note: If these are not different from non-NICU policies, **leave blank**.*

90. According to your facilities guidelines, who is given an RSV immunization and when?

*Note: If these are not different from non-NICU policies, **leave blank**.*

91. According to your facilities guidelines, who is given HBIG and when?

*Note: If these are not different from non-NICU policies, **leave blank**.*

92. Please describe how shots given in the NICU are documented.

93. When reviewing the birth certificate worksheets, what do you do when the pediatrician/clinic is incorrect or unclear? *(i.e. OBGYN or unknown provider listed)*

Note: As DPH continues to update the pediatrician information in ConnVRS, if the provider/clinic is not listed, please select 'other' and enter notes with the provider's name and town.

IQIP (to relay to interviewees)

"Next, we'd like to ask a few questions about quality improvement activities as part of the Immunization Quality Improvement for Providers (IQIP) program. We can briefly revisit the report rates before selecting QI strategies. Any questions or topics that came up during the questionnaire can help guide which areas to focus on for improvement."

IQIP Action Items

Please note: The hospital must select strategy 3, strategy 4, or both from the list below as one or both of their chosen strategies.

94. What is the first strategy the hospital is choosing?

- ◯ 1. Facilitate Return for Immunization
- ◯ 2. Leverage IIS, EHR, or Electronic System to Improve Immunization Practice
- ◯ 3. Give a Strong Immunization Recommendation
- ◯ 4. Strengthen Immunization Communications to Address Vaccine Hesitancy

95. What technical assistance did you (IAP/DPH staff) provide to the hospital for this strategy?

96. What were the action items selected for this strategy?

Format: * Brief description of task [assigned staff: target date]
*i.e. * Develop method for documenting that all parents have their first pediatric visit scheduled before discharge [Cheryl: 6/30/25]*

97. What is the second strategy the hospital is choosing?

Must be different from the first

- ◯ 1. Facilitate Return for Immunization
- ◯ 2. Leverage IIS, EHR, or Electronic System to Improve Immunization Practice
- ◯ 3. Give a Strong Immunization Recommendation
- ◯ 4. Strengthen Immunization Communications to Address Vaccine Hesitancy

98. What technical assistance did you (IAP/DPH staff) provide to the hospital for this strategy?

99. What were the action items selected for this strategy?

Format: * Brief description of task [assigned staff: target date]
*i.e. * Inactivate patients who no longer see the practice by 2-month check in [Cheryl: 6/30/25]*

Post-Survey Questions for IAP Only

100. Approximately how long did it take for you to complete this visit?

- ◯ Less than 1 hour
- ◯ 1 hour to less than 1.5 hours
- ◯ 1.5 hours to less than 2 hours
- ◯ 3 hours or more

101. What is the date planned for the 2-month check-in?

102. Thank you for taking time to go to review this important questionnaire!

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