Immunization Process Quality Assurance and

Performance Improvement (QAPI) Audit Tool

Use this tool to review your resident immunization process.

### Date:

| **Staff Responsible for Action Item** | **Action Item** | **Process Gap** | **Brief Description of Process Gap** |
| --- | --- | --- | --- |
| Is the current role(s) adequate for the action item? Is there a backup? | Action items are broken down to better identify process gaps in your resident immunization process. Utilize the linked resources to identify gaps and [this toolkit](https://www.superiorhealthqa.org/wp-content/uploads/RCA-Toolkit_final.pdf) to identify root causes. | Check if a gap is identified. | Briefly describe process gap(s) and once root cause has been established, create and implement an [action plan](https://www.superiorhealthqa.org/wp-content/uploads/Action-Plan-Template-and-Instruction_final.docx).  |
| Admission CoordinatorAdmit NurseInfection PreventionistDirector of Nursing (DON)Nursing Home Administrator (NHA)QAPI Team | Vaccine Policy and Procedure: Review annually, with regulation changes and revisions due to process gaps. [Long Term care Survey Pathways- Infection Prevention, Control and Immunizations (CMS-20054)](https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes), Centers for Medicare & Medicaid Services (CMS)[State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf), CMS |[ ]   |
| Admission CoordinatorAdmit NurseInfection PreventionistDONOther | Review state immunization registry for historical vaccinations and update electronic health record (EHR) before or during resident admission.* [Michigan Immunization Portal Michigan Care Improvement Registry (MCIR)](https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunization/michigan-immunization-portal), Michigan Department of Health & Human Services (MDHHS)
* [Minnesota Immunization Information Connection (MIIC)](https://www.health.state.mn.us/people/immunize/miic/index.html), Minnesota Department of Health (MDH)
* [Wisconsin Immunization Registry (WIR)](https://www.dhs.wisconsin.gov/immunization/wir.htm), Wisconsin Department of Health Services (DHS)
 |[ ]   |
| Infection PreventionistCentral SupplyOther | Review workflow for coordination of vaccine supply and accessibility to licensed staff i.e., are vaccines available on all shifts, administration is provided by licensed staff and not limited to infection preventionist.[Vaccine Storage and Handling - Handouts for Healthcare Professionals](https://www.immunize.org/handouts/vaccine-storage-handling.asp), Immunize.org |[ ]   |
| Health InformationOther | Review workflow for accessibility of consent forms, vaccine information statements (VIS) and other tools for licensed staff.[Vaccine Information Statements - Centers for Disease Control and Prevention (CDC) information sheets for patients](https://www.immunize.org/vis/), Immunize.orgMichigan: Required by law, must use Michigan specific VIS forms. [MCIR](https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunization/michigan-immunization-portal), Michigan Department of Health & Human Services (MDHHS)Strategies for increasing vaccination: * Website: [A Goal That Will Stick](https://www.superiorhealthqa.org/initiatives/covid-19/a-goal-that-will-stick/), Superior Health Quality Alliance (Superior Health)
* [Scripting for Licensed Staff - Talking to Residents about Getting Vaccinated](https://www.superiorhealthqa.org/wp-content/uploads/Immunization-Scripting-for-Licensed-Staff_reviewed.pdf), Superior Health
* [Motivational Interviewing Strategies for Updated COVID-19 Booster Readiness](https://www.superiorhealthqa.org/wp-content/uploads/Motivational_Interviewing_for_Booster_Readiness_Tip_Sheet_reviewed.pdf), Superior Health
 |[ ]   |
| Staff EducatorDONNurse Assessment Coordinator (NAC) Other | Review materials and conduct staff education upon hire, annually and with policy revisions for the following:* EHR vaccination documentation
* Minimum Data Set (MDS) documentation
* Injection best practice and safety guidelines:
	+ [Front Line Forces: Injection Safety](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/injection-safety/), Superior Health
	+ [Administering Vaccines to Patients - Handouts for Healthcare Settings](https://www.immunize.org/handouts/administering-vaccines.asp), Immunize.org
* Vaccine best practice guidelines
	+ [Front Line Forces: Vaccinations](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/vaccinations/), Superior Health
* Competency evaluations
	+ [Skills Checklist for Vaccine Administration](https://www.immunize.org/catg.d/p7010.pdf), Immunize.org
 |[ ]   |
| Admission CoordinatorOther | Admission contract review annually and with immunization policy changes.Vaccine policy statement[Sample Vaccine Policy Statement](https://www.immunize.org/catg.d/p2067.pdf), Immunize.org[Consideration Template: Immunizations and Medical Interventions/Therapeutics](https://www.superiorhealthqa.org/wp-content/uploads/Consideration-Template_Immunizations-and-Medical-Interventions-Therapeutics_reviewed.pdf), Superior Health  |[ ]   |
| Licensed NurseInfection PreventionistDONSocial WorkAdmission CoordinatorOther | Review workflow for obtaining informed consents – identify system-based barriers and avoid missed opportunities to vaccinate.[Pinkbook, Chapter 3: Immunization Strategies for Healthcare Practices and Providers](https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html#System-Based%20Barriers), CDC[Immunization Decision Tree](https://www.superiorhealthqa.org/wp-content/uploads/Superior-Health-Vax-Decision-Tree_508.pdf), Superior Health |[ ]   |
| Licensed NurseInfection PreventionistOther | Review immunization care plan upon admit, quarterly and as needed.[Immunization Care Plan](https://www.superiorhealthqa.org/wp-content/uploads/Immunization-Baseline-Care-Plan_reviewed.pdf), Superior Health[48 Hour Baseline Care Plan](https://www.superiorhealthqa.org/wp-content/uploads/48-Hour-care-plan_reviewed.pdf), Superior Health |[ ]   |
| Licensed NurseInfection PreventionistMedical providerNACOther | Review documentation procedures for:* EHR vaccination assessment, interventions and care plan
* State immunization registries
* Resident assessment instrument
* National Healthcare Safety Network (NHSN)

[Quality Measure Tip Sheet – Influenza Vaccine – Long and Short Stay](https://www.superiorhealthqa.org/wp-content/uploads/Superior_Health_QM_Tipsheet_Flu508.pdf), Superior Health [Quality Measure Tip Sheet - Pneumococcal Vaccine – Long and Short Stay](https://www.superiorhealthqa.org/wp-content/uploads/Superior_Health_QM_Tipsheet_Pneumonia508.pdf), Superior Health [Weekly Health Care Personnel (HCP) and Resident COVID-19 Vaccination](https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/), CDC |[ ]   |
| Medical Provider | Review History and Physical (H&P) procedure to include:* Offering vaccinations and education of vaccines.
* Documentation of vaccination assessment.
* Process to notify nursing for vaccine administration.
 |[ ]   |
| Care Conference Team | * Review for needed vaccinations.
* Provide consent forms.
* Process to notify nursing for vaccine administration.
* Process to update care plan.
 |[ ]   |

Next Steps: Root Cause Analysis and Action Plan

Use the [Five Whys Worksheet](https://www.superiorhealthqa.org/wp-content/uploads/4.5-Five-whys-worksheet_RCA-Toolkit_508.pdf) to complete a [Root Cause Analysis](https://www.superiorhealthqa.org/wp-content/uploads/RCA-Toolkit_final.pdf) of identified process gap(s). Complete the [Action Plan Template](https://www.superiorhealthqa.org/wp-content/uploads/Action-Plan-Template-and-Instruction_final.docx)  to create goals and actions based on the root cause.

|  |
| --- |
| Five Whys Worksheet Example |
| Team members: Document team member names here.  |
| Date: May, 11, 2023 |
| Example Problem Statement | NHSN documentation omitted for a period of three months. |
| Why?  | The DON assigned to NHSN data entry resigned effective immediately. |
| Why were there no other staff available to complete the required NHSN data submissions? | No backup to the DON for NHSN data entry had been designated & therefore no other staff members had access nor were they able to easily and quickly gain access. |
| Why were there no other staff members with NHSN access?  | The DON was assigned as the Facility Administrator in NHSN, did not reassign prior to leaving the organization, nor were there other trained staff with access to reassign as the Facility Administrator. |
| Root Cause | There was no identified backup for NSHN data entry.To validate root causes, ask the following, “If you removed this root cause, would this event or problem have been prevented?” |

Action Plan Example

| **Goal: What are we trying to accomplish?** | **What specific actions can we make to reach our goal?** | **Who is responsible?** | **When will the work be completed?** | **Measure:What can we measure to show the actions lead to an improvement?** |
| --- | --- | --- | --- | --- |
| Required NHSN data entry submissions completed accurately and timely. | 1. Identify two individuals, or positions, that will obtain access to NHSN and associated training in order to be able to complete the required data entry.2. Create a NHSN facility administrator policy and procedure. | 1. Infection Preventionist and Nurse Assessment Coordinator2. NHA | 90 days from date of this action plan. | Accurate and timely data submissions in NHSN as required.  |

**­­­**