



Immunization Quality Improvement Project Return Fax – Part 1 Pre-Season/Pre-Intervention Data Results

To: Suzanne Kirschbaum, RN – Director of Quality Improvement
Fax: (412) 325-1811
From: _____

Completed by: _____

Date: _____

Phone: _____

Please complete the following questions and return (via fax) to the Network office by September 30, 2009

Box A: Total Number of Patients at Unit _____

Box B: Total Number of Patients Vaccinated – Influenza _____

Box C: Influenza Vaccination Rate
(Box B divided by Box A) _____

Box D: Total Number of Patients Vaccinated – Hepatitis B _____

Box E: Hepatitis B Vaccination Rate
(Box D divided by Box A) _____

Box F: Total Number of Patient Vaccinated – Pneumococcal _____

Box G: Pneumococcal Vaccination Rate
(Box F divided by Box A) _____

--- Fax Number: 412-325-1811 ---