



## Immunization Quality Improvement Project Return Fax – Part 2 Assess Facility Readiness

**To:** Suzanne Kirschbaum, RN – Director of Quality Improvement  
**Fax:** (412) 325-1811  
**Fax:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you currently have an immunization program/process for <b>staff</b> for Influenza?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently have an immunization program/process for <b>staff</b> for Hepatitis B?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you track <b>staff</b> immunizations?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently have an immunization program/process for <b>patients</b> for Influenza?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently have an immunization program/process for <b>patients</b> for Hepatitis B?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently have an immunization program/process for <b>patients</b> for Pneumococcal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you track patient immunizations when administered in-center?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you track patient immunizations when administered elsewhere?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you provide immunization education <b>for patients</b> ?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you provide immunization education <b>for staff</b> ?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |