

Thank you for taking a few minutes to complete this survey related to your Immunization Quality Improvement session.

Clinic Information

Clinic name: _____ VFC PIN: _____

Your Information

Name: _____ Gender: Male Female

Role:

- Physician
- Nurse
- Other vaccine provider
- Office manager
- Front office staff member
- Other

1. How many years have you been working in this role? (Count only years after training/residency/fellowship.)

- Fewer than 5 years
- 5-9 years
- 10-14 years
- 15-19 years
- 20 or more years

2. Which of the following best describes your practice or clinic?

- Private practice, including solo, group practice, or HMO
- Federally-qualified health center including community, migrant, rural or Indian health center
- Hospital-based clinic, including university clinic or residency teaching practice
- Public health department-operated clinic
- Military clinic
- Other

The next questions are about HPV vaccination coverage among adolescent patients (ages 11-17) in your practice or clinic. Please say how much you disagree or agree with the following statements.

3. Improving HPV vaccination coverage is an important goal for my practice or clinic.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

4. HPV vaccination coverage in my practice or clinic is lower than I'd like it to be.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

5. I feel confident my practice or clinic can improve HPV vaccination coverage.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

6. I feel confident that I can help improve HPV vaccination coverage in my practice or clinic.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

7. In the last six months, which of these strategies, if any, has your practice or clinic used to improve HPV vaccination coverage? (Check all that apply.)

- Encouraged providers to routinely recommend HPV vaccine to age-eligible patients.
- Reviewed CDC guidelines for HPV vaccination with staff.
- Trained front desk staff on how to schedule appointments for HPV vaccination.
- Signed standing orders for HPV vaccination.
- Provided educational materials on HPV vaccination to parents and patients.
- Conducted reminder/recall for adolescent patients.
- None of these

The next questions are about the immunization quality improvement (QI) project you have been coordinating over the last 6 months.

8a. Who did you share your clinic's Immunization Report Card with? (Check all that apply.)

- Providers who prescribe and administer adolescent vaccines
- Other providers
- Office manager / front office staff
- Other
- I didn't share the Report Card

8b. How did you share your clinic's Immunization Report Card? (Check all that apply.)

- In-person, one-on-one conversations
- Announcements at a staff meeting
- Emailing the Report Card
- Displaying the Report Card in the office

9. In your opinion, did the QI project make provider recommendations for HPV vaccination...

- Much more frequent
- Somewhat more frequent
- Neither more or less frequent
- Somewhat less frequent
- Much less frequent

10. Please say how much you disagree or agree with the next statement: I believe the immunization QI project improved HPV vaccination coverage in my practice or clinic.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

11. In the last six months, what was the biggest barrier to your practice or clinic to improve HPV vaccination coverage? (Check all that apply.)

- Staff turnover
- Limited staff time to implement QI strategies
- Lack of support from leadership
- Limited stock of HPV vaccine
- Time constraints during patient visits

12. Please share any additional comments about your immunization QI project:
