**Adolescent Vaccination in Pediatric Settings:**

**Practice Administrator Survey**

*1. Please indicate whether your practice is currently doing or planning to do any of the following:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Currently Doing** | **Planning on doing within 12 months** | **Potentially interested in future** | **Not currently under consideration** | **Decided not to do** | **Not sure** |
| Encourage providers to give recommended adolescent vaccines (HPV, Tdap, Meningococcal) at any visit, rather than only well-child visits | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Use standing orders for nurses to offer and administer recommended vaccines to adolescents | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Use EHR or TennIIS (formerly TWIS) to flag patients due for adolescent vaccines before scheduled appointments | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Use EHR or TennIIS (formerly TWIS) to prompt provider and/or nurse to offer vaccines to adolescent patients during a visit if they are due | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Give parents reminder cards with appointments or target dates to return for 2nd and 3rd HPV doses | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Use phone calls/postcards/emails to remind parents when adolescent patients are due for vaccines | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Use EHR or TennIIS (formerly TWIS) to remind parents when adolescent patients are due for vaccines | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Use patient education materials promoting all three adolescent vaccines (HPV, Tdap, Meningococcal) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Educate all staff on importance of all three adolescent vaccines (HPV, Tdap, Meningococcal) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Track and review with providers their performance on providing adolescent vaccines for quality improvement | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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*2. What type of practice setting do you work in?*

🞏 Solo private practice 🞏 Hospital-based clinic

🞏 Group private practice – Single specialty 🞏 University-based clinic

🞏 Group private practice – Multi-specialty 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*3. Is your practice part of facility or group with multiple locations?* 🞏 No 🞏 Yes

*4. How many* ***pediatricians (MDs)*** *are in your practice?* *\_\_\_\_\_\_\_\_\_*

*5. How many* ***nurse practitioners*** *are in your practice? \_\_\_\_\_\_\_\_\_*

*6. How many* ***physician assistants*** *are in your practice? \_\_\_\_\_\_\_\_\_*

*7. In what type of area is your practice located?*

🞏 Urban or suburban 🞏 Rural or mostly rural

*8. Is your practice a Vaccines for Children provider?*

🞏 No 🞏 Yes 🞏 Enrollment in process

*9. Does your practice use an electronic health record (EHR) system?*

🞏 No 🞏 Yes 🡪 Which EHR system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*10. Does your practice report vaccines to the TN Department of Health via TennIIS (formerly called TWIS)?*

🞏 No 🞏 Yes 🡪 If Yes, does your practice link your EHR system to TennIIS?

🞏 Yes, they are already linked

🞏 In process of linking EHR or planning to do so in next 6 months

🞏 Considering linking EHR in the future

🞏 Have EHR, but no plans to link with TennIIS as of now

🞏 No, the practice does not have an EHR

*11. Does your practice ever refer patients to other places to get vaccines?*

🞏 No 🞏 Yes 🡪 If Yes, Where?

🞏 County health department

🞏 Pharmacy

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, For which vaccines? (check all that apply)

🞏 Any vaccine

🞏 Flu

🞏 HPV - 1st dose

🞏 HPV - 2nd or 3rd doses

🞏 Tdap

🞏 Meningococcal

🞏 Other specific vaccines: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*12. Does the cost of the HPV vaccine pose a limitation for your practice to offer this vaccine?*

🞏 No 🞏 Yes

**THANK YOU! Your input is very valuable!**