**NIPA PDSA Self-Assessment Tool**

The following questions are designed to drive your assessment of the changes you are implementing to improve your practice’s HPV vaccination rates. At the heart of the Model for Improvement is the Plan-Do-Study-Act cycle, which allows for rapid, effective testing of change: planning the change, trying it, observing the results, and acting on what is learned. Use these questions to record the successes and barriers you encounter, examine the progress you are making through the strategy you have selected, and make changes that will lead to maximal improvement of your rates.

The NIPA project team will discuss this tool and your responses with your practice on a monthly basis, but we encourage you to fill out these questions twice per month or weekly in order to drive rapid change. You may consider setting a recurring reminder on your calendar or Outlook to complete this form with the frequency that your team decides on.

We recommend that the Clinic Champion communicate frequently with the members of your practice’s QI/change team to discuss progress and maintain commitment to the intervention. This tool should be filled out by the Clinic Champion and reflect the observations of your entire team.

**Clinician Prompts to Administer Immunizations**

**Was a prompting intervention tested in your practice during [month]?**

- [ ] Yes
- [ ] No

Please check which method:

- [ ] Paper-based (memos, stickers, slip of paper in patient record, VIS statement attached to chart)
- [ ] Computer-generated (application of computerized algorithms to identify eligible patients; prompt is printed out and placed in the patient chart to remind the clinician)
- [ ] Computerized (entirely electronic: computerized algorithms identify eligible patients, and prompts are provided upon access to the electronic medical record)
- [ ] Verbal reminder from clinic/practice staff
- [ ] Visual cues (exam room flag, exam room light)
- [ ] Other

(Check all that apply.)

Please describe visual cue

__________________________________

Please describe other method:

__________________________________

What parts of the prompting process worked?

__________________________________

What parts of the prompting process didn’t work? What barriers did you encounter?

__________________________________

Will you continue using this strategy for the next PDSA cycle?

- [ ] Yes
- [ ] No

How could you improve the effectiveness of this strategy for the next PDSA cycle?

__________________________________

Standing Orders
Was a HPV vaccine standing order (SO) tested in your clinic during [month]?

- Yes
- No

Please briefly describe your practice procedure or protocol:
__________________________________

Were clinic staff aware of (did clinic staff receive training in?) how to carry out the HPV vaccine SOs?
__________________________________

Did non-prescribing staff feel empowered to carry out the HPV vaccine SO?
__________________________________

What parts of the SO process worked?
__________________________________

What parts of the SO process didn’t work? What barriers did you encounter?
__________________________________

Will you continue using this strategy for the next PDSA cycle?
- Yes
- No

How could you improve the effectiveness of this strategy for the next PDSA cycle?
__________________________________

Reminder-Recall

Was a Reminder-Recall system implemented or continued in your practice during [month]?

- Yes
- No

Which of the following did you test?
- Messages to patients due or overdue for series initiation (1st dose) of HPV vaccine
- Messages to patients due or overdue for series continuation or completion (2nd or 3rd dose) of HPV vaccine

Which of the following communication methods did you utilize?
- Phone
- U.S. Mail
- Email
- Text
- Other

Please specify other form of communication:
__________________________________

What parts of the reminder-recall process worked?
__________________________________

What parts of the reminder-recall process didn’t work? What barriers did you encounter?
__________________________________

Will you continue using this strategy for the next PDSA cycle?
- Yes
- No

How could you improve the effectiveness of this strategy for the next PDSA cycle?
__________________________________

Was there anything major occurring in your practice that may have affected rates?
__________________________________