National Immunization Project with the APA (NIPA) Wave 3
Manual of Operating Procedures

PRE-IMPLEMENTATION SURVEYS

Practice Readiness Assessment Survey
The NIPA Project Team would like to know more about your exposure to quality improvement (QI), either through training or participating in QI projects. The information you provide in this survey will be used to tailor our project design and Learning Collaborative calls to ensure that you are equipped to drive change in your practice’s office systems and improve your HPV immunization rates.

Pre-Implementation Office Systems Inventory
The purpose of this survey is to explore your practice team’s current systems for delivery of HPV vaccine to adolescent patients. This survey should be completed by your practice’s NIPA project lead/clinic champion, and should reflect the attitudes and behavior of your practice team as a whole. In addition, practice demographic questions will be asked.

Contact & Clinic Sessions Form
The Contact Form helps the NIPA Project Team to know who from each site will be working on the project. We ask that each site identify 1-2 faculty preceptors, 2-4 residents, and any other pertinent staff to lead the effort on the NIPA Project. In addition, please provide times/days when your clinic is in session.

BASELINE DATA COLLECTION PROCESS

You will need the following:
- Baseline Chart Review
- Baseline Patient Tracking Log
- Baseline Chart Review Patient Tally Form

Baseline Chart Review Instructions
Please complete the Baseline Chart Review for 96 patient charts (48 female, 48 male) using the randomization scheme for the 6-month baseline period of September 1, 2016 – February 28, 2017, for patients who received a dose of HPV vaccine OR were eligible to receive a dose.

This baseline chart review should be completed and submitted via REDCap. Please use your Baseline Patient Tracking Log to note which patient charts you are entering into REDCap, and your Baseline Patient Tally Form to document both those NOT DUE for HPV vaccine as well as those who are DUE for HPV vaccine.

Process:
1. **GENERATE** a list of ALL 11-17 year old patient visits at the clinic seen September 1, 2016 – February 28, 2017.
   a. **Refer:** to the Baseline Randomization Scheme given to you by the NIPA Project Team to identify the starting patient for each measurement period.

2. **REVIEW** your list of consecutive patient visits until you have captured 8 adolescents (4 female, 4 male) who were due for HPV vaccine at the beginning of the visit. If you get to the end of the measurement period and have not identified 8 eligible patients, go to the beginning of the measurement period to complete the review. If you are not able to identify 8 eligible patients in the measurement period, then stop review.
   a. **Refer:** to the Baseline Chart Review Tally Form to track your review. See tally form instructions.
   b. **Refer:** to the Baseline Patient Tracking Log to jot down your chart information. See Baseline Patient Tracking Log instructions.

**Exclusions:**

1. DO NOT select patients from a different measurement period. Do this for every measurement period until you have reach 96 patient charts total (48 female, 48 male).
2. EXCLUDE patients for whom gender identity is not available or clearly defined.

**NOTE:** Measurement Period is defined as 2 periods within a given calendar month,
- Period A: Days 1-14
- Period B: Days 15-31

**Baseline Patient Tracking Log Instructions**
This tracking log is to be used in conjunction with the Baseline Chart Review Patient Tally Form and Baseline Randomization Scheme provided by the NIPA Project Team for your site.

1) Input chart #1 as the first patient chart under review, in accordance with the randomly selected date and clinic session of the first measurement period (September 1-14, 2016). Then enter the patient’s Medical Record Number in Column C.
   a. **Example:** When reviewing the first measurement period, if the randomly selected date is September 3rd, 2016, and the randomly selected clinic session is AM, patient chart #1 would be the first seen during the AM clinic session on September 3rd, 2016.

2) If you reach the end of a measurement period without 8 patients, go back to the beginning of the same period to continue your review. If you have reviewed all adolescent visits within that period you should stop, even if you haven’t found 8 patients.
   a. **Example:** When reviewing your first measurement period, if the randomly selected date is September 3rd, 2016, and the randomly selected clinic session is AM, you would begin reviewing consecutive patient charts with the first patient seen at that time and date and continue to review until the end of the measurement period (September 14, 2016) or you have found 8 eligible patients (4 males/4 females). If you reach September 14, 2016, and still have not identified 8 patients, return to the beginning of the
measurement period, September 1, 2016, and continue to review until you reach your starting point (September 3, 2016).

3) Your chart reviews should not skip any days. Review consecutively until you have reviewed 8 eligible patients or have reviewed all adolescents seen in that measurement period.

4) If you leave REDCap prior to submitting your data, please write down the auto-generated return code in Column D. After you complete and submit the patient chart data in REDCap, a second return code with auto-generate. Make sure to record that as well. If, at any time, you are unable to access REDCap, Holly can look up the return code for you.

5) Keep both this Patient Tracking Log and the Patient Tally Form in a secure location when not in use. If the project team needs any clarification on the data you submit, we will contact you and reference the Month and Patient Chart Number only. Use your Log to find the Medical Record Number that corresponds to the Patient Chart Number. Do not send any forms, Medical Record Numbers or other Protected Health Information (PHI) to the NIPA Project Team.

Baseline Chart Review Patient Tally Form Instructions
As you review the list of consecutive patient visits for the Baseline Chart Review, please use this tool to tally and enter a count for all charts reviewed, both those NOT DUE for HPV vaccine (already completed and those not past the minimum interval for the next dose) at the start of the visit as well as those who are DUE for HPV vaccine. Stop tallying when you have reached 8 eligible patients (4 males, 4 females) DUE for HPV vaccine at the start of the visit. This will be done for each time period (twice a month). Refer: to the Baseline Chart Review Survey and Baseline Patient Tracking Log when working with this document.

MONTHLY DATA COLLECTION PROCESS
You will need the following:
- Monthly Chart Review Survey
- Monthly Patient Tracking Log
- Monthly Chart Review Patient Tally Form

Monthly Chart Review Instructions
Please complete this chart review for 96 patients (48 girls, 48 boys) using the randomization scheme for the 6-month intervention period of March 1, 2017 – August 31, 2017, for patients who received a dose of HPV vaccine OR were eligible to receive a dose.

This monthly chart review should be completed and submitted via REDCap no later than the 5th day of the month following your Learning Collaborative schedule. Please use your Monthly Patient Tracking Log to note which patient charts you are entering into REDCap, and your Monthly Patient Tally Form to document both those NOT due for HPV vaccine as well as those who are DUE for HPV vaccine.
Process:

1) GENERATE a list of ALL 11-17 year old patient visits seen at the clinic during the measurement period.
   a. Refer: to the Monthly Randomization Scheme given to you by the NIPA Project Team to identify the starting patient for each measurement period.

2) REVIEW consecutive patients until you have captured 8 adolescents (4 female, 4 male) who were due for HPV vaccine at the beginning of the visit. If you get to the end of the measurement period and have not identified 8 eligible patients, go to the beginning of the measurement period to complete the review. If you are not able to identify 8 eligible patients in the measurement period, then stop review.
   a. Refer: to the Monthly Patient Tally Form to track your review. See tally form instructions.
   b. Refer: to the Monthly Patient Tracking Log to record your chart information. See Monthly Patient Tracking Log instructions.

Exclusions:

1) DO NOT select patients from a different measurement period.
2) EXCLUDE patients for whom gender identity is not available or clearly defined.

NOTE: Measurement Period is defined as 2 periods within a given calendar month,
- Period A: Days 1-14
- Period B: Days 15-31

Monthly Patient Tracking Log Instructions
This tracking log is to be used in conjunction with the Monthly Patient Tally Form and Monthly Randomization Scheme provided by the NIPA Project Team for your site.

1) Input chart #1 as the first patient chart under review, in accordance with the randomly selected date and clinic session of the first measurement period (March 1-14, 2017). Then enter the patient’s Medical Record Number in Column C.
   a. Example: When reviewing the first measurement period, if the randomly selected date is March 3rd, 2017, and the randomly selected clinic session is AM, patient chart #1 would be the first seen during the AM clinic session on March 3rd, 2017.

2) If you reach the end of a measurement period without 8 patients, go back to the beginning of the same period to continue your review. If you have reviewed all adolescent visits within that period you should stop, even if you haven’t found 8 patients.
   a. Example: When reviewing your first measurement period, if the randomly selected date is March 3rd, 2017, and the randomly selected clinic session is AM, you would begin reviewing consecutive patient charts with the first patient seen at that time and date.
and continue to review until the end of the measurement period (March 14, 2017) or you have found 8 eligible patients (4 males/4 females). If you reach March 14, 2017, and still have not identified 8 patients, return to the beginning of the measurement period, March 1, 2017, and continue to review until you reach your starting point (March 3, 2017).

3) Your chart reviews should not skip any days. Review consecutively until you have reviewed 8 eligible patients or have reviewed all adolescents seen in that measurement period.

4) If you leave REDCap prior to submitting your data, please write down the auto-generated return code in Column D. After you complete and submit the patient chart data in REDCap, a second return code with auto-generate. Make sure to record that as well. If, at any time, you are unable to access REDCap, Holly can look up the return code for you.

Keep both this Patient Tracking Log and the Patient Tally Form in a secure location when not in use. If the project team needs any clarification on the data you submit, we will contact you and reference the Month and Patient Chart Number only. Use your Log to find the Medical Record Number that corresponds to the Patient Chart Number. **Do not send any forms, Medical Record Numbers or other Protected Health Information (PHI) to the NIPA Project Team.**

**Monthly Chart Review Patient Tally Form Instructions**
As you review the list of consecutive patient visits for the Monthly Chart Review, please use this tool to tally and enter a count for all charts reviewed, both those NOT DUE for HPV vaccine (already completed and those not past the minimum interval for the next dose) at the start of the visit as well as those who are DUE for HPV vaccine. Stop tallying when you have reached 8 eligible patients (4 males, 4 females) DUE for HPV vaccine at the start of the visit. This will be done for each time period (twice a month). **Refer:** to the Monthly Chart Review Survey and Monthly Patient Tracking Log when working with this document.

**Balancing Measure on Time Effort (a.k.a. Staff Impact Survey)**
This brief survey assesses whether the time and effort required to implement office system interventions benefits staff in planning, scheduling, and conducting visits for adolescents who are due/overdue for HPV vaccine. This will be completed at the midpoint of the intervention by each practice’s NIPA project lead/clinic champion.

**POST-IMPLEMENTATION SURVEYS**

**Balancing Measure on Time Effort (a.k.a. Staff Impact Survey)**
This brief survey assesses whether the time and effort required to implement office system interventions benefits staff in planning, scheduling, and conducting visits for adolescents who are due/overdue for HPV vaccine. This will be completed at the endpoint of the intervention by each practice’s NIPA project lead/clinic champion.
Post-Implementation Office Systems Inventory

The purpose of this survey is to explore your practice team’s current systems for delivery of HPV vaccine to adolescent patients. This survey should be completed by your practice’s NIPA project lead/clinic champion, and should reflect the attitudes and behavior of your practice team as a whole.

If you have any questions or concerns, please direct them to the NIPA Project Team (email Holly at Hollyce@academicpeds.org).