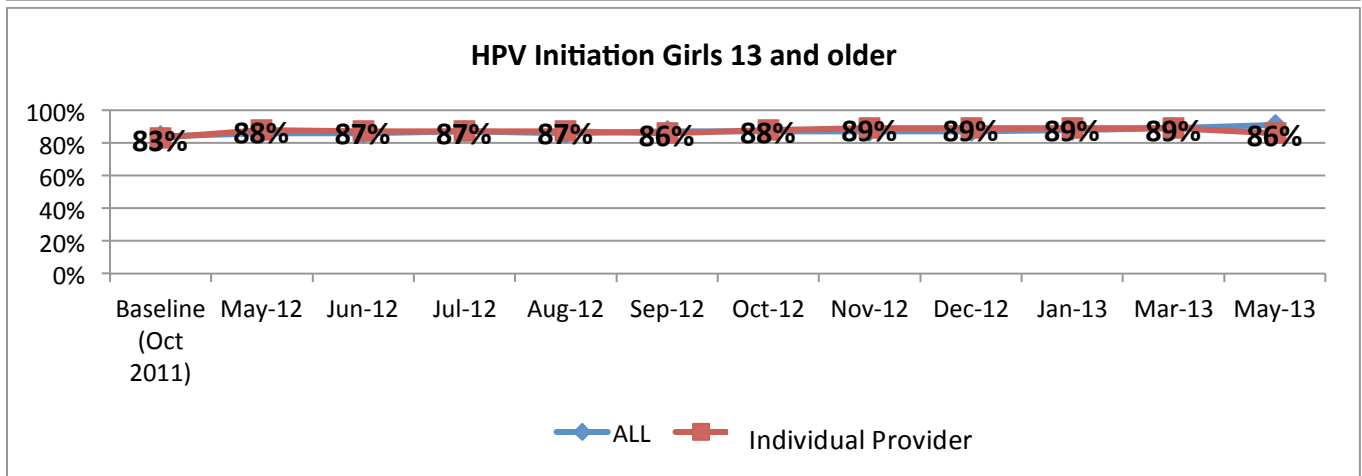
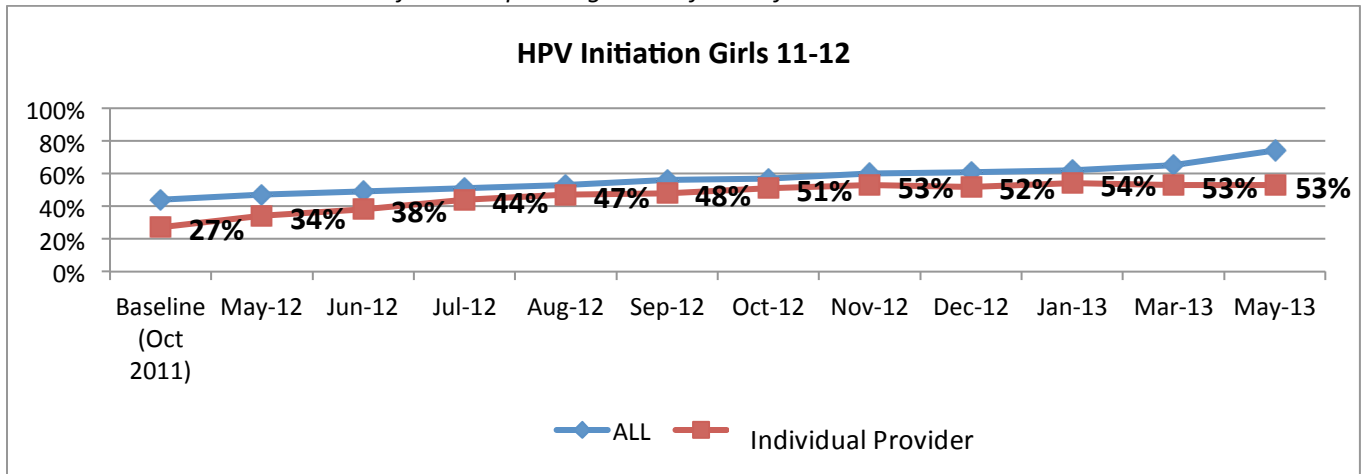


Adolescent Vaccines Performance Improvement Initiative

Example Site

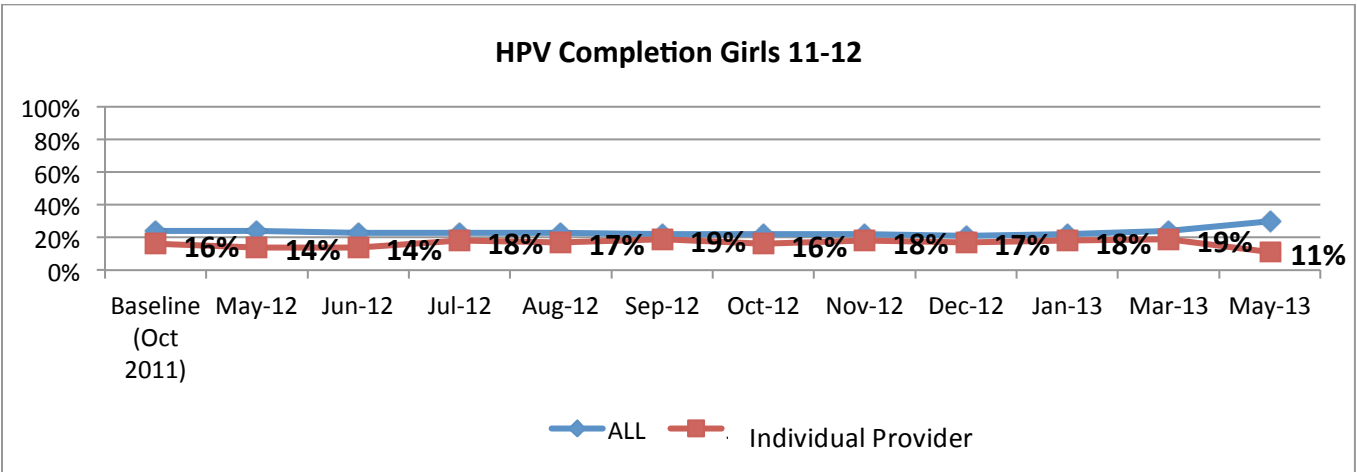
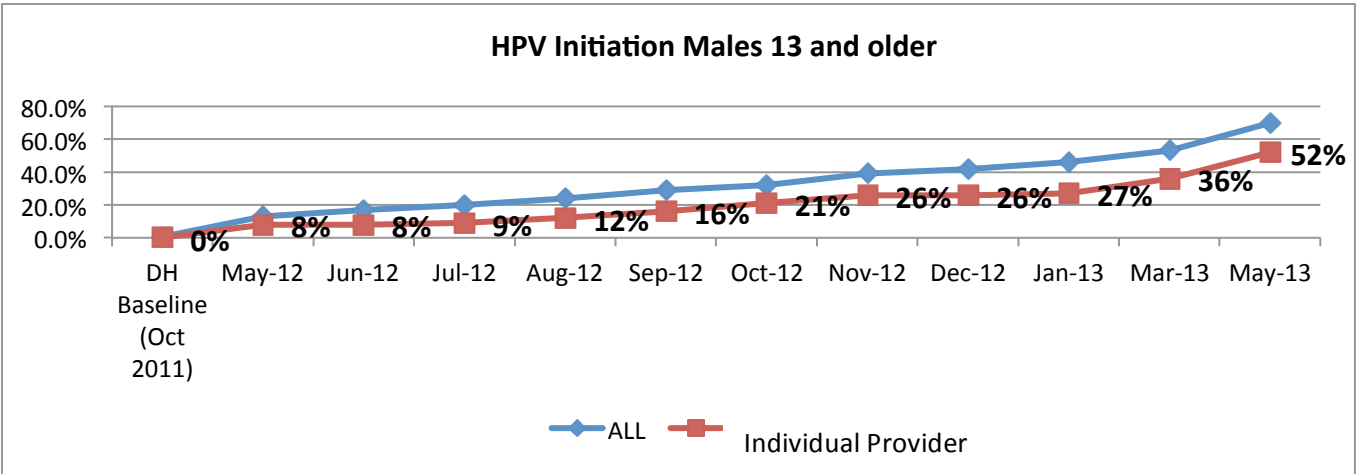
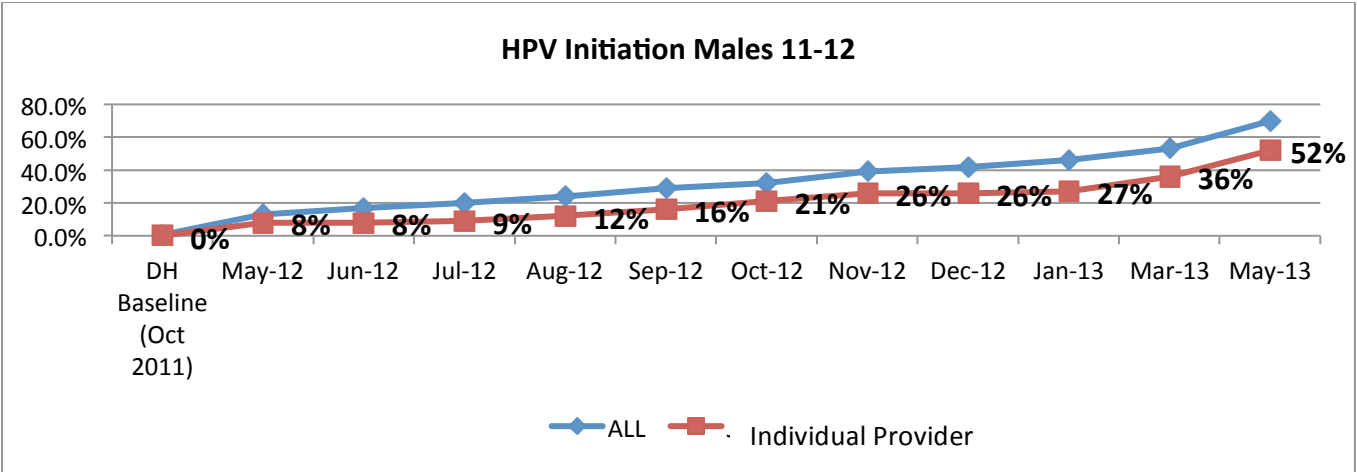
Provider: **Individual provider performance (compared to the entire group)**

**Metrics included here can be adjusted depending on the focus of the intervention.*



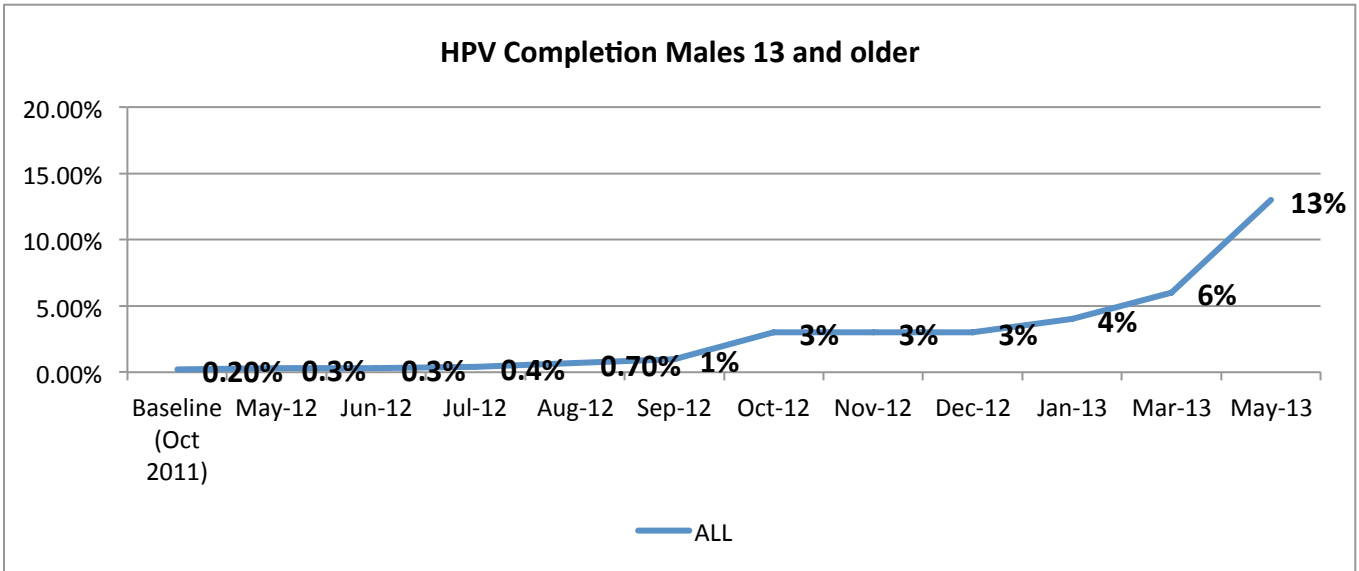
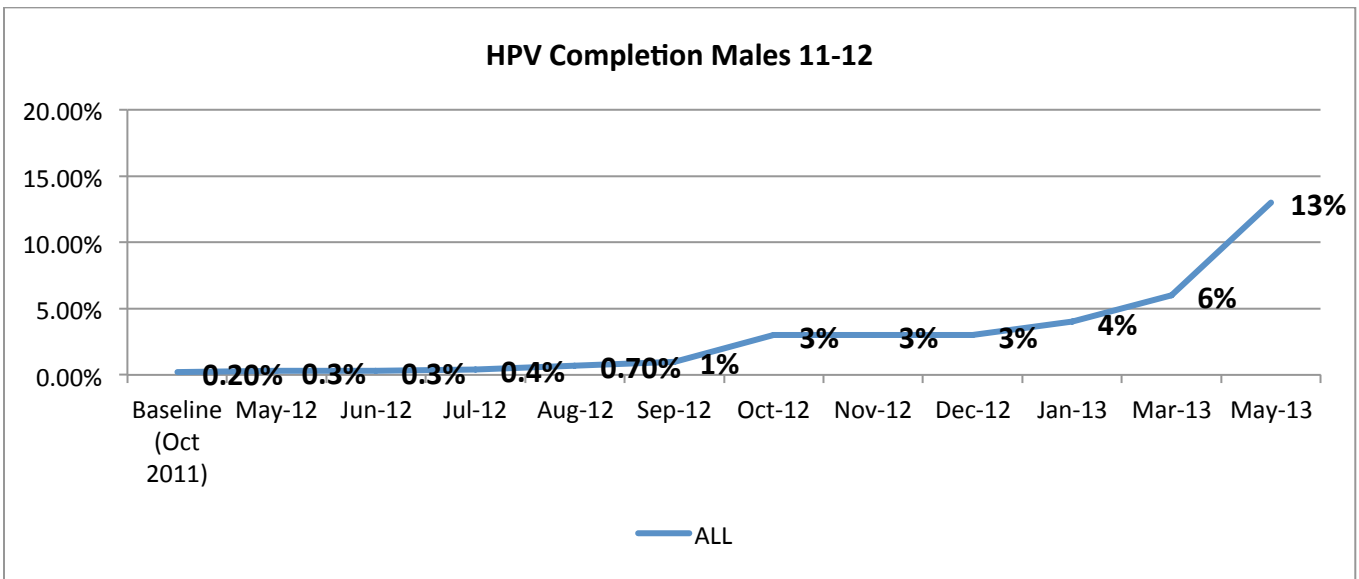
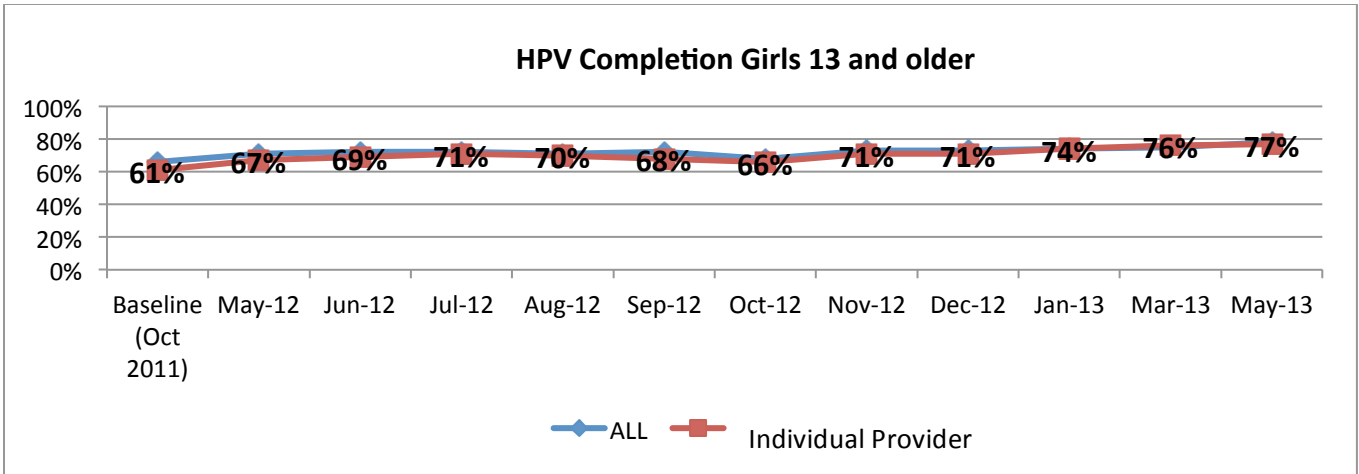
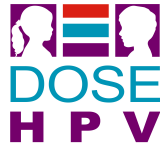
Please complete and turn in evaluation form





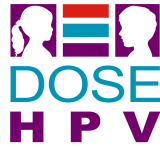
Please complete and turn in evaluation form





Please complete and turn in evaluation form





Ex. Provider	Females	Males
Baseline	49	61
May-12	50	52
Jun-12	50	53
Jul-12	50	56
Aug-12	53	59
Sep-12	52	56
Oct-12	57	57
Nov-12	57	58
Dec-12	52	57
Jan-13	50	55
Mar-13	47	50
May-13	19	25

Action Plan

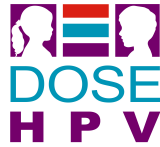
- Normalize HPV vaccination in the clinic and strongly recommend the vaccine to all those eligible.
- Stress different cancer types and effects on males and females when presenting vaccine
- Create standing orders for HPV dose 2 and 3
- Hang posters to remind patients (and providers) about the HPV Vaccine and to normalize the vaccination in the clinic.
- Expand care coordination to recall patients who are overdue for Dose 2 and Dose 3

Other Opportunities for Improvement

- Optimize the 11-12 well visit to ensure that HPV vaccination is being initiated at that visit
- Use reminder cards with adolescent vaccine schedule to remind providers to recommend the vaccination when appropriate
- Optimize acute visits to ensure that second and third doses are given if appropriate

Please complete and turn in evaluation form





Adolescent Vaccines Performance Improvement Initiative

Example Site

Provider: **Example Provider**

Thank you again for participating in the Adolescent Vaccines Performance Improvement program! Your group should be very proud of the progress made so far. This form provides you with an opportunity to observe and reflect on your individual progress in relation to the group.

- 1) What changes in practice have been most helpful in improving your vaccination rate?

- 2) Are there any other changes you think should be made to further improve your rates?

- 3) How do you plan to optimize the 6th grade physicals to vaccinate for HPV?

- 4) Have you encountered any barriers to making changes in your practice?

- 5) Please take a look at the list of measures below that your group has identified as target improvement areas. Observe your current rate of vaccination and identify a goal that you would like to reach in the next 6 months

a. HPV Initiation Girls 11-12: Your Rate: <<insert rate here>> Goal for next 6 months:_____	b. HPV Completion Girls 11-12: Your Rate: <<insert rate here>> Goal for next 6 months:_____
c. HPV Initiation Girls 13 and older: Your Rate: << Insert Rate Here>> Goal for next 6 months:_____	d. HPV Completion Girls 13 and older: Your Rate: << Insert Rate Here>> Goal for next 6 months:_____
e. HPV Initiation Boys 11-12: Your Rate: <<insert rate here>> Goal for next 6 months:_____	f. HPV Completion Boys 11-12: Your Rate: <<insert rate here>> Goal for next 6 months:_____
g. HPV Initiation Boys 13 and older: Your Rate: <<insert rate here>> Goal for next 6 months:_____	h. HPV Completion Boys 13 and older: Your Rate: <<insert rate here>> Goal for next 6 months:_____

Please complete and turn in evaluation form

