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# Quality Assurance and Improvement for TVFC Responsible Entities (RE)

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Quality Assurance and Improvement (QAI) Team



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# DISCLAIMER

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The information presented today is based on CDC's most recent guidance and may change.

**February 22, 2024**

# Agenda



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- Quality Assurance (QA) and Quality Improvement (QI)
- Compliance – Provider Education Assessment and Reporting system (PEAR)
- Immunization Quality Improvement for Providers (IQIP) – REDCap
- Program Oversight
- Program Goals



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# **Quality Assurance**

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**Sejal Patel**  
**Immunization Unit QAI Team Lead**

# Purpose of QA

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- The purpose of QA is to assess, support, and educate the staff regarding TVFC policies and procedures.
- Provider failure to comply and take corrective action will lead to suspension from program.



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# Quality Assurance: PEAR

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- The Quality Assurance and Improvement (QAI) team uses the PEAR software to document, review, and monitor all TVFC provider site compliance visits.
- PEAR-generated reports are used for quality assurance evaluations of providers' compliance to TVFC programs policies.



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# Types of QA Visits

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- **VFC Compliance Visit:** For Texas, VFC compliance visits occur every 12 months with no less than 11 months in between.
- **Unannounced Storage and Handling (USH) Visits:** USH visits can occur at any time within the project year as often as a provider needs assistance; however, there must be at least three months between visit types.
- **Enrollment Visit:** All new program provider enrollees receive the enrollment visit. The new program provider can order vaccines only after this enrollment visit is conducted and completed.



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# Quality Improvement: REDCap

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**Immunization Quality Improvement for Providers (IQIP)**



# Purpose of IQIP

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- IQIP seeks to increase on-time vaccination among child and adolescent patients according to the ACIP routine immunization schedule.
- IQIP gives providers technical assistance and four strategies proven to increase vaccine uptake.
- IQIP ensures that providers receive personalized improvement plans, assessments, training, and resources.



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# Strategies to Increase Vaccine Uptake

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The provider will select two of the following components to improve upon:

- Facilitating return for vaccination
- Leveraging IIS functionality to improve immunization practices
- Strengthening vaccine communication
- Giving a strong vaccine recommendation (including HPV)



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# Quality Assurance: Compliance Processes

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**Fiona Price, QAI Coordinator**

# Storage and Handling: Overview

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- CDC Vaccine Storage and Handling Resources:
  - Visit [CDC Healthcare Providers: Vaccine Storage and Handling](#).
  - Review the [CDC Vaccine Storage and Handling Toolkit - January 2023](#).
- Storage and Handling Practices and Procedures:
  - Food and beverages should never be stored in the unit with vaccines.
  - Do not store any vaccines in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances.
  - Never leave a vaccine shipping container unpacked and unattended.



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# Storage and Handling: Overview (Continued)

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- Data Loggers:
  - Recommend different expiration dates for back-up Data Loggers.
  - Maintain Certificates of Calibration and Service Records for all Data Loggers.
- Vaccine Management Plans:
  - Include current clinic information, such as key staff updates, pertinent contacts, and annual updates to vaccine management plans.



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# Storage and Handling: Temperature Ranges

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- **Refrigerators:** Must maintain temperatures between 36.0° F and 46.0° F (2.0° C and 8.0° C).
- **Freezers:** Must maintain temperatures between -58.0° F and +5.0° F (-50.0° C and -15.0° C).



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# Knowledge Check



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## Why is storage and handling important?

- A. Maintains patient confidence in vaccines and decreases the need for providers revaccinating patients
- B. Prevents financial loss due to wasted vaccines
- C. Ensures vaccine potency
- D. All the above



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# Temperature Excursions and Logs

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# Temperature Logs



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**F°** Temperature Recording Form for Refrigerator  
– Fahrenheit

Month / Year January 2024 VFCPIN 061829  
 Facility Name DSHS  
 TVFC Coordinator Fiona Price

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min / max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the refrigerator's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 5 years.
7. Enter the data logger expiration date.

Take action if temp is out of range—too warm (above 46°F) or too cold (below 36°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state / local health department and / or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	FP	FP													
Exact Time	8:05														
Min / Max (°F)	39.2 / 41.3														

**Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!**

TEMPERATURES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
46°F															
45°F															
44°F															
43°F															
42°F															
41°F															
40°F	.3	.3													
39°F															
38°F															
37°F															
36°F															

**Danger! Temperatures below 36°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!**

ACTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Write any out-of-range temps (above 46°F or below 36°F) here:															
Room Temperature	72.3														

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

Page 1 of 3

Data Logger Expiration Date 12/1/2025

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Immunization Unit



Stock No. EC-105RF  
Rev. 09/2020

# Temperature Excursions

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1. Notify
2. Document
3. Contact
4. Correct



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# **Emergency Transport**

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**Minh Tri Dinh, QAI Coordinator**

# Emergency Transport Overview

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- Transport for a maximum of 8 hours.
- Transport diluents with their corresponding vaccines.
- Facility should have a sufficient supply of materials.
- The facility must record the temperature throughout all stages of transport.



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# Emergency Transport Unit Process



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## Packing Vaccines for Transport during Emergencies

### Be ready BEFORE the emergency

Equipment failures, power outages, natural disasters—these and other emergency situations can compromise vaccine storage conditions and damage your vaccine supply. **It's critical to have an up-to-date emergency plan with steps you should take to protect your vaccine.** In any emergency event, activate your emergency plan immediately. Ideally, vaccine should be transported using a portable vaccine refrigerator or qualified pack-out. However, if these options are not available, you can follow the emergency packing procedures for refrigerated vaccines below:

### 1 Gather the Supplies



#### Hard-sided coolers or Styrofoam™ vaccine shipping containers

- Coolers should be large enough for your location's typical supply of refrigerated vaccines.
- Can use original shipping boxes from manufacturers if available.
- Do NOT use soft-sided collapsible coolers.



#### Conditioned frozen water bottles

- Use 16.9 oz. bottles for medium/large coolers or 8 oz. bottles for small coolers (enough for 2 layers inside cooler).
- Do NOT reuse coolant packs from original vaccine shipping container, as they increase risk of freezing vaccines.
- Freeze water bottles (can help regulate the temperature in your freezer).
- Before use, you must condition the frozen water bottles. Put them in a sink filled with several inches of cool or lukewarm water until you see a layer of water forming near the surface of bottle. The bottle is properly conditioned if ice block inside spins freely when rotated in your hand (this normally takes less than 5 minutes).



#### Insulating material — You will need two of each layer

- **Insulating cushioning material** - Bubble wrap, packing foam, or Styrofoam™ for a layer above and below the vaccines, at least 1 in thick. Make sure it covers the cardboard completely. Do NOT use packing peanuts or other loose material that might shift during transport.
- **Corrugated cardboard** - Two pieces cut to fit interior dimensions of cooler(s) to be placed between insulating cushioning material and conditioned frozen water bottles.



#### Temperature monitoring device

- Digital data logger (DDL) with buffered probe. Accuracy of  $\pm 1^\circ\text{F}$  ( $\pm 0.5^\circ\text{C}$ ) with a current and valid certificate of calibration testing. Pre-chill buffered probe for at least 5 hours in refrigerator. Temperature monitoring device currently stored in refrigerator can be used, as long as there is a device to measure temperatures for any remaining vaccines.

#### Why do you need cardboard, bubble wrap, and conditioned frozen water bottles?

Conditioned frozen water bottles and corrugated cardboard used along with one inch of insulating cushioning material such as bubble wrap keeps refrigerated vaccines at the right temperature and prevents them from freezing. **Reusing vaccine coolant packs from original vaccine shipping containers can freeze and damage refrigerated vaccines.**



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Centers for Disease  
Control and Prevention

Distributed by

Visit [www.cdc.gov/vaccines/SandH](http://www.cdc.gov/vaccines/SandH)  
for more information, or your state  
health department.

CDC/MS716 / August 2018

## Packing Vaccines for Transport during Emergencies

### 2 Pack for Transport

#### Conditioning frozen water bottles (this normally takes less than 5 minutes)

- Put frozen water bottles in sink filled with several inches of cool or lukewarm water or under running tap water until you see a layer of water forming near surface of bottle.
- The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.
- If ice "sticks," put bottle back in water for another minute.
- Dry each bottle.
- Line the bottom and top of cooler with a single layer of conditioned water bottles.
- Do NOT reuse coolant packs from original vaccine shipping container.

**Close lid** - Close the lid and attach DDL display and temperature log to the top of the lid.

**Conditioned frozen water bottles** - Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.

**Insulating material** - Another sheet of cardboard may be needed to support top layer of water bottles.

**Insulating cushioning material** - Cover vaccines with another 1 in. layer of bubble wrap, packing foam, or Styrofoam™

**Vaccines** - Add remaining vaccines and diluents to cooler, covering DDL probe.

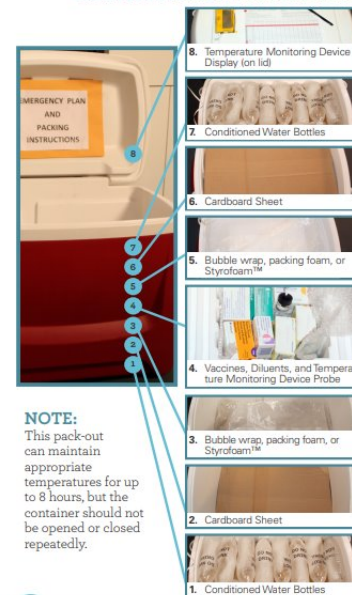
**Temperature monitoring device** - When cooler is halfway full, place DDL buffered probe in center of vaccines, but keep DDL display outside cooler until finished loading.

**Vaccines** - Stack boxes of vaccines and diluents on top of insulating material.

**Insulating cushioning material** - Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1 in. thick and must cover cardboard completely).

**Insulating material** - Place 1 sheet of corrugated cardboard over water bottles to cover them completely.

**Conditioned frozen water bottles** - Line bottom of the cooler with a single layer of conditioned water bottles.



#### NOTE:

This pack-out can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

### 3 Arrive at Destination

**Before opening cooler** - Record date, time, temperature, and your initials on vaccine temperature log.

**Storage** - Transfer boxes of vaccines quickly to storage refrigerator.

**Troubleshooting** - If there has been a temperature excursion, contact vaccine manufacturer(s) and/or your immunization program before using vaccines. Label vaccines "Do Not Use" and store at appropriate temperatures until a determination can be made.

# Emergency Transport: Frozen Vaccines

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If frozen vaccines must be transported, use a portable vaccine freezer unit or qualified container and packout that maintains temperatures between  $-58.0^{\circ}$  F and  $+5.0^{\circ}$  F ( $-50.0^{\circ}$  C and  $-15.0^{\circ}$  C).

Steps for transporting frozen vaccines:

- Place a DDL (preferably with a buffered probe) in the container as close as possible to the vaccines.
- Immediately upon arrival at the destination, unpack the vaccines and place them in a freezer at a temperature range between  $-58.0^{\circ}$  F and  $+5.0^{\circ}$  F ( $-50.0^{\circ}$  C and  $-15.0^{\circ}$  C). Any stand-alone freezer that maintains these temperatures is acceptable.



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# Emergency Transport: Appropriate Materials

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Appropriate materials include:

- Portable vaccine refrigerator/freezer units (preferred option)
- Qualified containers and packouts
- Hard-sided insulated containers or Styrofoam (Use in conjunction with the Packing Vaccines for Transport during Emergencies\* tool. This system is only to be used in an emergency.)
- Coolant materials such as Phase Change Materials (PCMs) or frozen water bottles that can be conditioned to 39.0° F to 41.0° F (4.0° C to 5.0° C)
- Insulating materials such as bubble wrap and corrugated cardboard with enough to form two layers per container
- Data Logger for each container



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# **COVID-19 Vaccines**

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**Storage, Handling, and Expiration Dates**



# COVID-19 (Pfizer-BioNTech)

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Vaccine storage units and temperature ranges:

- **Ultra-Cold Freezers:** -130° F and -76° F (-90° C and -60° C) until the expiration date
- **Refrigerators:** 36° F and 46° F (2° C and 8° C) for up to 10 weeks



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# COVID-19 (Moderna)

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Vaccine storage units and temperature ranges (unpunctured vials):

- **Freezer:** -58° F and 5° F (-50° C and -15° C) until the expiration date
- **Refrigerator:** 36° F and 46° F (2° C and 8° C) up to 30 days



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# COVID-19 (Novavax)

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Vaccine storage unit and temperature range:

- **Refrigerator:** 36° F and 46° F (2°C and 8°C) until the expiration date



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# **PEAR Suspension**

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**Emily Lai, QAI Coordinator**

# Follow-Up Actions

- At the end of every Compliance Site Visit or Storage and Handling Visit, the reviewer will discuss any follow-up actions items with the Primary Vaccine Coordinator (PVC), the Backup Vaccine Coordinator (BVC), and the Signing Clinician (SC). Follow-up action items need to be resolved to avoid Suspension.

Example of Follow-Up Action Items after a Compliance or Storage and Handling Site Visit:

## REQUIRED FOLLOW-UP ACTIONS

Below is a list of actions that are required to be taken as a result of your recent site visit. This list, along with a timeline for completion, is intended to support your office/clinic with successfully implementing the VFC Program. Please also review the full list of *2022-2023 VFC Compliance Visit Requirements & Recommendations* at the end of this document.

### 1. VACCINE ADMINISTRATION FEE

The VFC provider's vaccine administration fee for non-Medicaid, VFC-eligible children must not exceed the state/territory vaccine administration fee cap established by the Centers for Medicare & Medicaid Services (CMS). For current fee caps, refer to [www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf](http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf).

- **Due Date:** 02/22/2022  
**Required Action:** In accordance with CDC Requirements, submit documentation for an established vaccine administration fee charged to non-Medicaid, VFC-eligible patients



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# Compliance Follow-up Action items

Overdue: Follow-up action items that have NOT been resolved by the due date post site visit



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**Content Area:** Displays the section of the PEAR Reviewers Guide where compliance question and direction is found

**Follow-up Type: Immediate Action** item is a non-compliant action that site reviewer must correct with the provider at the time of visit.

**Reviewer Action Completed on:** Date entered by site reviewer for an immediate action item **OR** by the Responsible Entity (RE) if the due date is at later time

FOLLOW-UP ACTION LIST TABLE								SAVE
<u>Due Date</u>	<u>Content Area</u>	<u>Follow-up Type</u>	<u>Action Details</u>	<u>Source</u>	<u>Provider Action Completed on:</u>	<u>Reviewer Action Completed on:</u>	<u>Add or Edit Follow-up</u>	<u>Add or View Attachment</u>
09/13/2023	VACCINE MANAGEMENT PLAN	Immediate Action	Provide a copy of the immunization program Vaccine Management Plan and/or Vaccine Emergency Plan templates.	CDC	N/A	9/13/2023	Add follow-up	Add Attachment
10/13/2023	VACCINE MANAGEMENT PLAN	Document Review	<u>Provider - One month:</u> Submit updated and complete Vaccine Management Plan. Add Additional Instruction	CDC	10/6/2023	10/6/2023	Add follow-up	Add Attachment

**Due Date:** Date the non-compliant action item from site visit is due

**Follow-up Type: Document Review** item is a non-compliant action that the RE must correct with the provider before the due date.

**Action Details:** Displays the non-compliant item and the direction to correct the program infraction

**Provider Action Completed on:** Date provider sent supportive documents to resolve non-compliant item

Area for RE to add attachment to show the proof of resolved non-compliant item

# Knowledge Check

**How soon do you recommend that a provider complete action items that are outstanding?**

- A. One week before the due date
- B. As soon as possible, even if the due date is six months away
- C. One day before the due date
- D. Two weeks before the due date



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# PEAR Suspension Email Sent to REs After Completion of a PEAR Suspension Round



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February 2024 PEAR Suspension Report

DSHS IQIP

To: [Redacted]

Cc: [Redacted]

Attachments: PEAR Suspension Report 01FEB24.xlsx (42 KB), 2.1.2024 TVFC Provider Suspension Notification.pdf (120 KB), 2.1.2024 Warning TVFC Provider Suspensions Notification.pdf (120 KB)

Good evening Responsible Entities (REs),

We have completed another round of suspensions regarding overdue PEAR items. We have also notified providers who will have overdue PEAR items if they are not completed by midnight of 02/29/2024. After this date they will be suspended.

Attached are:

- The PEAR Suspension Report spreadsheet which includes:
  - List of newly suspended providers
  - List of currently suspended providers
  - List of providers who will be overdue after 02/29/2024
- Copy of Suspension Notification sent to providers
- Copy of the Suspension Warning Notification sent to providers

If you have any questions, please reach out.



# PEAR Suspension Report

PEAR Suspension Reports are generated on the first business day of each month to reflect:

- PINs that have overdue PEAR follow-up items, which will appear as suspended. They will receive a suspension notice.

**Suspension Notice:**

Your TVFC Program Site is currently in non-compliance

- PINs that have PEAR follow-up items that are due in the current month of the suspension report. They will receive a warning notice.

**Warning Notice:**

Your TVFC Program Site will soon be out of compliance



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# PEAR Suspension Report: "New Suspensions" Tab

	A	B	C	D	E	F	G
1	Provider_PIN	TVFC_suspende	TVFC_Enrollment_Status	ASN_Enrollment_Status_Status	Provider_Name	Visit_Date	Visit_Type
2	031662	Suspended	Approved	Not Enrolled	LITTLE ELM FRISCO CHILDRENS CLINIC	9/11/2023	Compliance
3	061376	Suspended	Approved	Not Enrolled	PEACHTREE MEDICAL	12/1/2023	Compliance
4	061819	Suspended	Approved	Approved	PEARLAND FAMILY HEALTH CENTER	6/21/2023	Compliance
5	040069	Suspended	Approved	Not Enrolled	LADAGE CAHILL CLINIC	12/7/2023	Compliance
6	000639	Suspended	Approved	Not Enrolled	Almouie Pediatrics Stone Oak	11/22/2023	Compliance
7	000638	Suspended	Approved	Not Enrolled	Almouie Pediatrics Babcock	11/28/2023	Compliance
8	040540	Suspended	Approved	Approved	CROSSROADS FAMILY CARE	12/8/2023	Compliance
9	032019	Suspended	Approved	Not Enrolled	Unique Passionate Healthcare PLLC	12/11/2023	Compliance
10	100386	Suspended	Approved	Not Enrolled	Texas Tech Physicians of El Paso at Transmountain	12/12/2023	Compliance
11	070774	Suspended	Approved	Not Enrolled	LIGHTHOUSE PEDIATRICS	12/13/2023	Compliance
12	070852	Suspended	Approved	Not Enrolled	SETON FAMILY OF DOCTORS AT WILLIAMSON - 2	12/13/2023	Compliance
13	071087	Suspended	Approved	Not Enrolled	GLOWWORM PEDIATRICS	12/13/2023	Compliance
14	100266	Suspended	Approved	Not Enrolled	UMC Neighborhood Health Center Dieter	12/13/2023	Compliance
15	040638	Suspended	Approved	Not Enrolled	East Texas Community Clinic Inc	6/28/2023	Compliance
16	000126	Suspended	Approved	Approved	COMMUNICARE HEALTH EAST	11/28/2023	S&H Visit
17	250934	Suspended	Approved	Not Enrolled	SANTA CLARA FAMILY CLINIC PLLC	12/15/2023	Compliance
18	010582	Suspended	Approved	Not Enrolled	CHILDRENS HEALTHCARE ASSOCIATES LLP 200	11/30/2023	Compliance
19	070222	Suspended	More Info Needed	Not Enrolled	MRUDULA DESHPANDE MD	11/30/2023	Compliance
20	251288	Suspended	Approved	Not Enrolled	45 North Medical Clinic	11/30/2023	Compliance
21							

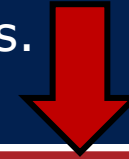


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# Suspension Notice

A Suspension Notice is sent to newly suspended providers.



The screenshot shows an email header with the Texas Department of State Health Services logo on the left and a red banner on the right that reads "Suspension Notice: Your TVFC Program Site is currently in non-compliance". The date "January 2, 2024" is centered below the banner. The body of the email begins with "Dear Texas Vaccines for Children (TVFC) Provider," followed by a placeholder for clinic name and PIN. It then expresses gratitude and explains the suspension due to overdue follow-up activities, with a deadline of December 31, 2023. It instructs the provider to work with their TVFC Program Responsible Entity (RE) to get back in compliance. Contact information for the central office is provided at the bottom.

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**Suspension Notice:**  
Your TVFC Program Site is currently in non-compliance

January 2, 2024

Dear Texas Vaccines for Children (TVFC) Provider,

Clinic Name: «Provider\_Name» PIN: «Provider\_PIN»

Thank you for your participation in the TVFC Program and completing your site visit.

Our records indicate that your facility currently has overdue follow-up activities from your recent TVFC Program Compliance or Storage & Handling site visit in PEAR database that have not been addressed before **December 31, 2023**, deadline. Organizations with overdue follow-up activities are non-compliant per TVFC Program policies. Therefore, your organization is suspended after this date until all overdue follow-up activities are completed. Your facility will not be allowed to order more TVFC vaccine while you are under suspension status.

As a TVFC Program provider, your organization is responsible for ensuring that you maintain compliance with all TVFC Program policies. **Please work with your TVFC Program Responsible Entity (RE) to complete all follow-up activities and get your facility back in compliance with the TVFC Program**, as outlined in the [2023 TVFC and ASN Provider Manual](#).

To reduce vaccine preventable diseases in Texas, it is our mission at DSHS to maintain as many TVFC Program providers as possible. It is equally important to ensure TVFC Program enrolled providers administer properly stored vaccines and adhere to all the Centers for Disease Control and Prevention (CDC) and TVFC Program guidelines and policies.

For any additional questions concerning program compliance, please contact the Texas Department of State Health Services Central Office at [IQIP@dshs.texas.gov](mailto:IQIP@dshs.texas.gov).

Sincerely,  
*Crystal Mena*

Crystal Mena, Manager  
Vaccine Operations Unit – IQIP/Quality Assurance and Improvement  
Immunizations Program  
Texas Department of State Health Services  
1100 W. 49th Street, Austin, Texas 78756

# PEAR Suspension Report: "Will be Suspended" Tab



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	A	C	D	E	G	H	I	J	K
1	Provider_Pf	Visit_Dat	Visit_Type	Visit_Status	Follow_up_Due_D	Follow_up_Complete_D	Follow_up_Type	Content_Area	Follow_up_Description
2	000080	11/30/2023	Compliance	Submitted	12/22/2023	Pending	Document Review	AWARDEE SPECIFIC RECOMMENDATIONS	In accordance with Immunization Program R
3	000126	11/28/2023	S&H Visit	Submitted	12/8/2023	Pending	Document Review	DISCONNECTION FROM POWER SOURCE	In accordance with Immunization Program R
4	000448	11/15/2023	Compliance	Submitted	12/15/2023	Pending	Document Review	DISCONNECTION FROM POWER SOURCE	In accordance with Immunization Program R
5	000552	10/13/2023	Compliance	Submitted	12/1/2023	Pending	Document Review	VACCINE DOSE DOCUMENTATION	In accordance with Immunization Program R
6	000572	11/21/2023	Compliance	Submitted	12/22/2023	Pending	Document Review	VACCINE DOSE DOCUMENTATION	In accordance with Immunization Program R
7	000639	11/22/2023	Compliance	Submitted	12/22/2023	Pending	Document Review	VACCINE DOSE DOCUMENTATION	In accordance with Immunization Program R
8	010373	11/22/2023	Compliance	Submitted	12/22/2023	Pending	Document Review	VACCINE MANAGEMENT PLAN	Provider - One month: Submit updated and c
9	010459	11/13/2023	Compliance	Submitted	12/13/2023	Pending	Document Review	VACCINE MANAGEMENT PLAN	Provider - One month: Submit updated and c
10	010502	11/22/2023	Compliance	Submitted	12/22/2023	Pending	Document Review	VACCINE MANAGEMENT PLAN	Provider - One month: Submit updated and c
11	010582	11/30/2023	Compliance	Submitted	12/30/2023	Pending	Document Review	RECORD RETENTION	Provider - One month: Submit plan for maint
12	020031	11/30/2023	Compliance	Submitted	1/2/2024	Pending	Other Contact	TEMPERATURE EXCURSIONS	Please follow up with provider to ensure pro
13	020074	11/29/2023	Compliance	Submitted	12/13/2023	Pending	Other Contact	ACIP-RECOMMENDED VACCINES	Two weeks: Reviewer must verify that an or
14	020077	11/28/2023	Compliance	Submitted	12/12/2023	Pending	Other Contact	ACIP-RECOMMENDED VACCINES	Two weeks: Reviewer must verify that an or
15	020096	11/20/2023	Compliance	Submitted	12/4/2023	Pending	Other Contact	ACIP-RECOMMENDED VACCINES	Two weeks: Reviewer must verify that an or
16	020280	11/30/2023	Compliance	Submitted	1/2/2024	Pending	Other Contact	ACIP-RECOMMENDED VACCINES	Please follow up with provider to ensure all
17	020353	11/20/2023	Compliance	Submitted	12/20/2023	Pending	Other Contact	ACIP-RECOMMENDED VACCINES	Please follow up with provider to ensure all
18	030040	11/16/2023	Compliance	Submitted	12/14/2023	Pending	Other Contact	AWARDEE SPECIFIC POLICY AND PROCEDURES	Plug guard needs to be installed on fridge ar
19	030191	11/29/2023	Compliance	Submitted	12/29/2023	Pending	Document Review	STORAGE UNIT SPACE AVAILABILITY	Provider - One month: Submit documentatio
20	030535	11/20/2023	S&H Visit	Submitted	12/20/2023	Pending	Document Review	CERTIFICATE OF CALIBRATION TESTING	Provider - One month: Submit a copy of the c
21	030644	11/30/2023	Compliance	Submitted	12/30/2023	Pending	Document Review	ELIGIBILITY SCREENING & DOCUMENTATION	Provider - One month: Submit new/revised s
22	031057	11/28/2023	Compliance	Submitted	12/12/2023	Pending	Other Contact	AWARDEE SPECIFIC POLICY AND PROCEDURES	Provider needs to punch out the cord holes c
23	031548	11/27/2023	Compliance	Submitted	12/27/2023	Pending	Document Review	ACIP-RECOMMENDED VACCINES	In accordance with Immunization Program R
24	031662	09/11/2023	Compliance	Submitted	12/15/2023	Pending	Document Review	AWARDEE SPECIFIC POLICY AND PROCEDURES	In accordance with Immunization Program R
25	031942	11/29/2023	Compliance	Submitted	12/29/2023	Pending	Document Review	AWARDEE SPECIFIC POLICY AND PROCEDURES	In accordance with Immunization Program R
26	031945	11/17/2023	Compliance	Submitted	12/17/2023	Pending	Document Review	TEMPERATURE DOCUMENTATION	Provider - One month: Submit completed te
27	031946	11/28/2023	Compliance	Submitted	12/12/2023	Pending	Other Contact	ACIP-RECOMMENDED VACCINES	Two weeks: Reviewer must verify that an or
28	031987	11/28/2023	Compliance	Submitted	12/28/2023	Pending	Document Review	TEMPERATURE DOCUMENTATION	Provider - One month: Submit completed te
29	032011	11/08/2023	Compliance	Submitted	12/8/2023	Pending	Document Review	AWARDEE SPECIFIC POLICY AND PROCEDURES	In accordance with Immunization Program R
30	032013	11/28/2023	Compliance	Submitted	12/28/2023	Pending	Document Review	ACIP-RECOMMENDED VACCINES	In accordance with Immunization Program R
31	032017	11/21/2023	Compliance	Submitted	12/21/2023	Pending	Document Review	AWARDEE SPECIFIC POLICY AND PROCEDURES	In accordance with Immunization Program R
32	032018	11/09/2023	Compliance	Submitted	12/11/2023	Pending	Document Review	AWARDEE SPECIFIC POLICY AND PROCEDURES	In accordance with Immunization Program R



# Suspension Warning Notice

A Suspension Warning Notice is sent to providers who have follow-up action items due by the end of the month.



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**Warning Notice:**  
Your TVFC Program Site will soon be out of compliance

**January 2, 2024**

Dear Texas Vaccines for Children (TVFC) Provider,

Clinic Name: «Provider\_Name»      PIN: «Provider\_PIN»

Thank you for your participation in the TVFC Program and completing your site visit.

Our records indicate that your facility will have overdue follow-up activities from your recent TVFC Program Compliance or Storage & Handling site visit in the PEAR database. You have until midnight of **January 31, 2024**, to complete these items. Organizations with overdue follow-up activities are non-compliant per TVFC Program policies. Therefore, your organization will be suspended after this date until all overdue follow-up activities are completed. During this suspension, your organization will not be allowed to order TVFC vaccine.

As a TVFC Program provider, your organization is responsible for ensuring that you maintain compliance with all TVFC Program policies. **Please work with your TVFC Program Responsible Entity (RE) to complete all follow-up activities to keep your facility in compliance with the TVFC Program**, as outlined in the [2023 TVFC and ASN Provider Manual](#).

To reduce vaccine preventable diseases in Texas, it is our mission at DSHS to maintain as many TVFC Program providers as possible. It is equally important to ensure TVFC Program enrolled providers administer properly stored vaccines and adhere to all the Centers for Disease Control and Prevention (CDC) and TVFC Program guidelines and policies.

For any additional questions concerning program compliance, please contact the Texas Department of State Health Services Central Office at [IQIP@dshs.texas.gov](mailto:IQIP@dshs.texas.gov).

Sincerely,  
*Crystal Mena*

Crystal Mena, Manager  
Vaccine Operations Unit – IQIP/Quality Assurance and Improvement  
Immunizations Program  
Texas Department of State Health Services  
1100 W. 49th Street, Austin, Texas 78756



# Suspension Status Tracker

Review the Suspension Status Tracker: [Suspension Report in Sharepoint](#).

The screenshot shows an Excel spreadsheet with the following data:

	A	B	C	D	E	F	G	H
1				Total	20	3	5	
2			TVFC/ASN Suspension	TVFC/ASN VAOS	Data Logger Suspension	PEAR Suspension	RE Request Suspension	RE Request
	VFCPIN	OrgCode	Status	Hold Status	Date	Date	Date	Reason
400	020277	CEIN0055	Active	Active				
401	020280	BROW0056	Active	Active				
402	020286	ADAM0008	Active	Active				
403	020299	RESO0001	Active	Active				
404	020304	RESO0005	Active	Active				

At the bottom of the spreadsheet, the 'Dashboard' tab is selected and highlighted with a yellow arrow.

# Suspension Status Tracker: PEAR Tab

The screenshot shows an Excel spreadsheet with the following data:

Provider PIN	TVFC/ASN Suspension Status	COVID Suspension Status	TVFC PEAR Suspension Date
060516	N/A	Suspended	4/3/2023
251098	Suspended	Suspended	8/1/2023
61868	Suspended	Active	10/2/2023
110774	Suspended	N/A	10/2/2023
110881	Suspended	Active	10/2/2023
251285	Suspended	N/A	10/2/2023
251111	Active	N/A	
10457	Active	Active	
10103	Active	N/A	
250795	Suspended	Active	11/1/2023
61857	Suspended	Active	11/1/2023
61875	Suspended	Active	11/1/2023



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# **Resolving PEAR Suspensions**

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# Resolving PEAR Suspension: Step One

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

## PROVIDER EDUCATION ASSESSMENT AND REPORTING

[New/Search](#) | [Tools](#) | [Configuration](#) | [MY PEAR](#) | [Content Admin Oversight](#) | [Dashboards](#) | [Reports](#) | [Documents](#) | [Help](#) | [PAPA Home](#)

**ENROLLED**

### Provider Summary [Edit](#)

Site Name  
PIN:  
Vaccine Coordinator  
Phone  
Email

### Recent Site Visits

Visit Type	Visit Date	Visit Status	Reviewer
VFC Compliance Visit	<a href="#">10/06/2014</a>	Completed	<a href="#">Jessica Treto</a>
Unannounced Storage & Handling Visit	<a href="#">07/01/2015</a>	Completed	<a href="#">Eric Keith</a>
VFC Compliance Visit	<a href="#">09/03/2015</a>	Completed	<a href="#">Nancy Payne</a>
VFC Compliance Visit	<a href="#">12/15/2016</a>	Completed	<a href="#">Nancy Payne</a>
VFC Compliance Visit	<a href="#">06/08/2017</a>	Completed	<a href="#">Nancy Payne</a>
Unannounced Storage & Handling Visit	<a href="#">01/31/2018</a>	Completed	<a href="#">Eric Keith</a>
VFC Compliance Visit	<a href="#">06/08/2018</a>	Completed	<a href="#">Mary Cochran</a>
Unannounced Storage & Handling Visit	<a href="#">12/23/2019</a>	Completed	<a href="#">Eric Keith</a>
VFC Compliance Visit	<a href="#">03/02/2020</a>	Completed	<a href="#">Nadra Johnson</a>
VFC Compliance Visit	<a href="#">07/02/2021</a>	Completed	<a href="#">Nadra Johnson</a>
VFC Compliance Visit	<a href="#">07/01/2022</a>	Completed	<a href="#">Greg Pahanish</a>
Unannounced Storage & Handling Visit	<a href="#">04/19/2023</a>	Completed	<a href="#">Veronica James</a>
VFC Compliance Visit	<a href="#">09/13/2023</a>	Completed	<a href="#">Daisy Aguirre</a>



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# Resolving PEAR Suspension: Step Two



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## PROVIDER EDUCATION ASSESSMENT

[New/Search](#) | [Tools](#) | [Configuration](#) | [MY PEAR](#) | [Content Admin](#)

Status: COMPLETED

[Open Reviewer Notes](#)

[Open Provider Notes](#)

[Last note updated on 09/13/2023 by Daisy Aguirre]

### POST-VISIT CONTENT

[Completed Questionnaire](#)

[Follow-up Action Summary](#)

[Follow-up Action List](#)

[Provider Follow-up Plan](#)

[Problem Analysis Summary](#)



# Resolving PEAR Suspension: Step Three



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FOLLOW-UP ACTION LIST TABLE									SAVE
<a href="#">Due Date</a>	<a href="#">Content Area</a>	<a href="#">Follow-up Type</a>	<a href="#">Action Details</a>	<a href="#">Source</a>	<a href="#">Provider Action Completed on:</a>	<a href="#">Reviewer Action Completed on:</a>	<a href="#">Add or Edit Follow-up</a>	<a href="#">Add or View Attachment</a>	
09/13/2023	VACCINE MANAGEMENT PLAN	Immediate Action	Provide a copy of the immunization program Vaccine Management Plan and/or Vaccine Emergency Plan templates.	CDC	N/A	<input type="text" value="9/13/2023"/>	Add follow-up	Add Attachment	
10/13/2023	VACCINE MANAGEMENT PLAN	Document Review	<b>Provider - One month:</b> Submit updated and complete Vaccine Management Plan. Add Additional Instruction	CDC	<input type="text" value="10/8/2023"/>	<input type="text" value="10/8/2023"/>	Add follow-up	Add Attachment	



# Resolving PEAR Suspension: Step Four

Status: COMPLETED

[Open Reviewer Notes](#)

[Open Provider Notes](#)

[Last note updated on 09/13/2023 by Daisy Aguirre]

## **POST-VISIT CONTENT**

---

[Completed Questionnaire](#)

[Follow-up Action Summary](#)

[Follow-up Action List](#)

[Provider Follow-up Plan](#)

[Problem Analysis Summary](#)



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# Resolving PEAR Suspension: Step Five



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FOLLOW-UP SUMMARY <span style="float: right;">SAVE</span>				
Question	Content Area <small>(Click link to view requirement)</small>	Follow-up Status	Issue Resolution Status	Comment: (Only required if escalated)
3.6	<a href="#">VACCINE MANAGEMENT PLAN</a>	Completed	Resolved ▼	<input type="text"/>



# Resolving PEAR Suspension: Step Six



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Status: SUBMITTED

[Submit Completed Follow-up Plan](#)

[Edit Reviewer Guide](#) (Expires: 2/5/2024)

[Open Reviewer Notes](#)

[Open Provider Notes](#)

[Last note updated on 01/23/2024 by Tiffany Guillory]

## **POST-VISIT CONTENT**

---

[Completed Questionnaire](#)

[Follow-up Action Summary](#)

[Follow-up Action List](#)

[Provider Follow-up Plan](#)

[Problem Analysis Summary](#)

# Steps to Resolve PEAR Suspension (continued)

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1. RE will address all overdue follow-up action items with provider.
2. Enter in completion dates for each follow-up action item (do not change dates of immediate action items).
3. Email your assigned QAI Coordinator and CC [IQIP@dshs.Texas.gov](mailto:IQIP@dshs.Texas.gov) to report completion of overdue follow-up action items.
4. The appropriate QAI team member will verify and unsuspend PIN as appropriate, notifying the RE and the provider.



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# Central Office QAI Coordinators

Public Health Region	Central Office QAI Coordinator	Email
<b>1 and 4/5, COH</b>	Ronald Bair Jr.	<a href="mailto:Ronald.BairJr@dshs.texas.gov">Ronald.BairJr@dshs.texas.gov</a>
<b>2/3</b>	Emily Lai	<a href="mailto:Emily.Lai@dshs.texas.gov">Emily.Lai@dshs.texas.gov</a>
<b>6/5S</b>	Angelica Morales	<a href="mailto:Angelica.Morales@dshs.texas.gov">Angelica.Morales@dshs.texas.gov</a>
<b>7 and 9/10</b>	Minh Tri Dinh	<a href="mailto:MinhTri.Dinh@dshs.texas.gov">MinhTri.Dinh@dshs.texas.gov</a>
<b>8, SAMHD</b>	Danielle Orbach	<a href="mailto:Danielle.Orbach@dshs.texas.gov">Danielle.Orbach@dshs.texas.gov</a>
<b>11</b>	Fiona Price	<a href="mailto:Fiona.Price@dshs.texas.gov">Fiona.Price@dshs.texas.gov</a>



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# Knowledge Check

Who do you contact after all the overdue follow-up action items have been resolved?

- A. Consultant Team: [VacCallCenter@dshs.texas.gov](mailto:VacCallCenter@dshs.texas.gov)
- B. Assigned QAI Coordinator and CC QAI Team [IQIP@dshs.texas.gov](mailto:IQIP@dshs.texas.gov)
- C. [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov)
- D. TMF: [VFCTeam@tmf.org](mailto:VFCTeam@tmf.org)



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# **Compliance Progress Update**

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**Oluwadamilola Olowomeye, Research Specialist V**

# Number of Compliance Visits

Regions	PY1	PY2	PY3	PY4	PY5
<b>PHR 1</b>	68	110	132	137	48
<b>PHR 2/3</b>	408	511	601	548	235
<b>PHR 4/5N</b>	133	137	186	178	48
<b>PHR 6/5S</b>	219	583	536	251	106
<b>PHR 7</b>	183	251	299	298	82
<b>PHR 8</b>	215	260	284	161	30
<b>PHR 9/10</b>	154	159	197	191	72
<b>PHR 11</b>	247	338	389	361	124
<b>Grand Total</b>	<b>1,627</b>	<b>2,349</b>	<b>2,624</b>	<b>2,457</b>	<b>1,059</b>

Current as of Jan. 8, 2024



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# PEAR Incomplete Follow-up Actions

Regions	PY1	PY2	PY3	PY4
<b>PHR 1</b>	0	0	0	0
<b>PHR 2/3</b>	1	2	0	0
<b>PHR 4/5N</b>	0	2	0	0
<b>PHR 6/5S</b>	1	0	1	0
<b>PHR 7</b>	0	0	0	0
<b>PHR 8</b>	4	0	0	1
<b>PHR 9/10</b>	0	0	0	0
<b>PHR 11</b>	1	0	1	0
<b>Grand Total</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>2</b>

Current as of Jan. 8, 2024



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# Current Number of Overdue Compliance Visits

Regions	PY5 Overdue
<b>PHR 1</b>	1
<b>PHR 2/3</b>	0
<b>PHR 4/5N</b>	0
<b>PHR 6/5S</b>	4
<b>PHR 7</b>	3
<b>PHR 8</b>	0
<b>PHR 9/10</b>	3
<b>PHR 11</b>	0
<b>Grand Total</b>	<b>13</b>

Current as of Jan. 8, 2024



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# Immunization Quality Improvement for Providers (IQIP)

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**Danielle Orbach, QAI Coordinator**

# IQIP Cycle

1

## Site visit

- Provider's vaccination workflow is observed, and initial coverage is reviewed
- QI strategies are selected
- Technical assistance is provided by the IQIP consultant
- Action items are chosen for strategy implementation plan

2

## Two and six month check-ins

- Progress toward strategy implementation is reviewed
- Technical assistance is provided by the IQIP consultant
- Strategy implementation plan is updated

3

## 12-month follow-up

- Progress toward strategy implementation is reviewed
- Technical assistance is provided by the IQIP consultant
- Year-over-year coverage change is reviewed



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Rev 01/24

# IQIP Core Strategies

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IQIP involves four core immunization strategies:

1. Facilitate return for vaccination
2. Leverage Immunization Information System (IIS) functionality to improve immunization practices
3. Strengthen vaccine communication
4. Give a strong vaccine recommendation



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# IQIP Coverage Assessment Rates

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- Coverage Assessment Rates are sent out via a monthly report.
  - Report will show patient population compared to percentage of population that is vaccinated for each respective vaccine.
  - Report will cover a years' worth of rates.
  - Report will show rates for childhood vaccines and adolescent vaccines.



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# Coverage and Goals: Childhood

<b>Initial Coverage</b>	<b>Suggested 12-Month Coverage Goal</b>
0 percent to less than 80 percent	Increase by 10 percentage points
80 percent to less than 85 percent	Increase to 90 percent
85 percent to less than 90 percent	Increase by 5 percentage points
90 percent to less than 95 percent	Increase to 95 percent
95 percent and greater	Maintain initial percentage



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# Coverage and Goals: Adolescent

<b>Initial Coverage</b>	<b>Suggested 12-Month Coverage Goal</b>
0 percent to less than 70 percent	Increase by 10 percentage points
70 percent to less than 75 percent	Increase to 80 percent
75 percent to less than 90 percent	Increase by 5 percentage points
90 percent to less than 95 percent	Increase to 95 percent
95 percent and greater	Maintain initial percentage



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# Knowledge Check

Which of these is **ALWAYS** chosen as one of the four core Quality Improvement strategies?

- A. Strengthen vaccine communications
- B. Leverage ImmTrac2 functionality to improve immunization practice
- C. Give a strong vaccine recommendation (including HPV vaccine)
- D. Facilitate return for vaccination



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# **IQIP Progress Update**

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# Total Number of IQIP Visits

Regions	PY1	PY2	PY3	PY4	PY5
<b>PHR 1</b>	75	162	69	54	23
<b>PHR 2/3</b>	273	405	389	257	130
<b>PHR 4/5N</b>	72	100	129	73	29
<b>PHR 6/5S</b>	153	287	257	110	35
<b>PHR 7</b>	149	253	114	180	43
<b>PHR 8</b>	30	70	84	72	15
<b>PHR 9/10</b>	87	95	132	93	36
<b>PHR 11</b>	227	389	194	183	59
<b>Grand Total</b>	<b>1066</b>	<b>1761</b>	<b>1368</b>	<b>1104</b>	<b>445</b>

Current as of Jan. 11, 2024



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# Missed IQIP Visits

Regions	PY1	PY2	PY3	PY4	PY5	Total Missed
<b>PHR 1</b>	0	46	9	4	0	59
<b>PHR 2/3</b>	52	136	107	3	0	298
<b>PHR 4/5N</b>	0	3	0	3	0	6
<b>PHR 6/5S</b>	16	75	85	2	0	178
<b>PHR 7</b>	30	70	28	2	0	130
<b>PHR 8</b>	0	12	6	1	0	19
<b>PHR 9/10</b>	2	9	1	3	0	15
<b>PHR 11</b>	0	113	48	7	0	168
<b>Grand Total</b>	<b>100</b>	<b>464</b>	<b>284</b>	<b>25</b>	<b>0</b>	<b>873</b>



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# Program Oversight and Report Review

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**Sejal Patel, QAI Team Lead**



# Public Tracking Spreadsheet

- All public site compliance visits must be conducted by REs.
- Unannounced Storage and Handling (USH) visits must be conducted on all provider types in at least 10 percent of clinics by REs.
- PHR managers and designated REs must update the Public Weekly Tracking Spreadsheet.
- Review the [Public Weekly Tracking Spreadsheet](#).



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2023 (U) UNANNOUNCED STORAGE AND HANDLING SITE VISITS PERFORMED REPORT										CENTRAL OFFICE RESPONSIBLE	
					TOTAL SITES	% COMPLETED					
PI	NAME	PROVIDER TYPE	COUNTY	CITY	VISIT DATE SCHEDULED	TIME OF VISIT	REVIEWER SCHEDULED	DATE AR SENT TO CO	VALIDATED IN PEAR	AR FILED BY	

# PEAR Overdue and Outstanding Reports

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- **Overdue:** Follow-up action items that have not been resolved by the due date post site visit. The provider will get suspended if these are not resolved by the end of the month.
- **Outstanding:** All the follow-up action items that have not been resolved irrespective of the due date.



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# Suspension Report

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The PEAR Suspension Report Spreadsheet includes:

- A list of newly suspended providers.
- A list of currently suspended providers.
- A list of providers who will be overdue and suspended after the next 30 days if action items are not completed.



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# Vaccine Waste Report

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The Vaccine Waste Report is uploaded to the IQIP Group SharePoint page and emailed to TMF (DSHS Contractors) and REs:

- The vaccine waste data for each provider is discussed at compliance visits.
- The data in this report can be used by REs to reach out to providers to prevent future loss.

The Waste Suspension Report Spreadsheet includes:

- A list of providers with corresponding vaccine waste details.
- Vaccine waste data from previous 12 months.



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# Reviewing TMF Reports

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Monthly reports from TMF (DSHS Contractors):

- Temp excursions
- Out-of-range temp excursions
- Expired vaccines or within 90 days
- Overcrowding
- Borrowing
- Nonfunctional data logger
- Dorm style unit with vaccines onsite
- Thermometer probe on the unit wall (permanent)
- Missing emergency supplies



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# TMF Site Visit Report

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- TMF emails the “Site Visit Report” report on a weekly basis.
- The “Site Visit Report” shows completed and scheduled site visits.
- The report is used by regions to determine which provider PINs need their site visit reviewed and completed in PEAR system.
- The TMF Site Visit Report helps region determine future workload for REs.
- The TMF Site Visit Report is an oversight tool for timely completion of compliance visits for private providers.



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# PEAR Compliance Visit: Action Items

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- PEAR Compliance Action Items are the RE's responsibility.
- If Compliance Actions Items cannot be completed by the assigned LHD or RE, the PHR Manager will be responsible for completing or delegating the Compliance Actions Items appropriately.



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# PEAR Compliance Visit: Action Items (Continued)

- PEAR: Reports → Follow-up Action Details → Filter appropriately and select “Apply Filter”
- TMF sends the “Site Visit List” weekly to PHR Managers and listed Regional IQIP Consultants.

**CURRENTLY VIEWING:**

<b>BUDGET PERIOD:</b> 7/2022 - 6/2023	<b>PROVIDER:</b> Enter Full or Partial PIN OR Name	<b>PROVIDER STATUS:</b> <input checked="" type="checkbox"/> Enrolled <input checked="" type="checkbox"/> Re-enrolled <input type="checkbox"/> Unenrolled	<b>REVIEWER:</b> All	<b>LOCATION:</b> All
--	---	---	-------------------------	-------------------------

**Search Type:**  
 Name  PIN

**Search Type:**  
 City  Region  
 County  Zip



**ACTIVITY TYPES:**  
 VFC Compliance Visit  
 Unannounced S&H Visit  
 Scheduled S&H Visit

**CONTENT AREA:**  
All

**SHOW OUTSTANDING ONLY**

**APPLY FILTERS** **RESET DEFAULT**

207 of 5887 records match selected filters.

Export to:  
(Only Year Filter Applied)  
 



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# Helpful PEAR Reports

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- **All Visits and Contacts Report**
- **Providers with Fewer than 10 Records Report**
- **Top 10 Non-Compliance Issues Report**
- **Certificate of Calibration Overview Report**
- **Follow-up Action Details Report**



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# Knowledge Check

**How often should you check, review, or pull reports for overdue and outstanding action items?**

- A. Once a year
- B. Once a quarter
- C. Once a month
- D. Once a week**



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# **Program Objectives 2024**

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**Sejal Patel, QAI Team Lead**

# QAI Program Objectives Achieved

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- Update of the QAI Website, the Program Quick Guide (One-Pager), and the IQIP Manual
- Creation of the PEAR Manual
- IQIP cycle completion certificate for providers
- Closer collaboration with our REs and Providers, including monthly trainings for REs
- Quarterly individual region check-in meetings
- Collaboration and feedback on provider surveys
- Improved response of post site visit surveys to TMF and REs



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# 2024 QAI Program Objectives and Goals (1 of 3)

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- PEAR QA Scores: Average increase 96 percent
- PEAR Overdues: Decrease to Single Digits
- Create Compliance and IQIP trainings for providers
- IQIP: Decrease Lost to Follow-Up (LTFU) and skipped visits
- IQIP: Check-in accuracy and completion on time



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# 2024 QAI Program Objectives and Goals (2 of 3)

- BY4 (July 1, 2022 to June 30, 2023)

## Check-In & Follow-Up Status

sub1 Stage	Early	Complete		COVID- 19	LTFU	Incomplete		
		Late	On Time			Not Overdue	Overdue (Still Time)	Overdue (Too Late)
2-Month		88	938	5	34			21
6-Month		59	749	1	54	188	33	2
12-Month	1	14	167	1	61	838	4	



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# 2024 QAI Program Objectives and Goals (3 of 3)

- BY5 (July 1, 2023 to June 30, 2024)

## Check-In & Follow-Up Status

sub1 Stage	Complete			Incomplete	
	Late	On Time	LTFU	Not Overdue	Overdue (Still Time)
2-Month	7	149	1	196	12
6-Month			3	362	
12-Month			3	362	




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# PEAR Non-Compliant Issues (1 of 3)

- BY3 (July 1, 2021 to June 30, 2022)

TOP 10 NON-COMPLIANCE ISSUES REPORT		
TOTAL # OF NON-COMPLIANT VISITS:  1658		
Reviewer Guide Question #	Reviewer Guide Content Area	Total # of Providers
Q3.2	Documentation: Vaccine Dose Documentation	<a href="#">831</a>
Q3.7	Documentation: VIS & VAERS	<a href="#">505</a>
Q4.7	S&H Per Unit: Temperature Documentation	<a href="#">497</a>
Q3.6	Documentation: Vaccine Management Plan	<a href="#">350</a>
Q3.1	Documentation: Eligibility Screening & Documentation	<a href="#">290</a>
Q7.1	Awardee Policies and Procedures: Awardee Specific Policy and Procedures	<a href="#">256</a>
Q4.10	S&H Per Unit: Disconnection from Power Source	<a href="#">235</a>
Q5.4	S&H - Sitewide: Expired Vaccines	<a href="#">216</a>
Q4.6	S&H Per Unit: TEMPERATURE MONITORING DEVICE PLACEMENT	<a href="#">180</a>
Q5.5	S&H - Sitewide: BACK-UP TEMPERATURE MONITORING DEVICE	<a href="#">173</a>



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# PEAR Non-Compliant Issues (2 of 3)

- BY4 (July 1, 2022 to June 30, 2023)

TOP 10 NON-COMPLIANCE ISSUES REPORT		
TOTAL # OF NON-COMPLIANT VISITS:  1270		
Reviewer Guide Question #	Reviewer Guide Content Area	Total # of Providers
Q3.2	Documentation: VACCINE DOSE DOCUMENTATION	<a href="#">611</a>
Q4.7	S&H Per Unit: TEMPERATURE DOCUMENTATION	<a href="#">364</a>
Q3.6	Documentation: VACCINE MANAGEMENT PLAN	<a href="#">287</a>
Q3.7	Documentation: VIS & VAERS	<a href="#">261</a>
Q3.1	Documentation: ELIGIBILITY SCREENING & DOCUMENTATION	<a href="#">205</a>
Q5.4	S&H - Sitewide: EXPIRED VACCINES	<a href="#">186</a>
Q7.1	Awardee Policies and Procedures: AWARDEE SPECIFIC POLICY AND PROCEDURES	<a href="#">154</a>
Q4.10	S&H Per Unit: DISCONNECTION FROM POWER SOURCE	<a href="#">130</a>
Q4.8	S&H Per Unit: TEMPERATURE EXCURSIONS	<a href="#">107</a>
Q1.2	Provider Details: CHANGES TO KEY STAFF	<a href="#">99</a>



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# PEAR Non-Compliant Issues (3 of 3)

BY5 (July 1, 2023 to June 30, 2024)

## TOP 10 NON-COMPLIANCE ISSUES REPORT

TOTAL # OF NON-COMPLIANT VISITS:  430

Reviewer Guide Question #	Reviewer Guide Content Area	Total # of Providers
Q3.2	Documentation: VACCINE DOSE DOCUMENTATION	<a href="#">183</a>
Q3.6	Documentation: VACCINE MANAGEMENT PLAN	<a href="#">100</a>
Q3.7	Documentation: VIS & VAERS	<a href="#">92</a>
Q4.7	S&H Per Unit: TEMPERATURE DOCUMENTATION	<a href="#">92</a>
Q6.2	Inventory: ACIP-RECOMMENDED VACCINES	<a href="#">63</a>
Q3.1	Documentation: ELIGIBILITY SCREENING & DOCUMENTATION	<a href="#">58</a>
Q5.4	S&H - Sitewide: EXPIRED VACCINES	<a href="#">52</a>
Q7.1	Awardee Policies and Procedures: AWARDEE SPECIFIC POLICY AND PROCEDURES	<a href="#">49</a>
Q1.2	Provider Details: CHANGES TO KEY STAFF	<a href="#">31</a>
Q4.8	S&H Per Unit: TEMPERATURE EXCURSIONS	<a href="#">29</a>



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# 2024 Training

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- Annual training for providers
- Enrollment site visit training
- Consistent RE training
- Semi-annual virtual site visit training
- Annual in-person training for each region



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# IQIP/QAI Team Inbox

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If there are any questions, please contact the DSHS Quality Assurance and Improvement (QAI) Team:

[IQIP@dshs.texas.gov](mailto:IQIP@dshs.texas.gov)



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**Thank you!**

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