

Washington Health Care Providers & Practices H1N1 Influenza Vaccine and Preparedness Survey

Please complete this survey one of the following ways:

Online at www.vaccinesurvey.com

Fax this completed copy to 404-712-8345, Attn: Katy Seib,

Mail this completed copy using the postage paid envelope enclosed in the survey kit.

Please provide the following contact information for our records:

Name of clinic: _____ Clinic zip code: _____

Section I. Practice Demographics

1. Please describe your practice:

- | | |
|---|--|
| <input type="checkbox"/> Private pediatric practice | <input type="checkbox"/> Local Health Jurisdiction (LHJ)/public health agency clinic |
| <input type="checkbox"/> Private family medicine practice | <input type="checkbox"/> Tribal clinic |
| <input type="checkbox"/> Private OB/GYN practice | <input type="checkbox"/> Other publically-supported clinic (e.g., Section 330, FQHC, etc.) |
| <input type="checkbox"/> Pharmacy – national/regional chain pharmacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pharmacy – local/independent pharmacy | |
| <input type="checkbox"/> Specialty practice (e.g. neurology, oncology, multi-specialty) | |

2. Does your practice participate in the Vaccines for Children (VFC) Program?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not currently, but we are considering participation | <input type="checkbox"/> Don't know |

3. What is your role within your practice or pharmacy branch?

- | | |
|---|--|
| <input type="checkbox"/> Medical assistant | <input type="checkbox"/> Pharmacy technician |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Nurse (RN, LPN) | <input type="checkbox"/> Physician's assistant (PA) |
| <input type="checkbox"/> Nurse Manager/Director | <input type="checkbox"/> Other clinical: _____ |
| <input type="checkbox"/> Nurse Practitioner | |
| <input type="checkbox"/> Office or pharmacy manager | <input type="checkbox"/> Other administrative staff: _____ |
| <input type="checkbox"/> Pharmacist | |

4. How many physicians are in your practice or pharmacy branch?

- None 1-3 4-6 7-9 10 or more

5. How many pharmacists are in your practice or pharmacy branch?

- None 1-2 3-4 5 or more

6. For each of the following patient categories, please indicate, on average, how many individuals are seen in your practice or pharmacy branch within a single day.

Children <5 years	Children 5-18 years	Adults 19+ years	Pregnant women

Section II. Communications with Public Health and the Public

7. In your practice or pharmacy branch, who is the person(s) responsible for receiving and disseminating updates from public health officials to clinic staff regarding influenza vaccine administration? (You may check more than one response.)

- | | |
|---|--|
| <input type="checkbox"/> Medical assistant | <input type="checkbox"/> Pharmacy technician |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Nurse (RN, LPN) | <input type="checkbox"/> Physician's assistant (PA) |
| <input type="checkbox"/> Nurse Manager/Director | <input type="checkbox"/> Other clinical: _____ |
| <input type="checkbox"/> Nurse Practitioner | |
| <input type="checkbox"/> Office or pharmacy manager | <input type="checkbox"/> Other administrative staff: _____ |
| <input type="checkbox"/> Pharmacist | |

8. To the best of your knowledge, which of the following entities does the person(s) specified above rely upon the most to obtain timely, accurate information regarding outbreaks and public health threats that affect your community?

- | | |
|---|---|
| <input type="checkbox"/> Federal government agencies (e.g. CDC) | <input type="checkbox"/> State health departments |
| <input type="checkbox"/> News media (e.g. TV, internet news sites, newspapers) | <input type="checkbox"/> Local health departments |
| <input type="checkbox"/> Professional societies (e.g. American Academy of Pediatrics, American Medical Association) | <input type="checkbox"/> Other sources: _____ |

9. How does this person(s) disseminate information they receive from public health officials to practice or pharmacy branch staff? (You may check more than one.)

- | | |
|--|--|
| <input type="checkbox"/> Face-to-face conversations with physicians and/or staff | <input type="checkbox"/> Hard-copy facsimiles or flyers |
| <input type="checkbox"/> Routine staff meetings (e.g. daily or weekly) | <input type="checkbox"/> Posting in common areas (e.g. kitchen, break room, common area) |
| <input type="checkbox"/> Email (e.g. mass email forward, scanning in a hard-copy document and emailing to physicians and/or staff) | <input type="checkbox"/> Other: _____ |

10. In the matrix below, please indicate the MOST EFFECTIVE ways for public health departments to communicate information to your practice or pharmacy branch about the following public health emergencies. (You may check more than one communication method for each type of emergency.)

	Community outbreaks	Vaccine shortages for routine immunization	Pandemic influenza vaccine supply (e.g. H1N1 vaccine)
Blast faxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In person visits to provider offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications by postal mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting information to WA's Immunization Information System (CHILD Profile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting information on general health department website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications through the Health Alert Network (HAN/SECURES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsored conference calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text message alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Regarding preparedness for the 2009 H1N1 influenza vaccination campaign, how would you characterize the usefulness of information or guidance you received from the health department?

	Very Useful	Useful	Somewhat Useful	Not Useful	Irrelevant	I cannot recall
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In terms of communicating information on seasonal or H1N1 influenza vaccination to your practice or pharmacy branch:

- a. What could your state health department have done better?

- b. What could your local health department have done better?

Section III. 2009 H1N1 Vaccination Administration

13. At the beginning of the H1N1 vaccination campaign when vaccine was limited, please describe your practice's ability to adhere to the priority group guidelines:

<input type="checkbox"/> Easy	The guidelines made it easy for our practice to make decisions on who should or should not receive the vaccine.
<input type="checkbox"/> Moderate	The guidelines gave us general guidance, but we still had to make some case-by-case decisions that we were not sure were covered by the guidelines.
<input type="checkbox"/> Hard	In most cases, the guidelines were not specific enough to help our practice make decisions on who should receive vaccine.

14. How did your practice communicate information about H1N1 vaccine prioritization and availability with your patients or customers? (Check all that apply.)

- Email notifications
- Face to face during patient/customer visits
- Flyers distributed to patients/customers visiting the practice
- Phone calls to patients/customers
- Postcards/mailings
- Posters in exam rooms
- Posters in waiting rooms/restrooms
- Postings on our practice's website
- Hotline or recorded message on phone answering service
- Text message alerts
- Twitter feeds
- Other (please specify): _____

15. Were you or was anyone else in your practice concerned about denying H1N1 influenza vaccine to those in the lowest priority group (i.e. healthy adults and adults over the age of 65)?

- Yes, please describe: _____
 - No
 - N/A – we are a pediatric practice
- Comment: _____

16. In what ways did your practice or pharmacy branch extend services to vaccinate additional patients or customers against H1N1 influenza? (Check all that apply.)

- Hired additional staff to help vaccinate
- We extended our Monday – Friday business hours beyond our normal hours
- We opened on weekends when we do not normally open on weekends
- We extended our normal weekday and weekend hours
- We participated in mass vaccination clinics
- We did not extend our services
- Other
- I don't know

Comment: _____

17. What barriers did your practice or pharmacy branch have to storing and administering H1N1 vaccine? (Check all that apply.)

- Limited storage space for vaccine
- Limited storage space for ancillary supplies
- Lack of staff capacity to administer additional vaccines
- We did not have any storage or staff barriers
- Other (please specify): _____

Comment: _____

18. Which prioritized groups benefitted most from off-site mass vaccination clinics (check all that apply)?

- Children under 18 years old
- Healthy young adults 18-24
- Adults with underlying conditions
- Healthcare workers
- Pregnant women
- Persons 65+
- Uninsured or underinsured populations
- Minority populations
- Healthy adults age 24+

19. Did your practice or pharmacy branch offer seasonal and H1N1 vaccines to your staff?

- Yes, we offered both vaccines to staff
- We only offered seasonal influenza vaccine to our staff
- We only offered H1N1 influenza vaccine to staff
- No, we offered neither vaccine to staff
- Don't know

20. Did your practice require that your staff be vaccinated with seasonal influenza vaccine and/or H1N1 influenza vaccine?

- Yes, both vaccinations were required of staff
- Only seasonal influenza vaccine was required of staff
- Only H1N1 influenza vaccine was required of staff
- No, neither vaccine was required of staff

Comment: _____

21. During the 2009 influenza season, approximately what percentage of your staff received each vaccine?

Seasonal Influenza Vaccine: _____% of our staff received this vaccine during the 2009 Flu Season

H1N1 Influenza Vaccine: _____% of our staff received this vaccine during the 2009 Flu Season

22. Did your practice vaccinate any patient or customer in an H1N1 vaccine target group, regardless of their capacity to pay?

- Yes, we vaccinated any patient or customer within a priority group, and waived any fees if they were unable to pay
- No, but we referred patients or customers who could not pay to alternate vaccination locations
- Other (please specify): _____

23. Did your practice vaccinate individuals within H1N1 vaccine target groups that were not established patients or customers of your practice or pharmacy?

- Yes, we provided vaccine to anyone who fell within an H1N1 target group
- No, we did not vaccinate individuals who were not our patients or customers
- Other (please specify): _____

24. Did you provide H1N1 vaccine to all patients or customers in target groups regardless of whether they thought they already had H1N1 influenza or influenza like illness in 2009?

- Yes, we vaccinated all patients or customers in target priority groups
- No, we only vaccinated those who did not already have H1N1 influenza
- Other (please specify): _____

25. For your practice, what measures worked best to get children to return for their second dose of H1N1 vaccine?

26. What lessons learned from previous vaccine shortages were **most useful** for helping your practice plan for and manage the vaccination campaigns for 2009 seasonal and H1N1 influenza vaccines?

27. For each of the following statements, please indicate your **level of agreement or disagreement**:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Using the Vaccines for Children (VFC) Program distribution model for the 2009 H1N1 vaccine <u>made sense</u> for our practice/pharmacy branch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The H1N1 vaccination campaign illustrated that our practice/pharmacy branch <u>is capable of responding to large scale public health events</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our practice/pharmacy branch is willing to work with local and state health departments should another <u>vaccine-related public health emergency</u> arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our practice/pharmacy branch is willing to work with public health in the future to distribute <u>non-vaccine countermeasures</u> (e.g. antivirals, masks, antibiotics) in the event of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our practice/pharmacy branch believes staying in regular communication with local public health departments is important to prepare for any future large scale public health emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV. Staff Participation in Public Health Preparedness Activities

28. In the past 5 years, have any members of your practice or pharmacy branch (e.g. doctors, nurses, pharmacists, physicians' assistants, administrative staff) participated in any training sessions or preparedness drills in response to large-scale public health disasters (e.g. hurricanes, earthquakes, pandemics, or terrorist events)?

- Yes No Not sure

29. If "YES" to the above question, please indicate which types of individuals have participated in disaster response training sessions (Check all that apply):

- Medical assistant
- Medical Director
- Nurse (RN, LPN)
- Nurse Manager/Director
- Nurse Practitioner
- Office or pharmacy manager
- Pharmacist
- Pharmacy technician
- Physician
- Physician's assistant (PA)
- Other clinical: _____
- Other administrative staff: _____

30. Has anyone in your practice ever participated in an actual response to a large-scale public health disaster (e.g. flood, hurricane, earthquake, terrorist event)?

- Yes, please describe: _____
- No
- Not sure

Comment: _____

31. Are any physicians, nurses, pharmacists, or physicians' assistants in your practice currently involved in any medical surge capacity initiatives (e.g. Medical Reserve Corps or volunteer advanced registration program for health professionals)?

- Yes, please describe: _____
- No
- Not sure

Comment: _____

Section V. Immunization Information System – CHILD Profile

32. Did your practice submit data to CHILD Profile, WA’s Immunization Information System (IIS) vaccine registry, for H1N1 vaccine administration?

- Yes No Not sure

Comment: _____

33. For which of your patients or customers did your practice or pharmacy branch submit H1N1 administration data to CHILD Profile?

- All 0-18 year olds Some adult patients (i.e. healthcare workers
or parents of pediatric patients)
 Only VFC patients 0-18 years old
 All adult patients Not sure

34. For your practice or pharmacy branch, how easy was it to upload H1N1 vaccine administration data to CHILD Profile within 7 days of administration?

- Very Easy Very Difficult
 Easy N/A - we did not upload data to CHILD
Profile
 Neutral
 Difficult

35. What method did your practice or pharmacy branch use to submit H1N1 influenza vaccination data to the CHILD Profile system?

- Electronic transfer into CHILD Profile through existing submission method
 Internet based entry directly into CHILD Profile
 Not sure

Comment: _____

36. Did your practice or pharmacy branch use the CHILD Profile website to check the vaccination status of patients coming in for influenza (seasonal and/or H1N1) vaccine this season?

- Yes No Not sure

Comment: _____

37. What is the most significant barrier to your practice’s or branch’s efficient use of Child Profile?

38. What is the most significant facilitator to your practice’s or branch’s efficient use of Child Profile?

39. What were the greatest concerns among members of your practice or pharmacy branch regarding vaccine administration for the 2009 – 2010 influenza season?

This is the end of the survey. Thank you for your participation!
Please provide any additional comments about the survey or about the survey material that you would like us to know:
