

**MOBI Best Practices Checklist** (please complete prior to a MOBI)

***This information is best obtained from the "immunization expert" at the practice prior to the MOBI presentation. Review this questionnaire and adapt your presentation based upon the response information.***

***When gathering this information, tell the practice contact that in order to customize their presentation, you will need to ask a few questions.***

Trainer Name:	
MOBI Presentation Site:	
Person Providing Responses:	
Planned Date of MOBI Presentation:	

Type of practice:  Pediatric  Family Practice  Other \_\_\_\_\_

1) Which of the following immunizations do you give routinely to patients who are due for the vaccine?	<input type="checkbox"/> rotavirus <input type="checkbox"/> hepatitis A <input type="checkbox"/> 2 <sup>nd</sup> dose varicella <input type="checkbox"/> adolescent pertussis (Tdap) <input type="checkbox"/> meningococcal <input type="checkbox"/> HPV <input type="checkbox"/> booster PCV 13 <input type="checkbox"/> routine flu	
2) Are you using combination vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pediarix <input type="checkbox"/> Comvax <input type="checkbox"/> ProQuad <input type="checkbox"/> Pentacel <input type="checkbox"/> Kinrix	
3) Does your practice have someone you consider your immunization expert?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Note:</u> If YES, make sure that person attends the MOBI presentation.
4) Has your practice measured its immunization rates within the past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, by whom? _____ When? _____
5) What percentage of your patients do you send to the health department for vaccines?	_____	Which of the childhood recommended vaccines are not provided by your office?
6) Does your practice have a written plan for saving vaccine in case of a power outage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Note:</u> If NO, reinforce sample emergency plans in the Resource Pack.
7) Does your practice provide a current Vaccine Information Statement to parents prior to every shot at every visit and provide a take-home copy? If not giving all, please list which ones.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Note:</u> If NO, reinforce "It's Federal Law" in the Resource Pack.

8) Does your office use an immunization reminder system for every patient?	<u>Remind</u> patients of their upcoming recommended immunizations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9) Does your office use an immunization recall system for every patient?	<u>Recall</u> patients who have missed their recommended immunizations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10) Does your office use the Ohio Immunization Registry, IMPACT-SIIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If YES, ask if they are using it regularly for:</b> _____ lookup past immunizations __ some patients __ every patient _____ enter vaccines as given __ enter later that day or beyond __ enter as patient seen __ entry via billing system _____ enter historical shot records __ as patients seen __ historical data for entire practice has been entered
11) Does your office obtain the newborn Hep B vaccine administration date?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12) What is the maximum number of injections at one visit?	# _____	
13) Does your practice give shots to children with a low grade fever?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Note:</i> If No, please spend more time on "Valid Reasons to Withhold Vaccine" slide.
14) Does your practice give shots to children at sick visits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, ask if the reason is related to payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
15) Does your practice review immunization status at every visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
16) Are you using the most current ACIP Childhood Immunization Schedule in your office?	<input type="checkbox"/> YES <input type="checkbox"/> No	
17. Does your practice have a specific vaccine-related issue you'd like us to address in your presentation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**RETURN THIS FORM TO THE MOBI OFFICE ALONG WITH OTHER FEEDBACK MATERIALS IMMEDIATELY FOLLOWING YOUR MOBI PRESENTATION.**