

MOBI Six-Month Follow-Up (trainer must complete one month after a MOBI)

Trainer Name:			
MOBI Presentation Site:			
Date of MOBI Presentation:		Date of Follow-Up:	

- 1) Name of practice staff person providing information _____
 Position: physician adv practice nurse/PA nurse MA other, specify _____
- 2) Did this person attend the MOBI presentation? Yes No
- 3) During the MOBI presentation, the practice committed to do the following:
- Have an AFIX measurement
- Check immunization status at every visit
- Give vaccines even if mild illness is present
- Give all vaccines that are due
- Update policies/procedures to reduce barriers
- Institute a reminder/recall system
- Sign up and use IMPACT SIIS registry
- Other _____

Please circle the correct reply.

A. Have an AFIX measurement:				
No 1	Will consider 2	Interested 3	Not enough kids 4	Yes 5
B. Check immunization status every visit:				
Never 1	Rarely 2	Only when convenient 3	Sometimes 4	Always 5
C. Give vaccines even if mild illness is present:				
Never 1	Rarely 2	Sometimes 3	Frequently 4	Always 5
D. Give all vaccines that are due:				
Never 1	Rarely 2	Sometimes 3	Frequently 4	Always 5
E. Update vaccine policies/procedures:				
Don't have a policy 1	Never 2	Rarely 3	Sometimes 4	Have a policy and regularly update 5

F. Regularly use a reminder/recall system:				
Don't use R/R	Rarely	Only use when convenient	Sometimes	Regularly use R/R
1	2	3	4	5

G. Use IMPACT SIIS (Registry) to look up immunization histories:				
Don't use IMPACT SIIS	Rarely	Only use when convenient	Sometimes	Regularly use IMPACT SIIS
1	2	3	4	5

3) Would the practice like more assistance making these changes? Yes No

Specify _____

4) What would you say are the biggest obstacles to increasing your immunization coverage rates?

Check all that apply.

- Time commitment Parental Refusal Physician's decision
 Cost No same-day immunization-only visits I don't know
 Staffing Nurses not authorized to immunize if due Other _____
 N/A – we have incorporated the strategy (ies) into our practice

5) Comments: How can the MOBI program assist you in incorporating the strategies into your practice?

Please fax this form to the MOBI Office 614/846-4025