The Eight Standards of Military Immunization

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The Defense Health Agency Immunization Healthcare Branch (IHB) is committed to high quality, responsive immunization healthcare. The eight standards of military immunization are the foundation of high quality care in the Military Health System, and are the core of the IHB's quality improvement program.

The Continuous Quality Immunization Improvement Process (CQIIP) is a user-friendly tool to help military treatment facilities assess their compliance with the eight immunization standards. The CQIIP tool can be used by clinics for self-assessment, or in conjunction with an educational visit with experts from the IHB.

These standards are spelled out in the Army regulation on Joint Instruction on Immunization and Chemoprophylaxis, and allow IHB and immunization clinic personnel to look at every aspect of the immunization process, from patient screening and education to adverse events following immunization. The collective goal is to ensure not only quality clinical practices, but also a foundation for maintaining the highest standards.

The CQIIP, conducted by IHB Immunization Healthcare Specialists (IHS) located around the world, is not an inspection, but rather an internal assessment of vaccination services. After a clinic completes the assessment, they receive a visit from their local IHS to review results. This visit is designed to improve quality practices, and to form a relationship for ongoing communication and feedback.

The CQIIP tool can be used at any military immunization site, from operational shot lines to clinics in major hospitals. The CQIIP program launched during fiscal year 2012, and has grown from 61 CQIIPs in the first year to 363 conducted in fiscal year 2014. There have been 598 total CQIIPs conducted since the launch, including 214 at Army facilities, 173 at Navy facilities, 121 for the Air Force, 56 for the Marine Corps, and 24 for the Coast Guard.

"The people in the clinics have decided this is a great tool. Everyone uses it and everyone loves it," said Lance Golder, the IHB's IHS for the Pacific Command (PACOM) based out of Tripler Army Medical Center. "It's an assessment, not an inspection, so that breeds openness and honesty that's vital to the process. No one improves if they hide what they're doing."

A CQIIP is performed in two parts. The first is a self-assessment, conducted by unit personnel, of its ability to meet each of the eight standards, using a checklist downloaded from www.vaccines.mil/CQIIP. The unit can then electronically submit the checklist to its local IHS, who then visits the clinic to review practices and make recommendations for improvement, if warranted. After face-to-face visits, the IHS completes an After-Action Report (AAR) outlining their findings and recommendations. Organizations can use the AAR as a quality improvement resource and as a reference for best practices in the future.

"We are a second set of eyes, and we've found most clinics run good operations and meet the intent of most of the standards," said Wayne Chardon, IHB IHS for the southeastern U.S. "We've compiled best business practices from multiple clinics/units covering all of the uniformed services, with the goal of spreading the great things we see."

The CQIIP with an IHS follow-up visit is conducted every one to three years, depending on findings, although many commands choose to do the self-inspection annually. IHSs are always available for informal follow-up and consultation should the need arise.

"When we first started doing CQIIPs, self-assessments would be very inaccurate because people didn't know what they were looking for," Golder said. "Now, those assessments are about 95 percent accurate. This tool has increased everyone's understanding of the eight standards, what they mean and why they're important."

Since each IHS is responsible for dozens of clinic facilities within a geographical region, they have been able to gather libraries of best practices and reference documents to assist with running high-quality immunization programs, such as appointment letters, standing orders, and standard operating procedures. These resources can be used as examples and templates for other locations that request help in meeting a particular standard.

"We share a lot of documents and practices from facility to facility," Chardon said. "We've amassed a lot of tools not only showing the correct procedures, but showing why these standards are so important."

By documenting their findings in an AAR, the IHSs create a template for maintaining the success achieved by the CQIIP itself, and a means for ongoing follow-up consultation.

According to Lance Golder, "It's done more to improve the quality of DOD immunization services than any other factor."

The Eight Standards of Military Immunization:

- Standard #1: Immunization Availability
- Standard #2: Vaccine Information and Education
- Standard #3: Vaccine Storage and Handling
- Standard #4: Indications and Contraindications
- Standard #5: Immunization Recordkeeping
- Standard #6: Immunization Personnel Training
- Standard #7: Adverse Events After Immunization
- Standard #8: Vaccine Advocacy to Protect the Military Family

To locate your IHS, visit www.vaccines.mil/map or contact IHB headquarters at DoDVaccines@mail.mil or 1-877-GETVACC (438-8222).