

Summit National Award Winners

Laura Scott 2017-18 Outstanding Influenza Season Activities Award

Recipient: **Maryland Partnership for Prevention**



Presentation by:
Tiffany Tate



National Adult
and Influenza
Immunization
Summit



Expanding School-Located Vaccinations Through



Online Consent & Electronic Clinic Management

The Challenge

School-located immunization clinics can pose huge administrative burdens for health departments and school systems:

- Disseminating consent forms
- Counting and organizing forms
- Collecting and ensuring completeness of forms
- Organizing clinics and generating reports

Reproducing, disseminating, and processing consent forms is costly

- Can cost **>\$8,000 per county** to reproduce and distribute
- Takes ~3 minutes to enter one consent form...

10,000 X 3 mins = 30,000 mins = 500 hours = 12.5 weeks for 1 FTE

The Solution: ReadiConsentSM and ClinicReadiSM

- Partnership between Maryland Partnership for Prevention (MPP) and Association of Immunization Managers (AIM) to develop models to increase adolescent vaccination rates

Objectives

- Reduce major administrative burdens associated with planning and implementing school-located and other community-based clinics
- Reduce expenses associated with reproduction and processing of consent forms
- Determine applications for solution
- Save trees!

ReadiConsentSM

- Electronic consent form that can be accessed through a mobile device or PC
- Collects demographic and insurance information, asks medical contraindication questions, provides VIS, and secures signature
- Populates spreadsheets and reports that can be used for clinic management, billing, and upload into IIS

2018 School Immunization Clinic Consent Form

For best results, please use Google Chrome or Safari

Progress: Personal Information (1 of 4) | Health Insurance (2 of 4) | Health Questions (3 of 4) | Vaccination Consent (4 of 4)

You must complete all fields with a star.

County*	Select County	School Name*	Select School
Student's First Name*		Student's Last Name*	MI
Address*		State*	Select State
City*	Zip Code*	Date of Birth*	Month Day Year
Age	Grade*	Teacher/Homeroom Teacher's LAST Name*	Sex*
Parent/Guardian First Name*	Select Grade		Select
Email Address*		Parent/Guardian Last Name*	MI
Re-type Email Address*		Mobile Number or Daytime Number*	

Save And Continue →

Maryland Partnership for Prevention
2018 School Immunization Clinic Consent Form

For best results, please use Google Chrome or Safari!

Progress: Personal Information | Health Insurance | Health Questions | **Vaccination Consent**

You must complete all fields with a star.

Please select all vaccines you would like your child to have. The school nurse will make sure your child receives only the vaccines needed.

- **CD Meningococcal Meningitis (MCV4)**
Click here to review Information Statement (2017/18) ENCL024 SP748524
- **CD Tdap (Tetanus, Diphtheria, Pertussis)**
Click here to review Information Statement (2017/18) ENCL024 SP748524
- **CD HPV (MGT Available in Carroll County)**
Click here to review Information Statement (2017/18) ENCL024 SP748524

CONSENT FOR VACCINATION - YOU MUST SIGN THIS FOR YOUR CHILD TO BE VACCINATED

[Click here to read the Vaccine Information Statement for Flu Vaccine](#)

By signing this form, I give permission for my child to be vaccinated, for my insurance company to be billed for the vaccination(s), and the information about my child's immunization(s) to be entered into the state immunization registry. I also agree that the above information is correct and that:

- (1) I have read the current Vaccine Information Statement(s) for the selected vaccine(s) or someone has read it/them to me,
- (2) I understand the risks and benefits of getting the selected vaccine(s),
- (3) Any questions I had about the vaccine(s) have been answered.

[Click here to sign with your finger or mouse](#)

This is a required field. Please place in the upper right corner of the signature box after signing.


Signature of Parent/Legal Guardian _____ Date 06/12/18

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ClinicReadiSM



- Software program populated by ReadiConsentSM data and system user
- Compiles student information by school, county/region, etc.
- Various levels of users and access; special functions and access for school personnel
- Generates reports and spreadsheets for clinic management, vaccine management, billing, upload into IIS.




[Create Clinic](#)
[Upcoming Clinics](#)
[Past Clinics](#)
[Students Report](#)
[Create Users](#)
[Change Password](#)
[Logout](#)

Upcoming Clinics

Search:

Date	County	School Name	Links	Clinic Status
10-25-2017	Anne Arundel County	Arnold @ Severn River MS Elementary School	Registration List Edit Clinic Clinic Activity Form Clinic Activity Report Customized Report	Cancel
10-25-2017	Anne Arundel County	Severna Park Elementary School	Registration List Edit Clinic Clinic Activity Form Clinic Activity Report Customized Report	Cancel
10-25-2017	Anne Arundel County	Oak Hill Elementary School	Registration List Edit Clinic Clinic Activity Form Clinic Activity Report Customized Report	Cancel
10-25-2017	Anne Arundel County	Jones Elementary School	Registration List Edit Clinic Clinic Activity Form Clinic Activity Report Customized Report	Cancel
10-25-2017	Anne Arundel County	Folger Mckinsey Elementary School	Registration List Edit Clinic Clinic Activity Form Clinic Activity Report Customized Report	Cancel
10-25-2017	Anne Arundel County	Benfield Elementary School	Registration List Edit Clinic Clinic Activity Form Clinic Activity Report Customized Report	Cancel



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Edit a Clinic

Clinic Date *

County *

Clinic Location *

Number of Students Registered

Lead Vaccinator's Name

Clinic Staff Person's Name

Clinic Staff Person's Name

[Add more staff](#)

[Add More Vaccines](#)

Vaccine Name	Vaccine Manufacturer	Vaccine Lot Number	Number of Doses	Action
FluLaval	GlaxoSmithKline	7N74P	150	Delete

[Submit](#)
[Cancel](#)

Clinic Activity Form

Clinic Date: 10-05-2017 County: Howard County Location: ██████ Middle School

Add More Vaccines +

Vaccine Name	# Lot Number	# of Starting Doses	# Doses Administered	# Unusable Doses	# Doses Returned	Default
FluLaval	7N74P	200				Yes No
Fluzone	12345	20				Yes No
TOTALS:		220	0	0	0	

Add More Children +

Student Name	DOB	Vaccinated	Refused	Sick	Absent	Reaction	Action
Joc ██████	01-13-2005	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
Haec ██████	04-20-2004	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
Tay ██████	01-30-2005	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
Al ██████	05-10-2005	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
Hel ██████	07-28-2005	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
Di ██████	08-22-2004	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
Sar ██████	03-30-2004	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
Joan ██████	12-19-2005	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete

Outcomes

- 250,000 families educated about flu and introduced to ReadConsentSM
- ~11,000 consent forms completed through ReadConsentSM (3K in the first three days!)

3.2 months of data entry saved!

- >200 school nurses used ClinicReadiSM
- >300 clinics managed by ClinicReadiSM
- 28,000 students vaccinated in five weeks
 - **50% increase in uptake in one county**



We thank the Summit for this award!

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