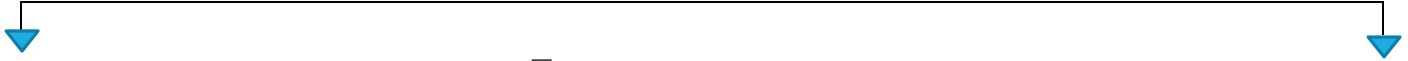# PRACTICE SELF ASSESSMENT

Review your practice data

Is your practice capturing all immunisation data in software? (refer BP/MD manual)
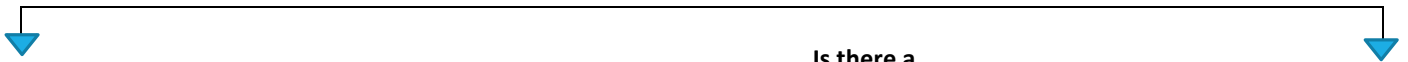
Yes ☐

No ☐

Does your practice have a register for immunisations?

Yes ☐

No ☐

How does your practice identify patients?
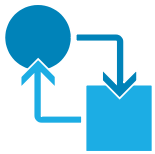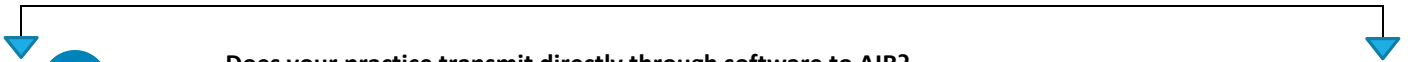
_____

_____

_____

Does your practice issue patient reminders?

Yes ☐

No ☐

Is there a target group that you could identify i.e. ATSI, cultural, region/area

Yes ☐ No ☐

If yes please indicate:

ATSI ☐

Cultural ☐

Region / area ☐

Does your practice transmit directly through software to AIR?
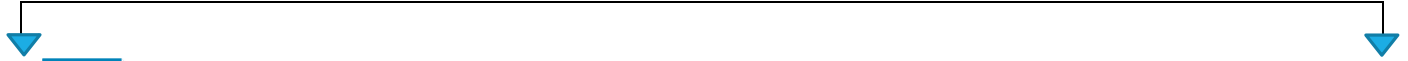
Yes ☐ No ☐

If Yes, frequency:

Daily ☐ Weekly ☐

Monthly ☐ As needed ☐

Does your practice access HPOS?

Yes ☐

No ☐

If no, is your practice registered?
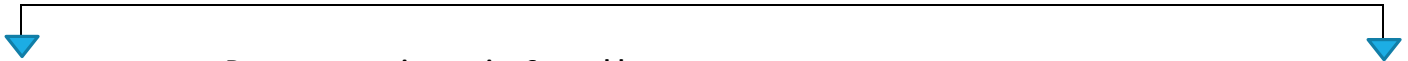
Yes ☐ No ☐

If yes refer below

Does your practice access AIR 11B reports?

Yes ☐ No ☐
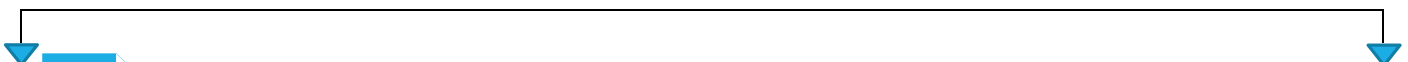
Frequency? _____

Does your practice receive 6 monthly Immunisation reports from the PHU?

Yes ☐ No ☐

What do you do with this information? _____

Does your practice have cold chain protocols in place

Yes ☐

No ☐