

Description

The provider periodically uses the EMR to identify the cohort of patients that are due or overdue for immunizations along with their contact information in order to send reminder notifications to the patients/parents.

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. The vaccine forecast is available to the EMR.

Post Condition

The Cohort report for all patients that are due or overdue for immunizations is available to the provider through the EMR.

Test Objectives

Produce Population-Level Report: The EHR or other clinical system generates aggregate, population-level reports based on known patient immunization data.

Evaluation Criteria

The following patient information is provided on the cohort report:

Patient Name	Juana Mariana Vazquez
Preferred Contact Method	Phone
Contact information using preferred contact (email, text, phone, mailing address)	(203) 555-1212
Patient Identifier Number	Vendor Supplied
Patient Identifier Type Code	Vendor Supplied
Date/Time of Birth	11/1/2011 11:05am
Sex	Female
Vaccine Group	IPV
Due Date	10/31/2015
Overdue Date	10/31/2017
Dose #	4
Dose in Series	4
Link to full record	Vendor Supplied
Patient Name	Juana Mariela Gonzales
Preferred Contact Method	Text
Contact information using preferred contact (email, text, phone, mailing address)	(203) 555-1214
Patient Identifier Number	Vendor Supplied
Patient Identifier Type Code	Vendor Supplied
Date/Time of Birth	10/1/2016 11am
Sex	Female

Vaccine Group	Hep B Peds NOS
Due Date	10/31/2016
Overdue Date	12/1/2016
Dose #	2
Dose in Series	3
Vaccine Group	DTaP
Due Date	11/30/2016
Dose #	1
Dose in Series	5
Vaccine Group	Hib
Due Date	11/30/2016
Dose #	1
Dose in Series	4
Vaccine Group	IPV
Due Date	11/30/2016
Dose #	1
Dose in Series	4
Vaccine Group	Pneumococcal conjugate
Due Date	11/30/2016
Dose #	1
Dose in Series	4
Link to full record	Vendor Supplied
Patient Name	Juana Maria Gonzales
Preferred Contact Method	Text
Contact information using preferred contact (email, text, phone, mailing address)	(203) 555-1214
Patient Identifier Number	Vendor Supplied
Patient Identifier Type Code	Vendor Supplied
Date/Time of Birth	5/30/2016 11:15am
Sex	Female
Vaccine Group	Hib
Due Date	11/30/2016
Dose #	1
Dose in Series	4
Vaccine Group	Pneumococcal conjugate
Due Date	11/30/2016
Dose #	1
Dose in Series	4
Link to full record	Vendor Supplied

Notes for Testers

No Note

