### **Description**

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

#### **Comments**

No Comments

#### **PreCondition**

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.

#### **PostCondition**

The Cohort report for all patients that are 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	Mariela Gonzales Morales	
Preferred Contact Method	Phone	
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	3/30/2015 11am	
Sex	Female	
Vaccine Group	Hep B Peds NOS	
Latest Date to Give	5/29/15	
Overdue Date	5/29/15	
Dose #	2	
Dose in Series	3	
Link to full record	Vendor Supplied	
Patient Name	Juana Maria Gonzales Morales	
Preferred Contact Method	Juana Maria Gonzales Morales   Phone	
Preferred Contact Method  Contact information using preferred contact (email, text,	Phone	
Preferred Contact Method  Contact information using preferred contact (email, text, phone, mailing address)	Phone (203) 555-1214	
Preferred Contact Method  Contact information using preferred contact (email, text, phone, mailing address)  Patient Identifier Number	Phone (203) 555-1214 Vendor Supplied	
Preferred Contact Method  Contact information using preferred contact (email, text, phone, mailing address)  Patient Identifier Number  Patient Identifier Type Code	Phone (203) 555-1214  Vendor Supplied Vendor Supplied	
Preferred Contact Method Contact information using preferred contact (email, text, phone, mailing address) Patient Identifier Number Patient Identifier Type Code Date/Time of Birth	Phone   (203) 555-1214     Vendor Supplied   Vendor Supplied   3/30/2015 11:15am	
Preferred Contact Method  Contact information using preferred contact (email, text, phone, mailing address)  Patient Identifier Number  Patient Identifier Type Code  Date/Time of Birth  Sex	Phone  (203) 555-1214  Vendor Supplied  Vendor Supplied  3/30/2015 11:15am  Female	
Preferred Contact Method  Contact information using preferred contact (email, text, phone, mailing address)  Patient Identifier Number  Patient Identifier Type Code  Date/Time of Birth  Sex  Vaccine Group	Phone  (203) 555-1214  Vendor Supplied  Vendor Supplied  3/30/2015 11:15am  Female  Hep B Peds NOS	
Preferred Contact Method  Contact information using preferred contact (email, text, phone, mailing address)  Patient Identifier Number  Patient Identifier Type Code  Date/Time of Birth  Sex  Vaccine Group  Latest Date to Give	Phone  (203) 555-1214  Vendor Supplied  Vendor Supplied  3/30/2015 11:15am  Female  Hep B Peds NOS  5/29/15	
Preferred Contact Method  Contact information using preferred contact (email, text, phone, mailing address)  Patient Identifier Number  Patient Identifier Type Code  Date/Time of Birth  Sex  Vaccine Group  Latest Date to Give  Overdue Date	Phone   (203) 555-1214     Vendor Supplied   Vendor Supplied   3/30/2015 11:15am   Female   Hep B Peds NOS   5/29/15   5/29/15	

	Notes to Testers	
No Note		