## Description

The provider periodically uses the EHR 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 EHR. The vaccine forecast is available to the EHR. Vaccines administered throughout this test plan.

#### **Post-Condition**

The Cohort report for all patients that are due or overdue for immunizations is available to the provider through the EHR for Vaccines administered throughout this test plan.

## **Test Objectives**

**Produce Population-Level Report:** The EHR or other clinical software 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	11/1/2015 11:05am
Sex	Female
Vaccine Group	IPV
Due Date	10/31/2019
Overdue Date	10/31/2021
Dose #	4
Dose in Series	4
Vaccine Group	Varicella
Due Date	10/31/2019
Overdue Date	10/31/2021
Dose #	2
Dose in Series	2
Link to full record	Vendor Supplied

Juana Mariela Gonzales
Text
(203) 555-1214
Vendor Supplied
Vendor Supplied
10/1/2020 11am
Female
Hep B Peds NOS
10/31/2020

Overdue Date	1/1/2021
Dose #	2
Dose in Series	3
Vaccine Group	DTaP
Due Date	11/30/2020
Dose #	1
Dose in Series	5
Vaccine Group	Hib
Due Date	11/30/2020
Dose #	1
Dose in Series	4
Vaccine Group	IPV
Due Date	11/30/2020
Dose #	1
Dose in Series	4
Vaccine Group	Pneumococcal conjugate
Due Date	11/30/2020
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	10/1/2020 11:15am
Sex	Female
Vaccine Group	Hib
Due Date	11/30/2020
Dose #	1
Dose in Series	4
Vaccine Group	Pneumococcal conjugate
Due Date	11/30/2020
Dose #s	1
Dose in Series	4

Link to full record	Vendor Supplied

# Notes

The vaccines due for the infants, in particular, may vary depending upon when the test is run as they may be subject to variation in the due dates as part of a catch-up schedule. Tester should document any such variances.

Vaccines due for adult patient, Anita Francesca Marina are not required to be included in this report.