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,	(203) 555-1212		
mailing address)	(203) 333-1212		
Patient Identifier Number	Vendor Supplied		
Patient Identifier Type Code	Vendor Supplied		
Date/Time of Birth	11/1/2014 11:05am		
Sex	Female		
Vaccine Group	IPV		
Due Date	10/31/2018		
Overdue Date	10/31/2020		
Dose #	4		
Dose in Series	4		
Link to full record	Vendor Supplied		
Vaccine Group	Varicella		
Due Date	10/31/2018		
Overdue Date	10/31/2018		
Dose #	2		
Dose in Series	2		
Patient Name	Juan Marcel Marina		
Preferred Contact Method	Text		
Contact information using preferred contact (email, text, phone, mailing address)	(203)555-1213		
Patient Identifier Number	Vendor Supplied		
Patient Identifier Type Code	Vendor Supplied		
Date/Time of Birth	03/04/2018 1100am		
Sex	Male		
Vaccine Group	НерВ		
Due Date	08/31/2018		
Overdue Date	09/01/2019		
Dose #	3		
Dose in Series	3		
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	10/1/2019 11am		
Sex	Female		
Vaccine Group	Hep B Peds NOS		
Due Date	10/31/2019		
Overdue Date	12/1/2019		
Dose #	2		
Dose in Series	3		
Vaccine Group	DTaP		
Due Date	11/30/2019		
Dose #	1		
Dose in Series	5		
Vaccine Group	Hib		
Due Date	11/30/2019		
Dose #	1		
Dose in Series	4		
Vaccine Group	IPV		
Due Date	11/30/2019		
Dose #	1		
Dose in Series	4		
Vaccine Group	Pneumococcal conjugate		
Due Date	11/30/2019		
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	10/1/2019 11:15am			
Sex	Female			
Vaccine Group	Hib			
Due Date	11/30/2019			
Dose #	1			
Dose in Series	4			
Vaccine Group	Pneumococcal conjugate			
Due Date	11/30/2019			
Dose #s	1			
Dose in Series	4			

Link to full record	Vendor Supplied
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No Note			
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