

Description

Once the vaccine history is reconciled in the EHR, the vaccine forecast is updated.

Comments

No Comments

Pre-condition

EHR Vaccine History is Reconciled with Immunization History from the IIS (previous step 'Reconcile and import vaccinations from Evaluated History and Forecast returned by the Registry for Juana Mariana Vazquez').

Post-Condition

An updated vaccine forecast based upon the reconciled vaccine history is available to the user.

Test Objectives

View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history. Forecasts are updated following reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service, but should reference the most recent recommendations.

Evaluation Criteria

Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:

1. Verify that the EHR does not include in reconciled vaccine forecast:

IPV	due on 4/29/2016
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2. Verify that the EHR includes in reconciled vaccine forecast:

IPV	due on 10/31/2019
Varicella	due on 10/31/2019
influenza, unspecified formulation	due on 09/01/2020 or later (annual recommendation - specific date may vary somewhat)

Notes

The due date must be in range for the date shown. Vaccine forecast dates may be plus or minus 10 days to accommodate differences in date handling.

Since Influenza is seasonal, forecasting of Influenza may vary by test date. Once the Flu season is past, the next Flu vaccine forecast will be for the next season. The forecasting for children who are playing immunization catch-up may differ from the standard immunization forecast. Tester should document incidences where influenza is not forecasted and verify that the rationale for the omission is due to the date of the test. Variations relating to IPV refusals and catch-up should also be documented by the tester. Overdue date may be omitted for influenza. While there is not an expected recommendation for the earliest date to give for influenza, this may appear in some EHR implementations. Tester should note if this is included.

Further variation should be documented in the notable exceptions, but minimally each forecast vaccine must be present.