



## Assessment of Pediatric Immunization Coverage Levels

The “A” in AFIX stands for assessment of immunization coverage levels and immunization delivery patterns at the practice level. The Advisory Committee on Immunization Practices (ACIP) recommends the regular assessment of immunization rates for both public and private providers.

### Supervision and Monitoring of AFIX Staff Implementation of the Assessment Protocol

Throughout the AFIX the assessor will be responsible for completing the AFIX Site Visit Packet. Once an AFIX is completed (an AFIX is considered complete when all follow-up activities have been performed), the AFIX Site Visit Packet along with the required reports from CoCASA must be sent to the AFIX Coordinator. These forms and reports are checked over by the AFIX Coordinator and logged into a spreadsheet. These forms help to verify that the appropriate timing is used when scheduling AFIXs. The AFIX Coordinator will review each AFIX and the corresponding reports to assure that the appropriate criteria were used in creating the reports. This process is the same for both LHD and ODH staff completing AFIXs.

### Provider Selection

Identify practices early in the year that your program would like to target for AFIX activities. AFIXs can be conducted at both VFC enrolled and non-VFC sites. There are some strategies to consider for selecting practices.

1. Recruit practices with the largest patient populations. Largest pediatric practices should be prioritized first. Pediatric practices should be prioritized over family practice groups as they are likely to have a larger number of children in the targeted age group.
2. Practices that have never had an AFIX should be prioritized over those who have had one in the last two years.
3. Practices that achieve 80% or higher on an AFIX should not receive an AFIX more frequently than every other year.
4. Prioritize those practices assessed as having low coverage levels either at the previous AFIX or by ImpactSIIS. This may indicate that participation in the AFIX process would be of value to the practice.
5. As noted above, all providers are eligible for an AFIX.
6. Health districts should be assessed at least annually.
7. FQHC, RHC, and Other Public practices should be assessed at minimum every other year.
8. ODH Immunization Consultants and local health district staff are conducting AFIXs so staff should discuss at least annually which practices each group is targeting.

## Scheduling

Scheduling an AFIX may take some time to find dates that work for the practice, so start early in the year. Here are some steps to take when scheduling the AFIX.

1. Call or visit the office manager or other contact person and explain exactly what you will be doing, how long it will take, and what you will need when you get there.
2. Find a mutually convenient date and time for the assessment and feedback. Try to set the dates for both the assessment and feedback. Try to schedule the feedback session within 30 days of the assessment so that the data collected at the assessment is still valid and current.
3. Arrange for a workspace out of the flow of traffic with a table, chairs, and an electrical outlet for the computer.
4. Ask for a computer generated list of patients in the age range and pre-select the sample.

## Methodology

At least one week prior to the AFIX assessment have the practice send the list of active patients that are 24-35 months old as of January 1 of the year of the assessment. Record the total number of active patients in the age range on the Assessment Setup page in CoCASA – *What is the estimated number of patients served by the provider in the designated cohort?*

### **1. Selection of Records**

One hundred (**100**) records between the ages of **24-35 months** will be assessed. The up-to-date status to be assessed will be **4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella (4:3:1:3:3:1); and 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella and 4 PCV (4:3:1:3:3:1:4).**

**If a practice has less than 100 patients**, all records are to be assessed. The minimum number of records that can be considered for an AFIX to count for an IAP grant total is 10. An AFIX assessing less than 10 charts is a qualitative AFIX that is done for the benefit of the practice.

**If there are more than 100 active patients** and the site is capable of providing an electronic list of patients, the *Random Number Generator* under the *Assessment Tool* menu in CoCASA is to be used to determine the records to be selected in the sample.

If a practice **cannot compile an electronic list of patients**, then records will need to be pulled manually from five random starting points in the alphabet. The *Random Number Generator* will be used. In this situation, enter 26 as the *Size of total population* to be sampled and enter 5 as the *Desired sample size*. Match the five numbers selected with the corresponding letter of the alphabet. The AFIX staff or the practice will then pull 20 records beginning with each of the five letters of the alphabet selected. If the records pulled overlap the letters selected, continue to pull charts until the total number to be pulled among those letters is achieved. For example, if records are pulled beginning with E and F and twenty records beginning with E overflow into F, continue pulling records until 40 have been pulled.

## 2. Pediatric Age Range for the Assessment

The age range for the assessment will be 24-35 months as of January 1 of the year of the assessment.

## 3. Antigens to be Reviewed

- DTaP
- Polio
- MMR
- Hib
- Hepatitis B
- Varicella
- Pneumococcal conjugate

## 4. Definition of Moved or are Going Elsewhere (MOGE)

The key issue in distinguishing active patients from MOGEs is whether or not the practice is the patient's "medical home" (the practice where the child receives primary medical care). By using one visit of any type as the basis for determining an active patient, we are encouraging the provider to accept responsibility for a patient and determine whether he or she has moved away or is going elsewhere for services. Following are criteria to standardize the definition of MOGE. Any child not fitting these criteria is by default considered to be an active patient. Documentation that a child is going elsewhere for medical care is needed to standardize the use of the MOGE category.

**NOTE:** *A child may still be included in the assessment prior to the age at which he/she MOGEed. For example, a child who left at 25 months of age would still be eligible for inclusion in an assessment of coverage at 24 months of age.*

### • Identifying MOGE: Steps particular to Local Health Departments

At least one of the following documentation in the medical record is required:

- Documentation from a child's new provider stating that the child is now seeing them for immunization services or that the child's records have been transferred to the new practice;
- A mailed reminder card/letter returned by the post office with an out of county forwarding address;
- A notation (written or verbal) from the parent or guardian stating that the child is seeing another provider for their immunization services; in this case, ask what provider the child is seeing and send the new provider a copy of the child's record

The following "**actions are to be undertaken**" if a patient is believed to be a MOGE but does not fit into the above criteria. Each action/criterion is unacceptable when alone but when **all actions below are attempted**, (without successfully locating the patient) it is acceptable to MOGE the patient:

- Three consecutive patient no-shows,
- Three unsuccessful attempts to contact via telephone and/or mail, and

- Check with the WIC program, well-child clinic or other public program to acquire another telephone number for the child and attempt to contact the child's guardian.
- **Identifying MOGE:** Steps particular to Non-Local Health Departments (private providers, etc.)  
**At least one** of the following documentation in the medical record is **required**:
  - Documentation from a child's new provider stating that the child is now seeing them for immunization services or that the child's records have been transferred to the new practice;
  - A mailed reminder card/letter returned by the post office with an out of county forwarding address;
  - A notation (written or verbal) from the parent or guardian stating that the child is seeing another provider for their immunization services; in this case, ask what provider the child is seeing and send the new provider a copy of the child's record

## 5. Records Not to Include in an AFIX Assessment

All active patients that have at least one visit of any type to the practice are to be included in the assessment. There are a few exceptions. In these cases another record should be pulled to replace the record. The next record on the list after the excluded record should be used.

### Exceptions:

- a. A patient who only has a visit documented as an emergency visit, including those who live out of town.
- b. A patient who has only one visit immediately following birth in the practice (one to two weeks after birth). Essentially, the infant was seen in the hospital by the physician because the physician was on-call and then is seen in the practice as a follow-up to the birth. No immunizations are received.
- c. A patient who is inactive by location of the chart, but is somehow included on the electronic list. Some practices have inactivated patients and placed their charts in a separate location, i.e. storage or basement, but have not updated their electronic list.
- d. A patient who has a chart, but has never been seen. Sometimes a sibling has been seen and a practice creates charts for the other children, but they have never actually been seen by the practice.
- e. A patient whose record has been documented as having been sent to Collections. These patients are not allowed to return for care.

## 6. Inclusion of Parent Refusals in an AFIX Assessment

A patient whose parent has refused one or more vaccines is still included in the assessment calculations and will show up on the Missing Immunizations report. The reason is that we are assessing the percentage of children in a practice who are up-to-date on their vaccines. A child whose parent refuses vaccines, for whatever reason, is not considered up-to-date. If the child is an active patient in the practice then they are not dropped out of the assessment regardless of their immunization status. The key point with those children missing immunizations is that the practice can account for the reason that the child is not up-to-date. If the practice knows that it is due to parent refusal, then the practice does not need to do further follow-up. The goal is 90%, which allows 10% margin for parent refusals, etc.

It is important for practices to know how many susceptible children are in their practice. This is an assessment of active patients in a practice, not of just the ones who are willing to receive immunizations.

## CoCASA (Comprehensive Clinic Assessment Software Application) Menu Bar option used in Assessment



**NOTE:** The items in **Bold** are those that AFIX assessors will likely utilize during an AFIX. Other menu options are not applicable to Ohio AFIXs.

### 1. File:

#### Export

- Using Template- Not utilized for AFIX
- **CoCASA Data**- Used to package data contained in CoCASA so that it can be moved from CoCASA on one computer to CoCASA on another computer
- To AFIX Online Tool
- To Access Database- Not utilized for AFIX
- Template- Not used for AFIX
- VFC-AFIX Setup: Not utilized for AFIX

#### Import

- **Using Template**- Used when completing an AFIX with ImpactSIIS data. This is used when bringing the ImpactSIIS text file data into CoCASA.
- **CoCASA Data**- Used to bring previously exported data from CoCASA on another computer into CoCASA on a different computer
- **Template**- Only used if you are having issues with the Impact template that is originally contained in the CoCASA software. Contact the AFIX Coordinator to deal with this issue.

#### Merge

Selected when combining data collected during an assessment if two or more assessors were involved in the collection process using two or more computers. Initially all of the data needs to be placed (via export and import process) on one computer.

#### Print

**Exit** - Closes out the CoCASA program

### 2. Assessment Tools:

#### Random Number Generator

Use this feature for determining which charts to pull when a site has more than 100 records in the cohort or if a site cannot provide an electronic list of patients

### 3. Library:

Show links to pdf files and immunization websites as easy reference resources. You can refer provider offices to these sites during the feedback session. Note that you need to be connected to the internet to access the websites.

### 4. Utilities:

#### Back Up Data –

Periodically back up your records to avoid data loss. Be sure to copy the zip file to another drive other than just the C: drive. If you have the file saved on your C: drive and it crashes, you will have lost your data backup.

**Creating Backup folder shortcut on your Desktop:** It is advisable to create a folder shortcut on your Desktop to the CoCASA Backup folder. This allows easy access to backup files so they can be moved to and from an external drive. To do this, on your Desktop:

1. Double click on the 'My Computer' icon
2. Double click on each of the icons in the following pathway-  
C:Drive/Users/Public/CDC/CoCASA/Backup
3. Once you double click on the CoCASA folder, RIGHT-click on the 'Backup' folder and hover over 'Send to...' and select Desktop (create shortcut).

This process should create a folder on your Desktop that leads to the CoCASA Backup folder. This allows you to easily move the files that are backed up from CoCASA. You can plug in your flash drive and drag and drop files from the Backup shortcut to the flash drive.

#### Restore Data From Backup

This is the feature used to restore CoCASA records from a backup file.

#### Delete Backups

#### Remove Records Marked For Deletion

Records can be marked to be deleted but until 'Remove Records Marked For Deletion' is selected, they will remain in CoCASA. Once removed, the files are permanently out of CoCASA. Prior to completing the second step of deleting items, they can be unmarked. To do this, highlight the item and select 'Undelete'

**Note:** Remember data files are to be kept no longer than **June 30** of the year following the assessment. **To delete** assessment files, highlight the file and click the **Delete** button in CoCASA. A red **X** should appear next to the file. Then click on **Utilities**, and then select **Remove records marked for deletion**.

#### Not applicable to Ohio AFIXs

Remove Duplicates- not useful for data entry purposes

Password – AFIX Project for Ohio is not recommending that AFIX staff setup a password for CoCASA

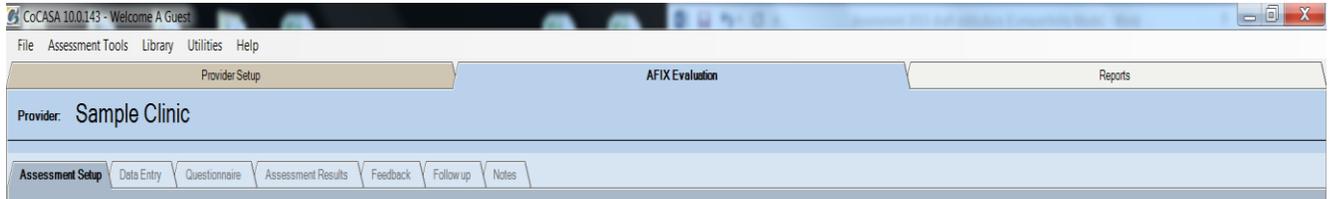
Database Functions

User Maintenance- Gives you the ability to deactivate individuals that are no longer working with AFIX

## 5. Help:

Contains information about CoCASA such as the current running version of CoCASA is being used as well as a source for the (800) number and email for support at CDC.

## CoCASA: Tabs



**Note:** Information for an assessment can be set up prior to arriving at the practice for the AFIX. This will save time when data entering the assessment information.

### 1. Provider Setup (tab)

Complete the information on the Provider Setup tab in CoCASA. All practices must be identified by their actual name (**no de-identifying** of practices). Certain pieces of information are required when adding a provider to the CoCASA database.

CoCASA **requires** that a **VFC PIN** be entered for each practice site. All practice sites must have a different PIN. For VFC enrolled practice sites, local health districts are to contact their ODH Immunization Consultant or the AFIX Coordinator if the LHD does not have access to the appropriate VFC PIN. In addition, the name used must be the same **name as listed with the VFC Program**. Please verify with your Immunization Consultant.

In order to ensure there are not duplicate numbers, local health districts are to use the following coding system for **non-VFC** practice sites. The numbers should be determined by IAP grantee conducting the AFIX, not location of the practice. Once a number is assigned, it cannot be used again for another practice site. The numbering system would progress as additional non-VFC practice sites are added (i.e. 0100002, 0100003, 0100004). Please use the table below to assign VFC PIN to non-VFC practice sites.

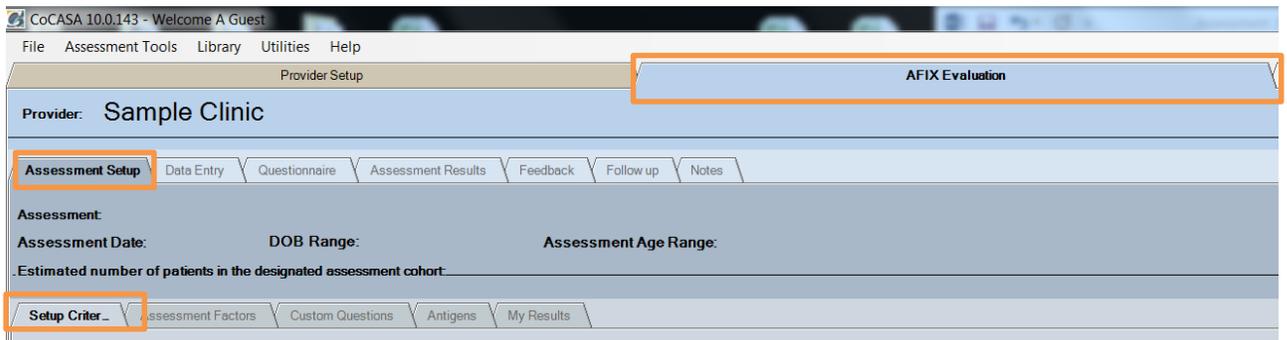
Please contact the AFIX Coordinator if you are unsure if a VFC PIN has already been assigned to a site. Also contact the AFIX Coordinator for a starting VFC PIN if a local health districts is not listed.

### Non-VFC Practice Numbering System:

To be used entering sites into the AFIX online reporting tool.

Local Health District	Starting non-VFC PIN	Local Health District	Starting non-VFC PIN	Local Health District	Starting non-VFC PIN
Adams	0100001	Hamilton	3100001	Ottawa	6200001
Allen	0200001	Cincinnati City	3101001	Paulding	6300001
Ashland	0300001	Hancock	3200001	Perry	6400001
Ashtabula	0400001	Hardin	3300001	Pickaway	6500001
Athens	0500001	Harrison	3400001	Pike	6600001
Auglaize	0600001	Henry	3500001	Portage	6700001
Belmont	0700001	Highland	3600001	Preble	6800001
Brown	0800001	Hocking	3700001	Putnam	6900001
Butler	0900001	Holmes	3800001	Richland	7000001
Hamilton City	0901001	Huron	3900001	Ross	7100001
Middletown City	0902001	Jackson	4000001	Sandusky	7200001
Carroll	1000001	Jefferson	4100001	Scioto	7300001
Champaign	1100001	Knox	4200001	Seneca	7400001
Clark	1200001	Lake	4300001	Shelby	7500001
Clermont	1300001	Lawrence	4400001	Stark	7600001
Clinton	1400001	Ironton City	4401001	Alliance City	7601001
Columbiana	1500001	Licking	4500001	Canton City	7602001
Coshocton	1600001	Newark City	4501001	Summit	7700001
Crawford	1700001	Logan	4600001	Akron City	7701001
Galion City	1701001	Lorain	4700001	Barberton City	7702001
Cuyahoga	1800001	Lucas	4800001	Trumbull	7800001
Cleveland City	1801001	Madison	4900001	Girard City	7801001
Darke	1900001	Mahoning	5000001	Niles City	7802001
Defiance	2000001	Youngstown City	5001001	Warren City	7803001
Delaware	2100001	Marion	5100001	Tuscarawas	7900001
Erie	2200001	Medina	5200001	Union	8000001
Fairfield	2300001	Meigs	5300001	Van Wert	8100001
Fayette	2400001	Mercer	5400001	Vinton	8200001
Franklin	2500001	Miami	5500001	Warren	8300001
Columbus City	2501001	Monroe	5600001	Washington	8400001
Fulton	2600001	Montgomery	5700001	Marietta City	8401001
Gallia	2700001	Morgan	5800001	Wayne	8500001
Geauga	2800001	Morrow	5900001	Williams	8600001
Greene	2900001	Muskingum	6000001	Wood	8700001
Guernsey	3000001	Noble	6100001	Wyandot	8800001

## 2. AFIX Evaluation Tab



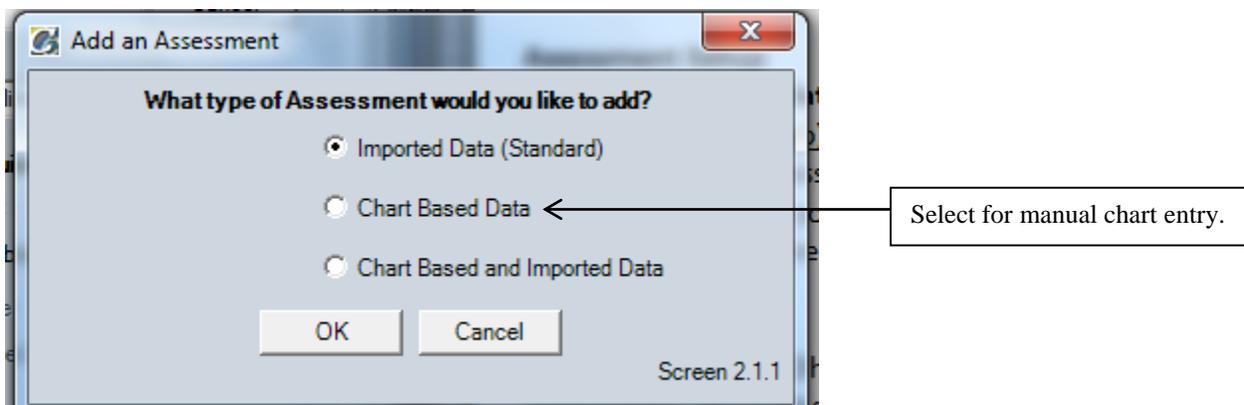
There are 7 sub-tabs under the AFIX Evaluation tab

1. **Assessment Setup**- contains 5 sub-tabs for setting up the assessment
  - a. Setup Criteria
  - b. Assessment Factors
  - c. Custom Questions
  - d. Antigens
  - e. My Results
2. **Data Entry**- enter patient demographic and immunization histories
3. **Questionnaire**- Not used by AFIX staff
4. **Assessment Results**- Not used by AFIX staff
5. **Feedback**- Not used by AFIX staff
6. **Follow Up (Exchange)**- Not used by AFIX staff
7. **Notes**

### How to set up a pediatric AFIX assessment-manual

**Note:** The AFIX Project for Ohio either uses either the “Chart Based Data” or “Chart Based and Imported Data” methods for assessments depending on if the assessment is done electronically or manually.

1. Under the **Assessment Setup** sub-tab go to the **Setup Criteria**
2. To setup an AFIX assessment, select **Add**. The box below will appear



3. Select **Chart Based Data** for a manual chart entry.

**Refer to image below as a guide for the steps below for setting up the assessment:**

Step 1: **Assessment Date** enter the date the assessment will be conducted.

Step 2: The **Assessment Name** is the name is auto-created but can be edited. If several staff will be entering data and then merging the information, consider naming the separate assessments as practice name 1 and practice name 2 (e.g. Chowder Pediatrics 1 and Chowder Pediatrics 2).

Step 3: **Assessment Questionnaire (required)**, leave the default “**Childhood and Adolescent**” selected.

Step 4: **Type of Visit (required)**, leave the default selected “**AFIX Visit Only**”

Step 5: The **Age Range for this Assessment (required)** is 24-35 months as of January 1 of the year of the assessment.

Step 6: **Age Cohort**, leave the default “**0-3**” selected.

**Note:** Daily Use Mode is always *No*.

The screenshot shows a software interface for setting up an assessment. It features several tabs at the top: "Setup Criteria", "Assessment Factors", "Custom Questions", "Antigens", and "My Results". The "Setup Criteria" tab is active. On the left, under "Required:", there are three radio button options: "Imported Data (Standard)", "Chart-Based" (which is selected), and "Chart-Based and Imported". To the right of these is a "Choose an Assessment" section with a list containing "Sample Clinic 02/03/2014-(C)" with a green checkmark. Below this list are buttons for "Add", "Delete", "Copy", and "Cancel".

Step 1: "Assessment Date" is set to "02/19/2014".

Step 2: "Assessment Name" is set to "Sample Clinic 02/19/2014".

Step 3: Under "Assessment Questionnaire (required)", the "Childhood Questionnaire" radio button is selected.

Step 4: Under "Type of Visit (required)", the "AFIX Only Visit" radio button is selected.

Step 5: Under "Age Range for this Assessment (required)", "From" is set to "24", "To" is set to "35", "Months" is selected, and "As Of" is set to "01/01/2014". Below this, "Pull Charts with Dates of Birth Between" is shown, with "Earliest Date of Birth" set to "01/02/2011" and "Latest Date of Birth" set to "01/01/2012".

Step 6: Under "Age Cohort(s) for Analysis:", the "0-3" checkbox is checked, and "13-18" is unchecked. A "<- Required" label is present.

## Assessment Factors (sub-tab)

Step 1: Under the **Choose Demographics Field**, four check boxes are selected by default (First Name, Last Name, Ethnicity, and Race). Uncheck **Ethnicity** and **Race**.

**Optional:** An identification number may be used instead of patient name. To do this, check *Chart Number or ID #1* and uncheck *First Name* and *Last Name*.

Step 2: Under **Choose Patient Status Fields** check *Moved or Gone Elsewhere (MOGE)*

The screenshot displays the 'Assessment Factors' sub-tab. At the top, it shows 'Provider: Sample Clinic' and 'Assessment: Sample Clinic 02/19/2014-(C)'. Below this, there are fields for 'Assessment Date: 02/01/2014', 'DOB Range: 01/02/2011 to 01/01/2012', and 'Assessment Age Range: 24 - 35 months as of 01/01/2014'. An 'Estimated number of patients in the designated assessment cohort' is shown as 0. The 'Assessment Factors' sub-tab is selected, and the instruction 'Click fields you want to appear on the Data Entry screens.' is displayed. Under 'Choose Demographic Fields', the following options are listed:  First Name,  Last Name,  Middle Initial, and  Ethnicity. Under 'Choose Patient Status Fields', there are radio buttons for 'All' and 'None', and a list of options:  Child on catch up schedule,  Head Start Participant,  Medicaid, and  Moved Or Gone Elsewhere (MOGE). A 'Cancel' button is located in the top right corner of the sub-tab area.

## Antigens (sub-tab)

Step 1: List of Selected Antigens will be empty. Click the **Calculate Antigens** button. All ACIP recommended vaccines for the assessment age range will appear in the box on the left.

Step 2: Remove **Influenza, PPV, Hep A** and **Rotavirus** from the list.

**Note:** To remove antigens you will highlight '*antigen*' from the left box and click on the arrow pointing right. Repeat the process until all antigen not being assessed are removed from the list.

The Assessment Setup is now complete.

Provider: **Sample Clinic**

Assessment Setup | Data Entry | Questionnaire | Assessment Results | Feedback | Follow up | Notes

Assessment: **Sample Clinic 02/19/2014-(C)**

Assessment Date: 02/01/2014    DOB Range: 01/02/2011 to 01/01/2012    Assessment Age Range: 24 - 35 months as of 01/01/2014

Estimated number of patients in the designated assessment cohort: 0

Setup Criteria | Assessment Factors | Custom Questions | **Antigens** | My Results

Cancel

**List of Selected Antigens**

DTaP
Polio
MMR
HIB
HepB
Varicella
PCV
Influenza
PPV
HepA
Rotavirus

**Step 2:** →

Move Up      Move Down

**Step 1:**

Calculate Antigens

←      →

**All ACIP Recommended Antigens**

Td
Tdap
HPV
Meningococcal
Herpes Zoster
Diphtheria
Measles
Mumps
Rubella
DT
DTP
DTwP
Tetanus
Anthrax
BCG

(To enter doses for MCV4 you must select Meningococcal here, and then choose Menactra as the brand name on the data entry tab.)

**Record vaccine brand names**       No     Yes

**Record vaccine manufacturer / lot number**       No     Yes

**Record geographical location of dose administration**       No     Yes

**Note:** It is helpful to reorder antigen to match how they are listed in the practice's chart. This will save on time when entering data. To reorder the list in Cocasa you will select the antigen and click the **Move Up** or **Move Down** buttons below the box on the left side.

### Helpful tips:

#### How to Copy an Assessment Setup

This function allows you to avoid all of the steps of setting up a new assessment. To copy the assessment setup to another provider, the provider must already be created under Provider Setup (Tab). After this is completed, navigate to the provider that already has the assessment setup and under the Assessment Setup (Tab) – Setup Criteria (sub-tab), select *Copy*.

The assessment setup can be copied to the *Current Provider* or *Another Provider*. To copy the assessment to another provider, select *Another Provider*. In the dropdown list, find the desired provider and select *OK*.

CoCASA automatically switches to the new provider selected. (The site name will appear at the top of the screen)

Change the *Assessment Date* and *Assessment Name*.

Update *What is the estimated number of patients served by the provider in the designated cohort?* to reflect the new practice's numbers.

All information under the sub-tabs (assessment factors and antigens) should have been copied as well.

Click on the Data Entry sub-tab to begin entering patient information and immunization histories.

### **Data Entry (sub-tab)**

Following are some tips to get started with entering data information from immunization records.

1. Review everything in the first few charts to become familiar with the system in the office. If multiple assessors are used, agreement must be reached on how to interpret immunization issues.
2. Ask office staff for clarification of documentation procedures for immunizations.
3. If documentation is inadequate do further follow-up to verify doses were given. This may include further chart review or office staff consultation.
4. Note problems for office staff to correct and put records aside for review.

### **Guidelines for birth dose of Hepatitis B:**

When doing an AFIX assessment, immunization histories are to be entered exactly as they are found in the chart. This may be an issue with the birth dose of Hep B. If it is indicated in a record by the word "birth" but there is no date, this is not to be entered as an administered dose. A calendar date needs to be indicated.

These doses that are missing a calendar date are excluded for a number of reasons. First, data regarding immunization history can only be entered in CoCASA in date format. Secondly, one cannot assume that the birth dose of Hepatitis B was administered on a child's birthday. The exact date of administration needs to be available in record form or electronically via ImpactSIIS.

One intention of AFIX is to give the provider an overarching idea of how immunizations are actually administered as well as the current process of vaccine administration in the practice. AFIX utilizes data that is accessible by the physicians and is used to provide care. As a CQI, AFIX is meant to help providers adopt immunization best practices in order to provide optimal protection from vaccine preventable diseases. In this case, the best practice would be to gather all the data (immunization history dates) and combine all of the available shot histories on to one record.

Note: If no date is in the immunization record for the birth dose of Hep B, assessors may peruse the chart for proof of the dose. If a date is found, the information should be placed in the Notes

Section for that patient. After running the initial reports the extra data found in the chart are located by running a Notes Report. The information can then be easily added. New reports can be run and used as a comparison of rates before and after the new data was added.

### **Patient Demographics (sub-tab)**

To begin entering information, select *Add Patient*. Enter the patient's name or ID number and date of birth.

If the patient meets the MOGE definition (page 3) and the documentation date is before the child turns 24 months of age, mark *Yes* in this box – otherwise, leave blank. The child will be included in the assessment if the MOGE date is after 24 months of age because the child belonged to the practice up to that point and thus the child should be up to date.

### **Immunization History (sub-tab)**

This is where the dates of the immunizations are entered. At the bottom of the box the Control + F1-F7 keys, F2 and F3 keys are available as short cuts for the data entry.

If doses are type out of chronological order, CoCASA will ask what to do with the date entered: *Re-Order* or *Correct the date*.

### **Reasons Not Given (sub-tab)**

This is where history of chicken pox, parent refusal of a particular vaccine, as well as other reasons are documented.

Click on the blank box and a pull down menu will appear. Select the vaccine. Then select the reason. A date (month, day, and year) must be entered for all reasons. If a date is not clear, document the date of the note. The dates are important and will affect whether or not the vaccine is included in various reports.

### **Other Visits (sub-tab)**

This section does not apply to the pediatric AFIX Project for Ohio.

### **Risk Factors and Custom Questions (tab)**

No documentation on this page is needed.

### **How to Export Assessment Data**

Use the *Export-CoCASA data* function to move assessment data from one computer to another (i.e., to merge assessments and/or move data to another computer to print reports).

1. When in CoCASA click on *File* menu at the top of the screen, then select *Export*, then select *CoCASA data*.
2. Select the provider information that is to be exported by checking the box next to the provider's name.
3. Select *Assessments Data Only*
4. Uncheck the *Encrypt* box and select *Export*
5. Choose where the file is to be saved (e.g. flash drive, CD, etc)
6. Change the file name from the default *Assessments* to a specified name.

7. Select *Save*

### **How to Import Assessment Data**

Use the *Import-CoCASA data* function to move assessment data from one computer to another (i.e., to merge assessments and/or move data to another computer to print reports).

8. When in CoCASA click on *File* menu at the top of the screen, then select *Import*, then select *CoCASA data*.
9. Find where the file is saved, highlight the file and select *Open*
10. Select the provider information that is to be imported by clicking on the box next to the provider's name.
11. Select *Assessments Data Only* and select *Import*

### **How to Merge Assessments**

When two or more staff is entering data for the same assessment, use the *Merge* function to combine the data. Both sets of assessment data must be on the same machine's CoCASA program before the data can be merged (i.e. one set of data would have to have been imported from the original machine and exported to the new machine). There is no specific order as to which assessment is selected as primary or secondary. After both data sets are on the same computer, take the following steps to merge them:

1. When in CoCASA click on *File* menu at the top of the screen, then select *Merge*
2. A dialog box will appear asking: *Are you merging assessments because two or more people collected data from the same site and you need to merge the data together before running reports on that one site?* Select *Yes*.
3. Select the *Primary Provider* and *Secondary Provider*
4. Select the desired *Assessment* from each provider to be merged
5. Select the *Provider* for the merged assessment
6. *New Assessment Name* – This will be the name that appears on the reports.

### **Reports to Run Before Leaving the Assessment (Quality Assurance)**

As a quality assurance measure, run two on screen reports:

- 1) **Invalid Doses** report and double check dates to insure data entry errors were not made. And
- 2) **Missing Immunizations** report to make sure dates are not missing and all the notes needed for the Feedback Session have been documented.

Review and compare the immunization histories entered into CoCASA for the patients that appear on these reports. Assure that there are no data entry issues.

### **Before you leave the Provider**

Make a Good Impression. There are a number of ways to make a good impression when making a provider site visit:

1. Be prompt
2. Smile and be friendly
3. Let everyone know who you are and what you are doing

4. Wear professional attire
5. Carry identification (business card and/or badge)

### **Wrap Up – Leave a Good Impression**

The way you end your visit is just as important as how you begin it.

1. Collect all your materials
2. Leave the workspace tidy
3. Thank the staff for their hospitality
4. Wait to discuss results of the assessment until data can be appropriately analyzed

**Note:** If issues are discovered during an AFIX that are beyond the scope of conducting an AFIX the appropriate individual is to be notified. If it is a Vaccines for Children (VFC) Program issue, such as possible Medicaid discrepancies, VFC vaccine not being used appropriately, or storage and handling issues, then the ODH Immunization Consultant should be notified. If these issues are discovered by the ODH Immunization Consultant then he/she will handle the situation and involve their supervisor and/or the VFC Coordinator /Assistant VFC Coordinator as necessary.

## **How to set up a pediatric AFIX assessment-Impact SIIS**

By conducting an AFIX using Impact SIIS data you are able to take advantage of the work already being done by the practice to enter immunization information into the registry.

**Note:** Assessors should be aware however, that they cannot import Impact data and print the packet reports. **You must still go to the practice to conduct quality assurance** work on missing immunization and invalid dose report data.

### **Data File Creation:**

1. Contact the practice to obtain the list of “active” patients between 24-35 months of age as of 1/1/year of the assessment.
2. Have the practice run a CoCASA extract report in Impact SIIS and email it to the person conducting the assessment.

### **Creating a CoCASA Extract Report from Impact SIIS:**

In Impact SIIS the CoCASA extract report can be found under Reports menu at the top of the screen. After selecting the Reports menu, choose *CoCASA- Comprehensive Clinical Assessment Software Application*. A box resembling the one pictured below will appear.

- a) In step 3 of the box below, the date entered should be **the current date** (the default date)
- b) Step 4, the age range **24 months to 48 months** of age on the current date.
- c) In step 5, the practice should enter the email address of the LHD AFIX assessor where Impact SIIS will send the extracted file.
- d) After completing the steps, the practice should select: ***Create File***

## CoCASA-Comprehensive Clinic Assessment Software Application

CoCASA (Comprehensive Clinic Assessment Software Application) was developed by the National Immunization Program, Centers for Disease Control and Prevention (CDC), as a vaccination assessment tool. CoCASA analyzes vaccine doses entered in your practice and assesses immunization levels.

CoCASA provides vaccine-specific and series completion rates. It also projects what the rates would be if national vaccination practice protocols were updated and followed (e.g., missed opportunities to vaccinate and simultaneous administration).

NOTE: Generating the CoCASA report creates an export data file that must be read with CoCASA software. The software is free and can be downloaded from <http://www.cdc.gov/vaccines/programs/cocasa/default.htm>.

1. Set the Clinic and Doctor/Provider in the fields above.	
2. Select which report, Clinic or Physician/Provider.	All Clinics
3. Complete the following: (setting the Common Review Date) Create an export file for CoCASA, that contains immunization doses given up to this date,	3/4/2011
4. Choose the age ranges that are on that date.	Between 24 Months and 48 Months
5. Where the file should be emailed to you? *	Your Email Address

PLEASE NOTE: Background reports begin processing at 5:00 pm the day they were requested. It may take up to 24 hours for these reports to be generated.

Create File

Cancel

[Contact Us](#) | © Copyright [Ohio Department of Health](#) | Version: 1.1.28413.0

- Impact SIIS will create the requested data file and send it to the email address entered in Step 5.
- Due to the complex nature of the Impact SIIS system, the criteria in Step 3 of the data request has been determined to be the most simple and comprehensive method of extracting data that is appropriate for AFIX assessment purposes.

### Getting the Data File

1. For AFIXs at other provider sites, the file will be emailed to you from Impact SIIS the day after the request was made.
2. For IAP self-assessment, the day after you make the request you should be able to log into Impact SIIS. On the Home Screen, scroll down to the bottom. There should be a "Report Status" box. The requested report should be available for download.
  - Under the 'Current Status' column, right click on the blue linked "CoCASA Data" and select "Save Target As..."
  - A box will pop up, rename the file using the practice name and date (e.g. ABC Pediatrics 3-3-2011) save it in a location where you will be able to relocate it (A folder on your Desktop)

Next you will import the file into CoCASA using the directions below.

### Importing the Extracted data file into CoCASA:

1. Open the CoCASA software
2. In CoCASA click on *File* menu, then select *Import*, then select *Using template*
3. Choose the template you wish to use. (Ohio- ImpactSIIS for Ohio registry data)
4. Do **NOT** adjust the Fields to import or Fields in import file.- This may cause import errors.
5. *Age Range* – Enter the appropriate age range you are importing

- a. 24 - 35 months
6. Then make sure the appropriate *As Of* date is entered. For all Assessments use 01/01/\_\_\_\_. (of the current assessment year)
7. File Name – select *Browse* and locate the extracted file, highlight the file (that was sent via email or that you downloaded from Impact) and select *Open*.
8. The box below Browse will fill up with information
9. *Provider*- Use the dropdown menu to select the provider corresponding to the data you are importing
10. *Assessment* – Enter the name of the assessment (i.e., Any City Health Department – (Month/Year). *Be sure to designate a new name to the assessment and not to duplicate existing assessment names.*
11. Select *Import*
12. An error log report will appear because we had requested a larger sample size than we required. This does not necessarily mean the data did not import. There might be some particular children or CPT codes that didn't import (i.e., child outside the birth date range).

The assessment data should be imported into CoCASA under the provider that you selected. Click "Close"

### Confirming and Checking Patients in the Assessment (Quality Assurance)

1. Run a **Patient Name Listing** under the Reports Tab.
  - a. Running a Patient Name Listing report can also help to identify duplicates. A site may inadvertently enter the same child into the system twice, creating two non-complete files. If this occurs let the site know they have a duplicate. In CoCASA add the dates from one record into the other and delete the incomplete record.
2. Enter the names of any children on the active list who did not pull through on Impact SIIS (maybe the site never entered a shot for them b/c they transferred into the clinic). Delete records of children who pulled through on Impact, but the site does not consider active.
3. If the site has over 100 records run a Random Number Generator. Select 130 patients as the desired sample size. This is to assure that the assessment will contain at least 100 patients after duplicates are removed and incorrectly identified patients are removed. Delete out patients who were not randomly selected to be included in the assessment by highlighting each patient and marking them to be deleted.
4. Run and print a **Missing Immunizations** report and an **Invalid Doses** report.
  - a. If a name appears on the Missing Immunizations or Invalid Doses report you should look them up manually in Impact SIIS to see there is data that didn't pull through. If no additional data is available or the child is still missing immunizations and/or has an invalid dose you will need to manually look at that patient's chart
5. Send the list of charts needing to be pulled back to the practice.

### Quality Assurance- Go into the office prior to the Feedback to complete

1. Review the charts of children on the Missing Immunizations and Invalid Doses reports.
2. Enter any missing data or correct data entry errors.
3. Collect other data that you could use for the feedback.
  - a. Did the parents refuse all vaccines?
  - b. Was there history of disease?

- c. Were the charts organized?
  - d. Were there shot records for the children on the missing immunizations report?
  - e. Had the practice missed opportunities to give the vaccinations?
4. If you notice data entry errors or missing data from Impact SIIIS you should let the site know so they can correct the problems.
  5. The remaining part of the Assessment, Feedback, and Follow-up are the same as outlined in the AFIX Project for Ohio.

**Note:** If you find that CoCASA is getting full of health district assessments, be sure that the data is being kept no longer than what is stated in the Statement of Confidentiality. Data files are to be kept no longer than June 30 of the year following the assessment. To delete assessment files, highlight the file and click the delete button in CoCASA. A red X should appear next to the file. Then click on Utilities, and then select Remove records marked for deletion.