



Assessment of Adolescent 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.

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. In the early developmental stages of adolescent AFIXs, large pediatric practices should be visited for the first few AFIXs. After the first few AFIX visits have been completed, adolescent VFC-enrolled practices should be prioritized over family practice groups as they are likely to have a larger number of adolescents 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. 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.
4. As noted above, all providers are eligible for an AFIX but VFC enrolled providers have agreed to have an AFIX completed at least once every two years.
5. Health districts can and should be assessed on a regular basis.
6. ODH Adolescent Consultant 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 the assessment and feedback during the same call to the practice. If possible, try to schedule the feedback session within 30 days of the assessment.
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 13-15 years old as of January 1 of the year of the assessment. It is helpful to give the office staff the date of birth range for the cohort of interest. 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?*

As soon as an AFIX is scheduled, the ODH AFIX Coordinator must be notified, by email or fax, using the AFIX Notification and Demographic form.

Selection of Records

ImpactSIIS Data Pull:

Data for 11-18 year olds will be requested but the reports will be based on those patients between the ages of 13-15 years. There is flexibility in how the file will be used to run the reports. The up-to-date status to be assessed will be 1 Tdap, 1MCV, 3HPV (1:1:3) for all patients. The assessment will give a completion rate for the Tdap and MCV antigens and a separate completion rate will be calculated for HPV.

Manual Data Entry:

One hundred (100) records between the ages of 13-15 years will be assessed. The up-to-date status to be assessed will be for 1 Tdap; 1MCV; and 3HPV (1:1:3) for all patients. The assessment will give a completion rate for the Tdap and MCV antigens and a separate completion rate will be calculated for HPV.

If a practice has less than 100 patients in the age range, all records are to be assessed. The minimum number of records for an assessment is 10 records.

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 Tools* menu in CoCASA is to be used to determine the records to be included in the sample.

If a practice cannot compile an electronic list of patients, then records will need to be pulled manually from 5 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 from the randomly selected letters until 130 charts have been pulled.

Age Range for the Assessment

The age range for the assessment will be 13-15 years as of January 1 of the year of the assessment.

Antigens to be Reviewed

- 1 dose of Tdap
- 1 dose of MCV
- 3 doses of HPV

(Identifying Children who have Moved or are Going Elsewhere (MOGE):

Steps particular to Local Health Departments

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 patient not fitting these criteria is by default considered to be an active patient. Documentation that a patient is going elsewhere for medical care is needed to standardize the use of the MOGE category.

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

1. Documentation from a patient's new provider stating that the patient is seeing the new provider for care or that the patient's records were transferred to the new practice;
2. A mailed reminder card/letter returned by the post office with an out of county forwarding address;
3. A notation (written or verbal) from the parent or guardian stating that the patient is seeing another provider for their medical care; in this case, ask what provider the patient is seeing and send the new provider a copy of the patient's record;
4. For the purposes of adolescent assessments, any patient who has not been seen in a practice for any reason within the past 2 years.

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:

- a) Three consecutive patient no-shows
- b) Three unsuccessful attempts to contact via telephone and/or mail
- c) 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.

Note: A patient may still be included in the assessment prior to the age at which he/she MOGE'd. For example, a child who left at 16 years of age would still be eligible for inclusion in an assessment of coverage at 15 years of age.

Identifying Children who have Moved or are Going Elsewhere (MOGE):

Steps particular to NON-Local Health Departments (private providers, etc)

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

1. Documentation from a patient's new provider stating that the patient is seeing the new provider for care or that the patient's records were transferred to the new practice;
2. A mailed reminder card/letter returned by the post office with an out of county forwarding address;
3. A notation (written or verbal) from the parent or guardian stating that the patient is seeing another provider for their medical care; in this case, ask what provider the patient is seeing and send the new provider a copy of the patient's record;
4. For the purposes of adolescent assessments, any patient who has not been seen in a practice for any reason within the past 2 years.

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:

1. A patient who only has a visit documented as an emergency visit, including those who live out of town.
2. 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.
3. 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.
4. A patient whose record has been documented as having been sent to Collections. These patients are not allowed to return for care.

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.

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.

Supervision and Monitoring of AFIX Staff Implementation of the Assessment Protocol

As AFIXs are scheduled, Notification and Demographic Form (found in the forms section of the binder) are to be sent into the AFIX Coordinator. These forms 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. As LHD staff completes AFIXs, the reports are sent in to the AFIX Coordinator. The AFIX Coordinator then reviews 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.

CoCASA - Assessment

Tabs

1. **Provider Setup- Used for AFIX**
2. VFC Evaluation
3. **AFIX Evaluation- Used for AFIX**
4. **Reports- Used for AFIX**

CoCASA 9.1.135 - Welcome A Guest

File Assessment Tools Library Utilities 2013 AFIX/Pre-2013 VFC-AFIX Evaluation Help

Provider Setup VFC Evaluation AFIX Evaluation Reports

Choose a Provider:

> Provider	VFCPIN
Sample Clinic	123abc

Add Delete Copy Cancel Notes Search

Provider site name: Sample Clinic

Contact name first: John Last: Doe

Street address 1: 123 Any Street

Street address 2:

City: Any City State: Georgia

Zip: 30329 <- Required

Office phone: (555)123-4567 County:

Fax: (555)765-4321 Region:

VFC number: 123abc <- Required

EMail address:

Provider type: Public health department operated clinic <- Required

Specify:

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.

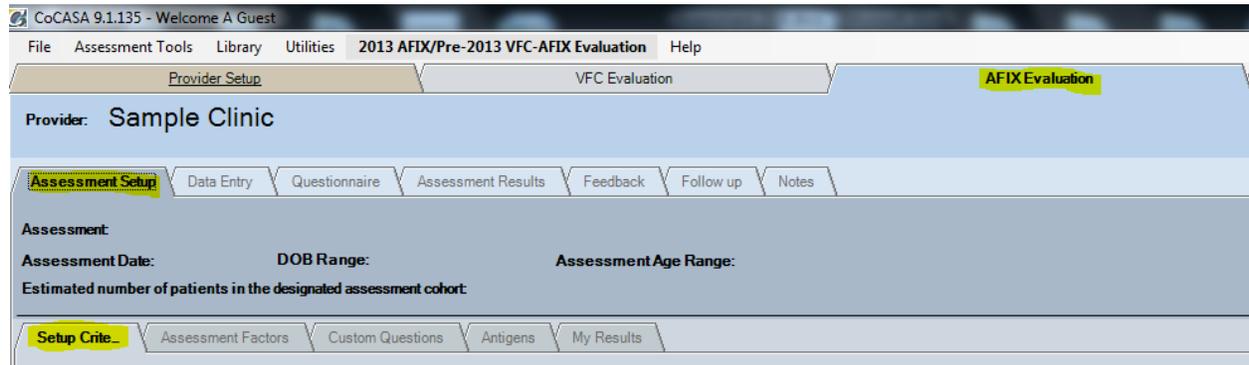
In order to ensure there are not duplicate numbers, local health districts are to use the following coding system for **non-VFC** practice sites. The numbers should be determined by IAP grantee conducting the AFIX, not location of the practice. Once a number is assigned, it cannot be used again for another 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

AFIX Evaluation Tab



There are 7 sub-tabs under the AFIX Evaluation tab

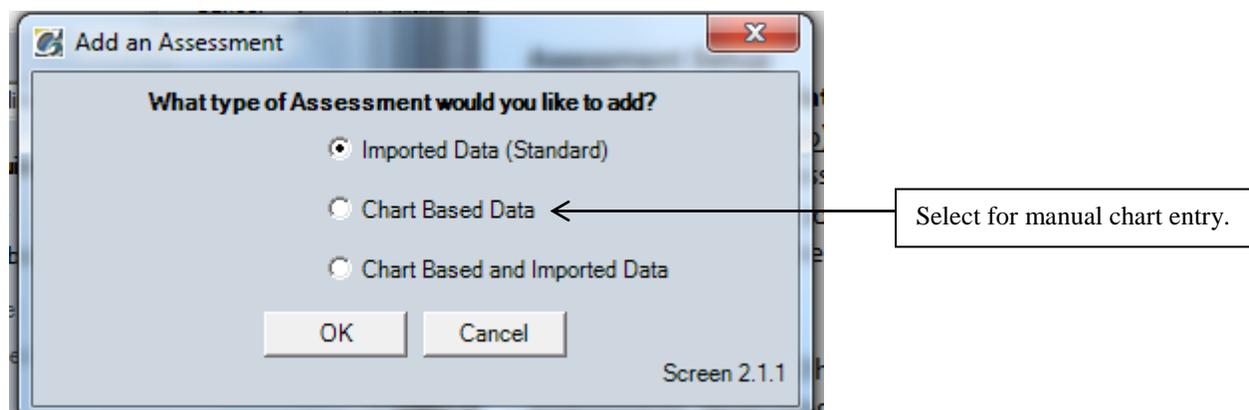
1. **Assessment Setup-** contains 5 sub-tabs for setting up the assessment
 - a. **Setup Criteria**
 - b. **Assessment Factors**
 - c. **Custom Questions**
 - d. **Antigens**
 - e. **My Results**
2. **Data Entry-** enter patient demographic and immunization histories
3. **Questionnaire-** data to be entered into AFIX Online Reporting Tool
4. **Assessment Results-** data to be entered into AFIX Online Reporting Tool
5. **Feedback-** data to be entered into AFIX Online Reporting Tool
6. **Follow Up (Exchange)-** data to be entered into AFIX Online Reporting Tool
7. **Notes**

Assessment Setup sub-tab

How to set up a manual adolescent AFIX assessment

Setup Criteria (sub-tab)

To setup an AFIX assessment, select *Add*. The box below will appear



Select - "Chart Based Data" for a manual chart entry.

However, if the practice uses Impact SIIIS and you are using data from the registry, simply import the registry data into CoCASA (using the directions on page 13 of this section) and the assessment will automatically be created.

Refer to image below as a guide for the following steps:

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 11-18 years as of January 1 of the year of the assessment.

Step 6: **Age Cohort**, leave the default “13-18” selected.

Step 1: Assessment Date 02/24/2014

Step 2: Choose an Assessment

Step 3: Assessment Questionnaire (required)

Step 4: Type of Visit (required)

Step 5: Age Range for this Assessment (required)

Step 6: Age Cohort(s) for Analysis: 0-3 13-18 <- Required

Daily Use Mode is always *No*.

Click the next sub-tab, Assessment Factors

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*.

Check the box next to *Gender*

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

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

Click fields you want to appear on the Data Entry screens. Cancel

Choose Demographic Fields

Middle Initial
 Ethnicity
 Race
 Gender

Choose Patient Status Fields

All None

Child on catch up schedule
 Head Start Participant
 Medicaid
 Moved Or Gone Elsewhere (MOGE)

Click the next sub-tab, Antigens

Antigens (sub-tab)

Step 1: List of Selected Antigens will be empty. Highlight Tdap in the box on the right and click the arrow pointing to the left. Repeat with Meningococcal and HPV.

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

Cancel

List of Selected Antigens

Tdap
HPV

All ACIP Recommended Antigens

DTaP
Polio
MMR
HIB
HepB
Varicella
PCV
Influenza
PPV
HepA
Td
Meningococcal
Rotavirus
Herpes Zoster
Diphtheria

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

Calculate Antigens

←

→

Move Up Move Down

Step 1:

Reordering Antigens to be Reviewed:

Review the immunization record at the practice to determine antigen order. To place the antigens in order, select the antigen and click the *Move Up* or *Move Down* buttons below the box on the left side.

The Assessment Setup is complete

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.

No documentation on this page is needed.

Reports to Run Before Leaving the Assessment

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.

Refer to Tab 3 (Feedback) for running reports for the Feedback Session.

Visit Reminders

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

If Issues Beyond the Scope of AFIX are Discovered

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.



Conducting an AFIX from Impact SIIS data

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.

A larger file is requested 11-18 years than is looked at in the Adolescent AFIX (13-15 years).

Data File Creation:

1. Contact the practice to obtain the list of “active” patients between 11-18 years as 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 **11 years to 18 years** 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 <input type="button" value="v"/>
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 <input type="button" value="v"/> Months <input type="button" value="v"/> and 48 <input type="button" value="v"/> Months <input type="button" value="v"/>
5. Where the file should be emailed to you? *	Your Email Address <input type="text"/>

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

- Impact SIIS will create the requested data file and send it to the email address entered in Step 5.

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 (e.g. A folder on your Desktop)

After requesting the Data from Impact:

The data pulled from ImpactSIIS may result in a file with an extremely large cohort of adolescent patients for a practice (e.g. over 2000 patients). This will result in a large number of patients that show up on the Missing Immunization and Invalid Doses reports. *Remember, that these reports will be used as the patients that are to be reviewed during the reassessment that occurs 4-6 months after the original Feedback.* There are a number of options for LHDs in terms of dealing with the data from Impact. The options will be reviewed in the following pages. It will be left to the discretion of the LHD what steps to take next, terms of adjusting the cohort.

ImpactSIIS Data Options:

1. Import the original extracted file (.txt) into CoCASA (recommended as initial step)
2. Use Excel to delete out pediatric doses by date
3. Use Excel to randomly select cohort (130 patient)- **contact ODH for more information**

ImpactSIIS Data Options:

1. Import the original extracted file (.txt) into CoCASA

This process will allow you to look at **all** patients 11-18 that pull through ImpactSIIS for a practice. This will give a more exact UTD rate because all patients will be included in the reports. Also, this will show how many patients pulled in the ImpactSIIS file, which will help determine the best data option. Next you will import the file into CoCASA using the directions below.

Importing the Extracted data file into CoCASA: (refer to graphic below)

1. Open the CoCASA software
2. If the practice you are working with has never had an AFIX you will need to add them to CoCASA (see AFIX training binder for instructions).
3. In CoCASA click on *File* menu, then select *Import*, then select *Using template*
4. Assure that the radio button next to ‘Delimited Text File’ is selected
5. Do **NOT** adjust the Fields to import or Fields in import file.
6. *Age Range* – Enter the appropriate age range you are importing: **11-18 years**
7. Then make sure the appropriate *As Of* date is entered. For all Assessments use **01/01/___**. (of the current assessment year)

8. File Name – select *Browse* and locate the extracted file, highlight the .csv file that you adjusted and saved and select *Open*.
9. The box below Browse will fill up with information
10. *Provider*- Use the dropdown menu to select the provider corresponding to the data you are importing
11. *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.*
12. Select *Import*. The ‘Import Missing Records’ box will open, Click ‘No’ you do not wish to view these records.
13. Click “Close” The assessment data should be imported into CoCASA under the provider that you selected.

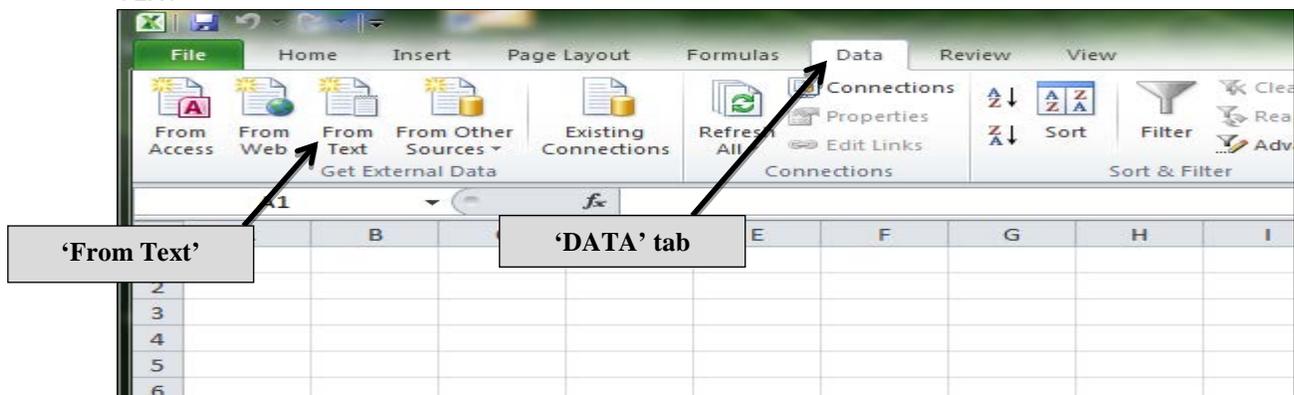
Run Adolescent Reports with all patients 13-15 years of age. (See the Feedback Section for directions)

2. Importing text (.txt) file into Excel to delete out pediatric doses

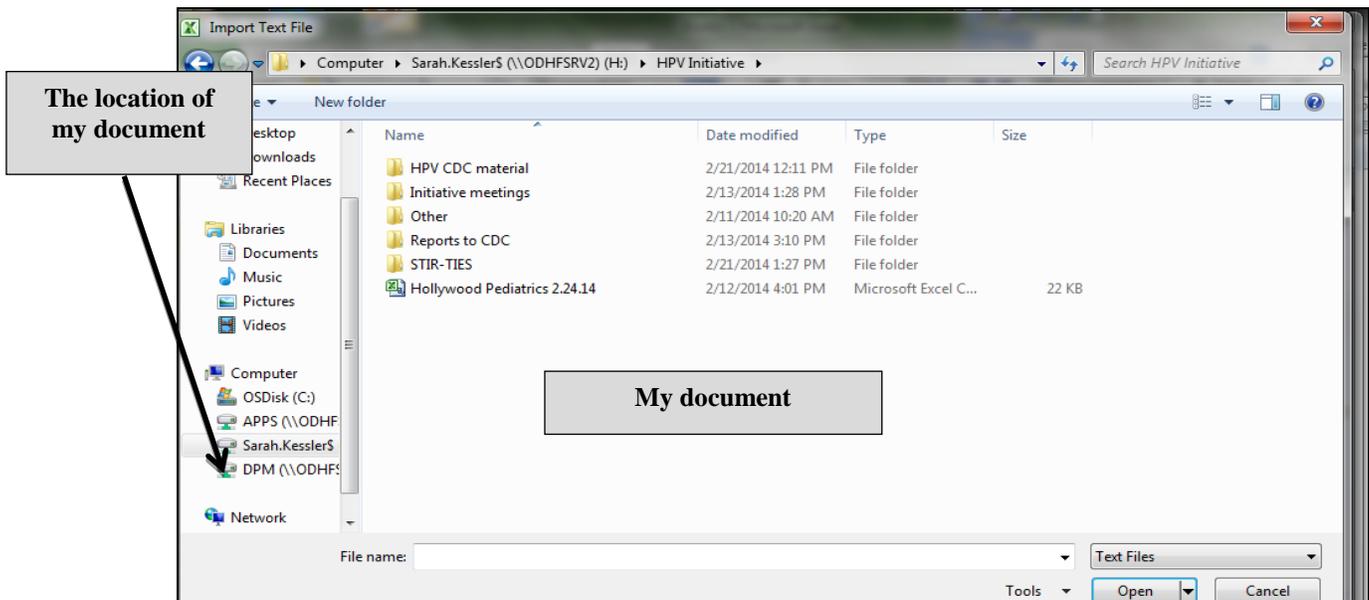
This method can be used if the original Impact file contains a large number of patients and there is a need to remove patients from the cohort (e.g. an LHD self-assessment). This will remove all of the pediatric doses from a practice Impact text file. The ultimate result of this is to remove many patients from the cohort who have no record of receiving an adolescent vaccine (Tdap, HPV, or MCV) in ImpactSIIS. If the most recent vaccine dose of record was administered at a pediatric (infant or kindergarten) visit this will be interpreted as though this patient has not been into the practice since the pediatric visit. Thus, those 11-18 year old patients can be deleted out of the assessment. This method does not guarantee the cohort size after adjustment.

Convert a text (.txt) file to an Excel file

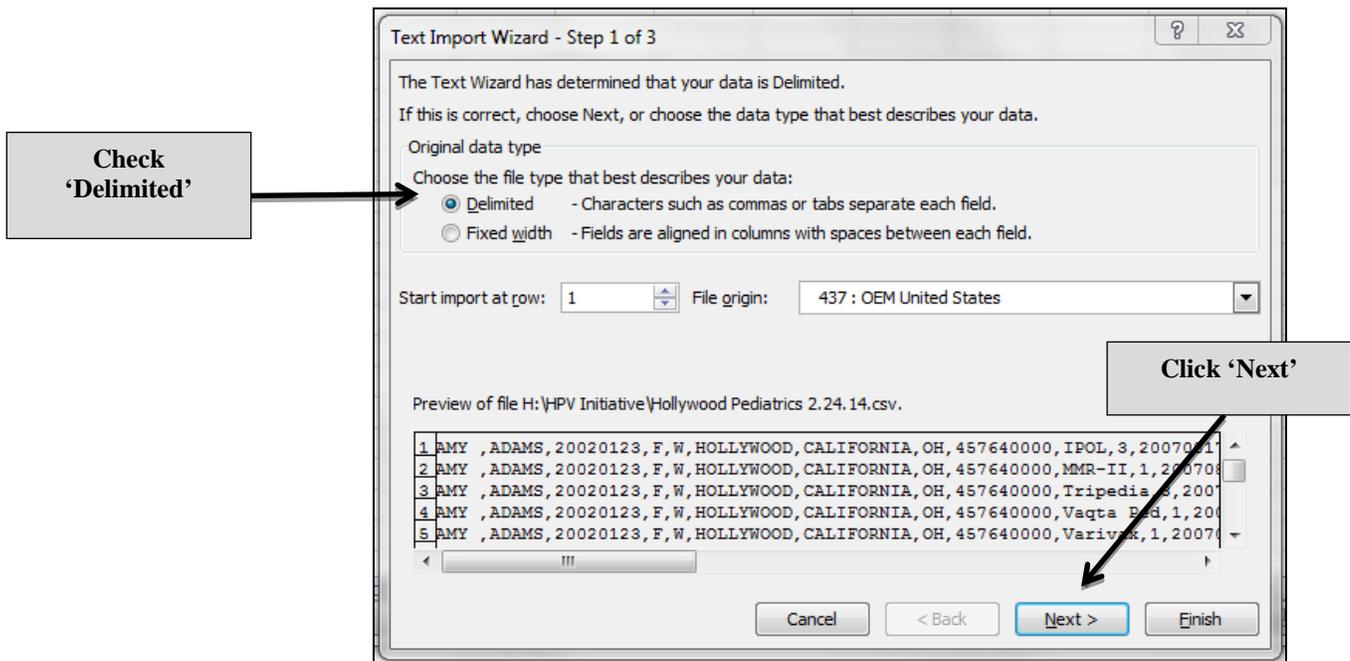
1. Open Excel
2. On the top bar you will go to the 'DATA' tab, under this tab you will click on 'FROM TEXT'



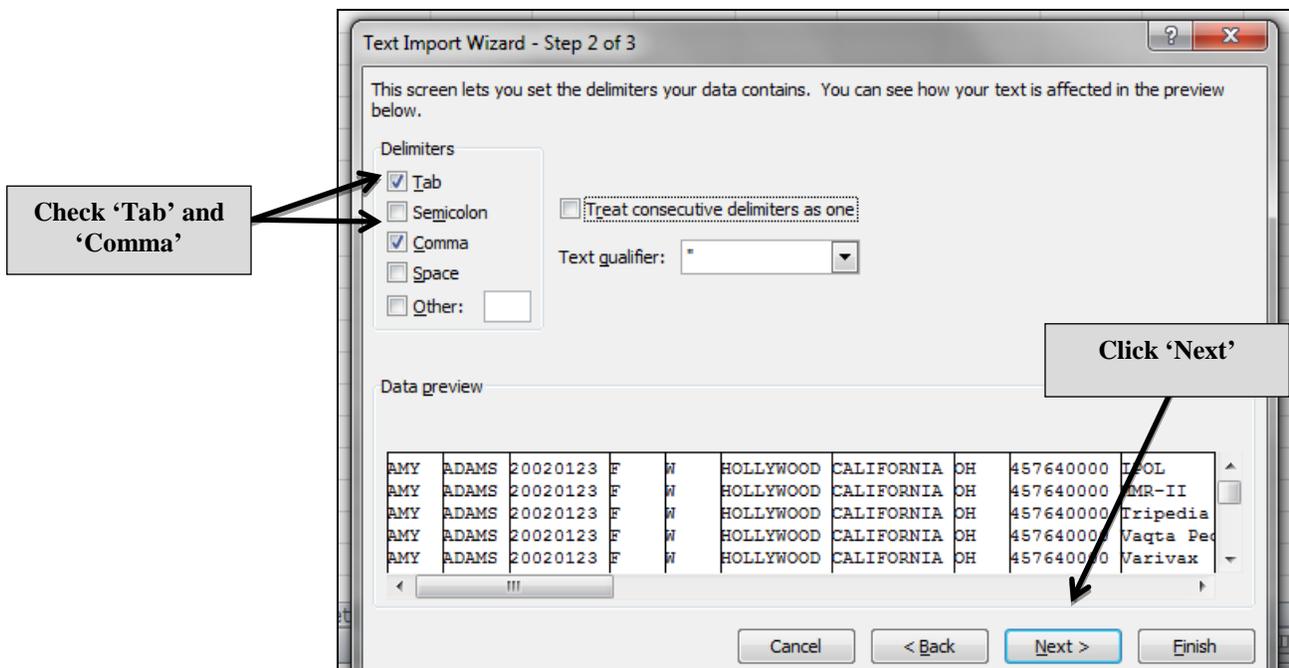
3. Find the text file you saved with your data from IMPACT. Double click on the document.



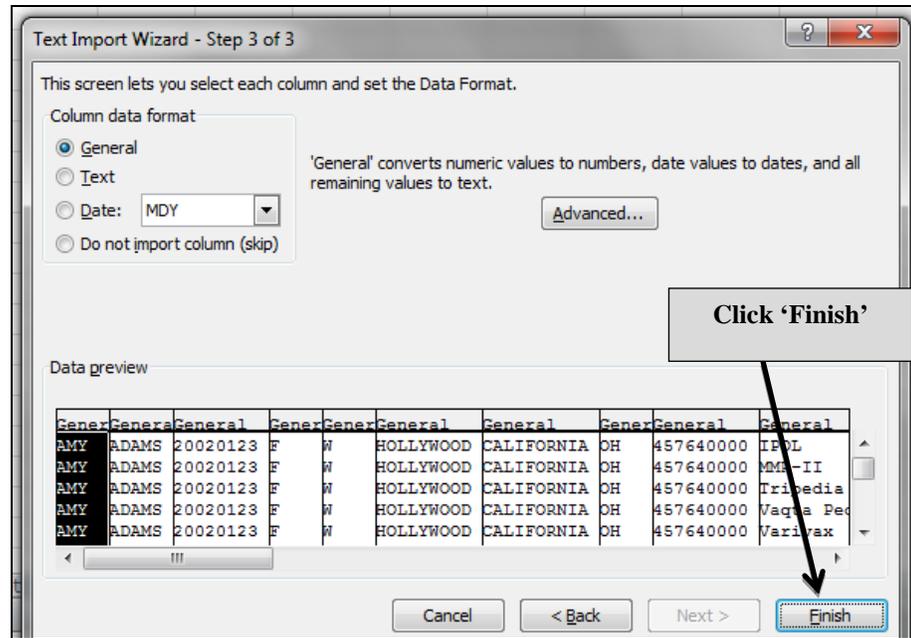
4. In TEXT IMPORT WIZARD -check 'DELIMITED' and click 'NEXT'



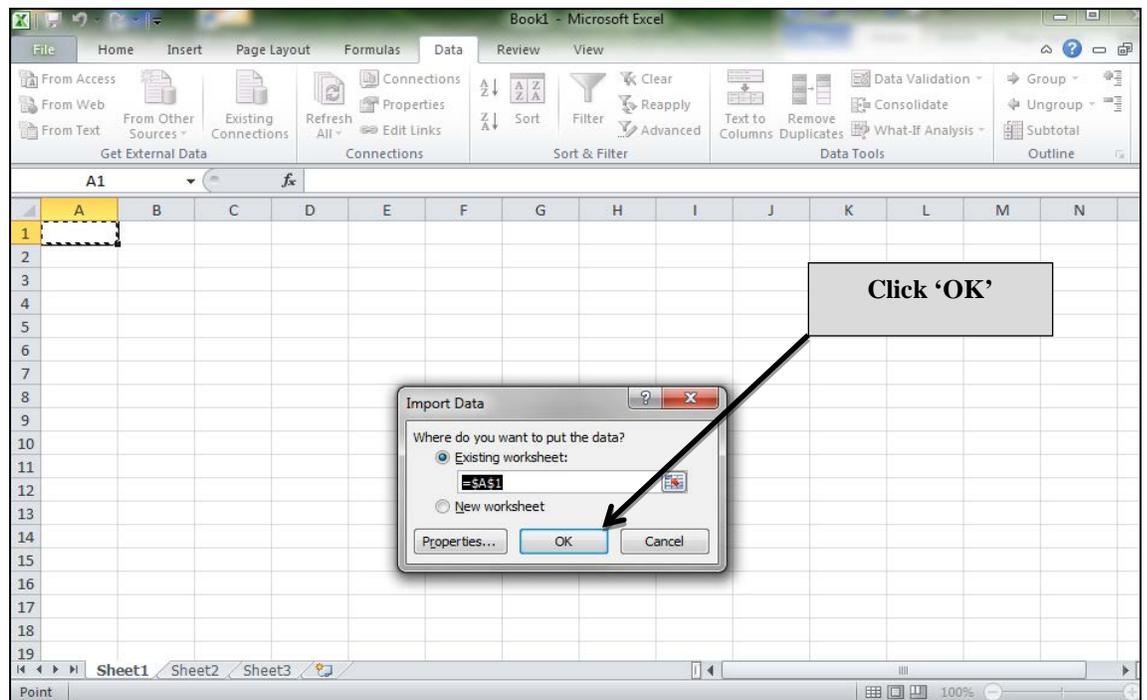
5. In the next window, check 'TAB' and 'COMMA' and click 'NEXT'



6. Click 'FINISH'



7. Click 'OK'



Congratulations! You have created your excel document. Now you can adjust the data. Before you start making changes to your document we recommend that you 'SAVE' it and title it **CLINICNAME DATE OF ASSESSMENT** (e.g. **Hollywood Pediatrics 02.24.2014**)

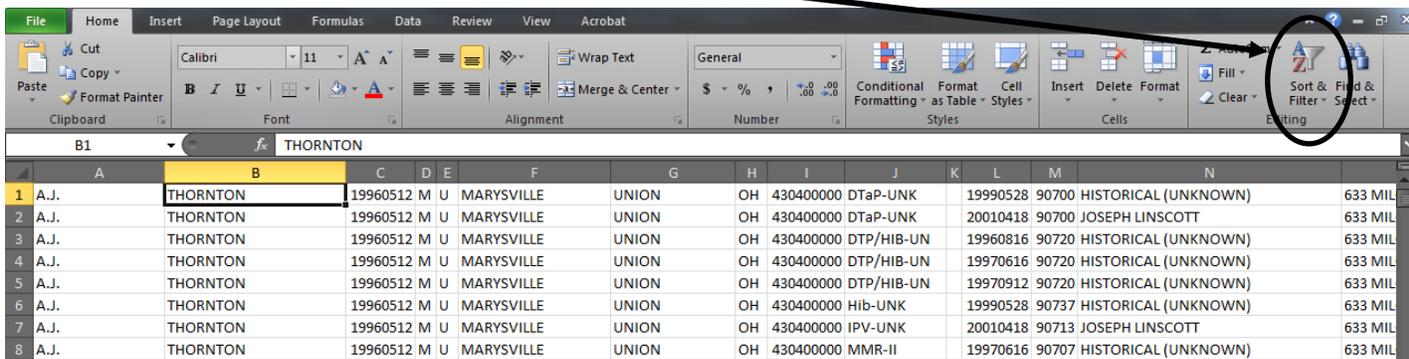
Your Excel document should look like the following:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	DTaP-UNK	19990528	90700	HISTORICAL (UNKNOWN)	633 MIL	
2	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	DTaP-UNK	20010418	90700	JOSEPH LINSKOTT	633 MIL	
3	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	DTP/HIB-UN	19960816	90720	HISTORICAL (UNKNOWN)	633 MIL	
4	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	DTP/HIB-UN	19970616	90720	HISTORICAL (UNKNOWN)	633 MIL	
5	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	DTP/HIB-UN	19970912	90720	HISTORICAL (UNKNOWN)	633 MIL	
6	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	Hib-UNK	19990528	90737	HISTORICAL (UNKNOWN)	633 MIL	
7	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	IPV-UNK	20010418	90713	JOSEPH LINSKOTT	633 MIL	
8	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	MMR-II	19970616	90707	HISTORICAL (UNKNOWN)	633 MIL	
9	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	MMR-II	20010418	90707	JOSEPH LINSKOTT	633 MIL	
10	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	OPV-UNK	19960816	90712	HISTORICAL (UNKNOWN)	633 MIL	
11	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	OPV-UNK	19970616	90712	HISTORICAL (UNKNOWN)	633 MIL	
12	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	OPV-UNK	19970912	90712	HISTORICAL (UNKNOWN)	633 MIL	
13	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	Recombivax	19960513	90744	HISTORICAL (UNKNOWN)	633 MIL	
14	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	Recombivax	19960816	90744	HISTORICAL (UNKNOWN)	633 MIL	
15	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	Recombivax	19970616	90744	HISTORICAL (UNKNOWN)	633 MIL	
16	A.J.	THORNTON	19960512	M	U	MARYSVILLE	UNION	OH	430400000	VAR-UNK	19970616	90716	HISTORICAL (UNKNOWN)	633 MIL	
17	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	Recombivax	1	20020129	90744	HISTORICAL (UNKNOWN)	20136 N
18	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	DTaP-UNK	1	20020312	90700	HISTORICAL (UNKNOWN)	20136 N
19	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	Hib-UNK	1	20020312	90737	HISTORICAL (UNKNOWN)	20136 N
20	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	IPV-UNK	1	20020312	90713	HISTORICAL (UNKNOWN)	20136 N
21	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	Recombivax	2	20020312	90744	HISTORICAL (UNKNOWN)	20136 N
22	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	PNUcn	1	20020419	90669	HISTORICAL (UNKNOWN)	20136 N
23	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	DTaP-UNK	2	20020508	90700	JOSEPH LINSKOTT	20136 N
24	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	Hib-UNK	2	20020508	90737	JOSEPH LINSKOTT	20136 N
25	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	IPV-UNK	2	20020508	90713	JOSEPH LINSKOTT	20136 N
26	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	PNUcn	2	20020508	90669	JOSEPH LINSKOTT	20136 N
27	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	DTaP-UNK	3	20020710	90700	JOSEPH LINSKOTT	20136 N
28	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	Hib-UNK	3	20020710	90737	JOSEPH LINSKOTT	20136 N
29	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	PNUcn	3	20020710	90669	JOSEPH LINSKOTT	20136 N
30	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	Recombivax	3	20020710	90744	JOSEPH LINSKOTT	20136 N
31	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	IPV-UNK	3	20030219	90713	JOSEPH LINSKOTT	20136 N
32	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	MMR-II	1	20030219	90707	JOSEPH LINSKOTT	20136 N
33	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	PNUcn	4	20030219	90669	JOSEPH LINSKOTT	20136 N
34	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	VAR-UNK	1	20030219	90716	JOSEPH LINSKOTT	20136 N
35	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	DTaP-UNK	4	20030514	90700	JOSEPH LINSKOTT	20136 N
36	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	Hib-UNK	4	20030514	90737	JOSEPH LINSKOTT	20136 N
37	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	DTaP-UNK	5	20070110	90700	JOSEPH LINSKOTT	20136 N
38	AALIYAH	BICKERT	20020111	F	W	MARYSVILLE	UNION	OH	430400000	IPV-UNK	4	20070110	90713	JOSEPH LINSKOTT	20136 N

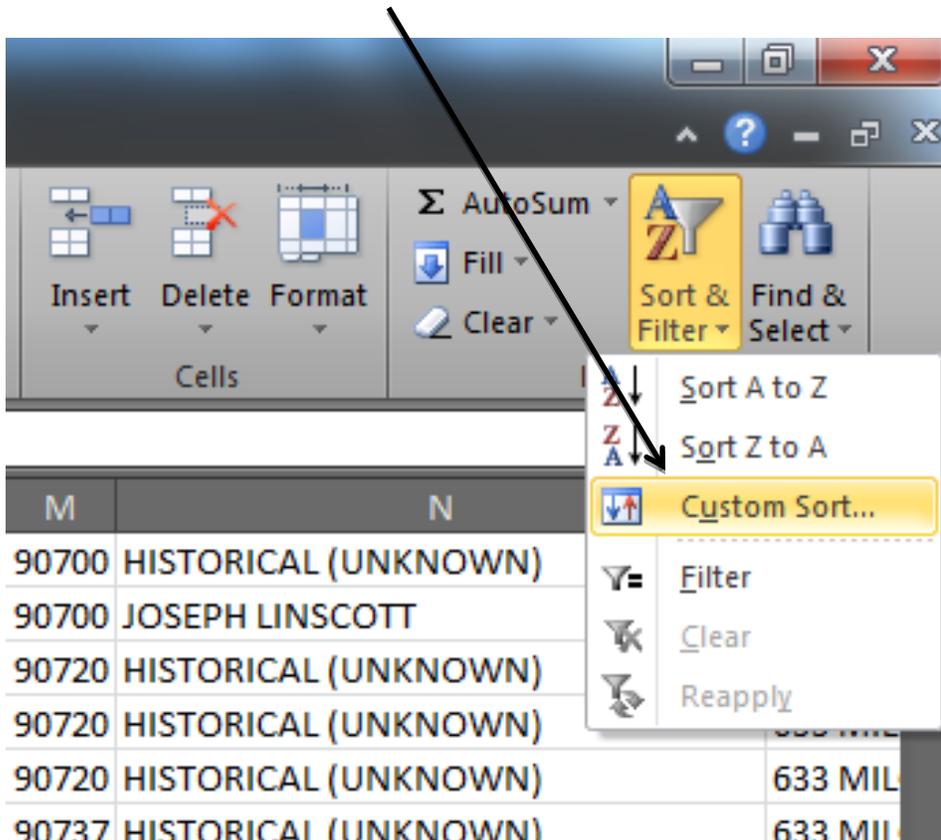
Once you have your data in an Excel document you can start adjusting the data.

2.Sorting an Excel file by date of vaccine administration (column L)

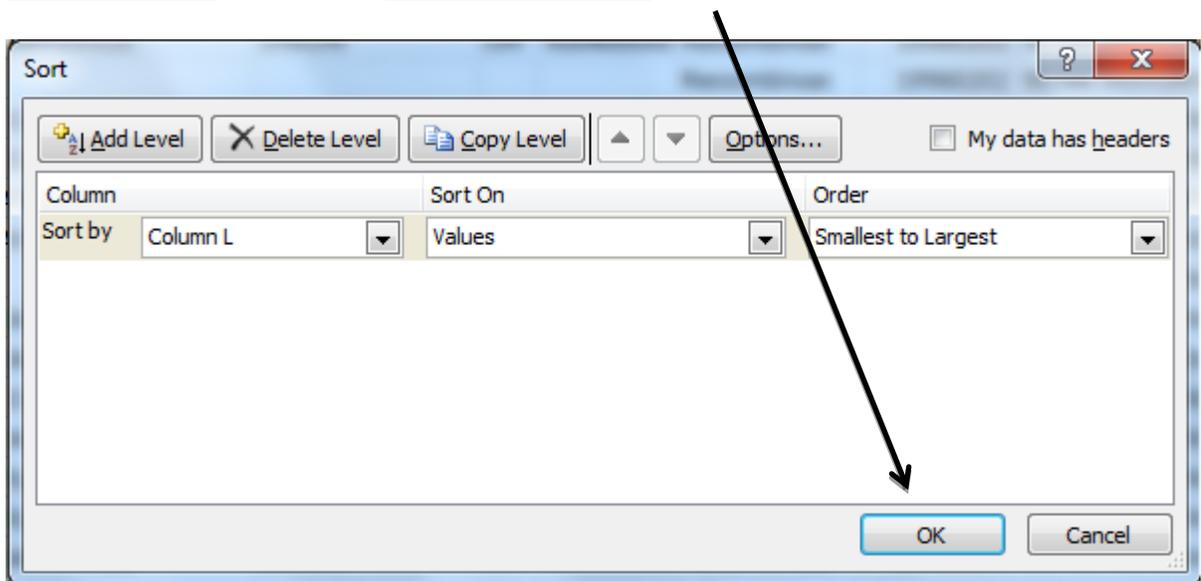
1. You will need to sort the file by **Date of Vaccine Administration (column L)**. You can do this by going to **'Sort and Filter'** in the top right hand side of the Excel file.



2. You will then choose 'Custom Sort' from the drop down menu:

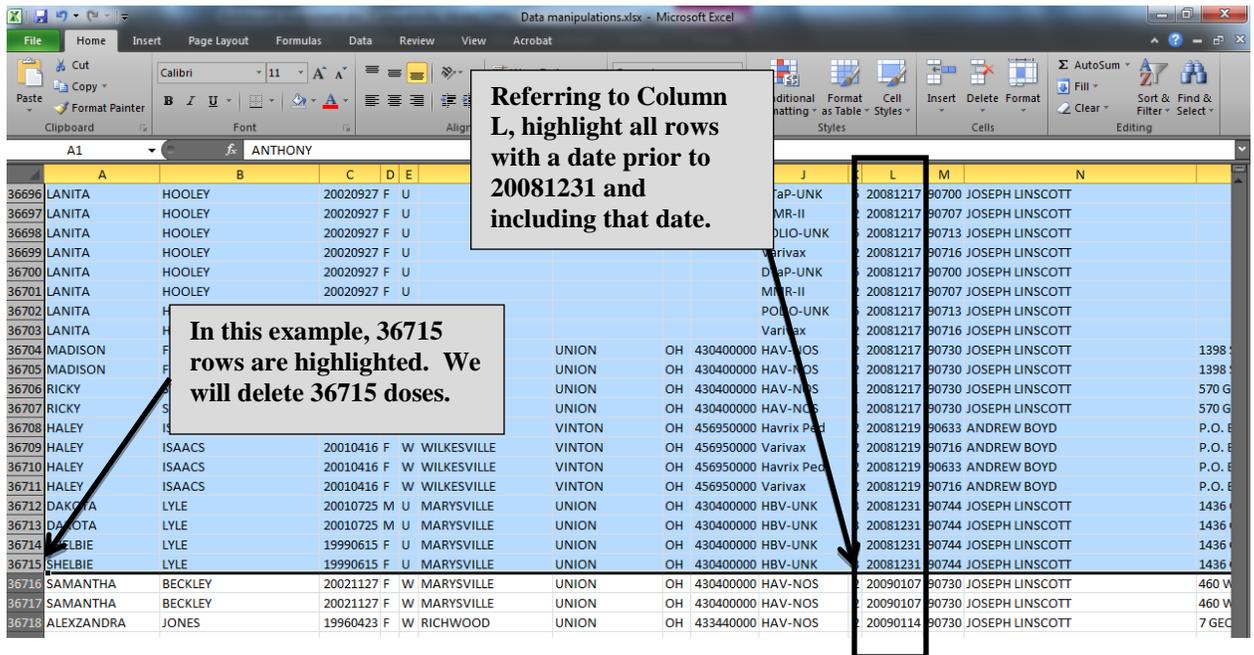


3. You will need to sort the **ENTIRE** document by **Column L (Date of Vaccine Administration)** from Order: **'Smallest to Largest'**. Click 'OK'.

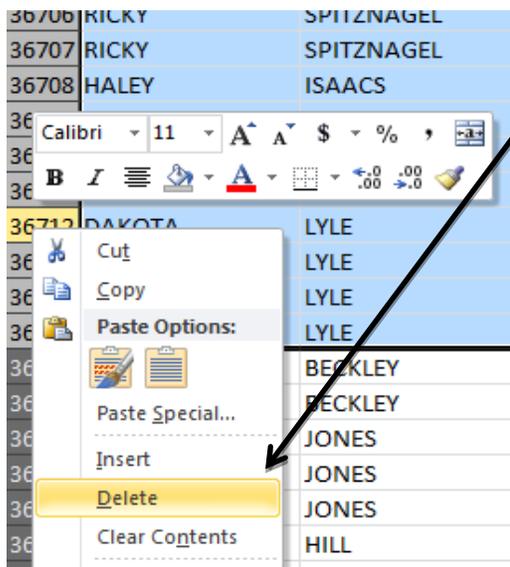


- Referring to the value in Column L, the date is in the format (YYYYMMDD). Highlight all rows that have a date 5 years prior to 01/01/current year. (e.g. in 2014 assessments, highlight all rows that have a date in Column L through 20081231)

In essence, this will delete out the majority of pediatric doses from the assessment cohort. This will remove all patients that visited the practice at an age where they were not eligible for adolescent vaccines.



- Right-click on the highlighted rows and Select 'DELETE'

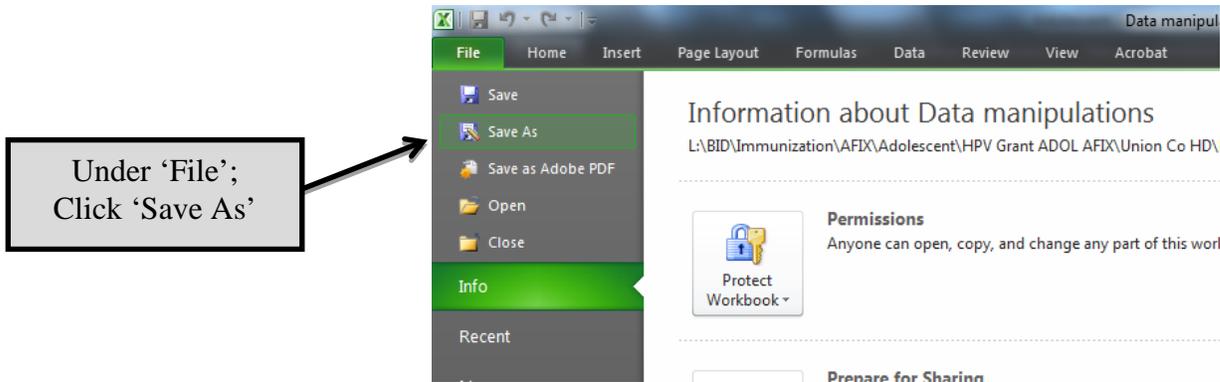


This will leave the sheet with doses that were administered on and after 01/01/2009, keeping adolescent doses and eliminating patients who have not been in since a pediatric visit.

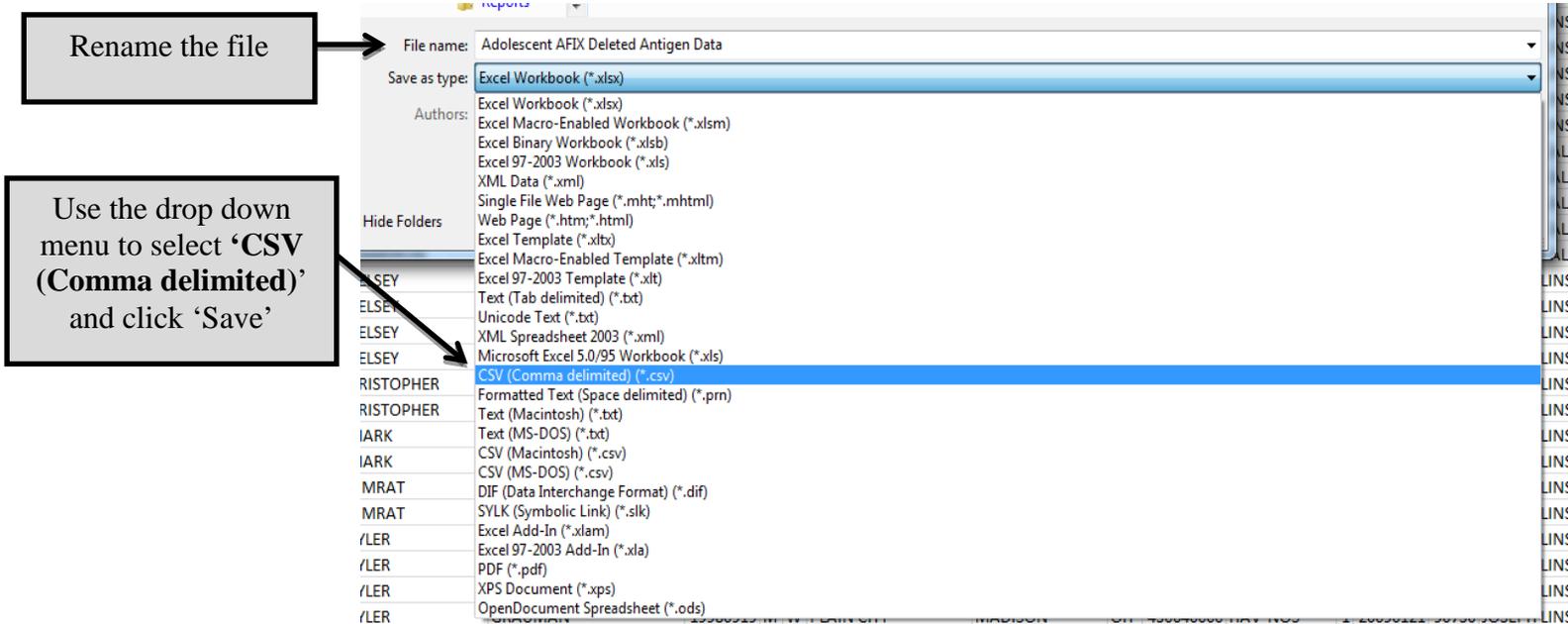
You will need to save your document as a **CSV** (we recommend that you save the original data in the excel format in case you need to go back).

How to save your document as a CSV (Comma Delimited) document:

1. To save your document as 'CSV' document, go to 'FILE' and '**SAVE AS**'.



2. Under 'File Name', rename the document. For Save as type, use the drop down menu to select, 'CSV (Comma Delimited)'. Click 'SAVE'.



3. Now your document is saved as a 'CSV' document and can be exported into CoCASA.

Next Step: Import your .CSV file into CoCASA for data analysis. This process is almost the same as the importing the .TXT (unadjusted Impact data) file. The only exception is step 5. The directions are below.

Importing the adjusted data (CSV files) into CoCASA: (refer to graphic below)

1. Open the CoCASA software
2. If the practice you are working with has never had an AFIX you will need to add them to CoCASA (see AFIX training binder for instructions).
3. In CoCASA click on *File* menu, then select *Import*, then select *Using template*

4. Choose the template you wish to use. (Ohio- ImpactSIS for Ohio registry data)
- 5. Assure that the radio button next to 'CSV File' is selected***
6. Do **NOT** adjust the Fields to import or Fields in import file.
7. *Age Range* – Enter the appropriate age range you are importing: **11-18 years**
8. Then make sure the appropriate *As Of* date is entered. For all Assessments use **01/01/___**. (of the current assessment year)
9. File Name – select *Browse* and locate the extracted file, highlight the .csv file that you adjusted and saved and select *Open*.
10. The box below Browse will fill up with information
11. *Provider*- Use the dropdown menu to select the provider corresponding to the data you are importing
12. *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.*
13. Select *Import*. A 'Import Missing Records' box will open, Click 'No' you do not wish to view these records.
14. Click "Close" The assessment data should be imported into CoCASA under the provider that you selected.

4. Choose a Template: Ohio - Impact SIS

Template name: Ohio - Impact SIS

5* CSV File

Start Import at Row: 1

6. Age Range: From 11 To 18 Months Years As Of **8.** 01/01/2014

Exclude patients with no immunizations

9. File Name: L:\BID\Immunization\AFIX\Adolescent\HPV Grant ADOL AFIX\Union Co HD\Deleted d: Browse

10. Use the following grid to verify field alignment in the incoming file:

	First Name	Last Name	Date of Birth (MANDATORY)	Gender	Race	City	State	Zip Code
11.	SAMANTHA	BECKLEY	20021127	F	W	MARYSVILLE	OH	430400000
	ALEXZANDRA	JONES	19960423	F	W	RICHWOOD	OH	433440000
	ALEXZANDRA	JONES	19960423	F	W	RICHWOOD	OH	433440000
	BRANDON	HILL	20021214	M	W	MARYSVILLE	OH	430400000

11. Provider: Adolescent AFIX Practice (Adolescent AFIX)

12. Assessment: Adolescent AFIX Practice- Deleted Antigens

Import Close

Screen 6.5

Run Adolescent Reports with all patients (See the Feedback Section for directions)

3. Use Excel to randomly reduce the cohort to 130 patient

This method can be used if the original Impact file contains a large number of patients and there is a need to remove patients from the cohort (e.g. an LHD self-assessment). This process will allow the LHD to randomly select a cohort of 130 patients in the 13-15 age range for the assessment. The ultimate result of this is to end up with a guaranteed cohort size of 130 after adjustment.

If an LHD determines that cohort reduction is the best method for an AFIX, please contact ODH (614-466-4643) if you would like to use the cohort reduction method for your Adolescent AFIX.

Qualitative Data Collection for the Assessment:

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. Run and print a **Missing Immunizations** report and an **Invalid Doses** report.
 - a. LHDs will conduct qualitative data collection on 10-20% of the patients that show up on the Missing Immunizations Report. Use the Random Number Generator to select these patients. Reviewing no fewer than 10 charts. This will entail reviewing EMR records or paper charts to collect additional information on possible missed opportunities that are not documented in CoCASA (e.g. sick visits, etc.)
3. If the site uses paper charts, send them the list of charts needing to be pulled in advance.

Assessment- Go into the office prior to the Feedback to complete

This process of Qualitative Data Collection is only required if a site offers well and sick visits. Most LHDs do not provide sick visits or well visits and thus will not require this qualitative data collection. For these sites, all missed opportunities will be caught using the immunization histories that were collected.

1. Review the qualitative data collection of the random selection of Missing Immunizations charts.
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.