

Running and Interpreting the Assessment Report in ALERT IIS

The ALERT IIS Assessment Report can help you assess your clinic’s immunization rates and reveal patterns of missing and late vaccinations across your clinic population. This will help you identify possible changes in clinic practices and design interventions to improve immunization rates at your clinic. This guide provides step-by-step instructions for running the Assessment Report and tips on interpreting the findings. The example below will assess the 4:3:1:3:3:1 series for your clinic’s two-year-old population (4 DTaP, 3 Polio, 1 measles, 3 Hib, 3 Hep B, and 1 Varicella). For further assistance with this report contact the ALERT IIS help desk at 800-980-9431 or alertiis@state.or.us.

NOTE: The Assessment report cannot be exported from ALERT but includes lots of detail about your clinic’s immunization practices such as late starts, missed opportunities, and much more.

Running the Assessment Report

Step 1: From the reports menu on the left-hand side, select “Assessment Report”.

The screenshot shows the ALERT IIS web application interface. On the left is a navigation menu with categories: Patients, Immunizations, and Reports. The 'assessment report' option under Reports is highlighted with a red box. The main content area shows a top navigation bar with links like 'home', 'manage access/account', 'forms', 'related links', 'logout', and 'help desk'. Below this, the user is logged in as 'Rex Larsen' with a 'Standard User' role. The main content area includes sections for 'announcements' (with several 'NEW' items and links), 'release notes' (with a 'NEW' item for 'Release Version 4.0.0'), and a 'Vaccine Order/Transfer Notification' table. The table has columns for 'Type', 'Shipped', 'Awaiting Return Shipment', and 'Rejected'. Below this is a section for 'Active Inventory that is Going to Expire or Expired Lots with a Quantity ...' with a table containing columns for 'Site Name', 'Trade Name', 'Lot Number', 'Funding Source', 'On Hand', and 'Exp Date'.

Step 2: Select your desired report criteria. Run the Assessment Report for “All patients associated with CLINIC NAME”.

Assessment Report

Select Patient Population

Patients Associated with Selected Site

All Patients associated with

Step 3: Select the age range for the patient population that you would like to assess. For this report we are looking at your clinic’s two-year-olds. Set the youngest age to 24 months and the oldest age to 35 months. This will include patients from their second birthday, until the day before they turn three years old.

Select Age or Birth Date Range

Less than or equal to 72 months old

Birth date range Earliest Birth date: Latest Birth date:

Age range Youngest Age: Oldest Age:

Step 4: Select the option for “**Standard Assessment**”. Immunization rate assessments should always include all unvaccinated patients. This ensures that the assessment report can be compared to state and national standards, which do not count patients with refusals as up-to-date, and that the population counted as up-to-date is actually protected from disease.

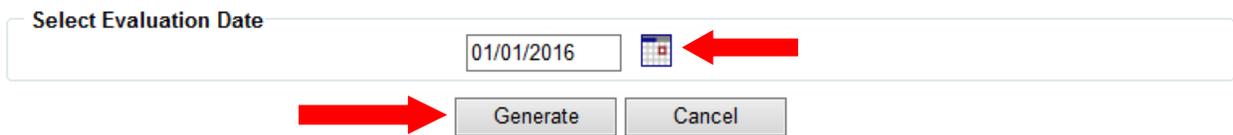
Options for Benchmarking

Standard Assessment

Assess Patients with Sufficient Refusal History as Covered

Step 5: Choose an evaluation date. The evaluation date determines the birth date range for the children in your Assessment Report. Picking an evaluation date of January 1, 2016 would include all children 2-years-old on that day, a birth date range of 1/2/2013 – 1/1/2014. Immunizations administered after the evaluation date are not included in the assessment.

NOTE: We recommend choosing an evaluation date as close to the current date as possible, however, you should consider how your clinic submits data to ALERT IIS and make sure that the evaluation date you select allows time to submit all recently administered shots. For example, if your clinic enters data by submitting a file to ALERT IIS weekly, then you should pick an evaluation date that includes the day of the most recent file submission, but none of the days afterwards.



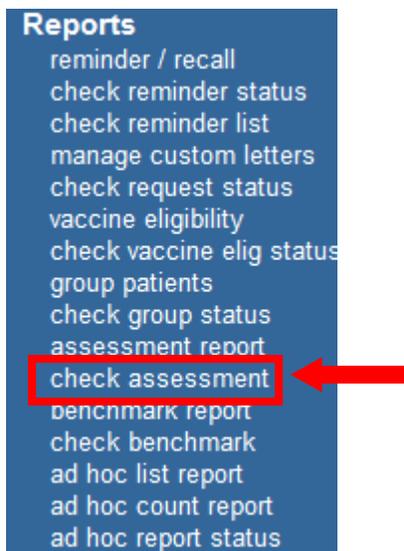
Select Evaluation Date

01/01/2016

Generate Cancel

Step 6: Click “Generate”.

NOTE: You should be redirected to the Assessment Report status page. Sometimes an error stating that the report is already running is displayed. If this happens you can check the report status by selecting “**check assessment**” in the reports menu on the left hand side of the screen.



Step 7: Reports in ALERT run in the background and will not appear as complete until you **click the “Refresh” button.**

NOTE: ALERT saves the Assessment reports that you have run for seven days so that you can go back and review prior results.

Step 8: Click on the blue **“(Assessment Report) CLINIC NAME – DATE”** to view the report once it is complete. Your clinic’s assessment report will open in a new screen.

NOTE: The assessment report screen offers many more options, some of which may be useful for your clinic. If you would like additional information about these options, contact your clinic’s Health Educator.

Assessment Report Status

Assessment of Patients With At Least One Missing Age Specific Benchmark

3 Months

Assessment Report Output Options

Job Name - Evaluation Date	Started	Status
(Assessment Report) PEDIATRIC CLINIC PC - 01/01/2016	02/12/2016 12:13 PM	COMPLETE
(Missed Opps Patients) PEDIATRIC CLINIC PC - 01/01/2016	02/12/2016 12:13 PM	COMPLETE

Records Meeting Criteria

Age Range - Evaluation Date	Number of Patients in Age Range	Started	Status
< 12 Months of Age - 01/01/2016	0	02/12/2016 12:13 PM	COMPLETE
12 - 23 Months of Age - 01/01/2016	0	02/12/2016 12:13 PM	COMPLETE
24 - 35 Months of Age - 01/01/2016	791	02/12/2016 12:13 PM	COMPLETE
36 - 72 Months of Age - 01/01/2016	0	02/12/2016 12:13 PM	COMPLETE
All Age Ranges - 01/01/2016	791	02/12/2016 12:13 PM	COMPLETE

Interpreting the Assessment Report

The assessment report includes many different measures that can help you understand which vaccines your clinic population falls behind on, and what clinic practices lead to missed vaccinations. This guide will provide an overview of some of the most useful measures included on the assessment report, and how to interpret them.

Page 1: You will see a summary of immunization status table that shows your immunization rates for the patient population that you selected as well as for some age specific benchmarks. In this example, we are looking at the percentage of two-year-olds that were up-to-date by 24 months of age. The report also shows the percentage of that same population that met their 7 month benchmark, 12 month benchmark, and the number of kids that were brought up-to-date by the day that you ran the assessment but were not up-to-date by each benchmark age.

Immunization Status		
Age(months)	Up-to-Date ¹⁻⁴ (UTD)	Late ¹⁻⁴ UTD@Assessment
36 - 72 Months of Age		
72		
24		
12		
7		
24 - 35 Months of Age		
24	69.9%	78.0%
12	78.8%	84.1%
7	69.3%	84.1%

- 1) UTD by 7 months equals 3 DtaP, 2 HepB, 2 HIB, 2 Polio
 - 2) UTD by 12 months equals 3 DTaP, 2 HepB, 2 HIB, 2 Polio.
 - 3) UTD by 24 months equals 4 DTaP, 3 HepB, 3 HIB, 1 MMR, 3 Polio, 1 Varicella.
 - 4) UTD by 72 months equals 5 DtaP, 3 HepB, 4 HIB, 2 MMR, 4 Polio, 1 Varicella.
- Late UTD equals the same benchmark for the age group, but it is assessed on the date the report was run.

Page 2: The second page provides an overview of each of the age specific immunization benchmarks, as well as the number of kids that met them, and a percentage for the series rate at each benchmark. This information may help your clinic identify which immunizations your patients are most likely to be missing and where they drop off.

NOTE: One common thing to look for is the immunization rate for 4 DTaP. You can see in the example below that it is the lowest single component of the 4:3:1:3:3:1 series and that it is driven by a drop off in the second year of life. This highlights the importance of making sure that your clinic administers the 4th DTaP as early as possible when recommended, at the 15 month well-child visit rather than the 18 month visit. *Make sure to schedule all recommended well-child visits in the second year of life to give your clinic more opportunity to catch up your patients.*

Age Specific Immunizations Benchmarks							
UTD Grid	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella
@ 3 months	1	1	1		1	1	
@ 5 months	2	2	2		2	2	
@ 7 months	3	2	2		2	2	
@ 9 months	3	2	2		2	2	
@ 12 months	3	2	2		2	2	
@ 16 months	4	3	3	1	3	3	1
@ 19 months	4	3	3	1	3	3	1
@ 21 months	4	3	3	1	3	3	1
@ 24 months	4	3	3	1	3	3	1
@ 72 months	5	3	4	2	4	4	1

Assessment of Patients Meeting Age Specific Benchmarks									
UTD Age	DTap	Hep B	Hib	MMR	Polio	Prevnar	Varicella	Total Meeting Age Criteria	% Coverage
3 Months	674	740	667		672	670		791	83.7%
5 Months	604	683	597		603	601		791	74.6%
7 Months	554	705	647		655	649		791	69.3%
9 Months	597	708	663		669	663		791	74.5%
12 Months	630	710	675		681	676		791	78.5%
16 Months	436	670	635	597	645	642	592	791	54.2%
19 Months	508	675	643	622	657	651	619	791	63.1%
21 Months	524	676	644	628	659	654	625	791	64.9%
24 Months	562	678	651	639	662	660	635	791	69.8%

Page 3: The third page provides information on how many vaccines each child needed to be brought up-to-date. It is typical to see that a large percentage of kids that are behind only need one or two vaccines to get caught up.

NOTE: The ALERT reminder recall report is one way to identify those kids that need only one or two doses early and bring them in for their missing immunizations. Consider running reminder recall in ALERT at 13 and/or 19 months to make sure that kids are up-to-date, and to identify kids that fall behind early.

Children Who Could Have Been Brought Up-To-Date With Additional Immunizations		
24-36 Months	94	11.9%
1 Vaccine Needed	40	42.6%
2 Vaccines Needed	35	37.2%
3 Vaccines Needed	9	9.6%
4 Vaccines Needed	10	10.6%

Page 4: On page four, you will find information about your kids that started their immunizations late or dropped off after starting on time. *Patients who start their vaccines late are half as likely to be up-to-date by 24 months compared to patients starting on time.* This will help your clinic see how many of your kids should be placed on a catch-up schedule, rather than simply relying on the standard well-child schedule to bring them up-to-date. With a late start rate of nearly one in five, this example clinic should implement a procedure for clinic staff to identify those kids who do not have any immunizations by of three months of age and place them on a catchup schedule.

NOTE: Immunizing per minimum spacing guidelines as found in the ALERT forecaster, is an effective way to catch up kids who start late. For more information on catch-up schedules visit:

<http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Children Who Got A Late Start or Have Dropped Off Schedule After A Good Start			
Late Start Rates	Beginning > 3 mo. age¹		36-72 mo. age group
		17.6%	24-35 mo. age group
			12-23 mo. age group

Page 5: This page shows you what percentage of kids at your clinic had a missed opportunity at their last immunization visit. A missed opportunity is when a child was given at least one immunization at their last visit, but was not given all immunizations that they could have received.

NOTE: Some ways to reduce or address missed shots include: using the ALERT IIS forecaster each time a patient is seen, training staff on ways to educate parents on the safety of the ACIP schedule, and identifying parents that limit the number of vaccines on each visit and scheduling them for immunization-only visits in addition to well-child visits.

Missed Opportunity Assessment

Age Group on Evaluation Date	Total Patients in Age Group	Patients Not up to Date		Missed Opportunity on Last Visit	
		Count	Percent	Count	Percent
<12 months 7 month benchmark					
12-23 months 12 month benchmark					
24-35 months 24 month benchmark	791	238	30.1%	34	4.3%
36-72 months 24 month benchmark					