

# **ASIS Reminder Recall Reports**



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

*Health and Wellness for all Arizonans*

# Reminder Recall Page



- Log into ASIIS
- Select Reminder Recall to create a drop-down
- Click Reminder Recall

Reminder/Recall 1 2 3

### How do you want to run this Reminder/Recall?

☒ For all patients you own  
☐ For all patients you have seen at your facility  
☐ Include Inactive Patients (Excluding deceased)  
Due Date Timeframe:   
State Level Status:   
County Level Status:   
County / Parish:

### Who do you want to Contact?

Patient Location:  Facility   
Facility Group   
☒ Patient Age Range # of  # of   
☐ Patient Birth Date From   
Patient Gender   
Exclude patients who were sent a notification in the last:  
# of  ☐ Days ☐ Weeks ☐ Months ☐ Years

### Which vaccines would you like to include?

I only want to see my patients who are:  
☒ Due for all selected vaccines  
☐ One dose away  
☐ One visit to complete the series

# How Do You Want To Run this Reminder Recall?

Reports > Use Templates > See Patient Groups >

Reminder/Recall 1 2 3

How do you want to run this Reminder/Recall?

☒ For all patients you own  
☐ For all patients you have seen at your facility  
☐ Include Inactive Patients (Excluding deceased)

Due Date Timeframe: Due Now

State Level Status: Select...  
County Level Status: All active  
County / Parish: All active with inactive Organizational Level Status  
All unknown

Due Now

Custom

3 Months or More Past Due

2 Months or More Past Due

1 Month or More Past Due

Due Now

Due In 1 Month or Less

Due In 2 Month or Less

Due In 3 Month or Less

- Defaults to “For All Patients You Own”
- Due Date Timeframe: defaults to “Due Now”
- By State and County levels the Reminder / Recall can be run for patients that are: All active, All active with inactive Organizational Level Status, All unknown



*Under “Due Date Timeframe” you decide what selections best fit your needs for the report you are trying to create. For instance, you can select “due now” or maybe you want to only select patients that are coming due in the next 2 months.*

# Who Do You Want to Contact?

Reminder/Recall 1 2 3

Who do you want to Contact?

Patient Location: Organization (IRMS) Facility Facility Group

Select one or the other

• Patient Age Range 24 Months 35 Months

• Patient Birth Date 01/01/2015 12/31/2015

Patient Gender Limit To...

Exclude patients who were sent a notification in the last: # of Days Weeks Months Years

Advanced

Reminder/Recall 1 2 3

Who do you want to Contact?

Patient Location: Organization (IRMS) Facility Facility Group

Select one or the other

• Patient Age Range 11 Years 18 Years

• Patient Birth Date 01/01/2002 12/31/2002

Patient Gender Limit To...

Exclude patients who were sent a notification in the last: # of Days Weeks Months Years

Advanced

- **Patient Location:** Your name or clinic site/facility
  - **Select either : Patient Age Range or Patient Birth Date**
  - **Patient Age Range:** For example, 24 months-35 months or 11 years-18 years
    - IQIP assesses 24 mos. - 35 mos. & 13 years of age, but you may want to expand your focus
  - **Patient DOB:** mm/dd/yyyy – mm/dd/yyyy
    - You can use [this tool](#) for calculating patient ages based on birth dates
- Focus on one age group at a time. Example: select patients at age 11 and recall Tdap, MCV, and HPV, or select patients 4 years of age for their kindergarten shots. The choice is yours.*



# Which Vaccines Would You Like to Include?

Reminder/Recall 1 2 3

Which vaccines would you like to include?

4:3:1:3:3:1:4 x ?

Toddlers

Vaccine Family	Number of doses in this series
DTaP/DT/Td	4
HIB	3
POLIO	3
HEP-B 3 DOSE	3
MMR	1
VARICELLA	1
PNEUMO (PCV)	4

1 TDAP; 1 MCV; UTD HPV x ?

Adolescents

Vaccine Family	Number of doses in this series
MENINGOCOCCAL	1
HPV	3
Tdap	1

I only want to see my patients who are:

☒ Due for all selected vaccines

☐ One dose away

☐ One visit to complete the series

Clear Schedule **Generate Patient List**

You may see “3” listed for number of doses in the UTD HPV series. This will include patients who are up-to-date with the 2-dose series.

- **Select series for your report: For example - 4:3:1:3:3:1:4 (Toddler series); 1Tdap, 1 MCV, UTD HPV (Adolescent series)**
- **Select “Due for all selected vaccines”**
- **Click Generate Patient List**



*You decide which antigen(s) you would like to select for your report. For instance, if there was a measles outbreak, you can select custom - MMR to see which patients have received their MMR vaccine(s).*

# Creating a Customized Report

Reminder/Recall 1 2 3

Which vaccines would you like to include?

CUSTOM x ?

Check the box to select vaccine(s): Enter a dose number (optional):

<input checked="" type="checkbox"/>	DTaP/DT/Td	5
<input type="checkbox"/>	HIB	
<input checked="" type="checkbox"/>	POLIO	4
<input type="checkbox"/>	HEP-B 3 DOSE	
<input checked="" type="checkbox"/>	MMR	2
<input type="checkbox"/>	VARICELLA	
<input checked="" type="checkbox"/>	MENINGOCOCCAL	2
<input type="checkbox"/>	HEP-A	
<input type="checkbox"/>	FLU	
<input type="checkbox"/>	PNEUMO (PCV)	
<input type="checkbox"/>	HEP-B 2 DOSE	
<input type="checkbox"/>	ROTAVIRUS	
<input type="checkbox"/>	HPV	
<input type="checkbox"/>	HERPES ZOSTER	
<input type="checkbox"/>	Tdap	

I only want to see my patients who are:

☒ Due for all selected vaccines

☐ One dose away

☐ One visit to complete the series

Clear Schedule **Generate Patient List**

- **Select “Custom”**
- **Check box to select vaccine(s)**
- **Enter dose number for select vaccine(s)**
- **Select “Due for all selected vaccines”**
- **Generate Patient List**

# Meningococcal B Customized Report

Reminder/Recall 1 2 3

Which vaccines would you like to include?

CUSTOM x ?

Check the box to select vaccine(s): Enter a dose number (optional):

<input type="checkbox"/>	DTaP/DT/Td	
<input type="checkbox"/>	HIB	
<input type="checkbox"/>	POLIO	
<input type="checkbox"/>	HEP-B 3 DOSE	
<input type="checkbox"/>	MMR	
<input type="checkbox"/>	VARICELLA	
<input type="checkbox"/>	MENINGOCOCCAL	
<input type="checkbox"/>	PNEUMO (PCV)	
<input checked="" type="checkbox"/>	MENINGOCOCCAL B, RECOMBINANT	
<input checked="" type="checkbox"/>	MENINGOCOCCAL B, OMV	

I only want to see my patients who are:

☒ Due for all selected vaccines

☐ One dose away

☐ One visit to complete the series

Clear Schedule Generate Patient List

Patient Age Range 16 Years 18 Years

- **\*Change age range 16 years to 18 years, select “Custom”**
- **Select type of Meningococcal B**
- **Leave dose number blank**
- **Select “Due for all selected vaccines”**
- **Generate patient List**

Lot Numbers	Reconcile Inventory			
Reconciliation	Vaccine	Lot Number	Exp Date	Quantity on Hand
Search/Add	meningococcal B, OMV	16A401	01/31/2019	13
Search Results	meningococcal B, OMV	16A901	02/28/2019	10
Detail	meningococcal B, recombinant	S26986	02/28/2019	6
	meningococcal B, recombinant	S58877	02/28/2019	10



**Not sure which Meningococcal B to select? Check your reconciliation in ASIIS to determine which type of Meningococcal B you're administering.**

# Meningococcal B Recall Report & Patient Record

Patient Recall Group Listing by Ownership							
Report Criteria						Report Date: July 14, 2020	
Organization: Recall Date: through Birth Date Range: 03/22/2000 through 03/22/2002 Include Inactive Patients: No State: All High Risk Category: All Deferred Vaccinations Only: No Vacc. Groups: MENINGOCOCCAL B, OMV, MENINGOCOCCAL B, RECOMBINANT				Facility: Health Plan: All Physician: All Program: All County/Parish: All Zip Code: All District/Region Number: All			
Total Patients Selected: 2							
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number
<b>Patient 1</b>				08/10/2001			
	Vaccine Group Name			Dose Number	Recommended Date		Minimum Date
	MENINGOCOCCAL B, RECOMBINANT			1	08/10/2017		08/10/2011
	MENINGOCOCCAL B, OMV			1	08/10/2017		08/10/2011
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number
<b>Patient 2</b>				04/07/2001			
	Vaccine Group Name			Dose Number	Recommended Date		Minimum Date
	MENINGOCOCCAL B, RECOMBINANT			1	04/07/2017		04/07/2011
	MENINGOCOCCAL B, OMV			1	04/07/2017		04/07/2011

Remember: Meningococcal B vaccine is considered a “permissive” vaccine by the CDC. This means that providers should decide on an individual basis whether or not this vaccine is right for a particular patient. Patients who need ANY dose of Meningococcal B, including the first dose, will be on the recall list.

\*Meningococcal B is different from the quadrivalent MenACWY vaccine (MCV4). MenACWY is recommended for all adolescents



# What Patients Do You Want To Add To Your Recall Group?





















Reminder/Recall 1 2 3

What patients do you want to add to your recall group?

Remove Patients who don't have an available



☐ Name ☐ Phone ☐ Address ☐ Email

Remove Patients who have received more than  notifications.

	Last	First	Age	Vaccines Due	Available Contact Methods	R/R Attempts	Reason for Inactivation
<input checked="" type="checkbox"/>	Patient 1		17	4	   	0	Select
<input checked="" type="checkbox"/>	Patient 2		17	6	   	0	Select
<input checked="" type="checkbox"/>	Patient 3		17	8	   	0	Inactive
<input checked="" type="checkbox"/>	Patient 4		16	3	   	0	Deceased
<input checked="" type="checkbox"/>	Patient 5		17	3	   	0	Select

Showing 1 to 10 of 83 entries

PreviousNext

 Export Patient List  Submit

- Remove patients (if needed)
- Patient Demographics
- Patient address, phone, cell, or email info in ASIIS
- “Inactivate” multiple patients no longer at your clinic/practice.
- Export as an Excel spreadsheet
- Submit to Create Report



*There are only two selections to choose for inactivation. ONLY Inactivate patients if they have moved or are no longer receiving services at your practice/clinic.*

# What Do You Want To Do With Your Selected Recall Group?

Reminder/Recall

1 2 3

474 474 361 0 392

What do you want to do with your selected recall group?

Generate A Patient List

Print Letters

Generate Auto-Dialer Content

Generate Mail-Merge

Create Avery 8387 Postcards

Print Labels

Save As a Patient Group (Cohort)

Send Email

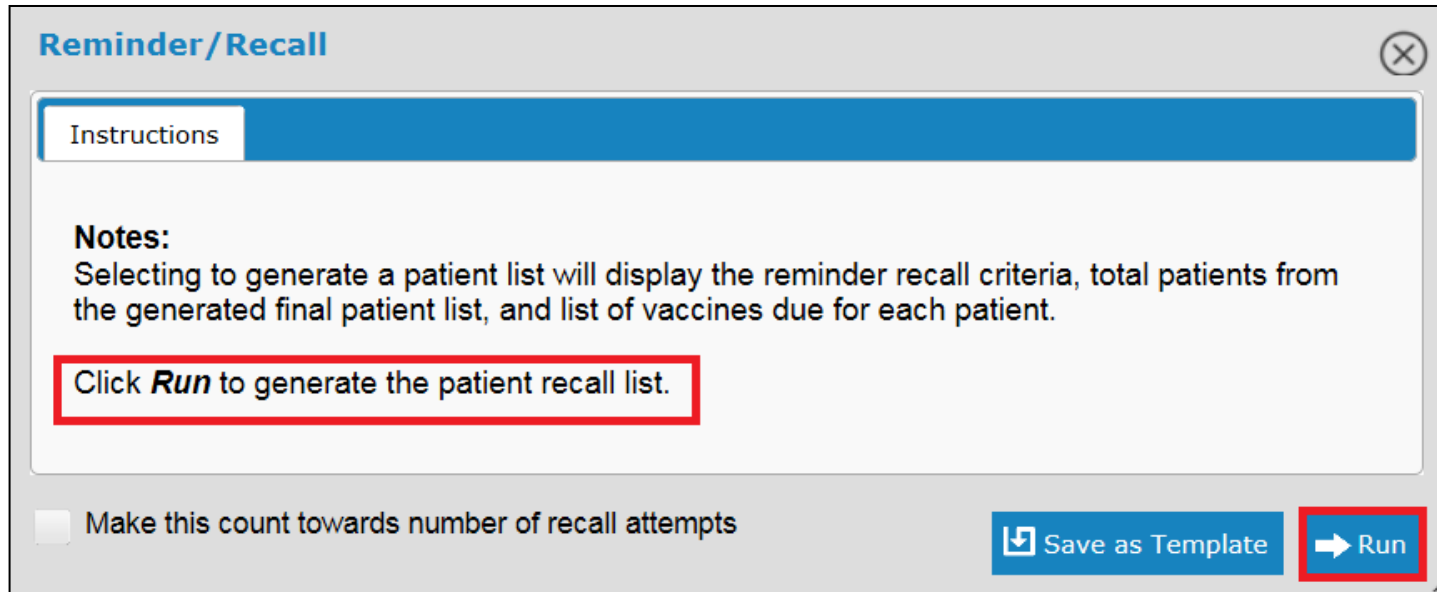
Numbered icons indicate number of patients in ASIIS:

- In your recall group
- w/ an address
- w/ any phone number
- w/ a cell number
- w/ an email address

**Select “Generate A Patient List” to create your Recall Report**

# Generate Patient List

*Create a List of Patients Not Up-to-Date in ASIS*



**Reminder/Recall**

Instructions

**Notes:**  
Selecting to generate a patient list will display the reminder recall criteria, total patients from the generated final patient list, and list of vaccines due for each patient.

Click **Run** to generate the patient recall list.

☐ Make this count towards number of recall attempts

Save as Template Run

- Instructions window message appears
- Click on “Run” to generate your patient recall list



*Keep in mind by selecting specific criteria, you are able to control the number of recall attempts on a patient, select different age ranges and antigens of patients you want recalled.*

# Toddler Reminder Recall Report

## Patient Recall Group Listing by Ownership

### Report Criteria

Report Date:

Organization (IRMS):

Recall Date:

Birth Date Range: 04/23/2015 through 03/22/2016

Include Inactive Patients: No

State: All

High Risk Category: All

Deferred Vaccinations Only: No

Vacc. Families: DTaP/DT/Td, HEP-B 3 DOSE, HIB, MMR, PNEUMO (PCV), POLIO, VARICELLA

Facility:

Health Plan: All

Physician: All

Program: All

County/Parish: All

Zip Code: All

District/Region Number: All

Total Patients Selected: 23

Patient ID	First Name	Middle Name	Last Name	Birthday 11/29/2015	Guardian F.N.	Chart Number
	Vaccine Family Name		Dose Number		Recommended Date	Minimum Date
	HIB		3		11/29/2016	11/29/2016
	MMR		1		11/29/2016	11/29/2016
	VARICELLA		1		11/29/2016	11/29/2016
	PNEUMO (PCV)		4		11/29/2016	11/29/2016
	DTaP/DT/Td		4		12/23/2016	12/23/2016

- Vaccines series
- Patients in recall group
- Patient demographics
- Missing vaccine(s), dose, recommended & minimum dates vaccine due in ASIIS

# Adolescent Reminder Recall Report

Patient Recall Group Listing by Ownership							
<b>Report Criteria</b> Organization: _____ Recall Date: _____ through _____ Birth Date Range: 03/22/2000 through 03/22/2007 Include Inactive Patients: No State: All High Risk Category: All Deferred Vaccinations Only: No Vacc. Groups: HPV, MENINGOCOCCAL, Tdap					<b>Report Date:</b> July 15, 2020  Facility: _____ Health Plan: All Physician: All Program: All County/Parish: All Zip Code: All District/Region Number: All		
Total Patients Selected: 188							
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number
				02/21/2005			
	Vaccine Group Name		Dose Number	Recommended Date		Minimum Date	
	Tdap		1	02/21/2012		02/21/2012	
	MENINGOCOCCAL		1	02/21/2016		02/21/2016	
	HPV		1	02/21/2016		02/21/2014	
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number
				12/06/2002			
	Vaccine Group Name		Dose Number	Recommended Date		Minimum Date	
	MENINGOCOCCAL		2	12/06/2018		12/06/2018	
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number
				09/08/2006			
	Vaccine Group Name		Dose Number	Recommended Date		Minimum Date	
	HPV		1	09/08/2017		09/08/2015	
	Tdap		B	09/08/2017		09/08/2017	

- Vaccines series
- Patients in recall group
- Patient demographics
- Missing vaccine(s), dose, recommended & minimum dates vaccine due in ASIIS
- Recall Report also includes MCV #2 and Tdap #B (booster)

# Questions?

**Contact the Arizona Immunization Program Office at 602-364-3630 and ask to speak with an Immunization Program Specialist, or contact your Immunization Program Specialist directly.**



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