

Turn Around Document (TAD): MIROW “101” Workshop at the 2015 AIRA National Meeting

American Immunization Registry Association (AIRA)
Modeling Immunization Registry Operations Workgroup (MIROW)

**The “101” of MIROW:
Workshop on guidelines under development
“Decrementing Inventory via Electronic Data Exchange”**

April 22, 2015, 11:00 AM – 12:30 PM
2015 AIRA National Meeting, New Orleans, Louisiana

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Acknowledgement

The MIROW Steering Committee greatly appreciates:

- Enthusiastic participation and contributions of all attendees.
- Invaluable support of the AIRA Staff - Nichole Lambrecht and Ketti Turcato - in scheduling, organizing, and conducting this session.

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Executive Summary

The AIRA (American Immunization Registry Association) Modeling Immunization Registry Operations Workgroup (MIROW) has been developing best practice recommendations for immunization information systems (IIS) operations since 2005. This 90 minutes workshop, conducted during the 2015 AIRA National Meeting, was an effort to gather input from a larger spectrum of subject matter experts across the IIS community for a best practices guidance document (under development) on decrementing vaccine inventory via electronic data exchange (EDE). An additional objective was to provide further education to the IIS community on analysis techniques employed to document operational best practices. The session was conducted by members of the MIROW Steering Committee. The IIS community of practice was represented by 35 participants from IIS, software vendors, and public health consultants.

The session began with a short presentation “MIROW 101 – Understanding the Techniques and Tools”. This presentation gave users a better understanding of how to interpret business rules, process diagrams, and other analysis models that are used to analyze and document recommendations for IIS operations and processes. The session then progressed into facilitated small group activities aimed to gather feedback on the key areas, i.e., “pains” and pleasures”, of decrementing vaccine inventory via electronic data exchange. Ten significant “pains” and ten significant “pleasures” were identified. Results of this session will be used by the MIROW experts’ panel to help guide the development of the best practices guidance document.

Workshop Agenda

- 11:00-11:05 AM: Introduction including a welcome, background about MIROW, and an overview of the breakout sessions objectives and agenda by Warren Williams, MIROW Co-Chair.
- 11:05-11:25 AM: Presentation of MIROW 101: Understanding the Techniques and Tools by David Lyalin with an additional 3-5 minutes for questions and answers.
- 11:25-12:20 PM: Facilitated workshop to demonstrate the MIROW process and to gather input from participants.
 - Part one (11:25-12:00 PM): Workshop of small group activities to gather feedback to help guide the development of best practices. Warren Williams acted as the lead facilitator and the members of the MIROW Subcommittee facilitated the five small workgroups.
 - 11:25-11:30 AM: Introduction to the process and scope of the small group activities by Warren Williams.
 - 11:30-12:00 PM: Five small groups were facilitated by members of the MIROW Subcommittee including Amanda Harris, Megan Meldrum, Deb Warren, Warren Williams, Bhavani Sathya, Lisa McKeown, Brandy Altstadter, David Lyalin, Elaine Lowery, and Katie Reed.
 - Developed lists of pains (challenges, issues, and barriers) and pleasures (expected and achieved benefits) using a process model as a framework to structure contributions.
 - Ranked the list of pains and pleasures.
 - Part two (12:00-12:20 PM): Workshop with the large group of all attendees with Warren William facilitating and Angela Williams taking notes. Each small group presented its top two pains and top two pleasures to the large group.

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- 12:20-12:28 PM: Debrief of the large group about the workshop with Elaine Lowery, MIROW Co-Chair, facilitating and Angela Williams taking notes. Elaine Lowery asked the large group for overall impressions of the workshop, what worked well, and what could be done better.
- 12:28-12:30 PM: Closing remarks by Elaine Lowery

MIROW “101” – Understanding the Techniques and Tools

This presentation aimed to give users a better understanding of how to interpret business rules, domain models, process diagrams, and other analysis models that are used to analyze and document recommendations for IIS operations and processes.

The embedded PDF file contains slides (7-19) with speaker’s notes for this presentation.



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Document

“Pains” and “Pleasures”

The main objective was to gather inputs in form of “Pains” (challenges, issues and barriers) and “Pleasures” (expected and achieved benefits) from the IIS community for a best practices guidance document that is currently under development on decrementing vaccine inventory via electronic data exchange. The brainstorming was conducted in the following way:

- Organization. Participants were divided in five small groups. Each small group was facilitated by two members of the MIROW Steering Committee.
 - Small group 1 (pink), facilitated by Elaine Lowery and Katie Reed
 - Small group 2 (yellow), facilitated by Amanda Harris and Megan Meldrum
 - Small group 3 (green), facilitated by Deb Warren and Warren Williams
 - Small group 4 (blue), facilitated by Brandy Altstadter and David Lyalin
 - Small group 5 (red), facilitated by Bhavani Sathya and Lisa McKeown
- Brainstorming. Each small group used a poster-size copy (72”x48”) of the process diagram (Fig. 1), hung on the wall. Participants placed color-coded post-it notes on the process diagram, indicating “pains” and “pleasures” in association with appropriate parts of the diagram, i.e., process steps.
- Ranking. Each member of a small group ranked identified “pains” and “pleasures” by attaching colored sticky dots to post-it notes.
- Reporting back. Every small group presented their top two “pains” and “pleasures” to the large group. Results are presented in Table 1 below.

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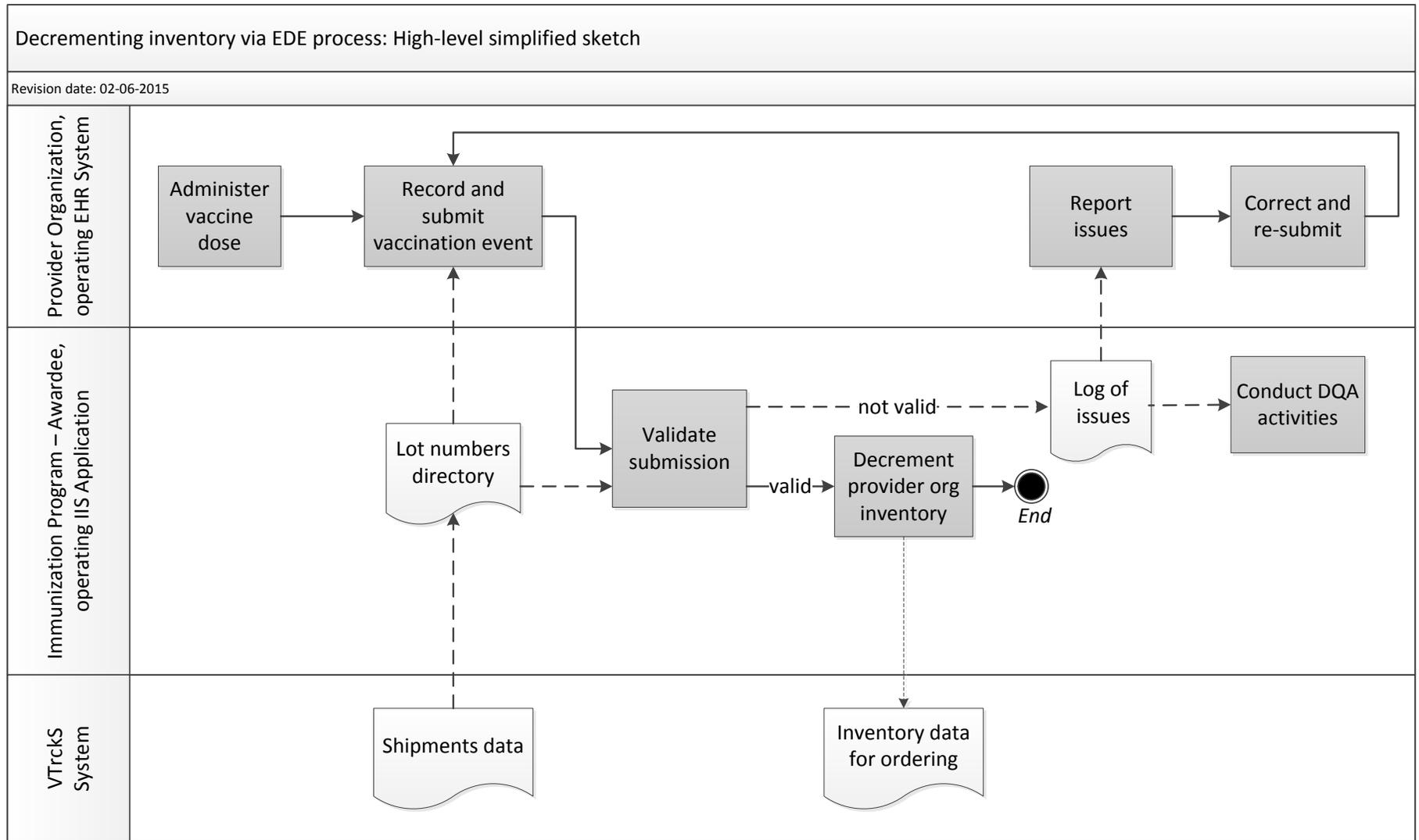


Figure 1. Decrementing Inventory via EDE Process: High-level simplified sketch

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Table 1. Highest-ranked “Pains” and “Pleasures” as reported by small groups

- Small group 1 (pink), facilitated by Elaine Lowery and Katie Reed
- Small group 2 (yellow), facilitated by Amanda Harris and Megan Meldrum
- Small group 3 (green), facilitated by Deb Warren and Warren Williams
- Small group 4 (blue), facilitated by Brandy Altstadter and David Lyalin
- Small group 5 (red), facilitated by Bhavani Sathya and Lisa McKeown

ID	Small Group	Pain or Pleasure	Description	Remarks
1	1 (pink)	Pain	Once live with HL7 interface, provider organizations lose the inventory function. It’s no longer accurate at the provider level or state level. In the other words, inventory no longer available at the provider level and state level.	
2	1 (pink)	Pain	Because of this they lose accuracy - data quality becomes an issue.	
3	1 (pink)	Pleasure	If it works there is less paperwork for the provider site	
4	1 (pink)	Pleasure	End users (providers) seem to want decrementing of inventory to be working.	
5	2 (yellow)	Pain	Matching issues: lot numbers, VFC status, funding source, i.e., is it a state or federal vaccine.	
6	2 (yellow)	Pain	Correcting everything at once – at the end of the month. Providers not checking files until the end of the month. Have to go through the months’ worth of data to figure out what went wrong.	
7	2 (yellow)	Pleasure	Simplifies inventory reporting and accuracy; not an aggregate number at the end of the month. Increases accuracy of the inventory reporting.	
8	2 (yellow)	Pleasure	Having inventory linked in the IIS results in better data quality.	
9	3 (green)	Pain	Inaccuracy in documentation, staff not understanding data and data entry process.	
10	3 (green)	Pain	Finding, acknowledging and fixing errors.	I.e., what to do if things went wrong.
11	3 (green)	Pleasure	More data, more tools. Electronic Data Exchanges bring a lot of data in. They are great for reports to give to providers, more data available to identify, more tools to find errors and create/distribute reports.	
12	3 (green)	Pleasure	Standardized reporting, additional reports.	

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ID	Small Group	Pain or Pleasure	Description	Remarks
13	4 (blue)	Pain	Required fields and accuracy coming from the source system, making sure it is provided and accurate.	
14	4 (blue)	Pain	Who, when, what tools to use when there is a problem.	I.e., what to do if things went wrong.
15	4 (blue)	Pleasure	Better accountability.	
16	4 (blue)	Pleasure	Improved reporting.	
17	5 (red)	Pain	EHR data entry errors, various codes that are easy to make mistakes on.	
18	5 (red)	Pain	Immunization staff time and technical assistance turnaround; need help with logging issues, responding to issues, correcting issues.	I.e., what to do if things went wrong.
19	5 (red)	Pleasure	Improved inventory accuracy.	
20	5 (red)	Pleasure	Better ordering accuracy.	

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Debrief

At the end of the session participants were asked to share their thoughts on three issues: Overall impressions; What did we do well? What can we do better? Responses are captured in the Table 2 below.

Table 2. Participants Debrief Results

Legend: “o” = Overall Impression “+” = What we did well? “-“ = What can we do better?

ID	Type	Remarks
21	o	Exciting to come and talk after listening presentations for the entire week
22	o	Pleasure and pains seem consistent among small groups. Good to know that the same pains and pleasures are identified across the states.
23	o	Got interested to sign up for the MSC
24	+	Efficient, well organized
25	+	Facilitator drove group to completion
26	+	Color coding of the groups worked well. Liked the color-coding used to create groups
27	-	The blue colors were a bit too similar, hard to tell the difference
28	-	Need more network/mentoring time of how to work in these sessions
29	-	Need more information on what is next. Where are we all in this effort? Develop a network that can be used to further the conversation.
30	-	Need better tape (one poster dropped off the wall)
31	-	Add a vendor swim lane to the process chart

Next steps

Materials captured in this Turn-Around Document will be referenced by the MIROW experts’ panel on the Decrementing Inventory topic that is developing best practice guidelines for IIS. The best practice recommendations document is expected to be released by the spring of 2016.

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Appendix A: Participants

Table 3. Attendees

ID	Small Group	Name	Organization	Email	Phone	Can IIS decrement inventory via electronic data exchange?
1	1 (pink)	Alice Stecko	SSG (Strategic Solutions)	astecko@ssg-llc.com	617-999-8049	Yes
2	4 (blue)	Amira Elhegausa	Philadelphia Department of Public Health	amira.elhagmusa@phila.ogv	215-685-6494	No
3	1 (pink)	Andre Wilson	HP (State of Georgia)	andre.wilson@hp.com	404-630-2268	Yes
4	5 (red)	Andrew Luker	Arkansas Department of Health	andrew.luker@arkansas.gov	501-537-8966	No
5	5 (red)	Brittany Ersery	Kansas IIS	bersery@kdheks.gov	785-296-1440	No
6	3 (green)	Carrie Sprague	Idaho Immunization Program	spraguec@dhw.idaho.gov	208-334-5902	Yes
7	5 (red)	Christy Gray	Virginia Department of Health	christy.gray@vdh.virginia.gov	804-864-7928	Yes (Only in test environment right now)
8	1 (pink)	Cindy Lesinger	ADPH	cindy.lesinger@adph.state.al.us	334-206-2018	No
9	5 (red)	Dhiraj Adhikari	Noridian Mutual Insurance Company, ND	dhiraj.adhikari@bcbsnd.com	701-277-5174	
10	3 (green)	Gerri Yett	Alaska Immunization Program	gerri.yett@alaska.gov	907-269-8006	Yes
11	4 (blue)	Gregory Wong	SSG	gwong@ssg-llc.com	617-447-1462	Yes
12	3 (green)	Harold Affo?	NIST	haffo@nist.gov	301-975-8412/260-898-8391	No (No IIS)
13	3 (green)	Hilda Veronica Rodriquez	Puerto Rico Health Department	vrodriquez@salud.gov.pr	787-765-2929 x3326	No

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ID	Small Group	Name	Organization	Email	Phone	Can IIS decrement inventory via electronic data exchange?
14	4 (blue)	Jason Suchon	Metastar/Wisconsin Immunization Registry	jason.suchon@dhs.wisconsin.gov	608-266-7914	Yes
15	4 (blue)	Jude Alden	Wyoming Department of Health	jude.alden@wyo.gov	307-777-2413	Yes
16	5 (red)	Judi Greene	LA Department of Health	judi.greene@la.gov	318-371-2123	Yes
17	5 (red)	Karen Meranda	Washington Department of Health	karen.meranda@doh.wa.gov	360-236-4368	Yes
18	2 (yellow)	Ken Gerlach	CDC	kgerlach@cdc.gov	404-718-4646	No (N/A)
19	2 (yellow)	Kevin Snow	Envision	ksnow@envisiontechnology.gov		No (Working on it)
20	3 (green)	Kim Tichy	Iowa Department of Public Health	kimberly.tichy@idph.iowa.gov	515-281-4288	Yes
21	2 (yellow)	Margaret Wieczkowski	San Antonio Health District	margaret.wieczkowski@sanantonio.gov	210-207-8716	No
22	1 (pink)	Mark Ritter	CDC-DSHS Texas Immunization Branch	mark.ritter@dshs.texas.gov	512-458-6432	No
23	3 (green)	Matthew Verdon	Wisconsin Immunization Registry	matthew.verdon@wi.gov	608-261-4948	Yes
24	2 (yellow)	Michael Powell	California Department of Health	michael.powell@cdph.ca.gov	510-231-7648	No
25	3 (green)	Mike Garcia	Mississippi IIS	mike.garcia@garciainterop.com?	602-524-8234	Yes
26	4 (blue)	Nancy McConnell	Utah Department of Health - IIS	nmccconnell@utah.gov	801-5389487	Yes
27	1 (pink)	Nathalie Hantert	State of Tennessee	nathalie.hantert@tn.gov		Yes
28	2 (yellow)	Shaina Azam	CDC/Intellix Solutions	sazam@cdc.gov		

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ID	Small Group	Name	Organization	Email	Phone	Can IIS decrement inventory via electronic data exchange?
29	3 (green)	Sriram Venkataraman	State of North Carolina	sriram.venkataraman@dhhsnc.gov	919-707-5581	Yes
30	1 (pink)	Steve Murchie	Envision	smurchie@envisiontechnology.gov	303-914-9797	No
31	3 (green)	Susan Kepsel	MCIR - Region 1 - Oakland	skepsel@hline.org	248-858-0399	Yes
32	1 (pink)	Tammy LeBean	South Dakota Department of Health	tammy.lebean@state.sd.us	605-773-4783	No
33	5 (red)	Terry Brumback	Kentucky Immunization Registry	terry.brumbback@ky.gov		Yes (In theory)
34	5 (red)	Tracy Little	ALERT IIS - Oregon Immunization Program	tracy.c.little@state.or.us	971-673-0304	Yes
35	3 (green)	Vai Fuata	American Samoa Immunization Program	vai.fuata@doh.as	684-699-8464	Yes

Table 4. MIROW Team

ID	Small Group	Name	Organization	Email	Phone	Remarks
1	3 (green)	Warren Williams	Centers for Disease Control and Prevention	wxw4@cdc.gov	(404) 639-8867	MIROW SC Co-Chair
2	1 (pink)	Elaine Lowery	Public Health Informatics Institute	Elaine.Lowery@comcast.net	(303) 881-2440	MIROW SC Co-Chair
3	2 (yellow)	Amanda Harris	NV State Immunization Program	asharris@health.nv.gov	(775) 684-4258	MIROW SC member
4	n/a	Angela Williams-Lindsay	IHRC, Inc.	nai8@cdc.gov	(678) 371-8523	CDC contractor

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ID	Small Group	Name	Organization	Email	Phone	Remarks
5	5 (red)	Bhavani Sathya	Vaccine Preventable Disease Program New Jersey Department of Health	Bhavani.Sathya@doh.state.nj.us	(609) 826-4861	MIROW SC member
6	4 (blue)	Brandy Altstadter	Scientific Technologies Corporation	brandy_altstadter@stchome.com	(602)241-1502	MIROW SC member
7	4 (blue)	David Lyalin	Centers for Disease Control and Prevention	dil8@cdc.gov	(404) 718-4594	MIROW SC member
8	3 (green)	Deb Warren	Massachusetts Immunization Information Systems (MIIS)	Debra.Warren@state.ma.us	(785) 296-8119	MIROW SC member
9	n/a	Elizabeth Parilla	Minnesota Department of Health	Elizabeth.Parilla@state.mn.us	(651) 210-9022	AIRA Consultant
10	1 (pink)	Katie Reed	HP Enterprise Services	catherine.reed@hp.com	404.648.3868	MIROW SC member
11	n/a	Ketti Turcato	American Immunization Registry Association (AIRA)	kturcato@Immregistries.org	(202) 552.0208	AIRA Staff
12	5 (red)	Lisa McKeown	National Association of County and City Health Officials (NACCHO)	Lmckeown@naccho.org	(202) 783-1418	Former MIROW SC member
13	2 (yellow)	Megan Meldrum	New York State Immunization Information System (NYSIIS)	megan.meldrum@health.ny.gov	(518) 473-2839	MIROW SC member
14	n/a	Nichole Lambrecht	American Immunization Registry Association (AIRA)	nlambrecht@Immregistries.org	(202) 552.0208	AIRA Staff

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Appendix B: “Pains” and “Pleasures” captured from post-it notes on posters

Table 5. “Pains” and “Pleasures” captured from post-it notes on posters

- Small group 1 (pink), facilitated by Elaine Lowery and Katie Reed
- Small group 2 (yellow), facilitated by Amanda Harris and Megan Meldrum
- Small group 3 (green), facilitated by Deb Warren and Warren Williams
- Small group 4 (blue), facilitated by Brandy Altstadter and David Lyalin
- Small group 5 (red), facilitated by Bhavani Sathya and Lisa McKeown

ID	Small Group	Pain or Pleasure	Votes received	Description	Remarks e.g., what area of the process diagram
1	1 (pink)	Pain	No votes recorded	Providers lost the inventory decrementing function, must do manual accountability	Lane 1 – Record and submit vaccination event
2	1 (pink)	Pain	No votes recorded	Our team needs to understand pros and cons of automatic decrementing before implementing	Lane 2 – Lot numbers directory
3	1 (pink)	Pain	No votes recorded	Loss of inventory function once we went live with HL7	Lane 2 – Lot numbers directory
4	1 (pink)	Pain	No votes recorded	Enough data – No funding source in HER	Lane 2 – Lot numbers directory
5	1 (pink)	Pain	No votes recorded	HL7 Table – Local business rule ??? to simplify	Lane 2 – Lot numbers directory
6	1 (pink)	Pain	No votes recorded	Don’t know history of why we are not decrementing	Lane 2 – Lot numbers directory
7	1 (pink)	Pain	No votes recorded	Manual labor to enter lots into IIS	Lane 2 – Lot numbers directory
8	1 (pink)	Pain	No votes recorded	Lack of programmers to create interface with VTrckS	Lane 2 – Lot numbers directory
9	1 (pink)	Pain	No votes recorded	How are decrementing errors handled	Lane 2 – Decrement provider org inventory

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ID	Small Group	Pain or Pleasure	Votes received	Description	Remarks e.g., what area of the process diagram
10	1 (pink)	Pain	No votes recorded	Incomplete clinical input	Lane 1 – Correct and resubmit
11	2 (yellow)	Pain	No votes recorded	Errors	Lane 2 – Lot numbers directory
12	2 (yellow)	Pain	No votes recorded	Mismatch box/syringe	Lane 2 – Lot numbers directory
13	2 (yellow)	Pain	No votes recorded	Exist in public/private	Lane 2 – Lot numbers directory
14	2 (yellow)	Pain	No votes recorded	Matching issues: Lot, NDC, Funding source (accuracy)	Lane 2 – Lot numbers directory
15	2 (yellow)	Pain	No votes recorded	Providers not checking file vnhl? order	Lane 2 – Lot numbers directory
16	2 (yellow)	Pain	No votes recorded	EHR variation	Lane 1 – Record and submit vaccination event
17	2 (yellow)	Pain	No votes recorded	Summary across VFC type	Lane 2 – Validate submission
18	2 (yellow)	Pain	No votes recorded	Public & private tracking in EHR	Lane 2 – Decrement provider org inventory
19	2 (yellow)	Pain	No votes recorded	Providers changing eligibility to avoid evidence of misuse	Lane 2 – Decrement provider org inventory
20	2 (yellow)	Pain		Lot # errors – how this will effect ability to decrement.	Captured by facilitators
21	2 (yellow)	Pain		Inventory location (public versus private) – If a provider only enters public inventory in IIS – how will this affect decrementing	Captured by facilitators
22	2 (yellow)	Pain		Funding source detail – concerned with the idea of summing across all VFC/state funding to create the public inventory category	Captured by facilitators
23	2 (yellow)	Pain		Difficult to implement – how to know what rules should be applied and when Concern over how to capture with existing systems – without having to make ‘major’ adjustments to processing	Captured by facilitators
24	2 (yellow)	Pain		How to coordinate with 2D barcoding	Captured by facilitators

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ID	Small Group	Pain or Pleasure	Votes received	Description	Remarks e.g., what area of the process diagram
				Variations with the NDC codes between unit of use and unit of sale (although I should note that CDC has a crosswalk table that can be implemented so that if the vial is scanned it will map to the lot# from the box – which is what CDC uses)	
25	2 (yellow)	Pain		Duplicate lot #s (same lot # in public and private)	Captured by facilitators
26	2 (yellow)	Pain		Need to train provider offices how to coordinate timing of file submission, inventory maintenance, and VFC ordering within a provider office the staff who handle ordering are rarely the same staff that handle data submission	Captured by facilitators
27	2 (yellow)	Pain		EHR variations – will affect how the lot#, VFC status etc are captured at the provider office level	Captured by facilitators
28	2 (yellow)	Pain		Providers not regularly following up on the data submissions (not checking the error/response file) so that at time of ordering there is often a large amount of data to navigate	Captured by facilitators
29	2 (yellow)	Pain		Training – time and effort on IIS and provider to implement new process	Captured by facilitators
30	2 (yellow)	Pleasure	No votes recorded	Data for submissions and data quality	Lane 1 – Correct and re-submit
31	2 (yellow)	Pleasure	No votes recorded	Simplifying inventory reporting - accuracy	Lane 1 – Correct and resubmit
32	2 (yellow)	Pleasure	No votes recorded	Increased data quality	Lane 2 – Conduct DQA activities
33	2 (yellow)	Pleasure	No votes recorded	Having providers held accountable. Increased data quality also data.	Lane 2 – Conduct DQA activities
34	2 (yellow)	Pleasure		Encourages providers to confirm data quality	Captured by small group’s facilitators
35	2 (yellow)	Pleasure		Simplifies inventory – alleviates need of practice to attempt to create aggregate numbers at the end of each month	Captured by small group’s facilitators
36	2 (yellow)	Pleasure		No self-reporting – improves reliability of the data	Captured by small group’s facilitators
37	2 (yellow)	Pleasure		Increase of data quality – basically it ‘strongly encourages’ providers to confirm that the data they submit is accurate and complete.	Captured by small group’s facilitators

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ID	Small Group	Pain or Pleasure	Votes received	Description	Remarks e.g., what area of the process diagram
38	2 (yellow)	Pleasure		Increase participation in IIS (especially if the inventory is tied to VFC ordering and the inventory/ordering is required to be electronic via the IIS).	Captured by small group’s facilitators
39	2 (yellow)	Pleasure		Increase data checks at time of submission – this makes it easier on the provider office as well as the IIS staff – to take errors/files one at a time.	Captured by small group’s facilitators
40	2 (yellow)	Pleasure		Mandatory fields - I believe this was related to the requirement that lot# and manufacturer have always been required but not always well populated – Also VFC status listed as RE but again not always properly validated by provider office.	Captured by small group’s facilitators
41	2 (yellow)	Pleasure		VFC doses administered report – if it happens to also be part of IIS – increased tracking and observance by providers as it will need to match to inventory (e.g. if listed that office used 10 DTaP – but VFC report states only 5 were given to VFC/state eligible patients – then questions regarding usage will be raised). This may go back to the “no self-reporting” bullet.	Captured by small group’s facilitators
42	3 (green)	Pain	0	Incorrect contact person or no contact for EHR updates	Lane 1 – Administer vaccine dose
43	3 (green)	Pain	0	EHR systems allow free text entry of lot #s, which do not deduct from IIS because lot # does not match	Lane 1 – Record and submit vaccination event
44	3 (green)	Pain	3	Inaccuracy in documentation	Lane 1 – Record and submit vaccination event
45	3 (green)	Pain	1	Getting inventory information from privately purchased vaccine into the IIS either from manufacturer or via HL7	Lane 3 – Shipments data
46	3 (green)	Pain	2	Difficulty in validating data/message received	Lane 2 – Validate submission
47	3 (green)	Pain	0	Lack of consistency reporting dose-level vaccine eligibility to correctly deduct appropriate pub/private stock	Lane 2 – Decrement provider or inventory
48	3 (green)	Pain	3	Getting a provider to find and correct the issue either electronically/manually in the IIS	Lane 1 – Report issues
49	3 (green)	Pain	0	Looking at error reports	Lane 1 – Report issues
50	3 (green)	Pain	3	Provider IT to understand and forward to correct person in the clinic	Lane 1 – Report issues
51	3 (green)	Pain	1	When merging duplicate records, doses do not deduct from inventory	Lane 2 – Log of issues

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ID	Small Group	Pain or Pleasure	Votes received	Description	Remarks e.g., what area of the process diagram
52	3 (green)	Pain	0	Limited tools within the IIS for providers to use to resolve or identify doses that did not deduct	Lane 2 – Conduct DQA activities
53	3 (green)	Pleasure	1	Data accuracy and decreased time between dose administered and time entered in IIS	Lane 1 – Administer vaccine dose
54	3 (green)	Pleasure	0	Vaccine ordering and shipment data fully integrated into the IIS	Lane 3 – Shipments data
55	3 (green)	Pleasure	0	Using reports to balance leading to better future data entry	Lane 1 – Correct and resubmit
56	3 (green)	Pleasure	0	Ability to track doses that didn’t deduct through ad hoc reporting	Lane 1 – Correct and resubmit
57	3 (green)	Pleasure	0	ESSR (Electronic Submission Summary Report)	Lane 1 – Correct and resubmit
58	3 (green)	Pleasure	0	Correct CVX/CPT code issues with a single technical fix	Lane 1 – Correct and resubmit
59	3 (green)	Pleasure	0	Increase in quality or information received	Lane 2 – Conduct DQA activities
60	4 (blue)	Pain	6	Require fields and accuracy on data entry	Lane 1 – Administer vaccine dose
61	4 (blue)	Pain	2	EHR systems don’t have necessary fields (ex WI-trade name)	Lane 1 – Administer vaccine dose
62	4 (blue)	Pain	2	VFC eligibility tracking	Lane 1 – Record and submit vaccination event
63	4 (blue)	Pain	0	Funding source / Ordering intentions (adult vs. ped)	Lane 1 – Record and submit vaccination event
64	4 (blue)	Pain	2	Timing	Lane 2 – Decrement provider org inventory
65	4 (blue)	Pain	1	Who do corrections go back to	Lane 1 – Correct and re-submit
66	4 (blue)	Pain	0	Variations in EHR (related to defaults)	Lane 2 – Conduct DOA activities
67	4 (blue)	Pain	0	Initially, low priority	Lane 3 – Inventory data for ordering
68	4 (blue)	Pleasure	3	Better accountability	Lane 2
69	4 (blue)	Pleasure	2	Better accuracy	Lane 1 – Record and submit vaccination event
70	4 (blue)	Pleasure	1	Able to generate better reports	Lane 2 – Decrement provider org inventory
71	4 (blue)	Pleasure	2	Physical inventory takes less time	Lane 2 – Decrement provider org inventory
72	4 (blue)	Pleasure	3	Automated doses administered report	Lane 3 – Inventory data for ordering
73	4 (blue)	Pleasure	0	Possibility of predicting doses needed	Lane 3 – Inventory data for ordering
74	5 (red)	Pain	0	Private inventory	Lane 1 – Administer vaccine dose
75	5 (red)	Pain	0	HL7 2.5.1 funding source coding	Lane 1 – Record and submit vaccination event

Turn Around Document (TAD): MIROW “101” Workshop at the 2015 AIRA National Meeting

ID	Small Group	Pain or Pleasure	Votes received	Description	Remarks e.g., what area of the process diagram
76	5 (red)	Pain	1	Data reporting completeness	Lane 1 – Record and submit vaccination event
77	5 (red)	Pain	8	EHR data entry errors, lot #, CVX, MVX, financial class, funding source, NDC code	Lane 1 – Record and submit vaccination event
78	5 (red)	Pain	1	Monthly accountability in system	Lane 1 – Record and submit vaccination event
79	5 (red)	Pain	2	Non-receipt of ACK message	Lane 1 – Record and submit vaccination event
80	5 (red)	Pain	1	Response time	Lane 1 – Report issues
81	5 (red)	Pain	0	Staff time	Lane 1 – Report Issues
82	5 (red)	Pain	3	Imms staff time - TA	Lane 2 – Log of issues
83	5 (red)	Pain	0	Add vendor swim lane	Lane 1 – Current and re-submit
84	5 (red)	Pain	0	Difference between IIS	Lane 1 – Current and re-submit
85	5 (red)	Pain	1	Vendor capacity	Lane 1 – Current and re-submit
86	5 (red)	Pain	0	Difficult to implement via update msg	Lane 1 – Current and re-submit
87	5 (red)	Pain	0	HL7 update msg when processing inventory involved	Lane 1 – Current and re-submit
88	5 (red)	Pleasure	0	VFC Staff	Lane 2 – Decrementing provider org inventory
89	5 (red)	Pleasure	4	Inventory accuracy	Lane 2 – Decrementing provider org inventory
90	5 (red)	Pleasure	3	Better ordering accuracy	Lane 2 – Decrementing provider org inventory
91	5 (red)	Pleasure	0	Automated reports	Lane 2 – Log of issues

Note:

- “No votes recorded” means that a small group didn’t flag any post-it notes on the poster.
- “0” votes means that a poster has flags on some post-it notes, but not others (i.e., the small group did vote, but some post-it notes were not chosen).