

# Immunization Campaign App Quick Start Guide





## **Overview**

If you are a Department of Veterans Affairs (VA) provider, the Immunization Campaign mobile application (App) gives you a record of and information about your patients' influenza (flu) immunizations. The App lets you review and document immunizations on the go and streamlines the process of vaccine administration to multiple patients in a short period of time during an immunization campaign. It includes information about your patient's immunization history and contraindications or precautions for flu vaccines (any medical reason why a patient should not get a specific vaccine). The App also lets you quickly record into a patient's vaccination record any vaccines you administer, along with the immunization lot (manufacturing) number for those vaccines (dose, site, etc.), and vaccines patients refuse or have already received in a different clinical setting.



## **Setting Up and Logging in to Your App**

To use the Immunization App, you must be a VA provider, have Veterans Health Information Systems and Technology Architecture (VistA) credentials with a valid Electronic Signature Code, have a government-furnished equipment (GFE) mobile device, be connected to the VA intranet network, have access to VA's computerized patient record system (CPRS) outside the Immunization Campaign App in case you need to view or enter patient information other than vaccine records and have access to the current procedural terminology (CPT) codes published for the current flu season. The proper CPT codes must be entered into the encounter information for the visit to receive workload credit for the immunization. Please refer to Appendix #3 – CPRS Prerequisites for the full list of CPT codes.



#### **Setting up an Immunization Template**

Tap **Immunization Template** on the Home screen, and you will go to the Immunization Template screen, where you can enter general information about a vaccine. The template has three parts: Vaccinator, Location & Note Title, and Vaccine Profiles. Fill out the necessary information by selecting from drop-down menus or typing the information into the blanks. To add a Vaccine Profile tap the + next to its header, tap the **Save** button at the bottom of the template. Re-enter the Lot Number for security purposes in the pop-up box that appears and tap **Save** again.

S Back	IMMUNIZATION TEMPLATE			
Vaccinator				
Name of Vaccinator:	Title of Vaccinator:			
MOBILEAPPSPROVIDER, ONE	Enter your title (required f	ield).		
Location & Note Title				
Clinic for Immunization:	Note Title for Immunization	r.		
S Enter/Select a Clinic for Immunization	C Enter/Select a Note T	itle for Immunization		
Set up Vaccine Profiles to be used across all vaccination records created during a campaign.           Vaccine Profiles              •             •				
No vaccine profiles exist.				
Launchpad	Home	Logout		



## **Using an existing Vaccine Profile**

To reuse a Vaccine Profile you've already created, tap **Immunization Template** from the Home screen menu. Under the Vaccine Profiles heading, tap the box under the Use in Campaign column next to the name of the Vaccine Profile you would like to select. You must select an existing vaccine on the Vaccine Profile screen before you can administer it to a patient.



## **Editing an existing Vaccine Profile**

As you're viewing a Vaccine Profile you've already created, tap the **Edit** button at the bottom of the template. A pop-up window will appear that asks you to confirm that you wish to change the information in the profile. Tap **Yes** to continue or **No** to cancel. Edit the Vaccine Profile as necessary and Save as you would a New Vaccine Profile.

## -(5

## **Searching for a Patient**

To find a patient's record, tap the magnifying glass in the upper left corner of the Home screen. From the pop-up Patient Search bar, you can search by name or Social Security Number.

9	MOBILEAPPSVETER/ 04/07/1935 (79) M 999-99-9999	AN, ONE	н
Im	munization Te	mpla	te
Im	munization Do	ocum	entation
Re	sources		
Ab	out		



## **Viewing or Documenting Patient's Immunization Records**

Tap on the **Immunization Documentation** button on the Home screen. You will go to a screen that will provide you with two options for viewing the information: the Immunization History section shows you a patient's comprehensive immunization record, and the Immunization Campaign section shows you information about the patient's last influenza immunization as well as the questionnaire to help you determine whether to administer the vaccine.

#### Patient without prior immunization record

MOBILEAPPSVETERAN, ONE 04/07/1935 (79) M 999-99-9999	IMMUNIZATION CAMPAIGN			
	Immunization Campaign Immunization History	ĺ		
	INFLUENZA			
Last Received	Due	Facility		
	No vaccine records were found.			
1. Is the patient pregnant? (FEMALE only)				
1. Is the patient pregnant? (FEMALE only)	Mar Nia Nia			
2. Is the patient moderately or severely acutely ill today?				
Yes No Launchpad Home Logout				

#### Patient with prior immunization record

04/07/1935 (79) M 999-99-9999	IMMUNIZATION CAMPAIGN		
	Immunization Campaign Immunization History		
	INFLUENZA		
Last Received	Due	Facility	
02/27/2012	▲ 02/27/2013	TEST VAMC 3	>
onfirm responses to the following questions rel	ated to administering influenza vaccine to the patient.		
dminister vaccine today? onfirm responses to the following questions rel 1. Is the patient pregnant? (FEMALE only			
onfirm responses to the following questions rel	) Yes No N/A		
onfirm responses to the following questions rel	) Yes No N/A		

## Ľ

## **Determining Whether to Administer a Vaccine**

The App provides you with a questionnaire to help you determine whether to give your patient a vaccine. You must answer all of the questions before you can administer and document a vaccine. Answer the questionnaire by tapping the **Yes**, **No** or **N/A** button that corresponds to each question. Once you have answered the questions, either tap **Yes** to proceed and choose a vaccine, or tap **No** and provide the reason why you will not administer a vaccine.

MOBILEAPPSVETERAN, ONE 04/07/1935 (79) M 999-99-9999	IMMUNIZATION CAMPAIGN	
5. Has the patient ever had a severe reaction t	o any influenza vaccine? Yes No	
6. Has the patient ever had Guillain-Barre Syn	drome? Yes No	
If patient does NOT have any contraindications, all of If the patient DOES have a contraindication and vacco "No" below; continue to CPRS.		
	Administer vaccine today?	
Yes (choose vaccine nex	t)	No (provide reason next)
Launchpad	Home	Logout



## **Choosing a Vaccine to Administer**

If your patient can receive a vaccine based on the questions you answered, you will go to a screen with information about flu vaccines and contraindications. Select the vaccine you want to administer from the drop-down menu at the bottom of the screen. Only those vaccines you selected in your Vaccine Profiles screen will be available. Tap the **Administer Vaccine** button.

04/07/1935 (79) M H	IMMUN	IIZATION CAMPAIGN	
The LAIV4 influenza nasal vaccin	e (FluMist) should not be administered to:		
<ul> <li>Pregnant women</li> </ul>			
Any of the following adults:			
	of hypersensitivity, including anaphylaxis, to		
<ul> <li>persons with asthma;</li> </ul>	any egg allergy even if not severe or not an	aphylactic,	
<ul> <li>persons aged ≥ 50 years</li> </ul>	Irs;		
		ertension), renal, hepatic, neurologic/neuromuscular, hematologic, or me	etabolic disorders;
	nosuppression (including immunosuppressio	on caused by medications or by HIV); equire a protective environment (given the theoretical risk for transmissio	on of the
live-attenuated vaccine		quire a protective environment (given the theoretical risk for transmissio	on or the
live-attenuated vaccine	e virus).	//vaww.prevention.va.gov/ 2013_2014_Seasonal_Influenza_Immuni	
live-attenuated vaccine	e virus).	//vaww.prevention.va.gov/ 2013_2014_Seasonal_Influenza_Immuni	ization.asp.



## **Providing the Vaccine Information Statement (VIS)**

Before administering a vaccine, federal law requires health care providers to give patients a VIS developed by the Centers for Disease Control and Prevention (CDC) that explains a vaccine's benefits and risks. Therefore, the first step to documenting information in your patient's vaccination record is to provide the patient with a paper or electronic copy of the VIS – or confirm prior receipt. If you provide the VIS electronically, proceed by viewing the information on the Provide VIS screen, you may then email an electronic copy. Type the patient's email address into the available email field. Tap **Send**. Tap **Next** on the bottom of the screen to continue to the Document Vaccination Record screen. If you provide the information physically, leave the email field blank and tap **Next**.

MOBILEAPPSVETERAN, ONE 04/07/1935 (79) M 999-99-9999	VACCINE ADMINIST	RATION	
1. Provide VIS	2. Document Vaccination Record	3. Review & Sign	
Provide the patient with the opportunity to revi	ew the Vaccine Information Statement (VI	\$).	
Vaccine Information Statement (VIS)			
	RIV3 - Recombinant Influenza Va	ccine, Trivalent	
Version	English	Other	
07/26/2013	100 July 100	Other languages (including Spanish)	
Email VIS			
Language English Other			
	(10)		

### **Documenting Information in a Vaccination Record**

After you provide the VIS, enter or verify the information on the Document Vaccination Record screen. In the Vaccination Record section, the vaccination information you have provided will pre-populate. Edit the Dose or Lot Number by tapping the **Edit** buttons above the information. Select the injection site for the vaccine from the available drop-down menu in the Injection Site section. Type any additional comments or notes into the available Comments/Notes field. Your answers to the questionnaire will be automatically incorporated. Tap **Next** to go to the Visit Related To section, tap **Yes** or **No** to indicate whether the patient's visit is related to any of the listed service-related issues. Tap **Next** on the bottom of the screen to continue to the Review & Sign screen or tap **Back** to return to the previous screen.



## **Electronically Signing a Vaccination Record**

The final step to documenting information in your patient's vaccination record is to save the data to VistA by entering your Electronic Signature Code. As you view the Review & Sign screen, you will see a final version of the vaccination record information you entered on the previous screen. Tap the **Sign & Submit** button at the bottom of the screen. Enter your VistA password (verify code) and your Electronic Signature Code in the pop-up box that appears. Tap **OK** to confirm. If you do not wish to sign the Vaccination Record, tap **Cancel**. Tap **Back** to edit any previous tab. To cancel the whole process, tap the **X** in the upper right of the screen, tap **Yes** from the pop-up box to confirm you want to cancel and return to Administer Vaccine stage.



### **Documenting that a Patient Received a Vaccine Elsewhere**

If you choose not to administer a vaccine after you have completed the questionnaire on the Immunization Campaign screen, tap the **No** button at the bottom of the screen. You will go to a screen that asks you to document why you did not administer the vaccine. Select **Received Vaccine Elsewhere** from the drop-down menu, and tap **Document Reason Details** to continue. You will go to the Vaccine Received Outside of VA screen. Select the date the patient received the vaccine from the available drop-down menus for Month, Day and Year. Select the type of vaccine administered from the available drop-down menu. Enter the appropriate dose in the Dose field. Enter any additional comments into the Comments/Notes Field. Tap the **Sign & Submit** button at the bottom of the screen. Enter your VistA password and your Electronic Signature Code in the pop-up box that appears. Tap **OK** to confirm. To cancel signing the record and return to the previous screen, tap **Cancel** on the signature screen. Tap **Yes** from the pop-up box to confirm. You will return to the previous screen.

MOBILEAPPSVETERAN, ONE 04/07/1935 (79) M 939-99-9999	Vaccine Received Outside of VA	
Record the Influenza vaccination information the	patient received outside of VA. (example: CVS, Walgreens, other providers, etc.)	
Vaccination Information		* indicates required
Immunization Received Date." June O 23 O 2014 O		
Vaccine Administered:		
	General Influenza	
Dose:		
Comments / Notes.*		
Please include any other pertinent patient factors such	t as pregnancy status, reaction to vaccine, or any other important information, including location where immunization was received.	
The following information will be added to the Co	mments / Notes:	
Is the patient pregnant? (FEMALE only) No		
Is the patient moderately or severely acutely il	I today? No	
Is the patient allergic to eggs? No		
Is the patient allergic to latex? No		
Has the patient ever had a severe reaction to a	ny influenza vaccine? No	
	Cancel Sign & Submit	
	carrier age is submit	



## **Documenting that a Patient Refused a Vaccine**

If you choose not to administer a vaccine because a patient refuses, select Influenza Vaccine Refused from the drop-down menu and tap **Document Reason Details** to continue. You will go to the Document Refusal of Influenza Vaccine screen. Enter the reason for refusal in the Comments/Notes field. Tap the **Sign & Submit** button at the bottom of the screen. Enter your VistA password and your Electronic Signature Code in the box that appears. Tap **OK** to confirm.

MOBILEAPPSVETERAN, ONE 04/07/1935 (79) M 99-99-9999	Document Refus	al of Influenza Vaccine	0
Patient was offered an annual Influenza vaccine	today but declined immunization.		
Influenza Vaccine Refused		*indicate	s required
Comments / Notes:*			
Please provide detailed reasons for refusing influenza	a vaccine from VA today.		
NOTE: Do NOT use this form if the patient has all	lready received the vaccine elsewhere (outside of VA). Return to the previous	screen and select Reason + "Received vaccine elsewhere".	
The following information will be added to the Co	omments / Notes:		
Is the patient pregnant? (FEMALE only) No Is the patient moderately or severely acutely ill	Redev 2 No.		
is the patient moderately or severely acutely in Is the patient allergic to eggs? No	i soday r no		
Is the patient allergic to latex? No			
Has the patient ever had a severe reaction to a	ny influenza vaccine? No		
Has the patient ever had Guillain-Barre Syndron	me? No		
Vaccinator:		Title:"	
TWO CLINICCLERK		Doctor	-
Signed:		Clinic.*	
06/23/2014		MENTAL HYGIENE	
	Cancel	Sign & Submit	



## **Returning to the VA Launchpad**

Tap the **Launchpad** button at the bottom of the screen.



## **Logging Out**

Tap the **Logout** button at the bottom of the screen.

# **Help and Additional Information**

Additional Training Materials for the Immunization Campaign App: More resources, such as a User Manual, Slideshow and FAQs, can be found on **mobilehealth.va.gov/training**.

Help Desk Information: If you need assistance with the Immunization Campaign App, dial **1-855-500-2025** to speak with a VA representative. The Help Desk is open weekdays from 7 a.m. to 7 p.m. CT. For TTY assistance, dial 711.