# Please remember to mute your speakers.



# **VA Mobile Discussion Series**

For audio, please dial in using VANTS: **1-800-767-1750 pc: 32523#** 

Thank you for joining. We will begin shortly.



**U.S. Department of Veterans Affairs** 

Veterans Health Administration Office of Connected Care



# **Immunization Campaign 1.1**



Immunization Campaign App launch on 10/16/2017





- Immunization App Overview
- Immunization App Key Functionality
- Immunization App Vaccine Administration Workflow
- Immunization App Vaccine Documentation Workflow
- Demo screenshots
- Q&A Session



- The Immunization Campaign Application (App) is a provider facing application designed to assist with campaigns and administering of immunizations.
  - Problem(s) the app solves and intended use: Provides immunization services outside of the customary clinical setting, enabling mobile kiosks and vaccination hotspots in any location.
  - The app is NOT: A duplicate of the desktop version of the Immunization Administration and retrieval system.
- Technical and Capability Overview:
  - Type of App: Web application
  - Target Platform: Tablet / Desktop
  - Supported Browsers: Chrome 17, Firefox 12, IE11, Safari 5
  - Immunizations Supported: Influenza only



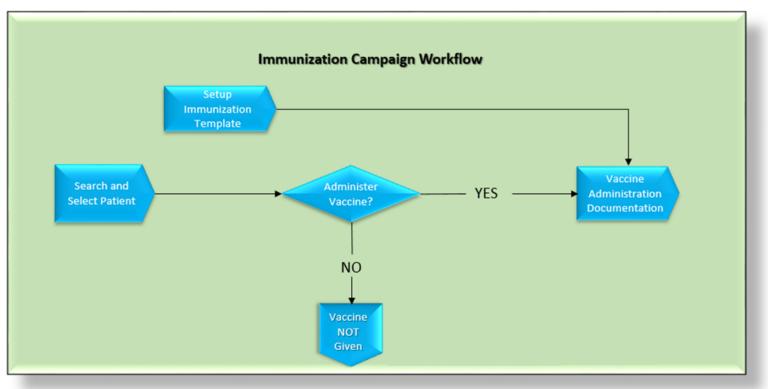
Functionality:

- Patient Search: Enables search by using either patient name or Social Security Number.
- The application utilizes a questionnaire prior to giving the vaccinations.
- Vaccine information sheet review and share:
  - Staff will be able to review a Vaccine information Statement (VIS) with patient
  - Share VIS with patient via email
- Immunization Templates:
  - Set up immunization templates, which would prepopulate certain immunization documentation fields
  - Set up one or more immunization profiles
  - Select up to three immunization profiles to be used in campaign
- Document Immunization:
  - Once documentation is completed, signed and submitted, a note will appear in CPRS/VistA
  - Using the Immunization App will clear the clinical reminder
- Vaccine Profiles:
  - Create a Vaccine Profile
  - Use an existing Vaccine Profile
  - Edit / Delete Vaccine Profile



Overview of Vaccine Administration Workflow Steps:

- Set up Immunization Template
- Search and Selection of Patients
- Administer and Document Immunization





## **DEMO SCREENSHOTS:**

- Today's demo will cover the following areas:
  - A walk through of Immunization Campaign App functionality
  - Review of action completed in CPRS



After clicking on the icon, the log in screen appears.

| appears. | Department of Veterans Affairs<br>PROVIDER LOGIN |
|----------|--|
| AHealth  | Access Code                                      |
|          | Verify Code                                      |
|          | Station  |
|          | Clear Sign In                                    |



#### App Demo Screenshots

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|--|--|-------------------------|---|
|  | aign/?code=4s125c8state=ImmunizationCampaign-150 P = 🔒 C 🕎   | Immunization Campaign × |   |
| Immunization Template  | Vaccinator: KEVIN DONOVAN Vaccinator<br>Clinic: < Clinic Required ><br>Current Campaign: < Set Up/Select a Vaccine Pr<br>Note Title: < Note Title Required > | ofile >                 | U   |
| Immunization Documentation   | Document Patient Immunization  |                         | 0   |
| Resources  | Link to authoritative vaccination information  |                         | 0   |
| Help   | Help using this app  |                         | 0   |
| About  | About this app   |                         | 0   |
|  |  |                         |   |
| Launchpad  | Home   | Help                    | Logout                                      |
| https://staff-int.mobilehealth.va.gov/ImmunizationCampaign/  |  |                         | Logged in as DONOVAN, KEVIN - CHEYENNE VAMC |

This is the home screen of the Immunization Campaign App.

Clicking the arrow allows the user to set up the immunization template.



## Creating the Immunization Template

|  | paign/?code=4s125c&state=ImmunizationCampaign-150. 🔎 🖌 🔒 🖒 🌆 | Immunization Campaign X | 🖬 🐿 🖬<br>10 🖈 10 |
|--|--|-------------------------|------------------|
| ( Back   |  | ON TEMPLATE             |                  |
|  |  |                         |                  |
|  | Vaco   | linator                 |                  |
| Name of Vaccinator:                                |  | Title of Vaccinator:    |                  |
|  |  |                         |                  |
|  | )  |                         |                  |
|  | Location 8   | & Note Title            |                  |
| Officia Occurrito                                  |  | Note County             |                  |
| Clinic Search:                                     |  | Note Search:            |                  |
| CH TEST PRO  |  | I                       |                  |
| Sea  | rch Clinic   | Search                  | Note             |
| Set up Vaccine Profiles to be used across all vacc | ination records created during a campaign.                   |                         |                  |
|  |  | e Profiles              |                  |
| No vaccine profiles exist.                         |  |                         |                  |
| Click the add button to create a new vaccine pro   | file   |                         |                  |
|  |  |                         |                  |
|  |  |                         |                  |
|  |  |                         |                  |
|  |  |                         |                  |
|  |  |                         |                  |
| Launchpad  | Home   | Help                    | Logout           |
| Immunization Campaign V1.1.4                       |  |                         | Logged in as     |

This is the Immunization Template screen.

User/vaccinator will enter the required information.

Click on the 'plus' sign to set-up the vaccine profiles.



# Vaccine Profile

| 🗲 🛞 📧 https://staff-int.mobilehealth.va.gov/ImmunizationCampaign/?code=4sJ25c&state=ImmunizationCampaign-150. 🔎 👻 🔒 | a 🖒 🐷 Immunization Campaign 🛛 🗙                            |
|---|--|
| New   | Vaccine Details  |
| * All fields are required.  | ^  |
| Vaccine Group   |  |
| Vaccine:  | Vaccine Type:  |
| Influenza   | IIV4 - Inactivated Influenza Vaccine, Quadrivalent         |
|   | Test URL   |
| Version of VIS:   | VIS URL:   |
| 08/07/2015  | http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf |
| Product Information   |  |
| Trade Name:   | Mar(gfacturer:   |
| Fluzone Quadrivalent (multi-dose vial)  | Sanofi Pasteur   |
| Dose:   | Route:   |
| 5.0 mL (multi-dose vial)  | Intramuscular(IM)  |
| Product Details   |  |
| Lot Number:   | Expiration Date:   |
| 11  ×   | July 🔮 23 🔮 2040 😒   |
| Cancel  | Save   |
| Gander  |  |



# Vaccine Profile continued

| 🗲 🕀 🔚 https://staff-int.mobilehealth.va.gov/ImmunizationCan | npaign/?code=4s125c&state=ImmunizationCampaign-150. ┍ + 🔒 C 🛛 | Immunization Campaign ×   |                          |        | - 6 🗙 |
|---|---|---|--------------------------|--------|-------|
| C Back  | IMMUNIZATIO   | ON TEMPLATE   |                          |        |       |
|   | Vacc  | inator  |                          |        |       |
| Name of Vaccinator:   |   | Title of Vaccinator:  |                          |        |       |
|   |   |   |                          |        |       |
|   | Location &  | k Note Title  |                          |        |       |
| Clinic Search:  |   | Note Search:  |                          |        |       |
| CH TEST PRO   |   | INFLUENZA <h1n1 immunizat<="" influenza="" th=""><th>ION NOTE&gt;</th><th></th><th></th></h1n1> | ION NOTE>                |        |       |
| Sea   | rch Clinic  | Sea   | arch Note                |        |       |
| Set up Vaccine Profiles to be used across all vac           | ination records created during a campaign.                    |   |                          |        |       |
| Delete  |   | Profiles  |                          |        | +     |
| Influenza   |   |   |                          |        |       |
| Use in<br>Campaign Type                                     | Trade Name (Manufacturer)                                     | Route   | Dose                     | Lot #  |       |
| IIV4 Fluzon   | e Quadrivalent (multi-dose vial) (Sanofi Pasteur)             | Intramuscular(IM)   | 5.0 mL (multi-dose vial) | 11     | >     |
|   |   |   |                          | _      |       |
| Launchpad   | Home  | Help  |                          | Logout |       |
| Immunization Campaign V1.1.4                                |   |   | Logged in as             |        |       |

Select "Use in Campaign" prior to selecting "Back."



#### Immunization Documentation

|                              |   |  | - 6 <b>-</b> |
|------------------------------|---|--|--------------|
|                              | mpaign/?code=4s/25c&state=1mmunizationCampaign-150. 🔎 🖌 🔒 🖒 🔤   | Immunization Campaign X                        | n 🖈 🛱        |
|                              | IMMUNIZATIO   | DN CAMPAIGN                                    |              |
| Immunization Template        | Vaccinator:<br>Clinic: CH TEST PRO<br>Current Campaign: Fluzone Quadrivalent (multi-<br>Note Title: INFLUENZA <h1n1 imm<="" influenza="" td=""><td>dose via/) (IIV4) <b>11</b><br/>UNIZATION NOTE&gt;</td><td>0</td></h1n1> | dose via/) (IIV4) <b>11</b><br>UNIZATION NOTE> | 0            |
| Immunization Documentation   | Document Patient Immunization   |  | 0            |
| Resources                    | Link to authoritative vaccination information   |  | 0            |
| Help                         | Help using this app   |  | 0            |
| About                        | About this app  |  | 0            |
|                              |   |  |              |
| Launchpad                    | Home  | Help   | Logout       |
| Immunization Campaign V1.1.4 |   |  | Logged in as |

Next, the vaccinator will select the "Document Patient Immunization" option.



## Pre-vaccine Questionnaire

|  |   |   | - 6 -  |
|--|---|---|--|
| 🗲 🕘 🔚 https://staff-int.mobilehealth.va.gov/ImmunizationCam      | paign/?code=4sJ25c&state=ImmunizationCampaign-150. 🔎 🖛 🔒 🖒 [ 🔤 ]        | mmunization Campaign ×  | n 🖈 🕮  |
|  | IMMUNIZATIO   | N CAMPAIGN  |  |
| $\sim$   |   |   |  |
|  |   |   |  |
|  | INFLUE  | NZA   |  |
| Administer vaccine today?  |   |   |  |
| Confirm responses to the following questions rela                | ted to administering influenza vaccine to the patient.                  |   |  |
| 1.   |   |   |  |
| Is the patient pregnant? (FEMALE only)                           |   |   |  |
| is the patient pregnant? (PEMALE Only)                           |   |   |  |
|  | Yes N   | lo N/A  |  |
| 2.   |   |   |  |
| Is the patient moderately or severely acu                        | tely ill today?   |   |  |
|  |   |   |  |
|  | Yes   | No  |  |
| Note: Vaccination should not be delayed because of               | the presence of mild respiratory tract illness or other mild acute illn | less with or without fever.   |  |
| 3.   |   |   |  |
| Is the patient allergic to eggs?                                 |   |   |  |
|  | Yes   | No  |  |
|  |   |   |  |
| Note: Persons with egg allergy who are ages 18-49 of a reaction. | should receive FluBlok if it is available. Otherwise, persons with egg  | allergy resulting in only hives can receive influenza vaccine and s | should be observed for at least 30 minutes for signs |
| 4.   |   |   |  |
| Is the patient allergic to latex?                                |   |   |  |
| •  |   |   | ~  |
| Launchpad  | Home  | Help  | Logout   |
| Immunization Campaign V1.1.4                                     |   |   | Logged in as   |
|  |   |   |  |



#### Pre-vaccine Questionnaire cont'd

| F | https://staff-int.mobilehealth.va.gov/ImmunicationCam | paign/?code=4s125c&state=ImmunizationCampaign-150, 🍳 + 🔒 C 🛛 🔯  | mmunization Campaign X   | - <b></b>  |
|---|---|---|--|--|
| Q | PATIENTTWENTYSIX, VAR                                 | IMMUNIZATIO   |  |  |
|   | of a reaction.  | should receive FluBlok If It is available. Otherwise, persons with egg  | allergy resulting in <u>only</u> hives can receive influenza vaccine and | should be observed for at least 30 minutes for signs |
|   | Is the patient allergic to latex?                     | Yes   | No   |  |
|   | Has the patient ever had a severe reaction            | Yes   | No   |  |
|   | Has the patient ever had Guillain-Barre S             | Yes   | No   |  |
|   |   | I of the above responses will be submitted as part of the<br>accine will NOT be given at this time, close this applicatio | n and document in CPRS instead. Do not select "No" b                     | below; continue to CPRS.                             |
|   | (choo   | Yes<br>se vaccine next)   | No<br>(return home withou  | rt saving)   |
|   | Launchpad   | Home  | Нер  | Logout   |
|   | Immunization Campaign V1.1.4                          |   |  | Logged in as   |

If the user does not administer the vaccination, for any reason, he/she can click "No," and the app will return to the home screen without saving.



## Administer Vaccine

|   |  | _  |
|---|--|----|
| Attps://staff-int.mobilehealth.wa.gov/ImmunizationCampaign/?code=4sJ25c8state=ImmunizationCampaign-150. P = @ C   =       PATIENTTWENTYSIX, VAR     IMMUNIZATIO   | Immunization Campaign ×  | 23 |
| $\sim$ $\Box$   |  |    |
| All persons aged 6 months and older, including pregnant women, should be vaccinated annually against  | st influenza. Details and exceptions are listed by vaccine type below.   | ^  |
| Inactivated Influenza Vaccine (IIV)   |  |    |
| Inactivated vaccine is used with all persons aged 6 months and older, including pregnant women, except (including egg protein) is a contraindication to all formulations of influenza vaccine.  | ept where a severe allergic reaction (e.g., anaphylaxis) to a previous dose or to a vaccine component  |    |
| Live, Attenuated Intranasal Influenza Vaccine (LAIV4)   |  |    |
| The LAIV4 influenza nasal vaccine (FluMist) should not be administered to:  |  |    |
| <ul> <li>Pregnant women</li> <li>Any of the following adults:         <ul> <li>persons with a history of hypersensitivity, including anaphylaxis, to any of the components of persons with history of any egg allergy even if not severe or not anaphylactic;</li> <li>persons with asthma;</li> <li>persons aged ≥ 50 years;</li> <li>those with chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic,</li> <li>those who have immunosuppression (including immunosuppression caused by medications</li> <li>persons who care for severely immunosuppressed persons who require a protective environ</li> </ul> </li> <li>For additional details, consult the VHA Influenza Guidance Statement at <a href="http://yaww.prevention.va.go">http://yaww.prevention.va.go</a></li> </ul> | , neurologic/neuromuscular, hematologic, or metabolic disorders;<br>s or by HIV);<br>nment (given the theoretical risk for transmission of the live-attenuated vaccine virus). |    |
| For additional details, consult the VHA initidenza Guidance Statement at http://vaww.prevention.va.go   | ov/2015_2014_seasonal_initidenza_inimunization.asp.  |    |
| Choose Vaccine:   | Fluzone Quadrivalent (multi-dose vial) (IIV4) - 11   |    |
| Administer Vaccine 👆  | Cancel   | ~  |
| Launchpad Home  | Help Logout  |    |
| Immunization Campaign V1.1.4  | Logged in as   |    |



# Administering the vaccine: Step 1

| _  |  |  | -4         |
|--|--|--|------------|
| https://staff-int.mobilehealth.va.gov/ImmunizationCampaign/?code=4s125 | z&state=ImmunizationCampaign-150. Ϙ マ 🔒 C 🛛 🔤 Immunization | Campaign X                             | <b>6</b> s |
|  | VACCINE ADMINISTRAT  | <b>FION</b>                            | (          |
|  |  |  |            |
| 1. Provide VIS   | 2. Document Vaccination Record                             | 3. Review & Sign                       |            |
| •  |  |  |            |
| le the patient with the opportunity to review the Vaccir               | ne Information Statement (VIS).                            | •                                      |            |
| ine Information Statement (VIS)  |  |  |            |
|  | IIV4 - Inactivated Influenza Vaccine,                      | Quadrivalent                           |            |
| Version  | English  | Other                                  |            |
| 08/07/2015   | <b>1</b>   | Other languages<br>(including Spanish) |            |
|  | _  | farenand observery                     |            |
|  |  |  |            |
|  |  |  |            |
| uage English Other   |  |  |            |
|  |  |  |            |
|  |  |  |            |
|  |  |  |            |
|  |  |  |            |
|  |  |  |            |
|  |  |  |            |
|  |  |  |            |
|  | Bac Nhạt   |  |            |

Vaccine administration has three steps.



# Administering the vaccine: Step 2

| C 🕘 🔟 https://staff-int.mobilehealth.va.gov/ImmunizationCampaign/?code=4sJ25c&state= | tionCampaign-150. 🔎 👻 🗎 🖒 🔝 Immu | nization Campaign ×          |                  | - <b></b><br>∩ ★ 0   |
|--|----------------------------------|------------------------------|------------------|----------------------|
| PATIENTTWENTYSIX, VAR  | VACCINE ADMINIS                  | STRATION                     |                  | <b>()</b>            |
| 1. Provide VIS   | 2. Document Vaccination Reco     | rd                           | 3. Review & Sign |                      |
| Please document the vaccination record for the patient.  | •                                |                              |                  |                      |
| Visit Related To   |                                  |                              |                  | * indicates required |
| Service Connected  |                                  | MST                          |                  |                      |
| Yes No   |                                  | Yes No                       |                  |                      |
| Agent Orange   |                                  | Head and/or Neck Cancer      |                  |                      |
| Yes No   |                                  | Yes No                       |                  |                      |
| Radiation  |                                  | Combat Veteran               |                  | R                    |
| Yes No   |                                  | Yes No                       |                  |                      |
| Southwest Asia Conditions  |                                  | Shipboard Hazard and Defense |                  |                      |
| Yes No   |                                  | Yes No                       |                  |                      |
| Vaccination Record   |                                  |                              |                  |                      |
| Vaccine: Trade Name:   | Manufacturer:                    | Expiration Date:             | Version of VIS:  | <b></b>              |
| Influenza Fluzone Quadrivalent (multi-dose via   | Sanofi Pasteur                   | 07/23/2040                   | 08/07/2015       |                      |
|  |                                  |                              |                  |                      |
|  | Back Ne                          |                              |                  |                      |
|  | Back Ne.                         |                              |                  |                      |



# Administering the vaccine: Step 2

| 1. Provide VIS     2. Docume       0 mL (multi-dose vial)  | ent Vaccination Record | 3. Review & Sign |  |
|--|------------------------|------------------|--|
| .0 mL (multi-dose vial)<br>mmunization Notes<br>njection Site <sup>*</sup>                               | 11                     |                  |  |
| njection Site "  | •                      |                  |  |
|  | •                      |                  |  |
|  |                        |                  |  |
| Comments / Notes:  |                        |                  |  |
| 08.16.17 Live Demo   |                        |                  |  |
|  |                        |                  |  |
| he following information will be added to the Comments / Notes:  |                        |                  |  |
| Is the patient pregnant? (FEMALE only) No<br>Is the patient moderately or severely acutely ill 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 any influenza vaccine? No                                  |                        |                  |  |
| Has the patient ever had Guillain-Barre Syndrome? No   |                        |                  |  |
|  |                        |                  |  |
|  |                        |                  |  |
|  |                        |                  |  |
|  | $\frown$               |                  |  |

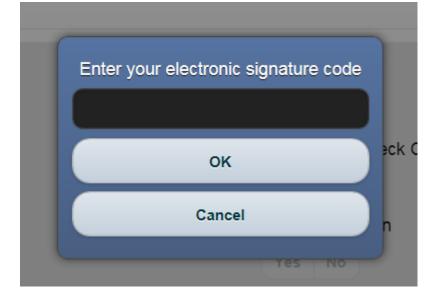


| 🔶 🕘 🚮 https://staff-int.mobil | lehealth. <b>va.gov</b> /ImmunizationCampaign/?code=4 | sJ25c8state=ImmunizationCampaign-150 🔎 + 🔒 C 🛛 🜆 Im | munization Campaign ×           |                  | 39 公 G |  |
|-------------------------------|---|---|---------------------------------|------------------|--------|--|
| PATIENTTWENTYSIX, VAR         |   |   |                                 |                  |        |  |
|                               | 1. Provide VIS  | 2. Document Vaccination Re                          | cord                            | 3. Review & Sign |        |  |
| The following vaccination     | on record will be submitted for the                   | e patient. Please review and validate. Click        | "Back" to make any corrections. | •                | ^      |  |
| Visit Related To              |   |   |                                 |                  |        |  |
| Service Connected             |   |   | MST                             |                  |        |  |
| Yes No                        |   |   | Yes No                          |                  |        |  |
| Agent Orange                  |   |   | Head and/or Neck Cancer         |                  |        |  |
| Yes No                        |   |   | Yes No                          |                  |        |  |
| Radiation                     |   |   | Combat Veteran                  |                  |        |  |
| Yes No                        |   |   | Yes No                          |                  |        |  |
| Southwest Asia Condit         | tions   |   | Shipboard Hazard and Defense    |                  |        |  |
| Yes No                        |   |   | Yes No                          |                  |        |  |
| Vaccination Record            | ß   |   |                                 |                  |        |  |
| Vaccine:                      | Trade Name:   | Manufacturer:                                       | Expiration Date:                | Version of VIS:  | ×      |  |
|                               |   |   |                                 |                  |        |  |
|                               |   |   |                                 |                  |        |  |
|                               |   | Back Sign   | & Submit                        |                  |        |  |
|                               |   |   |                                 |                  | ·      |  |

After completing step #3, the user clicks on "Sign and Submit."



#### Electronic Signature



The "Sign & Submit" will prompt the electronic signature pop-up.



# Processing your request

| PATIENTONE, IMMUNIZATION APP                  | VACCINI  | E ADMINISTRATION                   |                  | ۲ |
|---|--|------------------------------------|------------------|---|
| 1. Provide VIS                                | 2. Document Vac                                  | cination Record                    | 3. Review & Sign |   |
| Please wait; Processing your request. The     | page will change when it is completed            |                                    |                  |   |
| The following vaccination record will be subr | mitted for the patient. Please review and valida | ate. Click "Back" to make any corr | rections.        |   |
| Visit Related To                              |  |                                    |                  |   |
|   |  |                                    |                  |   |
| Service Connected                             |  | MST                                |                  |   |
| Yes No  |  | Yes No                             |                  |   |
| Agent Orange                                  |  | Head and/or Neck Ca                | ncer             |   |
| Yes No  |  | Yes No                             |                  |   |
| Radiation                                     |  | Combat Veteran                     |                  |   |
| Yes No  |  | Yes No                             |                  |   |
| Southwest Asia Conditions                     |  | Shipboard Hazard and               | d Defense        |   |
| Yes No  |  | Yes No                             |                  |   |
|   |  |                                    |                  |   |
|   |  |                                    |                  |   |



# Successfully submitted!

|   | IMMUNIZATION CAMPAIGN   |   |
|---|---|---|
| Immunization Template                   | Vaccinator:<br>Clinic: CHEY PC PM<br>Current Campaign: Afluria Trivalent (multi-dose vial) (IIV3 (standard dose)) 1<br>Note Title: FLU <influenza note="" vaccine=""></influenza> | 0 |
| Immunization Documentation              | Document Patient Immunization   | Ø |
| Resources                               | Link to authoritative vaccination information   | Ø |
| Help                                    | Help using this app   | O |
| About                                   | About this app  | Ø |
| Your record was successfully submitted. | Please note: the previous patient is still in context. CLICK HERE TO SELECT A NEW PATIENT or select the patient search button at the top of the screen.                           | ۲ |

| Launchpad                                 | Home | Help | Logout |  |
|---|------|------|--------|--|
| Immunization Campaign V1.1.4 Logged in as |      |      |        |  |



#### Select a new patient

| (  | aign/?code=4s/25c8state=ImmunizationCampaign-150. 🌶 = 🔒 🖒 🌉   | Immunization Campaign ×                        | <b>عادی</b><br>8 ش ۵                       |  |  |
|--|---|--|--|--|--|
|  | N CAMPAIGN  |  |  |  |  |
| Immunization Template                          | Vaccinator:<br>Clinic: CH TEST PRO<br>Current Campaign: Fluzone Quadrivalent (multi-<br>Note Title: INFLUENZA <h1n1 imm<="" influenza="" td=""><td>lose vial) (IIV4) <b>11</b><br/>UNIZATION NOTE&gt;</td><td>0</td></h1n1> | lose vial) (IIV4) <b>11</b><br>UNIZATION NOTE> | 0  |  |  |
| Immunization Documentation                     | Document Patient Immunization   | Document Patient Immunization                  |  |  |  |
| Resources                                      | Link to authoritative vaccination information   |  | 0  |  |  |
| Help   | Help using this app   | Help using this app                            |  |  |  |
| About  | About this app  |  | 0  |  |  |
| Your record was successfully submitted. Please | note: the previous patient is still in context <u>CLICK HE</u>  | RE TO SELECT A NEW PATIENT o select the patie  | nt search button at the top of the screen. |  |  |
| 4  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| Launchpad                                      | Home  | Help   | Logout                                     |  |  |
| Immunization Campaign V1.1.4                   |   |  | Logged in as                               |  |  |

Click the "magnifying glass" image to select a new patient.

Or, the "Click here to select a new patient" option.



# Selecting a new patient

|  |                               |                                     |   | - 6 × |
|--|-------------------------------|-------------------------------------|---|-------|
| 🗲 🕘 🔁 https://staff-int.mobilehealth.va.gov/ImmunizationCampaign/?code=4sl25c8st | ate=ImmunizationCampaign-150. | 오 두 🔒 🖒 🔝 Immunization Campaign 🛛 🗙 |   | n 🖈 🕸 |
| California a   |                               |                                     |   | ~     |
|  |                               |                                     |   |       |
|  | 0                             | Patient Search                      | 3 |       |
|  | -                             |                                     | - |       |
|  | ( patienttwentys              |                                     | 0 |       |
| h  | ( patientimentys              |                                     |   |       |
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## Note in CPRS

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| PATIENTTWENTYSIX,VAR (OUTPATIENT)<br>Sep 06.1952 (64)  | Visit Not Selected<br>Provider. |   | No PACT assigned at any VA location /   | Flag VistaWeb<br>Remote Data | 8       | No Postings |  |
| Lest 100 Signed Notes (Totel: 2)   |                                 | Visit 08/16,  |   |                              |         |             |  |
| All signed notes     All signed notes     All Aug 16.12 HINI INFLUENZA IMMUNIZATION NOTE, CH TEST     Aug 15.17 INFLUENZA VACCINATION NOTE RT ARM, CH TEST   |                                 |   | LOCAL TITLE: MINE INFLUENCE INDER<br>STANDARD TITLE: MENUMIZATION HORE<br>DATE OF HOTE: AUG 16, 2017§14:18:01 ENTRY DATE: AUG 16, 2017§14:18:01<br>AUTHOR: EXP COBLEMEN<br>UNDERNY: STATUS: CONFLETED<br>, IIV4 - Inactivated Influence Vaccine, Quadrivalent, Flurone Quadrivalent<br>(multi-dose vial), @nofi Pasteur, 11, Intramucular(IN), 5.0 mL (multi-dose<br>vial), Dorsogluteal, Right, Tri Aug 07 00:00:00 EDT 2015, Wed Aug 16 12:17:55<br>EDT 2017, \$1073654; Revin 06:16:17 Live Demo Is the patient premant? (FRMLE<br>only): No Is the patient moderately or severely acutely ill today?: No Is the<br>patient allergio to eggs? No Is the patient allergie to latex?! No Mas the<br>patient ever had a severe reaction to any influenza vaccine?: No Mas the<br>patient of 16/2017 14:18<br>Note generated in CPRS once<br>immunization is documented in App |                              |         |             |  |
| Templates     Encounter     New Note     Come Sharel Decideren Linder  | ,<br>,                          | Procedure:<br>Influenca V<br>Immunizatik<br>Visccine/Ti<br>RIV3 VACC<br>Immunizatik<br>INFLUENZ | ER FOR IMMUNIZATION (ICD-10-CM 223.)<br>ins Vaccine, Quadrivalent (IV4). Split Virus, 0.5 ml Dosage, for Intramuscular use<br>an Administration (includes Percutaneous, Intradermal, Subcutaneous, or Intramuscular Injectio<br>coold)<br>INE NO PRESERVIM<br>Smi:<br>A, RECOMBINANT, INJECTABLE, PRESERVATIVE FREE   | ns): 1 Veccine (single or C  | ombinat | 00          |  |
| Cover Sheet   Problems   Meds   Orders   Notes   | Constant Condition ( D)(C)      | owner   cos   | a rahana  |                              |         |             |  |









# What future topics would you like to discuss?

# Let us know by providing feedback at this link:

https://www.surveymonkey.com/r/GH59RJQ