

Description

The EHR vendor loads HepA immunization history data for Juana Mariana Gonzales.

Comments

In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps.

Pre Condition

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

Post Condition

The immunization history for HepA known to the local practice is loaded into the record created for Juana Mariana Gonzales.

Test Objectives

Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

Request/Receive Patient Immunization Data and Identify Source: The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]. In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps. However, the complete list of data element content is provided:

| | | | |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|--|
| HepA Dose 1 of 2 | | | |
| Entered BY | Sandra Molina | N | |
| Ordering Provider | Jane Carter | N | |
| Entering Organization | Shoreline Pediatrics | N | |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y | |
| Date/Time of Start of Administration | 11/23/2011 | Y | |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52) | Y | |
| Administered Amount (of Vaccine) | 0.5 | N | |
| Administered Units (of Measure) | mL | N | |
| Administering Provider | Jane Carter | N | |
| Administered-at Location | 325 Shoreline Drive, Stamford Connecticut 06901 | N | |
| Lot Number | 6359RT33 | N | |
| Substance Expiration Date | 1/4/2012 | N | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N | |
| Completion Status | CP | N | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | |
| Administration Site | Right Deltoid (HL7 RD) | N | |
| | | | |
| HepA Dose 2 of 2 | | | |
| Entered BY | Sandra Molina | N | |
| Ordering Provider | Carlos Herrera | N | |
| Entering Organization | Shoreline Pediatrics | N | |
| Vaccine Event information source | Historical Immunization (NIP001 01) | Y | |
| Value/Text for Vaccine Type | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) | Y | |
| Date/Time of Start of Administration | 5/23/2012 | Y | |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52) | Y | |
| Administered Amount (of Vaccine) | 0.5 | N | |
| Administered Units (of Measure) | mL | N | |
| Administering Provider | J. Martinez | N | |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N | |
| Lot Number | 6359RT48 | N | |
| Substance Expiration Date | 9/11/2012 | N | |

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|-----------------------------|------------------------------------------|---|--|
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N | |
| Completion Status | CP | N | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | |
| Administration Site | Left Deltoid (HL7 LD) | N | |

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| Notes for Testers |
| No Note |