

Description

The patient is able to provide information about the influenza vaccine that she received through her employer out of state using the patient facing features (e.g. portal) offered by the EHR.

Comments

No Comments

Pre-condition

The patient has been provided access to a patient facing mechanism to provide information electronically to the provider regarding her historical immunization record.

Post-Condition

The immunization history from the employer as reported by the patient is available for review by the provider through the EHR.

Test Objectives

Provide Access to Update Immunization Information: The patient is able to add or request an update to immunization information for review by the provider.

Evaluation Criteria

Evaluation Criteria: Vendor successfully captures the historical vaccination information from the patient. The electronic information provided may be supplied by whatever means is offered through the EHR (e.g. email, uploaded pdf, patient entered into a form, etc.).

The information provided by the patient for review by the physician includes:

| | | |
|--|--|---|
| Historical Vaccine from Employer Reported by Patient – Influenza | | |
| Entered By | Anita Francesca Marina | Y |
| Ordering Provider | John Jobs | N |
| Entering Organization | N/A | N |
| Vaccine Event information source (Administration Notes) | Historical information – from other provider (NIP001 02) | Y |
| Date/Time of Start of Administration | 09/01/2022 | Y |
| Vaccine Administered | influenza, recombinant, quadrivalent, injectable, preservative free (CVX 185) Flublok Quadrivalent Northern Hemisphere (NDC 49281-0722-88) | Y |
| Administered Amount (of Vaccine) | 0.5 | Y |
| Administered Units (of Measure) | mL | Y |
| Administering Provider | Sophia Muir | N |
| Administered-at Location | River Rehabilitation Center, 15 River Road, Port Chester New York 10573 | Y |
| Lot Number | 8L4B3423 | Y |
| Substance Expiration Date | 12/31/2022 | Y |
| Substance Manufacturer Name | Sanofi Pasteur Inc. (MVX PMC) | Y |
| Route of Administration | Intramuscular (NCIT: C28161, HL70162: IM) | Y |
| Administration Site | Right Deltoid (HL7 HL70163: RD) | Y |
| Completion Status | Completed (CP) | Y |

Notes

The EHR may collect the information from the patient through any electronic means. The tester shall document the method used to capture the information.

The patient provided information is not part of the EHR until the provider reviews the information in the next step and accepts/modifies the content.