

Description

Following the vaccinations given during the visit, the EHR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines, and an indication that Varicella was not administered due to a history of the disease as evidence of immunity. The Vaccination report also includes an indication that Hepatitis A was not administered due to serological evidence of immunity. The report MAY send the immunizations that the EHR imported from the IIS.

Comments

The Report must include all newly administered vaccines in any order. The report may include the information imported from the IIS.

Pre-condition

The vaccines for the visit have been administered. The clinical information has been documented for Anita Francesca Marina in the Initial Data Load.

Post-Condition

The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.

Test Objectives

Transmit Standard Patient Immunization History Report: The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's newly administered or newly identified immunization history to public health immunization registries.

Note: Adult Patient

Link Standard Codes to Immunization Data: The EHR or other clinical software system links standard codes (i.e., LOINC for lab tests or evaluation tools, SNOMED CT for conditions or observations, NDC codes for current immunizations, CVX for historical immunizations, appropriate codes for administration site, route, method, etc.) to discrete data elements associated with an immunization.

Note: Testing for NDC codes, CVX for immunizations.

Evaluation Criteria

Evaluation Criteria: Vendor successfully records all demographic data provided, with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Patient ID (previously listed as "Medicaid Number")	Vendor supplied	Y
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Metro Primary Care	Y
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied	Y
Patient Name: First	Anita	Y
Patient Name: Middle	Francesca	Y
Patient Name: Last	Marina	Y
Patient Date of Birth	06/01/1986	Y
Birth Time	N/A	N
Patient Gender (Administrative Sex)	F	Y
Patient Multiple Birth Indicator	No	Y
Patient Birth Order	1	Y
Responsible Person Name: First	Anita	Y
Responsible Person Name: Middle	Francesca	Y
Responsible Person Name: Last	Marina	Y
Responsible Person Name: Maiden Last	N/A	N

Responsible Person Name: Relationship to Patient	Self	Y
Mother's Name: First	Sophia	Y
Mother's Name: Middle	Serena	Y
Mother's Name: Last	Santos	Y
Mother's Name: Maiden Last	Ramirez	Y
Patient Address: Street	4623 Standish Way	Y
Patient Address: City	Stamford	Y
Patient Address: State	CT	Y
Patient Address: Country	USA	Y
Patient Address: Zipcode	06903	Y
Patient Address: County of Residence	Fairfield	N
Race	White	Y
Ethnicity	Hispanic or Latino	Y
Birthing Facility Name	N/A	N
Birth Delivery Location Address (BDL)	N/A	N
Patient Birth State	CT	Y
Patient Primary Language	English	Y
Patient Telephone Number	(203) 555-1215	Y
Patient Telephone Number Type (e.g., home, cell)	cell	Y
Patient E-mail Address	Proctor Supplied	Y
Publicity Code	Reminder/recall - any method (02 HL70215)	Y
Protection Indicator	N	N
Protection Indicator Effective Date	10/1/2011	Y
Immunization Registry Status	NA	N
Preferred Contact Method	email	Y

Social History:

Occupation	Adult Health Clinical Nurse Specialist [Clinical Nurse Specialists]	C
Industry	Home nursing services (except private practices) [Home Health Care Services]	C
Employer	River Rehabilitation Center	C

Notes

All NDC coded values are required to use the 11-Character format that includes dashes ('-').