

# POLICY & PROCEDURE



<b>TITLE: Vaccines: Stock Selection and Documentation Requirements</b>				
<b>Scope/Purpose: To promote and ensure fiscal accountability and program compliance of the vaccine program, including patient consent and documentation.</b>				
<b>Division/Department: All Clinics</b>			<b>Policy/Procedure #:</b>	
<b>Original Date: July 2015</b>			<input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Replacement for:</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
			09/17/2015	
<b>Responsible Party: Director of Nursing</b>				

**DEFINITIONS:**

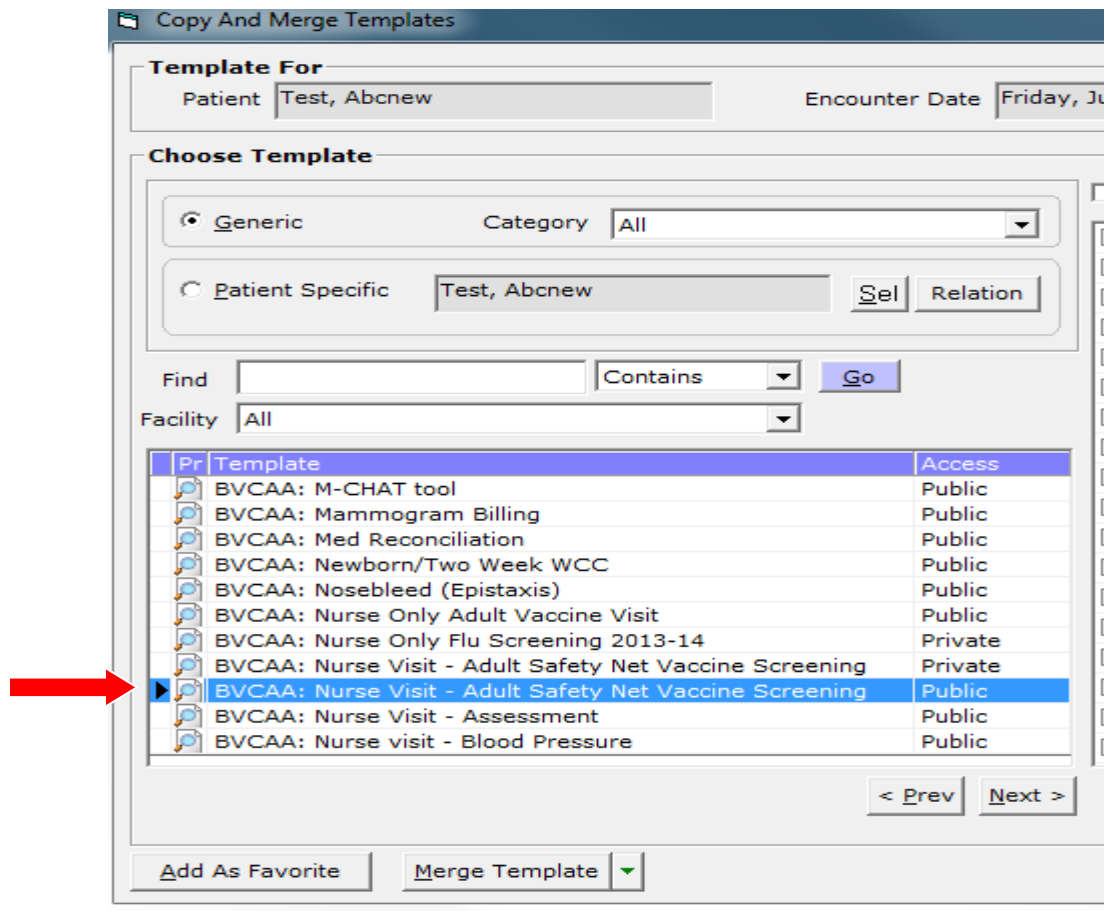
1. **VACCINE PREVENTABLE DISEASES:** Conditions/Diseases that are preventable through vaccines.
2. **VACCINE:** A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from the disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.
3. **IMMUNIZATION:** Vaccination.
4. **VIS:** Vaccine Information Sheets (VISs) are information sheets produced by the CDC explaining the benefits and risks of a vaccine to vaccine recipients. Federal law requires healthcare staff provide a VIS to a patient, parent, or legal representative before each dose of vaccine.
5. **Texas Vaccines for Children Program (TVFC)** is administered by the Immunization Branch of the Texas Department of State Health Services (DSHS). This program guarantees vaccines are available at no cost to providers, in order to immunize children (birth to 18 years of age) meeting eligibility requirements. The following conditions qualify children (patients birth or 18 years old) to receive free vaccines through the TVFC program:
  - a. Uninsured OR
  - b. Insurance does NOT cover the cost of the vaccine (under-insured) OR
  - c. CHIP funding OR
  - d. Medicaid OR
  - e. Native American heritage OR
  - f. Native Alaskan heritage.
6. **Adult Safety Net Program (ASN)** was created by the Immunization Branch of Texas Department of State Health Services (DSHS). Publically purchased vaccines are available to enrolled providers at no cost to the provider. The goal of this program is to increase access to vaccination services in Texas to uninsured adults, persons 19 years of age or older. The following conditions must be met for patients to QUALIFY for ASN program vaccines:
  - a. **19 years of age and older AND**
  - b. **WITHOUT insurance OR**
  - c. **SFS designation**
  - d. **In DSHS programs** such as EPHC (Expanded Primary Health Care), PHC (Primary Health Care) and FP (Family Planning)
  - e. **In Texas Women’s Health Planning (TWHP) program** as this program COVERS FAMILY PLANNING ONLY (Patients are considered ‘**uninsured**’ for the purpose of vaccines.)
7. **CLINIC STOCK:** The following conditions **qualify ANY AGE PATIENT** to receive CLINIC STOCK:
  - a. **Private insurance OR**
  - b. **Medicare OR**
  - c. **Adult Medicaid**

**POLICY:** HealthPoint promotes fiscal responsibility as well as clinical excellence in administering vaccines. Selection of vaccine from appropriate stock (TVFC, ASN, or Clinic) is as important as the correct administration of the vaccine. HealthPoint strives to ensure vaccine selection is accurate and documentation in patients' electronic medical records is complete as well as compliant with state regulations and CDC guidelines.

**PROCEDURE:**

**A. 'STOCK' SELECTION IS TIED TO FUNDING / (ELIGIBILITY)**

1. HealthPoint front office staff perform and document insurance and eligibility verification and program association (TVFC or DSHS programs such as EPCH, PHC, FP or TWHP, an adult Medicaid program for family planning) for all patients. (The insurance information and program association is visible in the green note of the patient progress note dashboard when middle 'olive' is checked).
2. Insurance sources noted as **'pending'** are considered **'no insurance'**.
3. Clinic staff shall **verify eligibility** for Texas Vaccine for Children (TVFC)/Adult Safety Net (ASN) programs **EACH patient visit where the purpose is to receive a vaccine.**
  - a. TVFC screen is 'built into' well child templates.
  - b. ASN screen must be selected from BVCAA templates: (Select BVCAA Nurse Visit – Adult Safety Net Vaccine Screening - Public)



**B. COST TO PATIENT PER PROGRAM ASSOCIATION**

1. **Adults with no insurance** (remember: EPHC, EPC, TWFC, FP programs are NOT considered insurance) receive vaccines through the **ASN program**.
  - a. Patients will be responsible for the administrative fee only if the vaccine is supplied during a 'non-provider' visit.
  - b. The administrative fee is waived if the vaccine occurs during a provider visit.
2. **Adults with insurance** are:
  - a. Charged for the cost of the vaccine AND the administrative cost regardless of type of visit (i.e.; 'nurse only' or 'provider' visit).
  - b. Eligible for discounted cost.
  - c. Provided the vaccine through 'clinic stock' supply.

**C. ORDERING THE CORRECT STOCK (Shared responsibility between provider and office staff)**

1. Providers review the insurance section, then order the vaccine and select the stock from which the vaccine should come.
2. Clinic staff are to review the insurance section to confirm the Provider selected the correct supply.
3. STANDING ORDER PROTOCOLS authorize staff to administer vaccines for current/established patients (patients up to date with required exams and seen within a calendar year). Best Practices are the following:
  - a. Staff provide IMMTRAC and electronic health record immunization record to the provider.
  - b. The provider confirms staff may follow STANDING ORDER protocol and administer the vaccine OR Provider directs patient must be seen by a provider prior to receiving an immunization.
  - c. Once the provider confirms staff are to follow STANDING ORDER protocol, staff shall select the vaccine from the appropriate stock in the electronic health record (eCW).
  - d. Staff shall document the provider authorizing the vaccine in the note section of the immunization screen.
4. **LOCATING CORRECT STOCK – TIPS WHEN ORDERING:**
  - a. **CLICK 'ADD'...OR SELECT ORDERED IMMUNIZATION TO OPEN SPLIT SCREEN**
  - b. Locate TVFC stock by typing in name of vaccine (choose those labeled TVFC)
  - c. Locate ASN vaccine by typing in name of vaccine (choose those labeled Non-TVFC)
  - d. Locate clinic stock by scrolling through all CLINIC selections until you find the one you need

**D. PRIOR TO ADMINISTERING VACCINATIONS, REVIEW THE FOLLOWING:**

1. **IMMTRAC RECORDS FOR PATIENTS - BIRTH TO 18 YEARS OLD:**
  - a. **If the patient is not listed in the Immtrac registry:**
    - i. Review electronic health record (eCW) document section, registration tab, as signed Immtrac consent may be located within document section.
    - ii. If the Immtrac document is NOT completed, complete it
    - iii. REGISTER THE PATIENT FOR IMMTRAC. Document the date you completed the Immtrac registration in the yellow sticky note section of the electronic health record.
  - b. **A patient listed in the Immtrac registry** signifies registration was completed and consent was obtained.
    1. Document the patient's Immtrac number in the 'purple' sticky note dashboard section of the electronic health record to ensure efficient previsit planning.

2. Ensure the box titled “consent to report immunizations” (referred to as Immtrac consent) is checked. This step is necessary for successful interface between eCW (electronic health record) and Immtrac. (A box remains checked once done.)

(Location of Immtrac consent box: Patient info section, then select ‘additional info’.)

**Personal Info**

Account No: 217664 Prefix: [dropdown] PCP: zzzHood,Davelyn Eaves

Last Name: TEST Suffix: [dropdown] Referring Provider: [dropdown]

First Name: BABY123 MI: [dropdown] Rendering Provider/Primary Care Giver: zzzHood,Davelyn Eaves

Previous Name: [dropdown] Date Of Birth: 12/22/2014 Age: 7M

Address Line 1: 123 Hoola Lane Gestational Age: [dropdown]

Address Line 2: [dropdown] Sex:  Male  Female  Transgender

City: College Station Validate Marital Status: [dropdown]

State: TX Zip: 77840 Country: US Social Security: [dropdown] Parent Info: [dropdown]

Home Phone: 979-224-3433 Cell No: [dropdown] Employer Name: [dropdown] Clear

Work Phone: [dropdown] Ext: [dropdown] Emp Status: [dropdown] (None Selected)

(statements will be addressed to responsible party) Student Status: [dropdown] (None Selected)

**Responsible Party** Select Set Emergency Contact

Name: TEST, PAMELA Address: 555 STAMMUELL

DOB: 12/30/1969 Age: 45Y Sex: F Emergency Contact: TEST, SPOUSE Relation: Husband

Relation: 18 Parent Last Appt: 01/12/2015 08:00 AM Acct Balance: 0.00 Patient: 0.00

Insurances: IE New Case

Sliding Fee Schedule	Fee Schedule	SFS FPIL 0-100%, \$25	Self Pay	Add	Update	Remove
<input checked="" type="checkbox"/>	BLUE CROSS BLUE S	TX	5678935467	1	TEST, BABY123	25.00 78654

Release of Information:  Rx History Consent:  Signature Date: / / Advance Directive: [dropdown]

Additional Info Alert Misc Info Options P.S.A.C OK Cancel

**General Information** Structured

Street Address (if different from mailing)

Address Line 1: [dropdown] Import Capture Delete Scan

Address Line 2: [dropdown] Picture: [dropdown]

City: [dropdown]

State: [dropdown]

Zip: [dropdown]

Email: mburden@healthpoint-tx Not Provided

Leave Message:  Home  Cell

Residence Type: [dropdown] (None Selected)

Race: Asian

Ethnicity: Not Hispanic Birth Order: 0

VFC Eligibility: Not VFC Eligible

Consent to report Immunizations

Employer Address

Address Line 1: [dropdown]

Address Line 2: [dropdown]

City: [dropdown]

State: [dropdown] Zip: [dropdown]

Leave Message:  Work

Language: English Translator:

Characteristic: [dropdown] Exclude From Registry Search:

Registered On: 12/22/2014 (16:07:40.0) Use Street Address for Prescription:

Pharmacies Contacts Attorneys Case Manager Circle of Care Add Remove

E	M	P	Pharmacy Name	Address Line 1	City	State	Zip	Tel	Fax
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Patient Docs Consult Notes Adv Directive Addl Student Info OK Cancel

2. **Review the VIS** with the patient’s parent/guardian/representative. (Use individual VISs if VIS for combination vaccines are not available.)
3. **REVIEW ELECTRONIC HEALTH RECORD / eCW and REVIEW PATIENT HISTORY:**
  - a. Confirm the electronic health record (and paper documentation if provided) shot record accuracy with the parent/guardian or patient (if patient is 18 years old or older).
  - b. Review Immtrac to confirm vaccine need for patients aged birth to 18 years old.
  - c. Ask the parent/guardian (or patient if patient is 18 years old or older) about patient’s response to the prior vaccine.
4. **DETERMINE CURRENT STATUS:** Document the patient’s temperature and weight.

**E. INVENTORY AND STORAGE OF VACCINES: ACCURATE STORAGE CONTRIBUTES TO ACCURATE SELECTION**

1. Vaccines boxes are labeled (per packaging receipt) upon arrival to the clinic.
2. Vaccines are grouped together by program (VFC, ASN or Clinic stock) in clinic vaccine refrigerators.

**F. DOCUMENTATION:**

1. WHEN THE PHYSICIAN HAS ENTERED THE VACCINE AND SELECTED THE STOCK, select the vaccine order.  
WHEN THE PROVIDER CONFIRMS STAFF ARE TO FOLLOW STANDING ORDERS PROTOCOLS, select “ADD”, and then add the vaccine and stock selection
2. Verify correct facility is selected.
3. Take care to note the correct lot number as well as the correct vaccine, associated program.
4. Complete ALL (except dose number box) documentation prompts in the immunization section;
  - a. Location administered,
  - b. Check VIS given date box (and confirm the date in the VIS),
  - c. Under status – check ‘administered’ or ‘not administered’. If ‘not administered’, note reason. (Partially administered doses are doses not given.)
  - d. Check box titled ‘me’ to auto populate your name into the record
  - e. **IF YOU ARE GIVING A TVFC VACCINE – Select and confirm ‘qualifier’ category.**
5. Review and ensure boxes titled ‘billable’ is selected.
6. Save and Close or ‘select/highlight’ next ordered vaccine or select “add” to enter additional vaccines.

RELATED POLICY:

None

REFERENCES:

[www.cdc.gov](http://www.cdc.gov)

REQUIRED BY:

**POLICY/PROCEDURE TRACKING FORM**

<b>TITLE: IMMUNIZATIONS – Stock Selection and Documentation Requirements</b>				
<b>Scope/Purpose: To promote and ensure fiscal accountability and program compliance, including patient consent and documentation.</b>				
<b>Division/Department: Clinical – All clinics</b>			<b>Policy/Procedure #:</b>	
<b>Original Date:</b>			<b><input checked="" type="checkbox"/>_X_ New <input type="checkbox"/> Replacement for:</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
			09/17/2015	
<b>Date of Revision</b>	<b>Description of Changes</b>			