

Vaccination Tracking Clinic Guide

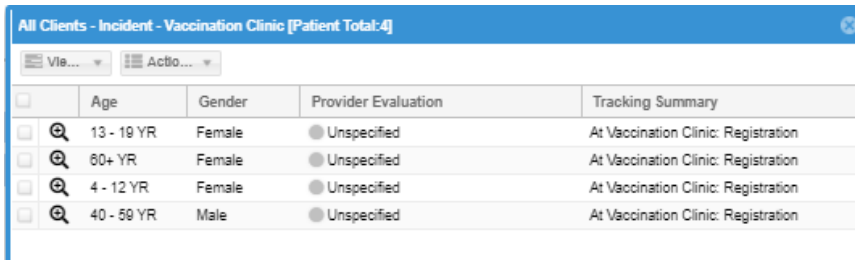
Overview

As Juvare's people and patient tracking solution, EMTrack can be configured to support vaccination tracking. Vaccination tracking features enable the entry and update of vaccinations across multiple locations, improving real-time situational awareness and offering historical reporting.

This document is geared toward vaccination clinic personnel tasked with capturing and updating a variety of information that is required for vaccination recipients' records.

It is important to understand that the data capture tools provided can be configured to support your specific workflow. Please contact your EMTrack Regional Administrator to discuss revisions that might better meet your needs.

You can access the data entry and update forms by either logging on to EMTrack web or via the EMTrack mobile app.



All Clients - Incident - Vaccination Clinic [Patient Total: 4]				
	Age	Gender	Provider Evaluation	Tracking Summary
<input type="checkbox"/>	13 - 19 YR	Female	● Unspecified	At Vaccination Clinic: Registration
<input type="checkbox"/>	60+ YR	Female	● Unspecified	At Vaccination Clinic: Registration
<input type="checkbox"/>	4 - 12 YR	Female	● Unspecified	At Vaccination Clinic: Registration
<input type="checkbox"/>	40 - 59 YR	Male	● Unspecified	At Vaccination Clinic: Registration

Patient Forms

Custom configured patient forms support the data collection required for each vaccination tracking data set. While the specific fields are probably identical, the fields grouped together in discreet forms should support the prescribed workflow and mirror the identified stations.

EMTrack enables you to track specific information for each vaccination instance, including:

- Point of distribution site
- Vaccine recipient demographic information
- Prescreening and screening questions
- Vital signs
- Vaccine type and lot number
- Administration information

Form Examples

The following are examples that can be used to support the various stages of vaccination tracking data collection needs. Each of these can be made available to your clinic staff and revised as

needed. For example, you can choose to combine the registration and pre-screening fields or the observation and discharge fields into single forms.

Patient forms can be accessed by both the web and the EMTrack mobile app.

Registration

The point of entry data collection would typically include demographic information, much of which can be scanned in with a single driver license scan. Use the EMTrack mobile app or attach a tethered scanner to your computer to take advantage of this feature.

Vaccination Registration

Location Information

Incident Involvement * ✕ ▾

Current Location * ✕ ▾

Sub Location ▾

Registrant Information

ID # *
This is a new patient.

Driver License

Driver License Number Driver License State ▾

Name First Name * Middle Name Last Name *

Address Country

✕ ▾

Address 1

Address 2

City State ▾ ZIP/Postal Code

Gender * Male
 Female
 Unknown

Date of Birth *

Age ▾ Approximate Age

Phone Phone Number

Email

Screening

The Screening form provides the opportunity to update the record with pre-screening and screening questions, as well as additional health information such as allergies and symptoms.

Patient Information

ID # *
This patient already exists. Click Load to update the information on this form.

Name

First Name	Middle Name	Last Name
<input type="text" value="Patricia"/>	<input type="text"/>	<input type="text" value="Lambert"/>

Date of Birth

Screening Questions

Symptomatic *

Yes
 No

Pre-Screening Questions

Pre-Screening Question	Patient Response
Is the person a Healthcare Worker?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Is there close personal contact with a confirmed case infection?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Is there close personal contact with a suspected case?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Are they elderly or have underlying health conditions?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Has there been any of the following symptoms in the past 14 days? Fever, Coughing, Sore Throat, Shortness of Breath...	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Does the individual live or work in a nursing home?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown

Screening Questions

Screening Question	Patient Response
Is the person sick today?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Do they have a latex allergy?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Do you have an allergy to eggs?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Have you ever been diagnosed with Guillan-Barre?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Have you ever had a reaction to a vaccine previously?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Have you ever tested positive for COVID-19 or COVID-19 Antibodies?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown

Medication Allergies *

Environmental/Food Allergies

Administration

The site, route, lot number and expiration, and time administered fields are updated for each dose administered.

Vaccination Administration

Location Information

Incident Involvement * x ▾

Current Location * x ▾

Sub Location ▾

Patient Information

ID # *
This patient already exists. Click Load to update the information on this form.

Name First Name Middle Name Last Name

Date of Birth

Vaccination

Vital Signs Evaluation

	Blood Pressure * <input style="width: 40px;" type="text" value="110"/> / <input style="width: 40px;" type="text" value="70"/>	Pulse * <input style="width: 100px;" type="text" value="72"/>
		Respiratory Rate <input style="width: 100px;" type="text" value="12"/>
	Temperature * <input style="width: 60px;" type="text" value="98.6"/> °F ▾	SpO2 <input style="width: 100px;" type="text" value="98"/>


Date and Time Measured *

Medications Administered

	Updated Time <input style="width: 100px;" type="text" value="09/07/2020 14:20"/> <input style="width: 20px;" type="button" value="📅"/>	Medication <input style="width: 100px;" type="text" value="COVID-19 Vaccine"/> x ▾ <input style="width: 40px;" type="button" value="More"/> <input style="width: 20px;" type="button" value="🗑️"/>
	<input style="width: 40px;" type="button" value="+ Add"/>	

When you enter medication, EMTrack enables you to enter additional information.

More Information

Dose	<input type="text" value="1"/>
Amount	<input type="text"/>
Route	<input type="text" value="IM"/>
Sites	<input type="text" value="Left Vastus"/> ✕ ▼
Administered By	<input type="text" value="M. Kiser RN"/>
Ordered By	<input type="text" value="A. Estes MD"/>
Reaction	<input type="text" value="No"/> ✕ ▼
State Administered	<input type="text" value="WI"/> ✕ ▼
Lot #	<input type="text" value="D9887328"/>
Manufacturer	<input type="text" value="Baher"/>
Expiration Date	<input type="text" value="01/30/2022"/> 
<input type="text" value="Comments"/>	

Observation

An observation form supports the entry of additional vital signs if required.

Vaccination Observation

Location Information

Incident Involvement * x ▾

Current Location * x ▾

Sub Location ▾

Patient Information

ID # *

Name First Name Middle Name Last Name

Date of Birth

Observation

Symptoms ▾ ▾

Vital Signs Evaluation

Blood Pressure *	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	Pulse *	<input style="width: 100px;" type="text"/>
		Respiratory Rate	<input style="width: 100px;" type="text"/>
Temperature *	<input style="width: 40px;" type="text"/> °F ▾	SpO2	<input style="width: 100px;" type="text"/>

Date and Time Measured 📅

Discharge

A discharge form prompts you to enter a disposition, which ends the tracking instance.

Vaccination Discharge

Location Information

Incident Involvement * x ▾

Current Location * x ▾

Sub Location ▾

Patient Information

ID # *
This patient already exists. Click Load to update the information on this form.

Name First Name Middle Name Last Name

Date of Birth

Disposition

Disposition * x ▾

Working with Forms

Access Data Entry Forms

Select the Patient tab to access the forms assigned to your user type and select the form that includes the required data set. This list is specific to your region so the names and quantity will differ.

Select Form to Add Patient		
Add Daily Patient	MCI Triage	Evacuee Form
Triage & Transport	Hospital Evacuation	Intoxication Alert
Patient Transfer	COVID - Mount Sinai - Receive	Covid - Mount Sinai - Intake
Shelter Intake	Shelter Check	Shelter Discharge / Transfer
Vaccination Registration	Vaccination Screening	Vaccination Administration
Vaccination Observation	Vaccination Discharge	Sepsis Assessment
STEMI Assessment	Stroke Assessment - CPSS	Stroke Assessment - LAMS
Trauma Assessment		

Record Identifier

Each vaccination tracking instance requires a unique identifier that is scanned or typed into the ID field. The initial entry is at registration. Once entered, the ID can be used to access the record for updates.

Vaccination Registration

Location Information

Incident Involvement * x ▾

Current Location * x ▾

Sub Location ▾

Registrant Information

ID # *
This is a new patient.

Enter a unique identifier for each new vaccination tracking instance to ensure the data is linked to the correct record. Enter the identifier again for subsequent forms and the system will recognize that the record already exists.

Patient Information

ID # *

This patient already exists. Click Load to update the information on this form.

Name

First Name	Middle Name	Last Name

Date of Birth

Click Load to update the form:

Patient Information

ID # *

This patient already exists. Click Load to update the information on this form.

Name

Patricia		Lambert
First Name	Middle Name	Last Name

Date of Birth

Additional Data Information

A few important things to keep in mind about the data:

- When entering details in the Medication Administered field, click More to access the medication details entry page (for example, dosage, route, site, and lot number).
- Entering a disposition indicates the completion of the vaccination encounter. This is a key step in providing accurate situational awareness.
- Access to the data, both current and historical, is dependent on a user's role and provider affiliation.

Historical Reporting

All entered information is available to authorized users via historical reporting.

Vital Signs

Vital Signs

Date Measured	BP:Pulse	RR	Temp.	SpO2
09/07/2020 14:20 CDT	110/70:72	12	98.4 °F / 36.9 °C	98
09/07/2020 14:36 CDT	114/72:80	12	98.5 °F / 36.9 °C	98

Screening Questions

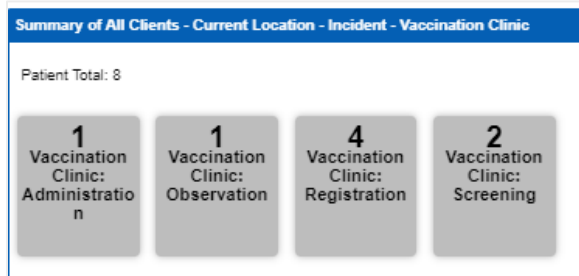
Screening Question	Patient Response
Is the person sick today?	No
Is the person a Healthcare Worker?	Yes
Is there close personal contact with a confirmed case infection?	Yes
Do they have a latex allergy?	No
Is there close personal contact with a suspected case?	No
Do you have an allergy to eggs?	No
Have you ever been diagnosed with Guillan-Barre?	No
Are they elderly or have underlying health conditions?	No
Have you ever had a reaction to a vaccine previously?	No
Has there been any of the following symptoms in the past 14 days? Fever, Coughing, Sore	No

Administration Information

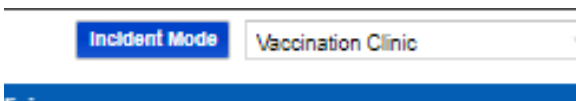
Medications:				
Time	Medication	NDC	Dose	
09/07/2020 14:20:00 CDT	COVID-19 Vaccine		1	
Amount	Lot	Manufacturer	Route	
	D9687328	Baher	IM	
Expires	Site	Admin By	Ordered By	Reaction
01/30/2022	Left Vastus	M. Kiser RN	A. Estes MD	N
State Admin	Location Admin			
WI				

Dashboard

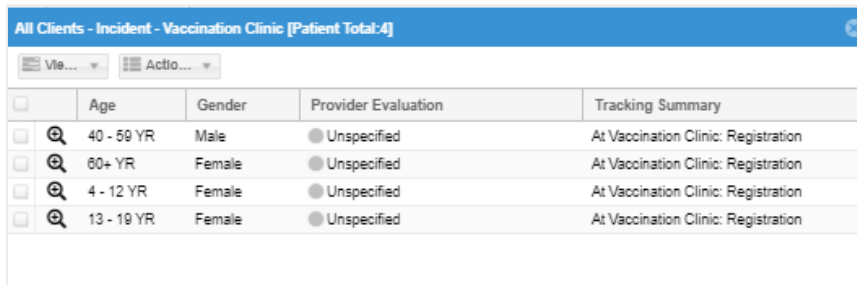
Dashboards offer a visual representation of tracking activities, providing situational awareness about the individuals currently at the clinic. For example, your dashboard might include the number of patients waiting in the registration area or those in the observation area.



It is recommended that you take advantage of the Incident Mode option to filter the information on your vaccination tracking activity.

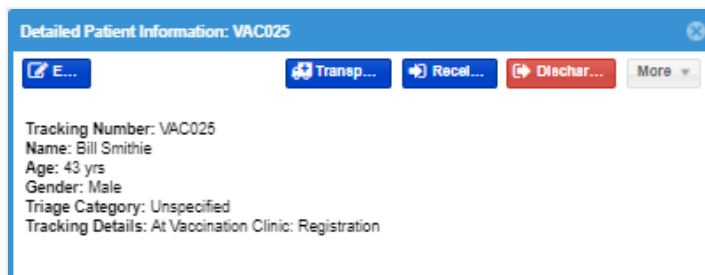


Dashboard components provide at-a-glance situational awareness and access to details as needed. For example, this component provides summaries of each station. Display a station's list by clicking on the specific counter box.



All Clients - Incident - Vaccination Clinic [Patient Total:4]				
	Age	Gender	Provider Evaluation	Tracking Summary
<input type="checkbox"/>	40 - 59 YR	Male	● Unspecified	At Vaccination Clinic: Registration
<input type="checkbox"/>	60+ YR	Female	● Unspecified	At Vaccination Clinic: Registration
<input type="checkbox"/>	4 - 12 YR	Female	● Unspecified	At Vaccination Clinic: Registration
<input type="checkbox"/>	13 - 19 YR	Female	● Unspecified	At Vaccination Clinic: Registration

Click the magnifying glass to access details.



Detailed Patient Information: VAC025

Tracking Number: VAC025
 Name: Bill Smithie
 Age: 43 yrs
 Gender: Male
 Triage Category: Unspecified
 Tracking Details: At Vaccination Clinic: Registration

Assistance

Your Regional Administrator can help identify and configure patient entry forms and dashboard components that best meet your needs. The Juvare Support Center (support@juvare.com) is available 24/7 for further assistance.