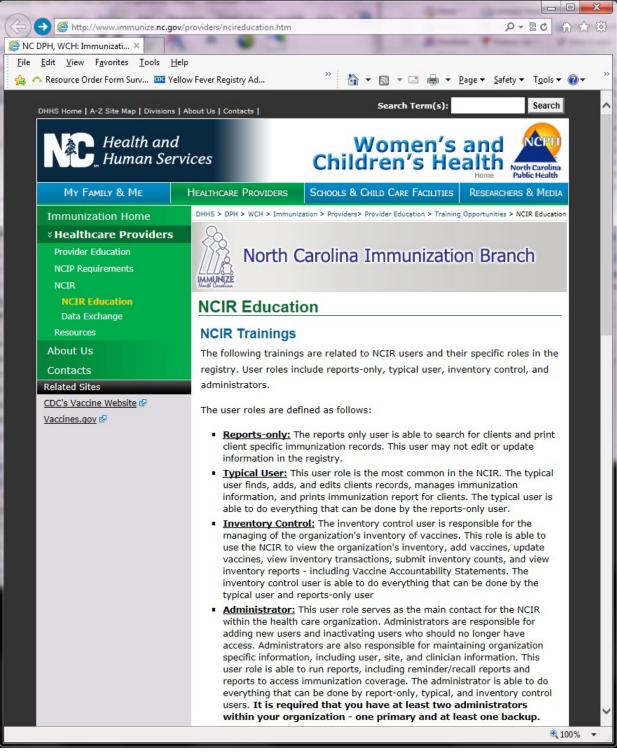
# VII. North Carolina Immunization Registry (NCIR)

# NC DPH. WCH: Immunization: Providers



# North Carolina Immunization Registry User Confidentiality Agreement

(Complete for each NCIR user)

As a user of the North Carolina Immunization Registry under

(Name of Organization)

I agree to abide by the following policies:

- 1. Use information contained in the registry only for purposes for which it is intended.
- 2. Release registry information only to those parties allowed access by North Carolina law and North Carolina administrative code.
- 3. Keep all information contained in the registry confidential.
- 4. Keep my assigned user ID and password confidential.
- 5. Report any violations of confidentiality that I witness.

Employee Name (Please Print)

Employee Signature/Date

On-site NCIR Administrator Signature/Date

# NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) QUICK REFERENCE GUIDE

## **BOOKMARKING THE NCIR WEBSITE**

- Open a new browser window and type in <u>https://</u> <u>ncir.dhhs.state.nc.us</u> in the address bar and then bookmark the site (it will bookmark the NCID website).
- 2. Edit the bookmark by right-clicking on the bookmark itself, left-clicking on **Properties** and retyping the NCIR web address into the **URL** blank.

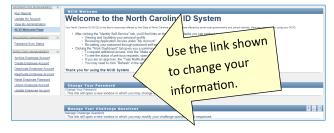
## **USER ID AND PASSWORD**

- UserID is not case sensitive, but password is.
- Do not share userID and passwords.
- For added security, close the browser window after logging out of NCIR.



#### UPDATING YOUR USER PROFILE INFORMATION

Change your e-mail address or password by typing in the <u>https://ncid.nc.gov</u>web address.



#### HOW TO OBTAIN A NCIR USER ID

- Open a new browser window and type https:// ncir.dhhs.state.nc.us in the address bar.
- Click the "<u>Register!</u>" link in bottom right corner of the blue box.



- 3. Click the **Business** button.
- 4. Complete the *CAPTCHA* requirements and click **Verify**.
- 5. Complete the required personal information, including choosing your own *UserID* and *password*.

Password requirements are listed on the page and will remain **red** until your choice of password meets all requirements. The strength of your password will be assessed, and you will be required to type it twice to ensure correctness.

- 6. Click **Continue.**
- An e-mail from *ncid.notifications@nc.gov* will be sent to the provided e-mail address. Clicking the supplied link will verify your new *UserID*. You will be re-routed back to the NCID website.
- 8. Click Continue.

At this point, an NCIR Administrator in your organization **must** add your userID (*instructions on page 7*). You must share your UserID, but NOT your password. Once you have been added, return to *https://ncir.dhhs.state.nc.us* to log in.

- The first time you log in, you will be required to select and answer 5 challenge questions to verify your identity if your password is ever lost.
- 10. Once completing your challenge questions, you will be forwarded to NCIR.

#### NCIR HOMEPAGE



#### **SEARCHING FOR A CLIENT**

Many clients are already in NCIR—and those who move into NC are easy to add!

1. Using the navigation menu on the left, click Manage Client.

Client Search Criteria		
Search by Client		Find
* Last Name	Gender O M O F O Unknown	
* First Name	Mother's Maiden Last	
* Birth Date	Mother's First Name	
Search by Chart Number		
* Chart Number		
Search by Mother's Maiden Name		
* Mother's Maiden Last	* Client's Birth Date	
* Mother's First Name		

#### 4 Ways to Search—only choose one:

- Search by client (Last Name, First Name, and Date of Birth)
- Search by Chart Number (This must be assigned & entered by your organization)
- Search by Mother's Maiden Name (Mother's Maiden Name, Mother's First Name, Client's Date of Birth)
- Search by NCIR ID (allows for secure and confidential sharing of client information by NCIR Administrators)

If the client has a compound last name, try entering only one portion of the last name (i.e. Johnson-Smith—enter "Johnson").

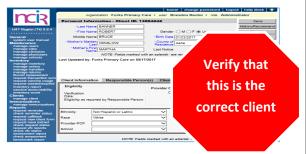
2. Click Find.

(continue to next page)





3. If the client appears in the search results, check the name and DOB to ensure that this is the correct date.



4. If there are multiple clients that met your search criteria, you will see all possible matches listed:



5. If the client was not found, you will see the message below.

Last Name First Name Middle Birth Date Chart # Mother's Gender City No clients were found for the requested search criteria.

6. Click the Add This Client button to add the client.



7. The information that you entered on the search screen will all be retained on the "enter new client" screen.

# **DUPLICATE CLIENT RECORDS**

- If you locate a duplicate client record, contact the NCIR Help Desk, at ncirhelp@dhhs.nc.gov.
- Please note the NCIR ID number for both client records, and if possible, indicate which record is most accurate.

**DO NOT** e-mail client names or dates of birth! **DO USE** the Client ID, or NCIR ID, which appears in the gray bar at the top of each client screen.

# ADDING A NEW CLIENT

- 1. Enter all of the required information (noted by a blue asterisk): Last Name, First Name, DOB, and County of Residence.
- 2. Mother's Maiden Name, Mother's First Name, and gender assist with deduplication of clients.
- 3. Chart number is optional (organization specific). Please enter the correct Ethnicity/Race. Status defaults to "Active."
- 4. Click SAVE.
- 5. If a client already exists in NCIR with exact or similar information to the client that you are creating, you may see the screen shown below.

Search by C	lient				Find
* Last Name	banner	Gen	ler O M O F O Unk	nown Ad	d This Client
* First Name	bruce	Mother's Maiden L	ast		
* Birth Date	01/23/2017	Mother's First Nat	me		
Search by C	hart Number				
* Chart	Number				
Search by M	lother's Maiden Nar	ne			
* Mother's M	aiden Last	* Client's Bir	th Date		
* Mother's P	irst Name				
Search by N	CIR ID				
	N	OTE: Fields marked with a	n asterisk * are required		
					ible Matcher
		Middle Birth Date	Chart # Moth		City
Last Nam	e First Name	Name			
Last Nam	e First Name BRUCE	Name 01/23/2017	WINSLO	E-dest	

If you are sure this is not the same client, click the "Create New Client" button.

- 6. If you think this may be the same client, click the last name of the client in blue.
- 7. If no match is found, click "Create New Client" button.
- 8. Click on Responsible Persons
  - Complete as much information as possible for each individual (minimum requirements: name, relationship, address and phone number)
  - **Notices** should be checked unless it is specified that that the responsible person does not want to receive immunization reminders.
  - Default for language is always "English" unless you select otherwise.
  - Be sure that a "**Primary**" person is designated.
  - To add more than one person, click on Next.
  - Scroll to the top of the screen and click Save.

# **VIEWING HISTORY / RECOMMEND**

From the edit client screen, click **History / Recommend** to view the client record and recommendations.

The screen has 4 sections: Client Information, History, Current Age, and Vaccines Recommend by Tracking Schedule.

# The history section lists vaccines the client has already received.

History New Immu	inization Entry His	torical Imm	unization Edit Clie	nt F	Reports F	Print Print	Confider	ntial
Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	09/18/2006	1 of 5	Tripedia 🛛	Full	No			1
	11/13/2008	2 of 5	Tripedia ®	Full	No	Yes		1
	04/20/2007	3 of 5	Pediarix ®	Full	No			1
	10/29/2007	4 of 5	Tripedia 🛛	Full	No			1
	08/24/2010	5 of 5	Infanrix 👁	Full	No			1
Flu H1N1-09	10/30/2009	1 of 2	H1N1 Sanofi 🛛		No		Yes	1
	01/14/2010	2 of 2	H1N1 Sanofi ®	Full	No			1
НерА	10/29/2007	1 of 2	Havrix-Peds 2 Dose ®	Full	No			1
	07/29/2008	2 of 2	Havrix-Peds 2 Dose	Full	No			\$

Vaccine Group: vaccine group for each immunization entered

Date Administered: day the client was given the vaccine

Series: sequence number within the immunization series

Trade Name: trade name of the vaccine received

**Dose:** magnitude (amount administered—e.g. full, half, etc.)

**Owned?:** whether or not this shot was administered or entered by your organization (*blank* indicates "yes")

**Reaction:** any reactions the client had after receiving the vaccine

**Hist?:** whether the recorded immunization was historical or not

Edit: will allow you to edit the recorded immunization (see EDITING A DOSE OF VACCINE for specifics)

The **client's age** displays in a solid blue field between the immunization history and before the recommendations. **Note:** Age is calculated by DOB and today's date.

#### Current Age: 11 years, 2 months, 2 days

Vaccines Recommended by Selecting Tracking Schedule are based on: Current ACIP Recommendations, Age of the client, History *entered* into NCIR, and Any client comments and/or contraindications.



(continue to next page)

**Select:** check boxes which can be used to pre-select any of the tracking schedule's immunizations (for entering doses given from inventory)

Vaccine Group: recommended vaccine group name

**Earliest Date:** dates which note the earliest date the selected client could receive the corresponding immunization

**Recommended Date:** the date that the selected client is recommended to have the corresponding immunization

**Overdue Date:** notes the date that the client is past due for corresponding immunization

**Latest Date:** the date after which the client should not receive the corresponding immunization

## **ENTERING HISTORICAL IMMUNIZATIONS**

*Historical immunizations are immunizations that are not given from inventory (i.e. records from another office).* 

- 1. Search for the client using manage client or manage immunizations.
- 2. Click on **History / Recommend** button if using the manage client option.
- 3. Compare the client's current immunization record with the doses listed in the NCIR and update as necessary. If doses are missing from the NCIR, click on **Historical Immunization** (*located in the gray History bar in the middle of the page*).
- 4. Key in the provider organization next to the vaccine trade name details section. If all shots that you are entering were given at the same place, click in the blank box for provider organization it will automatically fill-in as needed.

	* Provider Organization	
Vaccine Tradename Details	City Pediatrics	
DTP/aP	City Pediatrics	
НерА		
НерВ	City Pediatrics	
Hib	City Pediatrics	01/23/2017) 🖬 03/01/2017 🏛 🔄 📰 📰

5. Click on the calendar icon to the right for the **Date Administered** and select date or key in the date MM/DD/YYYY.

6. To enter the **Trade Name** and **Lot Number** click on the **Trade Name Details** button (make sure provider organization and date are filled in first), then verify date, select trade name and key in lot number, click **SAVE**.

**NOTE**: for certain vaccines (e.g. combination vaccines, Hib, etc.) trade name is necessary to apply the correct vaccine schedule information .

Historical Immuniza	tions (1)				
Remove Immunization	Select	ated	Trade Name	Lot Number	* Provider Org
DTP/aP	Tradename	$\geq$	KINRIX 🗸	AK47	Drake's Peds
				s	ave Cancel

# **ENTERING NEW IMMUNIZATIONS**

New immunizations are immunizations given from inventory.

Search for the client using manage client.

1.

- Click on the History / Recommend button. Review comments under "Client Information" at the top of the page and the "Current Age" in the blue bar about 2/3 of the way down the page.
  - Review the Vaccine Recommended by Selected Tracking Schedule below the age. The recommendations are based on the ACIP schedule, the child's age, client comments and contraindications, and vaccination history.
- The select column contains check boxes which can be used to pre-select any of the tracking schedule's immunizations when adding immunizations to the client.
  - The check box will be disabled if the tracking schedule's recommended vaccination is contraindicated or if all required immunizations for that vaccine group have been received.
  - The box is automatically selected for any vaccines that are recommended or overdue.
  - To deselect any of the recommended vaccines, click the checkmark to remove it.
  - Any vaccines that are not recommended or overdue, but still may be applied to the series (as noted by earliest date) may be added by clicking in the box next to the vaccine name to add a checkmark.
  - If you administer a vaccine that does not appear in the schedule, you will be able to add it on the next screen.

Vaccine	s Recommended by	Selected Tracking	Schedule			Add Selected
Select	Vaccine Group	Earliest Date	Recomm	Select		Latest Date
	DTP/aP	10/15/2013	01/15	2014	or 2014	10/14/2019
	HepA.	10/15/2013	10/15	/2013	10/15/2014	

 After making your vaccine choices, click Add Selected. Another entry screen will be displayed. The vaccines that you selected will have a checkmark in the New column.
 NOTE: If you administered any vaccine that does not have a check next to it in the New box, click on that box to add a checkmark. **NOTE:** Only vaccine that you have available in inventory can be selected.

6. Under **Defaults for New Immunizations** verify or complete the following:

- Organization Site: for those organizations with multiple sites.
- Ordering Authority: the doctor who issues the order for vaccines to be administered
- Administered By: the clinician who administered the vaccine
- Date Administered: will default to today's date on the next screen if left blank

Defaults for new imm	unizations	
Organization Site	CLINIC A	~
Ordering Authority	KENT, CLARK	~
Administered By	LANE, LOIS	~
Date Administered		Activate Expired

- 7. Click **OK**.
- 8. Choose an Eligibility.
- 9. Choose the **Trade Name/Lot Number**, the **Body Site**, and enter/verify the **Route** for each vaccine selected.
- **NOTE:** As you select the trade name and lot number the most current date for each VIS will display on the bottom of the page.

Route	* Administere
<ul> <li>intramuscula</li> </ul>	r 🗸 LANE, LOIS

10. Click **OK**.

# **EDITING A DOSE OF VACCINE**

To edit a dose of vaccine (including adding a vaccine reaction), click the **Edit** button next to the appropriate vaccine date on the History / Recommend screen.

Any person, at any organization, may delete or update a historical immunization. You may update any of the following fields for historical immunizations: trade name, lot number, date provided, provider organization, or any reactions associated with vaccine administration

Vaccine Group: Flu H1N1-09	Save
Vaccine Display Name: Novel Influenza-H1N1-09	Cano
Trade Name: H1N1 Sanofi	Delet
Vaccine Lot Number: UPO13AA	
Inadequate Dose:	
* Date Provided: 10/30/2009	
Date Estimated:	
* Provider Org Name: LODGE COUNTY HEALTH DEPARTMENT	
Disregard Primary Series: N	
VIS Date: Unknown	
Input Source of Record: Created prior to Version 5.9 (legacy value)	
NOTE: Fields marked with an asterisk * are required.	
Reactions TO IMMUNIZATION General for all vaccines	
Alleroic reaction to this vaccine or to any of its unlisted vaccine components (anaphylactic)	
DTaP, DTP, or any pertussis-containing vaccine	
Fever >=40.5° (105° F) within 48 hours	

You may only delete or update a dose of vaccine from inventory, if it was administered by your organization. You may update any of the following fields for doses from your inventory: dosage from inventory, whether the dose was adequate, date provided, eligibility, ordering authority, administered by, body site, route of administration, VIS date (on the date of administration only), or any reactions associated with vaccine administration.



**NOTE:** If an incorrect lot number was entered, the dose must first be deleted and then re-entered with the correct lot number.

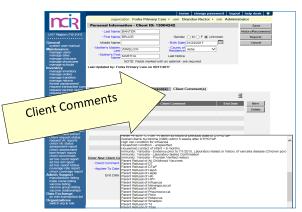
If the vaccine was given from another organization's inventory (as noted by **No** in the **Owned?** Column) click on the hyperlink to view which organization administered the shot as well as the contact information.

History Ne	W Immunization Entry Historical Immunization	Edit Clie	ent F	Reports F	Print Print	Confide	ntial
Vaccine G	🥝 Organization Information - Inter 💶 💷 💌	lame	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	🥔 about:blank	a ®	Full				1
	Org Name: OFFICE OF DOCTOR BRAND MD	a 🖲	Full		Yes		1
	Address 1: ANY STREET Address 2: ANY TOWN, NC 00000	x®	Full				1
	Contact Name: PETER PARKER Phone Number: (919) 999-9999	a 🖲	Full				1
		X®	Full	0			1
Flu H1N1-09		nofi ®		No		Yes	1
	01/14/2010 2 of 2 H1N1 S	anofi ®	Full	NU			1

#### HOW TO ADD A CLIENT COMMENT

Client comments allow you to add HIPPAA-safe information to an immunization record including contraindications, health conditions, refusals, and exemptions.

- 1. On the **Edit Client** screen, select the **Client Comment** tab.
- 2. Select the appropriate **Client Comment** from the dropdown menu.
- 3. Enter an **Applies To Date** and, if appropriate, an **End Date**.
- Click Next to add the Client Comment to the client's list of comments.
- 5. The Client Comment will appear at the top of the immunization record and the recommendation page will reflect contraindicated or completed vaccine series.



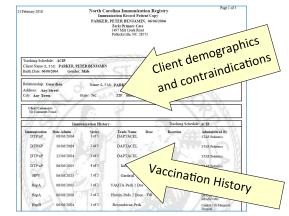
#### **HOW TO PRINT IMMUNIZATION RECORDS**

After you have searched for and found the appropriate client, click **Reports**.



The Immunization Record—Patient Copy fulfills the requirements for an official immunization record. Immunization Records in other formats are available on this page.

For a **Patient Copy** only, choose the **Site** (if not defaulted) and then click on the link—**Immunization Record**—**Patient Copy**. It will open an Adobe .pdf file in a separate window.



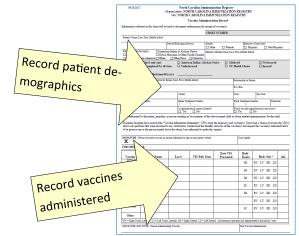
# HOW TO PRINT A NEW CLIENT FORM

The New Client Form should be used as a contingency plan in case of an NCIR outage or a loss of Internet access. The New Client Form contains all information necessary to enter

the client and/or doses administered in to the NCIR at a later time.

- 1. From the left hand menu bar, click on **Request New Client Form**.
- 2. Choose a site from the site drop-down menu (this is the site information that is printed at the top of the report) and click **Generate**.
- 3. The report should open in a new window as an Adobe .pdf file.

It is a good idea to keep several of these blank forms on hand in case of an outage.



In the event that the NCIR is unavailable and you do not have any forms on hand, they are also available on the NC Immunization Branch website in both English and Spanish at <u>http://immunize.nc.gov/providers/ncir.htm</u>.

#### HOW TO ADD PRIVATE INVENTORY TO THE NCIR

You should use this procedure to add your private supply of vaccine. For state inventory see: **ACCEPTING YOUR STATE SUPPLIED VACCINE ORDER**.

*If the vaccine lot number is* **NOT already in your inventory:** 

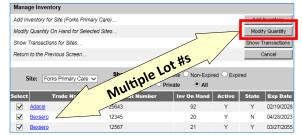
- 1. Click Manage Inventory.
- 2. Click Show Inventory.
- 3. Click Add Inventory.
- 4. Choose the **Trade Name**, the *Manufacturer* will automatically populate.
- 5. Enter the **NDC** (noted on the outside of the vaccine box).
- 6. Enter the **Lot Number** (use the number on the vaccine box, NOT the vial).
- 7. Verify the **Dose** size from the drop-down menu.

Add Vaccine Inve	ntory Information			
Site:	Forks Primary Care			S
* Trade Name:	Adacel	~	۲	Ca
* Manufacturer:	Sanofi Pasteur (Aventis Pasteur, Pasteur Merieux Connaught; Con	~	0	
* NDC:	49281-0400-10;Single Dose Vials; 10-PACK; 0.5 mL	~		
* Lot Number:	VAX456 * Presentation : Vial V			
* Dose :	.5 🗸			
* Units :	mL 🗸			
* Expiration Date:	02/05/2020			
* Funding Program:	Private V			
* Lot Active:	Yes 🗸			
* Quantity on Hand:	30			
Cost Per Dose (\$):	17.65			

- 8. Verify the **Units** (will always be mL unless you are administering a vaccine in capsule form). **NOTE:** Tubes are not considered capsules.
- 9. Enter the **Expiration Date**. **NOTE**: Vaccines with only a month and year should be entered as the last day of the month of expiration.
- 10. Verify the **Funding Program** (should always be *Private*).
- 11. Lot Active drop-down must be set to Yes to be saved. ("Yes" will make the Lot number appear in the dropdown menu under the Lot Number/Trade Name when documenting administration of a dose of vaccine. If you do not want the lot number to appear in the drop-down menu, change the active indicator to "No" after saving the initial information.)
- 12. Enter the **Quantity on Hand** (the number of <u>doses</u>, not boxes or vials).
- 13. Cost Per Dose is optional.
- 14. Click Save.

If the lot number ALREADY EXISTS in your inventory.

- 1. Click Manage Inventory.
- 2. Click Show Inventory.
- 3. To get to the modify quantity on hand screen, place a checkmark in the select box and click **Modify Quantity**.



4. Under the modify quantity on hand section, make sure the action is **Add**, enter the number of doses that you are adding, choose **Receipt from Inventory**.

Modify Quant	ity On Hand for	Selected Site(s)			
Trade Name	Lot Number	Inv On Hand	Action	*Amount	Category
Menveo	adg564	44	Add	•	Receipt from Inventory 🗸
Trumenba	45677	34	Add N	•	Receipt from Inventory 🗸

5. Click Save.

ncel

#### HOW TO COMPLETE AN INVENTORY COUNT

All providers should complete a manual inventory count weekly to identify errors, identify shortages, and review expiration dates.

- 1. Click Inventory Report, under Inventory.
- 2. Select Funding Source from the drop-down menu.
- 3. Click **Generate Report**. A report will open as an Adobe .pdf file.
- 4. Print the document and use this to do your inventory count.



5. Document your physical count in the right-hand column and store for your convenience.

## HOW TO SUBMIT AN INVENTORY COUNT

Prior to placing an order, providers must submit a physical inventory count of state vaccine.

- 1. Click Inventory Count, under Inventory.
- 2. Click Enter New Count.
- 3. Enter the amount of vaccine physically on hand in the *"Physical Count"* column.



- Click Save & Submit. You will be able to review the current Discrepancy Percentage in the lower right corner.
- 5. An order may be placed in the next 24 hours.

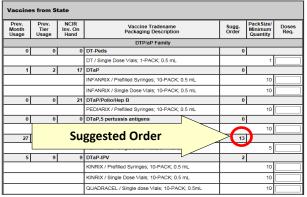
# HOW TO PLACE A VACCINE ORDER

Before placing an order, make sure that all doses administered have been keyed into NCIR, complete and submit and inventory count (see previous sections).

- 1. Click Manage Order.
- 2. Click Create Order.

#### NOTE: You will be unable to create an order if:

- Your organization has any unaccepted inbound transfers (including orders).
- An order has been placed within the past 14 days.
- An existing order is in "Pending" status.
- Your organization has expired vaccine (older than 31 days) in inventory.
- A required Inventory Count has not been submitted within the past 24 hours.
- Site-visit follow-up has not been completed by the required deadline.
- 3. The Suggested order quantity is calculated from your doses administered (Tier Usage) and your inventory on hand. Review the **Suggested Order Quantity** to assist with placing your order.
- 4. Enter the amount, **IN DOSES**, of each vaccine you're requesting in the corresponding boxes. You may order vials, syringes, or a combination of the two based on availability. Make sure that you place the order for **ALL** vaccines you need at one time.



- 5. Scroll to the bottom of the page to verify your shipping information.
  - If all the shipping information is correct, click the button next to **No Changes to Site Information**.
  - If any information, including name, address, and delivery hours, need to be changed.



#### 6. Click Submit Order.

7. You will be redirected to the **Manage Order** page where your order shows up as "*Pending*" (An order in *Pending* status may be edited or update).

## ACCEPTING YOUR STATE-SUPPLIED VACCINE ORDER

#### (OR AN INCOMING TRANSFER FROM ANOTHER ORGANZATION)

- 1. When you receive your vaccine, verify that the vaccine type, lot number, expiration date and quantity of the vaccines in the shipping container match what is listed on the packing list.
- 2. Log in to the NCIR and click Manage Transfers.
- 3. Under **Inbound Transfer** you should see your order from the *Vaccine Distribution* organization as shown below.

Inbound Transfer							
Create Date	Туре	Sending Org:Site	Receiving Org:Site	Ship Date	Receive Date	Return Dat	
09/19/2017	TRANSFER	VACCINE DISTRIBUTION	Forks Primary Care	09/19/2017			
02/20/2015	TRANSFER	ALL KIDS	Forks Primary Care				

- 4. Click on the date under **Create Date**.
- 5. Verify that the order in the NCIR (amount, lot number, and trade name) matches your packing list. If the packing list does not match the NCIR, please call the Help Desk at 877-873-6247.
- 6. If everything matches, click Accept Transfer.
- 7. Click **OK**. The vaccine should now be active in your inventory.

**NOTE**: An incoming transfer from another organization will display that organization's name in the "Sending Org: Site" box.

# TRANSFERRING VACCINE TO ANOTHER NCIR USER

- 1. Click Manage Transfers.
- 2. Click New Transfer.
- 3. Choose the Sending Site and the Receiving Site or CURRENT: 2/24/2018

**Organization** . *Internal Receiving Sites* are other sites within your organization. *Receiving Organizations* are other NCIR Providers.

4. Enter the number of doses that you are transferring in the **Transfer Quantity** box next to the Trade Name.

	Sending Site Forks Pr	imary Care	~				Save
Internal Receiving Site						Transfe	ar all Ex
Receiving	Organization OFFICE	OF DOCTOR BRAND M	D V		Ī	Transf	er all R
Note: O	nly those sites or organ	izations which have inven	ntory set up are di	played.		(	Cancel
d from Inve	entory	Show  Active	and Non-Expired	OInactive	and Nor	-Expire	d O E
	entory	Show O Active	and Non-Expired			I-Expire	
d from Inve Transfer Quantity	entory Trade Name	Show O Active	and Non-Expired	Quantity			Expir
		_		Quantity			d Expir Da 02/19/

- 5. Click **Save**. You should see a message saying "Saved Successfully."
- 6. You must generate either a **Packing List** or **Label** in order to complete the transfer.
- 7. Click Ship.
- 8. Enter a Ship Date.
- 9. Click **Ship** again to complete the transfer.
- 10. You will see a message saying "Transfer Successfully Shipped," and it should show up in your outbound transfer list with a *Date*.
- 11. The transfer is ready for the receiving organization to accept into their inventory.

## HOW TO REPORT AND RETURN EXPIRED STATE-SUPPLIED VACCINE

- 1. Click Manage Transfers.
- 2. Click New Transfer.
- 3. Click Transfer All Expired.
- Verify the Physical Count. If the number of doses being returned is incorrect, enter the number of doses being returned even if it does not match NCIR's estimate.

**NOTE:** The difference in physical and digital inventory is recorded as unaccounted vaccine.

evailable. Edit Transf	er: Create Date 09	/19/2017	
	Enter	Site Forks Primary Care	Save
	Physical		Enter Pre-
Expired N	Count		ventative
Remove No Explo	Here	Name Lot Number Exp NDC	Action
Expired Flu	Vace		
	CIR Physical T	ade Name Lot Number Exp Date NDC	Open Vial Preventive Action
	7 3 Afl	ria IIV4 Pres- Eree 18947 12/30/2016 33332-0316- 01	N/A Administrators will

5. Select the appropriate **Preventative Action** from the drop-down menu.

**NOTE:** If the physical count for a lot of vaccine is zero, enter a "0" in the physical count box and "None of These Apply To Me" and type "No vaccine on hand" in the text box.

#### 6. Click Submit.

7. Verify that expired vaccine has been removed from your refrigeration unit.

8. Verify the correct *e-mail address* for mailing labels. If the e-mail address is incorrect, change the address immediately under "Manage Sites"

A pre-paid UPS shipping label will be sent to the e-mail address verified above and a "**Return Packing List for VTrckS Return ID**" will be generated for your return. Once the Packing List is complete, it will be visible under *Notifications* on the *NCIR Home Page*. This document **MUST** be printed and placed in the package with your expired vaccine.

# HOW TO REMOVE PRIVATE EXPIRED VACCINE

- 1. Click Manage Inventory.
- 2. Click Show Inventory.
- 3. Select the Expired and Private (as below).

Site: Forks Primary Care 
Show Active Inactive Non-Expired Expired
State Private All

4. Put a check in the select column beside each vaccine lot to be removed and click **Modify Quantity**.

Select	Trade Name	Lot Number	Inv On Hand	Active	State	Exp Date
✓	Afluria IIV4	123874	7	N	N	12/30/2016
	Fluzone Intradermal IIV4 Pres- Free	12548	0	N	Ν	08/12/2015

 On the Modify Quantity screen choose "Remove – Expired Private" from the Category drop-down menu.

Trade Name	Lot Number	inv On Hand	Action	*Amount	Category
Afluria IIV4	123874	7	Subtract 🗸	7	Remove - Expired Private V

- 6. All other fields will populate automatically.
- 7. Click Save.
- 8. Expired Inventory will be removed.

# HOW TO REPORT WASTED VACCINE

Before wasting any vaccine due to out-of-range temperatures or inappropriate temperatures, providers **MUST contact the NC Immunization Branch Storage & Handling line at** 877-873-6247, option 5. Branch Staff will determine the viability of vaccine. Damaged vials may be removed using the following instructions. In all other cases, viability must be determined by the NC Immunization Branch.

- 1. Click Manage Inventory.
- 2. Click Show Inventory.

- Put a check in the select column beside each vaccine lot 6. You must generate either a Packing List or Label in or-3. that you are removing.
- 4. Click Modify Quantity.
- 5. On the Modify Quantity screen, choose Subtract from the ACTION drop-down menu.
- 6. Enter the number of doses that were wasted.
- 7. Choose Wasted Doses from the Category drop-down menu.
- Type in the **Reason Wasted** (what caused the vaccine 8. to become non-viable) and Preventative Action for future vaccine handling.

Nodify Quantity On Hand for Selected Site(s)
--

Trade Name	Lot Number	Inv On Hand	Action	*Amount	Category	
Engerix-B Peds	AHAVB234BB	20	Subtract V	1	Wasted Doses	~
			* Reason W	asted: Vial dropp	ed on the floor.	
			* Preventive A	Action: Staff were importance	trained on the e of careful vaccine	$\hat{\mathbf{v}}$

#### 9. Click Save.

NOTE: Any open vials or syringes of vaccine should be discarded on site in your sharps container.

#### **DOCUMENTING THE REPLACEMENT OF** A BORROWED VACCINE DOSE

The VFC program allows for some borrowing between state and private vaccine inventories (see http:// immunize.nc.gov/providers/ncip/pdf/borrowing\_form.pdf).

After transferring a physical dose in your refrigerator, follow 2. these steps to transfer the dose in NCIR.

#### TRANSFERRING A PRIVATE DOSE INTO STATE INVEN-TORY

- 1. Click Manage Transfers.
- Click New Transfer. 2.
- In the **Receiving Organzation** drop-down menu, select 3. "VACCINE REPLACEMENT DUE TO BORROWING."
- 4. In the **Transfer Quantity** column, enter the number of doses of each lot being replaced.

Edit Transfer: Create Date 10/30/2017	ed Succ	essfull	y**				
Sending Site Forks Primary	S	ave					
Internal Receiving Site		<b>~</b> (	or		Packing L	ist Lai	bel
Receiving Organization VACCINE RE	PLACEMENT DUE TO	BORRO V			Finish Tra	ns Sh	ip
Note: Only those sites or organization	ns which have invento	ry set up are disj	olayed.		Cancel Transfer		
Transfer Item							
Remove Transfer Quantity Trade Name	Vaccine Group	Lot Number	Quantity Available	Active	State	xpirati Date	on
I     Prevnar 13	PneumoConjugate	1234	18	Y	N 1	0/15/20	29

5. Click Save. You should see a message saying "Saved Successfully." CURRENT: 2/24/2018

- der to complete the transfer.
- 7. Click Ship.
- 8. Enter a Ship Date.
- 9. Click Ship again to complete the transfer.
- 10. You will see a message saying "Transfer Successfully Shipped," and it should show up in your outbound transfer list with a Date.
- 11. The doses shipped to "VACCINE REPLACEMENT DUE TO BORROWING" are changed to Public inventory and shipped back to the provider.

Transfer Lis	t					
Outbound 1	Transfer					
Create Date		ending Org:Site	Receiving Org:Site	Ship Date F	Receive Date	Return Date
No Outbound 1	Transfer.					
Inbound Tra	ansfer					
Create Date	Туре	Sending Org:Site	Receiving Org:Site	Ship Date F	Receive Date	Return Date
02/23/2018	TRANSFER	VACCINE REPLACEMENT DUE TO BORROWING	OFFICE OF DOCTOR BRAND MD	02/23/2018		

At that point, refer to the directions for **ACCEPTING YOUR STATE-SUPPLIED INVENTORY** to accept the vaccine into your inventory.

## TRANSFERRING A STATE DOSE OF VACCINE INTO PRI-VATE INVENTORY

- 1. Click Manage Inventory.
  - Click Show Inventory.
- 3. Put a check in the select column next to the lot of the vaccine to be transferred and click Modify Quantity.
- 4. On the Modify Quantity screen choose "Subtract" from the Action drop-down menu and "Transfer to Provider" from the Category drop-down menu.
- Enter the number of doses to be transferred. 5.

Manage Invent	ory							
Save Changes to Quantity On Hand for Selected Sites								
Return to the Pre	Cance	i						
Modify Quantit	y On Hand for S	elected Site(s)						
Trade Name	Lot Number	Inv On Hand	Action	*Amount		Category		
Engerix-B Peds	AHAVB234BB	19	Subtract 🗸	1	Transfe	r to Provider	$\checkmark$	

- 6. Click Save.
- Doses will be removed from your state inventory. 7.
- 8. Use the instructions under HOW TO ADD PRIVATE IN-**VENTORY TO THE NCIR** to enter a new lot of private vaccine matching the lot that was just removed from state inventory.
- All vaccine borrowing and replacement must be document-
- ed using a Borrowing and Replacement Form which must

be faxed to the Immunization Branch (1-800-544-3058) and

kept on site for review by Branch Staff upon request. See link at the top of this section.

# **HOW TO VIEW NCIR TRANSACTIONS**

Viewing a list of your organization's transactions may help you review use of NCIR by staff and identify doses that were not properly recorded.

- 1. Click Manage Inventory.
- 2. Click the Show Transactions button.
- 3. Select the dates within which you would like to review transactions.
- 4. You may narrow your search using a number of factors, including funding source, vaccine types, trade names, lot numbers, etc.

* Date Entered (From)	* To:		View
* Date shot was given (From)	* To:		Cancel
User Name:	All User Names	~	
Transaction Type:	All Transaction Types	~	
Site Name:	All Sites with Inventory	~	
State/Private:	All Funding Sources 🗸		
Eligibility:	All Eligibilities		
Vaccine Groups	All Vaccine Groups	~	
Vaccine	All Vaccines	~	
Trade Name:	All Trade Names	~	
Lot Number	All Vaccine Lots	~	
Display Last	200 Becords		

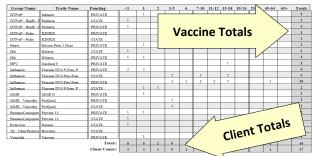
Click View. Transactions will be displayed with a summary at the bottom of the page.

# **HOW TO VIEW VACCINE USAGE**

- Under the Inventory section, click Request Vaccine Usage.
- Enter a date in the **From** and **To** text boxes.
- 3. Click Generate Report.

1.

4. A report will be generated, allowing you to review your offices use of each private and public vaccine and the number of clients that you have vaccinated.



# HOW TO ADD NEW USERS TO THE NCIR

Before a user may be added to the NCIR, they must have completed NCID registration (instructions on front page).

- 1. Click Manage Users.
- 2. Click Add User.
- 3. Type the *userID* into the box provided.
- 4. Click Verify.

- 5. Confirm that the personal information retrieved is correct for the user that you are adding.
- 6. Choose the **Role** for the user by clicking on the dropdown menu.
- 7. Click Save. You should see the message "User has been successfully saved."

**NOTE:** *ALWAYS inactivate users when they are no longer at your practice.* 

# HOW TO ADD A CLINICIAN TO THE NCIR

- 1. Click Manage Clinicians.
- 2. Click Add Clinician.

Role:	Olinician	Ordering Authority	Ordering Authority / Clinician	Save
Prefix:		]		Delete
* Last Name:				Cancel
First Name:				
Middle Name:				
Suffix:		* Credentials:	~	
Complete site listi			* Selected sites	
Forks Primary Ca	re	Add >		
		Add All >>		
		< Remove		
		<< Remove All		

3. Choose the **Role** first:

Clinician: anyone who administers vaccines.

<u>Ordering Authority</u>: MD, DO, PA, or NP that signs orders for vaccines to be administered

- 4. Enter the Last and First Name.
- 5. Choose **Credentials** from the drop-down menu.
- Under the Complete Site Listing box click the name of the appropriate site and click Add to move it to the Selected Site box.
- 7. Address, phone, and e-mail are optional.
- 8. Click **Save**. You should see the message "Inserted clinician: Name."

**NOTE:** Please remember to inactivate clinicians when they are no longer at your practice.

#### HOW TO USE THE BENCHMARK REPORT

NCIR's Benchmark Report allows you to identify and contact patients who are not not up-to-date and completely protected from disease.

- 1. Under Reports, click Benchmark Report.
- "Clients Associated with" and "Clients who did NOT meet the benchmark" are pre-selected.
- 3. Select the **Age or Birth Date Range** that you would like to review (e.g. 24-35 months or 13 to 18 years).
- 4. Standard Assessment is pre-selected.
- 5. Enter the current date as the **Evaluation Date**.
- 6. Select Benchmark by clicking on the age range that matches your selected age range (i.e. for 13-18 years,

pick Adolescent Complete or for 24-36 months, pick @24 months).



Click **Generate**. You will be forwarded to the "Benchmark Report Status" page.

#### Click Refresh.

8.

9.

Benchmark Report will be displayed showing any patients who are missing the requested vaccines.

#### REVIEWING BENCHMARK RESULTS



Any client who did not meet all of the Benchmarks, will appear on the report. Each vaccine column is split into two. The **first column** shows whether the client met the benchmark with a Y or a N. The **second column** shows how many doses the client has completed within the series. Zero doses show as blank. "C" means that the client received all doses after the benchmark age.

## HOW TO USE THE REMINDER / RECALL REPORT

NCIR's Reminder/Recall Report allows you to generate letters for patients who are due or over due for vaccines. It can also be used to find eligible patients when your office has short-dated vaccine.

- 1. Under Reports, click Request Reminder.
- 2. Under "Indicate the Tracking Schedule ..." select Use Tracking Schedule Associated with Each Client.
- 3. Under "Select the Vaccine Group(s) ..." select the vaccine groups you wish to review by adding vaccines from the left column to the right or removing unneeded vaccines.
- 4. Selecting a School & Primary Care Provider or Additional Demographic Criteria are generally not needed.

- 5. Under "Enter the Date Criteria" enter your chosen **Birth Date Range**. Other options are available here to adjust report results.
- 6. Click Generate.
- 7. At the Reminder Request Status page, click **Refresh** to check the status of the report.
- Once the report is complete, click the blue link in the Started column. A summary of the report results will be displayed.
- 9. Proceed to the **Reminder Report Output Options**.

Reminder Reques	t Output Options	
Output	Description	Additional Input
Client Query Listing	A list of clients eligible for reminder based on the report criteria (in .pdf format). Excludes omitted clients.	Name
Reminder Letter	Standard Reminder Letter.	Report Name Free Text Phone #
Reminder Card	Standard Reminder Card (4x5).	Report Name Free Text Phone #
Mailing Labels	Avery Mailing Labels.	Report Name
Client Extract	A .txt file of clients eligible for reminder based on the report criteria. Includes omitted clients.	Report Name

- 10. Selecting **Reminder Letter** will generate a pdf file of letters addressed to parents encouraging them to return for needed vaccinations. Additional messages can be added in the **Free Text** box.
- 11. For more detailed client information, including a summarized immunization record and responsible person information, click the **Client Query Listing**.

# **ADDITIONAL RESOURCES**

The NC Immunization Branch maintains a webpage with NCIR training resources for new and experienced staff at: http://immunize.nc.gov/providers/ncireducation.htm

NCIR Help Desk: 1-877-USE-NCIR (873-6247)

Each county has a **Regional Immunization Consultant** ready to assist with questions both simple and complex via phone, e-mail, and on-site training. You can find your Regional Immunization Consultant at the following website: http://immunize.nc.gov/contacts.htm

A full NCIR User Manual is available at any time by clicking **System User Manual** in the upper left-hand column.



# Best Practices for Successfully Using the

# "Data Integrity" Best Practices:

- ✓ Keep the NCIR immunization patient/chart copy in the front of the medical record (or in a consistent location within the record). Immunization flow sheets that stand out (e.g. printed on colored paper) also aid in guickly locating vaccine information.
- ✓ Update all historical immunization information into the NCIR as soon as the information is available.
- ✓ Prior to or during each visit, review the "history recommend" screen to determine which vaccines are recommended.
- ✓ Enter all currently administered immunizations into the NCIR as soon as possible.
- ✓ Document any adverse reactions or contraindications to vaccines in the "client comment(s)" section.
- ✓ Document in the medical record when a child transfers from your practice to another provider and make their NCIR client status "inactive".
- ✓ Document in the medical record any attempt to communicate missed appointments or to remind parents that vaccines are due.
- ✓ Document one hundred percent 100% of age-appropriate immunization in the NCIR for all individuals receiving immunization services from your facility by close of business the day the immunization was given (as per your signed NCIR agreement). ✓ Only enter immunizations administered by you, under your username.
- ✓ Verify that you have located the correct patient prior to entering immunizations or changing a patient's immúnizatión history.
- ✓ If you are searching for a Medicaid patient and you do not find them within the NCIR, think twice before entering them as a new patient. We receive a nightly Medicaid feed and most Medicaid patients should already be in the NCIR.
- ✓ Report duplicates as you find them. (Detailed instructions are available on the homepage, under 'resources on the web'.)
- ✓ When entering a new client or searching for an existing client that has a double surname or hyphenated last name, enter BOTH surnames in the last name field, with a space separating them.
- ✓ Do not enter fictitious patient information into the NCIR. The NCIR is a medical information system containing confidential patient data.

# "Workflow" Best Practices:

- ✓ Keep computers in areas that are convenient for immunizations and are not 'high traffic'.
- ✓ Use 'manage client' instead of 'manage immunization' to ensure that you are entering doses on the correct patient.

# "Administrative" Best Practices:

- ✓ Keep a list of UserIDs and Passwords for each NCIR user in your facility.
- ✓ Inactivate users when they leave your practice.
- ✓ Keep ordering authorities and clinicians up to date.
- ✓ Ensure your facility has a contingency plan in place for use during periods of internal Internet interruption and/or NCIR outages.

# "Inventory" Best Practices:

- ✓ Document all doses that have been administered, transferred, wasted and/or expired within the NCIR.
- ✓ Please remember to wait until the close of business to accept your vaccine order into the NCIR.
- ✓ Complete a physical inventory of all state-supplied vaccine at least once per week and properly reconcile within NCIR.

# North Carolina Immunization Registry

Mass Clinic Form

Name of Organization: \_

Chart Number:

#### YOU MUST COMPLETE ALL FIELDS BELOW.

Information collected on this form will be used to document authorization for receipt of vaccine(s).

Patient's Name (Last, First, Middle Initial)	Mother's Maiden Name (Last, First, Middle Initial)						
Date of Birth (mm/dd/yyyy)	Gender		Ethnicity (Check One)				
	Male	E Female	Hispanic	🗌 Non-Hispanic			
Race (Check all that apply)							
Asian Am	erican Indian or Alaskan	Native	White	🗌 Unknown	Unknown		
Black or African American	ive Hawaiian or Other Pa	acific Islander	Other Race				
Name of Parent or Guardian Responsible for Patient	(Last, First, Middle Initial)		Relationship to Patient				
Address			P.O. Box				
				0.1			
City	County		State Zip	Code			
Email Address (if applicable)	Home Telephone Number		Work Telephone Number	Extension			
	( )		( )				
PLEASE ANSWER ALL OF THE FOLLOWING:							
FLEASE ANSWER ALL OF THE FO	LLOWING.						
1. Is the person to be vaccinated sid	🗌 YES 🗌	NO					
2. Does the person to be vaccinated	TES T	NO					
3. Has the person to be vaccinated e	🗌 YES 🗌	NO					
4. Has the person to be vaccinated e	🗌 YES 🗌	NO					
5. Are you currently pregnant?				🗌 YES 🗌	NO		

I am authorized by the parent, guardian, or person standing in loco parentis of the above-named child to obtain needed immunizations for the child.

I/parental designee have received the "Vaccine Information Statements" (VIS) about the disease(s) and vaccine(s). I have had a chance to review the VIS(s) and to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request the vaccine(s) indicated below to be given to me or the person named above for whom I am authorized to make this request.

SIGNATURE – Person to receive vaccine or person authorized to sign on the patient's behalf       Date Signed         X								
	FOR OFFICE USE ONLY:							
Eligibility: American Indian/Alaskan Native Medicaid Not Insured Underinsured NC Health Choice Insured								
Vaccine	Trade Name	Lot #	VIS Pub. Date	Date VIS Presented	Body Route	Body Site*	mL.	
Influenza					IM	RV LV RD LD		
PPSV					IM SC	RV LV RD LD		
Other								

\* RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid BN = Bilateral Nares RN = Right Naris LN = Left Naris

SIGNATURE AND TITLE – Person Administering Vaccine

Date Vaccine Administered

# Registro de inmunizaciones de North Carolina Registro de administración de vacunas

Name of Organ	ization:					0	FFICE USE C	DNLY			
La información co	olectada en este formular	io será uti	ilizada para d	ocumentar l	a autorizac	ón para recit	oir la(s) vacuna(	s).			
CHART NUMBER           Nombre del paciente (apellido, primer nombre, segundo nombre)         Nombre de soltera de la madre (apellido, primer nombre)											
Nombre del pacier	ite (apeilido, primer nombre	segundo r	iombre)		Nombre de	soltera de la n	nadre (apeilido, pi	imer nombre)			
Fecha de nacimier	nto (mm/dd/aaaa)		Sexo		I		Origen étnico				
│ 🗌 varón 🗌 h					embra	🗌 Hispano 🔲 No-Hispano					
Raza (Marque toda respuesta que apliqué)         Asiático       Indio Americano o nativo de Alaska       Blanco       Desconocido         Negro o Afro-Americano       Nativo de Hawaii o de otras Islas del Pacifico       Otra raza         Nombre del padre/madre o tutor responsable por el paciente (apellido, primer nombre)       Relación con el paciente								cido			
Dirección							Apdo. postal				
							1				
Ciudad			Condado				Estado	Código posta	al		
Dirección de correc	o electrónico (si corresponde	e)	Número telefo	ónico de la ca	sa		Número telefóni	co del trabajo	Extens	ión	
			(	)			()				
Favor de co	ontestar las pregur	itas sig	uientes:								
1. ¿La pe	ersona a vacunarse es	stá enfer	ma hov?								
	ersona a vacunarse al		-	una reacció	ón seria a	la vacuna?			🗌 Sí	∐ No	
2. 6-4 94		guna roi							🗌 Sí	🗌 No	
3. ¿La ре	ersona a ser vacunada	a tiene ui	na alergia a	un compo	nente de l	a vacuna?			∏ Sí	ΠNο	
4. ¿La pe	ersona a vacunarse al	guna vez	z tuvo síndro	ome de Gu	illain-Barr	é?			∏ Sí		
5. ¿Está	s embarazada actualı	nente?							□ Sí		
Yo/Designado o	omo padre he recibido las	"Declarac	iones de Infor	mación Sobr	e las Vacun	as" (\/IS-pors	us siglas en ingl	es) respecto las e	nfermedad		
vacunas.		Deciarac					us sigitas en ingi		mennedad	c3 y 103	
pido que las vac	rtunidad de revisar el VIS unas mencionadas abajas	sean adm	ninistradas a n	ní o la persor	na nombrada		ien yo tengo la a	autorización de ha			
	que recibirá la vacuna o pe	sona autor	izada para firm	ar en nombre	del paciente		Fecha de la firm	a			
<b>X</b>											
			F	OR OFFIC	E USE ON	NLY:					
<u>Eligibility:</u>	American Indian/Ala	askan Na	tive ⊡Me	dicaid	Not Insure	ed 🗌 Unde	erinsured	NC Health Cho	ice 🗌 l	nsured	
Vaccine	Trade Name	L	.ot #	VIS Pu	b. Date	Date VI Presente		Body Si	te*	mL.	
Influenza							IM	RV LV R	D LD		
PPSV							IM SC	RV LV R	D LD		
Other											
* RV = Right Vast	tus Lateralis LV = Left Va	stus Late	ralis RD = Rię	ght Deltoid L	D = Left De	eltoid BN = Bi	lateral Nares R	N = Right Naris L	N = Left N	aris	
SIGNATURE AND	TITLE – Person Administer	ng Vaccine					Date Vaccine A	dministered			