Immunization eForm Guide

The Immunization eForm is for use with select Immunization products.

Please refer to your local Tier 1 Support Team for the use and purpose of Immunization eForm prior to submission.

Best Practice and Data Dictionary

About this Document

Purpose

This document explains how to complete the Immunization Entry Form (eForm) directly in Provincial Immunization Registry (PIR). In addition this document provides guidance for back data entry from a One Write or Downtime Form. This is a living document for the most updated copy please refer to the **PPHIS Reference Materials for Front Line Users:** http://www.phsa.ca/health-professionals/clinical-resources/pphis-reference-materials

Structure

The sections of the document describe the eForm fields, screens in PIR, and Downtime Form. These sections are organized in the order in which the fields appear in the eForm. This document provides information on best practice and field definitions. For a glossary please refer to the **Panorama Acronyms Reference Guide**. For more about the system, screens and fields, see **Getting Started in Panorama**.

NOTE:

- For a client to be created or updated in the PIR, PPHIS requires a minimum data set to discern client identity (i.e., Client demographic information) and match it to the BC Healthcare Client Identity Management System (HCIM/EMPI-Enterprise Master Patient Index).
- Use the Client Search feature on the eForm as this searches the EMPI, please ensure you have the correct client by conducting a minimum data set match (i.e., 4 point match).

A PPHIS Minimum Data Set (MDS):

1. First Name & Last Name (together count as 1 point)
2. Gender (1 point)
3. Date of Birth (1 point)
4. PHN (1 point)
5. Two of the following (each 0.5 point): Telephone Number, Address, Other ID (e.g., VCH Paris ID)
   *Note: Other ID, Address, and Telephone Number can only account for 1 of the 4 point match.

Immunization Entry Form (eForm)

Getting Started

1. **Go to URL:** https://www.eforms.healthbc.org/login
   IMPORTANT: The eForm is optimized for using Google Chrome browser. Before using eForms in Google Chrome, turn off auto-populate and enable pop-ups.

2. Select one of the following sign-in options to access eForm:
   - Health Authority account via **PHSA Sign-in**
   - FNHA account via **FNHA Sign-in**
   - The **BC Services Card Sign-in** – used by Providers who do not have an HA account to use.
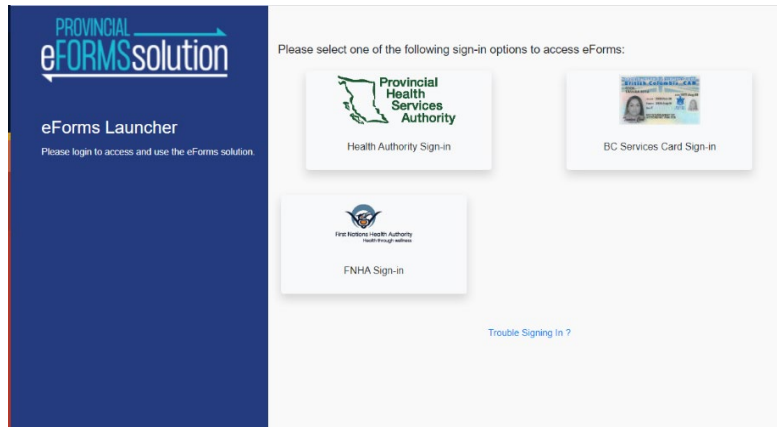
NOTE: The first time the eForm is launched, users have to read and accept the terms of Privacy Confidentiality and Acceptable use Acknowledgement form.

(1) **System Notifications:** Users will see notifications from eForm admins in a highlighted banner

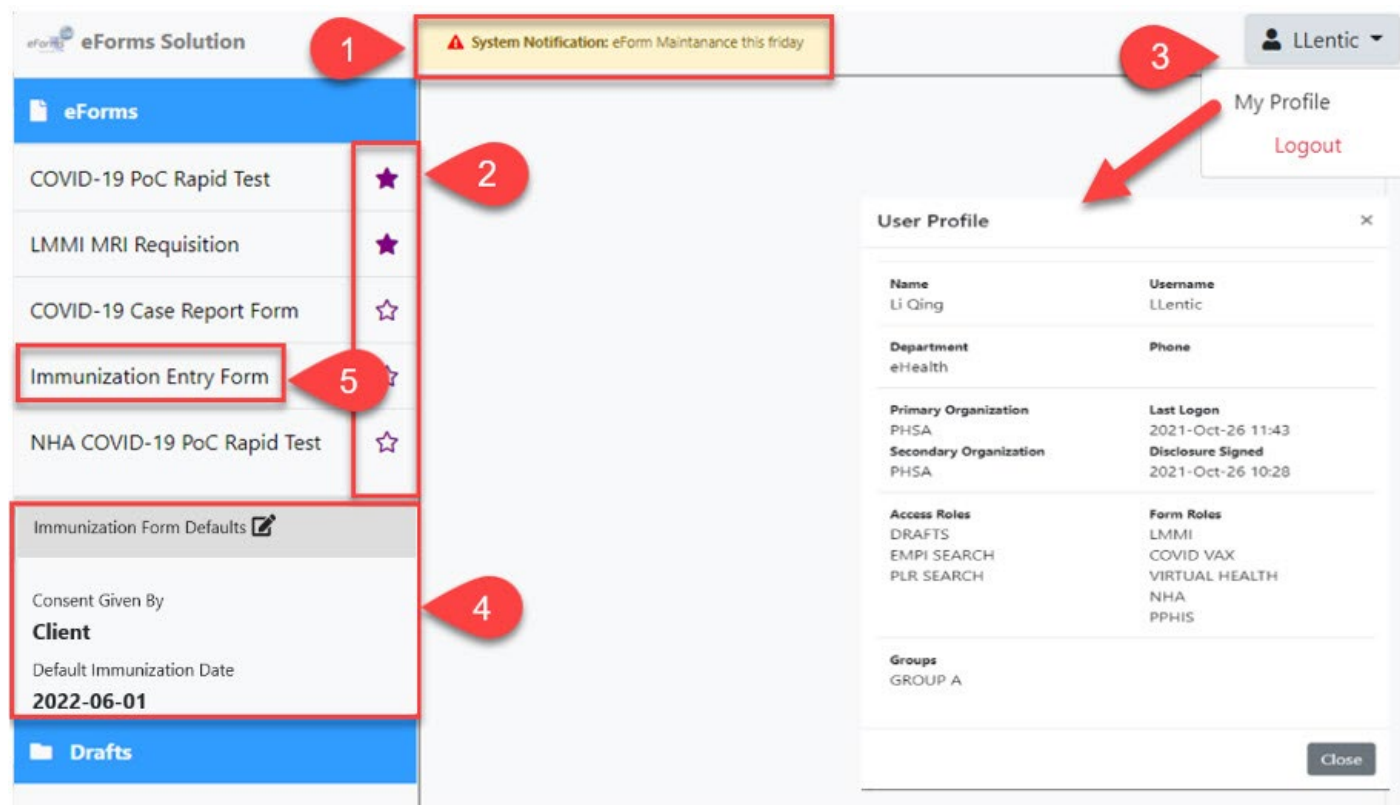(2) **Favourite forms:** Users can tag by clicking the star on the forms they use most often so they move to the top of the list

(3) **User Profile:** Users can review their profile settings by clicking on their name in the top right corner, then clicking 'My Profile'.

3. **Optional: Immunization Form Defaults (4) :** Set defaults for your session by clicking "Immunization Form Defaults" from the Left-hand Navigation (LHN). This will allow pre-population of the fields such as Service Delivery Location, Provider name, and you may blank the Administration Date if back entering forms.
NOTE: The optional default settings will be cleared when closing your browser or when logging-out.

4. **Immunization Entry Form (5):** Launch the Immunization Entry Form from the LHN by selecting 'Immunization Entry Form'.

5. The 'Client Search' window opens automatically. **Conduct Client Search** by entering Client Personal Health Number or First Name, Last Name and Date of Birth. Please see Using Client Search section for details.

6. Select the Client from search results.

(A) Select: Click to choose the searched client whose demographic details will be automatically populated on the eForm.

(B) Cancel: When users cancel the client search, users will be brought back to the home page

(C) Skip: If client not found, try searching legal name or previous names, otherwise users can click the skip button to navigate to the next window and manually enter the client demographics on the eForm

7. Once the Client Search is complete the **Provider Search** window opens automatically.

- **Conduct Provider Search** by typing Provider Name **(1)** or ID Number **(2)** into field. Click **Search (3).**

OR

- If you have set the Provider name in your **Immunization Form Defaults** click **Use Default Provider (5)** the form will populate with the default provider.

- **Cancel (4):** When you cancel the Provider search, you will be brought back to the home page
- **Skip (6):** If the provider is not found, click **Skip** to manually enter the provider name on the eForm

- **ID Type (7):** The provider can be searched by different Provider ID types. Available ID types will depend on the form settings
- 'Selected Client' **(8)** is visible in the bottom right corner

8. From Provider Search Results, click **Select** - This will launch the eForm with the Client and Provider information filled in. Ensure to check the information is correct. The form will populate with Client demographics from EMPI; update the information as required.

9. Fill in the eForm by inputting the relevant information into the fields. Refer to the Data Dictionary below for guidance on specific fields.

    IMPORTANT: Before submitting the eForm, review the information carefully as it cannot be retrieved or updated without access to PIR or the re-submission of a new eForm. To start a new client search, do not use the browser back button, instead relaunch the Immunization Entry Form from the LHN. Please see Immunization Digital Solution eForm Data Entry Error Management if data entry issues occur and how to correct.

10. Click **Submit**. After submitting the eForm, look for a successful submission message. If displayed, you may also capture the eForm submission Ref# that can be used to track this submission. The message is: *"Submission is successful. If there is any concern or question about the information submitted, someone may contact you. Ref.No.: d12b0a15-5738-412c-869e-606538d8c044"* .

Set Immunization Entry Form Defaults

Purpose

The purpose of this functionality is to speed up data entry in the eForm for repeated fields. This allows the user to set certain fields that will pre-populate for every client when a new client search is completed and the eForm is launched while the user is logged in. The setting of these defaults is encouraged especially when entering different client data for the same clinic (e.g., same provider, SDL, Administration Date, recommend to only set vaccine product or lot # if only a single product is used).

If a user sets these defaults but opens up a draft saved by another user or created by the user on another day, the draft will remain as is and the current session defaults will not be applied.

NOTE:

- Setting defaults will be cleared when closing your browser or when logging-out.
- Default settings will be applied to the Immunization Entry Form.

Getting Started

1. Click "Immunization Form Defaults" in the LHN. The 'Set Immunization Entry Form Defaults' window opens.
   NOTE: If information is unknown when setting defaults, leave field(s) blank (e.g., if there will be several Providers or Provider will be unknown during your session, leave Provider field blank).
2. Choose the Regional Health Authority that the clinic is located in by selecting the Filter Service Delivery Location (SDL) by drop-down list.
3. Select your Service Delivery Location (SDL) from the drop-down list – this is the physical location of the clinic.
4. Informed Consent for Series Obtained From is defaulted to Client.
   Note: If obtaining from someone else other than Client, leave this field blank.
5. Select your Reason for Immunization from the drop-down list.
   Note: if using multiple Reason for Immunizations during your session, leave this field blank.
6. Select your Trade Name from the drop-down list.
   Note: When a Trade Name is selected, the appropriate Lot Numbers will be available in the Lot # pick-list.
7. Select your Lot # from the drop-down list.
   Note: When a Lot number is selected (without selecting Trade Name first), Trade Name field is auto-populated. If using multiple Lot Numbers during your session, leave this field blank.
8. Select your Immunization Date.
   NOTE: Date is defaulted to today's date. If using defaults for a future date, leave Date Administered field blank. If using defaults to back entry, user should set it to the date in the past.
9. Enter Provider and click Search.
   NOTE: Provider information is derived from the Provider and Location Registry (PLR), which is populated with Providers from a number of different professional colleges (such as Physicians and Nurses).
10. Click Save, and follow the same steps to search for a client.

Data Dictionary Set Immunization Entry Form Defaults Fields

Field Name	Mandatory	Type of Field	Definition & Notes	Set Imms Entry Form Defaults
Filter Service Delivery Location By	No	Drop-down	This allows you to choose your Health Authority. Doing so will filter the SDL drop-down list in the SDL field below.	Select the Service Delivery Location by picking the relevant Health Authority from the drop-down list.
Service Delivery Location	No	Drop-down	This is the physical location of the Immunization Clinic where the client received the vaccination. The SDL is connected to the HA for provincial reporting.	If the location is not listed (e.g., a clients home or shelter), enter the closest city or town. If you are unsure of what to select please speak with your supervisor. If your SDL is missing or any other concerns, please contact your local support team. If the SDL is unclear, use the BC Branch Locator Tool: http://maps.bccdc.org/BranchLocator/map.html **User Entry or Back Data Entry – From One Write or Downtime Form Direction** Ensure to update the SDL in your defaults if back data entering for multiple clinics with different SDLs this can be done by clicking set on the Left Hand Navigation or logging out or logging back in which will prompt you to set your **Set Imms Entry Form Defaults.**
Informed Consent for Series Obtained From	No	Drop-down	This field indicates who the informed consent for series was obtained from; Client, Client (Mature Minor), Substitute Decision Maker/Parent/Guardian	Informed Consent for Series Obtained From is defaulted to Client. If obtaining from someone else other than Client, leave this field blank.
Reason for Immunization	No	Drop-down	This field lists the reason for immunization.	Note: If you need to select a different Reason for Immunization, leave this field blank.
Trade Name	No	Drop-down	This fields list the Trade Name for the Vaccine. Select the appropriate Trade Name for example Moderna mRNA-1273, Pfizer mRNA BNT162b2	Note: When a Trade Name is selected, the appropriate Lot Numbers will be available in the Lot # pick-list.
Lot Number	No	Drop-down	The unique Lot Number ID of the Agent selected; displays with the Expiry date of the lot.	Note: When a Lot number is selected (without selecting Trade Name first), Trade Name field is auto-populated. If using multiple Lot Numbers during your session, leave this field blank.
Immunization Date	No	Calendar tool	The Date the selected Agent was administered to the Client (yyyy/mm/dd). The date defaults to today's date. Set to blank if setting up drafts for a future clinic or a date in the past for back data entering.	Using the calendar tool, input the date of the immunization clinic this will be the date that the immunization will be given to the client.
Provider	No	EFC	**This field searches the Provider and Location Registry (PLR). For further details, refer to Provider Search in Data Dictionary eForm Fields** If Provider name is not found in the look-up, manually enter it in. Use the name registered with your college registration body (i.e., British Columbia College of Nurses and Midwives).	**User Entry or Back Data Entry – From One Write or Downtime Form Direction** If entering eForms on the behalf of multiple service providers you may want to leave this field blank or update if frequently if you choose to set it.

Data Dictionary eForm Fields

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
Provider Search	Recommended	EFC	This field searches the **Provider and Location Registry (PLR)** which receives information provided by organizations such as (but not limited to): • BC College or Nurses and Midwives • College of Physicians and Surgeons of BC • College of Pharmacists of BC If the provider information is incorrect e.g. Name or Workplace. The provider should contact their regulatory body. If you do not find your name in the provider search enter it directly in the eForm fields for Provider.	Use EFC search ahead. If the provider cannot be located in the Provider Index, enter the Provider Name as a comment. Contact your local support team to have this provider added to the PIR if desired.	Provider to print first name and last name. If provider name unknown speak with your supervisor to obtain this information. Ensure the correct provider is loaded. If the incorrect provider is loaded: a) Click Immunization Entry Form to re-launch the form OR manually input the Provider (legal) name into the eForm field.
Client Search	Recommended	EFC	This field searches the EMPI (BC Client Healthcare Registry) for the client's PHN and Address. 98% of BC Residents are located in the EMPI. Ensure to search client's legal name, in addition to preferred name. If client not found and client advises they have not received service in BC (e.g. new to BC or international visitor), follow local processes to create a PHN or enter client demographic fields. Clearly indicate in comments that the client requires creation of a PHN. For a PHN to be created please see **Immunization Digital Solution eForm Common Data Entry Issues**	Use the Search Client function to find your client (i.e., via Client ID Number). If client not found in the PIR, search the JCR and create a client record. Ensure to follow recommended searches to prevent the creation of a duplicate client record.	If the provider does not include the client's PHN, search by using the client's FN, LN and DOB. If these fields are not completed by the provider, contact your supervisor who will follow-up with the provider. In addition, the EMPI (HCIM) WebApp is a useful tool to discern client identity. Ensure the correct client is loaded. If the incorrect client is loaded: a) Click the "reset" symbol to clear the client field. b) Search new Client and click Immunization Entry Form to re-launch the form OR manually input the Client name into the eForm field.
Service Delivery Location (SDL)	Yes	Drop-down	The SDL is the physical location of the immunization clinic. Many locations throughout the province have the same name. If the location is not listed (e.g. a clients home or shelter), enter the closest city or town. If there are any other concerns, please contact your local support team.	As this field defaults to the logged-in user's SDL, when entering the SDL, ensure to update the Organization to the desired Health Authority. If required, use the EFC to select the relevant SDL.	If the provider does not indicate the SDL, contact your local supervisor for direction. The SDL is connected to the HA for provincial reporting. If the SDL is unclear, use the BC Branch Locator Tool: http://maps.bccdc.org/BranchLocator/map.html

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
Client Last Name	Yes	EFC or Free text	The Client's legal Last Name as appears on BC Services card in EMPI. Use the Client Last name for the Client Search function of the eForm. • **Client with only one legal name** – enter the legal name in both the First and Last Name fields. • **Client with hyphen in name** – use hyphens as needed. • **Name change** – if the Last Name of the Client has been legally changed, but EMPI is not updated enter the name as it appears in the EMPI search. Enter new name into the comments and advise the client how to update their information in EMPI.	Ensure the client's demographic information (e.g., Client First Name/Last Name, Address) is the most up-to-date by manually inputting the information in the relevant PIR field. If client not found in the PIR, search the JCR and create a client record. Ensure to follow recommended searches to prevent the creation of a duplicate client record.	Provider to print last name of client. Use the Client Last name for the Client Search function of the eForm. If the provider does not include this field, do not proceed and speak with your supervisor or the provider to obtain this information.
Client First Name	Yes	EFC or Free text	The Client's legal First Name. As appears as BC Services card name in EMPI. Use the Client First name for the Client Search function of the eForm. • **Client with only one legal name** – enter the legal name in both the First and Last Name fields. • **Client with hyphen in name** – use hyphens as needed. • **Alias, preferred name, shortened name, name used** – if the Client uses an alias or prefers to use a different name from their legal First Name, enter their legal First Name. Use the name that was retrieved from the EMPI search. If client not found in EMPI, enter the legal name in the First Name and Last Fields. Enter the Alias or preferred name in the comments.	Ensure the client's demographic information (e.g., Client First Name/Last Name, Address) is the most up-to-date by manually inputting the information in the relevant PIR field. If client not found in the PIR, search the JCR and create a client record. Ensure to follow recommended searches to prevent the creation of a duplicate client record.	Provider to print first name of client. Use the Client First name for the Client Search function of the eForm and look up the client in EMPI (HCIM) WebApp by searching with the client's PHN. Ensure you have the correct client by conducting a 4 point match data set*. If the provider does not include this field, speak with your supervisor or the provider to obtain this information
Client Middle Name	No	Free text	The Client's legal Middle Name. • Leave blank if not provided. • If there is more than one Middle Name, enter both middles names in the field, with just a space	Enter same as eForm directions.	Provider to enter middle name of client if available.

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
			between the two. (This is how the information would be handled if it were to come across the BC JCR/EMPI interface.)		
BC PHN	No	Number	This is the Client's BC Personal Health Number (PHN) located on the client's BC Services card. If known, use the PHN Search or search by Client Name and DOB in the Client Search look-up to retrieve the client's demographics. Select the correct client from the search results. If no client returns, ask the client for an alias. If the client has not received service for a while or multiple matches return on the search. Carefully review the list you may need to ask the client to provide a previous address to match. Ensure to search client's legal name. If client not found and client advises they have not received service in BC (e.g. new to BC or international visitor), follow local processes to create a PHN or enter client demographic fields. Clearly indicate in comments that the client requires creation of a PHN. All eForm submissions that do not contain a PHN are sent to manual review. For a PHN to be created please see **Immunization Digital Solution eForm Common Data Entry Issues**	If client does not have a PHN filled in Personal Information under Client Demographics, look up the client in JCR Search by searching with the client's DOB and LN/FN. Ensure you have the correct client. If client not found in the PIR, search the JCR and create a client record. Ensure to follow recommended searches to prevent the creation of a duplicate client record.	If the provider has not documented the Client's BC PHN and has not requested a PHN to be created. Use the Client Search to retrieve the PHN from the client database. If you are not able to locate the client and have access to the EMPI (HCIM) WebApp utilize this tool to locate the client's PHN. If you are still unable to locate the PHN review your local EMR to retrieve the client's PHN. If you have determined that the client does not have a PHN then follow local processes for having a PHN created and then submit the eForm. If PPHIS is to create a PHN then clearly indicate in the comment to request that a PHN be created. For a PHN to be created please see **Immunization Digital Solution eForm Common Data Entry Issues** If the provider did not document this information, speak with your supervisor on how to proceed or speak with the provider to receive this information. If the eForm is submitted without a PHN this record will go to manual reconciliation and PPHIS will need to follow-up with the HA to provide further direction.
Date of Birth (DOB)	Yes	Number or Calendar tool	The client's date of birth. If the DOB is unknown, use the Client Search tool to find the client's DOB in EMPI. If the DOB is unknown, you won't be able to complete the eForm. Ask your supervisor or the provider how to proceed. If client on eform is under 5, a warning message will display. The purpose of the warning message is to prompt the user to review the date of birth they selected.	Enter the client's DOB. If unknown, search JCR. If the client is not found, enter an estimated DOB and select the estimated flag	If the provider did not enter the client's DOB, use the Client Search tool to find the client's DOB in EMPI. If the DOB is unknown, you won't be able to complete the eForm data entry. Ask your supervisor or the provider how to proceed.

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
Sex	Yes	Radio buttons	The legal gender (sex) of the Client, as documented in the EMPI and located on the client's BC Services card. If client is gender X select Unknown this aligns with EMPI standards. Undifferentiated or Unknown refers to newborns with ambiguous genitalia.	Enter gender X, select Unknown, Gender Identity X. This aligns with EMPI standards.	Provider to print or checkmark the Client's sex (e.g., Male, Female). If the provider does not include this field, look up the client in EMPI (HCIM) WebApp by searching with the client's PHN or LN/FN and DOB. Ensure you have the correct client by conducting a 4 point match data set*.
Primary Phone Number	No	Number	The primary phone number of the client. If the client does not have a phone enter a phone number where a message can be left if possible.	Enter phone number and select the Type Set Preferred flag, as required.	Provider to print the Client's phone number. If the provider does not include this field, search by using the client's PHN or LN/FN and DOB in EMPI (HCIM) WebApp, a useful tool to discern client identity. If the client phone number is different in downtime form vs. what is in HCIM, enter the client's phone number from the downtime form on the eForm. If unable to locate client phone number leave this field blank.
Email	No	Free text	The email of the client.	Enter email under Email Addresses in Client Demographics.	Provider to print the Client's email if available.
Email Use	No	Radio buttons	On the eForm, indicate using the radio buttons the type of email use; Home, Work, or Mobile.	Enter email under Email Addresses on Client Demographics screen. Indicate type of email use: Business, Home, Mobile Contact	If the provider has not indicated the type of email address select Home or Work. If no email address provide leave field blank.
Country	No	Auto-populated and drop-down	On the eForm, the Country will auto-populate as "Canada" but can also select via drop-down list.	Enter Domestic or International Address.	Provider to print the Client's Country. If left blank enter as provided by EMPI or location of the client address. Otherwise enter Canada.
Province/ Territory	No	Auto-populated and drop-down	The province in which the Client lives. On the eForm, the Province/Territory will auto-populate as "British Columbia" but can also select via drop-down list.		Provider to print the Client's Province/Territory.
City/ Town	No	Drop-down	The city or town in which the Client lives as populated by the EMPI Client Search. If different update as per client instructions. If the client's Address is "Unknown" or "No Fixed Address" ensure to enter the city where the client frequents or the location of the clinic.		Provider to print the Client's City/Town. If the field is blank utilize the EMPI Client Search. If the client is not found in the EMPI use the city/town the clinic was held in.

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
					If no fixed address or address is unknown, enter the City/Town of the clinic.
Address Use	No	Radio buttons	The address use/type for the given address. On the eForm, use the radio buttons to indicate either Home, Work, or Temporary address. If the client's Address is "Unknown" or "No Fixed Address" select Home.	Select Type of Address	Provider to use checkbox to indicate the type of address use (e.g., Home). If the provider did not indicate select Home.
Street Address Line	No	Free text	Enter the street address line for the client's given address. Use the EMPI client search to locate the client's address. Update as required. If homeless or address is unknown, enter "No Fixed Address" in address line or "Unknown", respectively. For clients that are residents of a corrections facility use their home address, No Fixed Address or the location of the corrections facility as desired by the client. If the client is an Indeterminate Client where you are unable to identify client due to poor data collection (i.e., no fixed address and no PHN) or client's request for anonymity, enter a comment on the eForm, such as:		Provider to print the Client's Street Address Line. If the client address is different in the downtime form vs. what is in HCIM, enter the client address from the downtime form on the eForm. If no fixed address or address is unknown, enter "No Fixed Address" in address line or "Unknown", respectively.
Postal Code	No	Free text	Enter the postal code for the client's given address. Use the EMPI client search to locate the client's postal code. Update as required. If the client postal code is Unknown or the client is of No Fixed Address enter the clinic or city/town postal code. Use the Canada Post look-up or the BC Branch Locator tool http://maps.bccdc.org/BranchLocator/map.html). Note: the client's health region is derived from their postal code this is very important in providing care to the client.	Ensure the client's demographic information (e.g., Client First Name/Last Name, Address) is the most up-to-date by manually inputting the information in the relevant PIR field. If client not found in the PIR, search the JCR and create a client record. Ensure to follow recommended searches to prevent the creation of a duplicate client record.	Provider to print the Client's Postal Code associated with the given Street Address Line. If the provider did not provide an address or postal code enter a generic postal code of the city/town using the BC Branch Locator tool http://maps.bccdc.org/BranchLocator/map.html).

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
Does Client Live on a First Nation Reserve	No	Radio Button	Select appropriate radio button if client lives on First Nations Reserve If "Yes" is chosen, enter Name of First Nations Reserve.		
First Nation Reserve	If Yes is chosen	Drop-down	Enter Name of First Nations Reserve.	Name of the First Nations Reserve is captured under "Address Located on Reserve Administered By" in PIR.	Provider to Print Name of Reserve if Client Lives on a First Nation Reserve.
Immunization History	No	Auto-populated	On the eForm, this field will auto-populate with immunization history for the client unless the client is not found or has no immunization history retrievable at the time. This message is expected if the client is receiving their first dose; as the client has not received their first dose yet.	Enter Dose 1 and Dose 2, as required.	Not Applicable (This field is pulled as view only from PIR).
Adverse Events Following Immunization (AEFI) History	No	Auto-populated	Adverse Events Following Immunization History will display if applicable for any immunization. Details include: Date Reported, Agent (Date Administered), Status, Recommendation Date, Public Health Recommendation, Public Health Comment. AEFI public health recommendations comments are now displayed. Further details are available by viewing your local Clinical Information System, CareConnect, or Provincial Immunization Registry (PIR).	Not Applicable.	Not Applicable (This field is pulled as view only from PIR).
COVID-19 Immunization Forecast	No	Auto-populated	On the eForm, this field will auto-populate with COVID-19 Immunization Forecast for the client unless the client is not found or has no COVID-19 Immunization Forecast retrievable at the time. If Forecast is available, the following information will display: • Immunizing Agent/Antigen • Forecasted Dose # • Trade Name • Eligible Date • Due Date • Overdue Date	Not Applicable.	Not Applicable (This field is pulled as view only from PIR).

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
COVID-19 Related Risk Factors	No	Auto-populated	On the eForm, this field will auto-populate with active COVID-19 related risk factors with a Response of "Yes" for selected client. Details include: • Risk Factor • Response • Reported Date • Effective From • Effective To If the client has the Risk Factor 'Special Population - COVID-19 3 Dose Primary Series (*)' it will display at the top of the list. The rest of the risk factors will be sorted alphabetically.	Not applicable	Not Applicable (This field is pulled as view only from PIR).
Informed Consent for Series Obtained From	No	Radio buttons	On the eForm, indicate using the radio buttons who the informed consent for series was obtained from; Client, Client (Mature Minor), Substitute Decision Maker/Parent/Guardian or if the Consent has been previously obtained. If Substitute Decision Maker/Parent/Guardian is selected enter the First and Last Name of Person giving Consent, Relationship to Client and Form of Consent.	See Consent-Directives-Reference-Guide-Shared-Services for entry steps. In the "Record Consent" window, indicate using "Other" and the resulting drop-down list to choose where the informed consent for series was obtained from (e.g., Client).	Provider to indicate using checkbox. If provider did not indicate, speak with your supervisor to obtain this information. Provider to indicate the Form of Consent using checkbox if the Informed Consent for Series was obtained by a Substitute Decision Maker/Parent/Guardian
Provider Last Name	Yes	Free text	The provider is who administered the immunization. On the eForm, this will auto-populate if the Provider Search was initially used.	Enter the Provider's last name. The EFC will pre-populate if the provider is found.	If provider name unknown speak with your supervisor to obtain this information.
Provider First Name	Yes	Free text	The provider is who administered the immunization. On the eForm, this will auto-populate if the Provider Search was initially used.	Enter the Provider's first name.	If provider name unknown speak with your supervisor to obtain this information.
Reason for Immunization	Yes	Drop-down	On the eForm, select from the drop-down list the reason for immunization. All COVID-19 reasons will start with the prefix "C19" to indicate it is specific to this immunization.	Select the reason for immunizing the Client from the drop-down list.	Provider to indicate the Reason for Immunization by using the checkbox. If the reason is blank or "other", please speak with your supervisor. For FNHA clients select: Pandemic Priority Population.
Staff Worksite/ Client's Facility	Yes	Drop-down/ Type ahead	Enter facility only if client works or lives in Assisted Living, Independent Living or Long Term Care facility. If client works at multiple facilities,	Left Hand Navigation > Client Details > Health Services	Provider to print if the client works or lives in Assisted Living, Independent Living or Long Term Care.

| Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
			select one facility provided by the client and enter additional facilities in the comment field. If Facility not found in drop down select Other [HA] and enter facility name in the comments. Notify your local support team to have the facility added to the eForm list.	Click Add Service Delivery Locations enter facility name in the EFC.	
Lot Number	Yes	Drop-down	The unique Lot Number ID. Select the Lot Number from the drop-list in eForm; Dosage UOM, Route, Trade Name, Lot Number Expiry Date, Agent and Manufacturer fields will auto-populate accordingly. If client on eform is 5 to 6 years old and user picks a product other than Pfizer Pediatric, a warning message will display. If client on eform is 6 to 12 years old and user picks a product other than Pfizer Pediatric or Moderna, a warning message will display. The warning message prompts user to review the lot number selected.	Select the Lot Number from the drop-list; the Dosage, Dosage UOM, Route, Trade Name and Manufacturer fields will auto-populate accordingly.	If Lot Number is unknown speak with your supervisor to obtain this information.
Trade Name	No	Auto-populated	The product name of the Agent selected. On the eForm, this field will auto-populate depending on the Lot Number chosen.	The field (read-only) will auto-populate when the Lot Number is selected.	Field should auto-populate when Lot Number is inputted in eForm.
Date Administered	Yes	Calendar tool	The Date the selected Agent was administered to the Client (yyyy/mm/dd). On the eForm, the Date Administered will auto-populate to current date. Update accordingly to the date administered for the immunization.	Includes an additional field for entering the time the Agent was administered. The Date is required but the Time is not required.	If Date Administered is unknown speak with your supervisor to obtain this information. Ensure to change if the administered date was in the past as the form auto-populates today's date, unless user preferences has been set.
Lot Number Expiry Date	No	Auto-populated	On the eForm, this field will auto-populate depending on the Lot Number chosen.	The Lot Number Expiry Date should be associated with the Lot Number chosen.	Field should auto-populate when Lot Number is inputted in eForm.
Dosage	Yes	Drop-down	Dosage of the Agent administered. Dosage will not be auto-populated when lot number is selected. **Users should select from the options available in the drop-down list to complete this mandatory field.** If client on eForm is under 12 and user selects a dosage other than 0.2 mL or	The Dosage will auto-populate in PIR. **Users could manually modify as appropriate.**	Dosage will not be auto-populated.

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
			0.25 mL, a warning message will display prompting the user to review the dosage selected. If the client has the 'Special Population - COVID-19 3 Dose Primary Series (*)' Risk Factor, a warning message will prompt the user to review and determine the appropriate dosage.The warning message will not stop user submission.		
Dosage UOM	No	Auto-populated	On the eForm, this field will auto-populate depending on the Lot Number chosen.	This will auto-populate when the Lot Number is selected but may be modified if necessary. This field will become mandatory when the Lot Number is selected.	If left blank, ensure "mL" is documented as there are no other ways to give this vaccine.
Site	Yes	Drop-down	The site in which the immunization was administered. Select the anatomical administration Site using the drop-list (i.e., Arm – Left Deltoid).	This will auto-populate if the user has set up *Immunization User Defaults* in My Account.	If Site is incomplete (i.e., site is noted as "right" or "left" only): • For Right – select Arm Right Deltoid • For Left – select Arm Left Deltoid If Site is noted as "arm" with no indication of left or right or form field is left blank – Enter Arm Left Deltoid. Then enter a comment on the eForm: "*Site documented as "arm" or "Site Unknown – Provider did not Document".*
Route	Yes	Auto-populated and Drop-down	On the eForm, this field will auto-populate depending on the Lot Number chosen.	This will auto-populate when the Lot Number is selected but may be modified if necessary.	Field should auto-populate when Lot Number is inputted in eForm.
Agent	Yes	Auto-populated	The Immunizing agent delivered to the Client. Example COVID-19 mRNA. This field is Auto-populated when the Lot Number is chosen.	Enter the Immunizing agent administered to the Client by selecting the appropriate Agent from the drop-list. If the Agent is not found speak with your local support team.	Field should auto-populate when Lot Number is inputted in eForm.
Manufacturer	No	Auto-populated	On the eForm, this field will auto-populate depending on the Lot Number chosen.	The read-only field will auto-populate when the Lot Number is selected.	Field should auto-populate when Lot Number is inputted in eForm.
Comment	No	Free text	Enter any comments pertinent to this immunization that cannot be entered	Enter any comments pertinent to this	Enter any texts in the Comment field into the eForm, as well any other comments

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes	Imms Entry Directly into Provincial Immunization Registry (PIR/Panorama)	User Entry or Back Data Entry – From One Write or Downtime Form Direction if Provider has left fields blank
			on other screens (i.e., No PHN found client from out of province, client's previous address is…….Ontario HCN#).	Immunization that cannot be entered on other screens (i.e., provider cannot be found in the Provider Index). Note: the Comments field becomes required when the record is being updated.	that are pertinent to this Immunization that cannot be entered (i.e., Clients LTC Facility [Name]).

Appendix 1: Important Settings and Information Before You Start

Allowing Pop-up window in Chrome

1. On the top right corner of browser click on the [⋮] icon

2. In the open menu, click on Settings

3. On the left side navigation, click on Privacy and security
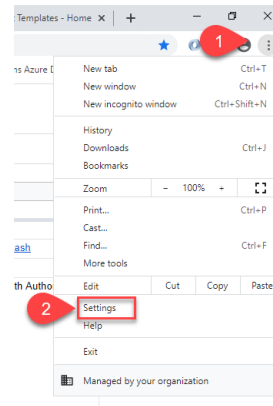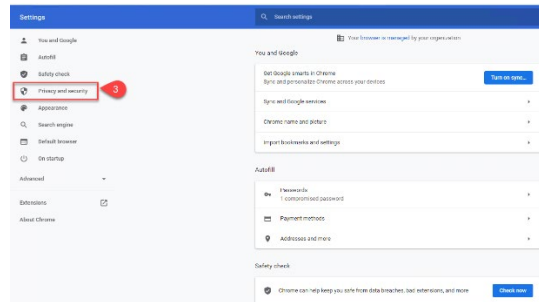
4. On the menu click on Site setting
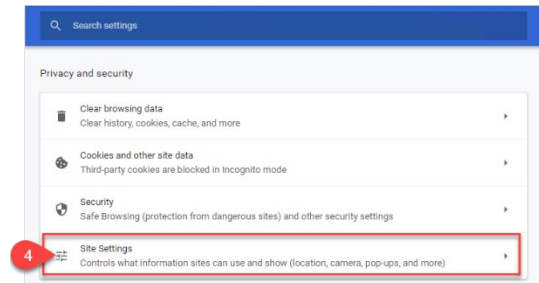
5. Scroll down to bottom Content section click on Pop-ups and redirects

6. In the open page, scroll down to the 'Allowed to send pop-ups and use redirects' section, click Add

7. Add eForms PROD site link to the pop-up window: https://www.eforms.healthbc.org/login

Turn Off Auto-populate in Chrome

1. On right corner of browser click on the ⋮ icon

2. In the open menu, click on Settings

3. On the left side navigation, click on Autofill
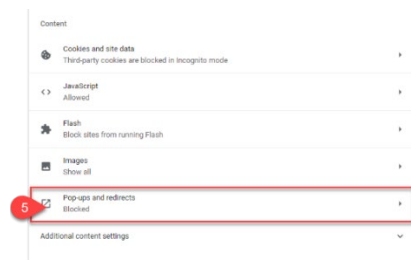
4. On the Menu click on Addresses and more
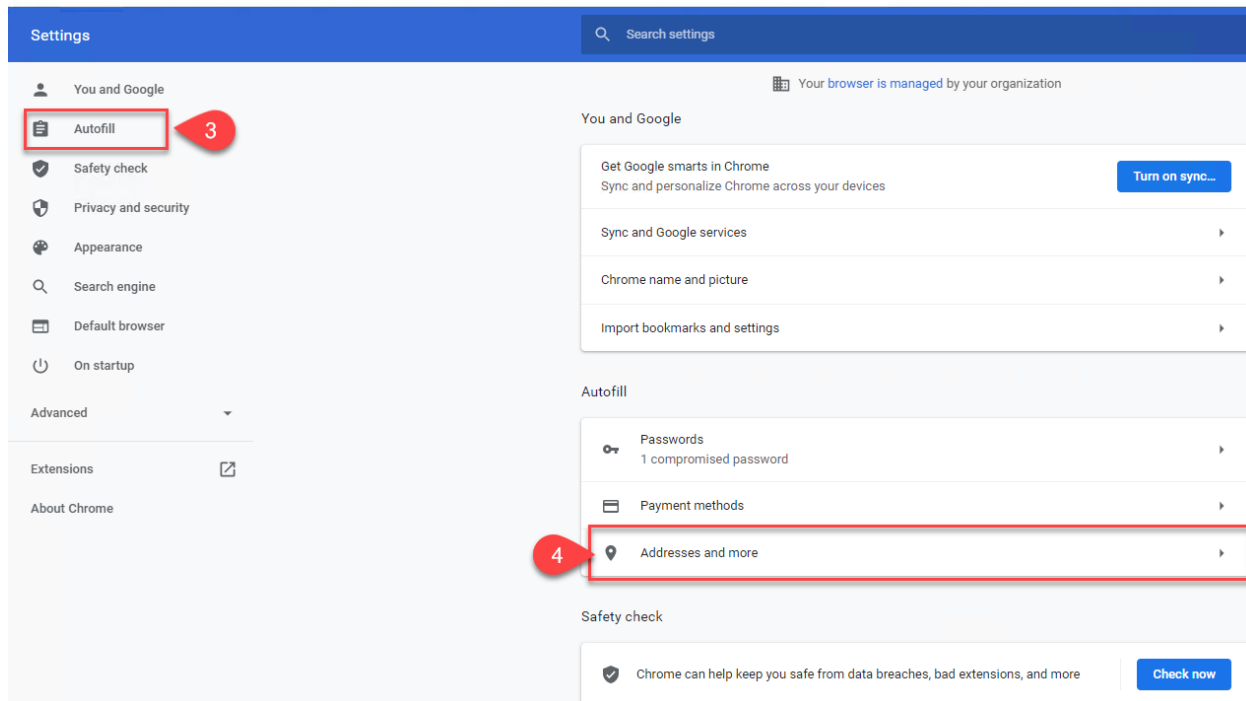
5. Make sure the Save and fill addresses is turned off
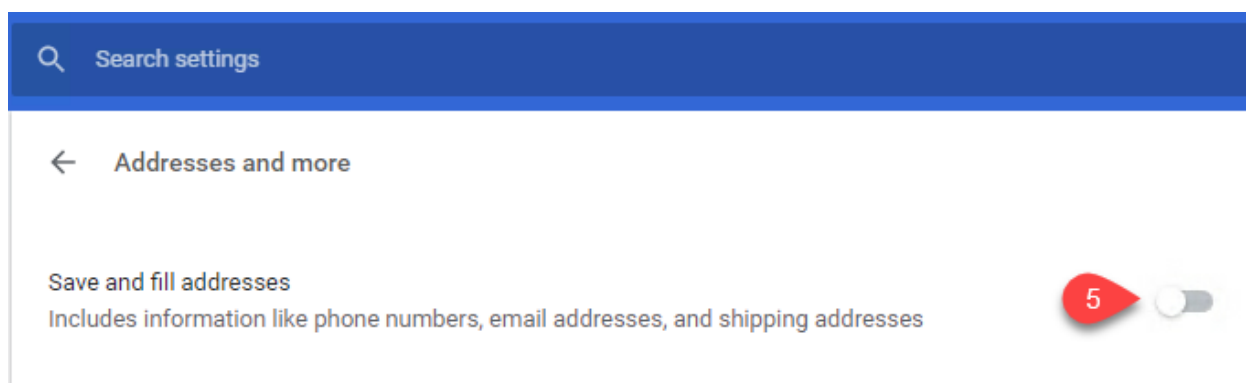
Immunization Entry Form – Using Client Search

It is recommended to use Client Search feature to ensure forms are submitted with a Personal Health Number (PHN), this will ensure timely matching to the Client's Provincial Immunization Registry record.

Steps to use Client Search:

1. From Left Hand Navigation(LHN), select **Immunization Entry Form. '**Client Search' window displays.

2. Enter **BC Personal Health Number** OR **Last Name, First Name and Date of Birth**. Click **Search.**

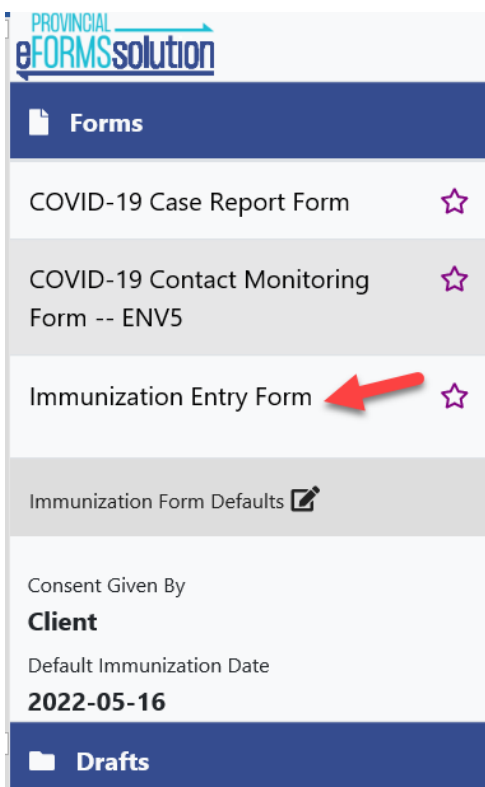3. Review List of Search Results obtained from EMPI. Note 10 results will be listed. Confirm Client details are correct. If the correct Client is not returned, ask the Client for a legal or alias name and search again. Click **Select**.

4. When users **select the client**, the **Provider Search** window (refer to Step 5) opens automatically
   - **Cancel** : When users cancel the client search, users will be brought back to the home page
   - **Skip:** Users can click the skip button to navigate to the next window

5. **Provider Search** window opens automatically. The 'Selected Client' field located bottom right populates the Client selected from previous 'Client Search' window. **Conduct Provider Search**.
   Note: ID Type: The provider can be searched by different Provider ID types. Available ID types will depend on the form settings

- **User Default Provider:** if the user sets a default provider in the user preference, they can use this button to skip the provider search.
- **Cancel** : When users cancel the Provider search, users will be brought back to the home page
- **Skip** - if user only clicks "skip" button, provider will be skipped, the default provider will not populate on the form

6. Confirm Provider details are correct. Click **Select** - This will launch the eForm with the Client and Provider information filled in. Ensure to check the information is correct. The form will populate with Client demographics from EMPI. You may update information as required.

- 98% of BC residents are registered in the BC Healthcare Identity Management (HCIM) also known as the Enterprise Master Patient Index (EMPI). The Digital Solution Immunization eForm **Client Search** is searching the EMPI database.
- Every citizen in British Columbia who has received healthcare services for example at a pharmacy, laboratory or hospital will have a Personal Health Number (PHN) created.
- The personal health number is not dependent on the client having a BC services card or BC Health Insurance.
- For data to flow from the eForm to the Provincial Immunization Registry (PIR) the client requires a PHN
- All clients should have at minimum 3 searches done using the **Client Search** feature. Please ask the client if they have alternate names, previous name, legal name, verify the address and phone number update information as required.

- If a message appears from the EMPI search indicating Duplicate PHN – do not notify the client proceed with selecting the client and documenting on the eForm.

If unable to locate the client Click **Skip** to navigate to the next window. In the **Digital Solution COVID-19 Immunization eForm Guide,** see Appendix 4: Immunization Digital Solution eForm Data Entry Error Management section "No PHN provided by the user" for instructions on how to submit the eForm

PPHIS Process for Data Entry for Migrant Workers

1. Search for the client using Client Search.
2. If the Client is **found**, complete the Digital Solution Immunization eForm as per usual – Entry Complete.
3. If the Client is **not found**:

   - Personal Health Number (PHN) created locally; client submitted into the eForm as per usual – Entry Complete.

OR

   - PHN created by PPHIS.

Provincial eForms Solution

> Ensure enough information is collected to be able to contact a client. For example: if a lot is recalled, retrieving the client's record in the Provincial Immunization Registry or follow-up for dose 2.

Service Delivery Location *

This is the location of the COVID-19 Immunization Clinic where the client received vaccine. If your SDL is not found select the closest city/town.

Client Demographics

> Legal First and Last Name; Check client ID

Last Name *	First Name *	Middle Name	BC PHN

Date of Birth *	Sex *	Primary Phone Number	Email
yyyy-MM-dd	○ Male ○ Female	---‑---‑----	
	○ Undifferentiated		Email Use
	○ Unknown	Please confirm and update to most recent number	● Home ○ Work ○ Mobile

> Obtain Client email as a form of contact and follow-up

If BC PHN is unknown, a phone number AND address is required to align with provincial client identity standard

> Enter City/Town client will be working in.

Address

Country	Province/Territory	City/Town
Canada ✕ ▾	British Columbia ✕ ▾	▾

Address Use	Street Address Line	Postal Code
● Home ○ Work ○ Temporary		--- ---
	Please confirm and update to most recent address	IMPORTANT: this is used to identify the client health region

First Nations Reserve
Select 'Yes' to enable
Please indicate Name of Reserve if client lives on a First Nations Reserve

> Enter address client will be staying at or workplace address. If client truly is unable to provide an address enter "Unknown"

> Enter postal code. Use BC Branch Locator tool as required to look up City/Town provided

Comment

> Client working for ABC Farms, client unaware of temporary accommodation address, business address utilized. Home: 123 Anywhere St., Pleasant Town, NC, USA. Passport # 12345-XXX.

> Enter client's Passport #, Temporary SIN #, Canada VISA # - this will be removed once PHN created. Enter client's International address.

COVID-19 Immunization Entry Form V1.13

Submit

Save Draft   **Download PDF**

Steps for a PHN to be created by PPHIS

1. Enter **legal First Name and Last Name**; verify Client details by reviewing client passport or other ID.
2. Enter **Address**:
   - This is the location the client will be living at. A migrant worker should have a Letter of Offer for a position to work in Canada. If the client does not know the address of their residence, please enter the company address where they will be working.
   - If both the client's address and company address is unknown, enter "Unknown" in the address line.
3. Enter **City**:
   - This is the city the client resides in. If the city is unknown, enter the location of the clinic.
4. Enter **Postal Code**:
   - If the postal code is unknown, use the BC Branch locator tool (http://maps.bccdc.org/BranchLocator/map.html) to search the city and enter.
5. Enter **Comment** box:
   - Input the client's international address.
   - Enter the date the client will be leaving Canada. If the client does not have a PHN – Enter the client's Passport number, Temporary SIN or Canada VISA #, which will allow PPHIS to identify the client. Once PPHIS creates a PHN, these identification numbers will be removed.

Please see Digital Solution COVID-19 Immunization eForm Guide located on the PPHIS Reference Materials for Front Line Users:
http://www.phsa.ca/health-professionals/clinical-

Appendix 2: COVID-19 Immunization Reasons and Decision Support Tool
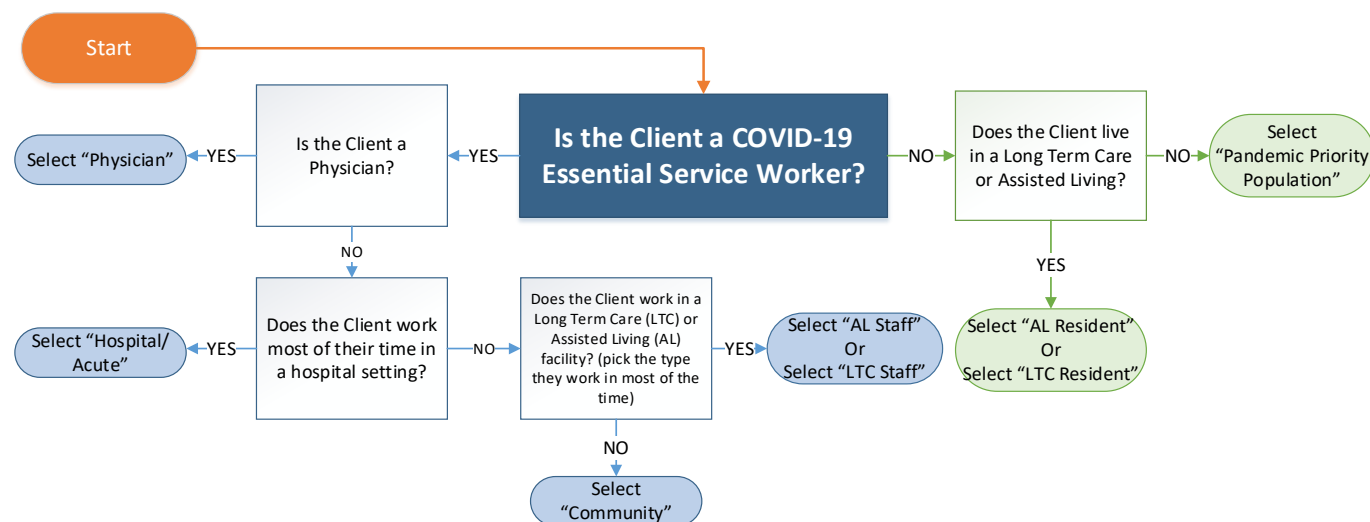
Reason for Immunization	Definition
Resident	
Assisted Living (AL)	Residents who live in an Assisted Living facility (private or public).
Long Term Care (LTC)	Residents who live in a Long Term Care facility (private or public).
Essential Services/Staff	
Assisted Living (AL)[+]	Staff who work in an Assisted Living facility, includes all workers who may not work directly for the facility e.g. delivery personnel, visiting health professionals, allied health care, hairdressers, paid companions, private home support staff.
Community[+]	Essential services are those daily services essential to preserving life, health, public safety and basic societal functioning. Use this reason for clients who are deemed an essential worker. This includes Law enforcement, public safety, first responders and emergency response personnel, Vulnerable population service providers, Critical infrastructure (electricity, drinking water, refineries, laboratories, gas stations), Food and agriculture service providers (Food processing [meat processing], farming, livestock, aquaculture and fishing, restaurants), Retail (grocery stores, convenience stores, liquor), Transportation (Port/waterfront operations, Air, Road, Rail), Industry and manufacturing, Sanitation, Communications and information technology, Financial institutions, Other non-health essential service providers (Educational institutions —including public and private K-12 schools, and public post secondary institutions, coroner, mortuary services, plumbers, etc...). Please see the Ministry of Health complete list of who qualifies as a COVID-19 essential services provider. For specific sectors of COVID-19 essential services for example Health and health services, please utilize other Reason for Immunizations such as: Hospital/Acute, Physician, AL Staff or LTC Staff, in addition to Community.
Hospital/Acute[+]	Staff who work in a hospital. For example emergency rooms, intensive care units, medical wards, allied health, housekeeping, dietary departments, laboratory, IT departments, administration, facilities and ancillary services. The client may work in direct and non-direct patient/client care.
Long Term Care (LTC)[+]	Staff who work in a Long Term Care facility (private or public), this includes all workers who may not work directly for the facility e.g. delivery personnel, visiting health professionals and allied health care, hairdresser, visiting professionals, paid companions, private home support staff.
Physician[+]	Community physicians and medical specialists
General	
Pandemic Priority Population	Includes age-based eligibility, Clinically Extremely Vulnerable (CEV), Indigenous people, and people who do not qualify under any other reason.

Essential Services: https://www2.gov.bc.ca/assets/gov/family-and-social-supports/covid-19/list_of_essential_services.pdf

- Health and health services
- Vulnerable population service providers
- Food and agriculture service providers
- Law enforcement, public safety, first responders and emergency response personnel

- Essential services regulation
- Communications and information technology
- Industry and manufacturing
- Other non-health essential service provider

- Transportation
- Critical infrastructure
- Sanitation
- Financial institutions

Appendix 3: COVID-19 Immunizations Received Outside of BC

Please enter all outside of BC received vaccinations through the Government of British Columbia Ministry of Health

Citizen Submission portal: https://www.immunizationrecord.gov.bc.ca/.

This is a very quick and easy way for the client to enter. For immunizations **received in Canada** (outside of BC) the client must provide a **digital proof (QR code preferred,** not a handwritten vaccination card as delays the verification process). Tip! Review the Immunization History in **Digital Solution Immunization eForm** or through **the Health BC Gateway** for the client prior to submitting: https://www.healthgateway.gov.bc.ca/vaccinecard.

Resources	COVID-19 proof of vaccination	https://www2.gov.bc.ca/gov/content/health/managing-your-health/health-gateway#vaccine-proof
	Digital Solution Immunization eForm	http://www.phsa.ca/health-professionals/clinical-resources/pphis-reference-materials

Steps to Enter the COVID Vaccination via Citizen Submission Portal

The Client will need:

1. Digital Copy of the client's **Immunization Record** (e.g. JPEG, PDF). Faster processing if Canadian proof includes a QR Code.
2. Client's **PHN**
3. Client's **Address (including postal code), Phone Number and email address**
4. To confirm that the information provided is accurate and understand that providing false information may subject to prosecution under the *Criminal Code* of Canada

If you were vaccinated outside B.C.

You must complete this form before you can get a BC Vaccine Card. You can continue to use your out-of-province proof of vaccination in the meantime.

You need a B.C. Personal Health Number (PHN) to complete this form. If you don't have a PHN, call 1-833-838-2323 and they can create one for you.

Now you are ready to submit!

Visit:

immunizationrecord.gov.bc.ca

Visit:
https://www.immunizationrecord.gov.bc.ca/

Update online
It takes less than 5 minutes

Update Now

Click to Start

Appendix 4: Immunization Digital Solution eForm Data Entry Error Management

This Guide provides direction on how to correct or update data that was entered in error. The error management guidance provided in this document is consistent with our recommendations documented in applicable Reference Guides. This guide is only meant to provide direction on Data Entry Errors for the Immunization Digital Solution eForm. For data corrections directly in the Provincial Immunization Registry (PIR), please refer to the http://www.phsa.ca/health-professionals Clinical Resources > PPHIS Reference Materials and your local PPHIS Tier 1 Support.

Client

	Data Entry Issue	eForm Submitter Expectation	Steps	User to Enter eForm Comment as:
1	**No PHN provided for Client** A PHN must be assigned to every identified person, including non-residents or visitors, receiving a health care service in B.C (e.g., patients from Out-of-Province). If No PHN provided by the user for the client – All records go to manual review (PEM). There are two ways to data enter: **Method 1** User will request a PHN creation prior to entering the eForm using local processes or contacting EMPI – see notes section on how to contact the EMPI. **Method 2** Request PPHIS to create a PHN for the client – this requires mandatory minimum client details for this to be completed.	Complete a thorough search of EMPI and enter a complete data set for Client into the eForm: 1. First Name (Legal) 2. Last Name (Legal) 3. DOB 4. Gender 5. Address 6. Postal Code 7. Phone number 8. Email address	Write a comment to indicate the client is from out of province/country and requires a PHN to be created. Please include the client's previous address as often PPHIS is able to locate a PHN in EMPI. If Client has "No Fixed Address" or "Unknown Address", see data entry for "Determinate Client with "No Fixed Address" or "Unknown Address" or "General Delivery" below.	*Client has No PHN due to:* A. *From out of province* B. *From out of country* C. *No prior service in BC (New to BC)* D. *International Student* *Client's previous address is: street, province, country.*

Notes
The expectation is that a thorough client search be completed as 98% of BC Residents are in the EMPI. Ensure the legal name of the client is obtained. Although a client may not have a BC Services card, they most likely will have a PHN if they have ever visited a pharmacy, hospital or laboratory in BC during their life time. The client may not be aware that they have a PHN. However, some patients may not have a record (or PHN) in the [BC Healthcare Client Registry] due to various reasons (e.g., recently moved to BC, visiting/non-resident, baby born in BC outside of hospital). If local processes allow, please create a PHN for the client prior to submitting the eForm. Note that the Client must have a full dataset (First Name, Last Name, Gender, Address, Phone number). It is important to ensure that the patient is uniquely identified and entered in the Client Registry only once. Never add a new patient record to the Client Registry if one already exists. For back data entry: a useful tool is the EMPI (HCIM) WebApp for your users. **PHN Creation from EMPI** If requesting EMPI to create a PHN for your client, please follow these steps for Newly arrived/First service in BC (e.g., Out-of-Province or Out-of-Country) and contact: **Ministry of Health - British Columbia HealthCare Client Identity Management (EMPI/HCIM/JCR)** Monday to Friday (08:30-16:30) at: Phone: 1-250-952-9137 (Preferred), Email: HLTH.RE6ISTRIESADMIN@gov.bc.ca (Subject: URGENT COVID CLINIC PHN Request) From the Ministry of Health website: Creating a PHN - ECR.05 - Province of British Columbia https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/software/user-training-material/client-registry-education-material-for-medical-practices/creating-a-phn-ecr-05 Outside of operating hours: please contact the: **Service BC Vaccine Contact Centre**, *7:00am- 7:00pm 7 days a week* at: 604-630-4063 Once the PHN is received, it is now searchable in the Client Search of the eForm; enter the PHN and select the client from the list generated and proceed with data entry as per usual.

		Data Entry Issue	eForm Submitter Expectation	Steps	User to Enter eForm Comment as:
		If you create a PHN for your patient, give it to them, and explain that it does not imply coverage with the B.C. Medical Services Plan (MSP). [As PPHIS at PHSA is creating the PHN the client can receive this at their next healthcare visit.]			
2		**Determinate Client** with "No Fixed Address" or "Unknown Address" or "General Delivery".	Submitter to utilise the eForm "Client Search" function and carefully review and confirm correct client selected prior to submitting.

Often the client is found in the EMPI but requires an address updated to "No Fixed Address".

If No PHN, see data entry for "No PHN provided for Client" above. | 1. Search for PHN
2. First Name
3. Last Name
4. Address Line: Use a location the client receives mail/frequents or is of the client choice or write "No Fixed Address" or "Unknown Address" or "General Delivery"
5. Enter City/Town
6. Enter Postal Code
7. Enter Phone number (if known)
8. Enter Gender
9. Enter eForm comment if no PHN – as the record will go to manual reconciliation and will direct the PPHIS reconciler | |
	Notes				
	Notes **Notes** This follows the EMPI and PPHIS Data Standard for No Fixed Address/Unknown Address. For staff members and residents please ensure a thorough EMPI search is done. Provide as many details as possible, if previous address known. For clients that are residents of a corrections facility or new to a remote community, you may use the corrections facility address or nursing station address. Please do indicate clearly what the clients previous address was and if a PHN needs to be created by PPHIS.				
	Notes				
	It is best to try to obtain an address where the client frequents or obtains mail. Please search EMPI as the client may have used this alias previously. Note that indeterminate clients still require a 5 point match: (**Last Name**: prefix with YYY, **First Name**, **DOB**, **Gender**, **Address**: if no address, capture the city and postal code where Public Health Service is provided. In the address line, enter "No Fixed address" or "Unknown Address", **Email**, **Phone number**).				
3		**Incorrect Client Submitted**.	Submitter to utilise the eForm "Client Search" function and carefully review and confirm correct client selected prior to submitting.	Resubmit the eForm with the incorrect Client information including PHN.	*Data Entry Error: incorrect client please delete the immunization from this client's record.*
	Notes				
	Re-submitting the eForm with the incorrect client sends the record to manual review, thus notifying the reconciler to delete the record. The eForm must be submitted with the exact same data.				
4		**Partial Incorrect Client Demographics**; *Only ONE* of the following is incorrect: First Name or Last Name or DOB or Gender.	When completing the eForm, utilise the Client Search function this will populate this information in the eForm from EMPI (BC Health Client Information Management).	As long as the PHN is correct no further action to be taken. This eForm will go into manual review.	N/A
	Notes				
	Generally this is not noticed by the user. If the user recognizes a data entry issue, they can re-submit the form with the correct information. The reconcilers use a minimum data set to identify the client for a 4 point match.				
5		**More than one demographic field is incorrect**: FN, LN, DOB, Gender, or PHN.	This occurs if the demographic fields are entered manually or autocomplete is not turned off. Ensure to use the eForm Client Search and then launch the eForm.	Resubmit the eForm with the correct information.	*Corrected: First Name and DOB [as applicable].*
	Notes				

	Data Entry Issue	eForm Submitter Expectation	Steps	User to Enter eForm Comment as:
	If the reconciler is not able to determine the demographics and match the record the eForm will be rejected and your local Tier 1 support team will be notified.			
6	**No Postal Code** – sends record to manual remediation.	Occasionally records retrieved from the EMPI are missing a postal code. Please enter postal code. Please use the Canada Post Find a Postal Code search tool, prior to submitting.	No further action required.	*Reason why postal code was not provided. For no fixed address.*
	Notes			
	The client health region is determined by the postal code. This type of remediation requires extra steps to complete. It is preferable that the user enter a postal code that is the city/town. User can use BC Branch Locator Tool to find postal code for example: *Downtown East Side*			

Immunizations

	Data Entry Issue	eForm Submitter Expectation	Steps	User to Enter eForm Comment as:
7	**Incorrect Service Delivery Location** (SDL).	The SDL is the location of the immunization clinic where the client received the immunization.	Resubmit the eForm with correct SDL.	*Corrected: SDL*
	Notes			
	Please note the Health Authority on the client record is derived from the SDL. If the SDL is not listed in the drop-down on the eForm, select the closest location.			
8	**Incorrect Provider, Site, Facility**.	Confirm documentation prior to submitting the eForm.	Resubmit the eForm with corrections.	*Corrected: Site, Provider, or Facility.*
9	**Incorrect Immunization Administration Date**.	When back data entering confirm the administration date. **User to submit two eForms**.	1. Resubmit the eForm with the **incorrect date** 2. Submit an eForm with the **correct date**	1. *Data Entry Error, incorrect client please delete the immunization from this client's record.* 2. *Corrected date.*
	Notes			
	If just the corrected date is submitted, both immunizations will remain on the client record and will not be flagged for manual reconciliation. Re-submitting the eForm with the incorrect date sends the record to manual review; thus notifying the reconciler to delete the record.			
10	**Incorrect Lot Number**.	When entering on the eForm – review the lot number prior to submitting. **User to submit two eForms.**	1. Resubmit the eForm with the **Incorrect Lot #.** 2. Submit an eForm with the **correct Lot #.**	1. *Data Entry Error, incorrect Lot # please delete the immunization from this client's record.* 2. *Corrected Lot #.*
	Notes			
	If just the corrected Lot # is submitted, both immunizations will remain on the client record and will not be flagged for manual reconciliation. Re-submitting the eForm with the incorrect Lot # sends the record to manual review; thus notifying the reconciler to delete the record with the incorrect Lot #.			
11	**Comments not transcribed by Recorder**.	All additional information collected from client to be entered into the comment section of the eForm.	Resubmit the eForm with the corrected/missing comments.	*Additional Comments: e.g., allergies, pregnant, nursing student, high school student who is hospital pandemic support personnel.*
	Notes			
	The Ministry of Health (MOH) has identified key populations as priority for the COVID-19 vaccine. Please indicate how the client qualifies and is eligible, if the "*Reason for Immunization*" is not descriptive.			
12	**Incorrect Dosage**	Confirm documentation prior to submitting the eForm.	Resubmit the eForm with correct dosage.	*Dosage corrected from xxx to xxx due to Reason (e.g entered in error)*

Appendix 5: Immunization Entry Downtime Forms

The most recent version of all downtime forms are available on PPHIS Confluence site and on the **PPHIS Reference Materials Page for Front Line Users.**

Appendix 6: eForm Learning Resources

Immunization eFormTraining Video

This video includes the following:

 • General eForm Use

• Error Management

• Draft

Available on:

- YouTube
- LearningHub

Appendix 7: Non-COVID-19 Imms Entry

KEY POINTS FOR NON-COVID IMMUNIZATION ENTRY

Note: For HA using Immunization eForm for more than one immunization (e.g. COVID-19, Influenza, Mpox, Pneumococcal) please submit a separate eForm for each dose administered per Agent.

1) **Reason For Immunization** - The following reason options are added under "'Reason for Immunization"- **these have been added to default selection**.

Contact (Household or Other)
High Risk
Occupational hazard
Outbreak
Private Payment
Routine Vaccine
Student Health Care Professional
Travel

2) **Lot Numbers** – Selecting the lot number will prepopulate the following information on the form: Trade name, agent, route, dosage Unit of Measurement (UOM).

3) **Dosage** – Will need to be selected there is a Dosage ToolTip on the screen to assist with correct selection

4) **Validation:** If a COVID lot number is selected and a non-covid reason is picked, user would be prompted to review and make the appropriate selection; same as when a COVID reason is selected for a non-Covid product.

Revision History

Version	Author	Date	Changes/Comments
3.0	G. Khudra, C. Chun	26-Feb-21	Creation.
3.1	N. Mukhi	04-Mar-21	Set COVID-19 Imms Entry Form Defaults Section and corresponding Data Dictionary Updated. Informed Consent for Series Obtained From is defaulted to Client. Reason for Immunization is defaulted to Z_C19 Pandemic Priority Population. Updated Data Dictionary Titles. Updated Agent Field in Data Dictionary. Updated COVID-19 Immunization History Field in Data Dictionary. Updated AEFI History Field in Data Dictionary. Added "Other" under Site section and removed COVID-19 Imms History from Downtime Form (Appendix 5). Updated links for Training Video.
3.2	N. Mukhi	04-Mar-21	Downtime form (Appendix 5) updated with new Trade name and Manufacturer.
3.3	N. Mukhi	09-Mar-21	Reason for Immunization section and Data Dictionary updated in Set COVID-19 Imms Entry Form Defaults. New Reasons for Immunization added (Appendix 2): Workforce Outbreak/Essential Worker. (Appendix 5) Updated with Agent and New Reason for Immunization.
3.4	G. Khudra, N. Mukhi	11-Mar-21	Updated First Nation Reserve Field in Data Dictionary. Updated PHN field in Downtime Form (Appendix5), added supplemental to Appendix 2: Reason for Immunization Decision Support Tool.
3.5	G. Khudra, N. Mukhi,	16-Mar-21	About this Document section updated with link to Panorama Acronyms Reference Guide. Removed Agent and Updated Trade Name and Lot Number fields in Set COVID-19 Imms Entry Form Defaults Section and Data Dictionary for eForm fields. YouTube video link updated.
3.6	G. Khudra	26-Mar-21	Added section: Using Client Search Feature – Reducing Client eForm Records Submitted without Personal Health Number (PHN) in Appendix 1. Updated Appendix 2: Immunization Reasons formatting, and update DST to included Staff-Congregate Settings for those that do not work in Health and health services. Corrected typos throughout.
3.7	G. Khudra	30-Mar-21	Updated Appendix 4 COVID-19 Immunization Digital Solution eForm Data Entry Error Management.
3.8	C.Chun G.Khudra	7-Apr-21	Added to Appendix 1: PPHIS Process for COVID-19 Data Entry for Migrant Workers.
3.9	G.Khudra N.Mukhi	20-Apr-21	COVID-19 Immunization Entry Form (eForm), Getting Started Section updated. Appendix 1: Client Search document updated. Appendix 2: Reason for Imms and Decision Support Tool Updated. Appendix 5: Downtime form updated. Youtube and Learning Hub link updated.
4.0	N.Mukhi	5-May-21	Appendix 5: Downtime form updated with "Janssen AD26.COV2.S" Trade name and Manufacturer.
4.1	G.Khudra C.Chun N.Mukhi	20-May-21	COVID-19 Immunization Digital Solution eForm Common Data Entry Issues section removed, combined with Appendix 4: COVID-19 Immunization Digital Solution eForm Data Entry Error Management. Appendix 4 has been reformatted and revised.
4.2	N.Mukhi	2-June-21	Updates to Consent field. Appendix 5: Downtime form updated. Youtube and Learning Hub link updated.
4.3	R. English N. Li N. Mukhi	27-Sept-21	Updated document title. Added disclaimer that the eform has been updated to allow for influenza entry. Added Appendix 7: Key Points for influenza entry. Added new Forecaster field to Data Dictionary eForm Fields.
4.4	R. English N. Li N. Mukhi	1-Nov-21	Updates to Data Dictionary eForm Fields and Appendix 7: Key Points for Influenza entry related to 'Dosage' field to align with eform change.
4.5	R. English N. Li N. Mukhi	8-Nov-21	Updates to Data Dictionary eForm Fields and Appendix 7: Key Points for Influenza entry related to recent changes to 'Dosage' field to align with eform change.

4.6	R. English N. Li N. Mukhi	22-Nov-21	Updates to Data Dictionary eForm Fields: Added new field 'COVID-19 Related Risk Factors' and updates to Lot Number and Dosage fields to include new warning message for clients under 12. Updated Appendix 5.
4.7	N. Mukhi D. Bartoszewski R. English	3-Dec-21	Replaced Appendix 3: formerly 'Process for Entering Second Dose in COVID-19 Immunization eForm' with 'COVID-19 Immunizations received outside of BC'.
4.8	N. Mukhi D. Bartoszewski R. English	15-Dec-21	Added note that AEFI public health recommendations comments are now displayed. Updated 'Set COVID-19 Imms Entry Form Defaults' to 'Set Imms Entry Form Defaults' to align with label change on e-form. Updated 'Date of Birth' field on Data Dictionary eForm Fields table to include new warning message for client under 5.
4.9	N. Mukhi D. Bartoszewski R. English	14-Jan-22	Added Appendix 8: COVID-19 Related Risk Factors (RF) - Tooltip. Updated Appendix 4 to add guidance re data entry error management for 'Incorrect Dosage'. Update to Data Dictionary eForm Fields related to 'Immunization History' field.
5.0	N. Mukhi D. Bartoszewski R. English	26-Jan-22	Updates to Data Dictionary eForm Fields related to 'Risk Factor' field display and new warning message on 'Dosage' field for clients that have the Special Population - COVID-19 3 Dose Primary Series (*)' Risk Factor. .
5.1	N. Li D. Bartoszewski R. English	13-April-22	Updates to Data Dictionary eForm Fields 'Lot Number' and 'Dosage' related to updated warnings integrating Moderna approval for pediatric clients.
5.2	R. English Lentic Li G. Khudra	17-May-2022	Updates to Immunization Entry Form (eForm) section: updated Prod URL for Immunization Entry Form to align with new eForm site URL and interface; added new features for eForm home page and User Profile; Updates to Appendix 1: Using Client Search Feature and Appendix 2: COVID-19 Immunization Reasons and Decision Support Tool
5.3	G.Khudra	05-Jul-2022	Updates throughout to generalize the eForm for entry of multiple products. Appendix 7: Non-COVID-19 Imms Entry updated to generalize immunization product from just influenza.
5.4	R. English N. Mukhi	9-Sept-2022	Updates to Appendix 5 and Appendix 7
5.5	D.Bartoszewski N. Mukhi	15-Dec-2022	Updated Appendix 5 to say the most recent versions of all downtime forms are on Confluence and the PPHIS Reference Materials for Front Line Users site.
5.6	D.Bartoszewski N. Mukhi	12-01-2023	Updated Monkeypox to Mpox.
5.7	D.Bartoszewski M. Moses	13-7-2023	Removed Appendix 8: COVID-19 Related Risk Factors (RF) as it was outdated.
5.8	D.Bartoszewski D. Boateng	06-03-2024	Removed mentions of Z_C19 to align with Panorama updates per PPHIS-18591