Immunization eForm Guide for Primary Care Providers (PCPs)

The Immunization eForm is for use with select Immunization products.

About this Document

Purpose

This document is specifically geared towards Primary Care Providers (PCPs). It explains how to complete the Immunization Entry Form (eForm).

YouTube Videos

eForms For Primary Care Providers – Overview
https://youtu.be/fTtteNNUor0

eForms For Primary Care Providers - Client Search
https://youtu.be/lLBwH5sPIJQ

For Immunization Entry Form support:

eFormsSolution@phsa.ca

IMPORTANT: Refer to **Appendix C: Important Settings and Information Before You Start** (contains information on Allowing Pop-up window in Chrome and Turning Off Auto-Populate in Chrome)
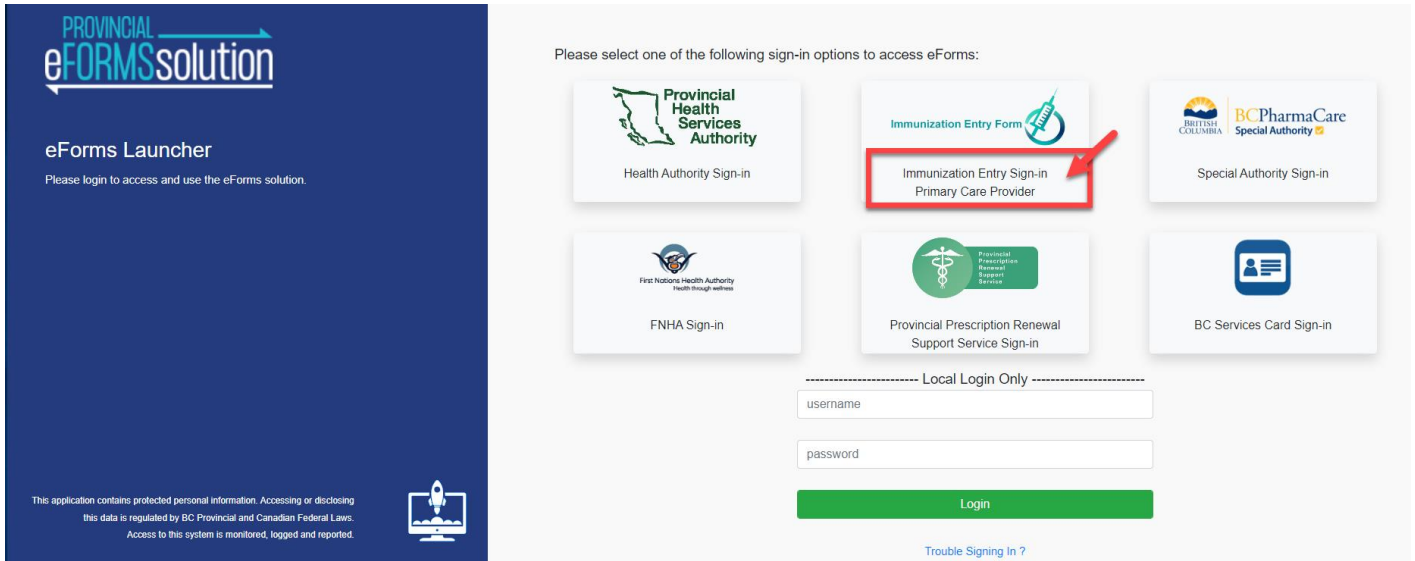
Immunization Entry Form (eForm)

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 **Immunization Entry Sign-in Primary Care Provider** – (ignore all other options).

You will be directed to this page.

(A) **Sign in as applicable**

(B) **To request access – click on the appropriate link**

NOTE: The first time the eForm is launched, users have to read and accept the terms of Privacy Confidentiality and Acceptable use Acknowledgement form.
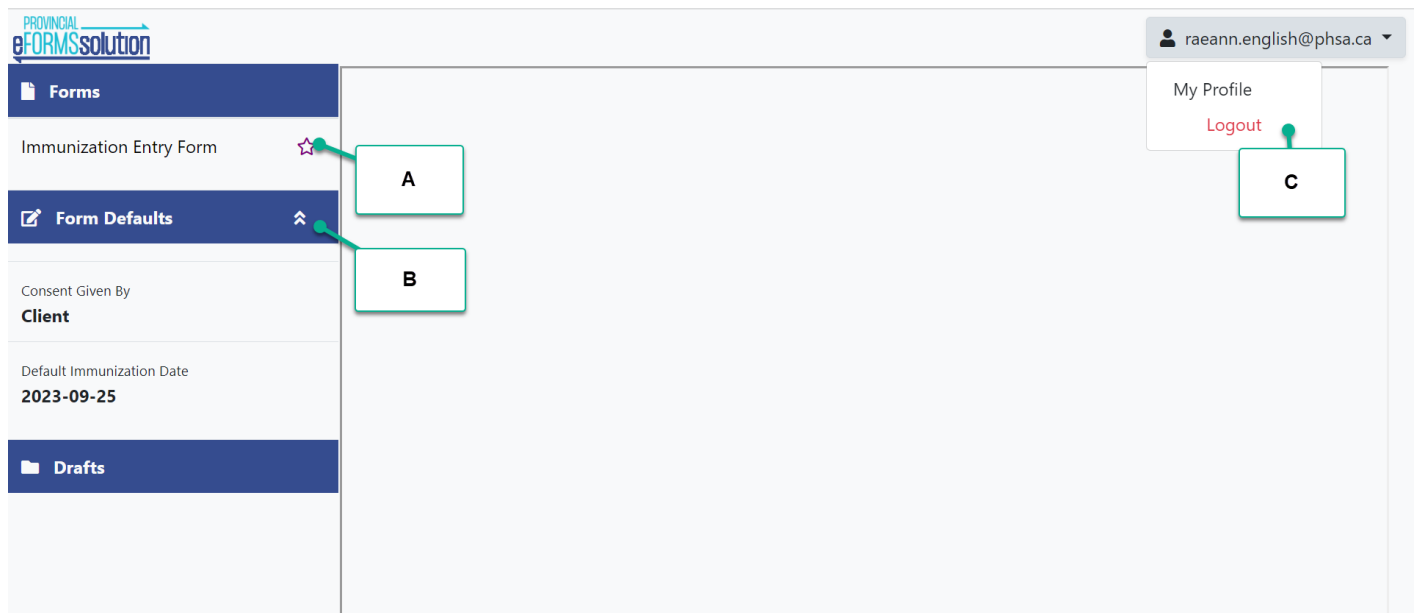
(A) **Immunization Entry Form -** Launch the Immunization Entry Form from the Left Hand Navigation (LHN) by selecting 'Immunization Entry Form'.

(B) **Form Defaults -** Set defaults for your session by clicking 'Form Defaults' from the 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.

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

3. **Client Search -** Launch the Immunization Entry Form from the LHN by selecting 'Immunization Entry Form'. The 'Client Search' window opens automatically. **Conduct Client Search** by entering Client Personal Health Number or First Name, Last Name and Date of Birth. **Select the Client from search results**.

Client Search   ✕

Search for the client in the **BC Healthcare Client Registry** to pre-populate client details on the form

eForms must not be used solely to search for clients in EMPI. All interactions are logged and may be audited

BC Personal Health Number		Last Name	First Name	Birthdate
9875023209	OR			YYYY-MM-DD

Search

JON SNOW   PHN: **9875023209**
Date of Birth: **1995-10-23** Age: **27 y** Gender: **male**   Contact:
                                                                  (phone): **604-987-2345**
Location:
46-980 BEAUMONT DR VANCOUVER, BC V2Y 7G6 CA   **A**
Type: **HOME POSTAL**
                                                                           Select
                                                                                    C
                                                         B
                                                              Cancel   Skip

(A) Click **Select** 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

Note: If client is not found, ensure the correct PHN is entered. Otherwise try searching by Last Name, First Name and Date of Birth.

(C) Skip: If client is 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

NOTE: It should be very rare to manually enter client demographics if you are billing MSP and have the PHN

4. 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 **Form Defaults** click **the prepopulated provider** on the screen to choose the default provider.

- **Cancel (4):** When you cancel the Provider search, you will be brought back to the home page
- **Skip (5):** If the provider is not found, click **Skip** to manually enter the provider name on the eForm
- **ID Type (6):** The provider can be searched by different Provider ID types. Available ID types will depend on the form settings
- 'Selected Client' **(7)** is visible in the bottom right corner

5. 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.**

6. Fill in the eForm by inputting the relevant information into the fields. Refer to **Appendix B: Data Dictionary eform Fields** for specific guidance.

   IMPORTANT: Before submitting the eForm, review the information carefully as it cannot be retrieved or updated without access to the Provincial Immunization Registry (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.

7. 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 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). Refer to **Appendix A: Data Dictionary Form Defaults Fields** for specific guidance.

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 **Form Defaults** from the LHN. The **Set 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. Click Search Provider to search for Provider and click Select.
   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.

Appendix A: Data Dictionary 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 client's home or shelter), enter the closest city or town. If you are unsure of what to select please reach out to the Health Unit/Health Authority where you picked up your vaccine from.
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.	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).** 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).	

Appendix B: Data Dictionary eForm Fields

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
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.
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.
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 you are unsure of what to select please reach out to the Health Unit/Health Authority where you picked up your vaccine from.

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
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.
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.
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 between the two. (This is how the information would be handled if it

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
			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. |
| 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. Please email the eForm Support team (eFormsSolution@phsa.ca) re how to proceed. |
| 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. |
| 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. |
| Email | No | Free text | The email of the client. |

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
Email Use	No	Radio buttons	On the eForm, indicate using the radio buttons the type of email use; Home, Work, or Mobile.
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.
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.
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.
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.
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
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.

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
			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.
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.
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.
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).

| Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
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
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.
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.
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.
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.

Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
Reason for Immunization	Yes	Drop-down	On the eForm, select from the drop-down list the reason for immunization: **For COVID, select C19 Pandemic Priority.** **For Influenza, select Routine Vaccine** **Note:** 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.
Staff Worksite/ Client's Facility	Yes	Drop-down/ Type ahead	Do not select for PCP.
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.
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.
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.
Lot Number Expiry Date	No	Auto-populated	On the eForm, this field will auto-populate depending on the Lot Number chosen.
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.**
Dosage UOM	No	Auto-populated	On the eForm, this field will auto-populate depending on the Lot Number chosen.

| Field Name	Mandatory	Type of Field	Definition & eForm Entry Notes
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).
Route	Yes	Auto-populated and Drop-down	On the eForm, this field will auto-populate depending on the Lot Number chosen.
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.
Manufacturer	No	Auto-populated	On the eForm, this field will auto-populate depending on the Lot Number chosen.
Comment	No	Free text	Enter any comments pertinent to this immunization that cannot be entered on other screens (i.e., No PHN found client from out of province, client's previous address is…….Ontario HCN#).

Appendix C: Important Settings and Information Before You Start
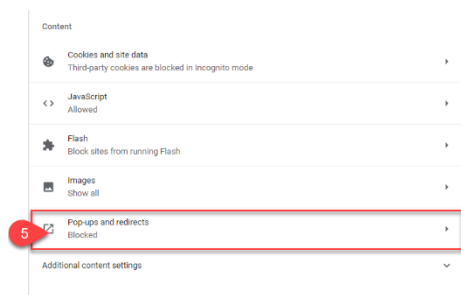
Allowing Pop-up window in Chrome

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
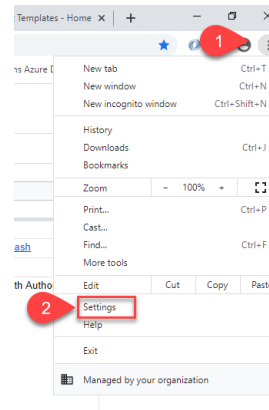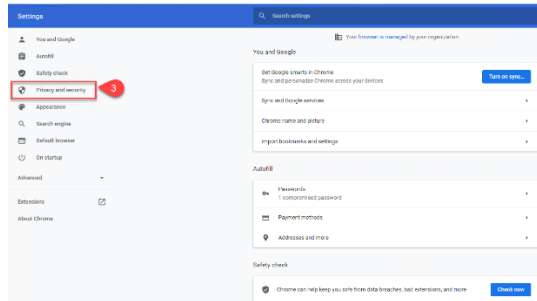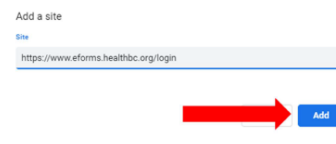

4. On the menu click on Site setting
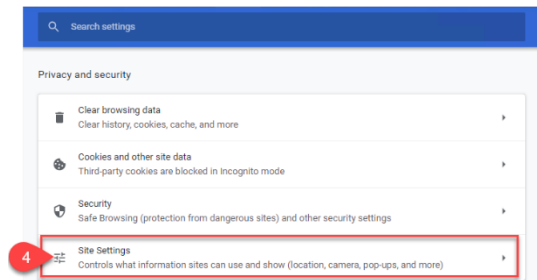
5. Scroll down to bottom Content section click on Pop-ups and redirects

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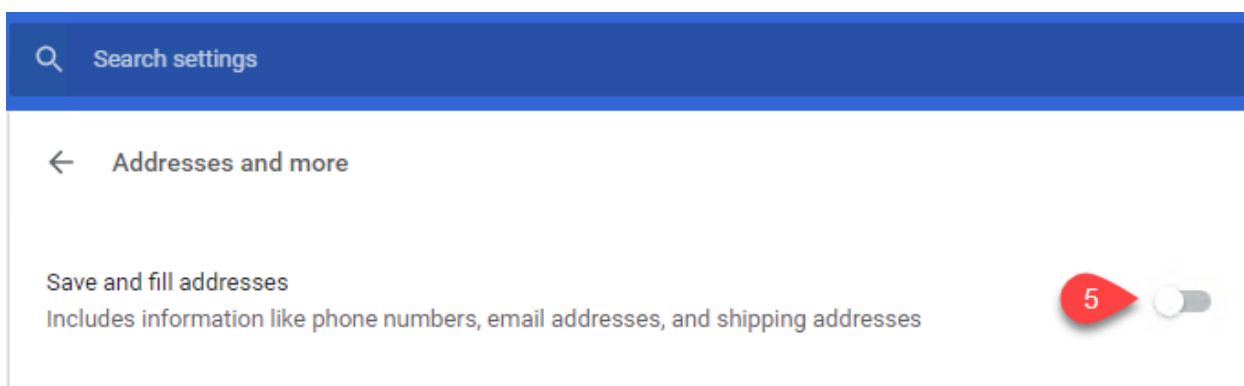

7. Add eForms PROD site link to the pop-up window: https://www.eforms.healthbc.org/login

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
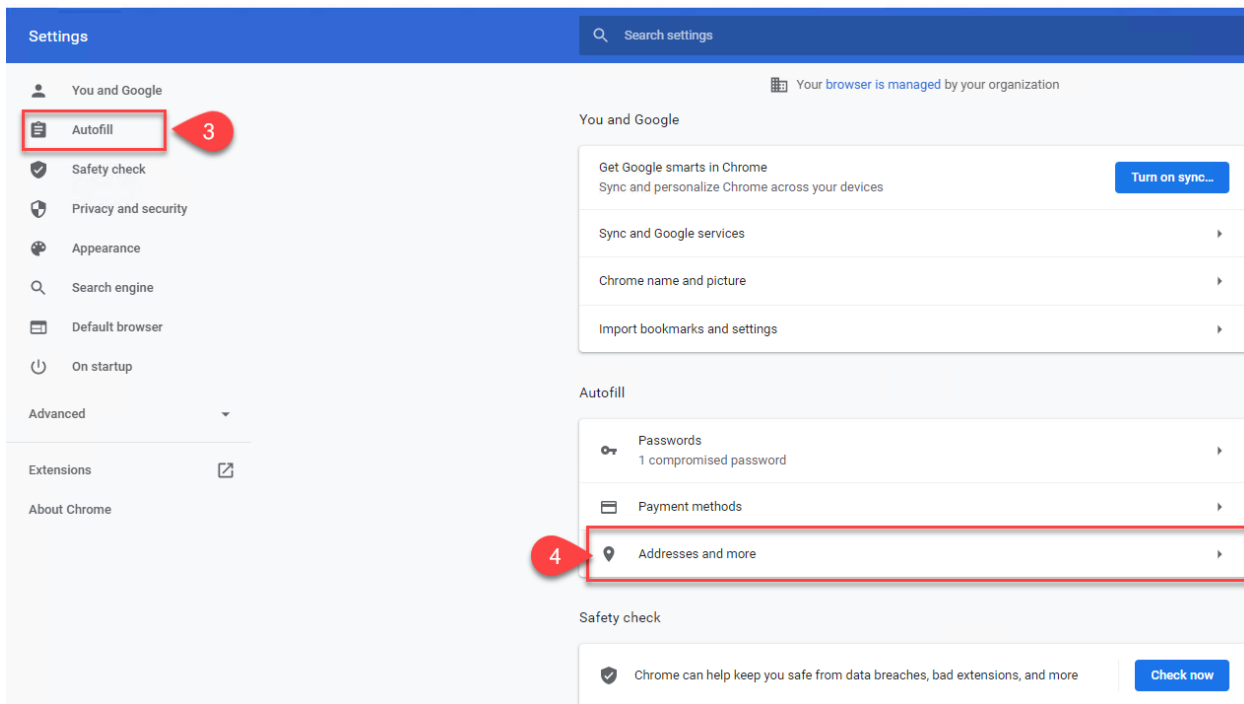
5. Make sure the Save and fill addresses is turned off

Appendix D: Immunization Entry Downtime Forms

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

Appendix E: eForm Learning Resources

eForms For Primary Care Providers – Overview
https://youtu.be/fTtteNNUor0

eForms For Primary Care Providers - Client Search
https://youtu.be/lLBwH5sPIJQ

Revision History

Version	Author	Date	Changes/Comments
1.0	R.English T. Grant Q. Li E. Lee M. Moses N. Mukhi	28-Sep-23	Creation *Information in this document is from the Immunization eForm Guide v5.6. This document has been tailored for Primary Care Providers (PCPs). This is a living document and will be updated as needed.