

User Guide

Med Access EMR: Fast Track Immunization Process for Patients with an Existing EMR Chart

Log In and Search for the Patient

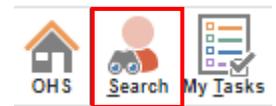
1. Go to the EMR Med Access website and enter your username and password. Click the **Login** button. Please note that if this is the first log in of the day you will be required to enter your two factor authentication.

User Name:

Password:

Login

2. Right click on the **Search** icon in the top right corner of the screen to open the 'Patient Search' window.



3. Enter the patient's MCP number in the 'Ins #' field and press the **Enter** button on your keyboard to search for the patient.

Ins #:

Ins Id:

Register a Patient with an Existing EMR Chart

If the patient's name appears, this means that the patient **has** an existing EMR chart. Please proceed to the steps below:

1. Verify that it is the correct patient and click on the **patient's name** in the 'Name' column below the patient search. Please note that if the 'Client Registry' window appears, click the **Accept Selected PCR Data** button to continue.
2. If prompted, click the word **Restricted** at the top of the 'Patient Summary' window to generate a 'Consent Form' window.
3. Select **2 Years** from the 'Duration' drop-down list.
4. Enter **flu** in the 'Reason' box. Double click on **flu** to display the reason for consent.
5. Click the **blue arrow** to select the appropriate 'Delegate Consent to Group' option.
6. Click the **Generate Consent for Group** button.

Basic Patient Search

Last:

Phone #:

Name

Haley, Leigh_tpchi

Back to Search

Accept Selected PCR Data

Leigh_tpchi Haley **RESTRICTED**

51 years 15-Dec-1968 Female
Phone: (709) 976-1978 Ins#: 379683506800

Consent Form - Google Chrome

nlchitest.med-access.net/consent/DisplayConsent.do

Leigh_tpchi Haley 51 years (709) 976-1978

Consent Form

Duration:

Reason:

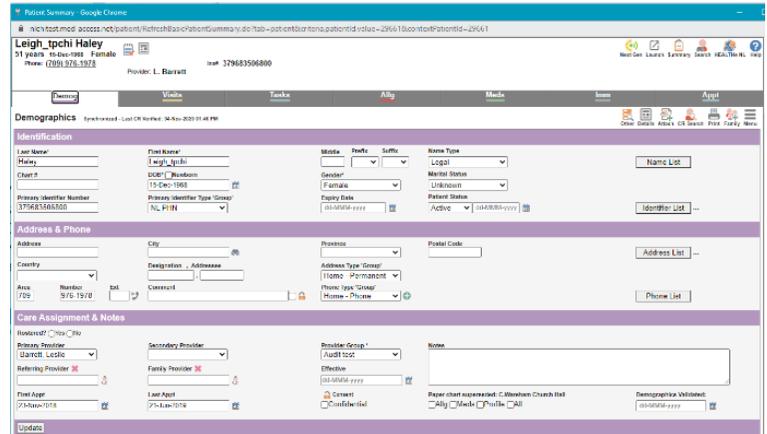
Consent Type:

Confidential

Delegate Consent to Group:

Generate Consent for Group Show form?

- You will then see the patient summary opened on the Demographics tab. Please note: DO NOT change the provider group in an existing chart.

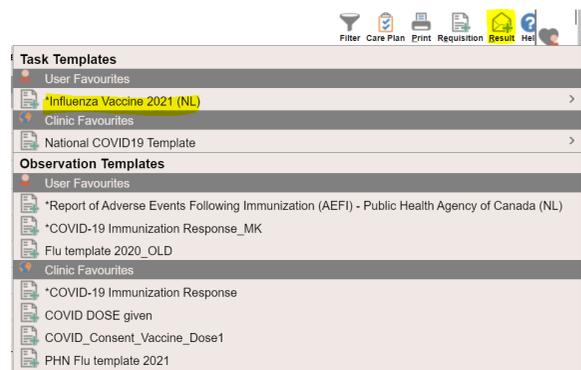


Submit the Vaccine Documentation

- Left click the **Imm** heading and then right click the **Result** icon



- A dropdown list of favorited templates will appear. Click **Influenza Vaccine 2021 (NL)** in the drop down list to open the unified consent/vaccine documentation template.
- Maximize the window or scroll down to optimize the window view.



- Complete the applicable fields of the form using the drop-down options and free text, as required. Double click on the text in the text boxes to pull information from the patient chart or type the information in the free text space, as needed.
- Note that the field indicating consent is mandatory in this template.

Observations

Ordering Provider: Melindy, Fred Service Provider: [] Send [v]

Date: 27-Oct-2021 Time: 08:27 AM

Flu Vaccine Information

Screening Questions Show Hide

Do you work for a Regional Health Authority? Yes No

What region is this being administrated in? CH EH LGH WH

Location Type: [v]
Source Depot: [v]

The patient certifies:

- That they understand the information regarding the benefits and risks of the seasonal influenza vaccine provided by the Health Care Provider
- That they consent to have the seasonal influenza vaccine.
- That they consent to the Health Care Provider disclosing my or my dependent's personal information and personal health information to the Newfoundland and Labrador Centre for Health Information to be added to my or my dependent's electronic health profile.

*The patient or designate indicates Yes No Contraindicated consent

Vaccine Administration

Show/Hide Functionality

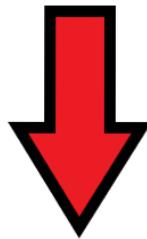
The Show/Hide functionality is likely new to most EMR users.

Essentially, some documentation is hidden from view until the user clicks the "Show" button. This helps keep the template organized and easy to view.

In the case of the Flu template, the Screening questions and RHA employee specific questions are hidden until the user wants to document them. They can also be skipped altogether if your clinic workflow screens patients in some other way or the patient is not a RHA employee.

Flu Vaccine Information
Screening Questions Show Hide

Do you work for a Regional Health Authority? Yes No



Flu Vaccine Information
Screening Questions Show Hide

NOTE: Children 6 months to less than 9 years of age receiving influenza vaccine for the first time are recommended to receive two doses of vaccine spaced at least four weeks apart.

If your Child is less than 9 years of age, are they receiving the flu shot for the first time? (see statement above in bold) Yes No Unsure

Do you or your child have a history of allergies? (medications or vaccine or eggs or food). Yes No Unsure

Are you pregnant? Yes No Unsure

Do you or your child have any past or present medical conditions? Yes No Unsure

Have you or your child ever had a reaction to the flu shot before? (red eyes or hives or rash or difficulty breathing) Yes No Unsure

Did you receive a COVID-19 vaccine in the past 28 days? Yes No Unsure

Are you sick or do you have a fever today? Yes No Unsure

Have you ever had the flu shot before? Yes No Unsure