

Reviewing Supporting Documentation

Section 1 - Temperature Logs

LHD reviews all temperature logs from the last vaccine order to the current date. Overview of temperature log:

- ✓ Name of facility, VFC PIN and unit indicated on each log.
- ✓ Initials of who recorded temps are present for all temps.
- ✓ Times of temperatures recorded.
- ✓ For freezer temps, must record actual temps, not just <3 or an x in that box.

Temperatures Recorded on Log:

- ✓ Check to see if all twice daily temps are recorded.
- ✓ Check to see if MIN/MAX temps are recorded.
- ✓ Best Practice (not required):
 - Calibration: (Included for those provider offices who have more than one monitoring device)
 - Calibration should be done weekly, recording all temperature devices, with each temp labeled to identify each device. Temps must be compared to the certified thermometer (control) and calibrated based on that temperature.
 - Temps of all devices must be within 3 degrees of the certified thermometer for Fahrenheit temps or 1.5 degrees for Celsius temps. If they are not, those devices that are out of range must be adjusted to the certified temperature and documentation provided. (Example, Calibration: Sensaphone 40, Data Logger 36. The Sensaphone adjusted to 36 degrees, T. Adams, RN 1/14/14 @8:08am.)
- ✓ If any temps are missing, documentation is required to explain why: (example, office closed for holiday)
- ✓ Check to see if all temps are within proper temperature range.
- ✓ If any temps are out of range, documentation is required to explain:
 - Action taken. This means if the temp at the time it was taken was out of range, there is a brief explanation (Example: in the unit doing inventory, unpacking shipment, etc.)
 - Additional temps recorded until back to normal range (Example: Temp 56 at 10:00am, doing inventory, door shut at 10:08am. Temp 50 at 10:15am. Temp at 45 at 10:30 a.m.)
- ✓ Vaccine order can be approved as long as documentation shows the temp back in normal range in less than 30 minutes.
- ✓ If log has temps out of range and missing documentation of actions taken, then hold order and ask for documentation or reasons for lack of. Request a copy of their data logger files. Have the provider call the manufacturers if indicated, and assess for possible vaccine loss.
- ✓ If vaccine is viable, educate provider on temp issues, offer INE session and monitor temp logs every week for one month, or per LHD protocol.
- ✓ If vaccine is not viable, work with provider to identify children who may have been vaccinated with nonviable vaccine for recall/revaccination and process loss report (in addition to steps listed above if vaccine is viable). LHDs must follow up as needed to ensure timely resolution of vaccine losses.

Section 2 - Doses Administered Reports (DAR)

Doses Administered Report (from MCIR)

- ✓ Be sure dates on DAR(s) cover period from last order to current order.
- ✓ Make sure it is VFC (public) DAR that you are reviewing.
- ✓ Assess report for accurate number of doses administered compared to ending inventory report. (Example: Used 20 doses of MMR from inventory on VFC eligible kids, DAR should show 20 doses given to 1 through 18 yrs of age.) If not, question use and educate.
- ✓ Are all doses given to age appropriate groups? (Example: DTaP only given to less than 7 yrs of age.) If not, question use and educate.
- ✓ Do the numbers in DAR compare to the number of kids being served by provider based on their annual profile?
- ✓ Check to make sure only those who are enrolled in adult programs (FQHC, Tribal HC, etc.) have doses administered to adults on the DAR. LHDs should know who can be administering adult vaccines.

Section 3 - Ending Inventory Reports (EIR)

LHD reviews all columns for all vaccines (refer to MCIR definitions for EIR column titles and the VFC 'Transfer out' Tip Sheet for more information on EIR report).

Ending Inventory Report (MCIR report generated by provider)

- ✓ Be sure dates on the EIR cover entire period since last order.
- ✓ Be sure the correct PIN is on the report.
- ✓ Be sure you are reviewing VFC/Public inventory.
- ✓ Focus on expiration dates and discuss soon-to-expire vaccine options.
- ✓ Review the numbers in each column to determine how provider is entering information into VIM and utilizing vaccines – review 'transfer out' column, LWB column, etc. Please refer to the VFC Tip Sheet on using "Transfer Out" and the MCIR Tip Sheet on EIR column definitions. These transactions should be rare. Question data entry if you find vaccines other than those provided by VFC (Rabies, Typhoid, PPD, etc.).
- ✓ Does the doses administered section of the EIR reflect the number of doses on the DAR?
- ✓ If the provider office balances more frequently than one time between orders, then it is necessary to view all ending inventory reports for the time period and compare to the VFC Doses Administered Report(s) run for that same time period.

Section 4 – Provider Vaccine Orders in MCIR

Most providers should order monthly, but providers with lack of adequate storage or very large volume providers may need to order more frequently.

- ✓ Make sure the date on the order is within **10** calendar days of submission of supporting documents.
- ✓ Make sure the order is within guidelines provided by E-ordering Order Projection
 - If outside the range, consider increasing or decreasing the vaccine order unless the provider has indicated a special circumstances such as back-to-school clinic, etc.