



Completing your SAIRS Enrollment

SAIRS, also known as eSAIRS, is a Web-based immunization registry administered by the San Antonio Metropolitan Health District's Immunization Division. All SAIRS information is confidential and only available to authorized users. The following will provide detailed instruction on how to complete the SAIRS *Facility Enrollment Form* and *User Security and Confidentiality Agreement*. If you have any questions, please call the SAIRS Team at (210) 207-2089 or (210) 207-8790, or e-mail the SAIRS Team at SAIRS2@sanantonio.gov.

Eligible Facilities

Only organizations with a legitimate purpose for adding, updating, reviewing, or printing immunization records are permitted to enroll in SAIRS. Legitimate purposes include, but are not limited to, vaccine administration and immunization assessment for school or day care admittance. The most common types of eligible organizations are medical practices (Pediatrics, Family Practice, OB/GYN, etc.), hospitals, community clinics, Federally Qualified Health Centers, state and local health departments, schools, day care facilities, and pharmacies.

Facility Enrollment Form

General Instructions

If your organization administers vaccines, an enrollment form should be completed for each clinic associated with your medical group or corporation. For example, a pediatric group with three locations would complete an enrollment form for each location.

If your organization does not administer vaccines and view-only access is needed, only one enrollment form should be completed for your organization, regardless of the number of locations. For example, a school district needs to complete only one form for all schools campuses. (If you are a school district that administers vaccines, please contact the SAIRS System Administrator at (210) 207-8716 for special instructions.)

Facilities will be required to renew their enrollment periodically.

Section 1: Facility and Contact Information

Enrollment Type: Please check *New Enrollment* if your facility is not currently enrolled in SAIRS, check *Remove Enrollment* if you wish to deactivate your enrollment, or check *Change/Renew Enrollment* if you wish to change or continue your SAIRS enrollment.

Facility Name: Print the name of your facility. If you are a part of medical group or corporation with multiple locations, please make a distinction in the *Facility Name*, for example, XYZ Pediatrics – Main St.

VFC PIN#: If you participate in the Vaccines for Children (VFC) program, please provide your VFC PIN#.

Type of Facility: Please check one. If you check "other," please specify the type of facility.

Medical Group: If your facility is associated with a medical group or corporation, please print the group name, for example, XYZ Pediatrics Group. If you do not provide a group name and have multiple facility locations, you will be unable to run reports at the group level.

Facility Address: Print the physical address for your facility. If the mailing address is different than the physical address, please provide the mailing address in the space provided.

Contact Information: Each facility must designate a primary and secondary contact to serve as official representatives for your organization. The primary contact should be either the facility manager or prescribing physician; the secondary contact should be a staff member who can take over for the primary contact. Print the contacts' business telephone numbers, office fax numbers, and the e-mail addresses in the provided spaces. If you do not have an e-mail address, it is highly recommended that you acquire one from one of the many free e-mail services available over the Internet. Please note that the e-mail will only be used to send non-confidential information regarding future SAIRS events and

informational correspondence. Your e-mail will not be shared with any other entity outside of the San Antonio Metropolitan Health District (Metro Health).

Administering Immunizations: If your facility administers vaccines, check *Yes*. If your facility does not administer vaccines, check *No*.

Section 2: Vaccine Reporting Method

The reporting method is how your facility will submit vaccine administration data to Metro Health. There are three methods for reporting vaccines:

1. **Direct Data Entry:** This reporting method provides you with the most control over your patients' registry records. With this method your staff can log on to SAIRS and enter patient vaccine records.
2. **HL7 Data Exchange:** HL7 (Health Level 7) is an international standard for exchanging health-related information between organizations and medical applications. SAIRS' HL7 data exchange application and related specification will be available in the fall of 2011. The SAIRS technical team will work directly with your Electronic Medical Record (EMR) or Practice Management (PM) systems vendor to establish the data exchange. Provide your EMR/PM vendor contact information in the space provided. If you select this method but do not provide your vendor information, the direct data entry method will be assigned your facility. For facilities electing this option and providing vendor contact information, paper submissions will be accepted during the transition to HL7 interface or you may choose to use the direct entry method.
3. **Paper Submission:** The SAIRS Team recognizes that some facilities may not currently have the computer infrastructure to enter data directly or submit data electronically. If your facility wishes to continue submitting registry data via a paper submission, you will need to obtain from the Immunization Program Manager a Direct Entry Exemption. Please attach a letter requesting an exemption (including written justification) to this enrollment form. Include in your justification the approximate number of patients currently serving. The SAIRS Team will make every effort to process paper submission within 30 days of receipt, however, timeliness cannot be guaranteed.

Section 3: Inventory Type

If your facility administers vaccines, you must complete this section.

A utility to track your vaccine inventory is built into SAIRS. There are three options for tracking inventory. Select the method appropriate for your facility.

1. **Type 1 – No SAIRS Inventory Control**
Select this option if you intend to submit vaccine records via HL7 data exchange. This option requires no inventory information. This option does not collect lot numbers and, therefore, cannot support a vaccine recall. If you have obtained a SAIRS Direct Entry Exemption from the Immunization Program Manager, you may select this option. A SAIRS Direct Entry Exemption may be given to a facility that is unable to perform direct entry due to lack of computer infrastructure.
2. **Type 2 – Partial SAIRS Inventory Control**
Under this option, the facility enters manufacturer, lot number, expiration date, and funding source for each vaccine. Facility users are then able to select the vaccine from a drop-down list when a dose is administered. Unlike the full inventory control, partial inventory control does not keep track of remaining inventory, waste, or doses used; however, this option will support vaccine recall. If you do not wish to use the full inventory control but will be directly entering vaccines administered, select this option. Training for this option will also be available from the SAIRS Team.
3. **Type 3 – Full SAIRS Inventory Control (Recommended)**
This is the preferred method of inventory tracking if your facility will be entering vaccines directly, especially if you use VFC vaccine. The full inventory control tracks manufacturer, lot number, expiration date, funding source, and number of doses. When you administer a vaccine, you simply choose from the vaccines you have entered into inventory. Several inventory reports are available to help you reconcile inventory or submit for VFC compliance. While this type of inventory control requires some diligence and effort to record inventory and to perform periodic reconciliations, it will enable you to easily document waste, prevent and control use of expired vaccine, perform vaccine recall easily, and estimate vaccine needs. If you choose this method, the eSAIRS Team will work closely with your staff to help you transition to this type of inventory control.

Section 4: Authorizing Physicians

Please list the name, medical license number, and licensing state for each physician under whose authority vaccines are administered.

Section 5: Signature

After reading the terms of SAIRS Facility Enrollment, please sign and date at the bottom of *Section 5*. This section must be signed by someone with the authority to enroll the facility into SAIRS, such as a managing physician or facility manager/administrator.

Submission of Enrollment Form

You may either mail your enrollment form to the San Antonio Metropolitan Health District – SAIRS at 332 W. Commerce St., Suite 108, San Antonio, TX 78205, or fax it with a cover sheet on facility letterhead to (210) 207-0751.

User Security and Confidentiality Agreement

To establish a user account please read, complete, sign, and submit the User Security and Confidentiality Agreement (User Agreement). The User Agreement must also be signed by the facility manager/physician authorizing access. Facility managers/physicians should only authorize individuals who have a legitimate immunization-related purpose. The SAIRS Administrator will only issue individual user accounts. Shared accounts are prohibited. Access will only be provided after receipt of the User Agreement. A copy of the User Agreement is available on the SAIRS Web site at <http://www.sanantonio.gov/health/Immunizations.html>.

Below are some important instructions for completing the User Agreement.

- Print clearly.
- Please provide the user's e-mail address. It may be either a business or personal address. Metro Health respects privacy and will not share e-mail addresses. The sole purpose of this information is to communicate with the user regarding SAIRS.
- Indicate *Yes*, if the user administers vaccines to patients. Users who indicate *Yes* can be selected from a drop-down list to populate the "GIVEN BY" field when entering an immunization event. The drop-down list will only display users associated with a given facility. Users who indicate *No* will NOT be included in the drop-down list.
- Check each role that the user performs. Your access to SAIRS will be based on the roles checked.
- Each user must be associated with at least one facility. If the user works from multiple facilities, please list all facilities. If your facility participates in the Vaccines for Children (VFC) Program, please indicate the facility's VFC PIN#.
- Ensure that the user signs and dates the agreement.
- Ensure that the facility manager or authorizing physician signs and dates the agreement.
- It is recommended that the user retain a copy of the agreement for his/her personal records and a copy of the agreement be placed in the user's personnel file.

Mail the completed User Agreements to the San Antonio Metropolitan Health District – SAIRS at 332 W. Commerce St., Suite 108, San Antonio, TX 78205, or fax it with a cover sheet on facility letterhead to (210) 207-0751.

The SAIRS System Administrator will provide access in the following manner:

- Only users associated with facilities that administer vaccines will be given write access to patient and immunization information.
- Only users associated with facilities that administer vaccines and perform direct entry will be given access to the inventory utility.
- Users associated with facilities that do not administer vaccines will be given view-only access to SAIRS.
- Facilities desiring specialized access should contact the SAIRS Administrator at (210) 207-8716.

The SAIRS System Administrator will provide the facility's primary contact with the user's log-on and initial password. Users will be required to change their passwords when they first log on to SAIRS.