Vaccination data: Tips and tricks
Enhancing data quality of vaccination encounters recorded in practice software and on AIR

Why is data quality relating to vaccination encounters so important?

It is important that vaccination encounter data recorded on the Australian Immunisation Register (AIR) is accurate as this information is used for a range of purposes:

- supporting clinical decision making to ensure a person is appropriately vaccinated
- measuring immunisation coverage
- monitoring the effectiveness of vaccines and vaccination programs
- informing policy and research
- identifying any parts of Australia at risk during disease outbreaks
- assessing eligibility for Family Tax Benefit and Child Care Subsidy payments
- facilitating entry to childcare and school, for employment and travel.

Tips and tricks to enhance information accuracy

We have put together some tips and tricks to help providers minimise and identify errors in vaccination recording to ensure the information held on patient's records and on AIR is accurate.

Practice software

Software updates

- Ensure your practice software is using the latest version as well as downloading data upgrades. Review practice software release notes to check immunisation updates.
- Important updates occur when new vaccines are approved for use in Australia (e.g. Fluad Quad) and when the National Immunisation Program (NIP) Schedule is changed.

Patient information

The patient information is matched on AIR using details held by Medicare.

- Encourage patients and parents to ensure Medicare has current contact details, that is, address, mobile phone number and Indigenous status recorded on Medicare.
- Ensure demographic details (including name, address, date of birth) are the same as those registered on Medicare, paying particular attention to spelling and hyphens. If the details do not match the Medicare Card details then the record will not be transmitted to AIR or AIR will create another record for the same patient.

Recording encounters

- Always use the 'Immunisation' tab within the medical software to record encounters - do not use free text to record any immunisation encounters in patient's notes. User guides and support is available from the various medical software companies.
- When recording a vaccine not included on the NIP, use 'Record other vaccine'
- Check correct vaccine name is selected (e.g. Infanrix versus Infanrix Hexa)
- Check dose (sequence) number is correct, particularly if the patient has received vaccinations at other immunisation providers

Entering history

- Enter immunisation history in a patient record if the vaccine has been given elsewhere to help with the correct dose number being recorded with subsequent vaccinations. Record these vaccines as 'Given elsewhere'. This will avoid encounter information being sent to AIR as duplicates.

Transmitting encounters to AIR

- Send all vaccination encounters for all patients to AIR (only exception is Q Fever).
- Send encounters or batches daily to AIR.
- Check 'Sent items' in software to ensure immunisation claims have been sent to AIR. Failed encounters can be corrected and resent to AIR.

Best Practice

- Ensure vaccination encounters are sent to AIR daily. Go to Utilities – send to AIR.

Medical Director (MD)

- MD does not transmit encounters to AIR if no Medicare Card number is listed.
- If the patient does not have a Medicare Card, the encounter needs to be dropped from the batch. Use the AIR site to record that encounter.
- Ensure Department of Veterans' Affairs (DVA) patients have their Medicare Card number listed. All DVA cardholders have a Medicare Card number and this must be populated to transfer their vaccination encounter details to AIR. Medicare Card numbers can be searched through PRODA.
- Vaccination encounters are sent to AIR via the billing software (eg. Pracsoft). Ensure the encounters are batched and sent daily to AIR when prompted in the billing software.

Common dose (sequence) errors

- Act-HIB is dose 4 (not dose 1) if the child has received 3 previous doses, usually as a combined vaccine at 2, 4 and 6 months.
- Prevenar 13 given at 12 months is either dose 3 or dose 4 depending on the number of previous doses given (Aboriginal and Torres Strait Islander children receive an additional dose at 6 months).
- Priorix Tetra or ProQuad is dose 2 (not dose 1) if the child has received 1 previous dose, usually as MMR-II or Priorix at 12 months.
- Infanrix-IPV or Quadracel is dose 5 (not dose 1) if the child has received 4 previous doses, usually as a combined vaccine at 2, 4, 6 and 18 months.

Australian Immunisation Register (AIR)

- Ensure the relevant staff, such as practice nurses and practice managers, has access to the AIR website. These staff can now be delegated access via GP delegations in HPOS or by establishing PRODA for organisations. Visit Services Australia website for further information.
- Access to the AIR website allows you to:
  - view immunisation history (vaccines given since 1996)
  - print an immunisation history statement (helpful for families enrolling into childcare and school and for workers requiring statements for employment)
  - record history (vaccines given since 1996)
  - update overseas history
  - record a vaccination encounter
  - edit a vaccination encounter
  - send a secure message to the AIR team (via the HPOS screen)
  - view due and overdue reports for patients at your practices
  - receive a practice payment summary.

Common 'pends' on AIR

- Vaccine encounters sent to AIR will be recorded with a 'pend' status if incorrect information is received. These patients will be listed as overdue until the pend is resolved. Common pends include:
  - 100: The antigen has been administered under the minimum age requirement
  - 101: The period between doses is less than the minimum required
  - 102: The same dose of this antigen has previously been reported
  - 103: The same antigen/dose has previously been reported by a different provider
- If the information has been entered incorrectly, the encounter can be 'edited' by the immunisation provider who provided the service or by a delegate acting on behalf of the provider. This needs to be done prior to the immunisation payment for that month being issued.

Data cleaning to identify patients overdue and those with a pending status

- All immunisation providers can request a 10A report from the AIR site to identify patients who are recorded as being overdue for vaccinations or may have a 'pending' status on their record.
- This will help providers correct immunisation records prior to families receiving correspondence from Centrelink.
- The overdue records on AIR can be reviewed against patient records held by the practice to determine whether the patient is truly overdue or whether there is an error in recording or transmitting the vaccination encounter.
- For those patients who are overdue, recall and reminder messages are encouraged.
- For those patients where an error has been identified, the encounter can be edited on the AIR website by the provider (or their delegate) who submitted the encounter or by contacting AIR.

Further information

Services Australia

For information and education resources regarding PRODA, HPOS and AIR, including delegations.
www.servicesaustralia.gov.au

AIR General: 1800 653 809

AIR Online helpdesk: 1300 650 039H

Q Fever Register: www.qfever.org

Practice Software Companies

Best Practice: User guides and support: www.bpsoftware.net

Medical Director: User guides and support: www.medicaldirector.com

ZedMed: User guides and support: www.zedmed.com.au

MedTech: User guides and support: www.medtechglobal.com/au/

Genie: User guides and support: www.geniesolutionssoftware.com.au