





OSMOSSIS

Ocean State Management of State-SuppliedImmunizationsSystem

Online Self-Study Program

Revised:December 2021



Any practice that orders State-Supplied Vaccines (SSV) must complete the following Self-Study Program. The Program must be completed by the practice's listed **Vaccine Contact**.

Process

- 1. Review slides on various topics, including Inventory Reporting, Ordering, Temperature Logs, Delivery, Receiving Shipments, Activating Lot #s, Returns/Waste, Transfers, Order History, etc.
- 2. Answer summary/review questions at the end in order to receive OSMOSSIS access
- 3. Log into OSMOSSIS by entering the practice PIN number and License number.

Logging In (1/2)



SSV Login: https://kidsnet.health.ri.gov/llr-practice-prod/ssv/portal.jsf?cid=28



State of Rhode Island Department of Health

Welcome to Immunize for Life

Welcome to the Immunize for Life, State-Supplied Vaccine (SSV) Program Enrollment. There are two ways to access the SSV Program for enrollment, updating Practice information, and Seasonal Influenza dose reporting/ordering:

- 1. KIDSNET Login (KIDSNET authorized users only)
 - Log in using individual KIDSNET user Id and password
 Click on SSV Practice Menu in left hand menu
 - Click on the appropriate menu choice

If you are having difficulty logging into KIDSNET, please call the Help Desk 222-5960 or your KIDSNET Provider Relations Representative.

OR

2. SSV Login

- · Log in using SSV PIN number and lead physician/medical director's license number
- Click on the appropriate menu choice

If your practice/facility has never been enrolled in any SSV program, it has been longer than one year since you last enrolled in any SSV program, or you are having a problem logging in, please call Deb at 222-7876.

KIDSNET Login OR SSV Logir

Steps:

- 1. Click the above link
- 2. Enter the SSV system through the KIDSNET or SSV Login portal

If you have a KIDSNET User ID it is recommended that you go through the KIDSNET portal. All others should use the SSV portal.

Logging In(2/2)





Welcome to the Immunize for Life, State Supplied Vaccine (SSV) Program log-in page. Log in using your SSV PIN number and your lead vaccine provider, physician or medical director's license number. If you have trouble logging into the system call 401-222-7876.

By logging on the user agress to the terms stated on this page.

If your practice/facility has not been previously enrolled, or it has been longer than 1 year since you last enrolled in any vaccine program, you will need to call 401-222-7876 where you will be assigned your PIN number and password. In proceeding beyond this point, the user:

- Agrees that they are authorized by the Lead Vaccine Provider or Medical Director to enter through this web portal in order to complete enrollment, update practice information and/or place vaccine orders on behalf of the practice;
- Agrees to the Terms and Conditions related to this enrollment on behalf of the practice or facility.

By logging on the	user agrees to the
terms stated on th	ns page
PIN:*	
License No.:*	

Steps:

- Once on the SSV Login Page, enter your practice's SSV PIN and Medical Director/Lead Prescriber's license number
- 2. Once you fill in the required Login information you will be directed to the **SSV Practice Menu** page



SSV Practice Menu Screen





Attestation



State of Rhode Island **Department of Health** Practice Attestation Navigation Menu RIDOH Practice: Immunization Alpha Name: RI DEPARTMENT OF HEALTH -RIDOH Resource Manual & 1600 Family Practice PIN: Lead LVP Lic.: MD13022 Form HEIDI WALLACE Logoff 1600 Logged in as: Vaccine Contact: 401-644-6321 heidi.wallace@health.ri.gov TRAVIS VENDETTI Lauren Piluso Pandemic Vaccine Practice Contact: 401-222-4786 401-222-4639

TRAVIS.VENDETTI@HEALTH.RI.GOV

Heidi. Wallace@health.ri.gov

Heidi Wallace

Immunization Rep: 401-222-4631

ctice Attestati	on				_
0	RAVIS VENDETT	п			
01	HEIDI WALLACE				
01	auren Piluso.				
01	leaghan Joyce				
01	VICOLE ALEXAND	DER-SCOTT			
2 8 MA	100				
I attest th	at I am the perso	on identified	by the checkb	ox above and	
		Der State Sup	plied vaccine	on benair of	
KI DEPAK	MENT OF REALI	H-KIDUH			

Contact:

Backup Pandemic

Vaccine Contact:

lauren.piluso@health.ri.gov

meaghan.joyce@health.ri.gov

Meaghan Joyce

401-222-1580

Once you click the **OSMOSSIS** link you will be brought to the **Practice Attestation** page where you will be asked to attest to being one of the authorized agents of the practice available to place a vaccine order. Authorized agents include:

- Lead Physician
- Practice Contact
- Vaccine Contact

Select your name from the list and then click **Yes, Continue**. You will then be brought to the **Vaccine Order Menu** page.

If your name does not appear on this screen, you have not been authorized to order vaccines on behalf of the practice. See your Practice or Vaccine Contact for approval.

Vaccine Ordering Menu (1/3)





Vaccine Ordering Menu (2/3)





Information on this page includes:

Practice identifiers based on the information submitted during the annual enrollment period:

- Practice Name
- Alpha Name (created and used by DOH)
- Practice SSV PIN
- Practice Contact (name and phone)
- Vaccine Contact (name and phone)
- Lead Physician License #
- Assigned Immunization Representative

Order ID: each time you sign in to the Vaccine Ordering Menu a new Order ID is created

Next Order Date: shows the next available date for your practice to order vaccines. Once that date has passed, "**NOW**" will be displayed

Order Status: current order status can be: New, Incomplete, Submitted, Approved/Declined/Held, In Process, Shipped, or Received

Vaccine Ordering Menu (3/3)





Active vs. Inactive Buttons

Choose an option from the available list of active links/buttons.

If you hover your mouse over an option and get a red circle with a line through it, it means that option is currently unavailable. Options that are available will be a darker shade and display a finger point cursor when hovered over.

As mentioned, restrictions may be based on processes that have not yet been completed, such as Transfers, Receiving a Shipment, eligible order date not yet reached, etc.

Inventory Lot# Report







The first link on the Vaccine Ordering Menu page for both Monthly and Influenza orders is the **PRINT OUT Current Inventory Lot# Report**.

Click this link to get a printout of all the Lot #s that the system recognizes as part of your current vaccine inventory. Bring the form to your storage unit to record the vaccine quantities on hand for each Lot #. This information will be needed for the inventory section of your vaccine order.

The Lot # form is **print only**. You cannot enter data into the fields of this form on the computer.

Lot# Printout (Sample)



ENT OF BUT	epartment	огпеан			
	Prod	uct Lot Inve	ntory R	eport: Nov-16-2012	r
		Exit	Prin	t This Page	
Pleas	e report only stat	e-supplied vac	cine. Do	NOT report privately purchased vaccir	1es.
dult Vaccine	Inventory				
Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
PNEUMO					\sim
	00006-4943-00	Pneumovax	10	PPV23; SDV; 10-PACK	081144
					113844
					117044
					1170AA:
DAFAD	49281-0400-15	Adacel	5	5X1 DOSE SYRINGE-ADULTS	
					U3486CA:
					U3486DA:
					U3874BA:
dult Special I	nitiative Vaccine	inventory			
Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
IEP AB					
	58160-0815-52	Twinrix	10	HEP AB; SYR; 10-PACK	
					AHABB227BA:
ediatric Vacci	ine Inventory				
Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
TAP					
	58160-0810-51	Infanrix	5	DTAP-INFANRIX-5 X 1 DOSE PF SYRINGE	
					AC14B121BB:
	50100 0010 50	T-F-min	10	CDC INFANDLY CVD O F 10/212	

Current Inventory Lot# Printout (Sample)

This is a sample of what the Lot # printout will look like. Bring it to your , storage unit and fill in the quantities for each Lot # listed on the report.

Vaccine information included on form:

- Vaccine type (grouped by the "short name")
- National Drug Code (NDC)
- Brand
- Doses per package/carton
- Unit Presentation (short description)
- Lot number
- Lot quantity (on-hand inventory) field

If you do not have any inventory of a certain Lot #, the system will require you to enter a zero (0) in the field. Once you enter zero quantity of a Lot # it will no longer appear in your inventory (effective next order).

Activate Lot



		РКД			Total
HEP A					
	58160-0825-51	Havrix 10	10X1 HEP A PED HAVRIX TIPLOK		
			(ist	qty: 1) AHAVB408AA:	0
			(int	qty: 1) AHAVB417AA:	0
			(ist	qty: 1) AHAVB437BA;	0
	58160-0825-11	Havrix 10	HEP A PEDS 10PK 1 DOSE VIAL		
			(lot c	ty: 10) 1228-27:	0
HEP A-AD	R	eactivate/Add Product Lot			
	58160-0826-4	-			
		You are about to rea	ctivate or add a product lot the system currently identifies	as not being an active	0
	58160-0826-1				
		Contract Type:	Adult		0
HEP B - A		Vaccine Type:	HEP A		
	58160-0821-4	Versies Deed			
		vaccine Brand.	Havrix		0
PNEUMO		Package Type:	PREFILLED SYRINGE		
	00006-4739-0	NDC Code:	58160-0825-51		
		Lot # / Exp. Date:	#AV0064-5 01/01/2013 *	1	0
TDAP				-	
	49281-0400-1.	Quantity:	2		
					0
	58160-0842-4		Cancel		
					0
		Activate I	Product Lot		
	+	- Previous Save & (Continue Later Next →		

You may need to reactivate a Lot # in the event that you forget to report a vaccine or accidentally indicated zero inventory in your previous inventory reports.

By clicking Activate Product Lot

at the bottom of your Adult/Pediatric Inventory Report pages, an active window will open for you to enter the specific information about the product you wish to activate. Complete the information required for each dropdown category and click **Activate**. The product will immediately show up in your inventory report.

Vaccine Ordering Wizard





Generate Returns Packing List

Return to SSV Menu

Once you have completed the **Current Inventory Lot# Report**, you are ready to start the vaccine ordering process.

Place Vaccine Order – click this link to start the Order Wizard process.

The first step in the process is entering any **Returns/Wasted** vaccines. If it is your first time in the system, select "No" for this option since your on-hand inventory has not yet been established in the system. In future reports you will be able to complete the Returns/Waste section of the wizard (Returns/Waste will be discussed later in this tutorial).

Note: the next few slides will address **Monthly Vaccine Orders** only. Influenza ordering will be covered later.

Starting the Wizard



	60	(Dractico Me		
	331	Practice Me	inu	
Practice: Alpha Name: PIN:	RIDOH RI DEPARTMENT OF HEALTH - 1600 Family Practice	RIDOH	Enrollment Year:	2021 MD13022
Logged in as:	1600		Vaccine Contact:	HEIDI WALLACE 401-644-6321 heidi.wallace@health.ri.gov
Practice Contact:	TRAVIS VENDETTI 401-222-4786 TRAVIS.VENDETTI@HEALTH.RI.GO	<u></u>	Pandemic Vaccine Contact:	Lauren Piluso 401-222-4639 lauren.piluso@health.ri.gov
mmunization Rep:	Heidi Wallace 401-222-4631 Heidi.Wallace@health.ri.gov		Backup Pandemic Vaccine Contact:	Meaghan Joyce 401-222-1580 meaghan.joyce@health.ri.gov
• •	A WASTE is a product that condition other than its origination of the than its origination other than its origination of the than the	Vaccine Order Wiz	entering your order i le Returns or Waste	nformation, do you have any to report first?
-Enter Vaccin	An De returned to the mar A WASTE is a product that condition other than its orig ore-drawn vaccines, or re- e Waste or Return Infor	Vaccine Order Wiz	and entering your order i e Returns or Waste as No	nformation, do you have any to report first?
-Enter Vaccin	A WASTE is a product that condition other than its originare-drawn vaccines, or re- e Waste or Return Infor Type:	Vaccine Order Wizz	entering your order i le Returns or Waste es No aste	nformation, do you have any to report first?
- Enter Vaccin Action Order	A WASTE is a product that A WASTE is a product that is origondition other than its origone- drawn vaccines, or re- e Waste or Return Infor Type:	Veccine Order Wiz	end entering your order i le Returns or Waste es No aste	nformation, do you have any to report first?
Enter Vaccin Action Order	A WASTE is a product that A WASTE is a product that is origoned then than its origone- drawn vaccines, or re- e Waste or Return Infor Type: [] [] [] [] [] [] [] [] [] [] [] [] [] [Vescine Order Wiz Constraints Before Vaccin Ye mation Return W elect	and entering your order i le Returns or Waste ass No aste	nformation, do you have any to report first?
Enter Vaccin Action Order Vaccin Vaccin	A WASTE is a product that A WASTE is a product that its origonetion of the than its origonetion of the than its origonetic or Return Information Type:	Return Weekent	and entering your order i le Returns or Waste ass No aste	nformation, do you have any to report first?
Enter Vaccin Action Order Vaccin Vaccin Packag	A WASTE is a product that A WASTE is a product that its origonetion of the than its origonetion of the than its origonetion of the than its origonetic or Return Information Type:	Vescine Order Wiz Defore Defore Second Se	and entering your order i le Returns or Waste es No aste v v v	nformation, do you have any to report first?
-Enter Vaccin Action Order Vaccin Vaccin Packag NDC C	A WASTE is a product that A WASTE is a product that its origoned to the than its origoned to the than its origoned and the term of term	Vescine Order Wiz Content of the Wize of	and entering your order i le Returns or Waste es No aste aste v v v	nformation, do you have any to report first?

After selecting "No" to **Returns/Wasted** reportingyou will be directed to the appropriate vaccine reporting pages.

If your practice only offers adult vaccines you will be directed to the **Report Adult Vaccine Inventory** page.

If your practice only offers pediatric vaccines the system will bypass the adult portion of the ordering process.

If your practice offers both adult and pediatric vaccines, you will be required to complete both the **Adult** and **Pediatric** sections of the orderprocess.

These steps are decided based on your Practice Profile when you enrolled in the SSV program.

For this demonstration, we will proceed as a family practice offering both adult and pediatric vaccines.

Note: <u>Do not</u> use the Back or Forward arrows of your internet browser. If you use these buttons you will be kicked out of the OSMOSSIS system and your data will not be saved.

Inventory Reporting (1/2)





On the Report Adult Vaccine Inventory

page you will be required to enter the number of **DOSES** for each state-supplied vaccine NDC and Lot # that you currently have stored in your practice. If you no longer have any doses of a particular Lot #, you need to report a zero (0) quantity in the field, in order for that Lot # to be removed from your inventory for future reporting.

Use the information gathered from the Lot # **Print Out** form to complete the inventory sections.

Only report state-supplied vaccines on the inventory reports; **DO NOT** include privately purchased vaccines.

Page Navigation – use the Previous and
Next buttons to navigate through each page of the order process. Use the Save &
Continue Later button if you have to leave the system for any period of time.

Inventory Reporting (2/2)





Special Pediatric Vaccine Inventory Doses Vaccine Type NDC Code Brand per Pka **Unit Presentation** Lot Quantity EIPV 49281-0860-10 IPOL 10 IPV; MDV10; 1-PACK H13401: 0 H13301: 0 Activate Product Lot ← Previous Save & Continue Later Next →

On the Report Pediatric Vaccine

Inventory page, you will be required to enter the number of **DOSES** for each statesupplied vaccine NDC and Lot # that you currently have stored in your practice. If you no longer have any doses of a particular Lot # you need to report a zero (0) quantity in the field, in order for that Lot # to be removed from your inventory for future reporting.

Use the information gathered from the Lot **# Print Out** form to complete the inventory sections.

Once again, only report state-supplied vaccines on the inventory reports; **DO NOT** include privately purchased vaccines.

Vaccine Ordering – Adult





Place Adult Vaccine Order

Practices are allowed to order vaccine no more than once during any 30-day period. Please order enough vaccine so that you do not run out of supply before you receive delivery of your next order. It is recommended that when you order you should order enough vaccine for your practice to be able to operate for at least 30-days plus any anticipated delivery time of your next order. For example; if you plan on ordering vaccine every 30-days you should order enough vaccine to cover at least 60 days of operations, ordering every 60-days should order 90 days of inventory, and so on.

Indicate in the fields below the number of doses you will need until your next order can be placed and delivered, as described above.

Adult Vaccine Order Entry

Vaccine Type	NDC Code	Brand	Doses per Package	Description	Order Quantity (by dose)
PNEUMO	On-Hand: 0				
	00006-4943-00	Pneumovax	10	PPV23; SDV; 10-PACK	0
TDAP AD	On Hand: 0				
	49281-0400-15	Adacel	5	5X1 DOSE SYRINGE-ADULTS	0

Only providers who currently participate in Adult Special Initiatives are eligible to order the following vaccines at this time. If you are not currently enrolled in the Hepatitis, HCW, or HPV initiatives please do not order any of the vaccines listed below.

Adult Special Initiative Vaccine Order Entry

Vaccine Type	NDC Code	Brand	Doses per Package	Description	Order Quantity (by dose)
HEP AB	On Handi 0				
	58160-0815-52	Twintix	10	HEP AB; SYR: 10-PACK	E
НЕР В-А	On Hand: 0				
	58160-0821-52	Engenix	10	ENGERIX-8 PFS 20MCG/ML 1ML 10/PAC -CDC	0
HEPA-AD	On-Hand: 0				

On the **Place Adult Vaccine Order** page, enter the amount of each vaccine that you wish to order. Please note that vaccines are to be ordered by **Dose Quantity**, and must be multiples of the "Doses Per Package". For example, if the dose per package is 5 - order in multiples of 5, if dose per package is 10 - order in multiples of 10, etc.

Orders should include the number of doses you will need in order to maintain *at least a 30-day supply of vaccine beyond your next order date.* For example, if you order every 30 days, order enough vaccine for 60 days; if you order every 60 days, order enough vaccine for 90 days, etc.

Adult Special Initiative vaccines are only to be ordered by practices that have received permission by RIDOH for special initiative projects.

All **Order Quantity** fields must include a value. If you are not ordering a specific vaccine, please indicate so by entering a zero (0) in the order field.

Vaccine Ordering – Pediatric (1/2)





Place Pediatric Vaccine Order

Practices are allowed to order vaccine no more than once during any 30-day period. Please order enough vaccine so that you do not run out of supply before you receive delivery of your next order. It is recommended that when you order you should order enough vaccine for your practice to be able to operate for at least 30-days plus any anticipated delivery time of your next order. For example; if you plan on ordering vaccine every 30-days you should order enough vaccine to cover at least 60 days of operations, ordering every 60-days should order 90 days of inventory, and so on.

Indicate in the fields below the number of doses you will need until your next order can be placed and delivered, as described above.

Mouse-over message icon 🖾 when displayed below for more information 👘

Vaccine Type	NDC	Code	Brand	Doses per Package	Description	Order Quantity (by dose)
DTAP-IPV	On-Hand: 0	CDA: 20	KRDA: 0 💹 🛖			4
	58160-08	12-52	Kinrix	10	Kinrix DTaPIPV 0.5ml Pfl Tplck Syr 10pk	0
DTAP-IPV-HEPB	On-Hand: 0	CDA: 0	KRDA: 0			
	58160-08	11-52	Pediarix	10	CBC PEDIARIX SYR TIPLOCK 10/PAC	0
HEP A	On-Hand: 0	CDA: 20	KRDA: 0			
	58160-08	25-52	Havrix	10	HAVRIX TipLok NO NDL No Pres 5ml 10 pkg	0
HEP B	On-Hand: 0	CDA: 20	KRDA: 0 🔤			
	58160-08	20-52	Engerix	10	CDC ENGERIX B - HEP B (PED) SYR 10/PAC	0
HIB	On-Hand: 0	CDA: 0	KRDA: 0			
	00006-48	97-00	PedvaxHIB	10	Haemophilus Influenzae, Type B - PedvaxHIB	
HPV9	On-Hand: 0	CDA: 0	KRDA: 0			
	00006-41	19-03	Gardasil	10	HPV9	0
MCV4	On-Hand: 0	CDA: 10	KRDA: 0 🔤			
	49281-05	89-05	Menactra	5	MCV4; SDV; 5-PACK	0
MENB	On-Hand: 0	CDA: 0	KRDA: 0			
	46028-01	14-02	Bexsero	10	Mening B	0
MMR	On-Hand: 0	CDA: 0	KRDA: 0			
	00006-46	81-00	MMR II	10	MMR; SDV; 10-PACK	0
MMRV	On-Hand: 0	CDA: 0	KRDA: 0			
	00006-41	71-00	Proquad *	10	MMRV	0

The instructions for placing pediatric vaccine orders are the same as for adult orders:

On the **Place Pediatric Vaccine Order** page, enter the amount of each vaccine that you wish to order. Please note that vaccines are to be ordered by **Dose Quantity**, and must be multiples of the "Doses Per Package". For example, if the dose per package is 5 - order in multiples of 5, if dose per package is 10 order in multiples of 10, etc.

Orders should include the number of doses you will need in order to maintain *at least a 30-day supply of vaccine beyond your next order date.* For example, if you order every 30 days, order enough vaccine for 60 days; if you order every 60 days, order enough vaccine for 90 days, etc.

****NEW:** KRDA represents the KIDSNET Reported Doses Administered amountofeach vaccine reported since the last order date. This number should be compared to the Calculated Doses Administered (CDA). The envelope icon will appear if the 10% allowed variance is exceeded.**

Vaccine Ordering – Pediatric (2/2)



Vaccine Type	NDC Code	Brand	Doses per Package	Description	Order Quantity (by dose)
DT	On-Hand: 0				
	49281-0225-10 🐱	DT	1	DT; SDV; Must have scheduled appt within 30-days in order request vaccine	0
EIPV	On-Hand: 0				
	49281-0860-10 🐱	IPOL	10	IPV; MDV10; 1-PACK	0
MENHIB	On-Hand: 0				
	58160-0801-11 💌	MenHiberix	1	Available for Tomorrow Fund ordering only	0
PNEUMOP	On-Hand: 0				
	00006-4943-00	Pneumovax	1	PNUEMO 10 X 0.5 ML, VIALSD, 10 DOS	1
TD	On-Hand: 0				
	49281-0215-15	Tenivac	10	TD; SYR; 10-PACK	0



Special Pediatric vaccines are vaccines that should be ordered only if regular vaccines cannot fill a need due to patientspecific medical reasons. These vaccines may require special circumstances for order approval and may delay the order approval process.

If you have any special requests or instructions regarding your order, please **DO NOT** send a separate email concerning your order. It may not be reviewed before your order is processed. Instead, please include a note by selecting the "**Send note to RIDOH about this order**" link. This note will be displayed on the order for RIDOH to review before approving the order.

All **Order Quantity** fields must include a value. If you are not ordering a specific vaccine, please indicate so by entering a zero (0) in the order field.

Temperature Reporting





Storage unit temperatures can be reported in four ways:

1.Fax - fax your temp log to 401-222-1442, as you do currently

2.Email - email a copy of your temp log to your Immunization Representative

3.Cloud - if you have a Cloud-Based Logger supplied by RIDOH, the temperatures will be retrieved automatically through the cloud account

4.Previous Log - if RIDOH has a recent temperature report on file for your practice, the **Previous Log Submitted Within Last 30-Days** option will alreadybe selected

Whichever method you choose, temperature information is <u>required</u> for an order to be approved. Failure to submit temperature information within 5 days of order submission will incur an **Order Declined** decision.

An email will be sent to the Vaccine Contact on record when it is submitted, approved, and shipped. If you wish to receive notifications at additional email addresses, enter them on this page.

Delivery Information



Practice:	RIDOH			
Alpha Name:	RI DEPARTMENT OF H	HEALTH -RIDOH	Enrollment Ye	ar: 2021
PIN:	1600 Family Pract	ice	Lead LVP Lic.:	MD13022
Logged in as:	1600		Vaccine Conta	HEIDI WALLACE 401-644-6321
	TRAVIC VENDETTI			heidi.wallace@health.ri.gov
Practice Contact:	401-222-4786 TRAVIS.VENDETTI@HEA	ALTH.RI.GOV	Pandemic Vac Contact:	cine 401-222-4639 lauren.piluso@health.ri.gov
Immunization Rep:	Heidi Wallace 401-222-4631 Heidi Wallace@bealth.ci	-	Backup Pande Vaccine Conta	mic Meaghan Joyce 401-222-1580
** P.O. Box Delivery Ins Bequire Addres Addres City: * State: * Zip Cod	s not a valid d tructions of Fields s Line1: * 123 MAR s Line2: PROVIDI * RI PROVIDI	Delivery Instruction		Y Y Y Y
	627 04 0000 11			
	Available Deliver	y Days and Hour	5	
	Please CHECK You MUST chi	the times when y ack delivery hours	for at least two d	ipments. Jays.
	Hours	Tuesday Wedne	sday Thursday 1	Friday
	Hours 9am-12noon	Tuesday Wedne	sday Thursday 1	Friday
	Hours 9am-12noon 1pm-4pm	Tuesday Wedne	sday Thursday	El
	Hours 9am-12noon 1pm-4pm	Tuesday Wedne	sday Thursday	
	Hours 9am-12noon 1pm-4pm	Cuesday Wedne D D OR OR	sday Thursday	
	Hours 9am-12noon 1pm-4pm 9am-4pm	Tuesday Wedne	sday Thursday	
	Hours 9am-12noon 1pm-4pm 9am-4pm	ruesday weekee		Friday
Special	Hours 9am-12noon 1pm-4pm 9am-4pm Delivery In	OR Structions		
Special Pleas Speci	Hours 9am-12noon 1pm-4pm 9am-4pm 9am-4pm Delivery In sindicate any spec al Delivery instruct	OR OR Structions	thursday thursday thursday the second the second	Friday
Special Pleas Speci	Hours 9am-12noon 1pm-4pm 9am-4pm 9am-4pm Delivery Int sindcate any spec al Delivery instruct	Ideaday Weedne OR OR Istructions	thursday thursday thursday the thursday	Endoy

A practice is required to report the delivery address and office hours that are available for vaccine delivery each time an order is placed. Please plan accordingly for vacations or holidays. Practices are responsible to have staff in the practice on the days identified on the **Delivery Instructions** page.

 Please note that a PO BOX address is not an acceptable delivery address.

You must select at least **two** delivery times for the week. This information must be updated with every order.

Special Delivery Instructions should only be used if you need to identify a specific area of the practice for delivery, e.g. back door, front desk, etc. These instructions must not exceed 14 characters (including spaces).

Order Summary





The Vaccine Order Summary

page allows you to review your order before you submit it.

Should you need to make any changes, click on the **Previous** or **Next** buttons to navigate to the page on which you need to make changes.

As a reminder, <u>do not</u> use the Back or Forward arrows of your internet browser. If you use these buttons you will be kicked out of the OSMOSSIS system and your data will not be saved.

Order Summary / Submit Order



Vaccine Type/ Line Item	NDC Code	Brand	Pkg	Doses per Package	Description	Order Quantity
DTAP	On-Hand: 0					
11	58160-0810-52	Infanrix	SYR	10	CDC INFANRIX SYR 0.5 mL 10/PAC	0
DTAP-IPV	On-Hand: 0					
12	58160-0812-52	Kinrix	SYR	10	Kinrix DTaPIPV 0.5ml Pfl Tplck Syr 10pk	0
DTAP-IPV- HEPB	On-Hand: 0					
13	58160-0811-52	Pediarix	SYR	10	CDC PEDIARIX SYR TIPLOCK 10/PAC	0
HEP A (PED)	On-Hand: 0					
14	58160-0825-52	Havrix	SYR	10	HAVRIX TipLok NO NDL No Pres 5ml 10 pkg	0
HEP B (PED)	On-Hand: 0					
15	58160-0820-52	Engerix	SYR	10	CDC ENGERIX B - HEP B (PED) SYR 10/PAC	0
нів	On-Hand: 0					
16	00006-4897-00	PedvaxHIB	SDV	10	Haemophilus Influenzae, Type B - PedvaxHIB	0
HPV PED	On-Hand: 0					
17	00006-4045-41	Gardasil	SDV	10	HPV; SDV; 10-PACK	0
MCV4	On-Hand: 0					
18	49281-0589-05	Menactra	SDV	5	MCV4; SDV; 5-PACK	0
MMR	On-Hand: 0					/

Order Summary (continued)

Once you have reviewed your order, click the **Submit Order** button to send your order to RIDOH for processing.

Special Pediatric Vaccine Order Summary

Vaccine Type/ Line Item	NDC Code	Brand	Pkg	Doses per Package	Description	Order Quantity
DT	On-Hand: 0					
24	49281-0225-10	DT	SDV	1	DT; SDV; 10-pack	0
EIPV	On-Hand: 10					
25	49281-0860-10	IPOL	MDV	10	IPV; MDV10; 1-PACK	0
PNEUMOP	On-Hand: 0					
26	00006-4943-00	Pneumovax	SDV	10	PNUEMO 10 X 0.5 ML, VIALSD, 10 DOS	0
TD	On-Hand: 0					
27	49281-0215-15	Tenivac	SYR	10	TD; SYR; 10-PACK	0
	← P	Previous	ave & Con	tinue Later	Submit Order	

Submission Confirmation





Vaccine Delivery

- Monthly Vaccine order up to 10 business days from the date approved
- Influenza Vaccine order up to 5 business days from the date approved

Upon submission of your order you will see the **Vaccine Order Confirmation** page. This page verifies that your order has been submitted to RIDOH for approval.

RIDOH will review the submitted order and may make modifications if necessary. You will receive an email once your order has been approved, at which time you will be able to see the approved order on your **Order History** screen.

If all required documentation has been received, barring extenuating circumstances RIDOH should make a decision on your order within <u>2 business days</u>.

ORDER CONFIRMATION



Upon submission of your order you will see the **Vaccine Order Confirmation** page. This page verifies that your order has been submitted to RIDOH for approval.

RIDOH will review the submitted order and may make modifications if necessary. You will receive an email once your order has been approved, at which time you will be able to see the approved order on your **Order History** screen.

You may also receive an email that your order has been placed on HOLD or has been DECLINED. The reasons for the HOLD or DECLINE will be listed in the note section of the email.

Reasons for HOLD:

- Temperature excursion
- Past 30 days of temperatures not recorded or submitted
- Twice daily audit checks are not being completed
- Practice is not entering initials into the *Table View* section within EasyLog Cloud during hours of business operation

Reasons for DECLINED:

• If any of the above HOLD issues are not rectified within 5 business days, vaccine inventory has changed, and all orders must be declined and reordered.

It is the responsibility of the provider to reach out to their Immunization Team Representative (ITR) to follow-up on and resolve the reason for an On Hold or Declined order in a timely manner.

If all required documentation has been received, barring extenuating circumstances RIDOH should make a decision on your order within <u>2 business days</u>.

ORDERS ON HOLD



Practices that have multiple temperature excursions <u>or</u> consistently do not complete the required temperature monitoring steps (twice daily audit checks, initialing the *Table View* of the Cloud once a day during business hours), may have future vaccines orders placed on **HOLD** by the Immunization Team.

If these issues persist for a practice, vaccine orders will remain on **HOLD** until the practice's designated Immunization Team Representative (ITR) can intervene with additional training and potential site visits to ensure that these matters are addressed by the practice.

If these issues persist after ITR intervention, the ITR will escalate the issue within RIDOH for further review of practice enrollment and negligence of SSV Terms and Conditions.

Receiving Refrigerator Shipments (1/4)





Once an order has been approved, it will be transmitted to CDC for shipment. Upon release of the product from the Distribution Center your **Vaccine Order Menu** will be updated to show that there is a shipment to receive. The information will include both the shipment date and a tracking number. Once the product is delivered, you will need to "receive it into OSMOSSIS".

- Click the **Packing Slip Delivery #** to view shipment details, where you can receive the product when it arrives.
- Click the **Tracking #** to access the website of the shipping company where you can view the status of your delivery.

Receiving Refrigerator Shipments (2/4)



Foi	r Tracking	Number: 1	LZX1228Y	10574 (UPS)			
	Date	Shipment Recei	ived: *	2 1 /		7	
		115331111111	ung station				
	Vaci	cine arrived with perature ranges	in the allowa 7: <mark>*</mark>	sble O Y	es 🔿 No		
			P	T.		7	
kir	ng Slip Deli	very #1057	4				
luit	Vaccine Shipm	ent Summary	P	T.A	V		
	Veccine Type/	NDC Code	Brand	Lot #	Shipped	Recv'd Dones	
	HEP B-A					Contraction of the local division of the loc	
	1	58160-0821-52	Engerix			100	
				102893840	100	100	
	2	58160-0826-52	Havrix				
				102693840	100	100	
	HPV9						
	3	00006-4119-03	Gardasil	102893840	10	10	
	MCV4 AD			101093010	10		
	4	49281-0589-05	Menactra				
				102893840	10	10	
dia	tric Vaccine Sh	ipment Summary	v	1 4 A	100		
			1	LA	y 20.,		
	Veccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses	
	DTAP-IPV				10 A		
	12	58160-0812-52	Kinrix	and the second sec	-	[
	DTAD TOV H			102893840	100	100]	
	13	58160-0811-52	Pediarix				
				102893840	100	100	
	НЕР А						
	14	58160-0825-52	Havrix	103803810	100	100	
				102893840	100	100	

In this example, the page to the left will open when you click **Packing Slip Delivery #10574** to receive products shipped by McKesson Specialties.

Fill in the date the shipment was received at your facility and verify that the vaccine arrived within the acceptable temperature ranges by looking at the <u>temperature strips</u> included in the package.

Once shipment arrives, <u>immediately</u> receive the product into inventory. Contact RIDOH immediately at 401-222-4639 if the product in the container does not match that on the packing slip, or if the shipping temperature is out of acceptable range.

Shipping errors must be reported to RIDOH within **4 hours of delivery** to receive credit for reporting shipping errors.

Receiving Refrigerator Shipments (3/4)



For Tracking Number: 17X1228Y10574 (UPS)	
For Flacking Humber. 12x1220110374 (0F3)	
Date Shipment Received: *	
Vaccine arrived within the allowable O Yes O No temperature ranges?: *	
PLAY	
Receive Vaccine Shipment	Verify Done Dourns
For Tracking Number: 17X1228Y10574 (UPS)	Goses count is shall you physic iscoved if it is not plome ontor correct emount
Date Shippert Review * 100 11 1100	Return to form
Vaccine arrived within the allowable * Yes O No	
PLAT	
Receive Vaccine Shipment	
For Tracking Number: 12X1226Y10574 (UPS)	The information cannot be submitted as entered. Note any error messages and t all errors and omissions.
Date Shipment Received: *	Return to form

Once you enter the shipment delivery information, a box will appear instructing you to receive the products of the delivery; click **Return to form**.

If you try to complete receipt of shipment without entering **Date Shipment Received** and answering the temperature range question, you will see an error box pop up requiring that you complete the data. Click **Return to form**.

Receiving Refrigerator Shipments (4/4)



Packing Slip Delivery #10574

Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
HEP B-A				- K	
1	58160-0821-52	Engerix			The states
			102893840	100	100
HEPA-AD					
2	58160-0826-52	Havrix			
			102893840	100	100
HPV9					
3	00006-4119-03	Gardasil		24	
			102893840	10	10]
MCV4 AD					
*	49281-0589-05	Menactra			10
			The second se	10	
ric Vaccine Sh	inment Summar		102893840	10	10
ric Vaccine Sh Vaccine Type/ Line Item	ipment Summary NDC Code	Brand	102893840	10 Shipped Doses	Retv'd Doses
ric Vaccine Sh Vaccine Type/ Line Item DTAP-IPV	NDC Code	P	102893840	10 Shipped Doses	Recv'd Doses
tic Vaccine Sh Vaccine Type/ Line Item DTAP-IPV 12	NDC Code 58160-0812-52	Brand	102893840	10 Shipped Doses	Recv'd Doves
ric Vaccine Sh Vaccine Type/ Line Teau DTAP-IPV 12	NDC Code 58160-0812-52	Brend Kintix	102893840	10 Shipped Doses 100	Becv'd Doves
ric Vaccine Sh Vaccine Type/ Line Team DTAP-IPV 12 DTAP-IPV-HI	NDC Code 58160-0812-52	Brand	102893840 Lot # 102893840	10 Shipped Doses 100	Recv'd Doves
ric Vaccine Sh Vaccine: Type/ Line: Ttean DTAP-IPV 12 DTAP-IPV-HI 13	ipment Summary NDC Code 58160-0812-52 EPB 58160-0811-52	Brand Kinrix Pediarix	102893840	10 Shipped Doses 100	Recv'd Doves
ric Vaccine Sh Line Tean DTAP-IPV 12 DTAP-IPV-HI 13	NDC Code 58160-0812-52 58160-0811-52	Brand Kinnix Pediarix	102893840 Lot # 102893840	10 Shipped Doses 100	Recv'd Doves 100
ric Vaccine Sh Line Item DTAP-IPV 12 DTAP-IPV-HI 13 HEP A	NDC Code 58160-0812-52 58160-0811-52	Brand Kinnix Pedianix	102893840 Lot # 102893840 102893840	10 Shipped Doses 100 100	Recv'd Doses 100
ric Vaccine Sh Line Item DTAP-IPV 12 DTAP-IPV-HI 13 HEP A 14	NDC Code 58160-0812-52 58160-0811-52 58160-0825-52	Breed Kinnix Pediarix Havrix	102893840 Lot # 102893840 102893840	10 Shipped Doses 100 100	10 Recv'd Doses 100

Verify that the products you received match the products and quantities listed on the **Receive Shipments** page.

The next step is to confirm the quantity of vaccine that was delivered by product **Type**, **NDC Code**, and **Lot #.** The **Recv'd Doses** field will already be populated by the shipping file RIDOH received from McKesson. Verify that this number matches the quantity in the shipping container for each vaccine type. If product shipped does not match, change the quantity of **Recv'd Doses** accordingly.

You must report any quantity discrepancy to RIDOH within 4 hours of delivery. Do not discard the packing slip; RIDOH will need it to verify the delivery discrepancy.

Once you have made any necessary changes – or to receive the shipment as indicated – click **Receive Shipment.**

Note: OSMOSSIS will not allow you to place another vaccine order until all outstanding deliveries are "received into the system".

Receiving Frozen Shipments





To receive frozen vaccine deliveries directly from Merck Pharmaceuticals, click N/A (Direct-Ship) in the Receive Shipment from Distributor section.

The receiving process is the same for frozen vaccines as for non-frozen, as indicated on the previous pages.

Be sure to enter **all** quantities in direct-ship boxes on this page. OSMOSSIS knows how many boxes are included in the shipment but does not know how many doses are in each box.

Receiving Damaged Shipments







If a product is received out of acceptable temperature ranges (as indicated by the enclosed temperature strip) please contact RIDOH within 4 hours of delivery, **before** receiving the delivery into OSMOSSIS.

If it is decided that the product is no longer viable, select **No** in answering the question regarding whether the "Vaccine arrived within the allowable temperature ranges". After selecting **No**, you will see the **Verify Dose Count** message appear. Click **Return to form**.

You will still need to verify that all products indicated on the packing slip, in the package, and on the shipping summary file uploaded to OSMOSSIS match.

Once all product quantities are verified or adjusted, select **Receive Shipment** and another pop-up message will appear confirming that you want to continue with the return of vaccine that was shipped inappropriately.

All products in the order must be "received" before an automatic replacement order will be created. Automatic return will not be created until the replacement order is approved by RIDOH.

Receiving Multiple Packages





Order M	shipped	Tracking Information	Packing Silp Delivery #
10567	09/27/2016	12X1166Y10567 UPS	#10567
10567	09/27/2016	22X1166Y10567 UPS	#200010567
10567	09/27/2016	32X1166Y10567 UPS	#300010567
10567	09/27/2016	20X1166Y10567 UPS 30X1166Y10567 UPS	N/A (Direct-Shi
		PT.A	
		iew Order History	

If a product shipment includes multiple boxes and packing slips for one order, you will need to receive each box/packing slip independently.

By clicking on the **Packing Slip Delivery #,** OSMOSSIS will open the receiving window for that packing slip only. Complete the entire receiving process for each individual packing slip before moving to the next one.

The example to the left shows a delivery of refrigerator-stable (nonfrozen) vaccines in three boxes, and one delivery of frozen vaccines. As you can see, the order ID is the same for all shipments, indicating they are part of the same order.

Multiple Packages (1/2)



Box #1 contains one vaccine that has two different lot numbers to fulfill the adult portion of the order

Box #2 contains 25 more doses for the adult portion of the order

For Tracking Number: 12X1166Y1056	57 (UPS)
Date Shipment Received: *	
Vaccine arrived within the allowable	○ Yes ○ No

Packing Slip Delivery #10567



For Tr	acking Number: 2ZX1166Y10567 (UPS)	
	Date Shipment Received: *	
	Vaccine arrived within the allowable O Yes temperature ranges?: *	O No

Adult Vaccine Shipment Summary

	Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
1	нру9					
	3	00006-4119-03	Gardasil			
				926152243	25	25

Multiple Packages (2/2)



Box #3 contains the final 25 doses for the adult portion of the order

	Chineset Brazinada	DT/	L.V	
L	ate Shipment Received: *			
V	accine arrived within the all emperature ranges?: *	owable O Y	ies \bigcirc No	
I Slip Deli	very #300010567			
ı Slip Deli	very #300010567			
Slip Deli accine Shipm	very #300010567 ent Summary	PT. A	1 I 1 V	
Slip Deliv accine Shipm Vaccine Type/ Line Item	very #300010567 ent Summary NDC Code Bran	nd Lot #	Shipped Recv'd Doses Doses	
Slip Deliv accine Shipm Vaccine Type/ Line Item HPV9	very #300010567 ent Summary NDC Code Bran	nd Lot#	Shipped Recv'd Doses Doses	
J Slip Deli accine Shipm Vaccine Type/ Line Item HPV9 3	NDC Code Brar 00006-4119-03 Gardasil	nd Lot#	Shipped Recv'd Doses Doses	
Slip Deli accine Shipm Vaccine Type/ Line Item HPV9 3	NDC Code Brar 00006-4119-03 Gardasil	nd Lot # 926152243	Shipped Recv'd Doses Doses 25 25 25	

Box #4 contains the direct-ship (frozen) portion of the order. OSMOSSIS knows how many boxes are included in the shipment, but does not know how many doses are in each box. Therefore, you must enter the total of **all** direct ship boxes on this page

For Tracki	ng Numbers:	2DX1166Y1 3DX1166Y1	0567 (UPS) 0567 (UPS)			
	Date Shipment Reco	eived: *	LA			
	Vaccine arrived wit temperature ranges	hin the allowab s?: *	le O Ye	s 🔿 No		
ng Slip Deli This is a Direc	ivery # N/A	(Direct-Sh	ipment) ase enter the t	otal quanti	ties receiv	ved from *AL
ng Slip Deli This is a Direc boxes matchir t Vaccine Shipn Vaccine Type/	t-Ship multi-box s g the displayed to nent Summary NDC Code	(Direct-Sh shipment. Plea racking numb	nipment) ase enter the t ers. Lot #	Shipped	ties receiv Recv'd	ved from *AL
ng Slip Deli This is a Direc boxes matchir t Vaccine Shipn Vaccine Type/ Line Item VAR	t-Ship multi-box e ng the displayed to nent Summary NDC Code	(Direct-Sh shipment. Plea racking numb Brand	tipment) ase enter the t ers.	Shipped Doses	ties receiv Recv'd Doses	ved from *AL

Pediatric Vaccine Shipment Summary Vaccine Typ Line Item Lot # NDC Code Brand VAR 27 00006-4827-00 Varivax C26152243 60 60 926152243 50 50 Save & Continue Later Receive Shipment Cancel

Returns / Waste Report



State of Rhode Island **Department of Health**

Practice:	RIDOH		
Alpha Name:	RI DEPARTMENT OF HEALTH -RIDOH	Enrollment Year:	2021
PIN:	1600 Family Practice	Lead LVP Lic.:	MD13022
Logged in as:	1600	Vaccine Contact:	HEIDI WALLACE 401-644-6321 heidi.wallace@health.ri.gov
Practice Contact:	TRAVIS VENDETTI 401-222-4786 TRAVIS.VENDETTI@HEALTH.RI.GOV	Pandemic Vaccine Contact:	Lauren Piluso 401-222-4639 lauren,piluso@health.ri.gov
Immunization Rep:	Heidi Wallace 401-222-4631 Heidi.Wallace@health.ri.gov	Backup Pandemic Vaccine Contact:	Meaghan Joyce 401-222-1580 meaghan.joyce@health.ri.gov

 A RETURN is a product that bas expired or spoiled due to storage and handling issues and can be returned to the manufacturer in its original condition for refund of the Excise Tax.

A WASTE is a product that cannot be returned for credit due to the vaccine being in a condition other than its original state. Examples of waste include, broken/leaking vials, pre-drawn vaccines, or re-constituted vaccines.

Order Type:	Adult
Vaccine Type:	TDAP AD
Vaccine Brand:	Adacel
Package Type:	PREFILLED SYRINGE
NDC Code:	49281-0400-15
Lot Number / Exp. Date:	#U3486AA* 12/17/2012
Reason:	Failure to store properly
Quantity:	2

If you have wasted vaccines or vaccines that need to be returned, you will need to complete the **Vaccine Return/Waste** report for each affected product and Lot #.

REMINDER: Return reports are approved at the end of each month. Labels will be sent once approved. Return labels are valid for 30 days. Return vaccine to the manufacture within 30 days of receiving the label.

Please note the differences between a **Return** and **Wasted** vaccine.

Complete the following steps for a vaccine Return or Waste:

- 1. Select the Return or Waste Button
- 2. Select Order Type:
 - Pediatric or Pediatric Specialty
 - Adult or AdultSpecialty

(From this point on the system will pre-populate your entries if there is only 1 choiceavailable.)

- 3. Select vaccine type, vaccine brand, package type, NDC code, Lot #, and reason [for waste or return] from dropdown menus
- 4. Enter quantity of doses to be returned
- 5. Choose to **Add Another** return or waste, or click **Next** to complete the process.

All vaccines designated as a Return and Waste should be reported within OSMOSSIS within 48 hours of incident discovery.

Transferring Vaccine (1/2)





Vaccines may be transferred between 2 or more enrolled SSV practices.

Transferring vaccine is a 2-step process requiring initiation by the practice releasing the vaccine, and acceptance/rejection by the receiving practice.

This module operates similarly to the Return/Waste module, with additional information needed such as the practice to which the vaccine will be transferred.

Transferring Vaccine (2/2)



Vaccine Transfer

Transfers can only be completed between 2 actively enrolled SSV Practices. Vaccines can only be transferred to practices that are approved to administer that type of vaccine. If you are trying to transfer vaccine to a practice that does not appear on the drop-down list please contact HEALTH at 401-222-4639.

Order Type:	Pediatric	
Vaccine Destination:	HEALTH 15 (1503)	
Vaccine Type:	HIB	
Vaccine Brand:	PedvaxHIB	
Package Type:	SINGLE DOSE VIAL	
NDC Code:	00006-4897-00	
Lot Number / Exp. Da	te: #0213AE 06/30/2014	
Quantity:	5	

To transfer vaccine, select the appropriate option from each dropdown category: order type, vaccine destination (the practice the vaccine is being transferred to), other vaccine specifics, and the quantity of doses being released/transferred.

As mentioned previously, OSMOSSIS will pre-populate categories if there is only 1 answer choice available.

Once you **Save** the transfer request, the receiving practice will be notified and be required to accept the transfer, after which the inventory will be released from one practice and added to the other.

The receiving practice is required to accept the transfer within 48 hours of the transfer being submitted.

Order History (1/3)



	SSV Practice	e Menu	
Practice: Alpha Name: PIN: Logged in as:	RIDOH RI DEPARTMENT OF HEALTH -RIDOH 1600 <u>Family Practice</u> 1600	Enrollment Year: Lead LVP Lic.: Vaccine Contact:	2021 MD13022 HEIDI WALLACE 401-544-5221 heidi.wallace@heabhri.gov
Practice Contact: Immunization Rep	401-222-4786 TRAVIS.VENDETTI@HEALTH.RI.GOV Heidi Wallace 401-222-4631	Contact: Backup Pandemic	401-222-4639 lauren, piluzo@health.ri.gov Meaghan Joyce 401-222-1580
	OSMOSSIS Vaccine	Ordering Menu	
	MONTHLY Vaccine		INFLUENZA Vaccine
Orde Next Order I Ordering Disc Res	r ID: 88656 Date: 06/07/2021 abled Not yet next order date	Next Or Orde	Order ID: F85902 der Date: NOW ar Status: New
PRINT O	UT Current Inventory Lot# Report	PRIN	T OUT Current Flu Inventory Lot# Report it Dose Admin Report / Flu Vaccine Order
Trans	fer Vaccine to Another Practice		Transfer Vaccine to Another Practice
Enter Va	ccine Return or Waste Information	Ent	er Vaccine Return or Waste Information
COVID-19 vacci <u>Providers webp</u> You have attest site for updates It is important	COV ine provider enrollment information is avail 295. One requirement for vaccine ordering ad that you have completed the required C t that you monitor the CDC COVID-19	/ID-19 Vaccine lable at <u>Rhode Iteland CO</u>) is the completion of COV CDC COVID-19 Vaccine Tra- site for updated inform PRINT OUT Cur	<u>VID-19 Vaccine Information for Healthca</u> ID-19 training. aining and will monitor the CDC COVID- action on an ongoing basis. rent Inventory Lot# Report
Order Next Order D Order Sta	ID: C97246 ate: NOV tus: New	Submit Co Transfer Vac Enter Vaccine I	2010-19 Vaccine Order .cine to Another Practice Return or Waste Information
	Rece	ive Shipment from Distribu	tor
	Ge	View Order History merate Returns Packing List Return to SSV Menu	Ĩ

The **View Order History** link will allow you to follow the status of a current order being processed as well as view previous orders.

Order History (2/3)



SSV Practice Menu

Navigation Menu	Proctico	RIDON			
	Alpha Name:	RI DEPARTMENT OF HEALTH -RIDOH	Enrollment Year:	2021	
Resource Manual &	PIN:	1600 Family Practice	Lead LVP Lic.:	MD13022	
Form Logoff	Logged in as:	1600	Vaccine Contact:	HEIDI WALLACE 401-644-6321 heidi.wallace@health.ri.gov	
	Practice Contact:	TRAVIS VENDETTI 401-222-4786 TRAVIS.VENDETTI@HEALTH.RI.GOV	Pandemic Vaccine Contact:	Lauren Piluso 401-222-4639 lauren.piluso@health.ri.gov	
	Immunization Rep:	Heidi Wallace 401-222-4631 Heidi, Wallace@health.ri.gov	Backup Pandemic Vaccine Contact:	Meaghan Joyce 401-222-1580 meaghan.joyce@health.ri.gov	

Vaccine Order History

ses Administered		121	AY	
u reported the follo	wing Doses administe	red for the 2015-20	16 influenza season.	
6-35 Months	3-18 Years	19+ Years	Total 2015-2016 Doses Administered	Total 2016-2017 Doses Available for Order
123	1357	2140	3620	4350 *
* If your Pr	e-book total exceeds yo	ur Total allowance you	will not be allowed to pro	ceed to the next page.

Pro	Juct	6-35 M Inject	able	3-18 Y Inject	ears able	19+ Ye Injecta	ars ble	Pre-Book	Total
zone P jes 6-3	F 0.25ml 5 Mos)	24	10	N//	4	N/A		240]
DIATRI zone O	C .5ml	N//	4	30	00	N/A		300]
ULT zone 0	.5ml	N//	4	N//	4	50	2	500]
DIATRI arix	c	N//	4	30	00	N/A		300]
ULT arix		N//	4	N//	Ą	50	2	500]
zone H 5+ only	igh Dose	N//	4	N//	4	50	2	500]
TAL DO	SES	24	0	60	D	1500		2340	/
Histor	y	0		_ <u>P</u>	L	A			
	Monte	cent Pas	12	P		A	Order History	11	
	alouru		Next Available	-	Index	A Status	Statue Date	Next Available	Flags
Order ID	Statue	Status Date	Order Date	riaga	Oldel I.	- Orden o	outras bate	Order Date	
Order ID 10599	Statue New/Incomplete	Statue Date 12/28/2016	Order Date NOW	riage	F10563	ew/Incomplete	09/05/2016	Order Date NOW	
Order ID 10599 10417	Status New/Incomplete Received	Status Date 12/28/2016 04/01/2016	Order Date NOW 04/27/2016	riags	F10563 F10557	lew/incomplete	09/05/2016 09/02/2016	0rder Date NOW 09/02/2016	

04/04/2016 04/05/2016 03/31/2016 04/01/2016 Click **View Order History** to view current and past orders in a chronological sequence (newest to oldest).

Included on this page is seasonal influenza information, including the previous season's doses administered and current season "Reserve" quantities.

Select **Order ID** to view an order's information.

Order History (3/3)



State of Rhode Island Department of Health Navigation Menu Practice: RIDOH Alpha Name: RI DEPARTMENT OF HEALTH -RIDOH Immunization PIN: Lead LVP Lic.: MD13022 1600 Family Practice Resource Manual & Form HEIDI WALLACE Vaccine Contact: ▶ Logoff Logged in as: 1600 401-644-6321 heidi.wallace@health.ri.gov TRAVIS VENDETTI Lauren Piluso Pandemic Vaccine Practice Contact: 401-222-4786 401-222-4639 Contact: TRAVIS.VENDETTI@HEALTH.RI.GOV lauren.piluso@health.ri.gov Meaghan Joyce Heidi Wallace Backup Pandemic Immunization Rep: 401-222-4631 401-222-1580 Vaccine Contact: Heidi.Wallace@health.ri.gov meaghan.joyce@health.ri.gov Order ID: R83200 Next Order Date: 10/12/2020 Order Status: Received Ordered by: HEIDI WALLACE Order Status History Status Date 11/16/2012 11:03AM SUBMITTED APPROVED 11/16/2012 05:10PM PROCESSING 11/16/2012 05:10PM SHIPPED 11/16/2012 05:10PM 11/16/2012 05:10PM RECEIVED **Adult Vaccines** Aprv Qty Line # Brand Date Pneumovax 00006-4943-00 90 PNEUMO SDV 90 0 0 0 0 90 2 TDAP AD SYR 49281-0400-15 90 0 0 0 0 Adace **Pediatric Vaccines** Transfers Brand Qty 11 DTAP Infanrix SYR 58160-0810-52 100 100 0 0 0 0 12 100 100 0 DTAP-IPV Kinrix SYR 58160-0812-52 0 0 Return to List

Order information includes dates for when the order was:

- Submitted by practice
- Approved by RIDOH
- Processed to CDC
- Shipped from the distributor
- Received by the practice

You can also review the vaccines that were ordered, approved, shipped, received, wasted, and returned.

Product Lot Expiration Report (1/2)





Select Product Lot Expiration

Report to view all vaccines currently in your inventory that have expired or will expire within the next 120 days.

This report should be reviewed frequently to make sure that your practice is not using expired vaccines. The way to prevent this is to **rotate vaccine inventory properly**. This means using older vaccines before using newer ones. Failure to rotate inventory properly is considered negligent and may result in the practice having to pay for replacement of expired vaccines.

Product Lot Expiration Report (2/2)





After clicking **Product Lot Expiration Report**, you will see all the product information including NDC Code, Lot #, and Expiration Date.

If your practice feels that it will not be able to use all of a vaccine before it expires, please contact RIDOH and we will try to assist you in finding another practice that can use the vaccine. It is the responsibility of the practice to initiate this request and make all arrangements with any receiving practice that may be identified.

RIDOH cannot guarantee that it will be able to find a practice that is able to use the vaccine.

Influenza Vaccine Order Menu





The next few screens will discuss influenza vaccine ordering. They will address specific items for **Influenza Vaccine Orders** that are different than regular Monthly Orders.

Once you have completed the **Current Flu Inventory Lot# Report** printout, you are ready to start the vaccine order process.

Click Submit Dose Admin Report / Flu Vaccine Order to start the order process.

Influenza Ordering



Plac	tice:	RIDOH			
Alpi	a Name:	RI DEPARTMENT OF HEAL	TH -RIDOH		
PIN		1600 Family Practice		Lead LVP Lic.:	MD13022
Log	ged in as:	1600		Vaccine Contact:	HEIDI WALLACE 401-644-6321 heidi.wallace@health.ri.gov
Prac	tice Contact:	TRAVIS VENDETTI 401-222-4786 TRAVIS.VENDETTI@HEALTH.	.RI.GOV	Pandemic Vaccine Contact:	Lauren Piluso 401-222-4639 lauren.piluso@health.ri.gov
Imr	nunization Rep:	Heidi Wallace 401-222-4631 Heidi.Wallace@health.ri.gov		Backup Pandemic Vaccine Contact:	Meaghan Joyce 401-222-1580 meaghan.ioyce@health.ri.gov
	• A R	ETURN is a product t	Vaccine Ret	urn/Waste	torage and handling issues
	Tax		ie manuracturer n	in its original condi	alon for returns of the Excise
	• A V	ASTE is a product th	at cannot be retui	rned for credit due	e to the vaccine being in a
	con	dition other than its o	rig Vaccine Order Wiz	ard	
	pre	arawn vaccines, or n	Before Vaccin	entering your order	information, do you have any
Ent	er Vaccine \	Vaste or Return Inf	ori Y	es No	
	Action Ty	pe:	9		
	Order Typ	ie:	Select	~	
	Vaccine T	ype:		\sim	
	Vaccine B	rand:		× /	
	Package 1	ype:		~	
	NDC Code			 , /	
	Lot Numb	er / Exp. Date:			~
					ting a reason 🛛 🗸
	Reason:				
	Reason: Quantity:		0		

After completing or bypassing the **Returns/Waste** screen, the flu vaccine ordering process is very similar to that of monthly vaccines.

The main difference is that you must enter information about the influenza vaccine <u>doses that were administered</u> to patients on a weekly basis. This will be covered on the following pages.

Inventory / Order Notes





The **Inventory Tracking** and **Vaccine Order** pages for both adult and pediatric influenza vaccine work the same as those for regular vaccines, covered earlier in the presentation.

Please remember that if you are ordering vaccine outside the norm (i.e. have a special request or instruction regarding your order) click "**Send Note to RIDOH about this order**" and describe the special request; do not send a separate email.

Any orders outside the norm *without a note* will be held until RIDOH can identify the special need by the provider's office, or will be processed without the special need being approved.

Doses Administered Report (1/3)





After you click **Next** on the **Vaccine Order** page, you will arrive at the **Doses Administered** section of the report. A window will pop up showing the last date that vaccines were reported. Please make note of that date, and only report vaccines administered *after* that date to prevent duplicating reporting doses administered.

IMPORTANT: It is important to accurately report flu doses administered, because practices are allowed seasonal flu vaccine based on the amount of vaccine that was reported as administered during the *previous* flu season.

Failure to report doses administered accurately will impact your flu vaccine supply the following year.

Doses Administered Report (2/3)





On the **Doses Administered** page you will be required to report doses administered by **age group** and **vaccine presentation** for both Pediatric and Adult patients.

Please note that all fields require data entry. If no vaccines were administered to an individual in any field you must enter zero (0).

In the OSMOSSIS Calculated Doses

Admin'd column, hover your cursor over a number in the field and a popup window will appear showing how the system arrived at this number. If your data does not match that in the system, it is due to an entry error by the practice. Please compare the information in the table to ensure it matches your data records.

Doses Administered Report (3/3)





Doses Administered (continued):

Priority Group Reporting – indicate how many of the patients from the **Age Group Reporting** fall under any of the priority groups. If a patient falls under multiple priority groups please only include them in the first available option (e.g. a pregnant healthcare worker would be reported under **Pregnant Women**).

Report Submit Option – select whether you are:

- reporting doses administered and need additional flu vaccine
- reporting doses administered and donot need additional fluvaccine
- submitting a final report

Your answer will dictate which screen appears next – either the regular order process or a pop-up asking you to confirm yourchoice.

At the bottom of the screen you will see a history of all flu vaccines that were reported as administered to date.

Once you have completed all the information, click **Next.**

Temperature Log / Delivery Info / Summary / Confirmation



State of Rhode Island Department of Health Practice: RIDOH RI DEPARTMENT OF HEALTH -RIDOH Alpha Name: PIN: 1600 Family Practice Lead LVP Lic.: MD13022 HEIDI WALLACE 401-644-6321 heidi.wallace@health Logged in as: 1600 Vaccine Contact: TRAVIS VENDETTI 401-222-4786 TRAVIS.VENDETTI@HEALTH.RI.GOV Lauren Piluso 401-222-4639 Pandemic Vaccine Practice Contact: Contact: lauren.piluso@health Heidi Wallace 401-222-4631 Heidi.Wallace@health.ri.gov Meaghan Joyce 401-222-1580 Backup Pandemic Immunization Rep: Vaccine Contact: meaghan.joyce@health.ri.gov Order ID: F10164 Next Drider Date: TED MARK FRANCESCONI Order Status: Visiting Orderell by: Vaccine Order Confirmation The following order has been submitted to HEALTH for processing on Friday October 11, 2013 02:59PM. Once your order is APPROVED by HEALTH it should be delivered within 10 business days. Check your order history to get a copy of your APPROVED order Exit Order Wiltard HEALTH Rhode Island Department of Health Copyright 2003-2010 Rhode Island Department of Health --- rel.2.3.116 20131011

The Temperature Log, Delivery Information, and Summary pages work the same for flu vaccine as they do for regular monthly vaccines, as previously covered.

Please remember to click **Submit Order** at the bottom of the Summary Page. Failure to click this button will result in your order being listed as **incomplete**, and it will not be processed by RIDOH.

Once your order has been submitted you will see the confirmation page indicating date and time of submission. Please note this information along with the **Order ID** in case you need to contact RIDOH for assistance with this order.

Please note that all flu order IDs will begin with the letter "**F**".

Permanent Practice Closures



- If your practice is **<u>permanently</u>** closing, please contact your Immunization Rep immediately.
- All *viable* vaccines currently in inventory supplied through the SSV Program <u>must be transferred, not entered as waste/return</u> to another enrolled practice prior to the practice closing or decision to discontinue participation in the SSV program.
- All *non-viable* vaccines should be entered as return/waste prior to practice closing.
- Practices must also make arrangements to have their state-supplied data logger returned to their Imm. Rep prior to the permanent closure as well.

Per SSV Terms and Conditions and the Vaccine Replacement Policy, practices will be held liable for any lost/damaged data loggers and improperly wasted vaccines

Review / Exam



Final Step:

- Now that you have completed the OSMOSSIS Self-Study presentation, the final step is completing a Review/Exam, after which you will receive an OSMOSSIS activation code.
- Please click the Review/Exam link below to be directed to the OSMOSSIS Review/Exam. Once you complete the Review/Exam you will be directed on how to activate the OSMOSSIS link for your practice.

Click Here for the Review/Exam



Thank you.

Lauren Piluso Vaccine Manager Office of Immunization 401-222-4639 Lauren.Piluso@health.ri.gov

www.health.ri.gov