



*Investing for tomorrow, delivering today.*

# NMSIIS Training

## (New Mexico Statewide Immunization Information System)

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# NMSIIS

- More than 2.5 million patient records
- Over 32 million vaccines.
- Over 1500 providers in NM
- More than 22k active users
- All vaccine doses administered in NM must be reported to NMSIIS



## Benefits of an IIS:

1. Centralized records
2. Inventory management
3. Reporting
4. Outbreak response
5. Reminder/recall

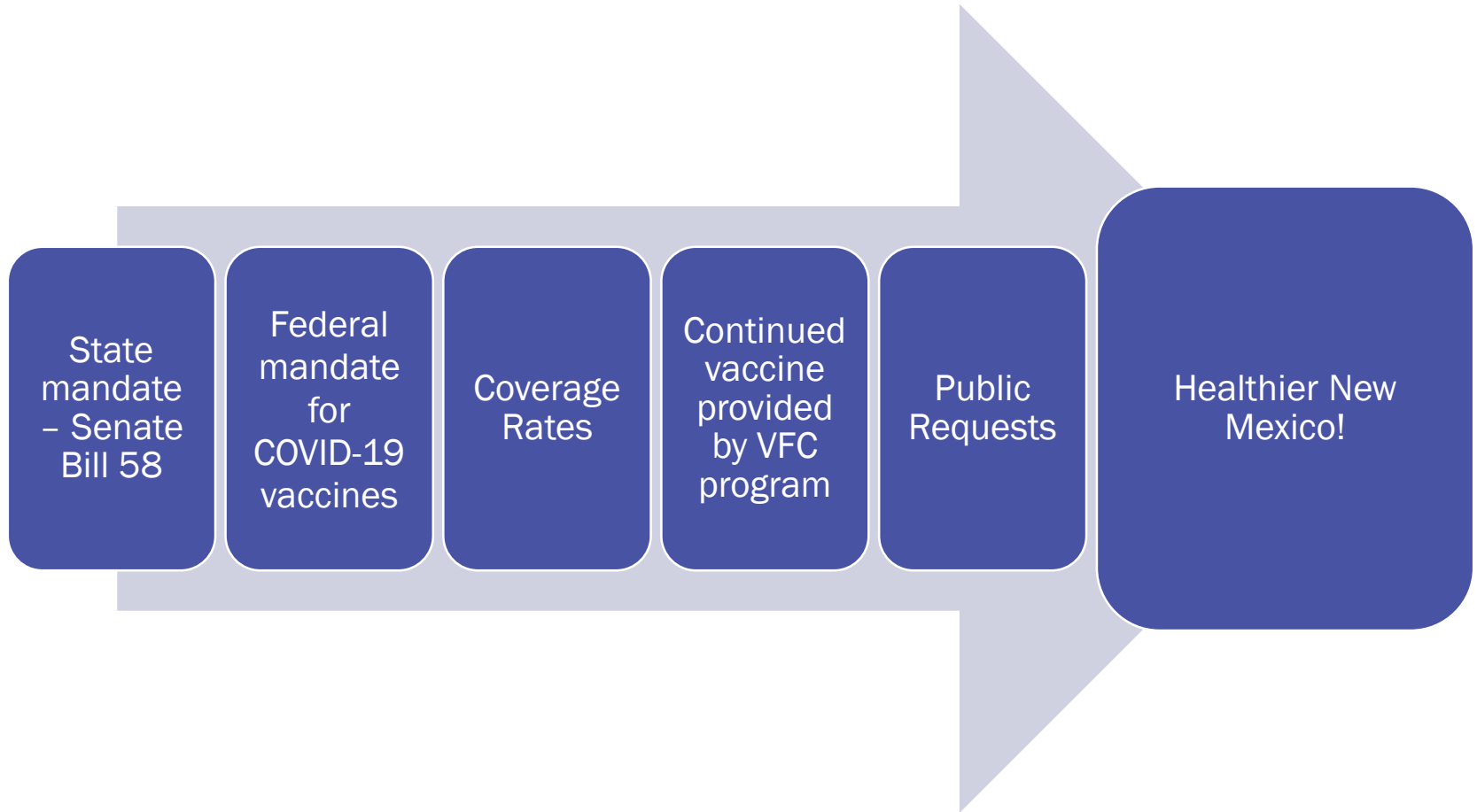
# What is Data Quality?

Data Quality=Accurate + Consistency + Complete + Timely

Let's review some topics to ensure best practice to improve Data Quality.

- Duplicate Records
- Flagging duplicate records in NMSIIS
- Patient Demographics
- Reports

# Incentives for Clean Data



# Patient Search Tips

1. Start on the patient search screen
2. Enter the first two letters of the first name and last name, and DOB (This will avoid missing a patient records of a “Mathew” if the person searching types “Matthew”, for instance)
  - a. If too many results are returned, add a letter or two to the first and last name – hopefully, this narrows it down – then the address, county, etc. can be used as identifiers
3. If no results are returned, try removing the DOB and adding more letters to the first and last name
  - a. If it is a nickname, try using the legal name (Tim vs Timothy) and vice-versa
  - b. If it is a hyphenated last name, try a search with each name individually
  - c. If it is commonly misspelled last name, try an alternate spelling (i.e. Philip vs Phillip)
4. If still no results are returned, create a new patient (if able)

# Reports

NMSIIS has a variety of reports/forms and Quick Reference Guides (QRG) that are accessible to all users that have access to NMSIIS.



Quick Tip: Use the CTRL + F key on your keyboard to find a form, QRG or Report that you may be looking for.

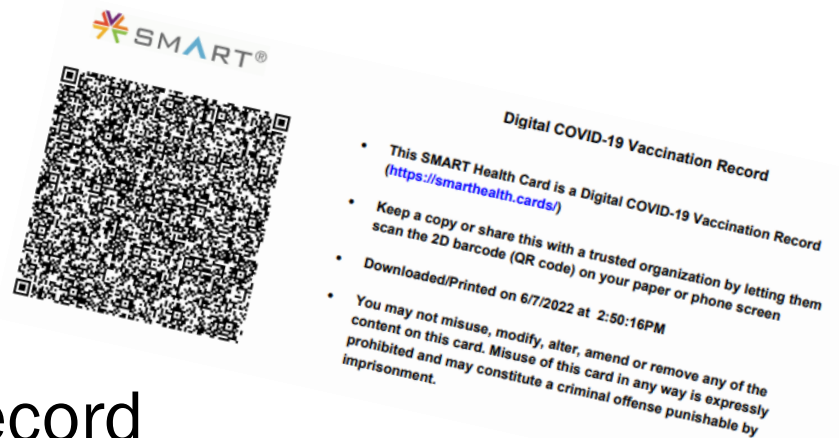


2021 NMSIIS user | 1/1 | ^ v x

2021 NMSIIS Organization Agree  
**2021 NMSIIS User Agreement**

# Vaccine Documentation

- CDC Vaccine Cards
- Digital COVID Vaccine Card/QR Code
- Official Immunization Record
- “Vaccine Passport”



**New Mexico Immunization Record**  
Official Document  
**Registro de Inmunización**  
Documento Oficial

Name/Nombre: **KATHRYN LEE CRUZ**  
Date of Birth/Fecha de Nacimiento: **09/12/1988**  
Gender/Género: **F**  
New Mexico WebIZ ID#: **835775**  
Date of Next Vaccination/Fecha de Próxima Vacuna: **06/10/2021**

Immunization Provider:  
DEFAULT ORGANIZATION (FOR NMSIS TESTING)  
1196 ST. FRANCIS DR.  
SANTA FE, NM 87505  
505-476-3672

Comments/Comentarios: Present this record at each medical visit. / Presente este documento durante sus visitas médicas.

Vaccine Reactions & Allergies/Reacciones contra Vacunas & Alergias

| Vaccine/Vacuna   | Date Given/Date en la Fecha<br>MM/DD/YYYY | Age at Inm.<br>Edad Cuando Inm. | Doctor or Clinic/<br>Doctor o Clínica | Vaccine/Vacuna | Date Given/Date en la Fecha<br>MM/DD/YYYY | Age at Inm.<br>Edad Cuando Inm. | Doctor or Clinic/<br>Doctor o Clínica |
|------------------|---|---------------------------------|---------------------------------------|----------------|---|---------------------------------|---------------------------------------|
| DTaP / TD / Tdap |   |                                 |                                       |                |   |                                 |                                       |

**COVID-19 Vaccination Record Card**

Please keep this record card, which includes medical information about the vaccines you have received.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of birth \_\_\_\_\_ Patient number \_\_\_\_\_

| Vaccine          | Product Name/Manufacturer Lot Number | Date     | Healthcare Professional or Clinic Site |
|------------------|--------------------------------------|----------|--|
| 1* Dose COVID-19 |                                      | mm dd yy |  |
| 2* Dose COVID-19 |                                      | mm dd yy |  |
| 3* Dose COVID-19 |                                      | mm dd yy |  |
| 4* Dose COVID-19 |                                      | mm dd yy |  |

# VaxViewNM – Consumer Portal

Enable individuals, parents, and guardians to access, save and/or print, official immunization records.

Required elements for locating and authenticating both the user and the patient:

- Patient Info: First Name, Last Name, DOB and Gender
- Relationship to the patient
- Cell phone number or email address



# VaxViewNM – Consumer Portal

Troubleshooting:

1. Information entered into VaxViewNM must match NMSIIS **exactly** or no record will be found!
2. The message stating a record wasn't found **does not** mean the record isn't in NMSIIS – only that the data in NMSIIS didn't match the data input on the search screen
3. Phone # and email must be populated in Demographics screen **and** Contacts screen
4. Three unsuccessful attempts from the same IP address will lock the user out for 30 minutes





# Access to NMSIIS

## Training

- Read Only
- Basic User

## User Agreement

Send the completed training certificate and completed User Agreement to:

[NMSIIS.Access@state.nm.us](mailto:NMSIIS.Access@state.nm.us)



# Contact Us

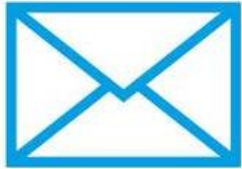


**NMSIIS Help Desk (833) 882-6454**



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**COVID-19 Vaccine Email** [covid.vaccines@state.nm.us](mailto:covid.vaccines@state.nm.us)

**NMSIIS Email** [NMSIIS.Access@state.nm.us](mailto:NMSIIS.Access@state.nm.us)



**NMSIIS/Immunization Program Website**

<https://www.nmhealth.org/about/phd/idb/imp/siis/>

# QUESTIONS

thank you!