

COVID Vaccination

Self-Scheduling via MyChart

Epic Cadence
MyChart

v 2020



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Workflow Overview

Some patients will have orders placed for their COVID vaccination(s). If our patients are MyChart users, they will have an opportunity to self-schedule the appointment. Note that the below represents the steps the patient will take to proceed with this MyChart self-scheduling. Further, after the first dose administration, patients can follow these same steps to schedule their second dose.

Frequently Asked Questions

I cannot find my email tickler. Is the ticket still valid?

Yes, the ticket is still valid. The tickler is triggered when the order is placed and goes to the default email in Epic. The Ticket is still available whether or not the tickler is viewed

Where do I find the appointment to schedule?

To access your ticket:

From the website: click the Visits button, click Schedule Appointment

From the mobile app (Apple/Android): click Appointments, click Schedule Appointment

How do I reschedule my dose 1 appointment?

Within MyChart you can open up your upcoming vaccine appointment in the Visits or Appointments section. There you will see a link to reschedule your appointment

How do I reschedule my dose 2 appointment?

Within MyChart, you can open up your upcoming vaccine appointment in the Visits or Appointments section. There you will see a link to reschedule your appointment

What are the criteria for rescheduling?

The patient/employee can reschedule if the end date for their ticket has not expired

If I get an invite to schedule but have problems with MyChart, who can I ask for help?

Email MyChartSupport@ynhh.org for support

If employees email vaccineeligibility@ynhh.org when should they get a response to their question?

Our team review all emails individually. To ensure we have completed a thorough review in determining eligibility, it could take up to 5 days to receive a response.

Steps to Follow as a Patient to Schedule in MyChart.

1. Patients with an order placed and active **MyChart account** will receive an email indicating that an **order** is ready to be self-scheduled. Patients will also receive a push notification if they have the MyChart app on their phone.


 Fri 12/18/2020 9:05 AM
 MyChartSupport
 MyChart Action needed - schedule your ordered test
 To: Fonda, Samantha

MyChart Action needed - schedule your ordered test

Dear Sami,

You have had an order placed by your provider. You can schedule your own appointment (location, date, and time) that best suits your needs here <https://mychart.ynhhs.org/>

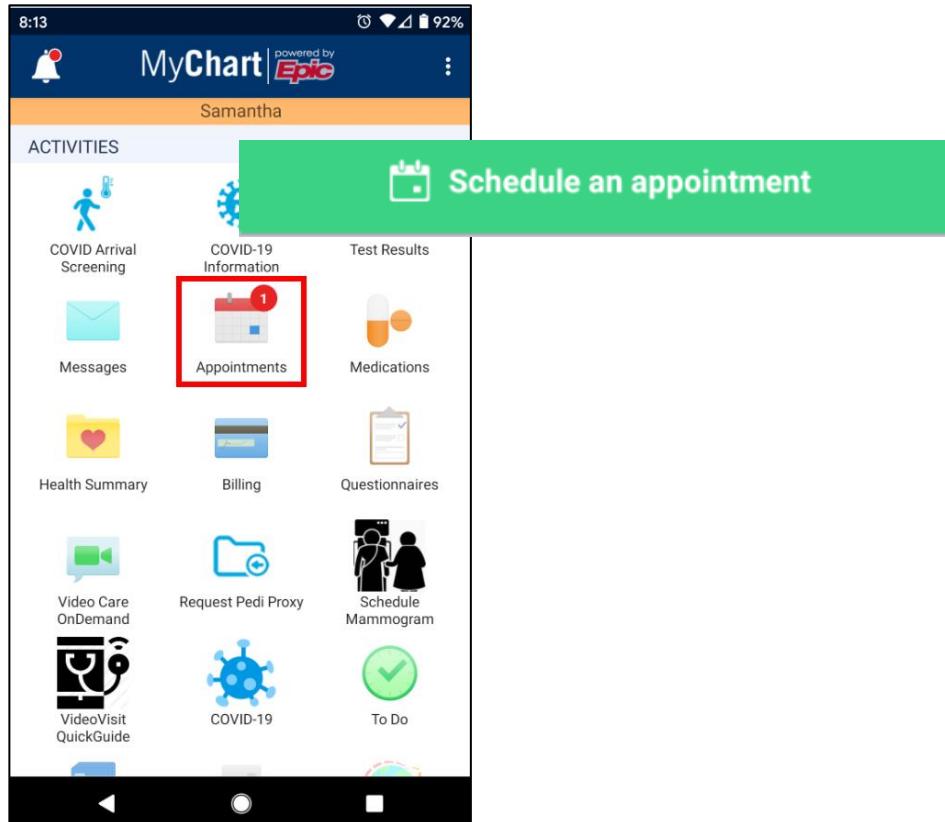
To access your ticket:
 From the website: Click on Visits -> Schedule Appointment
 From the mobile app (Apple/Android) : Select Appointments then Schedule Appointment.

If you are scheduling for a pre-procedure COVID test you will only be able to schedule a time that is 2-3 days before your upcoming procedure.

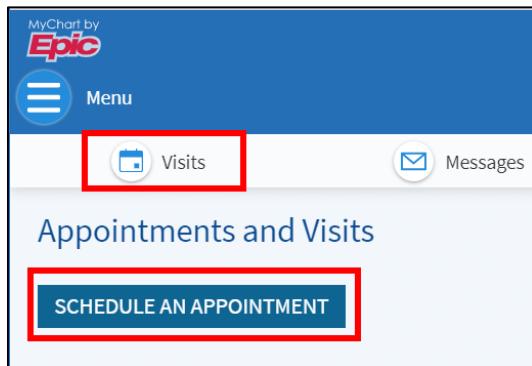
For more information about COVID-19 (including testing and vaccine) click [here](#)

Any Covid 19 questions/concerns, please call:
 Call 833-ASK-YNHH (833-275-9644)

2. To proceed with scheduling from the MyChart App, click the **Appointments** button and click **Schedule an Appointment**.



3. To proceed with scheduling from the MyChart Website, click the **Visits button** and click **Schedule an Appointment**.



4. Locate the order to be scheduled and click **Schedule Now**.



5. At any point in time, you can click the **START OVER** button to begin the scheduling process again.



6. Patients scheduling their first COVID vaccine dose will need to answer a **series of questions**.

Questions to be answered by Patient during Scheduling

- Statement: Listed below are some conditions/situations where you may want to have a discussion with a care provider prior to receiving the Covid-19 vaccine. You are eligible for the vaccine, even if these apply to you, so you will be able to continue on to schedule an appointment. If you would like to wait to schedule your vaccine appointment until you speak to a provider, that is up to you. *Click Acknowledge, Click Continue.*
 - You are or could be currently pregnant, or planning to be pregnant in the next 3 months.
 - You are currently breastfeeding.
 - You had an anaphylactic or other severe reaction to any type of vaccine, injectable drug or food in the past.
 - You have a severe allergy requiring you to carry an Epi-Pen.

A couple of questions

* Listed below are some conditions/situations where you may want to have a discussion with a care provider prior to receiving the Covid-19 Vaccine. You are eligible for the vaccine, even if these apply to you, so you will be able to continue on to schedule an appointment. If you would like to wait to schedule your vaccine appointment until you speak to a provider, that is up to you.

- You are or could be currently pregnant, or planning to be pregnant in the next 3 months. (Person receiving vaccination should speak with: Obstetrician/Midwife)
- You are currently breastfeeding (Person receiving vaccination should speak with: Obstetrician/Midwife/Pediatrician)
- You had an anaphylactic or other severe reaction to any type of vaccine, injectable drug, or food in the past. (Person receiving vaccination should speak with: Primary Care Provider/Allergist)
- You have a severe allergy requiring you to carry an Epi-Pen. (Person receiving vaccination should speak with: Primary Care Provider/Allergist)

Please note: Immunocompromised persons may not be adequately develop an immune response to the vaccine but will be offered it.

[Acknowledge](#)

[CONTINUE](#)

1. Question: Have you tested positive for COVID-19 in the last 4 weeks? *Answer the question and click Continue.*

A couple of questions

* Have you tested positive for Covid-19 in the last 4 weeks?

You must wait for 4 weeks or more after your last positive COVID-19 test before being vaccinated..

 **This is required**

2. Question: Do you have any of the following Covid-19 symptoms? Fever, nasal congestion, new loss of taste or smell, runny nose, sore throat, conjunctivitis (“red eye”) shortness of breath, new headaches, body aches, nausea/vomiting, diarrhea, or severe fatigue. *Answer the question and click Continue.*

A couple of questions

Do you have any of the following Covid-19 symptoms? Fever, nasal congestion, new loss of taste or smell, runny nose, sore throat, conjunctivitis (“red eye”) shortness of breath, new headaches, body aches, nausea/vomiting, diarrhea, or severe fatigue.

3. Question: Do you have a severe bleeding disorder such as hemophilia or a platelet count <50,000 x 1000/uL or on a blood thinner? *Answer the question and click Continue.*

A couple of questions

Do you have a severe bleeding disorder such as hemophilia or a platelet count < 50,000 x 1000/uL or on a blood thinner?

You may want to discuss the risks of getting a vaccination with your personal care provider or specialist, but you are eligible for the vaccine. Notify the vaccinator of this condition before you get your vaccine.

4. If you indicate yes to either of the previous three questions, you will receive the following prompt and are asked to speak with your PCP or Occupational Health department prior to scheduling.



Not all visits can be scheduled online

Follow instructions below, or contact your provider's office to schedule.

You may have a Covid-19 infection. Call the Occupational Health Covid-Call Center at 833-ASK-YNHH (option 2) between 7 am - 7 pm, 7 days a week for testing. If you test negative for COVID-19, then return to MyChart and schedule your vaccine when you are asymptomatic for at least 24 hours.

5. Question: Are you employed by either entity listed below? *Click an answer and click Continue.*

A couple of questions

* Are you employed by any of the entities listed below?

*Answer will not prevent you from scheduling

 **This is required**

6. Question: Have you read the Emergency Use Authorization Fact Sheet and consent to receiving the vaccination for Covid-19? *Click the links to view the materials. Answer the question and click Continue.*

A couple of questions

* Have you read the Emergency Use Authorization Fact Sheet and consent to receiving the vaccination for Covid-19?

[YNHHS Vaccination Consent](#)
[Covid-19 Emergency Use Authorization Fact Sheet](#)

Agree Received/Will Receive Vaccine Elsewhere Don't Agree

! This is required

CONTINUE

7. If you indicate that you've "Received/Will Receive Vaccine Elsewhere" you will receive the following prompt.

! Not all visits can be scheduled online

Follow instructions below, or contact your provider's office to schedule.

Thank you, you may close out of MyChart at this time.

START OVER

8. If you indicate "Don't Agree" you will be asked to provide a reason. *Click a reason and click Continue.*

A couple of questions

* Please select a reason you are currently declining the vaccine:

Please select multiple if they apply
 Select all that apply.

Concern about vaccine side effects Wish to wait until more data is available Concern about safety in pregnancy

Concern about safety when wishing to become pregnant Concern about safety during lactation

Currently symptomatic with confirmed/suspected COVID-19 infection Previous SARS-CoV-2 infection

Anaphylactic allergy to a prior vaccine History of severe allergy and need to carry an Epi-Pen Other

! Make a selection

CONTINUE

9. Note that the prompt for consent will only be seen if the previous answer was "Yale New Haven Health System" or "Yale University" and will not prevent scheduling based on answer. Select a response and click Continue.

A couple of questions

* I understand that information regarding this vaccination can be sent to my Occupational Health record at YNHHS, and I hereby consent to disclosure of this information.

* Answer will not prevent you from scheduling

Agree Disagree

! This is required

CONTINUE

10. Question: Are you in quarantine for COVID19 or related exposure? Select a response and click Continue. Note that the answer to this question will not impact the ability to schedule, but if you are under quarantine, you will receive a prompt to schedule your first dose after your quarantine period.

A couple of questions

* Are you in quarantine for Covid19 or related exposure?

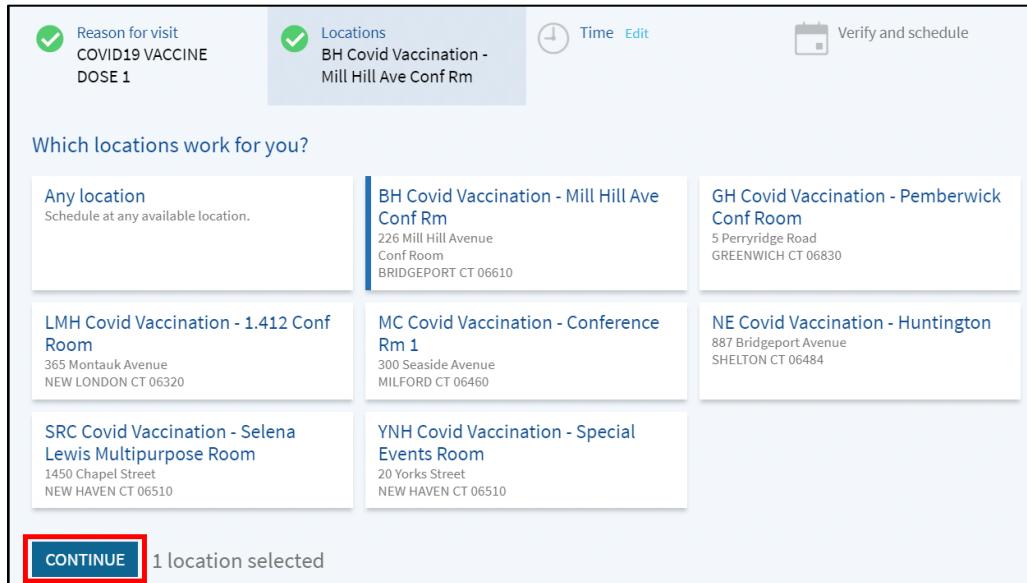
Yes No

! This is required

CONTINUE

Appointment Selection

1. Select an **appointment location** from the list and click **Continue**.



Reason for visit: COVID19 VACCINE DOSE 1

Locations: BH Covid Vaccination - Mill Hill Ave Conf Rm

Time: Edit

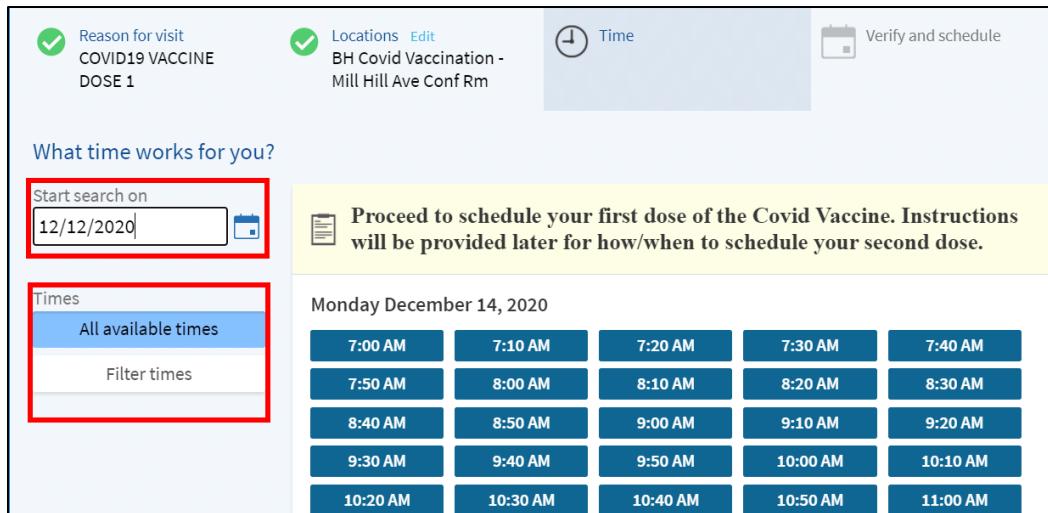
Verify and schedule

Which locations work for you?

Any location Schedule at any available location.	BH Covid Vaccination - Mill Hill Ave Conf Rm 226 Mill Hill Avenue Conf Room BRIDGEPORT CT 06610	GH Covid Vaccination - Pemberwick Conf Room 5 Perryridge Road GREENWICH CT 06830
LMH Covid Vaccination - 1.412 Conf Room 365 Montauk Avenue NEW LONDON CT 06320	MC Covid Vaccination - Conference Rm 1 300 Seaside Avenue MILFORD CT 06460	NE Covid Vaccination - Huntington 887 Bridgeport Avenue SHELTON CT 06484
SRC Covid Vaccination - Selena Lewis Multipurpose Room 1450 Chapel Street NEW HAVEN CT 06510	YNH Covid Vaccination - Special Events Room 20 Yorks Street NEW HAVEN CT 06510	

CONTINUE 1 location selected

2. Select an **appointment time**, noting you can adjust the date in the **Start Search On** field. You can return to the Locations screen to change the appointment location. *Select an appointment time.*



Reason for visit: COVID19 VACCINE DOSE 1

Locations: BH Covid Vaccination - Mill Hill Ave Conf Rm

Time

Verify and schedule

What time works for you?

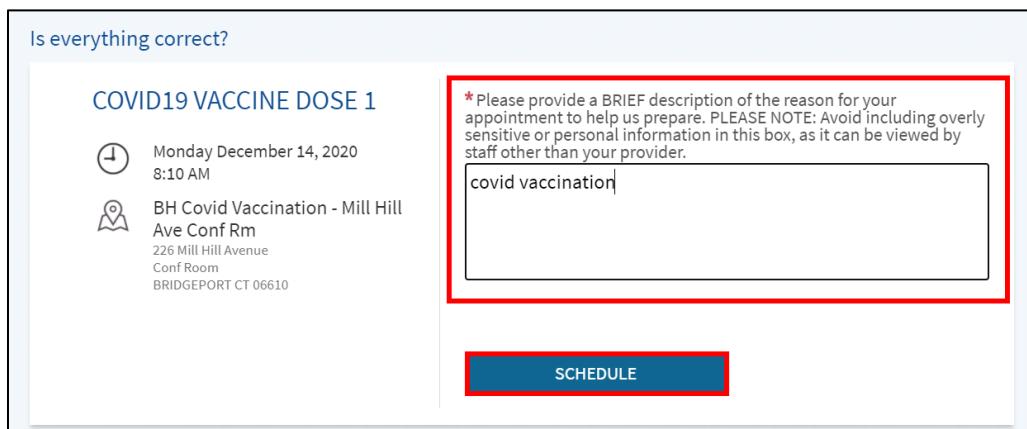
Start search on: 12/12/2020

Times: All available times

Proceed to schedule your first dose of the Covid Vaccine. Instructions will be provided later for how/when to schedule your second dose.

7:00 AM	7:10 AM	7:20 AM	7:30 AM	7:40 AM
7:50 AM	8:00 AM	8:10 AM	8:20 AM	8:30 AM
8:40 AM	8:50 AM	9:00 AM	9:10 AM	9:20 AM
9:30 AM	9:40 AM	9:50 AM	10:00 AM	10:10 AM
10:20 AM	10:30 AM	10:40 AM	10:50 AM	11:00 AM

3. Enter any description in the box on the following screen and click **schedule**.



Is everything correct?

COVID19 VACCINE DOSE 1

Monday December 14, 2020 8:10 AM

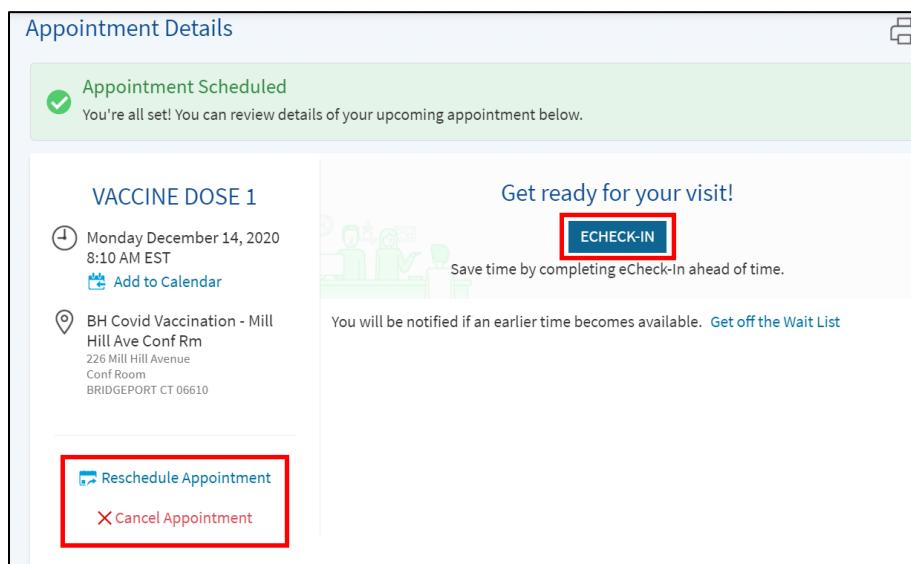
BH Covid Vaccination - Mill Hill Ave Conf Rm
226 Mill Hill Avenue
Conf Room
BRIDGEPORT CT 06610

* Please provide a BRIEF description of the reason for your appointment to help us prepare. PLEASE NOTE: Avoid including overly sensitive or personal information in this box, as it can be viewed by staff other than your provider.

covid vaccination

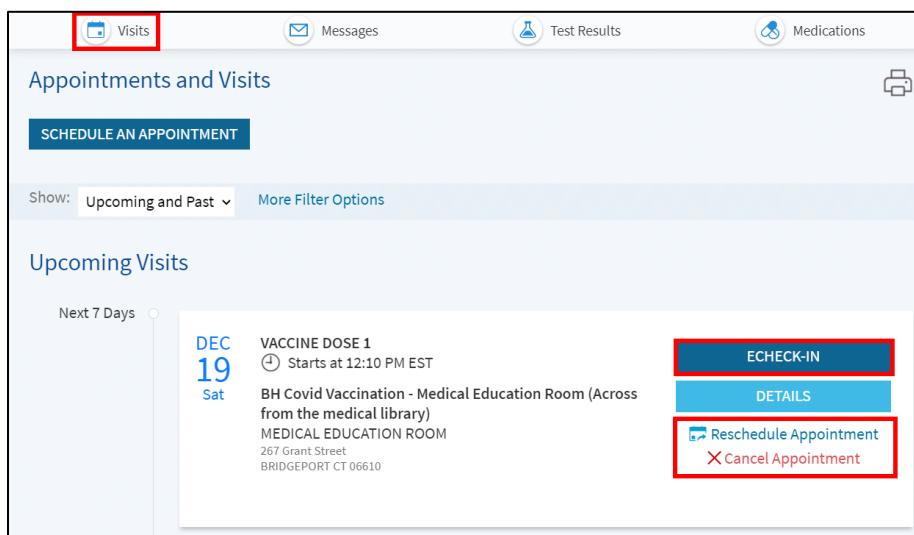
SCHEDULE

4. You then receive an appointment confirmation. Optionally, you may choose to use **ECHECK-IN** prior to your appointment to verify demographic information. You will also note the options to **reschedule** or **cancel** the appointment directly from MyChart.



Reschedule an Appointment

1. Within MyChart, you can return to the **Visits or Appointments** section at any time to view your upcoming appointment to **cancel** or **reschedule**, should the need arise.



IMPORTANT! Depending on which dose brand you receive a second dose may be needed to complete the vaccination process. The second dose **MUST** be scheduled within a certain timeframe. If you have any questions about this, please review with your vaccinator upon receiving your first dose.