

PLANNING FOR COVID-19 VACCINE DELIVERY IN OFFICES

April 2021

BEFORE THE VACCINE GETS TO YOUR OFFICE...

NIH research in collaboration with world research centers

CDC endorsement and budgeting for US coverage using public funds

Coordinate with State, local health departments and Association of Immunization Managers

FDA approval and risk/efficacy profile of individual vaccine types

Contracts with distributors

GET READY...



BRING THE ENTIRE TEAM INTO THE PLANNING PROCESS - ROLE IN RESPONSE

YOU MUST OPT IN!

- Enroll as vaccine provider with department of health - [ADHS provider onboarding tool](#)
- Designate staff and sites for implementation
- Secure storage equipment and supplies for any vaccine possibility
- Detail hours and locations of immunization services
- Credential and train staff; pharmacy, dental, medical, behavioral as possibilities
- Secure refrigerator/freezers, storage space, supplies, PPE, electronic records, [data logger](#)
- Budget costs

BE DETAILED

ANTICIPATE EXPANSION

PARTNERS IN VACCINE DISTRIBUTION

REPORTING DOSES

- Total # of Doses to [Vaccine Finder](#) & County Health
- Patient Record and Inventory Doses to [ASIIS](#)
- FQHCs, IHS, PHARMACY [VTrckS](#)

Join TAPI COVID-19 [Trainings](#)

CDC

Allocates Vaccine to state/groups. Report # doses [Vaccine Finder](#)

STATE HEALTH

Patient records/inventory [ASIIS](#)

DIRECT ALLOCATION:
SOME PHARMACY, FQHC, IHS

Federal doses reported to [VTrckS](#)

COUNTY

County process reporting dose #

HOSPITALS

CLINICS

PHARMACIES

GET SET...



CORE LEADERSHIP TEAM OVERSEES FOUR MAJOR PLANNING AREAS

DESIGN WORKFLOW

- Patient intake process
- Registration & screening
- Delivery
- Post-vaccine waiting time
- Do a dress rehearsal
- Implement Standing Orders
- Order free patient posters/postcards & buttons for staff

DATA USE

- Plan for staff dosing being mindful of side effects and stagger delivery
- Prepare a list of staff, elderly and high risk as first tier recipients
- Allow for two dose schedule unless J&J
- Plan daily vaccine delivery goals based on supply and population
- Have IT & clinical leads collaborate with ASIIS

EDUCATE & INFORM

- Designate lead in staff training
- Separate training and delivery objectives by vaccine types
- Plan for separate storage and safety tracking
- Plan for weekly staff communication
- Include Team in decision-making

ENGAGEMENT

- Constantly update educational tools to population served: consider a hotline method or dedicated media site
- Address vaccine hesitancy
- Counter false claims
- Identify cultural and social barriers to vaccination
- Outreach to high risk groups - Develop call list of high risk for end of day doses

GO!



Patient screened and ready

1st dose given

2 weeks before/after other vaccines

J&J 1 dose
Moderna 2 dose separated by 28 days
Pfizer 2 dose separated by 21 days

Document charges

Explain V-safe

Supply Patient Fact Sheet

Schedule 2nd dose if needed

Update ASIIS

See AZ Billing Guide

IT'S A MARATHON— STAY FLEXIBLE AND SAFE!

TRACK YOUR EFFORTS with strong IT leadership

Run charts on vaccine uptake

Impact on populations at risk

Changes in COVID-19 vaccine and disease

Safety concerns: incident reports, VAERS, V-safe

MONITOR CHANGES in quality, clinical outcomes, finances, staffing and overall services

Staff satisfaction

Effect on center operations

Patient satisfaction & concerns addressed

REVISE AS NEEDED and incorporate into long term operations

Continue contagion prevention efforts!

Keep information factual and available

STAY IN THE RACE!



**KEEP YOUR EYE ON THE FINISH LINE—
DON'T FORGET ROUTINE VACCINES!**