

Vaccine Event Planning: KEY TAKEAWAYS & LESSONS LEARNED

GENERAL NOTES:

- Vaccine events (large, medium and small) vary greatly by facility and populations served. Hospitals need flexibility to determine the best use of their staffing, volunteers, facilities and accommodations for their specific communities and populations.
- The success of events, especially large ones, often relies on community partnerships with law enforcement, local government, schools, volunteers, etc.
- Most events use a one-directional patient flow, whether on foot or by car. Patients move from Entrance ->Point A -> Point B -> Point C, etc. -> Exit. This prevents confusion and limits the total number of people patients are exposed to.
- Checking a patient's appointment status or vaccine eligibility at the entrance of the facility or parking lot can prevent a host of unwanted issues (patient frustration at being turned away, security issues, staff confrontations, etc.). Ideally, experienced security or law enforcement personnel can be recruited to handle these duties.

VAMS AND APPOINTMENT SCHEDULING:

- Virtually all providers interviewed experienced problems with VAMS for making appointments and pivoted to using in-house EMR systems, manual processes and/or a third-party VAMS portal.
- McLeod Health has successfully used a voucher system for vaccinations, but the majority of clinics require appointments. A staffed, dedicated phone line should supplement online scheduling tools to accommodate people without computer access.
- Limited supplies and unpredictable delivery dates can wreak havoc with the best planning, making it critical to have a capable, responsive communications team.
 - One hospital leader expressed gratitude to news media outlets for helping get word out about changes and adjustments.
 - Prisma Health used a dedicated radio station to reach people in cars at drive-through events with pre-recorded information.
- Because of supply issues, many hospitals have shifted to "real-time" scheduling, matching the number of appointments to the number of doses actually in hand rather than the number expected. Some hospitals delayed opening vaccinations to under-70 populations because of limited supplies. Some have had to use 1st dose supplies to meet 2nd dose commitments. Making these "just-in-time" adjustments is very resource-intensive.
- On Feb. 25, DHEC announced that VAMS was no longer mandatory for recording vaccine administrations, giving hospitals the flexibility to record administrations into their existing electronic medical record system that connects and uploads into the state's immunization registry, SIMON. Cheers were heard across the state!

INNOVATIVE IDEAS:

- One hospital used a voucher system (rather than scheduled appointments) which worked well with populations that weren't computer-savvy, and also prevented frustrations around canceled appointments. Read more here.
- Sharing a 'Cliff's Notes' version of vaccine information (facts about the vaccine, possible side effects, how to make a second-dose appointment) improves patient communication. It is easy to understand and can correct misinformation about the vaccine. [Link to a Cliff Notes document]
- Pre-event safety huddles should be standard, but some teams also hold post-event meetings to ask what went right, what went wrong and what could be improved.
- Have a quiet space where doses can be prepared with no interruptions or distractions.
- Don't waste vaccine! Count how many people are waiting in line vs. how many vials of vaccine remain. Be prepared to call people on your appointment or waiting list to offer an earlier opportunity. One MUSC facility sent vials to another MUSC clinic so that they could be used before expiration.
- Plan for continuous improvement of queuing, documentation, social distancing, communication. One team held post-event meetings to ask what worked, what didn't work and what needs to change. Get feedback from patients about their experience and how it could have been improved.

EVENT PLANNING & PREPARATION:

- Events are structured with efficiency in mind, ideally allowing patients to get in and out within 30 minutes from start to finish (including the 15-minute observation period).
- Supplies needed for an event may vary by whether the event can remain set-up overnight and/or for longer periods of time. If an event must be broken down daily, it will require different types of tables/chairs/etc. that can be easily transported, stored, and disinfected.
- Preparing event supplies the night before eased stress on staff.
- Events should be models of COVID-19 safety protocols:
 - Event space must allow for social distancing, with registration tables, vaccine administration stations, and observation areas spaced in compliance with social distancing guidelines. Be sure to allow adequate space for walkers, wheelchairs or family members who may need to assist patients.
 - Masks should be worn at all times.
 - Sanitize pens, clipboards or other materials after they are handled.
- If space permits, identify two separate observation areas. The majority of patients only require a 15-minute observation period post-vaccination, but more at-risk patients may need to be monitored for 30-minutes. Sending patients to a specifically designated waiting area helped prevent confusion.
- For drive-through events, planners should consider space that allows for one-direction traffic flow and parking for two separate observation areas (15 min., 30 min.)
- Having patients complete paperwork prior to the event helped throughput, when possible.
- Labeling syringes/doses helps with safety/quality control. One facility had each syringe initialed by the individual who prepared it with the date and time of preparation.
- Safety huddles should occur prior to the beginning of every event (location of anaphylaxis kit , entrance/exits, daily roles, lot numbers, etc.)
- Community communication and trust are key! Utilize influential community members and know your audience.

STAFFING:

- It's always better to over-staff on the front end, and don't under-estimate how many people will be needed.
- Be sure you have enough staffing for logistics and clerical duties, generally a 2:1 ratio to clinical staff. At some sites, clinical staff had to manage paperwork instead of giving shots.
- Volunteers are not the 'go to' method for staffing vaccine events. Hospitals prefer to repurpose staff from non-clinical departments to assist with clerical and logistics duties.
 - Note: For the purpose of this document, volunteers are individuals not employed by the hospital or an authorized emergency responder, such as EMS or the National Guard.
- If community volunteers are utilized, it is typically in administrative capacities (registration assistance, etc.). Retired nurse volunteers can be utilized in a more clinical capacity (opening band-aids/needles, patient prep, etc.). Read more about using volunteers [here](#).
- Healthcare workers are eager to vaccinate their communities! One nursing coordinator said a vaccination clinic was the first time she had been fully staffed in 20 years. "This is why we're here" is a frequent comment.
- The number of vaccine doses available drives staffing needs. The availability of staff then drives the appointments that can be accommodated. Staffing models varied greatly by event size.
- Nurses (all areas of practice), pharmacy team members, administrative staff, security, and physicians were the primary staffing needs. Non-clinical staff are generally needed on a 2:1 ratio to clinical staff.
- Security team staff were needed at almost all events. If hospital security wasn't present, local law enforcement was usually involved. Security team members were used to both de-escalate confrontations and, in some cases, check appointment/eligibility status before patients entered vaccine events.
- Designating staff for IT support (registration processes) helped tremendously.
- Staffing services have been used effectively, but some hospitals report that getting temporary workers vetted and trained on systems can be time-consuming.
- Additional information on staffing vaccine events is available [here](#).

LESSONS LEARNED:

- One provider recommended that the vaccine administration effort needs to mirror routine vaccine efforts and the routine ways people receive vaccines, such as physician's offices, which are located in the farthest reaches of the state and, for many people, are more accessible than mass sites.
- Be prepared for spotty wi-fi at some locations, particularly at drive-through or outdoor events. One hospital that planned to upload information on-site shifted to having runners take information back to the office for data entry.
- Watch the weather forecast. Have a back-up rain plan for outdoor events or have tents and umbrellas on hand to keep people and paperwork dry. For drive-through events on cold days, bring in propane heaters to keep staff comfortable.
- Prisma Health has learned that consistently calculating staffing and logistics for mass drive-through events has been a challenge. Large indoor facilities appear to be more efficient for mass vaccination clinics. Staffing for the Gamecock Park drive-through site requires about 340 people, compared to 153 for walk-in clinics held at an old K-Mart site near Greenville Memorial Hospital.
- Schedule lunch breaks for staff and volunteers, but be prepared in case lines back up and people aren't able to rotate out. Have water and refreshments available on demand.
- Be mindful of walking distances between stations. Balance social distancing with the number of time people, particularly the elderly, are expected to be on their feet.
- Be prepared to take the vaccine to a car or medical transport if a person isn't ambulatory.
- Ensure clear communication with National Guard and other volunteer groups that might be assisting at more than one location, so that they can manage personnel schedules. In other words, don't put them into the middle of a tug-of-war for services.
- Have a practice session on how to respond in an emergency (such as a patient having a bad reaction). Nothing goes perfectly the first time, so don't make an actual emergency the first time staff has to respond in this scenario.
- Use Microsoft Teams or another collaborative online tool that makes it easy to share reports and documentation.