COVID 19 Vaccinations

Oneida Indian Nation Health Services

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In the beginning……

"Many Unknowns"

- What vaccine would we be receiving? When? How Much? Source?
- What supplies would be needed including vaccine handling and storage due to fragility of vaccines
- Training and education, received voluminous amount of materials, where to start?

OINHS Team :

- Team approach to creating a seamless process with priorities on:
    - Obtaining and maintaining vaccine(s) and documentation required
    - Education and Training of Staff re: storage/handling of vaccine to maintain efficacy of vaccine, VAMs and paperwork required by CDC
    - Identification of patient most at risk and developing priority list and developing a process for appointments
    - Plan the physical layout to maintain social distancing

Vaccination Prioritization

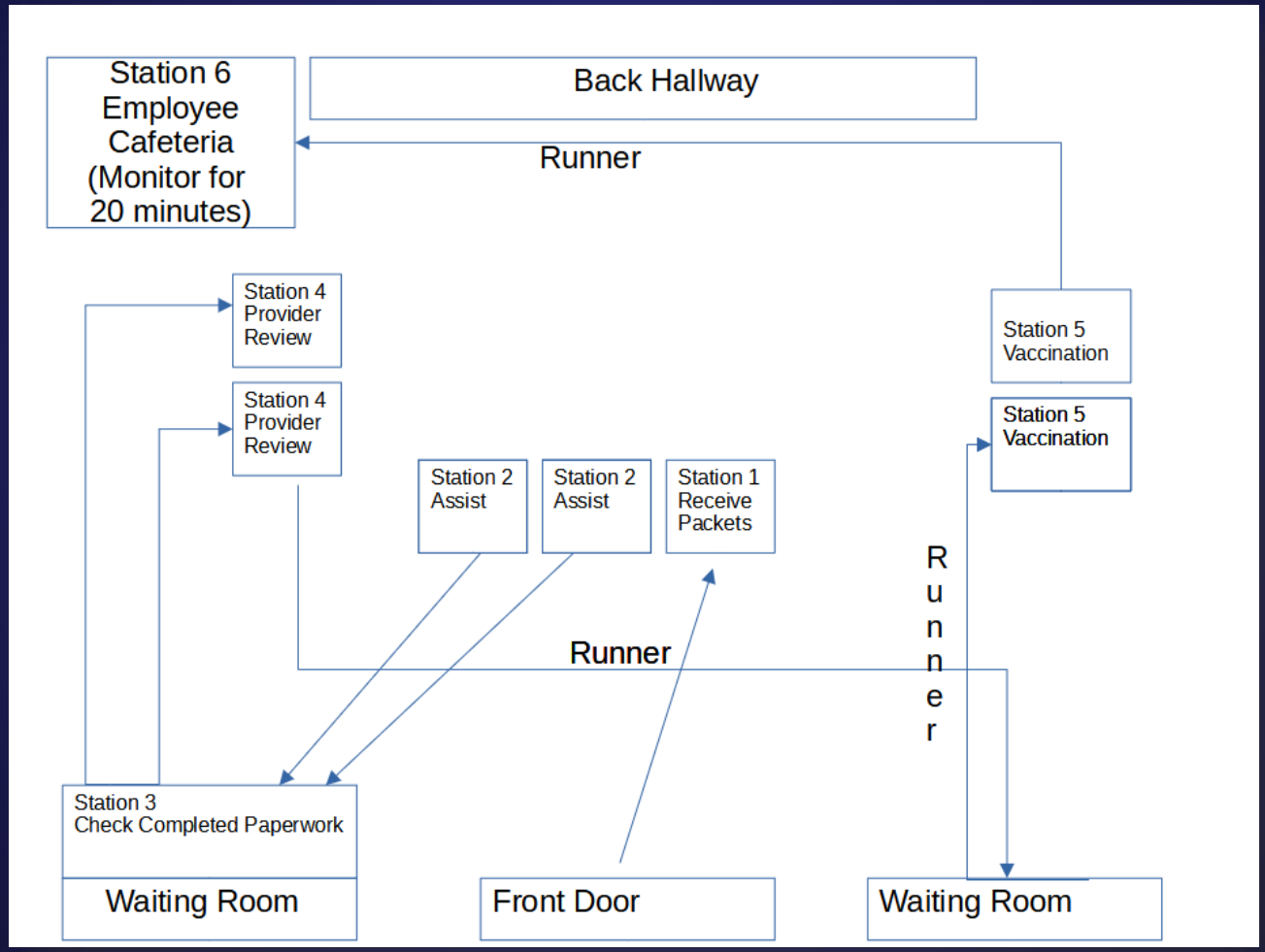
- 85 years and older
- 75 years and older
- 65 years and older
- 55-64 years w/chronic medical conditions
  - Currently performing these vaccinations
- 45-54 years and older w/chronic medical conditions
- Will continue to stratify by age groups
  - With chronic medical conditions
- All ages 16 years and older (Pfizer)
- All ages 18 years and older (Moderna)

- Based on Vaccine Supply

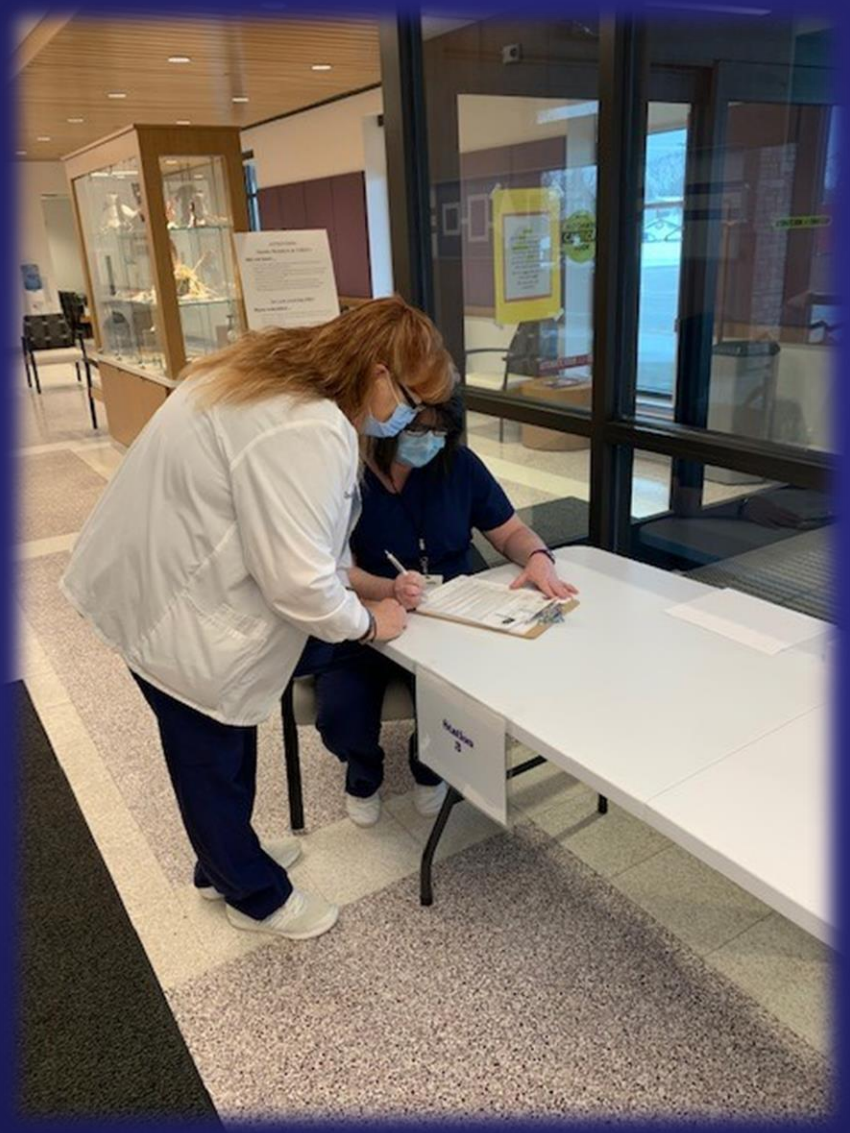
Challenges & Lessons Learned

- Appointment Scheduling
- Patient buy in and push back
- Institute backup plan for appointments
  - Cancellations, Weather, etc.
  - List of readily available substitute patients
- Reduced accessible resources to maintain Routine & Emergency Care
- Physical Environment limitations to maintain proper social distancing
- Vaccine integrity
- Limits on patients per day due to social distancing requirements

Escorting Patient Process



Patient Reception



PRIVACY SIGN IN SHEET

	Patient Name	Address	Contact No.	Appointment			Appointment With	Tick if New Patient
				Date	Time	Arrival Time		
1	John Smith	Columbia Heights, Washington DC	1 47-8335-3466	mm/dd/yyyy	10:00 AM	09:45 AM	Dr. Willian	○
								○
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Review & Verify Patient Information Packet

COVID-19 Vaccination Patient Record

For Documentation in Vaccine Administration Management System (VAMS)

This document facilitates capture of data required for documentation in VAMS

Section I: PATIENT or PATIENT REPRESENTATIVE to complete this section

Today's Date	First Name (Print)*	Last Name (Print)*	Gender *

Date of Birth*	Race*	Address
Ethnicity*		County of Residence
Tribe of Membership		Phone

COVID dose: ■ 1st dose ☐ 2nd dose	If 2nd dose, enter date and facility of 1st dose:
COVID-19 Vaccine Screening Questionnaire completed? ■ Yes ☐ No	COVID-19 Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS) received? ■ Yes ☐ No

Field required for Vaccine Administration Management (VAMS) reporting

Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine

Date COVID-19 vaccine administered:	Facility/Location:

COVID-19 Vaccine Screening Questionnaire reviewed and vaccination administration deemed appropriate:
☐ Yes ☐ No ☐ Precaution identified and vaccination in an alternate setting needed

COVID dose:	COVID-19 Vaccine Manufacturer:	If 2nd vaccine dose, manufacturer of 1st dose:	Lot Number:	Injection volume:
■ 1st dose	■ Moderna ☐ AstraZeneca	☐ Moderna ☐ AstraZeneca		☐ 0.3mL
☐ 2nd dose	☐ Pfizer ☐ Johnson&Johnson	☐ Pfizer ☐ Johnson&Johnson	Expiration:	■ 0.5mL
	☐ Novavax ☐ Sanofi Pasteur	☐ Novavax ☐ Sanofi Pasteur		
	☐ Other:	☐ Other:		

Immunization site:	Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:	Administration time:
☐ Right Deltoid ☐ Right Thigh (peds) ☐ Left Deltoid ☐ Left Thigh (peds)		

Was today's vaccination administration successful? ☐ Yes ☐ No
If no, is it possible to reattempt administration? ☐ Yes ☐ No
(this is a default question in VAMS and is likely not applicable to most IHS/Tribal/Urban organizations that are utilizing VAMS)

If vaccination was unsuccessful select reason:
☐ Sick or fever ☐ Inventory Shortage
☐ No longer interested ☐ Other:
☐ Staffing ☐ Contraindication identified
☐ _____

Was any vaccine wasted during administration?
☐ Yes ☐ No
If vaccine wasted select reason:
☐ Broken Vial/Syringe
☐ Vaccine drawn but not administered
☐ Non-vaccine product (e.g. IG, HBIG, DjI)
☐ Open vial but all doses not administered
☐ Lost or unaccounted for vaccine
☐ Other:

☐ COVID vaccination documentation completed in VAMS
☐ COVID vaccination documentation completed in Patient Medical Record

Patient-Provider Screening

Pre-Vaccination Checklist for COVID-19 Vaccines

CDC

For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient Name _____

Age _____

	Yes	No	Don't know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
• If yes, which vaccine product? ☐ Pfizer ☐ Moderna ☐ Another product _____			
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?			
• Was the severe allergic reaction after receiving a COVID-19 vaccine?			
• Was the severe allergic reaction after receiving another vaccine or another injectable medication?			
4. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
5. Have you received another vaccine in the last 14 days?			
6. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
7. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
8. Do you have a bleeding disorder or are you taking a blood thinner?			
9. Are you pregnant or breastfeeding?			

Form reviewed by _____ Date _____

Patient – Provider Interview

- ✓ Consistent counseling provided by Physicians regarding vaccine efficacy and safety
- ✓ Reviewing screening questions
- ✓ Deciding about any contraindications against vaccination such as severe allergies/anaphylaxis
- ✓ Discussion about what side effects to expect and how to manage them
- ✓ Reinforcement on maintaining social distancing, mask wearing and hygiene

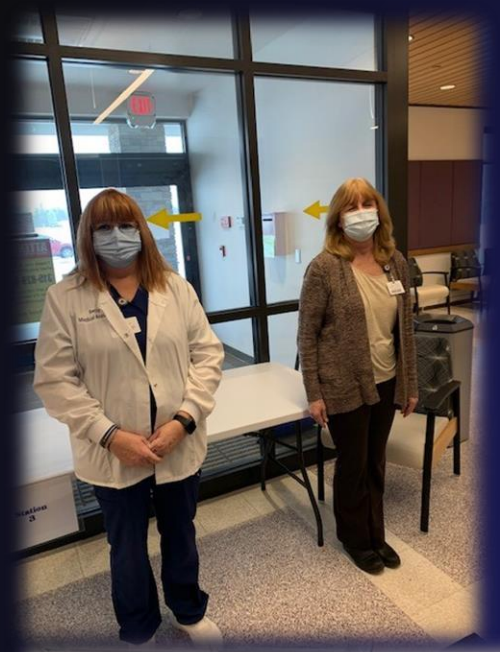
Vaccination Administration

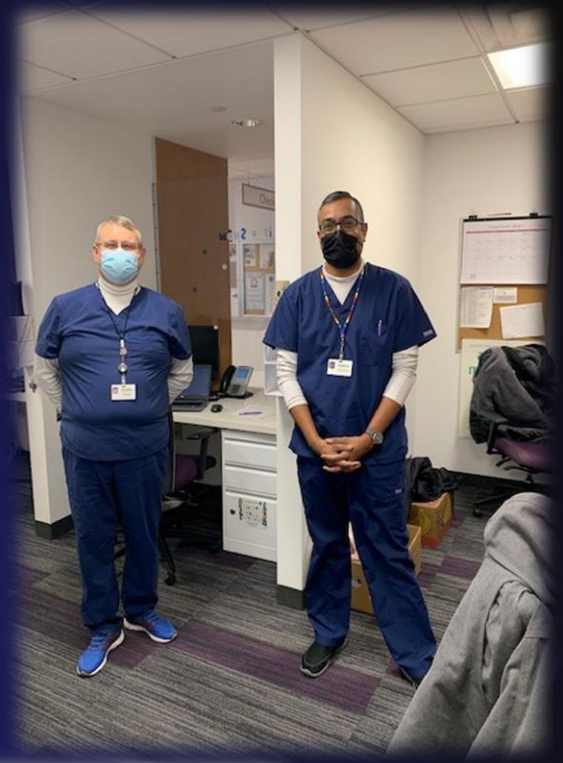
Patient Post Vaccination Monitoring

What Worked Well

- A streamlined, uniform process, managing flow of patients through the building
- Providers were able to create a priority list of their patients with high risk conditions, patients with potential contraindications were able to be identified prior to scheduling
- Central scheduling contacted the patients directly which reduced the burden of patient self-scheduling/calling
- Central scheduling was able to group household members meeting criteria
- If a patient declined a vaccine appointment, the provider was tasked through the EHR. The providers then reach out to the patient directly, provide vaccine counseling and then either task back to scheduling or document refusal. Many patients did consent after speaking to their PCP directly and having their questions answered or concerns addressed.
- Started with 20 patients daily to work out the process, now immunizing 50 per day

Vaccination Team





Our team approach is very helpful in making our vaccination program a success!

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