

Innovative Initiatives to Lead a Hospital-Based Vaccine Center for Associate and Community Populations



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Background

In March 2020, Medstar Franklin Square Medical Center (MFSMC) began treating patients diagnosed with COVID-19. With the first COVID-19 vaccine available in December 2020, MFSMC senior leaders decided that an associate vaccine center would be needed for front line staff. Vaccine Center Leaders were chosen based on their operational and clinical skills. These leaders did not interact regularly prior to their initial meeting but came to see that their knowledge and experience brought something vital to the team. Two non-nursing leaders with operational experience reviewed possible locations and supplies needed. Two nursing leaders provided insight into staffing needs, nursing education and documentation requirements, and data collection tools for vaccine administration. On December 15, 2020, the associate vaccine center opened. Vaccine Center staff included RNs, MAs, CNAs, and registration. RNs and MAs completed the pre-vaccine screening, vaccine administration, and post-vaccine assessment documentation. CNAs were utilized as traffic controllers for social distancing and disinfection between patients. This vaccine center was open six days a week, excluding Sundays and holidays.

Objectives

- Identify appropriate vaccine center roles established by an organization with a vaccine center in place.
- Discuss methods to overcome barriers in vaccine center implementation.
- Discuss process improvement methods for vaccine administration documentation.

Development

Role identification

- Kim Meehan: Operational Leader responsible for registration staffing, budget oversight, supply orders, assistance with traffic control
- Dan Hakim: Operational Leader responsible for associate and community vaccine appointment tracking and review, center location management
- Gina Shelley: Clinical Leader responsible for vaccinator orientation, training, documentation review, and staffing
- Sharon Bonner: Informatics Leader responsible for monitoring discern reports for documentation, downtime form reconciliation, tracking total number of vaccine administered
- Josh Ryan and Tim West: Pharmacy Leaders responsible for dose allocation and tracking

Methods

Overcoming barriers to implementation

- Multiple vaccine center locations: Center originally located in vacant hospital space, then moved to the COVID testing tent near the ED, finally located to the conference center area. Final location provided the best space, sound quality, supply storage.
- Limited staffing: Vaccinators staffed from
 Occupational Health, Magnet Ambassador Council
 members, clinical nurses. Registration re-assigned
 from administrative assistant duties. Traffic control
 consisted of light duty associates. Scheduling was
 internally tracked by center leaders then moved to a
 spreadsheet in a share drive for all staff to have view only access in real-time.
- Fluctuation in days of operation: The center was open 6 days a week, then 7 days a week, finally cut back to Thursday-Sunday to accommodate vaccine availability from the state. The center was closed if vaccines weren't available and allotted to MFSMC. The limited days of operation ensured a full schedule of appointments and full staffing with many center staff working on their days off from the regularly assigned job.
- Creation of a lead vaccinator role: Initiated in February 2021 for a Float Pool clinical nurse assigned to the center to allow for a nursing presence and resource

Process improvement for documentation

- Ensuring vaccinator user access prior to orientation: New vaccinator names, title, role, and user ID were provided to Sharon Bonner to ensure access. Moving into March 2021, new vaccinators were asked to confirm their access individually by following up with the IT help desk.
- Limited use of downtime forms: Discussion with Medstar Health Nursing Informatics led to the creation of a job aid for troubleshooting documentation. Job aid distributed to all vaccinators printed and electronic with downtime forms used only with approval by a center leader.
- Tracking of missed 2nd dose: Reports provided by Sharon Bonner to ensure compliance with state regulations for tracking all doses administered. Reports reviewed on a weekly basis with a vaccinator rectifying outstanding reports.
- Continued educational opportunities: All roles were required to complete orientation time prior to working independently. Registration staff completed a learning module and in-class presentation. Vaccinators were given updated job aides, workflows, and tip sheets.

Figures

In December 2020, the MFSMC vaccine center began administering the COVID-19 vaccine to eligible associates. In January 2021, eligible community population were provided instructions to make appointments to receive the vaccine

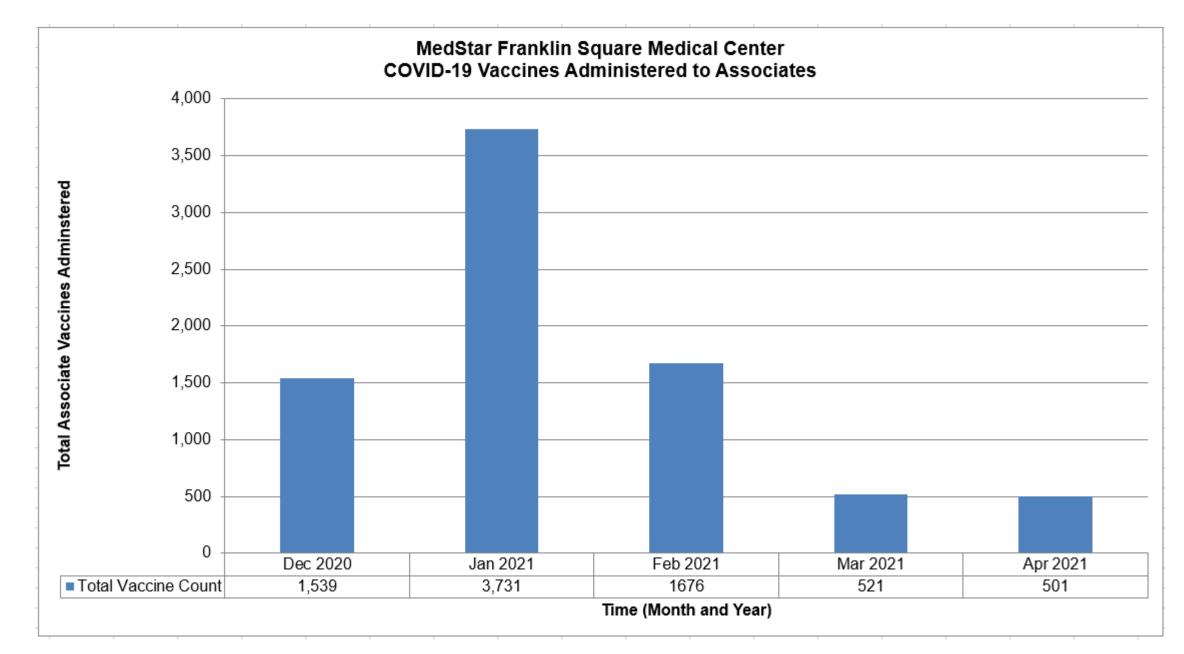


Figure 1

With increased awareness of vaccine availability to associates, over 3,000 vaccines were administered in January 2021, tapering off each month with a total of 7,968 administered as of April 26, 2021.

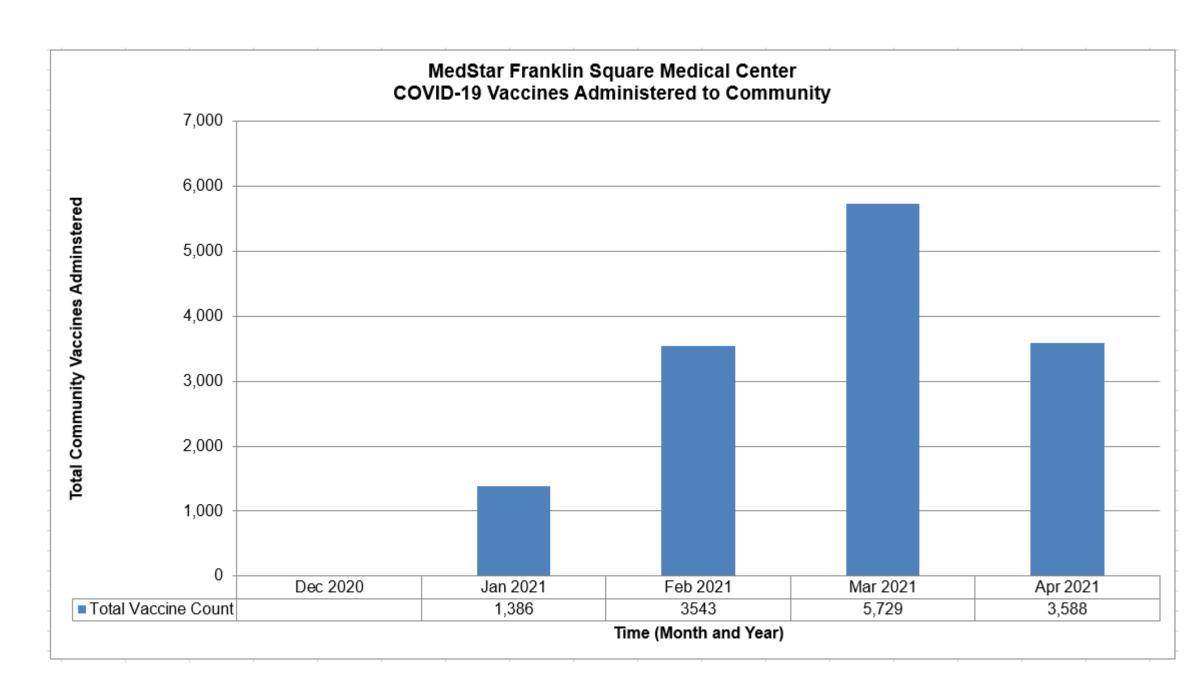


Figure 2

With eligibility criteria adding more community patients to the vaccine appointment schedule, the number of vaccines administered increases every month. March 2021 had the highest number of vaccines administered with over 5,000 documented. As of April 26, 2021, 14,246 vaccines have been administered to community patients.

Results

Vaccine center leaders have been invited to system and hospital-level operations meetings to share changes to best practice. As new vaccine centers opened throughout the system, MFSMC vaccine center leaders were called on for their knowledge and expertise in creating a workflow and staffing matrix tat could be replicated for other centers.

Conclusion

The MFMSC vaccine center has consistently outperformed, administering the highest number of vaccines system-wide. As of April 26, 2021, the MFSMC vaccine center provided 7,968 vaccines to associates and 14,426 vaccines to community members.



Figure 3

Vaccine center leaders pictured on Day 1 of implementation. From L to R: Jill Johnson, Tim West, Dan Hakim, Kim Meehan, Gina Shelley.

References

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Acknowledgements

ncov/vaccines/recommendations/hcp.html

The team would like to thank MFSMC senior leaders MFSMC President Stuart Levine, Senior Vice President Jill Johnson, Vice President and CNO Debbie Kisner, and Assistant Vice President Michael Feist for their continued support in leading this new initiative.