****

**Proposal and purpose of tool-kit:**

**School Based Clinics’ Response During the Pandemic to Enhance Immunization Uptake**

* School-based centers have been strategically selected and supported by the State and are located in vulnerable populations where health equity and health disparity exists.
	+ - Knowledgeable in the immunization process
		- Certified training in Vaccination management
		- Great teachers!

The Providers, Nurses, & Medical assistants are culturally competent and a trusted resource

**Need**

* Importance of immunizations according to Healthy People 2020 is that is saves 33,000 lives. Immunizations prevent 14 million cases of disease and reduces direct health care costs by 9.9 billion dollars and saves 33.4 billion dollars in indirect costs.
* There has been an interruption of care for chronic conditions and prevention care such as immunizations with the COVID-19 Pandemic.
* The footprint of a Pandemic becomes a 4-wave process: First, immediate mortality and morbidity; second, impact of resource restriction on urgent non-pandemic conditions; third, interruption of care for chronic conditions and prevention care such as ***immunizations;*** fourth, considers the post-traumatic stress, economic impacts and the burnout component associated (Steward, 2020)
* Michigan guidance from LARA indicates that primary care practices should consider drive-thru service.
* Michigan has reported an overall 44.5% decrease in immunizations compared to the previous two years and adolescent immunizations for the same time frame were down 65.5%.
* A decline in vaccinations put children and their communities at risk for an outbreak of vaccine-preventable diseases.
* Parents may be afraid to visit their providers for well-child visits as they are afraid of exposure to COVID-19

**Theory**

* Utilizing the Modified Social-ecological Model and the Logic Model a process and action plan were created. Inputs, constraints, activities, outputs and effects have been developed.



**Partnerships**

**Medical Director approval – Fiduciary approval** A must have before going forward.

**Focus Groups** – Having a focus group or team approach helps consider aspects from different perspectives. This group should consider a SWOT analysis where you review the strengths, weakness, threats and opportunities. Doing this helps prepare for potential events and how to handle them.

Example



**School Districts** – As this concept includes moving your clinic services outside, permission from the school is recommended. As well, traffic flow considerations need to be evaluated. Will you have strategic room? Recommend you are close to clinic. Can you share tents that the school has, tables and chairs? Do you have a way to secure tents in windy scenario’s?

**Local Health Departments** – highly recommend partnership. Have more high-tech coolers which have ability to control vaccine temperatures. Allows the concept to keep vaccine closer to event. Most health departments have had immunization fairs in the past and really a great resource of help and support.

**Hospital pharmacy** -May need to order more private stock, or return items if not used.

**IT Support** – highly recommend a practice run to identify needs, have plan B if internet fails

**Local municipality** – may need approvals, inquire early so there is no issue.

**Community Resources** so that you have information to give. Potentials include: Medicaid navigator, have resources to social determinant needs. Food was /is highly appreciated. Gleaners or Forgotten Harvest may assist.

**Marketing**

School Districts – websites -mailings. Reach out to all local school districts and ask that they run their own MICR reports for new students and students entering the 7th grade. Once they have done this, they can create a reminder letter. If allowed, you could add your letter and flyer to mailing. Recommend both because letter may get lost, but flyer could go on the refrigerator.

Ask them to put on their website or place a “robo” call to all parents.

Other Marketing strategies include:

Signs

Flyers

Community organizations

Food Distribution centers

Churches

MICR reports

Mail

Media hubs – radio- press release- local news

Phone Marketing – best overall is the good old fashion phone calls.

**Process / Methodology**

The methodology includes pre-registration and four stations. The pre-registration includes; a COVID screening so anyone who is suspected of the virus concern would be told to stay home and not attend the event. The questions are in the travel screen of EPIC or other EMR most likely include:

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?
* Do you have any of the following symptoms?
* Fever greater than 100F
* New flu-like symptoms like body aches
* New abnormal cough
* New shortness of breath
* New diarrhea?
* New loss of taste or smell in addition to the above?
* Have you traveled internationally in the last month?

A temporary paper chart will be started; This will be done to expediate service on the day of the event. Two Michigan Care Improvement Registry (MICR) records will be printed off and placed in the temporary chart. All necessary Vaccine Information Sheets (VIS) will be printed off and paper clipped to the MICR records. The VIS sheets must be given to family prior to immunizations given per policy. A consent for service will be placed in chart to be readily available, A refusal to vaccinate form will be there in case there is a vaccine that the parents do not agree to. A vaccine questionnaire which will help assess appropriateness to give the immunization will be placed in the temporary chart just in case Epic is not working properly. It is the same questions a practitioner would ask if EPIC is functioning efficiently. It will not be used unless needed, as it is loaded in EPIC already. The pre-registration process will check insurance status. This will allow practitioners to determine how many Vaccine for Children (VFC) immunizations are needed as well, how many “Private” insurance immunizations are needed. A blank patient survey which will have a de-identified number will be placed in temporary chart. Once they are pre-registered in EPIC the provider can go into EPIC and pre-order the immunizations that are due. If the patient does not show up, on the day of the event the orders will be removed and cancelled. If there is a refusal for one immunization, the MA or provider defer the one immunization in EPIC on the day of the service. This is also aligned with current policy recommendations.

 On the day of the event, a huddle with all staff, before the first appointment. To reiterate, safety, policy, emergency preparedness, what the schedule looks like, review any IT issues. Any other pertinent concerns and Team building.

The process for the event will begin with the car pulling into a car spot next to a 10ft by 10ft tent and parks and shuts off the engine. Stations 1-3 will be done in this location. The staff of stations 1-3 will come to the parked car. Only in the last station does the car move and only a short distance. The first station is the actual registration. COVID screening will occur, temperature checks, masks for all in the car need to be worn, and if they do not have one the teen clinic will provide one. Hand sanitizer for all in the car. A pen will be given to them and not asked for it to be returned. This first station will be completed by an MA, the consent for treatment will be signed. Insurance will be verified again, and if there are any changes to insurance it will be communicated to the provider team. Insurance determines who can receive the VFC immunizations. Based on prior needs assessment, and population demographics to the clinics, most patients in this population will be in accordance with VFC allocation. The full registration and “arriving the patient in EPIC or other EMR” will occur.

The second station will be the provider to patient/parent contact. Rooming the patient via the EMR system will be done. This includes a review of, allergies, medications, medical history, surgical history, family history, as well questions regarding assessment to give immunizations will be asked. MICR record will be reviewed with patient/parent. VIS sheets given with education component. Ensure consent, questions, review of previous orders if there is a refusal to one vaccine a parent/legal guardian signs form. Form will be placed on top, for all staff to clearly see and will be scanned into the patient’s chart.

The third station includes the actual administration of the immunizations. The health care professional giving the immunization will meet and greet family, assess temperament and body size of child. Verify immunizations to be given. The process of giving the immunization will follow the policy already written. Teen Centers – Immunization Administration. The child (ages 10-21) will be asked to exit the car and sit in the chair under a 10ft by 10ft tent right next to the parent/legal guardian’s parked car to receive immunizations. There will be a table next to the chair for provider assistance. After each child the chair and table will be disinfected.

The immunizations for VFC patients are in a high-tech cooler pack provided by the health department. The checklist of Best Practices for vaccination clinics created by the CDC will be completed and signed by the clinical lead (https://www.cdc.gov/flu/business/hosting-vaccination-clinic.htm). Temperature monitoring completed every 30 minutes to ensure adequate temperature range. A station to prepare immunizations is set up with disinfection wipes and hand sanitizer. Policy is laminated and available. Job aides present on immunization emergency medical management. Emergency bag, medication, and equipment all present. Private insurance immunizations need to be retrieved from inside the clinic. Important to keep immunizations separate for insurance purpose. All staff have received vaccination training.

The fourth station is the post-immunization waiting period which is recommended by guidelines to assess for potential reactions. The parent/guardian will move their car to a very short distance and will park again. Close monitoring still available in this location. This area, will also provide an opportunity for the parent/guardian to fill out a survey to help discern their opinion of flow, and service and as well, assess if they need linkage to resources for potential social determinant concerns. This station will provide those resources of needs or concern and provide a box of groceries from Gleaners. This will be placed in their trunk. The families will not exit out their vehicle here. After 10-15 minutes, the families will drive away and exit the event. The hope is that they have had a positive experience, and that we have begun to create a relationship of trust and will seek further service within the clinic.

After the event, staff will debrief and discussions of their perceptions on: How was the overall process flow? What were the positives of the event? What were the challenges of the event? What did we not think about? How do you think participants responded? What message did we send out? Do you see this working in other areas of the hospital or for different events? Lastly, a review of budget, sustainability cost ratio verses effectiveness of the program will be reviewed?

Evaluation of survey’s and other information from MICR and EMR could be placed on a spread sheet using a deidentified method.

**Appendix A**

**Example of general letter**

Clinic Address

***CURB-SIDE IMMUNIZATION EVENT JULY \*\*\*\*\*\* 9:30-2:30 BY APPOINTMENT***

Current date

Dear Parent or Guardian of children 10-21years of age;

The \*\*\*\*\*Teen Health Centers wanted to personally invite you to a curb-side immunization event being held at the \*\*\*\*school parking lot on \*\*\*\*. Once registered for an appointment you can drive up and receive any immunizations you may be due. We are attempting to offer this service to allow easy and safe access to care. It is important to stay as healthy as we can this fall. All public-school children have required shots due as the enter the 7th grade, regardless of online or the in-person style of education. If choosing not to vaccinate the parent or guardian is required to provide a waiver that can be obtained through the health department.

We are offering this service as we have a strong partnership with our local school districts. We have a limited capacity, so call and register, as we will open registration up to the public soon. Call ***\*\*\**** for an appointment as soon as you can and reserve your spot.

Stay Healthy!

The staff at \*\*\*\*\* Teen Center

**CALL \*\*\*\*\***

**To Register for an appointment**

**For CURB-SIDE IMMUNIZATIONS**

 **Appendix B**

**Example of flyer**

LOGO of hospital or affiliate

**Curb-side immunizations**

 **Address of event**

**Date 9:30-2:30**

**Call for an Appointment!**

**Phone**

**Ages: 10-21 years of age**

**Appendix C**

**Example of press release**

Hospital Logo or affiliate

**Curbside vaccinations planned for ages 10-21 at \*\*\*\*\*\*\***

COVID-19 Screening questions, masks, hand sanitizer, temperature checks are done before all vaccinations given under an open tent in parking lot next to the teen clinic.

* There has been an interruption of care for chronic conditions and prevention care such as well-visits and immunizations with the COVID-19 Pandemic.
* Michigan has reported an overall 44.5% decrease in immunizations compared to the previous two years and adolescent immunizations for the same time frame were down 65.5%.

It is time to prepare for children to return to school. All children attending public schools must have school required immunizations regardless if schools have online or in person instruction.

To help get you prepared for school and be as healthy as possible in the fall \*\*\*\* will be hosting a curbside immunization event from 9:30-2:30 on (date). Which is located at (address). Call to register.

More than one child per vehicle is okay but you must call for your staggered appointment time.

**Appendix D**

**JOB-Aid for screening in pre-registration as well before entrance to event**

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?
* Do you have any of the following symptoms?
* Fever greater than 100F
* New flu-like symptoms like body aches
* New abnormal cough
* New shortness of breath
* New diarrhea?
* New loss of taste or smell in addition to the above?
* Have you traveled internationally in the last month?
* No entrance if positive to questions.
* Provide all with hand-sanitizer
* Provide masks if they present without one
* Temperature checks on all people in car
* Provide them with a pen, do not ask for it back
* If no allergies provide patient receiving immunizations juice and Nutri-grain bar

**Appendix E**

**Sample**

**Schedule for Immunization Event**

\*\*\* Place of event 9:30-2:30

Scheduled every 20 minutes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Time Slot  | Parent | Phone of Parent | Number of Children coming in one car | Name of Children | Date of Birth  | Registered in Epic |
| 0930 |  |  |  |  |  |  |
| 0930 |  |  |  |  |  |  |
| 0930 |  |  |  |  |  |  |
| 0930 |  |  |  |  |  |  |
| 0930 |  |  |  |  |  |  |
| 0930 |  |  |  |  |  |  |
| 0950 |  |  |  |  |  |  |
| 0950 |  |  |  |  |  |  |
| 0950 |  |  |  |  |  |  |
| 0950 |  |  |  |  |  |  |
| 0950 |  |  |  |  |  |  |
| 0950 |  |  |  |  |  |  |
| 10:10 |  |  |  |  |  |  |
| 10:10 |  |  |  |  |  |  |
| 10:10 |  |  |  |  |  |  |
| 10:10 |  |  |  |  |  |  |
| 10:10 |  |  |  |  |  |  |

**Appendix F**

**Example of MRN linking key to de-identify data**

Data Collection form

Linking Key

All surveys will be de-identified:

|  |  |
| --- | --- |
| Medical Record Number  | De-identified Number for Survey |
| ##### | 501RR |
| ##### | 502RR |
| ##### | 503RR |
| ##### | 504RR |
| ##### | 505RR |
| ##### | 506RR |
|  |  |

Appendix G

Parent/guardian survey

Curb-side immunization event

 Code:\_\_\_\_\_\_\_\_\_

1. Please answer each question as it will help us serve others in the future.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHECK (√) ONE ANSWER FOR EACH ITEM** | NOT AT ALL LIKELY | NOT LIKELY | LIKELY | VERY LIKELY |
| Did the precautions our team took help you feel more at ease? For example, outside air, under a tent, temperature checks, masks, and sanitizer? | □ | □ | □ | □ |
| Did you have concern about going inside your doctor’s office in these COVID 19 times? | □ | □ | □ | □ |
| Would you have delayed getting your child’s shots if this event was not possible? | □ | □ | □ | □ |
| Remembering that most parents of teens have taken their child to get shots before; when comparing, would you say this process was easy? | □ | □ | □ | □ |
| Remembering that most parents of teens have taken their child to get shots before; when comparing, would you say this process was safe? | □ | □ | □ | □ |
| Would you come again, or recommend this to someone if we offered this service again? | □ | □ | □ | □ |
| Did the staff make you feel welcome and answer all your questions?  | □ | □ | □ | □ |

Under these unusual COVID times many people may need additional assistance or resources. Please check if you need assistance to the following questions.

|  |  |  |
| --- | --- | --- |
| **Please check yes or no**  | YES | NO |
| Do you need resources to assist with transportation? | □ | □ |
| Do you need resources to assist with Gas bill? | □ | □ |
| Do you need resources to assist with water bill? | □ | □ |
| Do you need resources to assist with electric bill (DTE)? | □ | □ |
| Do you need resources to assist with shelter (housing)? | □ | □ |
| Do you need resources to assist with food? | □ | □ |
| Do you need resources to assist with signing up for Medicaid?  | □ | □ |

**Appendix H**

**Staff focus group questions**

**Curb-side immunizations**

* How was the overall process flow?
* What were the positives to the event?
* What were the challenges to the event?
* What did we not think about?
* How do you think participants responded?
* What message did we send out?
* Do you see this working in other areas of the hospital or for different events?

PDSA:

* What do we need to change in between events?
* Can we change?
* If not, why?

**Appendix I**

**Additional needs:**

Websites for job Aides

* The checklist of Best Practices for vaccination clinics created by the CDC will be completed and signed by the clinical lead ([**https://www.cdc.gov/flu/business/hosting-vaccination-clinic.htm**](https://www.cdc.gov/flu/business/hosting-vaccination-clinic.htm)
* Refusal to vaccinate

<http://www.aimtoolkit.org/docs/Refusal%20to%20Consent_to_Vaccinate_Child-Adolescent_1-9-19.pdf>

* screening questions for Immunizations

<https://www.immunize.org/catg.d/p4060.pdf>

Needed items at your Lab:

Clean and Dirty area - under a tent for temperature regulation

Follow Policy – laminated and out for reference

Job Aides

* Medical MANAGEMENT OF VACCINE REATIONS IN CHILDREN AND TEENS
* HOW TO ADMINISTER IM AND SQ INJECTIONS
* VACINE PREPARATION AND ADMINISTRATION SHEET
* MINDFUL MOMENT POSTER
* Checklist of Best Practice for Vaccinations
* Temperature monitoring
* Emergency Medical equipment and supplies

Needed items under the tent:

* Chair with small table
* Computer on wheels table (COW)
* Another table
	+ with tape, gloves sharp container, ice pack, yoga mat, tape gauze, PDI wipes, trash can.

References

Immunization and Infectious Diseases. (2020). Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

LARA: Outpatient Health Care Facilities- Ambulatory Care settings Safe Start Guidance;

https://www.michigan.gov/documents/lara/LARA\_Safe-Start\_Guidance\_Outpatient\_Health\_Care\_Facilities\_-\_Ambulatory\_Care\_Settings\_05-28-2020\_692225\_7.pdf

Roelofs, T., & French, R. (2020, July 8). Huge drop in Michigan vaccinations scares experts during coronavirus. *Bridge Michigan's nonpartisan, nonprofit news source*. Retrieved from <https://www.bridgemi.com/michigan-health-watch/huge-drop-michigan-vaccinations-scares-experts-during-coronavirus>

Steward, D. (2020). Advanced practice nursing leadership in the era of COVID-19. In [Video podcast]. Retrieved from https://nursing.gwu.edu/public-policy-dialogue