COVID-19 Vaccination Clinic Workflow 💉

Data & EMR Edition
Tips & Tricks

afhto association of family
health teams of ontario

PREPARING FOR YOUR VACCINATION CLINICS:
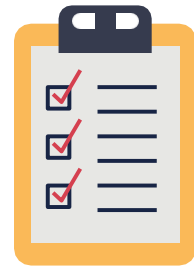
CoVax_{ON} Training:

- OntarioMD provides live and recorded COVax_{ON} Training for Primary Care Practices on a regular basis. More information can be found here.
- Keep a close eye on the OntarioMD website for up-to-date Job Aids for specific user profiles within the COVax_{ON} system. Job Aids are step-by-step instructions to help COVax_{ON} system users. They are role-specific and may be obtained by contacting COVaxON.Support@ontariomd.com. Please include the name of the Job Aid(s) you wish to receive, and copies will be emailed to you.
- Once the roles have been reviewed, please submit a user list to MOH for COVax_{ON} access.
- Complete two factor authentication and successful login to COVax_{ON}.
- It is recommended that you review the COVID-19 Vaccine-Relevant Information and Planning Resources found on the Ministry of Health website here.
- COVax_{ON} ITS Support can be reached 7:00am to 8:00pm, 7 days a week.
  - Phone 416-637-8672
  - Toll Free 1-888-333-0640
  - covaxonsupport@ontario.ca

Assigning a Superuser:

- The superuser can perform all functions in the COVax_{ON} system that other users cannot perform. Some functions include: update client records, dosage administrations, mass data client upload etc. To learn more about the COVax_{ON} user profiles, please refer to the OntarioMD COVID-19 Vaccination FAQ document.
- The superuser should familiarize themselves with the vaccination clinical workflows from check-in to checkout. Where possible, team members should look for an opportunity to shadow superusers at a mass vaccination clinic prior to their first vaccination event.
- The superuser should read through the job aids at least a few days prior to the vaccination event. The job aids can be obtained via email (COVaxON.support@ontariomd.com).
- Most teams have assigned the superuser role to a QIDSS.

Creating Patient Lists

- eHealth Centre of Excellence has developed [searches](#) (for Telus PSS, Accuro and OSCAR) which aim to equip primary care with EMR resources which will enable them to identify and prioritize ambulatory patients from within their roster who are in greatest need of the COVID-19 vaccination according to the [Phase Two Vaccine roll-out plan](#) announced by the Ministry of Health. Likewise, [OntarioMD](#) has also developed a series of queries to identify at risk patients for the following EMRs: Telus PSS, Accuro, OSCAR and ABELMed.
- Within the eHealth Centre of Excellence [Community Portal](#), you will find a query developed by Dr. Mario Elia, that will help primary care providers to quickly identify patients in hot spot communities who are now eligible for the COVID-19 vaccine by postal code.
- Teams are using these queries to create a list of patients that they could contact.

Example Workflow

1. Run [EMR queries](#) to create a list of at-risk patients.

2. Contacting Patients

- Phone calls:
  - Once a list of patients has been generated a team member can call them. When the patient has booked an appointment for the vaccination, this should be reflected in the EMR schedule.
  - **TIP:** Many teams are using this opportunity to update their records on file and collecting email addresses!

- Online Booking System:
  - Once a list of patients is identified, an email blast is sent out to them to book an appointment to be vaccinated. The online booking system is integrated with the EMR schedule.
  - **Please note:** This approach has worked for a few teams; however, many teams have opted out of this approach due to the time range being too long for the appointment booking. For most vaccination clinics the appointment time should be 5 minutes; however, many systems do not allow this for multiple providers simultaneously.

- Emailing Resources:
  - Some clinics emailed the patients booked for COVID-19 vaccine appointments some resources prior such as FAQs.

3. Uploading Patient Data into COVax_{ON}:
- After booking vaccination appointments, teams are uploading the list of patients to COVax_{ON}. Most QIDSS have identified that when there are fewer than 100 patients, a mini upload is preferred over a mass upload.
  - Mini Upload (fewer than 100 patients)
    - When the appointment is being booked with patients, the superuser uploaded the patient information into COVax_{ON}.
  - Mass Upload (100 or more patients)
    - Contact Public Health (PublicHealthSolutions@Ontario.ca) and/or OntarioMD (COVaxON.Support@ontariomd.com) for the mass upload excel spreadsheet templates.
    - Run a special search within your EMR to gather the relevant patient data for all patients booked into a specific vaccine clinic.
    - Copy and paste all fields into COVax_{ON} CLIENTS_LOAD_TEMPLATE spreadsheet to validate the fields, then upload into COVax_{ON} template under your clinic's vaccine event. Detailed steps can be found [here.](#)
      - **Please note:** COVax_{ON} will reject patients if the data entered is in an incorrect format. You will be able to review the errors from the error file that will be attached to the upload. Please also check duplicate patients as a patient will be outputted as a duplicate if the name is the same despite different health card numbers and/or birth date. Please allow ample time for this process as it may take a couple hours especially for larger clinics.

4. Create a standby list
- In case of any appointment cancellations/no shows, create a list of patients that you can call to book in appointments.

Prior to the First Vaccination Event:

- Some clinics also started with a soft launch where the first vaccination event was a smaller number of patients.
- All users should be assigned COVax_{ON} system roles, which should be tested in terms of workflow and logins. For example, if a checkout user is also assigned as an inventory manager within checkout, they will not be able to do both roles. In some situations, team members with many roles were assigned superusers or given multiple logins.
- All users should familiarize themselves with COVax_{ON} through the test environment. They should also use this opportunity to see if all features work.
- On the first day of your vaccination event, team members should come a little earlier to test login and user profiles as multiple teams have reported that this has been a challenge.
- At the start of the vaccination day, activate the lot number of the vaccination shipment only, to avoid any inventory mistakes.

Questions to Ask your Public Health Unit:

- Contact information for live support.
- Whether they can connect you with a nearby Mass Vaccination Clinic to shadow?
- Who will be responsible for the inventory management? What does the workflow for reporting the inventory look like? What is the vaccination lot number?
- How should consent be documented?

COVID-19 VACCINATION EVENT WORKFLOWS:

Obtaining Consent Tips & Tricks:

- Online:
    - Teams that opened online booking, sent via email to patients with links to consent forms and screening forms through OCEAN.
    - Upon administering the vaccine, the primary care provider also obtained consent verbally.
    - Some clinics also laminated the consent form and had it posted at the check-in area.
- Paper:
    - Patients were sent the consent form via email or it was posted on the clinic's website to print out and fill and bring to the vaccination clinic.
    - If patients did not have access to a computer or printer, the clinics provided the consent form.
- Verbal
    - Verbal consent was used in addition to online or paper consent to review consent prior to administering the vaccine.

Vaccine Prep Tips & Tricks:

- In most cases, the vaccines were picked up from Public Health 1.5 hours prior to the vaccination clinic opening.
    - **Please Note:** Defrosting time depends on the vaccine. Clinics are recommended to check in with Public Health for time and temperature instructions. More information can be found here.
- Most clinics had 2 staff prepping needles from 8am – 2pm (for clinics operating from 9-5pm).

Drive Thru Vaccination Clinic Workflow Example

A/ Entrance/ Check in = 1 volunteer with paper list, can share canopy with Exit person

B/ Registration = 3 people and 3 laptops - may need battery power to be on drivers side window (we are working on this), will need canopy if raining

C/ Vaccination - 2-4 people and laptops - power available under the canopy

D/ Waiting and traffic = 2 volunteers, no canopy, no laptops

E/ Exit - 1-2 people and laptops, will need battery power and canopy if raining

F/ vaccine assembly area in hallway

G/ Cafe Covid - socially distanced lunch area in Gym , also location of rest area/ washrooms

Example of a Drive Thru Vaccination Clinic Layout in a Parking Lot led by Upper Grand FHT

Team Member Roles:

Location/Role	# of Staff	Materials
Entrance: Check-in	1	Paper list, canopy (can be shared with exit in this case)
Registration	3	3 laptops, power, canopy (if raining)
Vaccination	2-4	3 laptops, power, canopy
Waiting area	2	
Exit	1-2	Laptop, battery, canopy (if raining)
Floater	1	

On-Site Check-In:

- Prior to their vaccine appointments, patients were sent their consent and screening forms via OCEAN. At the entrance, the screening and consent forms were laminated and posted for patients' review.
  - If patients asked to review the consent form, the laminated version was handed to them and then sanitized afterwards.
- After the patient's check-in, a sticky note system was used:
  - Red Sticky Note: This was used to indicate to the primary care provider that a consent form has not been completed.
  - Yellow Sticky Note: Along with the consent form, a screening form was sent out to patients to complete via OCEAN. If the forms indicated any pre-existing conditions, then the patient is handed a yellow sticky note to indicate to the primary care provider to review these conditions prior to administering the vaccine.
  - Green Sticky Note: If the consent form and screening form were completed and no pre-existing conditions were identified, patients were given a green sticky note.
- Many clinics didn't ask for the health card but rather asked the patient to hold up the health card to the plexiglass to avoid sanitization steps.
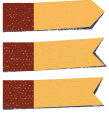
Administering the Vaccines:

- The patient drove up to the primary care provider to receive their vaccine, where verbal consent was obtained as well.
- After the patient has been vaccinated documentation can take place in the following forms:
  - The primary care provider gives the sticky note to a scribe to document within the EMR and COVax$_{ON}$.
  - The primary care provider has a radio system set up through which they can communicate with a scribe.
  - The primary care provider documents within the EMR and COVax$_{ON}$. However, within a drive-thrusetting this is not feasible due to the time constraints.

Patient Monitoring & Check Out:

- Patients drove up to the waiting area allotted parking spots.
- EMS team members monitored patients waiting at check out.
- After the 15-minute waiting time, patients drove out of the vaccination clinic.
- Vaccination receipts were emailed to patients.

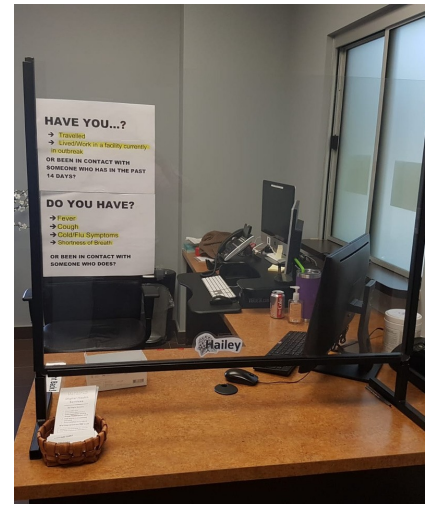# Vaccination Clinic Workflow Example

Larger Space Example:

A

B

C

D

E

Example of an in-clinic vaccination, in a larger space led by Windsor FHT. A. Exit door of the vaccination clinic. B. Hallway to check-in C. Check in for the Vaccination Clinic D. Hallway within Vaccination Clinic E. Vaccination Area

Team Member Roles:

Role	# of Staff	Duties
Screeners	2	Check in patients at the entrance.
Runners/Observers	4	Observers accompany the primary care provider to monitor patients for any adverse reactions.
Vaccine Prep	1	Check in patients at the entrance.
Vaccinators	4	Primary Care Providers administering vaccines.

On-site Check-In:

- The check-in workflow can vary depending on the clinic layout:
  - Example 1: Patients check in from a back door designated for the COVID-19 vaccine, to ensure one-way flow. Patients come to the receptionist in the main vaccination area to do the check-in within the EMR and COVax$_{ON}$ check-in.
  - Example 2: Patients come to the reception area to check in from where a screener takes the patient to an examination room directly.
- Many clinics didn't ask for the health card but rather asked the patient to hold up the health card to the plexiglass to avoid sanitization steps.

Administering the Vaccine:

- The primary care provider vaccinates the patient and then records the vaccination within the EMR and COVax$_{ON}$. In some cases, there is a scribe as well to help support with the documentation piece.

Patient Monitoring & Check Out:

- The patient monitoring varies depending on the layout of a clinic. Here are some examples:
  - Patients are directed to the waiting area, where they are monitored by the screeners for 15 minutes before they leave.
  - Patients stay within the examination room, being monitored by an observer for 15 minutes and then leave the clinic.
- The room is then sanitized and prepped for the next patient.
- Some clinics provided a sticky note with the time the dose was administered to track the 15 minutes at checkout.

Limited Space Example:

- A flow is set up in the hallway of the clinic where the patient goes down the hall, first being checked in, administered the dose and then at the end of hallway there are 3 chairs for the waiting area. This means that 3 vaccines are given every 15 minutes.

Home Visits Example:

- Some clinics have identified patients that are homebound via queries and they have arranged home visits with them to vaccinate. Another option that clinics have offered is adding the homebound patients to a standby list through which they will be given a vaccine on days where there are extra doses.

ADDITIONAL TIPS & TRICKS:

Schedule Management:
- When booking patients for vaccination clinics, book the appointments into separate primary care provider schedules.

Pre-existing Conditions:
- Clinics provided screening forms to be completed online prior to vaccinations so that the patients could be flagged upon check-in.

Quality Assurance:
- Depending on where your vaccination clinics are located, multiple factors should be considered such as temperature, light sensitivity, etc. Please check in with your local Public Health Units for further guidance.

Inventory Management:
- Assigning a team member for inventory management is necessary to avoid any mix ups and duplicate efforts at the end of the day.
- Keep tracking of any dropped vaccines, extra doses to keep track of the inventory within the COVax$_{ON}$ system. This should be updated within the COVax$_{ON}$ system duringthe day to avoid the live event from closing off.
- Keep track of the inventory on paper as well as a backup documentation in case of any errors.

Drive-Thru Vaccination Clinic Waiting Area:
- Set up a barrier around the waiting area so that cars don't drive out before their monitoring period.

No Consent for Documentation:
- Sometimes patients consent for the vaccine, but they don't consent for the data collection. So, this information isn't added into COVax$_{ON}$ but it is documented within theEMR. However, a written tally of this vaccine should be kept for inventory management.

Reconciling:
- There are some report templates available within COVax$_{ON}$ that the superuser hasaccess to. These could be used to reconcile any data.

Printing Vaccination Receipts:
- Some clinics that do not have the emails for patients are printing out vaccination receipts. However, patients should be advised to take a picture of the receipt as sometimes the ink does fade away.

Technology Compatibility:
- If clinics are using tablets to document vaccines, within Chrome the browser should be changed to desktop view to be compatible with COVax$_{ON}$.
- For Apple iPad, COVax$_{ON}$ is only compatible in Safari.
- Please note, prior to buying any new tablets a good tip is to check if the tablets are compatible with COVax$_{ON}$ and thermal printers (if printing out vaccination receipts).

ADDITIONAL RESOURCES:

COVax_{ON}:

- Job Aids – Provided by the Public Health Unit
- If you have any COVax_{ON} issues, you can reach out to the Ministry's COVax_{ON} Support viaTeams (drop-in session) linked below or call their help line:
  - Click here to join the meeting
  - Please direct all phone inquiries to: 1-866-272-2794 or (416) 327-3512 (GTA)
- Tips and Things to Note Document by Public Health

eHealth Centre of Excellence:

- At risk patient queries
- Contact info: EMRtools@ehealthce.ca

OntarioMD:

- COVax_{ON} Training for Primary Care Practices for Clinical Workflow and End to End Training with mass uploading process, preparing a site for vaccination date, job aids, forms and much more!
- Queries, Excel spreadsheet templates, point of care guidance and best practices for each EMR and much more!
- Contact info: COVaxON.Support@ontariomd.com

Ontario Health (Quality):

- Primary Care Vaccination QI Support CoP

Quality Improvement in Primary Care Council:

- EMR Documentation of Vaccines:
  - OSCAR – Example Script:
    - This patient presented at the XXX Vaccine clinic today to receive their first dose of AstraZeneca COVID-19 vaccine. Their questions were answered, and informed consent was obtained. AstraZeneca vaccine was administered - 0.5 mL IM R right/left deltoid without complications. Lot number and expiry date noted as above in Preventions. The patient will be monitored for 15-30 minutes per NACI guidelines and if stable, will be discharged from the clinic thereafter. No information was given regarding second dose appointment as this is not known at the time of vaccine administration.
  - Telus PS:
    - The AZCOVIDVaccineAdministered stamp is used by clinics documenting the vaccine administration in the Immunizations section of Telus PS.
    - The AZ stamp is used by clinics where they chose to only use the stamp to document in the EMR and not having to enter the lot # and expiry for every patient in the Immunizations section of the profile, since all that information is recorded in COVax_{ON}
- Mass Upload into COVax_{ON} Tips & Tricks Sheet

Primary Care and Public Health Collaboration Meeting:

- Primary Care's Role in COVID-19 Vaccination

We Want to Hear from You!
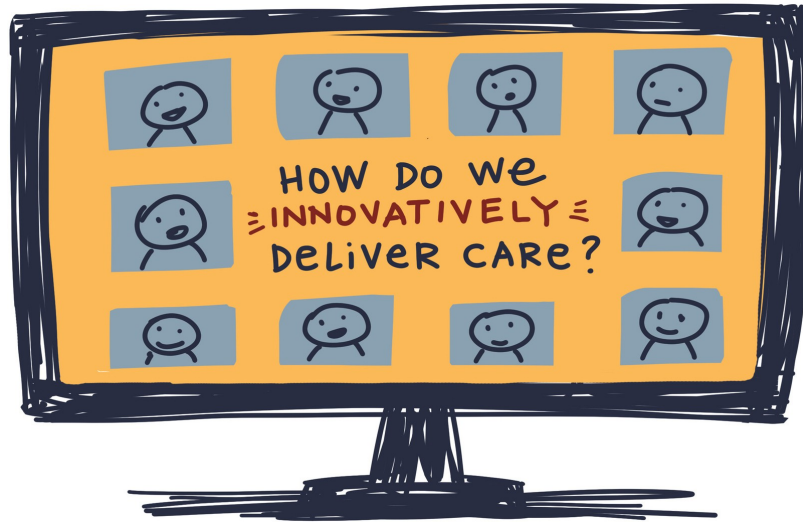
News is that COVID-19 has been rapidly evolving- and so are your teams!

AFHTO is committed to advocating for your teams by amplifying stories of your team's efforts, pandemic or not. Tell us what your team is doing to continue providing care to your patients, whether it's:

- COVID-19 vaccination efforts by your team
- Adaptations to your Programs or clinic services
- New programs emerging from newly recognized health care or social care demands
- Stories of collaboration with other organizations or the community or anyother initiatives your team is proud of- we want to hear from you.

Submit your COVID-19 stories & photos here, OR tag us on Facebook or Twitter @afhto