Thank you for joining

The presentation will begin shortly
Rise to Immunize™
Monthly Webinar

Setting Up Your Clinic for Success: A Patient Safety Program
Jeanette Holtmeyer, RN, MSN, CIC and Cynthia Hernandez, RHIA; Mercy Clinic
East Communities
Today’s Webinar

Campaign Updates
- Pneumococcal Vaccination Collaborative
- Annual Conference 2023
- RIZE Meet & Greet Breakfast
- Bonus Webinar

Setting Up Your Clinic for Success: A Patient Safety Program
- Jeanette Holtmeyer, RN, MSN, CIC
- Cynthia Hernandez, RHIA

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of 02/20

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → “Resources” → “Webinars”)

Ask questions during the webinar using the Q&A feature

- Questions will be answered at the end of the presentation
Pneumococcal Vaccination Collaborative
RIZE Meet & Greet Breakfast @ AC23

Thurs., March 30
6:45 - 7:45am CT
Randolph 1AB room

Join us and get a limited-edition RIZE power bank!
Bonus Webinar: Save the Date!

Held during World Immunization Week

Topic & Speaker TBA
Thurs., April 27
2-3pm ET
Today’s Speakers

Jeanette Holtmeyer, RN, MSN, CIC
Director of Quality and Safety, Mercy Clinic East Communities

Cynthia Hernandez, RHIA
Sr. Patient Safety Specialist, Mercy Clinic East Communities
Setting Up Your Clinic for Success:

A Patient Safety Program for Immunizations

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service
Across 4 states
2,300+ primary care and specialty physicians and
600 advanced practitioners and supporting staff

7th Largest Catholic Health Care System in the U.S.

$242 million Traditional Charity Care

Across 4 states
2,300+ primary care and specialty physicians and
600 advanced practitioners and supporting staff

900+ Facilities
Physician practices/ Outpatient

40,000+ Coworkers

Mercy has the largest clinic footprint in the U. S.
Mercy East Community – Greater St. Louis Area

Over 100 miles, 469 clinics

2 States, 19 Counties

10+ Year Clinic Safety Program

85% increase in clinics over 10 years
Vaccinations Administered

Current FY

546,048
How to Properly set up Vaccines in a Clinic Setting

- Proper Storage and Handling
- Education and Training
- Proper Administration
- How to order/charge
- Patient Engagement
- Protocols/Documentation – EMR driven
- Safety Processes
- Refrigerator Temperature Excursions
- Continuous Journey
Location: Getting it right from the start

Clean
- Medications
- Vaccine draw area
- Vaccine Storage
- Bandages & Wound care supplies
- Needles & sharps

Dirty
- Urine
- Blood
- Sink
- Under sink
- Lab testing (strep)

Dirty makes it all dirty

Top to bottom must be designated clean space
Equipment

Purpose built or pharmaceutical grade units

- Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances.
- To fully ensure the safety of vaccines, equipment should include a recommended unit with enough space to accommodate your maximum inventory without crowding.

- Medication barcode scanner
- Alarm that calls office representative
- Data logger (certified, calibrated)
Supply considerations

EpiPens: 2 Doses for each population (adult & pediatric)

Safety needles

Soap and hand sanitizer

Lockable and mounted biohazard sharps container

Lockable cabinets or drawers
Hand hygiene

Clean hands save lives.
Clean in, clean out... every time.

WASH YOUR HANDS
GERMS ARE BAAAAAAD

Mercy
Your life is our life's work.
mercy.net
Storage and Handling

- Store each type of vaccine or diluent in its original packaging and in a separate container or basket.
- Position vaccines and diluents 2 to 3 inches from the unit walls, ceiling, floor, and door.
- Label shelves and containers
- Store vaccines and diluents with similar packaging or names on different shelves
- Separate pediatric and adult vaccines on different shelves
- Whenever possible, store diluent with the corresponding refrigerated vaccine. Never store diluent in a freezer.
- Arrange vaccines and diluents in rows and allow space between them to promote air circulation.
- Place vaccines and diluents with the earliest expiration dates in front of those with later expiration dates
- Avoid placing or storing any items other than vaccines, diluents, and water bottles inside storage units

The vaccine coordinator (or other designated person) should rotate vaccine and diluent stock at least once a week, as well as each time your facility receives a vaccine delivery. This will ensure that vaccines expiring sooner are used first.
Would you feel safe using this pharmacy?

Disorganized medication storage can lead to patients receiving:
• Wrong drug
• Wrong dose
• Wrong dose form
• Wrong strength/concentration
• Another patient’s medication
• Expired medication
• Deteriorated medication
Labeling is vital to patient safety

**DTaP-IPV-Hib (Pentacel)**

<table>
<thead>
<tr>
<th>Age:</th>
<th>6 weeks through 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use for:</td>
<td>DTaP and IPV: Doses #1, #2, #3, and/or #4</td>
</tr>
<tr>
<td>Route:</td>
<td>Intramuscular (IM) injection</td>
</tr>
<tr>
<td></td>
<td>Reconstitute Hib powder ONLY with manufacturer-supplied DTaP-IPV liquid diluent</td>
</tr>
<tr>
<td></td>
<td>Use immediately after reconstitution</td>
</tr>
<tr>
<td></td>
<td>Do NOT administer DTaP-IPV w/o Hib</td>
</tr>
</tbody>
</table>

**HepA-HepB (Twinrix)**

<table>
<thead>
<tr>
<th>Age:</th>
<th>18 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contains:</td>
<td>HepA = Pediatric dosage</td>
</tr>
<tr>
<td></td>
<td>HepB = Adult dosage</td>
</tr>
<tr>
<td>Schedule:</td>
<td>0, 1, and 6 months</td>
</tr>
<tr>
<td>Alternate Schedule:</td>
<td>0, 7, and 21 to 30 days, followed by booster at 12 months</td>
</tr>
<tr>
<td>Route:</td>
<td>Intramuscular (IM) injection</td>
</tr>
</tbody>
</table>

**VAR (Varivax)**

<table>
<thead>
<tr>
<th>Lyophilized VAR component</th>
<th>Manufacturer’s sterile water diluent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beyond Use Time:</strong> Discard reconstituted vaccine if not used within 30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

Staff can easily become confused about vaccines within the storage unit because there are so many brands and formulations available.

Labeling the area where vaccines are stored can help staff quickly locate and choose the correct vaccine.

**Vaccine Label Examples (cdc.gov)**

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*Image source: CDC*
Label shelves and containers to easily identify where each type of vaccine and diluent is stored.

Store vaccines and diluents with similar packaging or names on different shelves.

Pediatric and adult formulations on different shelves.

Expiration Dates

The vaccine coordinator (or other designated person) should remove expired vaccine and diluent immediately from the inventory.
Are your medications

? Organized
? Adult and Ped separated
? Clearly labeled
? Earliest expiration in front
? Checked for expiration
? Properly stored
? Sound alike/look alike separated
? Stored in Clean space
? Not overly crowded in refrigerator
? Temperature monitored

Safe by choice, Not by chance
How to Properly set up Vaccines in a Clinic Setting

Proper Storage and Handling

Education and Training

Proper Administration

How to order/charge

Patient Engagement

Protocols/Documentation – EMR driven

Safety Processes

Refrigerator Temperature Excursions

Continuous Journey
Education

Orientation
Onboarding education
Preceptor
Online training
  • Mandatory
  • Available for self-assignment
  • QR code attached
Bi-annual conferences
  • Attended by office representative and shared with staff
Onsite rounding
As needed

Helpful tips
Offer through multiple means
Share and reference with all
Reinforce
Always include the “Why”
How to Properly set up Vaccines in a Clinic Setting

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Continuous Journey
Reducing Medication Errors

- Decrease distractions
- Don’t be afraid to ask for help/ask questions
- Minimize the use of verbal orders
- Reconcile the patient’s medications
- Provide patient teaching/education
- Follow the 10 Rights of Medication Administration
Vaccine Information Statements

You Must Provide Patients with Vaccine Information Statements (VISs) – It’s Federal Law!

Federal law requires that VISs must be used for patients of ALL ages when administering these vaccines:

- DTaP (includes DT)
- MMR and MMRV
- Td and Tdap
- meningococcal (MenACWY, MenB)
- hepatitis A
- pneumococcal conjugate
- hepatitis B
- polio
- Hib
- rotavirus
- HPV
- varicella (chickenpox)
- influenza (inactivated and live, intranasal)

What are Vaccine Information Statements (VISs)?

Vaccine Information Statements (VISs) are documents produced by the Centers for Disease Control and Prevention (CDC), in consultation with panels of experts and parents, to properly inform vaccinees (or their parents/legal representatives) about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should address any questions or concerns that the vaccinee (or parent/legal representative) may have.

VISs can be given to patients in a variety of ways. In most medical settings, VISs are provided to patients (or their parents/legal representatives) in paper form. However, VISs also may be provided using electronic media. Regardless of the format used, the goal is to provide a current VIS just prior to vaccination.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dates of Current VISs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus</td>
<td>1/8/20</td>
</tr>
<tr>
<td>Anthrax</td>
<td>1/8/20</td>
</tr>
<tr>
<td>Cholera</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Dengue</td>
<td>12/17/21</td>
</tr>
<tr>
<td>DTaP</td>
<td>8/6/21</td>
</tr>
<tr>
<td>Ebola</td>
<td>6/30/22</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>10/15/21</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>10/15/21</td>
</tr>
<tr>
<td>Hib</td>
<td>8/6/21</td>
</tr>
<tr>
<td>HPV</td>
<td>8/6/21</td>
</tr>
<tr>
<td>Influenza</td>
<td>8/6/21</td>
</tr>
<tr>
<td>J. oncoph.</td>
<td>8/15/19</td>
</tr>
<tr>
<td>MenACWY</td>
<td>8/6/21</td>
</tr>
<tr>
<td>MenB</td>
<td>8/6/21</td>
</tr>
<tr>
<td>MMR</td>
<td>8/6/21</td>
</tr>
<tr>
<td>MMRV</td>
<td>8/6/21</td>
</tr>
<tr>
<td>Multi-vaccine</td>
<td>10/15/21</td>
</tr>
<tr>
<td>PCV</td>
<td>2/4/22</td>
</tr>
<tr>
<td>PPSV</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Polio</td>
<td>8/6/21</td>
</tr>
<tr>
<td>Rables</td>
<td>6/2/22</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>10/15/21</td>
</tr>
<tr>
<td>Smallpox/monkeypox</td>
<td>11/14/22</td>
</tr>
<tr>
<td>Typhoid</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Varicella</td>
<td>8/6/21</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>4/1/20</td>
</tr>
<tr>
<td>Zoster</td>
<td>2/4/22</td>
</tr>
</tbody>
</table>
One needle, One syringe, One Time
One and Only Campaign

- Information and Posters available
Can vaccines be pre-drawn?

**Draw up vaccines only at the time of administration.**
- The practice of prefilling syringes is discouraged for several reasons. However, there may be rare instances when the only option is to pre-draw vaccine.

**If vaccines must be pre-drawn, adhere to the following best practices:**
- Set up a separate administration station for each vaccine type
- Draw up vaccines only after arriving at the clinic site or mass vaccination event. Drawing up doses days or even hours before administering them is not a best practice because general-use syringes are not designed for storage.
- Each person administering vaccines should draw up no more than one MDV or 10 doses at one time.
- Once each pre-drawn dose is prepared, label the syringe with the vaccine name and dosage, the beyond-use date and time, lot number, and the preparer’s initials.
- Monitor patient flow to avoid drawing up unnecessary doses.
- Pre-draw reconstituted vaccine into a syringe only when you are ready to administer it. If a pre-drawn vaccine is not used within 30 minutes of being reconstituted, follow manufacturer guidance for storage conditions and time limits.
- Pre-drawn syringes must be stored at the manufacturer-recommended temperatures throughout the clinic day.
- Discard any remaining vaccine in pre-drawn syringes at the end of the workday. Never transfer pre-drawn reconstituted vaccine back into a vial for storage.

*As an alternative to pre-drawing vaccines, use manufacturer-filled syringes for large vaccination clinics.*
Prepare vaccines in a designated area away from any space where potentially contaminated items are placed.

*Only prepare vaccines when you are ready to administer them.*

Before preparing the vaccine, always check the:
— Vial to ensure it is the correct vaccine
— Expiration date or beyond-use date/time to ensure it has not passed
— Label the syringe if not prelabeled
— Confirm that you have selected the correct vaccine.
— Only administer vaccines you have prepared.

- This is a quality control and patient safety issue and a best practice standard of medication administration.
Preparing for an Injection

- Verify orders
- Assess patient allergies
- Perform hand hygiene
- Verify correct patient, drug, dose, route, time
- Assist the patient to a comfortable position
- Select site and clean with alcohol swab
- **Do not blow or fan the clean area!**
Adverse reactions

Potential for Adverse effects/
Allergic reactions to immunizations

➢ Clinics should only stock EpiPens or EpiPens Jr.
  ➢ Safer due to no dosing or filter needle

➢ 2 doses per patient type (Ex. Family med offices should have 2 adult and 2 junior)

➢ VAERS: Vaccine Adverse Event Reporting System
  ➢ Reporting system for adverse events (possible side effects) after a person has received a vaccination
  ➢ Vaccine Adverse Event Reporting System (VAERS) (hhs.gov)
Culture of Safety

Event reporting helps improve patient and coworker safety

Gives us the opportunity to:
- Address concerns
- Review, update, and strengthen processes
- Prevent similar events from occurring
- Provide education
- Trend issues
- Identify successes

Examples of events related to vaccination:
- Wrong drug
- Wrong dose

Events to discuss:
- Syncopal events
- Multiple patients in room
Supportive Program Recommendations

Safety Champions
Standardized education
Standardized tools
Huddle topics
Onsite safety rounding
Standardized Tools

Types:
- Clinical bulletins
- Clings
- Huddle topics
- Step by step guides with pictures

Tips:
- Consistent naming
- Consistent layout
- Quick reference content
- Interactive
- Relatable examples
How to Properly set up Vaccines in a Clinic Setting

Proper Storage and Handling

Education and Training

Proper Administration

How to order/charge

Patient Engagement

Protocols/Documentation – EMR driven

Safety Processes

Refrigerator Temperature Excursions

Continuous Journey
How to Order & Charge for your Vaccines?

• Direct from Mercy Outpatient Pharmacy
• Sanofi Pasteur - Order your vaccines easily with us | Sanofi Pasteur

Charging Electronic Medical Record

***Correct NDC Numbers in EMR for Crosswalk

Influenza Vaccines for 2022-2023

<table>
<thead>
<tr>
<th>NDC</th>
<th>Age</th>
<th>Procedure to Order</th>
<th>Brand Name</th>
<th>Dose and source</th>
<th>CPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>48201</td>
<td>12-18</td>
<td>IMM3057 - Influenza Vaccine High Dose Quadrivalent 65 yr up PF 8M</td>
<td>FluZone High Dose Quad</td>
<td>0.7 mL SYRINGE x 1</td>
<td>90662</td>
</tr>
</tbody>
</table>

• Use the inner (syringe/vial) NDCs and not the outer NDCs (box/carton)

➤ Charges for Correct vaccine and administration fee is dropped once the vaccine is documented.

• Pfizer Vaccine Site (pfizer.com)
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Continuous Journey
Patient Engagement

- Care Signal - Text Messages Reminders
- MyMercy Reminders
- Mercy. Net

Office Visit – Provider Recommends
“These are immunizations for today”

- Drive Thru Flu Vaccine Clinics in the Fall all regions
- Radio/TV with Mercy providers recommending vaccines
- 36- Mercy Outpatient Pharmacies - walk-ins welcomed

Mercy Facebook Page

We get it — most people are tired of talking about COVID-19. However, with holiday gatherings and a wave of influenza and RSV, now is the time to make sure you’re protected from the so-called “tripledemic.”

Find out more via CBS at http://ow.ly/OR650McWmp then schedule your shot at http://ow.ly/1BU850McWmq
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Continuous Journey
• Immunization High Level Build

Complex Build - Multiple Pieces of Build Involving Multiple Teams. Ambulatory, Willow, Professional Billing, HIM and Interfaces.
“Snapshot” EPIC – Check this first upon entering EPIC chart to ensure accuracy of Immunization prompts.

Click **ORANGE** link and immunizations from Missouri Immunization Registry Auto drops into Historical Field of EPIC

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### Immunizations/Injections

- **Immunizations from outside sources need reconciliation.**

(MODERNA)(12 YRS UP PRIMARY SERIES) COVID-19 VACCINE - EMERGENCY USE AUTHORIZATION, MRNA-1273(PF) 100 MCG/0.5 ML IM SUSP  11/23/2021

(PFIZER BIVALENT)(12 YR UP BOOSTER) COVID-19 VACCINE - EMERGENCY USE AUTHORIZATION, MRNA, LNP-S(PF) 30 MCG/0.3 ML SUSP  9/23/2022

(PFIZER TRIS)(12 YR UP PRIMARY SERIES) COVID-19 VACCINE - EMERGENCY USE AUTHORIZATION, MRNA, TRIS(PF) 30 MCG/0.3 ML IM SUSP  4/29/2022

(PFIZER)(12 YR UP) COVID-19 VACCINE - EMERGENCY USE AUTHORIZATION, MRNA, BNT162B2(PF) 30 MCG/0.3 ML IM SUSP  4/13/2021, 3/21/2021

INFLUENZA VACCINE QUADRIVALENT 6 MOS UP IM  5/13/2021

Influenza Seasonal Unspecified Formulation IM  10/13/2021, 11/1/2019

Zoster Recomb Adjuv 50+ Pf Im  5/13/2021

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Health Maintenance

• Due dates for upcoming and overdue doses appear in the Health Maintenance activity and in SnapShot reports so that clinicians can easily identify patients who are due for immunizations.
Standard Orders are embedded into Encounter Guide (EPIC)

- Immunization Schedule built into Encounter Guide
**Immunizations**

When addressing a gap in care, such as Immunizations, you can click on Open SmartSet.
Contraindication

If a contraindication or patient is on an alternative vaccine schedule, which needs to be added to a problem list, click on drop down arrow on Add Problem button to pick from a pre-set list of problems relevant to that measure.

Continued on next page.

If an allergy needs to be added to the patient's chart, click drop down arrow on Add Allergy button to pick from a pre-set list of allergies relevant to that measure. You will need to specify a reaction.

To document a patient refusal, click on the link in the BPA. It will open the form to print and sign.
Refusal of Vaccine

Refusal to Vaccinate

Child’s Name ___________________________ Child’s ID ___________________________
Parent/Guardian’s Name ___________________________

My child’s doctor/nurse ___________________________ has advised me that my child (named above) should receive the following vaccine:

- [ ] Hepatitis A vaccine
- [ ] Hepatitis B vaccine
- [ ] Influenza (Flu) vaccine
- [ ] Meningococcal vaccine
- [ ] Mumps vaccine
- [ ] Poliovirus vaccine
- [ ] Rotavirus vaccine
- [ ] Varicella vaccine

- [ ] Recommended
- [ ] Declined

- That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.
- If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:
  - Contracting the illness (the vaccine is designed to prevent)
  - The outcomes of those illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and death; other severe and permanent affects from those vaccine-preventable diseases are possible as well.
  - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school

Postpone

HEP A VACCINE AAP Immunization Refusal Form

Open SmartSet Add Problem Add Allergy Postpone IMM HX
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Continuous Journey
New Vaccine – Examples -PCV 20, COVID Pediatrics dosing

Need to Educate Providers/Managers
New vaccine available

Quality, Safety, Value committee for providers
Provider Newsletter
Will send out communication when available to providers and managers

EPIC

Work with Vaccine manager for Mercy – availability
*** Notify managers ability to order the vaccine
NDC Crosswalk for EPIC built for charging
Encounter Guide Build

Important to follow correct sequence

1) Availability
2) EPIC build – NDC, Encounter Guide
3) Ordering for clinics
4) Administration
Benefits of 2–D Bar Code Scanning and EMR Decision Support

1) Match Vaccine Order to:
   A. Patient characteristics
      1) Patient’s age
      2) Patient’s allergies
      3) Patients’ immunization history
   B. Current ACIP/AAP vaccine recommendations

2) Input and document critical information
   A. NDC
   B. Lot Number
   C. …etc.

3) Check that correct patient is getting the correct ordered vaccination.
   • (When patient checks in receives a patient identifier that is scanned prior to vaccine administration?)

4) Identify outdated or expired product

5) Inventory control
   A. Just in time ordering
   B. Decrease vaccine inventory (less risk of loss)

6) VFC stock management
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Refrigerator Temperature Excursions

Continuous Journey
Can you tell the difference?

Properly stored vaccine
Full potency

Improperly stored vaccine
Diminished potency
Handling Temperature Excursion

- Possible Alternative Sites
  - Pharmacies (even not affiliated pharmacies)
  - Ambulance Districts
  - Hospital Pharmacies
  - Other nearby clinics

**DO NOT BRING VACCINES HOME TO YOUR REFRIGERATOR!**

Do Not Discard Vaccines prior to calling Manufacturer!
CHECKLIST FOR EMERGENCY VACCINE STORAGE, HANDLING, AND TRANSPORT

All contact information in Checklist for General Information as well as up-to-date contact information for:

Alternative vaccine storage facility (one or more)

Transportation of vaccines » Vaccine storage unit specifications (type, brand, model number, serial #)

Diagram of facility showing important elements, including doors, flashlights, packing materials, batteries, circuit breakers

Keep a copy of emergency SOPs with emergency supplies and at multiple off-site locations such as homes of vaccine coordinator and alternate coordinator and with building manager, security staff, and alternative storage facility.

» Protocols for:

- Monitoring vaccines during a power outage
- Packing vaccines and diluents for emergency transport
- Transporting vaccines to and from an alternative vaccine storage facility
- Assessing whether vaccine can be used after an emergency
- Accessing your building and facility after hours
How to Transport During Emergency

If an alternative vaccine storage facility is not available

If you cannot find an alternative vaccine storage facility within a reasonable distance, or if you cannot reach your alternative facility, you can use portable vaccine refrigerator/freezer units (if power source is available), qualified containers and packouts, or a hardsided insulated container or Strofoam™ using the Packing Vaccines for Transport during Emergencies tool.

Always place a TMD with the vaccines and carefully monitor the TMD to ensure vaccines remain within the appropriate temperature range.

Temporary storage containers should remain closed, and vaccines can only be stored safely for as long as the containers are validated to maintain proper storage temperatures.
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Continuous Journey

Immunization
Saves Lives
## Challenges

- High turn over (manager/coworker)
- Keeping clinics current on newest safety recommendations
- Time
- Cost to acquire equipment/instruments
- Distance between clinics
- Onboarding newly acquired clinics to clinic safety program
- Software (EPIC)- has limited best practice alerts for patient safety
Working In Partnership

- Leadership, Finance, Operations
- Medical Chairs, Providers (Physicians & APPs) Coworkers
- Pharmacy
- Supply Chain, Couriers
- New Construction
- Legal, Risk, Compliance, Mission, Technology
A Continuous Journey of Improvement

- Standard Processes
  - Provider Reminders, (EMR)
  - Standing Orders,
  - Reminder Calls,
  - State Immunization Registry
  - Text Messages
  - Patient Portal Reminders
  - Social Media, -
    Facebook, Twitter

- Safety Expectations with Immunizations
  - Orientation and Training
  - Plan on how to handle allergic reactions
  - Storage and Handling
  - Medication Grade Refrigerators/ Freezers
  - Correct needle sizes
  - EPIC – Prompts
  - Follow the 10 Rights of Medication Administration
  - Hand Hygiene
  - 2 D Bar code scanning
  - Plan on how to handle emergency outages

Clinic Hand Hygiene Video
Features 5 Physicians, Tesson Ferry Peds office, RN, MA, and child of Peds manager

https://youtu.be/pN6RJXsTLFE

Prayer at end of Hand Hygiene Video
Oh God, Healer of all, wash the sin and imperfection
From these hands and make them instruments
Of the healing touch of Jesus.

Let these hands be an extension of your healing power
As we serve our Patients and you!

14,428 Views!!!
“Great video, but got to say that I love the ending ( prayer)“ 👑
“I love this video!”
A good beginning is of great importance.

CATHERINE MCAULEY
Resources

**Vaccine Storage and Handling Toolkit - January 2023 (cdc.gov)**

**Immunization Action Coalition (IAC): Vaccine Information for Health Care Professionals (immunize.org)**

Article and CDC reference for use of commercial autoinjectors: (Epi pens)


**Management of Anaphylaxis at COVID-19 Vaccination Sites | CDC**
Thank you, what questions do you have for us?
Upcoming Webinar

Topic: Vaccine Equity: Putting Strategies into Practice

Date/ Time: Thursday, March 16 at 2pm ET

Presenters: Laura Lee Hall, PhD, Iyabode Beysolow, MD, PMH, FAAP, and Sandra Quinn, PhD
Questions?

Submit your questions using the **Q&A feature** at the bottom of the screen.