STAY SAFE

Vaccine Provider Models for Continuing COVID-19 Vaccination Efforts in Minnesota Long-Term Care Facilities (LTCF)

MARCH 19, 2021

Minnesota Department of Health (MDH), in collaboration with the State Emergency Operations Center (SEOC), LTC associations, and existing LTC vaccine providers have partnered to establish an interim process, until more vaccine is made available, for LTC staff and residents to access vaccine administration.

These models are part of a larger initiative in accessing vaccinations for LTC staff and residents. It is important to leverage all available resources, including but not limited to: Minnesota Vaccine Connector(<u>https://mn.gov/covid19/vaccine/connector/</u>), primary care providers, community mass vaccination events, etc.

This document outlines five models aimed to deliver vaccine in the LTC setting. Each model has a set of core programming functions outlining roles and responsibilities for the *primary vaccine provider* (e.g. pharmacies, health system affiliated hospitals/clinics, or LTCFs) and the *supporting partner* (e.g. LTCF). A LTCF may be a primary or supporting partner, depending on the model. For the purpose of this document, the *primary vaccine provider* must be registered as a MDH COVID-19 vaccine provider and will take the lead in vaccination efforts in LTCFs, whereas, the *supporting partner* does not need to be a registered MDH COVID-19 vaccine provider and will serve in a support role for the primary vaccine provider.

Each model consists of five core functions (reference Vaccination Resource section for additional information): vaccine inventory management, logistics planning, vaccine transport, vaccine administration, and vaccine reporting.

Planning assumptions:

- Attempts should be made to vaccinate new staff and residents before they enter the LTC setting. Pharmacies, clinics, local public health sites, and mass vaccination sites are options for vaccination sites.
- Vaccine can only be shipped to and stored by registered COVID-19 vaccine providers with the State.
- Currently, Moderna vaccine is the primary vaccine available and it comes in minimum shipments of 100 doses. J&J vaccine allocation availability is being explored and comes in a minimum shipment of 100 doses.
- Vaccine can be redistributed by the primary vaccine provider in smaller quantities following the Redistribution and Off-site Vaccination Guide.
- Under this partnership, LTC vaccine providers should take all necessary steps to exhaust vaccine supplies within seven days or have them allocated for upcoming scheduled events.
- All models, with the exception of model 5, will receive allocations every two-weeks.

Goal: To have LTC vaccine providers select a vaccination model that will be communicated to LTCF community partners seeking ongoing vaccination needs for their staff and residents.

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Model 1: Full Service On-site Vaccination at LTCFs

Scope: Primary vaccine provider (e.g. pharmacy, health system, etc.) manages all core functions of the model to coordinate on-site clinics at LTCFs. Continue ongoing vaccination services with your LTCF partners to ensure LTC staff and residents have access to vaccine. The supporting partner will fall under the direction of the primary vaccine provider.

Vaccine Inventory Management: Requesting, receiving, and storing COVID-19 vaccines. If applicable, redistribution of vaccine may be warranted.

Logistics Planning: Schedule clinics at LTCFs based on minimum doses in a vial to avoid wasting vaccine. The development of waitlist is recommended. Leveraging consultant pharmacists as the vaccinator during monthly visits to facilities may also be a sustainable strategy.

Vaccine Transport: Transport vaccine and ancillary supplies to onsite LTCF clinics.

Vaccine Administration: Administer vaccine according to immunization best practice guidance.

Vaccine Reporting to the Minnesota Immunization Information Connection (MIIC): Enter doses administered into MIIC within 24 hours of administration.

Model 2: Full Service Off-site Vaccination

Scope: Primary vaccine provider (e.g. pharmacy, health system, etc.) manages all core functions of the model to coordinate regularly scheduled off-site clinics convened at their pharmacies, clinics, or community sites. The supporting partner will fall under the direction of the primary vaccine provider.

Vaccine Inventory Management: Requesting, receiving, and storing COVID-19 vaccines. If applicable, redistribution of vaccine may be warranted.

Logistics Planning: Invite staff and residents to schedule appointments at your pharmacy, clinic, or a community site for vaccinations. Consider planning monthly clinics to meet on-going first and second dose needs. The development of waitlist is recommended to avoid wasting doses.

Vaccine Transport: May need to transport vaccine and ancillary supplies to the clinic location if being stored at another location within your organization (e.g. pharmacies, clinics, etc.).

Vaccine Administration: Administer vaccine according to immunization best practice guidance.

Vaccine Reporting to MIIC: Enter doses administered into MIIC within 24 hours of administration.

Model 3: Hybrid of On-site and Off-site Vaccination

Scope: Primary vaccine provider (e.g. pharmacy, health systems, etc.) manages all core functions of the Model 1 and 2 as described above to coordinate on-site vaccination clinics at the LTCFs and/or offer regularly scheduled off-site clinics convened at their pharmacies, clinics, or community sites. The supporting partner will fall under the direction of the primary vaccine provider.

Model 4: Partial Service On-site Vaccination at LTCFs

Scope: Primary vaccine provider (e.g. pharmacy, health systems, etc.) manages vaccine inventory and transport to LTCFs where the supporting partner (LTCF nursing staff) administer the vaccine. The primary vaccine provider is responsible for reporting doses administered to MIIC.

Primary vaccine provider responsibilities:

- Vaccine Inventory Management: Requesting, receiving, and storing COVID-19 vaccines. If applicable, redistribution of vaccine may be warranted.
- Vaccine Transport: Arranging transport of the vaccine and ancillary supplies to the LTCF for on-site vaccination. Unopened vials should not be stored at the LTCF following the clinic and need to be transported back to the primary vaccine provider.
- Vaccine Reporting to MIIC: Enter doses administered into MIIC within 24 hours of administration.

Supporting partner responsibilities:

- Logistics Planning: Schedule clinics at LTCFs based on minimum doses in a vial to avoid wasting vaccine and communicate vaccine needs to the primary vaccine provider. The development of waitlist is recommended.
- Vaccine Transport: If arranged by the primary vaccine provider, the supporting partner may pick up the vaccine and return unopen vials following the LTCF clinic.
- Vaccine Administration: Administer vaccine according to immunization best practice guidance.

Model 5: LTCF Staff Led On-site Vaccination

Scope: Primary vaccine provider (LTCFs) manages all core functions of the model to coordinate scheduled on-site clinics at LTCFs. LTCFs choosing this model should have a minimum of 75 new resident admits annually across primary and affiliate sites, have access to affiliated sites, and serve as a vaccine provider for other LTCF residents/staff in their communities. Allocation of vaccines will be made on a monthly basis.

Note: It is imperative that any agency seeking to partner under model 5 review the guidance on becoming a registered COVID-19 vaccine provider. There are numerous key aspects to take into consideration/requirements, including but not limited to: storage of vaccines, adhering to a site visit, and have plans in place to fully utilize all vaccine allocated.

Vaccine Inventory Management: Requesting, receiving, and storing COVID-19 vaccines at designated hub LTCF locations as it is not feasible for the State to enroll all LTCFs within an organization as MDH COVID-19 vaccine providers. If applicable, redistribution of vaccine may be warranted. *Please review all key aspects of storage and handling specifics to ensure you have the capacity and capability to do so.*

Logistics Planning: Schedule clinics at LTCFs based on minimum doses in a vial to avoid wasting vaccine. The development of waitlist is recommended.

Vaccine Transport: Transport vaccine and ancillary supplies between LTCF locations as needed.

Vaccine Administration: Administer vaccine according to immunization best practice guidance.

Vaccine Reporting to MIIC: Enter doses administered into MIIC within 24 hours of administration.

For more information about becoming a COVID-19 vaccine provider, please complete the pre-registration form: <u>https://redcap.health.state.mn.us/redcap/surveys/?s=AW3ENNY4YM</u>

Vaccinator Resources

Below is a list of resources for both primary and secondary vaccine providers to review.

- Registration: <u>COVID-19 Vaccine Provider Registration</u> (www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html)
- Redistribution: See COVID-19 Vaccine: Redistribution and Off-site Vaccination Guide (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- Logistics Planning: Appendix D: Vaccination at Satellite, Temporary, or Off-site Locations (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- Transportation: Transporting COVID-19 Vaccines (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- Vaccine Administration: See Interim COVID-19 Vaccine Provider Guide (PDF) and appendices on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- MIIC:
 - <u>Participating in MIIC</u> (<u>https://www.health.state.mn.us/people/immunize/miic/participate/index.html</u>)
 - MIIC: Appendix E: MIIC Data Quality and Provider Outreach (PDF) of the Interim COVID-19 Vaccine Provider Guide (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)