Walgreens Covid-19 Vaccination Program Long-Term Care Facilities

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Agenda

What to expect
How you can start to prepare
Vaccine Info

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What to expect

When our team contacts you (Local Leadership or Vaccine Lead)

- Exchange contact info
- Set up dates for 3 clinics at your site
 - Agreement is for 3 separate clinics 28 days apart
 - Vaccine leads will be calling to confirm your pre-determined clinic date
- Vaccine Lead will send a link to you to begin to enter residents/staff info being vaccinated into our COVID-19 Registration Portal must be complete <u>prior</u> to clinic
 - Name, address, DOB, gender
 - Race / Ethnicity

We will provide you with the materials you need to prepare residents, their families, and your staff



Resident & Family Hand Out

- Walgreens Immunization Clinic Experience
- About the Vaccine Authorization Record (consent form)
- How we are ensuring their safety



COVID-19 Vaccine Clinic Agreement

- Party Responsibilities
- Terms & Conditions



How and when to each section of the Vaccine Administration Record

VAR Instructions

Consent instructions

LTCF Registration G	uide
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• Step by step guide to register your facility, residents and staff prior to the clinic date

Tip Sheet

- Information about COVID clinics to get you started as you prepare for clinics
- Step by step clinic procedures
- How to prepare clinic location
- COVID safety protocols





Walgreen's Long Term Care Facility Website

- <u>http://walgreens.com/ltcf-covid-vaccine</u>
- Stay up to date with the most current information
- Resident and staff registration

What the COVID registration portal looks like

FACILITY INFORMA		
	TION	
Facility Type: Long-term care - intellectual or	Phone: 6567686878	
developmental disability Email Address: FIRST@WALGREENS.COM	CCN(CMS Certification Number #): SDFD8SF787	
Address Street 2: SFD87878	City: CHICAGO	
Zipcode: 123456789		
	Select to use File Upload this to download a template and enter all patient information at once	
Step 2:	Step 3:	
Locate the file you saved to your computer and se okay to prepare to upload.	elect If this is the correct file, then click the Upload button to send completed file to Walgreens. If not then go to Step 2, locate correct file and select to prepare to upload.	
	developmental disability Email Address: FIRST@WALGREENS.COM Address Street 2: SFD87878 Zipcode: 123456789 • Select to use Web Form os Use this to enter and submit one patient at a time Use Step 2: Locate the file you saved to your computer and se	

Access the LTCF COVID-19 Registration Portal here: https://covid19vaccineregistration.walgreens.com

Obtaining Consent

- Consent can be obtained through your facility's protocol
- The Vaccine Administration Record (VAR form) is required
 - This form is Walgreens legal record that we keep as part of the patient record per CDC requirements as well a pharmacy regulations
 - An authorized person can complete and sign on behalf of the patient

Guide To Filling A LTCF VAR

First Name: (E	4					
	-			Last Name: [Last Name]		
Date of Birth:	[Date of Birth]	Age:]	Age]	Gender: C Female Ma	ie Phone: [Phone]	
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Forms of Consent for Sections A-2 and B-2

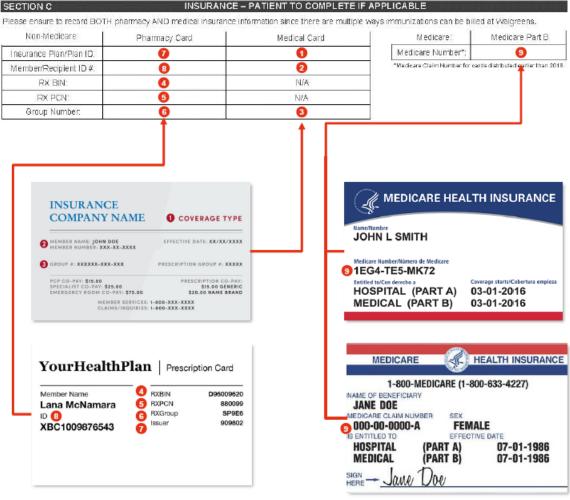
For series COVID-19 vaccines, consent may be collected as outlined below. Consent may be collected for both dose 1 and dose 2 at the same time, but a separate VAR must be completed for each dose. Walgreens will distribute the Fact Sheet in advance of vaccines, so all residents and employees being vaccinated **fully understand what they are consenting to.**

In-Person	In writing by wet ink on the VAR form.	istory of anaphylaxis or have you ever had an allergy or ro sod, medicine, lates, polyethylene glycol, etc), including fa ide details:	
Phone	Walgreens Team Members must follow the LTCFs standard facility protocols for obtaining consent from family members or other authorized persons. When consent is received via phone, the Walgreens VAR form still needs to be signed by the facility personnel authorized to sign to indicate the consent was received verbally. The form indicates that an authorized person can complete the VAR on behalf of the patient.	isd a seture disorder for which you are on seture meters for that causes paralysis) or other nervous system proble ed any vaccines in the last four weeks? m?	
Email/Fax	Team Members must follow the LTCFs standard facility protocols for obtaining consent from family members or other authorized persons. When consent is received via email, the Walgreens VAR form still needs to be signed by the facility personnel authorized to sign to indicate the consent was received verbally. The form indicates that an authorized person can complete the VAR on behalf of the patient.	I certify that I am (a) the potent and at least 18 years or .TCF and, based upon clinical observation, have sufficient that I have had a chance to ask questions and that such o rsentiative:	
Electronic Document Signature	Walgreens Team Members must follow the LTCFs standard facility protocols for obtaining consent from family members or other authorized persons. When consent is received via an electronic document system, the Walgreens VAR form still needs to be signed by the facility personnel authorized to sign to indicate the consent was received verbally. The form indicates that an authorized person can complete the VAR on behalf of the patient.		

Obtaining Billing Info

- Obtaining appropriate billing information is key to ensure smooth clinic operations
- For residents: Majority will be billed to patients Medicare information
- For staff: Critical to obtain both Pharmacy and Medical insurance information

Insurance and Medicare Cards



For those covered by an insurance group or Medicaid

For those covered by Medicare Part B

Clinics are customizable for your residents

Clinic Format

Central Location	Combination	Room to Room
 Considerations: Is the room well ventilated? How will patients enter and exit the room? How will residents know it is their turn? Will staff assist residents to the area 	If it works better for your residents, we can do a combination, please be prepared to inform us of which residents will be requiring door to door service	 Considerations: Will Walgreens Team Members enter each resident room? Will sit outside their door? How will staff make the residents comfortable?
Please le	t your Vaccine Lead know	ahead of time

Day Of Room Set Up Example

Illustrative Purposes Only

We bring disciplined clinic set-up procedures

Workflow set up

- · 2 check in stations
- 4 immunization stations

Dedicated waiting area
 Observer/Flex

Roles & responsibilities

Check In

- Hand out consent forms
- · Verify third party billing information
- Record patient temperature on consent form margin
- · Direct patients to Immunization station

Immunizer

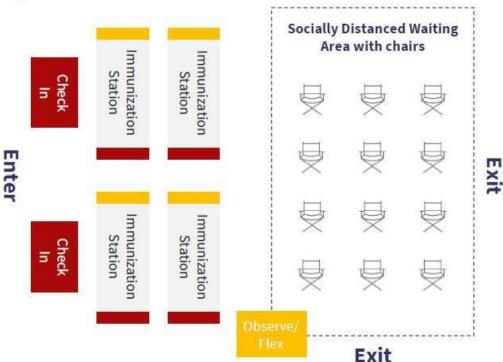
- Review consent form for contraindications
- Administer immunization
- · Sign and complete consent form

Immunization Assist

- Prepare vaccination supplies
- Take-away documents
- Lot/Exp recorded on consent form
- Duties as requested by immunizer

Observe / Flex

- · Observe patient's post-vaccination
- Flex duties based on need (ex: Re-distribute supplies, flex into role for meal breaks)



Immunizing TM

Non-Immunizing TM

Clinic Process – What to Expect

- Each facility is assigned a single point of contact, vaccine lead, that will guide the facility from beginning to end of the process
- Walgreens vaccine lead will call each facility a few days in advance to confirm accurate dose count needed for the clinic date and understand any last minute information needed
 - <u>LTCF ASK</u>: Ensure an ACCURATE vaccine count it provided to ensure more lives protected and minimal wasted doses
 - <u>LTCF ASK</u>: Ensure all participants are registered in the LTCF Registration Portal prior to the clinic date
- Walgreens team members will arrive at the clinic at least 30-60min in advance with all equipment (including emergency kits)
- Walgreens team members will administer the vaccine, help with observation and provide dose cards
 - <u>LTCF ASK</u>: Ensure all consent and VARs are complete prior to or day off to ensure a smooth process
- Walgreens team members will take back any vaccines and equipment, complete processing and complete reporting to the state registries, the CDC and back to the LTCF
- Walgreens team members will return for subsequent clinics

Who to contact:

1) Walgreens Vaccine Lead assigned to your facility

2) Walgreen's LTCF website: <u>http://walgreens.com/ltcf-covid-vaccine</u>

3) General Mailbox: ImmunizeLTC@walgreens.com

Thank You

