

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

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 *prior* 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



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
- Vaccination Authorization Record (consent form)



VAR Instructions

- How and when to each section of the Vaccine Administration Record
- Consent instructions



LTCF Registration Guide

- Step by step guide to register your facility, residents and staff prior to the clinic date



Walgreen's Long Term Care Facility Website

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

What the COVID registration portal looks like

The screenshot displays the 'Resident/Staff Registration' portal. At the top, there is a navigation bar with a notification bell and a user profile icon labeled '340bRun1 ...'. Below this is a welcome message 'Welcome to Resident/Staff Registration™' and a dropdown menu currently set to 'CHICAGO'. The main content area is divided into two sections: 'SECTION A' and 'SECTION B'. 'SECTION A' is titled 'FACILITY INFORMATION' and contains fields for Facility Name (CHICAGO), Facility Type (Long-term care - intellectual or developmental disability), Phone (6567686878), Email Address (FIRST@WALGREENS.COM), Address Street 1 (SFS8F7878), Address Street 2 (SFD87878), State (IL), and Zipcode (123456789). 'SECTION B' contains two radio button options: 'Select to use Web Form' (selected) and 'Select to use File Upload'. Below these sections are three instructional steps. Step 1: 'Download the excel file template to your computer. Enter all patient information into the template and save file to your computer.' with a 'Download Template' button. Step 2: 'Locate the file you saved to your computer and select okay to prepare to upload.' with a 'Click to select a file' button. Step 3: '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.' with a file selection box containing 'Walgreens COVID19 Vaccine Registration LTCF Excel Template (3).xlsx' and an 'Upload' button. Red arrows point to the 'FACILITY INFORMATION' header and the file selection box in Step 3.

Resident/Staff Registration

Welcome to Resident/Staff Registration™ CHICAGO

SECTION A **FACILITY INFORMATION**

Facility Name: CHICAGO Facility Type: Long-term care - intellectual or developmental disability Phone: 6567686878
Email Address: FIRST@WALGREENS.COM
Address Street 1: SFS8F7878 Address Street 2: SFD87878 CCN(CMS Certification Number #): SDFD8SF787
State: IL Zipcode: 123456789 City: CHICAGO

SECTION B

Select to use Web Form Use this to enter and submit one patient at a time
 Select to use File Upload Use this to download a template and enter all patient information at once

Step 1:
Download the excel file template to your computer
Enter all patient information into the template and save file to your computer.
Download Template

Step 2:
Locate the file you saved to your computer and select okay to prepare to upload.
Click to select a file

Step 3:
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.
Walgreens COVID19 Vaccine Registration LTCF Excel Template (3).xlsx
Upload

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 as pharmacy regulations
 - An authorized person can complete and sign on behalf of the patient

Guide To Filling A LTCF VAR

Vaccine Administration Record (VAR)
Informed Consent for Vaccination in Long Term Care Facility (LTCF)

SECTION A-1
 First Name: [First Name] Last Name: [Last Name]
 Date of Birth: [Date of Birth] Age: [Age] Gender: Female Male Phone: [Phone]
 LTCF Name: [LTCF Name] Address: [Address]
 City: [City] State: [State] Zipcode: [Zipcode] Email Address: [Email Address]

I want to receive the following vaccination(s): **COVID-19 Vaccination**

SECTION A-2 I certify that I am: (a) the patient and at least 18 years of age; (b) the legal guardian of the patient...
 I understand that even if I do not consent or if my state's laws or federal law may permit certain disclosures of my vaccination information to or through the State HIE or to Government Agencies...
 I understand that any payment for which I am financially responsible is for public health purposes and will send this information to the Medical Director or Administrator of the LTCF identified above if you are an employee of the LTCF.

Fill day of clinic or before clinic

Prior to the clinic, a LTCF can follow its standard process of obtaining consent

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.
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.
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.
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.

States may consider... regarding health and safety... such as vaccine reminders, regardless of whether you have opted out of being contacted.

Name: _____ Patient/Authorized person signature: _____
 Patient, authorized person, or facility representative signature.

SCREENING QUESTIONS. The following questions will help us determine your eligibility to be vaccinated today?

COVID-19? Yes No I don't know

Treated with antibody therapy for COVID-19 (monoclonal antibodies or convalescent plasma)? Yes No I don't know

Any health conditions, such as heart disease, diabetes, asthma, or are you immunocompromised? Yes No I don't know

History of anaphylaxis or have you ever had an allergy or reaction to vaccines, injectable therapy, food, medicine, latex, polyethylene glycol, etc., including fainting or feeling dizzy? Yes No I don't know (include details: _____)

Had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barré (condition that causes paralysis) or other nervous system problem? Yes No I don't know

Had any vaccines in the last four weeks? Yes No I don't know

Are you pregnant or considering becoming pregnant in the next month? Yes No I don't know

I certify that I am: (a) the patient and at least 18 years of age; (b) the legal guardian of the patient or representative of, or (c) a representative of, and, based upon clinical observation, have sufficient knowledge of the patient's condition to answer the Screening Questions. I understand that I have had a chance to ask questions and that such questions were answered to my satisfaction.

Signature: _____ Date: _____
 Patient, authorized person, or facility representative signature.

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

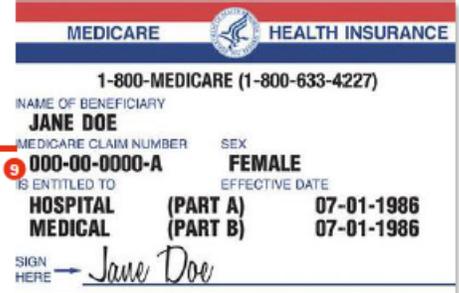
SECTION C INSURANCE – PATIENT TO COMPLETE IF APPLICABLE

Please ensure to record BOTH pharmacy AND medical insurance information since there are multiple ways immunizations can be billed at Walgreens.

Non-Medicare:	Pharmacy Card	Medical Card	Medicare:	Medicare Part B
Insurance Plan/Plan ID:	7	1	Medicare Number*:	9
Member/Recipient ID #:	8	2	<small>*Medicare Claim Number for cards distributed earlier than 2018.</small>	
RX BIN:	4	N/A		
RX PCN:	5	N/A		
Group Number:	6	3		



For those covered by an insurance group or Medicaid



For those covered by Medicare Part B

Clinics are customizable for your residents



Please let 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

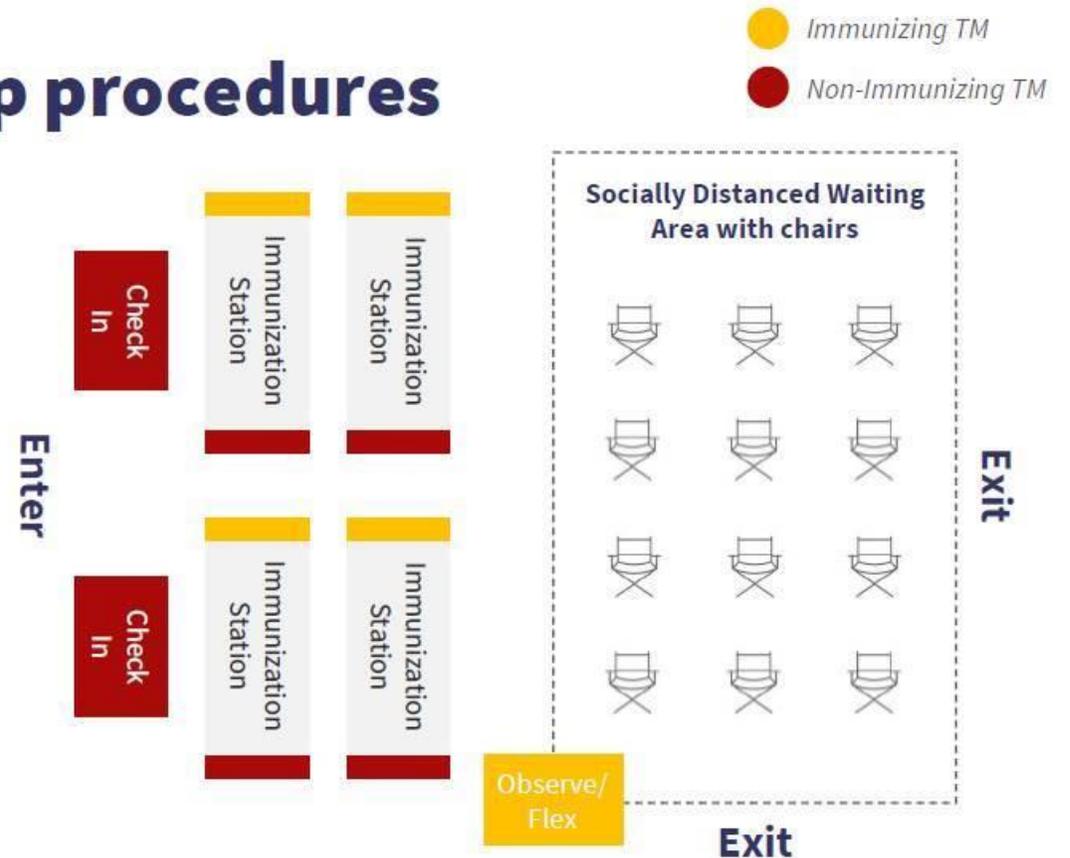
- Review consent form for contraindications
- Administer immunization
- Sign and complete consent form

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)



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
 - LTCF ASK: Ensure an ACCURATE vaccine count is provided to ensure more lives protected and minimal wasted doses
 - LTCF ASK: 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
 - LTCF ASK: 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: <http://walgreens.com/ltcf-covid-vaccine>
- 3) General Mailbox: ImmunizeLTC@walgreens.com

Thank You

Walgreens