

Vaccine Clinic Checklist

Vaccine Clinic Date: _____

Determine which vaccines will be administered.

- Influenza (Flu)
- RSV
- COVID-19
- Pneumococcal Pneumonia
- Other: _____
- Other: _____

Primary Facility Coordinator:

Name: _____
Phone: _____
Email: _____

Vaccine Champion Point of Contact:

Name: _____
Phone: _____
Email: _____



If you are unable to provide a desired vaccine to your patients, reach out to your ESRD Network Quality Improvement Advisor to establish a pathway for patients to gain access to the vaccine.

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✓	Pre-Vaccine Clinic Day (4-6 weeks)	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Review individuals' immunization history for eligibility. <ul style="list-style-type: none"> • Assess for needed immunizations. • Screen for contraindications and precautions. • Check State Immunization Registry for vaccine history. 			<ul style="list-style-type: none"> • CDC Recommended Adult Immunization Schedule • Screening Checklists for Contraindications to Vaccines for Adults
<input type="checkbox"/>	Offer education.			<ul style="list-style-type: none"> • Vaccine information statements • NCC-Get the Facts (Flu/Pneumonia) • What You Need to Know-Flu • What you Need to Know-Pneumonia
<input type="checkbox"/>	Overcome hesitancy and build trust.			<ul style="list-style-type: none"> • Motivational Interviewing Flowchart-TMF • CDC Healthcare Provider Conversation Guide • OARS+ Model for Motivational Interviewing
<input type="checkbox"/>	Check vaccine availability of distribution.			
<input type="checkbox"/>	Promote the vaccine clinic. <ul style="list-style-type: none"> • Posters, social media and newsletters • Staff meetings • Bulletin Board Kits • Brainstorm a vaccine day theme with staff • Patient Activities 			<ul style="list-style-type: none"> • Vaccine Clinic Flyer • Ten Reasons to Get Vaccinated • Stay Healthy Bulletin Board • Ultimate Protection Bulletin Board • Immunization Word Search • Respiratory Health Crossword

✓	Pre-Vaccine Clinic Day (>10-30 Days)	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Identify staff to assist with the vaccine clinic. Name: _____			
<input type="checkbox"/>	Confirm what supplies are needed for vaccine clinic (syringes/needle sizes, thermometer, consents, etc.).			
<input type="checkbox"/>	Collect information needed, such as: <ul style="list-style-type: none"> • Consent forms • Standing Orders 			<ul style="list-style-type: none"> • Using Standing Orders for Administering Vaccines: What You Should Know
Establish a process for collecting consent				
<input type="checkbox"/>	Identify who will oversee collection of patient consents. Name: _____			
<input type="checkbox"/>	Obtain copies of vaccine consent forms.			
<input type="checkbox"/>	Identify which patients can consent themselves and who needs a health care proxy to sign consent and who needs a healthcare proxy or interpreter to consent.			
<input type="checkbox"/>	Schedule interpreter services.			
<input type="checkbox"/>	Create a tracking sheet for individuals who have: <ul style="list-style-type: none"> • Received consent forms • Agreed or declined the vaccine • Received VIS 			<ul style="list-style-type: none"> • Vaccine information statements • Sample Vaccine Tracker
Obtain consent from individuals who can consent				
<input type="checkbox"/>	Meet with individuals who can consent (individuals who are cognitively intact) to discuss interest and answer questions.			
<input type="checkbox"/>	Collect signed forms.			

✓	Pre-Vaccine Clinic Day (>10-30 Days)	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Store or upload a copy of consent to patient's medical record.			
<input type="checkbox"/>	Meet with patients using interpreter services for non-English speaking patients to discuss interest, answer questions, and collect consent forms.			
<input type="checkbox"/>	Provide a list of patients that declined vaccine consent to patients' nephrologist(s) for review and discussion.			
Obtain consent from individuals who are unable to consent themselves				
<input type="checkbox"/>	Identify individuals who need a health care proxy to sign consent.			
<input type="checkbox"/>	Identify individuals' health care proxy and contact information.			
<input type="checkbox"/>	Contact individuals' health care proxy to discuss need to obtain consent for upcoming vaccine clinic.			
<input type="checkbox"/>	Follow up with individuals' representative/health care proxy as needed via phone call or in person.			
Obtain consent from staff				
<input type="checkbox"/>	Use valid resources to promote the value and importance of the vaccine for staff.			
<input type="checkbox"/>	Develop a schedule for staff vaccinations.			
<input type="checkbox"/>	Follow up with staff who have not completed consent.			
<input type="checkbox"/>	Review competency of staff that will be administering the vaccines .			Vaccine Education and Training for Healthcare Professionals CDC

✓	Pre-Vaccine Clinic Day (≤ 10 Days)	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Review patient list to be vaccinated by day and shift.			
<input type="checkbox"/>	Ensure enough staff are scheduled on clinic day to provide vaccines.			
<input type="checkbox"/>	Order vaccines for the number of patients & staff needing the vaccine.			
<input type="checkbox"/>	Confirm with vaccine supplier any last-minute issues, and when vaccines are expected to arrive.			
✓	Clinic Day	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Print roster of patients getting vaccine.			
<input type="checkbox"/>	Print roster of staff getting vaccine.			
<input type="checkbox"/>	Assign staff to assist nurses and monitor patients during post-vaccine observation.			
<input type="checkbox"/>	Ensure emergency medical supplies are readily available, such as: <ul style="list-style-type: none"> • Antihistamines • Epinephrine • First aid kit • Oxygen • Blood pressure device 			

✓	Clinic Day	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Assign facility staff to complete documentation: <ul style="list-style-type: none"> Document in facility record the vaccine/s given – including date, type, lot number, manufacturer, receipt of VIS (including edition date and date VIS was provided), injection site, route, dosage; and name, title of person who administered the vaccine. Some states require reporting of an individual who receive the vaccine (If you are not sure whether your state requires reporting, check with your state public health department). 			<ul style="list-style-type: none"> Vaccine information statements
<input type="checkbox"/>	Assign a facility staff to ensure vaccinations are entered or get batched over to appropriate reporting program. <ul style="list-style-type: none"> EQRS-Patient Influenza, Patient Pneumococcal Pneumonia Vaccines NHSN- Staff Influenza, Staff COVID-19, Patient COVID-19 Vaccines 			<ul style="list-style-type: none"> Managing Patient Pneumococcal Vaccination Status EQRS-Manual Vaccine Entry HCP COVID-19 Summary Form Patient COVID-19 Summary Form HCP Influenza Summary Form
✓	Post-Clinic	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Monitor individuals for adverse effects: <ul style="list-style-type: none"> Report adverse effects as required. Monitor individuals' temperature per facility policy. 			<ul style="list-style-type: none"> Vaccine Adverse Event Reporting System (VAERS)
<input type="checkbox"/>	Share follow-up communication with individuals: <ul style="list-style-type: none"> Remind them of next dose. Respond to questions. Provide patients with documentation of vaccine given. 			<ul style="list-style-type: none"> Vaccine Passport Dialysis Patient Vaccination Card
<input type="checkbox"/>	Any unused vaccine was properly disposed or placed back in proper storage.			

✓	Post-Clinic	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Any vaccine administration errors, including needlestick injuries were reported to all appropriate entities.			
<input type="checkbox"/>	Prepare for next clinic by conducting a de-brief to review what went well and what didn't.			

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