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Innovative Initiatives to Lead a Hospital-Based Vaccine Center for Associate and Community Populations

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Abstract

In March 2020, Medstar Franklin Square Medical Center (MFSMC) began treating patients diagnosed with COVID-19. With the first COVID-19 vaccine available in December 2020, MFSMC senior leaders decided that an associate vaccine center would be needed for frontline staff. Vaccine center leaders were chosen based on their operational and clinical skills. These leaders did not interact regularly prior to their initial meeting but came to see that their knowledge and experience brought something vital to the team. Two non-nursing leaders with operational experience reviewed possible locations and supplies needed. Two nursing leaders provided insight into staffing needs, nursing education and documentation requirements, and data collection tools for vaccine administration. On December 15, 2020, the associate vaccine center opened. Vaccine center staff included registered nurses (RNs), medical assistants (MAs), and certified nursing assistants (CNAs). RNs and MAs completed the pre-vaccine screening, vaccine administration, and post-vaccine assessment documentation. CNAs were utilized as traffic controllers for social distancing and disinfection between patients. This vaccine center was open six days a week, excluding Sundays and holidays.

In January 2021, community patients were included in the appointment schedule for the vaccine center, causing the leaders to reevaluate their current workflow for areas of improvement. The center leaders initially relocated the vaccine center to a tent location but determined sound issues were not ideal for an elderly population. The auditorium lobby and surrounding conference centers were chosen as the final center location. This location ensured social distancing, separate space for registration, vaccine administration, and post-vaccine waiting areas, as well as parking convenience for community patients. The vaccine center days of operation changed to reflect the addition of community patients, opening seven days a week, excluding holidays. A new staffing matrix and supply list were also created. Instead of vaccine center staff signing up for times convenient to them, staff were given a view-only link to an online staffing schedule with hourly time frames based on center roles. Staff were instructed to email vaccine center leaders with the dates they were able to work based on staffing needs for each role.

In March 2021, vaccine center leaders once again regrouped to evaluate staffing, appointments, and documentation. Days of operation were reduced from seven days a week to a Thursday

through Sunday schedule with more community appointments filling the schedule and associates' appointments reduced to new hires and those associates who did not receive the vaccine in the initial wave. Registration and documentation errors were brought to the individual for follow-up and reeducation. Paper downtime forms were removed to encourage staff to fix errors in real time in the electronic medical record. A vaccinator lead role was created to provide support to all roles in the vaccine center and review orientation of new staff.

Vaccine center leaders were invited to attend system- and hospital-level vaccine operations meetings to share changes to best practice. As new vaccine centers opened throughout the system, these leaders were called on for their knowledge and expertise in creating a workflow and staffing matrix that could be replicated for other centers.