

Respondent



41

Carrie Froemming



05:36

Time to complete



1. Please provide your name, position title, and contact information. *

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2. Is this submission an idea for a Promising Practice or existing Promising Practice? *

- ☐ Idea for a Promising Practice
- ☒ Existing Promising Practice

3. What is the name of your Promising Practice? *

V23 Covid Vaccine Outreach to Rural Veterans and SLA

4. What type of Veterans does this practice serve? *

- ☐ Rural
- ☐ Urban
- ☒ Both

5. How does this practice promote vaccine acceptance? *

The COVID-19 pandemic has been difficult with varying impacts on Veterans and their families. The developed process and outreach efforts encouraged and fostered confidence for vaccine administration for Veterans by bringing the vaccine directly to them in the environment and location in which they are most comfortable. One of the networks goals was to create a way for Veterans to receive their vaccine where they are located, ideally without creating obstacles for them to get the vaccine. The Saves Lives Act improved this effort even more with our ability to also provide vaccine to their spouses and caregivers. VISN 23 vaccine teams provided enormous amounts of outreach information through VA media, Veteran Service Organizations, and local media to help all patrons understand the importance of vaccination. The outreach as well created awareness that vaccination opportunities were being brought to their communities in an effort to close the gap on this pandemic and protect our Veterans from the COVID virus. These outreach efforts continue today continuously along with redistribution efforts of vaccine to VISN 23 rural CBOC's.

6. What are the specific steps you took, or would take, to implement your practice and the timeline/timeframe for each? *

146, 484 Veterans in VISN 23 are either located in rural or highly rural areas in the Midwest. With the greatest rurality of patients across VHA, fourteen (14) percent of those Veterans are located in highly rural areas, presenting both opportunities and challenges for innovation to close gaps in care to provide all veterans the same healthcare opportunities as those in urban locations. VISN 23 implemented COVID vaccine clinics across eight (8) health care systems, and 61 rural clinics to achieve closing COVID vaccine related gaps. Outreach efforts were necessary to provide opportunity for veteran vaccination in these areas. Medical centers partnered with local organizations, including Veteran Service Organizations, National Guard, VFW Clubs, and Armory, to identify available space and resources to develop a vaccination clinic. Once space was identified and reviewed, a schedule for vaccination was developed, with consideration to staffing to continue currently operating vaccination clinics at the main medical center campuses. Community volunteers were a critical part of the success of the outreach vaccination clinics. Local organizations were also vital in their efforts to reach veterans, as an addition to medical center employees contacting veterans with vaccination information through phone, letter, VetText, social media, and media sources. CBOC employees were leveraged to increase awareness and communication to veterans about the outreach vaccination clinics. The time to coordinate and standup a rural vaccination clinic was 5-7 days depending on distance from the medical center. A lot of prework, media, scheduling and planning/coordination was required to get these clinics up into place.

7. What departments are involved in implementing your practice? *

All Covid Vaccine Teams/Pharmacy Teams across V23

8. What are the costs associated with your practice? *

The costs associated with the outreach were reviewed by VISN and Facility fiscal and determination that each outreach visit was with Government vehicles and employees for optimal use of resources. CARES dollars were used for these travel and OT/COMP time expenditures.

9. What primary metric data is tracked and collected to determine your practice's success? *

Percent of Each Rurality Vaccinated: Rural: 50.69% (N=68,733) Highly Rural: 46.31% (N=19,768) Urban: 62.04% (N=81,669) Insular Islands: 25% (n=2) Unknown: 60.6% (N=1,158) In VISN23 – over ½ the number of Veterans we have vaccinated have been either rural or highly rural. This is significantly higher than any other VISN in the Nation. (Data as of 5/5/21)

10. What are the potential risks or barriers of implementing your practice and the proposed mitigations? *

Potential risks included adverse weather impacting travel, which may impact the clinic operations. To mitigate this risk, alternate dates were reviewed for doses to be given and plans were put in place for a "GO NO GO" scenario with facility leadership. Vaccine was protected with thawing and preparation until this was decided. Additionally, a list of Veterans in next phases of CDC/VHA guidance and later Saves Lives Act recipients were kept for calling when vaccinations were remaining for various reasons towards the end of the day.