



## COVID-19 Vaccine Use Every Opportunity Campaign Implementation Tool

The COVID-19 Vaccine **Use Every Opportunity** implementation tool provides strategies for ensuring COVID-19 vaccination is offered to every eligible patient during their encounters with your organization. The **Use Every Opportunity** framework is an adaptable tool for implementing workflows to achieve the highest level of COVID-19 vaccine coverage possible in all health care settings. This framework is especially important for increasing vaccination of patients at increased risk for severe COVID-19 illness and members of communities that have been historically marginalized, including Black, Indigenous and People of Color (BIPOC) people who have translation and interpretation needs, people with disabilities, and people live in priority neighborhoods as determined by the Task Force on Racial Inclusion and Equity (TRIE), among other priority groups (Appendix 1). Not all activities listed may be necessary or feasible in all hospitals and hospital systems, but at least one activity from each domain should be implemented.

| Area                                     | Activities   | Established   | Comments |
|--|--|---|----------|
| Leadership Commitment and Accountability | 1. Designate a senior executive that serves as a point of contact or “champion” to ensure the program has resources and support to accomplish its mission.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |          |
|  | 2. Convene a <a href="#">leadership team</a> that includes: <ul style="list-style-type: none"> <li>• Executive champion</li> <li>• Clinical lead</li> <li>• Technical expertise</li> <li>• Day to day (operational) lead</li> </ul>                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |          |
|  | 3. Develop clear measurable goals and objectives that incorporate equity measures such as vaccination rates and vaccination stratified by race, ethnicity, and language preference. (see Appendix 1 for examples)                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |          |
|  | 4. Schedule regular meetings with facility/system leadership to report and discuss vaccination activities, vaccine equity goals, resources and outcomes.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |          |
|  | 5. Ensure vaccine activities are integrated into existing quality improvement and patient safety efforts.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |          |
|  | 6. Develop strategies to improve staff vaccination uptake. Consider partnering with trusted providers to host a series of staff roundtables focused on vaccine confidence and safety to create a safe space to ask questions and address concerns. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |          |

|                                     |  |   |  |
|-------------------------------------|--|---|--|
| <b>Provider and Staff Education</b> | 1. Train all clinical care providers on how to speak with patients about the COVID-19 vaccines and enhance vaccine confidence through motivational interviewing and other patient engagement techniques.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 2. Identify non-clinical patient-facing staff (e.g., registration, social work, nutrition, advocates, educators, chaplains) to receive training and education to promote positive messaging about vaccines.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 3. Send regular communications to clinicians to provide key clinical, programmatic and public health updates.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 4. Provide <a href="https://www.nyc.gov/VaccineTalks">nyc.gov/VaccineTalks</a> resources to all staff working in clinical settings, remind them to raise vaccination at all encounters, and implement creative tactics to measure provider compliance.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 5. Ensure providers are given tools and resources to provide culturally and linguistically appropriate counseling on COVID-19 vaccines.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 6. Provide forums for providers to discuss vaccine concerns, challenges related to patient and staff declining vaccination and share best practices for communication and problem-solving around these challenges.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| <b>EMR Support</b>                  | 1. Implement bi-directional data exchange between the immunization registry (Citywide Immunization Registry (CIR) or New York State Immunization Information System (NYSIIS)) and your electronic medical records (EMR).   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 2. Create EMR dashboards and reports to monitor vaccination and related equity metrics.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 3. Build decision support tools in your EMR, including a report identifying patients 12 years and older that do not have documented receipt of COVID-19 vaccination for targeted communications, an alert to identify unvaccinated patients prior to a scheduled appointment, clinical reminders to check COVID-19 vaccination status, and suggested talking points. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 4. Integrate COVID-19 vaccination into appropriate order sets (e.g., admission, discharge).  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 5. Implement required fields documenting that vaccine eligibility was assessed, vaccine was offered, whether it was given, and reason for refusal.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                                     | 6. Create workflows to ensure race/ethnicity and other demographic data is captured to track vaccination uptake and address inequities in vaccination rates with strategies to connect with communities to improve vaccine confidence.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |

|   |  |   |  |
|---|--|---|--|
| <b>Vaccine offered to all eligible inpatients prior to discharge</b>        | 1. Develop a plan and protocols for vaccinating inpatients and those being discharged prioritizing use of J&J/Janssen, particularly for patients being discharged to congregate settings or with barriers to accessing their second dose (e.g., homebound, unstable housing).  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 2. Designate unit-level vaccine champions to coordinate vaccination activities and promote “use every opportunity” messaging.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 3. Identify patients on the unit who are eligible and willing to receive a vaccine to match patients with doses per vial. If not enough patients for available doses are on a unit, coordinate with the pharmacy and other units to pool patients.   | <input type="checkbox"/>                                    |  |
|   | 4. Assign the central pharmacy to maintain a consolidated daily waitlist for vaccinations and coordinate distribution to minimize wastage while ensuring every willing patient is vaccinated.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 5. Ensure every unit has patient education materials readily available in languages that reflect your patient demographics.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| <b>Vaccine offered to all eligible Emergency Department (ED) discharges</b> | 1. Designate vaccine champions among ED leadership, develop workflows, coordinate vaccination activities and ensure all opportunities for vaccination are identified.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 2. Assess patients’ vaccination status during triage and keep a list of patients for vaccination to match with available doses per vial, ideally using J&J/Janssen in the ED. Ensure that workflows include timing vaccination to incorporate the 15 or 30-minute wait time prior to release from the ED to avoid delays in discharge. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 3. Include a plan to offer vaccine to any eligible individual accompanying a patient in the ED.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 4. Remind clinical staff to assess for vaccine eligibility and provide vaccine updates during pre-shift huddles.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 5. Ensure ED staff responsible for assessing vaccination status and eligibility have access to the vaccine registry (e.g., CIR) if not integrated into the EMR.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|   | 6. Post informational signage promoting and offering vaccine and have patient education materials readily available in languages that reflect your patient demographics.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| <b>Vaccine offered at all</b>   | 1. Identify patients not yet vaccinated for targeted outreach through the patient portal, text messages, calls or letters to schedule vaccine appointments,  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |

|                          |  |   |  |
|--------------------------|--|---|--|
| <b>Ambulatory Visits</b> | prioritizing patients at increased risk for severe COVID-19 illness and historically marginalized populations.   |   |  |
|                          | 2. Include patient vaccination rates in quality measure dashboards at the practice and provider levels.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                          | 3. Develop flags for scheduled patients who need vaccination to ensure they are offered the vaccine at their appointment (if available on site) or are scheduled for a vaccine appointment at another location.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                          | 4. For patients receiving the first of a two-dose vaccine series, ensure second dose appointments are scheduled before leaving and make reminder calls before second dose appointment.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                          | 5. If the practice is not currently offering COVID-19 vaccination, remove any barriers that prevent offering vaccine and ensure all eligible patients are contacted to schedule an appointment at a Vaccine Hub, pharmacy, health center, hospital practice, or other site. <b>Providers can complete <a href="#">this form</a> or call 877-VAX-4NYC (877- 829-4692) and press 2 to schedule their patients or look up vaccine sites near them at <a href="http://nyc.gov/vaccinefinder">nyc.gov/vaccinefinder</a>. Many sites offer walk-in services or have same day appointments.</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |

The NYC Health Department may change recommendations as the situation evolves.

5.12.21

# Appendix 1: New York City Department of Health and Mental Hygiene COVID-19 Vaccine Equity Strategy and Priorities

The rollout of COVID-19 vaccines requires unprecedented collaboration between governmental agencies and health system partners across New York City (NYC) to make sure vaccine access, uptake and outcomes are anti-racist, equitable, ethical, and directly address racism and other intersecting systems of oppression. These systems have stopped Black, Indigenous, and other people of color (BIPOC); people who are LGBTQIA+; people with disabilities; people who are undocumented; veterans; people with a history of criminal justice involvement; people who have faced religious persecution; and older adults from accessing the resources they need to maintain their health and well-being. The COVID-19 vaccination program must confront historical and current abuses rooted in racism and other systems of oppression within the fields of research, medicine and government, including experimentation, exclusion and disinvestment. Equity is not the job of just one person, office or role. The City is committed to ensuring that the COVID-19 vaccination program confronts and dismantles historic and current abuses rooted in racism and oppression. We ask you to partner with us in this commitment.

## Equity Principles

The City of New York asks you to join us in embedding the following principles in your work:

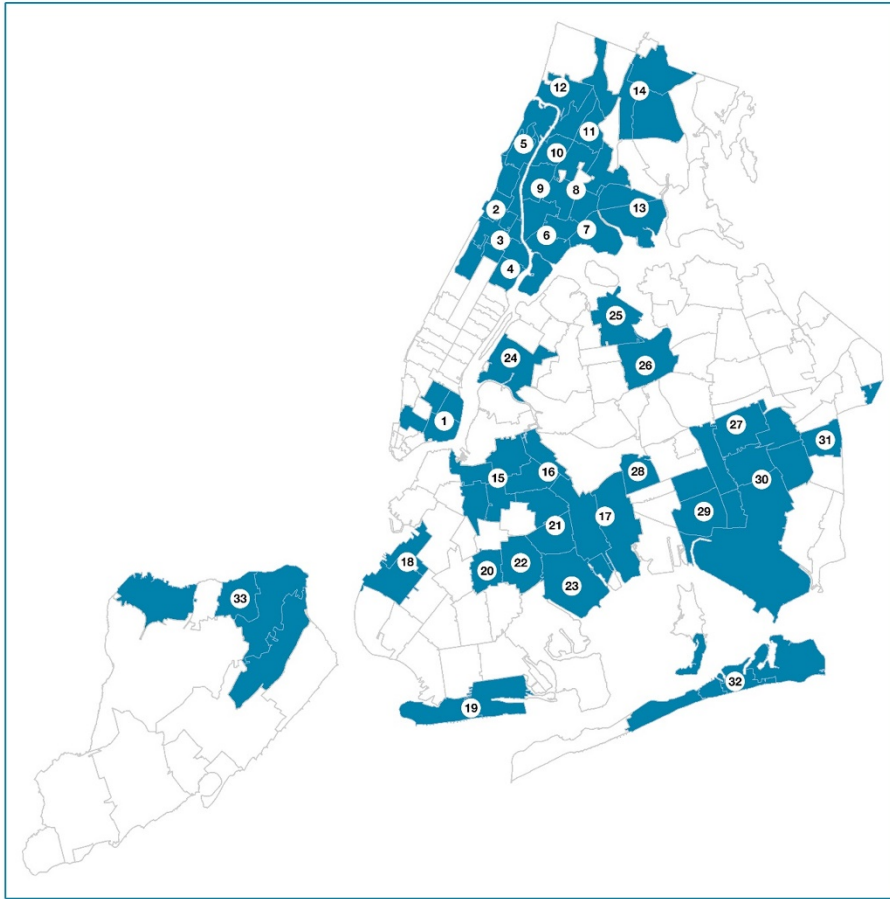
- **Compassion and Trust:** Reach for justice by prioritizing communities hardest hit by COVID-19, and those suffering from current and historic health inequities and systemic oppression. Acknowledge the need for healing and seek to amplify the voices and experiences of those who have been oppressed.
- **Inclusiveness:** Approach vaccine engagement from a place-based, community-centered, and intersectional perspective, recognizing that New Yorkers are members of multiple communities, including communities defined by neighborhood as well as identity.
- **Transparency:** Build trust with communities through honest, open, and clear communication delivered by messengers who are trusted in their communities.
- **Autonomy:** Ensure that all New Yorkers, regardless of their housing or incarceration status, access needs, age, race, ethnicity, sexual orientation, gender identity, language spoken, or use of social services, have access to the information they need to make an informed decision about COVID-19 vaccination.
- **Accountability:** Seize the historic opportunity to build new equitable policies, systems and power structures. Model inclusive decision-making and utilize quantitative and qualitative indicators of equity to measure impact and aid accountability.

## Priority Neighborhoods

The NYC Department of Health and Mental Hygiene, together with the Taskforce on Racial Inclusion and Equity (TRIE), identified neighborhoods that have been hardest hit by COVID-19 and systemic racism using health and social factors linked to disproportionate COVID-19 infection, hospitalization and death:

- Health status
- Social inequities
- Living conditions
- Service occupations
- COVID-19 Wave 1 impacts

Thirty-three communities representing 50% of New Yorkers were identified as bearing the greatest burdens of COVID-19 and racial oppression. NYC is committed to ensuring that an equitable share of resources and support reach these communities. These neighborhoods have lower rates of vaccination. They need increased attention and resources from all health and health care sectors to achieve equitable vaccination outcomes. Hospitals and health systems are key partners in achieving that goal.

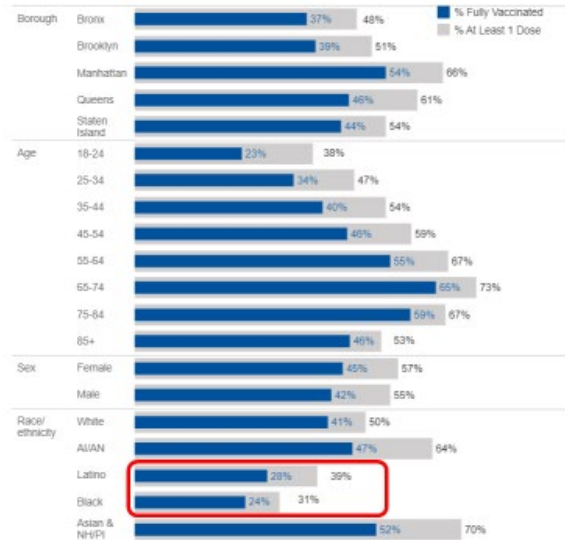
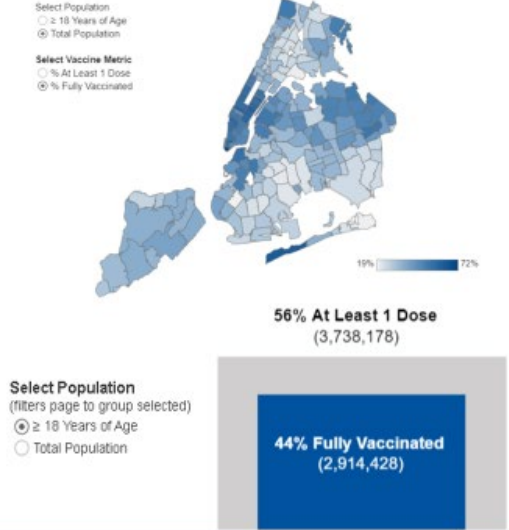


|    | Borough       | Neighborhood                               | ZIP Codes (modZCTAs)                            |
|----|---------------|--|---|
| 1  | Manhattan     | Lower East Side and Chinatown              | 10002, 10003, 10009, 10013                      |
| 2  | Manhattan     | Morningside Heights and Hamilton Heights   | 10025, 10027, 10031, 10032                      |
| 3  | Manhattan     | Central Harlem                             | 10026, 10027, 10030, 10037, 10039               |
| 4  | Manhattan     | East Harlem                                | 10029, 10035                                    |
| 5  | Manhattan     | Washington Heights and Inwood              | 10032, 10033, 10034, 10040                      |
| 6  | Bronx         | Mott Haven and Melrose                     | 10451, 10454, 10455, 10456                      |
| 7  | Bronx         | Hunts Point and Longwood                   | 10455, 10459, 10474                             |
| 8  | Bronx         | Morrisania and Crotona                     | 10456, 10459, 10460                             |
| 9  | Bronx         | Highbridge and Concourse                   | 10452   |
| 10 | Bronx         | Fordham and University Heights             | 10453, 10458                                    |
| 11 | Bronx         | Belmont and East Tremont                   | 10457, 10458                                    |
| 12 | Bronx         | Kingsbridge                                | 10463, 10468                                    |
| 13 | Bronx         | Parkchester and Soundview                  | 10472, 10473                                    |
| 14 | Bronx         | Williamsbridge and Baychester, Edenwald    | 10466, 10467, 10468                             |
| 15 | Brooklyn      | Bedford Stuyvesant                         | 11205, 11206, 11216, 11221, 11233, 11238        |
| 16 | Brooklyn      | Bushwick                                   | 11206, 11207, 11221, 11237                      |
| 17 | Brooklyn      | East New York and Starrett City            | 11207, 11208, 11239                             |
| 18 | Brooklyn      | Sunset Park                                | 11220, 11232                                    |
| 19 | Brooklyn      | Coney Island                               | 11224, 11235                                    |
| 20 | Brooklyn      | Flatbush and Midwood                       | 11226   |
| 21 | Brooklyn      | Brownsville                                | 11212, 11233                                    |
| 22 | Brooklyn      | East Flatbush                              | 11203, 11226                                    |
| 23 | Brooklyn      | Flatlands and Canarsie                     | 11236   |
| 24 | Queens        | Queensbridge and Astoria                   | 11101   |
| 25 | Queens        | Jackson Heights                            | 11368, 11369                                    |
| 26 | Queens        | Elmhurst and Corona                        | 11368   |
| 27 | Queens        | Briarwood, Flushing South                  | 11435   |
| 28 | Queens        | Kew Gardens and Woodhaven                  | 11419, 11421                                    |
| 29 | Queens        | Woodhaven, Richmond Hill, South Ozone Park | 11419, 11420                                    |
| 30 | Queens        | Jamaica and Hollis                         | 11412, 11423, 11432, 11433, 11434, 11435, 11436 |
| 31 | Queens        | Queens Village                             | 11429   |
| 32 | Queens        | Rockaway and Broad Channel                 | 11691, 11692, 11693, 11694                      |
| 33 | Staten Island | St. George, Stapleton, Port Richmond       | 10301, 10303, 10304, 10310                      |

## Racial and Ethnic Inequities

Hospitals and health systems have a critical role in eliminating racial and ethnic inequities in vaccination. In addition to monitoring citywide vaccination rates (see below), hospitals and health systems should systematically collect race and ethnicity data for their facility/system; stratify vaccination rates by race and ethnicity, languages spoken, and other indicators of equality; and develop strategies to reduce any gaps identified in vaccination rates.

# Residence and Race/Ethnicity



Race/Ethnicity: Unknown and other race/ethnicity are excluded from these figures. Among NYC residents who have received at least one dose of COVID-19 vaccine, 11% have unknown race/ethnicity.



More information can be found at <https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-vaccine-equity-strategies.pdf>.