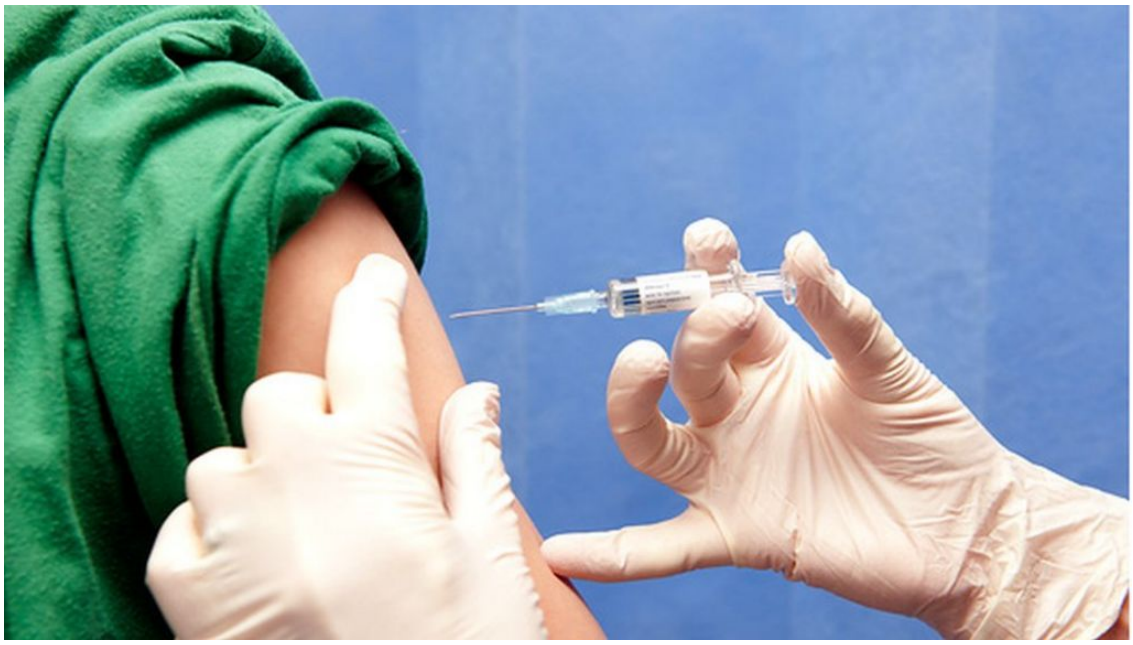
HOMERuN Hospital Medicine ReEngineering Network

Happy New Year from HOMERuN!

HOMERuN COVID-19 Collaborative Focus Group Discussions on Vaccination Strategy and Implementation

January 4, 2021 Newsletter



The Hospital Medicine Reengineering Network (HOMERuN) is a national network of Hospital Medicine investigators at 12 academic medical centers (AMCs) and 50 affiliated sites. During the COVID-19 pandemic, HOMERuN leadership formed the "COVID-19 Collaborative" as a mechanism to share information and practices regarding pandemic responses across participating institutions.

The HOMERuN COVID-19 Collaborative held focus group discussions about vaccination strategy and implementation on December 18, 2020. Below are key themes identified in the discussions.

Organizers and Facilitators: Andrew Auerbach, Jeffrey Schnipper, Marisha Burden, Alan Kubey, Angela Keniston, Clark Davis, Matt Sakumoto, Tiffany Lee

Vaccination Prioritization and Rollout

Prioritization and tiers

- Multiple frameworks for prioritization and tiers mentioned:
    - By division: everyone in a division are in the same "tier," no priority given to profession or role
    - By age: in the interest of being the most equitable across divisions
    - A hybrid approach: managers first identified their highest "tier" workers and then that pool was randomized based on vaccine supply
- Some institutions noted slowdowns while waiting for allocation/prioritization from the state

Prioritization "fairness"

- Prioritization is based on logic but is not necessarily evidence-based (lower prioritization of outpatient providers even though patient COVID-19 status is more variable and they often have less access to N95s/PPE)
- Providers affiliated with (but not employed by) a health system noted increased difficulties in accessing vaccines
- There was significant anxiety from trainees that they will not be prioritized
- Most people who could not get first shot agree with the sentiment that, "it's okay, I'll get one in a couple weeks"

Messaging and uptake

- Vaccination is "highly encouraged" but not mandatory at any institution
- Close to 100% willingness among our participating physician groups. Much lower willingness noted in RNs and staff (especially BIPOC and immigrant communities in professions like environmental services)
- With social media posting, the group noted the importance of balancing messaging at a time when many patients and providers do not have access to the vaccine
    - Message should focus on vaccines for patient safety and health care system capacity ("I get the shot so I can continue to care for you, until you can get vaccinated, too")
    - Need more messaging explaining the continued need for PPE and physical distancing with vaccinations, risk/benefit for pregnant/breastfeeding faculty

Managing and timing side effects

- Most sites were encouraging vaccinations at the end of service shifts
- Important to focus on shift schedule with respect to Dose #1 AND Dose #2 (21 to 28 days later), especially since Dose #2 has higher reported incidence of side effects (FDA Pfizer)
- Rollout within departments is staggered to prevent the entire Emergency Medicine or Hospital Medicine service to be out at the same time
- Most sites allowed return to work if mild symptoms within 2-3 days of vaccination

- >24-hour fever or other symptoms, recommend screening protocol/testing

Turns out you aren't scared of needles. And you don't think someone would inject you with something harmful. Or withhold treatment. Right now, you are mostly mad. Rightfully so. And still unsure. But you kept the dialogue open. And this? This was a tiny win. Because me going first means, just maybe, you might go second." — Dr. Kimberly Manning (a discussion with a patient about the COVID vaccine)

Role of the Hospitalist in Vaccination Efforts

Logistics and planning

- Most operations were led by occupational health. Many groups feel hospitalists were not as involved in the vaccine logistics as they could have been, with varying degrees of success from system to system
  - Some had "signup by sub-tier" with invitations going out in waves
  - Invitations sent by email, website, or via symptom screening tool already in use
  - One system allowed employees to all sign up at once, which crashed the system
- ALL groups feel transparency is paramount in rollout

Setting an example

- There was consensus that SHM and Hospital Medicine groups should set an example for vaccinations and be role models to patients, nurses, and the public
- There should be a focus on high-risk groups and communities that may be high risk for not wanting to get vaccinations

Our next meeting will be January 15, 2021, with updates from the Clinical Pathways and Medical Education Work Groups.

Key Takeaways

1. Transparency is paramount in vaccination prioritization and rollout.
2. SHM and Hospital Medicine groups should set an example for vaccinations and be role models to patients, nurses, and the public.
3. Focus on shift schedule with respect to Dose #1 AND Dose #2, and encourage scheduling follow-up during the first administration.

Links:
HOMERuN COVID-19 Knowledge Base: https://www.hospitalinnovate.org/covid19/
FDA EUA Pfizer-BioNTech COVID-19 Vaccine: https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
Dr. Manning (COVID Vaccine
Discussion): https://twitter.com/gradydoctor/status/1339962981455720448

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