2024-2025 Alberta Outreach Immunization Program

The PPO REDCap Survey

Provincial Partner Oversight Team – July 2024



PPO Team History



Established Fall 2022 within the CDC Provincial Immunization program in response to requirements in the Alberta Health Outreach Immunization Policy.



AHS to Monitor the Alberta Outreach Immunization Program for the highest risk seniors congregate care facilities across Alberta.



The PPO Team was created. We are a virtual team of Registered Nurses with experience in public health and immunizations.

PPO Team Responsibilities



Act as a resource to facilities prior to and during the 2024-2025 Outreach Immunization Program



Follow up with facilities to ensure they have an immunization provider



Collect number of vaccines required from facilities and report to Alberta Health and Public Health for vaccine allocation and distribution

Supports available from the PPO Team



Quarterly newsletter, PPO Webpage, Fall forums.



Available as a resource for facilities.

Role of Congregate Care Facility Operators and Facility Staff



Owners and operators of facilities are responsible for ensuring immunization services for residents and staff are in place.



Immunization Providers: In-house Providers, Community Pharmacies, WHS/OHS, zone Public Health



The Alberta Health 'Alberta Outreach Immunization
Program Policy'(AIP)
document outlines roles and responsibilities for the PPO team, facilities and immunization providers.

Why Immunize?



Residents of congregate care facilities are at highest risk of severe outcomes, hospitalization, and death due to vaccine preventable diseases.



As adults age, immunizations become more important due to their immune systems declining.



With staff and visitors coming and going within facilities, the risk of exposure to respiratory infections is increased.



Immunization is one important component of keeping residents living in facilities healthy.

REDCap Survey

- It is a web-based application that helps collect data.
- An email with an individualized REDCap survey link is sent to the main contact at each seniors congregate care facility the PPO Team works with.
- PPO uses survey results to inform Alberta Health of vaccine allocation numbers and immunization providers.
 This ensure timely access to vaccine.

Who is the best person from your facility to complete the Survey?



The person who has access to:

- Your Immunization Provider(s)
- Information about the number of residents and staff

This person is usually a Wellness Coordinator or Director, Educator or another responsible clinical staff member.

What type of facility are you?

- □ Type A CCH
- Type B CCH
- and/or Supportive Living

**CCH = Continuing Care Home

**Facilities may have more than one type

Continuing Care Glossary | Alberta Health Services

Resident information

- # of residents 64 years and younger
- # of residents 65 and older
- Which Immunization Provider will be providing outreach immunization to residents? You may have more than one for your facility.

Staff information

- # of staff 64 years and younger
- # of staff 65 years and older
- Which Immunization Provider will be providing outreach immunization to staff? You may have more than one for your facility.

Vaccine dose estimation -Residents and Staff

- Base your total number of vaccine doses on what you provided last season and add 10%.
- ☐ If you are not sure, base your estimation on 80% uptake.

Pharmacy Immunization Provider:

Have your chosen pharmacist complete the Pharmacy Worksheet:

- All fields in the Worksheet are required to complete the Survey
- You will need to get some information from the Pharmacy directly
- Worksheet does not need to be returned to the PPO Team

Pharmacy Outreach Immunization Worksheet for 2024-2025 Season

Instructions for Congregate Care Facility: You need to complete a separate worksheet for each Pharmacy Provider. Fill in Facility Information and send a copy to each of your Pharmacy Provider(s).

Facility Information		
Name of Facility		AHS Zone
Primary Contact		
Name & Role/Job Title		Fax
Email		Phone (include extension if applicable)
Vaccine Doses Required to Support This Facility		
Total # of High Dose Quadrivalent Influenza doses for		of Standard Quadrivalent Influenza doses for
65 years and over	64 year	rs and under
T-1-1# - (OO) //D 40 - 1		
Total # of COVID-19 doses		

Instructions for Pharmacy: Complete the section below and return the form to the Congregate Care

Pharmacy Information		
Name of Pharmacy and Store # (e.g.Rexall 7220)	ACP ID number (ACP	ID:1234)
Address	City / Town	Postal Code
Phone (include extension if applicable)	Fax	
Name of Primary Wholesale Distributor (PWD)		
Primary Contact		
Name	Email	
Alternate Contact		
Name	Email	
Vaccine Doses to be Provided by Pharmacy		
Total # of High Dose Quadrivalent Influenza doses	Total # of Standard Qua	adrivalent Influenza dose
Total # of COVID-19 doses		

^{*} When your Pharmacy Provider returns this form, keep a copy on hand to assist with the completion of the Provincial Partner Oversight (PPO) Outreach Immunization Survey

All other Providers:

- Organization & Company Name
- Address of Organization or Company
- Names(s), Role & contact information for the main contact

Complete the Survey by July 17th, 2024



Completing the Survey on time ensures:

- Your facility will receive timely support in securing an Immunization Provider and vaccine.
- Your facility can begin immunizing as soon as vaccine is available.
- Your residents and staff will be protected as early as possible.



Before you begin

The Alberta Health Services (AHS) Provincial Partner Oversight (PPO) Team is sending you this surve we are collecting in the survey is vital for effective planning of the 2024-2025 Outreach Immunization providers (for example in-house providers, Workplace Health & Safety, AHS Public Health):

It is very important to **complete** this survey by end of day **July 17th**.

Assign the best person from your facility to complete the survey. This person should be able to ide immunization providers at your facility as well as the number of residents and staff.

immunization providers.

Gather all necessary information before starting the survey. This information includes:

What type of facility are you?

- Type A Continuing Care Home (CCH), previously Long Term Care (LTC)
- Type B CCH, previously Designated Supportive Living (DSL)
- Supportive Living, previously Non-Designated Supportive Living (NDSL)

Resident information:

- · # of residents 64 years and younger
- · # of residents 65 and older
- · Who will be providing outreach immunization to residents?

- All information in the worksheet is also required in the survey
- You do not need to send the worksheet to the PPO Team

- Organization or company name
- · Address of organization or company
- Name(s), role(s), designation (if applicable), and contact information for the main contact

Before answering the questions, you will need to collect some information about your facility and \ Contact the PPO Team at congregatelivingimmsupport@ahs.ca or call 1-855-444-2324 if you have questions about completing the survey or questions related to the 2024-2025 Outreach Immunization Program.

Check out the PPO Team webpage for more information.

Once you have the required information, we anticipate it will take you about 10 minutes to complete the survey.

I have gathered the information listed above and I am ready to continue.	
* must provide value	
○ Yes	
○ No	
	reset

Next Page >> Save & Return Later



We have the following information about your facility:

Facility name:	[facility_name]
Facility address:	[street_address] [city], AB [postal_code]
Facility phone:	[facility_phone]
Main contact for PPO communications:	Name: [main_contact_name] Email: [main_contact_email] Phone: [main_contact_phone]
Alternate contact for PPO communications:	Name: [alt_contact] Email: [alt_contact_email] Phone: [alt_contact_phone]

Alternate	Name: [alt_contact]
contact for PPO communications:	Email: dolly.bondarianzadeh@ahs.ca
	Phone: (403) 123-1234 ext4
Additional	Name(s):
contacts for PPO communications:	Email(s):
communications.	Phone(s):
Are there any upo	lates for the facility information above?
Please click "Yes" if	there is missing or incorrect information. You can add or correct information in the boxes above.
* must provide value	
Yes	
O No	
	reset
Please provide up	dates here:
* must provide value	

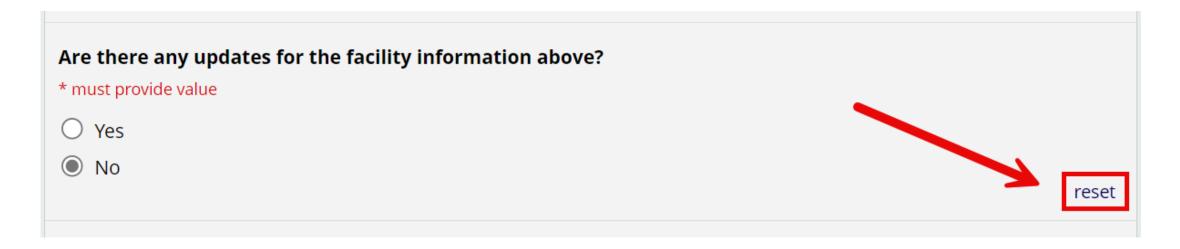
We have the following information about your facility type:

(One facility may have multiple types depending on the services it provides to residents.)

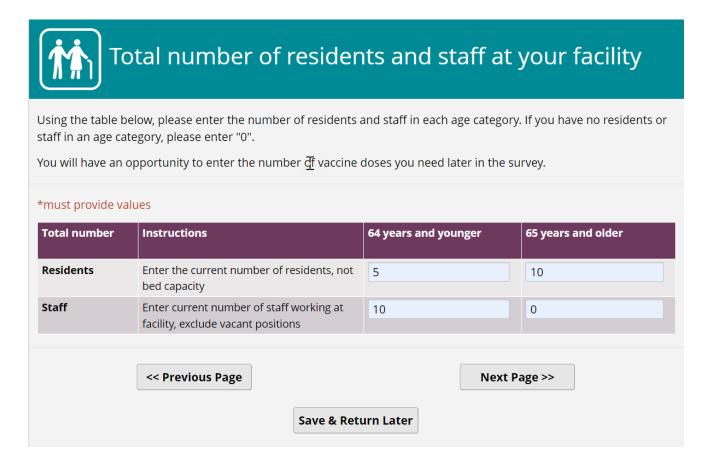
Setting (new Continuing Care Act definition)	Previously known as	Definition	Does the facility meet the criteria for the definition?
Type A Continuing Care Home (CCH)	Long Term Care (LTC)	Scheduled and unscheduled professional and personal care support provided by RNs and HCAs	[setting_cch_a]
Type B Continuing Care Home (CCH)	Designated Supportive Living (DSL) including DSL4D, DSL4 or DSL3	Scheduled and unscheduled professional and personal care support provided by LPNs and/of HCAs and may be in a secure space	[setting_cch_b]
Supportive Living	Non- Designated Supportive Living (NDSL)	Buildings or units in buildings that are intended for permanent or long-term residential living, where supportive living services are provided to assist residents to live as independently as possible	[setting_supportiveliving]

Are there any updates for the facility type information above?	
* must provide value	
○ Yes	
○ No	
	rese

Remember: you can always reset your answer if needed.

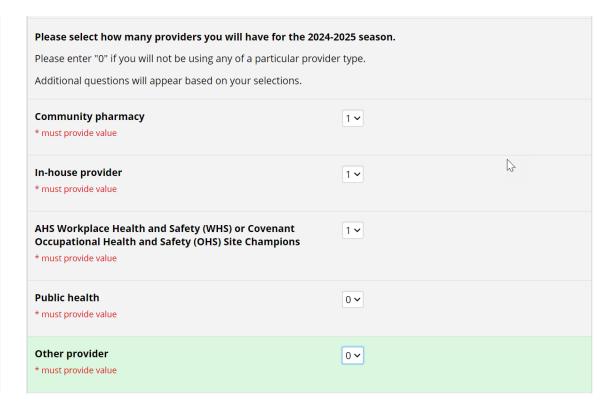


Record number of residents and staff based on age.

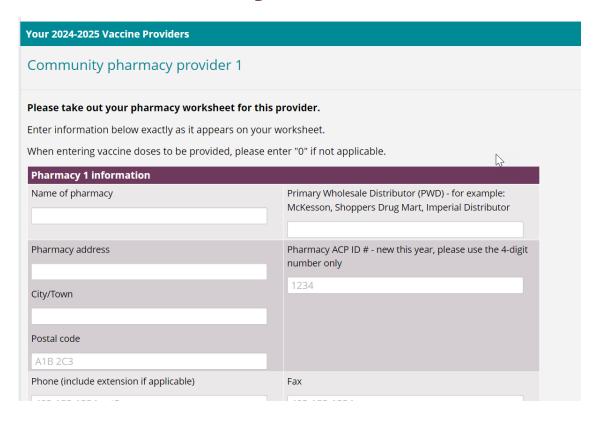


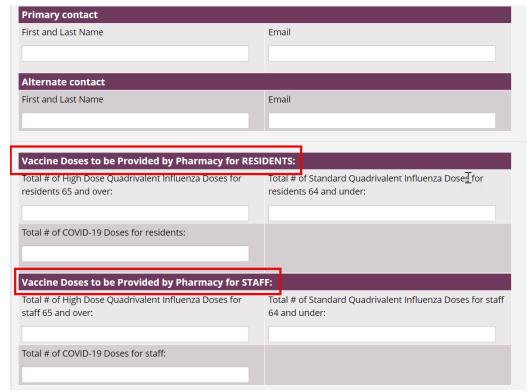
Immunization Provider Information

Please review this chart with important information about immunization providers: *must provide values Provider type Description Important notes on use can immunize **Community pharmacy** A pharmacy, usually in a retail Residents To use this option: and staff setting that provides · You need to fill out the pharmacy pharmaceutical drugs including worksheet with the immurizing certain immunizations (e.g., pharmacist before completing this CareRx, London Drugs, Medicine survey. Shoppe, etc.) In-house provider An RN, LPN, or in-house Residents To use this option: pharmacist employed by your and staff • The RN, LPN, or in-house pharmacist facility who provides need to complete specified training immunizations at your facility through AHS. • Your facility must be able to order vaccines; document vaccine data; and meet AHS vaccine, storage and handling guidelines. **AHS Workplace Health** A facility RN, LPN, paramedic or Staff only To use this option: pharmacist employed by your and Safety (WHS) or • Site Champions will need to complete **Covenant Occupational** facility who has been designated specified training through WHS or OHS. Health and Safety (OHS) as your facility's Site Champion . Vou will pood to have an additional



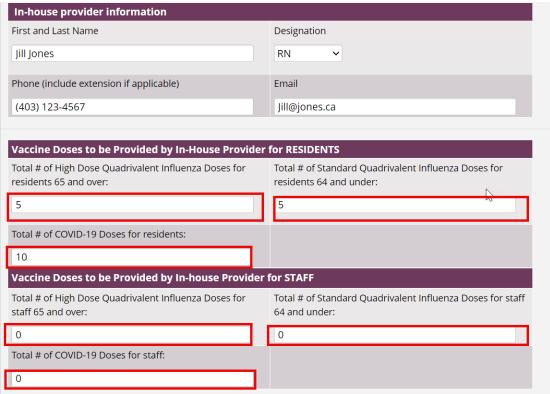
For Pharmacy Providers:



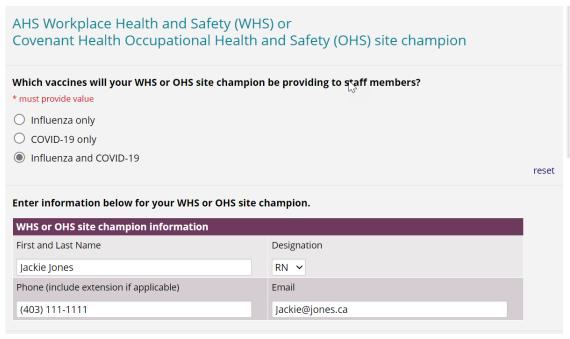


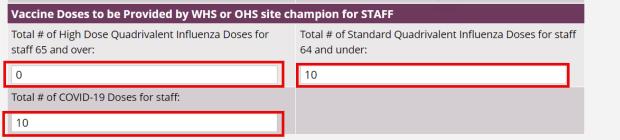
For In-House Providers:



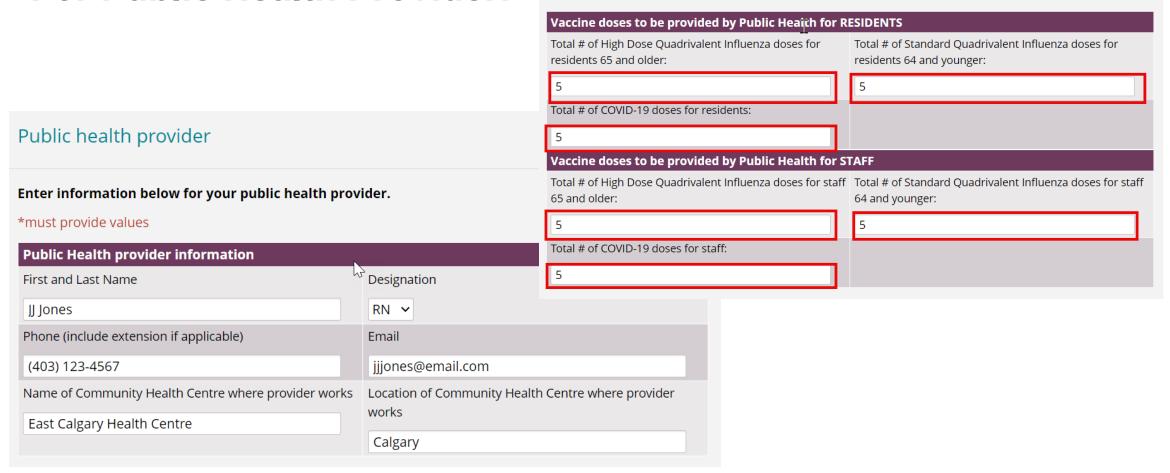


For WHS/OHS or Site Champions:

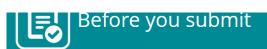




For Public Health Provider:



Review Resident Numbers:



Let's review your <u>resident</u> vaccine information

Please **review the vaccine information** you entered into this form for your **RESIDENTS**.

The table below summarizes data that you entered in this form.

Note, you should order **enough vaccine doses** for **ALL residents** who wish to be immunized at the facility.

Vaccine type	Column A: Total # vaccine doses that you ordered	Column B: Total # residents this vaccine applies to	Quality assurance check: Does Column A = Column 3?
Standard Quadrivalent Influenza vaccine	15 vaccine doses	5 residents 64 and younger	If you are ordering enough vaccine doses to offer immunization to all residents: The number in Column A should equal the number in Column B for each vaccine type.
High Dose Quadrivalent Influenza vaccine	20 vaccine doses	10 residents 65 and older	See an error? Please stop here and review the form for accuracy: • You can check Total # vaccine doses that you ordered in the "Immunization provider" tables on the previous page. • You can check Total # residents this
COVID-19 vaccine	30 vaccine doses	15 total residents	vaccine applies to in the "Total number of residents and staff at

Please add your notes here for the PPO team about any discrepancies between vaccine doses ordered and number of residents:		
<i>\\</i> 2		

Review Staff Numbers:

Let's review your staff vaccine information

Please review the vaccine information you entered into this form for STAFF at your facility.

The table below summarizes data that you entered in this form.

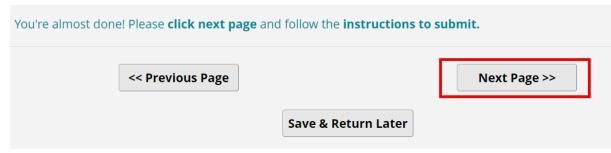
When you offer staff vaccines, you help keep residents safe and prevent staff from bringing illness home.

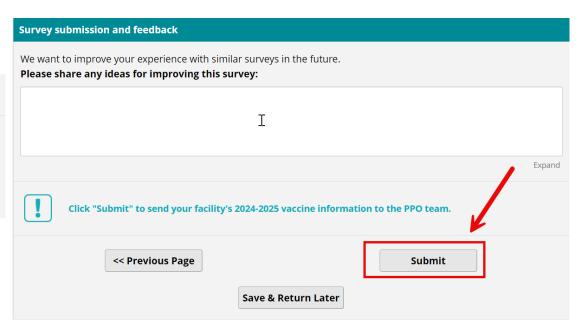
Vaccine type	Column A: Total # vaccine doses that you ordered	Column B: Total # staff this vaccine applies to	Quality assurance check: Does Column A = Column B?
Standard Quadrivalent Influenza vaccine	20 vaccine doses	10 staff 64 and under	If you are ordering enough vaccine doses to offer vaccination to all staff: The number in Column A should equal the number in Column B for each vaccine type.
High Dose Quadrivalent Influenza vaccine	0 vaccine doses	0 staff 65 and over	See an error? Please stop here and review the form for accuracy: • You can check Total # vaccine doses that you ordered in the "Vaccine provider" tables. • You can check Total # staff this vaccine
COVID-19 vaccine	20 vaccine doses	10 total staff	applies to in the "Total vaccine dose required" section.

Please add your notes here for the PPO team about any discrepancies between vaccine doses ordered and number of staff:		
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Submitting Results:

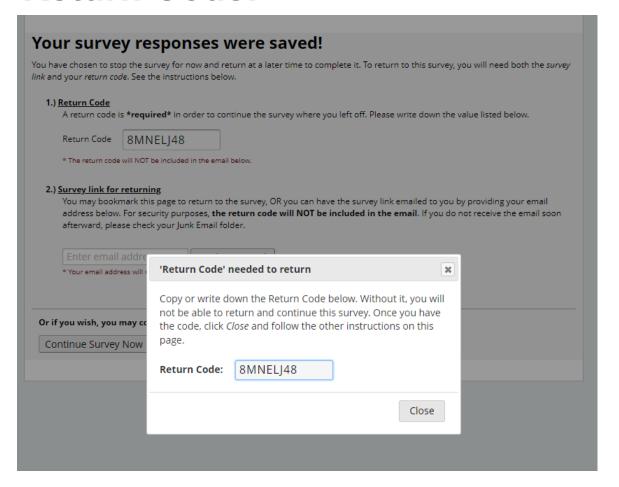




Your survey was successfully submitted.

Thank you for helping us to prepare for the 2024-2025 Outreach Immunization Program!

Return Code:



Tips and Tricks

1

Complete the checklist and Pharmacy Worksheet prior to starting the Survey.

2

Use the return code to come back to the Survey if you can't complete all at once.

3

Fill out all questions on the Survey – even if the value is zero.

4

Email or call the PPO Team if you need help. We are here to make this process easier! 5

Ensure you click Submit at the end.



Provincial Partner Oversight Team

Contact Us

Email: congregatelivingimmsupport@ahs.ca

CDC Intake Line: 1-855-444-2324

PPO Webpage: https://www.albertahealthservices.ca/info/Page18413.aspx