

A grayscale photograph of two hands clasped together, one appearing to be an older person's hand and the other a younger person's hand, symbolizing care and support. The background is a dark, muted purple.

# 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.



# Before starting the Survey, gather the following:

## 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

# Before starting the Survey, gather the following:

## 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.

# Before starting the Survey, gather the following:

## 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.

# Before starting the Survey, gather the following:

## **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.

# Before starting the Survey, gather the following:

## 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 <i>(include extension if applicable)</i>
Vaccine Doses Required to Support This Facility	
Total # of High Dose Quadrivalent Influenza doses for 65 years and over	Total # of Standard Quadrivalent Influenza doses for 64 years and under
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.*

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

Pharmacy Information		
Name of Pharmacy and Store # (e.g. Rexall 7220)	ACP ID number <i>(ACP ID:1234)</i>	
Address	City / Town	Postal Code
Phone <i>(include extension if applicable)</i>	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 Quadrivalent Influenza doses	
Total # of COVID-19 doses		

# Before starting the Survey, gather the following:

## 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 17<sup>th</sup>, 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.

# The Survey



## Before you begin

The Alberta Health Services (AHS) Provincial Partner Oversight (PPO) Team is sending you this survey because the information we are collecting in the survey is vital for effective planning of the 2024-2025 Outreach Immunization Program.

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 identify all immunization providers at your facility as well as the number of residents and staff.

Before answering the questions, you will need to collect some information about your facility and your 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

All other immunization providers (for example in-house providers, Workplace Health & Safety, AHS Public Health):

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

Contact the PPO Team at [congregatelivingimmsupport@ahs.ca](mailto: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



# The Survey



## Facility information

We have the following information about your facility:

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

<b>Alternate contact for PPO communications:</b>	Name: [alt_contact] Email: dolly.bondarianzadeh@ahs.ca Phone: (403) 123-1234 ext4
<b>Additional contacts for PPO communications:</b>	Name(s): _____ Email(s): _____ Phone(s): _____

### Are there any updates 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  
 No

reset

### Please provide updates here:

\* must provide value

# The Survey

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?
<b>Type A Continuing Care Home (CCH)</b>	Long Term Care (LTC)	Scheduled and unscheduled professional and personal care support provided by RNs and HCAs	[setting_cch_a]
<b>Type B Continuing Care Home (CCH)</b>	Designated Supportive Living (DSL) including DSL4D, DSL4 or DSL3	Scheduled and unscheduled professional and personal care support provided by LPNs and/or HCAs and may be in a secure space	[setting_cch_b]
<b>Supportive Living</b>	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



reset

# The Survey

**Remember:** you can always reset your answer if needed.

**Are there any updates for the facility information above?**

\* must provide value

Yes

No



reset

# The Survey

Record number of residents and staff based on age.



## Total number of residents and staff at your facility

Using the table below, please enter the number of residents and staff in each age category. If you have no residents or staff in an age category, please enter "0".

You will have an opportunity to enter the number of vaccine doses you need later in the survey.

\*must provide values

Total number	Instructions	64 years and younger	65 years and older
Residents	Enter the current number of residents, not bed capacity	<input type="text" value="5"/>	<input type="text" value="10"/>
Staff	Enter current number of staff working at facility, exclude vacant positions	<input type="text" value="10"/>	<input type="text" value="0"/>

<< Previous Page

Next Page >>

Save & Return Later

# The Survey

## Immunization Provider Information

Please review this chart with important information about immunization providers:

\*must provide values

Provider type	Description	Who they can immunize	Important notes on use
<b>Community pharmacy</b>	A pharmacy, usually in a retail setting that provides pharmaceutical drugs including certain immunizations (e.g., CareRx, London Drugs, Medicine Shoppe, etc.)	Residents and staff	To use this option: <ul style="list-style-type: none"> <li>You need to fill out the pharmacy worksheet with the immunizing pharmacist <b>before</b> completing this survey.</li> </ul>
<b>In-house provider</b>	An RN, LPN, or in-house pharmacist <b>employed by your facility</b> who provides immunizations at your facility	Residents and staff	To use this option: <ul style="list-style-type: none"> <li>The RN, LPN, or in-house pharmacist need to complete specified training through AHS.</li> <li>Your facility must be able to order vaccines; document vaccine data; and meet AHS vaccine, storage and handling guidelines.</li> </ul>
<b>AHS Workplace Health and Safety (WHS) or Covenant Occupational Health and Safety (OHS)</b>	A facility RN, LPN, paramedic or pharmacist employed by your facility who has been designated as your facility's Site Champion	Staff only	To use this option: <ul style="list-style-type: none"> <li>Site Champions will need to complete specified training through WHS or OHS.</li> <li>You will need to have an additional</li> </ul>

Please select how many providers you will have for the 2024-2025 season.

Please enter "0" if you will not be using any of a particular provider type.

Additional questions will appear based on your selections.

**Community pharmacy**

\* must provide value

**In-house provider**

\* must provide value

**AHS Workplace Health and Safety (WHS) or Covenant Occupational Health and Safety (OHS) Site Champions**

\* must provide value

**Public health**

\* must provide value

**Other provider**

\* must provide value

# The Survey

## For Pharmacy Providers:

**Your 2024-2025 Vaccine Providers**

Community pharmacy provider 1

**Please take out your pharmacy worksheet for this provider.**  
Enter information below exactly as it appears on your worksheet.  
When entering vaccine doses to be provided, please enter "0" if not applicable.

**Pharmacy 1 information**

Name of pharmacy	Primary Wholesale Distributor (PWD) - for example: McKesson, Shoppers Drug Mart, Imperial Distributor
Pharmacy address	Pharmacy ACP ID # - new this year, please use the 4-digit number only
City/Town	1234
Postal code	
Phone (include extension if applicable)	Fax

**Primary contact**

First and Last Name	Email
---------------------	-------

**Alternate contact**

First and Last Name	Email
---------------------	-------

**Vaccine Doses to be Provided by Pharmacy for RESIDENTS:**

Total # of High Dose Quadrivalent Influenza Doses for residents 65 and over:	Total # of Standard Quadrivalent Influenza Doses for residents 64 and under:
Total # of COVID-19 Doses for residents:	

**Vaccine Doses to be Provided by Pharmacy for STAFF:**

Total # of High Dose Quadrivalent Influenza Doses for staff 65 and over:	Total # of Standard Quadrivalent Influenza Doses for staff 64 and under:
Total # of COVID-19 Doses for staff:	

# The Survey

## For In-House Providers:

**In-house provider**

**Has your facility provided in-house immunizations in the past?**  
*\* must provide value*

Yes  
 No

reset

**Where do you store your vaccines?**  
*\* must provide value*

On-site fridge  
 Public health  
 Other (please specify) {other\_storage}

reset

**In-house provider information**

First and Last Name:  Designation:

Phone (include extension if applicable):  Email:

**Vaccine Doses to be Provided by In-House Provider for RESIDENTS**

Total # of High Dose Quadrivalent Influenza Doses for residents 65 and over:

Total # of Standard Quadrivalent Influenza Doses for residents 64 and under:

Total # of COVID-19 Doses for residents:

**Vaccine Doses to be Provided by In-house Provider for STAFF**

Total # of High Dose Quadrivalent Influenza Doses for staff 65 and over:

Total # of Standard Quadrivalent Influenza Doses for staff 64 and under:

Total # of COVID-19 Doses for staff:

# The Survey

## For WHS/OHS or Site Champions:

AHS Workplace Health and Safety (WHS) or  
Covenant Health Occupational Health and Safety (OHS) site champion

Which vaccines will your WHS or OHS site champion be providing to staff members?

\* must provide value

- Influenza only
- COVID-19 only
- Influenza and COVID-19

reset

Enter information below for your WHS or OHS site champion.

### WHS or OHS site champion information

First and Last Name

Jackie Jones

Designation

RN

Phone (include extension if applicable)

(403) 111-1111

Email

Jackie@jones.ca

### Vaccine Doses to be Provided by WHS or OHS site champion for STAFF

Total # of High Dose Quadrivalent Influenza Doses for  
staff 65 and over:

0

Total # of Standard Quadrivalent Influenza Doses for staff  
64 and under:

10

Total # of COVID-19 Doses for staff:

10



# The Survey

## For Public Health Provider:

### Public health provider

Enter information below for your public health provider.

\*must provide values

#### Public Health provider information

First and Last Name

JJ Jones

Designation

RN

Phone (include extension if applicable)

(403) 123-4567

Email

jjjones@email.com

Name of Community Health Centre where provider works

East Calgary Health Centre

Location of Community Health Centre where provider works

Calgary

#### Vaccine doses to be provided by Public Health for RESIDENTS

Total # of High Dose Quadrivalent Influenza doses for residents 65 and older:

5

Total # of Standard Quadrivalent Influenza doses for residents 64 and younger:

5

Total # of COVID-19 doses for residents:

5

#### Vaccine doses to be provided by Public Health for STAFF

Total # of High Dose Quadrivalent Influenza doses for staff 65 and older:

5

Total # of Standard Quadrivalent Influenza doses for staff 64 and younger:

5

Total # of COVID-19 doses for staff:

5

# The Survey

## Review Resident Numbers:



Before you submit

Let's review your resident 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 B?
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:  <b>The number in Column A should equal the number in Column B for each vaccine type.</b>  See an error? Please stop here and review the form for accuracy: <ul style="list-style-type: none"><li>You can check Total # vaccine doses that you ordered in the "Immunization provider" tables on the previous page.</li><li>You can check Total # residents this vaccine applies to in the "Total number of residents and staff at</li></ul>
High Dose Quadrivalent Influenza vaccine	20 vaccine doses	10 residents 65 and older	
COVID-19 vaccine	30 vaccine doses	15 total residents	

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

Expand

# The Survey

## 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:  <b>The number in Column A should equal the number in Column B for each vaccine type.</b>
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: <ul style="list-style-type: none"><li>You can check Total # vaccine doses that you ordered in the "Vaccine provider" tables.</li><li>You can check Total # staff this vaccine applies to in the "Total vaccine dose required" section.</li></ul>
COVID-19 vaccine	20 vaccine doses	10 total staff	

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

Expand

# The Survey

## Submitting Results:

You're almost done! Please **click next page** and follow the **instructions to submit**.

<< Previous Page

Next Page >>

Save & Return Later

### Survey submission and feedback

We want to improve your experience with similar surveys in the future.  
**Please share any ideas for improving this survey:**

Expand



Click "Submit" to send your facility's 2024-2025 vaccine information to the PPO team.

<< Previous Page

Submit

Save & Return Later

Your survey was successfully submitted.

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



# The Survey

## Return Code:

**Your survey responses were saved!**

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

**1.) Return Code**  
A return code is **\*required\*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code:

\* The return code will NOT be included in the email below.

**2.) Survey link for returning**  
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

Enter email address:

\* Your email address will be used to email you the survey link.

Or if you wish, you may continue the survey now.

**'Return Code' needed to return**

Copy or write down the Return Code below. Without it, you will not be able to return and continue this survey. Once you have the code, click *Close* and follow the other instructions on this page.

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.



Questions?

## Contact Us

Email: [congregatelivingimmsupport@ahs.ca](mailto:congregatelivingimmsupport@ahs.ca)

CDC Intake Line: **1-855-444-2324**

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