

COVID-19: Vaccination Upon Discharge From Hospitals, Emergency Departments, and Urgent Care Facilities

Hospitals, emergency departments (ED), and urgent care facilities (UC) play an influential role in building confidence in and improving COVID-19 vaccine uptake. Health care professionals are the most trusted source of health information for their patients. Making recommendations to receive COVID-19 vaccine a routine and universal part of health care encounters is a key strategy for achieving high levels of immunity in our communities. To promote access to COVID-19 vaccination, health care providers and hospital systems are encouraged to take every opportunity to speak with patients about COVID-19 vaccination. To the greatest extent possible given available resources, vaccines should be made available in all locations where patients receive scheduled and unscheduled care. Therefore, at this time, health systems should routinely administer vaccinations at discharge to patients in hospitals, EDs, and in urgent care facilities.

Why Vaccinate in EDs and UCs?

According to the Centers for Disease Control and Prevention (CDC), EDs serve as the primary—and often only—health care access point for up to a fifth of the U.S. population, and UCs handle more than 29% of all primary care visits in the country. Using these additional sites to administer vaccines can help prevent the spread of COVID-19 in the community and reduce morbidity and mortality related to the disease.

Health Equity

COVID-19 has disproportionately impacted vulnerable communities, including communities of color and areas of low socioeconomic status. Vaccination programs can mitigate health inequities by investing new resources to make vaccines available in venues that are most easily accessible to patients who are medically underserved. Medical providers serving individuals in a county with a high [Social Vulnerability Index \(SVI\)](#), hospitals designated by the Centers for Medicare & Medicaid Services (CMS) as [Disproportionate Share Hospitals \(DSH\)](#), and hospitals included in the Health Resources & Services Administration (HRSA) [Small Rural Hospital Improvement Program \(SHIP\)](#) are all strongly urged to make COVID-19 vaccines universally accessible in ED, UC, and hospital settings.

How to Bring Vaccine to EDs, UCs, and Hospital Settings

If your ED, UC, or hospital location is not yet a vaccinator, below are a few ways to become a vaccinator depending on your association with a hospital system and their vaccination status.

Location Is Part of a Hospital System That Is Already an Approved Vaccinator

If your location is part of a hospital system that is already an approved vaccinator, you will have to register your location by submitting a Form B. This process consists of:

- Discussing location enrollment with your organization's COVID-19 Coordinator.
- Retrieving a Form B by logging into the [COVID-19 vaccine enrollment tool](#).
- Completing and submitting your Form B, which will include listing your organization's reference number.
- Responding to questions about your submission as you go through the approval process.

Location Is a Private Practice Not Yet Vaccinating

If your location is a private practice not yet vaccinating, you will have to register to become an approved provider. This process consists of:

- Logging into the [COVID-19 vaccine enrollment tool](#).
- Generating your forms.
- Completing and submitting all your forms.
- Responding to questions about your submissions as you go through the approval process.

The Wisconsin Department of Health Services (DHS) is available to help every step of the way by emailing dhs covidvaccinator@dhs.wisconsin.gov. Once your forms are completed, your staff will have to complete a series of trainings. You can view a detailed list of steps, frequently asked questions, and find more information about the enrollment process on the [COVID-19 vaccinator enrollment](#) webpage.

How Vaccinators Order Vaccine

Wisconsin COVID-19 vaccinators order Pfizer, Moderna, and Johnson & Johnson (Janssen) COVID-19 vaccine using the [Wisconsin Immunization Registry \(WIR\)](#). New vaccinators who do not have WIR access will be set up during the COVID-19 registration process. WIR training is required as a part of setup. Depending on the size of an order, orders placed in WIR will either be delivered by the manufacturer or by one of our state hubs.

Johnson & Johnson vaccine is currently on backorder and only available through redistribution between vaccinators on the [Wisconsin COVID-19 Vaccine Exchange](#). The Wisconsin COVID-19 Vaccine Exchange is an online tool that helps Wisconsin vaccinators receive and redistribute vaccine with each other.

For more information and step-by-step instructions on ordering vaccines in WIR, visit the DHS [COVID-19: General Guidance for Vaccinators](#) webpage.

Vaccine Administration Details

Vaccine Eligibility

Patients who are medically stable for discharge from hospital admission, 24-hour observation, or an ED or UC visit may be vaccinated if they meet age eligibility requirements and do not have contraindications. Patients with current COVID-19 infection should defer vaccination until they have met criteria to discontinue isolation.

For patients with higher acuity and presenting symptoms that the treating physician prefers are resolved prior to COVID-19 vaccination, it is recommended that a referral to a local vaccinator (frequently, this could be the hospital system treating the patient itself) be provided along with a scheduled follow-up call to confirm the appointment.

Vaccine Choice

Any COVID-19 vaccine product can be used for vaccination in these hospital settings. Please note the following tips when administering vaccines that require two doses:

- Arrange for a second-dose appointment if using a 2-dose vaccine series.
- Counsel patients why the second dose is important and encourage patients to return for it.

- Work with trusted partners to address social determinants of health that may pose barriers to receiving a second dose of vaccine, such as lack of transportation, nonflexible work schedules, primary language spoken, and other factors.

Billing

EDs and UCs can bill the patient's insurance company for administration of COVID-19 vaccine; however, this should be billed separately from the services that were provided during the patient's visit. Patients cannot be charged directly for the vaccine administration fee if they do not have health insurance and [cannot be denied vaccination because they lack of insurance](#).

HRSA has information to aid in [filing claims for reimbursement](#) for vaccine administration, including claims for uninsured patients.

Avoiding Missed Opportunities

While continuing to follow best practices to use every dose possible, health care professionals should not miss an opportunity to vaccinate any eligible person who consents to be vaccinated, **even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose**. DHS understands that there will be operational implications, such as increased wastage, for ED, UC, and hospital-based health care professionals offering COVID-19 vaccine as part of their routine care.

Best Practices When Vaccinating in ED, UC, or During Discharge

- Assess vaccination status at triage, in the patient's medical history, and during medication reconciliation by asking the patient, checking electronic medical/health records, and linking with the Wisconsin Immunization Registry (WIR).
- Adopt standard scripts for intake staff or other providers that provides a clear recommendation for vaccination and offers to address reasons for hesitancy. (e.g., "We are recommending COVID-19 vaccination to all of our patients who haven't already received it. May we give you your vaccine today?")
- Consider using a pharmacist assigned to the facility to help with medication management to support confirming vaccination status before vaccination.
- Utilize personnel not involved in the direct care of the patient, if available, to administer vaccines if the department is very busy and it would help workflow. Identifying a specific individual and back up (For example, a COVID-19 vaccine lead) in the building to handle COVID-19 vaccine on a consistent basis has proved effective. This reduces the need to train and equip multiple staff, and centralizes reporting.
- Offer vaccination services either at bedside or in special vaccination areas during discharge process.
- Encourage patients to enroll in [v-safe](#).
- Document receipt and/or refusal in the health chart and WIR.
- Complete and provide a COVID-19 Vaccination Record Card to the patient and print out a list of the vaccination(s) given, particularly for patients being transferred/discharged to rehab, long-term care, or psychiatric facilities.
- Arrange for second dose appointment, if applicable.
- Place patients in the waiting area for the 15-minute observation period after vaccination is complete to assist in improved flow and reduction of crowding.

- Create a system, such as an alert, by which staff in a specific building are notified when a vial is opened.
- If there are multiple specialties in a building, create friendly competition based on which specialty can vaccinate more people.

Your Recommendation Has an Impact

Whether you offer vaccination in your ED or not, all health care professionals can be influential in increasing vaccination across the state. Again, as people's most trusted source of vaccine information, health care professionals play an important role in helping individuals understand the importance of COVID-19 vaccination and assuring them that COVID-19 vaccines are safe and effective.

Your strong recommendation and conversations with individuals who are vaccine hesitant are critical for vaccine acceptance. Please let your patients know who have not been vaccinated how important COVID-19 vaccines are to protecting their health.

Remind individuals of the benefits of a COVID-19 vaccination, like feeling confident that you are protecting yourself and others you care about, often not having to do regular testing in many environments (work, camps, schools, sports, etc.), and not being at risk of missing out on the things you love because you get sick or have to quarantine when exposed.

Provide patients with written information about the COVID-19 vaccine to take home.

Even if you are not administering COVID-19 vaccines, you can help people feel confident in choosing to get vaccinated against COVID-19 by addressing their questions and assuring them of the safety and effectiveness of COVID-19 vaccines.

Use [DHS](#) or [CDC resources](#) to assist with addressing patients' concerns. DHS also provides training for organizations, groups, or interested parties around key vaccine messaging and how to talk to individuals who are vaccine hesitant. This presentation can be tailored to your organization or group to best reach the individuals you serve.

If you have questions, please email DHSCOVIDVaccinator@dhs.wisconsin.gov.