

COMMENTARY

“Waiting for This Day Since March”: Geisinger’s Covid-19 Vaccine Program

Karen M. Murphy, PhD, RN, Jaewon Ryu, MD, Allison Hess, MBA, Stephanie A. Gryboski, MHA, Stanley I. Martin, MD

Vol. No. | December 22, 2020

DOI: 10.1056/CAT.20.0683

Vaccinations against Covid-19 have begun. Here is how Geisinger is responding to the many logistical questions facing health care organizations.

The brightest day of 2020 may have been the 11th of December. It was the day the U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for the long-awaited Pfizer-BioNTech vaccine for the prevention of Covid-19. The announcement was met with great excitement across the country.

At Geisinger, we had been planning for vaccine distribution and administration in anticipation of the EUA. It was clear that coordinating an immunization effort of this magnitude was unprecedented and carried unique considerations. The challenges inherent in the distribution and storage requirements have been well-publicized, but there were also numerous additional considerations that came into play as we prepared to build an effective immunization program. They included the following questions.

Who Are We Immunizing First?

Federal and state directives called for immunizing health care workers and skilled nursing facility patients and staff in the initial vaccine distribution. Vaccines for skilled nursing facilities were managed independently. Since we knew the first distribution would likely be limited, we segmented our employees into groups. We initiated the vaccine program with frontline workers who had the most significant and consistent exposure to Covid-19, with a plan to then proceed to other groupings that had lower risk as more vaccine became available.

How Do We Coordinate Scheduling an Immunization for Employees?

Developing a scheduling system required significant planning and support due to complex logistics for distribution. Major consideration was given to scheduling for both of the immunizations in the required series. We determined that it was best to stagger the scheduling of frontline workers within each department. This offered potential mitigation of having multiple employees unable to work due to a reaction to the vaccine. Managers were empowered to develop schedules within their teams accordingly. We also scheduled immunizations 7 days per week, allowing more staff to be available from our outpatient clinics to administer the vaccine, in addition to further staggering the scheduling across the full week.

“

We initiated the vaccine program with frontline workers who had the most significant and consistent exposure to Covid-19, with a plan to then proceed to other groupings that had lower risk as more vaccine became available.”

What Types of Digital Applications Can We Leverage?

We built a digital application to manage the registration, eligibility, and scheduling of appointments. The application allowed employees to register, confirm eligibility, review the EUA and FAQs, and schedule a vaccine appointment electronically. This technology reduced the number of staff members needed to manage call centers and allowed for real-time scheduling.

What Are the Best Ways to Effectively Communicate Important Information?

Our goal was to encourage as many employees as possible to be immunized. It was understood that communication on vaccine availability, grouping/sequencing criteria, scheduling, and safety was key to ensuring immunization of a large number of employees. It was also critical to communicate across the enterprise that it was necessary to maintain vigilance on social distancing, masking, and hand hygiene following the immunization.

During the pandemic, we had completely revamped our enterprise communications, using multiple and frequent channels such as virtual town hall meetings, individual email blasts, and Web-based media to disseminate important information. We utilized the same approach to report the details of the vaccine program. We also developed externally facing communications to provide the public with access to the most current information on the vaccine.

What Uncertainties Do We Need to Plan For?

It was recognized early in the planning that we were developing an operational infrastructure that encompassed inherent uncertainties. The program had to be developed with a degree of flexibility.

Initially, we had to be ready to activate the program staffed at various levels in size and locations. The exact date of arrival and the amount of vaccine we would be receiving was undisclosed. Contingencies in the program were developed to accommodate a wide range of immunizations. We also needed to add increased security personnel in a short period of time based on instructions we received hours before the vaccine arrived.

“ *We conducted an employee survey prior to the EUA, with over 16,000 employees responding. We were pleased that the majority of our employees indicated that they viewed the immunization as safe and would be willing to be immunized.* ”

Estimating the number of employees who would be immunized was challenging. We conducted an employee survey prior to the EUA, with over 16,000 employees responding. We were pleased that the majority of our employees indicated that they viewed the immunization as safe and would be willing to be immunized. This information was helpful in planning the scope of the program at each platform.

We also planned for potential disruptions in clinic schedules. This was an important consideration due to the requirement to use the vaccine within hours after reconstitution. One of our largest concerns was that a dose of the vaccine would be wasted. Geisinger is located in central and northeast Pennsylvania, where inclement weather can bring hazardous driving conditions. As luck would have it, a large snowstorm swept through the area 24 hours after receiving our initial allotment of vaccine. We were able to schedule clinics to begin earlier than planned due to the adverse weather. We will monitor weather 10 days in advance to adjust the vaccine clinic schedules accordingly.

Finally, our vaccination program had to be nimble to respond in real time to the evolution of guidelines on dosing, indications, and additional information on the vaccine from regulators such as the FDA, Advisory Committee on Immunization Practices (ACIP), Pennsylvania Department of Health, and vaccine manufacturers. We developed a rapid response communication plan to share changes to the program as they became available.

As with all aspects of the pandemic, we continue to learn daily. The insight that we have gained during the initial phase of our vaccine program will undoubtedly be beneficial as we move forward to include vaccines from other manufacturers, as well as developing vaccine programs for our patients and community at large. Despite the complexity of the program, we are overjoyed to do this work. As one of Geisinger’s frontline nurses immunized in the first wave tearfully said, “Thank you. I’ve been waiting for this day since March.”

Karen M. Murphy, PhD, RN

Executive Vice President and Chief Innovation Officer, Geisinger

Jaewon Ryu, MD

President and Chief Executive Officer, Geisinger

Allison Hess, MBA

Vice President of Health Services, Geisinger

Stephanie A. Gryboski, MHA

Associate Vice President, Emergency and Employee Health, Geisinger

Stanley I. Martin, MD

Division Director of Infectious Disease, Geisinger