# Increasing Access to Vaccination Opportunities: COVID-19 Vaccination upon Discharge from Hospitals, Emergency Departments, and Urgent Care Facilities

**To promote access to COVID-19 vaccination, jurisdictions are encouraged to administer vaccinations at discharge to patients in hospitals, emergency departments (EDs) and in urgent care facilities (UCs).** The Centers for Disease Control and Prevention (CDC) will continue to provide technical assistance to support jurisdictions to distribute vaccine and enroll new facilities with a focus on reaching disproportionately affected communities.

- EDs serve as the primary—and often only—health care access point for up to a fifth of the U.S. population.
- Urgent care clinics handle about 89 million patient visits each year, or more than 29% of all primary care visits in the country, and nearly 15% of all outpatient physician visits.
- Expanding COVID-19 vaccine availability via these settings can therefore increase access to vaccinations.

Hospital, ED, and UC facilities in the United States can play an influential role in building confidence in and improving COVID-19 vaccine uptake, as healthcare providers are the most trusted source of health information.

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.

**Jurisdictions should allocate vaccines to EDs and UCs to be administered during patient discharge. Jurisdictions may want to start by prioritizing facilities located in counties with a high Social Vulnerability Index (SVI) ranking to help increase health equity in COVID-19 vaccination.**

Jurisdictions should also consider enrolling hospitals designated by the Centers for Medicare & Medicaid Services (CMS) as Disproportionate Share Hospitals (DSH), hospitals included in the Health Resources & Services Administration (HRSA) Small Rural Hospital Improvement Program (SHIP), and other hospitals that serve a large number of people who have no other routine source of care, even if not located in high SVI counties.

Existing jurisdictional vaccine supply will be used; no separate allocation will be provided.

**After establishing efforts to vaccinate patients upon discharge in EDs, jurisdictions should encourage the enrolled hospitals to expand COVID-19 vaccination efforts at discharge to all hospital departments.** For example, postpartum discharges and patients being discharged to long-term care or rehabilitation facilities could be important additions to vaccination at discharge efforts.

After first focusing on increasing vaccinations in facilities in high-SVI areas, jurisdictions are encouraged to then scale up the activity and enroll hospitals, EDs, and UCs in other areas.

## How jurisdictions can help:

Ensure that all enrolled facilities receive training for the proper vaccine storage, handling, preparation, administration, billing, and reporting requirements of the CDC COVID-19 Vaccination Provider Agreement. Jurisdictions should also educate facilities to offer vaccination to every eligible person at discharge, regardless of citizenship or state of residence.

Ensure providers do not miss an opportunity to vaccinate every eligible person by training facilities to follow clinical best practices for vaccination as well as best practices when managing inventory to maximize vaccination and minimize dose wastage.

Facilitate partnerships between provider organizations and relevant community-based organizations and professional associations to conduct capacity building, outreach, education, and vaccine confidence–building activities (CDC has separately published a Guide for Community Partners working to increase vaccine uptake among racial and ethnic minority communities).

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www.cdc.gov/coronavirus/vaccines

# Information to Share with Facilities

**Best practices to share with facilities:**

- *Assess vaccination status at triage, in the patient's medical history, and during medication reconciliation by asking patient, checking electronic medical/health records, and linking with the jurisdiction's immunization information system (IIS)*
- *Address vaccine hesitancy with all patients and those that accompany them as part of routine practice*
- *Strongly encourage and offer vaccination to all eligible patients and any friends or family who are accompanying them*
- *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 work flow*
- *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 chart and IIS*
- *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*

## 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 of a lack of insurance.
- HRSA has information to aid in filing claims for reimbursement for vaccine administration, including claims for uninsured patients.

## VACCINE ELIGIBILITY

- Patients who are not moderately or severely ill and are being discharged from hospital admission, 24-hour observation, or an ED or UC visit may be vaccinated. Patients with current COVID-19 infection should defer vaccination until they have met criteria to discontinue isolation.
- If the patient is a minor, providers are to follow all state laws regarding consent of minors for vaccination.

## VACCINE CHOICE

- Any COVID-19 vaccine product can be used for this activity.
- For a product that requires two doses:
  - Arrange for a second-dose appointment.
  - Counsel patients why the second dose is important and encourage patients to return for it.
  - Work with local and state government and local trusted CBOs 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.

## AVOIDING MISSED OPPORTUNITIES

- While continuing to follow best practices to use every dose possible, providers should not miss an opportunity to vaccinate every eligible person when they are ready to get vaccinated, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose.

## ADDRESSING HESITANCY

- Use CDC resources to assist with addressing patients' concerns regarding vaccines and vaccination. Providers are encouraged to address vaccine hesitancy with all patients and those who accompany them as part of routine practice.