# COVID-19 VACCINATION IN MANITOBA TECHNICAL BRIEFING



## KEY PRINCIPLES

Guiding direction for all vaccination operations



## **Unprecedented - the largest vaccination campaign in Manitoba's history**

- Clinically led: Manitoba's efforts are guided by clinical advice on risk-based eligibility, immunization protocols, dosage and treatment of the vaccine.
- Ready for demand (overbuild):
   Manitoba is working to overbuild the operation, preparing for changing circumstances and fast-tracked vaccine delivery.
- Responsive: Daily reporting and review of workforce and vaccination data will inform decisions and adjustments
- Partner with First Nations: First
  Nations leadership are given the
  respect and autonomy to lead
  within their communities, with
  Manitoba's support where
  requested.



#### AGILE DELIVERY AMONG UNCERTAINTY

FF-PI



6. Lessons Learned/Monitoring

What we learned thus far and how do we improve our delivery of vaccines

#### 5. Internal Systems

Ensuring our IT systems capture and process data, and ensure smooth operations.

Surveillance and operational metrics help to delivering timely, safe and quality immunization services

#### 4. Vaccines, Workforce, Supplies & Logistics

Ensuring our fixed locations and mobile teams have enough vaccine, workforce and supplies to optimize the administration of vaccines

Repeat as new
deliveries of vaccines
are scheduled by the
federal government

Communications

What, when and how much are we receiving from the federal government?

1. Vaccine Delivery Model

#### 2. Priority Population Sequencing Model

Confirming the sequencing of priority population for immunization

#### 3. Immunization Clinics

Where do we add capacity to administer vaccines at our pre-established Supersites locations and our Focused Immunization Teams (FIT).



# DELIVERY MODELS

Manitoba's geography and service delivery landscape demands a variety of unique vaccination approaches.



## Six models of vaccination will be deployed based on context and need

- 1. Pilot Site: The first model, a pilot site at Rady HSC provided early experience with the vaccine and our effort.
- 2. Supersites: In larger, urban centres, supersites allow for rapid and large-scale vaccination for increased speed and efficiency.
- 3. Focused Immunization Teams: FIT teams visit facilities like PCH and congregate living to deliver vaccines where people live.
- 4. Pop-up/Mobile Sites: These sites will allow smaller clinics to pop-up in neighbourhoods and community facilities across the province.



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- **5. First Nation Sites:** Led by First Nations leaders, these sites deliver vaccines to First Nations people on and off reserve.
- **6. Distributed Delivery:** As vaccines become more available and distribution is stable, medical offices and pharmacies will begin to offer doses across the province.

**Models are modular and scalable:** Each of these models are designed with significant ability to scale as more doses arrive from the federal government. Supersites are equipped with more immunization stations then are currently required due to vaccination supply, FIT teams require no real estate and can scale based only on staffing, and pop-up sites can leverage Manitoba's significant real estate footprint across the province.



## WORKFORCE STRATEGY

Manitoba's plan to build a workforce for vaccination that



# Manitoba launched its vaccination campaign with existing health service experts.

The workforce strategy achieves speed and surge capacity by immediately redeploying existing health staff, having them train newly recruited staff, then allowing health system staff to return to their roles in health care, and supporting growing demand.

- 1. **Data-driven Workforce Planning**: Ensure staffing aligns to service delivery models and dosage projections and adapt in real-time.
- 2. Recruitment and Empowerment: Ensure a consistent flow of new staff are recruited, trained and ready to work, to relieve existing staff and to meet increased vaccination capacity.
- 3. Training, Onboarding and Continuous Improvement: Ensure best practice is developed and systems are continuously improved.



#### RECRUITMENT AND TRAINING



# STAFFING AND TRAINING

Maximizing the available workforce through policy and ensuring broad outreach.

## Multiple approaches to recruitment and hiring:

- 1. Hiring net-new individuals for clinical positions at Shared Health
- Assigning existing individuals from the Regional Health Authorities
- 3. Implementing service agreements with private organizations and independent contractors.
- 4. Expanding the range of professionals and experiences that can be considered for immunization roles.

Supported by micro-credential training partnership with Red River College, and ongoing advertising and stakeholder outreach.

## MORE QUALIFIED STAFF:

- Current vaccinators (doctors, midwifes, nurse practitioners)
- Expanded access to pharmacists, RPNs, paramedics.
- New professions including dentists and veterinarians
- Students
- Foreign trained



### WORKFORCE EXAMPLES



#### **RBC CONVENTION CENTRE**



1,273 **DAILY DOSES** 



603 **DAILY DOSES** 

**KEYSTONE CENTRE** 



200 **DAILY DOSES** 

**FIT TEAM** 



92 **STAFF (FTE)** 



- 39 immunizers
- 2 clinic managers
- 6 clinical leads
- 39 navigators
- 6 observers



44 **STAFF (FTE)** 

- 18 immunizers
- 2 clinic managers
- 3 clinical leads
- 18 navigators
- 3 observers



**STAFF (FTE)** 

8 immunizers



#### WORKFORCE RECRUITMENT



#### DAILY OPERATIONAL SCHEDULE

**RBC CONVENTION CENTRE** 

92 **STAFF (FTE)**  **KEYSTONE CENTRE** 



**STAFF (FTE)** 



**STAFF (FTE)** 

**FIT TEAM** 

## **CURRENT WORKFORCE**Current health staff assigned, as well as new hires



1,666 **STAFF (FTE)** 

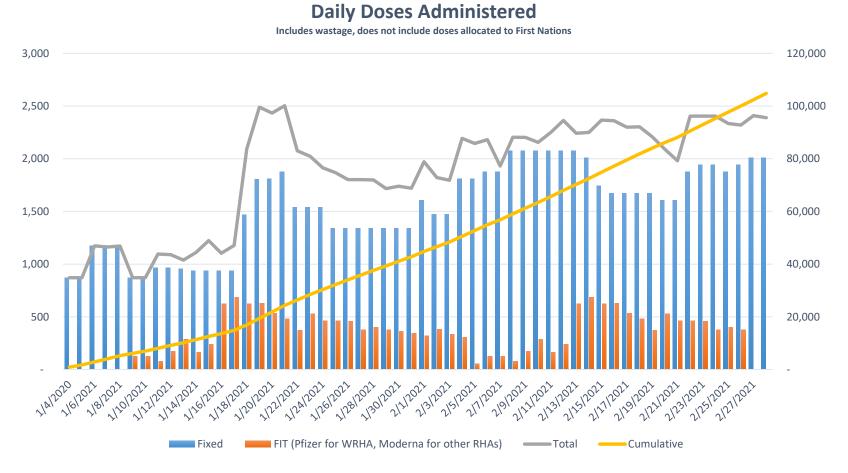
- 801 immunizers
- 8 clinic managers
- 348 clinical leads
- 325 navigators
- 184 observers



#### **CURRENT PROJECTION**



**Based on current** supply projections, we will average 1,563 injections / day in January, with a peak day of 2,503 doses. February will be closer to 2,500 injections /day.



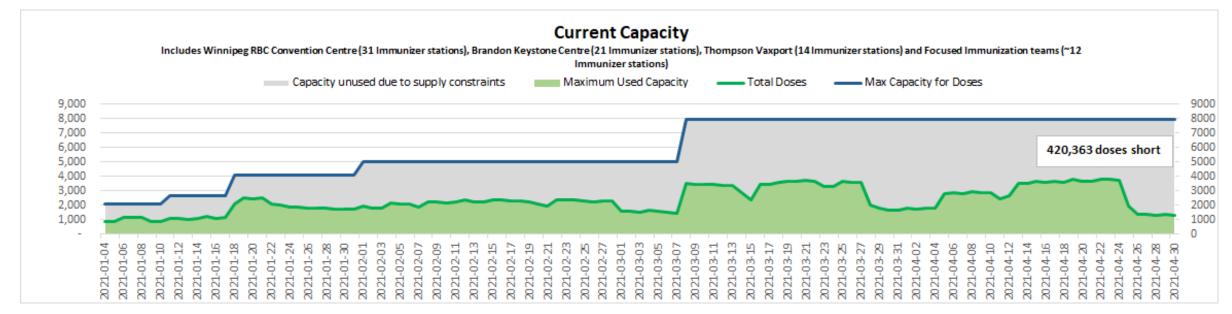
Projected, as of January 13, 2020



#### TODAY'S CAPACITY



Based on current staffing and operational capacity, we could deliver an additional 420,363 vaccinations by the end of April, if doses were available.



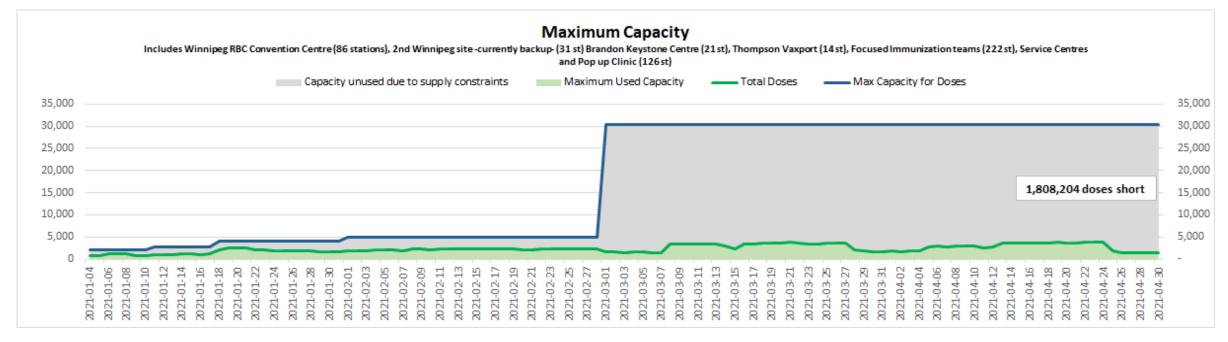
Projected, as of January 13, 2020



#### **MAXIMUM CAPACITY**



Based on planned expansions of clinic and staffing capacity, we could deliver an additional 1,808,204 vaccinations by the end of April, if doses were available.



Projected, as of January 13, 2020

