Management of an RSV Immunoprophylaxis Program

A Guide for Healthcare Professionals by Healthcare Professionals
Purpose:

This manual was developed as a resource for healthcare professionals (HCPs) involved in the development and/or management of an RSV Immunoprophylaxis Program. The manual introduces the HCP to a step by step sequential framework for implementation of an RSV Immunoprophylaxis Program, inventory management, educational strategies, program evaluation and the HCPs associated roles. The manual can be used in its entirety or by individual sections depending on your requirements.

Each topic within the manual will be explored by providing; objectives, strategies for the HCP and resources.

**OBJECTIVES:** Define the goals for the HCP to achieve.

**STRATEGIES FOR THE HCP:** Strategies refer to the actions a HCP implements to achieve the stated objectives.

**RESOURCES:** Refers to the tools the HCP uses to facilitate implementation of the strategies i.e. websites, research articles.

The objective of the manual is for HCPs to consider the objectives in relation to their program and use the strategies to positively impact their program. Management of an RSV Immunoprophylaxis Program is a challenging endeavor and the goal of this manual is to assist and guide the HCP through the process.

This manual was designed to be used as guidelines for your consideration in accordance with your hospital/community RSV immunoprophylaxis program and policies.

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Key Terminology

1. **Area of accountability** - refers to the defined area in which an RSV Program coordinates provision of RSVIP. The area of accountability can vary in size from as small as a neonatal nursery to the larger community, zone, region or province/territory.

2. **Cold chain** - refers to the process used to maintain optimal conditions during the transport, storage, and handling of palivizumab starting at the manufacturer and ending with the administration of palivizumab to the client. The optimum temperature is between +2°C and +8°C.

3. **Community–based program (CBP)** - is an RSV Program based in a community setting and coordinates RSV immunoprophylaxis for eligible children residing in the community.

4. **Comprehensive program (CP)** - is an RSV Program which coordinates RSV immunoprophylaxis for both the community and hospital in a defined geographical area i.e. provincial program.

5. **Canadian Pediatric Society (CPS)** - a national association of pediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership. [www.cps.ca]

6. **Eligibility criteria** - are those utilized by an RSV Program to determine eligibility for RSVIP. Eligibility criteria are usually governed by a provincial board and are reviewed annually.

7. **Hospital-based program (HBP)** - is an RSV Program based in a hospital setting (inpatient and outpatient) and coordinates RSVIP for eligible children.

8. **Identification/referral sources** - are sources where HCPs can apply the eligibility criteria and identify eligible children accessing services at their sites, clinics, hospitals etc.

9. **Informed consent** - is obtained from a parent/legal guardian of a child. Provision of the following information is required to ensure an informed decision:
   a. Explanation of RSV and RSV disease
   b. Identification of the drug
   c. Benefits versus risks – discussions regarding side effects
   d. Addressing family concerns
e. Accommodating language and literacy barriers and special needs

10. National Advisory Committee on Immunization (NACI) - is a national committee of recognized experts in the fields of pediatrics, infectious diseases, immunology, medical microbiology, internal medicine and Public Health. NACI makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada.

11. Point of Care - refers to a site where an eligible child accesses healthcare services for RSVIP. These sites are either community or hospital-based.

12. Primary Eligibility Criterion – refers to the criterion an eligible child is captured under when a child qualifies under multiple eligibility criteria.

13. Primary Eligibility Hierarchy - refers to an arbitrary hierarchy established by an RSV Program to ensure consistency when capturing an eligible child under a primary eligibility criterion.

14. RSV immunoprophylaxis - (RSVIP), provision of palivizumab to populations identified at risk for severe RSV disease.

15. Secondary care - health care services provided by medical specialists and other health professionals who generally do not have initial contact with patients.

16. Tertiary care - is specialized consultative health care, usually referred from a primary or secondary health professional. The care is usually provided in a facility, which has personnel and equipment for medical investigation and treatment, i.e. NICU, PICU.

17. Tracking - refers to the recording and monitoring of dose administration to assess adherence. The following is monitored:
   a. Number of doses administered
   b. Dosing intervals and dates of administration
   c. Location of administration

18. Transfer of Accountability - when an eligible child is transferred to a new point of care for RSV immunoprophylaxis. Transfer of accountability can be either permanent or temporary.
   a. Permanent transfer of accountability - a child is transferred to a new point of care, which is now accountable for coordination of RSVIP. The previous point of care is no longer accountable.
   b. Temporary transfer of accountability - a child temporarily accesses services at new point of care. The child is expected to return to the original point of care that will continue to monitor adherence to the dosing intervals.
1. The Burden of RSV Disease

Respiratory Syncytial Virus (RSV) is a common respiratory pathogen of infancy and childhood. RSV occurs as an annual epidemic during the winter months in Canada. It is the major cause of hospital admissions for lower respiratory tract infections (LRTI) such as bronchiolitis and pneumonia in children under two years of age (Samson, Pediatric Child Health Vol. 14 No 8 October 2009).

The impact and burden of RSV disease on the child, family and healthcare resources is significant. HCPs involved with RSVIP Programs will need to understand the burden of RSV disease both short term and long term, especially in high-risk groups of children.

OBJECTIVES

1. The HCP will understand the burden of RSV disease in pediatric patients, specifically populations identified at risk for severe RSV disease.

2. The HCP will be aware of preventative strategies to decrease the risk of getting severe RSV disease.

3. The HCP will review Canadian Pediatric Society (CPS) position statements on RSVIP.

The HCP associated with an RSV Program should review literature on RSV and the impact of the disease on identified populations at risk for severe RSV disease.

The HCP should review the following:

- Epidemiology
- Pathophysiology
- Clinical presentation
- Diagnosis
- Treatment
- Prognosis and complications
- Burden of disease on high-risk populations
Understanding the burden of RSV disease on children provides the rationale for the importance of RSVIP.

**STRATEGIES FOR THE HCP**

1. Review the epidemiology of RSV infections.
2. Review and understand currently published scientific literature on RSV and burden of disease.
3. Review and understand currently published scientific literature related to populations identified at risk for severe RSV disease.
4. Create a “library” of pivotal and current published scientific literature on RSV and burden of disease for your program.
5. Participate in RSV related conferences and other educational opportunities.
6. Review reliable Canadian websites for RSV information.

2. The HCP will be **aware** of preventative strategies to decrease the risk of acquiring severe RSV disease.

It is recommended the HCP review the epidemiology of RSV disease and the historical efforts to treat and prevent severe infection.

A review of historical treatments includes:

- Formalin-inactivated vaccine (F1-RSV) in the 1960’s
- Ribovarin-antiviral
- RespiGam®- (RSV-IVIG)

Current RSV prevention for severe RSV disease in populations identified as high risk involves the use of palivizumab. The HCP should have an understanding of palivizumab, the administration and it’s effectiveness in the prevention of severe RSV disease in at risk children.

The HCP should have an understanding of the impact of simple infection prevention and control measures that are significant and effective which are listed below:

- Promoting hand washing
- Avoiding crowded locations i.e. shopping malls, public transportation
- Reducing exposure to people who are sick with respiratory illnesses
- Avoiding exposure to tobacco smoke
- Encouraging breastfeeding
STRATEGIES FOR THE HCP

1. Review the epidemiology of RSV
2. Review infection prevention and control measures as a risk reduction strategy against RSV and RSV disease
   - Understand the value of a healthy environment for the child (i.e. cleaning toys, avoiding those with respiratory illnesses, overcrowding, smoke free environment, etc.)
3. Review the historical preventative treatments for RSV disease
4. Review the literature and current product monograph for palivizumab
5. Understand the benefits versus risks for RSVIP in populations identified at risk for severe RSV disease

3. The HCP will review CPS position statements on RSVIP.

The HCP should be familiar with the recommendations or statements for use of RSVIP in high-risk populations. Position statements are based on review of current available medical literature.

Position statements in conjunction with local expert opinion and experience establish the guidelines for use of RSVIP in RSV Programs across Canada.

STRATEGIES FOR THE HCP

1. Review current Canadian position statements on RSVIP (Canadian Pediatric Society (CPS) and National Advisory Committee on Immunization (NACI)
2. Determine who establishes the eligibility criteria for palivizumab use in your program.

RESOURCES

Refer to websites:
- Canadian Association of Neonatal Nurses: http://www.neonatalcann.ca/SitePages/ParentRes.aspx
- Manufacturer/distributor website for palivizumab: www.rsvshield.ca
- Literature review: Most health regions have an electronic database.

References: Samson, Paediatr Child Health Vol 14 No 8 October 2009
2. Eligibility Criteria

A governing board or a provincial advisory committee typically determines the eligibility criteria for an RSV program. The board or committee will review position statements, current literature, epidemiology and local experience and seek expert opinions to establish eligibility criteria for an RSVIP program. Each Program establishes guidelines or criteria for the use of RSVIP. These eligibility criteria help identify specific pediatric patients at high risk for severe RSV disease.

Eligibility criteria are not standardized across Canada. Variations in application of criteria exist within a province, region, zone or even a healthcare facility. The HCP needs to determine the eligibility criteria specific to their program.

OBJECTIVES

1. The HCP will review and understand the eligibility criteria specific to their RSVIP Program.
2. The HCP will identify a child’s primary eligibility criterion.

STRATEGIES FOR THE HCP

1. Determine who establishes eligibility criteria for your program.
   a. Eligibility criteria are typically defined by the province or territory.
   b. Eligibility criteria may be available on a provincial website.
2. Review and understand the eligibility criteria for your program.
3. Ensure eligibility criteria are current for the upcoming RSV season, i.e. reviewed annually by a board.
2. The HCP will identify a child’s primary eligibility criterion.

A child may qualify for RSVIP under more than one qualifying criteria. It is recommended that the HCP records all the eligibility criteria for each eligible child enrolled into an RSVIP Program. For statistical purposes, a child with multiple qualifying criteria should be captured under a primary eligibility criterion.

For example: A child is born ≤ 31 6/7 weeks gestation in November of the current season and has a hemodynamically significant congenital heart defect. Individual programs must determine how they would code this particular situation. Is this child’s primary eligibility criterion prematurity or CHD?

STRATEGIES FOR THE HCP

1. Review how your RSVIP program captures and records the eligibility criteria for an eligible child.
2. Determine how your program identifies the primary eligibility criterion when a pediatric patient has multiple eligibility criteria.
3. Consider using a primary eligibility criterion hierarchy for your RSVIP program.

RESOURCES

Provincial/Territorial links to eligibility criteria
Canadian Association of Neonatal Nurses www.neonatalcann.ca
3. Defining the RSV Prophylaxis Season

RSV occurs as an annual epidemic during the winter months in Canada. Provision of RSVIP to eligible children should occur at the onset of the active RSV season in each program. Defining the “active RSV immunoprophylaxis season” will be dependent on the program’s established guidelines.

Historically RSV season commencement and completion dates were determined by criteria established by the Pediatric Investigators Collaborative Network on Infections (PICNIC) group in a study by Law et al in 1993.

“The start of RSV season is defined as the first Monday after which there is 2 consecutive 7-day periods with 2 or more RSV admissions to the local hospital. The end of RSV season is defined as the first Monday preceding which there is 2 consecutive 7-days periods with 1 or no RSV admissions to the local hospital.”


When determining a commencement date for RSVIP, the following should be considered:

- Historical seasonality of RSV in a region
- RSV surveillance data i.e. local and national
- Operational capacities of a RSVIP program i.e. size of program, availability of clinic space, budget, staff availability
- Provincial /territorial guidelines

The commencement date for RSV immunoprophylaxis may be a set date, based on historical seasonality of RSV or a floating date, as determined by RSV surveillance data. Some RSV programs use a combination of a set and floating commencement date.

When determining the completion date for RSV immunoprophylaxis the following should be considered:

- Historical seasonality of RSV in a region
- RSV surveillance data i.e. local and national
- Provincial/territorial guidelines

Variations in commencement and completion dates exist across and within the provinces and territories. See Table 3.1.
Table 3.1: Typical RSV Season Commencement/Completion by Province

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<tr>
<th>Province</th>
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Grey-depicts RSV prophylaxis off-season

- Representation of historical RSV Program commencement/completion dates as compiled by the RSVIP program coordinators.

OBJECTIVES

1. The HCP will determine the historical RSVIP commencement and completion dates for their program.

2. The HCP will determine who is accountable for establishing the RSVIP commencement and completion dates for their program.

STRATEGIES FOR THE HCP

1. Review previous RSV season’s commencement and completion dates.
2. Determine if your RSVIP program has a “set” or “floating” commencement date or a combination of both.
3. Be aware of seasonal variability of RSV and that the dates may fluctuate annually.

2. The HCP will determine who is accountable for establishing the RSVIP commencement/completion dates for their program.

STRATEGIES FOR THE HCP

1. Identify who provides approval and notification for RSVIP commencement/completion dates.
2. Identify the available sources for RSV surveillance data that your program accesses for monitoring RSV activity.
3. Identify who monitors hospital admissions or RSV surveillance data and where to access this information (i.e., regional virology labs, hospital based infection control programs, etc).
4. Determine the method used for notification of RSVIP commencement and completion.

*** Consult your own provincial/territorial resources

RESOURCES
Public Health Agency of Canada RSV Surveillance Respiratory Virus Detections/Isolations in Canada

Local Hospital
Local infection prevention and control practitioner
Ministry of Health
Flu watch http://www.phac-aspc.gc.ca/fluwatch/
4. RSV Programs: How do they work?

A pediatric patient eligible for RSVIP progresses through a sequential series of steps.

**Implementation of the steps**

*Figure 4.1*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1. <strong>Identification</strong></td>
<td>An infant or young child potentially eligible for RSVIP is identified.</td>
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<tr>
<td>2. <strong>Referral/Eligibility (this step depends on the province/territory)</strong></td>
<td>A referral is initiated and submitted to an RSV Program for review to confirm a pediatric patient’s eligibility.</td>
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<td>3. <strong>Enrollment (consent and register)</strong></td>
<td>The child’s eligibility is approved by the RSV Program (or pre approved by the province or territory guidelines) and the parents/legal guardians provide consent for RSVIP.</td>
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<tr>
<td>4. <strong>Provision of RSVIP (hospital/community based, in-patient and out-patient)</strong></td>
<td>The eligible child is registered and receives a reference number to obtain RSVIP.</td>
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<td>5. <strong>Tracking</strong></td>
<td>Tracking of the eligible pediatric patient starts when they are first identified and continues until:</td>
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<td>• They receive all of their appropriate doses or</td>
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<td>• They withdraw from the RSVIP program.</td>
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</tbody>
</table>
A program may be accountable only for identification, referral and enrollment (steps 1-3) and then may refer a child to an alternate program for RSV immunoprophylaxis for tracking and completion of RSV immunoprophylaxis (steps 4-5). (Refer to figure 4.2) Some programs are accountable for all the steps (1-5) and can accommodate a variety of combinations.

Figure 4.2

RSV Programs and Accountability

A program may be accountable only for identification, referral and enrollment (steps 1-3) and then may refer a child to an alternate program for RSV immunoprophylaxis for tracking and completion of RSV immunoprophylaxis (steps 4-5). (Refer to figure 4.2) Some programs are accountable for all the steps (1-5) and can accommodate a variety of combinations.
HCPs should be cognizant of the variety and uniqueness of every RSV Program. Programs are shaped and defined by a variety of factors that influences delivery and operation of the steps.

**RSV Programs defined by Location**

RSV Programs can be based within the community or hospital setting. Often hospital-based and community-based programs work collaboratively to provide the complete RSVIP service.

**Hospital-based programs (HBP)**
- Have enhanced accessibility to the eligible population for identification and referrals i.e. NICU, pediatric units and pediatric sub-specialties.
- Can provide all RSVIP doses.
- May need to access community health services for coordination and provision of RSVIP—*transfer of accountability*.
- May have no further involvement in the child’s RSVIP once a transfer of accountability has occurred.

**Community–based programs (CBP)**
- These programs (i.e. community clinic, CLSC or public health unit) will need to liaise with hospital-based sources for identification and referral.
- RSVIP may be started in the hospital i.e. NICU and pediatric units.
- Transfer of accountability should occur when a child is discharged from the hospital to the community.

**Regional Comprehensive programs (CP)**
- Combines and coordinates RSVIP for both the community and hospitals for a defined geographical area. This type of program is usually responsible for a large area and coordinates all the steps of the program (1-5).

**EXAMPLE SCENARIOS:**

- A hospital-based program, *(HBP)*, may function to identify and refer children to a community-based program, *(CBP)*, during off-season months. However, once the season starts the *HBP* may provide RSVIP to hospitalized children. At discharge, a transfer of care or accountability could occur to a *CBP* where RSVIP will be completed.

- A *CBP* may identify, refer, enroll and provide RSVIP. This program may work with the *HBP* to provide RSVIP if a child is readmitted to the hospital.

- A *CP* would coordinate and oversee both of the above scenarios.
4.1 The Identification Process

The identification process involves application of eligibility criteria to pediatric patients at high risk for RSV disease within the RSV Program’s area of accountability.

To effectively identify eligible pediatric patients, the HCP needs to:

- Understand the eligibility criteria specific to the RSV Program (covered in section 4.2)
- Define the area of accountability for the RSV Program
- Determine the identification/referral sources located in the RSV Program’s area of accountability
- Apply eligibility criteria

Area of Accountability

RSV Programs define the area of accountability specific to their program. The area of accountability can vary in size from a neonatal intensive care unit, pediatric unit to the larger community, zone, region, or province/territory.

HCPs are responsible for identification of children at risk for severe RSV disease residing or accessing services within their defined area of accountability.

Identification/Referral Sources: “The Network” (Figure 4.3)

Identification/referral sources are locations or sites where the eligible patients access healthcare services. The HCP collaborates with these sources referred to as “the Network” to identify eligible children.

Examples of “the Network” include:
- Neonatal units
- Newborn nursery (postpartum units)
- Pediatric units
- Pediatric outpatient clinics
- Community Health Services / Public Health units
- Pediatricians
- Family Physicians
- Nurse Practitioners
- Social Workers
- Child Protection Agencies

Possible sub-specialties associated with neonatal and pediatric populations include:
- Cardiology
• Respiratory- home oxygen programs
• Pulmonary-congenital lung and airway anomalies
• Ear, Nose and Throat
• Neuromuscular
• Hematology/Oncology
• Surgery
• Genetics

Identification/Referral Sources
“The Network”

OBJECTIVES

1. The HCP will **establish** processes for identification of pediatric patients at high risk for severe RSV disease throughout the calendar year.

2. The HCP will **identify the referral sources, “the Network”, located** in the RSV Program’s area of accountability.

3. The HCP will collaborate with their network to **identify** pediatric patients at high risk for severe RSV disease residing in their **area of accountability**.
4. The HCP will **work collaboratively** with their “Network” to apply the eligibility criteria.

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1. The HCP will **establish** processes for identification of pediatric patients at high risk for severe RSV disease throughout the calendar year.

The advantage of identifying eligible children throughout the calendar year includes the following:

- Identification becomes routine practice for HCPs when providing healthcare services to the neonatal/pediatric population.
- It reduces the risk of **not** identifying an eligible pediatric patient for RSV immunoprophylaxis during the off-season months.

**STRATEGIES FOR THE HCP**

1. Establish a process for year round identification of eligible neonatal/pediatric patients.
2. Ensure the hospital/community and the “Network” is provided with current eligibility criteria.
3. Consider both a season launch and an end-of-season RSVIP season review to discuss continuing identification of eligible pediatric patients during the off-season months.

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2. The HCP will **identify the “Network” sources** located in the RSV Program’s area of accountability.

**STRATEGIES FOR THE HCP**

1. Identify and record “Network” referral sources located in the RSV Program’s area of accountability.
2. Be aware of “Network” referral sources **outside** the RSV Program’s area of accountability. Eligibility criteria vary by province or territory and a child who transfers out or into an RSV Program may not be eligible in the new area of accountability.
3. Review current season’s list at the end of the season to assess a child’s eligibility for a second season.

3. The HCP will collaborate with their “Network” to identify pediatric patients at high risk for severe RSV disease residing in their area of accountability.

The eligibility criteria will define the eligible pediatric patients for RSVIP. The HCP is responsible for application of the eligibility criteria to the neonatal/pediatric population residing and accessing services in their area of accountability. Collaboration with their “Network” resources ensures identification of all eligible pediatric patients.

Variations in criteria within a province, territory, region or even facility exist. The HCP should be aware of these variations when referring or receiving children from outside their area of accountability.

STRATEGIES FOR THE HCP

1. Review eligibility criteria specific to your RSV Program’s area of accountability.
2. Identify and/or define the area of accountability specific to your RSV Program.
3. Review the eligibility criteria for areas of accountability where a child from your program may be referred or access services (when applicable).

4. The HCP will work collaboratively with identification/referral sources to apply the eligibility criteria to pediatric patients at high risk of RSV disease.

The HCP is responsible for identifying, contacting and educating the identification/referral sources. (Note: Education will be discussed in detail in section 6.) The goal is a collaborative relationship within the “Network” where identification/referral sources apply the eligibility criteria to the neonatal/pediatric population and identifies eligible children.
STRATEGIES FOR THE HCP

1. Contact identification/referral sources and provide education regarding:
   - RSV and RSV disease and the burden of disease
   - Infection control measures
   - Current eligibility criteria
   - RSV immunoprophylaxis
   - Objectives of the RSV Program

2. Establish a main contact/liaison at each identification/referral source.
3. Ensure education is provided by a HCP (physician/nurse) associated with the RSV Program.
4. Consider developing an RSV information page on your health region’s/hospital’s website to ensure easy access to the current eligibility criteria.

RESOURCES

Provincial listings of Healthcare Services (can be ordered or printed off website)
Provincial or local listings of physicians-pediatricians
4.2 The Referral/Eligibility Process

The referral/eligibility process should be initiated once a potentially eligible child is identified. The purpose of this section is how to confirm a pediatric patient is eligible to receive RSVIP (this step depends on the province/territory).

Components of an effective referral process may include:
- **Development** of a referral form
- **Method** of referral (electronic, verbal, etc)
- **Assessment** and **evaluation** of the referral
- **Notification** of a child’s eligibility or non-eligibility to the referral source

The referral process should include feedback to source where the referral was initiated.

****Examples for hospital, community, different scenarios and color coordinate

**Figure 4.4**

The Referral Form (this section may not apply for some provinces)

The referral form should include the following information:
- Patient demographics
- Parent/Legal guardian information
- Eligibility criteria
- Referral source information; include referral site and individual initiating referral
- RSV Program contact information
A comprehensive referral form allows the HCP to evaluate the referral and initiate contact with the eligible pediatric patient’s family. It provides the criteria for eligibility. Occasionally, supplemental health history is required to substantiate eligibility.

**Method of Referral for eligibility**

Referrals can be initiated by methods such as:
- Electronic (respecting confidentiality as per hospital policies)
- Telephone
- Hardcopy/paper
- Fax
- Computer generated reports

The HCP should evaluate the methods of referral available to their program and be aware of changes in technology that could positively impact the method of referral i.e. electronic referrals, computer generated lists. The HCP will follow patient confidentiality guidelines/policies as per their institution.

**Evaluation of Referral for eligibility**

Each referral requires **evaluation** to assess a pediatric patient’s eligibility. The HCP will:

1. **Determine** a child’s eligibility or non-eligibility as determined by the RSV Program’s eligibility criteria
2. **Communicate** in a timely manner to a referral source of a child’s eligibility or non-eligibility
3. **Establish** process for appeal if child is non-eligible and referral source would like further consideration

The HCP will determine if notification of eligibility is a reasonable option for all referrals made to their program. For example, numerous referrals generated from a report (i.e. children born less than 33 weeks gestation) may not require notification forms. The HCP and the source of referral might agree that all children on the report are eligible unless otherwise notified.

Alternately, referrals from a source such as oncology may benefit from feedback in the form of a Notification of Eligibility form to ensure the referrals are appropriate.
OBJECTIVES

1. The HCP will incorporate an effective referral process within the context of their RSVIP Program.

2. The HCP will review referrals and maintain an ongoing list of potentially eligible pediatric patients for the current RSV season.

3. The HCP will communicate regularly with the identification/referral sources, the “NETWORK”, to continue identification of eligible pediatric patients throughout the calendar year.

STRATEGIES FOR THE HCP

1. Establish a referral process for new RSV Programs.
2. Evaluate existing referral processes and assess the efficiency.
3. Evaluate existing referral forms. Does it provide the necessary information for effective communication to the HCP?
4. Ensure notification of a child’s eligibility or non-eligibility is forwarded to a referral source in a timely manner, if applicable.
5. Consider an appeal process for non-eligible referrals.
6. Provide easy access to referral forms i.e. a source for printable referral forms or electronic referral forms.
7. Provide education/training on submission of a referral including the RSV Program’s contact information and the methods available.
8. Provide reference manuals, posters, information on the healthcare region’s website, if applicable.

2. The HCP will review referrals and maintain an ongoing list of potentially eligible pediatric patients for the current RSV season.

The HCP will create a roster of eligible pediatric patients for the current RSV season based on the referrals received from identification/referral sources. The
roster may be recorded in a logbook or an electronic database and should include all the information provided on the referral form.

- Patient demographics
- Parent/legal guardian information
- Eligibility criteria
- Referral source information from the originating site and individual initiating the referral

A recommendation is to compare the number of referrals received in each eligibility category to the previous season’s roster. For example, a decrease in number of referrals may reflect the current trends or may be the result of the identification source not applying the eligibility criteria to all potential candidates. The HCP can follow-up to assess if additional education would be beneficial to this site.

**STRATEGIES FOR THE HCP**

1. Create and maintain a current season roster based on referrals received of identified children in a logbook or electronic database for enrollment into the RSV Program.
2. Keep referrals of non-eligible children.
3. Record patient demographics, parent/legal guardian information, eligibility criteria and referral source e.g. NICU, pediatrician, and pediatric outpatient clinic.
4. Review and assess number of referrals in each eligibility category to help assess effectiveness of referral processes from the network.
5. Consider developing an electronic database specific to your program for recording the current seasons’ roster. Electronic databases can store valuable program information and provide the option of generating reports useful in program implementation and evaluation.
6. Determine who validates the child’s eligibility.
7. Forward referrals to the designated source for confirmation of eligibility.
8. Confirm child’s eligibility.
9. Assess if a referral needs to be forwarded to another point of care or RSV Program (i.e. family is from a rural area and is outside the RSV Program’s area of accountability).
10. Link families to the appropriate RSV Program if residing outside the area of accountability.
3. The HCP will *communicate* regularly with the identification/referral sources, the “NETWORK”, to continue identification of eligible pediatric patients throughout the calendar year.

Frequent communication/liaison with the sources of identification will ensure effective identification and referral processes. An emphasis on year round referrals reduces the risk of *not identifying* an eligible child especially during the off–season months.

**STRATEGIES FOR THE HCP**

1. Provide referral sources for the current eligibility criteria.
2. Provide referral sources with the current referral forms, as applicable.
3. Provide education regarding the current method of referral i.e. hardcopy form and/or electronic submission.
4. Follow-up if referral numbers are drastically different from a referral source compared to a previous season, to ensure eligible pediatric patients for RSVIP are being referred.
5. Encourage year round referral.
6. Establish program resources to manage and process off–season prophylaxis referrals.

**RESOURCES**

Examples of provincial and territorial referral forms (to be included – at site)
Examples of notification forms, depends on the province/territory. (to be included– at site))
Provincial listings of Healthcare Services/Points of care (to be included– at site))
4.3 The Enrollment Process

The enrollment process into the RSV Program requires the following:

1. The child meets eligibility criteria as defined by the area of accountability (i.e. province/territory).

2. Verbal or written consent has been obtained by the parent/legal guardian.

OBJECTIVES

1. The HCP will review all referrals and create a patient roster for the current RSV season.

2. The HCP will ensure that informed consent is obtained from parent/legal guardian for eligible pediatric patients to receive RSVIP.

3. The HCP will register/enrol eligible pediatric patients to obtain a reference number and/or product prior to the first dose of RSVIP.

4. The HCP will initiate a declination process if RSVIP is refused.

The HCP will create a roster of eligible pediatric patients for the current RSV season based on the referrals received from identification/referral sources. The roster may be recorded in a logbook or electronic database and should include all the information provided or required on the referral or enrollment form.

It is essential for the parents/legal guardian to have access to educational material regarding RSVIP to facilitate an informed consent. If parents are undecided, provide additional resources.
Providing educational material prior to initial contact by the RSV Program notifies the family of their child’s eligibility and helps them learn about RSV disease and RSVIP. This should be provided by “The Network” or the RSV Program.

**Referral sources/”The Network”**

Development of “information packages” for distribution by referral sources/”the Network” allows for timely access to information. The HCP at the referral site could assist in providing and clarifying information with the family. Referral sources include but are not limited to: NICU, pediatric units, pediatric outpatient clinics and physicians.

**RSV Program**

The RSV Program could provide educational material by various methods (i.e. mass mailing during the RSV season or off-season).

**Consent**

Consent by a parent or legal guardian needs to be obtained for completion of enrollment to receive RSVIP. Determine if your program requires written or verbal consent and should be documented as per your site’s policy. Verbal consent may be obtained via telephone or direct contact.

The HCP is responsible for ensuring that informed consent is obtained from the parent or legal guardian. Components of an informed consent include:

1) Explanation of RSV and RSV disease  
2) Identification of the drug  
3) Benefits versus risks including discussions about potential side effects  
4) Addressing family concerns  
5) Accommodating language and literacy barriers and special needs  
6) Documentation as per site’s policies

**STRATEGIES FOR THE HCP**

1. Determine your program’s policy/process for obtaining informed consent, (i.e. direct/telephone, written/verbal).  
2. Consider developing a program discussion guideline as a reference to ensure all components of informed consent are addressed.  
3. Assess how your program facilitates access to educational material for families.  
4. Provide families with educational materials and recommended websites to access RSV information.
• Consider providing “the Network” with “information packages” to distribute to families or mail to families of eligible children.

3. The HCP will register/enrol eligible pediatric patients to obtain a reference number and/or product prior to the first dose of RSVIP.

Once a child’s eligibility has been confirmed into the RSV Program, (this step depends on province/territory) the HCP is required to register/enrol the child with the province/territory to generate a reference number specific to the child.

This is the final step required in enrollment. Once registered, the child is able to receive their first dose of RSVIP. 
*Dose administration should not occur until a child is registered and has a reference number.*

**STRATEGIES FOR THE HCP**

1. Determine who is responsible for completing the provincial/territorial RSVIP enrollment form.
2. Submit the provincial/territorial RSVIP enrollment forms for each child (utilize electronic enrollment forms if available).
3. Ensure a reference number is generated for each child enrolled.

4. The HCP will initiate a declination process of refusal if RSVIP is refused.

**STRATEGIES FOR THE HCP**

1. Determine if your program has a process for refusal.
2. Identify the reason for declining RSVIP and the steps taken to ensure the family was properly informed and had access to educational materials.
3. Encourage families to speak with an alternate healthcare professional i.e. pediatrician, neonatologist.
4. Provide a second opportunity for families to participate i.e. follow-up telephone call.
5. Document the refusal and notify the referral source of family’s declination to participate. Notification could include direct contact, telephone contact, letter or form.

6. Remember that participation is not mandatory and respecting a family’s decision is part of professional practice.
4.4 RSVIP Program Management

Once a child has moved through the steps of identification, referral/eligibility and enrollment, the child is ready to receive RSVIP may be initiated once the RSV season has commenced as determined by the RSV Program.

Program management involves the provision of RSVIP to eligible children in the RSV Program’s area of accountability.

The phases of management include:
- Pre-program planning (pre-season)
- Delivery of RSVIP (in-season)
- Post-program follow-up (post-season)

OBJECTIVES:

1) The HCP will create a pre-program planning checklist for their RSV Program.

2) The HCP will develop guidelines for administration of RSVIP to eligible children.

3) The HCP will develop a post-RSVIP management routine.

Pre-Program Management

Preliminary management of establishing an RSVIP Program may begin anywhere from 2-10 weeks or more prior to the start of an RSV season. The variability of preparation time is a reflection of the size of the RSV Program (i.e. large programs require more preparation time).

The objective is to initiate RSVIP in a timely manner once the RSV season has commenced. Early preparation assists the HCP in successfully “launching” their program.

The HCP should consider the development of a “pre-program” checklist. Workload and accountabilities varies from program to program. The HCP will
need to assess and define their responsibilities within the program. Below is a “suggested” checklist that could be adapted to RSV Programs.

**Pre-Program checklist**

1. Determine commencement date for provision of RSVIP within your program or as determined by your provincial/territorial guidelines.

2. Confirm location
   - Community or hospital-based
   - One or multiple locations

3. Confirm days and hours where RSVIP is given

If providing RSVIP in a clinic setting:

1. Determine length of appointment anywhere from 15-30 minutes
   - Make considerations if the RSV Program is involved with an RSV study

2. Provide notification of commencement date to HCPs in the program’s area of accountability. Send notifications to:
   - Points of care associated with program –hospitals, community health services etc.
   - Identification / referral sources
   - Associated HCPs

3. Contact Family
   Consider if an interpreter is required
   - Inquire if family received educational material
   - Provide educational material - if not received
   - Enrol family into program if not yet completed
   - Book appointment if RSVIP and provide the following:
     - Program contact information
     - Location of clinic
     - Date and time of appointment
     - Expectations for adherence to dosing intervals
   - Consider a “reminder/confirmation” telephone contact, email or text if RSVIP prior to the appointment.

Palivizumab Inventory (refer to section 5)
- Ensure child is registered/enrolled to obtain reference number prior to ordering inventory
- Determine who in your program is accountable for inventory
• Order inventory for all points of care in area of accountability (if applicable).
• Order for initial dose and then monthly to all points of care in area of accountability (if applicable)

Determine who is accountable for each section of the checklist in your program (i.e. who orders and monitors inventory? Who prepares educational material?).

**STRATEGIES FOR THE HCP**

1. Determine if program has a “set” or “floating” commencement date.
2. Confirm location for providing RSVIP in the clinic well in advance of commencement date.
3. Consider factors impacting the length of appointment visits if in a clinic setting.
4. Communicate regularly with HCPs in your area of accountability.
5. Prepare educational resources for HCPs and families or review past season educational materials to make sure they were updated.
6. Determine how frequently identification/referral sources require education resources (i.e. year round or pre-season for distribution to families.)
7. Determine when educational resources need to be mailed out to families.
8. Determine when to initiate contact with families if consent is not yet obtained to explain process and/or to book appointment.
9. Understand and accommodate barriers to language, literacy and special needs.

2. The HCP will develop guidelines for administration of RSVIP to eligible children.

**STRATEGIES FOR THE HCP**

Program management refers to the process the HCP applies to each child receiving RSVIP. The goal is to provide consistency in provision of care.

It is recommended that each RSV Program develop guidelines for their program to facilitate the HCP in implementing “best practice”. These guidelines may be adapted to provision of RSVIP in any setting i.e. hospital verses community.

1. Review schedule
   • Prepare patients’ charts
2. Obtain a physician’s order or review medical directive required for RSVIP

3. Access medication
   - Determine how to access or order medication
   - Determine who prepares medication (palivizumab and sucrose if required)
   - Determine the process for reconstituting product if there are numerous doses to be given
   - Maintain proper cold chain practices
   - Maintain inventory record

The following are predominantly applicable to a clinic setting:
1. Prepare clinic space
   - Prepare patients’ charts
   - Collect supplies for intramuscular injection
   - Familiarize yourself with anaphylaxis guidelines/protocol
   - Familiarize yourself with pain management protocols
   - Provide extra educational material
   - Have access to a computer where applicable

2. Identify yourself as the HCP with the RSV Program

3. Identify the accompanying adult as parent or legal guardian.
   - If a child is accompanied to a clinic by an adult other than the parent/legal guardian, it is recommended written consent by a parent is provided OR a parent is available by telephone to provide consent.

4. Provide an opportunity to address parent/legal guardian’s questions or concerns.

5. Provide education on pain management according to your program protocol i.e. topical anesthetics, sucrose therapy, and breastfeeding. For pain management, refer to your program protocol or immunization recommendations.

6. Perform a brief assessment of child’s health to identify any considerations or contraindications to RSVIP. Develop an assessment tool to help identify any precautions or contraindications to immunoprophylaxis (Figure 4.5).
Five Point Assessment

1) **Assess patient wellness - recent or current illness/surgery/hospital admissions**
   Is your child well today? Has she/he been recently ill? Required surgery or admitted to hospital?

2) **Identify and confirm allergies**
   Does your child have any allergies? OR my records indicate that your child is allergic to...Any additional reactions or changes?

3) **Review current medications**
   Is your child on any medications? Any medication changes since last visit?

4) **Review recent vaccinations**
   Has your child received any vaccines/needles in the last 24 hours?

5) **Identify adverse reactions**
   How did your child respond to his/her last injection? Any reactions noted?

7. Obtain child's weight undressed.
   - Consider utilizing a recent weight within 48 hours if done by HCP ensuring child was weighed naked or dry diaper depending on your policy.
   - Address concerns/questions that can be discussed while weighing the child.

8. Determine if RSV Program protocol requires confirmation of consent for child to receive RSVIP with the administration of each dose. (Figure 4.6)
   - May obtain written consent if required
   - Review components of informed consent
**Figure 4.6**

**Informed Consent**
Components of an informed consent include:

- Explanation of RSV and RSV disease
- Identification of the drug
- Discussion of benefits verses risks and possible side effects
- Addressing family concerns
- Accommodating language and literacy barriers and special needs

9. Defer drug when appropriate and according to RSV Program protocol. Document as needed. *(Table 4.1)*
- Assess benefit verses risk of delaying RSVIP.

**Table 4.1**

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give with caution to patients with thrombocytopenia or any coagulation disorder.</td>
<td>Patients with known hypersensitivity to palivizumab or any of its excipients.</td>
</tr>
<tr>
<td>A moderate to severe acute infection or febrile illness may warrant delaying the use of palivizumab, unless the physician considers that withholding palivizumab entails a greater risk if there is</td>
<td>Patients with known hypersensitivity to other humanized monoclonal antibodies.</td>
</tr>
<tr>
<td></td>
<td>If a severe hypersensitivity reaction occurs, therapy with palivizumab should be permanently discontinued.</td>
</tr>
</tbody>
</table>

10. Support parents efforts to implement pain management techniques

11. Implement distraction techniques (e.g. by using toys that make sounds, bubbles etc.

12. Administer RSVIP according to RSV Program protocol.
- Reconstitution of product is not recommended until a family has arrived for appointment, especially in clinics with small numbers attending. Clinics with a large number of children may have drug prepared but might wait for reconstitution for the last visits of the day.

13. Monitor all children for 15 -20 minutes after each dose to assess for hypersensitivity and/or anaphylaxis.
• Report any adverse events according to RSV program protocol.

14. Document on child’s chart or electronic record:
   • Precautions to immunoprophylaxis i.e. antithrombotic therapy
   • Concomitant medications/treatments
   • Child’s weight
   • Drug, dose, route, location and lot#
   • Pertinent information that could affect the HCPs delivery of care (i.e. adoption, foster care, MRSA positive.)

15. Determine if child will access same point of care or will be transferred to another location for subsequent RSVIP.

16. Arrange for next appointment day, time and if applicable, clinic location.
   • Attempt to keep child’s appointments on the same day and time for continuity.
   • Account for statutory holidays and schedule accordingly
   • If RSVIP is provided in a clinic setting:
     o Consider booking clinic days with some non-scheduled appointment times. This is to accommodate rescheduling of appointments and intake of new patients throughout the season.
     o Contact families as soon as possible to reschedule if they miss/cancel their appointment and try to reschedule for the end of your clinic day.
     o Provide appointment cards or calendars for subsequent doses

17. Coordinate with research personnel if applicable.

3. The HCP will develop a system for post-program management.

**Post-Program Management**

1. Follow-up of missed appointments/doses.
   • Prompt follow-up of missed appointments/doses and rescheduling is important to maintain recommended dosing intervals.
   • Arrange follow-up of missed appointments that could be the result of a hospital admission or illness. The HCP needs to follow-up and arrange for the child to receive doses while admitted (temporary transfer of accountability).
• Assess barriers to accessing clinic services i.e. lack of transportation. Work with associated departments to facilitate access to services i.e. social work for funding.

2. Arrange for transfer of accountability if accessing alternate point of care.
   • Family may need to temporarily or permanently access services at an alternate point of care. The HCP needs to arrange for the child’s information to be forwarded to the new point of care.

3. Arrange for subsequent medication doses to be shipped to points of care associated with RSV Program
   • Review inventory at all points of care and submit request for shipment of medication.

4. Report any adverse reactions
   • Notify RSV Program directors or delegated physician
   • Submit to product manufacturer the Product Adverse Event form
   • Report the adverse reaction to Health Canada: http://www.hc-sc.gc.ca/dhp-mps/medeff/advers-react-neg/index-eng.php#a1

5. Update database.

**STRATEGIES FOR THE HCP**

1. Review and follow-up missed appointments/ doses i.e. call as soon as possible if in a clinic setting to reschedule.
2. Provide time either at the end of the day or beginning of next day for post-program management.
3. Develop a system for inventory reporting to your program if you are accountable for ordering medication for multiple sites.
4. Notify sites when medication is ordered and expected date of delivery.

**RESOURCES**

Pain Management
http://www.cmaj.ca/content/182/18/1989/suppl/DC1


NACI Statement
Product Monograph Palivizumab
http://www.abbvie.ca/Docs/Products/Canada/English/SYNAGIS-PM-16JUL13.pdf
4.5 The Tracking Process

The goal of tracking is to ensure the child receives the appropriate number of doses and maintains adherence to the dosing intervals maximizing the efficacy of RSV immunoprophylaxis. The HCP is accountable for tracking each child enrolled in their RSV Program.

There are two types of tracking:

1. Tracking a child from the point of identification to the point of care or transfer of accountability.
2. Tracking doses (intervals, location and actual dose and number of doses received)

Tracking requires the recording and monitoring of:

1. Number of doses administered
2. Dosing intervals and dates of administration
3. Location where dose is administered

Methods of recording the dose administration and location include:

- A central database where all points of care access and record doses (i.e. Winnipeg, Mount Sinai RSV data system in Ontario)
- Site specific electronic databases
- Logbooks
- Patient charts
- Immunization record

An electronic database provides the opportunity to generate reports regarding dosing intervals. This assists the HCP in monitoring adherence to the dosing intervals and prompts follow-up if a child is off schedule.

The Challenges of Tracking

Tracking is a challenge as children can be transferred to various points of care prior to the RSV season or during their course of RSVIP i.e.

- Hospital-hospital - Transfer to a different level of care
- Hospital-community - Discharged home from hospital
- Community- hospital - Hospital admission
- Community- community - Family moves or travelling

Communication between the points of care is vital to ensure the child will receive subsequent doses and maintain adherence to the dosing intervals.
Points of Care and Transfer of Accountability

A point of care refers to a site where an eligible child accesses healthcare services for RSVIP. These sites are either community or hospital-based and are current with RSVIP protocol.

When a child receiving RSVIP is transferred to a new point of care, it is either a permanent or temporary transfer of accountability.

1. **Permanent transfer of accountability** - a child is transferred to a new point of care, which is now accountable for coordination of RSVIP. The previous point of care is no longer accountable i.e. transfer to a hospital closer to the family home, discharge from hospital to community or the family moves.

2. **Temporary transfer of accountability** - a child temporarily accesses services at new point of care. It is expected that the child will return to the original point of care to receive their RSVIP. i.e. A hospital admission, family travel to another location within Canada.

Points of Care and Communication

Communication between the points of care when a transfer of accountability occurs is essential to ensure a child continues to receive RSVIP. The transfer of accountability should be documented.

**Information** to be communicated to the new point of care includes:

- Patient demographics
- Parent/legal guardian contact information
- Confirmation of eligibility for RSVIP
- Full record of doses administered
- Projected date of next dose
- Patient reference number**

Development of a “transfer package” of information would be beneficial.

** The patient reference number should follow the child if the permanent/temporary transfer of accountability occurs within the same province as this facilitates ordering product, (RSVIP). For a permanent transfer of accountability outside of the originating province, the child will require a new reference number since eligibility criteria may vary from originating point of care.
The parent/legal guardian can also be involved with the communication to the new point of care. They should be provided with information regarding doses given, date of next dose and where they can access services for next dose.

**Points of Care in Remote Communities**

When transferring a child to a remote community, the HCP should be aware of the limitations of healthcare resources available at these locations.

The challenges for remote communities include:

- Limited points of care
- Poor accessibility for families to points of care
- Minimal healthcare professionals/clerical available to operate points of care
- Frequent rotation of HCPs at points of care therefore lack of continuity of care
- Educating the HCPs at points of care due to frequent turn-over of HCPs
- Lack of available resources at site i.e. temperature monitored refrigerator, computers, Telehealth equipment.
- Challenges with provision of resources and product to sites – complications with delivery to remote areas

Tracking can be complex at remote points of care and these sites may require extra support and attention with implementation of their programs. Tracking is especially important in remote locations to help the HCP assess the needs of the points of care. Refer to section 8 on The Geographically Remote Community for more detail.

**OBJECTIVES**

1. The HCP will **assess** the RSV program’s method of recording and tracking eligible pediatric patients, dose administration/points of care.

2. The HCP will **identify** points of care within and outside their area of accountability.

3. The HCP will **facilitate** communication between the points of care to ensure a child’s enrollment and adherence to the dosing interval(s).

4. The HCP will **utilize** the information gathered from tracking to evaluate the RSV Program’s effectiveness in provision of RSVIP.
1. The HCP will **assess** the RSV Program’s method of recording and tracking eligible pediatric patients, dose administration/points of care.

**STRATEGIES FOR THE HCP**

1. Identify and track your eligible pediatric patients until connected with points of care.
2. For children accessing services at your point of care:
   a. Assess the method of recording dose administration i.e. child’s chart or a master list/logbook.
   b. Assess if method of recording includes reference number, dose number, weight, date administered, and point of care.
   c. Determine if your program has access to an electronic database where doses for all patients in the program are recorded.
   d. Determine how the program assesses adherence to the dosing intervals i.e. a review of the master list/logbook or generate a report from an electronic database.
   e. Consider tracking adherence to dosing intervals. Does the program review adherence daily, weekly or monthly?
   f. Identify children who fall outside acceptable dosing intervals.
   g. Investigate reason for non-adherence i.e. hospitalization, family travelling.

   - Where possible, assistance with adherence issues should be assessed, either at the point of care or with the family.

2. The HCP will **identify** points of care within and outside their area of accountability.

Points of care could vary from one site to numerous sites depending on the scope of the RSV Program. Examples of points of care include: NICU, pediatric or general hospitals, physician’s offices and community health services.
STRATEGIES FOR THE HCP

1. The HCP must ensure, when transferring a child to a point of care, that this site is aware of current RSVIP protocol (i.e. reconstitution, cold chain requirements etc.).
2. The HCP will determine if a transfer of accountability is permanent or temporary.
3. The HCP should be aware of RSV programs/points of care outside her area of accountability.
4. Determine the points of care for which your program is accountable, if applicable.
5. Determine if there are remote points of care within your program.
6. Provide education regarding current RSVIP protocol to points of care if applicable.
7. Ensure a point of care outside of your area of accountability is current with RSVIP protocol when a child is transferred.
8. Access a list of RSV programs or points of care outside your program’s area of accountability.

3. The HCP will facilitate communication between the points of care to ensure a child’s enrollment and adherence to the dosing interval(s).

The HCP will establish processes for permanent and temporary transfers of accountability to alternate points of care.

Permanent transfer of accountability simply requires all RSVIP information to be forwarded to the new point of care. Development of a standardized “transfer package” would be beneficial including a possible follow up with the new point of care.

Temporary transfer of accountability can be more complex. It requires:
- Provision of patient information- “transfer package”
- Establishing who orders medication
- Communication regarding dose information from new point of care to originating point of care related to that transfer
- Notification of child’s transfer back to originating point of care

Often temporary access to a new point of care could be the result of a hospital admission. The RSV program will need to establish a process for identification when a child in the program is admitted to hospital.
STRATEGIES FOR THE HCP

1. Assess communication between your program including remote points of care.
2. Assess communication methods between points of care in your area of accountability. Do you communicate by telephone, fax or email?
3. Assess the information forwarded to points of care.
4. Consider developing a “transfer package” for new points of care.
5. Determine how RSVIP program children admitted to the hospital are identified and determine who communicates hospital re-admissions to your program.
7. Determine who will order medication for a child with a temporary transfer of accountability.
8. Identify how your program will be notified when a child is discharged from hospital.
9. Provide record/immunization/appointment cards for families detailing dates of doses and when next dose is due.
10. Determine if methods of communication are effective to the remote points of care.

4. The HCP will utilize the information gathered from tracking to evaluate the RSV Program’s effectiveness in provision of RSV immunoprophylaxis.

Tracking provides information, which helps to evaluate a program’s effectiveness in providing RSVIP.

By tracking the information, the HCP can assess:

- Number of children who completed RSVIP
- Number of children who declined/withdrew or were lost to follow-up
- Adherence to dosing intervals
- Number of children who accessed alternate points of care
- Locations of alternate points of care
- Dosing adherence when a child accesses temporary alternate points of care
- Effectiveness of communication to points of care
- Number of program children with RSV related illness (breakthrough infection)
Development of an effective tracking process will help the HCP to identify the strengths and limitations of the program. It will provide direction for ongoing program development.

**STRATEGIES FOR THE HCP**

1. Evaluate recorded information.
2. Identify strengths and limitations of the program.
3. Improve the limitations of the program.
5. Palivizumab Acquisition and Drug Management

Acquisition and drug management is the coordination of ordering, shipping and monitoring palivizumab inventory for eligible pediatric patients throughout an RSV season. Depending on your program, the HCP may have varied responsibilities within their program as it pertains to this area. i.e. pharmacy, physicians, nurses.

OBJECTIVES

1. The HCP will register/enrol eligible pediatric patients with the product manufacturer/distributor and a patient reference number will be generated for each child.

2. The HCP will calculate the quantity of palivizumab required per registered child and submit request to product manufacturer/distributor.

3. The HCP will order palivizumab for eligible children as defined by provincial/territorial eligibility criteria.

4. The HCP will identify a point of care for shipment of palivizumab where cold chain practices are in place.

5. The HCP will monitor palivizumab inventory.
   - If applicable, arrange for shipping to points of care throughout the RSV season.

STRATEGIES FOR THE HCP

1. Check who is responsible for submitting the request for palivizumab in your program. Submission may be the responsibility of a physician, nurse or pharmacist / pharmacy staff depending on the processes established by each RSV Program.

2. Complete each field in the palivizumab order form (the actual name of the form varies by province/territory) specific to your province or territory to ensure smooth processing of the request. Completion of this form usually
requires patient demographic information including name, or initials only, gender, date of birth, gestational age, birth weight and current weight, discharge date if applicable, other medical information and contact information.

3. Submit the request according to current method available be it paper based or electronic. If available, consider the electronic Provincial Enrollment, Ordering and Dosing Tool, [www.RSVShield.ca](http://www.RSVShield.ca) for submission of requests. Saskatchewan, Alberta and Quebec are the only provinces using the electronic tool as of 2012.

2. The HCP will order palivizumab for eligible children as defined by provincial/territorial eligibility criteria.

Once an eligible child has been identified and approved for RSVIP, completion of a provincial/territorial **Palivizumab Product Order Form** is required for each child. These order forms or request for palivizumab forms are specific to each province/territory based on their eligibility criteria.

**STRATEGIES FOR THE HCP**

1. Review provincial/territorial eligibility criteria.
2. Determine who is responsible for the provincial palivizumab Product Order Form for your program.
3. Perform an annual review of the palivizumab Product Order Form prior to the start of RSV season to ensure it is current.
4. Check the electronic Enrollment, Ordering and Dosing Tool to ensure it reflects the current season’s palivizumab Product Order Form (again only if it is applicable for your province).

3. The HCP will calculate the quantity of palivizumab required per registered child and submit request to product distributor.

Palivizumab is administered as a calculated dose based on current weight of 15mg/kg/dose.

*If ordering for the entire season*, dose calculation per child is dependent upon three factors:
1. The child’s current weight prior to first dose.
2. Estimate of the child’s growth between doses i.e. 10-15% per month.
3. Number of doses anticipated for the season.

**Palivizumab is available in vials of 50mg and 100mg.**
Palivizumab 50 mg is supplied as a kit in single-use vials containing 50 mg of lyophilized powder with a 1 mL ampoule of sterile Water for Injection. Palivizumab powder is reconstituted with 0.6 ml of sterile water for a final concentration of 50 mg/0.5 ml.

Palivizumab 100 mg is supplied as a kit, in single-use vials containing 100 mg of lyophilized powder with a 1 mL ampoule of sterile Water for Injection. Palivizumab powder is reconstituted with 1.0 ml of sterile water for a final concentration of 100 mg/ 1.0 ml. Consult the current product monograph.

Refer to your program’s policies and procedures of your region to determine the required vials (whether ordering for the season or per dose).

Once the number of 50mg and 100 mg vials required per child per season has been determined, the provincial/territorial palivizumab Product Order Form requests should include the following:

- Total number of 50mg and 100mg vials **required for the season** per child.
- Total number of 50mg and 100mg vials **required immediately** per child.

**STRATEGIES FOR THE HCP**

1. Review palivizumab inventory at start of season to:
   - Assess the need for additional vials.
   - Check expiration dates of existing inventory.
   - Use previous season’s palivizumab first before ordering more vials.
   - Utilize short dated inventory first.

2. Ordering is done as needed.
   - Monitoring your orders assists in maintaining a balanced inventory and helps avoid surpluses and deficits.
   If available, consider utilizing the electronic Provincial Enrollment, Ordering and Dosing Tool for ordering.
4. The HCP will identify a point of care for shipment of palivizumab where cold chain practices are in place.

Depending on your program’s organization, the HCP will coordinate a point of care for inventory delivery to a site where cold chain practices can be maintained.

Point of care sites include:

- Hospitals
- Community Health Centers: urban and rural
- Physician offices-urban and rural
- Health Clinics- urban, rural and remote

**Shipping Addresses**
A child may receive palivizumab doses at various points of care and the shipping addresses must reflect the change in sites.

**Initial Dose**
A child’s initial dose may be initiated in a hospital setting or in the community. For some children, all doses will be administered at one site and **only one shipping address** will be required.

**Subsequent Doses**
- The child ‘s care may be transferred during the season as they transition to the community and require subsequent doses at another point of care hence **more than one shipping address** may be required.
- The shipping address must reflect this new point of care and the palivizumab inventory directed to the new site.
- Some provincial palivizumab enrollment forms allow for alternate shipping addresses to be recorded. Please review your form to see if this is included.

**Transfer of Accountability**
If a child is transferred to another point of care and will not receive any further doses at the site of initiation, a **transfer of accountability** has occurred. The child’s reference number should be forwarded to the new site to allow for ordering of subsequent dose. If transferring to another province/territory, the HCP may have to obtain a new reference number.
STRATEGIES FOR THE HCP

1. Determine where child will be receiving palivizumab doses.
2. Determine if there will be an alternate shipping address where doses will be sent.
3. Determine if there will be a transfer of accountability during the season for a child and forward their reference number to the new point of care.
4. Inform the site that thermometers are randomly placed in shipments to monitor maintenance of cold chain practices during transport. These thermometers need to be mailed back to the product manufacturer/distributor for quality assurance assessment.

5. The HCP will monitor palivizumab inventory and arrange for shipping to points of care throughout the RSV season where applicable.

The HCP will monitor inventory and ensure surpluses and deficits of product are avoided.

The HCP will utilize the Multiple Planned Shipment Form to submit requests for product after a child is registered. This form is generated by the product manufacturer/distributor and is updated after each request for product by a site. It provides information regarding the amount of remaining product available for a registered child and identifies each child by initial and reference number.

The end of season goal is to have minimal inventory.
Close observation of weekly or monthly palivizumab utilization patterns in conjunction with surveillance of RSV activity will assist in ordering patterns in the event that the RSV season is extended.

Suspected cold chain breaks should be reported immediately to the RSV Program accountable for ordering palivizumab. The RSV Program should forward details of the suspected cold chain break to the product manufacturer/distributor as soon as possible to determine product stability. The product should be quarantined until further direction is received.

STRATEGIES FOR THE HCP

1. Ordering product monthly is recommended and adapted according to new enrollments.
2. Utilize the Multiple Planned Shipment Form generated by the product manufacturer/distributor OR the Electronic Enrolment, Ordering and Dosing Tool for ordering subsequent doses.
3. Ordering recommendations include:
   • Submitting shipping addresses and include hours of operation at the site to the product manufacturer.
   • Ordering inventory one week in advance to allow for timely arrival.

Important to remember:
   • Orders will typically be shipped the next day after requested, however one week lead in time is preferred.
   • Product will not be shipped on Fridays to ensure cold chain is maintained therefore there will be no deliveries on Mondays.
   • Shipment of product will stop when season completion has been announced in a region.

4. Contact the point of care site to ensure shipment was received.
5. Create an Inventory Record.
   • Monitor inventory daily, weekly or monthly.
   • Monitor inventory at off site locations and create a process for reporting.

*** Ideally, points of care should report utilized palivizumab vials to ordering site for accurate management of the inventory. A reporting process should be developed when possible. ***

RESOURCES

Websites:
   • Electronic Provincial Enrollment Ordering and Dosing Tool: www.rsvshield.ca
6. Education

6.1 Education and the Family

It is important that all families are provided with information on RSV infection and RSV disease and decreasing the risk for their child. For those at high-risk for severe RSV disease, provision of education to the family about RSVIP is the foundation for obtaining informed consent and facilitating adherence.

*Education and review of the written resources for families*

1. Written material should include:
   - Information package on the RSV program, RSV and RSV disease and decreasing the risk.
   - Material developed by the RSV Program, the product manufacturer/distributor and Health Region.
   - Pamphlets, booklets, posters and program communication letter.

2. Information about appropriate websites should be provided.

The above information should be reviewed and provided to families either individually or in a group setting. Access to this education can start at the identification and referral sources throughout the year. The HCP should collaborate with site personnel at these locations to assess the educational resources most beneficial for their site i.e. posters, pamphlets and "Information Packages" for eligible families.

If educational material was not provided by the originating identification/referral sources the RSV Program can:

1. Mail information packages to families.
2. Contact the family by telephone as this could be the initial contact with the family and provides an opportunity for a “teachable moment”.
3. Provide education on:
   - RSV infection and RSV disease and specifically the impact on children at high-risk
   - Infection prevention and control measures, specifically reducing the transmission of the virus through hand washing
   - RSVIP – benefits versus risks
   - Expectations for adherence to the dosing intervals.

4. Provide educational resources at the first clinic visit.
OBJECTIVES

1. The HCP will **assess and review available** resources for education to families of eligible children.

2. The HCP will provide education to the families of eligible children.

3. The HCP will provide educational resources to sites within their area of accountability.

4. The HCP will **evaluate** the effectiveness of education by reviewing participation and adherence to the RSV program.

STRATEGIES FOR THE HCP

1. Evaluate applicable educational material available to your RSV Program. Has your health region or RSV Program developed resources i.e. pamphlets, websites.

2. Review existing educational material and ensure the information is current.

3. Consider development of educational material for your program if needed.

4. Consider developing an “information package” for distribution to families.

5. Determine if your program has interpreters or access to translated versions of information on RSV and RSV infection and RSVIP.

6. Contact the product manufacturer/distributor’s representative to review available current educational materials.

7. Order educational materials that are approved by your Health Region.

STRATEGIES FOR THE HCP

1. Education to families should include information on:
   - RSV infection and RSV Disease
• Infection prevention and control measures
• RSVIP and objectives of RSV Program
• RSV Program contact information
• Expectations of the family regarding adherence to the dosing intervals

2. Provide “teachable moments” with families. Educational materials should be available and reviewed at this time. There may have to be a few “teachable moments” as families may experience stress related to their at-risk child.

3. Provide an opportunity for families to seek out alternate resources for education i.e. physician, websites, (encourage consulting Canadian websites).

3. Provide educational resources to sites within your area of accountability.

STRATEGIES FOR THE HCP

1. Work collaboratively with those sites to assess their educational resources.
2. Provide educational material such as posters, pamphlets that would benefit both the families of eligible and non-eligible children i.e. education for everyone on RSV.
3. Develop an “information package” to be provided to the family on notification of eligibility.
4. Provide translated material if available and applicable.

4. The HCP will evaluate the effectiveness of education by reviewing participation and adherence to the RSV Program.

Family participation and adherence could be utilized as a tool to assess effectiveness of educational strategies. Annual review and tracking of program statistics will assist the HCP in determining if educational initiatives are working.

STRATEGIES FOR THE HCP

1. Monitor adherence to the dosing intervals.
2. Track and review missed appointments and reschedule.
3. Track and review number of families declining participation in program yearly.
4. Establish a process for refusal if none exists for your program.
5. Contact families to assess reason(s) for non-adherence.
6. Facilitate, if possible, the removal of barriers to accessing services i.e. lack of transportation.

RESOURCES

Websites:
1. Caring for Kids website is developed by the Canadian Pediatric society, the voice of nearly 3000 Canadian pediatricians so you can be sure the information is reliable.
   http://www.caringforkids.cps.ca/

2. RSV link in caring for kids:
   http://www.caringforkids.cps.ca/whensick/RespiratorySyncytialVirus.htm

3. Product manufacture/distributor: www.rsvshield.ca
6.2 Education and the HCP

The RSV Program is responsible for the education and training of HCPs at identification/referral sources and points of care in their area of accountability. This refers to both inpatient and outpatient referral sources. Provision of education can occur throughout the year but most of the education should be provided during the RSV off-season months in preparation for the up-coming season.

OBJECTIVES

1. The HCP will **identify** the educational requirements at identification/referral sources and points of care in area of accountability.

2. The HCP will **provide** education to identification/referral sources and points of care in area of accountability throughout the calendar year.

Some sites may have experience with the RSV Program and require a quick update on current eligibility criteria and referral processes. Other sites may be more inexperienced or have new HCPs at their site and require a comprehensive review.

STRATEGIES FOR THE HCP

1. Identify and establish a main liaison at each site.
2. Identify the educational needs required at each site.
3. Review, provide and replenish educational materials at each site.
4. Assess if new educational resources at the site would be beneficial.

The RSV off-season is an excellent opportunity for the HCP to create an educational plan for the up coming season. A review and assessment of the previous season’s liaison relationships with identification/referral sources and
points of care can help direct the HCPs efforts in education. The RSV Program will tailor the education to suit the needs of the audience i.e. pediatricians, neonatologists, pharmacists, respiratory technologists and to a large extent, nurses.

STRATEGIES FOR THE HCP

1. Provide education in a timely manner prior to the start of the RSV season.
2. Determine the best time for providing education to a site or hospital unit. Either the beginning of the RSV season or a spring wrap-up meeting might be beneficial.
3. Determine the best format for educational delivery to sites (i.e. Telehealth presentation for rural areas and a live presentation for a nearby hospital).
4. Utilize all formats for delivery of education such as attending medical rounds and presenting to a wide range of HCPs.
5. Minimize education efforts to sites that are running smoothly and maximize efforts to sites having difficulties.
6. Prepare a long-term educational plan if applicable, i.e. organize an educational workshop or in-service at your site or via Telehealth.
7. Make education a year-round endeavor to keep RSV and RSVIP fresh in the minds of HCPs.

RSV education should include an overview of the following:

- RSV infection, transmission and burden of RSV disease, and the information provided to families
- Objectives of the RSV Program including:
  - Eligibility criteria
  - Commencement/completion dates of the RSV season
  - Referral process
  - Confirmation of eligibility or non-eligibility
  - Appeal process
  - Provision of educational resources to eligible families
  - Program contact information

- RSVIP
  - Information on palivizumab
  - Benefits versus risks of RSV immunoprophylaxis
  - Potential side effects and reporting an adverse event
  - Storage of palivizumab and prompt reporting of a cold chain break
    - Administration of palivizumab (if applicable to your site), responsibilities of HCPs giving RSVIP if providing it on an inpatient unit i.e. documentation in immunization card, hospital chart
• Transfer of Accountability between points of care:
  • Communication processes should be bi-directional
  • “Transfer package” provides required information about a child for the new point of care so to be able to assume care
  • System for identification of admitted children receiving RSVIP as the RSV Program requires notification

Education can be provided in a variety of formats depending on the size and location of the group.
  • Telehealth, teleconference, WebEx
  • Workshops
  • Small group presentations
  • Reference/resource binders
  • Website (webpage on health regions website)
  • Posters on RSV and RSVIP
  • Email to identification sources
  • Booklets, pamphlets
7. Program Evaluation

RSV program evaluation should occur as an ongoing process throughout the season. Evaluation of the identification, referral, enrollment and tracking processes as well as inventory management should be completed annually at the end of the RSV season. Year-end program statistics should also be reviewed at this time.

To assist with evaluation, the RSV Program should maintain records of the following:

- Number of children referred in each eligibility criterion category
- Number of children referred from points of care
- Number of refusals
- Number of non-compliant parents throughout the RSV season
- Adherence to dosing intervals
- Completion of treatment (number of expected doses given)
- Number of children admitted to hospital with RSV related illness
- Adverse reactions

OBJECTIVES

1. The HCP will evaluate the identification/referral process for their RSV Program.
2. The HCP will evaluate the enrollment process for their RSV Program.
3. The HCP will evaluate the management of the RSV program (clinic or in-patient).
4. The HCP will evaluate the tracking process for their RSV Program.
5. The HCP will evaluate the product inventory management.

1. The HCP will evaluate the identification/referral process for their RSV Program.
Identification/Referral Process

Review of the identification/referral process requires tracking the number of children referred in each eligibility category before and during the RSV season. Tracking provides the HCP with the numbers of children enrolled at your point of care in each category. Decreased numbers in a category may reflect a change in trends or an issue with identification and referral. (Table 7.1).

Table 7.1

<table>
<thead>
<tr>
<th>Primary Eligibility Criterion</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>68</td>
</tr>
<tr>
<td>&lt;=32 6/7 wk</td>
<td>272</td>
</tr>
<tr>
<td>Home Oxygen/CLD</td>
<td>62</td>
</tr>
<tr>
<td>33-35 weeks</td>
<td>49</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>451</td>
</tr>
</tbody>
</table>

STRATEGIES FOR THE HCP

1. Assess if all identification/referral sources in your area of accountability are effectively identifying children.

2. Review statistics for each eligibility criterion.

3. Contact identification/referral sources in your area of accountability to assist in evaluation of processes.

2. The HCP will evaluate the enrollment process for their RSV Program.

STRATEGIES FOR THE HCP

1. Assess number of children enrolled in your program.

2. Compare number of enrollments over previous RSV seasons.

3. Assess number of families who declined the program and compare to previous RSV seasons.

4. Assess reasons for refusal if provided.
5. Assess if refusal processes/educational initiatives were appropriate to facilitate an informed decision.

3. The HCP will evaluate the management of the RSV program (clinic or in-patient).

**RSV Program Management**

The HCP should consider the following:

- Scheduling of RSVIP days
- Length of clinic visit if applicable
- Accommodating special needs i.e. interpreter
- Accessibility of clinic for families if applicable i.e. public transportation
- Product inventory management

The goal is to improve access to services for RSVIP therefore the HCP should assess if there is any flexibility in the management of their clinic if applicable. Providing alternate clinic days or an evening or weekend clinic might be necessary to accommodate families and enhance adherence. If this is not possible, consider referring to another point of care.

**STRATEGIES FOR THE HCP**

1. Assess which day of the week is best to have a clinic. For inpatients, verify which days work best for RSVIP, i.e. same day as outpatient clinic and/or follow unit protocol.
2. Assess length of clinic visit, i.e. is more time needed.
3. Assess if there is a requirement for more clinic days if program is large.
4. Assess if clinic location is accessible for families.
5. Assess if expanding to alternate points of care is a possibility.
4. The HCP will **evaluate** the tracking process for their RSV Program.

The HCP will evaluate the tracking process by looking at adherence to the dosing intervals and number of doses administered (only if the program has a process for recording all doses administered). Factors that could impact adherence include:

- No transportation
- Low income
- Lack of babysitting services for other children
- Single parent
- Poor weather
- Family sickness
- Long distance to point of care
- Family travelling/moved
- Language and literacy barriers.

**STRATEGIES FOR THE HCP**

1. Assess the tracking process in your own program and area of accountability
2. Determine if there is a consistent reason for non-adherence e.g. barriers to accessing services, poor transportation services, low income etc.
3. Facilitate the removal of barriers to adherence when possible i.e. flexibility in scheduling etc.
4. Assess adherence across points of care in your area of accountability including transfers between points of care.

5. The HCP will evaluate the product inventory management.
The goals of inventory management are:

- Provision of palivizumab to all points of care (if applicable) in an RSV Program’s area of accountability in a timely manner for utilization.
- Minimal end of season inventory at all points of care.
- Maintenance of cold chain procedures from shipping, storage to utilization.

An evaluation of the above processes should occur throughout the season. Communication to points of care regarding inventory, delivery and maintenance of cold chain procedures should occur monthly. Issues or concerns should be reported immediately to the responsible RSV Program.

**STRATEGIES FOR THE HCP**

1. Identify any concerns with shipping or storage to points of care.
2. Review and promptly report cold chain breaks.
3. Review any concerns with management of inventory i.e. expiration dates, distribution of product only for approved children.
4. Assess and record end of season inventory.
8. The Geographically Remote Community

A geographically remote community refers to an area where access to secondary or tertiary health care services is not available. A remote community is described by the Public Health Agency of Canada as the following: “A geographical area where a community is located over 350 km from the nearest service centre having year-round road access.”

Some RSV Programs are accountable for provision of RSVIP to children residing in geographically remote communities i.e. Nunavik, Nunavut, Yukon and Northwest Territories. These communities provide unique challenges for the HCP such as:

- Limited points of care.
- Poor accessibility for families to points of care.
- Minimal HCPs or clerical staff available to operate points of care.
- Frequent rotation of HCPs through points of care - lack of continuity of care.
- Lack of education of some HCPs at points of care - frequent turn-over of HCPs.
- Lack of available resources at sites i.e. monitored fridge, computers, and telehealth equipment.
- Challenges with provision of resources and medication to sites – complications with delivery to remote areas.

OBJECTIVES

1. The HCP will **understand** the challenges of families residing in a geographically remote community on the eligibility criteria.

2. The HCP will **facilitate** identification and referral of eligible children residing in geographically remote communities.

3. The HCP will **enrol** or **facilitate enrollment** of children residing in geographically remote communities.

4. The HCP will **assess** tracking processes of children receiving RSVIP in geographically remote communities.

5. The HCP will **monitor** inventory delivered to remote healthcare centers.

6. The HCP will **assess** the educational needs of the family and the HCP at remote healthcare centers.
1. The HCP will **understand** the challenges of families residing in a geographically remote community on the eligibility criteria.

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**Eligibility Criteria for children residing in remote communities**

Living in a geographically remote community may be considered a unique risk factor. Special considerations for these children exist and the HCP will need to review the eligibility criteria for their program. Children, who typically do not qualify for RSVIP in southern and urban communities, may qualify if they reside in a remote community.

**STRATEGIES FOR THE HCP**

1. Review eligibility criteria for your program for those residing in a remote community.
2. Identify remote communities in your program’s area of accountability.
3. Identify the points of care available in the remote communities.
4. Create an address book of points of care located in remote communities.

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2. The HCP will **facilitate** identification and referral of eligible children residing in geographically remote communities.

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**Identification/Referral**

Identification of eligible children for RSVIP residing in a remote community will typically occur when the child accesses secondary and/or tertiary healthcare services. A referral to an RSV Program should occur from these locations and the program will then coordinate the immunoprophylaxis. We are now seeing more late pre-terms being delivered in remote areas.

Occasionally, a child may be discharged home without a referral initiated especially if they are not born during the RSV season. The eligibility criteria should be known by the primary healthcare sites in remote communities to facilitate identification and referral.
STRATEGIES FOR THE HCP

1. Identify eligible children residing in remote communities while accessing secondary and tertiary services in your program’s area of accountability.
2. Review off-season record of births to identify eligible children residing in remote communities within your program.
3. Educate HCPs at remote healthcare centers on eligibility criteria and the importance of identification and referral to RSV Program.
4. Educate HCPs at identification/referral sources about the importance of early referral for these eligible children.

3. The HCP will enroll or facilitate enrollment of children residing in geographically remote communities.

Enrollment

Enrollment of a child living in a remote community should occur promptly while the child remains in the care of a tertiary centre. Prompt enrollment facilitates:
- Access to the family/legal guardian
- Provision of education on RSV
- Obtaining an informed consent for RSVIP
- Assessment of barriers to accessing services i.e. transportation, literacy
- Establishing an understanding and expectations of the program e.g. adherence to dosing intervals

If a child has been discharged, the HCP can facilitate their enrollment by:
   a. Contacting the family directly
   b. Transferring accountability to the community HCP

STRATEGIES FOR THE HCP

1. Identify eligible children residing in remote communities while accessing secondary/tertiary services.
2. Enrol eligible children promptly.
3. Educate HCPs at identification/referral sources to provide RSVIP education to families of eligible children.
4. Enrollment should occur during the off-season months.
   - Remote healthcare centers should enroll eligible children residing in their own communities.
4. The HCP will **assess** tracking processes of children receiving RSVIP in geographically remote communities.

**Tracking**

Tracking the child receiving RSVIP in a remote community will require establishing a communication process. The remote healthcare centre ideally will communicate with the RSV Program where a child has received immunoprophylaxis either by:

- Fax
- Email
- Telephone contact

Communication allows the RSV Program to assess adherence, requirement for more inventory and evaluate the remote healthcare centre’s implementation of RSV immunoprophylaxis. Tracking can flag concerns or issues which the RSV Program can address including the location where the child will go to which may be different than their primary residence (due to “adoption” which is unique to aboriginal populations/families).

**STRATEGIES FOR THE HCP**

1. Develop a communication system for tracking adherence to dosing intervals.
2. Assist the remote healthcare centre in problem solving for non-adherence.
3. Consider providing RSVIP with routine vaccinations as family may not access healthcare services frequently.
4. Contact remote healthcare centres to assess their needs for supplemental support and establish who the main liaison is for that point of care.

5. The HCP will **monitor** inventory delivered to remote healthcare centres.

**Inventory**

Considerations for inventory management to geographically remote communities should include:

- Delivery of product to an accessible location
- Consideration of healthcare centre’s hours of operation
• Maintenance of cold chain through shipping, delivery and storage
• Maintaining minimal end of season inventory since a remote site may not have an eligible child in the next season

STRATEGIES FOR THE HCP

1. Ensure remote healthcare centre is accessible for delivery of inventory.
2. Ensure remote healthcare centre is able to maintain cold chain.
3. Ensure HCPs are educated regarding storage and utilization of inventory.
   Use short dated product first.
4. Utilize an inventory form for reporting product utilization.
5. Order medication monthly.

6. The HCP will **assess** the educational needs of the family and the HCP at remote healthcare centres.

**Education**

Provision of education to remote healthcare centres should include access to:
• Written materials i.e. pamphlets, reference/resource binders, posters
• Websites
• Teleconference
• Telehealth if available

The RSV Program should be aware that remote healthcare centres may require supplemental support and education. The resources at many of these sites as well as the availability of HCPs may be limited. Frequent updating and review of the RSV Program processes may be required as HCPs rotate through the centre.

The educational needs of the family will ideally have been addressed while accessing secondary or tertiary services. Families residing in remote communities typically are of aboriginal descent. Learning tools specific for these families would be helpful.

STRATEGIES FOR THE HCP

1. Consider a pre-season orientation of the RSV Program to remote communities i.e. teleconference or Telehealth.
2. Review educational resources best suited for their site with the HCPs.
3. Provide a reference/resource binder which is updated annually.
4. Maintain regular contact with the sites to assess changing needs i.e. monthly.
5. Provide educational resources which serve the needs of the family i.e. interpreted materials.

RESOURCES

Provincial/Territorial listings of Remote Healthcare Centers

Public Health Agency of Canada defining “remote” communities

Educational material developed by the product manufacturer/distributor
9. The HCP and Associated Roles

The HCP working within an RSVIP Program assumes a diversity of roles such as educator, coordinator and care provider.

Two important associated roles for the HCP include:
- Liaison between disciplines/departments and health care centers
- Facilitator of RSV related studies.

**The HCP as a Liaison**

The HCP involved with an RSVIP Program plays a pivotal role as a liaison and coordinator between a diverse group of HCPs, healthcare centers and product representatives.

Maintaining communication and contact is vital to the successful implementation and operation of RSV Programs.

The HCP liaises with:

- Sources of identification (refer to Chapter 4.1)
- Points of care i.e. hospitals, community/public health centers
- Families
- Health care professionals i.e. physicians, nurses, social workers
- Product representatives, product nurse network manager
Establishing and maintaining active and effective relationships between associated disciplines, families and sites requires planning, coordination and implementation. Assessment of the quality and the effectiveness of these relationships will assist the HCP in determining where energies and efforts need to be directed.

**OBJECTIVES**

1. The HCP will **identify** the groups and locations pivotal to the function and operation of their program.

2. The HCP will **determine** the methods utilized to maintain effective communication and relationships.

**STRATEGIES FOR THE HCP**

1. Identify the sources of identification and points of reference within your area of accountability.

2. Create and maintain a list of:
   - Points of care
   - Sources of identification
   - Hospital and community physicians
   - Associated disciplines i.e. nurses, social workers

3. Create and maintain a list of eligible children.

4. Identify product representative for your area of accountability.

5. Assess quality and effectiveness of relationships.

2. The HCP will **determine** the methods utilized to maintain effective communication and relationships.
STRATEGIES FOR THE HCP

1. Assess the frequency of communication with associated sites and HCPs.
2. Assess the type of communication utilized with these sites and HCPs, i.e. telephone or email contact.
3. Provide educational presentations/in-services as needed.
4. Create educational resources i.e. resource binders, websites.
5. Assess the effectiveness of the communication between points of care:
   a. Are processes implemented effectively?
   b. Would a change in frequency or an alternate type of communication be more effective, i.e. newsletter
6. Develop a “liaison/educational” plan detailing the frequency and method of contact in a time line format.
7. Make and document amendments to the “liaison/educational” plan.
8. Evaluate the “liaison/educational” plan throughout the season and at season completion.

RESOURCES

Sources of identification
Develop a worksheet for RSV liaison/educational plans
Local distribution lists for HCPs

The HCP and RSV Related Studies

The HCP may have an opportunity to facilitate and collaborate with approved RSV related research initiatives within their area of accountability. The level of involvement may vary from minimal to complete coordination and collaboration of the study.

The HCP should be aware of current RSV related research studies conducted at their health care centre. The study and the RSVIP program may be able to successfully interface resulting in positive recruitment and implementation of the study protocol.

Involvement in the study should be a directive approved by the RSVIP program director.

OBJECTIVES

1. The HCP will be aware of RSV related research conducted within their area of accountability.
2. The HCP will **work collaboratively** with RSV related research studies as approved by program director.

1. The HCP will **be aware** of RSV related research conducted within their area of accountability.

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**STRATEGIES FOR THE HCP**

1. Investigate if there are RSV related studies conducted within your area of accountability.
2. Access the research department, associated university, research ethics board (REB), and program director to inquire about RSV related research in your area of accountability.
3. Ensure the study has approval from the appropriate research ethics board (REB).

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2. The HCP will work collaboratively with RSV related research studies as approved by program director.

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**STRATEGIES FOR THE HCP**

1. Ensure collaboration with the research study is approved by the Program Director.
2. Determine level of involvement with the research study i.e. minimal to complete coordination.
3. Determine area of involvement with the research study i.e. recruitment, obtaining consent, implementing study protocol.
4. Obtain a copy of the current REB approval.
5. Review and maintain amendments to study protocols.

**RESOURCES**

Research Ethics Board
Any current Canadian studies regarding RSV such as The Canadian Registry for the evaluation of palivizumab (CARESS).