

Vaccination Station 2.0

A Workshop Series for Long Term Care Facilities



Facility Name: _____

Date: _____

What were your 2022/2023 vaccine rates?

	<i>Flu</i>		<i>COVID</i>		<i>Pneumonia</i>
<i>Staff</i>	%		%		
<i>Residents</i>	%		%		%

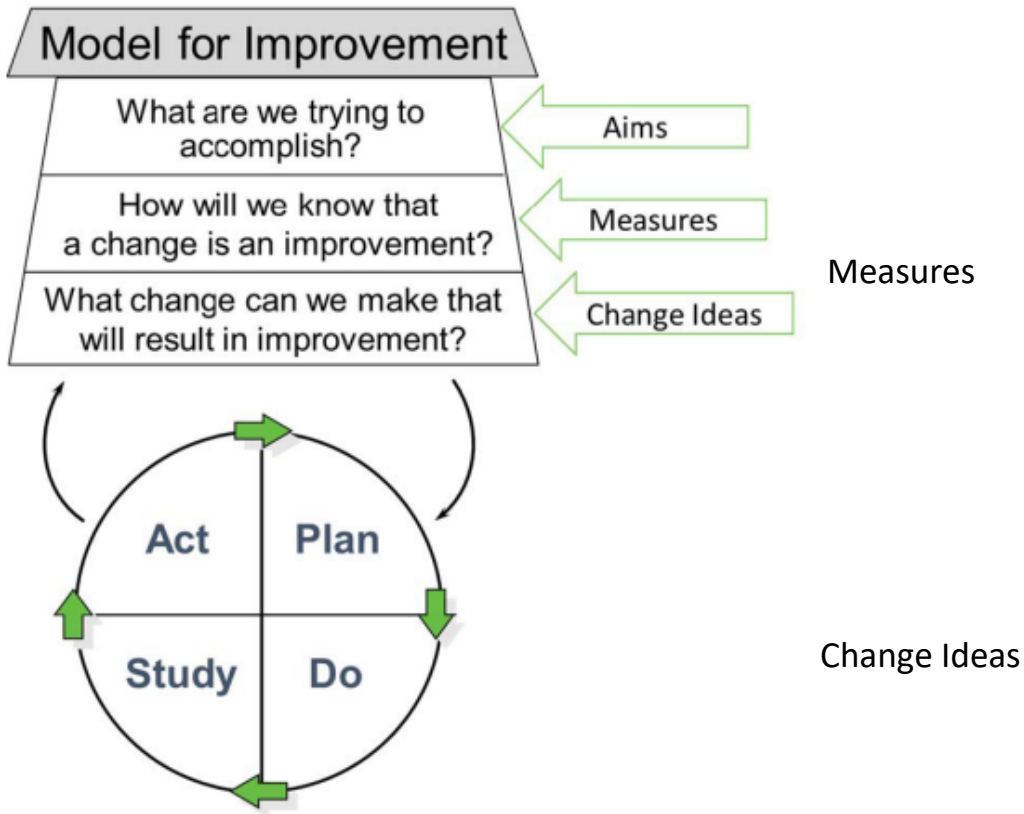
What are your strengths?

What are your weaknesses?

What are your opportunities?

What are threats to achieving your immunization goals?

Aims



Measures

Change Ideas

Who are your vaccine partners?

How will you recruit team members?

