Vaccinating Loyola’s Loved Ones

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Purpose

• Strategies for improving access to influenza vaccine for visitors, caregivers, and patients.
Where Are We Now?

• Current initiatives
  – Administered at 3 community immediate care centers
    • Burr Ridge
    • River Forest
    • Homer Glen
  – Available during inpatient visit
    • Screened at Admission
  – Available through Loyola primary care physicians
It’s Not Enough

• How can we increase our vaccination administration numbers?

  – Currently, we have no access to influenza vaccinations for community members and visitors.

  – Additionally, many of our admitted patients are not receiving influenza vaccinations
Consequences

• Infected visitors pose a risk to our patients

• Influenza infections in our patients are PREVENTABLE
  – Increases length of stay
  – Occupies beds which could be used for transfer patients
  – Creates co-morbidities
  – Increases health care costs
Bed Occupancy

• Loyola denied outside hospital transfers during the current flu season:
  – 16 days in October
  – 8 days in November
  – 15 days in December
  – 17 days in January
  – 6 days in February

• Beds occupied by influenza patients
  – 123 beds from Oct – March 15\textsuperscript{th}
Proposed Solution

• For our patients
  – Screen at discharge

• For our community members and visitors
  – Vaccination Station
  – Mobile Solution
Mobile Station

- Volunteer RN operated for clinical ladder points
- EPIC equipped
- Sustainable
  - Potential new patients
- Point of contact for existing patients
Benefits

• Increased # of administered influenza vaccines
  – visitors
  – patients
  – caregivers

• Reduced # of influenza admissions
  – More available beds

• Increased Loyola patient enrollment