



### Introduction

Lack of vaccinations in the geriatric population has led to vaccine preventable diseases, increases in healthcare debt and increase in hospitalizations.

### Background & Significance

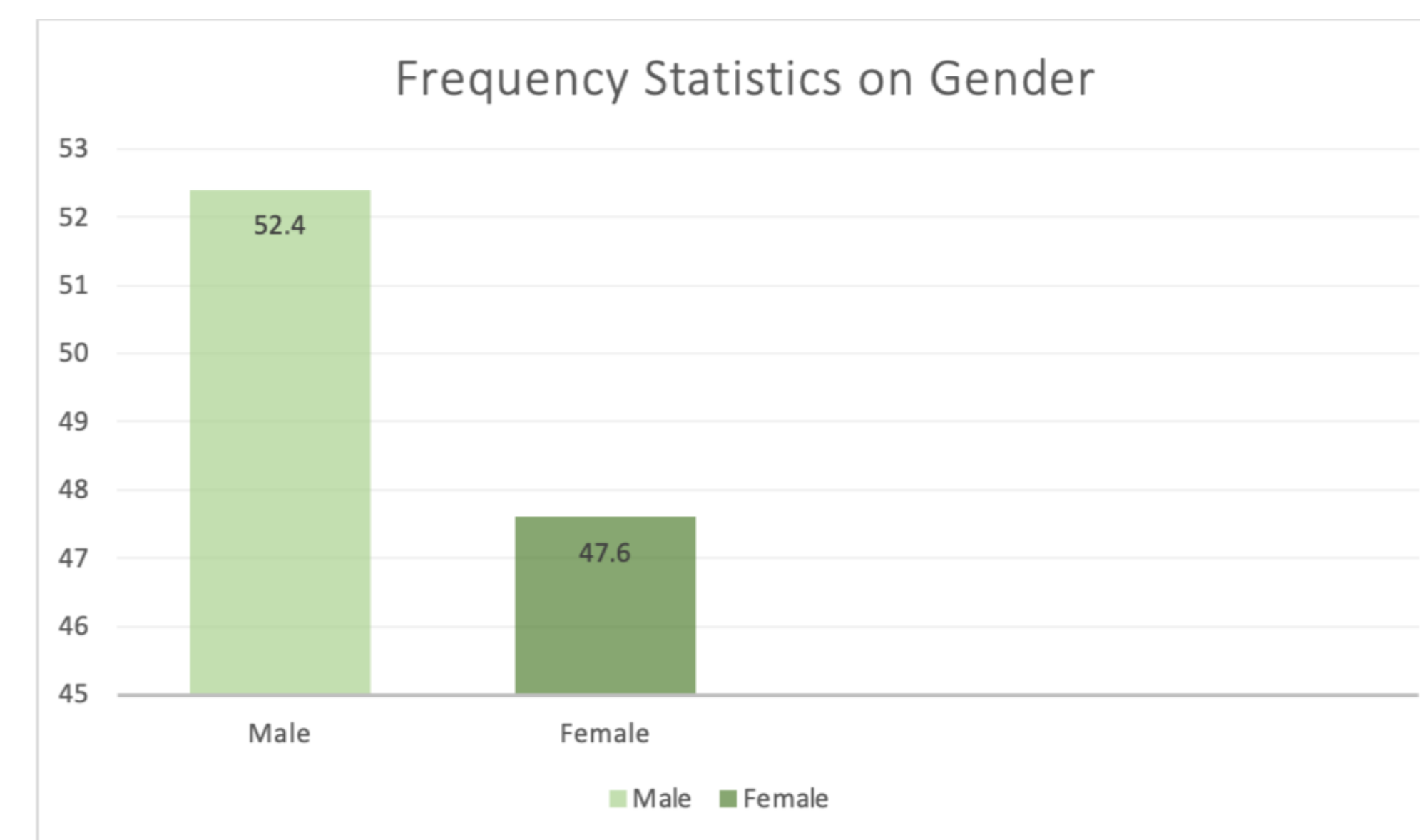
- As of 2016, the rates of of vaccinations were 65.4% influenza, 66.9% Pneumonia, and 37.4% Herpes Zoster in the Geriatric population.
- Although current guidelines and policy are in effect, immunization rates remain low and there is clear motive to standardize assessment to improve vaccination and decrease VPD rates.

### Methodology

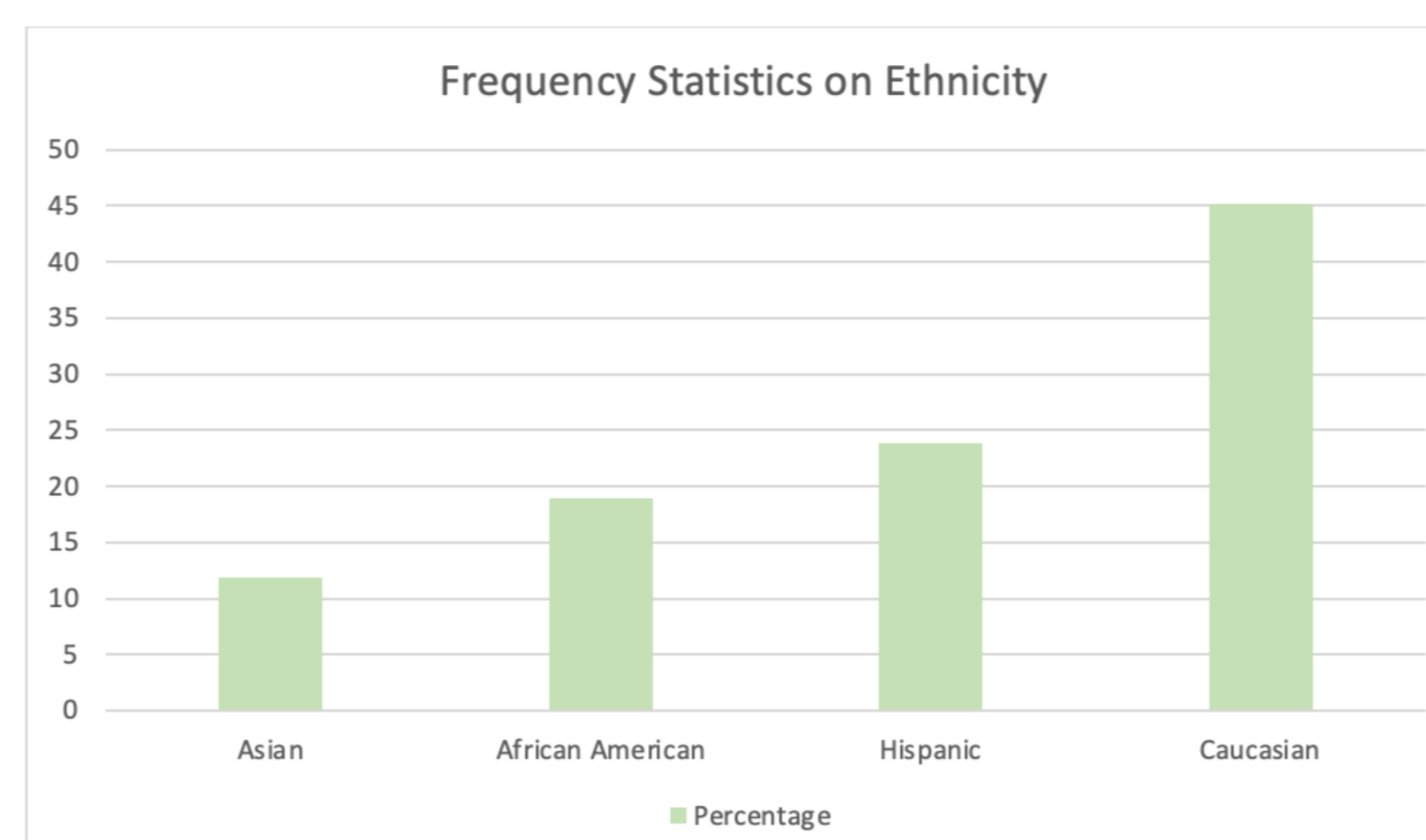
- Project Design: Quality Improvement Project
- Sample: Convenience sample method
- Setting: Primary care practice in central New Jersey
- Measures: Adult Vaccine Assessment Tool (CDC), screened for vaccinations
- Data Analysis: Descriptive statistics, frequencies, and percentages with Microsoft Excel and SPSS Version 28.

### Findings

- The participant demographics were 47.6% were female (n=20) and males were 52.4% (n=22). The participants ethnicities were Asian 11.9% (n=5), African American 19% (n=8), Hispanics were 23.8% (n=10), and Caucasians were 45.2% (n=19).



- Out of 42 participants, the provider referred 38.1% (n=16) for all vaccinations recommended by the screening tool.
- Out of 42 participants, the provider partially referred 47.6% (n=20) for a few of the vaccines recommended by the screening tool.
- Out of 42 participants, the provider did not refer 14.3% (n=6) recommended by the screening tool.



### Discussion

- The use of this survey helped to screen at risk geriatrics and supply them with vaccine referrals from their provider as well as open a conversation about importance of vaccinations, and why they are at a higher risk of some diseases (i.e., shingles if had known chicken pox as child)

### Implications

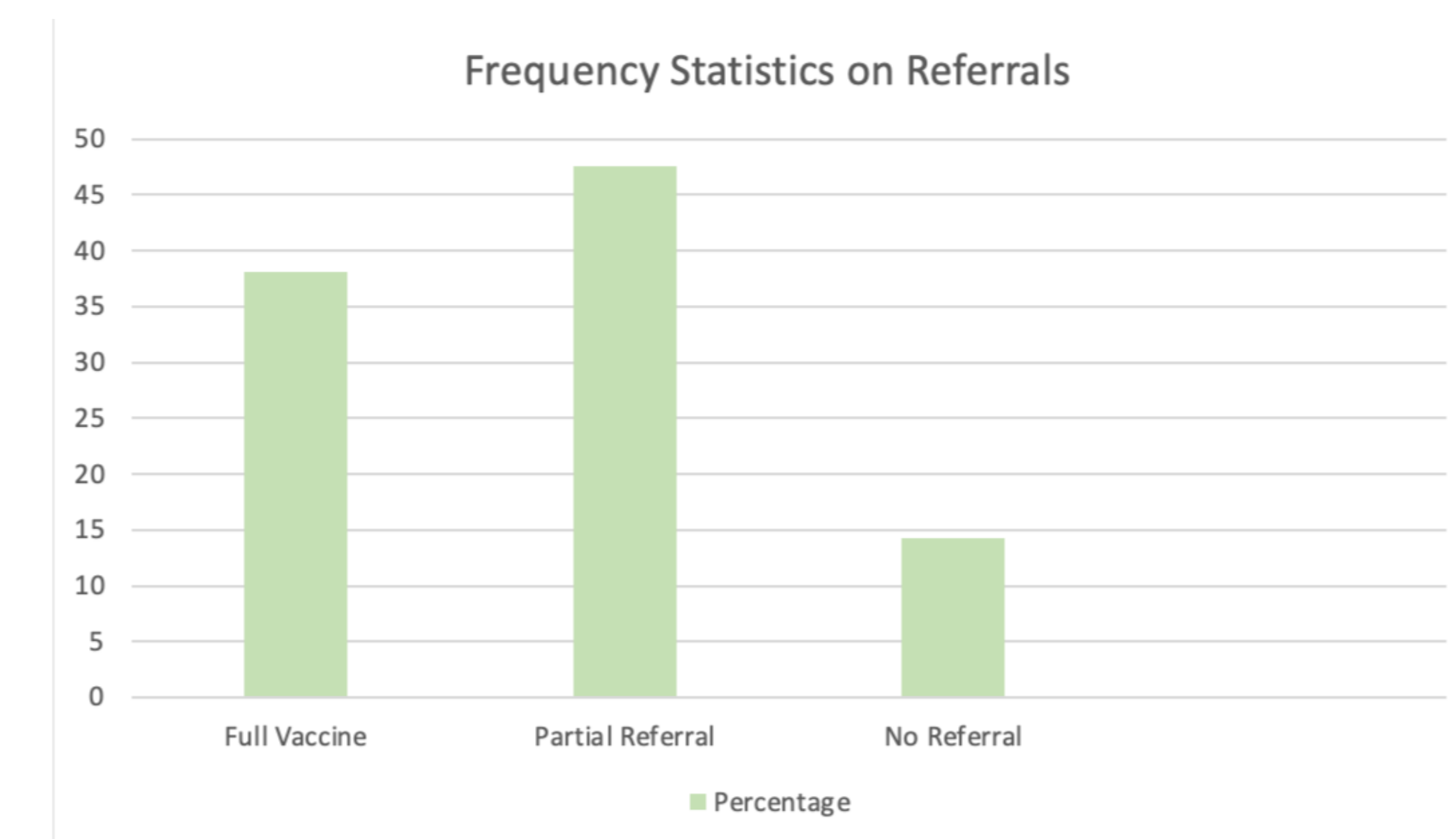
- Clinical practice & Policy: Instituting tool on geriatric population, provider interested in continuing consistent usage of this tool on outpatient visits.
- Quality and Safety: Increasing vaccine screening and compliance can decrease healthcare burden of chronic diseases from vaccine preventable diseases (i.e., Post herpetic neuralgia, Shingrix)
- Education: Outpatient setting has numerous visits per year for geriatric patients and can help to follow up on vaccine referrals for completion or continue to increase vaccine education in this high-risk group.

### Implication cont..

- Economics/ Cost benefits: Vaccine preventable diseases currently consume \$35 billion of healthcare debt and will grow to 49 billion in the next thirty years. Vaccination screening and referrals as necessary can help decrease these VPDs and save billions of USD.

### Conclusion

- Project aimed to increase vaccine referrals and motivate more geriatrics to become vaccinated with the guidance of their provider.
- Out of 42 patients, 16 were fully referred, 20 were partially referred and 6 were not referred.
- All the patients, despite referrals were given educated on one or more vaccinations and their importance.



### References

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