

# **Saint Alphonsus COVID-19 Vaccine Operations Idaho COVID-19 Vaccine Advisory Committee (CVAC) Update**

2.5.21

Kathryn Quinn, MHS, CHSP  
SAHS Safety Officer / COVID Response Incident Commander

# Saint Alphonus – Idaho Timeline of Events

- Vaccination planning began before we had much to talk about: When vaccine would arrive, which manufacturer, booster dose timeline, etc.
- First vaccine received on Monday, December 14 – and first vaccination administered that day
- Wednesday, December 15 – First mass vaccination clinic in Boise
  - 428 doses administered to high priority staff (e.g., COVID care areas, Emergency Department)
- As of Weds, 2/3:
  - Mass vaccination clinics in Boise and Nampa hospitals
    - Biggest clinic: January 29 in Boise, 952 doses administered in a 12 hour period; 6 vaccinator stations; 78 total staff team (shift schedule)
  - Total doses given since 12/14: 18,312
- Cannot achieve the directive of “use vaccine within 7 days of receipt” without high-throughput mass vaccination activity

# Vaccine Clinic Operations

- Typical patient-healthcare circumstances still occur:
  - No shows, late for appointment – for both 1<sup>st</sup> and 2<sup>nd</sup> doses
  - Appointment reschedules

Issue / Bottlenecks in Clinics	Resolution
Vaccine Dose Management – Get to Zero	Ongoing dose count during clinic operations – you cannot count vaccine too many times Last hour of clinic: <ul style="list-style-type: none"><li>• Continuous dose counting at vaccination station</li><li>• Continuous counting of who is checking in</li></ul>
Booster Schedule	Scheduling 2 <sup>nd</sup> dose appointments at the time of the 1 <sup>st</sup> dose
Documentation	Most significant bottleneck to throughput Paired documentation staff with vaccinator – vaccinators do not have to document





# Overall Lessons Learned

- The parts that we expected to be challenging – are challenging.
  - Priority groups
  - Insufficient vaccine supply
  - Confusing messages in the public
- Rely on our experience as healthcare leaders:
  - We know how to design clinics around patient interaction, wayfinding, optimizing throughput, etc.
  - We have responded to complex events and we know how to mobilize a focused effort.
  - We have subject matter experts at multiple levels of leadership across our health system (Idaho and Oregon) and they know where the process will breakdown / succeed.
- Team-oriented focus on actionable strategies – we are building the plane as we are flying it.
- Vaccine demand is variable – but there is enough high demand in the various priority groups that we must be prepared to mobilize.
- You cannot count vaccine doses too many times (*Did I already mention that?*)
- Doses in arms!
- Future concerns / areas of work:
  - Additional vaccine manufacturers – adding to complex resource management
  - Mobilizing sufficient mass vaccination effort for larger priority groups (e.g., 16-64)
  - Pediatric vaccination
  - Generally, the future of COVID / COVID vaccinations