

Implementing Effective Strategies To Increase Influenza Vaccination Rates And Reduce Staff Resistance To Vaccination

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Topics of Discussion

- Background
- Meeting recommendations
- BJC HealthCare experience
- Change model
- Policy development and implementation
- Policy implementation

Background



Influenza Facts

- Highly infectious febrile respiratory illness
- Infects up to 20% population in U.S.
 - 3,400 - 49,000 deaths in the U.S. annually*
 - More than 200,000 excess hospitalizations
- Leading cause of vaccine-preventable death in U.S. every year
- Asymptomatic infections occur
- Viral shedding precedes symptom onset
- Healthcare personnel (HCP) work ill

*CDC. MMWR. 2010;59:1057-1062

Deaths Due to Vaccine Preventable Disease - US, 2005*

Disease	Number of Deaths	Infant Deaths	Rate per 100,000
Influenza/pneumonia	63,001	265	21.3
Viral Hepatitis	5,529	0	1.9
Pertussis	31	28	0.0
Measles	1	0	0
Polio, Varicella, Mumps, Tetanus and Diphtheria	0	0	0

*Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: Final data for 2005. National vital statistics reports; vol 56 no 10. Hyattsville, MD: National Center for Health Statistics. 2008.

Influenza Impact On Health Care

- Healthcare-associated transmission:
 - Increases morbidity, mortality and length of stay
- Increased census and employee absenteeism
- Additional \$1-3 billion in health care costs in the U.S.
- Health and productivity costs are \$87 billion
- Exposure evaluations are costly and labor-intensive



Influenza In Long-Term Care

- Residents of long-term care (LTC) facilities are at high risk for influenza and influenza-related complications
- Influenza vaccine is 30 – 40% effective in frail elderly persons
- Annually 13 – 34% of LTC facilities report influenza outbreaks
 - 25 - 60% attack rates in residents
 - Case-fatality rates 10 – 20%
 - 14% hospitalization rates
 - 23% HCP attack rates
- HCP vaccination reduced influenza-related mortality in residents 30 – 40%
- Lower mortality in facilities with higher HCP vaccination rates

Influenza Immunization For HCP

- U.S. Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP) has recommended for healthcare personnel (HCP) since 1984
- Purpose: prevent healthcare-associated transmission
- Core patient and HCP safety practice
- Nationally, HCP immunization rates remain low
 - 63.5% 2010
 - Long Term Care: 50 – 65% the last three years
 - Healthy People 2020 goal – 90%

Benefits of Annual Immunization

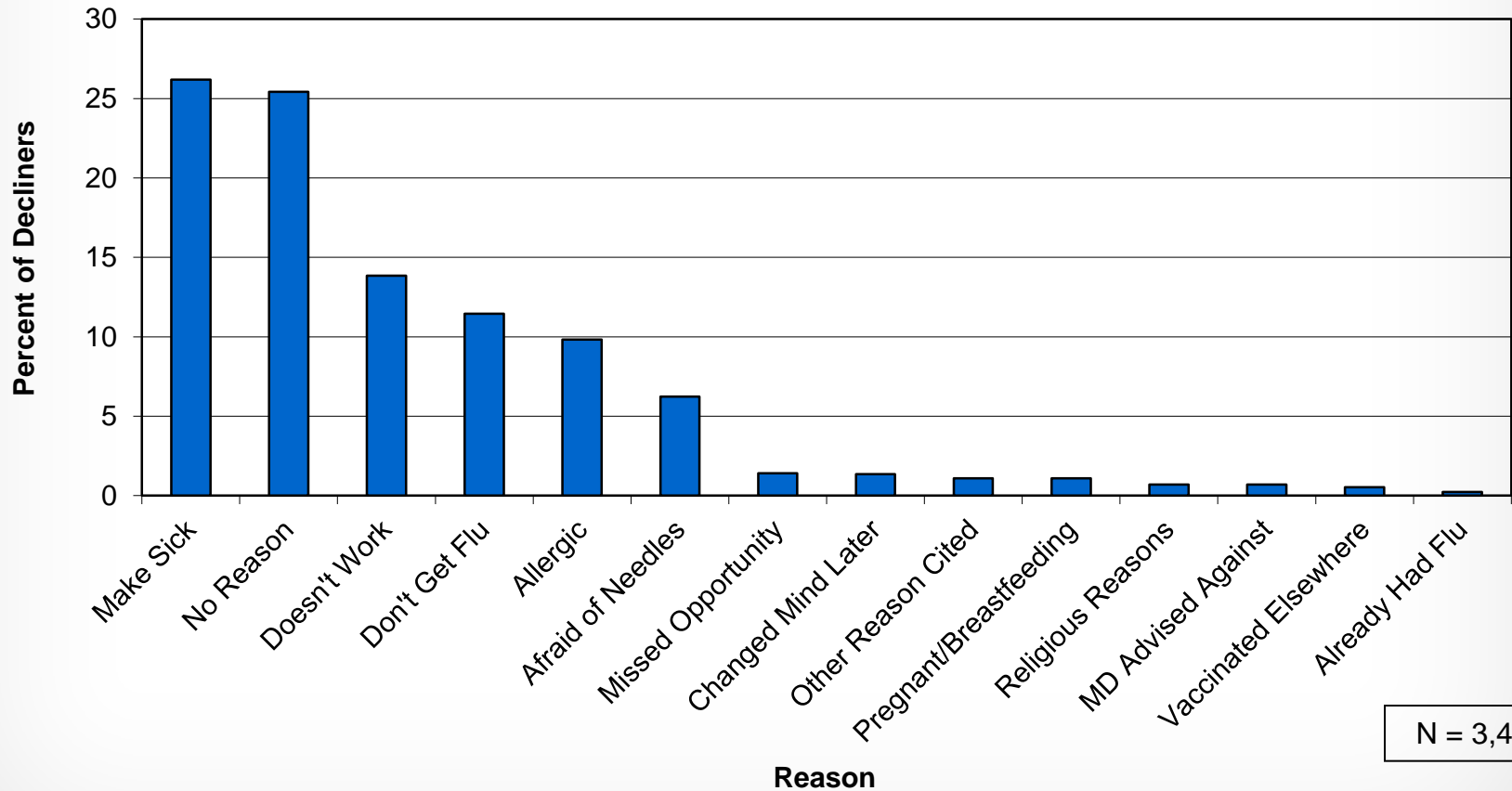
- Improved patient safety, decreased HAIs
- Create herd immunity (80%)
- Reduce absenteeism by 50%
- 28% fewer lost work days to respiratory illness
- Employee cost savings: decreased medical costs, decreased use of antibiotics, 44% fewer doctor visits
- Healthier and more productive employees
- Critical societal workforce vaccinated during outbreaks

HCP Reasons for Not Getting Vaccinated

- Fear of adverse reactions
- Make me sick/give me the flu
- Flu is not serious
- Will not get the flu or just do not get sick
- Pain/fear of needles
- Vaccine does not work
- Not at risk of getting the flu
- Pregnant or breast feeding
- Inconvenient or too busy
- Lack of knowledge about the flu vaccine



Reasons for Declination – BJC HealthCare



Recommendations to Increase HCP Vaccination Rates

- ACIP
- HICPAC
- Joint Commission Standard
- Professional Organizations:
 - APIC
 - SHEA
 - IDSA



Recommendations To Increase Rates

- Hold organized campaigns using effective and proven approaches to increase rates
- Measure and report vaccination rates
- Provide education
- Free, Convenient, Incentives/Rewards, Leadership
- Vaccinate HCP unless contraindication or actively decline with declination statements
- Surveillance for HAI influenza
- Evaluate reasons for non-participation
- Implement enhancements to increase participation
- Consider rates to be a measure of patient safety quality

Joint Commission Standard IC.02.04.01

- Effective 2007
- Establish an annual influenza vaccination program
- Provide vaccination on-site
- Educate about:
 - Flu vaccination
 - Non-vaccine control measures
 - Diagnosis, transmission, and potential impact of influenza
- Evaluate vaccination rates and reasons for non-participation in the organization's immunization program
- Implement enhancements to increase participation



Joint Commission Standard Revisions

- Applicable to staff and licensed independent practitioners, only when care or treatment is provided onsite, does not apply to telemedicine
- *Note: Some jurisdictions mandate that organization limit access to residents by HCP who have declined immunization*
- Include improvement of vaccination rates in the infection control plan
- Incremental goals, consistent with achieving the 90% rate for 2020
- Written description of methodology used to determine rates
- Improve rates annually
- Effective July 2012

Professional Organizations Support Mandatory Immunization of HCP

- Society for Healthcare Epidemiology of America (SHEA)
 - Update to position statement
 - Mandatory for all HCP employed and granted privileges, students, volunteers and contract workers
 - Accept medical exemptions, only
- Infectious Diseases Society of America (IDSA)
- American Academy of Pediatrics (AAP)
- Department of Defense (DOD)
- National Patient Safety Foundation
- Immunization Action Coalition – Honor Roll

Mandatory HCP Influenza Immunization

- **Pros**

- Increased immunization rates
- Improved employee safety
- Improved patient safety
- Shorter vaccination periods
- Post-exposure work-ups reduced
- Improved public health

- **Cons**

- Negative employee reaction
- Perceive violation of individual rights



Multiple Conditions Of Employment For HCP

- Immunity to:
 - Measles
 - Mumps
 - Rubella
 - Varicella
- TB skin testing
- Infection prevention activities:
 - Proper attire in the OR and isolation precautions
 - No artificial nails
- Care for patients, regardless of diagnosis



Meeting The Recommendations



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BJC HealthCare

- Large non-profit healthcare organization
- 13 acute care hospitals in Missouri and Illinois
 - Urban, suburban, rural
 - 3,475 staffed beds (range 40 – 1,111)
 - Two teaching hospitals (1 adult, 1 pediatric)
- 3 long-term care facilities
- Home care, medical groups, behavioral health, occupational medicine
- >27,000 employees



BJC HCP Influenza Immunization

- Comprehensive program since 1997 (always free)
- 2003 – 2006 established a “Best Practice”
 - Standardized and systematic
 - Promote maximum employee participation
 - Establish start and stop date
 - Make vaccine convenient
 - Utilize key partners to administer vaccine
 - Advertise and communicate
 - Education: benefits and risks, dispel myths
 - Offer incentives
 - Catchy themes
 - Monitor participation and report rates to key stakeholders



Immunization Best Practice

- Provide vaccine at post-offer screening
- Conduct vaccination opportunities outside of occupational health, covering all shifts
 - Mass clinic (cafeteria)
 - Roving carts
 - Attending meetings
- Utilize partners to administer vaccine
 - Infection Control Liaisons
 - Nurses on light duty or low census days



Everyone who works in health care should be vaccinated against influenza! Look for signs about your facility's upcoming flu campaign or contact your Occupational Health office for more information.

Getting My Flu Shot. Are You?



Dare to Care – Get Your Flu Shot



Got My Shot. Did You?



Everyone who works in health care should be vaccinated against influenza. Contact your Occupational Health office for more information.



Everyone who works in health care should be vaccinated against influenza. Contact your Occupational Health office for more information.

Got My Shot. Did You?



Challenges With A Best Practice Approach

- Time consuming
- Long immunization time period
- Easy for HCP to say “no”
- Incentives cost money
- Increase in participation was incremental

Declination Statements

- Recommendation of some professional organizations
- Meet JC Standard
 - Education
 - Survey for improvement
- HCPs not vaccinated, can transmit influenza
- Demonstrated only moderate increases

BJC HealthCare Best In Class Scorecard

- 2007 HCP influenza immunization added to the Best In Class scorecard (BIC)
- Target set at 80% HCP immunization rate
- Used key role models
- Challenges
 - Time consuming
 - Tracking down employees
 - Long campaign



BIC Results

- Overall 71.1% (range 51% – 87%) vaccinated (18,039/ 25,380)
- 16% (4,071) signed declination statements
- 13% (3,270) neither vaccinated nor signed statement
- Conclusion: did not achieve established goal

Establishing A Vaccination Program

- Change the culture
 - Quality of the technical strategy – ‘Q’
 - Acceptance of change – ‘A’
- Develop policy and procedure
- Challenges to consider
- Focus on consistency and remember the mission

Acceptance Strategy: Accelerating Change and Transition, the ACT Model



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Acceptance Strategy

- Lead the way:
 - Have a champion
 - Who says this is important?
- Create a sense of shared urgency:
 - The reason to change NOW
- Focus the vision:
 - Desired outcome of change is clear, legitimate, widely understood and shared
 - Vision must be compelling and vivid enough to create action
 - What does tomorrow look like?

Acceptance Strategy

- Build coalitions and commitment:
 - Consider what coalitions to build and what resistance is inevitable
 - Whose engagement and commitment do we need?
- Chart a transition roadmap:
 - Project plan for building the 'A' must be as real as the plan for implementing the 'Q'
- Align systems and structures:
 - Will I/the organization be supported with the training, tools and rewards to take the risk and to be successful?
- Sustain the momentum :
 - Transition zone of change requires constant attention to fueling the energy for forward action
 - Is this for real?

Technical Strategy: The Policy Development



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Policy Approach And Development

- Purpose/initiative – Patient Safety
- Policy Owner – Human Resources
- Implementation process owner – Occupational Health
- Review similar policies/requirements

Policy Intent – Why And Who

- Clearly define purpose
 - Protect patients, employees, employees' family members and the community from influenza infection through annual immunization
- Determine coverage
 - All BJC HealthCare employees, with and without direct patient care
 - Vendors
 - Contracted clinical personnel
 - Students
 - Volunteers



Policy Elements

- Free of charge
- Program coordination – Occupational Health
- Timeframe for compliance
 - Begin October 15th
 - End December 15th
- New hire process
 - Vaccinated through March 31st
 - Those who refused, refer back to HR

Policy Elements

- Vaccinated at other locations must provide proof of vaccination
 - Receipt
 - Physician note
 - Copy of consent
- Maintenance of records
- Contingency plans
 - Vaccine shortages
 - Shipment delays



Policy Elements

- **Medical Exemptions**
 - Require documentation using a standardized form to indicate medical contraindication from personal licensed physician (MD/DO)
 - Standard criteria based on CDC guidelines, manufacturer recommendations

- **Religious Exemptions**
 - Requests for religious accommodation must be provided in writing to Human Resources

Policy Elements

- Management of unvaccinated employees
 - Mask use; when and where?
- Policy compliance
- Vaccination or exemption deadline
- Management of non-compliant HCPs

Collaborate In Policy Development

- Infection Prevention
- Occupational Health
- Infectious Disease
- Human Resources
- Legal Services
- Leadership
- Others



Policy Implementation



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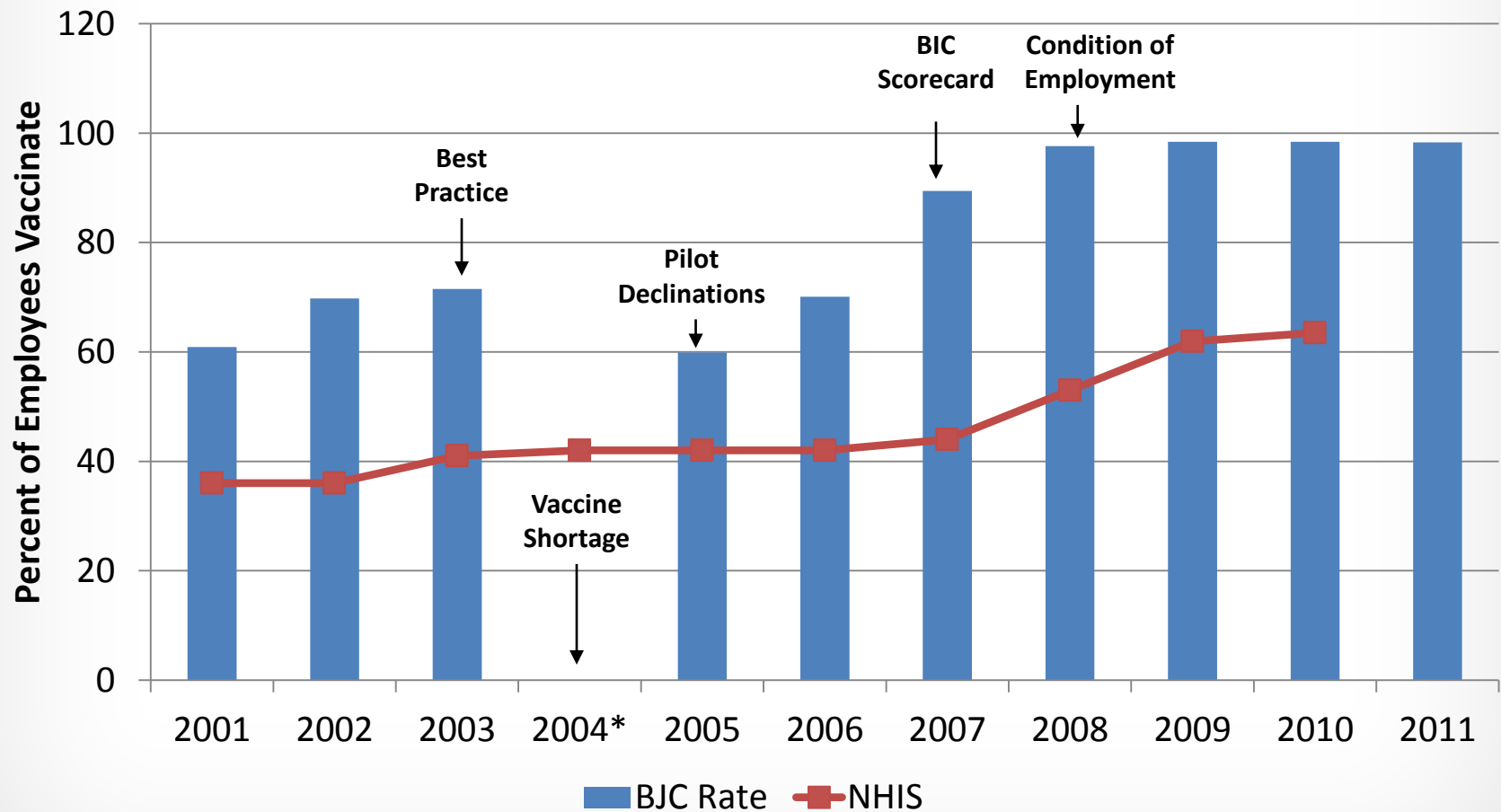
Make It Easy For HCP

- Free vaccine
- Readily available, multiple sites and times
- Educate vaccine administrators
- Multiple brands to meet allergies and fears
 - Included thimerosal free, LAIV
- Ensure safety

Keys to Success

- Building the case and getting buy-in
- Senior leadership support
- Plan, plan, plan, and plan again
- Key partnerships and collaboration
- Constant communication
- Remember the mission
- Willingness to compromise
- Be prepared for anything

Employee Influenza Vaccination Rates Long Term Care 2001 - 2011



A Note From Steve

Why is BJC requiring flu vaccinations?

“We know how to prevent flu. We know how to protect patients and co-workers from getting the flu. We should use everything we know to make sure that our patients have every opportunity to get better. After all, that’s why we do what we do.”

- *Steve Lipstein, BJC President and CEO*

What Questions Do You Have?



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