MANDATORY INFLUENZA VACCINATION OF HEALTHCARE WORKERS: A SUCCESSFUL IMPLEMENTATION BY A COMMUNITY HEALTH CARE SYSTEM

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Medical Center of The Rockies, University of Colorado Health
Colorado, USA
2010 Poudre Valley Health System

- Privately owned non-profit community healthcare system.

- **Medical Center of the Rockies, Loveland, Colo.**
  - 148-bed regional medical center.
  - Specializing in trauma and heart.

- **Poudre Valley Hospital, Fort Collins, Colo.**
  - 241-bed regional medical center.
  - Specializing in orthopedic surgery, neuroscience, cancer, bariatric weight-loss surgery, and women and family services.

- A Behavioral Health Center.
- Multiple Urgent Care centers, outpatient medical clinics and offices.
- 5,300+ employees.
- 550+ affiliated licensed providers (MD, NP, PA).
- 1,000+ volunteers.
- Students (medical, nursing, respiratory therapy, radiology and pharmacy).
- Contractors (couriers, linen or biohazards services).
- Vendors.
Influenza Vaccination Information
Before Mandatory Program

EFFORTS TO INCREASE VACCINATION RATES

• Campaigns to promote influenza vaccination (buttons, flyers...)
• Vaccine availability:
  - Three types of vaccine (LAIV, TIV, Thimerosal free)
  - Extended vaccination hours for all shifts
  - Various convenient locations (lobby, in front of cafeteria, flu carts)
• Education to dispel myths about influenza vaccine.
• Vaccination by peers, at clinical departments and offices.
• Require signed declination statements, including exposure risks.
• Posted vaccination rates by departments.
• Track reasons for vaccine declination.
## Influenza Vaccination Data 2009
### Before Mandatory Program

<table>
<thead>
<tr>
<th>2009 INFLUENZA SEASON</th>
<th>H1N1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated Employees</td>
<td>68.8%</td>
</tr>
<tr>
<td></td>
<td>(3,508)</td>
</tr>
<tr>
<td>Declination for Medical Reason</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>(76)</td>
</tr>
<tr>
<td>Declination for Personal Reason</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td>(382)</td>
</tr>
<tr>
<td>Declination with No Reason Given</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>(153)</td>
</tr>
<tr>
<td>Employees with No Data</td>
<td>36.6%</td>
</tr>
<tr>
<td></td>
<td>(1,866)</td>
</tr>
</tbody>
</table>
## Influenza Vaccination Data 2010
### Mandatory Program

<table>
<thead>
<tr>
<th></th>
<th>2010 Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated Employees</td>
<td>95.5 % (5,101)</td>
</tr>
<tr>
<td>Vaccinated Affiliated Providers (MD, DO, NP, PA)</td>
<td>Unable to track</td>
</tr>
<tr>
<td>Medical Exemptions</td>
<td>1.9 % (100)</td>
</tr>
<tr>
<td>Religious/ Personal Exemptions</td>
<td>2.3 % (127)</td>
</tr>
<tr>
<td>Temporary Exemptions</td>
<td>0.3 % (14)</td>
</tr>
<tr>
<td>Exemption Total</td>
<td>4.5 % (241)</td>
</tr>
</tbody>
</table>
## Influenza Vaccination Data 2010
### Mandatory Program

<table>
<thead>
<tr>
<th>2010 Season</th>
<th>Vaccination Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse (RN/LPN)</td>
<td>95.2 % (1,717)</td>
</tr>
<tr>
<td>Physicians</td>
<td>97.5 % (158)</td>
</tr>
<tr>
<td>Clinical Staff</td>
<td>95.6 % (1,876)</td>
</tr>
<tr>
<td>Non Clinical Staff</td>
<td>95.3 % (1,350)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2010 Season</th>
<th>Medical Exempt</th>
<th>Personal Exempt</th>
<th>Temporary Exempt</th>
<th>Total Exempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse (RN/LPN)</td>
<td>0.7 % (36)</td>
<td>0.9 % (47)</td>
<td>0.06% (3)</td>
<td>4.8 % (86)</td>
</tr>
<tr>
<td>Physicians</td>
<td>0.06 % (3)</td>
<td>0.02 % (1)</td>
<td>0%</td>
<td>2.5 % (4)</td>
</tr>
<tr>
<td>Clinical Staff</td>
<td>0.5 % (28)</td>
<td>0.9% (49)</td>
<td>0.15% (8)</td>
<td>4.3 % (85)</td>
</tr>
<tr>
<td>Non Clinical Staff</td>
<td>0.6 % (33)</td>
<td>0.59 % (30)</td>
<td>0.06% (3)</td>
<td>4.7 % (66)</td>
</tr>
</tbody>
</table>
## Influenza Vaccination Data 2011
### Mandatory Program

<table>
<thead>
<tr>
<th>Category</th>
<th>2011 Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated Employees</td>
<td>95.1 % (4,991)</td>
</tr>
<tr>
<td>Vaccinated Volunteers</td>
<td>98.1 % (984)</td>
</tr>
<tr>
<td>Vaccinated Affiliated Providers (MD, DO, NP, PA)</td>
<td>95.7 % (573)</td>
</tr>
<tr>
<td>Vaccinated Total</td>
<td>95.7 % (6,559)</td>
</tr>
<tr>
<td>Medical Exemptions</td>
<td>2.1 % (146)</td>
</tr>
<tr>
<td>Religious/ Personal Exemptions</td>
<td>1.8 % (121)</td>
</tr>
<tr>
<td>Temporary Exemptions</td>
<td>0.5 % (35)</td>
</tr>
<tr>
<td>Exemption Total</td>
<td>4.3 % (284)</td>
</tr>
</tbody>
</table>
THE “HOW TO” WITH LESSONS LEARNED
Multidisciplinary Planning Team

• Dan Robinson, VP–Senior Management.
• Sheila Huynh, Infection Prevention.
• Paul Poduska, Infection Prevention.
• Keith Lightfoot, Legal and Human Resources.
• Terri Mallozzi, Employee Health.
• Nancy Neff, Informatics System.
• Kevin Darst, Marketing.
• Frances Culler, ED Manager / Frontline Management.
Step 1: SWOT Analysis

**Strengths**
- 2008 Recipient of Malcolm Baldrige quality award
- Vaccination process and availability
- Communication process with management groups
- Communication process to employees
- Tracking system

**Weaknesses**
- No Mandatory policy
- Communication to management groups of compliance data need improvement
- Communication to employees regarding policy and exemptions process need improvement
- No Standardized format
- Inadequate Tracking system

**Opportunities**
- Pride: Post Malcolm Baldrige award (Quality & Safety)
- Fear: Post 2009 H1N1 influenza pandemic
- Economy crisis: Employment safety
- Available processes:
  * Vaccination
  * Communication (Management & Employees)
  * Tracking system

**Threats**
- Employees dissatisfaction
- No Buy-in from stakeholders
- Legal actions
- Cost $$$

Available processes:
- Vaccination
- Communication (Management & Employees)
- Tracking system
Strengths

- Quality culture: 2008 recipient of the Malcolm Baldrige Quality Award.
- Availability of vaccination process and vaccines.
- Availability of communication process to management team.
- Availability of communication process to employees.
- Availability of a tracking system.
Weaknesses

• No mandatory policy.
• No process to communicate just-in-time compliance data to management group.
• No standardized forms.
• Inadequate tracking system.
Opportunities

- **Pride**: Malcolm Baldrige Quality Award.
- **Fear**: Post 2009 H1N1 influenza pandemic.
- **Economy crisis**: employment safety.
- **Availability of processes**:
  - Vaccination.
  - Communication to management and employees.
  - Tracking system.
Threats

- Employees’ dissatisfaction.
- Loss of key employees.
- Legal actions against the organization.
- No buy-in from stakeholders.
- Increase of cost.
Step 2: Decision Making by Senior Leadership based on

- Available data.
- SWOT analysis.
- Timing.
- Opportunities.
- Available resources.
Step 3: Planning

• Outline all processes.
• Set timeline.
• Assign responsibilities.
  – Policy, objectives and goals.
    » Address exemption policy (masks for the non-vaccinated?)
  – Communication.
  – Education.
  – Vaccination.
  – Exemptions.
  – Tracking and notification.
  – Accountability.
Step 4: Communication
Communication

• CEO announced policy and rationale to employees and hosted a blog forum.
• Medical Director addressed the decision with physicians.
• Education posted online and on bulletin boards.
• Informed management groups on talking points, tracking process and accountability.
Flu vaccination season is almost upon us. What you need to know:

- Q and A (read first)
- Religious exemption form
- Medical exemption form

Health Department advises you to boost up your use of repellent.

Outcome of the Colorado Springs election:
Voters approve leasing Memorial Health System to UC Health
Read this press release: letter from Rulon and Bruce; and an FAQ.

Flu vaccination season is almost here
Vaccinations are mandatory for health-care workers. What you need to know:

- Q and A (read first)
- Religious exemption form
- Medical exemption form
On Line Flu Report
Communication

- Clarify vaccination timeline.
- Provide exemption forms and information on approval process with timeline.
- Send email **reminders** and **warnings** to employees following the set timeline.
- Provide monthly progress reports.
Step 5: Implementation
Preparation of supplies

- Order vaccines.
- Approval of standardized forms and have them printed.
  - Vaccination forms printed on carbon-copy paper with “medical screening questions” for allergy, past vaccination reaction, history of Guillain Barré.
  - Medical exemption applications with “reason for exemption” and name, address, contact number of medical provider.
  - Personal/Religious exemption applications.
Standardized Forms
More preparation

- Hire temporary staff to provide vaccination and enter data.
- Set up automated email reminders and warnings with Information Services.
- Establish process and format for tracking of compliance.
Vaccination

• Use of carbon paper, standardized forms.
• Three types of vaccines (TIV, LAIV and Thimerosal free).
• Peer vaccinators by clinical departments.
• Vaccination stations and flu carts.
• Accurate data entry.
Exemptions Review

- Medical exemptions reviewed by employee health team.
- Religious/personal exemptions reviewed by a panel from human resources, legal and clergy.
2012

Denver, Colo.
University of Colorado Hospital
3,800 employees

Northern Colorado
Medical Center of the Rockies
Poudre Valley Hospital
5,100 employees

Colorado Springs, Colo.
Memorial Health System
4,000 employees
Engage our community

Long-Term Care Health and Safety Network
of Northern Colorado

You are invited to a presentation and discussion on

Influenza Vaccinations for Health Care Workers
& the 2012 Board of Health Ruling

October 24th, 2012
11:30 a.m. to 1:30 p.m.
Medical Center of the Rockies
2012 Flu research study

- PharmaJet needle-free device for flu vaccination
  - Randomized study
  - Targeting 1,400 employees and community members
2012 Colorado reporting regulations
QUESTIONS?