## Impact of Hospital Mandates on Health Care Personnel Influenza Vaccination Rates

Chyongchiou Jeng Lin, PhD Mary Patricia Nowalk, PhD, RD Mahlon Raymund, PhD Jamie Bialor, MPH, CHESP Patricia Sweeney, JD, MPH, RN Richard Zimmerman, MD, MPH



## **Funding Acknowledgement**

The Robert Wood Johnson Foundation Public Health Law Research provides full funding for this study.

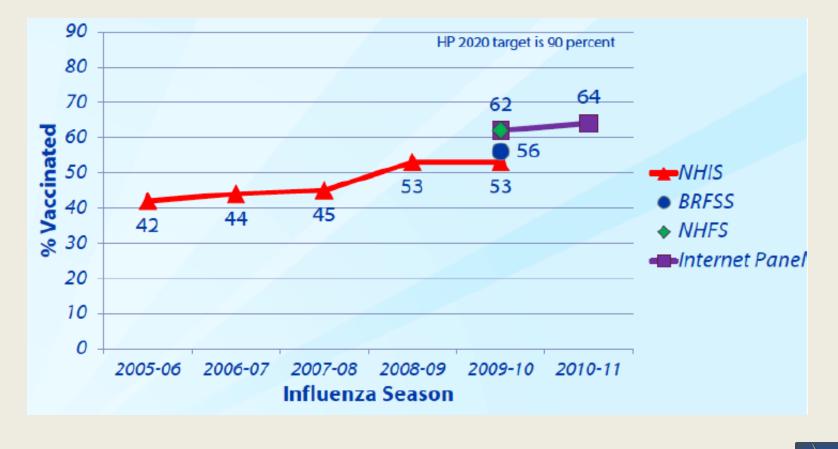


## Background

- At health care facilities, vaccination of persons who can transmit influenza to highrisk persons is an effective measure for reducing the impact of influenza
- Vaccination of health care personnel (HCP) has been shown to decrease deaths among nursing home patients
- HCP vaccination rates are modest



### Estimated HCP Influenza Vaccination Coverage 2005 - 2010





## **Research Questions**

- Is there an association between hospital requirements for HCP influenza vaccination and their influenza vaccination rates?
- What factors are associated with implementation of institutional vaccination requirements ?



## Methods

- Survey based on national CDC survey completed in early 2011
- 2009 American Hospital Association (AHA) Annual Survey Database
- Survey linked to AHA database for hospital characteristics



## Hospitals Grouped According to Following Policy Definitions

- Vaccination mandate with termination or other consequence for noncompliance
- Vaccination mandate without consequences for noncompliance
- No mandate for HCP influenza vaccination



## **Statistical Methods**

- Chi-square tests were used to compare whether hospital requirements for HCP influenza vaccination differed by:
  - Hospital characteristics (total hospital beds, region, ownership, admissions, inpatient days, Medicare discharges, full-time registered nurses, or full-time personnel)
  - Strategies used to promote HCP influenza vaccination
  - Personnel to whom the policy applied
  - Exemptions and consequences for non-vaccination
  - Inclusion of vaccination declination in requirements

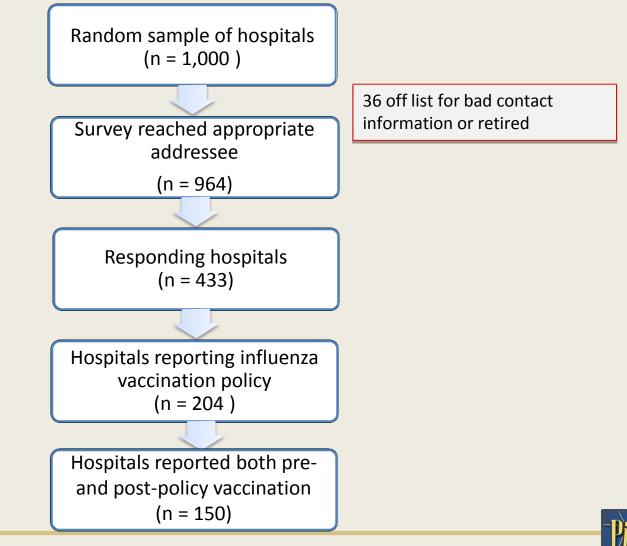


## **Statistical Methods**

- One-way analysis of variance (ANOVA) was used to compare change in HCP influenza vaccination rates between pre- and postimplementation of HCP influenza vaccination policy.
- Statistical significance for all analyses was set at an α = 0.05.
- SAS v9.3 and SPSS v18 were used for data management and statistical analysis.

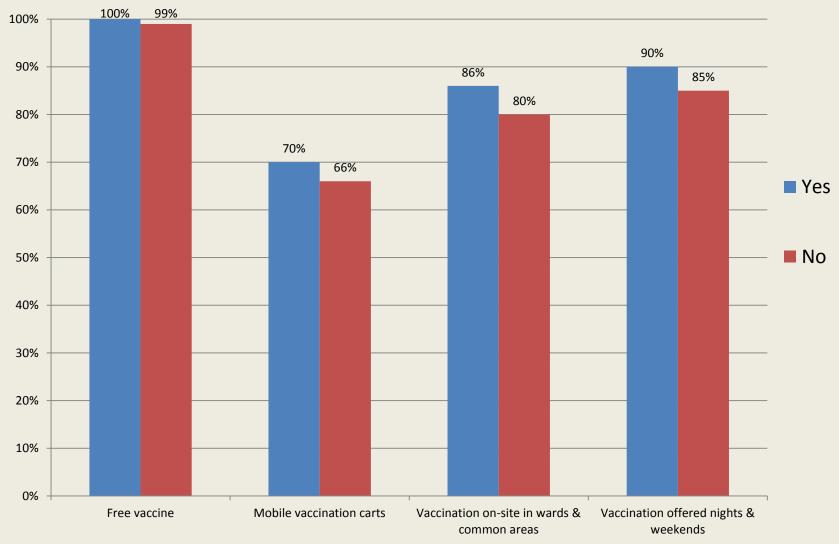


#### **Response Rate and Policy Prevalence**

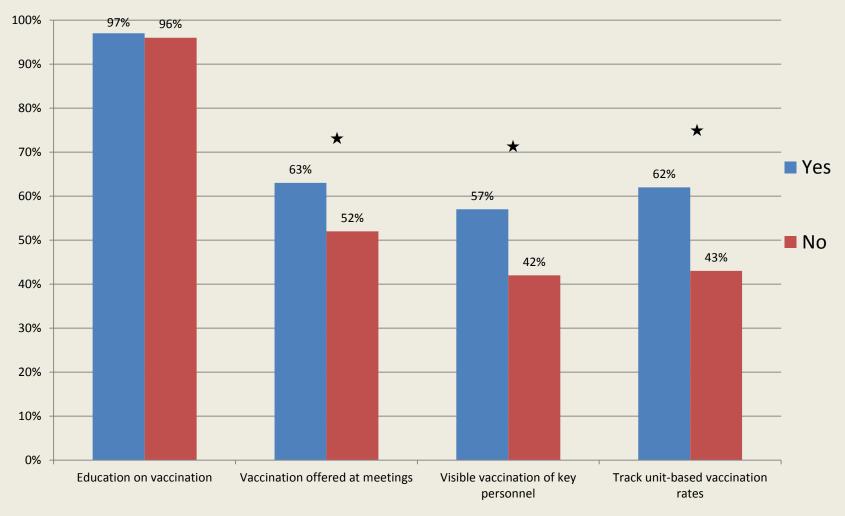




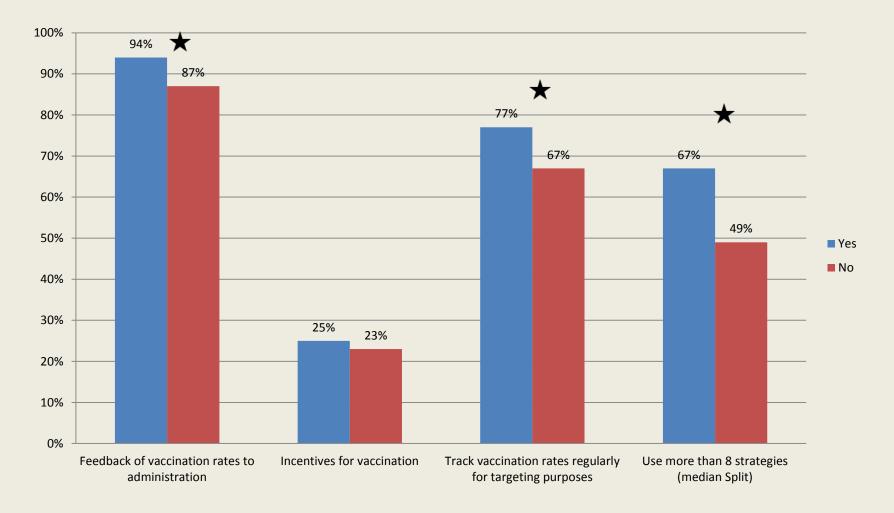
#### **Comparison of Rates in Facilities with Mandated** Vaccination +/- Consequences for Noncompliance



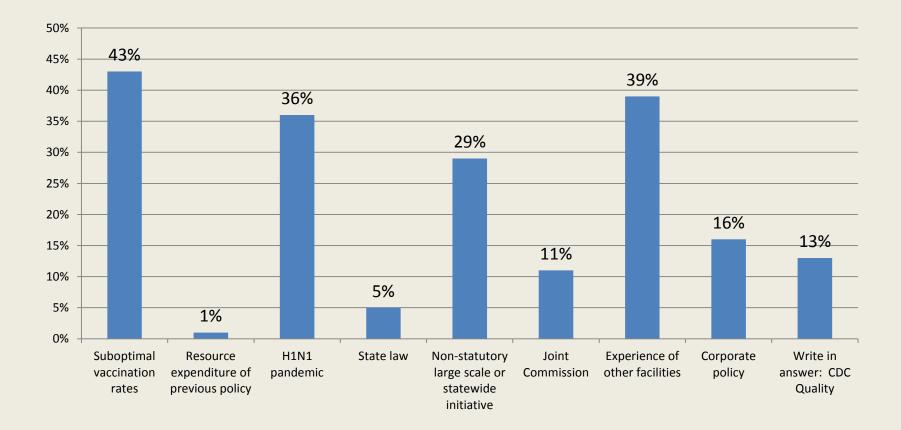
#### **Comparison of Rates in Facilities with Mandated** Vaccination +/- Consequences for Noncompliance



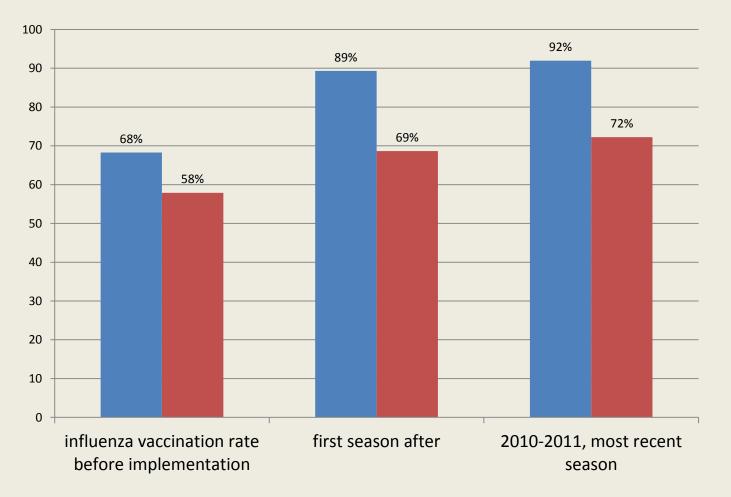
#### **Comparison of Rates in Facilities with Mandated Vaccination +/- Consequences for Noncompliance**



# Issues leading institution to develop a mandate with consequence

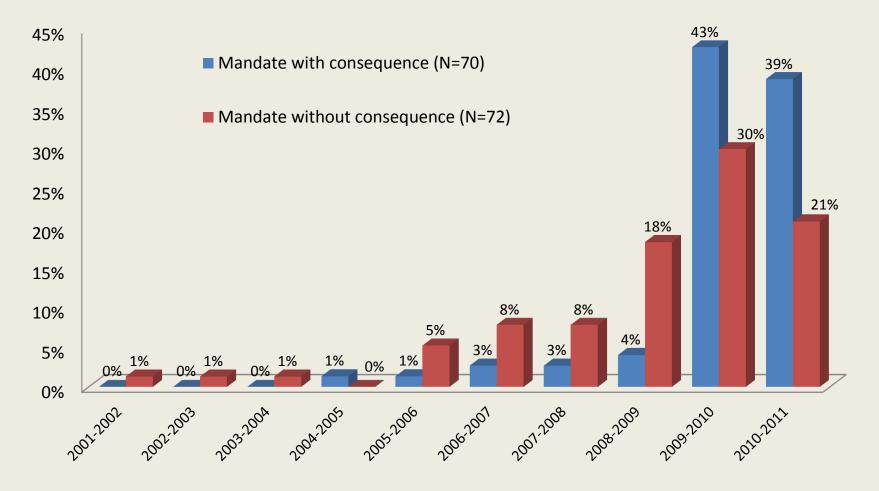


#### **Reported vaccination rates**



Those with noncompliance consequences increased vaccination rates 21.9% while those without noncompliance consequences increased 10.6% (p<0.01).

#### Percent Hospitals Implementing Influenza Vaccination Requirement Policy Over Time



Year of Policy Implementation

## Conclusions

- The prevalence of mandates is increasing
- Primary Drivers:
  - Suboptimal vaccination rates
  - H1N1 Pandemic
  - Joint Commission's recommendation
  - Experiences of other institutions
- Hospital vaccination mandates with consequences for noncompliance are associated with larger increases in HCP influenza vaccination rates than vaccination mandates without personal consequences

