

Introduction

Mandating that all HCWs receive seasonal flu vaccine is the single most effective means of achieving universal vaccination (>90% coverage), but the number of institutions implementing mandatory policies is still very low. During the 2010/11 flu season, only 8 of 250 licensed hospitals and 5 of 830 licensed long term care facilities in Pennsylvania were known to have achieved near universal vaccination.

Background

During the summer of 2011, the Pennsylvania Department of Health, in collaboration with the Center for Vaccine Ethics and Policy (University of Pennsylvania), the Hospital and Health System Association of Pennsylvania and the Pennsylvania Immunization Coalition, conducted 13 seminars across Pennsylvania to promote institutional mandates for influenza vaccination.

The seminars targeted hospital executives, infection control practitioners, and human resources and employee health personnel employed in Pennsylvania hospitals and long term care facilities (LTCF).

Each seminar showcased ethical and patient safety policies used by institutions which have mandates in place. During each seminar barriers for mandating influenza vaccination were noted and discussed.

Objective

We report on barriers noted by institutions considering mandating influenza vaccination.

Methods

Information gathered from exit-surveys as well as our own documentation of questions that were asked at each training were examined.

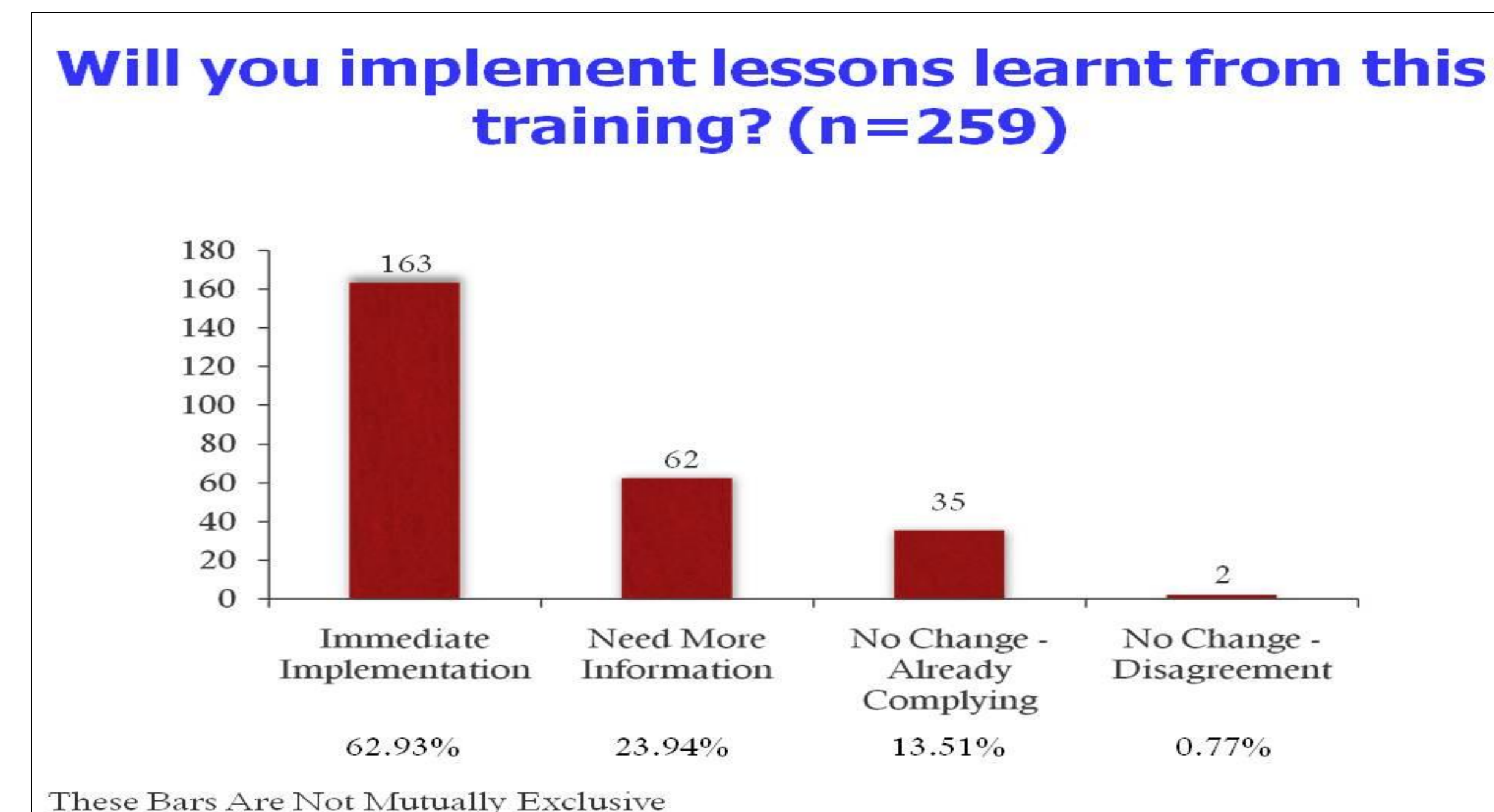
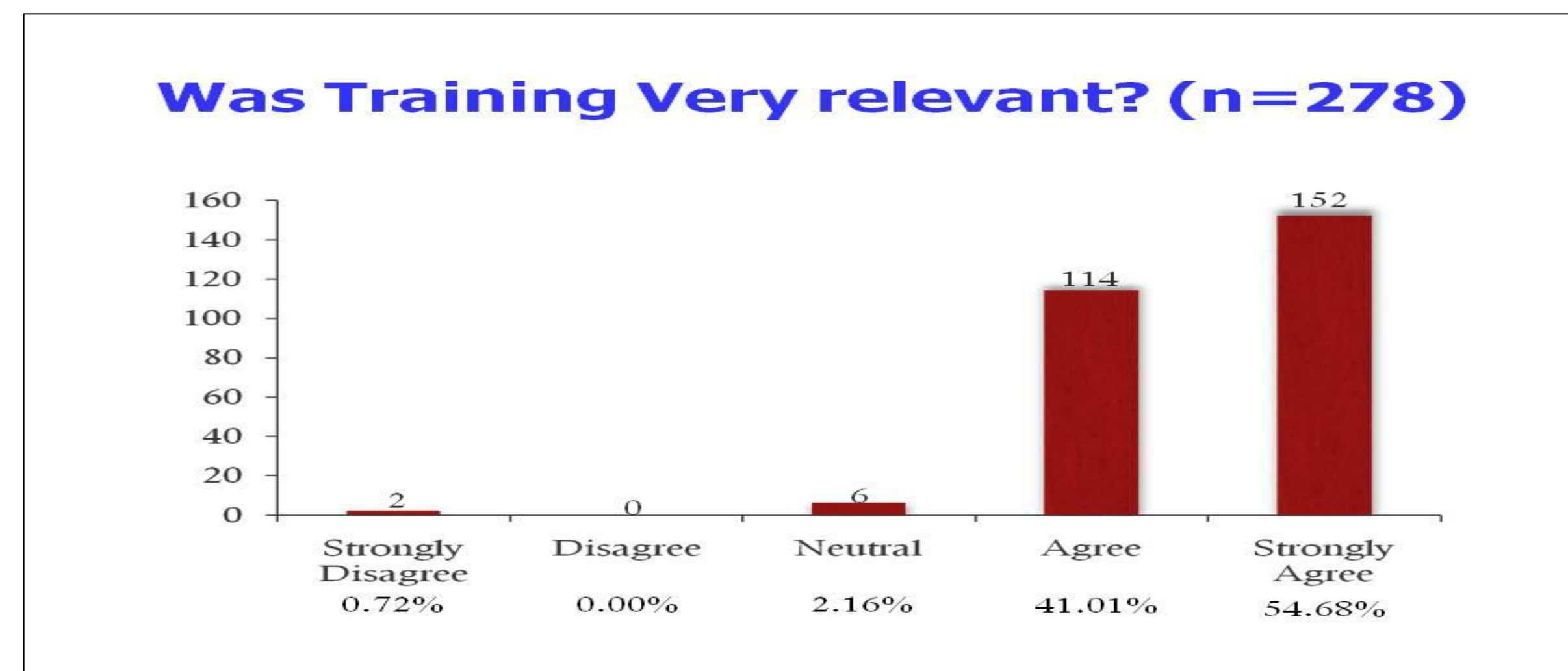
Exit survey's were required of all participants as a condition for receiving continuing education credits.

Participants and feedback

Participant characteristics

- 618 registered to attend, average of 47/site
- 580 people attended/signed-in (45/site):
 - 168 hospitals
 - 126 nursing homes
 - 82 others (Dr's offices, Dept of Health and other non-hospital facilities)
- 287 (49%) handed-in training evaluation forms
- 6.6% men / 93.4% Female
 - A majority were IPs and Employee Health staff
 - 80% Nurses (RN, LPN, etc.)
 - 5% Doctors (MD, MO)
 - 15% Other (Administration, legal, others)

Feedback on training



Frequently noted institutional barriers

- lack of executive level leadership at hospital level
- opposition from unions
- consideration of religious
- philosophical and constitutional exemptions;
- fear of lawsuits and losing staff to competing institutions and how to measure vaccine coverage
- Lack of direction or legislation at state level was also commonly noted as cause for the stalemate at hospital level

What worked well in overcoming barriers

- A clear policy by the state supporting and promoting institutional mandates created a lot of momentum
- Involving major healthcare organizations and large university hospitals and academic institutions was instrumental in adding credence to the messaging.
- Employing case studies, a training website, providing post-training technical support and making key staff from institutions which have successfully implemented mandates offer peer-support was useful in addressing these barriers.

Limitations

- Our campaign had several limitations, including our focus on healthcare personnel employed in hospitals and long term care facilities, and our training participants primarily included non-executive level personnel who make key policy decisions at hospital level.

Conclusion

- In the absence of a federal or state mandate requiring influenza vaccination for healthcare personnel, states can play a key role in encouraging institutions to consider requiring influenza vaccination by employing a multi-faced approach as demonstrated in Pennsylvania. Further studies may be required to examine the long term impact of such efforts and the best approach for addressing barriers noted by institutions.

Acknowledgements

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 - University of Pennsylvania Health System
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 - Abington Memorial Hospital
 - Mainline Health system
 - Valley View Nursing Home
 - The Caring place