

: Promote institutional mandates for influenza vaccination through a Harnessing public-private initiative, lessons from Pennsylvania Heather Stafford¹; Misty Hall¹; Owen Simwale¹; Alexander Mcfall¹; David Curry²; Mary Marshall³; Joanne Sullivan⁴

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Introduction

There is growing evidence that requiring the influenza vaccination at institutional level is the most effective way of attaining >90% influenza vaccine coverage among employees. In the absence of a federal mandate, state initiatives have been employed to improve influenza vaccination – most involving some form of legislation. Few state initiatives, to our knowledge, have conducted state-wide nonregulatory campaigns to improve influenza vaccination among healthcare personnel.

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.

These strategic partnerships were intended to coordinate and reinforce the idea that hospitals should do more to encourage influenza vaccination among healthcare personnel. Partnering organizations were involved in framing and implementing the campaign, under co-leadership of the Department of Health and the Hospital and Health System Association of Pennsylvania.

At the time of the campaign, 8 of ~250 licensed hospitals and 5 of ~830 licensed long term care facilities (LTCFs) in Pennsylvania were known to have achieved >90% influenza vaccine coverage.

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.

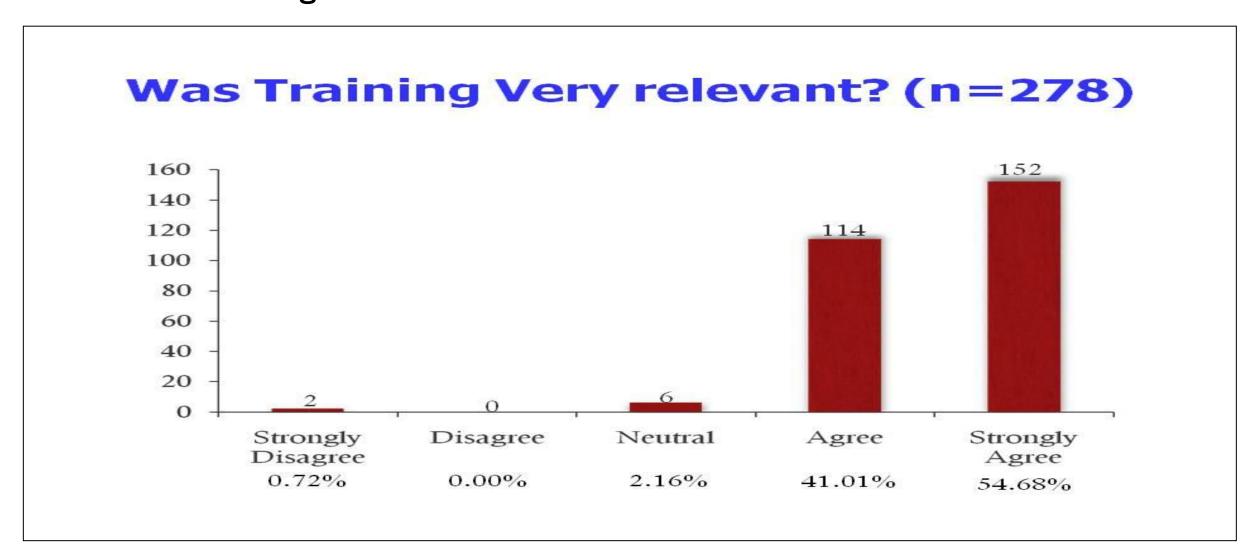
Participants and feedback

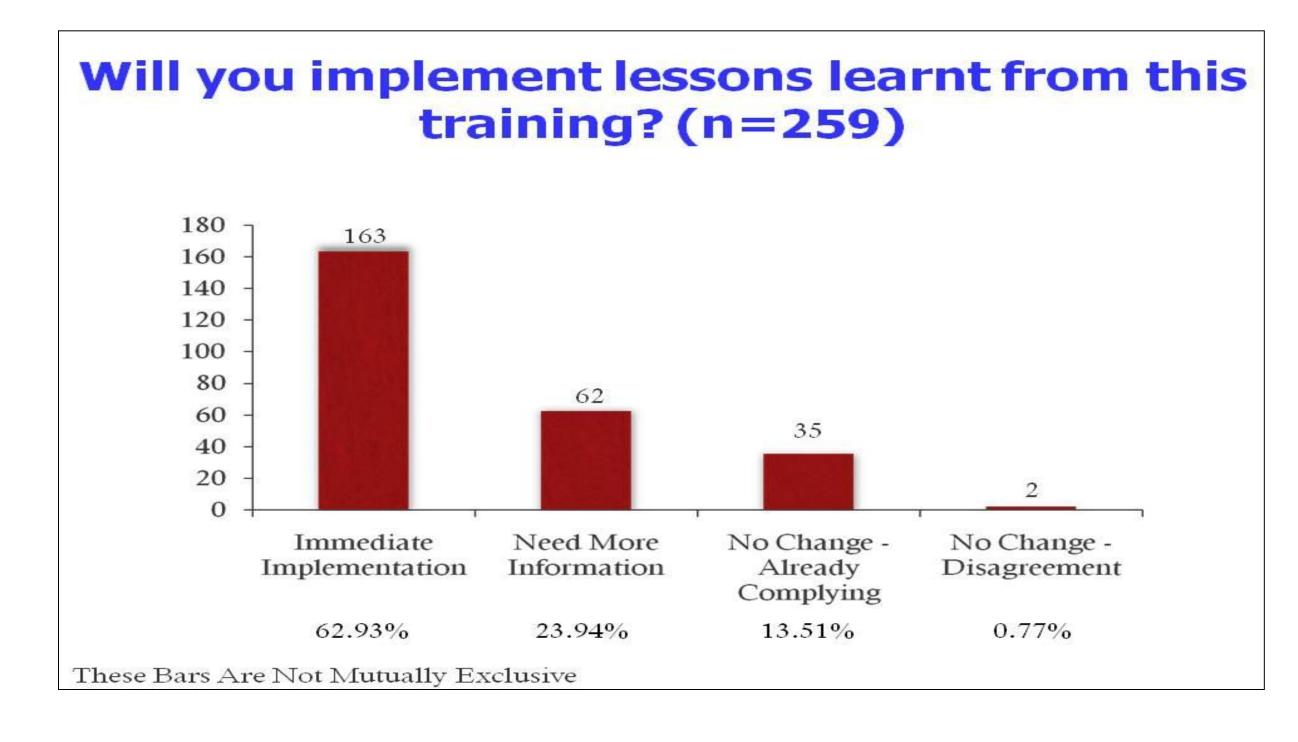
Participant characteristics

- 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





Preliminary Outcomes

The number of institutions requiring influenza vaccination among HCP in Pennsylvania has increased, and so has the momentum among institutions to move towards mandating. Deploying a training website and issuing joint press releases were useful for disseminating best practices and campaign resources. Posting an honor roll of institutions with successful programs, offering posttraining technical support and having institutions sign a pledge were invaluable strategies for stimulating change. In the absence of a federal and state legislation requiring influenza vaccination, state-based immunization campaigns that involve partnerships between the state and professional organizations have the potential to increase momentum towards institutional mandates.

What worked well

- A clear policy by the state supporting and promoting institutional mandates created a lot of
- --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.
- Professional organizations were able to disseminate information far, wide and with added authority.

Challenges

- 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 nonexecutive level personnel who make key policy decisions at hospital level.
- Coordinating messages when private and public partnerships are involved was a challenge.

Acknowledgements

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- University of Pennsylvania Health System
- Geisinger Health System
- Children's Hospital of Philadelphia
- Abington Memorial Hospital
- Mainline Health system
- Valley View Nursing Home
- ■The Caring place