

Seasonal Influenza and Tdap Vaccination Policies in Michigan Hospitals: Michigan Department of Community Health Hospital Survey, Fall 2011

Background

The Advisory Committee on Immunization Practices (ACIP) recommends vaccination of health care personnel (HCP) because of their risk for exposure to and transmission of vaccine-preventable diseases. The recommendation for annual influenza vaccination has been in place since 1984 and Tdap vaccination since 2005. While mandatory vaccination policies in hospitals demonstrably improve coverage rates, vaccination policies vary in Michigan.

Objectives

- 1) Determine the prevalence of mandatory influenza and Tdap vaccination policies for HCP in Michigan hospitals.
- 2) Determine critical factors associated with implementing mandatory polices and barriers associated with not implementing mandatory policies.
- 3) Provide information and business practices to assist hospitals leaders with implementing mandatory policies.

Methods

Sample

- 177 non-federal acute-care Michigan hospitals from the 2010 American Hospital Association (AHA) Annual Survey Database
 - 79 classified as part of a health care system
 - 98 classified as self-governing because they
- determined vaccination policies for themselves Survey
- 5 minute telephone survey conducted August 16 through September 14, 2011
- Infection Control Coordinator or Occupational Health Nurses asked to complete this survey
- Determination of mandatory policy: "Do you require your staff to receive an annual flu (or Tdap) vaccination? When I say require, I mean that it is a condition of employment and that there are actions taken if the staff member does not comply."

<u>Data</u>

- Data collected in SurveyMonkey and exported to a Microsoft Excel database
- Basic descriptive statistics
- Analyzed for all hospitals (n=177) and according to our classification of health care system (n=79) and selfgoverning hospitals (n=98).

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Results

• Through multiple follow-up phones calls we obtained an 100% response rate.

Influenza Vaccination Policies

- 41% (73/177) had a mandatory policy for all staff • 41% (30/73) allowed unvaccinated HCP to wear a
- mask during the flu season in lieu of vaccination.
- Mandatory policies affected 51% of hospital employees.
- Mandatory policies were more likely among health care systems (72%, 57/79) than self-governing (16%, 16/98)

Tdap Vaccination Policies

- 11% had a mandatory Tdap policy for all staff
- Mandatory Tdap vaccination policies for all staff affected 12% of hospital employees in Michigan. • An additional 25 hospitals, employing 53,188
- workers had a policy that covered "some staff." Policies were more likely among health care systems
- (18%, 14/79) than self-governing policies (5%, 5/98).

Figure 1. Percent of Michigan hospitals with mandatory annual seasonal influenza or Tdap vaccination policies for all staff by year of implementation.



Table 1&2. Most cited implementation factors and barriers reported by Michigan hospitals for mandatory annual seasonal influenza or Tdap vaccination policies

		Barrier	Hospitals, no. (
Critical Implementation Factor	Hospitals, no. (%)	Flu vaccination policy barriers	n=98
Flu vaccination policies	n=73	Staffresistance	24 (24.5)
Leadership support	41 (56.2)	Labor union policies	20 (20.4)
Pressure from prof. groups	10 (13.7)	Lack of leadership support	13 (13.3)
Leadership + add. factor	8 (11.0)	High vaccination rate w/o	12 (12.2)
Patientsafety	8 (11.0)	Tdap vaccination policy barriers	n=133
Tdap vaccination policies	n=19	Has not been discussed	38 (28.6)
Patientsafety	8 (42.1)	High vaccination rate w/o	12 (9.0)
Leadership support	6 (31.6)	Staffresistance	10 (7.5)
Pressure from prof. groups	3 (15.8)	Labor union policies	10 (7.5)
		Lack of leadership support	9 (6.8)

Discussion

Critical Implementation Factor: Influenza and Tdap Policies **Leadership:** ensures that policies are in place, barriers to implementation are minimized, and an institutional culture exists in which vaccination is encouraged and expected for patient safety and HCP protection.



Barriers: Influenza and Tdap Policies Strategies to approach **staff resistance**:

Strategies to approach **labor union resistance**: • Ensure clear, consistent language in the policy. Discuss with key partners prior to implementation: hospital leaders, managers of labor relations, and union leaders. Engage in and respect the collective bargaining process. • May need to consider including a clause for unvaccinated HCP to wear a mask during the influenza season.

Barrier unique to Tdap Vaccination Policies: A majority of hospitals need to take the first step of discussing the implementation of HCP Tdap vaccination policies.

Resources

- educational materials.

- affected a majority (51%) of HCP.
- the past three years.
- policies is critical.

Author Contact Information

Discussion

• Provide free vaccinations at convenient times Effective educational campaigns and resources available Benefits of influenza vaccination Potential harms to HCP and patients if not vaccinated

 Michigan Health and Hospital Association provides a sample policy, talking points and a letter that was distributed in collaboration with MDCH to hospital leaders.

 The Immunization Action Coalition (IAC) Honor Roll for Patient Safety: example policy language, summary of policy statements, archive of peer-reviewed journal articles, etc. Colorado Hospital Association: sample policy and employee

• Immunization Action Coalition of Washington's online toolkit: background documents, sample policies, etc.

Conclusions

First statewide analysis of mandatory seasonal influenza and Tdap vaccination policies for hospital employees. Even though a minority (41%) of Michigan hospitals had a mandatory influenza vaccination policy, these policies

• Only a small minority (11%) of Michigan hospitals have implemented a mandatory Tdap HCP vaccination policy. Implementation of these policies has accelerated over

Hospital leaders' support for mandatory vaccination

 Information and resources are available to help hospitals overcome policy implementation barriers.

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