



# Employee Influenza Immunization Program

National Influenza Immunization Summit  
May 19, 2010

Nancy W. Gemeinhart RN, MHA, CIC



## Topics of Discussion

- Background
- Meeting recommendations
- BJC HealthCare's policy
- Vaccination outcomes



# Background

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## Influenza Facts

- Infects up to 20% population in U.S.
- 36,000 deaths in the U.S. annually
- More than 226,000 excess hospitalizations
- Leading cause of vaccine-preventable death in U.S. every year
- Asymptomatic infections occur
- Viral shedding precedes symptom onset
- Healthcare workers (HCW) work ill

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## Influenza Impact on Health Care

- Healthcare-associated transmission: increases morbidity, mortality, and length of stay
- Increased census and employee absenteeism
- Additional \$1-\$3 billion in health care costs in the U.S.
- Exposure evaluations are costly and labor-intensive

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## HCW Influenza Immunization

- US Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP)
- Recommended for HCWs since 1981
- Purpose: prevent healthcare-associated transmission
- Nationally, HCW immunization rates remain low
  - 44.4% in 2006 – 07; 49% in 2007 – 08
  - 2009 H1N1: 39.3%

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## Recommendations to Increase HCW Vaccination Rates

- ACIP, HICPAC, Joint Commission, Professional Organizations (APIC, SHEA, IDSA)
  - Vaccinate unless contraindication or actively decline
  - Use effective and proven approaches to increase rates: education, free, convenient, leadership, incentives/ rewards, champion
  - Measure and report vaccination rates
  - Hold organized campaigns
  - Declination statements
  - Consider rates a measure of patient safety quality

## Mandatory HCW Influenza Immunization

- Pros and cons
  - HCW autonomy vs. patient safety
- Rationale:
  - Protect patients, public, and HCWs
  - Other mandatory vaccines for HCWs (MMR, Varicella)
  - First, do no harm
  - Safe vaccine
  - Inadequacy of years of voluntary efforts

## **BJC HealthCare**

- Large non-profit healthcare organization
- 13 acute care hospitals in Missouri and Illinois
  - Urban, suburban, rural
  - 3,259 staffed beds (range 40 – 1,074)
  - Two teaching hospitals (1 adult, 1 pediatric)
- 3 long-term care facilities
- Home care, medical group, behavioral health, occupational medicine
- >26,800 employees

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

# **Meeting The Recommendations**

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## BJC HCW Influenza Immunization

- Comprehensive program since 1997 (always free)
- 2003 – 2006 established a “Best Practice”
  - Standardized and systematic
  - Promote maximum employee participation
  - Make vaccine convenient
  - Utilize partners to administer vaccine
  - Advertise and communicate
  - Education: benefits and risks, dispel myths
  - Offer incentives
  - Catchy themes
  - Monitor participation and report rates to key stakeholders

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## Campaign Themes



Dare to Care – Get Your Flu Shot



**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## Challenges With a Best Practice Approach

- Time consuming
- Long immunization time period
- Easy for HCWs to say “no”
- Increase in participation was incremental

## Declination Statements

- Pilot in 2006
- Meet JC Standard
  - Education
  - Survey for improvement
- Unvaccinated HCWs, can transmit influenza
- Annual HCW vaccination rates between 40 – 54% from 1997-2006

## Vaccination Rates, Quality Measure

- 2007 add HCW influenza immunization rates to a quality scorecard
- Best In Class scorecard (BIC)
- Target set at 80%
- Challenges
  - Time consuming
  - Tracking down employees
  - Long campaign



## BIC Results

- Overall 71.1% (range 51%-87%) vaccinated (18,039/25,380)
- 16% (4,071) signed declination statements
- 13% (3,270) neither vaccinated nor signed statement
- Conclusion: did not achieve established goal





## Working Toward Mandatory Immunizations

- Change the culture
  - Develop acceptance
  - Change management principles
  - ACT!™ Accelerating Change and Transitions
- Develop a policy and procedure
  - Develop a quality product
  - Focus on consistency

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## BJC HealthCare's Influenza Immunization Policy

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## BJC Approach and Development

- Purpose/initiative – Patient Safety
- Policy Owner – Human Resources
- Implementation process owner – Occupational Health and Infection Prevention

## BJC Influenza Immunization Policy

- Purpose: Protect patients, employees, employees' family members and the community from influenza infection through annual immunization
- Coverage:
  - All BJC HealthCare employees, with and without direct patient care
  - Contracted clinical personnel – those with direct contact with patients or patient environment
  - Volunteers

## BJC Influenza Immunization Policy

- Program coordination – Occupational Health
- Timeframe for compliance
  - Begin October 15th
  - End December 15th
- New hires
  - Vaccinated through March 31st
  - Those who refused, refer back to HR

## BJC Influenza Immunization Policy

- Vaccinated at other locations must provide proof of vaccination
- Proof may include:
  - Receipt
  - Physician note
  - Copy of consent

## BJC Influenza Immunization Policy

- Medical exemption requests made to occupational health (OH)
  - Required a statement from personal physician (MD/DO)
  - Standard criteria based on CDC guidelines, manufacturer recommendations
  - Questionable requests reviewed by medical director
  - Requests outside of established criteria denied
  - Employee notified in writing within 5 business days
- Type of medical exemptions
  - Temporary exemptions
  - Permanent exemptions (i.e., allergy or history of Guillain-Barré after a previous influenza vaccine)

 THE WORLD'S BEST MEDICINE. MADE BETTER.

## BJC Influenza Immunization Policy

- Requests for religious accommodation provided in writing to Human Resources
  - Letter of request from the employee
  - Employee notified in writing within 5 business days
  - Must apply for religious accommodation each year

 THE WORLD'S BEST MEDICINE. MADE BETTER.

## BJC Influenza Immunization Policy

- Exempt employees requested / encouraged mask use
  - Patient care areas, when within 3 feet of patients
  - During influenza season in their area
  - Exact dates determined annually based on influenza in community
  - Timeframe determined by medical director

## BJC Influenza Immunization Policy

- Compliance is a “Condition of Employment”
- Vaccination or exemption deadline – December 15<sup>th</sup>
- Management of non-compliant HCWs
  - Non-compliant – Suspended for 30 days without pay (if already on final warning – terminated)
  - If non-compliant after 30 days – Employment terminated (January 14<sup>th</sup>)

# Vaccination Outcomes

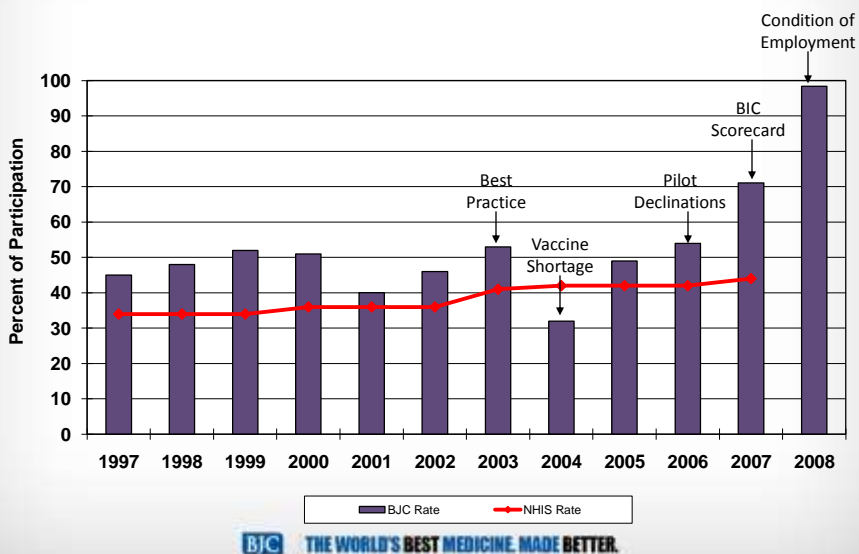
**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

## BJC HealthCare 2008 Results

- Policy Compliance: 99.96%
- Active Employees:
  - Vaccinated: 98.4%
  - Medical Exemptions: 1.24%
  - Religious Accommodations: 0.35%
  - Non-compliance: 0.03%
- Rate of vaccine eligible employees: 99.97%

**BJC** THE WORLD'S BEST MEDICINE. MADE BETTER.

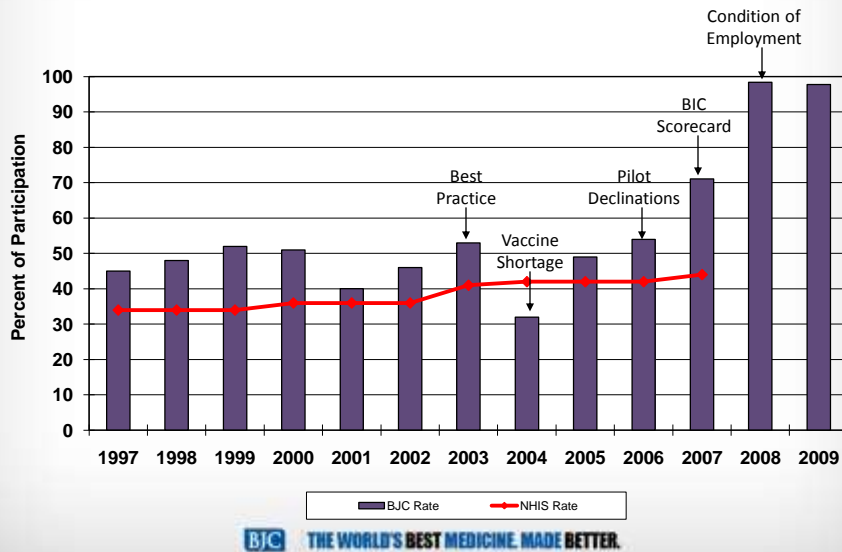
## 2008 Results



## 2009 Immunization Program

- Policy enhancements
  - Included students and vendors
  - Implemented standard medical exemption request form
- Seasonal influenza vaccination
  - 97.8% vaccinated
  - 2.1% exempt/accommodation
  - 99.9% policy compliant

## 2009 Results



## H1N1 Immunization

- Decision to include H1N1 or not
  - “It’s the flu, right? We have a vaccine, right?”
- Different deadline for compliance
  - Local health department standards
  - Vaccine availability
- Outcomes
  - 96.8% vaccinated
  - 2.9% exempt
  - 99.7% policy compliant



## In Conclusion

### A Note From Steve

#### Why is BJC requiring flu vaccinations?

“We know how to prevent flu. We know how to protect patients and co-workers from getting the flu. We should use everything we know to make sure that our patients have every opportunity to get better. After all, that’s why we do what we do.”

- Steve Lipstein, BJC President and CEO