Employee Influenza Program 2009
Mary Cooney, RN COHN-S

History

<table>
<thead>
<tr>
<th>Season</th>
<th>Targeted employees</th>
<th>% Vaccinated</th>
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</thead>
<tbody>
<tr>
<td>2004-2005</td>
<td>Nurses high risk areas/residents/fellows (1255)</td>
<td>57</td>
</tr>
<tr>
<td>2005-2006</td>
<td>All nursing units/ambulatory sites/residents/fellows Staff with patient contact (3578)</td>
<td>69</td>
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<tr>
<td>2006-2007</td>
<td>Same as previous year (3998)</td>
<td>73</td>
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<tr>
<td>2007-2008</td>
<td>Added attending physicians (4971)</td>
<td>90</td>
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<tr>
<td>2008-2009</td>
<td>Staff with patient contact Physician group more targeted (5170)</td>
<td>92</td>
</tr>
<tr>
<td>2009-2010</td>
<td>All employees working in patient buildings or providing patient care - HCW (9300)</td>
<td>99.6</td>
</tr>
</tbody>
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Influencing Factors

<table>
<thead>
<tr>
<th>Season</th>
<th>% Vaccinated</th>
<th>Program Changes</th>
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</thead>
<tbody>
<tr>
<td>2004-2005</td>
<td>57</td>
<td>First formalized program; collaboration with IPC</td>
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<td>2005-2006</td>
<td>69</td>
<td>Unit flu captains; reports by unit; voluntary decline forms</td>
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<td>2006-2007</td>
<td>73</td>
<td>Increased leadership involvement; multi-disciplinary approach</td>
</tr>
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<td>2007-2008</td>
<td>90</td>
<td>Part of institutional strategic safety plan; early planning, public relations; logo, T-shirts, posters; Mandatory participation – vaccine or declination</td>
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<td>2008-2009</td>
<td>92</td>
<td>Consequence for non-participation (performance eval) Physician leadership involvement</td>
</tr>
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<td>2009-2010</td>
<td>99.6</td>
<td>Mandatory vaccine supported by Patient Safety Committee</td>
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2009-2010

Patient Safety committee recommended mandatory annual influenza vaccine for all staff who works in patient buildings or who provides patient care
Targeted Staff

- Employees
  - Main Hospital and Ambulatory Sites
- Physicians
  - CHOP pay-rolled, attending, rotating, consultants
- Volunteers
- Students
  - All clinical (nursing, medical)

Identifying Key Strategies

- Collaboration
- Communications and PR
- Methods for evaluating exemption requests
  - Medical and religious
- Creating accurate list of staff
- Timely, accurate reports
- Established timeline
### Collaboration

**Program Leaders**
- Occupational Health and Infection Prevention and Control

**Collaborators**
- Senior Leadership
- HR
- Nursing (Main campus & Ambulatory)
- Medical Staff Affairs/Physician Practices

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### Marketing, Public Relations and Internal Communications

**Marketing and Public Relations**
- Designed promotional materials
- Created content for external and internal websites
- Developed inventory of all existing influenza content
- Organized Flu Vaccine Kick-off Day with prizes, games, snacks and local radio station broadcasting live

**Internal Communications**
- Supported writing and distribution of communications to all staff and to targeted communities
- Kept intranet updated and current
Exemption Requests

PROCESS ESTABLISHED

- Requirements stated up-front
- Criteria for evaluation of medical requests
- IPC/OH review
- Religious exemptions evaluated through HR

Reports

Essential to have accurate baseline staff list

- Vaccine Reports provided real time numbers and ability to target unvaccinated staff
  - Weekly updates to Supervisors
  - Reports to Directors and Senior Leadership
Established Program Timeline

6 week Program began mid-September
• Vaccine distribution
• Flu teams
• Deadline for vaccination with well publicized consequences
• Timeframe changed due to H1N1 complications

Results

99.6% staff vaccinated
57 exemptions
Staff Survey: (preliminary)
~50% agree with the mandate
~58% feel the mandate is coercive
~75% agree it is important to protect patients
~70% feel it is their ethical responsibility to be vaccinated