“Communicating Your Hospital/Health System Employee Influenza Vaccination Policy”

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David Smith, MD

David Smith, MD, serves as a family physician in Plymouth, Wisconsin and as the vice president for the Office of Patient Experience and Care Management, Aurora Health Care.

Dr. Smith is responsible for clinical quality oversight, quality project development, “Live Well” wellness program, the electronic health record order set content and medical management of Aurora's self-insured health plan.
Kelly Court, MBA

Kelly Court, MBA, is WHA’s chief quality officer. She leads the Association’s quality initiatives, including the WHA Partners for Patients. Court has many years of experience leading hospital quality measurement and improvement. She has helped advance Wisconsin’s position as a national leader in quality and transparency.
The Wisconsin Healthcare Influenza Prevention Coalition Recommendation

To protect the lives and welfare of patients and employees, improve quality and reduce health care costs, Wisconsin Hospital Association (WHA), Wisconsin Medical Society (the Society), LeadingAge Wisconsin, Wisconsin Health Care Association (WHCA)/Wisconsin Center for Assisted Living (WiCAL) and the Pharmacy Society of Wisconsin (PSW) encourage all members to implement an evidence-based vaccination initiative to achieve a vaccination rate of >95 percent as part of their comprehensive approach to prevent health care-associated infections. In support of this goal, our organizations recommend that influenza vaccination become a condition of employment and maintenance of medical staff privileges.
Influenza Vaccination as a Condition of Employment
...a matter of patient safety

David R Smith, MD, MPH
Learning objectives

• The participants will learn the background for health care worker (HCW) influenza vaccination

• Learn how a requirement for influenza vaccination can be implemented

• Be able to anticipate 5 obstacles & solutions to a mandatory vaccination program

• Learn practical aspects of improving influenza vaccination rates
Summary

• Unvaccinated HCWs a patient safety concern
• Mandatory vaccination rates exceed 97%
• Policy implementation requires 6-10 months
• Employee termination rates < 1 per 2,500
• Exemption process is defensible
• Medical exemption process provides safety
• Religious exemption process provides dignity
30,000+ employees
2M+ patients / year
$4B / year
90 communities
15 hospitals
150 clinics
150 pharmacies
2600 physicians
- Vaccination of HCWs has been shown to protect patients from influenza and decrease mortality
- HCWs act as a vector for the disease
  - continue to work despite being ill
  - represent a vital scarce resource
- In-hospital influenza outbreaks tied to unvaccinated HCW
- CDC has recommended influenza vaccination for all HCW since 1981
- The largest barrier to vaccination is HCW’s perceived misinformation and purported inconvenience
• Endorsements of mandatory vaccination pre-2011
  o Infectious Disease Society of America - Oct 2009
  o The National Patient Safety Foundation - Nov 2009
  o American Academy of Pediatrics – Oct 2010
  o American College of Physicians – Oct 2010
  o American Public Health Association – Nov 2010

• Surveys of HCW have found that the majority of HCWs support a compulsory vaccination program
  Poland GA et al Infect Control Hosp Epidemiol 2008;29:170-173
  Douville LE et al. Arch Peds Adolesc Med 2010;164 (1) 33-37

• Over 100 health systems have adopted mandatory influenza vaccination (www.immunize.org/honor-roll)
Aurora experience 2005-06 through 2012-13 seasons

Percentage of employees receiving influenza vaccination during the 2005-6 through 2011-13 seasons
Aurora Health Care

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Policy Details

• Annual influenza vaccination or an approved exemption for all employed caregivers, contracted providers, students, and volunteers ("employees") by December 31st each year. (2012 will move to Nov 15)

• Credential non-employed caregivers added in 2012

• Exemptions allowed for medical and religious criteria. Multidisciplinary review committee established.

• Medical exemptions require physician documentation of contraindications to current CDC vaccine recommendations.

• Religious exemptions require evidence of a religious or ethical conviction that meets the requirements of Title VII of the Civil Rights Act of 1964.
Timeline

- Feb – policy approval, additional vaccine ordered
- Mar – policy announced
- Apr to Jun – creation of forms, procedures, teams
- Aug – CDC MMWR annual influenza paper
  - Exemption forms made available
  - Broad communications begin
- Oct 1 – exemptions due
  - Vaccinations begin
- Oct to Dec – managers accountable for unit vaccination
- Dec 1 – HR meets w/ delinquent employees
- Dec 8 – deadline to resign to receive PTO benefits
- Dec 31 – vaccination deadline
- Jan 2, 2012 – terminations for failure to comply with policy
- Jan 17, 2012 – debrief for 2012 season

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Results

• Caregivers 30,048
• Vaccinated - 29,355 (97.7%)
  – Adverse vaccine reactions – “unchanged”
• Exemptions
  – granted 499 (1.7%)
  – denied 138 (0.46%)
• Resignations / Terminations
  – Scheduled employees – 11 (0.037%)
  – Unscheduled employees – 30 (0.1%)
## 2011 Influenza Exemption program

<table>
<thead>
<tr>
<th>Received (637)</th>
<th>Accept (499) 78%</th>
<th>Reject (138) 22%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical (546)</strong></td>
<td>460 (84%) Egg allergy (129) Vaccine reaction (211) Gullian Barre Syndrome/neurologic (70) Other (50)</td>
<td>86 (16%)</td>
</tr>
<tr>
<td><strong>Religious (91)</strong></td>
<td>39 (43%)</td>
<td>52 (57%)</td>
</tr>
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</table>
Aurora Health Care
Weekly Caregiver Influenza Vaccination Rate Comparison--2008-2011

Week 1  Week 2  Week 3  Week 4  Week 5  Week 6  Week 7  Week 8  Week 9  Week 10  Week 11

© Aurora Health Care, Inc.
Potential challenges

- Staff backlash - nil
- Negative publicity / press - nil
- Unions / job action - none
- Supply chain - NA
- Exemptions - manageable
- Soft deadlines – manageable
- End of year “out of office”- preventable
Next steps

- Revise timeline – avoid Holidays
- Expand scope – add non-employed but credentialed medical staff
- Revise Religious / ethical exemption language
Exemption concerns

- Philosophical – “freedom of choice”
- Scientific – vaccine efficacy, contaminants, herd effect
- Medical - balancing patient safety w/ employee safety, anxiety, remote history of reaction
- Religious / ethical-vegan, “selective ethics”, web-based “fellowships”
Religious conviction

- Does not need to involve an actual denomination
- A belief strongly held but sociological rather than spiritual, it will not qualify
- A moral or ethical belief as to what's right and wrong that is sincerely held "with the strength of traditional religious views"
- Does not include fervently held beliefs regarding secular, cultural or political matters
- Employees are allowed to change their minds
- Contradictions within an employee's beliefs may undermine the requisite demonstration that the beliefs are "sincerely held."
- Consider misinformation (there is no human fetal tissue in vaccine)
UW Health Influenza Vaccine
Fran Ircink, RN, NP
UW Health Influenza Vaccine

Goals
Review influenza vaccine policy
• Development
• Highlights
• Communication and Implementation
• Results
• Summary
Prologue to mandatory influenza vaccine

• Infection control committee recommended a mandatory influenza vaccine for several years.
• Increased awareness of more hospitals across the country going to a mandatory influenza vaccine program.
• JCAHO Influenza Vaccine Standard.
• CDC/NHSN reporting requirement.
• CMS reporting requirement. Vaccine rates available to the public and used as a quality measure when selecting a hospital.
• Key physicians in organization inquiring about and supporting mandatory influenza vaccine.
Policy Development

- We reviewed other organizational policies and drafted our own.
- Organizations have been generous in sharing their policies, trials and tribulations.
Policy Development

• Policy reviewed at multiple layers of the organization.
• Policy reviewed, approved and endorsed by CEOs.
• Policy accepted and endorsed by physician leadership.
Purpose

- UW Health recognizes and supports the benefits of an annual influenza program. Influenza vaccination is a key component in the prevention of influenza to patients and co-workers along with appropriate hand hygiene and standard precautions, including cough etiquette.

- The Centers for Disease Control and Prevention (CDC) recommends annual influenza immunization for all health care workers to prevent the spread of influenza.

- All covered persons are required to either receive an annual vaccine or provide a medical or religious waiver by December 1 of each calendar year.
Persons Affected

- All faculty, staff, and students, including temporary, per diem and Graduate Medical Education trainees, volunteers who regularly work in UW Health facilities, contract employees, and students from other academic institutions on clinical rotation in UW Health facilities.

- For purposes of this policy, all persons affected shall be referred to as "employees" even though no employment relationship may exist. Affiliation agreements and contracts should place the responsibility for this requirement on the school or agency.
UW Health Influenza Vaccine

Procedure

- All employees are required to receive an influenza vaccine or provide documentation of medical or religious waiver by December 1 of each year.
- Medical waivers are reviewed by the EHS medical director.
- Waivers do not need to be submitted annually. Medical waivers can be revoked in the future with proper documentation.
UW Health Influenza Vaccine

Procedure

• **Medical Waiver**: Must be signed by the employee’s health care provider and returned to Employee Health by December 1.

• **Religious/Personal Conviction Waiver**: Must be completed, signed and returned to Employee Health by December 1.

• Falsification of waivers may be cause for discipline up to and including termination.
UW Health Influenza Vaccine

Procedure

• Employees exempted by waiver are encouraged to wear surgical masks when working in a patient care area within 3 feet of patients when there is the presence of influenza in the community as defined by the Hospital Epidemiologist.
UW Health Influenza Vaccine

Procedure

• Employees may choose to receive the vaccine from another provider, but must provide documentation of the vaccine to Employee Health by December 1 of each year.
UW Health Influenza Vaccine

Procedure

• Employee Health will notify employees who are out of compliance and their managers at the end of the regularly scheduled flu vaccine clinics each year. Managers should monitor employee compliance and encourage employee participation.
UW Health Influenza Vaccine

Procedure

• Managers will be notified of employees who received a vaccine waiver so that they can encourage the employee to mask when providing patient care.
UW Health Influenza Vaccine

Procedure

• Employees not compliant with this policy by December 1 of each calendar will be disciplined in accordance with the policies of the organization they are employed by.

• Employees will be placed on an unpaid administrative leave until documentation of vaccination or completed waiver is received.
UW Health Influenza Vaccine

Procedure

- Employees on unpaid administrative leave will be returned to work once the requirement is completed.
- After 45 days, if the employee has not provided documentation of vaccination or completed waiver, she/he will be terminated.
- Employees who are hired during the influenza season must comply within 7 days of the first day worked.
UW Health Influenza Vaccine

Procedure

• Records will be maintained documenting vaccinations and waivers. If a national vaccine shortage occurs, UW Health leadership may modify, suspend or revoke all or part of this policy.
Communication

• HR VP and hospital epidemiologist presented policy at monthly department manager meeting.
• Emails to managers, directors, VPs, (reminders, compliance progress).
• In-brief: weekly email to all employees about UW Health events.
• CEO blog-Letter to employees.
• Uconnect: Main web information page for all employees.
• Public Affairs: Handles all media inquires.
2012 Employee TB Test and Flu Vaccine Clinic Schedule

- Building Location Date Time
- ASB – 301 S. Westfield Rd October 23, 2012 1pm-3pm
- Academy Training Room 308 November 1, 2012 1:30pm-3:30pm
- CSC – 600 Highland Ave
- F8/170-172 November 1, 2012 7am-5pm
- F8/170-172 November 2, 2012 7am-5pm
- F8/170-172 November 3, 2012 7am-5pm
- F8/170-172 November 4, 2012 7am-5pm
- F8/170-172 November 5, 2012 7am-5pm
- F8/170-172 November 8, 2012 7am-5pm
- F8/170-172 November 9, 2012 7am-5pm
- F8/170-172 November 10, 2012 7am-5pm
- F8/170-172 November 11, 2012 7am-5pm
- F8/170-172 November 12, 2012 7am-5pm
- F8/170-172 November 13, 2012 7am-9am, 5pm-7pm
- F8/170-172 November 14, 2012 7am-9am, 5pm-7pm
• Fighting the Seasonal Flu
• Centers for Disease Control and Prevention
• Seasonal Flu Information
• En Español
• Prevención Contra La Influenza
• Prevention and Vaccination Information
• From the Centers for Disease Control and Prevention: What You Should Know About the 2013–2014 Influenza Season
• Defending Your Family Against the Flu
• Stay Healthy and Remember to W.A.S.H. U.P.
• Handwashing: An Ounce of Prevention
• 10 Ways to Stay Healthy During Cold and Flu Season
• Easing the Pain of Flu Strain
• Knowing the Difference Between a Cold and the Flu
• Who Should Get Flu Vaccine?
• For the 2013–2014 flu season UW Health and the Centers for Disease Control and Prevention (CDC) recommend influenza vaccination for everyone 6 months of age and older. Call your primary care clinic for information on how to schedule your flu vaccine appointment. If you are paying for your flu vaccine out-of-pocket, contact your clinic for cost information. If you are unsure if you or someone you care for should have flu vaccine, please contact your primary care provider.

More Flu Resources
Results

• Incremental increases in influenza immunization rates were seen over the years.

• Increased awareness/concern about the pandemic H1N1 2009–10 season presumably contributed to coverage exceeding 80% and this increase was largely maintained through the 2011–12 season.

• An effort to make immunization mandatory in 2012 lead to an historically high compliance rate of 95%.
Results

Employee Vaccination:
- 95% Employee Influenza Vaccinations
- 5% Employee Waiver
  - 27% Medical Contraindication
  - 41% Personal Belief
  - 32% Religious Reasons
UW Health Influenza Vaccine

<table>
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<th>National Estimate of Influenza Immunization Coverage Among HCWs: 2011-2012</th>
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<tr>
<td>HCWs Overall</td>
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<tr>
<td>HCWs in Hospitals</td>
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MMWR 61(38):753-757, September 28, 2012

University of Wisconsin Hospital and Clinics
Summary

• Review other organization policies.
• Develop your own policy base on your individual organizational goals and culture.
• Get senior leadership support and endorsement.
• Communicate the policy early and to all levels in the organization.
• Be clear about policy requirements. What is required by whom, when and the consequences of non-compliance.
• Follow-through on non-compliance.
Resources

WHA.org – Coalition Influenza ToolKit is accessible in the ISSUES tab

What is in the toolkit?

National and State Policy Direction

Model Policies and Other Forms
This section of the toolkit includes the following:
- Policy and Position
- Model Policy
- Model Medical Exemption from Influenza Vaccination Form
- Model Religious Exemption from Influenza Vaccination Form

Implementation Timeline and Tips

Communications Guidelines
Thank you!