FLU VACCINATION OF HEALTHCARE WORKERS: BEAUMONT’S EXPERIENCE

20 BLIAIN AG FÁS!

Fiona McGrath, MBS, B.Sc, DipHE.
CNM2 Occupational Health,

Fighting Flu Together Conference,
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Introduction

• 1997: vaccination began (US recommendations were in place at that time)

• 2000: DOH UK recommended for HCWs

• 2001: DOH Ireland recommended for HCWs

• 1997 – present: built on the flu campaign year on year
What’s the evidence in HCWs?

- HCWs are healthy adults…. YES BUT…….
- Influenza rates in HCWs are significant*
  - 18.7% per season in unvaccinated HCWs
  - 7.5% symptomatic
- Highly contagious infection which spreads rapidly
- Symptoms are tip of the iceberg:
  - 30-50% of those infected have no symptoms but are infectious to others
  - You can be infectious from 1 day before you get sick to 5 days after
- Vaccine can prevent 70-90% influenza specific illness in healthy adults
- Vaccine can reduce severe illness and complications in the elderly by up to 60% and deaths by 80%  

*Kuster et al. Incidence of influenza in healthy adults and HCWS; a systematic review and meta-analysis... Plos One, 2011; e26239
Evidence upon which we have incrementally based our practice

• Attitudes of Hospital Healthcare Workers towards Influenza vaccination in a Tertiary Hospital Setting. Muhammad HSS, Gueret P, Hayes B IMJ 2015;108(6):185-7


Determinants of influenza vaccination uptake amongst Hospital HCWs

- Age
- Belief in vaccine efficacy
- Belief in prior prevention of illness by vaccine
- Knowledge of illness not a predictor
- No gender difference

IMJ 2006 Jul-Aug;99(7):200-3
Outline of Beaumont’s ‘flu vaccine campaign

Prior to Influenza Season and Availability of the Vaccine:

• OHD reviews previous year’s performance
• Meet with key personnel (IPCT, microbiology, directorate leaders) to discuss the programme plans
• Brainstorm ideas for banners, screensavers, stickers, slogans, prizes etc.
• Set campaign objectives
Campaign objectives

- To make vaccine readily available at minimal inconvenience
- To educate staff about benefits
- To debunk the many myths around vaccine safety
- HCW influenza vaccine uptake is an infection control measure and a marker of quality and professional care (HPSC)
- Regarded as integral to duty of care and as important as hand hygiene
- Directorates are being asked to increase their uptake by 5% upon last year (KPI)
Impact of KPI (5% increase) adopted for 2016 season
What have we tried to increase uptake

<table>
<thead>
<tr>
<th>Campaign Initiative</th>
<th>Description</th>
<th>Year introduced</th>
<th>Uptake %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines OHD</td>
<td>Low key info campaign only</td>
<td>1997</td>
<td>17</td>
</tr>
<tr>
<td>Mobile carts (1)</td>
<td>Carts to clinical areas, grand rounds etc.</td>
<td>2005* to present</td>
<td>27</td>
</tr>
<tr>
<td>Education (1)</td>
<td>Presentations at GR, management meetings, intranet ads, newsletter, emails to leaders, ‘table tops’.</td>
<td>2005 to present</td>
<td>ditto</td>
</tr>
<tr>
<td>Research</td>
<td>Questionnaire survey of attitudes during 2005</td>
<td>Published 2006</td>
<td>20</td>
</tr>
<tr>
<td>Rewards</td>
<td>Chocolate bars (themed e.g. ‘Time –out)</td>
<td>2009* to present</td>
<td>37/62</td>
</tr>
<tr>
<td>Education (2)</td>
<td>In addition, used ‘screen savers’ &amp; group SMS to communicate</td>
<td>2009</td>
<td>ditto</td>
</tr>
<tr>
<td>Mobile carts (2)</td>
<td>Increased frequency and brought to consultants</td>
<td>2011</td>
<td>30</td>
</tr>
<tr>
<td>Hospital outbreak</td>
<td>Concerted organisational effort, albeit belated, to improve uptake late in season.</td>
<td>2012</td>
<td>39</td>
</tr>
<tr>
<td>Real time tracking</td>
<td>Periodic collation of data &amp; feedback to directors and managers of wards / units On completion of questionnaire, vaccine recipients entered into draw for hamper</td>
<td>2013</td>
<td>40+</td>
</tr>
<tr>
<td>Raffle incentive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot ‘peer’ vaccination</td>
<td>Trial of ‘peer’ vaccination on St Joseph’s campus Consultant Microbiologist engaged in targeted education of key frontline clinical healthcare workers (e.g. ICU)</td>
<td>2015</td>
<td>45</td>
</tr>
<tr>
<td>Microbiologist education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE ‘peer’ vaccination</td>
<td>Implemented HSE’s peer vaccination programme in one directorate with enthusiastic peer vaccinator Recipients entered into draw for weekend in lighthouse!</td>
<td>2016</td>
<td>50</td>
</tr>
</tbody>
</table>
THANK YOU FOR GETTING THE FLU VACCINE.

DON’T GET OR GIVE THE FLU THIS YEAR.
Vaccination is the only protection.
Be Sure, Be Safe, Vaccinate.

This winter, protect your patients, your family and yourself.

Marie is “Keane” to get her vaccine.

Please see notice boards, email, and newsletter for clinic timetables!
THANK YOU FOR GETTING THE FLU VACCINE.

DON’T GET OR GIVE THE FLU THIS YEAR.
Vaccination is the only protection.
Be Sure, Be Safe, Vaccinate.

This winter don’t say Achoooo! Say “No Thanks” to the Flu!

Brian “Gracefully” accepted his jab from Ciara.

Please see notice boards, email, and newsletter for clinic timetables!
Traffic light colour coding: individualised data tailored for directorates

- <20% Very poor uptake!!
- <30% Poor uptake
- 30-50% Good
- >50% Very good uptake
- >70% Excellent

Directorate

- Very high risk in event of outbreak
- High risk: improvement needed
- Room for improvement
- Great but try even harder
- Keep up the good work
How do we compare with DATHs?
(2016 interim figures from HPSC report)

<table>
<thead>
<tr>
<th>#</th>
<th>% vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>46.5</td>
</tr>
<tr>
<td>B</td>
<td>50.0</td>
</tr>
<tr>
<td>C</td>
<td>32.4</td>
</tr>
<tr>
<td>D</td>
<td>32.9</td>
</tr>
<tr>
<td>E</td>
<td>35.8</td>
</tr>
<tr>
<td>F</td>
<td>45.3</td>
</tr>
</tbody>
</table>
## In house uptake by professional group

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Nurses</th>
<th>Docs</th>
<th>HSCPs</th>
<th>HCAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>30</td>
<td>28</td>
<td>30</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>2012</td>
<td>31</td>
<td>27</td>
<td>43</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>2013</td>
<td>44</td>
<td>47</td>
<td>53</td>
<td>51</td>
<td>65</td>
</tr>
<tr>
<td>2014</td>
<td>45</td>
<td>41</td>
<td>55</td>
<td>53</td>
<td>69</td>
</tr>
<tr>
<td>2015</td>
<td>45</td>
<td>44</td>
<td>53</td>
<td>45</td>
<td>63</td>
</tr>
<tr>
<td>2016</td>
<td>50</td>
<td>52</td>
<td>65</td>
<td>58</td>
<td>49</td>
</tr>
</tbody>
</table>
What have we not tried?

- Visible evidence of compliance:
  - Coloured lanyard
  - Wearing surgical mask during season
- Declination tool
- Mandatory vaccination
Low key campaign without targeted mobile clinics and minimal promotion and management leadership

Mobile clinics, educational presentations to clinical and management groups / meetings, features in hospital newsletter, incentives such as chocolate bars, questionnaires with raffle prizes etc (utilising the psychology of ‘reward’).

More frequent mobile clinics in peak and off-peak times (e.g. weekends and nights), more concerted educational efforts with engagement from Microbiology team and emphasis on role of vaccine in outbreaks, use of screen savers and SMS in promotion

Encouragement of engagement by teams and directorates by feeding back their uptake figures in ‘real-time’ during the campaign, using a traffic light colour coding system to reflect performance (utilising the psychology of teamwork and competition). Individual letter from CEO to all staff.

All of the ‘below’ plus:
Setting flu vaccine uptake as a KPI
Introducing peer vaccination programmes

STAIRWAY TO SUCCESS

STEPS TO OPTIMISING FLU VACCINATION UPTAKE IN HEALTHCARE FACILITIES

>50%+

<50%

<40%

<30%

<20%
Play your part in prevention

- Comply with **Standard Precautions**
- Wear appropriate **PPE**
- Observe **Transmission Precautions** with suspected patients
- Take the **vaccine**
- Be a **role model** for your team and colleagues (and encourage those who demur)
- ‘**primum non nocere**’