

Franciscan Alliance

Mandatory Workforce Influenza
Vaccination Program

Why a Mandatory Influenza Vaccination Program?

Healthcare Facility leaders must answer these questions:

1. Are influenza vaccines safe and effective in HCWs?
2. Do any data show sustainable vaccination rates >90% by any other method?
3. Would a mandatory vaccination policy enhance patient safety?
4. Is there an ethical basis for such a policy?
5. Is such a policy cost-saving? Do the benefits outweigh the risks?
6. Do adequate alternatives exist for individuals with medical or religious contraindications to influenza vaccination?
7. Is it ethical for Leadership to allow ongoing HCW transmission of influenza virus to patients, visitors and fellow HCWs when such transmission is preventable?
8. Is the personal preference of HCWs ethically justifiable over patient safety concerns?
9. Should executive leaders' concerns about employee pushback take preference over patient safety?
10. If your loved one were to be admitted to hospital during an influenza epidemic, do you want the HCWs' decision for or against immunization to be based on their fears and personal preferences?



Mandatory Policies: What Does the Data Reveal?

- Mandatory policies lead to sustained and extremely high levels of influenza vaccine coverage rates
- Policies that only require declination are quantifiably less effective
- Institutions that have implemented mandatory policies have experienced very little push back when aggressive education programs were part of the process: losses of 0-8 employees from a base of 5000-40,000
- These institutions have received considerable positive press and individual patient and family approval for protecting patient safety
- These institutions have dramatically decreased employee seasonal absenteeism and inpatient influenza during the influenza season
- No such institution has rescinded such a policy except in the instance of vaccine shortage



Agencies and Institutions Endorsing / Implementing Mandatory HC

Endorsing

- The American College of Physicians
- The American Medical Association
- The National Patient Safety Foundation
- The American Public Health Association
- The Association for Professionals in Infection Control
- The Society for Healthcare Epidemiology
- The Infectious Diseases Society of America
- The American Nursing Association has not endorsed mandatory vaccination , but has stated “[annual influenza vaccination is] an ethical duty of every nurse”

Implementing

- Virginia Mason Medical Center
- US Department of Defense (HCWs)
- CDC (HCWs)
- Cook County Health and Hospitals System
- Loyola University Hospital
- Hospital Corporation of America
- State of New York
- Barnes Jewish Hospital System
- Johns Hopkins University Hospitals
- Spectrum Health Hospitals
- MedStar Health System
- Hospital of the University of Pennsylvania
- And many, many more (see www.immunize.org)



Historic Vaccination Rates Reporting Sites

Hospital Site	Year			
	2007	2008	2009	2010
St. Margaret Health	29%	31%	45%	
St. Anthony Health - MC	32%	40%	61%	
St. Anthony Health - CP	46%	48%	53%	
Franciscan Physician's Hospital	NA	NA	47%	39%
St. Elizabeth Health - Lafayette	62%	71%	74%	76%
St. Elizabeth Health - Crawfordsville	52%	68%	69%	77%
St. James Health		32%	38%	46%
St. Francis Health				

At this rate 90+% vaccination rates appeared unreachable



Excerpt From Franciscan Alliance Policy

SUBJECT: Mandatory Influenza Immunization Policy

RATIONALE: To protect patients, employees, employees' families and the communities which we serve from influenza infection through annual immunization of all Franciscan Alliance workforce members, which includes Franciscan Alliance employees, contracted personnel (both clinical and nonclinical), students, volunteers and others designated as workforce members (whether employees of Franciscan Alliance and affiliated entities or not) at all Franciscan Alliance and affiliated entity facilities, at all ambulatory care centers, at all non-hospital operations centers such as the Coordinated and Ambulatory Business Offices, and at the Corporate Office and all employees of owned physician practices. Annual influenza vaccination is strongly recommended for vendor representatives who spend significant time in the facility in procedure or patient care areas. Physicians from non-owned practices who are credentialed to provide care in a Franciscan Alliance facility will be expected to comply with this policy subject to local Medical Executive Committee approval.



Sample Slide from Mandatory Employee Computer-Based Training - 1

Why is Franciscan Alliance Implementing a Mandatory Program?

- Our value of “Respect for Life” compels us to protect our patients, the health of workforce members, and their families.
- Every year more than 114,000 Americans are hospitalized with influenza.
- Every year more than 36,000 Americans die from influenza and influenza related complications.
- The influenza vaccine has been proven to be a safe way of preventing influenza for the vast majority of people.



Sample Slide from Mandatory Employee Computer-Based Training - 2

What does Mandatory Influenza Vaccination mean to you?

- You must be immunized against influenza each year unless you have been granted an exemption/deferral.
- Exemptions may be granted for medical conditions or religious beliefs.
- Vaccinations must be received or an exemption/deferral granted prior to December 15th.

Important: This is a condition of employment!

Failure to comply by December 15 could lead to disciplinary action including termination of employment.



Sample Slide from Mandatory Employee Computer-Based Training - 3

Medical Exemption:

- You must provide proof of medical contraindications such as a letter from your physician (**With reason clearly stated**).
 - Proof of history of severe allergy to influenza vaccine or to its components
 - Proof of history of Guillain-Barre

Religious Exemption:

- This may include a letter from a religious leader that supports the belief.
- Human Resources will follow up on these requests.



Sample Slide from Mandatory Employee Computer-Based Training - 4

Deferral:

- Temporary exemption granted for conditions such as moderate to severe illness.
- Vaccine should be received when condition has improved.
- Each request for exemption/deferral will be evaluated individually by Employee Health, Occupational Health or other qualified personnel at each facility.
- The outcome of the deferral/exemption request will be communicated in writing to the workforce member within 5 business days of receipt of the request.



Sample Slide from Mandatory Employee Computer-Based Training - 5

Everyone granted an exemption or deferral

- Must wear an isolation/surgical mask while at work in a patient area from October through March .
- Specific dates and details will be provided by your facility as stated in the policy. A copy of the policy is attached to this CBT.
- Mask must be changed:
 - when it is moist.
 - when exiting isolation precautions.
- You must wash your hands after removing mask.

Note: Compliance will be monitored by direct supervisor/manager



Sample Slide from Mandatory Employee Computer-Based Training - 6

Important details to remember about the Influenza Vaccination program:

- Influenza vaccine will be provided free at your facility.
- If you receive the vaccination elsewhere you must provide proof of immunization to your Employee Health representative. The proof of immunization includes a copy of your signed consent form with your name, the location, and date you received the immunization clearly visible.



2011-2012 Influenza Vaccination Program - Outcomes

- Engagement of a multi-disciplinary taskforce, both to develop a draft policy for Board consideration and to implement the terms of that policy was central to the success of the program. Membership included individuals from all facilities as indicated below.
 - Infection Preventionists
 - Human Resource Leaders
 - Employee Health Leaders
 - Pharmacy Leaders
 - Risk Managers
 - Attorneys
 - VPMAs
 - CNOs
 - Corporate CMO



2011-2012 Influenza Vaccination Program - Outcomes

- Over 18,000 employees were included in the program
- Physicians from non-owned practices were required to participate by their Medical Executive Committees as a condition of retaining admissions privileges except at one facility where MEC made a change in bylaws, delaying implementation until 2012-2013 vaccination season
- 1.9% of eligible workforce received either medical or religious exemption
- Over 99.9% of employees complied with the program, and of these over 98.0% received vaccination
- Three regular full-time employees chose to separate from Franciscan as a consequence of the program; 13 “PRN” employees removed themselves from the list of those eligible to work
- There were 2 individuals referred to specialists with adverse reactions to vaccination, with one Worker’s Compensation case arising due to inability to completely rule out vaccination as a cause of the injury



2011-2012 Influenza Vaccination Program - Outcomes

- Tracking non-employed physicians' compliance with the program was the greatest challenge of the program - no automated way to accomplish this existed during the program
- Tracking vendor compliance was challenging at some facilities - a vendor tracking program (Vendor Credentialing Services) used by other facilities did provide adequate support to this process
- Some front-line vaccination staff received verbal push-back/confrontation from a very few employees - an employee communication regarding appropriate communication of vaccination concerns (not to the front-line staff!) was immediately pushed out to all employees and posted at vaccination locations
- The process for onboarding new employees was changed to address mandatory compliance with all health-related policies (including vaccination)



2011-2012 Influenza Vaccination Program - Outcomes

- Key concerns existed regarding 1) beginning the masking requirement and 2) ending the mandatory vaccination/masking activities for new employees
 - Since influenza viruses do not read calendars (except in Illinois, where the State Legislature has decreed the influenza season to run from October 1 through March 31), local or Regional decisions regarding the beginning and end of their specific influenza season were structured into the Policy
 - Each facility or Region developed similar criteria in consultation with each other and utilized CDC, Public Health and Emergency Department data for the Infection Preventionist, Infectious Disease physician and whomever else was determined to be central to the decision to use in calling for masking to begin or end.
- For 2012-2013 vaccination season, a broader selection of vaccines was chosen, with some facilities eliminating thimerosal-containing vaccines and others providing vaccines in all available forms and formulations



Conclusions & Caveats

- Engaging a multi-disciplinary committee of stakeholders from all affected facilities is pre-requisite to implementing a successful program
- Leadership at the Board of Trustees level, with strong support from Senior Executive Leaders, is also a key pre-requisite to success
- There will be a small but vocal group of employees who resist such an approach - some senior clinical staff may be among them
- Close contact with labor attorneys is very useful as employee objections/issues arise so everyone receives identical guidance
- The passionate dedication of the Infection Preventionists and the strong and highly energetic support of all committee members, particularly clinical and HR leaders, makes the program work



If not now, when?
If not us, who?



Questions?

