Implementation Timeline and Tips

This section of the toolkit presents a timeline for health care organizations to use to achieve consensus on an influenza vaccination policy for health care personnel that can be implemented in ample time for the 2013-2014 influenza season. Numerous organizations have implemented such a policy or plan on implementing such a policy for the upcoming influenza season. Organizations that have not made a commitment to adopt this policy are strongly encouraged to exhaust all voluntary efforts to achieve 95 percent or greater vaccination rates among health care personnel.

The goal of an influenza vaccination policy for health care personnel is to administer the influenza vaccine to as many health care personnel as possible, preferably before influenza activity in the community begins. In Wisconsin, seasonal influenza typically ranges from November to as late as May, most commonly peaking in late February or March. The optimal time to vaccinate health care personnel is October and November, but vaccinations should be made available as long as the vaccine is available.

March

- Obtain senior leadership buy-in for the organizational approach. Consideration should be given to obtaining input from the chief executive officer, chief medical officer/chief of staff, chief nursing officer/director of nursing, infection prevention department (chief infectious disease physician, infection preventionist), human resources/employee health, compliance and legal counsel.
- Develop a strategy for obtaining support from applicable unions.
- Develop or update formal policy on vaccination of health care personnel and receive appropriate approval.
- Review and update Medical Staff Rules and Regulations and obtain Medical Executive Committee approval.
  - Sample language: “Failure to provide proof of influenza vaccination, or granted exemption, in accordance with [INSERT POLICY NAME AND/OR NUMBER] within 30 days after receiving written notice of delinquency describing the failure to comply with the [INSERT POLICY NAME AND/OR NUMBER] shall be deemed a voluntary relinquishment of Medical Staff appointment and clinical privileges.
- Create a task force to oversee implementation of the policy. The task force should include a champion from key areas and departments within the organization. Choose people who will help roll out the plan in their respective areas.

April – May

- Determine budget and action plan. Have pharmacists plan for the appropriate expected volume of vaccine that would be necessary for an expected increase in administration.
- Meet with senior leadership to review issues and approve implementation. Ask them to take an active role in encouraging influenza vaccination compliance by receiving the vaccine first.

June – July

- Develop theme (involve employees if possible).
- Develop the policy roll-out strategy, including an employee education component. Studies have shown that much of the employee resistance to such efforts is due to misinformation.
- Order printed materials: buttons, posters and stickers.
August
- Finalize logistics for administration of vaccine, including staffing plans. Arrange for volunteer and “per diem” nursing and administrative staff if needed. Review appropriate vaccine administration risk assessment and techniques with those who will administer the vaccine.
- Ensure convenient access
  - Consider using rolling influenza vaccine carts that can be taken to all departments during all shifts, including the cafeteria, grand rounds, medical records, etc.
  - Offer peer vaccination on patient care units, if possible.
  - Hold influenza vaccination clinics on several dates and at various times.
  - Coordinate vaccination clinics with other activities such as benefit fairs, annual in-service sessions, meetings or annual TB skin testing to make it easy and convenient for health care personnel to attend.
- Consider beginning the education portion of the campaign this month, before kicking off the vaccination portion of the campaign. Use task force champions from multiple areas, departments and disciplines to assist with education.
- Inform vendors and other external agencies that send personnel to the organization of the new requirement.

September – October
- Arrange for the CEO and other members of the leadership team including Board members to be among the first vaccinated. Encourage them to wear “I received my flu shot” stickers (or other identifying items you may consider) to build public support for the campaign. Take a photo of them being immunized and publish it in employee communications.
- Administer vaccinations to health care personnel, monitor daily operations and pinpoint ways to improve efficiency.
- Begin to generate weekly status reports for local managers.

November/December
- Monitor vaccination rates, troubleshoot problems and brainstorm ways to reach the health care personnel who have not been immunized.
- Continue administering influenza vaccinations at convenient locations on- and off-site as needed.
- Ensure there is an ongoing process throughout the flu season to vaccinate all new health care personnel.
- Closely monitor, track and analyze vaccination rates. Communicate vaccination rates on a regular basis to everyone in the organization.
- Work with local managers to ensure there is fair and consistent implementation of disciplinary actions as outlined in your policy.
- Listen to health care personnel early and often, especially during the first year, which is critical.

January/February/March
- Continue to vaccinate all new health care personnel.
- Develop preliminary estimates of vaccine order quantities for the next influenza season.
- Order additional vaccine.
April/May/June

- Evaluate your efforts, including:
  - How many health care personnel were immunized?
  - How does that compare with previous years?
  - How many requested and were granted an exemption?
  - How many disciplinary actions were taken?
  - Was the vaccine supply appropriate for the demand?

- Annually report statistics to CDC-NHSN by May 15 to ensure your hospital is compliant with federal and state reporting requirements and pay-for-performance programs. The guidelines for reporting to CDC-NHSN can be found in Appendix A.

- Communicate vaccination results. If your organization is accredited by The Joint Commission, this should include organization leaders as well as medical, nursing and other staff.

- Make recommendations for changes to your policy and supporting procedures. Develop a budget for the upcoming influenza season.