



# RVH's New Direction for Influenza Policy and Procedure

May 7, 2014  
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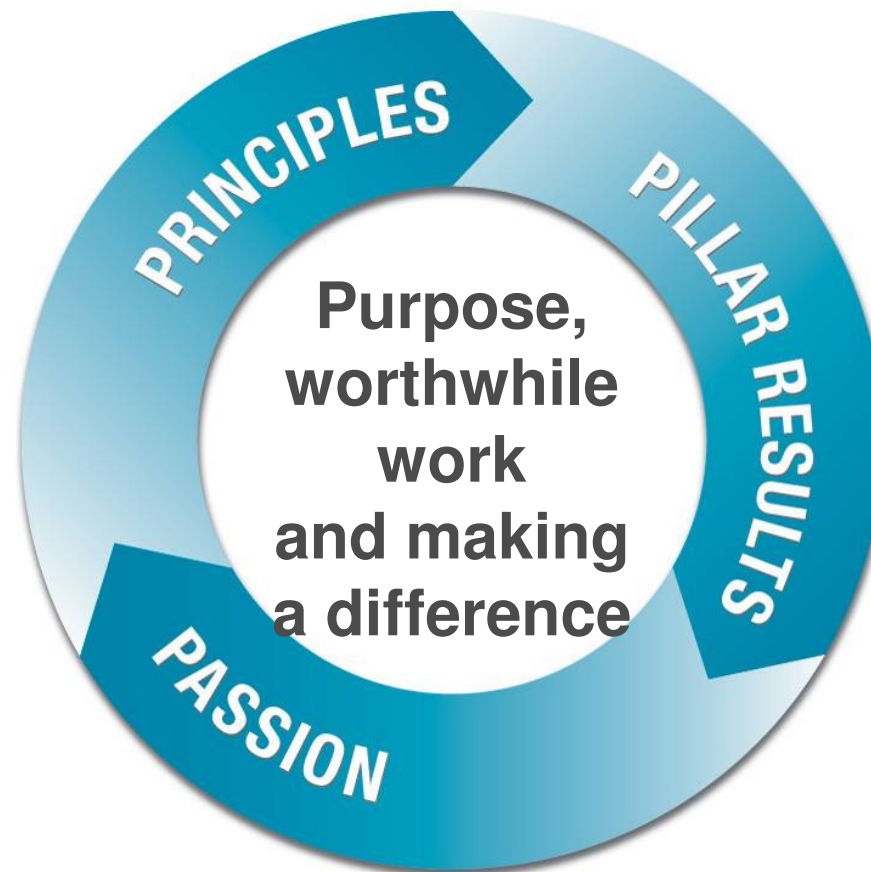
# Objective of Presentation

Provide information about the **process** of modifying the Influenza Policy and Procedure

- Why now?
- How we did it.
- What worked well.
- What are the opportunities.
- What next?

# Why Change the Policy Now?

- Using framework from Quint Studer (RVH be excellent philosophy)



# Why Change the Policy Now?

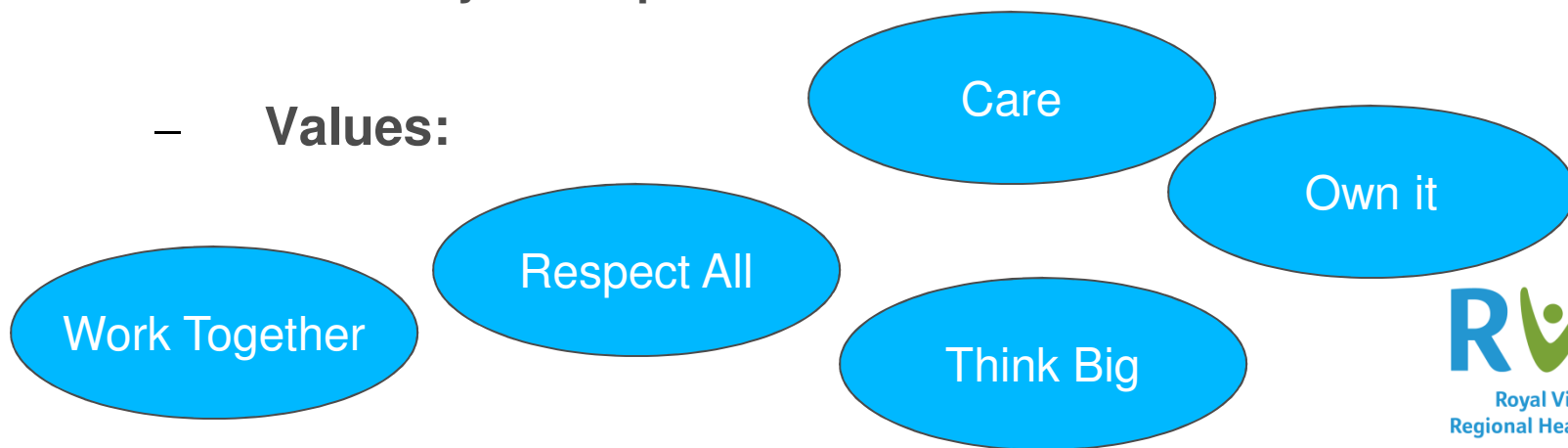
- **MY CARE**

- **Vision:** Make each life better. Together.

- **Mission:**

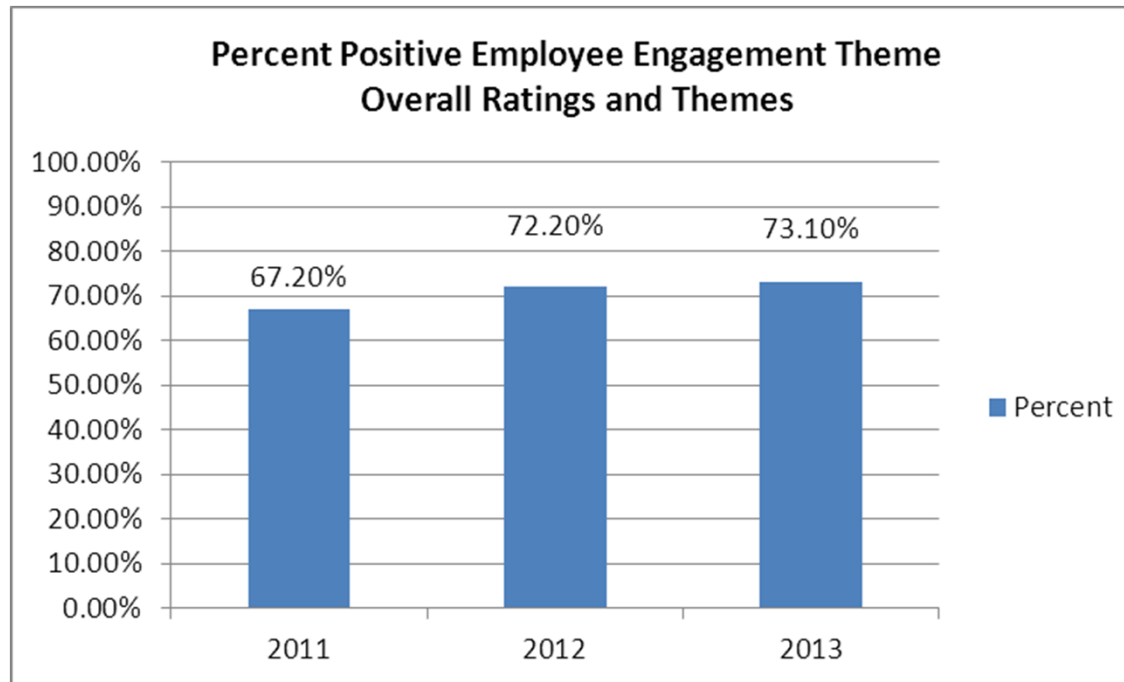
- Exceptional care is our passion.
- People are our inspiration.
- **Safety is our promise.**

- **Values:**



# Why Change the Policy Now?

- **Employee Engagement**



## How we did it.

- Reviewed **other** policy and procedures
- Reviewed the Research/literature
- **Key Stakeholder** Involvement
- **Engaging Experts**
- Developed the product

# How we did it.

- **Reviewing Other Policy and Procedures**
  - Benchmarking with other facilities
- **Key asks:**
  - What is the existing policy and procedure?
  - How long has it been in place?
  - What works/what would they change – in the p & p
  - **Words of Advice**

# How we did it.

- **Developed a draft policy and procedure with a briefing note**
  - **Briefing note** – provided the background information – including legislation, benchmarking results and recommendation for the change
  - **Leader Tool box**
    - Powerpoint
    - FAQ



## What were the significant Changes?

- Sticker on the name tag for those immunized
- What RVH would do if community wide activity was declared by the MOH





# What Worked – Improving Compliance

- **Leadership Support**
- **Education/Messaging**
- **Accessibility**
- **Incentives**
- **Feedback and Follow up**
- **Measure Vaccination Rates**
- **Mandatory Vaccination**

# Motivators for Vaccination

Reasons for Accepting Vaccination  
Among Health Care Personnel

Primary Reason  $\geq$  to  
60%

Reason	Physician %	Nurse %	Technician or Aide %	Admin. Worker %	Medical Student %
Fear of getting influenza	77	77	60	71	75
Fear of transmission to patients	78	59	60	36	64
Vaccine is safe	77	56	42	38	63
Vaccine is effective	70	55	47	36	59
Vaccine was free	44	54	49	62	76
Close contact with high risk person at home	45	56	42	43	9
Convenient	28	38	44	45	53

# Barriers to Vaccination

Reasons for Rejecting Vaccination  
Among Health Care Personnel

Primary Reason  $\geq$  to  
30%

Reason	Physician %	Nurse %	Technician or Aide %	Admin. Worker %	Medical Student %	Other %
Vaccine shortage	57	40	58	53	34	48
Concern about side effects	17	34	36	25	23	28
Never get influenza	14	25	27	18	23	22
Inconvenience	26	9	4	7	34	13
Forgot	18	8	5	2	11	8

# What worked – Leadership Support

- **Leadership is essential to the program**
  - Request by **CEO**
  - **VP** Chief Human Resources Officer – key driver
  - **Public Health** – Medical Officer of Health and AMOH

- Support the initiative
- Be role models
- Adequate Resources



# What worked – Education

- **Messaging**
  - Vaccination of those individuals who come in contact with our vulnerable population is the most effective strategy for prevention.
  - **Research shows**
    - that spread from workers to patients
    - HCP are at risk of exposure
  - Recent emphasis on patient safety and quality measure for organizations

# What worked – Education

- **Targeting the Audience**
  - Know what is important to the group
- **Ensuring the right message**
  - Safety is our Promise
  - Focus on getting information in
- **Have the right person give the message**
  - Expert champions

# What worked – Accessibility

- **Accessibility to Immunization**
  - **Staff Entrance**
  - **Start as soon as Vaccine available**
  - **Hours offered**
  - Travelling Cart
  - **Other Options**
    - Onsite Commercial Pharmacy
    - Provided information about Health Unit Appointments
  - **Staff and Family Immunization Day**
  - **Occupational Health and Safety**
    - During staff visits
    - New employee

# What worked - Incentives

- Chocolate or other healthy treats never hurt
- “Thank you”





# What worked – Feedback and Follow up

- **Last week September/First week October all leaders provided a package**
  - Consisted of a letter with expectations
  - Links to resources they could use
    - Power point
    - FAQ
  - Pre-populated consent forms for all direct reports
  - An excel sheet with all staff names for sign off that they received the forms

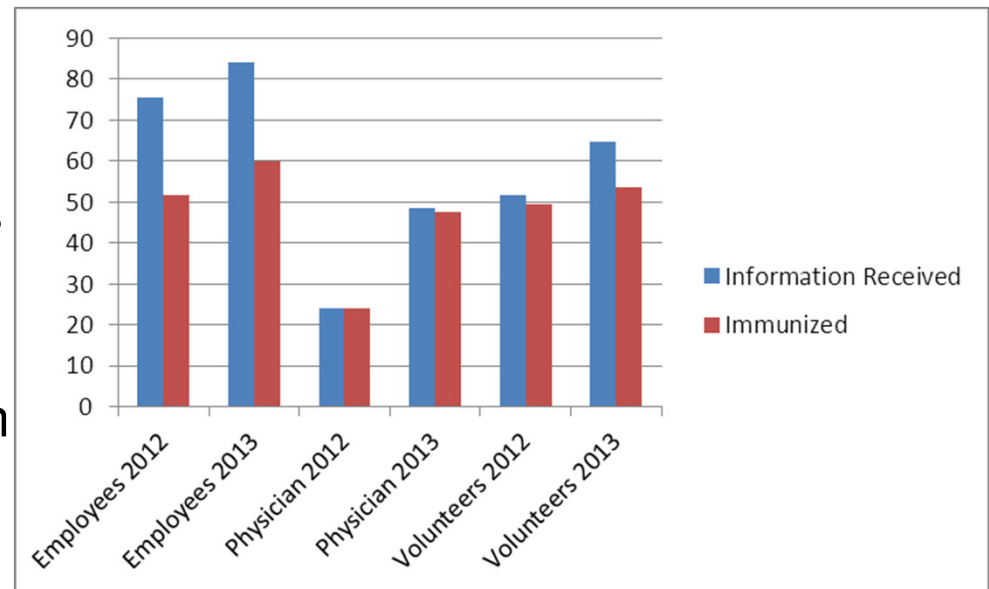
# What worked – Feedback and Follow up

- **Occupational Health and Safety**
  - Sent reminder to leaders to send back forms with sign off
  - Provided on a regular basis a list to leaders with
    - Those that we did and did not have information on
    - Percent of staff on unit that were immunized
  - Senior Leader Team received regular updates

# What worked – Measure Vaccine Rates

- **Provided on a weekly basis corporate information**

- rates of immunization as well as
- rates of compliance with providing the information



- **Information was provided for**

- Physicians
- Staff
- Volunteers

# What worked- Mandatory Vaccination

- RVH policy and procedure does not state that mandatory to have vaccination
  - Difficult to do this when it is not legislated
- Identifying staff who are immunized with stickers was contentious

# Opportunities and Changes

- Increase focus on physician and volunteer form return
- More personal stories of why staff get vaccine and share
- Looking at the issue of antivirals during widespread community activity
- Stickers – the process and what it looks like
- Start early with education

# Was it the right thing to do?

- **YES**
  - Right time
  - Right people as champions
  - Right thing to do!!!

**SAFETY IS OUR PROMISE**



# Influenza Immunization - RVH

**Thank you!**