

# An Innovative Cross-Regional Infection Prevention and Occupational Health and Safety Partnership to Address Staff Influenza Vaccination Rates

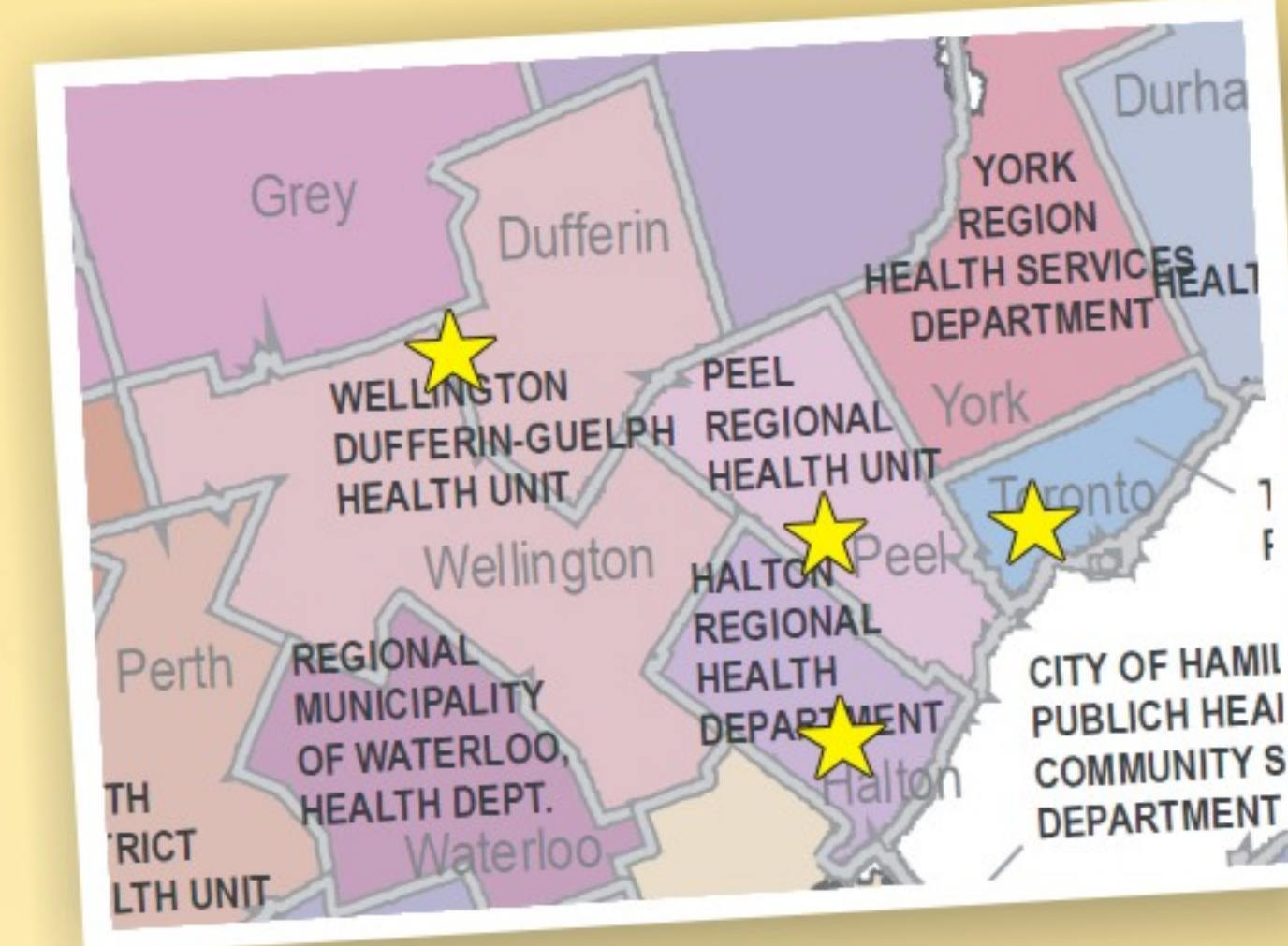
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## Objective Together, Let's Beat the Flu!

From an initial collaborative networking session between the Peel Region Occupational Health and Public Health professionals in December 2007, a much larger initiative evolved, bringing together OH&S, IPAC, and PHU staff from 11 organizations across 2 adjacent RICNs, 4 Public Health Units, and 5 hospitals in Ontario to share successes and tools for staff vaccination.

The outcome was a robust collaboration on joint strategies to improve hospital rates by:



### Acute Care Hospitals:

The Credit Valley Hospital  
 Halton Healthcare Services  
 Headwaters Health Care Centre  
 Trillium Health Centre  
 William Osler Health Centre

### Public Health Departments:

Halton Region  
 Peel Public Health  
 Toronto Public Health  
 Wellington Dufferin Guelph Public Health

### Ontario Regional Infection Control Networks:

Central West Infection Control Network  
 Mississauga Halton Infection Control Network

## Summary

- The 2008-2009 season vaccination rates show a small upward trend.
- Resources, especially staff time, was more effectively used as partners built on each other's experiences and did not "reinvent the wheel".



- Staff in these regions may work in more than one hospital and 'one card – one message' for thousands of health care workers provides ready recognition.
- This collaboration produced consensus on strategies, shared tools, and mutual support - a first step in a focused and collaborative effort to mitigate the ongoing challenge of influenza in our communities.

## Abstract

**Issue:** Since the introduction of universal free vaccine in Ontario, public and long-term care facility staff influenza vaccination rates have increased, while hospital staff rates have remained stagnant. Staff vaccination impacts patients and is a shared concern for occupational health and safety (OH&S) and infection prevention and control (IPAC) professionals in facilities, public health unit staff, and Regional Infection Control Networks (RICNs). IPAC and OH&S program partnership was critically emphasized in The SARS Commission Final Report (2006).

**Project:** The staff of two adjacent RICNs in Ontario joined the OH&S department leads and IPAC professionals from all five hospital corporations and four public health units in summer 2008 to brainstorm strategies, share policies and procedures, and reach consensus on shared immunization record cards, promotional messaging and materials such as banners, pins, and t-shirts.

**Results:** While the 2008-2009 season vaccination rates have not risen significantly above the previous years' in the hospitals, the trend is upwards. The group acknowledge the mutual support gained from this initiative, and that this is but the first step in a focused and collaborative effort to mitigate the ongoing challenge of influenza in our communities.

**Lessons Learned:** As health care workers in our regions tend to work across organizations, the group recognizes that consistent and standardized messaging is advantageous to demonstrate solidarity across regions. This initial networking provided evidence that long-standing organizational boundaries can be overcome in the interests of best practices for protecting the health of workers and patients, and OH&S and IPAC joint endeavours.

## Background

**Influenza is a serious disease:** Influenza generates considerable economic costs related to health care and lost productivity and kills 250,000 – 500,000 persons worldwide each year<sup>1</sup>. In Canada, 40 percent of hospital admissions for respiratory illnesses are due to influenza<sup>2</sup> as 10 – 25 percent of the population (1 in 6 or 5 million Canadians) are infected<sup>3</sup>, 2,500 die as a direct result, and 8,000 die from related pneumonia annually<sup>4</sup>.

**Universal vaccination in Ontario has increased public rates:** In Ontario, home to approximately a third of Canadians, universal influenza immunization (July 2003) correlated with an increase in vaccination rates amongst the general public 10 percentage points greater than in all other provinces combined<sup>5</sup>.

**Hospital staff vaccination rates remain low:** Despite decades of evidence and expert recommendations for influenza vaccination for health care workers to protect themselves, their patients, and others, low vaccination rates for health care workers persist, with nurses amongst the least vaccinated health care workers, and those in acute care settings persistently amongst those with the lowest influenza vaccine uptake (57% in Ontario in 2006<sup>6</sup>).

**Hospitals and Public Health/ Occupational Health and Infection and Control must work together:** The Final Report of the SARS Commission<sup>7</sup> noted the need for hospitals and public health units to work together to address infectious disease transmission and highlighted the essential collaboration occupational health and safety and infection prevention and control programs.

## References

- World Health Organization. (2003). Influenza. Fact sheet No. 211.
- National Advisory Committee on Immunization. (2007). Statement on influenza vaccination for the 2007-2008 season. Canadian Communicable Disease Report, 33.
- Kwong, J. C., Sambell, C., Johansen, H., Stukel, T. A., & Manual, D. G. (2006). The effect of universal influenza immunization on vaccination rates in Ontario. Health Reports, 17(2), 31-39.
- National Advisory Committee on Immunization. (2007).
- Kwong, et al. (2006).
- Ministry of Health & Long-Term Care of Ontario. (2008, March 12). Influenza Immunization Coverage Rates for Health Care Workers in Ontario, 1998 to 2006. Unpublished document – available from the organization.
- Campbell, A. (2006). The SARS Commission – Spring of Fear. Final Report.

## Materials & Methods

**Collaborative meetings:** Networks, Public Health Units, and Hospital representatives began to meet in July 2008

**Shared resources:** Policies, procedures, tools, and successful 'flu shot' campaign strategies

**Lunch & Learns:** Provided by Dr. Neil Rau, Medical Coordinator for the MHICN at 3 of the hospitals  
**Debriefing & On-going Planning:** The group reconvened in January to debrief and plan for the next 'flu' season.

### Branding – Shared Promotional Items

**Yellow T-shirts:** Immunization teams wore a common colour T-shirt with the theme on the front and logos on the back

**Immunization Card:** All staff immunized received the same green card

**Green buttons** were given to all vaccinated staff

**Banners** were made for each hospital with the same theme and unique pictures of staff for that hospital.



## Discussion

- Standardized messaging is advantageous to demonstrate solidarity across regions and sectors.
- Long-standing organizational boundaries can be overcome in the interests of best practices for protecting the health of workers and patients
- OH&S and IPAC joint endeavours really can work!
- Collaboration for 2009-2010 will include a joint theme, coloured branding for shared tools and promotional materials, and increasingly powerful standardized messaging.

