



# Implementing a declination form programme to improve influenza vaccine uptake by staff in Department of Veterans Affairs spinal cord injury centres: a pilot study

J.N. Hill<sup>a,b,\*</sup>, B.M. Smith<sup>b,c</sup>, C.T. Evans<sup>a,b,d</sup>, H. Anaya<sup>a,e,f</sup>, B. Goldstein<sup>g,h</sup>, S.L. LaVela<sup>a,b,i</sup>

<sup>a</sup> Spinal Cord Injury Quality Enhancement Research Initiative, Edward Hines Jr VA Hospital, Hines, IL, USA

<sup>b</sup> Center of Innovation for Complex Chronic Healthcare, Edward Hines Jr VA Hospital, Hines, IL, USA

<sup>c</sup> Department of Pediatrics, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

<sup>d</sup> Department of Preventive Medicine, Center for Healthcare Studies, Institute for Public Health and Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

<sup>e</sup> Human Immunodeficiency Virus/Hepatitis Quality Enhancement Research Initiative, Los Angeles, CA, USA

<sup>f</sup> University of California – Los Angeles, David Geffen School of Medicine, Los Angeles, CA, USA

<sup>g</sup> National Spinal Cord Injury/Disorders Services, Clinical Operations, Veterans Affairs Central Office, Seattle, WA, USA

<sup>h</sup> Department of Rehabilitation Medicine, University of Washington, Seattle, WA, USA

<sup>i</sup> Center for Healthcare Studies, Institute for Public Health and Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

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## SUMMARY

**Background:** Individuals with spinal cord injuries and disorders are at high risk for respiratory and influenza-related complications after developing influenza. These individuals often have frequent contact with the healthcare system. Vaccination rates in healthcare workers at Department of Veterans Affairs (VA) spinal cord injury (SCI) centres have been approximately 50% for several years. Efforts are needed to increase vaccination uptake among SCI HCWs. Declination form programmes (DFPs) in combination with other strategies have resulted in significant increases in influenza vaccination uptake in HCWs.

**Aim:** Use of external and internal facilitation including local teams and consensus processes to pilot a DFP in two VA SCI centres and evaluate factors influencing implementation.

**Methods:** Implementation meetings and a consensus-building process with leadership and implementation team members were conducted, along with semi-structured post-implementation interviews with members of each implementation team ( $N = 7$ ).

**Findings:** The DFP was well accepted and easy to use. Leadership was a key facilitator for DFP implementation. Barriers included difficulty communicating with HCWs working during early/late shifts. Participation was 100% at Site 1 and 48% at Site 2.

\* Corresponding author. Address: Spinal Cord Injury Quality Enhancement Research Initiative, Edward Hines Jr VA Hospital, 5th & Roosevelt Road (151H), P.O. Box 1033, Hines, IL 60141, USA. Tel.: +1 708 202 7119; fax: +1 708 202 2499.

E-mail address: [jennifer.hill3@va.gov](mailto:jennifer.hill3@va.gov) (J.N. Hill).

**Conclusion:** Use of local teams and consensus to identify strategies to implement a DFP is feasible and effective for achieving moderate-to-high levels of participation in the programme.

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## Background

Influenza is a significant disease that is highly contagious. The seasonal influenza virus circulates worldwide and may affect any individual, regardless of age.<sup>1</sup> Healthcare workers (HCWs) can transmit influenza to patients and other providers.<sup>2</sup> Individuals with spinal cord injuries (SCI) and disorders are at high risk for influenza-related and respiratory complications<sup>3</sup> that occur as a result of developing influenza.<sup>4</sup> HCW influenza vaccination is recommended by many organizations, including the Centers for Disease Control and Prevention (CDC)<sup>2</sup> and the World Health Organization (WHO),<sup>1</sup> because it can decrease influenza transmission and may also prevent influenza-related absenteeism.<sup>5,6</sup>

Despite recommendations, HCW vaccination rates vary both across the healthcare system and on an annual basis. The national CDC estimate of HCW vaccination rates during the 2012/13 influenza season was 72%,<sup>7</sup> and a study of HCW influenza vaccination rates in 10 European countries reported rates ranging from 14–28% (France, Germany, Norway, Slovenia, Spain and Wales) to 30–50% (England, Hungary, Portugal and Scotland) for the 2010/11 influenza season.<sup>8</sup> In this study, the authors also reported that although most European countries have recommendations for influenza immunization of HCWs, only one-third of countries could report vaccination rates for any influenza season,<sup>8</sup> suggesting that documentation is poor.

In the Veterans Health Administration (VHA), overall influenza vaccination rates in HCWs for the 2010/11 influenza season were 54%,<sup>9</sup> and rates in VA SCI HCWs have been approximately 50% for several years.<sup>6</sup> VHA has demonstrated its commitment to increasing HCW vaccination by aligning with the 2020 Healthy People goal of a 90% vaccination rate by 2020 beginning in Fiscal Year 2013 and requiring VA facilities to align their HCW influenza vaccination programmes to achieve this goal incrementally.<sup>10,11</sup>

Recommendations and mandates related to HCW inoculation and screening extend beyond influenza vaccination. For example, screening HCWs for hepatitis B and C is a highly complex and controversial issue with a broad range of types of recommendations and, in some cases, mandated requirements. European countries have the most aggressive policies for screening, with the German hepatitis C guidelines being the most aggressive and requiring testing of all HCWs on employment and repeat testing at regular intervals.<sup>12</sup>

In the USA, the CDC and Society for Healthcare Epidemiology of America do not recommend mandatory testing. However, voluntary testing is suggested for HCWs engaged in exposure-prone procedures, and HCWs are generally considered to be ethically obligated to know their status.<sup>13,14</sup> A similar emphasis on ethical responsibility is used in Canadian guidelines.<sup>15</sup> Even in cases where a vaccine is generally well accepted, the lack of documentation of HCW screening or vaccination status can be an issue. Ostroff stated that documentation of HCW immunity against vaccine-preventable

diseases, such as measles, is needed as a critical patient safety issue, and suggested that if universal HCW vaccination for measles, which requires a single or two-dose vaccination, cannot be achieved, how can outcomes for yearly influenza vaccination be achieved?<sup>16</sup>

Despite the obligation or ethical responsibility suggested on the part of HCWs, vaccination rates need to improve. Literature on attitude and behaviour changes, both in general and in health, refers to 'nudges' that are intended to affect choice without persuasion and without mandates, threats or fines.<sup>17,18</sup> Dubov and Phung discussed cognitive biases in the context of influenza vaccination, and suggested 'nudges' that may be appropriate for each bias.<sup>19</sup> For example, 'availability bias' is defined as the individual judging the occurrence of side-effects to be likely or frequent as a result of available, vivid information from antivaccination activists or media coverage of rare adverse reactions; this vivid information overshadows the factual information about vaccine benefits – the suggested 'nudge' is to modify framing of vaccination information using narrative information that is easier for individuals to recall and use in decision making.<sup>19</sup>

Some common strategies to promote influenza vaccination may fall into these categories. Hospitals use many types and combinations of strategies to promote or 'nudge' HCW influenza vaccination, such as educational campaigns, no-cost vaccinations, increased accessibility and mass messages (e.g. showing leadership being vaccinated).<sup>20–22</sup>

Studies have suggested that declination form programmes (DFPs) represent an effective strategy for increasing influenza vaccination in HCWs, especially when used in combination with other strategies.<sup>22,23</sup> A declination form is a statement that formally acknowledges the individual's choice to decline the influenza vaccine. The content of a declination form may include one or a combination of the following: information on why vaccination is important, asking for a reason for declining, including a statement regarding personal risks and risk to others when declining, and the HCW's signature.<sup>24</sup> The use of signed declination statements, alone or in combination with other strategies, has had mixed results but most studies showed modest gains in HCW influenza vaccination uptake (up to 22% increase).<sup>21,23</sup> For HCWs declining the vaccine, recommendations or 'alternative actions' include wearing a mask, adjustment of job responsibilities<sup>25</sup> and re-assignment to other areas,<sup>26</sup> which may also be considered an additional 'nudge'.

Little is known about the process of, and factors influencing, implementation of DFPs. Understanding the most effective implementation strategies to encourage the desired behaviour change<sup>27</sup> (in this case, participation in a voluntary DFP) is necessary to enable the generalization and replication of empirically supported interventions. It is also important to understand how strategies are tailored to local conditions because they are often more effective than a generic strategy for increasing adoption and sustainability.<sup>28</sup> Use of a conceptual model, early and continuous engagement of local

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