

Abstract

A growing body of evidence supports the annual immunization of all health-care personnel (HCP) against influenza. Documented benefits include reduced influenza infection among the staff, decreased absenteeism, and improved patient outcomes¹⁻³. Despite the availability of a large body of evidence to support the widespread vaccination of HCP between 2004 and 2008, annual vaccination rates among HCP in the United States remained around 45%⁴. A number of factors may influence HCP's decision to avoid influenza vaccination, including a busy schedule, inconvenience, and fear of side effects⁵. Evidence suggests that the most successful immunization campaigns utilize a multifaceted approach to improve vaccination rates⁶. Campaigns focused on providing education and improving access to the vaccine have proven to be an effective means of improving vaccination rates among HCP⁷.

The emergency department (ED) serves as a hub of activity for the entire hospital. A clinical pharmacist based in the emergency department is perfectly positioned to spearhead a successful immunization campaign by coordinating a multidisciplinary team of health care professionals focused on promoting and providing influenza immunization for HCP. As the trusted experts on medication use, a pharmacist is in a unique position to help dispel common myths and concerns surrounding the influenza vaccine while offering immunization services to HCP that pass through the ED.

This project will implement a multimodal, evidence-based influenza vaccination program of HCPs in a large academic medical center during the 2011-2012 influenza season. The first portion of this program will focus on education and promotion of influenza vaccination hospital-wide. Emphasis will be placed on the benefits of vaccination and dispelling concerns about receiving influenza vaccination by utilizing the educational materials developed by the American Society of Health Systems Pharmacists (ASHP). The second portion of this program will focus on making the vaccination process more convenient for HCPs. We will institute daily immunization clinics from the ED during the 2011-2012 influenza season, staffed by pharmacy residents from the University of Arizona College of Pharmacy. Once the influenza immunization season has come to an end, an electronic survey will be distributed to all hospital employees to determine HCP attitudes and practices relating to influenza vaccination. This tool will also be used to assess the awareness of, effect of, and attitudes toward the ED pharmacist-led influenza vaccination clinics.

The annual vaccination rate (absolute number of vaccinations administered divided by the annual total number of hospital employees) over the past 3 years will be used as a historical control, which will be compared to the rate of vaccinations administered during 2011-2012 influenza season. The vaccination rates will be broken down by department for subgroup analysis to determine if proportions of vaccinated HCP for given departments have improved after our interventions. We will also track the number of HCPs who come to our proposed ED clinic to receive the influenza vaccine.

The annual proportion of hospital employees that receive influenza vaccine during the 2011-2012 influenza season will be compared to 3 years of historical controls. In addition, the proportion of HCPs vaccinated during the 2011-2012 influenza season will be compared to the 2009-2010 influenza season. Once all survey data have been collected, data will be analyzed and reported using descriptive statistics. We will report on the number of HCPs who report receiving an influenza vaccination, the location where they were immunized, their motivation for choosing to receive the influenza vaccine in a given location, their rationale for choosing not to get vaccinated if applicable, and their awareness of our influenza vaccination campaign.