

Abstract

Background: Influenza immunization rates in health care workers (HCW) are reportedly less than 50%, which is well below the 60% goal set by Healthy People 2010. Numerous interventions to improve immunization rates have been evaluated and include educational interventions, improved convenience to vaccines, vaccination clinics, and incentives for vaccination. Although pharmacists have been effective immunizers in outpatient practices, published research is scant with regard to the contribution of pharmacists in the health-system environment, particularly in hospital settings.

Objectives: We propose a multidisciplinary health care intervention, representing collaborative efforts of the Center for Innovative Pharmacy Solutions, University of Maryland Medical System (UMMC) Office of Employee Health & Safety and University of Maryland Medical Center Department of Pharmacy to improve influenza immunization success. This multitier pilot project will demonstrate feasibility of concept of three interrelated programs: 1) Pharmacy advocacy and direct immunization efforts in the prescription flow of the outpatient pharmacy and on patient care units with direct immunization efforts during hours not served by existing Flu Champions; 2) Pharmacy advocacy and outreach with direct immunization as Flu Champions in patient contact worker departments; and 3) Targeted advocacy/outreach/direct immunization efforts aimed at employees who have already declined immunization through other outreach efforts.

Methods: This prospective, cross-sectional pilot project, entitled, "Pharmacists in Advocacy and Immunizer Roles (PAIR): Measuring the impact on healthcare worker immunization rates" will pilot test and evaluate feasibility of a pharmacy-based multitier advocacy, education and direct immunization intervention in a large academic hospital. We will utilize brief survey cards to determine the effectiveness of pharmacy advocacy on influenza immunization rates and determine effectiveness of pharmacists in influencing behavior change in those who initially decline immunization. We will also determine the effectiveness of pharmacy efforts in reaching an "invisible" group of workers who have patient contact but do not provide patient care.

Significance: This study will generate data regarding the collaborative efforts of pharmacists within health systems to increase immunization rates. The impact of pharmacists in advocacy and immunization roles integrated into the pharmacy workflow will be defined and the impact of their inclusion into HCW immunization initiatives will be documented. Ultimately, this research will set the stage for more detailed evaluation efforts and establish proof of concept for large scale evaluation efforts.