# Best Practices for Improving Influenza Immunization Coverage Amongst Healthcare Personnel

## High Impact Best Practices

- Make the influenza immunization a condition of employment by revising your facility’s internal policy, meeting with union counterparts, etc.
- Revise the declination form to only include options such as medical contraindications and removing the personal beliefs exemption (i.e. implement a medical exemption review process for staff who are requesting exemptions)
- Develop a monthly/quarterly influenza committee
- Add immunization program requirements to Medical Staff Bylaws/Credentialing

## Possible Barriers

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<thead>
<tr>
<th>Possible Barriers</th>
<th>Strategies to Address Barriers</th>
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| Hiring freezes or lack of staffing and resources                                 | • Include the healthcare personnel (HCP) influenza immunization as a Quality Improvement measure for the facility  
• Inform unit directors to hold staff accountable on each unit by submitting weekly updates to assist with data collection  
• Infection Preventionists or Employee Health can create a spreadsheet with deadlines for follow up |
| Lack of follow up with units that did not meet the facility’s influenza immunization target | • Consider implementing consequences for staff who are non-compliant with submitting their influenza immunization documentation or with wearing a mask, if required (i.e. verbal/written warnings, badge suspension, etc.)  
• Encourage discussion about the influenza campaign in Infection Control Committee/staff meetings  
• Encourage each unit to assign influenza immunization unit champions to increase rates |
| Difficulty with obtaining documentation from licensed independent practitioners (e.g., some hospitals may not require influenza immunization as a condition of employment) | • Encourage staff to submit documentation for the immunization, and offer an attestation form for staff who were unable to obtain documentation  
• Obtain accurate denominator of physical staff in the hospital during the influenza season reporting period  
• Encourage data analysis on healthcare costs due to sick staff during the influenza season if possible |
| Staff declining the immunization due to personal reasons (e.g., getting sick, not trusting the immunization, etc.) | • Implement mandatory in-services for staff who are declining the immunization to dispel myths |
| Lack of leadership involvement                                                   | • Obtain Chief Executive Officer/Chief Medical Officer/Chief Nursing Officer/Administrator buy in to encourage the influenza immunization amongst staff (i.e. issuing a directive to all HCP of the requirement to be immunized, dates the immunization will become available, and the immunization provided at no cost) |
| Lack of key messages or incentives provided by facilities                        | • Encourage the development of a slogan for your influenza campaign  
• Encourage staff to provide incentives such as lunch for the unit with the most immunizations, raffle prizes, etc. |