Implementing an Evidence-Based Strategy to Promote Influenza Vaccination
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Problem: Individuals with spinal cord injuries (SCI) are at high risk for influenza-related complications, hospitalization, and death (CDC, 2007). Health care workers (HCWs) have been implicated in the transmission of influenza among patients and other HCWs (Bridges, Kuehnert, & Hall, 2003).

Evidence: HCW vaccination can decrease transmission of influenza to patients (Hayward, 2011), however SCI HCW rates have been about 50% for multiple years (LaVela, Goldstein, Smith & Weaver, 2007). Declination form programs (DFPs) usually require a signature and reason for declination, and may include consequences for non-compliance. DFPs have increased HCW vaccination rates up to 22% (Ribner-Grossman et al., 2008).

Strategy: Facilitating and evaluating implementation of a facility-tailored DFP for HCW vaccination at 2 pilot Veterans Affairs (VA) SCI Centers.

Practice Change: Use of a DFP to improve HCW vaccination acceptance.

Evaluation: We will conduct a formative evaluation to understand implementation processes, progress on implementation markers/activities, barriers and facilitators, and best practices. Data sources include field notes and/or transcriptions of bi-weekly calls, workgroup meetings (facilitation group, interdisciplinary implementation group), and in-depth interviews with leadership and front line staff.

Results: In May 2013, the authors will facilitate implementation during DFP site visits. As implementation is underway, we will document individualization of strategies, e.g., communication/dissemination used the facilities, barriers and facilitators experienced, context, adaptations, and response to change, and complexity of implementation processes.

Recommendations: Implementation of DFPs represents an evidence-based strategy to improve influenza vaccination in HCWs. This project will yield recommendations on whether and how to roll DFPs out nationally throughout VA facilities. Early recommendations include using a designated team to identify activities, barriers, and facilitators to implementing a DFP.

Lessons Learned: Leadership support and an interdisciplinary implementation team are vital for success, as each creates buy-in from the necessary staff and facilitates working toward a unified goal. Also, allowing flexibility in DFP components (e.g., acceptable reasons for declination) provides the ability to tailor the DFP as necessary for implementation success.
Bibliography:


