

Enhanced flu vaccine methodology: Success and challenges**Muyaed Ibraheem**

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Background: HCW may acquire influenza both in the health care setting and in the community, and they can easily transmit the virus to patients in their care. Reducing the viral disease burden among patients and healthcare workers is one of the strong recommendations of the Saudi Ministry of Health and Center for Disease Control in the US. The objective was to implement a series of overlapping methods to improve vaccine utilization.

Methods: An enhanced vaccination campaign has been designed to implement between September 2017 and end of February 2018. The following methods were used; (1) Adopting six sigma lean process (design, measure, assessment, improve and control), (2)

Building partnerships with clinical leadership (3) Assigning nursing liaisons, (4) Printing and extensive distribution of campaign materials (5) Voice reminders through the hospital media three times a day, (6) Conducting flu educational session in all hospital location specially those known of low compliance, (7) Improving Access to vaccination by setting multiple stations and booths in different units (8) Recruitment of volunteer vaccinators and offering incentives for nurse vaccinator, (9) Setting quality checks to reduce the amount of vaccine wastes, (10) Supporting universal vaccination and signed waiver form vaccine refuses. The outcome of the campaign was the vaccination rates for different professional categories and patient care units. The outcomes were compared to previous years.

Results: During the current campaign, a total 37,555 has been vaccinated out of 40,000 targeted HCWs which represent a vaccination rate of 93.8%. The

vaccine doses administered in the current campaign (40,000) was almost double of the last campaign (25,260). Similar to previous years, nurses had the highest vaccination rates (85%) while physicians had the lowest (44%). Both nurses and respiratory therapists had better vaccination rates compared with previous years. Similarly, intensive care units and to less extent emergency departments had better vaccination rates compared with previous years.

Conclusion/Lesson learned:

Implementation of several overlapping methods to enhance flu vaccinations at the healthcare setting helped us improving our flu vaccination rate in some professional categories and hospital locations. However, we still far from achieving our target of >90% vaccination coverage. As done before in some other institutions, it is suggested that flu vaccine should be mandated in our hospital for a yearly contract unless it is clinically contraindicated.

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