Minnesota’s FluSafe Program Recognizes Healthcare Facilities’ Healthcare Personnel Influenza Vaccination Coverage

The program aims to increase vaccination rates by recognizing facilities with a white, red, or blue ribbon.

The voluntary Minnesota FluSafe program has created momentum around healthcare personnel (HCP) vaccination in hospitals and nursing homes in the state. As a result, the number of participating facilities with HCP influenza vaccination coverage above 90 percent has doubled since the program’s introduction in 2010.¹

HCP are an important group to be vaccinated because they are at-risk for influenza exposure and also work with populations most at-risk for severe complications from influenza, including senior citizens. To increase HCP vaccination rates, the Minnesota Department of Health (MDH) launched the FluSafe program in 2010. FluSafe recognizes hospitals and nursing homes with a white, red, or blue ribbon based on their workforce influenza vaccination coverage. To encourage facilities to participate in the voluntary program, MDH leveraged its partnerships with the Minnesota Hospital Association, Minnesota Association for Professionals in Infection Control and Epidemiology, the Minnesota Alliance for Patient Safety, and two long-term care associations, Care Providers of Minnesota and Aging Services of Minnesota.

Steps Taken:

- The National Health Interview Survey (NHIS) estimated in 2008 that influenza immunization coverage among healthcare personnel was 45.5 percent, just over half of the Healthy People 2020 goal of 90 percent coverage.² A 2009 Minnesota survey estimated influenza vaccination coverage to be 71 percent among HCP. This led to a call to increase coverage.³
- In 2010, MDH created the FluSafe program, which awards participating facilities a colored ribbon based on their influenza vaccination coverage of HCP. Facilities with more than 70 percent vaccination coverage receive the white ribbon, those with more than 80 percent receive the red, and facilities with more than 90 percent coverage receive the blue ribbon.⁴
- FluSafe used the state’s immunization information system (IIS), the Minnesota Immunization Information Connection (MIIC), to track immunization rates across participating facilities. Most participating facilities submitted HCP flu vaccinations to MIIC on a spreadsheet; these data were then saved to the individuals’ MIIC immunization records.
- MDH used a Prevention and Public Health Fund (PPHF) grant to develop and implement FluSafe upgrades to MIIC. Upgrades included faster processing of flu vaccination spreadsheets and the ability for users to obtain flu vaccination reports by facility. These facility-based reports allow organizations to monitor their HCP flu vaccination rates and also help with CMS reporting requirements.
- MDH’s partner organizations used pledges, newsletters, conferences, and webinars to encourage hospitals and nursing homes to participate in FluSafe. MDH developed partnerships

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- The FluSafe program awarded 27 blue ribbons (more than 90% coverage) in its first year and 55 blue ribbons in its third year.
with some of these organizations via a practices advisory committee facilitated by the MDH Immunization Program, and partnered with other organizations after promoting FluSafe as an important quality improvement initiative.

- The project’s day-to-day work is currently funded with 317 immunization infrastructure funds.

Results:

- In the first year, 137 facilities participated in the FluSafe program, and the program awarded 22 blue ribbons.
- In its third year, 219 facilities participated, including 106 hospitals and 113 nursing homes. This represents more than 80 percent of the hospitals in the state and more than 50 percent of the nursing homes. Of the third-year participants, 177 facilities had at least 70 percent influenza vaccination coverage of HCP, while 55 had more than 90 percent coverage.
- More than 100 facilities have participated three years in a row. Of those, 50 had improved rates from year 1 to year 2, and 60 improved from year 2 to 3.
- Participating facilities received public recognition from MDH through personalized news releases, posters, local news coverage, the state fair, and an annual press conference. For example, the MDH booth at the state fair displays a map to show fairgoers the FluSafe facilities in their hometowns.
- FluSafe encouraged MIIC use among nursing home facilities, which improved immunization data entries for both HCP and residents within these facilities.
- Along with increasing seasonal flu vaccination among HCP, FluSafe improves awareness among HCP about the importance of influenza immunization, which will likely improve their rate of coverage during a pandemic and set the stage for meeting MIIC reporting standards during a pandemic. In addition, research has found that patients are more likely to get vaccinated themselves if their physician is vaccinated.\(^5\)
- Due to FluSafe, the number of participating facilities with HCP influenza vaccination coverage above 90 percent has doubled since the program’s introduction.

Lessons Learned:

- Initially, MDH overestimated MIIC’s technological capabilities, which resulted in time-intensive processing of immunization data. In the program’s second year, MDH solved this by using the PPHF grant funds to improve MIIC’s data processing capabilities and user interface.
- Although many hospitals were already familiar with MIIC, some staff responsible for administering FluSafe in their facilities were not comfortable with spreadsheets and MIIC’s technology. To help those facilities get on board, MDH simplified usage instructions, made MIIC more user-friendly, and worked with MIIC regional coordinators. The MIIC Regional coordinators are local staff in each region of the state that can provide in-person or one-to-one assistance for
FluSafe facilities. They are experts in MIIC, so they are also able to help facilities utilize the full capabilities of our IIS, including things like coverage reports and reminder/recall activities.

- To avoid a duplicative reporting burden on facilities, FluSafe’s HCP definition matches the CMS definition. MIIC can also deliver HCP flu vaccination reports that match CMS reporting requirements, making it easier for facilities to report to CMS.
- Partnering with the associations that represent the facilities proved to be an effective strategy to get facilities involved. To engage the associations, MDH offers to provide educational resources and webinars and speak or exhibit at their conferences, which they find to be effective ways to connect with members of the organizations.
- MDH maintained a positive emphasis, even for those not making 70 percent coverage. The media and public have been interested in whether a facility participates in FluSafe at all, and then on the ribbon color. The result is that facilities don't fear reprisals, so they're more likely to join the program and implement its objectives.

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References