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Improving Rates of Influenza Vaccination among RCHEs Healthcare Workers: The Experience of North District Hospital

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Introduction

Influenza vaccination is effective in preventing influenza and has shown to reduce the mortality rate of influenza related complication in residential care homes for the elderly (RCHEs). There is also evidence showing that vaccination of health care workers (HCWs) helps to reduce the incidence of influenza like illnesses as well as mortality of RCHEs. However, uptake rate of seasonal influenza vaccine among HCWs were much lower (~40%) than that among residents (~83%) in the North District. An “Enhanced Influenza Vaccination Promotion Program” was implemented to improve the RCHEs HCWs’ vaccination rate in the North District from November, 2013 to January, 2014.

Objectives

1. To rectify the misunderstandings regarding seasonal influenza vaccination among RCHEs HCWs; and 2. To improve the influenza vaccination uptake rate among RCHEs HCWs

Methodology

1. Pre-winter Surge Briefing – A meeting with the HCWs and their supervisors of all RCHEs were held in early November, 2013 at the North District Hospital. Importance and benefits of seasonal influenza vaccination were emphasized to frontline HCWs and simultaneously yield supports from their supervisors to promote the vaccination. 2. Structured Educational Tool – A 10 minutes on-site educational talk was delivered to the HCWs by an Advanced Practice Nurse during home visit. A self-designed, structured, customized 12-slide presentation material was used with a focus on the rationale for vaccination; efficacy, safety and effectiveness of influenza vaccination; access to vaccination; and the role of HCW vaccination as a tool for both HCWs’ and residents’ safety. Time for explanations and discussions were provided immediately after the health education with an aim to rectify all misperceptions regarding vaccination among those HCWs.

Result

Total 15 out of 48 RCHEs in the North District have received the vaccination promotion talks between December, 2013 and January, 2014. HCWs' vaccination uptake rates in 2011/12 and 2012/13 were 41.9% and 40.6% respectively. The uptake rate has increased in 2013/14 (54.9%) after the implementation of the "Enhanced Influenza Vaccination Promotion Program". The paired t-test analysis revealed that HCWs' vaccination uptake rate in 2013/14 (54.9%) compared with 2011/12 (40.6%) has statistically significant ($p= 0.032$). For the uptake rate in 2013/14 (54.9%) compared with 2011/12 (41.9%), it also has statistically significant ($p= 0.044$). Our intervention result in 2013/14 (54.9%) was similar to that published by the Hong Kong Center for Health Protection (59.6%) in 2010 after their vaccination promote program. Conclusion: Improvement in RCHEs HCWs vaccination uptake rate is possible by embracing support from institutional leaders and regular assessment to identify HCWs' misperceptions about vaccination.