

# Influenza and healthcare workers

By JOANNE VILLENEUVE

Every winter, influenza hits thousands of people, but it hits especially hard in long-term care homes and other healthcare facilities. The impact of influenza in long-term care homes is heightened when there is a low influenza vaccination rate among healthcare workers in these organizations. To address this issue, the Occupational Health and Safety Services at Bruyère Continuing Care has been involved in a multi-disciplinary initiative to increase influenza vaccination rates and enhance the decision-making process for healthcare workers in long-term care who are deciding to be vaccinated against influenza.

Bruyère Continuing Care provides complex continuing care, palliative care, rehabilitation and long-term care to adults affected by loss of autonomy or by chronic or terminal illness. It is comprised of four facilities in Ottawa, including two long-term care homes, Résidence Saint-Louis and Villa Marguerite. Residents of long-term care homes are at risk of severe and life-threatening complications of influenza. In Canada, it's estimated that 700 to 2500 deaths may be attributable to influenza or serious influenza complications, most of which occur in older adults (Sibbald, 2003).

Fortunately, influenza vaccine exists. A simple and safe option, influenza vaccine provides seasonal protection against the influenza virus for healthcare workers. It also reduces the risk of their patients, family and friends becoming ill from influenza. Yet, not everyone finds it easy to decide if they will be vaccinated annually. For healthcare workers this is an important decision because it not only impacts their personal health but also impacts the health of their patients. Evidence shows that when healthcare workers in long-term care homes are vaccinated against influenza, there are fewer patient deaths (Carman et al, 2000; Hayward, 2006 and Potter et al, 1997). Despite this, in Canada, only about 65% of healthcare work-

ers in long-term care are vaccinated against the flu (National Advisory committee on Immunization, 2006).

To address the low influenza vaccination rates among healthcare workers and help them make a more balanced decision about the influenza vaccine, a multi-disciplinary team of health professionals and researchers was established. The team includes key individuals such as an infectious disease physician, an occupational health nurse, an infection control nurse, a public health nurse, hospital administrators and leading Canadian researchers in the fields of nursing, public health and decision-making.

Over the past two years, this team has worked to systematically develop the Ottawa Influenza Decision Aid. The Decision Aid is a four-page evidence-based tool that can be used by front-line healthcare workers to make an informed, values-based decision regarding influenza vaccine. Social support can also be provided (see International Patient Decision Aid Standards;

Healthcare workers  
appear to struggle  
with the decision of  
whether or not to  
receive the  
influenza vaccine.

<http://ipdas.ohri.ca>).

Creating the Decision Aid included a number of steps: surveying long-term care staff for their decision-making needs, reviewing the evidence for the safety and effectiveness of influenza prevention options, consulting with scientific experts across Canada and assessing the acceptability of the decision aid to healthcare workers. Throughout the process, meetings were held with management and with union representatives to gain their support for the project and their insights into the issues surrounding low influenza vaccination among healthcare workers in long-term care homes.

In the fall of 2004, the team surveyed healthcare workers and stakeholders in two long-term care homes to determine their decision-making needs surrounding influenza vaccination. Was the decision difficult because they didn't have enough balanced information? Did getting vaccinated seem to

practice information

## The Ottawa Decision Aid Team

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conflict with their personal values? Or was the decision difficult because they felt pressured by others? Occupational Health and Safety was responsible for co-ordinating the survey of healthcare workers, receiving responses from 73 long-term care staff.

Using this information and information gained from cross-Canada consultations with scientific experts, the team created the four-page, evidence-based Ottawa Influenza Decision Aid. It is available in both French and English.

During the fall of 2006, the feasibility of using the Decision Aid in a long-term care home was studied. Approximately 50 healthcare workers in two long-term care homes volunteered to review it and answered questions regarding the acceptability of the tool. The Decision Aid was well received by both staff and stakeholders. Staff reported it improved the decision-making process and stakeholders felt it would be feasible to implement the tool in a long-term care home.

The Decision Aid has been well received at conferences where it has been presented including the Ontario Occupational Health Nurses Association Conference, the Industrial Accident Prevention Association, the Canadian Immunization Conference and the International Shared Decision Making Conference in Germany. Many have commented this well-designed tool is much needed and fills an important gap. Findings from these research projects are currently being considered for publication by the Journal of the American Association of Occupational Health Nurses (AAOHN) and the Canadian Journal of Infection Control.

While the Ottawa Influenza Decision Aid was developed for healthcare workers in long-term care homes, other healthcare facilities also grapple with the issue of low influenza vaccine uptake among healthcare workers. Plans are underway to include adaptation for use in other healthcare settings such as

acute care facilities and Community Care Access Centres (CCACs). As well, the team is developing a strategy to ensure that the Decision Aid is effectively implemented when it is introduced into long-term care homes. The team will work with managers in a small number of long-term care homes to develop guidelines and an implementation strategy. The goal is to develop a winning strategy in which the Ottawa Influenza Decision Aid will play a key role in future successful influenza prevention campaigns.

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