

## **GUNNISON VALLEY HEALTH (GVH) GUIDE TO EMPLOYEE VACCINATION**

The team at GVH led a successful vaccination campaign that by July 2021—prior to any vaccination mandates—had surpassed peers despite the several challenges unique to rural healthcare (Figure 1).

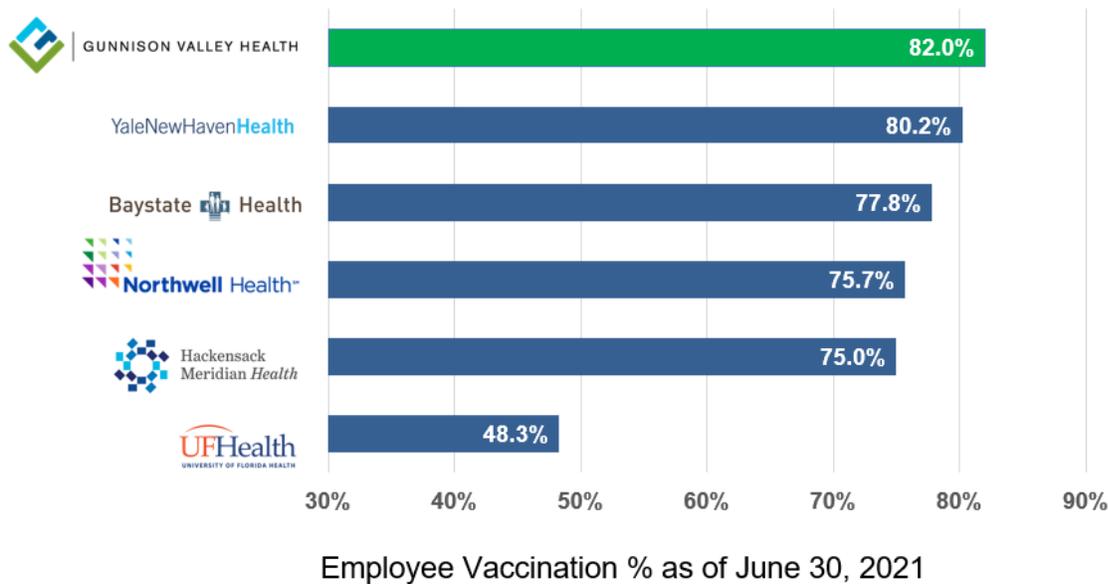


Figure 1: The Gunnison Valley Health vaccination campaign success rate surpasses peers despite the challenges in rural healthcare.

This playbook offers key insights into the GVH success story that can benefit other rural healthcare organizations the next time a need for an emergency employee vaccination campaign arises.

Five Key Principles to Guide Employee Vaccination for Rural Healthcare Organizations:

### 1. **Communication**

- Understand baseline employee acceptance of vaccination through surveys.
- Document reasons for hesitancy and associated demographics (e.g., women of childbearing age concern for pregnancy).
- Hold educational sessions for staff facilitated by trusted colleagues and knowledgeable infection prevention specialists. Present current research and offer opportunities to ask questions.
- Communicate vaccine availability timelines and progress in delivery.

### 2. **Continuity**

- Prepare for financial costs of vaccination. We detail the costs for a critical access rural hospital on the modifiable spreadsheet <https://vaxthefrontline.com/wp-content/uploads/2020/07/MHCDS-ALP-Pro-Forma-PL-website-1.xlsx>. While these



- costs were largely recaptured through federal support in the case of COVID-19, future pandemic policy may differ.
- Establish a “rainy day” fund immediately, keeping our pro forma numbers in mind in the event federal dollars are delayed or absent in a future pandemic scenario.
3. **Convenience**
- Vaccine clinics should be timely and accessible.
  - Alphabetical vaccine scheduling for early adopters offers several advantages:
    - a. Allows for a pseudo-random and low-cost way of allocating the vaccine in an objective manner.
    - b. Questions of fairness are deflected based on the arbitrariness of the alphabet.
    - c. Vaccine absenteeism will not surge within a single department, or a particular critical group of caregivers, given the expected distribution of last names.
  - Plan for approximately 20 days of vaccine-associated absenteeism per 100 people receiving a second dose of an mRNA vaccine.
  - Satellite vaccination clinics should be available at outlying locations, including long-term care facilities, to maximize convenience and encourage receipt of the vaccine.
  - After the initial surge of early adopters, rotate clinic locations to help ensure that unvaccinated employees pass a vaccination station every week.
2. **Conversation**
- Infection Prevention (IP) or Human Resources (HR) departments should maintain lists of non-vaccinated employees.
  - After the initial surge of early adopters, all non-vaccinated employees should be reached for conversation.
  - We recommend conversations be held in a supportive manner. Each employee should receive individualized attention within a safe space where they can have their questions answered and/or concerns heard.
3. **Community**
- In the rural healthcare environment, critical access hospitals may simultaneously serve the community as the primary site for education and vaccination.
  - Scaling of vaccine communications and clinics can support community health in collaboration with employee vaccination.

## COMMUNICATION

The success of an organization depends on the success of its employees. When it came to vaccinations, GVH felt that a focus on the employees was paramount. With this in mind, they began the deliberate process of understanding the potential rewards and obstacles that an impending employee vaccination program might bring.

The first step in this process involved trying to understand baseline employee acceptance of a promised COVID-19 vaccine. To do this, GVH sent a survey to all 451 employees of the health system. There were 236 responses to the pre-vaccination survey, of which 77% were female, 71% were age 25-54, and 79% were involved in direct patient care. In total, 56% of respondents reported that they would probably or definitely receive the vaccine, 23% were undecided, and 21% were probably or definitely not receiving the vaccine. There was no observed association with age or patient care responsibilities. Figure 2 shows a summary of responses to the pre-vaccine

survey of employees at GVH prior to the campaign rollout. The data show the distribution of those who were planning to receive a COVID-19 vaccine as soon as it became available. The vaccine was not yet available at the time of this survey.

Do you plan to get vaccinated as soon as a vaccine is available to GVH team members?

236 responses

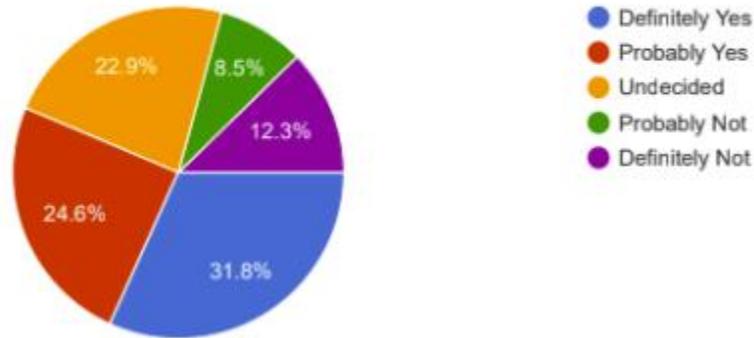


Figure 2: Gunnison Valley Health employee survey results prior to vaccination.

### Commencement

The above numbers from GVH demonstrated that the 56% of employees who intended to receive the vaccine trailed most other pre-vaccination employee surveys in the peer reviewed literature (Table 1).

Table 1:

SURVEYS OF COVID-19 VACCINE ACCEPTANCE AMONG HEALTHCARE WORKERS (Pubmed Search July 2021)				
Author	Journal	Population	Number of Respondents	Definite Intent to Vaccinate
Kwok, et al.	Int J Nurs Stud	Nurses in Hong Kong	1,205	63%
Di Gennaro, et al.	Viruses	Italian Healthcare Workers	1,723	67%
Gagneux-Brunon, et al.	J Hosp Infect	French Healthcare Workers	2,047	76.9%
Kuter, et al.	Vaccine	Two Philadelphia Hospitals	12,034	63.7%
Unroe, et al.	J Am Geriatr Soc	Long-term Care Workers in Indiana	8,243	45%

In response to their initial surveys, GVH recognized the need to actively support employee acceptance of vaccination. Educational sessions were held for staff, facilitated by one of the organization’s physicians and the director of infection prevention. The sessions included discussions of the current research, and the opportunity for employees to ask questions.



Some organizations may want to focus on specific groups within their organizations. A blueprint for tailored outreach as presented by the Sprint to Accelerate Vaccination Equitably (SAVE) in Community program sponsored by the Harvard University Medical School Center for Primary Care is linked <https://info.primarycare.hms.harvard.edu/save>.

## CONTINUITY

The rapid spread of COVID-19 in rural populations further weakened the ability of rural health facilities to meet the needs of their communities. This negative trend runs headlong into the accelerated pace of rural hospital closures over the last decade, stemming from downward pressures on the safety net reimbursement upon which these facilities rely. Regarding scale, the mean bed count in rural hospitals was 50 with a mean of 321 employees. <sup>1</sup> Since 2010, 135 rural hospitals have closed; additionally, research shows that as of February 2021, another 453 rural hospitals remained vulnerable to closure. <sup>2</sup> As the pandemic progressed, many rural providers were forced to suspend or limit outpatient procedures and services, further compounding financial instability. Through early 2021, 46% of rural hospitals in the United States managed with an operating loss, an increase from 39% in 2015.

Within this unstable landscape, it becomes apparent that rural hospitals operate with little margin for error. Establishing a culture of solvency is more important than ever, particularly as studies show the average rural hospital has approximately 33 days cash on hand. <sup>3</sup> The “new normal” of increased utilization of personal protective equipment (PPE) along with increased labor expenses presents rural hospital administrators with higher non-reimbursable costs than previously planned. This pandemic, however, also presents a significant learning opportunity for rural hospitals to better manage their financial positions while responding to further waves of the virus. The financial challenges that rural hospitals face within a pandemic are numerous; however, solutions exist, both novel and traditional, that can significantly mitigate the impact.

Vaccination Clinical Financials Spreadsheet Link: <https://vaxthefrontline.com/wp-content/uploads/2020/07/MHCDS-ALP-Pro-Forma-PL-website-1.xlsx>

In the linked spreadsheet, we offer a pro forma estimate based on GVH’s experience regarding costs associated with materials and personnel to conduct vaccine clinics.