

OP-27

**Influenza Vaccination Coverage Among Health Care Personnel
(Single Rate for Inpatient and Outpatient Settings)**

MBQIP Domain	Patient Safety
Measure Set	Web-Based (Preventive Care)
Measure Description	Percentage of health care workers given influenza vaccination.
Importance/Significance	1 in 5 people in the US get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributed to patients hospitalized during the flu season.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	Hospital Compare (Note: Listed on Hospital Compare as IMM-3-OP-27-FAC-ADHPCT) MBQIP Data Reports Flex Monitoring Team Reports
Measure Population	NA - This measure uses administrative data and not claims to determine the measure's denominator population.
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	NA
Encounter Period – Submission Deadline	Q4 2015 - Q1 2016 (Oct-Mar) – May 15, 2016
Other Notes	<p>Each facility in a system needs to be registered separately and HCPs should be counted in the sample population for every facility at which s/he works.</p> <p>Facilities must complete a monthly reporting plan for each year or data reporting period.</p> <p>All data reporting is aggregate (whether monthly, once a season, or at a different interval).</p>

IMM-2 Immunization for Influenza (Inpatient)	
MBQIP Domain	Patient Safety
Measure Set	Immunization (Preventive Care)
Measure Description	Percentage of patients assessed and given influenza vaccination (inpatient)
Importance/Significance	1 in 5 people in the US get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributable to patients hospitalized during the flu season. Hospitalization is an underutilized opportunity to vaccinate.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	QualityNet via Inpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population	All patients discharged from acute inpatient care with a length of stay less than or equal to 120 days.
Sample Size Requirements	Quarterly 0-5 - Reporting encouraged 6-152 - 100% of initial pt. pop 153-764 - 153 765-1529 - 20% of initial pt. pop >1529 - 306 Monthly < 51 - 100% of initial population 51-254 - 51 255-509 - 20% of initial pt. pop >509 - 102
Data Collection Approach	Chart Abstracted
Data Elements	Admission Date Birthdate Discharge Date Discharge Disposition ICD-10-CM Other Diagnosis Codes ICD-10-PCS Other Procedure Codes ICD-10-CM Principal Diagnosis Code ICD-10-PCS Principal Procedure Code Influenza vaccination status
Encounter Period – Submission Deadline	Q3 2015 (Jul 1 - Sep 30) – February 15, 2016 Q4 2015 (Oct 1 - Dec 31) – May 15, 2016 Q1 2016 (Jan 1 - Mar 31) – August 15, 2016 Q2 2016 (Apr 1 - Jun 30) – November 15, 2016 Q3 2016 (Jul 1 - Sep 30) – February 15, 2017
Other Notes	--



Healthcare Personnel Influenza Vaccination Summary

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*required for saving, ^conditionally required for saving

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

*Facility ID#:		^Location:	
*Vaccination type: Influenza	*Influenza subtype ^a : <input type="checkbox"/> Seasonal	*Influenza Season ^b :	Date Last Modified: __/__/__

	Employee HCP	Non-Employee HCP		
	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/trainees & volunteers	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

Custom Fields

Label		Label	
	/ /		/ /

Comments

^a For the purposes of NHSN, influenza subtype refers to whether seasonal or non-seasonal vaccine is used. Seasonal is the default and only current choice.

^b For the purposes of NHSN, a flu season is defined as July 1 to June 30.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
CDC 57.214 v2, R8.2

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Question 1 (Denominator) Notes:

- Include all HCP who have worked at the facility for at least 1 working day during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.
- Include both full-time and part-time persons. If a HCW works in two or more facilities, each facility should include the HCW in their denominator. Count HCP as individuals rather than full-time equivalents.
- Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.
- The HCP categories are mutually exclusive. Each HCP should be counted only once in the denominator (question 1).

Questions 2-6 (Numerator) Notes:

- Questions 2-6 are mutually exclusive. The sum of the HCP in questions 2-6 should equal the number of HCP in question 1 for each HCP category. Questions 2-6 are to be reported separately for each of the three HCP categories.
- Only the following HCP should be counted in question 4: HCP with (1) a severe allergic reaction to eggs or other vaccine component(s) or (2) a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.
- The following should be counted in question 5 (declined to receive influenza vaccine):
 - HCP who declined vaccination because of conditions **other than** those included in question 4.
 - HCP who declined vaccination and did not provide any other information.
 - HCP who did not receive vaccination because of religious or philosophical exemptions.
 - HCP who deferred vaccination for the entire influenza season (i.e. from October 1 through March 31).



3. Healthcare Personnel Vaccination Module: Influenza Vaccination Summary

Introduction

The Advisory Committee on Immunization Practices (ACIP) recommends that all persons six months of age and older, including HCP and persons in training for healthcare professions, should be vaccinated annually against influenza.[1,2] Persons who are infected with influenza virus, including those who are pre-symptomatic, can transmit the virus to coworkers and patients, including those at higher risk for complications from influenza. Vaccination of working age adults, including HCP, has been associated with reduced risk of influenza illness, and reduced work absenteeism, antibiotic use, and medical visits. [3,4] In addition, HCP vaccination has been found to reduce deaths among nursing home patients [5,6] and elderly hospitalized patients.[6] Although annual vaccination is recommended for all HCP and is a high priority for reducing morbidity associated with influenza in healthcare settings, national survey data have demonstrated that vaccination coverage levels are only approximately 60% [7]. This is well below the Healthy People 2020 goal of 90% for HCP influenza vaccination [8].

Healthcare facilities should provide influenza vaccine to HCP using approaches that have demonstrated effectiveness in increasing vaccination coverage. Healthcare administrators should consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program and consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications.[9-12] Influenza vaccination rates (including ward-, unit-, and specialty-specific coverage rates) among HCP within facilities should be regularly measured and reported to facility administrators and staff.[12]

Healthcare facilities should offer influenza vaccinations to all HCP, including night, weekend, and temporary staff. Efforts should be made to educate HCP regarding the benefits of vaccination and the potential health consequences of influenza illness for their patients, themselves, and their family members. Studies have demonstrated that organized campaigns can attain higher rates of vaccination among HCP with moderate effort and by using strategies that increase vaccine acceptance.[9,13,14] All HCP should be provided convenient access to influenza vaccine at the work site, free of charge. [9,14,15]

HCP Influenza Vaccination Measure

The HCP Influenza Vaccination Measure is designed to ensure that reported HCP influenza vaccination percentages are consistent over time within a single healthcare facility and comparable across facilities. The use of this measure to monitor influenza vaccination among HCP may also result in increased influenza vaccination uptake among HCP, because improvements in tracking and reporting HCP influenza vaccination status will allow healthcare institutions to better identify and target unvaccinated HCP. Increased influenza vaccination coverage among HCP is expected to result in reduced morbidity and mortality related to influenza virus infection among patients. The HCP Vaccination Module of the HPS Component will allow NHSN users to report HCP influenza vaccination percentages using this HCP Influenza Vaccination Measure.

Settings

All types of healthcare facilities including acute care hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities are invited to join NHSN and use the measure.



Requirements

Participating facilities are required to report data according to this protocol, using the NHSN definitions described herein, to ensure data are uniformly reported across participants. Within the HPS Component, monthly reporting plans must be created or updated to include HCP influenza vaccination summary reporting. Once the "Influenza Vaccination Summary" box is checked on one monthly reporting plan, then the system will auto-check that same box on every monthly reporting plan throughout the entire NHSN-defined influenza season (defined as the 12 months from July 1 – June 30).

CDC/NHSN encourages that HCP influenza vaccination summary counts be updated on a monthly basis and suggests that healthcare facilities update new counts within 30 days of the end of each month (e.g., all October data should be added by November 30) so they have the greatest impact on influenza vaccination activities. However, entering a single influenza vaccination summary report at the conclusion of the measure reporting period will meet the minimum data requirements for NHSN participation.

Reporting Instructions

Forms, Description, and Purpose (See also: *Tables of Instructions for Completion of Healthcare Personnel Influenza Vaccination Summary Form* in Chapter 4)

All facilities using the HCP Vaccination Module for HCP influenza vaccination summary data reporting should complete the following forms:

- *Healthcare Personnel Safety Monthly Reporting Plan Form* (CDC 57.203) – This is used to collect data on which modules and which months (if any) the facility intends to participate in the NHSN HPS Component. Once the influenza vaccination summary is selected on the reporting plan, it is automatically updated with this information for the entire NHSN-defined influenza season (July 1 to June 30).
- *Healthcare Personnel Influenza Vaccination Summary Form* (CDC 57.214) – This is used to collect data on summary influenza vaccination counts among HCP working in a facility. The summary reporting replaces the individual-level influenza vaccination reporting that was previously a part of the HPS Component. HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, so each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system. When entering summary data, all required fields that are indicated with an asterisk must be completed. Otherwise, the data cannot be saved. Users should enter "0" in a field if no HCP at the facility fall into that category.

The *Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel* (CDC 57.215) is encouraged to be completed by facilities, but is not required at this time. The survey collects data on types of personnel groups that are included in a facility's annual influenza vaccination campaign, methods a facility is using to deliver influenza vaccine to its HCP, strategies a facility uses to promote/enhance HCP influenza vaccination, etc. Only one survey should be completed at the end of the influenza season.



Measure Specifications

Denominator

The denominator for this measure consists of HCP who are physically present in the healthcare facility for at least 1 working day between October 1 and March 31 (i.e., the measure reporting period) of the following year. Denominators are to be calculated separately for three required categories of HCP and can also be calculated for a fourth optional category:

- a. **Employees:** This includes all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
- b. **Licensed independent practitioners (LIPs):** This includes physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility's payroll.
- c. **Adult students/trainees and volunteers:** This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
- d. **Other contract personnel (optional):** Facilities may also report on individuals who are contract personnel. However, reporting for this category is optional at this time. Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the above-mentioned denominator categories. (See Appendix A for a suggested list of contract personnel. This list may be updated as a revised version becomes available.)

Denominator Notes

1. The denominator includes HCP who have worked at the facility for at least 1 working day between October 1 and March 31 during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.
2. Both full-time and part-time personnel should be included. HCP should be counted as individuals rather than full-time equivalents. If a healthcare worker (HCW) works in two or more facilities, each facility should include the HCW in their denominator.
3. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.
4. The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.



Numerator

The numerator for this measure consists of HCP in the denominator population, who during the time from when the vaccine became available (e.g., August or September) through March 31 of the following year:

- a. received an influenza vaccination administered at the healthcare facility; or
- b. reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- c. were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or history of Guillain-Barré Syndrome (GBS) within 6 weeks after a previous influenza vaccination; or
- d. were offered but declined influenza vaccination; or
- e. had an unknown vaccination status or did not otherwise meet any of the definitions of the above-mentioned numerator categories.

Numerator Notes

1. Persons who declined vaccination because of conditions other than those specified in category (c) above should be categorized as declined vaccination.*
2. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccination.
3. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as declined vaccination.
4. Persons who deferred vaccination all season should be categorized as declined vaccination.
5. The numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each HCP group.

*Note: For the purposes of this measure, a medical contraindication to vaccination with inactivated influenza vaccine (IIV) is defined as having a severe allergic reaction to eggs or other components of the influenza vaccine or a history of GBS within 6 weeks after a previous influenza vaccination. A healthcare facility may grant medical exemptions to HCP with other conditions besides those defined by the measure and may include these conditions in its list of acceptable medical contraindications to influenza vaccination. However, to ensure that data are comparable across different facilities reporting data using this measure, only those HCP with one of the two conditions stated above should be reported to NHSN as having a medical contraindication to influenza vaccination.

In addition to the two defined medical contraindications to vaccination with IIV mentioned above, the following conditions are accepted medical contraindications to live attenuated influenza vaccine (LAIV): pregnancy; known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-



term immunosuppressive therapy; patients with HIV infection who are severely immunocompromised); certain chronic medical conditions include asthma and chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic disorders. Individuals older than 49 years of age are also not eligible to receive LAIV. HCP who have a medical contraindication to LAIV other than a severe allergic reaction to a vaccine component or history of GBS within 6 weeks after a previous influenza vaccination should be offered IIV by their facility, if available. Medical contraindications for LAIV should not be considered contraindications as those individuals can be given IIV.

Data Sources

Data sources for the required data elements include management/personnel data, medical or occupational health records, and vaccination record documents. HCP can self-report in writing (paper or electronic) that the vaccination was received elsewhere or provide documentation of receipt of the influenza vaccine elsewhere. For the purposes of this reporting measure, verbal statements about receiving vaccination elsewhere are not acceptable. However, HCP can provide verbal or written documentation of medical contraindications and verbal or written declination of the influenza vaccine.

Methodology

The Influenza Vaccination Summary Module enables a healthcare facility to record information on influenza vaccination for HCP working in the healthcare facility for at least 1 working day between October 1 and March 31. Data are required to be entered for five numerator fields pertaining to vaccination status, and three denominator categories pertaining to HCP groups. A fourth denominator category for other contract personnel is optional at this time; therefore, each facility may decide whether they would like to report these particular data.

This module requires that data be provided to CDC as per reporting requirements. Data covering the entire denominator reporting period (October 1 through March 31) must be entered once into NHSN for each reporting year. The data can be entered on a monthly and/or quarterly basis, but only cumulative data should be entered. Any new data that are entered into NHSN will overwrite and replace the previously entered data. Thus, if a facility would like to keep track of its monthly numbers, it should maintain its own record of this, as it will not be able to review monthly reporting numbers in NHSN.

Data Analyses

Influenza vaccination status is calculated separately among each of the three required denominator groups of HCP: employees, LIPs, and adult students/trainees and volunteers. Influenza vaccination status can also be calculated for the fourth optional category of other contract personnel using the modify option within the analysis function. Separate measures are calculated by dividing the number of HCP in one numerator field (e.g., number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season) by the number of HCP in that denominator group, and multiplying by 100 to produce a vaccination percentage for that specific group. Percentages of vaccination received elsewhere, medical contraindications, declinations, and unknown vaccination status can also be calculated using the second, third, fourth, and fifth numerator fields, respectively. Calculations for employee vaccination percentages are shown below. Vaccination percentages for LIPs, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner.



Employee Vaccination Percentages

Employee Vaccination Percentage (at this healthcare facility)

$$\frac{\text{\# Employees vaccinated onsite}}{\text{\# Employees working in the required time period}} \times 100 = \text{Pct. of Employees Vaccinated Onsite}$$

Employee Vaccination Percentage (outside this healthcare facility)

$$\frac{\text{\# Employees vaccinated elsewhere}}{\text{\# Employees working in the required time period}} \times 100 = \text{Pct. of Employees Vaccinated Elsewhere}$$

Employee Medical Contraindication Percentage

$$\frac{\text{\# Employees reporting contraindication}}{\text{\# Employees working in the required time period}} \times 100 = \text{Pct. of Employees Reporting Contraindication}$$

Employee Declination Percentage

$$\frac{\text{\# Employees declined vaccine}}{\text{\# Employees working in the required time period}} \times 100 = \text{Pct. of Employees Reporting Declination}$$

Employee Unknown Vaccination Percentage

$$\frac{\text{\# Employees with unknown vaccination}}{\text{\# Employees working in the required time period}} \times 100 = \text{Pct. Employees with Unknown Status}$$

HCP Vaccination Percentages

In addition to calculating vaccination percentages for individual denominator groups, percentages can be calculated for all HCP (both employees and non-employees). Percentages can also be calculated for the optional category of contract personnel using the modify option within the analysis function. To determine vaccination for all HCP, the system will add the total number of HCP (employees, LIPs, and adult students/trainees and volunteers) in one numerator field (e.g., total number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season). The number is divided by the total number of HCP who were working at this healthcare facility for at least 1 working day between October 1 and March 31, and multiplied by 100 to produce a vaccination percentage for that group of HCP. Percentages of vaccination received elsewhere, medical contraindications, declinations, and unknown vaccination status can also be calculated using the second, third, fourth, and fifth numerator fields, respectively. Calculations for total HCP vaccination percentages are shown below. The second calculation in this section shows how a percentage is computed for other contract personnel. Vaccination percentages for other contract personnel are computed in the same manner as the other calculations in this section.



HCP Vaccination Percentage (at this healthcare facility) [excluding OCP]

$$\frac{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV vaccinated onsite}}{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Onsite (exc. OCP)}$$

HCP Vaccination Percentage (at this healthcare facility) [including OCP]

$$\frac{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP vaccinated onsite}}{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Onsite (inc. OCP)}$$

HCP Vaccination Percentage (outside this healthcare facility) [excluding OCP]

$$\frac{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV vaccinated elsewhere}}{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Elsewhere (exc. OCP)}$$

HCP Medical Contraindication Percentage [excluding OCP]

$$\frac{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV reporting contraindication}}{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Reporting Contra. (exc. OCP)}$$

HCP Declination Percentage [excluding OCP]

$$\frac{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV declined vaccine}}{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Reporting Declination (exc. OCP)}$$

HCP Unknown Vaccination Percentage [excluding OCP]

$$\frac{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV with unknown status}}{\# \text{ Employees} + \# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of HCP with Unknown Status (exc. OCP)}$$

Non-Employee Vaccination Percentages

Vaccination percentages can be calculated for all non-employees (LIPs and adult students/trainees and volunteers). Percentages can also be calculated for the optional category of other contract personnel using the modify option within the analysis function. To determine vaccination for all non-employees, the system will add the total number of HCP (LIPs and adult students/trainees and volunteers) in one numerator field (e.g., number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season). The number is divided by the total number of HCP who were working at this healthcare facility for at least 1 working day between October 1 and March 31, and multiplied by 100 to produce a vaccination percentage for that group of non-employees. Percentages of vaccination received elsewhere, medical contraindications, declinations, and unknown vaccination status can also be calculated using the second, third, fourth, and fifth numerator fields, respectively. Calculations for non-employee vaccination percentages are shown below. The second calculation in this section shows how a percentage is computed for other contract personnel. Vaccination percentages for other contract personnel are computed in the same manner for the other calculations in this section.



Non-Employee Vaccination Percentage (at this healthcare facility) [excluding OCP]

$$\frac{\# \text{ LIPs} + \# \text{ ASTV vaccinated onsite}}{\# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employees Vacc. Onsite (exc. OCP)}$$

Non-Employee Vaccination Percentage (at this healthcare facility) [including OCP]

$$\frac{\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP vaccinated onsite}}{\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP working in the required time period}} \times 100 = \text{Pct. of Non-Employees Vacc. Onsite (inc. OCP)}$$

Non-Employee Vaccination Percentage (outside this healthcare facility) [excluding OCP]

$$\frac{\# \text{ LIPs} + \# \text{ ASTV vaccinated elsewhere}}{\# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employees Vacc. Elsewhere (exc. OCP)}$$

Non-Employee Medical Contraindication Percentage [excluding OCP]

$$\frac{\# \text{ LIPs} + \# \text{ ASTV reporting contraindication}}{\# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employees Reporting Contra. (exc. OCP)}$$

Non-Employee Declination Percentage [excluding OCP]

$$\frac{\# \text{ LIPs} + \# \text{ ASTV declined vaccine}}{\# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employees Reporting Declination (exc. OCP)}$$

Non-Employee Unknown Vaccination Percentage [excluding OCP]

$$\frac{\# \text{ LIPs} + \# \text{ ASTV with unknown vaccination}}{\# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employees with Unknown Status (exc. OCP)}$$

Vaccination Compliance

To determine vaccination compliance, the system will add the total number of HCP who received an influenza vaccination at this healthcare facility to the total number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season. The number is divided by the total number of HCP who were working at this healthcare facility for at least 1 working day between October 1 and March 31. This number is then multiplied by 100 to obtain a percentage. Percentages can also be calculated for the optional category of other contract personnel using the modify option within the analysis function. Calculations for employee vaccination compliance, HCP vaccination compliance, and non-employee vaccination compliance percentages are shown below. Vaccination compliance percentages for LIPs, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner.



Employee Vaccination Compliance Percentage

$$\frac{\# \text{ Employees vaccinated onsite} + \# \text{ Employees vaccinated elsewhere}}{\# \text{ Employees working in the required time period}} \times 100 = \text{Pct. of Employee Vacc. Compliance}$$

HCP Vaccination Compliance Percentage [excluding OCP]

$$\frac{(\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV vacc. onsite}) + (\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV vacc. elsewhere})}{\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Comp. (exc. OCP)}$$

HCP Vaccination Compliance Percentage [including OCP]

$$\frac{(\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP vacc. onsite}) + (\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP vacc. elsewhere})}{\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Comp. (inc. OCP)}$$

Non-Employee Vaccination Compliance Percentage [excluding OCP]

$$\frac{(\# \text{ LIPs} + \# \text{ ASTV vacc. onsite}) + (\# \text{ LIPs} + \# \text{ ASTV vacc. elsewhere})}{\# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employee Vacc. Comp. (exc. OCP)}$$

Non-Employee Vaccination Compliance Percentage [including OCP]

$$\frac{(\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP vacc. onsite}) + (\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP vacc. elsewhere})}{\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP working in the required time period}} \times 100 = \text{Pct. of Non-Employee Vacc. Comp. (inc. OCP)}$$

Vaccination Non-Compliance

To determine vaccination non-compliance, the system will add the total number of HCP who declined to receive the influenza vaccination to the total number of HCP with unknown vaccination status. The number is divided by the total number of HCP who were working at this healthcare facility for at least 1 working day between October 1 and March 31. This number is then multiplied by 100 to obtain a percentage. Percentages can also be calculated for the optional category of other contract personnel using the modify option within the analysis function. Calculation for employee vaccination non-compliance, HCP vaccination non-compliance, and non-employee vaccination non-compliance percentages are shown below. Vaccination non-compliance percentages for LIPs, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner.

Employee Vaccination Non-Compliance Percentage

$$\frac{\# \text{ Employees declined vacc.} + \# \text{ Employees with unknown status}}{\# \text{ Employees working in the required time period}} \times 100 = \text{Pct. of Employee Vacc. Non-Compliance}$$

HCP Vaccination Non-Compliance Percentage [excluding OCP]

$$\frac{(\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV declined vacc.}) + (\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV with unknown status})}{\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Non-Comp. (exc. OCP)}$$



HCP Vaccination Non-Compliance Percentage [including OCP]

$$\frac{(\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP dec. vacc.}) + (\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP with unknown status})}{\# \text{ Emp.} + \# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Non-Comp. (inc. OCP)}$$

Non-Employee Vaccination Non-Compliance Percentage [excluding OCP]

$$\frac{(\# \text{ LIPs} + \# \text{ ASTV declined vacc.}) + (\# \text{ LIPs} + \# \text{ ASTV with unknown status})}{\# \text{ LIPs} + \# \text{ ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employee Vacc. Non-Comp. (exc. OCP)}$$

Non-Employee Vaccination Non-Compliance Percentage [including OCP]

$$\frac{(\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP declined vacc.}) + (\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP with unknown status})}{\# \text{ LIPs} + \# \text{ ASTV} + \# \text{ OCP working in the required time period}} \times 100 = \text{Pct. of Non-Emp. Vacc. Non-Comp. (inc. OCP)}$$

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Healthcare Personnel Flu Measure (OP-27) Reporting and Improvement for CAHs

December 9th, 2015


Questions & Answers

- Can you please provide more information of how MBQIP and/or CMS quality reporting align with The Joint Commission requirements for CAHs?
As a condition of accreditation The Joint Commission requires healthcare facilities, among other things, to have a written description of the methodology used to determine staff influenza vaccination rates. (Standard IC.02.04.01, EP 6). The Joint Commission recommends the use of CDC's Healthcare Personnel Influenza Vaccination measure, which is the one used in NHSN, for this methodology.


The major difference between Joint Commission accreditation requirements and NHSN reporting requirements for HCP influenza vaccination is that reporting of other contract personnel is currently optional in NHSN. However, the Joint Commission includes contract personnel in its definitions of staff and recommends that facilities track vaccination of these personnel separately. CAH wishing to track HCP influenza vaccination for Joint Commission accreditation should use the optional "other contract personnel" area of the Flu Summary Reporting Form in NHSN to report contract personnel vaccination, and should also contact the Joint Commission to determine if any additional activities are required. Please note NHSN data are not shared with the Joint Commission; therefore, a facility wishing to share NHSN data with The Joint Commission for accreditation purposes will need to keep its own copies of NHSN data reports.

- If we have 85 employees and 12 volunteers, is our denominator 85 or 97? Since they are not actually employees?
The denominator should include all employees, licensed independent practitioners, and adult students/trainees and volunteers who physically work in the facility for one day or more from October 1 through March 31. Therefore, you would include volunteers in your denominator for a total of 97 healthcare personnel.
- What about a contract service provider such as Access RN who places PICC lines?
If the nurse is not considered an advance practice nurse, but is paid through a contract and physically works in your facility for one day or more from October 1 through March 31, then you may include this nurse in the optional, other contract personnel category. However, reporting data for other contract personnel is not required at this time.
- Where are ED LOCUM Tenems included in data?
If the facilities pays locum tenens personnel from the same payroll as regular employees, then these ED personnel would also be counted as employees. If a different payment source is used, then physicians, advanced practice nurses, and physician assistants in the ED who are working locum tenens would be counted in the "licensed independent practitioner" group. Any other type of non-employee personnel would not be included in the vaccination report.



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- Is immunization registry look-up acceptable for eligible documentation?
Documentation is only required for influenza vaccination received outside of the healthcare facility. Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the healthcare worker indicating when and where he/she has received the influenza vaccine, or a note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the healthcare worker received the influenza vaccine at that location. Verbal statements are not acceptable for reporting influenza vaccination received outside of the healthcare facility. A record from an immunization registry demonstrating that the healthcare worker received the current season influenza vaccination would be considered acceptable documentation of vaccination elsewhere.
 - Is a medical condition prohibiting flu vaccination permitted? Not noted on Medical exemption criteria?
Only healthcare personnel who have a severe allergic reaction to eggs or other components of the influenza vaccine or a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination should be reported to NHSN as having a medical contraindication to vaccination with inactivated influenza vaccines. A healthcare worker who declines to receive vaccination for any reason other than the two specified medical contraindications for the Healthcare Personnel Vaccination Module should be categorized as “declined to receive the influenza vaccine.” This is true even if your facility permits religious or philosophical exemptions for influenza vaccination, or permits medical exemptions for conditions other than the two noted above.
 - When is the due date for this to be entered into the NHSN module?
Final influenza vaccination summary data should be entered in the Healthcare Personnel Vaccination Module by May 15 each year. For example, for the 2015-2016 influenza season, data must be entered by May 15, 2016.
 - We have an attached clinic to our facility. Does that staff count in the denominator?
Healthcare personnel working in inpatient or outpatient units of your critical access hospital which share the exact same CMS Certification Number (CCN) as the hospital should be included in your HCP influenza vaccination summary data reports. Assuming that this clinic does **not** have the same CCN as your facility and/or is **not** considered a unit of the hospital, you would not count individuals working in this attached clinic unless these individuals also physically work in the critical access hospital for one day or more from October 1 through March 31 and meet the definitions of one of the required denominator categories (employees, licensed independent practitioners, and adult students/trainees and volunteers).
 - David mentioned registering satellite clinics, but the previous speaker said not to count LIPs who work only in outpatient satellite clinics. So which is it?
Healthcare personnel working in inpatient or outpatient units of your critical access hospital which share the exact same CMS Certification Number (CCN) as the hospital should be included in your HCP influenza vaccination summary data reports. As noted above, an outpatient physician clinic would not meet these criteria. Outpatient satellite physician clinics should not be included in your CAH healthcare personnel influenza vaccination summary counts unless the healthcare personnel in these clinics also physically work in the CAH for one day or more from





October 1 through March 31 and meet NHSN protocol definitions for an employee, licensed independent practitioner, or adult student/trainee or volunteer.

- What if you are already enrolled in NHSN for other reporting, do you have to enroll again and obtain another SAMS card?

You do not need to enroll your facility again, and you can use the SAMS card that has already been assigned to you. However, your Facility Administrator would need to activate the Healthcare Personnel Safety Component of NHSN if your facility has not done so already.

- Where do I find my CMS number?

Your facility administrative or billing office should be able to provide you with your facility's CMS Certification Number (CCN).

- I understood that if you already are registered with NHSN/SAMS you just have to have the administrator add the Healthcare Personnel Safety Component to report

That is correct; if your facility is already enrolled in NHSN and you have obtained a SAMS card, then your Facility Administrator will need to add the Healthcare Personnel Safety Component so that you can access the Healthcare Personnel Vaccination Module.

- If we have an attached Long term care facility that is separate from our CAH, do we include those employees?

You would not include the employees of the long term care facility in your CAH counts, unless these employees also physically work for one day or more in the CAH from October 1 through March 31.

- We are a CAH that also has a Home Health & Hospice. They have a different CCN, but the employees are considered employees of the CAH. How does this work?

Since the Home Health and Hospice units do not share the same CCN as your CAH, you would not include the employees of the Home Health & Hospice in your report unless these employees also physically work for one day or more in the CAH from October 1 through March 31.


- How do you add additional Users to the NHSN account?

New users to NHSN must register with SAMS and will automatically receive an invitation to SAMS after being added as a user to the NHSN facility. After receiving an invitation to register, individuals will need to complete and submit identity verification documents to CDC. You will receive confirmation once these documents are approved, and a SAMS grid card will be delivered to your home address. You will then be able to access NHSN using your SAMS credentials. You can find more information about the SAMS process using this link: <http://www.cdc.gov/nhsn/sams/about-sams.html>.


- Is there a specific identifier (CCN or AHA) in the registration process (or update to the profile at a later time) required in order for data to be made available for MBQIP Data Reports and/or Hospital Compare?

The facility must enter a CCN into the Facility Information page of NHSN in order for the data to be shared with CMS/HRSA by NHSN.



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- If a facility is already enrolled in NHSN for the Patient Safety Component, how much in addition needs to be done to activate the HCP Safety Component?
If your facility is already enrolled in NHSN, your facility administrator only needs to activate the Healthcare Personnel Safety (HPS) Component so that you can access the Healthcare Personnel Vaccination Module. This is a simple process in which the Facility Administrator selects “Add/Edit Component”, identifies and enters information and user rights for a Primary Contact for the HPS component, and adds any other anticipated users of the HPS Component.
 - I mailed the consent form back in Sept because I was given that as an option. Should I go ahead and fax it now?
If your facility is already activated, then you will not need to submit another form.
 - If an off campus clinic has a different CCN and an employee only comes on hospital campus for meetings, are they still included in the numerator and denominator?
If the healthcare personnel are physically present in the CAH during the reporting period of October 1 through March 31 to fulfill official work duties, then you would include these individuals in your numerator and denominator. Work-related meetings, including checking in to receive a work schedule, are considered official work duties; therefore, you would include these employees in the numerator and denominator if they physically enter an inpatient or outpatient unit of the CAH that is included in NHSN reporting for the meetings.
 - How do we get an identifier from NHSN without any of the other identifiers, AHA and CMS #?
If your facility does not have an identifier to enter while enrolling, they should contact the NHSN user support team at nhsn@cdc.gov and request a temporary CDC enrollment number. The facility must remember to enter their CMS# (CCN) and any other relevant identifier once the facility is enrolled, by updating their facility info page.
 - I am currently submitting data to NHSN in the patient safety module. Do I need to submit application to submit to HCW safety?
If your facility is already enrolled in NHSN, then your facility administrator only needs to activate the Healthcare Personnel Safety Component so you can access the Healthcare Personnel Vaccination Module. Therefore, you would not need to complete a separate application.
 - Also, if non-employed LIPs are only renting space on outpatient clinic attached to hospital campus, are they included in numerator and denominator. They may share our cafeteria, but are not registering the patients in our hospital-clinic encounters
If the LIPs are not physically in your facility for work-related duties, then you would not include them in your CAH counts. Eating meals in the cafeteria is not considered a work-related duty.
 - Which month do I select to report the Influenza vaccination summary?
Facilities may select any month from the current influenza season, as defined by NHSN (July 1 through June 30). For example, to submit data for the 2015-2016 influenza season, a facility may select “January 2016” for their monthly reporting plan.



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- Please clarify statement made on optional reporting of pharmacy and admitting staff. If they receive a pay check aren't they included as HCP?
Yes, if the pharmacy and admitting staff are paid directly by the CAH, then you would count them as employees of the CAH. However, if the pharmacy and admitting staff are not paid directly by the CAH, they would be considered "other contract personnel". Reporting data for this category is not required at this time.
 - If an employee works in both inpatient hospital and inpatient psychiatric hospital, do we count them for both?
If the healthcare worker works in both the CAH and the inpatient psychiatric hospital (that is reporting data separately from the CAH) for one day or more from October 1 through March 31, then you would include the healthcare worker in the counts for both facilities if he/she meets NHSN protocol definitions. If you have questions about whether your inpatient psychiatric facility is required to report data separately to NHSN, please e-mail nhsn@cdc.gov and include "HCP Flu Summary – IPF" in the subject line of your e-mail.
 - Do I need to submit another consent form for adding the Healthcare Personnel Safety section?
If your facility is already enrolled in NHSN, then your facility administrator would only need to activate the Healthcare Personnel Safety Component so that you will be able to access the Healthcare Personnel Vaccination Module. Therefore, you would not need to complete a separate application.
 - What is the definition of one working day in hours?
Working one day is defined as working any part of the day. For instance, a physician who consults on a patient for a half hour would be considered as working one day for the purposes of this reporting measure.
 - What is your definition of non-staff. Do I count non-clinical staff who work in a gift shop? Do I count vendors who come in and help in a surgery? Do I count service reps?
Non-employees are those who are not paid directly by the facility (i.e. not on payroll) and fall into either the licensed independent practitioner category or adult students/trainees and volunteer category, regardless of clinical responsibility or patient contact.

It is necessary to track contract physicians, advanced practice nurses, and physician assistants and report them as licensed independent practitioners. Other types of contract personnel who do not fall into the licensed independent practitioner category can be reported in the optional "other contract personnel" category, if desired. Therefore, if the staff working in a gift shop within the CAH is not paid directly by the facility and do not fall into the licensed independent practitioner or adult student/trainee or volunteer categories, then these individuals can be counted in the optional other contract personnel category.

Please note that vendors are not considered to be healthcare personnel for the purposes of healthcare personnel influenza vaccination summary reporting, since their primary role is to sell a product or service rather than to provide services for the facility or patients. Therefore, vendors are not included in "other contract personnel" and should not be reported in your data.



- So I will need to check with all of our specialists that come in once a month to see whether they received a flu shot? Is documentation required or just a telephone/verbal date the vaccine was given?

You will need to obtain the influenza vaccination status data for all employees, licensed independent practitioners, and adult students/trainees and volunteers who physically work in your facility for one day or more from October 1 through March 31. Written documentation is required for influenza vaccination received outside of the healthcare facility; however, it is not required for reporting influenza vaccination received at the healthcare facility, declinations, and medical contraindications.

Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the healthcare worker indicating when and where he/she has received the influenza vaccine, or a note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the healthcare worker received the influenza vaccine at that location. If you prefer, you can wait until after March 31, since that is the latest date that an influenza vaccination will count for NHSN reporting purposes, and contact all licensed independent practitioners at that time. Monthly reporting is not required by NHSN for this measure.

- What is the process for changing the Facility Administrator?
Only the Facility Administrator (Fac Admin) can reassign the Fac Admin role to another user. If the existing Fac Admin is available, they can reassign the role by going to the facility info page, scrolling down to the contact information section, and clicking the "Reassign" button to the far right of the screen. If the Fac Admin is unavailable to reassign the role, the facility can contact nhsn@cdc.gov to receive instructions on how to have the role reassigned. This process includes completing and faxing a letter on hospital/clinic letterhead requiring specific criteria including the name of the new Fac Admin, their email address, phone number, and a signature from facility leadership. Please note, that the Fac Admin role can only be reassigned once the facility has completed the 5 step enrollment process, and the NHSN facility is activated.
- We have physician specialists that are contracted; however, they are not paid by our facility. They bill for themselves. Would they fall under this measure?
Yes, contracted physicians who work in your facility for one day or more from October 1 through March 31 would be included in your data for the licensed independent practitioners category.
- I have been offering flu vaccine since October and accepting the employee's word that they have received the vaccine elsewhere. Do I now need to contact all of these HCW and request written documentation?
Yes, you would need to contact these individuals so that they can provide you with written documentation of influenza vaccination received outside of your healthcare facility. If you are unable to obtain this documentation, you would count an individual as having an unknown vaccination status. Please note that acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the healthcare worker indicating when and where he/she has received the influenza vaccine, or a note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the healthcare worker received the influenza vaccine at that location. Verbal statements are not acceptable for reporting influenza vaccination received outside of the healthcare facility.



- I have a question regarding monthly reporting. Are we to report the data in that month and add each additional months data or does NHSN tally each month for the reporting time frame. Also, if we just want to report the data for the whole reporting time frame after the dates do we use the Monthly reporting form for that or is there a different form?

Monthly reporting in NHSN is not required, and entering a single influenza vaccination summary report at the end of the reporting period for the influenza season will meet the data requirements for NHSN participation. Please note that each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system. For example, aggregate vaccination data entered at the end of November would include summed data from both October and November. You should be entering cumulative data into NHSN, as the system does not tally the numbers each month. Facilities wishing to maintain monthly records should save their own copies of each data entry. Each facility must complete the same monthly reporting plan regardless of whether they are entering data into NHSN each month or entering data once at the conclusion of the reporting period.

- What about healthcare professionals that practice in a specialty clinic that is connected to the hospital but operate under a different CCN number and are not paid by our hospital payroll. This would include physicians, RNs, med assistants, etc.

Since this clinic does not share the same CCN as your hospital, you would not include healthcare personnel working in this specialty clinic in your CAH healthcare personnel influenza vaccination summary counts, unless the healthcare personnel in this clinic also physically work in the CAH for one day or more from October 1 through March 31 and meet NHSN protocol definitions for an employee, licensed independent practitioner, or adult student/trainee or volunteer.


- We have a swing bed / SNF unit and a Psych unit in our CAH all of which are a different CCN number but are employees of the hospital, are they separate in submission due to the separate CCN? Do we have to enter each separately under the different CCN's or are the independent of each other

There is currently a requirement for inpatient psychiatric facilities that are part of the CMS Inpatient Psychiatric Facility Quality Reporting Program to report healthcare personnel influenza vaccination summary data separately from a CAH. If a healthcare worker works in both the inpatient psychiatric unit and the CAH for one day or more from October 1 through March 31, then you would include that individual in the counts for both facilities if they meet NHSN protocol definitions. However, there is not a separate requirement for SNFs. Therefore, you would not include healthcare personnel who work exclusively in the SNFs in the CAH counts. However, if the SNF employees also work in the main CAH facility during the October 1 through March 31 reporting period, you would need to count them in your vaccination report for the CAH.

- Do you count travel nurses who are paid by their company, but are providing patient care in the hospital?

If these travel nurses are not paid directly by your facility and are not considered advance practice nurses, then you may count them in the optional, other contract personnel category. Please note that reporting data for this category is not required at this time.



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- If a MD comes in for Medical Staff meeting once a month only will they count?
Since staff meetings are considered work duties, you would count this individual as working in your healthcare facility. If the MD is an employee on payroll, he/she would be included in the “employees” category. If not, he/she would be included in the “licensed independent practitioners” category.
 - What if your hospital uses agency staffing?
You should count healthcare personnel from staffing agencies if they meet the definitions of one of the required denominator categories for healthcare personnel influenza vaccination summary reporting (employees, licensed independent practitioners, or adult students/trainee and volunteers) and physically work in your CAH for one day or more from October 1 through March 31.

Additional Resources:

- Work with your state flex coordinators (or MBQIP coordinator):
<https://www.ruralcenter.org/tasc/flexprofile>
- Work with your QIN-QIO:
<http://www.qioprogram.org/contact-zones>
- Set up NHSN account:
 - Contact the NHSN Helpdesk at nhsn@cdc.gov
 - Facilities should include “HPS Flu Summary-CAH” in the subject line of their e-mail

