

HEALTHCARE PERSONNEL (HCP) INFLUENZA VACCINATION SUMMARY REPORTING Q&As

Healthcare Personnel (HCP) Influenza Vaccination Reporting in Maryland

Questions & Answers (Q&A)

The Maryland Health Care Commission (MHCC) has created this Healthcare Personnel (HCP) Influenza Vaccination Questions and Answers (Q&A) document to facilitate hospital compliance with State data reporting requirements regarding the collection and reporting of HCP influenza vaccination summary data through the CDC National Healthcare Safety Network (NHSN). This document will be updated as needed and will serve as a reference for hospital infection preventionists and others interested in this data collection initiative. For additional background information on the Commission's HAI data collection and reporting activities, please visit our website at http://mhcc.dhmd.maryland.gov/hai/Pages/healthcare_associated_infections/default.aspx.

Of note, several of these questions and answers came from a NHSN Live Q&A Session held on August 20, 2013.

Q1. What is the purpose of this data collection initiative?

In 2006, the General Assembly amended the MHCC's statute to give it authority to collect and report information on healthcare-associated infections in hospitals (HG 19-134(e)(6)). The Commission convened an HAI Technical Advisory Committee (TAC) composed of hospital infection preventionists, hospital epidemiologists, public health professionals, and patients/health care consumers to advise the staff in this effort. In December 2007, the TAC released a report, *Developing a System for Collecting and Publicly Reporting Data on Healthcare-Associated Infections in Maryland*, which may be accessed on the website: http://mhcc.dhmd.maryland.gov/hai/Pages/healthcare_associated_infections/default.aspx. The collection of HCP influenza vaccination summary data from Maryland hospitals is a part of the expansion of hospital quality measures data collection to comply with CMS Inpatient Quality Reporting.

Q2. Which Maryland hospitals are required to report data on HCP influenza vaccination rates?

The MHCC requires all non-federal Maryland acute care general hospitals to report data on the number of full-time and part-time employees and non-employees (licensed independent practitioners (including physicians, advance practice nurses, and physician assistants), adult students/trainees, and volunteers) HCP who are physically present in the facility for at least 1 working day between October 1 through March 31 shall be included in these requirements.

Q3. What is the effective date for this reporting requirement?

Beginning with the 2013-2014 influenza season (October 1, 2013- March 31, 2014), hospitals will use the NHSN HCP Influenza Vaccination Summary Module.

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NHSN's HCP influenza vaccination summary data is designed to ensure that reported HCP influenza vaccination coverage is consistent over time within a single healthcare facility and comparable across facilities.

Q4. When does the data need to be submitted by?

Facilities are only required to report data once for the entire reporting period (October 1 through March 31). Data for the 2013/2014 flu season must be entered into NHSN by May 15, 2014.

Q5. What if I want to enter the data monthly?

Each time a user enters updated data for a particular influenza season:

- All previously entered data for that season will be overwritten
- A new modified date will be auto-filled by the system

For each update of the data after the initial entry, a message will indicate that a record of the summary data already exists. The "Date Last Modified" shows when the data were last entered. You can click on "Print PDF Form" to print data entered into the module before updating the data.

Q6. How do I access this module in NHSN?

The NHSN Facility Administrator for your facility must activate the Healthcare Personnel Safety (HPS) component within NHSN. The Facility Administrator determines the rights of the facility's users to view data, enter data, and analyze data and authorize administrative rights as well.

To activate the HPS Component:

- Facility Administrator logs into <https://sdn.cdc.gov>
 - Under "My Applications" select NHSN Reporting
 - Log into any active component
- From the Home Page, click "Facility" then "Add/Edit Component"
 - Check box next to Healthcare Personnel Safety
- Facility Administrator adds HPS Component Primary Contact
 - Enter name, phone, e-mail, and address for person to be contacted if CDC/NHSN has updates or questions about the HPS Component
- Facility Administrator adds HPS Component Primary Contact as a user within the NHSN facility
 - Click "Users" on the navigation bar, then click "Add"
 - Complete "Add User" screen mandatory fields
 - User ID- created by the facility
 - First Name
 - Last Name
 - E-mail Address- Must be an active/correct address for the user
- After saving the new user information, the "Edit User Rights" screen will appear
 - Please be sure to confer the proper rights to users

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Q7. Who is included in the denominator categories?

The denominator includes three required categories and one optional employee category:

Required:

- 1) **Employees** (staff on facility payroll): Defined as all persons that receive a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
- 2) **Licensed Independent Practitioners**: Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only 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. Post-residency fellows are also included in this category.
 - Advanced practice nurses include nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists
- 3) **Adult students/trainees and volunteers**: Defined as medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that 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.

Optional:

- 4) **Other contract personnel**: Defined as persons providing care, treatment, or services at the facility through a contract.
 - There are several types of contract personnel who may work at a healthcare facility. Examples include: nurses (through agency and travel employers), dialysis technicians, occupational therapists, admitting staff, housekeeping/environmental services staff.
 - Refer to Appendix A of the HCP Influenza Vaccination Summary Protocol for suggested list of contract personnel: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html#pro>

Of note, the denominator categories are mutually exclusive and the numerator data are to be reported separately for each of the denominator categories.

Reminder: HCP who are physically present in the facility for at least 1 working day between October 1 through March 31 shall be included in these requirements.

Q8. What are the numerator categories?

The numerator includes five categories for each denominator:

- 1) Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season
- 2) Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season
- 3) Number of HCP who have a medical contraindication to the influenza vaccine
- 4) Number of HCP who declined to receive the influenza vaccine
- 5) Number of HCP with unknown status (or criteria not met for other categories above)

Facilities are required to report all numerator categories for the three mandatory denominator categories.

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Of note, the numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each HCP group.

Reminder: HCP who are physically present in the facility for at least 1 working day between October 1 through March 31 shall be included in these requirements.

Q9. What is the timeframe for counting employees in the numerator and denominator?

Denominator Timeframe: HCP who are physically present in the healthcare facility for at least 1 working day from October 1 through March 31.

Numerator Timeframe: HCP in the denominator population who received an influenza vaccination during the time from when the vaccine became available (e.g., August or September) through March 31 of the following year.

Q10. What if a HCP only worked a few hours one day during the flu season?

Working for any number of hours should be counted as one working day.

Q11. What if an employee is less than 17 years old?

This person should be counted.

Q12. We have students that shadow HCP and are in the facility for a full day or less. Are they included?

Yes, they are included. However if a student is under 18 years of age, then they are not included.

Q13. If HCP or students work in more than one facility during the flu season, how are they counted?

Each facility where the HCP or students work should count them.

Q14. We have students that are in for 3 days a week who say they are going to get the flu shot when they go home. Would we classify them as unknown status?

Yes, they would be counted in the denominator and if you could not confirm their status, they would be classified as unknown. If you received an email from them confirming they got the vaccine, then you could count them in the vaccinated “outside this healthcare facility” category.

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Q15. Are there any repercussions for reporting a large number of people with unknown status?

No, do the best you can.

Q16. Will the optional denominator category become mandatory at some point?

It is likely that the module will change to include some contract personnel in the future. However NHSN realizes this could be challenging and will work on who should be included for consistency.

Q17. We have HCP who are on corporate payroll not the facility's payroll. Are they considered employees for this reporting requirement?

No. Corporate employees who are not paid directly through the hospital payroll would not be counted in the employee category, although they could be counted in the licensed independent practitioner or other contract personnel categories, if they meet protocol definitions for either group.

Q18. Are vendors included in this reporting requirement?

No.

Q19. Do HCP who receive influenza vaccine outside of my healthcare facility have to provide written documentation?

Yes, HCP who receive the influenza vaccine off-site must provide one of the following:

- A signed statement or form, or an electronic form or e-mail from a healthcare worker (HCW) indicating when and where he/she received the influenza vaccine
- A note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the HCW was vaccinated at that location.

Verbal statements are not acceptable.

Q20. What are acceptable medical contraindications to the influenza vaccine?

For this module, for inactivated influenza vaccine (IIV), accepted contraindications include only:

1. Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein; or
2. History of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.

HCP who have a medical contraindication to live attenuated influenza vaccine (LAIV) other than the medical contraindications listed above, should be offered IIV by their facility, if available.

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Q21. Do HCP with a medical contraindication have to provide documentation?

No, documentation is not required for reporting a medical contraindication (verbal statements are acceptable).

Q22. At our facility, HCP can receive a medical contraindication for a history of Guillain-Barré at any time, not just within 6 weeks after a previous influenza vaccination. How would I count this person?

For this reporting requirement and consistency across hospitals, a history of Guillain-Barré not within 6 weeks after a previous influenza vaccination would not be an acceptable medical contraindication. This person should be counted as a declination, not a medical contraindication. You can use the custom field in NHSN to note the number of HCP who did not receive the vaccination due to a past history of Guillain-Barré for your own records, if desired.

Q23. Who is included in the declination category?

Verbal statements are acceptable for the declination category. HCP who decline the vaccination for religious or philosophical reasons are included in this category. HCP who decline the vaccination due to a condition other than those accepted as medical contraindications for the purposes of this reporting are included in this category.

Q24. Will religious exemptions become a category in the future? At our facility they are not considered declinations.

No, the module is based on national standards in an effort to harmonize across facilities. Different facilities may have different policies for various religious exemptions. The custom reporting field can be used for facilities that want to track religious exemptions.

Q25. Who is included in the unknown status category?

HCP who's vaccination status is unknown or who have not met the criteria for the other categories (vaccinated, medical contraindication, or declined vaccination).

Q26. We have HCP who work in behavioral health that is an inpatient setting, but not in the main hospital. If they come over to the hospital for a TB shot, should they be counted?

No, unless the HCP is coming to the main campus for work or a work-related activity such as a meeting, they do not need to be included.

Q27. We have HCP who work in an outpatient clinic/office that is attached to the acute care hospital. Would they be included in this reporting requirement?

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No, even though the outpatient clinic/office is attached to the acute care hospital, this reporting requirement only applies to HCP in inpatient acute care settings. However if these HCP also physically work at the acute care facility for at least 1 day from October 1 through March 31, then they would be counted.

Q28. We have a hospice that is on hospital land but not directly attached to the acute care facility. Would these HCP be counted?

No. These employees should not be counted, unless they also physically work at the acute care facility for at least 1 day from October 1 through March 31.

Q29. It will be difficult to track employees that may go in to facilities for a meeting or may rotate through facilities. How should we handle these HCP?

We recognize that there will be challenges and facilities are asked to do the best that they can. We realize the data may not be completely precise. CDC/NHSN is going to release a report soon with information on how some facilities are tracking movements of their HCP and other best practices.

Q30. Do we need to count people who are not in the hospital, but use the cafeteria?

No, using the cafeteria is not a work duty.

Q31. What category would contract Emergency Department physicians fall under if they are paid through a contract?

Non-employee HCP: licensed independent practitioners

Q32. What forms do I need to complete in NHSN for this reporting requirement? How do I access these forms?

A HCP Safety Monthly Reporting Plan and HCP Influenza Vaccination Summary form need to be completed. NHSN also has an optional Seasonal Survey on Influenza Vaccination Programs for HCP.

To access the forms, select “Healthcare Personnel Safety” in the “Select component” box on the “Welcome to NHSN Landing Page.”

Monthly Reporting Plan: Click “Reporting Plan” and “Add” from the left side bar. Select the correct month and year from the dropdown menus. Check box next to “Influenza Vaccination Summary” under “Healthcare Personnel Vaccination Module” and click the Save button. The plan is automatically updated for the entire influenza season.

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HCP Influenza Vaccination Summary: Click “Flu Summary” and “Add” from the left side bar then “Continue.” The NHSN data entry screen mirrors the HCP Influenza Vaccination Summary Form (see below for screenshot).

- “Influenza” and “Seasonal” are the default choices for vaccination type and influenza subtype
- Select the appropriate flu season in the drop-down box (e.g., 2013-2014)
- Denominator is Question 1
- Numerator is Questions 2-6

Facility ID*: 15164 (NHSN State Users Test Facility #1)

Vaccination type*: Influenza ▾

Influenza subtype*: Seasonal ▾

Flu Season*: ▾

Date Last Modified:

HCP categories	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 30 days between October 1 and March 31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q33. What are the Custom Fields and Comments sections for?

The “Custom Fields” function can be used for data the facility would like to collect and analyze separately. For example, a facility could add HCP Nurses and HCP Physicians as specific categories and keep count. To do this click “Facility” and “Customize Forms” in the left side bar.

- Pick “CDC-Defined-HPS-Flu Summary” from the “Form Type” drop down list. The other three boxes will auto populate.
- Enter label (example HCP Nurses), type (example Numeric), and status (example Active). You can add or delete rows by clicking those buttons. You need to check the box of the row you want to delete.
- Click Add and it will appear in the Flu Summary Form under Custom Fields

The “Comments” box can be used to enter any additional information, such as side notes.

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Q34. Will I have to add a Reporting Plan for each month of the flu season?

No, the plan is automatically updated with this information for the entire NHSN- defined influenza season (July 1 to June 30). The user will not need to add any reporting plans after the initial plan has been added.

Q35. How do I access NHSN's website with training materials?

Visit <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html> for the following training materials: protocol (with tables of instructions), forms, frequently asked questions (FAQs), and training slides and recorded trainings.

Q36. How do I contact NHSN if I have a question?

If contacting NHSN directly via email nhsn@cdc.gov, please include "HPS Flu Summary" in the subject line of the e-mail.

NHSN Case Studies

Denominator Case Study 1:

A HCW does not work with patients, but because of staff meetings is physically present in the facility during the reporting period. Should you count this HCW in the denominator?

Yes. You should count HCP who physically work in the facility and who perform any work duty in the facility for at least 1 day from October 1 through March 31. However, you would not need to count HCP who are not officially in the facility for work duty (e.g., coming into the facility for lunch, etc.).

Denominator: Case Study 2:

Your facility owns several outpatient provider practices that are physically separate from the main campus. Employees of these clinics are on the facility's payroll. Would you count these employees in your facility's HCP influenza vaccination summary reporting?

No. These employees should not be counted, unless they also physically work at the acute care facility for at least 1 day from October 1 through March 31.

Denominator: Case Study 3

Your healthcare system has two acute care facilities, A and B. If a HCW works at facility A for 1 day during the influenza season and works at facility B for 15 days during the influenza season, should you count the HCW in the vaccination data for both facilities?

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Yes. All HCP who physically work at the facility for at least 1 day from October 1 through March 31 should be counted for each facility where they work. Therefore, you would count the individual in your influenza vaccination summary data reporting for facility A and facility B.

Denominator: Case Study 4

Your healthcare organization uses multiple payroll systems. Some employees are part of a hospital payroll while others are paid through a corporate payroll. Should you count employees who are paid through a corporate payroll in the employee category?

No. Corporate employees who are not paid directly through the hospital payroll would not be counted in the employee category, although they could be counted in the licensed independent practitioner or other contract personnel categories, if they meet protocol definitions for either group.

Denominator: Case Study 5

An employee at your facility left his position after October 1. Should you count him in your denominator?

Yes. You should count all employees, non-employee licensed independent practitioners, and non-employee students and volunteers aged 18 and older who physically work at the facility for at least 1 working day from October 1 through March 31, regardless of exact stop and start dates.

Denominator: Case Study 6

Physician fellows and residents work at your facility. Would you count these individuals in your denominator?

Yes. You would categorize physician fellows (post-residency) as licensed independent practitioners, unless they are paid directly by the facility, in which case they are employees. Residents and interns not on the facility's payroll are categorized as students/trainees.

Denominator: Case Study 7

Instructors accompany students to your healthcare facility. Are you required to count these instructors in your HCP influenza vaccination summary data if they do not otherwise work at your facility?

No. These individuals would be categorized as other contract personnel since they are there to teach and/or supervise the students. Therefore, they could be reported in the optional "other contract personnel" category, if they are physically in the facility for at least one day from October 1 through March 31.

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Denominator: Case Study 8

A HCW works in your facility as a part-time employee during the day and also as a student by night. How should you classify this individual?

You would count the HCW as an employee by using the following hierarchy to classify HCP:

- If a HCW who works in the facility is on payroll, he/she should be counted as an employee (even if he/she works as a student or volunteer at other times).
- If a HCW is not on the facility payroll, you should determine whether he/she meets the definition of a licensed independent practitioner.
- If not, you should finally determine whether the HCW is an adult student/trainee or volunteer.
- If none of those are the case, then you do not need to count that particular HCW in your reports of HCP influenza vaccination.

Numerator: Case Study 9

A HCW sent an e-mail stating that he was vaccinated at his doctor's office on August 11. Would you include this HCW in the numerator?

Yes. This HCW should be counted in the numerator, since influenza vaccine for a given influenza season may be available as early as July or August. The strict reporting period of October 1 through March 31 applies to the denominator categories.

This HCW would be counted in the "vaccinated outside of the healthcare facility" category since he provided written documentation of his vaccination status.

Numerator: Case Study 10

A HCW was granted a religious or personal belief exemption to influenza vaccination according to her hospital's policy. How would you categorize this HCW?

A HCW who declines to receive vaccination for any reason other than the two specified medical contraindications for HCP influenza vaccination summary reporting should be categorized as "declined to receive the influenza vaccine."

Numerator: Case Study 11

A HCW received a medical exemption for influenza vaccination under her hospital's policy, which permits exemptions for conditions other than those specified in the NHSN protocol. How would you categorize this HCW?

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A HCW who declines to receive vaccination for any reason other than the two specified medical contraindications for HCP influenza vaccination summary reporting should be categorized as “declined to receive the influenza vaccine.”

In some cases, HCP who are considered medically exempt by the facility where they work will be counted as “declined vaccination” for the purposes of the NHSN reporting.

Numerator: Case Study 12

A HCW did not come to a vaccination clinic, provide written documentation of vaccination, or decline vaccination when offered. How would you categorize this HCW?

If you were unable to confirm a HCW's influenza vaccination status for any reason, he/she should be counted in the "unknown" category.

For further questions or information contact MHCC:

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