

Important Information

Background:

Infection with seasonal influenza causes high morbidity and mortality among older adults. Persons aged 65 years and older account for 90% of the 36,000 deaths that occur from complications of influenza each year. Therefore, it is important that all health care workers get vaccinated in order to protect themselves, their families and their patients from influenza.

Since 2009 Maryland nursing homes have submitted data on the influenza vaccination status of nursing home health care workers (HCW). The data collected is used to support the Medicaid Pay-For-Performance Program as well as to calculate vaccination rates for public report on the Maryland Consumer Guide to Long Term Care Services.

Following are important points you need to know about the influenza reporting initiative:

Important Points:

- 1) The MHCC requires Maryland nursing homes to report data on the number of paid, full-time and part-time employees and medical staff (defined as physicians, nurse practitioners, or physician assistants PAID by the nursing home) who received nasal spray or injectable influenza vaccine either at the nursing home (on-site) or off-site.
- 2) **The reporting period is October 1, 2015 – March 31, 2016.** All HCW of the nursing home who worked at least one day during that time period are included in the data to be reported. Health care workers are defined as paid full-time and part-time nursing home employees whether or not they have direct patient contact. This also includes “PRN” employees, if paid by the nursing home, and medical staff paid by the nursing home. Paid medical staff includes full and part-time physicians, physician assistants, and nurse practitioners who receive compensation from the nursing home. Any health care worker who falls under this description must be included in the data reported.
- 3) The flu vaccine obtained by the HCW must be vaccine released for the 2015-2016 influenza season.
- 4) In response to questions from some providers, we provide the following clarification of declination for medical reasons. In order to qualify as a medical reason for not receiving flu vaccine, the individual must have a documented medical contraindication **diagnosed by a physician or requiring medical treatment** such as a severe allergic reaction, severe egg allergy, severe reaction to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillian-Barre Syndrome.

2015-2016 Maryland Nursing Home Health Care Worker (HCW) Influenza Vaccination and Infection Control Survey

5) Data for the reporting period, **October 1, 2015 – March 31, 2016**, will be submitted to MHCC via the online survey by May 15, 2016. The link to the online survey will be e-mailed to all nursing homes on or around April 1, 2016.

6) Nursing home beds located in an acute hospital [often called transitional care units (TCU) or sub-acute care] are required to complete the 2015-2016 Maryland Nursing Home Health Care Worker (HCW) Influenza Vaccination and Infection Control Survey. There are two options for reporting by the TCU:

First option: all hospital HCW vaccination rates are reported through the Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN). A TCU may submit the data for all hospital staff prepared and submitted to NHSN for Section B of the Maryland Health Care Commission survey.

Second option: report only the staff assigned to the sub acute or TCU unit in Section B.

Either option for inclusion of staff is acceptable; however TCU must also complete Sections A and C of the survey.

7) The data collected in the 2015-2016 survey will be used in two ways.

First, the Medicaid Office of Long Term Care and Community Support Services will use the data on employment of an infection control professional and staff immunization rates to calculate nursing home scores for the Pay-for-Performance methodology. If you have questions about the Pay-for-Performance program, please contact Eric Saber by email at eric.saber@maryland.gov.

Secondly, statewide and facility-specific staff immunization rates will be publicly reported in the Maryland Consumer Guide to Long Term Care Services. Each nursing home is able to print its final rates after completing the survey; statewide rates will be provided in July 2016 by the MHCC for comparison prior to the public release of the survey results.

8) The MHCC has the authority (COMAR10.24.03.02) to impose penalties of up to \$100 per day for long term care providers that fail to submit accurate, timely and complete data required by the Commission. Please be aware that your facility influenza vaccination data for the 2015-2016 reporting period needs to be received by the MHCC by the due date of May 15, 2016 or penalties will be imposed.

9) MHCC strongly recommends that nursing homes retain documentation from health care workers who state they received vaccination off-site.

Sample Survey Questions for the 2015-2016 Survey are on the following pages



2015-2016 Maryland Nursing Home Health Care Worker (HCW) Influenza Vaccination and Infection Control Survey

Important Information

Infection with seasonal influenza causes considerable morbidity and mortality among older adults. Therefore, it is important that all health care workers (HCW) who work in long term care settings get vaccinated in order to protect themselves, their families and their patients from influenza. All Maryland nursing homes are required to report influenza vaccination status of all full-time and part-time employees and medical staff that are paid by the nursing home who worked at least one day in the nursing home between **October 1, 2015 and March 31, 2016**. **The completed online survey must be submitted to the MHCC by May 15, 2016.**

If you have questions regarding these reporting requirements or you are unable to access the survey, please contact Julie Deppe at Julie.deppe@maryland.gov; or 410-764-3563.

Sample Survey Questions

Important note: influenza vaccine received must be vaccine released for the 2015-2016 influenza season.

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Part A: Nursing Home Identification and Contact Information

1. Nursing Home Name
2. Nursing Home ID
3. Medicaid provider number (9 digits)
4. Name of Person Completing Survey
5. Title of Person Completing Survey
6. Telephone Number
7. Email address

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Part B: Flu Vaccination Questions

1. Total number of paid full-time and part-time employees and medical staff paid by the nursing home working between October 1, 2015 and March 1, 2016. _____
(Enter the total number of employees; the number entered must equal the sum of items 2-5.)
2. Of the total number of paid staff listed in question 1, provide the number who received influenza vaccine (written documentation of off-site vaccination required). _____
3. Of the total number of paid staff listed in question 1, provide the number who did NOT receive influenza vaccine due to **medical contraindications diagnosed by a physician or requiring medical treatment** (including a severe egg allergy, severe allergy to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillain-Barre Syndrome). _____



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4. Of the total number of paid staff listed in question 1, provide the number who did NOT receive influenza vaccine due to religious objections. _____

5. Of the total number of paid staff listed in question 1, provide the number who did NOT receive influenza vaccine due to other objections _____
or
no documentation of vaccination was provided _____

Part C: Infection Control Questions

6. Does your nursing home have a primary infection control coordinator/program manager who manages the day-to-day details of the facility infection prevention and control program?

Answer choices Yes No

7. Has the person identified in question 1 attended a basic infection prevention and control training course that is approved by the Office of Health Care Quality and the Epidemiology and Disease Control Program for the Department? (The Maryland Infection Control Institute and the APIC basic course are approved courses.)

Answer choices Yes No

8. How many hours per week does this person spend on infection prevention and control program activities? _____.

9. For the purposes of this survey, a mandatory influenza vaccination policy is defined as a policy that requires health care worker influenza vaccination as a condition of employment. Please check the one box that best describes your facility's current status relative to mandatory influenza vaccination of nursing home employees:

- My nursing home has implemented a mandatory employee influenza vaccination policy.
My nursing home does not have a mandatory employee influenza vaccination policy, but plans to implement one for the 2016-2016 flu season.
My nursing home has no immediate plans to implement a mandatory employee influenza vaccination policy.

10. If your nursing home has a mandatory influenza vaccination policy, how many staff were terminated, disciplined, resigned or stopped working as a result of refusing the flu vaccine?

11. What strategies does your nursing home employ to raise awareness and provide access to influenza vaccination for employees and others working in the facility? (Check all that apply)

- Provide vaccinations onsite
Provide influenza vaccination free of charge to employees

2015-2016 Maryland Nursing Home Health Care Worker (HCW) Influenza Vaccination and Infection Control Survey

- Provide influenza vaccination free of charge or at reduced cost to non-employees (such as physician staff not paid by the nursing home, volunteers, or students).
- Distribution of educational material (including fliers, posters, leaflets, etc.) for influenza vaccination education
- Educational presentations to staff on the importance of influenza vaccination

12. What methods does your facility use to document influenza vaccination and declinations among employees? (Check all that apply)

- Employees required to provide written proof of offsite vaccination
- Employees required to provide physician documentation to support medical contraindications
- Employees sign a form when declining for medical contraindications
- Employees sign a form when declining for religious reasons
- Employees sign a form when declining for other reasons
- Documentation (if any items are checked) is kept with other employee records
- No documentation is required

13. What strategies are used to ensure compliance with your flu policy or in the absence of a mandatory policy to limit the spread of influenza in your facility? (Check all that apply)

- Termination of employment (if employee declines for reasons other than medical contraindication)
- Employee required to wear a face mask if not vaccinated
- Employee restricted to certain areas of the nursing home during flu season
- Impose disciplinary action for employee violations of not wearing face mask or not observing restriction to certain areas of the facility
- Non-employee (i.e. medical staff not paid by the facility or contracted staff) are required to wear a face mask
- Non-employee suspension of privileges
- None of the above is used
- Other (please specify)