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The New National Healthcare Safety Network (NHSN) Healthcare Personnel Influenza Vaccination Measure

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The National Quality Forum (NQF) endorsed the Centers for Disease Control and Prevention (CDC)-sponsored Healthcare Personnel (HCP) Influenza Vaccination Measure in May 2012 (NQF Measure 0431). The Centers for Medicare and Medicaid Services (CMS) requires certain healthcare facilities to report influenza vaccination rates using this measure.^{1,2} Acute care hospitals and ambulatory surgical centers should begin reporting data on January 1, 2013 (for the 2012–13 influenza season), and October 1, 2014, respectively. Only one aggregate facility-level report for the entire influenza season must be reported to NHSN. The new summary influenza vaccination module is available in NHSN (see screenshot).

Denominator Specifications

The measure denominator includes HCP who are physically present in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year (the reporting period). The three required denominator categories comprise employees, licensed independent practitioners (LIPs), and adult students/trainees and volunteers. Employees include all persons who receive a direct paycheck from the reporting facility (i.e., are on the facility's payroll), regardless of clinical responsibility or patient contact. LIPs are defined as physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but not directly employed by it (i.e., do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Adult students/trainees and volunteers are defined as medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but not directly employed by it, regardless of clinical responsibility or patient contact.

More Information

Training materials and a full list of FAQs for the measure are available on the NHSN Website at: <http://www.cdc.gov/nhsn/hps.html>. Users can submit additional questions at: <http://www.cdc.gov/nhsn/contact.html>. Please include "HPS Flu Summary" in the subject line.

Facilities may also include contract personnel who do not fall into the required denominator categories. However, this reporting is optional and is not currently required to be reported to CMS. Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract. Facilities tracking influenza vaccination rates to comply with Joint Commission accreditation standards for HCP influenza vaccination reporting, which include contract workers, can use this optional reporting capacity.

Denominator Details

The denominator includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. An individual who works for any number of hours a day is counted as working one day. Full-time and part-time personnel are 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 its denominator. Licensed practitioners who receive a direct paycheck from the reporting facility, or are owners of the reporting facility, should be counted as employees.

Numerator Specifications

The numerator comprises HCP in the denominator, who during the time from when the vaccine became available through March 31 of the following year: (1) received an influenza vaccination administered at the healthcare facility; (2) reported in writing or provided documentation (paper or electronic) that influenza vaccination was received elsewhere; (3) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other vaccine component(s), or history of Guillain-Barré Syndrome (GBS) within 6 weeks after previous influenza vaccination; (4) declined influenza vaccination; or (5) had an unknown vaccination status or did not otherwise meet the definitions of any above-mentioned numerator categories. The sum of the numerator categories should equal the denominator.

Numerator Details

The following individuals should be categorized as declining vaccination: HCP who declined vaccination because of conditions other than those specified as medical contraindications above; persons who declined vaccination and did not provide any other information; persons who did not receive vaccination for religious or personal reasons; and persons who deferred vaccination all season.

Selected Frequently Asked Questions (FAQs): Denominator

Q. Is it necessary to restrict the reported denominators to HCP who worked 30 days or more from October 1 to March 31?

A. No. It is not absolutely necessary. If a facility chooses not to restrict a denominator, they must include all HCP working less than 30 days (not a selective subset such as those who received vaccination) in both the denominator and numerator for that category.

Q. Should employees who always work off-site or out-of-state be counted?

A. No. Only HCP physically working at the healthcare facility for 30 days or more from October 1 to March 31 are included.

Q. Should students who work for 2 days a week for 2 months during the reporting period be included?

A. No. The total number of working days is less than 30.

Q. Are non-licensed contractors such as housekeeping staff, environmental services staff, construction workers, etc. included?

A. No. The non-employee, non-LIP category is only for students/trainees and volunteers aged 18 and older.

Q. Should clergy members be included in the volunteer category of the non-employee group?

A. Yes. If they are physically in the facility for 30 days or more from October 1 to March 31, any unpaid HCP who are in the facility in a formal capacity (board member, auxiliary member, shadower, etc.) are considered volunteers.

Q. Should physician fellows and residents be included?

A. Yes. Physician fellows (post-residency) are categorized as LIPs, unless they are paid directly by the facility, in which case they are employees. Residents and interns not on payroll are categorized as students/trainees.

Q. Should HCP who are employees of the healthcare system (e.g., university), but who are not hospital employees, be included?

A. They should be included if they are physically in the facility for 30 days or more from October 1 to March 31 and meet the criteria for either the LIP category or the adult students/trainees and volunteers category. They would not be in the employee category if they are not on the hospital's payroll.

Q. Many of our HCP also work at another facility in town. Are they to be reported by every facility at which they work?

A. Yes. These reports describe vaccination rates among HCP working at a specific facility, so all eligible HCP must be counted by each facility where they work.

Q. How should my facility prepare to collect and report data for different denominator categories, especially LIPs and students?

A. Facilities should begin planning and implementation activities early on. These may include involving various departments and developing strategies to collect data, including securing access to payroll and health records. Each facility should also ensure that staff who will be entering data can access NHSN.

Selected FAQs: Numerator

Q. If a HCW was vaccinated at his/her doctor's office in August, should he/she be included?

A. 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 reporting period for the measure (October 1 to March 31) applies to the denominator category.

Q. What is acceptable documentation for a HCW vaccinated outside of the healthcare facility?

A. Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the HCW stating he/she has received the influenza vaccine elsewhere, or a note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the HCW received the influenza vaccine at that location. Verbal statements are not acceptable for the purposes of this measure.

Q. How should I categorize a volunteer who was offered influenza vaccination, but verbally refused vaccination and stated that he/she had an egg allergy with history of an anaphylactic reaction?

A. The volunteer should be categorized as having a medical contraindication. Written documentation is not required for contraindications.

Q. How should I categorize a pregnant HCW who states that her provider recommended against influenza vaccination?

A. A HCW who does not receive the influenza vaccine because of pregnancy, or any other medical reason other than the two specified contraindications, should be categorized as "declined."

Q. What is the distinction between the "declined, deferred all season" and "unknown" categories?

A. HCP who deferred vaccination all season should be categorized as "declined," because it is known they were offered the opportunity to be vaccinated. HCP should be categorized as "unknown" if their vaccination status was unable to be confirmed or they did not otherwise meet the criteria for the other numerator categories.

References

1. US Department of Health and Human Services. Medicare program; hospital inpatient prospective payment systems for acute care hospitals and the long-term care hospital prospective payment system and FY2012 rates; hospitals' FTE resident caps for graduate medical education payment; final rules. Federal Register. 2011; 76:51631–51633. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>.
2. US Department of Health and Human Services. Medicare and Medicaid programs; hospital outpatient prospective payment; ambulatory surgical center payment; hospital value-based purchasing program; physician self-referral; and patient notification requirements in provider agreements; final rules. Federal Register. 2011; 76:74470–74472. <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf>.

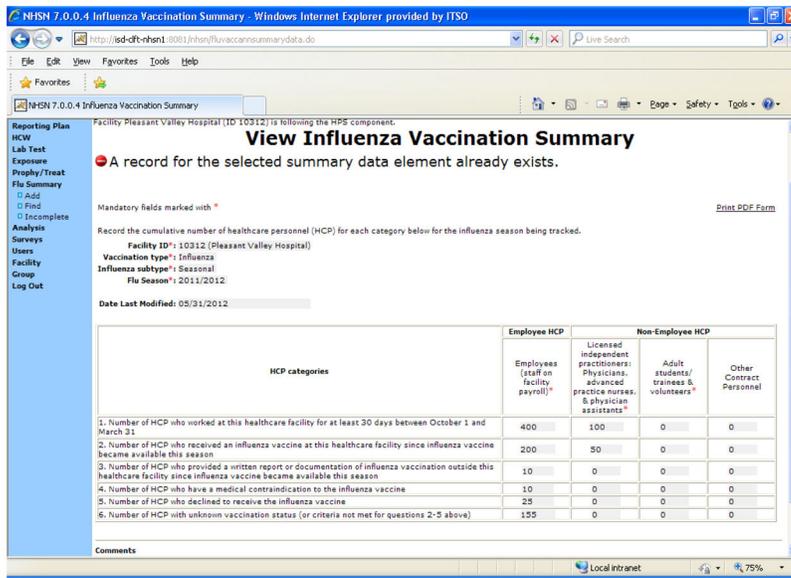


Figure 1.
Screenshot of Influenza Vaccination Summary Module