Healthcare Personnel Flu Measure (OP-27) Reporting and Improvement for CAHs December 9th, 2015

Centers for Medicare and Medicaid Services (CMS),
Quality Innovation and Quality Improvement Organizations (QIN-QIOs,
Center for Disease Control (CDC)
National Healthcare Safety Network (NHSN),
Health Resources and Services Administration (HRSA), &
Medicare Beneficiary Quality Improvement Program (MBQIP)

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

- **Purpose: Discuss the new Healthcare Professional Flu measure, the submission process, and the QI support available**
- **Structure/Presenters: We are utilizing a comprehensive approach to this call and have representation from the following entities:**
  - Centers for Medicare and Medicaid Services (CMS),
  - Quality Innovation and Quality Improvement Organizations (QIN-QIOs,
  - Center for Disease Control (CDC)
  - National Healthcare Safety Network (NHSN),
  - Health Resources and Services Administration (HRSA), &
  - Medicare Beneficiary Quality Improvement Program (MBQIP)

Acronym Slide

- CMS: Centers for Medicare and Medicaid Services
- FORHP: Federal Office of Rural Health Policy
- HRSA: Health Resources and Services Administration (where the Federal Office of Rural Health Policy is located)
- HAI: healthcare-associated infections
- MBQIP: Medicare Beneficiary Quality Improvement Program
- NHSN: National Healthcare Safety Network
- QIN-QIO: Quality Innovation Network – Quality Improvement Organizations

Structure of the Presentation

- **Overview: MBQIP**
- **MBQIP OP-27 Measure Description**
- **Overview : NHSN and HCP Vaccination Module**
- **Submission of HCP Measure**
  - Reporting Requirements
  - Enrollment process
  - Data Entry
- **Receiving the Data: MBQIP**
- **QI Support and Evidence-Based Recommendations**
- **Resources**
- **Q&A**

MBQIP: Overview

- Medicare Rural Hospital Flexibility Grant funded by the Federal Office of Rural Health Policy
  - $22 million annual managed by 45 states to support 1334 CAHs.
  - Covers the areas of quality improvement, financial improvement, population health/EMS, CAH designation, innovative models.

- Medicare Beneficiary Quality Improvement Project (MBQIP):
  - Encourage CAHs to report and develop improvement activities
  - Enable CAHs to demonstrate the quality of care they provide

MBQIP: OP-27 - Influenza Vaccination Coverage among Healthcare Personnel

- Beginning September 1, 2015 included as a required measure for MBQIP reporting.
- 1 in 5 people in the US get influenza each season.
- Combined with pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributable to patients hospitalized during the flu season.

Overview of NHSN

Purposes of NHSN

- **NHSN is a secure, Internet-based surveillance system managed by the CDC's Division of Healthcare Quality Promotion (DHQP) that is used to:**
  - Collect data from a sample of healthcare facilities to permit valid estimations of the:
    - Magnitude of adverse events
    - Adherence to practices to prevent adverse events
  - Analyze and report collected data to permit recognition of trends
  - Provide facilities with data that can be used for inter-facility comparisons and local quality improvement activities

Purposes of NHSN (cont.)

- Enable healthcare facilities to report healthcare-associated infections (HAI) and prevention practice adherence data via NHSN to the U.S. Centers for Medicare and Medicaid Services (CMS) in fulfillment of CMS's quality measurement reporting requirements for those data

- A comprehensive list of purposes can be found on the Website: http://www.cdc.gov/nhsn/

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 Section 304, 306, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).”**

Healthcare Personnel Safety Component

- **The HPS Component consists of two modules:**
  - **Healthcare Personnel (HCP) Exposure Module**
    - Blood/Body Fluid Exposure Only
    - Blood/Body Fluid Exposure with Exposure Management
    - Influenza Exposure Management
  - **HCP Vaccination Module**
    - Influenza Vaccination Summary
- **The Influenza Vaccination Summary within the HCP Vaccination Module is designed to assist staff in healthcare facilities to monitor influenza vaccination percentages among HCP**

HCP Influenza Vaccination Summary

- **The HCP Vaccination Module allows NHSN users to report HCP influenza vaccination summary data**
- **HCP influenza vaccination summary data is designed to ensure that reported HCP influenza vaccination coverage is:**
  - Consistent over time within a single healthcare facility
  - Comparable across facilities
- **Improvements in tracking and reporting HCP vaccination status may allow for identification and targeting of unvaccinated HCP**

Reporting Requirements for the HCP Influenza Vaccination Summary

HCP Influenza Vaccination Summary Protocol

- **The protocol is a facility's guide to collecting and reporting Influenza Vaccination Summary data for the HCP Vaccination Module:**

  http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html#pro

- **It outlines reporting requirements and specifications**
  - Data collection forms
  - Denominator categories and notes
  - Numerator categories and notes
  - Data sources
  - Methodology
  - Calculations for data analyses in NHSN
  - Table of instructions
  - Key terms

Denominator Categories

- **Employee HCP: Staff on facility payroll**
- **Non-Employee HCP: Licensed independent practitioners (physicians, advanced practice nurses, and physician assistants)**
- **Non-Employee HCP: Adult students/trainees and volunteers**
- **HCP must be physically present in the facility for at least 1 working day between October 1 through March 31**

National Healthcare Safety Network

Healthcare Personnel Influenza Vaccination Summary

Page 1 of 2
*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]: ☐ 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

Denominator Categories: Employee HCP

- **Employees (staff on facility payroll) [Required]**
  - 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

Denominator Categories: Non-Employee HCP: Licensed Independent Practitioners

- **Licensed Independent Practitioners [Required]**
  - 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.

Denominator Categories: Non-Employee HCP: Adult Students/Trainees and Volunteers

- **Adult students/trainees and volunteers [Required]**
  - Defined as adult students/trainees and volunteers: 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

Denominator Categories: Non-Employee HCP: Other Contract Personnel

- **Other contract personnel [Optional]**
  - Defined as persons providing care, treatment, or services at the facility through a contract
  - There are several types of personnel who provide direct care and non-direct services. Examples include:
    - Dialysis technicians
    - Occupational therapists
    - Admitting staff
    - Pharmacists
  - Refer to Appendix A of the HCP Influenza Vaccination Summary Protocol for suggested list of contract personnel http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/12-Appendix-A.pdf

Numerator Categories

- **The numerator includes HCP 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**
- **Influenza vaccinations**
  - Received at this healthcare facility or elsewhere
- **Medical contraindications**
- **Declinations**
- **Unknown status**

	Employee HCP	Non-Em
	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants
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)		

Numerator Categories

- **HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season**
- **HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season**
  - Acceptable forms of documentation include:
    - 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 received the influenza vaccine at that location
  - Verbal statements are not acceptable

Numerator Categories

- **HCP who have a medical contraindication to the influenza vaccine**
  - For this module, for inactivated influenza vaccine (IIV), accepted contraindications include:
    - (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
  - Documentation is not required for reporting a medical contraindication (verbal statements are acceptable)

Numerator Categories

- **HCP who declined to receive the influenza vaccine**
  - Documentation is not required for reporting declinations (verbal statements are acceptable)

- **HCP with unknown vaccination status (or criteria not met for above-mentioned categories)**

Counting HCP in the Hospital

- **Hospital inpatient and outpatient counts should be combined and submitted on a single influenza vaccination summary data form***

- **Includes inpatient and outpatient units/departments that**
  - Share the same CMS Certification Number (CCN) as the hospital **AND**
  - Are affiliated with the specific acute care facility (such as sharing medical privileges or patients), regardless of distance from the acute care facility
  - This does not apply to outpatient renal dialysis facilities

*** Operational Guidance:**
http://www.cdc.gov/nhsn/PDFs/HCP/Operational-Guidance-ACH-HCP-Flu.pdf

Counting HCP in the Hospital

- **Facilities would not count HCP working in:**
  - Separate outpatient satellite physician clinics (unless they also physically work in inpatient or outpatient units of the hospital for at least 1 day between October 1 through March 31)
  - Patient care units within the hospital having separate CCNs (unless they also physically work in inpatient or outpatient units of the hospital for at least 1 day between October 1 through March 31)
- **Patient care units in NHSN having separate CMS CCNs include, but may not be limited to:**
  - Inpatient rehabilitation facilities (IRF)
  - Inpatient psychiatric facilities (IPF)
  - Long term acute care facilities (LTAC/LTCH)
  - Skilled nursing facilities (SNF)

Notes on Reporting Requirements

- Facilities are only required to report data once at the conclusion of reporting period (October 1 through March 31)
- HCP who are physically present in the facility for at least 1 working day between October 1 through March 31 are included in the denominator
- HCP in the denominator population who received an influenza vaccination during the time from when the vaccine became available (e.g., August) through March 31 of the following year are included in that category numerator

Notes on Reporting Requirements

- The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.

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

NHSN Facility Enrollment

NHSN Enrollment

nhsn@cdc.gov

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion

Enrolling Multiple Facilities/Clinics

- Each facility should enroll separately
- If you have multiple facilities to enroll (for example, satellite clinics) start by enrolling one facility first
- After the first facility is enrolled, you will complete Step 4 and 5 of the enrollment process for each additional facility.

Key Personnel Roles

- **The person that should be enrolling the facility in NHSN is called the Facility Administrator**

***The NHSN Facility Administrator may not be the Administrator at your facility**

The Facility Administrator:

- Manages users and user rights
- Manages locations and patients
- Can add, edit & delete facility data
- Authority to nominate groups (data sharing arrangements)
- An NHSN Facility Administrator will have this role for every component

- **Only the Facility Administrator can reassign their role to another user**

Key Personnel Roles (cont.)

- **NHSN Healthcare Personnel Primary Contact Person**
  - Interacts most closely with CDC for Healthcare Personnel Safety Component
- **NHSN User**
  - Rights are determined by Facility Administrator
    - View data
    - Data entry
    - Data analysis
  - May be given administrative rights
    - This gives the new user the right to view, enter, and analyze data, but also to add locations, surgeons, and other users.

NHSN Enrollment Steps 1-5

1. Enrollment Preparation
2. Complete NHSN Registration
   - Receive 'Welcome to NHSN' email
3a. Secure Access Management Registration
   - Receive 'Invitation to SAMS' email
3b. Provide Identity Proofing Documentation
   - Receive 'SAMS Access Approved' email
4. Submit Forms Electronically
   - Receive 'NHSN Facility Enrollment Submitted' email
5. Sign and Send Consent
   - Receive 'NHSN Enrollment Approved' email

Training and Preparation (Step 1 of the Enrollment Process)

- Review all training materials before beginning enrollment
- Training requirements are listed on the NHSN Training Website: http://www.cdc.gov/nhsn/training/

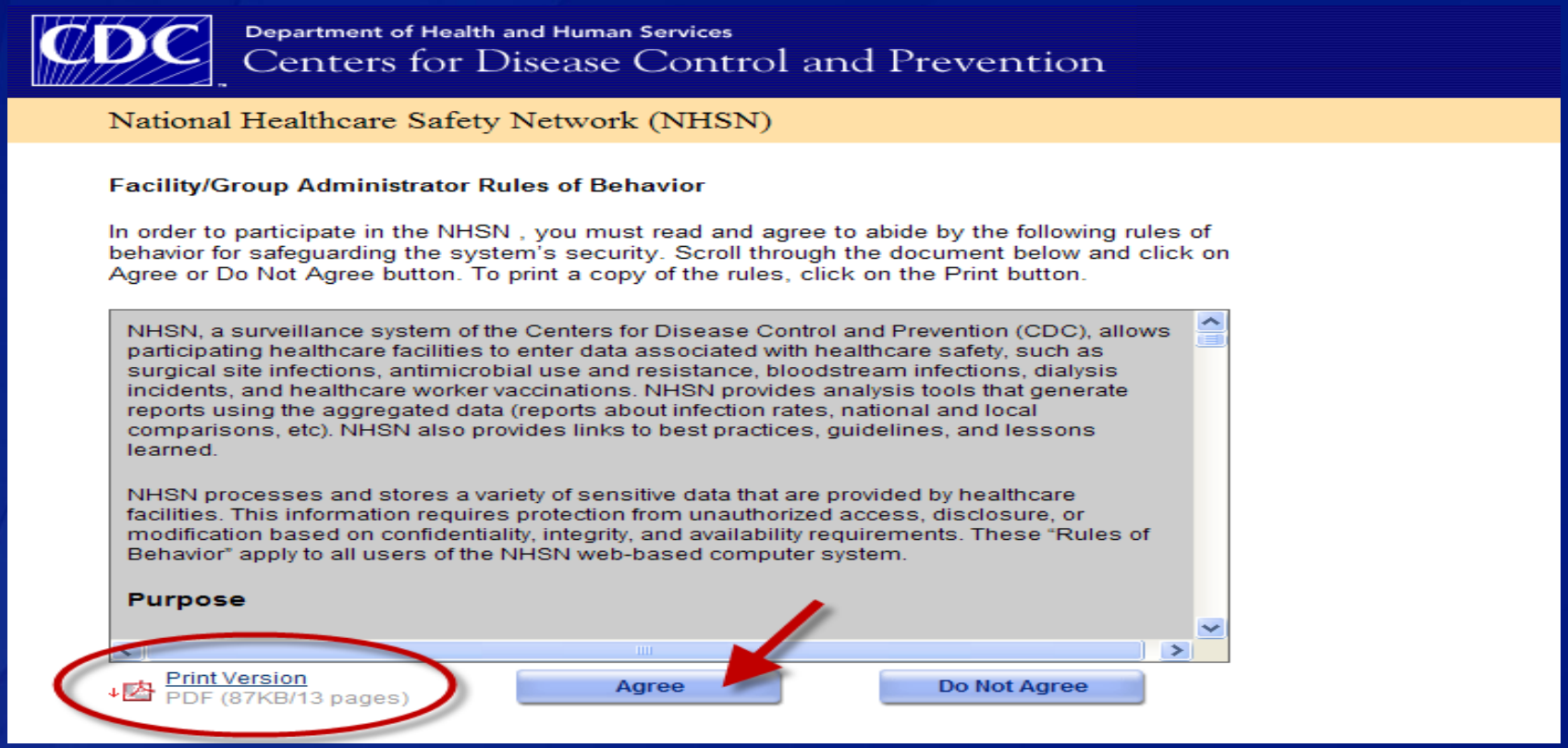
To Begin Enrollment Process

http://www.cdc.gov/nhsn/startEnroll.html

(Step 2)

Agree to Rules of Behavior (Step 2)

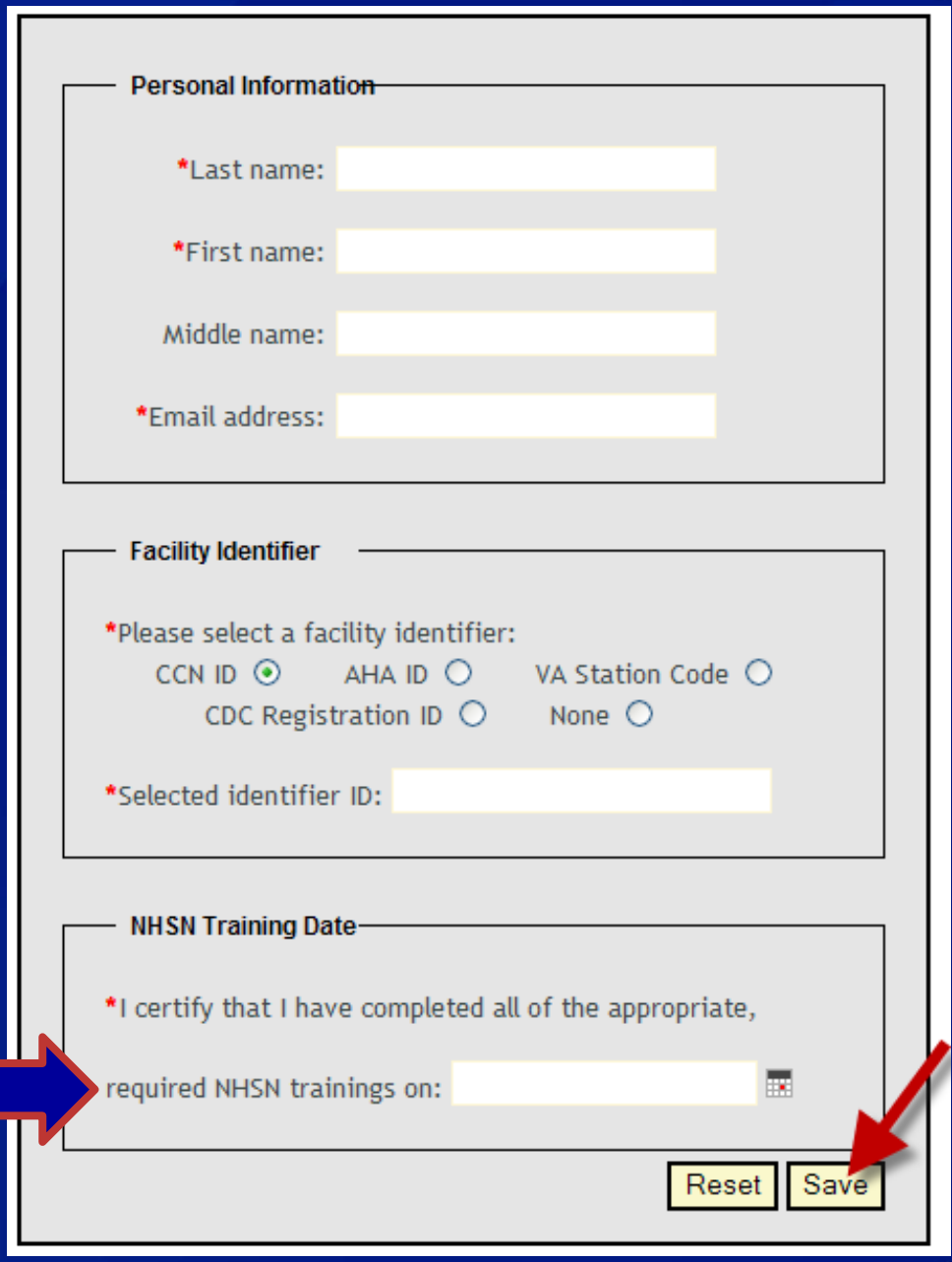
- Read and Agree to the Rules of Behavior
- Go to http://nhsn.cdc.gov/RegistrationForm/index.jsp



Register (Step 2)

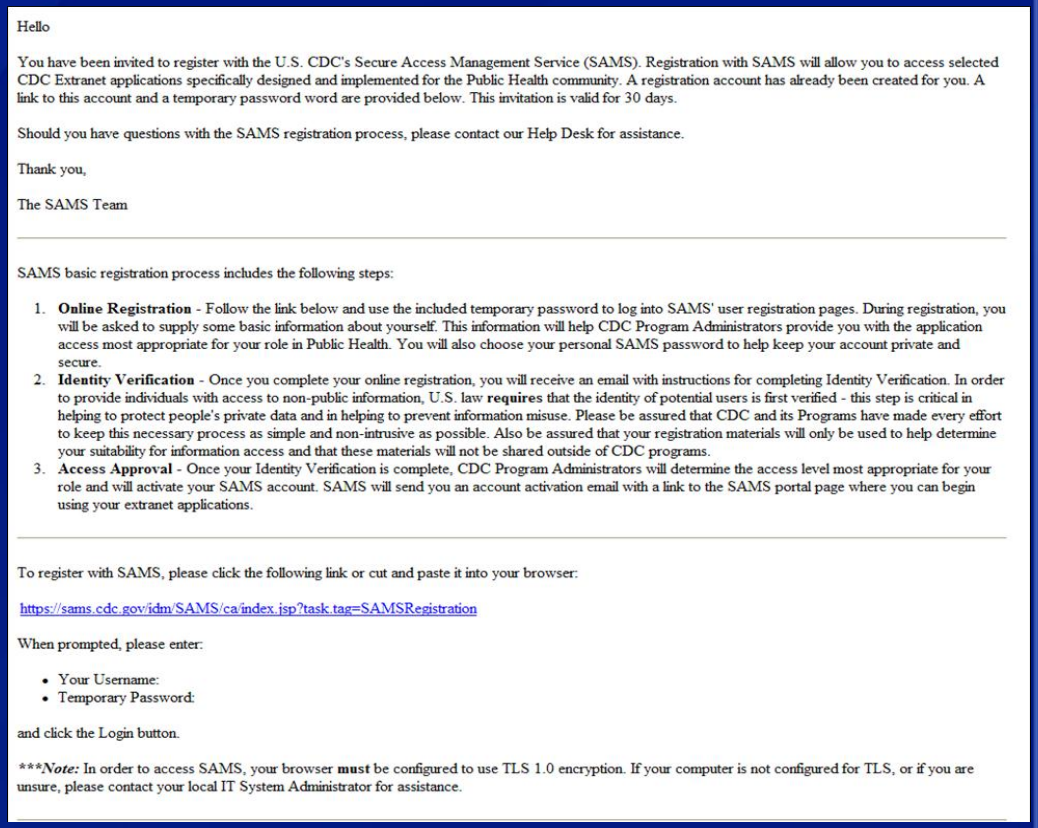
- **Facility Administrator completes this form:**
  - You must use the same email address for all enrollment steps
  - Please ensure that you enter your email address correctly, as all subsequent emails will come to this address
  - If your Facility Identifier does not validate, you can request a CDC Registration ID by emailing nhsn@cdc.gov

You are required to indicate the date you completed training. **CLICK SAVE**



Step 2: Register

- **Following successful registration, you will immediately receive a welcome to NHSN email and an Invitation to register with SAMS (step 3a)**



Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,

The SAMS Team

SAMS basic registration process includes the following steps:

1. **Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
2. **Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law **requires** that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
3. **Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

To register with SAMS, please click the following link or cut and paste it into your browser:

https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task.tag=SAMSRegistration

When prompted, please enter:

- Your Username:
- Temporary Password:

and click the Login button.

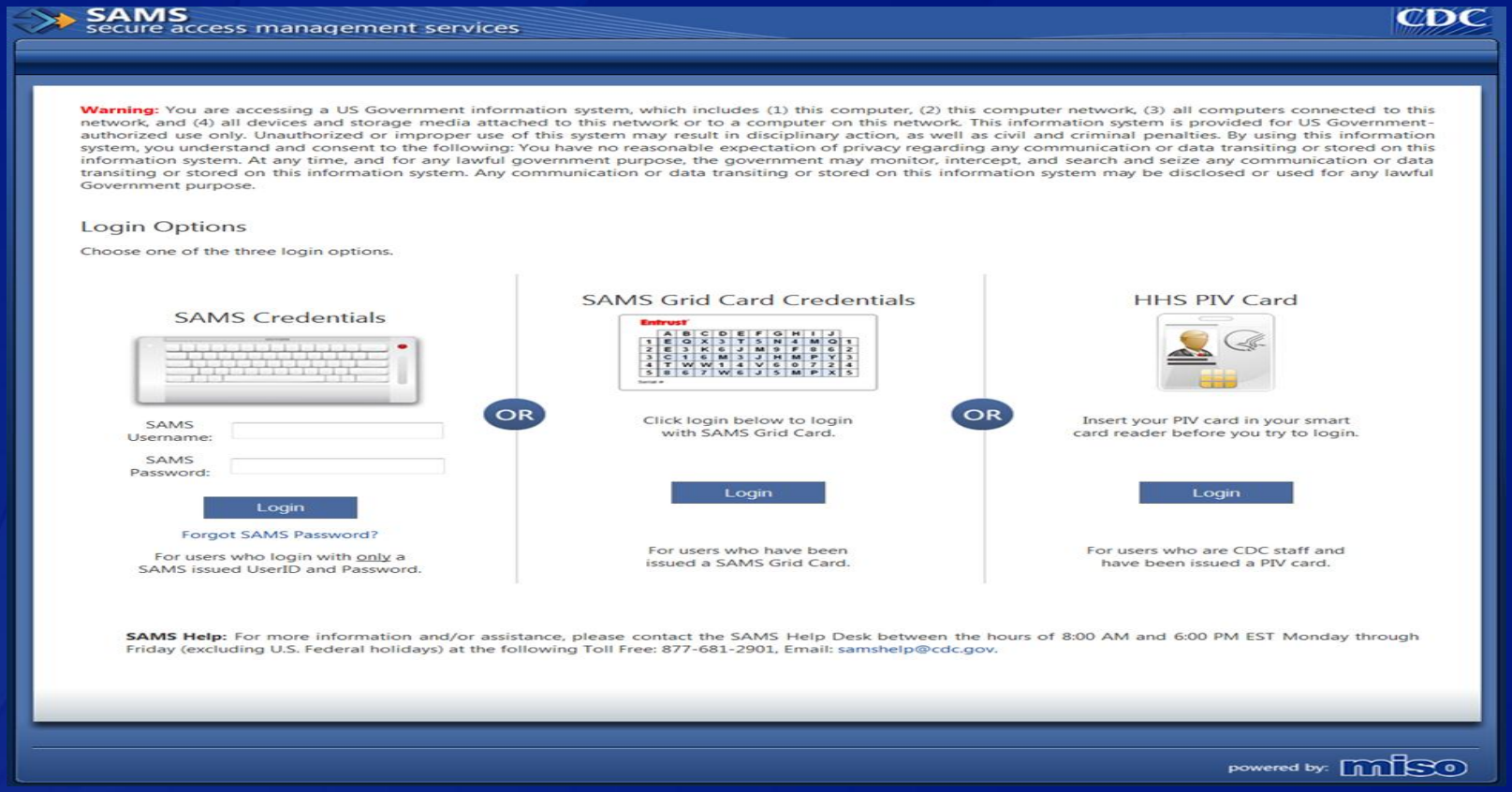
***Note:** In order to access SAMS, your browser **must** be configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

Secure Access Management (SAMS) (Step 3)

- SAMS provides secure online access which allows exchange of information between CDC and Public Health Partners.
- Users receive an invitation to register with SAMS, which provides instructions for registration, and identifies proofing in order to obtain access to CDC applications, including NHSN.
- During SAMS registration the user sets a password which allows access to the SAMS Partner Portal.
  - NOTE: It is important that you remember your password in order to complete the registration
- Once the SAMS registration process is complete, the user is also issued an electronic grid card which adds an additional level of security when logging in to the system.

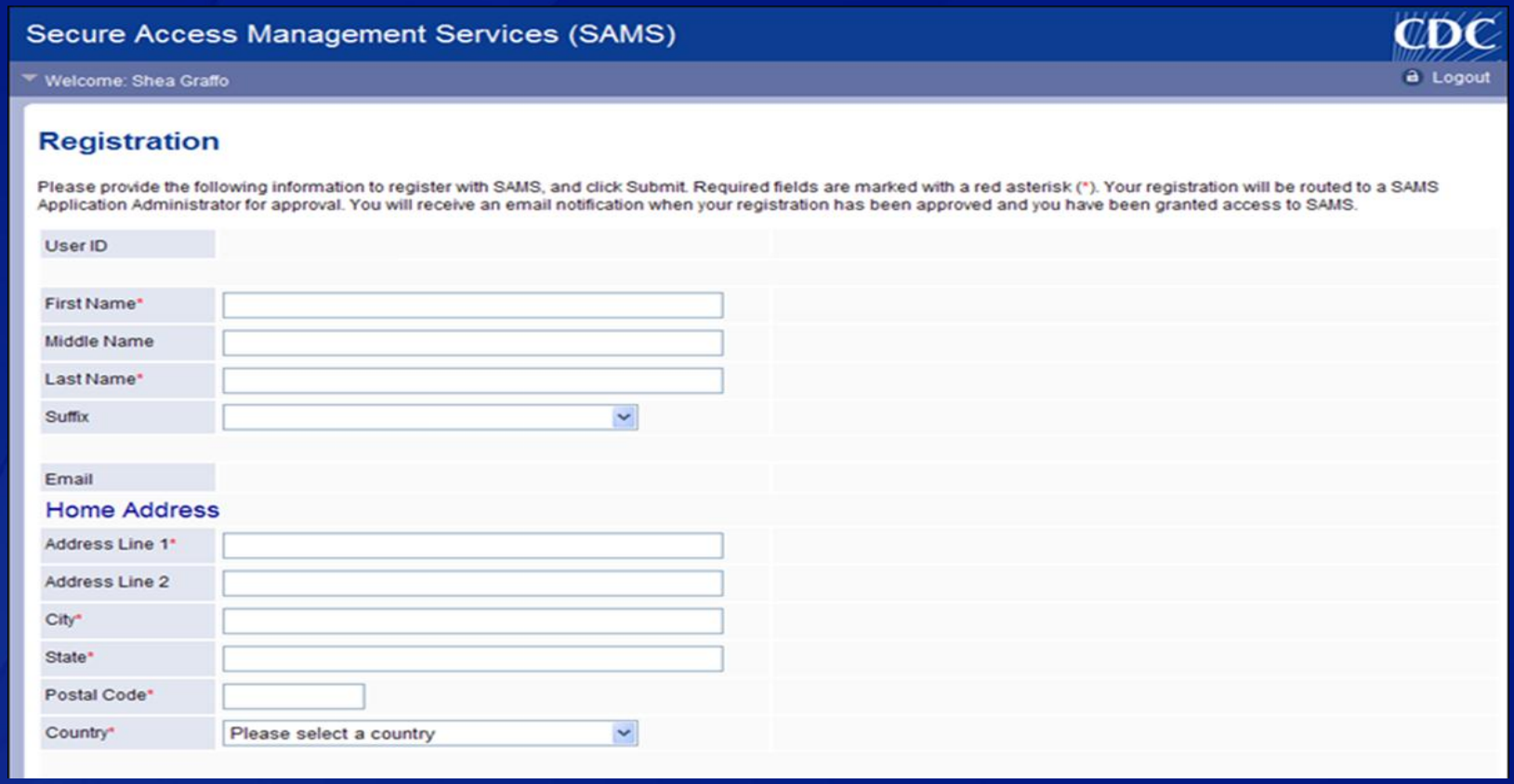
Step 3a: SAMS Registration

- **The Invitation to Register contains your Username and Password for SAMS registration**



Step 3a: SAMS Registration

- After accepting the Rules of Behavior, enter the required registration information and click Submit.



Step 3b: Identity Proofing

- **Carefully follow the instructions in the email to ensure the enrollment process is not delayed**

Hello New NHSN User,

Thank you for registering with CDC's SAMS Partner Portal. Your registration information has been received and is currently pending approval.

In order to provide individuals with access to non-public information, U.S. law ***requires*** the identity of potential users to be verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your identity information will only be used to help determine your suitability for access and that this data will not be shared outside of CDC programs.

To complete identity verification, please print the form attached to this email message and follow the instructions provided below. The required steps are as follows:

1. Complete the Applicant Section in the attached form - part of the information has been pre-filled for you based on the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent (a person specifically designated by CDC to conduct identity verification or a Notary Public). Have them verify your identity and complete the Proofing Agent / Notary Section. Acceptable forms of identification are listed in the table below:

   You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B.

List A - Primary Photo ID	List B - Secondary ID
Driver's license or ID card issued by a state	Driver's license or ID card issued by a state or outlying possession of

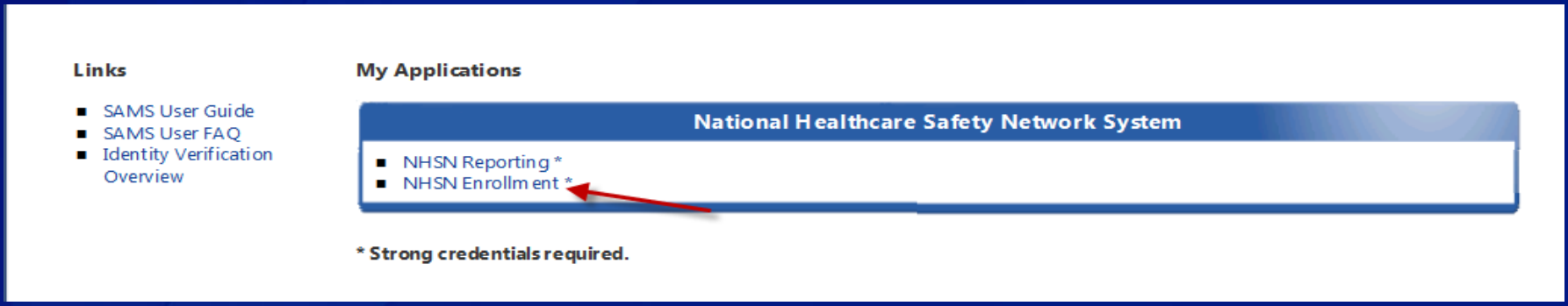
***Note: This email will instruct you to submit your identity proofing documents via fax or upload. Please keep in mind, that uploading the documents will offer the quickest turn around time.**

Step 3b: Registration Approval

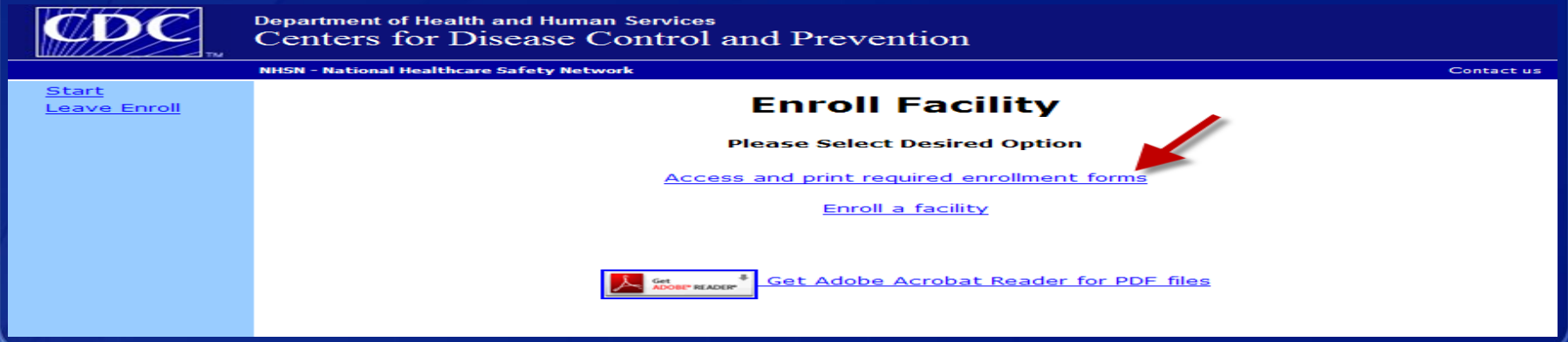
- Once your identity documentation has been processed you will receive confirmation of approval for SAMS access.
- You will also be issued an electronic grid card which must be used when logging into the system along with your username and password.

Access/Complete Enrollment Forms (Step 4)

- After logging into SAMS using your SAMS grid card, click on NHSN Enrollment.

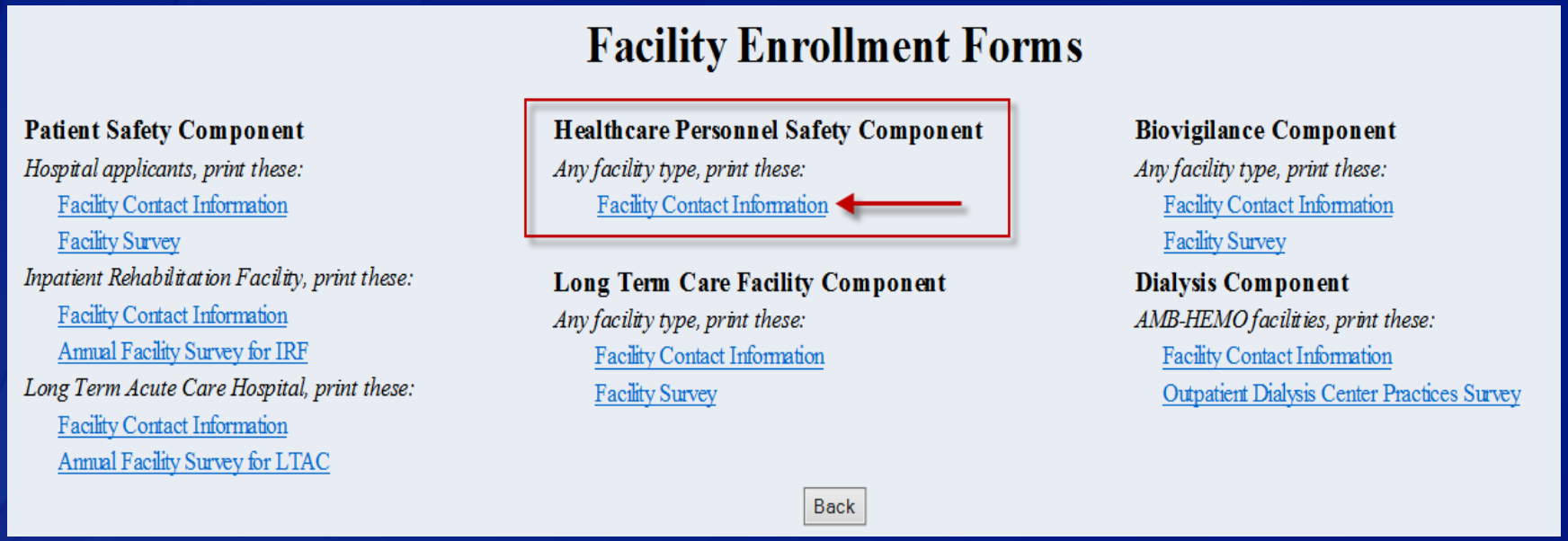


- Then, click 'Access and Print required enrollment forms'



Access/Complete Enrollment Forms (Step 4)

- Print required forms listed under the component you are enrolling in, which will be submitted electronically in the next step. CAHs should enroll under the Healthcare Personnel Safety Component to report Flu vaccination data to NHSN.



Access/Complete Enrollment Forms (Step 4)

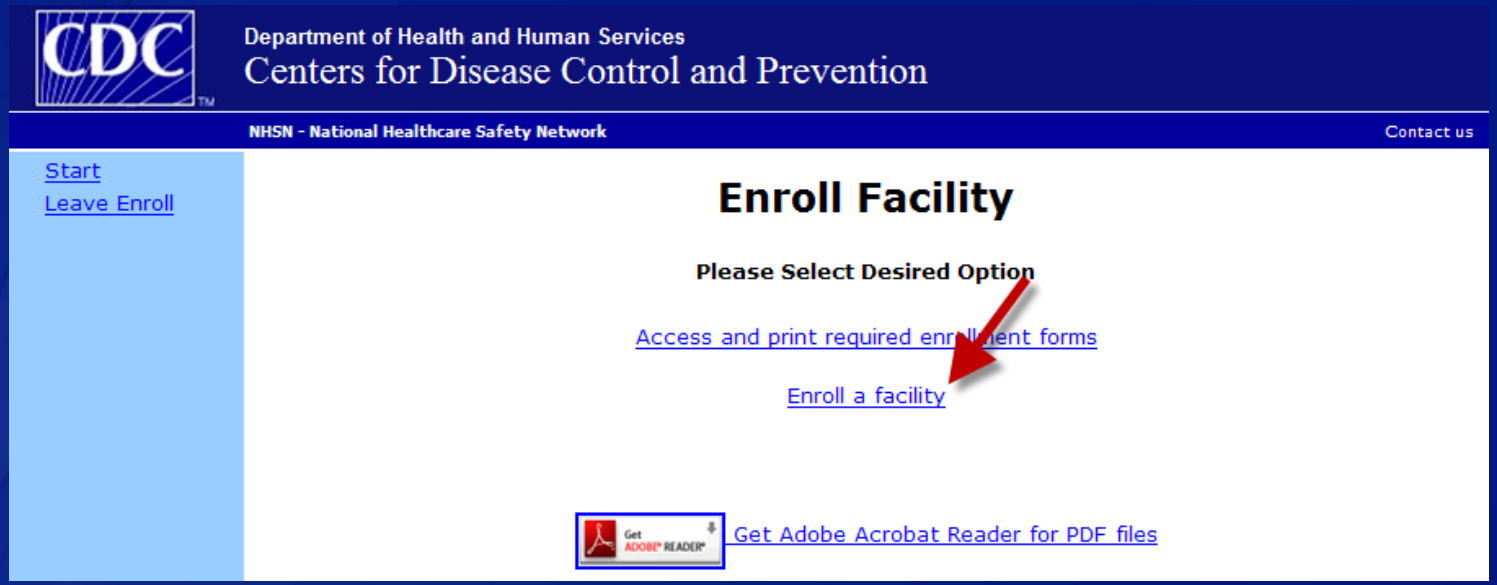
- **Note: While completing facility enrollment forms, please keep in mind that the person that you list as the NHSN Facility Administrator, should be the same individual who has completed the previous enrollment steps (which includes SAMS registration).**

- **The NHSN Facility Administrator is not to be confused with the facility's administrator, CEO, COO, etc. This should be the person who will be mainly responsible for managing the NHSN facility.**

- **The Healthcare Personnel Safety Primary Contact is:**
  - Person who will be most involved with Healthcare Personnel Safety surveillance
  - Can be the same person as the Facility Administrator

Access/Complete Enrollment Forms (Step 4)

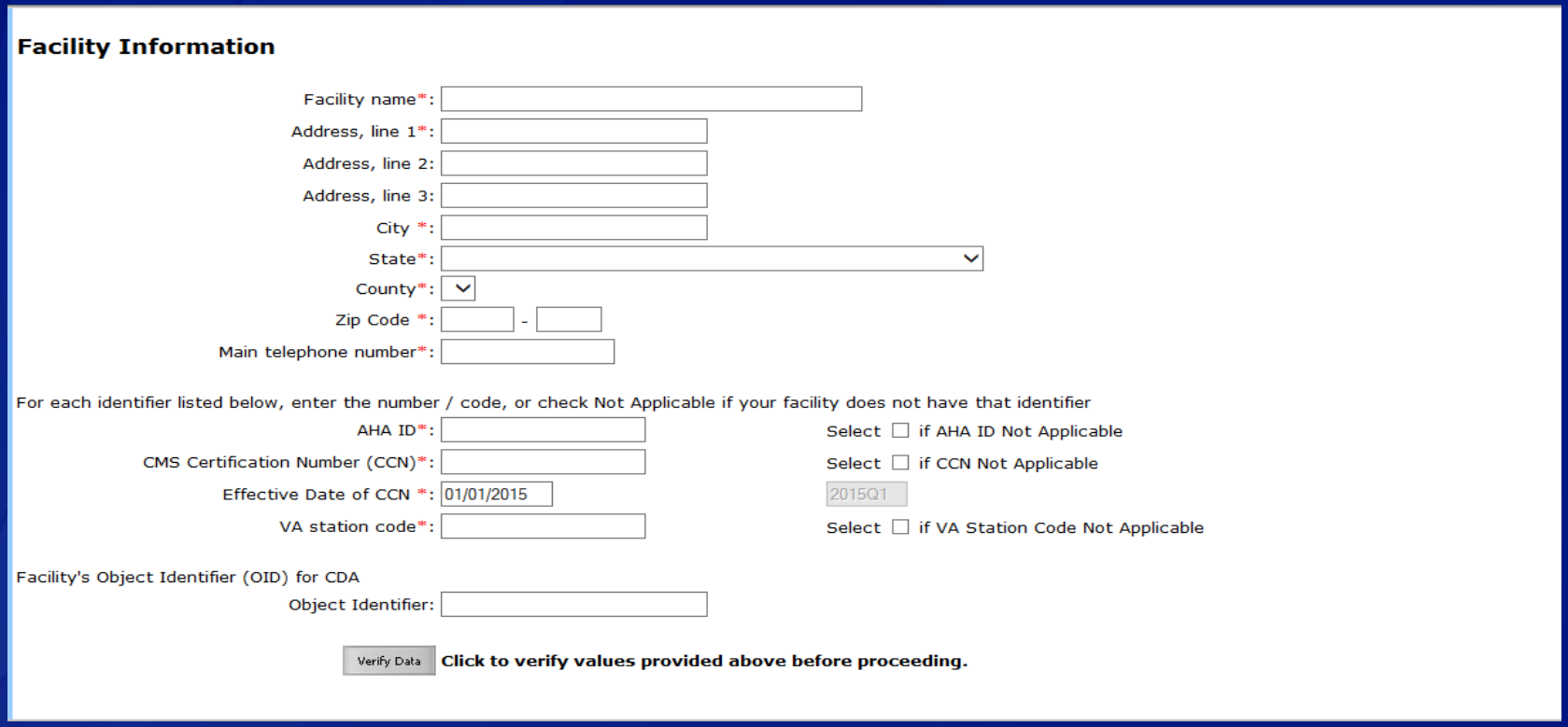
- After accessing, printing and completing required enrollment forms, select “Enroll a facility”
- From here, complete Enrollment Step 4 in one session!
  - You cannot save work in progress



Access/Complete Enrollment Forms (Step 4)

- **Submit required form information**

***Required fields are marked with an asterisk**



Facility Information

Facility name*:

Address, line 1*:

Address, line 2:

Address, line 3:

City *:

State*:

County*:

Zip Code *: -

Main telephone number*:

For each identifier listed below, enter the number / code, or check Not Applicable if your facility does not have that identifier

AHA ID*: Select ☐ if AHA ID Not Applicable

CMS Certification Number (CCN)*: Select ☐ if CCN Not Applicable

Effective Date of CCN *: 01/01/2015 2015Q1

VA station code*: Select ☐ if VA Station Code Not Applicable

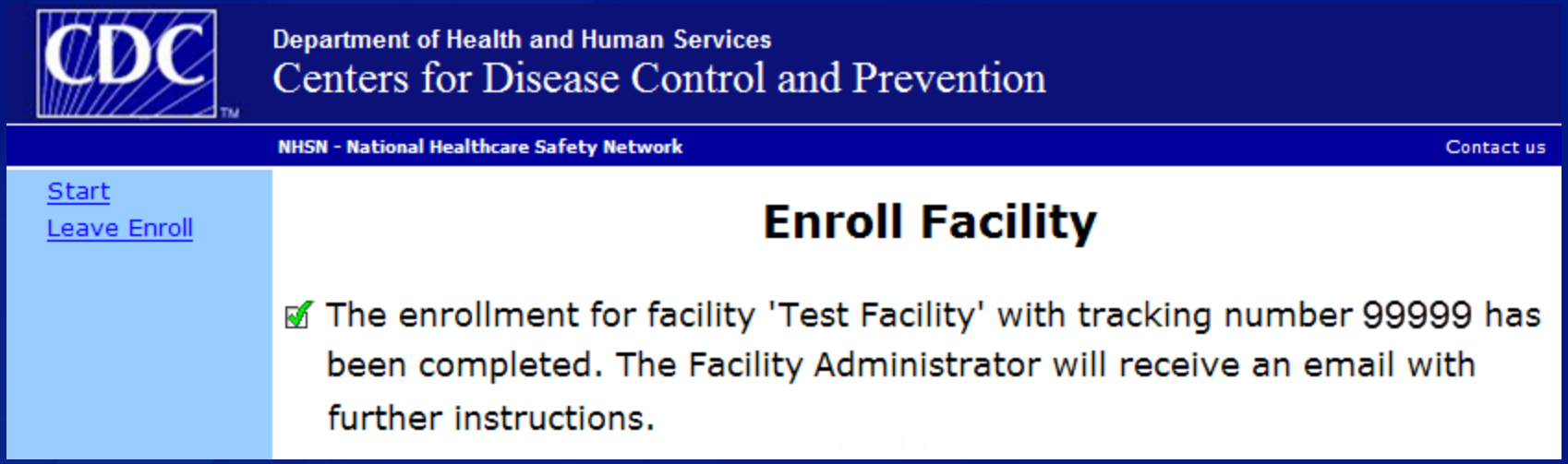
Facility's Object Identifier (OID) for CDA

Object Identifier:

Verify Data **Click to verify values provided above before proceeding.**

Access/Complete Enrollment Forms (Step 4)

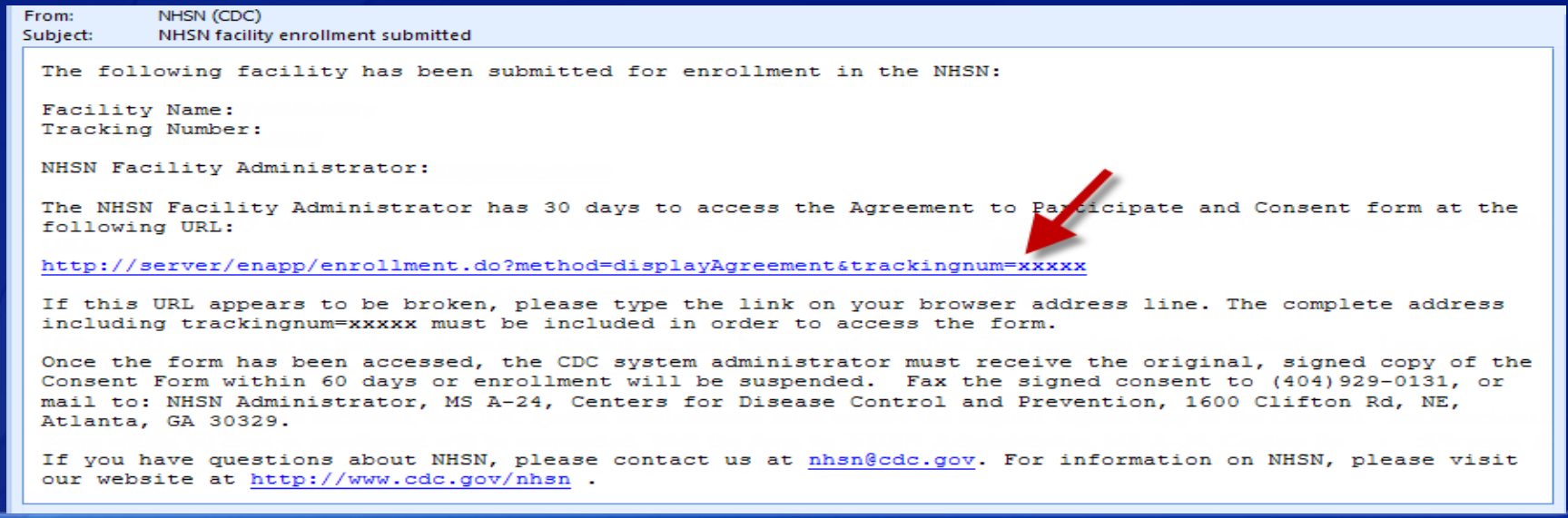
- **Once required forms are submitted, confirmation message displays**



- **Immediately receive an "NHSN Facility Enrollment Submitted" email with a link to your consent form**
  - If you do not receive this email, contact the NHSN Helpdesk
    - nhsn@cdc.gov

Sign and Send Consent (Step 5)

- **NHSN email, subject line "NHSN Facility enrollment submitted" includes link to your consent form**
  - Consent forms are facility-specific, you must print the consent form provided in the email link
- **You have 30 days to open the link and print form**



From: NHSN (CDC)
Subject: NHSN facility enrollment submitted

The following facility has been submitted for enrollment in the NHSN:

Facility Name:
Tracking Number:

NHSN Facility Administrator:

The NHSN Facility Administrator has 30 days to access the Agreement to Participate and Consent form at the following URL:

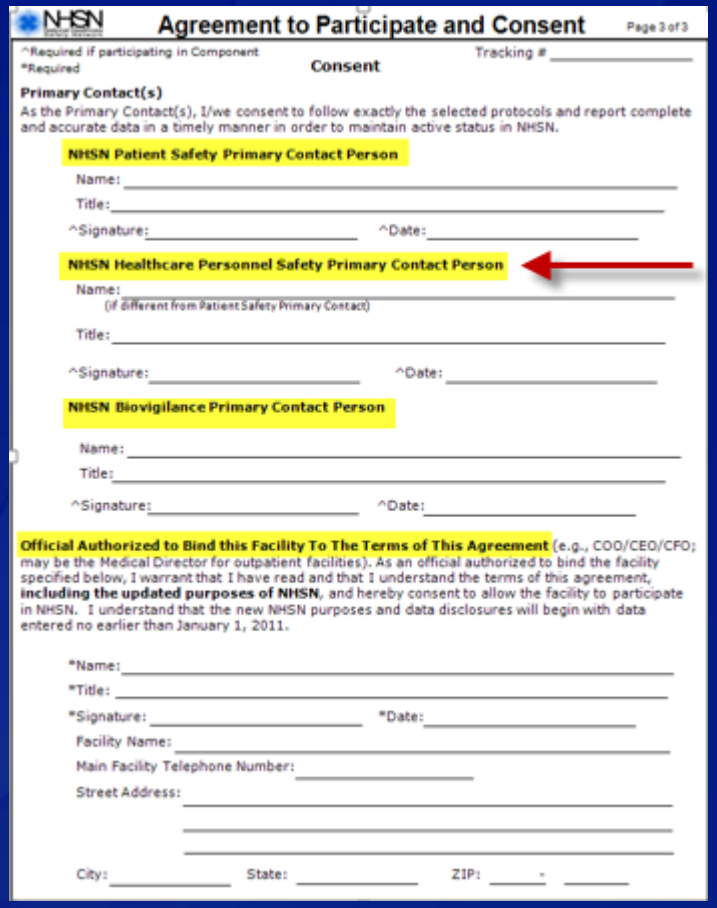
http://server/enapp/enrollment.do?method=displayAgreement&trackingnum=xxxxx

If this URL appears to be broken, please type the link on your browser address line. The complete address including trackingnum=xxxxx must be included in order to access the form.

Once the form has been accessed, the CDC system administrator must receive the original, signed copy of the Consent Form within 60 days or enrollment will be suspended. Fax the signed consent to (404)929-0131, or mail to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30329.

If you have questions about NHSN, please contact us at nhsn@cdc.gov. For information on NHSN, please visit our website at http://www.cdc.gov/nhsn .

Sign and Send Consent (Step 5)



NHSN Agreement to Participate and Consent Page 3 of 3

^Required if participating in Component
*Required

Consent

Tracking # _____

Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN.

NHSN Patient Safety Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person

Name: _____
(if different from Patient Safety Primary Contact)

Title: _____

^Signature: _____ ^Date: _____

NHSN Biovigilance Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CFO; may be the Medical Director for outpatient facilities). As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement, **including the updated purposes of NHSN**, and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.

*Name: _____

*Title: _____

*Signature: _____ *Date: _____

Facility Name: _____

Main Facility Telephone Number: _____

Street Address: _____

_____

_____

City: _____ State: _____ ZIP: _____ - _____

Must be signed by

- Contact person for each component being followed

Requires signature from Leadership/ Administrator

Signature page of the form (Page 3) must be faxed to 404-929-0131

- Please do not mail the forms

Sign and Send Consent (Step 5)

- 2-3 business days after NHSN receives signed consent form, NHSN will activate your facility
- NHSN will send an email notification of facility activation

Subject: NHSN enrollment approved

Welcome to the National Healthcare Safety Network (NHSN)!

Your facility has been approved as a new member of NHSN.

Facility Name: Test Facility
Facility ID: XXXXX

As the Facility Administrator you may now access the SAMS Partner Portal by clicking here.

However, you must receive your SAMS grid card, which will be delivered to your home address via U.S. mail, before you may access NHSN through SAMS.

After you receive your grid card in the mail you can reach the NHSN activity home page directly by clicking https://nhsn2.cdc.gov/nhsn/.

When prompted, please enter your SAMS account User Name and Password, then click the Login button.

If you've forgotten your password, you may reset it by following the 'Forgotten Password' link on the SAMS Portal log in page.

NHSN Enrollment Steps 1 – 5

Training and Preparation

1. Accept the Rules of Behavior

Takes you directly to the registration page

2. Register

Receive 'NHSN Registration' email

3. Apply for/Install Digital Certificate

Receive application confirmation and installation emails

4. Access/Complete Enrollment Forms

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

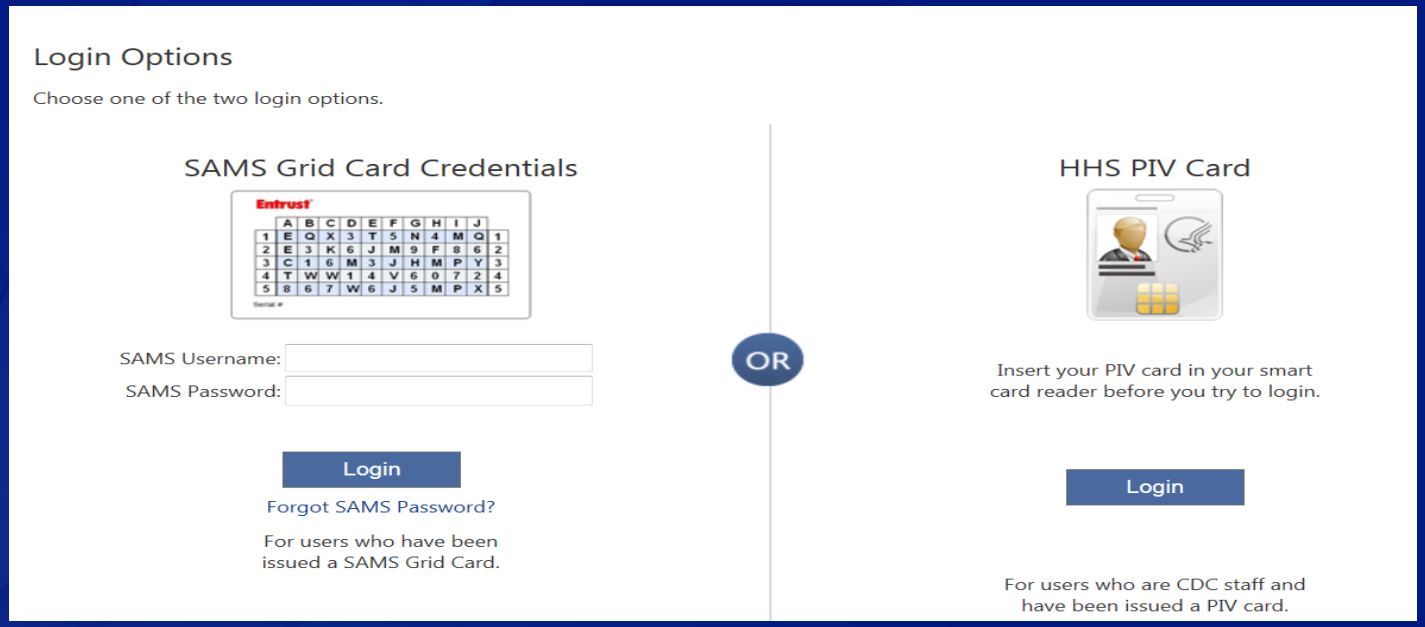
Entering Data for the HCP Influenza Vaccination Summary

Required and Optional Reporting Forms

- **After enrolling in NHSN and/or activating the HPS Component and adding users:**
  - Complete Required Forms
    - HCP Safety Monthly Reporting Plan
    - HCP Influenza Vaccination Summary Form
  - Complete Optional Form
    - Seasonal Survey on Influenza Vaccination Programs for HCP

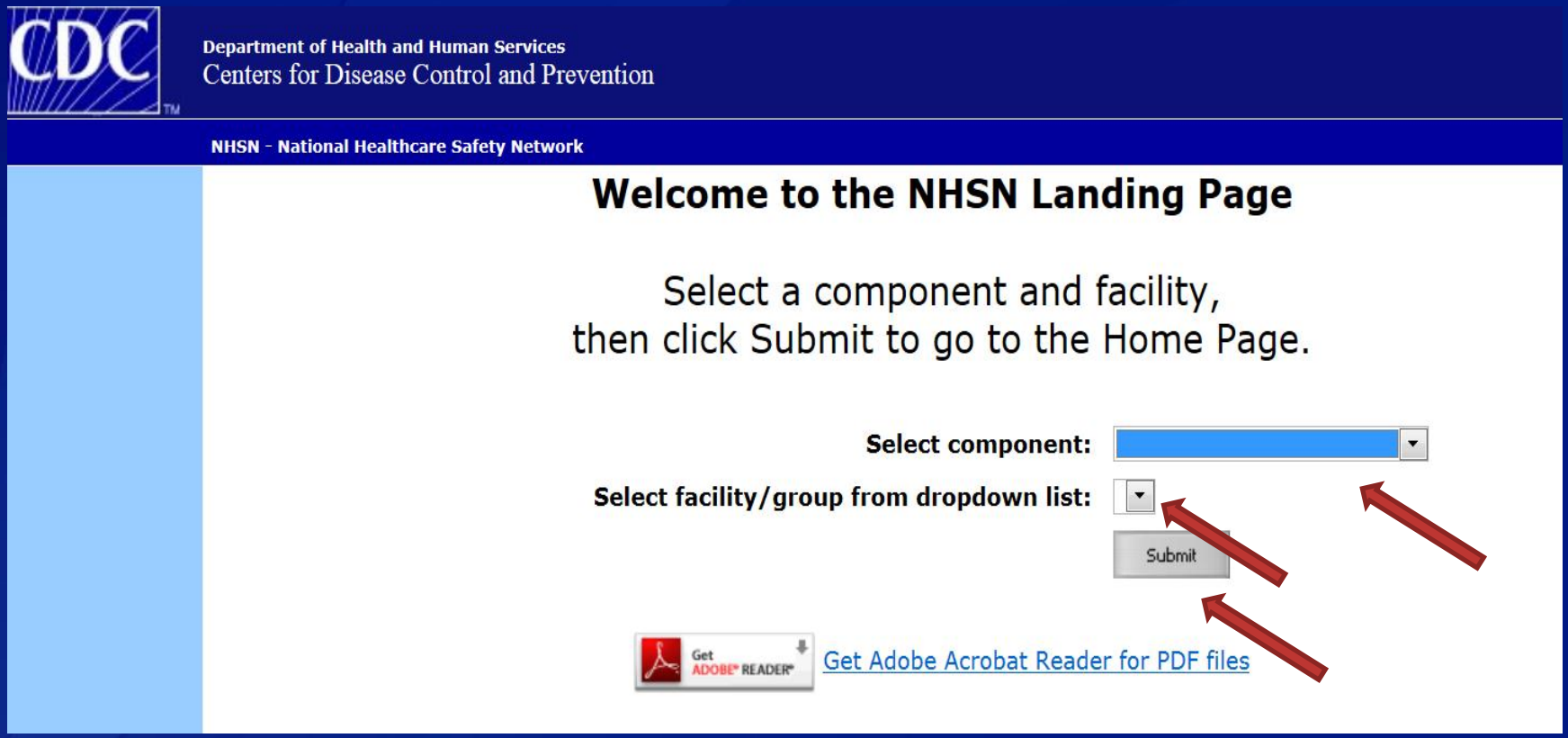
Log into SAMS

- You can access the activity home page by clicking https://nhsn2.cdc.gov/nhsn/
- Enter your SAMS user name and password
- Enter SAMS grid card numbers



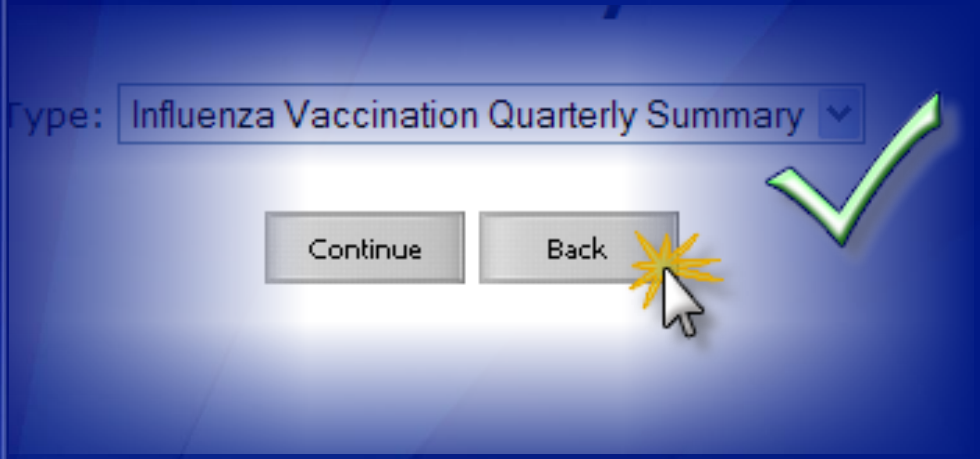
- For assistance with SAMS, contact the SAMS Help Desk at 1-877-681-2901 or samshelp@cdc.gov

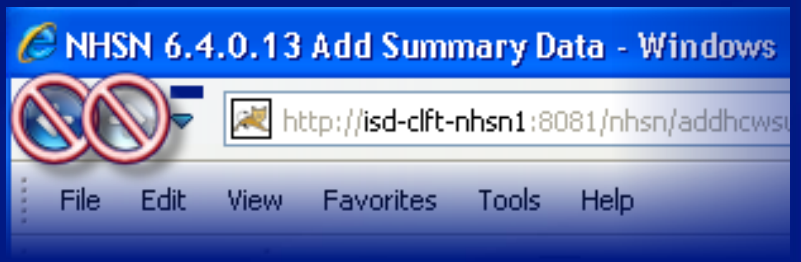
NHSN Home Page



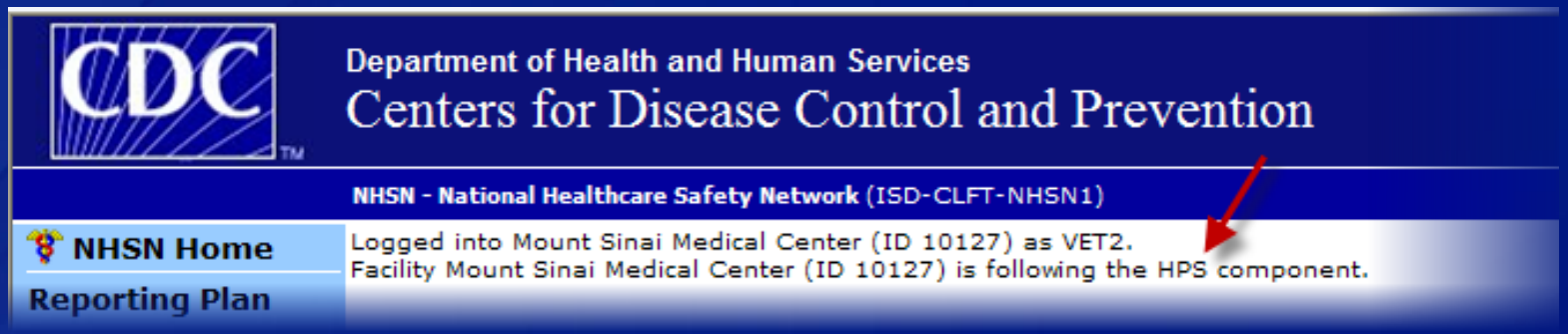
Navigating NHSN

- Use NHSN buttons to navigate (do not use Web browser buttons)





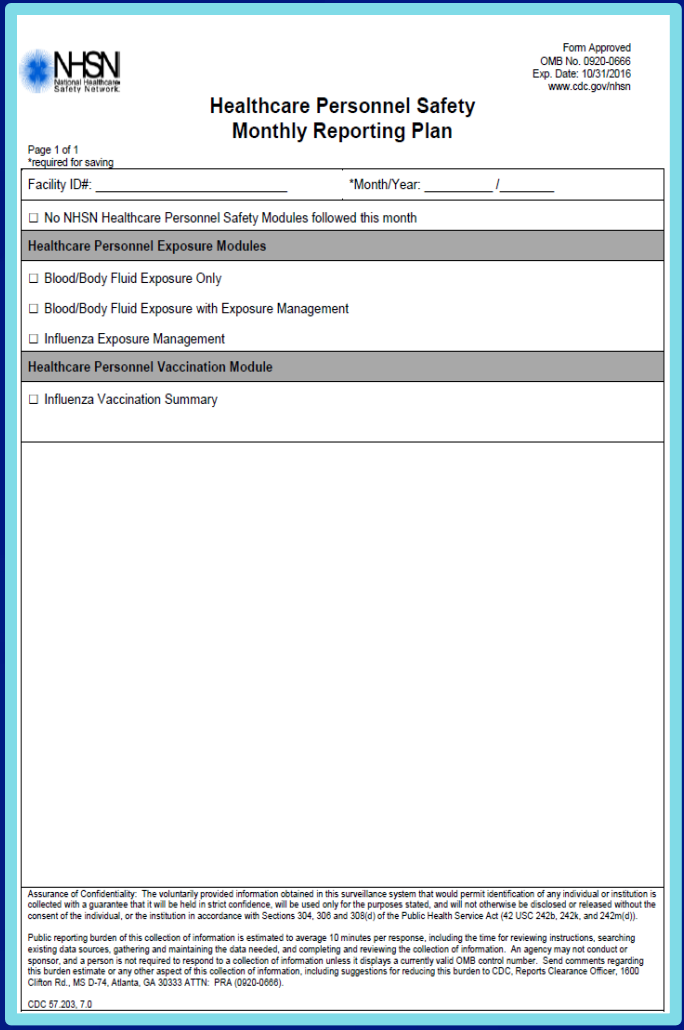
- View facility name, user, and component in use at the top of the screen



HPS Component Home Page

HCP Safety Monthly Reporting Plan Form

- **Collects data on which modules and months the facility plans to participate**
- **Users should select "Influenza Vaccination Summary"**
  - 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 monthly plan has been added for that influenza season.



NHSN
National Healthcare Safety Network

Form Approved
OMB No. 0920-0666
Exp. Date: 10/31/2016
www.cdc.gov/nhsn

Healthcare Personnel Safety Monthly Reporting Plan

Page 1 of 1
*required for saving

Facility ID#: _____ *Month/Year: _____ /_____

☐ No NHSN Healthcare Personnel Safety Modules followed this month

Healthcare Personnel Exposure Modules

☐ Blood/Body Fluid Exposure Only

☐ Blood/Body Fluid Exposure with Exposure Management

☐ Influenza Exposure Management

Healthcare Personnel Vaccination Module

☐ Influenza Vaccination Summary

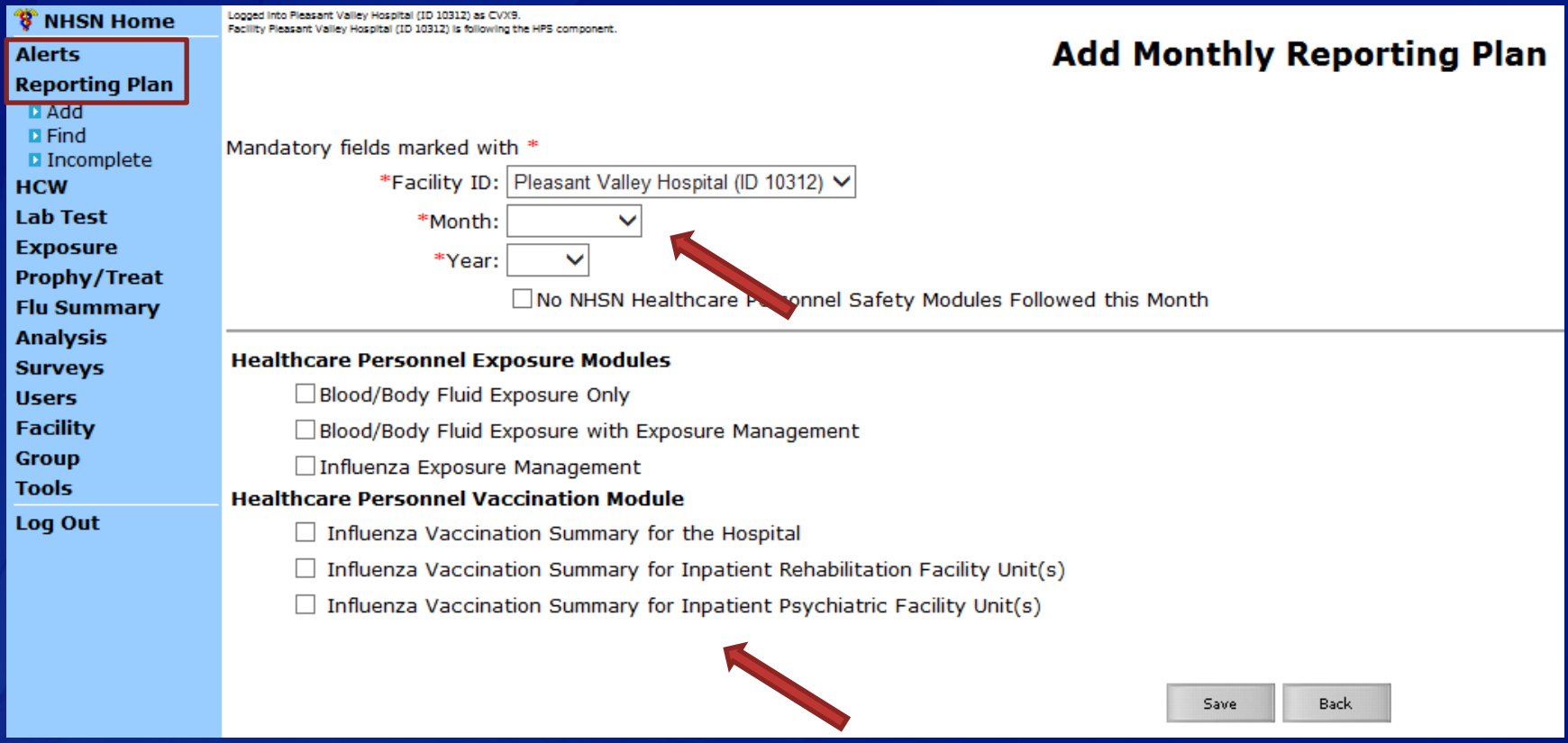
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise 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)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).

CDC 57.203, 7.0

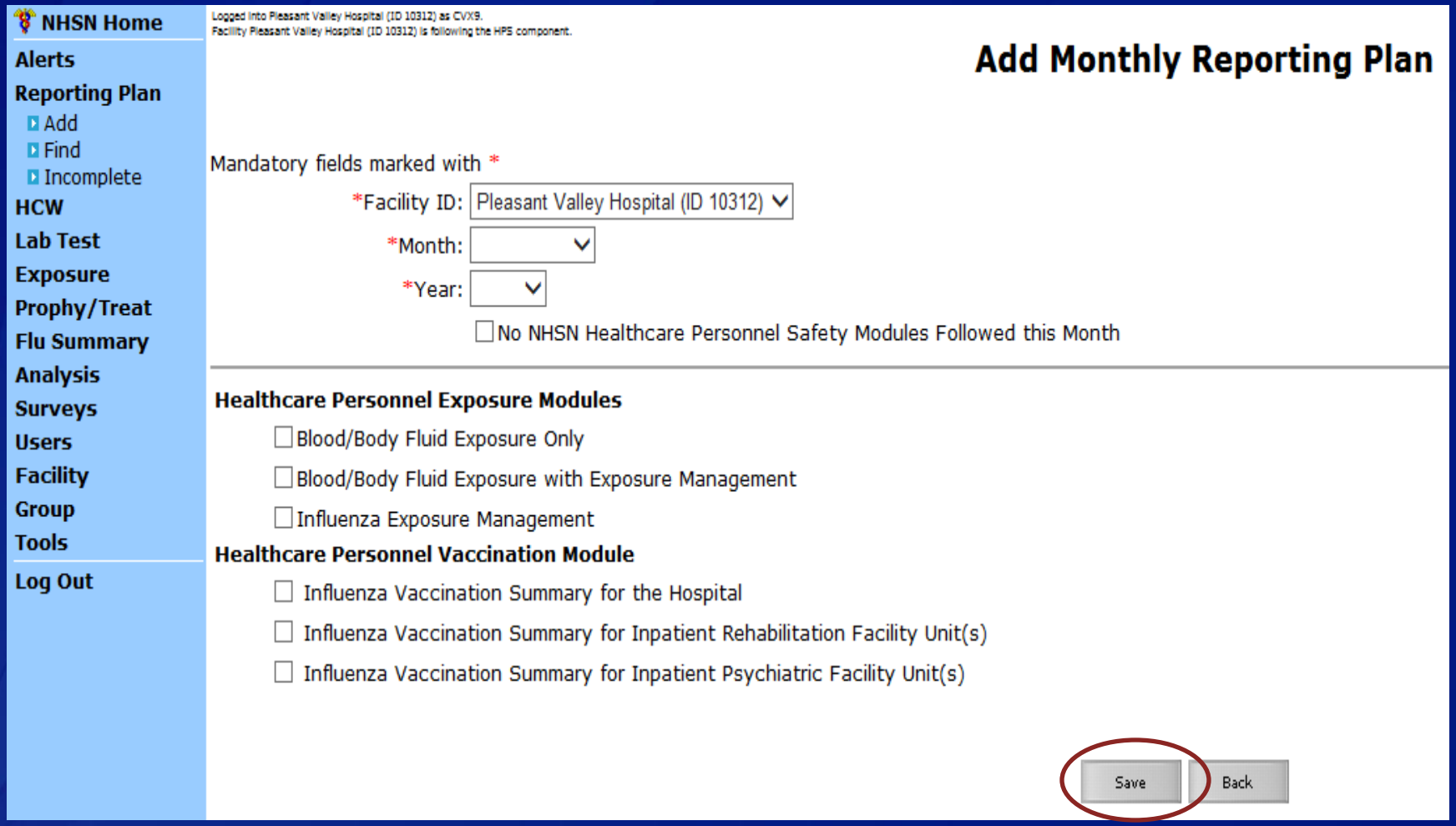
Monthly Plan View for Hospitals with IRF or IPF Units

- Click “Reporting Plan” then “Add”
- Select correct month and year from dropdown menus
- Check appropriate box next to “Influenza Vaccination Summary” for reporting hospital data, IRF unit(s) data, or IPF unit(s) data



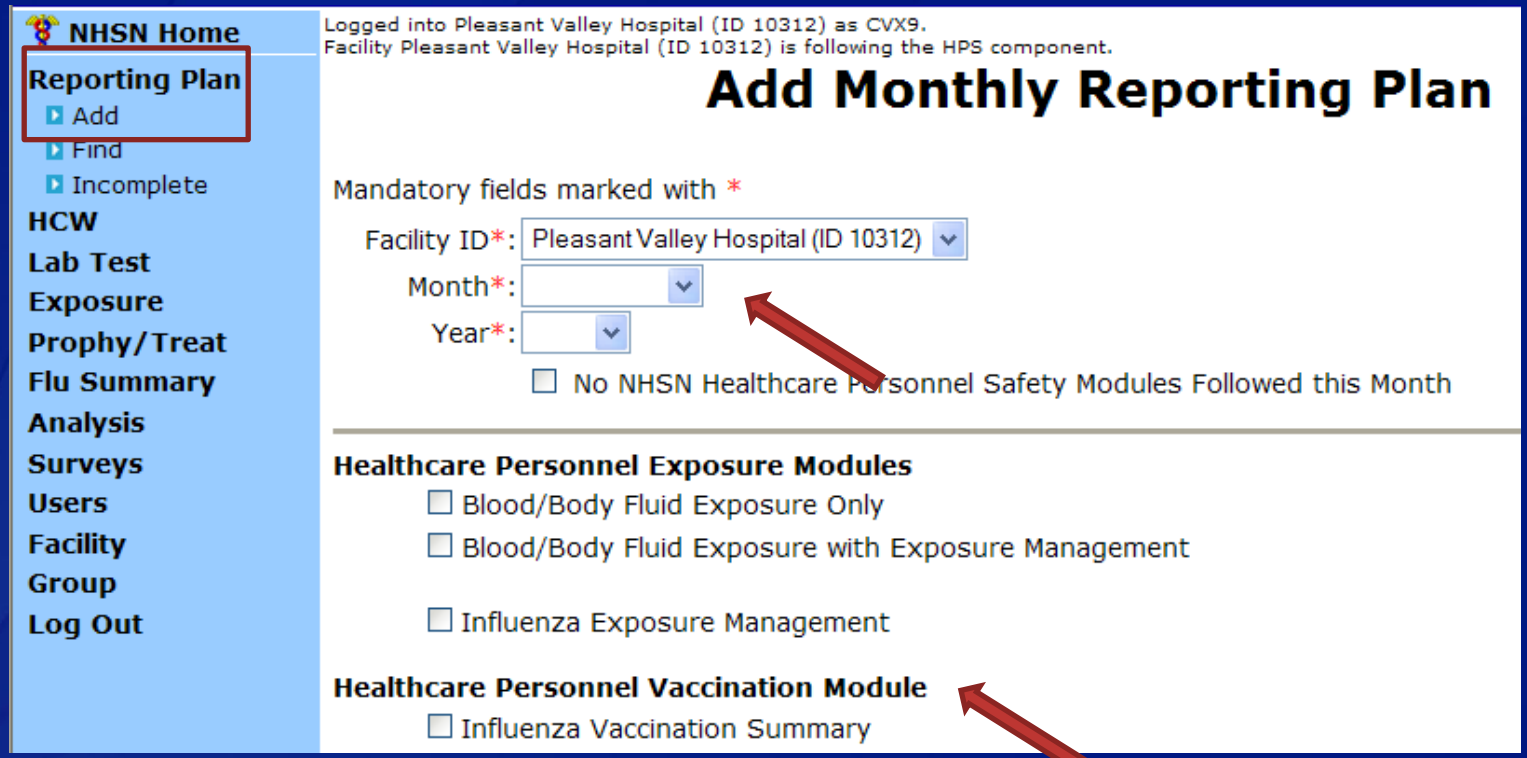
Monthly Plan View for Hospitals with IRF or IPF Units

- Click “Save” when finished



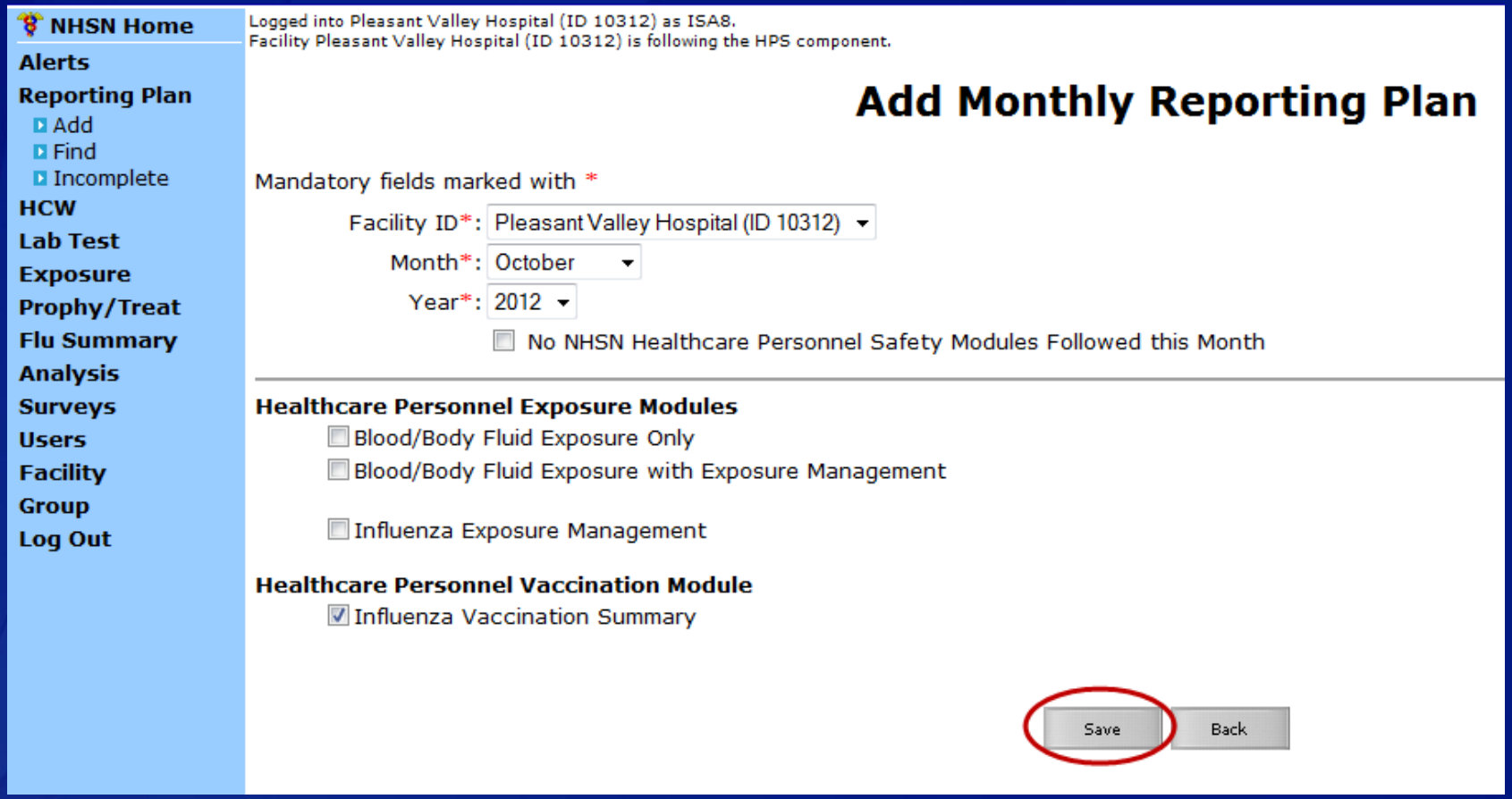
Monthly Plan View for All Other Facilities

- Click “Reporting Plan” then “Add”
- Select correct month and year from dropdown menus
- Check box next to “Influenza Vaccination Summary”



Monthly Plan View for All Other Facilities

- Click “Save” when finished



HCP Influenza Vaccination Summary Form

- **Collects summary influenza vaccination counts among HCP**
- **HCP influenza summary reporting in NHSN consists of a single data entry screen per influenza season**
- **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

HCP Influenza Vaccination Summary Form

- **NHSN data entry screen mirrors the HCP Influenza Vaccination Summary Form**
  - Denominator (Question 1)
  - Numerator (Questions 2-6)

	*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)				

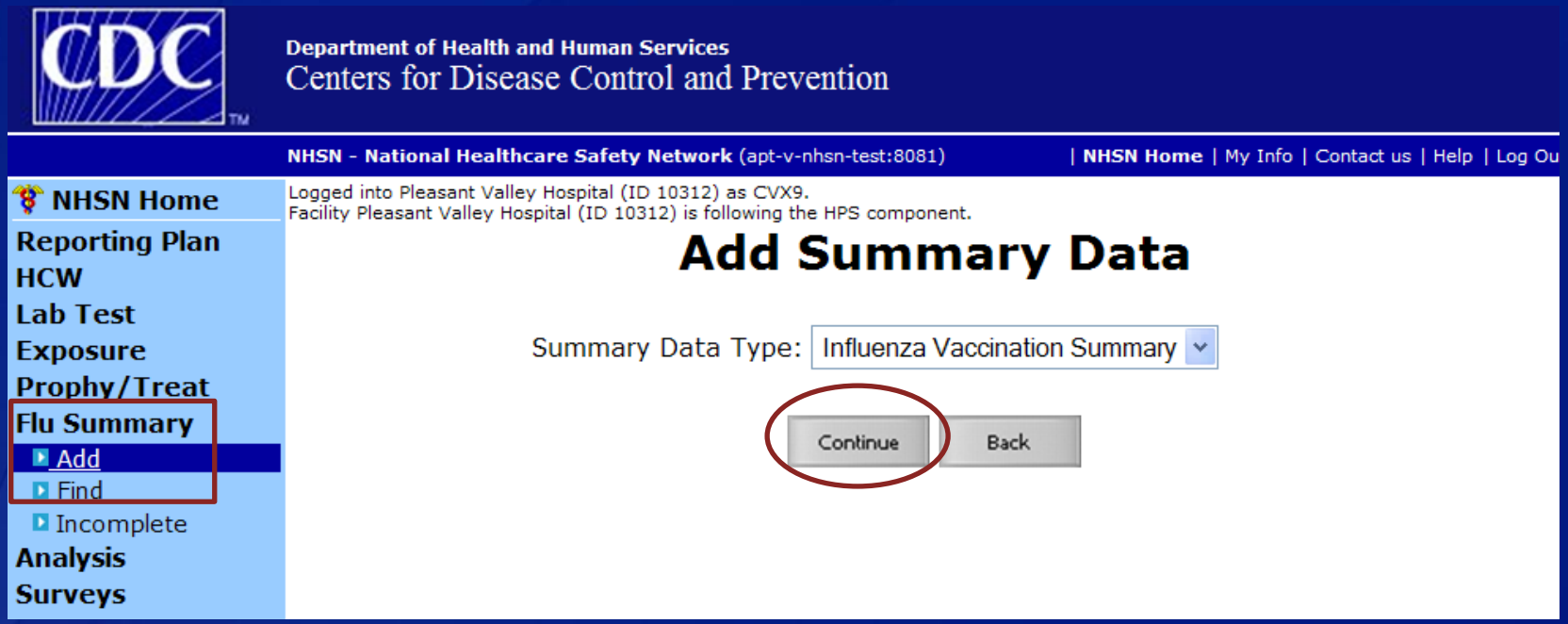
Table of Instructions

Data Fields	Instructions for Completion
Facility ID #	*Required.* The NHSN-assigned facility ID will be auto-entered.
Vaccination Type	*Required.* Influenza is the default and only current choice.
Influenza Subtype	*Required.* Seasonal is the default and only current choice.
Influenza Season	*Required.* Select the influenza season years for which data were collected (e.g., 2012/2013).
Date Last Modified	The Date Last Modified will be auto-entered and will indicate the date that these data were last changed by a user.
Employee HCP (staff on facility payroll)	*Required.* 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.
Non-Employee HCP: Licensed independent	*Required.* Defined as physicians (MD, DO); advanced practice nurses; and physician

- **The Table of Instructions outlines the instructions and definitions for each data field in the NHSN module**

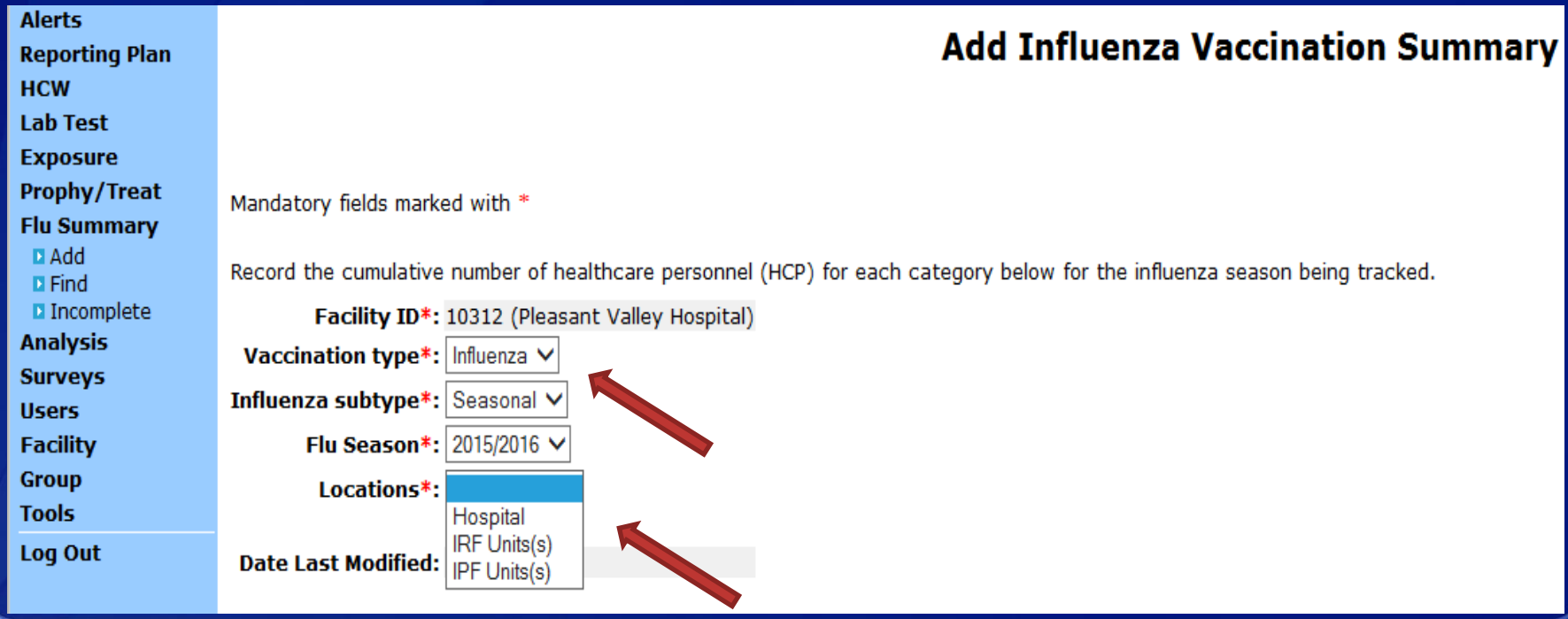
- **The Instructions for the HCP Influenza Vaccination Summary Form are located in the HCP Influenza Vaccination Summary Protocol: http://www.cdc.gov/nhsn/forms/57-214-HCP-Influenza-Vaccination-Summary-Form-TOI-.pdf**

HCP Influenza Vaccination Summary Data



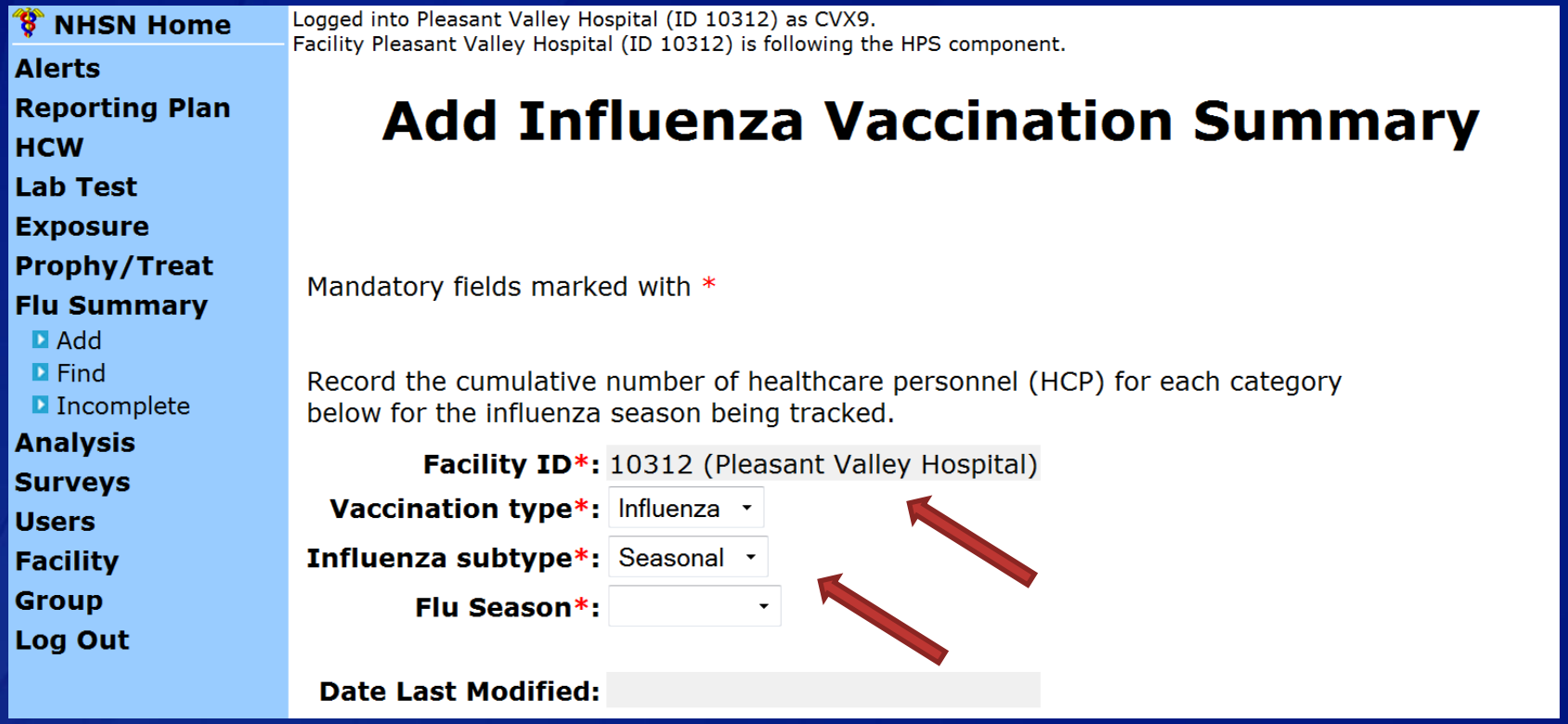
Summary Report for Hospitals with IRF or IPF Units

- "Influenza" and "Seasonal" are the default choices for vaccination type and influenza subtype
- Select appropriate flu season in drop-down box (e.g., 2015-2016)
- Select the appropriate location for reporting hospital data, IRF unit(s) or IPF unit(s) data

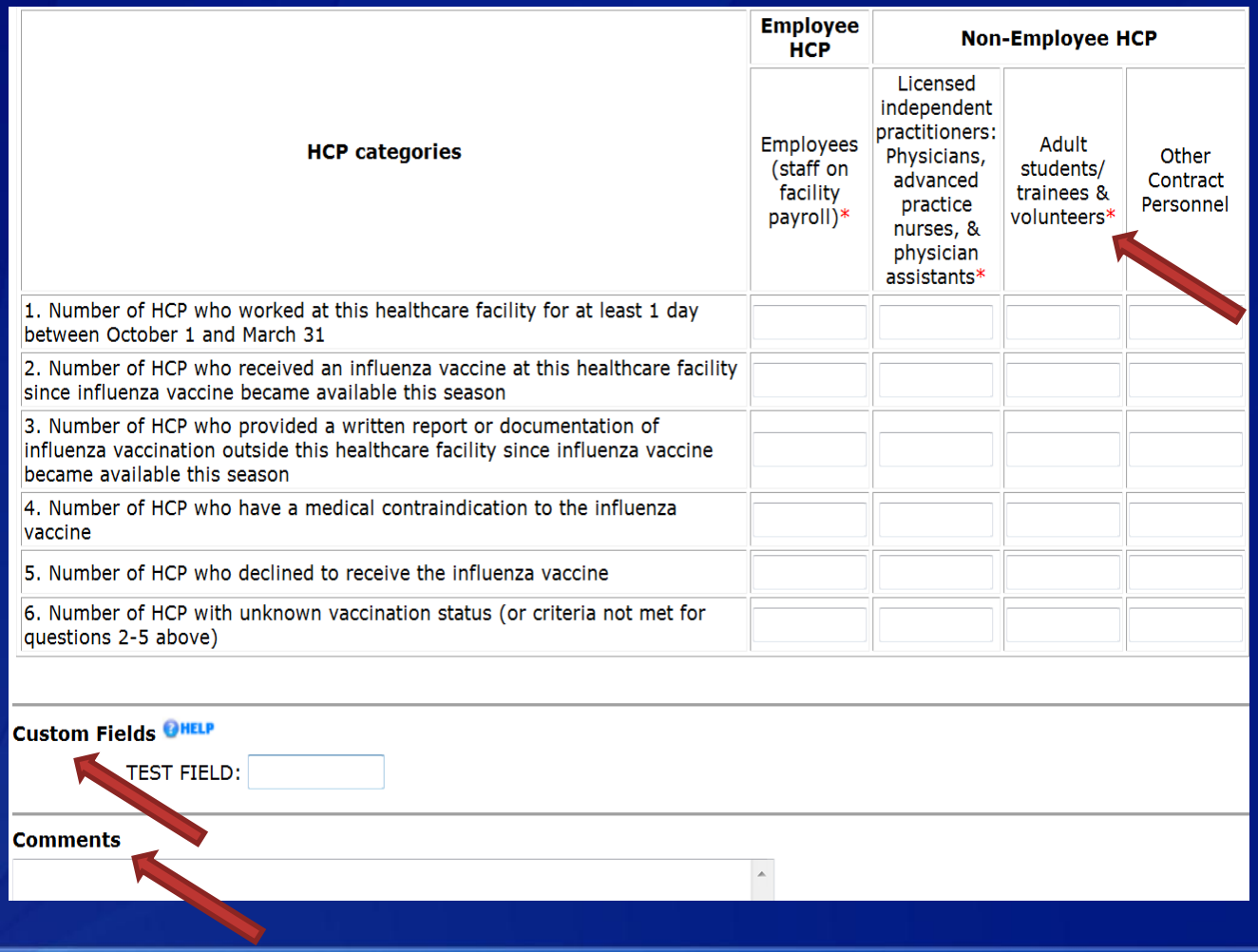


Summary Report for All Other Facilities

- "Influenza" and "Seasonal" are the default choices for vaccination type and influenza subtype
- Select appropriate flu season in drop-down box (e.g., 2015-2016)



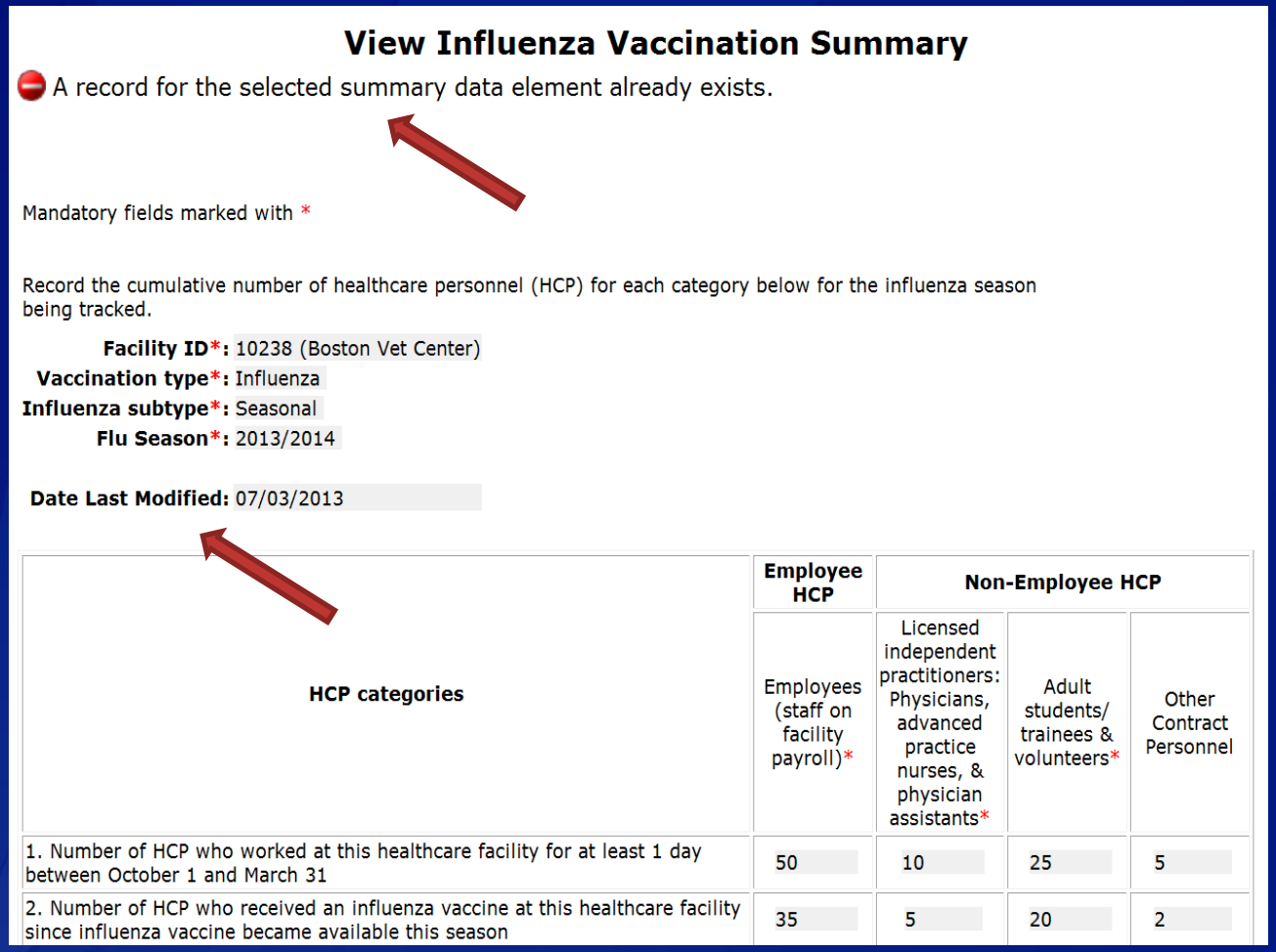
HCP Influenza Vaccination Summary Data Entry Screen



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 1 day between October 1 and March 31				
2. Number of HCP who received an influenza vaccine 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)				

- The asterisks indicate required columns that must be completed
- Use the "Custom Fields" function for data that a facility would like to collect and analyze consistently
- Use the "Comments" box to enter any additional information, such as side notes

Editing HCP Influenza Vaccination Summary Data



View Influenza Vaccination Summary

A record for the selected summary data element already exists.

Mandatory fields marked with *

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

Facility ID*: 10238 (Boston Vet Center)
Vaccination type*: Influenza
Influenza subtype*: Seasonal
Flu Season*: 2013/2014

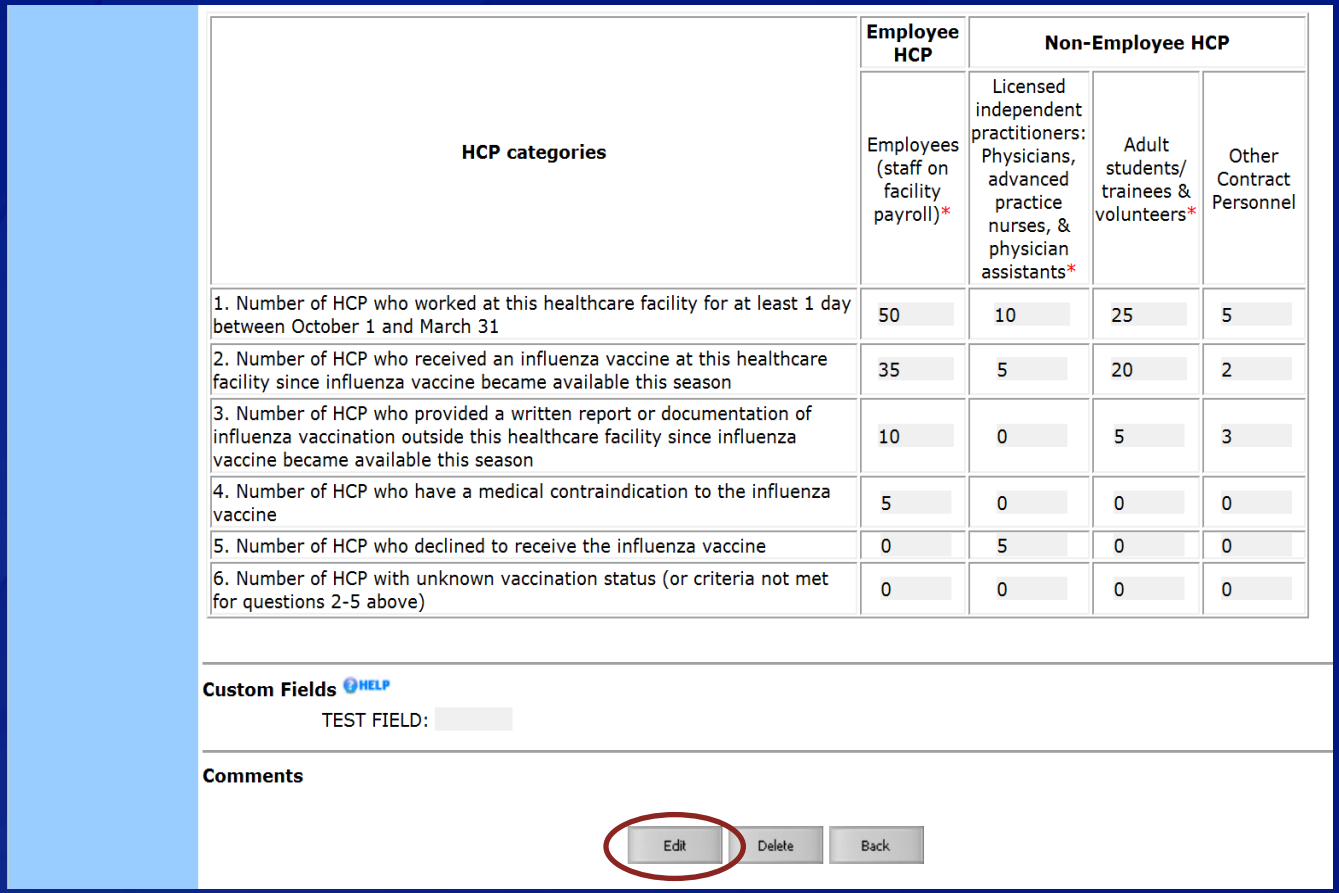
Date Last Modified: 07/03/2013

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 1 day between October 1 and March 31	50	10	25	5
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	35	5	20	2

- 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

Editing HCP Influenza Vaccination Summary Data

- Click “Edit” to modify existing data



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 1 day between October 1 and March 31	50	10	25	5
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	35	5	20	2
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	10	0	5	3
4. Number of HCP who have a medical contraindication to the influenza vaccine	5	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	5	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0

Custom Fields HELP

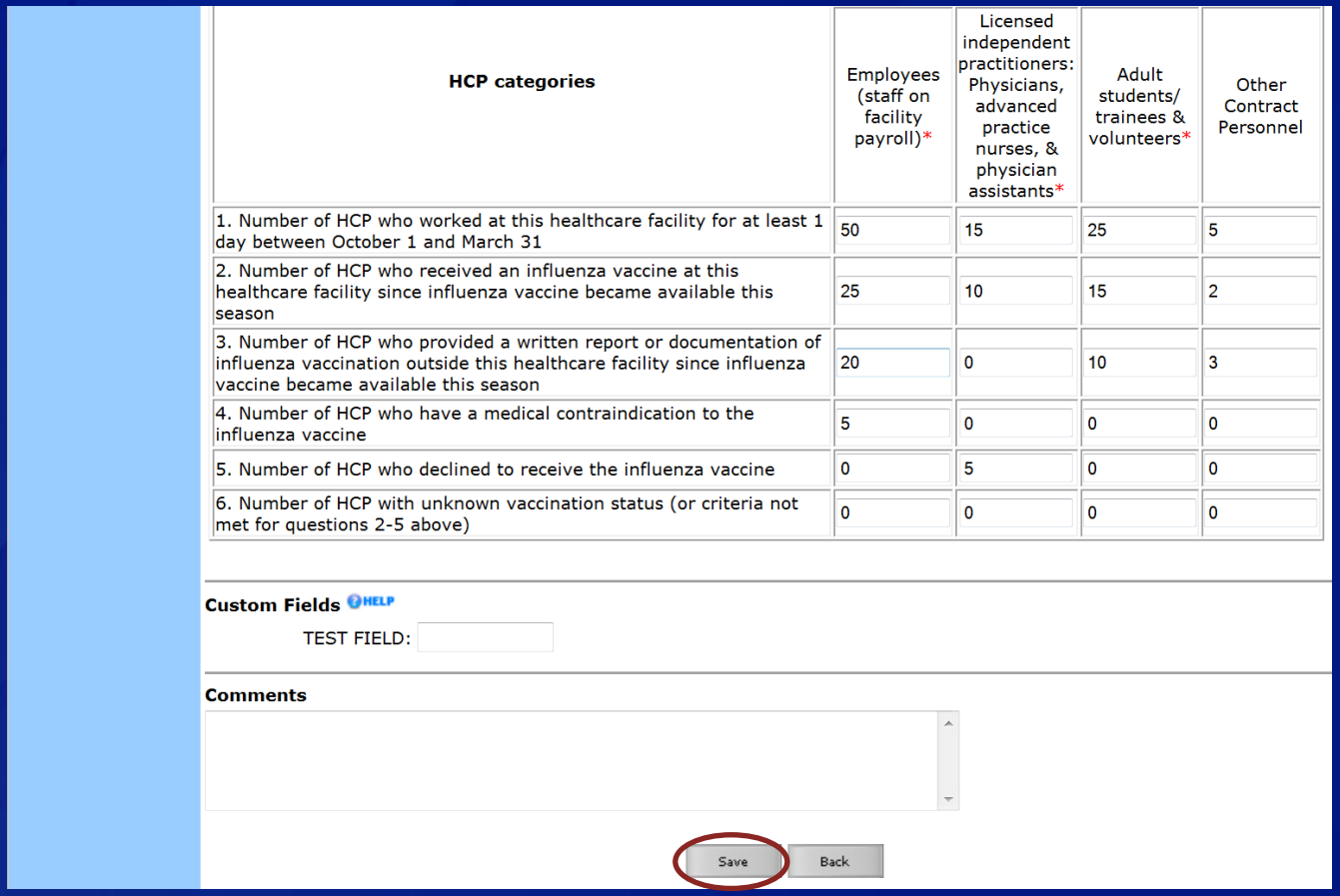
TEST FIELD:

Comments

Edit Delete Back

Saving HCP Influenza Vaccination Summary Data

- Click “Save” to save the updated data



HCP categories	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	50	15	25	5
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	25	10	15	2
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	20	0	10	3
4. Number of HCP who have a medical contraindication to the influenza vaccine	5	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	5	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0

Custom Fields HELP

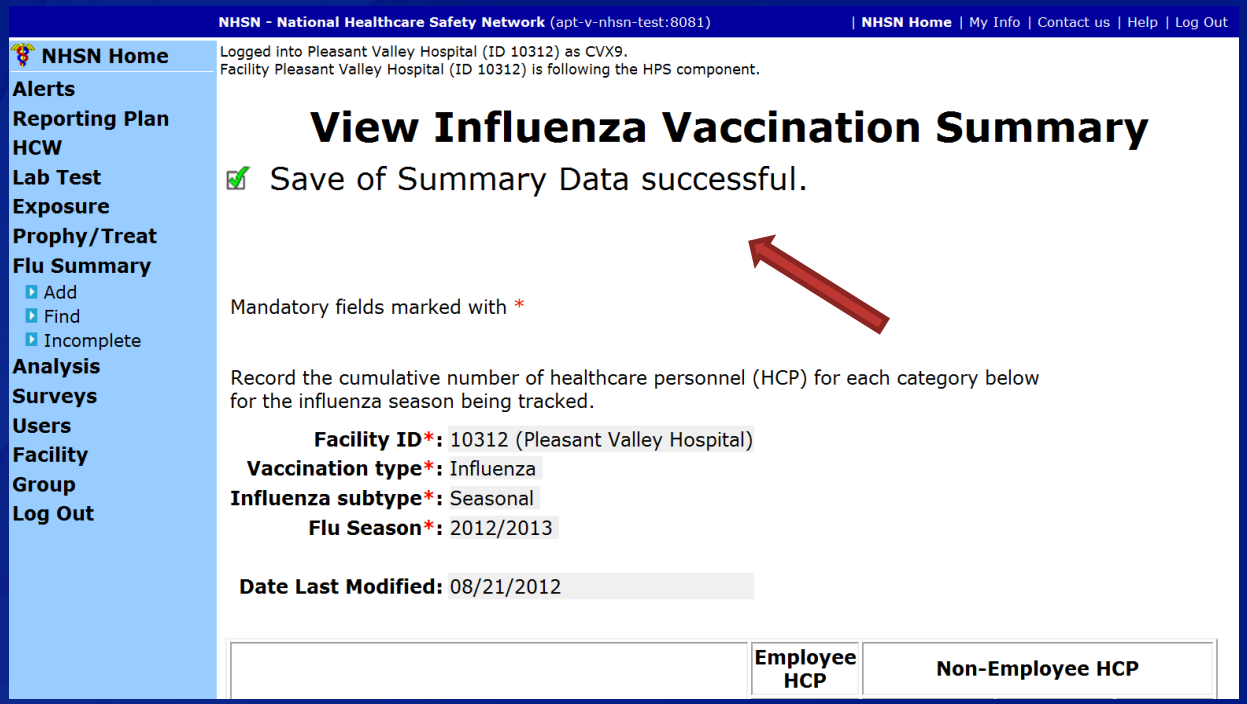
TEST FIELD:

Comments

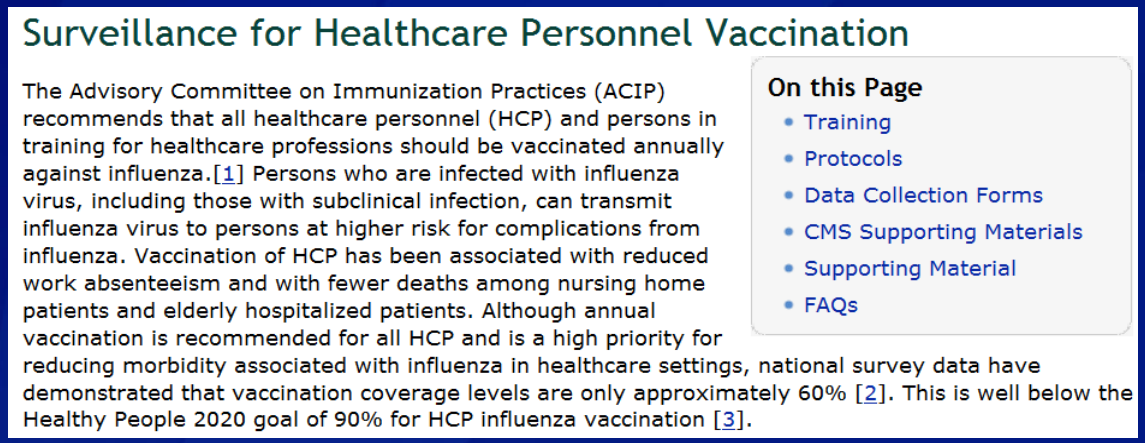
Save Back

Saving HCP Influenza Vaccination Summary Data

- A message confirming that data were saved should appear at the top of the screen



The NHSN Website



Surveillance for Healthcare Personnel Vaccination

On this Page

- Training
- Protocols
- Data Collection Forms
- CMS Supporting Materials
- Supporting Material
- FAQs

The Advisory Committee on Immunization Practices (ACIP) recommends that all healthcare personnel (HCP) and persons in training for healthcare professions should be vaccinated annually against influenza.[1] Persons who are infected with influenza virus, including those with subclinical infection, can transmit influenza virus to persons at higher risk for complications from influenza. Vaccination of HCP has been associated with reduced work absenteeism and with fewer deaths among nursing home patients and elderly hospitalized patients. 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% [2]. This is well below the Healthy People 2020 goal of 90% for HCP influenza vaccination [3].

Visit: http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html for training materials:

- ❑ **Protocol (with Tables of Instructions)**
- ❑ **Forms**
- ❑ **Frequently asked questions (FAQs)**
- ❑ **Training slides and recorded trainings**

Questions or Need Help?

E-mail user support at: nhsn@cdc.gov

Please include “HPS Flu Summary-CAH” in the subject line of the e-mail

Receiving the Data: MBQIP

MBQIP: What Happens to my Data?

- **Hospital Compare**
  - Data from other hospitals is publically available at Hospital Compare
- **MBQIP Quarterly Reports**
  - FORHP is finalizing how the OP-27 measure will be added into MBQIP quarterly reports
  - Any updates will be shared with State Flex Programs and disseminated to CAHs

Quality Improvement Support

Support and Evidence-Based Recommendations

QIN-QIOs and MBQIP

Quality Innovation Networks – Quality Improvement Organizations (QIN-QIOs) Program Priorities

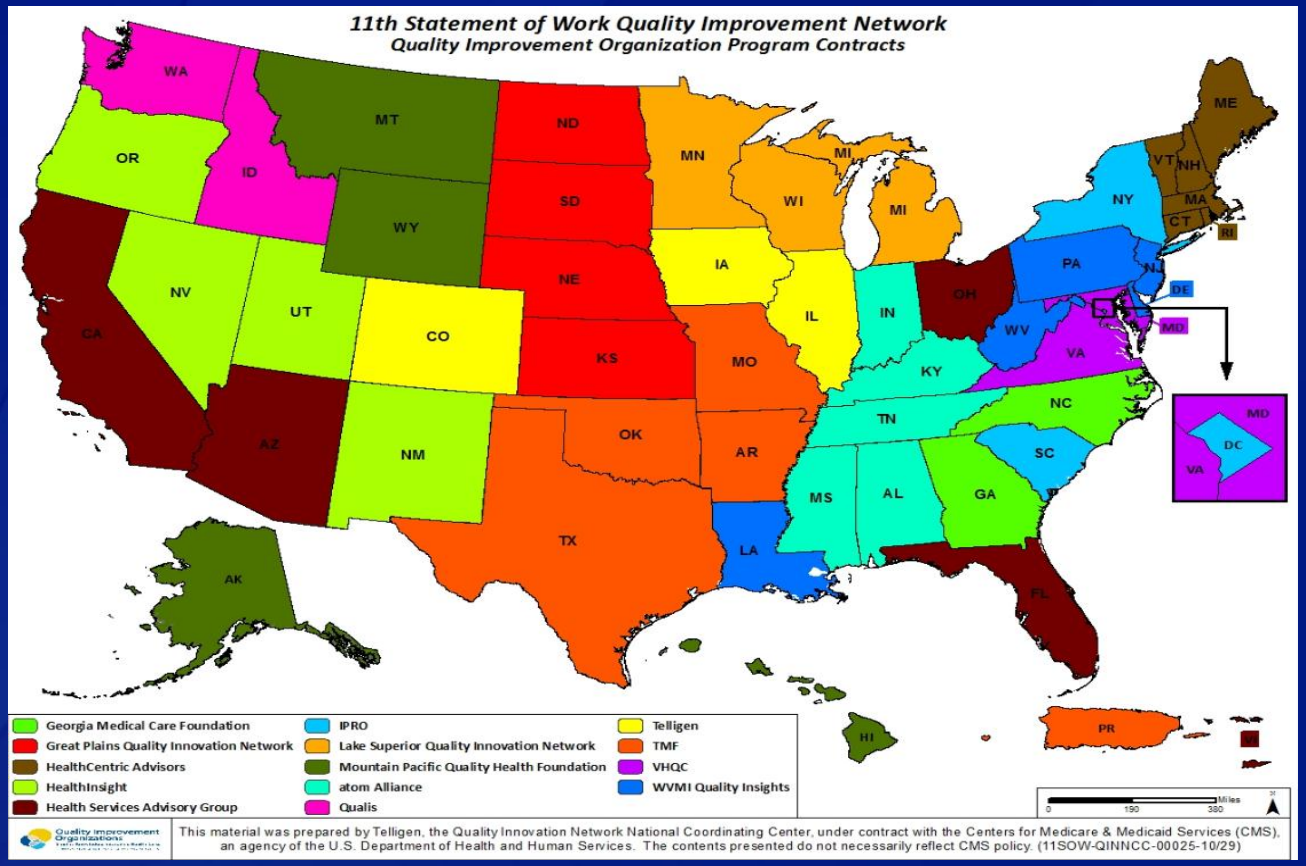
Foundational Principles:

- Enable innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems

Goals

- **Make care safer**
- **Strengthen person and family engagement**
- **Promote effective communication and coordination of care**
- **Promote effective prevention and treatment**
- **Promote best practices for healthy living**
- **Make care affordable**

QIN-QIOs Landscape



http://www.qioprogram.org/contact-zones

Role and effort of the QIN-QIOs

- Role: August 2014 – July 2019
  - Overall mission foster better health, better care and lower costs for communities
  - Free quality improvement technical assistance
  - Long-standing history supporting CAHs with data collection and submission to the QIO Clinical Warehouse
- Current efforts:
  - Support quality improvement efforts at CAHs to improve performance on HCP measure
  - Alignment and partnerships with state Flex Coordinators (and other entities at the local level) to support CAH MBQIP participation

Evidence-Based Recommendations to Increase Seasonal Influenza Vaccination among HCP

- **The Community Preventive Services Task Force recommends interventions with on-site, free, and actively promoted influenza vaccinations, when implemented alone or as part of a multicomponent intervention**

- **Intervention elements may include:**
  - Making influenza vaccine available to HCP at no cost
  - Making influenza vaccine available to HCP at their regular worksite
  - Announcing influenza vaccine availability through channels such as newsletters, e-mails, or paycheck inserts

- **May be combined with other efforts to increase access or change attitudes and norms related to influenza vaccination**
  - E.g. education/provision of information, policy changes

Source: http://www.thecommunityguide.org/worksite/flu-hcw.html

Resources/Questions:

- 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