



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

December 9th, 2015

Questions & Answers

- Can you please provide more information of how MBQIP and/or CMS quality reporting align with The Joint Commission requirements for CAHs?

As a condition of accreditation The Joint Commission requires healthcare facilities, among other things, to have a written description of the methodology used to determine staff influenza vaccination rates. (Standard IC.02.04.01, EP 6). The Joint Commission recommends the use of CDC's Healthcare Personnel Influenza Vaccination measure, which is the one used in NHSN, for this methodology.

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

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



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



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

- What if you are already enrolled in NHSN for other reporting, do you have to enroll again and obtain another SAMS card?
You do not need to enroll your facility again, and you can use the SAMS card that has already been assigned to you. However, your Facility Administrator would need to activate the Healthcare Personnel Safety Component of NHSN if your facility has not done so already.
- Where do I find my CMS number?
Your facility administrative or billing office should be able to provide you with your facility's CMS Certification Number (CCN).
- I understood that if you already are registered with NHSN/SAMS you just have to have the administrator add the Healthcare Personnel Safety Component to report
That is correct; if your facility is already enrolled in NHSN and you have obtained a SAMS card, then your Facility Administrator will need to add the Healthcare Personnel Safety Component so that you can access the Healthcare Personnel Vaccination Module.
- If we have an attached Long term care facility that is separate from our CAH, do we include those employees?
You would not include the employees of the long term care facility in your CAH counts, unless these employees also physically work for one day or more in the CAH from October 1 through March 31.
- We are a CAH that also has a Home Health & Hospice. They have a different CCN, but the employees are considered employees of the CAH. How does this work?
Since the Home Health and Hospice units do not share the same CCN as your CAH, you would not include the employees of the Home Health & Hospice in your report unless these employees also physically work for one day or more in the CAH from October 1 through March 31.
- How do you add additional Users to the NHSN account?
New users to NHSN must register with SAMS and will automatically receive an invitation to SAMS after being added as a user to the NHSN facility. After receiving an invitation to register, individuals will need to complete and submit identity verification documents to CDC. You will receive confirmation once these documents are approved, and a SAMS grid card will be delivered to your home address. You will then be able to access NHSN using your SAMS credentials. You can find more information about the SAMS process using this link: <http://www.cdc.gov/nhsn/sams/about-sams.html>.
- Is there a specific identifier (CCN or AHA) in the registration process (or update to the profile at a later time) required in order for data to be made available for MBQIP Data Reports and/or Hospital Compare?
The facility must enter a CCN into the Facility Information page of NHSN in order for the data to be shared with CMS/HRSA by NHSN.



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



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

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

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



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

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

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

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



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

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

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


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

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

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

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

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

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

Additional Resources:

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