CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training

Healthcare Personnel Influenza Vaccination Summary Reporting for NHSN

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Objectives

- **Describe reporting requirements for the NHSN Healthcare Personnel (HCP) Vaccination Module**
- **Review entering data for the HCP Vaccination Module**
  - HCP Safety Monthly Reporting Plan
  - HCP Influenza Vaccination Summary
- **Answer frequently asked questions**

Reporting Requirements for the HCP Influenza Vaccination Summary

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**

HCP Influenza Vaccination Summary

- **Data are collected on denominator and numerator categories**
  - Denominator categories:
    - Includes both full-time and part-time HCP
      - 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

  - Numerator categories:
    - Influenza vaccinations, medical contraindications, declinations, and unknown status

- **Facilities are <u>required</u> to report all numerator categories for the three denominator categories**

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/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf**

❑ **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**

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) through March 31 of the following year**

- **Influenza vaccinations**
  - Received at this healthcare facility or elsewhere

- **Medical contraindications**
- **Declinations**
- **Unknown status**

	Employee HCP	Non-En
	*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 the HCW received 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 (IIV3 or IIV4), 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 (LAIV4) 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)**

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 <u>physically present</u> 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 through March 31 of the following year are counted as vaccinated**

Notes on Reporting Requirements (2)

❑ **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.**

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)**
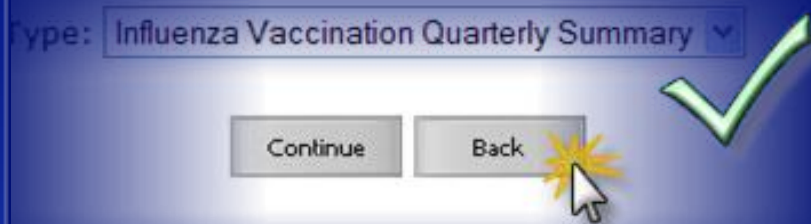
❑ **View facility name, user, and component in use at the top of the screen**

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.

Monthly Plan View for LTCHs

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

Monthly Plan View for LTCHs

❑ **Click "Save" when finished**

NHSN Home
Alerts
Reporting Plan
▷ Add
▷ Find
▷ Incomplete
HCW
Lab Test
Exposure
Prophy/Treat
Flu Summary
Analysis
Surveys
Users
Facility
Group
Log Out

Logged into Pleasant Valley Hospital (ID 10312) as ISA8.
Facility Pleasant Valley Hospital (ID 10312) is following the HPS component.

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: Pleasant Valley Hospital (ID 10312)
Month*: October
Year*: 2012
☐ 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

[Save] [Back]

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

❑ **Click "Flu Summary" then "Add"**
❑ **"Influenza Vaccination Summary Data" appears as the only option**
❑ **Click "Continue"**

HCP Influenza Vaccination Summary Data

❑ **"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)				

Custom Fields ⓘ HELP

TEST FIELD: [   ]

Comments

- ❑ **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**

Saving HCP Influenza Vaccination Summary Data

❑ **Click "Save" to save the data**

Saving HCP Influenza Vaccination Summary Data

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

Editing HCP Influenza Vaccination Summary Data

❑ **Use "Find" to search for previously entered data**

Editing HCP Influenza Vaccination Summary Data

- ❑ **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**

Frequently Asked Questions

Frequently Asked Question 1

- ❑ **I am reporting from a LTCH that is physically within an acute care facility which also reports HCP influenza vaccination summary data to CMS. How should I report my LTCH data in NHSN?**

Frequently Asked Question 2

- **When trying to enter my data in NHSN, why do I receive an error message stating that a "plan does not exist with Influenza Vaccination Summary for Flu Season entered?"**

Frequently Asked Question 3

- **If my LTCH reported influenza vaccination summary data for the 2014-2015 influenza season, do I need to create another monthly reporting plan for the 2015-2016 influenza season?**

Frequently Asked Question 4

❑   **Should I count an employee who starts working at my facility after October 1, or leaves their position after October 1?**

Frequently Asked Question 5

❑ **If a healthcare worker was vaccinated at his/her doctor's office in August, should he/she be included in the influenza vaccination summary report for the LTCH?**

Frequently Asked Question 6

❑ **How should I categorize a HCW who received a medical exemption for influenza vaccination under my facility's policy, which permits exemptions for conditions other than those specified in the NHSN protocol?**

The NHSN Website

Surveillance for Healthcare Personnel Vaccination

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].

On this Page
- Training
- Protocols
- Data Collection Forms
- CMS Supporting Materials
- Supporting Material
- FAQs

Visit: http://www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html for training materials:

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

Summary

❑ **This presentation has described:**

- ▪ Requirements for reporting HCP summary influenza vaccination data to NHSN, including numerator and denominator category definitions

- ▪ Step-by-step instructions on entering and editing HCP summary influenza vaccination data in NHSN

- ▪ Responses to frequently asked questions about reporting HCP summary influenza vaccination data to NHSN

Questions or Need Help?

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

Please include "HPS Flu Summary-LTCH" in the subject line of the e-mail