

Howard A. Zucker, M.D., J.D. Acting Commissioner of Health

Sue Kelly Executive Deputy Commissioner

November 2014

Dear Administrator:

The purpose of this letter is to inform you that the Healthcare Personnel Influenza Vaccination Report will open on Wednesday, November 19, 2014 and must be electronically submitted to the New York State Department of Health (Department) by May 1, 2015. All facilities covered under New York Codes, Rules and Regulations, Title 10, Section 2.59 (10 NYCRR Section 2.59) are required to document the number and percentage of personnel vaccinated against influenza for the current season and to complete this report upon request of the Department.

This year's report covers healthcare personnel (HCP) employed by or affililiated with your facility or agency from October 1, 2014 through March 31, 2015. This year, healthcare facilities and agencies will be required to submit a single, longitudinal report that will remain open from November 19, 2014 through May 1, 2015. Your facility or agency should enter initial data in November, or as soon as data is available, and then resubmit as often as is necessary as new HCP join your facility or agency and/or submit documentation of vaccination. The report may be accessed on the Health Electronic Response Data System (HERDS) at https://commerce.health.state.ny.us/. See the attached instruction card for detailed guidance on how to access, complete, and submit the report on HERDS.

A pre-recorded webinar training session for the Healthcare Personnel Influenza Vaccination Report is available online at www.health.ny.gov/FluMaskReg under the heading "Training". Please ensure that the person completing the report at your facility views the pre-recorded webinar and reviews all instructions and Frequently Asked Questions (FAQs) available at the above website before completing the report. Please see the enclosures for copies of the instructions, an FAQ document on the report, and a Centers for Disease Control and Prevention (CDC) guidance document on methods and strategies that can be used to collect HCP influenza vaccination data. The CDC document is also available at:

http://www.cdc.gov/nhsn/PDFs/HPS/General-Strategies-HCP-Groups.pdf.

Questions about the report should be directed to the New York State Department of Health Bureau of Immunization at either (518) 473-4437 or immunize@health.ny.gov. Technical questions about the report or on the use of HERDS should be directed to the Health Emergency Preparedness Program at (518) 408-5163 or hseppny@health.ny.gov. Questions about 10 NYCRR Section 2.59 should be directed to flumaskreg@health.ny.gov. Further information regarding 10 NYCRR Section 2.59 is also available on the Department website at www.health.ny.gov/FluMaskReg.

Sincerely,

Elizabeth Rausch-Phung, M.D., M.P.H.

Director, Bureau of Immunization

HEALTH.NY.GOV facebook.com/NYSDOH twitter.com/HealthNYGov



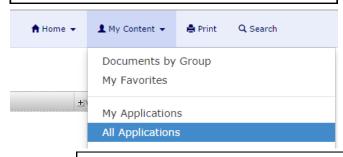
Healthcare Personnel Influenza Vaccination Report Instructions

Summary

The **Healthcare Personnel Influenza Vaccination Report** is administered through a system referred to as **HERDS**. This is a required report of your facility's healthcare personnel influenza vaccination and declination information.

In order to complete the report, you must have a Health Commerce System (HCS) account and be assigned a role able to access the report (see below for a full list of roles able to access the report). To view your role assignment, click on the **My Content** button in the upper left of the HCS menu bar, and select **See what roles I hold** from the dropdown menu. If you are not in one of these roles, contact your facility's HCS Coordinator for role assignment.

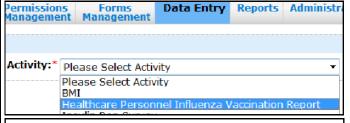
- HERDS Data Reporter (may be listed as Data Reporter or Nursing Home Data Reporter)
- Administrator
- Director, Nursing
- HPN Coordinator
- Infection Control Practitioner
- Medical Director



Find the Report

- Log onto the HCS at https://commerce.health.state.ny.us. If you need assistance logging in, please call Commerce Accounts Management Unit at 1-866-529-1890.
- 2. Click on **My Content** on the HCS menu bar, and select on **All Applications** from the drop-down menu.
- 3. Select H to locate the Health Electronic Response Data System.
- 4. Click located to the right of the application name to add HERDS to your My Applications list in the left side panel. The next time that you log onto the HCS, you will see a link to HERDS in your My Applications list.
- 5. Click **HERDS for Hospitals** to enter the application.
- 7. Click **Data Entry** in the HERDS application.
- 8. Select the **Healthcare Personnel Influenza Vaccination Report** from the **Activity** menu to begin the report.





Complete the Report

- 1. Contact info: Enter your name, title, phone number, and email address.
- Vaccination Info: Enter the following data for your employees, licensed independent practitioners, students, trainees, and volunteers, and contract personnel: TOTAL number that worked at your facility or agency from October 1, 2014 through March 31, 2015 and
 - A. Number vaccinated against influenza after July 1, 2014
 - B. Number that declined influenza vaccination
 - C. Number with unknown influenza vaccination status

Check Your Data and Submit

- 1. Click Save All to save your data.
- 2. Click Review & Submit after all of your data has been entered.
- 3. Answers that do not add up or are missing will be **red**.
- 4. Check your answers and correct if needed.
- 5. Hit Submit Data to DOH to submit your data.

Save EARLY and Save OFTEN! For security reasons, your session will expire after 60 minutes of idle time. Confirm that your data has been saved Form Saved. and submitted. Data have been submitted to DOH successfully.

Points of Contact for Questions

Survey content questions: Call Bureau of Immunization at 518-473-4437 or email immunize@health.ny.gov. Technical issues regarding survey completion: Call Office of Health Emergency Preparedness at 518-408-5163. Questions related to the flu mask regulation: Visit www.health.ny.gov/flumaskreg or email flumaskreg@health.ny.gov.



Howard A. Zucker, M.D., J.D. Acting Commissioner of Health Sue Kelly Executive Deputy Commissioner

FREQUENTLY ASKED QUESTIONS: HEALTHCARE PERSONNEL INFLUENZA VACCINATION REPORT 2014-2015

Overview

- Q1: What is the Healthcare Personnel Influenza Vaccination Report, and why am I being asked to complete it?
- A1: The Healthcare Personnel (HCP) Influenza Vaccination Report is a required report of your facility's HCP influenza vaccination rates. New York Codes, Rules and Regulations, Title 10, Section 2.59 (10 NYCRR Section 2.59) requires any healthcare facility, residential facility or agency licensed under Article 28 or Article 36 of the Public Health Law and any hospice established pursuant to Article 40 of the Public Health Law to document the number and percentage of personnel vaccinated against influenza for the current season and complete and report these data to the New York State Department of Health (the Department) upon request.
- Q2: How many HCP Influenza Vaccination Reports will be due this year? *Revised November 2014
- A2: There will be one longitudinal report which will open on November 17, 2014 and close on May 1, 2015. Facilities and agencies should submit initial data in November or as soon as data is available, and then update and resubmit the report as many times as necessary up to the May 1, 2015 deadline.
- Q3: Can I email/fax/call in my report instead of submitting it online?
- A3: No. Only reports submitted through the Health Electronic Response Data System (HERDS) on the Health Commerce System will be accepted.
- Q4: Who can I contact with questions about the HCP Influenza Vaccination Report?
- A4: Questions about the HCP Influenza Vaccination Report should be directed to the New York State Department of Health Bureau of Immunization at either (518) 473 4437 or immunize@health.ny.gov. Technical questions about the report or on the use of HERDS should be directed to the Health Emergency Preparedness Program at (518) 408 5163 or hseppny@health.ny.gov.
- Q5: Who can I contact for further information about 10 NYCRR Section 2.59 (the "flu face mask" regulation)?
- A5: Questions about 10 NYCRR Section 2.59 should be directed to flumaskreg@health.ny.gov. Further information regarding 10 NYCRR Section 2.59, including definitions of covered facilities and HCP, is available on the Department website at www.health.ny.gov/FluMaskReg.
- Q6: I submitted my HCP Influenza Vaccination Report in November, but since that time additional HCP joined my facility/agency and/or submitted documentation of vaccination. Can I still change my report? *New Question November 2014
- A6: You will be able to revise and resubmit your report up until the May 1, 2015 deadline.

Organizations with Multiple Facilities or Agencies

Please note: There are different answers to the following questions depending on the facility or agency type being reported. Please read the question(s) referring to the specific facility or agency types that apply to your organization.

- Q7: Our hospital has one or more extension clinics. Can I enter a single HCP Influenza Vaccination Report for our hospital that includes extension clinic staff?
- A7: Yes. Hospitals are not required to report extension clinics separately. Hospital extension clinic HCP should be included in the hospital report. Please note that you may not combine reports for any other facilities (e.g., diagnostic and treatment centers, nursing homes, hospices, or home care agencies) into your hospital report.
- Q8: Our diagnostic and treatment center has one or more extension clinics. Can I enter a single HCP Influenza Vaccination Report for our diagnostic and treatment center that includes extension clinic staff?
- A8: Yes. Diagnostic and treatment centers are not required to report extension clinics separately. Diagnostic and treatment center extension clinic HCP should be included in the diagnostic and treatment center report. Please note that you may not combine reports for any other facilities (e.g., hospitals, nursing homes, hospices, or home care agencies) into your diagnostic and treatment center report.
- Q9: Our long term care facility has both a nursing home and an adult day healthcare program (ADHCP). Can I enter a single combined HCP Influenza Vaccination Report since many of our HCP work at both the nursing home and the ADHCP?
- A9: No. Nursing homes and ADHCPs must be reported separately, even if they have the same Permanent Facility Identifier (PFI). In order to ensure accurate calculations of nursing home HCP influenza vaccination rates for the Nursing Home Quality Pool, nursing homes must report their rates separately from their ADHCPs. If a HCP works in or is affiliated with both agencies, then this individual must be counted in both reports.
 - Compliance with the reporting requirement is monitored by report submission. Therefore, any nursing home that submits a combined report under its ADHCP contrary to these instructions, and leaves its nursing home report blank, will lose 5 points toward timely submission of the report in the Nursing Home Quality Pool, and any ADHCP that leaves its report blank will be out of compliance with the reporting requirement. See question 40 for more information on the Nursing Home Quality Pool.
- Q10: Our organization contains more than one facility in a combination other than the ones noted above (e.g., a hospital and a nursing home, or a Certified Home Health Agency [CHHA] and a LHCSA). Can I enter a single combined HCP Influenza Vaccination Report for our organization as a whole since many of our HCP work at multiple facilities within our organization?
- A10: No. Each separate facility or agency must submit an individual report under its own PFI. In order to ensure accurate representations of the HCP influenza vaccination rates at each individual facility and agency, reports from facilities or agencies with different PFIs cannot be combined into a single report. If a HCP works in or is affiliated with more than

one facility or agency, then this individual must be counted in the total number of HCP for each facility or agency where he or she works.

Compliance with the reporting requirement is monitored by report submission. Therefore, any facility or agency that combines its data with another facility or agency's report contrary to these instructions and leaves its own report blank will be out of compliance with the reporting requirements.

Q11: Why do I see two facilities listed under the same name and PFI? Is that an error? Can I ignore one or remove it from the report?

A11: Some long term care facilities have both a nursing home and an ADHCP under a single PFI. As described in question 9 above, both the nursing home and the ADHCP must submit separate reports, even if they have the same PFI. Therefore, both the nursing home and the ADHCP will appear in your "Organization" dropdown menu, with similar or identical names and the same PFI. The name of the ADHCP is generally listed in ALL CAPS and the name of the nursing home is generally listed with only the first letter of each word capitalized, e.g.:

SAMPLE RESIDENTIAL CARE FACILITY (9999) Sample Residential Care Facility (9999)

If you still have a question as to which report corresponds to which facility, select one of the reports. Scroll up to the top of the page after the report loads. You will then see a box that says "Facility: Nursing Home (adhcp)" for ADHCPs or "Facility: Nursing Home (pfi)" for nursing homes.

Compliance with the reporting requirement is monitored by report submission. Therefore, any nursing home that submits a combined report under its ADHCP contrary to these instructions and leaves its nursing home report blank will lose 5 points toward timely submission of the report in the Nursing Home Quality Pool, and any ADHCP that leaves its report blank will be out of compliance with the reporting requirement. See question 40 for more information on the Nursing Home Quality Pool.

Q12: Where is the report for my extension clinic(s)?

A12: Extension clinics are not required to report separately. All extension clinic HCP should be included in the hospital or diagnostic and treatment center report, as discussed in questions 7 and 8 above.

Q13: One or more of my facilities or agencies are missing from the "Organization" dropdown menu, and they are not extension clinics. Can I submit a combined report under the facilities or agencies that are listed?

A13: If any facilities or agencies are missing from your view, then you most likely have not been assigned a "HERDS Data Reporter" role for that facility or agency. Please see question 19 below for more information on how to obtain a "HERDS Data Reporter" role in order to enter the report for that facility or agency. If the missing facility or agency is covered under the flu mask regulation and is not an extension clinic, then you must report

it separately and you cannot submit a single, combined report under another facility or agency's report.

Local Health Departments

Q14: Are local health departments required to submit this report?

A14: Only those local health department programs that are licensed pursuant Article 28, Article 36, or Article 40 of the Public Health Law are required to report.

Q15: Which staff in local health departments should be counted in the report?

A15: Only those local health department staff who carry out Article 28, 36 or 40 program functions or who encounter patients seeking those program services need to be reported.

Q16: My local health department has more than one Article 28, 36, or 40 program (e.g. a CHHA and a Diagnostic and Treatment Center). Can I enter a single combined report for our local health department as a whole?

A16: No. The separate programs must each submit an individual report under their own PFI, as discussed in question 10 above.

Accessing the Report on the Health Electronic Response Data System (HERDS)

Q17: How do I get a Health Commerce System (HCS) account?

A17: There is a fast, paperless registration process for Health Commerce System accounts. You can register for an account at https://apps.health.ny.gov/pub/usertop.html.

Q18: How can I access the report on HERDS?

- A18: (1) Log onto the HCS at https://commerce.health.state.ny.us.
 - (2) Click "My Content " from the top right of the screen.
 - (3) Select "All Applications".
 - (4) Select H to locate HERDS for Hospitals (Health Electronic Response Data System).
 - (5) Click the green plus sign located to the right of the application name to add HERDS to your **My Applications** list in the left side panel of the Home screen. The next time that you log onto HCS, you will see a link to **HERDS** in your **My Applications** list.
 - (6) Click **HERDS for Hospitals** to open the HERDS application.
 - (7) Click the **Data Entry** tab in HERDS.
 - (8) Select the **Healthcare Personnel Influenza Vaccination Report** from the **Activity** drop-down menu to begin the report.
 - (9) If you are assigned to a single facility or agency, then the report will automatically open. If you are assigned to more than one facility or agency, then you will need to select the facility or agency for which you are reporting from the "Organization" dropdown menu.

Q19: Why can't I find my facility/agency in the "Organization" dropdown menu in HERDS?

- A19: You will need to be assigned the role "HERDS Data Reporter" within the HCS in order to access the report. Your organization's HCS Coordinator can assign the role "HERDS Data Reporter". To locate your organization's HCS Coordinator:
 - (1) Log in to the HCS at https://commerce.health.state.ny.us/.
 - (2) Click "My Content "" at the top right of the page.
 - (3) Click "Look up my Coordinators".

Q20: Why am I getting error messages in my report?

- A20: There are 3 error messages in the report.
 - (1) "**Is a required field**": This error message means that you skipped a question. All questions in the report are required; if the answer is zero then you must enter the number zero (0) rather than leave it blank.
 - (2) "**Is a numeric field**": This error message means that you typed a word or letter in a field that can only accept numbers.
 - (3) "Error: Enter the TOTAL number of [Employees / Licensed Independent Practitioners / Students, Trainees and Volunteers / Contract Personnel] that worked at this facility between October 1 and March 31 MUST BE EQUAL TO ...": Your answers to the three questions about immunization status of your HCP do not add up to the total number of HCP that you reported.
 - \circ For each of the four categories of HCP, your answers to questions a through c must add up to the total HCP for that category (for example, 5a + 5b + 5c = 5).
 - o If you think you have HCP that do not fit into any of the influenza vaccination status categories, you should count them in the "c" category. The definition of the "c" category is "Indicate the total number of HCP meeting the definitions above with unknown influenza vaccination status, or who did not meet the criteria for questions a through c above".

Q21: Help! I filled out my report but one of my answers disappeared!

A21: The most likely explanation is your answers to questions a through d for one of the categories of HCP did not add up to the total HCP for that category (for example, 5a + 5b + 5c ≠ 5). When this happens, the total number of HCP blanks out. Please check your numbers and correct any error that may have occurred when you entered your data. If you continue to have trouble, please contact the Health Emergency Preparedness Program at (518) 408 – 5163 or hseppny@health.ny.gov.

Denominator (Total HCP)

- Q22: How should my facility prepare to collect and report data for different denominator categories, especially licensed independent practitioners and students? *Revised November 2014
- A22: Facilities/agencies may involve various departments, medical schools, and credentialing offices when developing strategies to collect data, including securing access to payroll and occupational health records. Each facility or agency should also ensure that staff who will be entering data can access HERDS.

The Centers for Disease Control and Prevention (CDC) has compiled a summary of methods and strategies used by selected hospitals to collect HCP influenza vaccination data. This document is available online at http://www.cdc.gov/nhsn/PDFs/HPS/General-Strategies-HCP-Groups.pdf.

- Q23: Do I need to report HCP that <u>were not</u> employed by or affiliated with my facility/agency between October 1 and March 31?
- A23: No, they would not be covered by this report.
- Q24: Do I need to report HCP that <u>were not</u> physically present in my facility or did not have patient contact between October 1 and March 31?
- A24: No, they would not be covered by this report. **Please note:** Only personnel covered under the Flu Mask Regulation should be counted in this report. A detailed Frequently Asked Questions (FAQ) document describing which personnel are covered under the regulation is available at www.health.ny.gov/FluMaskReg.
- Q25: Do I need to report HCP who worked for my facility/agency for only a few days between October 1 and March 31?
- A25: Yes. All HCP who worked at the facility/agency for any amount of time should be counted in this report. This includes HCP who worked part-time, joined after October 1, left before March 31, or who were on extended leave during part of that period.
- Q26: Many of our HCP also work at another facility/agency in town. Must they be reported by every facility or agency at which they work?
- A26: Yes. This report describes the HCP influenza vaccination rates at each individual facility and agency, so facilities and agencies must count all covered HCP in their reports.
- Q27: Should physician fellows and residents be included?
- A27: Yes. Physician fellows and residents and interns that are on the facility's payroll are categorized as employees. Physician fellows that are not paid directly by the facility are categorized as licensed independent practitioners. Residents and interns that are not on the facility's payroll are categorized as students/trainees.
- Q28: When are physicians, nurses, and physician assistants counted as "employees" and when are they counted as "licensed independent practitioners"?
- A28: An "employee" is anyone on the payroll and receiving a paycheck from the facility or agency. The remaining physicians, advanced practice nurses, and physician assistants affiliated with the facility should be counted in the "licensed independent practitioners" category.
- Q29: What is the difference between "licensed independent practitioners" and "contract personnel"?
- A29: Physicians (M.D., D.O.), advanced practice nurses, and physician assistants who are affiliated with the healthcare facility or agency but are not directly employed by it (i.e., do not receive a paycheck from the facility) should be classified as "licensed independent practitioners". Any other personnel providing care, treatment, or services through a

contract with the agency or at the facility through a contract should be classified as "contract personnel".

Numerator (HCP Influenza Vaccination Status)

- Q30: If a HCP was vaccinated in August, should he or she be counted as vaccinated?
- A30: Yes. Any HCP that received influenza vaccine after July 1 should be counted as vaccinated, since influenza vaccine for a given year may be available as early as July or August. The October 1 through March 31 time period applies to the time of employment or affiliation with the healthcare facility, not to the time of vaccination.
- Q31: If a HCP was vaccinated in June, should he or she be counted as vaccinated?
- A31: No. Any influenza vaccine that was administered prior to July 1 was last season's influenza vaccine and therefore does not count as being vaccinated after July 1.
- Q32: How should facilities document the vaccination status of HCP who report that they were vaccinated off-site (e.g., at their primary care provider's office, a health department, or pharmacy)?
- A32: Acceptable forms of documentation include a signed statement or form, New York State Immunization Information System (NYSIIS) record, or a note, receipt, vaccination card, etc., from the outside vaccinating entity identifying the individual that was vaccinated, the vaccine administered, and the date of vaccination. Self-attestation is not acceptable documentation of vaccination under the flu mask regulation.
- Q33: Is there a standard form for documenting off-site vaccination?
- A33: There is no single standard form for this purpose. Acceptable forms and cards for documenting off-site vaccination include, but are not limited to:
 - Use of NYSIIS is strongly encouraged; further information on NYSIIS available at http://www.health.ny.gov/prevention/immunization/information_system/
 - The Department Adult Immunization Record Card, available for ordering at http://www.health.ny.gov/forms/order-forms/influenza-and-pneumococcal-prevention_campaign_materials.pdf
 - The Department Influenza and Pneumococcal Consent Form, available for ordering at http://www.health.ny.gov/forms/order_forms/influenza_and_pneumococcal_prevention_campaign_materials.pdf
 - Notification of Vaccination Letter, available at http://www.immunize.org/catg.d/p3060.pdf
- Q34: If a HCP verbally indicated that he or she received the influenza vaccine off-site but cannot provide any form of written documentation, how should he or she be categorized in the report?
- A34: This HCP should be counted in the "unknown vaccination status" category.
- Q35: How should a HCP that has a religious objection to vaccination be categorized?
- A35: This HCP should be counted in the "declined influenza vaccination" category.

- Q36: How should I categorize a HCP who reported a contraindication or precaution to influenza vaccination?
- A36: This HCP should be counted in the "declined influenza vaccination" category.
- Q37: I have HCP that don't fit into any of the categories for influenza vaccination status [categories a through c]. How should I categorize them?
- A37: They should be categorized as "unknown influenza vaccination status". This category includes HCP that do not meet the definitions for the other 2 categories of influenza vaccination status.

The Department and Centers for Medicare & Medicaid Services (CMS) Reports

- Q38: I already submitted my Healthcare Personnel Influenza Vaccination Summary to CMS. Can the Department pull my facility's data from my CMS report?
- A38: The definitions of HCP covered under 10 NYCRR 2.59 do not fully overlap with those used by CMS. Therefore, it is necessary to submit the HCP Influenza Vaccination Report directly to the Department.
- Q39: I haven't yet submitted my Healthcare Personnel Influenza Vaccination Summary to CMS. Will the Department transmit my facility's data to CMS?
- A39: The Department is unable to transmit HCP Influenza Vaccination Report data to CMS. Furthermore, the definitions of HCP covered under 10 NYCRR 2.59 do not fully overlap with those used by CMS. Those facilities that are required to report HCP vaccination data to CMS will need to complete the Healthcare Personnel Influenza Vaccination Summary on the National Healthcare Safety Network (NHSN) and submit it to CMS separately from the Department HCP Influenza Vaccination Report. Further information on the CMS Healthcare Personnel Influenza Vaccination Summary is available at http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html.

The Nursing Home Quality Pool (only applies to nursing homes)

- Q40: How will the HCP Influenza Vaccination Report impact the Nursing Home Quality Pool payments? *Revised November 2014
- A40: **Please note:** The Nursing Home Quality Pool only applies to eligible <u>nursing homes</u>. Other facilities and agencies are not included in the Nursing Home Quality Pool. For more information on eligible nursing homes, contact <a href="https://www.nursing.nurs

The HCP Influenza Vaccination Report will impact the Nursing Home Quality Pool in two metrics. The first is the compliance measure of timely submission of the HCP Influenza Vaccination Report (i.e., by the deadline for reporting). Timely submission of the report will result in 5 points. The second measure is the quality measure of rate of employee flu vaccination which will be calculated using the data reported in the HCP Influenza Vaccination Report.

Methods and Strategies Used to Collect Healthcare Personnel Influenza Vaccination Data

Reported by selected acute care hospitals during the 2012-2013 influenza season

Counting Healthcare Personnel (HCP) and Collecting Vaccination Status Data

General strategies that can apply to all HCP are listed. Strategies specific to certain HCP groups are indicated in brackets.

Created or adapted existing lists, databases, or software systems (e.g., PeopleSoft®)

Counting HCP

- Used lists or databases of HCP organized by facility departments or units, type of work schedule (full-time, part-time, or per diem), or by dates of employment that can be updated as HCP are hired or terminated.
- Used lists or databases created for other administrative purposes: administration of annual tuberculosis skin tests, HCP visits to the occupational health clinic, staff orientation, when ID badges were obtained, or during payroll audits.
- Utilized software that functions as a time clock or reviewed time spent in facilities recorded through ID badges.
- Identified licensed independent practitioners (LIPs)¹ by cross-checking list from credentialing or medical offices with payroll records to determine who was not on the facility payroll [LIPs].
- ➢ Identified credentialed LIPs and determined whether they performed procedures at the facility during the influenza season (e.g., reviewed surgery schedules or examined patient rosters to determine where LIPs worked) [LIPs].
- Obtained LIP list from the software system of an affiliated facility (e.g., a sister facility within a healthcare system) [LIPs].

Identifying and tracking vaccination status

- Distributed vaccination status forms or surveys several times to HCP in-person, via e-mail, postal mail, or online and established a deadline to return forms or surveys.
- Adapted existing forms (e.g., modified an influenza/pneumococcal vaccination form from state health department).
- Used separate forms for influenza vaccination consent and declination and tracked vaccination status based on forms.
- Used a single comprehensive form for HCP to indicate influenza vaccination received at the facility, outside of the facility (including where vaccination was received), medical contraindications, and declinations (including reason for declination, if desired).
- ➤ HCP completed vaccination status form after data collector administered influenza vaccination (the data collector and healthcare worker could each keep a copy of the form).
- Scanned documentation of vaccination received elsewhere into electronic record system so all vaccination information for HCP is kept in one place (e.g., iPad system).
- Used facility ID badge number of HCP to update software program as soon as vaccination was administered.
- Ensured that HCP followed facility vaccination policies for different HCP groups (e.g., informed schools that nursing students must receive influenza vaccination before working in facility).

Follow-up to obtaining vaccination or information from completed forms or surveys

- Allowed HCP to return forms or surveys via postal mail, email, or FAX.
- Placed several telephone calls and sent memorandums and e-mails reminding non-responding HCP to obtain vaccination at the facility or return vaccination status documentation.
- Asked department directors, Human Resources staff, or managers to follow-up with HCP who were not vaccinated or did not return vaccination status information.

Examples

Mailed forms or surveys to HCP since several worked per diem, part-time, and evening schedules.

- > Mailed survey letter (including facility vaccination statistics) and form to HCP along with their paychecks.
- Placed a letter regarding influenza vaccination in an orientation package for new HCP at facility.
- Enabled HCP to complete electronic vaccination status form at any computer in facility.
- > Obtained approval from facility to review immunization records for HCP in software system.
- Cross-referenced list or database of HCP working at facility with HCP receiving influenza vaccination to determine unvaccinated HCP.
- Created Excel spreadsheet for each healthcare worker that included vaccination status (vaccinated at facility, vaccinated elsewhere, medical contraindication, declination, or unknown), type of HCP, department of facility, dates of employment, and type of work schedule.
- Created Excel spreadsheet mirroring NHSN data entry screen to allow facility to calculate own vaccination rates.
- Placed telephone calls to physicians' offices to obtain information for non-responding HCP [LIPs].
- Medical director sent a letter to non-responding HCP [LIPs].

Worked with colleagues to obtain data on HCP working at the facility

- Human Resources or Payroll Department
- Department/unit directors and facility administration
- Occupational or Employee Health (for number of vaccinated employees)
- ➤ Information Technology
- Other workplaces, offices, or managers of HCP
- Medical staff coordinator or medical staff office at facility [LIPs; Adult Students/Trainees]
- Credentialing offices, accreditation groups, or licensure boards [LIPs]

- Other medical facilities (e.g., affiliated or sister facilities)
 [LIPs]
- Schools [Adult Students/Trainees]
- Student coordinators, student education groups, heads of student groups [Adult Students/Trainees]
- Clinical instructors or other student instructors/preceptors [Adult Students/Trainees]
- Volunteer coordinators/program managers for facility [Adult Volunteers]
- Central volunteer office of healthcare system [Adult Students/Trainees; Adult Volunteers]
- Admitting department [Adult Volunteers]
- Research department [Other Contract Personnel (OCP)²]

Examples

- > Sent a letter along with vaccination status survey and asked LIPs to return this to the credentialing office [LIPs].
- Worked with medical office managers to send proof of vaccination for LIPs vaccinated outside of facility [LIPs].
- Instructors distributed and collected vaccination status forms from students [Adult Students/Trainees].
- Human Resources department created list with assistance from volunteer director [Adult Volunteers].
- Volunteer department director contacted volunteers individually to determine vaccination status [Adult Volunteers].
- Human Resources compiled vaccination status information submitted by contracting agencies [OCP].
- Obtained vaccination status information from occupational health provider with whom facility has a contract [OCP].

Used personal knowledge of colleagues to count HCP and determine vaccination status

- > Data collector identified HCP and gathered vaccination status data through personal knowledge (e.g., familiarity with some or all individuals who work in facility).
- Data collector gathered information/and or administered influenza vaccination during the hiring process, while conducting medical clearances or physical exams, or during influenza vaccine promotion activities.
- Called or e-mailed HCP directly regarding vaccination status.

Examples

- Provided advance notice to HCP about vaccination reporting requirements and asked them to keep documentation if vaccinated outside of the facility.
- Offered vaccination and/or collected vaccination status information during staff or department meetings, grand rounds, facility rounds, volunteer activities, and lunch.
- Organized clinics for LIPs to receive vaccine and complete consent forms [LIPs].

Note: These data were taken from semi-structured interviews conducted during February to May 2013 with staff members from 46 acute care hospitals as part of an evaluation of the implementation of the HCP Influenza Vaccination Summary Measure.

¹Licensed Independent Practitioners (LIPs): Non-employee physicians, advanced practice nurses, and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it.

²Other Contract Personnel (OCP): Persons providing care, treatment, or services at the facility through a contract.