

## **Operational Guidance for Acute Care Hospitals to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC's National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirements and CMS's Hospital Outpatient Quality Reporting (OQR) Program Requirements**

The Centers for Medicare and Medicaid Services (CMS) published on August 18, 2011 the FY 2012 IPPS/LTCH PPS final rule that finalized for the Hospital Inpatient Quality Reporting Program (IQR) the healthcare personnel (HCP) influenza vaccination measure and its summary reported data from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) beginning in calendar year 2013.<sup>1</sup> More specifically, the rule announced a requirement for acute care hospitals to report HCP influenza vaccination summary data beginning on January 1, 2013. Beginning with the 2013-2014 influenza season, acute care hospitals must submit data for the entire influenza vaccination season (October 1 through March 31) to NHSN. Please note that this is a change from the 2012-2013 influenza season, when facilities were only required to submit vaccination data from January 1, 2013 to March 31, 2013.

CMS also published on December 10, 2013 the CY 2014 OPPI/ASC final rule that finalized for the Hospital Outpatient Quality Reporting Program (OQR) the HCP influenza vaccination measure and its summary reported data from hospital outpatient departments via CDC's NHSN beginning with the 2014-2015 influenza season.<sup>2</sup> The CY 2014 OPPI/ASC final rule stated that hospital outpatient departments would start reporting HCP influenza vaccination summary data on October 1, 2014, and clarified that beginning with the 2014-2015 influenza season, hospital outpatient departments must submit data for the entire influenza vaccination season (October 1 through March 31) to NHSN.

This operational guidance provides additional information about reporting HCP influenza vaccination to NHSN as part of the IQR and OQR programs. In order to operationalize the IQR and OQR program rules and drive improvements in vaccination rates throughout healthcare systems, CMS proposes that the acute care hospital inpatient and outpatient HCP counts be combined and submitted on one NHSN report form (i.e., one form with combined inpatient and outpatient acute care hospital HCP summary counts), rather than two separate forms (i.e., one form with acute care hospital inpatient counts and a second form with acute care hospital outpatient counts). The requirements for HCP influenza vaccination reporting to NHSN for these CMS programs do not preempt or supersede any state mandates for HCP influenza vaccination reporting to NHSN

(i.e., hospitals in states with a HCP influenza vaccination reporting mandate must also abide by their state's requirements, even if they are more extensive than the requirements for these CMS programs).

NHSN guidance and definitions for reporting HCP influenza vaccination summary data can be found in the NHSN Influenza Vaccination Summary Protocol: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html#pro>. The NHSN protocol provides guidance so that acute care hospitals can report HCP influenza vaccination summary data for all HCP working in the acute care inpatient and outpatient units from October 1 (or when the vaccine became available) through March 31, which includes all influenza vaccinations administered during the influenza season at the facility or elsewhere, influenza vaccine declinations, and determinations of a medical contraindication to influenza vaccination. Users must also report associated denominator data for HCP physically working in the inpatient and outpatient acute care hospital units for at least 1 working day between October 1 through March 31, regardless of clinical responsibility or patient contact. This includes both inpatient units and outpatient departments that are physically attached to the acute care facility or outpatient departments co-located on the same medical campus that function as units of the acute care facility and share the same CMS Certification Number (CCN) as that facility. This excludes any separate outpatient satellite physician clinics and any patient care units that have separate CCNs (even those that differ only by a letter in the third position of the CCN). Beginning with the 2014-2015 influenza season, data on HCP working in inpatient units and outpatient departments will be reported as a combined total on a single data entry screen within NHSN. HCP assigned to patient care units within the acute care hospital that have separate CCNs (even those that differ only by a letter in the third position of the CCN) should not be counted in the acute care summary totals unless they have also worked for at least 1 day between October 1 through March 31 in any of the acute care inpatient units or outpatient departments. Patient care units in NHSN that have separate CMS CCNs include but may not be limited to inpatient rehabilitation facilities (IRF), inpatient psychiatric facilities (IPF), skilled nursing facilities (SNF), long term acute care facilities (LTAC/LTCH), ambulatory surgery centers (ASC), and outpatient dialysis facilities (See guidance 2779A1 p.400 and 2779C p.404 of attached link for additional information: : <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107c02.pdf>). Per the NHSN HCP influenza vaccination summary report form, data should be reported separately for employees, licensed independent practitioners, and adult students/trainees and volunteers. Reporting summary data from other contract personnel is optional at this time.

In order to report HCP influenza vaccination summary data, the NHSN HPS Component must be activated. Within the HPS Component, monthly reporting plans must be created or updated to include HCP influenza

vaccination summary reporting for the acute care hospital, i.e., HCP influenza vaccination must be “in-plan” in order for data to be shared with CMS. Once the “Influenza Vaccination Summary” box is checked on a monthly reporting plan, then the system will auto-check that same box on every monthly reporting plan throughout the entire NHSN-defined influenza season (defined as the 12 months from July 1 – June 30). All data fields required for both numerator and denominator data collection must be submitted to NHSN. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application.

CDC/NHSN strongly encourages that HCP influenza vaccination summary counts be updated on a monthly basis and encourages healthcare facilities to update new counts within 30 days of the end of each month (e.g., all October data should be added by November 30) so it has the greatest impact on influenza vaccination activities. HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, so 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. Facilities wishing to maintain monthly records should save their own copies of each data entry. For the purposes of fulfilling CMS quality measurement reporting requirements, this combined inpatient and outpatient summary report will only be submitted once to CMS. The combined inpatient and outpatient summary report must be entered by May 15 for data to be shared with CMS.

Within the NHSN application, each enrolled acute care hospital will have available a number of detailed counts and percentages from their entered HCP influenza vaccination summary data. HCP influenza vaccination summary data submitted to NHSN by May 15 will be reported from CDC to CMS by CCN, as assigned by CMS for acute care hospitals. CDC will share in-plan HCP influenza vaccination summary data with CMS. Public reporting of a single overall HCP influenza vaccination summary adherence percentage, for each acute care hospital CMS CCN, will begin on Hospital Compare with the 2013-2014 influenza season.

<sup>1</sup> US Department of Health and Human Services. Medicare program; hospital inpatient prospective payment systems for acute care hospitals and the long-term care hospital prospective payment system and FY2012 rates; hospitals' FTE resident caps for graduate medical education payment; final rules. Federal Register 2011;76:51631-51633.

<http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

<sup>2</sup> US Department of Health and Human Services. Medicare and Medicaid programs: hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs;

hospital value-based purchasing program; organ procurement organizations; quality improvement organizations; electronic health records (EHR) incentive program; provider reimbursement determinations and appeals; final rule with comment period and final rules. Federal Register 2013; 78:75097-75099.

<http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf>