Denominator FAQs

General	
What types of nurses are counted as licensed independent practitioners?	All advanced practice nurses should be included in the licensed independent practitioner category. Advanced practice nurses include nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists.
What types of HCP are included in the "other contract personnel" category?	A suggested list of contract personnel who might work in a healthcare facility is located in Appendix A of the Healthcare Personnel Vaccination Module: Influenza Vaccination Summary Protocol (http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf).
Should employees who always work off-site or out-of-state be counted, such as employees practicing telemedicine?	No. Only HCP physically working at the healthcare facility for at least 1 day from October 1 through March 31 are included.
Should I count HCP who are not working with patients, but because of staff meetings, etc. are physically in the facility?	You should count HCP who physically work in the facility, who perform any work duty in the facility for at least 1 day from October 1 through March 31, and who meet protocol definitions, regardless of clinical responsibility or patient contact. For example, you should count a healthcare worker (HCW) who has official responsibilities in the facility for at least 1 day from October 1 through March 31, such as attending regularly scheduled meetings. However, you would not need to count HCP who are not officially in the facility for work duties (e.g., coming into the facility for lunch, etc.).
My healthcare system has two facilities, A and B. If a HCW works at facility A for 1 day during the influenza season and works at facility B for 15 days during the influenza season, should I count the HCW in the influenza vaccination summary data for both facilities?	Yes, all employees, non-employee licensed independent practitioners, and non-employee adult students and volunteers who physically work at the facility for at least 1 day from October 1 through March 31 should be counted, for each facility where they work. Therefore, you would count the individual in your influenza vaccination summary data reporting for facility A and facility B. These reports describe influenza vaccination rates among HCP working at a specific facility. In order for this to be accurate, all eligible HCP must be counted by each facility where they work.
There are three facilities within our healthcare system. Can I collect and enter the HCP influenza vaccination summary data as a system since many of our staff members work at multiple facilities?	No, each of the system's facilities need to be enrolled as separate facilities in NHSN and need to report their influenza vaccination summary data separately. If a HCW physically works in multiple facilities in the healthcare system for at least 1 day from October 1 through March 31, this individual should be counted in the total number of HCP for each facility where he/she works.
Should I count an employee who starts working at my facility after October 1, or leaves their position after October 1?	Yes. All employees, non-employee licensed independent practitioners, and non-employee students and volunteers aged 18 and older who physically work at the facility for at least 1 day from October 1 through March 31, regardless of exact stop and start dates, should be counted.
In the protocol for the HCP Influenza Vaccination	HCP who are affiliated with the healthcare facility are those who perform a work duty in the

Summary, licensed independent practitioners are defined as physicians, advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it, regardless of clinical responsibility or patient contact. What does it mean when HCP are "affiliated" with a facility?	facility, but are not directly employed by the facility (i.e., they do not receive a paycheck from the facility).
How is a facility owner, particularly a physician owner, categorized?	Any owner, even a physician owner, is categorized as an "employee" and included in this measure if he/she is present in the facility for at least 1 day from October 1 through March 31.
Should physician fellows and residents be included?	Yes. Physician fellows (post-residency) are categorized as licensed independent practitioners, unless they are paid directly by the facility, in which case they are employees. Residents and interns not on the facility's payroll are categorized as students/trainees.
When are licensed independent practitioners counted as "employees" and when are they counted as "licensed independent practitioners"?	An "employee" is anyone on the payroll and receiving a paycheck from the facility. Regardless of their job duties, if they work at the facility for at least 1 day from October 1 through March 31, these HCP are reported as "employees." The remaining licensed independent practitioners working at the facility for at least 1 day from October 1 through March 31 who do not receive a paycheck directly from the facility should be counted in the "non-employee, licensed independent practitioners" category which includes physicians, advanced practice nurses, and physician assistants. Post-residency fellows are also included in this category, unless they are paid directly by the facility, in which case they are employees.
Would you count a licensed independent practitioner who rarely comes into a facility during the influenza season?	He/she would be included in the measure if he/she works in the facility for at least 1 working day from October 1 through March 31.
Should you count licensed independent practitioners who work in the facility under a contract?	Yes. 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.
Are other licensed contract workers/non-employees such as nurses, technicians, therapists, etc. reported?	Non-employee licensed or credentialed providers other than physicians, advanced practice nurses, and physician assistants who work under a contract with the facility are not required to be reported, but can be reported in the optional "other contract personnel" category, if desired.
Are contractors such as housekeeping staff, environmental services staff, construction workers, etc. required to be included?	No. Non-licensed contract personnel can be reported in the optional "other contract personnel" category, if desired.
Should students who work a half-day shift for one day during the reporting period be included?	Yes. You would count the students since they worked at least 1 day from October 1 through March 31. Working any part of a day counts as working 1 day.
Would you count instructors who accompany	Yes, you would count these individuals in your HCP influenza vaccination summary data as

students to a healthcare facility if the instructors do not otherwise work at the facility?	adult students/trainees and volunteers since they are in the facility to provide instruction to the students/trainees.
High school students who are age 18 or older are allowed to volunteer at our facility. Should these students be counted, or do we only report vaccination among health professional students?	All students/trainees and volunteers aged 18 and over should be counted if they are physically in the facility for at least 1 day from October 1 through March 31. It does not matter if the student is in high school, college, medical school, etc.
How should we count 'shadowers' who visit our facility on a short-term basis to explore a possible career in healthcare? Would they be counted as students/trainees? Most of them are not enrolled in school when they visit.	You would not count shadowers who are touring the facility since they are not in the facility for a work-related or training-related purpose; however, CDC encourages these individuals to obtain influenza vaccination since they have potential exposure to infectious agents including influenza while in the facility. The students/trainees and volunteers category should include only current medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the facility for work or training purposes (e.g. clinical rotations).
Should clergy members be included in the volunteer category of the non-employee group?	Yes. If they are physically in the facility for at least 1 day from October 1 through March 31, any unpaid personnel who are in the facility in a formal capacity (board member, auxiliary member, etc.) are considered volunteers.
There are some HCP who work in the facility as part-time employees during the day and work as students by night. How should I classify these individuals?	The following hierarchy should be used to classify HCP at your facility: if a HCW who works in the facility is on payroll, he/she should be counted as an employee (even if he/she works as a student or volunteer at other times). If a HCW is not on the facility payroll, you should determine whether he/she meets the definition of a licensed independent practitioner. If not, you should finally determine whether the HCW is a student/trainee or volunteer. If none of those are the case, then you do not need to count that particular HCW in your reports of HCP influenza vaccination.
My healthcare system uses multiple payroll systems. Should I count corporate employees of the facility who are paid through a corporate payroll in the employee category?	Some healthcare systems use multiple payroll systems; for example, certain individuals within a particular facility may be corporate employees paid directly through a corporate payroll, while others at the facility are facility employees paid directly through a facility payroll. For healthcare systems using multiple payroll systems, a facility would only count employees of the facility who are paid directly through a facility payroll. Corporate employees who are not paid directly through the facility payroll would not be counted in the employee category, although they could be counted in the licensed independent practitioner or other contract personnel categories, if they meet protocol definitions for either group. However, if a facility is part of a system that has only one payroll for the entire system, then each facility would count all paid employees in the employee category, if they physically work in that facility for at least 1 day from October 1 through March 31.
My facility is part of a multi-facility healthcare system that has one corporate payroll. Each facility has its own NHSN number, so how should each facility	Each facility should report the total number of HCP who physically work in that facility. If a HCW physically works in multiple facilities in the healthcare system for at least 1 day from October 1 through March 31, this individual should be counted in the total number of HCP for

report its total number of HCP?	each facility where he/she works.
What does it mean when it is stated that "denominators are to be calculated separately for the three required categories"?	The instruction to calculate the denominator data separately means that a facility is required to count and report the number of employees, licensed independent practitioners, and adult students/trainees and volunteers separately instead of reporting a total number of HCP working at the facility. That way, vaccination status can be determined for each of the three groups. For example, to determine the declination rate for employees, you would divide the number of employees who reported a declination by the total number of employees who worked in your facility for at least 1 day from October 1 through March 31. You would then multiply this by 100 to obtain a percentage.
Acute Care Hospitals	
Should I continue to count only HCP who physically work in the facility for 30 days or more from October 1 through March 31?	No. The 30-day denominator requirement has been changed from the 2012-2013 influenza season. Therefore, beginning with the 2013-2014 influenza season, facilities should count HCP who are physically present in the facility for at least 1 working day from October 1 through March 31.
My acute care hospital owns several outpatient provider practices that are physically separate from the main hospital campus and have separate CMS Certification Numbers (CCN). Employees of these clinics are on the hospital's payroll, so should we include them in our HCP influenza vaccination reporting for the hospital?	These employees should not be counted in the vaccination reports for the acute care hospital, unless these employees also physically work at the acute care hospital for at least 1 day from October 1 through March 31. Please note that facilities should count HCP working in outpatient/unit departments that are co-located on the same medical campus that function as units of the acute care facility **and** also share the same CCN.
Our facility has an administrative building that is physically connected to the acute care facility by a skywalk. This building is only used for administrative duties and not inpatient care. Should I count HCP working in this building?	You do not need to count HCP working in the administrative building unless they also physically work in the acute care facility that is located on the other side of the skywalk.
Should HCP who are employees of a healthcare system (e.g., university employees), but who are not hospital employees, be included?	Non-hospital employees should only be included if they are physically in the facility for at least 1 day from October 1 through March 31 and meet the criteria for either the licensed independent practitioner category or the adult students/trainees and volunteers category. They would not be in the employee category if they are not on the hospital's payroll.
Should I include HCP who work in an outpatient department that is physically attached to the main hospital building (such as an emergency department)?	Yes, these HCP should be included in the counts to fulfill the CMS Hospital Outpatient Quality Reporting (OQR) Program Requirements since the outpatient department is physically attached to the acute care hospital. Outpatient departments that are co-located on the same medical campus as the acute care facility, function as a unit of the acute care facility, **and** share the same CCN as the acute care facility are considered part of the acute care facility for the purposes of the CMS Hospital OQR Program.
Should I include HCP who work in a radiology	As long as the radiology department shares the same CMS Certification Number (CCN) as the

department that is a part of the hospital, but is located across the street from the main hospital building?	hospital, these HCP should be included in the counts to fulfill the CMS Hospital OQR Program Requirements. Outpatient departments that are co-located on the same medical campus as the acute care facility, function as a unit of the acute care facility, **and** share the same CCN as the acute care facility are considered part of the acute care facility for the purposes of the CMS Hospital OQR Program.
Should I include HCP who work in a physician practice owned by the hospital that is located across the street from the main hospital building?	These HCP would not be included in the counts to fulfill the CMS Hospital OQR Program Requirements since the physician practice does not function as a unit of the hospital. However, if these HCP also work in the inpatient acute care facility or in a qualifying outpatient unit of that hospital, they would be included in your HCP counts for the acute care facility.
Should I include HCP who work in an inpatient rehabilitation facility (IRF) that is mapped as a location of the acute care hospital?	These HCP would not be included in the counts to fulfill the CMS Hospital IQR or OQR Program Requirements, unless they also work in other inpatient or outpatient units of the acute care facility between October 1 and March 31. These HCP should be included in the counts to fulfill the CMS IRF Quality Reporting Program (QRP) requirements.