

Healthcare Personnel Influenza Vaccination Reporting: Pilot Test of National Quality Forum Measure

Frequently Asked Questions

Q: Why are you asking us to report all employees rather than those with direct patient care only?

A: All employees within the healthcare setting have the potential to expose patients to influenza. Influenza vaccine should be offered to all personnel regardless of patient contact.

Q: How are credentialed personnel different from licensed personnel?

A: Credentialed employees are different from licensed employees in that they are credentialed by the institution beyond licensure. Licensed personnel (e.g., nurses, physical, occupational, and speech therapists) should be considered “other non-employees” unless they go through an annual/periodic credentialing process in order to be able to provide services at a given institution.

Q: Our MD's are all non-employees. We also have registry nurses who do not get paid by us directly. How do these fit in?

A: Non-employee MDs that are credentialed by your institution are categorized as “Non-employees, credentialed”. Registry nurses that did not go through periodic credentialing process should be categorized as “Non-employees, other”.

Q: What should I do if we collect data on some but not all the credentialed group?

A: Report as much data for whichever credentialed personnel you do collect data, and explain in the comments section which groups were not included.

Q: Should all credentialed physicians be included even if they rarely admit a patient?

A: All physicians should be included if possible. If some credentialed providers (i.e. inactive) cannot be tracked, please specify in the comments.

Q: Do we need to include volunteers, contract, and registry workers in our reporting?

A: Yes. You should collect vaccination data for both employees and non-employees, e.g., any personnel who can spread influenza in your facility. Volunteers, contract and registry workers should be categorized into “Non-employees, other”.

Q: How are outsourced construction workers categorized?

A: Outsourced construction workers should be classified as “Non-employees, other”. Anyone who works at least one day in your institution needs to be counted in the denominator.

Q: Where do I report a custodian who works for a contract agency?

A: Report a custodian who works for an outside contract agency as “Non-employees, other”

Q: Where do I report a volunteer chaplain?

A: Report all volunteers as “Non-employees, other”

Q: What about volunteers with our animal program or gift shop staff?

A: All volunteers should be classified as “Non-employees, other”. If anyone working in your animal program or gift shop is paid by the institution, then they should be categorized as “Employees”. If their salary comes from another source or they are volunteers, then they should be categorized as “Non-employees, other”.

Q: What if I only know how to categorize my employees but I don’t know the status of non-employees?

A: Leave the non-employees out of your reporting.

Q: Some employees also work in another facility where they received the flu vaccine. How should I report data for these cases? Do I include them in the declination or in vaccinated elsewhere category?

A: Individuals who were vaccinated outside your facility (e.g., by another employer or at an offsite program) should be reported as “Received an influenza vaccination elsewhere.” These individuals should not be included in those who declined vaccination.

Q: For personnel who got their vaccine elsewhere, should they have any paperwork for us?

A: We do not require proof of vaccination for this survey. We only require the total number of those vaccinated, either at your facility or elsewhere, for this survey.

Q: Where do I report persons with unknown vaccination status?

A: Persons with unknown vaccination status should not be included in the numerator information.

Q: Should we report the number of employees who were vaccinated in September 2010?

A: Yes. Include any employees who have been vaccinated since August 2010 in the numerator.

Q: Should we only count medical contraindications according to the CDC guideline?

A: Yes. Only count medical contraindications if they fall within one of these CDC contraindications/precautions to the inactivated flu vaccine. Do not count a medical contraindication if the individual refuses the flu vaccine because they report “it makes me sick”.

- People who have a severe allergy to egg protein
- People who have had a severe reaction to an influenza vaccination

- People who developed [Guillain-Barré syndrome \(GBS\)](#) within 6 weeks of getting an influenza vaccine; and
- People who have a moderate-to-severe illness with or without fever (they should wait until they recover to get vaccinated.)

If the live attenuated influenza vaccine is offered count these as contraindications:

- Pregnancy
- Known severe immunodeficiency

Q: We collect declination forms but do not track the reason for the declinations. How do we report our declination data?

A: Leave the declination items blank and provide the total declination number in the comment box with an explanation.

Q: We do not collect declination information until the last month of the flu season, so we will not have this information for the second reporting period. What should we do about our declination data for the January survey?

A: Leave these fields blank for the second reporting period, and explain in the comments. Report your declination data during the final reporting in April.

Q: What should I do if we don't know any of the information asked?

A: Leave the item blank and explain any blank fields in the comments.

Q: Is computer charting considered "written documentation"?

A: Yes, computer charting is a form of written documentation.

Q: My facility is not able to collect the data requested because we do not track employees who get vaccinated elsewhere or contraindications. We also use several different databases, managed by different people to track employees.

A: Please continue with the study and report as much data as you can. This pilot project is to test the feasibility of this reporting measure, identify barriers in using the measure, and determine whether we can collect accurate data using the measure from various health care settings. *Be sure to write any barriers to collecting the data in the comments section of the survey.*

Q: Does this reporting replace the reporting to CDPH?

A: This is a pilot study meant to test the feasibility of collecting HCP data using a new approach. It does not replace any current reporting guidelines set forth by CDPH. Please continue to report as usual in addition to completing this survey.

Q: I entered incorrect numbers and submitted the survey. How can I correct the reported data?

A: Contact Erica Boston at CDPH and provide correct information. We will correct the data. Erica.Boston@cdph.ca.gov , (510) 620-5865.