

California Department of Health Services  
Healthcare-associated Infection Advisory Committee  
Healthcare Workers (HCWs) Influenza Vaccination Working Group

November 5, 2007 Conference Call

Members Present: Dawn Terashita; Marian McDonald; Shelly Morris; Frank Myers; Frykman, Eric; Warren Hudson  
Raymond Chinn; Sam Alongi (staff)

Members Absent: Carole Moss; Donna Dorsey Fox; Mohle-Boetani, Janet (CDPH-CID-DCDC-IDB); Kim Delahanty; Roberto Garces;  
Chen, Sue (CDPH-CID-DCDC-IDB).

AGENDA:

1. Introductions
2. Review Legislative Mandate in SB 739
3. Discussion of Issues
4. Time Line
5. Next Step: teleconference vs. email

{0:00}

***Legislative Mandate for Influenza Vaccination of Healthcare Workers:***

***1288.7. By July 1, 2007, the department shall require that each general acute care hospital, in accordance with the Centers for Disease Control guidelines, take all of the following actions:***

- (a) Annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital shall require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.***
- (b) Institute respiratory hygiene and cough etiquette protocols, develop and implement procedures for the isolation of patients with influenza, and adopt a seasonal influenza plan.***
- (c) Revise an existing or develop a new disaster plan that includes a pandemic influenza component. The plan shall also document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.***

***1288.8. (a) By January 1, 2008, the department shall take all of the following actions to protect against health care associated infection (HAI) in general acute care hospitals statewide:***

***(b) On and after January 1, 2008, each general acute care hospital shall implement and annually report to the department on its implementation of infection surveillance and infection prevention process measures that have been recommended by the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee, as suitable for a mandatory public reporting program. Initially, these process measures shall include the CDC guidelines for central line insertion practices, surgical antimicrobial prophylaxis, and influenza vaccination of patients and healthcare personnel. In consultation with the***

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***advisory committee established pursuant to Section 1288.5, the department shall make this information public no later than six months after receiving the data.***

Review of Mandate (1288.7)

The intent of the legislation is to increase influenza vaccination among healthcare providers and given that SB 739 is an unfunded mandate, the focus should be on (a). The availability of components (b) and (c) can be verified at the time of DHS inspection and the institutions are directed to the CDC and CA-DHS to develop a program that would address these issues.

Issues	Discussion	Action Items
1. Memorandum to All Healthcare Workers from SFGH: accuracy of statement: CA State Health and Safety Code 1288.7 (as incorporated into SB 739): “requires every acute care hospital employee to receive annual influenza vaccination”.	{4:03} For FYI in the event that this memorandum is quoted; statement is inaccurate.	Leave this alone
2. Evidence demonstrating that: declination increases vaccination rates; vaccination of the healthy healthcare workers (HCW) is effective in preventing influenza. Review the intent of declination: assuring that each HCW is given the opportunity to receive the vaccine.	<p>{6:08} <b>Clinical Studies:</b> Studies comparing influenza vaccination of HCWs vs. vaccination of residents of SNFs, demonstrate that vaccination of HCWs has a more significant impact on decreasing healthcare associated influenza among SNF residents. Vaccination of healthy children in Japan was associated with a decrease in the number of influenza cases in that country.</p> <p><b>Intent of legislation:</b> Some employees may view mandatory declination as a punitive measure. Presenting the initiative as a means to hold hospital administration accountable for assuring that each employee is approached and given the opportunity to receive the vaccine may result it more acceptance of</p>	<p>Propose language to allow facility on how to achieve the goals of this mandate.{24:20}: <b>The purpose of the mandatory declination clause is to make it incumbent on the hospital administration to assure that each employee has been approached and given the</b></p>

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	<p>the mandate.</p> <p>{10:25} <b>Discussion:</b> The Working Group acknowledges that recommendations made this year will have little impact on the 2007-2008 influenza season. The Group could provide samples of standardized declination form to assist hospitals.</p> <p><b>Timing of the Declination:</b> To fulfill the requirements of the mandatory declination clause, some healthcare systems are requesting that employees fill out the declination forms if they are going to decline vaccination at the time of their annual review. For about half of the employees, their annual review occurs outside of the influenza period and signing the declination outside of the influenza period would defeat the purpose of the mandate. Therefore, it is proposed that the Working Group stipulate that employees are offered the opportunity to decline the vaccine only during the influenza period (October through March).</p> <p>{12:30} <b>Education:</b> Education is an important component of the influenza prevention module and national guidance recommends that each healthcare system provide the necessary information prior to</p>	<p><b>opportunity to receive the vaccine.</b>        Examples to be sent to R. Chinn and then distributed.</p>
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	<p>the signing the declination form by the employee.          {21:10} How should we develop this? Should each healthcare organization be required to include information on why employees decline on the consent/ declination forms?</p> <ul style="list-style-type: none"> <li>• Some institutions have made it mandatory that all employees participate in a learning module (via computer) so that employees are informed when they sign the declination forms. By having such a program, the consent/declination form would not have to include educational material.</li> <li>• The reasons(s) why employees choose to decline vaccination should be part of the declination form to better assist healthcare facilities how to target educational efforts.</li> </ul> <p>{23:00} Discussion ensued regarding the scope of our tasks and who would shoulder the responsibility.          {25:10} Comment: the pressure is on employee to receive or decline the vaccine, but also puts pressure on administration to provide it in an effective and comprehensive way.</p>	<p>Collect samples of education modules.</p>
<p>3. Use of “employees” vs. healthcare workers (HCWs), e.g. volunteers, licensed independent practitioners. Does this follow the intent of the</p>	<p>{27:00} Law stipulates that “all hospital employees” are included in this mandate; however the CDC recommends targeting</p>	

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<p>legislation?</p>	<p>“health care workers”. Do we retain or change? <b>Issues:</b></p> <ul style="list-style-type: none"> <li>• Collecting denominator data to do calculations would be problematic.</li> <li>• One recommendation is to slowly phase-in over time:             <ul style="list-style-type: none"> <li>○ First year: employees, next year to include 3 categories: direct patient contact, around patient environment, and no patient contact nor in patient environment. This strategy would capture groups such as the licensed independent practitioners (LIPs) and volunteers. One problem with LIPs is that some MDs may be on staff but rarely have in-patient contact.</li> </ul> </li> </ul> <p>{ @32:43 }</p>	
<p>4. Use of NHSN vs. other: to fulfill legislative mandate.</p> <ul style="list-style-type: none"> <li>- 2 modules: inpatients and HCWs.</li> <li>- All components within each module must be completed by healthcare facilities as a condition of “participation”.</li> <li>- Selected components could be used and data generated, but there would be no acknowledgement that the healthcare facilities were participating.</li> <li>- Combination:             <ul style="list-style-type: none"> <li>○ Generate denominator using: all HCWs, those with direct patient contact, around</li> </ul> </li> </ul>	<p>{33:00}          [check two minutes here]          NHSN Influenza Module:</p> <ul style="list-style-type: none"> <li>• Data collection forms with an asterisk must be submitted for an institution to receive credit for the module.</li> <li>• NHSN (T. Horan) is able to collect various components of the influenza surveillance for healthcare facilities.</li> <li>• The group agreed that information on the pre-, post-season, and facility surveys, the later form excluding the demographics on the 2<sup>nd</sup> page could be</li> </ul>	

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<p>patients (EVS, dietary), and no patient contact (administration, lab workers).</p> <ul style="list-style-type: none"> <li>○ Generate vaccination/declination rates for the above.</li> <li>○ Send 5, 6 to NHSN to tabulate.</li> </ul>	<p>obtained by healthcare facilities.        {38:00}</p> <ul style="list-style-type: none"> <li>● <b>Comment:</b> Part of CDC developing this module is to use it in a pandemic to obtain detailed surveillance information.</li> <li>● <b>Patient vaccination:</b> Actual law requires that acute care hospitals annually report influenza vaccination of personnel and patients as process measures beginning January 2008, but the bill does not specify HOW to report. Since healthcare facilities are now required by the Centers of Medicare/Medicaid Services (CMS), the Working Group felt that healthcare facilities could use the data collected for CMS on in-patient influenza vaccination screening rather than create a new system of reporting. This method of using collected by a different vendor is being proposed by the Surgical Site Infection (SSI) Prevention Working Group for SSI process measures using data submitted to the Surgical Care Improvement Project (SCIP).</li> </ul> <p>{46:00} Regulation states employees so the Working Group elected to proceed with employees rather than healthcare workers and not separate those employees who have and do not have patient interaction for now, with the ability to</p>	
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	<p>fine-tune at a later date (see above discussion).</p> <ul style="list-style-type: none"> <li>• Larger institutions may have to ability to generate unit specific rates, but to incorporate unit specific rates would require appropriate FTEs. Perhaps visit this issue in the future.</li> </ul>	
5. NHSN Pre/post season survey: “employees”, inclusion of? licensed independent practitioners (LIP).	Do not include for now.	
6. NHSN Healthcare Personnel Safety Component: Facility Survey. “Attending physician” may not capture all physicians, e.g. subspecialists. LIPs are difficult to track since exposure to inpatients variable. ?Accept high-patient contact LIPs: ED, intensivists, cardiologists, hospitalists.	The Working Group agreed to the data elements on the first page, but recommended that healthcare facilities not be required to complete second page, but Maybe no use for second page unless possibly roll it out in the future.	
7. NHSN HCW Influenza Vaccination: required for each HCW, including declination clause.	Do not include.	
8. NHSN HCW demographics: ID matched to Item 5	Do not include.	
9. HNSN HCW Influenza Antiviral Medication Administration: tracking issues.	Do not include.	
10. NHSN Items 7, 8, 9 Issues with HIPAA unless all collected by Employee and Occupation Health Dept.	Do not include.	

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Share your declinations and forms with the group via email.

Deadline for documents to Chair: November 16<sup>th</sup>, 2007