

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

December 10, 2007 Conference Call

Members: Marian McDonald; Frank Myers; Warren Hudson

Raymond Chinn; Sam Alongi (staff), Carole Moss; Donna Dorsey Fox; Chen, Sue (CDPH-CID-DCDC-IDB).

AGENDA: Process measures on Influenza Vaccination for Public Reporting

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

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Issues	Discussion	Working Group Decision
<p>1. Mandate to report healthcare worker/employee vaccination/declination rates (interpreted by Working Group). Intent was to use NHSN modules: Healthcare Personnel Safety Component Facility Survey (Za) for denominator data (part-time and full-time) personnel and to use an option field in a single HCW vaccination form (FF), acknowledging that hospitals will not receive credit for the influenza module.</p> <p>2. Each acute care hospital should complete Pre/Post Influenza Vaccine Survey I (HH and II) and 1<sup>st</sup> page of Facility Survey.</p> <p>3. Generate CA-DHS form to be completed by each acute care hospital: # of employees complying with vaccination/declination AND # employees vaccinated using all full time and part time employees as denominator.</p>	<p>Dr. Chinn gave a summary of NHSN information after discussion with T. Horan (CDC, NHSN). In contrast to prior discussion, there is no option field in the NHSN collection tool for healthcare workers (HCWs) that would allow for the numerator (number of HCWs who declined or received the vaccination) to be entered. To add an option field onto the HCW component, the module would have to go through CDC clearing process again.</p> <p>One option would be to have CDPH calculate numerator/denominator data for institutions. Hospitals would enter number of employees who received the influenza vaccine either at the hospital or another healthcare facility or declined the vaccination and the numerator would consist of all full- or part-time employees</p> <p>S. Chen: CDPH conference call today will discuss NHSN modules, SCIP data, and whether NHSN is meeting requirements of SB 739, whether data could be sent separately to CDPH.</p> <p>M. McDonald: Using employees as the denominator still seems best since all hospital have this information readily available and will enable CDHS to generate state rates, etc. Good way to start off simple, get information on how things are going in the state.</p>	
<p>4. Inclusion of employees vs. healthcare provider</p>	<p>4. Previous discussion:</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 reporting over time.</li> <li>• “<i>adopt a seasonal influenza plan</i>” as per section 1288.7.b . Each institution would</li> </ul>	<p><b>Target: 1) Recommend vaccination/declination rates for employees. 2) Declination forms should be obtained only during the influenza season (September through March); and 3) Follow CMS reporting of in-patient</b></p>

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<p>a. Should the denominator include only employees or include employees <u>and</u> other members of the healthcare delivery team such as licensed independent practitioners (LIP)?</p> <p>b. For ease of public reporting, while LIPs are included in the target population for influenza vaccination and vaccinations are offered to them in hospitals, should they be included in the numerator and denominator data?</p>	<p>address all HCWs in the influenza plan.</p> <p>C. Moss: Where “adopt a seasonal influenza plan” is elucidated, a comprehensive definition of healthcare workers (including LIP) should be added, and they should be included in the influenza vaccination initiative.</p> <p>Discussion: many agreed that 1) LIPs should be included in vaccinations, but rates would be too difficult to generate when LIPs are included for public reporting; 2) not all MDs are LIPs; some of them are employees and will be captured in the currently proposed “employee rates”; 3) it may be possible to build on the reporting structure in the future to include all healthcare providers; 4) W. Hudson: one option to address the issue of LIP vaccination/ declination is to tie it into the hospital credentialing and re-credentialing process (i.e. encourage hospitals to require screening of LIPs for influenza vaccination; 4) CA is the first state to mandate influenza vaccination/declination for employees, therefore, t it is important initially to develop a seamless process.</p> <p>Discussion: Encourage hospitals to strongly recommend that all physicians with hospital privileges receive the seasonal influenza vaccination or sign a declination form. This is outside the purview of this committee for this year, but should be included in the discussions for the members of the general working group.</p>	<p><b>vaccinations.</b>  <b>Endorse these three components this year; enter dialogue on others in the future.</b></p> <p>Recommend: cutoff date for numerator and denominator data: January 31 of each year for employee vaccination rates.</p> <p>Motion (Hudson):        Encourage hospitals to develop language requiring that LIPs be screened for seasonal influenza vaccination or signed declination, and that this be tied into the credentialing or re-credentialing process.        Second: Myers</p>
<p><b>5. 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</p>	<p>5. Proposed language (sample) <b>The mandatory declination assures the hospital administration that each employee has been approached and given the opportunity to receive the vaccine.</b></p>	<p>Subcommittee consensus on this issue</p>

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to receive the vaccine may result in acceptance of the mandate.		
<p><b>6, Timing of the Declination</b></p>	<p>6. To fulfill the requirements of the mandatory declination clause, some healthcare systems are requesting that employees fill out the declination forms at the time of their annual review. About half of the employees have their annual review outside of the influenza period. 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 (September through March). Some members of the working group felt this was too prescriptive.</p> <p>Frank Myers recounted:        “One hospital had individuals sign declinations in June when no vaccine was available, so their rates looked good; actual vaccination rates were less. So, urge the group to be moderately prescriptive in when declinations can be collected.”</p> <p>Employers may include language that declinations be offered a setting where and when the vaccine is available to be distributed to all staff. In some settings, employees have been suspended for not getting vaccinated or signing the declination statement.</p>	<p>Language to be changed to:  <b>Vaccination/declination forms should be completed only during the period when influenza vaccination is being offered.</b></p>
<p><b>7. Education modules and samples for combination vaccination/declination</b></p>	<p>7. Working Group felt that this was not a subcommittee charge to create a “tool kit” to assist hospitals that may not have a formal program. These offerings might be beneficial to the next season.</p>	<p>No action to be taken.</p>
<p>8. Influenza vaccination of in-patients</p>	<p>8. Beginning January 2008, SB 739 requires that healthcare facilities vaccinate in-patients.</p> <ul style="list-style-type: none"> <li>• CMS currently ties reimbursement to reporting of defined processes in the management of</li> </ul>	<p>Recommend use of CMS data on influenza vaccinations for patients &gt; 49 to meet SB 739 reporting requirements.</p>

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	<p>community-acquired pneumonia (CAP), but reporting is voluntary at present.</p> <ul style="list-style-type: none"> <li>• One component in the CAP process measures is influenza vaccination of in-patients &gt; 49 years old admitted with CAP.</li> <li>• For institutions submitting data to CMS on screening for inpatient influenza vaccination screening, that data could be used to fulfill SB739 the in-patient vaccination component, recognizing that this cohort includes only in-patients admitted with CAP.</li> <li>• Institutions not submitting CAP data to CMS will use a form developed by CDPH that would include selected data elements:       <ul style="list-style-type: none"> <li>a. Numerator A: # of eligible patients admitted with CAP &gt; 49 years old without a primary or secondary diagnosis of influenza who are screened.</li> <li>b. Numerator B: # of eligible patients admitted with CAP &gt; 49 years old without a primary or secondary diagnosis of influenza who received the vaccine during admission or prior to admission (to obtain an estimate of in-patients actually vaccinated).</li> </ul> </li> </ul> <p>Denominator: # of eligible patients admitted with CAP &gt; 49 years old</p>	
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**SUMMARY of Subcommittee Recommendations:**

- 1. For 2008, mandate public reporting of influenza vaccination/declination rates for employees.**
- 2. Add a clause stipulating that the vaccination/declination form should be obtained only during the influenza vaccination season (September through March).**

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- 3. Influenza vaccination/declination rates for in-patients will be generated using data submitted to CMS from October to March . For those institutions that do not submit data to CMS, a reporting form will be developed and submitted to CDPH.**
- 4. The issue of LIP influenza vaccination/declination will be discussed at a future subcommittee meeting.**

**D. Dorsey raised: AB 106 Chapter 378 “Immunization”: Requires acute care hospitals to screen and to administer influenza vaccine for in-patients 65 or older (also includes pneumococcal vaccine).  
Issues: 1) Includes all in-patients, not only in-patients with CAP; and 2) includes in-patients 65 or older (not consistent with CDC guidelines and more apropos for pneumococcal vaccination)**