#  Current Issues and Immunization Conference Series

So welcome everyone to the Healthcare Personnel Safety Component Training Session for the Influenza Vaccination Summary of the Healthcare Personnel Vaccination Module. This presentation will cover several topics. The first objective is to review the reporting of healthcare personnel flu vaccination summary data through the National Healthcare Safety Network, or NHSN, by acute care facilities. Next, we will review the Healthcare Personnel Safety component in NHSN and reporting requirements. We will then go over the changes that acute care facilities will need to make when reporting healthcare personnel flu vaccination summary data for the 2018-2019 flu season. After this, we will review some key points about data entry in light of the new reporting requirements. Please note that we will not be reviewing step-by-step instructions on data entry, as this presentation is geared toward facilities that have previously submitted flu vaccination data through NHSN. For guidance on how to enter and submit data, please consult the Comprehensive Training slide set that’s posted on the NHSN website. The final section of the presentation will review frequently asked questions.

Now we will talk about the reporting of healthcare personnel flu vaccination summary data by acute care facilities in NHSN. Over the years there have been several changes to the reporting of healthcare personnel flu vaccination summary data by acute care facilities. These facilities were first required by the Centers for Medicare and Medicaid Services, or CMS, to report the flu vaccination data for inpatient units through NHSN as part of the Hospital Inpatient Quality Reporting Program beginning in January 2013. For the 2013-2014 flu season, data for inpatient units covering the entire flu season were required. For the 2014-2015 flu season, CMS added a requirement for acute care facilities to report data on outpatient units, in addition to inpatient units. Just recently in November of 2018, CMS eliminated the requirement for acute care facilities to report data on outpatient units. Therefore, data for the 2018-2019 flu season should only cover inpatient units.

We will now briefly review the Healthcare Personnel Safety Component, which consists of the Healthcare Personnel Exposure Module and the Healthcare Personnel Vaccination Module. The influenza vaccination summary is located within the Healthcare Personnel Vaccination Module. Staff members and healthcare facilities can use the module to monitor influenza vaccination percentages among healthcare personnel.

Data are to be collected on denominator and numerator categories. To be included in the denominator, healthcare personnel must be physically present in the facility for at least one working day between October 1st through March 31st. This includes both full-time and part-time healthcare personnel. There are three required denominator categories: employees, licensed independent practitioners, and adult students, trainees, and volunteers. Facilities are required to collect data on influenza vaccinations, medical contraindications, declinations, and unknown vaccination status for the numerator categories. Each facility must report all numerator categories for the three required denominator categories.

This slide reviews a few points about reporting requirements. Facilities are only required to report data once at the conclusion of the reporting period. Healthcare personnel who are physically present in the healthcare facility for at least one working day between October 1st through March 31st are included in the denominator. Therefore, healthcare personnel always working off-site or out- of- state should not be counted since they are not physically working in the facility. Healthcare personnel in the denominator population who received an influenza vaccination during the time from when the vaccine became available, for example, August or September through March 31st of the following year, are counted as vaccinated in that category numerator since influenza vaccine for a given flu season may be available as early as August or September. Please note that the denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories. It is important to remember that the numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each healthcare personnel group.

Now we will review how acute care facilities should count healthcare personnel for the 2018-2019 influenza season. In terms of healthcare personnel who acute care facilities must include in their data, facilities will continue to count all healthcare personnel physically working in the acute care facility from October 1st through March 31st while meeting NHSN protocol definitions. Facilities should include healthcare personnel working in units of the inpatient acute care facility with the same CCN. Healthcare personnel should be included if they work in units that are considered part of the inpatient acute care facility site regardless of the size or type of unit.

Now we will talk about healthcare personnel who should not be included in the reports for the flu season. Please note that you would not count healthcare personnel working in hospital outpatient units or separate outpatient satellite clinics. In addition, patient care units within the acute care facility having separate CCNs would not be included. Some examples of these are listed on the slide. However, if any of the healthcare personnel listed on the slide also physically work in the inpatient acute care facility for at least one day between October 1st through March 31st, then you would include these individuals in your acute care facility counts. So for example, if a physician works in both a hospital outpatient department and the inpatient acute care facility during the reporting period, then you would include he or she in your count.

Even with these changes, there are several facility types that are still required to report data through NHSN if they are subject to CMS or the Health Resources and Services Administration reporting requirements. In addition to inpatient reporting for acute care facilities, the other facility types are as follows: critical access hospitals, Prospective Payment System-Exempt cancer hospitals, long- term acute care facilities, and inpatient rehabilitation facilities. The deadline to report data for these facilities for the 2018-2019 flu season is May 15th of 2019.

Now we’ll go over a few key points about healthcare personnel influenza vaccination data entry into NHSN. Even with the recent changes from CMS, the monthly reporting plan screen remains unchanged in NHSN. Please note that only hospitals who have a CMS IRF or CMS IPF unit mapped within their facility will see a different NHSN screen when adding a reporting plan. This involves entering the IRF-specific or IPF-specific CCN into NHSN. To add a monthly reporting plan, you would need to click on reporting plan and then add on the navigation bar. Hospitals with IRF or IPF units will also need to select the correct month and year from the drop down menus. So for example, if you’re reporting data for the 2018-2019 flu season, you can select October 2018 for your monthly plan. Each hospital or unit should check the appropriate box for influenza vaccination summary under the Healthcare Personnel Vaccination Module. So for example, to report data on inpatient units for the hospital, you would check “Influenza Vaccination Summary for the Hospital.” To report data for an inpatient rehab unit that is part of the facility, you would check “Influenza Vaccination Summary for Inpatient Rehabilitation Facility Units.” Hospital IRF units or IPF units will also need to click “Save” after making the appropriate selections. Once the reporting plan has been completed for one month, no other plans need to be added for the flu season. Also, please be aware that CMS suspended the requirement for inpatient psychiatric facilities to report data through NHSN beginning with the 2018-2019 flu season. However, the option for IPFs to report healthcare personnel flu vaccination data is still available if facilities wish to voluntarily report the data or if they are required by their state or locality to submit the data through NHSN.

This slide shows what hospitals without CMS certified IPF or IRF units will see on their screen when adding a monthly reporting plan. To add a monthly reporting plan, click on “Reporting plan” and then “Add” on the navigation bar. Select the correct month and year from the drop down menus. If you’re reporting data for the 2018-2019 flu season, select “October 2018” for your plan. It’s very important to correctly submit your plan, and this includes identifying the correct flu season. Please note that reporting plans that identify the wrong flu season will not allow your data to be submitted to CMS. The user should check the box next to influenza vaccination summary under the Healthcare Personnel Vaccination Module. After making the appropriate selections, the user should click “Save.”

Once an individual reaches the data entry screen, hospitals with the IRF units or IPF units will have a slightly different view when adding healthcare personnel influenza vaccination data. The user must complete all fields marked with an asterisk on the page. Influenza and seasonal are the default choices for vaccination type and influenza subtype. The user would then select the appropriate flu season in the dropdown box. For example, if you’re reporting data for the current flu season, you would need to select 2018-2019 in the drop- down box. Facilities can always contact NHSN if they are unsure which flu season is currently being reported. The user should select the appropriate location from the drop-down box. For example, to report data on inpatient units for the hospital, you would select “Hospital.” To report data for an inpatient rehab unit that is part of the hospital, you would select “IRF units.” And to report inpatient psychiatric units that are part of the hospital, you would select “IPF units.” Please note that to report data for the hospital IRFs and IPFs, a summary report should be submitted for each.

As with the monthly reporting plan, please note that the screen is what all other facilities will see when adding influenza vaccination summary data. You must complete all fields marked with an asterisk on the page. Influenza and seasonal are the default choices for vaccination type and influenza subtype. The user would then select the appropriate flu season in the drop down box. For example, if you’re reporting data for the current 2018-2019 season, you must select 2018-2019 in the drop-down box.

I will now briefly go over some frequently asked questions pertaining to the change in reporting requirements. The first question is: I am reporting data from my acute care facility and for my CMS IRF unit that has a separate CCN from the acute care facility. How should I report my data now that the acute care facility reporting requirements have changed? You should continue to report your data separately for the IRF units. Healthcare personnel working only in the IRF unit should be counted in the IRF unit report, but not the acute care facility report. Healthcare personnel working in both the IRF unit and the acute care facility should be counted in both the IRF unit and acute care facility reports.

Question two says: I used to report data for my CMS IPF unit that is located within my acute care facility. How should I report data now that CMS has suspended the requirement for IPFs to report data through NHSN? Healthcare personnel only working in the IPF unit should not be counted in the acute care facility report. The healthcare personnel do not have to be reported for NHSN or CMS purposes, although reporting may be required for your state or locality. Healthcare personnel working in both the IPF unit and in other units of the inpatient acute care facility should be counted in the acute care facility report.

The third question is: Our facility has an administrative building that is physically connected to the acute care facility by a skywalk. The building is only used for administrative duties and not inpatient care. Should I count healthcare personnel working in this building? You should not count healthcare personnel working in the administrative building unless they also physically work in the inpatient acute care facility located on the other side of the skywalk.

I will be skipping question number four for now based on the updated CMS guidance.

Question five says: My acute care hospital owns several outpatient provider practices that are physically separate from the main hospital campus. Employees of the clinics are on the hospital’s payroll. Should I include them in our reporting? These employees should not be counted in the vaccination reports for the acute care hospital unless these employees also physically work in the inpatient acute care hospital for at least one day from October 1st through March 31st.

Question six says: Should employees who always work off-site or out-of-state be counted, such as employees practicing telemedicine? The answer is no. Only healthcare personnel physically working in the inpatient acute care facility for at least day or more from October 1st through March 31st are included in your report.

Question seven says: My facility is finding it difficult to distinguish healthcare personnel who only work in the outpatient units versus those who work in inpatient units. How should I move forward? For the response to this, I’ll turn it over to Megan Lindley, as she has some updated guidance from CMS.

**Thanks, Elizabeth. So we just received this guidance from CMS shortly before today’s webinar. I’m going to read the guidance to you so that you have the information, and I do want you to know that we’ll be preparing an updated version of these slides that has this guidance so you will have it in written format and those will be posted when the webinar recordings are posted. CMS has also let us know that they’ll be disseminating this language to reporting hospitals so you will have it in writing. The guidance is that the Inpatient Quality Reporting Program Healthcare Personnel Influenza Vaccination Measure is a facility-wide measure and does not separate out employees who work only in the inpatient or outpatient areas, or work in both. Due to the burden of trying to separate out the counts for inpatient and outpatient, CMS allows facilities to collect and submit a single vaccination count to include all employees hospital-wide that meet reporting criteria regardless of whether they work inpatient or outpatient. The hospital-wide or combined count should be entered on one single influenza vaccination summary data form in NHSN. This includes all units and departments, inpatient and outpatient, that share the same CMS certification number (or CCN) as a hospital, and are affiliated with the acute care facility. So basically what this is saying, and this addresses a question that we did get in the chat box about how emergency departments are considered. We have been getting a lot of feedback from hospitals and we understand that many facilities have units that serve inpatient and outpatient surgery units, imaging units, that kind of thing, they’re duel purpose and also that it’s very difficult to distinguish between these two types of departments when employees can float back and forth. So basically this guidance from CMS is saying we understand that. That’s okay. You can report everybody in the same report. So the guidance that we’re giving you right now still applies for units that have separate CMS certification numbers, as they should not be included, or units that are not part of the acute care facility that are outpatient units, those are not included, but CMS does recognize the burden of trying to pull apart inpatient and outpatient units in facilities that may have units that serve a duel purpose and you will be in compliance of CMS reporting requirements if you report all of those in the same summary. Again, we’ll provide this to you in written format after the webinar. I’ll turn it back over to Elizabeth to wrap up our slide presentation and then we’ll take questions.**

Thank you, Megan. The facilities can visit the NHSN website using the link on the slide. The website contains links to the protocol, data collection forms, frequently asked questions, and comprehensive training slides. Please note that the comprehensive training slides include more detail on topics such as enrollment into NHSN, how to activate the Healthcare Personnel Safety Component, and data reporting and analysis features. Therefore, new facilities may find it helpful to refer to these slides.

If you have any questions about NHSN, please send an e-mail to user support at NHSN@cdc.gov. You should also include “HPS flu summary” in the subject line of the e-mail, and also specify “acute care,” as this will help us to better assist you.

This concludes the slide presentation for the webinar. Now we will have the opportunity to answer any questions from webinar participants.

**If you would like to ask a question over the phone, please press \*1 and record your name clearly prompted. If you need to withdraw your question, you may do so by pressing \*2. Again, if you would like to ask a question over the phone, please press \*1.**

**Brittany, while we wait for the question queue to fill I’m just going to answer a couple of questions that were received via the chat box…..So Laura asked why was this change made? The answer is that CMS is reviewing all of its quality reporting programs to try and reduce reporting burden because they are aware that there are a lot of quality measures that facilities are asked to report for them and for other organizations, and they felt that removal of the outpatient reporting requirement for acute care facilities was a burden-producing measure. The second question is Sue asked if employees are counted in the denominator if they worked less than an eight-hour shift. The answer to that is yes. Any part of one working day is considered a day, so if that eight-hour shift happened between October 1st and March 31st, they would be counted. Now I’m gonna turn it over for the live questions. Again, we may not get to all the questions in the chat box, so please do hold your question and try to ask it live.**

**Our first question comes from Sara Donavan. Your line is open.**

Thank you. My question is what counts as a work day because we have several outpatient practices that are not physically attached to the hospital and about once a month, some, but not all of the employees from those practices come in for a meeting. Does that count as working a day in the hospital?

**Thank you. So that’s related partially to what I just read about any part of a working day being considered one day and we do consider—basically the idea is that healthcare personnel who are performing a work-related duty in the hospital are counted. So if those meetings are work related, which I assume that they are, and they take place in the hospital, you would count those folks. If you are not 100% able to distinguish the some but not all, but you reasonably suspect that the physicians would be coming over for a meeting sometime during the flu season, you can include all of them. Otherwise it’s best to pull them out.**

Okay, so that was my question. You know, I don’t know which, in any particular practice, people come for meetings or not. So I can just include all of them, would be easier than trying to figure out who does and does not come to the hospital.

**Yes. If you’re not able to distinguish it, we do generally advise for future seasons if there are ways that you can change your recording to try and make that distinction, it’s the best. But, yes, if you think you generally know that these folks will be coming over, you don’t know exactly who but they’re likely to be in the hospital during the flu season, then you should count them.**

Thank you.

**Our next question comes from Allison Brown, your line is open.**

Hi. My question is if the flu activity exceeds March 31st, do we still submit the data on March 31st or do we wait until the CDC says the flu activity has subsided?

**So in order to make the data comparable from year to year, the reporting ends the same date every flu season regardless of the level of flu activity. So you can report the data up to May 15th but you would count people through March 31st regardless of the reported level of influenza activity in any given season.**

Okay, thank you.

**Our next question comes from Rose Otis. Your line is now open.**

I work in a small hospital so we have (inaudible)…but the nurses take care of same day and acute care patients at the same time. So would they be counted in the numbers because they’re taking care of both?

**Elizabeth, were you able to catch that? I had kind of a poor connection and I could not hear the question.**

**Yeah, it was also breaking up for me as well. Do you mind repeating your question?**

I work in a small hospital and we have an acute care hospital that has a (inaudible) and we have a same-day unit that has a different (inaudible). But our nurses take care of both, the acute care and same day, so was that supposed to be included in the numbers because we only report the acute care, we don’t report for the same day?

**So I’ll repeat what I think I heard, answer it, and then if we weren’t able to understand you, you can send your question to the email address that’s on the last screen. You work in a small hospital that has a swing(?) bed unit with a different CCN and you have healthcare personnel that take care of both inpatient and outpatient units.**

Yes.

**So for units with a separate CCN, the personnel working only in those units should not be counted in your acute care report. But when you say they’re taking care of inpatient and outpatient, if you have staff on the swing bed unit that are also going through other units of the acute care facility, then you would include them in your reporting. I hope that helps.**

Yes, it does.

**Okay, great.**

**And as a reminder, if you would like to ask a question, please press \*1 and record your name clearly when prompted. Our next question comes from Beverly. Your line is now open.**

Thank you. This is in regards to students. We have students coming from a couple of different schools that are nursing and radiology, etc. We do not have their record. We do not give them the flu shot, and in line to the question that was asked earlier since we don’t have access to that this year, can we just count all of them? We can call schools and ask for members and then next year keep up with it?

**So to clarify, the records you do not have are records of their influenza vaccination?**

We have no records of their immunizations at all.

**So because students who are 18 and older and are working in the inpatient acute care facility are a required reporting category for CMS, you would count all of the numbers in the denominator, just how many of them there are, and then you would report their vaccination status as unknown, and then in future years you can figure out a system to work with the schools to get their records. But you do need to count them but you can just report them in the numerator as unknown for this season.**

Thank you.

**And as a reminder, if you would like to ask a question, please press \*1 and record your name clearly when prompted. At this time there are no additional questions on the phone.**

**Okay, great. While we wait to see if there are any more coming in, I can go through a couple more questions that are in the chat box. We have several chat questions that had to do with basically emergency departments was common, radiology or imaging, laboratory, and the question for each of them was, these are included inside my acute care facility but they’re outpatient departments, do I count them? So that is related to that CMS guidance that we read because they know that generally staff are moving between those departments, may be moving between inpatient and outpatient units within a larger facility, and so you can count all of them in the same report. The literal answer to the question is yes, an emergency department is considered an outpatient department, but in line with the CMS guidance, you can include those personnel in your report. Again, if you have a question, if you want to ask it on the phone line, it will allow us to answer it faster, but I will keep going through these while we see if there’s any more questions. Somebody asked would we also include maintenance staff, dietary staff, and activity staff in acute care? The requirements apply to anybody who is on the hospital payroll, regardless of their role, regardless of whether they have direct patient contact. So an employee is anybody on payroll working in the facility between October 1st through March 31st. So if your maintenance and dietary staff, activity staff, etc., therapists, are on payroll, then you would count them as employees. Otherwise, you would need to see if they fit into one of the two non-employee categories. If they don’t, you would not count them. But role and direct patient contact do not distinguish who does and doesn’t need to be counted. Do you have any more questions on the line, Brittany?**

**Yes, we do have a few questions on the line.**

**Okay, we’ll go back to those.**

**Okay, our first question comes from Kristin Wayland. Your line is now open.**

Thank you. You have a slide early on in the presentation and it showed a list of those employees that should be included. Could you please replay that or could you read that list?

**Okay, this is Elizabeth. I’m getting back to that slide. And you’re referring to people who should be included.**

Correct.

**Slide 12?**

No, I think it was prior to that.

**Okay, slide 8. So this goes over the required denominator and numerator categories. So basically there are three categories in the denominator so that’s employees and they’re defined as people who are on the payroll, so they receive a direct paycheck from the facility, and then there are non-employee healthcare personnel, so we call them licensed independent practitioners so they’re physicians, advanced practice nurses, and physician assistants who work in the facility but they’re paid through a contract. Next, we have adult students and trainees and volunteers. Now, for the numerator we collect data on vaccinations received at the healthcare facility, vaccinations received outside the healthcare facility, those declaring any type of medical contraindication to the vaccine and declinations for the vaccine and also unknown status. So in other words, healthcare personnel working at your facility, perhaps physicians, but you don’t know if he/she has received the vaccine, they would be counted as unknown.**

Okay, thank you.

**You’re welcome.**

**Our next question comes from Janet Worley. Your line is now open.**

Thank you. My question involves the CMS guidance that you referred to, and I realize you just got that and are probably still kind of processing it yourself, but I was a little confused if that guidance is telling us that we can go ahead and include everyone if that’s simpler, only applied to those people who work in the outpatient departments houses within our facility, or are you saying we can just include everyone as we have in the past, including off site clinics and we have people who do administrative work in a remote building but many if not all of them will be in the hospital at some point during those months for a meeting, for instance, it’s much simpler for us to just include everyone as we have in the past but I wasn’t quite sure if that’s what you were saying with that guidance document.

**Thanks and, yes, you’re right, we are still parsing it, and I think that is a distinction that we need to reach out to CMS about. There’s kind of two questions in your question because the second thing you said about you reasonably suspect that most of these “outpatient” employees from different departments are going to actually be in the acute care facility anyway. So when that is the case, you would count them regardless of what the CMS guidance is because they would then fall into the inpatient reporting requirement definition which is physically working or performing a work duty in the acute care facility sometime during that October 1st to March 31st period. So there’s that and then there’s kind of the separate issue about we have all of these outpatient departments with the same CCN that have people that might never come into the facility, what about pulling them out, and I think that that is something that we will continue to follow-up with CMS about because it is not 100% clear to me from the way they have written it. I think it could be interpreted either way and we want to make sure we give you guys the right interpretation so let us follow up with them today and then provide that to you in the written guidance that I said that we would send out.**

Thank you. As you’re having conversations with them, just speaking for us, but here at my facility we would love if you would give them feedback that it’s easier for us to just report everyone if their goal is to simplify, but for us certainly they haven’t.

**Yes, ma’am. There have been some public comments also to that effect that since everybody’s reporting, it may not have reduced burden in the way that they hoped to make this change, but we will certainly pass that on.**

Thank you.

**Our next question comes from Brenda Bowstrine. Your line is now open.**

Hi. This is Brenda. I had two questions. You answered the first one. We are a critical access hospital with our clinic attached. Would we be counting the clinic personnel in that as they are like a department of our facility and they do get paid from our payroll?

**And the clinic has the same CMS certification number as the critical access facility?**

Um, I’d have to check on that. What if it does?

**If it does, it’s a clinic and it’s physically attached to your facility, that’s correct?**

Yes.

**So I think the answer is probably. That sort of gets back to the question that was last asked. I’m sorry that we don’t have more specific guidance for all of you. I know that’s what you signed on to the webinar for, but things are moving quickly with this and please do be assured that we will give you that guidance as soon as we have it.**

All right. Thank you.

**Our next question comes from Christie Paradise. Your line is now open.**

I think you may have said this but I just need one more clarification. So if we have an outpatient surgery unit that has the same CCN number as the inpatient but it’s physically across the street, does that get combined?

**That, I think, is what we need to follow up with CMS about. It came up on the other calls. A lot of places have the outpatient surgery unit is attached to the hospital but it actually does same day surgery for inpatients and it gets very confusing…..**

And ours is not attached. It’s across the street.

**Right.**

And you said the vaccine numerator information can go back to August or September if they’re vaccinated in August or September but the denominator is October to March, is that correct?

**That’s correct because we don’t want to penalize facilities that begin their influenza vaccination program early.**

But we’re not counting the denominator—so there are different timeframes for the two. Just wanted to clarify. Thank you.

**That is correct.**

**Our next question comes from Kathy Britt. Your line is now open.**

Hi. Thank you very much. I think I know the answer, but if you have employees let’s say in October that do work in the month of October but then they leave our employ and go elsewhere before they have been vaccinated….If we can find out that they were vaccinated at a later date within the season, can we count them as a yes?

**Yes, you can.**

Okay, thank you.

**And our next question comes from Aisha Walker. Your line is now open.**

Hi. My name is Aisha and I have a question—I’m kind of new to this—for the dates October 1st and March 31st is the report date. So when I report, would I be reporting like in April, like April 1st for the month of October 1st through March 31st?

**So basically you’re only required to submit one report at the conclusion of the flu season, so if you would like to, you can report through NHSN in April and the April report will have your data for the entire flu season.**

Okay, so in April I can report from October—like last year 2018 up to March 31st, 2019?

**Yes, that’s correct. Also keep in mind that the deadline to report through CMS is actually May 15th so you do have a little extra time there, but reporting your final data in April is completely acceptable.**

Okay. Thank you.

**As a reminder, if you would like to ask a question, please press \*1. Our next question comes from Lori Mosley. Your line is now open. Excuse me, Lori, please check your mute button. Your line is now open.**

My question was we have contract nurses that are paid through the contract agency, not through us. Do they go into the denominator as well?

**So we consider agency nurses and contract nurses who do not meet the definition of licensed independent practitioner to be other contract personnel, which means that they are an optional reporting category. So as long as they’re not advanced practice nurses, then they’re optional other contract personnel and you do not need to count them, although you can use that optional category if you would like to count them. If they’re contracted advanced practice nurses, then they are non-employee licensed independent practitioners and you do have to count them.**

Okay, thank you.

**As a reminder, if you would like to ask a question, please press \*1. We do have a few additional questions on the phone. The next question comes from Diane Baskin. Your line is now open.**

Hi. The question that was asked just before me kind of answered it about contractors. We have a lot of construction workers coming in and out, painters, construction workers. I don’t believe they are going to be counted as optional, correct?

**So the contract workers are not considered employees. If they don’t receive a paycheck from your facility, then they’re considered as other contract personnel, so that’s correct, you do not have to count them in your reports for this flu season.**

Great. Thank you.

**Our next question comes from Vickey Kohler. Your line is now open.**

Yes, hi. You said that you would be clarifying this new CMS guidance information for us. What form will that take? How will we find out the clarification?

**Once we have spoken with CMS, I know that they are disseminating the guidance to facilities, so we’ll ask them to include that clarifying language in what they send, if they haven’t sent it, and we will also provide it to you in conjunction with the materials that are posted with this webinar archive. When we put up the recorded webinar and the transcript we can add it there and we may also send it as a CERA e-mail blast which would go out to any acute care registered users in NHSN and I think those are probably the major ways. We may consider including something in the NHSN newsletter as well, but basically between us and CMS we’ll try to get it out to you in as many written forms as possible.**

Thank you.

**Our next question comes from Donna. Your line is now open.**

My question was answered earlier regarding the contract workers. Thank you.

**As a reminder, if you would like to ask a question, please press \*1 and record your name clearly when prompted. Our next question comes from Rebecca Alexander. Your line is now open.**

Hi. Just to clarify, our IPF has a different CCN and a different location than the hospital, so my understanding is I do not have to report those vaccines this year, is that correct?

**Yes, that’s correct as long as the state that your facility is in does not require IPF reporting.**

Okay, thank you.

**The IPF quality reporting is no longer required so if those personnel never come into the acute care part of the acute care facility, you wouldn’t need to count them.**

**END.**