

NWX-DISEASE CONTROL & PREVENTI

**Moderator: Dale Babcock
September 9, 2015
1:00 pm CT**

Coordinator: Thank you for standing by.

At this time, all participants will be on a listen-only mode.

After the presentation, we'll conduct a question and answer session. To ask a question, please press the star 1 and please record your name.

Today's conference is being recorded. If you have any objections, you may disconnect at this time.

I would like to introduce your host for today's conference, Elizabeth Kalayil. You may begin.

Elizabeth Kalayil: Thank you and welcome to the Healthcare Personnel Safety Component Training Session for the Influenza Vaccination Summary and the Healthcare Personnel Vaccination Module.

My name is Elizabeth Kalayil and I work as a contractor in the Immunization Services division at CDC.

I will be presenting information during the first part of the webinar.

This presentation will cover several topics. The first objective is to provide an overview of the National Healthcare Safety Network, or NHSN, in the healthcare personnel vaccination module. This is where users will enter data for the Healthcare Personnel Influenza Vaccination Summary.

The steps on how to get started in the Healthcare Personnel Safety Component will then be reviewed along with the surveillance and reporting requirements for the module and the data reporting forms that facilities will need to use.

The last segment of the presentation will outline data analysis features of the module.

So first, we will briefly cover some background information on NHSN.

NHSN is a secure, Internet-based surveillance system managed by the Centers for Disease Control and Prevention's Division of Healthcare Quality Promotion.

The purposes of NHSN are to collect data from a sample of healthcare facilities to permit valid estimations of the magnitude of adverse events, and adherences to practices to prevent adverse events. NHSN also analyzes and reports the data collected to permit recognition of trends, and provides facilities with data that can be used for inter-facility comparisons and local quality improvement activities.

NHSN also enables healthcare facilities to use the system to report healthcare-associated infections and prevention practice adherence to the Centers for

Medicare and Medicaid Services, or CMS, to fulfill CMS' quality measure reporting requirements for those data. A comprehensive list of purposes can be found using the Web site link that's listed on this slide.

Assurance of confidentiality is provided by the Public Health Service Act. NHSN takes confidentiality very seriously and makes every effort to protect all facilities that participate.

NHSN is divided into five components -- Patient Safety, Healthcare Personnel Safety, Biovigilance, Long-Term Care Facility, and Dialysis. Each component can have multiple modules. This training is focusing on the Healthcare Personnel Safety Component, which consists of two modules -- the Healthcare Personnel Vaccination Module and the Healthcare Personnel Exposure Module. We will discuss the Healthcare Personnel Vaccination Module during this presentation.

The Influenza Vaccination Summary is located within the Healthcare Personnel Vaccination Module. Staff members and healthcare facilities can use the Influenza Vaccination Summary to monitor influenza vaccination percentages among healthcare personnel. The summary (level) reporting replaces individual (level) reporting of vaccination status for healthcare personnel which was previously available through NHSN.

So now we'll go over some basic elements of the Healthcare Personnel Influenza Vaccination Summary. Healthcare facilities can use the Healthcare Personnel Vaccination Module within NHSN to enter Healthcare Personnel Influenza Vaccination Summary data. It is designed to ensure that Healthcare Personnel Influenza Vaccination Reported coverage is both consistent over time within a single healthcare facility and also comparable across facilities.

Using NHSN reporting requirements to monitor influenza vaccination among healthcare personnel may also result in increased influenza vaccination uptake among healthcare personnel because improvements in tracking and reporting healthcare personnel influenza vaccination status will allow healthcare institutions to better identify and target unvaccinated healthcare personnel. Increased influenza vaccination coverage among healthcare personnel is expected to result in reduced morbidity and mortality related to influenza virus infection.

Data are 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 status for the numerator categories. Each facility must report all numerator categories for the three required denominator categories.

The next slides provide an overview on how to get started in the Healthcare Personnel Vaccination Module of the Healthcare Personnel Safety Component. As you may already know, inpatient psychiatry facilities can either be freestanding facilities or units with an affiliated acute care or critical access facilities.

There are important differences in the way healthcare personnel Influenza Vaccination Summary data are entered into NHSN for these two types of inpatient psychiatric facilities.

Please be sure to pay special attention to the guidance for your specific facility type.

Freestanding facilities will be referred to as freestanding inpatient psychiatric facilities. And units with an affiliated acute care or critical access facilities will be referred to as inpatient psychiatric facility units.

So now we will talk about how to use the Healthcare Personnel Safety Component. First we'll go over some key roles in NHSN.

The facility administrator is the person enrolling the facility in NHSN, is the only person who can activate additional components for a facility, has add, edit, and delete rights to facility data, facility users, and users' access; has the authority to nominate or join groups for data sharing; and is the only person who can reassign the role of facility administrator to another user. There can only be one facility administrator per NHSN facility.

Users have the ability to view, enter, and analyze data, but these rights are determined by the facility administrator. Users may also be given administrative rights.

For facilities to participate in the Healthcare Personnel Safety Component, they must either enroll in NHSN or add the inpatient psychiatric facility unit as the location within the affiliated NHSN acute care or critical access hospital and active the component.

Enrollment in NHSN is required for facilities that are currently not participating in NHSN for any other type of reporting but wish to participate in influenza vaccination reporting. Please follow the link on this slide for

more information on enrollment. During the enrollment process, facilities may choose to participate in any of the NHSN components.

Many facilities will already be enrolled in NHSN due to other reporting requirements. If you are an (IPF) unit, you will need to make sure that your IPF unit has been added as a location within the affiliated NHSN acute care or critical access hospital.

The Healthcare Personnel Influenza Vaccination data will be reported as a unit within the affiliated acute care or critical access facility.

If a facility is already enrolled in NHSN and wishes to participate in the Healthcare Personnel Safety Component, the facility must activate the component within NHSN.

For IPF units residing within an acute care or critical access hospital, the Healthcare Personnel Safety Component will likely already be activated as your affiliated acute care or critical access hospital has been reporting Healthcare Personnel Influenza Vaccination data for CMS acute care facility reporting programs.

If your freestanding IPF is not enrolled in NHSN, you must designate an individual to be your NHSN facility administrator and then complete the five-step enrollment process. If your facility is already enrolled in NHSN, you must get in contact with your NHSN facility administrator and ask him or her to activate the component. If you're unsure of your facility status within NHSN, please send an email nhsn@cdc.gov for more information.

For those that are IPF units within an affiliated acute care or critical access hospital, it's very likely that your acute care or critical access hospital is

already enrolled and has activated the Healthcare Personnel Safety Component for reporting acute care or critical access specific data.

Confirm with the NHSN facility administrator that your IPF unit has been added as a location within your NHSN facility.

If the location has not been added, take the necessary steps to add the location using the guidance provided in the link. Please note this involves entering the IPF-specific CCN into NHSN.

Again, if you're unsure of your facility status within NHSN, please email NHSN@cdc.gov for more information.

To activate the Healthcare Personnel Safety Component, the facility administrator logs into SAMS. Please note that only the NHSN facility administrator can activate a new component.

Next, you click on NHSN Reporting from the SAMS log-in page. From the home page, the facility administrator will select Add/Edit component under the Facility tab. Next, the facility administrator will check the Healthcare Personnel Safety Component box. The facility administrator can then add the name, phone, email, and address for this person so that he or she can be reached if CDC or NHSN has updates or questions about the Healthcare Personnel Safety Component.

The facility administrator can then add their primary contact as a user within the NHSN facility. To do so, the facility administrator should click Users on the navigation bar, and then click Add. Next, the facility administrator should complete the mandatory fields for the Add User screen. This consists of the user I.D., first name, last name, and email address. Other users can be added

by the facility administrator or the new Healthcare Personnel Safety Component primary contact.

The facility administrator should also make sure that at least one Healthcare Personnel Safety Component user has administrator rights, and, in general, this should be the Healthcare Personnel Safety Component primary contact. Users with administrator rights will be able to add additional Healthcare Personnel Safety Component users and share data using the group function for the Healthcare Personnel Safety Component.

The Edit User Rights screen should appear after you save the new user information. The user with the administrative rights can then select the level of rights to confer to the user. This step must be completed for new users to have access to any system features within the Healthcare Personnel Safety Component. Please be sure to confer the proper rights to users.

New users to NHSN must register with the Secure Access Management Services -- or SAMS -- and will automatically receive an invitation to SAMS after being added as a user to the NHSN facility. After receiving an invitation to register, individuals will need to complete and submit identity verification documents to CDC. You will receive confirmation once these documents are approved, and a SAMS grid card will be delivered to your home address. You will then be able to access NHSN using your SAMS credentials.

The entire enrollment process takes, on average, 30 to 60 days. The majority of that time is spent waiting for the SAMS group to process identity verification documents. Therefore, we recommend that you allow for adequate time to complete the NHSN enrollment process prior to entering your Healthcare Personnel Influenza Vaccination data.

You can find information about the SAMS process using the link that's listed on this slide.

So now we'll review the specific reporting requirements for the Healthcare Personnel Influenza Vaccination Summary. The Healthcare Personnel Influenza Vaccination Summary protocol provides guidance for a facility to collect and report Influenza Vaccination Summary data for the Healthcare Personnel Vaccination Module. It includes comprehensive information about reporting requirements and specifications such as numerator and denominator categories, methodology, data analyses, and key terms. Each facility should thoroughly review the protocol before collecting and entering data in NHSN.

As mentioned previously, there are three required denominator categories. One category consists of employees, while the other two categories consist of non-employees. One non-employee category is Licensed Independent Practitioners and the other non-employee category includes Adult Students, Trainees, and Volunteers. To be included in the denominator, all healthcare personnel must be physically present in the facility for at least one working day during the reporting period. And this is between October 1st through March 31st.

This slide shows the top portion of the healthcare personnel vaccination summary form, and this lists the denominator categories. Employees are defined as all persons receiving a direct paycheck from the healthcare facility, and this is regardless of clinical responsibility or patient contact.

The second denominator category consists of non-employee, licensed independent practitioners -- specifically, physicians, advanced practice nurses, and physician assistants who are affiliated with the healthcare facility but are not on the facility's payroll. And again, this is regardless of clinical

responsibility or patient contact. This category also includes post-residency fellows.

The third required denominator category consists of non-employee, adult students, trainees, and volunteers who are aged 18 and older. This is defined as medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility but are not on the facility's payroll, regardless of clinical responsibility or patient contact.

The fourth denominator category consists of non-employee contract personnel. Reporting for this category is optional at this time. Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract, but who do not fall into any of the other denominator categories. Some examples include dialysis technicians, occupational therapists, admitting staff, and pharmacists. Please refer to appendix A of the Healthcare Personnel Influenza Vaccination Summary protocol for a suggested list of contract personnel.

If a facility decides to report the contractor data, it can note which categories of contract personnel are included in the data by using the comments function in NHSN. And this will be noted later in the presentation.

The numerator includes healthcare personnel who receive an influenza vaccination during the time from when the vaccine became available -- for example, August or September through March 31st of the following year. There are five numerator fields in the NHSN module, and these are mutually exclusive. This slide shows the numerator categories as they appear on the Healthcare Personnel Influenza Vaccination Summary form. The categories

include influenza vaccination received at this healthcare facility or elsewhere, medical contraindications, declinations, and unknown vaccination status.

The first numerator category is healthcare personnel who received an influenza vaccination either at this healthcare facility or elsewhere. Please note that these are two separate fields in the module. The first field includes healthcare personnel who receive influenza vaccination at the healthcare facility since the influenza vaccine became available this season.

The second field includes healthcare personnel who are vaccinated outside the healthcare facility since influenza vaccine became available this season, and provided a written report or documentation of influenza vaccination. Acceptable forms of documentation include a signed statement or form, an electronic form or email from the healthcare worker, or a note, receipt or vaccination card from the outside vaccinating entity. Verbal statements are not acceptable for the module.

The second numerator category is healthcare personnel who have a medical contraindication to the influenza vaccine. For this measure, for inactivated influenza vaccine, accepted contraindications include a severe allergic reaction after a previous vaccine dose or to a vaccine component, including egg protein, or a history of GBS within six weeks after a previous influenza vaccination.

Healthcare personnel who have a medical contraindication to live attenuated influenza vaccine, other than a severe allergic reaction to a vaccine component or history of GBS within six weeks after a previous influenza vaccination, should be offered inactivated influenza vaccine by their facility if it's available.

Therefore, the medical contraindications stated above are the only accepted contraindications for the module. Please note the documentation is not required for reporting a medical contraindication. So, verbal statements are acceptable.

The third numerator category is healthcare personnel who are offered and declined to receive an influenza vaccine. Documentation is not required for reporting declinations.

The fourth numerator category is healthcare personnel with unknown vaccination status or they did not meet any of the other criteria for the other numerator categories.

Healthcare personnel working in an inpatient psychiatric facility unit that's mapped as an inpatient psychiatric ward within an acute care or critical access hospital, and has an "M" or a "S" in the third position of the CCN should be reported separately from the acute care facility in NHSN to fulfill requirements of the CMS inpatient psychiatric facility quality reporting program.

However, if a healthcare facility - excuse me. If the healthcare worker from the inpatient psychiatric facility unit also works in the acute care or critical access hospital during the influenza season and meets protocol definitions, then that individual should also be included in the acute care and critical access hospital's counts.

Data from multiple inpatient psychiatric facility units located within a single facility should be combined and submitted to NHSN as a single summary data report. Inpatient psychiatric facilities that are freestanding should enroll in NHSN separately and report their data separately.

You can also refer to the link that's listed on this slide to view the Operational Guidance for Inpatient Psychiatric Facilities regarding the collection of Healthcare Personnel Influenza Vaccination Summary data.

This slide reviews a few points about the reporting requirements. Facilities are only required to report data once at the conclusion of the reporting period, which is from October 1st through March 31st. 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 because October 1st through March 31st is the reporting period. Therefore, healthcare personnel always working offsite 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, since the influenza vaccine for a given influenza 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's 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 safety group.

Now, I will turn things over to my colleague, Amy Webb, and she'll be reviewing the remaining slides for the webinar.

Amy Webb: Thank you, Elizabeth. My name is Amy Webb, and I work as a contractor in the Division of the Healthcare Quality Promotion at CDC. We will now go over data entry in NHSN.

After a facility has enrolled in NHSN and/or has activated the HPS component and added users, staff members at each facility must complete two required forms: the Healthcare Personnel Safety Monthly Reporting Plan Form and the Healthcare Personnel Safety Influenza Vaccination Summary Form. The seasonal survey on influenza vaccination programs is not required. However, facilities are encouraged to complete the short survey, as the information will be very helpful for CDC.

The survey aims to gather information on influenza vaccination programs for healthcare personnel by collecting data on the types of personnel groups that are included in a facility's annual influenza vaccination campaign, methods the facility is using to deliver the influenza vaccine to its healthcare personnel, and strategies the facility uses to promote and enhance healthcare personnel influenza vaccination.

Now we will go over how to navigate through NHSN. Facilities must use SAMS. You can access the activity homepage by clicking on the link listed on this slide. You will then need to enter your SAMS username and password, followed by your SAMS grid card numbers. If you have any questions or need assistance with using SAMS, please contact the SAMS help desk toll-free by phone, or by email using the information listed here on the slide.

This slide shows the NHSN homepage. Select the appropriate component, which in this case is the Healthcare Personnel Safety Component, and the facility from the drop-down boxes.

Next, you would click Submit to proceed. While you're navigating through NHSN, be sure to use the NHSN buttons and not the web browser buttons. When logged into NHSN, you can always see which facility, user, and component are in use at the top of your screen.

This slide shows the Healthcare Personnel Safety Component homepage. You will see that there is a navigation bar on the left-hand side of the webpage which you will use to access different parts of the module.

The Monthly Reporting Plan collects data on the modules and months the facility plans to participate. Influenza Vaccination Summary should be selected for the plan, and that information will be automatically updated for the entire influenza season as defined by NHSN -- July 1st through June 30th.

After the initial monthly reporting plan has been added for that influenza season, the user will not need to add any other reporting plan. Please note that the Monthly Reporting Plan must be completed once each influenza season before any Influenza Vaccination Summary data can be entered.

Please note that only acute care or critical access hospitals who have a CMS inpatient psychiatric facility unit mapped within their NHSN facility will see this screen as shown on the slide here when adding a monthly reporting plan.

First, select the correct year and month from the drop-down menu. Each hospital or unit should check the appropriate box for Influenza Vaccination Summary under the Healthcare Personnel Vaccination Module. For example, to report data on inpatient and outpatient units for the acute care hospital, you would select Influenza Vaccination Summary for the hospital.

To report data for an inpatient psychiatric unit that is part of an acute care hospital or critical access hospital, you would check the Influenza Vaccination Summary for inpatient psychiatric facility units.

Please note that to report data for both hospital units and inpatients psychiatric facilities, both boxes on the monthly reporting plan should be checked.

Please note that this is the screen that the rest of the facilities will see, such as the freestanding inpatient psychiatric facilities. To add a Monthly Reporting Plan, click Reporting Plan and then Add on the navigation bar. Then select the correct month and year from the drop-down menu. The user should check the box next to Influenza Vaccination Summary under the Healthcare Personnel Vaccination Module. All facilities will click Save after making the appropriate selections.

Once the reporting plan has been completed for one month, as shown on the example, no other reporting plans are needed to be added for that influenza season.

Each facility will use the Healthcare Personnel Safety Influenza Vaccination Summary form to collect summary data. The NHSN module consists of a single data entry screen to input summary data for each influenza season. When a user enters data, all previously entered data for that season will be overwritten. A modified date will be auto-filled by the system.

Therefore, if a facility would like to keep track of its monthly numbers, it should maintain its own record of this, as it will not be able to review monthly reporting numbers in NHSN.

CDC and NHSN encourages that Healthcare Personnel Influenza Vaccination Summary counts be updated on a monthly basis. However, as mentioned earlier, entering a single Influenza Vaccination Summary report at the conclusion of the measure reporting period will meet the minimum data requirements for NHSN participation.

The user will see that the NHSN data entry screen is set up similar to the layout of the Healthcare Personnel Influenza Vaccination Summary form. Question one on the form pertains to the denominator, while questions two through six pertain to the numerator.

The tables and instructions for the Influenza Vaccination Summary form provides instructions and complete definitions for each data field for the denominator and numerator categories in the module. This document is located within the Influenza Vaccination Summary protocol.

This slide highlights the employee category. The user can see the definition of an employee in the right-hand column. To enter summary data, go to Add under Flu Summary on the navigation bar. Click Continue to proceed, as Influenza Vaccination Summary data appears as the default option in the drop-down menu. Please remember that you will not be able to enter any summary data until you have first added your Monthly Reporting Plan.

Acute care or critical access hospitals with inpatient psychiatric facility units will see a slightly different screen when adding Healthcare Personnel Influenza Vaccination data. The user must complete all fields marked with an asterisk on this page. Influenza and Seasonal are the default choices for the vaccination type and influenza subtype. The user would then select the appropriate flu season in the drop-down box -- for example, 2015-2016.

The user should check the appropriate location from the drop-down box. For example, to report data on inpatient and outpatient units for the hospital, you would select Hospital. However, to report data for an inpatient psychiatric unit, for that part of the acute care or critical access hospital, you would select IPF Units.

Please note that to report data for both hospital units and inpatient psychiatric facilities, a summary report must be submitted for each.

As with the monthly reporting plan, this screen is what all other facilities will see, such as the freestanding psychiatric facilities when they are adding Influenza Vaccination Summary data. You must complete all fields as marked with an asterisk on this 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.

This slide shows what the data entry screen looks like in the NHSN module. The asterisk on the screen indicates the columns that must be completed. Users can use the Tab key on a computer keyboard to move across the column. Users should enter zero in a field if no healthcare personnel at that facility fall into that category.

Staff members at facilities can use the custom field function for data they would like to collect and analyze consistently, such as additional detail on the specific types of healthcare personnel. The comments box can be used to enter additional information, which are usually side notes or reminders. However, this information cannot be analyzed within NHSN.

If your facility would like to track subsets of individuals within an NHSN, such as nurses and physicians, the custom field option can be used to keep a

separate count for your own purposes. Using the custom field function is optional, and we will briefly review the steps in using this.

First, you would go to Customize Forms under Facility on the navigation bar. You should make sure that the mandatory field for form type, form, description, and status are completed. Next, you should enter a label or a variable name for the custom field. You will also select the type of each custom field, which can be alphanumeric, numeric, or date fields.

After this, you would designate whether field is active or inactive. Active indicates that the custom field will be available for use on the form. Inactive indicates that user will see the custom field on the form, but it will not be available for use. Lastly, you should click the Save button when finished.

After clicking Save, a message will appear at the top of your screen, indicating that the custom fields have been successfully updated. The user will now be able to see the custom fields at the bottom of their data entry screen.

For each update of the Influenza Vaccination Summary Data after the initial entry, you will see a message at the top of your screen indicating that a record of the summary data already exists. The date last modified shows when the data were last entered and saved. Click Edit at the bottom of the screen for modifying existing data.

Once complete, be sure to save the updated data by clicking the Save button at the bottom of the screen. You should see a message confirming that your data have been saved at the top of your screen. The date last modified will also be automatically updated by NHSN.

We will now go over the data analysis features for the Healthcare Personnel Safety Influenza Vaccination Summary. To view data, go to Generate Datasets under Analysis on the navigation bar. Click Generate New and select OK when a message appears on your screen that says, "The current datasets will be overwritten. Are you sure you want to continue?" Users should generate a new dataset after each time they enter new data into the system.

Next, go to Output Options under Analysis on the navigation bar. You will see several folders on the screen. Inpatient psychiatric facilities that are enrolled separately or freestanding inpatient psychiatric facilities should click on the HCW Vaccination Module folder, in the Influenza folder, and then finally the CDC Defined Output folder. To view the default output, click Run to see the total numbers or summary count, percentages, vaccination compliance figures, and vaccination noncompliance figures.

However, for inpatient psychiatric units that are mapped as locations within acute care or critical access hospitals should click on the HCW Vaccination Module, Influenza, and then IPF Influenza followed by the CDC Defined Output folder. Therefore, these units will need to click on an extra folder to view their data. Clicking on Run will display the default output.

The user can see the summary counts listed by influenza season and by variable. This example shows that 400 employees worked during the required time period during the 2011/2012 influenza season, while 25 employees worked during the required time period for the 2012/2013 influenza season.

Two overall totals are presented. One number includes the total number of healthcare personnel working without other contract personnel, which is 420 healthcare personnel for the 2011/2012 influenza season. Another number shows the total number of healthcare personnel working with other contract

personnel, which is 427 healthcare personnel for the 2011/2012 influenza season.

Please note that reporting contract personnel is not currently required. Therefore, it is fine if zero is entered for the number of contractors, even if there are contractors working in a given facility.

The user can view percentages for each variable. In the highlighted example, 50% of employees received their vaccinations at this healthcare facility in 2011 and 2012. And 40% of employees received their vaccinations at the healthcare facility in 2012/2013.

To compute the percentages on this example, the number of employees vaccinated on site was divided by the number of employees working during that required time period. The number was then multiplied by 100 to obtain a percentage.

This slide shows vaccination compliance percentages excluding other contract personnel. Please note that vaccination compliance including other contract personnel can also be viewed. The example indicates that 72% of healthcare personnel are vaccinated, either at this facility or elsewhere in 2011/2012. Also, 53% of healthcare personnel are vaccinated in 2012/2013.

The percentages for vaccination compliance are created by adding the total number of healthcare personnel who are vaccinated on site to the total number of healthcare personnel who are vaccinated elsewhere, excluding other contract personnel. Dividing this number by the total number of healthcare personnel working during the required time period -- again, excluding other contract personnel -- and then multiplying this number by 100 to obtain a percentage.

This slide shows vaccination non-compliance percentages excluding other contract personnel. This example indicates that 27% of healthcare personnel were not vaccinated in 2011/2012. Also, 35% of healthcare personnel were not vaccinated in 2012/2013.

The percentages for vaccination non-compliance are created by adding the total number of healthcare personnel who declined the vaccination to the total number of healthcare personnel with unknown vaccination status, excluding other contract personnel. This number is divided by the total number of healthcare personnel working during that required time period -- again, excluding other contract personnel -- and then multiplying by 100 to obtain a percentage.

Facilities can visit the NHSN Web site using the link on this slide. The Web site contains links to the protocol, data collection form, frequently asked questions, comprehensive training slides, and recorded trainings for the Healthcare Personnel Influenza Vaccination Summary reporting.

If you have any questions about NHSN, please send an email to User Support at nhsn@cdc.gov. You should also include HPS flu summary in the subject line of the email and specify IPF, or inpatient psychiatric facility, as this will help us to better assist you.

This concludes the slide presentation for the webinar. Now we will have the opportunity to take some questions. Thank you.

Coordinator: All right. Thank you. At this time we'll begin the question and answer session. To ask a question, please press the *1 and please record your name. To

withdraw your question, press *2. Once again, *1 to ask a question. One moment.

Question comes from (Julie Gibbons).

(Julie Gibbons): Hello?

Elizabeth Kalayil: Hello.

(Julie Gibbons): Hi. I just have a question regarding your employees. We do have an inpatient mental health unit within our acute care hospital. And do we only include those employees and licensed independent practitioners who are on that unit in that denominator?

Elizabeth Kalayil: Are your licensed independent practitioners, are they paid through a contact mechanism?

(Julie Gibbons): So no. I'm talking about both for my employees and our providers, the physicians who are independent. That would go in the second column. But we have - some of these providers go throughout the hospital, not just on the unit. So I know we would count them in our facility too, but when we enter that inpatient rehab - or inpatient psychiatric facility denominator data, do we only put those employees who work on that unit, not employees in the entire facility? And does that also apply to the providers?

Elizabeth Kalayil: Yes. So basically with your question, if you have a licensed independent practitioner who's working in your inpatient psychiatric facility for one day or more during the season, you would count that person in your inpatient psychiatric facility unit.

But then if they also work in other areas of your acute care hospital, you would include that same person as a licensed independent practitioner in your acute care hospital count.

So basically, you would be counting that person in both numbers.

(Julie Gibbons): And then for employees we would just account those employees that work on that unit and maybe additionally food service people, or just keep it to those people on that unit?

Elizabeth Kalayil: You would include whoever is working specifically in that unit for one day or more and that could be, you know, anyone who's an employee, licensed independent practitioner, or adult students, trainees, or volunteers.

Now, if they're food service staff, it would depend on if they're considered as employees or maybe other contract personnel. And if they're, paid through a contract mechanism, then they would be considered under other contract personnel, an optional category.

(Julie Gibbons): And I understand that. I'm just - there's people that go in and out of that unit that are not based on that unit -- lab personnel, people who are dropping off meal trays.

Elizabeth Kalayil: Yes.

(Julie Gibbons): People in those job categories.

Elizabeth Kalayil: Right. So even if they're not based in that unit all the time but they still go in and out of it and they're performing a work duty in that unit, then you would

count them if they meet the definitions for an employee, LIP, or adult student or trainee or volunteer.

(Julie Gibbons): That will be kind of difficult, knowing exactly who on that day delivered that information or that tray...

Elizabeth Kalayil: Yes,

(Julie Gibbons): ...or did those lab draws to that unit only. So it may be - would it be permissible to just include all those people in that job category?

Elizabeth Kalayil: Our guidance is that if you reasonably suspect that someone will be in that unit for one day or more, you may count them in your numbers. You know, if you're unable to identify exactly who will be on that unit.

(Julie Gibbons): Ok. Thank you.

Elizabeth Kalayil: Thank you.

Coordinator: Question is from (Darlene Gallagher).

(Darlene Gallagher): Part of my question was answered with that question, thank you. But I have a second question. We are in the midst of developing a behavioral health (dual) psych unit. So it is not going to be up and running as of October 1st.

So do I wait until the unit officially is open and approved by the state and we have a patient on it to start entering data, which is anticipated to be December? How do I go about - because I don't want to be putting zeroes in there. Should I just start with zeroes for October and November?

Amy Webb: Yes. So you wouldn't need to start reporting until you actually have folks working on that unit. And again, you can submit just one summary record at the very end if you wanted to do it that way. Otherwise, you could just, if you wanted to submit monthly, just don't submit anything until you actually have folks working on that unit.

(Darlene Gallacher): Ok because the acute care I'll do the yearly summary, and I can do the yearly summary that way for the inpatient psych unit.

Amy Webb: Yes.

(Darlene Gallagher): Great, thank you.

Amy Webb: As long as your summary record is entered by the reporting deadline, which for IPF currently is May 15th, 2016, you will meet the requirements for CMS reporting.

(Darlene Gallagher): Ok thank you.

Amy Webb: Yes.

Coordinator: Question is from (Jennifer).

(Jennifer): Hi. Yes, it's my understanding that the flu season is defined as October 1, 2015 through March 31, 2016 for this year. Yet on slide 41 there are some date references to July 1st through June 30th. Can you clarify that?

Elizabeth Kalayil: Yes. July 1st through June 30th is actually the NHSN defined flu season. But for reporting the denominator data, you must count healthcare personnel who are physically working in the facility from October 1st through March 31st.

So you would use that October through March timeframe for calculating your denominator.

(Jennifer): Ok. Thank you.

Coordinator: Our next question is from (Joyce).

(Joyce): Yes. So this year in the 2015/2016 season, are we reporting hospitals and rehab and IPF?

Elizabeth Kalayil: Yes, that's correct. The IPF requirement will be starting for this upcoming flu season, so if you're required to report for your acute care, you would continue to do that as well as the additional IPF requirements. So yes.

(Joyce): So that might make it a little hard to see people going in and out each of those three places.

Elizabeth Kalayil: Yes and, we ask that you do your best to try to develop tracking mechanisms to identify individuals who work in each unit or facility. But, if you cannot have those precise numbers, then, if you reasonably suspect that someone will be working in let's say your acute care and rehab and inpatient psychiatric facility, then you may count that person in your numbers for each facility.

(Joyce) Ok thank you.

Elizabeth Kalayil: Thank you.

Coordinator: All right and we have another question from (Jennifer).

(Jennifer): Thank you. Yes, we are a freestanding psychiatrist hospital and we have multiple outpatient services that are at different physical locations throughout the area. So are we - they are office buildings where those employees are working and the patients are getting service in those office-type buildings but they are not on-site at the physical hospital.

Are we to report those in the vaccination numbers?

Elizabeth Kalayil: And you said that these are always off-site? So if the individuals do not actually go into the inpatient psychiatric facility, then you would not count them.

(Jennifer): Ok. Thank you so much.

Elizabeth Kalayil: You're welcome.

Coordinator: The next question is from (Jennifer Tontine).

(Jennifer Tontine): Yes. We were just - can you hear me?

Amy Webb: Yes. Go ahead.

Elizabeth Kalayil: Yes.

(Jennifer Totine): Ok. We are a pretty big hospital. I have a separate rehab facility, an inpatient psych unit, regular inpatient floors, and ambulatory surgery center. So we're setting those all up separately, you know, to collect the data. And we realize,

you know, some physicians and nursing staff will fall into both they work here on the psych unit, they'll be in the denominator here, but they'll also be in the denominator for the main hospital. So we're going to have to count them twice in the numerator, twice in the denominator.

But ASC -- we were under the impression we had to count them as well because it's a freestanding ASC that's within our system. Do we not need to separate them out (unintelligible) ambulatory center?

Amy Webb: So if they are a CMS licensed ASC -- that means they have (attendage) at CCN -- with a C in the third position, they are required to be enrolled in NHSN as a separate facility type. So you would enroll them as an Am Surg facility type. Enter their specific CCN number and then enter that data totally separate from your acute care, from your (IRF) and from your IPF numbers. So they're totally separate.

Please note though that ASCs, their first season of data is for 2014/2015 and their deadline is upcoming for those data to be entered at September 30th. So if you do have an ASC that is a CMS licensed -- so it has attendage at CCN with a C as in cat in the third position -- has to be enrolled separately and get that data entered ASAP.

And then you would continue entering data for your ASC for the 2015/2016 facility in that same manner.

(Jennifer Totine): Ok thank you. That helps.

Amy Webb: Yes.

Coordinator: We have another question. No name was recorded. So if you are queued up, please open your line. Your line is open. Please unmute your phone. Please state your name. All right.

There are no further questions.

Elizabeth Kalayil: Ok. Well thanks to everyone for participating. And if you think of additional questions, free to email us at NHSN@CDC.gov and we'll be happy to get back with you.

Coordinator: All right. This completes today's conference. You may disconnect at this time.

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