**Rehab\_LTC\_2017**

**Hi everybody. Welcome to this call. Thank you so much for attending this Q&A session. We’re going to go through and quickly introduce the CDC subject matter experts that we have here on the phone. Then we’re going to share with you some brief information about the NHSN Reconsent process and go through a few frequently asked questions that come up so that we can start by addressing some of the questions that we think a lot of you may have about healthcare personnel vaccination reporting. And after that we’ll open it up to any questions that we can answer for you. My name is Megan Lindley and I’m with the Immunization Services Division and one of the subject matter experts for Healthcare Personnel Influenza Vaccination Reporting in NHSN.**

**I’m Elizabeth Kalayil and I also work in the Immunization Services Division as a contractor and I work on the training and education component for the healthcare personnel flu vaccination reporting.**

**Hi. I’m Parneet) Ghuman. I’m part of the Division of Healthcare Quality Promotion. I work as a public health analyst and I’m one of the subject matter experts for reporting for the Healthcare Personnel Safety Component.**

**The first thing I’m going to do is read some talking points about the reconsent, and this is something you may already be aware of. The December release of NHSN is going to introduce an electronic submission of the NHSN agreement to participate and consent, which is something you signed originally when enrolling. All facilities that are currently participating in NHSN will be required to reconsent electronically through the NHSN application, and any newly enrolling facilities will submit their consent form electronically as well. The reason the reconsent is being done is an update to the NHSN purposes which will now include the extension of data access for surveillance and prevention purposes to local health departments via data use agreements similar to the option that is currently available for state health departments. CDC will begin direct outreach to users via an email blast in October, so next month, with reminders about the reconsent timeline and links to new website content. When the new NHSN release goes live in December, all facility administrators and primary contacts will receive an email notification that the new consent form is available and all components must accept the new consent form by the deadline of February 24, 2018. Primary new consent form, periodic email notifications will be sent to components of primary contacts who have not accepted the form before February 24, 2018, and if a component has not accepted the new form by the February 24th deadline, NHSN functionality will be disabled until the consent form is accepted by the primary contact. We do recognize that some NHSN group users have a strong interest in knowing the reconsent status of facilities and components within their groups, so during the reconsent process we plan to provide a service to such group users whereby we will give tailored reports to select group users that include the reconsent status of facilities and components in those groups. A tentative timeline for providing these reports will be 5 weeks before the February 24th deadline, one week before the deadline, and finally one day after the deadline. The effectiveness of this service will rely on having an accurate record of the group users and their group facility so our first step in building the service will be contacting NHSN group users and asking them to self-identify the facilities and their groups, and this will begin in the coming weeks. We’re very interested in your feedback on the utility of these reports and welcome any input on what will be most helpful to you as NHSN users. Now I’m going to turn it over to Elizabeth and Parneet to go through some of those frequently asked questions and then we’ll go to the operator-assisted questions from you.**

**So now we’ll go over some FAQs and the first two FAQ’s have to do with inpatient rehab facilities, and then we have one that has come up for the long- term care facilities, and then we’ll have just a few general FAQs. So the first FAQ for us is: I’m reporting healthcare personnel influenza vaccination summary data for an IRF unit that is physically within our acute care facility. The IRF unit has the same CCN or CMS certification number as the hospital except for an R or a T in the third position. How should I report the IRF unit data in NHSN?**

Influenza vaccination data for healthcare personnel working in this IRF unit should be reported separately from the acute care hospital data. You need to make sure that the IRF unit is mapped appropriately at NHSN. You must also add a separate monthly reporting plan for the IRF unit. This will allow you to enter your IRF unit data separately from the acute care facility once you reach the data entry screen.

**Why are free-standing IRFs required to enroll in NHSN, while IRF units having different CCNs from their acute care or critical access facilities usually do not need to do so?**

IRF units do not need to enroll or activate the Healthcare Personnel Safety Component unless their affiliated acute care or critical access facility is not already enrolled in NHSN or the IRF unit is not physically located within the walls of the affiliated acute care or critical access facilities. IRF units located within hospitals can simply be mapped as locations of the already enrolled acute care or critical access facility. . The CCN specific to the IRF unit is associated with the facility so all data entered into NHSN for the IRF can be sent to CMS appropriately.

**This FAQ has to do with the long-term acute care facilities. I’m reporting from a long term acute care facility that is physically within the acute care facility. How should I report the long term acute care facility data within NHSN?**

Because the long term acute care unit has its own CCN and should have already enrolled in NHSN as a separate LTACfacility, healthcare personnel who work in this unit or facility would not need to be included in the influenza vaccination summary for the acute care hospital unless they also work in the short-stay acute care facility.

**Now we have a few general FAQs we’ll go over. Which month and year should I select on the monthly reporting plan for the Healthcare Personnel Vaccination Module?**

You can select any reporting plan for one month, for instance, March 2018. Unlike the other NHSN components and modules, when influenza vaccination summary is selected on one reporting plan, the information is automatically updated on all reporting plans for the entire influenza season as defined by NHSN which is July 1st to June 30th. Therefore, you do not need to add other reporting plans after the initial plan has been added for that influenza season.

**If my facility reported influenza vaccination summary data for the 2016-2017 influenza season, do I need to create another monthly reporting plan for the 2017-2018 flu season?**

Yes. A reporting plan must be completed once for each influenza season. You will not be able to enter or save any influenza vaccination summary data until you create a reporting plan for that influenza season.

**Our final FAQ is: When trying to enter data into NHSN, why do I receive an error message stating that a plan does not exist with the influenza vaccination summary for the flu season entered?**

You are receiving this message because you have not added a monthly reporting plan for the influenza season you are trying to report. A monthly reporting plan is required in order to report influenza vaccination summary data. Once you have added a plan for the correct season, you can proceed to enter your influenza vaccination summary data.

**Great. Thank you so much Parneet and Elizabeth. Thank you for allowing us to take the time to share that general information with you, and now if you could help us take questions from the audience, that would be great.**

**We will now begin the question and answer session….Our first question over the phone comes from Debbie. Your line is open.**

**I just wanted to clarify on that LTACfacility, and we have already reported the last two years for the flu season. Is there no change as far as for me to start the season starting in October and then finishing up in March on all the months one summary or is it required now that I have to report to the NHSN monthly? I thought it was just one time so I just wanted to get that clarified.**

Hi, Debbie, this is Megan. You’re correct. The requirements have not changed and there is a single report required for the full influenza season. You may have heard the term monthly reporting plan, and it is called the monthly plan because that’s how it’s set up in NHSN, but specifically for healthcare personnel flu reporting, you complete only one plan and you submit only one report for the entire influenza season. So there is no monthly reporting requirement.

**Our next question comes from Carol. Your line is open.**

**My question is about the reporting plan. This is new for me but it looks like we submitted monthly reporting plans, but then only reported one time. Are we able to do the reporting plans currently or do we need to wait a period of time to enter the reporting plan?**

Hello, this is Elizabeth. Thanks so much for the question. So you can go ahead and put in a monthly reporting plan. For example, you may be able to put in September 2017 for your monthly reporting plan for the flu season. So you can go ahead and do that now and then enter data whenever you’re ready.

**The next question comes from Mary Ellen. Your line is open.**

**Good afternoon. This may have been mentioned at the beginning. Will an annual survey be required for the healthcare personnel this year to complete the flu information?**

Hi, Mary Ellen, this is Megan. No. If the only part of the Healthcare Personnel Safety component that you’re using is the flu reporting, the annual survey isn’t required at this time. There is a specific survey required if you’re gonna use the other modules of the component.

**Thank you. Will there be an alert to complete that this year?**

An alert to complete what?

**To complete the optional survey.**

To complete the optional seasonal flu survey that asks you about your facilities’ programs and practices?

**Yes.**

Yes, there should still be an alert for that and you can still complete it optionally or not as you wish.

**Next is Gabrielle. Your line is open.**

**We’re an acute care hospital but we also have a long-term care facility. When you’re saying LTAC I know this sounds crazy, but how do you determine a LTAC (or long-term acute care facility) from a long-term care facility? Like I want to make sure that I shouldn’t be reporting for them.**

That is a great question. My understanding is that it has to do with how your facility is certified by CMS. If it’s certified, for example, as a skilled nursing facility, SNF, that would be long-term care and not long-term acute care. You may also be able to tell the difference depending on the facility’s CMS certification number because there are different kinds of patterns used. I think the best advice would be for you to contact the CMS quality contractor and provide them with your CMS certification number and just ask them if this facility is a long-term care or a long-term acute care facility and which reporting requirements you have, if any. And if you’re not able to find the information for the CMS quality contractor, if you want to e-mail us at [NHSN@cdc.gov](mailto:NHSN@cdc.gov), we can refer that query for you.

**Mary Ellen, your line is open.**

**A question regarding the optional contractor designation for the denominator. Would construction workers be counted in contractors as the way it’s defined?**

So if the construction workers are actually coming into the facility and if they’re being paid by a contract and if they’re in the facility for one day or more during the reporting period, then you can count them in the other contract personnel category. Just keep in mind that this category is optional so you can decide if you would like to report those individuals.

**Next question comes from Gabrielle. Your line is open.**

**This is about that SNF and long-term care. Skilled nursing is a long-term care, is is not? LTAC is yes, you do submit a report. Is that what you said?**

Currently there is a reporting requirement for the long-term acute care facility types to report healthcare personnel vaccination data to CMS using NHSN. For long-term care facilities like skilled nursing facilities, there’s currently no requirement from CMS to report those data to NHSN; although if you do have a long-term care facility and you would like to use NHSN, you’re certainly welcome to do so but there is no requirement for long-term care at this time. The requirement is for the long-term acute care setting.

**The next question comes from Carolyn. Your line is open.**

**Could you go over again that re-consent part that you mentioned at the beginning and clarify who are the primary contacts. Is that the administrator level and not just the user level?**

Thank you for requesting that clarification. So in NHSN your facility is enrolled. As you know, you have a facility administrator that has the highest level of rights generally for your facility, and then for each of the components that you use, so for example, Patient Safety, Healthcare Personnel Safety, and Biovigilance. Each individual component in NHSN has a user who’s designated as the primary contact and so that person is the main point of contact for actions related to that component. So in some facilities it might be the same person as the facility administrator, in other facilities it might be someone different. If you don’t know who your primary contacts are for each component and you’d like to know, you can email us again at [NHSN@cdc.gov](mailto:NHSN@cdc.gov) and just send us your 5-digit NHSN org ID, that 5-digit number that identifies you at NHSN and we can look up that information for you.

**Next question is from Theresa. Your line is open.**

**Hi. I know this might be a little bit off course but I’m essentially starting enrolling a facility from scratch and I already submitted the enrollment forms and faxed it, and I want to know two things. How long do I know before the facility has been enrolled, and then the second one is after that component is done to add on the flu portion of it, how would I go about doing that? The flu reporting.**

Thanks so much for your question. This is Parneet.. So the enrollment process can take up to six weeks and upon completion or upon enrollment of your facility you will receive a communication from NHSN alerting you that the enrollment has been complete and whether there are any other items that you need to take care of. And with regard to your second question, once you’ve enrolled in the Healthcare Safety Component, you will also receive communication once that’s complete and then you can just start reporting right away.

**One more question. So it’s going to take six weeks to enroll and I know the season is gonna start. Am I gonna start counting prior to the date of enrollment or—**

Yes. The actual amount of time that it takes for your facility to enroll can really vary but that was just to give you a reference or a timeframe. But to add to that, you would be reporting for the entire influenza season. So if you had numbers to report from a couple of weeks ago and then your facility is officially enrolled by tomorrow, then you would have to account for those numbers. So you just include that into your monthly reporting.

Just to add to that, if your enrollment isn’t finalized by that October 1st date that’s the beginning of the reporting period for the denominator, if you go to the NHSN website and look at the materials for enrolled facilities, there are printable versions that mirror f what you’re reporting in NHSN of the forms. So you could just print the summary for internal tracking system you have and then just report all the data one time when you’re ready.

**Could you repeat that last sentence….?**

Sure. I was just saying if you want to, you can use the paper forms that are on the NHSN website to track your data until your enrollment in NHSN is complete, and then you can enter the data into NHSN once you actually have access. I just wanted to reiterate that that’s one report for the entire October 1st through March 31st time period. So you might even find that you’re not ready to report until well after your enrollment is complete but that there are paper forms that you can use to track if you would like.

**The next question comes from Chris. Your line is open.**

**I have a question in regards to the physicians’ influenza vaccination status. Can I collect this via a mail or a survey for them just to state yes or no that they’ve received or declined the vaccine, or do we need proof of that? Do we need their actual proof of vaccination or declination?**

Basically, the only time that you would need to provide documentation was if they receive vaccination outside the facility. Let’s say they went to a drug store and had their flu shot, so they could provide you a written form that has information about vaccination or the healthcare worker can send you an email stating when and where they received the vaccination, and that would be fine as documentation.

**So just to clarify, as long as we know when and where but don’t have the actual vaccination form, that would be sufficient?**

Yes, that would be fine.

**Next question comes from Christina. Your line is open.**

**Just to clarify, we create the reporting plan and then it’s sufficient to report all of the information at the end of the flu season once, or do you prefer that we report mid-season and then at the end?**

Really we advise you to do what is good for your facility. So if it’s better for you to have all your numbers at once and submit it at the end of the flu season, that’s fine. Or if you like to put in your numbers as they come in to the system, that’s fine as well. The main thing is just to get your final numbers in by the May 15th deadline, so that’s really the main thing you should keep in mind.

**Next question comes from Joyce. Your line is open.**

**I have unfortunately three questions. When I was listening to you earlier, it kind of sounded like you said this year we had to submit the flu information by department as opposed to by whole facility. I’m in a critical access hospital and we have a inpatient rehab in the hospital, so I report that data by department but then I do report for the whole hospital but I just do that according to the hospital data.**

That’s correct. It’s only the specialized units, the inpatient rehabilitation and inpatient psychiatric facilities that are CMS certified units that are reported separately. Otherwise for your acute reporting you would submit just a report for the rest of the critical access hospital. So the way you described is correct.

**Thank you. My next question is when I’m looking at how you’re counting healthcare personnel. It talks about I’m supposed to do full-time employees and then part-time employees. I have employees that are contingent. They come in periodically, they’re paid by us but they work for us but they’re not full or part-time. I have been including them in my data for as far as just that they work for us. Is that something I shouldn’t be doing?**

You should count healthcare personnel who physically work in your facility for at least one day or more during the flu season and so that’s October 1st through March 31st. For example, if you had a physician who comes in maybe once during the flu season for 3 or 4 hours and he’s employed by your facility, then it is correct to include him in your numbers.

**My last question is I hear that you’re telling people to go in and put in the plan that you’re gonna report the influenza data. I think last year I put that in after January that I was gonna report influenza, and then I did it one time in May. Is that ok?**

Yes, that’s totally fine. When you put in the plan, that’s what will generate alerts when you log in to NHSN telling you that you have to report the data. So if you think you’re likely to forget, you can put it in sooner rather than later but report in by that May 15th deadline. So it sounds like you’re doing everything right.

**Our next question comes from Bolla. Your line is open.**

**I want a clarification about the contractor coming in to the hospital. Like if a company sends in a staff maybe to look at a call light or a computer, do we have to obtain documentation that that worker has received a flu vaccination?**

So if this individual is paid by a contract by your facility and comes in for at least one day during the flu season, that’s October 1st through March 31st, then you would include that person in the other contract personnel category if you wish. And that’s an optional category so if you do not want to report on that category, you don’t have to do that. So if you have that information, that’s great but if not, don’t worry about it.

**Next question comes from Erica. Your line is open.**

**My question was let’s say we’re reporting for two facilities and I’m getting the staff or maybe the physicians and they work at both facilities, do I have to count them twice or do I only report them in whichever facility they spend their most time in?**

You would count them in each facility where they work that you’re reporting to NHSN, so you would count them in essence twice, you would report them once in each of the facilities where they’re working if they’re working there between October 1st and March 31st.

**Our next question comes from Andi. Your line is open.**

**When we start the reporting process, if we have any additional questions, is there a contact person, phone number or e-mail that you can provide to us?**

Yes. So if you have any questions or encounter any problems entering your data, you can always send an email to [NHSN@cdc.gov](mailto:NHSN@cdc.gov), and in the subject line of your email you can put healthcare personnel flu vaccination and then specify what facility you are. So for example, if you’re working in an acute care facility, you can just put that in your subject line and they will send the email to us and then our team will look at it and we will respond to you as soon as we can.

**Our next question comes from Sheila. Your line is open.**

**My question is what to do if we have independent physicians working at our facility but verbally stated that they received influenza vaccination elsewhere?**

So if they’re verbally reporting that they’ve had the influenza vaccination elsewhere, that’s not acceptable. As Elizabeth mentioned earlier, the one thing that you do need some kind of documentation for is vaccination outside your facility. But as Elizabeth said earlier, it doesn’t need to be something like a receipt or a prescription or something from their doctor. It can be as simple as saying, hey, please send me an email saying I got the vaccine at Walgreen’s last week. But they do need to write it. The verbal reporting is not acceptable for the vaccination outside of your facility.

**Marissa, your line is open.**

**I know you have access, or CDC has a website, I’m just not sure exactly where it is where it gives information on the flu where you’re handing it to the healthcare personnel and they’re signing. Do you have the exact web address for that?**

Can you clarify your question? What exactly are you looking for? Is it a form or a piece of information?

**I think it’s called the VIS, and then they read that and they sign the consent.**

If you would like to access the current VIS, they are on our website and it’s my division so I should have it memorized but I don’t. If you can e-mail [NHSN@cdc.gov](mailto:NHSN@cdc.gov) that Elizabeth mentioned, it’ll get triaged to us probably today or tomorrow and I will just send you the link.

**Darrel Lynn, your line is open.**

**Back to who we’re reporting on. It’s very confusing about contract people that come in. So we contract like our maintenance service from the hospital that we are affiliated, although we’re freestanding but we purchase that service from them. So they’re reported on at that facility so I still have to have all their names and verification that they also had the flu vaccine, is that correct?**

I want to make two clarifications. The first one is do you have a different payroll than the acute care that you contract them from?

**Yes. We vetted a purchase service so that would be a contract. They’re not on my payroll.**

So they definitely would be counted as other contract personnel if they’re doing that maintenance between October 1st and March 31st. I just want to emphasize again, as Elizabeth said, that this category is entirely optional at this time so if you did want to report other contract personnel, those people would be counted because similar to the earlier question, they work in the hospital but they also work in your facility. However, because it’s an optional category and they are contractors in your facility and not employees, so it sounds like they might be in the hospital, you do not have to report them if you don’t want to.

**One more question is this came up last year. We had a few employees that received their flu vaccine in September. The season is actually October to March so they actually weren’t vaccinated between those times so they weren’t counted in my “they got it” range. Is that correct? Even though they were being vaccinated for that flue season, they had it like the last week of September instead of the first week of October.**

I’m glad you brought that up. In the specifications, and we do realize it’s a little bit confusing, you count anybody who works between October 1st and March 31st but you count any vaccination for the influenza season. So in that case that you described when people are vaccinated for the current season but prior to October 1st, if they’re still working in your facility after October 1st, then you would include them and you would count them as vaccinated because, as you said, they were vaccinated for the current season.

**No other questions over the phone.**

Thank you all so much for joining us. If you do come up with any questions later, or if you have any questions that weren’t completely answered to your satisfaction, you can always email us at [nhsn@cdc.gov](mailto:nhsn@cdc.gov), and as Elizabeth said, if you can put healthcare personnel flu reporting and your facility type in the subject line of your message. …. END.