



PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program

Support Contractor

Using NHSN for Reporting Influenza Vaccination Coverage Among Healthcare Personnel

Presentation Transcript

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Henrietta Hight: Welcome to today's webinar. My name is Henrietta Hight. I'm a Project Coordinator on the PPS-Exempt Cancer Hospital Quality Reporting PCHQR Team, with the Inpatient Value, Incentives and Quality Reporting, VIQR, Outreach and Education Support Contractor. We would like to welcome everyone today's webinar entitled *Using NHSN for Reporting Influenza Vaccination Coverage Among Healthcare Personnel*. This webinar is part of the educational series focused on the hospitals participating in the CMS PPS-Exempt Cancer Hospital Quality Reporting Program. We are very pleased and honored today to have, as the main presenters, Elizabeth Kalayil and Amy Webb from the Centers for Disease Control and Prevention, CDC. This title slide provides information regarding their educational background and professional credentials, as



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well as their positions and roles at the CDC. Today's webinar slides, transcripts and questions and answers will be posted at the [QualityNet](#) website in the near future and also to the [Quality Reporting Center](#) website. One reminder before we get started. Looking at the list of participants today, we see that a number of you are participating in other CMS Quality Reporting Programs and are not associated with one of the PPS-Exempt Cancer Hospitals. We appreciate your interest in today's webinar since the topic is of interest to many of the CMS Quality Reporting Programs. Many of you have already been using the NHSN database for reporting influenza vaccination coverage among healthcare personnel for a while. For the PCHQR participants, the upcoming data reporting will be their first time. Therefore, during the webinar, we will need to focus on questions coming from PCHQR participants. If you participate in other programs and have questions about influenza vaccination using NHSN, please direct your questions to your program support team. And now on the next slide...

... we'll be looking at a list that you're very familiar with. There on slide six is the acronyms and abbreviations. Use this list to refer to as you go through the webinar or post it at your desks for quick reference. And now, I would like to introduce our first presenter today, Elizabeth Kalayil. Elizabeth?

Elizabeth Kalayil: This presentation will provide a review of how facilities should collect and report Healthcare Personnel Influenza Vaccination Summary data via NHSN. We will now take a look at the objectives for today's webinar.

Upon completion of this program, participants will be able to: explain how facilities can use NHSN to report data, describe reporting requirements for the healthcare personnel vaccination summary data, answer the most frequently asked questions related to reporting healthcare personnel summary data using NHSN.



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First, we'll 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 adherence 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 data to the Centers for Medicare & Medicaid Services, or CMS, to fulfill CMS' quality measure reporting requirements for those data. A comprehensive list of purposes can be found using the website link 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 Outpatient 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.

As shown on the previous flowchart, there are two modules within the Healthcare Personnel Safety Component. The Influenza Vaccination Summary is located within the Healthcare Personnel Vaccination Module. Staff members in healthcare facilities can use the Influenza Vaccination



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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 will 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 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. Increasing 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 1 through March 31. 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.



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The next slides provide an overview on how to get started in the Healthcare Personnel Vaccination Module of the Healthcare Personnel Safety Component.

So, now we'll talk about how to use the Healthcare Personnel Safety Component. First, we will go over some key roles in NHSN. The Facility Administrator is the person who: enrolled the facility into NHSN; he or she is the only person who can activate additional components for a facility; has add, edit or delete rights to facility data, users, and users' access; and, 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 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 that are already enrolled in NHSN and would like to participate in the Healthcare Personnel Safety Component, they would need to first activate the component within NHSN.

Since their facility is already enrolled in NHSN, you must get in contact with the NHSN Facility Administrator and ask him or her to activate the component, if he or she has not already done so. If you are unsure if your facility has activated the component in NHSN, please email nhsn@cdc.gov for more information. Facilities that have already added the Healthcare Personnel Safety Component can create their monthly reporting plan and then enter their Healthcare Personnel Influenza Vaccination Data. This will be reviewed later in the webinar.

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, click on NHSN Reporting from the SAMS log-in page. From the home page, the Facility



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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 the 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, which consists of user ID, first name, last name, and email address. Other users can be added by the Facility Administrator for the new Healthcare Personnel Safety Component Primary Contact. Users with administrative 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 administrator 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 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



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credentials. You can find information about the SAMS process using the link listed on this slide.

Now, we will 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 into 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 1 through March 31. This slide shows the top portion of the Healthcare Personnel Influenza Vaccination Summary form, which lists the denominator categories.

Employees are defined as all persons receiving a direct paycheck from the healthcare facility, 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, regardless of clinical



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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 eighteen and over. 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. Again, this is 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 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 their data by using the comments function in NHSN, which will be noted later in this presentation.

The numerator includes healthcare personnel who received an influenza vaccination during the time from when the vaccine became available; for example, August or September through March 31 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 vaccinations received at the healthcare facility or elsewhere, medical contraindications, declinations, and unknown vaccination status.



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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 NHSN module. The first field includes healthcare personnel who received an influenza vaccination at this healthcare facility since the vaccine became available this season. The second field includes healthcare personnel who were vaccinated outside this healthcare facility since the 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, vaccination card from the outside vaccinating entity. Verbal statements are not acceptable for this 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 through 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 an inactivated vaccine by their facility, if that's available. Therefore, the medical contraindications stated above are the only accepted contraindications for the module. Documentation is not required for reporting a medical contraindication, and verbal statements are acceptable.

The third numerator category is healthcare personnel who were not – who were offered and declined to receive the influenza vaccine.

Documentation is not required for reporting declinations. The fourth numerator category is healthcare personnel with unknown vaccination



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status, or they did not meet any of the criteria for the other numerator categories.

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 1 through March 31. Healthcare personnel who are physically present in the healthcare facility for at least one working day between October 1 through March 31 are included in the denominator, because October 1 through March 31 is the reporting period. 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 when the vaccine became available (for example, August or September through March 31st of the following year), are included in that category numerator, since 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 is also 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. So now, I will now turn things over to my colleague Amy Webb, and she will review the remaining slides for this webinar.

Amy Webb:

Thanks, Elizabeth. We will now go over entering data for the Healthcare Personnel Influenza Vaccination Summary.

After a facility 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 Influenza Vaccination Summary form. The



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Seasonal Survey on Influenza Vaccination Programs is not required, but 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 a facility is using to deliver the influenza vaccine to its healthcare personnel, and strategies the facility uses to promote or enhance healthcare personnel influenza vaccination.

Now, we will go over how to navigate through NHSN. You can access the activity home page by clicking on the link listed on this slide. You will then need to enter your Secure Access Management System or SAMS user name and password, followed by your SAMS grid card numbers. If you have questions or need assistance with using SAMS, please contact the SAMS Help Desk by using the toll-free by phone or by email information listed on this slide.

This slide shows the NHSN home page. Select the appropriate component, which is Healthcare Personnel Safety and the facility from the drop-down boxes. Then, click the Submit button to proceed.

While you are navigating through NHSN, remember to use the NHSN buttons and not the web browser buttons.

Remember that you can also see which facility, user and components are in use at the top of your screen when in NHSN.

This slide shows the Healthcare Personnel Safety Component home page. 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 the information is automatically updated for the



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entire influenza season, as defined by NHSN. So, that's July 1 to June 30. After the initial monthly reporting plan has been added for that specific influenza season, the user will not need to add any other reporting plans for that season. Please note that the monthly reporting plan must be completed once each influenza season before any Influenza Vaccination Summary data can be entered.

This screen is what facilities will see on the screen in NHSN when adding a monthly reporting plan. 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 dropdown menus. The user should check the box next to Influenza Vaccination Summary under the Healthcare Personnel Vaccination Module.

After making the appropriate selections, click Save.

Each facility will use the Healthcare Personnel Influenza Vaccination Summary Form to collect their summary data. The NHSN module contains a single data entry screen to input summary data for each influenza season. When a user enters data, all previously entered data for that specific 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 encourages that Healthcare Personnel influenza vaccination summary counts be updated on a monthly basis. However, as mentioned earlier, entering a single Influenza Vaccination Summary record at the conclusion of the measure reporting period will meet the minimum data requirements for NHSN.

The user will see that the NHSN data entry screen is set up similar to the layouts of the Healthcare Personnel Influenza Vaccination Summary form.



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Question one on the form pertains to the denominator, while questions two through six pertain to the numerator.

The Table of Instructions for the Influenza Vaccination Summary 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 on the dropdown menu. Please remember that you will not be able to enter any summary data until you have first added your monthly reporting plan.

This screen is what facilities will see in NHSN when they're adding their Influenza Vaccination Summary Data. You must complete all fields 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 menu, for example 2016 – 2017.

This slide shows what the data entry screen looks like in the NHSN module. The asterisks on the screen indicate the columns that must be completed. Users can use the tab key on a computer keyboard to move across columns. Users should enter zero in a field if no healthcare personnel at the 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 also be used to enter additional information, which are usually side notes or reminders.



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However, the information entered into the Comments box cannot be analyzed.

If your facility would like to track subsets of individuals within NHSN, such as nurses and physicians, the Custom Field can be used to keep a separate count for your own purposes. Using the Custom Fields 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 fields for form type, form, description, and status are completed. Next, you should enter a label or variable name for the custom fields. You will also select the type of each custom field, which will be alphanumeric, numeric, or date fields. After this, you will designate whether each field is active or inactive. Active indicates that the custom field will be available for use on the form. Inactive indicates that the user will see the custom field on the form, but it will not be available for use. Lastly, you would click Save 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 the 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 the screen indicating that a record of the summary data already exists. The Date Last Modified shows when data were last entered and saved.

Click Edit at the bottom of the screen for editing existing data.

Once the edits are complete, be sure to save the updated data by clicking the Save button at the bottom of the screen.

You will then see a message confirming that your data have been saved.



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We will now go over the data analysis features for the Healthcare Personnel Influenza Vaccination Summary.

To view your data, go to Generate Data Sets under Analysis on the left-hand navigation bar. Click Generate New and select OK when a message appears on your screen that says, "The current data sets 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.

Facilities should click on the HCW, Healthcare Worker Vaccination Module, Influenza, and CDC Defined Output folders. To view the default output, you would click Run to see total numbers or summary counts, percentages, vaccination compliance figures, and vaccination non-compliance figures.

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 during 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. And, 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 of contract personnel is not currently required. Therefore, it it's 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 this example, 50 percent of employees received their vaccinations at the healthcare facility in 2011 – 2012, and 40 percent of employees received their vaccinations at the healthcare facility in 2012 – 2013. To compute the percentages in this



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example, the number of employee vaccinated onsite was divided by the number of employees worked during the required time period. This number was then multiplied by 100 to obtain a percentage.

This slide shows the vaccination compliance percentages, excluding other contract personnel. Please note that vaccination compliance including other contract personnel is viewed. This example indicates that 72 percent of healthcare personnel were vaccinated, either at this facility or elsewhere in 2011 and 2012. Also, 53 percent of healthcare personnel were vaccinated in 2012-2013 season. The percentages for vaccination compliance are created by adding the total number of healthcare personnel who were vaccinated onsite to the total number of healthcare personnel who were vaccinated elsewhere, excluding other contract personnel. Then, 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 percent of healthcare personnel were not vaccinated in 2011 – 2012 season. Also, 35 percent of healthcare personnel were not vaccinated in 2012 – 2013 vaccination influenza season. The percentages for vaccination compliance are created by adding the total number of healthcare personnel who declined vaccination to the total number of healthcare personnel with unknown vaccination status, again excluding other contract personnel. This number then divided by the total number of healthcare personnel that works during the required time period, excluding other contract personnel, and then multiplied by 100 to obtain a percentage.

For users wishing to modify the default analysis output, they can click the Modify next to the report they wish to modify. The modify function can



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be used for several things. The user can export the dataset into various, different analysis software, such as Excel or SAS. They can change the title of the modified output for later a use or change the format of the output so that it can be viewed in a PDF or HTML format. The facility also has the option to view the output using variable labels. An example is shown on this slide of how it looks to view the output variable labels, instead of viewing this by variable names, which is used when using the default output.

This slide shows what a user will see when he or she clicks the Modify List button next to modify the variables to display. A sub-screen will appear that lists the variables. The arrows can be used to move variables between the two columns of available variables and selected variables. The Up and Down buttons on the right side of the screen can be used to change the display order of the variables. Remember to click the Save when you are finished.

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

If you have any questions about NHSN, you can send those via an email to user support at nhsn@cdc.gov. You should also be sure to include HPS Flu Summary in the subject line of the email and specify that you are PPS-Exempt Cancer Hospital. All right, that concludes my portion of the talk and now I'll turn the presentation over to Henrietta. Thank you.

Henrietta Hight:

Thank you, Elizabeth and Amy, for a great presentation. The information you've provided will come in very handy for the PPS-Exempt Cancer Hospitals as they start to report the HPS Flu Vaccination coverage for the first time this year. And now, I'd like to go to slide 72.



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This is a slide you've seen before. We always have them during webinars, a summary of the important upcoming dates and milestones. As the slide shows, our two upcoming webinars include August 25, a review of the Fiscal Year 2017, PCHQR Final Rule being presented by Caitlin Cromer from CMS and then Tom Ross from our team. And then, on September 22, again, we're very honored to having another guest presenter from the CDC presenting on PCH analysis of LabID Event reporting for the MRSA and the CDI measures. And then, just as a reminder, upcoming data submissions, a big one on August 15 where there will be the deadlines for data submission for HAI, CST, SCIP, OCM and EBRT. And then, you've recently received a ListServe announcement regarding August 31, the deadline for receipt of the 2017 DACA. This is going to be a manual fax process this year. So, feel free to get in touch with us if you have any questions about either the webinars or the upcoming data submission.

And now, it looks like we have about five minutes to take any questions, live questions from the participants that Amy and Elizabeth have indicated they're available to answer.

Good afternoon, this is Henrietta Hight again. Before we get into the hospital – the specific questions regarding the Healthcare Personnel Flu Influenza Vaccination Webinar, we did have a question from a participant saying, "Are you part of NHSN or a separate organization?" Just to clarify the two presenters today are part of the CDC team overseeing the NHSN database. As for us, we are the team working with the PPS-Exempt Cancer Hospital Quality Reporting Program. We're part of a – let's say set up referred to as VIQR, the Value, Incentives, Quality Reporting module or activity. We are under contract with CMS to work with the PPS-Exempt Cancer Hospitals and also other quality reporting programs. So, I hope this explains or clarifies who we are.



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And now, let's get to some more specific questions that have come in regarding Using NHSN for Reporting Healthcare Personnel Influenza Vaccination. A question that came in from one of our PCHs is “our biggest non-compliant group is individuals who work only a short period during flu season but then either term out or leave the hospital. We then find it difficult to follow up with them to determine if they received vaccinations outside of our hospital. Do you have any guidance or best practices how to deal with termed or no longer employed staff with unknown vaccination status?” Elizabeth and Amy, do you have any thoughts?

Elizabeth Kalayil: And yes. This is Elizabeth. So, we've received questions from other facilities along the same lines on how to reach individuals who may only work in your facility for part of the flu season. And, we do have a strategies worksheet that we developed and these were – this worksheet was based on suggestions and strategies that other facilities used when encountering the same type of problem. So, we posted that on the NHSN website. So I believe if you go to the [website link](#) on slide 70, the strategies should be listed on that webpage and, you know, you can look through those. And, if you have any additional questions about that, feel free to email us at nhsn@cdc.gov, and we'll be happy to guide you through in the other questions that you may have about your situation.

Henrietta Hight: Thank you. And just, one of the participants made the observation that information is being presented in this webinar, is also available on the NHSN website, and yes, it is. Just to remember for the PCHQR program, the hospitals that are participating in that program, the up and coming flu season and the required reporting for the Healthcare Personnel Influenza Vaccination, it's the first time for them to be doing this kind of reporting. So, the purpose of the webinar was to provide the information in an easy way refer to because different people learn differently. So, thank you for



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that question. Next question that came in: can you clarify what the Custom Fields function is in the summary data entry screen?

Elizabeth Kalayil: And yes, this is Elizabeth. So, Custom Fields is actually something that is not required, but you can actually build the Custom Field into your data entry screen to track the flu vaccination of certain categories of personnel. So for example, if you wanted to track the vaccination status of nurses in your facility, you can use a Custom Fields to do that. But, keep in mind that, you know, it's not required, but if you would like to do that, you can follow the instructions in the webinar and create that, if you would like to do so.

Henrietta Hight: Great. Thank you, Elizabeth. Another good question that came in: are vendors that enter the OR and other areas of the hospital considered a contractor?

Elizabeth Kalayil: Yes. So, this is Elizabeth. Vendors are actually individuals who go into the facility and are considered those who have a primary purpose of selling their products. So, because of that, they are not considered other contract personnel, and they should not be included in your Influenza Vaccination Summary Data. Really, we consider contracted personnel as those who are providing services to the facility or to patients. So, vendors don't really fit in to that category, and so they shouldn't be reported.

Henrietta Hight: And along the same lines and another question that came in: pharmacists were used as an example of a possible type of contract employee; however, in the PCHs, in the PPS-Exempt Cancer Hospitals, at most of – for most of them, they are employees. So, I just wanted to clarify that, if say – they receive a paycheck from the PCH that they are an employee and should be included?

Elizabeth Kalayil: Yes. So, if they do receive a direct paycheck from the facility, then they should be counted in that employee category. So, we did have that



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example on slide 32 for contract employees, and that's if a pharmacist who's paid through a mechanism that is outside of the hospital. But otherwise, if they are paid directly by the hospital, they are employees.

Henrietta Hight: OK. Another question, I think we have maybe time for – maybe this question and maybe that will be it. The question is: a number of the PCHs have a large research component to them. Many times, these are in a different cost center or corporation. These employees may physically be in the same environment as patients and employees, or some may never work in the facility. How should a PCH classify or not include these employees.

Elizabeth Kalayil: So, individuals who do not physically work in the hospital during the reporting period, which is October 1 through March 31 would not be included in the Healthcare Personnel Influenza Vaccination Summary Data. But, we do have some additional guidance on payroll systems that may be useful for facilities and we can send that in writing facilities if they would like. But, basically is some healthcare facilities use multiple payroll systems. So for example, certain individuals within a particular facility may be corporate employees, paid directly through a corporate payroll; while others at the facility are facility employees paid directly through the facility payroll. So, for those healthcare systems using multiple payrolls, a facility would only count employees of the facilities who are paid directly through a facility payroll. Therefore, corporate employees who are not paid directly through the facility payroll would not be counted in the employee category, although they could be counted in the licensed independent practitioner or other contract personnel category if they need those definitions. However, if a facility ...

Henrietta Hight: I'm sorry, Elizabeth, I'm sorry.

Elizabeth Kalayil: OK.



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Henrietta Hight: I didn't mean to interrupt.

Elizabeth Kalayil: No problem. If a facility is part of a system that has only one payroll for the entire system, then the facility would count all personnel on that payroll in the employee category, if they work in a facility during their reporting period. And, different cost centers that are part of the same payroll are considered to be a single payroll for their purposes of defining employee healthcare.

Henrietta Hight: OK. I think we've got time for one more quick question which might just necessitate a yes or no answer before we turn over to Deb Price. Our flu vaccination program begins in September, yet the denominator categories begin October 1, can the monthly reporting plan begin in September?

Elizabeth Kalayil: And, so this is Elizabeth. Yes, you can put in September of 2016 for your plan because that will be captured in the 2016 – 2017 flu season.

Henrietta Hight: OK, great. I think that's all the time we have for questions. Thank you everybody for your questions.

Deb Price: Well, thank you, Henrietta. I'm going to go ahead and take over the ball. This is Deb Price and I will be talking about the Continuing Education credit.

Today's webinar has been approved for one Continuing Education credit by the boards listed on this slide. We are now a nationally accredited nursing provider; and, as such, all nurses can report their own credits to the boards using the provider number you see on the bottom there, provider number, 16578.

We now have an online CE certificate process. So, you can receive your CE certificate two different ways. If you're listening to this webinar and you registered yourself, at the end of my last slide, a survey will pop up. That survey will allow you to get your certificate. However, the second



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way to get your CE certificate is, if you're in a room with other people and only one of you registered, we will be sending around a survey within 48 hours to all registrants. So, please have the person who registered send that survey to the rest of you. After completion of the survey and clicking Done on the bottom of the survey screen, you will get another page opening up. And, I'll show that to you in the next slide that another page opens up and on that page is the registration for the actual certificate. That registration, we're asking everybody to please use a personal email if you have been having any kinds of problems with receiving certificate.

Again, this slide tells you what I was just saying, if you do not immediately receive a response to the email you set up, that means that there's some kind of a firewall on your computer. And all healthcare professional avenues have firewalls that get caught up. So, even if you had – even if you receive this certificate last month, if you're having problems this month, please register your personal email.

This is what the survey will look like at the end of my slide. The bottom right-hand corner, you see the little Done button. When you're done with the survey, press the Done button.

And, here we go, this is the page that opens up. You see that there are two links. One is a new user link, one is the existing user link. If you have not had any problems with your certificates, go ahead and use the existing user link with your user I.D is always your entire email address including what's after the @ sign.

OK, this is, if you have had problems with certificates or if that existing user link doesn't work this time. That means that you have a firewall up. Go back and use the new user link, putting your first name, your last name, your personal email, and then give us a phone number. It would be good to put in a personal phone number, so our database recognizes this as a separate email than the other one that you use, if you use one.



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This is what the Existing User link page looks like. User name is your entire email address, including what's after the @ sign, and of course, you put your password in. If you forgot your password, put something in there and when you click on that space. A prompt will open up and that prompt will help you to reset your password if you forgot it.

And finally, I'd like to thank everyone for attending today's event, and for spending the last hour with us. We hope that you've learned something, and we want you to enjoy the rest of your day. Goodbye.

END