



Inpatient Quality Reporting Program

Support Contractor

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: Influenza Vaccination among Healthcare Personnel and IMM-2 Measures

Q & A Transcript

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- Question 1:** If a parent/guardian declines the vaccination of a minor, does this count towards the "the patient was offered and declined the vaccine?"
- Answer 1:** Documentation of parent/guardian refusal is acceptable and is covered by Allowable Value 3.
- Question 2:** I am confused. In the NHSN March 2015 Newsletter it states, "CMS IPF Quality Reporting Program does not currently have any NHSN reporting requirements." Do we report those personnel working in IPF for [the] 2014-2015 season?
- Answer 2:** Please see the IPFQR Program Manual, page 23. The reporting period for the NHSN vaccination measure is October 1, 2015 to March 31, 2016. The data submission timeframe is October 1, 2015 through May 15, 2016.
- Question 3:** If the IPF unit is located within the hospital building proper, but the IPF unit has its own CCN, separate from the hospital's CCN, which is the correct enrollment process?

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- Answer 3:** Enrollment should be completed under the main hospital CCN. The IPF unit CCN can be linked or affiliated under the main hospital's CCN. The IPF unit HCP will be reported under the affiliated CCN. The Facility Administrator for the hospital's NHSN account can designate someone within the IPF unit to enter that data.
- Question 4:** If we have the IPF in our acute care hospital, what measures do we take to report IPF-specific information that we are already reporting as part of our entire acute care hospital's immunization status?
- Answer 4:** Those employees working in the IPF Unit of the hospital should be reported under the IPF CCN that is affiliated with the main hospital's CCN.
- Question 5:** Regarding reporting location, if an employee works in the acute care facility and IPF, which facility should they be reported in? Do we need to separate out acute care health care workers from the IPF unit health care workers? Can they be counted in both entries?
- Answer 5:** The IPF should be mapped as a location of your acute care facility instead of enrolled separately. If an employee works in both the IPF and acute care facility for one day or more during the reporting period (October 1 through March 31) and meets NHSN protocol definitions, then include the individual in both the acute care facility and IPF summary reports.
- Question 6:** Is Comfort Care excluded from the Influenza Among Healthcare Personnel and IMM-2 measures?
- Answer 6:** No, Comfort Care is not excluded from the IMM-2 measure. Vaccine administration may prevent a patient with a terminal illness from spending their last days suffering from the devastating physical symptoms of influenza. Patients who are offered (and this can be addressed to family members) and decline the vaccination are included in the numerator. The Influenza Vaccination Coverage among Healthcare Personnel measure is a claims-based measure and requires no additional data collection.
- Question 7:** Why does Comfort Care not count as an exclusion?
- Answer 7:** Comfort Care is not excluded from the IMM-2 measure. Vaccine administration may prevent a patient with a terminal illness from spending their last days suffering from the

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devastating physical symptoms of influenza. Patients who are offered (and this can be addressed to family members) and decline the vaccination are included in the numerator. The Influenza Vaccination Coverage Among Healthcare Personnel measure is a claims-based measure and requires no additional data collection.

Question 8: In reviewing the CCS diagnostic categories that will be used to determine the annual discharges by diagnosis counts for IPFQR, I noticed that four invalid diagnoses were included. I'm concerned about facilities counting invalid diagnoses based on these instructions.

Answer 8: The CCS diagnostic categories that have been grouped for the purpose of reporting non-measure data are listed by name and code on pages 24-25 of the February 2015 [IPFQR Program Manual](#). These CCS diagnostic category names and codes are valid as they correspond with those listed in the [Appendix A – Clinical Classification Software-Diagnoses \(January 1980 through September 2015\)](#) for ICD-9 codes and the [CCS Category Names](#) document (see page 2) for ICD-10 codes, both of which are found on the HCUP website. A seventh diagnostic category of “Other diagnosis” exists for patients who do not fall into one of the other six categories. The primary diagnosis at discharge should be the basis of each diagnostic categorization. Please confirm that your search results included four invalid diagnoses and submit a question containing these codes to the *QualityNet* Q&A tool for the IPFQR Program at <https://cms-ip.custhelp.com/>.

Question 9: Will it count if staff receives the vaccine before October 1?

Answer 9: If the vaccine was available prior to October 1 and the HCP received the vaccine, they should be counted as having received the vaccine during the season.

Question 10: What staff in [the] hospital reports this data, occupational health or core measure nurse staff?

Answer 10: That is a decision made solely by your facility.

Question 11: If we have students that come to the hospital during their internships or practicums, do we include them?

Answer 11: The denominator includes the number of HCP working in the healthcare facility for at least one working day between October 1 and March 31, regardless of clinical responsibility or patient

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contact. This may include a student in the facility for one day between October 1 and March 31.

- Question 12:** Do we have to count a student that is only in our facility one day?
- Answer 12:** Yes, as the denominator includes HCP that are in the facility for at least one working day between October 1 and March 31. Please see slide 17.
- Question 13:** The next influenza season starts Oct 2015. ICD-9 codes will be retired and ICD-10 codes will be utilized. Why are you referencing ICD-9 codes for this time period?
- Answer 13:** You are correct that ICD-10 codes will be used after October 1, 2015. The slides contain information that is currently available and referenced ICD-9.
- Question 14:** Since ICD-10 is expected to be in effect for 10/1/15, are there ICD-10 codes for Prophylactic Vaccination against Influenza?
- Answer 14:** There are ICD-10 codes in Appendix A, Table 12.9 in the HIQR Manual for October 1, 2015. Please see www.QualityNet.org.
- Question 15:** Do patients need to provide documentation upon admission that they received the flu vaccine?
- Answer 15:** Patients must either receive the vaccination during hospitalization or documentation in the medical record must indicate that the vaccine was given prior to the hospitalization. It does not need to be present upon admission; there just must be documentation of vaccination status in the record prior to discharge.
- Question 16:** We are an Inpatient Unit in a general hospital. Our hospital already reports influenza vaccination information for the hospital, including employees and patients in our inpatient psychiatric facility. Why do we have to report this data again?
- Answer 16:** This reporting specifically covers HCP who only work in the IPF unit.
- Question 17:** We have the IPF in our acute care hospital and already report as part of our entire acute care hospital immunization. Should the IPF immunization data [for health care personnel] not be included in the overall hospital reporting?

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- Answer 17:** If the IPF has a separate CCN, do not include the IPF count in the acute care count, unless these individuals also work in the acute care facility.
- Question 18:** Is the denominator [for the Influenza Among HCP measure] cumulative?
- Answer 18:** The denominator should reflect the total number of HCP working in your facility from October 1 through March 31.
- Question 19:** How do you count PRN staff who are still on the roster but did not work between October 1 and March 31?
- Answer 19:** If the PRN staff did not physically work in the IPF during the reporting period, then do not count them.
- Question 20:** Would physician documentation of "Immunization Current" or "Immunization Given" be acceptable documentation of flu vaccination during current flu season?
- Answer 20:** Yes, physician documentation regarding previous vaccination will be sufficient documentation for vaccination performed outside of the healthcare facility. There is no requirement that the patient bring documentation of having received the vaccine during the current flu season.
- Question 21:** Is IMM-2 reported in the hospital inpatient [quality] reporting (IQR) program only [as the Global IMM measure], or is it also going to be reported under the IPFQR program also?
- Answer 21:** IPF's that participate in the IPFQR program will report data for the IMM-2 measure under the IPFQR program. The data on patients admitted to the IPF will be reported separately from the acute care hospital.
- Question 22:** Are we to report IPF vaccination data separate from IQR if they are located in the same facility but with a different CCN, or can we report HCP data together?
- Answer 22:** IPFs that are affiliated with an acute care or critical access hospital will report the HCP vaccination data for the IPF separately, but as a designated affiliate of the main hospital's CCN.
- Question 23:** In reference to those employees working in the IPF unit of the hospital [who] should be reported under the IPF CCN that is affiliated with the main hospital CCN, we would submit one

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summary for our acute care CCN and one summary for our IPF CCN?

Answer 23: Yes, your facility would be submitting separate influenza vaccination summary counts for the IPF and the acute care facility.

Question 24: So, as an employee, a simple statement from [your]self that you have had a reaction in the past excludes you from Flu vaccine. Do I have to have a note from my MD?

Answer 24: Documentation is not required for reporting a medical contraindication or declination. Documentation IS required for reporting influenza vaccination received outside of the healthcare facility. Please see the numerator inclusions (page 21) in the IPF Program Manual posted on QualityNet.org.

Question 25: One of our physicians has read research that shows the flu vaccine does not prevent most types of flu and that vaccinating statistically [does] more harm than good to hospital patients. How do I get him on board with this? He is not interested in reading pro-flu vaccine research.

Answer 25: Many facilities utilize physician champions for their quality initiatives. We suggest that you contact the physician champion for your facility and request that they engage with this physician.

Question 26: We reported our data for [the] 2013-2014 season and when we received our Measures Report from CMS, "N/A" is being reported ... why?

Answer 26: The submitter can send an e-mail to nhsn@cdc.gov to inquire about the status of their data submission.

Question 27: The presenter stated that documentation of when and where the vaccine was given must be documented [in order] to select Allowable Value 2. This is not stated anywhere in the specifications. In fact, the manual states that if the only documentation is that the patient is "up to date," that counts for Allowable Value 2.

Answer 27: We appreciate you bringing this to our attention. You are correct that for Allowable Value 2, documentation of when and where the vaccine was administered is not a requirement.

Question 28: What is needed to prove that a patient received a vaccine prior to their hospital stay?

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- Answer 28:** There is no requirement for proof by the patient of having received the vaccine prior to the current hospitalization. Documentation in the medical record that the patient stated that they received the vaccine prior to the current hospitalization is adequate.
- Question 29:** Did the speaker just say the report is due May 15, 2016, not 2015?
- Answer 29:** The submission deadline for the Influenza Vaccination Coverage Among Healthcare Personnel measure is May 15, 2016.
- Question 30:** Is the HCP vaccine measure a sample or all staff?
- Answer 30:** The Influenza Vaccination Coverage Among Healthcare Personnel measure is for all staff.
- Question 31:** If we are already reporting healthcare workers influenza vaccine status for our acute care, and our IPF is a unit within our acute care, can we report the same employee counts?
- Answer 31:** No, the IPF measure results will differ from those of the acute care hospital. Those employees working in the IPF Unit of the hospital should be reported under the IPF CCN affiliated with the main hospital's CCN.
- Question 32:** When is the best time to screen inpatients for immunizations, upon admission or depart process?
- Answer 32:** That is up to the facility to determine based on process workflows. The Immunization Technical Expert Panel has recommended that vaccines be given at discharge, when the patient is expected to be clinically stable.
- Question 33:** I am part of a multi-facility organization and I report to NHSN for my LTC facility. My psych hospital is a separate entity, but I am responsible for both. Do I need to re-register in NHSN?
- Answer 33:** If the psychiatric facility is a stand-alone facility (i.e., not affiliated with an acute care or critical access hospital) the psychiatric facility will need to be registered separately in NHSN for the Influenza Vaccination Coverage Among Healthcare Personnel measure.
- Question 34:** The measure specifications specifically refer to acute care hospitalized patients. Can you clarify that this is intended to be applied to inpatient psychiatric facility hospitalized patients?

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Answer 34: The IMM-2 and Influenza Vaccination Coverage Among Healthcare Personnel measures apply to all IPFs participating in the IPFQR program for the FY 2017 payment determination year, as described in the August 2014 final rule (79 FR 45967-45970). These measures cover patients admitted to free-standing inpatient psychiatric facilities as well as inpatient psychiatric units within acute care or critical access hospitals.

Question 35: We are a multiple-hospital system with providers that cross both hospitals. If an employee who works at facility A receives an influenza vaccine at facility B, would they be counted as receiving their vaccine outside this healthcare facility when reporting numbers for facility A?

Answer 35: Some health systems have a single group responsible for providing influenza vaccination to healthcare personnel (HCP) working at several types of healthcare facilities and units that are a part of their system. If a healthcare worker (HCW) receives [an] influenza vaccination that is administered under the umbrella of the health system, then he/she should be documented as “receiving influenza vaccination at the healthcare facility.” And, if the influenza vaccination is received anywhere outside of the umbrella health system, then he/she would be required to “provide a written report or documentation of influenza vaccination outside the healthcare facility.” Here are some examples illustrating this:

- A health system administers influenza vaccination at the main administration building for the system. A HCW working in an ambulatory surgery center that is part of the health system and comes to the administrative building and receives influenza vaccination would be documented in the category of receiving influenza vaccination at the healthcare facility (#2 on the Healthcare Personnel Influenza Vaccination Summary report form) as part of the total counts for the ASC facility reporting, since [the] influenza vaccination was administered through the umbrella of the health system.
- A health system administers influenza vaccinations in an acute care hospital. A HCW working in an IRF unit of the acute care facility that is part of the system and receives influenza vaccination in the acute care hospital would be documented in the category of receiving influenza vaccination at the healthcare facility (#2 on the Healthcare Personnel Influenza Vaccination Summary report form) as part of the total counts for the IRF facility reporting, since

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influenza vaccination was administered through the umbrella of the health system.

- A HCW working in an acute care hospital who receives influenza vaccination at a retail drug store would not be documented in the category of receiving influenza vaccination at the healthcare facility, since influenza vaccination was not administered through the umbrella of the health system. But instead, would be documented in the category of receiving influenza vaccination outside the healthcare facility (#3 on the Healthcare Personnel Influenza Vaccination Summary report form) as part of the total counts for the acute care hospital reporting. This HCW would be required to provide a written attestation or documentation of vaccination at the retail store in order for his/her vaccination to be counted.
- Therefore, in the example you mention, if the health system is administering influenza vaccination as a single group to all hospitals within that system, then the employee would be categorized as receiving influenza vaccination at the healthcare facility (#2 on the Healthcare Personnel Influenza Vaccination Summary report form) for Facility A.

Question 36: If the hospital is not already enrolled in NHSN and needs to register, which facility type would an inpatient psychiatric facility fit into?

Answer 36: On the [NHSN Facility Enrollment](#) page, IPFs can enroll by clicking on the Inpatient Psychiatric Facilities box.

Question 37: You mentioned that if the vaccination was received during the current season prior to admission, it should include when and where. Is it required that when and where be documented in the chart in order to abstract that it was given, or can the nurse just document that it was received prior to arrival during the current flu season?

Answer 37: Documentation of when and where the vaccine was given is a recommendation for Allowable Value 2, **not** a requirement. The presenter misspoke. Nursing documentation indicating that the vaccine was given prior to the hospitalization is acceptable.

Question 38: When they say IPF unit, is that the rehab units that we are to report separate?

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Answer 38: All IPFs paid under the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) are subject to the IPFQR program requirements. This includes freestanding IPFs, as well as the psychiatric unit of an acute care hospital or critical access hospital. In terms of the submission of data for the Influenza Immunization Among Healthcare Personnel measure, the IPF unit includes facilities that participate in the IPFQR program, not rehabilitation units.

Question 39: Would you please show the email address here?

Answer 39: IPFQualityReporting@area-m.hcqis.org

Question 40: To clarify, [will] patients who are in the hospital during the flu season but discharged [after the flu season ends] be included in the measure?

Answer 40: Patients that discharge outside of the flu season (4/1/yyyy through 9/30/yyyy) are excluded. Please see the algorithm for IMM-2 in the HIQR Specifications Manual on www.QualityNet.org.

END

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