



Health Care Quality Performance (HCQP) Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00 am, January 12, 2009
HEALTH, Room 401

Goals/Objectives

- To discuss the details related to data collection for 1st round HAI measures

Voting Members

- | | | |
|------------------------------------|---|---|
| ✓ Utpala Bandy, MD | ✓ Andrew Komensky, RN | <input type="checkbox"/> Lee Ann Quinn, RN, BS, CIC |
| ✓ Margaret Cornell, MS, RN | ✓ Pat Mastors | ✓ Janet Robinson, RN, Med, CIC |
| ✓ Robert Crausman, MD | ✓ Leonard Mermel, DO, ScM | ✓ Nancy Vallande, MSM, MT, CIC |
| ✓ Marlene Fishman, MPH, CIC | ✓ Kathleen O'Connell, RN | ✓ Sam Viner-Brown, MS |
| ✓ Julie Jefferson, RN, MPH, CIC | ✓ Harold Picken, MD | <input type="checkbox"/> Gloria Williams, MS |
| ✓ Diane Kitson-Clark, RN, MSN, CIC | <input type="checkbox"/> Aurora Pop-Vicas, MD | |

Time Topic/Notes

- | | |
|---------|--|
| 8:00 am | <p>Welcome & Meeting Objective
Samara Viner-Brown, MS (<i>Co-Chair</i>)
Leonard Mermel, DO, ScM (<i>Co-Chair</i>)</p> <ul style="list-style-type: none"> - Len opened the meeting at 8:05 and reviewed today's meeting objectives. |
| 8:05 am | <p>Data Collection/Submission
Samara Viner-Brown, MS
Leonard Mermel, DO, ScM</p> <ul style="list-style-type: none"> - The group discussed each of the three sets of measures identified for the 1st round of reporting, including tentative deadlines and definitions: <ul style="list-style-type: none"> • Employee flu vaccine compliance: <ul style="list-style-type: none"> ▪ Sam distributed paper copies of the HEALTH form that hospitals use to collect employee-level vaccination data. Hospitals aggregate this data and submit the aggregated information to HEALTH. ▪ Currently, HEALTH has data for the 2007-2008 flu season and these data could be reported at any time. Data for the 2008-2009 flu season will be reported to HEALTH by June 30, 2009 and can be reported after that date. |

- Rather than report preliminary data and update it, the Subcommittee recommended reporting flu vaccination (compliance & declination) once annually, after the June deadline for hospitals to submit data to HEALTH.
- **Recommendation:** Beginning with next year's flu season, the Subcommittee would like to include both employees and physicians with admitting privileges; currently, only trainee physicians are included as 'employees.' While this may include the majority of physicians for some hospitals, it is not inclusive of all physicians.
- **Action item:** Subcommittee member should come to January 26th meeting prepared to discuss the definition of 'employee.' For example, what definition are hospitals currently using? What is the Subcommittee's recommendation for HEALTH to mandate flu vaccination for all healthcare workers?
- SCIP measures:
 - Currently, hospitals report their data to the CMS Data Warehouse, and then it undergoes validation. This results in a 9-month data lag. Len and Sam explored ways to shorten the lag time (e.g., by requiring hospitals to submit to the CMS Data Warehouse and HEALTH simultaneously); but this could result in differences between Hospital Compare and HEALTH's site.
 - **Recommendation:** The Subcommittee concurred with Len's recommendation to use the post-validation data from the CMS Data Warehouse.
- ICU CLABSI:
 - The Subcommittee discussed the NHSN and NNIS definitions. The NNIS definition for CLABSI (central line associated bloodstream infection) includes bloodstream infections that occur 48 hours after a central venous catheter is placed; the NHSN definition includes bloodstream infections that occur as soon as the catheter is placed.
 - **Recommendation:** Since all hospitals are using the NHSN definitions as of January 1, 2009, these definitions will be used and reported.
 - Discussion of the use of 1,000 catheter days (denominator) and stratification by ICU type were deferred until the January 26th meeting.
- Len and a working group of infection control practitioners (ICPs) identified several process questions (see handout) to assess hospitals' compliance with MRSA-related care processes based on RI Best Practice Guideline published in 2001. This survey was administered and results (not shown) indicate that the majority of hospitals are adhering to these care processes, and would also be able to provide data for an outcome measure.
- **Action item:** Subcommittee members will review the questionnaire and come to the January 26th meeting prepared to suggest any revisions, as well as to recommend process measures based on its results.

8:45 am **Hospital CEO Letter**
 Samara Viner-Brown, MS
 Leonard Mermel, DO, ScM

- This agenda item was tabled until the January 26th meeting, to give Program staff time to revise it to include the above-noted decisions and deadlines.

8:55 am **Action Items & Next Steps**

Samara Viner-Brown, MS

Leonard Mermel, DO, ScM

- Please see the action items included above.
- Next meeting: January 26, 2009

Hand Washing:

The ICG agreed to collect the hand washing measure developed by the staff of the Division of Prevention at ODH, with some amendments. The final measure includes the following questions:

1. Does your hospital have a program to improve hand hygiene practices?
 - a. Yes
 - b. Under development
 - c. No
2. Does your hospital teach principles of hand hygiene and glove practices to all clinical staff upon hire?
 - a. Yes
 - b. No
3. Does your hospital monitor and provide feedback to clinical staff regarding their hand hygiene practices?
 - a. Yes, both
 - b. Partial, monitor only
 - c. No
4. In your hospital's clinical settings, are alcohol-based rubs available for use at the point of care?
 - a. Yes
 - b. No
5. In your hospital's clinical settings, are gloves available for use at the point of care?
 - a. Yes
 - b. No
6. Does your hospital prohibit the wearing of artificial nails by direct-care providers?
 - a. Yes
 - b. No

Does your hospital have an active, ongoing program for improving HCWs hand hygiene that :

- Periodically monitors and records adherence as the number of hand-hygiene episodes performed by personnel/number of hand-hygiene opportunities, by ward or service?
 Yes No
- Provides feedback to personnel regarding their performance?
 Yes No
- Monitors the volume of alcohol-based hand rub (or detergent used for handwashing or hand antisepsis) used per 1,000 patient days?
 Yes No
- Monitors adherence to policies dealing with wearing of artificial nails?
 Yes No
- When outbreaks of infection occur, assesses the adequacy of health-care worker hand hygiene?
 Yes No



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

August 29, 2008

AFL 08-17

TO: General Acute Care Hospitals

SUBJECT: New Regulatory Requirements for Compliance with Senate Bill 739 –
Reporting of Influenza Vaccination/Declination of Employees and
Healthcare Personnel

DISTRIBUTION LIST –
Accrediting and Licensing

This is the **only** copy being sent to your facility. Please distribute copies to:

Chief Executive Officer
Chief Nurse Executive
Quality Management Department
Infection Control Committee Chair
Infection Prevention and Control Professionals
Employee Health Professionals

Authority:

Senate Bill (SB) 739 (Speier, Chapter 526, Statutes of 2006)
California Code of Regulations, Title 22, §70739

Attachments:

- A. Employee Influenza Vaccination/Declination Surveillance for Acute Care Hospitals, 2007-2008 Influenza Season
- B. Sample 1: Influenza Vaccine Consent/Declination
- C. Sample 2: Influenza Vaccine Consent/Declination
- D. Sample: Influenza Information for Employees
- E. National Healthcare Safety Network (NHSN) Pre-Season Survey on Influenza Vaccination Programs for Healthcare Personnel
- F. NHSN Post-Season Survey on Influenza Vaccination Programs for Healthcare Personnel
- G. NHSN Healthcare Personnel Safety Component Facility Survey
- H. Sample: Attestation for Non-employee MDs

Background:

This is a follow-up letter to delineate new requirements for compliance with Health and Safety Code Section 1288.5 et. seq., the former Senate Bill 739. Please review and share this document with all persons in your facility responsible for infection prevention and control activities, employee health, and quality management reporting.

Reporting of Influenza Vaccination/Declination Rates for Employees, 2007-2008 Influenza Season

Each acute care hospital in California is requested to report influenza vaccination/informed declination rates for employees for the 2007-2008 influenza season and to submit this data to CDPH (see *Attachment A*) by September 30, 2008.

1. Employees are defined as all workers who collect their primary paycheck from your facility, whether or not they have patient contact.
2. The cutoff date for tabulation of the numerator (number of employees who received a vaccination at their facility or another facility) OR who signed a mandatory informed declination form (see *Attachments B and C as examples*) is March 31, 2008. The denominator is based on the total number of employees on March 31, 2008.
3. In addition to a vaccination/informed declination rate, each acute care hospital is requested to submit a vaccination rate (number of employees who received a vaccination at their facility or another facility) with total number of employees (using March 31, 2008 as the cut off date for numerator and denominator).

Reporting of Influenza Vaccination/Declination Rates for Healthcare Personnel, 2008-2009 Influenza Season

Beginning with the 2008-2009 influenza season, each acute care hospital shall take actions to ensure that all healthcare personnel are offered education on influenza and the opportunity to receive the influenza vaccine during the influenza season (between September 1, 2008 and March 31, 2009):

1. Education is required for employees regarding benefits of influenza vaccination and potential health consequences of influenza illness for employees and their patients. Education must also include the epidemiology, modes of transmission, diagnosis, treatment, and non-vaccine infection control strategies. Facilities may incorporate, the following components into the required influenza education offered prior to the healthcare worker signing a consent or informed declination:
 - a) Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
 - b) Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.

- c) Up to 30% of people with influenza have no symptoms, allowing transmission to others.
 - d) The vaccine cannot transmit influenza.
 - e) Despite an occasional mismatch of the vaccine with the circulating strains, vaccination offers **SOME** protection.
 - f) For those who fear injections, the intranasal vaccine (Flumist®) may be an option. (Please review CDC guidance on appropriate candidates.)
2. Incorporate the following phrase into all informed declination and attestation forms:
“I have declined the influenza vaccination for the xxx influenza season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all healthcare personnel to prevent infection from and transmission of influenza and its complications, including death, to my patients, my coworkers, my family, and my community”.
 3. Complete demographic data and submit to NHSN within 30 days of the end of the respective month of the reporting year, as required by CDC. (*Attachment E* is due by September 30. *Attachment F* is due by April 30. *Attachment G* is due April 30.) These forms are found in the NHSN Healthcare Personnel Influenza Vaccination module). Have employees complete informed declination forms only **during** the influenza vaccination season (September 1 through March 31 of the reporting season/year).
 4.
 - a) By September 1, 2008, each acute care hospital may develop a prioritized list of healthcare personnel not included in the facility’s roster of employees AND who have frequent patient contact . The purpose of this list is for the facility to develop a strategy that will culminate in 100% outreach to healthcare personnel (see definition in (d) below) with vaccination or informed declination of the annual influenza vaccine. Rates established during the 2008-2009 influenza season will establish baseline vaccination/informed declination rates to be improved upon in succeeding influenza seasons. Examples of Licensed Independent Practitioners (LIPs) who might be prioritized include emergency department physicians, intensivists, oncologists, cardiologists, hospitalists, and neonatologists. (*See Attachment H* as an example of an LIP attestation.)
- OR**
- b) Facilities may choose to report vaccination and informed declination rates for all healthcare personnel not included in “employees”, bypassing the step of making a prioritized list of non-employee healthcare personnel as per (a) above.

- c) As influenza vaccination of all healthcare personnel is recommended by the CDC, it is suggested that acute care hospitals establish a process ensuring that contract agencies provide evidence of influenza vaccination and/or verification of informed declination for all contracted healthcare personnel.
- d) The CDC defines healthcare personnel (HCP) as “all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.” This definition is from: “Influenza Vaccination of Health-Care Personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP)” guideline dated February 24, 2006. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>).

5. Please note that any individual consent, declination, and attestation forms should be handled in a manner that assures individual confidentiality.

Reporting of Influenza Vaccination/Declination Rates for Healthcare Personnel, 2009-2010 Influenza Season and Beyond

Each acute care hospital shall, in accord with their strategic plan, increase vaccination/informed declination rates for each successive influenza season over prior baseline rates so as to eventually offer influenza vaccination to **all** employees and healthcare personnel within the given influenza season.

If you have questions about this All Facilities Letter, please contact Sue Chen, HAI Program Coordinator at Sue.Chen@cdph.ca.gov or phone (510) 620-3434.

Sincerely,

Original Signed by Kathleen Billingsley, R.N.

Kathleen Billingsley, R.N.
Deputy Director
Center for Healthcare Quality

AFL 08-17
Page 5
August 29, 2008

cc: California Hospital Association
California Conference of Local Health Officers
HAI Advisory Committee

Attachment A

**Employee Influenza Vaccination/Declination Surveillance
For Acute Care Hospitals**

Data Collection Start Date: September 1, 2007; End Date: March 31, 2008

Name of Facility: _____

Facility NHSN ID#: _____ (5 digits)

Name of Person Completing Form: _____
Please print legibly

Contact Information:

Email: _____ **Phone:** _____

Components	Number
1. Total number of employees (include part-time)	
2. Sum total number of vaccinations ¹ and declinations	
3. Vaccination/declination rate (Item 2/Item 1)	(%)
4. Total number of vaccinations ¹	
5. Vaccination rate (Item 4/Item 1)	(%)

**Upon completion, please email this to infectioncontrol@cdph.ca.gov
or
fax to "HAI Program" at (510) 620-3425.**

For questions, please contact Sue Chen at sue.chen@cdph.ca.gov or phone (510) 620-3434.

¹ Include influenza vaccines administered in settings other than the reporting hospital.

SAMPLE

Attachment B1 (Contains Influenza Information)

Influenza vaccine consent

I have read the "Influenza Vaccine Information Statement, date XXXX". I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine.

Print name _____ **Department** _____

I request that the vaccine be given to me.

Signature _____ Date _____

I decline the vaccine today because I have already had a flu shot this year.

Clinic where vaccinated _____ Date vaccinated _____ (Approximate is OK.)

Signature _____ Date signed _____ We will count you as vaccinated.

Influenza vaccine declination

Written declination is required by new California law (SB 739) beginning in 2007.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Flu virus changes often, making annual vaccination is necessary. Immunity following vaccination is strongest for 2 to 6 months. In CA, influenza usually arrives around New Year through February or March.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all disease.
- I have declined to receive the influenza vaccine for the xxxx-xxxx season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

Print name _____ **Department** _____

Signature _____ Date _____

I decline vaccination for the following reason(s). Please check all that apply.

- I believe I will get the flu if I get the shot.
- I do not like needles.
- My philosophical or religious beliefs prohibit vaccination.
- I have a medical contraindication to receiving the vaccine.
- Other reason – please tell us. _____
- I do not wish to say why I decline.

Attachment C (Influenza Information on Intra-hospital Website)

Hospital

Employee Occupational Health Department

DATE INFLUENZA CONSENT FORM (INJECTABLE VACCINE)

I have read or have had explained to me the information on the Vaccine Information Statement [VIS] about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and:

Request that the vaccine is given to me, or the person named below, for whom I am authorized to make this request **OR**

Decline the vaccine at this time. **I acknowledge that influenza vaccination is recommended by the Centers for Disease Control (CDC) for all healthcare personnel to prevent infection from and transmission of influenza and its complication, including death, to patients, coworkers, family, and community OR**

I have already received the vaccination at _____ [where]

STRAINS:

INFORMATION ON PERSON TO RECEIVE DATE xxxx VACCINE: Please Print

Last Name (Print):	First Name (Print):	Initial:
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Signature (Person to receive vaccine or person authorized to make request):	Today's Date: (Date VIS given):
--	--

Date of Birth:	Age Group:	Facility:	Please Mark One:	
Street Address:	<input type="checkbox"/> 18-49	Unit/Dept.:		<input type="checkbox"/> Employee
City:	<input type="checkbox"/> 50-59			<input type="checkbox"/> Volunteer
State:	<input type="checkbox"/> 60-64			<input type="checkbox"/> Physician
	<input type="checkbox"/> 65+ years			<input type="checkbox"/>
	Zip:			

PLEASE ANSWER THE FOLLOWING:

Do you have a serious allergy to eggs? Yes No

Have you ever had a serious allergic reaction or other problem after getting an influenza vaccine? Yes No

Were you ever paralyzed by Guillain-Barre syndrome? Yes No

Are you pregnant or think you may be pregnant? Yes* No *If so, please go to EOHD for single dose vaccine without thimerosal.

Do you now have a moderate or severe illness? Yes No

Have you ever had a reaction or an allergy to latex? Yes No

Do you have a serious allergy to thimerosal Yes No

DO NOT WRITE BELOW THIS LINE – FOR CLINICAL USE ONLY

Facility or EOHD clinical Site where given:	Date Vaccinated:	VIS Date: 06/30/2006
	Lot Number:	EXP: MFR:
Dose: 0.5ml Right Deltoid <input type="checkbox"/> Route: IM Left Deltoid <input type="checkbox"/>	Nurse's Signature:	

Employee who can transmit influenza to persons at high risk: Yes No
(Physicians, nurses, and other personnel in hospitals, outpatient settings, nursing homes/SNF and providers of home care to persons in high-risk groups.)

SAMPLE

Attachment D

Summary of DATE xxxx Influenza Information for Hospital Employees

Please indicate your understanding of the information below. (Complete influenza information is included in the pandemic influenza safety module. Please refer to the safety module for complete information.)

Influenza is an annual respiratory illness with symptoms of fever, cough, achiness, and fatigue. Influenza is transmitted from person to person by large droplets expelled into the air or by hands/objects contaminated with the virus that touch the face (nose, mouth, eyes). It is associated with 36,000 deaths each year in the U.S and can be best prevented by annual vaccination which is available at no cost to employees on site each year through roaming carts/ buckets, employee flu clinics, and on a walk-in basis in Employee and Occupational Health Department.



Additionally, practicing hand hygiene, covering the mouth/nose when coughing/sneezing, avoiding touching facial areas, and staying home when ill can also help protect patients, family and others from influenza and other illnesses.



Example of web-based influenza education

Please click on the "Take Test" button on the left to indicate your understanding.

Attachment E



Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 2

Facility ID #: _____

Date Entered: _____

(Month/Year)

For Season: _____ - _____

(Specify years)

Which personnel groups do you plan to include in your annual influenza vaccination program?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

Which of the following types of employees do you plan to include in your annual influenza vaccination program? (check all that apply)

- Full-time employees
- Part-time employees
- Contract employee
- Volunteers
- Others, specify: _____

At what cost will you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Will influenza vaccination be available during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods do you plan to use this influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic
- Other, specify: _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.75HH (Front) Effective date xx/xx/20xx



Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0566
Exp. Date: xx-xx-20xx

Page 2 of 2

Which of the following strategies do you plan to use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

Do you plan to conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

If you conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend?

- Yes
- No

Will you require healthcare workers who receive off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

Will you require signed declination statements from healthcare workers who refuse influenza vaccination?

- Yes
- No

Attachment F



Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 2

Facility ID #: _____

Date Entered: _____
(Month/Year)

For Season: _____ - _____
(Specify years)

Which personnel groups did you include in your annual influenza vaccination program this past season?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

Which of the following types of employees did you include in your annual influenza vaccination program this past season? (check all that apply)

- Full-time employees
- Part-time employees
- Contract employee
- Volunteers
- Others, specify: _____

At what cost did you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Did you provide influenza vaccination during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods did you use during influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic
- Other, specify: _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 305 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
CDC 57-750 (Front) Effective date xx/xx/20xx



Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 2 of 2

Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

If you conduct formal educational programs on influenza and influenza vaccination, did you require your healthcare workers to attend?

- Yes
- No

Did you require healthcare workers who received off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

Did you require signed declination statements from healthcare workers who refused influenza vaccination?

- Yes
- No

Attachment G



Healthcare Personnel Safety Component Facility Survey

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 2

Tracking#: _____																								
Facility ID#: _____	*Survey Year: _____																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">*Facility Information</th> <th style="width: 50%; padding: 5px;">*Number of:</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Acute care beds</td> <td></td> </tr> <tr> <td style="padding: 5px;">Patient admissions</td> <td></td> </tr> <tr> <td style="padding: 5px;">Inpatient days</td> <td></td> </tr> <tr> <td style="padding: 5px;">Outpatient visits</td> <td></td> </tr> <tr> <td style="padding: 5px;">Total number of part-time personnel</td> <td></td> </tr> <tr> <td style="padding: 5px;">Total number of full-time personnel</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="padding: 5px;">Procedure Data</th> </tr> <tr> <th style="width: 35%;"></th> <th style="width: 30%; padding: 5px;">*Inpatient</th> <th style="width: 35%; padding: 5px;">*Outpatient</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">*Total number of surgeries</td> <td></td> <td></td> </tr> </tbody> </table>		*Facility Information	*Number of:	Acute care beds		Patient admissions		Inpatient days		Outpatient visits		Total number of part-time personnel		Total number of full-time personnel		Procedure Data				*Inpatient	*Outpatient	*Total number of surgeries		
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Attachment H (Attestation for Non-employee MDs)

HOSPITAL

MEDICAL STAFF OFFICE

Screening for Influenza Vaccination for Physicians

Name:	Physician ID#:	Today's Date:
Address:	Office Phone: ()	Office FAX: ()

Attestation for Receipt of Influenza Vaccination

I have received the influenza vaccine for the xxxx-xxxx season.

Setting where vaccine was administered:

Hospital Clinic MD office Other

Attestation: Signature _____

Declination

I have declined to receive the influenza vaccine for the xxxx-xxxx season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Reasons for declination:

- I am allergic to components of the vaccine (specify) _____
- I don't believe in vaccines.
- I won't take the vaccine because of side effects.
- I don't believe it is important.
- I never get influenza.
- I have had Guillen Barre or other medical problems that preclude me from receiving the vaccine.
- I got severe influenza-like symptoms from the influenza vaccine and won't get it again.
- I am afraid of needles
- Other (specify) _____

Attestation: Signature _____

I authorize release of the information above to the Medical Staff Office and its agents for credentialing purposes only. This authorization is to be renewed annually and I understand that I may revoke this authorization in writing. I understand I have the right to receive a copy of this signed form.

Signature: _____ **Date:** _____

MRSA Survey
January 6, 2009

1. Are you conducting active surveillance screening (nares swab) on **high risk admissions** to your facility? *High risk admissions are as defined by the R.I. MRSA Best Practice Guidelines 2001 which include residents of LTC facilities; transfers from other hospitals; admissions to rehab units; dialysis patients and readmissions within 30 days of last discharge.*
 - Yes – All high risk admissions groups
 - Yes – Some high risk admissions groups
 - No

2. Are contact precautions implemented for ALL patients colonized or infected with MRSA in accordance with HICPAC guidelines?
 - Yes
 - No If no, please explain _____

3. Do you require gown and gloves to be donned **before entry** into a patient's room in contact precautions for MRSA?
 - Yes
 - No If no, please explain _____

4. Does your hospital have a method (e.g. flag system; alert system) to identify new admissions previously known to be colonized or infected with MRSA?
 - Yes If yes, is this an automated system?
 - Yes
 - No
 - No If no, please explain _____

5. Are you measuring compliance of active surveillance screening cultures indicated in question 1 (i.e. % of high risk admissions that actually get nares screening culture)?
 - Yes
 - No If no, please explain _____

6. Are you measuring compliance with contact precautions indicated in question 3 (i.e. % of times gown and gloves are donned before entry into a patient's room in contact precaution for MRSA)?

Yes

No If no, please explain _____

7. Are you measuring hand hygiene compliance?

Yes

No If no, please explain _____

8. Is your compliance data reported to the Executive Leadership or CEO at your hospital?

Yes If yes, please indicate which data is reported.

Compliance data for active surveillance screening of high risk admissions as indicated in questions 1 and 5?

Yes

No

Compliance data for contact precautions (gown and glove use) as indicated in questions 3 and 6?

Yes

No

Hand hygiene data as indicated in question 7?

Yes

No

No If no, please explain _____

9. If it becomes necessary to report hospital acquired primary MRSA bloodstream infections would you be able to comply with that data request at this time?

Yes If yes, would you be able to report this data for FY 2008?

Yes

No

If yes, would you be able to report this data for calendar year 2008?

Yes

No

No If no, please explain _____