



Health Care Quality Performance (HCQP) Program

NURSING HOME SUBCOMMITTEE

3-4pm, September 23, 2010 (ad hoc)

Quality Partners of Rhode Island, Conference Room 2

Goals/Objectives

- To advise the Department on nursing home reporting and implement agreed-upon policies

Invitees

T Rosa Baier, MPH	T Ann Messier	G Raymond Rusin
G Lonnie Bisbano	T Jim Nyberg, MPA	G Lynda Sprague
G John Gage, MBA, CNHA, CAS, FACHCA	T Gail Patry, RN, CPEHR (Chair)	T Samara Viner-Brown, MS
G Stefan Gravenstein, MD, MPH	G Mariana Peterson, BSN	T Rachel Voss, MPH
G Hugh Hall, MA	G Arthur Pullano	G Sylvia Weber, MSN, PCNS
G Joan Hupf, RN	T Adele Renzulli	
G Bill Keough	T Janet Robinson, RN, M.Ed, CIC	

Time

Topic/Notes

- | | |
|--------|--|
| 3:00pm | <p>Welcome
 <i>Gail Patry, RN, CPEHR, Chair</i></p> <ul style="list-style-type: none"> - Gail opened the meeting and reviewed the objectives. |
| 3:15pm | <p>Employee Influenza Vaccination Reporting
 <i>Rosa Baier, MPH</i>
 <i>Rachel Voss, MPH</i></p> <ul style="list-style-type: none"> - At the previous Subcommittee meeting, participants recommended publicly reporting employee influenza vaccination data and the following timeline: <ul style="list-style-type: none"> • 2009-2010 (past season) – Data not published • 2010-2011 (current season) – Pilot phase, with facility-level data provided back to facilities, but not published • 2011-2012 (next season) – Public reporting, with facility-level data published - Rachel drafted a letter to Administrators (attached), informing them of plans to publicly report data from the 2011-2012 flu season and asking for their help submitting data for the 2010-2011 pilot. |

- The letter also includes facility-level data from 2009-2010. Only 19 facilities submitted data, and their average vaccination rates were approximately 56% vaccinated; 21% declined; and 21% unknown.
- The group discussed the pros/cons of releasing aggregate data for this flu season (2010-2011), given the fact that 2009-2010 submission rates were so low, ultimately reasoning that public reporting is likely to increase data submission and the resulting reliability of the estimate. Rosa indicated that the program would follow-up to ensure data submission, thus helping Dr. Fulton increase the completeness of his data and also ensuring sufficient data for facility-level reporting after the 2011-2012 flu season.
- Meeting participants reviewed the draft letter, providing suggestions:
 - Sending letters to both the Administrators and DONs
 - Asking the Administrators and DONs to share the letter with the nurse responsible for their facility's flu vaccination program
 - Indicating that facilities are "already required to provide data" (wording change)
 - Providing an evidence-based benchmark from the literature in paragraph 2
- The group also discussed strategies to increase awareness of plans to publicly report vaccination, including:
 - Including information in the associations' DON meetings
 - Including the Quality Partners provider newsletter
 - Educating state surveyors
 - Including in Facilities Regulations' meetings with DONs

3:55pm

Open Forum & Next Steps

Gail Patry, RN, CPEHR

- Action items:
 - Update and send the Administrator/DON letter (Rachel/Rosa/Ann)
 - Create a "generic" letter for HEALTH/RIAFSA/RIHCA use (Rachel/Rosa)
 - Include information about flu vaccination reporting in communication to providers (Subcommittee Members)
- Next meeting: 10/19/10



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

September 24, 2010

Dear [Facility Name] Administrator,

As part of HEALTH’s ongoing efforts to encourage high-quality, evidence-based health care, **we want to make sure you are aware of plans to begin publicly reporting nursing home employee influenza (flu) vaccination rates.** All nursing homes already provide employee flu vaccination data annually to Dr. John Fulton at HEALTH, so this change in the public reporting program does not require any additional data collection or submission.

The stakeholder group that advises the public reporting program suggested adding nursing home employee flu vaccination rates following the hospitals’ release of these data for the 2009-2010 flu season. The change recognizes the fact that **multiple published studies demonstrate that employee flu vaccination protects nursing home residents.** Offering flu vaccination to your employees is therefore an important patient safety effort.

The schedule for publicly reporting nursing home employee influenza vaccination rates will be as follows:

2009-2010 (Past)	<u>Flu Season</u> 2010-2011 (Current)	2011-2012 (Next)
Public reporting notification: <ul style="list-style-type: none"> Facility-level data provided back to each facility, but not published (<i>below</i>) 	Public reporting “pilot”: <ul style="list-style-type: none"> Facility-level data provided back to each facility, but not published Aggregate data published 	Public reporting: <ul style="list-style-type: none"> Facility-level data published

The data from the past (2009-2010; below) and current (2010-2011) flu seasons will help you compare your facility’s performance to your peers’ performance before public reporting begins. When facility-level data are released after next flu season (2011-2012), healthcare consumers will have additional information that demonstrates your commitment to protecting your residents.

As a reference, the 2009-2010 data your facility reported to Dr. Fulton are below:

Employee Vaccination Status	<u>2009-2010 Flu Season</u>	
	[Facility Name] n (%)	State Average n (%)
Vaccinated	XX (xx)	xx (xx)
Declined Vaccination	XX (xx)	xx (xx)
Unknown	XX (xx)	xx (xx)
<u>Total</u>	<u>XX (xx)</u>	<u>xx (100)</u>

Again, please note that this letter is informational: **the addition of employee flu vaccination reporting does not require any additional data collection or submission.** If you have questions, please don't hesitate to contact us:

For questions about data—

Dr. John Fulton: John.Fulton@health.ri.gov or 401-222-1172

For questions about public reporting—

Gail Patry: gpatry@riqio.sdps.org or 401-528-3256

As you begin tracking employee flu vaccination for the upcoming flu season (October 2010-March 2011), we thank you in advance for your commitment to protecting your residents.

Sincerely,



David Gifford, MD, MPH
Director of HEALTH



Samara Viner-Brown, MS
Chief, Center for Health Data and Analysis

Attachment: Dr. Fulton's email to nursing homes about 2010-2011 data collection

Baier, Rosa

From: John Fulton [John.Fulton@health.ri.gov]
Sent: Friday, September 03, 2010 2:27 PM
To: Samara Viner-Brown; Baier, Rosa
Cc: Raymond Rusin
Subject: Vaccinating HCWs against influenza 2010-11
Attachments: HCW-Vacc-Form3.doc; HCW - Letter - 9-1-2010.doc; HCW-Vacc-Form1.doc; HCW-Vacc-Form2.doc

Dear Nursing Facility Manager,

The Rhode Island Department of Health (HEALTH) wishes to remind you of the continuing requirements concerning the offering of influenza vaccine to health care workers (HCWs) in your facility.

Please see the 4 documents attached, including a memorandum from the Rhode Island Department of Health and three reporting forms with updated reporting format for the 2010-2011 influenza vaccination season.

I have cc'd Mr. Raymond Rusin of Facilities Regulation so that he can send you copies of the 4 attached documents by fax, to assure your receipt of them.

Please address all questions to me, by email or telephone.

Thank you for your attention to this matter.

John P. Fulton, PhD
Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908-5097

John.Fulton@health.ri.gov

401-222-1172 (vc)

Chief Health Program Evaluator (RI Dept Health) Clinical Associate Professor of Community Health (Brown University)

INSTRUCTIONS: This form may be used to record information on influenza vaccination of healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). Information should be collected from each HCW who is employed by you during that period of time. Information aggregated from the responses recorded on this form or its equivalent must be reported to the Rhode Island Department of Health between May 1st and June 30th (inclusive), in a manner prescribed by the Department. (The Department will specify modes of report transmission prior to May 1st.)

FACILITY NAME: _____ **DATE:** ____ / ____ / ____

HCW Name: _____

HCW Status: Employed by facility? YES NO **HCW Type:** CNA Nurse (RN, LPN) Physician+ (MD, DO, NP, PA) Other (e.g., student) **HCW ID:** _____

YES NO Did you have any direct patient contact (defined as any face-to-face interaction with patients) at this facility between September 1st and April 30th (influenza vaccination season)?



IF YES, which one of the following statements best describes you? (Check one option.)

- I **RECEIVED** the influenza vaccine* **offered by THIS facility** for this year's influenza season (September 1st to April 30th)
- I **RECEIVED** the influenza vaccine* **at ANOTHER location** (facility or site) for this year's influenza season (September 1st to April 30th)
- I **DID NOT RECEIVE** the influenza vaccine* for this year's influenza season (September 1st to April 30th)
- I **DO NOT KNOW** whether or not I received the influenza vaccine* (offered by this or any other facility) for this year's influenza season (September 1st to April 30th)



DECLINATION

If you **DID NOT RECEIVE** the influenza vaccine,* what is the main reason? (Check one option.)

- I have a medical exemption.**
- I do not think I am at risk for getting the flu – or – I do not think my patients are at risk of getting the flu from me.
- I do not want to put anything unnatural in my body.
- I do not think the vaccine works.
- I think the vaccine makes me sick.
- Other reason. Specify: _____

HCW Signature: _____

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

FORM 2a

AGGREGATE **EMPLOYEE** HCW INFLUENZA VACCINATION ASSESSMENT

Revised 03/09/09 RRB

INSTRUCTIONS: This form may be used to aggregate information on influenza vaccination of **employee** healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). (The Rhode Island Department of Health will specify modes of report transmission prior to May 1st)

FACILITY NAME: _____

DATE: ___ / ___ / _____

Facility Administrator: _____

Phone: (_____) _____ - _____

Email: _____

Person Reporting: _____

Phone: (_____) _____ - _____

Email: _____

Vaccinations for this year's flu season (September 1st to April 30th):

	CNA	Nurse (RN, LPN)	Physician+ (MD, DO, NP, PA)	Other (e.g., student)	Total (sum rows)	
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* offered by THIS facility
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* at ANOTHER location
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who DID NOT RECEIVE the influenza vaccine*
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs for whom it is UNKNOWN whether or not they received the influenza vaccine* (offered by this or any other location)
E					<input type="text"/>	TOTAL NUMBER of HCWs engaged in direct patient contact (any face-to-face interaction with patients) that worked in this facility between September 1 st and April 30 th (influenza <u>vaccination season</u>) (= sum of Total column)



Primary reasons for **declinations**:

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
C1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Have a medical exemption**
C2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think they are at risk for getting the flu – or – do not think their patients are at risk of getting the flu from them
C3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not want to put anything unnatural in their bodies
C4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think the vaccine works
C5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Think the vaccine makes them sick
C6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other reason. Specify most common: _____
C7					<input type="text"/>	TOTAL NUMBER of declinations (= C row total)

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

FORM 2b

AGGREGATE **NON-EMPLOYEE** HCW INFLUENZA VACCINATION ASSESSMENT

Revised 03/09/09 RRB

INSTRUCTIONS: This form may be used to aggregate information on influenza vaccination of **non-employee** healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). (The Rhode Island Department of Health will specify modes of report transmission prior to May 1st)

FACILITY NAME: _____

DATE: ___ / ___ / _____

Facility Administrator: _____

Phone: (_____) _____ - _____

Email: _____

Person Reporting: _____

Phone: (_____) _____ - _____

Email: _____

Vaccinations for this year's flu season (September 1st to April 30th):

	CNA	Nurse (RN, LPN)	Physician+ (MD, DO, NP, PA)	Other (e.g., student)	Total (sum rows)
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E					<input type="text"/>

Number of HCWs who **RECEIVED** the influenza vaccine* **offered by THIS facility**

Number of HCWs who **RECEIVED** the influenza vaccine* **at ANOTHER location**

Number of HCWs who **DID NOT RECEIVE** the influenza vaccine*

Number of HCWs for whom it is **UNKNOWN** whether or not they received the influenza vaccine* (offered by this or any other location)

TOTAL NUMBER of HCWs engaged in direct patient contact (any face-to-face interaction with patients) that worked in this facility between September 1st and April 30th (influenza vaccination season) (= sum of Total column)



Primary reasons for **declinations**:

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)
C1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C7					<input type="text"/>

Have a medical exemption**

Do not think they are at risk for getting the flu – or – do not think their patients are at risk of getting the flu from them

Do not want to put anything unnatural in their bodies

Do not think the vaccine works

Think the vaccine makes them sick

Other reason. Specify most common: _____

TOTAL NUMBER of declinations (= C row total)

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.