

Operational Guidance for Acute Care Hospitals to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC's National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirements

The Centers for Medicare and Medicaid Services (CMS) published a final rule in the *Federal Register* on August 18, 2011, that included healthcare personnel (HCP) influenza vaccination summary reporting from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Hospital Inpatient Quality Reporting (IQR) Program requirements beginning in calendar year 2013.¹ More specifically, the rule announced a requirement for acute care hospitals to report HCP influenza vaccination summary data beginning on January 1, 2013. Beginning with the 2013-2014 influenza season, acute care hospitals must submit data for the entire influenza vaccination season (October 1 through March 31) to NHSN. This operational guidance provides additional information about reporting HCP influenza vaccination to NHSN as part of the Hospital IQR Program. The requirements for HCP influenza vaccination reporting to NHSN for this CMS program do not preempt or supersede any state mandates for HCP influenza vaccination reporting to NHSN (i.e., hospitals in states with a HCP influenza vaccination reporting mandate must also abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

CMS also published the CY 2014 OPPI/ASC final rule on December 10, 2013, which finalized HCP influenza vaccination summary data reporting from hospital outpatient departments via CDC's NHSN for the Hospital Outpatient Quality Reporting Program (OQR) beginning with the 2014-2015 influenza season.² However, on November 2, 2018,³ CMS published a final rule eliminating the requirement for hospital outpatient departments to report HCP influenza vaccination summary data through NHSN. On February 7, 2019, CMS and CDC issued guidance to clarify that this measure does not separate out HCP who only work in the inpatient or outpatient areas or work in both. Due to the burden of trying to separate out the counts for inpatient and outpatient units, facilities are allowed to collect and submit a single vaccination report to include all HCP hospital-wide that meet the criteria, regardless of whether they work inpatient or outpatient areas.

NHSN guidance and definitions for reporting HCP influenza vaccination summary data can be found in the NHSN Influenza Vaccination Summary Protocol: [NHSN HPS Flu Vaccine Protocol 2022 \(cdc.gov\)](https://www.cdc.gov/nhsn/datacollection/2022_hps_flu_vaccine_protocol.pdf). The NHSN protocol provides guidance for hospitals to report HCP influenza vaccination summary data from October 1 (or

when the vaccine became available) through March 31, which includes all influenza vaccinations administered during the influenza season at the facility or elsewhere, influenza vaccine declinations, and determinations of a medical contraindication to influenza vaccination. Users must also report associated denominator data for HCP physically working in the acute care hospital for at least 1 working day between October 1 through March 31 of an influenza season, regardless of clinical responsibility or patient contact. Data should be reported separately for employees, licensed independent practitioners, and adult students/trainees and volunteers. Reporting summary data from other contract personnel is optional at this time.

In order to report HCP influenza vaccination summary data, the NHSN HPS Component must be activated. All data fields required for both numerator and denominator data collection must be submitted to NHSN. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application. CDC/NHSN strongly encourages that HCP influenza vaccination summary counts be updated on a monthly basis and encourages healthcare facilities to update new counts within 30 days of the end of each month (e.g., all October data should be added by November 30) so it has the greatest impact on influenza vaccination activities. HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, so each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system. Facilities wishing to maintain monthly records should save their own copies of each data entry. For the purposes of fulfilling CMS quality measurement reporting requirements, this summary report will only be submitted once to CMS. The summary report must be entered by May 15 for data to be shared with CMS.

HCP influenza vaccination summary data submitted to NHSN by May 15 will be reported by CDC to CMS for each hospital. CDC will share all HCP influenza vaccination summary data with CMS. CDC will provide a hospital-specific HCP influenza vaccination percentage for each reporting hospital. Public reporting of the data from acute care hospitals on Hospital Compare began with the 2013-2014 influenza season.

¹ US Department of Health and Human Services. Medicare program; hospital inpatient prospective payment systems for acute care hospitals and the long-term care hospital prospective payment system and FY2012 rates; hospitals' FTE resident caps for graduate medical education payment; final rules. Federal Register 2011;76:51631-51633. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

² US Department of Health and Human Services. Medicare and Medicaid programs: hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs; hospital value-based purchasing program; organ procurement organizations; quality improvement organizations; electronic health records (EHR) incentive program; provider reimbursement determinations and appeals; final rule with comment period and final rules. Federal Register 2013; 78:75097-75099.

<http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf>

³US Department of Health and Human Services. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs.

<https://www.federalregister.gov/documents/2018/11/21/2018-24243/medicare-program-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center>