


**Standard IC.02.04.01**  
**Influenza Vaccination for Licensed**  
**Independent Practitioners and Staff**  
**For**  
**CAH, HAP, and LTC**  
**Accreditation Programs**

**Kelly Podgorny DNP, CPHQ, RN, Project Director**  
**Robert Wise MD, Medical Advisor**  
**Linda Kusek MPH, RN, CIC, Associate Project Director**


# Standard IC.02.04.01

- ▶ The Joint Commission approved revised Standard IC.02.04.01, influenza vaccination for licensed independent practitioners and staff for **all accreditation programs**, in September 2011.

# Standard IC.02.04.01

- 
- ▶ **Focus of today's presentation includes the applicability of Standard IC.02.04.01 to the following accreditation programs:**
    - Critical Access Hospitals (CAH)
    - Hospitals (HAP)
    - Long Term Care (LTC)

# Standard IC.02.04.01

- 
- ▶ **Objectives:** Participants will be knowledgeable about:
    - The rationale for revising Standard IC.02.04.01 for CAH, HAP and LTC.
    - The specific requirements of Standard IC.02.04.01 including the nine EPs.

# Standard IC.02.04.01

## Outline for this presentation:

1. Rationale for Standard IC.02.04.01.
2. The Joint Commission's actions
3. Concerns about mandating and paying for the influenza vaccination for staff and licensed independent practitioners
4. Review of Standard IC.02.04.01 and the nine elements of performance (EPs)
5. Influenza Vaccination Myths and Realities
6. Resources
7. Contacts
8. References

# Standard IC.02.04.01

## Rationale for Standard IC.02.04.01:

- In 2010, the Department of Health and Human Services (HHS) issued the *HHS Action Plan to Prevent Healthcare-Associated Infections: Influenza Vaccination of Healthcare Personnel*. This draft action plan states:

“Influenza transmission to patients by healthcare personnel (HCP) is well documented. HCP can acquire and transmit influenza from patients or transmit influenza to patients and other staff. **Vaccination remains the single most effective preventive measure available against influenza and can prevent many illnesses, deaths, and losses in productivity.** Despite the documented benefits of HCP influenza vaccination on patient outcomes, HCP absenteeism, and on reducing influenza infection among staff, vaccination coverage among HCP has remained well below the national 2010 health objective of 60%.”<sup>1</sup>

# Standard IC.02.04.01

## Rationale for Standard IC.02.04.01:

- Professional/scientific organizations recommend the influenza vaccination for all staff in healthcare including:
  - ❖ APIC
  - ❖ CDC
  - ❖ IDSA
  - ❖ NFID
  - ❖ SHEA
- Science clearly supports influenza vaccination for healthcare personnel

# Standard IC.02.04.01

## Joint Commission Actions:

- Revised Standard IC.02.04.01 for critical access hospitals, hospitals, and long term care.
  - ❖ Strengthened the requirements
  - ❖ Aligned the requirements with the HHS Action Plan
- Conducted a field review for all accreditation programs from April 5, 2011 through May 17, 2011.
- Board of Commissioners approved Standard IC.02.04.01 on September 21, 2011.

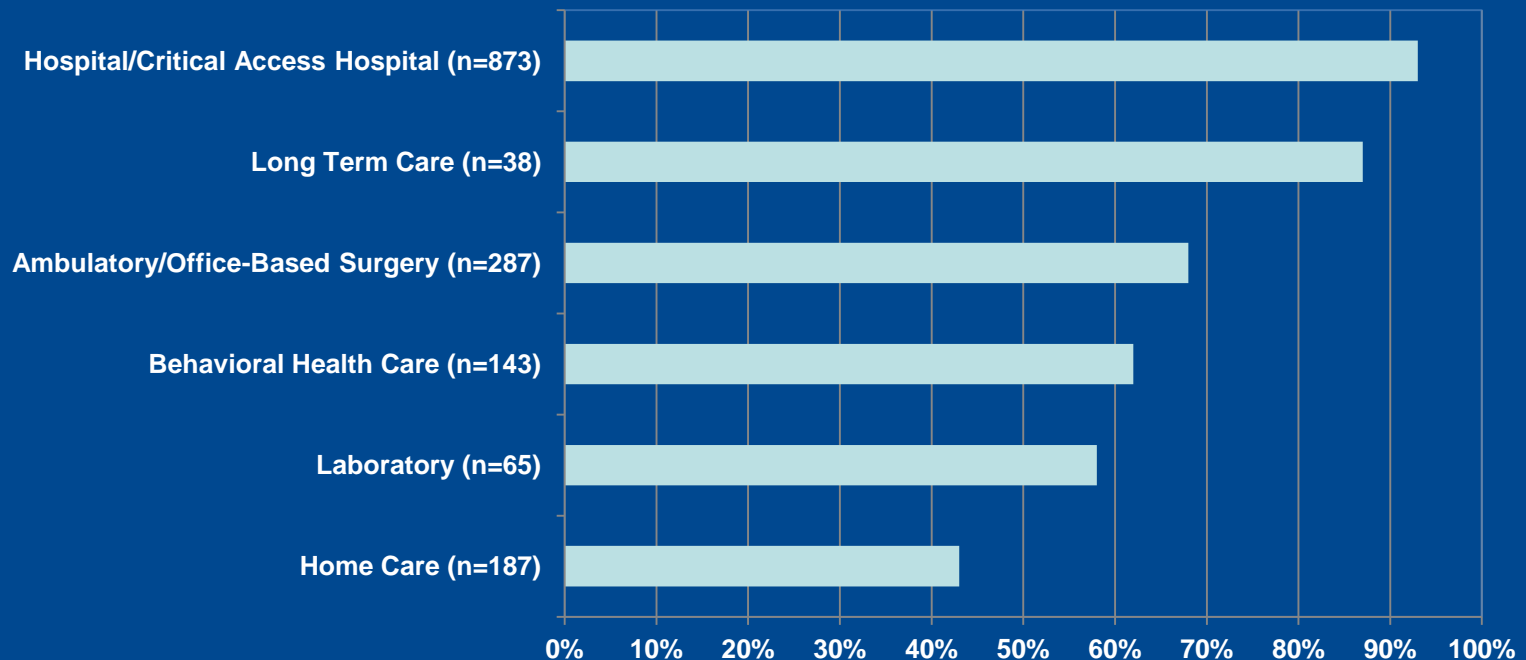


# Standard IC.02.04.01

## Providing Influenza Vaccination

Percentage of respondents that indicated their organization has offered influenza vaccination for 5 or more years, by program.

n=1,630

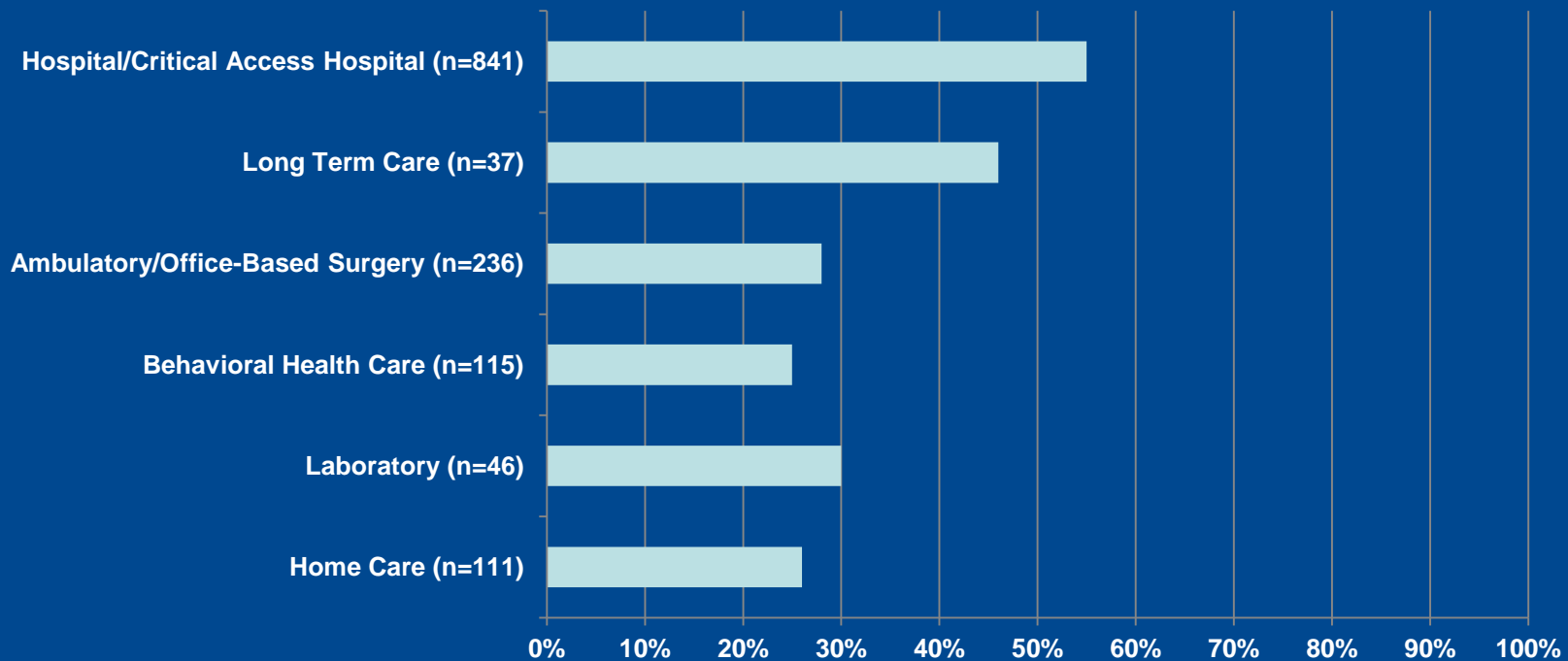


# Standard IC.02.04.01

## Measuring Influenza Vaccination Rates

Percentage of respondents that indicated their organization has **measured** influenza vaccination rates for 5 or more years, by program.

n=1,386




# Standard IC.02.04.01

- ▶ Confusion about Standard IC.02.04.01, **mandating** the influenza vaccination for licensed independent practitioners and staff.
- ▶ Standard IC.02.04.01 does **not mandate** influenza vaccination for licensed independent practitioners and staff as a condition of Joint Commission accreditation.

# Standard IC.02.04.01

## Payment for the influenza vaccination:

- The Joint Commission **does not** require accredited organizations to pay for the influenza vaccination for licensed independent practitioners and staff.



**Introduction to Standard IC.02.04.01  
Influenza Vaccination for Licensed  
Independent Practitioners and Staff  
and  
The Elements of Performance (EP)**

# Standard IC.02.04.01

## ▶ The goal of Standard IC.02.04.01 is for organizations to:

- Establish an influenza vaccination program for staff and licensed independent practitioners.
- Set incremental goals for meeting the 90% target in 2020.
- Measure and improve influenza vaccination rates for staff and licensed independent practitioners.

# Standard IC.02.04.01

**▶ The requirements for revised Standard IC.02.04.01 are comparable across accreditation programs. However,**

- The language can vary by accreditation program/setting.
- When an organization is accredited under more than one accreditation program, it is important that Standard IC.02.04.01 be reviewed for each program.

# Standard IC.02.04.01

## Standard IC.02.04.01:

- **Standard:** The organization offers vaccination against influenza to licensed independent practitioners and staff.
- **Note:** This standard is applicable to staff and licensed independent practitioners only when care, treatment, or services are provided on-site. When care, treatment, or services are provided off-site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff and licensed independent practitioners.



# Standard IC.02.04.01

## Element of Performance (EP) 1:

- The organization establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
- No documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012

# Standard IC.02.04.01



## EP 2:

- The organization educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza. (See also HR.01.04.01, EP 4)
- No documentation required
- Scoring: C (frequency based scoring)
- Implementation: July 1, 2012

# Standard IC.02.04.01

## EP 3: Language differences by program:

- **CAH, HAP, and LTC:** The organization provides influenza vaccination at sites and times accessible to licensed independent practitioners and staff.
- **AHC, BHC, and OBS only:** The organization offers the influenza vaccination on-site to licensed independent practitioners and staff or facilitates their obtaining the influenza vaccination off-site.

# Standard IC.02.04.01



## EP 3:

- No documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012

# Standard IC.02.04.01

## EP 4:

- The organization includes in its infection control plan the goal of improving influenza vaccination rates. (For more information, refer to Standard IC.01.04.01)
- Documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012

# Standard IC.02.04.01

## EP 5:

- The organization sets incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020.
- Note: The U.S. Department of Health and Human Services' Action Plan to Prevent Healthcare-Associated Infections is located at:

[http://www.hhs.gov/ash/initiatives/hai/tier2\\_flu.html](http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html).

# Standard IC.02.04.01



## EP 5:

- Documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012

# Standard IC.02.04.01

## EP 5: Examples of meeting the intent and not meeting the intent of Standard IC.02.04.01:

- **Meeting the intent:** Organization A has a current influenza vaccination rate of 50% and sets the following goals:
  - 2012: 60%
  - 2014: 75%
  - 2016: 85%
- **Not meeting the intent:** Organization B has a current influenza vaccination rate of 50% and sets the following goals:
  - 2012: 52%
  - 2014: 54%
  - 2016: 55%




# Standard IC.02.04.01

## EP 6:

- The organization has a written description of the methodology used to determine influenza vaccination rates. (See IC.02.04.01, EP 1)
- Note: The National Quality Forum (NQF) Measure Submission and Evaluation Worksheet 5.0 provides recommendations for the numerator and denominator on the performance measure for NQF #0431  
INFLUENZA VACCINATION COVERAGE AMONG  
HEALTHCARE PERSONNEL.
- See:  
<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=68275>

# Standard IC.02.04.01

- 
- EP 6 Note Continued:** The Joint Commission recommends that organizations use the Centers for Disease Control and Prevention (CDC) and the National Quality Forum (NQF) proposed performance measure to calculate the influenza vaccination rate for staff and licensed independent practitioners.
- The most researched methodology for calculating the influenza vaccination rate for healthcare personnel available.
  - Clearly delineates numerator and denominator.
  - The CDC reported to The Joint Commission that the measure can be used in all healthcare settings even though it was not tested in all healthcare settings.

# Standard IC.02.04.01

## EP 6 Note Continued:

- The CDC/NQF measure, however, does not include all contracted staff.
  - ❖ CDC reported that the data are very difficult to obtain.
  - ❖ Inaccurate and unreliable data could inadvertently alter the influenza vaccination rate.
  - ❖ Altered influenza vaccination rate could impact some organizations financially in the future because of required reporting.

# Standard IC.02.04.01

## EP 6 -The Joint Commission's Position:

- The influenza vaccination is to be offered to all contracted staff even though not all are to be included in the measurement rate.
- The Joint Commission recommends that influenza vaccination rates for contracted staff be tracked separately by the organization.
- The tracked information on contract staff can be used as part of determining improvement for IC.02.04.01 EP 8.

# Standard IC.02.04.01



## EP 6 Note Continued:

- The Joint Commission recommends that organizations also track influenza vaccination rates for all individuals providing care, treatment, and services through a contract, since contracted individuals also transmit influenza.

# Standard IC.02.04.01



## EP 6:

- Documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012

# Standard IC.02.04.01

## EP 7:

- The organization collects and reviews the reasons given by staff and licensed independent practitioners for declining the influenza vaccination. This collection and review occurs at least annually.
- This EP **does not** require that a declination form be signed.

# Standard IC.02.04.01



## EP 7:

- No documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012



# Standard IC.02.04.01



## EP 8:

- The organization **improves** its vaccination rates according to its established, internal goals at least annually. (For more information, refer to Standards PI.02.01.01 and PI.03.01.01)


# Standard IC.02.04.01



## EP 8:

- Documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012

# Standard IC.02.04.01

- 
- ▶ **EP 9: Language differences by program:**
  - ▶ **CAH, HAP, LTC:** The organization provides influenza vaccination rate data to key stakeholders which may include leaders, licensed independent practitioners, nursing staff, and other staff at least annually.
  - ▶ **AHC, BHC, OBS:** The organization provides influenza vaccination rate data to organizational leaders at least annually.

# Standard IC.02.04.01



## EP 9:

- No documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012

# Standard IC.02.04.01

## Implementation differences by accreditation program:

- For CAH, HAP and LTC:
  - ❖ All elements of performance will go into effect in July 1, 2012.
- There is a **phased-approach** for implementation of Standard IC.02.04.01 for other accreditation programs such as AHC and OME.
  - ❖ The **phased approach** for implementation for Standard IC.02.04.01 is **not applicable** to CAH, HAP, and LTC.



# Influenza Vaccination Myths and Realities

# Standard IC.02.04.01

## Influenza Vaccination Myths and Realities:

	Myth	Reality
1.	The flu vaccine can cause influenza.	The injectable flu vaccine does not contain the live virus so it is impossible to get influenza from the vaccine. The nasal spray flu vaccine contains live, attenuated (weakened) viruses that can cause mild signs or symptoms.
2.	The flu shot doesn't work.	The influenza vaccine will prevent influenza most of the time. In scientific studies, the effectiveness of the vaccine ranges from 70 to 90 percent, depending on how well the circulating viruses match those in the vaccine.
3.	Our staff follows Standard Precautions, with good hand hygiene practices and appropriate glove and mask use.	Influenza is spread by respiratory droplets generated when talking, coughing or sneezing. Adults shed influenza virus <i>at least one day before</i> any signs or symptoms of the disease.

# Standard IC.02.04.01

## Influenza Vaccination Myths and Realities:

	Myth	Reality
4.	Our staff stays at home if they are sick - so vaccination is not necessary.	Since unvaccinated individuals are contagious at least one day before any signs or symptoms of influenza appear, they can still shed the virus and infect patients and other staff.
5.	There is no evidence to support that influenza vaccination of staff improves patient outcomes.	Influenza transmission and outbreaks in health care organizations have been recognized for many years and have been associated with substantial morbidity, mortality, and costs.
6.	Influenza vaccinations for staff will be too costly.	The cost savings associated with health care personnel influenza vaccination programs generally outweigh the costs associated with providing the vaccine, and vaccinating ultimately results in a safer environment for patients.



# Standard IC.02.04.01



## Resources:

- **Influenza and Influenza Vaccine Myths and Reality**
- An educational document prepared by The Joint Commission
- Please use during your educational efforts
- Available with today's hands out. Will also be available on the infection prevention website

# Standard IC.02.04.01

## Resources:

- Influenza Vaccination Monograph at:
- [http://www.jointcommission.org/Providing\\_a\\_Safer\\_Environment/](http://www.jointcommission.org/Providing_a_Safer_Environment/)



# Standard IC.02.04.01

## Resources-Joint Commission Resources: The Flu Vaccination Challenge



# Standard IC.02.04.01

## Resources:

- Joint Commission Resources: The Flu Vaccination Challenge
- Available at: <http://www.jcrinc.com/fluchallenge/>
- **Purpose:** To continue increasing flu vaccination rates among health care workers, since flu vaccination for health care workers is important not only to help protect themselves, but also to reduce the risk of flu infection for patients or the individuals served.
- Many resources on its website

# Standard IC.02.04.01

## Contacts:

- The Joint Commission’s Standards Interpretation Group through its online question form at:
- <http://www.jointcommission.org/Standards/>.
- Kelly Podgorny DNP, RN, CPHQ  
[Kpodgorny@jointcommission.org](mailto:Kpodgorny@jointcommission.org)
- Linda Kusek M.P.H., R.N.,CIC  
[Lkusek@jointcommission.org](mailto:Lkusek@jointcommission.org)

# Standard IC.02.04.01

## References

1. U.S. Department of Health & Human Services: *HHS Action Plan to Prevent Healthcare-Associated Infections: Influenza Vaccination of Healthcare Personnel*. 2010. [http://www.hhs.gov/ash/initiatives/hai/tier2\\_flu.html](http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html) (accessed Nov. 9, 2011).
2. Centers for Disease Control and Prevention: Update: Recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding use of CSL seasonal influenza vaccine (Afluria) in the United States during 2010–2011. *Morbidity and Mortality Weekly Report*, Aug. 13, 2010. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a4.htm> (accessed Nov. 9, 2011).
3. Talbot T.R., et al.: Revised SHEA position paper: Influenza vaccination of healthcare personnel. *Infection Control and Hospital Epidemiology* 31:987–995, Oct. 2010. <http://www.mc.vanderbilt.edu/documents/infectioncontrol/files/2010%20Revised%20SHEA%20PP%20HCW%20Fluvax%20FINAL.pdf> (accessed Nov. 9, 2011).
4. Association for Professionals in Infection Control and Epidemiology, Inc. (APIC): *APIC Position Paper: Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated*. Jan. 27, 2011. [http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/APIC\\_Influenza\\_Immunization\\_of\\_HCP\\_12711.PDF](http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/APIC_Influenza_Immunization_of_HCP_12711.PDF) (accessed Nov. 9, 2011).