Standard IC.02.04.01
Influenza Vaccination for Staff in the Behavioral Health Care Accreditation Program
November 28, 2011

Kelly Podgorny DNP, CPHQ, RN, Project Director
Robert Wise MD, Medical Advisor
Linda Kusek MPH, RN, CIC, Associate Project Director
The Joint Commission approved revised Standard IC.02.04.01, influenza vaccination for staff in all accreditation programs, in September 2011.
Objectives: Participants will be knowledgeable about:

- The rationale for applying revised Standard IC.02.04.01 to the BHC accreditation program.

- The specific requirements of Standard IC.02.04.01 as applied to the BHC accreditation program.
Outline of today’s presentation:

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

- Influenza is spread by respiratory droplets generated when talking, coughing or sneezing. Adults shed influenza virus at least one day before any signs or symptoms of the disease, so health care personnel can unknowingly infect individuals served or other staff. (See: Influenza and Influenza Vaccine Myths and Reality document for references)
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.
Providing Influenza Vaccination

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

n=1,630

- Hospital/Critical Access Hospital (n=873)
- Long Term Care (n=38)
- Ambulatory/Office-Based Surgery (n=287)
- Behavioral Health Care (n=143)
- Laboratory (n=65)
- Home Care (n=187)
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

Hospital/Critical Access Hospital (n=841)
Long Term Care (n=37)
Ambulatory/Office-Based Surgery (n=236)
Behavioral Health Care (n=115)
Laboratory (n=46)
Home Care (n=111)
Based on all of the research, The Joint Commission determined that a phased approach was necessary for implementation:

- For AHC, BHC, OME, LAB, LTC-MC, OBS:
  - Six elements of performance will go into effect in July, 2012.
  - Three elements of performance will go into effect on July 1, 2013.
Confusion about Standard IC.02.04.01, **mandating** the influenza vaccination for staff.

Standard IC.02.04.01 does **not mandate** influenza vaccination for 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 staff.
Introduction to Standard IC.02.04.01
Influenza Vaccination for Staff in BHC
and
The Elements of Performance (EP)
The goal of Standard IC.02.04.01 is for organizations to:

- Establish an influenza vaccination program for staff.
- Set incremental goals for meeting the 90% target in 2020.
- Measure and improve influenza vaccination rates for staff.
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:** The organization facilitates staff receiving the influenza vaccination.

- **Note:** This standard is not applicable to staff providing care, treatment, or services off-site through telephone consultation or technology-based services.
Element of Performance (EP) 1:

- The organization establishes an annual influenza vaccination program that is offered to staff.

- No documentation required

- Scoring: A (exists or does not exist)

- Implementation: July 1, 2012
EP 2:

- The organization educates 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:

- **BHC**: The organization offers the influenza vaccination on-site to staff or facilitates their obtaining the influenza vaccination off-site.

- **AHC, BHC and OBS** have program specific language for EP 3 that differs from the other accreditation programs.
Example:

- “We contract with CVS Pharmacies to provide vaccination for some of our workers that work in small, remote, non-clinical facilities. Each employee is provided with a vaccine slip, go to any CVS pharmacy, present the slip, and then CVS bills us. Employees are required to submit a consent form to their HR office. For larger non-clinical sites (40+ employees), they come on site and provide the vaccination ……”

Scott Cormier, Director
Emergency Preparedness & Management, HCA
Standard IC.02.04.01

EP 3:

- No documentation required
- Scoring: A (exists or does not exist)
- Implementation: July 1, 2012
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
EP 5-Phased approach:

- 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:

EP 5-Phased approach EP:

– Lead-in statement indicates the implementation date
– Documentation required
– Scoring: A (exists or does not exist)
– Phased approach for implementation begins with EP 5
– Implementation: July 1, 2013
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%
EP 6-Phased approach:

- 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
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 influenza vaccination rate for staff.

- 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.
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.
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.
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, 2013**
Standard IC.02.04.01

EP 7:

– The organization collects and reviews the reasons given by staff 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
EP 8-Phased approach:

- 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)

- Note for BHC, LAB, OBS, OME: Practices with a small number of staff and licensed independent practitioners (10 or less) providing care, treatment, or services may present the data in a manner other than a percentage. (For example, raw numbers)

- The note’s language is program specific.
EP 8:

– Documentation required

– Scoring: A (exists or does not exist)

– Implementation: July 1, 2013
EP 9: Language differences by program:

- **BHC**: 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
Summary of the phased approach:

– For **BHC** as follows:

- Elements of performance 1, 2, 3, 4, 7, and 9 will go into effect in July 1, 2012.

- Elements of performance 5, 6, and 8 will go into effect on July 1, 2013.
Influenza Vaccination
Myths and Realities
### Influenza Vaccination Myths and Realities:

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The flu vaccine can cause influenza.</td>
<td>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.</td>
</tr>
<tr>
<td>2. The flu shot doesn’t work.</td>
<td>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.</td>
</tr>
<tr>
<td>3. Our staff follows Standard Precautions, with good hand hygiene practices and appropriate glove and mask use.</td>
<td>Influenza is spread by respiratory droplets generated when talking, coughing or sneezing. Adults shed influenza virus <em>at least one day before</em> any signs or symptoms of the disease.</td>
</tr>
</tbody>
</table>
**Influenza Vaccination Myths and Realities:**

<table>
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<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Our staff stays at home if they are sick - so vaccination is not necessary.</td>
<td>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 individuals served and other staff.</td>
</tr>
<tr>
<td>5. There is no evidence to support that influenza vaccination of staff improves outcomes.</td>
<td>Influenza transmission and outbreaks in health care organizations have been recognized for many years and have been associated with substantial morbidity, mortality, and costs.</td>
</tr>
<tr>
<td>6. Influenza vaccinations for staff will be too costly.</td>
<td>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 individuals served.</td>
</tr>
</tbody>
</table>
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.
Resources:

- Influenza Vaccination Monograph at:
  - http://www.jointcommission.org/Providing_a_Safer_Environment/
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

– Linda Kusek M.P.H., R.N.,CIC
  
  Lkusek@jointcommission.org
References


