R^3 Report I Requirement, Rationale, Reference

A complimentary publication of The Joint Commission Issue 3, May 30, 2012

Influenza vaccination for licensed independent practitioners and staff

Requirement

Standard IC.02.04.01, regarding influenza vaccination for licensed independent practitioners and staff, is addressed in this issue of *R^3 Report* and is effective July 1, 2012 for all accreditation programs, with the exception of elements of performance (EPs) 5, 6 and 8 (see below), which go into effect July 1, 2013 for the ambulatory care, behavioral health care, home care, laboratory services, and office-based surgery programs, and for the Medicare/Medicaid certification-based long term care program option. This phased implementation provides additional time for organizations to determine their influenza vaccination goals for licensed independent practitioners and staff, to begin measuring an influenza vaccination rate, and to make improvements to that influenza vaccination rate. This phased approach is not applicable to the critical access hospital or hospital programs or the traditional long term care accreditation program option. A summary of standard IC.02.04.01 is provided below. Please note that the actual language of the standard and EPs varies by accreditation program.

Standard IC.02.04.01: 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.*

Elements of performance

1. The organization establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
2. The organization educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; nonvaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza. (See also HR.01.04.01, EP 4)
3. The organization provides influenza vaccination at sites and times accessible to licensed independent practitioners and staff.
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)
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.*
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. The Joint Commission recommends that organizations use the Centers for Disease Control and Prevention (CDC) and the NQF proposed performance measure to calculate influenza vaccination rates for staff and licensed independent practitioners. The CDC/NQF measure, however, does not include all*

Tell us what you think about *R^3 Report*

The Joint Commission is interested in your thoughts about this issue of *R^3 Report*. Please take a few minutes to complete a short on-line survey. The survey will be open through June 29, 2012. The goal of this survey is to evaluate the effectiveness of this publication in providing the rationale for The Joint Commission requirement addressed in this issue.

contracted staff. Therefore, 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.

7. The organization evaluates the reasons given by staff and licensed independent practitioners for declining the influenza vaccination. This evaluation occurs at least annually.
8. The organization improves its vaccination rates according to its established goals at least annually. (For more information, refer to Standards PI.02.01.01 and PI.03.01.01)
9. 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.

Rationale

Influenza vaccination for licensed independent practitioners and staff is a major safety issue internationally. In the United States, both government and professional organizations emphasize increasing patient safety by decreasing patients' exposure to the influenza virus when receiving health care.[1-4] 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 action plan states: "Influenza transmission to patients by health care 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 percent."[1] However, some health care organizations have reached 80 and even 90 percent compliance rates for influenza vaccination of health care workers.[8,9] Other organizations reported significantly improved rates following the implementation of some type of influenza vaccination program.[8,9,10,11]

The *HHS Action Plan* specifically cites The Joint Commission as a key stakeholder that can impact influenza vaccination rates of HCP. The action plan states: "In 2006, The Joint Commission required that hospitals and long-term care facilities seeking accreditation establish an influenza vaccination program to educate about and provide influenza vaccination to HCP. It did not, however, go so far as to require mandatory vaccination of HCP with influenza vaccine." Additionally, the *HHS Action Plan* states: "To further enhance quality standards for influenza vaccination of HCP, other steps that could be taken include encouraging The Joint Commission to extend the standards for HCP influenza vaccination to outpatient and other health care settings."[1]

Based upon increasing concerns about low rates of vaccination among health care workers in all types of organizations, The Joint Commission began internal research and discussions. Simultaneously, a number of professional and governmental organizations were recommending influenza vaccination for all health care personnel, including the Centers for Disease Control and Prevention (CDC), Association for Professionals in Infection Control and Epidemiology (APIC), and the Society for Healthcare Epidemiology of America (SHEA).[2,3,4] The Joint Commission therefore implemented its standard development process in 2010. In September 2011, the Joint Commission's Board of Commissioners determined that Infection Prevention and Control (IC) standard IC.02.04.01 needed to be strengthened, based on the scientific literature and current national focus on influenza vaccination, and extended to all accreditation programs. Previously, the standard was applicable to the critical access hospital, hospital and long term care accreditation programs only. In December 2011, the Board of Commissions approved revised standard IC.02.04.01 for all accreditation programs.

Reference

The SHEA position clearly indicates that the biological rationale for influenza vaccination does not vary by practice setting. SHEA also notes that otherwise healthy adults (who presumably represent a large proportion of the HCP population) are routinely infected with the influenza virus; however, randomized controlled trials have shown that influenza vaccination reduces the incidence of influenza infection in healthy adults.[3]

Feedback from the field

The draft standard was made available for field comment on The Joint Commission's website from April 5, 2011 through May 17, 2011. Results of the field review indicated that influenza vaccination for staff and licensed independent practitioners is an important issue for all of the accreditation programs. There were more than 2,000 combined responses to the field review and a substantial amount of qualitative responses. Themes that emerged in the qualitative data were similar across accreditation programs, such as the need for additional financial resources for implementation and a viewpoint that the revised standard infringes on an individual's right to choose. The results of the field review indicated the following:

- The majority of respondents for all programs except home care indicated that their organizations have offered influenza vaccination to staff and licensed independent practitioners for five years or more, whereas only 43 percent of home care providers reported that length of experience with vaccinations.
- Survey respondents had mixed responses as to whether or not the benefit of complying with the proposed revisions to the influenza vaccination standard would outweigh the resources required of their organization.
- Several organizations responded to the field review with formal letters detailing their responses including: American College of Emergency Physicians (ACEP); American Nurses Association (ANA); Association for Professionals in Infection Control and Epidemiology (APIC); Infectious Diseases Society of America (IDSA); Hospital Corporation of America (HCA); Trust for America's Health. All of these organizations supported The Joint Commission's overall goal to strengthen standard IC.02.04.01. However, APIC and IDSA encouraged The Joint Commission to consider strengthening the proposed standard with additional requirements, including mandating the influenza vaccination.

The results of the field review were reviewed with the Professional and Technical Advisory Councils for all accreditation programs from July 5, 2011 through July 15, 2011. Overall, there was support for proposed standard IC.02.04.01 from the PTACs.

Outstanding issue regarding the influenza vaccination rate and contracted health care personnel

The Joint Commission recommends that organizations use the NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL measure for meeting the intent of Standard IC.02.04.01, EP 6. However, The Joint Commission has raised a concern about the measure with the CDC and NQF, since it does not include all contracted staff in the numerator and denominator. As currently written, this measure includes contracted *licensed independent practitioners* (including physicians, advance practice nurses and physicians assistants); however, it does not include registered nurses and other health care personnel who are providing direct patient care through contracts at health care facilities throughout the country. Additionally, many health care organizations utilize other types of contracted staff, such as construction workers and food service staff. Although not providing direct patient care, these contracted staff still present a potential for transmission of the influenza virus. The Joint Commission is quite aware of the challenge health care organizations have had in obtaining the influenza vaccination status on contracted staff, particularly for those who do not provide direct patient care. Nevertheless, The Joint Commission does not support the elimination of the majority of contracted staff from the measure because of the potential for transmission of the virus in health care settings. The CDC and The Joint Commission are working together to resolve this issue. In the interim, The Joint Commission is recommending that organizations track the influenza vaccination rate for contracted staff separately.

Select bibliography

1. U.S. Department of Health & Human Services: *HHS Action Plan to Prevent Healthcare-Associated Infections: Influenza Vaccination of Healthcare Personnel.* May 2010, Washington D.C., http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html (accessed January 31, 2012)
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 2010-11. *Morbidity and Mortality Weekly Report*, August 13, 2010, 59(31):989-92, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a4.htm (accessed January 31, 2012)

3. Talbot TR, et al: Revised SHEA Position Paper: Influenza Vaccination of Healthcare Personnel. *Infection Control and Hospital Epidemiology*, October 2010, 31(10):987-95, http://www.mc.vanderbilt.edu/documents/infectioncontrol/files/2010%20Revised%20SHEA%20PP%20HCW%20Fluvax%20FINAL.pdf (accessed January 31, 2012)
4. Green LR, et al: *APIC Position Paper: Influenza Vaccinations Should be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated.* Association for Professionals in Infection Control and Epidemiology, January 27, 2011, Washington, D.C., http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF (accessed February 24, 2012)
5. Trust for America's Health: *Fighting Flu Fatigue*, November 2010, Washington, D.C., http://healthyamericans.org/assets/files/TFAH2010FluBriefFINAL.pdf (accessed January 31, 2012)
6. Ottenberg A, et al: Vaccinating Health Care Workers Against Influenza: The Ethical and Legal Rationale for a Mandate. *American Journal of Public Health,* February 2011, 101(2):212-6
7. Esolen LM, et al: An Alternate Approach to Improving Healthcare Worker Influenza Vaccination Rates. *Infection Control and Hospital Epidemiology*, July 2011, 32(7):703-05
8. Joint Commission Resources: JCR Flu Vaccination Challenge Enters Fourth Season. *Joint Commission Perspectives*, December 2011, 31(12)8
9. Cadena J, et al: Improving Influenza Vaccination of Healthcare Workers by Means of Quality Improvement Tools. *Infection Control and Hospital Epidemiology*, June 2011, 32(6):616-18
10. Kuntz JL, et al: Use of a Pandemic Preparedness Drill to Increase Rates of Influenza Vaccination Among Healthcare Workers. Infection Control and Hospital Epidemiology, February 2008, 29(2)111-15

Other resources

The Joint Commission provides a number of educational and information resources for health care professionals about influenza vaccination, including:

- HAI Portal, http://www.jointcommission.org/topics/hai_influenza.aspx
- *Influenza and Influenza Vaccination Myths and Realities*, http://www.jointcommission.org/assets/1/6/JC_influenza_myths.pdf
- *Strategies for Improving Health Care Personnel Influenza Vaccination Rates*, http://www.jointcommission.org/assets/1/18/Strategies_-__Improving_Health_Care_Personnel_Influenza_Vaccination_Rates.pdf