

Questions and Answers for Health Care Worker (HCW) Influenza Immunization Coverage Reporting by Ontario Hospitals and Long-Term Care Homes (LTCHs)

Part 1: Reporting for the 2017-2018 season

1. Are HCW influenza immunization rates to be reported by corporation or by site?

All HCW influenza immunization rates must be reported by site. For example, if a hospital is made up of multiple facilities, HCW influenza immunization rates must be reported individually for each facility.

2. What is the deadline for hospitals and LTCHs to submit their HCW influenza immunization rates to their local Medical Officer of Health (MOH)?

Hospitals and LTCHs are required to submit their HCW influenza immunization rates to their local MOH by December 15, 2017.

Public health Units (PHUs) must report facility coverage rates to the ministry by January 15, 2018.

The ministry encourages facilities to launch their immunization campaigns as soon as the vaccine is made available to ensure HCWs are immunized against influenza prior to the start of influenza season. It is anticipated that the extended reporting date will enable facilities to complete their initial campaigns and provide all HCWs with easy access to immunization through these campaigns. As well, this will assist facilities in achieving a more accurate immunization coverage rate for their facility, and prevent transmission of influenza infection to HCWs and to protect vulnerable patients/residents they provide care to.

Every year, the aggregated median provincial HCW influenza immunization coverage rates are published in the *Ontario Respiratory Pathogen Bulletin*.

3. After December 15 should we stop counting HCW influenza Immunization rates?

No, the ministry acknowledges that this date may not showcase facilities' final coverage rates. It is important to continue to monitor your facility's immunization rate throughout the influenza season. The ministry encourages all facilities to continue their immunization program beyond the December 15 deadline, in an effort to promote influenza immunization and protect vulnerable patients/residents. As well, the ministry underscores the importance for family members, visitors, and volunteers to be immunized for their own protection and to ensure patient/resident safety.

4. Is the ministry collecting resident and staff influenza immunization rates at retirement homes?

For the current influenza season, influenza immunization coverage among residents and staff of retirement homes will not be collected by the ministry. However, public health units may wish to collect this information to assist with influenza outbreak management purposes.

5. Do hospitals, LTCHs or public health units need to collect/enter age or gender information?

The HCW influenza immunization forms are different from the Vaccine Utilization Forms under the Universal Influenza Immunization Program; therefore, for the HCW influenza immunization initiative, the ministry only requires the aggregate staff immunization rate per facility and not individual demographic information.

6. Where can Master numbers be located?

The Occupational Health or Administration within each hospital and LTCH should know the facility's Master Number. These can also be found on the ministry's website at:

http://www.health.gov.on.ca/en/common/ministry/publications/reports/master_numsys/master_numsys.aspx

7. How should hospitals and LTCHs count casual and/or part-time staff?

The ministry acknowledges that casual and part-time staffs are difficult to count, but we do recommend that staff who are working in the facility during the influenza season are accounted for. If the facility has casual or part-time staffs that do not work during the influenza season (November to April), they do not need to be counted in either the numerator or denominator.

8. Should hospitals and LTCHs count staff on long-term leave?

No, employees on long-term leave (e.g. parental or disability) should not be counted in either the numerator or denominator.

9. How do we count staff that work in multiple sites?

The ministry recommends that staff who work in multiple sites be counted in each facility.

10. How do we count staff that work in satellite sites?

Staffs who work in satellite sites should be included in the count that matches the Master Number for that facility.

11. What does the ministry consider as proof of immunization?

Although the ministry recommends that proof of immunization is documented, hospitals and LTCH are encouraged to develop a standard template to document receipt. This may include:

- A physician or pharmacist signed acknowledgement of immunization receipt;
- A copy of the pharmacy receipt for influenza immunization;
- Staff self-reporting influenza immunization, noting date and location of immunization;
- Documented through Occupational Health records from on-site influenza immunization clinics.

12. What is considered a medical exemption and how should they be documented?

Influenza vaccine should not be given to people who have had anaphylactic reaction to a previous dose or to any of the vaccine components, with the exception of egg allergy. Note: According to the National Advisory Committee on Immunization, most egg-allergic individuals can safely receive the influenza vaccine

as long as proper risk assessment is completed. The Statement on Seasonal Influenza Vaccine for 2015-2016 can be found at: <http://www.phac-aspc.gc.ca/naci-ccni/flu-2016-grippe-eng.php>

We recommend that institutions have documented proof, e.g. a self-declaration on record.

13. Which HCW II staff categories are mandatory to report for the 2017/2018 influenza season?

For the 2017/2018 influenza season, it is mandatory for hospitals and LTCHs to report the following staff categories:

1. Employees (on payroll)
2. Licensed independent practitioners
3. Volunteers
4. Other contract staff

The following staff category is optional to report for the 2017/2018 influenza season:

5. Adult students/trainees

Note: Descriptions for each category are provided below in Part 2.

14. How have hospitals and LTCHs counted the number of staff in each mandatory reporting category?

The ministry has been notified of several different ways both hospitals and LTCHs have counted staff within their respective categories. These include but are not limited to the following:

- On proof of immunization forms, information such as employees name, badge number, job title, department of employment and the reporting manager are collected. The Occupational Health unit then stratifies by staff category.
- On proof of immunization forms, staffs self-select which employee category definition they meet and are then counted as such.
- To count students and volunteers, they must offer proof of influenza immunization as soon as the vaccine is readily available. If they are unable to provide proof, an onsite occupational health and safety nurse is available to offer an onsite vaccination.
- To count volunteers, they sign in using a different form than that used by staff, and these numbers are counted by the infection control coordinator. Any volunteers getting their flu shot outside of the facility's own clinics are asked to provide proof.
- To count contractors, they are asked to sign in using the same sign-in form as staff. The infection control coordinator follows up with all contractors personally so any contractors getting their shot at other sites provide the coordinator with proof.
- Information on all of the professional staff and volunteers is located on the client side of their records management system, separate from all other staff. This allows for reports to be pulled for the groups separately and filter by the professional category.

Part 2: Calculating Rates- Who should be counted?

Calculating accurate HCW influenza immunization rates is challenging for most health care facilities. Determining who to include in the calculation could be complicated when considering the different staff categories (staff on payroll, licensed independent practitioners with privileges not on payroll, student trainees, volunteers or contract staff).

The ministry along with the Public Health Agency of Canada and /CIHR Influenza Research Network (PCIRN) and the Canadian Healthcare Influenza Immunization Network (CHIIN) is committed to supporting hospitals and LTCHs in providing accurate information on HCW influenza immunization rates. The CHIIN's new guide *Successful Influenza Immunization Programs for Healthcare Personnel* provides details on calculating coverage rates.

The ministry has also included HCW categories and definitions from the Centers for Disease Control (CDC) and Prevention, *The National Healthcare Safety Network (NHSN) Manual, Healthcare Personnel Vaccination Module: Influenza Vaccination Summary, 2012*, to support hospitals and LTCHs in achieving accurate and consistent coverage rates that are comparable across the province. Going forward, the ministry will be using categories recommended by CHIIN and CDC and require Ontario hospitals that have multiple sites to report HCW influenza immunization coverage rates per site rather than corporation.

For the purpose of reporting, staff refers to employees (permanent/temporary or full-time/part-time) on payroll, licensed independent practitioners, volunteers, contract workers, and adult students/trainees.

15. Who should be counted in the Denominator?

It is important for the denominator count to be consistent across the province. All staff that are on payroll, have privileges, or are otherwise registered in or assigned to your facility as of November 1, 2016, regardless of clinical responsibility or patient/resident contact, should be counted in the denominator (Row A).

The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories. It is critical that the numerator and denominator are based on the same population. Therefore whoever is counted in the numerator must be counted in your total staff population in the denominator.

The denominator value used to calculate your facility's rate is equal to the total sum of Row A minus the total sum of row C.

Notes

- November 1 is a reference point to determine population of staff at your facility. An alternate point in time may be chosen by your facility, e.g. a day in October or November.
- The denominator (row A) should not include staff on long-term leave (e.g. maternity, paternity, disability). Be sure to remove staff on long-term leave from your denominator count (Row A) and do not include them in your numerator counts (Row B, Row C or Row D)
- Unimmunized staff with documented medical exemption (Row C) should be subtracted from the number of healthcare staff (Row A) to allow for a more accurate HCW influenza immunization rate. By subtracting these staff from the denominator, staff with documented medical exemption will be removed from the influenza immunization coverage calculation.

- HCWs that are full-time/part-time and permanent/temporary or contract staff should be counted. Staff should be counted as individuals rather than full-time equivalents.
- If a staff member works in multiple healthcare organizations, or multiple sites within your corporation, all facilities should include these staff in their denominator and numerator counts.

Table 1. Definitions of staff categories for data collection and reporting of HCW influenza immunization rates.

| Category | Ontario Hospitals and Long-Term Care Homes |
|--|--|
| Employees (on payroll) | <p>This includes all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient/resident contact. This category should not include staff on long-term leave (e.g. maternity, paternity, disability). Be sure to remove them from your denominator count (Row A) and do not include them in your numerator counts (Row B, Row C or Row D).</p> |
| Licensed independent practitioners (not on payroll) | <p>This includes licensed practitioners such as physicians (MD), nurse practitioners (NP), or midwives who are affiliated with or have privileges at the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility).</p> <p>Facilities may use all licensed independent practitioners with privileges as the denominator, or may choose to count only practitioners who regularly work in the facility (e.g. excluding staff with courtesy privileges). If any type of practitioner is removed from the denominator, they cannot be included in the numerator.</p> <p>Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted under the <i>employees on payroll</i> category. Whereas licensed practitioners who do not receive a paycheck from the facility, yet are either affiliated or have privileges with the facility should be counted under <i>Licensed Independent Practitioners (not on payroll)</i> category.</p> |
| Volunteers | <p>This includes volunteers who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility).</p> |
| Other contract staff | <p>Facilities may also report on individuals who are contract personnel. Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the above-mentioned denominator categories. See appendix A for a list of contracted staff.</p> |
| Adult students/trainees | <p>This includes medical, nursing, or other health professional students, interns, medical residents, who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.</p> <p>It may be possible to count some student groups but not others. If your facility does not have reliable numbers of all types of students, it is acceptable to count specific types of students for whom you can obtain reliable counts. For example, your facility might be able to only count immunized nursing students, therefore the total student population that your facility reports would consist only of nursing students.</p> |

16. Who should be counted in the Numerator?

The numerator for this measure consists of staff in the denominator population, who during the time from when the vaccine became available:

- Received an influenza vaccination administered at the health care facility (Row B); or
- Reported that influenza vaccination was received elsewhere (Row B)

Notes

- The numerator data are mutually exclusive. In the forms provided, a category of staff in Row B can only be counted if the staff were counted in the corresponding category in Row A. In other words, **immunized staff (numerator) must be included in your staff population (denominator)**. For example, if your facility did not count the total number of volunteers in the denominator count (Row A), the number of immunized volunteers (Row B) should not be included in the numerator count.