



**FREQUENTLY ASKED QUESTIONS:
HEALTHCARE PERSONNEL INFLUENZA VACCINATION REPORT**

Overview

Q1: What is the Healthcare Personnel Influenza Vaccination Report, and why am I being asked to complete it?

A1: The Healthcare Personnel (HCP) Influenza Vaccination Report is a required report of your facility's HCP influenza vaccination rates. New York Codes, Rules and Regulations, Title 10, Section 2.59 (10 NYCRR Section 2.59) requires any healthcare facility, residential facility or agency licensed under Article 28 or Article 36 of the Public Health Law and any hospice established pursuant to Article 40 of the Public Health Law to document the number and percentage of personnel vaccinated against influenza for the current season and complete and report these data to the New York State Department of Health (the Department) upon request.

Q2: How many HCP Influenza Vaccination Reports will be due this year?

A2: There will be one longitudinal report which will open in November and close on May 1. Facilities and agencies should submit initial data in November or as soon as data is available, and then update and resubmit the report as many times as necessary up to the May 1 deadline.

Q3: Can I email/fax/call in my report instead of submitting it online?

A3: No. Only reports submitted through the Health Electronic Response Data System (HERDS) on the Health Commerce System will be accepted.

Q4: Who can I contact with questions about the HCP Influenza Vaccination Report?

A4: Questions about the HCP Influenza Vaccination Report should be directed to the New York State Department of Health Bureau of Immunization at either (518) 473 – 4437 or immunize@health.ny.gov. Technical questions about the report or on the use of HERDS should be directed to the Health Emergency Preparedness Program at (518) 408 – 5163 or hseppny@health.ny.gov.

Q5: Who can I contact for further information about 10 NYCRR Section 2.59 (the “flu face mask” regulation)?

A5: Questions about 10 NYCRR Section 2.59 should be directed to flumaskreg@health.ny.gov. Further information regarding 10 NYCRR Section 2.59, including definitions of covered facilities and HCP, is available on the Department website at www.health.ny.gov/FluMaskReg.

Q6: I already submitted my HCP Influenza Vaccination Report, but since that time additional HCP joined my facility/agency and/or submitted documentation of vaccination. Can I still change my report?

A6: You will be able to revise and resubmit your report up until the May 1 deadline.

Organizations with Multiple Facilities or Agencies

Please note: *There are different answers to the following questions depending on the facility or agency type being reported. Please read the question(s) referring to the specific facility or agency types that apply to your organization.*

Q7: Our hospital has one or more extension clinics. Can I enter a single HCP Influenza Vaccination Report for our hospital that includes extension clinic staff?

A7: Yes. Hospitals are not required to report extension clinics separately. Hospital extension clinic HCP should be included in the hospital report. Please note that you may not combine reports for any other facilities (e.g., diagnostic and treatment centers, nursing homes, hospices, or home care agencies) into your hospital report.

Q8: Our diagnostic and treatment center has one or more extension clinics. Can I enter a single HCP Influenza Vaccination Report for our diagnostic and treatment center that includes extension clinic staff?

A8: Yes. Diagnostic and treatment centers are not required to report extension clinics separately. Diagnostic and treatment center extension clinic HCP should be included in the diagnostic and treatment center report. Please note that you may not combine reports for any other facilities (e.g., hospitals, nursing homes, hospices, or home care agencies) into your diagnostic and treatment center report.

Q9: Our long term care facility has both a nursing home and an adult day healthcare program (ADHCP). Can I enter a single combined HCP Influenza Vaccination Report since many of our HCP work at both the nursing home and the ADHCP?

A9: No. Nursing homes and ADHCPs must be reported separately, even if they have the same Permanent Facility Identifier (PFI). In order to ensure accurate calculations of nursing home HCP influenza vaccination rates for the Nursing Home Quality Pool, nursing homes must report their rates separately from their ADHCPs. If a HCP works in or is affiliated with both agencies, then this individual must be counted in both reports.

Compliance with the reporting requirement is monitored by report submission. Therefore, any nursing home that submits a combined report under its ADHCP contrary to these instructions, and leaves its nursing home report blank, will lose 5 points toward timely submission of the report in the Nursing Home Quality Pool, and any ADHCP that leaves its report blank will be out of compliance with the reporting requirement. See question 39 for more information on the Nursing Home Quality Pool.

Q10: Our organization contains more than one facility in a combination other than the ones noted above (e.g., a hospital and a nursing home, or a Certified Home Health Agency [CHHA] and a LHCSA). Can I enter a single combined HCP Influenza Vaccination Report for our organization as a whole since many of our HCP work at multiple facilities within our organization?

A10: No. Each separate facility or agency must submit an individual report under its own PFI. In order to ensure accurate representations of the HCP influenza vaccination rates at each individual facility and agency, reports from facilities or agencies with different PFIs cannot be combined into a single report. If a HCP works in or is affiliated with more than one facility or agency, then this individual must be counted in the total number of HCP for each facility or agency where he or she works.

Compliance with the reporting requirement is monitored by report submission. Therefore, any facility or agency that combines its data with another facility or agency's

report contrary to these instructions and leaves its own report blank will be out of compliance with the reporting requirements.

Q11: Why do I see two facilities listed under the same name and PFI? Is that an error? Can I ignore one or remove it from the report?

A11: Some long term care facilities have both a nursing home and an ADHCP under a single PFI. As described in question 9 above, both the nursing home and the ADHCP must submit separate reports, even if they have the same PFI. Therefore, both the nursing home and the ADHCP will appear in your “Organization” dropdown menu, with similar or identical names and the same PFI. The name of the ADHCP is generally listed in ALL CAPS and the name of the nursing home is generally listed with only the first letter of each word capitalized, e.g.:

SAMPLE RESIDENTIAL CARE FACILITY (9999)
Sample Residential Care Facility (9999)

If you still have a question as to which report corresponds to which facility, select one of the reports. Scroll up to the top of the page after the report loads. You will then see a box that says “Facility: Nursing Home (adhcp)” for ADHCPs or “Facility: Nursing Home (pfi)” for nursing homes.

Compliance with the reporting requirement is monitored by report submission. Therefore, any nursing home that submits a combined report under its ADHCP contrary to these instructions and leaves its nursing home report blank will lose 5 points toward timely submission of the report in the Nursing Home Quality Pool, and any ADHCP that leaves its report blank will be out of compliance with the reporting requirement. See question 40 for more information on the Nursing Home Quality Pool.

Q12: Where is the report for my extension clinic(s)?

A12: Extension clinics are not required to report separately. All extension clinic HCP should be included in the hospital or diagnostic and treatment center report, as discussed in questions 7 and 8 above.

Q13: One or more of my facilities or agencies are missing from the “Organization” dropdown menu, and they are not extension clinics. Can I submit a combined report under the facilities or agencies that are listed?

A13: If any facilities or agencies are missing from your view, then you most likely have not been assigned a “HERDS Data Reporter” role for that facility or agency. Please see question 19 below for more information on how to obtain a “HERDS Data Reporter” role in order to enter the report for that facility or agency. If the missing facility or agency is covered under the flu mask regulation and is not an extension clinic, then you must report it separately and you cannot submit a single, combined report under another facility or agency’s report.

Local Health Departments

Q14: Are local health departments required to submit this report?

A14: Only those local health department programs that are licensed pursuant Article 28, Article 36, or Article 40 of the Public Health Law are required to report.

Q15: Which staff in local health departments should be counted in the report?

A15: Only those local health department staff who carry out Article 28, 36 or 40 program functions or who encounter patients seeking those program services need to be reported.

Q16: My local health department has more than one Article 28, 36, or 40 program (e.g. a CHHA and a Diagnostic and Treatment Center). Can I enter a single combined report for our local health department as a whole?

A16: No. The separate programs must each submit an individual report under their own PFI, as discussed in question 10 above.

Accessing the Report on the Health Electronic Response Data System (HERDS)

Q17: How do I get a Health Commerce System (HCS) account?

A17: There is a fast, paperless registration process for Health Commerce System accounts. You can register for an account at <https://apps.health.ny.gov/pub/usertop.html>.

Q18: How can I access the report on HERDS?

A18: (1) Log onto the HCS at <https://commerce.health.state.ny.us>.
(2) Click **"My Content"** from the top right of the screen.
(3) Select **"All Applications"**.
(4) Select **H** to locate **HERDS for Hospitals (Health Electronic Response Data System)**.
(5) Click the green plus sign located to the right of the application name to add HERDS to your **My Applications** list in the left side panel of the Home screen. The next time that you log onto HCS, you will see a link to **HERDS** in your **My Applications** list.
(6) Click **HERDS for Hospitals** to open the HERDS application.
(7) Click the **Data Entry** tab in HERDS.
(8) Select the **Healthcare Personnel Influenza Vaccination Report** from the **Activity** drop-down menu to begin the report.
(9) If you are assigned to a single facility or agency, then the report will automatically open. If you are assigned to more than one facility or agency, then you will need to select the facility or agency for which you are reporting from the "Organization" dropdown menu.

Q19: Why can't I find my facility/agency in the "Organization" dropdown menu in HERDS?

A19: You will need to be assigned the role "HERDS Data Reporter" within the HCS in order to access the report. Your organization's HCS Coordinator can assign the role "HERDS Data Reporter". To locate your organization's HCS Coordinator:

- (1) Log in to the HCS at <https://commerce.health.state.ny.us/>.
- (2) Click "My Content" at the top right of the page.
- (3) Click "Look up my Coordinators".

Q20: Why am I getting error messages in my report?

A20: There are 3 error messages in the report.

- (1) **"Is a required field"**: This error message means that you skipped a question. All questions in the report are required; if the answer is zero then you must enter the number zero (0) rather than leave it blank.

- (2) **“Is a numeric field”**: This error message means that you typed a word or letter in a field that can only accept numbers.
- (3) **“Error: Enter the TOTAL number of [Employees / Licensed Independent Practitioners / Students, Trainees and Volunteers / Contract Personnel] that worked at this facility between October 1 and March 31 MUST BE EQUAL TO ...”**: Your answers to the three questions about immunization status of your HCP do not add up to the total number of HCP that you reported.
- For each of the four categories of HCP, your answers to questions a through c must add up to the total HCP for that category (for example, $5a + 5b + 5c = 5$).
 - If you think you have HCP that do not fit into any of the influenza vaccination status categories, you should count them in the “c” category. The definition of the “c” category is “Indicate the total number of HCP meeting the definitions above with unknown influenza vaccination status, or who did not meet the criteria for questions a through c above”.

Q21: Help! I filled out my report but one of my answers disappeared!

A21: The most likely explanation is your answers to questions a through d for one of the categories of HCP did not add up to the total HCP for that category (for example, $5a + 5b + 5c \neq 5$). When this happens, the total number of HCP blanks out. Please check your numbers and correct any error that may have occurred when you entered your data. If you continue to have trouble, please contact the Health Emergency Preparedness Program at (518) 408 – 5163 or hseppny@health.ny.gov.

Denominator (Total HCP)

Q22: How should my facility prepare to collect and report data for different denominator categories, especially licensed independent practitioners and students?

A22: Facilities/agencies may involve various departments, medical schools, and credentialing offices when developing strategies to collect data, including securing access to payroll and occupational health records. Each facility or agency should also ensure that staff who will be entering data can access HERDS.

The Centers for Disease Control and Prevention (CDC) has compiled a summary of methods and strategies used by selected hospitals to collect HCP influenza vaccination data. This document is available online at <http://www.cdc.gov/nhsn/PDFs/HPS/General-Strategies-HCP-Groups.pdf>.

Q23: Do I need to report HCP that were not employed by or affiliated with my facility/agency between October 1 and March 31?

A23: No, they would not be covered by this report.

Q24: Do I need to report HCP that were not physically present in my facility or did not have patient contact between October 1 and March 31?

A24: No, they would not be covered by this report. **Please note:** Only personnel covered under the Flu Mask Regulation should be counted in this report. A detailed Frequently Asked Questions (FAQ) document describing which personnel are covered under the regulation is available at www.health.ny.gov/FluMaskReg.

Q25: Do I need to report HCP who worked for my facility/agency for only a few days between October 1 and March 31?

A25: Yes. All HCP who worked at the facility/agency for any amount of time should be counted in this report. This includes HCP who worked part-time, joined after October 1, left before March 31, or who were on extended leave during part of that period.

Q26: Many of our HCP also work at another facility/agency in town. Must they be reported by every facility or agency at which they work?

A26: Yes. This report describes the HCP influenza vaccination rates at each individual facility and agency, so facilities and agencies must count all covered HCP in their reports.

Q27: Should physician fellows and residents be included?

A27: Yes. Physician fellows and residents and interns that are on the facility's payroll are categorized as employees. Physician fellows that are not paid directly by the facility are categorized as licensed independent practitioners. Residents and interns that are not on the facility's payroll are categorized as students/trainees.

Q28: When are physicians, nurses, and physician assistants counted as "employees" and when are they counted as "licensed independent practitioners"?

A28: An "employee" is anyone on the payroll and receiving a paycheck from the facility or agency. The remaining physicians, advanced practice nurses, and physician assistants affiliated with the facility should be counted in the "licensed independent practitioners" category.

Q29: What is the difference between "licensed independent practitioners" and "contract personnel"?

A29: Physicians (M.D., D.O.), advanced practice nurses, and physician assistants who are affiliated with the healthcare facility or agency but are not directly employed by it (i.e., do not receive a paycheck from the facility) should be classified as "licensed independent practitioners". Any other personnel providing care, treatment, or services through a contract with the agency or at the facility through a contract should be classified as "contract personnel".

Numerator (HCP Influenza Vaccination Status)

Q30: If a HCP was vaccinated in August, should he or she be counted as vaccinated?

A30: Yes. Any HCP that received influenza vaccine after July 1 should be counted as vaccinated, since influenza vaccine for a given year may be available as early as July or August. The October 1 through March 31 time period applies to the time of employment or affiliation with the healthcare facility, not to the time of vaccination.

Q31: If a HCP was vaccinated in June, should he or she be counted as vaccinated?

A31: No. Any influenza vaccine that was administered prior to July 1 was last season's influenza vaccine and therefore does not count as being vaccinated after July 1.

Q32: In which category should HCP who were vaccinated off-site (e.g., at their primary care provider's office, a health department, or pharmacy) be counted?

A32: HCP who submit written documentation of vaccination off-site should be counted in the "HCP who received an influenza vaccination" category.

HCP who verbally indicate that they received an influenza vaccine off-site, but who cannot provide written documentation of the vaccination, should be counted in the "unknown vaccination status" category.

Q33: How should facilities document the vaccination status of HCP who report that they were vaccinated off-site?

A33: Acceptable forms of documentation include a signed statement or form, New York State Immunization Information System (NYSIIS) or Citywide Immunization Registry (CIR) record, or a note, receipt, vaccination card, etc., from the outside vaccinating entity identifying the individual that was vaccinated, the vaccine administered, and the date of vaccination. Self-attestation is not acceptable documentation of vaccination under the flu mask regulation.

Q34: Is there a standard form for documenting off-site vaccination?

A34: There is no single standard form for this purpose. Acceptable forms and cards for documenting off-site vaccination include, but are not limited to:

- Use of NYSIIS outside of New York City (NYC), or the CIR within NYC, is strongly encouraged; further information on NYSIIS available at http://www.health.ny.gov/prevention/immunization/information_system/ and further information on the CIR is available at www.nyc.gov/health/cir.
- The Department Adult Immunization Record Card, available for ordering at http://www.health.ny.gov/forms/order_forms/influenza_and_pneumococcal_prevention_campaign_materials.pdf
- The Department Influenza and Pneumococcal Consent Form, available for ordering at http://www.health.ny.gov/forms/order_forms/influenza_and_pneumococcal_prevention_campaign_materials.pdf
- Notification of Vaccination Letter, available at <http://www.immunize.org/catg.d/p3060.pdf>

Q35: How should a HCP that has a religious objection to vaccination be categorized?

A35: This HCP should be counted in the “declined influenza vaccination” category.

Q36: How should I categorize a HCP who reported a contraindication or precaution to influenza vaccination?

A36: This HCP should be counted in the “declined influenza vaccination” category.

Q37: I have HCP that don’t fit into any of the categories for influenza vaccination status [categories a through c]. How should I categorize them?

A37: They should be categorized as “unknown influenza vaccination status”. This category includes HCP that do not meet the definitions for the other 2 categories of influenza vaccination status.

The Department and Centers for Medicare & Medicaid Services (CMS) Reports (only applies to hospitals)

Q38: Do hospitals need to submit HCP influenza vaccination data to both CMS and the Department?

A38: No. Beginning with the 2017-2018 influenza season, hospitals may comply with NYS HCP influenza vaccination reporting requirements either by submitting the CMS Healthcare Personnel Influenza Vaccination Summary via the National Healthcare Safety Network (NHSN) or by submitting the HERDS HCP Influenza Vaccination Report. Annual submission of the NHSN Healthcare Personnel Influenza Vaccination Summary will

satisfy NYS hospital HCP influenza vaccination reporting requirements, and no additional reporting will be required. However, hospitals that do not submit the Healthcare Personnel Influenza Vaccination Summary to the NHSN will be required to submit the HERDS HCP Influenza Vaccination Report. Further information on the CMS Healthcare Personnel Influenza Vaccination Summary is available at <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>.

The Nursing Home Quality Initiative (only applies to nursing homes)

Q39: How will the HCP Influenza Vaccination Report impact the Nursing Home Quality Initiative payments?

A39: Please note: The Nursing Home Quality Initiative only applies to eligible nursing homes. Other facilities and agencies are not included in the Nursing Home Quality Initiative. For more information on eligible nursing homes, contact NHQP@health.ny.gov.

The HCP Influenza Vaccination Report will impact the Nursing Home Quality Initiative in two metrics. The first is the compliance measure of timely submission of the HCP Influenza Vaccination Report (i.e., by the deadline for reporting). Timely submission of the report will result in 5 points. The second measure is the quality measure of rate of employee flu vaccination which will be calculated using the data reported in the HCP Influenza Vaccination Report.