

## Operational Guidance for Inpatient Rehabilitation Facilities to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC’s National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS’s Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) Requirements

The Centers for Medicare & Medicaid Services (CMS) published a final rule in the *Federal Register* on August 6, 2013 that included healthcare personnel (HCP) influenza vaccination summary reporting from inpatient rehabilitation facilities (IRFs) via the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN) in the CMS IRF Quality Reporting Program (QRP) requirements beginning with the 2014-2015 influenza season.<sup>1</sup> More specifically, the rule announced a requirement for IRFs to report HCP influenza vaccination summary data beginning on October 1, 2014. Beginning with the 2014-2015 influenza season, IRFs must submit data for the entire influenza vaccination season (October 1 through March 31) to NHSN.

CMS additionally published an IPPS/Long-Term Care Hospital PPS (LTCH PPS) final rule effective on October 1, 2019 requiring that IPPS-excluded hospitals are no longer precluded from having an excluded psychiatric and/or rehabilitation unit as long as the excluded unit is not of the same type as the excluded hospital.<sup>2</sup> Therefore, reporting requirements for HCP influenza vaccination summary data are now extended to IRF units outside of acute care hospitals – specifically, to IRF units located within long-term acute care hospitals (LTACHs) or freestanding inpatient psychiatric facilities (IPFs). Beginning with the 2020-2021 influenza season, IRF units located within LTACHs and IPFs must submit data for the entire influenza vaccination season (October 1 through March 31) to NHSN.

This operational guidance provides additional information about reporting HCP influenza vaccination summary data to NHSN as part of the IRF QRP. The requirements for HCP influenza vaccination reporting to NHSN for this CMS program do not preempt or supersede any state mandates for HCP influenza vaccination reporting to NHSN (i.e., IRFs in states with a HCP influenza vaccination reporting mandate must also abide by their state’s requirements, even if they are more extensive than the requirements for this CMS program). IRFs located as patient care units within an acute care or critical access hospital and free-standing IRFs are still required to report HCP influenza vaccination summary data.

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NHSN guidance and definitions for reporting HCP influenza vaccination summary data can be found in the NHSN Influenza Vaccination Summary Protocol: [NHSN HPS Flu Vaccine Protocol 2022 \(cdc.gov\)](https://www.cdc.gov/nhsn/datacollection/influenza_vaccine_protocol_2022.html). The NHSN protocol provides guidance for IRFs to report HCP influenza vaccination summary data from October 1 (or when the vaccine became available) through March 31, which includes all influenza vaccinations administered during the influenza season at the facility or elsewhere, influenza vaccine declinations, and determinations of a medical contraindication to influenza vaccination. Users must also report associated denominator data for HCP physically working in the IRF for at least 1 working day between October 1 through March 31 of an influenza season, regardless of clinical responsibility or patient contact. This means that free-standing IRFs should collect data on HCP physically working in the facility for at least 1 working day between October 1 through March 31 to fulfill the CMS IRF QRP requirements. In addition, IRFs located as patient care units within an acute care or critical access hospital, an LTACH, or an IPF should collect data for HCP physically working in the unit for at least 1 working day between October 1 through March 31 to fulfill the CMS IRF QRP requirements. Data should be reported separately for employees, licensed independent practitioners, and adult students/trainees and volunteers. At this time, reporting summary data for other contract personnel is optional.

In order to report HCP influenza vaccination summary data, the NHSN Healthcare Personnel Safety (HPS) Component must be activated for the facility. All data fields required for both numerator and denominator data collection must be submitted to NHSN. If the IRF is a patient care unit located within an acute care or critical access hospital, an LTACH, or an IPF, then the HCP influenza vaccination summary data must be submitted on a report form separate from the affiliated hospital. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application.

CDC/NHSN strongly encourages that HCP influenza vaccination summary counts be updated on a monthly basis and encourages healthcare facilities to update new counts within 30 days of the end of each month (e.g., all October data should be added by November 30) so it has the greatest impact on influenza vaccination activities. HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, so each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system.

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Facilities wishing to maintain monthly records should save their own copies of each data entry on their own systems. The summary report must be entered by May 15 for data to be shared with CMS. For the purposes of fulfilling CMS quality measurement reporting requirements, the summary report will only be submitted once to CMS. HCP influenza vaccination summary data submitted to NHSN by May 15 will be reported from CDC to CMS for each IRF CMS Certification Number (CCN). CDC will share all HCP influenza vaccination summary data with CMS. CDC will provide an HCP influenza vaccination percentage for each reporting IRF CCN.

<sup>1</sup> US Department of Health and Human Services. Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2014; Final Rule Federal Register 2013; 78:47905-47906. <http://www.gpo.gov/fdsys/pkg/FR-2013-08-06/pdf/2013-18770.pdf>

<sup>2</sup> US Department of Health and Human Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital for Federal Fiscal Year 2019; Final Rule Federal Register 2018; 83:41513. <https://www.govinfo.gov/content/pkg/FR-2018-08-17/pdf/2018-16766.pdf>