

FluSafe: Tool for Tracking Healthcare Worker Immunizations in IIS

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Outline

- FluSafe Overview
- Current Process
- Proposed Enhancements
- Next Steps

FluSafe Overview

What is FluSafe?

- 2012 Immunization Excellence Award (National Influenza Vaccine Summit)
- Facilities enter influenza vaccination data of employees into MIIC
- MDH calculates vaccination rate
- MDH publically recognizes facilities reaching rates of 70%, 80% and 90%



FluSafe Commitment

- In 2007, the Minnesota Department of Health (MDH) set the standard for influenza vaccination of health care personnel at 90% to improve patient safety and quality of care statewide
- In 2010, the MHA Board endorsed 100% of hospitals to voluntarily sign-onto FluSafe
- The Minnesota Medical Association (MMA) policy supports all health care workers receive vaccination
- AHA board supports mandatory flu vaccination policies

Flu Overview

- Nationally, 63.5% of HCP are vaccinated (CDC, 2011)
- Minnesota, 71% of HCP are vaccinated (self-report, 2010-2011 season)
- Influenza is a highly contagious disease that can be spread before symptoms appear
 - Results in about 150,000 hospital admissions and 24,000 deaths annually (AHA advisory, July 2011)
- Vaccination of health care professionals (HCPs) has been shown to prevent illness and death in patients, and reduce influenza infections and absenteeism among HCPs.
- CDC has recommended annual vaccination of HCPs since 1981

Vaccination Rate Improvements

- FluSafe 2010-2011:
 - 136 Participated
 - 20 Blue
 - 36 Red
 - 39 White
- FluSafe 2011-2012:
 - 197 Participated
 - 42 Blue
 - 45 Red
 - 57 White
- Of the 98 organizations that participated both years 57 either had the same or improved vaccination rates
- 13 sites had an improvement of more than 10 percentage points

Current Process

FluSafe Timeline

Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Influenza Vaccination: July 1 - March 31									
		REGISTER: Sept 1 - Dec 1, 2011							
		PHASE 1: Sept 1 - Dec 31, 2011 (List employees on spreadsheet, upload to MDH)							
		PHASE 2: Sept 1 - April 15, 2012 (Record vaccinations given between July 1 – March 31 on spreadsheet, upload to MDH)							

FluSafe Registration

(Link available on [FluSafe website](#))

- Facility name and address
 - Nursing homes and hospitals register separately
- 1st contact email and phone number
 - Usually person in charge of employee flu vaccination campaign
- 2nd contact email and phone number
 - This is the person responsible for uploading information to MIIC
- 3rd contact email and phone number
 - Administrator to be notified of major FluSafe promotions and before public recognition next year.
- MIIC Org ID
 - You use this to log into MIIC

Provider can upload a roster or create manually

Create List

Upload List or Roster

Create List Manually

Existing Lists				
List Name	Last Updated Date	Member Count	Save As	Delete
Example List 1	08/31/2012	3	Save As	Delete
Aaron test2	08/31/2012	5	Save As	Delete
MIKE TEST 7	08/30/2012	3150	Save As	Delete
HRZCP 08022012	08/02/2012	3150	Save As	Delete
Mike Test 6	07/26/2012	2	Save As	Delete
Null first name	07/25/2012	1	Save As	Delete
Mike 5	07/25/2012	2	Save As	Delete

MIIC Flu Spreadsheet *Template*

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	MIIC Flu Spreadsheet			Facility:				Vaccine	CPT		Manufacturer	Code	
2	For assistance contact your MIIC regional coordinator:			Type:				intradermal p-free	90654		GlaxoSmithKline	SKB	
3	www.health.state.mn.us/divs/idepc/immunize/registry/map.html			ORG Code:				p-free 6-35 mos	90655		Novartis	NOV	
4				Contact:				p-free >= 3 yrs	90656		Sanofi	PMC	
5				E-mail:				6-35 mos	90657		MedImmune	MED	
6								>= 3 yrs	90658		CSL	CSL	
7								Nasal	90660				
8								high-dose >=65 yrs	90662				
9													
10	Last name	First name	Middle name	Birth date	City	State	Zip Code	Vacc date	CPT	Lot	Manufacturer code	Given Elsewhere?	

Flu Spreadsheet

Template & Data Requirements

Data captured and reported

- **Client Information**
 - Fields in Bold are “Required” and essential for clients to be recognised/loaded into MIIC
 - Completion of all fields is recommended to prevent duplicate clients in MIIC
- **Vaccination**
 - Fields in Bold are “Required” and essential for vaccination to be loaded into MIIC
 - Lot number and manufacturer code improve MIIC data quality and can be used in the event of a vaccine recall

Reporting Facility	Client Information	Vaccination Information
Facility Reporting	Last Name	Vaccination Date [mm/dd/yyyy]
Facility Type	First Name	Vaccine CPT code
MIIC Organization Code	Middle Name	Lot Number
Facility Contact Name	Birth Date [mm/dd/yyyy]	Manufacturer Code
E-mail	City of Residence	Given Elsewhere
	State { <i>Abbreviation (e.g. MN)</i> }	
	Zip Code	

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Rate Calculation

$$\frac{\text{Employees vaccinated at facility} + \text{Employees vaccinated elsewhere}}{\text{Total Number of Employees}}$$

- For purposes of FluSafe, employees include all paid personnel in a health care setting including licensed independent practitioners.



Sample FluSafe Detailed Report:



Minnesota Immunization Information Connection

08/17/2011

Flu Safe Report

MIIC

625 Robert St N, St Paul, MN 55164-

Date Range: 7/1/2010 - 08/17/2011

Total on List

4

Total Flu Shots

3

Percent of Staff Vaccinated

75%

Name

BROWN, HANNAH

EMERSON, EMILY

STAUFFER, CLAUDIA

STAUFFER, GAVIN

Vaccination Date

09/27/2010

03/22/2011

03/22/2011



Phase 1 Enhancements

1. New MIIC Menu Items

- Template Download
- Spreadsheet Upload

2. List Area Enhancements

- Save an existing list with new name
- FluSafe report changes

PROPOSED ENHANCEMENTS

Phase 2 Proposed Enhancements

- MIIC processing spreadsheet
 - People
 - People and shots
 - People and comments
 - People and shots and comments
- Feedback to the user
 - Complete with status
 - Error with response messages
 - Create or add to existing list

Phase 2 Proposed Enhancements

- Additional reports
 - Other vaccines
 - Medical exemptions
 - Year-to-year reports
- Update list interface
 - Look and feel
 - Manage list members easier
 - Reports easier to run

NEXT STEPS

Next Steps

- Evaluate and implement P2 enhancements
- Expand Site types
- Expand Vaccine types
- CMS requirement considerations

Questions?

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