

February 10, 2006

Linda Slepicka
Division of Standards and Survey Methods
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Re: JCAHO Proposed Standard for Immunization of Staff, Students, Volunteers and Licensed Independent Practitioners against Influenza

Dear Ms. Slepicka:

On behalf of the American Hospital Association's (AHA) 4,800 member hospitals, health care systems, and other health care organizations, and our 33,000 individual members, we appreciate this opportunity to comment on the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) proposed standard on immunization of staff, students, volunteers and licensed independent practitioners against influenza. We applaud the JCAHO for prioritizing influenza vaccination in hospitals and health care facilities and strongly support the JCAHO's intent to reduce the risk of influenza infection and transmission. Increasing immunization will protect health care workers, their patients and communities; improve prevention of influenza-associated disease and patient safety; and reduce disease burden.

GENERAL COMMENTS

The AHA urges the JCAHO to keep two key principles in mind when finalizing the influenza immunization standard: that the standard should be consistent with existing guidance and requirements from the Centers for Disease Control and Prevention (CDC), which develops national evidence-based infection control standards; and the standard should allow hospitals to do what they can to maximize the number of workers immunized against influenza. These two principles are reflected throughout the AHA's specific comments.

Most hospitals already offer influenza immunization at no cost to their employees and medical staffs. In a recent AHA survey of all hospitals about this year's influenza vaccination season, 99 percent of respondents said they offered influenza immunization to their employees; of these, 98



percent offered it at no cost. Similarly, 90 percent of responding hospitals offered immunization to their medical staffs; of those providing immunization, 97 percent did so at no cost.

The survey did not specifically address immunization of students and volunteers. However, based on feedback from hospitals about the proposed JCAHO standard, it is clear that many hospitals offer influenza immunization to volunteers at no cost. Immunization of students appears less consistent. Hospitals and health systems contract with many different types of professional schools, which adds considerable volume and complexity to hospital immunization programs. As a result, some hospitals defer to the students' schools for immunization; others simply require that students provide proof of immunization prior to working in the hospital. These arrangements are effective for students, hospitals and, most importantly, patients. They should not be disrupted, and should be recognized as compliant under the JCAHO standard.

The AHA strongly believes that hospitals should not be held accountable for maintaining influenza immunization records of caregivers whose immunizations take place outside of the hospital's own program. Such a request would be costly, burdensome and inefficient. We recommend limiting the maintenance of records requirements to immunizations provided through the hospital's program.

Finally, given ongoing problems in the timely and adequate supply of vaccine to hospitals, the AHA is concerned about hospitals' ability to comply with a JCAHO influenza immunization standard. Vaccine shortages and delays in distribution have been the rule rather than the exception in recent years. As a result, hospitals with comprehensive immunization programs have been forced to make difficult decisions regarding which workers and patients to immunize. Because the influenza vaccine supply chain is a private sector interest, there is no guarantee that hospitals will be given priority for vaccine delivery in the event of future shortages or delays. Therefore, the JCAHO must explicitly provide its surveyors with enforcement discretion during influenza seasons in which hospitals have taken appropriate efforts to obtain vaccine, but have not received an adequate supply.

SPECIFIC COMMENTS

Rationale:

Strike the last sentence in the paragraph, which refers to unpublished data regarding the percent of staff and licensed independent practitioners who are immunized against influenza. The JCAHO should not cite unpublished data in a standard, nor should the standard reference 2003 data that will become outdated and cease to be an accurate assessment of the percentage of health care workers who receive annual vaccinations.

Add a sentence at the end of the paragraph stating: "The Centers for Disease Control and Prevention (CDC), which publishes annual recommendations from the Advisory Committee on Immunization Practices describing the use of influenza vaccine, has long recommended annual influenza vaccination for all health care workers." This would clarify that the JCAHO standard is consistent with CDC recommendations.

Elements of Performance 1 and 2:

Strike elements 1 and 2. This would ensure that the JCAHO standard is consistent with the CDC's recommendations, which have long maintained that all health care workers should be immunized against influenza. Hospitals have told us that defining a subset of individuals within the facility who work "with or near" high-risk individuals, as recommended in the proposed standard, would be more complex than simply offering immunization to all hospital workers. Therefore, we recommend hospitals offer vaccination to all persons who work in the facility.

Element of Performance 4:

Revise this element to read: "... provides access to influenza immunization at the worksite and at no cost, to ~~these~~ staff, students, volunteers and licensed independent practitioners *eligible to receive influenza immunization (as recommended by the CDC)*." This would ensure that the JCAHO standard is consistent with CDC recommendations, even if these recommendations change over time.

Add a sub-element that reads: "The organization may exclude students from its vaccination program if it documents that the students' affiliated school already offers influenza immunization to its students, or if the organization otherwise requires students to have documentation of immunization prior to working in the organization." This avoids wasting large amounts of vaccine to cover students who are, in fact, already covered elsewhere.

Element of Performance 5:

Revise this element to read: "... educates ~~these~~ staff, students, volunteers and licensed independent practitioners about..."

Furthermore, with regard to the requirement for influenza and vaccination education, the AHA recommends that, beyond providing the required influenza Vaccine Information Statement (VIS) materials, hospitals be given wide latitude regarding the type, level and route of education provided to staff, students, volunteers and licensed independent practitioners. In addition to the VIS, some hospitals provide staff with written materials prepared by the hospital itself. Others defer to supplemental materials published by the CDC or their local or state health departments. Still others prefer delivering educational materials via in-service or Web-based training. All of these methods should be permitted.

Element of Performance 6:

This element should be revised to state: "... maintains records *in accordance with Vaccine Information Statement (VIS) use requirements* for staff, students, volunteers and licensed independent practitioners who have received vaccination *through the organization's influenza immunization program*." This change does two things. First, it clarifies that the hospital is responsible for maintaining only records for those individuals vaccinated through its own program. It would be unreasonable and burdensome to expect hospitals to maintain records for persons who receive vaccination elsewhere. Second, it ensures that the maintenance of records requirement is consistent with, and does not extend beyond, existing requirements for providers who administer influenza vaccination in accordance with the National Childhood Vaccine Injury Act (42 U.S.C. 300aa-26). As published by the CDC in the Nov. 10, 2005 *Federal Register* (70

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FR 68461), the record-keeping requirements for the use of the VIS state that providers must record in the patient's permanent medical record (or in a permanent office log) information about: the edition date of the VIS; the date the VIS was provided; the person administering the vaccine; the date of administration; the vaccine manufacturer; and the lot number of the vaccine used. These requirements apply to any health care provider who administers influenza vaccine to any person starting Jan. 1, 2006.

Element of Performance 7:

Revise this element to read: "... monitors influenza vaccination rates among staff, students, volunteers and licensed independent practitioners. ~~who work with patients, clients, or residents that are at high risk for influenza.~~" This would ensure that the JCAHO standard is consistent with the CDC's guidelines.

To help hospitals improve influenza vaccination rates, the AHA strongly recommends that the JCAHO allow them to define their rates in accordance with their own specific immunization programs. That is, the JCAHO standard should allow hospitals to monitor immunization rates for staff who are *directly employed* by the hospital and eligible for the hospital's immunization program. However, hospitals should have the freedom to determine other ways to monitor levels of immunization for those not employed by the hospital. For example, the rate calculated for employees could be based on vaccine doses administered directly through the hospital's influenza vaccination program, while the rate for licensed independent practitioners or students could be calculated using a survey denoting vaccination administered anywhere. Flexibility in how a hospital monitors influenza vaccination rates allows the organization to more effectively measure progress and permits creativity in influenza immunization.

If you have questions on this comment letter, please feel free to contact me or Roslyne Schulman, AHA's senior associate director for policy development, at (202) 626-2273 or rschulman@aha.org.

Sincerely,

Rick Pollack
Executive Vice President