



***Office for
Oregon Health Policy and Research***

**Healthcare Worker Influenza
Vaccination Rates**
*Hospitals and Long-Term Care Facilities
2009-2010*

August 2011

**Oregon
Health**
Authority

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Executive Summary

Healthcare workers (HCW) can acquire and transmit influenza from patients or transmit influenza to patients and other staff. Vaccination remains the single most effective preventative measure available against influenza, and can prevent many illnesses, deaths and losses in productivity. This research brief provides HCW influenza vaccination data for Oregon hospitals and long-term skilled nursing facilities (“long-term care facilities”). This report is based on a survey, created and fielded by the Office for Oregon Health Policy and Research (OHPR). *Appendix A* includes a copy of the survey.

The definition of HCW encompasses a broad range of healthcare workers, with the goal of providing a safe environment for patients. HCW includes workers that provide direct patient care (e.g., physicians, nurses, and other healthcare professionals), as well as workers that can spread this infectious disease to patients and direct care workers (e.g., dietary, maintenance, and administrative staff). Seventy percent (42) of Oregon hospitals and 72% (97) of long-term care facilities indicated they could provide data for all or at least 90% of HCW. An analysis of data submitted for this survey indicates that one-third of HCW are not included in vaccination counts for 2009-2010.

Appendix B contains detailed facility-level information from the survey for hospitals and long-term care facilities. Vaccination rates were reported for 60 Oregon hospitals with an average rate of 62% and a range of 27% to 88%. Vaccination rates were reported for 113 long-term care facilities, with an average rate of 55%, and range of 0% to 100%. These rates were evaluated against the U.S. Department of Health and Human Services Healthy People targets. The target for 2010 is a 60% vaccination rate. For the 2009-2010 season, 67% (40) hospitals and 42% (48) long-term care facilities reported exceeding this target.

The report details methods that hospitals and long-term care facilities are using to promote, deliver, and formally educate HCW regarding influenza vaccination. Ninety-five percent (57) of hospitals and 42% (54) of long-term care facilities reported using two or more vaccine delivery methods. Eighty percent (48) of hospitals and 44% (58) of long-term care facilities reported using two or more delivery methods. Sixty-three percent (37) of hospitals and 76% (98) of long-term care facilities reported having a formal educational program.

OHPR is collecting HCW vaccination rates for the 2010-2011 flu season from hospitals and long-term care facilities and has added mandatory reporting for ambulatory surgical centers starting with the 2011-2012 season. These data will be used by the Healthcare Worker Vaccination Legislative Workgroup to promote patient safety through its annual healthcare worker vaccination program.

HEALTHCARE ACQUIRED INFECTION REPORTING PROGRAM HEALTHCARE WORKER INFLUENZA VACCINATION RATES 2009 – 2010 SEASON

Background

Influenza transmission to patients by healthcare workers (HCW) is a healthcare acquired infection (HAI), which is an infection that occurs during or after treatment for a separate medical condition. HCW can acquire and transmit influenza from patients or transmit influenza to patients and other staff.^{1,2,3} Vaccination remains the single most effective preventive measure available against influenza, and can prevent many illnesses, deaths, and losses in productivity.^{1,4} Despite this evidence, from 1989 through 2008, the influenza vaccine coverage among HCW in the U.S. was estimated to be below 50%, and a preliminary estimate for 2009 indicates a rate of 62%.^{5,6}

The Oregon state legislature passed House Bill 2524 in 2007 to create a mandatory HAI Reporting Program in an effort to raise awareness, promote transparency for healthcare consumers, and motivate hospitals and other health care facilities to prioritize prevention. HB 2524 assigned responsibility for the HAI Reporting Program to the Office for Oregon Health Policy and Research (OHPR), part of the Oregon Health Authority (OHA), and created a 16-member committee to advise OHPR on the HAI Reporting Program. This program is promulgated in ORS 442.851, Notes Following, and OARs 409-023-0000 through 409-023-3500.

This research brief focuses on reporting HCW influenza vaccination data for Oregon hospitals and long-term care skilled nursing facilities (“long-term care facilities”) during the 2009 – 2010 influenza season.

¹ Talbot TR, Bradley SF, Cosgrove SE, Reuf C, Siegel JD, Weber DJ. Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages. *Infect Control Hosp Epidemiol* 2005; 26:882-90.

² Talbot TR, Dellit TH, Hebden J, Sama D, Cuny J. Factors associated with increased healthcare worker influenza vaccination rates: results from a national survey of university hospitals and university medical centers. *Infect Control Hos Epidemiol* 2010;31: 456-62.

³ Pavia AT. Mandate to protect patients from health care-associated influenza. *CID* 2010; 50:465-67. Fiore AE, Shay DK, Broder K, Iskander JK, Uyeki TM, Mootrey G, Bresee JS, Cox, NJ. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. *MMWR Recomm Rep* 2009; 58 (RR08);1-52.

⁴ Fiore AE, Shay DK, Broder K, Iskander JK, Uyeki TM, Mootrey G, Bresee JS, Cox, NJ. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. *MMWR Recomm Rep* 2009; 58 (RR08);1-52.

⁵ Walker FJ, Singleton JA, Lu P, Wooten KG, Strikas RA. Influenza vaccination of healthcare workers in the United States, 1989-2002. *Infection Control and Hospital Epidemiology* 2006; 27:257-265.

⁶ Centers for Disease Control and Prevention. Interim results: Influenza A (H1N1) 2009 and Monovalent Seasonal Influenza Vaccination Coverage Among Health-Care Personnel—United States August 2009-January 2010. *Morbidity and Mortality Weekly Report (MMWR) Recommendations and Report* 2010; 59:357-362. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5912a1.htm> . Accessed 7/26/2011.

Methods

HCW vaccination rates were collected using a survey created by OHPR. The definition for Healthcare Personnel was obtained from the US Health and Human Services (US HHS) Action Plan to Prevent Healthcare Associated Infections: Influenza Vaccination of Healthcare Personnel.⁷

HCP refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

These recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services.

OHPR added questions to evaluate a facility's ability to collect data from all categories of staff included in this broad definition and questions from the National Healthcare Safety Network (NHSN) Facility Surveys for Influenza Programs⁸. A copy of the OHPR survey is presented in *Appendix A*.

The survey was sent to the 60 hospitals and 140 long-term care facilities in the state. The survey for hospitals was sent via email to hospital human resource directors and infection control professionals. The survey for long-term care facilities was distributed via registered mail to facility administrators. Facilities were given 30 days to complete the survey. Follow-up was conducted via phone and email to obtain a survey from each facility and to address inconsistencies reported in the surveys. OHPR received surveys from 100% of the facilities.

⁷ The US HHS Action Plan to Prevent Healthcare Associated Infections: Influenza Vaccination of Healthcare Personnel: http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html#_ftn5. (Accessed 7/26/2011.) The cited definition was adapted from Adapted from Influenza Vaccination of Health-Care Personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55(RR02):1-16.

⁸ National Healthcare Safety Network (NHSN) Pre-Season Survey on Influenza Vaccination Programs for Healthcare Personnel (OMB No. 0920-0666 Exp. Date: 09-30-2012). http://www.cdc.gov/nhsn/forms/57.211_FluVaccSurveyPRE_BLANK.pdf (Accessed 7/26/2011.) NHSN Post-Season Survey on Influenza Vaccination Programs for Healthcare Personnel (OMB No. 0920-0666 Exp. Date: 09-30-2012). http://www.cdc.gov/nhsn/forms/57.212_FluVaccSurveyPOST_BLANK.pdf

Prior to publication, the completed survey forms were sent via email to the person that signed the survey and to the facility Chief Executive Officer or Administrator for review. During the review period, 13 hospitals and 15 long-term care facilities responded, and data was corrected for four facilities.

Results

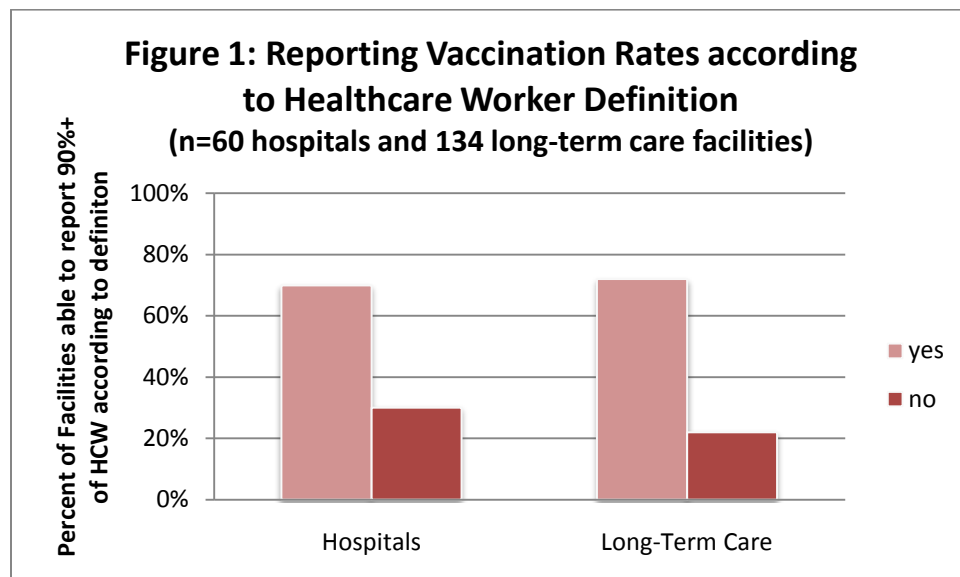
Results are provided for the three sections of the survey:

- Reporting Ability: The reported ability to provide data for all categories of staff covered in the healthcare worker definition.
- Staff Vaccination Counts: Counts of total staff, staff vaccinated, staff with documented contraindication, and staff with documented refusal.
- Promotion, Delivery, and Formal Education: Flu vaccination promotion and delivery methods and existence of formal education program(s) regarding HCW vaccination.

Appendix B contains detailed facility-level information from the survey.

Reporting Ability

The first three questions on the survey addressed the ability of the facility to collect vaccination data from a broad range of staff categories as outlined in the HCW definition. All hospitals (60) and 96% (134) of long-term care facilities provided data for this section. OHPR summarized data as “yes” for facilities that reported they were able to collect data from all or 90% of their HCW. A “no” answer means that the facility was not able to collect data according to this broad definition and it was missing data from greater than 10% of its staff.



Seventy percent (42) of hospitals indicated they could report data for all, or at least 90% of all, of the staff categories represented in the broad definition of HCW. This 70% includes 38% (23) that can report data for all staff and 32% (19) that can report data for at least 90% of staff. The most common missing staff categories are volunteers, agency/contract staff, students/trainees, and licensed independent physicians.

Seventy-two percent (97) long-term care facilities indicated that they could report data for all or at least 90% of HCW. This 72% includes 54% (72) that can report data for all staff and 18% (25) that can report at least 90% of HCW. The most common missing staff categories are volunteers, physical/occupational therapists, and physicians.

Another means to gauge a facility's ability to report vaccination data is to calculate the percentage of workers without a vaccination status (e.g., the sum of those vaccinated or with documented contraindication or refusal divided by total HCW). The undocumented vaccination rates at hospitals and long-term care facilities are 30% and 32%, respectively.

Staff Vaccination Counts

The second set of questions addressed the vaccination rate at the facility and included information on how many HCW were vaccinated, how many declined for medical contraindications, and how many refused to be vaccinated. Seasonal vaccination rates are calculated for all hospitals and 81% (113) of long-term care facilities. Of the 140 long-term care facilities, 23 did not have sufficient data to calculate a vaccination rate. In addition, four critical access hospitals combined their hospital and long-term staff data on one form, and were not able to retroactively separate the information. For this report, these data are reported under the name of the hospital, and staff at these facilities has been notified to provide data for each facility separately for subsequent data collection periods. The four hospitals that include long-term care vaccination data are Lake District Hospital, Lower Umpqua Hospital, Providence Seaside Hospital, and St. Alphonsus Medical Center – Baker City.

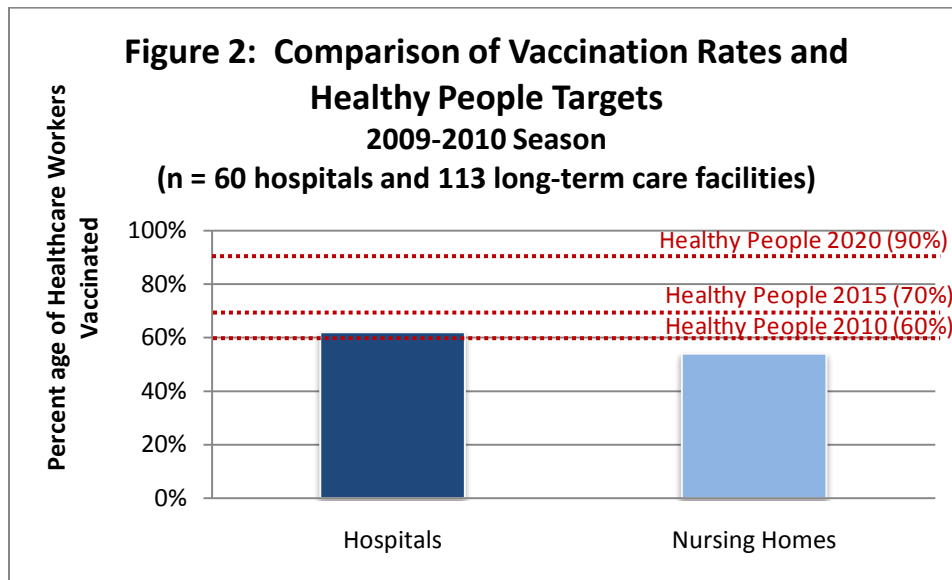
The response rate for reporting H1N1 vaccinations is lower than for seasonal vaccine, with 97% (58) for hospitals and 77% (108) for long-term care facilities. This decreased response rate may be attributable to the H1N1 vaccine shortage and the practice of facilities sending HCW to public health clinics for H1N1 vaccination.

Vaccination rates were calculated by taking the count of healthcare workers and subtracting those with medical contraindications and dividing by the sum of healthcare workers. The average seasonal vaccination rate for hospitals was 62% (range of 27% to 88%) and 55% for long-term care facilities (range of 0% to 100%). Rates for the seasonal and H1N1 vaccination rates are presented in Table 1; **Appendix B** presents vaccination rates per facility.

**Table 1:
Calculation of Influenza Vaccination Rates
2009-2010 Season**

	Count of facilities	Sum of vaccinations	Sum of HCW	Subtract medical contra-indication	Percentage vaccinated
Hospitals					
Seasonal Rate	60	44,955	73,193	476	62%
H1N1 Rate	58	42,603	72,819	390	59%
Long-Term Care Facilities					
Seasonal Rate	113	5,581	10,288	116	55%
H1N1 Rate	108	2,596	10,288	52	25%

The vaccination rates were compared to the benchmarks sets by the Healthy People program. A program of the US Department of Health and Human Services (HHS), Healthy People provides 10-year national objectives for improving the health of all Americans. The Healthy People 2010 goal for healthcare worker influenza vaccination was 60%. For 2020, the goal is 90%. Given the challenge of meeting the 2020 goal, the US HHS has convened a federal workgroup to develop strategies to increase the vaccination rate, and this workgroup has set an interim goal of 70% vaccination coverage by 2015.⁹



During the 2009-2010 season, 67% (40) hospitals reported having rates exceeding the Healthy People 2010 target, 35% (21) exceeding the 2015 target, and no hospitals reported exceeding the 2020 target. Of the 113 long-term care facilities reporting, 42%

⁹ The US HHS Action Plan to Prevent Healthcare Associated Infections: Influenza Vaccination of Healthcare Personnel: http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html#_ftn5. (Accessed 7/11/2011.)

(48) of long-term care facilities reported exceeding the 2010 target, 28% (32) the 2015 target, and 7% (8) the 2020 target.

Promotion, Delivery and Formal Education

The third set of questions addressed what activities facilities were undertaking to promote, deliver and formally educate its workers regarding influenza vaccination. All hospitals and 93% (130) long-term care facilities provided responses to this question. Figure 3 presents data on delivery methods for seasonal influenza vaccine during the 2009-2010 flu season.

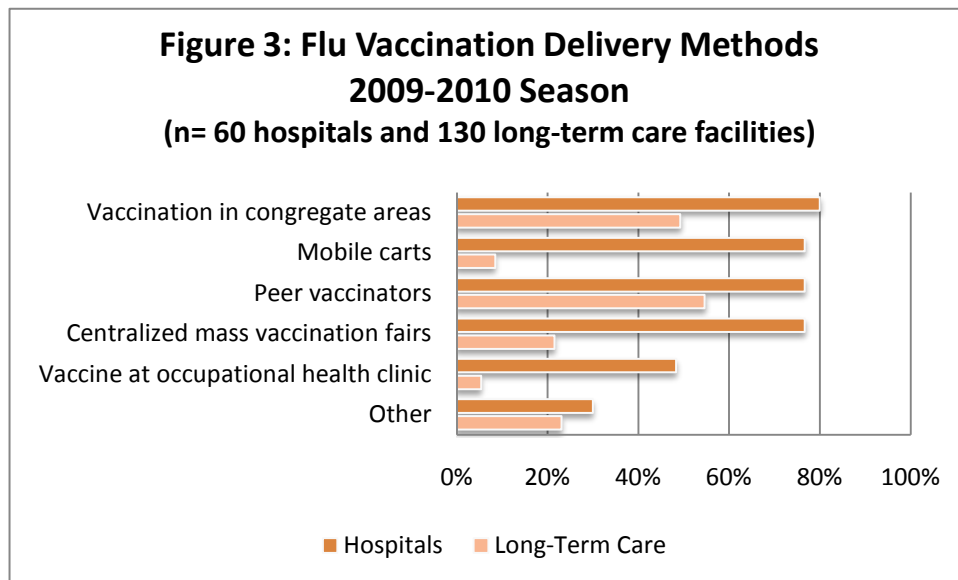


Figure 3 shows that hospitals used more delivery methods than nursing homes. Hospitals favored vaccination in congregate areas, the use of mobile carts, peer vaccinators, and vaccination fairs. Ninety-five percent (57) of hospitals reported using two or more delivery methods. Other reported delivery methods for hospitals include that the vaccine was offered at the employee health office via drop in or appointments, delivered during employee rounds/department visits, and at off-site clinic buildings.

Long-term care facilities favored using peer vaccinators and vaccination in congregate areas. Forty-two percent (54) of long-term care facilities reported using two or more methods. Other methods reported included offering the vaccine at staff meetings, by appointment, 24 hours a day, and at the nurses’ station.

Facilities also reported on activities to promote influenza vaccination (Figure 4). All hospitals and 94% (132) long-term care facilities provided responses to this question.

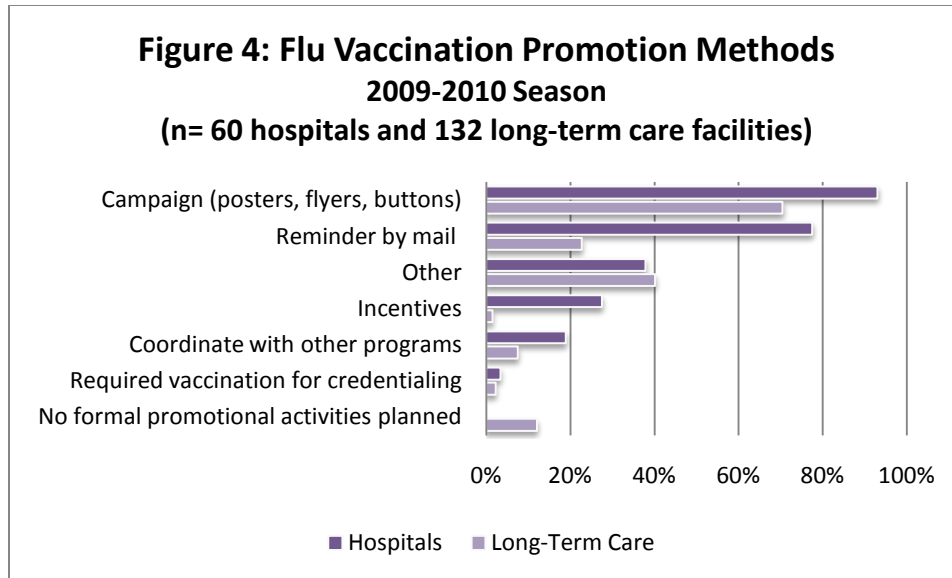
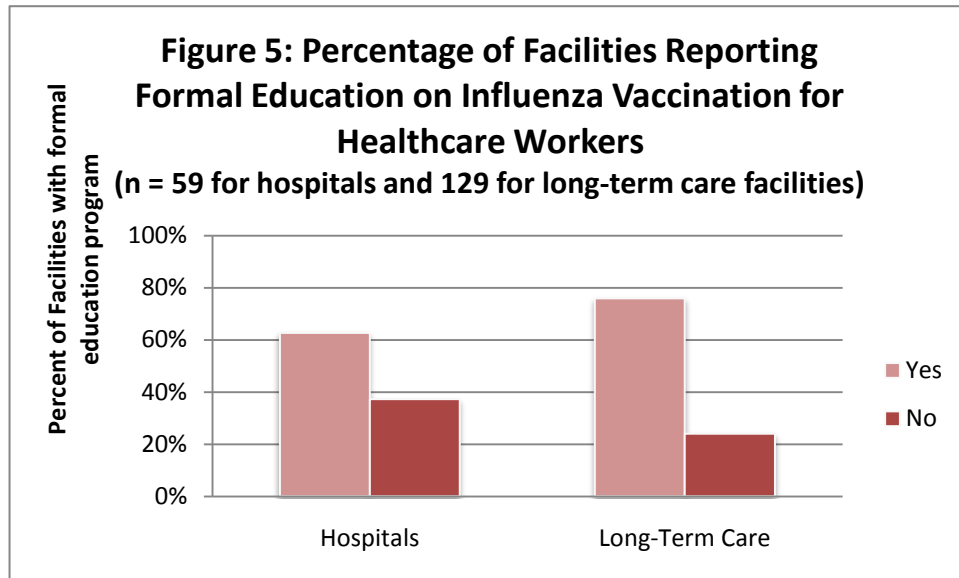


Figure 4 shows that both hospitals and long-term care facilities selected the methods of campaigns (including posters, flyers, buttons, fact sheets) and reminders by mail/email as their top two methods to promote HCW vaccination. Eighty percent (48) of hospitals reported using two or more promotion methods. Other promotion methods include newsletters, daily email briefings, “flu fighter” t-shirts, mandatory on-line education, grand rounds, informational vaccination/declination form, and one-to-one staff interaction.

Forty-four percent (58) of long-term care facilities reported using two or more promotion methods. Other promotion methods include email notices from administration, staff meetings (some with formal education sessions), educational handouts, informational inserts with paycheck, vaccine paid by the facility, and one-to-one staff interaction. Twelve percent (16) long-term care facilities reported no formal promotional activities were planned.

The final survey question asked if the facility had a formal educational program on influenza vaccination. Ninety-eight percent (59) hospitals and 92% (129) of long-term care facilities provided responses to this question. As noted in Figure 5 below, 63% (37) of hospitals and 76% (98) of long-term care facilities reported having a formal educational program.



Limitations

The data reported here are subject to three important limitations:

1. Data are self-reported by the facility.
2. Surveillance methods and resources vary across facilities, which may affect a facility's ability to report vaccination rates. Lower rates may be due to more comprehensive surveillance activities.
3. This represents the first year of data collection for this measurement set. In follow-up contact with facilities, some indicated that they were working to improve their data collection systems to be able to better report these data in subsequent years.

Future Activities

OHPR is collecting HCW vaccination rates for the 2010-2011 flu season from hospitals and long-term care facilities. The HAI Advisory Committee has drafted rules to add ambulatory surgical centers to start this reporting as of the 2011-2012 seasons. The data for this program will also be used by the Healthcare Worker Vaccination Legislative Workgroup¹⁰ for its work to promote patient safety through an annual healthcare worker vaccination program.

¹⁰Oregon Legislative Workgroup on Health Care Worker Influenza Vaccination.
<http://flu.oregon.gov/articles/Pages/HCWInfluenzaWorkgroup.aspx>. (Accessed 7/26/2011.)

APPENDIX A

June 25, 2010

TO: Accrediting and Licensing Department, Hospital / Long-Term Care Facilities

SUBJECT: Annual Survey on Influenza Vaccination of Staff for 2009-2010

Each hospital is requested to report influenza vaccination, documented contraindication, and informed declination rates for all staff for the 2009-2010 flu season and to submit this data to the Office of Health Policy and Research (OHPR) by July 31, 2010.

This document provides the survey forms for Reporting of Influenza Vaccination, Medical Contraindication and Declination Rates for Staff, 2009-2010, for compliance with Oregon Administrative Rule 409-023-0013(4).

The following information is provided to complete this form:

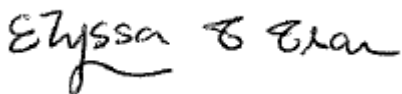
1. Staff is defined as healthcare personnel (HCP), which refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

HCP might include (but are limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by health-care facility, and persons (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

2. The cutoff date for tabulation of the data Attachment A is the count of vaccinations, declinations, or documented medical contraindications between September 1, 2009 and March 31, 2010. The total count of staff is the count on March 31, 2010.
3. Attachment A is due to OHPR by July 31, 2010. Upon completion, please email to ohpr.datasubs@state.or.us or fax to Jeanne Negley at (503) 378-5511.

If you have any questions about this survey, please contact Jeanne Negley, HAI Program Coordinator, at Jeanne.Negley@state.or.us or phone (503) 373-1793.

Sincerely,



Elyssa Tran, MPA
Health Systems Data and Research Manager
Oregon Health Policy and Research

cc: HAI Advisory Committee
Oregon Association of Hospitals and Health Systems

APPENDIX A
ATTACHMENT A

Influenza Vaccination/Declination Surveillance for Long-Term Care Facilities

Collection Start Date: September 1, 2009; End Date: March 31, 2010

Hospital Name: _____

Name and Title of Person Completing Form: _____

The undersigned certifies that the information in this form is accurate and true.

Signature of Person Completing Form: _____ **Date:** _____

Contact Information: Email: _____ **Phone:** _____

Components	Number	
<p>1. Can you provide influenza vaccination data for all staff categories according to the healthcare worker definition provided in the cover letter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, proceed to question 2.</p> <p>1a. Estimate percentage of healthcare workers not counted:</p> <p><input type="checkbox"/> ≤ 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50%+</p> <p>1b. List categories of healthcare workers not counted:</p> <p>_____</p>		
2. Total number of staff with a documented influenza vaccination during the influenza season (includes influenza vaccines administered in settings other than reporting facility).	Seasonal	H1N1
3. Total number of staff (include part-time; total count as of March 31, 2010).		
4. Total number of staff with a documented medical contraindication of influenza vaccination during the influenza season.	Seasonal	H1N1
5. Total number of staff with a documented refusal of influenza vaccination during the influenza season.	Seasonal	H1N1
<p>6. Which of the following methods did you use during the influenza season to deliver vaccine to your healthcare workers? (check all that apply)</p> <p><input type="checkbox"/> Mobile carts</p> <p><input type="checkbox"/> Centralized mass vaccination fairs</p> <p><input type="checkbox"/> Peer vaccinators</p> <p><input type="checkbox"/> Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)</p> <p><input type="checkbox"/> Provided vaccination at occupational health clinic</p> <p><input type="checkbox"/> Other, specify: _____</p>		
<p>7. Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)</p> <p><input type="checkbox"/> No formal promotional activities are planned</p> <p><input type="checkbox"/> Incentives</p> <p><input type="checkbox"/> Reminders by mail, email or pager</p> <p><input type="checkbox"/> Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)</p> <p><input type="checkbox"/> Required receipt of vaccination for credentialing (if no contraindications)</p> <p><input type="checkbox"/> Campaign including posters, flyers, buttons, fact sheets</p> <p><input type="checkbox"/> Other, specify: _____</p>		
<p>8. Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

APPENDIX B

Hospitals: Healthcare Worker Influenza Vaccination Data
(September 1, 2009 - March 31, 2010)

Hospital	Can Report All or 90%+ of HCW Data	Seasonal Influenza HCW Vaccination Rate	Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
Adventist Medical Center	Yes	77%	3	3	Yes
Ashland Community Hospital	Yes	46%	2	2	No
Bay Area Hospital	No	62%	3	3	Yes
Blue Mountain Hospital	Yes	63%	4	3	No
Columbia Memorial Hospital	Yes	68%	5	3	Yes
Coquille Valley Hospital	Yes	27%	2	2	Yes
Cottage Grove Community Hospital	No	33%	5	3	No
Curry General Hospital	Yes	47%	4	3	Yes
Good Samaritan Regional Medical Center	Yes	78%	4	4	Yes
Good Shepherd Medical Center	Yes	79%	3	2	Yes
Grand Ronde Hospital	Yes	71%	5	2	Yes
Harney District Hospital	Yes	63%	2	1	Yes
Kaiser Sunnyside Medical Center	Yes	62%	2	2	No
Lake District Hospital	Yes	65%	2	1	Yes
Legacy Emanuel Hospital & Health Center	No	54%	5	3	Yes
Legacy Good Samaritan Hospital & Medical Ctr	No	63%	5	3	Yes
Legacy Meridian Park Hospital	No	54%	5	3	Yes
Legacy Mount Hood Medical Center	No	53%	5	3	Yes
Lower Umpqua Hospital	Yes	68%	1	2	Yes
McKenzie-Willamette Medical Center	No	77%	2	2	No
Mercy Medical Center	Yes	61%	4	3	Yes
Mid-Columbia Medical Center	Yes	62%	4	3	Yes
Mountain View Hospital	Yes	78%	3	2	Yes
Oregon Health & Science University Hospital	Yes	60%	5	6	Yes
Peace Harbor Hospital	No	69%	3	3	No
Pioneer Memorial Hospital, Heppner	No	53%	2	1	No
Pioneer Memorial Hospital, Prineville	Yes	43%	2	2	Yes
Providence Hood River Memorial Hospital	Yes	75%	5	1	No
Providence Medford Medical Center	Yes	65%	5	1	No
Providence Milwaukie Hospital	Yes	63%	5	1	No
Providence Newberg Medical Center	Yes	72%	5	1	No
Providence Portland Medical Center	Yes	54%	5	1	No
Providence Seaside Hospital	Yes	76%	5	1	No
Providence St. Vincent Medical Center	Yes	56%	5	1	No
Providence Willamette Falls Medical Center	Yes	69%	5	4	Yes
Rogue Valley Medical Center	No	85%	4	2	Yes
Sacred Heart Medical Center at RiverBend	No	38%	5	3	No
Sacred Heart Medical Center University District	No	36%	5	3	No
Salem Hospital	Yes	57%	4	4	No
Samaritan Albany General Hospital	Yes	83%	5	4	Yes
Samaritan Lebanon Community Hospital	Yes	87%	5	4	Yes
Samaritan North Lincoln Hospital	Yes	88%	5	3	Yes
Samaritan Pacific Communities Hospital	Yes	74%	5	4	Yes
Santiam Memorial Hospital	Yes	46%	4	3	No
Shriners Hospital for Children	No	75%	5	3	Yes
Silverton Hospital	Yes	74%	4	2	Yes
Sky Lakes Medical Center	Yes	59%	3	3	No
Southern Coos Hospital & Health Center	Yes	73%	1	1	No
St. Alphonsus Medical Center - Baker City	No	86%	3	2	No

APPENDIX B

Hospitals: Healthcare Worker Influenza Vaccination Data
(September 1, 2009 - March 31, 2010)

Hospital	Can Report All or 90%+ of HCW Data	Seasonal Influenza HCW Vaccination Rate	Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
St. Alphonsus Medical Center - Ontario	No	81%	5	4	Yes
St. Anthony Hospital	Yes	68%	3	2	Yes
St. Charles Medical Center - Bend	Yes	57%	4	4	Yes
St. Charles Medical Center - Redmond	Yes	60%	4	4	Yes
Three Rivers Community Hospital	No	63%	5	3	Yes
Tillamook County General Hospital	No	75%	4	2	Yes
Tuality Healthcare	Yes	65%	4	2	Yes
Vibra Specialty Hospital	No	40%	3	3	Yes
Wallowa Memorial Hospital	Yes	45%	2	1	No
West Valley Hospital	Yes	51%	3	4	No
Willamette Valley Medical Center	Yes	78%	6	4	Yes

Vaccination delivery methods:

- Mobile Carts
- Centralized mass vaccination fairs
- Peer vaccinators
- Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provided vaccination at occupational health clinic
- Other

Vaccination promotion methods:

- No formal promotional activities are planned (was not counted as a method)
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Required receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other

APPENDIX B

**Long-Term Care Facilities: Healthcare Worker Influenza Vaccination Data
(September 1, 2009 - March 31, 2010)**

Long-Term Care Facility	Can Report All or 90%+ of HCW Data	Seasonal Influenza HCW Vaccination Rate	Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
Avamere at Three Fountains	Yes	27%	1	2	Yes
Avamere Court at Keizer	Yes	39%	4	2	Yes
Avamere Crestview of Portland	No	Not Reported	1	0	No
Avamere Rehabilitation of Beaverton	No	70%	1	1	Yes
Avamere Rehabilitation of Clackamas	Yes	79%	3	4	Yes
Avamere Rehabilitation of Coos Bay	Yes	14%	2	1	No
Avamere Rehabilitation of Eugene	Yes	37%	2	1	No
Avamere Rehabilitation of Hillsboro	Yes	2%	1	1	Yes
Avamere Rehabilitation of Junction City	No	65%	2	2	Yes
Avamere Rehabilitation of King City	No	Not Reported	1	2	Yes
Avamere Rehabilitation of Lebanon	Yes	73%	2	2	Yes
Avamere Rehabilitation of Newport	Yes	89%	2	1	Yes
Avamere Rehabilitation of Oregon City	No	30%	2	0	No
Avamere Rehabilitation of Salem	No	11%	1	1	Yes
Avamere Riverpark of Eugene	No	85%	1	3	Yes
Avamere Twin Oaks of Sweet Home	No	0%	4	4	Yes
Baycrest Health Center (Village)	Yes	54%	3	1	Yes
Blue Mountain Nursing Home	Yes	88%	1	1	No
Care Center East Health & Specialty Care Center	Yes	63%	3	2	Yes
Cascade Manor	Yes	94%	1	2	Yes
Cascade Terrace Nursing Center	Yes	57%	1	1	Yes
Cascade View Nursing Center	Yes	85%	2	2	Yes
Chehalem Health & Rehab Center	Yes	100%	1	0	Yes
Clatsop Care Center	No	55%	3	1	No
Coast Fork Nursing Center	No	Not Reported	1	1	No
Columbia Basin Care Facility	Yes	50%	1	1	Yes
Columbia Care Center	Yes	67%	1	2	Yes
Cornerstone Care Option	Yes	71%	2	2	Yes
Corvallis Manor Nursing & Rehabilitation Center	Yes	47%	3	2	Yes
Creswell Health and Rehabilitation Center	No	Not Reported	1	2	Yes
Dallas Retirement Village Health Center	Yes	26%	1	2	No
East Cascade Retirement Community, LLC	No	0%	1	1	Yes
Fair View Transitional Health Center	No	41%	2	1	No
Fernhill Estates	No	84%	1	1	Yes
Forest Grove Rehabilitation and Health Center	Yes	100%	1	1	Yes
French Prairie Nursing and Rehabilitation Center	Yes	49%	1	2	No
Friendship Health Center	Yes	Not Reported	2	2	Yes
Friendsview Manor	Yes	41%	1	1	Yes
Gateway Care & Retirement Center	Yes	64%	2	1	Yes
Glisan Care Center	Yes	57%	3	2	Yes
Good Samaritan Society - Curry Village	Yes	46%	1	3	Yes
Good Samaritan Society - Eugene Village	Yes	Not Reported	2	1	No
Good Samaritan Society - Fairlawn Village	Yes	68%	1	1	Yes
Gracelen Terrace Long Term Care Facility	Yes	Not Reported	3	2	Yes
Green Valley Rehabilitation Health Center	Yes	93%	1	1	Yes
Gresham Rehab & Specialty Care	Yes	63%	2	1	Yes
Harbor Care Reedwood	Yes	49%	2	1	Yes

APPENDIX B

Long-Term Care Facilities: Healthcare Worker Influenza Vaccination Data
(September 1, 2009 - March 31, 2010)

Long-Term Care Facility	Can Report All or 90%+ of HCW Data	Seasonal Influenza HCW Vaccination Rate	Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
Harmony House Nursing Home	No	41%	1	2	Yes
Healthcare at Foster Creek	Yes	16%	1	2	Yes
Hearthstone Nursing and Rehabilitation Center	Yes	90%	1	2	Yes
Highland House Nursing & Rehabilitation Center	No	35%	1	2	No
Hillsboro Health and Rehabilitation Center	No	Not Reported	1	0	No
Hillside Heights Rehabilitation Center	Yes	88%	2	1	Yes
Holladay Park Plaza	No	32%	1	1	No
Hood River Care Center	Yes	44%	1	1	Yes
Independence Health and Rehabilitation Center	Yes	45%	1	1	Yes
LaGrande Post Acute Rehab	No	66%	1	1	No
Lake Dist Hosp & Long Term Care Facility	No	See hospital data	See hospital data	See hospital data	No
Laurel Hill Nursing and Rehabilitation Center	Yes	71%	1	1	No
Laurelhurst Village	Yes	21%	1	1	Yes
Lawrence Convalescent Center	Yes	56%	1	2	No
Life Care Center Of Coos Bay	Yes	83%	3	2	Yes
Life Care Center Of McMinnville	Yes	60%	2	1	Yes
Lincoln City Rehabilitation Center	Yes	60%	2	1	Yes
Linda Vista Nursing & Rehab Center	No	44%	2	2	No
Lower Umpqua Hospital District	No	See hospital data	See hospital data	See hospital data	No
Marian Estates	No	Not Reported	Not Reported	Not Reported	No
Marquis Care at Autumn Hills	Yes	3%	2	3	Yes
Marquis Care at Centennial	No	Not Reported	1	2	Yes
Marquis Care at Forest Grove	No	69%	Not Reported	Not Reported	No
Marquis Care at Hope Village	Yes	35%	3	2	Yes
Marquis Care at Mt. Tabor	Yes	13%	2	1	Yes
Marquis Care at Newberg	Yes	41%	2	1	Yes
Marquis Care at Oregon City	Yes	Not Reported	1	0	No
Marquis Care at Piedmont	Yes	Not Reported	1	1	No
Marquis Care at Plum Ridge	Yes	79%	2	2	Yes
Marquis Care at Powellhurst	No	29%	1	1	No
Marquis Care at Silver Gardens	Yes	59%	1	1	No
Marquis Care at Springfield	Yes	Not Reported	1	1	No
Marquis Care at Vermont Hills	Yes	44%	1	0	No
Marquis Care at Wilsonville	Yes	39%	1	2	Yes
Mary's Woods at Marylhurst	No	Not Reported	1	3	Yes
Maryville Nursing Home	Yes	71%	3	2	Yes
Meadow Park Health & Specialty Care Center	Yes	43%	1	1	No
Medford Rehabilitation and Healthcare Center	Yes	37%	1	2	Yes
Menlo Park Health Care	Yes	88%	3	2	Yes
Mennonite Home	No	Not Reported	4	2	Yes
Milton Freewater Health and Rehabilitation Center	Yes	81%	1	1	Yes
Milwaukie Convalescent Center	Yes	100%	1	2	Yes
Molalla Manor Care Center	No	56%	1	2	Yes
Myrtle Point Care Center	Yes	47%	2	2	Yes
Nehalem Valley Care Center	Yes	Not Reported	1	1	Yes
Oakwood Country Place	Yes	47%	1	0	Yes
Ochoco Care Center	Yes	72%	1	1	Yes

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Long-Term Care Facilities: Healthcare Worker Influenza Vaccination Data
(September 1, 2009 - March 31, 2010)

Long-Term Care Facility	Can Report All or 90%+ of HCW Data	Seasonal Influenza HCW Vaccination Rate	Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
Oregon City Health Care Center	No	Not Reported	1	1	No
Oregon Veterans' Home	Yes	82%	4	3	Yes
Pacific Health and Rehabilitation	Yes	11%	1	2	Yes
Park Forest Care Center	No	Not Reported	Not Reported	Not Reported	No
Pearl at Kruse Way, The	No	51%	2	1	Yes
Pilot Butte Rehabilitation Center	Yes	55%	2	1	No
Pioneer Nursing Home Health District	Yes	53%	1	1	Yes
Porthaven Healthcare Center	Yes	65%	1	2	Yes
Portland Health and Rehabilitation Center	Yes	Not Reported	1	1	Yes
Presbyterian Community Care Center	No	42%	1	1	Yes
Providence Benedictine Nursing Center	Yes	75%	4	3	Yes
Providence Child Center	Yes	70%	6	4	Yes
Providence Seaside Hospital	No	See hospital data	See hospital data	See hospital data	No
Redmond Health Care Center	Yes	100%	1	1	Yes
Regency Albany	Yes	Not Reported	2	1	No
Regency Florence	Yes	58%	2	1	Yes
Regency Gresham Nursing & Rehabilitation Center	No	42%	1	1	Yes
Regency Hermiston Nursing & Rehabilitation Center	Yes	72%	1	1	Yes
Robison Jewish Health Center	Yes	59%	2	2	Yes
Rogue Valley Manor	No	25%	2	3	Yes
Rose City Nursing Home	Yes	0%	1	1	No
Rose Haven Nursing Center	Yes	100%	1	1	Yes
Rose Linn Care Center	Yes	Not Reported	2	1	Yes
Rose Villa	Yes	51%	1	2	No
Royale Gardens Health & Rehabilitation Center	Yes	63%	1	0	Yes
Sheridan Care Center	Yes	74%	1	2	Yes
Sherwood Park Nursing & Rehab Center	No	36%	1	0	Yes
South Hills Rehabilitation Center	Yes	57%	2	2	Yes
St. Alphonsus Medical Center - Baker City	No	See hospital data	See hospital data	See hospital data	No
Sunnyside Care Center	Yes	66%	1	1	Yes
The Dalles Health and Rehabilitation Center	Yes	38%	1	1	Yes
Tierra Rose Care Center	Yes	38%	1	1	Yes
Timberview Care Center	Yes	82%	2	0	Yes
Town Center Village Rehab	Yes	13%	2	1	Yes
Trinity Mission Health & Rehab of Portland	No	Not Reported	Not Reported	Not Reported	No
Umpqua Valley Nursing & Rehabilitation Center	Yes	60%	3	2	Yes
Valley West Health Care Center	No	81%	1	1	No
Village at Hillside	No	Not Reported	2	2	No
Village Health Care	No	24%	2	2	Yes
Village Manor	Yes	0%	0	0	Yes
Vista Specialty Care	No	61%	1	2	No
Wallowa Valley Care Center	Yes	54%	1	1	Yes
West Hills Health & Rehabilitation Center	Yes	96%	3	2	Yes
Willamette View Health Center	Yes	61%	1	2	Yes
Willowbrook Terrace	Yes	38%	1	0	No
Windsor Health and Rehabilitation Center	Yes	40%	1	2	Yes

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Long-Term Care Facilities: Healthcare Worker Influenza Vaccination Data
(September 1, 2009 - March 31, 2010)

Long-Term Care Facility	Can Report All or 90%+ of HCW Data	Seasonal Influenza HCW Vaccination Rate	Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
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Not Reported: The facility did not report total count of HCW and count of HCW vaccinated.

See Hospital Data: Long-term care and hospital data are combined; see hospital data for this facility. These facilities have been notified to provide data for each facility separately for subsequent data collection.

Vaccination delivery methods:

- Mobile Carts
- Centralized mass vaccination fairs
- Peer vaccinators
- Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provided vaccination at occupational health clinic
- Other

Vaccination promotion methods:

- No formal promotional activities are planned (was not counted as a method)
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Required receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other