



Office for
Oregon Health Policy and Research

**Healthcare Acquired Infection
Reporting Program
Healthcare Worker Influenza
Vaccination Rates**
2010-2011 Season

December 2011

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EXECUTIVE SUMMARY
HEALTHCARE ACQUIRED INFECTION REPORTING PROGRAM
HEALTHCARE WORKER INFLUENZA VACCINATION RATES
2010-2011 SEASON

Infection with influenza virus is a significant cause of morbidity and mortality, especially in the elderly, young children, and persons with underlying medical conditions. It is well documented that healthcare workers (HCW) can acquire influenza from patients or transmit influenza to patients and other staff.^{1,2,3} This research brief presents the results of the second year of reporting on HCW influenza vaccination rates for 60 Oregon hospitals and 141 long-term care skilled nursing facilities (“long-term care facilities”) during the 2010 – 2011 influenza season.

Report highlights include:

- In contrast to the 2009-2010 survey which had one broad definition of healthcare worker, OHPR replaced this single, broad definition with three categories of HCW to align with developing federal reporting requirements. For the 2010-2011 survey, it was found that the majority of hospitals and long-term care facilities could only consistently report on one category of HCW, the employee category. OHPR identified that the category of employee appeared to represent the majority of workers and the data appeared to be comparable to the previous seasons’ HCW counts. Thus, for the 2010-2011 season, *HCW vaccination rates were calculated based on the employee category only.*
- One-hundred percent (60) of hospitals provided sufficient data to calculate a HCW influenza vaccination rate. Hospitals improved their vaccination rate from 62% in 2009-2010 season to 69% in 2010-2011 season.
- Ninety-one percent of 141 long-term care facilities provided data to calculate a HCW influenza vaccination rate. This represents an increase from 81% of facilities that provided data for the 2009-2010 season. The HCW vaccination rate for long-term care facilities decreased from 55% in the 2009-2010 season to 52% in the 2010-2011 season. The decreased rate appears attributable to the noted increase in reporting.
- Additional data will be collected for the 2011-2012 season. OHPR will require the reporting of denominators for all three categories of HCW, so the impact of the additional categories of HCW on vaccination rates can be assessed and the calculation of HCW vaccination rates will reflect all three categories of workers. OHPR will add collection of HCW influenza vaccination data from ambulatory surgical centers starting with the 2011-2012 season.
- The data for this program will also be used by the Healthcare Worker Vaccination Legislative Workgroup⁴ for its work to promote patient safety through an annual healthcare worker vaccination program.

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 Hosp Epidemiol* 2010;31: 456-62.

³ Pavia AT. Mandate to protect patients from health care-associated influenza. *CID* 2010; 50:465-67.

⁴Oregon Legislative Workgroup on Health Care Worker Influenza Vaccination.
<http://flu.oregon.gov/articles/Pages/HCWInfluenzaWorkgroup.aspx>. (Accessed 7/26/2011.)

HEALTHCARE ACQUIRED INFECTION REPORTING PROGRAM HEALTHCARE WORKER INFLUENZA VACCINATION RATES 2010 – 2011 SEASON

Background

Infection with influenza virus is a significant cause of morbidity and mortality, especially in the elderly, young children, and persons with underlying medical conditions. It is well documented that healthcare workers (HCW) can acquire influenza from patients or transmit influenza to patients and other staff.^{1,2,3} Research indicates that vaccination is the single most effective preventive measure available against influenza and can prevent many illnesses, deaths, and losses in productivity.^{1,4} HCW influenza vaccination may be more important than patient vaccination with elderly patients.⁵

The Oregon state legislature passed House Bill 2524 in 2007 to create a mandatory healthcare acquired infection (HAI) reporting program in an effort to raise awareness, promote transparency for healthcare consumers, and motivate hospitals to prioritize prevention. HB 2524 assigned responsibility for the HAI Reporting Program⁶ to the Office for Oregon Health Policy and Research (OHPR), within the Oregon Health Authority (OHA), and created a 16-member committee to advise OHPR.

This research brief presents the results of the second year of reporting on HCW influenza vaccination rates for 60 Oregon hospitals and 141 long-term care skilled nursing facilities (“long-term care facilities”) during the 2010 – 2011 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.

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 Wendelboe, AM, Avery C, Andrade B, Baumbach, J and MG Laden. Importance of employee vaccination against influenza preventing cases in long-term care facilities, 2011. *Infect Control Hosp Epidemiol* 2011 Oct; 32(10) 990-7.

⁶ The Healthcare Acquired Infection (HAI) reporting program is promulgated in ORS 442.851, Notes Following, and OARs 409-023-0000 through 409-023-3500.

Methods

HCW vaccination rates were collected using a survey created by OHPR. During this second year of data collection, OHPR revised its data collection process to align with recommendations from the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC). The CDC is working with the National Quality Form (NQF) to develop the HCW influenza vaccination metric for its Hospital Inpatient Quality Reporting Program. This revision added reporting of HCW vaccinations that were received outside of the reporting facility. In addition, in contrast to the 2009-2010 survey that included a single, broad definition of healthcare worker⁷, the definition for the 2010-2011 season included three HCW categories:

- Employees: all persons who receive a paycheck from the healthcare institution, whether or not they have direct patient care duties.
- Non-employees, credentialed: licensed practitioners affiliated with the healthcare institution who do not receive a paycheck from the institution. These include physicians or other midlevel providers (includes nurses) with clinical or admitting privileges at the healthcare institution, or technicians or therapists with professional credentialing.
- Non-employees, other: non-credentialed persons affiliated with the healthcare institution who do not receive a paycheck from the institution. These include students or trainees, volunteers, resident physicians or fellows (if not paid by the institution), or non-clinical agency staff or contract laborers (if paid directly by their contracting agency).

Consistent with the 2009-2010 survey, OHPR included questions to evaluate a facility's delivery and promotion methods from the National Healthcare Safety Network (NHSN) Facility Surveys for Influenza Programs⁸. OHPR also added questions to include reasons HCW refuse vaccination, as requested by the Oregon Immunization Division (OID). A copy of the OHPR survey is presented in Appendix A.

The survey was entered into Survey Monkey and sent to the 60 hospitals and 141 long-term care facilities in the state via email. The survey was sent to hospital human resource directors and infection control professionals and to long-term care facility administrators and nursing directors. Facilities were given 30 days to complete the survey. Follow-up

⁷ Office for Oregon Health Policy and Research. August 2011. Healthcare Worker Influenza Vaccination Rates: Hospitals and Long-Term Care Facilities 2009-2010 http://www.oregon.gov/OHA/OHPR/docs/HCAIAC/Reports/August2011_Report/Final_HAI_Report_082411.pdf. (Accessed 10/26/2011.)

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

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 both the 60 hospitals and 141 long-term care facilities. All 60 hospitals provided sufficient data to calculate a vaccination rate. Of the 141 long-term care facilities, 12 did not have sufficient data to calculate a vaccination rate. Before publication, facilities were provided the opportunity to verify their vaccination data.

Results

Results are summarized as follows:

- **Reporting Ability:** The reported ability to provide data for all categories of staff covered in the HCW definition.
- **Staff Vaccination Counts:** Counts of total staff, staff vaccinated, staff with documented contraindication, and staff with documented refusal.
- **Healthcare Worker's Attitudes toward Vaccination:** A summary of reported reasons why workers declined vaccination.
- **Promotion, Delivery, and Formal Education:** Flu vaccination promotion and delivery methods and existence of formal education program(s) regarding HCW vaccination.

Reporting Ability

The ability of facilities to report HCW vaccination data was evaluated by three means: (1) determining the percentage of facilities that could report data for all three categories of the HCW definition, (2) comparing the counts of facilities that reported vaccination data for the 2009-2010 and 2010-2011 seasons, and (3) calculating the percentage of HCW that did not have a documented vaccination status (as either vaccinated or unvaccinated).

Survey results indicated that facilities were generally able to report vaccination rates for the employee category, but less able to report rates for other two categories of workers (Table 1). All hospitals (60) and 91% (129) of long-term care facilities were able to report vaccination rates for employees. In contrast, 30% of hospitals (18) and 19% (27) of long-term care facilities were able to report data for the non-employees, credentialed category; and 33% (23) of hospitals and 13% (18) of long-term care facilities were able to report vaccination data for the non-employees, other category. The limited data we have for the two categories outside of employees, as provided by some hospitals, suggests that the employee category represents that largest volume of workers for both hospitals and long-term care facilities. OHPR will be able to better test this assumption when data are collected for the 2011-2012 season, during which counts for all three healthcare worker categories will be required.

**Table 1:
Reporting Ability for Three Categories of Healthcare Workers
2010-2011 Season**

	Facility Count	Employees			Non-Employees, Credentialed			Non-Employees, Other		
		Count	%	Avg.	Count	%	Avg.	Count	%	Avg.
Hospitals										
2010-2011	60	60	100%	1,194	18	30%	130	23	38%	207
Long-Term Care Facilities										
2010-2011	141	129	91%	100	27	19%	21	18	13%	11

Although it was determined that most facilities could only report data for the employee category, the HCW counts reported for the hospital employee category in 2010-2011 were similar to that reported for the single worker category reported in 2009-2010 (Table 2). For long-term care, the count of HCW and count of reporting facilities both increased. These data suggest that hospitals have maintained their ability to report HCW vaccinations rates from last season and long-term care facilities have increased their ability to report.

**Table 2:
Ability to Report Vaccination Rate
2009-2010 and 2010-2011 Seasons**

	Hospitals			Long-Term Care		
	Facility Count	% Facility Reporting	HCW Counts	Facility Count	% Facility Reporting	HCW Counts
2009-2010	60	100%	73,193	113	81%	10,288
2010-2011*	60	100%	71,679	129	91%	12,875

Note: * Data is for employee category only.

A third method to gauge a facility's ability to report vaccination data is to calculate the percentage of workers with a documented vaccination status (i.e., those that are documented as either vaccinated or unvaccinated). Because facilities were only able to consistently report data for the employee category, the employee category was used to represent HCW for the 2010-2011 season. The percentage of HCW with documented status remains at about two-thirds, with hospital rates of 70% and 72% and long-term care rates of 69% and 67% for the 2009-2010 and 2010-2011 seasons, respectively (Table 3). Healthcare workers with undocumented vaccination status are counted as unvaccinated and represent an opportunity for facilities to increase their rates.

**Table 3:
Healthcare Workers with Undocumented Influenza Vaccination Rates
2009-2010 and 2010-2011 Seasons**

	Sum of HCW	Sum of HCW with documented vaccination status	Sum of HCW without documented vaccination status	Percentage with documented status
Hospitals				
2009-2010	73,193	50,909	22,284	70%
2010-2011*	71,679	51,347	20,323	72%
Long-Term Care Facilities				
2009-2010	10,288	7,106	3,182	69%
2010-2011*	12,875	8,665	4,210	67%
Note: * Data for 2010-2011 season represents "employee" only category.				

By requiring reporting of all HCW counts for all three categories for the 2011-2012 season, OHPR will be able to provide more complete information regarding HCW with no documented influenza vaccination status and the impact on the overall vaccination rates for facilities.

Furthermore, OHPR identified a potential relationship between reported vaccination rate and percentage of HCW with documented vaccination status, which is likely related to a facility's policy to require HCW to complete a declination. In the 2011-2012 survey, OHPR will ask facilities if they require completion of declination forms.

Staff Vaccination Counts

The survey included questions on how many HCW were vaccinated at the facility and elsewhere, how many declined for medical contraindications, and how many refused to be vaccinated. Vaccination rates were calculated by adding HCW vaccinated at the facility to those vaccinated outside the facility and dividing by total HCW workers excluding workers with medical contraindications. For the 2010-2011 season, the employee category was used to calculate facility vaccination rates (Table 4). Appendix B provides influenza vaccination rates per facility for 2010-2011.

**Table 4:
Calculation of Influenza Vaccination Rates
2009-2010 and 2010-2011 Seasons**

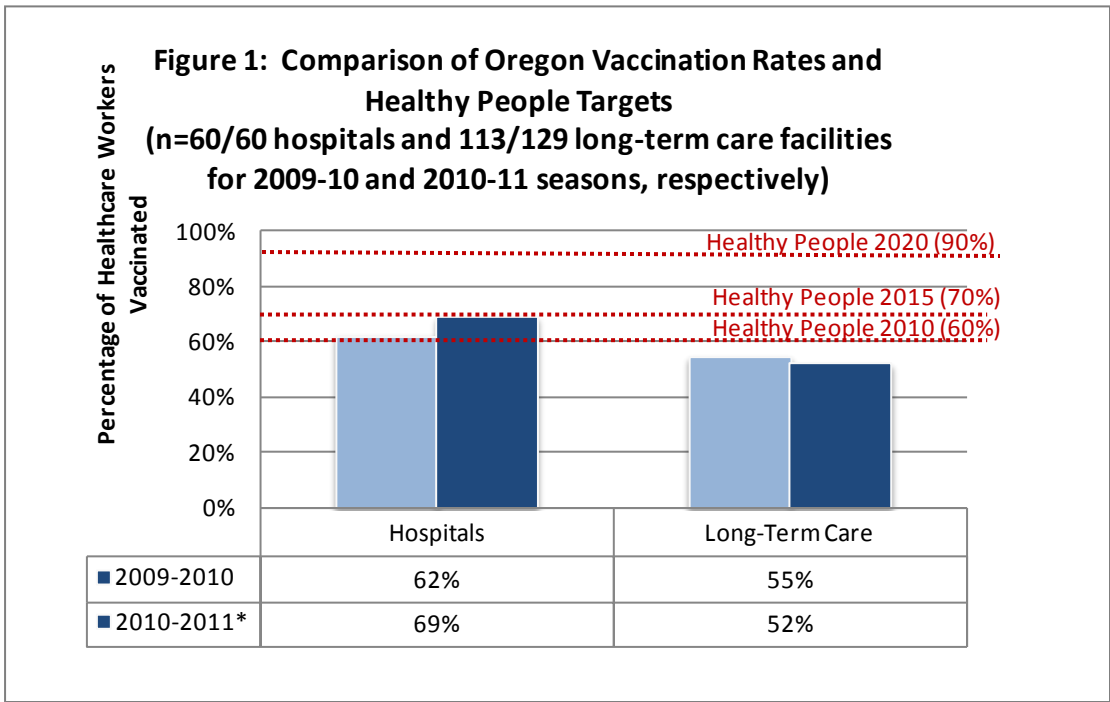
	Count of facilities	HCW vaccinated at facility	HCW vaccinated elsewhere	Sum of HCW (10/1/2010 through 3/31/2011)	HCW with medical contra-indication	% vaccinated **
Hospitals						
2009-2010	60	44,955	Not Available	73,193	476	62%
2010-2011*	60	47,862	1,355	71,679	775	69%
Long-Term Care Facilities						
2009-2010	113	5,581	Not Available	10,288	116	55%
2010-2011*	129	6,065	546	12,875	85	52%

Notes: * Data for 2010-2011 season represents “employee” only category.
 ** Percentage vaccinated = (HCW vaccinated at facility + HCW vaccinated elsewhere)/(sum of HCW – HCW with medical contraindication)

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

As noted in Figure 1, hospitals increased the reported vaccination rate from 62% to 69% and long-term care facilities decreased from 55% to 52% for the 2009-2010 and 2010-2011 seasons, respectively. These trends are also reflected in the counts of facilities that are able to meet or exceed each of the three Healthy People targets (Table 5). While the vaccination rate for long-term care appears slightly lower this year, this difference appears to be attributable to the 13% increase of long-term facilities reporting a vaccination rate.

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 10/28/2011.)



The percentage of hospitals meeting or exceeding the Healthy People targets increased between the two data collection periods (Table 5). For long-term care facilities, the count of facilities meeting the 60% target remained the same and the count meeting the 70% target increased, but the percentage of facilities decreased in both categories due to the noted increase of long-term care facilities reporting.

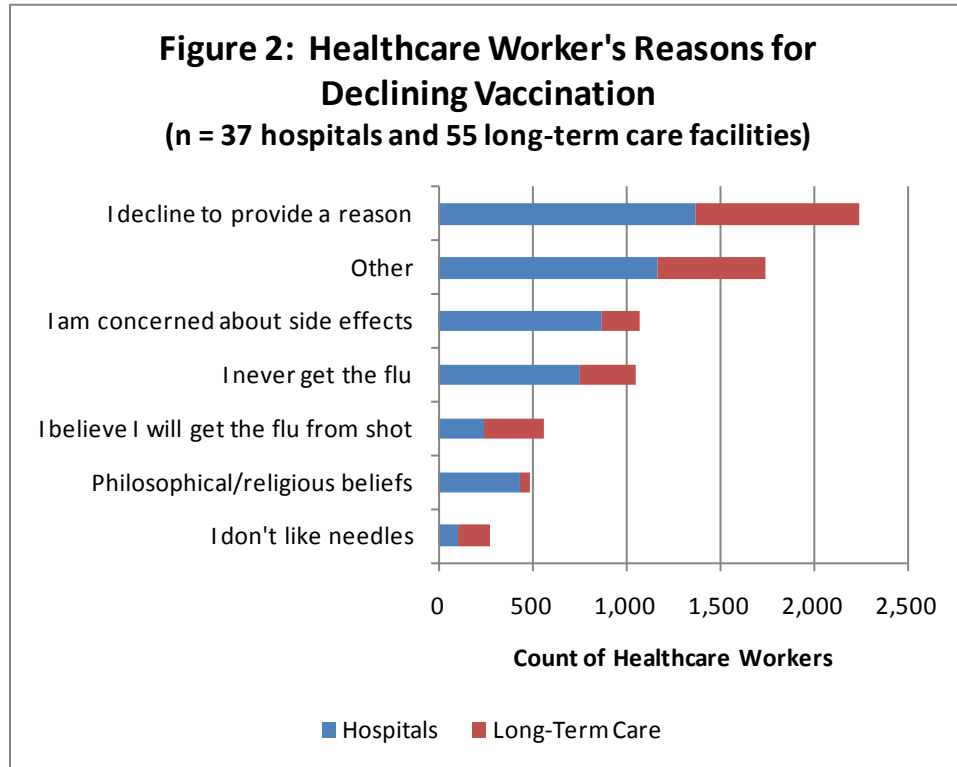
**Table 5:
Facilities Meeting Healthy People Targets
2009-2010 and 2010-2011 Seasons**

	Count of facilities	60% or greater vaccination rate		70% or greater vaccination rate		90% or greater vaccination rate	
		Count	%	Count	%	Count	%
Hospitals							
2009-2010	60	40	67%	21	35%	0	0%
2010-2011*	60	44	73%	29	48%	4	7%
Long-Term Care Facilities							
2009-2010	113	48	42%	32	28%	8	7%
2010-2011*	128	48	38%	35	27%	3	4%

Note: * Data for 2010-2011 season represents “employee” only category.

Healthcare Worker's Attitudes toward Vaccination

As requested by the Oregon Immunization Division, OHPR added questions to evaluate why HCW declined vaccination. Sixty-seven percent (37) of hospitals and 39% (55) of long-term care facilities provided data on HCW declination reasons (Figure 2). Most often HCW declined to provide a reason for refusing vaccination. About 1,000 HCW indicated concern about side effects or that they never got the flu. Five hundred or fewer workers cited the belief that they would get the flu from the shot, philosophical/religious beliefs, or dislike of needles.



The second most frequent reason for influenza vaccination declination was “other,” and included statements such as I have already had the flu; I don’t want it; I have concerns regarding mercury additives in vaccine; I don’t want to inject in my body and I don’t think it works; I believe building natural immunity is better than vaccination/use homeopathic methods/supplements; I stay home when I get the flu, so I will not spread it to others; I don’t believe the vaccine is important; I believe I am immune to flu; and I work from home. HCW also noted the personal right to refuse in the other category.

Promotion, Delivery and Formal Education

The fourth set of questions addressed what activities facilities were undertaking to promote, deliver and formally educate its workers regarding influenza vaccination. Figure 3 compares delivery methods for seasonal influenza vaccine during the 2009-2010 and 2010-2011 flu seasons.

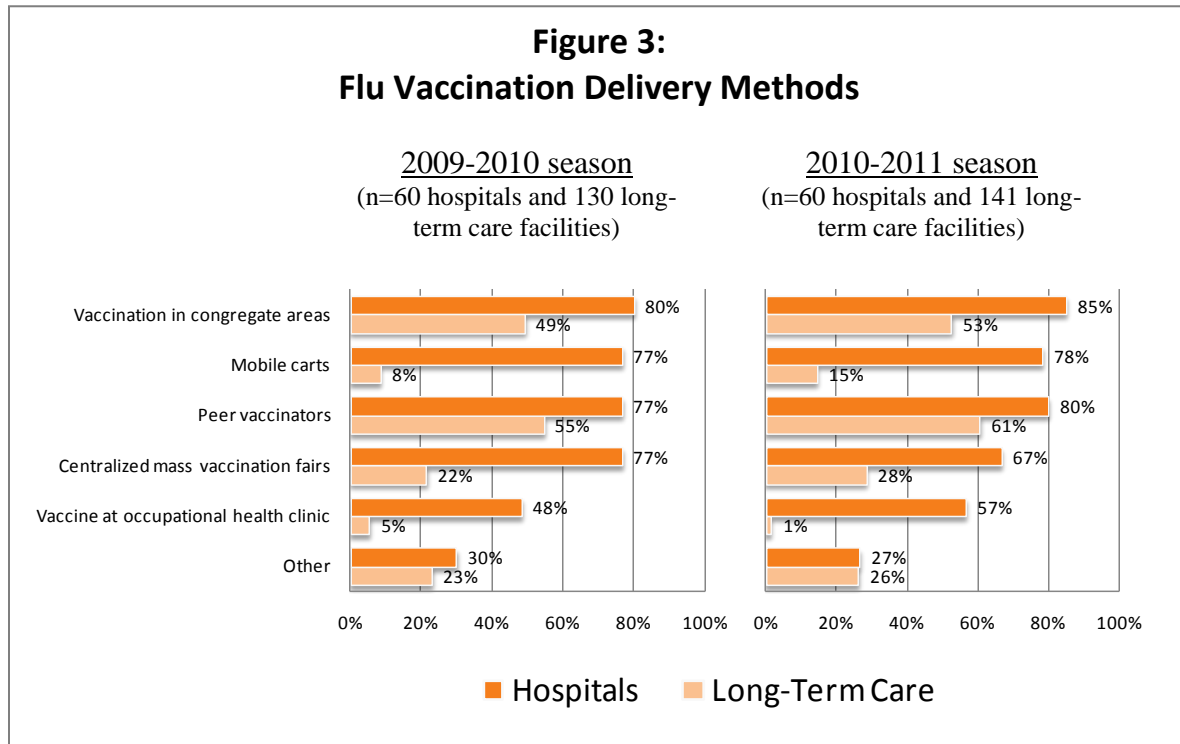


Figure 3 shows that hospitals continued to use more delivery methods than nursing homes. In comparing the two seasons, hospitals increased vaccination in congregate areas and at occupational health clinics and increased use of peer vaccinators. Long-term care facilities increased use of vaccination in congregate areas, mobile carts, peer vaccinators, and mass vaccination fairs.

For hospitals, the other category included offering vaccination by appointment, individual request, and in department units; working with pharmacy and public health programs; providing the vaccine at annual health risk appraisal fair; and offering staff points toward a wellness program for vaccination. For long-term care facilities, the other category included the use of staff meetings and handouts to educate workers and providing individual vaccination at nurses' offices. In addition, long-term care facilities noted the using student nurses and an outside agency to provide vaccinations and allowing employees to obtain free vaccinations at the local pharmacy.

Facilities also reported on activities to promote influenza vaccination (Figure 4).

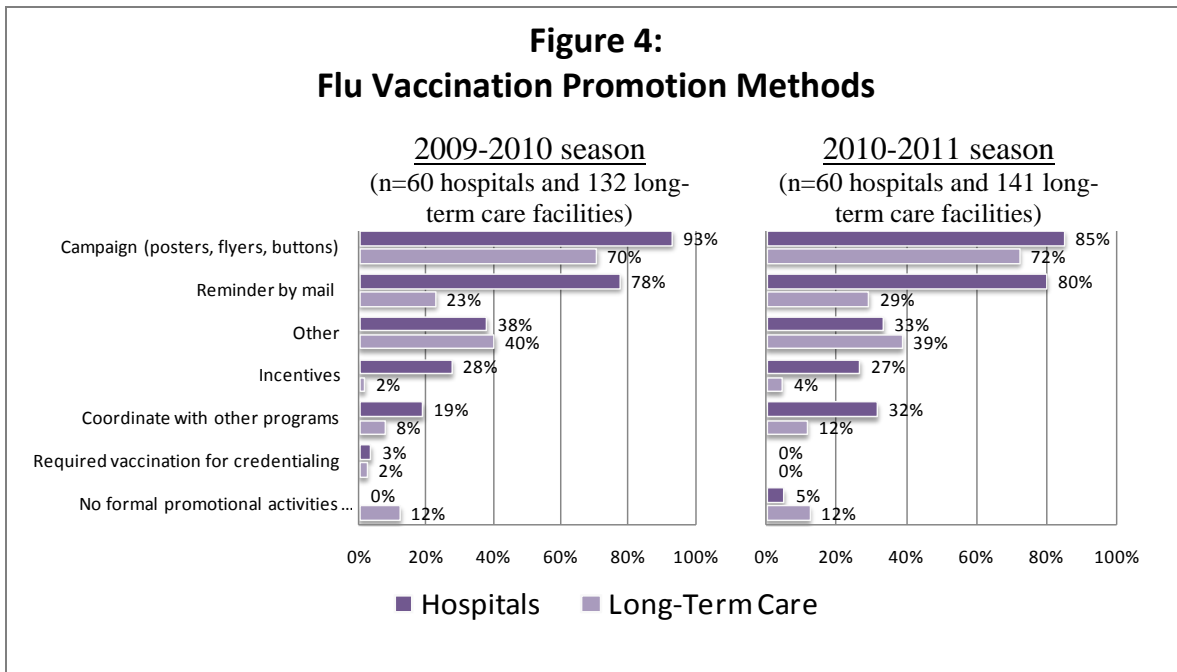


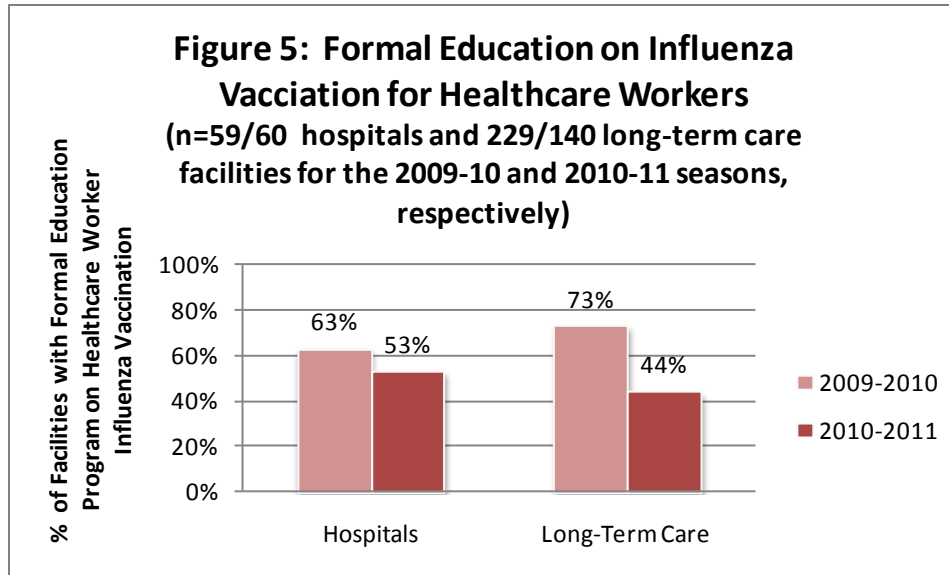
Figure 4 shows that both hospitals and long-term care facilities continue to select the methods of campaigns (including posters, flyers, buttons, fact sheets) and reminders by mail/email as their top two methods to promote HCW vaccination. Hospitals increased use of coordinating their flu promotion program with other programs, and long-term care facilities increased their use of campaigns and reminders by email.

Other promotional methods cited by hospitals included use of intranet and staff meetings (some mandatory) to promote vaccination, incorporating flu vaccination education in new hire orientation programs and annual skill competency trainings, and offering vaccination during daily rounding and employee health visits. Additional promotional efforts included the use of flu shot stickers, tattoos, pencils and bracelets; kick-off events with Starbucks flu champions; daily flu quizzes with coupon for winner for free lunch; a raffle for two flat screen TVs; and promoting a prize for all staff if the facility achieved an 80% vaccination rate.¹⁰

Other promotion methods for long-term care facilities included announcements and in-service trainings conducted during staff meetings (some mandatory); information delivered via intercom, electronic charting programs, time clocks, newsletters, and paycheck inserts; and posters in employee staff rooms and in the facility.

The final survey question asked if the facility had a formal educational program on influenza vaccination. As noted in Figure 5 below, fewer hospitals and long-term care facilities reporting conducting formal education programs compared to the 2009-2010 season.

¹⁰ It was noted that the facility the reported promoting a prize for the entire facility did report an employee vaccination rate above 80%.



Seven hospitals reported having mandatory on-line HCW influenza vaccination training; an additional hospital noted it implemented an informal education program and formal vaccination policy.

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 rather than less employees being vaccinated.
3. The data collection method has changed to align with evolving federal standards for this measurement, which may affect the comparability of the data over time.

Future Activities

OHPR has distributed data collection forms for HCW vaccination rates for the 2011-2012 flu season to hospitals, long-term care facilities, and ambulatory surgical centers. The data will be requested from the facilities in the spring of 2012 and will be released during 2012. The data for this program will also be used by the Healthcare Worker Vaccination Legislative Workgroup¹¹ for its work to promote patient safety through an annual healthcare worker vaccination program.

¹¹Oregon Legislative Workgroup on Health Care Worker Influenza Vaccination.
<http://flu.oregon.gov/articles/Pages/HCWInfluenzaWorkgroup.aspx>. (Accessed 7/26/2011.)

APPENDIX A

Oregon Office for Health Policy and Research

John A. Kitzhaber, MD, Governor



1225 Ferry St. SE, 1st Floor

Salem, OR 97301

1-503-373-1779

503-378-5511

<http://www.oregon.gov/OHPPR/>

January 26, 2011

TO: Hospital and Long-Term Care Facilities

SUBJECT: Annual Survey on Influenza Vaccination of Staff for 2010-2011

We are writing to provide you with the content for the 2010-2011 healthcare worker influenza survey, so you can prepare to collect this data for the survey. For hospitals and long-term care facilities that participated in last year's survey, please note we have revised the survey to include some elements from a survey being developed by the Centers for Disease Control and Prevention (CDC). We plan to send you an electronic version of this survey in April 2011.

Healthcare facilities are required to report influenza vaccination, documented contraindication, and informed declination rates for staff in accordance with ORS 442.425 and OARs 409-023-0000 through 409-023-035.

We have attached three documents to assist you in collecting data during the 2010-2011 flu season:

- Attachment A represents the content of the annual healthcare worker influenza vaccination survey. At this time, we are sending you this form so you can understand the data that will be collected in the survey. In April 2011, we plan to send you an electronic version of this survey.
- Attachment B includes definitions for the data fields in the survey form (Attachment A).
- Attachment C is a **sample** influenza consent/declination form that can be used to support the data to be collected for the survey. Note that influenza vaccination, medical contraindication, and refusal of vaccination must be documented. In addition, if your staff members are vaccinated outside of your facility, you need to document this fact so that these staff can be counted as vaccinated. The sample form in Attachment C provides a means to document this information.

In addition to meeting the requirements of the reporting program reporting program cited above, the information collected in the survey will also be provided to the Public Health Division to inform public health policy and interventions to increase health care worker vaccination rates. Hospitals and long-term care facilities with strong health care worker vaccination rates will be highlighted on the Public Health Division's Health Facility Best Practice Honor Roll at flu.oregon.gov.

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,

A handwritten signature in black ink that reads "Elyssa B. Tran". The signature is written in a cursive style with a large initial "E" and a flourish at the end.

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

ATTACHMENT A

Influenza Vaccination/Declination Surveillance

Collection Start Date: October 1, 2010; End Date: March 31, 2011

Facility Name: _____

Facility Address/City: _____

Name and Title of Person Completing Form: _____

The undersigned certifies that the information in this form is accurate and true to the best of their knowledge.

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

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

Components	Counts		
	Employees	Non-Employees, Credentialed	Non-Employees, Other
<u>Denominator Information</u>			
1. Worked at this healthcare institution at least one day between October 1, 2010 and March 31, 2011.			
<u>Numerator Information</u>			
2. Received an influenza vaccine at this healthcare institute between October 1, 2010 and March 31, 2011.			
3. Have a documented influenza vaccine elsewhere			
4. Have a documented medical contraindication for the influenza vaccine			
5. Have a documented declination form to not receive the influenza vaccine for non-medical reasons			
6. Comments related to blank cells for questions 1 through 5: _____			
7. Which of the following methods did you use during the influenza season to deliver vaccine to your healthcare workers? (check all that apply)			
<input type="checkbox"/> Mobile carts <input type="checkbox"/> Centralized mass vaccination fairs <input type="checkbox"/> Peer vaccinators <input type="checkbox"/> Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria) <input type="checkbox"/> Provided vaccination at occupational health clinic <input type="checkbox"/> Other, specify: _____			
8. Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)			
<input type="checkbox"/> No formal promotional activities are planned <input type="checkbox"/> Incentives <input type="checkbox"/> Reminders by mail, email or pager <input type="checkbox"/> Coordination of vaccination with other annual programs (e.g., tuberculin skin testing) <input type="checkbox"/> Required receipt of vaccination for credentialing (if no contraindications) <input type="checkbox"/> Campaign including posters, flyers, buttons, fact sheets <input type="checkbox"/> Other, specify: _____			
9. Did you conduct any formal educational programs (i.e., a course or program) on influenza and influenza vaccination for your healthcare workers?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

10: For declinations other than for medical contraindication, input the following counts:	
Counts	Reason checked
	I believe I will get the flu if I get the shot
	I don't like needles
	I never get the flu
	My philosophical or religious beliefs prohibit vaccination
	I am concerned about side effects
	I decline to provide a reason.
	Other
List reasons for Other: _____	

Upon completion, please email this to ohpr.datasubs@state.or.us fax to Jeanne Negley at (503) 378-5511. For questions, contact Jeanne Negley (503) 373-1793.	

ATTACHMENT B

Definitions for Influenza Vaccination/Declination Survey 2010-2011

Definitions for Denominator Information

- Employees: all persons who receive a paycheck from the healthcare institution, whether or not they have direct patient care duties.
(Note: If your clinical agency staff receive a paycheck from your healthcare institution, count in “employee” category. If clinical agency staff receives their paycheck outside your healthcare institution, count in “non-employees credentialed” category.)
- Non-employees, credentialed: licensed practitioners affiliated with the healthcare institution who do not receive a paycheck from the institution. These include physicians or other midlevel providers (includes nurses) with clinical or admitting privileges at the healthcare institution, or technicians or therapists with professional credentialing. Examples of other midlevel providers include nurses, nurse midwives, physicians’ assistants and other clinicians.
- Non-employees, other: non-credentialed persons affiliated with the healthcare institution who do not receive a paycheck from the institution. These include students or trainees, volunteers, resident physicians or fellows (if not paid by the institution), or non-clinical agency staff or contract laborers (if paid directly by their contracting agency).

Instructions for Denominator Information

- No individual should be counted in more than one category
- Include all healthcare personnel at your institution, regardless of direct patient contact.
- Include both full-time and part-time personnel who worked at your institution for 1 or more days between October 1, 2010 and March 31, 2011, even if they do not work there anymore.
- Count healthcare personnel as individuals rather than full-time equivalents
- If you don’t know what category someone belongs in, determine first if they are an ‘employee’. If not, determine if they are a ‘non-employee, credentialed’. If not, include them as a ‘non-employee, other’

Instructions for Numerator Information

- No individual should be counted in more than one category
- Include all personnel who have received an influenza vaccine from October 1, 2010 through March 31, 2011.
- Personnel who declined the influenza vaccine because they received it elsewhere or because they have a medical contraindication to influenza vaccination should NOT be counted in the “declined to receive an influenza vaccine for non-medical reasons” category.
- If your institution does not keep track of declinations for non-medical reasons using a paper or electronic form, please report “0” in the category labeled “declined to receive an influenza vaccine for non-medical reasons”
- Do not include personnel with unknown vaccination status in the numerator information.

SAMPLE INFLUENZA VACCINE CONSENT

Print name: _____ **Department:** _____

Response 1: **I request that the vaccine be given to me.**

Signature: _____ Date: _____

Response 2: **I decline the vaccine today because I have already had a flu shot for the 2010-2011 flu season.**

Clinic where vaccinated: _____ Date vaccinated: _____ (Approximate is OK.)

Signature: _____ Date: _____

Response 3: **I decline the vaccine today because I have a medical contraindication.**

Signature: _____ Date: _____

Response 4: **I decline the vaccine today. If Response 4 is selected, complete the declination form below and page 2 of the declination form.**

Influenza vaccine declination

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 23,607 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including my patients and other patients in this healthcare setting, including my coworkers, my family, and my community.

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

For Facility Use Only:

- Staff Type: Employees (receives paycheck from healthcare facility)
 Non-employees, Credentialed
 Non-employees, Other

If response 4 is selected, complete the following section. (Providers can store this information in a separate file to collate data at a later date):

I decline the vaccination for the following reason(s). Please check all that apply:

- I believe I will get the flu if I get the shot
- I don't like needles
- I never get the flu
- My philosophical or religious beliefs prohibit vaccination
- I am concerned about side effects
- I decline to provide a reason.
- Other: _____

APPENDIX B

Hospital Healthcare Worker Flu Vaccination Rates, 2010-2011 Season

Hospital	Vaccination Rates				Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
	Employees	Non-Employees, Credentialed	Non-Employees, Other	Total			
Adventist Medical Center	60%	NR	42%	NA	5	4	No
Ashland Community Hospital	53%	NR	NR	NA	3	3	No
Bay Area Hospital	42%	NR	NR	NA	2	4	No
Blue Mountain Hospital	68%	NR	NR	NA	4	4	No
Columbia Memorial Hospital	96%	44%	40%	90%	5	5	Yes
Coquille Valley Hospital	42%	NR	22%	NA	3	3	No
Cottage Grove Community Hospital	92%	NR	NR	NA	2	3	Yes
Curry General Hospital	43%	0%	NR	NA	4	3	Yes
Good Samaritan Regional Medical Center	74%	NR	NR	NA	4	4	Yes
Good Shepherd Medical Center	91%	NR	NR	NA	4	2	Yes
Grande Ronde Hospital	78%	26%	69%	74%	5	4	Yes
Harney District Hospital	74%	22%	13%	61%	3	3	No
Kaiser Sunnyside Medical Center	62%	NR	NR	NA	5	4	Yes
Lake District Hospital	53%	NR	NR	NA	2	2	No
Legacy Emanuel Hospital	61%	NR	NR	NA	5	1	No
Legacy Good Samaritan Hospital and Medical Ctr	65%	NR	NR	NA	5	1	No
Legacy Meridian Park Hospital	61%	NR	NR	NA	5	2	No
Legacy Mt. Hood Medical Center	56%	NR	NR	NA	5	2	No
Lower Umpqua Hospital	36%	NR	NR	NA	2	3	No
McKenzie-Willamette Medical Center	69%	NR	79%	NA	4	3	No
Mercy Medical Center	60%	NR	84%	NA	5	5	Yes
Mid-Columbia Medical Center	42%	NR	NR	NA	6	5	Yes
Mountain View Hospital	60%	76%	NR	NA	4	3	No
OHSU Hospital	73%	0%	33%	69%	5	6	No
Peace Harbor Hospital	90%	NR	0%	NA	5	6	No
Pioneer Memorial Hospital (Heppner)	46%	NR	NR	NA	2	3	No
Pioneer Memorial Hospital (Prineville)	56%	63%	45%	55%	6	4	Yes
Providence Hood River Memorial Hospital	85%	NR	NR	NA	4	4	Yes
Providence Medford Medical Center	74%	NR	NR	NA	2	2	Yes
Providence Milwaukie Hospital	83%	NR	NR	NA	4	3	Yes
Providence Newberg Medical Center	79%	NR	NR	NA	4	4	Yes
Providence Portland Medical Center	70%	NR	NR	NA	4	3	Yes
Providence Seaside Hospital	86%	NR	NR	NA	4	5	Yes
Providence St. Vincent Medical Center	77%	NR	NR	NA	4	3	Yes
Providence Willamette Falls Medical Center	74%	NR	NR	NA	3	4	Yes
Rogue Valley Medical Center	66%	NR	67%	NA	5	4	Yes
Sacred Heart Medical Center at RiverBend	87%	21%	86%	81%	5	5	Yes
Sacred Heart Medical Center at University	83%	21%	56%	59%	5	5	Yes
Salem Hospital	59%	NR	NR	NA	4	4	No
Samaritan Albany General Hospital	81%	NR	NR	NA	5	5	Yes
Samaritan Lebanon Community Hospital	85%	NR	NR	NA	3	4	Yes
Samaritan North Lincoln Hospital	81%	NR	NR	NA	3	4	Yes
Samaritan Pacific Communities Hospital	73%	NR	NR	NA	5	4	Yes
Santiam Memorial Hospital	53%	NR	NR	NA	5	3	No
Shriner's Hospital for Children	80%	10%	22%	50%	4	5	No
Silverton Hospital	58%	NR	NR	NA	3	3	Yes
Sky Lakes Medical Center	63%	NR	NR	NA	3	3	No
Southern Coos Hospital and Health Center	74%	85%	100%	76%	1	2	No

Hospital Healthcare Worker Flu Vaccination Rates, 2010-2011 Season

Hospital	Vaccination Rates				Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
	Employees	Non-Employees, Credentialed	Non-Employees, Other	Total			
St. Alphonsus Medical Center - Baker	76%	NR	NR	NA	2	3	No
St. Alphonsus Medical Center - Ontario	83%	33%	49%	71%	4	5	No
St. Anthony Hospital	67%	48%	NR	NA	4	4	No
St. Charles Medical Center (Bend)	53%	18%	28%	46%	5	4	Yes
St. Charles Medical Center (Redmond)	44%	22%	20%	39%	6	4	Yes
Three Rivers Community Hospital and Health Ctr	68%	43%	76%	68%	5	5	Yes
Tillamook County General Hospital	55%	NR	46%	NA	4	3	Yes
Tuality Healthcare	68%	NR	65%	NA	5	3	Yes
Vibra Specialty Care	79%	NR	NR	NA	1	4	No
Wallowa Memorial Hospital	53%	NR	38%	NA	3	1	No
West Valley Community Hospital	82%	33%	NR	NA	2	4	No
Willamette Valley Medical Center	65%	25%	72%	62%	4	4	Yes

NR = Not Reported. The facility did not report total count of HCW and count of HCW vaccinated.

NA = Not Available. If a facility did not provide data for all three categories of workers (employees; non-employees, (non-employees, credentialed; non-employees, other), the total vaccination rate could not be calculated.

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

Long-Term Care Facility Healthcare Worker Flu Vaccination Rates, 2010-2011

Long-Term Care Facility	Vaccination Rates				Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
	Employees	Non-Employees, Credentialed	Non-Employees, Other	Total			
Aidan Senior Living at Reedsport	37%	NR	NR	NA	1	1	No
Avamere at Three Fountains	69%	NR	NR	NA	3	2	Yes
Avamere Court at Keizer	85%	100%	32%	77%	3	2	No
Avamere Crestview of Portland	25%	NR	NR	NA	1	1	Yes
Avamere Rehabilitation of Beaverton	58%	100%	NR	NA	2	3	Yes
Avamere Rehabilitation of Clackamas	58%	67%	NR	NA	3	3	Yes
Avamere of Coos Bay	30%	NR	NR	NA	1	1	No
Avamere Rehabilitation of Eugene	10%	NR	NR	NA	2	1	No
Avamere Rehabilitation of Hillsboro	11%	NR	NR	NA	1	1	No
Avamere Rehabilitation of Junction City	38%	29%	NR	NA	2	1	Yes
Avamere Rehabilitation of King City	15%	0%	NR	NA	2	1	No
Avamere Rehabilitation of Lebanon	47%	NR	NR	NA	3	2	No
Avamere Rehabilitation of Newport	89%	NR	NR	NA	3	2	Yes
Avamere Rehabilitation of Oregon City	76%	NR	NR	NA	2	2	No
Avamere Rehabilitation of Salem	NR	NR	NR	NA	1	1	Yes
Avamere Riverpark of Eugene	49%	50%	60%	50%	1	3	Yes
Avamere Twin Oaks of Sweet Home	40%	NR	NR	NA	1	1	No
Baycrest Health Center	28%	NR	NR	NA	1	1	No
Blue Mountain Nursing Home	100%	NR	NR	NA	1	1	No
Care Center East Health & Specialty Care Center	95%	NR	NR	NA	4	2	Yes
Cascade Manor	NR	NR	NR	NA	1	1	Yes
Cascade Terrace Nursing Center	65%	NR	NR	NA	1	1	Yes
Cascade View Nursing Center	85%	NR	NR	NA	1	1	No
Chehalem Health and Rehab Center	87%	87%	NR	NA	2	1	Yes
Clatsop Care Center	NR	NR	NR	NA	2	1	No
Coast Fork Nursing Center	12%	NR	NR	NA	1	1	No
Wasco County Nursing Care	17%	NR	NR	NA	2	2	Yes
Columbia Care Center	67%	NR	NR	NA	1	1	Yes
Cornerstone Care Option	28%	NR	NR	NA	2	1	No
Corvallis Manor Nursing and Rehab	49%	NR	NR	NA	2	1	Yes
Creswell Health and Rehabilitation	51%	100%	NR	NA	3	3	Yes
Dallas Retirement Village Health Center	32%	20%	NR	NA	1	1	No
East Cascade Retirement Community	NR	NR	NR	NA	1	1	Yes
Fair View Transitional Care Center	31%	NR	NR	NA	3	2	No
Fernhill Estates	82%	80%	NR	NA	1	2	No
Forest Grove Rehab & Care Center	39%	50%	NR	NA	2	2	Yes
French Prairie Nursing & Rehabilitation Center	66%	NR	NR	NA	2	2	Yes
Friendship Health Center	58%	NR	NR	NA	1	1	No
Friendsview Manor	42%	NR	NR	NA	2	1	No
Gateway Care and Retirement Center	34%	NR	0%	NA	2	1	No
Glisan Care Center	85%	NR	NR	NA	2	2	Yes
Good Samaritan Society - Curry Village	25%	NR	NR	NA	2	2	No
Good Samaritan Society-Eugene Village	52%	NR	NR	NA	1	4	Yes
Good Samaritan Society - Fairlawn Village	77%	NR	NR	NA	2	1	Yes
Gracelen Terrace	27%	NR	NR	NA	2	1	Yes
Green Valley Rehabilitation Center	58%	0%	10%	49%	3	1	Yes
Gresham Rehab & Specialty Care	NR	NR	NR	NA	1	1	No

Long-Term Care Facility Healthcare Worker Flu Vaccination Rates, 2010-2011

Long-Term Care Facility	Vaccination Rates				Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
	Employees	Non-Employees, Credentialed	Non-Employees, Other	Total			
Harbor Care Reedwood	NR	NR	NR	NA	1	2	No
Harmony House Nursing Home	71%	NR	NR	NA	1	3	Yes
Healthcare at Foster Creek	4%	NR	NR	NA	1	1	Yes
Hearthstone Nursing & Rehabilitation Center	89%	100%	100%	89%	2	1	Yes
Highland Home Nursing & Rehabilitation Center	77%	NR	NR	NA	3	2	Yes
Hillsboro Health and Rehabilitation Center	21%	NR	NR	NA	1	2	No
Hillside Heights Rehabilitation Center	NR	NR	NR	NA	1	2	No
Holladay Park Plaza	36%	NR	NR	NA	1	1	No
Hood River Care Center	50%	NR	NR	NA	1	1	No
Independence Health and Rehabilitation Center	29%	NR	NR	NA	1	2	Yes
LaGrande Post Health and Rehab	8%	8%	NR	NA	2	1	No
Lake Health District Long Term Care	58%	NR	NR	NA	3	3	No
Laurel Hill Nursing Center	57%	NR	NR	NA	1	1	Yes
Laurelhurst Village	NR	NR	NR	NA	2	2	Yes
Lawrence Convalescent Center	35%	NR	NR	NA	1	2	Yes
Life Care Center of Coos Bay	54%	NR	NR	NA	3	2	No
Lifecare Center of McMinnville	34%	NR	100%	NA	2	1	Yes
Lincoln City Rehabilitation Center	64%	NR	NR	NA	2	2	No
Linda Vista Nursing and Rehab.	82%	NR	NR	NA	3	2	Yes
Marian Estates	1%	1%	NR	NA	1	1	Yes
Marquis Care at Autumn Hills	33%	NR	NR	NA	2	2	Yes
Marquis Care at Centennial	42%	100%	0%	36%	1	2	Yes
Marquis Care at Forest Grove	94%	NR	NR	NA	1	1	Yes
Marquis Care at Hope Village	32%	NR	NR	NA	2	1	No
Marquis Care at Mt. Tabor	30%	NR	NR	NA	1	1	No
Marquis Care at Newberg	65%	100%	100%	86%	2	2	Yes
Marquis Care at Oregon City	67%	NR	NR	NA	1	1	No
Marquis Care at Piedmont	13%	NR	NR	NA	1	2	No
Marquis Care at Plum Ridge	53%	NR	NR	NA	2	1	Yes
Marquis Care at Powellhurst	58%	NR	NR	NA	2	1	Yes
Marquis Care at Silver Gardens	46%	NR	NR	NA	1	1	No
Marquis Care at Springfield	66%	20%	100%	64%	1	1	No
Marquis Care at Vermont Hills	59%	NR	NR	NA	1	1	No
Marquis Care at Wilsonville	22%	NR	NR	NA	1	2	No
Mary's Woods at Marylhurst	42%	NR	NR	NA	1	3	Yes
Maryville Nursing Home	52%	33%	50%	52%	3	3	Yes
Meadow Park Health and Speciality Care Center	41%	NR	NR	NA	2	1	Yes
Medford Rehabilitation and Healthcare Center	84%	NR	NR	NA	2	3	Yes
Menlo Park Health Care	79%	100%	100%	80%	3	2	Yes
Mennonite Home	46%	88%	NR	NA	2	2	Yes
Milton Freewater Health & Rehabilitation Center	83%	50%	67%	81%	1	2	Yes
Milwaukie Convalescent Center	79%	NR	NR	NA	2	3	Yes
Mirabella Portland	NR	NR	NR	NA	1	3	No
Molalla Manor Care Center	48%	NR	NR	NA	1	2	Yes
Myrtle Point Care Center	47%	NR	0%	NA	2	3	No

Long-Term Care Facility Healthcare Worker Flu Vaccination Rates, 2010-2011

Long-Term Care Facility	Vaccination Rates				Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
	Employees	Non-Employees, Credentialed	Non-Employees, Other	Total			
Nehalem Valley Care Ctr.	54%	NR	83%	NA	1	2	No
Oakwood Country Place	86%	NR	NR	NA	1	1	Yes
Ochoco Care Center	52%	NR	NR	NA	2	2	Yes
Oregon City Health Care	42%	NR	NR	NA	1	1	No
Oregon Veterans' Home	78%	57%	58%	76%	5	3	Yes
Pacific Health and Rehabilitation	30%	NR	NR	NA	2	2	Yes
Park Forest Care Center	27%	NR	NR	NA	1	1	No
Pearl at Kruse Way, The	22%	NR	NR	NA	3	2	No
Pilot Butte Rehab Center	55%	NR	NR	NA	1	1	Yes
Pioneer Nursing Home Health District	53%	NR	50%	NA	2	1	Yes
Porthaven Healthcare Center	53%	17%	NR	NA	2	4	Yes
Portland Health and Rehabilitation	77%	NR	NR	NA	3	2	Yes
Presbyterian Community Care Center	76%	NR	NR	NA	2	1	Yes
Providence Benedictine Nursing Center	70%	NR	NR	NA	3	3	Yes
Providence Child Center	77%	NR	NR	NA	3	3	Yes
Providence Seaside Long-Term Care	80%	NR	NR	NA	4	3	Yes
Redmond Health Care Center	49%	NR	NR	NA	1	1	No
regency albany	42%	NR	NR	NA	2	1	No
Regency Florence	32%	NR	NR	NA	2	1	No
Regency Gresham Nursing and Rehabilitation Center	51%	NR	NR	NA	1	2	Yes
Regency Hermiston Nursing and Rehabilitation Center	73%	NR	NR	NA	2	2	Yes
Robison Jewish Health Center	43%	100%	NR	NA	3	2	No
Rogue Valley Manor	33%	NR	NR	NA	2	2	Yes
Rose City Nursing Home	34%	NR	33%	NA	2	1	No
Rose Haven Nursing Center	69%	NR	NR	NA	2	2	Yes
Rose Linn Care Center	NR	NR	NR	NA	1	1	Yes
Rose Villa Senior Living	42%	NR	NR	NA	1	2	Yes
Royale Gardens Health and Rehabilitation Center	63%	NR	NR	NA	1	1	Yes
Sheridan Care Center	61%	NR	NR	NA	2	1	Yes
Sherwood Park Nursing and Rehab	85%	NR	NR	NA	1	1	No
South Hills Rehab Center	70%	NR	100%	NA	4	1	Yes
Sunnyside Care Center	29%	NR	NR	NA	3	1	No
The Dalles Health and Rehabilitation Center	42%	100%	NR	NA	2	2	No
Tierra Rose Care Center	48%	NR	NR	NA	2	2	No
Timberview Care Center	47%	NR	NR	NA	1	1	No
Town Center Village Rehab	NR	NR	NR	NA	1	1	No
Trinity Mission Health & Rehab of Portland, LLC	77%	NR	NR	NA	2	1	Yes
Trinity St. Elizabeth - Saint Alphonsus Care Center-Baker City	56%	NR	NR	NA	2	2	No
Umpqua Valley Nursing & Rehabilitation Center	70%	NR	NR	NA	3	2	Yes
Valley West Health Care Center	40%	NR	NR	NA	2	1	No
Hillside Retirement-The Village at Hillside	0%	NR	NR	NA	1	2	Yes
Village Health Care	28%	NR	NR	NA	3	1	Yes
Village Manor	NR	NR	NR	NA	1	1	No

Long-Term Care Facility Healthcare Worker Flu Vaccination Rates, 2010-2011

Long-Term Care Facility	Vaccination Rates				Count of reported vaccine delivery methods	Count of reported vaccine promotion methods	Formal education conducted?
	Employees	Non-Employees, Credentialed	Non-Employees, Other	Total			
Vista Specialty Care	25%	NR	NR	NA	1	1	No
Wallowa Valley Care Center	64%	NR	NR	NA	1	1	No
West Hills Health & Rehabilitation	98%	NR	NR	NA	4	2	Yes
Willamette View Health Center	82%	100%	NR	NA	3	1	No
Willowbrook Terrace	68%	NR	NR	NA	1	3	Yes
Windsor Health and Rehabilitation Center	68%	NR	NR	NA	1	1	No

NR = Not Reported. The facility did not report total count of HCW and count of HCW vaccinated.

NA = Not Available. If a facility did not provide data for all three categories of workers (employees; non-employees, (non-employees, credentialed; non-employees, other), the total vaccination rate could not be calculated.

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