Influenza vaccination for licensed independent practitioners and staff is a major safety issue in the United States. Both government and professional organizations emphasize increasing patient safety by decreasing patients’ exposure to the influenza virus while receiving health care.1–4 The Joint Commission’s mission focuses on continuously improving health care for the public. As such, the Joint Commission’s Board of Commissioners determined that current “Infection Prevention and Control” (IC) Standard IC.02.04.01 needed to be strengthened, based on the scientific literature and current national focus on influenza vaccination, and extended to all accreditation programs in which the standard is not currently applicable. As a result, The Joint Commission has completed the following activities:

- Revised Standard IC.02.04.01 and strengthened the requirements to better reflect current science and the national initiatives on influenza vaccination for licensed independent practitioners and staff in the critical access hospital, hospital, and long term care accreditation programs. These revisions are effective July 1, 2012.
- Extended the revised influenza vaccination Standard IC.02.04.01 to all other accreditation programs, including the ambulatory care, behavioral health care, home care, laboratory, Medicare/Medicaid certification–based long term care, and office-based surgery accreditation programs. This standard will be implemented in a phased approach starting on July 1, 2012.

The elements of performance (EPs) in Standard IC.02.04.01, when fully implemented, will require accredited organizations to accomplish the following:

1. Establish an annual influenza vaccination program.
2. Educate licensed independent practitioners* and staff about the influenza vaccine; nonvaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.
3. Offer vaccination against influenza to licensed independent practitioners and staff and provide the vaccination at accessible sites and times.
4. Include in their infection control plan the goal of improving their influenza vaccination rate.
5. Set incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020.
6. Have a written description of the methodology used to determine their influenza vaccination rate.
7. Evaluate (at least annually) the reasons given for declining the influenza vaccination.
8. Improve their vaccination rate according to their established goals at least annually.
9. Provide influenza vaccination rate data to key stakeholders at least annually.

The requirements for revised Standard IC.02.04.01 are comparable across accreditation programs, but the language can vary by setting (for example, hospitals versus behavioral health care organizations). Therefore, if organizations are accredited under more than one accreditation program, it is important that they review the program-specific requirements. The program-specific language for Standard IC.02.04.01 can be accessed on the Joint Commission Web Site at http://www.jointcommission.org/standards_information/prepublication_standards.aspx.

**A Phased Approach**

The Joint Commission is aware that there are accredited organizations that have not provided influenza vaccination to licensed independent practitioners and staff and currently lack the infrastructure to meet all of the requirements of Standard IC.02.04.01. The Joint Commission determined that the requirements of Standard IC.02.04.01 would be implemented in a phased approach for ambulatory care, behavioral health care, home care, laboratory, Medicare/Medicaid certification–based long term care, and office-based surgery organizations. Details of the phased approach are as follows:

- EPs 1–4, 7, and 9 become effective July 1, 2012.
- EPs 5, 6, and 8 become effective July 1, 2013.

This phased implementation will provide organizations with additional time to set goals, learn about measuring the influenza vaccination rate, and begin to improve their vaccination rate. It is important to note that revisions for critical access hospitals, hospitals, and long term care organizations

*In behavioral health care, licensed independent practitioners are considered to be staff.*

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will not be phased in; they are all applicable on July 1, 2012. For laboratory programs that are part of an accredited organization, the organization will be responsible for complying with the standard. However, Standard IC.02.04.01 will be applicable to freestanding laboratories.

Questions on Mandates and Cost Implications

The field review on Standard IC.02.04.01 garnered more than 2,000 responses from all accreditation programs. The results indicated some confusion regarding The Joint Commission’s position on mandating influenza vaccination for licensed independent practitioners and staff. The Joint Commission would like to clarify that Standard IC.02.04.01 does not mandate influenza vaccination for licensed independent practitioners and staff as a condition of Joint Commission accreditation. The goals of the strengthened requirements and expansion of this standard are to improve patient safety, support national influenza vaccination initiatives through The Joint Commission’s accreditation process, and align this standard with the current scientific evidence.

In addition, The Joint Commission does not require accredited organizations to pay for the influenza vaccination of their licensed independent practitioners and staff. Although 94.3% of individuals responding to the field review indicated that their organization paid for the influenza vaccination for licensed independent practitioners and staff, it is not a requirement of Standard IC.02.04.01. The decision on whether to pay for the influenza vaccination for licensed independent practitioners and staff needs to be made independently by each accredited organization.

Education

Free education for all organizations will be made available on The Joint Commission’s Web site by the end of November 2011. Details were published in the November 9, 2011, issue of Joint Commission Online. Questions about the revised standard may be directed to Kelly Podgorny, D.N.P., C.P.H.Q., R.N., project director in the Division of Health Care Quality Evaluation, at kpodgorny@jointcommission.org, or to The Joint Commission’s Standards Interpretation Group through its online question form at http://www.jointcommission.org/Standards/.

References


† Joint Commission Resources (JCR) provides opportunities for education about influenza vaccination; see “JCR Flu Vaccination Challenge Enters Fourth Season” article on page 8 of this issue.