

# R<sup>3</sup> Report Requirement, Rationale, Reference

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Published for Joint Commission accredited organizations and interested health care professionals, *R<sup>3</sup> Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also provide a rationale, the rationale provided in *R<sup>3</sup> Report* goes into more depth. The references provide the evidence that supports the requirement. *R<sup>3</sup> Report* may be reproduced only in its entirety and credited to The Joint Commission. To receive by [e-mail](#), visit [www.jointcommission.org](http://www.jointcommission.org).

## Influenza vaccination for licensed independent practitioners and staff

### Requirement

Standard IC.02.04.01, regarding influenza vaccination for licensed independent practitioners and staff, is addressed in this issue of *R<sup>3</sup> Report* and is effective July 1, 2012 for all accreditation programs, with the exception of elements of performance (EPs) 5, 6 and 8 (see below), which go into effect July 1, 2013 for the ambulatory care, behavioral health care, home care, laboratory services, and office-based surgery programs, and for the Medicare/Medicaid certification-based long term care program option. This phased implementation provides additional time for organizations to determine their influenza vaccination goals for licensed independent practitioners and staff, to begin measuring an influenza vaccination rate, and to make improvements to that

4. The organization includes in its infection control plan the goal of improving influenza vaccination rates. (For more information, refer to Standard IC.01.04.01)
5. The organization sets incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020. *Note: The U.S. Department of Health and Human Services' Action Plan to Prevent Healthcare-Associated Infections is located at: [http://www.hhs.gov/ash/initiatives/hai/tier2\\_flu.html](http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html).*
6. The organization has a written description of the methodology used to determine influenza vaccination rates. (See IC.02.04.01, EP 1) *Note: The National Quality Forum (NQF) Measure Submission and Evaluation Worksheet 5.0 provides recommendations for the numerator and denominator on the performance measure for NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL. See: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=682>. The Joint Commission recommends that organizations use the Centers for Disease Control and Prevention (CDC) and*

*contracted staff. Therefore, The Joint Commission recommends that organizations also track influenza*

**Feedback from the field**

The draft standard was made available for field comment on The Joint Commission's website from April 5, 2011 through May 17, 2011. Results of the field review indicated that influenza vaccination for staff and licensed independent practitioners is an important issue for all of the accreditation programs. There were more than 2,000 combined responses to the field review and a substantial amount of qualitative responses. Themes that emerged in the qualitative data were similar across accreditation programs, such

3. Talbot TR, et al: