CAH Quality Improvement and Care Transitions Collaborative

Patient Safety:
Immunization Measures
March 3, 2016
How to Participate in the Session

• If you have called in by phone, you can “raise your hand” by selecting the hand icon

• If you would like to call in by phone, select the “phone” icon to receive call in information

• Select the “Chat Bubble” icon to show the comments box and type your comments and questions in the chat box throughout the session
Agenda

• MBQIP and Collaborative Review
• OP-27: HCP Influenza Vaccination Overview
• IMM-2: Inpatient Influenza Vaccination Overview
• Q & A Discussion
• Next Steps
Medicare Beneficiary Quality Improvement Project (MBQIP)

- Quality Measurement
- Quality Improvement
- Improved Patient Outcomes
MBQIP – Why Participate?

• Preparing for potential future mandatory reporting to CMS, Insurance Companies, ACOs
• Telling our own “Quality Story”
• Effective September 1, 2016, FLEX funding will be contingent upon MBQIP participation.
**MBQIP Quality Domains**

**Care Transitions**

- **EDTC-1**: Administrative Communication
- **EDTC-2**: Patient Information
- **EDTC-3**: Vital Signs
- **EDTC-4**: Medication Information
- **EDTC-5**: Physician or Practitioner Generated Information
- **EDTC-6**: Nurse Generated Information
- **EDTC-7**: Procedures and Tests

**Outpatient**

- **OP-1**: Median time to Fibrinolysis
- **OP-2**: Fibrinolytic Therapy Received within 30 minutes
- **OP-3**: Median Time to Transfer to another Facility for Acute Coronary Intervention
- **OP-5**: Median time to ECG
- **OP-20**: Door to diagnostic evaluation by a qualified medical professional
- **OP-21**: Median time to pain management for long bone fracture
- **OP-22**: Patient left without being seen
**MBQIP Quality Domains**

**Patient Safety**
- IMM-2: Influenza Immunization
- HCP/OP-27: Influenza vaccination coverage among healthcare personnel

**Patient Engagement**
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
# CAH Collaborative Activity Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content and Networking Webinars</td>
<td>01/14 Topic: Care Transitions</td>
<td>03/03 Topic: QI - Immunization</td>
<td>03/15 Topic: QI - ED</td>
<td>04/14 Topic: QI - Care Transitions</td>
<td>05/12 Topic: QI - Immunization</td>
<td>06/09 Topic: QI - ED</td>
</tr>
<tr>
<td>In-Person Learning Session</td>
<td>Attendance at PFE/NCACT Summit</td>
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</tr>
<tr>
<td>Individual Coaching Calls</td>
<td>1 PFE Coaching Call</td>
<td>1 Coaching Call - Care Transitions/Immunizations/ED</td>
<td>1 PFE Coaching Call</td>
<td>1 Coaching Call - Care Transitions/Immunizations/ED</td>
<td></td>
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<tr>
<td>Site Visits</td>
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</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tbody>
<tr>
<td>In-Person Learning Session</td>
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<td>Site Visits</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
The Collaborative

- Alleghany Memorial Hospital
- Angel Medical Center
- Cape Fear Valley – Bladen County Hospital
- Cannon Memorial Hospital
- Chatham Hospital
- Dosher Memorial Hospital
- FirstHealth Montgomery Memorial Hospital
- Murphy Medical Center
- Pender Memorial Hospital
- Pioneer Community Hospital of Stokes
- St. Luke’s Hospital
- Swain County Hospital
- Washington County Hospital
# CAH Collaborative Advisory Group

## Membership

<table>
<thead>
<tr>
<th>Name of Member</th>
<th>Affiliated Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Jay Kennedy</td>
<td>Rural Hospital Program Manager, NC Office of Rural Health</td>
</tr>
<tr>
<td>2. Jeff Spade</td>
<td>Executive Director, NC Center for Rural Health, NCHA</td>
</tr>
<tr>
<td>3. Nancy Bres Martin</td>
<td>Consultant, NC Office of Rural Health</td>
</tr>
<tr>
<td>4. Connie Ensley</td>
<td>Quality Director, Murphy Medical Center</td>
</tr>
<tr>
<td>5. Carmen Lacey</td>
<td>President &amp; Director Patient Care Services, Charles A. Cannon, Jr. Memorial Hospital</td>
</tr>
<tr>
<td>6. Cindy Faulkner</td>
<td>CNO, Pender Memorial Hospital</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Q4-2015</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Alleghany Memorial Hospital</td>
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<tr>
<td>Angel Medical Center</td>
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<tr>
<td>Cape Fear Valley Bladen</td>
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<tr>
<td>Charles A Cannon Jr. Memorial</td>
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<tr>
<td>Chatham Hospital</td>
<td>X</td>
</tr>
<tr>
<td>Dosher Memorial Hospital</td>
<td>X</td>
</tr>
<tr>
<td>FirstHealth Montgomery</td>
<td>X</td>
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<tr>
<td>Murphy Medical Center</td>
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<tr>
<td>Pender Memorial</td>
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<tr>
<td>Pioneer/Stokes Memorial</td>
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<tr>
<td>St. Luke’s Hospital</td>
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<tr>
<td>Swain Memorial</td>
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<tr>
<td>Washington County</td>
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OP-27
HCP Influenza Vaccination
### OP-27

**Influenza Vaccination Coverage Among Health Care Personnel**  
*(Single Rate for Inpatient and Outpatient Settings)*

<table>
<thead>
<tr>
<th>MBQIP Domain</th>
<th>Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Set</td>
<td>Web-Based (Preventive Care)</td>
</tr>
<tr>
<td>Measure Description</td>
<td>Percentage of health care workers given influenza vaccination.</td>
</tr>
<tr>
<td>Importance/Significance</td>
<td>1 in 5 people in the US get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributed to patients hospitalized during the flu season.</td>
</tr>
<tr>
<td>Improvement Noted As</td>
<td>Increase in the rate (percent)</td>
</tr>
<tr>
<td>Data Reported To</td>
<td>National Healthcare Safety Network (NHSN) Website</td>
</tr>
<tr>
<td>Data Available On</td>
<td>Hospital Compare <em>(Note: Listed on Hospital Compare as IMM-3-OP-27-FAC-ADHPCT)</em> MBQIP Data Reports Flex Monitoring Team Reports</td>
</tr>
<tr>
<td>Measure Population</td>
<td>NA - This measure uses administrative data and not claims to determine the measure’s denominator population.</td>
</tr>
<tr>
<td>Sample Size Requirements</td>
<td>No sampling - report all cases</td>
</tr>
<tr>
<td>Data Collection Approach</td>
<td>Hospital tracking</td>
</tr>
<tr>
<td>Data Elements</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Other Notes**
- Each facility in a system needs to be registered separately and HCPs should be counted in the sample population for every facility at which s/he works.
- Facilities must complete a monthly reporting plan for each year or data reporting period.
- All data reporting is aggregate (whether monthly, once a season, or at a different interval).
**OP-27 Numerator/Denominator**

### Numerator Categories
- Influenza vaccinations
- Medical contraindications
- Declinations

### Denominator Categories
*Includes full-time and part-time:*
- Employee HCP
- Non-employee HCP
  - Licensed Independent Practitioners
- Non-employee HCP
  - Students/trainees, volunteers

*Facilities are required to report all numerator categories for the three denominator categories*

*HCP must be physically present in the facility for at least 1 working day between October 1 through March 31*
Numerator Categories

- HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season

- HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season
HCP who have a medical contraindication to the influenza vaccine
- Severe allergic reaction after a previous vaccine dose or to a vaccine component, including egg protein, or
- History of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination

Documentation is not required for reporting a medical contraindication (verbal statements are acceptable)
Numerator Categories

- HCP who declined to receive the influenza vaccine
  - Documentation is not required for reporting declinations (verbal statements are acceptable)
Denominator Categories: Employee HCP

- Employees (staff on facility payroll) [Required]
  - Defined as all persons that receive a direct paycheck from the healthcare facility, regardless of clinical responsibility or patient contact
Denominator Categories: Non-Employee HCP

- Licensed Independent Practitioners [Required]
  - Defined as physicians; advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it, regardless of clinical responsibility or patient contact
Denominator Categories: Non-Employee HCP

- Adult students/trainees and volunteers [Required]
  - Defined as adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it, regardless of clinical responsibility or patient contact
Denominator Categories: Non-Employee HCP

- Other contract personnel [Optional]
  - Defined as persons providing care, treatment, or services at the facility through a contract
  - Examples include:
    - Dialysis technicians
    - Occupational therapists
    - Admitting staff
    - Pharmacists
May 15, 2016
Healthcare Personnel Influenza Vaccination:
For the dates October 1, 2015 – March 31, 2016
Submitted to National Healthcare Safety Network
(NHSN)

Facilities are only required to report data once at the conclusion of the reporting period
IMM-2
Inpatient Influenza Vaccination
# IMM-2

## Immunization for Influenza (Inpatient)

<table>
<thead>
<tr>
<th>MBQIP Domain</th>
<th>Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Set</td>
<td>Immunization (Preventive Care)</td>
</tr>
<tr>
<td>Measure Description</td>
<td>Percentage of patients assessed and given influenza vaccination (inpatient)</td>
</tr>
<tr>
<td>Importance/Significance</td>
<td>1 in 5 people in the US get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributable to patients hospitalized during the flu season. Hospitalization is an underutilized opportunity to vaccinate.</td>
</tr>
<tr>
<td>Improvement Noted As</td>
<td>Increase in the rate (percent)</td>
</tr>
<tr>
<td>Data Reported To</td>
<td>QualityNet via Inpatient CART/Vendor</td>
</tr>
<tr>
<td>Data Available On</td>
<td>Hospital Compare, MBQIP Data Reports, Flex Monitoring Team Reports</td>
</tr>
<tr>
<td>Measure Population</td>
<td>All patients discharged from acute inpatient care with a length of stay less than or equal to 120 days.</td>
</tr>
<tr>
<td>Sample Size Requirements</td>
<td>Quarterly 0-5 - Reporting encouraged 6-152 - 100% of initial pt. pop 153-764 - 153 765-1529 - 20% of initial pt. pop &gt;1529 - 306 Monthly &lt; 51 - 100% of initial population 51-254 - 51 255-509 - 20% of initial pt. pop &gt;509 – 102</td>
</tr>
<tr>
<td>Data Collection Approach</td>
<td>Chart Abstracted</td>
</tr>
<tr>
<td>Data Elements</td>
<td>ICD-10-CM Other Diagnosis Codes ICD-10-PCS Other Procedure Codes ICD-10-CM Principal Diagnosis Code ICD-10-PCS Principal Procedure Code Influenza vaccination status</td>
</tr>
<tr>
<td>Other Notes</td>
<td>–</td>
</tr>
</tbody>
</table>
This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.

The numerator captures two activities:

- Screening, and
- Intervention of vaccine administration when indicated
**IMM-2 Numerator/Denominator**

**Numerator**
Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

**Denominator**
Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February, or March.
Numerator Categories

- Patients who received the influenza vaccine during this inpatient hospitalization
- Patients who had documented contraindications to the vaccine
- Patients who received the influenza vaccine during the current year’s flu season but prior to the current hospitalization
- Patients who were offered and declined the influenza vaccine
- Patients who have an allergy/sensitivity to the influenza vaccine
Denominator Categories

- Inpatient discharges 6 months of age and older
- Excluded populations
  - Patients less than 6 months of age
  - Patients who expire prior to hospital discharge
  - Patients with an organ transplant during the current hospitalization
  - Patients for whom vaccination was indicated, but supply had not been received by the hospital due to problems with vaccine production or distribution
  - Patients who have a Length of Stay greater than 120 days
  - Patients who are transferred or discharged to another acute care hospital
May 15, 2016
Inpatient Influenza Immunization:
For the dates October 1, 2015 – March 31, 2016
Reported to QualityNet by vendor or CART
PFE and Flu Vaccines
Shared Decision Making
"providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."

~Institute of Medicine
Be aware of the myths

“Getting the flu is like getting a cold. You get over it.”

“Getting the flu vaccine makes you get the flu.”

“As long as you keep yourself healthy, you don’t need to get a flu shot.”

“Flu vaccines just don’t work.”

Adapted from http://blog.debmed.com/blog/engage-patients-with-influenza-insights
Prepare to address the myths with respect

“I can understand why you might feel that way.”
“You are not alone; a lot of people have that same concern.”
“Yes…and…”

Be ok with “planting seeds”
Example Conversation

- “Have you had your flu shot this season, Mr. Jones?”
- “No, I don’t want one, either.”
- “Ok. That’s fine. Do you mind if I ask why?”
- “It’s all over the news. Flu vaccines don’t really work. It’s just modern-day snake oil.”
- “I completely understand why you would see it that way. You’re right, some people who get the flu shot do get the flu anyway. Studies show that the flu vaccine roughly reduces your chance of getting the flu by 50-60% *. It also makes the flu weaker if you do get the flu.”
- “See? I don’t need it! I told you!”
- “Mr. Jones, with your medical history, I worry about what would happen if you got the flu without having the flu vaccine. It’s your decision. Please think about it some more, ok?”

* http://www.cdc.gov/flu/about/qa/vaccineeffect.htm
Barriers to HCP Influenza Vaccination

- Lack of access to influenza vaccine
- Beliefs
  - Influenza is not a serious illness for young, healthy people
  - Influenza vaccine is not effective
  - Influenza vaccine causes illness/side effects
  - Fear of injections
- Lack of enthusiasm about influenza vaccination
- High staff turnover
- Lack of centralized workplace
Polling Question 1

Do your policies and procedures address health care worker influenza vaccination?

YES

NO
Do your policies and procedures address inpatient influenza vaccination?

YES

NO
Discussion Questions

1. Do your policies and procedures address health care worker influenza vaccination?
2. Do your policies and procedures address inpatient influenza vaccination?
3. What successes or challenges have you experienced (or do you anticipate) with data collection and reporting for these measures?
Open Forum
Viewing Collaborative Team Members in QDS

Select the “Contacts” Tab

Select a Hospital to view its team members
Next Steps

• Submit Immunization Policies
  o Inpatients
  o Healthcare Personnel

• Complete Pre-Site Visit Survey

• Establish and convene your ED Improvement Team
  o Enter team information into QDS
  o Begin thinking about the focus of your ED improvement efforts

• Prepare your team to address patients’ concerns and myths with respect and confidence
Thank You!

QUESTIONS?
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