



# CAH Quality Improvement and Care Transitions Collaborative

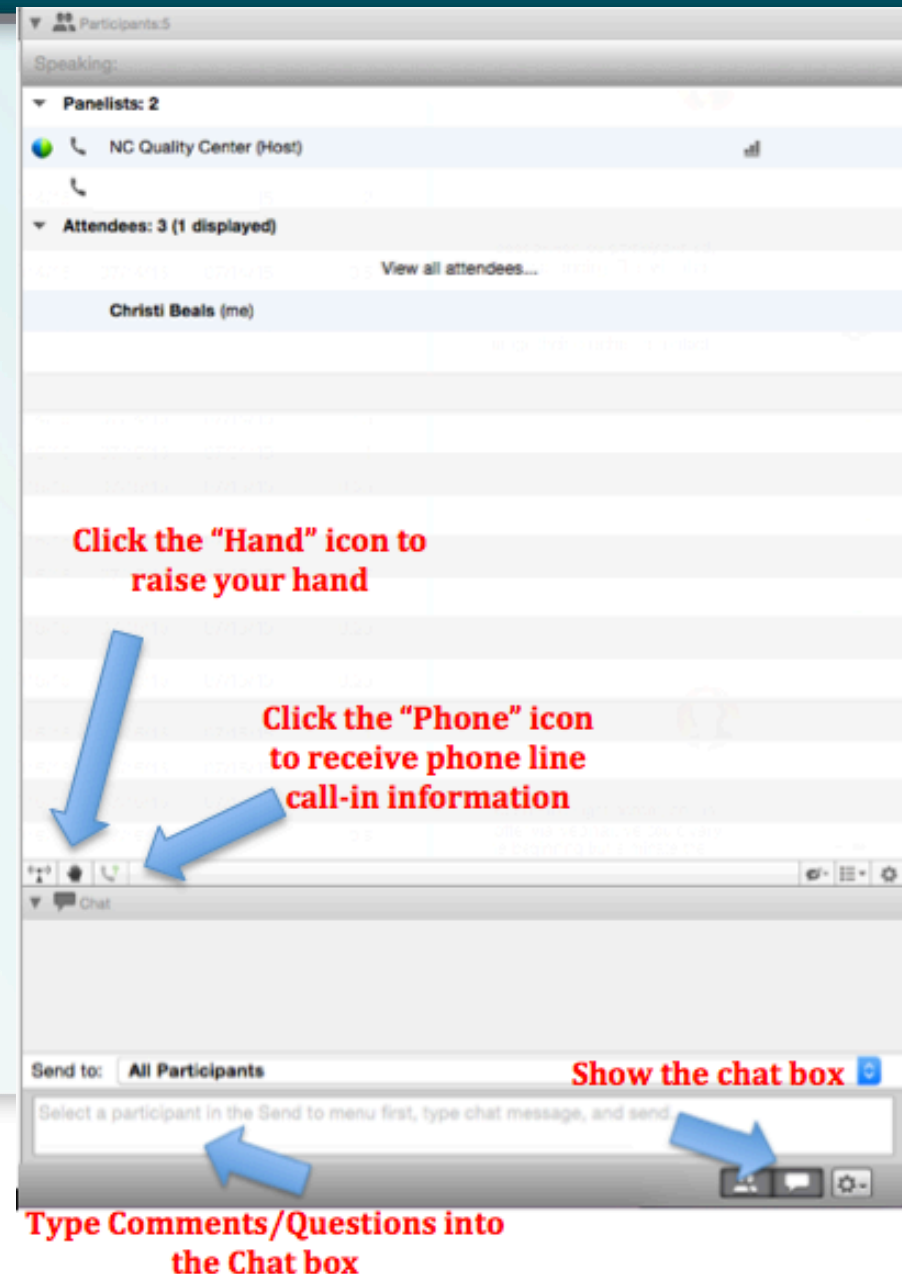
Patient Safety:  
Immunization Measures  
March 3, 2016



North Carolina  
Quality Center

# 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)



# 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.

**MANDATORY REPORTING**



# 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

Activity	January	February	March	April	May	June
Content and Networking Webinars	01/14 Topic: Care Transitions Toolkit Overview and First Sections	03/03 Topic: QI - Immunization Best Practices in Gaining Immunization Compliance	03/15 Topic: QI - ED	04/14 Topic: Care Transitions	05/12 Topic: QI - Immunization	06/09 Topic: QI - ED
In-Person Learning Session	Attendance at PFE/NCACT Summit					
Individual Coaching Calls	1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED			1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED		
Site Visits						

Activity	July	August	September	October	November	December
Content and Networking Webinars	07/14 Topic: Care Transitions	08/11 Topic: QI - Immunization	09/08 Topic: QI - ED	10/13 Topic: Care Transitions	11/10 Topic: QI - Immunization	12/08 Topic: QI - ED
In-Person Learning Session						
Individual Coaching Calls	1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED			1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED		
Site Visits						



# The Collaborative

- Alleghany Memorial Hospital
- Angel Medical Center
- Cape Fear Valley – Bladen County Hospital
- Cannon Memorial Hospital
- Chatham Hospital
- Doshier 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	
NAME OF MEMBER	AFFILIATED ORGANIZATION
1. Jay Kennedy	Rural Hospital Program Manager, NC Office of Rural Health
2. Jeff Spade	Executive Director, NC Center for Rural Health, NCHA
3. Nancy Bres Martin	Consultant, NC Office of Rural Health
4. Connie Ensley	Quality Director, Murphy Medical Center
5. Carmen Lacey	President & Director Patient Care Services, Charles A. Cannon, Jr. Memorial Hospital
6. Cindy Faulkner	CNO, Pender Memorial Hospital

# Q4 2015 EDTC Data Submission Update

Hospital Name	Q4-2015
Alleghany Memorial Hospital	
Angel Medical Center	X
Cape Fear Valley Bladen	X
Charles A Cannon Jr. Memorial	X
Chatham Hospital	X
Dosher Memorial Hospital	X
FirstHealth Montgomery	X
Murphy Medical Center	X
Pender Memorial	X
Pioneer/Stokes Memorial	
St. Luke's Hospital	X
Swain Memorial	X
Washington County	

# OP-27

## HCP Influenza Vaccination

# OP-27

OP-27	
Influenza Vaccination Coverage Among Health Care Personnel (Single Rate for Inpatient and Outpatient Settings)	
MBQIP Domain	Patient Safety
Measure Set	Web-Based (Preventive Care)
Measure Description	Percentage of health care workers given influenza vaccination.
Importance/Significance	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.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	Hospital Compare ( <i>Note:</i> Listed on Hospital Compare as IMM-3-OP-27-FAC-ADHPCT) MBQIP Data Reports Flex Monitoring Team Reports
Measure Population	NA - This measure uses administrative data and not claims to determine the measure's denominator population.
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	NA
Encounter Period – Submission Deadline	Q4 2015 - Q1 2016 (Oct-Mar) – May 15, 2016
Other Notes	<p>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.</p> <p>Facilities must complete a monthly reporting plan for each year or data reporting period.</p> <p>All data reporting is aggregate (whether monthly, once a season, or at a different interval).</p>

# OP-27 Numerator/Denominator

## Numerator Categories

- ☐ Influenza vaccinations
- ☐ Medical contraindications
- ☐ Declinations

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

## Denominator Categories

*Includes full-time and part-time:*

- ☐ Employee HCP
- ☐ Non-employee HCP
  - ☐ Licensed Independent Practitioners
- ☐ Non-employee HCP
  - ☐ Students/trainees, volunteers

*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



# Numerator Categories

- ❑ 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

# OP-27 Reporting

**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

IMM-2	
Immunization for Influenza (Inpatient)	
MBQIP Domain	Patient Safety
Measure Set	Immunization (Preventive Care)
Measure Description	Percentage of patients assessed and given influenza vaccination (inpatient)
Importance/Significance	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.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	QualityNet via Inpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population	All patients discharged from acute inpatient care with a length of stay less than or equal to 120 days.
Sample Size Requirements	<b>Quarterly</b> 0-5 - Reporting encouraged 6-152 - 100% of initial pt. pop 153-764 - 153 765-1529 - 20% of initial pt. pop >1529 - 306  <b>Monthly</b> < 51 - 100% of initial population 51-254 - 51 255-509 - 20% of initial pt. pop >509 - 102
Data Collection Approach	Chart Abstracted
Data Elements	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
Encounter Period – Submission Deadline	Q3 2015 (Jul 1 - Sep 30) – February 15, 2016 Q4 2015 (Oct 1 - Dec 31) – May 15, 2016 Q1 2016 (Jan 1 - Mar 31) – August 15, 2016 Q2 2016 (Apr 1 - Jun 30) – November 15, 2016 Q3 2016 (Jul 1 - Sep 30) – February 15, 2017
Other Notes	--

# IMM-2 Measure Description

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

# IMM-2 Reporting

**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



North Carolina  
Quality Center



"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



# Polling Question 2

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



The screenshot shows the NCQC website interface. At the top, the NCQC logo is on the left, and the text 'North Carolina Quality Center' and 'CAH Quality Improvement and Care Transitions Collaborative' is on the right. Below this is a navigation bar with tabs: Resources, Data, Contacts, Team Info, Coaches, Help, and Admin. The 'Contacts' tab is highlighted. On the left side of the page, there is a sidebar with the NCQC logo, a statement about ownership, the NCHA logo, and contact information. The main content area is titled 'Contacts' and has a sub-section 'Other Teams'. A red arrow points from the 'Contacts' tab to the 'Other Teams' section. Another red arrow points from the 'Other Teams' section to a list of hospitals. The list includes: Alleghany Memorial Hospital, Angel Medical Center, Cape Fear Valley - Bladen Healthcare, LLC, Charles A. Cannon, Jr. Memorial Hospital, Chatham Hospital, FirstHealth Montgomery Memorial Hospital, J. Arthur Doshier Memorial Hospital, Murphy Medical Center, Inc., Pender Memorial Hospital, Pioneer Community Hospital of Stokes, St. Luke's Hospital, Swain Community Hospital, and Washington County Hospital.

**NCQC** North Carolina Quality Center CAH Quality Improvement and Care Transitions Collaborative

Resources Data **Contacts** Team Info Coaches Help Admin

**NCQC**  
This site and the QDS database are owned and maintained by The North Carolina Quality Center

**NCHA**  
Additional support comes from the North Carolina Hospital Association.

Privacy Policy

Questions?  
qds@ncha.org

f t YouTube

**Contacts**

**Other Teams**

✓ Choose a Hospital:

- Alleghany Memorial Hospital
- Angel Medical Center
- Cape Fear Valley - Bladen Healthcare, LLC
- Charles A. Cannon, Jr. Memorial Hospital
- Chatham Hospital
- FirstHealth Montgomery Memorial Hospital
- J. Arthur Doshier Memorial Hospital
- Murphy Medical Center, Inc.
- Pender Memorial Hospital
- Pioneer Community Hospital of Stokes
- St. Luke's Hospital
- Swain Community Hospital
- Washington County Hospital

Select the "Contacts" Tab

Select a Hospital to view its team members

# Next Steps



**Reminder**

- Submit Immunization Policies
  - Inpatients
  - Healthcare Personnel
- Complete Pre-Site Visit Survey
- Establish and convene your ED Improvement Team
  - Enter team information into QDS
  - 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?



North Carolina  
Quality Center

# NC Quality Center Team

**Debbie Hunter, MBA**

Performance Improvement  
Specialist

[dhunter@ncha.org](mailto:dhunter@ncha.org)

919-677-4103

**Tiffany Christensen, BFA**

Performance Improvement  
Specialist – PFE

[tchristensen@ncha.org](mailto:tchristensen@ncha.org)

919-677-4119

**Christi Beals, MSL**

Project Manager

[cbeals@ncha.org](mailto:cbeals@ncha.org)

919-677-4136

**Elizabeth Mizelle, MPH**

Healthcare Data Analyst

[emizelle@ncha.org](mailto:emizelle@ncha.org)

919-677-4124

**Amy Smith**

Project Coordinator

[asmith@ncha.org](mailto:asmith@ncha.org)

919-677-4140



North Carolina  
Quality Center