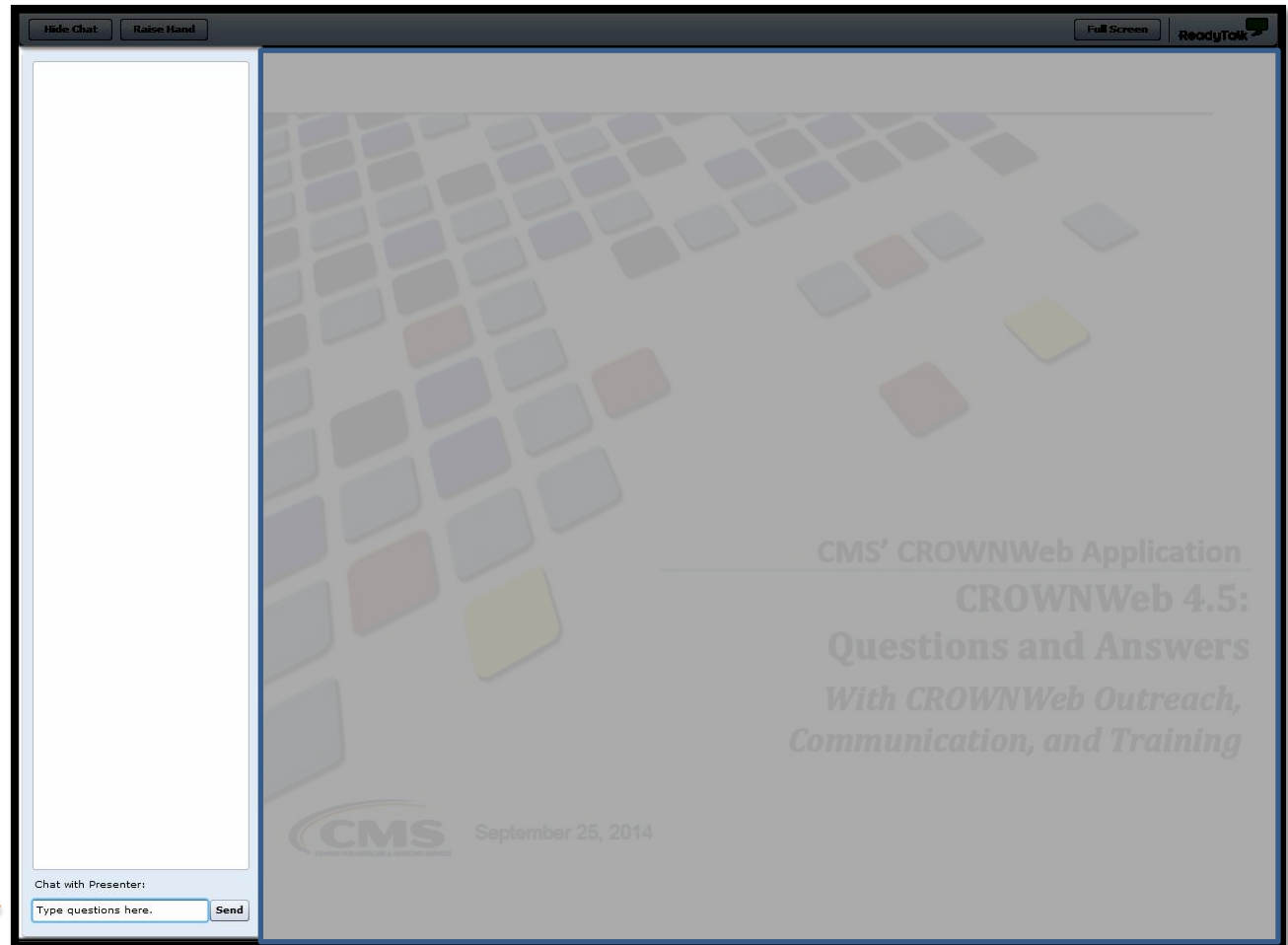# Inpatient Psychiatric Facility
Quality Reporting (IPFQR) Program:
Influenza Vaccination of Healthcare Personnel and the IMM-2 Measure

- *Audio for this event is available via INTERNET STREAMING.*

- *No telephone line is required.*

- *Computer speakers or headphones are necessary to listen to streaming audio.*

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: Influenza Vaccination of Healthcare Personnel

Amy Webb, MPH

Elizabeth Kalayil, MPH

Centers for Disease Control and Prevention

April 16, 2015

Purpose

Healthcare Personnel (HCP) Influenza Vaccination Summary Measure:

- Designed to ensure that HCP influenza vaccination reported coverage is both consistent over time within a single healthcare facility and comparable across facilities.

- Staff members in healthcare facilities can use the Influenza Vaccination Summary to monitor influenza vaccination percentages among HCP.

Learning Objectives

At the conclusion of the program, attendees will understand:

- How to get started in the NHSN Healthcare Personnel Safety (HPS) Component

- Reporting requirements for the Healthcare Personnel (HCP) Influenza Vaccination Summary

Acronyms

- **CCN**   CMS Certification Number
- **CDC**   Centers for Disease Control and Prevention
- **HCP**   Healthcare Personnel
- **HCW**   Healthcare Worker
- **HPS**   Healthcare Personnel Safety
- **IIV**   Inactivated Influenza Vaccine
- **IPF**   Inpatient Psychiatric Facility
- **LAIV**   Live Attenuated Influenza Vaccine
- **NHSN**   National Healthcare Safety Network
- **SAMS**   Secure Access Management Services

Healthcare Personnel Safety Component

The HPS Component consists of two modules:

- **HCP Exposure Module**
    - Blood/Body Fluid Exposure Only
    - Blood/Body Fluid Exposure with Exposure Management
    - Influenza Exposure Management

- **HCP Vaccination Module**
    - Influenza Vaccination Summary

Getting Started in the HPS Component

Enrolling in NHSN

- Facilities that are currently not participating in NHSN and wish to participate must <u>enroll</u> their facility in NHSN.
    - Please visit www.cdc.gov/nhsn/enrollment/index.html for more information regarding the enrollment process.
    - If unsure of enrollment status, please e-mail nhsn@cdc.gov for more information.
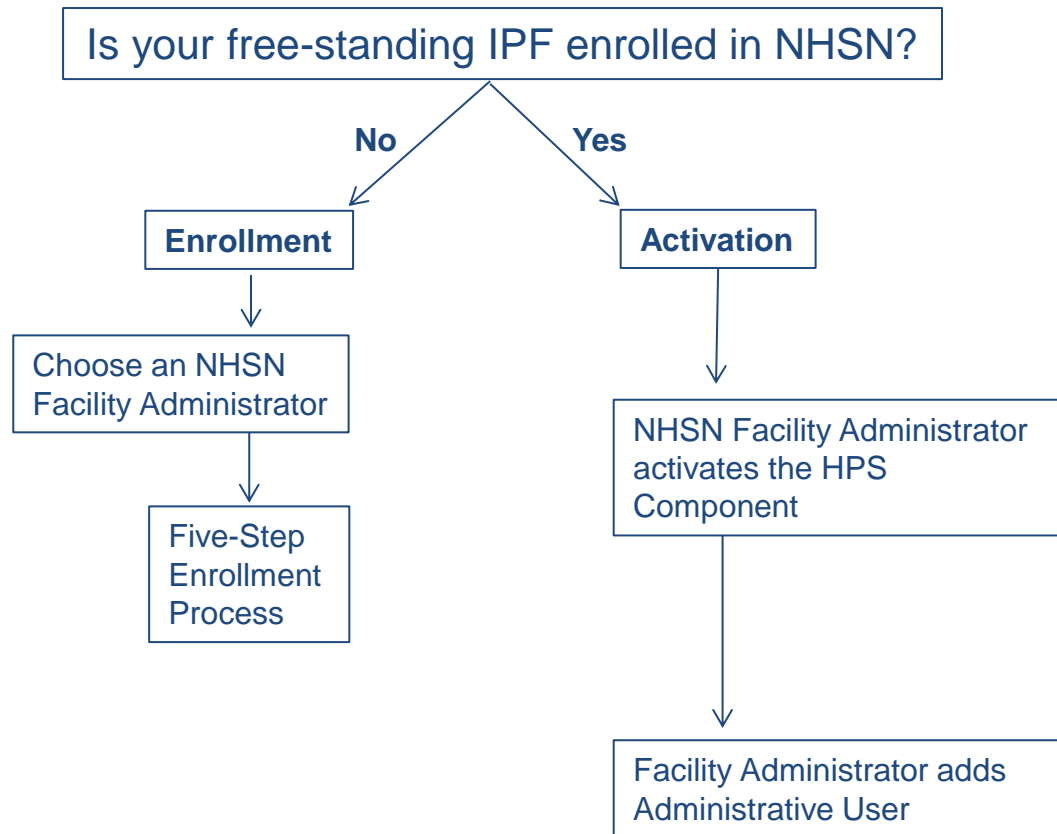
Adding an IPF location

- IPF units located within acute care/critical access hospitals must be added as a unit within the already enrolled acute care/critical access hospitals.

Activating the HPS Component

- Facilities that are <u>already enrolled</u> in NHSN and wish to participate in the HPS Component must <u>activate</u> the component within NHSN.

Getting Started in the HPS Component

Is your free-standing IPF enrolled in NHSN?

No → **Enrollment**
→ Choose an NHSN Facility Administrator
→ Five-Step Enrollment Process

Yes → **Activation**
→ NHSN Facility Administrator activates the HPS Component
→ Facility Administrator adds Administrative User

- Are you unsure of your facility's status with NHSN?
  - E-mail nhsn@cdc.gov

Enrollment for IPFs

- Step 1: Training and Preparation
  - Read the NHSN Facility Administrator Guide.

- Step 2: Registration
  - Agree to the NHSN Rules of Behavior.
  - Register your facility with NHSN using your CMS Certification Number (CCN).

- Step 3a: Review and Accept Secure Access Management Services (SAMS) Rules of Behavior and Register with SAMS

- Step 3b: Complete and Submit Identity Proofing Documentation
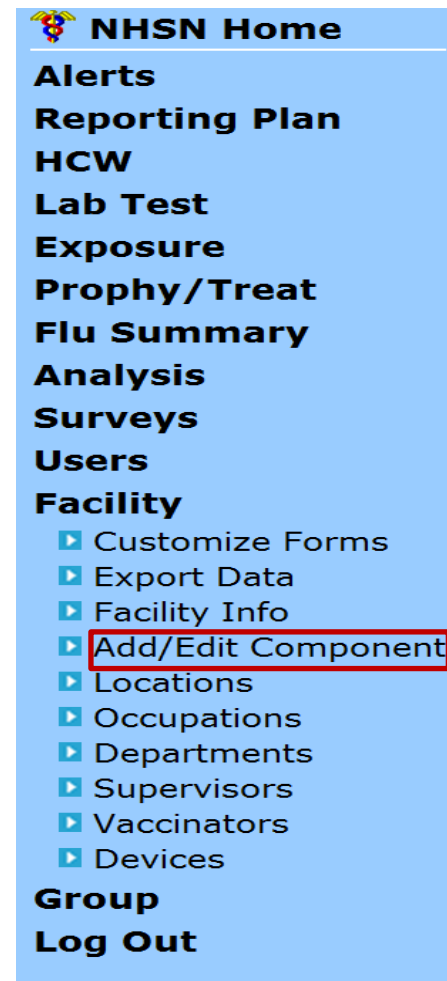
Enrollment for IPFs

- Step 4: NHSN Enrollment
  - Log in to SAMS and select NHSN Enrollment
  - Submit required enrollment information
- Step 5: Sign and Send Consent
  - Sign the consent form and fax to CDC

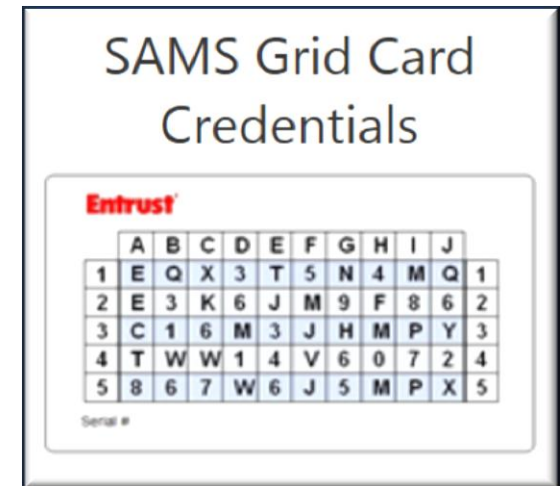Information about the process can be found at:

www.cdc.gov/nhsn/enrollment/

Activating the HPS Component for Existing NHSN Facilities

- Facility Administrator logs into the Secure Access Management Services (SAMS): https://nhsn2.cdc.gov/nhsn/
  - Click "NHSN Reporting"

- From the Home Page, the Facility Administrator clicks "Facility" then "Add/Edit Component"
  - Check box next to Healthcare Personnel Safety

- Facility Administrator adds HPS Component Primary Contact
  - Enter name, phone, email, and address for person to be contacted if CDC/NHSN has updates or questions about the HPS Component

NHSN Home
Alerts
Reporting Plan
HCW
Lab Test
Exposure
Prophy/Treat
Flu Summary
Analysis
Surveys
Users
Facility
  ▶ Customize Forms
  ▶ Export Data
  ▶ Facility Info
  ▶ Add/Edit Component
  ▶ Locations
  ▶ Occupations
  ▶ Departments
  ▶ Supervisors
  ▶ Vaccinators
  ▶ Devices
Group
Log Out

New Users to NHSN

- Receive an invitation to register with Secure Access Management Services (SAMS)
  - New users will automatically receive an invitation to SAMS after being added as a user to the facility

- Complete and submit identity verification documents to CDC

- Access NHSN using SAMS credentials

- Information about the process can be found at: www.cdc.gov/nhsn/sams/about-sams.html

SAMS Grid Card Credentials

Entrust

	A	B	C	D	E	F	G	H	I	J	
1	E	Q	X	3	T	5	N	4	M	Q	1
2	E	3	K	6	J	M	9	F	8	6	2
3	C	1	6	M	3	J	H	M	P	Y	3
4	T	W	W	1	4	V	6	0	7	2	4
5	8	6	7	W	6	J	5	M	P	X	5

Serial #

Data Reporting Requirements

Reporting Requirements: Denominator

Employees (staff on facility payroll) [Required]

- Defined as all persons that receive a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact

- All HCP included in the denominator must physically work in the IPF for one day or more from October 1 through March 31 of the applicable flu season

Reporting Requirements: Denominator

Licensed Independent Practitioners [Required]

- Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.

Reporting Requirements: Denominator

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 (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact

Reporting Requirements: Denominator

Other contract personnel [Optional]

- Defined as persons providing care, treatment, or services at the facility through a contract
- There are several types of personnel who provide direct care and non-direct services. Examples include:
  - Dialysis technicians
  - Occupational therapists
  - Admitting staff
  - Pharmacists
- Refer to Appendix A of the HCP Influenza Vaccination Summary Protocol for suggested list of contract personnel www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/12-Appendix-A.pdf

Reporting Requirements: Numerator

- 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
  - Acceptable forms of documentation include:
    - A signed statement or form, or an electronic form or e-mail from a healthcare worker (HCW) indicating when and where he/she received the influenza vaccine
    - A note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the HCW received the influenza vaccine at that location
  - Verbal statements are not acceptable

Reporting Requirements: Numerator

- HCP who have a medical contraindication to the influenza vaccine
  - For this module, for inactivated influenza vaccine (IIV), accepted contraindications include:
    - Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein
    - History of Guillain-Barré Syndrome within six weeks after a previous influenza vaccination
  - HCP who have a medical contraindication to live attenuated influenza vaccine (LAIV) other than the medical contraindications listed above, should be offered IIV by their facility, if available.
  - Documentation is not required for reporting a medical contraindication
  - Verbal statements are acceptable

Reporting Requirements: Numerator

- HCP who declined to receive the influenza vaccine
    - Documentation is not required for reporting declinations
    - Verbal statements are acceptable
- HCP with unknown vaccination status (or criteria not met for above-mentioned categories)

Questions or Need Help?

E-mail user support at: nhsn@cdc.gov.

Please include "HPS Flu Summary-IPF" in the subject line of the e-mail.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: IMM-2 Measure

Evette Robinson, MPH

IPFQR Program Coordinator

HSAG

April 16, 2015

Save the Dates

Upcoming IPFQR Program educational webinars:

- **May 21, 2015**   Proposed Rule

- **June 18, 2015**   Non-Measure Data and Structural Measures

- **July 16, 2015**   Data Reporting and Submission Review

Acronyms

- **AMA**   Against Medical Advice
- **CDS**   Clinical Decision Support
- **COPD**   Chronic Obstructive Pulmonary Disease
- **CPOE**   Computerized Physician Order Entry
- **e-MAR**   Electronic Medication Administration Record
- **FY**   Fiscal Year
- **ICD-9-CM**   International Classification of Diseases, Ninth Revision, Clinical Modification
- **IMM-2**   Influenza Immunization Measure
- **IPF**   Inpatient Psychiatric Facility
- **IQR**   Inpatient Quality Reporting

Purpose

The IMM-2 measure is a prevention measure that captures acute care hospitalized inpatients, age six months and older, who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.

Learning Objectives

At the conclusion of this presentation, attendees will:

- Understand the IMM-2 measure components
- Be familiar with strategies to increase adult vaccination rates

Influenza Immunization Statistics

In the United States (U.S.) – During the 1990–1999 flu seasons

- Approximately 226,000 people were hospitalized with complications from influenza[1]

- Between 3,000 and 49,000 people died from influenza and its complications[1]

Influenza Vaccination

- Most effective method for preventing influenza virus infection and its potentially severe complications[2]

- Associated with reductions in influenza among all age groups[2]

[1] Thompson WW, Shay DK, Weintraub E, et al. "Mortality associated with influenza and respiratory syncytial virus in the United States." JAMA. 2003 January 8; 289(2): 179-186.

[2] Centers for Disease Control and Prevention. Newsroom press release February 24, 2010. "CDC's Advisory Committee on Immunization Practices (ACIP) Recommends Universal Annual Influenza Vaccination." [Internet Cited 2010 March 3]. Available from http://www.cdc.gov/media/pressrel/2010/r100224.htm..

Influenza Immunization Statistics

During the 2013–2014 flu season (October 2013–May 2014), the CDC estimates that influenza vaccination prevented

- Approximately 7.2 million illnesses
- 3.1 million medically-attended illnesses
- 90,000 hospitalizations associated with influenza
- 16.9% of adverse health outcomes associated with influenza[3]

[3] Reed C, Kim IK, Singleton, JA, et al. "Estimated Influenza Illnesses and Hospitalizations Averted by Vaccination – United States, 2013-14 Influenza Season." Morbidity and Mortality Weekly Report (MMWR). 2014 December 12; 63(49): 1151-1154. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a2.htm

IMM-2: Influenza Immunization

Chart Abstracted

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

Denominator: Acute care hospitalized inpatients, age six months and older, discharged during October, November, December, January, February, or March

IMM-2: Included Populations

Included Populations:

- Numerator
  - Patients who received the influenza vaccine during this inpatient hospitalization
  - Patients who have an ICD-9-CM Principal Procedure Code or Other Procedure Codes from Table 12.9 for Prophylactic Vaccination against influenza during this inpatient hospitalization
  - 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, anaphylactic latex allergy, or anaphylactic allergy to eggs; or for whom the vaccine is not likely to be effective because of bone marrow transplant within the past six months, or history of Guillian-Barré Syndrome within six weeks after a previous influenza vaccination
- Denominator – Inpatient discharges six months of age and older

IMM-2: Excluded Populations

Excluded Populations:

- Numerator - None
- Denominator
  - Patients less than six months of age
  - Patients who expire prior to hospital discharge
  - Patients with an organ transplant during the current hospitalization (Appendix a, Table 12.10 of Specs Manual 4.4a)
  - 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
  - Patients who leave AMA

Primary Data Elements: IMM-2

Allowable Values:

1. Influenza vaccine was given during this hospitalization.

2. Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization.

3. Documentation of patient's or caregiver's refusal of influenza vaccine.

4. There was documentation of an allergy/sensitivity to influenza vaccine, anaphylactic latex allergy, or anaphylactic allergy to eggs OR the vaccine is not likely to be effective because of bone marrow transplant within the past six months OR history of Guillain-Barré syndrome within six weeks after a previous influenza vaccination.

Primary Data Elements: IMM-2

Allowable Values (continued):

5. None of the above/Not documented/Unable to determine from medical record documentation

6. Only select this allowable value if there is documentation the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND allowable values 1–5 are not selected.

IMM-2 Notes for Abstraction

Data Collection Approach

- Retrospective data sources for required data elements include administrative data and medical record documents.

- Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest.
  - This approach provides opportunities for improvement at the point of care/service.

- Complete documentation includes the principal or other ICD-9-CM diagnosis and procedure codes, which require retrospective data entry.

IMM-2 FY 2017 Reporting

Measure ID	Measure Description	Measure Reporting Period	Data Submission Period
IMM-2	Influenza Immunization	4Q 2015 through 1Q 2016	July 1 through August 15, 2016

IMM-2 FY 2017 Population and Sampling

IPFQR Population and Sampling (IQR Specifications Manual v 4.4)			
Monthly Sample Size		Quarterly Sample Size	
Average Monthly Initial Patient Population "N"	Minimum Required Sample Size "n"	Average Quarterly Initial Patient Population "N"	Minimum Required Sample Size "n"
≥ 510	102	≥ 1,530	306
255–509	20%	765–1,529	20%
51–254	51	153–764	153
< 51	No sampling; 100% Initial Patient Population	6–152	No sampling; 100%
N/A	N/A	0–5	Facilities may submit actual values or zero during the submission period

Best Practices

The Four As:
Ask, Advise, Assess, Assist

1. **A**sk – record immunization status in EHR as a vital sign

2. **A**dvise patient to obtain vaccination, ideally personalized to the patient

3. **A**ssess patient's motivation to obtain vaccination

   ("Would you like to receive the influenza vaccine at this time?")

4. **A**ssist

   i. Five Rs for those who want to receive the influenza vaccine: **R**ight person, **R**ight medication, **R**ight route, **R**ight dose, **R**ight time

   ii. Motivational interviewing for those who do not want to receive the influenza vaccine

Best Practices:
Keys to Integration

- Cultivate a "Champion."

- Establish an Implementation Committee.

- Define a specific preparation period, including building the case for increasing influenza immunization rates prior to discharge.

- Provide training and support before and throughout the process.

Best Practices: Strategies to Increase Vaccination Rates

Stroger Hospital (formerly Cook County Hospital)
- Keys to successful implementation of CDS:
  - Workflow integration
  - Healthcare worker-system interaction
  - Local culture
  - Transition of most processes to the electronic system
- Key findings:
  - "By Year 3, over 50% of patients not vaccinated before hospitalization, were vaccinated during their hospital stay."
  - "After integration of the electronic medication administration record, there was a dramatic increase in nurses' administration of vaccine."

Gerard, MN, Trick, WE, Das, K, et al. Use of Clinical Decision Support to Increase Influenza Vaccination: Multi-year Evolution of the System. Journal of the American Medical Informatics Association. Nov-Dec 2008. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2585533/pdf/776.S1067502708001461.main.pdf

Best Practices: Strategies to Increase Vaccination Rates

Stroger Hospital (formerly Cook County Hospital)

- Developed a CDS-based intervention to increase influenza vaccination of hospital patients

- Evaluated the use of the CDS-based intervention during the maturation of their electronic medical record

- Included a pre-selected order of influenza vaccine administration for all patients

Gerard, MN, Trick, WE, Das, K, et al. Use of Clinical Decision Support to Increase Influenza Vaccination: Multi-year Evolution of the System. Journal of the American Medical Informatics Association. Nov-Dec 2008. Available at:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2585533/pdf/776.S1067502708001461.main.pdf

Best Practices: Strategies to Increase Vaccination Rates

Stroger Hospital (formerly Cook County Hospital)
- Key interventions:
  - Nursing
    - Educational sessions
  - Institutional
    - Standing orders policy
  - Clinical decision support
    - Pre-selected order triggered by "Discharge Patient" order
  - Information system capacity
    - Nurses
      - Medication orders populated e-MAR
    - Physicians
      - CPOE available for medications, including vaccines

Gerard, MN, Trick, WE, Das, K, et al. Use of Clinical Decision Support to Increase Influenza Vaccination: Multi-year Evolution of the System. Journal of the American Medical Informatics Association. Nov-Dec 2008. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2585533/pdf/776.S1067502708001461.main.pdf

Best Practices: Strategies to Increase Vaccination Rates

Maine Medical Center

- Established a protocol for influenza vaccination in the inpatient setting

- Effected a major cultural change facilitated by institutional leadership

Best Practices: Strategies to Increase Vaccination Rates

Maine Medical Center

- Keys to success included:
  - Generating organizational buy-in from the top down
  - Partnering between the project team and providers, nurses, and pharmacists
  - Appointing a project manager to facilitate progress and nursing and physician champions to generate passion for the topic with peers
  - Allowing ample pre-implementation planning to address regulatory and compliance issues

A complete list of changes made and lessons learned can be found in the article found here:
http://www.ihi.org/resources/Pages/ImprovementStories/AnInstitutionalStrategyforInpatientImmunization.aspx

Helpful Links

Academic Resources

- Drees, M, Wroten, K, Smedley, M, et al. Carrots and Sticks: Achieving High Healthcare Personnel Influenza Vaccination Rates without a Mandate. *Infection Control & Hospital Epidemiology.* Mar 2015. Available at: http://journals.cambridge.org/abstract_S0899823X15000471

- Gerard, MN, Trick, WE, Das, K, et al. Use of Clinical Decision Support to Increase Influenza Vaccination: Multi-year Evolution of the System. Journal of the American Medical Informatics Association. Nov-Dec 2008. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2585533/pdf/776.S1067502708001461.main.pdf

- Mette SA, Valenti, AJ, Boyle, B, et al. An Institutional Strategy for Inpatient Immunization. *Institute for Healthcare Improvement.* Jan 2014. Available at: www.ihi.org/resources/Pages/ImprovementStories/AnInstitutionalStrategyforInpatientImmunization.aspx

Helpful Links

CDC Online Resources

- WhatWorks: Strategies to Increase Adult Vaccination Rates:
  www2a.cdc.gov/vaccines/ed/whatworks/strategies.asp

Seasonal Flu Vaccine Resources

- Key Facts About Seasonal Flu Vaccine: http://www.cdc.gov/flu/protect/keyfacts.htm

Influenza Among Healthcare Personnel

- FAQs for Healthcare Personnel Influenza Vaccination Measure:
  www.cdc.gov/nhsn/faqs/FAQ- -Influenza-Vaccination-Summary-Reporting.html
- More information about the SAMS process can be found
  here: www.cdc.gov/nhsn/sams/about-sams.html

IMM-2 Measure Information

- Specifications Manual for National Hospital Inpatient Quality Measures:
  www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099

QUESTIONS?

IPFQR Program
Online Resources

Online resources include:

- IPFQR Program Information
- IPF Abstraction Tools
- Frequently Asked Questions for the IPFQR Program

All of the resources listed above can be found on:

- *QualityNet*
  www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255
- *Quality Reporting Center*
  www.qualityreportingcenter.com/inpatient/ipf/tools/

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:

  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy

- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

CE Credit Process

- Complete the ReadyTalk® survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.

- The survey will ask you to log in or register to access your personal account in the Learning Management Center.

    - A one-time registration process is required.

CE Credit Process: Survey

CE Credit Process: Certificate Access

CE Credit Process: New User

CE Credit Process: Existing User

Thank You For Participating!

Please contact the IPFQR Support Contractor if you have any questions.

Submit questions via email to:
IPFQualityReporting@hcqis.org

OR

Call the IPFQR Support Contractor at 866.800.8765