

QIO Spotlight for MDH ICAR Webinar Series: Winter Wellness

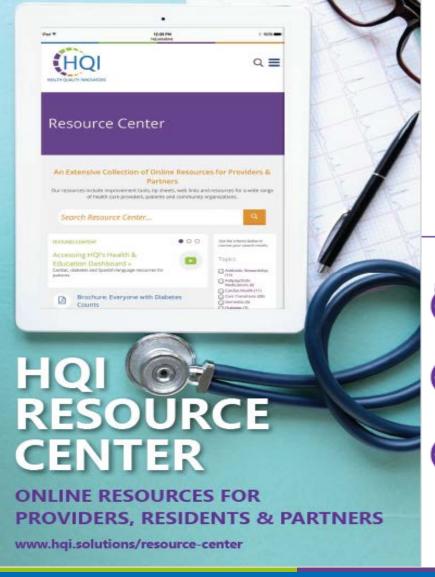
October 11, 2018

Agenda

- HQI Resource Center External Resources
- Influenza Vaccine Best Practices
- Documenting Vaccines MDS
- Tracking Tool
- Survey Readiness
- Project Opportunity Antibiotic Stewardship LTC



HQI RESOURCE CENTER www.hqi.solutions/resource-center



IT HAS NEVER BEEN EASIER TO ACCESS HQI'S RESOURCE CENTER

Health Quality Innovators (HQI) recently launched a new online resource center. Now clinicians, partners and patients have easy access to a wide range of quality improvement resources at no cost.

Benefits include

- No log-in needed: You can access all our tools and resources; no password or username required.
- Multiple ways to search: Either type in your search term(s) or sort by topic, audience or media type.
 - A wealth of materials covering all settings: You will find videos, webinar recordings, tip sheets, patient education materials and more. Materials cover all settings and address a wide range of topics from quality improvement basics to strategies for engaging patients and families.

No One Left Behind...

Are you including Residents and Family in your Vaccine Education?

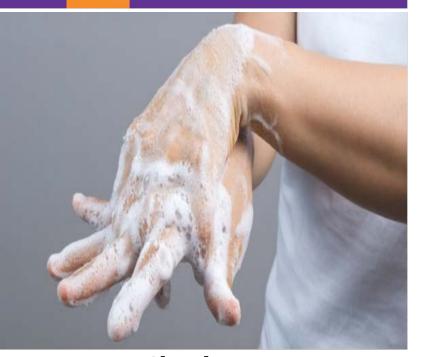
Do I need to wash my hands too?





A New HQI Monthly Resource

do one thing differently Simple Strategies to Prevent C. diff



Check your Email for a new topic each month!

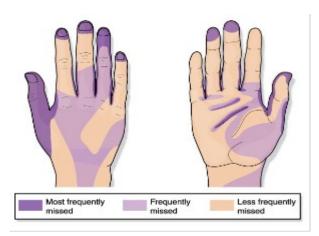
Hand Hygiene

Did you know you touch your eyes, nose and mouth about 25 times per hour?

With frequent handwashing you can reduce the number of people who get sick with diarrhea by 31%.

Do this one thing differently in handwashing - Use FRICTION!

- Rub your hands together with soap and water in circular motions, like you're making a figure 8. Interlace your fingers to make sure you clean all sides.
- Wash your hands for at least 20 seconds singing Happy Birthday twice.
- Dry both hands using a paper towel.





External Resources

HQI Resource Center: http://qin.hqi.solutions/resource-center/

CDC: https://www.cdc.gov/flu/about/season/current.htm

What's new this flu season?

What viruses will the 2018-2019 flu vaccines protect against?

What flu vaccines are recommended this season?

Nursing Home Training Sessions for C. difficile, Antibiotic

Stewardship and Team STEPPS: https://qioprogram.org/nursing-

home-training-sessions

IDSA (Infectious Diseases Society of America)

https://www.idsociety.org/



Best Practices Influenza Vaccine

Uncover the Barriers to Immunization in LTC

- Is vaccine status a routine question during admission process and during nurse to nurse handoff during readmissions?
- Is resident unaware of receiving the vaccine in the past? Contact responsible party or physician to verify status
- If status cannot be determined, administer the vaccine if not contraindicated; Enter in the MDS
- Have you documented resident/responsible party understanding of vaccine risks & benefits? Have you documented medically contraindicated cases?
- Disparities and missed opportunities





MDS Coding

- Use RAI Requirements
- Avoid the Dash!
- Process for obtaining required documentation prior to submitting the MDS
- Vaccine documentation easily accessible to MDS Coordinator prior to coding
- CMS only calculates and reports the measure ONCE a year.

Quality Measure Tip Sheet





Flu Vaccine

(Long Stay)



MDS Coding Requirements

- Once the influenza vaccination has been administered for the current flu season, this value is carried forward until the new influenza season begins.
- Information about the current influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website.
- Residents should be immunized as soon as the vaccine becomes available and continue until influenza is no longer circulating in your geographic area.
- Facilities can also contact their local health department website for local influenza surveillance information.

Note

- This measure is not reported on CASPER. It is found on Nursing Home Compare.
- When looking at this measure, the higher the percentage the better.
- This measure is only calculated once per 12-month influenza season which begins on July 1 of a given year and ends on June 30 of the subsequent year and reports for residents who were in the facility for at least one day during the target period of October 1 through March 31.



Tracking Vaccine Administration

Surveillance Tracking

2019 Vaccination Log





	RESIDE	INFLUENZA VACCINE					PNEUMOCOCCAL VACCINE								
												PCV13			
				Manufact			Date	PCV13	Manufact			Date	PPSV23	Manufact	
Room#	Last Name	First Name	Status	urer	Lot#	Expiration	Given	Status	urer	Lot#	Expiration	Given	Status	urer	Lot



ImmuNet

Bi Directional Immunization Data Exchange

http://www.hqi.solutions/wp-content/uploads/2018/10/Final-ImmuNet-CRISP-FINAL-09252018.pdf

- Maryland's Immunization Information System, ImmuNet, is a secure database that stores immunization records
- Allows providers to exchange immunization data directly between their own EHR system and ImmuNet
- Provides easy access to patient's consolidated history of immunizations received from multiple healthcare providers
- Complete the enrollment form at https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/immune t-for-health-care-providers.aspx

Survey Readiness

In	fluenza and Pneumococcal Immunizations:
	Select five residents in the sample to review for the provision of influenza/pneumococcal immunizations.
	Document the names of residents selected for review.
	Give precedence in selection to those residents whom the survey team has selected as sampled residents.
	Review the records of the five residents sampled for documentation of:
	Screening and eligibility to receive the vaccine;
	 The provision of education related to the influenza or pneumococcal immunizations (such as the benefits and potential side effects);
	 The administration of pneumococcal and influenza vaccine, in accordance with national recommendations. Facilities must follow the CD0 and ACIP recommendations for vaccines; and
	 Allowing a resident or representative to refuse either the influenza and/or pneumococcal vaccine. If not provided, documentation as to who the vaccine was not provided.
	For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Ask the facility to demonstrate that:
	 The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
	 Plans are developed on how and when the vaccines are to be administered.
	As necessary, determine if the facility developed influenza and pneumococcal vaccine policies and procedures, including the identification and tracking/monitoring of all facility residents' vaccination status.
8.	Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate? Yes No F883



Project Opportunity AHRQ

AHRQ Safety Program for Improving Antibiotic Use LTC

http://safetyprogram4antibioticstewardship.org.

 Goal Improve antibiotic prescribing practices and assist facilities with implementing effective antibiotic stewardship programs

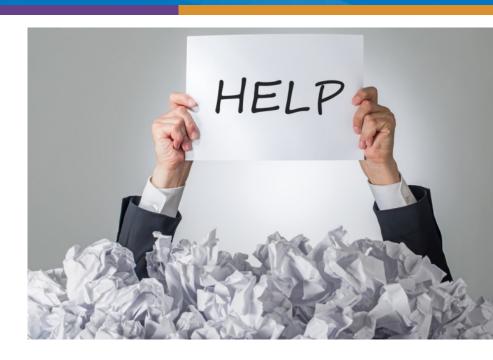
- No cost one-year program
- CME and CEU credit
- Deadline to sign up November 17





We're Here for You

HQI Nursing Home Improvement Network Team:



Theresa Mandela

Improvement Consultant tmandela@hqi.solutions

Lisa Mark

Improvement Consultant lmark@hqi.solutions

Allison Spangler

Improvement Consultant aspangler@hqi.solutions





