

# QI Tactics for Increasing & Documenting Short Stay Vaccination Rates

## Welcome!

- All lines are muted, please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that will pop up on the lower righthand side of your screen

**We will get  
started shortly!**



# QI Tactics for Increasing & Documenting Short Stay Vaccination Rates



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Presented by:  
Melody Brown, MSM  
Aim Manager, Patient Safety



**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

# Melody Brown, MSM

## AIM MANAGER, PATIENT SAFETY

Melody's healthcare career started as a Medical Technologist over 40 years ago. She later moved on to Infection Control, Quality Management, and JCAHO Coordination in a rural hospital setting. Melody has had varied roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network – Quality Improvement Organization (QIN – QIO) for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee. Coaching hospitals and nursing homes on all facets of healthcare quality improvement has been her focus as the Manager for Patient Safety most recently supporting the nursing home reporting to the CDC NHSN database for CDI and Decreasing Adverse Drug Events (ADE) in all settings.

**Melody enjoys spending time with family, including her two grandchildren, camping, gardening and shopping.**

**“I did then what I knew how to do. Now that I know better, I do better.”  
– Maya Angelou**

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# Carolyn Kazdan, MHSA, NHA

## AIM LEAD, CARE COORDINATION AND NURSING HOME



Ms. Kazdan currently holds the position of Director, Health Care Quality Improvement for IPRO, the Medicare Quality Improvement Organization for New York State. Ms. Kazdan leads IPRO's work with Project ECHO® and serves as the Care Transitions Lead for Alliant Quality. Ms. Kazdan previously led the IPRO's work with the NYS Partnership for Patients and the Centers for Medicare & Medicaid Services (CMS) Special Innovation Project on Transforming End of Life Care in the Nassau and Suffolk County region of New York State. Prior to joining IPRO, Ms. Kazdan served as a Licensed Nursing Home Administrator and Interim Regional Director of Operations in skilled nursing facilities and Continuing Care Retirement Communities in New York, Pennsylvania, Ohio and Maryland. Ms. Kazdan has served as a senior examiner for the American Healthcare Association's National Quality Award Program, and currently serves on the MOLST Statewide Implementation team and Executive Committee. Ms. Kazdan was awarded a Master's Degree in Health Services Administration by The George Washington University.

**Carolyn enjoys visiting her grandchildren, photography, crocheting, needlepoint, reading and being at the beach!**

**"I don't have to chase extraordinary moments to find happiness - it's right in front of me if I'm paying attention and practicing gratitude"**

**– Brene Brown**

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# Danyce Seney, RN, BSN, RAC-CT

## QUALITY IMPROVEMENT SPECIALIST, IPRO

Danyce Seney is a Quality Improvement Specialist and a Registered Nurse with Lean, Infection Control Preventionist and Educator for Adult Learner certifications. At IPRO, Danyce is responsible for supporting Skilled Nursing Facilities in utilizing a quality improvement framework to implement evidence-based interventions and strategies to improve patient safety, improvement immunization rates and reduce avoidable readmissions. Ms. Seney serves as a facilitator and Institute for Healthcare Improvement (IHI) Quality Advisor for the AHRQ Project ECHO Nursing Home Network Infection Control series supporting Ohio Nursing Home teams.

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# Kathleen Stephenson-Cobb RN, BSN

## QUALITY IMPROVEMENT SPECIALIST, IPRO



Kathleen is a Registered Nurse with over 25 years with a wide variety of experiences in acute care and long-term care (LTC). Kathleen is an experienced Staff Educator and co-developed a clinical laddering program for nursing staff. Kathleen also worked as a Director of Nursing in LTC, achieving a 5-star Quality rating incorporating evidence-based practices in daily resident care and treatment. Prior to joining IPRO, Kathleen worked as an Infection Preventionist integrating her skills and knowledge into the management of an onsite Covid Clinic, while concurrently monitoring the facilities overall infections and antibiotic use.

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# Melanie Williams, MSN, RN

## INFECTION PREVENTION SPECIALIST, IPRO

Melanie Williams has a master's degree in Nursing, Infection Control and Prevention with over 25 years of healthcare quality, clinical, performance improvement, administrative and infection prevention experience. Ms. Williams coauthored NYS Mandatory Infection Control course for an internet-based company. Prior to joining IPRO, Ms. Williams served as a Director of Nursing for a senior living community in New York. Melanie currently supports multiple quality improvement projects include the AHRQ Project ECHO Home Network Infection Control series supporting Ohio Nursing Home teams.

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# Objectives

- Learn Today:

- Identify strategies for increasing vaccination rates among short term rehab patients
- Learn best practices for ensuring timely and accurate documentation of vaccine screens, refusals and education
- Learn how to use testing of the 5 attributes to validate the effectiveness of established processes

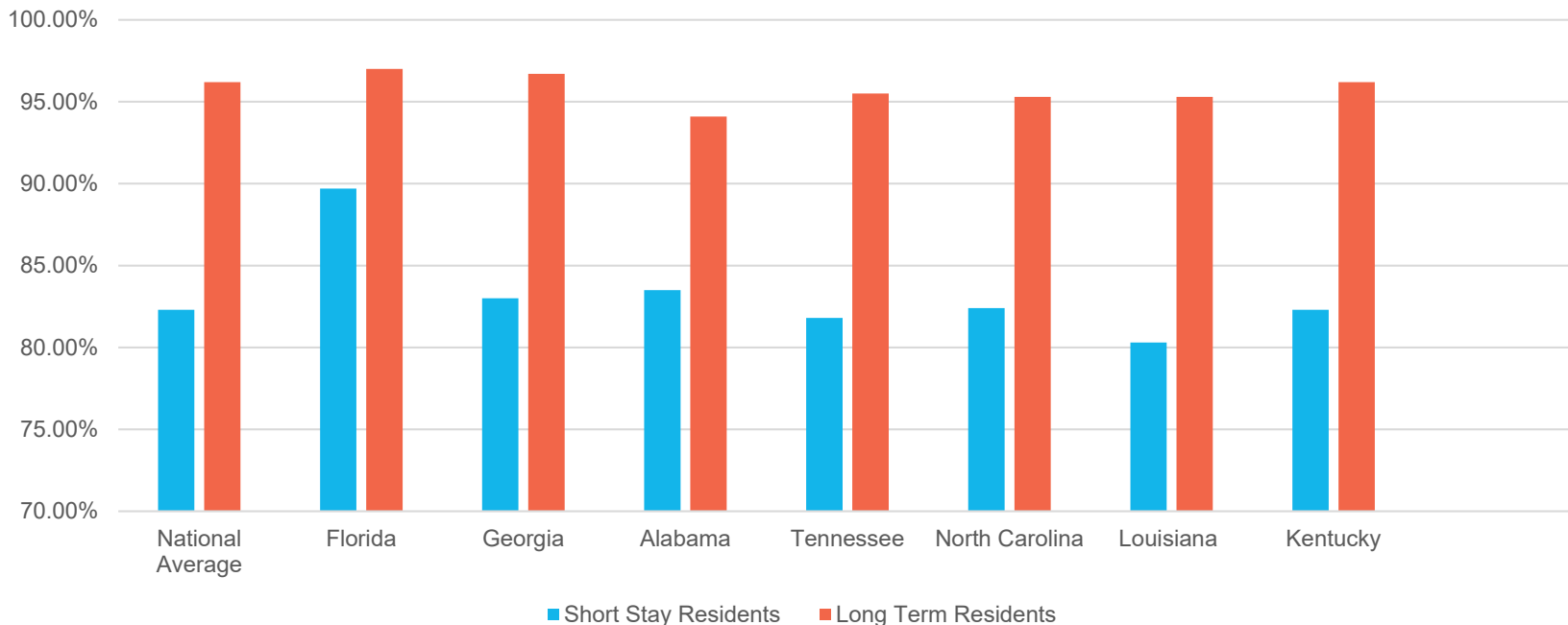
- Use Tomorrow:

- Review your facility data and test the 5 attributes of your vaccination process for short term rehab patients.



# Short Stay vs. Long Stay FLU Vaccination Rates

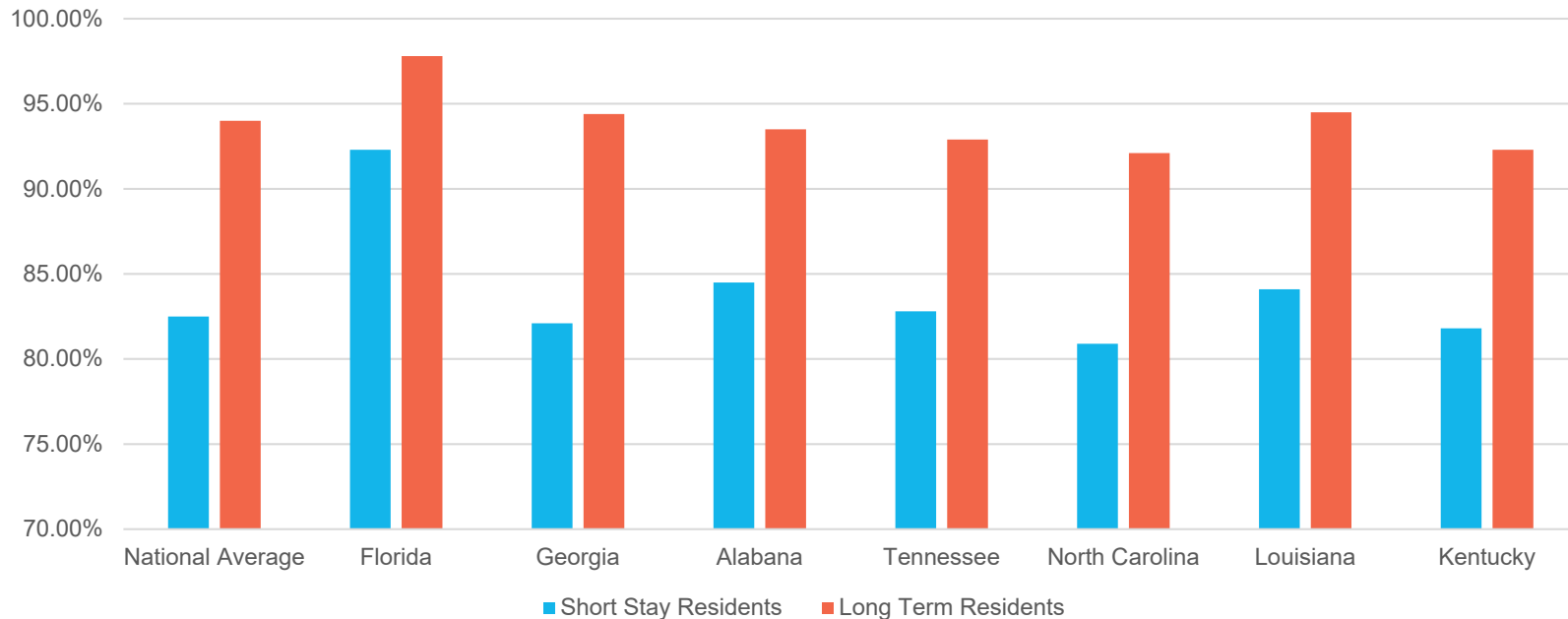
Flu Vaccination Rates: STR vs LTR Residents



Data Source: Care Compare: <https://www.medicare.gov/care-compare/> Select Nursing Home as provider type  
Date collection period for STR: 10/19/2019 – 12/31/2020 Data collection period for LTR: 1/1/20 – 12/31/2020

# Short Stay vs. Long Stay Pneumonia Vaccination Rates

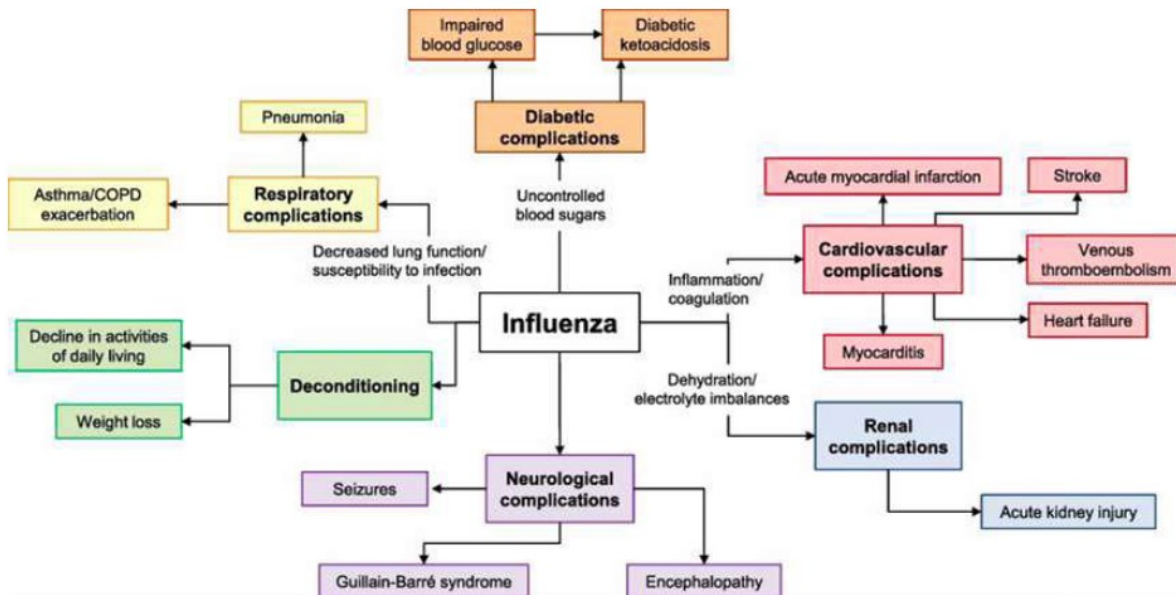
Pneumonia Vaccination Rates: STR vs LTR Residents



Data Source: Care Compare: <https://www.medicare.gov/care-compare/> Select Nursing Home as Provider Type  
Date collection period for STR: 10/19/2019 – 12/31/2020    Data collection period for LTR: 1/1/20 – 12/31/2020

# Design Strategies Specific to Each Identified Root

## Domino Effect of Influenza



# Points to Consider

- **Education = Vaccination!**
- Primary goal is to protect the resident with a vaccine
- Elements for a concrete process:
  - Information obtained on admission
  - Education on the need for information provided to patients and health care agents
  - Person-centered approach to vaccine declination:
- You offered the vaccine, but the resident/family declined...
  - Decide with your team how to best handle this situation
  - Who does the resident trust?
  - Does your initial conversation lay the foundation for revisiting the vaccine later in the resident's stay or prior to discharge?
  - For longer stay residents readdress with the quarterly MDS
  - Provide written educational material to show the importance of the vaccine
- Alliant Quality has a library of tools and resources for addressing vaccine hesitancy [Alliant Quality Immunization Resources](#)

# Best Practices: Focusing on the Process

- Assign a team member to monitor vaccine follow-up and ensure all documentation complete and in the resident chart (e.g. ICP, Nurse Manager, Admission Nurse or MDS) Check for:
  - Documentation of acceptance/declination
  - Education provided and documented
- Utilize MDS Calendars to maximize vaccinations prior to closing of admission assessment
- Discuss STR patients not yet vaccinated during every morning meeting (7 days a week) and identify
  - Who is the best person to approach the patient or health care agent?
  - Strategy for approaching this individual utilizing a person-centered care approach:
    - What is most important to this resident?
    - How does vaccination support their goals for care?
    - What are this resident's specific reasons for declining?
    - What education that addresses the patient's identified barriers could help the resident make a more informed decision?
- Utilize facility Electronic Medical Record system to run a missing vaccine or admission report daily
  - If facility does not have an Electronic Medical Record system that can produce a missing vaccine report, list all new admissions on the facility's 24-hour report form.
- When you think a process is solidly in place, test the process

# MDS Best Practices

- If no documentation is noted in the admission documentation for a new admission:
  - Exhaust all possibilities for obtaining immunization history to include referring hospital, PCP, prior SNF stays with other providers.
  - Determine person-centered strategy for each patient with your interdisciplinary team
  - Review process for ensuring for immunization offer, education, administration or declination is completed and document prior to the MDS being completed and locked
- Review staff education to ensure includes education on the necessity of documentation for Quality Measures as well as well-being of the resident and protection against spread potentially impacting other residents, visitors and staff.
- Goal is for the MDS person to give the staff the opportunity to give the immunization before coding that MDS. OR—if one of the other factors on the fishbone is the reason for declining the vaccine, documentation in the medical record is critical. IF there is documentation in the chart for why the shot isn't give, it doesn't count against the facility.
- No documentation and no immunization = negative and avoidable impact on facility's vaccination rate.



# Fishbone Root Cause Analysis

## Fishbone Diagram Worksheet



QUALITY IMPROVEMENT INITIATIVE

### Introduction

The fishbone diagram is a tool to help the RCA team identify the causes and effects of an event and get to the root cause. The problem or effect is identified at the head or mouth of the fish. Contributing causes are listed on the smaller "bones" under various cause categories. A fishbone diagram can be helpful in identifying all causes for a problem. The team looks at the categories and thinks of all the factors affecting the problem or event. Use the fishbone diagram to keep the team focused on the causes of the problem, rather than the symptoms or the solutions.

### How To Use

Use this worksheet to identify possible causes of a problem and to sort ideas into useful categories. The team should include members who have personal knowledge of the processes and systems involved in the problem or event being investigated and follow these steps:

1. Agree on the problem statement, also referred to as the effect. This is written at the mouth of the "fish." Be as clear and specific as you can about defining the problem. Be aware of the tendency to define the problem in terms of a solution. For example, "We need more of something." The problem is what happened.
2. Agree on the major categories of causes of the problem, written as branches or "bones" from the main arrow. Major categories in health care settings often include: equipment/supply factors, environmental factors, rules policy/procedure factors, and people/staff factors.
3. Brainstorm all the possible causes of the problem. Ask, "Why does this happen?" As each idea is given, the facilitator writes on the fishbone diagram under the appropriate category. These are contributing or causal factors leading to the problem. Causes can be written in more than one place if they relate to several categories.
4. The team again asks, "Why does this happen?" about each cause. Write sub-causes branching off the cause bones as they are identified.
5. The team continues to ask, "Why?" and generate deeper levels of causes and organizes them under the related categories. This will help identify and then address root causes to prevent future problems.

### Tips

- Consider drawing your fishbone diagram on a flip chart or large dry erase board.
- Make sure to leave enough space between the major categories on the diagram so that you can add minor detailed causes later.
- When you are brainstorming causes, consider having team members write each cause they can identify on a sticky note and place it on the diagram. Continue going through the group and identifying more factors until all ideas are exhausted. This encourages each team member to participate in the brainstorming activity and voice their opinions.
- Note that the "five-whys" technique is often used in conjunction with the fishbone diagram. Keep asking why until you get to the root cause.
- Another way to help identify the root causes from all the ideas generated is to consider a multi-voting technique. Have each team member identify the top three causes of the problem or event. Ask each team member to place three tally marks or colored sticky dots on the fishbone next to what they believe are the root causes that could be addressed.

### Problem Statement

Flu Vaccination rates have opportunity for improvement. Existing processes have not resulted in increases in rates year over year.

### Clinical Contraindications

Patient is immunocompromised  
Allergies  
Hx of Guillian-Barre

### Admission Process

Length of Admission Process  
Time of admissions  
Vaccination status not known on admission

### Patient/Family beliefs

The flu shot makes me tired and I need my energy for rehab  
Too much right now and want to space all vaccines  
Vaccine hesitancy

### Staff/provider beliefs

Medical Director decision regarding timing of when to initiate flu shots for coverage throughout season  
Staff beliefs around importance of flu vaccine - who is doing the ask?  
Is foundation laid for revisiting pre-d/c?

Facility Name:

CCN:

Link to Fishbone template:

[Alliant Quality Fishbone Template and Instructions](#)

# Testing Your Process



## PROCESS IMPROVEMENT

### HOW TO MAKE CHANGE STICK

- Focus Initially on **KEY PROCESS** rather than on benchmarked outcomes.
- Evaluate if staff **KNOW** the process.
- **KEEP IT SIMPLE!**
- Commit to be a **LEARNING ORGANIZATION**.

### REASSESS THE GOAL

- The goal is **95%** performance.
- WHY? 95% or better means it is likely to be **SUSTAINABLE** over time.



### KEEP IT SIMPLE

- It is more Important that the process be **STANDARD** than it be perfect.
- When you design for perfection - you often get overly complex protocols, planning for every contingency.
- A policy and procedure make look great on paper, but if it is too complicated it likely won't be remembered or followed.
- Shift away from **RESOURCE INTENSIVE** meetings to **MINIMAL RESOURCE** approach. Smaller is better. Play around with Improvements and pilot test.

## FOCUS ON PROCESS

If you think a **PROCESS** works pretty well, test the **FIVE ATTRIBUTES**

5

- **WHO** does it
- **WHEN** should it be done
- **WHERE** is it done
- **HOW** is it done
- **WHAT** is needed to do it

- Ask 5 staff to describe the 5 attributes.
- If 5 direct care staff can describe the work with the 5 attributes, you have a good chance to achieve 95% performance and **SUSTAIN** the performance over time.
- If they can't, determine which attribute they can't describe and develop a simple process for improvement.

5

If you have a process that does **NOT** work so well

- Determine if it is a **COMMON** or **INFREQUENT** failure.
- Observation of **ONE PERSON** does not mean it is a common failure.
- Fix **ONE Attribute** (who, when, where, how, what) at a time.

### COMMON

- Don't rely too heavily on education as **THE FIX**.
- Get **CURIOUS** to determine **WHY** this is occurring.
- Inform staff on the **WHY**:
  - **WHY** is this process Important.
  - **WHY** do we do it this way.
- Get **CURIOUS** - **WHY** are they **NOT** following the process.
- Develop a plan to fix **ONE** process, test and refine.
- Keep it **SIMPLE!**

### INFREQUENT

- Infrequent does **NOT** mean you have a bad process.
- Don't try to make it perfect - you will use up too many precious resources.
- Talk to that one person to reeducate or determine **WHY** it is occurring.
- Accept defeat & **MOVE ON** to focus on another process.

**REMEMBER - HOW DO YOU EAT AN ELEPHANT?**  
**ONE BITE AT A TIME!**  
**PERFECTION IS THE ENEMY OF RELIABLE DESIGN!**

Process Improvement by Roger Resar and Frank Federico, IHI, Maria DeVries, THE GREEN HOUSE® Project, and Arkansas COVID-19 Action Network

Utilize your facility data to select which 5 staff members to interview to test your process with the 5 Whys:

Look for any trends in the data related to vaccine refusals:

- Time of admission (shift, hour of day)
- Admitting staff member
- Unit
- Attending physician
- Day of week (weekend vs. weekday)

## Closing Survey



# *Help Us Help You!*

- Please turn your attention to the poll that has popped up in your lower right-hand side of your screen
- Completion of this survey will help us steer our topics to better cater to your needs

# CMS 12<sup>th</sup> SOW Goals



## Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



## Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



## Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



## Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events



## Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

## Making Health Care Better *Together*



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