

From the C-Suite to the Frontline: Building a Pro-Vaccine Culture



September 22, 2025



1

Housekeeping

- + Who's in the room today? (Name, facility, role)
- + To eliminate any background noise during today's presentation your audio has been muted upon entry.
- + We encourage questions and open discussion through the Chat box, or you can raise your hand to be unmuted and engage verbally.
- + This event is being recorded.



2

Flex Program Areas

Flex Program Areas

Required in order to participate in other activities:

Quality Improvement



The quality improvement area includes MBQIP data. **Submitting MBQIP data is the only requirement for critical access hospitals to participate in the Flex Program.** If critical access hospitals meet the MBQIP reporting requirements, they are automatically able to participate in Flex Program activities. Iowa Healthcare Collaborative sends MBQIP reports to hospitals and provides technical assistance, webinars and calls and live events related to quality improvement.

Can participate in these activities if quality improvement requirements are met:



Financial Improvement

HomeTown Health provides financial improvement webinars, triage resources, live meetings, comparative dashboards, in-depth assessments and action planning and peer assistance.



Operational Improvement

HomeTown Health provides operational improvement webinars, live meetings, comparative dashboards, in-depth assessments and action planning and peer assistance.

Population Health



Iowa Healthcare Collaborative provides community health needs assessment technical assistance webinars. Iowa HHS provides individual technical assistance with community health needs assessments and health improvement plans.



3

Flex Quality Improvement Goals - Overview

- + Support the overall Flex Program goals of ensuring that high quality health care is available in rural communities and aligned with community needs.
- + Specific to the Quality Improvement portion of Flex, also known as the MBQIP:
 - Focus on work to improve the quality of health care provided by critical access hospitals (CAHs)
 - Increase the number of CAHs consistently reporting quality data
 - Improve the quality of care in CAHs



4

Influenza Impact Nationally

- + Mortality (2023)
 - Influenza
 - 3,975
 - Deaths per 100,000 population: 1.2
 - Influenza and Pneumonia
 - 45,185
 - Deaths per 100,000 population 13.5
 - Cause of death rank: 12
- + Centers for Disease Control and Prevention (CDC) classified the 2024-2025 flu season as high severity overall across all ages.
 - According to estimates:
 - At least 47 million flu-related illnesses,
 - 21 million medical visits,
 - 610,000 hospitalizations,
 - 27,000 deaths, including 280 pediatric deaths

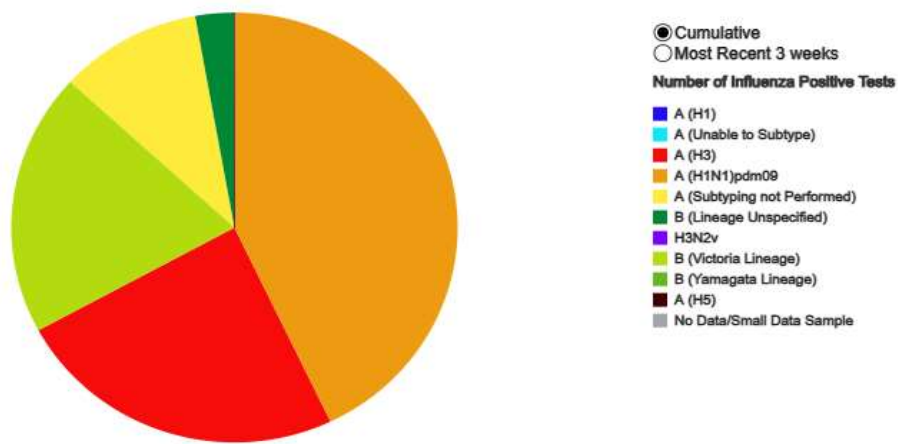


Sources: <https://www.cdc.gov/nchs/fastats/flu.htm>; <https://www.cdc.gov/fluview/surveillance/>

5



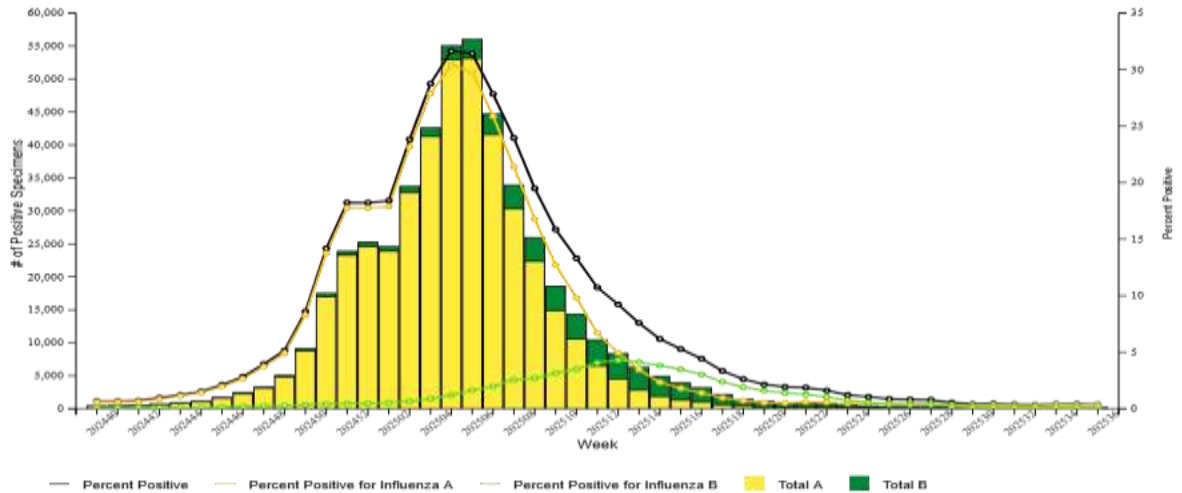
Influenza Positive Tests Reported to CDC by Public Health Laboratories, National Summary,
2023-24 Season, week ending Sep 28, 2024
Reported by: U.S. Influenza/NREVSS Collaborating Laboratories and ILINet



6



Influenza Positive Tests Reported to CDC by Clinical Laboratories,
National Summary, 2024-25 Season, week ending Sep 06, 2025



7

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet
This system monitors visits for respiratory illness from includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.



8



People at Increased Risk

- + Adults 65 years and older; children younger than 2 years old
- + People with asthma, chronic lung disease
- + People with neurologic and neurodevelopment conditions
- + People with blood and or endocrine disorders
- + People with heart, kidney and or liver disease
- + People with metabolic disorders
- + People with a body mass index (BMI) of 40 kg/m2 or higher
- + People younger than 19 years old on long-term aspirin- or salicylate-containing medications
- + People with a weakened immune system due to disease or medications
- + People who have had a stroke
- + People with certain disabilities—especially those who may have trouble with muscle function, lung function, or difficulty coughing, swallowing, or clearing fluids from their airways



9

MBQIP Core Measure Set

MBQIP Core Measure Set				
Current Measures in *black (for reporting data from calendar years 2023 and 2024)				
MBQIP 2025 Core Measure Set (adding in the additional orange measure reporting data by calendar year 2025)				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
*CAN Quality Infrastructure (annual submission)	*HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (annual submission) *Antibiotic Stewardship: Measured via Center for Disease Control of National Healthcare Safety Network (CDC NHSN) Annual Facility Survey (annual submission) Safe Use of Opioids (SCQM) (annual submission)	*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (quarterly submission) The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics: • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care	Hybrid Hospital-Wide Readmissions (annual submission)	*Emergency Department Transfer Communication (EDTC) (quarterly submission) The following eight elements roll up into a single composite result: • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results *OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (quarterly submission) *OP-22: Patient Left Without Being Seen (annual submission)

*Measures in current MBQIP set (reporting data from calendar years 2023 and 2024)

*Data collection began in 2023 to inform state Flex quality programs. Data will continue to be collected going forward.

Source: Medicare Beneficiary Quality Improvement Project (MBQIP) Measures (Link)



10

MBQIP Core Measures Data Submission Deadlines

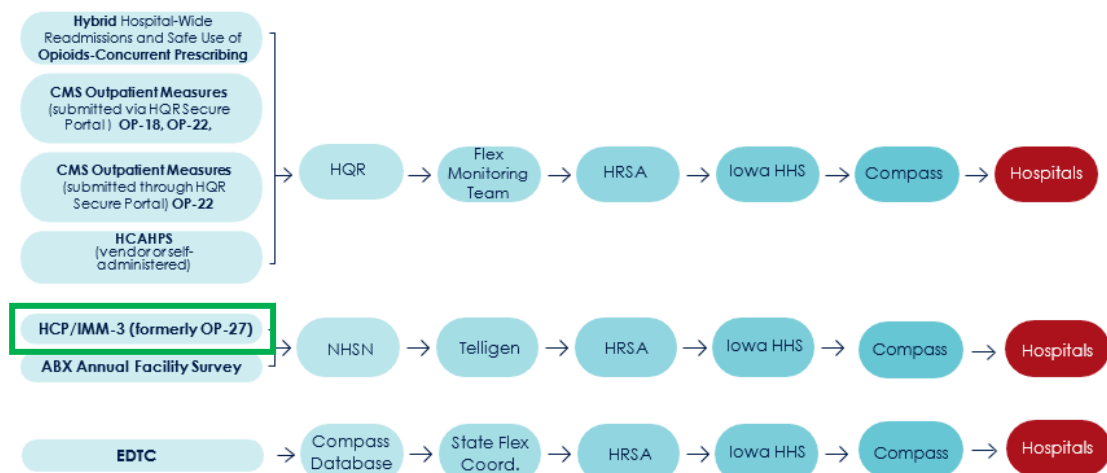
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q1 / 2025 Jan 1 – Mar 31	Q2 / 2025 Apr 1 – Jun 30	Q3 / 2025 Jul 1 – Sep 30	Q4 / 2025 Oct 1 – Dec 31
HCP/IMM-3 ¹	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	May 15, 2025 (Q4 2024 - Q1 2025 aggregate)	N/A	N/A	May 15, 2026 (Q4 2025 - Q1 2026 aggregate)
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2026 ² (CY 2025 data)			
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR - HCAHPS	July 9, 2025	October 8, 2025	January 14, 2026	April 8, 2026
EDTC ³	Emergency Department Transfer Communication	Emergency Department	Submission process directed by State Flex Program	April 30, 2025	July 31, 2025	October 31, 2025	February 2, 2026
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR - Outpatient Chart Abstracts	August 1, 2025	November 3, 2025	February 2, 2026	May 1, 2026
OP-22	Patient left without being seen	Emergency Department	HQR - Outpatient Web-Based	May 15, 2026 (CY 2025 data aggregate)			

Source: Medicare Beneficiary Quality Improvement Project (MBQIP) Current MBQIP Core Measure Set



11

MBQIP Data Flow Map



12

Measure Specifications

- + **Denominator** consists of workers who are physically present in the healthcare facility for at least 1 working day, regardless of clinical responsibility or patient contact. Denominators are to be calculated separately for the following three required categories and can also be calculated for a fourth optional category:
 - All persons receiving a direct paycheck from the reporting facility (i.e., on the facility's payroll)
 - Licensed independent practitioners, including post-residency fellows that are not on the facility's payroll.
 - Adult students/trainees and volunteers
 - Other contract personnel providing care, treatment, or services at the facility through a contract who do not fall into any of the other denominator categories

[HPS Flu Vaccine Protocol 2024_508](#)



Measure Specifications Continued

- + **Numerator** consists of workers in the denominator population, who fall into one of the categories below:
 - Received an influenza vaccination administered at the healthcare facility
 - Reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere
 - Determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or history of Guillain-Barré Syndrome (GBS) within 6 weeks after a previous influenza vaccination
 - Offered but declined influenza vaccination
 - Unknown vaccination status or did not otherwise meet any of the definitions of the other numerator categories.

[HPS Flu Vaccine Protocol 2024_508](#)



NHSN Reporting: Influenza Summary Form

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

Influenza Vaccination Summary Form Questions

HCP categories	Employee HCP Employees (staff on facility payroll) *
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31.	
a. 2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season.	
b. 3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season.	
c. 4. Number of HCP who have a medical contraindication to the influenza vaccine.	
d. 5. Number of HCP who declined to receive the influenza vaccine.	
e. 6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above).	



15

NHSN Reporting: Influenza Summary Form Questions Explanations - Questions #2 and #3

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

- + **Question #2 - HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season**
- + • **Question #3 - 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

HPS Flu Vaccine Protocol 2024_508



16

NHSN Reporting: Influenza Summary Form Questions Explanations – Question #4

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

+ Question #4 - HCP who have a medical contraindication to the influenza vaccine

- For this module, for inactivated influenza vaccine (IIV), accepted contraindications include:
 - + (1) severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein; or
 - + (2) history of Guillain-Barré Syndrome within 6 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)

[HPS Flu Vaccine Protocol 2024_508](#)



17

NHSN Reporting: Influenza Summary Form Questions Explanations – Question #5 and #6

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

+ Question #5 - HCP who declined to receive the influenza vaccine

- Documentation is not required for reporting declinations (verbal statements are acceptable)

+ Question #6 - HCP with unknown vaccination status (or criteria not met for abovementioned categories)

[HPS Flu Vaccine Protocol 2024_508](#)



18

Entering data into NHSN HCP Safety Component

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

NHSN Landing Page

- Select the HCP Safety Component

Welcome to the NHSN Landing Page

Select component:
Healthcare Personnel Safety

Select facility/group:

Submit



19

Entering data into NHSN HCP Safety Component – Home Page

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

HPS Component Home Page

NHSN - National Healthcare Safety Network

NHSN Healthcare Personnel Safety Component Home Page

Navigation Links:

- Home
- Reporting Plan
- HCP
- Self-Test
- Supervisors
- Reporting Process
- Vaccination Resources
- Guidance
- Alerts
- Training
- Support

Action Items

COMPLETE THESE ITEMS

Check Status
Not Accepted

ALERTS

2	1	18	33
Incomplete Training Status	Missing Summary Data	Missing Weekly Summary Data	Report No Events



20

Entering data into NHSN HCP Safety Component – Summary Data

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

HCP Influenza Vaccination Summary Data

- Click “Vaccination Summary” then “Annual Vaccination Flu Summary”
- Select “Add”
- Click “Continue”



21

Entering data into NHSN HCP Safety Component – Summary Report

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

Summary Report for All Other Facilities

- “Influenza” and “Seasonal” are the default choices for vaccination type and influenza subtype
- Select appropriate flu season in drop-down box (e.g., 2024-2025)



22

Entering Data into NHSN HCP Safety Component – Data Entry Screen

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

Data Entry Screen

- The asterisks indicate required columns that must be completed
- Use the “Comments” box to enter any additional information
- Click “Save” to save the record

The screenshot shows the 'Data Entry Screen' for HCP/IMM-3. It features a table with columns for 'Employee HCP', 'Licensed Independent Practitioner HCP', 'Adult HCP', and 'Other HCP'. Each column has a sub-column for 'Number of HCP who worked at the healthcare facility for at least 1 day between October 1 and March 31'. Below the table are several rows of data entry fields. At the bottom, there is a 'Comments' text area and a 'Save' button.



23

Entering data into NHSN HCP Safety Component – Editing Data

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

Editing HCP Influenza Vaccination Data

- For each update of the data after the initial entry, a message will indicate that a record of the summary data already exists
- The “Date Last Modified” shows when the data were last entered
- Click the “Edit” button at the bottom of the screen to modify existing data
- After making edits, save the updated data by clicking the “Save” button at the bottom of the screen

The screenshot shows the 'Editing Data' screen. At the top, a green message box states: 'A record for the selected summary data element already exists.' Below this, there is a 'Date Last Modified' field with a blue arrow pointing to it. The bottom of the screen shows a 'Save' button and a 'Cancel' button.



24

Entering data into NHSN HCP Safety Component – CSV File Upload

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel

Data Entry Using .CSV File Upload

- Facilities can use this same pathway and click "upload CSV"
- CSV template files and instructions are found on our webpage: [HCP Flu Vaccination | HPS | NHSN | CDC](#)
 - Under the headings 'CSV Data Import' and 'Annual Healthcare Personnel Flu Vaccination Data'



25

Accessing your Hospital's MBQIP Report in the Compass Data Portal

- Instructions for finding your report in the Compass Data Portal:
 - Click on "Documents" on the left-hand side of the page:
 - Click on "Uploaded Documents"



This should open up the uploaded documents screen to assist you in finding your most recent report which is titled : IA_your CCN _Name of your hospital_ MBQIP_2025-Report4.pdf.



26

HCP/IMM-3 Performance in Iowa

Table 5: HCP/IMM-3 Performance in Iowa

NHSN Immunization Measure	State Reported Adherence Percentage				State Current Flu Season			National Current Flu Season		Benchmark
	Q4 2021 - Q1 2022	Q4 2022 - Q1 2023	Q4 2023 - Q1 2024	Q4 2024 - Q1 2025	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3 Healthcare Provider Influenza Vaccination	90%	87%	85%	82%	77	82%	97%	1,289	75%	100%

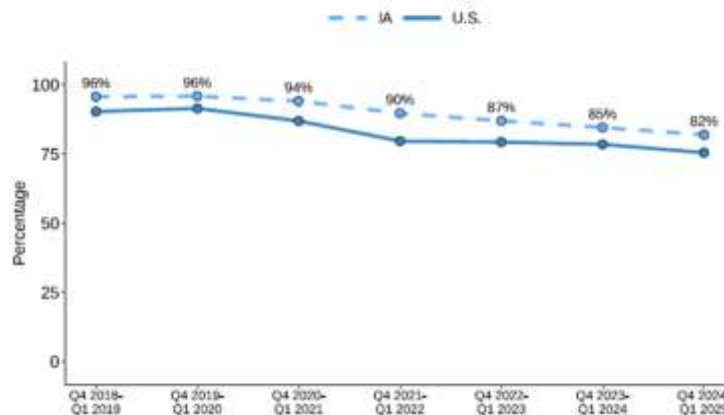
Source: Flex Monitoring Team (FMT) Quarterly Report



27

Performance in Iowa: National Comparison

Figure 4. HCP/IMM-3 Trend in Iowa and All CAHs Nationally
Percent of healthcare workers given influenza vaccination



Source: Flex Monitoring Team (FMT) Quarterly Report



28

Sharing HCP/IMM-3 Best Practices

- + Your CAH is performing better than other CAHs in Iowa/nationally
 - o Work with your team to identify what you are executing well and potential strategies for sustaining and increasing high performance. Consider ways to leverage your strengths to improve other quality measures as well as other aspects of quality improvement.
- + Your CAH is performing at or worse than other CAHs in Iowa/nationally
 - o Work with your team to identify opportunities for improvement as well as what your CAH is executing well. Consider ways to leverage your CAH's current strengths to address the identified areas for improvement.
- + CAHs are encouraged to partner with other CAHs in Iowa for quality improvement activities. Partnerships are particularly useful for CAHs with high performance on some measures and low performance on others. In engaging with other CAHs, you can share best practices for your high-performing measure(s) and receive best practices from other CAHs to improve your low-performing measure(s).

Source: https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/MBQIP_Reports_User_Guide_for_CAHs_Final_v2.pdf



Resources

- + [RQITA Resource Center](#)
- + [NHSN](#)
- + [2025–2026 Flu Season | Influenza \(Flu\) | CDC](#)
- + [Increasing Flu Shot Outreach & Uptake | CMS](#)
- + [Influenza \(Flu\) Information for Health Care Providers | Influenza \(Flu\) | CDC](#)
- + [Healthcare Personnel Safety Component \(HPS\) | NHSN | CDC](#)
- + [HCP Flu Vaccination | HPS | NHSN | CDC](#)
- + [APIC Vaccination Resources - APIC](#)



Introducing

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Quality Supervisor
 Shenandoah Medical Center



31

Healthcare Personnel Influenza Vaccination

Target Goal: 95%

- 2024/2025: 91%
- 2023/2024: 90%
- 2022/2023: 89%
- 2021/2022: 77%

Action Plan:

- Modified policy to clarify masking requirements for staff who decline
- Host Lunch N Learn for staff with a focus on myths vs facts
- Email education to all staff
- Vaccine Clinics scheduled during Annual Skills Days and throughout Influenza season
- Offer different influenza vaccine options
- Added as strategic goal for the organization
- Incentive for vaccinated staff

32

Thank you

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33

Leading the Culture Change: Influenza Vaccine for Healthcare Workers

Sioux Center Health
Cory Nelson, CEO

<https://video.ihconline.org/w/MQAAAA/>



34

High Performing Iowa CAHs

HCP/IMM-3 (formerly OP-27) Influenza Vaccination Coverage Among Health Care Personnel (2024 Q4 – 2025 Q1)

Hospital Name
Compass Memorial Healthcare
Winneshiek Medical Center
Story County Medical Center
Guttenberg Municipal Hospital
Sioux Center Health
Manning Regional Healthcare
Greene County Medical Center
Stewart Memorial Community Hospital
Horn Memorial Hospital
Hegg Memorial Health Center
Waverly Health Center
Cherokee Regional Medical Center
Audubon County Memorial Hospital
Pocahontas Community Hospital
Greater Regional Medical Center



Most Improved Iowa CAHs

HCP/IMM-3 (formerly OP-27) from 2023 to 2024

Hospital Name
Franklin General Hospital
Jones Regional Medical Center
Knoxville Area Hospital and Clinics
Iowa Specialty Hospital-Clarion
Hansen Family Hospital
Lucas County Health Center
Grundy County Memorial Hospital
Veterans Memorial Hospital
Burgess Heath Center
Shenandoah Medical Center
Pella Regional Health Center





37

Upcoming Events

+ 2025 National CAH Assessment Webinar

- Monday, September 29, 2025, from 1:00-1:45PM CT
- [Register Now!](#)

+ Flex VIBE Check-in Series

- First Tuesday of each month through December 2025
- [Registration](#)

+ Compass SPARK Call Series

- Third Wednesday of each month through December 2025
- [Registration](#)

+ Compass SHARP Lunch and Learn Series (Approved for 0.5 CME)

- Second Wednesday of each month June-November 2025, from 12:10-12:50PM CT
- [Registration](#)



38

iCompass Academy

- + This webinar will be recorded and be available on iCompass Academy
- + What is iCompass Academy?
 - iCompass Academy offers an online suite of free eLearning products including webinars, courses and virtual events that can be accessed anywhere at any time.
- + Scan the QR code for [iCompass Academy](#)



39

iCompass

- + We encourage you all to also join us on our communication platform, iCompass.
- + iCompass is a free online forum designed to share information throughout the entire industry and bring people together to drive sustainable healthcare transformation.
- + Scan the QR code for [iCompass](#)



40

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41

Thank You for Participating

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42