Objectives

- State the MDS coding criteria needed to meet the seasonal influenza and pneumococcal vaccine quality measure.
- Recognize how the vaccination quality measures impact the nursing home quality composite score.
- Apply tips and strategies related to assessment, monitoring and tracking of influenza and pneumococcal vaccinations.
- Plan for the annual seasonal influenza quality measure calculation that became effective October 1, 2015.
Disclaimer

The most current MDS 3.0 RAI Manual and MDS 3.0 Quality Measure User’s Manual supersedes all content presented within this presentation and should be consulted.

MDS 3.0 RAI Manual v1.13 effective October 2015 and MDS 3.0 Quality Measure User’s Manual V9.0 (effective 10-1-2015) were accessed in October 2015 and used for this presentation.

-----


**Definition – Target Assessment**

**Target Assessment** – reason for the assessment

### A0310. Type of Assessment

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Federal OBRA Reason for Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>01.</td>
<td>Admission assessment (required by day 14)</td>
</tr>
<tr>
<td>02.</td>
<td>Quarterly review assessment</td>
</tr>
<tr>
<td>03.</td>
<td>Annual assessment</td>
</tr>
<tr>
<td>04.</td>
<td>Significant change in status assessment</td>
</tr>
<tr>
<td>05.</td>
<td>Significant correction to prior comprehensive assessment</td>
</tr>
<tr>
<td>06.</td>
<td>Significant correction to prior quarterly assessment</td>
</tr>
<tr>
<td>99.</td>
<td>None of the above</td>
</tr>
</tbody>
</table>

A0310A = 01, 02, 03, 04, 05 or 06

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. PPS Assessment</strong></td>
<td>PPS Scheduled Assessments for a Medicare Part A Stay</td>
</tr>
<tr>
<td>01.</td>
<td>5-day scheduled assessment</td>
</tr>
<tr>
<td>02.</td>
<td>14-day scheduled assessment</td>
</tr>
<tr>
<td>03.</td>
<td>30-day scheduled assessment</td>
</tr>
<tr>
<td>04.</td>
<td>60-day scheduled assessment</td>
</tr>
<tr>
<td>05.</td>
<td>90-day scheduled assessment</td>
</tr>
<tr>
<td>06.</td>
<td>PPS Readmission/return assessment</td>
</tr>
</tbody>
</table>

A0310B = 01, 02, 03, 04, 05 or 06

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F. Entry/discharge reporting</strong></td>
<td></td>
</tr>
<tr>
<td>01.</td>
<td>Entry tracking record</td>
</tr>
<tr>
<td>10.</td>
<td>Discharge assessment-return not anticipated</td>
</tr>
<tr>
<td>11.</td>
<td>Discharge assessment-return anticipated</td>
</tr>
</tbody>
</table>

A0310F = 10 or 11
Definition – Target Date

**Target Date** – the event date for an MDS record:

**Entry Records:**

- **A0310F = 01**

**Discharge Records**

- **A0310F = 10, 11, or 12**

**All Other Records**

(Admission, Quarterly, Annual, Significant Change in Status, etc.)
Definition – Long Stay

**Long Stay** – cumulative days in facility (CDIF) is $\geq 101$ days as of the end of the target period

- Only days within facility count towards CDIF
- Day of entry counts, day of discharge does not
- If entry and discharge are the same day, the number of days in the stay is 1 day
Definition - Denominator

Number of residents *potentially* impacted by the QM condition during the report period
**Definition - Numerator**

*Actual* number of residents who were impacted by the QM condition during the report period.
Definition - Exclusion

Conditions that *exclude* the resident from both the numerator and denominator.
MDS 3.0 Measure
Percent of long-stay residents assessed and appropriately given the seasonal influenza vaccine

Measure Description
CMS: N016.02
NQF: 0681
Reports the percent of long-stay residents who are given, appropriately, the influenza vaccination during the most recent influenza season
**MDM 3.0 Measure: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)**

<table>
<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE SPECIFICATIONS</th>
<th>COVARIATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMS: N016.02</strong>&lt;br&gt;NQF: 0681</td>
<td><strong>Numerator</strong>&lt;br&gt;Residents meeting any of the following criteria on the selected influenza vaccination assessment:&lt;br&gt;1. Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or&lt;br&gt;2. Resident was offered and declined the influenza vaccine (O0250C = [4]); or&lt;br&gt;3. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;All long-stay residents with a selected influenza vaccination assessment, except those with exclusions.&lt;br&gt;<strong>Exclusions</strong>&lt;br&gt;Resident's age on target date of selected influenza vaccination assessment is 179 days or less.&lt;br&gt;<strong>Notes</strong>&lt;br&gt;This measure is only calculated once a year with a target period of October 1 of the prior year to June 30 of the current year and reports for the October 1 through March 31 influenza season.</td>
<td>Not applicable.</td>
</tr>
</tbody>
</table>

Influenza Numerator

Residents meeting **ANY** of the following on the selected influenza vaccination assessment are considered assessed and appropriately given the seasonal influenza vaccination.
### Influenza Numerator - Criteria #1

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>O0250A = 1</th>
<th>OR</th>
<th>O0250C = 2</th>
</tr>
</thead>
</table>

#### O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period

**A. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?**
- 0. No  →  Skip to O0250C, if influenza vaccine not received, state reason
- 1. Yes →  Continue to O0250B, date influenza vaccine received

**B. Date influenza vaccine received**  →  Complete date and skip to O0300A, is the resident's Pneumococcal vaccination up to date?

**C. If influenza vaccine not received, state reason:***
1. Resident not in this facility during this year's influenza vaccination season
2. Received outside of this facility
3. Not eligible - medical contraindication
4. Offered and declined
5. Not offered
6. Inability to obtain influenza vaccine due to a declared shortage
7. None of the above
Influenza Numerator - Criteria #2

O0250C = 4
Influenza Numerator - Criteria #3

<table>
<thead>
<tr>
<th>O0250. Influenza Vaccine</th>
<th>Refer to current version of RAI manual for current influenza vaccination season and reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?</strong></td>
<td></td>
</tr>
<tr>
<td>0. No → Skip to O0250C, if influenza vaccine not received, state reason</td>
<td></td>
</tr>
<tr>
<td>1. Yes → Continue to O0250B, Date influenza vaccine received</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. Date influenza vaccine received</strong></th>
<th>Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter Code</strong></td>
<td>Month - Day - Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C. If influenza vaccine not received, state reason:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resident not in this facility during this year's influenza vaccination season</td>
</tr>
<tr>
<td>2. Received outside of this facility</td>
</tr>
<tr>
<td>3. Not eligible - medical contraindication</td>
</tr>
<tr>
<td><strong>4. Offered and declined</strong></td>
</tr>
<tr>
<td>5. Not offered</td>
</tr>
<tr>
<td>6. Inability to obtain influenza vaccine due to a declared shortage</td>
</tr>
<tr>
<td>7. None of the above</td>
</tr>
</tbody>
</table>

O0250C = 3
Influenza Denominator

All long-stay residents (CDIF ≥ 101 days) with a selected influenza vaccination assessment, except those with exclusions.
Influenza Exclusions

Resident’s age on target date of selected influenza vaccination assessment is 179 days or less.
How has the Seasonal Influenza Vaccine Affected the Composite Score?

Two periods of fluctuations:

- Time period ends at the beginning or during the flu season, when many residents haven’t been assessed and appropriately given the vaccine
- Definition of “current” flu season varies among healthcare providers and across states
- See MDS 3.0 RAI Manual section O0250 Influenza Vaccine for guidance when determining “current” flu season
Influenza Quality Measure Calculation Changes

Effective with Quality Measure User’s Manual V.9.0 update effective October 1, 2015

- This measure is only calculated once a year. The target period of October 1 of the prior year to June 30 of the current year and reports for the October 1 through March 31 influenza season.

Source: Quality Measure User’s Manual, Appendix A, Section 2
Influenza MDS Coding Tips

- Once the influenza vaccination has been administered for the current influenza season, this value is carried forward until the new influenza season begins.
- See MDS 3.0 RAI Manual section O0250 Influenza Vaccine for coding examples.
Pneumococcal Quality Measure Description

**MDS 3.0 Measure**
Percent of long-stay residents assessed and appropriately given the pneumococcal vaccine

**Measure Description**
**CMS: N020.01**
**NQF: 0683**
Reports the percent of long-stay residents whose pneumococcal vaccine status is up to date
MDS 3.0 Measure: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)

<table>
<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE SPECIFICATIONS</th>
<th>COVARIATES</th>
</tr>
</thead>
</table>
| CMS: N020.01 NQF: 0683 This measure reports the percent of long-stay residents whose pneumococcal vaccine status is up to date. | **Numerator**
Residents meeting any of the following criteria on the selected target assessment:
1. Have an up to date pneumococcal vaccine status (00300A = [1]); or
2. Were offered and declined the vaccine (00300B = [2]); or
3. Were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (00300B = [1]).

**Denominator**
All long-stay residents with a selected target assessment. | Not applicable. |

Pneumococcal Numerator

Residents meeting ANY of the following on the selected pneumococcal vaccination assessment are considered assessed and appropriately given the pneumococcal vaccination
## Pneumococcal Numerator - Criteria #1

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>O0300. Pneumococcal Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Is the resident's Pneumococcal vaccination up to date?</td>
</tr>
<tr>
<td></td>
<td>0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason</td>
</tr>
<tr>
<td></td>
<td>1. Yes → Skip to O0400, Therapies</td>
</tr>
<tr>
<td></td>
<td>B. If Pneumococcal vaccine not received, state reason:</td>
</tr>
<tr>
<td></td>
<td>1. Not eligible - medical contraindication</td>
</tr>
<tr>
<td></td>
<td>2. Offered and declined</td>
</tr>
<tr>
<td></td>
<td>3. Not offered</td>
</tr>
</tbody>
</table>

O0300A = 1
Pneumococcal Numerator - Criteria #2

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>O0300. Pneumococcal Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Is the resident’s Pneumococcal vaccination up to date?</td>
</tr>
<tr>
<td></td>
<td>0. No ➔ Continue to O0300B, If Pneumococcal vaccine not received, state reason</td>
</tr>
<tr>
<td></td>
<td>1. Yes ➔ Skip to O0400, Therapies</td>
</tr>
<tr>
<td></td>
<td>B. If Pneumococcal vaccine not received, state reason:</td>
</tr>
<tr>
<td></td>
<td>1. Not eligible - medical contraindication</td>
</tr>
<tr>
<td></td>
<td>2. Offered and declined</td>
</tr>
<tr>
<td></td>
<td>3. Not offered</td>
</tr>
</tbody>
</table>

O0300B = 2
Pneumococcal Numerator - Criteria #3

**O0300B = 1**

**O0300. Pneumococcal Vaccine**

**A. Is the resident’s Pneumococcal vaccination up to date?**
- No: Continue to O0300B; If Pneumococcal vaccine not received, state reason
- Yes: Skip to O0400, Therapies

**B. If Pneumococcal vaccine not received, state reason:**
1. Not eligible - medical contraindication
2. Offered and declined
3. Not offered
Pneumococcal Denominator

All long-stay residents (CDIF ≥ 101 days) with a selected target assessment
Pneumococcal Exclusions

There are no exclusions for this quality measure
Pneumococcal MDS Coding Tips

Refer to the current MDS 3.0 RAI Manual section O0300 for:

- Pneumococcal Vaccine Administration Algorithm
- Guidance in determining whether a resident should receive the pneumococcal vaccine
- Specific coding examples
Influenza & Pneumococcal Quality Measures & the Composite Score

- Not a Quality Measure on CASPER report
- QIN-QIO can provide the most current CMS data calculation derived from MDS 3.0 submissions
- Nursing homes can log influenza and pneumococcal vaccine records for each resident currently residing in facility to estimate vaccination numerators and denominators
- Reverse numerator is used when calculating the composite score to capture residents who were not assessed and appropriately given the seasonal influenza and pneumococcal vaccines
<table>
<thead>
<tr>
<th><strong>Influenza Vaccine</strong></th>
<th><strong>Pneumococcal Vaccine</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reverse Numerator</strong></td>
<td><strong>Reverse Numerator</strong></td>
</tr>
<tr>
<td>55 residents have met the requirements to be counted in the Influenza Quality Measure</td>
<td>54 residents have met the requirements to be counted in the Pneumococcal Quality Measure</td>
</tr>
<tr>
<td>60 residents are currently in the facility</td>
<td>60 residents are currently in the facility</td>
</tr>
<tr>
<td>Reverse Numerator: 60 residents possible – 55 actually impacted = 5</td>
<td>Reverse Numerator: 60 residents possible – 54 actually impacted = 6</td>
</tr>
<tr>
<td>When calculating the Composite Score</td>
<td>When calculating the Composite Score</td>
</tr>
<tr>
<td>Numerator = 5</td>
<td>Numerator = 6</td>
</tr>
<tr>
<td>Denominator = 60</td>
<td>Denominator = 60</td>
</tr>
</tbody>
</table>
### Composite Score Calculator

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Current Numerator</th>
<th>Denominator</th>
<th>Facility Composite Percentage</th>
<th>Populate Desired Goal Numerator</th>
<th>Recalculated Facility Composite Percentage</th>
<th>Percent of Change from Current Numerator to Desired Goal Numerator</th>
<th>Current Numerator Reduction Goal to Reach 6.00 Composite Score</th>
<th>Desired Goal Numerator Reduction to Reach 6.00 Composite Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR Mod/Severe Pain (L)</td>
<td>5</td>
<td>59</td>
<td>8.47%</td>
<td>5</td>
<td>8.47%</td>
<td>0.00%</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Hi-risk Pres Ulcer (L)</td>
<td>1</td>
<td>44</td>
<td>2.27%</td>
<td>1</td>
<td>2.27%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Phys Restraints (L)</td>
<td>0</td>
<td>59</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Falls w/Maj Injury (L)</td>
<td>2</td>
<td>59</td>
<td>3.39%</td>
<td>2</td>
<td>3.39%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Antipsyc Med (L)</td>
<td>6</td>
<td>53</td>
<td>11.32%</td>
<td>6</td>
<td>11.32%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Depress Sx (L)</td>
<td>7</td>
<td>54</td>
<td>12.96%</td>
<td>7</td>
<td>12.96%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>UTI (L)</td>
<td>1</td>
<td>57</td>
<td>1.75%</td>
<td>1</td>
<td>1.75%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cath Insert/Left Bladder (L)</td>
<td>0</td>
<td>59</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lo-Risk Lose B/B Con (L)</td>
<td>15</td>
<td>56</td>
<td>26.79%</td>
<td>15</td>
<td>26.79%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Excess Wt Loss (L)</td>
<td>2</td>
<td>56</td>
<td>3.57%</td>
<td>2</td>
<td>3.57%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Incr ADL Help (L)</td>
<td>5</td>
<td>58</td>
<td>8.62%</td>
<td>5</td>
<td>8.62%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Influenza Vaccine^</td>
<td>5</td>
<td>60</td>
<td>8.33%</td>
<td>0</td>
<td>0.00%</td>
<td>-100.00%</td>
<td>-100.00%</td>
<td>-100.00%</td>
</tr>
<tr>
<td>Pneumococcal Vaccine^</td>
<td>6</td>
<td>60</td>
<td>10.00%</td>
<td>0</td>
<td>0.00%</td>
<td>-100.00%</td>
<td>-100.00%</td>
<td>-100.00%</td>
</tr>
</tbody>
</table>

**Composite**

<table>
<thead>
<tr>
<th>Current Numerator</th>
<th>Denominator</th>
<th>Facility Composite Percentage</th>
<th>Recalculated Facility Composite Percentage</th>
<th>Percent of Change from Current Numerator to Desired Goal Numerator</th>
<th>Current Numerator Reduction Goal to Reach 6.00 Composite Score</th>
<th>Desired Goal Numerator Reduction to Reach 6.00 Composite Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>734</td>
<td>7.49</td>
<td>44</td>
<td>5.99</td>
<td>-20.00%</td>
<td></td>
</tr>
</tbody>
</table>

*Updated 08/24/2015*

This material was prepared by the Great Plains Quality Improvement Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOV-GPQIN-KS-C2-570815

**Composite Calculator Link**

http://greatplainsqin.org/initiatives/hac-nh/
How does the Influenza & Pneumococcal Vaccine Affect the Composite Score

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Unknown Vaccination Status</th>
<th>Known Vaccination Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num</td>
<td>Denom</td>
</tr>
<tr>
<td>SR Mod/Severe Pain (L)</td>
<td>5</td>
<td>59</td>
</tr>
<tr>
<td>Hi-Risk Pressure Ulcer (L)</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td>Physical Restraints (L)</td>
<td>0</td>
<td>59</td>
</tr>
<tr>
<td>Falls w/Major Injury (L)</td>
<td>2</td>
<td>59</td>
</tr>
<tr>
<td>Antipsychotic Meds (L)</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>Depression Sx (L)</td>
<td>7</td>
<td>54</td>
</tr>
<tr>
<td>UTI (L)</td>
<td>1</td>
<td>57</td>
</tr>
<tr>
<td>Cath insert/left bladder (L)</td>
<td>0</td>
<td>59</td>
</tr>
<tr>
<td>Lo-Risk Loss B/B Cont (L)</td>
<td>15</td>
<td>56</td>
</tr>
<tr>
<td>Excess Weight Loss (L)</td>
<td>2</td>
<td>56</td>
</tr>
<tr>
<td>Increased ADL Help (L)</td>
<td>5</td>
<td>58</td>
</tr>
<tr>
<td><strong>Influenza Vaccine</strong></td>
<td>5</td>
<td>60</td>
</tr>
<tr>
<td><strong>Pneumococcal Vaccine</strong></td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>55</td>
<td>734</td>
</tr>
<tr>
<td><strong>Composite score</strong></td>
<td>7.49</td>
<td></td>
</tr>
</tbody>
</table>
## Nursing Home A

<table>
<thead>
<tr>
<th>Metric</th>
<th>Nursing Home A</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine. <strong>Higher percentages are better.</strong></td>
<td>61.9%</td>
<td>90.7%</td>
<td>94.9%</td>
</tr>
<tr>
<td>Percent of long-stay residents assessed and given, appropriately, the pneumococcal vaccine. <strong>Higher percentages are better.</strong></td>
<td>35.2%</td>
<td>87.9%</td>
<td>93.6%</td>
</tr>
</tbody>
</table>

## Nursing Home B

<table>
<thead>
<tr>
<th>Metric</th>
<th>Nursing Home B</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine. <strong>Higher percentages are better.</strong></td>
<td>100.0%</td>
<td>93.5%</td>
<td>94.9%</td>
</tr>
<tr>
<td>Percent of long-stay residents assessed and given, appropriately, the pneumococcal vaccine. <strong>Higher percentages are better.</strong></td>
<td>100.0%</td>
<td>92.9%</td>
<td>93.6%</td>
</tr>
</tbody>
</table>
Vaccination Record Sources

- Resident/family
- Transferring organizations
- Primary care providers
- State Immunization Information System
  - Kansas - https://kanphix.kdhe.state ks.us/ or call the help desk at 877.296.0464
Vaccination Record Sources

- CMS Medicare Common Working File – Benefits Screen
- Assess every resident on admission and readmission!
Vaccination Quality Measure Checklist

Criteria to meet Seasonal Influenza Quality Measure

☐ Received influenza vaccine during most recent influenza season in the facility (DQ25OA = 1)
☐ Received influenza vaccine during most recent influenza season outside the facility (DQ25OC = 2)
Date influenza vaccination received: ______________________

☐ Offered and declined influenza vaccine (DQ25OC = 4)
Date refusal signed: ______________________

☐ Ineligible due to contraindication(s) (DQ25OC = 3) (e.g., Anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months)
Date contraindication documented: ______________________

*Continue influenza vaccination coding until next influenza season begins (MOS RAI & MDS, page 10, Oct. 2015)

Criteria to meet Pneumococcal Quality Measure

☐ Has an up-to-date pneumococcal vaccine status (DQ30OA = 1)
Date received: ______________________

☐ Offered and declined pneumococcal vaccine (DQ30OB = 2)
Date refusal signed: ______________________

☐ Ineligible due to medical contraindication(s) (DQ30OB = 1) (e.g., Anaphylactic hypersensitivity to components of the vaccine, bone marrow transplant within the past 24 months or receiving a course of chemotherapy within the past two weeks)
Date contraindication documented: ______________________

If resident does not meet the above criteria:
Obtain past immunization records:
- Resident/VFamily
- Primary Care Provider medical record
- Transferring organization medical records

☐ State Immunization Information System
☐ CMS/Medicare Common working file – Benefits Screen

If resident has not received vaccination or if vaccination status cannot be determined:
Request physician order to administer vaccine to resident according to clinical standards of practice
- Seasonal Influenza Vaccine
- Pneumococcal Vaccine
  - Pneumococcal 13-valent conjugate (PV/C3)
  - Pneumococcal polysaccharide (PP/S13)

Signature: ____________

Date: ____________
Quick Review: Influenza

- Contagious respiratory disease caused by influenza viruses / spreads via direct contact and indirect contact.
- 65 and older high risk for serious complications / potentially life threatening
- Influenza outbreak usually between October – March
- Unvaccinated healthcare workers can trigger influenza spread – *estimated 1/3 healthcare workers are NOT vaccinated*
- Symptoms: increased body temperature, headache (often sudden onset), fatigue, dry cough, sore throat/ decreased food, fluid, stuffy or runny nose, body/muscle aches, increased confusion. *Sometimes just “act differently” from usual behavior.*
Influenza Vaccination Guidelines

- Vaccine 80% effective preventing death from influenza virus
- Recommended annual influenza vaccination from October through March and/or as physician orders – Early fall is optimal vaccination period
- Assess on admission if and when has had influenza vaccination – DOCUMENT
- Give as appropriate / don’t give if egg allergy, the vaccine or components of the vaccine. *Resident has right to decline.*
Annual Influenza Program Checklist

LATE SUMMER/EARLY FALL (AUGUST-SEPTEMBER)
- Check with pharmacy to confirm availability of vaccines; ensure sufficient quantity has been ordered
- Check with pharmacy to confirm the availability of antiviral medications for influenza
- Review most recent influenza information from the CDC, as well as the local and/or state health department
- Develop and launch an information and “flu shot” awareness campaign for LTCF residents, visitors, and employees
- Verify that physician orders for vaccine and/or vaccination will be completed by specific date
- Verify that supplies needed for vaccine administration are or will be available by specific date

PRESENT INFLUENZA EDUCATION FOR RESIDENTS, VISITORS, AND EMPLOYEES (REPEAT AS NEEDED)
- Provide education related to influenza symptoms, prevalence in the community, and risks to those unvaccinated
- Provide education related to vaccine use and safety
- Review the illness reporting process for both residents and staff; review when symptomatic staff should not report for work and/or require medical clearance before resuming duties
- Review hand hygiene and respiratory etiquette procedures

COORDINATE LTCF PREVENTION ACTIVITIES WITH THE HEALTH DEPARTMENT
- Obtain and review the case definition and outbreak reporting criteria required by the state
- Identify the contact person(s) at the local and/or state health department
- Identify what information is needed and the required time frames for reporting influenza to the local and/or state health department
- Participate in health department updates, meetings, and training related to seasonal influenza

IN RESPONSE TO A SINGLE, CONFIRMED CASE
- Activate LTCF policy and procedure for individual resident isolation and restriction of group activity
- Follow up with the physician to determine the need for antiviral medication
- Reinforce need for hand hygiene and isolation precautions with everyone visiting or assisting the resident
- Confirm the immunization status of any roommates; relocate roommates if necessary and monitor closely for signs and symptoms
- Reinforce the need for rigorous influenza management and prevention practices by all employees

IN RESPONSE TO MULTIPLE CASES (OUTBREAK SITUATION)
- Activate the LTCF’s outbreak notification system, including the administrator, director of nursing, and medical director
- Notify the local and/or state health department according to state requirements for influenza
- Stop all new resident admissions and limit facility visiting to the extent possible
- Post signage alerting families and visitors of the risk of influenza transmission; provide ongoing information and education to families and visitors as needed
- Review the need with the medical director and/or other facility leaders for an antiviral prophylaxis program in the LTCF
- Verify the immunization status of all unaffected residents and employees
- Encourage staff caring for infected residents to retain these assignments; avoid sending employees who have been exposed to care for other, healthy residents
- Ensure HCP utilize appropriate PPE and perform hand hygiene frequently

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Association for Professionals in Infection Control (APIC)
www.apic.org
Quick Review: Pneumococcal Disease

- Caused by bacteria *Streptococcus pneumoniae*
- High risk - children < 2 years old & > 65 years old and underlying medical conditions
- Symptoms indicative of otitis media, sinusitis, pneumonia, bacteremia, meningitis
- Spreads from person to person by coughing, sneezing, close contact – but not as easily as influenza
- Can occur year round but greater in winter
- 5,000 deaths annually in US
Pneumococcal Vaccination Guidelines

- Assess on admission if and when resident has had pneumococcal vaccine (*PCV13, PPSV23*)
- Be diligent in searching history and DOCUMENT
- If status uncertain; offer and give the vaccine – *can be given year round*
- Ok to give at same time the influenza vaccine but give in separate syringe/ separate injection sites
- Don’t give if allergic to vaccine or vaccine components. *Resident has right to decline.*
Pneumococcal Vaccine Guidelines

Pneumococcal 13 valent conjugate
PCV 13 Prevnar 13

Pneumococcal 23 valent polysaccharide
PPSV23 Pneumovax

Recommended adults 65 and older get both vaccines.
PCV13 vaccine first, followed by PPSV23 in 6 to 12 months

If already vaccinated with PPSV23, get PCV13 vaccine in 1 year

**BUT** several other factors to consider so NEED to look at current CDC guidelines and follow physicians orders.
When reviewing your vaccination QMs, does a QAPI opportunity exist?

**Vaccinations QM’s are only QM’s YOU have control**

Goal 1: *100% of our residents will be assessed /offered the influenza vaccination annually*

Goal 2: *100% of our residents will be assessed /offered if appropriate the pneumococcal vaccination upon admission*

**If not getting 100%? Why?**

- Could there be a coding error?
- Misunderstanding of the Quality Measure intent?
- Lack or incomplete vaccination screening /tracking system?
- System breakdown?
- Perform chart audits to ensure documentation in EVERY chart
If an improvement area is identified ... follow the QAPI problem solving steps

- Establish baseline (starting point)
- Set benchmark (what do you want it to be?) – 100%
- Root Cause Analysis (why is this QM high?)
- Form a Performance Improvement Team if needed
- Implement the Plan-Do-Study-Act (PDSA) cycle
- Keep the goal and progress in the forefront – track the data
- Communicate status /celebrate successes
Helpful to have “Resident Tracking System” and “Facility Tracking System”

- Track individual residents vaccination history
  - Many templates available
  - Embedded in EMR systems
  - Vaccination record as part of medical chart
  - Helpful to have status easily visible

- Handy to have a facility log listing for QUICK LOOK
  - Simple Excel worksheet suffices if can’t get on EMR system
# Vaccination Log Template

## 2016 Vaccination Running Log

<table>
<thead>
<tr>
<th>Room #</th>
<th>Last Name</th>
<th>First Name</th>
<th>INFLUENZA VACCINE</th>
<th>PNEUMOCOCCAL VACCINE</th>
<th>VACCINE INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Room #</td>
<td>Last Name</td>
<td>First Name</td>
<td>Status</td>
<td>Date</td>
</tr>
<tr>
<td>301</td>
<td>Happy</td>
<td>Go Lucky</td>
<td>Given</td>
<td>2/15/2016</td>
<td>1/16/2013</td>
</tr>
<tr>
<td>302</td>
<td>Crabby</td>
<td>Patty</td>
<td>Declined</td>
<td>2/15/2016</td>
<td>Declined</td>
</tr>
<tr>
<td>303</td>
<td>Johnson</td>
<td>John</td>
<td>Medical Contra</td>
<td>2/15/2016</td>
<td>Medical Contra</td>
</tr>
<tr>
<td>304</td>
<td>Doe</td>
<td>Jane</td>
<td>Given</td>
<td>2/15/2016</td>
<td>Given</td>
</tr>
<tr>
<td>305</td>
<td>Right</td>
<td>Mister</td>
<td>Given</td>
<td>2/15/2016</td>
<td>Given</td>
</tr>
<tr>
<td>306</td>
<td>Wrong</td>
<td>Mister</td>
<td>Given</td>
<td>2/15/2016</td>
<td>Given</td>
</tr>
</tbody>
</table>

### Cumulative Vaccines at a Glance

<table>
<thead>
<tr>
<th>Total</th>
<th>Influenza</th>
<th>PCV13</th>
<th>PPV13</th>
<th>Pneumococcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0 0 0 0 0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2017</td>
<td>0 0 0 0 0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>0 0 0 0 0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>0 0 0 0 0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### CDC 2016 Vaccination Pocket Guide (Good reference)


### Great Plains QIN Immunization Resources


### CDC ACIP

[http://www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
Success Story
Wedgewood Care Center
Grand Island, Nebraska
### Influenza Vaccine Numerator

**Goal:** Appropriately vaccinate all residents

If resident meets any of the following on MDS 3.0 – consider it as a yes/appropriately vaccinated:

- Received influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = 1) or outside the facility (O0250C = 2)

- Offered and declined the influenza vaccine (O0250C = 4)

- Ineligible due to contraindications (O0250C = 3)

### Pneumococcal Vaccine Numerator

**Goal:** Know pneumococcal status of all residents

If resident meets any of the following on MDS 3.0 – consider it as a yes/appropriately vaccinated:

- Up to date pneumococcal vaccine status (O0300A = 1)

- Offered and declined the pneumococcal vaccine (O0300B = 2)

- Ineligible due to medical contraindications (O0300B = 1)
Resources

- **State Operations Manual**
  - Chapter 7 – Survey and Enforcement Process or Skilled Nursing Facilities and Nursing Facilities
  - Appendix PP – Guidance to Surveyors for Long Term Care Facilities (click PP)
  - Appendix P – Survey Protocol for Long Term Care Facilities Part 1 (click P)


- **Nursing Home Compare Website** [https://www.medicare.gov/nursinghomecompare/search.html](https://www.medicare.gov/nursinghomecompare/search.html)

- **CDC Advisory Committee for Immunization Practices (ACIP)** [http://www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)


- **Great Plains QIN Nursing Home Web page** [http://greatplainsqin.org/providers/nursing-homes/](http://greatplainsqin.org/providers/nursing-homes/)
Upcoming Event!

Adult Immunization Schedule and Immunizing Adults: Challenges and Opportunities

Tuesday, March 8, 2016  2:00 – 3:00 pm CT

To Register:

http://greatplainsqin.org/calendar-2/upcoming-events
GPQIN State Nursing Home Contacts

**Kansas**

Brenda Groves, LPN  
[brenda.groves@area-a.hcqis.org](mailto:brenda.groves@area-a.hcqis.org)  
Johnathan Reeves, BA  
[johnathan.reeves@area-a.hcqis.org](mailto:johnathan.reeves@area-a.hcqis.org)  
 Kansas Foundation for Medical Care  
2947 SW Wanamaker Drive  
Topeka, KS 66614-4193  
P: 785/273-2552

**Nebraska**

Krystal Hays, RN, MSN, RAC-CT  
[krystal.hays@area-a.hcqis.org](mailto:krystal.hays@area-a.hcqis.org)  
CIMRO of Nebraska  
1200 Libra Drive, Suite 102  
Lincoln, NE 68512  
P: 402/476-1399, Ext. 522

**South Dakota**

Lori Hintz, RN  
[lori.hintz@area-a.hcqis.org](mailto:lori.hintz@area-a.hcqis.org)  
South Dakota Foundation for Medical Care  
2600 West 49th Street, Suite 300  
Sioux Falls, SD 57105  
P: 605/354-3187

**North Dakota**

Michelle Lauckner, RN, BA, RAC-CT  
[michelle.lauckner@area-a.hcqis.org](mailto:michelle.lauckner@area-a.hcqis.org)  
Quality Health Associates of North Dakota  
3520 North Broadway  
Minot, ND 58703  
P: 701/852-4231

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-GPQIN-SD-C2-122/0216