

Take Your Best Shot: Immunizations as Prevention

Patty Austin, RN Quality Improvement Specialist



'Tis the Season

- Early onset of increasing respiratory virus in October
- Common peak in January
- Flu and pneumonia ... plus COVID-19 ... plus RSV



Meet the Cast of Characters

- Flu
 - Annual
- Pneumococcal
 - Annual, offer year round
- COVID
 - Latest updated vaccine
- RSV
 - New this year



New Kid on the Block: RSV

At risk

- Older adults
- Adults with chronic heart or lung disease
- Adults with weakened immune systems
- Adults with certain other underlying medical conditions
- Adults living in nursing homes or long-term care facilities

Symptoms

- Cold-like, often mild
- Severe disease can result in pneumonia

Can complicate

 Asthma, chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF)



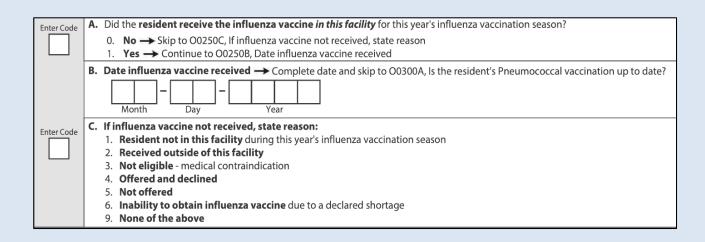
YES!

- Vaccines may be administered together
- Good infection control matters
- Residents and staff alike ... RSV?



MDS CODING

Influenza
Vaccination
MDS Coding



RAI Definitions

- Code 1, Resident not in this facility during this year's influenza vaccination season: resident was not in this facility during this year's influenza vaccination season.
- Code 2, Received outside of this facility: includes influenza vaccinations administered in any other setting (e.g., physician office, health fair, grocery store, hospital, fire station) during this year's influenza vaccination season.
- Code 3, Not eligible—medical contraindication: if influenza vaccine not
 received due to medical contraindications. Influenza vaccine is contraindicated for a
 resident with severe reaction (e.g., respiratory distress) to a previous dose of influenza
 vaccine or to a vaccine component. Precautions for influenza vaccine include moderate to
 severe acute illness with or without fever (influenza vaccine can be administered after the
 acute illness) and history of Guillain-Barré Syndrome within six weeks after previous
 influenza vaccination.
- Code 4, Offered and declined: resident or responsible party/legal guardian has been informed of the risks and benefits of receiving the influenza vaccine and chooses not to accept vaccination.
- Code 5, Not offered: resident or responsible party/legal guardian not offered the influenza vaccine.
- Code 6, Inability to obtain influenza vaccine due to a declared shortage: vaccine is unavailable at this facility due to a declared influenza vaccine shortage.
- **Code 9, None of the above:** if none of the listed reasons describe why the influenza vaccine was not administered. This code is also used if the answer is unknown.



QM Technical Users Manual

Table 2-2

Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (SS) (CMS ID: N003.03) (CMIT Measure ID: 1189)

Measure Description

The measure reports the percent of short-stay residents who are assessed and/or given, appropriately, the influenza vaccination during the most recent influenza season.

Measure Specifications

Numerator

Residents meeting any of the following criteria on the selected influenza vaccination assessment:

- Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or
- Resident was offered and declined the influenza vaccine (O0250C = [4]); or
- Resident was ineligible due to medical contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the
 vaccine, history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6
 months).

Denominator

All short-stay residents with a selected influenza vaccination assessment. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected target assessment is 179 days or less.

Notes

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 data for residents who were in the facility for at least one day during the target period of October 1 through March 31.

Covariates

Not applicable.





Quality Measure Tip Sheet: Influenza Vaccine

Quality Measure Overview

- This measure reports the percentage of residents who are assessed and/or given, appropriately, the influenza vaccine during the most recent influenza season.
- Residents meeting any of the following criteria on the selected influenza vaccination assessment qualify if the:
 - Residents received the influenza vaccine during the most recent influenza season, either in the facility (OO250A =1) or outside the facility (OO250C = 2), or
 - Resident was offered and declined the influenza vaccine (O0250C = 4), or
 - Resident was ineligible due to contraindications (OO250C = 3) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within six weeks after a previous influenza vaccination, bone marrow transplant within the past six months).

Exclusions

 Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Code the reason if the resident did not receive the vaccine, as follows (O0250C):
 - Resident not in the facility during this year's influenza season. (Code 1)
 - Received influenza vaccine outside the facility. (Code 2)
 - Not eligible-medical contraindication. (Code 3)
 - Offered and declined. (Code 4)
 - Not offered. (Code 5)
 - Inability to obtain vaccine due to a declared shortage. (Code 6)
 - None of the above, if none of the listed reasons apply or answer is unknown. (Code 9)

Note: Responses of code 5, 6 and 9 will negatively impact your Influenza Quality Measure. 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 data for residents who were in the facility for at least one day during the target period of October 1 through March 31.



Ask These Questions...

- · Was the MDS coded as per the Resident Assessment Instrument requirements?
- Are the facility staff members aware of the current influenza season? (Current season information is available at www.cdc.gov.)
- Does a process exist for obtaining the required completed documentation (e.g., for consent, decline, and/or contraindicated to administer) prior to submitting the MDS?
- Does the facility have an internal tracking process to ensure that documentation is completed and available for review?
- Is the required documentation accessible to MDS prior to coding?
- · Does evidence exist that the resident has been educated on the importance of receiving the vaccine?
- · Does evidence exist of administration of the vaccine?



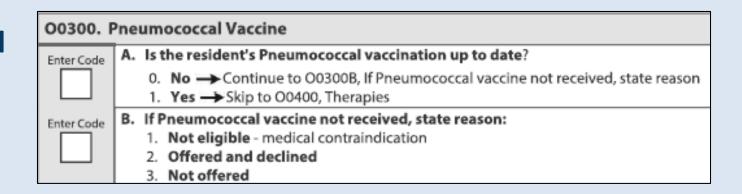
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Quality Measure Tip Sheet: Influenza



MDS Coding

Pneumococcal Vaccination MDS Coding



RAI Definitions

- Code 1, Not eligible: if the resident is not eligible due to medical contraindications, including a life-threatening allergic reaction to the pneumococcal vaccine or any vaccine component(s) or a physician order not to immunize.
- Code 2, Offered and declined: resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine.
- Code 3, Not offered: resident or responsible party/legal guardian not offered the pneumococcal vaccine.



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Table 2-6

Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (SS) (CMS ID: N007.02) (CMIT Measure ID: 1125)

Measure Description

This measure reports the percent of short-stay residents whose pneumococcal vaccine status is up to date during the 12-month reporting period.

Measure Specifications

Numerator

Residents meeting any of the following criteria on the selected target assessment:

- 1. Pneumococcal vaccine status is up to date (O0300A = [1]); or
- 2. Were offered and declined the vaccine (O0300B = [2]); or
- 3. Were ineligible due to medical contraindication(s) (O0300B = [1]) (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).

Denominator

All short-stay residents with a selected target assessment.

Exclusions

Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached fifth birthday on target date).

Covariates

Not applicable





Quality Measure Tip Sheet: Pneumonia Vaccine

Quality Measure Overview

- This measure reports the percentage of residents whose pneumococcal vaccine status is up-to-date during the 12month reporting period.
- Residents meeting any of the following criteria on the selected target assessment qualify if they:
 - Have an up-to-date pneumococcal vaccine status (O0300A = 1), or
 - (O0300A = 1), or

 Were offered and declined the vaccine (O0300B = 2), or
 - Were ineligible due to medical contraindications (O0300B = 1) (e.g., anaphylactic hypersensitivity to components of the vaccine, bone marrow transplant within the past 12 months, or in receipt of a course of chemotherapy within the past two weeks).

Exclusion: Resident has not yet reached 5th birthday on target date.

MDS Coding Requirements

In the Minimum Data Set (MDS):

- · Indicate if the resident's pneumococcal vaccination is current.
- State the reason, if applicable, that the vaccine was not received:
 - Not eligible (i.e., medically contraindicated) (Code 1)
 - Offered and declined (Code 2)
 - Not offered (Code 3) NOTE: A response of Code 3 will negatively impact your Pneumonia Quality Measure.

Ask These Questions...

- Was the MDS coded as per the Resident Assessment Instrument requirements?
- Does a process exist for obtaining the required completed documentation (i.e., for consent, decline, and/or contraindicated to administer) prior to submitting the MDS?
- Does the facility have an internal tracking process to ensure that documentation is completed and available for review?
- Is the required documentation accessible to MDS prior to coding?
- Does evidence exist that the resident is educated on the importance of receiving the vaccine?
- Does evidence exist of administration of the vaccine?

Should the Resident Receive the Vaccine?

Follow this Pneumococcal

Decision Tree administration guide.



1 dose of PCV20

Age 65+ OR age 19-64 with risk factors and no history of vaccination

1 dose o PCV15 1 dose of PPSV23 at least 12 months later

Age 65+ OR age 19-64 with risk factors and a history of PPSV23

PCV15 or PCV20 at least 12 months later

Age 65+ with a history of PCV13 1 dose of PPSV23 at least 12 months later

Age 19-64 with risk factors and a history of PCV13

1 dose of PPSV23 at least 12 months later 1 dose of PPSV23 after age 65+ and at least 5 years after previous vaccine

Check out the PneumoRecs VaxAdvisor app!

Still confused? Visit PneumoRecs VaxAdvisor from the Centers for Disease Control & Prevention to determine which pneumococcal vascination your resident should receive.

Online: www2a.cdc.gov/vaccines/m/pneumo/pneumo.html App: cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html

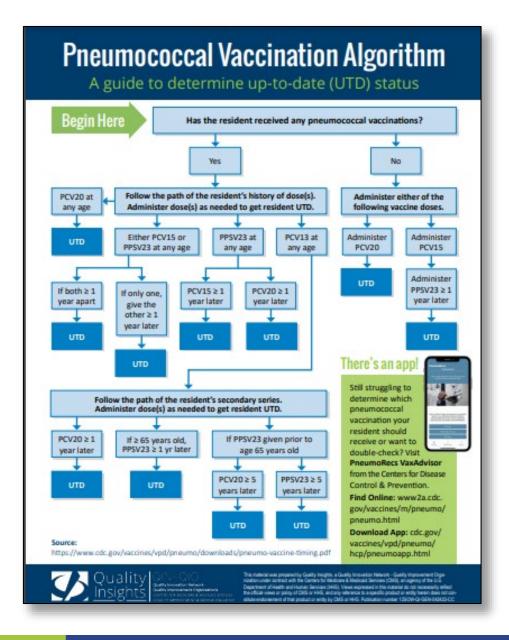
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Quality Measure Tip Sheet: Pneumonia Vaccine



Pneumococcal Vaccinations





Be Hesitant to Ignore Hesitancy

- American Health Care Association
 (AHCA) #GetVaccinated website has strategies, tools and resources to help providers communicate the importance of vaccines with their staff and residents.
- AHCA/NCAL Building Trust: A Strategy to Improve Patient Safety, Staff Wellbeing & Vaccine Uptake in Long Term Care: This free 4-part course equips leaders with the tools and resources to help leaders build trust with staff to encourage vaccine uptake.
- <u>CDC's Post-Acute and Long-Term Care Facility Toolkit</u>: Influenza Vaccination among Healthcare Personnel
- CDC's Vaccinate with Confidence



FLU AND COVID

- No one wants COVID-19 and flu at the same time.

 Flu is a respiratory illness like COVID-19. Having either the flu or COVID-19 can make you more susceptible to the other virus. Studies also show that if you have both, you get sicker. A flu vaccine, along with a COVID-19 vaccine, can help prevent severe illness.
- The flu shot works.

 Flu vaccines can reduce the risk of illness from the flu by 40 to 60 percent among the overall population.¹ This means that roughly half of all people who get the flu vaccine will not get infected with the flu if they are exposed. Additionally, those who do get the flu are much less likely to need medical care or hospitalization, cutting down on the number of occupied hospital beds.
- The COVID-19 vaccine is safe.

 Nearly all ingredients in the COVID-19 vaccines are also ingredients in many foods. These include fats, sugars and salts. Getting a COVID-19 vaccine is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19.¹
- Getting both shots at the same time can save time.

 The Centers for Disease Control and Prevention (CDC) states it is safe to get both vaccines at the same time, which cuts down on the time you must take to get two separate vaccines. Different injection sites for each vaccine is recommended. Administering the quadrivalent influenza vaccine (QIV-HD) at the same time as the SARS-CoV-2 mRNA booster vaccine is safe and produces no immune interference in adults aged 65 years and older, according to the interim results of a study published in Lancet Respiratory Medicine.²
- Getting both shots at the same time can cut your recovery time.

 Side effects for both vaccines include fatigue, muscle soreness and tiredness. Getting the vaccines together may mean that you only have to experience these side effects once rather than twice. There is no evidence that getting a flu vaccine raises your risk of getting sick from COVID-19 or any other coronavirus.¹



Questions?



Contact

Patty Austin, RN

- Quality Improvement Specialist
- paustin@qualityinsights.org

Find us online:

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