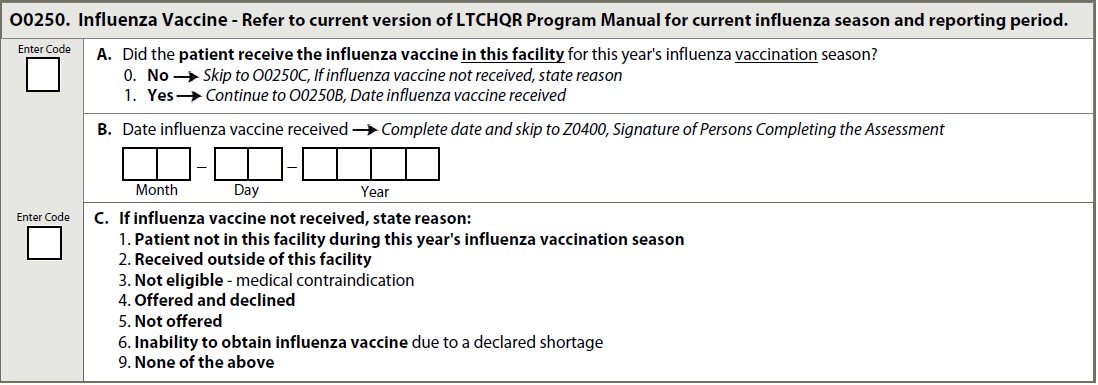
**SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS**

**Intent:** For the July 1, 2014, release of the LTCH CARE Data Set, Version 2.01, three items (O0250A, O0250B, and O0250C: Influenza Vaccine) are included in this section. This section assesses the influenza vaccination status of patients. If warranted by additional quality measures finalized by the CMS for the LTCHQR Program through future rule-making cycles, CMS may add additional items to this section that document other treatments, procedures, and programs received during a stay in an LTCH.

O0250: Influenza Vaccine



**Item Rationale**

**•** When infected with influenza, older adults and persons with underlying health problems are at increased risk for complications and are more likely than the general population to require hospitalization.

**•** An institutional influenza A outbreak can result in up to 60 % of the population becoming ill, with 25% of those affected developing complications severe enough to result in hospitalization or death.

**•** Influenza-associated mortality results not only from pneumonia, but also from subsequent events arising from cardiovascular, cerebrovascular, and other chronic or immunocompromising diseases that can be exacerbated by influenza.

**•** As of 2013, the Center for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) continues to recommended annual influenza vaccination for all persons aged 6 months and older in the United States.1

1 Grohskopf LA, Shay DK, Shimabukuro TT, Sokolow LZ, Keitel WA, Bresee JS, Cox NJ. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2013-2014. Recommendations and Reports. Morbidity and Mortality Weekly Report (MMWR), September 20, 2013, 62(RR07); 1-43. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm>

**•** The Centers for Disease Control and Prevention (CDC) continues to recommend annual influenza vaccination of all persons aged 6 months and older.

**Steps for Assessment**

1. Review the patient’s medical record to determine

whether an influenza vaccine was received in the facility for this year’s influenza vaccination season. If vaccination status is unknown, proceed to the next step.

2. Ask the patient if he or she received an influenza vaccine outside of the facility for this year’s influenza

vaccination season. Please also review (when available) the patient’s medical record from previous setting(s) (e.g., short-stay acute care hospital medical records). If influenza vaccination status is still unknown, proceed to the next step.

3. If the patient is unable to answer, then ask the same question of the responsible party/legal guardian and/or primary care physician. If vaccination status is still unknown, proceed to the next step.

4. If vaccination status cannot be determined, please refer

to the standards of clinical practice to determine whether or not to administer the vaccine to the patient.

**Coding Instructions for O0250A**

*Complete only if A0250 = 01 Admission; A0250 = 10*

*Planned Discharge; or A0250 = 11 Unplanned Discharge.*

**DEFINITION VACCINATION SEASON** For the 2014-2015 influenza

season, the influenza

vaccination season for NQF

#0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) is defined as beginning October 1, 2014 or when the influenza vaccine becomes available (whichever comes first) through April 30,

2015.

For the 2015-2016 influenza season, the influenza vaccination season NQF #0680 is defined as beginning October

1, 2015 or when the influenza vaccine becomes available (whichever comes first) through April 30, 2016.

For subsequent influenza seasons, the influenza vaccination season NQF #0680 is defined as beginning October

1 or when the influenza vaccine becomes available (whichever comes first) through April 30.

**• Code 0, no,** if the patient did not receive the influenza vaccine in this facility during this year’s influenza vaccination season. Proceed to If Influenza vaccine not received, state reason (O0250C).

**• Code 1, yes,** if the patient did receive the influenza vaccine in this facility during this year’s influenza vaccination season. Continue to Date Vaccine Received (O0250B).

**• Code with a dash, "-"**, if the patient’s influenza vaccination status cannot be determined. (**"-"** denotes that the information is not available/accessible or is unknown). Proceed to Z0400. Signature of Persons Completing the Assessment.

**Coding Instructions for O0250B**

**•** Enter date vaccine was received. Do not leave any boxes blank. If the month contains only a single digit, fill in the first box of the month with a “0.” For example, January 7,

2015, should be entered as 01-07-2015. If the day contains only a single digit, then fill the first box of the day with the “0.” For example, October 6, 2014, should be entered as

10-06-2014. A full 8-character date is required. If the date is unknown or the information is not available, a single dash needs to be entered in the first box.

**Coding Instructions for O0250C**

**• Code 1, patient not in facility during this year's influenza vaccination season,** if patient was not in the facility during this year’s influenza vaccination season.

**• Code 2, received outside of this facility,** if this includes influenza vaccination 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 vaccination was not received due to medical contraindications, including allergic reaction to eggs or other vaccine component(s), a physician order not to immunize, or an acute febrile illness is present. However, the patient should be vaccinated if contraindications end.

**• Code 4, offered and declined,** if patient or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the influenza vaccine.

**• Code 5, not offered,** if patient or responsible party/legal guardian was not offered the influenza vaccine.

**• Code 6, inability to obtain vaccine due to a declared shortage,** if influenza vaccine was unavailable at the facility due to declared vaccine shortage. However, the patient should be vaccinated once the facility receives the vaccine. The annual supply of inactivated influenza vaccine and the timing of its distribution cannot be guaranteed in any year.

**• 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.

**Coding Tips and Special Populations**

**•** The influenza season varies annually. Information about current Influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) Web site: <http://www.cdc.gov/flu>.

**•** Facilities should follow current ACIP recommendations to inform standard of practice and applicable patients.

**•** Annual influenza vaccination of all persons aged ≥6 months continues to be recommended.

**Examples**

1. Mrs. J. received the influenza vaccine in this LTCH during this year’s influenza vaccination season, on October 2, 2014.

**Coding:** O0250A would be **coded 1, yes;** O0250B would be **coded 10-02-2014,** and

**O0250C** would be skipped.

**Rationale:** Mrs. J. received the vaccine in the facility on October 2, 2014, during this year’s influenza vaccination season.

2. Mr. R. did not receive the influenza vaccine in the LTCH during this year’s influenza vaccination season because of his known allergy to egg protein.

**Coding:** O0250A would be **coded 0, no;** O0250B is skipped, and O0250C would be

**coded 3, not eligible-medical contraindication**.

**Rationale:** Allergies to egg protein is a medical contraindication to receiving the influenza vaccine, therefore, Mr. R did not receive the vaccine.

3. Mrs. T. received the influenza vaccine at her doctor’s office during this year’s influenza vaccination season. Her doctor provided documentation of Mrs. T.’s receipt of the vaccine to the LTCH to place in Mrs. T.’s medical record. He also provided documentation that Mrs. T. was explained the benefits and risks for the vaccine prior to administration.

**Coding:** O0250A would be **coded 0, no;** and O0250C would be **coded 2, received outside of this facility.**

**Rationale:** Mrs. T. received the influenza vaccine at her doctor’s office during this year’s influenza vaccination season.

4. Mr. K. wanted to receive the influenza vaccine if it arrived prior to his scheduled discharge September 28, 2014. Mr. K. was discharged prior to the LTCH receiving its annual shipment of influenza vaccine, and therefore, Mr. K. did not receive the influenza vaccine in the LTCH. Mr. K. was encouraged to receive the influenza vaccine at his next scheduled physician visit.

**Coding:** O0250A would be **coded 0, no;** O0250B is skipped, and O0250C would be

**coded 9, none of the above.**

**Rationale:** Mr. K. was unable to receive the influenza vaccine in the LTCH due to the fact that the LTCH did not receive its shipment of influenza vaccine until after his discharge. None of the codes in O0250C, **Influenza vaccine not received, state reason**, are applicable.