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Comment period ends COB June 17, 2005

**SECTION W. SUPPLEMENTAL ITEMS**

**W1. National Provider ID**

**Intent:** To record the facility National Provider ID.

**Definition:** The National Provider ID is a system for uniquely identifying all providers of health care services, supplies, and equipment. The Secretary of HHS has established a standard identifier for health care providers. CMS has begun assigning National Provider IDs to all providers.

**Process:** After it has been assigned by CMS, you can obtain the nursing facility's National Provider ID from the admission office. Once you have this number, it applies to all residents of that nursing facility.

**Coding:** When available, enter the 10 digit National Provider ID in the spaces provided. Do not enter any embedded dashes or spaces. Recheck the number to be sure you have entered the 10 digits correctly. The facility is encouraged to begin using this number once it has been assigned by CMS.

**W2. Influenza Immunization**

W1.	National Provider ID	Enter for all assessments and tracking forms, if available. _____
If the ARD of this assessment or the discharge date of this discharge tracking form is between July 1 and September 30, skip to W3.		
W2.	Influenza Vaccine	<p>a. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)? <input type="checkbox"/></p> <p>0. No (If No, go to item W2b) 1. Yes (If Yes, go to item W3)</p> <p>b. If Influenza vaccine not received, state reason: <input type="checkbox"/></p> <ol style="list-style-type: none"> <li>1. Not in facility during this year's flu season</li> <li>2. Received outside of this facility</li> <li>3. Not eligible</li> <li>4. Offered and declined</li> <li>5. Not offered</li> <li>6. Inability to obtain vaccine</li> </ol>

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**Intent:** To increase the number of residents receiving Influenza immunization, decrease the morbidity and mortality rate from Influenza, and determine the rate of vaccination, and causes for non-vaccination.

Section W2 must be completed for all residents on all assessment types (OBRA and/or PPS) with Assessment Reference Dates and all discharge tracking forms with Discharge Dates from October 1 through June 30. Discharge tracking forms are included in order to capture flu vaccines administered to residents whose flu vaccines were not captured on an MDS assessment.

Although flu season currently is defined as October 1 through March 31, assessments with an ARD and discharges with a discharge date through June 30 are included in order to capture any record that provides the only report of a vaccination received during the flu season.

**Example:** A flu vaccine is administered to a resident in March, not within window of an MDS assessment. Extending the date for completing W2 to June 30 provides enough time to capture that flu vaccine on the next Quarterly, even if it is not due for another 92 days or on a discharge before the Quarterly is due.

**Process:** **Review the resident's medical record and interview resident or representative to determine Influenza vaccination status during the flu season, defined as October 1 through March 31, using the following steps.**

- **Step 1.** Review the resident's medical record to determine whether an Influenza vaccination was received during the flu season. If vaccination status is not known, proceed to the next step.
- **Step 2.** Ask the resident if he/she received a dose of Influenza vaccine outside of the facility for this year's flu season. If vaccination status is still not known, proceed to the next step.
- **Step 3.** If the resident is unable to answer, then ask the same question of a legal representative. If vaccination status is still not known, proceed to the next step.
- **Step 4.** If vaccine status cannot be determined, administer the vaccination to the resident according to standards of clinical practice.

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The CDC has evaluated inactivated Influenza vaccine co-administration with the pneumococcal polysaccharide vaccine systematically among adults. Simultaneous vaccine administration is safe when administered by a separate injection in the opposite arm<sup>2,3</sup>. If the resident is an amputee or intramuscular injections are contraindicated in the upper extremities administer the vaccine(s) according to standards of clinical practice.

**Coding: W2a**

Enter **"0"** for a **'No'** response and proceed to item **W2b**

- If the resident did not receive the Influenza vaccine in this facility from October 1 – March 31.

**Example:** Mrs. J. received the Influenza vaccine in January 2005. The ARD of this assessment is October 18, 2005. The facility has not yet administered the Influenza vaccine for the current flu season. W2a would be coded "0," No.

Enter **"1"** for a **'Yes'** response and proceed to item **W3**

- If the ARD of this assessment or the discharge date of this discharge tracking form is from January 1 through June 30, include Influenza vaccine administered in the facility from October 1 of last year through March 31 of the current year.

**Example:** Mrs. T. received the Influenza vaccine in November 2004. The ARD of this assessment is February 2005. Include the November 2004 vaccination on this assessment and code W2a "1," Yes.

- If the ARD of this assessment or the discharge date of this discharge tracking form is on or after October 1, include the Influenza vaccine administered in the facility after October 1 of the current year.

**Example:** Mr. C received the Influenza vaccine in October 2005. The ARD of this assessment is December 2005. Include the October 2005 vaccination on this assessment and code W2a "1," Yes.

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**Skip item W2 and go to item W3**

- If the ARD of this assessment or the discharge date of this discharge tracking form is from July 1 through September 30.

**Example:** Mr. P. received the Influenza vaccine in February 2005. The ARD of this assessment is in August 2005. Skip this item and go to item W3.

**W2b**

**If the resident has not received the Influenza vaccine in the facility, code the reason from the following list:**

- 1. Not in facility during this year's flu season** - Resident not in the facility from October 1 – March 31.
- 2. Received outside of this facility** - Includes Influenza vaccinations administered from October 1 through March 31 in any other setting (e.g. physician office, health fair, grocery store, hospital, fire station).
- 3. Not eligible** – Due to 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 resident should be vaccinated if contraindications end
- 4. Offered and declined** – Resident or legal representative understands what is being offered and chooses not to accept the vaccine.
- 5. Not offered** – Resident or legal representative not offered the vaccine.
- 6. Inability to obtain vaccine** – Vaccine unavailable at the facility due to declared vaccine shortage; however, the resident should be vaccinated once the vaccine is received. The annual supply of inactivated Influenza vaccine and the timing of its distribution cannot be guaranteed in any year.

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**W 3. Pneumococcal Immunization**

W1.	National Provider ID	Enter for all assessments and tracking forms, if available. _____
W3.	Pneumococcal Vaccine	<p>a. Is the resident's PPV status up to date?                  0. No (If No, go to item W3b)      1. Yes (If Yes, skip item W3b.) <input type="checkbox"/></p> <p>b. If PPV not received, state reason: <input type="checkbox"/></p> <p>1. Not eligible                  2. Offered and declined                  3. Not offered</p>

**Intent:** To increase the number of residents receiving pneumococcal immunization, decrease the morbidity and mortality rate from pneumococcal diseases, determine the rate of vaccination, and causes for non-vaccination.

Section W3 must be completed for all residents on all assessment types (OBRA and/or PPS) and all discharge tracking forms.

- The CDC has evaluated inactivated Influenza vaccine co-administration with the Pneumococcal Polysaccharide Vaccine systematically among adults. Simultaneous vaccine administration is safe (when administered by a separate injection in the opposite arm)<sup>1,3</sup>. If the resident is an amputee or intramuscular injections are contraindicated in the upper extremities administer the vaccine(s) according to clinical standards of care.
- Persons less than 65 years of age who have chronic underlying medical conditions or are living in environments or social settings (e.g. nursing homes and other long-term care facilities) in which the risk for invasive pneumococcal disease or its complications is increased should receive the pneumococcal polysaccharide vaccine<sup>2</sup>.

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- All adults 65 years of age or older should get the PPV. PPV is given once in a lifetime, with certain exceptions<sup>1</sup>.
- Persons 65 years or older should be administered a second dose of vaccine (booster vaccine) if they received the first dose of vaccine more than 5 years earlier and were less than 65 years old at the time<sup>1,2</sup>.
- The CDC recommends a second (booster) dose for persons with<sup>1</sup>
  - A damaged spleen or no spleen
  - Sickle-cell disease
  - HIV infections or AIDS
  - Cancer, leukemia, lymphoma, multiple myeloma
  - Kidney failure
  - Nephrotic syndrome
  - History of an organ or bone transplant
  - Taking medication that lowers immunity (such as chemotherapy or long-term steroids)

When any of the above conditions are present, children 10 years old and younger may get this second (booster) dose 3 years after the first dose. Persons older than 10 years old should get the second (booster) dose 5 years after the first dose.

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<sup>1</sup> CDC. Pneumococcal Polysaccharide Vaccine. What you need to know. Pneumococcal Vaccine Information Statement July 1997.

<sup>2</sup> CDC. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR April 1997;46(RR-08);1-24.

<sup>3</sup> Recommendations and Reports. Prevention and control of influenza. Recommendations of the Advisory Committee on Immunization practices (ACIP). MMWR May 28, 2004/ 53(RR06);1-40

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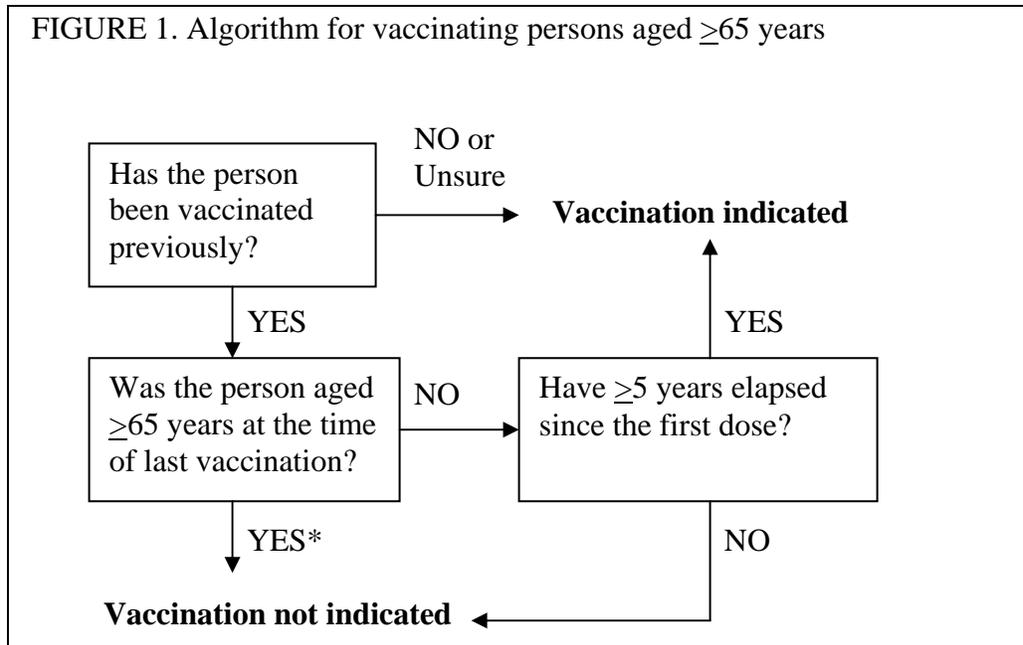
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**Note:** Please refer to the following algorithm for PPV administration ONLY

**Figure 1** Adopted from the CDC Recommendations and Reports: Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR April 1997;46(RR-08);1-24.



**\*Note:** For any person who has received a dose of pneumococcal vaccine at age  $\geq 65$  years, revaccination is not indicated.

**Process:** Review the resident's medical record and interview resident or representative to determine PPV status, using the following steps.

- **Step 1.** Review the resident's medical record to determine whether PPV has been received. If vaccination status is not known, proceed to the next step.
- **Step 2.** Ask the resident if he/she received a PPV. If vaccination status is still not known, proceed to the next step.
- **Step 3.** If the resident is unable to answer, ask the same question of a legal representative. If vaccination status is still not known, proceed to the next step.

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- **Step 4.** If vaccination status cannot be determined, administer the appropriate vaccine to the resident, according to the standards of clinical practice.

**Coding:****W3a****Enter “0” for a ‘No’ response and proceed to item W3b**

- If the resident’s PPV status is not up to date

**Enter “1” for a ‘Yes’ response and skip item W3b**

- If the resident’s PPV status is up to date

**W3b****If the resident has not received a PPV, code the reason from the following list:**

- 1. Not eligible** – Due to contraindications including
  - allergic reaction to vaccine component(s)
  - a physician order not to immunize
  - an acute febrile illness is present; however, the resident should be vaccinated after contraindications end
- 2. Offered and declined** – Resident or legal representative understands what is being offered and chooses not to accept the vaccine.
- 3. Not offered** - Resident or legal representative were not offered the vaccine.

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