

Specifications

Descriptive Information

De.1. Measure Type (Patient-reported outcomes include HRQoL/functional status, symptom/burden, experience with care, health-related behavior.)*

Process

De.2. Measure Title*

Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)

De.3. Brief description of measure (including type of score, measure focus, target population, timeframe, e.g., Percentage of adult patients aged 18-75 years receiving one or more HbA1c tests per year)

This measure reports the percentage of long-stay residents, 180 days of age and older, who were in a nursing facility for at least one day during the most recently completed influenza vaccination season (IVS), and who were assessed and appropriately given the seasonal influenza vaccine. The IVS is defined as beginning on October 1, or when the vaccine first becomes available, and ends on March 31 of the following year. The measure is the aggregate of three separately calculated submeasures to reflect the process by which a resident is “appropriately” assessed or given the influenza vaccination during the current or most recent influenza season. The three submeasures are as follows: resident received the influenza vaccine during the current or most recent influenza season, either in the facility or outside the facility (NQF #0681a); resident was offered and declined the influenza vaccine (NQF #0681b); and resident was ineligible to receive the influenza vaccine because of contraindication(s) (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) (NQF #0681c). This measure is based on data from the Minimum Data Set (MDS 3.0) OBRA, PPS, and/or discharge assessments during the selected influenza season. Long-stay residents are identified as those who have had 101 or more cumulative days of nursing facility care.

A separate measure (NQF #0680, Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)) is to be used for residents who have had 100 or fewer cumulative days of nursing facility care.

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

De.5. Subject/Topic Areas (Check all the areas that apply):

De.6. Cross Cutting Areas (Check all the areas that apply):

Measure Specifications

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.) *

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>; please see “MDS 3.0 QM User’s Manual” in Downloads section at the bottom of the page.

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the output from the eMeasure

authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications) *

Available in attached file

No HQMF specs

S.2b. Data Dictionary Code Table, or value sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Available in attached Excel or csv file

No data dictionary/code table – all information provided in the submission form

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

The numerator is the number of long-stay residents with a target assessment (OBRA admission, quarterly, annual or significant change/correction assessments; PPS 5-,14-, 30-, 60-, 90-day, or readmission/return assessments; or discharge assessment with or without return anticipated) who were in a nursing facility for at least one day during the most recently completed IVS, AND who meet any of the following criteria for the selected influenza season: (1) the number who received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility (NQF #0681a), (2) the number who were offered and declined the influenza vaccine (NQF #0681b), or (3) the number who were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barré Syndrome within six weeks after a previous influenza vaccination, or bone marrow transplant within the past 6 months) (NQF #0681c). The influenza season is defined as July 1 of the current year to June 30 of the following year. The IVS begins on October 1, or when the vaccine first becomes available, and ends on March 31 of the following year.

Each of the three submeasure numerators described above will be computed and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

For every influenza season (12-month period), the Centers for Medicare & Medicaid Services (CMS) select nursing home residents who were in a nursing facility for at least one day during the most recently completed IVS (which begins on October 1 and ends on March 31 of the following year). Then, CMS selects target assessments with influenza items conducted during the influenza season from each nursing facility to calculate the measure. For any long-stay resident with multiple episodes of care during the influenza season, only the latest episode will be counted. For any resident with multiple influenza-related target assessments, only the last influenza-related target assessment will be counted.

A target assessment is defined as the latest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying reason for assessment, and (c) its target date is no more than 120 days before the end of the episode.

An episode is defined as a period of time spanning one or more stays. An episode begins with an admission and ends with either (a) a discharge, or (b) the end of the target period, whichever comes first.

S.6. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Residents are counted if they are long-stay residents, defined as residents who have had 101 or more cumulative days of nursing facility care, are 180 days of age and older and who were in a nursing facility for at least one day during the most recently completed IVS. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. The numerator is the number of long-stay residents in the denominator sample with a selected target assessment (OBRA admission, quarterly, annual or significant change/correction assessments; PPS 5-, 14-, 30-, 60-, 90-day, or readmission/return assessments; or discharge assessment with or without return anticipated) during the most recently selected influenza season who meet any of the following criteria:

- (1) Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A= [1]) or outside the facility (O0250C = [2]) (NQF #0681a, computed separately); or
- (2) Resident was offered and declined the influenza vaccine (O0250C = [4]) (NQF #0681b, computed separately); or
- (3) Resident was ineligible due to contraindication(s) (O0250C = [3]) (NQF #0681c, computed separately) (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).

S.7. Denominator Statement *(Brief, narrative description of the target population being measured)*

IF an OUTCOME MEASURE, state the target population for the outcome. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.18).

The denominator is the total number of long-stay residents in the nursing facility who were in a nursing facility for at least one day during the most recently completed IVS that have an OBRA, PPS, or discharge assessment and who did not meet the exclusion criteria.

S.8. Target Population Category *(Check all the populations for which the measure is specified and tested if any):*

- | | |
|---|---|
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Populations at Risk : Individuals with multiple chronic conditions |
| <input type="checkbox"/> Maternal Health | <input type="checkbox"/> Populations at Risk : Veterans |
| <input checked="" type="checkbox"/> Populations at Risk : Populations at Risk | <input checked="" type="checkbox"/> Senior Care |
| <input type="checkbox"/> Populations at Risk : Dual eligible beneficiaries | |

S.9. Denominator Details *(All information required to identify and calculate the target population/denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)*

Residents are counted if they are long-stay residents, defined as residents who have had 101 or more cumulative days of nursing facility care. Residents who return to the nursing home following a hospital discharge will not have their length of stay reset to zero. The target population includes all long-stay residents with a target assessment (assessments may be OBRA admission, quarterly, annual or significant change/correction assessments (A0310A = 01, 02, 03, 04, 05, 06) or PPS 5-, 14-, 30-, 60-, 90-day, or readmission/return assessments (A0310B = 01, 02, 03, 04, 05, 06) or discharge assessment with or without return anticipated (A0310F = 10, 11) who were in a nursing facility for at least one day during the most recently completed IVS, except for those who meet the exclusion criteria (specified in S.10 and S.11).

S.10. Denominator Exclusions *(Brief narrative description of exclusions from the target population)*

Residents whose age is 179 days or less on target date of selected influenza vaccination assessment are excluded.

If the facility sample includes fewer than 30 residents after all other resident-level exclusions are applied, then the facility is excluded from public reporting because of small sample size.

S.11. Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)*

See S.10

S.12. Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)*

This is not applicable.

S.13. Risk Adjustment Type *(Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)*

- No risk adjustment or risk stratification
- Statistical risk model
- Stratification by risk category/subgroup
- Other (specify)

S.14. Identify the statistical risk model method and variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)*

This is not applicable.

S.15. Detailed risk model specifications *(must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)*

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

- Available in attached Excel or csv file
- Provided in response box S.15a

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

This is not applicable.

S.16. Type of score: (Please select one of the following options)

- Count
- Rate/proportion
- Ratio
- Categorical , e.g., yes/no
- Continuous variable, e.g., average
- Other (specify)

S.17. Interpretation of Score (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*)

- Better quality = higher score
- Better quality = lower score
- Better quality = score within a defined interval
- Passing score defines better quality

S.18. Calculation Algorithm/Measure Logic (*Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.*)

Step 1: Identify the total number of residents meeting the denominator criteria.

For the first submeasure (NQF #0681a: Percent of Residents Who Received the Seasonal Influenza Vaccine (long stay)):

Step 2a: Identify the total number of long-stay residents who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A= [1]) or outside the facility (O0250C = [2]).

Step 3a: Divide the results of Step 2a by the result of Step 1.

For the second submeasure (NQF #0681b: Percent of Residents Who Offered and Declined the Seasonal Influenza Vaccine (long stay)):

Step 2b: Identify the total number of long-stay residents who were offered and declined the seasonal influenza vaccine (O0250C = [4]).

Step 3b: Divide the results of Step 2b by the result of Step 1.

For the third submeasure (NQF #0681c: Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (long stay)):

Step 2c: Identify the total number of long-stay residents who were ineligible due to medical contraindication(s) (O0250C = [3]).

Step 3c: Divide the results of Step 2c by the result of Step 1.

For the overall measure (NQF #0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)):

Step 2d: Aggregate Step 2a, 2b, and 2c [Sum the total number of long-stay residents who met any of the following criteria: who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A= [1]) or outside the facility (O0250C = [2]); OR who were offered and declined the seasonal influenza vaccine (O0250C = [4]); OR who were ineligible due to medical contraindication(s) (O0250C = [3]).]

Step 3d: Divide the results of Step 2d by the result of Step 1.

S.23. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in 2a1.26.

- | | |
|---|---|
| <input type="checkbox"/> Administrative claims | <input type="checkbox"/> Healthcare Provider Survey |
| <input checked="" type="checkbox"/> Electronic Clinical Data : Electronic Clinical Data | <input type="checkbox"/> Management Data |
| <input type="checkbox"/> Electronic Clinical Data : Electronic Health Record | <input type="checkbox"/> Paper Medical Records |
| <input type="checkbox"/> Electronic Clinical Data : Imaging/Diagnostic Study | <input type="checkbox"/> Patient Reported Data/Survey |
| <input type="checkbox"/> Electronic Clinical Data : Laboratory | <input type="checkbox"/> Other |
| <input type="checkbox"/> Electronic Clinical Data : Pharmacy | |
| <input type="checkbox"/> Electronic Clinical Data : Registry | |

S.26. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

- | | |
|---|--|
| <input type="checkbox"/> Clinician : Individual | <input type="checkbox"/> Population : Community |
| <input type="checkbox"/> Clinician : Group/Practice | <input type="checkbox"/> Population : County or City |
| <input type="checkbox"/> Clinician : Team | <input type="checkbox"/> Population : National |
| <input checked="" type="checkbox"/> Facility | <input type="checkbox"/> Population : Regional |
| <input type="checkbox"/> Health Plan | <input type="checkbox"/> Population : State |
| <input type="checkbox"/> Integrated Delivery System | |

S.27. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

- | | |
|---|--|
| <input type="checkbox"/> Ambulatory Care : Ambulatory Surgery Center (ASC) | <input type="checkbox"/> Hospital/Acute Care Facility |
| <input type="checkbox"/> Ambulatory Care : Clinician Office/Clinic | <input type="checkbox"/> Imaging Facility |
| <input type="checkbox"/> Ambulatory Care : Outpatient Rehabilitation | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Ambulatory Care : Urgent Care | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Behavioral Health/Psychiatric : Inpatient | <input checked="" type="checkbox"/> Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility |
| <input type="checkbox"/> Behavioral Health/Psychiatric : Outpatient Dialysis Facility | <input type="checkbox"/> Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility |
| <input type="checkbox"/> Emergency Medical Services/Ambulance | <input type="checkbox"/> Post Acute/Long Term Care Facility : Long Term Acute Care Hospital |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospice | |

S.28. COMPOSITE Performance Measure - *Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)*

This is not applicable.

Importance

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion. See guidance on evidence.

Opportunity for Improvement (Measure evaluation criterion 1a)

1a. Attach evidence submission form ([Click here to download Evidence Submission Form Template](#))

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

IF a COMPOSITE (e.g. combination of component measure scores, all-or-none, any-or-none), SKIP this question and provide rationale for composite in question 1d.3 on the composite tab.

This measure is intended to encourage nursing facilities to focus on this important aspect of clinical care through the assessment of residents regarding the status of their seasonal influenza vaccine immunization and to provide immunization as appropriate.

Influenza poses a substantial health threat to elderly populations. According to the CDC, pneumonia and influenza were together the seventh most common cause of death for people aged 65 and older in the United States in 2013 (U.S. Centers for Disease Control and Prevention, 2015). Morbidity and mortality data related to influenza are often reported in conjunction with data regarding pneumonia. In 2009, influenza and pneumonia combined caused 43,465 deaths in people over the age of 65, with 638 deaths caused from influenza alone. In addition to being at risk for primary illness, frail elderly are especially vulnerable and subject to complications of influenza. In 2004, there were approximately 123,000 deaths with influenza and pneumonia mentioned on the death certificate as a secondary cause of death (Gorina et al., 2008).

According to the CDC, more than 200,000 people are hospitalized in the United States each year as a result of complications from influenza (Centers for Disease Control and Prevention, 2008). The average hospital stay was approximately 5.3 days at a cost of \$6,900 per stay (Milenkovic et al., 2006). Further, the death rate per 100,000 persons from influenza among Americans aged 65-74 was 29.5, 103.7 for those aged 75-84, and 441.0 for those 85 and older. The death rate for influenza and pneumonia in people 65 to 74 years old is 2.4 times that of a person 55 to 64; and for a person over the age of 85, the death rate is 36.1 times that (Xu et al, 2016). For adults in nursing facilities in 2004, the National Nursing Home Survey found that 62.9 percent of residents were vaccinated against influenza (National Nursing Home Survey, 2004).

Influenza vaccination is an effective preventative measure against influenza and related hospitalization and death. A 2014 meta-analysis of the cumulative research on the effectiveness of influenza vaccination in institutionalized older adults indicates that seasonal vaccination reduces clinical outcomes such as pneumonia (VE: 37%, 95% confidence interval [CI]: 18%–53%, $p = .001$) and death due to pneumonia or influenza (VE: 34%, CI: 10%–53%, $p = .01$) (Chan, et al., 2014). In 2015, CDC estimated that flu vaccination during the 2012-2013 flu season averted 357,220 medically attended cases of influenza (CI 69,905, - 1,188,338) and 57,990 hospitalizations (CI, 11,242 – 192,327; 7.1% of all hospitalizations, CI, 1.3–19.2%), among adults aged 65 and older (CDC, 2015).

Because influenza is particularly threatening to people with comorbidities, nursing home residents, who are likely to have comorbidities, are especially susceptible to adverse outcomes of influenza. Nursing home residents frequently have two or more chronic conditions which, together with immunosenescence, make them more susceptible to influenza infection (Fulop, et al. 2009).

There are two QMs to capture information on assessing and giving the influenza vaccine to NH residents: one for the long-

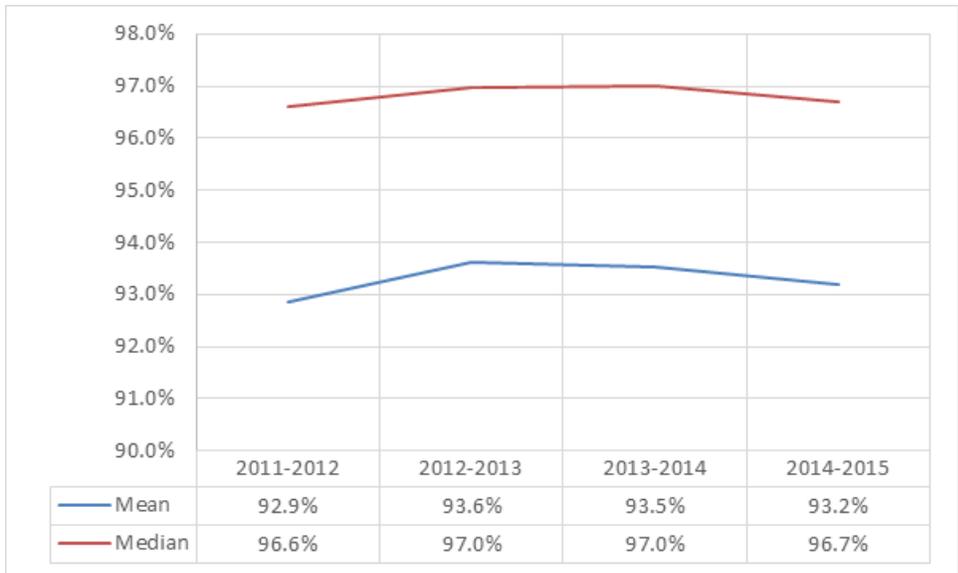
stay population and one for the long-stay population. These two distinct populations have inherent clinical differences, so the quality of care for them should be measured separately. Furthermore, nursing facilities that serve a long-stay population have a limited timeframe to assess and provide vaccinations compared with the long-stay population.

- CDC. (10 Dec. 2015) Estimated Influenza Illnesses and Hospitalizations Averted by Vaccination — United States, 2014–15 Influenza Season. <http://www.cdc.gov/flu/about/disease/2014-15.htm>.
- CDC. Health, United States, 2014 with Special Feature on Adults Aged 55–64. May 2015. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
- CDC. Influenza E-brief: 2008–2009 flu facts for policymakers. September 2008. Available from http://www.cdc.gov/washington/pdf/flu_newsletter.pdf.
- CDC. State specific influenza vaccination coverage among adults – United States, 2006 2007 influenza season. *MMWR*. 2008;57(38):1033-9.
- Chan, T. C., Fan-Ngai Hung, I., Ka-Hay Luk, J., Chu, L. W., & Hon-Wai Chan, F. (2014). Effectiveness of influenza vaccination in institutionalized older adults: a systematic review. *J Am Med Dir Assoc*, 15(3), 226.e221-226. doi:10.1016/j.jamda.2013.10.008
- Colorado Foundation for Medical Care. Environmental scan: review of the literature, clinical guidelines, and other sources of information pertinent to the CMS publicly reported nursing home quality measures. Englewood, CO: Colorado Foundation for Medical Care, 2007.
- Fulop, T., Pawelec, G., Castle, S., & Loeb, M. (2009). Immunosenescence and vaccination in nursing home residents. *Clin Infect Dis*, 48(4), 443-448. doi:10.1086/596475
- Gorina Y, Kelly T, Lubitz J, Hines Z. Trends in influenza and pneumonia among older persons in the United States. Hyattsville, MD: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, 2008.
- Milenkovic M, Russo CA, Elixhauser A. Hospital stays for influenza, 2004. Healthcare cost and utilization project. Statistical Brief #16. Rockville, MD: Agency for Healthcare Research and Quality, 2006.
- Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. *MMWR*. 2009 July 31; 58(RR-08). Available from <http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp?version=default&browser=IE%7C6%7CWinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=TrueCDC>.
- U.S. Department of Health and Human Services. Healthy people 2010. 2000. Available from <http://www.health.gov/healthypeople>.
- Xu J, Murphy S L, Kochanek K D, Bastian B A. “Deaths: Final Data for 2013.” National Vital Statistics Report, Vol. 64, No. 2. Centers for Disease Control and Prevention (CDC), Division of Vital Statistics, 2016.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. (This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

The number of residents (measured entities) in influenza vaccination season 2014–2015 is about 1,396,727 (RTI programming reference: nb25). There is one episode for each resident.

Figure 1. NQF #0681, Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)



Source: RTI analysis of MDS 3.0 data (RTI programming reference: nb025)

Table 1. Nursing Home-Level Distribution of NQF #0680 and Submeasures, for NQF #0681, Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay) 2014–2015 IVS

QM	<i>n</i>	Mean Score (%)	SD (%)	IQR (%)	Min (%)	10th Percentile (%)	25th Percentile (%)	50th Percentile (%)	75th Percentile (%)	90th Percentile (%)	Max (%)	LTCHs with Perfect Scores (<i>n</i>)	LTCHs with Perfect Scores (%)
Overall (NQF #0681)													
NHs with ≥ 30 Episodes	14,421	93.20	7.14	10.31	0.00	82.83	91.82	96.72	98.96	100.00	100.00	2,900	20.11
Received Influenza Vaccine (NQF #0681a)													
NHs with ≥ 30 Episodes	14,421	78.25	16.72	14.58	0.00	58.97	71.74	81.82	88.46	92.65	100.00	–	–
Offered and Declined Influenza Vaccine (NQF #0681b)													
NHs with ≥ 30 Episodes	14,421	13.99	11.44	10.17	0.00	3.76	7.02	11.77	18.46	26.74	99.49	–	–
Medical Contraindication (NQF #0681c)													
NHs with ≥ 30 Episodes	14,421	0.97	1.49	1.84	0.00	0.00	0.00	0.00	1.49	2.67	97.10	–	–

Minimum reportability restrictions applied in second part of this analysis (i.e., exclude nursing homes with fewer than 30 episodes)

NOTES: *n* = number of facilities. SD = standard deviation. IQR = interquartile range. NH = nursing home. Perfect score means that all residents or patients in the facility during the IVS were assessed and appropriately given the seasonal influenza vaccine.

SOURCE: RTI analysis of MDS 3.0 and CMS data, 2013–2015. (Program reference: NHQM MN09)