



Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training



*Section O:
Special Treatments,
Procedures, and
Programs*

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Section O: Objectives

- Define Section O: Special Treatments, Procedures, and Programs.
- Explain new items in the LTCH CARE Data Set v3.00.
- Explain the intent of Section O.
- Discuss coding instructions and needed information for items.
- Accurately code scenario(s).

Section O: New Items and Changes

NEW:

- Admission Assessment:
 - O0100F3. Invasive Mechanical Ventilator: weaning.
 - O0100F4. Invasive Mechanical Ventilator: non-weaning.
 - O0100G. Non-invasive Ventilator (BIPAP, CPAP).
 - O0100J. Dialysis.
 - O0100N. Total Parenteral Nutrition.
- Expired Assessment:
 - O0250. Influenza Vaccine (includes O0250A, O0250B, O0250C).

Section O: Intent

Identify any special treatments, procedures, and programs that the patient received during the stay, including the influenza vaccination status.

Section O: 00100. Special Treatments, Procedures, and Programs

00100. Special Treatments, Procedures, and Programs	
Check all the treatments at admission. For dialysis, check if it is part of the patient's treatment plan.	
↓ Check all that apply	
Respiratory Treatments	
<input type="checkbox"/>	F3. Invasive Mechanical Ventilator: weaning
<input type="checkbox"/>	F4. Invasive Mechanical Ventilator: non-weaning
<input type="checkbox"/>	G. Non-invasive Ventilator (BIPAP, CPAP)
Other Treatments	
<input type="checkbox"/>	J. Dialysis
<input type="checkbox"/>	N. Total Parenteral Nutrition
None of the Above	
<input type="checkbox"/>	Z. None of the above

Applies to the Admission Assessment Only

Section O: 00100 Rationale

The treatments, procedures, and programs listed can affect the patient's ability to perform self-care and mobility activities.

Section O: 00100

CODING INSTRUCTIONS:

Respiratory Treatments

- **Check 00100F3, Invasive Mechanical Ventilator: weaning.**
 - Any type of electrically or pneumatically powered closed-system mechanical ventilator support devices.
 - For patient who is unable to support his or her own respiration.
 - For patient whom weaning attempts are expected or anticipated at the time of admission.
 - For patient with ventilation via tracheostomy, or endotracheal tube (e.g., nasally or orally intubated).
- Documentation should be recorded or dated by Day 2 of the LTCH stay, where Day 1 is the day of admission.

Section O: O0100 (cont.)

CODING INSTRUCTIONS:

Respiratory Treatments (cont.)

- **Check O0100F4, Invasive Mechanical Ventilator: non-weaning.**
 - Any type of electrically or pneumatically powered closed-system mechanical ventilator support devices.
 - For patient who is unable to support his or her own respiration.
 - For patient whom weaning attempts are not expected or anticipated at the time of admission (e.g., patients who are chronically ventilated in the community or a facility, patients who have progressive neuromuscular disease, such as amyotrophic lateral sclerosis, or irreversible neurological injury or disease or dysfunction such as high C2 spinal cord injury).
 - For patient with ventilation via tracheostomy, or endotracheal tube (e.g., nasally or orally intubated).
- Documentation should be recorded or dated by Day 2 of the LTCH stay, where Day 1 is the day of admission.

Section O: O0100 (cont.)

CODING INSTRUCTIONS:

Respiratory Treatments (cont.)

- **Check O0100G, Non-invasive Ventilator (BIPAP, CPAP).**
 - Any type of continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BIPAP) respiratory support devices.
 - Mask enables the individual to support his or her own respiration.
 - Provides enough pressure when the individual inhales to keep his or her airways open, which are unlike ventilators that “breathe” for the individual.
- This item may be coded if the patient puts on or removes his or her own BIPAP/CPAP mask.

Section O: O0100 (cont.)

CODING INSTRUCTIONS:

Other Treatments

- **Check O0100J, Dialysis**, if the patient undergoes peritoneal or renal dialysis as part of the treatment plan. Record treatments of hemofiltration (intermittent or continuous), Slow Continuous Ultrafiltration (SCUF), hemodialysis, and Continuous Ambulatory Peritoneal Dialysis (CAPD). This item may be checked if the patient performs his or her own dialysis.
- **Check O0100N, Total Parenteral Nutrition (TPN)**, if the patient receives parenteral/intravenous (IV) feeding.

None of the Above

- **Check O0100Z, None of the above**, if none of the above treatments were received or performed by the patient.

Section O: O0100 Coding Scenario (1)

Ms. M was involved in a motor vehicle accident leaving her in a coma. She is admitted to the LTCH, and it is anticipated that she will be taken off the ventilator she has been on for the last several months.

Documentation in Ms. M's medical record indicate weaning attempts are expected or anticipated and the documentation was recorded in the care plan on Day 2 of the LTCH stay.

How would you code O0100?

What is your rationale?

Section O: 00100 Coding Scenario (1)

CODING: Check box **F3, Invasive Mechanical Ventilator: weaning.**

RATIONALE: Ms. M is being admitted for weaning from the ventilator and documentation was recorded or dated in the care plan on Day 2 of the LTCH stay.

Section O: O0100 Coding Scenario (2)

Mr. L has developed difficulty breathing related to his diagnosis of amyotrophic lateral sclerosis. Because of the progressive nature of his condition, his physician does not anticipate he can be removed from the ventilator.

How would you code O0100?

What is your rationale?

Section O: 00100 Coding Scenario (2)

CODING: Check box **F4, Invasive Mechanical Ventilator: non-weaning.**

RATIONALE: Mr. L is not expected to be weaned from the ventilator.

Section O: O0100 Coding Scenario (3)

Mr. G developed severe chronic obstructive pulmonary disease (COPD) after 40 years of smoking and requires BIPAP assistance at night.

How would you code O0100?
What is your rationale?

Section O: 00100 Coding Scenario (3)

CODING: Check box **G, Non-invasive ventilator (BIPAP, CPAP).**

RATIONALE: Mr. G has been prescribed BIPAP and wears the mask nightly to manage his COPD.

Section O: O0100 Coding Scenario (4)

Mrs. L developed acute renal failure related to excessive use of non-steroidal anti-inflammatory drugs for her arthritis. She receives hemodialysis three times per week.

How would you code O0100?
What is your rationale?

Section O: 00100 Coding Scenario (4)

CODING: Check box J, Dialysis.

RATIONALE: Mrs. L's treatment plan includes dialysis.

Section O: O0100 Coding Scenario (5)

Mrs. C has been unable to eat or ingest adequate nutrients since her bowel surgery. Mrs. C receives total parenteral nutrition (TPN) using a peripherally inserted central catheter (PICC line) that infuses her nutrients, 24 hours daily.

How would you code O0100?

What is your rationale?

Section O: 00100 Coding Scenario (5)

CODING: Check box **N**, Total Parenteral Nutrition.

RATIONALE: Mrs. C's treatment plan includes TPN.

Section O: O0100 Coding Scenario (6)

Mr. D is being treated for a hemorrhagic stroke. He does not require mechanical ventilation, dialysis, or TPN.

How would you code O0100?
What is your rationale?

Section O: 00100 Coding Scenario (6)

CODING: Check box **Z**, None of the above.

RATIONALE: Mr. D does not require any of the special treatments, procedures, or programs as described above.

Section O: 00250. Influenza Vaccine

O0250. Influenza Vaccine - Refer to current version of LTCH Quality Reporting Program Manual for current influenza season and reporting period.	
Enter Code <input type="checkbox"/>	<p>A. Did the patient receive the influenza vaccine in this facility for this year's influenza <u>vaccination</u> season?</p> <p>0. No → Skip to O0250C. If influenza vaccine not received, state reason</p> <p>1. Yes → Continue to O0250B. Date influenza vaccine received</p>
	<p>B. Date influenza vaccine received → Complete date and skip to Z0400. Signature of Persons Completing the Assessment</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>Month Day Year</p>
Enter Code <input type="checkbox"/>	<p>C. If influenza vaccine not received, state reason:</p> <p>1. Patient not in this facility during this year's influenza vaccination season</p> <p>2. Received outside of this facility</p> <p>3. Not eligible - medical contraindication</p> <p>4. Offered and declined</p> <p>5. Not offered</p> <p>6. Inability to obtain influenza vaccine due to a declared shortage</p> <p>9. None of the above</p>

Applies to the Admission, Planned Discharge, Unplanned Discharge, and Expired Assessments

Section O: 00250 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.

Section O: 00250

Vaccination Season for 2015–2016:

- Beginning October 1, 2015 (or when the influenza vaccine becomes available) through March 31, 2016.

Section O: 00250A

CODING INSTRUCTIONS:

- **Code 0, No**, if the patient did not receive the influenza vaccine in this facility (LTCH) during this year's influenza vaccination season.
 - Proceed to 00250C. If influenza vaccine was not received, state reason.
- **Code 1, Yes**, if the patient received the influenza vaccine in this facility (LTCH) during this year's influenza vaccination season.
 - Continue to 00250B. Date Vaccine Received.

Section O: 00250B

CODING INSTRUCTIONS:

- Enter the date that the vaccine was received by the patient in your LTCH. 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.” If the day contains only a single digit, then fill the first box of the day with the “0.”
 - For example, January 7, 2017, should be entered as 01-07-2017.
October 6, 2016, should be entered as 10-06-2016.
- 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.

Section O: 00250C

CODING INSTRUCTIONS:

- **Code 1, Patient not in facility during this year's influenza vaccination season**, if the patient was not in the facility during this year's influenza vaccination season.
- **Code 2, Received outside of this facility**, if the patient received an influenza vaccination in another setting (e.g., physician office, health fair, grocery store/pharmacy, hospital, fire station, etc.) during this year's influenza vaccination season.
- **Code 3, Not eligible—medical contraindication**, if the influenza vaccination was not received because of medical contraindications, including, but not limited to: allergic reaction to eggs or other vaccine component(s), previous adverse reaction to influenza vaccine, a physician order not to immunize, moderate to severe illness with or without fever, and/or history of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination. However, the patient should be vaccinated if contraindications end.

Section O: 00250C (cont.)

CODING INSTRUCTIONS:

- **Code 4, Offered and declined**, if the patient or responsible party or legal guardian has been informed of what is being offered and chooses not to accept the influenza vaccine.
- **Code 5, Not offered**, if the patient or responsible party or legal guardian was not offered the influenza vaccine.
- **Code 6, Inability to obtain vaccine due to a declared shortage**, if the 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.

Section O: 00250 Coding Scenario (1)

Mrs. J received the influenza vaccine in this LTCH during this year's influenza vaccination season, on October 2, 2015.

How would you code 00250?
What is your rationale?

Section O: 00250 Coding Scenario (1)

CODING:

- 00250A would be coded **1, Yes.**
- 00250B would be coded **10-02-2015.**
- 00250C would be skipped.

RATIONALE: Mrs. J received the vaccine in the facility on October 2, 2015, during this year's influenza vaccination season.

Section O: 00250 Coding Scenario (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.

How would you code 00250?

What is your rationale?

Section O: 00250 Coding Scenario (2)

CODING:

- 00250A would be coded **0, No.**
- 00250B would be skipped.
- 00250C would be coded **3, Not eligible-medical contraindication.**

RATIONALE: Allergy to egg protein is a medical contraindication to receiving the influenza vaccine; therefore, Mr. R did not receive the vaccine.

Section O: 00250 Coding Scenario (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 in order to place the documentation 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.

How would you code 00250?

What is your rationale?

Section O: 00250 Coding Scenario (3)

CODING:

- 00250A would be coded **0, No.**
 - 00250B would be skipped.
 - 00250C would be coded **2, Received outside of this facility.**
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- **RATIONALE:** Mrs. T received the influenza vaccine at her doctor's office during this year's influenza vaccination season.

Section O: O0250 Coding Scenario (4)

Mr. N was offered the influenza vaccine during his LTCH hospitalization beginning in February 2015. Mr. N refused the influenza vaccine asserting that whenever he has received it in the past it always gave him the flu.

How would you code O0250?
What is your rationale?

Section O: 00250 Coding Scenario (4)

CODING:

- 00250A would be coded **0, No.**
- 00250B is skipped.
- 00250C would be coded **4, Offered and declined.**

RATIONALE: Mr. N did not receive the influenza vaccine. He was offered the vaccine, but refused to take it.

Section O: Summary

- The treatments, procedures, and programs listed in O0100 can affect the patient's ability to perform self-care and mobility activities.
- O0100F3, O0100F4, O0100G, O0100J, and O0100N are new items on the Admission Assessment.
- 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.
 - CDC recommends annual influenza vaccinations.
- Influenza Vaccine items (O0250A-C) have been added to the Expired Assessment.

Section O: Action Plan

- Review the patient's medical record to determine whether or not the patient received any of the treatments, procedures, or programs at the time of admission.
 - For dialysis, check if it is part of the patient's treatment plan.
 - If the patient does not receive the listed treatments, then check Z, None of the above.
- Review the patient's medical record to determine whether an influenza vaccine was received in the LTCH for this year's influenza vaccination season.
 - Update policies, procedures, processes for documenting offer and receiving of influenza vaccination.
 - Ask the patient or their responsible party if the patient received an influenza vaccination elsewhere.
- Practice coding a variety of scenarios with staff.