

**California and Florida
“In the Know”
Hospital Data Collection,
Reporting, and Validation
Module 2f: Immunization Measure Set**

October 2011

Becky Ure, RN, BSN, MEd

1



Topics

- Immunization Initial Patient Population and Sample
- IMM-1, Pneumococcal Immunization (PPV23)
 - Rationale
 - Stratified measure descriptions
 - Cases excluded from the denominator
 - Numerator description (cases that will pass the measure)
 - Abstraction of *Pneumococcal Vaccination (PPV23) Status*
- IMM-2, Influenza Immunization
 - Rationale
 - Cases excluded from the denominator
 - Numerator description (cases that will pass the measure)
 - Abstraction of *Influenza Vaccination Status*

2



Immunization

Initial Patient Population & Sample

- The new Immunization measures are mandatory for all PPS hospitals participating in the Inpatient Hospital Quality Reporting Program (HQRP) to receive their full Annual Payment Update.
- The Initial Patient Population for this measure set is the Global Initial Patient Population.
- Cases selected to be in the Sample for this measure set are those selected to be in the Global Sample.
- Participating hospitals will be abstracting the Immunization Measures on patients admitted to all acute care units – including acute inpatient psychiatric care.

3

IMM-1, Pneumococcal Immunization

(PPV23)

- Pneumococcal infection causes an estimated 5,000 deaths from invasive disease (such as meningitis and bacteremia) annually in the U.S.
- All pneumococcal infections (invasive and non-invasive disease) result in approximately 2.4 million days of hospitalization.
- 23-Valent Pneumococcal Polysaccharide Vaccine (PPV23) has been in use since 1983.
 - Contains antigen from 23 types of pneumococcal bacteria that cause 88% of bacteremic pneumococcal disease.
 - Has been found to be an extremely safe vaccine.

4

IMM-1, Pneumococcal Immunization (PPV23)

- There is limited evidence that PPV23 can prevent pneumonia; however, many studies have demonstrated its effectiveness in preventing invasive pneumococcal disease.
- Overall, the vaccine is 60% – 70% effective in preventing invasive disease.
- The vaccine may not be as effective in some persons, such as the elderly and those with significant underlying illness, but a reduced efficacy is better than zero efficacy when the vaccine is not given at all.

5

IMM-1, Pneumococcal Immunization (PPV23)

- The National Immunization Survey in 2007 surveyed 7,055 adults.
- Rates for those who had received at least one PPV immunization:
 - 18-64 years of age with high-risk conditions: **32.8%**
 - 65 years of age and older: **65.6%**
- Hospitalization is an underutilized opportunity for vaccination.

6

IMM-1, Pneumococcal Immunization (PPV23)

- Stratified into three populations:
 - IMM-1a: Overall rate
 - IMM-1b: Patients 65 years of age and older
 - IMM-1c: Patients 6 years of age to 64 years of age with high-risk conditions:
 - Patients from 6 to 64 years of age with an ICD-9-CM *Principal Diagnosis Code* or ICD-9-CM *Other Diagnosis Code* of diabetes, nephritic syndrome, ESRD, CHF, COPD, HIV, or asplenia as defined in Appendix A, Tables 12.1, 12.2, 12.5 -12.8, and 2.1.
 - Patients 19 to 64 years of age with an ICD-9-CM *Principal Diagnosis Code* or ICD-9-CM *Other Diagnosis Code* of asthma as defined in Appendix A, Table 12.4.

7

IMM-1, Pneumococcal Immunization (PPV23)

- Patients who will be excluded from measurement for IMM-1:
 - Less than 6 years of age
 - Expire prior to discharge
 - Pregnant (only if they have at least one of the ICD-9-CM codes listed in Appendix A, Table 12.3, as their *Principal Diagnosis Code* or as an *Other Diagnosis Code*)
 - Note: Pregnant women who deliver prior to discharge are NOT excluded from Imm-1.
 - Receive an organ transplant during the current hospitalization (Appendix A, Table 12.10)

8

IMM-1, Pneumococcal Immunization (PPV23)

- **Data Element:** *Pneumococcal Vaccination (PPV23) Status*
- **Allowable Values:**
 1. Pneumococcal vaccine (PPV23) was given during this hospitalization
 2. The patient received pneumococcal vaccine anytime in the past
 3. Documentation of patient’s or caregiver’s refusal of pneumococcal vaccine

9

IMM-1, Pneumococcal Immunization (PPV23)

- **Allowable Values, cont.**
 4. There is documentation of:
 - An allergy/sensitivity to pneumococcal vaccine, **OR**
 - Is not likely to be effective because of a bone marrow transplant within the past 12 months, **OR**
 - Currently receiving a scheduled course of chemotherapy or radiation therapy, or received chemotherapy or radiation during this hospitalization or less than 2 weeks prior, **OR**
 - Received the shingles vaccine (Zostavax) within the last 4 weeks, **OR**
 - For patients 6 years of age who received a conjugate vaccine within the previous 8 weeks
 5. None of the above/Not documented/UTD

10

IMM-1, Pneumococcal Immunization (PPV23)

- Notes for Abstraction
 - To abstract allowable value #1 (given during hospitalization), there must be documentation on the MAR, nursing notes, standing orders, etc. where the vaccine was dated and signed as administered.
 - If more than one allowable value can be selected, abstract the one with the smallest number.
 - Physician orders to hold vaccination until after discharge will still result in abstraction of allowable value #5 (no/UTD), UNLESS one of the other allowable values can be abstracted.

11

IMM-1, Pneumococcal Immunization (PPV23)

- The case will pass the measure if allowable value 1, 2, 3, or 4 is abstracted.
- The case will fail the measure if allowable value 5 is abstracted.

12

IMM-2, Influenza Immunization

- Approximately 226,000 people in the U.S. are hospitalized annually with complications from influenza.
- Between 3,000 and 49,000 people die from the disease and its complications every year.
- The Advisory Committee on Immunization Practices (ACIP) recommends seasonal influenza vaccination for all persons 6 months of age and older.
- Influenza vaccine has also been found to be an extremely safe vaccine.

13

IMM-2, Influenza Immunization

Two Types of Influenza Vaccine

- Trivalent inactivated influenza vaccine (TIV)
 - Is administered by the intramuscular route and currently contains three inactivated viruses: type A (H1N1), type A (H3N2), and type B
 - Is available in both pediatric (0.25-mL dose) and adult (0.5-mL dose) formulations
- Fluzone High Dose vaccine contains 4 times as much hemagglutinin as the regular formulation of Fluzone for adults, and it is approved only for persons 65 years of age or older

14

IMM-2, Influenza Immunization

Two Types of Influenza Vaccine, cont.

- Live attenuated influenza vaccine (LAIV)
 - Contains the same three influenza viruses as TIV
 - Viruses are cold-adapted and replicate effectively in the mucosa of the nasopharynx
 - Is provided in a single-dose sprayer unit; half of the dose is sprayed into each nostril
 - Does not contain thimerosal or any other preservative
 - Is approved for use only in healthy, non-pregnant persons 2 through 49 years of age

15

IMM-2, Influenza Immunization

- TIV is effective in protecting up to 90% of healthy individuals younger than 65 years of age when the vaccine strain is similar to the circulating strain.
- TIV is only 30% – 40% effective in preventing illness among persons 65 years of age and older; however, among elderly persons, the vaccine is 50% – 60% effective in preventing hospitalization, and 80% effective in preventing death.
- The efficacy of LAIV has been demonstrated to be approximately 87%.

16

IMM-2, Influenza Immunization

- The National Immunization Survey in 2007 surveyed 7,055 adults.
- Rates for those who had received influenza vaccine during the 2006-2007 flu season:
 - 18 – 49 years of age with high-risk conditions: **37.3%**
 - 50 – 64 years of age: **42.2%**
 - 65 years of age and older: **68.8%**
- As with pneumococcal vaccination, hospitalization is an underutilized opportunity for vaccination.

17

IMM-2, Influenza Immunization

- Patients who will be excluded from measurement for IMM-2:
 - Less than 6 months of age
 - Expire prior to discharge
 - Receive an organ transplant during the hospitalization
 - Discharged October 1 through March 31 when provider’s vaccine supply has been ordered but has not been received

Note: According to ACIP recommendations, pregnant women can be vaccinated during any trimester. They are very high risk if they acquire influenza disease.

18

IMM-2, Influenza Immunization

- **Data Element:** *Influenza Vaccination Status*
- **Allowable Values:**
 1. Influenza vaccine was given during this hospitalization
 2. Influenza vaccine was received prior to admission during the current influenza season, not during this hospitalization
 3. Documentation of patient’s or caregiver’s refusal of influenza vaccine

19

IMM-2, Influenza Immunization

- **Allowable Values, cont.**
 4. There was documentation of an allergy/sensitivity to influenza vaccine, anaphylactic latex allergy or anaphylactic allergy to eggs OR is not likely to be effective because of bone marrow transplant within the past 6 months OR history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination
 5. None of the above/Not documented/Unable to determine from medical record documentation
 6. Only select this allowable value if there is documentation the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND allowable values 1-5 are not selected

20

IMM-2, Influenza Immunization

■ **Notes for Abstraction:**

- New bullet: Each year, flu vaccines start to become available usually in September and most influenza vaccine is administered in October – December, but the vaccine is recommended to be administered throughout the influenza season which can last until May in some years. For the purposes of this project, the hospitals are only responsible for discharges October through March.
- To abstract allowable value #1 (given during hospitalization), there must be documentation on the MAR, nursing notes, standing orders, etc. where the vaccine was dated and signed as administered.

21

IMM-2, Influenza Immunization

■ **Notes for Abstraction, cont.**

- If more than one allowable value can be selected, abstract the one with the smallest number.
- Physician orders to hold vaccination until after discharge will still result in abstraction of allowable value #5 (no/UTD), UNLESS one of the other allowable values can be abstracted.
- The case will pass the measure if allowable value 1, 2, 3, or 4 is abstracted.
- The case will fail the measure if allowable value 5 is abstracted.
- In the unlikely event that allowable value 6 can be abstracted, the case will be excluded from measurement.

22

Optional Recommendations...

- Hospitals may want to consider internally monitoring their rate of patient refusals for both influenza and pneumococcal vaccines.
 - Many patients refuse vaccination based on inaccurate information.
 - Staff and patient education can significantly reduce these vaccine refusals.
- Hospitals may also want to consider internally monitoring their rate of selection for allergy/sensitivity to these vaccines.
 - The incidence of allergy to either vaccine is extremely small.
 - High vaccine allergy rates may indicate inaccurate identification of a history of severe or anaphylactic reactions to the vaccines or their components.

23

MISCELLANEOUS INFORMATION

24

Helpful Documents and Resources

- The following files are located under the Module 2 webinar files:
 - Q4 2010 Inpatient Validation Mismatch CDAC Educational Comments
 - Measure Set Fact Sheets, Q1 2012 Discharges
 - Prophylactic Antibiotic Regimen for Surgery (version 4.0 *Specifications Manual*), Pocket Card
 - VTE Prophylactic Recommendations (version 4.0 *Specifications Manual*), Pocket Card
 - Catheter-Associated Urinary Tract Infection (CAUTI) Event (CDC document)
 - Surgical Site Infection (SSI) Event (CDC document)

25

Questions?

- Please complete the short online survey at the end of this webinar. Questions and comments can be submitted in the open section at the end of the survey.
- Email any other questions to Lawanna or Becky by **Friday, November 11, 2011**, if at all possible.
- Questions and answers will be distributed back to everyone in a Post-Presentation Q&A Fact Sheet via the FL & CA Hospital Inpatient Quality Reporting Program Email List no later than **November 18, 2011**.

26

Stay “In the Know”...

- Be sure to listen to the quarterly pre-recorded webinars posted no later than the fourth week of:
 - January
 - April
 - July
 - October
- Subscribe to:
 - FL & CA Hospital Inpatient Quality Reporting Program (HIQRP) Email List
<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
 - Small Hospitals Helping Each Other (SHHEO) Email List
<http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>

27

For Further Information...

Florida and California hospitals should contact the following Hospital Quality Reporting Program Project Coordinators:

AMI, HF, SCIP, and ED

Lawanna Hurst
lhurst@flqio.sdps.org
(813) 865-3417

PN, SCIP, and Immunization

Becky Ure
rure@flqio.sdps.org
(813) 865-3415

Hospital personnel from states other than Florida or California should contact their state's QIO to ask questions and/or request further assistance. The list of QIO Inpatient Reporting Program Contacts is posted on QualityNet at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900297541>

28

California and Florida “In the Know”
Oct 2011 Mod 2f, Global immunization Abstraction Information



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



FMQAI
Information for Healthcare Improvement

www.fmqai.com



HSAG HEALTH SERVICES ADVISORY GROUP

www.hsag.com

This material was prepared by FMQAI, the Medicare Quality Improvement Organization for Florida, and Health Services Advisory Group of California, Inc., the Medicare Quality Improvement Organization for California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication Nos. FL-10SOW-2011FLC706-10-12518, CA-10SOW-7.4-102311-07

29



Information for Health Care Improvement

