Protect your Residents:
The Vital Role of Vaccinations

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Quality Improvement Specialist
HSAG

Objectives

1. Identify two vaccinations that trigger the composite score.
2. Review the importance of vaccinations for the nursing home (NH) population.
3. Examine the relationship between the minimum data set (MDS) and the Influenza and Pneumococcal quality measures (QM).
4. Garner takeaway lessons learned to implement in your facility.
The Reality

**Pneumonia**
Fifth leading cause of death in the United States

**Influenza**
Eighth leading cause of death in the United States

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Influenza and Pneumonia Related Deaths

<table>
<thead>
<tr>
<th>STATE</th>
<th>2011</th>
<th>2016 (through 28 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>6.29%</td>
<td>4.4%</td>
</tr>
<tr>
<td>California</td>
<td>10.5%</td>
<td>6.34%</td>
</tr>
<tr>
<td>Florida</td>
<td>6.02%</td>
<td>4.25%</td>
</tr>
<tr>
<td>Ohio</td>
<td>8.14%</td>
<td>5.27%</td>
</tr>
</tbody>
</table>

Source: The Centers for Disease Control and Prevention (CDC)

Source: [http://www.cdc.gov/flu/weekly/nchs.htm](http://www.cdc.gov/flu/weekly/nchs.htm)
Influenza Vaccine

Influenza

Influenza is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and can result in hospitalization or death. Transmitted through droplet.
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High-Risk Population

- 5 and under
- 65 and older
- NH residents
- Pregnant
Conditions that Increase Risk

- Asthma
- Neurological and neurodevelopmental conditions
- Chronic lung disease
- Heart disease
- Blood disorders
- Endocrine disorders
- Kidney disorders
- Liver disorders
- Metabolic disorders
- Weakened immune system due to disease or medication
- People younger than 19 years of age who are receiving long-term aspirin therapy
- Morbid obesity

Understanding the Influenza QM

- Percentage of Residents who were assessed and appropriately given the seasonal influenza vaccine (S)*
- Percentage of Residents who were assessed and appropriately given the seasonal influenza vaccine (L)**

* (S) = short stay
** (L) = long stay
Influenza Vaccine QM (S) and (L)

**Numerator**

- Received the flu vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or
- Offered and declined the flu vaccine (O0250C = [4]); or
- Resident was ineligible due to medical contraindication(s) (O0250C = [3])


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Influenza Vaccine QM (S) and (L) (cont.)

**Denominator**

- Short Stay – All short-stay residents with a selected influenza vaccination assessment, except those with exclusions.
- Long Stay – All long-stay residents with a selected influenza vaccination assessment, except those with exclusions.

**Exclusions**

- Resident’s age on target date of selected target assessment is 179 days or less.

When is the Influenza Vaccine QM Calculated?

This measure is only calculated once a year with a target period of **October 1 of the prior year to June 30 of the current year** and reports for the **October 1 through March 31 influenza vaccination season**. (QM Manual V10.0)

The QM change is reflected in **Quarter 2 data each year**. (National Coordinating Center)


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Pneumococcal Vaccine
Pneumococcal

- Pneumococcal disease is a lower respiratory infection caused by *Streptococcus pneumoniae* bacteria.
- Pneumococcus is one of the most common causes of severe pneumonia.
- Transmitted through direct contact with respiratory secretions.

High-Risk Population

- 5 and under
- 65 and older
- NH residents
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High-Risk Population

- 5 and under
- 65 and older
- NH residents

Conditions that Increase Risk

- Chronic illnesses (lung, heart, liver, or kidney disease; asthma; diabetes; or alcoholism)
- Immune system conditions (HIV/AIDS, cancer, or damaged/absent spleen)
- Living in NHs or other long-term care facilities
- Cochlear implants or cerebrospinal fluid (CSF) leaks
- Smoking
Understanding the Pneumococcal QM

- Percentage of Residents who were assessed and appropriately given the pneumococcal vaccine (S).
- Percentage of Residents who were assessed and appropriately given the pneumococcal vaccine (L).


Pneumococcal Vaccine QM

**Numerator**

- Pneumococcal vaccine status is up to date (O0300A = [1]);
  or
- vaccine offered and declined (O0300B = [2]);
  or
- ineligible due to medical contraindication(s) (O0300B = [1])
Pneumococcal Vaccine QM (cont.)

Denominator

• Short Stay—All short-stay residents with a selected target assessment.
• Long Stay—All long-stay residents with a selected target assessment.

Exclusions for Short Stay

• Resident’s age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5 years old on target date).


Pneumococcal Vaccine Timing
For Adults
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Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Two pneumococcal vaccines are recommended for adults:
- 13-valent pneumococcal conjugate vaccine (PCV13, Prevnar 13™)
- 23-valent pneumococcal polysaccharide vaccine (PPSV23, Pneumovax® 23)

One dose of PCV13 is recommended for adults:
- 65 years or older who have not previously received PCV13.
- 19 years or older with certain medical conditions and who have not previously received PCV13. See Table 1 for specific guidance.

One dose of PPSV23 is recommended for adults:
- 65 years or older, regardless of previous history of vaccination with pneumococcal vaccines.
- Once a dose of PPSV23 is given at age 65 years or older, no additional doses of PPSV23 should be administered.
- 19 through 64 years with certain medical conditions.
- A second dose may be indicated depending on the medical condition. See Table 1 for specific guidance.

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history:
- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 at least 1 year later for most immunocompetent adults or at least 8 weeks later for adults with immunocompromising conditions, cerebrospinal fluid leaks, or ocular implants. See Table 1 for specific guidance.

For those who have previously received 1 dose of PPSV23 at ≥65 years and no doses of PCV13:
- Administer 1 dose of PCV13 at least 1 year after the dose of PPSV23 for all adults, regardless of medical conditions.

For those with a history of pneumococcal disease:
- Administer 1 dose of PCV13 at least 5 years apart.

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history:
- Administer 1 dose of PPSV23 at 19 through 64 years.
- Administer 1 dose of PCV13 at ≥65 years or older. This dose should be given at least 1 year after PPSV23.
- Administer a second dose of PPSV23 at least 5 years after the previous dose (note: a second dose is not indicated for those with CSF leaks or ocular implants).

Indicated to receive 1 dose of PPSV23 at ≥19 years and 1 or 2 doses of PPSV23 at 19 through 64 years

Includes adults with:
- chronic heart or lung disease
- diabetes mellitus
- alcoholism
- chronic liver disease
Also includes adults who smoke cigarettes

Source: www.cdc.gov/pneumococcal/vaccination.html
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Find it in Section O of the MDS

**OO205: Influenza Vaccine**

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Italic Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Did the resident receive the Influenza vaccine in this facility for this year’s Influenza season?</td>
<td></td>
</tr>
<tr>
<td>0. No — Skip to 0050C. If Influenza vaccine not received, state reason</td>
<td></td>
</tr>
<tr>
<td>1. Yes — Continue to 0025B. Date vaccine received</td>
<td></td>
</tr>
<tr>
<td>B. Date vaccinated/received — Complete date and skip to 0030A. Is the resident’s Pneumococcal vaccination up to date?</td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

**OO300: Pneumococcal Vaccine**

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Italic Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Is the resident’s Pneumococcal vaccination up to date?</td>
<td></td>
</tr>
<tr>
<td>0. No — Continue to 0030B. If Pneumococcal vaccine not received, state reason</td>
<td></td>
</tr>
<tr>
<td>1. Yes — Skip to 00400. Therapies</td>
<td></td>
</tr>
<tr>
<td>B. If Pneumococcal vaccine not received, state reason:</td>
<td></td>
</tr>
<tr>
<td>1. Not eligible — medical contraindication</td>
<td></td>
</tr>
<tr>
<td>2. Offered and declined</td>
<td></td>
</tr>
<tr>
<td>3. Not offered</td>
<td></td>
</tr>
</tbody>
</table>

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Source: www.cdc.gov/pneumococcal/vaccination.html
Protect Your Residents: The Vital Role of Vaccinations

### Find it on Nursing Home Compare

<table>
<thead>
<tr>
<th>Percent of short-stay residents who self-report moderate to severe pain. Lower percentages are better.</th>
<th>CALIFORNIA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1%</td>
<td>12.7%</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of short-stay residents with pressure ulcers that are new or worsened. Lower percentages are better.</th>
<th>CALIFORNIA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.6%</td>
<td>0.8%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of short-stay residents assessed and given, appropriately, the seasonal influenza vaccine. Higher percentages are better.</th>
<th>CALIFORNIA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.1%</td>
<td>81.6%</td>
<td>61.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of short-stay residents assessed and given, appropriately, the pneumococcal vaccine. Higher percentages are better.</th>
<th>CALIFORNIA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.4%</td>
<td>81.6%</td>
<td>81.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of short-stay residents who newly received an antipsychotic medication. Lower percentages are better.</th>
<th>CALIFORNIA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3%</td>
<td>1.6%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

### Find it on your Composite Score Data

<table>
<thead>
<tr>
<th>Your Facility*</th>
<th>Reporting Period (Jan 2015 - Jun 2016)**</th>
<th>Northern CA</th>
<th>CA</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or More Falls with Major Injury</td>
<td>N</td>
<td>D</td>
<td>%</td>
<td>2.34%</td>
</tr>
<tr>
<td>Self-Report Moderate to Severe Pain</td>
<td>13</td>
<td>52</td>
<td>25.00%</td>
<td>8.05%</td>
</tr>
<tr>
<td>High-Risk Residents with Pressure Ulcers</td>
<td>1</td>
<td>54</td>
<td>1.83%</td>
<td>6.03%</td>
</tr>
<tr>
<td>Flue Vaccine***</td>
<td>5</td>
<td>81</td>
<td>6.37%</td>
<td>3.92%</td>
</tr>
<tr>
<td>Pneumococcal Vaccine***</td>
<td>7</td>
<td>81</td>
<td>8.64%</td>
<td>4.88%</td>
</tr>
</tbody>
</table>

Health Services Advisory Group
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Tips: Influenza and Pneumococcal Vaccines

The flu season varies annually. Flu season starts when vaccine becomes available in your area.

Flu season and QM calculation periods differ.

It is safe to give these two vaccinations simultaneously; If administered together they should be at different sites. (RAI O-11)

Make it standard to ask for flu vaccine information (during flu season), and pneumococcal information when receiving reports from the acute hospital.
Tips: Influenza and Pneumococcal Vaccine (cont.)

Review all new admissions and check for immunization information within 72 hours.

Update resident’s vaccination information annually.

If no vaccination information is available or if unknown, administer vaccine based on standards of clinical practice. (RAI O-11)

Have resident vaccination information accessible for licensed staff.

Where to Go From Here?

NEXT STEPS
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Educate staff, residents, and family members

Offer vaccinations to your staff and residents

Create an individualized care plan

Start a performance improvement project (PIP)

Monitor and track your vaccination data

Keep your resources and records up to date

State Nursing Home Team Contacts

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Health Services Advisory Group
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Upcoming Events

Nursing Home Landing Pages
Arizona  https://goo.gl/1Yekn9
California  https://goo.gl/WCWpMg
Florida  https://goo.gl/j7YHVz
Ohio  https://goo.gl/LgBDZQ

HSAG Immunization Resources

http://goo.gl/C5fzfX
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SNF Value-Based Purchasing Program MLN Connects® National Provider Call

Wednesday, September 28, 2016, 1:30 p.m. to 3:00 p.m. EST.

Learn how the implementation of the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program will affect your Medicare payment. During this call, CMS experts discuss the legislative background, along with the SNF 30-Day Potentially Preventable Readmission measure, performance standards, and scoring methodology finalized in the FY 2017 SNF Prospective Payment System final rule. Also, find out about the confidential quarterly feedback reports you will receive beginning on October 1, 2016. A question and answer session will follow the presentation.

The SNF VBP Program rewards SNFs with incentive payments for quality of care, promoting better clinical outcomes for SNF patients. The program will begin in FY 2019.

Agenda:

- Legislative framework
- Program measures
- Performance standards and scoring methodology
- Confidential quarterly reports
- Where to find additional information about the Program

Target Audience: SNFs, administrators, and clinicians.

To register or for more information, visit MLN Connects Event Registration. Space may be limited; register early.

http://goo.gl/5XW8pX

Questions

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Resources

- http://www.cdc.gov/flu/
- http://www.cdc.gov/pneumococcal/
- http://www.cdc.gov/vaccines/vpd-vac/default.htm
- Resident Assessment Instrument Manual (MDS 3.0)
- Quality Measures Manual v10.0

Thank You!