



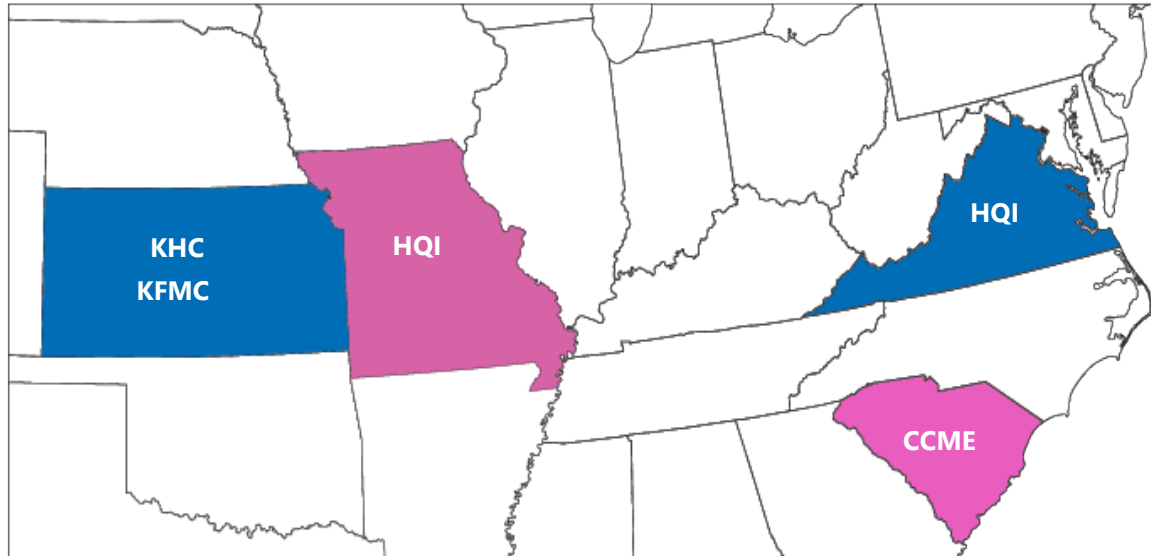
Health Quality Innovation Network

Simple Strategies Stand-Up

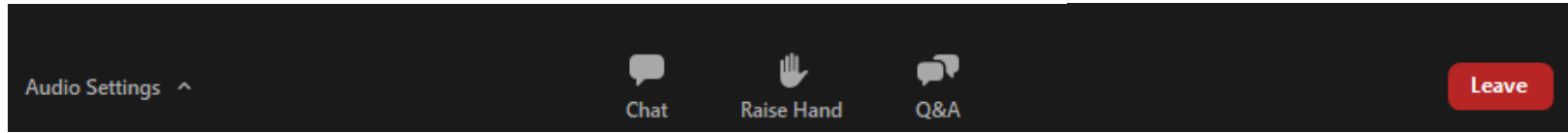
Vaccines: Are You Accurately Capturing It All?

December 13, 2022

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Your Team



Allison Spangler,
BSN, RN,
RAC-CT,QCP
Consulting Manager



Sibyl Goodwin
BSN, RN, DNS-CT
Quality Improvement Advisor



Mary Locklin,
MSN, RN, CIC
Senior Quality
Improvement Advisor-
Infection Prevention



Laura Finch,
MS, GNP, RN
HQIN Consultant



April Faulkner
Communications
Specialist

Learning Objectives

- Review steps for assessing vaccination status
- Explain MDS coding requirements for influenza and pneumococcal vaccines
- Identify how HQIN vaccine tracking tools can provide accurate documentation of resident vaccine status
- Review interdisciplinary person-centered processes to ensure all residents have been assessed and appropriately vaccinated



Did the Resident Receive the Vaccines?

Review the medical record

If vaccination status is unknown, proceed to next step



Ask the resident if he or she received the vaccines outside of the facility

If vaccination status is still unknown, proceed to next step



If resident is unable to answer, ask responsible party/legal guardian and/or primary care physician

If vaccination status is still unknown, proceed to next step



If vaccination status cannot be determined, administer the recommended vaccine(s) to the resident according to standards of clinical practice

Influenza Vaccine



Influenza Vaccine Received in the Facility

O0250A Code 1, yes



O0250B Enter date influenza vaccine received

Influenza Vaccine Not Received in the Facility

O0250A

- **Code 0, no**

O0250C

- **Code 1, Resident not in this facility during this year's influenza vaccination season**
- **Code 2, Received outside of this facility**
- **Code 3, Not eligible-medical contraindication**
- **Code 4, Offered and declined**
- **Code 5, Not offered**
- **Code 6, Inability to obtain influenza vaccine due to declared shortage**
- **Code 9, None of the above**

**Dash never
appropriate**

Influenza Vaccine Coding Tips

Once the influenza vaccination has been administered for the current flu season, this value is carried forward **until the new flu season begins.**

EXAMPLE:

Mr. T. received the influenza vaccine in the facility during this year's flu season, on September 25, 2022.

Coding: O0250A would be **coded 1, yes**; O0250B would be **coded 09-25-2022** and O0250C would be skipped.

You will continue to code these items on subsequent MDS' until the new influenza season starts.

Pneumococcal Vaccine



Pneumococcal Vaccination Up to Date

O0300A Code 1, yes

Pneumococcal Vaccine Not Received

O0300A

- **Code 0, no**

O0300B

- **Code 1, Not eligible**
- **Code 2, Offered and declined**
- **Code 3, Not offered**

Pneumococcal Vaccine Coding Tips

If a resident has received one or more pneumococcal vaccinations and is indicated to get an additional pneumococcal vaccination but is not yet eligible for the next vaccination(s) because the recommended time interval between vaccines has not elapsed, **O0300A is coded 1, yes**, indicating the resident's pneumococcal vaccination is up to date.

EXAMPLE:

Mrs. A., who has congestive heart failure, received PPSV23 vaccine at age 62 when she was hospitalized for a broken hip. She is now 78 years old and was admitted to the nursing home one week ago for rehabilitation. She was offered and given PCV13 on admission.

Coding: O0300A would be **coded 1, yes**.

Rationale: Mrs. A. received PPSV23 before age 65 years because she has chronic heart disease and received PCV13 at the facility because she is age 65 years or older. She should receive another dose of PPSV23 at least 1 year after PCV13 and 5 years after the last PPSV23 dose.

How Are You Keeping Track of It All?

Did they receive it prior
to admission? *When?*

Who is
vaccinated?

Who isn't?

Why are our Care
Compare flu and
pneumo rates so low?

NHSN reporting!
I need help and
what will surveyors
want to see?



When is the new
resident's bivalent
dose due?

Is my resident rate
at 70% yet?

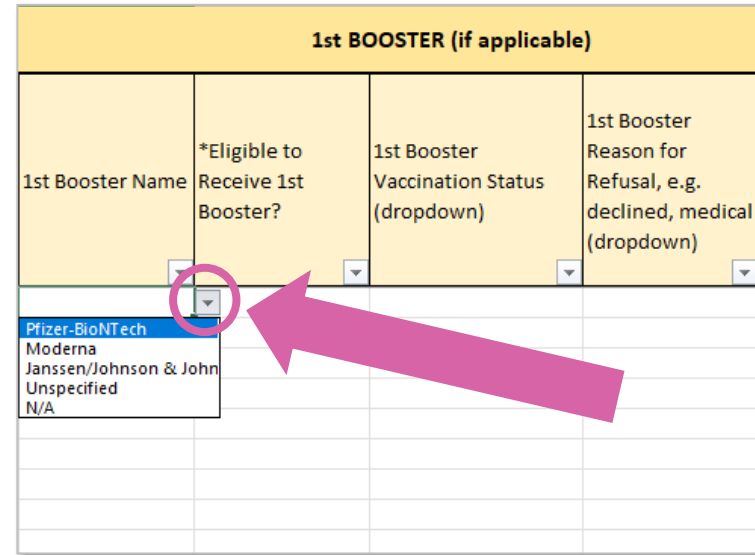
Vaccine Tracking Spreadsheets



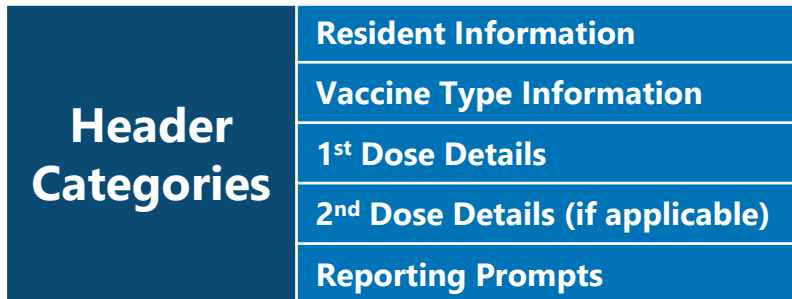
Using Spreadsheets: Helpful Tips

- Some rows have a **built-in dropdown menu** (*hidden until you click on the row*)
- Look for the down arrow **before** you begin typing – the options are already there
- The arrow is not in the cell – it's to the right & can be overlooked
- See an arrow? Simply click on the appropriate menu choice

1st BOOSTER (if applicable)			
1st Booster Name	*Eligible to Receive 1st Booster?	1st Booster Vaccination Status (dropdown)	1st Booster Reason for Refusal, e.g. declined, medical (dropdown)



COVID-19 Vaccine Tracking Spreadsheet



									VACCINE INFORMATION	PRIMARY SERIES 1ST DOSE					PRIMARY SERIES 2ND DOSE (if applicable)					
Unit	Resident First Name	Resident Last Name	Resident Identifier (as defined by facility policy)	*Admission Date (mm/dd/yyyy)	Discharge Date (mm/dd/yyyy)	Discharge Status (dropdown)	History of laboratory positive COVID-19? (dropdown)	Projected Testing Date	Manufacturer (dropdown)	1st Dose Vaccination Status (dropdown)	1st Dose Reason for Refusal, e.g. declined, medical/religious exemptions (dropdown)	1st Dose Date REFUSED (mm/dd/yyyy)	1st Dose Administered: (mm/dd/yyyy)	1st Dose Received? (Autopopulated Column)	2nd Dose Due (Autopopulated Column)	2nd Dose Vaccination Status (dropdown)	2nd Dose Reason for Refusal, e.g. declined, medical (dropdown)	2nd Dose Date REFUSED (mm/dd/yyyy)	2nd Dose Administered: (mm/dd/yyyy)	2nd Dose Received? (Autopopulated Column)

Calculates Boosters Due (if applicable)

1st BOOSTER (if applicable)						2nd ADDITIONAL DOSE/BOOSTER (if applicable)					
1st Booster Name	*Eligible to Receive 1st Booster?	1st Booster Vaccination Status (dropdown)	1st Booster Reason for Refusal, e.g. declined, medical (dropdown)	1st Booster Date REFUSED (mm/dd/yyyy)	1st Booster Administered: (mm/dd/yyyy)	2nd Booster Dose Name	Eligible to Receive 2nd Booster Dose?	2nd Booster Dose Vaccination Status (dropdown)	2nd Booster Dose Reason for Refusal, e.g. declined, medical (dropdown)	2nd Booster Dose Date REFUSED (mm/dd/yyyy)	2nd Booster Dose Administered: (mm/dd/yyyy)

Calculates 2nd Dose Due (if applicable)

Resident Last Name	VACCINE INFORMATION Manufacturer (dropdown)	PRIMARY SERIES 1ST DOSE			PRIMARY SERIES 2ND DOSE (if applicable)					
		1st Dose Date REFUSED (mm/dd/yyyy)	1st Dose Administered: (mm/dd/yyyy)	1st Dose Received? (Autopopulated Column)	2nd Dose Due (Autopopulated Column)	2nd Dose Vaccination Status (dropdown)	2nd Dose Reason for Refusal, e.g. declined, medical (dropdown)	2nd Dose Date REFUSED (mm/dd/yyyy)	2nd Dose Administered: (mm/dd/yyyy)	2nd Dose Received? (Autopopulated Column)
Smith	Pfizer-BioNTech		12/15/2020	YES	1/5/2021					
Young	Pfizer-BioNTech		12/15/2020	YES	1/5/2021					
Forst	Pfizer-BioNTech		12/20/2020	YES	1/10/2021					
Adewul	N/A	12/22/2020		NO						
Perkins	N/A	12/25/2020		NO						
Chao	Moderna		1/1/2021	YES	1/29/2021					
Smythe	Moderna		1/3/2021	YES	1/31/2021					
Woodruff	Moderna		1/10/2021	YES	2/7/2021					
Nguyeb	Pfizer-BioNTech		1/14/2021	YES	2/4/2021					
Appleton	Pfizer-BioNTech		1/18/2021	YES	2/8/2021					
Peters	Moderna		1/20/2021	YES	2/17/2021					
Klein	Janssen/Johnson & Johnson		3/1/2021	YES	N/A					



Resident Influenza, Pneumococcal, TB Vaccination Log

Once "Given" is populated, check here for info on what/when to revaccinate.

RESIDENT										PNEUMOCOCCAL VACCINE																				
Room #	Unit	Last Name	First Name	Age Group (19-64, 65+)	Medical Indications* (Refer to CONDITIONS tab for full list of underlying medical conditions)	PCV13 Status	Manufacturer	Lot #	Expiration	PCV13 Date Given	FLAG: Need PCV13	PCV15 Status	Manufacturer	Lot #	Expiration	PCV15 Date Given	FLAG: Need PCV15	PCV20 Status - if given, "One and Done"	Manufacturer	Lot #	Expiration	PCV20 Date Given	FLAG: Need PCV20	PPSV23 Status	Manufacturer	Lot #	Expiration	PPSV23 Date Given	FLAG: Need PPSV23	
401	1B	Clause	Santa	65+ years	Cochlear implants OR CSF leak	Given	zxx	123456	5/30/2023	12/25/2022																			Give PPSV23 >= 8 weeks after PCV13 or PCV15 OR >= 5 years after any PPSV23 received under 65	
402	1B	CLause	Mrs	65+ years	Certain medical conditions*													Given	9999999	578910	2/25/2023	12/25/2022							No further doses needed - "One and Done"	
403	1B	Fled No	Rudolph	65+ years	Certain medical conditions*							Given												Given					Give PPSV23 >= 1 year after PCV13 or PCV15	
404	1B	Clause	Noelle	19-64 years	Immunocompromising conditions*																			Given					Revaccinate in >= 5 years after first dose PPSV23	
111	2a	viven	mr	19-64 years	Certain medical	Given																							Give PPSV23 >= 1 year after	
114	2a	blisim	mr	65+ years	Certain medical	Given																							Give PPSV23 >= 1 year after should be. Give PPSV23 1 year	
115	2a	comet	mr	65+ years	None of the below							Given																		
118	2a	rudolph	mr	19-64 years	Certain medical conditions*													Given											No further doses needed - "One and Done"	
117	2a	dasher	ms	19-64 years	Persons with functional or anatomic asplenia*	Given																								PCV13 or PCV15, Revaccinate in >= 5 years after first dose PPSV23
119	2a	dancor	mr	19-64 years	Certain medical							Given																		Give PPSV23 >= 1 year after
114	2a	cupid	mr	65+ years	Certain medical																									No further doses needed - "One and Done"
118	2a	dunder	mr	65+ years	Certain medical conditions*																			Given						Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete
150	3a	on shell	Elr	65+ years	Cochlear implants OR CSF leak																			Given						Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete
155	3B	Grinch	Mr	65+ years	Persons with functional or anatomic asplenia*																			Given						Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete
170	3a	Yhoo	Suzie	65+ years	Immunocompromising conditions*																			Given						Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete
171	3a	Dog	Max	19-64 years	Certain medical																			Given						Give PCV15 or PCV20 at least one year following PPSV23 to be considered complete
172	3a	Kringle	Kris	65+ years	Immunocompromising conditions*	Declined																								Give PPSV23 >= 8 weeks after PCV13 or PCV15 OR >= 5 years after any PPSV23 received

Fill in fully that the vaccine was administered (or when, if it is a previous record) by type and date at a minimum; if you have the manufacturer, lot number and expiration, that will be more complete.

Conditions to Help Determine Timing

Medical Indication	Underlying Medical Condition	PCV13 for 19 -64 years (Prenvar13)	PCV13 for >=65 years (Prenvar13)	PCV15 for 19-64 years (Vaxneuvance)	PCV15 for >=65 years (Vaxneuvance)	PCV20 for 19-64 years (Prenvar20)	PCV20 for >=65 (Prenvar20)	PPSV23 for 19-64 years (Pneumovax)		PPSV23 at >= 65 years (Pneumovax)	
		Recommended	Recommended					Recommended	Revaccination	Recommended	Revaccination
No immunocompromising condition	None of the below		Based on shared clinical decision-making - if yes, (dose 1)					Not recommended	Not recommended	✓ If PCV13 has been given, then give PPSV23 ≥ 1 year after PCV13 (dose 2)	
Certain medical conditions*	Chronic heart disease	✓ (dose 1)	✓ (dose 1)	✓ follow by PPSV23 >1 year later (dose 1)	✓ follow by PPSV23 >1 year later (dose 1)	"One and Done"	"One and Done"	✓ At least 1 year after PCV13 or PCV 15 dose (dose 2)	Not recommended	✓ If PCV13 or PCV15 has been given, then give PPSV23 ≥ 1 year after PCV13 or PCV15 and at least 5 years after any PPSV23 dose at < 65 years (dose 2)	
	Chronic liver disease										
	Chronic lung disease										
	Diabetes mellitus										
	Cigarette smoking										
Alcoholism											
Other indications	Cochlear Implants	✓ If no previous PCV13 vaccination (dose 1)	✓ If no previous PCV13 vaccination (dose 1)					✓ ≥ 8 weeks after PCV13 (dose 2)	Not until over 65 and 5 years since dose 2	✓ at least 8 weeks after PCV 13 dose (dose 2)	at least 5 years after PPSV23 dose 2 if given < 65 years (dose 3)
	CSF leaks										
Persons with functional or anatomic asplenia*	Congenital or acquired	✓ If no previous PCV13 vaccination (dose 1)	✓ If no previous PCV13 vaccination (dose 1)					✓ ≥ 8 weeks after PCV13 (dose 2)	Not until over 65 and 5 years since dose 2	✓ at least 8 weeks after PCV 13 dose (dose 2)	at least 5 years after PPSV23 dose 2 if given < 65 years (dose 3)
	Sickle cell disease / other hemoglobinopathies										

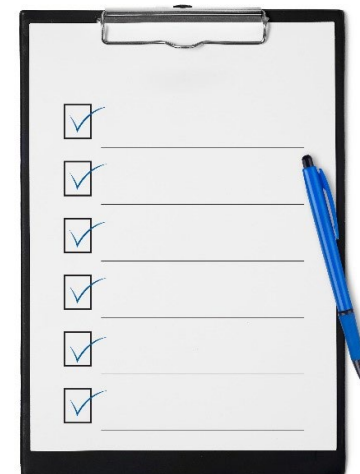


Health Quality Innovation Network

Interdisciplinary Person-Centered Processes

Assessing Needs

- Implement a system to review vaccine status on an ongoing basis
- Make sure all staff members are aware of the current influenza season
- Put a process in place to screen and determine eligibility to receive vaccines
- Follow up on medical contraindications/precautions:
 - Temporary
 - Permanent
 - Care planning considerations



Minimum Data Set (MDS)

- Ensure MDS staff have access to vaccination documentation
- Consider training the person who maintains vaccination data to code the MDS
- Have a process for obtaining the required completed documentation prior to the assessment reference date
- Validate that the MDS was coded per the Resident Assessment Instrument requirements prior to submission



National Healthcare Safety Network (NHSN)

- Ensure that you have designated more than one user to the NHSN system for reporting
- Pick a day each week and consistently report your data to NHSN on that day
- Ensure all NHSN users are educated and equipped with resources
- Collect and track NHSN data consistently
- Review each pathway before submitting
- Join the HQIN NHSN Reporting Group



Surveillance Tracking

- Implement an internal tracking process to ensure that documentation is completed and available for review
- Follow CDC and [ACIP](#) recommendations for vaccines
- Document that education (benefits and potential side effects) was provided
- Document refusals and/or why vaccines were not provided
 - Follow up on “declined” vaccines to ensure proper education and to note in care plan that there is an increased risk of infection

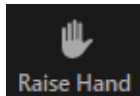


Ask Yourself

- Who obtains vaccination information at time of admission?
- How is need for vaccination communicated to ensure orders are obtained?
- Who is responsible for determining if vaccinations are needed?
- Who is tracking vaccines?
- How are vaccines being tracked?



Questions? Comments? Share What is Working or What is Difficult for Your Team!



Raise your hand to verbally ask a question



Type a question by clicking the **Q&A** icon

*Don't hesitate to ask a question after the webinar is over.
Email LTC@hqi.solutions or your HQIN Quality Improvement Advisor.*

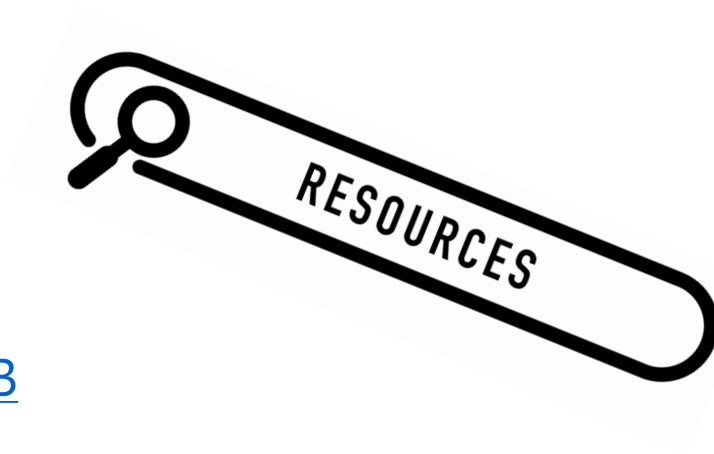


Health Quality Innovation Network

Vaccine Resources

Vaccination Tracking

- [COVID-19 Vaccination & Booster Tracking Tool | HQIN](#)
- [Joining the HQIN Nursing Home Reporting NHSN Group](#)
- [Resident Influenza, Pneumococcal, TB Vaccination Log | HQIN](#)



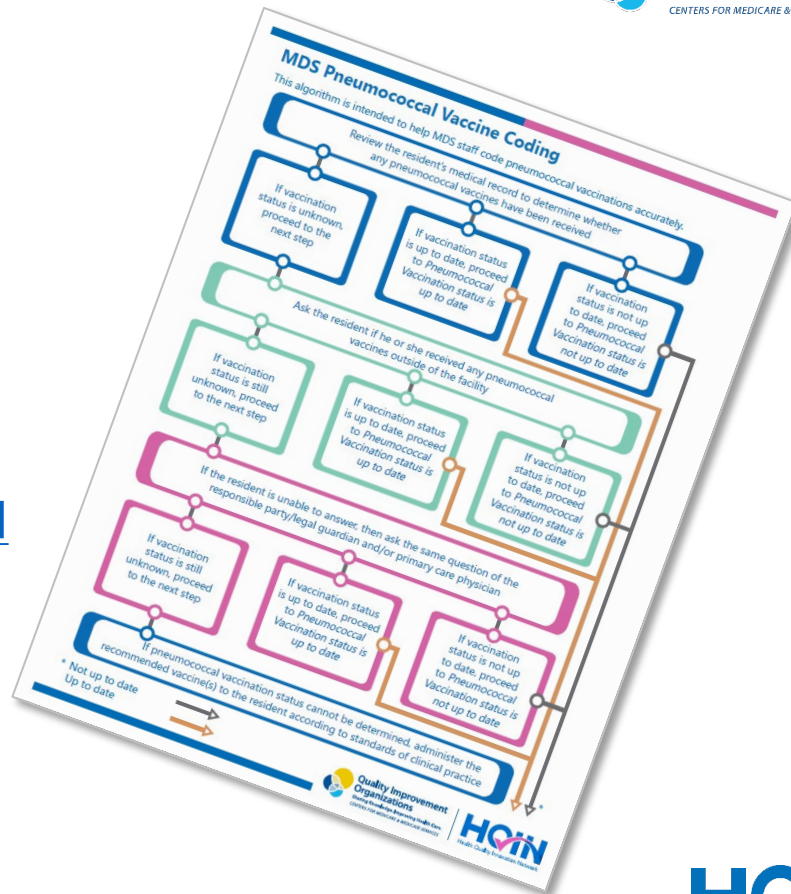
Influenza Resources

- [MDS Influenza Vaccine Coding Algorithm | HQIN](#)
- [Influenza Vaccine Quality Measure Tip Sheet | HQIN](#)
- [Flu Vaccine \(Long Stay\) Quality Measure Tip Sheet | HQIN](#)



Pneumonia Resources

- [MDS Pneumococcal Vaccine Coding Algorithm | HQIN](#)
- [Pneumococcal Vaccine Quality Measure Tip Sheet | HQIN](#)
- [Pneumonia Vaccine \(Long Stay\) Quality Measure Tip Sheet | HQIN](#)



Next Session: Trauma-Informed Care – Part 3

Tuesday, January 10

2:00 p.m. EST | 1:00 p.m. CST



FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

LTC@hqin.solutions

Kansas

Brenda Groves

Quality Improvement Advisor

bgroves@kfmc.org

785.271.4150

Virginia

Mary Locklin

Quality Improvement Advisor-Infection Prevention

mlocklin@hqi.solutions

804.287.6210

Virginia and Missouri

Allison Spangler

Quality Improvement Advisor

aspangler@hqi.solutions

804.289.5342

South Carolina

Beth Hercher

Quality Improvement Advisor

bhercher@thecarolinascenter.org

803.212.7569

From HQIN:

To all essential care giving teams
supporting residents and families,

Thank you for attending