

## **Long-Term Care Survey Alert**

## Infection Control: CMS TRAINING MAY PAVE WAY TO CRACKDOWN ON VACCINATION SHORTFALLS

Where the Centers for Medicare & Medicaid Services' training efforts go, survey citations often follow.

Since that's proven true in the past, nursing facility providers should take special note of CMS' recent training for providers and surveyors on flu and pneumonia vaccinations. CMS recently aired a webcast, "Standards of Care & Strategies for Immunizing Nursing Home Residents" and has posted FAQs on Medicare coverage of the immunizations on its Web site. (The Webcast can be viewed over the next year at <a href="http://cms.internretstreaming.com">http://cms.internretstreaming.com</a>.)

Infection control expert **James Marx** in San Diego reports seeing a facility cited recently with an infection control tag for failing to ensure any of its residents had received the pneumonia vaccine an omission surveyors caught when they looked at the HCFA 672 roster that lists residents' conditions.

And according to the **U.S. Public Health Service**, one-third of the nations' 1.6 million nursing home residents are not immunized against influenza, and two-thirds have not received the pneumoccocal vaccine. Moreover, relatively few health workers in facilities are vaccinated.

Yet an increasing number of strains of S. pneumoniae, which can cause meningitis and bacter-emia, are becoming resistant to conventional antibiotics, requiring hospitalization and alternative and expensive antibiotics to treat, warns the **Centers for Disease Control & Prevention**.

The pneumococcal vaccine is generally a once-in-a-lifetime, after-age-65 vaccination that can be given at any time during the year, according to the **Advisory Committee on Immunization Practices** and explained in CMS' recent Webcast. Facilities don't have to routinely vaccinate people after age 65 unless the person received the first dose before age 65 and it has been at least five years since the last dose. All persons with an unknown vaccination status should receive one dose of vaccine. Pneu-mococcal vaccine may be administered at the same time as influenza vaccine (by separate injection in the other arm).

Facilities should administer flu shots in October but may continue to vaccinate new admissions throughout the flu season.

Immunization standing order programs (SOPs) are the most efficient and cost effective approach to immunizing residents, according to **Abigail Shefer** of the joint CDC-CMS Standing Orders Project. However, less than 10 percent of facilities use such a program. Some state laws prohibit standing order programs, however.

Medicare Part B pays for the vaccines and their administration for residents, as do most Medicaid programs and some private insurers.

Editor's Note: For more on SOPs and to get a copy of a sample policy for your facility, go to <a href="https://www.nationalpneumonia.org/sop/sop.html">www.nationalpneumonia.org/sop/sop.html</a>. Also, see the latest program memo clarifying flu vaccine reimbursement (AB-02-084) at <a href="https://www.hcfa.gov/pubforms/transmit/AB02084.pdf">www.hcfa.gov/pubforms/transmit/AB02084.pdf</a>.