

MDS Alert

PREVENTIVE CARE: Boost Immunization Rates and Capture Them in Section W

Protect residents against flu and pneumococcal infection, and get credit for it.

Immunizations provide a surefire way to reduce influenza and pneumococcal infections. And the facility's immunization quality measures tell how well the facility is doing in that regard.

The upshot: "While the immunization measures are reported on Nursing Home Compare for consumers ... that doesn't mean surveyors won't look at them," cautions **Teresa Mota, RN, CALA, RAC-CT**, senior program coordinator for Quality Partners of Rhode Island, the state quality improvement organization. "Facilities should ensure that their resident vaccination rates are at least meeting the Healthy People 2010 goals of 90 percent vaccination."

Shore Up Your Coding

Coding in Sections W2 and W3 determines how your facility fares on the immunization QMs .

As for W2, don't code the H1N1 flu vaccination in Section W2, instructs CMS. Code only the seasonal influenza vaccine there. "When the novel A/H1N1 vaccine becomes available for staff or long-term care residents, facilities should plan to track who receives it," adds Mota. The biggest mistake people make in coding W2 is putting "not offered," which isn't an acceptable response, observes **Joan Brundick, RN**, state RAI coordinator for Missouri. The facility has to offer it to all eligible residents, which wouldn't include those who have a contraindication or a physician order not to immunize.

An exception: You code the flu vaccination in Section W2 from Oct. 1 through March 31 (see Section W2 on page 127 of this issue). So "if the MDS assessment's assessment reference date is Oct. 1, and the facility hasn't given the flu vaccine yet, then you would have to put 'not offered' in that situation, unless you offered it on that day. But you'd capture it on the next assessment or put it on the discharge tracking form," says Brundick.

Remember: You can administer the flu or pneumococcal polysaccharide vaccine if you can't determine the resident's vaccination status from any available source, advises Mota.

Time management tip: Facilities should check with their local health department to see if the state allows standing orders for immunizations, advises Mota. Obtaining standing orders for immunization eliminates the need to get an order for every resident every flu season, she notes. Also order vaccine at admission to expedite immunization.

Stave Off Deadly Pneumococcal Disease

Pneumococcal disease "accounts for more deaths than any other vaccine-preventable disease," says Mota. Who should receive the vaccination and a booster shot? People ages 65 or older or younger people "living in environments or social settings (e.g. nursing homes and other longterm care facilities) in which risk of invasive pneumococcal disease or complications is increased," according to the RAI User's Manual.

Resident Need a Booster Shot?

People 65 or older should receive a second dose (booster) of vaccine if they received the first dose more than five years earlier when they were under 65, advises the manual. The Centers for Disease Control & Prevention also recommends a second dose (booster) for people who are immunocompromised due to any of the following conditions, according to the RAI User's Manual:

- A damaged spleen or no spleen
- Sickle-cell disease
- HIV infections or AIDS
- Cancer, leukemia, lymphoma, multiple myeloma
- Kidney failure
- Nephrotic syndrome
- History of an organ or bone transplant
- Medication regimens that lower immunity (such as chemotherapy or long-term steroids).

Persons older than 10 years (including those 65 years of age and older) who have any of the above conditions should get the second (booster) dose five years after the first dose, states the manual.

Editor's note: See the influenza immunization quality measure on page 125 of this issue.