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| **Enable if catnum = 10, 29, 42, 53, 66, or 67 AND dcdispo <> 6** | | | | |
|  | immdone | Immunization review was previously completed for this case for the same episode of care.If checked, disable Immunization Module. If not checked, enable Immunization Module. |  |  |
| **If sex = 2 and patient age < 50 years, go to ptpregnt; else auto-fill ptpregnt as 95 and go to pneurisk1 as applicable** | | | | |
|  |  | **Immunizations** |  |  |
| 1 | ptpregnt | Was the patient pregnant?  1. Yes  2. No  95. Not applicable | \*1,2,95  \*If 1, go to flustat  If 2, go to pneurisk1; else auto-fill pneurisk95 = -1, and go to vaxstat  **Computer will auto-fill as 95 if sex = 1**   |  | | --- | | **Cannot = 1 if pregnant = 2 or 99** | | Review the medical record documentation to determine whether the patient was pregnant upon arrival. If there is documentation that the patient was pregnant upon arrival, enter “1.”  Do not rely on ICD-9-CM codes to determine that the patient was pregnant upon arrival.  Suggested data sources: Anesthesia evaluation, consult notes, history and physical, operating room record, physician orders, progress notes, operative report |
| **If patient age < 65 years, go to pneurisk1; else auto-fill pneurisk95 = -1, and go to vaxstat** | | | | |
| 2 | pneurisk1  pneurisk2  pneurisk3  pneurisk4  pneurisk5  pneurisk7  pneurisk8  pneurisk9  pneurisk10  pneurisk95  pneurisk99 | Was the patient in one or more of the following pneumococcal pneumonia high-risk categories?  **Indicate all that apply:**   1. Institutional resident age 50 or older 2. Diabetes mellitus 3. Chronic cardiac disease (past MI, CHF, or cardiomyopathy) 4. Chronic pulmonary disease (COPD or emphysema) 5. Anatomic asplenia (includes sickle cell disease or splenectomy)   7. HIV positive  8. Immunocompromised patients  9. Asthma  10. End Stage Renal Disease   1. not applicable   99. none of the above | 1,2,3,4,5,7,8,  9,10,95,99  If 99, auto-fill vaxstat as 95 and go to flustat  If 99 is entered, no other number can be entered.   |  | | --- | | **Computer will auto-fill pneurisk3 = -1 if dxchf = 1** |  |  | | --- | | Cannot enter “1” if patient age is < 50 | | High Risk Groups for Which Vaccination is Recommended  1 = resident of long-term care facility, Domiciliary, etc. prior to admission for this episode of care  3= includes past MI, congestive heart failure and cardiomyopathies  4 = includes COPD and emphysema  5 = includes sickle cell disease and splenectomy  8 = immunocompromised patients with chronic illnesses specifically associated with increased risk from pneumococcal infection (e.g., persons with Hodgkin’s disease, lymphoma, multiple myeloma, chronic renal failure, nephrotic syndrome, or conditions such as organ transplantation associated with immunosuppression) |
| 3 | vaxstat | What is the patient’s pneumococcal vaccination status?   * 1. Pneumococcal vaccination was given during this hospitalization   2. Pneumococcal vaccination was received in the past, not during this hospitalization   4. Documentation of:   * Allergy/sensitivity to pneumococcal vaccine, OR * Is medically contraindicated because of bone marrow transplant within the past 12 months, OR * Currently receiving a scheduled course of chemotherapy or radiation therapy, or received a chemotherapy or radiation during this hospitalization or less than 2 weeks prior, OR * Received the shingles vaccine (Zostavax) within the last 4 weeks  1. Not applicable   98. Documentation of patient’s or caregiver’s refusal of pneumococcal vaccine  99. None of the above/not documented/unable to determine from medical record documentation | 1,2,4,95,98,99 | 1 = the patient received pneumococcal vaccination during this episode of care, even if it was also given at any time in the past.  In order to answer “1,” there must be documentation that the vaccine was given including a date and signature.  2 = the patient received pneumococcal vaccination at anytime in the past  **4 = Patients with specific documented allergy/sensitivity (should be accompanied by the exact complication) to vaccine including any component in the vaccine, including thimerosal. Also, sizeable local reaction at injection site ( > 10.2 cm), or the occurrence of any type of an immediate or delayed hypersensitivity reaction or the occurrence of neurological signs and symptoms following administration. May not be based solely on physician’s preference. Autologous stem cell transplant and ASCT are other names for a bone marrow transplant.**  The caregiver is defined as the patient’s family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who is responsible for the care of the patient when the patient is unable to make this decision on his/her own.  99 = No documentation of pneumococcal vaccination status or unable to determine  If there is documentation that supports more than one of the allowable values (1, 2, 4, 98), select the smallest number. For example, nursing note documents patient refused pneumococcal vaccine and medication administration record documents pneumococcal vaccine was administered, select “1.”  EXCEPTION: If documentation supports patient refusal (option “98”) and option “4,” select “98.” |
| 4 | flustat | What is the patient’s influenza vaccination status?   1. Influenza vaccine was given during this hospitalization 2. Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization    1. Allergy/sensitivity to influenza, OR is medically contraindicated because of bone marrow transplant within the past 6 months, OR prior history of Guillian-Barre syndrome within 6 weeks after a previous influenza vaccination 3. Only select this option if there is documentation vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND none of the other options apply 4. Documentation of patient’s refusal or caregiver’s refusal of influenza vaccine 5. None of the above/not documented/ unable to determine from medical record documentation | 1,2,4,6,98,99 | For the purposes of this question, all patients discharged during October, November, December, January, February, and March are included (discharges from April – September are excluded from scoring).  Include documentation of: flu immune, flu shield, flu shot, flu vaccine, Fluax, Fluogen, Fluvirin, Fluzone, influenza virus vaccine, trivalent influenza vaccine  Exclude: Pandemic vaccine, e.g. H1N1  In order to answer “1,” there must be documentation that the vaccine was given including a date and signature.  If there is documentation the patient received the vaccine, and only the current year is documented, select “2.”  If there is documentation the patient received the vaccine the year prior to the current year and the discharge is NOT January, February, or March, select “99.” For example, record documents the patient received the vaccine in 2009 and the discharge date for this hospital stay is October 2010, select “99.” If the discharge is in January, February or March 2011AND there is documentation the patient received the vaccine in 2010, select “2.”  4 = patients allergic to eggs or other specific allergy/sensitivity to the vaccine. The allergy/sensitivity must be accompanied by the exact complication. Should be a specific allergy/sensitivity, not just physician preference  6 = vaccine not available to hospital, due to shortage of vaccine. Only answer “6,” if the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND none of the other options apply. To enter option #6, the abstractor must see the pharmacy record stating the date the vaccine arrived on station (shipping slip, inventory record, etc.) and date must be after the discharge date.  Cont’d next page |
|  |  |  |  | Influenza vaccination cont’d  98 = Direct refusal documented in record = at the time of offer of flu vaccine, patient states he/she does not wish to receive flu vaccination  The caregiver is defined as the patient’s family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who is responsible for the care of the patient when the patient is unable to make this decision on his/her own.  If there is conflicting documentation that supports more than one of the allowable values (1, 2, 4, 98), select the smallest number. For example, nursing note documents patient refused flu vaccine and MAR notes flu vaccine was administered, select “1.”  EXCEPTION: If documentation supports patient refusal (option “98”) and option “4,” select “98.”  Unacceptable:   * Patient is told to return post-discharge for flu vaccine. * Flu vaccine not available * Documented assumption “patient gets annual flu shot or vaccination” |