



## Influenza Immunization Electronic Measures

### Validation Study, FY2023Q2

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## Study Purpose

- Validate two electronic influenza immunization measures including inclusion and exclusions
  - p28h\_ec, Influenza immunization 66 years of age and older
  - p29h\_ec, Influenza immunization 19 – 65 years of age
- Numerator inclusion: documentation the patient received the influenza vaccine during the time frame from June 1, 2021 through June 30, 2022.
- Denominator exclusions (time frame is specified in the questions):
  - Active chemotherapy
  - Bone marrow transplant
  - Immunocompromising conditions such as cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease, cerebrospinal fluid leaks
  - Hospice



## Study Information

- Estimated Total Sample size: 648
- Number of records/facility will vary and more information will be provided once sample is received
- No Data Accountability Checklists (DAC) or Exit Reports



## Overview of Tool

- Contains 68 questions
- Divided into sections for each exclusion condition, numerator (receipt of influenza vaccine), and allergy to influenza vaccine
- Lead in questions for each section will be prefilled with data sent by the Office of Analytics and Performance Integration-Performance Measurement (API-PM)
- Intent of subsequent questions is to validate prefilled data and identify location(s) of documentation that is found



## Hospice

- Questions 1 and 2 will be prefilled:
  - Hospice: prefilled with hospice encounter Healthcare Common Procedure Coding System (HCPCS) code
  - Hospicedt: prefilled with date of the hospice encounter
- Question (q) 3, vhospice:
 

On (computer display hospicedt), is there documentation of a hospice encounter in the medical record?

  1. Yes
  2. No

## Vhospice guidelines

- **Look for documentation on the date displayed for evidence of a hospice encounter or enrollment in a hospice program.**
- **It is not necessary to see the HCPCS code.**
- **Acceptable documentation:** Enrollment in a VHA or community-based hospice program
- **Unacceptable documentation:** Enrollment in a VHA Palliative Care or HBPC program
- **Suggested Data Sources:** community (non-VHA) provider note, consultation notes, history and physical, physician order, problem list, progress notes
- If vhospice is answered "Yes", the next question is skipped



## Q4 ohospice

- During the time frame from **6/01/2020 through 06/30/2022**, is there documentation in the medical record the patient had a hospice encounter or was enrolled in a hospice program?
- 1. Yes
- 2. No
- Same guidelines as previous question
- VHA or community-based hospice encounter or enrollment is acceptable
- Exclude enrollment in Palliative Care



## Q5 lhosp1

- Question will be enabled if vhospice or ohospice is answered "yes".
- Review all relevant data sources and select the data source(s) where documentation of a hospice encounter/enrollment was found.
- Select all that apply:**
  - Community (non-VHA) provider note
  - Consultation note
  - Discharge summary
  - Health factors
  - History and physical
  - Physician order
  - Problem list
  - Progress note
  - Other



## Q6 olhosp

- If value 9 "other" is selected for q5, enter the name of the other data source where documentation of a hospice encounter/enrollment was found.



## Other Exclusion Conditions

- Questions for other exclusion conditions start with q7.
- Please read the definitions/decisions rules for the enabled questions for the specific condition.
- Other conditions include:
  - Bone marrow transplant (q7 – 12)
  - Chemotherapy encounter (q13 – 18)
  - Chemotherapy procedure (q19 – 24)
  - Immunocompromising condition (q25 – 30)
  - Anatomic or functional asplenia (q31 – 36)
  - Sickle cell or HB-S disease (q37 – 42)
  - Cerebrospinal fluid (CSF) leak (q43 – 48)
  - Cochlear implant (q49 – 54)
  - Cochlear implant device or system (q55 – 60)



## Other Exclusion Conditions

- Depending on the condition, the prefilled code may be an ICD-10-CM diagnosis code, ICD-10-CM procedure code, CPT procedure code, HCPCS code, or SNOMED-CT code.
- Read the definitions/decision rules** and look for documentation of the condition on the date displayed or if not found, look for documentation during the specified time frame (June 1, 2021 through June 30, 2022) in the subsequent question.



## Other Conditions Data Source(s)

- Given the purpose of this study is to validate data extracted for the electronic influenza immunization measures, it is important to review all potential sources for the specified condition and select all data sources that apply.**
- The data sources will vary based on the condition.
- If documentation is found in a data source not listed, please select "other", and enter the name(s) of the other data source(s) in the text field question.



## Influenza Vaccination

- Q61 pflucvx: **Computer will prefill** the influenza immunization CVX code.
- Influenza vaccine CVX codes include: 88, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186
- Note: CVX codes may be seen in the Joint Longitudinal Viewer (JLV) immunization summary by hovering over the influenza immunization hyperlink.
- Q62: pflucvxd: **Computer will prefill** the date associated with the influenza immunization CVX code.



## Documentation Patient Received Influenza Vaccination

- Q63 vflucvx: On (computer display pflucvxd), is there documentation the patient received an influenza vaccination?  
1. Yes  
2. No
- **Look for documentation on the date displayed for evidence the patient received an influenza vaccination.**
- **Vaccine information in the immunization summary must be verified in a vaccine administration note.**
- **Suggested data sources:** BCMA, immunization summary, nurses note, progress note
- If this question is answered "no", the next question (q64) will be enabled.



## Q64 ofluvox

- During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient received an influenza vaccination?  
1. Yes  
2. No
- **Look for documentation during the specified time frame for evidence the patient received an influenza vaccination.**
- **Vaccine information in the immunization summary must be verified in a vaccine administration note.**
- **Suggested data sources:** BCMA, immunization summary, nurses note, progress note
- If "yes", enter the date the influenza vaccine was administered in q65, fluvacd.



## Q66 allerflu

- Informational question and will be enabled if patient did/did not receive the influenza vaccine during the study period.
- Is one of the following documented in the medical record?
  - Previous severe allergic reaction to any component of the influenza vaccine, or after a previous dose of any influenza vaccine
  - History of Guillain-Barre Syndrome
- 1. Yes
- 2. No



## Q66 Allerflu Guidelines

- Guidelines are similar to CGPI influenza vaccine allergy question.
- **Severe allergic reaction to any influenza vaccine component must be documented in the medical record. Notation does not have to state "anaphylactic."**
- **A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.**
  - Signs of a severe allergic reaction can include: difficulty breathing, hoarseness or wheezing, swelling around the eyes or lips, hives, paleness, weakness, fast heart beat or dizziness.
- History of Guillain-Barre Syndrome - may be anytime in the patient's history and must be documented in the medical record.
- **NOTE:** History of an allergy to eggs is no longer a contraindication to receiving the vaccine.
- **Suggested data sources:** Adverse/allergy reaction note, cover sheet, community (non-VHA) provider note, consultation note, health factors, pharmacy note, problem list, procedure note, progress note



## Q67 lallerflu1

- Select the data source(s) where documentation of a contraindication (i.e., previous severe allergic reaction to influenza vaccine or history of Guillain-Barre Syndrome) to influenza vaccination was found.
- **Select all that apply:**
  1. Cover sheet
  2. Adverse/allergy reaction note
  3. Community (non-VHA) provider note
  4. Consultation note
  5. Discharge summary
  6. Health factors
  7. Pharmacy note
  8. Problem list
  9. Procedure note
  10. Progress note
  11. Other
- Review all relevant data sources for documentation of a contraindication (i.e., previous severe allergic reaction to influenza vaccine or history of Guillain-Barre Syndrome) to influenza vaccination and select all sources that apply.
- If value 11, other, is selected, the name of the other data source where documentation of a contraindication to influenza vaccine will be entered in q68 olallerflu.



## Summary

- Study purpose is to validate electronic influenza immunization measures (p28h\_ec and p29h\_ec) including inclusion and exclusions.
- No DACs or exit reports
- Please submit any questions using the Question and Answer system.
- **\*Estimated pull list release date is 1/18/2023 and abstraction completion due date is 2/02/2023.**
  - *\*Note: If receipt of the sample is delayed, will update as necessary.*

