

VHA EXTERNAL PEER REVIEW PROGRAM

Immunization Study

Third Quarter FY2016

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
		Organizational Identifiers		
	VAMC CONTROL QIC BEGDTE REVDTE	Facility ID Control Number Abstractor ID Abstraction Begin Date Abstraction End Date	Auto-fill Auto-fill Auto-fill Auto-fill Auto-fill	
		Patient Identifiers		
	SSN PTNAMEF PTNAMEL BIRTHDT SEX MARISTAT RACE	Patient SSN First Name Last Name Birth Date Sex Marital Status Race	Auto-fill: no change Auto-fill: no change Auto-fill: no change Auto-fill: no change Auto-fill: can change Auto-fill: no change Auto-fill: no change	
1	dochospce	Is <u>one</u> of the following documented in the medical record: -the patient is enrolled in a VHA or community-based Hospice program -the patient has a diagnosis of cancer of the liver, pancreas, or esophagus <u>-on the problem list</u> it is documented the patient's life expectancy is less than 6 months 1. Yes 2. No	*1, 2 *If 1, the case is excluded	Although all noted conditions may be applicable to the case, only one is necessary for exclusion from Immunization review. The stage of cancer of the liver, esophagus, or pancreas is not applicable. Even if the patient is newly diagnosed, the case is excluded. Patient's life expectancy of less than six months must be documented on the problem list or in the computer field "health factors," without exception. Acceptable: Enrollment in a VHA or community-based Hospice Unacceptable: Enrollment in a VHA Palliative Care program or HBPC only Exclusion statement: The case is excluded from Immunization review due to hospice enrollment, cancer diagnosis as specified, or life expectancy less than 6 months.
		If Mental Health flag = 1, go to othrcare; else go to tdapvac		

VHA EXTERNAL PEER REVIEW PROGRAM

Immunization Study

Third Quarter FY2016

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
2	othrcare	<p>Is there evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting? (To answer "1", both evidence of refusal of VHA Primary Care and documentation of primary care received outside VHA must be present in the medical record.)</p> <p>1. Yes 2. No</p>	<p>*1, 2 *If 1, the case is excluded.</p>	<p>There must be specific documentation of patient refusal of VHA Primary Care, and the refusal must have occurred within the past two years. (Examples: record documents that patient does not wish to be seen in VHA Primary Care clinics, prefers to seek care elsewhere, or does not wish to receive care at all unless under emergency circumstances. Documentation of patient statements such as "I only signed up for VA for my MH service-connected condition." or "My private physician does all my primary care" represent refusal of VHA Primary Care.)</p> <p>Receiving primary care ONLY in a non-VHA setting: The patient may be receiving mental health or other specialty care at the VAMC, but his/her primary care <u>during the past two years</u> was received outside VHA. (Examples: patient's medical care is being provided by a primary care provider who does not practice in the VHA system; patient under care of non-VHA specialist who provides his/her primary care; patient receives care from other sources such as free clinics.)</p> <p>Exclusion statement: The case is excluded from Immunization review due to patient refusal of VHA Primary Care and documentation patient is receiving primary care in non-VHA setting.</p>

VHA EXTERNAL PEER REVIEW PROGRAM

Immunization Study
Third Quarter FY2016

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
3	tdapvac	<p>During the timeframe from (computer to display 6/02/2005 to stdyend), what is the patient's Tdap (tetanus, diphtheria, and acellular pertussis) vaccination status?</p> <p>1.Tdap vaccine administered</p> <p>97. Documentation of:</p> <ul style="list-style-type: none"> -History of serious allergic reaction (i.e., anaphylaxis) to any component of the vaccine; -History of encephalopathy (e.g., coma or prolonged seizures) not attributable to an identifiable cause within 7 days of administration of a vaccine with pertussis components; -Guillain-Barre syndrome <= 6 weeks after previous dose of a tetanus toxoid containing vaccine; -Unstable neurological condition such as cerebrovascular events and acute encephalopathic conditions documented by physician/APN/PA; OR -History of neurologic or severe hypersensitivity reaction following a previous dose <p>98. Documentation of patient's or caregiver's refusal of Tdap vaccine</p> <p>99. None of the above/not documented/unable to determine from medical record documentation</p>	<p>1, 97, 98, 99 If 97, 98, or 99 go to tdtvac</p>	<p>Include: Tetanus, Diphtheria, and Acellular Pertussis (Tdap), Boostrix, Adacel</p> <p>1 = The patient received Tdap vaccine after June 1, 2005. Administration of Tdap vaccine must be documented in medical record including month, day, and year. Patient self-report is acceptable if the setting (e.g., provider name) is recorded along with month and year of administration.</p> <p>97 = Patients with documented:</p> <ul style="list-style-type: none"> • History of a serious allergic reaction (i.e., anaphylaxis) to any component of the vaccine; • History of encephalopathy (e.g., coma or prolonged seizures) not attributable to an identifiable cause within 7 days of administration of a vaccine with pertussis components; • Guillain-Barre syndrome <= 6 weeks after previous dose of a tetanus toxoid containing vaccine; • Unstable neurological condition such as cerebrovascular events and acute encephalopathic conditions documented by physician/APN/PA; or • History of neurologic or severe hypersensitivity reaction [e.g., exaggerated local reaction (Arthus-like)] following a previous dose <p>98 = Documentation must indicate the patient/caregiver refused the Tdap vaccine when it was offered.</p> <p>99 = No documentation of Tdap vaccine status or unable to determine</p> <p>If there is documentation that supports more than one allowable value (1,97,98), select the smallest number. For example, a nursing note documents the patient refused Tdap vaccine and medication administration record documents Tdap vaccine was administered, select "1".</p>
4	tdapdt	Enter the date the most recent Tdap vaccine was administered.	<p>mm/dd/yyyy If tdapvac = 1, go to zostervac</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>>= 6/02/2005 and <= stdyend</p> </div>	Enter the month, day, and year the most recent Tdap vaccine was administered. If specific day is unknown, the day may be entered as 01.

VHA EXTERNAL PEER REVIEW PROGRAM

Immunization Study
Third Quarter FY2016

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
5	tdttvac	<p>Did the patient receive the Td (tetanus and diphtheria toxoids) or TT (tetanus toxoid)vaccine during the past 10 years?</p> <p>1.Td or TT vaccine administered</p> <p>97. Documentation of:</p> <ul style="list-style-type: none"> -History of serious allergic reaction (i.e., anaphylaxis) to any component of the vaccine; -Hypersensitivity to any component of the vaccine including thimerosal and latex; -History of neurologic or severe hypersensitivity reaction following a previous dose; OR -Guillain-Barre syndrome <= 6 weeks after previous dose of a tetanus toxoid containing vaccine <p>98. Documentation of patient's or caregiver's refusal of Td or TT vaccine</p> <p>99. None of the above/not documented/unable to determine from medical record documentation</p>	<p>1, 97, 98, 99</p> <p>If 97, 98, or 99, go to zostervac as applicable</p>	<p>Include: Td (Tetanus and Diphtheria Toxoids), (TT) Tetanus Toxoid</p> <p>1 = The patient received Td or TT vaccine during the past 10 years. Administration of Td or TT vaccine must be documented in medical record including month, day, and year. Patient self-report is acceptable if the setting (e.g., provider name) is recorded along with month and year of administration.</p> <p>97 = Patients with documented:</p> <ul style="list-style-type: none"> • History of a serious allergic reaction (i.e., anaphylaxis) to any component of the vaccine; • Hypersensitivity to any component of the vaccine including thimerosal and latex; • History of neurologic or severe hypersensitivity reaction [e.g., exaggerated local reaction (Arthus-like)] following a previous dose; or • Guillain-Barre syndrome <= 6 weeks after previous dose of a tetanus toxoid containing vaccine <p>98 = Documentation must indicate the patient/caregiver refused the Td or TT vaccine when it was offered.</p> <p>99 = No documentation of Td or TT vaccine status or unable to determine</p> <p>If there is documentation that supports more than one allowable value (1,97,98), select the smallest number. For example, a nursing note documents the patient refused Td vaccine and medication administration record documents Td vaccine was administered, select "1".</p>
6	tdttdt	Enter the date the most recent Td or TT vaccine was administered.	<p>mm/dd/yyyy</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> <p><= 10 years prior to or = stdybeg and <= stdyend</p> </div>	<p>Enter the month, day, and year the most recent Td or TT vaccine was administered.</p> <p>If more than one Td or TT vaccine was administered, enter the date of the most recent vaccination.</p> <p>If specific day is unknown, the day may be entered as 01.</p>
		If patient's age >= 50th birthdate, go to zostervac; else go to end.		
7	zostervac	<p>What is the patient's herpes zoster vaccination status?</p> <p>1. Herpes Zoster vaccine administered</p>	<p>1, 97, 98, 99</p> <p>If 97, 98, or 99, go to</p>	<p>Include: Zostavax, herpes zoster vaccine (HZV)</p> <p>For the purpose of this study, vaccination data is being collected for adults</p>

VHA EXTERNAL PEER REVIEW PROGRAM

Immunization Study
Third Quarter FY2016

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
		<p>97. Documentation of:</p> <ul style="list-style-type: none"> -History of anaphylactic reaction to any component of the vaccine, including gelatin and neomycin; -Primary or acquired immunodeficiency; -Receiving immunosuppressive therapy; OR -Undergoing hematopoietic stem cell transplantation (HSCT) <p>98. Documentation of patient's or caregiver's refusal of herpes zoster vaccine</p> <p>99. None of the above/not documented/unable to determine from medical record documentation</p>	end	<p>age 50 years and older.</p> <p>A single dose of herpes zoster vaccine is recommended for adults age 60 years and older.</p> <p>1 = The patient received herpes zoster vaccine at any time during the past. Administration of HZV must be documented in medical record including month, day, and year. Patient self-report is acceptable if the setting (e.g., provider name) is recorded along with month and year of administration.</p> <p>97 = Patients with:</p> <ul style="list-style-type: none"> • History of anaphylactic/anaphylactoid reaction to gelatin, neomycin, or any other component of the vaccine • History of primary or acquired immunodeficiency state, including leukemia, lymphoma, or other malignant neoplasm affecting the bone marrow or lymphatic system, or with acquired immunodeficiency syndrome (e.g., AIDS) or other clinical manifestation of infection with human immunodeficiency virus including documentation of CD4+ T-lymphocyte values ≤ 200 per mm³ or $\leq 15\%$ of total lymphocytes • Receiving immunosuppressive therapy, including high dose corticosteroids (e.g., >20 mg/day of prednisone or equivalent, corticosteroid therapy > 14 days), recombinant human immune mediators and immune modulators (e.g., antitumor necrosis factor agents such as adalimumab, infliximab, etanercept). Please refer to The Joint Commission, Appendix C, Tables 2.15 and 2.2 for a complete list of systemic corticosteroid and immunosuppressive medications. • Undergoing hematopoietic stem cell transplantation (HSCT) <p>98 = Documentation must indicate the patient/caregiver refused the herpes zoster vaccine when it was offered.</p> <p>99 = No documentation of herpes zoster vaccine status or unable to determine</p> <p>If there is documentation that supports more than one allowable value (1,97,98), select the smallest number. For example, a nursing note documents the patient refused herpes zoster vaccine and medication administration record documents herpes zoster vaccine was administered, select "1".</p>

VHA EXTERNAL PEER REVIEW PROGRAM

Immunization Study

Third Quarter FY2016

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
8	zosterdt	Enter the date the most recent herpes zoster vaccine was administered.	<div>mm/dd/yyyy</div> <div>Patient age >= 50th birthdate and <= stdyend</div> <div>Warning if patient age < 60th birthdate</div>	Enter the month, day, and year the herpes zoster vaccine was administered. If specific day is unknown, the day may be entered as 01.