



## Pneumococcal Vaccine MDS Coding Tips

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According to the Centers for Disease Control & Prevention, pneumococcal disease kills more people in the U.S. each year than all other vaccine-preventable diseases combined. Hospitalization rates for pneumonia-related stays for the elderly have been increasing over the past 15 years. Among those 85 and older, at least one in 20 seniors were hospitalized each year because of pneumonia<sup>1</sup>. The incubation period of pneumococcal pneumonia is short, just one to three days<sup>2</sup>.

The *percent of residents assessed and appropriately given the pneumococcal vaccine* is one of the measures of the National Nursing Home Quality Care Collaborative Quality Composite Measure Score. **Additionally, your facility's pneumococcal vaccine percentage is posted by Centers for Medicare & Medicaid Services (CMS) on the federal public website, *Nursing Home Compare*.**

A lower than average percentage of residents assessed and appropriately given the pneumococcal vaccine can adversely affect your composite score. Each long stay resident (> 100 days) is counted for pneumococcal vaccination – it's the sole quality measure without any exclusions.

**When reviewing the Pneumococcal Vaccine measure as part of an improvement process, it may be helpful to<sup>3</sup>:**

- Identify the problem (why is our facility significantly outside the norm?)
- Look for correlations between residents with pneumonia and other quality measures
- Recognize the impact of answering or not answering a single item on your MDS
- Appreciate that your data is being viewed by the general public on Nursing Home Compare

The RAI manual contains excellent examples of residents who may or may not receive the pneumococcal vaccine during their nursing facility stay with MDS CODING specifications. Additionally there is an algorithm to guide the prescriber and your team in vaccination exclusions.

### Resources required (available on the CMS website):

**MDS 3.0 Quality Measures User's Manual, (v.1.14) Effective October 1, 2016:** MDS 3.0 Measure: Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay) MEASURE DESCRIPTION. CMS: NO2O.01.

<sup>1</sup> National Quality Forum (NQF), National Consensus Standards for Nursing Homes: A Consensus Report, Washington, DC: NQF: 2011 p.6

<sup>2</sup> <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/pneumo.pdf>

<sup>3</sup> adaptation from TMF QIN video entitled "Quality Measures: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)" 2014



**Coding Review** (Always refer to your MDS RAI manual for coding examples and clarification)

**NOTE:**

- **Patients with missing data in O0300 MDS 3.0 are counted as patients who did NOT receive the vaccine**, rather than being excluded.
- **It is not clinically appropriate to enter a dash "-" in O0300.** This would indicate that you are not able to determine if the pneumococcal vaccine is up to date. The RAI manual states: *"If vaccination status is unknown or the resident/family is uncertain whether or not the vaccine was received, the resident should be vaccinated."* (Page O-8)

Entering a dash "-" in either block O0300 will count as a patient who did not receive the vaccine.

1. When reviewing your coding for the MDS, keep in mind that if the answer to item O0300A is "0" (the resident's vaccine is NOT up to date), then the answer to item O0300B cannot be blank (If pneumococcal vaccine not received, state reason...)
2. If the answer to item O0300A is 1 (Yes, the resident's pneumococcal vaccine is up to date), then the answer to item O0300B must be blank because you are instructed to skip to O0400 Therapies.

**Questions to consider:**

1. What is the current process for determining the response to this MDS section?
2. Is there a clear understanding of the term "up to date" and its implications related to the vaccine and RAI manual definition?
3. If it was a missed opportunity upon admission, is there a method to review the pneumococcal vaccine status on current long stay residents?
4. Who prompts the prescriber if the vaccine is needed?
5. Who is responsible for ordering the vaccine and ensuring it is stored/administered properly?
6. Who answers items O0300A and O0300B on the MDS?
7. How is the accuracy of the response verified?
8. Do all staff understand the impact of this question on your publicly reported data?
9. What is the mechanism for tracking residents who acquire pneumonia against their pneumococcal vaccine status?

Your goal is 100% pneumococcal vaccination, and now you can assign your facility's QAPI team to improve the process. Take a look at the data, identify trends, complete the root cause analysis, implement the Plan-Do-Study-Act cycle to test the change, collect the data, and establish ongoing monitoring of improvement for sustainment.

[Click here](#) to access HQI's online community for QAPI tools and resources. For more information about HQI and our Nursing Home Improvement Network, please contact Linda Harris at [lharris@HQI.solutions](mailto:lharris@HQI.solutions), Theresa Mandela at [tmandela@HQI.solutions](mailto:tmandela@HQI.solutions) or call our office at 804.289.5320.