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Quality Improvement & Evaluation Service

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MDS

News You Can Use

Influenza and Pneumococcal Vaccinations

It is important for nursing home residents to have influenza and pneumococcal vaccinations. Nursing home residents are at a higher risk of complications and are more likely to require hospitalizations.

The influenza vaccine has been effective in preventing hospitalizations and influenza-associated deaths from pneumonia, cardiovascular and cerebrovascular events, and other chronic or immunocompromising diseases that can be exacerbated by the flu.

To assess the resident, you will need to determine if the resident has received an influenza vaccination, where the vaccination was administered, and review the medical record to see if it reflects the needed information. Ask the resident if the influenza vaccine was received outside of the facility for the year's Influenza season. Ask a responsible party if the resident is unable to answer.

Once the vaccine is given for the current flu season it is carried over until the

new season begins on the MDS (Minimum Data Set).

Residents should receive vaccinations as soon as the vaccine is received in your facility, or is available in your geographic area. The annual supply of influenza vaccine cannot be guaranteed. In the event that a shortage occurs in your area, residents should still be vaccinated once the facility receives the influenza vaccine.

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Depression

The depression screening tool in the MDS manual is a 9-item patient health questionnaire (PHQ-9©). It is a validated interview that screens for symptoms of depression. It provides a standardized severity score and a rating for evidence of a depressive disorder.

The patient health questionnaire is used to screen for depressive symptoms. When these symptoms are found, they should be reported to the physician. Any suicidal or homicidal

ideation should be immediately reported and facility policy and procedure should be followed.

Because of the changes in the lives of nursing home residents, (loss of independence, illness, physical impairments, loss of friends/family, and psychiatric conditions) this might place an individual at greater risk of suicide. Suicide rates in nursing homes are rare, but higher than the elderly living in the community setting.

'Silent Suicides' are not calculated due to the difficulty in tracking this type of suicide. 'Silent Suicide' would include intentional overdoses, self-starvation/dehydration or deaths that can appear accidental.

Nursing home residents do not have access to firearms as they do in the community, so this type of suicide is low. In the nursing home, if a resident attempts suicide, it is more likely to be by drowning, hanging,

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Influenza and Pneumococcal Vaccinations

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An inactivated influenza vaccine (high dose) is available for people 65 and older.

In planning for care, you would observe for any complications or allergic reactions. If a reaction occurred and was severe or life-threatening (notify physician), report it to the Vaccine Adverse Event Reporting System (VAERS) by calling 1-800-822-7967.

Influenza vaccine should be accurately documented in the MDS section O0250. This can affect your QM reports from October 1 through June 30.

Information about the current influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website. This website provides information on influenza activity and has an interactive map that shows geographic spread of influenza: <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>, <http://www.cdc.gov/flu/weekly/usmap.htm>.

Unlike the influenza vaccine, which is required annually, the Pneumococcal vaccine is given once in a lifetime with certain exceptions.

Pneumococcal disease can be a potentially deadly infection that can come on very fast. Pneumococcal disease is responsible for more deaths than any other vaccine-preventable bacterial disease. Case fatality rates for pneumococcal bacteremia are approximately 20%; however, they can be as high as 60% in elderly adults. Receiving the vaccine is the best way to protect against this infection.

Staff should assess residents to determine if they should receive the Pneumococcal vaccine. All adults 65 years of age or older should receive the pneumococcal vaccine. Other persons should be vaccinated before the age of 65, including, but not limited to, individuals living in nursing homes and other long-term care facilities with an identified increased risk of invasive pneumococcal disease, or its complications should be considered for vaccination populations. If vaccination status is unknown, the resident should be vaccinated.

Pneumococcal vaccine is given once in a lifetime, with certain exceptions. Revaccination is recommended for the following: residents at highest risk for serious pneumococcal infection; chronic illnesses (lung, heart, liver, or kidney disease; asthma; diabetes; or alcoholism), conditions that weaken the immune system (HIV/AIDS, cancer, or damaged/absent spleen), smokers, and residents with cochlear implants or cerebrospinal fluid (CSF). People 65 or older should receive a second dose of pneumococcal vaccine if their first dose was more than 5 years earlier and they were less than 65 years old at the first dose.

If a resident has had a history of severe allergic reaction to a vaccine or following a prior dose of the vaccine, they should not be vaccinated. If the resident has a moderate to severe acute illness, he or she should not be vaccinated until his or her condition improves. However, someone with a minor illness should be vaccinated since minor illnesses are not a contraindication to receiving the vaccine.

Staff will review the resident's medical record to determine if pneumococcal vaccination has previously been received. Staff should ask the resident if they previously received the vaccine. If the resident is unable to answer, the responsible party, guardian, or PCP should be asked. If status cannot be determined, administer the appropriate vaccine to the resident.

The CDC has evaluated and determined it is safe to give these the influenza and pneumococcal vaccinations simultaneously. If the influenza vaccine and pneumococcal vaccine are given to the resident at the same time, they should be administered at different sites (CDC, 2009).



Depression

(continued from page 1)

jumping from high places, slashing a wrist, or overdosing.

According to the article *Suicides in Nursing Homes Hard to Prevent and Track*, “When the cause of death is unclear, officials might be inclined to call it something other than suicide because of the emotional strife it might cause the family.”

Nursing homes have 24 hour staff to monitor the health and well being of the individuals who reside there. Regular assessments are required to determine if symptoms of depression or suicidal ideation are present.

Including and encouraging activities and social interactions can lessen individuals isolating themselves, as isolation can lead to higher rates of depression.

It is important to identify individuals who are at risk or are symptomatic of emotional distress.

Early identification and intervention are key in the appropriate treatment of individuals who may be experiencing emotional distress.

The above is a summary of the information found in: The Columbus Dispatch *Suicides in nursing homes hard to prevent, track* retrieved from <http://www.dispatch.com/content/stories/local/2016/02/22/elderly-suicides-in-nursing-homes-hard-to-track-and-prevent.html>



Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being...”

(Code of Federal Regulation, 42 FR 483.

Many people think that depression is something you just have to live with when you get older, but it's not.

-Tom Bosley

Recent MDS Changes

With the implementation of the October 1st RAI Manual we saw several changes to the MDS Item Set. One of the most significant changes was the addition of Section GG—Functional Abilities and Goals.

MDS Coordinators across the nation had many questions related to this section, especially surrounding determining the resident's usual performance.

CMS clarified and stated that the

intent of assessing the resident in the first three days is to determine the resident's baseline performance. We want that information preferably before a person benefits from therapy. Some people can make very quick gains in therapy, even by day 3. Therefore, it is best to obtain usual performance before therapy gets fully underway in order to obtain a true baseline. However, do not withhold therapy.

Baseline will require more than one observation or assessment because the resident's ability may vary. Assess several times over one day or over three days and then identify 'usual performance'. Do not code best or worst performance, but usual ability over the assessment period. The look-back is three days, but the assessment completion period is still based on the 5-Day assessment requirements.

MARK YOUR CALENDAR



Look for our upcoming
2017 MDS trainings at
mds.health.ok.gov

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Section A and PPS Discharges

Some facilities are still having difficulty with Section GG. Sometimes the section appears, sometimes it does not, and sometimes it is greyed out. Some thoughts to ponder that may be beneficial:

- ◆ On admission, these items are completed only when A0310B=01 (5-Day PPS assessment). The assessment period for Section GG on admission is the first three days of the Part A stay starting with the date in A2400B.
- ◆ On discharge, these items are completed only if A0310G is not =2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and** A2100 is not = 03. The assessment period for the Section GG discharge items is the last three days of the Part A stay ending with the date in A2400C.
- ◆ To simplify, it may be helpful to remember that when a resident's Part A stay ends (i.e. the resident is 'discharged' from Part A), the Section GG discharge items are required to be completed **unless the resident is being physically discharged from the facility and the discharge is:**
 - ◇ An unplanned discharge
 - ◇ A Part A Stay was less than 3 days
 - ◇ The resident is being discharged to an acute hospital

Remember our department is available to assist with the coding of section A issues.

Recent Q & A's

Q1. Respite refers to short-term, temporary care provided to a resident to allow family members to take a break from the daily routine of care giving. The nursing home is required to complete an Entry tracking record and an OBRA Discharge assessment for all respite residents. If the respite stay is **14 days or longer, the facility must complete an OBRA Admission.**



Q2. For a non-skilled resident who goes in and out of the facility on a relatively frequent basis and return is expected within the next 30 days, the resident may be discharged with return anticipated. This status requires an Entry tracking record each time the resident returns to the facility and an OBRA Discharge assessment each time the resident is discharged.

Automation Tip

New Computer specifications for 2017 are available at www.qtso.com. Be careful with disposal of your old hard drives and computers. Think HIPPA and confidential information. Call us with any questions related to the Data Specifications.



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