



Oklahoma State
Department of Health
Creating a State of Health

NEWS YOU CAN USE

Oklahoma State Department of Health
Quality Improvement & Evaluation Service (405) 271-5278
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ADVISOR

Special points of interest:

- Mark Your Calendar
- MDS Coding Tips
- Automation Tips, Reminders & Updates

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Volume 7, Issue 3

October, 2014



Autumn and Influenza

October ushers in all the delightful sights and aromas of autumn. Crunchy leaves under feet, the smell of pumpkin pie baking in the oven. A crisp fall breeze and warm blankets unpacked from storage are some of the things we look forward to each year as autumn approaches. Children are back to

school. Summer vacations are a pleasant memory. We look forward to gathering with family for the Thanksgiving meal. Holiday shopping and parties are just around the corner. We look forward to enjoying the fall and then winter seasons with friends. It is a pleasant and busy time of year.

Planning and preparations are made for the winter months. Some of these need to be done early in the season. One important, but often overlooked task, is getting the flu vaccine. For those needing the flu vaccine timeliness is imperative.

(continued on page 2)

Director's Corner: Diane Henry RN,HCA

Did you know that you can infect others with the flu before you even know you are sick? According to the Centers for Disease Control (CDC), a healthy adult may infect others 1 day before symptoms of the flu begin and up to 5-7 days after becoming sick.

When it comes to combating influenza and protecting ourselves, loved ones, and our residents, the CDC says the first and most important step in preventing the flu is getting the flu vaccine. Prevention techniques like covering your cough and frequent hand washing are also critical in preventing the spread of germs.

Another important area to consider in the safety of our residents is what comorbidities the resident has. The CDC states that those who have been diagnosed with one of the following medical conditions are more likely to get flu-related complications if they get sick from influenza (this is not an all inclusive list): COPD, asthma, CVA, seizure disorder, heart disease, and kidney or liver disease. When the flu season starts, review the resident's care plan and determine if potential complications from influenza are addressed. Flu-related complications may include pneumonia, ear or sinus infections, dehydration and worsening of the previously

listed medical conditions.

To protect you and your residents, follow the CDC's "3 Actions to Fight the Flu":

1. Vaccinate

2. Stop Germs

3. Use antiviral drugs

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Autumn and Influenza (continued from page 1)

Influenza can put an abrupt stop to all enjoyment of the season.

An excellent reminder for us concerning the influenza vaccine is in the MDS 3.0 Section 00250. In item 00250A we are asked to determine if the resident received the influenza vaccine in this facility for this year's influenza season. At first glance a hurried "yes" or "no" may seem sufficient; however looking closer at the matter may prove valuable.

A recent study revealed the benefits of a well-timed influenza vaccination. For instance, in addition to preventing influenza, the flu

vaccine, when given early, can **reduce the risk of stroke**. The study published this year by *Vaccine* highlighted this benefit to receiving the influenza vaccine. The study looked at the association between stroke risk and respiratory problems and consequently stroke risk and influenza vaccination. The study concluded that the risk of stroke was considerably less in those residents who received the vaccine early in the influenza season. In fact the vaccination was associated with a 24% reduction in stroke risk. Timeliness of the vaccination is at the crux of the study as the benefit was only observed

for those residents vaccinated early as opposed to those vaccinated after mid-November.¹

According to the CDC, seasonal flu activity varies and can begin as early as October and continue to occur as late as May. For MDS coding purposes the influenza season begins as soon as the vaccine is available in your area each year and once administered the value is carried forward until the new flu season begins. Therefore, on 00250B, we simply refer to the medical (continued on page 3) record for the date the vaccine was given and whether it was given in your facility.



Not Eligible: Medical Contraindications



Individuals who should not receive the influenza vaccine are those who:

- A severe allergy to chicken eggs
- A history of severe reaction to a flu vaccination
- A moderate-to-severe illness with a fever (you should wait until you are better to get the vaccine)
- A history of Guillain–Barré Syndrome (a severe paralytic illness, also called GBS).

MDS Assessment Tip

Provider question:

I have heard some people do not get vaccinated against influenza in September or October because they want the vaccine to "last" through the entire influenza season. Should people wait until later in the in-

fluenza season to be vaccinated?

Answer: CDC recommends that influenza vaccination begin as soon as vaccine becomes available in the community and continue throughout the flu season. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza, and influenza

seasons can begin as early as October. Therefore, CDC recommends that vaccination begin as soon as vaccine becomes available to ensure that as many people as possible are protected before flu season begins.



Autumn and Influenza (continued from page 2)

On the occasion a resident did not receive the vaccine at the current facility, item 0250C gives us an opportunity to account for this. There are multiple options given for a response:

- The resident was not in the facility during this year's influenza season.
- The resident received the vaccine elsewhere.
- Not received due to a medical contraindication.
- The vaccine was offered and declined
- It was not offered.
- There is a vaccine shortage so not obtainable.
- None of the above.

The RAI manual includes steps for assessment of this item on page 0-7 October 2014. Once 00250 A and B have been determined then:

- Ask the resident if he or she received an influenza vaccine elsewhere for this year's Influenza season. If still unknown, go to the next step.
- If the resident is unable to answer, then ask the same question of the responsible party and/or primary care physician.
- If still unknown, administer the vaccine to the

resident according to standards of clinical practice.

When we are care planning for Section 00250A we need to ask ourselves, "Have I had my flu vaccine?" The CDC is urging providers at long term care facilities to be vaccinated. In December of 2013 at the *Flu Press Conference: New Report Highlights Benefits of Flu Vaccine* a CDC representative stated that there is "a real benefit for patients in long term care facilities when high proportions of the health care workers there are vaccinated. Sadly that is the population of health care workers where we've really been lagging behind."² Certainly, we would not want our residents to receive the flu from us. This would be treacherous, if not fatal. According to Oklahoma state law each facility must offer annual vaccinations for influenza to each resident and employee. So why are more long term care providers not vaccinating themselves? Perhaps the reasoning is that the resident has received the vaccine? But how well does the vaccine work for our residents?

We know that the vaccine

efficacy rate is historically much lower in the elderly population. Encouraging news came recently from a study published in the *New England Journal of Medicine* on Aug 14, 2014. The study had 31,989 participants. It demonstrated that the high-dose influenza vaccine (IIV3-HD) is 24 percent more effective than the standard-dose vaccine in guarding people age 65 and over against influenza and its complications.³ This positive development will hopefully encourage those individuals who may have been hesitant in the past to accept the vaccination.

So, when you see the first sight of dried corn stalks or taste some candy corn let it be a cue to get the flu vaccination for yourself and to enable your residents in being immunized.

¹Siriwardena AN, Asghar Z, Coupland CC., "Influenza and pneumococcal vaccination and risk of stroke or transient ischaemic attack—Matched case control study," *Vaccine* 32 (Mar 2014) 1354-61.

²"Press Briefing Transcript," CDC, accessed December 12, 2013, <http://www.cdc.gov/media/releases/2013/t1212-flu-vaccine.html>.

³DiazGranados C.A., Dunning A.J., Kimmel M., et al., "Efficacy of High-Dose versus Standard-Dose Influenza Vaccine in Older Adults," *New England Journal of Medicine* 371 (Aug 2014) 635-645.

Scenario Quiz

Mrs. F. received the influenza vaccination last fall shortly after the vaccines were received in her facility. She has remained in the facility

and it is now August. The vaccine is not yet available for this year's flu season and her nurse is completing her annual assessment and wants to know how to code 00250.

How would you code 00250A? Did the resident receive the vaccine in this facility for this year's influenza season?

(Answer on page 4)

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Upcoming MDS Training
MDS 3.0 Basic Clinical Workshop
Dec. 9-11 8am-5pm
Gordon Cooper
Vo-Tech, Shawnee

MDS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation

New Quality Measure (QM) Manual

CMS plans to release a new QM Manual in September, which will be version 9.0. Look for this quickly by going to www.qtso.com and click on MDS 3.0 on the left side of the screen, then click- MDS 3.0 QM User Manual v9.0, to view the new manual effective 10-1-2014.

New MDS RAI Manual

CMS has released the new RAI Manual which can be viewed by going to www.qtso.com and click on MDS 3.0 on the left, then click - MDS 3.0 RAI Manual, to view the new manual effective 10-1-2014. Be sure to look for Errata documents, as well, for updates to the newly posted manual.

New MDS Minimum System Requirements

Can be viewed by going to www.qtso.com and clicking on FY2015 System Requirements, which is utilized for hardware and software minimum requirements. This should be utilized for all minimum operating requirements for your computer effective 10-1-2014.

Our upcoming 2015 Training Calendar

Will be available on our State web page and should be posted before year end. Please locate and view by going to <http://mds.health.ok.gov> and click on Educational Resources. This will be your top link and as always, our trainings are at no cost to you.

Medicare 5-Day Assessment

As of 10-1-2014 the PPS assessment at A0310B item 6 (readmission return) will no longer be utilized. This is replaced with the 5 day assessment, which should be easier for us completing skilled assessments. In other words, if a resident discharges from skilled and returns to skilled, when applicable, utilize the 5-day assessment for all scenarios.

Did you code correctly?

00250A would be coded 1 (Yes). The RAI manual states that "Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new season begins."

Change of Therapy

Chapter 2 has new clarifications for the Change of Therapy (COT). This has monetary implications for the Skilled Nursing residents in your facility, so make sure you are completing and monitoring these assessments as required. Pay close attention to COTs which occur during the time frame of a scheduled Medicare assessment window. These rules are in effect as of 10-1-2014. Call QIES Help Desk with any questions at: (405) 271-5278.

Final Reminder

Reminder, October 1, 2014, the QIES systems no longer support IE 8 or Windows XP. For security reasons, the CASPER system has been programmed to block IE 8 or below. You will receive a message to upgrade. Be aware, this could possibly cause delays in submitting assessments or retrieving data from CASPER. Make sure you have completed this in order to en-

sure that your continuity of operations continues to avoid compliance or report issues.



AUTOMATION NO-NO

With time always on your mind, avoid the temptation to copy data forward from your last assessment. This will put you on a path of self-destruction, sooner or later. Rather than copying data from assessment to assessment, time can be better managed with an accurate assessment and better care for your resident.