



Quality Measure Tip Sheet: Pneumococcal Vaccine – Long and Short Stay

Quality Measure Overview

Numerator:

- This measure reports the percentage of residents whose pneumococcal vaccine status is up to date.
- Residents meeting any of the following criteria on the selected target assessment qualify if they:
 - have an up-to-date pneumococcal vaccine status, **or**
 - were offered and declined the vaccine, **or**
 - were ineligible due to medical contraindications. (The resident is not eligible due to medical contraindications, including a life-threatening allergic reaction to the pneumococcal vaccine or any vaccine component(s) or a physician order not to immunize.)

Denominator:

- All residents with a selected target assessment

Exclusions: Long-stay = none

Short-stay = Resident's age on target date of selected target assessment is less than five years (i.e., resident has not yet reached fifth birthday on target date).

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Indicate whether the resident's pneumococcal vaccination is current.
- State the reason, if applicable, that the vaccine was not received:
 - Not eligible (i.e., medically contraindicated)
 - Offered and declined
 - Not offered

Note: If you code "Not Offered," this will trigger as a missed opportunity on your quality measures.

Resources:

CMS MDS RAI Manual, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>

CMS MDS QM User's Manual, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Pneumococcal Vaccine Recommendations | CDC, <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html>

Should the resident receive the vaccine?

- All adults 65 years of age and older should receive the vaccine.
- If a resident has received one or more pneumococcal vaccinations and is indicated to get an additional pneumococcal vaccination but is not yet eligible for the next vaccination because the recommended time interval between vaccines has not lapsed, this indicates the resident's pneumococcal vaccination is up to date.
- Certain individuals should be vaccinated before the age of 65:
 - Immunocompromised persons two years of age and older who are at increased risk of pneumonia due to Hodgkin's disease, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, cochlear implant, organ transplants, chemotherapy treatments, high-dose corticosteroids for 14 days or longer and asymptomatic or symptomatic HIV
- Pneumonia vaccine is given once in a lifetime. Revaccination is given in certain situations:
 - Persons two years of age and older who are at increased risk of pneumonia due to asplenia, sickle cell disease, HIV or AIDS, cancer, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, chemotherapy treatments, high-dose corticosteroids and asymptomatic or symptomatic HIV
- Persons 65 years and older should be administered a second dose of the vaccine if they received the first dose more than five days earlier and were younger than 65 years old at the time of the first dose.
- If the resident has had a severe allergic reaction to vaccine components or following a prior dose of the vaccine, he/she should not be vaccinated.
- If the resident has a moderate to severe illness, he/she should not be vaccinated until the condition improves or stabilizes. However, individuals with a minor illness (e.g., a cold) may receive the vaccine.

Ask These Questions:

- Was the MDS coded per the *Resident Assessment Instrument* (RAI) requirements?
- Does a process exist for obtaining the required, completed documentation (e.g., for consent, decline and/or contraindicated to administer) prior to submitting the MDS?
- Does the facility have an internal tracking process to ensure documentation is completed and available for review?
- Is the required documentation accessible to MDS prior to coding?
- Does evidence exist that the resident has been educated on the importance of receiving the vaccine?
- Does evidence exist of administration of the vaccine?
- If the resident refuses the vaccine, is there a process for routine follow-up and re-education to encourage coverage and risk avoidance?