

CBE ID

0680

Title

Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Spring 2027

Previous Endorsement Cycle

Spring 2022

Initial Endorsement

Thu, 03/03/2011 - 01:27

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The measure reports the percentage of short-stay residents or patients who are assessed and appropriately given the seasonal influenza vaccine during the most recently-completed influenza season. The influenza vaccination season (IVS) is defined as beginning on October 1, or when the vaccine first becomes available*, and ends on March 31 of the following year. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations.

The measure is the aggregate of three separately calculated submeasures to reflect the process by which a resident or patient is assessed and appropriately given the influenza vaccination during the current or most recent influenza season.

The three submeasures are as follows:

- residents or patients who received the influenza vaccine during the most recently completed influenza season, either in the facility/hospital or outside the facility/hospital (NQF #0680a);
- residents or patients who were offered and declined the seasonal influenza vaccine (NQF #0680b);
- residents or patients who were ineligible to receive the seasonal influenza vaccine due to contraindication(s) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, see <http://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm>) (NQF #0680c).

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the denominator time window for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator specifications may include patients and residents who are assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.

The denominator consists of patients or short-stay residents 180 days of age or older on the target date of assessment who were in the facility/hospital for at least one day during the most recently-completed influenza vaccination season (IVS). The measure is based on data from the Minimum Data Set (MDS) assessments of nursing home residents, Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) assessments for Inpatient Rehabilitation Facility (IRF) patients, and the Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set Version assessments of LTCH patients.

Data are collected in each of these three settings using standardized items across the three assessment instruments. For the nursing homes, the measure is limited to short-stay residents, identified as residents who have had 100 or fewer days of nursing home care. For the LTCHs, this measure will include all patients, irrespective of a patient's length of stay. For IRFs, this measure includes all Medicare Part A and Part C patients, irrespective of a patient's length of stay.

1.7 Measure Type

Process

1.8 Level of Analysis

Facility

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

The numerator for the overall measure (NQF #0680) is the number of residents or patients in the denominator sample who, during the numerator time window, meet any one of the following criteria: (1) those who received the seasonal influenza vaccine during the most recently-completed influenza season, either in the facility/hospital or outside the facility/hospital (NQF #0680a); (2) those who were offered and declined the seasonal influenza vaccine (NQF #0680b); or (3) those

who were ineligible due to contraindication(s) (NQF #0680c). The numerator time window coincides with the most recently-completed seasonal IVS which begins on October 1 and ends on March 31 of the following year. Each of the three submeasures numerators described above will be computed and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

1.15 Denominator

The denominator consists of patients or short-stay residents 180 days of age and older on the target date of the assessment who were in the facility/hospital for at least one day during the denominator time window. The denominator time window is defined as the most recently-completed IVS, from October 1 to March 31 of the following year. For IRF and LTCH, the QM is based on completed patient stays (have discharge assessments). An IRF or LTCH patient with multiple stays during the denominator time window (IVS) will be included more than once in the QM. If a nursing home resident has more than one episode during the denominator time window only the more recent episode is included in this QM.

1.20 Types of Data Sources

Electronic Health Records

6.1.2 Current or Planned Use(s)

Public Reporting, Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

6.1.3 Current Use(s)

Public Reporting, Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

Exclusions

Residents or patients whose age is 179 days or less of age on target date of the selected influenza vaccination assessment are excluded. LTCH patients whose expired assessments are completed before April 1, 2016 are excluded. After April 1, 2016 expired patients are no longer excluded from the QM, because the influenza items were added to the LCDS expired assessments. Nursing homes with denominator counts of less than 20 residents and IRFs and LTCHs with less than 20 stays in the sample are excluded from public reporting due to small sample size.

Measure Disclaimer

N/A

Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Dual eligible beneficiaries, Elderly (Age \geq 65), Individuals with multiple chronic conditions, Populations at Risk

Use In Federal Program

Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting

The measure developer is different from the measure steward

No

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

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