



**NEWS YOU CAN USE**

Oklahoma State Department of Health  
Quality Improvement & Evaluation Service (405) 271-5278  
Nancy Atkinson, Chief



**Special points of interest:**

- The Sneezing Season—Section W—The Assessment Process
- Keeping it Accurate—Section W—MDS Assessment Tips
- Section W3—Pneumococcal Immunization
- Automation Tips, Reminders & Updates

## The Sneezing Season— Section W—The Assessment Process

**Sharon Warlick, RN, BA—Director MDS/OASIS**

By now, all of you have had experience with Section W. Since October 1, 2005 we have received numerous calls regarding this section of the MDS. You may have had questions too but just didn't call. So let me cover a few of the coding considerations you'll need to use as you assess your residents for Section W.

First of all, the intent of Section W2 and W3 is to determine the rate of vaccination and causes for non-vaccination of residents. To do that, you must first determine which residents received their flu vaccination during this flu

season and which residents are up-to-date on their pneumococcal vaccination.

To make this determination, **information regarding the flu vaccination** will be captured on all assessment types (OBRA and PPS) and all discharge tracking forms with the Assessment Reference Date (ARD) or discharge date between October 1 and June 30. Although flu season currently is defined as October 1 through March 31, assessments with an ARD and discharges with a discharge date October 1 through June 30 to capture any record that provides the

only report of a vaccination received during the flu season.

Further, **information about pneumococcal vaccination** status will be collected on all assessment types (OBRA and PPS) as well as on all discharge tracking forms year round. (continued on page 2)



**GOAL**  
Highest Practicable Level of Functioning

### MDS Accuracy Quick Check—Section W

**If this MDS Item is:**

**W2b = 3 or W3b = 1** (Not eligible due to allergy to eggs or other vaccine component—**then** Section I1nn (Allergies) should also be checked.

**W2b = 3 or W3b = 1** (Not eligible due to febrile disease) **then** Section I2 (Infections) should be reviewed to determine if febrile disease is listed at I2. If so, review look-back period and code appropriately. Note: When the contraindication (febrile illness) ends, the resident should be vaccinated

according to clinical standards of care. (Reference RAI Manual, Chapter 3, pages 242-243).

**W2b = 4, W3b = 2** (Offered and declined) **OR W2b = 5 or W3b = 3** and you documented the vaccine was offered and declined by a legal guardian **OR** not offered to a legal guardian on behalf of the resident, **then** review A9 to assure you have coded legal guardian and have supporting documentation in the clinical record.

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## The Sneezing Season—Section W *(continued from page 1)* The Assessment Process

Review the resident’s medical record and interview the resident or responsible party/legal guardian to determine the resident’s influenza vaccination status during this year’s flu season, defined as October 1 through March 31. Use the following steps:

**Step 1.** Review the resident’s medical record to determine whether an influenza vaccination was received during the flu season. If vaccination status is unknown, proceed to the next step.

**Step 2.** Ask the resident if he/she received a dose of influenza vaccine outside of the facility for this year’s flu season. If vaccination status is still unknown, proceed to the next step.

**Step 3.** If the resident is unable to answer, then ask the same question of the responsible party/legal guardian. If vaccination status is still unknown, proceed to the next step.

**Step 4.** If vaccine status cannot

be determined, administer the vaccination to the resident according to standards of clinical practice.

Reference: RAI Manual, Chapter 3, pages 240-241.



**Ask the resident if he/she has received the influenza vaccine outside the facility.**

**If vaccine status cannot be determined, give vaccination to resident according to standards of clinical practice.**

## Section W2a & W2b—Questions

**Q1. What does W2b = 2 “Received outside this facility” mean?**

**A1.** This means the resident received the flu vaccine somewhere other than the nursing facility (e.g., physician office, health fair, grocery store, hospital, fire station, drug store drive up window, etc.).

**Q2. What does W2b = 3 “Not eligible” mean?**

**A2.** Not eligible means the resident did not receive the flu vac-

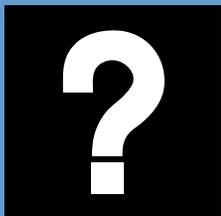
ination due to contraindications including: allergic reaction to eggs or other vaccine component(s), a physician order not to immunize, or an acute febrile illness is present; however, the resident should be vaccinated if contraindications end.

**Q3. What does W2b = 5 “Not Offered” mean?**

**A3.** Not offered means at the time of time of this assessment, the flu vaccine had not been offered to your resident.

**Q4. What do I do if Mr. F refused the influenza vaccine when it was offered in October 2005 and I answered W2a = 0 (No) on his November assessment but he changed his mind in December and was given the vaccine December 23, 2005?**

**A4.** On Mr. F’s next MDS assessment or discharge tracking form with ARD or discharge date between October 1 and June 30, you will code W2a = 1 (Yes) if Mr. F did receive the flu vaccine.



**MDS  
HELP-DESK  
405-271-5278**

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### Helpful Influenza Web Sites

- [www.cms.hhs.gov/preventiveservices/2.asp](http://www.cms.hhs.gov/preventiveservices/2.asp)
- [www.cdc.gov/flu/keyfacts.html](http://www.cdc.gov/flu/keyfacts.html) (Influenza Fact Sheet)
- [www.cdc.gov/flu/protect/preventing.html](http://www.cdc.gov/flu/protect/preventing.html) (Preventing Flu—Educational Sheet)
- [www.cdc.gov/flu/about/qa/flu vaccine.html](http://www.cdc.gov/flu/about/qa/flu vaccine.html)

### RAI Manual

**Reference  
Pages For  
Section W**

**Chapter 3,  
Pages  
240 – 246**

### Pneumococcal Info Web Sites

<http://www.nationalpneumonia.org>  
(National Pneumonia Medicare Quality Improvement Project)



## W3—Pneumococcal Immunization

All adults 65 years of age or older should get the PPV. - CDC, July 1997

Unlike Section W2 where information is captured on the MDS during a specific time-frame, W3 data will be collected on all MDS assessments (OBRA and PPS), and discharge tracking forms throughout the entire year.

Section W3a asks: Is the resident's PPV status up-to-date? To assist you in determining the resident's PPV status, CMS has inserted an algorithm for PPV administration into the RAI Manual in Chapter 3, page 244. This algorithm is adopted from CDC Recommendations and Reports. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* April 1997;46(RR-08); 1-24.

The following are excerpts from that publication and appear in the RAI User's Manual Chapter 3, page 243-244.

- Persons less than 65 years of age who are living in environments or social settings (e.g., nursing homes and other long-term care

facilities) in which the risk for invasive pneumococcal disease or its complications is increased should receive the PPV. (Reference *ACIP MMWR April 1997 and RAI Manual*)

- All adults 65 years of age or older should get the PPV. PPV is given once in a lifetime, with certain exceptions. (Reference *CDC. What you need to know. Pneumococcal Vaccine Information Statement July 1997*)
- Persons 65 years or older should be administered a second dose of vaccine (booster vaccine) if they received the first dose of vaccine more than 5 years earlier and were less than 65 years old at the time. (Reference *ACIP & CDC*)



**PPV—Once in a lifetime  
With certain exceptions!**

## ALERT!

MDS Manual Revision— November, 2005

Download at [www.cms.hhs.gov/medicaid/mds20](http://www.cms.hhs.gov/medicaid/mds20)

### Nursing Home Goal—Highest Practicable Level of Functioning Stay Informed—Be up-to-date on PPV Recommendations

All adults 65 years of age or older should get the PPV. **PPV is given once in a lifetime, with certain exceptions.** To help your resident attain the highest practicable level of functioning, be sure you know the "exceptions" that indicate a need for a PPV Booster. The exceptions are as follows:

The CDC recommends a second (booster) dose for immunocompromised persons due to:

- A damaged spleen or no spleen
- Sickle-cell disease
- HIV infections or AIDS
- Cancer, leukemia, lymphoma, multiple myeloma
- Kidney failure
- Nephrotic syndrome
- History of an organ or bone transplant
- Medication regimens that

lower immunity (such as chemotherapy or long-term steroids)

When any of the above conditions are present, persons older than 10 years old (including those 65 years of age and older) should get the second (booster) dose 5 years after the first dose. Children 10 years old and younger may get this second (booster) dose 3 years after the first dose. (Ref: *RAI Manual Chapter 3, page 244-245*)

## SCENARIO QUIZ—Section W



Mr. F's ARD is 08/10/2006. He received his influenza vaccine 11/17/05. Mr. F had a PPV when he was 65 years old and is now 72. Mr. F denies having had a PPV since that time and

medical record review supports his statement. Further medical record review reveals a note in the History and Physical (H&P) stating Mr. F was in an automobile accident five years ago that resulted in a splenec-

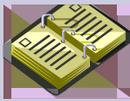
tomy. You talk with the doctor. The physician writes an order "Do not give PPV".

How will you code MDS Section W2a, W2b, W3a, W3b?

Oklahoma State Department of Health  
 Protective Health Services  
 Quality Improvement & Evaluation  
 Service (QIES)  
 Room 1212  
 1000 N. E. 10th Street  
 Oklahoma City, OK 73117-1299  
 Phone: (405) 271-5278  
 Fax: (405) 271-1402

Website:  
<http://www.health.state.ok.us/PROGRAM/qies/mds/index.html>

## MARK YOUR CALENDAR!



### Upcoming MDS Training

- January 30 thru February 1, 2006 (3-Day Clinical)
- March 1, 2006 (Automation)

For more, see Training Calendar at: [www.health.ok.gov/PROGRAM/qies/mds/index.html](http://www.health.ok.gov/PROGRAM/qies/mds/index.html)

# MDS Automation Tips

**Bob Bischoff—Program Manager, MDS/OASIS Automation**

## How do you compare with Nursing Homes in Oklahoma? Top 5 Automation Errors for Oklahoma, December 1, 2004 through November 30, 2005:

1 Message 81 Resident Information Updated	13.95%
2 Message 82 Resident Provider Updated	9.10%
3 Message 377 Record Submitted Late	7.72%
4 Message 70 Assessment Completed Late	3.66%
5 Message 71 Inconsistent Record Sequence	2.27%



Order your MDS Error Summary Report through Certification And Survey Provider Enhanced Report, (CASPER) using the same date criteria above.



### NATIONAL PROVIDER NUMBER

Required at W1, effective May 23, 2007.  
 Obtain online at [www.nppes.cms.hhs.gov](http://www.nppes.cms.hhs.gov)  
 or call toll free 1-800-465-3203.



**Scenario Answer from page 3**

**W2a & W2b are "SKIPPED"**  
**W3a = 0 (No)**  
**W3b = 1 (Not eligible)**

**Rationale:**  
 Since the ARD is 8/10/2006, it is outside the time-frame for capturing W2a & W2b data (e.g., "If the ARD of this assessment or discharge tracking form is between July 1 and September 30, skip to W3").

**W3a = 0 (No)** This resident is immunocompromised due to the splenectomy and a booster dose is recommended. This resident's PPV status is, therefore, not up-to date.

**W3b = 1 (Not eligible)** because you have a written order by the doctor to "Not Immunize".

## REMINDER!

### Computer Hardware Changes

**Effective December 31, 2005**

CMS has changed the minimum system requirements to the following:

**MINIMUM**

- CPU Pentium 3
- CPU 500 MHz
- Memory 256 Mb
- Operating System Windows 2000 or XP
- Hard Drive 500 Mb free space
- Browser Internet Explorer v 5.5 SP2

### How Does Your State Roster Report Look ?

The Roster Report lists all current residents that are in the MDS State Repository. The report lists only the latest Admission, Annual, Quarterly, Medicare PPS only, or Reentry tracking records. Review this report to determine if all listed residents are still in your facility. Also, research residents appearing on the report that are no longer in your facility. Transmit the appropriate assessment, reentry, or discharge for both scenarios listed above .

**How do I get this report?**  
 This report is located in CASPER and included in the category of MDS Provider Reports.

### Have You Previewed Your New QI/QM Reports?

These reports went into effect July 2005. They are reviewed by the survey division prior to survey. Instructions for preview can be obtained online at:

[www.qtso.com](http://www.qtso.com)

When the home page appears, click MDS on the left. This takes you to an automatic download page. Scroll down to Guides & Manuals, then click **Revised Facility Guide for the MDS QI/QM Reports.**

**Automation Tip: Utilization of Time**

Are you only transmitting one assessment in each batch to the State, or are you transmitting more? Use your time wisely and transmit more than one assessment or tracking form on a routine basis.