

# **Flu Vaccine, Herpes Zoster Vaccine, & Pneumonia Vaccine**

Documenting history, Administration & OASIS related Questions

## **At Start of Care**

- Obtain patient history for pneumonia and Herpes Zoster vaccines. If the patient has not received these vaccines, offer to assist them with getting an appointment to receive the vaccine. Document your conversation with the patient in the VBP-HZ question OASIS.
- During flu season, October 1<sup>st</sup> through March 31<sup>st</sup>, encourage your patients to get a flu shot if they have not yet received one. Offer for VNA to provide the flu shot when appropriate.
- Document in immunization history when the patient receives the flu shot, pneumonia or herpes zoster (shingles) from another source, or when the patient refuses one of these vaccines.
- Vaccine history may be updated in the chart as needed throughout the patient episode of care.

# M1051 Influenza Vaccine Data Collection Period

**(M1041) Influenza Vaccine Data Collection Period:** Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

- 0 – No [Go to M1051]
- 1 – Yes

## Time Points

- Transfer to Inpatient Facility (TIF) OASIS
  - Discharge from Agency – not to an inpatient facility OASIS
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- When completing this item at Transfer or Discharge, only go back to the most recent SOC or ROC to determine if the patient was receiving home health agency services on or between October 1<sup>st</sup> through March 31<sup>st</sup>.
  - If no part of the care episode (from SOC/ROC to Transfer or Discharge) occurred during the time period from October 1 and March 31, mark “No.”

## Examples:

- If the patient was a SOC on March 25, 2017 and you are completing the discharge on August 28, 2017 the answer will be “Yes” because the SOC **was within** the time period between October 1 and March 31.
- If the patient was a SOC on April 5, 2017 and you are completing the discharge on August 28, 2017 the answer will be “No” because the SOC **was not within** the time period between October 1 and March 31.

# Documenting history of vaccination for flu, pneumonia and shingles

training (append .train to your username) Training Mode READ ONLY

Best, Mary  
DOB 12/28/43 73Y F

Chart SN Routine Visit 08/31 GO

Overview  
Demographics  
Diagnoses  
Medications  
**Immunizations**  
Care Plan

Immunization Add Status Date

Go to the immunizations tab in the chart to document when a patient receives the vaccine from a source outside the VNA, or if the patient refuses to obtain flu, pneumonia or Herpes Zoster vaccines. Tap the Add button to document.

Cancel Best, Mary (73 F) Save

Immunization - Add

Category Choose standard or influenza category here  Custom

Immunization Choose vaccine here

Mfg

Batch

Status Enter status

Date Enter date received or refused

Note Administered  
Reaction  
Refused Enter why refused or where vaccine received here.

# Documenting Flu vaccine Administration, only when VNA nurse provides the vaccine

Healthwise III, Peter (58 M)

Medication - Search

Drug   Include Generic/Brand **Order Sets**

Go to the Medication list and add the flu vaccine via the order set.

Please Select Order Set Orders

Apidra (insulin glulisine) Sliding Scale	<input type="checkbox"/>	<b>Add FLU VACCINE-QUADRIVALENT Order Set</b>
Comfort Kit	<input checked="" type="checkbox"/>	influenza virus vaccine, inactivated 0.5 milliliter intramuscularly x1 dose *QUADRIVALENT*x1 dose Follow agency anaphylaxis protocol PRN
Coumadin		
FLU VACCINE-QUADRIVALENT		

Select the flu vaccine in the order set.

1. Review \* 2. Document \* 3. Care Plan ! 4. Post 5. Complete \*

Review the patient's Immunization History

* Patient	<b>Active Vaccine Medications</b> Select a vaccine to administer the medication and document the immunization
* Diagnoses	<b>Category</b> Medication Name ^
* Alerts / Allergies	viral vaccines influenza virus vaccine, inactivated 0.5 milliliter intramuscularly once
* Medications	
Immunizations	

Immunization Add Status Date ^

Select the vaccine entered from that medication list order set and document the details of the administration.

\*Note-Immunizations should only be added from the visit workflow when they are being administered during the visit. Immunization history should be entered from the immunization tab in the Chart.

# Viewing Immunization History to answer OASIS questions

<b>* History</b>	<b>[M1041] Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?</b> <a href="#">CMS Info</a>
Vitals	<input type="radio"/> 0: No
Infection	<input type="radio"/> 1: Yes
<b>* Safety</b>	

Take special care to answer the Influenza vaccine question correctly. Any part of the patient episode must fall into the October 1<sup>st</sup> through March 31<sup>st</sup> dates to answer yes. Look at the SOC date, not the current cert period.

Tap the patient card from the schedule or patient list to see the SOC date.

1. Review **\*** 2. Document **\*** 3. Care Plan **i** 4. Post **\*** 5. Complete **\***

OASIS Assessment (document 2 of 2)

Reason for Assessment	<b>[M1051] Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?</b> <a href="#">CMS Info</a>
Patient Tracking	<input type="radio"/> 0: No
<b>* History</b>	<input type="radio"/> 1: Yes
Vitals	
Infection	
<b>* Safety</b>	<b>[M1056] Reason Pneumococcal Vaccine not received: If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:</b> <a href="#">CMS Info</a>
<b>* Eyes/Ears</b>	<input type="radio"/> 1: Offered and declined
<b>* Nose/Throat/Speech</b>	<input type="radio"/> 2: Assessed and determined to have medical contraindication(s)
<b>* Pain</b>	<input type="radio"/> 3: Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine
<b>* Integumentary</b>	<input type="radio"/> 4: None of the above
<b>* Wound 1</b>	<b>OASIS Clinical Assistant</b>
<b>* Pressure Ulcers</b>	<ul style="list-style-type: none"><li>Herpes Zoster/Shingles: Herpes Zoster (Shingles) Date: 09/03/2016 Status: Refused Note: Has not recieved</li><li>Influenza: Seasonal Flu Date: 09/03/2016 Status: Administered Note: Received last sept '2015</li><li>Influenza: Seasonal Flu Date: 11/02/2016 Note: Pt received while in hospital 10/30</li></ul>
<b>* Stasis Ulcers</b>	
<b>* Surgical Wound/</b>	

Pay special attention to the OASIS Clinical Assistant to see vaccine administration and history. If you do not see that the flu vaccine, pneumonia or herpes zoster were given, ask the patient to ensure that the information in the assistant is correct and update the history if needed.