Long Term Care Survey
Immunization Reporting

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Objectives

- The purpose of this training is to:
  - Highlight changes made to the Immunization sections of the Long Term Care Survey (Sections I & J)
  - Provide instruction on how to complete the Long Term Care Survey (Sections I & J)

- After completion of this training, the learner will be able to accurately complete Sections I & J of the Long Term Care Survey
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- **Instructions-Section J**
  - Definitions
  - Question 1
  - Question 2
  - Question 3
Highlighted Changes
Changes to Section I

- Question 2.c. – Influenza

<table>
<thead>
<tr>
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<tr>
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<td>91</td>
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<tr>
<td>Religious belief</td>
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<td>Resident/Family Refused</td>
<td>93</td>
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<tr>
<td>Allergies</td>
<td>94</td>
</tr>
<tr>
<td>Illness/medical condition</td>
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<tr>
<td>Vaccine unavailable</td>
<td>96</td>
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<tr>
<td><strong>Received elsewhere</strong></td>
<td>97</td>
</tr>
<tr>
<td>Had previously but unable to find record</td>
<td>98</td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

- Line 97 – “Received elsewhere” will be replaced with “Unknown”
Changes to Section I

• Question 3.g.- Pneumococcal

- How many residents had the following reasons for not having documentation of receiving pneumococcal vaccine?

  - Contraindicated
  - Religious belief
  - Resident/Family Refused
  - Allergies
  - Illness/medical condition
  - Vaccine unavailable
  - Received elsewhere
  - Had previously but unable to find record
  - Other
  - Please specify other reason(s):

• Line 124 – “Received elsewhere” will be replaced with “Resident under 65 years of age”
Changes to Section J

Question 1

1. How many volunteers and unpaid employees were at your facility during the year?

- Line 130 – “year” will be replaced with “last flu season”

CMS definition of influenza season
October 1 – March 31
Changes to Section J

• Question 2

2. How many total **employees** worked at your facility during the ____ influenza season (include all persons from section H and Section J question 1 above)? 131 ____________

• Line 131 – “**employees**” will be changed to “**paid employees**”

• The instructions in parenthesis will be removed
Instructions on How to Complete the Survey
Section I

Resident Immunizations
Reporting Guidelines

⚠️ All questions should be answered according to the specific instructions in each question

⚠️ You will be asked to answer some questions for the calendar year and others for the influenza season
Definitions

Deaths
The number of residents who died during the reporting year

Discharges
The number of residents who were discharged permanently from the licensed unit during the reporting year
Definitions

**Influenza-like illness**

- Fever greater than 100 degrees Fahrenheit
- And / Or
- Cough or sore throat in absence of other causes

**CMS defined Influenza Season**

- October 1 thru March 31
Influenza Data

Questions in this section will be for the calendar year and influenza season. Please pay attention to instructions.
Enter the total number of residents who received any type of medical care or services during the calendar year on Line 87.
## Section I – Question 2.a.

### Influenza Immunization Data

**a.** For the 2013/2014 influenza season, during what month did your facility begin offering influenza vaccine to residents?

<table>
<thead>
<tr>
<th>Code</th>
<th>Month</th>
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<tbody>
<tr>
<td>00</td>
<td>Not Offered</td>
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<tr>
<td>08</td>
<td>August 2013</td>
</tr>
<tr>
<td>09</td>
<td>September 2013</td>
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<td>10</td>
<td>October 2013</td>
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<td>November 2013</td>
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<td>02</td>
<td>February 2014</td>
</tr>
<tr>
<td>03</td>
<td>March 2014</td>
</tr>
<tr>
<td>98</td>
<td>Other</td>
</tr>
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To enter the code, ensure it is entered on Line 88.

#### Example:
- You began offering the vaccine in October 2013.
- Enter 10 on Line 88.
Section I – Question 2.b.

b. How many residents at your facility were immunized with the influenza vaccine for the current influenza season? (If none, enter zero) 89

Enter the total number of residents who received the influenza vaccine from your facility on Line 89
Section I – Question 2.c.

Enter the number of residents who did not receive the influenza vaccine for each reason listed.

If you choose to enter numbers under OTHER Line 99, please enter the specific corresponding reason(s) on Line 100.
Question 2.c. - continued

Enter the total number of residents who did not receive the vaccine on Line 90

<table>
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<tbody>
<tr>
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- Enter the total number of residents for each reason listed on Lines 91 thru 99
  - The total of lines 91 thru 99 must equal line 90
Section I – Question 2.d.

Enter the number of residents who expired or were discharged prior to receiving the influenza immunization for the current influenza season on Line 101.
Check Your Calculations

The totals of all vaccines given, plus total of all reasons for not receiving the vaccine, plus the total of residents who died or were discharged should equal the total number of residents receiving care or services for the calendar year.

Question 2b (line 89)
+ 
Question 2c (line 90)
+ 
Question 2d (line 101)
= 

Question 1 (line 87)

(Due to the differences in reporting periods, there may be a slight difference in totals. Your numbers may not match exactly, but they should be very close. If this occurs, you will receive a yellow error message which will not prevent you from submitting your data)
Section I – Question 2.e.

- Enter the total number of outbreaks of confirmed influenza or flu-like illness symptoms at your facility, as determined by your medical director on Line 102
  - Determined by the Medical Director
Section I – Question 2.e.

• What constitutes an influenza outbreak?
  - CDC guidelines
    - Two cases constitute an outbreak
  - For more Influenza outbreak information see the CDC link below:
    - [http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)

• Influenza is a reportable disease in the state of Pennsylvania
Enter the number of residents with flu-like symptoms, but not confirmed influenza on Line 103
Section I – Question 2.g.

Enter the number of residents who had illness related to confirmed influenza (by laboratory testing) on Line 104.
Section I – Question 2.h.

h. During the calendar year, how many residents died while displaying influenza-like illness symptoms, but not confirmed influenza?  

Enter the number of residents who died while displaying flu-like symptoms on Line 105
Section I – Question 2.i.

i. During the calendar year, how many residents died from causes related to confirmed influenza (by laboratory testing)?

106

- Enter the number of residents who died due to confirmed influenza on Line 106
  - Requires laboratory testing
Section I – Question 2.j.

Enter the number of residents who were admitted to the hospital because of flu-like symptoms on Line 107.
Influenza-like symptoms may include which of the following, alone or in combination (choose all that apply):

- Fever greater than or equal to 100 degrees Fahrenheit
- Vomiting
- Cough
- Sore throat
In the absence of other identified causes, Influenza-like symptoms may include;

- Fever greater than or equal to 100 degrees Fahrenheit
- Cough
- Sore throat
If a resident received the influenza or pneumococcal vaccine prior to being admitted to your facility, you must document on the LTC Survey the facility or provider who administered it.

- True
- False
Question 2.c. requires you to choose from eight reasons why a resident may not have received the vaccine in your facility.

- You may choose “had previously but unable to find record”
  - This does not require you to list the provider

- You may now choose “unknown” if you are unable to determine the reason
Pneumococcal Data

All questions in this section are for the calendar year.
Enter the number of residents who currently have received the pneumococcal vaccination, as of December 31 on Line 110

http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
Section I – 3.b.

b. How many residents had illness related to pneumococcal disease? 111

Enter the number of residents who experienced an illness related to pneumococcal disease on Line 111
Section I – 3.c.

• Enter the number of residents who died from causes related to pneumococcal infection on Line 112
  - Examples: pneumonia, sepsis
• Enter the number of residents who were admitted to the hospital because of pneumococcal infection on Line 113
  - Pneumococcal disease should be the direct cause of the admission
    - Example: pneumococcal pneumonia
• Enter the number of residents who were admitted to the hospital with complications of pneumococcal infection on Line 114
  - Include any resident who had complications of pneumococcal infection causing a hospital admission, but who was not reported in Question 3.d.
Enter the number of residents reported in 3.d. and 3.e. who had pneumococcal disease that resulted in bacteremia, meningitis, or infection of a normally sterile site on Line 115.
Section I – Question 3.f. continued

f. Of those reported in items (d) and (e) above:

How many residents had invasive pneumococcal disease (i.e. bacteremia, meningitis or infection of a normally sterile site)? 115 ________________

How many residents had an unknown invasive pneumococcal disease status? 116 ________________

- Enter the number of residents reported in 3.d. and 3.e. who had pneumococcal disease, without knowledge of other diagnosis on Line 116
  - Example: a resident is transferred to the hospital for treatment of pneumococcal disease, and the full treatment course is not known on return to the facility
Section I – Question 3.g.

Enter the number of residents who did not receive the pneumococcal vaccine for each reason listed.

If you choose to enter numbers under OTHER line 126, please enter the specific corresponding reason(s) on line 127.
Section I – Question 3.g. continued

Enter the total number of residents who did not receive the vaccine on Line 117.

- Enter the total number of residents for each reason listed on Lines 118 thru 126.
  - The total of lines 118 thru 126 must equal line 117.

Pennsylvania Department of Health
Section I – Question 3.h.

h. How many outbreaks of pneumococcal disease were at your facility, as determined by your medical director?

128

- Enter the total number of outbreaks of confirmed pneumococcal infections at your facility on Line 128
  - Determined by the Medical Director
Enter the number of residents who were discharged or died prior to receiving the pneumococcal vaccine on Line 129
Check Your Calculations

The totals of all vaccines given, plus total of all reasons for not receiving the vaccine, plus the total of residents who died or were discharged must equal the total number of residents receiving care or services for the calendar year.

Question 3.a. +
Question 3.g. +
Question 3.i. =
Question 1
Test Your Knowledge #3

You may document that a resident did not receive a pneumococcal vaccine because he/she is under the age of 65.

- True
- False
TRUE

- Question 3.g. now allows you to document that a pneumococcal vaccine was not given due to “resident under the age of 65”

  - Refer to CDC guidelines for best practice recommendations regarding pneumococcal vaccines in long term care settings

  - [http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
Section J

Health Care Workers
Act 95 of 2001 known as The Long-term Resident and Employee Immunization Act

- requires documentation of annual vaccination against influenza virus for each employee

http://www.legis.state.pa.us/WU01/LI/LI/US/PDF/2001/0/0095..PDF
Definitions

Employees

- All full-time and part-time personnel who were on the payroll or were contracted on a fee-for-service basis

  - Include:
    - owners
    - managers
    - teaching staff
    - temporarily absent employees
    - trainees
    - members of religious orders (whether paid or unpaid)

  - Do Not Include:
    - Courtesy/attending staff
    - private duty nurses
    - volunteer workers
Volunteers

- Are directly affiliated with the facility, but are not directly employed by it (they do not receive a paycheck from you)

  - Includes:
    - Medical, nursing, or other health professional students
    - Interns
    - medical residents
    - volunteers aged 18 or older
Definitions

Unpaid Employees

- Includes Licensed Independent Practitioners
  - Physicians, advanced practice nurses and physician assistants who are not directly employed by facility but are affiliated with it, regardless of resident contact or clinical responsibilities
  - Includes attending staff and courtesy staff who visited the facility
  - Includes unpaid post residency Fellows

Other Contact Personnel

- Anyone who provides care, treatment, or services in the facility through a contract but who does not meet the definition of employee, licensed independent practitioner, or volunteer
Enter the total number of volunteers and unpaid employees at the facility during the influenza season on Line 130.
Enter the number of paid employees who worked at the facility during the reporting year on Line 131.
3.a.- Enter the total number of employees included in Question 2 who have received the influenza vaccine on Line 132
3.b. - Enter the number of employees who have unknown vaccination status on Line 133

3.c. - Enter the number of employees who were not vaccinated on Line 134
3.d. – Enter the number of employees who did not receive the influenza vaccine due to medical contraindications on Line 135

- Documentation is not required for reporting a medical contraindication
- Accepted contraindications inactivated vaccine
  - includes severe allergic reaction, history of Guillain-Barre Syndrome
- Accepted contraindications for live attenuated virus
  - Includes pregnancy, immunodeficiency, chronic medical conditions, and individuals older than 49 years of age
Clergy or members of religious orders should be included in your Employee numbers, regardless if they are paid or unpaid.

- True
- False
TRUE

Members of religious orders should be included in your employee numbers, regardless if they are paid or unpaid.
Questions

Please direct all questions regarding the Long Term Care Survey to:

Pennsylvania Department of Health
Bureau of Health Statistics and Research
(717) 783-2548
RA-dohbhsssurveys@pa.gov