

****NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE****

Measure Information Form

Measure Set: Pneumonia (PN)

Set Measure ID #: PN-7

Performance Measure Name: Influenza Vaccination

Description: Pneumonia patients age 50 years and older, hospitalized during October, November, December, January, or February who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.

Rationale: Influenza vaccination is indicated for people age 50 years and older, because it is highly effective in preventing influenza-related pneumonia, hospitalization, and death. Vaccine coverage in the United States is suboptimal. Screening and vaccination of inpatients is recommended, but hospitalization is an underutilized opportunity to provide vaccination to adults.

Type of Measure: Process

Improvement Noted as: An increase in the rate/score/number of occurrences

Numerator Statement: Patients discharged during October, November, December, January, or February with pneumonia, age 50 and older, who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated

Included Populations: Not Applicable

Excluded Populations: None

Data Elements:

Influenza Vaccination Status

Denominator Statement: Pneumonia patients 50 years of age and older

Included Populations: Discharges:

- With an *ICD-9-CM Principal Diagnosis Code* of pneumonia as defined in Appendix A, Table 3.1 OR *ICD-9-CM Principal Diagnosis Code* of septicemia or respiratory failure (acute or chronic) as defined in Appendix A, Tables 3.2, or 3.3
AND

- With an *ICD-9-CM Other Diagnosis Code* of pneumonia (Appendix A, Table 3.1)
- Who are inpatient, 50 years of age and older who were discharged during October, November, December, January or February

Excluded Populations:

- Patients who had no working diagnosis of pneumonia at the time of admission
- Patients who received *Comfort Measures Only*
- Patients who expired in the hospital
- Patients who left the hospital against medical advice (AMA)
- Patients who were discharged to hospice care
- Patients with a principal or secondary diagnosis of 487.0 (influenza with pneumonia)
- Patients who were transferred to another short term general hospital for inpatient care, or who were discharged/transferred to a federal hospital
- Patients who had no chest x-ray or CT scan that indicated positive infiltrate within 24 hours prior to hospital arrival or anytime during this hospitalization

Data Elements:

- *Admission Date*
- *Birthdate*
- *Chest X-Ray*
- *Comfort Measures Only*
- *Discharge Date*
- *Discharge Status*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *Pneumonia Working Diagnosis on Admission*

Risk Adjustment: No

Data Collection Approach: Retrospective, data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunity for improvement at the point of care/service. However, complete documentation includes the final ICD-9-CM diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy:

- Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.
- The ICD-9-CM codes now include V codes for prophylactic vaccination against Influenza (V04.8 Need for Influenza vaccination and inoculation was given; and V06.6 Needs for both Pneumococcal and Influenza vaccination and both inoculations were given). Programmers may want to include this in the measures' algorithm so that hospitals, if they wish, can take advantage of this efficiency.

Measure Analysis Suggestions: Health care organizations may be interested in knowing how many patients were screened for influenza vaccination and those that were actually vaccinated.

Sampling: Yes, for additional information see the Sampling Section.

Data Reported as: Aggregate rate generated from count data reported as a proportion

Selected References:

- Bartlett JG, Dowell SF, Mandell LA, et al. Practice guidelines for the management of community-acquired pneumonia in adults. Infectious Diseases Society of America. *Clin Infect Dis.* 2000;31:347-382.
- Centers for Disease Control. Prevention of Influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR.* April 2002;51(No.RR-02):1-36.
- Fedson DS, Houck PM, Bratzler D. Hospital-based influenza and pneumococcal vaccination: Sutton's Law applied to prevention. *Infect Control Hosp Epi.* 2000;21:692-699.
- Kissam S, Gifford DR, Patry G, et al. Is signed consent for influenza or pneumococcal polysaccharide vaccination required? *Arch Intern Med* 2004; 164:13-16.
- Mandell LA, Bartlett JG, Dowell SF, et al. Practice guidelines for the management of community-acquired pneumonia in adults. Infectious Diseases Society of America. *Clin Infect Dis.* 2003;37:1405-1433.
- Niederman MS, Mandell LA, Anzueto A, et al. Guidelines for the management of adults with community-acquired pneumonia. American Thoracic Society. *Am J Respir Crit Care Med.* 2001;163:1730-1754.

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Numerator: Patients discharged during October, November, December, January, or February with pneumonia, age 50 and older, who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.

Denominator: Pneumonia patients 50 years of age and older.

Variable Key:
Patient Age





