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OASIS
News You Can Use

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Oklahoma State
Department of Health
Quality Improvement & Evaluation Service
James Joslin,
Service Director
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MEET OUR NEW SERVICE DIRECTOR:

We are excited to welcome James Joslin, Service Director for Health Resource Development Service (HRDS) and now Service Director for Quality Improvement and Evaluation Service (QIES). Mr. Joslin has many years of public health experience and has successfully led program areas he is responsible for. Mr. Joslin has served in public health for over twenty-eight years, and his former appointments with the Department include Assistant Chief of Long Term Care and the Director of Long Term Care Survey.

Mr. Joslin has a BA in Public Administration and certification in Training and Development from the University of Oklahoma. He is a Fellow of the Oklahoma Public Health Leadership Institute and Governor's Executive Development Program for State Officials, and is currently completing his Master's in Public Administration at the University of Central Oklahoma.

While serving in HRDS, Mr. Joslin implemented OK-SCREEN, the Department's Background Check Program. The program was developed through a grant from CMS in April of 2011, for the exploration and development of a fingerprint based national background check system for long-term care and other health care providers in Oklahoma. He was the grant manager and led the cross-sector collaborative that developed the program's enabling legislation. The program launched in February of 2014 and over 46,000 eligibility determinations have been completed through August of this year. In addition, Mr. Joslin has oversight for several programs including licensure of long-term care facilities, certification of Home Care Administrators and their preparedness programs, Nurse Aide Training and Certification, and Jail Inspections. He is the Health Department's Rule Liaison to the Oklahoma Secretary of State with responsibility for coordination of all rule promulgation activities at the Department.

Mr. Joslin brings fresh new ideas to QIES Help Desk and we look forward to partnering with him in helping to promote quality with Oklahoma's home health agencies.

Welcome James!

INFLUENZA AND PNEUMOCOCCAL VACCINATIONS

The influenza vaccine has been effective in preventing hospitalizations and influenza-associated deaths from pneumonia, cardiovascular and cerebrovascular events and other chronic or immunocompromising disease that can be exacerbated by influenza.

To assess the individual you will need to determine if the individual has received an influenza vaccination and where the vaccination was administered, review the medical record to see if it reflects the needed information. Ask the patient if the influenza vaccine was received outside of your home health agency for the year's Influenza season.

There are some who bring a light so great to the world that even after they have gone the light remains.

Individuals should be vaccinated as soon as the vaccine is received by your agency or becomes available in your geographic area. The annual supply of influenza vaccine cannot be guaranteed. In the event that a shortage occurs in your area, individuals should still be vaccinated once the agency receives the influenza vaccine.

An inactivated influenza vaccine (high dose) is available for people 65 and older. In planning for care you would observe for any complications or allergic reactions. If a reaction occurred and was severe or life-threatening report it to the Vaccine Adverse Event Reporting System (VAERS) by calling 1-800-822-7967. Information about the current influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website. This website provides information on influenza activity and has an interactive map that shows geographic spread of influenza: http://www.cdc.gov/flu/weekly/fluactivitysurv.htm, http://www.cdc.gov/flu/weekly/usmap.htm.

Pneumococcal disease is a potentially deadly infection that can come on very quickly. Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease. Case fatality rates for pneumococcal bacteremia are approximately 20%; however, they can be as high as 60% in the elderly (CDC, 2009). Getting vaccinated is the best way to protect against this infection.

Pneumococcal vaccine is given once in a lifetime, with certain exceptions. Revaccination is recommended for the following: individual at highest risk for serious pneumococcal infection and for those who are likely to have a rapid decline in pneumococcal antibody levels. People 65 or older should receive a second dose of pneumococcal vaccine if their first dose was more than 5 years earlier and they were less than 65 years old at the first dose.

Agency staff should assess individuals to determine if they should receive the Pneumococcal vaccine and it is recommended that all adults 65 years of age or older be vaccinated. Certain people should be vaccinated before the age of 65, including, but not limited to the following: Individuals with an identified increased risk of invasive pneumococcal disease or its complications; those who are immunocompromised; who have chronic illnesses like lung, heart or kidney diseases; and persons with cochlear implants. If vaccination status is unknown the individual should be vaccinated.

If an individual has had a history of severe allergic reaction to a vaccine or following a prior dose of the vaccine, they should not be vaccinated. If the individual has a moderate to severe acute illness, he or she should not be vaccinated until his or her condition improves. However, someone with a minor illness should be vaccinated since minor illnesses are not a contraindication to receiving the vaccine.

Agency staff should review the individual's medical record to determine if pneumococcal vaccination has previously been received. Agency staff should ask the individual if they previously received the vaccine. If the individual is unable to answer the responsible party, guardian, or PCP should be asked. If the status cannot be determined, administer the appropriate vaccine to the individual.

INFLUENZA AND PNEUMOCOCCAL VACCINATIONS (CONTINUED)

The CDC has evaluated inactivated influenza vaccine co-administration with the pneumococcal vaccine systematically among adults. It is safe to give these two vaccinations simultaneously. If the influenza vaccine and pneumococcal vaccine will be given to the individual at the same time, they should be administered at different sites (CDC, 2009). If the patient has had both upper extremities amputated or intramuscular injections are contraindicated in the upper extremities, administer the vaccines according to clinical standards of care.

OASIS Q & A M1040

Question: How would we score M1040 in the following situation? Patient has a SOC date of September 1 and receives the influenza vaccine from the home health agency on September 20. The patient remains on service for several subsequent episodes and is discharged from the agency the following June 15. How would we score M1040 if the patient remained on service into the next "current flu season"? For example, the patient was admitted September 1, 2011, the vaccine was given September 15, 2011 and the patient was discharged on October 1, 2012, the following year, without having a flu vaccine for the 2012/2013 flu season. Does the March 31 date serve as an official "end date" when determining current flu season? When answering M1040 at Transfer/Discharge, is there a point in time that we move from "this year's" flu season to the next year's flu season as we consider the period of time following SOC/ROC?

Answer: The current flu season is established by the Centers for Disease Control (CDC). Each year, flu vaccine manufacturers only release the vaccine per CDC recommendations. Therefore, when the flu vaccine is available for administration in late summer or early fall, it signals the beginning of the current flu season. The end of the flu season is generally considered March 31st. If the flu vaccine was given by the agency after the typical end of flu season, March 31st, M1040 would be answered "Yes" as long as at least one day of the quality episode fell between October 1st of the prior year and March 31st. For example, patient admitted January 1, 2012, the flu vaccine was administered by the agency April 2, 2012, and patient was discharged June 10, 2012. If no day of the quality episode fell between October 1st and March 31st, "NA" would be the appropriate answer. If a patient's quality episode began during the flu season, as determined each year by the CDC, and beginning of the 2102/2013 flu season and discharge. M1040 would be answered "No". CMS Quarterly Q&As – January 2013 (www.oasisanswers.com)

OASIS AUTOMATION TIPS

MARK YOUR CALENDAR

Upcoming OASIS Training

November 17, 2016

Regulatory Updates and Step-by-step training on NEW OASIS-C2

November 18, 2016:

OASIS Automation Training and New Data Specs

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OASIS C-2 Effective 1-1-2017

- Effective 1-1-2017 based on MO090, and will continue to be submitted to ASAP.
- Is your software ready, and backup plans for any issues.
- All Laptops ready and loaded with OASIS C-2 software.
- How to bill, some new ICD-10 codes and the new grouper goes into effect 10-1-2016, and also how that will be handled based on the effective date of OASIS C-2.
- Review validation reports closely for HIPPS errors and rejected records beginning mid-September continuing through late January.
- Be aware that there is potential for validation reports to be delayed for up to 24 hours beginning January 1, 2017.
- Contact us for anything unusual appearing on the validation reports.

CASPER REPORTS

Suggested report reviews not required, but strongly recommended. Initially, we recommend these be reviewed quarterly , and more frequently based on your agency decision.

Agency Patient-Related Characteristics Report
All Patients Process -QM Report
HHA Error Summary by Agency
Quality of Patient Care Star Rating
Preview Report
Risk Adjusted Outcome Report
HHA Roster
Potentially Avoidable Event Report
Risk-Adjusted Potentially Avoidable Event Report
Patient Listing
HHA Submission Statistics by Agency
Early preview of HH Compare QM scores

Note: Additional reports are available in CASPER.

Automation Tip:

Review validation reports during the late September through late January submission time frames and contact our office with questions relating to these.

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