

**Abstraction Paper Tool for the Influenza Immunization (IMM-2) Measure
Discharges 10-01-2024 (Q4 2024) through 03-31-2025 (Q1 2025)**

The Centers for Medicare & Medicaid Services (CMS) provides this measure abstraction paper tool as an optional, informal method to aid inpatient psychiatric facilities in the collection of patient-specific data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Influenza Immunization (IMM-2) measure. CMS will store the data you submit in the CMS Centralized Data Repository for analysis and creating reports. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

Individual Medical Record Data Collection Tool

Birthdate: _____/_____/_____

Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____

UTD is not an allowable entry.

Discharge Date: _____/_____/_____

UTD is not an allowable entry.

IMM-2

1. **What is the patient's age?** *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date*: _____
 - a. If *Patient Age* is less than 6 months old, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for IMM-2. The case will not be included in the numerator or denominator count for IMM-2.
 - b. If *Patient Age* is 6 months or greater, proceed to *ICD-10-PCS Principal or Other Procedure Codes*.
2. **What was the ICD-10-PCS code selected as the principal procedure for this record?** (*ICD-10-PCS Principal Procedure Code*) _____
3. **What were the ICD-10-PCS code(s) selected as the other procedure(s) for this record?** (*ICD-10-PCS Other Procedure Code*) _____ (Up to 24 codes allowed.)
 - a. If all the procedure codes are missing or if none of the procedure codes above are on Table 12.10, proceed to *Discharge Disposition*.
 - b. If at least one procedure code above is on Table 12.10, the case will be excluded (Measure Category Assignment of "B"). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.
4. **What was the patient's discharge disposition on the day of discharge?** (*Discharge Disposition*)
_____ 1 Home
_____ 2 Hospice – home

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- _____ 3 Hospice – healthcare facility
- _____ 4 Acute care facility
- _____ 5 Other healthcare facility
- _____ 6 Expired
- _____ 7 Left Against Medical Advice/AMA
- _____ 8 Not documented or unable to determine (UTD)

- a. If *Discharge Disposition* equals 1, 2, 3, 5, or 8, proceed to *Discharge Date*.
- b. If *Discharge Disposition* equals 4, 6, or 7, the case will be excluded (Measure Category Assignment of “B”). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.

5. What is the date the patient was discharged, left against medical advice (AMA), or expired? (*Discharge Date*): _____/_____/_____

All dates are in the MM-DD-YYYY format. UTD is not an allowable entry.

- a. If the *Discharge Date* is 10-01-YYYY through 03-31-YYYY, proceed to *Influenza Vaccination Status*.
- b. If the *Discharge Date* is 04-01-YYYY through 09-30-YYYY, the case will be excluded (Measure Category Assignment of “B”). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.

**6. What is the patient’s influenza vaccination status?
(*Influenza Vaccination Status*)**

- _____ 1 Influenza vaccine was given during this hospitalization.
- _____ 2 Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization.
- _____ 3 Documentation of patient's or caregiver’s refusal of influenza vaccine.
- _____ 4 There was documentation of an allergy/sensitivity to influenza vaccine, anaphylactic latex allergy, or anaphylactic allergy to eggs; OR is not likely to be effective because of bone marrow transplant within the past 6 months; OR history of Guillain-Barré syndrome within 6 weeks after a previous influenza vaccination; OR symptomatic, suspected, or confirmed COVID-19.
- _____ 5 None of the above/Not documented/Unable to determine from medical record documentation.
- _____ 6 Only select this allowable value if there is documentation the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND allowable values 1–5 are not selected.

- a. If the *Influenza Vaccination Status* equals 1, 2, 3, 4, or 5, proceed to recheck *Influenza Vaccination Status*.

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- b. If the *Influenza Vaccination Status* equals 6, the case will be excluded (Measure Category Assignment of “B”). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.

7. Recheck the patient’s influenza vaccination status.

(Influenza Vaccination Status)

- a. If the *Influenza Vaccination Status* equals 1, 2, 3, or 4, the case will be included in the numerator population (Measure Category Assignment “E”). Add 1 to both the numerator and denominator count for IMM-2. Stop abstracting.
- b. If the *Influenza Vaccination Status* equals 5, the case will be included in the measure population (Measure Category Assignment of “D”). Add 1 to the denominator. Add 0 to the numerator. Stop abstracting.

Determine whether the patient is included in the numerator and denominator count.

Patient Level – IMM-2

_____ Numerator

_____ Denominator