# Influenza Immunization (IMM-2)
## Paper Tool for Discharge Measure IMM-2
## 10-01-2019 (Q4 2019) through 03-31-2020 (Q1 2020)

*This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. 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@hcqis.org.*

**Birth Date:** _____/_____/_____
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.

# Individual Medical Record Data Collection Tool

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

**Patient Level – IMM-2**

_____ Numerator

_____ Denominator

The numerator and denominator for each medical record will be used to determine the numerator and denominator, which will be aggregated for submission to *QualityNet*.

**IMM-2**

1.  **What is the patient's age?** *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date*: _____

    *   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.
    *   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 Principal code selected as the principal procedure for this record?** (*ICD-10-PCS Principal Procedure Code*)

_____

**What was the ICD-10-PCS Other Procedure code(s) selected as the other procedures for this record?** *(ICD-10-PCS Other Procedure Code)*

_____

- If none of the codes above are on Table 12.10, proceed to *Discharge Disposition*.
- If at least one 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.

**3. What was the patient's discharge disposition on the day of discharge?** *(Discharge Disposition)*

\_\_\_\_\_ 1   Home

\_\_\_\_\_ 2   Hospice – home

\_\_\_\_\_ 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)

- If *Discharge Disposition Status* equals 1, 2, 3, 5, or 8, proceed to *Discharge Date*.
- If *Discharge Disposition Status* 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.

**4. Discharge Date**: \_\_\_\_/\_\_\_\_/_____ All dates are in MM-DD-YYYY. UTD is not an allowable entry.

- If the discharge date is 10-01-YYYY through 03-31-YYYY, proceed to *Influenza Vaccination Status.*
- 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.

**5. 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.

\_\_\_\_\_ 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.

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

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

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