



<b>Intended Users:</b>	Care Management Staff [Community Resource Coordinators (CRC), Health & Wellness Coordinators (HWC)], Supervisory Staff, Providers, Caregivers, Members, and their Families
<b>Target Population:</b>	All Family Care Members - Frail Elders, Intellectual/Developmentally Disabled, and Physically Disabled Adults

## Purpose

This practice guideline assists IDT Staff in maximizing members' autonomy through the exploration of outcomes and identification of actions steps during the development of the member centered plan (MCP). The guideline merges the Health & Wellness Coordinator (HWC) nursing practice process with Inclusa's Prevention and Wellness Program requirements set forth in the Inclusa's Family Care contract with DHS. Per contract, the Prevention and Wellness Program must include practice guideline documents which are condition-specific, disease related, and include elements identified throughout this document.

The Quality Improvement Department supports the Health and Wellness Coordinator's (HWC) activities through proactive communication of Inclusa's immunization process, staff educational and member resource information related to immunization and, assistance of data collection with residential providers. The HWC integrates the nursing process in strength based care planning to support members in identification of outcomes with a focus on prevention, maintenance of health, and promotion of wellness. HWC responsibilities include knowledge of recommended immunizations recommended per target population, the risks and benefits of immunizations as well as recommended immunization timelines.

To further enhance collaborative care, this guideline may be shared with the member or legal decision maker and providers to assist in coordination of care.

## Overview of Condition/Disease

The Centers for Disease Control (CDC) provides individuals and health care providers with the most current recommendations for immunization needs. Immunizations are not just for children; regardless of a member's age, immunizations are needed for optimal health. Under-immunization results in a potential outbreak of disease. Inclusa encourages and assists members to remain current on applicable immunizations and aims to improve immunization coverage within the membership.

Adult immunizations are recommended to protect against seasonal influenza; tetanus, diphtheria, pertussis; shingles; pneumococcal disease; measles, mumps, rubella; and human papillomavirus. Additional vaccinations that may be needed are those protecting against hepatitis A, hepatitis B, chickenpox (varicella), and meningococcal disease. The specific immunizations needed as an adult are determined by factors such as age, lifestyle, high-risk conditions, type and locations of travel, and immunization history.



## Definitions

**Influenza (flu):** the flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccine each year. In general, anyone who is 6 months or older can benefit from the protection of a flu vaccination. <http://www.cdc.gov/flu/about/disease/>

**Tetanus:** an infection caused by *Clostridium tetani* bacteria that affects the nervous system. Tdap (combination vaccine to prevent against tetanus, diphtheria, and pertussis): one booster dose for adults up through 64 years and for adults 65 years and older who will have close contact with infants and have not previously received the Tdap vaccine. <http://www.cdc.gov/tetanus/>

**Diphtheria:** an infection caused by *Corynebacterium diphtheria* bacteria produces a thick covering in the back of the throat that results in respiratory issues. <http://www.cdc.gov/diphtheria/>

**Pertussis:** a respiratory illness, commonly known as whooping cough, is a very contagious disease caused by a type of bacteria called *Bordetella pertussis*. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. <http://www.cdc.gov/pertussis/>

**Shingles:** a painful skin rash, also known as herpes zoster, is caused by the varicella zoster virus - the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays in the body in a dormant (inactive) state. For reasons that are not fully known, the virus can reactivate years later, causing shingles. Shingles or herpes zoster is not caused by the same virus that causes genital herpes, a sexually transmitted disease. The immunization is intended for adults 60 years and older. <http://www.cdc.gov/shingles/>

**Pneumococcal Disease:** is an infection caused by a type of bacteria called *Streptococcus pneumoniae* (pneumococcus). There are different types of pneumococcal disease, such as pneumococcal pneumonia, bacteremia, meningitis, and otitis media. The immunization is intended for adults 65 years and older and adults with specific health conditions. <http://www.cdc.gov/pneumococcal/>

**Human Papillomavirus:** genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI). There are more than 40 HPV types that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat. Most people who become infected with HPV do not even know they have it. HPV is not the same as herpes or HIV (the virus that causes AIDS). These are all viruses that can be passed on during sex, but they cause different symptoms and health problems. The immunization is intended for both women and men. <http://www.cdc.gov/hpv/>

**Measles:** a highly contagious respiratory disease caused by the measles virus. The disease is also called rubeola. <http://www.cdc.gov/measles/>

**Mumps:** a contagious disease that is caused by the mumps virus starts with a few days of fever, headache and muscle aches, tiredness and loss of appetite, and is followed by swelling of salivary glands. <http://www.cdc.gov/mumps/>

**Rubella:** an acute viral disease that causes fever and rash, also known as German Measles. It is spread by contact with an infected person, through coughing and sneezing. <http://www.cdc.gov/rubella/>

**Hepatitis:** an inflammation of the liver caused by a viral infection. The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. <http://www.cdc.gov/hepatitis/>

**Chickenpox (Varicella):** a very contagious disease caused by the varicella-zoster virus that results in a blister-like rash, itching, tiredness, and fever. <http://www.cdc.gov/chickenpox/>

**Meningococcal Disease:** refers to any disease caused by Neisseria meningitides bacteria. The illness most people are familiar with is meningococcal meningitis. <http://www.cdc.gov/meningococcal/>

## Additional Resources

Information within this guideline has been taken from the CDC website, [www.cdc.gov](http://www.cdc.gov), which is a recommended resource where you can find information that includes, but is not limited to:

- [Adult Immunization schedule](#)
- [Recommended vaccines by disease](#)
- Vaccine Information Sheets (VIS)
  - [Inactivated Influenza VIS](#) (site)
    - [Influenza VIS Updated 8-7-15](#) (sheet)
  - [Pneumococcal Polysaccharide VIS](#) (site)
    - [Pneumococcal Polysaccharide VIS Updated 4-24-15](#) (sheet)
- Printable resource material specific to influenza:
  - [Everyday Preventive Actions That Can Help Fight Germs, Like Flu – CDC 10-2016](#)
  - [No More Excuses – You need a Flu Vaccine – CDC 11-2016](#)
  - [Take 3 Actions – CDC 8-2016](#)
  - [Why get a flu vaccine? – CDC 11-2016](#)
- [CDC Digital Media Toolkit: 2017-18 Flu Season](#)
- [Who Should Do It, Who Should Not and Who Should Take Precautions](#)
- [Frequently Asked Flu Questions](#)

## Assessment

*Anticipating, recognizing and responding to condition/disease related symptoms.*

- The role of the HWC is to assess the health and safety of members. This may be accomplished through assessment of member diagnosis and chronic or acute conditions.
- HWCs review the member's immunization record(s), then prioritize member education and receipt of vaccinations as part of planning.
- Immunizations are reviewed via the member assessment process and recorded in the member record.
  - Whenever possible, the immunization dates are to be verified by a medical source. Self-reports are acceptable if deemed reliable by the HWC.
- HWCs are responsible for completing documentation of member-specific immunization status per the table below.

Immunization Documentation (CareDirector)	
Education Provided on Prevention and/or Immunization	<p>Document in the Person Record, Health Details Entity:</p> <ul style="list-style-type: none"> <li>• Select Health Category: Education (Teaching)</li> <li>• Select appropriate Health Focus Topic: <ul style="list-style-type: none"> <li>○ Influenza Prevention, <b>or</b></li> <li>○ Immunization Education</li> </ul> </li> <li>• Occurrence date: Enter date education was provided</li> <li>• Details: List specific education provided</li> <li>• Document in Case Note: “See Health Details entity entry”</li> </ul>
Vaccine Received	<p>Document in the Person Record, Health Details Entity:</p> <ul style="list-style-type: none"> <li>• Select Health Category: Prevention/Promotion (Activity)</li> <li>• Select appropriate Health Focus Topic: Immunization, “specific vaccine”</li> <li>• Occurrence date: Enter date vaccine was received</li> <li>• Pre-dates are NOT to be entered in the Health Details entity. Only complete an entry of vaccine received when the actual date of receipt is known.</li> <li>• Details: List details of location and provider and/or any problems or reactions.</li> <li>• Document in Case Note: “See Health Details entity entry”</li> </ul>
Vaccine Declined	<p>Document in the Person Record, Health Details Entity:</p> <ul style="list-style-type: none"> <li>• Select Health Category: Prevention/Promotion (Activity)</li> <li>• Select appropriate Health Focus Topic: Immunization, “specific vaccine”</li> <li>• Declined date: Enter date vaccine was declined</li> <li>• Details: List details of decline such as: end of life; allergy; not at risk; or other. Provide supporting information as applicable.</li> <li>• Document in Case Note: “See Health Details entity entry”</li> </ul>
Contraindication for receipt of vaccine	<p>Document in the Person Record, Allergies Entity:</p> <ul style="list-style-type: none"> <li>• Select Allergy (e.g. Food Allergy: Eggs; Influenza Vaccine)</li> <li>• Select Severity</li> <li>• Reaction: enter reaction to allergy</li> </ul>
Attempted contacts	<p>Document in Case Note:</p> <ul style="list-style-type: none"> <li>• Contact with a member who indicates they will receive the vaccine but has not actually been vaccinated yet is detailed in a case note.</li> <li>• Attempted contacts with no response from the member are detailed in a case note.</li> <li>• Do <b>NOT</b> document attempted contacts in Health Details.</li> </ul>

Immunization Documentation (MATRIX)	
Education Provided on Prevention and/or Immunization	<p>Document in the Case Note:</p> <ul style="list-style-type: none"> <li>• Specific immunization education received</li> <li>• Enter date education was provided</li> <li>• List specific education provided</li> </ul>
Vaccine Received	<p>Document in the Immunization tab under Health Assessment Review:</p> <ul style="list-style-type: none"> <li>• Select the immunization received</li> <li>• Immunization date: Enter date vaccine was received</li> <li>• Pre-dates are <b>NOT</b> to be entered in the immunization. Only complete an entry of vaccine received when the actual date of receipt is known.</li> </ul>
Vaccine Declined	<p>Document in the Immunization tab under Health Assessment Review:</p> <ul style="list-style-type: none"> <li>• Reason for no immunization: <ul style="list-style-type: none"> <li>○ Select “refused”</li> <li>○ Do not enter a date in the date field – leave blank.</li> </ul> </li> </ul> <p>Document in Case Note:</p> <ul style="list-style-type: none"> <li>• Specific reason member declined the immunization: <ul style="list-style-type: none"> <li>○ Details: List details of decline such as: end of life or allergy; Provide supporting information as applicable.</li> </ul> </li> </ul>
Contraindication for receipt of vaccine	<p>Document in the Immunization tab under Health Assessment Review:</p> <ul style="list-style-type: none"> <li>• Reason for no immunization: Select “contraindicated or allergy as appropriate”</li> <li>• Document allergy in the Diagnosis tab under allergies <ul style="list-style-type: none"> <li>○ Be specific: (e.g. Food Allergy: Eggs; Influenza Vaccine)</li> <li>○ Document severity and reaction</li> </ul> </li> </ul>
Attempted contacts	<p>Document in Case Note:</p> <ul style="list-style-type: none"> <li>• Contact with a member who indicates they will receive the vaccine but has not actually been vaccinated yet is detailed in a case note.</li> <li>• Attempted contacts with no response from the member are detailed in a case note.</li> <li>• Do NOT document attempted contacts in the Immunization tab under Health Assessment Review.</li> </ul>

### During Influenza Season

HWCs are responsible for collecting influenza and pneumonia immunization data for each member on their case load. It is recommended the HWC and CRC have a conversation to determine the level of assistance the CRC can provide to the HWC with obtaining influenza vaccine information. HWCs are encouraged to have monthly discussions/follow up with their managers regarding data entry progress and any barriers encountered.

IDT staff may find the documents listed in the resources section of this guideline helpful when interacting with members.

In past years some residential facilities host Influenza Immunization clinics to assist with planning and continuity of care. This has been an effective option for providers to insure members are provided with options for education and the resource of a flu shot.

In the hope to reduce multiple calls to residential facilities by IDT staff trying to obtain vaccine information, RCAC, AFH, CBRF, and NH providers will have the opportunity to submit member vaccine information to Includa. They will provide the following data: member's name, date of birth, date of receipt or decline, and comments. The returned data will be entered in to the member record by support staff.

## Plan

*Best Practice standards for prevention and management of condition/disease*

- HWCs encourage members to maintain current immunizations as recommended by the CDC.
- The role of the HWC is to provide or facilitate prevention education, on an ongoing basis, to members at risk. This education may include a review of the risks and benefits of immunization as well as a preventative plan to reduce the risk of contraction.
- HWCs may use the CDC website as a resource to educate members on standard precautions and immunizations which prevent specific diseases/conditions to maintain wellness.
- Through identifying risk and providing education, HWCs and members collaboratively develop a prevention and wellness plan designed to meet member specific conditions and reduce risk.
- The prevention and wellness plan is reflected in the member's plan of care through Long Term Care Outcomes and member-specific Personal Experience Outcomes and interventions.
- To assist in meeting contractual requirements, the HWCs are expected to document provided education, immunization status, and member's prevention and wellness plan in the appropriate sections of the member record.

## Intervention

*Guideline/process for IDT to use regarding negotiating incorporation of condition/disease prevention and management plan with member into the MCP*

The role of the HWC is to assess member-specific conditions, identify and anticipate risks, provide education and planning, and encourage interventions to maintain health and wellness.

The member centered plan includes clinical and functional needs supported by action steps which assist the member in achieving identified outcomes. MCP action steps may include interventions such as education, prevention, coordination, and support of maintaining current applicable immunizations (e.g., transportation, shot received at home).

Member's acceptance of immunization is facilitated through education.

HWC and member continually evaluate and adjust action steps to reflect member’s current outcomes.

## Evaluation

*Plan for quality assurance monitoring of guideline effectiveness.*

Evaluation measures the extent to which the identified interventions are effective in helping the member achieve outcomes specific to his/her plan.

The role of the HWC is to utilize the nursing process in managing member specific condition/disease. The nursing process is seamless in its incorporation of assessment, planning, intervention, and evaluation.

Continuous education and evaluation of interventions is needed to ensure achievement and maintenance of identified outcomes.

The Quality Improvement Department continues to work collaboratively with Member Support to assist in the tracking and monitoring of prevention and immunization activities. Clinical practice guidelines will be revised as needed to ensure effectiveness.

Additional evaluation is performed through contractually required State Indicator Reporting. Inclusa will continue to provide contractually needed data to DHS and/or MetaStar. Quality Indicators focused on Influenza and Pneumococcal vaccinations require the submission of data related to individuals who have received the immunizations within the stated reporting requirements.

Quality Metrics will compile and submit the indicator reports by the due date of May 1 each year.

The following table provides details on the reporting requirements and how IDT staff can support the reporting them.

## State Indicator Reporting Information

### Monitoring vaccination data entry progress

HWCs are encouraged to have monthly discussions/follow up with their managers regarding data entry progress and any barriers encountered. HWCs can monitor vaccine data entry progress by utilizing tools built into the business system.

**CareDirector:** The “IDT-Influenza Immunization Tracker” dashboard allows IDT staff to track members who receive or decline an Influenza Immunization. As members receive or decline the vaccination and the data is entered into the system, the entry will appear on the dashboard. The goal is to enter influenza immunization information into CareDirector so the dashboard shows all members included in the HWCs case load. A list of all members on a case load can be obtained by referring to the “IDT – My Members” dashboard to compare it to the immunization list and determine who is missing that information.

**Matrix:** IDT can review immunizations for each of the members on their case load by running a report in Matrix. This is done by going to the “Report” tab in Matrix, clicking “QA Reports” in the drop down box, and then clicking “Immunizations.” When the form loads onto the screen,

fill in each of the blank spaces with the desired information. Multiple immunization types can be chosen at once.

In February and March of each year, Analytics will provide a report to the Member Support Managers sorted by HWCs, indicating the influenza and pneumonia immunization status for the entire membership. Blank entries need to be reviewed by the HWC and an attempt to gather data is to be made. By April 1 of each year all influenza and pneumonia immunization information is to be entered into the member record.

## Influenza Vaccination rate measurement

Influenza Vaccination rate measurement is used to assess the percentage of Family Care members who received the influenza immunization between July 1 to March 31 and were continuously enrolled from July 1 to March 31 of the measurement year.

**By March 31 following the reporting time period all influenza immunization information is to be entered into the member record.**

### Inclusions specific to egg allergies:

Persons who have experienced only hives after exposure to eggs can receive any licensed flu vaccine [i.e., inactivated influenza vaccine (IIV) or RIV3] appropriate to their age and health.

Persons “who report having had reactions to egg involving symptoms other than urticarial (hives), such as angioedema, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical intervention” after exposure to eggs can receive any licensed and recommended flu vaccine appropriate to their age and health status but the vaccine must be administered in a medical setting and be monitored by a health care provider able to identify and manage severe allergic responses.

### Contraindication:

The following contraindication will be noted in the report and excluded from the denominator if the member is assessed and determined to have a medical contraindication to the vaccine defined as anaphylaxis or severe allergic reaction to a previous dose of the vaccine (any vaccine component).

### Precautions:

The following precautions will only be noted in the report and excluded from the denominator after it is reported to IDT staff a health care provider has deferred the vaccination (a member decline/refusal is still documented as such). Prior to vaccination, precaution should be taken by the health care provider and defer vaccination until the acute illness has resolved or it is determined the benefits of receiving the vaccine outweigh the risk of an adverse reaction if the member has the following:

- Moderate or severe acute illness with or without fever;
- History of Guillain-Barre syndrome within 6 weeks after a previous dose of any type of influenza vaccine. [Guillain-Barre Syndrome fact sheet.](#)

### Pneumococcal Vaccination rate measurement:

Pneumococcal Vaccination rate measurement is used to assess the percentage of Family Care members age 65 and older (as if July 1 of the measurement year) who have ever received a



pneumococcal immunization and were continuously enrolled from, July 1 to December 31 of the measurement year.

**By January 31 following the reporting time period all pneumonia immunization information is to be entered into the member record.**

### **Contraindication:**

The following contraindications are noted in the report and excluded from the denominator if:

- the member is assessed and determined to have a medical contraindication of anaphylactic hypersensitivity after a previous dose of pneumococcal vaccine (PPSV or PCV – pneumococcal conjugate vaccine) or
- severe allergy to any vaccine component.

## **Reference List**

Multiple resources referenced were retrieved from Centers for Disease <https://www.cdc.gov/> in October 2017.

DHA/BALTCS (2017). Technical Definition 2017-2018. *Percent of Members Vaccinated for Influenza.*

DHA/BALTCS (2017). Technical Definition 2017-2018. *Percent of Members Vaccinated for Pneumonia.*