

OASIS ITEM
<p>(M1045) Reason Influenza Vaccine not received: If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Received from another health care provider (e.g., physician) <input type="checkbox"/> 2 - Received from your agency previously during this year's flu season <input type="checkbox"/> 3 - Offered and declined <input type="checkbox"/> 4 - Assessed and determined to have medical contraindication(s) <input type="checkbox"/> 5 - Not indicated; patient does not meet age/condition guidelines for influenza vaccine <input type="checkbox"/> 6 - Inability to obtain vaccine due to declared shortage <input type="checkbox"/> 7 - None of the above
ITEM INTENT
<p>Specifies the reason that a patient did not receive an influenza vaccine from your agency during this home health care episode of care (from SOC/ROC to transfer or discharge). For each influenza season, the Centers for Disease Control (CDC) recommend the timeframes for administration of the influenza vaccines. Responses to M1040 and M1045 are combined to report the percentage of eligible patients who received influenza immunization for the current flu season.</p>
TIME POINTS ITEM(S) COMPLETED
<p>Transfer to an inpatient facility Discharge from agency - not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Complete if Response 0 for M1040 is selected. Select one response. • Select Response 1 if there is documentation in the medical record that the patient received the influenza vaccine for the current flu season from another provider. The provider can be the patient's physician, a clinic, or health fair providing influenza vaccines, etc. • Select Response 2 if your agency provided the flu vaccine for this year's flu season prior to this home health episode, (e.g., if the SOC/ROC for this episode was in winter, but your agency provided the vaccine for the current flu season during a previous home health episode in the fall when the vaccine for the current flu season became available). <ul style="list-style-type: none"> — You may select Response 2 if a current patient was given a flu vaccine by your agency during a previous roster billing situation during this year's flu season. • Responses 1 and 2 may be selected even if the flu vaccine for this year's influenza season was provided prior to October 1 (i.e., flu vaccine was made available early). • Select Response 3 if the patient and/or healthcare proxy (e.g., someone with power of attorney) refused the vaccine. <ul style="list-style-type: none"> — It is not required that the agency offered the vaccine, only that the patient was offered the vaccine and he/she refused." • Select Response 4 if the influenza vaccine is contraindicated for medical reasons. Medical contraindications include anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, or bone marrow transplant within 6 months.

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1045)

- Select Response 5 if age/condition guidelines indicate that influenza vaccine is not indicated for this patient. Age/condition guidelines are updated as needed by the CDC. Detailed information regarding current influenza age/condition guidelines is posted to the CDC website (see link in Chapter 5). It is the agency's responsibility to make current guidelines available to clinicians.
- Select Response 6 only in the event that the vaccine is unavailable due to a CDC-declared shortage.
- Select Response 7 only if the home health agency did not provide the vaccine due to a reason other than responses 1-6. If an agency has elected not to administer vaccines to their patients, and the reasons listed in Responses 1-6 (such as vaccine received from another health care provider) do not apply, then Response 7 - None of the above, would be the appropriate response.

DATA SOURCES / RESOURCES

- Clinical record
- Patient/caregiver interview
- Physician or other health care provider
- For each influenza season, identify the period of time for which the Centers for Disease Control recommends influenza vaccines be administered. A link to CDC Guidelines can be found in Chapter 5 of this manual.