

## SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

Intent: The intent of the items in this section is to identify any special treatments, procedures, and programs that the patient received during the stay, including the influenza vaccination status.

### O0100: Special Treatments, Procedures, and Programs

<b>O0100. Special Treatments, Procedures, and Programs</b>	
Check all the treatments at admission. For dialysis, check if it is part of the patient's treatment plan.	
↓ Check all that apply	
<b>Respiratory Treatments</b>	
<input type="checkbox"/>	F3. Invasive Mechanical Ventilator: weaning
<input type="checkbox"/>	F4. Invasive Mechanical Ventilator: non-weaning
<input type="checkbox"/>	G. Non-invasive Ventilator (BIPAP, CPAP)
<b>Other Treatments</b>	
<input type="checkbox"/>	J. Dialysis
<input type="checkbox"/>	N. Total Parenteral Nutrition
<b>None of the Above</b>	
<input type="checkbox"/>	Z. None of the above

#### Item Rationale

- The treatments, procedures, and programs listed in O0100. Special Treatments, Procedures, and Programs can affect the patient's ability to perform self-care and mobility activities.

#### Steps for Assessment

- Review the patient's medical record to determine whether or not the patient received any of the treatments, procedures, or programs at the time of admission. For dialysis, check if it is part of the patient's treatment plan.
- Check all treatments, procedures, and programs received by the patient at admission. For dialysis, check if it is part of the patient's treatment plan. If the patient does not receive the listed treatments, then check, **Z. None of the above**.

## Coding Instructions

*Complete only if A0250 = 01 Admission. Check all that apply.*

### Respiratory Treatments

- Check 00100F3, Invasive Mechanical Ventilator: weaning, if the patient has any type of electrically or pneumatically powered closed-system mechanical ventilator support devices that ensure adequate ventilation of the patient who is unable to support his or her own respiration, for whom weaning attempts are expected or anticipated at the time of admission. Patients receiving closed-system ventilation includes those patients receiving ventilation via a tracheostomy, as well as those patients with an endotracheal tube (e.g., nasally or orally intubated). Documentation in support of this item should be recorded or dated by Day 2 of the LTCH stay, where Day 1 is the day of admission.
- Check 00100F4, Invasive Mechanical Ventilator: non-weaning, if the patient has any type of electrically or pneumatically powered closed-system mechanical ventilator support devices that ensure adequate ventilation of the patient who is unable to support his or her own respiration, for whom weaning attempts are not expected or anticipated at the time of admission (e.g., patients who are chronically ventilated in the community or a facility, patients who have progressive neuromuscular disease, such as amyotrophic lateral sclerosis, or irreversible neurological injury or disease or dysfunction such as high C2 spinal cord injury). Patients receiving closed-system ventilation includes those patients receiving ventilation via a tracheostomy, as well as those patients with an endotracheal tube (e.g., nasally or orally intubated). Documentation in support of this item should be recorded or dated by Day 2 of the LTCH stay, where Day 1 is the day of admission.
- Check 00100G, Non-invasive Ventilator (BiPAP, CPAP), if the patient has any type of continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP) respiratory support devices that prevent the airways from closing by delivering slightly pressurized air through a mask continuously or via electronic cycling throughout the breathing cycle. The BiPAP/CPAP mask enables the individual to support his or her own respiration. The BiPAP/CPAP provides enough pressure when the individual inhales to keep his or her airways open, which are unlike ventilators that “breathe” for the individual. This item may be coded if the patient puts on or removes his or her own BiPAP/CPAP mask.

### Other Treatments

- Check 00100J, Dialysis, if the patient undergoes peritoneal or renal dialysis as part of the treatment plan. Record treatments of hemofiltration (intermittent or continuous), Slow Continuous Ultrafiltration (SCUF), hemodialysis, and Continuous Ambulatory Peritoneal Dialysis (CAPD). This item may be checked if the patient performs his or her own dialysis.
- Check 00100N, Total Parenteral Nutrition (TPN), if the patient receives parenteral/intravenous (IV) feeding.

## None of the Above

- Check O0100Z, None of the above, if none of the above treatments were received or performed by the patient.

## Coding Tips

- Code treatments, programs, and procedures that the patient performed independently or after setup by LTCH staff. Do not code services that were provided solely in conjunction with a diagnostic procedure, such as IV medications or ventilators.

## Examples

1. **Invasive Mechanical Ventilator: weaning:** Mr. S is admitted to the LTCH and requires an invasive ventilator. He is being admitted for weaning from the ventilator he has been on for the last month of the short-stay acute-care hospital, and ventilator weaning is included in his treatment plan. Mr. S's treatment plan documented that weaning attempts are expected or anticipated and was recorded in the care plan on Day 2 of the LTCH stay.

Coding: check box for F3. Invasive Mechanical Ventilator: weaning.

Rationale: Mr. S is being admitted for weaning from the ventilator.

2. **Invasive Mechanical Ventilator: weaning:** Ms. M was involved in a motor vehicle accident leaving her in a coma. She is admitted to the LTCH, and it is anticipated that she will be taken off the ventilator she has been on for the last several months. Documentation in Ms. M's medical record indicate weaning attempts are expected or anticipated and the documentation was recorded in the care plan on Day 2 of the LTCH stay.

Coding: check box for F3. Invasive Mechanical Ventilator: weaning.

Rationale: Ms. M is being admitted for weaning from the ventilator and documentation was recorded or dated in the care plan on Day 2 of the LTCH stay.

3. **Invasive Mechanical Ventilator: non-weaning:** Mrs. J is connected to the invasive ventilator 24 hours a day. During her history and physical, the physician notes that Mrs. J has an irreversible neurological injury and is unable to breathe on her own. Her physician does not anticipate that Mrs. L can be removed from the ventilator.

Coding: check box for F4. Invasive Mechanical Ventilator: non-weaning.

Rationale: Mrs. J is not expected to be weaned from the ventilator.

4. **Invasive Mechanical Ventilator: non-weaning:** Mr. L. has developed difficulty breathing related to his diagnosis of amyotrophic lateral sclerosis. Because of the progressive nature of his condition, his physician does not anticipate he can be removed from the ventilator.

Coding: check box for F4. Invasive Mechanical Ventilator: non-weaning.

Rationale: Mr. L is not expected to be weaned from the ventilator.

5. **Non-invasive Ventilator (BiPAP, CPAP):** Mr. M has sleep apnea and requires a CPAP device to be worn when sleeping. The staff set up the water receptacle and humidifier element of the CPAP machine. Mr. M puts on the CPAP mask and starts the CPAP machine prior to falling asleep.

Coding: check box for G. Non-invasive ventilator (BiPAP, CPAP).

Rationale: Mr. M has been prescribed a CPAP device and wears the CPAP mask whenever sleeping to manage his sleep apnea.

6. **Non-invasive Ventilator (BiPAP, CPAP):** Mr. G. developed severe chronic obstructive pulmonary disease (COPD) after 40 years of smoking and requires BiPAP assistance at night.

Coding: check box for G. Non-invasive ventilator (BiPAP, CPAP).

Rationale: Mr. G. has been prescribed BiPAP and wears the mask nightly to manage his COPD.

7. **Dialysis:** Ms. T has chronic renal failure and receives hemodialysis every 3 days.

Coding: check box for J. Dialysis.

Rationale: Ms. T's treatment plan includes dialysis.

8. **Dialysis:** Mrs. L. developed acute renal failure related to excessive use of non-steroidal anti-inflammatory drugs for her arthritis. She receives hemodialysis three times per week.

Coding: check box for J. Dialysis.

Rationale: Mrs. L's treatment plan includes dialysis.

9. **Total Parenteral Nutrition:** Mrs. C has been unable to eat or ingest adequate nutrients since her bowel surgery. Mrs. C receives total parenteral nutrition (TPN) using a peripherally inserted central catheter (PICC line) that infuses her nutrients, 24 hours daily.

Coding: check box for N. Total Parenteral Nutrition.

Rationale: Mrs. C's treatment plan includes TPN.

10. **Total Parenteral Nutrition:** Mr. Z. was involved in a severe motor vehicle accident that resulted in multiple fractures and internal injuries including his jaw and stomach, leaving him unable to eat. Mr. Z receives TPN using a central venous catheter that infuses his nutrients 24 hours per day.

Coding: check box for N. Total Parenteral Nutrition.

Rationale: Mr. Z's treatment plan includes TPN.

11. **None of the above:** Mr. D is being treated for a hemorrhagic stroke. He does not require mechanical ventilation, dialysis, or TPN.

Coding: check box for Z. None of the above.

Rationale: Mr. D does not require any of the special treatments, procedures or programs as described above.

## O0250: Influenza Vaccine

O0250. Influenza Vaccine - Refer to current version of LTCH Quality Reporting Program Manual for current influenza season and reporting period.	
Enter Code <input type="checkbox"/>	<p><b>A. Did the patient receive the influenza vaccine <u>in this facility</u> for this year's influenza <u>vaccination</u> season?</b>            0. <b>No</b> → Skip to O0250C. If influenza vaccine not received, state reason            1. <b>Yes</b> → Continue to O0250B. Date influenza vaccine received</p>
	<p><b>B. Date influenza vaccine received</b> → Complete date and skip to Z0400. Signature of Persons Completing the Assessment</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>            Month Day Year         </p>
Enter Code <input type="checkbox"/>	<p><b>C. If influenza vaccine not received, state reason:</b>            1. Patient not in this facility during this year's influenza vaccination season            2. Received outside of this facility            3. Not eligible - medical contraindication            4. Offered and declined            5. Not offered            6. Inability to obtain influenza vaccine due to a declared shortage            9. None of the above</p>

### Item Rationale

- When infected with influenza, older adults and persons with underlying health problems are at increased risk for complications and are more likely than the general population to require hospitalization.
- An institutional influenza A outbreak can result in up to 60 percent of the population becoming ill, with 25 percent of those affected developing complications severe enough to result in hospitalization or death.
- Influenza-associated mortality results not only from pneumonia, but also from subsequent events arising from cardiovascular, cerebrovascular, and other chronic or immunocompromising diseases that can be exacerbated by influenza.

- As of 2014, the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for all persons aged 6 months and older in the United States.<sup>1</sup>

## Steps for Assessment

1. Review the patient's medical record to determine whether an influenza vaccine was received in the LTCH for this year's influenza vaccination season. If the patient's vaccination status is known, proceed to coding O0250A.
2. If the patient did not receive the influenza vaccine in the LTCH, ask the patient if he or she received an influenza vaccine outside of the facility for this year's influenza vaccination season. Please also review (when available) the patient's medical record from previous setting(s) (e.g., short-stay acute-care hospital medical records). If the patient's influenza vaccination status is still unknown, proceed to the next step.
3. If the patient is unable to answer, then ask the same question of the responsible party, legal guardian, or primary care physician. If vaccination status is still unknown, proceed to the next step.
4. If vaccination status cannot be determined, please refer to the standards of clinical practice to determine whether or not to administer the vaccine to the patient and proceed to coding O0250A.

### DEFINITION

**VACCINATION SEASON**<sup>2</sup>  
For the 2015–2016 influenza season, the influenza vaccination season for Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) is defined as beginning October 1, 2015, or when the influenza vaccine becomes available (whichever comes first) through March 31, 2016. For subsequent influenza seasons, the influenza vaccination season NQF #0680 is defined as beginning October 1, or when the influenza vaccine becomes available (whichever comes first), through March 31.

## Coding Instructions for O0250A

*Complete only if A0250 = 01 Admission; A0250 = 10 Planned Discharge; A0250 = 11 Unplanned Discharge; or A0250 = 12 Expired.*

- Code O, No, if the patient did not receive the influenza vaccine in this facility (LTCH) during this year's influenza vaccination season. Proceed to O0250C. If influenza vaccine was not received, state reason.

<sup>1</sup> Grohskopf LA, Olsen SJ, Sokolow LZ, Bresee JS, Cox NJ, Broder KR, Karron RA, Walter EB. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2014-2015 Influenza Season. Recommendations and Reports. Morbidity and Mortality Weekly Report (MMWR), August 15, 2014, 63(32); 691-697.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm>

<sup>2</sup> Please refer to FY 2015 IPPS/LTCH PPS Final Rule at <http://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf>, pages 50289-50290.

- Code 1, Yes, if the patient received the influenza vaccine in this facility (LTCH) during this year's influenza vaccination season. Continue to O0250B. Date Vaccine Received.

### Coding Instructions for O0250B

- Enter the date that the vaccine was received by the patient in your LTCH. Do not leave any boxes blank.
- If the month contains only a single digit, fill in the first box of the month with a "0." If the day contains only a single digit, then fill the first box of the day with the "0."
  - For example, January 7, 2017, should be entered as 01-07-2017.
  - October 6, 2016, should be entered as 10-06-2016.
- A full 8-character date is required. If the date is unknown or the information is not available, a single dash "-" needs to be entered in the first box.

### Coding Instructions for O0250C

- Code 1, Patient not in facility during this year's influenza vaccination season, if the patient was not in the facility during this year's influenza vaccination season.
- Code 2, Received outside of this facility, if the patient received an influenza vaccination in another setting (e.g., physician office, health fair, grocery store/pharmacy, hospital, fire station, etc.) during this year's influenza vaccination season.
- Code 3, Not eligible—medical contraindication, if the influenza vaccination was not received because of medical contraindications, including, but not limited to: allergic reaction to eggs or other vaccine component(s), previous adverse reaction to influenza vaccine, a physician order not to immunize, moderate to severe illness with or without fever, and/or history of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination. However, the patient should be vaccinated if contraindications end.
- Code 4, Offered and declined, if the patient or responsible party or legal guardian has been informed of what is being offered and chooses not to accept the influenza vaccine.
- Code 5, Not offered, if the patient or responsible party or legal guardian was not offered the influenza vaccine.
- Code 6, Inability to obtain vaccine due to a declared shortage, if the influenza vaccine was unavailable at the facility due to declared vaccine shortage. However, the patient should be vaccinated once the facility receives the vaccine. The annual supply of inactivated influenza vaccine and the timing of its distribution cannot be guaranteed in any year.

- Code 9, None of the above, if none of the listed reasons describe why the influenza vaccine was not administered. This code is also used if the answer is unknown.

## Coding Tips and Special Populations

- Information about current influenza season can be obtained by accessing the CDC Seasonal Influenza Web site: <http://www.cdc.gov/flu>.
- Facilities should follow current ACIP recommendations to inform standards of practice and applicable patients.
- Annual influenza vaccination of all persons aged 6 months or older continues to be recommended.

## Examples

1. Mrs. J received the influenza vaccine in this LTCH during this year's influenza vaccination season, on October 2, 2015.

Coding: O0250A would be coded 1, Yes; O0250B would be coded 10-02-2015; and O0250C would be skipped.

Rationale: Mrs. J received the vaccine in the facility on October 2, 2015, during this year's influenza vaccination season.

2. Ms. A received the influenza vaccine in the LTCH on February 5, 2015 during this year's influenza season. This patient transferred to an acute-care facility on February 10 because of a medical emergency. The patient was then readmitted to the same LTCH on February 20. The patient did not receive the influenza vaccination during the second LTCH stay because she had already received it during the previous LTCH stay.

Coding: February 10 assessment: O0250A would be coded 1, Yes; O0250B would be coded 02-05-2015; and O0250C would be skipped.

February 20 assessment: O0250A would be coded 1, Yes; O0250B would be coded 02-05-2015; and O0250C would be skipped.

Rationale: Ms. A received the vaccine in the facility on February 5, 2015, during this year's influenza vaccination season. This date is reported on both assessments.

3. Mr. R did not receive the influenza vaccine in the LTCH during this year's influenza vaccination season because of his known allergy to egg protein.

Coding: O0250A would be coded 0, No; O0250B would be skipped; and O0250C would be coded 3, Not eligible-medical contraindication.

Rationale: Allergy to egg protein is a medical contraindication to receiving the influenza vaccine; therefore, Mr. R did not receive the vaccine.

4. Mrs. T received the influenza vaccine at her doctor's office during this year's influenza vaccination season. Her doctor provided documentation of Mrs. T's receipt of the vaccine

to the LTCH in order to place the documentation in Mrs. T's medical record. He also provided documentation that Mrs. T was explained the benefits and risks for the vaccine prior to administration.

Coding: O0250A would be coded 0, No; O0250B would be skipped; and O0250C would be coded 2, Received outside of this facility.

Rationale: Mrs. T received the influenza vaccine at her doctor's office during this year's influenza vaccination season.

5. Mr. K wanted to receive the influenza vaccine if it arrived prior to his scheduled discharge September 28, 2015. Mr. K was discharged prior to the LTCH receiving its annual shipment of influenza vaccines, and therefore, Mr. K did not receive the influenza vaccine in the LTCH. Mr. K was encouraged to receive the influenza vaccine at his next scheduled physician visit.

Coding: O0250A would be coded 0, No; O0250B would be skipped; and O0250C would be coded 9, None of the above.

Rationale: Mr. K was unable to receive the influenza vaccine in the LTCH due to the LTCH not receiving its shipment of influenza vaccines until after his discharge.

6. Ms. M was hospitalized at the LTCH after a severe traumatic brain injury in May 2015 and discharged in August 2015. She did not receive the influenza vaccine during this hospitalization.

Coding: O0250A would be coded 0, No; O0250B would be skipped; and O0250C would be coded 1, Patient not in facility during this year's influenza vaccination season.

Rationale: Ms. M did not receive the influenza vaccine as she was not in the facility during the influenza vaccination season.

7. Mr. N was offered the influenza vaccine during his LTCH hospitalization beginning in February 2015. Mr. N refused the influenza vaccine asserting that whenever he has received it in the past it always gave him the flu.

Coding: O0250A would be coded 0, No; O0250B is skipped, and O0250C would be coded 4, Offered and declined.

Rationale: Mr. N did not receive the influenza vaccine. He was offered the vaccine, but refused to take it.

8. Mr. L was admitted to the LTCH comatose after an intracerebral bleed. His family requests that he receive an influenza vaccine during his hospitalization. The nurse explains that there is currently a declared shortage of influenza vaccine and that Mr. L will receive a dose when the facility obtains more vaccine.

Coding: O0250A would be coded 0, No; O0250B would be skipped; and O0250C would be coded 6, Inability to obtain vaccine due to a declared shortage.

Rationale: Mr. L did not receive the influenza vaccine because there was no influenza vaccine available at this time. Mr. L will receive the vaccine once the facility receives more vaccine.

9. Mrs. T was admitted on Friday evening to the LTCH during this year's influenza vaccination season. Mrs. T's acute-care medical records had been checked and there was no record of her having received the influenza vaccine. The patient and her family decided that Mrs. T was to be discharged and transferred to another LTCH facility on the following Tuesday. The patient had never been offered an influenza vaccination.

Coding: O0250A would be coded 0, No; O0250B would be skipped; and O0250C would be coded 5, Not Offered.

Rationale: Mrs. T did not receive the influenza vaccine because she was never offered the influenza vaccine during her LTCH stay.