

**Reducing the Incidence of Vaccine-Preventable Pneumonia
and Related Morbidity and Mortality**

Sample Data Collection Form

Instructions

1. Collect data from 20 distinct resident charts AND 10 staff members (staff members can include employees, volunteers, and independent practitioners)
2. Complete one data collection form for each resident chart or staff member; 30 total data collection forms will be completed (or another number determined to be appropriate).

This form and the questions included can be customized to meet your needs. The questions relating to specific quality measures are identified (*). Other questions are included to provide additional information should you be interested in analyzing it.

IMPROVING THE QUALITY OF ELDERLY CARE:

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RESIDENT DATA COLLECTION FORM

1. Record number (1 of 20, 2 of 20, etc): _____
2. Chart number (for your reference only): _____
3. Resident gender: Man Woman
4. Ethnicity: African American Asian Caucasian Latino/Hispanic Other
5. * Is the resident 70 years of age or older? Yes No
6. * Does the resident's chart/record document whether or not the pneumococcal vaccination was given?
 Yes No
[If No, this form is complete – stop here]
7. If yes, what type of documentation is provided?
 Patient self-report
 Family response
 Chart from physician
 Pharmacy order
 Not specified
8. What other vaccinations are documented? (check all that apply)
 Seasonal influenza
 Herpes zoster
 Pertussis
 Diphtheria
 Tetanus
 None
9. * Has the resident ever received the pneumococcal vaccine?
 Yes
 No [If checked, skip to question 11]
 Not indicated **[If checked, this form is complete – stop here]**
10. If yes, where did patient receive the pneumococcal vaccine?
 Physician's office
 Community health center
 Pharmacy
 Hospital
 Visiting nurse at facility
 Don't know
11. * If no, why hasn't the resident received the pneumococcal vaccine?
 Contraindication (severe allergic reaction after previous dose or to a vaccine component)
 Refused
 Was not aware of vaccine
 Don't know

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STAFF DATA COLLECTION FORM

1. Record number (1 of 10, 2 of 10, etc): _____
2. Chart or record number (for your reference only): _____
3. *Has the staff member been working in the facility for 30+ days?
 Yes
 No
4. What is the staff member's affiliation with the facility?
 Full-time employee
 Part-time employee
 Licensed independent practitioner
 Volunteer
5. What is the staff member's role in the facility?
 Activity director
 Administrative/Manager
 Physician
 Nursing staff (registered nurse, licensed practical nurse, certified nurse aide, qualified medication aide, home health aide)
 Personal care attendant
 Therapist
 Food service
 Housekeeping
 Maintenance
 Other
6. * Has the staff member received the previous year's seasonal influenza vaccine, from October 1 (or when vaccine became available) through March 31 of the following year?
 Yes
 No
 Don't know
7. * If no, why hasn't the staff member received the influenza vaccine?
 Contraindication (severe allergic reaction after previous dose or to a vaccine component)
 Refused
 Was not aware of vaccine
 Don't know
8. Has the staff member ever received the pneumococcal vaccine?
 Yes
 No
 Don't know
9. If no, why hasn't the staff member received the pneumococcal vaccine?
 Contraindication (severe allergic reaction after previous dose or to a vaccine component)
 Refused
 Was not aware of vaccine
 Don't know

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Quality Measures and Calculation Instructions

Measure #	Quality Measure	Measure Source*	Numerator Description	Numerator Calculation	Denominator Description	Denominator Calculation
1	Percentage of residents aged 70 years and older with documentation of pneumococcal immunization status	Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep.	Residents aged 70+, whose chart includes indication if pneumococcal vaccine was given or not	Of those counted in the denominator, count in numerator IF: Q6 = Yes (chart includes documentation)	All residents age 70+	Of Residents (from Resident Data Collection Forms), count in denominator IF: Q5 = Yes (resident is 70+)
2	Percentage of residents aged 70 years and older who have ever received pneumococcal immunization	Centers for Medicare & Medicaid Services. National nursing home vaccination quality measures. User's manual supplement (v1.3). Baltimore (MD): Centers for Medicare & Medicaid Services; 2006.	Residents aged 70+, who either received pneumococcal vaccine, or didn't receive it based on validated reason.	Of those counted in Denominator, count in numerator IF: Q9 = Yes (resident received vaccine)	All residents age 70+; excluding those with validated reason for not getting vaccine.	Of Residents (from Resident Data Collection Forms), count in denominator IF: Q5 = Yes (resident is 70+) MINUS Q11 = Contraindication OR Q11 = Refused
3	Percentage of healthcare personnel who have received the influenza vaccination	National Quality Forum. Measure 0431.	All staff who received influenza vaccine, or didn't receive it based on validated reason.	Of those counted in Denominator, count in numerator IF: Q6 = Yes (staff received vaccine)	All staff, excluding those with validated reason for not getting vaccine.	From Staff Data Collection Forms, count in denominator IF: Q3 = Yes (working 30+ days) MINUS Q7 = Contraindication OR Q7 = Refused

*Measures adapted from original sources.