



Complete Summary

TITLE

Pneumococcal immunization: percent of applicable patients receiving pneumococcal immunization (spinal cord injury & disorders [SCI&D] cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients with a spinal cord injury or disorder that receive pneumococcal immunizations.

RATIONALE

Respiratory impairments are the leading cause of death and leading causes of morbidity in the spinal cord injury and disorder population (SCI&D). Except for the most caudal levels of injury (or very incomplete injuries), respiratory muscles are weak, cough is less effective, and there are autonomic changes as well that lead to a much higher incidence of respiratory diseases in this population. Influenza and pneumococcal vaccinations reduce risk of respiratory complications and death. Vaccination rates in the Veterans Administration (VA) SCI&D population are low. Thus, the primary objective of this preventive care measure is to increase vaccination rates for influenza and pneumococcal pneumonia in the VA SCI&D population.

PRIMARY CLINICAL COMPONENT

Pneumococcal disease; immunization

DENOMINATOR DESCRIPTION

Spinal cord injury or disorder patients seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic during a 12 month period. Patients must be over 64 years of age or a resident of a long term care facility, Domiciliary, etc. or have a specified medical condition (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary).

NUMERATOR DESCRIPTION

The number of patients from the denominator who received a pneumococcal immunization

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than 64 years (or younger if clinically indicated [see "Denominator Inclusions/Exclusions" field])

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Although pneumococcal infection is not a reportable disease, population-based surveillance studies have reported annual invasive pneumococcal disease rates of at least 15-19/100,000 population and pneumococcal meningitis rates of 0.3-1.2/100,000.

EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Adult immunizations including chemoprophylaxis against influenza A. p. 791-814. [202 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Significantly higher incidence rates are reported for nursing home residents, alcoholics, and those with underlying chronic medical or immunodeficient conditions.

Respiratory impairments are the leading cause of death and leading causes of morbidity in the spinal cord injury and disorder (SCI&D) population.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Adult immunizations including chemoprophylaxis against influenza A. p. 791-814. [202 references]

BURDEN OF ILLNESS

Pneumococcal disease accounts for about 15% of severe community-acquired pneumonia, which has a case-fatality rate (proportion of cases resulting in death) of 9-26%. Pneumococcal bacteremia and meningitis are also associated with high case-fatality rates. The highest case-fatality rates from invasive pneumococcal infection occur in elderly persons (30-43%) and patients with co-morbid conditions (25-27%).

EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Adult immunizations including chemoprophylaxis against influenza A. p. 791-814. [202 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All individuals not already reviewed during the 12-month period who have one of the specified International Classification of Diseases, Ninth Revision (ICD-9)

diagnoses (see original measure documentation for details) and visited one of a specified list of outpatient clinics for primary care

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Spinal cord injury or disorder patients with a specific International Classification of Diseases, Ninth Revision (ICD-9) diagnosis (see original measure documentation for details)

All patients seen at least once within the past 12 months in any one of the following 11 clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic
- Spinal Cord Injury (SCI)
- Bedsection 22 (PTF) SCI Inpatient Unit
- SCI Home Care Program

All patients seen in one of the above clinics within the past 12 months and seen by a

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

All patients older than 64 years of age, or

All patients who are a resident of a long-term care facility, Domiciliary, etc., or

All patients having any one of the following:

- Chronic heart failure, or cardiomyopathies, or past myocardial infarction (MI)
- Diagnosis of diabetes mellitus
- Diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, or chronic pulmonary disease
- Diagnosis of sickle cell disease or splenectomy
- Spinal cord injury, paraplegic or quadriplegic (includes benign tumors of the spinal cord, multiple sclerosis [MS] with paraplegia, or quadriplegia)

Exclusions

Any of the following exclude the patient from screening for this prevention measure:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based Hospice program
- Documented in the Medical Record a life expectancy less than 6 months.

All patients who have malignant tumors of the spinal cord, multiple sclerosis (MS) without paralysis, amyotrophic lateral sclerosis (ALS), Guillain-Barre Syndrome are excluded

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients meeting denominator criteria in addition to receiving a pneumococcal immunization once as documented in the medical record

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2002 performance measure targets:

- Fully successful: 79%
- Exceptional: 86%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Immunizations-pneumococcal (spinal cord injury and disorders cohort).

MEASURE COLLECTION

[Fiscal Year \(FY\) 2002: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Preventive Care](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2002 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

MEASURE AVAILABILITY

The individual measure, "Immunizations-Pneumococcal (Spinal Cord Injury and Disorders Cohort)," is published in "FY 2002 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

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