

**(M1041) Influenza Vaccine Data Collection Period:** Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

- 0 - No *[Go to M1051 ]*
- 1 - Yes

**(M1046) Influenza Vaccine Received:** Did the patient receive the influenza vaccine for this year’s flu season?

- 1 - Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
- 2 - Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
- 3 - Yes; received from another health care provider (for example, physician, pharmacist)
- 4 - No; patient offered and declined
- 5 - No; patient assessed and determined to have medical contraindication(s)
- 6 - No; not indicated - patient does not meet age/condition guidelines for influenza vaccine
- 7 - No; inability to obtain vaccine due to declared shortage
- 8 - No; patient did not receive the vaccine due to reasons other than those listed in responses 4 – 7.

**(M1051) Pneumococcal Vaccine:** Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?

- 0 - No
- 1 - Yes *[Go to M1500 ]*

**(M1056) Reason Pneumococcal Vaccine not received:** If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:

- 1 - Offered and declined
- 2 - Assessed and determined to have medical contraindication(s)
- 3 - Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine
- 4 - None of the above

**CARDIAC STATUS**

**(M1500) Symptoms in Heart Failure Patients:** If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the previous OASIS assessment?

- 0 - No *[Go to M2004 ]*
- 1 - Yes
- 2 - Not assessed *[Go to M2004 ]*
- NA - Patient does not have diagnosis of heart failure *[Go to M2004 ]*

**(M1510) Heart Failure Follow-up:** If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure at the time of or at any time since the previous OASIS assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- 0 - No action taken
- 1 - Patient’s physician (or other primary care practitioner) contacted the same day
- 2 - Patient advised to get emergency treatment (for example, call 911 or go to emergency room)
- 3 - Implemented physician-ordered patient-specific established parameters for treatment
- 4 - Patient education or other clinical interventions
- 5 - Obtained change in care plan orders (for example, increased monitoring by agency, change in visit frequency, telehealth)