

**Specification Manual for National Hospital Quality Measures**  
**Release Notes 1.04** **August 26, 2005**

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<p>Release Notes 1.04 provide modifications to the <i>Specifications Manual for National Hospital Quality Measures</i>.</p> <ul style="list-style-type: none"> <li>• Changes include corrections and clarifications in response to questions and are based on ongoing alignment discussions between the Centers for Medicare &amp; Medicaid Services and the Joint Commission.</li> <li>• Descriptions of changes are detailed. It may be advantageous to view the change in the version 1.04 documents.</li> <li>• The page numbers listed are from the 1.03 version of the manual.</li> <li>• Punctuation, spelling and formatting changes have not been listed.</li> </ul>				
Introduction to Data Dictionary	General Abstraction Guidelines	<ul style="list-style-type: none"> <li>• Add “Subtle” to the <b>Qualifiers</b> negative findings list</li> <li>• Change 1<sup>st</sup> sentence in 4<sup>th</sup> bullet under <b>Qualifiers</b> to include: or the term “differential diagnosis” is used</li> <li>• A Reminder Note has been added to the end of the <b>Qualifiers</b> section</li> <li>• Add “Scant” to the <b>Quantitative Modifiers</b> negative findings list</li> </ul>	1-8	01-1-06 Discharges
Data Dictionary	Alphabetical Data Element List	<ul style="list-style-type: none"> <li>• All data element pages have been renumbered</li> <li>• Add: <i>Initial Blood Culture Collected in Emergency Department</i>, <b>Collected For:</b> PN-3b</li> <li>• <i>Pseudomonas Risk</i>, <b>Collected For:</b> add PN-6b</li> <li>• <i>Transfer from Another ED</i>, <b>Collected For:</b> change “All PN Measures” to “PN-1, PN-3a, PN-3b, PN-5**, PN-5a**, PN-5b, PN-6, PN-6a**, PN-6b**”</li> </ul>	1-13 1-14	01-1-06 Discharges
Data Dictionary	<i>Admission Diagnosis of Infection</i>	<p>Add “ICD-9-CM code” to:</p> <ul style="list-style-type: none"> <li>• <b>Definition</b></li> <li>• <b>Suggested Data Collection Question</b></li> <li>• <b>Allowable Values</b></li> </ul> <p>Change the <b>Suggested Data Sources</b> to include only the acceptable sources:</p> <ul style="list-style-type: none"> <li>• UB-92, Field Location: 76</li> <li>• Face Sheet</li> <li>• Coding Sheet</li> </ul>	1-21	01-1-06 Discharges
Data Dictionary	<i>Adult Smoking History</i>	<ul style="list-style-type: none"> <li>• <b>Notes for Abstraction</b>, add new bullet: If there is a history of smoking and documentation that the patient quit “several months ago”, infer the patient smoked within one year prior to arrival, and select “Yes”.</li> <li>• <b>Guidelines for Abstraction</b>, add new bullet: History of smoking and documentation that the patient quit “several months ago”</li> </ul>	1-30 1-31	01-1-06 Discharges
Data Dictionary	<i>Antibiotic Administration Date</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• Add “Only use “Antibiotic NOS” for new antibiotics that are not yet listed in Table 2.1.”</li> </ul> <p><b>Notes for Abstraction, SIP</b>, add the following:</p> <ul style="list-style-type: none"> <li>• First: Abstract the <b>first and last</b> dose of each specific antibiotic administered from hospital arrival through the first 48 hours after surgery end time (72 hours postop if it’s a <b>CABG or Other Cardiac Surgery</b>).</li> <li>• Second: If additional antibiotic doses were administered prior to or at surgical incision time, also abstract the final dose (if any) administered</li> </ul>	1-32	01-1-06 Discharges

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		<p>prior to or at surgical incision time.                      Example:</p> <ul style="list-style-type: none"> <li>○ Arrival time was 07:00. Surgical incision time was Noon. Surgery end time was 14:00. Antibiotic A was administered at 08:00, 10:00, Noon, 15:30, 17:00 and 19:00. Antibiotic B was administered at 15:30 and 17:00. Abstract:                             <ul style="list-style-type: none"> <li>• Antibiotic A: 08:00 (<b>first</b>), Noon (<b>last dose before or at surgical incision time</b>) and 19:00 (<b>last</b>)</li> <li>• Antibiotic B: 15:30 (<b>first</b>) and 17:00 (<b>last</b>)</li> </ul> </li> <li>• Specific antibiotic, for the purposes of the SIP Project, is defined as having a single generic name and being administered via a single route (if Trade names are used, a crosswalk is provided in Appendix A, Table 2.1)</li> <li>• NOTE: This data element has 2 approaches for abstraction. A new approach is being introduced of only collecting 3 doses of each antibiotic administered (or less) from hospital admission through 48 hours post-op (72 hours post-op if it's a <b>CABG or Other Cardiac Surgery</b>). However, if an abstractor chooses to abstract EACH antibiotic dose administered from hospital admission through 48 hours post-op (72 hours post-op if it's a <b>CABG or Other Cardiac Surgery</b>), this is acceptable.</li> <li>• <u>NOTE TO PROGRAMMERS:</u>                              The objective is to give systems the flexibility to reduce the number of antibiotic doses abstracted, without substantial changes to their existing systems. At the time of data entry, systems may choose to provide onscreen guidance as to the equivalence of a given set of generic and trade names.</li> <li>• For EACH antibiotic name abstracted enter an Antibiotic Administration Route, Date, Time, and whether it is a Prophylactic Antibiotic.</li> </ul>		
Data Dictionary	<i>Antibiotic Administration Route</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• Add “Only use “Antibiotic NOS” for new antibiotics that are not yet listed in Table 2.1.”</li> <li>• Add “Only collect antibiotics for SIP and PN that are administered via the routes listed in the inclusions in the Guidelines for Abstraction, page 1-38.”</li> </ul> <p><b>Notes for Abstraction, SIP</b>, add the following:</p> <ul style="list-style-type: none"> <li>• First: Abstract the <b>first and last</b> dose of each specific antibiotic administered from hospital arrival through the first 48 hours after surgery end time (72 hours postop if it's a <b>CABG or Other Cardiac Surgery</b>).</li> </ul>	1-34 1-35 1-36	01-1-06 Discharges

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		<ul style="list-style-type: none"> <li>• Second: If additional antibiotic doses were administered prior to or at surgical incision time, also abstract the final dose (if any) administered prior to or at surgical incision time. Example:               <ul style="list-style-type: none"> <li>○ Arrival time was 07:00. Surgical incision time was Noon. Surgery end time was 14:00. Antibiotic A was administered at 08:00, 10:00, Noon, 15:30, 17:00 and 19:00. Antibiotic B was administered at 15:30 and 17:00. Abstract:                   <ul style="list-style-type: none"> <li>• Antibiotic A: 08:00 (<b>first</b>), Noon (<b>last dose before or at surgical incision time</b>) and 19:00 (<b>last</b>)</li> <li>• Antibiotic B: 15:30 (<b>first</b>) and 17:00 (<b>last</b>)</li> </ul> </li> </ul> </li> <li>• Specific antibiotic, for the purposes of the SIP Project, is defined as having a single generic name and being administered via a single route (if Trade names are used, a crosswalk is provided in Appendix A, Table 2.1)</li> <li>• NOTE: This data element has 2 approaches for abstraction. A new approach is being introduced of only collecting 3 doses of each antibiotic administered (or less) from hospital admission through 48 hours post-op (72 hours post-op if it's a <b>CABG or Other Cardiac Surgery</b>). However, if an abstractor chooses to abstract EACH antibiotic dose administered from hospital admission through 48 hours post-op (72 hours post-op if it's a <b>CABG or Other Cardiac Surgery</b>), this is acceptable.</li> <li>• <u>NOTE TO PROGRAMMERS:</u> The objective is to give systems the flexibility to reduce the number of antibiotic doses abstracted, without substantial changes to their existing systems. At the time of data entry, systems may choose to provide onscreen guidance as to the equivalence of a given set of generic and trade names.</li> <li>• For EACH antibiotic name abstracted enter an Antibiotic Administration Route, Date, Time, and whether it is a Prophylactic Antibiotic.</li> </ul> <p><b>Guidelines for Abstraction, Inclusion/Exclusion list.</b> The following routes have changed from the inclusion list to the exclusion list:</p> <ul style="list-style-type: none"> <li>• Abdominal irrigation</li> <li>• Chest irrigation</li> <li>• Enema/rectally</li> <li>• Inhalation</li> <li>• Intracoronary</li> <li>• Peritoneal irrigation</li> </ul>		

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Data Dictionary	<i>Antibiotic Administration Time</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• Add “Only use “Antibiotic NOS” for new antibiotics that are not yet listed in Table 2.1.”</li> <li>• Add “Use of antibiotic “hang time” or “infusion time” as the antibiotic administration time is ONLY acceptable if found in ED documentation or on the MAR.”</li> </ul> <p><b>Notes for Abstraction, SIP</b>, add the following:</p> <ul style="list-style-type: none"> <li>• First: Abstract the <b>first and last</b> dose of each specific antibiotic administered from hospital arrival through the first 48 hours after surgery end time (72 hours postop if it’s a <b>CABG or Other Cardiac Surgery</b>).</li> </ul> <p>Second: If additional antibiotic doses were administered prior to or at surgical incision time, also abstract the final dose (if any) administered prior to or at surgical incision time.</p> <p>Example:</p> <ul style="list-style-type: none"> <li>○ Arrival time was 07:00. Surgical incision time was Noon. Surgery end time was 14:00. Antibiotic A was administered at 08:00, 10:00, Noon, 15:30, 17:00 and 19:00. Antibiotic B was administered at 15:30 and 17:00. Abstract: <ul style="list-style-type: none"> <li>• Antibiotic A: 08:00 (<b>first</b>), Noon (<b>last dose before or at surgical incision time</b>) and 19:00 (<b>last</b>)</li> <li>• Antibiotic B: 15:30 (<b>first</b>) and 17:00 (<b>last</b>)</li> </ul> </li> <li>• Specific antibiotic, for the purposes of the SIP Project, is defined as having a single generic name and being administered via a single route (if Trade names are used, a crosswalk is provided in Appendix A, Table 2.1)</li> <li>• NOTE: This data element has 2 approaches for abstraction. A new approach is being introduced of only collecting 3 doses of each antibiotic administered (or less) from hospital admission through 48 hours post-op (72 hours post-op if it’s a <b>CABG or Other Cardiac Surgery</b>). However, if an abstractor chooses to abstract EACH antibiotic dose administered from hospital admission through 48 hours post-op (72 hours post-op if it’s a <b>CABG or Other Cardiac Surgery</b>), this is acceptable.</li> <li>• <u>NOTE TO PROGRAMMERS:</u> The objective is to give systems the flexibility to reduce the number of antibiotic doses abstracted, without substantial changes to their existing systems. At the time of data entry, systems may choose to provide onscreen guidance as to the equivalence of a given set of</li> </ul>	1-37 1-38	01-1-06 Discharges

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		<p>generic and trade names.</p> <ul style="list-style-type: none"> <li>For EACH antibiotic name abstracted enter an Antibiotic Administration Route, Date, Time, and whether it is a Prophylactic Antibiotic.</li> </ul>		
Data Dictionary	<i>Antibiotic Name</i>	<p><b>Allowable Values</b>, remove second paragraph</p> <p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>Add “Only use ‘Antibiotic NOS’ for new antibiotics that are not yet listed in Table 2.1.”</li> </ul> <p><b>Notes for Abstraction, SIP</b>, add the following:</p> <ul style="list-style-type: none"> <li>First: Abstract the <b>first and last</b> dose of each specific antibiotic administered from hospital arrival through the first 48 hours after surgery end time (72 hours postop if it’s a <b>CABG or Other Cardiac Surgery</b>).</li> <li>Second: If additional antibiotic doses were administered prior to or at surgical incision time, also abstract the final dose (if any) administered prior to or at surgical incision time.</li> </ul> <p>Example:</p> <ul style="list-style-type: none"> <li>Arrival time was 07:00. Surgical incision time was Noon. Surgery end time was 14:00. Antibiotic A was administered at 08:00, 10:00, Noon, 15:30, 17:00 and 19:00. Antibiotic B was administered at 15:30 and 17:00. Abstract: <ul style="list-style-type: none"> <li>Antibiotic A: 08:00 (<b>first</b>), Noon (<b>last dose before or at surgical incision time</b>) and 19:00 (<b>last</b>)</li> <li>Antibiotic B: 15:30 (<b>first</b>) and 17:00 (<b>last</b>)</li> </ul> </li> <li>Specific antibiotic, for the purposes of the SIP Project, is defined as having a single generic name and being administered via a single route (if Trade names are used, a crosswalk is provided in Appendix A, Table 2.1)</li> <li>NOTE: This data element has 2 approaches for abstraction. A new approach is being introduced of only collecting 3 doses of each antibiotic administered (or less) from hospital admission through 48 hours post-op (72 hours post-op if it’s a <b>CABG or Other Cardiac Surgery</b>). However, if an abstractor chooses to abstract EACH antibiotic dose administered from hospital admission through 48 hours post-op (72 hours post-op if it’s a <b>CABG or Other Cardiac Surgery</b>), this is acceptable.</li> <li><u>NOTE TO PROGRAMMERS:</u> The objective is to give systems the flexibility to reduce the number of antibiotic doses abstracted, without substantial changes to their existing systems. At the time of data entry, systems may choose to provide onscreen guidance as to the equivalence of a given set of</li> </ul>	1-41 1-42	01-1-06 Discharges

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		<p>generic and trade names.</p> <ul style="list-style-type: none"> <li>For EACH antibiotic name abstracted enter an Antibiotic Administration Route, Date, Time, and whether it is a Prophylactic Antibiotic.</li> </ul>		
Data Dictionary	<i>Antibiotic Received</i>	<p><b>Notes for Abstraction:</b></p> <ul style="list-style-type: none"> <li>Add “For definition of antibiotic received prior to arrival, see data element <i>Antibiotics Prior to Arrival</i>.”</li> <li>Add “Antibiotics listed as “current” or “home meds”, etc., should be inferred as taken as within 24 hours prior to arrival, unless there is documentation they were not taken within the last 24 hours.”</li> <li>Add “In order to answer “Yes”, to “antibiotics prior to arrival” there must be clear documentation to support the receipt of antibiotics within 24 hours prior to arrival. This may include the exact time of administration, or phrases such as “this morning”, “this afternoon”, or similar documentation that is obviously within 24 hours of arrival. If unable to determine when the antibiotics prior to arrival were received, answer you will not be able to answer “Yes” to “antibiotics prior to arrival.””</li> </ul> <p><b>Guidelines for Abstraction, Inclusion/Exclusion list.</b>  The following routes have changed from the inclusion list to the exclusion list:</p> <ul style="list-style-type: none"> <li>Abdominal irrigation</li> <li>Chest irrigation</li> <li>Enema/rectally</li> <li>Inhalation</li> <li>Intracoronary</li> <li>Peritoneal irrigation</li> </ul>	1-43 1-44	01-1-06 Discharges
Data Dictionary	<i>Antibiotics Prior to Arrival</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>Remove the paragraph for SIP and the specific reference to PN</li> <li>Add new bullet: Antibiotics listed as “current” or “home meds”, etc., should be inferred as taken as within 24 hours prior to arrival, unless there is documentation they were not taken within the last 24 hours</li> <li><b>Suggested Data Sources, for SIP</b>, add History and Physical</li> <li><b>Guidelines for Abstraction, Inclusion/Exclusion list.</b> The following routes have changed from the inclusion list to the exclusion list: <ul style="list-style-type: none"> <li>Abdominal irrigation</li> <li>Chest irrigation</li> <li>Enema/rectally</li> <li>Inhalation</li> <li>Intracoronary</li> <li>Peritoneal irrigation</li> </ul> </li> </ul>	1-46 1-47	01-1-06 Discharges

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Data Dictionary	<i>Arrival Date</i>	<b>Suggested Data Sources</b> , remove “Face sheet”	1-50	01-1-06 Discharges
Data Dictionary	<i>Arrival Time</i>	<b>Suggested Data Sources</b> , remove “Face sheet”	1-52	01-1-06 Discharges
Data Dictionary	<i>Blood Sugar</i>	<b>Guidelines for Abstraction</b> , Inclusion, add “BS”	1-68	01-1-06 Discharges
Data Dictionary	<i>Compromised</i>	<b>Guidelines for Abstraction</b> , Inclusion, add “End stage renal disease”	1-76	01-1-06 Discharges
Data Dictionary	<i>Contra-indication to Aspirin at Discharge</i>	<b>Notes for Abstraction</b> , 4 <sup>th</sup> bullet: <ul style="list-style-type: none"> <li>• Add “No aspirin” to clearly implied reason example list (1<sup>st</sup> sub-bullet)</li> <li>• Add sub-bullet: MD/NP/PA documentation of an aspirin hold or discontinuation during the hospitalization constitutes a clearly implied reason for not prescribing aspirin at discharge. Add EXCEPTIONS bullets: <ul style="list-style-type: none"> <li>○ Enhance examples of discontinuation of a particular aspirin medication in combination with documentation to start a different aspirin medication.</li> <li>○ Reword guideline addressing pre-op or post-op holds/discontinuations</li> <li>○ Add exceptions: dosage adjustments, 1x holds</li> <li>○ Reword guideline addressing conditional holds/discontinuations/initiations.</li> </ul> </li> </ul>	1-78	01-1-06 Discharges
Data Dictionary	<i>Contra-indication to Aspirin on Arrival</i>	<b>Notes for Abstraction</b> , 6 <sup>th</sup> bullet: <ul style="list-style-type: none"> <li>• Add “No aspirin” to clearly implied reason example list (1<sup>st</sup> sub-bullet)</li> <li>• Add sub-bullet: MD/NP/PA documentation of an aspirin hold or discontinuation within the first 24 hours constitutes a clearly implied reason for no aspirin on arrival. Add EXCEPTIONS bullets: <ul style="list-style-type: none"> <li>○ Enhance examples of discontinuation of a particular aspirin medication in combination with documentation to start a different aspirin medication.</li> <li>○ Reword guideline addressing pre-op or post-op holds/discontinuations</li> <li>○ Add exceptions: dosage adjustments, 1x holds</li> <li>○ Reword guideline addressing conditional holds/discontinuations/initiations.</li> </ul> </li> </ul>	1-81 1-82	01-1-06 Discharges

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Data Dictionary	<i>Contra-indication to Beta Blocker at Discharge</i>	<p><b>Definition</b>, delete contraindication: Systolic blood pressure less than 90 mm Hg on day of discharge or day prior to discharge while not on a beta blocker.</p> <p><b>Notes for Abstraction</b>, 7<sup>th</sup> bullet:</p> <ul style="list-style-type: none"> <li>• Add “No beta blockers” to clearly implied reason example list (1<sup>st</sup> sub-bullet)</li> <li>• Add sub-bullet: MD/NP/PA documentation of a beta blocker hold or discontinuation during the hospitalization constitutes a clearly implied reason for not prescribing a beta blocker at discharge. Add EXCEPTIONS bullets: <ul style="list-style-type: none"> <li>○ Enhance examples of discontinuation of a particular beta blocker in combination with documentation to start a different beta blocker.</li> <li>○ Reword guideline addressing pre-op or post-op holds/discontinuations</li> <li>○ Add exceptions: dosage adjustments, 1x holds</li> <li>○ Reword guideline addressing conditional holds/discontinuations/initiations.</li> </ul> </li> </ul>	1-84 1-85 1-86	01-1-06 Discharges
Data Dictionary	<i>Contra-indication to Beta Blocker on Arrival</i>	<p><b>Definition and Allowable Values</b>, delete contraindication: “Systolic blood pressure less than 90 mm Hg on day of discharge or day prior to discharge while not on a beta blocker.”</p> <p><b>Notes for Abstraction</b>, 9<sup>th</sup> bullet:</p> <ul style="list-style-type: none"> <li>• Add “No beta blockers” to clearly implied reason example list (1<sup>st</sup> sub-bullet)</li> <li>• Add sub-bullet: MD/NP/PA documentation of a beta blocker hold or discontinuation within the first 24 hours constitutes a clearly implied reason for no beta blocker on arrival. Add EXCEPTIONS bullets: <ul style="list-style-type: none"> <li>○ Enhance examples of discontinuation of a particular beta blocker in combination with documentation to start a different beta blocker.</li> <li>○ Reword guideline addressing pre-op or post-op holds/discontinuations</li> <li>○ Add exceptions: dosage adjustments, 1x holds</li> <li>○ Reword guideline addressing conditional holds/discontinuations/initiations</li> </ul> </li> </ul>	1-88 1-89 1-90 1-91	01-1-06 Discharges
Data Dictionary	<i>Contra-indication to Both ACEI and ARB at Discharge</i>	<p><b>Notes for Abstraction</b>, 5<sup>th</sup> bullet:</p> <ul style="list-style-type: none"> <li>• Add “No ACEI/ARB” to clearly implied reason example list (2<sup>nd</sup> sub-bullet)</li> <li>• Add sub-bullet: MD/NP/PA documentation of a ACEI or ARB hold or discontinuation during the hospitalization constitutes a clearly implied reason for not prescribing an ACEI or ARB at discharge. Add EXCEPTIONS bullets: <ul style="list-style-type: none"> <li>○ Enhance examples of discontinuation of a particular ACEI/ARB in combination with</li> </ul> </li> </ul>	1-96	01-1-06 Discharges

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		<p>documentation to start a different ACEI/ARB.</p> <ul style="list-style-type: none"> <li>○ Reword guideline addressing pre-op or post-op holds/discontinuations</li> <li>○ Add exceptions: dosage adjustments, 1x holds</li> <li>○ Reword guideline addressing conditional holds/discontinuations/initiations.</li> </ul>		
Data Dictionary	<i>Discharge Instructions Address Activity</i>	<b>Notes for Abstraction</b> , add new bullet: “Electronically formatted media such as videos, CDs, and DVDs are acceptable for educational materials. Documentation must clearly convey that (1) activity instructions are included in the material, and (2) the patient was given a copy to take home.”	1-101	01-1-06 Discharges
Data Dictionary	<i>Discharge Instructions Address Diet</i>	<b>Notes for Abstraction</b> , add new bullet: “Electronically formatted media such as videos, CDs, and DVDs are acceptable for educational materials. Documentation must clearly convey that (1) diet instructions are included in the material, and (2) the patient was given a copy to take home.”	1-103	01-1-06 Discharges
Data Dictionary	<i>Discharge Instructions Address Follow-up</i>	<b>Notes for Abstraction</b> , add new bullet: “Electronically formatted media such as videos, CDs, and DVDs are acceptable for educational materials. Documentation must clearly convey that (1) follow-up instructions are included in the material, and (2) the patient was given a copy to take home.”	1-105	01-1-06 Discharges
Data Dictionary	<i>Discharge Instructions Address Medications</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• Under 1<sup>st</sup> bullet, add new sub-bullet: “When discharge medications outside of the written discharge instructions are noted using only references such as “continue current medications”, “continue present meds”, or “resume other meds”, rather than lists of the names of the discharge medications, and the abstractor is referencing what medications the patient was taking on the day of discharge (for comparison against the written discharge instructions, to confirm completeness of that list), medications which are clearly listed as prn (given on an as needed basis only) do NOT need to be included in the written discharge instructions.”</li> <li>• 2<sup>nd</sup> sentence added to step #2 of two-step process bullet: “EXCEPTION: If the written discharge instructions given to the patient have been completed or signed by an MD/NP/PA, presume the list of discharge medications in those instructions is complete.”</li> <li>• Add two new bullets: <ul style="list-style-type: none"> <li>○ Oxygen should not be considered a medication.</li> <li>○ Electronically formatted media such as</li> </ul> </li> </ul>	1-107	01-1-06 Discharges

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		videos, CDs, and DVDs are acceptable educational materials only if they provide all the names of the discharge medications specific to the patient. Documentation must clearly convey that the patient was given a copy to take home.		
Data Dictionary	<i>Discharge Instructions</i> <i>Address</i> <i>Symptoms</i> <i>Worsening</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> bullet, change wording to: “If written instructions address what to do if symptoms worsen, problems occur, the patient's condition changes or worsens, etc., without being specified or described as heart failure in nature – (e.g., “Call MD if symptoms get worse”, “Contact office with any problems”), infer they are referring to heart failure symptoms, unless documentation suggests otherwise.”</li> <li>• Add new bullet: “Electronically formatted media such as videos, CDs, and DVDs are acceptable for educational materials. Documentation must clearly convey that (1) instructions regarding what to do if heart failure symptoms worsen are included in the material, and (2) the patient was given a copy to take home.”</li> </ul>	1-110	01-1-06 Discharges
Data Dictionary	<i>Discharge Instructions</i> <i>Address</i> <i>Weight Monitoring</i>	<p><b>Notes for Abstraction</b>, add new bullet: “Electronically formatted media such as videos, CDs, and DVDs are acceptable for educational materials. Documentation must clearly convey that (1) weight monitoring instructions are included in the material, and (2) the patient was given a copy to take home.”</p>	1-113	01-1-06 Discharges
Data Dictionary	<i>Discharge Status</i>	<ul style="list-style-type: none"> <li>• <b>Collected For</b>, used in algorithm for, add AMI-1 and AMI-6</li> <li>• <b>Allowable Values</b>, add “66 - Discharged/ transferred to a Critical Access Hospital (CAH) (Effective 01-01-06)”</li> </ul>	1-116	01-1-06 Discharges
Data Dictionary	<i>First PCI Time</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> bullet: Do NOT include PCIs which were attempted but not completed on at least one vessel (e.g., angioplasty was not completed because the catheter could not be advanced into the blocked area of the artery or the balloon could not be inflated). Include PCIs which are completed but unsuccessful in maintaining the flow of blood through the artery. These may be described as “failed completed.”</li> <li>• 2<sup>nd</sup> bullet, add synonyms to balloon inflation time (priority #1): Time balloon deployed, Time stent deployed, Time stent placed, Time stent inserted, Time stent expanded</li> </ul>	1-128	01-1-06 Discharges
Data Dictionary	<i>Healthcare Associated PN</i>	<p><b>Notes for Abstraction</b>, add bullet: “For the purpose of this data element, an extended care facility is a non-apartment based institutional setting where 24-hour nursing care is provided.”</p>	1-130	01-1-06 Discharges

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Manual Section	Impacts	Description of Changes	Page	Implementation Date
Data Dictionary	<i>ICD-9-CM Other Procedure Codes</i>	<ul style="list-style-type: none"> <li>• <b>Collected For</b>, used in algorithm for, add HF-1, HF-2, HF-3, HF-4</li> <li>• <b>Guidelines for Abstraction</b>, Inclusion, add HF to the list in parentheses</li> </ul>	1-136	01-1-06 Discharges
Data Dictionary	<i>ICD-9-CM Principal Procedure Code</i>	<ul style="list-style-type: none"> <li>• <b>Collected For</b>, used in algorithm for, add HF-1, HF-2, HF-3, HF-4</li> <li>• <b>Guidelines for Abstraction</b>, Inclusion, add HF to the list in parentheses</li> </ul>	1-139	01-1-06 Discharges
Data Dictionary	<i>ICU Transfer or Admission Within First 24 Hours</i>	<b>Notes for Abstraction</b> , add bullet: “Answer ‘Yes’ if there is an order for ICU and not moved due to lack of beds.”	1-141	01-1-06 Discharges
Data Dictionary	<i>Infection Prior to Anesthesia</i>	<b>Notes for Abstraction</b> <ul style="list-style-type: none"> <li>• Add “Only abstract “Yes” to this question, if there is physician, nurse practitioner or physician assistant documentation the patient is being <b>treated</b> for an infection.”</li> <li>• Add “Only consider treatment that is being administered via an antibiotic administration route listed in the SIP inclusions for the Data Element <i>Antibiotic Administration Route</i>.”</li> </ul>	1-147	01-1-06 Discharges
Data Dictionary	<i>Influenza Vaccination Status</i>	<b>Allowable Values</b> , add “6 Vaccine not available to hospital, due to shortage of vaccine. ONLY select this value, if there has been an official memo sent from the Centers for Medicare & Medicaid Services and/or the Joint Commission on Accreditation for Healthcare Organizations AND values 1-5 are not selected.”	1-149	01-1-06 Discharges
Data Dictionary	<i>Initial Blood Culture Collected in Emergency Department (ED)</i>	New data element has been added		01-1-06 Discharges
Data Dictionary	<i>Initial ECG Interpretation</i>	<b>Notes for Abstraction</b> , <ul style="list-style-type: none"> <li>• Change 11<sup>th</sup> bullet, 3<sup>rd</sup> sentence to: “New”, “recent”, and “subacute” should not be considered synonymous with “acute”.</li> <li>• Change 14<sup>th</sup> bullet: LBBBs described as old or chronic should be disregarded.</li> <li>• Add bullet: Pacing can obscure ST segment changes. If there is documentation of both pacemaker/pacing and ST elevation/LBBB in the interpretation(s) of the ECG done closest to arrival, select “No”. Exception: Disregard pacemaker findings if (1) pacing is described as atrial only, or (2) documentation suggests the patient has a non-functioning pacemaker.</li> </ul> <b>Guidelines for Abstraction:</b> <ul style="list-style-type: none"> <li>• Add inclusion, (ST elevation): ST segment noted as <math>\geq 1</math> mm</li> <li>• Add exclusion (ST elevation): ST elevation, or any of the other ST segment elevation inclusion</li> </ul>	1-156 1-157	01-1-06 Discharges

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		<p>terms, with mention of pacemaker/pacing (unless atrial only)</p> <ul style="list-style-type: none"> <li>• Add exclusion (LBBB): Left bundle branch block (LBBB), or any of the other left bundle branch block inclusion terms, with mention of pacemaker/pacing (unless atrial only)</li> </ul>		
Data Dictionary	<i>LVF Assessment</i>	<ul style="list-style-type: none"> <li>• Change all left ventricular function (LVF) notations to left ventricular systolic function (LVSF)</li> <li>• <b>Guidelines for Abstraction</b>, add exclusions (LVSF): cardiomyopathy not described as endstage, contractility/hypocontractility</li> </ul>	1-160 1-161 1-162	01-1-06 Discharges
Data Dictionary	<i>LVSD</i>	<ul style="list-style-type: none"> <li>• Change all left ventricular function (LVF) notations to left ventricular systolic function (LVSF)</li> <li>• <b>Guidelines for Abstraction:</b> <ul style="list-style-type: none"> <li>○ Add exclusion, “cardiomyopathy not described as endstage”</li> <li>○ Add exclusion, “systolic dysfunction, or any of the other function/dysfunction terms in the Moderate/Severe Systolic Dysfunction Inclusion Table, described as mild-moderate”</li> </ul> </li> </ul>	1-163 1-164	01-1-06 Discharges
Data Dictionary	<i>Oral Antibiotics</i>	<b>Notes for Abstraction</b> , change to: “If there is documentation of a Nichol’s Bowel Prep used prior to hospital arrival or more than 24 hours prior to incision <b>and</b> there is no mention of other antibiotics administered prior to hospitalization or more than 24 hours prior to incision, answer “Yes” to this question. Nichol’s Bowel Prep contains the recommended oral antibiotic for Colon Surgery.”	1-171	01-1-06 Discharges
Data Dictionary	<i>Other Surgeries</i>	<b>Guidelines for Abstraction, Inclusion and Exclusion</b> , change from “Appendix H Table 1.9” to “None”	1-175	01-1-06 Discharges
Data Dictionary	<i>Payment Source</i>	<b>Allowable Values, Medicare (Title 18)</b> , add (Medicare Advantage) after Medicare + Choice	1-179	01-1-06 Discharges
Data Dictionary	<i>Pneumonia Working Diagnosis on Admission</i>	<p><b>Definition</b>, 2<sup>nd</sup> sentence, revise to: “Pneumonia need not be the primary or only diagnosis, but mentioned as suspected, rule out, etc., at <b>any</b> time from arrival through admission to the hospital.”</p> <p><b>Notes for Abstraction:</b></p> <ul style="list-style-type: none"> <li>• Following the 1<sup>st</sup> bullet, add: “EXCEPTION: If documentation is written later than admission but refers to events that led to the working diagnosis of pneumonia while the patient was in the ED, this documentation can be used.”</li> <li>• 4<sup>th</sup> bullet, add to the end of the statement, “unless the patient was a direct admit.”</li> <li>• Add bullet: “For direct admits, documentation the day of and the day after admission may be used, however, the earliest diagnosis (or set of diagnoses) the admitting physician documents</li> </ul>	1-188 1-189	01-1-06 Discharges

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		<p>is the only diagnosis that should be used, i.e., the patient is a direct admit at 1100, at 1820, the admitting physician documents COPD, shortness of breath and CHF, then comes in the next morning and makes a diagnosis of PN. This is <b>not</b> a working diagnosis, as COPD, shortness of breath and CHF are the earliest diagnosis of the admitting physician.”</p> <ul style="list-style-type: none"> <li>• Add bullet: “A direct admit is a patient who is admitted from their usual place of residence (i.e., home, nursing home, assisted living center, etc.) and, upon direction of a physician, has an admission order to be directly admitted to a floor/unit. A direct admit is <b>not</b> a transfer from another inpatient facility or a patient that has been seen in the emergency department.”</li> <li>• Add bullet: “For observation patients, a working diagnosis of pneumonia must be suspected, any time from hospital arrival to the point of admission to observation.”</li> </ul>		
Data Dictionary	<i>Postoperative Infections</i>	<p><b>Definition</b>, change to “Any infection treated in the postoperative period, following any surgical procedure of interest (with exception of <b>CABG or Other Cardiac Surgery</b>) performed during this hospitalization. Postoperative period is defined as within 2 days of the <i>Surgery End Date</i> with day of surgery being day zero.            If the case is <b>CABG or Other Cardiac Surgery</b>, postoperative period is defined as within 3 days of the <i>Surgery End Date</i> with day of surgery being day zero.”</p> <p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• Add “Only abstract “Yes” to this question, if there is physician, nurse practitioner or physician assistant documentation the patient is being <b>treated</b> for an infection.”</li> <li>• Add “Only consider treatment that is being administered via an antibiotic administration route listed in the SIP inclusions for the Data Element <i>Antibiotic Administration Route</i>.”</li> </ul>	1-191	01-1-06 Discharges
Data Dictionary	<i>Pseudomonas Risk</i>	<ul style="list-style-type: none"> <li>• <b>Collected For</b>, add PN-6b</li> <li>• <b>Definition</b>, change first sentence to: “Risk of pseudomonas is defined as any patient who has documentation of one of the following by the physician/nurse practitioner/physician assistant:”</li> <li>• <b>Allowable Values</b>, remove the term “ICU” from both values.</li> <li>• <b>Suggested Data Sources</b>, remove:               <ul style="list-style-type: none"> <li>○ Diabetic flow sheet</li> <li>○ Graphic sheet</li> <li>○ ICU/nursing flow sheets</li> <li>○ Laboratory reports</li> </ul> </li> </ul>	1-204 1-205	01-1-06 Discharges

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Data Dictionary	<i>Reason for No Lipid Lowering Therapy</i>	<p><b>Notes for Abstraction</b>, 1<sup>st</sup> bullet change:</p> <ul style="list-style-type: none"> <li>• Add “No cholesterol medications” to clearly implied reason example list (1<sup>st</sup> sub-bullet)</li> <li>• Add sub-bullet: MD/NP/PA documentation of a lipid lowering agent hold or discontinuation during the hospitalization constitutes a clearly implied reason for not prescribing a lipid lowering agent at discharge. Add EXCEPTIONS bullets: <ul style="list-style-type: none"> <li>○ Enhance examples of discontinuation of a particular lipid lowering agent in combination with documentation to start a different lipid lowering agent.</li> <li>○ Reword guideline addressing pre-op or post-op holds/discontinuations</li> <li>○ Add exceptions: dosage adjustments, 1x holds</li> <li>○ Reword guideline addressing conditional holds/discontinuations/initiations.</li> </ul> </li> </ul>	1-212 1-213	01-1-06 Discharges
Data Dictionary	<i>Surgical Incision Time</i>	<p><b>Notes for Abstraction</b></p> <ul style="list-style-type: none"> <li>• Change first bullet to, “Follow priority order in the Guidelines for Abstraction. If multiple times are found, select the earliest time among the inclusions for the highest priority synonym (e.g., Incision time).”</li> <li>• Add “Look in all sources for any of the <u>first</u> priority synonyms for Incision Time. If multiple times are found, select the earliest time among the inclusions for Incision Time.”</li> <li>• Add “If none of these synonyms are documented, go to the <u>second</u> priority list of synonyms for Surgery Start/Begin time. If multiple times are found, select the earliest time among the inclusions for Surgery Start/Begin time.”</li> <li>• Add “If none of the first and the second priorities is documented, go to the <u>third</u> priority list of synonyms for Anesthesia Time. If multiple times are found, select the earliest time among the inclusions for Anesthesia Time.”</li> <li>• <b>Examples</b>, under Example 1, add “In this example, we will only consider the “chest time” and “sternotomy time” as they are the only priority 1 synonyms.”</li> <li>• <b>Examples</b>, under Example 2, add “In this example, there are no priority 1 synonyms documented. We will only consider “operation start,” “OR start” and “surgery start” as they are the only priority 2 synonyms.”</li> </ul>	1-222 1-223	01-1-06 Discharges
Data Dictionary	<i>Transfer from Another ED</i>	<p><b>Collected For:</b> change “All PN Measures” to “PN-1, PN-3a, PN-3b, PN-5**, PN-5a**, PN-5b, PN-6, PN-6a**, PN-6b**”</p>	1-233	01-1-06 Discharges

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Data Dictionary	<i>Type of Surgery</i>	<b>Allowable Values</b> , value 2, add word “other” to cardiac surgery	1-236	01-1-06 Discharges
Measure Information	AMI National Quality Measures	<b>Measure Short Name:</b> <ul style="list-style-type: none"> <li>• Change AMI-7: Median Time to Thrombolysis</li> <li>• Change AMI-8: Median Time to PCI</li> </ul>	AMI-1	01-1-06 Discharges
Measure Information	AMI Data Element List	Data element, <i>Discharge Status, Collected For</i> , add AMI-1 and AMI-6	AMI-2	01-1-06 Discharges
Measure Information	AMI Measure Population	Add “The population for this measure set includes only patients admitted to the hospital for inpatient acute care”	AMI-4	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-1</b> <ul style="list-style-type: none"> <li>• Denominator, <b>Excluded Populations</b>, add under 2<sup>nd</sup>, 5<sup>th</sup> and 6<sup>th</sup> bullets: “or day after arrival”</li> <li>• <b>Data Elements</b>, add <i>Discharge Status</i></li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-1-2 AMI-1-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-1</b> <ul style="list-style-type: none"> <li>• Add derived variable “Duration of Stay”</li> <li>• Add value 66 for <i>Discharge Status</i></li> </ul>	AMI-1-4 AMI-1-5	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-2</b> <b>Selected References</b> updated	AMI-2-2 AMI-2-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-2</b> , add value 66 for <i>Discharge Status</i>	AMI-2-5	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-3</b> <ul style="list-style-type: none"> <li>• Change all “LVF” references to: left ventricular systolic (LVS) function</li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-3-1 AMI-3-2 AMI-3-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-3</b> , add value 66 for <i>Discharge Status</i>	AMI-3-5	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-4</b> <b>Selected References</b> updated	AMI-4-2 AMI-4-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-4</b> , add value 66 for <i>Discharge Status</i>	AMI-4-5	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-5</b> <ul style="list-style-type: none"> <li>• <b>Denominator Statement, Excluded Populations</b>, remove: Systolic blood pressure less than 90 mm Hg on day of discharge or day prior to discharge while not on a beta blocker</li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-5-2 AMI-5-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-5</b> add value 66 for <i>Discharge Status</i>	AMI-5-5	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-6</b> <ul style="list-style-type: none"> <li>• Denominator, <b>Excluded Populations:</b> <ul style="list-style-type: none"> <li>○ Add under 2<sup>nd</sup>, 5<sup>th</sup> and 6<sup>th</sup> bullets: or day after arrival</li> <li>○ Remove contraindication under 7<sup>th</sup> bullet: Systolic blood pressure less than 90 mm Hg on day of discharge or day prior to discharge while not on a beta blocker</li> </ul> </li> <li>• <b>Data Elements</b>, add <i>Discharge Status</i></li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-6-2 AMI-6-3	01-1-06 Discharges

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Measure Information	AMI Analytic Flowchart	<b>AMI-6</b> add value 66 for <i>Discharge Status</i>	AMI-6-5	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-7</b> <ul style="list-style-type: none"> <li>• <b>Performance Measure Name</b>, change to “Median Time to Thrombolysis”</li> <li>• Change all “mean” notations to “median”.</li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-7-1 AMI-7-2 AMI-7-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-7</b> Change measure title to “Median Time to Thrombolysis”	AMI-7-4	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-7a</b> <ul style="list-style-type: none"> <li>• Change all “mean” notations to “median”.</li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-7a-3	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-8</b> <ul style="list-style-type: none"> <li>• <b>Performance Measure Name</b>, change to “Median Time to PCI.”</li> <li>• Change all “mean” notations to “median”</li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-8-1 AMI-8-2 AMI-8-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-8</b> Change measure title to “Median Time to PCI”	AMI-8-4	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-8a</b> <ul style="list-style-type: none"> <li>• Change all “mean” notations to “median”.</li> <li>• <b>Selected References</b> updated</li> </ul>	AMI-8a-3	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-9</b> <b>Selected References</b> updated	AMI-9-2	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-9</b> add value 66 for <i>Discharge Status</i>	AMI-9-2	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-T1a</b> <b>Selected References</b> updated	AMI-T1a-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-T1a</b> add value 66 for <i>Discharge Status</i>	AMI-T1a-5	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-T1b</b> <b>Selected References</b> updated	AMI-T1b-3	01-1-06 Discharges
Measure Information	AMI Measure Information Form	<b>AMI-T2</b> <b>Selected References</b> updated	AMI-T2-3	01-1-06 Discharges
Measure Information	AMI Analytic Flowchart	<b>AMI-T2</b> add value 66 for <i>Discharge Status</i>	AMI-T2-5	01-1-06 Discharges
Measure Information	HF National Quality Measures	<b>Measure Short Name</b> , change HF-2 to “Evaluation of LVS Function”	HF-1	01-1-06 Discharges
Measure Information	HF Data Element List	For General Data Element Names, <i>ICD-9-CM Other Procedure Codes</i> and <i>ICD-9-CM Principal Procedure Code</i> <b>Collected For</b> , add “Used in algorithm for All HF Measures”	HF-2	01-1-06 Discharges
Measure Information	HF Measure Population	<ul style="list-style-type: none"> <li>• <i>ICD-9-CM Other Procedure Codes</i> and <i>ICD-9-CM Principal Procedure Code</i> have been added to the data elements used to identify the measure</li> </ul>	HF-4	01-1-06 Discharges

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		<ul style="list-style-type: none"> <li>population</li> <li>• Added “The population for this measure set includes only patients admitted to the hospital for inpatient acute care”</li> <li>• Added LVAD procedure codes as an exclusion</li> </ul>		
Measure Information	HF Measure Information Form	<b>HF-1</b> <ul style="list-style-type: none"> <li>• <b>Denominator Statement</b> <ul style="list-style-type: none"> <li>○ <b>Excluded Populations</b>, add Table 2.2</li> <li>○ <b>Data Elements</b>, add <i>ICD-9-CM Other Procedure Codes</i> and <i>ICD-9-CM Principal Procedure Code</i></li> </ul> </li> </ul>	HF-4-1 HF-4-3	01-1-06 Discharges
Measure Information	HF Analytic Flowchart	<b>HF-1</b> <ul style="list-style-type: none"> <li>• Add data element: <i>ICD-9-CM Principal or Other Procedure Codes</i></li> <li>• Add LVAD exclusion Table 2.2</li> <li>• Add value 66 for <i>Discharge Status</i></li> </ul>	HF-1-4 HF-1-5	01-1-06 Discharges
Measure Information	HF Measure Information Form	<b>HF-2</b> <ul style="list-style-type: none"> <li>• <b>Measure Short Name</b> change to “Evaluation of LVS Function”</li> <li>• Change all “LVF” references to “left ventricular systolic (LVS) function”</li> <li>• Change all “assessed” references to “evaluated”</li> <li>• <b>Denominator Statement</b> <ul style="list-style-type: none"> <li>○ <b>Excluded Populations</b>, add Table 2.2</li> <li>○ <b>Data Elements</b>, add <i>ICD-9-CM Other Procedure Codes</i> and <i>ICD-9-CM Principal Procedure Code</i></li> </ul> </li> </ul>	HF-2-1 HF-2-2	01-1-06 Discharges
Measure Information	HF Analytic Flowchart	<b>HF-2</b> <ul style="list-style-type: none"> <li>• Add data element: <i>ICD-9-CM Principal or Other Procedure Codes</i></li> <li>• Add LVAD exclusion Table 2.2</li> <li>• Add value 66 for <i>Discharge Status</i></li> </ul>	HF-2-3 HF-2-4	01-1-06 Discharges
Measure Information	HF Measure Information Form	<b>HF-3</b> <ul style="list-style-type: none"> <li>• Change all “LVF” references to “left ventricular systolic (LVS) function”</li> <li>• <b>Denominator Statement</b> <ul style="list-style-type: none"> <li>○ <b>Excluded Populations</b>, add Table 2.2</li> <li>○ <b>Data Elements</b>, add <i>ICD-9-CM Other Procedure Codes</i> and <i>ICD-9-CM Principal Procedure Code</i></li> </ul> </li> </ul>	HF-3-1 HF-3-2	01-1-06 Discharges
Measure Information	HF Analytic Flowchart	<b>HF-3</b> <ul style="list-style-type: none"> <li>• Add data element: <i>ICD-9-CM Principal or Other Procedure Codes</i></li> <li>• Add LVAD exclusion Table 2.2</li> <li>• Add value 66 for <i>Discharge Status</i></li> </ul>	HF-3-3 HF-3-5	01-1-06 Discharges
Measure Information	HF Measure Information Form	<b>HF-4</b> <ul style="list-style-type: none"> <li>• <b>Denominator Statement</b> <ul style="list-style-type: none"> <li>○ <b>Excluded Populations</b>, add Table 2.2</li> <li>○ <b>Data Elements</b>, add <i>ICD-9-CM Other Procedure Codes</i> and <i>ICD-9-CM Principal Procedure Code</i></li> </ul> </li> <li>• <b>Selected References</b> updated</li> </ul>	HF-4-1 HF-4-3	01-1-06 Discharges

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Measure Information	HF Analytic Flowchart	<p><b>HF-4</b></p> <ul style="list-style-type: none"> <li>Add data element: <i>ICD-9-CM Principal or Other Procedure Codes</i></li> <li>Add LVAD exclusion Table 2.2</li> <li>Add value 66 for <i>Discharge Status</i></li> </ul>	HF-4-4 HF-4-5	01-1-06 Discharges
Measures Information	PN National Quality Measures	<p><b>Measure Short Name</b></p> <ul style="list-style-type: none"> <li><b>PN-3b</b>, change to “Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital”</li> <li><b>PN-5a</b>, change “Mean” to “Median”</li> </ul>	PN-1	01-1-06 Discharges
Measures Information	PN Data Element List	<ul style="list-style-type: none"> <li>Add data element, “Initial Blood Culture Collected in Emergency Department (ED)” <b>Collected For</b>, PN3b</li> <li><b>Collected For</b> <ul style="list-style-type: none"> <li>Data element <i>Pseudomonas Risk</i>, add PN-6b</li> <li>Data element, <i>Transfer from Another ED</i>, change “All PN Measures” to “PN-1, PN-3a, PN-3b, PN-5**, PN-5a**, PN-5b, PN-6, PN-6a**, PN-6b**”</li> </ul> </li> </ul>	PN-3	01-1-06 Discharges
Measures Information	PN Measure Population	<ul style="list-style-type: none"> <li>Add “The population for this measure set includes only patients admitted to the hospital for inpatient acute care”</li> <li>Move the “Initial population common to all measures” line to after the <i>Comfort Measures Only</i> variable. (Change on all PN analytic flowcharts)</li> </ul>	PN-4 PN-5	01-1-06 Discharges
Measures Information	PN Measure Information Form	<p><b>PN-2 Excluded Population</b></p> <ul style="list-style-type: none"> <li>1<sup>st</sup> bullet, remove “including another emergency department”</li> <li><b>Data Elements</b>, remove “<i>Transfer From Another ED</i>”</li> </ul>	PN-2-1	01-1-06 Discharges
Measures Information	PN Analytic Flowchart	<p><b>PN-2</b></p> <ul style="list-style-type: none"> <li>Add value 66 for <i>Discharge Status</i></li> <li><b>Data Element</b> <i>Comfort Measures Only</i>, change down arrow from a “Y” to a “N”</li> <li>Remove <b>Data Element</b>, <i>Transfer From Another ED</i></li> </ul>	PN-2-5	01-1-06 Discharges
Measures Information	PN Measure Information Form	<p><b>PN-3b</b></p> <ul style="list-style-type: none"> <li><b>Performance Measure Name</b>, change to “Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital”</li> <li><b>Description</b>, change to “Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics.”</li> <li><b>Numerator Statement</b>, change to “Number of pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics.”</li> </ul>	PN-3b-1 PN-3b-2	01-1-06 Discharges

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Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<ul style="list-style-type: none"> <li>• <b>Denominator Statement:</b> <ul style="list-style-type: none"> <li>○ Change to, “Pneumonia patients 18 years of age and older who have an initial blood culture collected in the emergency department.”</li> <li>○ <b>Data Elements</b>, add “Initial Blood culture Collected in Emergency Department (ED)”</li> </ul> </li> </ul>		
Measures Information	PN Analytic Flowchart	<p><b>PN-3b</b></p> <ul style="list-style-type: none"> <li>• Change element name, numerator statement and denominator statement to be consistent with MIF</li> <li>• Add <b>Data Element</b>, <i>Initial Blood Culture Collected in Emergency Department (ED)</i></li> <li>• Wording changed in description boxes for: <ul style="list-style-type: none"> <li>○ Initial Antibiotic Date</li> <li>○ Blood Culture Collection Day</li> <li>○ Antibiotic Timing</li> </ul> </li> </ul>	PN-3b-4 PN-3b-5 PN-3b-6 PN-3b-7	01-1-06 Discharges
Measures Information	PN Measure Information Form	<p><b>PN-4</b></p> <p><b>Excluded Population</b></p> <ul style="list-style-type: none"> <li>• Remove “Patients received in transfer from another hospital’ emergency department”</li> <li>• <b>Data Elements</b>, remove “<i>Transfer From Another ED</i>”</li> </ul>	PN-4-2	01-1-06 Discharges
Measures Information	PN Analytic Flowchart	<p><b>PN-4</b></p> <ul style="list-style-type: none"> <li>• Add value 66 for <i>Discharge Status</i></li> <li>• Remove <b>Data Element</b>, <i>Transfer From Another ED</i></li> </ul>	PN-4-5	01-1-06 Discharges
Measures Information	PN Measure Information Form	<p><b>PN-5</b></p> <ul style="list-style-type: none"> <li>• <b>Performance Measures Name</b>, change “Mean” to “Median”</li> <li>• <b>Improvement Noted as</b>, change “mean” to “Median”</li> </ul>	PN-5-1	01-1-06 Discharges
Measures Information	PN Analytic Flowchart	<p><b>PN-5</b></p> <p>Wording changed in description boxes for:</p> <ul style="list-style-type: none"> <li>• Initial Antibiotic Date</li> <li>• Initial Antibiotic Time</li> </ul>	PN-5-7	01-1-06 Discharges
Measures Information	PN Analytic Flowchart	<p><b>PN-5ab</b></p> <p>Wording changed in description boxes for:</p> <ul style="list-style-type: none"> <li>• Initial Antibiotic Date</li> <li>• Initial Antibiotic Time</li> </ul>	PN-5ab-7	01-1-06 Discharges
Measures Information	PN Measures Information Form	<p><b>PN-6, PN-6ab</b></p> <ul style="list-style-type: none"> <li>• <b>PN-6b, Numerator Statement</b>, Data Elements, add <i>Pseudomonas Risk</i></li> <li>• <b>Data Accuracy</b>, remove 2<sup>nd</sup> bullet, ”In the event that a PN patient....”</li> <li>• <b>Pneumonia Antibiotic Consensus Recommendations, Pseudomonal Risk</b> <ul style="list-style-type: none"> <li>○ Change 1<sup>st</sup> bullet to “These antibiotic would also be acceptable for ICU and Non-ICU patients with pseudomonal risk”</li> <li>○ Add piperacillin to the Antipseudomonal β-lactam list</li> </ul> </li> </ul>	PN-6, PN-6ab-2 PN-6, PN-6ab-5	01-1-06 Discharges

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Measures Information	PN Measure Information Form	<b>PN-7 Excluded Population</b> <ul style="list-style-type: none"> <li>1<sup>st</sup> bullet, remove “including another emergency department”</li> <li><b>Data Elements</b>, remove “<i>Transfer From Another ED</i>”</li> </ul>	PN-7-2	01-1-06 Discharges
Measures Information	PN Analytic Flowchart	<b>PN-7</b> <ul style="list-style-type: none"> <li>Add value 66 for <i>Discharge Status</i></li> <li>Remove <b>Data Element</b>, <i>Transfer From Another ED</i></li> <li>For diamond <i>Influenza Vaccination Status</i>, add value 6</li> </ul>	PN-7-5 PN-7-6	01-1-06 Discharges
Measures Information	SIP National Quality Measures	<b>Measure Short Name</b> <ul style="list-style-type: none"> <li>SIP-1c, SIP-2c, SIP-3c, change “Cardiac Surgery” to “Other Cardiac Surgery”</li> <li>SIP-3b, SIP-3c change “within 24 Hours” to “within 48 Hours”</li> </ul>	SIP-1 SIP-2	01-1-06 Discharges
Measures Information	SIP Measure Population	<ul style="list-style-type: none"> <li>Add “The population for this measure set includes only patients admitted to the hospital for inpatient acute care”</li> <li>Last paragraph, referring to seven strata, change “Cardiac” to “Other Cardiac”</li> </ul>	SIP-5 SIP-6	01-1-06 Discharges
Measures Information	SIP Measure Information Forms	<b>Performance Measure Name, All SIP Measures</b> Change SIP 1c, SIP-2c, SIP-3c, to “Other Cardiac Surgery”	SIP-1-1 SIP-2-1 SIP-3-1	01-1-06 Discharges
Measures Information	SIP Analytical Flowchart	<b>Stratification Table, All SIP Measures</b> , 1st page of each analytic flowchart, change “Cardiac Surgery” to “Other Cardiac Surgery”	SIP-1-5 SIP-2-5 SIP-3-5	01-1-06 Discharges
Measures Information	SIP Measure Information Forms	<b>SIP-2 Prophylactic Antibiotic Regimen Selection for Surgery</b> , Surgical Procedure, change “Cardiac “ to “Other Cardiac”	SIP-2-4	01-1-06 Discharges
Measures Information	SIP Measure Information Forms	<b>SIP 3 Description</b> , add “*The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2005) has been published. Because of this new guideline, CMS and JCAHO have revised SIP-3 relevant to cardiac surgery (CABG and Other Cardiac Surgery) only. The published STS guideline indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.”	SIP-3-1	01-1-06 Discharges
Measures Information	PR Measure Population	Add “The population for this measure set includes only patients admitted to the hospital for inpatient acute care”	PR-3	01-1-06 Discharges
Measure Information Form	PR Analytical Flowchart	<b>PR-2</b> , add value 66 for <i>Discharge Status</i>	PR-2-3	01-1-06 Discharges
Missing and Invalid Data	Missing and Invalid Data	<ul style="list-style-type: none"> <li>Add: Information related to the age exclusion for the data element <i>ICD Population Size</i>.</li> </ul>	3-1	01-1-06 Discharges

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		<ul style="list-style-type: none"> <li>• Revision: Definition of <i>ICD Population Size</i> to match the Data Dictionary.</li> <li>• Remove: Notes related to the data elements <i>Missing or Invalid Measure Population Data</i> and <i>Missing or Invalid Numerator Data</i> not being calculated for strata measures. These data elements <b>are</b> calculated for all measures, overall and strata</li> <li>• Revision of: The example flowchart (AMI-5) provided at the end of the section to remove <i>Discharge Status = 8</i> and add <i>Discharge Status = 66</i></li> <li>• Revision of: Dates in the examples from using slashes (01/01/2005) to dashes (01-01-2005)</li> </ul>		
Data Quality	Data Quality	<ul style="list-style-type: none"> <li>• Add: Information concerning the Joint Commission and CMS' future data sharing agreement in relationship to Data Reliability.</li> <li>• Add: A table to clarify when CDAC reabstraction fulfills the Data Reliability requirement versus when a measurement system must perform the reabstraction.</li> <li>• Revision of: The sampling requirement of Option A for Data Reliability.</li> <li>• Revision of: Calculation of the Data Element Agreement Rate (DEAR) and the associated examples</li> <li>• Revision of: Remediation agreement rates for the Category Assignment Agreement Rate (CAAR) and the Data Element Agreement Rate (DEAR) to be consistent with the 2005 measurement system contract</li> <li>• Add: Information concerning measurement system Data Completeness Testing requirements</li> <li>• Add: A section on recommended reports that should be provided to client health care organizations</li> <li>• Removed example 1 from the Outlier Analysis discussion related to continuous variable measures.</li> </ul>	5-1	01-1-06 Discharges
Steps to Calculate Rates and Measures	Steps to Calculate Rates and Measures	<p>This section discusses how to calculate the rates and measurements for time-to-event (continuous variable) measures for patient's with a <i>Discharge Date</i> of 12-31-2005 or earlier. Beginning with 01-01-2006 discharges, continuous variable measures will be statistically analyzed using median instead of mean. Additional information will be provided to performance measurement systems at a later date related to any changes that will be required to support median analysis. This includes:</p> <ul style="list-style-type: none"> <li>• HCO-level data transmission changes</li> <li>• Quarterly aggregation rules for comparison analysis</li> </ul>	7-1	01-1-06 Discharges

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Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<ul style="list-style-type: none"> <li>How to perform median control chart and comparison analysis</li> </ul>		
National Hospital Quality Measure Verification Process	National Hospital Quality Measure Verification Process	<ul style="list-style-type: none"> <li>This section discusses the HCO level results file layout used in the verification process for patient's with a <i>Discharge Date</i> of 12-31-2005 or earlier. Beginning with 01-01-2006 discharges, continuous variable measures will be statistically analyzed using median instead of mean. Additional information will be provided to performance measurement systems at a later date related to any changes that will be required to the HCO level results file layout to support verification of median analysis.</li> <li>The data element <i>Initial Blood Culture Collected in Emergency Department (ED)</i> has been added to the Patient-Level Test Case File Format for PN in position #362. The data elements <i>Performance Measurement System Identifier</i> and <i>Testcase Batch Number</i> have been moved down one position in the file to #363 and #364 respectively.</li> </ul>	8-1	01-1-06 Discharges
National Hospital Quality Measure Data Transmission	National Hospital Quality Measure Data Transmission	<p>ORYX data re-transmission to the Joint Commission:</p> <ul style="list-style-type: none"> <li>1<sup>st</sup> bullet – removed the statement: “This e-mail serves to notify us that we should manually move the file(s) to the production database for quarter-end processing. Given the expired date ranges, upon re-transmission, please disregard any error report message indicating an expired data range was submitted.”</li> <li>5<sup>th</sup> bullet – updated the X12 file format information to read: “Re-transmissions should be submitted in the same fashion as regular quarterly transmissions, i.e., through the Performance Measurement System Extranet Track (PET) using the existing production X12 file format. One file per quarter is the preferred format. The data element <i>Test Indicator</i> (ISA15) must = ‘R’ for re-transmission files. Re-transmitted data contained in production files (<i>Test Indicator</i> = ‘P’) will be rejected; re-transmitted data contained in trial files (<i>Test Indicator</i> = ‘T’) will not be included in quarter-end processing.”</li> <li>6<sup>th</sup> bullet - Updated the billing information related to re-transmitting ORYX data to read: “The fees for re-transmission of HCO-level data will be two (2) times the amount of the regular transmission fees, not to exceed \$3,500 per re-transmitting quarter per listed measurement. No handling fee will be applied. <u>Examples:</u> 1) Core: 2(\$39/per set * number of quarters transmitted * HCO count for the set; 2)</li> </ul>	9-1	01-1-06 Discharges

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		<p>Non-core: 2(\$13/per measure * number of quarters transmitted * HCO count for that measure). Cumulative core and non-core re-transmission billing fees are capped at \$3,500 per re-transmitting quarter per listed measurement system. There is currently no charge for re-transmission of non-core comparison group data.”</p> <ul style="list-style-type: none"> <li>• 7<sup>th</sup> bullet – Updated the statement to read: “All accepted re-transmitted HCO-level data (core and non-core measures) and Comparison Group data (non-core measures) will overwrite previously received data.”</li> <li>• NOTE – Removed the following statement from the NOTE: “It is anticipated that the pattern of dates will simply repeat themselves quarter-by-quarter, making it possible for PMSs to incorporate them into their own timelines.”</li> </ul> <p>Joint Commissions’ Performance Measure Identifier (Transmission ID#):</p> <ul style="list-style-type: none"> <li>• Table 4 through Table 8 – Added a new column “Start – End <i>Discharge Date</i>” to the tables.</li> <li>• Table 4. Acute Myocardial Infarction Measures                             <ul style="list-style-type: none"> <li>○ Modified the name of AMI-7 (#14226) to “Median Time to Thrombolysis.”</li> <li>○ Modified the name of AMI-8 (#14227) to “Median Time to PCI.”</li> <li>○ Added the following note: Note: Statistical analysis for AMI-7 and AMI-8 is changing from mean to median beginning with</li> <li>○ 01-01-2006 discharges. Additional information will be provided to performance measurement systems at a later date related to any changes that will be required in the HCO-level data transmission, including Transmission ID, to support median analysis.</li> </ul> </li> <li>• Table 6 – Pneumonia Measures                             <ul style="list-style-type: none"> <li>○ Modified the name of PN-5 (#14444) to “Antibiotic Timing (Median)”.</li> <li>○ Added the following note: Note: Statistical analysis for PN-5 is changing from mean to median beginning with 01-01-2006 discharges. Additional information will be provided at a later date related to any changes that will be required in the HCO-level data transmission, including Transmission ID, to support median analysis.</li> <li>○ End-dated PN-3b (#14443), Blood Culture Before First Antibiotic. This transmission ID has been end-dated as of 12-31-2005 discharges.</li> <li>○ Added Performance Measure Identifier (Transmission ID #14453) for measure PN-</li> </ul> </li> </ul>		

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		3b, Blood Cultures Performed in the ED Before First Antibiotic Administered in Hospital. This transmission ID will be used starting with 01-01-06 discharges.		
CMS National Hospital Quality Measure Data Transmission	XML File Layout	Modify: XML File Layout according to these release notes	9-15	01-1-06 Discharges
Appendix A	Table 2.2 Left Ventricular Assistive Device (LVAD) and Heart Transplant	Add <b>Table 2.2:</b> Left Ventricular Assistive Device (LVAD) and Heart Transplant to the ICD-9-CM Code Tables	Appendix A-2	01-1-06 Discharges
Appendix A	Table 3.1 Pneumonia (PN)	<b>Table 3.1:</b> <b>Remove</b> the following viral pneumonia codes: <ul style="list-style-type: none"> <li>• 480.0</li> <li>• 480.1</li> <li>• 480.2</li> <li>• 480.3</li> <li>• 480.8</li> <li>• 480.9</li> </ul>	Appendix A-2	01-1-06 Discharges
Appendix C	Table 2.1 Antimicrobial Medications Table	<b>Table 2.1:</b> <b>Add</b> the following medications: <ul style="list-style-type: none"> <li>• Cubicin</li> <li>• Daptomycin</li> <li>• Penicillin G Benzathine/Penicillin G Procaine</li> </ul> <b>Remove</b> the following medications: <ul style="list-style-type: none"> <li>• Abacavir</li> <li>• Abacavir Sulfate</li> <li>• Acyclovir</li> <li>• Acyclovir Sodium</li> <li>• Agenerase</li> <li>• Amantadine</li> <li>• Amantadine Hydrochloride</li> <li>• Ambisome</li> <li>• Amoxillin</li> <li>• Amphocin</li> <li>• Amphotec</li> <li>• Amphotericin B</li> <li>• Amprenavir</li> <li>• Aralen</li> <li>• Aralen Phosphate</li> <li>• Avlosulfon</li> <li>• Chloroquine</li> <li>• Combivir</li> <li>• Cytovene</li> <li>• Dapsone</li> <li>• Diflucan</li> <li>• Famciclovir</li> <li>• Famvir</li> <li>• Fluconazole</li> <li>• Ganciclovir</li> </ul>	Appendix C	01-1-06 Discharges

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		<ul style="list-style-type: none"> <li>• Ganciclovir Sodium</li> <li>• HIVID</li> <li>• Hydroxychloroquine</li> <li>• Ketoconazole</li> <li>• Larium</li> <li>• Mefloquine</li> <li>• Mefloquine Hydrochloride</li> <li>• Mycostatin</li> <li>• Nilstat</li> <li>• Nizoral</li> <li>• Nystatin</li> <li>• Oseltamivir</li> <li>• Oseltamivir Phosphate</li> <li>• Plaquenil</li> <li>• Plaquenil Sulfate</li> <li>• Relenza</li> <li>• Retrovir</li> <li>• Stavudine</li> <li>• Symmetrel</li> <li>• Tamiflu</li> <li>• Tamivir</li> <li>• VFEND</li> <li>• Voriconazole</li> <li>• ZDV+3TC</li> <li>• Zalcitabine</li> <li>• Zanamivir</li> <li>• Zerit</li> <li>• Ziagen</li> <li>• Zidovudine</li> <li>• Zovirax</li> </ul>		
Appendix C	Table 2.2 Immuno-suppressant Medications Table	<b>Table 2.2:</b> <b>Add</b> the following medications: <ul style="list-style-type: none"> <li>• Alimta</li> <li>• Arava</li> <li>• Azaqcitidine</li> <li>• Leflunomine</li> <li>• Megace</li> <li>• Pemetrexed</li> <li>• Vidaza</li> </ul>	Appendix C	01-1-06 Discharges
Appendix C	Table 2.3 Beta-Lactams Medications Table	<b>Table 2.3</b> <b>Add</b> Ertapenem Sodium	Appendix C-34	01-1-06 Discharges
Appendix C	Table 2.4 Beta-Lactams (Pseudomonal Risk) Medications Table	<b>Table 2.4</b> <b>Add</b> the following medications: <ul style="list-style-type: none"> <li>• Piperacillin</li> <li>• Pipracil</li> </ul>	Appendix C-34	01-1-06 Discharges
Appendix C	Table 4.0 Antibiotic Allergy	<b>Table 4.0:</b> <b>Add</b> the following medications: <ul style="list-style-type: none"> <li>• Ampicillin Trihydrate</li> </ul>	Appendix C-44	01-1-06 Discharges

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	Medications Table	<ul style="list-style-type: none"> <li>• Ampicin</li> <li>• Apo-Ampi</li> <li>• Augmentin XR</li> <li>• Cefaclor ER</li> <li>• Cephadrine Sodium</li> <li>• Crystapen</li> <li>• Ertapenem Sodium</li> <li>• Keflet</li> <li>• Nafcil</li> <li>• Pathocil</li> <li>• Penbritin</li> <li>• Polycillin</li> <li>• Polymox</li> <li>• Prostaphlin</li> <li>• Robicillin VK</li> </ul> <p><b>Remove Rocephin IM Convenience Kit</b></p>		
Appendix G	Resources	Link to Quest changed	Appendix G-1	01-1-06 Discharges
Appendix H	Table 1.2 LVF Assessment Inclusion Table	<ul style="list-style-type: none"> <li>• Change all LVF notations to new “LVSF” wording</li> <li>• Add “left heart cath with mention of LVSF” to Cardiac Cath with LV Gram inclusion list</li> <li>• Add “biventricular dysfunction”, “left ventricular failure” and “left ventricular function (LVF)” to LVSF inclusion list</li> <li>• Remove “contractility”, “hypocontractility” and “Left ventricular systolic function (LVSF)” from LVSD inclusion list</li> </ul>	Appendix H-2	01-1-06 Discharges
Appendix H	Table 1.3 Moderate/ Severe Dysfunction Inclusion Table	Remove entire Contractility inclusion list	Appendix H-3	01-1-06 Discharges
Appendix H	Table 1.5 LVSD Notes Table	<ul style="list-style-type: none"> <li>• Change all LVF notations to new “LVSF” wording</li> <li>• Splitting out of conflicting documentation abstraction guidelines from unable to determine most recent LVSF guidelines</li> <li>• Add guideline which directs the abstractor to disregard certain LVSF narrative descriptions with severity not specified (list provided) when either an EF or another LVSF narrative description WITH severity specified is also documented.</li> </ul>	Appendix H-4, Appendix H-5	01-1-06 Discharges
Appendix H	Table 1.9 Surgery Performed During Stay (SIP)	<b>Inclusion/ Exclusion Table for Surgical Procedures</b> , procedure column, change “Cardiac Surgery” to “Other Cardiac Surgery”	Appendix H-6	01-1-06 Discharges