

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
<p>Release Notes 2.0 provide modifications to the Specifications Manual for National Hospital Quality Measures.</p> <ul style="list-style-type: none"> • Changes include corrections and clarifications in response to questions and are based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission. • Descriptions of changes are detailed. It may be advantageous to view the change in the version 2.0 documents. • The page numbers listed are from the 1.05 version of the manual. • Punctuation and formatting changes have not been listed. 				
Table of Contents	Table of Contents	<p>Section 2.4 - Change to read:</p> <ul style="list-style-type: none"> • Surgical Care Improvement Project (SCIP) National Quality Measures • SCIP Data Element List • SCIP Measure Population • Measure Information Form (MIF) and Flowchart (Algorithm) • SCIP Infection Module: <ul style="list-style-type: none"> SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7 <p>Appendix A, ICD-9-CM Coding Tables: Add Sampling Strata</p>	None	07/01/2006 Discharges
Introduction	Introduction	Sections/subsections of this document have been updated to reflect current information. Modified sections/subsections are History of CMS/JCAHO Measure Alignment, Data Challenge, Components of the Hospital Quality Initiative (HQI) and Related National Activities.	i-vii	07/01/2006 Discharges
Using the Specifications Manual for National Hospital Quality Measures	Using the Specifications Manual for National Hospital Quality Measures	<p>Following the 1st paragraph, add “The initial selection of medical records, intended for data abstraction of the National Hospital Quality Measures, must meet the following criteria:</p> <ul style="list-style-type: none"> • Acute inpatient • All payor sources <p>For topic specific measure populations, refer to Section 2 (‘Measurement Information’) and Section 4 (‘Sampling Methods’) of this manual.”</p> <p>Section 2- Measurement Information, change the first sentence to “The measure information section is divided by measure sets (i.e., acute myocardial infarction, heart failure, pneumonia, surgical care improvement project and pregnancy and related conditions).”</p>	viii	07/01/2006 Discharges
Introduction to the Data Dictionary	Introduction to the Data Dictionary	<p>Data Element Dictionary Terms, Suggested Data Sources: Add 2nd sentence. “Some data elements also list excluded data sources that are unacceptable sources for collecting information.”</p> <p>General Abraction Guidelines:</p> <ul style="list-style-type: none"> • Medical Record Documentation - Add the following paragraphs: <ul style="list-style-type: none"> “Documentation which is dated/timed after discharge should not be used unless it was added during the hospital’s normal course of completing a medical record (e.g., discharge summary, diagnosis and procedure coding) per organization policy or within 30 days after discharge, whichever is sooner. Important Note: There are several data elements where abstraction of data from documentation dated/timed after discharge is restricted, and these exceptions are published on the respective data element pages of the data dictionary. Data element specific notes and guidelines always take precedence over the General Abstraction Guidelines.” 	1-4 thru 1-6 1-9	07/01/2006 Discharges

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		<ul style="list-style-type: none"> • Suggested Data Sources, 1st bullet, change to read, "Suggested Data Sources are designed to provide guidance to the abstractor as to the locations/sources where the information needed to abstract a data element will likely be found. However, the abstractor is not limited to these sources for abstracting the information. In some instances, a data element may restrict the sources, which may be used to gain the information (e.g., LVF Assessment). If so, these sources will be identified and labeled as 'Excluded Data Sources.'" Medications, 3rd bullet: <ul style="list-style-type: none"> • 1st indented bullet: Change to read, "If discharge medications are noted using only references such as "continue home meds," "continue previous medications," "resume other meds," "same medication," or "continue meds,..".unless documentation suggests otherwise." • 2nd indented bullet: Add "or suggests otherwise" to the end of the sentence. 		
Data Dictionary	Alphabetical Data Element List	<ul style="list-style-type: none"> • All SIP data elements were changed to SCIP-Inf. Also, SIP was changed to SCIP-Inf each place it appeared in the data elements list. • For the data elements: <ul style="list-style-type: none"> ○ <i>Admission Diagnosis of Infection</i> and <i>Infection Prior to Anesthesia</i> , Collected For: change from "All SIP Measures" to "SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-7" ○ <i>Surgery End Date</i> , Collected For: change from "SIP-3" to "SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4" ○ <i>Surgery End Time</i> , Collected For: change from "SIP-3" to "SCIP-Inf-2, SCIP-Inf-3" ○ <i>Antibiotics During Stay, Oral Antibiotics, Surgery Performed During Stay, Surgery Start Date, Surgical Incision Time</i> , Collected For: change from "All SIP Measures" to "SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3" ○ <i>Comfort Measures Only</i> , Collected For: Add "AMI and HF" • Delete all references to "AMI-T1b" and "AMI-T1b (Optional Test Measure)" • Delete the following data elements: <ul style="list-style-type: none"> ○ <i>In-Hospital LDL-Cholesterol Test Within 24 Hours After Hospital Arrival*</i> ○ <i>Prophylactic Antibiotic</i> ○ <i>Type of Surgery</i> ○ <i>ASA Score*</i> ○ <i>Beta Blockers*</i> ○ <i>Blood Sugar*</i> ○ <i>Bowel Prep*</i> ○ <i>DVT Interventions*</i> ○ <i>DVT Prophylaxis*</i> ○ <i>Oxygen*</i> ○ <i>Preop Location*</i> ○ <i>Temperature*</i> ○ <i>Temperature Obtained*</i> ○ <i>Type of Infection*</i> ○ <i>Wound Class*</i> 	1-11 thru 1-14	07/01/2006 Discharges

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Data Dictionary	Alphabetical Data Element List	<ul style="list-style-type: none"> • Add the following data elements: <ul style="list-style-type: none"> ○ <i>Non-Primary PCI</i> , Collected For AMI-8, AMI-8a ○ <i>Chest X-Ray</i> , Collected For: All PN Measures ○ <i>Early Antibiotics</i> , Collected For: SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3 ○ <i>Glucose POD 1</i> , Collected For: SCIP-Inf-4 ○ <i>Glucose POD 2</i> , Collected For: SCIP-Inf-4 ○ <i>Infection Procedure of Interest</i> , Collected For: SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3 ○ <i>Intraop Death</i> , Collected For: SCIP-Inf-7 ○ <i>Preop Hair Removal</i> , Collected For: SCIP-Inf-6 ○ <i>Risk Factors for Drug-Resistant Pneumococcus</i> , Collected For: PN-6, PN-6b ○ <i>Temperature Value</i> , Collected For: SCIP-Inf-7 ○ <i>Vancomycin</i> , Collected For: SCIP-Inf-2 ○ <i>Reason for Delay in Fibrinolytic Therapy</i> , Collected For AMI-7, AMI-7a ○ <i>Reason for Delay in PCI</i> , Collected For AMI-8, AMI-8a • Change data element name: <ul style="list-style-type: none"> ○ <i>Thrombolytic Administration</i> to <i>Fibrinolytic Administration</i> ○ <i>Thrombolytic Administration Date</i> to <i>Fibrinolytic Administration Date</i> ○ <i>Thrombolytic Administration Time</i> to <i>Fibrinolytic Administration Time</i> 	1-11 thru 1-14	07/01/2006 Discharges
Data Dictionary	All SIP Data Elements	Change "SIP" to "SCIP-Inf" wherever it is located.	All SIP References	07/01/2006 Discharges
Data Dictionary	Optional Data Elements	All SIP CMS Optional Data Elements Removed: <i>ASA Score, Beta Blockers, Blood Sugar, Bowel Prep, DVT Interventions, DVT Prophylaxis, Oxygen, Preop Location, Temperature, Temperature Obtained, Type of Infection</i> and <i>Wound Class</i> have all been removed.	All Optional SIP Data Elements	07/01/2006 Discharges
Data Dictionary	<i>ACEI Prescribed at Discharge</i>	<p>Notes for Abstraction - Add:</p> <p>“In determining whether an ACEI was prescribed at discharge, it is not uncommon to see conflicting documentation amongst different medical record sources. For example, the discharge summary may list an ACEI that is not included in any of the other discharge medication sources (e.g., discharge orders). All discharge medication documentation available in the chart should be reviewed and taken into account by the abstractor.</p> <ul style="list-style-type: none"> • In cases where there is an ACEI in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (select ‘Yes’) unless documentation elsewhere in the medical record suggests that it was NOT prescribed at discharge - Consider it a discharge medication in the absence of contradictory documentation. • If documentation is contradictory (e.g., MD noted discontinuation of the ACEI in the discharge medication orders, but it is listed in the discharge summary’s discharge medication list), or after careful examination of circumstances, context, timing, etc, documentation raises enough questions, the case should be deemed ‘unable to determine’ (select ‘No’). • When there is a documented plan to delay initiation/restarting of an ACEI for a time period after discharge, but the ACEI is listed as a discharge medication, this should NOT be considered "contradictory" documentation. Example: "Begin Vasotec at first clinic visit" per discharge progress note and Vasotec is listed as discharge medication on discharge instruction sheet – select ‘Yes.’” 	1-18	07/01/2006 Discharges
Data Dictionary	<i>Admission Diagnosis of Infection</i>	Collected For: changed “All SIP Measures” to “SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-7”	1-20	07/01/2006 Discharges

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Data Dictionary	<i>Adult Smoking Counseling</i>	Suggested Data Sources - Add Excluded Data Sources: “Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”	1-26 thru 1-27	07/01/2006 Discharges
Data Dictionary	<i>Adult Smoking History</i>	Notes for Abstraction: <ul style="list-style-type: none"> • Revised 2nd bullet: “In cases where conflicting information about the patient's smoking history is documented and there is no specific documentation that the patient has not smoked during the year prior to hospital arrival, select ‘Yes.’” New examples listed. Old example deleted. • Add new bullet: “In cases where at least one source has specific documentation that the patient has not smoked anytime during the year prior to hospital arrival, select ‘No.’” Examples listed. 	1-28 thru 1-29	07/01/2006 Discharges
Data Dictionary	<i>Antibiotic Administration Date</i>	Notes for Abstraction: <ul style="list-style-type: none"> • First note: Add “OR when there is documentation an antibiotic was administered but unable to identify the name” • Change “(72 hours postop if its CABG or Other Cardiac Surgery)” to “(72 hours postop for CABG or Other Cardiac Surgery)” where it occurs. • "Replace 'SIP' with 'SCIP-Inf' and the term 'arrival' with 'admission'" 	1-31	07/01/2006 Discharges
Data Dictionary	<i>Antibiotic Administration Route</i>	Notes for Abstraction: <ul style="list-style-type: none"> • First note, add, “OR when there is documentation an antibiotic was administered but unable to identify the name” • Add: “The only allowable values above that should be used are: PO/NG/PEG tube (Oral), IV (Intravenous), IM (Intramuscular) or UTD.” • Change “(72 hours postop if its CABG or Other Cardiac Surgery)” to “(72 hours postop for CABG or Other Cardiac Surgery)” where it occurs. • "Replace 'SIP' with 'SCIP-Inf' and the term 'arrival' with 'admission'" 	1-34 thru 1-36	07/01/2006 Discharges
Data Dictionary	<i>Antibiotic Administration Time</i>	Notes for Abstraction: <ul style="list-style-type: none"> • First note, add, “OR when there is documentation an antibiotic was administered but unable to identify the name” • Change “(72 hours postop if its CABG or Other Cardiac Surgery)” to “(72 hours postop for CABG or Other Cardiac Surgery)” where it occurs. • "Replace 'SIP' with 'SCIP-Inf' and the term 'arrival' with 'admission'" 	1-38 thru 1-40	07/01/2006 Discharges
Data Dictionary	<i>Antibiotic Name</i>	Notes for Abstraction: <ul style="list-style-type: none"> • First note, add, “OR when there is documentation an antibiotic was administered but unable to identify the name” • Change “(72 hours postop if its CABG or Other Cardiac Surgery)” to “(72 hours postop for CABG or Other Cardiac Surgery)” where it occurs. • "Replace 'SIP' with 'SCIP-Inf' and the term 'arrival' with 'admission.'" 	1-43 thru 1-44	07/01/2006 Discharges
Data Dictionary	<i>Antibiotic Received</i>	Notes for Abstraction: Remove the word “clear” from the last note for abstraction.	1-47	07/01/2006 Discharges
Data Dictionary	<i>Antibiotics During Stay</i>	Collected For: Change “All SIP Measures” to “SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3” Definition: <ul style="list-style-type: none"> • In the second sentence, after “48 hours,” add “(72 hours postop for CABG or Other Cardiac Surgery)” • Change “arrival” to “admission.” 	1-49	07/01/2006 Discharges

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Data Dictionary	<i>Antibiotics Prior to Arrival</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 1st note, remove the word “clear” and the word “as” from the last sentence. • Add: “Regarding documentation of phrases such as ‘Started on antibiotics 2 days ago’ or ‘Patient given antibiotics 2 days ago,’ if the antibiotic is not listed under ‘current meds’ or ‘home meds’ and there is no other documentation to suggest it was taken within the last 24 hours, select ‘No.’ Only consider antibiotics listed in Appendix C, Table 2.1. Do not consider any medications other than antibiotics (i.e., antivirals, antifungals, antituberculins, antiprotozoans, etc.). Only use History and Physicals that were performed on the date of the admission or the day prior to admission. Select ‘Yes,’ if the patient states he/she took the antibiotic ‘yesterday’ even without a time.” • Remove the word “clear” from the last note for abstraction. 	1-50	07/01/2006 Discharges
Data Dictionary	<i>ARB Prescribed at Discharge</i>	<p>Notes for Abstraction - Add:</p> <p>“In determining whether an ARB was prescribed at discharge, it is not uncommon to see conflicting documentation amongst different medical record sources. For example, the discharge summary may list an ARB that is not included in any of the other discharge medication sources (e.g., discharge orders). All discharge medication documentation available in the chart should be reviewed and taken into account by the abstractor.</p> <ul style="list-style-type: none"> • In cases where there is an ARB in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (select ‘Yes’) unless documentation elsewhere in the medical record suggests that it was NOT prescribed at discharge - Consider it a discharge medication in the absence of contradictory documentation. • If documentation is contradictory (e.g., MD noted discontinuation of the ARB in the discharge medication orders, but it is listed in the discharge summary’s discharge medication list), or, after careful examination of circumstances, context, timing, etc, documentation raises enough questions, the case should be deemed ‘unable to determine’ (select ‘No’). • When there is a documented plan to delay initiation/restarting of an ARB for a time period after discharge, but the ARB is listed as a discharge medication, this should NOT be considered ‘contradictory’ documentation. Example: ‘Begin Hyzaar at first clinic visit’ per discharge progress note and Hyzaar is listed as discharge medication on discharge instruction sheet - select ‘Yes.’” 	1-53	07/01/2006 Discharges
Data Dictionary	<i>Arrival Date</i>	<p>Collected For: Remove "AMI-T1b (CMS Optional Test Measure)"</p> <p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • Add to 1st bullet, “NOTE: Medical record documentation from all of the ‘only acceptable sources’ should be carefully examined in determining the most correct date of arrival. Arrival date should NOT be abstracted simply as the earliest date in the acceptable sources, without regard to other (i.e., ancillary services) substantiating documentation. If documentation suggests that the earliest date in the acceptable sources does not reflect the date the patient arrived at the hospital, this date should not be used.” • Removed the bullet that reads, “Do not include addressographs/stamps.” • Change the 3th bullet to “If the patient is in an outpatient setting of the hospital (e.g., undergoing dialysis, chemotherapy, cardiac cath) and . . .” 	1-54 thru 1-55	07/01/2006 Discharges

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		<ul style="list-style-type: none"> • Add the following bullets: <ul style="list-style-type: none"> ○ “If the patient is a ‘Direct Admit’ to the cath lab, as a transfer from another ED or acute care hospital, use the date the patient presents to the cath lab as the arrival date.” ○ “For ‘Direct Admits’ to the hospital, use the earliest date the patient arrives at the hospital.” ○ “The source ‘Any ED documentation’ includes ED vital sign record, ED/Outpatient Registration form, triage record and ECG reports, laboratory reports, x-ray reports, etc., if these ancillary services were rendered while the patient was an ED patient.” ○ “The Source ‘Procedure notes’ refers to formal documents that describe a procedure that was done (e.g., endoscopy, cardiac cath). ECG and x-ray reports should NOT be considered procedure notes.” <p>Suggested Data Sources, 1st bullet: Remove the information in parenthesis. Add, “For ‘Direct Admits,’ in addition to the above data sources, the following data source may also be utilized: Face Sheet”</p> <p>Guidelines for Abstraction, Exclusion, change “None” to “Addressographs/stamps”</p>		
Data Dictionary	Arrival Time	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • Add to 1st bullet, “NOTE: Medical record documentation from all of the ‘only acceptable sources’ should be carefully examined in determining the most correct time of arrival. Arrival time should NOT be abstracted simply as the earliest time in the acceptable sources, without regard to other (i.e., ancillary services) substantiating documentation. If documentation suggests that the earliest time in the acceptable sources does not reflect the time the patient arrived at the hospital, this time should not be used.” • Removed the bullet that reads, “Do not include addressographs/stamps.” • Change the 3th bullet to “If the patient is in an outpatient setting of the hospital (e.g., undergoing dialysis, chemotherapy, cardiac cath) and . . .” 	1-56 thru 1-57	07/01/2006 Discharges
		<ul style="list-style-type: none"> • Add the following bullets: <ul style="list-style-type: none"> ○ “If the patient is a ‘Direct Admit’ to the cath lab, as a transfer from another ED or acute care hospital, use the time the patient presents to the cath lab as the arrival time.” ○ “For ‘Direct Admits’ to the hospital, use the earliest time the patient arrives at the hospital.” ○ “The source ‘Any ED documentation’ includes ED vital sign record, ED/Outpatient Registration form, triage record and ECG reports, laboratory reports, x-ray reports, etc., if these ancillary services were rendered while the patient was an ED patient.” ○ “The Source ‘Procedure notes’ refers to formal documents that describe a procedure that was done (e.g., endoscopy, cardiac cath). ECG and x-ray reports should NOT be considered procedure notes.” <p>Suggested Data Sources, 1st bullet: Remove the information in parenthesis. Add “For ‘Direct Admits,’ in addition to the above data sources, the following data source may also be utilized: Face Sheet”</p> <p>Guidelines for Abstraction, Exclusion, change “None” to “Addressographs/stamps”</p>		
Data Dictionary	Aspirin Prescribed at Discharge	<p>Notes for Abstraction - Add:</p> <p>“In determining whether aspirin was prescribed at discharge, it is not uncommon to see conflicting documentation amongst different medical record sources. For example, the discharge summary may list an aspirin medication that is not included in any of the other discharge medication sources (e.g., discharge orders). All discharge medication documentation available in the chart should be reviewed and taken into account by the abstractor.</p> <ul style="list-style-type: none"> • In cases where there is aspirin in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (select ‘Yes’) unless documentation elsewhere in the medical record suggests that it was NOT prescribed at discharge - Consider it a discharge medication in the absence of contradictory documentation. 	1-60	07/01/2006 Discharges

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		<ul style="list-style-type: none"> If documentation is contradictory (e.g., MD noted discontinuation of the aspirin in the discharge medication orders, but it is listed in the discharge summary's discharge medication list), or, after careful examination of circumstances, context, timing, etc, documentation raises enough questions, the case should be deemed 'unable to determine' (select 'No'). When there is a documented plan to delay initiation/restarting of aspirin for a time period after discharge, but the aspirin is listed as a discharge medication, this should NOT be considered 'contradictory' documentation. Example: 'Begin aspirin at first clinic visit' per discharge progress note and aspirin is listed as discharge medication on discharge instruction sheet – select 'Yes.'" 		
Data Dictionary	<i>Beta Blocker Prescribed at Discharge</i>	<p>Notes for Abstraction - Add: "In determining whether a beta blocker was prescribed at discharge, it is not uncommon to see conflicting documentation amongst different medical record sources. For example, the discharge summary may list a beta blocker that is not included in any of the other discharge medication sources (e.g., discharge orders). All discharge medication documentation available in the chart should be reviewed and taken into account by the abstractor.</p> <ul style="list-style-type: none"> In cases where there is a beta blocker in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (select 'Yes') unless documentation elsewhere in the medical record suggests that it was NOT prescribed at discharge - Consider it a discharge medication in the absence of contradictory documentation. If documentation is contradictory (e.g., MD noted discontinuation of the beta blocker in the discharge medication orders, but it is listed in the discharge summary's discharge medication list), or, after careful examination of circumstances, context, timing, etc, documentation raises enough questions, the case should be deemed 'unable to determine' (select 'No'). When there is a documented plan to delay initiation/restarting of a beta blocker for a time period after discharge, but the beta blocker is listed as a discharge medication, this should NOT be considered "contradictory" documentation. Example: 'Begin Inderal at first clinic visit' per discharge progress note and Inderal is listed as discharge medication on discharge instruction sheet - select 'Yes.'" 	1-63	07/01/2006 Discharges
Data Dictionary	<i>Blood Culture Collected After Arrival</i>	<p>Notes for Abstraction - Add: "If the only mention of blood culture is, for example, 'Blood culture is still negative' with no date or time of collection AND it is evident they were performed in the hospital, enter 'Yes.' If a blood culture is ordered and there is an attempt to collect it but the attempt results in failure to collect the specimen (too dehydrated to get a vein) or the specimen was contaminated during or after the draw, answer 'Yes.'"</p>	1-69	07/01/2006 Discharges
Data Dictionary	<i>Chest X-ray</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Comfort Measures Only</i>	<p>Collected For: change to "All AMI, HF and PN Measures"</p> <p>Notes for Abstraction - Add: "If DNR-CC is documented, select 'No,' unless there is documented clarification that CC stands for 'comfort care.' If any of the inclusions are documented, select 'Yes' regardless of other documentation. If 'continue supportive care' is documented in the context of patient's age, chronic illness or terminal/grave prognosis, select 'Yes.'"</p> <p>Guidelines for Abstraction, Inclusions: Remove "continue supportive care"</p>	1-77	07/01/2006 Discharges
Data Dictionary	<i>Compromised</i>	<p>Notes for Abstraction - A new note has been added: "All conditions listed on the previous page and in the inclusions list can be documented within the last 3 months OR as diagnosed for the first time during this hospital visit with the exception of corticosteroid/prednisone therapy. Corticosteroid/prednisone therapy must have occurred within the last 3 months prior to this hospitalization."</p> <p>Guidelines for Abstraction: Exclusions, "Any skin cancers without documentaiton of chemotherapy or radiation therapy within the last 3 months" was added.</p>	1-80	07/01/2006 Discharges

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Data Dictionary	<i>Contraindication to Aspirin at Discharge</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 4th bullet: <ul style="list-style-type: none"> ○ 2nd sub-bullet: <ul style="list-style-type: none"> – 2nd bullet: Reword guideline addressing pre-op or post-op holds/discontinuations to include pre-procedure and post-procedure – 4th bullet: Add clarification to 1x hold exception guideline - “MD/NP/PA order for a one-time hold. One-time holds include the holding of just one dose of a medication or holding of a medication for a defined time period. The physician order of the one-time hold needs to be explicit and able to stand on its own (Do not cross-reference with other medical record documentation to determine one-time holds). Examples: <ul style="list-style-type: none"> * ‘Hold aspirin in a.m.’ * ‘Hold Ecotrin x 24-48 hours’ * ‘Hold Bayer EC this evening. Resume dose in a.m.’ * ‘Hold ASA until a.m.’ * ‘Hold Entaprin today’” – Add 6th bullet: “Hold/discontinuation documentation which refers to a more general medication class (e.g., ‘Hold all anticoagulants’).” ○ 3rd sub-bullet: “If there is documentation of a plan to initiate/restart aspirin, and the reason/problem underlying the delay in starting/restarting aspirin is also noted, this constitutes a “clearly implied” reason for not prescribing aspirin at discharge.” Examples given. • 6th bullet: <ul style="list-style-type: none"> ○ Expand guideline excluding sandbags. Do not consider as medical intervention even when re-applied to manage a recurrence of bloody oozing or bleeding from the groin site. ○ Include dressing change, femostop, D-stat, and application of pressure as excluded medical interventions. <p>Suggested Data Sources - Add Excluded Data Sources: “Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”</p> 	1-82 thru 1-83	07/01/2006 Discharges
Data Dictionary	<i>Contraindication to Aspirin on Arrival</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 6th bullet: <ul style="list-style-type: none"> ○ 2nd sub-bullet: <ul style="list-style-type: none"> – 2nd bullet: Reword guideline addressing pre-op or post-op holds/discontinuations to include pre-procedure and post-procedure – 4th bullet: Add clarification to 1x hold exception guideline - “MD/NP/PA order for a one-time hold. One-time holds include the holding of just one dose of a medication or holding of a medication for a defined time period. The physician order of the one-time hold needs to be explicit and able to stand on its own (Do not cross-reference with other medical record documentation to determine one-time holds). Examples: <ul style="list-style-type: none"> * ‘Hold aspirin in a.m.’ * ‘Hold Ecotrin x 24-48 hours’ * ‘Hold Bayer EC this evening. Resume dose in a.m.’ * ‘Hold ASA until a.m.’ * ‘Hold Entaprin today’” 	1-87	07/01/2006 Discharges

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		<p>– Add 6th bullet: “Hold/discontinuation documentation which refers to a more general medication class (e.g., ‘Hold all anticoagulants’).”</p> <ul style="list-style-type: none"> ○ 6th sub-bullet: “If there is documentation of a plan to initiate/restart aspirin, and the reason/problem underlying the delay in starting/restarting aspirin is also noted, this constitutes a “clearly implied” reason for not prescribing aspirin at discharge.” Examples given. ● 8th bullet: <ul style="list-style-type: none"> ○ Expand guideline excluding sandbags. Do not consider as medical intervention even when re-applied to manage a recurrence of bloody oozing or bleeding from the groin site. ○ Include dressing change, femostop, D-stat, and application of pressure as excluded medical interventions. <p>Suggested Data Sources - Add Excluded Data Sources: “Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”</p>		
Data Dictionary	<i>Contraindication to Beta Blocker at Discharge</i>	<p>Notes for Abstraction</p> <ul style="list-style-type: none"> ● 5th bullet, 3rd sub-bullet: Reword guideline to “Second or third degree heart block or pacemaker ECG findings can be taken from unsigned ECG reports. Physician, nurse practitioner, or physician assistant documentation is not required.” ● 7th bullet: <ul style="list-style-type: none"> ○ 2nd sub-bullet: <ul style="list-style-type: none"> – 2nd bullet: Reword guideline addressing pre-op or post-op holds/discontinuations to include pre-procedure and post-procedure – 4th bullet: Add clarification to 1x hold exception guideline - “MD/NP/PA order for a one-time hold. One-time holds include the holding of just one dose of a medication or holding of a medication for a defined time period. The physician order of the one-time hold needs to be explicit and able to stand on its own (Do not cross-reference with other medical record documentation to determine one-time holds). Examples: <ul style="list-style-type: none"> * ‘Hold aspirin in a.m.’ * ‘Hold Ecotrin x 24-48 hours’ * ‘Hold Bayer EC this evening. Resume dose in a.m.’ * ‘Hold ASA until a.m.’ * ‘Hold Entaprin today’” 	1-90 thru 1-92	07/01/2006 Discharges
		<p>– Add 6th bullet: “Hold/discontinuation documentation, which refers to a more general medication class (e.g., ‘Hold all BP meds,’ ‘DC antihypertensive drugs’).”</p> <ul style="list-style-type: none"> ○ 3rd sub-bullet: “If there is documentation of a plan to initiate/restart aspirin, and the reason/problem underlying the delay in starting/restarting aspirin is also noted, this constitutes a ‘clearly implied’ reason for not prescribing aspirin at discharge.” Examples given. <p>Suggested Data Sources - Add Excluded Data Sources: “Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”</p>		

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>Contraindication to Beta Blocker on Arrival</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 6th bullet, 3rd sub-bullet: Reword guideline to “Second or third degree heart block or pacemaker ECG findings can be taken from unsigned ECG reports. Physician, nurse practitioner, or physician assistant documentation is not required.” • 8th bullet: <ul style="list-style-type: none"> ○ 2nd sub-bullet: <ul style="list-style-type: none"> – 2nd bullet: Reword guideline addressing pre-op or post-op holds/discontinuations to include pre-procedure and post-procedure – 4th bullet: Add clarification to 1x hold exception guideline - "MD/NP/PA order for a one-time hold. One-time holds include the holding of just one dose of a medication or holding of a medication for a defined time period. The physician order of the one-time hold needs to be explicit and able to stand on its own (Do not cross-reference with other medical record documentation to determine one-time holds). Examples: <ul style="list-style-type: none"> * ‘Hold metoprolol in a.m.’ * ‘Hold Inderal x 24-48 hours’ * ‘Hold Tenormin this evening. Resume dose in a.m.’ * ‘Hold sotalol until a.m.’ – Add 6th bullet: “Hold/discontinuation documentation which refers to a more general medication class (e.g., ‘Hold all BP meds,’ ‘DC antihypertensive drugs’).” ○ 3rd sub-bullet: “If there is documentation of a plan to initiate/restart a beta blocker, and the reason/problem underlying the delay in starting/restarting the beta blocker is also noted, this constitutes a ‘clearly implied’ reason for not prescribing a beta blocker on arrival.” Examples given. <p>Suggested Data Sources - Add Excluded Data Sources: “Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”</p> <p>Guidelines for Abstraction:</p> <ul style="list-style-type: none"> • Heart Failure Inclusion list <ul style="list-style-type: none"> ○ Add Pulmonary vascular redistribution ○ Add Killip class III • Shock Inclusion List: Add Killip class IV 	1-95 thru 1-98	07/01/2006 Discharges
Data Dictionary	<i>Contraindication to Both ACEI and ARB at Discharge</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 4th bullet clarified: “In the absence of explicit documentation that the patient has moderate/severe aortic stenosis, this should be inferred when there is documentation of a history of moderate/severe aortic stenosis without mention of repair or replacement, valvuloplasty, or commissurotomy.” • 5th bullet: <ul style="list-style-type: none"> ○ 3rd sub-bullet: <ul style="list-style-type: none"> – 2nd bullet: Reword guideline addressing pre-op or post-op holds/discontinuations to include pre-procedure and post-procedure – 4th bullet: Add clarification to 1x hold exception guideline -“MD/NP/PA order for a one-time hold. One-time holds include the holding of just one dose of a medication or holding of a medication for a defined time period. The physician order of the one-time hold needs to be explicit and able to stand on its own (Do not cross-reference with other medical record documentation to determine one-time holds). Examples: <ul style="list-style-type: none"> * ‘Hold captopril in a.m.’ * ‘Hold Teczem x 24-48 hours’ * ‘Hold monopril this evening. Resume dose in a.m.’ * ‘Hold enalapril until a.m.’ * ‘Hold Capoten today’” 	1-100 thru 1-102	07/01/2006 Discharges

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		<p>– Add 6th bullet: “Hold/discontinuation documentation which refers to a more general medication class (e.g., ‘Hold all BP meds,’ ‘DC nephrotoxic drugs’).”</p> <p>○ Add 4th sub-bullet: “If there is documentation of a plan to initiate/restart an ACEI or ARB, and the reason/problem underlying the delay in starting/restarting the ACEI or ARB is also noted, this constitutes a ‘clearly implied’ reason for not prescribing ACEI or ARB at discharge.” Examples given.</p> <p>Suggested Data Sources - Add Excluded Data Sources: “Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”</p>		
Data Dictionary	<i>Discharge Date</i>	Collected For: Remove "AMI-T1b (CMS Optional Test Measure)" and add "SCIP-Inf-4"	1-104	07/01/2006 Discharges
Data Dictionary	<i>Discharge Instructions Address Activity</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 2nd bullet: Add “teaching sheet.” Teaching sheets now classified with brochures and no longer classified with patient discharge instruction forms. • Add 3rd Bullet: “When a teaching sheet, brochure, booklet, or other instruction material is present in the medical record, and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that the patient/caregiver was given a copy IF the patient's name or the medical record number appears on the material AND the hospital staff or patient/caregiver has signed the material.” 	1-105	07/01/2006 Discharges
Data Dictionary	<i>Discharge Instructions Address Diet</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 3rd bullet: Add “teaching sheet.” Teaching sheets now classified with brochures and no longer classified with patient discharge instruction forms. • Add 4th Bullet: “When a teaching sheet, brochure, booklet, or other instruction material is present in the medical record, and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that the patient/caregiver was given a copy IF the patient's name or the medical record number appears on the material AND the hospital staff or patient/caregiver has signed the material.” 	1-107	07/01/2006 Discharges
Data Dictionary	<i>Discharge Instructions Address Follow-up</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 3rd bullet: Add “teaching sheet.” Teaching sheets now classified with brochures and no longer classified with patient discharge instruction forms. • Add 4th Bullet: “When a teaching sheet, brochure, booklet, or other instruction material is present in the medical record, and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that the patient/caregiver was given a copy IF the patient's name or the medical record number appears on the material AND the hospital staff or patient/caregiver has signed the material.” 	1-110	07/01/2006 Discharges

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Data Dictionary	Discharge Instructions Address Medications	<p>Notes for Abstraction</p> <ul style="list-style-type: none"> • 1st bullet: <ul style="list-style-type: none"> ○ 1st sub-bullet: Add "food supplements" to list of general references. ○ 2cd sub-bullet: Delete "resume other meds." • 3rd bullet: <ul style="list-style-type: none"> ○ Step 1: Add clarification - Discharge medication information included in a discharge summary dated after discharge should be used as long as it was added during the hospital's normal course of completing a medical record per organization policy, or within 30 days after discharge, whichever is sooner. ○ Step 2: <ul style="list-style-type: none"> – Clarify "wording" – Clarify "exception" of abstraction process: "If a comparison list is not available, and the discharge list in the written discharge instructions cannot be determined to be complete or incomplete, but 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." • Add 4th bullet: "In determining the medications prescribed at discharge (step 1 above), it is not uncommon to see conflicting documentation amongst different medical record sources. For example, the discharge summary may list a discharge medication that is not included in any of the other discharge medication sources (e.g., discharge orders). All discharge medication documentation available in the chart should be reviewed and taken into account by the abstractor." <p>○ In cases where there is a medication in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (i.e., required in the written discharge instructions) unless documentation elsewhere in the medical record suggests that it was NOT prescribed at discharge - Consider it a discharge medication in the absence of contradictory documentation.</p> <ul style="list-style-type: none"> ○ If documentation is contradictory (e.g., MD noted discontinuation of a particular medication in the discharge medication orders, but this medication is listed in the discharge summary's discharge medication list), or, after careful examination of circumstances, context, timing, etc. documentation raises enough questions about what medications are being prescribed at discharge, the case should be deemed 'unable to determine' (select 'No') regardless of whether the medication in question is included in the discharge medication list in the written discharge instructions. ○ When there is a documented plan to delay initiation/restarting of a medication for a time period after discharge, but the medication is listed as a discharge <ul style="list-style-type: none"> • Add 6th Bullet: "Cases where the patient was given written discharge medication instructions only in the form of written prescriptions does not fulfill the intent of this measure. Such cases should NOT receive medication instruction credit." • Add 7th Bullet: "Medications which the patient will not be taking at home (and/or the caregiver will not be giving at home) are NOT required in the medication list included in the written discharge instructions (e.g., monthly B12 injections, intermittent IV dobutamine, Natrecor infusions, dialysis meds, chemotherapy)." • 9th bullet: Add "teaching sheet." Teaching sheets now classified with brochures and no longer classified with patient discharge instruction forms. <ul style="list-style-type: none"> • Add 10th Bullet: "When a teaching sheet, brochure, booklet, or other instruction material is present in the medical record, and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that the patient/caregiver was given a copy IF the patient's name or the medical record number appears on the material AND the hospital staff or patient/caregiver has signed the material." 	1-111 thru 1-112	07/01/2006 Discharges
Data Dictionary	Discharge Instructions Address Symptoms Worsening	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 4th bullet: Add "teaching sheet." Teaching sheets now classified with brochures and no longer classified with patient discharge instruction forms. • Add 5th Bullet: "When a teaching sheet, brochure, booklet, or other instruction material is present in the medical record, and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that the patient/caregiver was given a copy IF the patient's name or the medical record number appears on the material AND the hospital staff or patient/caregiver has signed the material." 	1-114 thru 1-115	07/01/2006 Discharges

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Data Dictionary	<i>Discharge Instructions Address Weight Monitoring</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 2nd bullet: Add “teaching sheet.” Teaching sheets now classified with brochures and no longer classified with patient discharge instruction forms. • Add 3rd Bullet: “When a teaching sheet, brochure, booklet, or other instruction material is present in the medical record, and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that the patient/caregiver was given a copy IF the patient's name or the medical record number appears on the material AND the hospital staff or patient/caregiver has signed the material.” 	1-117 thru 1-118	07/01/2006 Discharges
Data Dictionary	<i>Discharge Status</i>	<p>Allowable Values:</p> <ul style="list-style-type: none"> • Bold "in anticipation of covered skilled care" for allowable value 03 • Bold "under care of organized home health service organization in anticipation of covered skilled care" and "with a written plan of care for home care services" for allowable value 06 <p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • Add new bullet: "The values for discharge status are taken from the National Uniform Billing Committee (NUBC) manual which is used by the billing/HIM to complete the UB-92. • Reword the only existing bullet to read: "Because this data element is critical in determining the population for many measures, the abstractor should NOT assume that the UB-92 value is what is reflected in the medical record. For abstraction purposes, it is important that the medical record reflect the appropriate discharge status. If the abstractor determines through chart review that the UB-92 discharge status is not what is reflected in the medical record, she/he should correct and override the downloaded value." • Add new bullet: "It would be appropriate to work with your billing office to develop processes that can be incorporated to improve medical record documentation to support the appropriate discharge status to ensure consistency between the UB-92 discharge status and the medical record." • Guidelines for Abstraction, Inclusion, change from "None" to "Refer to Appendix H, Table 2.5 Discharge Status Disposition 	1-119 thru 1-121	07/01/2006 Discharges
Data Dictionary	<i>Early Antibiotics</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Fibrinolytic Administration</i>	<p>Data Element Name: Previously named <i>Thrombolytic Administration</i></p> <p>Change all “thrombolytic” notations to “fibrinolytic” in all data element definitions.</p> <p>Guidelines for Abstraction: Clarify exclusion: “Intracoronary fibrinolytic only (e.g., given during PCI)”</p>	1-238	07/01/2006 Discharges
Data Dictionary	<i>Fibrinolytic Administration Date</i>	<p>Data Element Name: Previously named <i>Thrombolytic Administration Date</i></p> <p>Change all “thrombolytic” notations to “fibrinolytic” in all data element definitions.</p> <p>Guidelines for Abstraction: Clarify exclusion: “Intracoronary fibrinolytic only (e.g., given during PCI)”</p>	1-239	07/01/2006 Discharges
Data Dictionary	<i>Fibrinolytic Administration Time</i>	<p>Data Element Name: Previously named <i>Thrombolytic Administration Time</i></p> <p>Change all “thrombolytic” notations to “fibrinolytic” in all data element definitions.</p> <p>Guidelines for Abstraction: Clarify exclusion: “Intracoronary fibrinolytic only (e.g., given during PCI)”</p>	1-240 thru 1-241	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>First PCI Time</i>	<p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • 2nd bullet: <ul style="list-style-type: none"> ○ Guideline changed. Take “priority order” out of the Priority Order list. Abstractors to use earliest time from allowable times (Time of the first balloon inflation, Time of the first treatment of lesion). ○ Delete 2nd priority order item “Time the wire, balloon or other device (e.g., angiojet or other thrombectomy device, rotablate) reached, passed through, or crossed the lesion.” • Add new bullet: “The earliest time from the above allowable times should be used regardless of how many vessels were treated or which ones were successful vs. unsuccessful.” • 4th bullet, Remove “priority order” and change to “allowable times” • 5th bullet, Guideline changed. “Disregard documentation on the procedure sheet of ‘lesion’ accompanied solely by a time (e.g., ‘08:52 – RCA lesion’). Do NOT make the inference that this reflects lesion treatment time.” 	1-133	07/01/2006 Discharges
Data Dictionary	<i>Glucose POD 1</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Glucose POD 2</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Healthcare Associated PN</i>	<p>Definition:</p> <ul style="list-style-type: none"> • #1 add "(calendar days)" at the end just after "90 days." • #4 has changed to, "Wound care provided by a health care professional within the last 30 days." <p>Notes for Abstraction, add:</p> <ul style="list-style-type: none"> • "Do not make an assumption as to the patient's previous length of stay, based on the procedure they received. Only use dates or phrases, such as, "in the hospital a couple of days last month", etc." • "Hospitalization for 2 days does not have to be 2 consecutive days but does have to be for inpatient acute care. We are not looking for time as specific as 48 hours, 2 calendar dates will suffice, example; "Patient was in John Doe Regional Hospital August 11th and September 1st." • "If the hospital abstractor determines that a patient has resided at an extended care facility or a nursing home within the 90 days prior to hospital arrival, that determination will not be challenged during validation unless there is contradictory information in the medical record." 	1-135	07/01/2006 Discharges
Data Dictionary	<i>ICD Population Size</i>	Define the ICD Population Size for SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7 as the number of case-level records with an ICD-9-CM Principal Procedure Code and/or Other Procedure Code in Appendix A on Table 5.10, and an age (Admission Date - Birthdate) of greater than or equal to eighteen years.	1-138	07/01/2006 Discharges
Data Dictionary	<i>ICD-9-CM Other Procedure Codes</i>	Collected For: Change from “(used in algorithms for AMI-8, AMI-8a, HF-1, HF-2, HF-3, HF-4, PR-1, PR-3, SIP-1, SIP-2, SIP-3)” to “(used in algorithms for AMI-8, AMI-8a, HF-1, HF-2, HF-3, HF-4, PR-1, PR-3 , SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7)”	1-142	07/01/2006 Discharges
Data Dictionary	<i>ICD-9-CM Principal Procedure Code</i>	Collected For: Change from “(used in algorithms for AMI-8, AMI-8a, HF-1, HF-2, HF-3, HF-4, PR-1, PR-3, SIP-1, SIP-2, SIP-3)” to “(used in algorithms for AMI-8, AMI-8a, HF-1, HF-2, HF-3, HF-4, PR-1, PR-3 , SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7)”	1-145	07/01/2006 Discharges
Data Dictionary	<i>ICU Transfer or Admission Within First 24 Hours</i>	<p>Notes For Abstraction, Add:</p> <ul style="list-style-type: none"> • “If there is no other documented reason why the patient was transferred/admitted to the ICU, assume it was for complications due to pneumonia.” • “Do not use clinical judgement based on the type of care administered to the patient. The level of intensive care MUST be documented.” • “PCU is not an inclusion for ICU, unless it is identified as a Pulmonary Care Unit, which can be considered synonymous with Respiratory Care Unit.” <p>Guidelines for Abstraction, Exclusions, Added “Post coronary care unit (PCCU) and Intermediate care unit (IMCU).”</p>	1-147 thru 1-148	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>Infection Prior to Anesthesia</i>	<p>Collected For: change “All SIP Measures” to “SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-7”</p> <p>Notes for Abstraction, Add:</p> <ul style="list-style-type: none"> • If there is documentation that ANTIBIOTIC TREATMENT was administered for an infection or possible/suspected infection, select ‘Yes.’ Example: Do not assume that because the patient had a positive UTI and later received an antibiotic that the antibiotic was for the UTI. There must be a documented correlation between the infection and the treatment. • If there is documentation the infection or possible/suspected infection is being treated with an ANTIBIOTIC listed in Appendix C, Table 2.1, select ‘Yes.’ <p>Examples:</p> <ul style="list-style-type: none"> o ‘Patient has UTI start on Bactrim.’ - select ‘Yes.’ o ‘Patient has Influenza start on Tamiflu.’ - select ‘No.’ <ul style="list-style-type: none"> • Fever, elevated white blood cells and other symptoms are not acceptable as infections (unless documented as an infection or possible/suspected infection) even if treated with antibiotic. Example: Do not assume infection if a wound/surgical site is described as reddened, swollen and hot, as other conditions can • If antibiotic treatment begins prior to surgical incision, select ‘Yes’ for Infection Prior to Anesthesia. If antibiotic treatment begins after surgical incision, select ‘Yes’ for Postoperative Infection, REGARDLESS of when the infection was discovered. • If there is documentation of ‘recent’ antibiotic treatment of an infection AND the antibiotic is listed as ‘home med’ or ‘current med’ AND that same antibiotic continues after patient is admitted, select ‘Yes.’ Example: ‘Recent UTI-Bactrim’ and Bactrim is listed as a ‘current med’ AND there is documentation of administration of Bactrim during the hospital stay - select ‘Yes.’” <p>Suggested Data Sources: add Anesthesia record</p> <p>Guidelines for Abstraction:</p> <ul style="list-style-type: none"> • Inclusions: Add "Sepsis" and "Gross fecal/extensive fecal contamination" • Exclusions: Remove "Candidiasis" 	1-153 thru 1-154	07/01/2006 Discharges
Data Dictionary	<i>Infection Procedure of Interest</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Influenza Vaccination Status</i>	Notes for Abstraction: Add “In order to answer ‘Vaccine was given during this hospitalization,’ there must be documentation either on the MAR, nursing notes, standing orders, etc., where the vaccine was dated and signed as administered.”	1-156	07/01/2006 Discharges
Data Dictionary	<i>In-Hospital LDL-Cholesterol Test</i>	Collected For: Remove "AMI-T1b (CMS Optional Test Measure)"	1-149	07/01/2006 Discharges
Data Dictionary	<i>In-Hospital LDL-Cholesterol Test Within 24 Hours After Hospital Arrival</i>	Delete data element. Measure AMI-T1b (CMS Optional Test Measure) is deleted.	1-152	07/01/2006 Discharges
Data Dictionary	<i>Initial Blood Culture Collection Date</i>	Notes for Abstraction, add “If the only mention of blood culture is for example, ‘Blood culture is still negative’ with no date or time of collection AND it is evident they were performed in the hospital, enter the date of the document where it is first found.”	1-158	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>Initial ECG Interpretation</i>	<ul style="list-style-type: none"> • Change all “ST elevation” and “ST segment” notations to “ST-elevation” and “ST-segment” • Notes for Abstraction: <ul style="list-style-type: none"> ○ 4th bullet: Change second sentence to read “Do not measure ST-segments or attempt to identify or judge LBBB or ST-elevation on the ECG tracing.” ○ Delete 7th bullet: “If unable to determine which 12-lead ECG was done closest to arrival (e.g., one ECG does not have a time, and it cannot be determined whether it is closer to hospital arrival than another ECG which does have a time), or if the time between the pre-arrival and post-arrival ECG is the same (e.g., both were done 15 minutes from hospital arrival time), select ‘Yes’ if any of these ECGs have ST segment elevation or LBBB documented on the interpretation.” ○ 11th bullet, second sentence, Delete phrase “or where age is not addressed in any manner (e.g., ‘Q wave MI’).” ○ 12th bullet, Delete 3rd sub-bullet: “Signed ECG report notes ST segment = .05mV, which the physician labels ‘ST elevation’” ○ Add new 14th bullet: “If ST-segment elevation, LBBB, or any of the ST-segment elevation/LBBB inclusion terms is described using the qualifier ‘possible,’ disregard that finding (neither inclusion nor exclusion), and use all other documented ECG findings included in the interpretation(s) (e.g., ‘anteroseptal infarct, possible acute’ per signed ECG report, “ST-elevation” per physician’s progress note - select ‘Yes’).” ○ Add 15th bullet: “Cases where ST-elevation is described in terms NOT consistent with ≥ 1 mm/.10mV in two or more leads should be excluded through the guidelines below. REMINDER: Abstractors should NOT measure ST-segments or attempt to identify ST-elevation and/or degree of ST-elevation in the different leads.” <ul style="list-style-type: none"> – Add 1st sub-bullet: “If ST-elevation (ST \uparrow) is clearly described as confined to ONE lead, treat as an exclusion and select ‘No.’ Examples given.” 	1-161 1-162 1-163	07/01/2006 Discharges
		<ul style="list-style-type: none"> – Add 2nd sub-bullet: “If ST-elevation (ST \uparrow) is described as minimal, $< .10$mV, < 1 mm, non-diagnostic, or non-specific in ALL leads noted to have ST-elevation, treat as an exclusion and select ‘No.’ Examples given.” – Add 3rd sub-bullet: “If ST-elevation (ST \uparrow) is described as minimal, $< .10$mV, < 1 mm, non-diagnostic, or non-specific in GENERAL terms, where lead(s) are NOT specified (e.g., ‘minimal ST-elevation,’ ‘ST \uparrow .5 mm’), infer this description is referring to ALL leads which have ST-elevation, and follow the guideline above. Example: ‘ST-elevation .05mV’ per the MD-signed ECG and ‘ST-elevation’ per MD progress note – select ‘No.’” 		
Data Dictionary	<i>Initial ECG Interpretation</i>	<ul style="list-style-type: none"> • Guidelines for Abstraction: <ul style="list-style-type: none"> ○ Inclusions for Left Bundle Branch Block (LBBB), Remove: “Intermittent LBBB” ○ Exclusions: <ul style="list-style-type: none"> – 2nd bullet revise: “MIs where the age is documented as undetermined” – 5th bullet delete: “ST abnormality, ST changes, or ST segment described as consistent with ischemia” – Add “ST \uparrow clearly described as confined to ONE lead” – Add “ST \uparrow described as minimal, $< .10$mV, < 1 mm, non-diagnostic, or non-specific in ALL leads noted to have ST-elevation” – Add “ST-elevation clearly described as confined to ONE lead” – Add “ST-elevation described as minimal, $< .10$mV, < 1 mm, non-diagnostic, or non-specific in ALL leads noted to have ST-elevation” – Remove “Possible” as an exclusion term from ST-Segment Elevation and Left Bundle Branch Block (LBBB) 	1-164	07/01/2006 Discharges
Data Dictionary	<i>Intraop Death</i>	A new data element has been added.	None	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>Lipid Lowering Agent Prescribed at Discharge</i>	<p>Notes for Abstraction - Add:</p> <p>“In determining whether a lipid lowering agent was prescribed at discharge, it is not uncommon to see conflicting documentation amongst different medical record sources. For example, the discharge summary may list a lipid lowering agent that is not included in any of the other discharge medication sources (e.g. discharge orders). All discharge medication documentation available in the chart should be reviewed and taken into account by the abstractor.</p> <ul style="list-style-type: none"> • In cases where there is a lipid lowering agent in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (select ‘Yes’) unless documentation elsewhere in the medical record suggests that it was NOT prescribed at discharge – Consider it a discharge medication in the absence of contradictory documentation. • If documentation is contradictory (e.g., MD noted discontinuation of the lipid lowering agent in the discharge medication orders, but it is listed in the discharge summary’s discharge medication list), or after careful examination of circumstances, context, timing, etc, documentation raises enough question, the case should be deemed ‘unable to determine’ (select ‘No’). • When there is a documented plan to delay initiation/restarting of a lipid lowering agent for a time period after discharge, but the lipid lowering agent is listed as a discharge medication, this should NOT be considered ‘contradictory’ documentation. Example: ‘Begin Lipitor at first clinic visit’ per discharge progress note and Lipitor is listed as discharge medication on discharge instruction sheet – select ‘Yes.’” 	1-167	07/01/2006 Discharges
Data Dictionary	<i>LVF Assessment</i>	<p>Suggested Data Sources - Add Excluded Data Sources:</p> <p>“Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”</p>	1-169	07/01/2006 Discharges
Data Dictionary	<i>LVSD</i>	<p>Guidelines for Abstraction, Exclusions for Moderate or severe systolic dysfunction: Add "Hypokineses described as diffuse, generalized or global And mild"</p>	1-172	07/01/2006 Discharges
Data Dictionary	<i>Non-primary PCI</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Oral Antibiotics</i>	<p>Collected For: change “All SIP Measures” to “SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3”</p> <p>Notes for Abstraction: Add “If there is documentation of instructions for ‘oral antibiotics’ to be taken at home OR documentation of instructions or prescriptions given to the patient in regards to ‘oral antibiotics,’ AND there is documentation that the oral antibiotics are the appropriate antibiotics as listed in this question, assume they were taken; select ‘Yes.’”</p>	1-179	07/01/2006 Discharges
Data Dictionary	<i>Other Surgeries</i>	<p>Definition, Suggested Data Collection Question, Allowable Values, Notes for Abstraction :</p> <ul style="list-style-type: none"> • The wording “24 hours” has been removed and the wording, “3 days (4 days for CABG or Other Cardiac Surgery)” has been added in its place everywhere it occurs in this data element. • Add “during this hospital stay” after “procedure of interest” everywhere it appears, UNLESS it is discussing procedures of interest that occur during the same surgical episode. 	1-182	07/01/2006 Discharges
Data Dictionary	<i>Plan for LDL-Cholesterol Test</i>	<p>Suggested Data Sources - Add Excluded Data Sources:</p> <p>“Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”</p>	1-192	07/01/2006 Discharges
Data Dictionary	<i>Pneumococcal Vaccination Status</i>	<p>Notes for Abstraction, add "In order to answer "Vaccine was given during this hospitalization", there must be documentation either on the MAR, nursing notes, standing orders, etc., where the vaccine was dated and signed as administered."</p>	1-194	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>Pneumonia Working Diagnosis on Admission</i>	<p>Notes for Abstraction</p> <ul style="list-style-type: none"> • Remove 4th bullet: “Only use consultation notes if they are documented as completed in the emergency department unless the patient was a direct admit.” • Revise 8th bullet: the word “aerosolized” has been added to the note regarding pneumonia caused by chemical or “aerosolized” medications. • Add 12th bullet: “If pneumonia is found on a patient’s chest x-ray, select ‘Yes,’ if the ER physician on the ER record notes the results OR if the x-ray report itself is timed (either read or dictated) prior to or at the time of admission. This would include results called to the ER and the ER physician’s own interpretation, if pneumonia is included.” • Add 13th bullet: “If pneumonia is found on the admitting order, it is an automatic ‘Yes’ for all patients including ER patients, even if it is not timed.” • Add 14th bullet: “When trying to determine working diagnosis, it is necessary to determine the time of admission. Admission time MUST be taken from physician documentation and not the time nursing noted orders taken off. This must be labeled admit time. DO NOT use ER discharge time or patient transfer time.” 	1-197	07/01/2006 Discharges
Data Dictionary	<i>Postoperative Infections</i>	<p>Definition:</p> <ul style="list-style-type: none"> • Remove “(with the exception of CABG or Other Cardiac Surgery).” • Add “(3 days for CABG or Other Cardiac Surgery)” right after the words “2 days.” • Delete the 2nd paragraph of the definition. <p>Notes for Abstraction:</p> <ul style="list-style-type: none"> • Remove first note that states, “Only abstract ‘Yes’ to this question if there is physician, nurse practitioner or physician assistant documentation the patient was being treated for an infection.” • Add: <ul style="list-style-type: none"> • If there is documentation that ANTIBIOTIC TREATMENT was administered for an infection or possible/suspected infection, select ‘Yes.’ Example: Do not assume that because the patient had a positive UTI and later received an antibiotic that the antibiotic was for the UTI. There must be a documented correlation between the infection and the treatment. • If there is documentation the infection or possible/suspected infection is being treated with an ANTIBIOTIC listed in Appendix C, Table 2.1, select ‘Yes.’ <p>Examples:</p> <ul style="list-style-type: none"> o ‘Patient has UTI start on Bactrim.’ - select ‘Yes.’ o ‘Patient has Influenza start on Tamiflu.’ - select ‘No.’ <ul style="list-style-type: none"> • Fever, elevated white blood cells and other symptoms are not acceptable as infections (unless documented as an infection or possible/suspected infection), even if treated with antibiotic. Do not assume infection if a wound/surgical site is described as reddened, swollen and hot, as other conditions can also cause these symptoms; select ‘No.’ • If antibiotic treatment begins prior to surgical incision, select ‘Yes’ for <i>Infection Prior to Anesthesia</i>. If antibiotic treatment begins after surgical incision, select ‘Yes’ for <i>Postoperative Infections</i>, REGARDLESS of when the infection was discovered. • If antibiotic treatment for an infection occurs more than 2 days postoperatively (3 days if CABG or Other Cardiac Surgery) with the day of surgery being day zero, select ‘No.’” <p>Suggested Data Sources: add Anesthesia record</p> <p>Guidelines for Abstraction:</p> <ul style="list-style-type: none"> • Inclusions: Add "Sepsis" • Exclusions: Remove "Candidiasis" 	1-200 thru 1-201	07/01/2006 Discharges
Data Dictionary	<i>Preop Hair Removal</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Prophylactic Antibiotic</i>	This data element has been removed.	1-210 thru 1-211	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>Pseudomonas Risk</i>	Definition: The last bullet has changed from “COPD with a physician/nurse practitioner/physician assistant documented history of repeated antibiotics or chronic corticosteroid use” to “COPD AND physician/nurse practitioner/physician assistant documented history of repeated antibiotics or chronic corticosteroid use. Repeated antibiotics and/or chronic corticosteroid can be for any reason. It does not have to be linked to the COPD.”	1-213	07/01/2006 Discharges
Data Dictionary	<i>Reason for Delay in Fibrinolytic Therapy</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Reason for Delay in PCI</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Reason for No LDL-Cholesterol Testing</i>	Suggested Data Sources - Add Excluded Data Sources: “Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay)”	1-220	07/01/2006 Discharges
Data Dictionary	<i>Reason for No Lipid Lowering Therapy</i>	Notes for Abstraction: <ul style="list-style-type: none"> •1st bullet: <ul style="list-style-type: none"> ○ 2nd sub-bullet: <ul style="list-style-type: none"> – 2nd bullet: Reword guideline addressing preop or postop holds/discontinuations to include pre-procedure and post-procedure . – 4th bullet: Add “MD/NP/PA order for a one-time hold. One-time holds include the holding of just one dose of a medication or holding of a medication for a defined time period. The physician order of the one-time hold needs to be explicit and able to stand on its own (Do not cross-reference with other medical record documentation to determine one-time holds). Examples: <ul style="list-style-type: none"> * ‘Hold Colestid in a.m.’ * ‘Hold Questran x 24-48 hours’ * ‘Hold Pravigard this evening. Resume dose in a.m.’ * ‘Hold Niacor until a.m.’ * ‘Hold atorvastatin today’” ○ Add 3rd sub-bullet: “If there is documentation of a plan to initiate/restart a lipid lowering agent, and the reason/problem underlying the delay in starting/restarting the agent is also noted, this constitutes a ‘clearly implied’ reason for not prescribing a lipid lowering agent at discharge. Examples given.” ○ 6th sub-bullet: Add “fibrates” and “resins” to current guideline. 	1-222 thru 1-223	
Data Dictionary	<i>Risk Factors for Drug Resistant Pneumococcus</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Surgery End Date</i>	Collected For: Change “SIP-3” to “SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4” Suggested Data Sources: Remove “Preop checklist”	1-227	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Data Dictionary	<i>Surgery End Time</i>	Collected For: Change “SIP-3” to “SCIP-Inf-2, SCIP-Inf-3” Notes for Abstraction: Add “If multiple procedures occur during the same surgical episode , the <i>Surgical Incision Time</i> captured will be the incision time that occurs first (whether or not a procedure of interest) and the <i>Surgery End Time</i> will be the time that occurs last (whether or not a procedure of interest).” Guidelines for Abstraction - Add Inclusion Source: “EOS (End of Surgery)”	1-228 thru 1-229	07/01/2006 Discharges
Data Dictionary	<i>Surgery Performed During Stay</i>	Collected For: Change “All SIP Measures” to “SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3”	1-230	07/01/2006 Discharges
Data Dictionary	<i>Surgery Start Date</i>	Collected For: Change “All SIP Measures” to “SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3”	1-231	07/01/2006 Discharges
Data Dictionary	<i>Surgical Incision Time</i>	Collected For: Change “All SIP Measures” to “SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3” Notes for Abstraction: Add “If multiple procedures occur during the same surgical episode, the <i>Surgical Incision Time</i> captured will be the incision that occurs first (whether or not a procedure of interest), and the <i>Surgery End Time</i> will be the end time that occurs last (whether or not a procedure of interest).”	1-232	07/01/2006 Discharges
Data Dictionary	<i>Temperature Value</i>	A new data element has been added.	None	07/01/2006 Discharges
Data Dictionary	<i>Thrombolytic Administration</i>	Data Element Name: Change to <i>Fibrinolytic Administration</i> . See <i>Fibrinolytic Administration</i> .	1-238	07/01/2006 Discharges
Data Dictionary	<i>Thrombolytic Administration Date</i>	Data Element Name: Change to <i>Fibrinolytic Administration Date</i> . See <i>Fibrinolytic Administration Date</i> .	1-239	07/01/2006 Discharges
Data Dictionary	<i>Thrombolytic Administration Time</i>	Data Element Name: Change to <i>Fibrinolytic Administration Time</i> . See <i>Fibrinolytic Administration Time</i> .	1-240 thru 1-241	07/01/2006 Discharges
Data Dictionary	<i>Transfer from Another ED</i>	Collected For: Remove “AMI-T1b (CMS Optional Test Measure)” Notes for Abstraction: Add bullet “If a patient is transferred in from a Disaster Medical Assistance Team (DMAT), which provided emergency medical assistance following a catastrophic disaster or other major emergency, select ‘Yes.’” Suggested Data Sources: Add “Any DMAT documentation”	1-242	07/01/2006 Discharges
Data Dictionary	<i>Type of surgery</i>	This data element has been removed. The data element, <i>Infection Procedure of Interest</i> , will take its place.	1-245	07/01/2006 Discharges
Data Dictionary	<i>Vancomycin</i>	A new data element has been added.	None	07/01/2006 Discharges
Measure Information	AMI National Quality Measures List	Measure Short Name <ul style="list-style-type: none"> • Change AMI-7: “Median Time to Fibrinolysis” • Change AMI-7a: “Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival” • Change AMI-8: “Median Time to Primary PCI” • Change AMI-8a: “Primary PCI Received Within 90 Minutes of Hospital Arrival” • Delete AMI-T1b: “LDL Cholesterol Testing Within 24 Hours After Hospital Arrival (Optional Test Measure)” 	AMI-1	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	AMI Alphabetical Data Element List	<ul style="list-style-type: none"> Delete all references to “AMI-T1b” and “AMI-T1b* (Optional Test Measure)” Add data element “Comfort Measures Only,” Collected For “All AMI Measures” Delete data element “In-Hospital LDL-Cholesterol Test Within 24 Hours After Hospital Arrival*” Add data element “Non-Primary PCI,” Collected For “AMI-8, AMI-8a” Add data element “Reason for Delay in Fibrinolytic Therapy,” Collected For “AMI-7, AMI-7a” Add data element “Reason for Delay in PCI,” Collected For “AMI-8, AMI-8a” Change data element name <i>Thrombolytic Administration</i> to <i>Fibrinolytic Administration</i> Change data element name <i>Thrombolytic Administration Date</i> to <i>Fibrinolytic Administration Date</i> Change data element name <i>Thrombolytic Administration Time</i> to <i>Fibrinolytic Administration Time</i> 	AMI-2 AMI-3	07/01/2006 Discharges
Measure Information	AMI Measure Population	<p>AMI Measure Population</p> <ul style="list-style-type: none"> Comfort Measures Only has been added to the data elements used to identify the measure population. Add “Patients who have physician orders for Comfort Measures Only are excluded from the AMI measure population. These patients receive palliative care and usual interventions are not received because a medical decision was made to limit care.” 	AMI-4	07/01/2006 Discharges
Measure Information	AMI Measure Population Flowchart	Initial Population flowchart: <i>Comfort Measures Only</i> added	AMI-5	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-1:</p> <ul style="list-style-type: none"> Rationale updated Denominator Statement: <ul style="list-style-type: none"> Excluded Populations - Add 7th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” Data Elements: Add <i>Comfort Measures Only</i> Selected References: Updated 	AMI-1-1 thru AMI-1-3	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	AMI-1, add data element to flow diagram: <i>Comfort Measures Only</i>	AMI-1-4	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-2:</p> <ul style="list-style-type: none"> Rationale updated Denominator Statement: <ul style="list-style-type: none"> Excluded Populations - Add 6th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” Data Elements: Add <i>Comfort Measures Only</i> Selected References: Updated 	AMI-2-1 thru AMI-2-3	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	AMI-2, add data element to flow diagram: <i>Comfort Measures Only</i>	AMI-2-4	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-3:</p> <ul style="list-style-type: none"> Rationale updated Denominator Statement: <ul style="list-style-type: none"> Excluded Populations - Add 6th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” Data Elements: Add <i>Comfort Measures Only</i> Selected References: Updated 	AMI-3-1 thru AMI-3-4	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	AMI-3, add data element to flow diagram: <i>Comfort Measures Only</i>	AMI-3-5	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	AMI Measure Information Form	<p>AMI-4:</p> <ul style="list-style-type: none"> • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations - Add 6th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	AMI-4-1 thru AMI-4-3	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	AMI-4, add data element to flow diagram: <i>Comfort Measures Only</i>	AMI-4-4	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-5:</p> <ul style="list-style-type: none"> • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations - Add 6th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	AMI-5-1 thru AMI-5-3	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	AMI-5, add data element to flow diagram: <i>Comfort Measures Only</i>	AMI-5-4	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-6:</p> <ul style="list-style-type: none"> • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations - Add 7th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	AMI-6-1 thru AMI-6-3	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	AMI-6, add data element to flow diagram: <i>Comfort Measures Only</i>	AMI-6-4	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-7</p> <ul style="list-style-type: none"> • Performance Measure Name, change to “Median Time to Fibrinolysis” • Change all “thrombolytic” notations to “fibrinolytic”. Change all “thrombolysis” notations to “fibrinolysis” • Change all “ST elevation” and “ST segment” notations to “ST-elevation” and “ST-segment” • Rationale updated • Continuous Variable Statement: <ul style="list-style-type: none"> ○ Change “thrombolytic agent” to “fibrinolytic therapy” ○ Excluded Populations: <ul style="list-style-type: none"> – Add 3rd bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” – Add 4th bullet: “Patients who did not receive fibrinolytic therapy within 30 minutes and had a reason for delay documented by a physician, nurse practitioner, or physician assistant (e.g., social, religious, initial concern or refusal)” ○ Data Elements: Add <i>Comfort Measures Only</i> and <i>Reason for Delay in Fibrinolytic Therapy</i> • Selected References: Updated 	AMI-7-1 thru AMI-7-3	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	AMI Analytic Flowchart	<p>AMI-7, Flow Diagram</p> <ul style="list-style-type: none"> • Change the Performance Measure name from "... Thrombolytic" to "... Fibrinolytic" • Add a data element in the common initial logic: <i>Comfort Measures Only</i> • Rename the data element – <i>Thrombolytic Administration</i> , to <i>Fibrinolytic Administration</i> • Rename the data element – <i>Thrombolytic Administration Date</i> , to <i>Fibrinolytic Administration Date</i> • Rename the data element – <i>Thrombolytic Administration Time</i> , to <i>Fibrinolytic Administration Time</i> • Change the logic associated with the value of "Measurement Value". • Add a new data element – <i>Reason for Delay in Fibrinolytic Therapy</i> . Exclude cases where this new element has a value 'Y' and "Measurement Value" is greater than 30 minutes and less than or equal to 360 minutes. 	AMI-7-4	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-7a</p> <ul style="list-style-type: none"> • Performance Measure Name, change to "Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival" • Change all "thrombolytic" notations to "fibrinolytic". Change all "thrombolysis" notations to "fibrinolysis" • Change all "ST elevation" and "ST segment" notations to "ST-elevation" and "ST-segment" • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations: <ul style="list-style-type: none"> – Add 3rd bullet: "Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant" – Add 4th bullet: "Patients who did not receive fibrinolytic therapy within 30 minutes and had a reason for delay documented by a physician, nurse practitioner, or physician assistant (e.g., social, religious, initial concern or refusal)" ○ Data Elements: Add <i>Reason for Delay in Fibrinolytic Therapy</i> and <i>Comfort Measures Only</i> • Selected References: Updated 	AMI-7a-1 thru AMI-7a-3	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	<p>AMI-7a, Flow Diagram</p> <ul style="list-style-type: none"> • Change the Performance Measure name from "Thrombolytic Agent..." to "Fibrinolytic Therapy..." • Add a data element in the common initial logic: <i>Comfort Measures Only</i> • Rename the data element – <i>Thrombolytic Administration</i> , to <i>Fibrinolytic Administration</i> • Rename the data element – <i>Thrombolytic Administration Date</i> , to <i>Fibrinolytic Administration Date</i> • Rename the data element – <i>Thrombolytic Administration Time</i> , to <i>Fibrinolytic Administration Time</i> • Rename the variable – Time to Thrombolysis, to Time to Fibrinolysis • Change the logic associated with the value of "Time to Fibrinolysis". • Add a new data element – <i>Reason for Delay in Fibrinolytic Therapy</i> . Exclude cases where this new element has a value 'Y' and "Time to Fibrinolysis" is greater than 30 minutes and less than or equal to 360 minutes. 	AMI-7a-4	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	AMI Measure Information Form	<p>AMI-8:</p> <ul style="list-style-type: none"> • Performance Measure Name, change to “Median Time to Primary PCI” • Change all “ST elevation” and “ST segment” notations to “ST-elevation” and “ST-segment” • Rationale: Updated • Continuous Variable Statement: <ul style="list-style-type: none"> ○ Excluded Populations <ul style="list-style-type: none"> – Add 3rd bullet: “Patients receiving comfort measures anytime during the hospital stay documented by physician/nurse practitioner/physician assistant” – Change 4th bullet to: “Patients administered fibrinolytic therapy” – Add 5th bullet: “PCI described as non-primary by physician, nurse practitioner, or physician assistant” – Add 6th bullet: “Patients who did not receive PCI within 90 minutes and had a reason for delay documented by a physician, nurse practitioner, or physician assistant (e.g., social, religious, initial concern or refusal)” ○ Data Elements: <ul style="list-style-type: none"> – Add <i>Comfort Measures Only</i>, <i>Non-Primary PCI</i>, and <i>Reason for Delay in PCI</i> – Change <i>Thrombolytic Administration</i> to <i>Fibrinolytic Administration</i> • Measure Analysis Suggestions <ul style="list-style-type: none"> ○ Change “PCI” to “primary PCI” ○ Change “120” minutes to “90” minutes • Selected References: Updated 	AMI-8-1 thru AMI-8-3	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	<p>AMI-8, Flow Diagram</p> <ul style="list-style-type: none"> • Change the Performance Measure name from “PCI” to “Primary PCI” • Add a new data element – <i>Non-Primary PCI</i> – prior to <i>First PCI Time</i>, and exclude cases when the value is ‘Y’ • Add a data element in the common initial logic: <i>Comfort Measures Only</i> • Change the logic associated with the value of “Measurement Value”. • Change the upper time limits for the category E from 120 minutes to 90 minutes • Add a new data element – <i>Reason for Delay in PCI</i>. Exclude cases where this new element has a value ‘Y’ and “Measurement Value” is greater than 90 minutes and less than or equal to 1440 minutes. • Rename the data element <i>Thrombolytic Administration</i> to <i>Fibrinolytic Administration</i> 	AMI-8-4 thru AMI-8-6	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-8a</p> <ul style="list-style-type: none"> • Performance Measure Name, change to "Primary PCI Received Within 90 Minutes of Hospital Arrival" • Change all “ST elevation” and “ST segment” notations to “ST-elevation” and “ST-segment” • Description, change "120" minutes to "90" minutes • Rationale updated • Numerator Statement, change "120" minutes to "90" minutes • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations: <ul style="list-style-type: none"> – Add 3rd bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” – Change 4th bullet: “Patients administered fibrinolytic therapy” – Add 5th bullet: “PCI described as non-primary by physician, nurse practitioner, or physician assistant” – Add 6th bullet: “Patients who did not receive PCI within 90 minutes and had a reason for delay documented by a physician, nurse practitioner, or physician assistant (e.g., social, religious, initial concern or refusal)” 	AMI-8a-1 thru AMI-8a-3	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
		<ul style="list-style-type: none"> • Denominator Statement: <ul style="list-style-type: none"> ○ Data Elements: <ul style="list-style-type: none"> – Add <i>Comfort Measures Only</i>, <i>Non-Primary PCI</i>, <i>Reason for Delay in PCI</i> – Change <i>Thrombolytic Administration</i> to <i>Fibrinolytic Administration</i> • Measure Analysis Suggestions: <ul style="list-style-type: none"> ○ Change “PCI” to “primary PCI” ○ Change “120” minutes to “90” minutes • Selected References updated 		
Measure Information	AMI Analytic Flowchart	<p>AMI-8a, Flow Diagram</p> <ul style="list-style-type: none"> • Change the Performance Measure name: from “Within 120 Minutes” to “Within 90 Minutes”; from “PCI” to “Primary PCI” • Change the numerator definition from “120 minutes” to “90 minutes” • Add a data element in the common initial logic: <i>Comfort Measures Only</i> • Add a new data element – <i>Non-Primary PCI</i> – prior to <i>First PCI Time</i>, and exclude cases when the value is ‘Y’ • Change the logic associated with the value of “Time to PCI”. • Change the upper time limits for the category E from 120 minutes to 90 minutes • Add a new data element – <i>Reason for Delay in PCI</i>. Exclude cases where this new element has a value ‘Y’ and “Time to PCI” is greater than 90 minutes and less than or equal to 1440 minutes. • Rename the data element <i>Thrombolytic Administration</i> to <i>Fibrinolytic Administration</i> 	AMI-8a-4 thru AMI-8a-6	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-9</p> <ul style="list-style-type: none"> • Denominator: <ul style="list-style-type: none"> ○ Excluded Populations - Add 5th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	AMI-9-1 thru AMI-9-2	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	<p>AMI-9, Flow Diagram - Add data element: <i>Comfort Measures Only</i></p>	AMI-9-3	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>AMI-T1a (CMS Optional Test Measure)</p> <ul style="list-style-type: none"> • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations - Add 6th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	AMI-T1a-1 thru AMI-T1a-4	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	<p>AMI-T1a, Flow Diagram - Add data element: <i>Comfort Measures Only</i></p>	AMI-T1a-5	07/01/2006 Discharges
Measure Information	AMI Measure Information Form	<p>Delete "AMI-T1b (CMS Optional Test Measure)"</p>	AMI-T1b-1 thru AMI-T1b-7	07/01/2006 Discharges

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Measure Information	AMI Measure Information Form	AMI-T2 (CMS Optional Test Measure) <ul style="list-style-type: none"> • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations - Add 6th bullet: "Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant" ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	AMI-T2-1 thru AMI-T2-4	07/01/2006 Discharges
Measure Information	AMI Analytic Flowchart	AMI-T2, Flow Diagram - Add data element: <i>Comfort Measures Only</i>	AMI-T2-5	07/01/2006 Discharges
Measure Information	HF Alphabetical Data Element List	Add data element <i>Comfort Measures Only</i> , Collected For "All HF Measures"	HF-2	07/01/2006 Discharges
Measure Information	HF Measure Population	<ul style="list-style-type: none"> • Comfort Measures Only has been added to the data elements used to identify the measure population. • Add "Patients who have physician orders for Comfort Measures Only are excluded from the HF measure population. These patients receive palliative care and usual interventions are not received because a medical decision was made to limit care." 	HF-4	07/01/2006 Discharges
Measure Information	HF Measure Population Flowchart	Add <i>Comfort Measures Only</i> .	HF-5	07/01/2006 Discharges
Measure Information	HF Measure Information Form	HF-1: <ul style="list-style-type: none"> • Rationale: Updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations: <ul style="list-style-type: none"> – Add 2nd bullet: "Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant" – Revise wording in 3rd bullet - Replace "hospitalization" with "hospital stay." ○ Data Elements, add <i>Comfort Measures Only</i> • Selected References: Updated 	HF-1-1 thru HF-1-2	07/01/2006 Discharges
Measure Information	HF Analytic Flowchart	HF-1, Flow Diagram - Add data element: <i>Comfort Measures Only</i>	HF-1-4	07/01/2006 Discharges
Measure Information	HF Measure Information Form	HF-2: <ul style="list-style-type: none"> • Rationale: Updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations: <ul style="list-style-type: none"> – Add 6th bullet: "Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant" – Revise wording in 8th bullet: Replace "hospitalization" with "hospital stay." ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	HF-2-1 thru HF-2-3	07/01/2006 Discharges
Measure Information	HF Analytic Flowchart	HF-2, Flow Diagram - Add data element: <i>Comfort Measures Only</i>	HF-2-4	07/01/2006 Discharges
Measure Information	HF Measure Information Form	HF-3: <ul style="list-style-type: none"> • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations: <ul style="list-style-type: none"> – Add 6th bullet: "Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant" – Revise wording in 8th bullet: Replace "hospitalization" with "hospital stay." ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	HF-3-1 thru HF-3-4	07/01/2006 Discharges

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Measure Information	HF Analytic Flowchart	HF-3, Flow Diagram - Add data element: <i>Comfort Measures Only</i>	HF-3-5	07/01/2006 Discharges
Measure Information	HF Measure Information Form	HF-4: <ul style="list-style-type: none"> • Rationale updated • Denominator Statement: <ul style="list-style-type: none"> ○ Excluded Populations: <ul style="list-style-type: none"> – Add 6th bullet: “Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant” – Revise wording in 7th bullet: Replace "hospitalization" with "hospital stay." ○ Data Elements: Add <i>Comfort Measures Only</i> • Selected References: Updated 	HF-4-1 thru HF-4-3	07/01/2006 Discharges
Measure Information	HF Analytic Flowchart	HF-4, Flow Diagram - Add data element: <i>Comfort Measures Only</i>	HF-4-4	07/01/2006 Discharges
Measure Information	PN Alphabetical Data Element List	In the General Data Elements list, <i>Admission Source</i> , Collected For , remove PN-2 and PN-7 In the PN specific data element list add the new data elements, <i>Chest X-Ray</i> - Collected for: All PN Measures <i>Risk Factors for Drug-Resistant Pneumococcus</i> - Collected for: PN-6*, PN-6b**	PN-2 thru PN-3	07/01/2006 Discharges
Measure Information	Pneumonia Measure Population	In the Pneumonia Measure Population , add the new data element, <i>Chest X-Ray</i> , to the data element list. <ul style="list-style-type: none"> • In the first paragraph change the word “six” to seven.” • In the second paragraph following the data elements that are common to all of the performance measures in the set, add the data element, <i>Chest X-ray</i>, just after the first mention of the data element, <i>Pneumonia Working Diagnosis on Admission</i>. • Add the following sentence to the end of the paragraph listed above, “A chest x-ray or CT scan that indicates pneumonia within 24 hours prior to arrival or anytime during the hospitalization must also be present to be included in the Pneumonia population.” 	PN-4	07/01/2006 Discharges
Measure Information	All PN Measures	All PN Measures: <ul style="list-style-type: none"> • Denominator Data Elements add the new data element, <i>Chest X-ray</i>. • Denominator Excluded Populations add, "Patients who had no chest x-ray or CT scan that indicated positive infiltrate within 24 hours prior to hospital arrival or anytime during this hospitalization." 	PN-1 thru PN-7	07/01/2006 Discharges
Measure Information	All PN Analytic Flowcharts	For each PN measure , add a decision box to the common initial logic (first page) which excludes any case for which the response to data element <i>Chest X-Ray</i> was "No." The new data element now appears prior to the data element <i>Pneumonia Working Diagnosis on Admission</i> .	PN-1 thru PN-7	07/01/2006 Discharges
Measure Information	PN Measure Information Form	PN-2: <ul style="list-style-type: none"> • Denominator Excluded Populations: Remove, "Patients received in transfer from another acute care or critical access hospital." • Denominator Data Elements: Remove <i>Admission Source</i> 	PN-2-2	07/01/2006 Discharges
Measure Information	PN Analytic Flowcharts	PN-2: Remove exclusion (transfer from critical access hospital) based on data element Admission source. This data element no longer appears in the flowchart.	PN-2-4	07/01/2006 Discharges
Measure Information	PN Measure Information Form	PN-3a: Data Accuracy: Remove, "To be part of the measure population, a patient must have received an antibiotic either during the hospitalization or within 24 hours prior to hospital arrival plus during the hospitalization. Measure specifications do not require documentation of the exact date and time of the antibiotic taken prior to hospitalization."	PN-3a-3	07/01/2006 Discharges
Measure Information	PN Measure Information Form	PN-4, Rationale , in the last sentence, change "physicians" to "care providers."	PN-4-1	07/01/2006 Discharges

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Measure Information	PN Measure Information Form	<p>PN-6: Numerator Data Elements: Add, the new data element, <i>Risk Factors for Drug-Resistant Pneumococcus</i> . Denominator Excluded Population, Change last bullet to read, "Patients with <i>Healthcare Associated PN</i> as defined in the Data Dictionary." Pneumonia Antibiotic Consensus Recommendations: <ul style="list-style-type: none"> • Non-ICU Patients: After the last antibiotic regimen, add: "Or, if less than 65, with no Risk Factors for Drug-Resistant Pneumococcus (see data element) macrolide monotherapy (IV or oral) Table 2.5 • Pseudomonal Risk: Add "(PO Quinolone is allowed for Non-ICU only)", under each recommended antibiotic combination. </p>	PN-6, 6ab-2 PN-6, 6ab-5	07/01/2006 Discharges
Measure Information	PN Analytic Flowchart	<p>PN-6: <ul style="list-style-type: none"> • Change all references to "antibiotics" to refer to "antibiotic doses." • On the second page of each PN-6, 6a, 6b, insert inline processes boxes to replace notes limiting consideration of antibiotic doses to those on Table 2.1 • Insert inline process boxes to replace notes limiting consideration of antibiotic doses to those administered via IV route. • Prior to assigning cases MCA=A based on the absence of any valid Antibiotic Administration Time, check whether variable "Antibiotic Days" = 0 for at least one dose. If so, calculate the variable ANTIMINUTES and continue processing the case. Also, modify annotation to Antibiotic Administration Time to specify that the test is being performed only for doses having valid dates. • Modify annotations for Antibiotic Days and ANTIMINUTES specifying that tests are to be performed for doses with valid dates and times respectively. • Insert a new note stating that the variable ANTIMINUTES must be calculated for each dose having a valid date and time. </p>	PN-6, 6ab-7-13	07/01/2006 Discharges
Measure Information	PN Analytic Flowchart	<p>PN-6 continued: <ul style="list-style-type: none"> • Remove note and decision box following Regimen 3 which limited consideration of antibiotic doses to those administered by IV route. Insert additional decision boxes in all regimens which check Antibiotic Administration Route for each check of Antibiotic Administration Date. Allow Antibiotic Administration routes of 'oral' for each test of a quinolone table. • On the page beginning "PN-6 I:" Rewrite this page to span two pages. On the first page, move the calculation of Antibiotic Days and ANTIMINUTES to precede evaluation of the data element ICU Transfer/ Admission Within First 24 Hours. On the second page, beginning "PN-6 J," perform all exclusions, category assignments and page jumps based on those variables which were previously performed on the same page as the variable calculation. </p>	PN-6, 6ab-7 thru PN-6, 6ab-14	07/01/2006 Discharges
Measure Information	PN Analytic Flowchart	<p>PN-6a: <ul style="list-style-type: none"> • Change all references to "antibiotics" to refer to "antibiotic doses." • On the second page of each PN-6, 6a, 6b, insert inline processes boxes to replace notes limiting consideration of antibiotic doses to those on Table 2.1 • Insert inline process boxes to replace notes limiting consideration of antibiotic doses to those administered via IV route. • Prior to assigning cases MCA=A based on the absence of any valid <i>Antibiotic Administration Time</i> , check whether variable "Antibiotic Days" = 0 for at least one dose. If so, calculate the variable ANTIMINUTES and continue processing the case. Also, modify annotation to <i>Antibiotic Administration Time</i> to specify that the test is being performed only for doses having valid dates. • Modify annotations for Antibiotic Days and ANTIMINUTES specifying that tests are to be performed for doses with valid dates and times respectively. • Insert a new note stating that the variable ANTIMINUTES must be calculated for each dose having a valid date and time. <p>• On the page beginning "PN-6a I:" Rewrite this page to span two pages. On the first page, move the calculation of Antibiotic Days and ANTIMINUTES to precede evaluation of the data element <i>ICU Transfer/ Admission Within First 24 Hours</i> . On the second page, beginning "PN-6a J," perform all exclusions, category assignments and page jumps based on those variables which were previously performed on the same page as the variable calculation.</p> </p>	PN-6, 6ab-14 thru PN-6, 6ab-19	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	PN Measure Information Form	<p>PN-6b: Pneumonia Antibiotic Consensus Recommendations,</p> <ul style="list-style-type: none"> • Non-ICU Patients: After the last antibiotic regimen, add: "Or, if less than 65, with no <i>Risk Factors for Drug-Resistant Pneumococcus</i> (see data element) macrolide monotherapy (IV or oral) Table 2.5 • Pseudomonal Risk: Add "(PO Quinolone is allowed for Non-ICU only)", under each recommended antibiotic combination. 	PN-6, 6ab-20 thru PN-6, 6ab-24	07/01/2006 Discharges
Measure Information	PN Analytic Flowchart	<p>PN-6b:</p> <ul style="list-style-type: none"> • Change all references to "antibiotics" to refer to "antibiotic doses." • On the second page of each PN-6, 6a, 6b, insert inline processes boxes to replace notes limiting consideration of antibiotic doses to those on Table 2.1 • Prior to assigning cases MCA=A based on the absence of any valid Antibiotic Administration Time, check whether variable "Antibiotic Days" = 0 for at least one dose. If so, calculate the variable ANTIMINUTES and continue processing the case. Also, modify annotation to Antibiotic Administration Time to specify that the test is being performed only for doses having valid dates. • Modify annotations for Antibiotic Days and ANTIMINUTES specifying that tests are to be performed for doses with valid dates and times respectively. • Insert a new note stating that the variable ANTIMINUTES must be calculated for each dose having a valid date and time. <p>• Remove note and decision box following Regimen 3 which limited consideration of antibiotic doses to those administered by IV route. Insert additional decision boxes in all regimens which check Antibiotic Administration Route for each check of Antibiotic Administration Date. Allow Antibiotic Administration routes of 'oral' for each test of a quinolone table.</p> <p>• On the page beginning "PN-6b I:" Rewrite this page to span two pages. On the first page, move the calculation of Antibiotic Days and ANTIMINUTES to precede evaluation of the data element ICU Transfer/ Admission Within First 24 Hours. On the second page, beginning "PN-6b J," perform all exclusions, category assignments and page jumps based on those variables which were previously performed on the same page as the variable calculation.</p>	PN-6, 6ab-20 thru PN-6, 6ab-24	07/01/2006 Discharges
Measure Information	PN Analytic Flowchart	<p>In PN-6 & PN-6b:</p> <ul style="list-style-type: none"> • Insert new regimen for non-ICU patients under age 65 without Risk Factors for Drug Resistant Pneumococcus. The new data element <i>Risk Factors for Drug Resistant Pneumococcus</i> now appears in the PN-6 & PN-6b flowcharts. An additional check of the variable Patient Age now appears within the regimen evaluation. • Following all regimen evaluations, insert a test for missing/invalid entries to the data element <i>Risk Factors for Drug Resistant Pneumococcus</i> which prevented the new regimen from being evaluated. This change resulted in the renumbering of all antibiotic regimens for non-ICU patients. 	PN-6, 6ab-7 thru PN-6, 6ab-13 PN-6, 6ab-20 thru PN-6, 6ab-24	07/01/2006 Discharges
Measure Information	PN Measure Information Form	<p>PN-7:</p> <ul style="list-style-type: none"> • Denominator Excluded Populations: Remove, "Patients received in transfer from another acute care or critical access hospital." • Denominator Data Elements: Remove <i>Admission Source</i> 	PN-7-2	07/01/2006 Discharges
Measure Information	PN Analytic Flowchart	<p>PN-7, Remove exclusion (transfer from critical access hospital) based on data element <i>Admission Source</i> . This data element no longer appears in the flowchart.</p>	PN-7-4	07/01/2006 Discharges
Measure Information	SCIP National Quality Measures	<p>With the addition of three infection measures, the SIP National Quality Measures will be replaced with Surgical Care Improvement Project National Quality Measures.</p> <p>Three additional measures will be collected for the Surgical Care Improvement Project. The additional measures, SCIP-Inf-4 Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose, SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal, and SCIP-Inf-7 Colorectal Surgery Patients with Immediate Postoperative Normothermia, when applied to patients undergoing major surgery, have the potential to reduce the risk of postoperative infection.</p>	SIP-1 thru SIP-2	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	SCIP Alphabetical Data Element List	<p>The SIP Data Element List will now be called the SCIP Data Element List:</p> <ul style="list-style-type: none"> • Change from "All SIP Measures" to "SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-7" <ul style="list-style-type: none"> ○ <i>Admission Diagnosis of Infection</i> ○ <i>Infection Prior to Anesthesia</i> • Change from "All SIP Measures" to "SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3": <ul style="list-style-type: none"> ○ <i>Antibiotic Administration Date</i> ○ <i>Antibiotic Administration Time</i> ○ <i>Antibiotic Name</i> ○ <i>Antibiotics During Stay</i> ○ <i>Antibiotics Prior to Arrival</i> ○ <i>Oral Antibiotics</i> ○ <i>Surgery Performed During Stay</i> ○ <i>Surgery Start Date</i> ○ <i>Surgical Incision Time</i> • Change from "SIP-1, SIP-2" to "SCIP-Inf 1, SCIP-Inf-2"<i>Antibiotic Route</i> • Change from "SIP-2" to "SCIP-Inf-2"<i>Antibiotic Allergy</i> • Change from "SIP-3" to "SCIP-Inf-3": <ul style="list-style-type: none"> ○ <i>Date of Infection</i> ○ <i>Postoperative Infections</i> • Change from "SIP-1, SIP-3" to "SCIP-Inf-1, SCIP-Inf-3"<i>Other Surgeries</i> • Change from "SIP-3" to "SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4"<i>Surgery End Date</i> • Change from "SIP-3" to "SCIP-Inf-2, SCIP-Inf-3"<i>Surgery End Time</i> 	SIP-3 thru SIP-4	07/01/2006 Discharges
Measure Information	SCIP Alphabetical Data Element List (cont.)	<p>Add the following new data elements:</p> <ul style="list-style-type: none"> • <i>Early Antibiotics</i> • <i>Glucose POD 1</i> • <i>Glucose POD 2</i> • <i>Infection Procedure of Interest</i> • <i>Intraop Death</i> • <i>Preop Hair Removal</i> • <i>Temperature Value</i> • <i>Vancomycin</i> <p>Remove the following data elements:</p> <ul style="list-style-type: none"> • <i>Type of Surgery</i> • <i>Prophylactic Antibiotics</i> • All Optional SIP Data Elements 	SIP-4	07/01/2006 Discharges
Measure Information	SCIP Measure Population	With the addition of three new infection measures, the Surgical Infection Prevention Measure Population is replaced with the Surgical Care Improvement Project Measure Population .	SIP-5, SIP 6	07/01/2006 Discharges
Measure Information	SCIP Measure Population Flowchart	With the addition of 3 infection measures, the SIP Initial Population Analytic Flowchart is replaced with the SCIP Initial Population Analytic Flowchart . The flowchart will contain 4 common data elements instead of 8.	SIP-7	07/01/2006 Discharges
Measure Information	SCIP Measure Information Form	The measures SIP-1, SIP-2, and SIP-3 will now be labeled SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3. Because the Surgical Care Improvement Project has more than one module, identifiers were added to differentiate between the modules (i.e., SCIP-Inf). The SIP measures will now become part of the SCIP Infection measure set .	ALL SIP References	07/01/2006 Discharges

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Measure Information	SCIP Measure Information Form	<p>SCIP-Inf-1 The measure SIP-1 will now be labeled SCIP-Inf-1.</p> <p>Denominator Included Population:</p> <ul style="list-style-type: none"> The Included Populations now reads "An <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> of selected surgeries (refer to Appendix A, Table 5.10 for ICD-9-CM codes) AND An <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> of selected surgeries (refer to Appendix A, Table 5.01-5.08 for ICD-9-CM codes)" <p>Denominator Excluded Population:</p> <ul style="list-style-type: none"> The wording "24 hours" has been replaced with " 3 days (4 days for CABG and Other Cardiac Surgery) prior to or after" in the exclusion that deals with other procedures of interest requiring general or spinal anesthesia. Add "Patients whose procedure of interest occurred prior to the date of admission." <p>Denominator Data elements:</p> <ul style="list-style-type: none"> Add <i>Infection Procedure of Interest</i> and <i>Early Antibiotics</i> Remove <i>Type of Surgery</i> <p>Data Accuracy: Add (72 hours postop for CABG or Other Cardiac Surgery) after "48 hours."</p> <p>Data Reported As: Replace <i>Type of Surgery</i> with new data element <i>Infection Procedure of Interest</i></p>	SIP-1-2 thru SIP-1 3	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>Note: In the process of changing SIP to SCIP, the analytic flowcharts for SIP-1, 2 and 3 have been significantly changed. The release notes cover these changes at a higher level and should be used as a reference to the changes. Note that entire pages have been added and hence a side-by-side comparison of the previous and current versions of the flowcharts is warranted to identify every single change. For specific logic details refer to the individual flowcharts in comparison to the previous version.</p>	ALL SIP References	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-1:</p> <ul style="list-style-type: none"> Add data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> and Table 5.10 in the logic as the initial check to include cases if <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Code</i> is present on the table. Remove data element <i>ICD-9-CM Principal Diagnosis Code</i> check from the common logic/initial population. Remove data elements <i>Admission Diagnosis of Infection</i>, <i>Surgery Performed During Stay</i>, <i>Infection Prior to Anesthesia</i> from the initial population flow. Move data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> check on Tables 5.01 through 5.08 following logic check for Patient Age. Add data element <i>Infection Procedure of Interest</i> . Add Tables 5.01 through 5.08 and logic to include cases if the <i>Infection Procedure of Interest</i> code is present on any of these tables. Add calculation to derive internal variable 'Surgery Match' to validate <i>Infection Procedure of Interest</i> against <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Code</i> validated in the previous step. 	SIP 1-5	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-1:</p> <ul style="list-style-type: none"> Add data element <i>ICD-9-CM Principal Diagnosis Code</i>. Add Table 5.09 and logic to exclude cases if <i>ICD-9-CM Principal Diagnosis Code</i> is present on this table. Add <i>Surgery Start Date</i> data element after <i>ICD-9-CM Principal Diagnosis Code</i> . Add Calculation to derive internal variable Surgery Days from <i>Surgery Start Date</i> and <i>Admission Date</i> . Add logic to exclude cases if Surgery Days is less than zero. ADD Data elements <i>Admission Diagnosis of Infection</i>, <i>Surgery Performed During Stay</i>, <i>Infection Prior to Anesthesia</i> to the flow following Surgery Days. 	SIP 1-6	07/01/2006 Discharges

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		<ul style="list-style-type: none"> Remove check for Data element <i>Surgery Start Date</i> which followed <i>Antibiotic Administration Date</i> as this is already checked for earlier in the logic following <i>ICD-9-CM Principal Diagnosis Code</i>. Remove data element <i>Type of Surgery</i>. Add data element <i>Infection Procedure of Interest</i> after the arrow indicating "Y" for the data element <i>Antibiotic Prior to Arrival</i> and logic to exclude all procedures except colon surgeries (on Table 5.03). Add data element <i>Early Antibiotics</i> following <i>Antibiotics During Stay</i>. Add data element <i>Infection Procedure of Interest</i> to the left of <i>Early Antibiotics</i>. Add logic for <i>Infection Procedure of Interest</i> to exclude all other procedures except colon surgeries. 		
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-1:</p> <ul style="list-style-type: none"> Remove data element <i>Type of Surgery</i> to the left of the derived variable Antibiotic Days I. Add data element <i>Infection Procedure of Interest</i> after the arrow to the left of the first diamond Antibiotic Days I and logic to exclude all other procedures except colon surgeries. Remove data element <i>Type of Surgery</i> to the left of the derived variable Antibiotic Timing I. Change Off-Page connector for the arrow flowing from the second diamond Antibiotic Days I, from SIP-1 J to Inf -1 K in light of the page changes due to the addition of new logic and data elements. Add data element <i>Infection Procedure of Interest</i> after the arrow to the left of the first diamond Antibiotic Timing I and logic to exclude all other procedures except colon surgeries. Change Off page connector for the arrow flowing from the measure category outcome box 'E', from SIP-1 K to Inf -1 L in light of the page changes due to the addition of new logic and data elements. Refer to measure algorithms for details. 	SIP 1-7	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-1:</p> <ul style="list-style-type: none"> Remove data element <i>Type of Surgery</i>. Add data element <i>Infection Procedure of Interest</i> and associated logic to fail cases with procedures except colon surgeries, above <i>Antibiotic Administration Route</i>. 	SIP 1-8	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-1:</p> <p>CHANGE IN STRATIFICATION: The entire stratification process has been changed for SC IP-Inf-1, 2 and 3. Stratification will be using <i>Infection Procedure of Interest</i> only.</p> <ul style="list-style-type: none"> Add data element <i>Infection Procedure of Interest</i>. Add Tables 5.01 through 5.08 to the logic to use in stratifying. Remove data element <i>Type of Surgery</i> and associated allowable values from logic. Remove data element <i>ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes</i> and associated logic from all steps in the stratification process. Remove all process outcome boxes which set the measure category assignment to 'C' for the strata measures if the <i>ICD-9-CM Principal or Other Procedure Code</i> is NOT on the specific table checked in the logic "SET the Measure Category Assignment for measure SIP-1.....= 'C'....." Refer to measure algorithms for details. 	SIP 1-9 thru SIP-10	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	SCIP Measure Information Form	<p>SCIP-Inf-2 The measures SIP-2 will now be labeled SCIP-Inf-2.</p> <p>Numerator Data Elements: add <i>Vancomycin</i></p> <p>Denominator Included Population: The Included Populations now reads: "An <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> of selected surgeries (refer to Appendix A, Table 5.10 for ICD-9-CM codes) AND An <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> of selected surgeries (refer to Appendix A, Table 5.01-5.08 for ICD-9-CM codes)"</p> <p>Denominator Excluded Population: add "Patients whose procedure of interest occurred prior to the date of admission"</p> <p>Denominator Data Elements: add</p> <ul style="list-style-type: none"> • <i>Early Antibiotics</i> • <i>Infection Procedure of Interest</i> • <i>Surgery End Date</i> • <i>Surgery End Time</i> <p>Remove:</p> <ul style="list-style-type: none"> • <i>Type of Surgery</i> • <i>Prophylactic Antibiotics</i> <p>Data Accuracy: Add (72 hours postop for CABG or Other Cardiac Surgery) after "48 hours."</p> <p>Data Reported As: Replace <i>Type of Surgery</i> with new data element <i>Infection Procedure of Interest</i></p> <p>Prophylactic Antibiotic Regimen Selection for Surgery Table:</p> <ul style="list-style-type: none"> • Add "Vancomycin**" as first line prophylaxis for CABG, Other Cardiac, Vascular and Hip/Knee Arthroplasty. • Add Ampicillin/Sulbactam as first line prophylaxis for Colon and Hysterectomy. • Change Ciprofloxacin Table 2.8 to Quinolone Table 3.12 for Colon and Hysterectomy each place it appears. • Special Considerations: Remove "***Levofloxacin 750 mg given once may be substituted for Ciprofloxacin." Add "***Vancomycin is acceptable with a physician documented justification for its use (see data element Vancomycin)." • Remove the footnote below the table regarding dosages. 	SIP-2-1 thru SIP-2 3	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-2:</p> <ul style="list-style-type: none"> • Add data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> and Table 5.10 in the logic as the initial check to include cases if <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> is present on the table. • Remove data element <i>ICD-9-CM Principal Diagnosis Code</i> check from the common logic/initial population. • Remove Data elements <i>Admission Diagnosis of Infection</i>, <i>Surgery Performed During Stay</i>, <i>Infection Prior to Anesthesia</i> from the initial population flow. • Move data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> check on Tables 5.01 through 5.08 following logic check for Patient Age. • Add data element <i>Infection Procedure of Interest</i> . • Add Tables 5.01 through 5.08 and logic to include cases if the <i>Infection Procedure of Interest</i> code is present on any of these tables. • Add calculation to derive internal variable 'Surgery Match' to validate <i>Infection Procedure of Interest</i> against <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD</i> in the previous step. 	SIP 2-5	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-2:</p> <ul style="list-style-type: none"> • Add data element <i>ICD-9-CM Principal Diagnosis Code</i> . • Add Table 5.09 and logic to exclude cases if <i>ICD-9-CM Principal Diagnosis Code</i> is present on this table. . • Add <i>Surgery Start Date</i> data element after <i>ICD-9-CM Principal Diagnosis Code</i> . • Add Calculation to derive internal variable Surgery Days from <i>Surgery Start Date</i> and <i>Admission Date</i> . • Add logic to exclude cases if Surgery Days is less than zero. • Add data elements <i>Admission Diagnosis of Infection, Surgery Performed During Stay, Infection Prior to Anesthesia</i> to the flow following Surgery Days. • Remove check for Data element <i>Surgery Start Date</i> which followed '<i>Antibiotic Administration Date</i>' as this has been moved up in the algorithm. • REMOVE Data element <i>Type of Surgery</i> . • Add data element <i>Infection Procedure of Interest</i> after the arrow indicating "Y" to the left of data element <i>Antibiotic Prior to Arrival</i> and logic to exclude all other procedures except colon surgeries. • Add data element <i>Early Antibiotics</i> following <i>Antibiotics During Stay</i> . 	SIP 2-6	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-2:</p> <ul style="list-style-type: none"> • Add data element <i>Infection Procedure of Interest</i> to the left of <i>Early Antibiotics</i> . • Add logic for <i>Infection Procedure of Interest</i> to exclude all other procedures except colon surgeries. • Remove data element <i>Type of Surgery</i> to the left of the derived variable Antibiotic Days I. • Add data element <i>Infection Procedure of Interest</i> after the arrow to the left of the first diamond Antibiotic Days I and logic to exclude all other procedures except colon surgeries. • Remove data element <i>Type of Surgery</i> to the left of the derived variable Antibiotic Timing I. • Add data element <i>Infection Procedure of Interest</i> after the arrow to the left of the first diamond Antibiotic Timing I and logic to exclude all other procedures except colon surgeries. • Change Off page connector for the arrow flowing from the second diamond Antibiotic Days I, from SIP-2 I to Inf-2 J in light of the page changes due to the addition of new logic and data elements. 	SIP 2-6	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-2:</p> <ul style="list-style-type: none"> • Remove data element <i>Prophylactic Antibiotic</i>. • Add data element <i>Surgery End Date</i> and logic. • Add calculation to derive internal variable Antibiotic Days II from <i>Surgery End Date</i> and <i>Antibiotic Administration Date</i>. • Add logic to process Antibiotic Days II. • Add data elements <i>Surgery End Time</i> and <i>Antibiotic Administration Time</i> and logic following Antibiotic Days II. • Add calculation to derive internal variable Antibiotic Timing II. • Add logic to process Antibiotic Timing II. • Remove data element <i>Type of Surgery</i> and its allowable values from entire logic. • Add data element <i>Infection Procedure of Interest</i> and associated logic above <i>Antibiotic Administration Route</i>. • Replace data element <i>Type of Surgery</i> and its allowable values with the data element <i>Infection Procedure of Interest</i> and tables 5.01 through 5.08 to the logic. 	SIP 2-7	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-2:</p> <ul style="list-style-type: none"> • Add data element <i>Infection Procedure of Interest</i> and associated logic below <i>Antibiotic Administration Route</i>. • Replace data element <i>Type of Surgery</i> and its allowable values with the data element <i>Infection Procedure of Interest</i> and tables 5.01 through 5.08 to the logic. • Remove data element <i>Antibiotic Allergy</i> following <i>Antibiotic Administration Route</i>. • Insert a branch in the logic following <i>Antibiotic Administration Route</i>. <ul style="list-style-type: none"> ○ Add data element <i>Infection Procedure of Interest</i> following <i>Antibiotic Administration Route</i>. ○ Add data element <i>Antibiotic Name</i> and logic check for <i>Antibiotic Name</i> on Tables 3.8 or 3.9. ○ Add data element <i>Antibiotic Allergy</i> and logic following <i>Antibiotic Name</i>. ○ Add another logic check for <i>Antibiotic Name</i> after <i>Antibiotic Allergy</i>. ○ Add data element <i>Vancomycin</i> and associated logic. • Add data element <i>Antibiotic Allergy</i> below <i>Infection Procedure of Interest</i>. • Remove check for Table 2.8. • Add check for Table 3.12 INSTEAD OF Table 2.8. (See algorithm for details). 	SIP 2-9	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-2:</p> <ul style="list-style-type: none"> • CHANGE IN STRATIFICATION: The entire stratification process has been changed for SCIP- Inf-1, 2 and 3. Stratification will be using <i>Infection Procedure of Interest</i> only. • Add data element <i>Infection Procedure of Interest</i>. • Add Tables 5.01 through 5.08 to the logic to use in stratifying. • Remove data element <i>Type of Surgery</i> and associated allowable values from logic. • Remove data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> and associated logic from all steps in the stratification process. • Remove all process outcome boxes which set the measure category assignment to 'C' for the strata measures if the <i>ICD-9-CM Principal or Other Procedure Code</i> is NOT on the specific table checked in the logic "SET the Measure Category Assignment for measure SIP-1.....= 'C'....." • Refer to measure algorithms for details. 	SIP 2-10 thru SIP-2 11	07/01/2006 Discharges
Measure Information	SCIP Measure Information Form	<p>SCIP-Inf-3: The measure SIP-3 will now be labeled SCIP-Inf-3.</p> <p>Denominator Included Population: The Included Populations now reads:"An <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> of selected surgeries (refer to Appendix A, Table 5.10 for ICD-9-CM codes) AND An <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> of selected surgeries (refer to Appendix A, Table 5.01-5.08 for ICD-9-CM codes)"</p>	SIP-3-1 thru SIP-3 3	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
		<p>Denominator Excluded Populations:</p> <ul style="list-style-type: none"> Remove "Patients who did not receive any antibiotics before or during surgery or within 24 hours after surgery end time (i.e. patient did not receive any prophylactic antibiotics)" Add (3 days for CABG and Other Cardiac Surgery) for patients who were diagnosed with and treated for infection within two days after <i>Surgery End Date</i> Replace the wording "24 hours" with " 3 days (4 days for CABG and Other Cardiac Surgery) prior to or after" in the exclusion that deals with other procedures of interest requiring general or spinal anesthesia. Add "Patients whose procedure of interest occurred prior to the date of admission." <p>Denominator Data Elements: add</p> <ul style="list-style-type: none"> <i>Infection Procedure of Interest</i> <i>Early Antibiotics</i> <p>Remove:</p> <ul style="list-style-type: none"> <i>Type of Surgery</i> <i>Prophylactic Antibiotics</i> <p>Data Accuracy: Add "(72 hours postop for CABG or Other Cardiac Surgeries)" after "48 hours."</p> <p>Data Reported As: Replace <i>Type of Surgery</i> with new data element <i>Infection Procedure of Interest</i></p>		
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-3:</p> <ul style="list-style-type: none"> Add data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> and Table 5.10 in the logic as the initial check to include cases if <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> is present on the table. Remove data element <i>ICD-9-CM Principal Diagnosis Code</i> check from the common logic/initial population. Remove data elements <i>Admission Diagnosis of Infection</i>, <i>Surgery Performed During Stay</i>, <i>Infection Prior to Anesthesia</i> from the initial population flow. Move data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> check on Tables 5.01 through 5.08 following logic check for Patient Age. Add data element <i>Infection Procedure of Interest</i> . Add Tables 5.01 through 5.08 and logic to include cases if the <i>Infection Procedure of Interest</i> code is present on any of these tables. Add calculation to derive internal variable 'Surgery Match' to validate <i>Infection Procedure of Interest</i> against <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD</i> in the previous step. 	SIP 3-5	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-3:</p> <ul style="list-style-type: none"> Add data element <i>ICD-9-CM Principal Diagnosis Code</i> . Add Table 5.09 and logic to exclude cases if <i>ICD-9-CM Principal Diagnosis Code</i> is present on this table. Add <i>Surgery Start Date</i> data element after <i>ICD-9-CM Principal Diagnosis Code</i> . Add Calculation to derive internal variable Surgery Days from <i>Surgery Start Date</i> and <i>Admission Date</i> . Add logic to exclude cases if Surgery Days is less than zero. Add data elements <i>Admission Diagnosis of Infection</i> , <i>Surgery Performed During Stay</i> , <i>Infection Prior to Anesthesia</i> to the flow following Surgery Days. Add data element <i>Infection Procedure of Interest</i> after the arrow to the left of data element <i>Antibiotic Prior to Arrival</i> and logic to exclude all other procedures except colon surgeries. Add data element <i>Early Antibiotics</i> following <i>Antibiotics During Stay</i> . 	SIP 3-6	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-3:</p> <ul style="list-style-type: none"> • Add data element <i>Infection Procedure of Interest</i> to the left of <i>Early Antibiotics</i> . • Add logic for <i>Infection Procedure of Interest</i> to exclude all other procedures except colon surgeries. • Add Data element <i>Infection Procedure of Interest</i> after the arrow to the left of the first diamond Antibiotic Days I and logic to exclude all other procedures except colon surgeries. • Change Off page connector for the arrow flowing from the second diamond Antibiotic Days I, from SIP-3 I to Inf-3 J in light of the page changes due to the addition of new logic and data elements. • Add data element <i>Infection Procedure of Interest</i> after the arrow to the left of the first diamond Antibiotic Timing I and logic to exclude all other procedures except colon surgeries. • Remove check for Data element <i>Surgery Start Date</i> which followed <i>Antibiotic Administration Date</i> as this has been moved up in the algorithm. • Remove data element <i>Type of Surgery</i> to the left of the derived variable Antibiotic Days I. • Remove data element <i>Type of Surgery</i> to the left of the derived variable Antibiotic Timing I. • Refer to measure algorithms for details. 	SIP 3-6	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-3:</p> <ul style="list-style-type: none"> • Remove data element <i>Type of Surgery</i> and allowable values from all steps in the logic. • Remove data element <i>Prophylactic Antibiotic</i> and associated logic including the two 'Note' boxes. • Add data element <i>Infection Procedure of Interest</i> and Tables 5.01 through 5.08 and associated logic following the calculation of the derived variable 'Post Operative Infection Days'. 	SIP 3-7	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-3:</p> <ul style="list-style-type: none"> • Remove data element <i>Type of Surgery</i> and allowable values from all steps in the logic. • Remove check for Data element <i>Antibiotic Administration Date</i> as this is no longer required in light of the removal of the Data element <i>Prophylactic Antibiotic</i>. • Add data element <i>Infection Procedure of Interest</i> and Tables 5.01 through 5.08 and associated logic following the calculation of the derived variable 'Antibiotic Days II'. • Change logic for arrow flowing from the left of the first Antibiotic Days II decision point from ≤ 0 for all doses of <i>Prophylactic Antibiotic</i> ” to “≤ 0 for all antibiotic doses.” • Change logic for arrow flowing down from the first Antibiotic Days II decision point from “> 0 for at least one dose of <i>Prophylactic Antibiotic</i> ” to “> 0 for at least one antibiotic dose”. • Change the wording in the arrow going to right of <i>Antibiotic Administration Time</i> to Missing/Invalid for all antibiotic doses. 	SIP 3-8	07/01/2006 Discharges
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-3:</p> <ul style="list-style-type: none"> • Add data element <i>Infection Procedure of Interest</i> following the calculation process for Antibiotic Timing II. • Add Tables 5.01 through 5.08 to the logic associated with <i>Infection Procedure of Interest</i> . • Add Antibiotic Timing II decision points to the left and right of <i>Infection Procedure of Interest</i> to process Antibiotic Timing II according to specific procedures and assign Measure Category Assignments. • Remove All logic on Page SIP 3-9. • Refer to the algorithm for details. 	SIP-3-8 thru SIP-3-9	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
Measure Information	SCIP Analytic Flowchart	<p>SCIP-Inf-3:</p> <ul style="list-style-type: none"> • CHANGE IN STRATIFICATION: The entire stratification process has been changed for SCIP- Inf-1, 2 and 3. Stratification will be using <i>Infection Procedure of Interest</i> only. • Add data element <i>Infection Procedure of Interest</i>. • Add Tables 5.01 through 5.08 to the logic to use in stratifying. • Remove data element <i>Type of Surgery</i> and associated allowable values from logic. • Remove data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> and associated logic from all steps in the stratification process. • Remove all process outcome boxes which set the measure category assignment to 'C' for the strata measures if the <i>ICD-9-CM Principal or Other Procedure Code</i> is NOT on the specific table checked in the logic "SET the Measure Category Assignment for measure SIP-1.....= 'C'....." • Refer to measure algorithms for details. 	SIP 3-10 thru SIP 3-11	07/01/2006 Discharges
Measure Information	SCIP Measure Information Form	<p>Introduction of three new Surgical Care Improvement Project (SCIP) core measures:</p> <p>SCIP-Inf-4 Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose</p> <p>SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal</p> <p>SCIP-Inf-7 Colorectal Surgery Patients with Immediate Postoperative Normothermia</p> <p>The additional measures are not stratified.</p>	None	07/01/2006 Discharges
Sampling	Introduction	First Bullet: Add "Medicare and non-Medicare" to the population reference	4-1	
Sampling	Sampling Availability	<p>Fifth Bullet:</p> <p>Reference to Surgical Improvement Project (SIP) changed to Surgical Care Improvement Project (SCIP)</p> <p>Change reference to Appendix A, Table 5.01 – 5.08 to Appendix A, Table 5.10</p>	4-2	
Sampling	Sampling Size Requirements	<p>Option A: Quarterly Sampling</p> <ul style="list-style-type: none"> • First Paragraph: Change the word "should" to "must." • Second Paragraph: <ul style="list-style-type: none"> ○ 1st sentence: Change the reference of SIP to SCIP. ○ 2nd sentence: Change the word "should" to "must." ○ 1st bullet: <ul style="list-style-type: none"> – Change the word "seven" to "eight" – Change the example of the strata from "CABG, cardiac surgery, hip arthroplasty" to "colon surgery, hip arthroplasty" • Table 5: <ul style="list-style-type: none"> ○ Change title of table from SIP to SCIP ○ Change the Average Quarterly Strata Population Sized "N" from "≥ 350, 121-349, 12-120" to "≥ 360, 120-359, 12-119" ○ Change the Minimum Required Strata Sample Size "n" from "36" to "35" 	4-3 thru 4-9	

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
		<p>Option B: Monthly Sampling</p> <ul style="list-style-type: none"> • First Paragraph: Change the word “should” to “must.” • Second Paragraph: <ul style="list-style-type: none"> ○ 1st sentence: Change the reference of SIP to SCIP. ○ 2nd sentence: Change the word “should” to “must.” ○ First Bullet: <ul style="list-style-type: none"> – Change the word “seven” to “eight.” – Change the example of the strata from “CABG, cardiac surgery, hip arthroplasty” to “colon surgery, hip arthroplasty” • Table 10: <ul style="list-style-type: none"> ○ Change title of table from SIP to SCIP. ○ Change the Average Quarterly Strata Population Sized “N” from “≥ 121, 41-120, 4-40” to “≥ 120, 40-119, 4-39” <p>Sample Size Examples - 5th Bullet:</p> <ul style="list-style-type: none"> • 1st sentence: <ul style="list-style-type: none"> ○ Change reference of SIP to SCIP ○ Change sample size populations from “5, 50, 15, 140, 35, 60 and 120” to “5, 50, 15, 140, 35, 200, 3, and 470.” ○ Delete the wording “for the seven strata.” • 2nd sentence: <ul style="list-style-type: none"> ○ Change sample size populations from “5, 12, 12, 14, 12, 12, and 12” to “5, 12, 12, 14, 12, 20, 3, and 36.” ○ Delete the wording “respectfully for the seven strata.” • 3rd sentence - Add the following sentence: “When applicable, larger organizations must also abide by the required sample sizes for the eight stratum (a minimum of 12 required sample cases per strata when population size is 12 or greater.” 		
Sampling	Sampling Approaches	<p>First Paragraph: Change from “Simple random sampling or systemic random sampling must be used” to “As previously stated in this section, health care organizations have the option to sample from their population, or submit their entire population. Organizations that choose sampling must use simple random sampling or systemic random sampling.”</p>	4-9	
National Hospital Quality Measure Verification Process	National Hospital Quality Measure Verification Process	Add details regarding the 2006 Joint Commission’s national hospital quality measure algorithm verification and data collection tool review process.	8-1 thru 8-3	07/01/2006 Discharges

Manual Section	Impacts	RELEASE NOTE TEXT	Page	Implementation Date
National Hospital Quality Measure Verification Process	National Hospital Quality Measure Verification Process	<p>Add details regarding the 2006 Joint Commission's national hospital quality measure algorithm verification and data collection tool review process.</p> <p>The test case file layouts have been updated to reflect changes, additions and deletions (as appropriate) to the data elements for the AMI, HF, PN and SCIP measure sets.</p> <ul style="list-style-type: none"> • AMI Remove Thrombolytic Administration, Thrombolytic Administration Date, Thrombolytic Administration Time. Add Fibrinolytic Administration, Fibrinolytic Administration Date, Fibrinolytic Administration Time. Add Non-Primary PCI, Comfort Measures Only • HF Add Comfort Measures Only. • PN Add Chest X-Ray, Risk Factors for Drug Resistant Pneumococcus • SIP <ul style="list-style-type: none"> ○ Remove Prophylactic Antibiotic 1-75 and Type of Surgery ○ Add Glucose POD 1, Glucose POD 2, Vancomycin 1, Vancomycin 2, Vancomycin 3, Vancomycin 4, Vancomycin 5, Vancomycin 6, Vancomycin 7, Vancomycin 8, Temperature Recorded, Temperature Value, Intraop Death, Preop Hair Removal, Early Antibiotics and Infection Procedure of Interest 	8-1 thru 8-3 8-11 8-12 8-28 thru 8-36	07/01/2006 Discharges
National Hospital Quality Measure Verification Process	National Hospital Quality Measure Verification Process	All references to the SIP measure set have been updated to refer to the SCIP measure set.	8-27	07/01/2006 Discharges
National Hospital Quality Measure Data Transmission	National Hospital Quality Measure Data Transmission	<ul style="list-style-type: none"> • Update retransmission fees and schedule. • Update Table 1, Schedule for National Hospital Quality Measure Risk Model Information File, to reflect scheule for data from 3Q05 through 2Q07. • Update Table 2, Schedule for National Hospital Quality Measure National Comparison Group File, to reflect scheule for data from 3Q05 through 4Q06. • Update Table 8, Surgical Care Improvement Project, to show transmission IDs 14684,14685 and 14686 for new measures SCIP-Inf-4, SCIP-Inf-6 and SCIP-Inf-7 respectively. 	9-5 9-10 9-14	07/01/2006 Discharges
Appendix A	Table 5.01	Remove ICD-9-CM code 36.2	A-25	07/01/2006 Discharges
Appendix A	Table 5.03	Remove ICD-9-CM code 46.11	A-27	07/01/2006 Discharges

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Appendix A	Table 5.09	<p>All infection codes that are not treated with antibiotics have been removed: 008.61, 008.62, 008.63, 008.64, 008.65, 008.66, 008.67, 008.69, 042, 045.00, 045.01, 045.02, 045.03, 045.10, 045.11, 045.12, 045.13, 045.20, 045.21, 045.22, 045.23, 045.90, 045.91, 045.92, 045.93, 046.0, 046.1, 046.2, 046.3, 046.8, 046.9, 047.0, 047.1, 047.8, 047.9, 048, 049., 049.8, 049.9, 050.0, 050.2, 050.9, 051.0, 051.1, 051.9, 052.0, 052.1, 052.7, 052.8, 052.9, 053.0, 053.10, 053.11, 053.19, 053.20, 053.21, 053.22, 053.29, 053.71, 053.8, 053.9, 054.10, 054.11, 054.12, 054.13, 054.19, 054.2, 054.3, 054.40, 054.41, 054.42, 054.43, 054.44, 054.49, 054.5, 054.6, 054.71, 054.72, 054.73, 054.79, 054.8, 054.9, 055.0, 055.1, 055.2, 055.71, 055.79, 055.8, 055.9, 056.00, 056.01, 056.09, 056.71, 056.79, 056.8, 056.9, 057.0, 057.8, 057.9, 062.0, 062.1, 062.2, 062.3, 062.4, 062.5, 062.8, 062.9, 063.0, 063.2, 063.8, 063.9, 064, 065.0, 066.8, 066.9,</p> <p>070.0, 070.1, 070.20, 070.21, 070.22, 070.23, 070.30, 070.31, 070.32, 070.33, 070.41, 070.42, 070.43, 070.44, 070.49, 070.51, 070.52, 070.53, 070.54, 070.59, 070.6, 070.70, 070.71, 070.9, 072.0, 072.1, 072.2, 072.3, 072.71, 072.72, 072.79, 072.8, 072.9, 074.20, 074.21, 074.22, 074.23, 074.8, 077.3, 077.8, 078.0, 078.10, 078.11, 078.19, 078.5, 078.7, 078.89, 079.0, 079.1, 079.2, 079.3, 079.4, 079.50, 079.51, 079.52, 079.53, 079.59, 079.6, 079.81, 079.82, 079.89, 111.0, 111.1, 111.2, 112.0, 112.1, 112.2, 112.3, 112.4, 112.5, 112.81, 112.82, 112.83, 112.84, 112.85, 112.89, 112.9, 115.00, 115.01, 115.02, 115.03, 115.04, 115.05, 115.09, 115.10, 115.11, 115.12, 115.13, 115.14, 115.15, 115.19, 115.90, 115.91, 115.92, 115.93, 115.94, 115.95, 115.99, 116.0, 116.1, 116.2, 117.0, 117.1, 117.2, 117.3, 132.0, 132.1, 138, 139.0, 321.2, 323.0, 466.11, 480.0, 480.1, 480.2, 480.3, 480.8, 480.9</p>	A-31 A-51 thru A-55 A-56 thru A-57 A-62 thru A-63 A-65 thru A-68	07/01/2006 Discharges
Appendix A	Table 5.10	The addition of Table 5.10 will provide the ICD-9-CM procedure codes used to determine the initial population for all SCIP measures.	None	07/01/2006 Discharges
Appendix A	Table 5.11	The addition of Table 5.11 will provide the ICD-9-CM procedure codes used to determine the population for SCIP-Inf-4.	None	07/01/2006 Discharges
Appendix A	Table 5.12	The addition of Table 5.12 will provide the list of ICD-9-CM procedure codes used to determine the population for SCIP-Inf-7.	None	07/01/2006 Discharges
Appendix A	Table 5.14	The addition of Table 5.14 will provide the ICD-9-CM diagnosis codes to be excluded from the population for SCIP-Inf-4 and SCIP-Inf-7. Surgical patients with a diagnosis from this table will be excluded from SCIP-Inf-4 and SCIP-Inf-7.	None	07/01/2006 Discharges
Appendix A	Table 5.15	The addition of Table 5.15 will provide the ICD-9-CM diagnosis codes to be excluded from the population for SCIP-Inf-4. Surgical patients with a diagnosis from this table will be excluded from SCIP-Inf-4.	None	07/01/2006 Discharges
Appendix A	Sampling Strata Tables A - H	New Sampling Strata Tables were added for the new SCIP measure set. Please refer to the Sampling section for further details.	None	07/01/2006 Discharges
Appendix B	RF10	Risk factor retired and deleted from AMI-9 table.	B-1	07-01-06 Discharges
Appendix B	RF12	Risk factor retired and deleted from AMI-9 table.	B-1	07-01-06 Discharges
Appendix B	RF14	Risk factor retired and deleted from AMI-9 table.	B-2	07-01-06 Discharges
Appendix B	RF15	Risk factor retired and deleted from AMI-9 table.	B-2	07-01-06 Discharges
Appendix B	RF18	Risk factor retired and deleted from AMI-9 table.	B-2	07-01-06 Discharges
Appendix B	RF202	Risk factor retired and deleted from AMI-9 table.	B-2	07-01-06 Discharges
Appendix B	RF211	Risk factor retired and deleted from AMI-9 table.	B-2	07-01-06 Discharges

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Appendix B	RF409	Risk factor modification: codes 491.21, 493.20, 493.21, and 496 deleted from risk factor definition.	B-3	07-01-06 Discharges
Appendix B	RF100M	Risk factor retired and deleted from PR-1 table.	B-5	07-01-06 Discharges
Appendix B	RF361	Risk factor modification: code 765.01 deleted from risk factor definition.	B-7	07-01-06 Discharges
Appendix B	RF362	Risk factor modification: code 765.02 deleted from risk factor definition.	B-7	07-01-06 Discharges
Appendix B	RF363	Risk factor modification: code 765.03 deleted from risk factor definition.	B-7	07-01-06 Discharges
Appendix B	MAG20L	Risk factor retired and deleted from PR-3 table.	B-7	07-01-06 Discharges
Appendix B	RF323	Risk factor retired and deleted from PR-2 table.	B-8	07-01-06 Discharges
Risk Factor ICD-9 Code Specifications	RF404	Risk factor codes 44020-44032, 4408, 4409 deleted from table for this risk factor.	3	07-01-06 Discharges
Risk Factor ICD-9 Code Specifications	CRF409	Risk factor codes 49121, 49320, 49321 deleted from table for this risk factor.	6	07-01-06 Discharges
Risk Factor ICD-9 Code Specifications	RF408	Risk factor codes 3410 added to table for this risk factor.	6	07-01-06 Discharges
Risk Factor ICD-9 Code Specifications	RF17	Risk factor codes 496 moved from CRF409 to RF17.	7	07-01-06 Discharges
Risk Factor ICD-9 Code Specifications	RF210	Risk factor codes 4400 and 4401 added to table for this risk factor.	24	07-01-06 Discharges
Appendix C	Table 1.5	Change name of table 1.5 to "Fibrinolytic Agents."	C-7	07/01/2006 Discharges
Appendix C	Table 2.1	Table 2.1: • Added Polymyxin B and Tygacil • Corrected spelling of Co-Trimoxazole	C-16 C-18	07/01/2006 Discharges
Appendix C	Table 2.2	Table 2.2, Added Erlotinib, Eulexin, Hydroxychloroquine Sulfate, Leflunomide, Pegasys, Plaquenil, Rapamycin, Tarcera and Valtoran	C-19 thru C-32	07/01/2006 Discharges
Appendix C	Table 2.4	Table 2.4, added Piperacillin Sodium	C-33	07/01/2006 Discharges
Appendix C	Table 3.5	Table 3.5, added Ampicillin/Sulbactam and Unasyn	C-39	07/01/2006 Discharges
Appendix C	Table 3.7	Table 3.7, added Ampicillin/Sulbactam and Unasyn	C-40	07/01/2006 Discharges
Appendix C	Table 3.12	Table 3.12 Hysterectomy and Colon Quinolones	C-42	07/01/2006 Discharges
Appendix C	Table 4.0	Table 4.0, removed Senox	C-45	07/01/2006 Discharges

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Appendix D	Appendix D	<p>Add the following definitions:</p> <ul style="list-style-type: none"> • cardiac module A set of evidence-based process measures designed to prevent cardiac complications in surgical patients. • disaster medical assistance team (DMAT) Provides emergency medical assistance following a catastrophic disaster or other major emergency. • fibrinolytic therapy Administration of a pharmacological agent intended to cause lysis of a thrombus (destruction or dissolution of a blood clot). Refer to Appendix C, Table 1.5 for a listing of fibrinolytic agents. • infection module A set of evidence-based process measures designed to prevent postoperative infection in the surgical patient • module A set of measures under a common group/topic area (e.g., infection module) • surgical care improvement project (SCIP) The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations focused on improving surgical care by significantly reducing surgical complications through performance measurement. Utilizing 9 process measures in 3 separate modules (infection, cardiac and VTE), the goal is to reduce the incidence of surgical complications nationally by 25 percent by the year 2010. <p>• surgical infection prevention (SIP) In August of 2002, the Center for Medicare & Medicaid Services and the Centers for Disease Control and Prevention collaborated to develop the Surgical Infection Prevention Project. The Medicare Surgical Infection Prevention Project was started with the single objective - to decrease morbidity and mortality associated with postoperative infection in the Medicare patient population. As of July 2006 discharges, the 3 SIP measures become the first 3 SCIP infection measures.</p> <ul style="list-style-type: none"> • venous thromboembolism (VTE) module A set of evidence-based process measures designed to prevent VTE in surgical patients. 	D-7 thru 8 D-11 thru 13	07/01/2006 Discharges
		<p>Change the definition for:</p> <ul style="list-style-type: none"> • oral antibiotics, "For the purposes of the SCIP measure set. . .page SCIP-Inf-2-4." • prophylactic antibiotic, "An antibiotic used to prevent, rather than treat or cure, disease. For the purposes of SCIP-Inf-1-3, antibiotics given to prevent postoperative infection will be collected. Because the overuse of antibiotics can lead to resistance, antibiotics taken to prevent infection should be used only for a short time." • stratified measure, last sentence, " For example, surgical patients.....;however, the stratified measure(s) for SCIP-Inf-1 could be reported by specific allowable values for the data element <i>Infection Procedure of Interest</i> , such as 1 - CABG (SCIP-Inf-1b) or 2 - Other Cardiac Surgery (SCIP-Inf-1c)." • thrombolytic therapy See fibrinolytic therapy <p>Selected Sources, next to last entry, change "2004" to "current" and last entry, change "2004" dates to "2006"</p>		
Appendix H	Table 1.2	Add "3-D" to the echo inclusion list	H-2	07/01/2006 Discharges
Appendix H	Table 1.2	Other Tests inclusion list - Added <ul style="list-style-type: none"> • "CT scan of chest with mention of LVSF" • "Left ventricular gated wall motion analysis", • "Radionuclide myocardial perfusion imaging with mention of LVSF" 	H-2	07/01/2006 Discharges
Appendix H	Table 1.3	Moved "Hypokinesia described as involving the entire left ventricle" to the Left Ventricular (LV) Hypokinesia inclusion list.	H-3	07/01/2006 Discharges

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Appendix H	Table 1.5	<p>Change the conflicting documentation definition in the 6th bullet to read:</p> <ul style="list-style-type: none"> • In cases of conflicting documentation, where there are two or more different descriptions of LVSF in reference to the same, most recent test: <ul style="list-style-type: none"> ○ If there are one or more numeric EFs in combination with one or more narrative descriptions of LVSF, use the numeric EF(s) over the narrative LVSF description(s). Examples: <ul style="list-style-type: none"> – “EF 35%” per echo report, “Echo indicates normal systolic function” per progress note. Select “Yes” for LVSD. – “Moderate LV dysfunction with EF 45%” noted on MUGA report. Select “No” for LVSD. – “Reduced EF of 45%” per consultation report. Select “No” for LVSD. ○ If there are two or more numeric EFs which conflict with each other, select “Yes” if either EF is less than 40%. EXCEPTION: If calculated vs. estimated EFs, take the calculated EF over the estimated EF, as directed in the “NUMERIC EFs” Notes. ○ If only narrative descriptions of LVSF are documented (no numeric EFs), and two or more descriptions conflict with each other, select “Yes” if either narrative description is consistent with moderate or severe systolic dysfunction. EXCEPTION: The following terms should be DISREGARDED when at least one narrative description of LVSF with severity specified (e.g., mild, moderate, severe) is also documented: <ul style="list-style-type: none"> – Three of the corresponding examples were deleted. 	HF-4 thru 5	07/01/2006 Discharges
Appendix H	Table 1.9	Table 1.9 in Appendix H has been renamed Surgery Performed During Stay (SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3)	H-6 thru 8	07/01/2006 Discharges
Appendix H	Table 2.0	Table 2.0 has been removed from Appendix H.	HF-9 thru 10	07/01/2006 Discharges
Appendix H	Table 2.5	Add Table 2.5: Discharge Status Disposition	None	07/01/2006 Discharges