Specifications Manual for National Hospital Inpatient Quality Measures

Release Notes 3.1 **October 2, 2009**

Guidelines for Using Release Notes

Release Notes 3.1 provide modifications to the *Specifications Manual for National Hospital Inpatient Quality Measures*. The Release Notes are provided as a reference tool and are not intended to be used to program abstraction tools. Please refer to the *Specifications Manual for National Hospital Inpatient Quality Measures* for the complete and current technical specifications and abstraction information.

The notes are organized to follow the order of the Table of Contents. Within each topic section, a row represents a change beginning with general changes followed by data elements in alphabetical order. The implementation date is 04-01-2010 unless otherwise specified. The column headings are described below:

- **Section** - used to identify which section(s) listed in the Table of Contents contain the change listed. The sections are Data Dictionary, Measurement Information, Missing and Invalid Data, etc.
- **Impacts** - used to identify which portion(s) of the Manual Section is impacted by the change listed. Examples are Alphabetical Data Dictionary, (Topic) Data Element List, Measure Information Form (MIF) and Flowchart (Algorithm). The measures that the data element is collected for are identified.
- **Rationale** - provided for the change being made.
- **Description of Changes** - used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Values, and Denominator Statement - Data Elements.
  NOTE: Additions and Deletions are listed and additions are yellow highlighted in the corresponding document. Exceptions: The additions and changes to the Algorithms are not yellow highlighted, and the Hospital Initial Patient Population and Clinical Data XML File Layouts are yellow highlighted in the cells that have a change in them and the actual changes are **bolded**.
- **Page**- the beginning page number is from the 3.0b version of the manual

Data elements that cross multiple measures and contain the same changes will be consolidated into one row. If those changes do not apply to all of the measures listed in the Impacts column that is identified in the description of changes.

This document should allow the reader to identify the exact location of each change by reading from left to right across the columns. An **example** is: Changing a note for abstraction within *Initial Blood Culture Collection Time*, which is collected for PN-3a, PN-3b.

Example:

Section	Impacts	Rationale	Description of Changes	Page
Data Dictionary	Data Element Pages Measures: PN-3a PN-3b	Abstraction clarification	Notes for Abstraction **Add:** If multiple times of collection are documented with acceptable terms, abstract the earliest (initial) time.	1-191

Hyperlinks have been added for the following sections to assist with navigating the Release Notes:

Section	Impacts	Rationale	Description of Changes	Page
Specifications Manual for National Hospital Inpatient Quality Measures	All sections	Specifications Manual Formatting Changes Related to Disability Accommodations	All Sections The documents were re-formatted throughout the entire manual-see manual documents for changes.	N/A
Table of Contents	Table of Contents Measures: PR	Retire PR set	Section 2 - Measurement Information **Add** RETIRED after 2.5 Pregnancy and Related Conditions. **Remove** Pregnancy and Related Conditions National Hospital Inpatient Quality Measures PR Data Element List Pregnancy and Related Conditions (PR) Initial Patient Population PR Initial Patient Population Algorithm PR Sample Size Requirements Measure Information Form (MIF) and Flowchart (Algorithm) PR-1, PR-2, PR-3 **Remove** PR from Appendices A ICD-9CM Code Tables list.	2 4
Table of Contents	Table of Contents Measures: AHRQ	To include the outcome measures that are reported on Hospital Compare	Section 10 - Measurement Information **Add:** Subsection 10.3 Agency for Healthcare Research and Quality (AHRQ) Measures	N/A
Introduction	Introduction	To include the outcome measures that are reported on Hospital Compare	Data Challenge **Add**: 3. Medicare claims data is used to report 30-day risk-standardized mortality and readmission measures. The measures are limited to Medicare fee-for-service (FFS) beneficiaries. In order to produce hospitals' rates, CMS processes the existing enrollment and claims data for patients hospitalized with a principal diagnosis of acute myocardial infarction (AMI), heart failure (HF), or pneumonia (PN).	ii ix

Section	Impacts	Rationale	Description of Changes	Page
			Hospital Quality Alliance **Change** the last sentence to "The measures reflect recommended treatment for acute myocardial infarction, heart failure, pneumonia, surgical care, asthma care for children, the patient's perspective of hospital care, and mortality and readmission rates."	
Introduction	Introduction Measures: PR	Retire PR set	The History of CMS/TJC Measure Alignment **Add** at the end of the first paragraph "PR was retired effective with April 01, 2010 discharges and replaced by the Perinatal Care (PC) measure set. The PC specifications are located on the Joint Commission website http://www.jointcommission.org. Quality Check **Add** after pregnancy and related conditions in the second paragraph "(retired effective with April 01, 2010 discharges and replaced by perinatal care)."	i vi
Data Dictionary				
ACEI Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-3 HF-3	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-16
Admission Type				
Data Dictionary	Alphabetical Data	Retire PR set	Alphabetical Data Element List	1-9

Section	Impacts	Rationale	Description of Changes	Page
	Dictionary Measures: PR-1 PR-2 PR-3		**Retire** *Admission Type* data element <u>Alphabetical Data Dictionary</u> **Remove** *Admission Type* data element	1-20
Adult Smoking Counseling				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-4 HF-4 PN-4	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	<u>Notes for Abstraction</u> **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-22
Adult Smoking History				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-4 HF-4 PN-4	Clarify how to abstract cases where one source does not specify type of product smoked and another suggests tobacco product other than cigarettes. Give additional examples of what is "definitive" documentation of current smoking and what is not.	<u>Notes For Abstraction</u> **Remove** 2nd bullet The following examples would **not count** as inclusions: o "Smoked in the last year: ?" o "Probable smoker" o "Most likely quit 3 months ago" **Change** 6th bullet: • If there is documentation of current smoking or tobacco use, or smoking or tobacco use within one year prior to arrival, and the type of product is not specified, assume this refers to cigarette smoking and select "Yes." To • If there is documentation in one of the ONLY ACCEPTABLE SOURCES of current smoking or tobacco use, or smoking or tobacco use within one year prior to arrival, and the type of product is not specified, assume	1-24

Section	Impacts	Rationale	Description of Changes	Page
			this refers to cigarette smoking and select "Yes" unless another of the ONLY ACCEPTABLE SOURCE suggests that the tobacco product is pipe, cigar, or chewing tobacco (e.g., "Current smoker" per H&P, "Tobacco history: Smokes 5 – 6 cigars/day" per nursing admission assessment). <u>Guidelines for Abstraction – Inclusion</u> **Add** Examples of smoking within past year: • "Positive tobacco use" (if no history context – e.g., "History" section of H&P) • "Former smoker. Quit recently." • "History – Quit smoking 7 months ago" • "Quit smoking several months ago" • "Social Habits = current smoking" • "Tobacco history: current cigarette smoker" **Remove:** • + smoker, type of product not identified • + tobacco use, type of product not identified • History of smoking and documentation that the patient quit "several months ago" <u>Guidelines for Abstraction – Exclusion</u> **Add** Examples of no smoking within past year: • "History: Smoker" • "History - Tobacco abuse" • "Most likely quit 3 months ago" • "Probable smoker" "Smoked in the last year: ?" • "Tobacco – 2 packs per day x 22 yrs" (if no current context)	

Section	Impacts	Rationale	Description of Changes	Page
			Change: • "Remote smoker (smoked in the past, but greater than one year ago)" To • "Remote smoker"	
Anesthesia End Date				
Data Dictionary	Alphabetical Data Dictionary Measures: ALL SCIP	To clarify the priority data source.	<u>Notes for Abstraction</u> **Remove** the 1st bullet: • The *Anesthesia End Date* is the date associated with the anesthesia provider's sign-off after the principal procedure. This sign-off may occur after the patient leaves the operating area, in the post-anesthesia care area or intensive care unit. **Add** as the 1st bullet: • The *Anesthesia End Date* occurs when the operative anesthesia provider signs-off the care of the patient to the person assuming the postoperative anesthesia care in the post-anesthesia care area, intensive care unit or other non-PACU recovery area. <u>Suggested Data Sources:</u> **Change**: **Suggested Data Source:** • Anesthesia record • Circulation record/OR nurses record • Intraoperative record • Operating room notes To **Note:** The anesthesia record is the priority data source for this data element, if a valid *Anesthesia End Date* is found on the anesthesia record, use that date. If a valid date is not on the anesthesia record, other suggested data sources may be used in no particular order to determine the *Anesthesia End Date*.	1-26

Section	Impacts	Rationale	Description of Changes	Page
			Priority Source: Anesthesia record **Other Suggested Sources:** • Intraoperative record • Circulator record • Post-anesthesia evaluation record • Operating room notes	
Anesthesia End Time				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-10	To provide a definition for *Anesthesia End Time* and reduce margin for error by changing the anesthesia form to the priority data source. To clarify the priority data source.	Notes for Abstraction **Delete** the 2nd bullet: • The *Anesthesia End Time* is the time associated with the anesthesia provider's sign-off after the principal procedure. This sign-off may occur after the patient leaves the operating area, in the post-anesthesia care area or intensive care unit. **Add** as the 2nd bullet: • The *Anesthesia End Time* occurs when the operative anesthesia provider signs-off the care of the patient to the person assuming the postoperative anesthesia care in the post-anesthesia care area, intensive care unit or other non-PACU recovery area. Suggested Data Sources: **Change**: **Suggested Data Source:** • Anesthesia record • Circulation record • Intraoperative record • Operating room notes • Post-anesthesia evaluation record To **Note:** The anesthesia record is the priority data source for	1-28

Section	Impacts	Rationale	Description of Changes	Page
			this data element, if a valid *Anesthesia End Time* is found on the anesthesia record, use that time. If a valid time is not on the anesthesia record, other suggested data sources may be used in no particular order to determine the *Anesthesia End Time*. **Priority Source:** Anesthesia record **Other Suggested Sources:** • Intraoperative record • Circulator record • Post-anesthesia evaluation record • Operating room notes	
Anesthesia Start Date				
Data Dictionary	Alphabetical Data Dictionary Measures: ALL SCIP VTE-1 VTE-2	To clarify the priority data source.	Suggested Data Sources: **Change**: **Suggested Data Source:** • Anesthesia record • Intraoperative record • Operating room notes To **Note:** The anesthesia record is the priority data source for this data element, if a valid *Anesthesia Start Date* is found on the anesthesia record, use that date. If a valid date is not on the anesthesia record, other suggested data sources may be used in no particular order to determine the *Anesthesia Start Date.* **Priority Source:** Anesthesia record **Other Suggested Sources:** • Intraoperative record • Circulator record	1-31

Section	Impacts	Rationale	Description of Changes	Page
			• Post-anesthesia evaluation record • Operating room notes	
Anesthesia Start Time				
Data Dictionary	Alphabetical Data Dictionary Measures: ALL SCIP	To clarify the priority data source.	Suggested Data Sources: **Change**: **Suggested Data Source:** • Anesthesia record • Circulation record/ OR nurses record • Intraoperative report To **Note:** The anesthesia record is the priority data source for this data element, if a valid *Anesthesia Start Time* is found on the anesthesia record, use that time. If a valid time is not on the anesthesia record, other suggested data sources may be used in no particular order to determine the *Anesthesia Start Time*. **Priority Source:** Anesthesia record **Other Suggested Sources:** • Intraoperative record • Circulator record • Post-anesthesia evaluation record • Operating room notes	1-33
Another Suspected Source of Infection				
Data Dictionary	Alphabetical Data Dictionary Measures: PN-6 PN-6a PN-6b	Combine the data elements *Another Suspected Source of Infection* and *Identified Pathogen* into one data element. Both data elements target the same population by excluding patients who	Data Element Name **Change:** *Another Suspected Source of Infection* To *Another Source of Infection* Definition: **Change:** There was another suspected infection in addition to	1-38

Section	Impacts	Rationale	Description of Changes	Page
		require treatment with antibiotics that would not be indicated for the management of community acquired pneumonia.	pneumonia within 24 hours after arrival. To There was another suspected or identified bacterial infection in addition to pneumonia within 24 hours after arrival. For the purposes of this data element, an infection/suspected infection includes any of the following: 1) A named bacterial infection outside of the respiratory tract documented by a Physician/APN/PA 2) Lab results ONLY from the following positive diagnostic tests and pathogens: o Positive culture (blood, urine, sputum, wound, etc.) for bacteria o Positive urinary antigen test for *Streptococcus pneumoniae* or *Legionella pneumophilia* o Positive Polymerase Chain Reaction (PCR) test for *Legionella pneumophilia* <u>Suggested Data Collection Question</u> **Change:** 'Was there another suspected source of infection in addition to pneumonia within 24 hours of arrival?' To 'Was there another source of bacterial infection in addition to pneumonia within 24 hours after arrival?' <u>Allowable Values</u> **Change:** Y (Yes) There was another suspected source of infection in addition to pneumonia within 24 hours after arrival. N (No) There was no other suspected source of infection within 24 hours after arrival or unable to determine from medical record documentation. To Y (Yes) There was another source of bacterial infection in addition to pneumonia within 24 hours after arrival.	

Section	Impacts	Rationale	Description of Changes	Page
			N (No) There was no other source of bacterial infection within 24 hours after arrival or unable to determine from medical record documentation. <u>Notes for Abstraction</u> **Add:** As first bullet • This data element will accept both 'suspected' infections and 'diagnosed' infections. Examples: o In the ED, after arrival, there is Physician Assistant documentation that she suspects the patient has a UTI, select Yes. o Advanced Practice Nurse documents, "suspect sepsis from decubitus ulcer", select Yes. New bullet • If the medical record contains documentation of a positive culture performed anytime within a week prior to arrival, select Yes. **Add** to fifth bullet Examples: o Do not assume a bacterial infection if a wound/surgical site is described as reddened, swollen and hot, as other conditions can also cause these symptoms. o Do not assume a bacterial infection if there is only documentation with the suffix 'itis'. Example: Physician documents patient has cystitis but there is no documentation of UTI, bladder infection or antibiotic treatment ordered for the cystitis, select "No". o If a condition can be either inflammation or an infection, there must be documentation that supports the condition is a bacterial infection. Example: Pericarditis without documentation of a bacterial infection, select No.	

Section	Impacts	Rationale	Description of Changes	Page
			Add new bullets: • If a culture is drawn prior to arrival or within 24 hours after arrival but results (final or preliminary) documenting a pathogen are not available within 24 hours after arrival, select "No." • Gram stain results alone are not acceptable. Example: Sputum reveals gram positive cocci, select "No." **Remove** bullet: • This data element will accept both "suspected infections and "diagnosed" infections. Examples: Upon arrival, there is physician documentation the patient has cellulitis, select "Yes". In the ED, after arrival, there is physician assistant documentation that she suspects a UTI, select "Yes". <u>Suggested Data Sources</u> **Add:** • Admitting physician orders • Lab results • Physician admitting note • Physician Orders <u>Guidelines for Abstraction - Inclusion</u> **Remove:** • Intra-abdominal infections (e.g., cholecystitis, diverticulitis, cystitis, pylonephritis) • Meningitis • Cellulitis • Prostatitis <u>Guidelines for Abstraction - Exclusion</u> **Add:**	

Section	Impacts	Rationale	Description of Changes	Page
			• Any yeast, viral or fungal infections • Gram stain results. Examples: gram stain, positive cocci, gram negative rods, normal flora • Standing orders used to screen a population of patients or ALL patients • Tests performed with no mention of a pathogen within 24 hours after arrival **Remove:** • Fungal infections of the skin (dermatophytosis of nails, skin, scalp) • Viral infections (e.g., hepatitis, herpes, HIV, etc.)	
Anticoagulation Therapy Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-3	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	<u>Notes for Abstraction</u> **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-68
Antithrombotic Therapy Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-2	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g.,	<u>Notes for Abstraction</u> **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of	1-72

Section	Impacts	Rationale	Description of Changes	Page
		discharge gets postponed).	discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	
ARB Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-3 HF-3	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-74
Aspirin Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-2	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-82
Beta-Blocker Current Medication				
Data Dictionary	Alphabetical Data	Increased alignment	Definition:	1-90

Section	Impacts	Rationale	Description of Changes	Page
	Dictionary Measures: SCIP-CARD-2	with the recommendation of the American College of Cardiology/American Heart Association to continue daily beta-blocker therapy.	**Change:** Documentation in the medical record that the patient was on beta-blocker therapy prior to arrival. To Documentation in the medical record that the patient was on a daily beta-blocker therapy prior to arrival. <u>Suggested Data Collection Question:</u> **Change**: Is there documentation that the patient was on beta-blocker therapy prior to arrival? To Is there documentation that the patient was on a daily beta-blocker therapy prior to arrival? <u>Allowable Values:</u> **Change**: Y (Yes) There is documentation the patient was on beta-blocker therapy prior to arrival? To: Y (Yes) There is documentation the patient was on a daily beta-blocker therapy prior to arrival? **Change:** N (No) There is no documentation that the patient was on beta-blocker therapy prior to arrival or unable to determine from medical record documentation. To N (No) There is no documentation that the patient was on a daily beta-blocker therapy prior to arrival or unable to determine from medical record documentation <u>Notes for Abstraction:</u> **Change:** 1st bullet • If there is documentation that the beta-blocker was a "home" or "current" medication, select "Yes."	

Section	Impacts	Rationale	Description of Changes	Page
			To • If there is documentation that the beta-blocker was taken daily at “home” or is a “current” medication, select “Yes.” **Add:** 3 additional bullets after 1st bullet • If a beta-blocker is listed as a home medication without designation of how often or when it is taken, select “Yes”. • If there is documentation that the beta-blocker is a home/current medication and additional documentation indicates the beta-blocker was not taken daily, e.g., the medication reconciliation form lists a beta-blocker as a home/current medication, but documentation in the nurses notes state “patient denies taking beta-blocker every day", select No • If there is documentation that the beta-blocker is on a schedule other than daily, select No. **Change**: 6th bullet • If a beta-blocker is listed as a “home” or “current” medication, but the physician does not continue it after arrival, select “Yes.” To • If a beta-blocker is listed as a daily “home” or “current” medication, but the physician does not continue it after arrival, select “Yes.” **Change**: 7th bullet • If a beta-blocker is listed as a “home” or “current” medication and is continued after arrival but is discontinued prior to surgery, select “Yes.” To • If a beta-blocker is listed as a daily “home” or “current” medication and is continued after arrival but is discontinued prior to surgery, select “Yes.”	
Beta-Blocker Perioperative				

Section	Impacts	Rationale	Description of Changes	Page
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Card-2	To maintain consistency in wording with other data elements pertaining to beta-blockers.	Notes for Abstraction **Change** the last bullet: • **For patients discharged from surgery and admitted to locations other than the PACU (e.g., ICU):** The recovery period would end a maximum of six hours after arrival to the recovery area . To • **For patients discharged from surgery and admitted to locations other than the PACU (e.g., ICU):** The perioperative period would end a maximum of six hours after arrival to the recovery area.	1-93
Beta-Blocker Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-5	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-95
Birth Weight				
Data Dictionary	Alphabetical Data Dictionary Measures: PR-2	Retire PR set	Alphabetical Data Element List **Retire** *Birth Weight* Alphabetical Data Dictionary **Remove** *Birth Weight*	1-10 1-97
Blood Culture Collected				
Data Dictionary	Alphabetical Data Dictionary	Provide clarification for abstractors	Definition **Change** first sentence: Documentation in the medical record that a blood culture was	1-100

Section	Impacts	Rationale	Description of Changes	Page
	Measures: PN-3a PN-3b		collected the day prior to arrival or within 24 hours after arrival to the hospital. To Documentation in the medical record that a blood culture was collected the day prior to arrival, the day of arrival or within 24 hours after arrival to the hospital. **Suggested Data Collection Question** **Change:** Did the patient have blood cultures collected the day prior to arrival or after hospital arrival? To Did the patient have blood cultures collected the day prior to arrival, the day of arrival or within 24 hours after hospital arrival? **Allowable Values** **Change** Value 2: Initial documentation of the blood culture collected during this hospitalization but after admission order for ED patients (or anytime during this hospitalization for Direct Admits). To Initial documentation of the blood culture collected during this hospitalization but after admission order for ED patients (or within 24 hours after arrival for Direct Admits). **Change** Value 3: Documentation that the patient had a blood culture collected within 24 hours prior to hospital arrival. To Documentation that the patient had a blood culture collected the day prior to arrival or the day of arrival up until the time of presentation to the hospital. **Change** Value 4: The patient did not have a blood culture collected within 24	

Section	Impacts	Rationale	Description of Changes	Page
			hours prior to arrival, during this hospitalization or unable to determine from medical record documentation. To The patient did not have a blood culture collected the day prior to arrival, the day of arrival or within 24 hours after arrival or unable to determine from medical record documentation. <u>Notes for Abstraction</u> **Change** first sentence of 1st bullet: • If the ED patient had initial documentation of a blood culture collected as an ED patient (regardless of location e.g. sent to radiology for tests) prior to an admission order, select "1". To • If the ED patient had initial documentation of a blood culture collected as an ED patient (regardless of location e.g. sent to radiology for tests) prior to an admission order (Observation or Inpatient), select "1". **Add** to the end of the 4th bullet: • For the purposes of this data element, any form of physician admit order can be used to determine admission time. This includes written physician order, nurse documentation of physician order (verbal or telephone), disposition or status change to admit. **Change** 7th bullet: • For patients with documentation of blood cultures performed within 24 hours prior to arrival AND within 24 hours after arrival to the hospital, select value “2”. To • For patients with documentation of blood cultures performed the day prior to arrival or the day of arrival prior to presentation to hospital AND within 24 hours after arrival to the hospital, select value “3”.	

Section	Impacts	Rationale	Description of Changes	Page
			Add new bullets: • If there is supportive documentation that a blood culture was collected and it is the earliest mention of a blood culture, this date and time can be used, e.g., 'BC sent to lab', 'blood culture received time'. • Do not use physician orders to determine a blood culture was collected, as they do not demonstrate collection of the blood culture. • Documentation must specify **blood culture**. Example: 'lab was at bedside-blood drawn' (does not demonstrate **blood culture.**) **Remove** bullets: • If the patient is a direct admit and a blood culture is collected within 24 hours after arrival, select value 2 regardless of the admit order timing. • Blood culture information abstracted should demonstrate actual collection of the blood culture. Examples: o Do not use physician orders as they do not demonstrate collection of the blood culture. o Narrative documentation of "Lab at bedside to draw blood culture" (does not demonstrate **collection** took place) or "Lab was at bedside-blood drawn" (does not demonstrate a **blood culture** was collected) would not be sufficient. <u>Guidelines for Abstraction – Exclusion</u> **Change** last bullet: Cultures collected more than 24 hours prior to arrival To Cultures collected more than 1 day prior to arrival	
Catheter Removed				

Section	Impacts	Rationale	Description of Changes	Page
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-9	Clarification that Postoperative Day 0 is equal to the anesthesia end date	Catheter Removed Definition: **Change:** There is documentation that the urinary catheter was removed, Postoperative Day One (POD 1) or Postoperative Day Two (POD 2) with the *Anesthesia End Date* being postoperative day zero (POD 0). To There is documentation that the urinary catheter was removed on Postoperative Day Zero (POD 0) through Postoperative Day Two (POD 2) with the *Anesthesia End Date* being POD 0. Suggested Data Collection Question: **Change:** Is there documentation that the urinary catheter was removed on POD 1 or POD 2 with the *Anesthesia End Date* being postoperative day zero? To Is there documentation that the urinary catheter was removed on POD 0 through POD 2 with the *Anesthesia End Date* being POD 0? Allowable Values: **Change:** 1 There is documentation that the urinary catheter was removed on POD 1 or POD 2. 2 There is no documentation that the urinary catheter was removed on POD 1 or POD 2. 3 Unable to determine (UTD) from medical record documentation whether the urinary catheter was removed on POD 1 or POD 2 To 1 There is documentation that the urinary catheter was	1-102

Section	Impacts	Rationale	Description of Changes	Page
			removed on POD 0 through POD 2. 2 There is no documentation that the urinary catheter was removed on POD 0 through POD 2. 3 Unable to determine (UTD) from medical record documentation whether the urinary catheter was removed on POD 0 through POD 2. <u>Notes for Abstraction:</u> **Change** 3rd bullet: • If the catheter was removed on either POD 1 or POD 2, but had to be reinserted, select Value "1". To • If the catheter was removed on POD 0 through POD 2, but had to be reinserted, select Value "1."	
Chest X-ray				
Data Dictionary	Alphabetical Data Dictionary Measures: PN-2 PN-3a PN-3b PN-4 PN-5c PN-6 PN-6a PN-6b PN-7	There have been considerable issues with this data element regarding validation.	<u>Definition</u> **Change:** Documentation of an abnormal chest x-ray or CT scan within 24 hours prior to arrival or anytime during this hospital stay. To Documentation of a chest x-ray or CT scan the day prior to hospital arrival through acute inpatient discharge. <u>Suggested Data Collection Question</u> **Change:** Did the patient have an abnormal chest x-ray/CT scan within 24 hours prior to hospital arrival or anytime during this hospital stay? To Did the patient have a chest x-ray/CT scan the day prior to hospital arrival through acute inpatient discharge? <u>Allowable Values</u> **Change** value 1:	1-104

Section	Impacts	Rationale	Description of Changes	Page
			There is documentation the patient had a chest x-ray/CT scan the day of or the day prior to arrival or anytime during this hospital stay that included ANY Inclusion terms. To There is documentation the patient had an abnormal chest x-ray/CT scan the day prior to arrival through acute inpatient discharge. **Change** value 2: There is documentation the patient had a chest x-ray/CT scan the day of or the day prior to arrival or anytime during this hospital stay but NO Inclusion terms were found. To There is documentation the patient had a normal or chronic chest x-ray/CT scan the day prior to arrival through acute inpatient discharge. **Change** value 3: The patient did not have a chest x-ray/CT scan on day of or the day prior to arrival or anytime during this hospital stay. To The patient did not have a chest x-ray/CT scan the day prior to arrival through acute inpatient discharge or Unable to Determine (UTD) from the medical record documentation if the patient had a chest x-ray/CT scan. **Remove** value 4: (UTD) Unable to determine from medical record documentation if the patient had a chest x-ray/CT scan the day of or the day prior to arrival or anytime during this hospital stay OR if any Inclusion terms were found. <u>Notes for Abstraction</u> **Add** as 1st bullet: • For the purposes of this data element, an abnormal chest x-ray/CT scan is defined as the documentation of an	

Section	Impacts	Rationale	Description of Changes	Page
			Inclusion term, with exception of the following situations: o The documentation of an Inclusion term is clearly described as a negative, for example: “no infiltrate seen”, “chest x-ray negative for consolidation”, select “2”. o The only documentation of an Inclusion term is prefaced with wording such as, “no significant” or “no definite”, select “2”. o The only findings in the radiology report or physician/APN/PA documentation are chronic or normal, select “2”. This includes inclusion terms defined as chronic, e.g. “The heart is difficult to assess because of a large area of consolidation and an infiltrate in the left lung field. All findings appear chronic.” **Change** old 1st bullet**:** • Use the priority order for the Suggested Data Sources to review the medical record for documentation of acceptable terms from the Inclusions. If an Inclusion term is found, select value “1” and do not look any further. If an Inclusion term is not found after reviewing the prioritized suggested sources, continue to review the medical record for physician/APN/PA documentation of Inclusion terms. To • Any documentation in the current chart may be used. The Suggested Data Sources have been placed in a recommended order for review of the medical record because these are the most likely places to find documentation of acceptable terms. If an Inclusion term is found, select value “1” and do not look any further. If an Inclusion term is not found continue to review the medical record for physician/APN/PA documentation of Inclusion terms until the remainder of the chart has been reviewed. **Change** old 2nd Bullet	

Section	Impacts	Rationale	Description of Changes	Page
			• Do not use the “history” or “indications” portion of the chest x-ray or CT scan. To • Do not use the “history” or “indications” portion of the chest x-ray or CT scan, although the findings and impression portions are both acceptable. **Change** old 3rd Bullet • In order to select “1” an Inclusion term must be documented in the x-ray/CT scan interpretation performed on the day of or the day prior to arrival or anytime during the hospital stay. This list is ALL INCLUSIVE. EXCEPTION: Variations on the terms in the Inclusion list are acceptable. Examples: A variation of the Inclusion term “density” is “dense”. A variation of the Inclusion term “haziness” is “hazy” To • In order to select “1” an Inclusion term must be documented in reference to an x-ray/CT scan interpretation. If one of the following terms is documented by a physician/APN/PA, you may assume a chest x-ray/CT was performed as the only way to know if one of these exists is via x-ray/scan: infiltrate, density, markings, haziness, opacity, patchiness, reticulonodular pattern. **Add** as own bullet: • Do NOT reference Appendix H, Table 2.6. **Remove** bullets: • If the only findings in the radiology report or physician/APN/PA documentation are chronic or normal, select “No.” • If the only documentation of an Inclusion is prefaced with wording such as “no significant” or “no definite”, select 4	

Section	Impacts	Rationale	Description of Changes	Page
			(do NOT reference Appendix H, Table 2.6). <u>Suggested Data Sources</u> **Change**: PHYSICIAN/APN/PA DOCUMENTATION ONLY PRIORITY ORDER FOR THESE SOURCES To PHYSICIAN/APN/PA DOCUMENTATION ONLY RECOMMENDED ORDER FOR THESE SOURCES **Add:** 6. Remainder of current hospital record <u>Guidelines for Abstraction – Inclusion</u> **Add:** ALL INCLUSIVE with the EXCEPTION of variations on terms in the list, e.g., density = dense, haziness = hazy, etc. • Airspace process • Interstitial changes • Interstitial disease • Interstitial edema • Interstitial fibrosis • Interstitial prominence • Lung process • Markings • Pulmonary process <u>Guidelines for Abstraction – Exclusion</u> **Change:** All terms other than those on the Inclusions list To None	
Clinical Trial				
Data Dictionary	Alphabetical Data Dictionary	Provide better detail in notes for abstraction in	<u>Notes for Abstraction</u> **Change** bullet under the SCIP heading:	1-107

Section	Impacts	Rationale	Description of Changes	Page
	Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-6 SCIP-Inf-9 SCIP-Card-2 SCIP-VTE-1 SCIP-VTE-2	order to improve understanding of how the "clinical trial" data element is to be applied to SCIP cases.	Only capture patients enrolled in clinical trials studying patients undergoing surgery To: The clinical trial should be relevant to one or more of the SCIP measures. Some examples may include but are not limited to: - The clinical trial involved the use of antibiotics. - The clinical trial involved testing a new beta-blocker. - The clinical trial involved the use of VTE prophylaxis.	
Data Dictionary	Alphabetical Data Dictionary Measures: PR-1 PR-2 PR-3	Retire PR set	**Remove** PR, Pregnancy, Pregnancy and Related Conditions each place it occurs	1-107
Comfort Measures Only				
Data Dictionary	Alphabetical Data Dictionary Measures: All HF Measures All PN measures AMI-1 AMI-2 AMI-3 AMI-4 AMI-5 AMI-T1a AMI-T2 AMI-9 STK-1 STK-2 STK-3	Allow comfort measures only inclusion term documentation on a restraint order to not count as positive, enabling the case to stay included in the measures.	Suggested Data Sources: **Add:** Excluded Data Sources: • Restraint order sheet	1-110

Section	Impacts	Rationale	Description of Changes	Page
	STK-5 STK-6 STK-8 STK-10 VTE-1 VTE-2 VTE-3 VTE-4 VTE-6			
Compromised				
Data Dictionary	Alphabetical Data Dictionary Measures: PN-6 PN-6a PN-6b	Clarification for abstractors	Notes for Abstraction **Add** bullet: • For purposes of this data element, if there is documentation of a 'hospitalization' or 'admission', assume it was an acute care hospitalization unless there is documentation that states otherwise.	1-113
Date of Infection				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-3	This data element is being replaced with a new data element, *Reasons to Extend Antibiotics.*	Alphabetical Data Element List **Remove:** *Date of Infection* Alphabetical Data Dictionary **Remove:** *Date of Infection*	1-10 1-118
Discharge Date				
Data Dictionary	Alphabetical Data Dictionary Measures: PR-1 PR-2 PR-3	Retire PR set	**Remove** PR , Pregnancy, Pregnancy and Related Conditions each place it occurs	1-125
Discharge Instructions Address Activity				

Section	Impacts	Rationale	Description of Changes	Page
Data Dictionary	Alphabetical Data Dictionary Measures: HF-1	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-127
Discharge Instructions Address Compliance Issues				
Data Dictionary	Alphabetical Data Dictionary Measures: VTE-5	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-129
Discharge Instructions Address Diet				
Data Dictionary	Alphabetical Data Dictionary Measures: HF-1	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-131
Discharge Instructions Address Dietary Advice				
Data Dictionary	Alphabetical Data Dictionary	Clarify for the abstractor that prison or	Notes for Abstraction **Change**:	1-133

Section	Impacts	Rationale	Description of Changes	Page
	Measures: VTE-5	law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	• The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	
Discharge Instructions Address Follow-up				
Data Dictionary	Alphabetical Data Dictionary Measures: HF-1	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-135
Discharge Instructions Address Follow-up Monitoring				
Data Dictionary	Alphabetical Data Dictionary Measures: VTE-5	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-137
Discharge Instructions Address Medications				
Data Dictionary	Alphabetical Data Dictionary Measures:	Clarify for the abstractor how to handle cases where there is more than one	Notes for Abstraction **Add** sub-bullet under 1st bullet, Step-1 o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both	1-139

Section	Impacts	Rationale	Description of Changes	Page
	HF-1	discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	
Data Dictionary	Alphabetical Data Dictionary Measures: HF-1	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-139
Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions				
Data Dictionary	Alphabetical Data Dictionary Measures: VTE-5	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-143
Discharge Instructions Address Symptoms Worsening				
Data Dictionary	Alphabetical Data Dictionary Measures:	Clarify for the abstractor that prison or law enforcement personnel can be	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be	1-146

Section	Impacts	Rationale	Description of Changes	Page
	HF-1	considered the caregiver for a patient being discharged to prison/jail.	responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	
Discharge Instructions Address Weight Monitoring				
Data Dictionary	Alphabetical Data Dictionary Measures: HF-1	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-148
Discharge Status				
Data Dictionary	Alphabetical Data Dictionary Measures: PR-1 PR-2 PR-3	Retire PR set	**Remove** PR , Pregnancy, Pregnancy and Related Conditions each place it occurs	1-150
Data Dictionary	Alphabetical Data Dictionary Measures: PN-6 PN-6a PN-6b	Discharge Status is no longer required for calculation of PN 6, 6a, 6b, and PN 3a	Collected for Data element Used in algorithms for: CMS/Joint Commission: **Change:** All PN measures To PN-2, PN-3b, PN-4, PN-5c, PN-7 Joint Commission Only: **Add** PN-5	1-150

Section	Impacts	Rationale	Description of Changes	Page
Education Addresses Activation of Emergency Medical System (EMS)				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-8	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-160
Education Addresses Follow-up After Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-8	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-163
Education Addresses Medication Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-8	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet under 1st bullet, Step-1 o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) -	1-165

Section	Impacts	Rationale	Description of Changes	Page
			Use both.	
Data Dictionary	Alphabetical Data Dictionary Measures: STK-8	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-165
Education Addresses Risk Factors for Stroke				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-8	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-170
Education Addresses Warning Signs and Symptoms of Stroke				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-8	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Change**: • The caregiver is defined as the patient's family or any other person (e.g., home health/VNA provider) who will be responsible for care of the patient after discharge. To • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-173
Healthcare Associated PN				
Data Dictionary	Alphabetical Data	Clarification for	Notes for Abstraction	1-202

Section	Impacts	Rationale	Description of Changes	Page
	Dictionary Measures: PN-6 PN-6a PN-6b	abstractors	**Add** bullets: • For purposes of this data element, if there is documentation of a 'hospitalization' or 'admission', assume it was an acute care hospitalization unless there is documentation that states otherwise. • If there is a preprinted form, such as a PN Pathway, with a heading of HCAP, selection of antibiotics alone is not sufficient documentation to select Yes. However, if there is a marked checkbox next to the HCAP heading, this will be a Yes.	
Home Management Plan of Care Document Addresses Arrangements for Follow-up Care				
Data Dictionary	Alphabetical Data Dictionary Measures: CAC-3	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Add** the following bullet: • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-204
Home Management Plan of Care Document Addresses Environmental Control and Control of Other Triggers				
Data Dictionary	Alphabetical Data Dictionary Measures: CAC-3	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Add** the following bullet: • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-206
Home Management Plan of Care Document Addresses Methods and Timing of Rescue Actions				
Data Dictionary	Alphabetical Data Dictionary Measures: CAC-3	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient	Notes for Abstraction **Add** the following bullet: • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-208

Section	Impacts	Rationale	Description of Changes	Page
		being discharged to prison/jail.		
Home Management Plan of Care Document Addresses Use of Controllers				
Data Dictionary	Alphabetical Data Dictionary Measures: CAC-3	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Add** the following bullet: • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-210
Home Management Plan of Care Document Addresses Use of Relievers				
Data Dictionary	Alphabetical Data Dictionary Measures: CAC-3	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Add** the following bullet: • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-212
Home Management Plan of Care Document Given to Patient/Caregiver				
Data Dictionary	Alphabetical Data Dictionary Measures: CAC-3	Clarify for the abstractor that prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison/jail.	Notes for Abstraction **Add** the following bullet: • The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.	1-214
Hospital Patient Identifier				
Data Dictionary	Alphabetical Data Dictionary	To align with the functionality of the QIO Clinical Warehouse. The warehouse currently allows	Allowable Values **Change** Allowable Values from "Up to 40 letters and/or numbers" to "Up to 40 letters, numbers, and/or characters. **NOTE:** The only characters that will be allowed are spaces, hyphens, dashes and under-scores."	1-218

Section	Impacts	Rationale	Description of Changes	Page
		spaces, hyphens and dashes.		
ICD-9-CM Other Diagnosis Codes				
Data Dictionary	Alphabetical Data Dictionary Measures: PR-1 PR-2 PR-3	Retire PR set	**Remove** PR , Pregnancy, Pregnancy and Related Conditions each place it occurs	1-219
ICD-9-CM Other Procedure Codes				
Data Dictionary	Alphabetical Data Dictionary Measures: PR-1 PR-2 PR-3	Retire PR set	**Remove** PR , Pregnancy, Pregnancy and Related Conditions each place it occurs	1-220
ICD-9-CM Principal Procedure Code				
Data Dictionary	Alphabetical Data Dictionary Measures: PR-1 PR-2 PR-3	Retire PR set	**Remove** PR , Pregnancy, Pregnancy and Related Conditions each place it occurs	1-224
ICU VTE Prophylaxis				
Data Dictionary	Alphabetical Data Dictionary Measures: VTE-2	To add allowable value for Oral Factor Xa Inhibitor	Format **Change** the Occurs value: 1-7 To 1-8 Allowable Values **Add:** 8 Oral Factor Xa Inhibitor Notes for Abstraction: **VTE** **Change** in 1st bullet:	1-234

Section	Impacts	Rationale	Description of Changes	Page
			Selection of allowable values 1-7… To Selection of allowable values 1-8…	
Identified Pathogen				
Data Dictionary	Alphabetical Data Dictionary Measures: PN-6 PN-6a PN-6b	Combine the data elements *Another Suspected Source of Infection* and *Identified Pathogen* into one data element. Both data elements target the same population by excluding patients who require treatment with antibiotics that would not be indicated for the management of community acquired pneumonia.	<u>Alphabetical Data Dictionary List</u> **Remove** element name from list: *Identified Pathogen* <u>Alphabetical Data Dictionary</u> **Remove** data element: *Identified Pathogen*	1-12 1-238
Infection Prior to Anesthesia				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-9	Patients having a joint revision surgery & requiring a culture of the surgical wound prior to administration of surgical antibiotic prophylaxis are considered to have a suspected infection.	<u>Notes for Abstraction</u> **Add** after the last bullet: **EXCEPTION:** Select "Yes" if the current principal procedure was a joint revision ***AND*** there is documentation that a culture of the operative wound was taken prior to the administration time of the prophylactic antibiotic. o To be considered a joint revision, the same joint as the principal procedure must have been operated on in a previous surgery that was a total or partial arthroplasty, ***OR*** there must be documentation that hardware was removed during the current principal procedure. o Specific documentation that the culture was taken prior to the administration of the prophylactic antibiotic is required. An order or note instructing to culture prior to	1-243

Section	Impacts	Rationale	Description of Changes	Page
			antibiotic administration is not sufficient. o The documentation of the culture does not have to be physician documentation. The documentation that a culture was taken can be found in sources such as the intraoperative record or the operative report.	
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-9	The conditions listed below as Inclusions are considered infections. The conditions listed below as Exclusions are not considered infections.	<u>Guidelines for Abstraction - Inclusions:</u> **Add:** • Endometritis • Free air in abdomen • Perforation of bowel <u>Guidelines for Abstraction - Exclusions:</u> **Change:** • Bacteria in urine (Bacteriuria) • "carditis" (such as pericarditis) without mention of an infection • Colonized MRSA • History (Hx) of MRSA • Perforation of bowel without documentation of fecal contamination or infection • Viral infections To • Bacteria in urine (Bacteriuria) • "carditis" (such as pericarditis) without mention of an infection • Colonization or positive screens for MRSA, VRE, or for other bacteria • Fungal infections • History of infection, recent infection or recurrent infection not documented as a current or active infection • Viral infections <u>Suggested Data Sources</u> **Change** Excluded Data Sources: Any documentation of an infection found in the Operative	1-243

Section	Impacts	Rationale	Description of Changes	Page
			Report To Any documentation of an infection found in the Operative Report except documentation that an operative site culture was performed as noted in the Exception in the Notes for Abstraction.	
Initial Blood Culture Collection Date				

Data Dictionary	Alphabetical Data Dictionary
	
	Measures:
	PN-3a
	PN-3b
		Provide clarification for abstractors	Notes for Abstraction
			Add bullets:
			• If there is supportive documentation that a blood culture was collected and it is the earliest mention of a blood culture, this date and time can be used, e.g., 'BC sent to lab', 'blood culture received time'.
			• Do not use physician orders as they do not demonstrate collection of the blood culture.
			• Documentation must specify **blood culture**. Example: 'lab was at bedside-blood drawn' (does not demonstrate **blood culture**).
			
			Remove last bullet:
			• Blood culture information abstracted should demonstrate actual collection of the blood culture.
			Examples:
			  • Do not use physician orders as they do not demonstrate collection of the blood culture.
			  • Narrative documentation of "Lab at bedside to draw blood culture" (does not demonstrate **collection** took place) or "Lab was at bedside-blood drawn" (does not demonstrate a **blood culture** was collected) would not be sufficient.
				1-248

Initial Blood Culture Collection Time				
Data Dictionary	Alphabetical Data Dictionary Measures:	Provide clarification for abstractors	Notes for Abstraction **Add bullets** • If there is supportive documentation that a blood culture was collected and it is the earliest mention of a blood	1-250

Section	Impacts	Rationale	Description of Changes	Page
	PN-3a PN-3b		culture, this date and time can be used, e.g., 'BC sent to lab', 'blood culture received time'. • Do not use physician orders as they do not demonstrate collection of the blood culture. • Documentation must specify **blood culture**. Example: 'lab was at bedside-blood drawn' (does not demonstrate **blood culture**). **Remove** from the fifth bullet: Note: This data element no longer limits abstraction to documentation of "drawn, collected, or obtained" times. **Remove** last bullet: • Blood culture information abstracted should demonstrate actual collection of the blood culture. Examples: • Do not use physician orders as they do not demonstrate collection of the blood culture. • Narrative documentation of "Lab at bedside to draw blood culture" (does not demonstrate **collection** took place) or "Lab was at bedside-blood drawn" (does not demonstrate a **blood culture** was collected) would not be sufficient.	
Initial ECG Interpretation				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-7 AMI-7a AMI-8 AMI-8a	Clarify that Inclusion terms described as "possible" should NOT be treated as Exclusions in abstraction of *Initial ECG Interpretation*.	<u>Guidelines for Abstraction - Exclusion</u> **Change** bullets: • ST-segment elevation, ST ↑, ST-elevation (STE), or ST-segment noted as ≥ .10mV or ≥ 1 mm described using one of the negative modifiers or qualifiers listed in Appendix H, Table 2.6, Qualifiers and Modifiers Table either in ALL leads noted to have ST-elevation or in GENERAL terms, where lead(s) are NOT specified (e.g., "questionable ST-elevation") • ST, ST abnormality, or ST changes consistent with injury or acute/evolving MI OR any of the "myocardial infarction"	1-253

Section	Impacts	Rationale	Description of Changes	Page
			(MI) Inclusion terms described using one of the negative modifiers or qualifiers listed in Appendix H, Table 2.6, Qualifiers and Modifiers Table. • Left bundle branch block (LBBB), or any of the other left bundle branch block inclusion terms, described using one of the negative modifiers or qualifiers listed in Appendix H, Table 2.6, Qualifiers and Modifiers Table To • ST-segment elevation, ST ↑, ST-elevation (STE), or ST-segment noted as greater than or equal to .10mV or greater than or equal to 1 mm described using one of the negative modifiers or qualifiers listed in Appendix H, Table 2.6, Qualifiers and Modifiers Table (except "possible") either in ALL leads noted to have ST-elevation or in GENERAL terms, where lead(s) are NOT specified (e.g., "questionable ST-elevation") • ST, ST abnormality, or ST changes consistent with injury or acute/evolving MI OR any of the "myocardial infarction" (MI) Inclusion terms described using one of the negative modifiers or qualifiers listed in Appendix H, Table 2.6, Qualifiers and Modifiers Table (except "possible") • Left bundle branch block (LBBB), or any of the other left bundle branch block inclusion terms, described using one of the negative modifiers or qualifiers listed in Appendix H, Table 2.6, Qualifiers and Modifiers Table (except "possible")	
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-7 AMI-7a AMI-8 AMI-8a	Reduce false inclusions by changing guidelines to no longer count ST-elevation described as old, chronic, or previously seen as Inclusions. Clarify for abstractors how to handle cases where the	<u>Notes for Abstraction</u> **Add**: • Notations which describe ST-elevation as old, chronic, or previously seen, or as a range where it cannot be determined if elevation is less than 1 mm/.10mV (e.g., "0.5 - 1 mm ST-elevation"), should be disregarded. Other documentation of ST-elevation not described as old, etc. may still count as an Inclusion.	1-252

Section	Impacts	Rationale	Description of Changes	Page
		extent of ST-elevation is described as range in terms of mm/mV.		
Joint Revision				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	This data element is being replaced with a new data element, *Reasons to Extend Antibiotics.*	Alphabetical Data Element List **Remove:** *Joint Revision* Alphabetical Data Dictionary **Remove:** *Joint Revision*	1-12 1-268
Lipid-Lowering Agent Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-T2	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-278
LVSD				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-3 HF-3	Clarify for the abstractor that these terms should not be considered descriptions of LVSF/LVSD. They should be disregarded in *LVSD* abstraction.	Guidelines for Abstraction - Exclusion **Add:** • Diastolic dysfunction, failure, function, or impairment • Ventricular dysfunction not described as left ventricular • Ventricular failure not described as left ventricular • Ventricular function not described as left ventricular	1-283
Parenteral Anticoagulant Prescribed at Discharge				
Data Dictionary	Alphabetical Data	Clarify for the	Notes for Abstraction	1-306

Section	Impacts	Rationale	Description of Changes	Page
	Dictionary Measures: VTE-3	abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	**Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	
Payment Source				
Data Dictionary	Alphabetical Data Dictionary	As Medicaid is not included under Medicare, the payment source should be "Non-Medicare".	Notes for Abstraction **Add** new bullet: • If the patient has Medicaid only or Medicaid and another insurance type, other than Medicare, select "2". If the patient has Medicaid and Medicare, select "1".	1-310
Perioperative Death				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-9 SCIP-Card-2 SCIP-VTE-1 SCIP-VTE-2	To add clarification and to maintain consistency in wording with other data elements.	Notes for Abstraction **Change** the last bullet: • **For patients discharged from surgery and admitted to locations other than the PACU (e.g., ICU):** The recovery period would end a maximum of six hours after arrival to the recovery area . To • **For patients discharged from surgery and admitted to locations other than the PACU (e.g., ICU):** The perioperative period would end a maximum of six hours after arrival to the recovery area.	1-312
Pneumonia Diagnosis: ED/Direct Admit				
Data Dictionary	Alphabetical Data Dictionary Measures:	Change wording to make terminology consistent	Notes for Abstraction Under Subsection: Medical Records containing an ED form completed by the ED physician: **Change** 3rd bullet:	1-320 1-322

Section	Impacts	Rationale	Description of Changes	Page
	PN-3a, PN-3b, PN-5, PN-5c, PN-6, PN-6a, PN-6b		…an admit note or order with an admission diagnosis of pneumonia or a Pneumonia Pathway or equivalent, select "1". To …an admit note or order with an admission diagnosis of pneumonia or a Pneumonia Pathway or equivalent that was initiated upon admission, select "1". Under Subsection: Medical Records containing an ED form completed by a hospitalist, attending physician/APN/PA or consultant: **Change** 3rd bullet: …an admit note or order with an admission diagnosis of pneumonia or a Pneumonia Pathway or equivalent, select "1". To …an admit note or order with an admission diagnosis of pneumonia or a Pneumonia Pathway or equivalent that was initiated upon admission, select "1". Under Subsection: Medical Records that do not contain an ED form: **Add** new bullet: • Do not use an H&P labeled Admit H&P or an H&P that contains an admit note or order within the body of text. Under Subsection: Pneumonia Diagnosis on Admission-Direct Admit **Add** new bullet: • Do not use an H&P labeled Admit H&P or an H&P that contains an admit note or order within the body of text. **Change** in 5th bullet: ALLOWABLE To ACCEPTABLE	
Point of Origin for Admission or Visit				
Data Dictionary	Alphabetical Data	Retire PR set	Allowable Values	1-325

Section	Impacts	Rationale	Description of Changes	Page
	Dictionary Measures: PR-2		**Change** the heading for the newborn codes: "**Code Structure for Newborn (Used For PR 2 Only)"** To "**Code Structure for Newborn (Used by The Joint Commission for the Perinatal Measures only. Not to be used for the national quality measure sets within this manual.)"**	
Postoperative Infections				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	This data element is being replaced with a new data element, *Reasons to Extend Antibiotics.*	Alphabetical Data Element List **Remove:** *Postoperative Infections* Alphabetical Data Dictionary **Remove:** *Postoperative Infections*	1-13 1-331
Preoperative Hair Removal				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-6	To allow shaving for hair removal of the scrotum OR of the scalp post-traumatic head injury prior to surgery.	Allowable Values: **Add** new Value: 8 Hair removal performed with a razor from the scrotal area OR from the scalp after a current traumatic head injury	1-344
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-6	A new value is being added to allow shaving for hair removal of the scrotum and of the scalp post-traumatic head injury prior to surgery	Format **Change** the Occurs: 1-5 To 1-6	1-344
Reason for Delay in Fibrinolytic Therapy				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-7	Add clarification that a consultation with other clinician can count as an acceptable reason for delay if clearly	Notes for Abstraction **Change** 1st bullet: • **System reasons for delay are not acceptable, regardless of any linkage to the delay in fibrinolysis/reperfusion.**	1-352

Section	Impacts	Rationale	Description of Changes	Page
	AMI-7a	linked to an underlying patient-centered (non-system) reason.	o Equipment-related (e.g., IV pump malfunction) o Staff-related (e.g., waiting for fibrinolytic agent from pharmacy) o Consultation with other clinician To • **System reasons for delay are not acceptable, regardless of any linkage to the delay in fibrinolysis/reperfusion.** o Equipment-related (e.g., IV pump malfunction) o Staff-related (e.g., waiting for fibrinolytic agent from pharmacy) o Consultation with other clinician that is not clearly linked to a patient-centered (non-system) reason for delay **Add** example to ACCEPTABLE documentation list, under 2nd bullet, 1st sub-bullet: o "Hold fibrinolytics. Need to consult with neurology regarding bleeding risk."	
Reason for Delay in PCI				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-8 AMI-8a	Add clarification that a consultation with other clinician can count as an acceptable reason for delay if clearly linked to an underlying patient-centered (non-system) reason.	Notes for Abstraction **Change** 1st bullet: • **System reasons for delay are not acceptable, regardless of any linkage to the delay in PCI/reperfusion.** o Equipment-related (e.g., unavailability, malfunction) o Staff-related (e.g., waiting for cath lab staff) o Consultation with other clinician o Cath lab unavailability (e.g., no open cath lab) To • **System reasons for delay are not acceptable, regardless of any linkage to the delay in PCI/reperfusion.** o Equipment-related (e.g., unavailability, malfunction) o Staff-related (e.g., waiting for cath lab staff)	1-355

Section	Impacts	Rationale	Description of Changes	Page
			o Consultation with other clinician that is not clearly linked to a patient-centered (non-system) reason for delay o Cath lab unavailability (e.g., no open cath lab) **Add** example to ACCEPTABLE documentation list, under 2nd bullet: o "Hold PCI. Need to consult with neurology regarding bleeding risk."	
Reason for No ACEI and No ARB at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-3 HF-3	Reduce number of false inclusions. ACEIs/ARBs are sometimes described as "RAS" (renin-angiotensin system) or "RAAS" (renin-angiotensin-aldosterone system) blockers/inhibitors. A documented reason for not prescribing RAS/RAAS blockers is an acceptable reason for not prescribing ACEI/ARB.	Notes for Abstraction **Add** new sub-bullet under 5th bullet: o ACEIs/ARBs are sometimes described as RAS (renin-angiotensin system) or RAAS (renin-angiotensin-aldosterone system) blockers/inhibitors. Documentation of a reason for not prescribing "RAS" or "RAAS" blockers or inhibitors should be considered implicit documentation of a reason for no ACEI and no ARB at discharge (e.g., "Hold all RAS blockers").	1-358
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-3 HF-3	Make wording consistent with other measure set data elements and concordant with current General Abstraction Guidelines.	Notes for Abstraction **Change**: • When conflicting information is documented in a medical record, a positive finding should take precedence over a negative finding (e.g., answer "Yes"), unless otherwise specified. To • When conflicting information is documented in a medical record, select "Yes."	1-358

Section	Impacts	Rationale	Description of Changes	Page
Reason for No Aspirin at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-2	Make wording consistent with other measure set data elements and concordant with current General Abstraction Guidelines.	Notes for Abstraction **Change**: • When conflicting information is documented in a medical record, a positive finding should take precedence over a negative finding (e.g., answer "Yes"), unless otherwise specified. To • When conflicting information is documented in a medical record, select "Yes."	1-364
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-2	Clarify for the abstractor how to handle Coumadin/warfarin at discharge cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Change**: • If Coumadin/warfarin is on hold at discharge but there is documentation of a plan to restart it after discharge, consider this a reason for not prescribing aspirin at discharge (Coumadin/warfarin prescribed at discharge). E.g., "Resume Coumadin after INR normalizes." To • When determining whether Coumadin/warfarin was prescribed at discharge (i.e., a reason for not prescribing aspirin at discharge): o Include Coumadin/warfarin on hold at discharge but there is documentation of a plan to restart it after discharge. E.g., "Resume Coumadin after INR normalizes." o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms,	1-364

Section	Impacts	Rationale	Description of Changes	Page
			one not dated and one dated 4/24 (day of discharge) - Use both.	
Reason for No Aspirin on Arrival				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-1	Simplify abstraction by not requiring that the abstractor factor the pre-arrival setting into determining whether Coumadin/warfarin was a pre-arrival medication, similar to other elements which capture pre-arrival medications (e.g., *Pre-Arrival Lipid-Lowering Agent*).	Notes for Abstraction **Change** 4th bullet: • When determining whether Coumadin/warfarin was a pre-arrival medication: o Refer to the patient's medication regimen just prior to acute care treatment. Include Coumadin/warfarin if the patient was on it at home, the nursing home, a transferring psychiatric hospital, etc. Do NOT include Coumadin/ warfarin taken in the ambulance en route to the hospital. o Include cases where there is documentation that the patient was prescribed Coumadin/warfarin at home but there is indication it was on temporary hold or the patient has been non-compliant/self-discontinued their medication (e.g., refusal, side effects, cost). To • Consider Coumadin/warfarin to be a pre-arrival medication (a reason for not prescribing aspirin on arrival) if there is documentation the patient was on it prior to arrival, regardless of setting. Include cases where there is indication the Coumadin/warfarin was on temporary hold or the patient has been non-compliant/self-discontinued their medication (e.g., refusal, side effects, cost).	1-368
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-1	Make wording consistent with other measure set data elements and concordant with current General Abstraction Guidelines.	Notes for Abstraction **Change**: • When conflicting information is documented in a medical record, a positive finding should take precedence over a negative finding (e.g., answer "Yes"), unless otherwise specified. To • When conflicting information is documented in a medical record, select "Yes."	1-368

Section	Impacts	Rationale	Description of Changes	Page
Reason for No Beta-Blocker at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-5	Make wording consistent with other measure set data elements and concordant with current General Abstraction Guidelines.	Notes for Abstraction **Change**: • When conflicting information is documented in a medical record, a positive finding should take precedence over a negative finding (e.g., answer "Yes"), unless otherwise specified. To • When conflicting information is documented in a medical record, select "Yes."	1-372
Reason for No Lipid-Lowering Therapy				
Data Dictionary	Alphabetical Data Dictionary Measures: AMI-T2	Make wording consistent with other measure set data elements and concordant with current General Abstraction Guidelines.	Notes for Abstraction **Change**: • When conflicting information is documented in a medical record, a positive finding should take precedence over a negative finding (e.g., answer "Yes"), unless otherwise specified. To • When conflicting information is documented in a medical record, select "Yes."	1-379
Reason for Not Administering Beta-Blocker Perioperative				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Card-2	To add clarification and to maintain consistency in wording with other data elements pertaining to beta-blockers.	Notes for Abstraction **Delete:** the 4th and 5th bullets: • **To determine when the end of the perioperative period occurred for patients discharged from surgery and admitted to the Post Anesthesia Care Unit (PACU):** The end of the perioperative period occurs when the patient is discharged from the PACU. • **To determine when the end of the perioperative period occurred for patients discharged from surgery and admitted to locations other than the PACU (e.g., ICU):** **Change** the last bullet from:	1-390

Section	Impacts	Rationale	Description of Changes	Page
			• **For patients discharged from surgery and admitted to locations other than the PACU (e.g., ICU):** The recovery period would end a maximum of six hours after arrival to the recovery area. To • **For patients discharged from surgery and admitted to locations other than the PACU (e.g., ICU):** The perioperative period would end a maximum of six hours after arrival to the recovery area. Notes for Abstraction **Add** as the 2nd, 3rd and 4th bullets: • If the physician writes a specific reason/reasons for not administering beta-blockers during the perioperative period, select "Yes." Example: The physician documents: Will hold beta-blockers since the patient is hemodynamically unstable. • Documentation that the patient is NPO or due to NPO status alone is not acceptable, select "No." • Documentation to hold all meds or to hold all PO meds, alone, is not acceptable-select "No."	
Reason for Not Administering Relievers				
Data Dictionary	Alphabetical Data Dictionary Measures: CAC-1	Make wording consistent with other measure set data elements and concordant with current General Abstraction Guidelines.	Notes for Abstraction **Change**: • When conflicting information is documented in a medical record, a positive finding should take precedence over a negative finding (e.g., answer "Yes"), unless otherwise specified. To • When conflicting information is documented in a medical record, select "Yes."	1-392
Reason for Not Administering Systemic Corticosteroids				
Data Dictionary	Alphabetical Data Dictionary	Make wording consistent with other measure set data	Notes for Abstraction **Change**: • When conflicting information is documented in a medical	1-394

Section	Impacts	Rationale	Description of Changes	Page
	Measures: CAC-2	elements and concordant with current General Abstraction Guidelines.	record, a positive finding should take precedence over a negative finding (e.g., answer "Yes"), unless otherwise specified. To • When conflicting information is documented in a medical record, select "Yes."	
Reason for Not Administering VTE Prophylaxis				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-VTE-1 SCIP-VTE-2	Reduce number of false inclusions. Clarify what is normal and expected bleeding	<u>Note for Abstraction</u> **Add** new bullet after 11th bullet: Physician documentation of bleeding risk or active bleeding in reference to the normal risk of bleeding or to the normal bleeding associated with surgery, is not considered a contraindication to pharmacological VTE prophylaxis. <u>Guidelines for Abstraction:</u> **Add**: in the column Exclusions: • Minimal or scant bleeding or oozing • Serosanguinous drainage from drain or surgical dressing. • Chronic Anemia	1-397
Reasons to Extend Antibiotics				
Measurement Information	Measure Information Form (MIF) Measures: SCIP-Inf-3	The 3 data elements, *Postoperative Infections, Date of Infection* and *Joint Revision* are being replaced with a new data element, Reasons *to Extend Antibiotics.*	<u>Alphabetical Data Element List</u> **Add** to the column: Element Name: *Reasons to Extend Antibiotics* **Add** to the column for the data element *Reasons to Extend Antibiotics,* Collected For: SCIP Inf 3 <u>Alphabetical Data Dictionary</u> **Add:** *Reasons to Extend Antibiotics*	N/A
Sex				
Data Dictionary	Alphabetical Data Dictionary Measures: PR-1	Retire PR set	**Remove** PR , Pregnancy, Pregnancy and Related Conditions each place it occurs	1-414

Section	Impacts	Rationale	Description of Changes	Page
	PR-2 PR-3			
Statin Medication Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: STK-6	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-415
Surgical Incision Time				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	Numerous questions received in Quest, emails and ListServ identified need for clarification of the instructions for this data element and to reduce the risk for mismatch.	Notes for Abstraction **Add:** as 2nd bullet: • Times designated as *Surgical Incision Time* or including the term incision time are to be taken as first priority terms. **Change:** the 4th and 5th bullets • If multiple procedures occur during the **same surgical episode**, and the Principal Procedure is not the first of those, the *Surgical Incision Time* captured will be the incision that occurs first and the *Anesthesia End Time* will be the end time that occurs last. **EXCEPTION:** If a patient has a cystoscopy with stent placement prior to the Principal Procedure and antibiotics were given prior to this procedure, use the Surgery Start/Begin Time (or other synonym) for the cystoscopy. • Follow the priority order within the Inclusion List of this	1-420

Section	Impacts	Rationale	Description of Changes	Page
			data element's Guidelines for Abstraction: 1. First, review all sources for any of the first priority synonyms for *Surgical Incision Time.* If multiple times are found, select the earliest time among the first priority synonyms. 2. Next, if none of the first priority synonyms are documented, go to the second priority list of synonyms for *Surgical Incision Time*. If multiple times are found, select the earliest time among the second priority synonyms. 3. Finally, if none of the first and second priority synonyms are documented, go to the third priority list of synonyms for *Surgical Incision Time*. If multiple times are found, select the earliest time among the third priority synonyms. **Note:** Priority order applies to items in inclusion table, not to source document. Also, please note the synonyms in the lists are alphabetized, not prioritized To **EXCEPTIONS:** A **Cystoscopy:** If a patient has a cystoscopy with stent placement prior to the Principal Procedure, during the same surgical episode, AND antibiotics were given prior to this procedure, use the start/begin time, (or other synonym) for the cystoscopy. If no stents were placed OR if no antibiotics were given prior to the start of the Principal Procedure, use the time that the Principal Procedure began as the *Surgical Incision Time.* B. **Laparoscopy to Open:** If the procedure starts as a laparoscopic procedure and it is converted to an open procedure, abstract the *Surgical Incision Time* that is documented for the open procedure. Example: *Surgical Incision Time* for the laparoscopic procedure is 1300. The procedure is converted to an open procedure.	

Section	Impacts	Rationale	Description of Changes	Page
			Surgical Incision Time of the open procedure is 1400. Abstract 1400 for the *Surgical Incision Time.* *C.* **Multiple Procedures:** If multiple procedures occur during the **same surgical episode**, and the Principal Procedure is not the first of those, the *Surgical Incision Time* captured will be the incision that occurs first and the *Anesthesia End Time* will be the end time that occurs last. Guidelines for Abstraction - Inclusion: **Change**: **Follow the priority order below.** **If multiple times are found, use earliest time among the highest priority.** **First priority: Incision Time** • Begin time • Operation start time • Procedure start time • Start of surgery (SOS) • Surgery start time • Symbol used on grid and indicated in legend to be incision time **Second priority:** • Chest time • Leg time • Skin time • Sternotomy time **Third priority:** • Anesthesia begin time • Anesthesia start time • Operating room start time To **NOTES:** • **Follow the priority order within the Inclusion Lists below.**	

Section	Impacts	Rationale	Description of Changes	Page
			• **Priority order applies to items in the inclusion tables, not to the source documents.** • **The terms/synonyms in the priority lists are alphabetized, not prioritized.** • **If multiple times are found, use earliest time among the highest priority.** **First priority:** • ***Surgical Incision Time*** • Incision (with a time) • Incision Began • Incision Made • Incision Start • Incision Time **Second priority** • Surgery begin time • Operation start time • Procedure start time • Start of surgery (SOS) • Surgery start time • Symbol or letters used on graph or grid to represent incision time **Third priority:** • Chest time • Leg time • Skin time • Sternotomy time **Fourth priority:** • Anesthesia begin time • Anesthesia start time • Operating room start time	
Urinary Catheter				
Data Dictionary	Alphabetical Data Dictionary	Clarification of the definition of	Definition **Add** after the definition:	1-435

Section	Impacts	Rationale	Description of Changes	Page
	Measures: SCIP-Inf-9	intraoperative period	**Note:** For the data element, *Urinary Catheter*, the intraoperative period begins when the patient enters the operating room and ends when the patient leaves the operating room. Allowable Values: **Remove** from Value 3: The words: (urethral or suprapubic). Guidelines for Abstraction-Inclusions **Add** under heading **Indwelling Catheter:** • Suprapubic • Urethral	
VTE Prophylaxis				
Data Dictionary	Alphabetical Data Dictionary Measures: VTE-1 STK-1 SCIP-VTE-1 SCIP-VTE-2	To add allowable value for Oral Factor Xa Inhibitor	Format **Change** the Occurs: 1-7 To 1-8 Allowable Values **Add:** 8 Oral Factor Xa Inhibitor Notes for Abstraction:**VTE** **Change** in 2nd bullet Selection of allowable values 1-7… To Selection of allowable values 1-8… Notes for Abstraction:**STK** **Change** in 2nd bullet Selection of allowable values 1-7… To Selection of allowable values 1-8… Note for Abstraction:**SCIP**: **Delete:** 1st and 2nd bullets	1-446

Section	Impacts	Rationale	Description of Changes	Page
			Add as 1st and 2nd bullets: • Collect any VTE prophylaxis that was ordered at anytime from hospital arrival to 24 hours after *Anesthesia End Time*. • Mechanical VTE prophylaxis does not require a physician order to be abstracted; there is no order or copy of hospital protocol required. Abstract any form of mechanical VTE prophylaxis that is documented as placed on the patient at anytime from hospital arrival to 24 hour after *Anesthesia End Times* as if there was an order for it.	
VTE Timely				
Data Dictionary	Alphabetical Data Dictionary Measures: SCIP-VTE-1 SCIP-VTE-2	Clarification to data element.	Format **Change** the Occurs: 1-7 To 1-8	1-455
Warfarin Prescribed at Discharge				
Data Dictionary	Alphabetical Data Dictionary Measures: VTE-3 VTE-5	Clarify for the abstractor how to handle cases where there is more than one discharge summary or discharge medication reconciliation form in the record (e.g., discharge gets postponed).	Notes for Abstraction **Add** sub-bullet: o If two discharge summaries are included in the medical record, use the one with the latest date. If one or both are not dated, and you cannot determine which was done last, use both. This also applies to discharge medication reconciliation forms. Examples: – Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. – Two discharge medication reconciliation forms, one not dated and one dated 4/24 (day of discharge) - Use both.	1-457
Acute Myocardial Infarction (AMI) – Measure Information				
Measurement Information	Measure Information Form	Update Rationale and Selected References	Rationale **Change**:	AMI-1-1

Section	Impacts	Rationale	Description of Changes	Page
	(MIF) Measures: AMI-1		Aspirin therapy provides a percent reduction in mortality that is comparable to thrombolytic therapy and the combination provides additive benefit for patients with ST-elevation myocardial infarction (ISIS-2, 1988) and is also effective in patients with non-ST-elevation myocardial infarction (Theroux, 1988 and RISC Group, 1990). To The benefits of aspirin therapy on mortality are comparable to fibrinolytic therapy. The combination of aspirin and fibrinolytics provides additive benefits for patients with ST-elevation myocardial infarction (ISIS-2, 1988). Aspirin is also effective in patients with non-ST-elevation myocardial infarction (Theroux, 1988 and RISC Group, 1990). **Change** reference: Antman, 2004 To Antman, 2004 and Anderson, 2007 <u>Selected References</u> **Remove:** • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-	

Section	Impacts	Rationale	Description of Changes	Page
			elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-2	Update Rationale and Selected References	Rationale **Change** reference: Antman, 2004 and Smith, 2001 To Antman, 2004; Anderson, 2007; and Smith, 2006 Selected References **Remove:** • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. • Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, Fuster V, Gotto A, Grundy SM, Miller NH, Jacobs A, Jones D, Krauss RM, Mosca L, Ockene I, Pasternak RC, Pearson T, Pfeffer MA, Starke RD, Taubert KA. AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update. A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation.* 2001;104:1577-79. Available at http://www.acc.org and http://www.americanheart.org.	AMI-2-1

Section	Impacts	Rationale	Description of Changes	Page
			Add: • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99. • Smith SC, Allen J, Blair SN, Bonow RO, Brass LM, Fonarow GC, et al. AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update. *J Am Coll Cardiol.* 2006;47:2130–9.doi:10.1016/j.jacc.2006.04.026.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-3	Update Rationale and Selected References	<u>Rationale</u> **Change**: ACEI therapy reduces mortality and morbidity in patients with left ventricular systolic dysfunction (LVSD) after AMI (Flather, 2000; Pfeffer, 1992; Torp-Peterson, 1999; and Yusuf, 1992). Recent clinical trials have also established ARB therapy as an acceptable alternative to ACEI, especially in patients with heart failure and/or LVSD who are ACEI intolerant (Granger, 2003 and Pfeffer, 2003). National guidelines strongly recommend ACEI for patients hospitalized with AMI who have either clinical heart failure or LVSD (Antman, 2004). Guideline committees have also supported the inclusion of ARBs in performance measures for AMI (Antman, 2004). Despite these recommendations, ACEIs remain under-utilized in eligible older patients hospitalized with AMI (Jencks, 2000). To: ACEI inhibitors reduce mortality and morbidity in patients with left ventricular systolic dysfunction (LVSD) after AMI (Flather, 2000; Pfeffer, 1992; Torp-Peterson, 1999; and Yusuf, 1992). Clinical trials have also established ARB therapy as an acceptable alternative to ACEI, especially in patients with	AMI-3-1

Section	Impacts	Rationale	Description of Changes	Page
			heart failure and/or LVSD who are ACEI intolerant (Granger, 2003 and Pfeffer, 2003). National guidelines strongly recommend ACEI for patients hospitalized with AMI who have either clinical heart failure or LVSD (Antman, 2004 and Anderson, 2007). Guideline committees have also supported the inclusion of ARBs in performance measures for AMI (Antman, 2004; Anderson, 2007; and Smith, 2006). Selected References **Remove:** • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll*	

Section	Impacts	Rationale	Description of Changes	Page
			Cardiol. 2008;52:2046 –99. • Smith SC, Allen J, Blair SN, Bonow RO, Brass LM, Fonarow GC, et al. AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update. *J Am Coll Cardiol.* 2006;47:2130 9.doi:10.1016/j.jacc.2006.04.026.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-4	Update Rationale and Selected References	Rationale **Change** reference: Fiore, 2000; Antman, 2004; and Smith, 2001 To Fiore, 2008; Antman, 2004; Anderson, 2007; and Smith, 2006 **Remove:** "Despite this recommendation, smoking cessation counseling is rarely provided in eligible older patients hospitalized with AMI (Jencks, 2000)." Selected References **Remove:** • Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000. • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures	AMI-4-1

Section	Impacts	Rationale	Description of Changes	Page
			Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. • Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, Fuster V, Gotto A, Grundy SM, Miller NH, Jacobs A, Jones D, Krauss RM, Mosca L, Ockene I, Pasternak RC, Pearson T, Pfeffer MA, Starke RD, Taubert KA. AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update. A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation.* 2001;104:1577-79. Available at http://www.acc.org and http://www.americanheart.org. **Add:** • Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99. • Smith SC, Allen J, Blair SN, Bonow RO, Brass LM, Fonarow GC, et al. AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update. *J Am Coll Cardiol.* 2006;47:2130–9.doi:10.1016/j.jacc.2006.04.026.	
Measurement	Measure	Update Rationale and	Rationale	AMI-5-1

Section	Impacts	Rationale	Description of Changes	Page
Information	Information Form (MIF) Measures: AMI-5	Selected References	**Change**: The use of beta-blockers for patients who have suffered an acute myocardial infarction can reduce mortality and morbidity. Studies have demonstrated that the use of beta-blockers is associated with about a 20% reduction in this risk (Yusuf, 1985 and Yusuf, 1988), and there is evidence of effectiveness in broad populations of patients with AMI (Krumholz, 1998). To Long-term use of beta-blockers for patients who have suffered an acute myocardial infarction can reduce mortality and morbidity. Studies have demonstrated that the use of beta-blockers is associated with about a 20% reduction in this risk (Yusuf, 1988), and there is evidence of effectiveness in broad populations of patients with AMI (Krumholz, 1998). **Change** reference: Antman, 2004 To Antman, 2004; Anderson, 2007; and Smith, 2006 **Remove:** "Despite these recommendations, beta-blockers remain under-utilized in eligible older patients discharged after AMI (Jencks, 2000)." <u>Selected References</u> **Remove:** • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With	

Section	Impacts	Rationale	Description of Changes	Page
			ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. • Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, Fuster V, Gotto A, Grundy SM, Miller NH, Jacobs A, Jones D, Krauss RM, Mosca L, Ockene I, Pasternak RC, Pearson T, Pfeffer MA, Starke RD, Taubert KA. AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update. A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation.* 2001;104:1577-79. Available at http://www.acc.org and http://www.americanheart.org. • Yusuf S, Peto R, Lewis J, Collins R, Sleight P. Beta blockade during and after myocardial infarction: an overview of the randomized trials. *Prog Cardiovasc Dis*. 1985;27:335-71. **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99. • Smith SC, Allen J, Blair SN, Bonow RO, Brass LM, Fonarow GC, et al. AHA/ACC guidelines for secondary	

Section	Impacts	Rationale	Description of Changes	Page
			prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update. *J Am Coll Cardiol.* 2006;47:2130–9.doi:10.1016/j.jacc.2006.04.026.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-7	Update Rationale and Selected References	Rationale **Remove** "Despite these recommendations, few eligible older patients hospitalized with AMI receive timely fibrinolytic therapy (Jencks, 2000)." Selected References **Remove:** • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and	AMI-7-1

Section	Impacts	Rationale	Description of Changes	Page
			Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-7a	Update Rationale and Selected References	Rationale **Remove** "Despite these recommendations, few eligible older patients hospitalized with AMI receive timely fibrinolytic therapy (Jencks, 2000)." Selected References **Remove:** • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll*	AMI-7a-1

Section	Impacts	Rationale	Description of Changes	Page
			Cardiol. 2008;52:2046 –99.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-8	Update Rationale and Selected References	Rationale **Change**: The early use of primary angioplasty in patients with acute myocardial infarction who present with ST-segment elevation or LBBB results in a significant reduction in mortality and morbidity. To The early use of primary angioplasty in patients with ST-segment myocardial infarction (STEMI) results in a significant reduction in mortality and morbidity. **Remove:** "Despite these recommendations, few eligible older patients hospitalized with AMI receive primary angioplasty within a timely manner (Jencks, 2000)." Selected References **Remove:** • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. **Add:**	AMI-8-1

Section	Impacts	Rationale	Description of Changes	Page
			• Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-8a	Update Rationale and Selected References	Rationale **Change**: The early use of primary angioplasty in patients with acute myocardial infarction who present with ST-segment elevation or LBBB results in a significant reduction in mortality and morbidity. To The early use of primary angioplasty in patients with ST-segment myocardial infarction (STEMI) results in a significant reduction in mortality and morbidity. **Remove:** "Despite these recommendations, few eligible older patients hospitalized with AMI receive primary angioplasty within a timely manner (Jencks, 2000)." Selected References **Remove:** • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and	AMI-8a-1

Section	Impacts	Rationale	Description of Changes	Page
			http://www.americanheart.org. • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-9	Update Rationale and Selected References	Rationale **Change**: High rates over time may warrant investigation into the quality of care provided. To High rates over time may warrant investigation into the quality of care provided (Krumholz, 2008). Selected References **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll*	AMI-9-1

Section	Impacts	Rationale	Description of Changes	Page
			Cardiol. 2008;52:2046 –99.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-T1a	Update Rationale and Selected References	Rationale **Change**: The reduction of LDL-c reduces mortality and morbidity in patients with coronary artery disease (CAD). To Treating elevated LDL-c levels reduces mortality and morbidity in patients with coronary artery disease (CAD). **Change** reference: NCEP ATP III, 2001; Antman, 2004; and Smith, 2001 To NCEP ATP III, 2001; Antman, 2004; Anderson, 2007; and Smith, 2006 **Change**: The ACC/AHA ST-Elevation Myocardial Infarction guidelines also recommend that lipid measurements should be performed or obtained from prior medical records for all patients (Antman, 2004). To Guidelines also recommend that lipid measurements should be performed or obtained from prior medical records for all patients (Antman, 2004). **Remove:** "Despite the increasing evidence to support lipid testing to direct therapy, many eligible older patients hospitalized with AMI do not have measurements of their lipid levels performed (Foody, 2005)." Selected References **Remove:** • Foody JM, Roe MT, Chen AY, Smith SC Jr, Brindis RG, Peterson ED, Gibler WB, Ohman EM; CRUSADE Investigators. Lipid management in patients with	AMI-T1a-1

Section	Impacts	Rationale	Description of Changes	Page
			unstable angina pectoris and non-ST-segment elevation acute myocardial infarction (from CRUSADE). Am J Cardiol. 2005 Feb 15;95(4):483-5. • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. • Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, Fuster V, Gotto A, Grundy SM, Miller NH, Jacobs A, Jones D, Krauss RM, Mosca L, Ockene I, Pasternak RC, Pearson T, Pfeffer MA, Starke RD, Taubert KA. AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update. A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation.* 2001;104:1577-79. Available at http://www.acc.org and http://www.americanheart.org. **Add:** • Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, et al. ACC/AHA 2008 performance measures for adults with ST-elevation and non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non–ST-Elevation Myocardial Infarction). *J Am Coll Cardiol.* 2008;52:2046 –99.	

Section	Impacts	Rationale	Description of Changes	Page
			• Smith SC, Allen J, Blair SN, Bonow RO, Brass LM, Fonarow GC, et al. AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update. *J Am Coll Cardiol.* 2006;47:2130–9.doi:10.1016/j.jacc.2006.04.026.	
Measurement Information	Measure Information Form (MIF) Measures: AMI-T2	Update Rationale and Selected References	Rationale **Change**: The reduction of LDL-c reduces mortality and morbidity in patients with coronary artery disease (CAD). To Treating elevated LDL-c levels reduces mortality and morbidity in patients with coronary artery disease (CAD). **Change** reference: NCEP ATP III, 2001; Antman, 2004; and Smith, 2001 To NCEP ATP III, 2001; Antman, 2004; Anderson, 2007; and Smith, 2006 **Remove:** "Despite the increasing evidence to support lipid testing to direct therapy, many eligible older patients hospitalized with AMI do not receive treatment for dyslipidemia at the time of hospital discharge (Foody, 2005)." Selected References **Remove:** • Foody JM, Roe MT, Chen AY, Smith SC Jr, Brindis RG, Peterson ED, Gibler WB, Ohman EM; CRUSADE Investigators. Lipid management in patients with unstable angina pectoris and non-ST-segment elevation acute myocardial infarction (from CRUSADE). Am J Cardiol. 2005 Feb 15;95(4):483-5. • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR.	AMI-T2-1

Section	Impacts	Rationale	Description of Changes	Page
			Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. • Krumholz HM, Anderson JL, Brooks NH, Fesmir FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non–ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non–ST-Elevation Myocardial Infarction Performance Measures Writing Committee). J Am Coll Cardiol 2006;47:236–65. Available at http://www.acc.org and http://www.americanheart.org. • Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, Fuster V, Gotto A, Grundy SM, Miller NH, Jacobs A, Jones D, Krauss RM, Mosca L, Ockene I, Pasternak RC, Pearson T, Pfeffer MA, Starke RD, Taubert KA. AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update. A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation.* 2001;104:1577-79. Available at http://www.acc.org and http://www.americanheart.org. **Add:** • Smith SC, Allen J, Blair SN, Bonow RO, Brass LM, Fonarow GC, et al. AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update. *J Am Coll Cardiol.* 2006;47:2130–9.doi:10.1016/j.jacc.2006.04.026.	
Measurement Information	Measure Information Form (MIF)	Move programming related notes into the algorithm logic.	Initial Patient Population Algorithm **Remove** the 'Note' to the left of the Patient Age calculation box.	AMI-5

Section	Impacts	Rationale	Description of Changes	Page
	Measures: AMI		**Add** text "Use the month and day portion of admission date and birthdate to yield the most accurate age", below the age calculation inside the Process Box that calculates Patient Age.	
Heart Failure (HF) – Measure Information				
Measurement Information	Measure Information Form (MIF) HF-1	Update Rationale and Selected References	Rationale **Change** reference: Hunt, 2005 To Jessup, 2009 and HFSA, 2006 **Remove:** "Despite this recommendation, comprehensive discharge instructions are rarely provided to eligible older patients hospitalized with heart failure (CMS National Heart Failure Project baseline data." Selected References **Remove:** • Hunt SA. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure). J Am Coll Cardiol 2005; 46(6):e1-82. **Add:** • Jessup M, Abraham WT, Casey DE, Feldman AM, Francis GS, Ganiats TG, et al, writing on behalf of the 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Writing Committee. 2009 focused update: ACCF/AHA guidelines for the diagnosis and management of heart failure in adults: a report of the American College of Cardiology/American Heart Association Task Force on	HF-1-1

Section	Impacts	Rationale	Description of Changes	Page
			Practice Guidelines. *J Am Coll Cardiol.* 2009;53:1343–82.	
Measurement Information	Measure Information Form (MIF) Measures: HF-2	Update Rationale and Selected References	Rationale **Change** reference: Hunt, 2005 To Jessup, 2009 and HFSA, 2006 **Remove:** "Despite these recommendations, left ventricular systolic function is not evaluated in a substantial proportion of eligible older patients hospitalized with heart failure (Jencks, 2000)." Selected References **Remove:** • Hunt SA. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure). J Am Coll Cardiol 2005; 46(6):e1-82. • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. **Add:** • Jessup M, Abraham WT, Casey DE, Feldman AM, Francis GS, Ganiats TG, et al, writing on behalf of the 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult	HF-2-1

Section	Impacts	Rationale	Description of Changes	Page
			Writing Committee. 2009 focused update: ACCF/AHA guidelines for the diagnosis and management of heart failure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol.* 2009;53:1343–82.	
Measurement Information	Measure Information Form (MIF) Measures: HF-3	Update Rationale and Selected References	Rationale **Change** reference: Hunt, 2005 and HFSA, 2006 To Jessup, 2009 and HFSA, 2006 **Change**: ACEI therapy reduces mortality and morbidity in patients with heart failure and left ventricular systolic dysfunction (The SOLVD Investigators, 1991 and CONSENSUS Trial Study Group, 1987) and are effective in a wide range of patients (Masoudi, 2004). To ACEI inhibitors reduce mortality and morbidity in patients with heart failure and left ventricular systolic dysfunction (The SOLVD Investigators, 1991 and CONSENSUS Trial Study Group, 1987) and are effective in a wide range of patients (Masoudi, 2004). **Change**: Recent clinical trials have also established ARB therapy as an acceptable alternative to ACEI, especially in patients who are ACEI intolerant (Granger, 2003 and Pfeffer, 2003). To Clinical trials have also established ARB therapy as an acceptable alternative to ACEI, especially in patients who are ACEI intolerant (Granger, 2003 and Pfeffer, 2003). **Remove:** “Despite these recommendations, ACEIs and ARBs remain	HF-3-1

Section	Impacts	Rationale	Description of Changes	Page
			underutilized in eligible older patients hospitalized with heart failure (Jencks, 2000 and Masoudi, 2004)." <u>Selected References</u> **Remove:** • Hunt SA. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure). J Am Coll Cardiol 2005; 46(6):e1-82. • Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676. **Add:** • Jessup M, Abraham WT, Casey DE, Feldman AM, Francis GS, Ganiats TG, et al, writing on behalf of the 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Writing Committee. 2009 focused update: ACCF/AHA guidelines for the diagnosis and management of heart failure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol.* 2009;53:1343–82.	
Measurement Information	Measure Information Form (MIF) Measures: HF-4	Update Rationale and Selected References	<u>Rationale</u> **Change** reference: (Fiore, 2000; and Hunt, 2005) To (Fiore, 2008 and Jessup, 2009)	HF-4-1

Section	Impacts	Rationale	Description of Changes	Page
			Remove: "Despite this recommendation, smoking cessation counseling is rarely provided to eligible older patients hospitalized with heart failure (CMS National Heart Failure Project baseline data)." <u>Selected References</u> **Remove:** • Fiore MC, Bailey WC, Cohen SJ, et al. Treating tobacco use and dependence. *Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000. • Hunt SA. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure). J Am Coll Cardiol 2005; 46(6):e1-82. **Add:** • Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. • Jessup M, Abraham WT, Casey DE, Feldman AM, Francis GS, Ganiats TG, et al, writing on behalf of the 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Writing Committee. 2009 focused update: ACCF/AHA guidelines for the diagnosis and management of heart failure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol.* 2009;53:1343–82.	

Section	Impacts	Rationale	Description of Changes	Page
Measurement Information	Measure Information Form (MIF) Measures: HF	Move programming related notes into the algorithm logic.	Initial Patient Population Algorithm **Remove** the 'Note' to the left of the Patient Age calculation box. **Add** text "Use the month and day portion of admission date and birthdate to yield the most accurate age", below the age calculation inside the Process Box that calculates Patient Age.	HF-5
Pneumonia (PN) – Measure Information				
Measurement Information	Measure Information Form (MIF) Measures: PN-4	Update Selected References	Selected References **Remove:** • Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department or Health and Human Services. Public Health Service. June 2000. **Add:** • Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.	PN-4-3
Measurement Information	Measure Information Form (MIF) Measures: PN-6 PN-6a	The only antibiotic regimental option for ICU patients with a beta-lactam allergy contains Aztreonam. Aztreonam has been difficult to access due to back order. Many hospitals have been unable to obtain the medication which has resulted in some cases failing PN-6. The PN	Denominator Statement: Excluded Populations **Add** bullet: • Patients transferred/admitted to the ICU within 24 hours after arrival to this hospital, with a beta-lactam allergy Pneumonia Antibiotic Consensus Recommendations – ICU Patient **Remove:** Or If documented beta-latam allergy: Antipneumococcal Quinolone (IV) Table 2.14 = Aztreonam (IV) Table 2.7	PN-6,6ab-3 PN-6,6ab-6

Section	Impacts	Rationale	Description of Changes	Page
		TEP decided, with the difficulty of accessibility to Aztreonam and the fact that the regimen is only based on level III evidence, all ICU patients with beta-lactam allergies should be excluded from the measure.	<u>Pneumonia Antibiotic Consensus Recommendations – Pseudomonal Risk</u> **Change:** These antibiotics would also be acceptable for ICU and Non-ICU patients with Pseudomonal Risk To These antibiotics are acceptable for ICU and Non-ICU patients with Pseudomonal Risk **Add:** These antibiotics are ONLY acceptable for Non-ICU patients with β-lactam allergy and Pseudomonal Risk **Remove:** Or If documented β-lactam allergy **Change:** Table 2.14 To Table 2.9 after Antipneumococcal Quinolone **Add:** 'or IM' inside the parenthesis each place Aztreonam appears 'or Oral' inside the parenthesis after Antipneumococcal Quinolone 'or Oral' inside the parenthesis after Aminoglycoside **Remove:** '(PO Quinolone is allowed for Non-ICU only Table 2.9)'	
Measurement Information	Measure Information Form	The only antibiotic regimental option for	<u>Algorithm-PN6</u> **Remove** Regimen 2b, Regimen 5b, Regimen 6b from the	PN-6,6ab-7 PN-6,6ab-8

Section	Impacts	Rationale	Description of Changes	Page
	(MIF) Measures: PN-6 PN-6a	ICU patients with a beta-lactam allergy contains Aztreonam. Aztreonam has been difficult to access due to back order, etc. many hospitals have been unable to obtain any which has resulted in some cases failing PN-6. The PN TEP decided, with the difficulty of accessibility to Aztreonam and the fact that the regimen is only based on level III evidence, all ICU patients with beta-lactam allergies should be excluded from the measure.	Variable Key **Remove** Regimen 2b, Regimen 5b, Regimen 6b from the Initialize Variables Process Box **Add** decision point and associated logic for *Antibiotic Allergy* to the right of the second decision point *ICU Admission or Transfer* **Remove** allowable value '3' from the arrow to the right of the first *Antibiotic Administration Route* decision point in Regimen-6a and Regimen-7a. **Add** allowable value '3' to the arrow flowing down from the first *Antibiotic Administration Route* decision point in Regimen-6a and Regimen-7a **Remove regimens** Regimen 2b, Regimen 5b, Regimen 6b from the algorithm logic **Remove** Antibiotic Days, ANTIMINUTES and *Another Suspected Source of Infection* decision points and associated logic from the algorithm logic. **Add** decision point and associated logic for *Another Source of Infection* to the connector arrow flowing to the right of Regimen-7a **Remove** decision points Regimen 2b, Regimen 5b, Regimen 6b <u>Algorithm-PN6a</u> **Remove** Regimen 2, Regimen 5, Regimen 6 from the Variable Key **Remove** Regimen 2, Regimen 5, Regimen 6 from the	PN-6,6ab-10 PN-6,6ab-12 PN-6,6ab-13 PN-6, 6ab-14 PN-6, 6ab-15 PN-6,6ab-16 PN-6,6ab-18 PN-6,6ab-19 PN-6,6ab-

Section	Impacts	Rationale	Description of Changes	Page
			Initialize Variables Process Box **Add** decision point and associated logic for *Antibiotic Allergy* above the first *Antibiotic Name* decision point for Regimen 1 **Remove regimens** Regimen 2, Regimen 5, Regimen 6 from the algorithm logic **Remove** Antibiotic Days and ANTIMINUTES decision points and associated logic from the algorithm logic **Add** decision point and associated logic for *Another Source of Infection* to the connector arrow flowing to the right of Regimen-4. **Remove** decision points Regimen 2, Regimen 5, Regimen 6 <u>Algorithm-PN-6b</u> **Remove** allowable value '3' from the arrow to the right of the first *Antibiotic Administration Route* decision point in Regimen-6 and Regimen-7 **Add** allowable value '3' to the arrow flowing down from the first *Antibiotic Administration Route* decision point in Regimen-6 and Regimen-7 **Remove** Antibiotic Days and ANTIMINUTES decision points and associated logic from the algorithm logic **Add** decision point and associated logic for *Another Source of Infection* above the decision point Regimen 1	22 PN-6,6ab-23 PN-6,6ab-24 PN-6,6ab-25; PN-6,6ab-31 PN-6,6ab-32 PN-6,6ab-33
Measurement Information	Measure Information Form (MIF) Measures:	Allowable Value 4 has been combined with Allowable Value 3	<u>Algorithm</u> **Remove** allowable value 4 from the arrow to the left of *Chest X-Ray*.	PN-2-4 PN-3a-4 PN-3b-5 PN-4-4 PN-5-5

Section	Impacts	Rationale	Description of Changes	Page
	PN-2 PN-3a PN-3b PN-4 PN-5 PN-5c PN-6 PN-6a PN-6b PN-7			PN-5c-5 PN-6,6ab-7 PN-6,6ab-18 PN-6,6ab-27 PN-7-4
Measurement Information	Measure Information Form (MIF) Measures: PN-6 PN-6a PN-6b	Combine the data elements Another Suspected Source of Infection and Identified Pathogen into one data element. Both data elements target the same population by excluding patients who require treatment with antibiotics that would not be indicated for the management of community acquired pneumonia.	Algorithm **Remove** decision point *Identified Pathogen* and associated logic from the algorithm logic. **Change** Data Element name: *Another Suspected Source of Infection* To *Another Source of Infection*	PN-6,6ab-8 PN-6,6ab-15 PN-6,6ab-19 PN-6,6ab-24 PN-6,6ab-28 PN-6,6ab-33
Measurement Information	Measure Information Form (MIF) Measures: PN-6 PN-6a PN-6b		PN Data Element List **Change** data element name: *Another Suspected Source of Infection* To *Another Source of Infection* **Remove** Data Element: *Identified Pathogen* PN-6: Excluded Populations **Remove:**	PN-3 PN-6,6ab-3 PN-6,6ab-4

Section	Impacts	Rationale	Description of Changes	Page
			• Patients with an *Identified Pathogen* as defined in the Data Dictionary **Change:** • Pneumonia patients with another suspected source of infection who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization To • Pneumonia patients with *Another Source of Infection* who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization <u>PN-6: Data Elements</u> **Change** data element: *Another Suspected Source of Infection* To *Another Source of Infection* **Remove** *Identified Pathogen*	
Measurement Information	Measure Information Form (MIF) Measures: PN-3a	The current measure rational requires updating to more fulsomely address the IDSA/ATS Guidelines as they relate to obtaining blood cultures for specific populations of pnuemonia patients, specifically those admitted or transferred to the ICU	<u>Measure Rationale</u> **Change** rationale to: Rationale: Although recommendations for blood cultures are controversial due to the overall low yield, they can have a significant impact on the care of an individual patient and are important for epidemiologic reasons, such as antibiotic susceptibility patterns used to develop treatment guidelines. The Joint IDSA/ATS Guidelines on the Management of Community-Acquired Pneumonia (CAP) in Adults recommend that certain patients with CAP should be investigated for specific pathogens that would significantly alter decisions regarding empirical therapy, when the presence of these pathogens is suspected.[1] The guidelines recommend that pretreatment blood samples for culture should be obtained	PN-3a-1

Section	Impacts	Rationale	Description of Changes	Page
			from hospitalized CAP patients who are admitted to the Intensive Care Unit, have cavitary infiltrates, leukopenia, chronic severe liver disease, asplenia, pleural effusion, have a positive pneumococcal urinary antigen test (UAT), and have active alcohol abuse.[1] Pretreatment cultures are recommended because the yield of clinically useful information is greater if the culture is collected before antibiotics are administered. In a large retrospective study of blood cultures in pneumonia patients, Metersky et al demonstrated that when patients are selected appropriately, for example, those who are sicker or have comorbid conditions like liver disease, etc, the yield of blood culture pathogens was doubled for each risk factor. [2] This measure, however, focuses on the actual performance of a culture for all patients who are ill enough to be admitted or transferred to the ICU within 24 hours of hospital arrival rather than restricting measurement to culture collection prior to antibiotics as the later provides an incentive for hospitals not to perform a culture in any patient who has already received antibiotics. [1] Mandell LA, Wunderink RG, Anzueta A, Bartlett JG, Infectious Diseases Society of American; American Thoracic Society. Infectious Diseases Society of American/American Thoracic Society consensus guidelines on the management of community-acquired pneumonia in adults. Clin Infect Dis. 2007, March 1;44 Suppl S28-S31. [2] Metersky M, Ma A, Bratzler DW, Houck PM. Predicting bacteremia in patients with community-acquired pneumonia. *Am J Resp Crit Care Med*. 2004;169:342-347.	
Measurement Information	Measure Information Form (MIF)	Because the measurement time frame ranges from 24 hours prior to or 24	Denominator Excluded Populations **Remove** the following exclusions: • Patients discharged/transferred to another hospital for inpatient care on the day of or day after arrival	PN-3a-2

Section	Impacts	Rationale	Description of Changes	Page
	Measures: PN-3a	hours after arrival at the hospital, exclude all patients who have a duration of stay less than or equal to 1 day.	• Patients who left against medical advice or discontinued care on the day of or day after arrival • Patients who expired on the day of or day after arrival • Patients discharged/transferred to a federal health care facility on the day of or day after arrival **Add** the following exclusion: • Patients who have duration of stay less than or equal to one day. Denominator Data Elements **Remove** the data element *Discharge Status*	
Measurement Information	Measure Information Form (MIF) Measures: PN-3a	The new denominator exclusion is no longer related to specific patient populations thus discharge status is no longer needed with respect to duration of stay. Positioning the diamonds for Arrival Date and the Duration of Stay Calculation (exclusion) between the two Blood Culture Collected diamonds will save abstraction time as abstractors will not have to look for blood culture collected for an excluded population.	Algorithms **Remove** the decision points, process box and associated logic for *Arrival Date*, Duration of Stay and *Discharge Status*. **Add** decision point and associated logic for *Arrival Date* below the first Blood Culture Collected decision point. **Add** process box to calculate Duration of Stay below the newly added decision point *Arrival Date*. **Add** decision point Duration of Stay and associated logic below the process box to exclude patients whose stay was less than or equal to 1 day.	PN-3a-5
Measurement Information	Measure Information Form (MIF)	The denominator exclusion is no longer related to specific patient populations thus	Algorithms **Remove** the decision points, process box and associated logic for *Arrival Date*, Duration of Stay and *Discharge Status*	PN-6,6ab-8 PN-6,6ab-9 PN-6,6ab-19

Section	Impacts	Rationale	Description of Changes	Page
	Measures: PN-6 PN-6a PN-6b	discharge status is no longer needed with respect to duration of stay. Positioning the diamonds for Arrival Date and the Duration of Stay Calculation (exclusion) after the second *Pneumonia Diagnosis/ED Direct Admit* decision point will save abstraction time.	**Add** decision point and associated logic for *Arrival Date* below the second *Pneumonia Diagnosis:ED/Direct Admit* decision point **Add** process box to calculate Duration of Stay below the newly added decision point *Arrival Date*. **Add** decision point Duration of Stay and associated logic below this Duration of Stay process box to exclude patients whose stay was ≤ 1 day.	PN-6,6ab-20 PN-6,6ab-28 PN-6,6ab-29
Measurement Information	Measure Information Form (MIF) Measures: PN-6 PN-6a PN-6b	The denominator exclusion for patients who has duration of stay less than or equal to one day is no longer related to specific patient populations.	Denominator Excluded Populations **Remove** • Patients discharged/transferred to another hospital for inpatient care on the day of or day after arrival • Patients who left against medical advice or discontinued care on the day of or day after arrival • Patients who expired on the day of or day after arrival • Patients discharged/transferred to a federal health care facility on the day of or day after arrival **Add** • Patients who have duration of stay less than or equal to one day	PN-6,6ab-3
Measurement Information	Measure Information Form (MIF) Measures: PN-6 PN-6a PN-6b	The denominator exclusion is no longer related to specific patient populations thus discharge status is no longer needed with respect to duration of stay.	Denominator data elements **Remove** *Discharge Status*	PN-6 PN-6ab-4
Measurement	Measure	Discharge Status is no	PN Data Element List	PN-2

Section	Impacts	Rationale	Description of Changes	Page
Information	Information Form (MIF) Measures: PN-3a PN-6 PN-6a PN-6b	longer required for calculation of PN 3a, PN 6, PN6a, and PN 6b	**Change:** (used in Algorithm for All PN Measures) in the column entitled "Collected For" for the data element *Discharge Status* To (Used in Algorithm for PN-2, PN-3b, PN-4, PN-5, PN-5c, PN-7) in the column entitled "Collected For" for the data element *Discharge Status*	
Measurement Information	Measure Information Form (MIF) Measures: All PN	CF is an Exclusion that is used for all PN measures prior to abstraction, thus should be part of the Initial Population.	Initial Patient Population Algorithm **Add** decision point *ICD-9-CM Other Diagnosis Code* and associated logic check for diagnosis code on Table 3.4 in the Initial Patient Population logic. Algorithms **Remove** the decision point *ICD-9-CM Other Diagnosis Code* and associated logic check for diagnosis code on Table 3.4 from all measure algorithms.	PN-5 PN-2-4 PN-3a-4 PN-3b-5 PN-4-4 PN-5-5 PN-5c-5 PN-6,6ab-7 PN-6,6ab-18 PN-6,6ab-27
Measurement Information	Measure Information Form (MIF) Measures: PN	Move programming related notes into the algorithm logic.	Initial Patient Population Algorithm **Remove** the 'Note' to the left of the Patient Age calculation box. **Add** text "Use the month and day portion of admission date and birthdate to yield the most accurate age", below the age calculation inside the Process Box that calculates Patient Age.	PN-5
Measurement Information	Measure Information Form (MIF) Measures: PN	Consistency in terminology.	Initial Patient Population Algorithm **Change** the word 'Topic' to 'Measure'	PN-5
Measurement Information	Measure Information Form	CF is an Exclusion that is used for all PN	Pneumonia (PN) Initial Patient Population	PN-4

Section	Impacts	Rationale	Description of Changes	Page
	(MIF) Measures: PN	measures prior to abstraction, thus should be part of the Initial Population.	**Add** to the 1st and 2nd bullet for the PN Initial Patient Population eligible cases "**NO** *ICD-9-CM Other Diagnosis Code* of Cystic Fibrosis as defined in Appendix A, Table 3.4"	
Surgical Care Improvement Project (SCIP) – Measure Information				
Measurement Information	Measure Information Form (MIF) Measures: SCIP-Inf-6	New value is being added to allow shaving for hair removal of the scrotum and of the scalp post-traumatic head injury prior to surgery.	Algorithm: **Add** new allowable value 8 to the branch going down from the first and second *Preoperative Hair Removal* decision point.	SCIP-6-4
Measurement Information	Measure Information Form (MIF) Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	These 3 data elements are being replaced with a new data element, *Reasons to Extend Antibiotics.*	SCIP Data Element List **Remove:** *Postoperative Infections* *Date of Infection* *Joint Revision* Denominator Excluded Populations for SCIP-Inf-1 **Remove:** Patients who had a *Joint Revision* Denominator Data Element List for SCIP-Inf-1 **Remove:** *Joint Revision* Denominator Excluded Populations for SCIP-Inf-2 **Remove:** Patients who had a *Joint Revision* Denominator Data Element List for SCIP-Inf-2 **Remove:** *Joint Revision* Denominator Excluded Populations for SCIP-Inf-3 **Remove:** Patients who were diagnosed with infections within two days (three days for CABG or Other Cardiac Surgery) after	SCIP-4 SCIP-Inf-1-2 SCIP-Inf-2-2 SCIP-Inf-3-2

Section	Impacts	Rationale	Description of Changes	Page
			Anesthesia End Date Patients who had a *Joint Revision* <u>Denominator Data Element List for SCIP-Inf-3</u> **Remove:** *Postoperative Infections* *Date of Infection* *Joint Revision*	
Measurement Information	Measure Information Form (MIF) Measures: SCIP-Inf-3	The 3 data elements, *Postoperative Infections, Date of Infection* and *Joint Revision* are being replaced with a new data element, Reasons *to Extend Antibiotics.*	<u>SCIP Data Element List</u> **Add** to the column for Element Name: *Reasons to Extend Antibiotics* **Add** to the column Collected For, next to the data element name *Reasons to Extend Antibiotics*: SCIP Inf 3 <u>Denominator Excluded Populations for SCIP-Inf-3</u> **Add:** Patients with *Reasons to Extend Antibiotics*. <u>Denominator Data Element List for SCIP-Inf-3</u> **Add:** *Reasons to Extend Antibiotics*	N/A
Measurement Information	Measure Information Form (MIF) Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	The 3 data elements, *Postoperative Infections, Date of Infection* and *Joint Revision* are being replaced with a new data element, *Reasons to Extend Antibiotics.*	<u>Algorithm</u> **Remove** the decision points for the first *ICD-9-CM Principal Procedure Code* that check for procedures on tables 5.04 or 5.05, *Joint Revision* and associated logic.	SCIP-Inf-1-5 SCIP-Inf-2-7 SCIP-Inf-3-6
Measurement Information	Measure Information Form (MIF) Measures: SCIP-Inf-3	The 3 data elements, *Postoperative Infections, Date of Infection* and *Joint Revision* are being replaced with a new data element, *Reasons*	<u>Algorithm</u> **Remove** the decision points for *Postoperative Infections, Date of Infection* and calculation process box and decision point for Postoperative Infection Days and associated logic from the algorithm. **Remove** Postop Infection Days from the Variable Key box.	SCIP-Inf-3-5 SCIP-Inf-3-9.

Section	Impacts	Rationale	Description of Changes	Page
		to Extend Antibiotics.	**Add** decision point and associated logic for new data element *Reasons to Extend Antibiotics* below the decision point for Antibiotic Timing II that processes antibiotic timing > 1440 for at least one dose, located to the right of the *ICD-9-CM Principal Procedure Code* decision point. **Add** decision point and associated logic for new data element *Reasons to Extend Antibiotics* to the left of the decision point for Antibiotic Timing II that processes antibiotic timing > 2880 for at least one dose, located to the left of the *ICD-9-CM Principal Procedure Code* decision point.	
Measurement Information	Measure Information Form (MIF) Measure: SCIP-Inf-10	Correction of omission, reference update	Measure Information Form **Add**: above Measure Information Form **NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE**	SCIP-Inf-10-1
Measurement Information	Measurement Information Form (MIF) Measures: SCIP-Inf-1 SCIP-Inf-2	To update the ACOG bullet.	Selected References **Change:** • American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins ACOG Practice Bulletin No 74 Antibiotic prophylaxis for gynecologic procedures *Obstet Gynecol* July 2006; 108(1) : 225-34 To: • American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins ACOG Practice Bulletin No 104 Antibiotic prophylaxis for gynecologic procedures *Obstet Gynecol* May 2009; 113(5) : 1180-1189	SCIP-Inf-1-1 SCIP-Inf-2-1
Measurement Information	Measure Information Form (MIF) Measures: SCIP-Inf-1	Correct error.	Selected references **Change:** • Bratzler DW, Houck PM, for the Surgical Infection Prevention Guidelines Writers Group. Antimicrobial prophylaxis for surgery: An advisory statement from the	SCIP-Inf-1-4 SCIP-Inf-2-4 SCIP-Inf-3-4

Section	Impacts	Rationale	Description of Changes	Page
	SCIP-Inf-2 SCIP-Inf-3		National Surgical Infection Prevention Project. *CID*. 2004:38(15 July):1706-1715. To • Bratzler DW, Houck PM, for the Surgical Infection Prevention Guidelines Writers Group. Antimicrobial prophylaxis for surgery: An advisory statement from the National Surgical Infection Prevention Project. *CID*. 2004:38(15 June):1706-1715.	
Measurement Information	Measure Information Form (MIF) Measures: SCIP-VTE-1 SCIP-VTE-2	To add selected References for addition of the new Oral Factor Xa Inhibitor: Rivaroxaban	Selected References **Add** the following references: • Abrams PJ, Emerson CR. Rivaroxaban: a novel, oral, direct factor Xa Inhibitor. *Pub Med.* Feb.2009; 167-81. • Borris LC, Rivaroxaban, a new, oral direct factor Xa inhibitor for thromboprophylaxis after major joint arthroplasty. *Pub Med.* April 2009; 10 6):1083-8. • Eriksson BI, Kakkar AK, Turpie AG, Gent M, Bandel TJ, Homering M, Misselwitz F, Lassen MR. Oral rivaroxaban for the prevention of symptomatic venous thromboembolism after elective hip and knee replacement. *Pub Med.* May 2009;91(5):636-44. • Turpie AG, Lassen MR, Davidson BL, et. Al. Rivaroxaban versus enoxaparin for *thromboprophylaxis after total knee arthroplasty (RECORD4): a randomized trial. Pub Med*. May 16;373(9676):1673-80. Equb 2009 Mat 4.	SCIP-VTE-1-1 SCIP-VTE-2-1
Measurement Information	Measure Information Form (MIF) Measures: SCIP-VTE-1 SCIP-VTE-2	The new Oral Factor Xa Inhibitor: Rivaroxaban was added for use for 3 surgeries.	VTE Prophylaxis Options for Surgery **Add:** Oral Factor Xa Inhibitor (Rivaroxaban), as a bullet in the following sections: 1.) Elective Total Hip Replacement Appendix A, Table 5.22 2.) Elective Total Knee Replacement Appendix A Table 5.23 3.) Hip Fracture Surgery Appendix A, Table 5.24	SCIP-VTE-1-1 SCIP-VTE-2-1
Measurement Information	Measure Information Form (MIF)	Addition of new VTE Prophylaxis option for Elective Total Hip or Knee Replacements or	Algorithm **Change** the text in the Note box at the top right of pages, "If *VTE Prophylaxis* field is populated with an allowable value of 1, 2, 3,4,5,6 or 7….."	SCIP-VTE-1-9 SCIP- VTE-1-10

Section	Impacts	Rationale	Description of Changes	Page
	Measures: SCIP-VTE-1 SCIP-VTE-2	Hip Fracture Surgeries	To "If *VTE Prophylaxis* field is populated with an allowable value of 1,2,3,4,5, 6, 7 or 8….." **Add** new allowable value 8 to the branch going down from the first *VTE Prophylaxis* decision point for SCIP-VTE-1 and SCIP-VTE-2 **Add** new allowable value 8 to the branches going down and to the right of the *VTE Prophylaxis* decision point located to the right of the *ICD-9-CM Principal Procedure Code* decision point that check for procedure codes on Table 5.22 for SCIP-VTE-1 and SCIP-VTE-2. **Add** new allowable value 8 to the branches going down and to the right of the *VTE Prophylaxis* decision point located to the right of *the ICD-9-CM Principal Procedure Code* decision point that check for procedure codes on Table 5.23 for SCIP-VTE-1 and SCIP-VTE-2. **Add** new allowable value 8 to the branches going down and to the right of the *VTE Prophylaxis* decision point located below the *ICD-9-CM Principal Procedure Code* decision point that check for procedure codes on Table 5.24 for SCIP-VTE-1 and SCIP-VTE-2. **Add** new allowable value 8 to the branches going down and to the right of the *VTE Timely* decision point located to the right of *VTE Prophylaxis* decision point that check for procedure codes on Table 5.22 for SCIP-VTE-2. **Add** new allowable value 8 to the branches going down and to the right of the *VTE Timely* decision point located to the right of *VTE Prophylaxis* decision point that check for procedure codes on Tables 5.23 and 5.24 for SCIP-VTE-2	SCIP- VTE-1-11 SCIP- VTE-2-9 SCIP- VTE-2-10 SCIP- VTE-2-11.

Section	Impacts	Rationale	Description of Changes	Page
Pregnancy and Related Conditions (PR) – Measure Information				
Measurement Information	PR Data Element List Measures: PR-1 PR-2 PR-3	Retire PR set	All Sections **Remove** all PR pages from the PR List **Add**: PR was retired effective with April 01, 2010 discharges and replaced by the Perinatal Care (PC) measure set. The PC specifications are located on the Joint Commission website www.jointcommission.org. All 3 PR measures are being retired	PR-1
Measurement Information	Measure Information Form (MIF) Measures: PR-1 PR-2 PR-3	Retire PR set	**Remove** all PR pages from the PR MIF's All 3 PR measures are being retired	PR-1-1 PR-2-1 PR-3-1
Children's Asthma Care (CAC) – Measure Information				
Measurement Information	CAC Data Element List Measures: All CAC measures	Several manuals ago all references to "Topic" were changed to "Measure Set." Revision being made to create terminology consistency within the CAC measure set.	Children's Asthma Care (CAC) Initial Patient Population **Change** "Topic" to "Measure Set" in first sentence of the 2nd paragraph immediately before the table. **Change** "topic" to "Initial Patient" in second sentence of the 2nd paragraph immediately before the table. Children's Asthma Care (CAC) Initial Patient Population Algorithm **Change** "Topic" to "Initial Patient Population" below the decision box of "Length of Stay" so that it states: "Patient is in the CAC Initial Patient Population" **Change** "Topic" to "Initial Patient Population" right next to the decision box of "Length of Stay" > 120 days so that it states: "Patient not in the CAC Initial Patient Population"	CAC-3 CAC-4

Section	Impacts	Rationale	Description of Changes	Page
Measurement Information	CAC Data Element List Measures: All CAC measures	An arrow with condition statement is needed between the decision box named "Patient Age" and the calculation box named "Length of Stay (in days) = …"	Children's Asthma Care (CAC) Initial Patient Population Algorithm **Add** an arrow with condition statement says ">=2 years and <18 years" between decision box named "Patient Age" and the calculation box named "Length of Stay (in days) = *Discharge Date* minus *Admission Date*".	CAC-4
Measurement Information	Measure Information Form (MIF) Measures: CAC	Move programming related notes into the algorithm logic.	Initial Patient Population Algorithm **Remove** the 'Note' to the left of the Patient Age calculation box. **Add** text "Use the month and day portion of admission date and birthdate to yield the most accurate age", below the age calculation inside the Process Box that calculates Patient Age.	CAC-4
Venous Thromboembolism (VTE) – Measure Information				
Measurement Information	Measurement Information Form (MIF) Measures: VTE-1 VTE-2	Addition of new VTE Prophylaxis	Algorithm **Change** text in the branch going down from *VTE Prophylaxis* decision point **from** "Any= 1,2,3,5,6,7 And NOT=A" **to** ""Any =1,2,3,5,6,7,8 And NOT = A". **Change** text in the branch going down from *ICU VTE Prophylaxis* decision point **from** "Any = 1,2,3,5,6,7 And NOT = A" **to** "Any = 1,2,3,5,6,7,8 And NOT = A".	VTE-1-5 VTE-2-5
Measurement Information	Measurement Information Form (MIF) Measures: VTE-3	To clarify the condition criteria	Algorithm **Change** text in the branch which is underneath of "*Overlap Therapy*" from "<4 days" to ">= 0 days And < 4 days"	VTE-3-5
Measurement Information	Measure Information Form (MIF)	Move programming related notes into the algorithm logic.	Initial Patient Population Algorithm **Remove** the 'Note' to the left of the Patient Age calculation box.	VTE-5

Section	Impacts	Rationale	Description of Changes	Page
	Measures: VTE		**Add** text "Use the month and day portion of admission date and birthdate to yield the most accurate age", below the age calculation inside the Process Box that calculates Patient Age.	
Stroke (STK) – Measure Information				
Measurement Information	Measurement Information Form (MIF) Measures: STK-1	Addition of new VTE Prophylaxis option for Elective Total Hip or Knee Replacements or Hip Fracture Surgeries	Algorithm **Change** text in the branch to the right of *VTE Prophylaxis* decision point from " Any =4 or A and None = 1,2,3,5,6,7" to "Any=4 or A and None=1,2,3,5,6,7,8". **Change** text in the text in the arrow going down from *VTE Prophylaxis* decision point from "Any 1,2,3,5,6,7 and None=A" to "Any=1,2,3,5,6,7, 8 and None=A,4"	STK-1-5
Measurement Information	Measure Information Form (MIF) Measures: STK	Move programming related notes into the algorithm logic.	Initial Patient Population Algorithm **Remove** the 'Note' to the left of the Patient Age calculation box. **Add** text "Use the month and day portion of admission date and birthdate to yield the most accurate age", below the age calculation inside the Process Box that calculates Patient Age.	STK-5
Missing and Invalid Data				
Missing and Invalid Data	Missing and Invalid Data	To be consistent with the changes made to the data element VTE Prophylaxis.	Missing and Invalid Episode of Care (EOC) Data **Change** in the 5th sub-bullet of the 4th bullet the allowable values for VTE Prophylaxis from "1 – 7" to "1 – 8".	3-3
Population and Sampling Specifications				
Population and Sampling Specifications	Population and Sampling Specifications Measures: PR-1 PR-2	Retire PR set	Introduction - Population **Change** "sub-population (e.g., Pregnancy)" to "sub-population (e.g., VTE)" in 1st sentence of 2nd paragraph**.** Introduction - Sampling **Remove "**Pregnancy (PR)" from 1st sentence of 4th paragraph.	4-1 4-2 4-4

Section	Impacts	Rationale	Description of Changes	Page
	PR-3		**Change:** 'For measure sets that can be derived entirely from administrative data (such as the PR set), it may be simpler to submit all cases. Similarly, if sampling offers minimal benefit (i.e., a hospital has 80 cases for the quarter and must select a sample of 76 cases) the hospital may choose to use all cases' To 'If sampling offers minimal benefit (i.e., a hospital has 80 cases for the quarter and must select a sample of 76 cases) the hospital may choose to use all cases.' Sample Size Requirements **Change** 'PR' to ' VTE' in 1st sentence of 3rd paragraph.	
Data Transmission				
Data Transmission	Data Transmission Measures: PR-1 PR-2 PR-3	Retire PR set	Information The Joint Commission Provides to ORYX Vendors **Remove** 'PR1, PR2, and PR3' from the 1st sentence under Risk Adjustment. CMS and Joint Commission Guidelines for Submission of Hospital Clinical Data **Remove** Bullets g through m from Allowable Measure Set Combinations per Patient Episode of Care. CMS and Joint Commission Guidelines for Submission of Hospital Initial Patient Population Data **Remove** PR from Population Details	9-5 9-8 9-18
Data Transmission	Data Transmission	To be consistent with the changes made to the data element VTE Prophylaxis.	CMS and Joint Commission Guidelines for Submission of Hospital Clinical Data – Missing Data Policy **Change** in the 2nd bullet of the 3rd paragraph the allowable values for VTE Prophylaxis from "1 – 7" to "1 – 8".	9-10

Section	Impacts	Rationale	Description of Changes	Page
Transmission Alphabetical Data Dictionary				
Health Care Organization Identifier (hcoid)				
NHQM Data Transmission	Transmission Alphabetical Data Dictionary	Current definition is for data element *HCO Site ID,* which is used to identify which building(s) surveyor is supposed to be going. The correct definition should be for *HCO ID*, which is the identifier used to define the entity that TJC accredits. Data is sent to TJC at the organization level and not at the site level	Definition **Change:** A unique identification number for the building, or set of adjacent buildings, where a hospital performs business and from which the patient is discharged or received a substantial amount of services. To A unique number, assigned by the Joint Commission, to identify the health care organization that is accredited by the Joint Commission. This number is used to identify and group a health care organization's HCO-Level performance measure data	9-21
Initial Patient Population Size – Medicare Only				
Data Transmission	Transmission Alphabetical Data Dictionary	Retire PR set	Format - Occurs **Remove** 2nd bullet under Stratified Measure Sets: The PR measure set has two occurrences, one for each sub population (mothers and neonates).	9-22
Initial Patient Population Size – Non-Medicare Only				
Data Transmission	Transmission Alphabetical Data Dictionary	Retire PR set	Format - Occurs **Remove** 2nd bullet under Stratified Measure Sets: The PR measure set has two occurrences, one for each sub population (mothers and neonates).	9-24
National Provider Identifier (NPI)				
NHQM Data Transmission	Transmission Alphabetical Data Dictionary	When the data element *CMS Certification Number* replaced *Provider ID* this was never updated to reflect	Definition **Change** in the last sentence**:** Medicare provider number To CMS Certification Number (CCN)	9-27

Section	Impacts	Rationale	Description of Changes	Page
		that.		
Predicated Value				
Data Transmission	Transmission Alphabetical Data Dictionary	Retire PR Set	Transmission Alphabetical Data Dictionary List **Remove** All PR Measures from the Collected For Collected For **Remove** PR 1, PR 2, PR 3	9-19 9-28
Sample Size – Medicare Only				
Data Transmission	Transmission Alphabetical Data Dictionary	Retire PR set	Format - Occurs **Remove** 2nd bullet under Stratified Measure Sets: The PR measure set has two occurrences, one for each sub population (mothers and neonates).	9-30
Sample Size – Non-Medicare Only				
Data Transmission	Transmission Alphabetical Data Dictionary	Retire PR set	Format - Occurs **Remove** 2nd bullet under Stratified Measure Sets: The PR measure set has two occurrences, one for each sub population (mothers and neonates).	9-32
Sampling Frequency				
Data Transmission	Transmission Alphabetical Data Dictionary	Retire PR set	Format - Occurs **Remove** 2nd bullet under Stratified Measure Sets: The PR measure set has two occurrences, one for each sub population (mothers and neonates).	9-34
Transmission Data Processing Flow: Clinical				
Data Transmission	Transmission Data Processing Flow: Clinical Measures: PR-1 PR-2 PR-3	Retire PR set	Transmission Data Processing Flow **Remove** PR from Step #14. Transmission Data Processing Flow: Clinical Algorithm **Remove** PR from both branches of the *Measure Set* decision point.	9-40 9-44
Hospital Clinical Data XML File Layout				
Data Transmission	Hospital Clinical Data XML File Layout	A “header” is not required for submission of the XML file.	Elements **Change** the first statement from “A header is required at the beginning of each XML file as follows:”	1

Section	Impacts	Rationale	Description of Changes	Page
			To "A header is OPTIONAL at the beginning of each XML file as follows:"	
<provider- id>				
Data Transmission	Hospital Clinical Data XML File Layout	To be consistent with the description in the data element.	Elements **Change** Description to "Hospital's six digit acute care CMS Certification Number (CCN)"	2
<hcoid>				
Data Transmission	Hospital Clinical Data XML File Layout	To be consistent with the description in the data element.	Elements **Change** Description to "Used to identify the healthcare organization that is accredited by The Joint Commission"	3
<sex>				
Data Transmission	Hospital Clinical Data XML File Layout	To be consistent with the description in the data element.	Elements **Change** Description to "The patient's documented sex on arrival at the hospital"	3
<episode-of-care>				
Data Transmission	Hospital Clinical Data XML File Layout	To be consistent with the description in the data element and the current functioning of the data warehouse.	Elements **Change** Description to "Indicates which measure set is being transmitted for a hospital." **Change** Field Size to "10".	5
<admit-date>				
Data Transmission	Hospital Clinical Data XML File Layout	To be consistent with the description in the data element.	Elements **Change** Description to "The month, day, and year of admission to acute inpatient care."	5
<hospital-patient-id>				
Data Transmission	Hospital Clinical Data XML File Layout	To align with the functionality of the QIO Clinical Warehouse. The warehouse currently allows spaces, hyphens and dashes.	Elements **Change** Valid Values to "Up to 40 letters, numbers, and/or characters. NOTE: The only characters that will be allowed are spaces, hyphens, dashes and under-scores."	6
<measure-category>				
Data	Hospital Clinical	To be consistent with	Elements	8

Section	Impacts	Rationale	Description of Changes	Page
Transmission	Data XML File Layout	the terminology used by The Joint Commission.	**Change** "performance measurement system's" to "ORYX Vendor's" in the Description.	
<measure-value>				
Data Transmission	Hospital Clinical Data XML File Layout	To be consistent with the terminology used by The Joint Commission.	Elements **Change** "performance measurement system's" to "ORYX Vendor's" in the Description. **Remove** the word "numeric" in the Valid Values.	9
Admission Type				
Data Transmission	Hospital Clinical Data XML File Layout	Retirement of the Pregnancy Measure Set.	Hospital Clinical Data – Detail Elements Information **Remove:** Admission Type Retired or Deleted Data Elements Effective 04/01/2010 Discharges **Add:** Admission Type	10
Another Suspected Source of Infection				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element.	Hospital Clinical Data – Detail Elements Information **Change** data element name to "Another Source of Infection". **Change** Suggested Data Collection Question to "Was there another suspected source of bacterial infection in addition to pneumonia within 24 hours of arrival?" **Add** to Programming Notes "CMS Only: PN-6" and "The Joint Commission Only: PN-6a, PN-6b"	11
Antibiotic Administration Date				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	19
Antibiotic Administration Route				
Data	Hospital Clinical	For consistency in	Hospital Clinical Data – Detail Elements Information	31

Section	Impacts	Rationale	Description of Changes	Page
Transmission	Data XML File Layout	identifying which measures are collected for CMS only and The Joint Commission only.	**Add** under Programming Notes under The Joint Commission Only "PN-6a, PN-6b" and "CMS Only: PN-6"	
Antibiotic Administration Time				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	33
Antibiotic Allergy				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-6a, PN-6b" and "CMS Only: PN-6"	11
Antibiotic Name				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-6a, PN-6b" and "CMS Only: PN-6"	26
Antibiotic Received				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	11
Arrival Date				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	12
Arrival Time				

Section	Impacts	Rationale	Description of Changes	Page
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	12
Beta-Blocker Current Medication				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element.	Hospital Clinical Data – Detail Elements Information **Change** Suggested Data Collection Question to "Is there documentation that the patient was on a daily beta-blocker therapy prior to arrival?"	13
Birth Weight				
Data Transmission	Hospital Clinical Data XML File Layout	Retirement of the Pregnancy Measure Set.	Hospital Clinical Data – Detail Elements Information **Remove:** Birth Weight Retired or Deleted Data Elements Effective 04/01/2010 Discharges **Add:** Birth Weight	13
Blood Culture Collected				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element.	Hospital Clinical Data – Detail Elements Information **Change** the Suggested Data Collection Question to "Did the patient have blood cultures collected the day prior to arrival, the day of arrival or within 24 hours after hospital arrival? **Change** Answer Value 2 to "Initial documentation of the blood culture collected during this hospitalization but after admission order for ED patients (or within 24 hours after arrival for Direct Admits). **Change** Answer Value 3 to "Documentation that the patient had a blood culture collected the day prior to arrival or the day of arrival up until the time of presentation to the hospital." **Change** Answer Value 4 to "The patient did not have a blood culture collected the day prior to arrival, the day of arrival or	14

Section	Impacts	Rationale	Description of Changes	Page
			within 24 hours after arrival or unable to determine from medical record documentation."	
Catheter Removed				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element.	Hospital Clinical Data – Detail Elements Information **Change** Suggested Data Collection Question to "Is there documentation that the urinary catheter was removed on POD 0 through POD 2 with the *Anesthesia End Date* being POD 0? **Change** Answer Value 1 to "There is documentation that the urinary catheter was removed on POD 0 through POD 2." **Change** Answer Value 2 to "There is no documentation that the urinary catheter was removed on POD 0 through POD 2." **Change** Answer Value 3 to "Unable to Determine (UTD) from medical record documentation whether the urinary catheter was removed on POD 0 through POD 2."	14
Chest X-Ray				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element.	Hospital Clinical Data – Detail Elements Information **Change** Suggested Data Collection Question to "Did the patient have a chest x-ray/CT scan the day prior to hospital arrival through acute inpatient discharge?" **Change** Answer Value 1 to "There is documentation the patient had an abnormal chest x-ray/CT scan the day of or the day prior to arrival through acute inpatient dischrge." **Change** Answer Value 2 to "There is documentation the patient had a normal or chronic chest x-ray/CT scan the day of or the day prior to arrival through acute inpatient discharge." **Change** Answer Value 3 to "The patient did not have a chest x-ray/CT scan the day prior to arrival through acute inpatient discharge or Unable to Determine (UTD) from the medical	16

Section	Impacts	Rationale	Description of Changes	Page
			record documentation if the patient had a chest x-ray/CT scan." **Add** under Programming Notes "CMS Only: PN-6" and "The Joint Commission Only: PN-5, PN-6a, PN-6b."	
Clinical Trial				
Data Transmission	Hospital Clinical Data XML File Layout	Retirement of the Pregnancy Measure Set	Hospital Clinical Data – Detail Elements Information **Remove** references to "PR" from the Suggested Data Collection Question, Applicable Measures, and Programming Notes.	14
Comfort Measures Only				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	15
Compromised				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-6a, PN-6b" and "CMS Only: PN-6"	15
Date of Infection				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes made to the Measure Information Forms and algorithms	Hospital Clinical Data – Detail Elements Information **Remove:** Date of Infection Retired or Deleted Data Elements Effective 04/01/2010 Discharges **Add:** Date of Infection	19
Diagnostic Uncertainty				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes "The Joint Commission Only: PN-5"	16

Section	Impacts	Rationale	Description of Changes	Page
Discharge Status				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element and the retirement of the Pregnancy Measure Set.	Hospital Clinical Data – Detail Elements Information **Change** under Applicable Measure(s) "All PN Measures" to "PN-2, PN-3a, PN-3b, PN-4, PN-5, PN-5c, PN-7" **Remove** from Applicable Measure(s) and Programming Notes under The Joint Commission Only "PR-2". **Add** under Programming Notes under The Joint Commission Only "PN-5".	17
ICU Admission or Transfer				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-6a, PN-6b" and "CMS Only: PN-6"	22
ICU VTE Prophylaxis				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element within the manual.	Hospital Clinical Data – Detail Elements Information **Change** Occurs to "1 – 8" **Add** Answer Code "8" and Answer Value "Oral Factor Xa Inhibitor"	22
Identified Pathogen				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes made to the Measure Information Forms and algorithms	Hospital Clinical Data – Detail Elements Information **Remove:** Identified Pathogen Retired or Deleted Data Elements Effective 04/01/2010 Discharges **Add:** Identified Pathogen	23
Joint Revision				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes made to the Measure Information Forms and algorithms	Hospital Clinical Data – Detail Elements Information **Remove:** Joint Revision Retired or Deleted Data Elements Effective 04/01/2010	25

Section	Impacts	Rationale	Description of Changes	Page
			Discharges **Add:** Joint Revision	
PN Diagnosis: ED/Direct Admit				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	28
Point of Origin for Admission or Visit				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	10
Postoperative Infections				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes made to the Measure Information Forms and algorithms	Hospital Clinical Data – Detail Elements Information **Remove:** Postoperative Infections Retired or Deleted Data Elements Effective 04/01/2010 Discharges **Add:** Postoperative Infections	28
Preoperative Hair Removal				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element within the manual.	Hospital Clinical Data – Detail Elements Information **Change** Occurs to "1 – 6" **Add** Answer Code "8" and Answer Value "Hair removal with a razor from the scrotal area *OR* from the scalp after a current traumatic head injury"	29
Pseudomonas Risk				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-6a, PN-6b" and "CMS Only: PN-6"	30
Reasons to Extend Antibiotics				

Section	Impacts	Rationale	Description of Changes	Page
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element within the manual.	Hospital Clinical Data – Detail Elements Information **Add** data element Reasons to Extend Antibiotics	N/A
Risk Factors for Drug-resistant Pneumococcus				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes "The Joint Commission Only: PN-6b" and "CMS Only: PN-6"	17
Transfer From Another ED				
Data Transmission	Hospital Clinical Data XML File Layout	For consistency in identifying which measures are collected for CMS only and The Joint Commission only.	Hospital Clinical Data – Detail Elements Information **Add** under Programming Notes under The Joint Commission Only "PN-5, PN-6a, PN-6b" and "CMS Only: PN-6"	33
Urinary Catheter				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element within the manual.	Hospital Clinical Data – Detail Elements Information **Change** Answer Value 3 from "There is documentation that the patient had an indwelling (urethral or suprapubic) catheter prior to admission or prior to surgery" To "There is documentation that the patient had an indwelling catheter prior to surgery."	24
VTE Prophylaxis				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element within the manual.	Hospital Clinical Data – Detail Elements Information **Change** Occurs to "1 – 8" **Add** Answer Code "8" and Answer Value "Oral Factor Xa Inhibitor"	35
VTE Timely				
Data Transmission	Hospital Clinical Data XML File Layout	To align with changes to the data element within the manual.	Hospital Clinical Data – Detail Elements Information **Change** Occurs to "1 – 8"	36
Hospital Initial Patient Population Data XML File Layout				
Data	Hospital Initial	A "header" is not	Elements	1

Section	Impacts	Rationale	Description of Changes	Page
Transmission	Patient Population Data XML File Layout	required for submission of the XML file.	**Change** the first statement from "A header is required at the beginning of each XML file as follows:" To "A header is OPTIONAL at the beginning of each XML file as follows:"	
<provider- id>				
Data Transmission	Hospital Initial Patient Population Data XML File Layout	To be consistent with the description in the data element.	Elements **Change** Description to "Hospital's six digit acute care CMS Certification Number (CCN)"	2
<hcoid>				
Data Transmission	Hospital Initial Patient Population Data XML File Layout	To be consistent with the description in the data element.	Elements **Change** Description to "Used to identify the healthcare organization that is accredited by The Joint Commission"	3
<measure-set>				
Data Transmission	Hospital Initial Patient Population Data XML File Layout	Retirement of Pregnancy Measure Set and to align with the data element definition.	Elements **Change** Description to "Indicates which measure set(s) is being transmitted from a hospital" **Remove** PR from the Valid Values	3
<stratum>				
Data Transmission	Hospital Initial Patient Population Data XML File Layout	Retirement of Pregnancy Measure Set.	Elements **Remove** all references to PR.	4
Agency for Healthcare Research and Quality (AHRQ) Measures				
Measurement Information	Measure Information Form (MIF) Measures: AHRQ Measures	To include the outcome measures that are reported on Hospital Compare	**Add:** New document for the new Measures for the Agency for Healthcare Research and Quality (AHRQ) Measures	N/A
Appendices				
Appendix A		Retire PR set	Appendix A	A-1

Section	Impacts	Rationale	Description of Changes	Page
	Measures: All PR Tables		**Change** the table titles from the respective table name to RETIRED **Remove** the Tables, 4.01 through 4.6 and 4.8 through 4.13. Table 4.01 Complication Mainly Related to Pregnancy Table 4.02 Normal Delivery and Other Indications for Care Table 4.03 Complication Mainly in the Course of Labor and Delivery Table 4.04 Complication of the Puerperium Table 4.05 Laceration Table 4.06 Abortion Table 4.08 Outcome of Delivery Table 4.09 Birth Weight Less Than 500 Grams Table 4.10 Birth Weight 500-749 Grams Table 4.10.1 Birth Weight 750-999 Grams Table 4.11 Birth Weight 1000-1499 Grams Table 4.12 Birth Weight 1500-1999 Grams Table 4.13 Birth Weight 2000-2499 Grams (Note: Table 4.07 Cesarean Section will remain)	A-6 through A-28
Appendix A	Table 3.2 Septicemia	Update CMS ICD-9-CM coding changes.	Table 3.2 Septicemia **Change** the ICD-9-CM Shortened Description Codes to: 038.12 MRSA SEPTICEMIA	A-5
Appendix A	Table 5.10 Major Surgery	Code 37.31 Pericardiectomy does not belong in the measure; Only open heart surgeries are included.	Table 5.10 Major Surgery **Remove:** Code 37.31 Pericardiectomy/PERICARDIECTOMY	A-45
Appendix A	Table 5.11 Cardiac Surgery	Code 37.31 Pericardiectomy does not belong in the measure; Only open heart surgeries are included.	Table 5.11 Cardiac Surgery **Remove:** Code 37.31 Pericardiectomy/PERICARDIECTOMY	A-54
Appendix A	Table 5.16,	This code was	Table 5.16, Urological/Perineal Codes	A-68

Section	Impacts	Rationale	Description of Changes	Page
	Urological/Perineal Codes	inadvertently omitted from the word version of Table 5.16 in Version 3.6b. The excel document is correct.	**Add:** Code 48.26 Biopsy of perirectal tissue/PERIRECTAL TISSUE BIOPSY in the word version only.	
Appendix A	Table 5.25 Other Major Surgery for Sampling	Code 37.31 Pericardiectomy does not belong in the measure; Only open heart surgeries are included.	Table 5.25 Other Major Surgery for Sampling **Remove:** Code 37.31 Pericardiectomy/PERICARDIECTOMY	A-85
Appendix A	Table 5.25 Other Major Surgery for Sampling	This code was incorrect in the word version of Table 5.25 in Version 3.6b. The excel document is correct.	Table 5.25 Other Major Surgery for Sampling **Change:** Code 0.84 to 00.84 in the word version only	A-85
Appendix A	Table 7.02 Obstetrics	The ICD-9-CM Code Description and the Shortened Description code was incorrect.	Table 7.02 Obstetrics **Change** the ICD-9-CM Shortened Description Code to: 642.72 TOX W OLD HYP-DEL W P/P **Change** the ICD-9-CM Code Description and Shortened Description Codes to: 673.33 Obstetrical pyemic and septic embolism, antepartum condition or complication; OB PYEMIC EMBOL-ANTEPART	A-109
Appendix A	Table 7.02 Obstetrics	The ICD-9-CM Code is not a valid code.	Table 7.02 Obstetrics **Remove:** Code 670.03 Major puerperal infection, antepartum condition or complication/MAJOR PUERP-ANTEPAR	A-109
Appendix C	Table 2.2 Immunosuppressive Medications	Immunosuppressants that need to be added to the Immunosuppressant table. The table that includes Clindamycin is no longer needed.	Table 2.2 Immunosuppressive Medications **Add:** SU11248 Sunitinib Sutent	C-19
Appendix C	Table 2.12	Immunosuppressants	Table 2.12 Clindamycin	C-37

Section	Impacts	Rationale	Description of Changes	Page
	Clindamycin	that need to be added to the Immunosuppressant table. The table that includes Clindamycin is no longer needed.	**Retire** table	
Appendix C	Table 3.13 Diuretics	This medication was incorrect in the excel version of Table 3.13 in Version 3.6b. The word document is correct.	Table 3.13 Diuretics **Change:** Chlorathalidone to Chlorthalidone in the excel version only.	C-50
Appendix C	Table 4.0 Allergy Table	This medication was inadvertently omitted from the word version of Table 4.0 in Version 3.6b. The excel document is correct.	Table 4.0 Allergy Table **Add:** Permapen in the word version only.	C-47
Appendix D		Some measures are being labeled as Informational Only. It is necessary to clarify whether there are requirements and/or capability for data submission.	Glossary of Terms **Add** term and definition- CMS Informational Measures **Add** term and definition- CMS Test Measures	N/A
Appendix D		To provide clarification as to where in the manual the definition for Process Measure and Outcome Measure can be found.	Glossary of Terms **Change** last sentence of **Performance Measure** from: "See the *process measure* and the *outcome measure*." To: "Refer to the *process measure* and the *outcome measure* in Appendix E."	D-8
Appendix D		Retire PR set	Glossary of Terms **Remove** terms: fourth degree perineal laceration; neonatal mortality; third degree perineal laceration; vaginal birth after cesarean section (VBAC).	D-5 D-7 D-9 D-11

Section	Impacts	Rationale	Description of Changes	Page
			Change: **Sub-Population** A population that is part of a larger population. For example, the measure set Pregnancy and Related Conditions evaluates the obstetrical population in the hospital. This measure set is broken into two distinct sub-populations, mothers (PR-1 and PR-3) and neonates (PR-2). To **Sub-Population** A population that is part of a larger population. For example, the measure set VTE evaluates all patients in the hospital. This measure set is broken into three distinct sub-populations, No VTE (VTE-1 and VTE-2), Principal VTE (VTE-3, VTE-4, and VTE-5) and Other VTE Only (VTE-3, VTE-4, VTE-5, and VTE-6) **Change**: **Proportion Measure** A measure which shows the number of occurrences over the entire group within which the occurrence should take place (e.g., patients delivered by cesarean section over all deliveries). To: **Proportion Measure** A measure which shows the number of occurrences over the entire group within which the occurrence should take place (e.g., AMI patients who received aspirin within 24 hours before or after hospital arrival over All AMI patients). **Change**: **Rate-based (Measure)** An aggregate data measure in which the value of each measurement is expressed as a proportion or as a ratio. In a proportion, the numerator is expressed as a subset of the denominator (for example, patients with cesarean section, divided by all patients who deliver). To: **Rate-based (Measure)** An aggregate data measure in which the value of each measurement is expressed as a proportion	D-12

Section	Impacts	Rationale	Description of Changes	Page
			or as a ratio. In a proportion, the numerator is expressed as a subset of the denominator (for example, AMI patients who received aspirin within 24 hours before or after hospital arrival over all AMI patients). **Change**: **National Hospital Inpatient Quality Measure Set** A unique grouping of performance measures carefully selected to provide, when viewed together, a robust picture of the care provided in a given area (e.g., cardiovascular care, pregnancy). To: **National Hospital Inpatient Quality Measure Set** A unique grouping of performance measures carefully selected to provide, when viewed together, a robust picture of the care provided in a given area (e.g., cardiovascular care).	
Appendix E		Retire PR set	Data Reported As **Change** the 1st bullet: Aggregate rate generated from count data reported as a ***proportion*** (for example, rate-based measures which report summary data generated from the number of Cesarean sections as a proportion of deliveries). To Aggregate rate generated from count data reported as a ***proportion*** (for example, rate-based measures which report summary data generated from the number of AMI patients who received aspirin within 24 hours before or after hospital arrival over all AMI patients).	E-3
Appendix F		Date changed to match the date that the IPPS Final Rule was published.	Inpatient Measure Name Crosswalk **Change** the name of the 3rd column: "**Measure Name in Federal Register released July 31, 2009 for FY 2011 payment determination"** To: "**Measure Name in Federal Register published August 27, 2009 for FY2011 payment determination"**	F-1

Section	Impacts	Rationale	Description of Changes	Page
			Change the date in the 2nd column "10/01/2009" to "04/01/2010"	
Appendix G		Retire PR set	Resources **Remove** PR , Pregnancy, Pregnancy and Related Conditions each place it occurs	G-2
Appendix H	Table 2.6 Qualifiers and Modifiers Table	Allow "may be" to be considered a negative qualifier. Current negative qualifier list is "all-inclusive".	Qualifiers **Add**: Maybe	H-7
Appendix H	Table 2.1 VTE Prophylaxis Inclusion Table	Addition of Rivaroxaban new Oral FDA approved drug for VTE prophylaxis	Table 2.1 VTE Prophylaxis Inclusion Table **Add** a column titled: Oral Factor Xa Inhibitors **Add:** under Oral Factor Xa Inhibitor Synonyms/Inclusions: Rivaroxaban (Oral) **Add:** under Intermittent Pneumatic Compression Device (IPC) Synonyms/Inclusions: Continuous Enhanced Circulation Therapy (CECT)	H-2
Appendix H	Table 2.7 Allowable Measure Set Combinations	Retire PR set	Table 2.7 Allowable Measure Set Combinations **Remove** entire PR row and entire PR column in the table.	H-8