

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

## Guidelines for Using Release Notes

Release Notes 2.1 provide modifications to the *Specifications Manual for National Hospital Quality Measures*. 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 column headings are described below:

- **Manual Section** - this is used to identify which section(s) listed in the Table of Contents contain the change listed. The sections are Data Dictionary, Measure Information, Missing and Invalid Data, Sampling Methods, etc.
- **Impacts** - this is used to identify which portion(s) of the Manual Section is impacted by the change listed. Examples are Alphabetical Data Element List, Data Element Pages, (Topic) Data Element List, Measure Information Form (MIF) and Flowchart (Algorithm). The measures that the data element is collected for are identified.
- **Description of Changes** – this is used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Value, Denominator Data Elements.
- **Page**- the page numbers are from the 2.0a version of the manual
- **Implementation Date**- Date when change is to be implemented

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 *Antibiotic Allergy*, which is collected for SCIP-Inf-2, PN-6, PN-6a, PN-6b.

### Example

Surgical Care Improvement Project			
<i>Antibiotic Allergy</i>			
Manual Section	Impacts	Description of Changes	Page
Data Dictionary	Data Element Pages  Measures: SCIP-Inf-2 PN-6 PN-6a PN-6b	<u>Notes for Abstraction</u> <b>Change</b> to read: If the patient was noted to be allergic to "cillins," "penicillin," or "all cillins," Select "Yes."	1-42

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Table of Contents				
Table of Contents	Table of Contents	<b>Add</b> to Section 2.4: <ul style="list-style-type: none"> <li>• SCIP Cardiac Module SCIP-Card-2</li> <li>• SCIP VTE Module SCIP-VTE-1 SCIP-VTE-2</li> </ul> <b>Remove</b> “Sampling Strata” from Appendix A	None	10-01-2006 Discharges
Table of Contents	Table of Contents	<b>Replace</b> the wording in the following sections with “This section has been moved to the <i>ORYX Risk Adjustment Guide</i> . This guide is available to the public on the Joint Commission’s	None	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		website and, in addition, it is available to performance measurement systems via the Joint Commission’s extranet site for measurement systems (PET)”: <ul style="list-style-type: none"> <li>• Section 6 – Risk Adjustment</li> <li>• Appendix B – Risk Factors Definitions</li> </ul>		
<b>Using the Manual</b>				
Using the Manual	Using the Manual	<b>Replace</b> the wording in the following sections with “This section has been moved to the <i>ORYX Risk Adjustment Guide</i> . This guide is available to the public on the Joint Commission’s website and, in addition, it is available to performance measurement systems via the Joint Commission’s extranet site for measurement systems (PET)”: <ul style="list-style-type: none"> <li>• Section 6 – Risk Adjustment</li> <li>• Appendix B – Risk Factors Definitions</li> </ul>	ix x	10-01-2006 Discharges
<b>Data Dictionary - Demographic</b>				
<b>Discharge Date</b>				
Measure Information	PN Data Element List	<u>Collected For</u> <b>Add</b> “Used in Algorithm for PN-7”	PN-2	10-01-2006 Discharges
	SCIP Data Element List	<b>Add</b> “Used in Algorithm for SCIP-Inf-4”	SCIP-3	
<b>Health Care Organization Identifier</b>				
Data Dictionary  Measure Information	Alphabetical Data Element List	<u>Collected For</u> <b>Change</b> to “All Records (Used in Data Transmission)”	1-2	10-01-2006 Discharges
	Data Element Pages	<b>Change</b> to “All Records (Used in Data Transmission)”	1-146	
	PN Data Element List	<b>Change</b> to “All Records (Used in Data Transmission)”	PN-2	
	PR Data Element List	<b>Change</b> to “All Records (Used in Data Transmission)”	PR-2	
	SCIP Data Element List	<b>Change</b> to “All Records (Used in Data Transmission)”	SCIP-3	
<b>Hispanic Ethnicity</b>				
Measure Information	PR Data Element List	<b>Add</b> data element	PR-2	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<b><i>ICD Population Size</i></b>				
Data Dictionary	Alphabetical Data Element List	<u>Collected For</u> <b>Add</b> “and Verification”	1-3	10-01-2006 Discharges
	Data Element Pages	<u>Collected For</u> <b>Add</b> “and Verification”	1-150	
Measure Information	AMI Data Element List	<b>Add</b> data element	AMI-2	
	HF Data Element List	<b>Add</b> data element	HF-2	
	PN Data Element List	<b>Add</b> data element	PN-2	
	PR Data Element List	<b>Add</b> data element	PR-2	
	SCIP Data Element List	<b>Add</b> data element	SCIP-3	
<b><i>ICD-9-CM Principal Procedure Code</i></b>				
Measure Information	SCIP Data Element List	<u>Collected For</u> <b>Add</b> “(Used in algorithm for all SCIP measures)”	SCIP-3	10-01-2006 Discharges
<b><i>National Provider Identifier (NPI)</i></b>				
Data Dictionary	Alphabetical Data Element List	<b>Add</b> optional data element <i>National Provider Identifier (NPI)</i>	NA	10-01-2006 Discharges
	Data Element Pages			
Measure Information	AMI Data Element List			
	HF Data Element List			
	PN Data Element List			
	PR Data Element List			
	SCIP Data Element List			

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<b><i>Patient HIC#</i></b>				
Data Dictionary	Data Element Pages	<u>Format:</u> <b>Change</b> Length: from “9 – 12” to “7 – 12”	1-209	10-01-2006 Discharges
<b><i>Performance Measurement System (PMS) Identifier</i></b>				
Measure Information	AMI Data Element List	<b>Add</b> data element	AMI-2	10-01-2006 Discharges
	HF Data Element List	<b>Add</b> data element	HF-2	
	PN Data Element List	<b>Add</b> data element	PN-2	
	PR Data Element List	<b>Add</b> data element	PR-2	
	SCIP Data Element List	<b>Add</b> data element	SCIP-3	
<b><i>Sample</i></b>				
Data Dictionary	Data Element Pages	<u>Collected For</u> <b>Add</b> “(Used in Data Transmission)”	1-248	10-01-2006 Discharges
<b><i>UB-04 Changes</i></b>				
Data Dictionary	Data Element Pages	Form Locators for some data elements may change with the implementation of the UB-04. The change is scheduled for implementation with March 1, 2007 discharges. Data elements will be modified to reflect the changes when the UB-04 final manual is released and an addendum to the release notes will be provided.	NA	10-01-2006 Discharges
<b><i>Acute Myocardial Infarction</i></b>				
Measure Information	AMI Flowchart (Algorithm) AMI-8	For the last ‘Measurement Value’ diamond, the right branch label changes from ‘<0 minutes and > 1440’ to ‘<0 minutes or >1440 minutes’	AMI-8-6	01-01-2005 Discharges
<b><i>Heart Failure</i></b>				
<b><i>Discharge Instructions Address Activity</i></b> <b><i>Discharge Instructions Address Diet</i></b> <b><i>Discharge Instructions Address Follow-up</i></b> <b><i>Discharge Instructions Address Medications</i></b> <b><i>Discharge Instructions Address Symptoms Worsening</i></b> <b><i>Discharge Instructions Address Weight Monitoring</i></b>				
Data Dictionary	Data Element Pages  Measure:	<u>Notes for Abstraction</u> <b>Remove</b> bullet: <ul style="list-style-type: none"> <li>• When documentation indicates the patient was given a teaching sheet,</li> </ul>	1-110 thru 1-111  1-112 thru	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
	HF-1	<p>brochure or other instruction material (e.g., “Heart Failure Management booklet given to pt.”) and a copy of that literature is not provided in the medical record, that literature should be reviewed to determine what areas of instruction are included.</p> <p><b>Remove</b> bullet. Revised wording incorporated into new bullet:</p> <ul style="list-style-type: none"> <li>• When a teaching sheet, brochure, booklet, or other instruction material is present in the medical record, and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that the patient/caregiver was given a copy IF the patient's name or the medical record number appears on the material AND the hospital staff or patient/caregiver has signed the material.</li> </ul> <p><b>Remove</b> bullet. Revised wording incorporated into new bullet:</p> <ul style="list-style-type: none"> <li>• Electronically formatted media such as videos, CDs, and DVDs are acceptable for educational materials. Documentation must clearly convey that (1) instructions regarding [discharge instruction category, e.g., “activity”] are included in the material, and (2) the patient was given a copy to take home.</li> </ul> <p><b>Add</b> new bullet with sub-bullets:</p> <ul style="list-style-type: none"> <li>• Some hospitals use brochures, booklets, and teaching sheets to provide written instructions to the patient. Others use electronically formatted media such as videos, CDs, and DVDs, which are also acceptable educational materials. In these cases, the following guidelines apply: <ul style="list-style-type: none"> <li>o Documentation must clearly convey that [discharge instruction category, e.g.,</li> </ul> </li> </ul>	<p>1-113</p> <p>1-114 thru 1-115</p> <p>1-116 thru 1-119</p> <p>1-120 thru 1-121</p> <p>1-123 thru 1-124</p>	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p>“activity”] instructions are included in the material. Use <b>only the documentation provided in the medical record itself</b>. If literature is located outside of the medical record, it should not be reviewed and used in abstraction.</p> <ul style="list-style-type: none"> <li>o Documentation must clearly convey that the patient was given a copy of the material to take home. When a teaching sheet, brochure, or booklet is present in the medical record (in full or relevant sections), and there is no explicit documentation that a copy was given to the patient/caregiver, the inference should be made that it was given IF the patient's name or the medical record number appears on the material AND hospital staff or the patient/caregiver has signed the material.</li> <li>o Documentation of [discharge instruction category, e.g., “activity”] instructions in the educational material can take many forms. (Examples given.)</li> </ul>		
<b>Pneumonia</b>				
<i>Another Suspected Source of Infection</i>				
Data Dictionary	Alphabetical Data Element List	<b>Add</b> data element	NA	10-01-2006 Discharges
	Data Element Pages	<b>Add</b> data element		
Measure Information	PN Data Element List	<b>Add</b> data element		
	Measure Information Form (MIF)	<u>Denominator Statement, Excluded Populations</u> <b>Add:</b> “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”		
	Measures: PN-6 PN-6a PN-6b			



# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p>actual administration of the antibiotic (i.e. “administered” or “given”). The use of “hang time” or “infusion time” is acceptable ONLY on the ED record when other documentation cannot be found. The terms “action” and “scheduled” are not synonymous with administration and will not be accepted.”</p> <p><u>Suggested Data Sources</u> <b>Add</b> “Perfusion record”</p> <p><u>Guidelines for Abstraction</u> <b>Add</b> “Perfusion” to the Inclusions</p>	<p>1-37</p> <p>1-37 thru 1-38</p>	
<b><i>Antibiotic Administration Time</i></b>				
Data Dictionary	<p>Data Element Pages</p> <p>Measures: PN-3 PN-5 PN-5a PN-5b PN-6 PN-6a PN-6b SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3</p>	<p><u>Notes for Abstraction</u> <b>Add</b> the following:</p> <ul style="list-style-type: none"> <li>• “Collect only antibiotics administered via an appropriate route (SCIP-Inf: PO and IV; PN: PO, IV and IM) to answer this question.”</li> <li>• “In narrative documentation, only accept documentation that reflects the actual administration of the antibiotic (i.e. “administered” or “given”). The use of “hang time” or “infusion time” is acceptable ONLY on the ED record when other documentation cannot be found. The terms “action” and “scheduled” are not synonymous with administration and will not be accepted.”</li> <li>• “If collecting the time for an antibiotic administered via infusion (IV), the <i>Antibiotic Administration Time</i> refers to the time the antibiotic infusion was started.”</li> </ul> <p><u>Suggested Data Sources</u> <b>Add</b> “Perfusion record”</p>	<p>1-39 thru 1-41</p> <p>1-41</p>	<p>10-01-2006 Discharges</p>
<b><i>Antibiotic Allergy</i></b>				
Data Dictionary	<p>Data Element Pages</p> <p>Measures:</p>	<p><u>Notes for Abstraction</u></p> <ul style="list-style-type: none"> <li>• <b>Change</b> second bullet from “No” to “Yes”.</li> <li>• <b>Add</b> bullet: “If a physician</li> </ul>	<p>1-42</p>	<p>10-01-2006 Discharges</p>

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
	PN-6 PN-6a PN-6b SCIP-Inf-2	documents a specific reason not to give penicillin, beta lactams or cephalosporins, select, 'Yes'."  <u>Guidelines for Abstraction</u> <b>Remove</b> all Exclusions	1-43	
<i>Antibiotics During Stay</i>				
<i>Antibiotics Prior to Arrival</i>				
<i>Antibiotics Received</i>				
Data Dictionary	Alphabetical Data Element List	<u>Collected For</u> <b>Remove</b> the following: <ul style="list-style-type: none"> <li>• <i>Antibiotics During Stay</i></li> <li>• <i>Antibiotics Prior to Arrival</i></li> </ul>	1-1	10-01-2006 Discharges
	Data Element Pages	<b>Remove</b> the following data elements: <ul style="list-style-type: none"> <li>• <i>Antibiotics During Stay</i></li> <li>• <i>Antibiotics Prior to Arrival</i></li> </ul> <b>Note:</b> The functionality of these data elements has been integrated into the data element <i>Antibiotic Received</i> . Although the name is not new, this data element has changed so significantly, it should be reviewed closely.	1-47 thru 1-49 1-50 thru 1-51	
		<u>Guidelines for Abstraction</u> <b>Add</b> "Perfusion" to the Inclusions	1-52 thru 1-54  1-48	
Measure Information	PN Data Element List	<u>Collected For</u> <b>Remove</b> the following: <ul style="list-style-type: none"> <li>• <i>Antibiotics During Stay</i></li> <li>• <i>Antibiotics Prior to Arrival</i></li> </ul>	PN-2	
	Measure Information Form (MIF)	<u>Denominator Statement, Data Elements</u> <b>Remove</b> the data element <i>Antibiotics Prior to Arrival</i> from PN-5, PN-5ab.	PN-5-2 PN-5ab-3	
	Measures: PN-3b PN-5 PN-5a PN-5b PN-6 PN-6a PN-6b SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3			

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	PN Flowchart (Algorithm)	<b>Remove</b> the data element <i>Antibiotics Prior to Arrival</i> .	PN-5-7	10-01-2006 Discharges
	PN-5	<b>Exclude</b> cases where the value of <i>Antibiotic Received</i> is 1, 2 or 4.	PN-5ab-7	
	PN-5a PN-5b		PN-5ab-10	
<b><i>Blood Culture Collected After Arrival</i></b>				
Data Dictionary	Alphabetical Data Element List	<u>Collected For</u> <b>Remove</b> PN-3b from the data element <i>Blood Culture Collected After Arrival</i>	1-2	10-01-2006 Discharges
Measure Information	Data Element Pages	<u>Collected For</u> <b>Remove</b> PN-3b from the data element <i>Blood Culture Collected After Arrival</i>	1-70 thru 1-71	
	PN Data Element List	<u>Collected For</u> <b>Remove</b> PN-3b from the data element <i>Blood Culture Collected After Arrival</i>	PN-2	
	Measure Information Form (MIF)	<u>Denominator Statement, Data Elements</u> <b>Remove</b> from PN-3b	PN-3b-2	
	Measures: PN-3a PN-3b			
<b><i>Chest X-Ray</i></b>				
Data Dictionary	Data Element Pages	<u>Notes for Abstraction</u> <b>Add</b> the following note to provide direction on what to do if there is conflicting information between the radiologist and physician: “However, if there is conflicting information between the radiologist and the physician who saw the patient in the ED, the ED physician’s documentation takes precedence over the radiologist, as the ED physician actually saw the patient.”	1-74	10-01-2006 Discharges
	Measures: PN-1 PN-2 PN-3a PN-3b PN-4 PN-5 PN-5a PN-5b PN-6 PN-6a PN-6b PN-7			
<b><i>Clinical Trial</i></b>				
Data Dictionary	Data Element Pages	<u>Allowable Values</u> <b>Add</b> to the value “No” the phrase “or unable to determine from medical record documentation.”	1-76	10-01-2006 Discharges
	Measures: PN-5			





# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		specific as 48 hours are not required, two calendar dates will suffice (e.g., “Patient was in John Doe Regional Hospital August 11th and September 1st”). <ul style="list-style-type: none"> <li>• <b>Add</b> bullet: “If there is physician/nurse practitioner/physician assistant documentation that the patient has ‘healthcare associated pneumonia’, select ‘Yes’.”</li> </ul>		
<b><i>Pneumococcal Vaccine Status</i></b>				
<b>Data Dictionary</b>	Data Element Pages  Measure: PN-2	<u>Allowable Values</u> <b>Add</b> to the end of Allowable Value 4, the phrase, “OR received chemotherapy or radiation therapy during this hospitalization.”	1-210	10-01-2006 Discharges
<b><i>Pneumonia Working Diagnosis on Admission</i></b>				
<b><i>Pneumonia Diagnosis: ED/Direct Admit</i></b>				
Data Dictionary	Alphabetical Data Element List	<ul style="list-style-type: none"> <li>• <b>Remove</b> <i>Pneumonia Working Diagnosis on Admission</i>.</li> <li>• <b>Add</b> <i>Pneumonia Diagnosis: ED/Direct Admit</i>.</li> </ul>	1-4	10-01-2006 Discharges
	Data Element Pages	<ul style="list-style-type: none"> <li>• <b>Remove</b> data element, <i>Pneumonia Working Diagnosis on Admission</i>.</li> <li>• <b>Add</b> new data element, <i>Pneumonia Diagnosis: ED/Direct Admit</i>.</li> </ul>	1-212 thru 1-214	
Measure Information	PN Data Element List	<ul style="list-style-type: none"> <li>• <b>Remove</b> <i>Pneumonia Working Diagnosis on Admission</i>.</li> <li>• <b>Add</b> <i>Pneumonia Diagnosis: ED/Direct Admit</i>.</li> </ul>	PN-2	
	Measure Information Form (MIF)	<u>Denominator Statement, Excluded Populations</u> <b>Remove</b> the statement “Patients who had no working diagnosis of pneumonia at the time of admission.” from the PN-2, PN-4 and PN-7	PN-2-2 PN-4-2 PN-7-2	
	Measures: PN-1 PN-2 PN-3a PN-3b PN-4 PN-5 PN5a PN-5b PN-6 PN-6a	<u>Denominator Statement, Data Elements</u> <ul style="list-style-type: none"> <li>• <b>Add</b> data element, <i>Pneumonia Diagnosis: ED/Direct Admit</i> to PN-1, PN-3a, PN-3b, PN-5, PN-5a, PN-5b, PN-6, PN-6a, PN-6b</li> <li>• <b>Remove</b> data element <i>Pneumonia working Diagnosis on Admission</i> from all PN measures</li> </ul>	PN-1-2 PN-2-2 PN-3a-2 PN-3b-2 PN-4-2 PN-5-2 PN-5ab-3 PN-6, 6ab-3	





# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	PN Flowchart (Algorithm) PN-3b	<b>Exclude</b> from the measure population any cases with <i>Admission Source</i> other than 7 (Emergency Department).	PN-3b-5	10-01-2006 Discharges
		<b>Remove</b> data element <i>Blood Culture Collected After Arrival</i> from PN-3b algorithm as this information is obtained from data element Initial Blood Culture Collected in ED.	PN-3b-5	
		<b>Change</b> the sequence of evaluation of <i>Arrival Date</i> and <i>Arrival Time</i> so that these data elements immediately precede <i>Antibiotic Name</i> .	PN-3b-6	
Measure Information	Measure Information Form (MIF)  Measures: PN-6 PN-6a PN-6b	<p><u>Pneumonia Antibiotic Consensus Recommendations</u></p> <ul style="list-style-type: none"> <li>• ICU Patient <ul style="list-style-type: none"> <li>○ <b>Replace</b> table 2.9 with table 2.14</li> </ul> </li> <li>• Pseudomonal Risk <ul style="list-style-type: none"> <li>○ <b>Replace</b> table 2.9 with table 2.14</li> <li>○ <b>Add</b> “Table 2.9” to the end of both sentences contained in parenthesis</li> <li>○ <b>Remove</b> the asterisks after aminoglycoside along with the phrase it refers to “Aminoglycoside is optional”</li> <li>○ <b>Add</b> in the third set of antibiotics, “IV” prior to each antibiotic, “IV Aztreonam”, “IV antipneumococcal quinolone” and “IV aminoglycoside.”</li> <li>○ <b>Remove</b> from the same area the “minus” sign as the aminoglycoside is no longer optional</li> </ul> </li> </ul>	PN-6, 6ab-5	10-01-2006 Discharges
Measure Information	PN Flowchart (Algorithm) PN-6 PN-6a PN-6b	Table 2.14, Parenteral Quinolones is now used for ICU patients. Table 2.9, Quinolones is only applicable for Non-ICU because it contains an oral quinolone.	PN-6, 6ab-12 thru PN-6, 6ab-14 PN-6, 6ab-19 thru PN-6, 6ab-21	10-01-2006 Discharges
Measure Information	PN Flowchart (Algorithm) PN-6 PN-6a PN-6b	Extensive Revisions have been made to the structure of these algorithms. Variables are now used to store information about the specific antibiotic regimen received by each patient. Those variables are then used as the basis for	PN-6, 6ab-7 thru PN-6, 6ab-35	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		exclusion from the measure population as well as for numerator and denominator measure category assignments.		
Measure Information PN Measure List	PN Measure List  Pneumonia Measure Population	<b>Replace</b> the pneumonia measure population discussion with a discussion on the ‘order of data flow’ and a reference to Section 6 – Sampling Methods for information concerning identifying the population of the pneumonia measure set.  <b>Replace</b> the header above the common pneumonia flowchart with the language ‘Initial algorithm logic, common to all Measures in the PN set’	PN-4 PN-5  PN-6	10-01-2006 Discharges
<b>Pregnancy</b>				
Measure Information	PR Measure List  Pregnancy and Related Conditions Measure Population	<b>Add</b> asterisks to identify “Joint Commission ONLY” measures  <b>Replace</b> the pregnancy and related conditions measure population discussion with a discussion on the ‘order of data flow’ and a reference to Section 6 – Sampling Methods for information concerning identifying the population of the pregnancy measure set.	PR-3	10-01-2006 Discharges
<b>Surgical Care Improvement Project</b>				
Measure Information	SCIP Measure List  Measure Information Form (MIF)	<b>Add</b> the following new measures: <ul style="list-style-type: none"> <li>• SCIP-Card-2 “Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period”</li> <li>• SCIP-VTE-1 “Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered”</li> <li>• SCIP-VTE-2 “Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery”</li> </ul> <b>Add</b> the following measures: <ul style="list-style-type: none"> <li>• SCIP-Card-2</li> <li>• SCIP-VTE-1</li> <li>• SCIP-VTE-2</li> </ul>	SCIP-1 thru SCIP-2  NA	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
	Measures: SCIP-Card-2 SCIP-VTE-1 SCIP-VTE-2			
Measure Information	SCIP Flowchart (Algorithm) SCIP-Card-2 SCIP-VTE-1 SCIP-VTE-2	<b>Add</b> flowcharts for measure calculation of the new SCIP measures.	NA	10-01-2006 Discharges
Data Dictionary	Data Element Pages	<b>Change</b> “procedure of interest” to “principal procedure” wherever it occurs	NA	10-01-2006 Discharges
Measure Information	Measure Information Form (MIF)  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-6 SCIP-Inf-7	<b>Change</b> “procedure of interest” to “principal procedure” wherever it occurs	NA	
Measure Information	SCIP Measure List  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	<b>Add</b> asterisks to identify “Joint Commission only” strata.	SCIP-1 thru SCIP-2  SCIP-Inf-1-1  SCIP-Inf-2-1  SCIP-Inf-3-1	10-01-2006 Discharges
Measure Information	Measure Information Form (MIF)  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	<u>Data Accuracy</u> <b>Replace</b> "arrival" with "admission"	SCIP-Inf-1-3  SCIP-Inf-2-3  SCIP-Inf-3-3	10-01-2006 Discharges
Measure Information	SCIP Measure List  Surgical Care Improvement Project Measure	<b>Replace</b> the Surgical Care Improvement Project measure population discussion with a discussion on the ‘order of data flow’ and a reference to Section 6 – Sampling Methods for information concerning identifying the population of the	SCIP-5 thru SCIP-6	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
	Population	Surgical Care Improvement Project measure set.  <b>Replace</b> the header above the common surgical care improvement project flowchart with the language ‘Initial algorithm logic, common to all Measures in the SCIP set’	SCIP-7	
<b><i>Admission Diagnosis of Infection</i></b>				
Data Dictionary	Alphabetical Data Element List	<b>Remove</b> data element	1-1	10-01-2006 Discharges
Measure Information	Data Element Pages	<b>Remove</b> data element	1-21	
	SCIP Data Element List	<b>Remove</b> data element	SCIP-4	
	Measure Information Form (MIF)	<u>Denominator Statement, Data Elements</u> <b>Remove</b> the data element	SCIP-Inf-1-3 SCIP-Inf-2-3 SCIP-Inf-3-3 SCIP-Inf-4-2 SCIP-Inf-7-2	
	Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-7			
Measure Information	SCIP Flowchart (Algorithm) SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-7	The data element <i>Admission Diagnosis of Infection</i> no longer appears in the flowcharts.	SCIP-Inf-1-6 SCIP-Inf-2-7 SCIP-Inf-3-6 SCIP-Inf-4-5 SCIP-Inf-7-4	10-01-2006 Discharges
<b><i>Antibiotic Administration Date</i></b>				
<b><i>Antibiotic Name</i></b>				
Data Dictionary	Data Element Pages	<u>Notes for Abstraction</u> <b>Add</b> the following: <ul style="list-style-type: none"> <li>• “Collect only antibiotics administered via an appropriate route (SCIP-Inf: PO and IV; PN: PO, IV and IM) or UTD to answer this question. The values of 1, 2, 3, &amp; 10 are the only allowable values.”</li> </ul>	1-32 thru 1-33  1-44 thru 1-45	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
	PN-5a PN-5b PN-6 PN-6a PN-6b	<ul style="list-style-type: none"> <li>• “In narrative documentation, only accept documentation that reflects the actual administration of the antibiotic (i.e. “administered” or “given”.) The use of “hang time” or “infusion time” is acceptable ONLY on the ED record when other documentation cannot be found. The terms “action” and “scheduled” are not synonymous with administration and will not be accepted.”</li> <li>• <b>Remove</b> 2<sup>nd</sup> sentence in the 2<sup>nd</sup> paragraph under SCIP-Inf, “If additional antibiotic doses were administered prior to or at <i>Surgical Incision time</i>, also abstract the final dose (if any) administered prior to or at <i>Surgical Incision Time</i>.”</li> <li>• <b>Change</b> the 1<sup>st</sup> bullet in the example under SCIP-Inf to read: Antibiotic A: 08:00 (first), 12:00 (dose prior and closest to <i>Surgical Incision Time</i>) and 19:00 (last)</li> </ul> <p><u>Suggested Data Sources</u> <b>Add</b> “Perfusion record”</p>	1-33 thru 1-34, 1-46	
<b><i>Antibiotic Administration Route</i></b>				
Data Dictionary	Data Element Pages  Measures: PN-6 PN-6a PN-6b SCIP-Inf-1 SCIP-Inf-2	<p><u>Notes for Abstraction</u></p> <p><b>Remove</b> the following:</p> <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> note</li> <li>• 3<sup>rd</sup> note</li> </ul> <p><b>Add</b> the following:</p> <ul style="list-style-type: none"> <li>• “Collect only antibiotics administered via an appropriate route (SCIP-Inf: PO and IV; PN: PO, IV and IM) or UTD to answer this question. The values of 1, 2, 3, &amp; 10 are the only allowable values.”</li> <li>• “In narrative documentation, only accept documentation that reflects the actual administration of the antibiotic (i.e. “administered” or “given”.) The use of “hang time” or “infusion time” is acceptable ONLY on the ED record when other documentation cannot be found. The terms “action” and</li> </ul>	1-35 thru 1-37	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p>“scheduled” are not synonymous with administration and will not be accepted.”</p> <ul style="list-style-type: none"> <li>• <b>Remove</b> 2<sup>nd</sup> sentence in the 2<sup>nd</sup> paragraph under SCIP-Inf, “If additional antibiotic doses were administered prior to or at <i>Surgical Incision time</i>, also abstract the final dose (if any) administered prior to or at <i>Surgical Incision Time</i>.”</li> <li>• <b>Change</b> the 1<sup>st</sup> bullet in the example under SCIP-Inf to read: Antibiotic A: 08:00 (first), 12:00 (dose prior and closest to <i>Surgical Incision Time</i>) and 19:00 (last)</li> </ul> <p><u>Suggested Data Sources</u> <b>Add</b> “Perfusion record”</p> <p><u>Guidelines for Abstraction</u> <b>Add</b> to the Inclusions “Perfusion”</p>	<p>1-37</p> <p>1-37 thru 1-38</p>	
<b><i>Antibiotic Administration Time</i></b>				
Data Dictionary	Data Element Pages  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 PN-3b PN-5 PN-5a PN-5b PN-6 PN-6a PN-6b	<p><u>Notes for Abstraction</u> <b>Add</b> the following:</p> <ul style="list-style-type: none"> <li>• “Collect only antibiotics administered via an appropriate route (SCIP-Inf: PO and IV; PN: PO, IV and IM) or UTD to answer this question. The values of 1, 2, 3, &amp; 10 are the only allowable values.”</li> <li>• “In narrative documentation, only accept documentation that reflects the actual administration of the antibiotic (i.e. “administered” or “given”.) The use of “hang time” or “infusion time” is acceptable ONLY on the ED record when other documentation cannot be found. The terms “action” and “scheduled” are not synonymous with administration and will not be accepted.”</li> <li>• “If collecting the time for an antibiotic administered via infusion (IV), the <i>Antibiotic Administration Time</i> refers to the time the antibiotic infusion was started.”</li> </ul>	<p>1-39 thru 1-41</p>	<p>10-01-2006 Discharges</p>



# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	SCIP Data Element List	<p><u>Collected For</u>  <b>Add</b> SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3 to the data element <i>Antibiotic Received</i>.</p>	1-47	
		<p><u>Guidelines for Abstraction</u>  <b>Add</b> “Perfusion” to the Inclusions</p>	1-48	
	<p><u>Collected For</u>  <b>Remove</b> the following data elements:</p> <ul style="list-style-type: none"> <li>• <i>Antibiotics During Stay</i></li> <li>• <i>Antibiotics Prior to Arrival</i></li> </ul> <p><b>Add</b> SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3 to the data element <i>Antibiotic Received</i></p>	SCIP-4		
	<p><u>Denominator Statement, Data Elements</u>  <b>Remove</b> the data elements <i>Antibiotics During Stay</i> and <i>Antibiotics Prior to Arrival</i> from:</p> <ul style="list-style-type: none"> <li>• SCIP-Inf-1</li> <li>• SCIP-Inf-2</li> <li>• SCIP-Inf-3</li> </ul> <p><b>Add</b> the data element <i>Antibiotic Received</i> to:</p> <ul style="list-style-type: none"> <li>• SCIP-Inf-1</li> <li>• SCIP-Inf-2</li> <li>• SCIP-Inf-3</li> </ul>	SCIP-Inf-1-3 SCIP-Inf-2-3 SCIP-Inf-3-3		
Measure Information	Measure Information Form (MIF)  Measures: PN-3b PN-5 PN-5a PN-5b PN-6 PN-6a PN-6b SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	<p>The data element <i>Antibiotic Received</i> now appears in place of <i>Antibiotics During Stay</i> and <i>Antibiotics Prior to Arrival</i> with logic necessary to perform the same exclusion.</p>	SCIP-Inf-1-6 SCIP-Inf-2-7 SCIP-Inf-3-6	10-01-2006 Discharges
		<p><b><i>Beta Blocker Current Medication</i></b>  <b><i>Beta Blocker Perioperative</i></b>  <b><i>Contraindication to Beta Blocker - Perioperative</i></b>  <b><i>Perioperative Death</i></b></p>		
Data Dictionary	Alphabetical Data Element List	<b>Add</b> data elements listed above	1-1 thru 1-4	10-01-2006 Discharges
	Data Element Pages	<b>Add</b> data elements listed above	NA	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	SCIP Data Element List  Measure: SCIP-Card-2	<b>Add</b> data elements listed above	SCIP-4	
<p><i>Contraindication to VTE Prophylaxis</i>  <i>Discharge Time</i>  <i>Documented Bleeding Risk</i>  <i>Neuraxial Anesthesia</i>  <i>Preadmission Warfarin</i>  <i>VTE Laparoscope</i>  <i>VTE Prophylaxis</i>  <i>VTE Timely</i></p>				
Data Dictionary	Alphabetical Data Element List	<b>Add</b> the following new data elements: <ul style="list-style-type: none"> <li>• <i>Contraindication to VTE Prophylaxis</i></li> <li>• <i>Discharge Time</i></li> <li>• <i>Documented Bleeding Risk</i></li> <li>• <i>Neuraxial Anesthesia</i></li> <li>• <i>Preadmission Warfarin</i></li> <li>• <i>VTE Laparoscope</i></li> <li>• <i>VTE Prophylaxis</i></li> <li>• <i>VTE Timely</i> (SCIP-VTE-2 only)</li> </ul>	1-1 thru 1-4	10-01-2006 Discharges
	Data Element Pages	<b>Add</b> the following new data elements: <ul style="list-style-type: none"> <li>• <i>Contraindication to VTE Prophylaxis</i></li> <li>• <i>Discharge Time</i></li> <li>• <i>Documented Bleeding Risk</i></li> <li>• <i>Neuraxial Anesthesia</i></li> <li>• <i>Preadmission Warfarin</i></li> <li>• <i>VTE Laparoscope</i></li> <li>• <i>VTE Prophylaxis</i></li> <li>• <i>VTE Timely</i> (SCIP-VTE-2 only)</li> </ul>	NA	
Measure Information	SCIP Data Element List  Measures: SCIP-VTE-1 SCIP-VTE-2	<b>Add</b> the following new data elements: <ul style="list-style-type: none"> <li>• <i>Contraindication to VTE Prophylaxis</i></li> <li>• <i>Discharge Time</i></li> <li>• <i>Documented Bleeding Risk</i></li> <li>• <i>Neuraxial Anesthesia</i></li> <li>• <i>Preadmission Warfarin</i></li> <li>• <i>VTE Laparoscope</i></li> <li>• <i>VTE Prophylaxis</i></li> <li>• <i>VTE Timely</i> (SCIP-VTE-2 only)</li> </ul>	SCIP-4	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<b><i>Date of Infection</i></b>				
Data Dictionary	Data Element Pages  Measures: SCIP-Inf-3	<u>Definition</u> <b>Change</b> the note to read: “NOTE: Refer also to the data element <i>Postoperative Infections</i> for further clarification. <i>Date of Infection</i> should reflect the first time there is documentation that the patient has an infection following the principal procedure.”	1-108	10-01-2006 Discharges
<b><i>Early Antibiotics</i></b>				
Data Dictionary	Alphabetical Data Element List	<b>Remove</b> data element	1-2	10-01-2006 Discharges
Measure Information	Data Element Pages	<b>Remove</b> data element	1-128 thru 1-129	10-01-2006 Discharges
	SCIP Data Element List	<b>Remove</b> data element	SCIP-4	
	Measure Information Form (MIF)  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	<u>Denominator Statement, Data Elements</u> <b>Remove</b> the data element	SCIP-Inf-1-3 SCIP-Inf-2-3 SCIP-Inf-3-3	
Measure Information	SCIP Flowchart (Algorithm) SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	The data element <i>Early Antibiotics</i> no longer appears in the flowcharts.	SCIP-Inf-1-6 SCIP-Inf-2-7 SCIP-Inf-3-6	10-01-2006 Discharges
<b><i>ICD-9-CM Other Procedure Codes</i></b>				
Data Dictionary	Data Element Pages	<u>Collected For</u> <b>Remove:</b> <ul style="list-style-type: none"> <li>• SCIP-Inf-1</li> <li>• SCIP-Inf-2</li> <li>• SCIP-Inf-3</li> <li>• SCIP-Inf-4</li> <li>• SCIP-Inf-6</li> <li>• SCIP-Inf-7</li> </ul> This data element is no longer used in the listed algorithms.	1-154	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	Measure Information Form (MIF)  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-6 SCIP-Inf-7  AMI-8 AMI-8a HF-1 HF-2 HF-3 HF-4 PR-1 PR-3	<u>Guidelines for Abstraction</u> Remove “SCIP-Inf” from Inclusions.	1-154	
		<u>Denominator Statement, Included Populations</u> Remove “or <i>ICD-9-CM Other Procedure Codes</i> ” for the following measures: <ul style="list-style-type: none"> <li>• SCIP-Inf-1</li> <li>• SCIP-Inf-2</li> <li>• SCIP-Inf-3</li> <li>• SCIP-Inf-4</li> <li>• SCIP-Inf-6</li> <li>• SCIP-Inf-7</li> </ul> <u>Denominator Statement, Data Elements</u> Remove <i>ICD-9-CM Other Procedure Codes</i> from the following measures: <ul style="list-style-type: none"> <li>• SCIP-Inf-1</li> <li>• SCIP-Inf-2</li> <li>• SCIP-Inf-3</li> <li>• SCIP-Inf-4</li> <li>• SCIP-Inf-6</li> <li>• SCIP-Inf-7</li> </ul>	SCIP-Inf-1-2 SCIP-Inf-2-2 SCIP-Inf-3-2 SCIP-Inf-4-2 SCIP-Inf-6-2 SCIP-Inf-7-2  SCIP-Inf-1-3 SCIP-Inf-2-3 SCIP-Inf-3-3 SCIP-Inf-4-2 SCIP-Inf-6-2 SCIP-Inf-7-2	
Measure Information	SCIP-Inf Flowcharts (Algorithm) SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-6 SCIP-Inf-7	The data element <i>ICD-9-CM Other Procedure Codes</i> no longer appears in the flowcharts. Inclusion in the SCIP measure population is now based on the principal procedure code.	SCIP-Inf-1-5 SCIP-Inf-2-6 SCIP-Inf-3-5 SCIP-Inf-4-5 SCIP-Inf-6-3 SCIP-Inf-7-4	10-01-2006 Discharges
<b><i>ICD-9-CM Principal Procedure Code</i></b>				
Data Dictionary	Data Element Pages	<u>Collected For</u> Add SCIP-Card-2, SCIP-VTE-1 and SCIP-VTE-2 to “Used in the Algorithm for”	1-157	10-01-2006 Discharges
Measure Information	Measure Information Form (MIF)  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	<u>Data Reported As</u> Replace <i>Infection Procedure of Interest</i> with <i>ICD-9-CM Principal Procedure Code</i>	SCIP-Inf-1-4 SCIP-Inf-2-3 SCIP-Inf-3-3	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<i>Infection Prior to Anesthesia</i>				
Data Dictionary	Data Element Pages	<p><u>Definition</u>  <b>Change</b> to: “Documentation the patient had an infection during this hospitalization prior to the principal procedure.”</p>	1-164	
	Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-7	<p><u>Suggested Data Collection Question</u>  <b>Change</b> to: “Did the patient have an infection during this hospitalization prior to the principal procedure?”</p>	1-164	
		<p><u>Allowable Values</u>  <b>Change</b> to:                      Y (Yes) Physician documentation that the patient had an infection during this hospitalization prior to the principal procedure.                      N (No) There is no physician documentation that the patient had an infection during this hospitalization prior to the principal procedure, or unable to determine from medical record documentation.</p>	1-164	
		<p><u>Notes for Abstraction</u></p> <ul style="list-style-type: none"> <li>• <b>Remove</b> the first two and the last bullet</li> <li>• Change the remaining bullets to read:                             <ul style="list-style-type: none"> <li>○ If there is documentation of an infection or possible/suspected infection, select “Yes.”</li> <li>○ Documentation of symptoms (example: fever, elevated white blood cells, etc.) should not be considered infections unless documented as an infection or possible/suspected infection. Example: Do not assume infection if a wound/surgical site is described as reddened, swollen and hot, as other conditions can also cause these symptoms.</li> <li>○ If an infection is documented prior to surgical incision, select</li> </ul> </li> </ul>	1-164 thru 1-165	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p>“Yes” for <i>Infection Prior to Anesthesia</i>. If infection is documented after surgical incision, select “Yes” to <i>Postoperative Infections</i>.</p> <p><u>Suggested Data Sources</u>  <b>Add</b> Certified Registered Nurse Anesthetist to Physician/Nurse Practitioner/Physician Assistant Documentation.</p> <p><u>Guidelines for Abstraction</u></p> <ul style="list-style-type: none"> <li>• <b>Remove</b> from the Inclusions:               <ul style="list-style-type: none"> <li>○ “fecal” after “gross”</li> <li>○ “if being treated with antibiotics” after “H. pylori”</li> </ul> </li> <li>• <b>Add</b> to the Inclusions:               <ul style="list-style-type: none"> <li>○ “Penetrating abdominal trauma”</li> </ul> </li> </ul>	1-165	
<b><i>Infection Procedure of Interest</i></b>				
Data Dictionary	Alphabetical Data Element List	<b>Remove</b> the data element	1-3	10-01-2006 Discharges
	Data Element Pages	<b>Remove</b> the data element	1-166 thru 1-167	
	SCIP Data Element List	<b>Remove</b> the data element	SCIP-4	
Measure Information	Measure Information Form (MIF)	<u>Denominator Statement, Data Elements</u> <b>Remove</b> the data element	SCIP-Inf-1-3 SCIP-Inf-2-3 SCIP-Inf-3-3	
	Measure: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3			
Measure Information	SCIP Flowchart (Algorithm) SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	The data element <i>Infection Procedure of Interest</i> no longer appears in the flowcharts. It has been replaced with the data element <i>ICD-9-CM Principal Procedure Code</i> .	SCIP-Inf-1-5 thru SCIP-Inf-1-11  SCIP-Inf-2-6 thru SCIP-Inf-2-8  SCIP-Inf-2-10  SCIP-Inf-2-12 thru	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
			SCIP-Inf-2-14 SCIP-Inf-3-5 thru SCIP-Inf-3-11	
<b><i>Intraop Death</i></b>				
Data Dictionary	Data Element Pages  Measure: SCIP-Inf-7	<u>Allowable Values</u> <b>Change</b> to reflect the verbiage in the Definition. Y (Yes) The patient expired before leaving the operating room.  N (No) The patient did not expire before leaving the operating room or unable to determine from medical record documentation.  <u>Notes for Abstraction</u> <b>Change</b> the first example from: “... undergoing vascular surgery (repair of aneurysm); select ‘Yes’.” to: “...undergoing colorectal surgery; select ‘Yes’.”	1-179         1-179	10-01-2006 Discharges
<b><i>Other Surgeries</i></b>				
Data Dictionary	Data Element Pages  Measures: SCIP-Inf-1 SCIP-Inf-3	<u>Notes for Abstraction</u> <b>Change:</b> <ul style="list-style-type: none"> <li>• First sub-bullet to: If multiple procedures are performed during the same surgical episode, select “No.”</li> <li>• Last bullet to: If multiple procedures occur during the same surgical episode, the <i>Surgical Incision Time</i> captured will be the incision that occurs first and the <i>Surgery End Time</i> will be the end time that occurs last.</li> </ul>	1-199 thru 1-200	10-01-2006 Discharges
<b><i>Postoperative Infections</i></b>				
Data Dictionary	Data Element Pages  Measure: SCIP-Inf-3	<u>Definition</u> <b>Change</b> to read: “Any infection documented in the postoperative period following the principal procedure. Postoperative period is defined as within two days (three days for <b>CABG</b> or <b>Other Cardiac Surgery</b> ) after <i>Surgery End Date</i> with day of surgery being day zero.”	1-216	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p><u>Suggested Data Collection Question</u>  <b>Change</b> to read: “Were any infections documented postoperatively?”</p>	1-216	
		<p><u>Allowable Values</u>  <b>Change</b> to read:                      Y (Yes) There is physician documentation that the patient had an infection postoperatively following the principal procedure.                      N (No) There is no physician documentation that the patient had an infection postoperatively following the principal procedure or unable to determine from the medical record documentation.</p>	1-216	
		<p><u>Notes for Abstraction</u></p> <ul style="list-style-type: none"> <li>• <b>Remove</b> the first 3 bullets.</li> <li>• The remaining bullets to read:                             <ul style="list-style-type: none"> <li>○ If there is documentation of an infection or possible/suspected infection, select “Yes”</li> <li>○ Documentation of symptoms (example: fever, elevated white blood cells, etc.) should not be considered infections unless documented as an infection or possible/suspected infection. Example: Do not assume infection if a wound/surgical site is described as reddened, swollen and hot, as other conditions can also cause these symptoms.</li> <li>○ If an infection is documented prior to surgical incision, select “Yes” for <i>Infection Prior to Anesthesia</i>. If an infection is documented after surgical incision, select “Yes” for <i>Postoperative Infections</i>.</li> <li>○ If documentation of an infection occurs more than two days postoperatively (three days for CABG or Other Cardiac Surgery) with the day of surgery being day zero, select “No.”</li> </ul> </li> </ul>	1-216 thru 1-217	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p><u>Suggested Data Sources</u>  <b>Add</b> Certified Registered Nurse Anesthetist to Physician/Nurse Practitioner/Physician Assistant Documentation.</p> <p><u>Guidelines for Abstraction</u>  <b>Remove</b> from the Inclusions:</p> <ul style="list-style-type: none"> <li>• “fecal” after “gross”</li> <li>• “if being treated with antibiotics” after “H. pylori”</li> </ul>	1-217	
<b><i>Surgery End Date</i></b>				
Data Dictionary	Alphabetical Data Element List	<p><u>Collected For</u>  <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2</p>	1-4	10-01-2006 Discharges
	Data Element Pages	<p><u>Collected For</u>  <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2</p> <p><u>Notes for Abstraction</u>  <b>Add</b> “If a patient leaves the operating room with an open incision (for closure at a later date/time), use the <i>Surgery End Date</i> of the initial procedure. Do NOT use the date the patient returns to the OR for closure.”</p>	1-250	
		<p><u>Notes for Abstraction</u>  <b>Add</b> “If a patient leaves the operating room with an open incision (for closure at a later date/time), use the <i>Surgery End Date</i> of the initial procedure. Do NOT use the date the patient returns to the OR for closure.”</p>	1-250	
Measure Information	<p>SCIP Data Element List</p> <p>Measures:                      SCIP-Inf-2                      SCIP-Inf-3                      SCIP-Inf-4                      SCIP-VTE-1                      SCIP-VTE-2</p>	<p><u>Collected For</u>  <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2:</p>	SCIP-4	
<b><i>Surgery End Time</i></b>				
Data Dictionary	Alphabetical Data Element List	<p><u>Collected For</u>  <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2</p>	1-4	10-01-2006 Discharges
	Data Element Pages	<p><u>Collected For</u>  <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2</p> <p><u>Notes for Abstraction</u>  <b>Change</b> to read:</p> <ul style="list-style-type: none"> <li>• Using the highest priority available</li> </ul>	1-251	
		<p><u>Notes for Abstraction</u>  <b>Change</b> to read:</p> <ul style="list-style-type: none"> <li>• Using the highest priority available</li> </ul>	1-251	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	SCIP Data Element List  Measures: SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-VTE-1 SCIP-VTE-2	from the Suggested Data Sources, select the earliest time from the Guidelines for Abstraction Inclusion list. <ul style="list-style-type: none"> <li>• If multiple procedures occur during the same surgical episode, the <i>Surgical Incision Time</i> captured will be the initial incision and the <i>Surgery End Time</i> will be the end time that occurs last.</li> <li>• If a patient leaves the operating room with an open incision (for closure at a later date/time), use the Surgery End Time of the initial procedure. Do NOT use the date/time the patient returns to the OR for closure.</li> </ul> <u>Collected For</u> <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2	SCIP-4	
<b><i>Surgery Performed During Stay</i></b>				
Data Dictionary	Alphabetical Data Element List	<b>Remove</b> data element	1-4	10-01-2006 Discharges
	Data Element Pages	<b>Remove</b> data element	1-253	
Measure Information	SCIP Data Element List	<b>Remove</b> data element	SCIP-4	
	SCIP Measure Information Form (MIF)	<u>Denominator Statement, Data Elements</u> <b>Remove</b> the data element	SCIP-Inf-1-3 SCIP-Inf-2-3 SCIP-Inf-3-3	
	Measure: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3			

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	SCIP Flowchart (Algorithm) SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	<b>Remove</b> <i>Surgery Performed During Stay</i> from the flowcharts.	SCIP-Inf-1-6 SCIP-Inf-2-7 SCIP-Inf-3-6	10-01-2006 Discharges
<b><i>Surgery Start Date</i></b>				
Data Dictionary	Alphabetical Data Element List	<u>Collected For</u> <b>Add</b> SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7, SCIP-Card-2, SCIP-VTE-1 and SCIP-VTE-2	1-4	10-01-2006 Discharges
	Data Element Pages	<u>Collected For</u> <b>Add</b> SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7, SCIP-Card-2, SCIP-VTE-1 and SCIP-VTE-2	1-254	
Measure Information	SCIP Data Element List	<u>Collected For</u> <b>Add</b> SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7, SCIP-Card-2, SCIP-VTE-1 and SCIP-VTE-2	SCIP-4	
	SCIP Measure Information Form (MIF)  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-6 SCIP-Inf-7 SCIP-Card-2 SCIP-VTE-1 SCIP-VTE-2	<u>Denominator Statement, Data Elements</u> <b>Add</b> to SCIP-Inf-4, SCIP-Inf-6, SCIP-Inf-7	SCIP-Inf-4-2 SCIP-Inf-6-2 SCIP-Inf-7-2	
Measure Information	SCIP Flowchart (Algorithm) SCIP-Inf-4 SCIP-Inf-6 SCIP-Inf-7	<b>Add</b> <i>Surgery Start Date</i> and associated logic to the flowcharts to exclude cases if the principal procedure occurred prior to the admission date.	SCIP-Inf-4-5 SCIP-Inf-6-3 SCIP-Inf-7-4	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<b><i>Surgical Incision Time</i></b>				
Data Dictionary	Alphabetical Data Element List	<u>Collected For</u> <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2	1-4	10-01-2006 Discharges
	Data Element Pages	<u>Collected For</u> <b>Add</b> SCIP-VTE-1 and SCIP-VTE-2	1-255	
		<u>Notes for Abstraction</u> The directions for using the priority order for sources were changed to match the data element <i>Surgery End Time</i> . <b>Change</b> all but the last bullet to read: <ul style="list-style-type: none"> <li>• Using the highest priority available from the Suggested Data Sources, select the earliest time from the Guidelines for Abstraction inclusion list.</li> <li>• If multiple procedures occur during the <b>same surgical episode</b>, the <i>Surgical Incision Time</i> captured will be the incision that occurs first, and the <i>Surgery End Time</i> will be the end time that occurs last.</li> </ul>	1-255 thru 1-256	
Measure Information	SCIP Data Element List	<u>Suggested Data Sources</u> <b>Add</b> priority order for the list of sources.	1-256	
	Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-VTE-1 SCIP-VTE-2	<u>Guidelines for Abstraction</u> <b>Change</b> the Inclusion list to contain a list of synonyms for <i>Surgical Incision Time</i> rather than a priority list.	1-257	
<b><i>Temperature Value</i></b>				
Data Dictionary	Data Element Pages	<u>Guidelines for Abstraction</u> <ul style="list-style-type: none"> <li>• <b>Add</b> to the Inclusions                             <ul style="list-style-type: none"> <li>○ “skin surface temperatures”</li> <li>○ “temporal artery temperatures”</li> </ul> </li> <li>• <b>Remove</b> from the Exclusions “Skin surface temperature”</li> </ul>	1-259	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<b><i>Vancomycin</i></b>				
Data Dictionary	Data Element Pages  Measure: SCIP-Inf-2	<u>Definition</u> <b>Add</b> certified registered nurse anesthetist to physician/nurse practitioner/physician assistant  <u>Notes for Abstraction</u> <ul style="list-style-type: none"> <li>• <b>Change</b> the example in the second bullet to read: “Since patient has been in the hospital for three weeks, I’m using vancomycin for prophylaxis,” select Allowable Value #3.</li> <li>• <b>Add</b> certified registered nurse anesthetist to physician/nurse practitioner/physician assistant</li> </ul> <u>Suggested Data Sources</u> <b>Add</b> Certified Registered Nurse Anesthetist to Physician/Nurse Practitioner/Physician Assistant Documentation.	1-236 thru 1-264  1-264	10-01-2006 Discharges
Measure Information	Measure Information Form (MIF)  Measures: SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-6 SCIP-Inf-7	<u>Denominator Statement, Excluded Populations</u> <b>Change</b> bullet from "Patients who had a principal or admission diagnosis suggestive of preoperative infectious diseases (refer to Appendix A, Table 5.09 for ICD-9-CM codes)" to "Patients who had a principal diagnosis suggestive of preoperative infectious diseases (refer to Appendix A, Table 5.09 for ICD-9-CM codes)"	SCIP-Inf-1-2 SCIP-Inf-2-2 SCIP-Inf-3-2 SCIP-Inf-4-2 SCIP-Inf-6-2 SCIP-Inf-7-2	10-01-2006 Discharges
Measure Information	Measure Information Form (MIF)  Measures: SCIP-Inf-2	<u>Prophylactic Antibiotic Regimen Selection for Surgery</u> <b>Remove</b> Cefamandole and Cefmetazole	SCIP-Inf-2-5	10-01-2006 Discharges
Measure Information	SCIP Flowchart (Algorithm) SCIP Inf-2	On page SCIP-Inf-2-9, the off-page connector flowing from the process outcome box ‘B’ should be changed to ‘Inf-2 N’ instead of ‘O’	SCIP-Inf-2-9	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	SCIP Flowchart (Algorithm) SCIP Inf-3	Two new processes have been added to the flowchart for SCIP-Inf-3. These processes remove from consideration any antibiotic doses administered more than two days after surgery ended (three days for CABG and Other Cardiac surgeries).	SCIP-Inf-3-8 thru SCIP-Inf-3-9	10-01-2006 Discharges
<b>Sampling Methods</b>				
Sampling Methods	Introduction Sampling Availability Sample Size Requirements Sampling Approaches	<p><b>Modify</b> the wording throughout the section to clarify that what is meant by ‘population’ is the ‘ICD population’. Terminology changes include:</p> <ul style="list-style-type: none"> <li>• From: ‘measure population’, ‘measure set population’, and ‘measure set sampling population’ to: ‘ICD population’</li> <li>• From: population size to: ICD population size</li> <li>• From: SCIP Topic Eligible Population to: SCIP Topic Eligible ICD Population</li> <li>• From: average quarterly population size to: average quarterly ICD population size</li> <li>• From: average monthly population size to: average monthly ICD population size</li> </ul>	4-1 thru 4-12	10-01-2006 Discharges
Sampling Methods	Sampling Availability	<p><u>Order of Data Flow</u></p> <ul style="list-style-type: none"> <li>• <b>Modify</b> the first bullet, first paragraph from: “First, identify all discharges that meet the definition of the data element <i>ICD Population Size</i> (see below for definition). This data pull utilizes administrative data such as ICD-9-CM diagnosis and procedure codes, admission date, and birthdate.” to: “First, identify the ICD population for the measure set. This population is defined by the definition of the data element <i>ICD Population Size</i> (see below for definition). This data pull utilizes administrative data such as ICD-9-CM diagnosis and procedure codes, admission date, and birthdate.”</li> <li>• <b>Modify</b> the first bullet, second paragraph from: “This must be</li> </ul>	4-2	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p>done prior to the application of data integrity filters, measure exclusions, and the application of sampling methodology.” to: “Reporting systems must apply all ICD-9-CM diagnosis and procedure codes included in the appropriate <i>ICD Population Size</i> definition. This identification process must be completed prior to the application of data integrity filter, measure exclusions, and the application of sampling methodology.”</p> <p><b>Modify</b> the second bullet from: “... pull the sample of medical records for each sampling strata...”to: “... pull the sample of medical records for each measure set or unique population within a measure set ...”</p>		
Sampling Methods	Sampling Availability	<p><u>Order of Data Flow</u></p> <ul style="list-style-type: none"> <li>• <b>Modify</b> the flowchart top right-hand process box from: “Use Administrative Data to identify the cases that are in the Measure Population per the definition of the data element <i>ICD Population Size</i>” to: “Use Administrative Data to identify the cases that are in the <i>ICD Population Size</i>”</li> <li>• <b>Modify</b> the flowchart middle right-hand process box from: “Pull the Sample from the identified Measure Population...”to: “Pull the Sample from the <i>ICD Population Size</i>...”</li> <li>• <b>Modify</b> the flowchart lower right-hand process box from: “Abstract data for sampled cases and run data through appropriate measure algorithms” to: “Abstract data for sampled cases and run data through the appropriate initial and measure algorithms”</li> <li>• <b>Remove</b> the “<i>ICD Population Size</i> = count...” process box. This is no longer needed because the top right-hand process box now defines the creation of the data element <i>ICD Population Size</i>.</li> </ul>	4-2	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Sampling Methods	Sampling Availability	<u>ICD Population Size Definition</u> <b>Add</b> sampling criteria for SCIP-VTE-1 and 2, SCIP-CARD-2	4-5	10-01-2006 Discharges
		<b>Remove</b> the data element <i>ICD-9-CM Other Procedure Codes</i> from definition of:	4-3	
		<ul style="list-style-type: none"> <li>• SCIP Topic Eligible Population Definition</li> </ul>	4-4 thru 4-5	
		<ul style="list-style-type: none"> <li>• SCIP-Inf-1, 2, and 3 sampling criteria</li> <li>• SCIP-Inf-4, 6, and 7 sampling criteria</li> </ul>	4-5	
Sampling Methods	Sampling Availability	<u>ICD Population Size Definition</u> <b>Change</b> the 7 <sup>th</sup> bullet in SCIP-inf-4, 6 and 7 from “Appendix A, Sampling Table H” to “Appendix A, Table 5.25 (Other Major Surgery for Sampling)”	4-5	
		<u>Option A: Quarterly Sampling</u> <b>Change</b> the second paragraph, 1 <sup>st</sup> bullet from “the 8 <sup>th</sup> SCIP strata (Table H in Appendix A)” to “the 8 <sup>th</sup> SCIP strata (Table 5.25 in Appendix A)”	4-5 thru 4-6	
			<u>Option B: Monthly Sampling</u> <b>Change</b> the second paragraph, 1 <sup>st</sup> bullet from “the 8 <sup>th</sup> SCIP strata (Table H in Appendix A)” to “the 8 <sup>th</sup> SCIP strata (Table 5.25 in Appendix A)”	
Sampling Methods	Sample Size Requirements	<u>Option A: Quarterly Sampling</u> <b>Second Paragraph, 1<sup>st</sup> bullet:</b> - Change “12” to “16” cases	4-5 thru 4-6	10-01-2006 Discharges
		<u>Table 5:</u> <ul style="list-style-type: none"> <li>• Change the Average Quarterly Strata Population Sized “N” from “≥ 360, 120-359, 12-119, &lt; 12” to “≥ 480, 160-479, 16-159, &lt; 16”</li> <li>• Change the Minimum required Strata Sample Size “n” from “36” to “48”</li> <li>• Change the Minimum required Strata Sample Size “n” from “12” to “16”</li> </ul>	4-7	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
Sampling Methods	Sample Size Requirements	<p><u>Option B: Monthly Sampling</u>  <b>Second Paragraph, 1<sup>st</sup> bullet:</b>                      - Change “4” to “6” cases</p>	4-8	10-01-2006 Discharges
		<p><u>Table 10:</u></p> <ul style="list-style-type: none"> <li>• Change the Average Quarterly Strata Population Sized “N” from “≥ 120, 40 - 119, 4 - 39, &lt; 4” to “≥ 160, 60 - 159, 6 - 59, &lt; 6”</li> <li>• Change the Minimum required Strata Sample Size “n” from “12” to “16”</li> <li>• Change the Minimum required Strata Sample Size “n” from “4” to “6”</li> </ul>	4-9	
Sampling Methods	Sample Size Requirements	<p><u>Sample Size Examples</u>  <b>Modify</b> the first bullet from: “An organization using AMI measures has 100 AMI discharges during the fourth quarter. Using Table 1, the required sample size is seen to be a minimum of 78 AMI patients for this quarter.”                      To: “An organization’s AMI ICD Population size is 100 patients during the fourth quarter. Using Table 1, the required sample size is seen to be a minimum of 78 AMI patients for this quarter.”</p>	4-10	10-01-2006 Discharges
Sampling Methods	Sampling Approaches	<p><u>Sampling Approach Examples Note</u>  <b>Modify</b> the third sentence from: “The <i>ICD Population Size</i> data element indicates the measure population size, prior to the application of data integrity filters, measure exclusions, or the application of the measure set common logic and/or sampling.”                      To: “Measurement systems must apply all ICD-9-CM diagnosis and procedure codes included in the appropriate <i>ICD Population Size</i> definition. This identification process must be completed prior to the application of data integrity filter, measure exclusions, and the application of sampling methodology.”</p>	4-11 thru 4-12	10-01-2006 Discharges
<b>Risk Adjustment</b>				
Risk Adjustment	Risk Adjustment	This section of the manual has been <b>moved</b> to the <i>ORYX Risk Adjustment Guide</i> .	6-1 thru 6-16	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<b>Measure Verification Process</b>				
Verification	Format and Distribution  Measures: PN-1 PN-2 PN-3a PN-3b PN-4 PN-5 PN-5a PN-5b PN-6 PN-6a PN-6b PN-7 SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3 SCIP-Inf-4 SCIP-Inf-7 SCIP-Card-2 SCIP-VTE-1 SCIP-VTE-2	<u>Patient-Level Test Case File Format for PN</u> <b>Remove</b> the following PN data elements: <ul style="list-style-type: none"> <li>• <i>Antibiotics Prior to Arrival</i></li> <li>• <i>Pneumonia Working Diagnosis on Admission.</i></li> </ul> <b>Add:</b> <ul style="list-style-type: none"> <li>• <i>Another Suspected Source of Infection</i></li> <li>• <i>Pneumonia Diagnosis: ED/Direct Admit.</i></li> </ul>	8-16 thru 8-25	10-01-2006 Discharges
		<u>Patient-Level Test Case File Format for SCIP</u> <b>Remove</b> the following SCIP Infection data elements: <ul style="list-style-type: none"> <li>• <i>Admission Diagnosis of Infection</i></li> <li>• <i>Antibiotics During Stay</i></li> <li>• <i>Antibiotics Prior to Arrival</i></li> <li>• <i>Early Antibiotics</i></li> <li>• <i>Infection Procedure of Interest</i></li> <li>• <i>Surgery Performed During Stay</i></li> <li>• <i>Temperature Recorded</i></li> </ul> <b>Add</b> the following SCIP Cardiac data elements: <ul style="list-style-type: none"> <li>• <i>Beta Blocker Current Medication</i></li> <li>• <i>Beta Blocker Perioperative</i></li> <li>• <i>Contraindication to Beta Blocker - Perioperative</i></li> <li>• <i>Perioperative Death</i></li> </ul> <b>Add</b> the following SCIP VTE data elements: <ul style="list-style-type: none"> <li>• <i>Contraindication to VTE Prophylaxis</i></li> <li>• <i>Discharge Time</i></li> <li>• <i>Documented Bleeding Risk</i></li> <li>• <i>Neuraxial Anesthesia</i></li> <li>• <i>Preadmission Warfarin</i></li> <li>• <i>VTE Laparoscope</i></li> <li>• <i>VTE Prophylaxis-1</i></li> <li>• <i>VTE Timely-1</i></li> <li>• <i>VTE Prophylaxis-2</i></li> <li>• <i>VTE Timely-2</i></li> <li>• <i>VTE Prophylaxis-3</i></li> <li>• <i>VTE Timely-3</i></li> <li>• <i>VTE Prophylaxis-4</i></li> </ul>	8-28 thru 8-36	

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<ul style="list-style-type: none"> <li>• VTE Timely-4</li> <li>• VTE Prophylaxis-5</li> <li>• VTE Timely-5</li> <li>• VTE Prophylaxis-6</li> <li>• VTE Timely-6</li> </ul>		
<b>Data Transmission</b>				
Data Transmission	Measures: SCIP-Card SCIP-VTE	<b>Add</b> SCIP Cardiac and SCIP VTE measures and associated Performance Measure Identifiers (ORYX Transmission ID #s) to the list of SCIP measures.	9-13 thru 9-14	10-01-2006 Discharges
Data Transmission	Risk Adjustment	<p><b>Modify</b> the discussion related to the Joint Commission risk adjustment process to be generic. Specific information has been moved to the <i>ORYX Risk Adjustment Guide</i>.</p> <p><b>Remove</b> Table 1, the Schedule for National Hospital Quality Measure Risk Model Information File. Information has been moved to the <i>ORYX Risk Adjustment Guide</i>.</p>	9-2 thru 9-3  9-6	10-01-2006 Discharges
Data Transmission	National Comparison Group	<p><b>Modify</b> the discussion related to the Joint Commission national comparison group file to be generic. Specific information has been moved to the <i>ORYX Data Quality Manual</i>.</p> <p><b>Remove</b> Table 2, the Schedule for National Hospital Quality Measure National Comparison Group File. Information has been moved to the <i>ORYX Data Quality Manual</i>.</p>	9-3 thru 9-4  9-6	10-01-2006 Discharges
Data Transmission	ORYX data re-transmission	<b>Modify</b> the discussion related to the ORYX data re-transmission process to be generic. Specific information is contained in the performance measurement system's contract.	9-4 thru 9-5	10-01-2006 Discharges
Data Transmission	CMS National Hospital Quality Measure Data Transmission (XML File Layout)	<p><b>Note:</b> the topic combination of SCIP &amp; PN will be <b>accepted</b> into the QIO Clinical Warehouse for the same medical record.</p> <p><u>Missing Data</u></p> <ul style="list-style-type: none"> <li>• <b>Change</b> first sentence in the first box to read: "If there is missing data for a date, default to 99-99-9999 or leave blank, except for <i>Arrival Date</i>,</li> </ul>	Vary based on print method	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p><i>Birthdate, Discharge Date, Admission Date, Antibiotic Administration Date or Initial Blood Culture Collection Date, which requires actual dates.”</i></p> <ul style="list-style-type: none"> <li>• <b>Add</b> the words “or leave blank” to each sentence in the second box:                             <ul style="list-style-type: none"> <li>○ Missing data for a lab value default to 999 or leave blank.</li> <li>○ Missing data for <i>Temperature Value</i> default to 999 or leave blank.</li> <li>○ Missing data for <i>Glucose POD 1</i> and <i>Glucose POD 2</i> default to 9999 or leave blank.</li> </ul> </li> </ul> <p><u>Table A</u>  <b>Add</b> new data elements</p> <p><b>Add</b> to Answer Code and Answer Value columns, “or blank if required in analytic flow chart” for the following data elements:</p> <ul style="list-style-type: none"> <li>• <i>Arrival Date</i></li> <li>• <i>Arrival Time</i></li> <li>• <i>Antibiotic Administration Date</i></li> <li>• <i>Initial Blood Culture Administration Date</i></li> </ul> <p><i>Case Identifier</i>  <b>Add</b> to Answer Value for, “Value greater than (0) assigned by the system”</p> <p><u>Question/Field Name</u>                      Parent question listed for the following SCIP data elements has <b>changed</b> from <i>Antibiotic During Stay</i> to <i>Antibiotic Received</i>:</p> <ul style="list-style-type: none"> <li>• <i>Antibiotic Name</i></li> <li>• <i>Antibiotic Administration Date</i></li> <li>• <i>Antibiotic Administration Route</i></li> <li>• <i>Antibiotic Administration Time</i></li> </ul> <p><b>Add</b> reference to parent question to the following data elements:</p> <ul style="list-style-type: none"> <li>• <i>ICD-9-CM Other Procedure Codes</i></li> <li>• <i>ICD-9-CM Principal Procedure Date</i></li> <li>• <i>ICD-9-CM Principal Procedure Code</i></li> </ul>		

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p><b>Added</b> list of data elements that have been removed</p> <p><u>Parent Child Questions</u>  <b>Added</b> new tab to identify required parent/child questions.</p>		
<b>Appendices</b>				
Appendix A	ICD-9-CM Codes	<p><b>Final ICD-9-CM codes for implementation with discharges of October 1, 2006 will not be published prior to the release of this version of the manual. Changes to Appendix A that are not related to newly released ICD-9-CM codes are included in this release. When the ICD-9-CM Coordination and Maintenance committee publishes the final codes for October 1, 2006 discharges, Appendix A will be re-released with the new codes. An addendum to these release notes will be provided at that time to identify the code changes.</b></p>	Appendix A-1 thru Appendix A-136	10-01-2006 Discharges
Appendix A	ICD-9-CM Code Tables  Measures All SCIP measures	<p><u>Table 5.08 Vascular Surgery</u>  <b>Remove</b> diagnosis code 38.59</p> <p><u>Table 5.09 Infection</u>  <ul style="list-style-type: none"> <li>• <b>Remove</b> diagnosis codes 005.0-005.4, 005.81, 005.89, 005.9, 562.03, 780.6</li> </ul>                     These diagnosis codes are not treated with antibiotics and should not be included on this table.</p> <p> <ul style="list-style-type: none"> <li>• <b>Add</b> infection diagnosis codes 569.61, 608.83, 639.0, 646.60, 646.61, 646.62, 646.63, 646.64, 670.00, 670.02, 670.04, 674.30, 674.32, and 674.34</li> </ul>                     These diagnosis codes should be included in the Infection Table.</p> <p><u>Table 5.10 Major Surgery</u>  <b>Remove</b> diagnosis code 38.59</p> <p><u>Table 5.11 Cardiac Surgery</u>  <b>Change</b> the <i>ICD-9-CM procedure code</i> in Table 5.11 from 37.13 to code 37.31</p>	<p>Appendix A-29</p> <p>Appendix A-29 thru Appendix A-65</p> <p>Appendix A-66 thru Appendix A-90</p> <p>Appendix A-90 thru Appendix A-92</p>	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
		<p><b>Add</b> new tables for use with the <u>VTE measures</u>:</p> <ul style="list-style-type: none"> <li>• Table 5.17 Intracranial Neurosurgery</li> <li>• Table 5.18 Elective Spinal Surgery</li> <li>• Table 5.19 General Surgery</li> <li>• Table 5.20 Gynecological Surgery</li> <li>• Table 5.21 Urological Surgery</li> <li>• Table 5.22 Elective Total Hip Replacement</li> <li>• Table 5.23 Elective Total Knee Replacement</li> <li>• Table 5.24 Hip Fracture Surgery</li> </ul>	NA	
Appendix A	Sampling Strata Tables	<p><b>Remove</b> the following sampling strata code tables:</p> <ul style="list-style-type: none"> <li>• A – Coronary Artery Bypass Graft (CABG) Sampling Strata</li> <li>• B – Other cardiac Surgery Sampling Strata</li> <li>• C – Hip Arthroplasty Sampling Strata</li> <li>• D – Knee Arthroplasty Sampling Strata</li> <li>• E – Colon Surgery Sampling Strata</li> <li>• F – Hysterectomy Sampling Strata</li> <li>• G – Vascular Surgery Sampling Strata</li> </ul>	<p>Appendix A-106 Appendix A-106 thru Appendix A-107 Appendix A-107 Appendix A-107 Appendix A-108 Appendix A-108 Appendix A-109</p>	10-01-2006 Discharges
Appendix A	Sampling Strata Table H	<p><b>Rename</b> the sampling strata code table ‘H – Major Surgery Sampling Strata’ to ‘5.25 – Other Major Surgery for Sampling’</p>	<p>Appendix A-109 thru Appendix A-131</p>	10-01-2006 Discharges
Appendix B	Risk Factor Definitions	<p>This section of the manual has been <b>moved</b> to the <i>ORYX Risk Adjustment Guide</i>.</p>	<p>Appendix B-1 thru Appendix B-8</p>	10-01-2006 Discharges
Appendix C	Medication Tables  Measures: PN-3b PN-5 PN-5a PN-5b PN-6	<p><u>Table 2.1 Antimicrobial Medications Table</u></p> <p><b>Remove</b> the following:</p> <ul style="list-style-type: none"> <li>• Cefamandole</li> <li>• Cefamandole Nafate</li> <li>• Cefmetazole</li> <li>• Cefmetazole Sodium</li> <li>• Efavirenz</li> </ul>	<p>Appendix C-10 thru Appendix C-17</p>	10-01-2006 Discharges

# Specification Manual for National Hospital Quality Measures

Release Notes 2.1

June 9, 2006

Manual Section	Impacts	Description of Changes	Page	Implementation Date
	PN-6a PN-6b SCIP-Inf-1 SCIP-Inf-2 SCIP-Inf-3	<ul style="list-style-type: none"> <li>• Mandol</li> <li>• Sustiva</li> <li>• Valacyclovir Hydrochloride</li> <li>• Valtrex</li> <li>• Zefazone</li> </ul> <p><u>Table 2.2 Immunosuppressive Medications</u> <b>Add</b> the following:</p> <ul style="list-style-type: none"> <li>• Actummune</li> <li>• Interferon Gamma 1b</li> <li>• Leukine</li> <li>• Neumega</li> <li>• Oprelvekin</li> <li>• Peginterferon</li> <li>• PEG-Intron</li> <li>• Sargostim</li> </ul> <p><u>Table 2.14 Quinolones – Parenteral</u> <b>Add</b> new table</p> <p><u>Table 3.1 Cardiac or Vascular - Antibiotics</u> <b>Remove:</b></p> <ul style="list-style-type: none"> <li>• Cefamandole (Mandol)</li> <li>• Cefmetazole (Zefazone)</li> </ul> <p><u>Table 3.5 Colon - Parenteral - Antibiotics</u> <b>Remove:</b></p> <ul style="list-style-type: none"> <li>• Cefamandole (Mandol)</li> <li>• Cefmetazole (Zefazone)</li> </ul> <p><b>Add</b> Ampicillin/Sulbactam (Unasyn)</p> <p><u>Table 3.7 Hysterectomy – Antibiotics</u> <b>Add</b> Ampicillin/Sulbactam (Unasyn)</p> <p><u>Table 4.0 Antibiotic Allergy Table</u> <b>Remove:</b></p> <ul style="list-style-type: none"> <li>• Cefamandole (Mandol)</li> <li>• Cefmetazole (Zefazone)</li> </ul>	<p>Appendix C-18 thru Appendix C-31</p> <p>NA</p> <p>Appendix C-36</p> <p>Appendix C-38</p> <p>Appendix C-39</p> <p>Appendix C-41 thru Appendix C-45</p>	

# Specification Manual for National Hospital Quality Measures

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Manual Section	Impacts	Description of Changes	Page	Implementation Date
Appendix G	Resources	<u>Medication Questions</u> <b>Change</b> the link from <a href="http://qnetexchange.org/public/">http://qnetexchange.org/public/</a> to <a href="http://qualitynet.org">http://qualitynet.org</a>	Appendix G-1	10-01-2006 Discharges
		<u>Abstraction or Measure Questions</u> <b>Change</b> the link from <a href="http://qnetexchange.org/public/">http://qnetexchange.org/public/</a> to <a href="http://qualitynet.org">http://qualitynet.org</a>	Appendix G-1	
Appendix H	Miscellaneous Tables  Measures: SCIP-VTE-1 SCIP-VTE-2	<u>Table 1.9 Surgery Performed During Stay</u> <b>Remove</b> table	Appendix H-6 thru Appendix H-8	10-01-2006 Discharges
		<u>Table 2.1 VTE Prophylaxis Inclusion Table</u> <b>Add</b> new table	NA	
		<u>Table 2.2 VTE Prophylaxis Exclusion Table</u> <b>Add</b> new table	NA	