

Specification Manual for National Hospital Quality Measures
Release Notes 1.02 **February 25, 2005**

Manual Section	Impacts	Description of Changes	Page	Implementation Date
<p>Release Notes 1.02 provide modifications to the <i>Specifications Manual for National Hospital Quality Measures</i>.</p> <ul style="list-style-type: none"> • Changes include corrections and clarifications in response to questions and are based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission. • Descriptions of changes are detailed. It may be advantageous to view the change in the version 1.02 documents. • The page numbers listed are from the 1.01 version of the manual. • Punctuation and formatting changes have not been listed. 				
Introduction to Data Dictionary	Data Element Dictionary Terms	Change “Suggested Data Element Question “ to “Suggested Data Collection Question”	1-4	07-01-2005 Discharges
Introduction to Data Dictionary	General Abstraction Guidelines	Medications , 3 rd bullet, 1 st indented bullet, Change wording to, “If discharge medications are noted using only references such as “continue home meds”, “continue previous medications”, or “continue meds”, rather than lists of the names of the discharge medications, the abstractor should select “Yes” if the patient was on the medication in question prior to arrival (or in the case of transfers from acute care hospitals, if the patient was on the medication in question prior to arrival at the first acute care hospital).”	1-9	07-01-2005 Discharges
Introduction to Data Dictionary	General Abstraction Guidelines	Medications , 3 rd bullet, 3 rd indented bullet, change wording of 1 st sentence to, “If discharge medications are noted using general references such as “continue home meds”, “continue previous medications”, “continue current meds”, “continue present meds”, “resume other meds”, or “continue meds”, but a list of the names of the discharge medications also in the record gives conflicting information about what medications the patient was actually discharged on, the abstractor should consider the list most accurate and use only the list in determining whether or not a patient was discharged on a specific medication.”	1-10	07-01-2005 Discharges
Data Dictionary	Alphabetical Data Element List	All data element pages have been renumbered.	1-11 1-12 1-13 1-14	07-01-2005 Discharges
Data Dictionary	Alphabetical Data Element List	Remove asterisk indicating “CMS Only” from all references to PN-3a.	1-11 1-12 1-13	07-01-2005 Discharges
Data Dictionary	Alphabetical Data Element List	Delete data element <i>ACEI Clinical Trial</i> from the Element list.	1-11	07-01-2005 Discharges
Data Dictionary	Alphabetical Data Element List	Data element <i>Clinical Trial</i> has been added and will be collected for: PN-5, PN-5a, PN-5b, PN-6, PN-6a, PN-6b.	1-12	07-01-2005 Discharges
Data Dictionary	Alphabetical Data Element List	Data element, <i>Contraindication to Both ACEI and ARB at Discharge</i> , has been moved to be in alphabetical order in the data element list and the Data Dictionary.	1-12	07-01-2005 Discharges
Data Dictionary	Alphabetical Data Element List	Data element <i>Healthcare Associated PN</i> , has been added and will be collected for: PN-6, PN-6a, PN-6b.	1-12	07-01-2005 Discharges

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Data Dictionary	Alphabetical Data Element List	Add PN-3a to the Collected for column for data element <i>ICU Transfer or Admission Within First 24 Hours</i> .	1-13	07-01-2005 Discharges
Data Dictionary	Alphabetical Data Element List	Add SIP-1 to the Collected for column for data element <i>Other Surgeries</i> .	1-13	07-01-2005 Discharges
Data Dictionary	<i>ACEI Clinical Trial</i>	Delete data element <i>ACEI Clinical Trial</i>	1-18	07-01-2005 Discharges
Data Dictionary	<i>Adult Smoking Counseling</i>	Data element <i>Adult Smoking Counseling</i> , Suggested Data Sources , add new bullet: <ul style="list-style-type: none"> • Respiratory therapy notes 	1-29	07-01-2005 Discharges
Data Dictionary	<i>Antibiotic Administration Route</i>	Data element <i>Antibiotic Administration Route</i> , Guidelines for Abstraction, Exclusion table, add new bullet: <ul style="list-style-type: none"> • joint irrigation 	1-37	07-01-2005 Discharges
Data Dictionary	<i>Antibiotic Received</i>	Data element <i>Antibiotic Received</i> , Guidelines for Abstraction, Exclusion table, add new bullet: <ul style="list-style-type: none"> • joint irrigation 	1-45	07-01-2005 Discharges
Data Dictionary	<i>Antibiotics Prior to Arrival</i>	Data element <i>Antibiotics Prior to Arrival</i> , Guidelines for Abstraction, Exclusion table, add new bullet: <ul style="list-style-type: none"> • joint irrigation 	1-48	07-01-2005 Discharges
Data Dictionary	<i>Arrival Time</i>	Data element <i>Arrival Time</i> , Notes for Abstraction , add new bullet: <ul style="list-style-type: none"> • “Medical record documentation from all of the “only acceptable sources” should be carefully examined in determining the most correct time of arrival. Arrival time should NOT be abstracted simply as the earliest time in the acceptable sources, without regard to substantiating documentation. If documentation suggests that the earliest time in the acceptable sources does not reflect the time the patient arrived at the hospital, this time should not be used.” 	1-53	07-01-2005 Discharges
Data Dictionary	<i>Clinical Trial</i>	Data element <i>Clinical Trial</i> has been added and will be collected for PN-5, PN-5a, PN-5b, PN-6, PN-6a, PN-6b.	NA	07-01-2005 Discharges
Data Dictionary	<i>Comfort Measures Only</i>	Data element <i>Comfort Measures Only</i> , Notes for Abstraction , change “None” to “If the only mention of comfort measures or hospice is at discharge, answer “No” to this question.”	1-73	07-01-2005 Discharges
Data Dictionary	<i>Compromised</i>	Data element <i>Compromised</i> , Notes for Abstraction , add new bullet: <ul style="list-style-type: none"> • “If one of the conditions listed above includes the statement “within/in the last 3 months” and no timeframe is documented in the medical record to ascertain “within/in the last 3 months”, i.e., “history of” etc., answer “No” to this question.” 	1-76	07-01-2005 Discharges

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Data Dictionary	<i>Contraindication to Both ACEI and ARB at Discharge</i>	<p>Data element <i>Contraindication to Both ACEI and ARB at Discharge</i>, Notes for Abstraction, 5th bullet,</p> <ul style="list-style-type: none"> • 2nd indented bullet, 1st sentence, second parenthesis, following “Terminal care, no further treatment”, add “mid-stay order to “Hold lisinopril” or “DC valsartan”).” • 2nd indented bullet, after the 2nd sentence, add, “MD/NP/PA documentation of discontinuation of a particular ACEI or ARB in combination with documentation to start a different ACEI or ARB should not be considered a “clearly implied” reason for not prescribing an ACEI or ARB – e.g., “DC accupril” followed by “Start Lotensin”.” • 3rd indented bullet, change wording in parenthesis to, “(e.g., mid-hospitalization note stating no ACEIs “due to acute renal failure”-consider as reason for no ACEI at discharge, even if documentation indicates that the acute renal failure had resolved by the time of discharge).” • 4th indented bullet, add “MD/NP/PA” after the first word in the sentence • Add new indented bullet after 2nd indented bullet that reads, “ACEI or ARB holds or discontinuations which are part of standardized hospital pre-op or post-op orders/protocol should NOT be counted as contraindications.” 	1-78 1-79	07-01-2005 Discharges
Data Dictionary	<i>Contraindication to Aspirin at Discharge</i>	<p>Data element <i>Contraindication to Aspirin at Discharge</i>, Notes for Abstraction, following the 4th bullet, make the following changes:</p> <ul style="list-style-type: none"> • 1st indented bullet, 1st sentence, 2nd parenthesis, following “Terminal care, no further treatment”, add “mid-stay order to “Hold ASA” or “DC aspirin”.” • 1st indented bullet, after 2nd sentence add, “MD/NP/PA documentation of discontinuation of a particular aspirin medication in combination with documentation to start a different aspirin medication should not be considered a “clearly implied” reason for not prescribing aspirin – e.g., “DC aspartab” followed by “Start Ecotrin”.” • 2nd indented bullet, change parenthesis to read, “(e.g., mid-hospitalization note stating no aspirin “due to rectal bleeding” - select “Yes”, even if documentation indicates that the rectal bleeding has resolved by the time of discharge.)” • 3rd indented bullet, add “MD/NP/PA” after the first word in the sentence • Add new indented bullet between 1st and 2nd indented bullets worded, “Aspirin holds or 	1-82	07-01-2005 Discharges

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		discontinuations which are part of standardized hospital pre-op or post-op orders/protocol should NOT be counted as contraindications.”		
Data Dictionary	<i>Contraindication to Aspirin on Arrival</i>	<p>Data element <i>Contraindication to Aspirin on Arrival</i>, Notes for Abstraction, 6th bullet,</p> <ul style="list-style-type: none"> • 1st indented bullet, 1st sentence, 2nd parenthesis, following “Terminal care, no further treatment”, add “ED order to “Hold ASA” or “DC aspirin”).” • 1st indented bullet, after 2nd sentence add, “MD/NP/PA documentation of discontinuation of a particular aspirin medication in combination with documentation to start a different aspirin medication should not be considered a “clearly implied” reason for not prescribing aspirin – e.g., “DC aspartab” followed by “Start Ecotrin”).” • 2nd indented bullet, add “MD/NP/PA” after the first word in the sentence • Add 2 new indented bullets after the 1st indented bullet: <ul style="list-style-type: none"> ○ “Aspirin holds or discontinuations which are part of standardized hospital pre-op or post-op orders/protocol should NOT be counted as contraindications.” ○ “Documentation must be clear that the given reason applies to the first 24 hour time period (e.g., “Hold buffered aspirin” per note dated/timed within 24 hours, “Unable to start aspirin until now due to hematuria” per note dated 3 days after arrival).” 	1-85 1-86	07-01-2005 Discharges
Data Dictionary	<i>Contraindication to Beta Blocker at Discharge</i>	<p>Data element <i>Contraindication to Beta Blocker at Discharge</i>, Notes for abstraction, 7th bullet,</p> <ul style="list-style-type: none"> • 1st indented bullet, 1st sentence, 2nd parenthesis, following “Terminal care, no further treatment”, add “mid-stay order to “Hold Coreg” or “DC atenolol”).” • 1st indented bullet, after 2nd sentence add, “MD/NP/PA documentation of discontinuation of a particular beta blocker in combination with documentation to start a different beta blocker should not be considered a “clearly implied” reason for not prescribing a beta blocker – e.g., “DC sotalol” followed by “Start Tenormin”).” • 2nd indented bullet, change wording in the parentheses to, “(e.g., mid-hospitalization note stating no beta blockers “due to hypotension” – select “Yes”, even if documentation indicates that the hypotension had resolved by the time of discharge).” • 3rd indented bullet, add “MD/NP/PA” after the 1st word in the sentence • Add new indented bullet after 1st indented bullet worded, “Beta blocker holds or discontinuations which are part of standardized hospital pre-op or 	1-88 1-89	07-01-2005 Discharges

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		post-op orders/protocol should NOT be counted as contraindications.”		
Data Dictionary	<i>Contraindication to Beta Blocker at Discharge</i>	Data element <i>Contraindication to Beta Blocker at Discharge</i> , Suggested Data Sources , 3 rd bullet, remove EKG.	1-89	07-01-2005 Discharges
Data Dictionary	<i>Contraindication to Beta Blocker on Arrival</i>	Data element <i>Contraindication to Beta Blocker on Arrival</i> , Definition , change the first sentence wording to, “Contraindications/reasons for not prescribing beta blockers on arrival include: beta blocker allergy, bradycardia (heart rate less than 60 beats per minute [bpm]) on arrival or within 24 hours after arrival while not on a beta blocker, heart failure on arrival or within 24 hours after arrival, second or third degree heart block on ECG on arrival or within 24 hours after arrival and does not have a pacemaker, shock on arrival or within 24 hours after arrival, systolic blood pressure less than 90 mm Hg on arrival or within 24 hours after arrival while not on a beta blocker, or other reasons documented by physician, nurse practitioner, or physician assistant for not prescribing a beta blocker on arrival.”	1-91	07-01-2005 Discharges
Data Dictionary	<i>Contraindication to Beta Blocker on Arrival</i>	Data element <i>Contraindication to Beta Blocker on Arrival</i> , Allowable Values , 6 th bullet, change wording to, “Systolic blood pressure less than 90 mm Hg on arrival or within 24 hours after arrival while not on a beta blocker.”	1-92	07-01-2005 Discharges
Data Dictionary	<i>Contraindication to Beta Blocker on Arrival</i>	Data element <i>Contraindication to Beta Blocker on Arrival</i> , Notes for Abstraction , <ul style="list-style-type: none"> • 4th bullet, remove indented bullet, but include documentation from indented bullet in the 4th bullet. • 8th bullet, 1st indented bullet, 1st sentence, 2nd parenthesis, following “Terminal care, no further treatment”, add “ED order to “Hold Coreg” or “DC atenolol”).” • 8th bullet, 1st indented bullet, following 2nd sentence, add “MD/NP/PA documentation of discontinuation of a particular beta blocker in combination with documentation to start a different beta blocker should not be considered a “clearly implied” reason for not prescribing a beta blocker – e.g., “DC sotalol” followed by “Start Tenormin”.” • 8th bullet, 2nd indented bullet, add “MD/NP/PA” after the 1st word in the 1st sentence • 8th bullet, add 2 indented bullets: <ul style="list-style-type: none"> ○ “Beta blocker holds or discontinuations which are part of standardized hospital pre-op or post-op orders/protocol should NOT be counted as contraindications.” ○ “Documentation must be clear that the given reason applies to the first 24 hour time period (e.g., “Hold Inderal” per note dated/timed 	1-92 1-93	07-01-2005 Discharges

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		<p>within 24 hours, “Patient’s BP too low to start beta blockers until now” per note dated 3 days after arrival).”</p> <ul style="list-style-type: none"> ○ Add new bullet with indented bullet being “Consider the patient.....” (which is currently the 2nd indented bullet of the 4th bullet), worded, reads, “When determining whether there is bradycardia (heart rate less than 60) or systolic blood pressure less than 90 mm Hg on arrival or within 24 hours after arrival while not on beta blocker:” 		
Data Dictionary	<i>First PCI Time</i>	Data Element <i>First PCI Time</i> , Allowable Values , For example, 3 rd time should read: “11:59 am – 11:59”.	1-125	01-01-2005 Discharges
Data Dictionary	<i>Healthcare Associated PN</i>	Add data element <i>Healthcare Associated PN</i> , collected for PN-6, PN-6a, PN-6b.	NA	07-01-2005 Discharges
Data Dictionary	<i>Hispanic Ethnicity</i>	Data element <i>Hispanic Ethnicity</i> , Definition, Suggested Data Collection Question, and Allowable Values , change “Hispanic ethnicity” to “Hispanic ethnicity or Latino”	1-128	07-01-2005 Discharges
Data Dictionary	<i>Hispanic Ethnicity</i>	Data element <i>Hispanic Ethnicity</i> , Guidelines for Abstraction, Inclusion list, change wording to: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin”, can be used in addition to “Hispanic or Latino”. “Examples: Black-Hispanic, Chicano, H, Hispanic, Latin American, Latino/Latina, Mexican-American, Spanish, White-Hispanic”	1-128	07-01-2005 Discharges
Data Dictionary	<i>ICD Population Size</i>	Data element <i>ICD Population Size</i> , Definition , 2 nd paragraph, delete the word, “Examples.” Also, the definition has been revised to include the following text: “For specific measures and measure sets, ICD Population Size is further defined as follows:” <ul style="list-style-type: none"> • AMI, change wording to, “Number of case-level records with an ICD-9-CM Principal Diagnosis Code in Appendix A on Table 1.1, and an age (<i>Admission Date – Birthdate</i>) of greater than or equal to eighteen years, for the individual measure during the specified time period.” • HF, change wording to, “Number of case-level records with an ICD-9-CM Principal Diagnosis Code in Appendix A on Table 2.1, and an age (<i>Admission Date – Birthdate</i>) of greater than or equal to eighteen years, for the individual measure during the specified time period.” • PN, change wording to, “Number of case-level records with: an ICD-9-CM Principal Diagnosis Code in Appendix A on Table 3.1, and an age (<i>Admission Date – Birthdate</i>) of greater than or equal to eighteen years, or; an ICD-9-CM Principal Diagnosis Code in Appendix A on 	1-129 1-130	07-01-2005 Discharges

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		<p>Table 3.2 or Table 3.3 and an ICD-9-CM Other Diagnosis Code in Appendix A on Table 3.1, and an age (<i>Admission Date – Birthdate</i>) of greater than or equal to eighteen years.”</p> <ul style="list-style-type: none"> • PR-2, change wording to, “Number of case-level neonate records with an age (<i>Discharge Date – Admission Date or Discharge Date – Birthdate</i>) of 0 to less than 28 days.” • SIP change wording to, “Number of case-level records with an ICD-9-CM Principal Procedure Code and/or Other Procedure Code in Appendix A on Tables 5.01 to 5.08, and an age (<i>Admission Date – Birthdate</i>) of greater than or equal to eighteen years.” • Change the wording of the note to, “Note to clarify calculating the ICD Population Size for SIP:” 		
Data Dictionary	<i>ICU Transfer or Admission Within First 24 Hours</i>	<p>Data element, <i>ICU Transfer or Admission Within First 24 Hours</i>, change the following:</p> <ul style="list-style-type: none"> • Collected For: Add PN-3a • Notes for Abstraction, change “None” to “If the patient was transferred or admitted to the ICU within the first 24 hours after arrival to the hospital for reasons other than complications due to pneumonia, answer “No” to this question, i.e., a patient presents to the ED with pneumonia and shortly after arrival has a GI bleed or cardiac arrhythmia or the ICU may be the only place with monitored beds.” 	1-137	07-01-2005 Discharges
Data Dictionary	<i>Initial ECG Interpretation</i>	<p>Data element <i>Initial ECG Interpretation</i>, Notes for Abstraction:</p> <ul style="list-style-type: none"> • 11th bullet, 3rd sentence, change wording to, “New” and “subacute” should not be considered synonymous with “acute”.” • 14th bullet, change wording to, “LBBBs described as old should be disregarded.” 	1-152	07-01-2005 Discharges
Data Dictionary	<i>Initial ECG Interpretation</i>	<p>Data element <i>Initial ECG Interpretation</i>, Guidelines for Abstraction, Inclusion list, Left bundle branch block (LBBB), remove the 3rd bullet “LBBB described as old”.</p>	1-153	07-01-2005 Discharges
Data Dictionary	<i>LVF Assessment</i>	<p>Data element <i>LVF Assessment</i>, Guidelines for Abstraction, Exclusion list, add bullet “left ventricular failure”</p>	1-158	07-01-2005 Discharges
Data Dictionary	<i>Other Surgeries</i>	<p>Data element <i>Other Surgeries</i>, Collected For, add SIP-1.</p>	1-170	07-01-2005 Discharges
Data Dictionary	<i>Other Surgeries</i>	<p>Data element <i>Other Surgeries</i>, Definition, change wording to, “Other procedures requiring general or spinal anesthesia that occurred within 24 hours prior to or after the procedure of interest.”</p>	1-170	07-01-2005 Discharges

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Data Dictionary	<i>Other Surgeries</i>	Data element <i>Other Surgeries</i> , Suggested Data Collection Question , change wording to, “Were there any other procedures requiring general or spinal anesthesia that occurred within 24 hours prior to or after the procedure of interest?”	1-170	07-01-2005 Discharges
Data Dictionary	<i>Other Surgeries</i>	Data element <i>Other Surgeries</i> , Allowable Values: <ul style="list-style-type: none"> • Y (Yes) option, change wording to, “There is documentation of another procedure requiring general or spinal anesthesia that occurred within 24 hours prior to or after the procedure of interest.” • N (No) option, change wording to, “There is no documentation of any other procedure requiring general or spinal anesthesia that occurred within 24 hours prior to or after the procedure of interest.” 	1-170	07-01-2005 Discharges
Data Dictionary	<i>Other Surgeries</i>	Data element <i>Other Surgeries</i> , Notes for Abstraction , change wording and format to the following: <ul style="list-style-type: none"> • “The following are two scenarios that must be clarified: <ul style="list-style-type: none"> ○ “If multiple procedures are performed during the same surgical episode, whether or not additional procedures are among the procedures of interest, the answer to this question will be “No”.” ○ “If other procedures are performed during separate surgical episodes requiring general or spinal anesthesia and occur within 24 hours of the procedure of interest, the answer to this question will be “Yes”.” • “For other surgical procedures requiring general or spinal anesthesia performed prior to the procedure of interest, the 24-hour window begins at the <i>Surgery End Time</i> of the earlier procedure and ends at the <i>Surgical Incision Time</i> of the procedure of interest.” • “For other surgical procedures requiring general or spinal anesthesia that occur after the procedure of interest, the 24-hour window begins at the <i>Surgery End Time</i> of the procedure of interest and ends at the <i>Surgical Incision Time</i> of the subsequent procedure.” • “If multiple procedures occur during the same surgical episode, the <i>Surgical Incision Time</i> captured will be the incision that occurs first (whether or not a procedure of interest) and the <i>Surgery End Time</i> will be the end time that occurs last (whether or not a procedure of interest.)” 	1-170	07-01-2005 Discharges

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Data Dictionary	<i>Pneumonia Working Diagnosis on Admission</i>	Data element, <i>Pneumonia Working Diagnosis on Admission</i> , Notes for Abstraction , <ul style="list-style-type: none"> • 1st bullet, change wording to, “Do not include information from consultation notes, history and physical, or physician admit notes written later than admission, even if dated the day of, or the day after admission, unless the patient was a direct admit.” • Add bullet, “Do not use a “check-off” list for working diagnosis unless there is documentation the form was completed by a physician/nurse practitioner/physician assistant.” • Add bullet, “Do not include aspiration pneumonia or any pneumonia caused by chemical agents or medications.” 	1-184	07-01-2005 Discharges
Data Dictionary	<i>Pneumonia Working Diagnosis on Admission</i>	Data element, <i>Pneumonia Working Diagnosis on Admission</i> , Guidelines for Abstraction , change the following: <ul style="list-style-type: none"> • Inclusion list, remove bullet, “pneumonia of any type” • Exclusion list, remove bullet, “aspiration without mention of pneumonia” 	1-185	07-01-2005 Discharges
Data Dictionary	<i>Preop Location</i>	Data element <i>Preop Location</i> , Definition , add “area” to the end of the statement.	1-196	07-01-2005 Discharges
Data Dictionary	<i>Pseudomonas Risk</i>	Data element <i>Pseudomonas Risk</i> , Definition , make the following changes: <ul style="list-style-type: none"> • Delete last 2 bullets referencing malnutrition and serum albumin level and replace them with the following two bullets: • Add new bullet, “Physician/nurse practitioner/physician assistant documented pseudomonal risk.” • Add new bullet, “COPD with a physician/nurse practitioner/physician assistant documented history of repeated antibiotics or chronic corticosteroid use.” 	1-200	07-01-2005 Discharges
Data Dictionary	<i>Pseudomonas Risk</i>	Data element <i>Pseudomonas Risk</i> , Notes for Abstraction , make the following changes: <ul style="list-style-type: none"> • 1st bullet, change wording to, “Accept only physician/nurse practitioner/physician assistant documentation when determining if bronchiectasis is considered on admission.” • 2nd bullet, add “for bronchiectasis” to the end of the sentence. • Delete the 3rd bullet • 4th bullet, add “for bronchiectasis” to the end of the sentence. • Add new bullet, “One time use or one course of antibiotics or corticosteroids is not considered chronic.” 	1-200	07-01-2005 Discharges

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Data Dictionary	<i>Pseudomonas Risk</i>	Data element <i>Pseudomonas Risk</i> , Guidelines for Abstraction, Inclusion list, make the following changes: <ul style="list-style-type: none"> • Delete subsection, “Malnutrition” • Delete subsection, “Albumin” • Add subsection, “Pseudomonal Risk: Physician/Nurse Practitioner/Physician Assistant documentation only” <ul style="list-style-type: none"> • “COPD with multiple rounds of antibiotics” • “COPD with chronic corticosteroid use” • “COPD with long-term corticosteroid use” • “Pseudomonal risk” 	1-201	07-01-2005 Discharges
Data Dictionary	<i>Pseudomonas Risk</i>	Data element <i>Pseudomonas Risk</i> , Guidelines for Abstraction, Exclusion list, make the following changes: <ul style="list-style-type: none"> • Delete subsection, “Malnutrition” • Delete subsection, “Albumin” • Add subsection, “Pseudomonal Risk” <ul style="list-style-type: none"> • “COPD with no physician/nurse practitioner/physician assistant documentation of a history of repeated antibiotic use or chronic corticosteroid use.” 	1-201	07-01-2005 Discharges
Data Dictionary	<i>Race</i>	Data element, <i>Race</i> , Allowable Values , make the following changes: <ol style="list-style-type: none"> 1 Caucasian - change to “White” 2 African American – change to “Black or African American” 3 American Indian/Alaska Native change to “American Indian or Alaska Native” 4 Asian – remove Far East/Indian from description. 5 Native Hawaiian/Pacific Islander change to “Native Hawaiian or Pacific Islander” 6 Other – change to RETIRED VALUE 7 UTD – change e.g., to (“e.g., not documented, conflicting documentation or patient unwilling to provide”) 	1-204	07-01-2005 Discharges
Data Dictionary	<i>Race</i>	Data element, <i>Race</i> , Notes for Abstraction , replace “None” with the following: <ul style="list-style-type: none"> • “The data element, <i>Hispanic Ethnicity</i>, is required in addition to this data element.” • “If documentation indicates the patient has more than one race (e.g., Black-White, Indian-White), select the first listed race.” • “Although the terms “Hispanic” and “Latino” are actually descriptions of the patient’s ethnicity, it is not uncommon to find them referenced as 	1-204	07-01-2005 Discharges

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		race. If the patient’s race is documented only as Hispanic/Latino, select “White”. If the race is documented as mixed Hispanic/Latino with another race, use whatever race is given (e.g., Black-Hispanic – select “Black”). Other terms for Hispanic/Latino include Chicano, Cuban, H (for Hispanic), Latin American, Latina, Mexican, Mexican-American, Puerto Rican, South or Central American, and Spanish.”		
Data Dictionary	<i>Race</i>	Data element, <i>Race</i> , Guidelines for Abstraction, Inclusion list, change wording to: <ul style="list-style-type: none"> • “Black or African American” “A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”.” • “American Indian or Alaska Native” “A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.” • “Asian” “A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.” • “White” “A person having origins in any of the original peoples of Europe, the Middle East, or North Africa, e.g., Caucasian, Iranian, White.” • “Native Hawaiian or Pacific Islander” “A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.” 	1-205	07-01-2005 Discharges
Data Dictionary	<i>Reason for No Lipid Lowering Therapy</i>	Data element <i>Reason for No Lipid Lowering Therapy</i> , Notes for Abstraction: <ul style="list-style-type: none"> • 1st bullet, 1st indented bullet, 1st sentence, 2nd parenthesis, following “Terminal care, no further treatment” add “mid-stay order to “Hold Pravachol” or “DC simvastatin”). If reasons are not mentioned in the context of lipid lowering agents, do not make inferences (e.g., do not assume that a lipid lowering agent is not being prescribed because of the patient’s history of alcoholism or severe liver disease). MD/NP/PA documentation of discontinuation of a particular lipid lowering agent in combination with documentation to start a different lipid lowering agent should not be considered a “clearly implied” reason for not prescribing a lipid lowering agent – e.g., “DC lovastatin” followed 	1-208 1-209	07-01-2005 Discharges

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		<p>by “Start Zocor”.”</p> <ul style="list-style-type: none"> • 1st bullet, remove 2nd indented bullet, but include documentation from 2nd indented bullet in the 1st bullet. • 1st bullet, 3rd indented bullet, change the parentheses wording to, “(e.g., mid-hospitalization note stating no lipid lowering agents “due to abnormal liver enzymes” – select “Yes”, even if documentation indicates that the liver enzyme levels normalized by the time of discharge.)” • 1st bullet, 4th indented bullet, add “MD/NP/PA” after the 1st word in the 1st sentence • 1st bullet, add indented bullet worded, “Lipid lowering agent holds or discontinuations which are part of standardized hospital pre-op or post-op orders/protocol should NOT be counted as reasons for not prescribing lipid lowering agents.” 		
Data Dictionary	<i>Surgical Incision Time</i>	Data element, <i>Surgical Incision Time</i> , Notes for Abstraction, Examples, Example 1 , change “Enter 13:10” to “Enter 13:18”.	1-218	07-01-2005 Discharges
Data Dictionary	<i>Temperature</i>	Data element, <i>Temperature</i> , Format, Type , change from “Alphanumeric” to “Numeric”.	1-221	07-01-2005 Discharges
Data Dictionary	<i>Transfer From Another ED</i>	Data element <i>Transfer From Another ED</i> , Notes for Abstraction , add new bullet: <ul style="list-style-type: none"> • “If a patient is transferred in from the emergency department or observation unit of ANY outside hospital, option “Yes” should be selected, regardless of whether the two hospitals are close in proximity, part of the same hospital system, have a shared medical record or provider number, etc.” 	1-229	07-01-2005 Discharges
Data Dictionary	<i>Type of Surgery</i>	Data element <i>Type of Surgery</i> , Definition , change wording to: “The classification of the surgical procedure, selected as the procedure of interest, which was performed during the admission and is consistent with at least one corresponding value in the data element <i>ICD-9-CM Principal Procedure Code</i> or <i>ICD-9-CM Other Procedure Codes</i> .”	1-232	07-01-2005 Discharges
Data Dictionary	<i>Type of Surgery</i>	Data element <i>Type of Surgery</i> , Allowable Values , change wording to: <ul style="list-style-type: none"> • “1 CABG: The procedure selected as the procedure of interest was a CABG with a procedure code on Table 5.01 in Appendix A.” • “2 Cardiac Surgery: The procedure selected as the procedure of interest was a cardiac surgery other than CABG with a procedure code on Table 5.02 in Appendix A.” • “3 Hip Arthroplasty: The procedure selected as the procedure of interest was a hip arthroplasty with a procedure code on Table 5.04 in Appendix A.” 	1-232	07-01-2005 Discharges

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		<ul style="list-style-type: none"> • “4 Knee Arthroplasty: The procedure selected as the procedure of interest was a knee arthroplasty with a procedure code on Table 5.05 in Appendix A.” • “5 Colon Surgery: The procedure selected as the procedure of interest was a colon surgery with a procedure code on Table 5.03 in Appendix A.” • “6 Hysterectomy: The procedure selected as the procedure of interest was an abdominal or vaginal hysterectomy with a procedure code on Table 5.06 or 5.07 in Appendix A.” • “7 Vascular Surgery: The procedure selected as the procedure of interest was a vascular surgery with a procedure code on Table 5.08 in Appendix A.” 		
Data Dictionary	<i>Type of Surgery</i>	Data element <i>Type of Surgery</i> , Allowable Values , add: “JCAHO NOTE TO PROGRAMMERS: Measurement Systems are required to implement validation rules within their data collection instruments which limit an abstractor’s selection to a value consistent with the ICD-9-CM procedure codes available for the episode of care. ICD-9-CM procedure codes corresponding to <i>Type of Surgery</i> allowable values 1 through 7 are listed in Tables 5.01 through 5.08 of Appendix A.”	1-232	07-01-2005 Discharges
Data Dictionary	<i>Type of Surgery</i>	Data element <i>Type of Surgery</i> , Notes for Abstraction , change wording to: <ul style="list-style-type: none"> • “If the <i>ICD-9-CM Principal Procedure Code</i> is a procedure listed on Tables 5.01 through 5.08 of Appendix A, then it should be selected as the procedure of interest.” • “If a combined procedure is performed during the same surgical episode, i.e., during a single visit to the operating room, and one of those procedures is listed as the <i>ICD-9-CM Principal Procedure Code</i> and that procedure is listed on Tables 5.01 through 5.08 of Appendix A, then select the principal procedure as the surgical procedure of interest.” • “If a combined procedure is performed during the same surgical episode, i.e., during a single visit to the operating room, and none of those procedures is listed as the <i>ICD-9-CM Principal Procedure Code</i>, and more than one of those procedures are listed on Tables 5.01 through 5.08 of Appendix A, then, select the procedure which began first as the surgical procedure of interest.” • “If a combined procedure is performed during the same surgical episode, i.e., during a single visit to the operating room, and none of those procedures is listed as the <i>ICD-9-CM Principal Procedure Code</i>, and only one of those 	1-232	07-01-2005 Discharges

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		<p>procedures is listed as an <i>ICD-9-CM Other Procedure Codes</i> and found on Table 5.01 through 5.08 of Appendix A, then, select the procedure which is listed on Tables 5.01 through 5.08 of Appendix A as the surgical procedure of interest.”</p> <ul style="list-style-type: none"> If several procedures are performed during different surgical episodes, i.e., during different visits to the operating room, regardless of dates, and none of those procedures is listed as the <i>ICD-9-CM Principal Procedure Code</i>, but one or more are listed as <i>ICD-9-CM Other Procedure Codes</i> and found on Tables 5.01 through 5.08 of Appendix A, then, of those, select the procedure which began first, as determined chronologically by date and time, as the surgical procedure of interest.” 		
Data Dictionary	<i>Type of Surgery</i>	Data element <i>Type of Surgery</i> , Suggested Data Sources , change wording of: <ul style="list-style-type: none"> “Operative report” to “Operating room record” “Physician progress notes” to “Physician/Nurse Practitioner/Physician Assistant progress notes” 	1-233	07-01-2005 Discharges
Data Dictionary	<i>Type of Surgery</i>	Data element <i>Type of Surgery</i> , Guidelines for Abstraction , <ul style="list-style-type: none"> Inclusion, change entry to, “Refer to Appendix A, Tables 5.01-5.08” Exclusion, change entry to, “None” 	1-233	07-01-2005 Discharges
Measure Information	AMI Data Element List	In the 2 nd footnote, change “National Voluntary Hospital Reporting Initiative” to “Hospital Quality Alliance”	AMI-2	07-01-2005 Discharges
Measure Information	AMI Data Element List	Remove the data element, <i>ACEI Clinical Trial</i> .	AMI-3	07-01-2005 Discharges
Measure Information	AMI Measure Information Form	AMI-3, Denominator Statement, Excluded Populations , remove bullet, “Patients with chart documentation of participation in a clinical trial testing alternatives to ACEIs as first line heart failure therapy”.	AMI-3-2	07-01-2005 Discharges
Measure Information	AMI Measure Information Form	AMI-3, Denominator Statement, Data Elements , remove <i>ACEI Clinical Trial</i> .	AMI-3-2	07-01-2005 Discharges
Measure Information	AMI Analytic Flowchart	AMI-3, <i>ACEI Clinical Trial</i> diamond has been deleted from the analytic flowchart.	AMI-3-6	07-01-2005 Discharges
Measure Information	AMI Measure Information Form	AMI-6, Denominator Statement, Excluded Populations , under the 7 th bullet, change 6 th indented bullet wording to, “Systolic blood pressure less than 90 mm Hg on arrival or within 24 hours after arrival while not on a beta blocker”.	AMI-6-1 AMI-6-2	07-01-2005 Discharges
Measure Information	HF Data Element List	In the 2 nd footnote, change “National Voluntary Hospital Reporting Initiative” to “Hospital Quality Alliance”.	HF-2	07-01-2005 Discharges
Measure Information	HF Data Element List	Remove the data element, <i>ACEI Clinical Trial</i> .	HF-3	07-01-2005 Discharges

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Manual Section	Impacts	Description of Changes	Page	Implementation Date
Measure Information	HF Measure Information Form	HF-3, Denominator Statement, Excluded Populations , remove bullet, “Patients with chart documentation of participation in a clinical trial testing alternatives to ACEIs as first line heart failure therapy”.	HF-3-2	07-01-2005 Discharges
Measure Information	HF Measure Information Form	HF-3, Denominator Statement, Data Elements , remove <i>ACEI Clinical Trial</i> .	HF-3-2	07-01-2005 Discharges
Measure Information	HF Analytic Flowchart	HF-3, <i>ACEI Clinical Trial</i> diamond has been deleted from the analytic flowchart.	HF-3-6	07-01-2005 Discharges
Measure Information	PN National Quality Measures	<ul style="list-style-type: none"> • Remove the asterisk from PN-3a in the column titled “Set Measure ID#”. • For measure PN-3a, change Performance Measure Name to, “Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patient Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival” 	PN-1	07-01-2005 Discharges
Measure Information	PN Data Element List	Add data elements <i>Abstraction Date</i> and <i>Abtractor Identification (ID) Number</i> to the list as “CMS Only” data elements collected for “All Records”.	PN-2	07-01-2005 Discharges
Measure Information	PN Data Element List	In the 2 nd footnote, change “Health Quality Alliance” to “Hospital Quality Alliance”	PN-2	07-01-2005 Discharges
Measure Information	PN Data Element List	Algorithm Output Data Element Name list: <ul style="list-style-type: none"> • <i>Measure Category Assignment</i>, change Collected For to “Used for measure calculation**” • <i>Measurement Value</i>, change Collected For to “Used in data transmission for continuous variable measures ** (PN-5)” 	PN-2	07-01-2005 Discharges
Measure Information	PN Data Element List	Remove asterisk indicating “CMS Only” from all references to PN-3a	PN-3	07-01-2005 Discharges
Measure Information	PN Data Element List	Add data element, <i>Clinical Trial</i> , collected for PN-5, PN-5a, PN-5b, PN-6, PN-6a, PN-6b.	PN-3	07-01-2005 Discharges
Measure Information	PN Data Element List	Add data element <i>Healthcare Associated PN</i> , collected for PN-6, PN-6a, PN-6b.	PN-3	07-01-2005 Discharges
Measure Information	PN Data Element List	Add PN-3a to the Collected For column for data element, <i>ICU Transfer or Admission Within First 24 Hours</i> .	PN-3	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-3a, Performance Measure Name , change wording to “Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival.”	PN-3a-1	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-3a, Description , change wording to, “Pneumonia patients transferred or admitted to the ICU within 24 hours of hospital arrival, who had blood cultures performed within 24 hours prior to or 24 hours after hospital arrival.”	PN-3a-1	07-01-2005 Discharges

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Measure Information	PN Measure Information Form	PN-3a, Rationale , 1 st sentence, change wording to, “Published pneumonia treatment guidelines from ATS/IDSA recommend performance of blood cultures for all inpatients with severe pneumonia to optimize therapy.”	PN-3a-1	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-3a, Numerator Statement , change wording to, “Number of pneumonia patients transferred or admitted to the ICU within 24 hours of hospital arrival who had blood cultures performed within 24 hours prior to or 24 hours after arrival at the hospital.”	PN-3a-1	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-3a, Denominator Statement , change wording to, “Pneumonia ICU patients 18 years of age and older.”	PN-3a-1	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-3a, Denominator Statement, Included Populations , add new bullet: <ul style="list-style-type: none"> • Patients transferred or admitted to the ICU within 24 hours of hospital arrival 	PN-3a-2	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-3a, Denominator Statement, Excluded Populations , add new bullet: <ul style="list-style-type: none"> • Patients not transferred or admitted to the ICU within 24 hours of hospital arrival 	PN-3a-2	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-3a, Denominator Statement, Data Elements , add new bullet: <ul style="list-style-type: none"> • <i>ICU Transfer or Admission Within 24 Hours</i> 	PN-3a-2	07-01-2005 Discharges
Measure Information	PN Analytic Flowcharts	PN-3a, <i>ICU Transfer or Admission Within 24 Hours</i> diamond added in the middle of the page	PN-3a-5	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-5, Excluded Populations , add new bullet: <ul style="list-style-type: none"> • Patients involved in protocols or clinical trials 	PN-5-2	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-5, Data Elements , add new bullet: <ul style="list-style-type: none"> • <i>Clinical Trial</i> 	PN-5-2	07-01-2005 Discharges
Measure Information	PN Analytic Flowchart	PN-5, <i>Clinical Trial</i> diamond added in the middle of the page.	PN-5-6	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-5ab, Denominator Statement, Excluded Populations , add new bullet: <ul style="list-style-type: none"> • Patients involved in protocols or clinical trials 	PN-5ab-2	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-5ab, Denominator Statement, Data Elements , add new bullet: <ul style="list-style-type: none"> • <i>Clinical Trial</i> 	PN-5ab-3	07-01-2005 Discharges
Measure Information	PN Analytic Flowchart	PN-5ab, <i>Clinical Trial</i> diamond added in the middle of the page	PN-5ab-6	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-6, 6ab, Denominator Statement, Excluded Populations , add two bullets: <ul style="list-style-type: none"> • Patients involved in protocols or clinical trials • Patients with <i>Healthcare Associated PN</i> (for definition see data element in data dictionary) 	PN-6, 6ab-2, 3	07-01-2005 Discharges

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Measure Information	PN Measure Information Form	PN-6, 6ab, Denominator Statement, Data Elements , add two bullets: <ul style="list-style-type: none"> • <i>Clinical Trial</i> • <i>Healthcare Associated PN</i> 	PN-6, 6ab-3	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-6, 6ab, Pneumonia Antibiotic Consensus Recommendations, Non-ICU Patient column, <ul style="list-style-type: none"> • β-lactam, add ertapenem • Quinolones, add gemifloxacin 	PN-6, 6ab-5	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-6, 6ab, Pneumonia Antibiotic Consensus Recommendations, ICU Patient column, <ul style="list-style-type: none"> • Change 3rd regimen wording to, “If documented β-lactam allergy: Quinolone (IV) Table 2.9 +/- Clindamycin* (IV)Table 2.12” • Delete 4th regimen, “Or Quinolone (IV) Table 2.9 + Vancomycin (IV) Table 2.13.” • β lactam, add ertapenem. • Add to the bottom of the list “*Clindamycin is optional” 	PN-6, 6ab-5	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-6, 6ab, Pneumonia Antibiotic Consensus Recommendations, Pseudomonal Risk column, <ul style="list-style-type: none"> • Change 1st bullet wording to, “In addition to the antibiotics listed under ICU, if the patient had a pseudomonal risk, these antibiotics would also be considered acceptable. • Change 3rd regimen wording to, “If documented β-lactam allergy: Aztreonam Table 2.7 + antipneumococcal quinolone Table 2.9 +/- aminoglycoside* Table 2.11 • Add to Antipneumococcal quinolone “***” after levofloxacin • To the bottom of the list add “*Aminoglycoside is optional” 	PN-6, 6ab-5	07-01-2005 Discharges
Measure Information	PN Measure Information Form	PN-6, 6ab, Pneumonia Antibiotic Consensus Recommendations following the last paragraph on the page add, “**Levofloxacin should be used in 750mg dosage when using as an antipneumococcal quinolone for ICU patients with pseudomonal risk.”	PN-6, 6ab-5	07-01-2005 Discharges
Measure Information	PN Analytic Flowchart	The following has been added: “ Note: Proceed only with antibiotics that have valid name on table 2.1 ”, PN-6, PN-6a, and PN-6b analytic flowcharts”	PN-6-6ab-7, 14, 20	07-01-2005 Discharges
Measure Information	PN Analytic Flowchart	PN-6, 6ab, <i>Healthcare Associated PN</i> diamond and <i>Clinical Trial</i> diamond added in the middle of the page	PN-6-6ab-7, 14, 20	07-01-2005 Discharges
Measure Information	PN Analytic Flowchart	The text on the arrow flowing down from the 4 th diamond (Antibiotic Days decision point 2) has changed from “>0 days and <=2 days for at least one antibiotic” To “>=0 days and <=2 days for at least one antibiotic” on the analytic flowcharts for PN-6, PN-6a and PN-6b.	PN-6, 6ab-8, 15	07-01-2005 Discharges
Measure	SIP Data	Add data elements <i>Abstraction Date</i> and <i>Abstractor</i>	SIP-3	07-01-2005

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Information	Element List	<i>Identification (ID) Number</i> to the list as “CMS Only” data elements collected for “All Records”.		Discharges
Measure Information	SIP Data Element List	Algorithm Output Data Element Name list, <i>Measure Category Assignment</i> , change Collected For to “Used for measure calculation**”	SIP-3	07-01-2005 Discharges
Measure Information	SIP Data Element List	Change the wording in the 2 nd footnote to read, “Hospital Quality Alliance”.	SIP-3	07-01-2005 Discharges
Measure Information	SIP Data Element List	Add SIP-1 to the Collected For column for data element, <i>Other Surgeries</i> .	SIP-4	07-01-2005 Discharges
Measure Information	SIP Measure Population	Last paragraph, 2 nd sentence, change “Tables 5.0-5.08” to “Tables 5.01-5.08”.	SIP-6	
Measure Information	SIP Measure Information Form	SIP-1, Denominator Statement, Excluded Populations , add new bullet: <ul style="list-style-type: none"> Patients who had other procedures requiring general or spinal anesthesia that occurred within 24 hours prior to the procedure of interest (during separate surgical episodes) during this hospital stay 	SIP-1-2	07-01-2005 Discharges
Measure Information	SIP Measure Information Form	SIP-1, Denominator Statement, Data Elements , add new bullet: <ul style="list-style-type: none"> <i>Other Surgeries</i> 	SIP-1-3	07-01-2005 Discharges
Measure Information	SIP Analytic Flowchart	SIP-1, the following changes have been made: <ul style="list-style-type: none"> Added diamond at the bottom of the page, <i>Other Surgeries</i> Changes have been made to the stratification portion of the flowcharts such that <i>Type of Surgery</i> must now be validated against the ICD-9-CM procedure codes available for the episode of care. 	SIP-1-7, 8, 9, 10	07-01-2005 Discharges
Measure Information	SIP Measure Information Form	SIP-2, <ul style="list-style-type: none"> Change title of “Antibiotic Selection Regimen for Surgery” table to “Prophylactic Antibiotic Regimen Selection for Surgery” Surgical Procedure column, change wording of 1st row to “CABG, Cardiac or Vascular” 	SIP-2-4	07-01-2005 Discharges
Measure Information	SIP Measure Information Form	SIP-2, Antibiotic Selection Regimen for Surgery, Surgical Procedure, Colon , under Approved Antibiotics , Metronidazole tables (last antibiotic grouping), change the table numbers from 3.4 to 3.6a.	SIP-2-4	07-01-2005 Discharges
Measure Information	SIP Measure Information Form	SIP-2, Antibiotic Selection Regimen for Surgery, Surgical Procedure, Hysterectomy , under Approved Antibiotics , Metronidazole tables, change the table numbers from 3.4 to 3.6a.	SIP-2-4	07-01-2005 Discharges
Measure Information	SIP Analytic Flowchart	SIP-2, Changes have been made to the stratification portion of the flowcharts such that <i>Type of Surgery</i> must now be validated against the ICD-9-CM procedure codes available for the episode of care.	SIP-2-10, 11	07-01-2005 Discharges

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Measure Information	SIP Measure Information Form	SIP-3, Denominator Statement, Excluded Populations , add new bullet: <ul style="list-style-type: none"> Patients who had other procedures requiring general or spinal anesthesia that occurred within 24 hours prior to the procedure of interest (during separate surgical episodes) during this hospital stay 	SIP-3-2	07-01-2005 Discharges
Measure Information	SIP Analytic Flowchart	SIP-3, Changes have been made to the stratification portion of the flowcharts such that <i>Type of Surgery</i> must now be validated against the ICD-9-CM procedure codes available for the episode of care.	SIP-3-8, 9	07-01-2005 Discharges
Measure Information	PR Data Element List	Algorithm Output Data Element Name list: <ul style="list-style-type: none"> <i>Measure Category Assignment</i>, change Collected for to “Used for measure calculation” <i>Risk Adjustment Category Assignment</i>, change Collected for to “Used for risk adjusted measures (All PR measures)” 	PR-2	07-01-2005 Discharges
Measure Information	PR Data Element List	In the 2 nd footnote, change “Health Quality Alliance” to “Hospital Quality Alliance”	PR-2	07-01-2005 Discharges
National Hospital Data Quality Verification Process	AMI test case file Layout	In the AMI test case file layout, DELETE the data element “ <i>ACEI Clinical Trial</i> ”.	8-11	07-01-2005 Discharges
National Hospital Data Quality Verification Process	HF test case file layout	In the HF test case file layout, DELETE the data element “ <i>ACEI Clinical Trial</i> ”.	8-14	07-01-2005 Discharges
National Hospital Data Quality Verification Process	PN test case file layout	In the PN test case file layout, ADD data elements “ <i>Clinical Trial</i> ” and “ <i>Healthcare Associated PN</i> ”.	8-24	07-01-2005 Discharges
National Hospital Data Quality Measure Data Transmission	Data transmission to the Joint Commission	The Data Transmission section has been modified to include a Performance Measure Identifier (Transmission ID #14452) for measure PN-3a, Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival.	9-11	07-01-2005 Discharges
National Hospital Quality Measure Data Transmission	XML File Layout	The XML File Layout has been modified according to these release notes.		07-01-2005 Discharges
Appendix A	Table 4.04 Complication of the Perperium	Table 4.04 , change title spelling to “Complication of the Puerperium”	A-14	07-01-2005 Discharges

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Manual Section	Impacts	Description of Changes	Page	Implementation Date
Appendix A	Table 5.02 Other Cardiac Surgery	Table 5.02 , remove ICD-9-CM code 35.71, Other and unspecified repair of atrial septal defect.	A-26	07-01-2005 Discharges
Appendix A	Table 5.03 Colon Surgery	Table 5.03 , remove ICD-9-CM code 45.41, Excision of lesion or tissue of large intestine.	A-26	07-01-2005 Discharges
Appendix A	Table 5.08 Vascular Surgery	Table 5.08 , add ICD-9-CM code 39.29, Other (peripheral) vascular shunt or bypass.	A-28	07-01- 2004 Discharges
Appendix C	Table 1.1 Aspirin and Aspirin-Containing Medications	Table 1.1 , change “Aspirin/pravachol” to “Aspirin/Pravachol”	C-2	07-01-2005 Discharges
Appendix C	Table 1.2 ACEIs	Table 1.2 , change “Perindopril erbumine” to “Perindopril Erbumine”	C-4	07-01-2005 Discharges
Appendix C	Tables 2.1, 2.3-2.13, 3.1-3.11	An additional column has been added titled "Generic Name Crosswalk". A title has been added to the first column, “Antibiotic Selection Options (includes trade & generic)”.	C-11 C-33 – C-42	07-01-2005 Discharges
Appendix C	Table 2.1 Antimicrobial Medications Table	Table 2.1: <ul style="list-style-type: none"> • Add the following antibiotics: <ul style="list-style-type: none"> • Cinobac • Cinoxacin • Lincorex • Sustiva • Change of “Erythromycin/Sulfisoxazole” to “Erythromycin/sulfisoxazole” 	C-13 C-13 C-14 C-15 C-18	07-01-2005 Discharges
Appendix C	Table 2.2 Immuno-suppressive Medications	Table 2.2: <ul style="list-style-type: none"> • add the following medications: <ul style="list-style-type: none"> • Gefitinib • Humira • Iressa • Change of: <ul style="list-style-type: none"> • “Betamethasone acetate” to “Betamethasone Acetate” • “bicalutamide” to “Bicalutamide” • “corticoreslin ovine” to “Corticoreslin Ovine” 	C-21 C-22 C-25 C-26	07-01-2005 Discharges
Appendix C	Table 2.3 Beta-Lactams	Table 2.3 , add the following antibiotics: <ul style="list-style-type: none"> • Ertapenem • Invanz 	C-33	07-01-2005 Discharges
Appendix C	Table 2.5 Macrolides (Non-ICU)	Table 2.5 , the spelling of Sufisoxazole/Erythromycin Ethylsuccinate should be changed to Sulfisoxazole/Erythromycin Ethylsuccinate.	C-34	01-01-2005 Discharges
Appendix C	Table 2.5 Macrolides (Non-ICU)	Table 2.5 , add Erythromycin/sulfisoxazole.	C-34	07-01-2005 Discharges
Appendix C	Table 2.6 Macrolides (ICU)	Table 2.6 , the spelling of Sufisoxazole/Erythromycin Ethylsuccinate should be changed to Sulfisoxazole/Erythromycin Ethylsuccinate.	C-34	01-01-2005 Discharges
Appendix C	Table 2.6 Macrolides (ICU)	Table 2.6 , add Erythromycin/sulfisoxazole	C-34	07-01-2005 Discharges

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Appendix C	Table 2.9 Quinolones	Table 2.9 , add the following antibiotics: <ul style="list-style-type: none"> • Factive • Gemifloxacin 	C-35	07-01-2005 Discharges
Appendix C	Table 3.4 Colon – Oral Antibiotics – II	Table 3.4 , the spelling of Erythromycin/Sulfisoxazole should be changed to Erythromycin/sulfisoxazole.	C-38	01-01-2005 Discharges
Appendix D	Contraindication	Change wording of the definition of contraindication to: “A factor or condition that may render the administration of a drug or agent or the performance of a procedure or other practice inadvisable, improper, and/or undesirable.”	D-2	07-01-2005 Discharges
Appendix D	Critical access hospital	Change the wording of the definition of critical access hospital to, “Hospitals that offer limited services to include round-the-clock emergency care services and are, by definition, located more than 35 miles from a hospital or another critical access hospital, or are certified by the state as being a necessary provider of health care services to residents in the area. They maintain no more than 25 beds for acute (hospital-level) inpatient care, subject to a 96-hour average length of stay for acute care patients. For CAHs with swing bed agreements, any of its beds may be used to furnish either inpatient acute care or swing bed services. Hospitals certified by the Secretary of the Department of Health and Human Services (DHHS) as critical access hospitals are eligible for cost-based reimbursement from Medicare if they meet a specific set of federal Conditions of Participation (COPs).”	D-2	07-01-2005 Discharges
Appendix D	Oral Antibiotics	Change wording of the last sentence in definition of Oral Antibiotics to, “For further information, see Prophylactic Antibiotic Regimen Selection for Surgery table, page SIP 2-4.”	D-7	07-01-2005 Discharges
Appendix H	Table 1.1 Bleeding Inclusion Table	Table 1.1, Bleeding Inclusion Table, Genitourinary , 2 nd bullet, change wording to, “Hematuria unless noted only as laboratory or dipstick finding ”.	H-1	07-01-2005 Discharges
Appendix H	Table 1.2 LVF Assessment Inclusion Table	Table 1.2, LVF Assessment Inclusion Table , <ul style="list-style-type: none"> • Change title of the 2nd column from ‘Nuclear Medicine Tests’ to “Other Tests” • Switch the 2nd and 3rd columns • Add the following bullets to the Other Tests column: <ul style="list-style-type: none"> • cardiac MRI with mention of LVF • myocardial perfusion imaging with mention of LVF • myocardial SPECT imaging with mention of LVF • myocardial SPECT study with mention of LVF • positron emission tomography (PET) with mention of LVF 	H-2	07-01-2005 Discharges

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		<ul style="list-style-type: none"> • SPECT imaging with mention of LVF • SPECT perfusion imaging with mention of LVF • stress perfusion imaging with mention of LVF • stress SPECT imaging with mention of LVF • stress SPECT perfusion imaging with mention of LVF 		
Appendix H	Table 1.3 Moderate/Severe Systolic Dysfunction Inclusion Table	<p>Table 1.3, Moderate/Severe Systolic Dysfunction Inclusion Table,</p> <ul style="list-style-type: none"> • Add a 4th box in the 2nd row titled “Left ventricular (LV) hypokinesis described as:” • Add the following bullets to the new box in the 2nd row: <ul style="list-style-type: none"> • marked • moderate • moderate-severe • severe • significant • substantial • very severe 	H-3	07-01-2005 Discharges
Appendix I	Patient ID	<p>Definition of Valid Format for Patient Identifier, Valid Patient HIC#,</p> <ul style="list-style-type: none"> • Add “Note: HIC#s sent to the Clinical Warehouse will be validated.” • General Rules <ul style="list-style-type: none"> ○ 1st bullet, add to the end “or special characters” ○ 3rd bullet, delete “(except for an “unknown” value)” ○ add bullet, “Must have both alpha and numeric characters” ○ add bullet, “Length cannot be more than 12 or less than 7 characters” 	I-2	07-01-2005 Discharges