Guidelines for Using Release Notes
The Release Notes Version 5.0a provides modifications to the Specifications Manual for National Hospital Inpatient Quality Measures. The information in this document is to be used as a reference and is not intended to be used to program abstraction tools. Please refer to the Specifications Manual for National Hospital Inpatient Quality Measures for the complete and current technical specifications and abstraction information.

The notes are organized to follow the order of the Table of Contents. The implementation date is 10-01-2015, unless otherwise specified. The headings are described below:

- **Impacts** - used to identify the impacted measures and portion(s) of the Manual Section. (i.e., Alphabetical Data Dictionary, Measure Information Form (MIF) and Flowchart (Algorithm)).

- **Description of Changes** - used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Values, and Denominator Statement - Data Elements.

- **Rationale** - provided for the change being made.

Data elements that cross multiple measures and contain the same changes will be consolidated.
Table of Contents

Note: click on any section title in the Release Notes to return to Table of Contents page.

SECTION 1 – Data Dictionary ............................................................................................... 2
  Alphabetical Data Dictionary ..................................................................................................... 2

SECTION 2 – Measurement Information .............................................................................. 7
  Subsection 2.2 – Severe Sepsis and Septic Shock (SEP) ......................................................... 7

SECTION 9 – Data Transmission .......................................................................................... 9
  Hospital Clinical Data XML File Layout ...................................................................................... 9

APPENDICES ......................................................................................................................... 9
  Appendix A – ICD-10 Code Tables ............................................................................................ 9
The content below is organized to follow the Table of Contents in the specifications manual.

### SECTION 1 – Data Dictionary

<table>
<thead>
<tr>
<th>Alphabetical Data Dictionary</th>
</tr>
</thead>
</table>

**Impacts:** Index

**Rationale:** For consistency with existing terminology and flow of patient care, the data element “Hypotension” should be renamed “Persistent Hypotension.”

**Description of Changes:**

**Data Element Name**

<table>
<thead>
<tr>
<th>Change under ‘Element Name’ column from:</th>
<th>Persistent Hypotension</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change</strong> from:</td>
<td><strong>To</strong></td>
</tr>
<tr>
<td>Hypotension</td>
<td>Persistent Hypotension</td>
</tr>
</tbody>
</table>

**Impacts:**

Hypotension

**Rationale:** For consistency with existing terminology and flow of patient care, the data element “Hypotension” should be renamed “Persistent Hypotension.”

**Definition**

**Change** to:

Documentation of the presence of persistent hypotension in septic shock. The criteria for determining that hypotension was persistent are as follows:

- In the one hour following administration of crystalloid fluids, one single blood pressure reading of either:
  - systolic blood pressure (SBP) < 90, or
  - mean arterial pressure (MAP) < 65 or
  - a decrease in systolic blood pressure by > 40 mmHg from the last previously recorded SBP considered normal for that specific patient

**Suggested Data Collection Question**

**Change** to:

Was persistent hypotension present within one hour of the conclusion of crystalloid fluid administration?

**Allowable Values**

**Change** from:

| 1 (Yes) | Crystalloid fluids were administered at the rate of 30 mL/kg and hypotension was present within one hour of conclusion of fluid administration. |
| 2 (No)  | Hypotension was not present within one hour of the conclusion of crystalloid fluid administration at the rate of 30 mL/kg. |
3 (No) or UTD  The patient was not assessed for hypotension in the one hour after the conclusion of crystalloid fluid administration at the rate of 30 mL/kg, or Unable to Determine.

4 (Not applicable) Crystalloid fluids were not administered, or crystalloid fluids were not administered or crystalloid fluids were administered but not at the rate of 30 mL/kg.

To

1 (Yes)  Crystalloid fluids were administered at the rate of 30 mL/kg and persistent hypotension was present within one hour of conclusion of fluid administration.

2 (No)  Persistent hypotension was not present within one hour of the conclusion of crystalloid fluid administration at the rate of 30 mL/kg.

3 (No) or UTD The patient was not assessed for persistent hypotension in the one hour after the conclusion of crystalloid fluid administration at the rate of 30 mL/kg, or Unable to Determine.

4 (Not applicable) Crystalloid fluids were not administered, or crystalloid fluids were administered but at a rate less than 30 mL/kg.

Notes for Abstraction

Change first bullet to:
• Begin abstracting at the time that crystalloid fluid administration concludes; abstract for the time period that follows for the next hour only. Choose Value “1” if persistent hypotension was present; choose Value “2” if persistent hypotension was not present.

Change third sentence in fifth bullet to:
• Next, multiply the weight in kilograms times 30; the result is the number of mLs of IV crystalloid fluids that should be specified in the physician/APN/PA order.

Change sixth bullet to:
• If crystalloid fluids were administered but at a rate less than 30 mL/kg, choose Value “4.”

Change seventh bullet to:
• Determining the presence of persistent hypotension:
  The criteria for determining that persistent hypotension was present are as follows:
  In the one hour following administration of crystalloid fluids, one single blood pressure reading of either:
  • systolic blood pressure < 90, or
  • mean arterial pressure (MAP) < 65 or
  • a decrease in systolic blood pressure by > 40 mmHg
  If crystalloid fluids were given at 30 mL/kg, and if both a MAP reading and systolic blood pressure readings are present, if either the MAP or systolic blood pressure are abnormal, or there was a decrease in systolic blood pressure by > 40 mmHg as outlined above, choose Value “1.” If not, choose Value “2.”
Impacts:
*Septic Shock Present*

**Rationale:** The language referring to lactate level and physician/APN/PA documentation as the preferred data source has been revised to reduce confusion and provide clarification.

**Description of Changes:**
**Notes for Abstraction**

**Change** subsection “b” under first bullet to:

b. Tissue hypoperfusion persists in the hour after crystalloid fluid administration, evidenced by either
   - systolic blood pressure (SBP) < 90, or
   - mean arterial pressure < 65 or
   - a decrease in systolic blood pressure by > 40 mmHg from the last previously recorded SBP considered normal for that specific patient
     OR
   - Lactate level is >= 4 mmol/L

**Add** new second bullet:
- For evaluation of blood pressure parameters to establish whether or not hypoperfusion persists after crystalloid fluid administration, begin abstracting at the time that crystalloid fluid administration concludes; abstract for the time period that follows for the next hour only. Choose Value “1” if hypotension (systolic blood pressure < 90, or mean arterial pressure < 65 or a decrease in systolic blood pressure by > 40 mmHg) was present in the hour after crystalloid fluid administration.

---

Impacts:
*Septic Shock Presentation Date*

**Rationale:** The language referring to lactate level and physician/APN/PA documentation as the preferred data source has been revised to reduce confusion and provide clarification.

**Description of Changes:**
**Notes for Abstraction**

**Change** subsection “b” under first bullet to:

b. Tissue hypoperfusion persists in the hour after crystalloid fluid administration, evidenced by either
   - systolic blood pressure (SBP) < 90, or
   - mean arterial pressure < 65 or
   - a decrease in systolic blood pressure by > 40 mmHg from the last previously recorded SBP considered normal for that specific patient
     OR
   - Lactate level is >= 4 mmol/L

**Change** second bullet to:
- Physician/APN/PA documentation of septic shock or suspected septic shock is acceptable.

**Add** in fifth bullet:
or physician/APN/PA documentation of septic shock
Impacts:

Septic Shock Presentation Time

Rationale: The language referring to lactate level and physician/APN/PA documentation as the preferred data source has been revised to reduce confusion and provide clarification.

Description of Changes:

Notes for Abstraction

Change subsection “b” under first bullet to:

b. Tissue hypoperfusion persists in the hour after crystalloid fluid administration, evidenced by either
   - systolic blood pressure (SBP) < 90, or
   - mean arterial pressure < 65 or
   - a decrease in systolic blood pressure by > 40 mmHg from the last previously recorded SBP considered normal for that specific patient
     OR
   - Lactate level is >= 4 mmol/L

Change second bullet to:

- Physician/APN/PA documentation of septic shock or suspected septic shock is acceptable.

Add in fifth bullet:

or physician/APN/PA documentation of septic shock

Impacts:

Severe Sepsis Present

Rationale: The language referring to lactate level and physician/APN/PA documentation as the preferred data source has been revised to reduce confusion and provide clarification.

Description of Changes:

Notes for Abstraction

Remove first, second, and third bullets:

- The preferred data source is physician/APN/PA notes or the ED record.
- If signs and criteria below are not met but an inclusion term is documented in physician/APN/PA notes or the ED record, choose Value “1.”
- If no inclusion terms are contained in physician/APN/PA documentation, review the record to determine if severe sepsis was present.

Change in fourth bullet, subsection “c” under “i” to:

i. Systolic blood pressure (SBP) < 90, or mean arterial pressure < 65, or a systolic blood pressure decrease of more than 40 mmHg from the last previously recorded SBP considered normal for that specific patient

Add new bullets:

- If criteria for severe sepsis are not met, but there is physician/APN/PA documentation of severe sepsis, choose Value “1.”
- If criteria for severe sepsis are not documented and there is not physician/APN/PA documentation of severe sepsis, but there is physician/APN/PA documentation of septic shock, choose Value “1.”
Impacts:

Severe Sepsis Presentation Date

Rationale: The language referring to lactate level and physician/APN/PA documentation as the preferred data source has been revised to reduce confusion and provide clarification.

Description of Changes:

Notes for Abstraction

Change third bullet:
• Physician/APN/PA documentation of severe sepsis or suspected severe sepsis is acceptable.

Remove sixth bullet:
• If the presence of severe sepsis is documented in multiple locations and the dates are at variance with one another, choose the earliest date unless one of the documentations is in a physician note; in that case, use the physician documentation date.

Add two new bullets after fifth bullet:
• If there are multiple dates documented on which the last criterion to meet the definition of severe sepsis or physician/APN/PA documentation of severe sepsis is present, and they are at variance with each other, use the earliest date.
• If criteria for severe sepsis are not documented and there is not physician/APN/PA documentation of severe sepsis, but there is physician/APN/PA documentation of septic shock, enter the earliest date septic shock was documented.

Impacts:

Severe Sepsis Presentation Time

Rationale: The language referring to lactate level and physician/APN/PA documentation as the preferred data source has been revised to reduce confusion and provide clarification.

Description of Changes:

Notes for Abstraction

Change third bullet:
• Physician/APN/PA documentation of severe sepsis or suspected severe sepsis is acceptable.

Remove sixth bullet:
• If the presence of severe sepsis is documented in multiple locations and the times are at variance with one another, choose the earliest time. If one of the documented times was entered by a physician/APN/PA, use that time.

Add two new bullets:
• If there are multiple times documented when the last criterion to meet the definition of severe sepsis or physician/APN/PA documentation of severe sepsis occurred, and they are at variance with each other, use the earliest time.
• If criteria for severe sepsis are not documented and there is not physician/APN/PA documentation of severe sepsis, but there is physician/APN/PA documentation of septic shock, enter the earliest time septic shock was documented.
SECTION 2 – Measurement Information
Subsection 2.2 – Severe Sepsis and Septic Shock (SEP)

Impacts:
Sepsis Data Element Table

Rationale: For consistency with existing terminology and flow of patient care, the data element “Hypotension” should be renamed “Persistent Hypotension.”

Description of Changes:
Remove row under ‘Table Name’ column: Hypotension
Add row under ‘Table Name’ column: Persistent Hypotension

Impacts:
Monthly Sampling

Rationale: Ranges for average monthly initial patient population size in monthly sample size table are incorrect.

Description of Changes:
Monthly Sample Size – Based on Hospital’s Initial Patient Population Size for the Sepsis Measure
Change Average Monthly Initial Patient Population Size “N” column in table to:

<table>
<thead>
<tr>
<th>Average Monthly Initial Patient Population Size “N”</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 101</td>
</tr>
<tr>
<td>51 - 100</td>
</tr>
<tr>
<td>10 - 50</td>
</tr>
<tr>
<td>&lt; 10</td>
</tr>
</tbody>
</table>

Impacts:
SEP-1

Rationale: For consistency with existing terminology and flow of patient care, the data element “Hypotension” should be renamed “Persistent Hypotension.” The numerator statement is being updated to reflect change in lactate value of ≥ 4.

Description of Changes:
Numerator Statement
Add between sixth and seventh bullet: AND ONLY if hypotension persists after fluid administration or initial lactate ≥ 4 mmol/L, received within six hours of presentation of septic shock:

Data Elements
Remove bullet:
• Hypotension
Add new bullet:
• Persistent Hypotension
Impacts:
SEP-1

Rationale: For consistency with existing terminology and flow of patient care, the data element "Hypotension" should be renamed "Persistent Hypotension."

To stay consistent with NQF documentation, the Numerator’s “Section F” should now include the Initial Lactate >= 4 patients.

Description of Changes:

Algorithm
Add after sixth bullet under numerator statement:
AND ONLY if hypotension persists after fluid administration or initial lactate >= 4 mmol/L, received within six hours of presentation of septic shock:

Add to Variable Key:
Shock Vasopressor Six Hour Counter

Add statement in initialization box below “SEP-1 H” off-page connector:
Initialize Shock Vasopressor Six Hour Counter

Add logic to right and below Initial Lactate Time decision point:
less than -360 minutes or greater than 180 minutes, if greater than or equal to -360 minutes and less than or equal to 180 minutes it goes to Add 1 to Sepsis Three Hour Counter.

Change name of Hypotension decision point, in all locations, to:
Persistent Hypotension

Add decision box Initial Lactate Level Result on the allowable value 2, 3, 4 branch of Persistent Hypotension. If Initial Lactate Level Result is equal to 3 then it goes to off-page connector O, if it is equal to 1 or 2 then it goes to off-page connector W.

Change counter after Vasopressor Time calculation to:
Add 1 to Shock Vasopressor Six Hour Counter.

Change:
Branches now go directly to the Measure Category of D from Vasopressor Administration when allowable value is equal to 2, Vasopressor Administration Date is Unable to Determine, Vasopressor Administration Time is Unable to Determine and Vasopressor Time is greater than 360 minutes.

Add on the last page when Persistent Hypotension is equal to 2:
New decision box for Initial Lactate Level Result where allowable values of 1 or 2 go to Measure Category Assignment of E and allowable value of 3 goes to Shock Six Hour Counter.

Add on the last page when Persistent Hypotension is equal to 1:
New decision box for Shock Vasopressor Six Hour Counter where allowable value of less than 1 goes to Measure Category Assignment of D and allowable value of 1 goes to Shock Six Hour Counter.

Change Shock Six Hour Counter branches on the last page to:
Allowable value equal to 1 goes to Measure Category Assignment of E and allowable value less than 1 goes to Measure Category Assignment of D
SECTION 9 – Data Transmission

Hospital Clinical Data XML File Layout

Impacts:
Hypotension

Rationale: For consistency with existing terminology and flow of patient care, the data element “Hypotension” should be renamed “Persistent Hypotension.”

Description of Changes:
Detail Elements Info
Change under Question Hypotension to Persistent Hypotension

Change Suggested Data Collection to:
Was persistent hypotension present within one hour of the conclusion of crystalloid fluid administration?

APPENDICES

Appendix A – ICD-10 Code Tables

Impacts:
Table 5.11: Cardiac Surgery (Excel)

Rationale: Leading zeros were added to the Appendix A Excel file in Table 5.11. This change is to correct an error in the prior version of the manual.

Description of Changes:
Change the following codes from:
210093 Bypass Coronary Artery, One Site from Coronary Artery with Autologous Venous Tissue, Open Approach
210098 Bypass Coronary Artery, One Site from Right Internal Mammary with Autologous Venous Tissue, Open Approach
210099 Bypass Coronary Artery, One Site from Left Internal Mammary with Autologous Venous Tissue, Open Approach
211093 Bypass Coronary Artery, Two Sites from Coronary Artery with Autologous Venous Tissue, Open Approach
211098 Bypass Coronary Artery, Two Sites from Right Internal Mammary with Autologous Venous Tissue, Open Approach
211099 Bypass Coronary Artery, Two Sites from Left Internal Mammary with Autologous Venous Tissue, Open Approach
212093 Bypass Coronary Artery, Three Sites from Coronary Artery with Autologous Venous Tissue, Open Approach
212098 Bypass Coronary Artery, Three Sites from Right Internal Mammary with Autologous Venous Tissue, Open Approach
212099 Bypass Coronary Artery, Three Sites from Left Internal Mammary with Autologous Venous Tissue, Open Approach
213093  Bypass Coronary Artery, Four or More Sites from Coronary Artery with Autologous Venous Tissue, Open Approach
213098  Bypass Coronary Artery, Four or More Sites from Right Internal Mammary with Autologous Venous Tissue, Open Approach
213099  Bypass Coronary Artery, Four or More Sites from Left Internal Mammary with Autologous Venous Tissue, Open Approach
270046  Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach
271046  Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach
272046  Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach
273046  Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach

To:
0210093  Bypass Coronary Artery, One Site from Coronary Artery with Autologous Venous Tissue, Open Approach
0210098  Bypass Coronary Artery, One Site from Right Internal Mammary with Autologous Venous Tissue, Open Approach
0210099  Bypass Coronary Artery, One Site from Left Internal Mammary with Autologous Venous Tissue, Open Approach
0211093  Bypass Coronary Artery, Two Sites from Coronary Artery with Autologous Venous Tissue, Open Approach
0211098  Bypass Coronary Artery, Two Sites from Right Internal Mammary with Autologous Venous Tissue, Open Approach
0211099  Bypass Coronary Artery, Two Sites from Left Internal Mammary with Autologous Venous Tissue, Open Approach
0212093  Bypass Coronary Artery, Three Sites from Coronary Artery with Autologous Venous Tissue, Open Approach
0212098  Bypass Coronary Artery, Three Sites from Right Internal Mammary with Autologous Venous Tissue, Open Approach
0212099  Bypass Coronary Artery, Three Sites from Left Internal Mammary with Autologous Venous Tissue, Open Approach
0213093  Bypass Coronary Artery, Four or More Sites from Coronary Artery with Autologous Venous Tissue, Open Approach
0213098  Bypass Coronary Artery, Four or More Sites from Right Internal Mammary with Autologous Venous Tissue, Open Approach
0213099  Bypass Coronary Artery, Four or More Sites from Left Internal Mammary with Autologous Venous Tissue, Open Approach
0270046  Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach
0271046  Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach
Impacts:
Table 5.17: Intracranial Neurosurgery (Word and Excel)

Rationale: This change is to align with the Electronic Clinical Quality Model version of the manual.

Description of Changes:
Add:
00D10ZZ Extraction of Cerebral Meninges, Open Approach
00D20ZZ Extraction of Dura Mater, Open Approach
00H002Z Insertion of Monitoring Device into Brain, Open Approach
00H003Z Insertion of Infusion Device into Brain, Open Approach
00H602Z Insertion of Monitoring Device into Cerebral Ventricle, Open Approach
00H603Z Insertion of Infusion Device into Cerebral Ventricle, Open Approach
00J00ZZ Inspection of Brain, Open Approach
00N90ZZ Release Thalamus, Open Approach
00NA0ZZ Release Hypothalamus, Open Approach
00P000Z Removal of Drainage Device from Brain, Open Approach
00P002Z Removal of Monitoring Device from Brain, Open Approach
00P003Z Removal of Infusion Device from Brain, Open Approach
00P007Z Removal of Autologous Tissue Substitute from Brain, Open Approach
00P00JZ Removal of Synthetic Substitute from Brain, Open Approach
00P00KZ Removal of Nonautologous Tissue Substitute from Brain, Open Approach
00P600Z Removal of Drainage Device from Cerebral Ventricle, Open Approach
00P602Z Removal of Monitoring Device from Cerebral Ventricle, Open Approach
00P603Z Removal of Infusion Device from Cerebral Ventricle, Open Approach
00P6X2Z Removal of Monitoring Device from Cerebral Ventricle, External Approach
00Q90ZZ Repair Thalamus, Open Approach
00QA0ZZ Repair Hypothalamus, Open Approach
00T70ZZ Resection of Cerebral Hemisphere, Open Approach
00W000Z Revision of Drainage Device in Brain, Open Approach
00W002Z Revision of Monitoring Device in Brain, Open Approach
00W003Z Revision of Infusion Device in Brain, Open Approach
00W007Z Revision of Autologous Tissue Substitute in Brain, Open Approach
00W00JZ Revision of Synthetic Substitute in Brain, Open Approach
00W00KZ Revision of Nonautologous Tissue Substitute in Brain, Open Approach
00W00MZ Revision of Neurostimulator Lead in Brain, Open Approach
00W600Z Revision of Drainage Device in Cerebral Ventricle, Open Approach
Impacts:
Table 5.19: General Surgery (Word and Excel)

Rationale: This change is to align with the Electronic Clinical Quality Model version of the manual.

Description of Changes: Add:
06L20ZZ Occlusion of Gastric Vein, Open Approach
0DB68ZZ Excision of Stomach, Via Natural or Artificial Opening Endoscopic
0DS6XZZ Reposition Stomach, External Approach
0HQ4XZZ Repair Neck Skin, External Approach
0HQ5XZZ Repair Chest Skin, External Approach
0TRB07Z Replacement of Bladder with Autologous Tissue Substitute, Open Approach

Impacts:
Table 5.21: Urological Surgery (Word and Excel)

Rationale: This change is to align with the Electronic Clinical Quality Model version of the manual.

Description of Changes: Add:
0TQ60ZZ Repair Right Ureter, Open Approach
0TQ67ZZ Repair Right Ureter, Via Natural or Artificial Opening
0TQ68ZZ Repair Right Ureter, Via Natural or Artificial Opening Endoscopic
0TQ70ZZ Repair Left Ureter, Open Approach
0TQ77ZZ Repair Left Ureter, Via Natural or Artificial Opening
0TQ78ZZ Repair Left Ureter, Via Natural or Artificial Opening Endoscopic
0TTD0ZZ Resection of Urethra, Open Approach
0TTD7ZZ Resection of Urethra, Via Natural or Artificial Opening
0TTD8ZZ Resection of Urethra, Via Natural or Artificial Opening Endoscopic
0VT07ZZ Resection of Prostate, Via Natural or Artificial Opening
0VT08ZZ Resection of Prostate, Via Natural or Artificial Opening Endoscopic
0VT30ZZ Resection of Bilateral Seminal Vesicles, Open Approach
0WQF0ZZ Repair Abdominal Wall, Open Approach
0WQFXZ2 Repair Abdominal Wall, Stoma, External Approach
0WQFXZZ Repair Abdominal Wall, External Approach

**Impacts:**
Table 7.01: Mental Disorders (Word and Excel)

**Rationale:** This change is being made to align the table 7.01 in the IQR manual with 7.01 in the OQR manual.

**Description of Changes:**
*Change* table to remove and add codes. Refer to Appendix A for table updates.

**Impacts:**
Table 7.02: Obstetrics (Word and Excel)

**Rationale:** Duplicate codes are not allowed in individual code tables. This change is to remove duplicate codes in Table 7.02.

**Description of Changes:**
*Change* table to remove duplicate codes. Refer to Appendix A for updated table.

**Impacts:**
Table 7.03: Venous Thromboembolism (VTE) (Word and Excel)

**Rationale:** This change is to align with the Electronic Clinical Quality Model version of the manual.

**Description of Changes:**
*Remove:*
I26.01 Septic pulmonary embolism with acute cor pulmonale
I26.90 Septic pulmonary embolism without acute cor pulmonale

*Add:*
I82.220 Acute embolism and thrombosis of inferior vena cava
Impacts:
Table 7.04: Obstetrics - VTE (Word and Excel)

Rationale: This change is to align with the Electronic Clinical Quality Model version of the manual.

Description of Changes:
Remove:
O87.0 Superficial thrombophlebitis in the puerperium
O87.3 Cerebral venous thrombosis in the puerperium