Joint Commission Guide for Data Entry of Chart-Abstracted Measures

Version 2020

Table of Contents

Acknowledgement....4
Introduction....5
Using The Joint Commission Guide for Data Entry of Chart-Abstracted Measures....6
Section 1: Chart-Abstracted Measure Submission....7
Direct Data Submission Platform (DDSP)....7
How to Use the DDS Platform....7
Chart-Abstraction Measure Selections....7
Aggregate Data Entry....7
Data Entry Open and Close....8
Quality Measure Specifications....8
Section 2: Aggregate Data Dictionary....9
Introduction....9
Data Edits and Statistical Equations....9
Stratified Measures....9
Attestation Of Zero Cases....9
Aggregate Data Elements Overview....10
Data Element Dictionary Terms....11
Alphabetical List of All Data Elements....11
All Measures....12
Proportion and Ratio Measures....16
Continuous Variable Measures....20
Section 3: Measure Exclusions....26
Introduction....26
Measure Algorithm Logic....26
Measure Exclusions....28
ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients....28
ED-2: Admit Decision Time to ED Departure Time for Admitted Patients....28
HBIPS-1: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed....29
HBIPS-2: Hours of physical restraint use....29
HBIPS-3: Hours of seclusion use....29
HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification....30
IMM-2: Influenza Immunization....31

OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients 31
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival 32
PC-01: Elective Delivery 32
PC-02: Cesarean Birth 33
PC-05: Exclusive Breast Milk Feeding 33
PC-06: Unexpected Complications in Term Newborns 34
SUB-2: Alcohol Use Brief Intervention Provided or Offered 35
SUB-3: Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge 36
TOB-2: Tobacco Use Treatment Provided or Offered 37
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge 38
VTE-6: Hospital Acquired Potentially-Preventable Venous Thromboembolism 39
Section 4: Aggregate Data Element Tool 40
Introduction 40
Measure Exclusion data elements 40
Tool #1 41
Tool #2 42
Tool #3 43
Tool #4 46
Tool #5 48
Release Notes 50
Alphabetical List of All Data Elements 50

Acknowledgement

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Example Acknowledgement: The Joint Commission Guide for Data Entry of Chart-Abstracted Measures [Version XX, Month, Year] is periodically updated by The Joint Commission. Users of the Joint Commission Guide for Data Entry of Chart-Abstracted Measures must update their software and associated documentation based on the published manual production timelines.

Introduction

Starting with CY 2020 data, accredited hospitals will submit both electronic clinical quality measure (eCQM) and chart-abstracted measure data via The Joint Commission's Direct Data Submission Platform (DDSP). With CY 2019, all hospitals transitioned to DDSP for submission of eCQM data annually, and in 2020 chart-abstracted aggregate data will be submitted via the DDSP on a quarterly basis. As of 2020, The Joint Commission no longer has contracts with ORYX® chart-abstracted vendors.

Hospitals participating in certification programs will manually enter their aggregate numerator and denominator data on the *Certification Measure Information Process (CMIP)* application available on JC Connect®. Click here for more information.

Using The Joint Commission Guide for Data Entry of Chart-Abstracted Measures

This portion of the Joint Commission Guide for Data Entry of Chart-Abstracted Measures provides a brief overview of the information contained within each section of the manual. It is intended for use as a quick reference to assist in the aggregation of the required data elements, which are to be derived from the results of each of the Joint Commission's national quality measures used for accreditation purposes. The sections of this manual are interrelated and are most useful when considered together.

Section 1: Chart-Abstracted Measure Submission

The Chart-Abstracted Measure Submission provides an overview of the requirements for submitting aggregate data for accreditation purposes, including usage of the Direct Data Submission Platform (DDSP), measure selections, and submission deadlines.

Section 2: Aggregate Data Dictionary

The Aggregate Data Dictionary describes the aggregate data elements required to be entered for each chart-abstracted measure. It specifies those data elements that a hospital must aggregate after it processes its patient-level data through the measure algorithm. These aggregate data elements will be inputted by the hospital into the Direct Data Submission Platform (DDSP).

Section 3: Measure Exclusions

The Measure Exclusion section describes the denominator exclusion questions asked by the Direct Data Submission Platform (DDSP) for each chart-abstracted measure. These questions capture the counts of the number of cases excluded from the measure population by receiving a measure category assignment of 'B' (Not in Measure Population) when processed through the measure algorithm. The information in this section is intended to assist health care organizations in their preparation for data entry of their aggregate data into the DDSP.

Section 4: Aggregate Data Element Tool

This section of the manual provides several tools to assist hospitals and their vendors in understanding the order in which the aggregate data elements will be entered into the Direct Data Submission Platform (DDSP).

Section 1: Chart-Abstracted Measure Submission

Direct Data Submission Platform (DDSP)

Effective with January 1, 2020 patient discharges, The Joint Commission no longer holds contracts with ORYX® vendors. HCOs now have one place to submit both eCQM and chart-abstracted data for accreditation purposes on the Direct Data Submission Platform (DDSP). The goal of the DDS Platform is to ease the burden and expense of data submission and empower HCOs with data for quality improvement.

The key benefits of the DDS Platform for chart-abstracted measure data entry includes 24/7 access during the submission period, easy to-use data visuals, a cloud-based platform environment, robust security, and transparency. Organizations using the Platform can review their calculated results real-time as the aggregate data is being entered and the aggregate data can be updated at any time prior to the submission deadline for the quarter.

All HCOs that used the DDS Platform for submission of CY2019 eCQM data will have access to the CY2020 Platform for chart-abstracted data when it is made available, and do not need to onboard again. Any HCOs that did not use the DDS Platform for submission of CY2019 eCQM data need to be onboarded for chart-abstracted data. Detailed instructions regarding the onboarding process will be sent in a separate communication.

How to Use the DDS Platform

The DDS Platform contains help screens, links, and “how to” videos to assist with answering common questions and the ability to ask The Joint Commission questions via the "Need Help?" feature on the Platform.

The Joint Commission conducts monthly DDS "Office Hours". Content includes tips for successful use of the DDS Platform and frequently asked questions. The webinars are staffed by The Joint Commission and Apervita staff to answer questions for hospitals.

Chart-Abstraction Measure Selections

All selections are managed within the DDS Platform. HCOs and Healthcare Systems no longer need to notify The Joint Commission in advance of measure selections. Chart-abstracted measures are selected based on ORYX requirements for your organization. Data is collected for a minimum of a calendar year to ensure that performance on a given measure is monitored over time for trends/patterns.

Aggregate Data Entry

HCOs aggregate and report monthly data points on chart-abstracted measures on a quarterly basis beginning with 1Q2020 data using the DDS Platform. No patient level data is submitted.

It is expected that hospitals will ensure the accuracy and completeness of the patient-level data processed through each measure’s algorithm and will validate that the derived aggregated data represents the care actually provided.

The DDSP will validate the entered aggregate data by performing consistency and edit checks to assure the integrity of the submitted aggregate data.

Data Entry Open and Close

DDSP users will be able to enter a month's aggregate data for chart-abstracted measures as soon as that month has completed. For example. September 2020 data can be entered starting on October 1, 2020.

The Direct Data Submission Platform does not allow for retransmission of data. All chart-abstracted data for a specific calendar quarter needs to be submitted for that calendar quarter by the submission deadline. The submission deadlines will be provided in a separate communication.

Quality Measure Specifications

This Guide is not intended to repeat information that is contained within the Joint Commission's *Specification Manual for Joint Commission National Quality Measures* or the Center for Medicare & Medicaid Services' *Hospital Outpatient Quality Reporting Specifications Manual*. Refer to the Specification Manuals for, among other items, information concerning the initial patient population, sampling requirements, measure information forms, measure algorithms, patient-level data elements, ICD and medication code tables.

It is of primary importance that all hospitals use the appropriate version of manuals for the submission period when identifying the initial population and sample size, collecting the required patient-level data, and processing it through the algorithm for each measure. This will ensure that the data are standardized and comparable across organizations.

It is anticipated that this Guide will be released after the second version of the Specification Manuals, for a given year, have been released by CMS and The Joint Commission. For example, the 2021 version of the Joint Commission's specifications manual will be released in August 2020, with an updated 2021 version expected to be released in February of 2021. The 2021 version of this Guide is anticipated to be released within a month of the February release of the Specifications Manual. This example assumes that CMS has already released their updated version of their outpatient specifications manual.

Section 2: Aggregate Data Dictionary

Introduction

This section of the manual describes the aggregate data elements hospitals must calculate prior to entering their chart-abstracted measure data into the Direct Data Submission Platform (DDSP). It includes the definition and allowable values for each aggregate data element. In addition, data edits and statistical equations are provided as appropriate.

Data Edits and Statistical Equations

For each aggregate data element, data edits and statistical equations are provided below as appropriate. The statistical equations have been provided to assist in your proper calculation of these data element. The edits will be executed on the DDSP and will result in an error message. In addition, the DDSP will ensure data is entered correctly from the perspective of allowable values and whole numbers.

Stratified Measures

Stratified measures are classified into a number of groups (strata) to assist in the analysis and interpretation of the measure. The overall or un-stratified measure evaluates all of the strata together. The stratified measure or each stratum consists of a subset of the overall measure.

Measures which are stratified require the appropriate aggregate data to be entered for each stratum associated to the measure. For example:

- PC-06 contains three strata (Overall, Severe, and Moderate).
  - The *Denominator* value for all three strata is the same, so it is only entered once.
  - The Severe Rate and Moderate Rate strata have different *Numerator* values, so a value for each of these strata must be entered.

- HBIPS-01 contains five strata (Overall, Children, Adolescent, Adult, and Older Adult).
  - The *Denominator* and *Numerator* values for each of the five strata are different, so a separate value for both *Denominator* and *Numerator* must be entered for each stratum.

- ED-1 contains three strata (Overall, Reporting, and Psychiatric/Mental Health Patients).
  - The *Maximum Observation*, *Mean Observation*, *Median Observation*, *Minimum Observation*, *Population*, and *Standard Deviation of the Observation* must be entered for each stratum.

Attestation Of Zero Cases

Hospitals will be capable of attesting to having zero cases in two different manners.

Initial Population: If a zero is entered in the Initial Population field for a month, the user will be prompted to check the *Zero Initial Population Attestation* box to attest that the zero Initial Population count is valid. This attestation is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults.

Denominator: If a zero is entered into the Denominator field for a month, the user will be promoted to check the *Zero Denominator Attestation* box to attest that the zero Denominator count is valid.

Aggregate Data Elements Overview

The aggregate data elements that require entry on the DDSP are divided below into (1) those required for all measures, (2) those required for proportion or ratio measures, and (3) those required for continuous variable measures.

The DDSP calculates the following data elements based upon the aggregate data entered for each measure, or strata and reporting time period.

Many of the aggregate data elements utilize the measure category assignment, which is calculated for each case as it is processed through a measure or stratum's algorithm. One measure category assignment is expected for each case, for every measure or stratum, that a hospital is reporting. Refer to the data element *Measure Category Assignment* in the Joint Commission's *Specification Manual for Joint Commission National Quality Measures* or the Center for Medicare & Medicaid Services' *Hospital Outpatient Quality Reporting Specifications Manual*.

***Observed Rate*:**
Observed rates are used to measure hospital performance and is calculated for proportion and ratio measures. It is based on the aggregated data entered for the hospital.

The *Observed Rate* is calculated as the number of *Numerator* cases divided by the number of *Denominator* cases (*Numerator / Denominator*). The *Observed* Rate is calculated to 4 decimals and round to 3 decimals where 5 rounds up. For stratified measures, an *Observed Rate* is calculated for each stratum.

Some measures calculate the *Observed Rate* "as a rate per 1,000" (e.g., PC-06) or "as a ratio" where the denominator basis is per 1,000 (e.g., HBIPS-2 and 3). For these measures, the *Observed Rate* is calculated as the [(number of *Numerator* cases divided by the number of *Denominator* cases) times 1,000] or (*Numerator / Denominator*) * 1,000).

***Total Count of Cases with Category Y or X*:**
Cases which are not accounted for by the entered *Measure Exclusion* data will be assumed to have received a measure category assignment of 'Y' (UTD Allowable Value Does Not Allow Calculation of the Measure) or 'X' (Data Are Missing) and will be counted as such by the DDSP.

***Total Exclusion Count*:**
Count of cases which are accounted for by the entered *Measure Exclusion* data. Measure exclusions are those cases which received a measure category assignment of 'B' when processed through the measure algorithm.

Data Element Dictionary Terms

Name:	A short phrase identifying the aggregate data element.
Aggregated For:	Identifies the type of measure this data element is aggregated for.
Definition:	A detailed explanation of the data element, including statistical equations when appropriate.
Allowable Values:	A list of acceptable responses for this data element.
Edits:	Data integrity edits and other actions that the DDSP will apply to the aggregate data.

Alphabetical List of All Data Elements

Data Element Name	Aggregated For
Denominator	Proportion and ratio measures
Hospital Sample Size	All measures
Initial Population	All measures
Maximum Observation	Continuous variable measures
Mean Observation	Continuous variable measures
Measure Exclusion	All measures
Median Observation	Continuous variable measures
Minimum Observation	Continuous variable measures
Number of Unique Patients Within the Numerator	Ratio measures
Numerator	Proportion and ratio measures
Population	Continuous variable measures
Standard Deviation of the Observation	Continuous variable measures
Quarterly Sampling Frequencies	All measures

All Measures

The following aggregate data elements are required to be entered for all measures:

- Hospital Sample Size
- Initial Population
- Measure Exclusion
- Quarterly Sampling Frequencies

Name:	*Hospital Sample Size*
Aggregated For:	All Measures
Definition:	The count of the number of episodes of care (EOC) records identified for a hospital to perform data abstraction on. This count is after the appropriate sampling methodology, if any, has been applied for the specific time period. This includes both Medicare and Non-Medicare patients in this count. If the hospital's Sampling Frequency = 'Not Sampling' or the measure is not eligible for sampling, the *Hospital Sample Size* will = the *Initial Population*. Each measure / measure set's sample size requirements are outlined in the appropriate version of the Joint Commission's *Specification Manual for Joint Commission National Quality Measures* or the Center for Medicare & Medicaid Services' *Hospital Outpatient Quality Reporting Specifications Manual*.
Allowable Values:	1 through 10,000,000 (whole numbers only) *Note:* • *Given only aggregate data is being submitted, the Sample Size should not be defaulted to zero when the hospital has Five or Fewer Discharges for the quarter. The actual Hospital Sample Size and remainder of the data elements must be entered.*
Edits:	• If *Quarterly Sampling Frequency* = "monthly" or "quarterly", then *Hospital Sample Size* cannot be > *Initial Population*. • If the measure is not eligible for sampling (e.g., VTE-6, HBIPS-2) **OR** the user selected *Quarterly Sampling Frequency* = 'Not Sampling', the DDSP will set the *Hospital Sample Size* = *Initial Population* and the user will not be able to enter a *Hospital Sample Size*. • The *Hospital Sample* Size for the HBIPS measure topic (set) is derived separately for each stratum. The Overall strata's *Hospital Sample Size* = the sum (*Hospital Sample Size* of the four age strata).

Name:	*Initial Population*
Aggregated For:	All Measures
Definition:	This is the count of the number of episodes of care (EOC) records identified for a hospital prior to the application of data integrity filters, measure exclusions, and/or sampling methodology for the specified time period. This data element is based on the hospital's initial identification of records for a measure set, stratum, or sub-population and includes both Medicare and Non-Medicare patients in this count. Each measure's initial patient population requirements are outlined in the appropriate version of the specification manual. **Notes:** • HBIPS-2 and 3: The *Initial Population* is different for these two measures as it is calculated as the Census Days for the hospital or unit. *Initial Population* = (Psychiatric Inpatient Days - Leave Days), submitted as Days • If the hospital's data has been sampled, this field contains the population from which the sample was originally drawn, NOT the sample size. • *Initial Population* must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter.
Allowable Values:	0 through 10,000,000 (whole numbers only) *Note: Hospitals entering a zero for this data element will be required to attest that they have no cases in the initial population for the measure for the month. This is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults. All hospitals are expected to submit data for measure applicable to the services provided and patient populations served.*
Edits:	• The *Initial Population* for the HBIPS measure topic (set) is derived separately for each age stratum. The Overall (e.g., HBIPS-1a) *Initial Population* must = the sum of the individual age strata' *Initial Population*.

Name:	*Measure Exclusion*
Aggregated For:	All Measures
Definition:	This data element is a "place-holder" for the denominator exclusion questions asked by the DDSP for each measure. These questions capture the counts of the number of cases excluded from the measure population by receiving a measure category assignment of 'B' (Not in Measure Population) when processed through the measure algorithm. Refer to "Section 3 – Measure Exclusions" within this Guide for the list of denominator exclusion questions that will be asked for each measure.
Allowable Values:	0 through 10,000,000 (whole numbers only)

Edits:	• **Total Exclusion Count** (calculated by the DDSP)
	  • Proportion and Ratio measures: The sum of *Measure Exclusion*s must be <= the difference between *Hospital Sample Size* and *Denominator*.
	
	  • Continuous Variable measures: The sum *Measure Exclusion*s must be <= the difference between *Hospital Sample Size* and *Population*.
	
	• **Total Count of Cases with Category Y or X** (calculated by the DDSP)
	  • Proportion and Ratio measures: *Hospital Sample* Size minus (-) *Denominator* minus (-) the sum of *Measure Exclusion*s must be >= zero (0)
	
	  • Continuous Variable measures: *Hospital Sample* Size minus (-) *Population* minus (-) the sum of *Measure Exclusion*s must be >= zero (0)

Name:	*Quarterly Sampling Frequency*
Identified For:	All Measures
Definition:	Indicates if the data being submitted for a hospital has been sampled (either monthly or quarterly) or represents an entire population for the month. Measures not eligible for sampling (e.g., VTE-6 and HBIPS-2) will require the *Quarterly Sampling Frequency* to be set to 'Sampling Not Allowed'. It is the only selection available for these measures. A *Quarterly Sampling Frequency* is required to be selected even if the user is attests to not having any cases in the Initial Population of the measure for a given month. *Quarterly Sampling Frequency* must be consistent for the entire quarter for the measure. For stratified measures, this includes all strata for the measure for the quarter. For example: If the *Quarterly Sampling Frequency* for April is monthly, then the *Quarterly Sampling Frequency* for May and June must be monthly. Each measure's sample size requirements are outlined in the appropriate version of the specification manual.
Allowable Values:	This data element is entered via a drop-down box. The allowable values are: • Monthly • Quarterly • Not Sampling
Edits:	• Only one *Quarterly Sampling Frequency* can be selected for the three months of a given calendar quarter. • If the measure is not eligible for sampling (e.g., VTE-6, HBIPS-2), the DDSP will set the *Quarterly Sampling Frequency* = 'Sampling not Allowed'.

Proportion and Ratio Measures

Proportion measures are measures in which the value of each measurement is expressed as a proportion where the numerator is expressed as a subset of the denominator.

Ratio measures are measures in which the value of each measurement is expressed as a ratio where the numerator and the denominator measure different phenomena.

The following aggregate data elements are required to be entered for proportion and ratio measures:

- Denominator
- Number of Unique Patients Within the Numerator (ratio measures only)
- Numerator

Name:	*Denominator*
Aggregated For:	Proportion and ratio measures
Definition:	Summation of denominator cases (proportion) or the denominator component (ratio) for the measure's population during the month. The *Denominator* is the count of each patient-level record with a measure category assignment of 'D' or 'E' (i.e.; [count of 'D' + count of 'E'] = *Denominator*). Aggregate all case-level records that are members of a measure's population. **Do not** eliminate or suppress outliers. **Notes:** • HBIPS-2 and 3: The *Denominator* for these measures are not derived from the processing of patient-level data through the measure algorithm. Instead, it is calculated using the Census Days for the hospital or unit. *Denominator* = (Psychiatric Inpatient Days - Leave Days), submitted as Hours
Allowable Values:	0 through 10,000,000 (whole numbers only) *Note: Hospitals entering a zero for this data element will be required to attest that they have no cases in the denominator (i.e., 'zero denominator') for the measure for the month. Hospitals with denominator cases are expected to enter the appropriate value for each measure or strata.*
Edits:	• If *Initial Population* = zero, then *Denominator* may not be entered. • *Denominator* must be <= *Hospital Sample Size* (for all measures except HBIPS-2 and 3) • The Overall strata's *Denominator* = the sum (*Denominator* of the four age strata). • HBIPS-2 and 3: *Denominator* must be <= *Hospital Sample Size* * 24 (for HBIPS-2 and 3 *Hospital Sample Size* is in days, while *Denominator* must be submitted in hours)

Name:	*Number of Unique Patients Within the Numerator*
Aggregated For:	Ratio measures only
Definition:	For the HBIPS-2 and 3, this is the number of unique patients represented in the data element *Numerator*. If no event occurred during the month (*Numerator* = 0), enter a zero (0) for this data element.
Allowable Values:	0 through 10,000,000 (whole numbers only)
Edits:	• If *Denominator* or *Initial Population* = zero, then *Number of Unique Patients Within the Numerator* may not be entered. • HBIPS-2 and 3: The Overall strata's *Number of Unique Patients Within the Numerator* = the sum (*Number of Unique Patients Within the Numerator* of the four age strata). • HBIPS-2 and 3: *Number of Unique Patients within the Numerator* must be <= *Hospital Sample Size*

<table>
<tr><td>Name:</td><td>Numerator</td></tr>
<tr><td>Aggregated For:</td><td>Proportion and ratio measures</td></tr>
<tr><td>Definition:</td><td>Summation of numerator cases (proportion) or the numerator component (ratio) in a measure's population during the month.

The Numerator is the count of all patient-level records with a measure category assignment = ‘E’.

Aggregate all case-level records that are members of a measure's population. Do not eliminate or suppress outliers.

Notes:
• HBIPS-2 and 3:
o Strata measures (b, c, d, and e): The Numerator for these measures are derived from processing patient-level data through the measure algorithm. Use those cases that receive a measure category assignment = ‘E’ to calculate the total number of hours for the events being evaluated by the measure. The Numerator for these measures allows for up to 3 decimal places to account for patients where the event did not occur in full hour increments.

o Overall measure (a): The Overall Numerator for these measures are derived from the Numerators calculated for the Strata for the measure. Sum the Strata Numerators that have already been rounded to 3 decimal places. Do not sum the unrounded Strata Numerators and then round the Overall Numerator.
<table>
<tr><td>Strata</td><td>Incorrect Overall Calculation</td><td>Correct Overall Calculation</td></tr>
<tr><td>B</td><td>1.3454</td><td>Rounded(1.3454) = 1.345</td></tr>
<tr><td>C</td><td>2.0044</td><td>Rounded(2.0044) = 2.004</td></tr>
<tr><td>D</td><td>3.2544</td><td>Rounded(3.2544) = 3.254</td></tr>
<tr><td>E</td><td>0.0014</td><td>Rounded(0.0014) = 0.001</td></tr>
<tr><td>Overall</td><td>Sum strata (1.3454 + 2.0044+ 3.2544 + 0.0014) =
Round overall (6.6056) = 6.606</td><td>Sum rounded strata (1.345 + 2.004+ 3.254 + 0.001) =
overall 6.604</td></tr>
</table></td></tr>
<tr><td>Allowable Values:</td><td>• 0 through 10,000,000 (for proportion measures, whole numbers only)

• HBIPS-2 and 3 strata: 0 through 10,000,000.000 (calculate to 4 decimals and round to 3 decimals where 5 rounds up)

• HBIPS-2 and 3 overall: 0 through 10,000,000.000 (do not round, instead sum the rounded strata Numerators)</td></tr>
</table>

Edits:	• If *Denominator* or *Initial Population* = zero, then *Numerator* may not be entered. • Non-stratified measures: o *Numerator* must be <= *Denominator* • Stratified measures where only one *Denominator* is entered: o each stratum's *Numerator* must be <= the *Denominator* o the sum of each stratum's *Numerator* must be <= the *Denominator* • Stratified measures where a *Denominator* is entered for each stratum: o each stratum's *Numerator* must be <= that stratum's *Denominator* o HBIPS topic: The Overall strata's *Numerator* = the sum (*Denominator* of the four age strata).

Continuous Variable Measures

Continuous variable measures are measures in which the value of each measurement can fall anywhere along a continuous scale (e.g., the time [in minutes] from hospital arrival to administration of thrombolysis).

The following aggregate data elements are required to be entered for continuous variable measures:

- Maximum Observation
- Mean Observation
- Median Observation
- Minimum Observation
- Population
- Standard Deviation of the Observation

Name:	*Maximum Observation*
Aggregated For:	Continuous variable measures
Definition:	The measure's largest observed value for those cases represented in the data element *Population* for the month. The observed value is the Measurement Value that is calculated for each case as it is processed through the algorithm and received a measure category assignment = 'D' for the measure or stratum
Allowable Values:	0 through 10,000,000 .000 (calculate to 4 decimals and round to 3 decimals where 5 rounds up)
Edits:	• If *Population* or *Initial Population* = zero, then *Maximum Observation* may not be entered. • The *Maximum Observation* for an Overall measure (e.g., ED-1a) must be equal to the highest *Maximum Observation* of the associated strata measures (e.g., ED-1b and ED-1c). • ED-1, ED-2, and OP-18: The *Maximum Observation* must be entered as a whole number since the Measurement Value for these measures are calculated as minutes. • See additional edits for the *Mean Observation* data element.

Name:	*Mean Observation*
Aggregated For:	Continuous variable measures
Definition:	The measure's average observed value for those cases represented in the data element *Population* for the month. The observed value is the Measurement Value that is calculated for each case as it is processed through the algorithm and received a measure category assignment = 'D' for the measure or strata. *Mean Observation* is the measure's average Measurement Value for the HCO during the month. This is calculated by: (Sum the Measurement Values for all cases within the HCO) divided by the P*opulation* count previously derived (count of those cases which receive a measure category assignment = 'D') for the measure or stratum. ***OR*** $$Mean\ Observation = \frac{\sum_1^m (Measurement\ Values)}{Population\ count}$$ where m = the *Population* count for the measure or stratum
Allowable Values:	0 through 10,000,000 .000 (calculate to 4 decimals and round to 3 decimals where 5 rounds up)
Edits:	• If *Population* or *Initial Population* = zero, then *Mean Observation* may not be entered. • *Minimum Observation* must be <= *Median Observation* **and** • *Median Observation* must be <= *Maximum Observation* • *Minimum Observation* must be <= *Mean Observation* **and** • *Mean Observation* must be <= *Maximum Observation*

Name:	*Median Observation*
Aggregated For:	Continuous variable measures
Definition:	The measure's midpoint observed value for those cases represented in the data element *Population* for the month. The observed value is the Measurement Value that is calculated for each case as it is processed through the algorithm and received a measure category assignment = 'D' for the measure or stratum. To determine the Median, sort the case-level cases by their observed values from the highest value to lowest value: **If** the total number of *Population* cases is odd **then** *Median Observation* = the value associated to the middle case ***ELSE*** **If** the total number of *Population* cases is even **then** *Median Observation* = the average of the values of the two middle cases **NOTE:** The calculated *Median Observation* does not have to be an observed value of the data.
Allowable Values:	0 through 10,000,000.000 (calculate to 4 decimals and round to 3 decimals where 5 rounds up)
Edits:	• If *Population* or *Initial Population* = zero, then *Median Observation* may not be entered. • See edits for the *Mean Observation* data element.

Name:	*Minimum Observation*
Aggregated For:	Continuous variable measures
Definition:	The measure's smallest observed value from among all observed values for those cases represented in the data element *Population* for the month. The observed value is the Measurement Value that is calculated for each case as it is processed through the algorithm and received a measure category assignment = 'D' for the measure or stratum.
Allowable Values:	0 through 10,000,000 .000 (calculate to 4 decimals and round to 3 decimals where 5 rounds up)
Edits:	• If *Population* or *Initial Population* = zero, then *Minimum Observation* may not be entered. • The *Minimum Observation* for an Overall measure (e.g., ED-1a) must be equal to the lowest *Minimum Observation* of the associated strata measures (e.g., ED-1b and ED-1c). • ED-1, ED-2, and OP-18: The *Minimum Observation* must be entered as a whole number since the Measurement Value for these measures are calculated as minutes. • See additional edits for the *Mean Observation* data element.

Name:	*Population*
Aggregated For:	Continuous variable measures
Definition:	The total number of cases that are members of a measure's population for the health care organization during the specified time period. This is the count of all patient-level records with a Category Assignment = 'D' for the measure or strata. Aggregate all case-level records that are members of a measure's population. **Do not** eliminate or suppress outliers.
Allowable Values:	0 through 10,000,000 (whole numbers only) *Note: Hospitals entering a zero for this data element will be required to attest that they have no cases in the denominator cases (i.e., 'zero denominator') for the measure for the month. Hospitals with denominator cases are expected to enter the appropriate value for each measure or strata.*
Edits:	• *Population <= Hospital Sample Size* • Stratified measures where the Overall measure (e.g., ED-1, ED-2) is reported: o The sum of each stratum Population must be = Overall *Population* for the measure (e.g., strata *Population* for ED-1b + strata *Population* for ED-1c) must = Overall *Population* for ED-1a)

Name:	*Standard Deviation of the Observation*
Aggregated For:	Continuous variable measures
Definition:	The standard deviation of the observed value for those cases represented in the data element *Population* for the month. The observed value is the Measurement Value that is calculated for each case as it is processed through the algorithm and received a measure category assignment = 'D' for the measure or strata. *Standard Deviation of the Observation* = Square root of the [sum of the (Measurement Value for all cases minus (-) *Mean Observation*)^2 divided by (*Population* count - 1)], where the *Mean Observation* (Mean time in minutes) and *Population* count were previously derived. ***OR*** $$Standard\ Deviation\ of\ the\ Observation = \sqrt{\frac{\sum_1^m [Measurement\ Value\ - Mean\ Observation]^2}{Population\ count\ - 1}}$$ where m = the *Population* count for the measure or strata
Allowable Values:	0 through 10,000,000 .000 (calculate to 4 decimals and round to 3 decimals where 5 rounds up)
Edits:	• If *Population* or *Initial Population* = zero, then *Standard Deviation of the Observation* may not be entered. • *Standard Deviation of the Observed Value*s must be >= 0 • If *Population* = 1, then the *Standard Deviation of the Observation* cannot be entered.

Section 3: Measure Exclusions

Introduction

This section of the manual describes the denominator exclusion questions asked by the Direct Data Submission Platform (DDSP) for each chart-abstracted measure used for accreditation purposes. These questions capture the counts of the number of cases excluded from the measure population by receiving a measure category assignment of 'B' (Not in Measure Population) when processed through the measure algorithm. The information in this section is intended to assist health care organizations in their preparation for data entry of their aggregate data into the DDSP.

These exclusion counts will be used by the DDSP to verify all cases are accounted for based upon the Initial Patient Population and Sample Size that are entered. Cases which are not accounted for by the entered data will be assumed to have received a measure category assignment of 'X' (Data Are Missing) or 'Y' for a continuous variable or ratio measure (UTD Allowable Value Does Not Allow Calculation of the Measure) and will be counted as such by the DDSP.

Measure Algorithm Logic

Unlike eCQMs, chart-abstracted measure algorithms process patient data in a top-down manner. This means that once a case is processed to a measure category assignment (i.e., 'B', 'D', 'E', 'Y', or 'X'), the case stops being executed against the algorithm.

The Joint Commission acknowledges that a case may be applicable to multiple measure exclusions and that hospitals performing analysis would typically evaluate all the reason(s) a case was excluded. However, for DDSP purposes, each excluded case is to be only counted in the Measure Exclusion question which assigns the measure category assignment of 'B'.

The cases in the Table below depict the data element and allowable value that causes it to be excluded from the algorithm and the associated Measure Exclusion to include the case in.

Note: Compare the below measure algorithm for PC-05 (1/1/2020 – 6/30/2020 discharges) to this table when reviewing:

Case #	Discharge Disposition	Term Newborn	Admission to NICU	Counted in Measure Exclusion
1	1	1	N	*Not counted as a measure exclusion, case will not be assigned a measure category assignment of 'B'*
2	3	1	**Y (Documentation that newborn was admitted to NICU)**	Number of cases excluded for being admitted to the NICU?
3	2	**2 (Documentation that newborn was not term or >= 37 weeks)**	Y	Number of cases excluded for not being at term; or with a Gestational Age < 37 weeks or =UTD?
4	**4 (Acute Care Facility)**	2	N	Number of cases excluded for being transferred to another hospital?
5	**6 (Expired)**	2	Y	Number of cases excluded for expiring within the hospital?

The below measure algorithm is an example of how Measure Exclusions questions were determined.

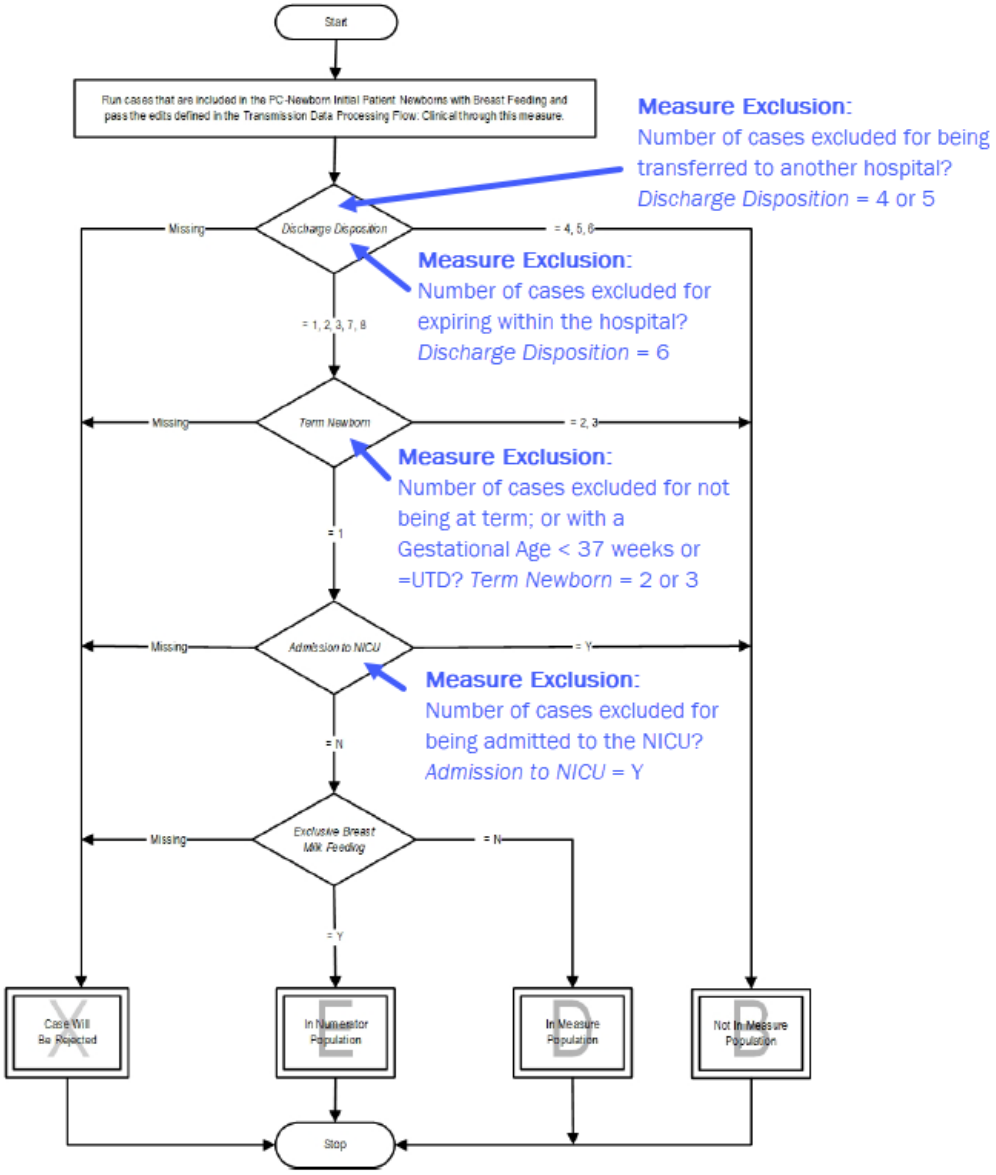
Measure Algorithm:

PC-05: Exclusive Breast Milk Feeding

Numerator: Newborns that were fed breast milk only since birth

Denominator: Single term newborns discharged alive from the hospital

1/1/2020 - 6/30/2020
Discharges



Measure Exclusion:
Number of cases excluded for being transferred to another hospital?
Discharge Disposition = 4 or 5

Measure Exclusion:
Number of cases excluded for expiring within the hospital?
Discharge Disposition = 6

Measure Exclusion:
Number of cases excluded for not being at term; or with a Gestational Age < 37 weeks or =UTD? *Term Newborn* = 2 or 3

Measure Exclusion:
Number of cases excluded for being admitted to the NICU?
Admission to NICU = Y

Measure Exclusions

Below are the measure exclusions questions for each chart-abstracted measure. Help Text is provided to assist in determining exactly what to count for each exclusion question. The questions and help text have been derived from the appropriate version of the Measure Information Forms. In some cases, a measure contains exclusion questions that are only applicable for a portion of the year (e.g., IMM-2).

ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients

How many patients were excluded for	Help Text
Number of cases excluded for not being seen in the ED or unable to determine?	There is no documentation the patient received care in a dedicated emergency department of the facility, OR unable to determine from medical record documentation.

ED-2: Admit Decision Time to ED Departure Time for Admitted Patients

How many patients were excluded for	Help Text
Number of cases excluded for not being seen in the ED or unable to determine?	There is no documentation the patient received care in a dedicated emergency department of the facility, OR unable to determine from medical record documentation.

HBIPS-1: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed

How many patients were excluded for	Help Text
Number of cases excluded due to a Length of Stay <= 3 or >= 365 days?	Length of Stay (in days) = Discharge Date minus (-) Admission Date
Number of cases with a psychiatric diagnosis excluded because they were not patients in an inpatient psychiatric care setting?	Documentation in the medical record that the patient was receiving care primarily for a psychiatric diagnosis **but was NOT** in an inpatient psychiatric setting, i.e., a psychiatric unit of an acute care hospital or a free-standing psychiatric hospital.
Number of cases excluded due to incomplete admission screening?	Documentation that none of the required admission screening were completed due to the patient's inability or unwillingness to answer screening questions within the first three days of admission.

HBIPS-2: Hours of physical restraint use

No exclusion questions

HBIPS-3: Hours of seclusion use

No exclusion questions

HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification

How many patients were excluded for	Help Text
Number of cases excluded due to a Length of Stay <= 3 days?	Length of Stay (in days) = Discharge Date minus (-) Admission Date
Number of cases excluded because they expired during hospital stay?	The patient expired during the hospital stay.
Number of cases with a psychiatric diagnosis excluded because they were not patients in an inpatient psychiatric care setting?	Documentation in the medical record that the patient was receiving care primarily for a psychiatric diagnosis **but was NOT** in an inpatient psychiatric setting, i.e., a psychiatric unit of an acute care hospital or a free-standing psychiatric hospital.
Number of cases excluded due to an unplanned departure resulting in discharge?	Documentation in the medical record of the patient's status at the time the patient left the hospital-based inpatient contains one of the following: 1. the patient eloped and was discharged 2. the patient failed to return from leave and was discharged 3. the patient has not yet been discharged from the hospital 4. the patient was transferred/discharged from the inpatient psychiatric unit in an acute care setting to another level of care, (i.e. medical unit), and subsequently discharged from that level of care psychiatric care setting The intent of this exclusion is to identify and exclude patients with an unplanned departure resulting in discharge. 1. Patients who discharge or transfer to another level of care in the same hospital are excluded from the measure population since they have not yet been discharged from the hospital. 2. Patients who are discharged from the psychiatric setting are included in the measure population.
Number of cases excluded for being discharged on <= 1 antipsychotic medications?	The number of routinely scheduled antipsychotic medications prescribed to the patient at discharge as documented in the medical record.

IMM-2: Influenza Immunization

How many patients were excluded for	Help Text
Number of cases excluded due to being less than 6 months of age at admission?	The Patient Age (in months) = Admission Date minus (-) Birthdate To calculate, use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with a valid Admission Date and Birthdate should be processed against the measure algorithm.
Number of cases excluded for having an organ transplant during the current hospitalization?	Patients with an ICD-10-CM Principal or Other Procedure Codes as defined in Appendix A, Table 12.10, Organ Transplant During Current Hospitalization.
Number of cases excluded for being discharged to an acute care facility ?	The patient was discharged (on the day of discharge) to an acute care facility.
Number of cases excluded for leaving Against Medical Advice (AMA)?	The patient left the facility Against Medical Advice (AMA).
Number of cases excluded because the patient expired during hospital stay?	The patient expired during the hospital stay.
Number of cases excluded because a vaccination was indicated, but supply had not been received by the hospital?	Patients for whom vaccination was indicated, but supply had not been received by the hospital due to problems with vaccine production or distribution.

OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients

How many patients were excluded for	Help Text
Number of cases excluded for expiring within the hospital?	The patient expired while within the hospital.
Number of cases excluded for leaving Against Medical Advice (AMA)?	The patient left the facility Against Medical Advice (AMA).
Number of cases excluded for not being able to determine the Discharge Code?	Discharge Code is not documented or unable to be determined (UTD).

OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

How many patients were excluded for	Help Text
Number of cases excluded for expiring within the hospital?	The patient expired while within the hospital.
Number of cases excluded for leaving Against Medical Advice (AMA)?	The patient left the facility Against Medical Advice (AMA).
Number of cases excluded for not being able to determine the Discharge Code?	Discharge Code is not documented or unable to be determined (UTD).
Number of cases excluded for not having a head CT or MRI scan ordered in the ED?	There is no documentation a head CT or MRI scan was ordered by the physician/APN/PA during the emergency department visit.
Number of cases excluded for not having the date and time of Last Known Well?	There is no documentation that the date and time of Last Known Well was witnessed or reported, or Unable to Determine from medical record documentation.
Number of cases excluded for having Last Known Well > 120 minutes?	Last Known Well (in minutes) = Outpatient Encounter Date and Arrival Time minus (-) Date Last Known Well and Time Last Known Well.

PC-01: Elective Delivery

How many patients were excluded for	Help Text
Number of cases excluded for conditions possibly justifying elective delivery prior to 39 weeks gestation?	Patients with an ICD-10-CM Principal or Other Diagnosis Codes as defined in Appendix A, Table 11.07,Conditions Possibly Justifying Elective Delivery, are to be counted.
Number of cases excluded for Gestational Age < 37 or >= 39 weeks or =UTD?	Gestational Age is the weeks of gestation completed at the time of delivery. This is the best obstetrical estimate (OE) of the newborn's gestation in completed weeks based on the birth attendant's final estimate of gestation , irrespective of whether the gestation results in a live birth or a fetal death.
Number of cases excluded for a history of a prior stillbirth?	Documentation that the patient had a prior history of stillbirth.

PC-02: Cesarean Birth

How many patients were excluded for	Help Text
Number of cases excluded for multiple gestations and other presentations?	Patients with an ICD-10-CM Principal or Other Diagnosis Codes as defined in Appendix A, Table 11.09, Multiple Gestations and Other Presentations, are to be counted.
Number of cases excluded for an outcome of delivery other than a single live birth?	Patients without an ICD-10-CM Principal or Other Diagnosis Codes as defined in Appendix A, Table 11.08, Outcome of Delivery, are to be counted.
Number of cases excluded for Gestational Age < 37 weeks or =UTD?	Gestational Age is the weeks of gestation completed at the time of delivery. This is the best obstetrical estimate (OE) of the newborn's gestation in completed weeks based on the birth attendant's final estimate of gestation, irrespective of whether the gestation results in a live birth or a fetal death.
Number of cases excluded for a history of previous live births?	Documentation that the patient experienced a live birth prior to the current hospitalization.

PC-05: Exclusive Breast Milk Feeding

How many patients were excluded for	Help Text
7/1/2020 – 12/31/2020 Discharges: Number of cases excluded due to a Length of Stay > 120 days?	Length of Stay (in days) = Discharge Date minus (-) Admission Date
7/1/2020 – 12/31/2020 Discharges: Number of cases excluded for galactosemia?	Patients with an ICD-10-CM Other Diagnosis Code as defined in Appendix A, Table 11.21, Galactosemia, are to be counted.
7/1/2020 – 12/31/2020 Discharges: Number of cases excluded for parenteral nutrition?	Patients with an ICD-10-CM Principal or Other Procedure Codes as defined in Appendix A, Table 11.22, Parenteral Nutrition, are to be counted.
Number of cases excluded for expiring within the hospital?	The patient expired while within the hospital.
Number of cases excluded for patients being discharged to an acute care facility?	The patient was discharged to an acute care facility.
Number of cases excluded because patient was discharged to another hospital?	The patient was discharged (on the day of discharge) to another health care facility.
Number of cases excluded for not being at term; or with a Gestational Age < 37 weeks or =UTD?	There is documentation that the newborn was not at term or < 37 completed weeks of gestation at the time of birth. Gestational Age is the weeks of gestation completed at the time of delivery. This is the best obstetrical estimate (OE) of the newborn's gestation in completed weeks based on the birth attendant's final estimate of gestation , irrespective of whether the gestation results in a live birth or a fetal death.
Number of cases excluded for being admitted to the NICU?	There is documentation that the newborn was admitted to the Neonatal Intensive Care Unit (NICU) at this hospital at any time during the hospitalization.

PC-06: Unexpected Complications in Term Newborns

How many patients were excluded for	Help Text
Number of cases excluded for congenital malformations or genetic diseases; pre-existing fetal conditions; or maternal drug use exposure in-utero?	Patients with an ICD-10-CM Principal or Other Diagnosis Codes as defined in Appendix A on Table 11.30 (Congenital Malformations), Table 11.31 (Fetal Conditions), or Table 11.32 (Maternal Drug Use) are to be counted. A patient with codes on multiple of these tables is to be counted only once.
Number of cases excluded for a birthweight < 2500g or =UTD?	Birthweight is the weight (in grams) of a newborn at the time of delivery. Whether entered in pounds or grams within the hospital's software, all birth weights must be converted to grams prior to measure evaluation.
Number of cases excluded for not being at term; or with a Gestational Age < 37 weeks?	There is documentation that the newborn was not at term or < 37 completed weeks of gestation at the time of birth. Gestational Age is the weeks of gestation completed at the time of delivery. This is the best obstetrical estimate (OE) of the newborn's gestation in completed weeks based on the birth attendant's final estimate of gestation , irrespective of whether the gestation results in a live birth or a fetal death.
Number of cases excluded for not being able to determine if they were term or their Gestational Age and their birthweight < 3000g?	The documentation for a newborn being at term or < 37 weeks of gestations at time of birth cannot be determined from medical record documentation, so a UTD is documented. Birthweight is the weight (in grams) of a newborn at the time of delivery. Whether entered in pounds or grams within the hospital's software, all birth weights must be converted to grams prior to measure evaluation.

SUB-2: Alcohol Use Brief Intervention Provided or Offered

How many patients were excluded for	Help Text
Number of cases excluded due to being less than 18 years of age at admission?	The Patient Age (in years) = Admission Date minus (-) Birthdate To calculate, use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with a valid Admission Date and Birthdate should be processed against the measure algorithm.
Number of cases excluded with a Length of Stay <= 1 day	Length of Stay (in days) = Discharge Date minus (-) Admission Date
Number of cases excluded for having Comfort Measures Only documented?	Comfort Measures Only refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. Comfort Measures Only is commonly referred to as “comfort care” by the general public. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).
1/1/2020 to 6/30/2020 Discharges: Number of cases excluded because the patient refused or was not screened for Alcohol Use during the hospital stay?	Within the first day of admission (by end of Day 1) the patient: 1. Refused screening for alcohol use during the hospital stay 2. Was not screened for Alcohol Use during the hospital stay or unable to determine from medical record documentation
7/1/2020 to 12/31/2020 Discharges: Number of cases excluded because the patient refused screening for Alcohol Use Status during the hospital stay?	Within the first day of admission (by end of Day 1) the patient refused screening for Alcohol Use Status during the hospital stay
1/1/2020 to 6/30/2020 Discharges: Number of cases excluded due to a score on the alcohol screen indicative of no or low risk of alcohol related problems?	Within the first day of admission the patient was screened for Alcohol Use with a validated or non-validated tool and the score indicated no or low risk of alcohol related problems.
7/1/2020 to 12/31/2020 Discharges: Number of cases excluded due to a score on the alcohol screen indicative of no or low risk of alcohol related problems?	Within the first day of admission the patient was screened for Alcohol Use with a validated tool and the score indicated no or low risk of alcohol related problems.
Number of cases being excluded because patient could not be screened for alcohol use due to cognitive impairment?	Within the first day of admission (by end of Day 1) the patient was not screened for alcohol use because of cognitive impairment.

SUB-3: Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge

How many patients were excluded for	Help Text
Number of cases excluded due to being less than 18 years of age at admission?	The Patient Age (in years) = Admission Date minus (-) Birthdate To calculate, use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with a valid Admission Date and Birthdate should be processed against the measure algorithm.
Number of cases excluded with a Length of Stay <= 1 day?	Length of Stay (in days) = Discharge Date minus (-) Admission Date
Number of cases excluded for having Comfort Measures Only documented?	Comfort Measures Only refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. Comfort Measures Only is commonly referred to as “comfort care” by the general public. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).
Number of cases being excluded because patient could not be screened for alcohol use due to cognitive impairment?	Within the first day of admission (by end of Day 1) the patient was not screened for alcohol use because of cognitive impairment.
Number of cases excluded for patients being discharged to an acute care facility?	The patient was discharged (on the day of discharge) to an acute care facility .
Number of cases excluded for leaving Against Medical Advice (AMA)?	The patient left the facility Against Medical Advice (AMA).
Number of cases excluded because patient was discharged to another healthcare facility?	The patient was discharged (on the day of discharge) to another healthcare facility.
Number of cases excluded because they expired during hospital stay?	The patient expired during the hospital stay.
Number of cases excluded for being discharged to home or another healthcare facility for hospice care?	Patient discharged to hospice at home or at another healthcare facility.
Number of cases excluded for not having a procedure code for alcohol dependence, drug dependence or alcohol and drug treatment procedures?	Patients without an ICD-10-CM Principal or Other Procedure Codes as defined in Appendix A, Table 13.1, Alcohol Dependence; 13.2, Drug Dependence; and 13.3, Alcohol and Drug Treatment Procedures, are to be counted.
Number of cases excluded because the patient's home is not in the United States, released to a court hearing and did not return, or discharged to jail/law enforcement?	Patient's home is not in the United States, they are released to a court hearing and did not return, or they were discharged to jail/law enforcement?

TOB-2: Tobacco Use Treatment Provided or Offered

How many patients were excluded for	Help Text
Number of cases excluded due to being less than 18 years of age at admission?	The Patient Age (in years) = Admission Date minus (-) Birthdate To calculate, use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with a valid Admission Date and Birthdate should be processed against the measure algorithm.
Number of cases excluded with a Length of Stay <= 1 day?	Length of Stay (in days) = Discharge Date minus (-) Admission Date
Number of cases excluded for having Comfort Measures Only documented?	Comfort Measures Only refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. Comfort Measures Only is commonly referred to as “comfort care” by the general public. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).
Number of cases being excluded because patient could not be screened for tobacco use due to cognitive impairment?	Within the first day of admission (by end of Day 1) the patient was not screened for tobacco use because of cognitive impairment.
1/1/2020 to 6/30/2020 Discharges: Number of cases excluded because the patient refused or was not screened for tobacco use during the hospital stay?	Within the first day of admission (by end of Day 1) the patient: 1. Refused screening for tobacco use during the hospital stay. 2. Was not screened for tobacco use during the hospital stay or unable to determine from medical record documentation.
7/1/2020 to 12/31/2020 Discharges: Number of cases excluded because the patient refused screening for Tobacco Use Status during the hospital stay?	Within the first day of admission (by end of Day 1) the patient refused screening for Tobacco Use Status during the hospital stay.
Number of cases excluded for not using any forms of tobacco in the 30 days prior to admission?	Documentation within the first day of admission (by the end of Day 1) that the patient has not used any forms of tobacco in the 30 days prior to the day of hospital admission. Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars. A tobacco use screen should identify the type of tobacco product used, the volume used, and the time frame of use.

TOB-3: Tobacco Use Treatment Provided or Offered at Discharge

How many patients were excluded for	Help Text
Number of cases excluded due to being less than 18 years of age at admission?	The Patient Age (in years) = Admission Date minus (-) Birthdate To calculate, use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with a valid Admission Date and Birthdate should be processed against the measure algorithm.
Number of cases excluded with a Length of Stay <= 1 day?	Length of Stay (in days) = Discharge Date minus (-) Admission Date
Number of cases excluded for having Comfort Measures Only documented?	Comfort Measures Only refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. Comfort Measures Only is commonly referred to as “comfort care” by the general public. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).
Number of cases being excluded because patient could not be screened for tobacco use due to cognitive impairment?	Within the first day of admission (by end of Day 1) the patient was not screened for tobacco use because of cognitive impairment.
Number of cases excluded because the patient refused or was not screened for tobacco use during the hospital stay?	Within the first day of admission (by end of Day 1) the patient: 1. Refused screening for tobacco use during the hospital stay. 2. Was not screened for tobacco use during the hospital stay or unable to determine from medical record documentation.
Number of cases excluded for not using any forms of tobacco in the 30 days prior to admission?	Documentation within the first day of admission (by the end of Day 1) that the patient has not used any forms of tobacco in the 30 days prior to the day of hospital admission. Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars. A tobacco use screen should identify the type of tobacco product used, the volume used, and the time frame of use.
Number of cases excluded for patients being discharged to an acute care facility?	The patient was discharged (on the day of discharge) to an acute care facility.
Number of cases excluded for leaving Against Medical Advice (AMA)?	The patient left the facility Against Medical Advice (AMA).
Number of cases excluded because patient was discharged to another healthcare facility?	The patient was discharged (on the day of discharge) to another healthcare facility.
Number of cases excluded because they expired during hospital stay?	The patient expired during the hospital stay.

TOB-3: Tobacco Use Treatment Provided or Offered at Discharge

How many patients were excluded for	Help Text
Number of cases excluded for being discharged to home or another healthcare facility for hospice care?	Patient discharged to hospice at home or at another healthcare facility.
Number of cases excluded because the patient's home is not in the United States, released to a court hearing and did not return, or discharged to jail/law enforcement?	Patient's home is not in the United States, they are released to a court hearing and did not return, or they were discharged to jail/law enforcement?

VTE-6: Hospital Acquired Potentially-Preventable Venous Thromboembolism

How many patients were excluded for	Help Text
Number of cases excluded for not having a VTE or Obstetrics-VTE ***OTHER*** diagnosis?	Patients without an ICD-10-CM Other Diagnosis Codes as defined in Appendix A, Table 7.03 or 7.04, Venous Thromboembolism (VTE) or Obstetrics - VTE (Venous Thromboembolism), are to be counted.
Number of cases excluded for having VTE present at admission?	Documentation by a physician/APN/PA that VTE was diagnosed or suspected on arrival to the day after admission.
Number of cases excluded for having Comfort Measures Only documented?	Comfort Measures Only refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. Documentation by a physician/APN/PA any time during the hospital stay or timing unclear is to be counted. Only the terms listed in Inclusion Guidelines for Abstraction are accepted.
Number of cases excluded for being enrolled in a clinical trial studying VTE?	Documentation that during this hospital stay the patient was enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. VTE).
Number of cases excluded because VTE was not confirmed by diagnostic testing?	A diagnosis of new/acute VTE [deep vein thrombosis (DVT) and/or pulmonary embolism (PE)] in a defined location ***was not confirmed*** by diagnostic testing on the day of arrival or anytime during the hospitalization. Confirmation of a new/acute VTE requires documentation by a physician/APN/PA based upon a diagnostic test performed on the day of arrival or anytime during the hospitalization. Acceptable VTE locations and VTE diagnostic tests are defined in Inclusion Guidelines for Abstraction.
Number of cases excluded with reasons for not administering mechanical and pharmacological prophylaxis?	Documentation by a physician/APN/PA or pharmacist why mechanical AND pharmacological VTE prophylaxis were not administered on the day(s) between arrival and the day before the VTE Diagnostic Test order date. Both mechanical and pharmacological prophylaxis must be addressed.

Section 4: Aggregate Data Element Tool

Introduction

This section of the manual provides several tools to assist hospitals and their vendors in understanding the order in which the aggregate data elements will be entered into the Direct Data Submission Platform (DDSP).

Measure Exclusion data elements

Each Measure Exclusion question is entered once for the measure. This is true even if the measure is stratified.

These Tools depict the order of where the Measure Exclusion elements are entered versus the Statistical data elements. However, the specific questions and their exact order for each measure is provided in Section 3.

Tool #1

Tool #1 is applicable to the following measures: PC-01, PC-02, PC-05, IMM-2, VTE-6, OP-23

- These measures are rate-based proportion measures that are not stratified.
- IMM-2 is seasonal, so the DDSP will only allow entry of data for 1Q and 4Q each year. The other two quarters will not be accessible.

Aggregate Data Element	Data Entry
Initial Population	User enters data - Zero Initial Population Attestation for the month will be prompted at this point in data entry. *This is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults.*
Quarterly Sampling Frequency	Drop-down box - If the measure does not allow sampling, the drop-down box will not be available.
Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Denominator	User enters data - Zero Denominator Attestation for the month will be prompted at this point in data entry.
Numerator	User enters data
Observed Rate	Calculated by DDSP
Measure Exclusion(s)	See Section 3 for specific questions and order for each measure
Total Exclusion Count	Calculated by DDSP
Total Count of Cases with Category Y or X	Calculated by DDSP

Tool #2

Tool #2 is applicable to the following measures: PC-06, SUB-2, SUB-3, TOB-2, TOB-3

- These measures are rate-based proportion measures that are stratified.
- The specifications for these measures state that the initial population and sample size are determined for the Overall measure and each stratum are derived from this data pull.
- These measures require the entry of multiple Numerator values.
    - PC-06: The Overall measure *is the sum* of the Moderate and Severe strata; thus, the Numerator for the Overall Measure will not be entered.
    - SUB-2, 3 and TOB-2, 3: The Overall measures *are not the sum* of the measure's strata; therefore, both the Overall and strata Numerators must be entered.

Aggregate Data Element	Data Entry
Initial Population	User enters data - Zero Initial Population Attestation for the month will be prompted at this point in data entry. *This is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults.*
Quarterly Sampling Frequency	Drop-down box - If the measure does not allow sampling, the drop-down box will not be available.
Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, *Hospital Sample Size* will be set equal to the *Initial Population* and the user will not be able to update.
Denominator	User enters data - Zero Denominator Attestation will be prompted at this point in data entry.
Numerator	User enters data - Multiple Numerators are entered based on each measure's specifications.
Observed Rate	Calculated by DDSP - Multiple Observed Rates are calculated, one for the Overall measure and one for each stratum
Measure Exclusion(s)	See Section 3 for specific questions and order for each measure
Total Exclusion Count	Calculated by DDSP
Total Count of Cases with Category Y or X	Calculated by DDSP

Tool #3

Tool #3 is applicable to the following measures: HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5

- These measures are rate-based proportion and ratio measures that are stratified.
- These measures require all data elements to be entered for the Overall measure and each of the four strata measures.
    - The HIBPS measure topic specifications state that the initial population and sample size are determined for each stratum.
- HBIPS-2 and 3 require the additional data element "*Number of Unique Patients within the Numerator*" that must be entered. It is depicted below in the order it will be entered for these measures.

Aggregate Data Element	Data Entry
Overall (a) Initial Population	User enters data - Zero Initial Population Attestation for the month will be prompted at this point in data entry. *This is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults.*
Overall (a) Quarterly Sampling Frequency	Drop-down box - If the measure does not allow sampling, the drop-down box will not be available.
Overall (a) Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Overall (a) Denominator	User enters data - Zero Denominator Attestation will be prompted at this point in data entry.
Overall (a) Numerator	User enters data
Overall (a) Number of Unique Patients within the Numerator	HBIPS-2 and 3 only – user enters data.
Overall (a) Observed Rate	Calculated by DDSP
Strata B Initial Population	User enters data
Strata B Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Strata B Denominator	User enters data - Zero Denominator Attestation will be prompted at this point in data entry.
Strata B Numerator	User enters data

Aggregate Data Element	Data Entry
Strata B Number of Unique Patients within the Numerator	HBIPS-2 and 3 only – user enters data.
Strata B Observed Rate	Calculated by DDSP
Strata C Initial Population	User enters data
Strata C Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Strata C Denominator	User enters data - Zero Denominator Attestation will be prompted at this point in data entry.
Strata C Numerator	User enters data
Strata C Number of Unique Patients within the Numerator	HBIPS-2 and 3 only – user enters data.
Strata C Observed Rate	Calculated by DDSP
Strata D Initial Population	User enters data
Strata D Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Strata D Denominator	User enters data - Zero Denominator Attestation will be prompted at this point in data entry.
Strata D Numerator	User enters data
Strata D Number of Unique Patients within the Numerator	HBIPS-2 and 3 only – user enters data.
Strata D Observed Rate	Calculated by DDSP
Strata E Initial Population	User enters data
Strata E Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Strata E Denominator	User enters data - Zero Denominator Attestation will be prompted at this point in data entry.
Strata E Numerator	User enters data
Strata E Number of Unique Patients within the Numerator	HBIPS-2 and 3 only – user enters data.
Strata E Observed Rate	Calculated by DDSP
Measure Exclusion(s)	See Section 3 for specific questions and order for each measure

Aggregate Data Element	Data Entry
Total Exclusion Count	Calculated by DDSP
Total Count of Cases with Category Y or X	Calculated by DDSP

Tool #4

Tool #4 is applicable to the following measures: ED-1, ED-2

- These measures are continuous variable measures that are stratified and for which the Overall measure is reported.

- These measures require the entry of the *Initial Population*, *Quarterly Sampling Frequency*, and *Hospital Sample Size* once.
    - The specifications for the ED measures state that the initial population and sample size are determined using the Global criteria. The Overall measures and each stratum are derived from this data pull.

- These measures require all data elements to be entered for the Overall measure and each of the two strata measures.

Aggregate Data Element	Data Entry
Initial Population	User enters data - Zero Initial Population Attestation for the month will be prompted at this point in data entry. *This is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults.*
Quarterly Sampling Frequency	Drop-down box - If the measure does not allow sampling, the drop-down box will not be available.
Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Overall (a) Population	User enters data - Zero Population Attestation will be prompted at this point in data entry.
Overall (a) Minimum Observation	User enters data
Overall (a) Median Observation	User enters data
Overall (a) Maximum Observation	User enters data
Overall (a) Mean Observation	User enters data
Overall (a) Standard Deviation of the Observation	User enters data
Strata B Population	User enters data - Zero Population Attestation will be prompted at this point in data entry.
Strata B Minimum Observation	User enters data
Strata B Median Observation	User enters data

Aggregate Data Element	Data Entry
Strata B Maximum Observation	User enters data
Strata B Mean Observation	User enters data
Strata B Standard Deviation of the Observation	User enters data
Strata C Population	User enters data - Zero Population Attestation will be prompted at this point in data entry.
Strata C Minimum Observation	User enters data
Strata C Median Observation	User enters data
Strata C Maximum Observation	User enters data
Strata C Mean Observation	User enters data
Strata C Standard Deviation of the Observation	User enters data
Measure Exclusion(s)	See Section 3 for specific questions and order for each measure
Total Exclusion Count	Calculated by DDSP
Total Count of Cases with Category Y or X	Calculated by DDSP

Tool #5

Tool #5 is applicable to the following measures: OP-18

- These measures are continuous variable measures that are stratified and for which the Overall measure **is not** reported.

- These measures require the entry of the *Initial Population*, *Quarterly Sampling Frequency*, and *Hospital Sample Size* once.
    - The specifications for the OP-18 measure states that the initial population and sample size are determined using the OP-ED Throughput criteria and each stratum are derived from this data pull.
        - The Overall measure is not reported for OP-18.

- These measures require all data elements to be entered for each of the measure's strata. Data is not entered for the Overall measure.

Aggregate Data Element	Data Entry
Initial Population	User enters data - Zero Initial Population Attestation for the month will be prompted at this point in data entry. *This is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults.*
Quarterly Sampling Frequency	Drop-down box - If the measure does not allow sampling, the drop-down box will not be available.
Hospital Sample Size	User enters data - If the measure does not allow sampling ***or*** the hospital did not sample, Hospital Sample Size will be set equal to the Initial Population and the user cannot update.
Strata B Population	User enters data - Zero Population Attestation will be prompted at this point in data entry.
Strata B Minimum Observation	User enters data
Strata B Median Observation	User enters data
Strata B Maximum Observation	User enters data
Strata B Mean Observation	User enters data
Strata B Standard Deviation of the Observation	User enters data
Strata C Population	User enters data - Zero Population Attestation will be prompted at this point in data entry.
Strata C Minimum Observation	User enters data
Strata C Median Observation	User enters data

Aggregate Data Element	Data Entry
Strata C Maximum Observation	User enters data
Strata C Mean Observation	User enters data
Strata C Standard Deviation of the Observation	User enters data
Strata D Population	User enters data - Zero Population Attestation will be prompted at this point in data entry.
Strata D Minimum Observation	User enters data
Strata D Median Observation	User enters data
Strata D Maximum Observation	User enters data
Strata D Mean Observation	User enters data
Strata D Standard Deviation of the Observation	User enters data
Measure Exclusion(s)	See Section 3 for specific questions and order for each measure
Total Exclusion Count	Calculated by DDSP
Total Count of Cases with Category Y or X	Calculated by DDSP

Release Notes

These release notes detail the modifications that have been made to this 2020 version of the Guide released on 4/6/2020.

Updates have been released on 6/4/2020 and 8/13/2020.

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Aggregate Data Dictionary: Attestation of Zero Cases	n/a	A discussion concerning how a hospital will attest to having zero cases has been added.	***Added*** discussion to provide documentation as to when a hospital may attest to having zero cases for a month for a measure.
8/13/2020	Aggregate Data Dictionary: Alphabetical List of All Data Elements	Number of Unique Patients Within the Numerator is aggregated for proportion and ratio measures	Number of Unique Patients Within the Numerator is aggregated for ratio measures	***Modified*** as this data element is only collected for ratio measures.

Date of Modification	Section	Original Information	Modified Information	Reason

8/13/2020	Aggregate Data Dictionary: Measure Exclusions	n/a	• **Total Exclusion Count** (calculated by the DDSP)
			  • Proportion and Ratio measures: The sum of *Measure Exclusions* must be <= the difference between *Hospital Sample Size* and *Denominator*.
			  • Continuous Variable measures: The sum *Measure Exclusions* must be <= the difference between *Hospital Sample Size* and *Population*.
			• **Total Count of Cases with Category Y or X** (calculated by the DDSP)
			  • Proportion and Ratio measures: *Hospital Sample* Size minus (-) *Denominator* minus (-) the sum of *Measure Exclusions* must be >= zero (0)
			  • Continuous Variable measures: *Hospital Sample* Size minus (-) *Population* minus (-) the sum of *Measure Exclusions* must be >= zero (0)
				Added edits associated to validating the **Total Exclusion Count** and **Total Count of Cases with Category Y or X**, both of which are being calculated by the DDSP based on data entered by the user.

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Aggregate Data Dictionary: Quarterly Sampling Frequency	The DDSP will not allow the *Quarterly Sampling Frequency* to be populated if the measure is not eligible for sampling (e.g., VTE-6 and HBIPS-2).	Measures not eligible for sampling (e.g., VTE-6 and HBIPS-2) will require the *Quarterly Sampling Frequency* to be set to 'Sampling Not Allowed'. It is the only selection available for these measures. A *Quarterly Sampling Frequency* is required to be selected even if the user is attests to not having any cases in the Initial Population of the measure for a given month.	***Modified*** the discussion to reflect how the DDSP has been implemented.
8/13/2020	Aggregate Data Dictionary: Denominator	Note: HBIPS-2 and 3: The Denominator for these measures are not derived from the processing of patient-level data through the measure algorithm. Instead, it is calculated as the Census Days for the hospital or unit. Denominator = (Psychiatric Inpatient Days - Leave Days), transmitted as Days	Note: HBIPS-2 and 3: The *Denominator* for these measures are not derived from the processing of patient-level data through the measure algorithm. Instead, it is calculated using the Census Days for the hospital or unit. *Denominator* = (Psychiatric Inpatient Days - Leave Days), submitted as Hours	***Modified*** note to accurately reflect how the denominator is calculated for HBIPS-2 and 3. It is calculated as Hours and not Days.

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Aggregate Data Dictionary: Denominator	Edits: • Denominator must be <= Hospital Sample Size	Edits: • If *Initial Population* = zero, then *Denominator* may not be entered. • *Denominator* must be <= *Hospital Sample Size* (for all measures except HBIPS-2 and 3) • The Overall strata's *Denominator* = the sum (*Denominator* of the four age strata). • HBIPS-2 and 3: *Denominator* must be <= *Hospital Sample Size* * 24 (for HBIPS-2 and 3 *Hospital Sample Size* is in days, while *Denominator* must be submitted in hours)	***Modified and Added*** edits to reflect how the DDSP has been implemented.
8/13/2020	Aggregate Data Dictionary: Number of Unique Patients Within the Numerator	Edits: • If *Denominator* = zero, then *Number of Unique patients Within the Numerator* may not be entered.	Edits: • If *Denominator* or *Initial Population* = zero, then *Number of Unique Patients Within the Numerator* may not be entered. • HBIPS-2 and 3: The Overall strata's *Number of Unique Patients Within the Numerator* = the sum (*Number of Unique Patients Within the Numerator* of the four age strata). • HBIPS-2 and 3: *Number of Unique Patients within the Numerator* must be <= *Hospital Sample Size*	***Modified and Added*** edits to reflect how the DDSP has been implemented

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Aggregate Data Dictionary: Numerator	Notes: HBIPS-2 and 3: The Numerator for these measures is derived from the processing of patient-level data through the measure algorithm. Use those cases that receive a measure category assignment = 'E' to calculate the total number of hours for the event being evaluated by the measure	Notes: *Updated the Note related to HBIPS-2 and 3 to reflect how the Numerator for the Overall measures and strata measures are calculated.* *In addition, a Table was added to depict both Incorrect and Correct overall calculations.* *See data element above.*	***Modified*** the notes to reflect how the DDSP has been implemented
8/13/2020	Aggregate Data Dictionary: Numerator	Allowable Values: • 0 through 10,000,000 (whole numbers only)	Allowable Values: • 0 through 10,000,000 (for proportion measures, whole numbers only) • HBIPS-2 and 3 strata: 0 through 10,000,000.000 (calculate to 4 decimals and round to 3 decimals where 5 rounds up) • HBIPS-2 and 3 overall: 0 through 10,000,000.000 (**do not round**, instead sum the rounded strata *Numerators*)	***Modified and Added*** allowable values to reflect how the DDSP has been implemented

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Aggregate Data Dictionary: Numerator	Edits: • If *Denominator* = zero, then *Numerator* may not be entered. • Stratified measures where a *Denominator* is entered for each stratum: o each stratum's *Numerator* must be <= that stratum's *Denominator*	Edits: • If *Denominator* or *Initial Population* = zero, then *Numerator* may not be entered. • Stratified measures where a *Denominator* is entered for each stratum: o each stratum's *Numerator* must be <= that stratum's *Denominator* o HBIPS topic: The Overall strata's *Numerator* = the sum (*Denominator* of the four age strata).	***Modified and Added*** edits to reflect how the DDSP has been implemented
8/13/2020	Aggregate Data Dictionary: Maximum Observation	n/a	• If *Population* or *Initial Population* = zero, then *Maximum Observation* may not be entered. • ED-1, ED-2, and OP-18: The *Maximum Observation* must be entered as a whole number since the Measurement Value for these measures are calculated as minutes.	***Added*** edits to reflect how the DDSP has been implemented
8/13/2020	Aggregate Data Dictionary: Mean Observation	n/a	Edits: • If *Population* or *Initial Population* = zero, then *Mean Observation* may not be entered. • *Minimum Observation* must be <= *Mean Observation*	***Added*** edits to reflect how the DDSP has been implemented
8/13/2020	Aggregate Data Dictionary: Median Observation	n/a	Edits: • If *Population* or *Initial Population* = zero, then *Median Observation* may not be entered.	***Added*** edits to reflect how the DDSP has been implemented

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Aggregate Data Dictionary: Minimum Observation	n/a	Edits: • If *Population* or *Initial Population* = zero, then *Minimum Observation* may not be entered. • ED-1, ED-2, and OP-18: The *Minimum Observation* must be entered as a whole number since the Measurement Value for these measures are calculated as minutes.	***Added*** edits to reflect how the DDSP has been implemented
8/13/2020	Aggregate Data Dictionary: Population	Edits: • If *Population* = zero, then *Maximum Observation*, *Mean Observation*, *Median Observation*, *Minimum Observation*, and *Standard Deviation of the Observation* may not be entered.	n/a	***Removed*** edit and, instead, added the edit to each of the individual data elements. See above release notes.
8/13/2020	Aggregate Data Dictionary: Standard Deviation of the Observation	n/a	Edits: • If *Population* or *Initial Population* = zero, then *Standard Deviation of the Observation* may not be entered. • If *Population* = 1, then the *Standard Deviation of the Observation* cannot be entered.	***Added*** edit concerning a zero *Population* or *Initial Population* to reflect how the DDSP has been implemented ***Added*** edit because when *Population* = 1, a divide zero error will occur when implementing the standard deviation equation.

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Measure Exclusions: PC-05: Exclusive Breast Milk Feeding	Measure Exclusion questions: 7/1/2020 – 12/31/2020 Discharges: Number of cases excluded for parenteral nutrition? Help Text: Patients with an ICD-10-CM Principal or Other Diagnosis Codes as defined in Appendix A, Table 11.22, Parenteral Nutrition, are to be counted.	Measure Exclusion questions: 7/1/2020 – 12/31/2020 Discharges: Number of cases excluded for parenteral nutrition? Help Text: Patients with an ICD-10-CM Principal or Other Procedure Codes as defined in Appendix A, Table 11.22, Parenteral Nutrition, are to be counted.	***Modified*** measure exclusion help text to accurately reflect that this question is related to Procedure Codes, not Diagnosis Codes.
8/13/2020	Aggregate Data Element Tool: Tool #1	Tool #1 is applicable to the following measures: PC-01, PC-02, PC-05, IMM-2, VTE-6.	Tool #1 is applicable to the following measures: PC-01, PC-02, PC-05, IMM-2, VTE-6, OP-23.	***Modified*** Tool #1 is also applicable to the measure OP-23. The Tool itself has not been modified.
8/13/2020	Aggregate Data Element Tool: Tool #3	Quarterly Sampling Frequency Data Elements to be entered for HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5: • Overall (a) Quarterly Sampling Frequency • Stata B Quarterly Sampling Frequency • Stata C Quarterly Sampling Frequency • Stata D Quarterly Sampling Frequency • Stata E Quarterly Sampling Frequency	Quarterly Sampling Frequency Data Elements to be entered for HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5: • Overall (a) Quarterly Sampling Frequency	***Removed*** the Quarterly Sampling Frequency from the strata measures, it will only be collected for the overall measure. While the actual sampling is performed at the strata level, the methodology of how the sampling is performed (quarterly, monthly, or not sampling) is done at the measure topic level, not at the individual strata level.
8/13/2020	Aggregate Data Element Tool: Tool #4	**3rd bullet** in the discussion about Tool #4: • These measures require all data elements to be entered for the Overall measure and each of the four strata measures.	**3rd bullet** in the discussion about Tool #4: • These measures require all data elements to be entered for the Overall measure and each of the two strata measures.	***Modified*** the discussion to reflect that ED-1 and ED-2 have only two strata. The Tool itself has not been modified.

Date of Modification	Section	Original Information	Modified Information	Reason
8/13/2020	Aggregate Data Element Tool: Tool #5	**3rd bullet** in the discussion about Tool #5: These measures require all data elements to be entered for the Overall measure and each of the four strata measures. Table: Depicted data entry for Strata B and C.	**3rd bullet** in the discussion about Tool #5: These measures require all data elements to be entered for each of the measure's strata. Data is not entered for the Overall measure. Table: Depicts data entry for Strata B, C, and D.	***Modified*** 3rd bullet. Data will not be entered for the Overall measure. ***Modified*** Table by adding Strata D.
6/4/2020	Chart-Abstraction Measure Submission	Sub-section Quality Measure Specifications	It is anticipated that this Guide will be released after the second version of the Specification Manuals, for a given year, have been released by CMS and The Joint Commission. For example, the 2021 version of the Joint Commission's specifications manual will be released in August 2020, with an updated 2021 version expected to be released in February of 2021. The 2021 version of this Guide is anticipated to be released within a month of the February release of the Specifications Manual. This example assumes that CMS has already released their updated version of their outpatient specifications manual.	***Added*** language to the Quality Measure Specifications discussion concerning the anticipated release of this Guide. The update to this Guide is dependent upon updates to the *Specification Manuals* from which the Measure Exclusion questions are being derived.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Aggregate Data Entry: Hospital Sample Size	**Allowable Values:** 0 through 999,999,999	**Allowable Values:** 1 through 10,000,000 **Edit:** The *Hospital Sample* Size for the HBIPS measure topic (set) is derived separately for each stratum. The Overall strata's *Hospital Sample Size* = the sum (*Hospital Sample Size* of the four age strata).	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years. ***Modified*** the lower end of the allowable value from 0 to 1 due to the ability for hospitals to attest to having a zero (0) Initial Population. ***Added*** the edit to ensure the sample size for HBIPS is entered correctly.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Aggregate Data Entry: Initial Population	**Allowable Values:** 0 through 999,999,999	**Allowable Values:** 0 through 10,000,000 **Allowable Value note:** *Hospitals entering a zero for this data element will be required to attest that they have no cases in the initial population for the measure for the month. This is to support hospitals which may not have a patient in the initial population every month and psychiatric hospitals which only provide services to children or adults. All hospitals are expected to submit data for measure applicable to the services provided and patient populations served.* **Edit:** The *Initial Population* for the HBIPS measure topic (set) is derived separately for each age stratum. The Overall (HBIPS-1a) *Initial Population* must = the sum of the individual age strata' *Initial Population*.	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years. ***Added*** note concerning the ability for hospitals to attest to not having any cases in the Initial Population of a measure for a month. ***Added*** edit to ensure the initial population for HBIPS is entered correctly.
6/4/2020	Aggregate Data Entry: *Measure Exclusion*	**Allowable Values:** 0 through 999,999,999 **Edit:** If *Denominator* = zero, then measure exclusions may not be entered.	**Allowable Values:** 0 through 10,000,000	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years. ***Removed*** edit. Cases in the *Hospital Sample Size* of the measure not in the *Denominator* must documented in the appropriate *Measure Exclusion*.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Aggregate Data Entry: *Quarterly Sampling Frequency*	Definition: *Quarterly Sampling Frequency* must be consistent across a discharge time period. For example: If the *Quarterly Sampling Frequency* for April is monthly, then the *Quarterly Sampling Frequency* for May and June must be monthly.	Definition: *Quarterly Sampling Frequency* must be consistent across a discharge time period for the measure, including all strata in stratified measures. For example: If the *Quarterly Sampling Frequency* for April is monthly, then the *Quarterly Sampling Frequency* for May and June must be monthly.	***Modified*** definition. Clarified that the Quarterly Sampling Frequency must be consistent for the entire measure during the quarter.
6/4/2020	Aggregate Data Entry: *Denominator*	**Definition:** This is the count of all patient-level records with a measure category assignment = 'D' or 'E' (i.e.; count of 'D' + count of 'E'). **Allowable Values:** 0 through 999,999,999	**Definition:** The *Denominator* is the count of each patient-level record with a measure category assignment of 'D' or 'E' (i.e.; [count of 'D' + count of 'E'] = *Denominator*). **Allowable Values:** 0 through 10,000,000	***Modified*** to clarify the definition. ***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years.
6/4/2020	Aggregate Data Entry: *Number of Unique Patients Within the Numerator*	**Allowable Values:** 0 through 999,999,999	**Allowable Values:** 0 through 10,000,000	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years.
6/4/2020	Aggregate Data Entry: *Numerator*	**Definition Note:** HBIPS-2 and 3: The *Numerator* for these measures is derived from the processing of patient-level data through the measure algorithm and is a count of all patient-level records with a measure category assignment = 'E'. **Allowable Values:** 0 through 999,999,999	**Definition Note:** HBIPS-2 and 3: The *Numerator* for these measures is derived from the processing of patient-level data through the measure algorithm. Use those cases that receive a measure category assignment = 'E' to calculate the total number of hours for the event being evaluated by the measure. **Allowable Values:** 0 through 10,000,000	***Modified*** definition note because the *Numerator* for HBIPS-2 and 3 is not a count of cases, but these cases are used to derive the numerator value. ***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Aggregate Data Entry: *Maximum Observation*	**Allowable Values:** 0 through 999,999,999	**Allowable Values:** 0 through 10,000,000 **Edit:** The *Maximum Observation* for an Overall measure (e.g., ED-1a) must be equal to the highest *Maximum Observation* of the associated strata measures (e.g., ED-1b and ED-1c).	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years. ***Added*** edit to ensure the Overall measure data is entered correctly.
6/4/2020	Aggregate Data Entry: *Mean Observation*	**Allowable Values:** 0 through 999,999,999	**Definition:** see Equation **Allowable Values:** 0 through 10,000,000	***Modified*** the equation in the definition to use the actual name of the data element "Mean Observation" instead of "Mean time (in minutes)". ***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years.
6/4/2020	Aggregate Data Entry: *Median Observation*	**Allowable Values:** 0 through 999,999,999	**Allowable Values:** 0 through 10,000,000	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years.
6/4/2020	Aggregate Data Entry: *Minimum Observation*	**Allowable Values:** 0 through 999,999,999	**Allowable Values:** 0 through 10,000,000 **Edit:** The *Minimum Observation* for an Overall measure (e.g., ED-1a) must be equal to the lowest *Minimum Observation* of the associated strata measures (e.g., ED-1b and ED-1c).	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years. ***Added*** edit to ensure the Overall measure data is entered correctly.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Aggregate Data Entry: *Population*	**Allowable Values:** 0 through 999,999,999	**Allowable Values:** 0 through 10,000,000	***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years.
6/4/2020	Aggregate Data Entry: *Standard Deviation of the Observation*	**Allowable Values:** 0 through 999,999,999	**Definition:** see Equation **Allowable Values:** 0 through 10,000,000	***Modified*** the equation in the definition to use the actual name of the data elements: - "Standard Deviation of the Observation" instead of "Standard Deviation of the time (in minutes)". - "Mean Observation" instead of "Mean time (in minutes)". ***Modified*** the upper end of the allowable value from 999,999,999 to 10,000,000 to better reflect actual data received over the past several years.
6/4/2020	Measure Exclusions	n/a	See new sub-section titled "Measure Algorithm Logic"	***Added*** a sub-section titled "Measure Algorithm Logic". This sub-section explains how to determine which Measure Exclusion a case is counted as part of.
6/4/2020	Measure Exclusions: IMM-2	"Number of cases excluded for being transferred to another hospital?"	n/a	***Removed*** measure exclusion and associated help text. There were two, almost identical, measure exclusions and this exclusion was incorrect.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Measure Exclusions: IMM-2	Number of cases excluded for being transferred to another acute care hospital? *Help Text:* The patient was discharged (on the day of discharge) to another acute care facility.	Number of cases excluded for being discharged to an acute care facility? *Help Text:* The patient was discharged (on the day of discharge) to an acute care facility.	***Modified*** measure exclusion and associated help text to align the wording with other measures.
6/4/2020	Measure Exclusions: IMM-2	n/a	Number of cases excluded because a vaccination was indicated, but supply had not been received by the hospital? *Help Text:* Patients for whom vaccination was indicated, but supply had not been received by the hospital due to problems with vaccine production or distribution.	***Added*** measure exclusion and associated help text. This measure exclusion was not documented in the Guide.
6/4/2020	Measure Exclusions: PC-02	Number of nulliparous cases excluded for an outcome of delivery other than a single live birth?	Number of cases excluded for an outcome of delivery other than a single live birth?	***Modified*** measure exclusion to align the wording with the algorithm flow.
6/4/2020	Measure Exclusions: PC-05	n/a	Number of cases excluded for patients being discharged to an acute care facility? *Help Text:* The patient was discharged to acute care facility.	***Added*** measure exclusion and associated help text. This measure exclusion was not documented in the Guide.
6/4/2020	Measure Exclusions: PC-05	Number of cases excluded for being transferred to another hospital? Help Text: The patient was discharged (on the day of discharge) to another acute care or other health care facility.	Number of cases excluded because patient was discharged to another hospital? Help Text: The patient was discharged (on the day of discharge) to another health care facility.	***Modified*** measure exclusion and help text associated to this measure exclusion to align the wording with other measures.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Measure Exclusions: PC-05	n/a	Number of cases excluded for being admitted to the NICU? *Help Text:* There is documentation that the newborn was admitted to the Neonatal Intensive Care Unit (NICU) at this hospital at any time during the hospitalization.	***Added*** measure exclusion and associated help text. This measure exclusion was not documented in the Guide.
6/4/2020	Measure Exclusions: PC-06	Number of cases excluded for congenital malformations or genetic diseases? Number of cases excluded for pre-existing fetal conditions? Number of cases excluded for maternal drug use exposure in-utero?	Number of cases excluded for congenital malformations or genetic diseases; pre-existing fetal conditions; or maternal drug use exposure in-utero? Help Text: Patients with an ICD-10-CM Principal or Other Diagnosis Codes as defined in Appendix A on Table 11.30 (Congenital Malformations), Table 11.31 (Fetal Conditions), or Table 11.32 (Maternal Drug Use) are to be counted. A patient with codes on multiple of these tables is to be counted only once.	***Removed*** the three measure exclusions and their associated help text. ***Added*** the "combined" measure exclusion and associated help text. It was identified that a patient could have diagnosis codes on two or all three of these code tables (11.30, 11.31, and 11.32). A patient with codes on multiple of these tables is to be counted only once.
6/4/2020	Measure Exclusions: SUB-3 and TOB-3	Number of cases excluded for patients being discharged to another hospital? *Help Text:* The patient was discharged to another hospital.	Number of cases excluded for patients being discharged to an acute care facility? *Help Text:* The patient was discharged (on the day of discharge) to an acute care facility.	***Modified*** measure exclusion and associated help text to align the wording with other measures.

Date of Modification	Section	Original Information	Modified Information	Reason
6/4/2020	Measure Exclusions: SUB-3 and TOB-3	Number of cases excluded because patient was discharged to another healthcare facility? *Help Text:* The patient was discharged to another healthcare facility.	Number of cases excluded because patient was discharged to another healthcare facility? *Help Text:* The patient was discharged (on the day of discharge) to another healthcare facility.	***Modified*** help text associated to this measure exclusion to align the wording with other measures.
6/4/2020	Measure Exclusions: SUB-3 and TOB-3	Number of cases excluded because the patient's home is not in the United States. *Help Text:* The patient is being discharged to a residence outside the USA.	Number of cases excluded because the patient's home is not in the United States, released to a court hearing and did not return, or discharged to jail/law enforcement? *Help Text:* Patient's home is not in the United States, they are released to a court hearing and did not return, or they were discharged to jail/law enforcement?	***Modified*** measure exclusion and associated help text to align with the allowable value definition for the data element.
6/4/2020	Aggregate Data Element Tool	n/a	See new section	***Added*** Section 4: Aggregate Data Element Tool This section of the manual provides several tools to assist hospitals and their vendors in understanding the order in which the aggregate data elements will be entered into the Direct Data Submission Platform (DDSP).