Guidelines for Using Release Notes
The Release Notes provides modifications to the Specifications Manual for National Hospital Inpatient Quality Measures. This document is provided as a reference and is not intended to be used to program abstraction tools. The implementation date is 01/01/2019, unless otherwise specified.

The notes are organized in the following order. A description of each heading is included.

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

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

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

Refer to the Specifications Manual for National Hospital Inpatient Quality Measures, version 5.5a for current technical specifications and abstraction information.

**NOTE**: In addition to being called out specifically in the Release Notes document, additions for this addenda are **blue highlighted** in the corresponding documents.
Table of Contents

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

Table of Contents .................................................................................................................... 2
Using the Specifications Manual for National Hospital Inpatient Quality Measures ............2

SECTION 1 – Data Dictionary ................................................................................................. 3
Introduction to Data Dictionary .......................................................... 3
Alphabetical Data Dictionary .......................................................... 3

SECTION 2 – Measurement Information ............................................................................... 7
Subsection 2.2 – Venous Thromboembolism (VTE) .............................................................. 7
Subsection 2.4 – Global Initial Patient Population (ED, IMM, TOB, SUB) .......................... 8
Subsection 2.5 – Emergency Department (ED) .................................................................. 9
Subsection 2.6 - Prevention ................................................................................................. 9
2.6.1 - Immunization (IMM) .......................................................................................... 9
2.6.2 - Substance Use (SUB) ..................................................................................... 9
2.6.3 - Tobacco Treatment (TOB) ............................................................................. 10

SECTION 3 – Missing and Invalid Data .............................................................................. 11

SECTION 4 – Population and Sampling Specifications ..................................................... 11

SECTION 9 – Data Transmission ......................................................................................... 11
Transmission Overview ................................................................................................. 11
Transmission Alphabetical Data Dictionary ................................................................. 13
Hospital Clinical Data XML File Layout ............................................................................ 14
Hospital Initial Patient Population Data XML File Layout .................................................. 16

SECTION 10 – CMS Outcome/Inpatient Web-Based Measures ......................................... 17
Subsection 10.1 – CMS Outcome Measures ...................................................................... 17
Subsection 10.2 – Inpatient Web-Based Measures ............................................................... 17

APPENDICES .................................................................................................................. 17
Appendix E – Overview of Measure Information Form and Flowchart Formats .................. 17
Appendix F – Measure Name Crosswalk ........................................................................... 18
Appendix G – Resources ................................................................................................. 19
Table of Contents

Impacts:

2.6.2 - Substance Use (SUB)

**Rationale:** Effective January 1, 2019, The Joint Commission is retiring the SUB-1 measure.

**Description of Changes:**

*Remove* under Measure Information Form (MIF) and Flowchart (Algorithm):

SUB-1

---

Impacts:

2.6.3 - Tobacco Treatment (TOB)

**Rationale:** Effective January 1, 2019, The Joint Commission is retiring the TOB-1 measure.

**Description of Changes:**

*Remove* under Measure Information Form (MIF) and Flowchart (Algorithm):

TOB-1

---

Impacts:

Section 10

**Rationale:** The change is to address the removal of measures and measure sets from CMS’ Hospital Inpatient Quality Reporting Program beginning with the calendar year 2018 reporting period.

**Description of Changes:**

*Change* section title from:

**Section 10: CMS Outcome/Structural Measures**

To:

**Section 10: CMS Outcome/Inpatient Web-Based Measures**

*Change* sub-section title from:

**10.2 - Structural Measures**

To:

**10.2 - Inpatient Web-Based Measure**

---

**Using the Specifications Manual for National Hospital Inpatient Quality Measures**

**Impacts:**

Section 10 – CMS Outcome Measures (Claims Based)

**Rationale:** This section is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

**Description of Changes:**

*Change* to:

This section of the manual provides an overview of the claims-based, Healthcare-Associated Infections (HAI), and web-based measures collected for the Hospital Inpatient Quality Reporting (IQR) Program. In addition, this section provides links to where resources for these measures can be found and where questions should be directed.
SECTION 1 – Data Dictionary
Introduction to Data Dictionary

Impacts:
Interpretation of Data Dictionary Terms

Rationale: This section is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Change under second bullet point:
Clinical Trial
To:
Discharge Disposition

Change under third bullet point:
ED Departure Date in the ED measures
To:
Alcohol Use Status in the SUB measures

Alphabetical Data Dictionary

Impacts:
Arrival Date
Arrival Time

Rationale: The Arrival Date and Arrival Time data elements are being updated to reflect ED-1 collection for The Joint Commission Only.

Description of Changes:
Change ‘Collected For’ from:
Collected For CMS/The Joint Commission: ED-1
To:
Collected For The Joint Commission Only: ED-1

Impacts:
Clinical Trial

Rationale: This document is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

Description of Changes:
Change ‘Collected For’ from:
Collected For CMS/The Joint Commission: VTE-6; Collected for CMS Only: SEP-1
To:
Collected For The Joint Commission Only: VTE-6; Collected for CMS Only: SEP-1
Impacts: 
*Comfort Measures Only*

**Rationale:** This document is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

**Description of Changes:**

**Change** ‘Collected For’ from:

Collected For CMS/The Joint Commission: VTE-6; The Joint Commission Only: All SUB Measures, All TOB measures

**To:**

Collected For The Joint Commission Only: All SUB Measures, All TOB measures, VTE-6

---

**Impacts:**

*Crystalloid Fluid Administration Date*

**Rationale:** The definition and suggested data collection question in the *Crystalloid Fluid Administration Date* data element is being simplified.

**Description of Changes:**

**Definition**

**Change** from:
The earliest date on which crystalloid fluids were initiated for Initial Hypotension, Initial Lactate Level Result >=4 mmol/L, or physician/APN/PA Documentation of Septic Shock.

**To:**
The earliest date on which crystalloid fluids were initiated within the specified time frame.

**Suggested Data Collection Question**

**Change** from:
What was the earliest date on which crystalloid fluids were initiated for Initial Hypotension, Initial Lactate Level Result >=4 mmol/L, or physician/APN/PA Documentation of Septic Shock?

**To:**
What was the earliest date on which crystalloid fluids were initiated within the specified time frame?

---

**Impacts:**

*Crystalloid Fluid Administration Date*

**Rationale:** The Notes for Abstraction are being revised and updated for clarification.

**Description of Changes:**

**Notes for Abstraction**

**Change** to:

- Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or within 10% less than 30 mL/kg are considered the target ordered volume.
- The specified time frame for abstraction of crystalloid fluids is within 6 hours prior through 3 hours after either of the following trigger events. If both are present the specified time frame is determined by the earliest trigger.
  - Initial Hypotension Date and Time
  - Septic Shock Presentation Date and Time
- If a single order is written for the target ordered volume, use the date the crystalloid solution was started as an IV infusion.
• If a single order is written for the target ordered volume and the infusion is given over multiple infusions, use the start date of the first crystalloid fluid infusion.
• If multiple orders are written that total the target ordered volume, use the start date of the crystalloid fluid infusion that completes the target ordered volume.
• If a crystalloid infusion is running at a maintenance rate (125 mL/hour or less) and the rate is increased to administer the target ordered volume, use the date the infusion rate is increased.
• Do not abstract the date that fluids were ordered or the date that IV access was started. Abstract the date that the crystalloid fluid infusion began.
• Do not use physician orders as fluid administration start date and time; use the date and time that the fluid infusion was initiated.
• Documentation of crystalloid fluids administered prior to arrival to the hospital (e.g., ambulance, nursing home) that are part of the medical record are acceptable if the documentation of fluid administration contains the type, volume, start time, and rate, duration, or end time of the fluid infusion. A physician/APN/PA order for fluids administered prior to arrival is not required.

Impacts:
Crystalloid Fluid Administration Time

Rationale: The definition and suggested data collection question in the Crystalloid Fluid Administration Time data element is being simplified.

Description of Changes:
Definition
Change from:
The earliest time at which crystalloid fluids were initiated for Initial Hypotension, Initial Lactate Level Result >=4 mmol/L, or physician/APN/PA Documentation of Septic Shock.

To:
The earliest time at which crystalloid fluids were initiated within the specified time frame.

Suggested Data Collection Question
Change from:
What was the earliest time at which crystalloid fluids were initiated for Initial Hypotension, Initial Lactate Level Result >=4 mmol/L, or physician/APN/PA Documentation of Septic Shock?

To:
What was the earliest time at which crystalloid fluids were initiated within the specified time frame?

Impacts:
Crystalloid Fluid Administration Time

Rationale: The Notes for Abstraction are being revised and updated for clarification.

Description of Changes:
Notes for Abstraction
Change to:
• Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or within 10% less than 30 mL/kg are considered the target ordered volume.
• The specified time frame for abstraction of crystalloid fluids is within 6 hours prior through 3 hours after either of the following trigger events. If both are present the specified time frame is determined by the earliest trigger.
  o Initial Hypotension Date and Time
  o Septic Shock Presentation Date and Time
• If a single order is written for the target ordered volume, use the time the crystalloid solution was started as an IV infusion.
• If a single order is written for the target ordered volume and the infusion is given over multiple infusions, use the start time of the first crystalloid fluid infusion.
• If multiple orders are written that total the target ordered volume, use the start time of the crystalloid fluid infusion that completes the target ordered volume.
• If a crystalloid infusion is running at a maintenance rate (125 mL/ hour or less) and the rate is increased to administer the target ordered volume, use the time the infusion rate is increased.
• Do not abstract the time that fluids were ordered or the time that IV access was started. Abstract the time that the crystalloid fluid infusion began.
• Do not use physician orders as fluid administration start date and time; use the date and time that the fluid infusion was initiated.
• Documentation of crystalloid fluids administered prior to arrival to the hospital (e.g., ambulance, nursing home) that are part of the medical record are acceptable if the documentation of fluid administration contains the type, volume, start time, and rate, duration, or end time of the fluid infusion. A physician/APN/PA order for fluids administered prior to arrival is not required.

Impacts:
Discharge Disposition

Rationale: The Discharge Disposition data element is being updated to reflect that IMM-2 will be collected for The Joint Commission only.

Description of Changes:
Change ‘Collected For’ from:
Collected For CMS/The Joint Commission: IMM-2; The Joint Commission Only: SUB-3, TOB-3; CMS Only: SEP-1
To:
Collected For The Joint Commission Only: IMM-2, SUB-3, TOB-3; CMS Only: SEP-1

Impacts:
ED Departure Date
ED Departure Time
ED Patient

Rationale: The ED Patient, ED Departure Date, and ED Departure Time data elements are being updated to reflect ED-1 collection for The Joint Commission Only.

Description of Changes:
Change ‘Collected For’ from:
Collected For CMS/The Joint Commission: ED-1, ED-2
To:
Collected For CMS/The Joint Commission: ED-2; Collected For The Joint Commission Only: ED-1
Impacts:  
*Influenza Vaccination Status*

**Rationale:** The *Influenza Vaccination Status* data element is being updated to reflect that it will be collected for The Joint Commission only.

**Description of Changes:**  
- **Change** ‘Collected For’ from:  
  - Collected For CMS/The Joint Commission: IMM-2  
  - To:  
  - Collected For The Joint Commission Only: IMM-2

---

Impacts:  
*Reason for No Administration of VTE Prophylaxis*

**VTE Confirmed**  
**VTE Diagnostic Test**  
**VTE Present at Admission**  
**VTE Prophylaxis Status**

**Rationale:** This document is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

**Description of Changes:**  
- **Change** ‘Collected For’ from:  
  - Collected For CMS/The Joint Commission: VTE-6  
  - To:  
  - Collected For The Joint Commission Only: VTE-6

---

**SECTION 2 – Measurement Information**  
**Subsection 2.2 – Venous Thromboembolism (VTE)**

---

**Impacts:**  
VTE List

**Rationale:** This document is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

**Description of Changes:**  
- **Add** under page header:  
  - Collected For: The Joint Commission Only

---

**Impacts:**  
VTE-6

**Rationale:** This document is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

**Description of Changes:**  
- **Add** under page header:  
  - Collected For: The Joint Commission Only
Subsection 2.4 – Global Initial Patient Population (ED, IMM, TOB, SUB)

Impacts:
Global Initial Patient Population

Rationale: This section is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

Description of Changes:
Remove sixth paragraph:
For CMS, if the hospital is submitting both ED and IMM as chart abstracted measures, the hospital is encouraged to submit the same case to the CMS Clinical Warehouse for both measure sets.

Impacts:
Global Initial Patient Population Algorithm

Rationale: This section is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

Description of Changes:
Add “(TJC Only)” to the following decision boxes:
IMM Initial Patient Population Reject Case Flag under the Variable Key
Set IMM Initial Patient Population Reject Case Flag = Yes
Set IMM Initial Patient Population Reject Case Flag = “No”

Impacts:
Global Initial Patient Population Algorithm Narrative

Rationale: This section is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS).

Description of Changes:
Add to IMM Initial Patient Population Reject Case Flag under the Variable Key:
(TJC only)

Change second and third sentence in step 3.a to:
For CMS and The Joint Commission, set the ED Initial Patient Population Reject Case Flag to equal Yes. For The Joint Commission Only, set the IMM, TOB and SUB Initial Patient Population Reject Case Flag to equal Yes.

Change first and second sentence in step 4. to:
For CMS and The Joint Commission set the ED Initial Patient Population Flag to equal No. For The Joint Commission Only set the IMM, TOB and SUB Initial Patient Population Reject Case Flag to equal No.
Subsection 2.5 – Emergency Department (ED)

Impacts:
ED-1

Rationale: The ED-1 measure is being updated to reflect that it will be collected for The Joint Commission only.

Description of Changes:
Change page header from:
Measure Information Form
To:
Measure Information Form
Collected For: The Joint Commission Only

Subsection 2.6 - Prevention

2.6.1 - Immunization (IMM)

Impacts:
IMM List

Rationale: The immunization (IMM) measure set is being updated to reflect that it will be collected for The Joint Commission only.

Description of Changes:
Add to page header:
Collected For: The Joint Commission Only

Impacts:
IMM-2

Rationale: The IMM-2 measure is being updated to reflect that it will be collected for The Joint Commission only.

Description of Changes:
Change page header from:
Measure Information Form
To:
Measure Information Form
Collected For: The Joint Commission Only

2.6.2 - Substance Use (SUB)

Impacts:
SUB List

Rationale: Effective January 1, 2019, The Joint Commission is retiring the SUB-1 measure.

Description of Changes:
Remove under SUB Measure Set Table:
SUB-1 Alcohol Use Screening

SUB Data Elements Table
Remove SUB-1 under ‘Collected For’ for the following data elements:
Alcohol Use Status
Comfort Measures Only
**Impacts:**
SUB-1

**Rationale:** Effective January 1, 2019, The Joint Commission is retiring the SUB-1 measure.

**Description of Changes:**
Remove SUB-1 Measure Information Form in its entirety

**Impacts:**
SUB-2

**Rationale:** The Joint Commission has decided not to pursue re-endorsement of the chart-abstracted SUB measures. NQF endorsement has been removed.

**Description of Changes:**
Remove from page header:
NQF ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

**Impacts:**
SUB-3

**Rationale:** The Joint Commission has decided not to pursue re-endorsement of the chart-abstracted SUB measures. NQF endorsement has been removed.

**Description of Changes:**
Remove from page header:
NQF ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

### 2.6.3 - Tobacco Treatment (TOB)

**Impacts:**
TOB List

**Rationale:** Effective January 1, 2019, The Joint Commission is retiring the TOB-1 measure.

**Description of Changes:**
Remove under TOB Measure Set Table:
TOB-1 Tobacco Use Screening

TOB Data Elements Table
Remove TOB-1 under ‘Collected For’ for the following data elements:
Comfort Measures Only
Tobacco Use Status

**Impacts:**
TOB-1

**Rationale:** Effective January 1, 2019, The Joint Commission is retiring the TOB-1 measure.

**Description of Changes:**
Remove the TOB-1 Measure Information Form in its entirety

**Impacts:**
TOB-2

**Rationale:** The Joint Commission has decided not to pursue re-endorsement of the chart-abstracted TOB measures. NQF endorsement has been removed.
Description of Changes:
Remove from page header:
NQF ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

Impacts:
TOB-3

Rationale: The Joint Commission has decided not to pursue re-endorsement of the chart-abstracted TOB measures. NQF endorsement has been removed.

Description of Changes:
Remove from page header:
NQF ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

SECTION 3 – Missing and Invalid Data
Impacts:
Data Collection and the Unable to be Determined (UTD) Allowable Value

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Change in fourth bullet point, first sentence:
“None of the above/Not documented” (e.g., Influenza Vaccination Status)
To:
“Not documented or UTD” (e.g., Discharge Disposition)

SECTION 4 – Population and Sampling Specifications
Impacts:
Sampling

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Change first sentence in fifth paragraph from:
For CMS, if the hospital is submitting both ED and IMM as chart-abstracted measures, the hospital is encouraged to submit the same case to the CMS Clinical Warehouse for both measure sets.
To:
For CMS, only the ED measure set is required and is allowed to be submitted to the CMS Clinical Warehouse.

SECTION 9 – Data Transmission
Transmission Overview
Impacts:
Data Transmission - CMS

Rationale: This section is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.
Description of Changes:

Overview

Change first sentence in second paragraph to:
Hospitals currently submit patient-level clinical data to the CMS Clinical Warehouse, and hospitals submit the Medicare and non-Medicare Initial Patient Population Size, by measure set, and designation of sampling for the Medicare and non-Medicare sample size.

Submission of Hospital Clinical Data

Change in third paragraph:

IMM

To:

SEP

Remove fourth paragraph:

Hospitals are encouraged to submit the same case for all chart abstracted measure sets (i.e., ED and IMM) under the Global Initial Patient Population.

Impacts:

Data Transmission - CMS & TJC Guidelines for Submission of Hospital Clinical Data

Rationale: This section is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:

Allowable Measure Set Combination per Patient Episode of Care

Change section to:
Submission of multiple files for different measure sets for a single episode of care is allowable for the following Measure Set combinations:

1. CMS Clinical Warehouse only
   a. ED and SEP for patients age 18 and older

2. Joint Commission’s Data Warehouse only
   a. ED, IMM, TOB, SUB, and VTE-Other VTE Only sub-population for patients age 18 and older

For The Joint Commission, hospitals are encouraged to submit the same case for all applicable measure sets (i.e., ED, IMM, SUB and TOB) under the Global Initial Patient Population.

Example:
If a hospital has elected to submit ED, TOB and IMM to The Joint Commission, for every ED case that is submitted, the hospital is encouraged to submit the same case as a TOB case and an IMM case to The Joint Commission’s Data Warehouse. The same holds true regardless of the combination of measure sets (ED, IMM, SUB, TOB) the hospital has elected to submit to The Joint Commission.

Unique Record Key

Change under CMS Clinical Warehouse, in last sentence:

IMM

To:

SEP
Impacts:
Transmission Data Processing Flow

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Remove second sentence in the twelfth step:
For example, if Measure Set equals HF and a record for the same patient has previously been accepted by the Warehouse for the Measure Set of STK or AMI, then the new record will create an incorrect measure set combination.

Impacts:
Transmission Data Processing Flow: Clinical

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Change example for the “Data not expected for the Measure Set” decision point to:
- Measure Set = TOB, but SUB specific data element were transmitted.
Remove from the “Correct Measure Set Combinations?” decision point:
For example:
- Measure Set = STK, but a record for the same patient has already been accepted by the Warehouse for the Measure Set.

Transmission Alphabetical Data Dictionary

Impacts:
Sample Size – Medicare Only

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Notes
Change in third bullet point:
must
To:
should
Remove first sub-bullet point under third bullet point:
- For CMS, if the hospital is submitting both ED and IMM as chart abstracted measures, the hospital is encouraged to submit the same case to the CMS Clinical Warehouse for both measure sets.

Impacts:
Sample Size – Non-Medicare Only

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Notes
Change in third bullet point:
must
To:
should

Change in third bullet point:
Examples
To:
Example

Remove first sub-bullet point under third bullet point:
  o For CMS, if the hospital is submitting both ED and IMM as chart abstracted measures, the hospital is encouraged to submit the same case to the CMS Clinical Warehouse for both measure sets.

**Hospital Clinical Data XML File Layout**

**Impacts:**
Elements - <episode of care>

**Rationale:** Updates are being made to align with the specifications manual alphabetical data dictionary and the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

**Description of Changes:**
Add under Valid Values column for ‘VTE’ and ‘IMM’:
(The Joint Commission Only)

**Impacts:**
Data Elements Info
Arrival Date
Arrival Time
Influenza Vaccination Status
Reason for No Administration of VTE Prophylaxis
VTE Confirmed
VTE Diagnostic Test
VTE Present at Admission
VTE Prophylaxis Status

**Rationale:** Updates are being made to align with the specifications manual alphabetical data dictionary and the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

**Description of Changes:**
Add under Programming Notes column:
Collected by The Joint Commission Only

**Impacts:**
Data Elements Info
Clinical Trial

**Rationale:** Updates are being made to align with the specifications manual alphabetical data dictionary.

**Description of Changes:**
Add under Programming Notes column:
Collected by The Joint Commission Only: VTE-6
Impacts:
Data Elements Info
Comfort Measures Only
ICD-10-CM Other Diagnosis Codes

Rationale: Updates are being made to align with the specifications manual alphabetical data dictionary.

Description of Changes:
Add to 'Collected by The Joint Commission Only' under Programming Notes column:
VTE-6

Impacts:
Data Elements Info
Crystalloid Fluid Administration Date

Rationale: Updates are being made to align with the specifications manual alphabetical data dictionary.

Description of Changes:
Change Suggested Data Collection Question from:
What was the earliest date on which crystalloid fluids were initiated for Initial Hypotension, Initial Lactate Level Result >=4 mmol/L, or physician/APN/PA Documentation of Septic Shock?

To:
What was the earliest date on which crystalloid fluids were initiated within the specified time frame?

Impacts:
Data Elements Info
Crystalloid Fluid Administration Time

Rationale: Updates are being made to align with the specifications manual alphabetical data dictionary.

Description of Changes:
Change Suggested Data Collection Question from:
What was the earliest time at which crystalloid fluids were initiated for Initial Hypotension, Initial Lactate Level Result >=4 mmol/L, or physician/APN/PA Documentation of Septic Shock?

To:
What was the earliest time at which crystalloid fluids were initiated within the specified time frame?

Impacts:
Data Elements Info
Discharge Disposition
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Principal Procedure Code

Rationale: Updates are being made to align with the specifications manual alphabetical data dictionary and the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.
**Description of Changes:**
Add to the ‘Collected by The Joint Commission Only’ under the Programming Notes column: IMM-2

**Impacts:**
Data Elements Info
ED Departure Date
ED Departure Time
ED Patient

**Rationale:** Updates are being made to align with the specifications manual alphabetical data dictionary and the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

**Description of Changes:**
Add under Programming Notes column:
Collected by The Joint Commission Only: ED-1

**Impacts:**
Data Elements Info
ICD-10-CM Principal Diagnosis Code

**Rationale:** Updates are being made to align with the specifications manual alphabetical data dictionary and the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

**Description of Changes:**
Add to the ‘Collected by The Joint Commission Only’ under Programming Notes column: ED-1 and VTE-6

**Hospital Initial Patient Population Data XML File Layout**

**Impacts:**
<measure-set>

**Rationale:** This document is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

**Description of Changes:**
Change under Valid Values column:
VTE
To:
VTE (TJC Only)

**Impacts:**
<stratum>

**Rationale:** This document is being updated to align with the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

**Description of Changes:**
Change under Data Required (CMS) column:
VTE only
To:
No
SECTION 10 – CMS Outcome/Inpatient Web-Based Measures
Subsection 10.1 – CMS Outcome Measures

Impacts:
Centers for Medicare & Medicaid Services (CMS) Outcome Measures

Rationale: The change is to address the removal of claims-based measures from CMS’ Hospital Inpatient Quality Reporting Program beginning with Fiscal Year 2020.

Description of Changes:
Change Outcome Measures section throughout. Refer to manual for content edits

Subsection 10.2 – Inpatient Web-Based Measures

Impacts:
Inpatient Structural Measure

Rationale: The change is to address the removal of measures and measure sets from CMS’ Hospital Inpatient Quality Reporting Program beginning with the calendar year 2018 reporting period.

Description of Changes:
Remove the entire Inpatient Structural Measure section.

APPENDICES

Appendix E – Overview of Measure Information Form and Flowchart Formats

Impacts:
Measure Set

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Remove Venous Thromboembolism

Impacts:
Description

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:
Change example from:
(e.g., the number of patients diagnosed with confirmed VTE during hospitalization who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date)

To:
(e.g., median time from admit decision time to time of departure from the emergency department for admitted patients)

Impacts:
Improvement Notes As

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.
Description of Changes:

Change example in first bullet point to:
(e.g., sepsis)

Change second bullet point to:
• A decrease in the rate/score/value/number of occurrences (e.g., median time from admit decision to time of departure from the emergency department for admitted patients).

Impacts:
Data Reported As

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:

Change example in first bullet point to:
(e.g., rate-based measures which report summary data generated from the number of sepsis patients who received appropriate three- and six-hour care and treatment over all patients age 18 and over with a diagnosis of sepsis, severe sepsis, or septic shock).

Impacts:
Measure Outcomes (CMS Only)

Rationale: This section is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:

Remove from second sentence in first paragraph under “D In Measure Population (Used for Reporting)”: VTE-6 and

Remove from second sentence in first paragraph under “E In Numerator Population”: VTE-6 and

Appendix F – Measure Name Crosswalk

Impacts:
N/A

Rationale: The change identifies discrepancies between the measure names in the Specifications Manual and the Inpatient Prospective Payment System (IPPS) Final Rule.

Description of Changes:

Change in the second column header name:
2018
To:
2019

Change in third column header name:
August 2017 for FY 2020
To:
August 2018 for FY 2021

Remove rows in entirety:
VTE-6
PSI 90
Appendix G – Resources

Impacts:
CMS Hospital Inpatient Quality Reporting Program

Rationale: This section is being updated to align with the QualityNet website and IQR documents.

Description of Changes:

Change to:
For information on measures that are required for CMS Hospital IQR Program and/or used for Public Reporting on Hospital Compare, refer to the Hospital IQR Measures and/or the Acute Care Hospital Quality Improvement Program Measures documents, for the appropriate fiscal year, at https://www.qualitynet.org/. Please go to the QualityNet web site and select “Measures” under “Hospital Inpatient Quality Reporting Program” located under Hospitals-Inpatient; or refer to the Final IPPS Rule at http://www.cms.gov/AcuteInpatientPPS/.

Information regarding the Hospital IQR Program electronic Clinical Quality Measures (eCQMs) reporting is available on QualityNet at https://www.qualitynet.org/. From the QualityNet web site select “Electronic Clinical Quality Measures (eCQMs) Reporting” under “Hospital Inpatient Quality Reporting Program” located under Hospitals-Inpatient.