Guidelines for Using Release Notes

Release Notes 4.3a provide modifications to the Specifications Manual for National Hospital Inpatient Quality Measures. The Release Notes are provided as a reference tool and are not intended to be used to program abstraction tools. Please refer to the Specifications Manual for National Hospital Inpatient Quality Measures for the complete and current technical specifications and abstraction information.

The notes are organized to follow the order of the Table of Contents. Within each topic section, a row represents a change beginning with general changes followed by data elements in alphabetical order. The implementation date is 01-01-2014, unless otherwise specified. The headings are described below:

- **Impacts** - used to identify which portion(s) of the Manual Section is impacted by the change listed. Examples are Alphabetical Data Dictionary, (Measure Set) Data Element List, Measure Information Form (MIF) and Flowchart (Algorithm). The measures that the data element is collected for are identified.
- **Description of Changes** - used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Values, and Denominator Statement - Data Elements.
- **Rationale** - provided for the change being made.

Data elements that cross multiple measures and contain the same changes will be consolidated.
Note: click on any section title in the Release Notes to return to Table of Contents page

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Impacts:
N/A

Rationale: The new mortality, readmission, and episode-of-care payment measures are being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.

Description of Changes:
Section 10 CMS Outcome Measures (Claims Based)
10.1 Introduction Risk Standardized Mortality Measures
Add new measures:
MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality
MORT-30-STR: Acute Ischemic Stroke 30-Day Mortality

10.2 Introduction Risk Standardized Readmission and Complication Measures
Add new measures:
READM-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission
READM-30-STR: Acute Ischemic Stroke 30-Day Readmission

Change “10.5 Reserved for Future Use” to:
10.5 CMS AMI Episode-of-Care Payment Measure
PAYM-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Payment

SECTION 1 – Data Dictionary

Data Elements

Impacts:
ACEI Prescribed at Discharge
ARB Prescribed at Discharge
Clinical Trial
Comfort Measures Only
Discharge Instructions Address Activity
Discharge Instructions Address Diet
Discharge Instructions Address Follow-up
Discharge Instructions Address Medications
Discharge Instructions Address Symptoms Worsening
ICD-9-CM Other Procedure Codes
ICD-9-CM Principal Procedure Code
Reason for No ACEI and No ARB at Discharge

Rationale: The HF-1 and HF-3 measures are no longer required for CMS but will remain in place as CMS Voluntary Only measures. The Joint Commission is retiring HF-1 but HF-3 will remain in place as a Joint Commission Only measure.
Description of Changes:
ACEI Prescribed at Discharge
ARB Prescribed at Discharge
LVSD
Reason for No ACEI and No ARB at Discharge

Collected For:
Remove:
CMS/The Joint Commission: HF-3
Add to The Joint Commission Only:
HF-3
Add to CMS Voluntary Only:
HF-3

Discharge Instructions Address Activity
Discharge Instructions Address Diet
Discharge Instructions Address Follow-up
Discharge Instructions Address Medications
Discharge Instructions Address Symptoms Worsening
Discharge Instructions Address Weight Monitoring

Collected For:
Change to:
CMS Voluntary Only: HF-1

Clinical Trial
Comfort Measures Only
Discharge Disposition

Collected For:
Remove from CMS/The Joint Commission:
All HF Measures
Add to CMS/The Joint Commission:
HF-2
Add to The Joint Commission Only:
HF-3
Add to CMS Voluntary Only:
HF-1, HF-3

ICD-9-CM Other Procedure Codes

Collected For:
Remove from Used in Algorithms for: CMS/The Joint Commission:
All HF Measures
Add to Used in Algorithms for: CMS/The Joint Commission:
HF-2
Add to Used in Algorithms for: The Joint Commission Only:
HF-3
Add:
Used in Algorithms for: CMS Voluntary Only: HF-1, HF-3
ICD-9-CM Principal Procedure Code

Collected For:

Remove from Used in Algorithms for: CMS/The Joint Commission:

All HF Measures

Add to Used in Algorithms for: CMS/The Joint Commission:
HF-2

Add to Used in Algorithms for: The Joint Commission Only:
HF-3

Add to Used in Algorithms for: CMS Voluntary Only:
HF-1, HF-3

Impacts:
Anesthesia End Date

Rationale: The Surgery Patients with Perioperative Temperature Management measure was removed in the IPPS Fiscal Year (FY) 2014 Final Rule. It will no longer be required for CMS but will remain as a CMS Voluntary Only measure. It is being retired by The Joint Commission.

Description of Changes:
Collected For:
Remove under CMS/The Joint Commission:
SCIP-Inf-10

Add:
CMS Voluntary Only: SCIP-Inf-10

Impacts:
Anesthesia End Time

Rationale: The Surgery Patients with Perioperative Temperature Management measure was removed in the IPPS Fiscal Year (FY) 2014 Final Rule. It will no longer be required for CMS but will remain in place as a CMS Voluntary Only measure. It is being retired by The Joint Commission.

Description of Changes:
Collected For:
Remove under CMS/The Joint Commission:
SCIP-Inf-10

Add:
CMS Voluntary Only: SCIP-Inf-10

Impacts:
Anesthesia Start Date

Rationale: The Surgery Patients with Perioperative Temperature Management measure was removed in the IPPS Fiscal Year (FY) 2014 Final Rule. It will no longer be required for CMS but will remain in place as a CMS Voluntary Only measure. It is being retired by The Joint Commission.
Description of Changes:

Collected For:

Remove under CMS/The Joint Commission:
SCIP-Inf-10

Remove under The Joint Commission Only:
SCIP-Inf-10

Add under CMS Voluntary Only:
SCIP-Inf-10

Impacts:

Anesthesia Start Time

Rationale: The Surgery Patients with Perioperative Temperature Management measure was removed in the IPPS Fiscal Year (FY) 2014 Final Rule. It will no longer be required for CMS but will remain in place as a CMS Voluntary Only measure. It is being retired by The Joint Commission.

Description of Changes:

Collected For:

Remove under CMS/The Joint Commission:
SCIP-Inf-10

Description of Changes:

Collected For:

Change to:
CMS Voluntary Only: SCIP-Inf-10

Impacts:

Anesthesia Type
Intentional Hypothermia
Temperature

Rationale: The Surgery Patients with Perioperative Temperature Management measure was removed in the IPPS Fiscal Year (FY) 2014 Final Rule. It will no longer be required for CMS but will remain in place as a CMS Voluntary Only measure. It is being retired by The Joint Commission.

Description of Changes:

Collected For:

Change to:
CMS Voluntary Only: SCIP-Inf-10

Impacts:

Antibiotic Administration Date
Antibiotic Administration Time
Antibiotic Name
Antibiotic Received

Rationale: This measure is no longer required for CMS but will remain in place as a CMS Voluntary measure. This measure is being retired by The Joint Commission.
Description of Changes:
Collected For:

CMS/The Joint Commission
Remove:
PN-3b

Add new ‘Collected For’ designation:
CMS Voluntary Only: PN-3b

Impacts:
Antibiotic Administration Route

Rationale: The measure is no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3b is being retired by The Joint Commission.

Description of Changes:
Collected For:

CMS/The Joint Commission
Remove:
PN-3b

Add new ‘Collected For’ designation:
CMS Voluntary Only: PN-3b

Impacts:
Arrival Date
Arrival Time
Fibrinolytic Administration
Fibrinolytic Administration Date
Fibrinolytic Administration Time
First PCI Date
First PCI Time
ICD-9-CM Other Procedure Codes
ICD-9-CM Principal Procedure Code
Initial ECG Interpretation
Non-Primary PCI
Reason for Delay in Fibrinolytic Therapy
Reason for Delay in PCI
Transfer From Another Hospital or ASC

Rationale: These measures are no longer required for CMS but will remain in place as a Joint Commission Only and CMS Voluntary measure.

Description of Changes:
Arrival Date

Collected For:
Remove from CMS/The Joint Commission:
AMI-7, AMI-8
Add to The Joint Commission Only:
AMI-7, AMI-8

Add to CMS Voluntary Only:
AMI-7, AMI-8

Arrival Time
Transfer From Another Hospital or ASC
Collected For:
Remove from CMS/The Joint Commission:
AMI-7, AMI-8
Add to The Joint Commission Only:
AMI-7, AMI-8
Add:
CMS Voluntary Only: AMI-7, AMI-8

Fibrinolytic Administration
Initial ECG Interpretation
Collected For:
Remove from CMS/The Joint Commission:
AMI-7, AMI-8
Add:
The Joint Commission Only: AMI-7, AMI-8; CMS Voluntary Only: AMI-7, AMI-8

Fibrinolytic Administration Date
Fibrinolytic Administration Time
Reason for Delay in Fibrinolytic Therapy
Collected For:
Remove from CMS/The Joint Commission:
AMI-7
Add:
The Joint Commission Only: AMI-7; CMS Voluntary Only: AMI-7

First PCI Date
First PCI Time
Non-Primary PCI
Reason for Delay in PCI
Collected For:
Remove from CMS/The Joint Commission:
AMI-8
Add:
The Joint Commission Only: AMI-8; CMS Voluntary Only: AMI-8

ICD-9-CM Other Procedure Codes
Collected For:
Remove from Used in Algorithms for: CMS/The Joint Commission:
AMI-8
Add to Used in Algorithms for: The Joint Commission Only:
AMI-8

Add:
Used in Algorithms for: CMS Voluntary Only: AMI-8

ICD-9-CM Principal Procedure Code

Collected For:
Remove from Used in Algorithms for: CMS/The Joint Commission:
AMI-8

Add to Used in Algorithms for: The Joint Commission Only:
AMI-8

Add to Used in Algorithms for: CMS Voluntary Only:
AMI-8

Impacts:
Arrival Date
Clinical Trial
Comfort Measures Only

Rationale: These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

Description of Changes:
Collected For:
CMS/The Joint Commission:
Remove:
PN-3a, PN-3b

The Joint Commission Only:
Add:
PN-3a

CMS Voluntary Only:
Add:
PN-3a, PN-3b

Impacts:
Arrival Time

Rationale: These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

Description of Changes:
Collected For:
CMS/The Joint Commission:
Remove:
PN-3a, PN-3b
The Joint Commission Only:
Add:
PN-3a

Add new 'Collected For' designation:

CMS Voluntary Only: PN-3a, PN-3b

Impacts:
Aspirin Prescribed at Discharge
Clinical Trial
Comfort Measures Only
Discharge Disposition
LDL-c Less Than 100 mg/dL
Reason for No Aspirin at Discharge
Reason for Not Prescribing Statin Medication at Discharge
Statin Medication Prescribed at Discharge

Rationale: These measures are no longer required for CMS but will remain in place as a Joint Commission Only and CMS Voluntary measure.

Description of Changes:
Aspirin Prescribed at Discharge
Reason for No Aspirin at Discharge

Collected For:
Change to:
The Joint Commission Only: AMI-2; CMS Voluntary Only: AMI-2

LDL-c Less Than 100 mg/dL

Collected For:
Change to:
The Joint Commission Only: AMI-10; CMS Voluntary Only: AMI-10

Reason for Not Prescribing Statin Medication at Discharge
Statin Medication Prescribed at Discharge

Collected For:
Remove from CMS/The Joint Commission:
AMI-10

Add:
The Joint Commission Only: AMI-10; CMS Voluntary Only: AMI-10

Clinical Trial

Collected For:
Remove from CMS/The Joint Commission:
AMI-2, AMI-7, AMI-8, AMI-10

Add to The Joint Commission Only:
AMI-2, AMI-7, AMI-8, AMI-10

Add to CMS Voluntary Only:
AMI-2, AMI-7, AMI-8, AMI-10
Comfort Measures Only
Discharge Disposition

Collected For:
Remove from CMS/The Joint Commission:
AMI-2, AMI-10

Add to The Joint Commission Only:
AMI-2, AMI-10

Add to CMS Voluntary Only:
AMI-2, AMI-10

Impacts:
Blood Culture Collected
Initial Blood Culture Collection Date
Initial Blood Culture Collection Time

Rationale: These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

Description of Changes:
Collected For:
Remove:
CMS/The Joint Commission: PN-3a, PN-3b

Add:
The Joint Commission Only: PN-3a; CMS Voluntary Only: PN-3a, PN-3b

Impacts:
Chest X-Ray

Rationale: These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

Description of Changes:
Collected For:
Remove:
CMS/The Joint Commission: PN-3a, PN-3b

The Joint Commission Only:
Add:
PN-3a

Add new ‘Collected For’ designation:
CMS Voluntary Only: PN-3a, PN-3b
Impacts:
Discharge Date

Rationale: These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

Description of Changes:
Collected For:
Used in Algorithms for: CMS/The Joint Commission:
Remove:
PN-3a, PN-3b
The Joint Commission Only:
Add:
PN-3a
CMS Voluntary Only:
Add:
PN-3a, PN-3b

Impacts:
Discharge Disposition

Rationale: These changes are mandated by the IPPS Fiscal Year (FY) 2014 IPPS Final Rule. This measure is no longer required by CMS but will remain as a CMS Voluntary Only measure. The Joint Commission has suspended data collection of this measure.

Description of Changes:
Collected For:
Change under CMS/The Joint Commission:
From: All IMM Measures
To: IMM-2
Add under CMS Voluntary Only:
IMM-1

Impacts:
Discharge Disposition

Rationale: This measure is no longer required for CMS but will remain in place as a CMS Voluntary measure. The measure is being retired by The Joint Commission.

Description of Changes:
Collected For:
CMS/The Joint Commission:
Remove:
PN-3b
CMS Voluntary Only:
Add:
PN-3b
Impacts:
ICD-9-CM Other Diagnosis Codes
Rationale: These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

Description of Changes:
Collected For:
Used in Algorithms for: CMS/The Joint Commission:
Remove:
PN-3a, PN-3b

The Joint Commission Only:
Add:
PN-3a
Add new ‘Collected For’ designation:
CMS Voluntary Only: PN-3a, PN-3b

Impacts:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Principal Diagnosis Code
Rationale: These changes are mandated by the IPPS Fiscal Year (FY) 2014 IPPS Final Rule. This measure is no longer required by CMS but will remain as a CMS Voluntary Only measure. The Joint Commission has suspended data collection of this measure.

Description of Changes:
Collected For:
Remove under Used in Algorithms for: CMS/The Joint Commission:
IMM-1
Add after CMS Informational Only: SUB-3, SUB-4, TOB-2, TOB-3:
CMS Voluntary Only: IMM-1

Impacts:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Principal Diagnosis Code
Rationale: This change is to provide clarification that pregnant patients who refuse a Referral for Outpatient Tobacco Cessation Counseling are in the excluded denominator population.

Description of Changes:
Collected For:
The Joint Commission Only:
Add:
TOB-4
CMS Informational Only:
Add:
TOB-4
Impacts:
*ICD-9-CM Other Procedure Codes*

**Rationale:** These changes are mandated by the IPPS Fiscal Year (FY) 2014 IPPS Final Rule. This measure is no longer required by CMS but will remain as a CMS Voluntary Only measure. The Joint Commission has suspended data collection of this measure.

**Description of Changes:**
- Collected For:
- Change under **Used in Algorithms for: CMS/The Joint Commission:**
  - From: All IMM Measures
  - To: IMM-2
- **Add** after CMS Informational Only: SUB-3, SUB-4:
- CMS Voluntary Only: IMM-1

---

Impacts:
*ICD-9-CM Principal Diagnosis Code*

**Rationale:** These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

**Description of Changes:**
- Collected For:
- **The Joint Commission Only:**
  - Add:
    - PN-3a
- Add new ‘Collected For’ designation:
- CMS Voluntary Only: PN-3a, PN-3b

---

Impacts:
*ICD-9-CM Principal Procedure Code*

**Rationale:** These changes are mandated by the IPPS Fiscal Year (FY) 2014 IPPS Final Rule. This measure is no longer required by CMS but will remain as a CMS Voluntary Only measure. The Joint Commission has suspended data collection of this measure.

**Description of Changes:**
- Collected For:
- Change under **Used in Algorithms for: CMS/The Joint Commission:**
  - From: All IMM Measures
  - To: IMM-2
- **Add** after CMS Informational Only: SUB-3, SUB-4:
- CMS Voluntary Only: IMM-1
Impacts:
ICD-9-CM Principal Procedure Code

Rationale: The Surgery Patients with Perioperative Temperature Management measure was removed in the IPPS Fiscal Year (FY) 2014 Final Rule. It will no longer be required for CMS but will remain in place as a CMS Voluntary Only measure. It is being retired by The Joint Commission.

Description of Changes:
Collected For:
Remove under Used in Algorithm For: CMS/The Joint Commission:
SCIP-Inf-10

Remove under The Joint Commission Only:
SCIP-Inf-10

Add under CMS Voluntary Only:
SCIP-Inf-10

Impacts:
ICU Admission or Transfer
Transfer From Another Hospital or ASC

Rationale: This measure is no longer required for CMS but will remain in place as a Joint Commission Only and CMS Voluntary measure.

Description of Changes:
Collected For:
CMS/The Joint Commission:
Remove:
PN-3a

The Joint Commission Only:
Add:
PN-3a

Add new ‘Collected For’ designation:
CMS Voluntary Only: PN-3a

Impacts:
Oral Antibiotics

Rationale: Tables 3.3 and 3.4 are no longer used as a reference for this data element.

Description of Changes:
Inclusion Guidelines for Abstraction:
Remove the following statement:
Refer to Appendix C, Table 3.3 and Table 3.4 for a comprehensive list of Colon-Oral Antibiotics.
Impacts:

*Pneumococcal Vaccination Status*

**Rationale:** These changes are mandated by the IPPS Fiscal Year (FY) 2014 IPPS Final Rule. This measure is no longer required by CMS but will remain as a CMS Voluntary Only measure. The Joint Commission has suspended data collection of this measure.

**Description of Changes:**

**Collected For:**

**Change to:**

**CMS Voluntary Only:** IMM-1

---

Impacts:

*Pneumonia Diagnosis: ED/Direct Admit*

**Rationale:** These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

**Description of Changes:**

**Collected For:**

**Remove:**

**CMS/The Joint Commission:** PN-3a, PN-3b

**The Joint Commission Only:**

**Add:**

PN-3a

**Add** new ‘Collected For’ designation:

**CMS Voluntary Only:** PN-3a, PN-3b

---

### SECTION 2 – Measurement Information

#### Subsection 2.1 – Acute Myocardial Infarction (AMI)

**Impacts:**

**Measure(s)**

AMI-2
AMI-7
AMI-8
AMI-10

**Rationale:** These measures are no longer required for CMS but will remain in place as a Joint Commission Only and CMS Voluntary measure.

**Description of Changes:**

**Add** to **Measure Information Form** header:

**Collected For: The Joint Commission Only**

**CMS Voluntary Only**
Subsection 2.2 – Heart Failure (HF)

Impacts:
Measure(s)
HF-1

Rationale: This measure is no longer required for CMS but will remain in place as a CMS Voluntary Only measure. The Joint Commission is retiring this measure.

Description of Changes:
Add to Measure Information Form header:
Collected For: CMS Voluntary Only
The Joint Commission - Retired

Subsection 2.3 – Pneumonia (PN)

Impacts:
Measure(s)
PN-3a
PN-3b

Rationale: These measures are no longer required for CMS but will remain in place as CMS Voluntary measures. PN 3a will remain in place as a Joint Commission Only measure and PN 3b is being retired by The Joint Commission.

Description of Changes:
Measure Information Form - PN 3a
Add under the header Measure Information Form
Collected For: The Joint Commission Only
CMS Voluntary Only

Measure Information Form - PN 3b
Add under the header Measure Information Form
Collected For: CMS Voluntary Only
The Joint Commission – Retired
**Subsection 2.4 – Surgical Care Improvement Project (SCIP)**

**Impacts:**
Measure(s)
SCIP-Inf-2

**Rationale:** The data element is being added to the list of data elements because it is used in the algorithm.

**Description of Changes:**
**Denominator**
**Add** to the list of data elements: *ICD-9-CM Other Procedure Codes*

---

**Impacts:**
Measure(s)
SCIP-Inf-10

**Rationale:** The Surgery Patients with Perioperative Temperature Management was removed in the IPPS Fiscal Year (FY) 2014 Final Rule. It will no longer be required for CMS but will remain in place as a CMS Voluntary Only measure. It is being retired by The Joint Commission.

**Description of Changes:**
**Add** after NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE Measure Information Form title:
**Collected For:**
CMS Voluntary Only
The Joint Commission – Retired

---

**Impacts:**
Measure(s)
SCIP-VTE-2

**Rationale:** The data element is being removed because it is no longer used in the algorithm.

**Description of Changes:**
**Numerator:**
**Remove** the data element:
*Anesthesia Type*

---

**Subsection 2.9 – Global Initial Patient Population (ED, IMM, TOB, SUB)**

**Impacts:**
N/A

**Rationale:** The changes are required, at the direction of CMS, based on the Fiscal Year (FY) 2014 IPPS Final Rule.

**Description of Changes:**
**Change** 5th paragraph to:
For The Joint Commission, hospitals must 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 same case must also be submitted 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.

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 QIO Clinical Warehouse for both measure sets. If the hospital is submitting the ED measure set electronically only (as eMeasures), only the chart abstracted IMM cases would be submitted to the QIO Clinical Warehouse.

### Emergency Department (ED)

**Impacts:**

Measure(s)
ED-1

**Rationale:** The *Measurement Value* instructions on the strata page are being clarified for programmer’s guidance.

**Description of Changes:**

**Algorithm**

Remove *Measure Category Assignment* box “D” in both locations on the strata page.

**Add** new *Measure Category Assignment* box when on Table 7.01 and UTD Counter =0 to:

Set the *Measure Category Assignment* for measure ED-1c = ‘D’
Set the *Measurement Value* for ED-1c = *Measurement Value* for ED-1a

**Add** new *Measure Category Assignment* box when not on Table 7.01 and UTD Counter =0 to:

Set the *Measure Category Assignment* for measure ED-1b = ‘D’
Set the *Measurement Value* for ED-1b = *Measurement Value* for ED-1a

**Impacts:**

Measure(s)
ED-2

**Rationale:** The *Measurement Value* instructions on the strata page are being clarified for programmer’s guidance.

**Description of Changes:**

**Algorithm**

Remove *Measure Category Assignment* box “D” in both locations on the strata page.

**Add** new *Measure Category Assignment* box when on Table 7.01 and UTD Counter =0 to:

Set the *Measure Category Assignment* for measure ED-2c = ‘D’
Set the *Measurement Value* for ED-2c = *Measurement Value* for ED-2a

**Add** new *Measure Category Assignment* box when not on Table 7.01 and UTD Counter =0 to:

Set the *Measure Category Assignment* for measure ED-2b = ‘D’
Set the *Measurement Value* for ED-2b = *Measurement Value* for ED-2a
**Immunization (IMM)**

**Impacts:**

Measure(s)

IMM-1

**Rationale:** These changes are mandated by the IPPS Fiscal Year (FY) 2014 Final Rule. This measure is no longer required by CMS but will remain as a CMS Voluntary Only measure. The Joint Commission has suspended data collection of this measure.

**Description of Changes:**

*Measure Information Form*

Add under the header Measure Information Form

Collected For: CMS Voluntary Only

The Joint Commission – Data Collection Suspended

---

**Tobacco Use (TOB)**

**Impacts:**

Measure(s)

TOB-4

**Rationale:** This change is to provide clarification that pregnant patients who refuse a Referral for Outpatient Tobacco Cessation Counseling are in the excluded denominator population.

**Description of Changes:**

*Denominator Statement – Excluded Populations*

Change 16th bullet to:

- Patients with no *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for pregnancy as defined in Appendix A, Table 12.3 who refused a *Referral for Outpatient Tobacco Cessation Counseling* AND who refused a *Prescription for Tobacco Cessation Medication*

Add 17th bullet:

Patients with an *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for pregnancy as defined in Appendix A, Table 12.3 who refused a *Referral for Outpatient Tobacco Cessation Counseling*

**Data Elements**

Add:

*ICD-9-CM Other Diagnosis Codes*

*ICD-9-CM Principal Diagnosis Code*

---

**Impacts:**

Measure(s)

TOB-4

**Rationale:** The algorithm logic is being revised to exclude pregnant patients who refuse the Referral for Outpatient Tobacco Cessation Counseling.
Description of Changes:

Algorithm

Change logical branch for data element ICD-9-CM Principal or Other Diagnosis Codes
From: when allowable value is on table 12.3 flow down
To: when allowable value is on table 12.3 flow to category ‘B’

SECTION 4 – Population and Sampling Specifications

Impacts:
N/A

Rationale: The changes are required, at the direction of CMS, based on the Fiscal Year (FY) 2014 IPPS Final Rule.

Description of Changes:

Introduction – Sampling

Change 4th paragraph to:
Sampling is done by national quality inpatient measure set, except for the following measure sets. For Children’s Asthma Care (CAC), Surgical Care Improvement Project (SCIP), and Venous Thromboembolism (VTE) sampling is done by strata or sub-population. Sampling for the Global (GLB) measure sets, which includes Emergency Department (ED), Immunization (IMM), Substance Use (SUB), and Tobacco Treatment (TOB) is done once for all the cases that fall into the Global and not for each individual measure set. For The Joint Commission, hospitals must submit the same case for all applicable measure sets (i.e., ED, IMM, SUB and TOB) under the Global Initial Patient Population.

Example:
Joint Commission Data Warehouse: If a hospital has elected to submit ED, TOB and IMM to The Joint Commission, for every ED case the same case must also be submitted as a TOB case and an IMM case. 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.
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 QIO Clinical Warehouse for both measure sets. If the hospital is submitting the ED measure set electronically only (as eMeasures), only the chart abstracted IMM cases would be submitted to the QIO Clinical Warehouse. For measures requiring medical record abstraction, sampling must be done using available databases that contain all discharges for the transmission quarter.

Order of Data Flow – 1. Hospitals Submitting Measure Sets Under the Global Initial Patient Population to Both the QIO Clinical Warehouse and The Joint Commission’s Data Warehouse

Add after the 3rd bullet:
NOTE: For CMS only, if the hospital is submitting the ED measure set electronically only (as eMeasures), the Global Initial Patient Population and Sampling methodology would apply to IMM only.

Add after last paragraph:
NOTE: For CMS only, if the hospital is submitting the STK and/or VTE measure sets electronically only (as eMeasures), the Global Initial Patient Population and Sampling methodology would apply to AMI, HF, PN and SCIP only.
Transmission of Initial Patient Population and Sample Data Elements

Change 1st paragraph to:
CMS and The Joint Commission require transmission of Initial Patient Population and sample count data for all chart abstracted measure sets. For CMS, if the hospital submits the ED, STK and/or VTE measure sets electronically only (as eMeasures), the transmission of the Initial Patient Population and sample count data is not required. Transmission of Initial Patient Population and sample count data elements are used to assist in evaluating completeness of submission in accordance with CMS/The Joint Commission sampling requirements.

SECTION 9 – Data Transmission

Impacts:
N/A

Rationale: The changes are required, at the direction of CMS, based on the Fiscal Year (FY) 2014 IPPS Final Rule.

Description of Changes:
CMS Data Transmission – Submission of Hospital Clinical Data

Change 3rd paragraph to:
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.

CMS Data Transmission – Submission of Hospital Initial Patient Population Data

Change 1st paragraph to:
CMS collects Initial Patient Population Size and declaration of sampling, by Measure Set on all chart abstracted measure sets on a quarterly basis. For hospitals submitting the Hospital Initial Patient Population Data, information may be submitted via an XML file to the QIO Clinical Warehouse. All Initial Patient Population data submitted to the QIO Clinical Warehouse must adhere to the Hospital Initial Patient Population Data XML File Layout specifications provided later in the transmission section. Each file may contain data for only one provider.

CMS and Joint Commission Guidelines for Submission of Data – Allowable Measure Set Combinations per Patient Episode of Care

Change 2nd paragraph to:
For The Joint Commission, hospitals must 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 same case must also be submitted 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.

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 QIO Clinical Warehouse for both measure sets. If the hospital is submitting the ED measure set electronically only (as eMeasures), only the IMM cases would be submitted to the QIO Clinical Warehouse.
CMS and Joint Commission Guidelines for Submission of Hospital Initial Patient Population Data

Change 1st paragraph to:
Hospitals must submit to CMS and The Joint Commission on a quarterly basis the aggregate population and sample counts for Medicare and non-Medicare discharges for each of the chart abstracted measure sets. For CMS, if the hospital submits the ED, STK and/or VTE measure sets electronically only (as eMeasures), the submission of the aggregate population and sample counts are not required. If the aggregate population count is zero, the hospital is still required to submit the Hospital Initial Inpatient Population Data file and would submit zero as the population and sample counts. In addition, the Hospital Initial Inpatient Population Data file must be transmitted to both the QIO Clinical Warehouse and Joint Commission’s Data Warehouse even if the hospital has elected to not report the patient data when they have five or fewer cases for an appropriate measure set during the quarter.

---

**Hospital Clinical XML File Layout**

**Impacts:**
ACEI Prescribed at Discharge
ARB Prescribed at Discharge
LVSD
Reason for No ACEI and No ARB at Discharge

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes HF-3 to the Collected by The Joint Commission Only and CMS as Voluntary Only

---

**Impacts:**
Anesthesia End Date
Anesthesia End Time
Anesthesia Start Time

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information
Add under Programming Notes:
Collected by CMS as Voluntary Only: SCIIP-Inf-10
Not Accepted by The Joint Commission: SCIP-Inf-10

---

**Impacts:**
Anesthesia Start Date

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.
Description of Changes:
Hospital Clinical Data – Detail Elements Information
**Add** under Programming Notes:
Not Accepted by The Joint Commission: SCIP-Inf-10
**Add** SCIP-Inf-10 under the Programming Notes to the Collected by CMS as Voluntary Only

**Impacts:**
*Anesthesia Type*
*Discharge Instructions Address Activity*
*Discharge Instructions Address Diet*
*Discharge Instructions Address Follow-up*
*Discharge Instructions Address Medications*
*Discharge Instructions Address Symptoms Worsening*
*Discharge Instructions Address Weight Monitoring*
*Intentional Hypothermia*
*Pneumococcal Vaccination Status*
*Temperature*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
**Add** under Programming Notes
Collected by CMS as Voluntary Only
Not Accepted by The Joint Commission

**Impacts:**
*Antibiotic Administration Date*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
**Add** under the Programming Notes:
Collected by CMS as Voluntary Only: PN-3b
Not Accepted by The Joint Commission: PN-3b

**Add** CMS Only: to the Required for transmission of PN-3b

**Impacts:**
*Antibiotic Administration Route*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
**Add** CMS Only to the Required for Transmission of PN-3b under the Programming Notes
Impacts:

*Antibiotic Administration Time*
*Antibiotic Received*

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:

Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes:
Collected by CMS as Voluntary Only: PN-3b
Not Accepted by The Joint Commission: PN-3b

Impacts:

*Chest X-Ray*
*Antibiotic Name*
*Pneumonia Diagnosis: ED/Direct Admit*

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:

Hospital Clinical Data – Detail Element Information
Add under the Programming Notes:
Collected by CMS as Voluntary Only: PN-3a, PN-3b
Not Accepted by The Joint Commission: PN-3b
Add PN-3a under the Programming Notes to the Collected by The Joint Commission Only

Impacts:

*Arrival Date*

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:

Hospital Clinical Data – Detail Elements Information
Add AMI-7, AMI-8, PN-3a, PN-3b to the Collected by CMS as Voluntary Only under the Programming Notes
Add AMI-7, AMI-8, PN-3a to the Collected by The Joint Commission Only under the Programming Notes
Add under the Programming Notes Not Accepted by The Joint Commission: PN-3b

Impacts:

*Arrival Time*

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.
**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

Add AMI-7, AMI-8, PN-3a to the Collected by The Joint Commission Only under the Programming Notes

Add under the Programming Notes:
Collected by CMS as Voluntary Only: AMI-7, AMI-8, PN-3a, PN-3b
Not Accepted by The Joint Commission: PN-3b

**Impacts:**
*Aspirin Prescribed at Discharge*
*Reason for No Aspirin at Discharge*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

Add under the Programming Notes:
Collected by The Joint Commission Only
Collected by CMS as Voluntary Only

**Impacts:**
*Blood Culture Collected*
*Initial Blood Culture Collection Date*
*Initial Blood Culture Collection Time*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

Add under the Programming Notes:
Collected by CMS as Voluntary Only: PN-3a, PN-3b
Collected by The Joint Commission Only: PN-3a
Not Accepted by The Joint Commission: PN-3b

**Impacts:**
*Clinical Trial*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

Add AMI-2, AMI-7, AMI-8, AMI-10, HF-3, PN-3a to the Collected by The Joint Commission Only under the Programming Notes

Add AMI-2, AMI-7, AMI-8, AMI-10, HF-1, HF-3, PN-3a, PN-3b to the Collected by CMS as Voluntary Only under the Programming Notes

Add under the Programming Notes:
Not Accepted by The Joint Commission: HF-1, PN-3b
Impacts:
*Comfort Measures Only*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

**Add** AMI-2, AMI-10, HF-3, PN-3a to the Collected by The Joint Commission Only under the Programming Notes

**Add** AMI-2, AMI-10, HF-1, HF-3, PN-3a, PN-3b to the Collected by CMS as Voluntary Only under the Programming Notes

**Add** under the Programming Notes:
Not Accepted by The Joint Commission: HF-1, PN-3b

---

Impacts:
*Discharge Disposition*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

**Add** AMI-2, AMI-10, HF-3 to the Collected by The Joint Commission Only under the Programming Notes

**Add** AMI-2, AMI-10, HF-1, HF-3, IMM-1, PN-3b to the Collected by CMS as Voluntary Only under the Programming Notes

**Add** under the Programming Notes:
Not Accepted by The Joint Commission: HF-1, IMM-1, PN-3b

---

Impacts:
*Fibrinolytic Administration*

**Initial ECG Interpretation**

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

**Add** under the Programming Notes:
Collected by The Joint Commission Only: AMI-7, AMI-8
Collected by CMS as Voluntary Only: AMI-7, AMI-8

---

Impacts:
*Fibrinolytic Administration Date*
*Fibrinolytic Administration Time*
*Reason for Delay in Fibrinolytic Therapy*

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.
**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

**Add** under the Programming Notes:
Collected by The Joint Commission Only: AMI-7
Collected by CMS as Voluntary Only: AMI-7

**Impacts:**
First PCI Date
First PCI Time
Non-Primary PCI
Reason for Delay in PCI

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

**Add** under the Programming Notes:
Collected by The Joint Commission Only: AMI-8
Collected by CMS as Voluntary Only: AMI-8

**Impacts:**
ICU Admission or Transfer

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

**Add PN-3a to the Collected by The Joint Commission Only under the Programming Notes**
**Add** under the Programming Notes:
Collected by CMS as Voluntary Only: PN-3a

**Impacts:**
ICD-9-CM Other Diagnosis Codes

**Rationale:** The changes are being made to align with the specifications manual as per the IPPS Final Rule.

**Description of Changes:**
Hospital Clinical Data – Detail Elements Information

**Add** under the Programming Notes:
Collected by CMS as Voluntary Only: IMM-1, PN-3a, PN-3b
Not Accepted by The Joint Commission: IMM-1, PN-3b

**Add PN-3a, TOB-4 to the Collected by The Joint Commission Only under the Programming Notes**

**Add** under Applicable Measure(s):
TOB-4
Impacts:

ICD-9-CM Other Procedure Codes

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes:
Not Accepted by The Joint Commission: HF-1, IMM-1
Collected by CMS as Voluntary Only: AMI-8, HF-1, HF-3, IMM-1
Add AMI-8, HF-3 to the Collected by The Joint Commission Only under the Programming Notes

Impacts:

ICD-9-CM Principal Diagnosis Code

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes:
Not Accepted by The Joint Commission: IMM-1
Collected by CMS as Voluntary Only: IMM-1
Add TOB-4 to the Collected by The Joint Commission Only under the Programming Notes
Add under Applicable Measure(s):
TOB-4

Impacts:

ICD-9-CM Principal Procedure Code

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes:
Not Accepted by The Joint Commission: HF-1, IMM-1, SCIP-Inf-10
Add AMI-8, HF-3 to the Collected by The Joint Commission Only under the Programming Notes
Add AMI-8, HF-1, HF-3, IMM-1, SCIP-Inf-10 to the Collected by CMS as Voluntary Only under the Programming Notes

Impacts:

LDL-c Less Than 100 mg/dL

Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.
Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes:
Collected by CMS as Voluntary Only

Impacts:
Reason for Not Prescribing Statin Medication at Discharge
Statin Medication Prescribed at Discharge
Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes:
Collected by The Joint Commission Only: AMI-10
Collected by CMS as Voluntary Only: AMI-10

Impacts:
Transfer From Another Hospital or ASC
Rationale: The changes are being made to align with the specifications manual as per the IPPS Final Rule.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under the Programming Notes:
Collected by CMS as Voluntary Only: AMI-7, AMI-8, PN-3a

Add AMI-7, AMI-8, PN-3a to the Collected by The Joint Commission Only under the Programming Notes

SECTION 10 – CMS Outcome Measures (Claims Based)
Subsection 10.1 – Introduction Risk Standardized Mortality Measures

Impacts:
N/A
Rationale: The new COPD and Stroke mortality measures are being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.

Description of Changes:
Change third sentence in first paragraph to:
The mortality measures include admissions for Medicare FFS aged ≥65 years discharged from non-federal acute care hospitals having a principal discharge diagnosis of Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia, Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD), or Acute Ischemic Stroke.

Add fourth sentence in first paragraph:
The AMI, HF and Pneumonia measures also include admissions for Veterans Health Administration (VA) beneficiaries aged ≥ 65 years.

Change last sentence in second paragraph to:
In 2014, CMS plans to publicly report the stroke and COPD measures.

**Change** third paragraph to:
These measures were developed by a team of clinical and statistical experts from the Yale University/Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation (YNHHSC/CORE) and Harvard University. The AMI, HF, and Pneumonia measures were developed through a CMS contract with the Colorado Foundation for Medical Care (CFMC). The stroke and COPD measures were developed under a YNHHSC/CORE contract with CMS. The AMI, HF, Pneumonia and COPD measures have endorsement from the National Quality Forum.

**Change** last two sentences in fourth paragraph to:
Questions and comments about the AMI, HF and Pneumonia mortality measures should be directed to cmsmortalitymeasures@yale.edu. Questions and comments about the COPD measure can be sent to copdmortality@yale.edu, and for the stroke measure, questions and comments can be directed to strokemortality@yale.edu.

**Impacts:**
N/A

**Rationale:** The new COPD and Stroke mortality measures are being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.

**Description of Changes:**
Add new measure:
COPD 30-Day mortality

**Impacts:**
N/A

**Rationale:** The new COPD and Stroke mortality measures are being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.

**Description of Changes:**
Add new measure:
Stroke 30-Day mortality

**Subsection 10.2 – Introduction Risk Standardized Readmission Measures**

**Impacts:**
N/A

**Rationale:** The new COPD and Stroke readmission measures are being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.

**Description of Changes:**
**Change** first sentence in first paragraph to:
This section of the manual includes the Measure Information Forms (MIFs) for the CMS 30-day risk-standardized readmission and complication measures, which include the Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia, hospital-wide all-cause unplanned readmission (HWR), elective primary total hip arthroplasty and/or total knee arthroplasty (THA/TKA), Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD), and
Acute Ischemic Stroke readmission measures, and the elective primary THA/TKA complication measure.

**Change** second paragraph to:
In June 2009, CMS began publicly reporting the AMI, HF, and Pneumonia readmission measures, and in 2013 CMS added the HWR and THA/TKA measures for public reporting. CMS posts the measures on Hospital Compare (http://www.hospitalcompare.hhs.gov) and they are updated annually. In 2014, CMS plans to publicly report the Stroke and COPD measures.

**Change** last two sentences in third paragraph to:
The HWR, THA/TKA, Stroke and COPD measures were developed under a YNHSC/CORE contract with CMS. The AMI, HF, Pneumonia, HWR, THA/TKA, and COPD measures have endorsement from the National Quality Forum.

**Change** last two sentences fourth paragraph to:
Questions and comments about the AMI, HF, Pneumonia, HWR and THA/TKA readmission measures should be directed to cmsreadmissionmeasures@yale.edu. Questions and comments about the THA/TKA complication measure should be directed to cmscomplicationmeasures@yale.edu. For the COPD measure, questions and comments can be sent to copdreadmission@yale.edu, and for the stroke measure, questions and comments can be sent to strokereadmission@yale.edu.

**Change** third sentence in last paragraph to:
CMS extracts and utilizes physician office, inpatient, and institutional outpatient claims data from the year prior to the index hospitalizations as well as claims data from the index hospitalizations to risk adjust the rates for the AMI, HF, Pneumonia, THA/TKA, Stroke and COPD measures.

---

**Impacts:**
N/A

**Rationale:** The new COPD and Stroke readmission measures are being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.

**Description of Changes:**
Add new measure:
COPD 30-day readmission

---

**Impacts:**
N/A

**Rationale:** The new COPD and Stroke readmission measures are being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.

**Description of Changes:**
Add new measure:
Stroke 30-day readmission

---

**Subsection 10.3 – Agency for Healthcare Research and Quality (AHRQ)**

**Impacts:**
N/A
**Rationale:** The change is to update the technical specifications version in the reference to match the version on the AHRQ website and correct a typographical error.

**Description of Changes:**
Agency for Healthcare Research and Quality (AHRQ) Claims-Based Quality Measures (No Hospital Data Submission Required)

**Change to:**

**Change** PSI 91 to PSI 90

<table>
<thead>
<tr>
<th>Subsection 10.5 – CMS AMI Episode-of-Care Payment Measure (new measure set)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impacts:</strong></td>
</tr>
<tr>
<td>New Measure Set</td>
</tr>
<tr>
<td><strong>Rationale:</strong> The AMI episode-of-care payment measure is being added based on the IPPS Fiscal Year (FY) 2014 Final Rule.</td>
</tr>
<tr>
<td><strong>Description of Changes:</strong></td>
</tr>
<tr>
<td>Add new measure set introduction page:</td>
</tr>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS) Risk-Standardized 30-Day AMI Episode-of-Care Payment Measure</td>
</tr>
<tr>
<td>Add new Measure Information Form:</td>
</tr>
<tr>
<td>AMI 30-day episode-of-care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subsection 10.6 – Structural Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impacts:</strong></td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>Rationale:</strong> The changes are based on the IPPS Fiscal Year (FY) 2014 Final Rule.</td>
</tr>
<tr>
<td><strong>Description of Changes:</strong></td>
</tr>
<tr>
<td>Remove:</td>
</tr>
<tr>
<td>• Participation in a Systematic Clinical Database Registry for Stroke Care</td>
</tr>
<tr>
<td>Documents if the hospital reports whether or not it participates in a database registry for stroke care</td>
</tr>
<tr>
<td>Add:</td>
</tr>
<tr>
<td>• Safe Surgery Checklist Use</td>
</tr>
<tr>
<td>Documents if the hospital reports whether or not they use a safe surgery checklist</td>
</tr>
</tbody>
</table>
APPENDICES

Appendix C – Medication Tables

Impacts:
Table 2.3 Beta Lactams (Word and Excel)

Rationale: This change is to correct an error in Table 2.3.

Description of Changes:
Antibiotic Selection Options (left) column and Generic Name Crosswalk (right) column

Add:
To left column: Ampicillin/Sulbactam; to right column: Ampicillin/Sulbactam

Impacts:
Table 4.0 Antibiotic Allergy (Word and Excel)

Rationale: The update is made to delete from Table 4.0 an antibiotic that is no longer being manufactured.

Description of Changes:
Remove:
Tegopen

Appendix F – Measure Name Crosswalk

Impacts:
N/A

Rationale: The measure name crosswalk was updated to reflect the changes in the IPPS Fiscal Year (FY) 2014 Final Rule posted August 2, 2013.

Description of Changes:
Change:
Review the manual document as it has significantly changed.

Appendix P – Preview Section

Impacts:
N/A

Rationale: The changes are based on the IPPS Fiscal Year (FY) 2014 Final Rule.

Description of Changes:
Add:
COPD Mortality and Readmission ICD-10 code tables
Stroke Mortality and Readmission ICD-10 code tables
Impacts:
N/A

Rationale: The change is to correct errors in the preview of the ICD-10 code tables.

Description of Changes:
Add leading zeros under the “ICD-10 Code” column in the following tables:
Table 1.2  Percutaneous Coronary Intervention (PCI)
Table 5.01  Coronary Artery Bypass Graft (CABG)
Table 5.08  Vascular Surgery
Table 5.10  Major Surgery
Table 5.11  Cardiac Surgery

Change in Table 5.10 under the “ICD-10 Code” column:
4.10E+100
To:
041E099