National Hospital Inpatient Quality Reporting Measures Specifications Manual

Release Notes Version: 4.4a **Release Notes Completed: October 21, 2014**

Guidelines for Using Release Notes

Release Notes 4.4a 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. The **implementation date is 01-01-2015**, unless otherwise specified. The headings are described below:

- **Impacts** - used to identify the impacted measures and portion(s) of the Manual Section. (i.e., Alphabetical Data Dictionary, Measure Information Form (MIF) and Flowchart (Algorithm)).
- **Description of Changes** - used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Values, and Denominator Statement - Data Elements.
- **Rationale** - provided for the change being made.

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

Table of Contents

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

The notes in the tables below are organized to follow the Table of Contents in the specifications manual.

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Impacts: 2.6 Children's Asthma Care (CAC)

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:

Remove:
CAC-1, CAC-2

Impacts: Section 10 CMS Outcome Measures (Claims Based)

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Add under 10.1 Introduction Risk Standardized Mortality Measures:
MORT-30-CABG: Coronary Artery Bypass Graft (CABG) 30-Day Mortality

Add under 10.2 Introduction Risk Standardized Readmission and Complication Measures:
READM-30-CABG: Coronary Artery Bypass Graft (CABG) 30-Day Readmission

Change 10.5 CMS Payment Measures to:
10.5 CMS Episode-of-Care Payment Measures

Add:
PAYM-30-HF: Heart Failure (HF) 30-Day Payment
PAYM-30-PN: Pneumonia (PN) 30-Day Payment

Impacts: 2.3 Pneumonia (PN)

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Remove:
PN-6a, PN-6b

Impacts: Not Applicable (N/A)

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Remove:
Additional comments
The measure specifications for AMI-2, AMI-10, HF-3, and PN-3a have been removed from the *Specifications Manual for National Hospital Inpatient Quality Measures* effective 01/01/2015, however, these will continue to be used by The Joint Commission and are available in the *Specifications Manual for Joint Commission National Quality Core Measures* which is located on The Joint Commission's website at the following link:
http://manual.jointcommission.org/bin/view/Manual.

Introduction

Impacts: N/A

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Related Joint Commission Activities

Remove:

Those measures that were determined not to meet these criteria have been designated as non-accountability measures. Four of the six non-accountability measures that were common between CMS and The Joint Commission were retired by both organizations. The Joint Commission will continue to support the two remaining non-accountability measures (discharge instructions and LVS function assessment [heart failure care]) that are in common with CMS.

SECTION 1 – Data Dictionary

Alphabetical Data Dictionary

Impacts: Index

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:

Remove rows:

Reason for Not Administering Relievers
Reason for Not Administering Systemic Corticosteroids
Relievers Administered
Systemic Corticosteroids Administered

Impacts: Data Elements

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:

Remove in their entirety:

Reason for Not Administering Relievers
Reason for Not Administering Systemic Corticosteroids
Relievers Administered
Systemic Corticosteroids Administered

Impacts:

Data Element(s)

Another Source of Infection
Antibiotic Administration Date
Antibiotic Administration Route
Antibiotic Administration Time
Antibiotic Allergy
Antibiotic Name
Antibiotic Received

Arrival Date
Arrival Time
Chest X-Ray
Clinical Trial
Comfort Measures Only
ICU Admission or Transfer
Pneumonia Diagnosis: ED/Direct Admit
Pseudomonas Risk
Reason for Alternative Empiric Antibiotic Therapy
Transfer From Another Hospital or ASC

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Index
Remove under "Collected For" column:
PN-6a
PN-6b

Impacts:

Data Element(s)
ACEI Prescribed at Discharge
ARB Prescribed at Discharge
LVSD
Reason for No ACEI and No ARB at Discharge

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Remove:
The Joint Commission Only: AMI-3

Impacts:

Data Element(s)
Anesthesia End Date
Perioperative Death

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Anesthesia End Time

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Anesthesia Start Date

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Remove under "CMS/The Joint Commission":
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-9, SCIP-Card-2, SCIP-VTE-2

Remove:
The Joint Commission Only: SCIP-Inf-6

Add under "CMS Voluntary Only":
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-9, SCIP-Card-2, SCIP-VTE-2

Impacts:

Data Element(s)
Anesthesia Start Time
Preadmission Oral Anticoagulation Therapy
Reason for Not Administering VTE Prophylaxis
VTE Timely

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Another Source of Infection
Chest X-Ray
ICU Admission or Transfer
Pneumonia Diagnosis: ED/Direct Admit
Reason for Alternative Empiric Antibiotic Therapy

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS Only" to:
CMS Voluntary Only

Remove:
The Joint Commission Only: PN-6a, PN-6b

Impacts:

Data Element(s)
Antibiotic Administration Date
Antibiotic Administration Route
Antibiotic Administration Time
Antibiotic Name
Antibiotic Received

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change to:
CMS Voluntary Only: PN-6, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3

Impacts:

Data Element(s)
Antibiotic Allergy

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change to:
CMS Voluntary Only: PN-6, SCIP-Inf-2

Impacts:

Data Element(s)
Anticoagulation Therapy Prescribed at Discharge
Reason for Not Prescribing Anticoagulation Therapy at Discharge

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
The Joint Commission Only

Add:
CMS Voluntary Only: STK-3

Impacts:

Data Element(s)
Antithrombotic Therapy Administered by End of Hospital Day 2
IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival
Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
The Joint Commission Only

Add:
CMS Voluntary Only: STK-5

Impacts:

Data Element(s)
Antithrombotic Therapy Prescribed at Discharge
Reason for Not Prescribing Antithrombotic Therapy at Discharge

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
The Joint Commission Only

Add:
CMS Voluntary Only: STK-2

Impacts:

Data Element(s)
Arrival Date

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Remove under "CMS/The Joint Commission":
AMI-8a, STK-5

Remove:
CMS Only: PN-6

Change "The Joint Commission Only" to:
STK-5

Add under "CMS Voluntary Only":
AMI-8a, PN-6, STK-5

Impacts:

Data Element(s)
Arrival Time
Transfer From Another Hospital or ASC

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Remove under "CMS/The Joint Commission":
AMI-8a

Remove:
CMS Only: PN-6; **The Joint Commission Only:** AMI-7, AMI-8, PN-6a, PN-6b

Add under "CMS Voluntary Only":
AMI-8a, PN-6

Impacts:

Data Element(s)
Aspirin Received Within 24 Hours Before or After Hospital Arrival
Reason for No Aspirin on Arrival

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Remove:
The Joint Commission Only: AMI-1

Impacts:

Data Element(s)
Assessed for Rehabilitation Services

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
The Joint Commission Only

Add:
CMS Voluntary Only: STK-10

Impacts:

Data Element(s)
Atrial Fibrillation/Flutter

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
The Joint Commission Only

Add:
CMS Voluntary Only: STK-3

Impacts:

Data Element(s)
Beta-Blocker Current Medication
Beta-Blocker During Pregnancy
Beta-Blocker Perioperative
Reason for Not Administering Beta-Blocker - Perioperative

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Beta-Blocker Prescribed at Discharge
Reason for No Beta-Blocker at Discharge

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Remove:
The Joint Commission Only: AMI-5

Impacts:

Data Element(s)
Catheter Removed
Reasons for Continuing Urinary Catheterization
Urinary Catheter

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Clinical Trial

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change under "CMS/The Joint Commission" to:
AMI-7a, SCIP-Inf-4, STK-1, STK-4, STK-6, STK-8, VTE-1, VTE-2, VTE-3, VTE-5, VTE-6

Remove:
CMS Only: PN-6

Change under "The Joint Commission Only" to:
CAC-3, STK-2, STK-3, STK-5, STK-10

Change under for "CMS Voluntary Only" to:
AMI-1, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, HF-2, PN-6, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-6, SCIP-Inf-9, SCIP-Card-2, SCIP-VTE-2, STK-2, STK-3, STK-5, STK-10, VTE-4

Impacts:

Data Element(s)
Comfort Measures Only

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Remove under "CMS/The Joint Commission":
HF-2, STK-2, STK-3, STK-5, STK-10, VTE-4

Remove:
CMS Only: PN-6

Change under "The Joint Commission Only" to:
STK-2, STK-3, STK-5, STK-10, All SUB Measures, All TOB Measures

Add under for "CMS Voluntary Only":
HF-2, PN-6, STK-2, STK-3, STK-5, STK-10, VTE-4

Impacts:

Data Element(s)
Discharge Disposition

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Remove under "CMS/The Joint Commission":
HF-2, STK-2, STK-3, STK-10, VTE-4

Change under "The Joint Commission Only" to:
CAC-3, STK-2, STK-3, STK-10, SUB-3, SUB-4, TOB-3, TOB-4

Add under "CMS Voluntary Only":
HF-2, STK-2, STK-3, STK-10, VTE-4

Impacts:
Data Element(s)
Elective Carotid Intervention

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Change under "CMS/The Joint Commission" to:
STK-1, STK-4, STK-6, STK-8

Add:
The Joint Commission Only: STK-2, STK-3, STK-5, STK-10; **CMS Voluntary Only:** STK-2, STK-3, STK-5, STK-10

Impacts:
Data Element(s)
Fibrinolytic Administration

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove under "CMS/The Joint Commission":
AMI-8a

Remove:
The Joint Commission Only: AMI-7, AMI-8

Add under "CMS Voluntary Only":
AMI-8a

Impacts:
Data Element(s)
Fibrinolytic Administration Date
Fibrinolytic Administration Time
Reason for Delay in Fibrinolytic Therapy

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove:
The Joint Commission Only: AMI-7

Impacts:

Data Element(s)
First PCI Date
First PCI Time
Non-Primary PCI
Reason for Delay in PCI

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove:
CMS/The Joint Commission: AMI-8a
The Joint Commission Only: AMI-8

Add under "CMS Voluntary Only":
AMI-8a

Impacts:

Data Element(s)
Infection Prior to Anesthesia

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove under "CMS/The Joint Commission":
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3

Add:
CMS Voluntary Only: SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3

Impacts:

Data Element(s)
Initial ECG Interpretation

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove under "CMS/The Joint Commission":
AMI-8a

Remove:
The Joint Commission Only: AMI-7, AMI-8

Add under for "CMS Voluntary Only":
AMI-8a

Impacts:

Data Element(s)
LVF Assessment

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Monitoring Documentation
UFH Therapy Administration

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Oral Antibiotics
Other Surgeries
Surgical Incision Date
Surgical Incision Time

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
Preoperative Hair Removal

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove:
The Joint Commission Only: SCIP-Inf-6

Impacts:

Data Element(s)
Pseudomonas Risk

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS Only" to:
CMS Voluntary Only

Remove:
The Joint Commission Only: PN-6b

Impacts:

Data Element(s)
Reasons to Extend Antibiotics

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:

CMS Voluntary Only

Impacts:

Data Element(s)
Vancomycin

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Collected For
Change "CMS/The Joint Commission" to:
CMS Voluntary Only

Impacts:

Data Element(s)
VTE Confirmed
VTE Diagnostic Test

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove under "CMS/The Joint Commission":
VTE-4

Add:
CMS Voluntary Only: VTE-4

Impacts:
Data Element(s)
VTE Prophylaxis

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Collected For
Remove under "CMS/The Joint Commission":
SCIP-VTE-2

Add:
CMS Voluntary Only: SCIP-VTE-2

SECTION 2 – Measurement Information

Subsection 2.1 – Acute Myocardial Infarction (AMI)

Impacts: N/A

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
AMI DATA ELEMENT LIST
Algorithm Output Data Element Table
Change "Collected For" column for *Measurement Value* to:
Used in the transmission of the Hospital Clinical Data file

Impacts:
Measure (s)
AMI-1
AMI-3
AMI-5
AMI-7
AMI-8

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Change under "Measure Information Form" title to:
Collected For:
CMS Voluntary Only

Impacts:

Measure (s)
AMI-8a

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Add under "Measure Information Form" title:
Collected For:
CMS Voluntary Only

Subsection 2.2 – Heart Failure (HF)

Impacts: N/A

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

HF DATA ELEMENT LIST
General Data Element Table
Change "Collected For" column for *Sample* to:
Used in transmission of the Hospital Clinical Data file

Algorithm Output Data Element Table
Change "Collected For" column for *Measure Category Assignment* to:
Used in the transmission of the Hospital Clinical Data file

Impacts: N/A

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

HF Sample Size Requirements
Change in last sentence in first paragraph to:
Hospitals that have five or fewer HF discharges (both Medicare and non-Medicare combined) in a quarter are not required to submit HF patient level data to the QIO Clinical Warehouse.

Quarterly Sampling
Change fifth row in "Hospital's Measure" table under 'Minimum Required Sample Size' column to:
For CMS, submission of patient level data is encouraged but not required. If submission occurs, 1 – 5 cases of the Initial Patient Population may be submitted.

Sample Size Examples
Change third sub-bullet to:
A hospital's HF Initial Patient Population size is 5 patients during the first quarter. Submission of patient level data is not required. For CMS, if the hospital chooses to submit patient level data, the quarterly sample size would be 1 – 5 cases for the quarter.

Impacts:

Measure (s)
HF-2

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Add under "Measure Information Form" title:
Collected For:
CMS Voluntary Only

Subsection 2.3 – Pneumonia (PN)

Impacts:

Measure (s)
PN-6

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Add under "Measure Information Form" title:
Collected For:
CMS Voluntary Only

Impacts:

Measure (s)
PN-6a
PN-6b

Rationale: Updates are necessary based on The Joint Commission program requirements.

Description of Changes:

Set Measure ID Table
Remove rows:
PN-6a
PN-6b

PN DATA ELEMENT LIST
General Data Element Table
Change "Collected For" column for *Sample* to:
Used in transmission of the Hospital Clinical Data file

Algorithm Output Data Element Table
Change "Collected For" column for *Measure Category Assignment* to:
Used in the transmission of the Hospital Clinical Data file

PN Data Element Table
Change "Collected For" column for *Pseudomonas Risk* to:
All PN Measures

Impacts: N/A

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

PN Sample Size Requirements
Change in last sentence in first paragraph to:
Hospitals that have five or fewer PN discharges (both Medicare and non-Medicare combined) in a quarter are not required to submit PN patient level data to the QIO Clinical Warehouse.

Quarterly Sampling
Change fifth row in the "Hospital's Measure" table under 'Minimum Required Sample Size' column to:
For CMS, submission of patient level data is encouraged but not required. If submission occurs, 1 – 5 cases of the Initial Patient Population may be submitted.

Sample Size Examples
Change third sub-bullet to:

- A hospital's PN Initial Patient Population size is 3 patients during the second quarter. Submission of patient level data is not required. For CMS, if the hospital chooses to submit patient level data, the quarterly sample size would be 1 – 3 cases for the quarter.

Impacts:

Measure (s)
PN-6
PN-6a
PN-6b

Rationale: Updates are necessary based on The Joint Commission program requirements.

Description of Changes

Performance Measure Identifier
Remove in table under "Organization":
The Joint Commission

Remove in table under "Set Measure ID#" column:
PN-6a
PN-6b

Remove in table under "Measure Population" column:
ICU Patients
Non - ICU Patients

Remove:
Note: CMS data is transmitted as patient level data while the Joint Commission's data is transmitted as aggregate level data. Therefore, in order for The Joint Commission to distinguish between ICU and non-ICU patients, two separate measures are required for data transmission.

Performance Measure Name
Remove:
(PN-6a) Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients – Intensive Care Unit (ICU) Patients
(PN-6b) Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients – Non ICU Patients

Description
Remove:
(PN-6a) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines
(PN-6b) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines

Numerator Statement
Remove table and change to:
Included populations: Pneumonia patients who received antibiotics consistent with current guidelines.

Excluded Populations: None

Data Elements
- *Antibiotic Administration Date*
- *Antibiotic Administration Route*
- *Antibiotic Administration Time*
- *Antibiotic Allergy*
- *Antibiotic Name*
- *Arrival Date*
- *Arrival Time*
- *Pseudomonas Risk*

Denominator Statement
Remove bullets under Excluded Populations:
- PN patients not in the ICU (PN-6a only)
- PN patients in ICU (PN-6b only)

Algorithms
Remove in entirety:
PN-6a
PN-6b

Subsection 2.4 – Surgical Care Improvement Project (SCIP)

Impacts:
Measure (s)
SCIP-Inf-1
SCIP-Inf-2
SCIP-Inf-3
SCIP-Inf-9
SCIP-Card-2
SCIP-VTE-2

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Add under "Measure Information Form" title:
Collected For:
CMS Voluntary Only

Impacts:

Measure (s)
SCIP-Inf-6

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Change under "Measure Information Form" title to:
Collected For:
CMS Voluntary Only

Impacts:

Measure (s)
SCIP-VTE-2

Rationale: On March 18, 2014, the FDA expanded the indications for Eliquis (apixaban) and approved the drug for DVT prophylaxis in patients who have undergone hip or knee replacement.

Description of Changes
VTE Prophylaxis Options for Surgery Table
Remove footnote for **Elective Total Knee or Total Hip Replacement**
Appendix A, Table 5.22 and Table 5.23:
[1] The U.S. Food and Drug Administration has approved Xarelto (rivaroxaban) to reduce the risk of blood clots, deep vein thrombosis (DVT) and pulmonary embolism (PE) following knee or hip replacement surgery ONLY.

Subsection 2.6 – Children's Asthma Care (CAC)

Impacts: Set Measure ID Table

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:
Remove rows in their entirety:
CAC-1a
CAC-1b
CAC-1c
CAC-1d
CAC-2a
CAC-2b
CAC-2c
CAC-2d

Impacts: CAC Data Element List

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:
Change in "Collected For" column for *Clinical Trial* to:
CAC-3

Remove rows:
Reason for Not Administering Relievers
Reason for Not Administering Systemic Corticosteroids
Relievers Administered
Systemic Corticosteroids Administered

Impacts: Children's Asthma Care (CAC) Initial Patient Population

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:
Change Measure Information page to:
The population of the children's asthma care (CAC) measure set can be identified by using four data elements that are common to all of the performance measures in the set:

- *ICD-9-CM Principal Diagnosis Code*
- *Admission Date*
- *Birthdate*
- *Discharge Date*

The CAC Measure Set Population is defined as patients admitted to the hospital for inpatient acute care with an *ICD-9-CM Principal Diagnosis Code* for asthma as defined in Appendix A, Table 6.1, a Patient Age *(Admission Date* minus *Birthdate)* greater than or equal to 2 years and less than 18 years (age 2 through 17 years), and a Length of Stay (*Discharge Date* minus *Admission Date*) less than or equal to 120 days.

Algorithm
Change step 5 to:
5. Check Length of Stay
    a. If the Length of Stay is greater than 120 days, the patient is not in the CAC Initial Patient Population and is not eligible to be sampled for the CAC measure set. Set the Initial Patient Population Reject Case Flag to equal Yes. Return to Transmission Data Processing Flow: Clinical in the Data Transmission section.
    b. If the Length of Stay is less than or equal to 120 days, the patient is in the CAC Initial Patient Population and is eligible to be sampled for the CAC measure set. Set Initial Patient Population Reject Case Flag to equal No. Return to Transmission Data Processing Flow: Clinical in the Data Transmission section.

Remove step 6:
6. Check Patient Age
    a. If the Patient Age is greater or equal to 2 years and less than 5 years, the patient is in the first CAC stratum and is eligible to be sampled for the first CAC stratum. Include the patient in the Initial Patient Population of the appropriate measures.

Return to Transmission Data Processing Flow: Clinical in the Data Transmission section.

b. If the Patient Age is greater than or equal to 5 years and less than 13 years, the patient is in the second CAC stratum and is eligible to be sampled for the second CAC stratum. Include the patient in the Initial Patient Population of the appropriate measures. Return to Transmission Data Processing Flow: Clinical in the Data Transmission section.

c. If the Patient Age greater than or equal to 13 years and less than 18 years, the patient is in the third CAC stratum and is eligible to be sampled for the third CAC stratum. Include the patient in the Initial Patient Population of the appropriate measures. Return to Transmission Data Processing Flow: Clinical in the Data Transmission section.

Impacts: CAC Sample Size Requirements

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:

Change third sentence in first paragraph to:
Hospitals whose Initial Patient Population size is less than the minimum number of cases per quarter/month cannot sample.

Remove:
Quarterly Sampling
For hospitals selecting sample cases for CAC, a modified sampling procedure is required. Hospitals selecting sample cases for this set must ensure that each individual stratum's population and quarterly sample size meets the following conditions:

- *Select within each of the three individual measure strata. Cases are placed into the appropriate stratum based upon the patient's age.*

Remove:
Monthly Sampling
For hospitals selecting sample cases for CAC, a modified sampling procedure is required. Hospitals selecting sample cases for this set must ensure that each individual strata population and monthly sample size meets the following conditions:

- *Select within each of the three individual measure strata. Cases are placed into the appropriate stratum based upon the patient's age.*

Sample Size Examples
Change "Note" to:
Note:
Specific exclusion criteria are used to filter out cases that do not belong in the measure denominator.

Change first bullet to:

- Quarterly sampling:
  When applicable, larger hospitals must also abide by the required quarterly sample sizes with a minimum of 39 required sample cases when Initial Patient Population size is 39 or greater.

- The CAC Initial Patient Population size for a hospital is 1000 patients for the quarter. Since the total Initial Patient Population is greater than 5, the hospital must submit patient level data. The required quarterly sample size would be 195.
- The CAC Initial Patient Population size for a hospital is 5 patients for the quarter. Since the total Initial Patient Population for CAC is 5, the hospital may choose to not submit patient level data. If the hospital chooses to submit patient level data, the required quarterly sample size would be 5 cases.

Change second bullet to:

- Monthly sampling
  When applicable, larger hospitals must also abide by the required monthly sample sizes with a minimum of 13 required sample cases when the Initial Patient Population size is 13 or greater.
  - The CAC Initial Patient Population sizes for a hospital are 5, 301, and 350 patients respectively in July, August and September. The required monthly sample sizes would be 5, 61, and 65 respectively for July, August and September.

Impacts:

Measure(s)
CAC-1
CAC-2

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes

Remove MIF and algorithm in its entirety:
CAC-1: Relievers for Inpatient Asthma
CAC-2: Systemic corticosteroids for inpatient asthma

Subsection 2.7 – Venous Thromboembolism (VTE)

Impacts:

Measure (s)
VTE-4

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:

Add under “Measure Information Form” title:
Collected For:
CMS Voluntary Only

Subsection 2.8 – Stroke (STK)

Impacts:

Measure(s)
STK-2
STK-3
STK-5
STK-10

Rationale: Updates are necessary based on program requirements and the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Add under "Measure Information Form" title:
Collected For:
The Joint Commission Only
CMS Voluntary Only

SECTION 4 – Population and Sampling Specifications

Impacts: Introduction

Rationale:
Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

To remove and/or retire measures which have consistently reached a high level of performance.

Description of Changes:
Sampling
Change the second bullet under first paragraph to:

- A "case" refers to a single record (or an episode of care [EOC]) within the population. For example, during the first quarter a hospital may have 100 patients who had a principal surgery associated to the SCIP-INF-4 measure. The hospital's Initial Patient Population would include 100 cases or 100 patient records for this measure during the first quarter.

Remove in fourth paragraph:
Children's Asthma Care (CAC)

Change example under fourth paragraph to:

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 hospital is encouraged to submit the same case also 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.

Impacts: Order of Data Flow

Rationale:
Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

To remove and/or retire measures which have consistently reached a high level of performance.

Description of Changes:

Identify Cases To Be Abstracted For The Remaining Measure Sets, Strata, and Sub-populations (AMI, CAC, HF, PN, SCIP, STK, VTE)

Change first sentence in first bullet to:

- Identify the Initial Patient Population for the other measure sets (AMI, CAC, HF, PN, STK), strata or sub-populations (SCIP, VTE).

Change first sentence in second bullet to:
Using the Global Initial Patient Population identified above, identify and count the number of cases that are also in the other Measure Sets (e.g., AMI, CAC, HF, PN, and STK), strata, or sub-populations (e.g., SCIP, or VTE) Initial Patient Population(s).

SECTION 9 – Data Transmission

Impacts: N/A

Rationale: The Joint Commission no longer requires but encourages submission of a SUB, TOB, and IMM case for every ED case.

Description of Changes:

Joint Commission Data Transmission – Hospital Clinical Data

Change fifth paragraph to:
Hospitals who are submitting cases for the measure sets under the Global Initial Patient Population (i.e., ED, IMM, SUB and TOB), are encouraged to submit the same case for all measure sets being submitted. For example, if the hospital has elected to submit ED, TOB and IMM, for every ED case that is submitted to The Joint Commission's Data Warehouse, the hospital is encouraged to submit the same case also as a TOB case and an IMM case.

Impacts: N/A

Rationale: The Joint Commission no longer requires vendor aggregation.

Description of Changes:

Joint Commission Data Transmission

Remove section in its entirety:
Aggregate Data

Impacts: N/A

Rationale: The Joint Commission no longer requires but encourages submission of a SUB, TOB, and IMM case for every ED case. In addition, The Joint Commission no longer collects HF and PN.

Description of Changes:

CMS & Joint Commission Guidelines for Submission of Hospital Clinical Data –

Allowable *Measure Set* Combination per Patient Episode of Care

Change to:

1. QIO Clinical Warehouse and Joint Commission's Data Warehouse
    a. ED, IMM, SCIP, VTE-No VTE sub-population and VTE-Other VTE Only sub-population for patients age 18 and older

   b. AMI, ED, IMM, SCIP, VTE-No VTE sub-population and VTE-Other VTE Only sub-population for patients age 18 and older
   c. STK, ED, IMM, SCIP, VTE-No VTE sub-population and VTE-Other VTE Only sub-population for patients age 18 and older.
   d. ED, IMM and SCIP for patients age 18 and older
   e. ED and IMM

2. QIO Clinical Warehouse only
   a. HF, ED, IMM, SCIP, VTE-No VTE sub-population and VTE-Other VTE Only sub-population for patients age 18 and older
   b. PN, ED, IMM, SCIP, VTE-No VTE sub-population and VTE-Other VTE Only sub-population for patients age 18 and older
3. Joint Commission's Data Warehouse only
   a. ED, IMM, TOB, SUB and SCIP for patients age 18 and older
   b. AMI, ED, IMM, TOB, SUB and SCIP for patients age 18 and older
   c. STK, IMM, TOB, SUB and SCIP for patients age 18 and older
   d. ED, IMM, TOB, SUB and CAC for patients age 2 to under the age of 18
   e. ED, IMM, TOB and SUB
4. Submission of multiple files for the same episode of care will not be accepted into either the QIO Clinical Warehouse or Joint Commission's Data Warehouse for the following *Measure Set* combinations:
   a. STK and AMI
   b. VTE – Principal VTE sub-population and AMI
   c. VTE – Principal VTE sub-population and STK
5. Submission of multiple files for the same episode of care will not be accepted into the QIO Clinical Warehouse for the following *Measure Set* combinations:
   a. HF and PN
   b. HF and AMI
   c. AMI and PN
   d. STK and HF
   e. STK and PN
   f. VTE – Principal VTE-sub-population and HF
   g. VTE – Principal VTE-sub-population and PN
6. Submission of multiple files for the same episode of care will not be accepted into the Joint Commission's Data Warehouse for the following *Measure Set* combinations:
   a. CAC and STK
   b. CAC and VTE
   c. CAC and SCIP

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.

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.

Impacts: N/A

Rationale:
Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

To remove and/or retire measures which have consistently reached a high level of performance.

Description of Changes:
Hospital Initial Patient Population Data XML File Layout – Population Details
Remove in item "2":
CAC

Impacts: Data Transmission Alphabetical Data Dictionary

Data Element(s)
Initial Patient Population Size – Medicare Only
Initial Patient Population Size – Non-Medicare Only

Rationale: This change is due to the removal of CAC-1 and CAC-2.

Description of Changes
Format
Add in 'Non-stratified Measures Sets' under "Occurs":
CAC

Remove second bullet in 'Stratified Measure Sets' under "Occurs":
- The CAC measure set has three occurrences, one for each age stratum.

Impacts: Data Transmission Alphabetical Data Dictionary

Data Element(s)
Sample Size - Medicare Only
Sample Size – Non-Medicare Only

Rationale: This change is due to the removal of CAC-1 and CAC-2.

Description of Changes
Notes
Change sub-bullets under third bullet to:
- 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.
- 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.

Format
Add in 'Non-stratified Measures Sets' under "Occurs":
CAC

Remove second bullet in 'Stratified Measure Sets' under "Occurs":
- The CAC measure set has three occurrences, one for each age stratum.

Impacts: Data Transmission Alphabetical Data Dictionary

Data Element(s)
Sampling Frequency

Rationale: This change is due to the removal of CAC-1 and CAC-2.

Description of Changes:

Format
Add in 'Non-stratified Measures Sets' under "Occurs":
CAC

Remove second bullet in 'Stratified Measure Sets' under "Occurs":
The CAC measure set has three occurrences, one for each age stratum

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Hospital Clinical Data XML File Layout

Impacts:

ACEI Prescribed at Discharge
ARB Prescribed at Discharge
Aspirin Received Within 24 Hours Before or After Hospital Arrival
Beta-Blocker Perioperative
Beta-Blocker Prescribed at Discharge
Catheter Removed
First PCI Date
First PCI Time
LVSD
Non-Primary PCI
Preoperative Hair Removal
Reason for Delay in PCI
Reason for No ACEI and No ARB at Discharge
Reason for No Aspirin on Arrival
Reason for No Beta-Blocker at Discharge

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Change Programming Notes to:
Collected by CMS as Voluntary Only

Impacts:

Anesthesia End Date
Anesthesia End Time
Anesthesia Start Time
Beta-Blocker Current Medication
Beta-Blocker During Pregnancy
LVF Assessment
Monitoring Documentation
Oral Antibiotics
Other Surgeries
Perioperative Death
Preadmission Oral Anticoagulation Therapy
Reason for Not Administering Beta-Blocker - Perioperative
Reason for Not Administering VTE Prophylaxis
Reasons for Continuing Urinary Catheter
Reasons to Extend Antibiotics
Surgical Incision Date
Surgical Incision Time
Urinary Catheter
Vancomycin
VTE Timely

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Add to Programming Notes:
Collected by CMS as Voluntary Only

Impacts:

Anesthesia Start Date

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Change Programming Notes to:
Collected by CMS as Voluntary Only: SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-6, SCIP-Inf-9, SCIP-Card-2, SCIP-VTE-2

Impacts:

Another Source of Infection
Antibiotic Administration Date
Antibiotic Administration Route
Antibiotic Administration Time
Antibiotic Allergy

Antibiotic Name
Antibiotic Received
Chest X-Ray
ICU Admission or Transfer Date
Pneumonia Diagnosis: ED/Direct Admit
Pseudomonas Risk
Reason for Alternative Empiric Antibiotic Therapy

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Remove from Applicable Measure(s):
PN-6a, PN-6b

Change Programming Notes to:
Collected by CMS as Voluntary Only

Impacts:

Anticoagulation Therapy Prescribed at Discharge
Antithrombotic Therapy Administered by End of Hospital Day 2
Antithrombotic Therapy Prescribed at Discharge
Assessed for Rehabilitation Services
Atrial Fibrillation/Flutter
IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival
Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2
Reason for Not Prescribing Anticoagulation Therapy at Discharge
Reason for Not Prescribing Antithrombotic Therapy at Discharge
UFH Therapy Administration

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

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

Impacts:

Arrival Date

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Remove from Applicable Measure(s):
PN-6a and PN-6b

Change Programming Notes to:
Collected by CMS as Voluntary Only: AMI-1, AMI-7, AMI-8, AMI-8a, PN-6, STK-5
Collected by The Joint Commission Only: STK-5

Impacts:

Arrival Time

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Remove from Applicable Measure(s):
PN-6a and PN-6b

Change Programming Notes to:
Collected by CMS as Voluntary Only: AMI-7, AMI-8, AMI-8a, PN-6

Impacts:

Clinical Trial

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Change Applicable Measure(s) to:
All AMI, SCIP, STK, VTE Measures, CAC-3, HF-2, PN-6

Change Programming Notes to:
Collected by The Joint Commission Only: CAC-3, STK-2, STK-3, STK-5, STK-10
Collected by CMS as Voluntary Only: AMI-1, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, HF-2, PN-6, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-6, SCIP-Inf-9, SCIP-Card-2, SCIP-VTE-2, STK-2, STK-3, STK-5, STK-10, VTE-4

Impacts:

Comfort Measures Only

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Change Applicable Measure(s) to:
AMI-1, AMI-3, AMI-5, HF-2, PN-6, All SUB, All TOB, STK-1, STK-2, STK-3, STK-5, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-4, VTE-6

Change Programming Notes to:
Collected by The Joint Commission Only: STK-2, STK-3, STK-5, STK-10, All SUB, All TOB
Collected by CMS as Voluntary Only: AMI-1, AMI-3, AMI-5, HF-2, PN-6, STK-2, STK-3, STK-5, STK-10, VTE-4

Impacts:

Discharge Disposition

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Change Programming Notes to:
Collected by The Joint Commission: CAC-3, STK-2, STK-3, STK-10, SUB -3, SUB-4, TOB-3, TOB-4
Collected by CMS as Voluntary Only: AMI-1, AMI-3, AMI-5, IMM-1, HF-2, STK-2, STK-3, STK-10, VTE-4

Impacts:

Elective Carotid Intervention

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Add under Programming Notes:
Collected by The Joint Commission:

Impacts:

Data Element(s)
Fibrinolytic Administration
Initial ECG Interpretation

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Change Programming Notes to:
Collected by CMS as Voluntary Only: AMI-7, AMI-8, AMI-8a

Impacts:

Fibrinolytic Administration Date
Fibrinolytic Administration Time
Reason for Delay in Fibrinolytic Therapy

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Remove under Programming Notes:
Collected by The Joint Commission Only: AMI-7

Impacts:

ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
Pneumococcal Vaccination Status

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Remove under Programming Notes:
Not Accepted by The Joint Commission: IMM-1

Impacts:

Infection Prior to Anesthesia

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Add under Programming Notes:
Collected by CMS as Voluntary Only: SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3

Impacts:

Reason for Not Administering Relievers
Reason for Not Administering Systemic Corticosteroids
Relievers Administered
Systemic Corticosteroids Administered

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Remove:
Reason for Not Administering Relievers
Reason for Not Administering Systemic Corticosteroids
Relievers Administered
Systemic Corticosteroids Administered

Impacts:

Transfer From Another Hospital or ASC

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Remove from Applicable Measure(s):
PN-6a and PN-6b

Change Programming Notes to:
Collected by CMS as Voluntary Only: AMI-7, AMI-8, AMI-8a, PN-6

Impacts:

VTE Confirmed
VTE Diagnostic Test

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Add under Programming Notes:
Collected by CMS as Voluntary Only: VTE-4

Impacts:

VTE Prophylaxis

Rationale: Measure is being collected by CMS as voluntary only. Beginning with 1/1/2015 discharge data, The Joint Commission retired the following measures: CAC-1, CAC-2, PN-6a, PN-6b, PN-3a, HF-2, HF-3, AMI-1, AMI-2, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a, AMI-10, SCIP-inf-1, SCIP-inf-2, SCIP-inf-3, SCIP-Inf-6, SCIP-inf-9, SCIP-Card-2, and SCIP-VTE-2

Description of Changes:

Add under Programming Notes:
Collected by CMS as Voluntary Only: SCIP-VTE-2

Hospital Initial Patient Population Data XML File Layout

Impacts: <measure-set>

Rationale: The Joint Commission will no longer collect HF and PN.

Description of Changes:
Add under Valid Values:
(CMS only) to HF and PN

Impacts: <stratum>

Rationale: The Joint Commission will no longer collect CAC-1 and CAC-2.

Description of Changes:
Remove:
CAC and CAC id stratification

SECTION 10 – CMS Outcome Measures (Claims Based)

Subsection 10.1 – Introduction Risk Standardized Mortality Measures

Impacts: N/A

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Mortality Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:
Introduction
Change first paragraph to:
This section of the manual includes the Measure Information Forms (MIFs) for the CMS 30-day risk-standardized mortality measures. These are administrative claims data-based measures, so there is no abstraction responsibility on the part of the hospital. The mortality measures include admissions for Medicare FFS patients 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. There is also a mortality measure that includes admissions for Medicare FFS patients aged ≥65 years discharged from non-federal acute care hospitals after having an isolated Coronary Artery Bypass Graft (CABG) surgery (i.e., a CABG surgery that does not occur concomitantly with excluded procedures and procedure groups such as aortic valve replacement). The AMI, HF and Pneumonia measures also include admissions for Veterans Health Administration (VA) beneficiaries aged ≥65 years

Change second paragraph to:
In June 2007, CMS began publicly reporting 30-day RSMRs for AMI and HF for the nation's acute care and critical access hospitals. CMS added a 30-day mortality measure for pneumonia in August 2008. In 2014, CMS publicly reported the stroke and COPD measures. These measures are posted on Hospital Compare (http://www.hospitalcompare.hhs.gov) and updated annually. In 2015, CMS plans to publicly report the CABG mortality measure.

Change third and fourth sentences in third paragraph to:
The stroke, COPD, and CABG measures were developed under a YNHHSC/CORE contract with CMS. The AMI, HF, Pneumonia and COPD measures have endorsement from the National Quality Forum; the CABG measure is currently under review for endorsement.

Impacts: Measure Information Form(s)

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Mortality Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:

Add new Measure Information Form (MIF) – refer to specifications manual for details:

MORT-30-CABG: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery

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Subsection 10.2 – Introduction Risk Standardized Readmission and Complication Measures

Impacts: N/A

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized Readmission Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:

Change page title to:
Centers for Medicare & Medicaid Services (CMS) Risk-Standardized Readmission and Complication Measures

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Impacts: N/A

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized Readmission Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:

Introduction

Change first paragraph to:
This section of the manual includes the Measure Information Forms (MIFs) for the CMS risk-standardized readmission measures and a surgical complication measure. These are administrative claims data-based measures, so there is no abstraction responsibility on the part of the hospital. The condition-specific readmission measures include admissions for patients 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), and Acute Ischemic Stroke. There are two readmission measures that include admissions patients after having procedures: 1) Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA) and 2) isolated Coronary Artery Bypass Graft (CABG) surgery (i.e., isolated CABG surgeries are those that do not occur concomitantly with excluded procedures and procedure groups such as aortic valve replacement). One readmission measure captures hospital-wide, all-cause, unplanned

readmissions (HWR) for Medicare FFS patients. Finally, the complication measure includes admissions for patients after having an Elective Primary THA/TKA surgery. All the measures include admissions for Medicare FFS aged ≥65 years discharged from non-federal short-term acute care hospitals including critical access hospitals. The AMI, HF and Pneumonia measures also include admissions for Veterans Health Administration (VA) beneficiaries aged ≥65 years. The HWR excludes cancer hospitals.

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. In 2014, CMS publicly reported the Stroke and COPD measures. CMS posts the measures on *Hospital Compare* (http://www.hospitalcompare.hhs.gov) and they are updated annually. In 2015, CMS plans to publicly report the CABG readmission measure.

Change third and fourth sentences in third paragraph to:
The HWR, THA/TKA, Stroke, COPD, and CABG measures were developed under a YNHHSC/CORE contract with CMS. The AMI, HF, Pneumonia, HWR, THA/TKA, and COPD measures have endorsement from the National Quality Forum; the CABG measure is currently under review for endorsement.

Change fifth paragraph to:
CMS calculates the risk-standardized readmission rates (RSRRs) and risk-standardized complication rates (RSCRs). Hospitals and their ORYX® Vendors do not have sufficient data to produce the hospitals' RSRRs and RSCRs. 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. CMS extracts and utilizes inpatient 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 HWR measure. Finally, the CMS inpatient data are used to determine whether a beneficiary has been readmitted within 30 days of discharge and also to determine whether a beneficiary has experienced one of the specified THA/TKA complications within 90 days of admission.

Impacts: Measure Information Form(s)

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized Readmission Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:
Add new Measure Information Form (MIF) – refer to specifications manual for details:

READM-30-CABG: Hospital 30-day, all cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery

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Subsection 10.5 – CMS Payment Measures

Impacts: N/A

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Episode-of-Care Payment Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:
Change introduction page header to:
Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Episode-of-Care Payment Measures

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Impacts: N/A

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Episode-of-Care Payment Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:
Introduction
Change first paragraph to:
This section of the manual includes the Measure Information Form (MIF) for the CMS 30-day risk-standardized Acute Myocardial Infarction (AMI), Heart Failure (HF), and Pneumonia episode-of-care payment measures. These are administrative claims data-based measures, so there is no abstraction responsibility on the part of the hospital. The measures report a hospital-level, risk-standardized payment (RSP) associated with a 30-day episode-of-care for Medicare fee-for-service (FFS) patients aged ≥ 65 who had an AMI, HF, or Pneumonia admission and met all other measure inclusion criteria.

Add new second paragraph:
In 2014, CMS began publicly reporting the AMI episode-of-care payment measure. CMS posts the measures on *Hospital Compare* (http://hospitalcompare.hhs.gov) and they are updated annually. In 2015, CMS plans to publicly report the HF and Pneumonia episode-of-care payment 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) under a contract with CMS. The measures are currently under review for endorsement by the National Quality Forum (NQF).

Change in fourth paragraph:
MIF to MIFs
FAQ to FAQs

Remove in fourth paragraph:
AMI

Change first sentence in fifth paragraph to:
CMS calculates the hospital-level, risk-standardized payment (RSP) for an episode of care for AMI, heart failure, or pneumonia.

Impacts: Measure Information Form(s)

Rationale: The Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Episode-of-Care Payment Measures section is being updated based on the IPPS Calendar Year (CY) 2014 Final Rule.

Description of Changes:
Add two new Measure Information Forms (MIFs) – refer to specifications manual for details:

PAYM-30-HF: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)

PAYM-30-PN: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Pneumonia

Subsection 10.6 – Structural Measures

Impacts: N/A

Rationale: Updates are required based on the IPPS Final Rule for Calendar Year (CY) 2015.

Description of Changes:
Inpatient Structural Measure
Remove first bullet:

- Participation in a Systematic Database for Cardiac Surgery

  Documents if the hospital reports whether or not it participates in a cardiac surgery registry

APPENDICES

Appendix C – Medication Tables

Impacts: Word and Excel

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:
Remove row in its entirety in the Index:
Table 6.3

Remove table in its entirety:
Table 6.3

Appendix D – Glossary of Terms

Impacts: N/A

Rationale: Measures being retired due to consistently high performance rates.

Description of Changes:
Remove in last sentence for **Systemic Corticosteroids**:
or Table 6.3 for a listing of CAC systemic corticosteroid medications

Appendix H – Miscellaneous Tables

Impacts:

Measure(s)
SCIP-VTE-2
STK-1
VTE-1
VTE-2

Rationale: On March 18, 2014, the FDA expanded the indications for Eliquis (apixaban) and approved the drug for DVT prophylaxis in patients who have undergone hip or knee replacement.

Description of Changes:

Change first footnote under **Table 2.1 VTE Prophylaxis Inclusion Table** to:
[1] The U.S. Food and Drug Administration has approved Eliquis (apixaban) to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation or to reduce the risk of blood clots, deep vein thrombosis (DVT) and pulmonary embolism (PE) following knee or hip replacement surgery only.