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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>1</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Using the Specifications Manual for National Hospital Inpatient Quality Measures</td>
<td>4</td>
</tr>
<tr>
<td>SECTION 1 – Data Dictionary</td>
<td>5</td>
</tr>
<tr>
<td>Introduction to Data Dictionary</td>
<td>5</td>
</tr>
<tr>
<td>Alphabetical Data Dictionary</td>
<td>6</td>
</tr>
<tr>
<td>SECTION 2 – Measurement Information</td>
<td>36</td>
</tr>
<tr>
<td>Subsection 2.1 – Acute Myocardial Infarction (AMI)</td>
<td>37</td>
</tr>
<tr>
<td>Subsection 2.2 – Severe Sepsis and Septic Shock (SEP)</td>
<td>40</td>
</tr>
<tr>
<td>Subsection 2.3 – Surgical Care Improvement Project (SCIP)</td>
<td>40</td>
</tr>
<tr>
<td>Subsection 2.5 – Children’s Asthma Care (CAC)</td>
<td>46</td>
</tr>
<tr>
<td>Subsection 2.6 – Venous Thromboembolism (VTE)</td>
<td>47</td>
</tr>
<tr>
<td>Subsection 2.7 – Stroke (STK)</td>
<td>55</td>
</tr>
<tr>
<td>Subsection 2.8 – Global Initial Patient Population (ED, IMM, TOB, SUB)</td>
<td>60</td>
</tr>
<tr>
<td>Subsection 2.9 – Emergency Department (ED)</td>
<td>60</td>
</tr>
<tr>
<td>Subsection 2.10 – Prevention</td>
<td>61</td>
</tr>
<tr>
<td>2.10.1 – Immunization (IMM)</td>
<td>61</td>
</tr>
<tr>
<td>2.10.2 – Tobacco Treatment (TOB)</td>
<td>63</td>
</tr>
<tr>
<td>2.10.3 – Substance Use (SUB)</td>
<td>66</td>
</tr>
<tr>
<td>SECTION 3 – Missing and Invalid Data</td>
<td>70</td>
</tr>
<tr>
<td>SECTION 4 – Population and Sampling Specifications</td>
<td>71</td>
</tr>
<tr>
<td>SECTION 9 – Data Transmission</td>
<td>73</td>
</tr>
<tr>
<td>Transmission Alphabetical Data Dictionary</td>
<td>78</td>
</tr>
<tr>
<td>Transmission Data Processing Flow: Clinical</td>
<td>79</td>
</tr>
<tr>
<td>Transmission Data Processing Flow: Population and Sampling</td>
<td>80</td>
</tr>
<tr>
<td>Hospital Clinical Data XML File Layout</td>
<td>80</td>
</tr>
<tr>
<td>Hospital Initial Patient Population Data XML File Layout</td>
<td>92</td>
</tr>
<tr>
<td>SECTION 10 – CMS Outcome Measures (Claims Based)</td>
<td>93</td>
</tr>
<tr>
<td>Subsection 10.1 – Introduction Risk Standardized Mortality Measures</td>
<td>93</td>
</tr>
<tr>
<td>Subsection 10.2 – Introduction Risk Standardized Readmission and Complication Measures</td>
<td>93</td>
</tr>
<tr>
<td>Subsection 10.3 – Agency for Healthcare Research and Quality (AHRQ) Measures</td>
<td>95</td>
</tr>
<tr>
<td>Subsection 10.4 – Healthcare Associated Infections (HAI) Measures</td>
<td>95</td>
</tr>
<tr>
<td>Subsection 10.5 – CMS Episode-of-Care Payment Measures</td>
<td>95</td>
</tr>
<tr>
<td>Subsection 10.6 – Structural Measures</td>
<td>95</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>96</td>
</tr>
<tr>
<td>Appendix A – ICD-10 Code Tables</td>
<td>96</td>
</tr>
<tr>
<td>Appendix C – Medication Tables</td>
<td>97</td>
</tr>
<tr>
<td>Appendix D – Glossary of Terms</td>
<td>100</td>
</tr>
<tr>
<td>Appendix E – Overview of Measure Information Form and Flowchart Formats</td>
<td>103</td>
</tr>
<tr>
<td>Appendix F – Measure Name Crosswalk</td>
<td>103</td>
</tr>
<tr>
<td>Appendix G – Resources</td>
<td>105</td>
</tr>
<tr>
<td>Appendix H – Miscellaneous Tables</td>
<td>106</td>
</tr>
<tr>
<td>Appendix P – Preview Section</td>
<td>107</td>
</tr>
</tbody>
</table>

Specifications Manual for Hospital Inpatient Quality Measures
Discharges 10-1-15 (4Q15) through 06-30-16 (2Q16)
The content below is organized to follow the Table of Contents in the specifications manual.

### Table of Contents

**Impacts:**
Section 2 Measure Information

**Rationale:** These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**
Section 2 Measure Information

#### 2.1 Acute Myocardial Infarction (AMI)
Measure Information Form (MIF) and Flowchart (algorithm)
**Remove:**
AMI-1, AMI-3, AMI-5, AMI-7, AMI-8, AMI-8a

Remove entire section:
2.2 Heart Failure (HF)
2.3 Pneumonia (PN)

**Surgical Care Improvement Project (SCIP)**
Change subsection title from:

#### 2.4 Surgical Care Improvement Project (SCIP)
To

#### 2.3 Surgical Care Improvement Project (SCIP)

Measure Information Form (MIF) and Flowchart (Algorithm)
SCIP Infection Module
**Remove:**
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-6, SCIP-Inf-9
SCIP Cardiac Module
SCIP-Card-2
SCIP VTE Module
SCIP-VTE-2

**Children’s Asthma Care (CAC)**
Change subsection title from:

#### 2.6 Children’s Asthma Care (CAC)
To

#### 2.5 Children’s Asthma Care (CAC)

**Venous Thromboembolism (VTE)**
Change subsection title from:

#### 2.7 Venous Thromboembolism (VTE)
To

#### 2.6 Venous Thromboembolism (VTE)

Measure Information Form (MIF) and Flowchart (Algorithm)
**Remove:**
VTE-4
Stroke (STK)
Change subsection title from:
2.8 Stroke (STK)
To
2.7 Stroke (STK)

Global Initial Patient Population
Change subsection title from:
2.9 Global Initial Patient Population (ED, IMM, TOB, SUB)
To
2.8 Global Initial Patient Population (ED, IMM, TOB, SUB)

Emergency Department (ED)
Change subsection title from:
2.10 Emergency Department (ED)
To
2.9 Emergency Department (ED)

Prevention
Change subsection title from:
Section 2.11 Prevention
2.11.1 Immunization (IMM)
2.11.2 Tobacco Treatment (TOB)
2.11.3 Substance Use (SUB)
To
Section 2.10 Prevention
2.10.1 Immunization (IMM)
2.10.2 Tobacco Treatment (TOB)
2.10.3 Substance Use (SUB)

Appendices
Remove under “A.1”:
HF, PN

Impacts:
Section 2 Measure Information

Rationale: A new measure set is being added to align with CY 2015 IPPS Final Rule.

Description of Changes:
Add:
2.2 Severe Sepsis and Septic Shock (SEP)
   Sepsis National Hospital Inpatient Quality Measures
   SEP Data Element List
   SEP Initial Patient Population
   SEP Initial Patient Population Algorithm
   SEP Sample Size Requirements
   Measure Information Form (MIF) and Flowchart (Algorithm)
   SEP-1
Impacts:
Appendices

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

- **Change:**
  - ICD-9-CM Code Tables
  - To
  - ICD-10 Code Tables

**Impacts:**
Appendices

**Rationale:** A new measure set is being added to align with CY 2015 IPPS Final Rule.

**Description of Changes:**

A.1 ICD-10 Code Tables

**Add:**

SEP

---

**Acknowledgement**

No updates in the Acknowledgement section.

---

**Introduction**

**Impacts:**
Priority Focus Process
Strategic Surveillance System (S3™)

**Rationale:** Remove references to processes no longer used.

**Description of Changes:**

- **Remove** following sections:
  - Priority Focus Process
  
  The Priority Focus Process (PFP) is a data-driven tool that helps focus survey activity on issues most relevant to patient safety and quality of care at the specific health care organization being surveyed. The survey is directed by a PFP that aggregates organization-specific information through an automated, rules-based tool. Input information includes ORYX® measure data, previous recommendations, demographic data related to clinical service groups and diagnostic-related groups, complaints, sentinel event information, and MedPar data. The process identifies systems and processes that are relevant to patient safety and healthcare quality.

- **Strategic Surveillance System (S3™)**

  The Strategic Surveillance System is a benefit provided to hospitals accredited by the Joint Commission. S3™ is a tool that provides a series of risk assessment and comparative performance measure reports to help hospitals improve their care processes. Specifically S3™ uses data the Joint Commission currently has, which includes past survey findings, ORYX® core measure data, data from the Office of Quality Monitoring (complaints and non-self-reported sentinel events), data from an organization’s electronic application and MedPAR data.
Using the Specifications Manual for National Hospital Inpatient Quality Measures

**Impacts:** N/A

**Rationale:** These changes are needed to revise outdated language.

**Description of Changes:**

**Change** throughout document:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

**Impacts:** N/A

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Appendix A – ICD-9-CM Code Tables**

**Change** sub-header from:
Appendix A – ICD-9-CM Code Tables
To
Appendix A – ICD-10 Code Tables

**Change** in first sentence in paragraph:
ICD-9-CM diagnosis and procedure
To
ICD-10-CM diagnosis and ICD-10-PCS procedure

**Change** in second sentence in paragraph:
ICD-9-CM code tables
To
ICD-10 code tables

**Change** in fifth sentence in paragraph:
ICD-9-CM codes
To
ICD-10 codes
SECTION 1 – Data Dictionary

Introduction to Data Dictionary

Impacts: N/A

Rationale: Changes related to the conversion of ICD-9 to ICD-10 and removal of measures and/or data elements.

Description of Changes:

Introduction

Change:
- ICD-9-CM Other Diagnosis Codes
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Other Procedure Dates
- ICD-9-CM Principal Diagnosis Code
- ICD-9-CM Principal Procedure Code
- ICD-9-CM Principal Procedure Date

To
- ICD-10-CM Other Diagnosis Codes
- ICD-10-PCS Other Procedure Codes
- ICD-10-PCS Other Procedure Dates
- ICD-10-CM Principal Diagnosis Code
- ICD-10-PCS Principal Procedure Code
- ICD-10-PCS Principal Procedure Date

Missing and Invalid Data

Change:
- QIO Clinical Warehouse
  To
- CMS Clinical Warehouse

Interpretation of Data Dictionary Terms

Change in third bullet:
- Infection Prior to Anesthesia
  To
- ED Departure Date

SCIP measures
To
ED measures

Medical Record Documentation

Change in fifth paragraph, first bullet under ‘Examples’:
- Antibiotic Administration Time
  To
- ED Departure Time

Change in fifth paragraph, second bullet under ‘Examples’:
- Antibiotic Administration Date
  To
- ICU Admission or Transfer Date
Alphabetical Data Dictionary

Impacts:
Index

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove in their entirety:
ACEI Prescribed at Discharge
Anesthesia End Date
Anesthesia End Time
Anesthesia Start Time
Another Source of Infection
Antibiotic Administration Date
Antibiotic Administration Route
Antibiotic Administration Time
Antibiotic Allergy
Antibiotic Name
Antibiotic Received
ARB Prescribed at Discharge
Aspirin Received Within 24 Hours Before or After Hospital Arrival
Beta-Blocker Current Medication
Beta-Blocker During Pregnancy
Beta-Blocker Perioperative
Beta-Blocker Prescribed at Discharge
Catheter Removed
Chest X-Ray
First PCI Date
First PCI Time
LVF Assessment
LVSD
Monitoring Documentation
Non-Primary PCI
Oral Antibiotics
Other Surgeries
Perioperative Death
Pneumonia Diagnosis: ED/Direct Admit
Preadmission Oral Anticoagulation Therapy
Preoperative Hair Removal
Pseudomonas Risk
Reason for Alternative Empiric Antibiotic Therapy
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
Reason for Not Administering Beta-Blocker Perioperative
Reason for Not Administering VTE Prophylaxis
Reasons for Continuing Urinary Catheterization
Reasons to Extend Antibiotics
Surgical Incision Date
Surgical Incision Time
UFH Therapy Administration
Urinary Catheter
Vancomycin
VTE Timely

Anesthesia Start Date
Remove under ‘Collected For’ column:
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-6, SCIP-Inf-9, SCIP-Card-2, SCIP-VTE-2

Arrival Date
Remove under ‘Collected For’ column:
AMI-1, AMI-7, AMI-8, AMI-8a, PN-6

Arrival Time
Remove under ‘Collected For’ column:
AMI-7, AMI-8, AMI-8a, PN-6

Clinical Trial
Change ‘Collected For’ column to:
AMI-7a, CAC-3, SCIP-Inf-4, All STK Measures, VTE-1, VTE-2, VTE-3, VTE-5, VTE-6

Comfort Measures Only
Remove under ‘Collected For’ column:
AMI-1, AMI-3, AMI-5, HF-2, PN-6, VTE-4

Discharge Disposition
Remove under ‘Collected For’ column:
AMI-1, AMI-3, AMI-5, HF-2, VTE-4

Fibrinolytic Administration
Initial ECG Interpretation
Remove under ‘Collected For’ column:
AMI-7, AMI-8, AMI-8a

Fibrinolytic Administration Date
Fibrinolytic Administration Time
Reason for Delay in Fibrinolytic Therapy
Remove under ‘Collected For’ column:
AMI-7

ICU Admission or Transfer
Remove under ‘Collected For’ column:
PN-6

Infection Prior to Anesthesia
Remove under ‘Collected For’ column:
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3


VTE Confirmed

VTE Diagnostic Test

Remove under ‘Collected For’ column: VTE-4

VTE Prophylaxis

Remove under ‘Collected For’ column: SCIP-VTE-2

Impacts:

Index

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:

Change ICD-9-CM Other Diagnosis Codes to:
ICD-10-CM Other Diagnosis Codes

Change ICD-9-CM Other Procedure Codes to:
ICD-10-PCS Other Procedure Codes

Change ICD-9-CM Other Procedure Dates to:
ICD-10-PCS Other Procedure Dates

Change ICD-9-CM Principal Diagnosis Code to:
ICD-10-CM Principal Diagnosis Code

Change ICD-9-CM Principal Procedure Code to:
ICD-10-PCS Principal Procedure Code

Change ICD-9-CM Principal Procedure Date to:
ICD-10-PCS Principal Procedure Date

Impacts:

Index

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:

Measurement Value

Remove under ‘Collected For’ column:
AMI-7, AMI-8

Impacts:

New Data Elements

Rationale: A new measure set is being added to align with CY 2015 IPPS Final Rule.

Description of Changes:

Add new data element names to ‘Index’ and data element pages:
Administrative Contraindication to Care
Bedside Cardiovascular Ultrasound Date
Bedside Cardiovascular Ultrasound Performed
Bedside Cardiovascular Ultrasound Time
Blood Culture Collection
Blood Culture Collection Date
Blood Culture Collection Time
Broad Spectrum or Other Antibiotic Administration
Broad Spectrum or Other Antibiotic Administration Date
Broad Spectrum or Other Antibiotic Administration Selection
Broad Spectrum or Other Antibiotic Administration Time
Capillary Refill Examination Date
Capillary Refill Examination Performed
Capillary Refill Examination Time
Cardiopulmonary Evaluation Date
Cardiopulmonary Evaluation Performed
Cardiopulmonary Evaluation Time
Central Venous Oxygen Measurement
Central Venous Oxygen Measurement Date
Central Venous Oxygen Measurement Time
Central Venous Pressure Measurement
Central Venous Pressure Measurement Date
Central Venous Pressure Measurement Time
Crystalloid Fluid Administration
Crystalloid Fluid Administration Date
Crystalloid Fluid Administration Time
Directive for Comfort Care, Septic Shock
Directive for Comfort Care, Severe Sepsis
Discharge Time
Fluid Challenge Date
Fluid Challenge Performed
Fluid Challenge Time
Hypotension
Initial Lactate Level Collection
Initial Lactate Level Date
Initial Lactate Level Result
Initial Lactate Level Time
Passive Leg Raise Exam Date
Passive Leg Raise Exam Performed
Passive Leg Raise Exam Time
Peripheral Pulse Evaluation Date
Peripheral Pulse Evaluation Performed
Peripheral Pulse Evaluation Time
Repeat Lactate Level Collection
Repeat Lactate Level Date
Repeat Lactate Level Time
Septic Shock Present
Septic Shock Presentation Date
Septic Shock Presentation Time
Severe Sepsis Present
Severe Sepsis Presentation Date
Severe Sepsis Presentation Time
Skin Examination Date
Skin Examination Performed
Skin Examination Time
Vasopressor Administration
Vasopressor Administration Date
Vasopressor Administration Time
Vital Signs Review Date
Vital Signs Review Performed
Vital Signs Review Time

**Impacts:**
Alcohol or Drug Disorder

**Rationale:** The data element is duplicative of Tables 13.2 and 13.3 which are already used to identify patients with alcohol or drug disorders via ICD-9-CM diagnosis codes. Removal of this data element will greatly reduce the burden of data abstraction.

**Description of Changes:**
Index
**Remove** row:
Alcohol or Drug Disorder

Data Elements
**Remove** in its entirety:
Alcohol or Drug Disorder

---

**Impacts:**
Alcohol or Drug Use Status Post Discharge - Counseling
Alcohol or Drug Use Status Post Discharge - Medication
Alcohol Use Status Post Discharge - Quit Status
Drug Use Status Post Discharge - Quit Status

**Rationale:** The Joint Commission SUB and TOB Technical Advisory Panels have recommended that SUB-4 and TOB-4 be inactivated due to burden of data abstraction. In addition, there are no future plans to adopt these measures by CMS for the IQR program.

**Description of Changes:**
Collected For
**Change** to:
The Joint Commission: SUB-4 data collection suspended

---

**Impacts:**
Alcohol Use Status

**Rationale:** Allowable values have been updated to include high risk patients. The list of single item screeners was updated based on current evidence and clarifications have been added throughout the notes for abstraction to better reflect the intent of the data element.

**Description of Changes:**
Definition
**Change** in first sentence the word “unhealthy” to bold font
Allowable Values

Change “2” from:
2  The patient was screened with a validated tool within the first three days of admission and
the score on the alcohol screen indicates unhealthy alcohol use (moderate risk) benefiting
from brief intervention.

To
2  The patient was screened with a validated tool within the first three days of admission and
the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk)
benefiting from brief intervention.

Change “4” from:
4  The patient was screened with a non-validated tool within the first three days of admission
and the score on the alcohol screen indicates unhealthy alcohol use (moderate risk)
benefiting from brief intervention.

To
4  The patient was screened with a non-validated tool within the first three days of admission
and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk)
benefiting from brief intervention.

Notes for Abstraction

Change first bullet to:
•  If patient has a blood alcohol test with a result of .08 or greater or the clinician
documents the patient was acutely intoxicated per blood alcohol test results select
Value “2.”

Change second bullet to:
•  Screening may be done with a Single-item Validated Questionnaire (SASQ) in order to
identify those patients with no risk or low risk or who do not drink. Further screening
should be done with a validated tool for those patients with a positive result to determine
if there is need for a brief intervention.

Examples of SASQs include:
  o  “On any single occasion during the past 3 months, have you had more than 5
drinks containing alcohol?” (Yes response is considered positive.)
  o  "When was the last time you had more than X drinks in 1 day?” (X = 4 for women
and 5 for men) (Within the last 3 months is considered positive.)
  o  “How many times in the past year have you had X or more drinks in a day?” (X =
5 men and 4 women) (Response of >1 is considered positive.)
  o  How often have you had 6 or more drinks on one occasion in the past year?
(Ever in the past year considered positive.)
  o  How often do you have X or more drinks on one occasion? (X = 4 for women and
5 for men) (Ever in the past year considered positive.)

Remove under seventh bullet:
Examples of cognitive impairment include:
  o  Altered Level of Consciousness (LOC)
  o  Altered Mental Status
  o  Cognitive impairment
  o  Cognitively impaired
  o  Confused
Add new eighth and ninth bullet:

- If there is documentation that the patient was psychotic with documented symptoms e.g., hallucinating, non-communicative, catatonic, etc. which prevented them from answering questions reliably, they would be considered cognitively impaired.

- If there is documentation that the patient is not a reliable historian, a relative or guardian if available, may answer the screening questions on behalf of the patient.

Examples of cognitive impairment include:
- Altered Level of Consciousness (LOC)
- Altered Mental Status
- Cognitive impairment
- Cognitively impaired
- Confused
- Memory loss
- Mentally retarded
- Obtunded

Inclusion Guidelines for Abstraction

Change sentence to:

Validated Screening Tools for Unhealthy Alcohol Use: This list is not ALL Inclusive.

Exclusion Guidelines for Abstraction

Change to:

Any tool which specifically screens for alcohol use disorder, alcohol dependency or alcohol abuse. Examples include, but are not limited to:

- CAGE
- SASSI
- S2BI

Impacts:

Alcohol Use Status

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:

Collected For

Remove:

CMS Informational Only: All SUB Measures
Impacts:
Anesthesia Start Date

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘Collected For’:
CMS Voluntary Only: SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-6, SCIP-Inf-9, SCIP-Card-2, SCIP-VTE-2

Impacts:
Anesthesia Start Date
Clinical Trial
Glucose
Infection Prior to Anesthesia

Rationale: The Centers for Medicare & Medicaid Services (CMS) and The Joint Commission made the decision to suspend SCIP-Inf-4 beginning with discharges effective July 1, 2014.

Description of Changes:
Change under ‘Collected For’:
SCIP-Inf-4
To
SCIP-Inf-4 suspended

Impacts:
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: The Centers for Medicare & Medicaid Services (CMS) will retain STK-5 as an electronic clinical quality measure, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: STK-5

Impacts:
Anticoagulation Therapy Prescribed at Discharge
Atrial Fibrillation/Flutter
Reason for Not Prescribing Anticoagulation Therapy at Discharge

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-3 as an electronic clinical quality measure, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: STK-3
Impacts:

Antithrombotic Therapy Prescribed at Discharge

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-2, as electronic clinical quality measures, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: STK-2

Impacts:

Arrival Date

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-5 measure as an electronic clinical quality measure, as stated in the CY 2015 IPPS Final Rule. The STK-5 measure will now be collected for The Joint Commission Only.

Description of Changes:
Collected For
Remove under ‘CMS Voluntary Only’:
STK-5

Impacts:

Arrival Date
Arrival Time

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:  
CMS Voluntary Only: AMI-1, AMI-7, AMI-8, AMI-8a, PN-6

Impacts:

Assessed for Rehabilitation Services

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-10 as an electronic clinical quality measure, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: STK-10

Impacts:

Atrial Fibrillation/Flutter

Rationale: The change provides clarification for cases discharged from the hospital with telemetry monitoring.
Description of Changes:
Notes for Abstraction
Add new fifth bullet:
• If there is documentation to monitor the patient for atrial fibrillation/flutter after discharge and no other documentation of a confirmed diagnosis or history of atrial fibrillation/flutter in the medical record, select “No.”
Example:
   Possible cardioembolic origin. Telemetry monitoring for 30 days to exclude PAF.

Impacts:
Brief Intervention

Rationale: Additional notes for abstraction were added to clarify the use of a trained peer support person to perform the intervention.

Description of Changes:
Definition
Change first sentence to:
A single interaction conducted by a qualified healthcare professional or trained peer support person with the patient, following a positive screening result for unhealthy alcohol use or alcohol use disorder (abuse or dependence).

Notes for Abstraction
Add new second bullet:
A peer support person who has received specialized training in brief intervention may perform the brief intervention in lieu of a qualified healthcare professional.

Impacts:
Brief Intervention

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Collected For
Remove:
CMS Informational Only: SUB-2

Impacts:
Clinical Trial

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-2, STK-3, STK-5, and STK-10 as electronic clinical quality measures, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove under ‘CMS Voluntary Only’:
STK-2, STK-3, STK-5, STK-10
Impacts:
Clinical Trial

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS 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, VTE-4

Definition
Remove:
HF, PN

Allowable Values
Remove in 'Yes' and in 'No':
HF, PN

Notes for Abstraction
Remove under first bullet in '2':
HF, PN

Remove:
HF:
Only capture patients enrolled in clinical trials studying patients with heart failure (HF).

PN:
Only capture patients enrolled in clinical trials studying patients with pneumonia.

Impacts:
Comfort Measures Only

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘CMS Voluntary Only’:
AMI-1, AMI-3, AMI-5, HF-2, PN-6, VTE-4

Impacts:
Comfort Measures Only

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Collected For
Remove:
CMS Informational Only: All SUB Measures, All TOB Measures
Impacts:

Comfort Measures Only

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-2, STK-3, STK-5, and STK-10 as electronic clinical quality measures, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: STK-2, STK-3, STK-5, STK-10

Impacts:

Discharge Disposition

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘CMS Voluntary Only’:
AMI-1, AMI-3, AMI-5, HF-2, VTE-4

Impacts:

Discharge Disposition

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-2, STK-3, and STK-10 as electronic clinical quality measures, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘CMS Voluntary Only’:
STK-2, STK-3, STK-10

Impacts:

Discharge Disposition

Rationale: The Joint Commission SUB and TOB Technical Advisory Panels have recommended that SUB-4 and TOB-4 be inactivated due to burden of data abstraction. In addition, there are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Collected For
Change ‘SUB-4’ under “The Joint Commission Only” to:
SUB-4 data collection suspended

Change ‘TOB-4’ under “The Joint Commission Only” to:
TOB-4 data collection suspended

Remove:
CMS Informational Only: SUB-3, SUB-4, TOB-3, TOB-4

Impacts:

Discharge Disposition
Transfer From Another Hospital or ASC

Rationale: A new measure set is being added to align with CY 2015 IPPS Final Rule.
Description of Changes:
Index and Data Elements
Add under “Collected For”:
CMS Only: SEP-1

Impacts:
Elective Carotid Intervention
Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-2, STK-3, STK-5, and STK-10 as electronic clinical quality measures, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘Collected For’:
CMS Voluntary Only: STK-2, STK-3, STK-5, STK-10

Impacts:
Elective Carotid Intervention
Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Inclusion Guidelines for Abstraction
Change in paragraph:
ICD-9-CM
To
ICD-10-PCS

Exclusion Guidelines for Abstraction
Change in paragraph:
ICD-9-CM
To
ICD-10-PCS

Impacts:
Fibrinolytic Administration
Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: AMI-7, AMI-8, AMI-8a

Impacts:
Fibrinolytic Administration Date
Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.
Description of Changes:
Collected For
Remove:
CMS Voluntary Only: AMI-7

Impacts:
Fibrinolytic Administration Time

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: AMI-7

Impacts:
Follow-Up Contact
Follow-Up Contact Date

Rationale: The Joint Commission SUB and TOB Technical Advisory Panels have recommended that SUB-4 and TOB-4 be inactivated due to burden of data abstraction. In addition, there are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Collected For
Change under “The Joint Commission Only” to:
SUB-4 data collection suspended, TOB-4 data collection suspended

Remove:
CMS Informational Only: SUB-4, TOB-4

Impacts:
Glucose

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Allowable Values
Change in fifth bullet in ‘5’:
ICD-9-CM
To
ICD-10-PCS

Impacts:
ICD-9-CM Other Diagnosis Codes

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.
**Description of Changes:**

**Change** data element name from:

*ICD-9-CM Other Diagnosis Codes*

To

*ICD-10-CM Other Diagnosis Codes*

**Definition**

**Change:**

*ICD-9-CM*

To

*ICD-10-CM*

**Suggested Data Collection Question**

**Change:**

*ICD-9-CM*

To

*ICD-10-CM*

**Format:**

**Change** to:

- **Length:** 3 - 7 (without decimal point or dot)
- **Type:** Character (upper or lower case)
- **Occurs:** 24

**Allowable Values:**

**Change** to:

Any valid diagnosis code as per the CMS ICD-10-CM master code table (2015 Code Descriptions in Tabular Order):


**Impacts:**

*ICD-9-CM Other Procedure Codes*

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Change** data element name from:

*ICD-9-CM Other Procedure Codes*

To

*ICD-10-PCS Other Procedure Codes*

**Definition**

**Change:**

*ICD-9-CM*

To

*ICD-10-PCS*

**Suggested Data Collection Question**

**Change:**

*ICD-9-CM*

To

*ICD-10-PCS*
Format:
**Change** to:
- **Length:** 3 - 7 (without decimal point or dot)
- **Type:** Character (upper or lower case)
- **Occurs:** 24

**Allowable Values:**
**Change** to:
Any valid procedure code as per the CMS ICD-10-PCS master code table (2015 PCS Long and Abbreviated Titles):

**Impacts:**
*ICD-9-CM Other Procedure Dates*

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**
**Change** data element name from:
*ICD-9-CM Other Procedure Dates*
To
*ICD-10-PCS Other Procedure Dates*

**Notes for Abstraction**
**Change** under second bullet:
*ICD-9-CM*
To
*ICD-10-PCS*

**Change** in ‘Note’, first sentence:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

**Change** in ‘Note’, second sentence:
*ICD-9-CM*
To
*ICD-10-PCS*

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

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**
**Change** data element name from:
*ICD-9-CM Principal Diagnosis Code*
To
*ICD-10-CM Principal Diagnosis Code*
Definition

Change:
ICD-9-CM
To
ICD-10-CM

Suggested Data Collection Question

Change:
ICD-9-CM
To
ICD-10-CM

Format

Change to:

- **Length:** 3 - 7 (without decimal point or dot)
- **Type:** Character (upper or lower case)
- **Occurs:** 1

Allowable Values

Change to:
Any valid diagnosis code as per the CMS ICD-10-CM master code table (2015 Code Descriptions in Tabular Order):

Impacts:

*ICD-9-CM Principal Procedure Code*

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:

Change data element name from:
*ICD-9-CM Principal Procedure Code*
To
*ICD-10-PCS Principal Procedure Code*

Suggested Data Collection Question

Change:
ICD-9-CM
To
ICD-10-PCS

Format

Change to:

- **Length:** 3 - 7 (without decimal point or dot)
- **Type:** Character (upper or lower case)
- **Occurs:** 1

Allowable Values

Change to:
Any valid procedure code as per the CMS ICD-10-PCS master code table (2015 PCS Long and Abbreviated Titles):
Impacts:  
*ICD-9-CM Principal Procedure Date*

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Change** throughout, data element name from:

*ICD-9-CM Principal Procedure Date*

To

*ICD-10-PCS Principal Procedure Date*

**Notes for Abstraction**

**Change** in ‘Note’, first sentence:

QIO Clinical Warehouse

To

CMS Clinical Warehouse

**Change** in ‘Note’, second sentence:

*ICD-9-CM*

To

*ICD-10-PCS*

---

**Impacts:**

*ICU Admission or Transfer*

**Rationale:** These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**

**Allowable Values**

**Remove** in ‘1 (Yes)’, ‘2 (No)’, and ‘3 (UTD)’:

(at this hospital within the first 24 hours following arrival at this hospital for PN).

---

**Impacts:**

*ICU Admission or Transfer*

**Rationale:** Additional acceptable data sources were added to assist the field in abstraction.

**Description of Changes:**

Collected For

**Remove:**

**CMS Voluntary Only:** PN-6

**Notes for Abstraction**

**Add** new first and second bullets:

- In order to select Value “1” for this data element there must be a Physician/APN/PA order for admission or transfer to an ICU. Documentation of ICU admit or transfer can be found in the physician orders or in the secondary data sources.

- When the physician orders do not have a clear admission or transfer to the ICU, additional information listed in the secondary data sources, such as protocol to transfer to ICU, can be used to support the order to admit or transfer to the ICU.
Example:
Patient has a code blue on medical floor. The code blue sheet notes transfer from medical bed to ICU bed when stabilized. The code blue sheet is signed and dated. Hospital protocol indicates that all code blue patients are transferred to ICU. Select “Yes.”

Add new seventh and eighth bullets:
- For patients who are admitted to Observation status and then transferred to full admission to ICU, a physician order must be present to select “Yes.”
  Example:
  Medical record documentation reflects that the patient was admitted to observation on 04-05-20xx. On 04-06-20xx the physician writes an order to admit to ICU. Select “Yes.”
- The patient was admitted or transferred with a physician/APN/PA order to the ICU anytime during this hospitalization regardless of the patient location select Value “1”.

Remove PN and VTE sections:
PN:
The patient was admitted or transferred to the intensive care unit (ICU) at this hospital within the first 24 hours following arrival at this hospital.
- In order to select value “1” (yes) for this data element there must be a physician order for admission or transfer to an ICU AND documentation that the patient was transferred or admitted to the ICU within 24 hours following hospital arrival.
- The 24-hour timeframe relates to the time from hospital arrival to arrival in the ICU unit, not the time of the physician order to admit or transfer to the ICU.
- If documentation reflects ICU graphic sheets or ICU nursing notes and there is no physician order for ICU, select value “2” (No).
- If other pneumonia related reasons for transfer or admission, such as septic shock, respiratory distress or failure, hypotension, tachypnea, hypoxemia or the need for a ventilator are documented, select value “1.”
- If the patient was transferred or admitted to the ICU at this hospital within the first 24 hours after arrival to the hospital for reasons other than complications due to pneumonia, select value “2” to this question (i.e., a patient presents to the ED with pneumonia and shortly after arrival has a GI bleed or cardiac arrhythmia or the ICU may be the only place with monitored beds).
- If there is no other documented reason why the patient was transferred/admitted to the ICU at this hospital, assume it was for complications due to pneumonia.

VTE:
- The patient was admitted or transferred to the ICU anytime during this hospitalization regardless of the patient location select value “1” (yes).

Suggested Data Sources
Change to:
Priority Data Source (required)
Physician/APN/PA orders
Add:

**Secondary Data Sources** for the Physician/APN/PA order:
- Ambulance record
- Code Blue/RRT Sheet
- Emergency Department record
- Helicopter record
- Order to transfer
- Protocol to transfer to ICU

Remove:

**PN ONLY**

Suggested data sources to support admission or transfer to ICU
- Emergency Department record
- ICU Nursing admission assessment
- ICU Nursing notes

Impacts:

*ICU Admission or Transfer Date*

Rationale: Additional acceptable data sources were added to assist the field in abstraction.

Description of Changes:

**Notes for Abstraction**

Change to:
- The intent of this data element is to determine the date that the patient was actually admitted to ICU. In order to find the ICU admission date for this data element, there must be a Physician/APN/PA order for ICU admission or transfer to an ICU.
- Documentation of the date a patient was admitted or transferred to the ICU can be found in the physician orders in the secondary data sources.
- When the physician orders for ICU admission or transfer date are not clear, documentation in the secondary data sources, such as the date of a protocol to transfer to ICU, can be used.

Example:

Patient has a code blue on the medical floor. The code blue sheet is signed and dated 1/1/XX, and notes the patient is transferred from medical bed to ICU bed. Hospital protocol indicates that all code blue patients are transferred to ICU, use the date noted on the code blue sheet.

- For patients who are admitted to Observation status and subsequently admitted to ICU, abstract the date the order was written to admit to ICU. Do not abstract the date that the patient was admitted to Observation.

Example:

Medical record documentation reflects that the patient was admitted to observation on 04-05-20xx. On 04-06-20xx the physician writes an order to admit to ICU. The *ICU Admission or Transfer Date* would be abstracted as 04-06-20xx; the date the determination was made to admit to acute inpatient care and the order was written.

- If a patient has more than one admission to the ICU for more than one day, subsequent transfers back to an ICU during the same hospitalization will NOT be abstracted.
• If a patient is admitted to ICU on 10/19/xx and discharged to a medical floor on 10/20/xx, that is equal to one day, regardless of the number of hours. More than a day in ICU is when a patient is admitted to ICU on 10/19/xx and discharged on 10/21/xx, regardless of the number of hours.

• Abstract the date that the admission/transfer was ordered regardless of whether the patient is physically placed into the ICU on the same date.

• The medical record must be abstracted as documented (taken at “face value”). When the date documented is obviously in error (not a valid date/format) and no other documentation is found that provides this information, the abstractor should select “UTD.”

Example:

Documentation indicates the ICU Admission or Transfer Date was 03-42-20xx. No other physician order in the medical record provides a valid date. Since the ICU Admission or Transfer Date is outside of the range listed in the Allowable Values for “Day,” it is not a valid date and the abstractor should select “UTD.”

Note: Transmission of a case with an invalid date as described above will be rejected from the CMS Clinical Warehouse and the Joint Commission’s Data Warehouse. Use of “UTD” allows the case to be accepted into the warehouses.

Suggested Data Sources

Change to:

Primary Data Source:
Physician/APN/PA orders

Secondary Data Source to support Admission or Transfer Date

• Admit Discharge Transfer (ADT) record
• Ambulance record
• Code Blue/ RRT Sheet
• Emergency Department record
• Helicopter record
• Medication Reconciliation
• Nursing admission assessment/admitting note
• Observation record
• Order to transfer
• Physician H& P
• Physician Progress Notes
• Protocol to transfer to ICU

Impacts:
Infection Prior to Anesthesia

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘Collected For’:
CMS Voluntary Only: SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3
Impacts:
*Initial ECG Interpretation*

**Rationale:** These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**
**Collected For**
**Remove**
**CMS Voluntary Only:** AMI-7, AMI-8, AMI-8a

---

Impacts:
*LDL-c Greater Than or Equal to 100 mg/dL*
*LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival*
*Pre-Arrival Lipid-Lowering Agent*

**Rationale:** This change is to update measure information to align with 2013 guideline recommendations on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease in adults.

**Description of Changes:**
**Remove** in Index and Data Dictionary in their entirety:
*LDL-c Greater Than or Equal to 100 mg/dL*
*LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival*
*Pre-Arrival Lipid-Lowering Agent*

---

Impacts:
*Measurement Value*

**Rationale:** These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**
**Remove** under ‘Collected For’:
AMI-7, AMI-8

---

Impacts:
*Prescription for Alcohol or Drug Disorder Medication*
*Referral for Addictions Treatment*

**Rationale:** There are no future plans to adopt these measures by CMS for the IQR program.

**Description of Changes:**
**Collected For**
**Remove**
**CMS Informational Only:** SUB-3

---

Impacts:
*Prescription for Tobacco Cessation Medication*
*Referral for Outpatient Tobacco Cessation Counseling*

**Rationale:** The Joint Commission SUB and TOB Technical Advisory Panels have recommended that SUB-4 and TOB-4 be inactivated due to burden of data abstraction. In addition, there are no future plans to adopt these measures by CMS for the IQR program.
Description of Changes:
Collected For
Change 'TOB-4' under “The Joint Commission Only” to:
TOB-4 data collection suspended

Remove:
CMS Informational Only: TOB-3, TOB-4

Impacts:
Reason for Delay in Fibrinolytic Therapy

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under 'Collected For':
CMS Voluntary Only: AMI-7

Impacts:
Reason for Discontinuation of Parenteral Anticoagulation Therapy

Rationale: This change is to correct the measure so that the FDA approval of Pradaxa for VTE treatment can pass the measure. IVC Filter is not an acceptable reason for the discontinuation of the parenteral therapy.

Description of Changes:
Inclusion Guidelines for Abstraction
Change bullets to:
• Administration of Oral Factor Xa Inhibitors
  o Xarelto or rivaroxaban
  o Eliquis or apixaban
• Administration of Direct Thrombin Inhibitor
  o Pradaxa or dabigatran
• Documentation of active bleeding
• Documentation of a plan for surgery
• Documentation of a plan for blood transfusion
• Documentation that patient is not a candidate for anticoagulation therapy
• Documentation of thrombocytopenia

Refer to Appendix H, Table 2.3 VTE Parenteral Therapy Table and Appendix C, Table 1.4 Warfarin Therapy.

Exclusion Guidelines for Abstraction
Add new bullet:
• IVC filter is not an acceptable reason for discontinuing parenteral therapy prior to five days of treatment unless physician/APN/PA indicates a reason.

Impacts:
Reason for No Administration of VTE Prophylaxis

Rationale: This change is to correct the measure so that the FDA approval of Pradaxa for VTE treatment can pass the measure.
Description of Changes:
Notes for Abstraction

EXCEPTIONS
Add new bullet:
• For patients receiving anticoagulant therapy other than warfarin for atrial fibrillation or other conditions the day of or the day after hospital admission, select “Yes.”

Inclusion Guidelines for Abstraction
Add:
Refer to Appendix H, Table 2.7 Anticoagulation Therapy for Atrial Fibrillation and Other Conditions.

Impacts:
Reason for No Overlap Therapy

Rationale: This change is to correct the measure so that the FDA approval of Pradaxa for VTE treatment can pass the measure.

Description of Changes:
Inclusion Guidelines for Abstraction
Change bullets to:
• Administration of Oral Factor Xa Inhibitors
  o Xarelto or rivaroxaban
  o Eliquis or apixaban
• Administration of Direct Thrombin Inhibitor
  o Pradaxa or dabigatran
• Documentation of active bleeding
• Documentation of a plan for surgery
• Documentation of a plan for blood transfusion
• Documentation that patient is not a candidate for anticoagulation therapy

Impacts:
Reason for No Tobacco Cessation Medication at Discharge

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Collected For
Remove:
CMS Informational Only: TOB-3

Impacts:
Reason for No Tobacco Cessation Medication During the Hospital Stay
Tobacco Use Treatment FDA - Approved Cessation Medication
Tobacco Use Treatment Practical Counseling

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Collected For
Remove:
CMS Informational Only: TOB-2
Impacts:
*Reason for No Tobacco Cessation Medication During the Hospital Stay*

**Rationale:** This change corrects a typo in the data element *Reason for No Tobacco Cessation Medication During the Hospital Stay*.

**Description of Changes:**

**Notes for Abstraction**

**Change** first bullet to:
- Reasons for not administering FDA-approved tobacco cessation medications must be documented by a physician/APN/PA or pharmacist.

---

**Impacts:**
*Reason for No Tobacco Cessation Medication During the Hospital Stay*

**Rationale:** Due to confusion related to data abstraction, change in terminology to reflect that tobacco treatment should be provided during the hospital stay within the 3rd day of admission.

**Description of Changes:**

**Definition**

**Change** sentence to:
Reasons for not administering an FDA-approved tobacco cessation medication documented during the hospital stay within the first three days of admission include:

**Suggested Data Collection Question**

**Change** to:
Is there documentation of a reason for not administering one of the FDA-approved tobacco cessation medications during the hospital stay within the first three days of admission?

**Allowable Values**

**Change** from:
- Y (Yes) There is documentation of a reason for not administering an FDA-approved cessation medication during the first three days of admission.
- N (No) There is no documentation of a reason for not administering an FDA-approved cessation medication during the first three days of admission or unable to determine from medical record documentation.

**To**
- Y (Yes) There is documentation of a reason for not administering an FDA-approved cessation medication during the hospital stay within the first three days of admission.
- N (No) There is no documentation of a reason for not administering an FDA-approved cessation medication during the hospital stay within the first three days of admission or unable to determine from medical record documentation.

---

**Impacts:**
*Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2*

**Rationale:** This change is needed to reinforce that reason documentation must be within the timeframe of arrival to end of hospital day 2.
Description of Changes:
Exclusion Guidelines for Abstraction
Change to:
• Delay in stroke diagnosis

Impacts:
Reason for Not Prescribing Statin Medication at Discharge

Rationale: This change is to update measure information to align with 2013 guideline recommendations on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease in adults.

Description of Changes:
Definition
Add new bullet:
• LDL-c less than 70 mg/dL

Notes for Abstraction
Add new third bullet:
• Documentation of a LDL-c less than 70 mg/dL anytime during the hospital stay is an acceptable stand-alone reason for not prescribing statin medication at discharge – Linkage with statin is not needed. Direct or calculated, fasting or non-fasting values are both acceptable. LDL values obtained within 30 days prior to hospital arrival are acceptable to select “Yes.”

Impacts:
Reason for Oral Factor Xa Inhibitor

Rationale: This change is being made to remove ICD-9 codes that were used to determine if a record has evidence of atrial fibrillation/flutter or history of total hip or total knee surgery.

Description of Changes:
Inclusion Guidelines for Abstraction
Remove:
• ICD-9-CM Principal/Other Diagnosis Code of 427.31 or 427.32
• ICD-9-CM Other Procedure Codes of 81.51, 81.52, 81.53, 81.54, 81.55.

Impacts:
Reason for Oral Factor Xa Inhibitor - ICU Admission

Rationale: This change is being made to remove ICD-9 codes that were used to determine if a record has evidence of atrial fibrillation/flutter or history of total hip or total knee surgery.

Description of Changes:
Inclusion Guidelines for Abstraction
Remove:
• ICD-9-CM Other Procedure Code of 81.51, 81.52, 81.53, 81.54 or 81.55
• ICD-9-CM Principal/Other Diagnosis Code of 427.31 or 427.32
Impacts:
_Tobacco Use Status_

**Rationale:** There are no future plans to adopt these measures by CMS for the IQR program.

**Description of Changes:**
Collected For
Remove
**CMS Informational Only:** All TOB Measures

---

Impacts:
_Tobacco Use Status_

**Rationale:** This change clarifies a non-tobacco substance in the data element _Tobacco Use Status_.

**Description of Changes:**
Exclusion Guidelines for Abstraction
**Change** third bullet to:
- Marijuana use only

---

Impacts:
_Tobacco Use Status Post Discharge - Counseling_
_Tobacco Use Status Post Discharge – Medication_
_Tobacco Use Status Post Discharge – Quit Status_

**Rationale:** The Joint Commission SUB and TOB Technical Advisory Panels have recommended that SUB-4 and TOB-4 be inactivated due to burden of data abstraction. In addition, there are no future plans to adopt these measures by CMS for the IQR program.

**Description of Changes:**
Collected For
**Change** ‘TOB-4’ under “The Joint Commission Only” to:
TOB-4 data collection suspended

**Remove:****CMS Informational Only:** TOB-4

---

Impacts:
_Tobacco Use Treatment FDA - Approved Cessation Medication_

**Rationale:** Due to confusion related to data abstraction, change in terminology to reflect that tobacco treatment should be provided during the hospital stay within the 3rd day of admission.

**Description of Changes:**
**Suggested Data Collection Question**
**Change** to:
Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay within the first three days after admission?

**Allowable Values**
**Change** from:
1   The patient received one of the FDA-approved tobacco cessation medications during the first three days after admission.
The patient refused the FDA-approved tobacco cessation medications during the first three days after admission.

FDA-approved tobacco cessation medications were not offered to the patient during the first three days after admission or unable to determine from medical record documentation.

Impacts:
Tobacco Use Treatment Practical Counseling

Rationale: Due to confusion related to data abstraction, change in terminology to reflect that tobacco treatment should be provided during the hospital stay within the 3rd day of admission.

Description of Changes:
Suggested Data Collection Question

Change to:
Did the patient receive all of the components of practical counseling during the hospital stay within the first three days after admission?

Allowable Values

Change from:
1 The patient received all components of practical counseling during the first three days after admission.
2 The patient refused/declined practical counseling during the first three days after admission.
3 Practical counseling was not offered to the patient during the first three days after admission or unable to determine if tobacco use treatment was provided from medical record documentation.

To
1 The patient received all components of practical counseling during the hospital stay within the first three days after admission.
2 The patient refused/declined practical counseling during the hospital stay within the first three days after admission.
3 Practical counseling was not offered to the patient during the hospital stay within the first three days after admission or unable to determine if tobacco use treatment was provided from medical record documentation.

Impacts:
Transfer From Another Hospital or ASC

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.
Description of Changes:
Collected For
Remove:
CMS Voluntary Only: AMI-7, AMI-8, AMI-8a, PN-6

Impacts:
VTE Confirmed

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘Collected For’:
CMS Voluntary Only: VTE-4

Impacts:
VTE Confirmed

Rationale: This change improves listed identification of all acceptable locations of veins for emboli.

Description of Changes:
VTE Location
Remove:
- DVT located in the proximal leg veins, including superficial femoral vein
- DVT located in the inferior vena cava (IVC)
- DVT located in the iliac, femoral or popliteal veins

Add:
DVT Located in:
- Common femoral vein
- Common Iliac
- External Iliac vein
- Femoral/superficial femoral vein
- Inferior vena cava (IVC)
- Internal iliac
- Popliteal vein
- Profunda/deep femoral vein

Impacts:
VTE Diagnostic Test

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove under ‘Collected For’:
CMS Voluntary Only: VTE-4
Impacts:
VTE Prophylaxis

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Collected For
Remove:
CMS Voluntary Only: SCIP-VTE-2

Notes for Abstraction
Remove:
SCIP

• For the purposes of abstraction, mechanical VTE prophylaxis does not require a physician order to be abstracted; there is no order or copy of hospital protocol required. Abstract any form of mechanical VTE prophylaxis that is documented as ordered or as placed on the patient at any time from hospital arrival to 24 hours after Anesthesia End Time.
• Abstract any pharmacological VTE prophylaxis that was ordered/substituted at any time from hospital arrival to 24 hours after Anesthesia End Time. If one pharmacological medication is ordered and another medication is substituted (such as per pharmacy formulary substitution or protocol), abstract both medications for VTE Prophylaxis and for VTE Timely.

Note: No copy of the formulary or protocol is required in the medical record.

Examples:
  o Lovenox is ordered and not received and is substituted with Arixtra, which is received by the patient. Abstract Lovenox as value "2" for VTE Prophylaxis and "No" for VTE Timely. Abstract Arixtra as value "5" for VTE Prophylaxis and abstract VTE Timely accordingly.
  o Lovenox is ordered and not received; heparin is ordered and is received. SCDs are placed. Abstract Lovenox as value "2" for VTE Prophylaxis and "No" for VTE Timely. Abstract heparin as value "1" and SCDs as value "3" for VTE Prophylaxis and abstract VTE Timely accordingly.
• To select value "9," there must be an order for aspirin for VTE prophylaxis. For hip and knee arthroplasties, aspirin must be received in the timeframe specified for VTE Timely.

Suggested Data Sources
Remove:
SCIP

ONLY ACCEPTABLE SOURCE FOR PHARMACOLOGIC PROPHYLAXIS:
Physician orders

MECHANICAL PROPHYLAXIS:

• Circulator notes
• Graphic/flow sheets
• Medication administration record
• Nursing notes
• Operative notes
• Physician notes
• Preoperative nursing notes
• Progress notes

SECTION 2 – Measurement Information

Impacts:
Measure(s)
HF-2

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove Measure Set in its entirety:
HEART FAILURE NATIONAL HOSPITAL INPATIENT QUALITY MEASURES

Impacts:
Measure(s)
PN-6

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove Measure Set in its entirety:
PNEUMONIA NATIONAL HOSPITAL INPATIENT QUALITY MEASURES

Impacts:
Algorithm(s)
Initial Patient Population of AMI, SCIP, CAC, VTE, STK
ED-1, ED-2
IMM-1, IMM-2
SCIP-Inf-4
STK-2, STK-3, STK-4, STK-5, STK-6
SUB-3, SUB-4
TOB-2, TOB-3, TOB-4
VTE-1, VTE-2, VTE-3, VTE-5, VTE-6

Rationale: The ICD-9 codes used to report medical diagnosis and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Change:
ICD-9-CM Principal Diagnosis Code
To: ICD-10-CM Principal Diagnosis Code

ICD-9-CM Other Diagnosis Codes
To: ICD-10-CM Other Diagnosis Codes

ICD-9-CM Principal Procedure Code
To: ICD-10-PCS Principal Procedure Code
Subsection 2.1 – Acute Myocardial Infarction (AMI)

Impacts:
AMI Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
AMI DATA ELEMENT LIST
Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
ICD-9-CM Principal Procedure Date
To:
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Other Procedure Dates
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Principal Procedure Date

Acute Myocardial Infarction (AMI) Initial Patient Population
Change throughout:
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Principal Diagnosis Code

Impacts:
AMI Measure Set List

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Set Measure ID #
Remove rows:
AMI-1
AMI-3
AMI-5
AMI-7
AMI-8
AMI-8a

AMI DATA ELEMENT LIST

Remove rows:
ACEI Prescribed at Discharge
ARB Prescribed at Discharge
Aspirin Received Within 24 Hours Before or After Hospital Arrival
Beta-Blocker Prescribed at Discharge
Comfort Measures Only
Discharge Disposition
First PCI Date
First PCI Time
LVSD
Non-Primary PCI
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

Remove under ‘Collected For’ column for Arrival Date:
AMI-1, AMI-7, AMI-8, AMI-8a

Remove under ‘Collected For’ column for Arrival Time:
AMI-7, AMI-8, AMI-8a

Change under ‘Collected For’ column for Clinical Trial from:
All AMI Measures
To
AMI-7a

Remove under ‘Collected For’ column for Fibrinolytic Administration:
AMI-7, AMI-8, AMI-8a

Remove under ‘Collected For’ column for Fibrinolytic Administration Date:
AMI-7

Remove under ‘Collected For’ column for Fibrinolytic Administration Time:
AMI-7

Remove under ‘Collected For’ column for Initial ECG Interpretation:
AMI-7, AMI-8, AMI-8a

Remove under ‘Collected For’ column for Reason for Delay in Fibrinolytic Therapy:
AMI-7

Remove under ‘Collected For’ column for Transfer From Another Hospital or ASC:
AMI-7, AMI-8, AMI-8a
Impacts:
Measure(s)
AMI-1
AMI-3
AMI-5
AMI-7
AMI-8
AMI-8a

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove Measure Information Forms in their entirety:
AMI-1: Aspirin at Arrival
AMI-3: ACEI or ARB for LVSD
AMI-5: Beta-Blocker Prescribed at Discharge
AMI-7: Median Time to Fibrinolysis
AMI-8: Median Time to Primary PCI
AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival

Impacts:
Measure(s)
AMI-7a

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Denominator Statement – Included Populations
Change ‘ICD-9-CM’ to:
ICD-10-CM

Denominator Statement – Data Elements
Change ‘ICD-9-CM’ to:
ICD-10-CM

Data Collection Approach
Change ‘ICD-9-CM’ to:
ICD-10

Data Accuracy
Change ‘ICD-9-CM’ to:
ICD-10
Subsection 2.2 – Severe Sepsis and Septic Shock (SEP)

Impacts:
New Measure Set

Rationale: A new measure set is being added to align with CY 2015 IPPS Final Rule.

Description of Changes:
Add new measure set: 
**SEPSIS BUNDLE PROJECT**
**NATIONAL HOSPITAL INPATIENT QUALITY MEASURES**

Subsection 2.3 – Surgical Care Improvement Project (SCIP)

Impacts:
SCIP Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
**SCIP DATA ELEMENT LIST**
Change:
**ICD-9-CM Other Diagnosis Codes**
**ICD-9-CM Other Procedure Codes**
**ICD-9-CM Other Procedure Dates**
**ICD-9-CM Principal Diagnosis Code**
**ICD-9-CM Principal Procedure Code**
**ICD-9-CM Principal Procedure Date**
To:
**ICD-10-CM Other Diagnosis Codes**
**ICD-10-PCS Other Procedure Codes**
**ICD-10-PCS Other Procedure Dates**
**ICD-10-CM Principal Diagnosis Code**
**ICD-10-PCS Principal Procedure Code**
**ICD-10-PCS Principal Procedure Date**

Surgical Care Improvement Project (SCIP) Initial Patient Population
Change throughout:
**ICD-9-CM Principal Procedure Code**
To
**ICD-10-PCS Principal Procedure Code**

Impacts:
SCIP Measure Set List

Rationale: These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.
Description of Changes:
Set Measure ID #
**Remove** rows:
SCIP-Inf-1a
SCIP-Inf-1b
SCIP-Inf-1c
SCIP-Inf-1d
SCIP-Inf-1e
SCIP-Inf-1f
SCIP-Inf-1g
SCIP-Inf-1h
SCIP-Inf-2a
SCIP-Inf-2b
SCIP-Inf-2c
SCIP-Inf-2d
SCIP-Inf-2e
SCIP-Inf-2f
SCIP-Inf-2g
SCIP-Inf-2h
SCIP-Inf-3a
SCIP-Inf-3b
SCIP-Inf-3c
SCIP-Inf-3d
SCIP-Inf-3e
SCIP-Inf-3f
SCIP-Inf-3g
SCIP-Inf-3h
SCIP-Inf-6
SCIP-Inf-9

**Remove** tables in their entirety:
Set Measure ID # Cardiac
Set Measure ID # VTE

SCIP DATA ELEMENT LIST
**Remove** rows:
*Anesthesia End Date*
*Anesthesia End Time*
*Anesthesia Start Time*
*Antibiotic Administration Date*
*Antibiotic Administration Route*
*Antibiotic Administration Time*
*Antibiotic Allergy*
*Antibiotic Name*
*Antibiotic Received*
*Beta-Blocker Current Medication*
*Beta-Blocker During Pregnancy*
*Beta-Blocker Perioperative*
*Catheter Removed*
Oral Antibiotics
Other Surgeries
Perioperative Death
Preadmission Oral Anticoagulation Therapy
Preoperative Hair Removal
Reason for Not Administering A Beta-Blocker Perioperative
Reason for Not Administering VTE Prophylaxis
Reasons for Not Continuing Urinary Catheterization
Reasons to Extend Antibiotics
Surgical Incision Date
Surgical Incision Time
Urinary Catheter
Vancomycin
VTE Prophylaxis
VTE Timely

Anesthesia Start Date
Clinical Trial
Infection Prior to Anesthesia
Change the ‘Collected For’ column to:

SCIP-Inf-4

Impacts:
Surgical Care Improvement Project (SCIP) Initial Patient Population

Rationale: The SCIP stratification is no longer relevant due to collecting only SCIP-Inf-4 which pertains only to cardiac surgery patients.

Description of Changes:
Change page content to:
The population of the SCIP measure set is identified using 4 data elements:
- ICD-10-PCS Principal Procedure Code
- Admission Date
- Birthdate
- Discharge Date

Patients admitted to the hospital for inpatient acute care with an ICD-10-PCS Principal Procedure Code for SCIP as defined in Appendix A, Table 5.11, a Patient Age (Admission Date minus Birthdate) greater than or equal to 18 years and a Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days are included in the SCIP Initial Patient Population and are eligible to be sampled.

Impacts:
SCIP Initial Patient Population Algorithm

Rationale: The SCIP stratification is no longer relevant due to collecting only SCIP-Inf-4 which pertains only to cardiac surgery patients.

Description of Changes:
Remove SCIP stratification decision points after the Length of Stay decision point.
Add the following text boxes after Length of Stay decision point:
Patient **is in** the SCIP Initial Patient Population
Patient **is** eligible to be sampled for the SCIP measure set
Set **Initial Patient Population Reject Case Flag** = “No”

**Change** the branch going down from the first decision point, Principal Procedure Code, to “On Table 5.11” and the branch to the right to “Not on Table 5.11.”

**Impacts:**
SCIP Sample Size Requirements

**Rationale:** The SCIP stratification is no longer relevant due to collecting only SCIP-Inf-4 which pertains only to cardiac surgery patients.

**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 cannot sample.

**Change** last sentence in first paragraph to:
Hospitals that have five or fewer SCIP discharges (both Medicare and non-Medicare combined) in a quarter are not required to submit SCIP patient level data to the CMS Clinical Warehouse and Joint Commission’s Data Warehouse.

**Quarterly Sampling**
**Remove:**
For hospitals selecting sample cases for SCIP, 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 seven individual measure stratum (e.g., colorectal surgery, hip arthroplasty, etc.) and the 8th SCIP stratum (Table 5.25 in Appendix A).

**Quarterly Sample Size table**
**Remove** in column headers:
Stratum

**Add** new row in Quarterly Sample Size table:
Under first column add: 6 - 16
Under second column add: No sampling; 100% Initial Patient Population required

**Change** last row:
Under first column change to: 0 - 5
Under second column change to:
Submission of patient level data is encouraged but not required:
- CMS: if submission occurs, 1-5 cases of the Initial Patient Population may be submitted
- The Joint Commission: if submission occurs, 100% Initial Patient Population required

**Monthly Sampling**
**Remove:**
For hospitals selecting sample cases for SCIP, 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 seven individual measure stratum (e.g., colorectal surgery, hip arthroplasty, etc.) and the 8th SCIP stratum (Table 5.25 in Appendix A).**

**Monthly Sample Size table**

**Remove** in column headers:

Stratum

**Sample Size Examples**

**Change** to:

• Quarterly sampling:
  - A hospital’s SCIP Initial Patient Population is 25 patients during the fourth quarter. The required sample size is seen to be a minimum of 17 patients for this quarter.
  - A hospital’s SCIP Initial Patient Population is 172 patients during the third quarter. The required sample size is 10% of the patient population or 18 cases for the quarter (ten percent of 172 equals 17.2 rounded to the next highest whole number equals 18).
  - A hospital’s SCIP Initial Patient Population is 5 patients during the first quarter. Submission of patient level data is not required. If the hospital chooses to submit patient level data:
    - CMS: the quarterly sample size would be the 1 – 5 cases for the quarter
    - The Joint Commission: the required sample size would be 100% of the patient population or 5 cases for the quarter.

• Monthly sampling
  - A hospital’s SCIP Initial Patient Population size is 7 patients during June. The required monthly sample size is 6 cases from the patient population.
  - A hospital’s SCIP Initial Patient Population size is 63 patients during March. The required sample size is 10% of the patient population or 7 cases for the month (10 percent of 63 equals 6.3 rounded to the next highest whole number equals 7).

**Impacts:**

<table>
<thead>
<tr>
<th>Measure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIP-Inf-1</td>
</tr>
<tr>
<td>SCIP-Inf-2</td>
</tr>
<tr>
<td>SCIP-Inf-3</td>
</tr>
<tr>
<td>SCIP-Inf-6</td>
</tr>
<tr>
<td>SCIP-Inf-9</td>
</tr>
<tr>
<td>SCIP-Card-2</td>
</tr>
<tr>
<td>SCIP-VTE-2</td>
</tr>
</tbody>
</table>

**Rationale:** These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**

**Remove** Measure Information Forms in their entirety:

SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision

SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3: Prophylactic Antibiotics Discontinued After Surgery End Time
SCIP-Inf-6: Surgery Patients with Appropriate Hair Removal
SCIP-Inf-9: Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero
SCIP-Card-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
SCIP-VTE-2: Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

**Impacts:**
Measure(s)
SCIP-Inf-4

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Denominator Statement – Included Populations**

**Change** to:
- An *ICD-10-PCS Principal Procedure Code* of selected surgeries (as defined in Appendix A, Table 5.10 for ICD-10 codes)

**AND**
- An *ICD-10-PCS Principal Procedure Code* of selected surgeries (as defined in Appendix A, Table 5.11 for ICD-10 codes)

**Denominator Statement – Excluded Populations**

**Change** in third and fourth bullets:
- ICD-9-CM codes
  To
  ICD-10 codes

**Change** in sixth bullet:
- ICD-9-CM principal procedure
  To
  ICD-10-PCS principal procedure

**Denominator Statement – Data Elements**

**Change:**
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*
  To
- *ICD-10-CM Principal Diagnosis Code*
- *ICD-10-PCS Principal Procedure Code*

**Data Collection Approach**

**Change** ‘ICD-9-CM’ to:
- ICD-10
Data Accuracy

Change ‘ICD-9-CM’ to:
ICD-10

Impacts:
Measure(s)
SCIP-Inf-4

Rationale: As the SCIP Initial Patient Population has been changed to Table 5.11, it is no longer necessary to check for procedures on Table 5.11 within the measure algorithm.

Description of Changes:
Algorithm
Remove the decision point to check for a Principal Procedure Code on Table 5.11.

Subsection 2.5 – Children’s Asthma Care (CAC)

Impacts:
CAC Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
CAC DATA ELEMENT LIST
Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
ICD-9-CM Principal Procedure Date
To:
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Other Procedure Dates
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Principal Procedure Date

Children’s Asthma Care (CAC) Initial Patient Population
Change throughout:
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Principal Diagnosis Code

Impacts:
CAC Sample Size Requirements

Rationale: The headers in the CAC Sample Size Tables are being updated to reflect the retirement of CAC-1 and CAC-2.
Description of Changes:
Quarterly Sample Size Table
Remove word in column headers:
Stratum

Monthly Sample Size Table
Remove word in column headers:
Stratum

Impacts:
Measure(s)
CAC-3

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Denominator Statement – Included Populations
Change in first bullet:
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Principal Diagnosis Code

Denominator Statement – Data Elements
Change:
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Principal Diagnosis Code

Data Collection Approach
Change 'ICD-9-CM' to:
ICD-10

Data Accuracy
Change 'ICD-9-CM' to:
ICD-10

Subsection 2.6 – Venous Thromboembolism (VTE)

Impacts:
VTE Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
VTE DATA ELEMENT LIST
Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
Venous Thromboembolism (VTE) Initial Patient Population

**Change** throughout:

*ICD-9-CM Other Diagnosis Codes*  
*ICD-9-CM Principal Diagnosis Code*  

**To**  
*ICD-10-CM Other Diagnosis Codes*  
*ICD-10-CM Principal Diagnosis Code*  

**Change:**  
*ICD-9-CM Principal or Other Diagnosis Code*  

**To**  
*ICD-10-CM Principal or Other Diagnosis Code*  

**Impacts:**  
VTE Measure Set List

**Rationale:** These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**

Set Measure ID #  
Remove row:  
VTE-4

**VTE DATA ELEMENT LIST**  
Remove rows:  
*Monitoring Documentation*  
*UFH Therapy Administration*  

*Comfort Measures Only*  
*Discharge Disposition*  
*VTE Confirmed*  
*VTE Diagnostic Test*  

Remove in the ‘Collected For’ column:  
VTE-4

**Initial Patient Population Table**  
Change second row, first column to:  
VTE-3 and 5
**Impacts:**
VTE Sample Size Requirements

**Rationale:** These changes are needed to revise outdated language.

**Description of Changes:**
**Change:**
QIO Clinical Warehouse
To
CMS Clinical Warehouse

**Impacts:**
Measure(s)
VTE-1

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**
**Denominator Statement** – Excluded Populations
**Change** in sixth and seventh bullets:
*ICD-9-CM*
To
*ICD-10-CM*

**Change** in eighth bullet:
*ICD-9-CM Principal Procedure Code*
To
*ICD-10-PCS Principal Procedure Code*

**Denominator Statement** – Data Elements
**Change:**
*ICD-9-CM Other Diagnosis Codes*
*ICD-9-CM Principal Diagnosis Code*
*ICD-9-CM Principal Procedure Code*
To
*ICD-10-CM Other Diagnosis Codes*
*ICD-10-CM Principal Diagnosis Code*
*ICD-10-PCS Principal Procedure Code*

**Data Collection Approach**
**Change** ‘ICD-9-CM’ to:
ICD-10

**Data Accuracy**
**Change** ‘ICD-9-CM’ to:
ICD-10

**Measure Analysis Suggestions**
**Change** ‘ICD-9-CM’ to:
ICD-10
Impacts:
Measure(s) VTE-1

Rationale: This change corrects references used in the rationale and the selected references of this Measure Information Form.

Description of Changes:
Rationale
Change reference in first paragraph, second sentence to:
(Geerts, 2008)

Change reference in second paragraph, first sentence to:
(Geerts, 2008)

Selected References
Add new reference:

Impacts:
Measure(s) VTE-1

Rationale: This change is due to updates from the SCIP measure set.

Description of Changes:
Denominator Statement – Excluded Populations
Change eighth bullet to:
- Patients with ICD-10-PCS Principal Procedure Code as defined in Appendix A, Tables 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, or 5.24

Impacts:
Measure(s) VTE-1 VTE-2

Rationale: This change is being done to explain why the surgical patients on the specified tables are excluded from the measure.

Description of Changes:
Rationale
Add new last paragraph:
Some select surgeries have previously been monitored in the Surgical Care Improvement Project; since performance on these surgeries has achieved very high levels, they are not included in this measure.
Impacts:
Measure(s) VTE-2

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Denominator Statement – Excluded Populations
Change in sixth bullet:
ICD-9-CM To ICD-10-CM

Change:
ICD-9-CM Principal Procedure Code To ICD-10-PCS Principal Procedure Code

Denominator Statement – Data Elements
Change:
ICD-9-CM Other Diagnosis Codes ICD-9-CM Principal Diagnosis Code ICD-9-CM Principal Procedure Code To ICD-10-CM Other Diagnosis Codes ICD-10-CM Principal Diagnosis Code ICD-10-PCS Principal Procedure Code

Data Collection Approach
Change ‘ICD-9-CM’ to:
ICD-10

Data Accuracy
Change ‘ICD-9-CM’ to:
ICD-10

Measure Analysis Suggestions
Change ‘ICD-9-CM’ to:
ICD-10

Impacts:
Measure(s) VTE-2

Rationale: This change corrects the selected references of this Measure Information Form.

Description of Changes:
Selected References
Add new references:


Impact(s):
Measure(s) VTE-2

Rationale: This change is due to updates from the SCIP measure set.

Description of Changes:
Denominator Statement – Excluded Populations
Change seventh bullet to:
- Patients with ICD-10-PCS Principal Procedure Code as defined in Appendix A, Tables 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, or 5.24 that start the day of or the day after ICU admission or transfer

Impact(s):
Measure(s) VTE-3

Rationale: This change corrects the selected references used of this Measure Information Form.

Description of Changes:
Selected References
Add new reference:

Impact(s):
Measure(s) VTE-3 VTE-5

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Denominator Statement – Included Populations
Change: ICD-9-CM
To ICD-10-CM

Specifications Manual for Hospital Inpatient Quality Measures  Page 52
Discharges 10-1-15 (4Q15) through 06-30-16 (2Q16)
**Denominator Statement – Data Elements**

**Change:**
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*

To
- *ICD-10-CM Other Diagnosis Codes*
- *ICD-10-CM Principal Diagnosis Code*

**Data Collection Approach**

**Change** ‘ICD-9-CM’ to: ICD-10

**Data Accuracy**

**Change** ‘ICD-9-CM’ to: ICD-10

**Impacts:**

**Measure(s)**

VTE-4

**Rationale:** These measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**

**Remove** Measure Information Form in its entirety:

VTE-4: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram

**Impacts:**

**Measure(s)**

VTE-5

**Rationale:** This change corrects the selected references of this Measure Information Form.

**Description of Changes:**

**Selected References**

**Add** new reference:

**Impacts:**

**Measure(s)**

VTE-6

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.
Description of Changes:

Denominator Statement – Included Populations

Change
ICD-9-CM
To
ICD-10-CM

Denominator Statement – Excluded Populations

Change:
ICD-9-CM
To
ICD-10-CM

Denominator Statement – Data Elements

Change:
- ICD-9-CM Other Diagnosis Codes
- ICD-9-CM Principal Diagnosis Code
To
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Code

Data Collection Approach

Change 'ICD-9-CM' to:
ICD-10

Data Accuracy

Change 'ICD-9-CM' to:
ICD-10

Impacts:

Measure(s)
VTE-6

Rationale: This change is to correct references used in the rationale and selected references of this Measure Information Form.

Description of Changes:

Rationale

Change reference in first and last sentence to:
(Wachter et al 2001)

Selected References

Add new reference:
Subsection 2.7 – Stroke (STK)

Impacts:
STK Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
STROKE DATA ELEMENT LIST

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
ICD-9-CM Principal Procedure Date

To:
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Other Procedure Dates
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Principal Procedure Date

Stroke (STK) Initial Patient Population
Change throughout:
ICD-9-CM Principal Diagnosis Code

To
ICD-10-CM Principal Diagnosis Code

Impacts:
STK Measure Set List

Rationale: This change is to update measure information to align with 2013 guideline recommendations on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease in adults.

Description of Changes:
STROKE DATA ELEMENT LIST

Remove rows:
LDL-c Greater Than or Equal to 100 mg/dL
LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival
Pre-Arrival Lipid-Lowering Agent

Impacts:
STK Sample Size Requirements

Rationale: These changes are needed to revise outdated language.
Description of Changes:
Change:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Impacts:
Measure(s)
STK-1
STK-2
STK-3
STK-4
STK-5
STK-6
STK-8
STK-10

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Denominator Statement – Included Populations
Change:
ICD-9-CM
To
ICD-10-CM

Denominator Statement – Data Elements
Change:
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Principal Diagnosis Code

Data Collection Approach
Change 'ICD-9-CM' to:
ICD-10

Data Accuracy
Change 'ICD-9-CM' to:
ICD-10

Impacts:
Measure(s)
STK-2

Rationale: This change is to update the measure rationale for the use of novel oral anticoagulant drugs in stroke patients requiring antithrombotic therapy.
Description of Changes:

Rationale

Remove fourth and fifth sentence in first paragraph:
For patients with a stroke due to a cardioembolic source (e.g., atrial fibrillation, mechanical heart valve), warfarin is recommended unless contraindicated. Warfarin is not generally recommended for secondary stroke prevention in patients presumed to have a non-cardioembolic stroke.

Add new second paragraph:
For patients with a stroke due to a cardioembolic source (e.g., atrial fibrillation, mechanical heart valve), warfarin is recommended unless contraindicated. In recent years, novel oral anticoagulant agents (NOACs) have been developed and approved by the U.S. Food and Drug Administration (FDA) for stroke prevention, and may be considered as an alternative to warfarin for select patients. Anticoagulation therapy is not generally recommended for secondary stroke prevention in patients presumed to have a non-cardioembolic stroke.

Impacts:

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

Rationale: The Centers for Medicare & Medicaid Services (CMS) will retain STK-2, STK-3, STK-5, and STK-10 as electronic clinical quality measures, as stated in the CY 2015 IPPS Final Rule.

Description of Changes:

Measure Information Form

Remove from page heading under ‘Collected For’:
CMS Voluntary Only

Impacts:

Measure(s)
STK-3

Rationale: This change is to update the measure rationale for the use of novel oral anticoagulant drugs in stroke patients requiring anticoagulation therapy.

Description of Changes:

Rationale

Add new tenth sentence:
In recent years, novel oral anticoagulant agents (NOACs) have been developed and approved by the U.S. Food and Drug Administration (FDA) for stroke prevention, and may be considered as an alternative to warfarin for select patients.
Impacts:
Measure(s)
STK-6

Rationale: This change is to update measure information to align with 2013 guideline recommendations on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease in adults.

Description of Changes:
Description
Change to:
Ischemic stroke patients who are prescribed statin medication at hospital discharge.

Rationale
Change to:
There is an extensive and consistent body of evidence supporting the use of statins for secondary prevention in patients with clinically evident atherosclerotic cardiovascular disease (ASCVD), which includes individuals with ischemic stroke due to large artery atherosclerosis, individuals with ischemic stroke due to intrinsic small vessel disease, and individuals with ischemic stroke not directly due to atherosclerosis but with clinically evident atherosclerotic disease in an uninvolved cerebral or noncerebral bed. Both women and men with clinical ASCVD are at increased risk for recurrent ASCVD and ASCVD death. High-intensity statin therapy should be initiated or continued as first-line therapy in women and men less than or equal to 75 years of age who have clinical ASCVD, unless contraindicated. In patients with clinical ASCVD and a contraindication to high-intensity statin therapy, moderate-intensity therapy should be considered as an alternative if it can be tolerated. In individuals greater than 75 years of age, the potential for ASCVD risk reduction benefits, adverse effects, drug-drug interactions, and patient preferences should be considered, and statin therapy individualized based on these considerations (Stone, 2013).

Denominator Statement
Change to:
Ischemic stroke patients.

Remove: AND

- Patients who were on a lipid-lowering medication prior to hospital arrival as defined in Appendix C, Table 1.6, OR
- Patients with LDL-c not measured, OR
- Patients with LDL-c Greater Than or Equal to 100 mg/dL

Remove:
- LDL-c Greater Than or Equal to 100 mg/dL
- LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival
- Pre-Arrival Lipid-Lowering Agent
Selected References

Remove:

- Gore, J. M., R. J. Goldberg, A. S. Matsumoto, W. P. Castelli, P. M. McNamara, and J. E. Dalen. "Validity of Serum Total Cholesterol Level Obtained within 24 Hours of Acute Myocardial Infarction." [In eng]. Am J Cardiol 54, no. 7 (Oct 1 1984): 722-5.

Add:


Algorithm

Change Denominator to:
Ischemic stroke patients.

Remove decision points:
Pre-Arrival Lipid-Lowering Agent
LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival
LDL-c Greater Than or Equal to 100 mg/dL
Subsection 2.8 – Global Initial Patient Population (ED, IMM, TOB, SUB)

Impacts:
Global Initial Patient Population
Global Sample Size Requirements

Rationale: These changes are needed to revise outdated language.

Description of Changes:
Change:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Subsection 2.9 – Emergency Department (ED)

Impacts:
ED Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
ED DATA ELEMENT LIST
Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
ICD-9-CM Principal Procedure Date
To
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Other Procedure Dates
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Principal Procedure Date

Impacts:
Measure(s)
ED-1
ED-2

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Continuous Variable Statement – Data Elements
Change:
ICD-9-CM Principal Diagnosis Code
To

ICD-10-CM Principal Diagnosis Code

Data Collection Approach

Change:
ICD-9-CM
To
ICD-10

Subsection 2.10 - Prevention

2.10.1- Immunization (IMM)

Impacts:
IMM Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
IMM DATA ELEMENT LIST

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
ICD-9-CM Principal Procedure Date
To:
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Other Procedure Dates
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Principal Procedure Date

Impacts:
Measure(s)
IMM-1

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Numerator Statement – Data Elements

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Other Diagnosis Codes
ICD-10-CM Principal Diagnosis Code
Denominator Statement – Included Populations

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Other Diagnosis Codes
ICD-10-CM Principal Diagnosis Code

Denominator Statement – Data Elements

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Other Procedure Code
ICD-9-CM Principal Procedure Code
To
ICD-10-CM Other Diagnosis Codes
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Other Procedure Code
ICD-10-PCS Principal Procedure Code

Data Collection Approach

Change ‘ICD-9-CM’ to:
ICD-10

Data Accuracy

Change ‘ICD-9-CM’ to:
ICD-10

Pediatric Infectious Disease Society (PIDS) Flow Diagram

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Other Diagnosis Codes
ICD-10-CM Principal Diagnosis Code

Impacts:

Measure(s)
IMM-2

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:

Numerator Statement – Included Populations

Change:
ICD-9-CM
To
ICD-10-PCS
Numerator Statement – Data Elements
Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Code
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
To
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Code
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code

Denominator Statement – Data Elements
Change:
ICD-9-CM Other Procedure Code
ICD-9-CM Principal Procedure Code
To
ICD-10-PCS Other Procedure Code
ICD-10-PCS Principal Procedure Code

Data Collection Approach
Change ‘ICD-9-CM’ to: ICD-10

Data Accuracy
Change ‘ICD-9-CM’ to: ICD-10

2.10.2 - Tobacco Treatment (TOB)

Impacts:
TOB Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
TOB DATA ELEMENT LIST
Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
ICD-9-CM Principal Procedure Date
To
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Other Procedure Dates
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Principal Procedure Date

Impacts:
TOB Measure Set List

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Remove in page header under ‘Collected For’:
CMS Informational Only

Impacts:
Measure(s)
TOB-1

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Data Collection Approach
Change ‘ICD-9-CM’ to:
ICD-10

Impacts:
Measure(s)
TOB-1
TOB-2
TOB-3
TOB-4

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Remove in page header under ‘Collected For’:
CMS Informational Only

Impacts:
Measure(s)
TOB-2

Rationale: Due to confusion related to data abstraction, change in terminology to reflect that tobacco treatment should be provided during the hospital stay within the 3rd day of admission.

Description of Changes:
Description
Change to:
TOB-2 Patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay within the first three days after admission.
TOB-2a Patients who received counseling AND medication as well as those who received counseling and had reason for not receiving the medication during the hospital stay within the first three days after admission.

**Numerator Statement**

**Change** to:

**TOB-2**: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay within the first three days after admission.

**TOB-2a**: The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the hospital stay within the first three days after admission.

**Impacts:**

**Measure(s)**

TOB-2
TOB-3

**Rationale**: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Numerator Statement**

**Change** throughout table:

*ICD-9-CM*

To

*ICD-10-CM*

**Data Collection Approach**

**Change** ‘ICD-9-CM’ to:

ICD-10

**Data Accuracy**

**Change** ‘ICD-9-CM’ to:

ICD-10

**Impacts:**

**Measure(s)**

TOB-4

**Rationale**: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Denominator Statement – Excluded Populations**

**Change**:

*ICD-9-CM*

To

*ICD-10-CM*
Denominator Statement – Data Elements

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Principal Diagnosis Code
To
ICD-10-CM Other Diagnosis Codes
ICD-10-CM Principal Diagnosis Code

Data Collection Approach

Change 'ICD-9-CM' to:
ICD-10

2.10.3 - Substance Use (SUB)

Impacts:
SUB Measure Set List

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
SUB DATA ELEMENT LIST

Change:
ICD-9-CM Other Diagnosis Codes
ICD-9-CM Other Procedure Codes
ICD-9-CM Other Procedure Dates
ICD-9-CM Principal Diagnosis Code
ICD-9-CM Principal Procedure Code
ICD-9-CM Principal Procedure Date
To
ICD-10-CM Other Diagnosis Codes
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Other Procedure Dates
ICD-10-CM Principal Diagnosis Code
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Principal Procedure Date

Impacts:
SUB Measure Set List

Rationale: There are no future plans to adopt these measures by CMS for the IQR program.

Description of Changes:
Remove in page header under ‘Collected For’:
CMS Informational Only

Impacts:
Measure(s)
SUB-1
SUB-2
**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**
**Data Collection Approach**
**Change** 'ICD-9-CM' to:
ICD-10

**Impacts:**
Measure(s)
SUB-1
SUB-2
SUB-3
SUB-4

**Rationale:** There are no future plans to adopt these measures by CMS for the IQR program.

**Description of Changes:**
**Remove** in page header under ‘Collected For’:
CMS Informational Only

**Impacts:**
Measure(s)
SUB-3

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**
**Denominator Statement** – Included Populations
**Change** in first bullet:
*ICD-9-CM*
To
*ICD-10-CM*

**Change** in second bullet:
*ICD-9-CM*
To
*ICD-10-PCS*

**Denominator Statement** – Data Elements
**Change:**
*ICD-9-CM Other Diagnosis Codes*
*ICD-9-CM Other Procedure Code*
*ICD-9-CM Principal Diagnosis Code*
*ICD-9-CM Principal Procedure Code*
To
*ICD-10-CM Other Diagnosis Codes*
*ICD-10-PCS Other Procedure Code*
*ICD-10-CM Principal Diagnosis Code*
*ICD-10-PCS Principal Procedure Code*
Data Collection Approach

Change 'ICD-9-CM' to:
ICD-10

Data Accuracy

Change 'ICD-9-CM' to:
ICD-10

Impacts:
Measure(s)
SUB-3
SUB-4

Rationale: The data element is duplicative of Tables 13.2 and 13.3 which are already used to identify patients with alcohol or drug disorders via ICD-9-CM diagnosis codes. Removal of this data element will greatly reduce the burden of data abstraction.

Description of Changes:
Denominator Statement
Remove third bullet under “Included Populations”:
  • Patients with a progress or discharge note indicating drug or alcohol use disorder

Remove second bullet under “Data Elements”:
  • Alcohol or Drug Disorder

Algorithm
Remove decision point:
Check Alcohol or Drug Disorder

Impacts:
Measure(s)
SUB-4

Rationale: The data element is duplicative of Tables 13.2 and 13.3 which are already used to identify patients with alcohol or drug disorders via ICD-9-CM diagnosis codes. Removal of this data element will greatly reduce the burden of data abstraction.

Description of Changes:
SUB DATA ELEMENT LIST
Remove row in table:
Alcohol or Drug Disorder

Impacts:
Measure(s)
SUB-4

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Denominator Statement – Included Populations
Change in first bullet:
ICD-9-CM
To
*ICD-10-CM*

**Change** in second bullet:
*ICD-9-CM*

To
*ICD-10-PCS*

Denominator Statement – Data Elements

**Change:**

*ICD-9-CM Other Diagnosis Codes*

*ICD-9-CM Other Procedure Code*

*ICD-9-CM Principal Diagnosis Code*

*ICD-9-CM Principal Procedure Code*

To

*ICD-10-CM Other Diagnosis Codes*

*ICD-10-PCS Other Procedure Code*

*ICD-10-CM Principal Diagnosis Code*

*ICD-10-PCS Principal Procedure Code*

Data Collection Approach

**Change** ‘ICD-9-CM’ to:

ICD-10

**Impacts:**

Measure(s)

SUB-4

**Rationale:** The data element is duplicative of Tables 13.2 and 13.3 which are already used to identify patients with alcohol or drug disorders via ICD-9-CM diagnosis codes. Removal of this data element will greatly reduce the burden of data abstraction.

**Description of Changes:**

Denominator Statement

**Remove** third bullet under “Included Populations”:

- Patients who were identified with an alcohol or drug disorder

**Remove** second bullet under “Data Elements”:

- *Alcohol or Drug Disorder*

Algorithm

**Remove** decision point:

Check Alcohol or Drug Disorder
SECTION 3 – Missing and Invalid Data

Impacts: N/A

Rationale: Changes due to the conversion from ICD-9 to ICD-10 and removal of measures and data elements.

Description of Changes:
Data Collection and the Unable to be Determined (UTD) Allowable Value

Remove in first bullet:
Antibiotic Name

Change in first bullet:
ICD-9-CM Principal and Other Diagnosis Codes
To
ICD-10-CM Principal and Other Diagnosis Codes

Change:
ICD-9-CM Principal and Other Procedure Codes
To
ICD-10-PCS Principal and Other Procedure Codes

Change:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Missing and Invalid Episode of Care (EOC) Data
Change:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Change in first bullet:
ICD-9-CM Principal Diagnosis Codes
To
ICD-10-CM Principal Diagnosis Codes

Change in sub-bullet under first bullet:
ICD-9-CM Other Diagnosis Code
To
ICD-10-CM Other Diagnosis Code

ICD-9-CM Principal and Other Procedure Codes
To
ICD-10-PCS Principal and Other Procedure Codes

Change fourth bullet to:
• All cases submitted to the CMS Clinical Warehouse or the Joint Commission Data Warehouse are required to be complete if they have data related to:
  o Procedure Codes
If the abstractor, after due diligence, is not able to determine an answer, a value of “UTD” may be selected for the applicable data element. This includes:

- *ICD-10-PCS Principal Procedure Codes* and *ICD-10-PCS Other Procedure Codes* require the data element *ICD-10-PCS Principal Procedure Date* and *ICD-10-PCS Other Procedure Date* to be submitted with the case. Please see the data element definitions for further details on allowable values. If the case is missing the corresponding allowable answer value, the case will be rejected from the CMS Clinical Warehouse and the Joint Commission Warehouse.

---

### SECTION 4 – Population and Sampling Specifications

**Impacts:** N/A

**Rationale:** Reflects changes related to the conversion from ICD-9 to ICD-10 and removal of measures and/or data elements.

**Description of Changes:**

**Introduction - Population**

**Change** in first paragraph:

*ICD-9-CM* to *ICD-10*

**Change** in second paragraph:

*ICD-9-CM* to *ICD-10-CM*

**Change** first sentence in third paragraph to:

Cases identified as being in the Initial Patient Population for the measure set, strata or sub-population are eligible to be sampled.

**Introduction - Sampling**

**Change** second sentence in fourth paragraph to:

For Venous Thromboembolism (VTE) sampling is done by sub-population

**Change** throughout manual section:

QIO Clinical Warehouse to CMS Clinical Warehouse

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

**Change** “(AMI, CAC, HF, PN, SCIP, STK, VTE)” to:

(AMI, CAC, SCIP, SEP, STK, VTE)

**Change** first sentence in first bullet to:

Identify the Initial Patient Population for the other measure sets (AMI, CAC, SCIP, SEP, STK), strata or sub-populations (VTE).
Change in first bullet:

ICD-9-CM
To
ICD-10

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, SCIP, SEP, and STK), strata, or sub-populations (e.g., VTE) Initial Patient Population(s)

Change “Example” after second bullet to:

Example:
For 4th quarter the Global Initial Patient Population is 1550 and 100 for AMI. If the hospital is sampling, the minimum number of cases that would be required to be sampled would be 306 for Global (ED, IMM, TOB, and/or SUB) and 78 for AMI.

The hospital would pull 306 cases for the Global sample. From those 306 cases the hospital would determine how many of those cases were also AMI cases that met the initial patient population. If there are enough AMI cases in the Global sample pull to meet the minimum sampling requirements for that measure set, then no additional sample pull is needed.

If there are not enough cases in the Global sample pull to meet the AMI measure set minimum sampling requirements then an additional sample pull is needed. For example, from the Global sample pull there were 72 AMI cases identified that met the initial population criteria for the AMI measure set. As the minimum sample requirements for AMI is 78, 6 additional AMI cases would need to be pulled from the AMI Initial Patient Population.

Change “Note” after “Example” to:

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, SCIP, and SEP only.

Order of Data Flow - Hospitals Not Submitting the Measure Sets Under the Global Initial Patient Population to The Joint Commission Only

Change in first sentence “(AMI, CAC, HF, PN, SCIP, STK, VTE)” to:

(AMI, CAC, SCIP, SEP, STK, and VTE)

Change in first bullet to:

ICD-9-CM
To
ICD-10

Sample Size Requirements
Change in third paragraph:

PN
To
STK

Change in first sentence, fourth paragraph:

(e.g., SCIP and VTE)
To
(e.g., VTE)
Remove in third sentence, seventh paragraph:
HF, PN

Add new fourth sentence, seventh paragraph:
Hospitals that have five or fewer SEP discharges (both Medicare and non-Medicare combined) are not required to submit patient level data to the CMS Clinical Warehouse.

Transmission of Initial Patient Population and Sample Data Elements
Change in second paragraph:
ICD-9-CM
To
ICD-10

Remove bullet:
• ICD Population Size*

Remove footnotes:
   CMS: Not transmitted to CMS.

SECTION 9 – Data Transmission

Impacts: N/A
Rationale: Changes made to remove “QIO” from references to the CMS Clinical Warehouse.

Description of Changes:
Introduction
Change in first, fourth, fifth, and seventh paragraphs:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Impacts:
Data Transmission - Joint Commission
Rationale: Changes made to remove “QIO” from references to the CMS Clinical Warehouse and due to the removal of measures.

Description of Changes:
Hospital Initial Patient Population Data
Remove in first sentence:
HF, PN

Hospital Clinical Data
Change first bullet under third paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse
Impacts:
Data Transmission - CMS

Rationale: Changes made to remove “QIO” from references to the CMS Clinical Warehouse and due to the removal of measures.

Description of Changes:
Overview
Change in first paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

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

Submission of Hospital Clinical Data
Change in first paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Submission of Hospital Initial Patient Population Data
Change in first paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Impacts:
CMS and Joint Commission Guidelines for Submission of Data Overview

Rationale: Changes made to remove “QIO” from references to the CMS Clinical Warehouse, update information based on the conversion from ICD-9 to ICD-10, and to remove and/or add measures.

Description of Changes:
Change in first paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Impacts:
CMS and Joint Commission Guidelines for Submission of Hospital Clinical Data

Rationale: Changes made to remove “QIO” from references to the CMS Clinical Warehouse, update information based on the conversion from ICD-9 to ICD-10, and to remove and/or add measures.
**Description of Changes:**

**Minimum Data Requirements**

*Change* in second sentence:

QIO Clinical Warehouse

To

CMS Clinical Warehouse

**Allowable Measure Set Combination per Patient Episode of Care**

*Change* in ‘1’:

QIO Clinical Warehouse

To

CMS Clinical Warehouse

*Change* in ‘2’:

QIO Clinical Warehouse

To

CMS Clinical Warehouse

*Change* ‘a’ and ‘b’ in ‘2’ to:

a. AMI, ED, IMM, SCIP, VTE-No VTE sub-population, VTE-Other VTE Only sub-population, and Other Diagnosis of SEP for patients age 18 and older

b. STK, ED, IMM, SCIP, VTE-No VTE sub-population, VTE-Other VTE Only sub-population, and Other Diagnosis of SEP for patients age 18 and older

*Change* in ‘4’:

QIO Clinical Warehouse

To

CMS Clinical Warehouse

*Change* ‘5’ to:

5. Submission of multiple files for the same episode of care will not be accepted into the CMS Clinical Warehouse for the following *Measure Set* combinations:

a. AMI and Principal Diagnosis of SEP

b. STK and Principal Diagnosis of SEP

c. VTE – Principal VTE sub-population and Principal Diagnosis of SEP

*Change* in third paragraph:

QIO Clinical Warehouse

To

CMS Clinical Warehouse

**Requirements for XML Tags and Associated Data**

*Change* in paragraph:

QIO Clinical Warehouse

To

CMS Clinical Warehouse

**Export File Character Limitations**

*Change* in first sentence:

QIO Clinical Warehouse

To

CMS Clinical Warehouse
Missing Data Policy

Change in first paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Change in second paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Remove first and third bullets under second paragraph:
- Antibiotic Administration
- VTE Prophylaxis for SCIP measures only

Remove first and second bullets under third paragraph:
- Cases related to the patient’s receipt of antibiotics. Antibiotic Administration Name, Antibiotic Administration Date, Antibiotic Administration Time and Antibiotic Administration Route must be complete for each dose of antibiotics submitted. A dose is considered any row of antibiotics that contain all allowable answer values for the above listed data elements. If a case is submitted to the QIO Clinical Warehouse or the Joint Commission’s Data Warehouse with missing data for any dose of antibiotics, the case will be rejected.
- For SCIP measures only, the data element VTE Prophylaxis, allowable values 1-9 are required to include a corresponding answer to the data element VTE Timely. Please see the data element definitions for further details on allowable values. If the VTE Prophylaxis field is populated with an allowable value of 1-9 and the corresponding VTE Timely field is missing, the entire case will be rejected. If the VTE Prophylaxis field is populated with an allowable value of A, then the VTE Timely element cannot be submitted. If VTE Timely element is submitted with a corresponding VTE Prophylaxis of A, the entire case will be rejected.

Change under third paragraph:
ICD-9-CM Principal Procedure Code
ICD-9-CM Other Procedure Codes
ICD-9-CM Principal Procedure Date
ICD-9-CM Other Procedure Dates
QIO Clinical Warehouse
To
ICD-10-PCS Principal Procedure Code
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Principal Procedure Date
ICD-10-PCS Other Procedure Dates
CMS Clinical Warehouse

Required Patient Identifiers Based on Payment Source

Change in ‘1’:
QIO Clinical Warehouse
To
CMS Clinical Warehouse
Definition of Valid Patient HIC (PTHIC)

Change in ‘Note’:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Unique Record Key

Change:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Principal and Other Diagnosis and Procedure Codes

Change in first and second bullets:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Patient-Level Clinical Data XML File Layout

Change under ‘Submission’ section:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Change in ‘Note’ section:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Impacts:
CMS and Joint Commission Guidelines for Submission of Hospital Initial Patient Population Data

Rationale: Changes made to remove “QIO” from references to the CMS Clinical Warehouse, the removal of measures and the conversion from ICD-9 to ICD-10.

Description of Changes:
Change in fourth sentence:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Hospital Initial Patient Population Data XML File Layout

Change under ‘Submission’ section:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Change under ‘Time Period’ section:
QIO Clinical Warehouse
To
CMS Clinical Warehouse
Remove under ‘Population Details’ section in ‘1’:
HF, PN

Add under ‘Population Details’ section in ‘1’:
SEP

Remove under ‘Population Details’ section in ‘2’:
SCIP and

---

### Transmission Alphabetical Data Dictionary

**Impacts:**
- Initial Patient Population Size – Medicare Only
- Initial Patient Population Size – Non-Medicare Only

**Rationale:** Changes due to the conversion from ICD-9 to ICD-10 and the removal of measures.

**Description of Changes:**

**Change:**
ICD-9-CM
To
ICD-10

**Format**
Remove from **Occurs: Non-stratified Measure Sets**:
HF, PN,

Add to **Occurs: Non-stratified Measure Sets**:
SCIP, SEP,

Remove from **Occurs: Stratified Measure Sets**:
- The SCIP measure set has eight occurrences, one for each stratum.

---

**Impacts:**
Measure Set

**Rationale:** Changes due to the conversion from ICD-9 to ICD-10 and the removal of measures.

**Description of Changes:**

**Format**

**Change:**
Occurs: Hospital Initial Patient Population Data file: 1 – 8
To:
Occurs: Hospital Initial Patient Population Data file: 1 – 7

---

**Impacts:**
Sample Size – Medicare Only
Sample Size – Non-Medicare Only

**Rationale:** Changes due to the conversion from ICD-9 to ICD-10 and the removal of measures.
Description of Changes:

Notes

Change in third bullet, first sub-bullet:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Format

Remove from ‘Occurs’:
HF, PN,

Add to ‘Occurs’:
SCIP, SEP,

Remove from ‘Occurs: Stratified Measure Sets’:
- The SCIP measure set has eight occurrences, one for each stratum.

Impacts:

Sampling Frequency

Rationale: Changes due to the conversion from ICD-9 to ICD-10 and the removal of measures.

Description of Changes:

Format

Remove from ‘Occurs’:
HF, PN,

Add to ‘Occurs’:
SCIP, SEP,

Remove from ‘Occurs: Stratified Measure Sets’:
- The SCIP measure set has eight occurrences, one for each stratum.

Transmission Data Processing Flow: Clinical

Impacts: N/A

Rationale: Changes made to remove “QIO” from references to the CMS Clinical Warehouse and the removal of measures.

Description of Changes:

Introduction

Change in first and second paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

Transmission Data Processing Flow

Change in ‘5’ and ‘14’:
QIO Clinical Warehouse
To
CMS Clinical Warehouse
**Change** in ‘12’:
PN
To
STK

**Transmission Data Processing Flow Algorithm**

**Change**:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

**Remove** second note on third page of algorithm:
For example:
-SCIP and PN: Antibiotic Grid
-SCIP: VTE Grid

**Change** in third note on third page of algorithm:
SCIP
To
STK

**Change** fourth note on third page of algorithm to:
For example:
- Measure Set = STK, but a record for the same patient has already been accepted by the Warehouse for the Measure Set.

---

**Transmission Data Processing Flow: Population and Sampling**

**Impacts:** N/A

**Rationale:** Changes made to remove “QIO” from references to the CMS Clinical Warehouse.

**Description of Changes:**

**Introduction**

**Change** in first and second paragraph:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

**Transmission Data Processing Flow**

**Change** in ‘10a’:
QIO Clinical Warehouse
To
CMS Clinical Warehouse

---

**Hospital Clinical Data XML File Layout**

**Impacts:**
Data Elements

**Rationale:** Changes related to the removal of measures.
Description of Changes:

**Remove** the following elements:
- ACEI Prescribed at Discharge
- Alcohol or Drug Disorder
- Anesthesia End Date
- Anesthesia End Time
- Anesthesia Start Time
- Another Source of Infection
- Antibiotic Administration Date
- Antibiotic Administration Route
- Antibiotic Administration Time
- Antibiotic Allergy
- Antibiotic Name
- Antibiotic Received
- ARB Prescribed at Discharge
- Aspirin Received Within 24 Hours Before or After Hospital Arrival
- Beta-Blocker Current Medication
- Beta-Blocker During Pregnancy
- Beta-Blocker Perioperative
- Beta-Blocker Prescribed at Discharge
- Catheter Removed
- Chest X-Ray
- First PCI Date
- First PCI Time
- LDL-c Greater Than or Equal to 100 mg/dL
- LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival
- LVF Assessment
- LVSD
- Monitoring Documentation
- Non-Primary PCI
- Oral Antibiotics
- Other Surgeries
- Perioperative Death
- Pneumonia Diagnosis: ED/Direct Admit
- Preadmission Oral Anticoagulation Therapy
- Pre-Arrival Lipid Lowering Agent
- Preoperative Hair Removal
- Pseudomonas Risk
- Reason for Alternative Empiric Antibiotic Therapy
- 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
- Reason for Not Administering Beta-Blocker Perioperative
- Reason for Not Administering VTE Prophylaxis
- Reason for Continuing Urinary Catheterization
- Reason to Extend Antibiotics
- Surgical Incision Date
Surgical Incision Time
UFH Therapy Administration
Urinary Catheter
Vancomycin
VTE Timely

**Impacts:**
New Data Elements

**Rationale:** A new measure set is being added to align with CY 2015 IPPS Final Rule.

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

**Add** the following data elements:
- Administrative Contraindication to Care
- Bedside Cardiovascular Ultrasound Date
- Bedside Cardiovascular Ultrasound Performed
- Bedside Cardiovascular Ultrasound Time
- Blood Culture Collection
- Blood Culture Collection Date
- Blood Culture Collection Time
- Blood Culture Collection
- Broad Spectrum or Other Antibiotic Administration
- Broad Spectrum or Other Antibiotic Administration Date
- Broad Spectrum or Other Antibiotic Administration Selection
- Broad Spectrum or Other Antibiotic Administration Time
- Capillary Refill Examination Date
- Capillary Refill Examination Performed
- Capillary Refill Examination Time
- Cardiopulmonary Evaluation Date
- Cardiopulmonary Evaluation Performed
- Cardiopulmonary Evaluation Time
- Central Venous Oxygen Measurement
- Central Venous Oxygen Measurement Date
- Central Venous Oxygen Measurement Time
- Central Venous Pressure Measurement
- Central Venous Pressure Measurement Date
- Central Venous Pressure Measurement Time
- Central Venous Pressure Measurement
- Crystalloid Fluid Administration
- Crystalloid Fluid Administration Date
- Crystalloid Fluid Administration Time
- Directive for Comfort Care, Septic Shock
- Directive for Comfort Care, Severe Sepsis
- Discharge Time
- Fluid Challenge Date
- Fluid Challenge Performed
- Fluid Challenge Time
- Hypotension
- Initial Lactate Level Collection
- Initial Lactate Level Date
- Initial Lactate Level Result
Initial Lactate Level Time
Passive Leg Raise Exam Date
Passive Leg Raise Exam Performed
Passive Leg Raise Exam Time
Peripheral Pulse Evaluation Date
Peripheral Pulse Evaluation Performed
Peripheral Pulse Evaluation Time
Repeat Lactate Level Collection
Repeat Lactate Level Date
Repeat Lactate Level Time
Septic Shock Present
Septic Shock Presentation Date
Septic Shock Presentation Time
Severe Sepsis Present
Severe Sepsis Presentation Date
Severe Sepsis Presentation Time
Skin Examination Date
Skin Examination Performed
Skin Examination Time
Vasopressor Administration
Vasopressor Administration Date
Vasopressor Administration Time
Vital Signs Review Date
Vital Signs Review Performed
Vital Signs Review Time

Impacts:
<episode-of-care>

Rationale: Changes due to the removal and addition of measures.

Description of Changes:
Elements
Remove under Valid Values:
HF
PN

Add under Valid Values
SEP (CMS Only)

Impacts:
Alcohol or Drug Use Status Post Discharge - Counseling
Alcohol or Drug Use Status Post Discharge - Medication
Alcohol Use Status Post Discharge - Quit Status

Rationale: Changes due to the suspension of SUB-4.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add to Programming Notes:
Data Collection Suspended
Impacts:
Alcohol Use Status

Rationale: Changes to the data element allowable values.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change the following Answer Value to:
2 The patient was screened with a validated tool within the first three days of admission and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.
4 The patient was screened with a non-validated tool within the first three days of admission and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.

Impacts:
Anesthesia Start Date

Rationale: Changes due to the removal of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Applicable Measure(s) to:
SCIP-Inf-4, VTE-2

Remove all programming notes

Impacts:
Anesthesia Start Date
Clinical Trial
ICD-9-CM Principal Diagnosis Code

Rationale: Changes related to the suspension of SCIP-Inf-4.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under Programming Notes
Data Collection Suspended: SCIP-Inf-4

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

Rationale: Changes due to the removal of measures.
Description of Changes: Hospital Clinical Data – Detail Elements Information

Remove under Programming Notes: Collected by CMS as Voluntary Only

Impacts: Arrival Date

Rationale: Changes due to the removal of measures.

Description of Changes: Hospital Clinical Data – Detail Elements Information

Change Applicable Measure(s) to AMI-7a, STK-4, STK-5, ED-1

Remove under Programming Notes: Collected by CMS as Voluntary Only: AMI-1, AMI-7, AMI-8, AMI-8a, PN-6, STK-5

Impacts: Arrival Time

Rationale: Changes due to the removal of measures.

Description of Changes: Hospital Clinical Data – Detail Elements Information

Change Applicable Measure(s) to AMI-7a, STK-4, ED-1

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

Impacts: Clinical Trial

Rationale: Changes due to the removal of measures.

Description of Changes: Hospital Clinical Data – Detail Elements Information

Change Applicable Measure(s) to AMI-7a, SCIP-Inf-4, STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-5, VTE-6, CAC-3

Remove under Programming Notes: 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: Changes due to the removal of measures.
Description of Changes:
Hospital Clinical Data – Detail Elements Information

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

Remove under Programming Notes:
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: Changes due to the removal and suspension of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information

Change Applicable Measure(s) to:
All IMM Measures, CAC-3, SEP-1, STK-2, STK-3, STK-6, STK-8, STK-10, SUB-3, SUB-4, TOB-3, TOB-4, VTE-3, VTE-5

Change under Programming Notes:
Collected by CMS as Voluntary Only: IMM-1

Add under Programming Notes:
Joint Commission Data Collection Suspended: SUB-4, TOB-4
Collected by CMS Only: SEP-1

Impacts:
Drug Use Status Post Discharge - Quit Status
Follow-Up Contact
Follow-Up Contact Date
Tobacco Use Status Post Discharge - Counseling
Tobacco Use Status Post Discharge - Medication
Tobacco Use Status Post Discharge - Quit Status

Rationale: Changes due to the suspension of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information

Add under Programming Notes:
Data Collection Suspended

Impacts:
Elective Carotid Intervention

Rationale: Changes due to the removal of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information

Remove under Programming Notes:
Collected by CMS as Voluntary Only: STK-2, STK-3, STK-5, STK-10
Impacts:
Fibrinolytic Administration
Fibrinolytic Administration Date
Fibrinolytic Administration Time
Initial ECG Interpretation

Rationale: Changes due to the removal of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Applicable Measure(s) to:
AMI-7a

Remove under Programming Notes:
Collected by CMS as Voluntary Only

Impacts:
Glucose
Infection Prior to Anesthesia

Rationale: Changes related to the suspension of SCIP-Inf-4.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under Programming Notes
Data Collection Suspended: SCIP-Inf-4

Impacts:
ICU Admission or Transfer

Rationale: Changes due to the removal of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Applicable Measure(s) to:
VTE-1, VTE-2

Remove under Programming Notes:
Collected by CMS as Voluntary Only: PN-6

Impacts:
ICD-9-CM Other Diagnosis Codes

Rationale: Changes due to the conversion to ICD-10.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Question to ICD-10-CM Other Diagnosis Code
Change ICD-9-CM to ICD-10 CM
Change Data Type to Character
Change Field Size to 3 – 7
Add to Answer Code:
- upper or lower case

Change Answer Value to:

Change under Applicable Measure(s):
Used in the algorithm for All VTE Measures, IMM-1, TOB-2, TOB-3, TOB-4, SUB-3, SUB-4

Add under Programming Notes:
Suspended by The Joint Commission: IMM-1, TOB-4, SUB-4

Impacts:
ICD-9-CM Other Procedure Codes

Rationale: Changes due to the conversion to ICD-10.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Question to ICD-10-PCS Other Procedure Codes
Change ICD-9-CM to ICD-10-PCS
Change Data Type to Character
Change Field Size to 3 – 7
Add to Answer Code:
- upper or lower case
Change Answer Value to:

Change under Applicable Measure(s):
Used in the algorithm for IMM-1, IMM-2, SUB-3, SUB-4

Add under Programming Notes:
Suspended by The Joint Commission: IMM-1, TOB-4, SUB-4

Impacts:
ICD-9-CM Other Procedure Dates

Rationale: Changes due to the conversion to ICD-10.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Question to ICD-10-PCS Other Procedure Dates
Impacts:
ICD-9-CM Principal Diagnosis Code

Rationale: Changes due to the conversion to ICD-10.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Question to ICD-10-CM Principal Diagnosis Code

Change ICD-9-CM to ICD-10-CM
Change Data Type to Character
Change Field Size to 3 – 7
Add to Answer Code:
- upper or lower case
Change Answer Value to:

Change under Applicable Measure(s):
Used in the algorithm for all ED, STK, and VTE Measures, SCIP-Inf-4, IMM-1, TOB-2, TOB-3, TOB-4, SUB-3, SUB-4

Add under Programming Notes:
Suspended by The Joint Commission: IMM-1, TOB-4, SUB-4

Impacts:
ICD-9-CM Principal Procedure Code

Rationale: Changes due to the conversion to ICD-10.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Question to ICD-10-PCS Principal Procedure Code

Change ICD-9-CM to ICD-10-PCS
Change Data Type to Character
Change Field Size to 3 – 7
Add to Answer Code:
- upper or lower case
Change Answer Value to:

Change under Applicable Measure(s):
Used in the algorithm for VTE-1, VTE-2, IMM-1, IMM-2, SUB-3, SUB-4

Add under Programming Notes:
Suspended by The Joint Commission: IMM-1, TOB-4, SUB-4
Impacts:
ICD-9-CM Principal Procedure Date

Rationale: Changes due to the conversion to ICD-10.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Question to ICD-10-PCS Principal Procedure Date

Impacts:
Infection Prior to Anesthesia

Rationale: Changes due to the removal of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Remove from Applicable Measures:
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3

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

Impacts:
Prescription for Tobacco Cessation Medication

Rationale: Changes due to the suspension of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Add under Programming Notes:
Data Collection Suspended: TOB-4

Impacts:
Reason for Delay in Fibrinolytic Therapy

Rationale: Changes due to the removal of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Remove from Applicable Measures:
AMI-7

Remove under Programming Notes:
Collected by CMS as Voluntary Only: AMI-7

Impacts:
Reason for No Tobacco Cessation Medication During the Hospital Stay

Rationale: Changes to the data element suggested data collection question.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Suggested Data Collection Question to:
Is there documentation of a reason for not administering one of the FDA-approved tobacco cessation medications during the hospital stay within the first three days of admission?
Impacts:
Tobacco Use Treatment FDA - Approved Cessation Medication

Rationale: To reflect changes to the suggested data collection question and allowable values.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change the Suggested Data Collection question to:
Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay within the first three days after admission?

Change Answer Values to:
1 The patient received one of the FDA-approved tobacco cessation medications during the hospital stay within the first three days after admission.
2 The patient refused the FDA-approved tobacco cessation medications during the hospital stay within the first three days after admission.
3 FDA-approved tobacco cessation medications were not offered to the patient during the hospital stay within the first three days after admission or unable to determine (UTD) from medical record documentation.

Impacts:
Tobacco Use Treatment Practical Counseling

Rationale: To reflect changes to the suggested data collection question and allowable values.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Suggested Data Collection Question to:
Did the patient receive all of the components of practical counseling during the hospital stay within the first three days after admission?

Change Answer Values to:
1 The patient received all components of practical counseling during the hospital stay within the first three days after admission.
2 The patient refused/declined practical counseling during the hospital stay within three days after admission.
3 Practical counseling was not offered to the patient during the hospital stay within the first three days after admission or unable to determine if tobacco use treatment was provided from medical record documentation.

Impacts:
Transfer From Another Hospital or ASC

Rationale: Changes due to the removal and addition of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Change Applicable Measures(s) to:
AMI-7a, SEP-1

Change Programming Notes to:
Collected by CMS Only: SEP-1
Impacts:
VTE Confirmed
VTE Diagnostic Test

Rationale: Changes related to the removal of VTE-4.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Remove VTE-4 from Applicable Measure(s)
Remove Programming Notes

---

Impacts:
VTE Prophylaxis

Rationale: Changes related to the removal of measures.

Description of Changes:
Hospital Clinical Data – Detail Elements Information
Remove SCIP-VTE-2 from Applicable Measure(s)
Remove from Programming Notes:
Collected by CMS as Voluntary Only: SCIP-VTE-2

---

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

Impacts:
<measure-set>

Rationale: Changes related to the removal and addition of measure sets.

Description of Changes:
Elements
Remove under Valid Values:
HF (CMS only)
PN (CMS only)
Add under Valid Values:
SEP (CMS only)

---

Impacts:
<stratum>

Rationale: Changes related to the removal and addition of measure sets.

Description of Changes:
Elements
Change verbiage under XML Element to:
Sub-element of the measure set = “VTE”

Change under the example “7” to “2”

Remove all references to SCIP Strata under Attributes, Description, Data Element, Valid Values, Data Type, Field Size, Date Required (CMS) and Data Required (The Joint Commission)
### SECTION 10 – CMS Outcome Measures (Claims Based)

#### Subsection 10.1 – Introduction Risk Standardized Mortality Measures

**Impacts:** N/A

**Rationale:** The claims-based measure specifications and resources are being removed from the specifications manual to reduce redundancy. A link is being provided to their location on the QualityNet.org website.

**Description of Changes:**
**Add** new section after ‘Introduction’:

**Measure Specifications**
The specifications for the measures can be found on QualityNet.org via the following link:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1163010421830
- MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality
- MORT-30-CABG: Coronary Artery Bypass Graft (CABG) 30-Day Mortality
- MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality
- MORT-30-HF: Heart Failure (HF) 30-Day Mortality
- MORT-30-PN: Pneumonia (PN) 30-Day Mortality
- MORT-30-STR: Acute Ischemic Stroke 30-Day Mortality

**Impacts:** N/A

**Rationale:** The claims-based measure specifications and resources are being removed from the specifications manual to reduce redundancy. A link is being provided to their location on the QualityNet.org website.

**Description of Changes:**
**Remove** Measure Specifications Forms (MIFs) in their entirety:
- MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality
- MORT-30-CABG: Coronary Artery Bypass Graft (CABG) 30-Day Mortality
- MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality
- MORT-30-HF: Heart Failure (HF) 30-Day Mortality
- MORT-30-PN: Pneumonia (PN) 30-Day Mortality
- MORT-30-STR: Acute Ischemic Stroke 30-Day Mortality

#### Subsection 10.2 – Introduction Risk Standardized Readmission and Complication Measures

**Impacts:** N/A

**Rationale:** The claims-based measure specifications and resources are being removed from the specifications manual to reduce redundancy. A link is being provided to their location on the QualityNet.org website.
Description of Changes:

Introduction

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

Add second sentence, third paragraph:
The HWR excludes cancer hospitals.

Remove last sentence, fourth paragraph:
The AMI, HF and Pneumonia measures also include admissions for Veterans Health Administration (VA) beneficiaries aged ≥ 65 years. The HWR excludes cancer hospitals.

Add new section after 'Introduction':

Measure Specifications

The specifications for the readmission measures can be found on QualityNet.org via the following link:
https://www.qualitynet.org/dcs/ContentServer?cid=1219069855841&pagename=QnetPublic%2FFPage%2FQnetTier4&c=Page

- READM-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Readmission
- READM-30-CABG:  Coronary Artery Bypass Graft (CABG) 30-Day Readmission
- READM-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission
- READM-30-HF: Heart Failure (HF) 30-Day Readmission
- READM-30-HWR: Hospital-Wide 30-Day Readmission
- READM-30-PN: Pneumonia (PN) 30-Day Readmission
- READM-30-STR: Acute Ischemic Stroke 30-Day Readmission
- READM-30-THA/TKA: THA/TKA 30-Day Readmission

The specifications for the complication measures can be found on QualityNet.org via the following link:
https://www.qualitynet.org/dcs/ContentServer?cid=1219069855841&pagename=QnetPublic%2FFPage%2FQnetTier4&c=Page

- COMP-THA/TKA: THA/TKA Complication

Add in third sentence, last paragraph on the page:
CABG

Impacts: N/A

Rationale: The claims-based measure specifications and resources are being removed from the specifications manual to reduce redundancy. A link is being provided to their location on the QualityNet.org website.

Description of Changes:

Remove Measure Specifications Forms (MIFs) in their entirety:

- READM-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Readmission
- READM-30-CABG:  Coronary Artery Bypass Graft (CABG) 30-Day Readmission
- READM-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission
- READM-30-HF: Heart Failure (HF) 30-Day Readmission
- READM-30-HWR: Hospital-Wide 30-Day Readmission

Specifications Manual for Hospital Inpatient Quality Measures Page 94
Discharges 10-1-15 (4Q15) through 06-30-16 (2Q16)
• README-30-PN: Pneumonia (PN) 30-Day Readmission
• README-30-STR: Acute Ischemic Stroke 30-Day Readmission
• README-30-THA/TKA: THA/TKA 30-Day Readmission

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

No updates in AHRQ section.

Subsection 10.4 – Healthcare Associated Infections (HAI) Measures

No updates in HAI section.

Subsection 10.5 – CMS Episode-of-Care Payment Measures

Impacts: N/A

Rationale: The claims-based measure specifications and resources are being removed from the specifications manual to reduce redundancy. A link is being provided to their location on the QualityNet.org website.

Description of Changes:
Add new section after 'Introduction':
Measure Specifications
The specifications the following measures can be found on QualityNet.org via the following link:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228773321331
• PAYM-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Payment
• PAYM-30-HF: Heart Failure (HF) 30-Day Payment
• PAYM-30-PN: Pneumonia (PN) 30-Day Payment

Impacts: N/A

Rationale: The claims-based measure specifications and resources are being removed from the specifications manual to reduce redundancy. A link is being provided to their location on the QualityNet.org website.

Description of Changes:
Remove Measure Specifications Forms (MIFs) in their entirety:
• PAYM-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Payment
• PAYM-30-HF: Heart Failure (HF) 30-Day Payment
• PAYM-30-PN: Pneumonia (PN) 30-Day Payment

Subsection 10.6 – Structural Measures

No updates in Structural Measures section.
## APPENDICES

### Appendix A – ICD-10 Code Tables

**Impacts:**
Word and Excel

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Change** page title from:
Appendix A.1
ICD-9-CM Code Tables
To
Appendix A.1
ICD-10 Code Tables

**Remove** all ICD-9 tables and replace with ICD-10 code tables.

**Impacts:**
Word and Excel

**Rationale:** Measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

**Description of Changes:**

**Remove** in their entirety then add “Reserved for Future Use” next to table number (refer to manual for updates):

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>Percutaneous Coronary Intervention (PCI)</td>
</tr>
<tr>
<td>2.2</td>
<td>Left Ventricular Assistive Device (LVAD) and Heart Transplant</td>
</tr>
<tr>
<td>3.1</td>
<td>Pneumonia (PN)</td>
</tr>
<tr>
<td>3.2</td>
<td>Septicemia</td>
</tr>
<tr>
<td>3.3</td>
<td>Respiratory Failure</td>
</tr>
<tr>
<td>3.4</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>4.07</td>
<td>Cesarean Section</td>
</tr>
<tr>
<td>5.01</td>
<td>Coronary Artery Bypass Graft (CABG)</td>
</tr>
<tr>
<td>5.02</td>
<td>Other Cardiac Surgery</td>
</tr>
<tr>
<td>5.03</td>
<td>Colon Surgery</td>
</tr>
<tr>
<td>5.04</td>
<td>Hip Arthroplasty</td>
</tr>
<tr>
<td>5.05</td>
<td>Knee Arthroplasty</td>
</tr>
<tr>
<td>5.06</td>
<td>Abdominal Hysterectomy</td>
</tr>
<tr>
<td>5.07</td>
<td>Vaginal Hysterectomy</td>
</tr>
<tr>
<td>5.08</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td>5.10</td>
<td>Major Surgery</td>
</tr>
<tr>
<td>5.16</td>
<td>Urological/Perineal</td>
</tr>
<tr>
<td>5.25</td>
<td>Other Major Surgery for Sampling</td>
</tr>
<tr>
<td>5.26</td>
<td>SCIP- Left Ventricular Assistive Device (LVAD) and Heart Transplant</td>
</tr>
</tbody>
</table>
Impacts:
New ICD Code Table (Word and Excel)

Rationale: A new measure set is being added to align with CY 2015 IPPS Final Rule.

Description of Changes:
Word document
Add new row in table under “Index”:
Table 4.01 Severe Sepsis and Septic Shock (SEP)

Add new table:
Table 4.01 Severe Sepsis and Septic Shock (SEP)

Excel document
Add new table and respective codes (refer to manual):
Table 4.01 Severe Sepsis and Septic Shock (SEP)

Appendix C – Medication Tables

Impacts:
Word and Excel

Rationale: Measures are being removed at the direction of CMS due to consistently high performance rates as per the CY 2015 IPPS Final Rule.

Description of Changes:
Remove in their entirety then add “Reserved for Future Use” next to table number (refer to manual for updates):
Table 1.1 Aspirin and Aspirin-Containing Medications
Table 1.2 ACEIs
Table 1.3 Beta-Blockers
Table 1.7 ARBs
Table 2.1 Antimicrobial Medications
Table 2.2 Immunosuppressive Medications
Table 2.3 Beta-Lactams
Table 2.4 Beta-Lactams (Antipneumococcal/Antipseudomonal)
Table 2.5 Macrolides (Non-ICU)
Table 2.6 Macrolides (ICU)
Table 2.7 Aztreonam (PN-Pseudomonal Risk/SCIP-Colon β-lactam Allergy)
Table 2.8 Antipseudomonal Quinolones
Table 2.9 Antipneumococcal Quinolones
Table 2.10 Tetracyclines
Table 2.11 Aminoglycosides (PN-Pseudomonal Risk/SCIP-Colon or Hysterectomy β-lactam Allergy)
Table 2.12 Tigecycline
Table 2.14 Quinolones – Parenteral
Table 2.15 Systemic Corticosteroid Medications
Table 2.16 ICU \(\beta\)-lactams
Table 2.17 Pseudomonal Risk \(\beta\)-lactam Allergy
Table 3.1 Cardiac or Vascular – Antibiotics
Table 3.2 Hip/Knee Arthroplasty and Colon – Antibiotics
Table 3.5 Colon - Parenteral – Antibiotics – I
Table 3.6 Colon – Parenteral – Antibiotics - II
Table 3.6a Colon, Hysterectomy – Parenteral – Antibiotics – III
Table 3.6b Colon-Parenteral – Antibiotics – IV
Table 3.7 Hysterectomy – Antibiotics
Table 3.8 CABG, Cardiac or Vascular, Hip/Knee Arthroplasty – Antibiotics
Table 3.9 CABG, Cardiac or Vascular, Hip/Knee Arthroplasty, \(\beta\)-lactam allergic Colon and Hysterectomy – Antibiotics
Table 3.10 All Surgeries – Antibiotics/Fluoroquinolone
Table 3.11 All Surgeries - Urinary Antiseptics
Table 3.12 Hysterectomy and Colon Quinolones
Table 3.13 Diuretics
Table 3.14 Positive Inotropic and Vasopressor Agents (IV only)-SCIP
Table 3.15 Paralytic Agents
Table 3.16 All Surgeries – Antibiotics/Fluoroquinolone

Impacts:
New Medication Tables (Word and Excel)

Rationale: A new measure set is being added to align with CY 2015 IPPS Final Rule.

Description of Changes:
Word document
Add new row in table name under “Index”:
Table 5.0 Antibiotic Monotherapy, Sepsis
Table 5.1 Antibiotic Generic/Trade name Crosswalk, Sepsis
Table 5.2 Vasopressors for Septic Shock

Add new table:
Table 5.0 Antibiotic Monotherapy, Sepsis
Table 5.1 Antibiotic Generic/Trade name Crosswalk, Sepsis
Table 5.2 Vasopressors for Septic Shock

Excel document
Add new tables and respective medications (refer to manual):
Table 5.0 Antibiotic Monotherapy, Sepsis
Table 5.1 Antibiotic Generic/Trade name Crosswalk, Sepsis
Table 5.2 Vasopressors for Septic Shock
Impacts:
Table 1.6 Lipid Lowering Medications (Word and Excel)

Rationale: This change is to update measure information to align with 2013 guideline recommendations on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease in adults.

Description of Changes:
Remove in its entirety then add “Reserved for Future Use” next to table number (refer to manual for updates):
Table 1.6 Lipid Lowering Medications

Impacts:
Table 6.1 Controller Medications – CAC (Word and Excel)

Rationale: Update of medication tables to add new FDA approved drugs and to remove outdated drugs in order to maintain consistency with guidelines.

Description of Changes:
Remove row, trade and generic name respectively:
Left column: AeroBid
Right column: Flunisolide

Add row, trade and generic name respectively:
Left column: Arnuity Ellipta
Right column: Fluticasone furoate

Add row, trade and generic name respectively:
Left column: Asmanex HFA
Right column: Mometasone

Add row, trade and generic name respectively:
Left column: Fluticasone furoate
Right column: Fluticasone furoate

Add row, trade and generic name respectively:
Left column: Uniphyl
Right column: Theophylline

Impacts:
Table 6.2 Reliever Medications – CAC (Word and Excel)

Rationale: Update of medication tables to add new FDA approved drugs and to remove outdated drugs in order to maintain consistency with guidelines.

Description of Changes:
Add row, trade and generic name respectively:
Left column: Albuterol
Right column: Albuterol

Add row, trade and generic name respectively:
Left column: Vospire ER
Right column: Albuterol
Impacts:
Table 8.2 Antithrombotic Medications – Stroke (Word and Excel)

Rationale: On January 8, 2015, the U.S. Food and Drug Administration approved Savaysa (edoxaban), a new Oral Factor Xa Inhibitor drug, to reduce the risk of stroke and systemic embolism in patients with atrial fibrillation not caused by a heart valve problem.

Description of Changes:
Add:
Edoxaban
Savaysa

Impacts:
Table 8.3 Anticoagulant Medications – Stroke (Word and Excel)

Rationale: On January 8, 2015, the U.S. Food and Drug Administration approved Savaysa (edoxaban), a new Oral Factor Xa Inhibitor drug, to reduce the risk of stroke and systemic embolism in patients with atrial fibrillation not caused by a heart valve problem.

Description of Changes:
Add:
Edoxaban
Savaysa

Appendix D – Glossary of Terms

Impacts: N/A

Rationale: The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

Description of Changes:
Acute Myocardial Infarction (AMI)
Change:
ICD-9-CM
To
ICD-10-CM

Administrative/Billing Data (data source)
Change:
ICD-CM
To
ICD-10

Excluded Populations
Change:
ICD-9-CM
To
ICD-10
ICD-9-CM Codes
Remove definition in its entirety.

Initial Patient Populations
Change:
ICD-9-CM
To
ICD-10

Stratified Measure
Remove:
For example, surgical patients who received a prophylactic antibiotic within one hour prior to surgical incision is reported as all surgical patients with the appropriate ICD-9-CM Principal Procedure Code, who received the prophylactic antibiotic within one hour prior to surgical incision; however, the stratified measure(s) for SCIP-Inf-1 is reported by the specific ICD-9-CM Principal Procedure, such as CABG (SCIP-Inf-1b) or Other Cardiac Surgery (SCIP-Inf-1c).

Selected References
Remove:

Impacts: N/A

Rationale: Changes are being made due to the removal of measures and ICD code updates based on the Final Rule for CY 2015.

Description of Changes:
Remove in their entirety:
• Angioplasty
• Cardiac Module
• Cesarean Section
• Depilatories
• Empiric Antibiotic Therapy
• Heart Failure (HF)
• Infection Module
• Module
• Nosocomial Infection
• Oral Antibiotics
• Pneumonia (PN)
• Prophylactic Antibiotic
• Reperfusion
• Stent
• Surgical Infection Prevention (SIP)

Change throughout document:
QIO Clinical Warehouse
To
CMS Clinical Warehouse
Add:

ICD-10 Codes - The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization. It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases and procedures.

Chemotherapy
Remove in first sentence:
PN and

Sub-Population
Remove:
VTE-4

Subset Measure(s)
Remove:
This is distinctly different from measures that contain mutually exclusive sets of patients such as seen in the pneumonia measure set. For PN-6, the ICU patients are entirely separate from the non-ICU patients.

Surgical Care Improvement Project (SCIP)
Remove:
Utilizing ten process measures in three separate modules (infection, cardiac, and VTE), the goal is to reduce the incidence of surgical complications nationally.

Systemic Corticosteroids
Remove last sentence:
Refer to Appendix C, Table 2.15 for a listing of PN systemic corticosteroid medications.

Impacts: N/A

Rationale: A new measure set is being added to align with CY 2015 IPPS Final Rule.

Description of Changes:
Add:

Sepsis - The presence of pathogenic organisms or their toxins in the blood and tissue or poisoned condition resulting from the presence of pathogens or their toxins as in septicemia. With more than 258,000 lives being lost per year, sepsis ranks as the third leading cause of death in the U.S. (after heart disease and cancer).

Septic Shock - Systemic inflammatory response syndrome (SIRS) secondary to a documented infection. This response is a state of acute circulatory failure characterized by persistent arterial hypotension despite adequate fluid resuscitation or by tissue hypoperfusion (manifested by a lactate concentration > 4 mg/dL) unexplained by other causes.

Fluid Challenge - A diagnostic intervention whereby a small amount of fluid is given rapidly over a short period of time while monitoring cardiovascular readings. It is done to assess whether additional fluids will be beneficial or detrimental to the patient’s condition.

Passive Leg Raise - A test performed to assess whether patients will respond favorably to additional fluid administration. With the patient in a semi-reclining position, the legs are raised and cardiac functions monitored.
Appendix E – Overview of Measure Information Form and Flowchart Formats

Impacts: N/A

Rationale: Changes made due to the removal of measures.

Description of Changes:
Measure Set
Change in sentence:
pneumonia
To
stroke

Description
Change sentence to:
A brief explanation of the measure’s focus, such as the activity or the area on which the measure centers attention (e.g., ischemic stroke patients prescribed antithrombotic therapy at hospital discharge).

Improvement Noted As
Change second bullet to:
• A decrease in the rate/score/number of occurrences (e.g., potentially preventable venous thromboembolism).

Data Reported As
Change first bullet to:
• Aggregate rate generated from count data reported as a proportion (e.g., rate-based measures which report summary data generated from the number of STK patients prescribed antithrombotic therapy at hospital discharge over all STK patients).

Appendix F – Measure Name Crosswalk

Impacts: N/A

Rationale: Changes made due to measure name discrepancies between the Specifications Manual and the IPPS Final Rule.

Description of Changes:
Change second column header to:
Measure Name In Hospital Inpatient Specifications Manual 01/01/2015 discharges

Change third column header to:
Measure Name in Federal Register published August 2014 for FY2017 payment determination

Remove rows:
AMI-7a
AMI-8a
ED-1
ED-2
HF-2
IMM-2
SCIP-Inf-4
Change under third column to:
Cardiac Surgery Patients With Controlled 6A.M. postoperative blood glucose

MORT-30-AMI
Change under third column to:
Hospital 30-day, all cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older

MORT-30-HF
Change under third column to:
Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older

MORT-30-COPD
Change under third column to:
Hospital 30-day, all cause, risk-standardized mortality rate following acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD) hospitalization

READM-30-HF
Change under third column to:
Hospital 30-day all cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization for patients 18 and older

READM-30-COPD
Add under second column:
(COPD)
Change under third column to:
Hospital 30-day, All Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization

READM-30-STR
Add under second column:
hospitalization

Change under third column to:
30-day risk-standardized readmission rate (RSRR) following Stroke hospitalization

HAI - Central Line-Associated Bloodstream Infection (CLABSI)
Change under third column to:
National Healthcare Safety Network (NHSN) Central-line-associated Bloodstream Infection (CLABSI) Outcome Measure

HAI - Catheter-Associated Urinary Tract Infection (CAUTI)
Change under third column to:
National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure

HAI - Methicillin-resistant Staphylococcus aureus- (MRSA)
Change under third column to:
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure

HAI - Surgical Site Infection (SSI)
Change under third column to:
American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
  Colon Procedures
  Hysterectomy procedures

HAI - Clostridium Difficile (C-Difficile)
Change under third column to:
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure

Add rows:
PAYM-30-HF
PAYM-30-PN
PSI 90
MSPB

Appendix G – Resources

No updates in Appendix G.
Appendix H – Miscellaneous Tables

**Impacts:**
Table 2.1 VTE Prophylaxis Inclusion Table

**Rationale:** This change reflects the FDA approval of Eliquis (apixaban) for treatment of VTE.

**Description of Changes:**
**Change Footnote 1 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. It is additionally approved for treatment of DVT and PE and for the reduction in the risk of recurrent DVT and PE following initial therapy.

---

**Impacts:**
Table 2.1 VTE Prophylaxis Inclusion Table

**Rationale:** On January 8, 2015, the U.S. Food and Drug Administration approved Savaysa (edoxaban), a new oral factor Xa inhibitor drug, to reduce the risk of stroke and systemic embolism in patients with atrial fibrillation not caused by a heart valve problem.

**Description of Changes:**

**Oral Factor Xa Inhibitor**

Add in “Inclusion/Synonyms” column:
- Edoxaban
- Savaysa

Add footnote:

4 The FDA approved edoxaban (Savaysa) to reduce the risk of stroke and dangerous blood clots (systemic embolism) in patients with atrial fibrillation that is not caused by a heart valve problem. Savaysa has been approved to treat deep vein thrombosis (DVT) and pulmonary embolism (PE) in patients who have already been treated with anti-clotting drug administered by injection or infusion (parenterally), for five to ten days.

---

**Impacts:**
Table 2.7 Anticoagulation Therapy Table

**Rationale:** New oral anticoagulants will be removed to decrease confusion, as they are now FDA approved VTE prophylaxis in certain conditions.

**Description of Changes:**

Remove entire row:
- Oral Factor Xa Inhibitor
Appendix P – Preview Section

**Impacts:** N/A

**Rationale:** The ICD-9 codes used to report medical diagnoses and inpatient procedures are being replaced by ICD-10 codes per legislation.

**Description of Changes:**

**Remove:**

ICD-10 Code Tables
The ICD-9 to ICD-10 crosswalks corresponding to the ICD-10 code tables in this appendix can be found on QualityNet.org via the following link:

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228773918949

**Add** after first paragraph:

**NOTE:** There are currently no upcoming updates or proposed measures to preview in this section.

**Remove** all ICD-10 tables in their entirety (see Appendix A for ICD tables).