Pioneers in Quality Expert to Expert Webinar Series

2022 eCQM Annual Updates

On Demand Webinar

CE Credit Available for 6 weeks

March 14, 2022 – April 25, 2022

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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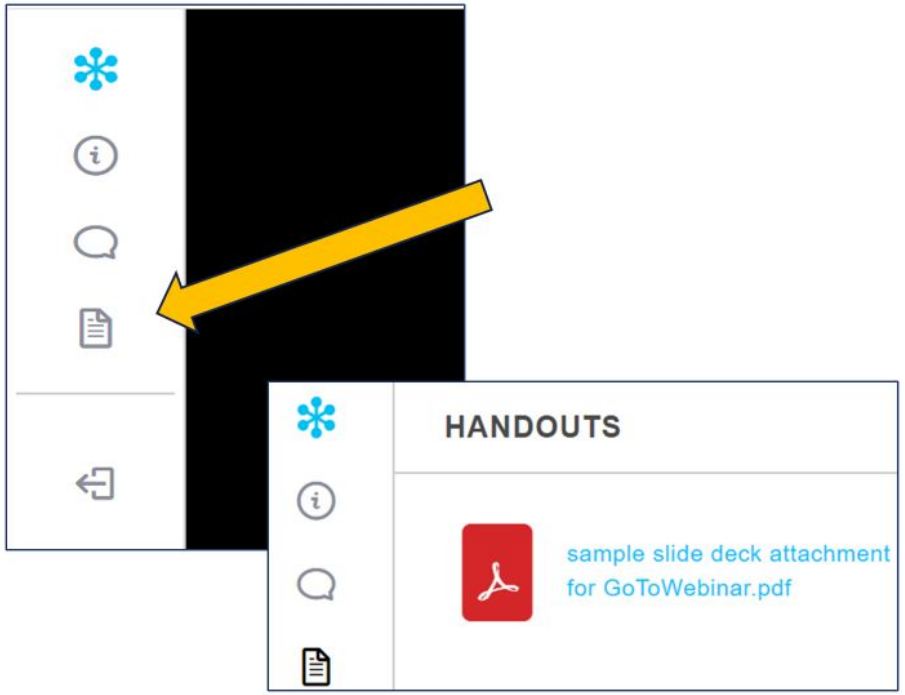

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Expert to Expert Webinar Series

eCQM Annual Updates Webinars

- VTE Measures
- Stroke Measures
- PC-05 Exclusive Breast Milk Feeding
- ED-2 Median Admit Decision Time to ED Departure Time
- Safe Use of Opioids- Concurrent Prescribing
- Joint Commission-only ePC measures (PC-01, 02, 06)

New Measure Review Webinars

- Hospital Harm - Severe Hypoglycemia
- Hospital Harm - Severe Hyperglycemia
- Joint Commission-only PC-07 Severe Obstetric Complications eCQM

Expert to Expert Series webpage: https://www.jointcommission.org/measurement/pioneers-in-quality/pioneers-in-quality-expert-to-expert-series/
eCQI Resource Center: https://ecqi.healthit.gov/general-ecqm-and-ecqi-education

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Resources

eCQI Resource Center – EH Measures:
https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms

Pioneers In Quality
https://www.jointcommission.org/measurement/pioneers-in-quality/

ONC Issue Tracking System
https://oncprojectracking.healthit.gov/

Previous Webinars
https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/

Live Q&A Segment

- Please submit questions via the question pane
- Click the Question mark icon in the audience toolbar
- A panel will open for you to type and submit your question
- Include slide reference number when possible
- All questions not answered verbally during the live event will be addressed in a written follow-up Q&A document
- The follow-up document will be posted to the Joint Commission website several weeks after the live event

Webinar recording

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https://www.jointcommission.org/measurement/pioneers-in-quality/pioneers-in-quality-expert-to-expert-series/

Coming Soon – Expert to Expert Webinars

- Webinar series began Dec 9 that incorporates expertise from The Joint Commission, Centers for Medicare & Medicaid Services, Mathematica, and Lantana to address the 2022 eCQM Annual Updates for: VTE, STK, PC, ED, and Safe Opioid Use measures.
- A new measure review webinar is also planned in February for new Hypoglycemia and Hyperglycemia eCQMs.
- Additional information will be available at this link as each webinar is offered: https://www.jointcommission.org/measurement/pioneers-in-quality/pioneers-in-quality-expert-to-expert-series/

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Thank you for attending!

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Pioneers in Quality Expert to Expert Webinar Series

eCQM Annual Update: STK, PC-05 Measures

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01/18/2022

Pioneers in Quality Expert to Expert Webinar Agenda: STK and PC-05 eCQMs

- Review broad technical changes made across eCQMs
- Explore similarities and differences between STK measures
- Review changes made to STK-2, STK-3, STK-5, STK-6 and PC-05
- FAQs
- Facilitated Audience Q&A Segment

Technical Overview – Broad changes made across eCQMs

Global Common Function Library Updates

Added ‘day of’ to Global.Inpatient Encounter definition

- **Global.Inpatient Encounter**
  - ["Encounter, Performed": "Encounter Inpatient"] EncounterInpatient
    where "LengthInDays"(EncounterInpatient.relevantPeriod)<= 120
    and EncounterInpatient.relevantPeriod ends during **day of**
    "Measurement Period”

- This change was needed to account for timezone offset normalization performed by some receiving systems.
- With ‘day of’, the comparison is performed to the day only, ignoring the time components, and no timezone offset normalization is performed.

What is UTC?

UTC represents Coordinated Universal Time

- UTC is the primary time standard by which the world regulates clocks and times.
- It is the current time at 0 degrees longitude (runs through Greenwich, England).
- Time zone offsets for the United States are displayed below:

Time Zone	Standard Time	Daylight Savings Time
Eastern	UTC – 05:00	UTC – 04:00
Central	UTC – 06:00	UTC – 05:00
Mountain	UTC – 07:00	UTC – 06:00
Pacific	UTC – 08:00	UTC – 07:00

- A discharge date/time of 2022-12-31 20:00:00 –0600 would convert to 2023-01-01 02:00:00 for measure calculation.
- **Without 'day of'** → this case will NOT be within Measurement Period due to UTC applied and will unintentionally fall out of the Initial Population.
- **With 'day of'** → this case will be within the Measurement Period due to time and UTC ignored and will satisfy the Initial Population as expected.

Global.NormalizeInterval() function

Global.NormalizeInterval (pointInTime DateTime, period Interval<DateTime>)

- if pointInTime is not null then Interval[pointInTime, pointInTime]
  else if period is not null then period
  else null as Interval<DateTime>

- **QDM data types have both a relevantDatetime and relevantPeriod -**
  - Assessment, Performed
  - Device, Applied
  - Diagnostic Study, Performed
  - Intervention, Performed
  - Laboratory Test, Performed
  - Medication, Active
  - Medication, Administered
  - Medication, Dispensed
  - Physical Exam, Performed
  - Procedure, Performed
  - Substance, Administered

Global.NormalizeInterval() function Cont.

Global.NormalizeInterval (pointInTime DateTime, period Interval<DateTime>)

- if pointInTime is not null then Interval[pointInTime, pointInTime]
  else if period is not null then period
  else null as Interval<DateTime>

- **A case with Procedure Performed -**
  - When relevantDatetime 2022-01-10 08:00:00 is available in the patient data → The function returns

    Interval[2022-01-10 08:00:00, 2022-01-10 08:00:00]
  - When relevantPeriod is available in the patient data as starts @ 2022-01-10 08:00:00 and ends @ 2022-01-10 11:00:00 → The function returns

    Interval[2022-01-10 08:00:00, 2022-01-10 11:00:00]

Global.EarliestOf() function

Global.EarliestOf((pointInTime DateTime, period Interval<DateTime>)

- Earliest(NormalizeInterval(pointInTime, period)

Global.Earliest(period Interval<DateTime>)

- if (HasStart(period)) then start of period
  else
  end of period

Global.HasStart(period Interval<DateTime>)

- not (start of period is null
  or start of period = minimum DateTime)

Global.EarliestOf() function Cont.

Global.EarliestOf((pointInTime DateTime, period Interval<DateTime>)

- Earliest(NormalizeInterval(pointInTime, period)

– **A case with Assessment Performed –**

- When relevantDatetime 2022-01-10 08:00:00 is available →

  Global.Earliest(Interval[2022-01-10 08:00:00, 2022-01-10 08:00:00]) → The function returns 2022-01-10 08:00:00

- When relevantPeriod is available as starts @ 2022-01-10 08:00:00 and ends @ 2022-01-10 11:00:00 →

  Global.Earliest(Interval[2022-01-10 08:00:00, 2022-01-10 11:00:00]) → The function returns 2022-01-10 08:00:00

- When start of relevantPeriod is NOT available as starts @ Null and ends @ 2022-01-10 11:00:00 →

  Global.Earliest(Interval[NULL, 2022-01-10 11:00:00]) → The function returns 2022-01-10 11:00:00

Global.LatestOf() function

Global.LatestOf((pointInTime DateTime, period Interval<DateTime>)

- Latest(NormalizeInterval(pointInTime, period)

Global.Latest(period Interval<DateTime>)

- if (HasEnd(period)) then end of period
  else
  start of period

Global.HasEnd(period Interval<DateTime>)

- not (end of period is null
  or end of period = maximum DateTime)

Annual Updates for 2022 Reporting Year

STK-2, STK-3, STK-5, STK-6

Stroke Measures

The STK measures are designed to monitor optimal ischemic stroke care for hospitalized inpatients.

- Three measures (STK-2, STK-3, STK-6) focus on therapies for secondary stroke prevention which should be prescribed prior to hospital discharge.
- One measure (STK-5) addresses an early intervention that should be taken when acute ischemic stroke is diagnosed.
- Updated clinical practice guideline recommendations from the American Heart Association / American Stroke Association, (Kleindorfer, et al., July 2021), reinforce the importance of these measures.

Initial Population – STK-2, STK-3, STK-5, STK-6

Inpatient hospitalizations for patients, ages 18 and older, discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days that ends during the measurement period.

Initial Population: TJC."Encounter with Principal Diagnosis and Age"

TJC.Encounter with Principal Diagnosis and Age

```
"All Stroke Encounter" AllStrokeEncounter
    with ["Patient Characteristic Birthdate"": "Birth Date"]  BirthDate
      such that Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of AllStrokeEncounter.relevantPeriod) >= 18
```

TJC.All Stroke Encounter

```
"Non Elective Inpatient Encounter" NonElectiveEncounter
  where exists ( NonElectiveEncounter.diagnoses Diagnosis
      where Diagnosis.rank = 1
        and ( Diagnosis.code in "Hemorrhagic Stroke"
            or Diagnosis.code in "Ischemic Stroke"
        )
  )
```

TJC.Non Elective Inpatient Encounter

```
["Encounter, Performed": "Non-Elective Inpatient Encounter"] NonElectiveEncounter
  where Global."LengthInDays" ( NonElectiveEncounter.relevantPeriod ) <= 120
    and NonElectiveEncounter.relevantPeriod ends during day of "Measurement Period"
```

Denominator: What is the difference?

STK-2, STK-5, STK-6

All patients in the initial population
with a principal diagnosis of ischemic stroke

STK-3

All patients in the initial population
with a principal diagnosis of ischemic stroke

- and (history of atrial ablation
  or current/history atrial fibrillation/flutter)

Denominator – STK-2, STK-5, STK-6

Inpatient hospitalizations for patients with a principal diagnosis of Ischemic stroke

Denominator: TJC.“Ischemic Stroke Encounter"

TJC.Ischemic Stroke Encounter

"**Encounter with Principal Diagnosis and Age**" EncounterWithAge
where exists (EncounterWithAge.diagnoses Diagnosis
where Diagnosis.code in "Ischemic Stroke"
and Diagnosis.rank = 1
)

Initial Patient Population: TJC.Encounter with Principal Diagnosis and Age
“All Stroke Encounter" AllStrokeEncounter
with ["Patient Characteristic Birthdate“": “Birth Date”] BirthDate
such that Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of AllStrokeEncounter.relevantPeriod) >= 18

TJC.All Stroke Encounter
"Non Elective Inpatient Encounter" NonElectiveEncounter
where exists (NonElectiveEncounter.diagnoses Diagnosis
where Diagnosis.rank = 1
and (Diagnosis.code in "Hemorrhagic Stroke"
or Diagnosis.code in "Ischemic Stroke“)
)

TJC.Non Elective Inpatient Encounter
["Encounter, Performed": "Non-Elective Inpatient Encounter"] NonElectiveEncounter
where Global."LengthInDays" (NonElectiveEncounter.relevantPeriod) <= 120
and NonElectiveEncounter.relevantPeriod ends during **day of** "Measurement Period"

Denominator – STK-3

Inpatient hospitalizations for patients with a principal diagnosis of ischemic stroke, and a history of atrial ablation, or current or history of atrial fibrillation/flutter

Denominator (STK-3): "Encounter with Atrial Ablation Procedure"
union **"Encounter with a History of Atrial Fibrillation or Flutter"**
union **"Encounter with Current Diagnosis Code of Atrial Fibrillation or Flutter"**

Denominator – STK-3 continued

Encounter with Atrial Ablation Procedure

TJC."**Ischemic Stroke Encounter**" IschemicStrokeEncounter
with ["Procedure, Performed": "Atrial Ablation"] AtrialAblation
such that **Global."NormalizeInterval" (AtrialAblation.relevantDatetime, AtrialAblation.relevantPeriod)**
starts before start of IschemicStrokeEncounter.relevantPeriod

union **Encounter with a History of Atrial Fibrillation or Flutter**

TJC."**Ischemic Stroke Encounter**" IschemicStrokeEncounter
with ["Diagnosis": "Atrial Fibrillation/Flutter"] AtrialFibrillationFlutter
such that AtrialFibrillationFlutter.prevalencePeriod starts on or before
end of IschemicStrokeEncounter.relevantPeriod

union **Encounter with Current Diagnosis Code of Atrial Fibrillation or Flutter**

TJC."**Ischemic Stroke Encounter**" IschemicStrokeEncounter
where exists (IschemicStrokeEncounter.diagnoses Diagnosis
where (Diagnosis.code in "Atrial Fibrillation/Flutter")
)

STK-2 Discharged on Antithrombotic Therapy

(CMS104v10)

Denominator Exclusions – STK-2

- Inpatient hospitalizations for patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations.
- Inpatient hospitalizations for patients discharged to another hospital
- Inpatient hospitalizations for patients who left against medical advice
- Inpatient hospitalizations for patients who expired
- Inpatient hospitalizations for patients discharged to home for hospice care
- Inpatient hospitalizations for patients discharged to a health care facility for hospice care
- Inpatient hospitalizations for patients with comfort measures documented

Denominator Exclusions: TJC."Ischemic Stroke Encounters with Discharge Disposition" union TJC."Encounter with Comfort Measures during Hospitalization"

Denominator Exclusions – STK-2

Denominator Exclusions:

- Inpatient hospitalizations for patients discharged to another hospital
- Inpatient hospitalizations for patients who left against medical advice
- Inpatient hospitalizations for patients who expired
- Inpatient hospitalizations for patients discharged to home for hospice care
- Inpatient hospitalizations for patients discharged to a health care facility for hospice care

Denominator Exclusions: TJC."Ischemic Stroke Encounters with Discharge Disposition"

```
( ( "Ischemic Stroke Encounter" IschemicStrokeEncounter
      where IschemicStrokeEncounter.dischargeDisposition in "Discharge To Acute Care Facility"
        or IschemicStrokeEncounter.dischargeDisposition in "Left Against Medical Advice"
        or IschemicStrokeEncounter.dischargeDisposition in "Patient Expired"
        or IschemicStrokeEncounter.dischargeDisposition in "Discharged to Home for Hospice Care"
        or IschemicStrokeEncounter.dischargeDisposition in "Discharged to Health Care Facility for Hospice Care"
  )
)
```

Denominator Exclusions – STK-2 continued

Inpatient hospitalizations for patients with comfort measures documented

Denominator Exclusions:
union TJC."Encounter with Comfort Measures during Hospitalization"

TJC."Encounter with Comfort Measures during Hospitalization"
"Ischemic Stroke Encounter" IschemicStrokeEncounter
with "Intervention Comfort Measures" ComfortMeasure
such that Coalesce(start of **Global."NormalizeInterval"(ComfortMeasure.relevantDatetime, ComfortMeasure.relevantPeriod)**, ComfortMeasure.authorDatetime)during Global."HospitalizationWithObservation" (IschemicStrokeEncounter)

TJC.Intervention Comfort Measures
["Intervention, Order": "Comfort Measures"]
union ["Intervention, Performed": "Comfort Measures"]

Numerator – STK-2

Inpatient hospitalizations for patients prescribed or continuing to take antithrombotic therapy at hospital discharge

Numerator
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Antithrombotic Therapy at Discharge" DischargeAntithrombotic
    such that DischargeAntithrombotic.authorDatetime during IschemicStrokeEncounter.relevantPeriod

Antithrombotic Therapy at Discharge
["Medication, Discharge": "Antithrombotic Therapy"]

Denominator Exceptions – STK-2

Inpatient hospitalizations for patients with a documented reason for not prescribing antithrombotic therapy at discharge.

Inpatient hospitalizations for patients who receive Ticagrelor or Prasugrel as an antithrombotic therapy at discharge.

Denominator Exceptions
"Encounter With No Antithrombotic At Discharge"
union "Encounter With Pharmacological Contraindications for Antithrombotic Therapy at Discharge"

Encounter With No Antithrombotic At Discharge

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Antithrombotic Not Given at Discharge" NoDischargeAntithrombotic
    such that NoDischargeAntithrombotic.authorDatetime during IschemicStrokeEncounter.relevantPeriod
```

Antithrombotic Not Given at Discharge

```
["Medication, Not Discharged": "Antithrombotic Therapy"] NoAntithromboticDischarge
where NoAntithromboticDischarge.negationRationale in "Medical Reason"
  or NoAntithromboticDischarge.negationRationale in "Patient Refusal"
```

Encounter With Pharmacological Contraindications for Antithrombotic Therapy at Discharge

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Medication, Discharge": "Pharmacological Contraindications For Antithrombotic Therapy"] Pharmacological
    such that Pharmacological.authorDatetime during IschemicStrokeEncounter.relevantPeriod
```

STK-5 Antithrombotic Therapy By End of Hospital Day 2

(CMS72v10)

Denominator Exclusions – STK-5

- Inpatient hospitalizations for patients who have a duration of stay less than 2 days.
- Inpatient hospitalization for patients with comfort measures documented day of or the day after arrival.
- Inpatient hospitalization for patients with intravenous or intra-arterial Thrombolytic (t-PA) Therapy administered within 24 hours prior to arrival or anytime during hospitalization.

Denominator Exclusions:
"Encounter Less Than Two Days"
union "Encounter with Comfort Measures during Hospitalization"
union "Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization"

Denominator Exclusions – STK-5 continued

Denominator Exclusions:

- Inpatient hospitalizations for patients who have a duration of stay less than 2 days.

Denominator Exclusions:
"Encounter Less Than Two Days"

Encounter Less Than Two Days
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
where Global."HospitalizationWithObservationLengthofStay" (IschemicStrokeEncounter) < 2

Denominator Exclusions – STK-5 continued

Inpatient hospitalization for patients with comfort measures documented day of or the day after arrival.

Denominator Exclusions:
union TJC."Encounter with Comfort Measures during Hospitalization“

TJC."Encounter with Comfort Measures during Hospitalization"
"Ischemic Stroke Encounter" IschemicStrokeEncounter
with "Intervention Comfort Measures" ComfortMeasure
such that Coalesce(start of **Global."NormalizeInterval"(ComfortMeasure.relevantDatetime, ComfortMeasure.relevantPeriod)**, ComfortMeasure.authorDatetime)during Global."HospitalizationWithObservation" (IschemicStrokeEncounter)

TJC.Intervention Comfort Measures
["Intervention, Order": "Comfort Measures"]
union ["Intervention, Performed": "Comfort Measures"]

Denominator Exclusions – STK-5 continued

Inpatient hospitalization for patients with comfort measures documented day of or the day after arrival.

Denominator Exclusions:
union "Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization"

Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization
"Encounter with Thrombolytic Therapy Medication or Procedures"
union "Encounter With Thrombolytic Therapy Prior to Arrival"
union "Encounter With Thrombolytic Therapy Documented As Already Given“

Denominator Exclusions – STK-5 continued

Denominator Exclusions:
"Encounter with Thrombolytic Therapy Medication or Procedures"

Encounter with Thrombolytic Therapy Medication or Procedures

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with "Thrombolytic Therapy Medication or Procedures" ThrombolyticTherapy
such that **Global."NormalizeInterval" (ThrombolyticTherapy.relevantDatetime, ThrombolyticTherapy.relevantPeriod)** starts during Interval[start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter) - 24 hours,
end of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

Thrombolytic Therapy Medication or Procedures

["Medication, Administered": "Thrombolytic (t-PA) Therapy"]
union ["Procedure, Performed": "Intravenous or Intra-arterial Thrombolytic (t-PA) Therapy"]

Denominator Exclusions – STK-5 continued

Denominator Exclusions:

union "Encounter With Thrombolytic Therapy Prior to Arrival"
union "Encounter With Thrombolytic Therapy Documented As Already Given“

Encounter With Thrombolytic Therapy Prior to Arrival

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  where exists IschemicStrokeEncounter.diagnoses Diagnosis
    where Diagnosis.code in "Intravenous or Intra arterial Thrombolytic (tPA) Therapy Prior to Arrival“
```

Encounter With Thrombolytic Therapy Documented As Already Given

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with [Diagnosis: "Intravenous or Intra arterial Thrombolytic (tPA) Therapy Prior to Arrival"] PriorTPA
    such that PriorTPA.authorDatetime during Global."HospitalizationWithObservation" ( IschemicStrokeEncounter )
```

Numerator – STK-5

Inpatient hospitalization for patients who had antithrombotic therapy administered the day of or day after hospital arrival

Numerator:
"Encounter with Antithrombotic Therapy“

Encounter with Antithrombotic Therapy

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Medication, Administered": "Antithrombotic Therapy"] Antithrombotic
    such that Global."NormalizeInterval" ( Antithrombotic.relevantDatetime,
Antithrombotic.relevantPeriod ) starts during TJC."CalendarDayOfOrDayAfter" ( start of
Global."HospitalizationWithObservation" ( IschemicStrokeEncounter ) )
```

Denominator Exceptions – STK-5

- Inpatient hospitalization for patients with a documented reason for not administering antithrombotic therapy the day of or day after hospital arrival.
- Inpatient hospitalization for patients who receive Ticagrelor or Prasugrel as an antithrombotic therapy the day of or day after hospital arrival.
- Inpatient hospitalization for patients with an INR greater than 3.5.

Denominator Exceptions
"No Antithrombotic Ordered Day Of or Day After Hospital Arrival"
union "Encounter With Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival"
union "Encounter With An INR Greater Than 3.5"

Denominator Exceptions – STK-5 (continued)

Denominator Exceptions: "No Antithrombotic Ordered Day Of or Day After Hospital Arrival“

No Antithrombotic Ordered Day Of or Day After Hospital Arrival

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with "No Antithrombotic Ordered" NoAntithrombotic
such that NoAntithrombotic.authorDatetime during TJC."CalendarDayOfOrDayAfter" (start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

No Antithrombotic Ordered

"No Antithrombotic Ordered for Medical Reason or Patient Refusal"
union "No Antithrombotic Administered“

No Antithrombotic Ordered for Medical Reason or Patient Refusal

["Medication, Not Ordered": "Antithrombotic Therapy"] NoAntithromboticOrder
where NoAntithromboticOrder.negationRationale in "Medical Reason"
or NoAntithromboticOrder.negationRationale in "Patient Refusal“

No Antithrombotic Administered

["Medication, Not Administered": "Antithrombotic Therapy"] NoAntithromboticGiven
where NoAntithromboticGiven.negationRationale in "Medical Reason"
or NoAntithromboticGiven.negationRationale in "Patient Refusal"

Denominator Exceptions – STK-5 (continued)

Denominator Exceptions: union "Encounter With Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival"

Encounter With Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with ["Medication, Administered": "Pharmacological Contraindications For Antithrombotic Therapy"]
PharmacologicalContraindications
such that **Global."NormalizeInterval" (PharmacologicalContraindications.relevantDatetime, PharmacologicalContraindications.relevantPeriod)** starts during TJC."CalendarDayOfOrDayAfter" (start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

Denominator Exceptions – STK-5 (continued)

Denominator Exceptions: union "Encounter With An INR Greater Than 3.5"

Encounter With An INR Greater Than 3.5

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Laboratory Test, Performed": "INR"] INR
    such that INR.resultDatetime during TJC."CalendarDayOfOrDayAfter" ( start of
Global."HospitalizationWithObservation" ( IschemicStrokeEncounter ) )
      and INR.result > 3.5
```

STK-6 Discharged on Statin Medication

(CMS105v10)

Denominator Exclusions –STK-6 (same as STK-2)

- Inpatient hospitalizations for patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations.
- Inpatient hospitalizations for patients discharged to another hospital
- Inpatient hospitalizations for patients who left against medical advice
- Inpatient hospitalizations for patients who expired
- Inpatient hospitalizations for patients discharged to home for hospice care
- Inpatient hospitalizations for patients discharged to a health care facility for hospice care
- Inpatient hospitalizations for patients with comfort measures documented

Denominator Exclusions: TJC."Ischemic Stroke Encounters with Discharge Disposition" union TJC."Encounter with Comfort Measures during Hospitalization"

Numerator – STK-6

Inpatient hospitalizations for patients prescribed or continuing to take statin medication at hospital discharge

Numerator:
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with "Statin at Discharge" DischargeStatin
such that DischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod

Statin at Discharge
["Medication, Discharge": "Statin Grouper"]

Denominator Exceptions – STK-6

- Inpatient hospitalizations for patients with a reason for not prescribing statin medication at discharge
- Inpatient hospitalizations for patients with a statin allergy
- Inpatient hospitalizations for patients with a maximum LDL-c result of less than 70 mg/dL

Denominator Exceptions

```
( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
    with "Statin Not Given at Discharge" NoDischargeStatin
      such that NoDischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod
)
  union ( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
      with "Statin Allergy" StatinAllergy
        such that StatinAllergy.prevalencePeriod starts on or before
        end of IschemicStrokeEncounter.relevantPeriod
  )
  union "Encounter with Max LDL less than 70 mg per dL"
```

Denominator Exceptions – STK-6 (continued)

Inpatient hospitalizations for patients with a reason for not prescribing statin medication at discharge

Denominator Exceptions

```
( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
        with "Statin Not Given at Discharge" NoDischargeStatin
         such that NoDischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod
    )
```

```
( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
    with "Statin Not Given at Discharge" NoDischargeStatin
      such that NoDischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod
)
```

Statin Not Given at Discharge

```
["Medication, Not Discharged": "Statin Grouper"] NoStatinDischarge
  where NoStatinDischarge.negationRationale in "Medical Reason"
    or NoStatinDischarge.negationRationale in "Patient Refusal"
```

Denominator Exceptions – STK-6 (continued)

Inpatient hospitalizations for patients with a statin allergy

Denominator Exceptions

```
union ( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
      with "Statin Allergy" StatinAllergy
        such that StatinAllergy.prevalencePeriod starts on or before
        end of IschemicStrokeEncounter.relevantPeriod
  )
```

```
union ( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
      with "Statin Allergy" StatinAllergy
        such that StatinAllergy.prevalencePeriod starts on or before
        end of IschemicStrokeEncounter.relevantPeriod
  )
```

Statin Allergy

["Allergy/Intolerance": "Statin Allergen"]

Denominator Exceptions – STK-6 (continued)

Inpatient hospitalizations for patients with a maximum LDL-c result of less than 70 mg/dL

Denominator Exceptions
union “Encounter with Max LDL less than 70 mg per dL”

union "**Encounter with Max LDL less than 70 mg per dL**“

Encounter with Max LDL less than 70 mg per dL

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  where Max(["Laboratory Test, Performed": "LDL-c"] Ldl
      where Ldl.resultDatetime during Interval[Global."ToDate"(start of
IschemicStrokeEncounter.relevantPeriod - 30 days),
      end of IschemicStrokeEncounter.relevantPeriod]
      return Ldl.result as Quantity
  )< 70 'mg/dL'
```

STK-3
Anticoagulation Therapy for Atrial Fibrillation/Flutter
(CMS71v11)

Denominator Exclusions – STK-3

- Inpatient hospitalizations for patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations.
- Inpatient hospitalizations for patients discharged to another hospital
- Inpatient hospitalizations for patients who left against medical advice
- Inpatient hospitalizations for patients who expired
- Inpatient hospitalizations for patients discharged to home for hospice care
- Inpatient hospitalizations for patients discharged to a health care facility for hospice care
- Inpatient hospitalizations for patients with comfort measures documented

```
Denominator Exclusions: ( "Denominator" Encounter
    where Encounter.dischargeDisposition in "Discharge To Acute Care Facility"
      or Encounter.dischargeDisposition in "Left Against Medical Advice"
      or Encounter.dischargeDisposition in "Patient Expired"
      or Encounter.dischargeDisposition in "Discharged to Home for Hospice Care"
      or Encounter.dischargeDisposition in "Discharged to Health Care Facility for Hospice Care"
)
  union "Encounter with Comfort Measures during Hospitalization"
```

Numerator – STK-3

Inpatient hospitalizations for patients prescribed or continuing to take anticoagulation therapy at hospital discharge

Numerator:
"Denominator" Encounter
  with "Anticoagulant Therapy at Discharge" DischargeAnticoagulant
    such that DischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

Anticoagulant Therapy at Discharge
["Medication, Discharge": "Anticoagulant Therapy"]

Denominator Exceptions – STK-3

Inpatient hospitalizations for patients with a documented reason for not prescribing anticoagulation therapy at discharge

Denominator Exceptions
"Denominator" Encounter
with "Reason for Not Giving Anticoagulant at Discharge" NoDischargeAnticoagulant
such that NoDischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

"Reason for Not Giving Anticoagulant at Discharge" NoDischargeAnticoagulant
such that NoDischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

Reason for Not Giving Anticoagulant at Discharge
["Medication, Not Discharged": "Anticoagulant Therapy"] NoAnticoagulant
where NoAnticoagulant.negationRationale in "Medical Reason"
or NoAnticoagulant.negationRationale in "Patient Refusal"

Frequently Asked Questions Segment

Question: Why are lower heparin doses not captured in the STK-5 numerator if given within the 2-day time frame specified for the measure?

Answer:

- Lower doses of heparin are not included in the value set. The antithrombotic value set includes RX norm concepts that represent medications to reach a therapeutic dose.
- Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombotic therapy. One aspirin administered within 24-48 hours of stroke onset is recommended, although other antithrombotic medications including non-prophylactic doses of anticoagulants will also meet the measure.

Question: Are COVID patients excluded from the STK measures?

Answer: Only patients assigned a diagnosis of ischemic stroke, as ICD-10-CM Principal Diagnosis Code at discharge, will qualify for the measure. Patients with a secondary ischemic stroke diagnosis are excluded from the measure, e.g., COVID assigned as the Primary Diagnosis with an ischemic stroke ICD-10-CM Other Diagnosis Code.

Question: Would a patient with a history of atrial fibrillation and a left atrial appendage closure device be excluded from STK-3? The patient was discharged on aspirin and clopidogrel.

Answer: Patients with a history of or current finding/diagnosis of atrial fibrillation/flutter (AF/F) are included in the measure. Some patients with AF/F may be eligible for a left atrial appendage (LAA) closure device or procedure to decrease the risk of developing cardiac emboli; however, anticoagulation therapy may be indicated prior to and after such procedures for select patients. Therefore, patients who undergo these procedures are not excluded from the measure, unless the procedure is linked with negation rationale for the patient refusal or medical reason value sets. While aspirin and clopidogrel are considered antiplatelet/antithrombotic medications, they are not classified as anticoagulant medications or included in the anticoagulant value set.

Pioneers in Quality Expert to Expert Webinar Series

eCQM Annual Update: PC-05

Marilyn Parenzan, MBA, RHIA, CPHQ
Christine Walas, RN, MSN

01/18/2022

PC-05 Exclusive Breast Milk Feeding

- The intent of the measure is to increase the number of newborns who are exclusively fed breast milk during the birth hospitalization
- Breastfeeding/human milk is the recommended standard for infant feeding
- Well documented short- and long-term medical and developmental advantages of breastfeeding exist
- Healthy People, CDC and many other organizations actively promote this goal
- Continue to see an opportunity for improvement, the aggregate rate for organizations submitting the eCQM was 53% in 2020
- It is not anticipated or expected that measure rates will reach 100% numerator compliance. Evidence suggests that a 70% threshold is a more reasonable target for many organizations.

Initial Population – PC-05

2021 Initial Population:

Inpatient hospitalizations for single newborns who were born in the hospital that ends during the measurement period, and with either of the following conditions:

- An estimated gestational age at birth of >= 37 weeks
- Birth weight >= 3000 grams without an estimated gestational age at birth

Initial Population: "Single Live Term Newborn Encounter During Measurement Period"

2022 Initial Population:

Inpatient hospitalizations for single newborns who were born in the hospital that ends during the measurement period, and with either of the following conditions:

- An estimated gestational age at birth of >= 37 weeks
- Birth weight >= 3000 grams without an estimated gestational age at birth

Initial Population: **PCNewborn."**Single Live Term Newborn Encounter During Measurement Period**"**

Initial Population – PC-05 (CMS9v10)

Initial Population: **PCNewborn**."Single Live Term Newborn Encounter During Measurement Period"

```
PCNewborn.Single Live Term Newborn Encounter During Measurement Period
  ( "Single Live Birth Encounter With Gestational Age 37 Weeks or More"
    union "Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age" )
          SingleLiveTermEncounter
    where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"
     Single Live Birth Encounter With Gestational Age 37 Weeks or More
       ""Single Live Birth Encounter" SingleLiveBirthEncounter
         with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
         such that GestationalAge.result >= 37 weeks
           and Global."EarliestOf" ( GestationalAge.relevantDatetime, GestationalAge.relevantPeriod ) during SingleLiveBirthEncounter.relevantPeriod
     Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age
       "Single Live Birth Encounter" SingleLiveBirthEncounter
         without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
         such that Global."EarliestOf" ( GestationalAge.relevantDatetime, GestationalAge.relevantPeriod ) during
                   SingleLiveBirthEncounter.relevantPeriod
           and GestationalAge.result is not null
       with ["Assessment, Performed": "Birth Weight"] BirthWeight
         such that Global."EarliestOf" ( BirthWeight.relevantDatetime, BirthWeight.relevantPeriod ) during SingleLiveBirthEncounter.relevantPeriod
           and BirthWeight.result >= 3000 'g'
            Single Live Birth Encounter
                  ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
                      where exists ( InpatientEncounter.diagnoses EncounterDiagnoses
                          where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital"
```

Initial Population – PC-05 (CMS9v10)

Initial Population: **PCNewborn**."Single Live Term Newborn Encounter During Measurement Period"

Single Live Birth Encounter With Gestational Age 37 Weeks or More

"Single Live Birth Encounter" SingleLiveBirthEncounter
with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
such that GestationalAge.result >= **37 weeks**
and **Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod)** during SingleLiveBirthEncounter.relevantPeriod

Initial Population – PC-05 (CMS9v10)

Initial Population: **PCNewborn**."Single Live Term Newborn Encounter During Measurement Period"

```
PCNewborn.Single Live Term Newborn Encounter During Measurement Period
  ( "Single Live Birth Encounter With Gestational Age 37 Weeks or More"
    union "Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age" )
          SingleLiveTermEncounter
    where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"
     Single Live Birth Encounter With Gestational Age 37 Weeks or More
       ""Single Live Birth Encounter" SingleLiveBirthEncounter
         with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
         such that GestationalAge.result >= 37 weeks
           and Global."EarliestOf" ( GestationalAge.relevantDatetime, GestationalAge.relevantPeriod ) during SingleLiveBirthEncounter.relevantPeriod
     Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age
       "Single Live Birth Encounter" SingleLiveBirthEncounter
         without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
         such that Global."EarliestOf" ( GestationalAge.relevantDatetime, GestationalAge.relevantPeriod ) during
                   SingleLiveBirthEncounter.relevantPeriod
           and GestationalAge.result is not null
       with ["Assessment, Performed": "Birth Weight"] BirthWeight
         such that Global."EarliestOf" ( BirthWeight.relevantDatetime, BirthWeight.relevantPeriod ) during SingleLiveBirthEncounter.relevantPeriod
           and BirthWeight.result >= 3000 'g'
             Single Live Birth Encounter
                   ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
                       where exists ( InpatientEncounter.diagnoses EncounterDiagnoses
                           where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital"
```

Denominator – PC-05 (CMS9v10)

Denominator: "Initial Population"

Initial Population

PCNewborn."Single Live Term Newborn Encounter During Measurement Period"

```
PCNewborn."Single Live Term Newborn Encounter During Measurement Period
   ( "Single Live Birth Encounter With Gestational Age 37 Weeks or More"
   union "Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age" )
            SingleLiveTermEncounter
   where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"

      Single Live Birth Encounter With Gestational Age 37 Weeks or More
         ""Single Live Birth Encounter" SingleLiveBirthEncounter
            with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
            such that GestationalAge.result >= 37 weeks
                  and Global."EarliestOf" ( GestationalAge.relevantDatetime, GestationalAge.relevantPeriod ) during
                                    SingleLiveBirthEncounter.relevantPeriod

      Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age
         "Single Live Birth Encounter" SingleLiveBirthEncounter
         without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
         such that Global."EarliestOf" ( GestationalAge.relevantDatetime, GestationalAge.relevantPeriod ) during
               SingleLiveBirthEncounter.relevantPeriod
                  and GestationalAge.result is not null

      Single Live Birth Encounter
               ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
            where exists ( InpatientEncounter.diagnoses EncounterDiagnoses
                     where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital"
```

Denominator Exclusions – PC-05 (CMS9v10)

2021 Denominator Exclusions :

"Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired"
union "Single Live Term Newborn Encounter With Length of Stay More Than 120 days"
union "Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition"

2022 Denominator Exclusions :

"Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired"
union "Single Live Term Newborn Encounter With Length of Stay More Than 120 days"
union "Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition"

Denominator Exclusions – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were with any of the following conditions:

- transferred to an acute care facility, or other health care facility
- expired during the hospitalization
- a length of stay greater than 120 days that ends during the measurement period
- a diagnosis of galactosemia
- subject to parenteral nutrition

Denominator Exclusions: "Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired"

PCNewborn.Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired

PCNewborn.“Single Live Term Newborn Encounter During Measurement Period” QualifyingEncounter

where exists (QualifyingEncounter.**facilityLocations** Location

where Location.**code** in "Neonatal Intensive Care Unit (NICU)"

or Location.code in "Intensive Care Unit" //in case newborn was transferred to regular Intensive Care Unit for special care

)

or QualifyingEncounter.**dischargeDisposition** in "Patient Expired"

or QualifyingEncounter.**dischargeDisposition** in "Discharge To Acute Care Facility“

or QualifyingEncounter.**dischargeDisposition** in "Other Health Care Facility"

Denominator Exclusions – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were with any of the following conditions:

- transferred to an acute care facility, or other health care facility
- expired during the hospitalization
- a length of stay greater than 120 days that ends during the measurement period
- a diagnosis of galactosemia
- subject to parenteral nutrition

Denominator Exclusions: union "Single Live Term Newborn Encounter With Length of Stay More Than 120 days

Single Live Term Newborn Encounter With Length of Stay More Than 120 days

PCNewborn."Single Live Term Newborn Encounter During Measurement Period"
QualifyingEncounter

where Global.**"LengthInDays"** (QualifyingEncounter.relevantPeriod) > 120

Global.LengthInDays(Value Interval<DateTime>)

difference in days between start of Value and end of Value

Denominator Exclusions – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were with any of the following conditions:

- transferred to an acute care facility, or other health care facility
- expired during the hospitalization
- a length of stay greater than 120 days that ends during the measurement period
- a diagnosis of galactosemia
- subject to parenteral nutrition

Denominator Exclusions: union "Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition"

Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition

```
( PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter
    with ( ["Procedure, Performed": "Parenteral Nutrition"]
        union ["Medication, Administered": "Total Parenteral Nutrition"] ) ParenteralNutrition
     such that Global."NormalizeInterval" ( ParenteralNutrition.relevantDatetime, ParenteralNutrition.relevantPeriod )
            starts during QualifyingEncounter.relevantPeriod
          )
  union ( PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter
     where exists ( QualifyingEncounter.diagnoses BirthEncounterDiagnoses
        where BirthEncounterDiagnoses.code in "Galactosemia"
     )
)
```

Numerator – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were fed breast milk only since birth

Numerator: "Single Live Birth Encounter With Newborn Fed Breast Milk Only Since Birth"

Single Live Term Newborn Encounter With Newborn Fed Breast Milk Only Since Birth

```
  PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter
with ["Substance, Administered": "Breast Milk"] BreastMilkFeeding
such that Global."NormalizeInterval" ( BreastMilkFeeding.relevantDatetime, BreastMilkFeeding.relevantPeriod )
        starts during QualifyingEncounter.relevantPeriod
without ["Substance, Administered": "Dietary Intake Other than Breast Milk"] OtherFeeding
such that Global."NormalizeInterval" ( OtherFeeding.relevantDatetime, OtherFeeding.relevantPeriod )
        starts during QualifyingEncounter.relevantPeriod      )
)
```

Frequently Asked Questions Segment

Question: If the newborn is given glucose gel does that count as a feeding? Does that mean they won't qualify for the numerator?

Answer: If a newborn receives dextrose or glucose 40% gel, it is considered a medication, not a feeding. An inpatient hospitalization can still quality for the numerator if a newborn receives these medications.

Facilitated Q&A Segment

Questions and Other Resources

Submit eCQM Questions to ONC Issue Tracking System

Clinical or technical questions about the eCQM(s) must be submitted to JIRA for the respective measure steward to respond: https://oncprojectracking.healthit.gov/

When available, the Q&A documents from the Live Webinars will be available here. Locate the specific webinar and then "Follow-up Documents" to access: https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/

eCQI Resource Center – EH Measures:

https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms

Pioneers In Quality

https://www.jointcommission.org/measurement/pioneers-in-quality/

Questions about CE eligibly and webinar-related information – pioneersinquality@jointcommission.org

Previous Joint Commission Performance Measurement Webinars

https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/

Transcript –2021-2022 Expert to Expert Series: eCQM Annual Update Webinar: Stroke/Perinatal Care (PC-05) eCQMs

Offered as an On Demand CE webinar March 14-April 25, 2022

00:01
Welcome and thank you for accessing this On Demand webinar. This webinar is a replay of a Pioneers in Quality Expert to Expert series webinar originally broadcast between December 2021 and March 2022.

If you have already obtained CE credit for the live webinar, CE credits will not be available for this on-demand version. CE credit is only available for either the live, OR the on-demand webinars, not BOTH. For those that are eligible, continuing education credit will be available for six weeks following the release of this webinar.

After the recording finishes playing, a program evaluation survey and attestation link will be sent to the participant's email address used to register. Remember to promptly complete the CE evaluation survey to earn credit.

00:58
Before we start, we'd like to offer just a few tips about webinar audio. Use your computer speakers or headphones to listen. Feedback or dropped audio are common for streaming video. Refresh your screen if this occurs. You can pause the playback at any time.

1:16
If you'd like to follow along and take notes, you can access the slides now within the viewing platform. See the left side of your navigation pane and select the icon that looks like a document. A new pop-up window will open, and you can select the name of the file. A new browser window will open, and from it, you can download or print the PDF of the slides.

The slides will also be posted on The Joint Commission's website at the link displayed on this slide.

There are two sets of slides: operations, which includes CE information, and the clinical and technical deck that includes the educational content. We have also made the transcript available.

2:02
As noted at the start of this recording, this webinar is part of a series addressing the eCQM annual updates for 2022 and two new measure review webinars.

These webinars were broadcast live between December 2021 and March 2022. All of the eCQM topics shown on this slide were addressed within the series.

You can access the links to the recordings, slides, transcripts and, when available, Q&A documents at the Expert to Expert link included on this slide.

2:40
This on-demand webinar is approved for one continuing education credit for the entities listed on this slide: the Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center, American College of Healthcare Executives, California Board of Registered Nursing, and the International Association for Continuing Education and Training.

Continuing education credits are available for this on-demand webinar for six weeks only. Be sure to promptly complete the evaluation survey after viewing.

3:17
To claim credit, you must: have individually registered for this recorded webinar, participate for the entire recorded webinar, and complete a post program evaluation and attestation. A program evaluation survey and attestation link will be sent to the participant's email address used to register after the recording finishes playing. When you complete the online evaluation survey, after you click submit, you will be redirected to a URL from which you can print or download and save a PDF CE certificate. An automated email will also include a link to the PDF CE certificate.

For more information on The Joint Commission's continuing education policies, visit the link displayed on this slide.

4:16
The learning objectives for this session are: apply concepts learned about the logic and intent for the STK and PC-05 eCQMs, prepare to implement the STK and PC-05 eCQMs for the 2022 eCQM reporting period, and identify common issues and questions regarding the STK and PC-05 eCQMs.

4:41
The following staff and speakers have disclosed that neither they nor their spouses or partners have any financial arrangements or affiliations with corporate organizations that either provide educational grants to this program or may be referenced in this activity:

Susan Funk, Karen Kolbusz, Marilyn Parenzan, Susan Yendro, and Chris Walas.

5:08
The agenda for today's webinar follows: review broad technical changes made across eCQMs, explore similarities and differences between stroke measures, review changes made to STK-2, -3, -5, -6 and PC-05, frequently asked questions, and then a facilitated audience Q&A segment.

I will now turn things over to Marilyn to begin your presentation. Marilyn, please take it away.

5:40
Thank you, Susan. We will start with a technical overview to review changes to logic that is reused across measures through the use of Shared CQL Libraries. One of the main shared CQL libraries used across eCQMs is the MAT Global Common Functions Library. Use of the shared CQL Library can be easily recognized within measure logic when CQL definitions and functions are prefaced by the word "Global". We will review some of the main technical changes made to the Global Common Library to highlight logic changes made across measures.

6:20
The first technical change made to the Global Common Library that we will review, is the addition of the words "day of" to the Global.InpatientEncounter definition based on implementer feedback. A timezone offset issue was reported for eCQM data related to the CQL logic structure.

In the Global.InpatientEncounter definition. In some instances, encounters with discharges in the last few hours of Dec 31st in the measurement period, may unintentionally fall out of the initial population due to variability across systems implementing a Coordinated Time Zone Offset known as UTC. We will review UTC more on the next slide.

Adding "day of" as encounter inpatient.relevantPeriod ends during day of measurement period will capture dates only from both relevant period and measurement period without time zone offset normalization. Therefore all cases within the measurement, period are captured and evaluated in the initial population as anticipated.

7:38
What is UTC? UTC represents Coordinated Universal Time. U.S Timezone offsets for the United States are displayed on the table here.

A discharge date and time of 2022 December 31st at 20:00 - 06:00 would convert to 2023 0101.at 02:00, per measure calculation using UTC time zone. Without "day of" this case will not be within the measurement period due to the UTC applied and will unintentionally fall out of the initial population because of the converted discharge date of January 1st 2023. With "day of", this case will be within the measurement period as the time will be ignored and satisfy the initial population as expected.

8:40
The next technical change made to the Global Common library, is the introduction of the NormalizeInterval function, which is now used in all measures containing data types, that have both relevantDatetime and relevantPeriod timing attributes.

The NormalizedInterval function is meant to account for differences in EHR vendors' capture of timing of measure criteria, and to decrease implementation burden due to variable use of timing attributes for the same QDM datatypes, used across measures. Knowing the rationale of using the NormalizeInterval function, should make it easier to understand how the function is structured.

These QDM datatypes have both the relevantDatetime and relevant Period. For each of these datatypes, since there are use cases for both relevantDatetime and relevantPeriod, the recommended approach is to use a NormalizeInterval function to access the timing elements. In eCQM 2021 Annual Updates you will see Global.NormalizeInterval function is applied to these datatypes in the measures.

9:56
The NormalizeInterval function can use either relevantDatetime or relevantPeriod depending on data submission.

See the examples here using Procedure Performed. If the relevantDatetime of 2022-01-10 8am is available in the patient data, this point of time will be populated in the interval start and end points, even though it is a single point in time.

When relevantPeriod is available, the start and end of procedure datetimes will be populated in the interval.

10:37
Another addition to the Global Common Library is the addition of the EarliestOf function, which is derived from NormalizeInterval function.

The EarliestOf function returns the starting point, if the interval has a starting boundary specified. Otherwise, it returns the ending point of the period.

As you see, this function contains additional functions within it calling out another function named Earliest, which contains the HasStart function.

The purpose of HasStart function is to check if the interval has a starting boundary specified.
i.e., The start of the interval is not null and not the minimum, Datetime value. By calling HasStart, the Earliest function returns starting point if the interval given has a starting boundary specified. Otherwise returns the ending point. By calling Earliest, the EarliestOf function can use either relevantDatetime or relevantPeriod depending on data submission.

11:47

Here are some examples of scenarios that use the Global.EarliestOf function to capture Assessment Performed Datetime based upon patient data. When relevantDatetime is available, as in the example, January 10th 2022 at 8:00 a.m. The function returns relevant date time as January 10th at 8:00 a.m.

When relevantPeriod is available, as in the example, January 10th 8 a.m. to 11 a.m. The function returns the start of the relevantPeriod as January 10 at 8 a.m.

When start of relevantPeriod is not available and the end time is January 10th at 11 a.m. The function returns the end of the relevantPeriod as January 10th, 11 a.m.

12:44
Similar to the EarliestOf function, we've also introduced a LatestOf function. Instead of looking for starting point the LatestOf function returns the end point if the interval has an ending boundary specified. Otherwise, it returns the starting point of the period.

As you see, this function has similar nested functions of Latest and HasEnd.

13:12
Now we will look at changes made to the stroke measures for the 2022 Reporting year. Karen Kolbusz will start us off with a general introduction to the stroke measures. Karen?

13:26
Thank you, Marilyn. All of the stroke measures are related to practices that may reduce stroke mortality and morbidity after an ischemic stroke. STK-5 captures the proportion of patients who receive antithrombotic therapy in a timely manner during hospitalization. While STK-2 assesses the proportion of patients who are prescribed antithrombotic therapy at discharge.

STK-6 captures the proportion of patients who are prescribed a Statin medication at discharge. And STK-3 looks at ischemic stroke patients with the additional condition of atrial fibrillation or flutter and captures the proportion of patients who were prescribed anticoagulation therapy at discharge.

Back to you, Marilyn.

14:21
Thanks, Karen.

The stroke measures all share the same initial population, which reads: Inpatient hospitalization for patients, ages 18 and older, discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days that ends during the measurement period.

First, we qualify on the non-elective inpatient encounter where the length of stay is less than 120 days and the encounter ends during the measurement period. Changes for the 2022 reporting year are highlighted. For the 2022 reporting year "day of" was added to the non-elective, inpatient encounter definition.

As we previously discussed in the Global changes, "day of" is added to this definition to prevent issues with the timezone offset during data submission and measure execution. This definition is called by the all stroke encounter definition, which looks for a principal diagnosis of hemorrhagic stroke or ischemic stroke.

Finally, the Encounter with Principal Diagnosis and Age filters on patients greater than or equal to age 18 at the start of the encounter.

15:48

After the initial population, the measure evaluation process moves to the denominator. All of the stroke measures have the same initial population. STK-2, 5, and 6 have the same denominator as well.

Their denominator is the initial population narrowed down to patients with principal diagnosis of ischemic stroke and therefore leaving out hemorrhagic stroke. STK-3 denominator has additional rules that select encounters with atrial conditions.

16:24
The denominator of all of the stroke measures start with the initial population, which we just covered and is shown here in the yellow box. Encounter with principal diagnosis and age.

Then we further qualify encounter with principal diagnosis and age to require principal diagnosis of ischemic stroke, and therefore hemorrhagic strokes will not be included.

16:53
As previously, mentioned the STK-3 denominator differs from the other stroke measure denominators. Like the other measures, STK-3 denominators starts by narrowing the initial population down to encounters with primary diagnosis of ischemic stroke. But then STK 3 has additional rules to select only encounters with atrial ablation procedure or history of atrial fib or flutter or current diagnosis of atrial fib or flutter.

17:25
Now, let's look at each of the definitions in the STK-3 denominator. The denominator for stroke 3 consists of three conditions joined by union relationships. Union means “or”. It means that if an encounter satisfies any of the three conditions, it will qualify for the denominator.

All of these definitions, start with the same denominators as STK 2, 5, and 6 by using the ischemic stroke encounter definition. Then another filter is added: encounter with atrial ablation procedure looks for an atrial ablation procedure started before the start of the ischemic stroke encounter.

For 2022 reporting year, Global.NormalizeInterval determines the atrial ablation procedure relevant interval. As described earlier, Global.NormalizeInterval is used on all QDM datatypes that have both relevantDatetime and relevantPeriod timing attributes. It applies consistent rules to produce a relevant interval.

Encounter with a history of atrial fibrillation or flutter looks for a diagnosis of atrial fib or flutter with prevalence period that starts on or before the end of the ischemic stroke encounter. And encounter with current diagnosis code of atrial fib or flutter looks for an ischemic stroke encounter with a diagnosis of atrial fib, or flutter. If any of the above are true, then the encounter is in the STK-3 denominator.

19:11
We looked at what is in common between the stroke measures.

Now, let's look at each measure individually. STK-2 looks for ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge. Which takes us to the denominator. Now, we're looking for patients, who deliver at greater than, or equal to 37 weeks and less than

Excuse me...

19:45
We already reviewed the initial population and the denominator. So we look at STK-2 denominator exclusions now. The union operator allows either of these conditions to meet the denominator exclusions. And is the same as an "or" relationship.

The first exclusion: inpatient hospitalization for patients admitted for elective carotid intervention is accomplished by restricting the initial population to non-elective hospitalizations. The valueset non-elective inpatient encounter only includes non-elective hospitalization codes. Ischemic stroke encounters with discharge disposition checks the second through sixth bullet items, as they are all discharge dispositions. Encounter with Comfort measures during hospitalizations checks for patients with Comfort measure documented.

20:46
Looking inside the first denominator exclusion definition: Ischemic Stroke Encounters with Discharge Disposition. Ischemic Stroke encounter returns denominator encounters then we compare these encounter discharge dispositions to one of the five discharge disposition exclusions above.

There were no changes to this definition for the 2022 reporting year.

21:14
Looking inside the second denominator exclusion definition: Encounter with Comfort Measures during Hospitalization. We added Global.NormalizeInterval for the Comfort measure relevantPeriod for the 2022 Reporting year. Note that Global.NormalizeInterval function is used for the intervention performed datatype here.

21:38
Next STK-2 numerator takes the denominator population of TJC ischemic stroke encounter, and filters the encounters by those that had antithrombotic therapy prescribed at discharge and authored during the encounter relevantPeriod.

There were no changes for the 2022 reporting year.

22:05
Denominator exceptions are checked only if the numerator does not pass. Then if the denominator exception passes, the patient is removed from the denominator. STK-2 denominator exceptions checks whether antithrombotic therapy medication was not prescribed at discharge due to a medical reason or patient refusal and authored during the ischemic stroke encounter relevantPeriod.

It also checks to see if there were pharmacological contraindications for antithrombotic therapy, such as Ticagrelor or Prasugrel medications prescribed at discharge.

There are no changes for the 2022 reporting year.

22:54
Next, we present STK-5, which looks at ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.

23:07
STK-5 denominator exclusions consists of three definitions.

The first definition excludes encounters that are less than 2 days. The second definition excludes encounters with Comfort measures documented the day of or the day after arrival. The third definition excludes inpatient hospitalizations when thrombolytic therapy was administered anytime within 24 hours before hospitalization through the end of hospitalization. These three definitions are joined by the "union" clause.

23:48

Looking at the first denominator, exclusion definition: Encounter Less Than Two Days, we first gather denominator encounters with the ischemic stroke encounter definition, and we exclude the encounters with length of stay less than two days.

No changes for 2022.

24:09
Looking at the second denominator exclusion definition: Encounter with Comfort Measures during Hospitalization, we added Global.NormalizeInterval for the comfort measure relevantPeriod for the 2022 reporting year.

24:27
And the third denominator exclusion: Definition Encounter with Thrombolytic Therapy Given Prior to Arrival or Hospitalization has three definitions inside of it.

Encounter with Thrombolytic Therapy Medication or Procedures union Encounter With Thrombolytic Therapy Prior to Arrival union, Encounter with Thrombolytic Therapy Documented as Already Given.

Next, let's look inside the first definition: Encounter with Thrombolytic Therapy Medication or Procedures.

First, the denominator population is gathered by the ischemic stroke encounter definition. Then the thrombolytic therapy medications administered and IV Intra-arterial TPA procedures are gathered.

If these therapies started within the interval of 24 hours before hospitalization through the end of the hospitalization, then the ischemic stroke an encounter is excluded.

Global.NormalizeInterval was applied to the thrombolytic therapy medication administered and procedure performed datatypes for the 2022 reporting year.

25:47
The remaining two definitions in STK-5 denominator exclusions did not change for the 2022 reporting year. Encounter with Thrombolytic Therapy Prior to Arrival excludes the encounter if an encounter diagnosis code is found in the IV intra-arterial thrombolytic therapy prior to arrival valueset.

Encounter with Thrombolytic Therapy Documented is Already Given checks if a diagnosis exists in the same valueset and was authored during the encounter hospitalization.

26:25
The STK-5 numerator is patients who had antithrombotic therapy administered the day of or day after hospital arrival. The Encounter with Antithrombotic Therapy definition takes the denominator population of TJC ischemic stroke encounter, and filters the encounters by those that had antithrombotic therapy medication administered during the day of or day after hospitalization. Global.NormalizeInterval was added for the 2022 Reporting year.

27:04
Denominator exceptions for STK-5 are inpatient hospitalization for patients with a documented reason for not administering antithrombotic therapy the day of or the day after hospital arrival.

Inpatient hospitalization for patients who receive Ticagrelor or Prasugrel as an antithrombotic therapy the day of or day after hospital arrival. And inpatient hospitalization for patients with an INR greater than 3.5.

27:43

Looking inside the first definition in STK-5 denominator exceptions is no antithrombotic ordered day of or day after hospital arrival. It calls the no antithrombotic ordered definition, which calls two additional definitions.

No antithrombotic ordered for medical reason or patient refusal and second, no antithrombotic administered for medical reason or patient refusal. These reasons for not ordering or administering antithrombotics must be authored the day of or day after the start of the hospitalization.

No changes here for 2022.

28:32
Looking inside the second definition in STK-5 denominator exceptions: Encounter with Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival.

Now, we check if any of the contraindications indicated medications were administered the calendar day of, or the day after the start of the hospitalization.

Global.NormalizeInterval was added for 2022 Reporting year.

29:06
The third definition in STK-5 denominator exceptions is: Encounter With INR Greater Than 3.5. If there is an INR laboratory result greater than 3.5 the day of or day after the start of the hospitalization, then the encounter is removed from the denominator.

No changes for 2022 here.

29:34
Now, let's look at STK-6, which looks ischemic stroke patients who are prescribed or continuing to take Statin medications at hospital discharge.

29:46
We'll look at the STK-6 denominator exclusions. They are the same as for STK-2, so we will move on.

29:59
The STK-6 numerator is patients prescribed or continuing to take Statin medications with discharge. The numerator definition starts with the denominator population and filters the encounters by those that had a discharge medication in the Statin grouper and the Statin was authored during the encounter relevantPeriod.

No changes for 2022 here.

30:28
STK-6 denominator exceptions include reasons for not prescribing statin medication at discharge. Patients with the statin allergy and patients with a maximum LDL-c Less than 70.

There are no changes for STK-6, denominator exceptions for the 2022 reporting year.
30:53
The first denominator exception checks for patients who were not prescribed a statin at discharge and who have documentation of a medical reason or patient refusal that is authored during the ischemic stroke encounter.

31:13
The second STK-6 denominator exception checks for patients who have a statin allergy. It looks for a statin allergen, whose prevalence period starts on or before the end of the ischemic stroke period.

31:33
The last denominator exception for STK-6 checks for patients who have a maximum LDL less than 70. It looks for the maximum LDL-c result less than 70 during the interval starting 30 days before the start of the encounter through the end of the stroke encounter.

32:00
Lastly, we will look at STK-3, which identifies ischemic stroke patients with atrial fibrillation or flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge.

32:17
STK-3 denominator exclusions are essentially the same as STK-2, so which we previously covered.

32:27
The STK-3 numerator qualifies patients prescribed or continuing to take anticoagulation therapy at discharge. Starting with the denominator population, the definition filters the encounters by those that had anticoagulant therapy medication discharge authored during the encounter relevantPeriod.

There were no changes for the 2022 reporting year.

32:58
The denominator exceptions for STK-3 are patients with a documented reason for not prescribing anticoagulation therapy at discharge. STK-3 denominator exceptions checks if an anticoagulant was not prescribed at discharge and if there was a medical reason or patient refusal rationale for not doing so. Of course these reasons must be authored during the encounter relevantPeriod.

There were no changes for the 2022 reporting year.

33:34
At this point, we will review some Frequently Asked Questions that have been submitted by users over the past year for the stroke measures.

22:53
First QUESTION is, why are lower Heparin doses not captured in the STK-5 numerator if given within the two days time, frame specified for the measure? Karen?

[ANSWER] Yes, Marilyn, I can answer that and this is a question that we received multiple times. And lower doses of Heparin are not included in the value set. The antithrombotic value set includes RX norm concepts that represent medications to reach a therapeutic dose. Anticoagulants at doses to prevent venous thromboembolism or prophylactic doses are insufficient antithrombotic therapy. That's why they're not in the value set. One aspirin administered within 24 to 48 hours of stroke onset is the recommended antithrombotic therapy. Although other antithrombotic medications, including non-prophylactic doses of anticoagulants will also meet the measure.

35:00
Great. Thanks, Karen.

Next QUESTION: Are COVID patients excluded from the stroke measures?

[ANSWER] Good question. And there isn't a specific exception or exclusion for COVID.

So what we can say in regards to COVID patients is this: only patients assigned a principal ICD-10 diagnosis code for ischemic stroke at discharge will qualify for the measures. Patients with a secondary ischemic stroke

diagnosis are excluded from the measure population. So for example, if COVID is assigned as the principal diagnosis code, and ischemic stroke is assigned as an other, or secondary diagnosis code. Then the case will be excluded from the measure.

35:52
Got it. Thank you. Karen. Next QUESTION. Would a patient with the history of atrial fibrillation and a left atrial appendage closure device be excluded from STK-3? The patient was discharged on aspirin and clopidogrel.

[ANSWER] Yeah. This is a little tricky question... And patients with a history of or current finding or diagnosis of atrial fibrillation or flutter are included in the measure.

Now, some patients with atrial fibrillation or flutter may be eligible for a left atrial appendage closure device or what they would call a closure procedure to decrease the risk of developing cardiac emboli. However, anticoagulation therapy, may be indicated prior to the procedure, or after the procedure for some patients.

Therefore, patients who undergo these procedures are not automatically excluded from the measure. Unless the procedure is linked with negation rationale for either patient refusal or a reason from the medical reason value sets. So while aspirin and Clopidogrel are considered antiplatelet or antithrombotic medications, they are not classified as anticoagulant medications and therefore they're not included in the anticoagulant valueset.

37:18
I will now turn it over to Chris Walas to talk about PC-05. Chris? Thank you, Karen.

PC-05 Exclusive Breast Milk Feeding captures the number of newborns who were exclusively fed breast milk during the birth hospitalization encounter.

The intent of this measure is to focus on increasing the number of newborns who are exclusively fed breast milk through supporting improvements in the quality and experience of mothers who choose to feed their infant breast milk. Exclusive breast milk feeding is recommended until at least six months of age, Research suggests the nutrients and antibodies in breast milk lowers the risk of certain conditions such as asthma, type 1 diabetes and ear and respiratory infection.

Many organizations promote the goal of exclusive breast milk feeding. However, there is still an opportunity to improve these rates.

This measure does not exclude for mother's conditions, which may not allow for breast milk feeding, since these conditions are rare. The focus should be on mothers, who choose to breastfeed and how we can support them in being successful. The Joint Commission does not expect the measure rates to be 100%, but a threshold of 70% is a reasonable target. Back to you, Marilyn.

38:49
Thanks, Chris. We will start by reviewing the initial population. The initial population for ePC-05 is inpatient hospitalizations for single newborns born in the hospital that ends during the measurement period and with either estimated gestational age of birth of greater than or equal to 37 weeks or a birth weight of greater than or equal to 3000 grams without a documented estimated gestational age. Newborns satisfying these conditions will be in the PC-05 initial population.

39:27
The initial population for 2022 is the same as 2021, with one exception: We have moved all initial population related definitions to a library called PCNewborn so that all newborn measures can access the same logic in the shared dictionary.

39:48
The definition for the initial population is: Single Live Term Newborn Encounter During the Measurement Period. This definition unions two definitions: that 1) qualifies the patient based on gestational age of 37 weeks or more and 2) qualifies as the patient based on birth weight of 3,000 grams or more when gestational age is null.

Single Live Birth Encounter qualifies the patient based on status of inpatient and a diagnosis indicating single live newborn. This definition is using the encounter diagnosis attribute.

For 2022, the only change for this definition is adding "day of" to the measurement period.

As we previously discussed, when reviewing the Global changes, "day of" is added to prevent issues with the time zone offset during data submission and measure execution.

40:52
Next, we will look at the two Union definitions in greater detail.

Starting with the definition: Single Live Birth Encounter with Gestational Age 37 Weeks or More.

There are two changes for 2022. The units used for estimated gestational age and the Global EarliestOf function. We reverted the unit used for EGA from 'wk' to 'weeks' to align with the Clinical Quality Language standards.

As we discussed previously, the EarliestOf function is one of the Global Common Library updates for the 2022 reporting year. Since assessment performed datatype has both relevantDatetime and relevantPeriod timing attributes the Earliest function, which is called by the EarliestOf function, returns the starting point of the relevantPeriod if a starting boundary is specified. Otherwise it returns the ending point of the period.

41:58
In the definition: Single Live Birth Encounter with Birth Weight 3000 grams or more without gestational age. Birth weight is used as an alternative way to look for term Newborns when EGA is not available.

Similarly, the EarliestOf function is applied here for gestational age and birth weight assessments. You can see this function displayed in the red font.

So the definition for the initial patient population is looking for either gestational age greater than or equal to 37 weeks or birth weight greater than or equal to 3,000 grams in the newborn encounter ends during the measurement period.

42:45
Because the denominator doesn't change from the initial population, we can simply call in the initial population as the definition. By doing that, we, in effect, carry through all the definitions from the initial population into the denominator as displayed here in the yellow box.

So then the definition: Single Live Term Newborn Encounter During Measurement Period becomes the qualifying encounter to continue moving through the measure algorithm.

43:18
No clinical changes have been made to the denominator exclusions for the 2022 reporting year.

We still exclude newborns with NICU stays, transfer to acute care facilities, length of stay greater than 120 days, and patients with galactosemia or parenteral nutrition.

43:43
We will look at the three denominator exclusion definitions one at a time.

The first definition covers the first two exclusions of: transfer to an acute care facility or expirations. If you recall earlier, we use Single Live Term Newborn Encounter During the Measurement Period, as a qualifying encounter to continue moving through the measure. We use the encounter performed attributes of facility locations and code to identify a neonatal intensive care unit or intensive care unit. For 2022, the Intensive Care Unit has been added as an exclusion in order to capture a newborn who was transferred to a general ICU in addition to a NICU for special care or temporary care. This change was based on feedback from hospitals.

We also use the attribute, discharge disposition, to identify patient expired or discharge to acute care facility or other healthcare facility.

Any newborns discharged to any one of these locations will be excluded from the denominator.

45:00
The next definition includes newborns with length of stay greater than 120 days by using the Global function LengthInDays.

No changes were made for 2022.

45:16
The last denominator exclusion definition looks to see if the patient received parenteral nutrition or had a diagnosis of galactosemia during the encounter. Let's start with the parenteral nutrition portion.

First, you may notice here, the medication administered datatype is added for 2022 for TPN with a new value set entitled "Total Parenteral Nutrition".

According to typical hospital workflows TPN can be documented on the medication administration record in the EHR.

This valueset contains a SNOMED code from the medicinal product hierarchy. By adding this, a newborn with Total Parenteral Nutrition mapped to a procedure code or a medicinal product will meet the exclusion.

Another change for this definition is applying Global.NormalizeInterval function to parenteral nutrition. The procedure performed and medication performed datatypes, have both relevantDatetime and relevantPeriod timing attributes. So we use Global.NormalizeInterval function to assess the timing elements.

Newborns with encounter diagnosis of galactosemia will also be excluded from the denominator. So this definition will exclude encounters with either parenteral nutrition or a diagnosis of galactosemia.

46:55
PC-05 numerator is looking for single live term newborns who are fed breast milk-only since birth.

The only change made to this definition for this year is Global.NormalizeInterval applied to substance administered datatype timing attributes.

47:19
Thanks, Marilyn. As a reminder, participants can submit questions at any time for us to answer during the facilitated live Q&A segment later in this session. Marilyn, when you're ready, you can go ahead with the next section with the Frequently Asked Questions.

47:40
Thank you. Okay, our first QUESTION: If the newborn is given glucose. Gel, does that count as a feeding? Does that mean they won't qualify for the numerator?

Chris? [ANSWER] I can answer that, Marilyn. If a newborn receives dextrose or glucose 40% gel, it's considered a medication, not a feeding.

So an inpatient hospitalization can still qualify for the numerator if a newborn receives these medications.

48:12
Now, we'll turn the presentation back to Susan.

Great. Thanks, Chris. Thank you to our presenters.

We've offered a Resource slide here to direct you to the following resources:

The eCQI Resource Center, Pioneers in Quality website, the ONC issue tracking system and the Joint Commission's previous webinars area on our website.

48:43
We will now move into the live Q&A segment. As a reminder, please submit your questions via the question pane. To do so, you can click on the question, mark icon in the audience toolbar. A panel will open for you to type and submit your question. Where possible, please include the side reference number, measure, or the presenter when possible. And all questions not answered verbally during the live event will be addressed in a written follow-up Q&A document. And the follow-up document will be posted on The Joint Commission website within several weeks of the live event.

Susan Yendro, I'll turn it over to you and Marilyn to facilitate the questions we've received so far.

49:25
Thank you so much. So to begin with.

We have received several QUESTIONS regarding the time frame in which organizations will be able to submit data to The Joint Commission.

[ANSWER] We wanted to just reiterate that we do anticipate hospitals will be able to submit their 2021 and 2022 data to the new Joint Commission DDSP in the second half of 2022. A more specific timeline will be communicated when the platform launch date has been determined. So stay tuned for more information that will be coming soon on that.

Also, please note that The Joint Commission ORYX data submission delay in no way impacts a hospital's requirements for submission of data to CMS.

Marilyn, you want to take the next question?

50:17
Sure. Okay.

[QUESTION] If not discussed, can you clarify in eSTK-2 and eSTK-6, where it pertains to inpatient status when the physician initiates the discharge medication list early in admission, including the Statin and antithrombotic, but patient status changes from observation to inpatient status afterwards... Does the MD need to go back and reenter the discharge medication list discrete field even though the MD discharge narrative summary does address those particular medications continued or prescribed?

[ANSWER] Okay, the author date and time for the discharge medication must occur during the inpatient encounter.

So I hope that answers your question.

51:22
OK. Yes. [QUESTION] The next question is: we've actually received a couple questions regarding when the changes were released for the EHR vendors and for the general public.

[ANSWER] These changes were available on are available on the eCQI Resource Center.

These are the changes for the 2021 reporting period. *[Correction post broadcast – this should have been stated 2022.]* So those packages are available and I believe that was that link was also included on the Resource Slide. Thanks.

51:54
Okay, next question comes from Susan. [QUESTION] In regard to the STK eCQM measures, what if principal diagnosis is ischemic stroke and later on there is a conversion to a hemorrhagic stroke, which should be used as the principal diagnosis? And how does this impact the measure algorithm?

The ANSWER would be: the Principal diagnosis code assigned at discharge is used. There can only be one ICD-10-CM diagnosis code assigned as the principal diagnosis. Thank you.

52:29
Okay. The next QUESTION from Tracy: Is Comfort measures exclusion for Comfort measures only or does comfort measures documentation qualify?

So the ANSWER is that documentation should be in a discreet field in the medical record mapped to a SMOMED code within the value set. This can be an order performed or an intervention order or intervention performed.

52:58
Great. Our next QUESTION comes from Sally. How far back should afib history Apply? Does the eCQM include codes prior to the stroke admission?

The ANSWER would be there is no time limit on the afib flutter diagnosis in eSTK-3. Clinically speaking, once patients have afib or atrial flutter, they are always at risk. The nature of the arrhythmia is that it comes and goes i.e., paroxysmal. It can also be persistent/permanent. We do not know if patients are at greater risk for short runs of atrial fib, of less than 30 seconds or longer. Even with patients that have ablation procedures, it is not uncommon for afib to return.

53:52
Okay, the next QUESTION comes from Rebecca: Are patients with primary diagnosis of TIA included in the denominator for STK-2, 5, and 6?

So the ANSWER is that: Trans ischemic strokes or TIA's have separate ICD-10 diagnostic codes in a G Series that are not included in STK-2, 3 or 6. The stroke measures include only ischemic stroke I Series ICD-10 diagnosis codes. Thank you for your inquiry.

54:29
Okay, next QUESTION comes from Grace: Does "day of" reflect day of arrival to the ED or day of inpatient admission?

[ANSWER] When "day of" of is applied to the logic, it means any time on the day of the specified date such as ED arrival.

54:49
We received a number of QUESTIONS regarding receiving a copy of the Q&A and just want to reiterate that written copy of the Q&A with the responses will be available within several weeks on The Joint Commission webinar website. That link was also included on the resources slide along with the recording, and the slide deck will be available at that location. Thanks.

55:16
Next QUESTION comes from Margaret. Is there a tentative release date for ePC-07 the new measure? And the ANSWER to that is TJC does plan to post the final ePC-07 specifications to the TJC website by the end of January of this year. So stay tuned. Just a couple weeks.

55:43
Thanks Marilyn. Okay. Next QUESTION comes from Jody: Are any of the STK eCQMs being retired?

[ANSWER] So the IPPS fiscal year 2022 final rule stated that discharged on Statin medications eCQM or STK-6 will be retired with the beginning of calendar year 2024 reporting period for the 2026 payment determination.

56:16
Great. Okay, our next QUESTION comes from Michaela: Is the initial eCQM stroke population based on Principal ICD-10 code?

[NOTE ANSWER CORRECTED following broadcast. This is the correct response.] Yes. The stroke measure Initial Patient Population is based on ICD-10-CM principal diagnosis codes for ischemic and hemorrhagic stroke. STK-2, STK-3, STK-5, STK-6 then include only those patients with a principal diagnosis for ischemic stroke in the denominator.

56:54
Okay, we'll take another question and then we'll be wrapping up.

So, one more QUESTION: Are you... So, this one comes from Selena. Are you saying that DC summary must be written prior to Patient discharge? Or can they be written per the facility protocol?

And the ANSWER is: Yes, DC summary must be authored during the inpatient encounter.

So I think with that, we will turn it back over to Susan to wrap things up for today.

57:28
Thanks so much, Susan and Marilyn. And Chris, and Karen, and all of our presenters today.

A few closing remarks, as we close out the session. All Expert to Expert webinar recording links, slides, transcripts, and QA documents can be accessed within several weeks of the live event on the Joint Commission's web page via the link shown on this slide.

57:53
Just a quick reminder that this Expert to Expert Webinar series on eCQM Annual Updates began on December 9th with VTE and will extend into March 2022, we will address the 2022 eCQM annual updates for all of the measures listed on this slide and a new measure review webinar is also planned for hypoglycemia and hyperglycemia eCQMs. Additional information will be available at this link as each webinar is offered.

58:24
A survey link will be emailed to participants tomorrow. If you qualify for CE Credits, complete the survey and provide the email that you used to register.

At the end of the online evaluation survey, when you click submit, you will be redirected to a URL from which you can print or download and save a PDF CE certificate. You will also receive an automated email that includes the link to the CE certificate.

58:52
Once again, thank you to all of our presenters today. And thank you to all of you who joined us. Have a great day.