

Specification Manual Changes version 3.2b for discharges 10/1/2010 through 3/31/2011.

The following summary reflects my best professional interpretations of the changes introduced in the Specifications Manual Version 3.2b impacting RHQDAPU data collection. Please be aware that this may not necessarily be the same as CDAC's interpretation.

For complete list of Specification Manual changes and clarifications please review the release notes associated with Specification Manual versions 3.2, 3.2a, and 3.2b.

GENERAL		
Point of Origin	Change	<ul style="list-style-type: none"> Retired from all measures Removed completely due to the frequency of NUBC guideline changes.
Transfer from Another ED	Change	<ul style="list-style-type: none"> Name change to : Transfer from Another Hospital or ASC Use now limited to AMI 7, AMI 8, PN3a, PN5c and PN6 algorithms for the RHQDAPU measures. <ul style="list-style-type: none"> No longer used in the AMI1 algorithm. <p>Definition: Documentation that the patient was received as a transfer from an inpatient, outpatient, or emergency/observation department of another hospital or from an ambulatory surgery center (ASC).</p> <p>Revised Allowable Values:</p> <ol style="list-style-type: none"> Patient received as a transfer from an inpatient department of another hospital. <ol style="list-style-type: none"> Also select when UTD if the patient comes from an inpatient or an outpatient bed. Patient received as a transfer from an outpatient department of another hospital (excludes emergency/observation departments). Patient received as a transfer from the emergency/observation department of another hospital. <ol style="list-style-type: none"> Even if it is part of the same hospital system Patient received as a transfer from an ambulatory surgery center. Patient was not received as a transfer from an inpatient, outpatient, or emergency/observation department of another hospital or from an ambulatory surgery center, or unable to determine from medical record documentation. <ul style="list-style-type: none"> Value 5 keeps the cases in these measures, values 1- 4 removes them from the measures. <p>Data Sources: Not limited.</p>

AMI		
Initial ECG Interpretation	Change	<ul style="list-style-type: none"> Rubber stamped signatures on initial EKG interpretations will no longer count. <ul style="list-style-type: none"> Disregard this documentation and look elsewhere.
Reason For No Beta Blocker At Discharge	Change	<ul style="list-style-type: none"> Aligning with data element 'Beta Blocker Current Med'. New exclusion: <ul style="list-style-type: none"> Beta Blocker eye drops. E.g. "D/C Timolol gtts" is no longer an inclusion.
Measure: AMI 1	Change	<ul style="list-style-type: none"> Patients transferred in from another hospital will now be included in this measure. <ul style="list-style-type: none"> Data element 'Aspirin Received Within 24 Hours before Or After Hospital Arrival' <ul style="list-style-type: none"> Say Yes if the patient received an ASA at the other hospital within 24 hours prior to arrival These cases pass the measure Data element 'Reason For No Aspirin On Arrival' <ul style="list-style-type: none"> Allows you to remove from the measure any cases for whom the physician determined should not receive /continue to receive Aspirin.
Measure: AMI 10	NEW	<p>STATIN PRESCRIBED AT DISCHARGE</p> <ul style="list-style-type: none"> Proposed to be mandatory RHQDAPU data for FY12 APU <ul style="list-style-type: none"> Mandatory submissions beginning with Q1 2011 discharges. Initial Population: <ul style="list-style-type: none"> Principle diagnosis code from Appendix A Table 1.1 Excluded Populations: <ul style="list-style-type: none"> Patients less than 18 years of age Patients who have a Length of Stay greater than 120 days Patients with <i>Comfort Measures Only</i> documented Patients enrolled in clinical trials Patients discharged/transferred to another hospital for inpatient care Patients who left against medical advice or discontinued care Patients who expired Patients discharged/transferred to a federal health care facility Patients discharged/transferred to hospice Patients with LDL less than 100 mg/dL within the first 24 hours after hospital arrival and not discharged on a statin Patients with a <i>Reason for Not Prescribing Statin Medication at Discharge</i>

<p>Measure: AMI 10 (cont)</p>		<ul style="list-style-type: none"> • New Data Elements <ul style="list-style-type: none"> ○ Statin Medication Prescribed At Discharge ○ LDL-c Less Than 100 Within 24 Hours After Arrival ○ Reason For Not Prescribing Statin Medication At Discharge <ul style="list-style-type: none"> ▪ <i>Reviewed in depth below</i>
<p>Statin Medication Prescribed At Discharge</p>	<p>NEW</p>	<ul style="list-style-type: none"> • Collected for: AMI 10 only (for CMS) • Definition: <i>Documentation that a Statin medication was prescribed at hospital discharge.</i> • Allowable Values: <ul style="list-style-type: none"> ○ Y (Yes) Statin medication prescribed at discharge. ○ N (No) Statin medication not prescribed at discharge, OR unable to determine from medical record documentation. <ul style="list-style-type: none"> ▪ Yes passes the measure; No continues in the algorithm. ○ In cases where there is a Statin medication in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (select "Yes") <ul style="list-style-type: none"> ▪ Unless it is specifically d/c'd or put on indefinite hold at discharge elsewhere in the record. ○ In cases where you have two Discharge Summaries or two Medication Reconciliation Forms disregard the earlier and reference only the latest. <ul style="list-style-type: none"> ▪ If UTD which was the later reference both. • Data Sources: Not Limited • Statin medications are listed in Appendix C Table 8.1
<p>LDL-c Less Than 100 Within 24 Hours After Arrival</p>	<p>NEW</p>	<ul style="list-style-type: none"> • Collected for: AMI 10 only (for CMS) • Definition: <i>Documentation of LDL-c cholesterol (LDL-c) level less than 100 mg/dL from test done within the first 24 hours after hospital arrival.</i> • Allowable Values: <ul style="list-style-type: none"> ○ Y (Yes) LDL-c less than 100 mg/dL in the first 24 hours after hospital arrival. ○ N (No) LDL-c is not less than 100 mg/dL in the first 24 hours after hospital arrival, no testing was done in the first 24 hours after hospital arrival (or LDL-c values not available), OR unable to determine from medical record documentation. <ul style="list-style-type: none"> ➤ Yes removes the case from the measure; No continues in the algorithm

<p>LDL-c Less Than 100 Within 24 Hours After Arrival (<i>cont</i>)</p>		<ul style="list-style-type: none"> ○ Use the <i>LOWEST</i> LDL-c result from all tests <i>DONE</i> within 24 hours after arrival. <ul style="list-style-type: none"> ▪ The result doesn't have to be available within 24 hours; the test has to be done within 24 hours. ○ Both Direct and Calculated results are acceptable <ul style="list-style-type: none"> ▪ If all available results are not calculated because high triglycerides render the LDL-c calculation inaccurate, select "No." <ul style="list-style-type: none"> ● Data Sources: Not Limited ● Inclusions: <ul style="list-style-type: none"> ○ LDL-cholesterol (LDL-c) ○ Low den lipoprotein ○ Low density lipoprotein (LDL) ● Exclusions: <ul style="list-style-type: none"> ○ VLDL (very low density lipoprotein)
<p>Reason For Not Prescribing Statin Medication At Discharge</p>	<p>NEW</p>	<ul style="list-style-type: none"> ● Collected for: AMI 10 only (for CMS) ● Definition: <i>Reasons for not prescribing a Statin medication at discharge:</i> <ul style="list-style-type: none"> ○ <i>Statin medication allergy</i> ○ <i>Other reasons documented by physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist</i> ● Allowable Values: <ul style="list-style-type: none"> ○ Y (Yes) There is documentation of a reason for not prescribing a Statin medication at discharge. <ul style="list-style-type: none"> ▪ In the case of conflicting documentation select Yes. ○ N (No) There is no documentation of a reason for not prescribing a Statin medication at discharge, OR unable to determine from medical record documentation. <ul style="list-style-type: none"> ➤ Yes removes the case from the measure; No fails the measure. ● Documentation of an allergy/sensitivity to one particular Statin medication is acceptable to take as an allergy to the entire class of Statin medications (e.g., "Allergic to Lipitor").

<p>Reason For Not Prescribing Statin Medication At Discharge (<i>cont</i>)</p>		<ul style="list-style-type: none"> • In determining whether there is a reason documented by physician/APN/PA <ul style="list-style-type: none"> ○ Reasons must be explicitly documented ○ Documentation of a hold or D/C <ul style="list-style-type: none"> ▪ Conditional holds only count if the statin was held because that condition occurred. ▪ Hold or D/c all po meds counts if there was a statin ordered at the time. ○ Deferral of the decision to start a statin from one practitioner to another does not count ○ These reasons for not ordering a statin can be found any time during the stay or pre-arrival <ul style="list-style-type: none"> ▪ <i>Please see the data element page for detailed abstraction notes.</i> • Data Sources: You cannot use documentation data/timed after discharge except for Discharge Summaries. Otherwise data sources are not limited.
<p>PN</p>		
<p>Influenza Vaccine Status</p>	<p>Change</p>	<ul style="list-style-type: none"> • Will no longer accept documentation related to H1N1 or Pandemic Influenza Vaccinations. • Reference only documentation pertaining to Seasonal Influenza Vaccination • Change in allowable values: <ul style="list-style-type: none"> ○ Value 3 - Patient <u>or caregivers</u> refusal ○ Value 4 - change <ul style="list-style-type: none"> ▪ FROM: Allergy/Sensitivity or Bone Marrow Transplant within the last 12 months or Hx of Guilliane Barre ▪ TO: Allergy/Sensitivity or Bone Marrow Transplant within the last <u>6 months</u> or Guilliane Barre <u>within 6 weeks of a previous Flu Vaccine.</u>

<p>Pneumococcal Vaccine Status</p>	<p>Change</p>	<ul style="list-style-type: none"> • Change in allowable values: <ul style="list-style-type: none"> ○ Changes to values 3 and 4 <p>1 -Pneumococcal vaccine was given during this hospitalization.</p> <p>2 -The patient received pneumococcal vaccine anytime in the past.</p> <p>3 -Documentation of patient's <u>or caregiver's</u> refusal of pneumococcal vaccine.</p> <p>4 -There is documentation of an allergy/sensitivity to pneumococcal vaccine OR is medically contraindicated because of a bone marrow transplant within the past 12 months OR currently receiving a scheduled course of chemotherapy or radiation therapy, or received chemotherapy or radiation during this hospitalization <u>or less than 2 weeks prior</u>.</p> <ul style="list-style-type: none"> • <i>This was the original intent but was not previously written this way.</i> <p>5 -None of the above/Not documented/UTD.</p>
<p>PN Diagnosis ED / Direct Admit</p>	<p>Clarify</p>	<p>The following have been removed from the inclusions and Exclusions lists and placed within the bulleted</p> <p>Notes For Abstraction:</p> <ul style="list-style-type: none"> • Inclusions: <ul style="list-style-type: none"> ○ Possible ○ Suspected ○ Questionable ○ Rule out ○ Probable ○ Need to evaluate for • Exclusions: <ul style="list-style-type: none"> ○ Doubt ○ No ○ Respiratory problems without mention of PN <p>They continue to be inclusions and exclusions</p>

Pseudomonas Risk (cont)		<ul style="list-style-type: none"> • If there is documentation of chronic ‘steroids’, select “Yes.” • <u>Refer to Appendix C Table 2.15 for a comprehensive list of Systemic Corticosteroids.</u>
Risk Factors for Drug-Resistant Pneumococcus	Clarify	<ul style="list-style-type: none"> • Adding inclusions synonymous with Diabetes and IV Drug User: <ul style="list-style-type: none"> ○ Diabetic ○ DM ○ Injection drug user ○ Needles for drugs ○ Needle user • Remove exclusion History or h/o malignancy unless there is also documentation the malignancy was present in the last three months. <ul style="list-style-type: none"> ○ This was redundant information and caused confusion ○ The Definition lists 7 conditions for which you can say Yes: <ul style="list-style-type: none"> ▪ Patients 65 and over ▪ ICU Patients – within 24 hours of arrival ▪ Alcoholism – any mention in chart ▪ Systemic antibiotic therapy in the last 3 months prior to arrival ▪ Medical co-morbidities ▪ Exposed to child in daycare ▪ Injection drug user – only illicit drugs ○ The Notes for Abstraction further define Medical Comorbidities as: <ul style="list-style-type: none"> ▪ Renal, heart, lung or liver disease documented within the last 3 months ▪ Diabetes mellitus ▪ Asplenia ▪ Malignancies documented within the last 3 months
Measure PN-3b Blood Culture Performed After Antibiotic Delivered in the ED	Change	<ul style="list-style-type: none"> • Patients transferred in from another hospital are now included in this measure.
Measure PN6, 6a Pneumonia Antibiotic selection for ICU Patients	Change	<ul style="list-style-type: none"> ▪ Allowing ICU patients to receive Antipseudomonal antibiotics without documentation of pseudomonal risk. <ul style="list-style-type: none"> ○ Still differentiating therapies for NON-ICU patients based on whether or not they have pseudomonal risk.

<p>Measure PN6, 6a Pneumonia Antibiotic selection for ICU Patients <i>(cont)</i></p>		<ul style="list-style-type: none"> ▪ Antipseudomonal Beta Lactam is now referred to as Antipneumococcal/Antipseudomonal Beta Lactam <ul style="list-style-type: none"> ○ More accurate ○ Same list of drugs ▪ Now allowing ICU patients to receive an Antipneumococcal/Antipseudomonal Beta Lactam with an Antipneumococcal Quinolone without an Aminoglycoside. <ul style="list-style-type: none"> ○ Aminoglycosides are still used when pairing Antipneumococcal/Antipseudomonal Beta Lactam with a Macrolide ▪ Please view the Consensus Recommendations Tables found in the Specifications Manual > Pneumonia MIF > page PN6, 6ab – 6.
SCIP		
<p>Infection Prior To Anesthesia</p>	<p>Change</p>	<ul style="list-style-type: none"> • No longer used in the algorithm for SCIP Inf-9 Urinary Catheter Removed on POD 1 or 2. <ul style="list-style-type: none"> ○ Patients with infection will remain in this measure. • Select Yes for Joint Revision <ul style="list-style-type: none"> ○ All joint revisions will be excluded from the SCIP Infection measures ○ To be considered a joint revision, the same joint as the principal procedure must have been operated on in a previous surgery that was a total or partial arthroplasty, OR there must be documentation that hardware was removed during the current principal procedure.
<p>Intentional Hypothermia</p>	<p>Change</p>	<ul style="list-style-type: none"> • No longer need MD/NP/PA documentation <ul style="list-style-type: none"> ○ Any documentation of intentional hyperthermia will do ○ Documentation must still occur during the perioperative period • Perioperative period is defined as: <ul style="list-style-type: none"> ○ 24 hours prior to surgical incision through discharge from the post anesthesia recovery area. ○ If not recovered in PACU a maximum of six hours after arrival to the recovery area • Inclusions (unchanged): <ul style="list-style-type: none"> ○ Intentional hypothermia ○ Maintain body temperature less than 96.8° Fahrenheit/36° Celsius (or lower) ○ Cardiopulmonary bypass

Urinary Catheter	Change	<p>Data element revisions: <i>CMS wants to include in the measure patients who had a urethral catheter placed after arrival, prior to surgery.</i> Patients with a urethral catheter in place prior to arrival are excluded.</p> <ul style="list-style-type: none"> ▪ Value 1 (Yes) <ul style="list-style-type: none"> ○ <i>Was</i> <ul style="list-style-type: none"> ▪ There is documentation that an indwelling catheter [urethral or suprapubic] was placed intraoperatively and was still in place immediately postoperatively. ○ <i>Changes to</i> <ul style="list-style-type: none"> ▪ There is documentation that an indwelling <u>urethral</u> catheter was placed perioperatively and was still in place <u>at the time of discharge from the recovery/post-anesthesia care area</u>. ▪ Value 2 (No) <ul style="list-style-type: none"> ○ Same language changes <ul style="list-style-type: none"> ▪ There is no documentation that an indwelling <u>urethral</u> catheter was placed perioperatively and was still in place <u>at the time of discharge from the recovery/post-anesthesia care area</u>. <ul style="list-style-type: none"> • Periop is defined as hospital arrival through D/C from PACU • If patient doesn't go to PACU the periop period is arrival through a maximum of 6 hours after arrival to the recovery area. ▪ Values 3 and 4 are merged <ul style="list-style-type: none"> ○ <i>Was</i> <ul style="list-style-type: none"> ▪ 3 - There is documentation that the patient had an indwelling catheter prior to admission or prior to surgery. ▪ 4 - There is documentation that the patient was being intermittently catheterized prior to admission or preoperatively. ○ <i>Changes to</i> <ul style="list-style-type: none"> ▪ 3 - There is documentation that the patient had an indwelling urethral or suprapubic catheter or was being intermittently catheterized prior to the perioperative timeframe [arrival]. <ul style="list-style-type: none"> • This includes ileal conduits or urinary diversion prior to arrival • Intermittent catheterization = straight cath to empty bladder. Straight cath to obtain Urine Cx does NOT count. ▪ Value 4 <ul style="list-style-type: none"> ○ <i>Becomes</i> <ul style="list-style-type: none"> ▪ There is documentation that the patient had a suprapubic catheter placed perioperatively and it was still in place at the time of discharge from the recovery/post-anesthesia care area or the patient was being intermittently
------------------	--------	---

Urinary Catheter (cont)		<p>catheterized during the perioperative period.</p> <ul style="list-style-type: none"> ▪ Value 5 <ul style="list-style-type: none"> ○ Essentially unchanged <ul style="list-style-type: none"> ▪ Unable to determine from documentation in the medical record. ▪ Only Value 1 keeps the case in SCIP Inf 9, ▪ All other values remove the case from SCIP Inf 9 <ul style="list-style-type: none"> ○ If the conditions for any value other than 1 are met, even if the conditions for value one are met, select the OTHER value.
VTE Prophylaxis	Change	<ul style="list-style-type: none"> • Change to guidelines for abstracting PHARMACOLOGIC VTE Prophylaxis <ul style="list-style-type: none"> ○ Currently you can only abstract MD/NP/PA orders for Pharm. Prophylaxis. <ul style="list-style-type: none"> ▪ You cannot abstract the Pharmacists formulary substitution ▪ Results in the appearance that pharmacologic prophylaxis was ordered but not administered and cases are failing SCIP VTE-2 ○ Now allowed to abstract formulary substitutions <ul style="list-style-type: none"> ▪ Abstract the MD/NP/PA order and answer no for VTE Timely (if not administered). ▪ Abstract the formulary substitution and answer Yes for VTE Timely (if administered timely). ○ You can only abstract an allowable value once; example <ul style="list-style-type: none"> ▪ Lovenox is ordered; Fragmin is substituted ▪ Both are LMWH ▪ Select VTE Prophylaxis Allowable Value 2 - LMWH just once ▪ Then, if either is given timely, select Yes for data element VTE Timely. • There are no guideline changes for Mechanical VTE Prophylaxis abstraction. <ul style="list-style-type: none"> ○ Continue to abstract any form of mechanical prophylaxis that is either ordered or placed on the patient – an MD order is not required to enter the mechanical VTE prophylaxis choice.

MEASURE INFORMATION FORMS		
SCIP Inf -2	Clarify	<ul style="list-style-type: none"> References have been updated in the MIF
SCIP Inf-9	Change	<ul style="list-style-type: none"> Patients with Infection are now included in this measure <ul style="list-style-type: none"> See changes to data element Infection Prior To Anesthesia
ED Measure Set	Change	<ul style="list-style-type: none"> Changes from INFORMATIONAL to VOLUNTARY for CMS <ul style="list-style-type: none"> CMS will be able to begin accepting these measures on a voluntary basis beginning with Oct 1 2010 discharges Proposed rule indicates these measures will be required beginning with 1/1/12 discharges impacting FY14 APU Two measures: <ul style="list-style-type: none"> ED-1 Median Time from ED Arrival to ED Departure for Admitted ED Patients ED-2 Admit Decision Time to ED Departure Time for Admitted Patients Data Element List: <ul style="list-style-type: none"> Arrival Date ED-1 Arrival Time ED-1 Decision to Admit Date ED-2 Decision to Admit Time ED-2 ED Departure Date ED-1, ED-2 ED Departure Time ED-1, ED-2 ED Patient ED-1, ED-2 Observation Services ED-1, ED-2
Prevention Measure Set	New	<ul style="list-style-type: none"> Informational Only <ul style="list-style-type: none"> Not being collected by CMS during this time period Proposed rule indicates plans to include in RHQDAPU for FY 14 beginning with 1/1/12 discharges Four Measures /Two sub-sets <ul style="list-style-type: none"> Immunization 1 <ul style="list-style-type: none"> Influenza vaccination by Age Influenza vaccination by Risk Factor Immunization 2 <ul style="list-style-type: none"> Pneumococcal vaccination by Age Pneumococcal vaccination by Risk Factor

APPENDICES		
Appendix A		<ul style="list-style-type: none"> • Table 7.04 Obstetrics VTE <ul style="list-style-type: none"> ○ Remove 673.33 obstetrical antepartum pyremic and septic embolism ○ Remove 673.34 obstetrical postpartum pyremic and septic embolism <ul style="list-style-type: none"> ▪ These conditions are not treated with VTE prophylaxis • Table 5.10 Major Surgery • Table 5.11 Cardiac Surgery • Table 5.25 Other Major Surgery For Sampling <ul style="list-style-type: none"> ○ Remove 36.32 Other transmyocardial revascularization ○ Remove 36.39 Other heart revascularization <ul style="list-style-type: none"> ▪ There are no recommendations for glucose control for these procedures • New Tables for the Prevention Measure Set [<i>Informational Only</i>] <ul style="list-style-type: none"> ○ Table 12.1 Diabetes ○ Table 12.2 End-Stage Renal Disease ○ Table 12.3 Pregnancy ○ Table 12.4 Asthma ○ Table 12.5 Chronic Obstructive Pulmonary Disease (COPD) ○ Table 12.6 Nephrotic Syndrome ○ Table 12.7 Asplenia ○ Table 12.8 Human Immunodeficiency Virus (HIV) ○ Table 12.9 Influenza
Appendix C		<ul style="list-style-type: none"> • Add to Table 2.2 Immunosuppressive medications <ul style="list-style-type: none"> ○ Casodex <ul style="list-style-type: none"> ▪ Brand name of bicalutemide which is already on the list • Add to Table 3.11 All Surgeries Urinary Antiseptics <ul style="list-style-type: none"> ○ Utira C : Methanamine • Add to Table 3.13 Diuretics <ul style="list-style-type: none"> ○ Mannitol ○ Osmitol ○ Resectisol <ul style="list-style-type: none"> ▪ These are all forms of Mannitol

Appendix C (cont)	<ul style="list-style-type: none">• Add to Table 1.6 Lipid Lowering Meds<ul style="list-style-type: none">○ Fibracor○ Livalo○ Pitavastatin • Add to Table 1.7 ARBs<ul style="list-style-type: none">○ Telmisartan / Amlodipine○ Twynsta○ Valsartan / Aliskiren○ Valturna • Add to Table 8.1 Statin Medications – Stroke<ul style="list-style-type: none">○ Livalo○ Pitavastatin • Table 2.4 Beta Lactams (Pseudomonas Risk)<ul style="list-style-type: none">○ Change the name of the table to Beta Lactams (Antipneumococcal/Antipseudomonal)
-------------------	---