

Specification Manual Changes version 3.3 for discharges 4/1/2011 through 12/31/2011.

The following summary reflects my best professional interpretations of the changes introduced in the Specifications Manual Version 3.3 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 version 3.3.

GENERAL		
Admission Date	Change	<ul style="list-style-type: none"> • Data Sources <ul style="list-style-type: none"> • Change to ONLY ACCEPTABLE SOURCES <ul style="list-style-type: none"> ▪ Physician Orders ▪ Face Sheet ▪ UB04 Field 12 • No longer a Priority Order • New excludes source <ul style="list-style-type: none"> ▪ UB04 Field 6 • When Observation patients become Inpatients <ul style="list-style-type: none"> • Abstract the admit to Inpatient date • Consider all documentation to deduce correct admit date when conflicting documentation is found in the acceptable sources
Adult Smoking History	Change	<ul style="list-style-type: none"> • Add to list of ONLY ACCEPTABLE SOURCES <ul style="list-style-type: none"> • Smoking/Tobacco Use Assessment Form
Comfort Measures Only	Change	<ul style="list-style-type: none"> • Sources are now limited to these ONLY ACCEPTABLE SOURCES <ul style="list-style-type: none"> • Discharge Summary • Physician orders • Progress Notes <ul style="list-style-type: none"> ▪ Consult Notes cannot be used unless found in the Progress Notes section • State Authorized Portable Order Forms (SAPO) <ul style="list-style-type: none"> ▪ This is the only prehospital documentation accepted ▪ All other references to pre-hospital code status are disregarded • Order forms that lack a clear indication of choice between DNR and CMO cannot be used, disregard • Add to inclusions <ul style="list-style-type: none"> • DNR-CC

<p>Discharge Disposition</p>	<p>Change</p>	<p>New Data Element – Replacing Discharge Status</p> <ul style="list-style-type: none"> ▪ 8 Allowable Values <ul style="list-style-type: none"> 1 - Home <ul style="list-style-type: none"> ▪ Assisted Living Facilities ▪ Court/Law Enforcement – includes detention facilities, jails, and prison ▪ Home – includes board and care, foster or residential care, group or personal care homes, and homeless shelters ▪ Home with Home Health Services ▪ Outpatient Services including outpatient procedures at another hospital, Outpatient Chemical Dependency Programs and Partial Hospitalization 2 - Hospice at Home 3 - Hospice at Health Care Facility <ul style="list-style-type: none"> ▪ Hospice Care - General Inpatient and Respite ▪ Hospice Care - Residential and Skilled Facilities ▪ Hospice Care - Other Health Care Facilities (excludes home) 4 - Acute Care Facility <ul style="list-style-type: none"> ▪ Acute Short Term General ▪ Critical Access Hospitals ▪ Cancer ▪ Children’s Hospitals ▪ Department of Defense and Veteran’s Administration Hospitals 5 - Other Health Care Facility <ul style="list-style-type: none"> ▪ Extended or Immediate Care Facility (ECF/ICF) ▪ Long Term Acute Care Hospital (LTACH) ▪ Nursing Home or Facility including Veteran’s Administration Nursing Facility ▪ Psychiatric Hospital or Psychiatric Unit of a Hospital ▪ Rehabilitation Facility including Inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital ▪ Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed ▪ Transitional Care Unit (TCU) 6 - Expired 7 - Left Against Medical Advice/AMA 8 - Not Documented or Unable to Determine (UTD)
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Discharge Disposition (cont)		<ul style="list-style-type: none"> ▪ Data Sources: <ul style="list-style-type: none"> ○ Day of discharge or day before discharge documentation only ▪ Conflicting documentation rule: <ul style="list-style-type: none"> ○ Use the latest documented ▪ If level of care at the receiving hospital is unknown select value 4 -Acute Care <ul style="list-style-type: none"> ○ Removes the case from most AMI, HF and PN measures <p><i>This element does not use NUBC guidelines</i></p>
AMI / HF		
<ul style="list-style-type: none"> ▪ ACE I Prescribed At Discharge ▪ Aspirin Prescribed At Discharge ▪ Beta Blocker Prescribed At Discharge ▪ Statin Prescribed At Discharge ▪ ARB Prescribed At Discharge ▪ Discharge Instructions Address Medications 	Clarify	<ul style="list-style-type: none"> • When you have more than one Discharge Summary or Medication Reconciliation Form <ul style="list-style-type: none"> ○ Use the latest ○ Use Dictated time over transcribed time ○ If UTD which was latest reference both/all
AMI		
Aspirin Received Within 24 Hours After Hospital Arrival	Clarify	<p>Includes the time period 24 hours prior to arrival</p> <ul style="list-style-type: none"> • Infer the Aspirin was taken within 24 hours prior to arrival <ul style="list-style-type: none"> • Current med • Home med • Received prior to arrival • Do not infer it was taken within 24 hours prior to arrival <ul style="list-style-type: none"> • PRN home med without a documented last dose

<ul style="list-style-type: none"> Reason For No Aspirin At Discharge Reason For No Aspirin On Arrival 	Change	<ul style="list-style-type: none"> Hold anti-platelets is now acceptable to say 'Yes' <ul style="list-style-type: none"> Currently any hold on a class of drugs (including anti-platelets) is disregarded Beginning April 1 2011 that rule holds true EXCEPT for anti-platelets <ul style="list-style-type: none"> Anti-platelets is now a 'Yes' for these two data elements
Reason For Not Prescribing Statin Medication At Discharge	Clarify	<ul style="list-style-type: none"> Definition: <i>Reasons for not prescribing a Statin medication at discharge:</i> <ul style="list-style-type: none"> Statin medication allergy Other reasons documented by physician/advanced practice nurse/physician assistant In determining whether there is a reason documented by physician/APN/PA <ul style="list-style-type: none"> Reasons must be explicitly documented There is an inclusion list for "reasons" <ul style="list-style-type: none"> This is not all inclusive It is meant as a guide for abstractors – if you see one of these conditions exist pay close attention to practitioner documentation <ul style="list-style-type: none"> It is more likely you will find a 'reason' linked to not ordering a Statin
Reference Updates		<ul style="list-style-type: none"> AMI 1, 2, 3, 4, 5, 8
PN		
Compromised	Change Clarify	<ul style="list-style-type: none"> Add to Inclusions for Compromising Conditions Within the Last 3 Months <ul style="list-style-type: none"> Systemic Chemotherapy MD/NP/PA documentation of "significant" or "marked" neutropenia <ul style="list-style-type: none"> Select Allowable Value 1 – A Compromising Condition Systemic Corticosteroids <ul style="list-style-type: none"> IV or PO Chronic use, not a recent taper or short term course Select Value 1 – A Compromising Condition Values 1, 2 and 3 remove the case from PN-6 <ul style="list-style-type: none"> 1-A Compromising Condition 2- Prior Hospitalization Within 14 Days 3- Both 1 and 2 Value 4 continues in the PN-6 algorithm <ul style="list-style-type: none"> 4- None of the above or UTD

<p>Pneumococcal Vaccination Status (cont)</p>	<p>Clarify</p>	<ul style="list-style-type: none"> • currently receiving a scheduled course of chemotherapy or radiation therapy, or received chemotherapy or radiation during this hospitalization or less than 2 weeks prior OR • <i>received the shingles vaccine (Zostavax) within the last 4 weeks.</i> <p>5 - None of the above/Not documented/UTD.</p> <ul style="list-style-type: none"> • Values 1,2,3 and 4 Pass measure PN-2 • Value 5 Fails measure PN-2 		
<p>Pneumonia Diagnosis: ED/Direct Admit</p>	<p>Clarify</p>	<ul style="list-style-type: none"> • PN diagnosis codes are acceptable documentation of a PN diagnosis on admission as long as it is on a page with the proper signature: <ul style="list-style-type: none"> ○ ED documentation = ED MD/NP/PA ○ Direct Admit documentation = admitting MD/NP/PA 		
<p>Pn-6 Initial Antibiotic Selection</p>	<p>Change</p>	<ul style="list-style-type: none"> • Added option for Antibiotic therapy in Non-ICU patients <ul style="list-style-type: none"> ○ Beta Lactam IV or IM + Tigecycline (IV) <table border="1" data-bbox="573 781 1793 1243"> <tr> <td data-bbox="573 781 808 1243"> <p>Non – ICU Patient</p> </td> <td data-bbox="808 781 1793 1243"> <p>Beta-lactam (IV or IM) Table 2.3 + Macrolide (IV or PO) Table 2.5 Or Antipneumococcal Quinolone monotherapy (IV or PO) Table 2.9 Or Beta-lactam (IV or IM) Table 2.3 + Doxycycline (IV or PO) Or Beta-lactam (IV or IM) + Tigecycline (IV) Table 2.10 Or If less than 65 with no <i>Risk Factors for Drug-Resistant Pneumococcus</i> (see data element) Macrolide monotherapy (IV or PO) Table 2.</p> <p>Beta-lactam = Ceftriaxone, Cefotaxime, Ampicillin/Sulbactam, Ertapenem Macrolide = Erythromycin, Clarithromycin, Azithromycin Antipneumococcal Quinolones = Levofloxacin1, Moxifloxacin, Gemifloxacin</p> </td> </tr> </table>	<p>Non – ICU Patient</p>	<p>Beta-lactam (IV or IM) Table 2.3 + Macrolide (IV or PO) Table 2.5 Or Antipneumococcal Quinolone monotherapy (IV or PO) Table 2.9 Or Beta-lactam (IV or IM) Table 2.3 + Doxycycline (IV or PO) Or Beta-lactam (IV or IM) + Tigecycline (IV) Table 2.10 Or If less than 65 with no <i>Risk Factors for Drug-Resistant Pneumococcus</i> (see data element) Macrolide monotherapy (IV or PO) Table 2.</p> <p>Beta-lactam = Ceftriaxone, Cefotaxime, Ampicillin/Sulbactam, Ertapenem Macrolide = Erythromycin, Clarithromycin, Azithromycin Antipneumococcal Quinolones = Levofloxacin1, Moxifloxacin, Gemifloxacin</p>
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SCIP		
Anesthesia Start Time	Clarify	<ul style="list-style-type: none"> • Inclusions inadvertently omitted from the previous manual have been put back in <ul style="list-style-type: none"> ○ Anesthesia Start ○ Anesthesia Begin ○ Anesthesia Initiated <ul style="list-style-type: none"> ▪ Look for any of these terms on the Anesthesia record ▪ If none are found there look elsewhere in the record ▪ If none are found elsewhere go back to the Anesthesia Record and look for other terms representing anesthesia start time ▪ If no other terms are found on the anesthesia record look elsewhere in the record for other terms representing anesthesia start time • The Anesthesia Record is the priority source • The three terms above are the priority terms <p>* Best practice tip: add a field qualified as anesthesia start time to your anesthesia record</p>
Reasons To Extend Antibiotics	Change	<ul style="list-style-type: none"> • Used only in SCIP Inf -3 Discontinuing Prophylactic Antibiotics Within 24 Hours Postop • Allowable Values have been re-written Select all that apply: <ol style="list-style-type: none"> 1 There is MD/NP/PA documentation that the patient had an infection postoperatively following the principal procedure. <ul style="list-style-type: none"> • Postoperative documentation only <ul style="list-style-type: none"> ○ Within 2days post Anesthesia End Time (3 days for CABG and Other cardiac Surgery) • Cannot use Pathology reports 2 The principal procedure was a lower extremity arthroplasty (original or revision) and there is MD/NP/PA documentation of a current benign or malignant bone tumor of the operative extremity. <ul style="list-style-type: none"> • Used to be only malignancies were included here • Preoperative or postoperative documentation is accepted 3 There is MD/NP/PA documentation of any of (and only) the following reasons to extend antibiotics: <ul style="list-style-type: none"> Erythromycin was administered postoperatively for the purpose of increasing gastric motility OR An antibiotic was administered postoperatively for the treatment of hepatic encephalopathy OR An antibiotic was administered postoperatively as prophylaxis of Pneumocystis pneumonia (PCP) to a patient with a diagnosis of AIDS. <ul style="list-style-type: none"> • Preoperative or postoperative documentation accepted

Reasons To Extend Antibiotics (cont)		<ul style="list-style-type: none"> 4 No documented reason/Unable to Determine. Values 1,2 and 3 remove the case from SCIP Inf 3 Value 4 Fails SCIP Inf 3 The inclusions lists provide examples of the above; they are not all inclusive
VTE Prophylaxis	Change	<ul style="list-style-type: none"> No longer accepting Rivaroxaban po <ul style="list-style-type: none"> Was Allowable value 8 Was accepted prophylaxis for Hips and Knees beginning with April 1st 2010 discharges No FDA approval therefore the option is removed from the Allowable Values
MEASURE INFORMATION FORMS		
AMI T1 AMI T2	Change	<ul style="list-style-type: none"> Retiring these two test measures
SCIP VTE 1 SCIP VTE 2	Change	<ul style="list-style-type: none"> Excluded from the population: <ul style="list-style-type: none"> Patients with a stay < 2 nights <ul style="list-style-type: none"> Used to exclude patients with a LOS ≤ 3 calendar days To more accurately capture the original intent
APPENDICES		
Appendix A	Change	<ul style="list-style-type: none"> Added to Table 5.16 <ul style="list-style-type: none"> 46.03 Lg Bowel Exteriorization 45.95 Anal Anastomosis <ul style="list-style-type: none"> These patients are now excluded from SCIP Inf-9 Remove from Table 5.11 <ul style="list-style-type: none"> 37.51 Heart Transplant <ul style="list-style-type: none"> To exclude these cases from SCIP Inf 4 Remove from Table 5.08 Add to Table 5.25 <ul style="list-style-type: none"> 38.18 Lower Limb Endarterectomy <ul style="list-style-type: none"> Removes these cases from SCIP Inf 1,2 and 3 Remove from Tables 5.10, 5.11 and 5.25 (<i>These four codes are no longer used as principle procedure codes</i>) <ul style="list-style-type: none"> 37.35 Partial Ventriculectomy 37.52 Imp Tot al Internal Biventricular Heart Replacement System 37.53 Replace or Repair Thoracic Unit of (total) Heart Replacement System 37.54 Replace or Repair Other Implantable Component of (total) Heart Replacement System

Appendix C	Change	
		<ul style="list-style-type: none">• Add to Table 2.1 Antimicrobial Medications<ul style="list-style-type: none">○ Prevpac: Lansoprazole/Amoxicillin/Clarithromycin○ Lansoprazole/Amoxicillin/Clarithromycin: Lansoprazole/Amoxicillin/Clarithromycin<ul style="list-style-type: none">▪ New○ Utira C: Methenamine<ul style="list-style-type: none">▪ Inadvertently left out • Add to table 2.10 Tetracyclines<ul style="list-style-type: none">○ Tygacil: Tigecycline○ Tigecycline: Tigecycline • Add to Table 1.7 ARBs<ul style="list-style-type: none">○ Olmesartan/amlodipine/hydrochlorothiazide○ Tribenzor<ul style="list-style-type: none">▪ New FDA approval