



FACT SHEET

Summary of AMI and HF Changes for 4/1/09+ Discharges

AMI and HF Medication Measures: AMI-1, AMI-2, AMI-3, AMI-5, AMI-6, and HF-3

- ▶ Medication contraindication decision points in algorithms rearranged – The new order will allow the case to pass if the medication was given, regardless of whether a reason for not getting the medication was documented. Data element names were changed from “contraindication” to medication to “reason” for not getting medication, accordingly.

Change made across all topics in response to Q&As and voiced concerns from the provider community. False exclusions will be reduced. Abstraction time will also decrease, as tools may be programmed in such a way that the abstractor can skip answering whether the patient had a reason for not getting a medication if he/she ultimately got it. Mismatches in validation should decline as well.

Data Element or Table	New	Clarification	Change
Comfort Measures Only	✓		<p>Guideline added:</p> <ul style="list-style-type: none"> Abstraction guideline added which disallows the use of CMO documentation that is dated prior to arrival or which refers to the pre-arrival time period (e.g., comfort measures only order in previous hospitalization record, “Pt. on hospice at home” in H&P). <p>EXCEPTION: CMO documented on state-authorized portable orders (SAPOs) which are dated prior to arrival will count as CMO.</p> <p>SAPO Examples:</p> <ul style="list-style-type: none"> o DNR-Comfort Care form o MOLST (Medical Orders for Life-Sustaining Treatment) o POLST (Physician Orders for Life-Sustaining Treatment) <ul style="list-style-type: none"> Inclusions added: Brain death, Organ harvest Inclusion deleted: Allow natural death
All contraindication (or reason for no medication) data elements	✓		<ul style="list-style-type: none"> Language changed from “contraindication” to “reason” for no medication, in accordance with algorithm reorder. Some changes made to make wording, structure, etc. of definitions more standard across measure sets Many minor changes which reduce the volume of abstraction guidelines and simplify wording. Many hold “exceptions” were removed (e.g., 1x holds, discontinuation in combination with start of different med or dose, pre-op holds). They will now count as reasons for no medication. Abstraction guideline added which clarifies that deferral of a medication from one physician/APN/PA or pharmacist to another does NOT count as a reason for not prescribing the medication UNLESS the problem underlying the deferral is also noted.
ACEI/ARB Contraindication (or Reason for No ACEI and No		✓	<ul style="list-style-type: none"> Hypotension Inclusion list was modified to clarify that references to “blood pressure (BP)” as the reason for no ACEI or no ARB count as a Reason for no ACEI and No ARB at Discharge. It does not have to specify “hypotension” (e.g., “Start candesartan after BP normalizes”).

Data Element or Table	New	Clarification	Change
ARB at Discharge)			Similar changes were made to the Hyperkalemia Inclusions (“potassium” references) and Worsening Renal Function Inclusions (“creatinine” references and “renal function” references not specified as renal dysfunction).
All discharge instruction data elements		✓	<ul style="list-style-type: none"> Many minor changes which reduce the volume of abstraction guidelines and simplify wording.
Discharge Instructions Address Symptoms Worsening	✓		<ul style="list-style-type: none"> Instructions on what to do if “symptoms worsen,” “problems occur,” “the patient’s condition changes or worsens,” etc. will NO LONGER COUNT. Credit will require that instructions be specific to heart failure symptoms. Examples: <ul style="list-style-type: none"> “Call the office if weight gain greater than 2 pounds.” “Come to the emergency room if you experience a problem with breathing.” “Make an appointment if heart failure symptoms return.”
First PCI Date AND First PCI Time		✓	<ul style="list-style-type: none"> Removed guideline: Do NOT include PCIs which were attempted but not completed on at least one vessel - e.g., angioplasty device (balloon, stent, thrombectomy device) could not be delivered to the blocked area of the artery, balloon could not be inflated, guidewire could not be advanced. Include PCIs that are completed but unsuccessful in maintaining the flow of blood through the artery. These may be described as “failed completed.” This guideline is not needed. Assignment of the ICD-9-CM PCI procedure code (00.66) has always determined which cases are included in the PCI timing measures.
LVSD	✓		<ul style="list-style-type: none"> Abstraction methodology was changed for cases where multiple in-hospital tests were done and there is either no report or no EF/LVSF findings noted in the report from the most recent test. In such cases you will now use other (non-report) sources that clearly reference the most recent test before moving on to use findings from the second most recent test if need be. [Current guidelines have the abstractor working backwards through all reports before using any non-report sources] The priority order in the Conflicting Documentation section (numeric over narrative, calculated EF over estimated EF, etc.) now applies to ALL steps in the Methodology section, including cases where an inpatient test was not done but “floating” EF/LVSF descriptions are documented (where you are unable to determine if any refer to the most recent test). <ul style="list-style-type: none"> Example: H&P states patient admitted with “moderate LVD” and the discharge summary notes the EF 40% (no connection to any test). Abstractor will now select ‘No’. Many minor changes which reduce the volume of abstraction guidelines and simplify wording.

For a complete list of changes please see the “Release Notes” located in the Specifications Manual for National Hospital Quality Measures for discharges 4/1/2009. The manual can be found at <http://www.qualitynet.org/dcs/ContentServer?cid=1221491528970&pagename=QnetPublic%2FPage%2FQnetTier4&c=Page>

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