

California and Florida “In the Know” Inpatient Data Collection, Reporting, and Validation

Module 2: Specifications Manual Revisions AMI, HF, Pneumonia, and SCIP

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Topics

- *Specifications Manual, Version 3.3 Revisions*
 - Multi-Measure Data Elements
 - PN
 - AMI
 - HF
 - SCIP
- *Miscellaneous Reminders*

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Specifications Manual

Version 3.3

April 1, 2011 – December 31, 2011 Discharges

Additions and Revisions

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Specifications Manual, Version 3.3

Multi-Measure Revisions & Additions

Admission Date

- Clarified last sentence in first bullet to differentiate admission date used for billing from admission date for abstraction purposes
- Deleted bullet: patients admitted for surgery or a procedure
- Provided example for patients admitted to inpatient status from observation status
- Added new bullet: patients with multiple admission orders (don't abstract earliest date without substantiating documentation); also provides example of this

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Specifications Manual, Version 3.3

Multi-Measure Revisions & Additions

Admission Date (cont.)

- Suggested Data Sources: Changed from “Priority Order” to “Only Allowable Sources”
 - Physician Orders
 - Face Sheet
 - UB-04, Field Location: 12
- Added “Excluded Data Sources:”
 - UB-04, Field Location: 06

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Specifications Manual, Version 3.3

Multi-Measure Revisions & Additions

Adult Smoking History

- Added new data source to “Only Acceptable Sources”
 - Smoking/tobacco use assessment forms

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Specifications Manual, Version 3.3

Multi-Measure Revisions & Additions

Comfort Measures

- Deleted previous bullets re: DNR, MOLST, POLST forms
- Added new bullet instructing abstractors to disregard documentation of Inclusion terms in situations described in sub-bullets (abstract allowable value #4, no/UTD).
 - Documentation dated prior to arrival (excludes DNR, MOLST, POLST forms)
 - Inclusion terms that are not selected on an order form
 - Negative Inclusion terms
 - Exclusion list terms
- New bullet also states to continue reviewing the remainder of the ONLY ACCEPTABLE SOURCES for Inclusion terms.

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Specifications Manual, Version 3.3

Multi-Measure Revisions & Additions

Comfort Measures

- Clarified abstraction of cases with both positive and negative Inclusion terms
- Changed “Suggested Data Sources” to “Only Acceptable Data Sources” (still must be physician, APN, PA documentation)
 - DNR, MOLST, POLST forms are on the “Only Acceptable Data Sources” list
- “DNR-CC” added to Inclusion list
- “DNR-Comfort Care Arrest” added to Exclusion list
- Abstract “yes” for statements such as “Comfort care protocol will be implemented if cardiac/pulmonary arrest”

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Specifications Manual, Version 3.3

Multi-Measure Revisions & Additions

Discharge Disposition

- New data element that replaces *Discharge Status*
- Simplified the Allowable Values:
 1. Home
 2. Hospice – Home
 3. Hospice – Health Care Facility
 4. Acute Care Facility
 5. Other Health Care Facility
 6. Expired
 7. Left Against Medical Advice/AMA
 8. Not Documented or Unable to Determine (UTD)

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Specifications Manual, Version 3.3

Pneumonia Revisions

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Specifications Manual, Version 3.3

Pneumonia Revisions

Compromised

- Added the following to the Inclusion list for compromising conditions within past 3 months:
 - Systemic chemotherapy
 - Systemic corticosteroid/prednisone therapy
 - Systemic immunosuppressive therapy

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Specifications Manual, Version 3.3

Pneumonia Revisions

Diagnostic Uncertainty

- Sixth bullet in “Notes for Abstraction” changed to read:

Documentation of the delay can refer to either the pneumonia diagnosis or to antibiotic administration.
- Was changed due to practitioner and physician feedback

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Specifications Manual, Version 3.3

Pneumonia Revisions

Pneumococcal Vaccination Status

- Allowable Value #4 expanded to also include:

Received the shingles vaccine (Zostavax) within the last 4 weeks

(In addition to allergy/sensitivity to the vaccine, bone marrow transplant within past 12 months, currently receiving chemo/radiation therapy, or received chemo/radiation therapy less than 2 weeks prior to arrival)

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Specifications Manual, Version 3.3

Pneumonia Revisions

Pneumonia Diagnosis: ED/Direct Admit

- New bullet in the “Notes for Abstraction” under “Pneumonia Diagnosis in the Emergency Department:”
 - ED face sheets can only be used if signed by a physician/APN/PA.
- Added to Inclusion list:
 - Admission Pneumonia Diagnosis Codes (except for aspiration pneumonia)

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Specifications Manual, Version 3.3 Pneumonia Revisions

Measure Information Form (MIF) Changes

- Third antibiotic recommendation for non-ICU patients changed to:
Beta-lactam (IV or IM) Table 2.3 + *either* Doxycycline (IV or PO) *Or* Tigecycline (IV) Table 2.10 – Regimen 3a
- Rationale for change: Two recent studies have demonstrated Level-1 evidence for administration of Tigecycline. Even though there are a few patients who have allergies to both beta-lactams and fluoroquinolones, this offers another option for the non-ICU patient who cannot take another antibiotic regimen.

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Specifications Manual, Version 3.3 Pneumonia Revisions

Measure Information Form (MIF) Changes

- Second antibiotic recommendation for ICU patients split into the following two selections to clarify options:
Antipseudomonal Quinolone (IV) Table 2.8 + either Beta-lactam (IV) Table 2.16 OR Antipneumococcal/Antipseudomonal beta-lactam (IV) Table 2.4 – Regimen 2b

OR
Antipneumococcal Quinolone (IV) Table 2.14 + either Beta-lactam (IV) Table 2.16 OR Antipneumococcal/Antipseudomonal beta-lactam (IV) Table 2.4 – Regimen 2b

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AMI/HF Revisions

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Specifications Manual, Version 3.3

AMI/HF Revisions

ASA, ACE/ARB, Beta Blocker, Statin Medication Prescribed at Discharge, and Discharge Instructions Address Medications

- If two discharge summaries or discharge medication reconciliation forms are included in the medical record, use the one with the latest date **and** time. Use the dictated date/time over transcribed date/time, file date/time, etc.
- **Rationale:** To clarify how to determine discharge medications when more than one discharge summary (or discharge medication reconciliation form) is in the record that have the same date but different times.

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Specifications Manual, Version 3.3

AMI Revisions

AMI-T1a and AMI-T2

- AMI-T1a and AMI-T2 has been removed from AMI Measure Information Form (MIF) and Flowchart (Algorithm).
- This is to maintain concordance with latest ACC/AHA performance measures and clinical guidelines.
- AMI-10 will now cover the lipid management for AMI patients.

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Specifications Manual, Version 3.3

AMI Revisions

Aspirin Received Within 24 Hours Before or After Hospital Arrival

- Aspirin listed as “current/home” medication should be **inferred** as taken within 24 hours prior to arrival, **unless** documentation suggests otherwise.

EXCEPTION: Aspirin documented as a PRN current/home medication does not count unless documentation is clear it was taken within 24 hours prior to arrival.

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Specifications Manual, Version 3.3 *AMI Revisions*

Aspirin Received Within 24 Hours Before or After Hospital Arrival (cont.)

- When aspirin is noted only as received prior to arrival, without information about the exact time it was received (e.g., "Baby ASA X 4" per the "Treatment Prior to Arrival" section of the Triage Assessment), **infer** that the patient took aspirin within the 24-hour time frame, **unless** documentation suggests otherwise.

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Specifications Manual, Version 3.3 *AMI Revisions*

Aspirin Received Within 24 Hours Before or After Hospital Arrival (cont.)

- **Rationale:** To clarify how to abstract cases where aspirin is noted as a "home" medication with last dose date but no time. Additionally, add guideline to clarify how to abstract aspirin taken at home on prn basis

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Specifications Manual, Version 3.3 AMI Revisions

Initial ECG Interpretation

- Changes have been made to:
 - Clarify for the abstractor how to abstract notations not specifically identified as initial ECG findings (e.g., Impressions, Diagnoses).
 - Reduce the number of false measure inclusions by providing clarification for abstractors when finding documentation of LBBB or ST Elevation changes as "no changes," "unchanged," "no acute changes," "no new changes," or "no significant changes" when compared with a prior ECG.

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Specifications Manual, Version 3.3 AMI Revisions

Reason for No Aspirin at Arrival/Discharge

- Documentation of a reason for not prescribing "antiplatelets" should be considered implicit documentation and ***is acceptable*** as a reason for no aspirin at discharge (e.g., "Antiplatelet therapy contraindicated").

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Specifications Manual, Version 3.3 *AMI Revisions*

Reason for Not Prescribing Statin Medication at Discharge

- **Inclusion Guidelines for Abstraction**

Removed:

- Arrhythmias
- Hypoglycemia
- Rectal Hemorrhage

Added:

- Myalgias

- **Rationale:** Revised inclusion list to reflect most significant contraindications

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Specifications Manual, Version 3.3 *AMI Revisions*

Reason for Not Prescribing Statin Medication at Discharge (cont.)

- **Suggested Data Sources:**

Added

- Emergency department record
- Medication administration record
- Physician orders

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Specifications Manual, Version 3.3

SCIP Revisions

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Specifications Manual, Version 3.3

SCIP Revisions

Anesthesia Start Time

- **Inclusion Guidelines for Abstraction**
- **Added:**
 - Anesthesia start
 - Anesthesia begin
 - Anesthesia initiated
- Inclusion Terms were inadvertently omitted from the Inclusion Guidelines in Version 3.2c

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Specifications Manual, Version 3.3 SCIP Revisions

Reasons to Extend Antibiotics

- Allowable values have been changed
- Continue to be abstracted as “Select All That Apply”
- **New Allowable Values:**
 1. There is physician/advanced practice nurse/physician assistant (physician/APN/PA) documentation that the patient had an infection postoperatively following the principal procedure.
 2. The principal procedure was a lower extremity original or revision arthroplasty and there is physician/APN/PA documentation of a current benign or malignant bone tumor of the operative extremity.

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Specifications Manual, Version 3.3 SCIP Revisions

Reasons to Extend Antibiotics

- **New Allowable Values (cont.):**
 3. There is physician/APN/PA documentation of any of (and only) the following reasons to extend antibiotics:
 - 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.

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Specifications Manual, Version 3.3 SCIP Revisions

Reasons to Extend Antibiotics

- **New Allowable Values (cont.):**
 - 4. No documented reason/Unable to Determine.
- **Notes for Abstraction:** Instructions for each of the Allowable Values have been clarified
- **Excluded Data Sources**
 - **Value 1** now has 2 new exclusions
 - Any postoperative documentation of infection from pathology reports
 - Any preoperative documentation

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Specifications Manual, Version 3.3 SCIP Revisions

VTE Prophylaxis

- **Allowable Values:**
 - 8 Oral Factor Xa Inhibitor (Rivaroxaban) **Removed**
 - **Rationale:** Rivaroxaban has not been FDA approved.

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Specifications Manual, Version 3.3

SCIP Revisions

VTE Prophylaxis

- **VTE Prophylaxis Options for Surgery Table**
 - Oral Factor XA Inhibitor (Rivaroxaban) has been **removed** from VTE Prophylaxis Options for Surgery Table
 - **Rationale:** Rivaroxaban has not been FDA approved.

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Miscellaneous Reminders

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Future Inpatient Specifications Manual Publications

Manual Publication Date	Discharge Time Periods
July 2011	1 st and 2 nd Quarters 2012
January 2012	3 rd and 4 th Quarters 2012

Beginning with January 1, 2012, discharges, the *Inpatient Specifications Manual* and *Outpatient Specifications Manual* publication schedule will be aligned. There will continue to be separate Inpatient and Outpatient Manuals.

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Helpful Documents

- Quest Q&A Revisions
- Technical Expert Panel Files
- Hospital Inpatient Quality Reporting Program Calendar
- Hospital Inpatient Quality Reporting Program Resources

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Stay “In the Know” . . .

- Recorded Webinars will be posted no later than the fourth week of:
 - January
 - April
 - July
 - Oct

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www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079

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Questions?

- E-mail questions to Becky or Lawanna no later than Friday, February 11, 2011.
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA Hospital Inpatient Quality Reporting E-mail List no later than February 18, 2011.

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Stay "In the Know"...

Contact your Hospital Inpatient Quality Reporting Program Coordinator:

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