

Specification Manual Formatting Changes Related to Accessibility for Documents Posted on QualityNet

1. Font changed from Times Roman to Arial 12 with the following exceptions:
 - a. Appendix A and C Excel and Release Notes will be in Arial 11.
 - b. Algorithms have been changed to Arial but the font size will not change.
 - c. Clinical and Population and Sampling XML File Layouts will be unchanged.
2. Re-formatted tables used in data elements and appendices.

Example 1: Data Element Guidelines for Abstraction

Version 3.0b:

Guidelines for Abstraction:

Inclusion	Exclusion
<ul style="list-style-type: none"> • + smoker, type of product not identified • + tobacco use, type of product not identified • History of smoking and documentation that the patient quit “several months ago” 	<ul style="list-style-type: none"> • Chewing tobacco use only • Cigar smoking only • Illegal drug use only (e.g., marijuana) • Oral tobacco use only • Pipe smoking only • Remote smoker (smoked in the past, but greater than one year ago)

Version 3.1:

Inclusion Guidelines for Abstraction:

Examples of smoking within past year:

- “Positive tobacco use” (if no history context - e.g., “History” section of H&P)
- “Former smoker. Quit recently.”
- “History - Quit smoking 7 months ago”
- “Quit smoking several months ago”
- “Social Habits = current smoking”
- “Tobacco history: current cigarette smoker”

Exclusion Guidelines for Abstraction:

Examples of no smoking within past year:

- Chewing tobacco use only
- Cigar smoking only
- “History: Smoker”
- “History - Tobacco abuse”
- Illegal drug use only (e.g., marijuana)
- “Most likely quit 3 months ago”
- Oral tobacco use only
- Pipe smoking only
- “Probable smoker”
- “Remote smoker”
- “Smoked in the last year: ?”
- “Tobacco – 2 packs per day x 22 yrs” (if no current context)

Example 2: Appendix H Table 2.2

Version 3.0b:

<i>Table 2.2 VTE Prophylaxis Exclusion Table</i>	
Ambulation Any orders for ambulation during hospitalization. For surgical patients, this applies even if written prior to surgery for the <u>postop</u> period.	Inferior Vena Cava (IVC) Filter IVC filter
Synonyms/Inclusions	Synonyms/Inclusions
<ul style="list-style-type: none"> • Activity as tolerated • Ambulatory • Ambulatory with assist/assistive device • Bathroom privileges (BRP) with assist • Bathroom privileges (without documentation that assistance is needed) • Contact guard assistance (CGA) • Independent activity • OOB to BR (out of bed to bathroom) • Standby assistance (SBA) • Up ad lib • Up as tolerated • Up in room/hall • Up in room/hall with assist • Up to bathroom with assistance • Up to bathroom independently • Up with assistance 	<ul style="list-style-type: none"> • Bird's Nest filter • Filter insertion • Greenfield filter • Inferior vena cava filter • IVC clip • IVC filter • IVC interruption • Umbrella • Vena cava cross-clamp • Vena cava filter

Version 3.1:

Table 2.2 VTE Prophylaxis Exclusion Table	
VTE Prophylaxis	Inclusion/Synonyms
Ambulation - Any orders for ambulation during hospitalization. For surgical patients, this applies even if written prior to surgery for the <u>postop</u> period.	Activity as tolerated Ambulatory Ambulatory with assist/assistive device Bathroom privileges (BRP) with assist Bathroom privileges (without documentation that assistance is needed) Contact guard assistance (CGA) Independent activity OOB to BR (out of bed to bathroom) Standby assistance (SBA) Up ad lib Up as tolerated Up in room/hall Up in room/hall with assist Up to bathroom with assistance Up to bathroom independently Up with assistance
Inferior Vena Cava (IVC) Filter - IVC <u>filter</u>	Bird's Nest filter Filter insertion Greenfield filter Inferior vena cava <u>filter</u> IVC clip IVC <u>filter</u> IVC <u>interruption</u> Umbrella Vena cava <u>cross-clamp</u> Vena cava <u>filter</u>

3. Revised the format of the information within the Transmission Section.

Version 3.0b:

CMS and Joint Commission Guidelines for Submission of Hospital Clinical Data

CMS and Joint Commission Guidelines for Submission of Hospital Clinical Data	
Minimum Data Requirements	Note: Prior to processing measure outcomes all data will be verified according to the rules in the data transmission section and the edits documents. Case submitted to the QIO Clinical Warehouse and the Joint Commission's Data Warehouse that <u>do</u> not meet the requirements outlined in these documents will be rejected.
Allowable Measure Set Combination per Patient Episode of Care	Submission of multiple files for different measure sets for a single episode of care are allowable for the following <i>Measure Set</i> combinations: <ol style="list-style-type: none"> 1. QIO Clinical Warehouse and Joint Commission's Data Warehouse <ol style="list-style-type: none"> a. HF and SCIP for patients age 18 and older b. AMI and SCIP for patients age 18 and older c. PN and SCIP for patients age 18 and older 2. Joint Commission's Data Warehouse only <ol style="list-style-type: none"> a. VTE and SCIP for patients age 18 and older b. STK and SCIP for patients age 18 and older c. HF, VTE, and SCIP for patients age 18 and older d. AMI, VTE, and SCIP for patients age 18 and older e. PN, VTE, and SCIP for patients age 18 and older f. STK, VTE, and SCIP for patients age 18 and older

Version 3.1:

CMS and Joint Commission Guidelines for Submission of Hospital Clinical Data

Minimum Data Requirements

Prior to processing measure outcomes all data will be verified according to the rules in the data transmission section and the edits documents. Case submitted to the QIO Clinical Warehouse and the Joint Commission's Data Warehouse that do not meet the requirements outlined in these documents will be rejected.

Allowable Measure Set Combination per Patient Episode of Care

Submission of multiple files for different measure sets for a single episode of care are allowable for the following *Measure Set* combinations:

1. QIO Clinical Warehouse and Joint Commission's Data Warehouse
 - a. HF and SCIP for patients age 18 and older
 - b. AMI and SCIP for patients age 18 and older
 - c. PN and SCIP for patients age 18 and older
2. Joint Commission's Data Warehouse only
 - a. VTE and SCIP for patients age 18 and older
 - b. STK and SCIP for patients age 18 and older
 - c. HF, VTE, and SCIP for patients age 18 and older
 - d. AMI, VTE, and SCIP for patients age 18 and older
 - e. PN, VTE, and SCIP for patients age 18 and older
 - f. STK, VTE, and SCIP for patients age 18 and older
 - g. SCIP and CAC for patients age 2 to under the age of 18

4. Some abbreviations and/or symbols have been spelled out.
For example:
 - a. “≥” will now read “greater than or equal to”
 - b. “F” will be spelled out to read “Fahrenheit”

5. A narrative of each of the algorithms has been added.
 - a. Includes: Initial Patient Population for all measure sets, AMI, HF, PN, SCIP and ED measure algorithms, and the Clinical and Population and Sampling Data Processing Flows.
 - b. Added for accessibility only.
 - c. Not intended to be used for programming.

Example of AMI Initial Patient Population Algorithm Narrative:

Acute Myocardial Infarction (AMI) Initial Patient Population Algorithm

Variable Key: Patient Age, Initial Patient Population Reject Case Flag, and Length of Stay

1. Start AMI Initial Patient Population logic sub-routine. Process all cases that have successfully reached the point in the Data Processing Flow which calls this Initial Patient Population Algorithm. Do not process cases that have been rejected before this point in the Data Processing Flow.

2. Check ICD-9-CM Principal Diagnosis Code
 - a. If the ICD-9-CM Principal Diagnosis Code is not on Table 1.1, the patient is not in the AMI Initial Patient Population and is not eligible to be sampled for the AMI measure set. Set the Initial Patient Population Reject Case Flag to equal Yes. Return to Data Processing Flow in the Data Transmission section.
 - b. If the ICD-9-CM Principal Diagnosis Code is on Table 1.1, continue processing and proceed to patient age calculation.

3. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of admission date and birthdate to yield the most accurate age.

4. Check Patient Age
 - a. If the Patient Age is less than 18 years, the patient is not in the AMI Initial Patient Population and is not eligible to be sampled for the AMI measure set. Set the Initial Patient Population Reject Case Flag to equal Yes. Return to Data Processing Flow in the Data Transmission section.
 - b. If the Patient Age is greater than or equal to 18 years, continue processing and proceed to Length of Stay Calculation.

5. Calculate the Length of Stay. Length of Stay, in days, is equal to the Discharge Date minus the Admission Date.

6. The Joint Commission Only Measure Sets, i.e., CAC, STK and VTE, will not be included in the downloadable manual located on QualityNet for this version. There will be a link on QualityNet that will take the user to the Joint Commission's website for these measure sets.
7. Have begun the process of reformatting Footnotes.

Version 3.0b

The Joint Commission will utilize the same XML file layout, guidelines, and edits as CMS with the following exceptions:

- **Unique Key Identifier:** The Joint Commission's Data Warehouse uses a different key identifier than the QIO Clinical Warehouse due to the Joint Commission's data being blinded as to whom the hospital and patient are:
 - Performance Measurement System Identifier* – not part of the file, captured at the point the file is uploaded to The Joint Commission
 - *Vendor Tracking ID* – fictitious identifier generated by the **ORYX Vendor** to differentiate between individual patient records across their client hospitals
 - *Admission Date*
 - *Discharge Date*
 - *Measure Set*

* Refer to the *ORYX Technical Implementation Guide* for more information concerning the Performance Measurement System Identifier.

Version 3.1

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 - Performance Measurement System Identifier* – not part of the file, captured at the point the file is uploaded to The Joint Commission
 - *Vendor Tracking ID* – fictitious identifier generated by the ORYX Vendor to differentiate between individual patient records across their client hospitals
 - *Admission Date*
 - *Discharge Date*
 - *Measure Set*
- **Transaction Processing:** Data can be added, replaced, and deleted during the current reporting quarter using the Action-Code in the XML file. In order to replace or delete an existing file at The Joint Commission, the files must match on the unique key data elements as defined above.

* **Note:** Refer to the *ORYX Technical Implementation Guide* for more information concerning the Performance Measurement System Identifier.