National Hospital Inpatient Quality Reporting Measures
Specifications Manual

Release Notes Version: 5.0b **Release Notes Completed: October 13, 2015**

Guidelines for Using Release Notes

The Release Notes Version 5.0b provides modifications to the *Specifications Manual for National Hospital Inpatient Quality Measures*. The information in this document is to be used as a reference and is not intended to be used to program abstraction tools. Please refer to the *Specifications Manual for National Hospital Inpatient Quality Measures* for the complete and current technical specifications and abstraction information.

The notes are organized to follow the order of the Table of Contents. The **implementation date is 10-01-2015**, unless otherwise specified. The headings are described below:

- **Impacts** - used to identify the impacted measures and portion(s) of the Manual Section. (i.e., Alphabetical Data Dictionary, Measure Information Form (MIF) and Flowchart (Algorithm)).

- **Description of Changes** - used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Values, and Denominator Statement - Data Elements.

- **Rationale** - provided for the change being made.

Data elements that cross multiple measures and contain the same changes will be consolidated.

Table of Contents

Note: click on any section title in the Release Notes to return to Table of Contents page.

The content below is organized to follow the Table of Contents in the specifications manual.

Table of Contents

Impacts:
Section 10: CMS Outcome Measures (Claims-Based)

Rationale: The section is being revised to provide clarification and to update relevant links.

Description of Changes:

Change layout of **Section 10** in Table of Contents to:
Section 10: CMS Outcome/Structural Measures
10.1 - Outcome Measures
Agency for Healthcare Research and Quality (AHRQ)
Healthcare Associated Infection (HAI)
Medicare Spending Per Beneficiary (MSPB)
Risk-Standardized – Complication (RSCR), Mortality (RSMR), Payment, Readmission (RSRR)

10.2 - Structural Measures

SECTION 1 – Data Dictionary

Alphabetical Data Dictionary

Impacts:
Anesthesia Start Date

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: VTE-2, SCIP-Inf-4 suspended

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Impacts:
Anticoagulation Therapy Prescribed at Discharge
Atrial Fibrillation/Flutter
*Reason for Not Prescribing **Anticoagulation** Therapy at Discharge*

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
The Joint Commission Q4 2015 Only: STK-3

Impacts:
Antithrombotic Therapy Administered by End of Hospital Day 2
IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival
*Reason for Not Administering **Antithrombotic** Therapy by End of Hospital Day 2*

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
The Joint Commission Q4 2015 Only: STK-5

Impacts:
Antithrombotic Therapy Prescribed at Discharge
*Reason for Not Prescribing **Antithrombotic** Therapy at Discharge*

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
The Joint Commission Q4 2015 Only: STK-2

Impacts:
Arrival Date

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: AMI-7a; The Joint Commission Q4 2015 Only: STK-5; CMS/The Joint Commission: ED-1, STK-4

Impacts:
Arrival Time

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: AMI-7a; CMS/The Joint Commission: ED-1, STK-4

Impacts:
Assessed for Rehabilitation Services

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
The Joint Commission Q4 2015 Only: STK-10

Impacts:
Broad Spectrum or Other Antibiotic Administration

Rationale: This change clarifies the timeframe for antibiotic administration.

Description of Changes:
Definition
Change the word "and 3 hours" to:
or 3 hours

Suggested Data Collection Question
Change the word "and 3 hours" to:
or 3 hours

Allowable Values
Change from:

1 (Yes)	A broad spectrum or other antibiotic was administered intravenously in the time window 24 hours prior to and 3 hours following the presentation of severe sepsis.
2 (No)	No antibiotic was administered intravenously in the time window 24 hours prior to and 3 hours following the presentation of severe sepsis, or unable to determine.

To:

1 (Yes)	A broad spectrum or other antibiotic was administered intravenously in the time window 24 hours prior to or 3 hours following the presentation of severe sepsis.
2 (No)	No antibiotic was administered intravenously in the time window 24 hours prior to or 3 hours following the presentation of severe sepsis, or unable to determine.

Notes for Abstraction
Change first bullet to:

- **NOTE: To choose Value "1," there must be at least one dose of an intravenous (IV) antibiotic given or started in the 24 hours preceding or 3 hours after the severe sepsis presentation time.**

Remove:

- If one of the IV antibiotics listed on Table 5.0 was not given to the patient within 3 hours after presentation of severe sepsis, locate the name or names of antibiotics given within the three hour time window and identify the class they belong to by consulting Appendix C, Table 5.1, which contains a crosswalk of generic and trade names for antibiotics by class. If an antibiotic from a class in the left-hand column of the antibiotic combination table below was given, then look in the right-hand column of the antibiotic combination table for the classes of other antibiotics that must be administered in combination (2

antibiotics must be administered). There must be one antibiotic from a class in column A and one antibiotic from a class in column B administered. Review the chart to see that both drugs were given and if so, choose Value "1." If both drugs were not given, choose Value "2."

Change second bullet to:

- If the patient received any IV antibiotic within the 24 hours preceding or 3 hours following the presentation of severe sepsis, choose Value "1."

Change third bullet to:

- If no IV antibiotic was given within the 24 hours preceding or 3 hours following the *Severe Sepsis Presentation Time*, choose Value "2."

Remove:

- If antibiotics were administered in the prescribed time window both before and after severe sepsis presentation, abstract only the dose closest to and preceding the time of presentation of severe sepsis.

Impacts:
Broad Spectrum or Other Antibiotic Administration Selection

Rationale: This change clarifies the guidance regarding administration of combination therapy.

Description of Changes:
Notes for Abstraction
Add in first bullet after the word "antibiotic":
started or

Change second bullet to:

- If one of the IV antibiotics listed on Table 5.0 was not started or given to the patient within 3 hours after presentation of severe sepsis, locate the name or names of antibiotics given within the three hour time window and identify the class they belong to by consulting Appendix C, Table 5.1, which contains a crosswalk of generic and trade names for antibiotics by class. Next refer to the Combination Antibiotic Therapy Table below to determine if an antibiotic from a class in Column A was given. Then review Column B for the classes of other antibiotics that must be administered in combination (2 antibiotics must be administered). There must be one from a class in column A and one from a class in column B administered to select Value "1." Review the chart to see that both drugs were started or given within 3 hours of severe sepsis presentation and if so, choose Value "1." If both drugs were not started or given, choose Value "2."

Change in the Note after table in third bullet, "is not required to be administered or abstracted" to:
administration may be disregarded

Impacts:
Broad Spectrum or Other Antibiotic Administration Time

Rationale: This change clarifies the antibiotic administration time window.

Description of Changes:
Notes for Abstraction
Change first bullet to:

- If any antibiotic was administered intravenously (IV) within 24 hours prior to Severe Sepsis Presentation Time, abstract the earliest time that a dose of the IV antibiotic was given. This may be the same time as the time of presentation, within 24 hours prior to presentation, or a time greater than 24 hours before presentation.

  Example:

  The date and time of presentation of severe sepsis was 11-03-20xx at 10:00. Patient received a broad spectrum IV antibiotic every 6 hours, including in the time window 24 hours before sepsis presentation. The earliest dose of that antibiotic was given on 10-31-20xx at 11:00. The time of presentation would be 11-03-20xx at 10:00, the *Broad Spectrum or Other Antibiotic Administration Time* is 10-31-20xx at 11:00.

Add in second bullet example, 4th sentence:
11-02-20xx at

Change the word "date" in fourth bullet to:
time

Impacts:
Clinical Trial

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: AMI-7a; SCIP-Inf-4 suspended, STK-1, STK-6, STK-8, VTE-1, VTE-2, VTE-3; The Joint Commission Q4 2015 Only: CAC-3, STK-2, STK-3, STK-5, STK-10; CMS/The Joint Commission: STK-4, VTE-5, VTE-6

Impacts:
Comfort Measures Only

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: STK-1, STK-6, STK-8, VTE-1, VTE-2, VTE-3; The Joint Commission Q4 2015 Only: STK-2, STK-3, STK-5, STK-10; CMS/The Joint Commission: VTE-6; The Joint Commission Only: All SUB Measures, All TOB Measures

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Impacts:
Crystalloid Fluid Administration

Rationale: This change clarifies when crystalloid fluid administration is acceptable.

Description of Changes:
Definition
Add:
prior to, at the time of, or

Suggested Data Collection Question
Add:
prior to, at the time of, or

Allowable Values
Change from:

1 (Yes) Crystalloid fluids were administered after the presentation of septic shock, or crystalloid fluids were being administered at the time of presentation of septic shock AND the volume ordered was 30 mL/kg.

2 (No) Crystalloid fluids were administered after the presentation of septic shock, or crystalloid fluids were being administered at the time of presentation of septic shock AND the volume ordered was less than 30 mL/kg., or unable to determine.

3 (No) Crystalloid fluids were not being administered at the time of presentation of septic shock and were not administered after the time of presentation of septic shock, or unable to determine.

To:

1 (Yes) Crystalloid fluids were administered prior to, at the time of, or after the presentation of septic shock, AND the volume ordered was 30 mL/kg.

2 (No) Crystalloid fluids were administered prior to, at the time of, or after the presentation of septic shock, AND the volume ordered was less than 30 mL/kg., or unable to determine volume ordered.

3 (No) Crystalloid fluids were not administered prior to, at the time of, or after the presentation of septic shock, or unable to determine whether or not they were administered.

Notes for Abstraction
Add new second and third bullets:

- Only abstract crystalloid fluids given for the presence of severe sepsis with hypotension, OR for the presence of severe sepsis with a lactate >= 4 mmol/L.
- Do not abstract crystalloid solutions that are given to flush IV lines or other medications.

Change the word “abstract” in fourth bullet, 1st sentence to:
determine

Remove last bullet:
Do not abstract crystalloid solutions that are given to flush IV lines or other medications.

Impacts:
Discharge Disposition

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: STK-6, STK-8, VTE-3; The Joint Commission Q4 2015 Only: CAC-3, STK-2, STK-3, STK-10; CMS/The Joint Commission: IMM-2, VTE-5; The Joint Commission Only: SUB-3, SUB-4 data collection suspended, TOB-3, TOB-4 data collection suspended; CMS Voluntary/The Joint Commission Q4 2015 Only: IMM-1; CMS Only: SEP-1

Impacts:
Education Addresses Activation of Emergency Medical System (EMS)
Education Addresses Follow-up After Discharge
Education Addresses Medications Prescribed at Discharge
Education Addresses Risk Factors for Stroke
Education Addresses Warning Signs and Symptoms of Stroke

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: STK-8

Impacts:
Elective Carotid Intervention

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: STK-1, STK-6, STK-8; The Joint Commission Q4 2015 Only: STK-2, STK-3, STK-5, STK-10; CMS/The Joint Commission: STK-4

Impacts:
Fibrinolytic Administration
Fibrinolytic Administration Date
Fibrinolytic Administration Time
Initial ECG Interpretation
Reason for Delay in Fibrinolytic Therapy

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: AMI-7a

Impacts:
Glucose

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission 4Q 2015 Only: SCIP-Inf-4 data collection suspended

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Impacts:
Home Management Plan of Care Document Addresses Arrangements for Follow-up Care
Home Management Plan of Care Document Addresses Environmental Control and Control of Other Triggers
Home Management Plan of Care Document Addresses Methods and Timing of Rescue Actions
Home Management Plan of Care Document Addresses Use of Controllers
Home Management Plan of Care Document Addresses Use of Relievers
Home Management Plan of Care Document Given to Patient/Caregiver
Home Management Plan of Care Document Present

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
The Joint Commission Q4 2015 Only: CAC-3

Impacts:
ICD-10-CM Other Diagnosis Codes
ICD-10-CM Principal Diagnosis Code

Rationale: This change will update the link to the ICD-10 master code tables.

Description of Changes:
Change under "Allowable Values" to:
Any valid diagnosis code as per the CMS ICD-10-CM master code table (2016 Code Descriptions in Tabular Order):
https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html

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Impacts:
ICD-10-PCS Other Procedure Codes
ICD-10-PCS Principal Procedure Code

Rationale: This change will update the link to the ICD-10 master code tables.

Description of Changes:
Change under "Allowable Values" to:
Any valid procedure code as per the CMS ICD-10-PCS master code table (2016 PCS Long and Abbreviated Titles):
https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html

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Impacts:
ICU Admission or Transfer
ICU Admission or Transfer Date
ICU Discharge Date

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: VTE-1, VTE-2

Impacts:
ICU VTE Prophylaxis
ICU VTE Prophylaxis Date
Reason for No VTE Prophylaxis – ICU Admission
Reason for Oral Factor Xa Inhibitor – ICU Admission
Surgery End Date – ICU Admission
Surgical Procedure – ICU Admission

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: VTE-2

Impacts:
Infection Prior to Anesthesia

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: SCIP-Inf-4 suspended

Impacts:
INR Value
Overlap Therapy
Overlap Therapy Start Date
Parenteral Anticoagulant End Date
Parenteral Anticoagulant Prescribed at Discharge
Reason for Discontinuation of Parenteral Anticoagulation Therapy
Reason for No Overlap Therapy
Warfarin Administration

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: VTE-3

Impacts:
Persistent Hypotension

Rationale: The change corrects referring to 30 mL/kg as a rate instead of a volume and provides guidance on determining the end of crystalloid fluid administration.

Description of Changes:
Definition
Change third sentence to:
In the one hour following administration of crystalloid fluids, two or more consecutive blood pressure readings of either

Allowable Values
Change from:

1 (Yes)	Crystalloid fluids were administered at the rate of 30 mL/kg and persistent hypotension was present within one hour of conclusion of fluid administration.
2 (No)	Persistent hypotension was not present within one hour of the conclusion of crystalloid fluid administration at the rate of 30 mL/kg.
3 (No) or UTD	The patient was not assessed for persistent hypotension in the one hour after the conclusion of crystalloid fluid administration at the rate of 30 mL/kg, or Unable to Determine.
4 (Not applicable)	Crystalloid fluids were not administered, or crystalloid fluids were administered but at the rate less than 30 mL/kg.

To:

1 (Yes)	Crystalloid fluids were administered at a volume of 30 mL/kg and persistent hypotension was present within one hour of conclusion of fluid administration.

2 (No)	Persistent hypotension was not present within one hour of the conclusion of crystalloid fluid administration at a volume of 30 mL/kg.
3 (No) or UTD	The patient was not assessed for persistent hypotension within the one hour after the conclusion of crystalloid fluid administration at a volume of 30 mL/kg, or Unable to Determine.
4 (Not applicable)	Crystalloid fluids were not administered, or crystalloid fluids were administered but at a volume less than 30 mL/kg.

Notes for Abstraction

Add new second, third, fourth, and fifth bullet:

- If the completion time of the 30 mL/kg crystalloid fluid infusion is documented in the medical record use that time as the start for the one hour within which to determine presence of persistent hypotension.
- If the completion time of the 30 mL/kg crystalloid fluid infusion is not documented in the medical record use the following criteria to determine the conclusion time.
  - If the physician order includes a time frame over which to infuse the crystalloid fluid, identify the time the fluids are started and add to that the duration identified in the order. This will represent the conclusion of crystalloid fluids.
    Example:
    A physician order for 1500 mL over 1 hour and the infusion is started at 10:00. Add 1 hour to the start time to determine infusion conclusion time of 11:00.
  - If the physician order includes a rate at which to infuse the crystalloid fluids, the end time can be calculated based on the volume, the rate and the start time.
    Example:
    A physician order for 1500 mL at 1000 mL/hour and the infusion is started at 10:00. The time over which 1500 mL is infused is the volume divided by the rate. 1500 mL divided by 1000 mL/hour is 1.5 hours. Add 1.5 hours to the start time to determine infusion conclusion time of 11:30.

Change the word “in” in fourth bullet to:
within

Change the word “rate” in tenth bullet to:
volume

Change eleventh bullet to:

- The criteria for determining that persistent hypotension was present are as follows:
  In the one hour following conclusion of administration of crystalloid fluids, two or more consecutive blood pressure readings of either:
  - systolic blood pressure < 90, or
  - mean arterial pressure (MAP) < 65 or
  - a decrease in systolic blood pressure by > 40 mm/Hg

  If crystalloid fluids were given at 30 mL/kg, and if both a MAP reading and systolic blood pressure readings are present, if either the MAP or systolic blood pressure are abnormal, or there was a decrease in systolic blood pressure by > 40 mmHg as outlined above, choose Value “1.” If not, choose Value “2.”

Add new last bullet:

- If there is physician/APN/PA or nursing documentation indicating a low blood pressure reading is erroneous or questioning the validity of a low blood pressure reading, do not consider that reading for determining the presence of persistent hypotension.

Impacts:
Pneumococcal Vaccination Status

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS Voluntary/The Joint Commission Q4 2015 Only: IMM-1

Impacts:
Reason for No VTE Prophylaxis – Hospital Admission
Reason for Oral Factor Xa Inhibitor
VTE Prophylaxis
VTE Prophylaxis Date

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: STK-1, VTE-1

Impacts:
Reason for Not Prescribing Statin Medication at Discharge
Statin Medication Prescribed at Discharge

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: STK-6

Impacts:
Septic Shock Present

Rationale: This change clarifies the abstraction guidance regarding the initial lactate level, the volume of crystalloid fluids administered, nursing documentation and exclusions.

Description of Changes:
Notes for Abstraction
First bullet under "b"
Change 1st sentence to:
Hypotension persists in the hour after the conclusion of the 30 mL/kg crystalloid fluid administration, evidenced by

Add after the word "OR" in third sub-bullet:
Tissue hypoperfusion is present evidenced by

Add in fourth sub-bullet:
Initial

Change "Patient A", under Example 1 to:
Patient 1

Change "Patient B", under Example 1 to:
Patient 2

Change "Patient C", under Example 1 to:
Patient 3

Change "Patient D", under Example 1 to:
Patient 4

Add two new examples:
Example 5:

> Patient 5 met criteria for Severe Sepsis (answered Value "1" to Data Element *Severe Sepsis Present*). Blood pressure was 88/48. Crystalloid fluids were administered (30 mL/kg) and blood pressure increased to 100/54. Choose Value "2" for this patient.

Example 6:

> Patient 6 met criteria for Severe Sepsis (answered Value "1" to Data Element *Severe Sepsis Present*). Blood pressure was 84/50. Crystalloid fluids were administered (30 mL/kg) and blood pressure was 88/52. Choose Value "1" for this patient.

Change in second bullet, 1st sentence, "hypoperfusion" to:
hypotension

Add in second bullet, 2nd sentence:
(refer to the *Persistent Hypotension* data element)

Suggested Data Sources
Add new bullet:

- Nurses notes

Exclusion Guidelines for Abstraction
Add new bullet:

- Sepsis

Impacts:
Septic Shock Present

Rationale: This change clarifies the abstraction guidance regarding septic shock presentation in relation to severe sepsis presentation.

Description of Changes:
Notes for Abstraction

Add new fourth and fifth bullet:

- If Septic Shock presentation is more than six hours after Severe Sepsis presentation, choose Value "2."
- If the only documentation indicating presence of Septic Shock is after the discharge time, choose Value "2."

Impacts:
Septic Shock Presentation Date

Rationale: This change clarifies the criteria for Septic Shock and provides additional Suggested Data Sources.

Description of Changes:
Notes for Abstraction
First bullet under "b"
Change 1st sentence to:
Hypotension persists in the hour after the conclusion of the 30 mL/kg crystalloid fluid administration, evidenced by

Add after the word "OR" in third sub-bullet:
Tissue hypoperfusion is present evidenced by

Add in fourth sub-bullet:
Initial

Suggested Data Sources
Change to:

- Any physician/APN/PA documentation
- Entire ED record
- Hourly output record
- Intake/Output record
- Laboratory results
- Nurses notes
- Vital signs record or flow sheet

Impacts:
Septic Shock Presentation Time

Rationale: This change clarifies the criteria for Septic Shock and provides additional Suggested Data Sources.

Description of Changes:
Notes for Abstraction
First bullet under "b"
Change 1st sentence to:
Hypotension persists in the hour after the conclusion of the 30 mL/kg crystalloid fluid administration, evidenced by

Add after the word "OR" in third sub-bullet:
Tissue hypoperfusion is present evidenced by

Add in fourth sub-bullet:
Initial

Suggested Data Sources
Change to:
- Any physician/APN/PA documentation
- Entire ED record
- Hourly output record
- Intake/Output record
- Laboratory results
- Nurses notes
- Vital signs record or flow sheet

Inclusion Guidelines for Abstraction
Change to:
None

Impacts:
Severe Sepsis Present

Rationale: This change clarifies severe sepsis criteria and provides additional guidance regarding suspected infections.

Description of Changes:
Notes for Abstraction
Add new sentence under first bullet in "a":
Nursing documentation referencing an infection, suspected infection, or current treatment of an infection is acceptable. Exclude documentation of viral or fungal infections.

Add under first bullet in "c":
ii. Acute respiratory failure as evidenced by a new need for invasive or non-invasive mechanical ventilation. Invasive mechanical ventilation requires an endotracheal or tracheostomy tube. Non-invasive mechanical ventilation (may be referred to as BiPAP) uses a mask.

Change under first bullet before the examples to:
Do not include evidence of organ dysfunction that is considered to be due to a chronic condition or medication (e.g., Creatinine >2 for a patient with end stage renal disease, INR > 1.5 for a patient on Warfarin).

All three criteria (a, b, and c) must be met in order to choose Value "1."

Add new last bullet:
- If the only documentation indicating presence of Severe Sepsis is after the discharge time, choose Value "2."

Suggested Data Sources
Add new bullet:
- Nurses notes

Inclusion Guidelines for Abstraction
Change to:
- For Severe Sepsis
    - Differential diagnosis: Severe Sepsis
    - Possible Severe Sepsis
    - r/o Severe Sepsis
    - Severe Sepsis
- For Infections (This is not an all-inclusive list. If a condition not on this list is documented and not identified as an infection, consulting other resources to identify whether or not the condition is an infection is acceptable.)
    - Acute abdominal infection
    - Blood stream catheter infection
    - Bone/joint infection
    - Endocarditis
    - Implantable device infection
    - Meningitis
    - Pneumonia, empyema
    - Skin/soft tissue infection
    - Suspect infection, source unknown
    - Urinary tract infection
    - Wound infection

Exclusion Guidelines for Abstraction
Change to:
- For Severe Sepsis
    - Bacteremia
    - Possibly septic
    - Sepsis
    - Septic
    - Septicemia
- For Infections
    - Fungal infections
    - Viral infections

Impacts:
Severe Sepsis Present

Rationale: This change adds clarification and consistency.

Description of Changes:
Notes for Abstraction:
Change sentence under first bullet, in statement preceding the Examples to:
All three criteria (a, b, and c) must be met within 6 hours of each other to choose Value "1."

Impacts:
Severe Sepsis Present

Rationale: This change realigns an example with the revisions to the data element.

Description of Changes:
Notes for Abstraction
Change fourth sentence in Example 2 under first bullet to:
Choose Value "2" for this patient – there is a suspected infection (section a), only one abnormality from section b (temperature elevation), and an elevated bilirubin (section c).

Impacts:
Severe Sepsis Presentation Date

Rationale: This change clarifies how to determine the presentation date, provides additional data sources and removes inclusion and exclusion guidelines.

Description of Changes:
Notes for Abstraction
Change fourth and fifth bullet to:
- If a suspected infection, severe sepsis or septic shock is in an ED physician note without a specific date documented within the note, use the date the note was started or opened.
- If severe sepsis is present on arrival to the Emergency Department or severe sepsis is identified in triage, the *Severe Sepsis Presentation Date* is the date the patient was triaged in the Emergency Department. If more than one triage date is documented (e.g., "Triage started" and "Triage completed"), use the later date reflecting triage is completed.

Add new eighth bullet:
- If criteria for severe sepsis are met after physician/APN/PA documentation of septic shock, enter the date the physician/APN/PA documented septic shock.

Suggested Data Sources
Change to:
- Any physician/APN/PA documentation
- Entire ED record
- Hourly output record
- Intake/Output record
- Laboratory results
- Nurses notes
- Vital signs record or flow sheet

Inclusion Guidelines for Abstraction
Change to:
None

Exclusion Guidelines for Abstraction
Change to:
None

Impacts:
Severe Sepsis Presentation Time

Rationale: This change clarifies how to determine the presentation time, provides additional data sources and removes inclusion and exclusion guidelines.

Description of Changes:
Notes for Abstraction
Change fourth and fifth bullet to:

- If a suspected infection, severe sepsis or septic shock is in an ED physician note without a specific time documented within the note use the time the note was started or opened.
- If severe sepsis is present on arrival to the Emergency Department or severe sepsis is identified in triage, the *Severe Sepsis Presentation Time* is the time the patient was triaged in the Emergency Department. If more than one triage time is documented (e.g., "Triage started" and "Triage completed") use the later time reflecting triage is completed.

Add new eighth bullet:

- If criteria for severe sepsis are met after physician/APN/PA documentation of septic shock, enter the time the physician/APN/PA documented septic shock.

Suggested Data Sources
Change to:

- Any physician/APN/PA documentation
- Entire ED record
- Hourly output record
- Intake/Output record
- Laboratory results
- Nurses notes
- Vital signs record or flow sheet

Inclusion Guidelines for Abstraction
Change to:
None

Exclusion Guidelines for Abstraction
Change to:
None

Impacts:
Surgery End Date
Surgical Procedure

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: VTE-1

Impacts:
Transfer From Another Hospital or ASC

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: AMI-7a; CMS Only: SEP-1

Impacts:
VTE Confirmed
VTE Diagnostic Test

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS/The Joint Commission Q4 2015 Only: VTE-3; CMS/The Joint Commission: VTE-5, VTE-6

SECTION 2 – Measurement Information

Subsection 2.1 – Acute Myocardial Infarction (AMI)

Impacts:
AMI Measure Set Table

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add under 'Measure Short Name' column for AMI-7a:
(removed starting with 1/1/2016 discharges)

Impacts:
AMI-7a

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS – Q4 2015 Only; The Joint Commission – Q4 2015 Only

Subsection 2.2 – Severe Sepsis and Septic Shock (SEP)

Impacts:
SEP-1

Rationale: This change updates the Numerator and Denominator Excluded Populations.

Description of Changes:
Numerator Statement - Excluded Populations
Change to:
None

Denominator Statement - Excluded Populations
Add new bullet:

- Patients receiving IV antibiotics for more than 24 hours prior to presentation of severe sepsis.

Impacts:
SEP-1 Algorithm

Rationale: The algorithm narrative is being updated to match the algorithm.

Description of Changes:
Change step 53 (b) to:
If Vasopressor Administration equals 2, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.

Change step 54 (b) to:
If Vasopressor Administration Date equals Unable to Determine, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.

Change step 55 (b) to:
If Vasopressor Administration Time equals Unable to Determine, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.

Subsection 2.3 – Surgical Care Improvement Project (SCIP)

Impacts:
SCIP Measure Set Table

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add under 'Measure Short Name' column for SCIP-Inf-4:
(removed starting with 1/1/2016 discharges)

Subsection 2.5 – Children's Asthma Care (CAC)

Impacts:
CAC Measure Set Table

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add under 'Measure Short Name' column for CAC-3:
(removed starting with 1/1/2016 discharges)

Impacts:
CAC-3

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
The Joint Commission – Q4 2015 Only

Subsection 2.6 – Venous Thromboembolism (VTE)

Impacts:
VTE Measure Set Table

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add to 'Measure Short Name' for VTE-1, VTE-2, and VTE-3:
(removed starting with 1/1/2016 discharges)

Impacts:
VTE Measure Set

Rationale: The eCQM submission language has been updated for the CMS Inpatient Quality Reporting Program based on the FY 2016 IPPS Final Rule.

Description of Changes:
Change first paragraph to:
For CMS, effective Calendar Year (CY) 2016, a hospital is required to submit one calendar quarter (CY 2016 Q3 or Q4) of data for four of the 28 Electronically Specified Clinical Quality Measures (eCQMs) associated with the Inpatient Quality Reporting (IQR) program by February 28, 2017. Production data can be submitted through the QualityNet Secure Portal. For Q1 2016 and forward, VTE-5 and VTE-6 are required to be submitted as chart-abstracted measures even if the hospital plans to submit the equivalent measure as one of the four required eCQMs for 3Q or 4Q16.

Change first sentence in second paragraph to:
For information about the requirements and technical specifications of the Quality Reporting Document Architecture (QRDA) specifications and data submission, see the resources located on QualityNet, [Hospitals-Inpatient], Electronically Specified Clinical Quality Measures (eCQM) Reporting.

Impacts:
VTE Measure Set - Initial Patient Population

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change in the first sentence:
'three' to 'multiple'

<u>Initial Patient Population Definitions Table</u>
Change table title to:
Initial Patient Population Definitions Table (4th quarter 2015 discharges only)

Add new table:
Initial Patient Population Definitions Table (starting with 1/1/2016 discharges)

Add:
Note: Sub-population 1 (No VTE) will be in use during 4th quarter 2015 only.

Remove in first sentence of the second paragraph:
'three'

Add to first sentence of the fifth paragraph:
(4th quarter 2015 discharges only)

Impacts:
VTE Measure Set - Initial Patient Population Algorithm

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add note below decision point of ICD-10-CM Other Diagnosis Code, and associated branches:
Note: The first VTE sub-population (No VTE) is removed as of 1/1/2016 discharges. Starting with 1/1/2016 discharges, the above check for "None on Table 7.03 or 7.04" will flow directly to the off-page connector H and not to this check for Table 7.02.

Impacts:
VTE Measure Set – Sample Size Requirements

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change fourth sentence to:
Hospitals that have five or fewer discharges for the three combined VTE sub-populations (both Medicare and non-Medicare combined) during 4th quarter 2015 or two combined VTE sub-populations (both Medicare and non-Medicare combined) starting with 1/1/2016 discharges are not required to submit VTE patient level data to the CMS Clinical Warehouse or the Joint Commission's Data Warehouse.

<u>Quarterly Sampling</u>
Change in second sentence of first paragraph:
'three' to 'multiple'

Add in second sentence of first paragraph:
(4th quarter 2015 discharges only)

Add in first sentence of second paragraph:
during 4th quarter 2015 and two sub-populations starting with 1/1/2016 discharges

Add in first sentence of second paragraph:
(4th quarter 2015 discharges only)

Add to first sentence of third paragraph:
(4th quarter 2015 discharges only)

<u>Quarterly Sample Size Based on Initial Patient Population Size for the No VTE Patient Sub-Population Table</u>
Change Table Title to:
Quarterly Sample Size
Based on Initial Patient Population Size for the
No VTE Patient Sub-Population (4th quarter 2015 discharges only)*

Monthly Sampling
Change in second sentence of the first paragraph:
'three' to 'multiple'

Add in second sentence of the first paragraph:
during 4th quarter 2015 and two independent sub-populations starting with 1/1/2016 discharges

Add in second sentence of first paragraph:
(4th quarter 2015 discharges only)

Add in first sentence of second paragraph:
(4th quarter 2015 discharges only)

Monthly Sample Size Based on Initial Patient Population Size for the No VTE Patient Sub-Population Table
Change Table Title to:
Monthly Sample Size Based on Initial Patient Population Size for the
No VTE Patient Sub-Population (4th quarter 2015 discharges only)*

Sample Size Examples
Add new language to denote what is applicable for 4th quarter discharges only and what is applicable starting with 1/1/2016 discharges. **Due to extensive edits, refer to manual for updates.**

Impacts:
VTE-1
VTE-2
VTE-3

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS – Q4 2015 Only; The Joint Commission – Q4 2015 Only

Subsection 2.7 – Stroke (STK)

Impacts:
STK Measure Set Table

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add under 'Measure Short Name' column for STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10:
(removed starting with 1/1/2016 discharges)

Impacts:
STK Measure Set

Rationale: The eCQM submission language has been updated for the CMS Inpatient Quality Reporting Program based on the FY 2016 IPPS Final Rule.

Description of Changes:
Change first paragraph to:
For CMS, effective Calendar Year (CY) 2016, a hospital is required to submit one calendar quarter (CY 2016 Q3 or Q4) of data for four of the 28 Electronically Specified Clinical Quality Measures (eCQMs) associated with the Inpatient Quality Reporting (IQR) program by February 28, 2017. Production data can be submitted through the QualityNet Secure Portal. For Q1 2016 and forward, STK-4 is required to be submitted as a chart-abstracted measure even if the hospital plans to submit the equivalent measure as one of the four required eCQMs for 3Q or 4Q16.

Change first sentence of second paragraph to:
For information about the requirements and technical specifications of the Quality Reporting Document Architecture (QRDA) specifications and data submission, see the resources located on QualityNet, [Hospitals-Inpatient], Electronically Specified Clinical Quality Measures (eCQM) Reporting.

Impacts:
STK Measure Set - Initial Patient Population

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add new first paragraph:
Starting with 1/1/2016 discharges, the STK measure set will be unique in that there will be two distinct Initial Patient Populations (or sub-populations) within the measure set, each identified by a specific group of diagnosis codes, or lack thereof. The patients in each sub-population are counted in the Initial Patient Population of multiple measures. Hospitals utilizing STK for Joint Commission certification purposes will be required to use both the Ischemic and Hemorrhagic sub-populations. Hospitals utilizing STK for only CMS and/or Joint Commission accreditation purposes will use just the Ischemic sub-population.

Add new first sentence to third paragraph:
The following is the Initial Patient Population for 4th quarter 2015 discharges only:

Add new language for STK Initial Patient Population starting with 1/1/2016 discharges. **Due to extensive edits, refer to manual for updates.**

Impacts:
STK Measure Set - Initial Patient Population Algorithm

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change in STK Initial Patient Population Algorithm:
The initial patient population algorithm is only valid for 4th quarter 2015 discharges. A new algorithm is required starting with 1/1/2016 discharges.

Add new language for STK Initial Patient Population Algorithm starting with 1/1/2016 discharges:

The algorithm depicts the addition of two stratums (Ischemic Stroke and Hemorrhagic Stroke) that are required for sampling purposes starting with 1/1/2016 discharges.

Impacts:
STK Measure Set - Initial Patient Population Algorithm

Rationale: This change is to add a note in the algorithm for The Joint Commission stroke certification submissions.

Description of Changes:
Add:
Note: For The Joint Commission Only:
Continue to evaluate table 8.2 (Hemorrhagic sub-population) for Stroke Certification submission.

Impacts:
STK Measure Set – Sample Size Requirements

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add new second paragraph:
For 4th quarter discharges only: Hospitals whose Initial Patient Population size is less than the minimum number of cases per quarter/month for the measure set cannot sample. Hospitals that have five or fewer STK discharges (both Medicare and non-Medicare combined) in a quarter are not required to submit STK patient level data to the CMS Clinical Warehouse or the Joint Commission's Data Warehouse.

Add new third paragraph:
Starting with 1/1/2016 discharges: Hospitals whose Initial Patient Population size is less than the minimum number of cases per quarter/month for the sub-population cannot sample that sub-population. Hospitals that have five or fewer discharges for the Ischemic STK sub-population (both Medicare and non-Medicare combined) in a quarter are not required to submit STK patient level data to the CMS Clinical Warehouse or the Joint Commission's Data Warehouse if STK is being used for accreditation only purposes. Hospitals utilizing this measure set with the Joint Commission for certification purposes and have five or fewer discharges for the two combined STK sub-populations (both Medicare and non-Medicare combined) in a quarter are not required to submit STK patient level data to the Joint Commission's Data Warehouse.

Add new language for STK Initial Patient Population to denote what is applicable for 4th quarter 2015 discharges only and what is applicable starting with 1/1/2016 discharges. **Due to extensive edits, refer to manual for updates.**

Impacts:
STK-1
STK-6
STK-8

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
CMS – Q4 2015 Only; The Joint Commission – Q4 2015 Only

Impacts:
STK-2
STK-3
STK-5
STK-10

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change 'Collected For' to:
The Joint Commission – Q4 2015 Only

Subsection 2.9 – Emergency Department (ED)

Impacts:
ED Measure Set

Rationale: The eCQM submission language has been updated for the CMS Inpatient Quality Reporting Program based on the FY 2016 IPPS Final Rule.

Description of Changes:
Change first paragraph to:
For CMS, effective Calendar Year (CY) 2016, a hospital is required to submit one calendar quarter (CY 2016 Q3 or Q4) of data for four of the 28 Electronically Specified Clinical Quality Measures (eCQMs) associated with the Inpatient Quality Reporting (IQR) program by February 28, 2017. Production data can be submitted through the QualityNet Secure Portal. For Q1 2016 and forward, ED-1 and ED-2 are required to be submitted as chart-abstracted measures even if the hospital plans to submit the equivalent measure as one of the four required eCQMs for 3Q or 4Q16.

Change first sentence in second paragraph to:
For information about the requirements and technical specifications of the Quality Reporting Document Architecture (QRDA) specifications and data submission, see the resources located on QualityNet, [Hospitals-Inpatient], Electronically Specified Clinical Quality Measures (eCQM) Reporting.

Subsection 2.10 - Prevention

2.10.1- Immunization (IMM)

Impacts:
IMM Measure Set Table

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add under 'Measure Short Name' column for IMM-1a, IMM-1b, IMM-1c:
(removed starting with 1/1/2016 discharges)

Impacts:
IMM-1

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with /1/2016 discharges.

Description of Changes:
Change "CMS Voluntary Only" under 'Collected For' to:
CMS Voluntary/The Joint Commission Q4 2015 Only

SECTION 4 – Population and Sampling Specifications

Impacts:
Sampling

Measures
ED
IMM
SCIP
STK

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change second sentence in second bullet under first paragraph to:
For example, during the first quarter a hospital may have 100 patients who had a principal diagnosis associated to the STK-4 measure.

Change second sentence in fourth paragraph to:
Both Venous Thromboembolism (VTE) and, starting with 1/1/2016 discharges, Stroke (STK) are sampled by sub-populations.

Remove second sentence in fifth paragraph:
If the hospital is submitting the ED measure set electronically only (as eMeasures), only the chart abstracted IMM cases would be submitted to the CMS Clinical Warehouse.

Impacts:
Identify Global Cases To Be Abstracted (ED, IMM, SUB, TOB)

Measures
ED
IMM

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Remove:
Note: For CMS only, if the hospital is submitting the ED measure set electronically only (as eMeasures), the Global Initial Patient Population and Sampling methodology would apply to IMM only.

Impacts:
Identify Cases To Be Abstracted For The Remaining Measure Sets, Strata, and Sub-populations (AMI, CAC, SCIP, SEP, STK, VTE)

Measures
AMI
CAC
SCIP
STK
VTE

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change first sentence in first bullet to:
Identify the Initial Patient Population for the other measure sets (AMI, CAC, and SCIP which are removed as of 1/1/2016 discharges, STK for 4**th** quarter 2015 discharges only, and SEP), strata or sub-populations (VTE and STK starting with 1/1/2016 discharges)

Change first sentence in second bullet to:
Using the Global Initial Patient Population identified above, identify and count the number of cases that are also in the other Measure Sets (e.g., AMI, CAC, and SCIP which are removed as of 1/1/2016 discharges, STK for 4th quarter 2015 discharges only, and SEP), strata or sub-populations (e.g., VTE and STK starting with 1/1/2016 discharges) Initial Patient Population(s).

Remove:
Note: For CMS only, if the hospital is submitting the STK and/or VTE measure sets electronically only (as eMeasures), the Global Initial Patient Population and Sampling methodology would apply to AMI, SCIP, and SEP only.

Impacts:
Sample Size Requirements

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change in third paragraph from:
(e.g., AMI and STK)

To:
(e.g., SEP and STK for 4th quarter 2015 discharges only)

Change in fourth paragraph from:
(e.g., VTE)
To:
(e.g., VTE and STK starting with 1/1/2016 discharges)

SECTION 9 – Data Transmission

Impacts:
CMS Data Transmission

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
CMS Data Transmission - *Overview*
Add in first sentence, second paragraph:
and STK (starting with 1/1/2016 discharges)

Impacts:
CMS & TJC Guidelines for Submission of Hospital Clinical Data

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Allowable Measure Set Combination per Patient Episode of Care
Add in alphabetized lists under "1," "2," "3," "4," "5," and "6":
(removed as of 1/1/2016 discharges)

Remove second sentence in third paragraph:
If the hospital is submitting the ED measure set electronically only (as eMeasures), only the IMM cases would be submitted to the CMS Clinical Warehouse.

Impacts:
CMS and Joint Commission Guidelines for Submission of Hospital Initial Patient Population Data

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Remove second sentence:
For CMS, if the hospital submits the ED, STK, and/or VTE measure sets electronically only (as eMeasures), the submission of the aggregate population and sample counts are not required.

Hospital Initial Patient Population Data XML File Layout - Population Details
Add in numbered list under "1":
(removed as of 1/1/2016 discharges)

Add in numbered list under "2" in the note:
and STK (starting with 1/1/2016 discharges)

Transmission Alphabetical Data Dictionary

Impacts:
Initial Patient Population Size – Medicare Only

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change under "Format," title for "Occurs" to:
Occurs (4th quarter 2015 discharges only):

Add under "Format":
Occurs (starting with 1/1/2016 discharges):

Non-stratified Measure Sets
One *Initial Patient Population Size - Medicare Only* per hospital's measure set (e.g. GLB and SEP).

Stratified Measure Sets
One *Initial Patient Population Size – Medicare Only* per measure set, stratum or sub-population the hospital is participating in:

- The VTE measure set has two occurrences, one for each sub-population (Principal VTE and Other VTE Only).
- The STK measure set has two occurrences, one for each sub-population (Ischemic and Hemorrhagic).

Impacts:
Initial Patient Population Size – Non-Medicare Only

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change under "Format," title for "Occurs" to:
Occurs (4th quarter 2015 discharges only):

Add under "Format":
Occurs (starting with 1/1/2016 discharges):

Non-stratified Measure Sets
One *Initial Patient Population Size – Non- Medicare Only* per hospital's measure set (e.g. GLB and SEP).

Stratified Measure Sets
One *Initial Patient Population Size – Non-Medicare Only* per measure set, stratum or sub-population the hospital is participating in:

- The VTE measure set has two occurrences, one for each sub-population (Principal VTE and Other VTE Only).
- The STK measure set has two occurrences, one for each sub-population (Ischemic and Hemorrhagic).

Impacts:
Measure Set

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change "Occurs" under "Format" to:
Occurs: Hospital Clinical Data file: 1
Hospital Initial Patient Population Data file: 1 - 7 (4th quarter 2015 discharges only)
Hospital Initial Patient Population Data file: 1 - 4 (starting with 1/1/2016 discharges)

Impacts:
Sample Size –Medicare Only

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Remove last sentence in third bullet, first sub-bullet, in example under "Notes":
If the hospital is submitting the ED measure set electronically only (as eMeasures), only the chart-abstracted IMM cases would be submitted to the CMS Clinical Warehouse.

Change under "Format," title for "Occurs" to:
Occurs (4th quarter 2015 discharges only):

Add under "Format":
Occurs (starting with 1/1/2016 discharges):

Non-stratified Measure Sets
One *Sample Size - Medicare Only* per hospital's measure set (e.g. GLB and SEP).

Stratified Measure Sets
One *Sample Size – Medicare Only* per measure set, stratum or sub-population the hospital is participating in:

- The VTE measure set has two occurrences, one for each sub-population (Principal VTE and Other VTE Only).
- The STK measure set has two occurrences, one for each sub-population (Ischemic and Hemorrhagic).

Impacts:
Sample Size – Non-Medicare Only

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Remove last sentence in third bullet, first sub-bullet, in example under "Notes":
If the hospital is submitting the ED measure set electronically only (as eMeasures), only the chart-abstracted IMM cases would be submitted to the CMS Clinical Warehouse.

Change under "Format," title for "Occurs" to:
Occurs (4th quarter 2015 discharges only):

Add under "Format":
Occurs (starting with 1/1/2016 discharges):

Non-stratified Measure Sets
One *Sample Size – Non-Medicare Only* per hospital's measure set (e.g. GLB and SEP).

Stratified Measure Sets
One *Sample Size – Non-Medicare Only* per measure set, stratum or sub-population the hospital is participating in:

- The VTE measure set has two occurrences, one for each sub-population (Principal VTE and Other VTE Only).
- The STK measure set has two occurrences, one for each sub-population (Ischemic and Hemorrhagic).

Change in second bullet under "Notes":
Sample Size –Medicare Only
To:
Sample Size – Non-Medicare Only

Impacts:
Sampling Frequency

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change under "Format," title for "Occurs" to:
Occurs (4th quarter 2015 discharges only):

Add under "Format":
Occurs (starting with 1/1/2016 discharges):

Non-stratified Measure Sets
One *Sampling Frequency* per hospital's measure set (e.g. GLB and SEP).

Stratified Measure Sets
One *Sampling Frequency* per measure set, stratum or sub-population the hospital is participating in:

- The VTE measure set has two occurrences, one for each sub-population (Principal VTE and Other VTE Only).
- The STK measure set has two occurrences, one for each sub-population (Ischemic and Hemorrhagic).

Hospital Clinical Data XML File Layout

Impacts:
<episode-of-care>

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Elements
Add under Valid Values "4Q2015 only" to AMI, SCIP and CAC.

Impacts:
<detail>

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change in the example:
"<detail answer-code="Y" row-number="0" question-cd="ASPRNRXDIS">"
To:
"<detail answer-code="Y" row-number="0" question-cd="EDPATIENT>"

Impacts:
<measure-results>

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Elements
Change in the example:
AMI-1
To:
STK-4

Impacts:
Anesthesia Start Date
Anticoagulation Therapy Prescribed at Discharge
Antithrombotic Therapy Administered by End of Hospital Day 2
Antithrombotic Therapy Prescribed at Discharge
Assessed for Rehabilitation Services
Atrial Fibrillation/Flutter
Education Addresses Activation of Emergency Medical System (EMS)
Education Addresses Follow-up After Discharge
Education Addresses Medications Prescribed at Discharge
Education Addresses Risk Factors for Stroke
Education Addresses Warning Signs and Symptoms of Stroke
Fibrinolytic Administration
Fibrinolytic Administration Date
Fibrinolytic Administration Time
Home Management Plan of Care Document Addresses Arrangements for Follow-up Care
Home Management Plan of Care Document Addresses Environmental Control and Control of Other Triggers
Home Management Plan of Care Document Addresses Methods and Timing of Rescue Actions
Home Management Plan of Care Document Addresses Use of Controllers
Home Management Plan of Care Document Addresses Use of Relievers
Home Management Plan of Care Document Given to Patient/Caregiver
Home Management Plan of Care Document Present
ICU Admission or Transfer
ICU Admission or Transfer Date
ICU Discharge Date
ICU VTE Prophylaxis
ICU VTE Prophylaxis Date
Initial ECG Interpretation
INR Value
IV or IQ Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival
Overlap Therapy
Overlap Therapy Start Date
Parenteral Anticoagulant End Date

Parenteral Anticoagulant Prescribed at Discharge
Pneumococcal Vaccination Status
Reason for Delay in Fibrinolytic Therapy
Reason for Discontinuation of Parenteral Anticoagulation Therapy
Reason for No Overlap Therapy
Reason for No VTE Prophylaxis – Hospital Admission
Reason for No VTE Prophylaxis – ICU Admission
Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2
Reason for Not Prescribing Anticoagulation Therapy at Discharge
Reason for Not Prescribing Antithrombotic Therapy at Discharge
Reason for Not Prescribing Statin Medication at Discharge
Reason for Oral Factor Xa Inhibitor
Reason for Oral Factor Xa Inhibitor – ICU Admission
Statin Medication Prescribed at Discharge
Surgery End Date
Surgery End Date – ICU Admission
Surgical Procedure
Surgical Procedure – ICU Admission
VTE Prophylaxis
VTE Prophylaxis Date
Warfarin Administration

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add to Programming Notes:
Collected for 4Q2015 discharges only

Impacts:
Arrival Date

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add to Programming Notes:
AMI-7a and STK-5: Collected for 4Q2015 discharges only

Impacts:
Arrival Time
Transfer From Another Hospital or ASC

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add to Programming Notes:
AMI-7a: Collected for 4Q2015 discharges only

Impacts:
Broad Spectrum or Other Antibiotic Administration

Rationale: The change is being made to provide further clarification.

Description of Changes:
Detail Elements Info
Change in the Suggested Data Collection Question:
"and"
To:
"or"

Impacts:
Clinical Trial

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add to Programming Notes:
AMI-7a, CAC-3, SCIP-Inf-4, STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3: Collected for 4Q15 discharges only

---

Impacts:
Comfort Measures Only

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add to Programming Notes:
STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3: Collected for 4Q2015 discharges only

---

Impacts:
Crystalloid Fluid Administration

Rationale: The change is being made to provide further clarification.

Description of Changes:
Detail Elements Info
Change Suggested Data Collection Question from:
Were crystalloid fluids administered after the presentation of septic shock?

To:
Were crystalloid fluids administered **prior to, at the time of, or** after the presentation of septic shock?

Impacts:
Discharge Disposition

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add under the Programming Notes:
IMM-1: The Joint Commission Data Collection Suspended

Add to Programming Notes:
CAC-3, IMM-1, STK-2, STK-3, STK-6, STK-8, STK-10, VTE-3: Collected for 4Q2015 discharges only

---

Impacts:
Elective Carotid Intervention

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add to Programming Notes:
STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10: Collected for 4Q2015 discharges only

---

Impacts:
Glucose
Infection Prior to Anesthesia

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add to Programming Notes:
Removed beginning with 1Q2016 discharges

Impacts:
ICD-10-CM Other Diagnosis Codes

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Change in Answer Value:
2015
To:
2016

Add under Programming Notes:
IMM-1, VTE-1, VTE-2, VTE-3: Collected for 4Q2105 discharges only

---

Impacts:
ICD-10-PCS Other Procedure Codes

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Change in Answer Value:
2015
To:
2016

Add under Programming Notes:
IMM-1: Collected for 4Q2105 discharges only

Impacts:
ICD-10-CM Principal Diagnosis Code

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Change in Answer Value:
2015
To:
2016

Add under Programming Notes:
IMM-1, STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3: Collected for 4Q2015 discharges only

---

Impacts:
ICD-10-PCS Principal Procedure Code

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Change in Answer Value:
2015
To:
2016

Add under Programming Notes:
IMM-1, VTE-1, VTE-2: Collected for 4Q2015 discharges only

Impacts:
VTE Confirmed
VTE Diagnostic Test

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting Program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Detail Elements Info
Add under Programming Notes:
VTE-3: Collected for 4Q2015 discharges only

Hospital Initial Patient Population Data XML File Layout

Impacts:
<measure-set>

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change from:
Example with data:
<measure-set id = "AMI">
To:
Example with data:
<measure-set id = "VTE">

Change under "Valid Values" column to:
AMI (Removed as of 1/1/2016 discharges)
SEP (CMS only)
SCIP (Removed as of 1/1/2016 discharges)
GLB
CAC (The Joint Commission only; Removed as of 1/1/2016 discharges)
VTE
STK

Impacts:
<stratum>

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change under "XML Element" column to:
<stratum>
Sub-element of the measure-set = "VTE" or "STK"

Change "1" under "Description" column to:
1 = No VTE (4th quarter 2015 discharges only)

Change under "Valid Values" column to:
1-3 (4th quarter 2015 discharges only)
2-3 (starting with 1/1/2016 discharges)

Add new row:

XML Element	Attributes	Description	Data Element	Valid Values	Data Type	Field Size	Data Required (CMS)
id	Specific type of STK 1 = Ischemic 2 = Hemorrhagic Note: The use of <stratum> for STK starts with 1/1/2016 discharges. For 4th quarter 2015 discharges, STK does not have sub-populations and, therefore, will not use the <stratum> XML tag.	Not a data element	1-2	Numeric	1	STK only	STK only

SECTION 10 – CMS Outcome/Structural Measures

Subsection 10.1 – CMS Outcome Measures

Impacts:
Agency for Healthcare Research and Quality (AHRQ)
Healthcare Associated Infection (HAI)
Medicare Spending Per Beneficiary (MSPB)
Risk-Standardized – Complication (RSCR), Mortality (RSMR), Payment, Readmission (RSRR)

Rationale: The section is being revised to provide clarification and to update relevant links.

Description of Changes:

Remove the following sections:

Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Mortality Measures

Centers for Medicare & Medicaid Services (CMS) Risk-Standardized Readmission and Complication Measures

Centers for Medicare & Medicaid Services (CMS) Risk-Standardized 30-Day Episode-of-Care Payment Measures

Agency for Healthcare Research and Quality (AHRQ) Claims-Based Quality Measures

Healthcare Associated Infection

Measure Information Form - MSPB-1: Medicare Spending Per Beneficiary (MSPB)

Impacts:
Agency for Healthcare Research and Quality (AHRQ)
Healthcare Associated Infection (HAI)
Medicare Spending Per Beneficiary (MSPB)
Risk-Standardized – Complication (RSCR), Mortality (RSMR), Payment, Readmission (RSRR)

Rationale: The section is being revised to provide clarification and to update relevant links.

Description of Changes:
Add new section with edited content:

Centers for Medicare & Medicaid Services (CMS) Outcome Measures
Agency for Healthcare Research and Quality (AHRQ)
Healthcare Associated Infection (HAI)
Medicare Spending Per Beneficiary (MSPB)
Risk-Standardized – Complication (RSCR), Mortality (RSMR), Payment, Readmission (RSRR)

Due to extensive edits, refer to manual for update.

Subsection 10.2 – Structural Measures

Impacts:
Inpatient Structural Measure

Rationale: This section is being updated to include a new Structural Measure *(Patient Safety Culture Survey)* for collection beginning January 1, 2016.

Description of Changes:
Add new third paragraph:

Beginning January 1, 2016 an additional Structural Measure will be required:

- Hospital Survey on Patient Safety Culture
  Assesses whether or not a hospital administers a detailed assessment of patient safety culture using a standardized collection protocol and structured instrument. If the hospital administers a patient safety culture survey, the hospital will be required to respond to the following questions:
  - What is the name of the survey that is administered;
  - How frequently is the survey administered;
  - Does your facility report survey results to a centralized location;
  - During the most recent assessment, how many staff members were requested to complete the survey; and
  - During the most recent assessment, how many completed surveys were received?

APPENDICES

Appendix A – ICD-10 Code Tables (Word and Excel)

Impacts:
Multiple Tables

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add "(Q4 2015 ONLY)" after the following table names:

Table 1.1	Acute Myocardial Infarction (AMI)
Table 2.1	Heart Failure (HF)
Table 5.09	Infection
Table 5.11	Cardiac Surgery
Table 5.14	Burns
Table 5.15	Transplant
Table 5.17	Intracranial Neurosurgery
Table 5.19	General Surgery
Table 5.20	Gynecological Surgery
Table 5.21	Urological Surgery
Table 5.22	Elective Hip Replacement
Table 5.23	Elective Total Knee Replacement
Table 5.24	Hip Fracture Surgery
Table 6.1	Asthma
Table 7.02	Obstetrics
Table 8.2	Hemorrhagic Stroke
Table 12.1	Diabetes
Table 12.2	End-Stage Renal Disease
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)

Impacts:
Table 5.23 – Elective Total Knee Replacement

Rationale: The description for code 0SWC0JZ in Table 5.23 has been corrected.

Description of Changes:
Change code description for "0SWC0JZ" to:
Revision of Synthetic Substitute in Right Knee Joint, Open Approach.

Impacts:
Table 7.01 – Mental Disorders

Rationale: A code in Appendix A Table 7.01 has been revised: R45856 should be R4586.

Description of Changes:
Change R45856 to:
R4586

Impacts:
Table 8.1 – Ischemic Stroke

Rationale: This change adjusts diagnosis codes collected for the Initial Patient Population by adding one ICD-10-CM code and removing 17 codes in the I65 and I66 series from Appendix A, Table 8.1.

Description of Changes:
Add:
I6349 Cerebral infarction due to embolism of other cerebral artery

Remove:
I6521 Occlusion and stenosis of right carotid artery
I6522 Occlusion and stenosis of left carotid artery
I6523 Occlusion and stenosis of bilateral carotid arteries
I6529 Occlusion and stenosis of unspecified carotid artery
I6601 Occlusion and stenosis of right middle cerebral artery
I6602 Occlusion and stenosis of left middle cerebral artery
I6603 Occlusion and stenosis of bilateral middle cerebral arteries
I6609 Occlusion and stenosis of unspecified middle cerebral artery
I6611 Occlusion and stenosis of right anterior cerebral artery
I6612 Occlusion and stenosis of left anterior cerebral artery
I6613 Occlusion and stenosis of bilateral anterior cerebral arteries
I6619 Occlusion and stenosis of unspecified anterior cerebral artery
I6621 Occlusion and stenosis of right posterior cerebral artery
I6622 Occlusion and stenosis of left posterior cerebral artery
I6623 Occlusion and stenosis of bilateral posterior cerebral arteries
I6629 Occlusion and stenosis of unspecified posterior cerebral artery
I663 Occlusion and stenosis of cerebellar arteries

Appendix C – Medication Tables (Word and Excel)

Impacts:
Multiple Tables

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add "(Q4 2015 ONLY)" after the following table names:

Table 6.1	Controller Medications – CAC
Table 6.2	Reliever Medications – CAC
Table 8.1	Statin Medications
Table 8.2	Antithrombotic Medications – Stroke
Table 8.3	Anticoagulant Medications – Stroke

Appendix D – Glossary of Terms

Impacts:

Sub-Population

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Change definition to:
A population that is part of a larger population. For example, the measure set VTE evaluates all patients in the hospital. For 4th quarter discharges, this measure set is broken into three distinct sub-populations: No VTE (VTE-1 and VTE-2), Principal VTE (VTE-3 and VTE-5), and Other VTE Only (VTE-3, VTE-5, and VTE-6). Starting with 1/1/2016 discharges, this measure set is broken into two distinct sub-populations: Principal VTE (VTE-5), and Other VTE Only (VTE-5 and VTE-6).

Appendix G – Resources

Impacts:

CMS Hospital Inpatient Quality Reporting Program

Rationale: The change is to update a CMS website link.

Description of Changes:
Change website link in second paragraph, last sentence to:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html

Appendix H – Miscellaneous Tables

Impacts:
Table 2.3-VTE Parenteral Therapy Table

Rationale: The change is to address the removal of measures and measure sets from CMS' Hospital Inpatient Quality Reporting program and The Joint Commission's Flexible ORYX® performance measure reporting requirements beginning with 1/1/2016 discharges.

Description of Changes:
Add "(Q4 2015 ONLY)" after the table name