

National Hospital Inpatient Quality Reporting Measures Specifications Manual

Release Notes Version: 4.2a

Release Notes Completed: October 2, 2012

Guidelines for Using Release Notes

Release Notes 4.2a provide modifications to the *Specifications Manual for National Hospital Inpatient Quality Measures*. The Release Notes are provided as a reference tool and are 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. Within each topic section, a row represents a change beginning with general changes followed by data elements in alphabetical order. The **implementation date is 01-01-2013**, unless otherwise specified. The headings are described below:

- **Impacts** - used to identify which portion(s) of the Manual Section is impacted by the change listed. Examples are Alphabetical Data Dictionary, (Measure Set) Data Element List, Measure Information Form (MIF) and Flowchart (Algorithm). The measures that the data element is collected for are identified.
- **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.

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Release Notes version 4.2a - The notes in the tables below are organized to follow the Table of Contents in the specifications manual. The **implementation date is 01/01/2013** unless otherwise specified.

Table of Contents

Impacts:

CMS Readmission and Complication Measures

Rationale: The IPPS Final Rule includes two new readmission and one complication measure for FY 2015 payment determination.

Description of Changes:

Section 10 CMS Outcome Measures (Claims Based)

Add “and Complication” to Section 10.2 title

Add three measure titles and page numbers accordingly:

READM-30-THA/TKA: THA/TKA 30-Day Readmission

READM-30-HWR: Hospital-Wide 30-Day Readmission

COMP- THA/TKA: THA/TKA Complication

Impacts: CMS Outcome Measures (Claims Based)

Rationale: Hospital-Acquired Conditions (HAC) Measures removed per the IPPS Final Rule effective FY January 2013.

Description of Changes:

Section 10 CMS Outcome Measures (Claims Based)

Remove from 10.5:

Hospital-Acquired Conditions (HAC) Measures

Add:

Reserved for Future Use

Impacts:

Measure Information – Surgical Care Improvement Project

Measure(s)

SCIP-VTE-1

Rationale: This measure is no longer endorsed by NQF.

Description of Changes:

2.4 Surgical Care Improvement Project:

Remove: SCIP-VTE-1 listed under SCIP VTE Module

Using the Manual

Impacts: N/A

Rationale: Highlighting is being removed from the manual.

Description of Changes:

Third Paragraph

Change 4th sentence to:

Information that is added or revised within documents is contained within the Release Notes.

SECTION 1 – Data Dictionary

Impacts:

Alphabetical Data Dictionary

Data Element(s)

Anesthesia End Date

Anesthesia End Time

Anesthesia Start Date

Anesthesia Start Time

Anesthesia Type

Clinical Trial

Discharge Date

ICD-9-CM Principal Procedure Code

Perioperative Death

Preadmission Oral Anticoagulation Therapy

Reason for Not Administering VTE Prophylaxis

VTE Prophylaxis

Measure(s)

SCIP-VTE-1

Rationale: This measure is no longer endorsed by NQF.

Description of Changes:

Alphabetical Data Dictionary List:

Remove: SCIP-VTE-1 in the “Collected For” column for the following data elements:

Anesthesia End Date

Anesthesia End Time

Anesthesia Start Date

Anesthesia Start Time

Anesthesia Type

Clinical Trial

Perioperative Death

Preadmission Oral Anticoagulation Therapy

Reason for Not Administering VTE Prophylaxis

VTE Prophylaxis

Alphabetical Data Dictionary:

Data Elements:

Remove: SCIP-VTE-1 in the “Collected For” section of the following data elements:

Anesthesia End Date

Anesthesia End Time
Anesthesia Start Date
Anesthesia Start Time
Anesthesia Type
Clinical Trial
Discharge Date
ICD-9-CM Principal Procedure Code
Perioperative Death
Preadmission Oral Anticoagulation Therapy
Reason for Not Administering VTE Prophylaxis
VTE Prophylaxis

Impacts:

Alphabetical Data Dictionary

Data Element(s)

Pneumococcal Vaccination Status

Measure(s)

IMM-1

Rationale: This change removes references to product brand names for the pneumococcal vaccine, and adds additional terms for PCV 13 to the Inclusion Guidelines for abstraction.

Description of Changes:

Notes for Abstraction

Change in 6th bullet:

PPV 23 to PPSV 23

Inclusion Guidelines for Abstraction

Add:

- Pevnar
- Pevnar 13
- Pneumococcal conjugate
- PCV
- PCV 13
- PPSV
- PPSV 23

SECTION 2 – Measurement Information

Subsection 2.4 – Surgical Care Improvement Project (SCIP)

Impacts: SCIP-VTE-1

Rationale: This measure is no longer endorsed by NQF.

Description of Changes:

Measure Short Name List:

Remove: SCIP-VTE-1 from Set Measure ID # and Measure Short Name

Impacts:

SCIP General Data Element List

Data Element(s)

ICD-9-CM Principal Procedure Code

Measure(s)

SCIP-VTE-1

Rationale: This measure is no longer endorsed by NQF.

Description of Changes:

General Data Element Name:

Remove: SCIP-VTE-1 from the collected for column for data element *ICD-9-CM Principal Procedure Code*

Impacts:

SCIP Data Element List

Data Element(s)

Anesthesia End Date

Anesthesia End Time

Anesthesia Start Date

Anesthesia Start Time

Anesthesia Type

Clinical Trial

Perioperative Death

Preadmission Oral Anticoagulation Therapy

Reason for Not Administering VTE Prophylaxis

VTE Prophylaxis

Measure(s)

SCIP-VTE-1

Rationale: This measure is no longer endorsed by NQF.

Description of Changes:

SCIP Data Element Name:

Remove: SCIP-VTE-1 in the “Collected For” column for the following data elements:

Anesthesia End Date

Anesthesia End Time

Anesthesia Start Date

Anesthesia Start Time

Anesthesia Type

Clinical Trial

Perioperative Death

Preadmission Oral Anticoagulation Therapy

Reason for Not Administering VTE Prophylaxis

VTE Prophylaxis

Impacts:

Surgical Care Improvement Project (SCIP) Initial Patient Population

Measure(s)

SCIP-VTE-1

Rationale: This measure is no longer endorsed by NQF.

Description of Changes:

Measures:

Remove: “1” -“and” in the measures column after VTE.

Impacts:

Measure Information Form (MIF)

Measure(s)

SCIP-VTE-1

Rationale: This measure is no longer endorsed by NQF.

Description of Changes:

Remove:

SCIP-VTE-1 in its entirety

Impacts:

Measure Information Form (MIF)

Measure(s)

SCIP-VTE-2

Rationale: SCIP-VTE-1 has been removed.

Description of Changes:

Measure Analysis Suggestions:

Remove:

Sentences that have SCIP-VTE-1

Subsection 2.7 – Venous Thromboembolism (VTE)

Impacts: Not Applicable

Rationale: Hospitals that have five or fewer discharges in a quarter are not required to submit data to CMS.

Description of Changes:

Sample Size Requirements

Change last sentence in 1st paragraph to:

Hospitals that have five or fewer discharges for the three combined VTE sub-populations (both Medicare and non-Medicare combined) in a quarter are not required to submit VTE patient level data to the QIO Clinical Warehouse or the Joint Commission’s Data Warehouse.

Sample Size Requirements – Quarterly Sampling

Change the 2nd paragraph to:

To determine if a hospital may choose to submit VTE patient level data to the QIO Clinical Warehouse or the Joint Commission’s Data Warehouse, the combined count of discharges, for the quarter, for the three sub-populations must be five or less (i.e., the combined count of discharges equals the count of all patients in No VTE Patient Sub-population [1] plus the count of all patients in Principal Patient Sub-population [2] plus the count of all patients in Other VTE Only Initial Patient Sub-population [3]).

Subsection 2.8 – Stroke (STK)

Impacts: Not Applicable

Rationale: Hospitals that have five or fewer discharges in a quarter are not required to submit data to CMS.

Description of Changes:

STK Sample Size Requirements

Change last sentence in 1st paragraph to:

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 QIO Clinical Warehouse or the Joint Commission's Data Warehouse.

Subsection 2.11 – Prevention

Impacts: IMM-1

Rationale: This change removes references to product brand names for the pneumococcal vaccine.

Description of Changes:

Description

Remove “polysaccharide” in the first sentence.

PIDS Diagram

Change

From : PPV23

To: PPSV23

PIDS Rationale

Change

From : PPV23

To: PPSV23

SECTION 9 – Data Transmission

Impacts: Not Applicable

Rationale: This change removes references to product brand names for the pneumococcal vaccine.

Description of Changes:

CMS and Joint Commission Guidelines for Submission of Hospital Clinical Data

Allowable Measure Set Combination per Patient Episode of Care

After measure set combination #4

Remove:

Refer to Appendix H, Table 2.7 Allowable Measure Set Combinations for further guidance.

Hospital Clinical Data XML File Layout

Impacts:

Data Elements

Anesthesia End Date

Anesthesia End Time

Anesthesia Start Time
Anesthesia Type
Clinical Trial
Perioperative Death
Preadmission Oral Anticoagulation Therapy
Reason for Not Administering VTE Prophylaxis
VTE Prophylaxis

Rationale: SCIP-VTE-1 has been removed from collection beginning with 01/01/2013 discharges.

Description of Changes:

Hospital Clinical Data Layout – Detail Elements Information

Remove SCIP-VTE-1 from the “Applicable Measures” for the following:

Anesthesia End Date
Anesthesia End Time
Anesthesia Start Time
Anesthesia Type
Clinical Trial
Perioperative Death
Preadmission Oral Anticoagulation Therapy
Reason for Not Administering VTE Prophylaxis
VTE Prophylaxis

Impacts:

Data Elements

VTE Timely

Rationale: SCIP-VTE-1 has been removed from collection beginning with 01/01/2013 discharges.

Description of Changes:

Hospital Clinical Data Layout– Detail Elements Information

Remove from Programming Notes “Required for Submission of SCIP-VTE-1”

SECTION 10 – CMS Outcome Measures (Claims Based)

Subsection 10.2 – Introduction Risk Standardized Readmission Measures

Impacts: Readmission and Complication Measures

Rationale: The IPPS Final Rule includes two new readmission and one complication measure for FY 2015 payment determination.

Description of Changes:

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

Add “and Complication” after Readmission in the title of the document.

Impacts:

Readmission and Complication Measures

Rationale: The IPPS Final Rule includes two new readmission and one complication measure for FY 2015 payment determination.

Description of Changes:

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

Review the Introductory document as it has significantly changed.

Impacts: Readmission and Complication Measures

Rationale: The IPPS Final Rule includes two new readmission and one complication measure for FY 2015 payment determination.

Description of Changes:

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

Add the following new Measure Information Forms:

- Hospital-level 30-day all-cause risk-standardized readmission rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- Hospital-Wide All-Cause Unplanned Readmission (HWR)
- Hospital-level risk-standardized complication rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

Subsection 10.3 – Agency for Healthcare Research and Quality (AHRQ)

Impacts: Not Applicable

Rationale: Updated as reflected in the IPPS Final Rule posted August 1, 2012.

Description of Changes:

Agency for Healthcare Research and Quality (AHRQ) Claims-Based Quality Measures (No Hospital Data Submission Required)

Remove from 1st paragraph

The words “and Inpatient Quality”

Change to: Patient Safety Indicator (PSI) Technical Specifications Version 4.4 (March 2012):

Change to:

- PSI 91- Complication/patient safety for selected indicators (composite)

Agency for Healthcare Research and Quality (AHRQ) Claims-Based Quality Measures (No Hospital Data Submission Required)

Remove:

- PSI 6 - Iatrogenic pneumothorax, adult
- PSI 11 - Post-Operative Respiratory Failure
- PSI 12 - Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)
- PSI 14 - Postoperative wound dehiscence
- PSI 15 - Accidental puncture or laceration

Inpatient Quality Indicators (IQI) Technical Specifications Version 4.2 (September 2010)

http://qualityindicators.ahrq.gov/Modules/IQI_TechSpec.aspx

- IQI 11 - Abdominal aortic aneurysm (AAA) mortality rate with volume

- IQI 19 - Hip fracture mortality rate
- IQI Mortality for selected medical conditions (composite)

Remove from 4th paragraph

The words “and Inpatient Quality Indicators (IQIs)”

Change contact to:

support@qualityindicators.org

Remove from last paragraph

The words “and IQIs”

Change contact to: AHRQmeasuresforIQR@mathematica-mpr.com

Subsection 10.4 – Healthcare Associated Infections (HAI) Measures

Impacts: Not Applicable

Rationale: Updated as reflected in the IPPS Final Rule posted August 1, 2012.

Description of Changes:

Healthcare Associated Infection

Remove from 1st paragraph

Beginning with FY2013 payment determination,

Add 2nd and 3rd paragraphs

Hospitals with no ICU beds need to request a waiver annually to fulfill the CLABSI and CAUTI reporting requirement for the CMS Hospital IQR Program. A hospital must have no ICU beds to be eligible for this waiver.

Hospitals that have a change in their bed designation and incorporate ICU beds need to enroll with NHSN and complete the Annual Survey Form on NHSN designating the location of those beds.

Measures:

Change to:

1. Central Line-Associated Bloodstream Infection (CLABSI)

Quarterly data collection and submission, effective with January 1, 2011 events.

Add:

2. Catheter-Associated Urinary Tract Infection (CAUTI)

Quarterly data collection and submission, effective with January 1, 2012 events.

3. Surgical Site Infection (SSI)

Quarterly data collection and submission, effective with January 1, 2012 events.

Hospitals that do not perform colon and abdominal hysterectomy operative procedures contained in Table 1 NHSN Operative Procedure Category Mappings to ICD-9-CM Codes need to request a waiver annually to fulfill the SSI reporting requirement for the CMS Hospital IQR Program.

4. Methicillin- resistant Staphylococcus aureus- (MRSA)

Quarterly data collection and submission, effective with January 1, 2013 events.

5. Clostridium Difficile (C-difficile)

Quarterly data collection and submission, effective with January 1, 2013 events.

6. Healthcare Personnel Influenza Vaccination

Quarterly data collection and submission, effective with January 1, 2013 events.

For more information about the NHSN measures, see the resources located at http://www.cdc.gov/nhsn/psc_da.html/

Subsection 10.5 – Hospital-Acquired Conditions (HAC) Measures

Impacts: Not Applicable

Rationale: Hospital-Acquired Conditions (HAC) Measures removed per the IPPS Final Rule effective FY January 2013.

Description of Changes:

Remove Hospital-Acquired Conditions (HAC) Measure Specifications

Subsection 10.6 – Structural Measures

Impacts: Not Applicable

Rationale: The IPPS Final Rule includes this measure.

Description of Changes:

Structural Measures List:

Add text:

- Participation in a Systematic Clinical Database Registry for General Surgery

Documents if the hospital reports whether or not it participates in a systematic clinical database registry for general surgery.

Impacts:

New Measure

Measure(s)

PC-01

Rationale: A web-based measure is being added to this section.

Description of Changes:

Inpatient Structural Measures

Add text:

Inpatient Web-Based Measure

Hospitals participating in the Hospital Inpatient Quality Reporting Program are required to complete the Web-Based Measure questions quarterly. Data entry is achieved through the

secure side of QualityNet.org via an online tool available to authorized users, similar to the process for entry of structural measures.

The Inpatient Web-Based Measure is:

- Elective Delivery

Documents the number of patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed

NOTE: Data collected and reported to CMS is in aggregate. The collection and submission for The Joint Commission is patient level.

For more information about the requirements and specifications of this measure, refer to <http://manual.jointcommission.org/releases/TJC2013A/>.

Impacts: Measure Information Form

Rationale: A web-based measure is being added to this section.

Description of Changes:
Inpatient Structural Measures

Add:
Measure Information Form for PC-01

APPENDICES

Appendix F – Measure Name Crosswalk

Impacts: Not Applicable

Rationale: Updated as reflected in the IPPS Final Rule posted August 1, 2012.

Description of Changes:

Change:

Please review the document as it has significantly changed.

Remove column:

Measure Name in Federal Register published August 16, 2010 for FY2014 payment determination

Add column:

Measures Name in Federal Register published August 1, 2012 for FY 2015 and FY2016 payment determination

Appendix H – Miscellaneous Tables

Impacts: Not Applicable

Rationale: The information in table is in the Data Transmission section under Allowable Measure Set combinations.

Description of Changes:

Index

Table 2.7

Change: Allowable Measure Set Combinations

To: Reserved for Future Use

Change page number to N/A

Impacts: Not Applicable

Rationale: The information in table is in the Data Transmission section under Allowable Measure Set combinations.

Description of Changes:

Remove:

Table 2.7 Allowable Measure Set Combinations

Add:

Table 2.7 Reserved for Future Use