



FACT SHEET

Summary of Acute Myocardial Infarction (AMI) and Heart Failure (HF) Changes for 4/1/11+ Discharges

Change to all measure sets:

- *Discharge Status* has been changed to *Discharge Disposition*. Allowable Values:
 1. Home
 2. Hospice - Home
 3. Hospice – Health Care Facility
 4. Acute Care Facility
 5. Other Health Care Facility
 6. Expired
 7. Left Against Medical Advice/AMA
 8. Not Documented or Unable to Determine (UTD)
- Algorithms and wording of denominator inclusions and exclusions in Measure Information Forms adjusted accordingly.

These changes will allow this element to no longer be tied to National Uniform Billing Committee (NUBC) definitions and the NUBC's schedule of element revisions which necessitated manual addendums, frequent changes, etc. They enable measure teams to shape options to better meet measure needs. Lastly, these changes will enable validation of this element.

AMI and HF measure implications:

- **Assisted living facilities** will now be classified as "Home". As a result, such cases will now be **included** in HF-1 (Discharge Instructions). *Previously coded as 04s "Discharged/transferred to a facility that provides custodial or supportive care" and excluded (approx. 1.3% of HF cases).*
- **Designated Cancer Centers** will now be classified as "Acute care facilities". As a result, such cases will now be **excluded** from those measures that previously included them (AMI-1, AMI-2, AMI-3, AMI-4, AMI-5, AMI-10, HF-2, HF-3, HF-4). *Previously coded as 05s "Discharged/transferred to a designated cancer center or children's hospital" (< .1 % of AMI/HF cases).*
- **VA nursing facilities and psychiatric units within VA hospitals** will now be classified as "Other health care facilities" (just like nursing homes, psych hospitals, etc.). As a result, such cases will now be **included** from those measures that previously excluded them (AMI-1, AMI-2, AMI-3, AMI-4, AMI-5, AMI-10, HF-2, HF-3, HF-4), except HF-1 (they will continue to be excluded from Discharge Instructions). *Previously coded as 43s "Discharged/transferred to a federal health care facility" (< .2 % of AMI/HF cases).*

Optional CMS test measures: AMI-T1a (LDL-Cholesterol Assessment) and AMI-T2 (Lipid-Lowering Therapy at Discharge)

- Retired

AMI-10 measure (Statin Prescribed at Discharge) covers lipid management for AMI patients. Additionally, this change was made to maintain consistency with the current American College of Cardiology/American Heart Association (ACC/AHA) performance measures.

Appendix C

- Table 1.7 ARBs added: Olmesartan/amlodipine/hydrochlorothiazide, Tribenzor

Summary of AMI and HF Changes

The information below consists of new changes in abstraction and changes provided for clarification only.

Data Element or Table: Adult Smoking History

Change: New

- Added Smoking/Tobacco Use assessment forms to “Only Acceptable Source” list.

Data Element or Table: Aspirin Received Within 24 Hours Before or After Hospital Arrival

Change: Clarification

- Abstraction guideline added which clarifies that the abstractor should not infer the patient received aspirin within 24 hours of hospital arrival if aspirin is documented as a home medication but described as taken on prn basis only.

Data Element or Table: Comfort Measures Only

Change: New

- Suggested Data Source list changed to “Only Acceptable Sources” list:
 - Discharge summary
 - DNR/MOLST/POLST forms
 - Physician orders
 - Progress notes
- Abstraction guideline added which allows the abstractor to now disregard an inclusion term not clearly selected on an order form signed by the physician/APN/PA. Examples:
 - “DNR-Comfort Care” order form - The only option checked is “DNR/Allow Natural Death” (option “Comfort Care” remains unchecked)
 - “Home Health/Hospice” order form – “Hospice” has not been circled in the title or selected on the form
 - Inclusion term listed in pre-printed instruction for completing the form

- Inclusion added: DNR-CC. Documented clarification that CC stands for “comfort care” is no longer needed.

Change:

Clarification

- Exclusion list wording was clarified to reinforce that the list is all-inclusive:
 - DNR-CCA
 - DNR-Comfort Care Arrest
 - DNRCC-A
 - DNRCC-Arrest
 - DNRCCA

Disregard these terms. Note that other arrest terminology would still count – e.g., “Comfort Care Protocol will be implemented in the event of a cardiac arrest or a respiratory arrest”.
- Abstraction guidelines changed to clarify that if there is documentation of an Inclusion term clearly described as negative in one source and an Inclusion term NOT described as negative in another source, that second source would still count. Multiple examples of “negative” context Inclusion terms added.
- Additional changes in structure, order, and wording of some abstraction guidelines were made to help clarify abstraction.

Data Element or Table: Discharge Disposition

Change:

Discharge Status restructured and renamed.

- Options as listed above. Inclusion lists provided for options in element (No more referencing Appendix H).
- **Use only documentation from the day of or the day before discharge.** Consider discharge disposition documentation in the discharge summary as day of discharge.
- If documentation is contradictory, the latest documentation should be used.
- If there is documentation (from the day of or day before discharge) that further clarifies the level of care, then that documentation should be used to determine the correct value to abstract.
- UB-04 data is not to be used in abstraction – Use only what is actually documented in the record.

Data Element or Table: Initial ECG Interpretation

Change:

New

- Exclusion deleted: Intraventricular conduction delay (IVCD) or block. An initial ECG finding of IVCD would now be disregarded in abstraction unless it is described as “Intraventricular conduction delay of LBBB type” (continues as an Inclusion).
- Abstraction guideline added which directs the abstractor to disregard (don’t consider as an Inclusion or Exclusion) ST-elevation or LBBB finding in an initial ECG interpretation that also

states "no changes", "unchanged", "no acute changes", "no new changes", or "no significant changes" when compared to a prior ECG. E.g., "LBBB ... When compared with ECG of 19-APR-2010, no acute changes" noted in reference to initial ECG.

Change:

Clarification

- Abstraction guideline added to clarify that only those terms specifically identified or referred to by the physician/APN/PA as ECG findings AND where documentation is clear it is from the ECG performed closest to arrival should be considered in abstraction (e.g., "STEMI" listed only as a physician diagnosis or impression would not be used).

Data Element or Table: First In-Hospital LDL-Cholesterol Qualitative Description
First In-Hospital LDL-Cholesterol Value
In-Hospital LDL-Cholesterol Test
Lipid-Lowering Agent Prescribed at Discharge
Plan for LDL-Cholesterol Test
Pre-Arrival LDL-Cholesterol Qualitative Description
Pre-Arrival LDL-Cholesterol Test
Pre-Arrival LDL-Cholesterol Value
Reason for No LDL-Cholesterol Testing
Reason for No Lipid-Lowering Therapy

Change: Deleted from dictionary (AMI-T1a and AMI-T2 retirement)

Data Element or Table: Reason for No Aspirin at Discharge
Reason for No Aspirin on Arrival

Change:

New

- Abstraction guideline related to references to "general medication class" revised. Documentation of a reason for not prescribing "antiplatelets" should now be considered implicit documentation of a reason for no aspirin. E.g., "Antiplatelet therapy contraindicated" – Counts as reason.

For a complete list of changes please see the "Release Notes," located in the Specifications Manual for National Hospital Quality Measures for discharges 4/1/2011. The manual can be found at:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228760129036>

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