## Release Notes for the TJC2022B Manual

### Measure Information Forms

<table>
<thead>
<tr>
<th>Section</th>
<th>Rationale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACHF-01</td>
<td>Updated left ventricular ejection fraction (LVEF) to ≤40% to align with the AHA / ACC heart failure guidelines.</td>
<td>Updated Measure Description</td>
</tr>
</tbody>
</table>

**Change From:**

Description: Beta-blocker therapy (i.e., bisoprolol, carvedilol, or sustained-release metoprolol succinate) is prescribed for heart failure patients with LVSD at discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.

**Change To:** Description: Beta-blocker therapy (i.e., bisoprolol, carvedilol, or sustained-release metoprolol succinate) is prescribed for heart failure patients with LVSD at discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) ≤40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.

**Denominator Statement Change From:** Denominator Statement: Heart failure patients with current or prior documentation of left ventricular ejection fraction (LVSD) < 40%.

**Change To:** Denominator Statement: Heart failure patients with current or prior documentation of left ventricular ejection fraction (LVSD) ≤40%.

**Denominator Included Populations Change From:**
Discharges with ICD-10-CM Principal Diagnosis Code for HF as defined in Appendix A, Table 2.1, and Documentation of LVSD < 40%

Change To:
Discharges with ICD-10-CM Principal Diagnosis Code for HF as defined in Appendix A, Table 2.1, and Documentation of LVSD ≤ 40%.

Algorithm change
LVSD=3 exit from "B" to "D".

<table>
<thead>
<tr>
<th>ACHFOP-01</th>
<th>Rationale: Update left ventricular systolic function (LVSF) to align with AHA/ACC heart failure guidelines.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Change From:</strong> Beta-blocker therapy (i.e., bisoprolol, carvedilol, or sustained-release metoprolol succinate) is prescribed for heart failure patients with LVSD. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Change To:</strong> Beta-blocker therapy (i.e., bisoprolol, carvedilol, or sustained-release metoprolol succinate) is prescribed for heart failure patients with LVSD. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) ≤ 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Denominator Statement</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Change From:</strong> Heart failure patients with current or prior documentation of left ventricular ejection fraction (LVSD) &lt; 40%.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Change To:</strong> Heart failure patients with current or prior documentation of left ventricular ejection fraction (LVSD) ≤ 40%.</td>
<td></td>
</tr>
</tbody>
</table>
### Denominator Included Populations

**Change From:**
- E/M Code for hospital outpatient encounter as defined in Appendix A, Table 2.0
- An ICD-10-CM Principal Diagnosis Code for HF as defined in Appendix A, Table 2.1, and
- Documentation of LVSD < 40%

**Change To:**
- E/M Code for hospital outpatient encounter as defined in Appendix A, Table 2.0
- An ICD-10-CM Principal Diagnosis Code for HF as defined in Appendix A, Table 2.1, and
- Documentation of LVSD ≤ 40%.

Algorithm change

LVSD=3 exit from "B" to "D".

| ACHFOP-02 | Updated left ventricular ejection fraction (LVEF) to ≤40% to align with the AHA / ACC heart failure guidelines. | **Change from:** Description: Heart failure patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB in the outpatient setting. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  

**Change to:** Description: Heart failure patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB in the outpatient setting. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) ≤ 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  

**Denominator Statement Change from:** Denominator: Heart failure patients with current or prior documentation of left ventricular ejection fraction (LVSD) < 40%.  

**Change to:** Denominator: Heart failure patients with current or prior documentation of left ventricular ejection fraction (LVSD) ≤ 40%. |
### Denominator Included Population

**Change from:** Included population:
- E/M Code for hospital outpatient encounter as defined in Appendix A, Table 2.0
- An ICD-10-CM Principal Diagnosis Code for HF as defined in Appendix A, Table 2.1, and
- Documentation of LVSD < 40%

**Change to:** Included population:
- E/M Code for hospital outpatient encounter as defined in Appendix A, Table 2.0
- An ICD-10-CM Principal Diagnosis Code for HF as defined in Appendix A, Table 2.1, and
- Documentation of LVSD ≤ 40%

Algorithm change
LVSD=3 exit from "B" to "D".

### CSTK-02
The notice was updated to reflect changes to the performance measure requirements for thrombectomy-capable stroke centers.

Special Notice
*Change* from:
**SUSPENDED for Comprehensive Stroke Centers, Effective January 1, 2018**

To:
**SUSPENDED for Thrombectomy-Capable Stroke Centers, Effective July 1, 2022**

### PC-01
Updated Reference.

Selected References

**Remove:**

**Add:**

### PC-02
Clarify direction of Improvement Noted As
<table>
<thead>
<tr>
<th>Improvement.</th>
<th>Change From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease in the rate</td>
<td>Within Optimal Range</td>
</tr>
</tbody>
</table>

**Measure Analysis Suggestions**

**Change From:**

In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could then be analyzed further determine specific patterns or trends to help reduce cesarean births.

**Change To:**

The Joint Commission does not want to encourage inappropriately low Cesarean rates that may be unsafe to patients. Acceptable PC-02 rates are 30% or lower, however there is not an established threshold for what rate may be too low. PC-06 serves as a balancing measure for PC-02 to guard against any unanticipated or unintended consequences and to identify unforeseen complications that might arise as a result of quality improvement activities and efforts for this measure. In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could then be analyzed further determine specific patterns or trends to help reduce cesarean births.

**Selected References**

**Add:**

| STK-3 | The Measure Information Form was updated to add the 2021 AHA Guideline for secondary stroke prevention. | Selected References |
| STK-6 | The Measure Information Form was updated to add the 2021 AHA Guideline for secondary stroke prevention. | Selected References |
| STK-VOL-1 | A new measure and measure set ID were developed to capture mechanical thrombectomy procedure volume at primary stroke centers. There is only one measure in this measure set. | Measure Information Form |
|       |                                                      | Add MIF and algorithm. |
| THKR-IP-5 | Update algorithm to match guidance that patients may complete the assessments at 90 days (plus or minus 60 days, ≥ 30 days after surgery and ≤ 150 days after surgery). | Algorithm change for the "Post Assessment Day" data element exit condition. If "Post Assessment Day" < 30 days or > 150 days then it goes to "D". If "Post Assessment Day" = 30 days and <= 150 days then it goes to "E". |
| THKR-OP-5 | Update algorithm to match guidance that patients may complete the assessments at 90 days (plus or minus 60 days, ≥ 30 days after surgery and ≤ 150 days after surgery). | Algorithm change for the "Post Assessment Day" data element exit condition. If "Post Assessment Day" < 30 days or > 150 days then it goes to "D". If "Post Assessment Day" = 30 days and <= 150 days then it goes to "E". |
complete the assessments at 90 days (plus or minus 60 days, ≥ 30 days after surgery and ≤ 150 days after surgery).

Day ≥ 30 days and ≤ 150 days then it goes to "E".

## Data Elements

<table>
<thead>
<tr>
<th>Section</th>
<th>Rationale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVSD</td>
<td>Update left ventricular systolic function (LVSF) to align with AHA/ACC heart failure guidelines.</td>
<td>Updated measure question <strong>Change From:</strong> Is the left ventricular systolic function (LVSF) documented as an ejection fraction (EF) of &lt;40% or ≤ 35% or a narrative description consistent with moderate or severe systolic dysfunction? <strong>Change To:</strong> Is the left ventricular systolic function (LVSF) documented as an ejection fraction (EF) of ≤ 40% or ≤ 35% or a narrative description consistent with moderate or severe systolic dysfunction? <strong>Allowable Values</strong> <strong>Change From:</strong> 1 LVSF is documented as an EF ≤ 35%. 2 LVSF is documented as an EF equal to 36-39%. 3 LVSF is documented as an EF equal to 40%. 4 Documentation of a narrative description consistent with moderate or severe systolic dysfunction. 5 EF or a narrative description consistent with moderate or severe systolic dysfunction is not documented, or EF ≥ 41% or unable to determine from medical record documentation. <strong>Change To:</strong> 1 LVSF is documented as an EF ≤ 35%. 2 LVSF is documented as an EF equal to 36-39%. 3 LVSF is documented as an EF of ≤ 40%. 4 Documentation of a narrative description consistent with moderate or severe systolic dysfunction. 5 EF or a narrative description consistent with moderate or severe systolic dysfunction is not documented, or EF ≥ 41% or unable to determine from medical record documentation.</td>
</tr>
</tbody>
</table>
Prior Uterine Surgery
Updated Notes for Abstraction to align with previously updated bullet in guidelines for abstraction inclusion: * Documentation of prior uterine incision with descriptors including "high" or "vertical" or "mid" or "active segment" or "classical".

Notes for Abstraction:

Change From: In order to select "yes", the current episode of care must contain documentation of one of the included surgeries below. An inverted T or J incision would be acceptable only if there is also documentation that the incision extended into the upper uterine segment.

Change To: In order to select "yes", the current episode of care must contain documentation of one of the included surgeries below. An inverted T or J incision would be acceptable only if there is also documentation that the incision extended into the upper uterine segment or includes descriptors "high" or "vertical" or "mid" or "active segment" or "classical".

Reason for No Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate Prescribed for LVSD at Discharge
Rationale: Update left ventricular systolic function (LVSF) to align with AHA/ACC heart failure guidelines.

Notes for Abstraction

Change From:
• If there is documentation in the medical record of LVSD greater than or equal to 40%, this data element is not required.

Change To:
• If there is documentation in the medical record of LVSD greater than or equal to 41%, this data element is not required.

Supplemental Materials

Section | Rationale | Description
---|---|---
Appendix A - Code Tables | PC-06 Appendix A tables 11.30, 11.31, and 11.35 updates based on clinical feedback and Q&A. | 11.35 Social Indications **ADD**:
• Z76.2 Encounter for health supervision and care of other healthy infant and child to table 11.35 Social Indications
11.31 Fetal Conditions **ADD**:
• I47.1 - Supraventricular tachycardia
11.30 Congenital Malformations
• Z87.710 Personal history of (corrected) hypospadias
- **Z87.718** Personal history of other specified (corrected) congenital malformations of genitourinary system
- **Z87.720** Personal history of (corrected) congenital malformations of eye
- **Z87.721** Personal history of (corrected) congenital malformations of ear
- **Z87.728** Personal history of other specified (corrected) congenital malformations of nervous system and sense organs
- **Z87.730** Personal history of (corrected) cleft lip and palate
- **Z87.738** Personal history of other specified (corrected) congenital malformations of digestive system
- **Z87.74** Personal history of (corrected) congenital malformations of heart and circulatory system
- **Z87.75** Personal history of (corrected) congenital malformations of respiratory system
- **Z87.76** Personal history of (corrected) congenital malformations of integument, limbs and musculoskeletal system
- **Z87.790** Personal history of (corrected) congenital malformations of face and neck
- **Z87.798** Personal history of other (corrected) congenital malformations

**Joint Commission National Quality Measures Data Processing - Transmission of Data**

Data processing section was updated to include (PSC) With MT and Without MT certification measure.

**Add** column Primary Stroke Center (PSC) With MT to Joint Commission Stroke Certification Measure Table.

**Change** column name from: Primary Stroke Center (PSC) To: Primary Stroke Center (PSC) Without MT

**Add** measure row, STK-VOL-1 in the Joint Commission Stroke Certification Measure table.

**Change** from:

**Submission of CSTK Data**

This measure set is reported for three certification programs, Comprehensive Stroke Center (CSC) certification, Thrombectomy-capable Stroke Center (TSC) Certification, and Primary Stroke Center (PSC) Certification. CSTK data is different from other measure sets since discharged patient requires follow-up within a certain number of days after the discharge date. The CSTK-05 measure has been used as the benchmark to define which records require a follow-up. Certification programs, Comprehensive Stroke Center (CSC),
and Thrombectomy-capable Stroke Center (TSC) require follow-ups after their first discharge visit, but Primary Stroke Center (PSC) Certification does not require a follow-up.

To Submission of CSTK Data
This measure set is reported for three certification programs, Comprehensive Stroke Center (CSC) certification, Thrombectomy-capable Stroke Center (TSC) Certification, and Primary Stroke Center (PSC) Certification. CSTK data is different from other measure sets since discharged patient requires follow-up within a certain number of days after the discharge date. The CSTK-05 measure has been used as the benchmark to define which records require a follow-up. Certification programs, Comprehensive Stroke Center (CSC), Thrombectomy-capable Stroke Center (TSC), and Primary Stroke Center (PSC) With MT require follow-ups after their first discharge visit, but Primary Stroke Center (PSC) Without MT Certification does not require a follow-up.

Change second bullet in Sites with TSC certification section from: The follow-up measure for TSC is CSTK-02.
To: The follow-up measure for TSC is CSTK-10.

Add new section Sites with PSC certification (With MT)

Change PSC certification section name from: Sites with PSC certification
To: Sites with PSC certification (Without MT)

| Table of Contents | The new Stroke Volume Measure is now included in the manual. | Updated Table of Contents, Added the new Stroke Volume Measure to the list. |