

Release Notes to the Specifications Manual for Joint Commission National Quality Core Measures- v2010A1 (12-7-2009)

Guidelines for Using Release Notes

Release Notes 2010A1 provide modifications to the *Specifications Manual for Joint Commission National Quality Core 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 Joint Commission National Quality Core 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 **04-01-2010** unless otherwise specified. The column headings are described below:

- **Section** - used to identify which section(s) listed in the Table of Contents contain the change listed. The sections are Data Dictionary, Measurement Information, Missing and Invalid Data, etc.
- **Impacts** - used to identify which portion(s) of the Manual Section is impacted by the change listed. Examples are Alphabetical Data Dictionary, Measure Information Form (MIF) and Flowchart (Algorithm). The measures that the data element is collected for are identified.
- **Rationale** – provided to identify why the change is being made.
- **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.

Data elements that cross multiple measures and contain the same changes will be consolidated into one row. If those changes do not apply to all of the measures listed in the Impacts column that is identified in the description of changes.

This document should allow the reader to identify the exact location of each change by reading from left to right across the columns. An **example** is: Changing a note for abstraction within ***Initial Blood Culture Collection Time***, which is collected for **PN-3a, PN-3b**.

Section	Impacts	Rationale	Description of Changes
Effective 04/01/2010 Discharges			
Data Dictionary			
<i>Antenatal Steroids Administered Reason for Not Administering Antenatal Steroid</i>			
Data Dictionary	Alphabetical Data Dictionary PC-03	To clarify dosage of dexamethasone	<u>Defintion</u> Change second paragraph to read A full course of antenatal steroids consists of two doses of 12mg bethamethasone IM 24 hours apart OR four doses of 6 mg dexamethasone IM every 12 hours.
<i>Point of Origin for Admission or Visit</i>			
Data Dictionary	Alphabetical Data Dictionary PC-05	To exclude newborn born outside of this hospital population	<u>Collected for</u> Add used in algorithm for PC-05
Measure Information	Measure Information Form (MIF) PC-01	To correct gestational age range	<u>Description</u> Change to read: Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed

			<p><u>Denominator Statement</u> Change to read: Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed</p>
Measure Information	Measure Information Form (MIF) PC-05	To exclude newborn born outside of this hospital population	<p><u>Denominator Data Elements</u> Add <i>Point of Origin for Admission or Visit</i></p>
Measure Information	Algorithm – PC-01	To correct gestational age range	<p>Change the criteria between <i>Gestational Age</i> and outcome Box 'B' from "< 37 or > 39" to "< 37 or ≥ 39".</p> <p>Change the criteria between first and second <i>Gestational Age</i> decision boxes from "≥ 37 and ≤ 39) or UTD" to "≥ 37 and < 39) or UTD".</p> <p>Change the criteria between the second <i>Gestational Age</i> and <i>ICD-9-CM Principal or Other Procedure Code</i> from "≥ 37 and ≤ 39) or UTD" to "≥ 37 and < 39".</p>
Measure Information	Algorithm – PC-05	To exclude newborn born outside of this hospital population	<p>Add <i>Point of Origin for Admission or Visit</i> check when <i>Admission Type</i> = 4.</p> <p>Add If <i>Point of Origin for Admission or Visit</i> = 6, the case will proceed to a Measure Category Assignment of 'B'.</p> <p>Add If <i>Point of Origin for Admission or Visit</i> = 5, continue processing and proceed to <i>Discharge Status</i>.</p>
Measure Information	Measure Information Form (MIF) Measures: PC	To correct errors in the Initial patient population	<p>Add definition for Mothers Initial patient population below the last bullet in the Mothers Initial Patient population.</p> <p>Change the definition for Newborns with BSI from: "Patients with a Newborn Patient Age at admission (<i>Admission Date</i> – <i>Birthdate</i>) < 2 days, Length of Stay (<i>Discharge Date</i> - <i>Admission Date</i>) ≤ 120 days, an <i>ICD-9-CM Other Diagnosis Code</i> of Septicemia/Bacteremia on Appendix A Table 11.10 and NO <i>ICD-9-CM Principal Diagnosis Code</i> as defined in Appendix A, Table 11.10 and NO <i>ICD-9-CM Other Diagnosis Code</i> as defined in Appendix A, Table 11.20."</p> <p>To: " Patients with a Newborn Patient Age at admission (<i>Admission Date</i> – <i>Birthdate</i>) ≤ 2 days, Length of Stay (<i>Discharge Date</i> - <i>Admission Date</i>) ≤ 120 days, NO <i>ICD-9-CM Principal Diagnosis Code</i> as defined in Appendix A, Table 11.10 and NO <i>ICD-9-CM Other Diagnosis Code</i> as defined in Appendix A, Table 11.20. "</p> <p>Change the definition for Newborns with Exclusive Breast Feeding from: "Patient Age at admission (<i>Admission Date</i> – <i>Birthdate</i>) < 2 days, Length of Stay (<i>Discharge Date</i> - <i>Admission Date</i>) ≤ 120 days and NO <i>ICD-9-CM Principal or Other Diagnosis Code</i> as defined in Appendix A, Table 11.22 are included in this sampling group and are eligible to be sampled"</p> <p>To: "Patient Age at admission (<i>Admission Date</i> – <i>Birthdate</i>) ≤ 2 days, Length of Stay (<i>Discharge Date</i> - <i>Admission Date</i>) ≤ 120 days, NO <i>ICD-9-CM Principal or Other</i></p>

			<p>Diagnosis Code as defined in Appendix A, Table 11.21 and NO ICD-9-CM-Principal or Other Procedure Code as defined in Appendix A, Table 11.22 are included in this sampling group and are eligible to be sampled. “</p> <p>Initial Patient Population Algorithm:</p> <p>Remove decision point and associated logic for the first <i>ICD-9-CM Other Diagnosis Code</i> check on table 11.10 from the logic.</p> <p>Change verbiage in the arrow flowing down from the second <i>ICD-9-CM Other Diagnosis Code</i> from “None on Table 11.20” to “All Missing or None on Table 11.20”</p> <p>Remove the text “or 11.22 “from all branches in the logic.</p> <p>Add a decision point and associated logic for <i>ICD-9-CM Principal or Other Procedure Codes</i> below the second <i>ICD-9-CM Principal Diagnosis Code</i> to check for procedure codes on Table 11.22.</p> <p>Change the Quarterly Sampling Example for the Mother’s Population from “A hospital’s Mother Population size is 347 during the second quarter. The required sample size is 20% of the patient population or 70 cases for the quarter (twenty percent of 347 equals 69.4 rounded up to the next highest whole number is 70).”</p> <p>To: “A hospital’s Mother Population size is 347 during the second quarter. The required sample size is 100 cases for the quarter. “</p> <p>Change the Monthly Sampling Example for the Mother’s Population from “A hospital’s Mother Population size is 56 patients during March. The required sample size would be 100% of the patient sampling group or all 56 cases for the month.”</p> <p>To: “A hospital’s Mother Population size is 56 patients during March. The required sample size would be 25 cases for the month.”</p> <p>Change the Monthly Sampling Example for the Newborns with Breast Feeding Population from “A hospital’s Newborns with Breast Feeding sampling group size is 254 newborns during September. The required sample size is 36 cases from the newborn sampling group for the month.”</p> <p>To: “A hospital’s Newborns with Breast Feeding sampling group size is 254 newborns during September. The required sample size is 37 cases from the newborn sampling group for the month.</p>
Missing and Invalid Data	Missing and Invalid Data	To add ICD-9-CM Principal and Other Procedure Codes to the list of the elements for which UTD is not an	<p>'Data Collection and the Unable to be Determined (UTD) Allowable Value' :</p> <p>Change The first sentence of the first bullet from <i>Admission Date, Birthdate, Discharge Date, Event Date, Event Type, ICD-9-CM Principal and Other Diagnosis</i></p>

		allowable value	<p><i>Codes, Psychiatric Care Setting, Psychiatric Inpatient Days-Medicare Only, Psychiatric Inpatient Days-Non-Medicare Only, Total Leave Days-Medicare Only, and Total Leave Days-Non-Medicare Only</i> do not have an “UTD” allowable value for transmission to The Joint Commission.</p> <p>To: <i>Admission Date, Birthdate, Discharge Date, Event Date, Event Type, ICD-9-CM Principal and Other Diagnosis Codes, ICD-9-CM Principal and Other Procedure Codes, Psychiatric Care Setting, Psychiatric Inpatient Days-Medicare Only, Psychiatric Inpatient Days-Non-Medicare Only, Total Leave Days-Medicare Only, and Total Leave Days-Non-Medicare Only</i> do not have an “UTD” allowable value for transmission to The Joint Commission.</p>
Sampling Section	PC-8 Examples	To correct examples from Specs Manual	<p>Change Quarterly Sampling Example the answer for Mother’s Population should be 100 not 20%.</p> <p>Change Monthly Sampling Example the answer for Mother’s Population should be 25 not 100%.</p> <p>Change Monthly Sampling Example the answer for Newborns with Breast Feeding should be 37 not 36.</p>
Appendix A	Table 11.07 Conditions Justifying Elective Delivery	ICD-9-CM code added	Add 658.21, Delayed delivery after spontaneous or unspecified rupture of membranes, delivered w/ or w/o mention of antepartum condition, PROLONG RUPT MEMB-DELIV
Appendix B	Table 10.0 Antipsychotic Medications	Medications added	Add Asenapine and Saphris