Release Notes for the 2013A Manual

Section	Rationale	Description
Admission Date	To align with NHQM.	**Change** under Allowable Values Year from: (2001 – Current Year) TO: (20xx) **Add** under the Notes for Abstraction to the end of the first bullet: If using claim information, the 'Statement Covers Period' is not synonymous with the 'Admission Date' and should not be used to abstract this data element. These are two distinctly different identifiers: • ○ The Admission Date (Form Locator 12) is purely the date the patient was admitted as an inpatient to the facility. ○ The Statement Covers Period ("From" and "Through" dates in Form Locator 6) identifies the span of service dates included in a particular claim. The "From" Date is the earliest date of service on the claim. **Add** under the Notes for Abstraction the following bullet: • For newborns that are born within this hospital, the admission date is the date the baby was born.
Admission to NICU	To clarify level of care required for admission to NICU.	**Change** Definition from: Documentation that the newborn was admitted to the Neonatal Intensive Care Unit (NICU) at this hospital any time during the hospitalization. TO: Documentation that the newborn was admitted to the Neonatal Intensive Care Unit (NICU) to receive critical care services at this hospital any time during the hospitalization.

		Change Suggested Data Collection Question from: Was the newborn admitted to the NICU at this hospital at any time during the hospitalization? TO: Was the newborn admitted to the NICU to receive critical care services at this hospital at any time during the hospitalization? **Change** Allowable Values from: Y (Yes) There is documentation that the newborn was admitted to the NICU at this hospital at any time during the hospitalization. N (No) There is no documentation that the newborn was admitted to the NICU at this hospital at any time during the hospitalization or unable to determine from medical record documentation. TO: Y (Yes) There is documentation that the newborn was admitted to the NICU to receive critical care services at this hospital at any time during the hospitalization. N (No) There is no documentation that the newborn was admitted to the NICU to receive critical care services at this hospital at any time during the hospitalization or unable to determine from medical record documentation. **Add** to the Notes for Abstraction: A NICU is defined as a hospital unit providing critical care services which is organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness. If the newborn is admitted to the NICU for observation or transitional care following a cesarean section, select allowable value “no” unless he or she is admitted to receive continuous life support and comprehensive care as an extremely high-risk newborn or with a diagnosis of

		a complex and critical illness.
Antenatal Steroids	Measure updated to reflect initiation of antenatal steroids rather than a full course.	**Change** the Numerator Statement from: Patients with a full course of antenatal steroids completed prior to delivering preterm newborns TO: Patients with antenatal steroid therapy initiated prior to delivering preterm newborns **Change** Numerator Included Populations from: Full course of antenatal steroids (refer to Appendix B, Table 11.0, antenatal steroid medications) TO: Antenatal steroid therapy initiated (refer to Appendix B, Table 11.0, antenatal steroid medications) **Change** Numerator Data Element from: • *Antenatal Steroid Administered* TO: • *Antenatal Steroid Therapy Initiated* **Change** Denominator Data Element from: • *Reason for Not Administering Antenatal Steroid* TO: • *Reason for Not Initiating Antenatal Steroid Therapy* **Change** to Algorithm: **Change** Algorithm Numerator Statement from: Patients with a full course of antenatal steroids completed prior to delivering preterm newborns TO: Patients with antenatal steroid therapy initiated prior to delivering preterm newborns

		Change Data Element Name from: *Antenatal Steroid Administered* TO: *Antenatal Steroid Therapy Initiated* **Change** Data Element Name from: *Reason For Not Administering Antenatal Steroid* TO: *Reason For Not Initiating Antenatal Steroid Therapy*
Antenatal Steroid Therapy Initiated	Data element updated to reflect initiation of antenatal steroid therapy instead of a full course of antenatal steroids.	**Change** Name from: Antenatal Steroid Administered TO: Antenatal Steroid Therapy Initiated **Change** Definition from: Documentation that a full course of antenatal steroids was administered before delivery. A full course of antenatal steroids consists of two doses of 12mg betamethasone IM 24 hours apart **OR** four doses of 6 mg dexamethasone IM every 12 hours. TO: Documentation that antenatal steroid therapy was initiated before delivery. Initial antenatal steroid therapy is 12mg bethamethasone IM or 6mg dexamethasone IM. **Change** Suggested Data Collection Question from: Is there documentation that a full course of antenatal steroids was administered before delivery? TO: Is there documentation that antenatal steroid therapy was initiated before delivery?

		Change Allowable Values from: Y (Yes) There is documentation that a full course of antenatal steroids was administered before delivery. N (No) There is no documentation that a full course of antenatal steroids was administered before delivery OR unable to determine from medical record documentation. TO: Y (Yes) There is documentation that antenatal steroid therapy was initiated before delivery. N (No) There is no documentation that antenatal steroid therapy was initiated before delivery OR unable to determine from medical record documentation. **Change** the Notes for Abstraction from: If a full course of antenatal steroids was administered prior to current hospitalization in another setting of care, i.e., doctor's office, clinic, birthing center, hospital before delivery, select allowable value "Yes". The names of the medications, dosage and timing must be documented in the medical record in order to select allowable value "yes". For betamethasone, select allowable value "yes" if the repeat dose was given within 4 hours before or after the 24 hour repeat period. For dexamethasone, select allowable value "yes" if the repeat doses were given within 2 hours before or after the 12 hour repeat period. TO: If there is documentation that antenatal steroid therapy was initiated prior to current hospitalization in another setting of care, i.e., doctor's office, clinic, birthing center, hospital before delivery, select allowable value "yes". If antenatal steroid therapy was initiated in the hospital, the name of the medication must be

		documented in the medical record in order to select allowable value "yes".
Birth Weight	To clarify documentation sources and data quality requirements.	**Change** the first bullet under the Notes for Abstraction from: • Birth weights less than 150 grams need to be verified that the baby was live born and for data quality purposes. Birth weights greater than 8165 grams need to be verified for data quality. TO: • Newborns with birth weights less than 150 grams need to be verified that the baby was live born and for data quality purposes. Birth weights greater than 8165 grams need to be verified for data quality. Abstractors should review all of the suggested data sources to verify the accuracy of the data. **Change** the last bullet under the Notes for Abstraction from: • In cases where there is conflicting data, use the document recording the birth weight closest to the time of delivery, e.g., the delivery record. TO: • The NICU admission assessment or notes should be reviewed first for the birth weight. In the absence of admission to the NICU, the delivery record or operating room record should be reviewed next for the birth weight. In cases where there is conflicting data, use the document recording the birth weight closest to the time of delivery. **Change** Suggested Data Sources from: • History and Physical • Nursing Notes • Nursery record • Delivery record • Physician progress notes TO:

		In Order of Priority: • NICU admission assessment or notes • Delivery record • Operating room record • History and physical • Nursing notes • Nursery record • Physician progress notes
Discharge Date	To align with NHQM.	**Change** under Allowable Values Year from: (2001 – Current Year) To: (20xx)
Discharge Disposition	To align with NHQM.	**Replace** data element *Discharge Status* with *Discharge Disposition*.
Elective Delivery	To update description for labor. To update additional types of prior uterine surgery.	**Change** under Numerator Included Populations the last bullet from: • Cesarean section as defined in Appendix A, Table 11.06 while not in *Active Labor* or experiencing *Spontaneous Rupture of Membranes* TO: • Cesarean section as defined in Appendix A, Table 11.06 while not in *Labor* or experiencing *Spontaneous Rupture of Membranes* **Change** Denominator Data Element from: • *Active Labor* TO: • *Labor* **Change** to Algorithm: **Change** Data Element Name from: *Active Labor* TO: *Labor*

		Change *Prior Uterine Surgery* Allowable Values from: 1, 2, 3 TO: Y, N
Event Date	To align with NHQM.	**Change** under Allowable Values Year from: (2001 - Current Year) TO: (20xx)
Exclusive Breast Milk Feeding	Rationale: To add alternative measure to include maternal choice to not breast feed. To align with NHQM. Logic for measures now derived from ICD-9-CM Principal Diagnosis Code.	**Add** alternative measure: PC-05a Exclusive Breast Milk Feeding Considering Mothers Choice **Add** PC-05a to Measure ID **Change** Description from: Exclusive breast milk feeding during the newborn's entire hospitalization TO: • PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization • PC-05a Exclusive breast milk feeding during the newborn’s entire hospitalization considering mother’s choice The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization, and a second rate, a subset of the first, which includes only those newborns that were exclusively fed breast milk during the entire hospitalization excluding those whose mothers chose not to breast feed. **Change** Numerator Statement from: Newborns that were fed breast milk only since birth TO: • PC-05 Newborns that were fed breast milk only since birth

		• PC-05a Newborns that were fed breast milk only since birth **Change** Denominator Statement from: Single term newborns discharged from the hospital TO: • PC-05 Single term newborns discharged alive from the hospital • PC-05a Single term newborns discharged alive from the hospital excluding those whose mothers chose not to breast feed **Change** under Denominator Excluded Populations the second bullet from: • *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21 TO: • *ICD-9-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21 **Change** under Denominator Excluded Populations the last bullet from: • *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for premature newborns as defined in Appendix A, Table 11.23 TO: • *ICD-9-CM Other Diagnosis Codes* for premature newborns as defined in Appendix A, Table 11.23 Under Denominator Data Elements: • **Remove** *Admission Type* and *Point of Origin for Admission or Visit* • **Replace** *Discharge Status* with *Discharge Disposition* **Change** to Algorithm:

		Remove *Admission Type* **Remove** *Point of Origin for Admission or Visit* **Replace** *Discharge Status* with *Discharge Disposition* **Change** *Reason For Not Exclusively Feeding Breast Milk* allowable values from: Y, N TO: 1, 2, 3 **Add** an alternative measure: PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice Numerator: Newborns that were fed breast milk only since birth Denominator: Single term newborns discharged alive from the hospital excluding those whose mothers chose not to breast feed • If Original Rate Category Assignment equals 'B,X,E', Set the Measure Category Assignment for measure PC-05a = Measure Category Assignment for measure PC-05 • If *Reason For Not Exclusively Feeding Breast Milk* equals '2', Set the Measure Category Assignment for measure PC-05a = 'B' • If *Reason For Not Exclusively Feeding Breast Milk* equals '3', Set the Measure Category Assignment for measure PC-05a = Measure Category Assignment for measure PC-05
Gestational Age	To clarify documentation requirements.	**Change** the last paragraph in the Notes for Abstraction from: • The clinician admission progress note may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).

		TO: • Documentation in the acceptable data sources may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).
Health Care-Associated Bloodstream Infections in Newborns	To align with NHQM. To update exclusions to the denominator population. Logic for measures now derived from ICD-9-CM Principal Diagnosis Code. Artifact removed from method of reporting data.	**Change** under Denominator Excluded Populations: Length of Stay < 2 days OR > 120 days TO: Length of Stay <2 days Under Denominator Data Elements: • **Remove** *Admission Type* and *Point of Origin for Admission or Visit* • **Replace** *Discharge Status* with *Discharge Disposition* **Remove** under Risk Adjustment data elements: • *Admission Type* • *Point of Origin for Admission or Visit* **Change** under Risk Adjustment Data Elements: • *Discharge Status* TO: • *Discharge Disposition* **Remove** under Data Reported As: Control chart and Target analysis will be performed as per 1,000 newborns.
Hispanic Ethnicity	The Joint Commission now requires *Race* and *Hispanic Ethnicity*.	**Add** *Hispanic Ethnicity* to both HBIPS and PC.

Hospital Based Inpatient Psychiatric Services	To clarify global sampling requirements for HBIPS.	Sample Size Requirements section **Add** new paragraph at the beginning of the section: **Note** For Joint Commission purposes, the HBIPS measure set is not included in the aligned Global Sampling methodology. All patients meeting the definition of the HBIPS Initial Patient Populations are eligible to be sampled, abstracted, and transmitted to the Joint Commission's Data Warehouse.
ICD-9-CM Other Procedure Dates	To align with NHQM.	**Change** under Allowable Values Year from: (2001 - Current Year) TO: (20xx)
ICD-9-CM Principal Procedure Date	To align with NHQM.	**Change** under Allowable Values Year from: (2001 - Current Year) TO: (20xx)
Labor	To simplify documentation requirements for labor.	**Change** Data Element Name from: Active Labor TO: Labor **Change** the Definition from: Documentation that the patient was in active labor or presented with regular uterine contractions with cervical change before medical induction and/or cesarean section. TO: Documentation by the clinician that the patient was in labor. **Change** Suggested Data Collection Question from: Is there documentation that the patient was in active labor or presented with regular uterine

		contractions with cervical change before medical induction and/or cesarean section? TO: Is there documentation by the clinician that the patient was in labor? **Change** the Allowable Values from: Y (Yes) There is documentation that the patient was in active labor or presented with regular uterine contractions with cervical change before medical induction and/or cesarean section. N (No) There is no documentation that the patient was in active labor or presented with regular uterine contractions with cervical change before medical induction and/or cesarean section OR unable to determine from medical record documentation. TO: Y (Yes) There is documentation by the clinician that the patient was in labor. N (No) There is no documentation by the clinician that the patient was in labor OR unable to determine from medical record documentation. **Change** the Notes for Abstraction from: If the patient presents without a previous cesarean section scar with regular uterine contractions with demonstrated cervical change, e.g., cervical dilation increased from 1cm to 2cm before eventual augmentation and/or cesarean section, select allowable value "Yes". If the patient presents with a previous cesarean section scar with regular uterine contractions with demonstrated cervical change, e.g., cervical dilation increases from 1cm to 2cm or a cervix dilated 2cm or more before repeat cesarean section, select allowable value "Yes". TO: A clinician is defined as a physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered

		nurse (RN). **Add** to the Guidelines for Abstraction Inclusion: • Active Labor • Spontaneous Labor **Add** to the Guidelines for Abstraction Exclusion: • Prodromal Labor
Parity	To clarify documentation requirements.	**Change** the last paragraph under the Notes for Abstraction from: • The clinician admission progress note may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN). TO: • Documentation in the acceptable data sources may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).
Patients discharged on multiple antipsychotic medications	To align with NHQM.	**Remove** the Denominator Data Element *Discharge Status* and **Replace** with *Discharge Disposition*. **Change** to algorithm: **Replace** the Data Element *Discharge Status* with *Discharge Disposition*
Patients discharged on multiple antipsychotic medications with appropriate justification	To align with NHQM.	**Remove** Denominator Data Element *Discharge Status* and **Replace** with *Discharge Disposition*. **Change** to algorithm: **Replace** Data Element *Discharge Status* with *Discharge Disposition*
Perinatal Care	BSI and Breast Feeding initial patient	**Change** Bullet Number 3 in **Newborns with BSI** narrative from: 3. ONE of the following:

	populations updated from testing results.	• ○ an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.12, 11.13, 11.13.1, 11.14 Or Birth Weight >= 500g and <= 1499g ○ an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.15, 11.16, 11.16.1, 11.17 Or Birth Weight >=1500g with ANY OF THE FOLLOWING: ▪ an *ICD-9-CM-Principal or Other Procedure Code* as defined in Appendix A, Tables 11.18 or 11.19 ▪ *Discharge Status* of 20 (expired) ▪ *Admission Type* of Elective, Emergency, Urgent, Trauma Center or Information not available; AND *Point of Origin for Admission or Visit* from Clinic, Transfer From a Hospital (Different Facility)or another Health Care Facility. ○ *Birthweight* Missing or Unable To Determine (UTD). TO: 3. **ONE** of the following: • ○ an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.12, 11.13, 11.13.1, 11.14 Or *Birth Weight* >= 500g and <= 1499g ○ an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.15, 11.16, 11.16.1, 11.17 Or *Birth Weight* >=1500g with **ANY** OF THE FOLLOWING: ▪ an *ICD-9-CM-Principal* or *Other Procedure Code* as defined in Appendix A, Tables 11.18 or 11.19 ▪ *Discharge Disposition* of 6 (expired) or a Missing *Discharge Disposition* ▪ **NO** *ICD-9-CM Principal Diagnosis Code* as defined in Appendix A, Table 11.10.3 ○ *Birth Weight* Missing or Unable To

		Determine (UTD). BSI inclusion population definition and Population flow (PC-04) as follows: - **Remove** *Length of Stay* < 120 days check. This also removed the usage of *Discharge Date* from identifying the Initial Patient Population. - **Replace** *Discharge Status* with *Discharge Disposition* - **Replace** *Admission Type* and *Point of Origin for Admission or Visit* with *ICD-9-CM Principal Diagnosis Code* not on table 11.10.3. **Change** narrative on **Newborns with Breast Feeding** from: **Newborns with Breast Feeding** - Patient Age at admission (*Admission Date – Birthdate*) ≤ 2 days, Length of Stay (*Discharge Date - Admission Date*) ≤ 120 days, an *ICD-9-CM Principal* as defined in Appendix A, Table 11.20.1, **NO** *ICD-9-CM Principal Diagnosis Code* as defined in Appendix A, Table 11.21, **NO** *ICD-9-CM-Principal* or *Other Procedure Code* as defined in Appendix A, Table 11.22 and **NO** *ICD-9-CM Principal Diagnosis Code* as defined in Appendix A, Table 11.23 are included in this subpopulation and are eligible to be sampled. TO: **Newborns with Breast Feeding** - Patient Age at admission (*Admission Date – Birthdate*) ≤ 2 days, Length of Stay (*Discharge Date - Admission Date*) ≤ 120 days, an *ICD-9-CM Principal* as defined in Appendix A, Table 11.20.1, **NO** *ICD-9-CM Other Diagnosis Codes* as defined in Appendix A, Table 11.21, **NO** *ICD-9-CM-Principal* or *Other Procedure Code* as defined in Appendix A, Table 11.22 and **NO** *ICD-9-CM Other Diagnosis Codes* as defined in Appendix A, Table 11.23 are included in this subpopulation and are eligible to be sampled. **Update** Breast Feeding inclusion population definition and Population flow (PC-05) as follows: - **Move** *Length of Stay* < 120 days check to logic specifically for Breast Feeding.

		- **Remove** *ICD-9-CM Other Diagnosis Code* from check for table 11.20.1. - **Remove** *ICD-9-CM Principal Diagnosis Code* from checks for both tables 11.21 and 11.23.
Post discharge continuing care plan created	To align with NHQM.	**Remove** the Denominator Data Element *Discharge Status* and **Replace** with *Discharge Disposition*. **Change** to algorithm: **Replace** the Data Element *Discharge Status* with *Discharge Disposition*
Post discharge continuing care plan transmitted to next level of care provider upon discharge	To align with NHQM.	**Remove** the Denominator Data Element *Discharge Status* and **Replace** with *Discharge Disposition*. **Change** to algorithm: **Replace** the Data Element *Discharge Status* with *Discharge Disposition*
Prior Uterine Surgery	To updates additional types of prior uterine surgery	**Change** Definition from: Documentation that the patient experienced prior uterine surgery, i.e., classical cesarean section, myomectomy. TO: Documentation that the patient had undergone prior uterine surgery. **Change** Suggested Data Collection Question from: Is there documentation that the patient experienced prior uterine surgery, i.e., classical cesarean section, myomectomy? TO: Is there documentation that the patient had undergone prior uterine surgery? **Change** Allowable Values from:

		1 The medical record contains documentation that the patient experienced a prior classical cesarean section. 2 The medical record contains documentation that the patient experienced a prior myomectomy. 3 The medical record does not contain documentation that the patient experienced a prior classical cesarean section or prior myomectomy OR unable to determine from medical record documentation. TO: Y (Yes) The medical record contains documentation that the patient had undergone prior uterine surgery. N (No) The medical record does not contain documentation that the patient had undergone a prior uterine surgery OR unable to determine from medical record documentation **Remove** from the Notes for Abstraction: The **only** prior uterine surgeries considered for the purposes of the measure are classical cesarean section and myomectomy. **Add** to the Guidelines for Abstraction Inclusion: The **only** prior uterine surgeries considered for the purposes of the measure are: • Prior classical cesarean section • Prior myomectomy • Prior uterine surgery resulting in a perforation of the uterus • History of a uterine window noted during prior uterine surgery • History of uterine rupture requiring surgical repair
Race	The Joint Commission now requires *Race* and *Hispanic Ethnicity*.	**Add** *Race* to both HBIPS and PC.

Reason for Not Exclusively Feeding Breast Milk	To add maternal choice to not breast feed.	**Change** first paragraph of Defintion from: Reasons for not exclusively feeding breast milk during the entire hospitalization are clearly documented in the medical record. These reasons are due to a maternal medical condition for which feeding breast milk should be avoided. TO: Reasons for not exclusively feeding breast milk during the entire hospitalization are clearly documented in the medical record. These reasons are due to a maternal medical condition with which feeding breast milk should be avoided or due to mother's choice to not breast feed. **Change** Allowable Values from: Y (Yes) There is documentation by physician/APN /PA/CNM/lactation consultant of a reason for not exclusively feeding breast milk during the entire hospitalization due to a maternal medical condition where breast milk feeding should be avoided. N (No) There is no documentation by physician/APN/PA/CNM/lactation consultant of a reason for not exclusively feeding breast milk during the entire hospitalization due to a maternal medical condition for which breast milk feeding should be avoided OR unable to determine from medical record documentation. TO: 1.) There is documentation by physician/advanced practice nurse(APN)/physician assistant (PA)/certified nurse midwife (CNM) /lactation consultant of a reason for not exclusively feeding breast milk during the entire hospitalization due to a maternal medical condition with which breast milk feeding should be avoided. 2.) There is documentation that the newborn's mother chose not to breast feed. 3.) There is no documentation by physician/APN /PA/CNM/lactation consultant of a reason for not exclusively feeding breast milk during the entire hospitalization due to a maternal medical condition with which breast milk feeding should

		be avoided or newborn's mother's choice to not breast feed OR unable to determine from medical record documentation. **Change** the Notes for Abstraction from: The mother's refusal to feed the newborn breast milk **does not** constitute a reason for not exclusively feeding breast milk. When determining whether there is a reason documented by a physician/APN/PA/CNM or lactation consultant for not exclusively feeding breast milk, reasons must be explicitly documented (e.g., "mother is HIV positive - infant will not be breast fed") or clearly implied (e.g., "mother is currently abusing alcohol - infant will be fed formula"). If reasons are not mentioned in the context of infant feeding, do not make inferences (e.g., do not assume that the infant is not receiving breast milk because of the medications the mother is currently taking). TO: When determining whether there is a reason due to a medical maternal condition documented by a physician/APN/PA/CNM or lactation consultant for not exclusively feeding breast milk, reasons must be explicitly documented (e.g., "mother is HIV positive - newborn will not be breast fed") or clearly implied (e.g., "mother is currently abusing alcohol - newborn will be fed formula"). If reasons are not mentioned in the context of newborn feeding, do not make inferences (e.g., Do not assume that the newborn is not receiving breast milk because of the medications the mother is currently taking). A mother’s choice to not breast feed must be clearly documented in the newborn’s medical record in the context of the newborn feeding method in order to select allowable value “2”. Do not assume that the newborn was not exclusively fed breast milk due to maternal choice in the absence of such documentation. **Add** to the Suggested Data Sources: • Clinician progress notes

Reason for Not Initiating Antenatal Steroid Therapy	To reflect reasons for not initiating antenatal steroid therapy instead of a full course.	**Change** the Name from: Reason for Not Administering Antenatal Steroid TO: Reason for Not Initiating Antenatal Steroid Therapy **Change** Definition from: Reasons for not administering a full course of antenatal steroids before delivery are clearly documented in the medical record. Reasons for not administering a full course of antenatal steroids may include fetal distress, imminent delivery or other reasons documented by physician/APN/PA/CNM. 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. TO: Reasons for not initiating antenatal steroid therapy before delivery are clearly documented in the medical record. Reasons for not initiating antenatal steroid therapy may include fetal distress, imminent delivery or other reasons documented by physician/advanced practice nurse (APN)/physician's assistant (PA)/certified nurse midwife (CNM). Initial antenatal steroid therapy is 12mg bethamethasone IM or 6mg dexamethasone IM. **Change** Suggested Data Collection Question from: Was there documentation of reasons for not administering a full course of antenatal steroids before delivery? TO: Is there documentation in the medical record of reasons for not initiating antenatal steroid therapy before delivery? **Change** Allowable values from:

		Y (Yes) There is documentation by physician/APN /PA/CNM that the patient has one or more reasons for not administering a full course of antenatal steroids before delivery. N (No) There is no documentation by physician/APN/PA/CNM of a reason for not administering a full course of antenatal steroids before delivery or unable to determine from medical record documentation. TO: Y (Yes) There is documentation by physician/APN /PA/CNM that the patient has one or more reasons for not initiating antenatal steroid therapy before delivery. N (No) There is no documentation by physician/APN/PA/CNM of a reason for not initiating antenatal steroid therapy before delivery or unable to determine from medical record documentation. **Change** the Notes for Abstraction from: When determining whether there is a reason documented by a physician/APN/PA or CNM for not administering the full course of antenatal steroids, reasons must be explicitly documented (e.g., "patient had an adverse reaction to the medication - unable to complete full course of antenatal steroids") or clearly implied (i.e., there is documentation the delivery occurred before the repeat dose of steroids could be given, there is documentation the fetus has anomalies which are not compatible with life). If reasons are not mentioned in the context of antenatal steroid administration, do not make inferences (e.g., Do not assume that the patient did not receive the full course of antenatal steroids because the patient was in active labor upon arrival to the unit.) TO: When determining whether there is a reason documented by a physician/APN/PA or CNM for not initiating antenatal steroid therapy, reasons must be explicitly documented (e.g., "patient had an adverse reaction to the medication in the past -

		unable to initiate antenatal steroid therapy") or clearly implied (i.e., there is documentation the delivery occurred before antenatal steroid therapy could be initiated, there is documentation the fetus has anomalies which are not compatible with life, there is documentation that the patient has chorioamnionitis). If reasons are not mentioned in the context of antenatal steroid administration, do not make inferences.
a. Table of Contents		Updated to Version 2013A manual: Updated release notes PDF and PC/HBIPS Manual PDFs.
a3. Using the The Joint Commission's National Measure Specifications Manual	The Discharge Status Table has been removed from Appendix E.	Under "Appendix E – Miscellaneous Tables" section **Remove**: For example, the Discharge Status Inclusion Table is used to supplement abstraction guidelines for HBIPS 7 (Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider upon Discharge).
b. Introduction to the Data Dictionary	The Joint Commission now requires *Race* and *Hispanic Ethnicity*. To align with the NHQM.	Under the "Introduction" section, in the list of "general" data elements. **Add** *Race* and *Hispanic Ethnicity* Under the "Introduction" section, in the last paragraph **Change** From: *Discharge Status* (PC-04, PC-05, HBIPS Discharge Measures only): TO: *Discharge Disposition* (PC-04, PC-05, HBIPS-4, HBIPS-5, HBIPS-6, HBIPS-7) **Remove** *Admission Type* (PC-04, PC-05 only) *Point Of Origin for Admission or Visit* (PC-04, PC-05 only)
d. Missing and Invalid Data	To align with NHQM.	Missing and Invalid Episode of Care (EOC) and Event Data section **Change** second sentence of the first paragraph

		From: Refer to the Edit Feedback Messages documents located on the Upload/Download page in the HCD section on PET for Joint Commission, for a complete listing of all critical and informational edits. TO: Refer to the Edit Messages documents located on the Upload/Download page in the HCD section on PET for Joint Commission, for a complete listing of all critical and informational edits. **Remove** the third bullet: • The following Measure-specific elements that are missing data cause the EOC record to be rejected if elements is used in the Measure set Initial Population or an algorithm flow: Discharge Status, Point of Origin for Admission or Visit and Admission Type.
g1. Transmission of Data	The Joint Commission now requires *Race* and *Hispanic Ethnicity*. The Joint Commission now allows the optional submission of the CMS NPI. To align with NHQM. To align these documents with changes in this manual's Data Dictionary and to align with changes in the NHQM.	Update "Data Elements Not Accepted by The Joint Commission" **Remove** *Race* and *Hispanic Ethnicity* **Remove** *National Provider Identifier* (NPI) **Update** Joint Commission Guidelines for Submission of Data Overview **Change** 1st paragraph From: The below guidelines are for the submission of Hospital Clinical Data and Hospital Initial Patient Population Data to The Joint Commission. Additionally, for the Joint Commission's Hospital Clinical Data Edit and Algorithm Error Messages, please refer to the Joint Commission's extranet for measurement systems (PET). TO: The below guidelines are for the submission of Hospital Clinical Data and Hospital Initial Patient Population Data to The Joint Commission. Additionally, for the Joint Commission's Hospital Clinical Data Edit and Algorithm Error Feedback Messages, please refer to the Joint Commission's extranet for measurement systems (PET).

		Add 3 bullets below 1st paragraph: * Error Messages provide feedback regarding submitted data, file structure and data integrity that either cause the case to be rejected from the warehouse (Critical) or ask for further verification (Informational). Cases with any critical error messages will not be processed or stored in the warehouse. For cases to be accepted into the warehouse all critical errors must be corrected and the case resubmitted. Informational errors are feedback that warn of potential issues and ask for verification. Cases that receive no error messages or that receive informational messages only will be processed as per the measure algorithm. * Missing Messages are critical edits that will cause the case to be rejected from the warehouse due to missing data, as per the measure algorithms, resulting in a measure outcome of “X” (Data are Missing). * Measure Messages provide feedback related to the outcome of the case, as per the measure algorithm, resulting in any other measure outcome, i.e., “B” (Not in Measure Population/Excluded), “D” (In Measure Population/Failed), “E” (In Numerator Population/Passed), or “Y” (Unable to Determine Allowable Value Does Not Allow Calculation of the Measure/UTD). **Update** Joint Commission Guidelines for Submission of Hospital Clinical Data **Change** 1st sentence of Minimum Data Requirements From: Prior to processing measure outcomes all data will be verified according to the rules in the data transmission section and the edits documents. TO: Prior to processing measure outcomes all data will be verified according to the rules in the data transmission section and the Edit and Algorithm Error Feedback Messages documents. **Update** Patient-Level Clinical Data XML File Layout

		Change Provider XML tag From: Provider ID TO: CMS Certification Number **Change** Provider XML tag From: NPI - National Provider Identifier as assigned by CMS, and not allowed for The Joint Commission. TO: NPI -National Provider Identifier as assigned by CMS, and is optional for The Joint Commission. **Update** Hospital Initial Patient Population Data XML File Layout **Change** Provider Data XML tag From: NPI - National Provider Identifier as assigned by CMS, and not allowed for The Joint Commission. TO: NPI -National Provider Identifier as assigned by CMS, and is optional for The Joint Commission. **Update** Hospital Clinical Data XML File Layout **and** Initial Patient Population XML File Layout The additions and changes to the Hospital Initial Patient Population and Clinical Data XML File Layouts are yellow highlighted in the cells that have a change in them and the actual changes are bolded.
g3. Transmission Data Processing Flow: Clinical	To align with NHQM.	**Remove** the last sentence in Step 8 under Transmission Data Processing Flow for The Joint Commission section: However, 3 data elements listed in the *Measure Set* specific data elements, *Discharge Status*, *Point of Origin for Admission or Visit* and *Admission Type* are evaluated for missing and would be rejected if missing.

z. Appendix A - ICD-9-CM Code Tables	To update code tables.	**Remove** ICD-9-CM diagnosis codes 644.20, 651.00, 651.10, 651.20, 651.30, 651.40, 651.50, 651.60, 651.80, 651.90, 652.20, 652.30, 652.40, 652.60, 654.20, 656.40, 660.50, 662.30, 669.60 from Table 11.09 **Remove** ICD-9-CM diagnosis code 038.9 from Table 11.10.2 **Remove** ICD-9-CM diagnosis codes V30.1 and V30.2 from Table 11.20.1
z. Appendix E - Miscellaneous Tables	Table no longer required since *Discharge Status* has been replaced with *Discharge Disposition*.	**Remove** Table 2.5 **Discharge Status**
z. Appendix F - Resources	NUBC data elements have been removed from the manual.	**Remove** the last paragraph: **National Uniform Billing Committee (NUBC)** For further information regarding the UB-04 and NUBC related data elements, please refer to the NUBC manual, “Official UB-04 Data Specifications Manual © Copyright American Hospital Association” or website at http://www.nubc.org/index.html .