# Release Notes for the v2016B Manual

## Measure Information Forms

| Section | Rationale | Description |
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| CSTK-01 | Denominator population includes all ischemic stroke patients (i.e., those who arrive at the hospital emergency department as well as those transferred in/direct admissions to the hospital). Denominator statement changed to make this clarification. | **Change** Denominator Statement to: Ischemic stroke patients. |
| CSTK-06 | Modified and reference added to note abbreviated course of nimodipine < 21 days based on NQF comments from American Association Neurosurgeons (AANS). | Rationale:<br><br>**Remove** second paragraph:<br><br>The main goal of current treatment is to prevent or limit the severity of cerebral vasospasm. Only two treatments are generally accepted as proven and valuable for the prevention of ischemic stroke and reduction of ischemic complications: Treatment with cerebroselective calcium channel blocker nimodipine (60mg po q4h for 21 days after hemorrhage or after hospital discharge if discharged within 21 days); Aggressive hypervolemic, hypertensive, hemodilution therapy (i.e., triple-H therapy) with pressor agents and volume expansion (colloids) while monitoring the central venous pressure (CVP) or pulmonary capillary wedge pressure (PCWP), following early clipping of the aneurysm.<br><br>Selected References:<br><br>**Add** Toyota BD. The efficacy of an abbreviated course of nimodipine in patients with good grade aneurysmal subarachnoid hemorrhage. JNeurosurg. 1999;90(2):203-206. |
| CSTK-09 | New measure added. | |
| PC-01 | To remove redundancy in the algorithm | **Algorithm Change:**<br><br>• The value of "All Missing" for *ICD-10-PCS Principal or Other Procedure Codes* is removed due to redundancy. |

| PC-02 | To remove redundancy in the algorithm | **Algorithm Change:**<br><br>• The value of "All Missing" for *ICD-10-PCS Principal or Other Procedure Codes* is removed due to redundancy. |
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| STK-1 | Remove dead-end logic on page 2. | Algorithm:<br><br>**Remove** decision box of 'VTE Prophylaxis' and 'Reason for No VTE Prophylaxis - Hospital Admission' after the second decision box of 'VTE Prophylaxis' |
| STK-4 | The American Heart Association/American Stroke Association updated the inclusion and exclusion criteria for alteplase. | Rationale:<br><br>**Remove** first paragraph sentence "While controversy still exists among some specialists, the major society practice guidelines developed in the United States all recommend the use of IV t-PA for eligible patients."<br><br>**Add** new paragraph: Although the benefit of t-PA has been well established, only a minority of patients with acute ischemic stroke actually receive this medication across the United States. Recent recommendations from the American Heart Association/American Stroke Association and FDA remove or make less specific many previous contraindications and warnings for therapy.<br><br>References:<br><br>**Add**: Demaerschalk BM, Kleindorfer DO, Adeoye OM, Demchuk AM, et. al., on behalf of the American Heart Association Stroke Council and Council on Epidemiology and Prevention. "Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Alteplase in Acute Ischemic Stroke: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association." [In eng]. Stroke, no. 47 (Feb 2016): 581-641. |

## Data Elements

| Section | Rationale | Description |
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| Delayed Endovascular Rescue Procedure | New data element added for CSTK-09 measure. | |
| IA t-PA or MER Initiation Time | Notes for abstraction were modified to remove the term "first pass" from the data element definition. | Notes for Abstraction<br><br>**REMOVE** Third, fourth, and fifth bullets:<br>• The "infusion time" or "start time" of the IA thrombolytic infusion is the IA t-PA initiation time.<br>• The first pass (i.e., deployment) of a mechanical reperfusion device to remove a clot |

| | | occluding a cerebral artery is the MER initiation time. For purposes of this data element, "pass" means mechanical deployment of a clot retrieval device.<br>• **Do not use the procedure start time or groin puncture time for this data element.** |
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| ICD-10-CM Other Diagnosis Codes | Updating CMS link to current year. | **Changed** Allowable Values to:<br><br>Any valid diagnosis code as per the CMS ICD-10-CM master code table (2017 Code Descriptions in Tabular Order): https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html |
| ICD-10-CM Principal Diagnosis Code | Updating CMS link to current year. | **Changed** Allowable Values to:<br><br>Any valid diagnosis code as per the CMS ICD-10-CM master code table (2017 Code Descriptions in Tabular Order): https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html |
| ICD-10-PCS Other Procedure Codes | Updating CMS link to current year. | **Changed** Allowable Values to:<br><br>Any valid procedure code as per the CMS ICD-10-PCS master code table (2017 PCS Long and Abbreviated Titles): https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-PCS-and-GEMs.html |
| ICD-10-PCS Principal Procedure Code | Updating CMS link to current year. | **Changed** Allowable Values to:<br><br>Any valid procedure code as per the CMS ICD-10-PCS master code table (2017 PCS Long and Abbreviated Titles): https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-PCS-and-GEMs.html |
| Number of Previous Live Births | The previous specifications only allowed for documentation of the Number of Previous Live Births. This has created an undue burden of data abstraction for hospitals that are unable to retrieve Vital Records reports for this data. The PC Technical Advisory Panel recommended the use of parity interchangeably, since it is still extremely rare for a | **Change** the first paragraph under the notes for abstraction from:<br><br>Parity may be used for the number of previous deliveries resulting in a live birth if zero is documented. For any number greater than zero, parity may ONLY be used provided there is additional documentation indicating the same number of live births experienced prior to this hospitalization. If the number for parity documented in the EHR is "one" and includes the delivery for the current hospitalization, abstract zero for previous live births.<br><br>To:<br><br>Parity may be used in the absence of documentation of the number of previous live births. If the number for parity documented in the EHR is "one" and includes the delivery for the current hospitalization, abstract zero for previous live births.<br><br>**Change** the eighth paragraph under the notes for abstraction from:<br><br>GTPAL documentation alone does not indicate previous live births. Previous live births may be abstracted from an acceptable data source by adding the number of all previous Term plus |

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| | first birth to result in a stillbirth. | Preterm deliveries minus the Stillbirths and the current delivery.<br><br>To:<br><br>GTPAL documentation may be used in the absence of documentation of the number of previous live births. When GTPAL terminology is documented G= Gravida, T= Term, P= Preterm, A= Abortions and L= Living, all previous term and preterm deliveries prior to this hospitalization should be added together to determine the number of previous live births.<br><br>**Change** under the guidelines for abstraction inclusion from:<br><br>None<br><br>To:<br><br>The following descriptor must precede the number when determining parity:<br>• Parity<br>• P<br>Examples: parity=2 or g3p2a1<br><br>**Change** under the guidelines for abstraction exclusion from:<br><br>None<br><br>To:<br><br>A string of three or more numbers without the alpha designation of "p" preceding the second number can not be used to determine parity. Example: 321 When GTPAL terminology is documented, G= Gravida, T= Term, P= Preterm, A= Abortions, L= Living, P does not equal parity. |
| Outpatient Encounter Date | Definition updated to align with the current definition in Hospital Outpatient Manual, Version 8.0. | Notes for Abstraction:<br><br>**Add** second sentence to third bullet: If the patient had preoperative laboratory or other screening tests performed prior to the date of surgery, use the date the patient arrived for surgery.<br><br>Suggested Data Sources:<br><br>**Add** Emergency Department record |
| Positive Brain Image | Notes for abstraction modified to provide abstractor clarification regarding old versus acute hemorrhages. | Notes for Abstraction:<br><br>**Add** New fourth bullet:<br>• Documentation that the hemorrhage is "old", select 'NO'. **Do not infer that a hemorrhage is old unless explicitly documented.** |

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| Post-Discharge Evaluation Conducted Within 72 Hours | Two bullets added to Notes for Abstraction to provide clarification for abstracting allowable value "Yes." | Notes for Abstraction:<br><br>**Add** the following bullets:<br>• Documentation that there was phone contact made with the patient/caregiver but the post-discharge evaluation could not be conducted, select "Yes."<br> EXAMPLES<br> ○ Patient/caregiver refuse to cooperate with evaluation.<br> ○ Patient unable to participate in evaluation.<br>• Documentation that the patient presents to the ED or is readmitted within 72 hours, select "Yes." |
| Prior Uterine Surgery | This condition was added as an inclusion based on recommendations from the PC Technical Advisory Panel. | **Add** under the guidelines for abstraction inclusion:<br>• History of metroplasty and/or prior removal of vestigial horn with entry into the uterine cavity |
| Reason for Not Initiating IV Thrombolytic | The American Heart Association/American Stroke Association updated the criteria for the use of intravenous alteplase in acute ischemic stroke patients. | Notes for Abstraction<br><br>**Remove** under fourth bullet, sub-bullet under 'Acceptable examples':<br>• "Frail 95 year old – will not give thrombolytics due to age"<br><br>**Add** under fourth bullet, new sub-bullets under 'Unacceptable examples':<br>• "Age"<br>• "Stroke too mild"<br>• "Stroke too severe" |
| Skin Puncture Date | New data element added for CSTK-09 measure. | |
| Skin Puncture Time | New data element added for CSTK-09 measure. | |
| Skin Puncture | New data element added for CSTK-09 measure. | |
| Term Newborn | Additional guidance was added when more than one gestational age is documented. | **Add** under the notes for abstraction:<br><br>In cases where there are two different values documented for gestational age and one is determined by examination and the other is determined by the best obstetrical estimate (OE) based on dates, abstract the value determined by dates. |

## Supplemental Materials

| Section | Rationale | Description |
|---|---|---|
| Appendix A - ICD-10 Code Tables | Table 11.09 was updated to remove codes in two code ranges that contain many more conditions than should be excluded. | **Remove** the following codes from Table 11.09:<br><br>O328XX0 Maternal care for other malpresentation of fetus, not applicable or unspecified<br>O328XX1 Maternal care for other malpresentation of fetus, fetus 1<br>O328XX2 Maternal care for other malpresentation of fetus, fetus 2<br>O328XX3 Maternal care for other malpresentation of fetus, fetus 3<br>O328XX4 Maternal care for other malpresentation of fetus, fetus 4<br>O328XX5 Maternal care for other malpresentation of fetus, fetus 5<br>O328XX9 Maternal care for other malpresentation of fetus, other fetus<br><br>O648XX0 Obstructed labor due to other malposition and malpresentation, not applicable or unspecified<br>O648XX1 Obstructed labor due to other malposition and malpresentation, fetus 1<br>O648XX2 Obstructed labor due to other malposition and malpresentation, fetus 2<br>O648XX3 Obstructed labor due to other malposition and malpresentation, fetus 3<br>O648XX4 Obstructed labor due to other malposition and malpresentation, fetus 4<br>O648XX5 Obstructed labor due to other malposition and malpresentation, fetus 5<br>O648XX9 Obstructed labor due to other malposition and malpresentation, other fetus |
| Appendix C - Medication Tables | Table 10.0 was updated to include new antipsychotic medications.<br><br>Table 8.1 was updated to remove some statins medications. | **Add** the following medication to Table 10.0:<br>• Aristada Injectable-Long Acting (Aripiprazole Lauroxil)<br><br>**Remove** the following medications from Table 8.1:<br>• Advicor<br>• Lovastatin/niacin<br>• Simcor<br>• Simvastatin/niacin |
| Transmission of Data | The Comprehensive Stroke (CSTK) measure set has been added to the manual. | **Changed** the following files to include Comprehensive Stroke (CSTK) measures and data element information:<br><br>23a_Hospital_Clinical_Data_XML_File_Layout.xls<br><br>23b_Hospital_ICD_Population__XML_File_Layout.xls<br><br>TJC_Allowable_Measure_Sets_Combinations.xlsx |

# General Release Notes

| Rationale | Description |
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| Addition of Comprehensive Stroke measure set to the manual. | Comprehensive Stroke (CSTK) measure set, MIFs (1-9) and associated data elements are being added to the manual. |