Release Notes for the 2020A Manual

Measure Information Forms

Section	Rationale	Description
ACHF-01	Updated to match current heart failure guidelines and American Heart Association (AHA) Get With The Guidelines (GWTG). Data element *LVSD < 40%* replaced by new data element *LVSD*.	Data Element Name **Change** from: *LVSD < 40%* **To**: *LVSD* Algorithm: *LVSD* **Change** from: Y **To**: 1, 2 or 4 **Change** from: N **To**: 3 or 5
ACHFOP-01	Updated to match current heart failure guidelines and American Heart Association (AHA) Get With The Guidelines (GWTG). Data element *LVSD < 40%* replaced by new data element *LVSD*.	Data Element Name **Change** from: *LVSD < 40%* **To**: *LVSD* Algorithm: *LVSD* **Change** from: Y **To**: 1, 2 or 4 **Change** from: N **To**: 3 or 5
ACHFOP-02	Updated to match current heart failure guidelines and American Heart Association (AHA) Get With The Guidelines (GWTG). Data element *LVSD < 40%* replaced by new data element *LVSD*.	Data Element Name **Change** from: *LVSD < 40%* **To**: *LVSD* Algorithm: *LVSD* **Change** from: Y **To**: 1, 2 or 4 **Change** from: N **To**: 3 or 5
ACHFOP-03	Updated to match current heart failure guidelines, updating EF of ≤35% and added NYHA Class. Replaced data element *LVSD < 40%* with _LVSD_and updated algorithm to reflect allowable values	Data Element Name **Change** from: *LVSD < 40%* **To**: *LVSD* **These sections were significantly updated, please review each section:** • Performance Measure Name • Description • Numerator Statement • Denominator Statement • Included Populations Algorithm: *LVSD* **Change** from: Y **To**: 1 or 4 **Change** from: N **To**: 2, 3 or 5

		New York Heart Association (NYHA) Classification **Change** from: Y **To**: 3 or 4 **Change** from: N **To**: 1, 2 or 5 then 5(UTD) branches to 'D' rather than 'B'.
ACHFOP-04	Allowable values for *New York Heart Association (NYHA) Classification* changed from Y,N to 1-5.	*New York Heart Association (NYHA) Classification* **Change** from: Y **To**: 1, 2, 3 or 4 **Change** from: N **To**: 5
CSTK-01	The measure information was updated to decrease redundancy and abstractor burden.	Denominator Data Elements **Remove**: • Direct Admission • ED Patient Algorithm **Remove**: • "Direct Admission" and "ED Patient" Decision Box and all exits • Missing exit form Decision Box "Timing I"
CSTK-03	The measure information was updated to decrease redundancy and abstractor burden.	Denominator Data Elements **Remove**: • Direct Admission • ED Patient Algorithm **Remove**: • "Direct Admission" and "ED Patient" Decision Box and all exits • Missing exit from Decision Box "Timing I"
CSTK-04	Populations included in the denominator were updated to link Appendix A, Table 8.2c with *Admitting Diagnosis*.	Denominator Included Populations **Change** to: • Discharges with *ICD-10-CM Principal Diagnosis Code* for hemorrhagic stroke as defined in Appendix A, Table 8.2b for ICD-10 codes, **AND** • Patients who have an *Admitting Diagnosis* of primary parenchymal ICH as defined in Appendix A, Table 8.2c for ICD-10 codes, **AND** • INR >1.4 performed closest to hospital arrival
CSTK-08	Data elements collected for risk adjustment were updated to harmonize wit AHA GWTG Coding Instructions.	Risk Adj. Data Elements **Remove** *Proximal or Distal Occlusion*
PC-06	To clarify the numerator statement for each sub-measure, and clarify measure calculation.	Numerator Statement **Change** From: Newborns with severe complications and moderate complications.

		To PC-06.0 Newborns with severe complications and moderate complications. PC-06.1 Newborns with severe complications. PC-06.2 Newborns with moderate complications. Data Reported As: **Add** **Note:** Final Denominator = Number of patients with Severe Complications + Number of patients with Moderate Complications + Number of patients not in the Numerator. Rate Calculation: PC-06.0: Overall rate = (Number of patients with Severe Complications + Number of patients with Moderate Complications / Final Denominator) * 1000 PC-06.1: Severe rate = (Number of patients with Severe Complications / Final Denominator) * 1000 PC-06.2: Moderate rate = (Number of patients with Moderate Complications / Final Denominator) * 1000
STK-OP-1	Change Algorithm Check box name.	**Change** from: LVO **To**: Suspected LVO
THKR-OP-3	Updated measure to include bilateral hip and knee patients in this measure, as patients undergoing surgery in the outpatient setting should return to their preoperative setting.	Denominator Included Populations **Add** Table 14.03b(Bilateral Hip Replacements-OP), and Table 14.04b (Bilateral Knee Replacements-OP) Denominator Exclusion Populations **Remove** Table 14.01b (Concurrent Total Hip Replacements-OP) and Table 14.02b (Total Knee Replacements-OP) Algorithm **Remove** "B" exit from CPT diamond **Change** The condition between the CPT diamond and ICD diamond

Data Elements

Section	Rationale	Description
Alcohol Use Status	Notes for abstraction updated to provide abstraction clarification related to the intubated patient and cognitive impairment	Notes for Abstraction, 10th bullet, sub-bullet: Intubation **Add**: and patient is intubated through the end of Day 1
Aldosterone Receptor Antagonist Prescribed in the Outpatient Setting	Updated to align with current heart failure guidelines.	**Removed LVSD <40% and added LVSD ≤35% and NYHA Class III-IV to the following sections**: • Data Element Name • Definition • Question

		• Allowable Values • Notes for Abstraction Inclusion section **Add**: • Aldactone • Aldactazide (Hydrochlorothiazide + Spironolactone) • Inspra
Arrival Date	The data element was updated to provide clarification for abstractors.	Exclusion Guidelines for Abstraction **Add** • Pre-arrival Orders
Arrival Time	The data element was updated to provide clarification for abstractors.	Exclusion Guidelines for Abstraction **Add** • Pre-arrival Orders

Discharge Disposition	To provide further clarification regarding meaning of bullet point.	**Change** from:
		
		• If the medical record states the patient is being discharged to assisted living care or an assisted living facility (ALF) and the documentation also includes nursing home, intermediate care or skilled nursing facility, select Value "1" ("Home").
		
		To:
		
		• If the patient is being discharged to assisted living care or an assisted living facility (ALF) that is located within a skilled nursing facility, and documentation in the medical record also includes nursing home, intermediate care or skilled nursing facility, select Value "1" ("Home").
		
		Change from:
		
		• **For PC-06 Only**: If a newborn is transferred to another acute care facility for purposes other than medical treatment or the need for a higher level of care, abstract allowable value 8. Examples include: Newborn is transferred to another facility covered by their healthcare plan or for disaster evacuation.
		
		To:
		
		• **For PC-06 Only**: If a newborn is transferred to another acute care facility for purposes other than medical treatment or the need for a higher level of care, and mother and baby remain together, abstract allowable value 8. Examples include transfers:
		  ○ To another facility covered by their health plan
		  ○ For disaster evacuation
		  ○ Full census

ED Departure Date	The data element was updated to	Notes for Abstraction

	align with the Version 5.6 definition and provide clarification for the stroke transfer out measures.	**Change** fifth bullet to: • For patients who are placed into observation outside the services of the emergency department, abstract the date of departure from the emergency department, *ED Departure Date*. **STK-OP-1 AND ASR-OP-2 MEASURES ONLY** EXCEPTION: For patients who are placed into observation services in a bed outside the ED, e.g., inpatient bed, select the date that the patient is transferred to another hospital and actually leaves your hospital (*Discharge Date*) and not the date of departure from the emergency department.
ED Departure Time	The data element was updated to align with the Version 5.6 definition and provide clarification for the stroke transfer out measures.	Notes for Abstraction **Change** 11th and 12th bullets to: • For patients who are placed into observation outside the services of the emergency department, abstract the time of departure from the emergency department. ◦ If the patient is placed into observation services and remains in the ED or in a unit of the ED abstract the time they depart the ED or ED unit for the floor/surgery etc. Do not abstract the time they are placed into observation services. **STK-OP-1 AND ASR-OP-2 MEASURES ONLY** EXCEPTION: For patients who are placed into observation services in a bed outside the ED, e.g., inpatient bed, select the time that the patient is transferred to another hospital and actually leaves your hospital (*Discharge Time*) and not the time of departure from the emergency department. • For patients who are placed into observation under the services of the emergency department, abstract the time of departure from the observation services. ◦ If a patient is seen in the ED and admitted to an observation unit of the ED, then discharged from the observation unit, abstract the time they depart the observation unit. ◦ If the patient is placed into observation services and remains in the ED or in a unit of the ED abstract the time they depart the ED or ED unit for the floor/surgery, transfer to another hospital, admission to an inpatient bed, etc. Do not abstract the time they are placed into observation services or the time that the observation order was written.
Exclusive Breast Milk Feeding	To clarify that the use of dextrose or glucose 40% gel is considered a medication not a feeding.	Add new bullet to Notes For Abstraction. **Add** If dextrose or glucose 40% gel is given it is considered a medication not a feeding. This should be reflected as such in the documentation.
Gestational Age	Notes to abstraction updated to clarify intent and closely align the definition with the eCQM version.	Notes for Abstraction **Change** from: If the gestational age in the delivery or operating room record is missing, obviously incorrect (in error, e.g. 3.6), or there is conflicting data, then continue to review the following data sources, starting with the document completed closest to the delivery until a positive finding for gestational age is found: • History and physical • Clinician admission progress note • Prenatal forms • Discharge summary

		To: If the gestational age in the delivery or operating room record is missing, obviously incorrect (in error, e.g. 3.6), or there is conflicting data, then continue to review the following data sources, starting with the document completed closest to or at the time of delivery until a positive finding for gestational age is found: • History and physical • Clinician admission progress note • Prenatal forms **Change** from: Gestational age documented closest to the time of delivery (not including the newborn exam) should be abstracted. **To:** Gestational age documented closest to or at the time of the delivery (not including the newborn exam) should be abstracted. **Change** Suggested Data Sources **Remove** • Discharge summary
IA Alteplase or MER Initiation Time	The data element definition is being updated to harmonize with AHA GWTG Coding Instructions.	Notes for Abstraction: **Change** third bullet to: • The earliest time should be used. If both IA alteplase and MER were initiated in the same procedure or different procedures, select the time for the intervention that was done first. Example: ○ "Patient entered the interventional suite at 1130. Anesthesia start time 1145. Groin puncture documented at 1151. IA infusion at 1205. Solataire deployed at 1229; second deployment 1243; Trevo deployed at 1310." Select 1205 for *IA Alteplase or MER Initiation Time.* **Add** new fourth bullet: • If aspiration technique was done first, then select the time associated with clot access. Inclusion Guidelines for Abstraction: **Change to:** • Locate an inclusion term in a suggested data source. Use the earliest time associated with an inclusion term that represents the IA Alteplase or MER Initiation Time. IA Altplase:

		• Infusion time • Injection time • Bolus time MER: • Catheter pass time • Clot access time • Clot engagement time • Deployment time • First pass time • First pull time • MER initiation time • MER start time • Pass time Alternative MER initiation terms that may be used when NONE of the above are documented: • Anesthesia time • ADAPT time • Aspiration time • Groin puncture time • Procedure start time • Puncture time • Skin puncture time Exclusion Guidelines for Abstraction: **Change to:** • Time out
ICD-10-PCS Other Procedure Times	The data element was updated to provide clarification about IV thrombolytic procedures.	Notes for Abstraction **Add** new 4th bullet: • For ischemic stroke patients who receive intravenous (IV) alteplase (t-PA) at your hospital's satellite/free-standing ED prior to transfer to the hospital and there is one medical record for the care provided at both facilities, use the arrival time at the hospital for the ICD-10-PCS Other Procedure Time.
ICD-10-PCS Principal Procedure Time	The data element was updated to provide clarification regarding IV thrombolytic procedures.	Notes for Abstraction **Add** new 4th bullet: • For ischemic stroke patients who receive intravenous (IV) alteplase (t-PA) at your hospital's satellite/free-standing ED prior to transfer to the hospital and there is one medical record for the care provided at both facilities, use the arrival time at the hospital for the ICD-10-PCS Principal Procedure Time.
Initial Hunt and Hess Scale Performed	The data element was updated to provide clarification for abstractors.	Notes for Abstraction **Add** new third bullet:

		• Hunt and Hess obtained in response to a code stroke/stroke alert on an inpatient psychiatric or rehabilitation unit prior to admission to inpatient acute care, select 'YES'. Suggested Data Sources **Add**: **Excluded Data Sources:** • Any documentation dated/timed after discharge
Initial Hunt and Hess Scale Time	The data element definition is being updated to add inclusion and exclusion terms for abstraction and provide clarification for abstractors.	Inclusion Guidelines for Abstraction **Add** **Only accept terms identified in the list of inclusions for the Time Stamp on the note. No other terminology will be accepted.** • Author Time • Dictated Time • Documented Time • File Time • Note Time • Recorded Time • Signature Time (standard or electronic) Exclusion Guidelines for Abstraction **Add** • Date of Service Time • Decision to Admit Time • Note Creation Time • Open Note Time Notes for abstraction **Remove** fifth bullet: • Do not use physician orders as they do not demonstrate the ICH score was done (in the ED this may be used if signed/initialed by a nurse).
Initial ICH Score Performed	The data element was updated to provide clarification for abstractors.	Notes for Abstraction **Change to:** • The ICH score may be documented by the physician/APN/PA or nurse (RN). • ICH score obtained by teleneurology and documented in the medical record, select 'YES'. • Total ICH scores obtained in response to a code stroke/stroke alert on an inpatient psychiatric or rehabilitation unit prior to admission to inpatient acute care, select 'YES'. • If a total ICH score (i.e., sum of the component points) is documented, select 'YES'. • If components are scored but the total ICH score is not documented or left blank, select 'NO'. Do not infer a total ICH score from documented component scores. Suggested Data Sources

		Add **Excluded Data Sources:** • Any documentation dated/timed after discharge
Initial ICH Score Time	The data element definition is being updated to add inclusion and exclusion terms for abstraction and provide clarification for abstractors.	Inclusion Guidelines for Abstraction **Add** **Only accept terms identified in the list of inclusions for the Time Stamp on the note. No other terminology will be accepted.** • Author Time • Dictated Time • Documented Time • File Time • Note Time • Recorded Time • Signature Time (standard or electronic) Exclusion Guidelines for Abstraction **Add** • Date of Service Time • Decision to Admit Time • Note Creation Time • Open Note Time Notes for Abstraction **Remove** • Do not use physician orders as they do not demonstrate the ICH score was done (in the ED this may be used if signed/initialed by a nurse).
Initial NIHSS Score Performed	The data element was updated to provide clarification for abstractors.	Notes for Abstraction **Change to:** • The NIHSS score may be documented by the physician/APN/PA or nurse (RN). • If a total NIHSS score (i.e., sum of the category scores) is documented, select 'YES'. • Total scores obtained by teleneurology and documented in the medical record, select 'YES'. • Total scores obtained in response to a code stroke/stroke alert on an inpatient psychiatric or rehabilitation unit prior to admission to inpatient acute care, select 'YES'. • If components are scored but the total NIHSS score is not documented or left blank, select 'NO'. Do not infer a total NIHSS score from documented category scores. Suggested Data Sources **Add** **Excluded Data Sources:** • Any documentation dated/timed after discharge

Initial NIHSS Score Time	The data element definition is being updated to add inclusion and exclusion terms for abstraction and provide clarification for scores obtained prior to hospital arrival.	Inclusion Guidelines for Abstraction **Add** **Only accept terms identified in the list of inclusions for the Time Stamp on the note. No other terminology will be accepted.** • Author Time • Dictated Time • Documented Time • File Time • Note Time • Recorded Time • Signature Time (standard or electronic) Exclusion Guidelines for Abstraction **Add** • Date of Service Time • Decision to Admit Time • Note Creation Time • Open Note Time Notes for Abstraction **Add** new 3rd bullet: • For ischemic stroke patients who receive intravenous (IV) alteplase (t-PA) at your hospital's satellite/free-standing ED prior to transfer to the hospital and there is one medical record for the care provided at both facilities, use the Arrival Time at the hospital for scores documented before IV t-PA initiation. **Remove** sixth and seventh bullets: • Do not use physician orders as they do not demonstrate the NIHSS score was done (in the ED this may be used if signed/initialed by a nurse). • Times for scores done prior to arrival by a teleneurologist are acceptable if signed/initialed by a nurse.
Initial Patient Population Size — Medicare Only	Moving VTE to TJC manual.	**Change from** **Stratified Measure Sets:** One Initial Patient Population Size — Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has three occurrences, one for the mother sub-population and two for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. **Note:** Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the VTE measure set. **To**

		Stratified Measure Sets: One Initial Patient Population Size — Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. * The VTE measure set has only one sub-population/stratum.
Initial Patient Population Size — Non-Medicare Only	Moving VTE to TJC manual	**Change from** **Stratified Measure Sets:** One Initial Patient Population Size — Non-Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has three occurrences, one for the mother sub-population and two for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. **Note:** Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the VTE measure set. **To** **Stratified Measure Sets:** One Initial Patient Population Size — Non-Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. * The VTE measure set has only one sub-population/stratum.
Labor	To clarify that SROM is not considered labor, there are diagnosis codes for premature rupture of membranes on Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation and if applicable would exclude the case from the measure.	Add bullet to the Notes for Abstraction: **Add** Spontaneous Rupture Of Membranes (SROM) is not the same as labor. There are diagnosis codes on Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation which should be used for pre-labor (preterm) rupture of membranes and for prolonged rupture.

LVSD	Updated to match current heart failure guidelines and American Heart Association (AHA) Get With The Guidelines (GWTG), to capture different EF's for different measure requirements.	**Removed LVSD <40% and replaced with new data element LVSD. Please review new data element in its entirety.**
MER Eligibility	The data element definition is being updated to harmonize with AHA GWTG Coding Instructions.	Notes for Abstraction **Change to:** • If there is physician/APN/PA documentation in the medical record that the patient is a candidate or eligible for MER therapy, select "Yes". • Documentation by a physician/APN/PA that the patient is being transferred to a higher level stroke center for the purpose of having a mechanical thrombectomy procedure or further evaluation for possible MER therapy. Acceptable examples (select "Yes"): ○ Suspicious for left MCA – CT head negative for ICH – will transfer for potential LVO thrombectomy. ○ CTA abnormal, right MCA proximal M2 superior occlusion – transfer with possible neuro-intervention. ○ CT positive for LVO- transfer recommended because of the need for vascular surgical intervention. ○ Patient being transferred for potential intravascular clot removal. ○ Transfer to interventional suite. ○ Patient will be transferred for further management of stroke-like symptoms with possible acute large vessel occlusion. Unacceptable example (select "No"): • ○ Although the patient is being transferred to a higher level of care due to complete occlusion, it is most likely that thrombectomy will not be performed. • If there is documentation in one source that indicates the patient is MER eligible, AND there is documentation in another source that indicates the patient is NOT eligible (e.g., ED MD states consider transfer for mechanical thrombectomy, but neurology states that the patient is not a MER candidate), or after careful examination of circumstances, context, etc., documentation of MER eligibility is still unclear, the case should be deemed "unable to determine" (select "No"). Inclusion Guidelines for Abstraction **Change to:** • Catheter-assisted intervention • Catheter-based intervention • Clot aspiration • Clot removal • Endovascular Therapy (EVT) • Interventional candidate • Intra-arterial catheter-based intervention • Intravascular clot removal

		• Mechanical Endovascular Reperfusion (MER) Therapy • Mechanical thrombectomy (MT) • Neuro-interventional radiology (NIR) procedure • Neuro IR intervention • Pneumbra procedure • Thrombectomy (head/neck only) • Vascular surgery intervention Exclusion Guidelines for Abstraction **Change to:** • Carotid endarterectomy • Carotid stent procedure • CT perfusion without mention of MT • Intra-arterial (IA) thrombolytic (t-PA) therapy without mention of MT • Neuro evaluation without mention of MT • Neurosurgery evaluation • Not an interventional candidate
Modified Rankin Score (mRS) Date	An incorrect date was used in an example and corrected.	Notes for abstraction second bullet **Change** from: • If a Modified Rankin Score (mRS) was obtained sooner than 75 days post-discharge and no mRS is dated within the 90-day timeframe, select the date for the score closest to 75 days for the *Modified Rankin Score (mRS) Date*. Example: Discharge Date 02-22-20XX. First mRS dated 05-18-20XX. Second mRS dated 07-01-20XX. Select 05-18-20XX for the *Modified Rankin Score (mRS) Date*. **To**: • If a Modified Rankin Score (mRS) was obtained sooner than 75 days post-discharge and no mRS is dated within the 90-day timeframe, select the date for the score closest to 75 days for the *Modified Rankin Score (mRS) Date*. Example: Discharge Date 02-22-20XX. First mRS dated 05-1-20XX. Second mRS dated 07-01-20XX. Select 05-1-20XX for the *Modified Rankin Score (mRS) Date*.
New York Heart Association (NYHA) Classification	Updated data element to allow for capture of the patients NYHA Functional Classification.	Allowable Values: **Change** from: Question: Is there documentation of the use of the NYHA Classification as an assessment tool to measure the functional status for this patient? Y (Yes) There is documentation of the use of the NYHA Classification as an assessment tool to measure the functional status for this patient. N (No) There is no documentation of the use of the NYHA Classification as an assessment tool to measure the functional status for this patient or unable to determine from medical record documentation. **To:** Question: What is the patient's New York Heart Association (NYHA) Functional Classification? 1 Class I

		2 Class II 3 Class III 4 Class IV 5 Not Documented or Unable to determine (UTD) Notes for Abstraction **Add** • The NYHA Functional Classification must be specifically documented in the medical record and not coded by the abstractor based upon patient symptoms.
Non-aneurysmal	The data element was updated to add a new inclusion term.	Inclusion Guidelines for Abstraction **Add** • No aneurysm (head or neck)
Positive Brain Image	The data element was updated to add more inclusion terms.	Inclusion Guidelines for Abstraction **Add** • Blood • Blood product(s)
Post-Discharge Evaluation Conducted Within 72 Hours	To provide further clarification.	**Change** from: • If documentation reflects that after 3 attempts to contact the patient and/or caregiver, the post-discharge evaluation could not be conducted because attempts to contact the patient and/or caregiver were unsuccessful, select “Yes”. **To**: • If documentation reflects that after 3 attempts to contact the patient and/or caregiver, the post-discharge evaluation could not be conducted because attempts to contact the patient and/or caregiver were unsuccessful, select “Yes”. The 3 attempted contacts must be made within 72 hours after discharge.
Reason for No Aldosterone Receptor Antagonist Prescribed in the Outpatient Setting	Updated to provide further clarification.	**Added physician/APN/PA or pharmacist to the following sections:** • Definition • Question • Allowable values • Notes for Abstraction Inclusion section **Add**: • Aldactone • Aldactazide (Hydrochlorothiazide + Spironolactone) • Inspra
Reason for No VTE Prophylaxis – Hospital Admission	The data element was updated due to the addition of VTE-6 and	Notes for Abstraction

	its related data elements to the manual.	**Change** to: • To select "Yes" for this data element, documentation must be dated from arrival to the day after hospital admission. Documentation written after arrival but prior to admission is acceptable. • Reasons for not prescribing mechanical and pharmacological VTE prophylaxis must be documented by a physician/APN/PA or pharmacist. **EXCEPTIONS:** ○ Patient/family refusal may be documented by a nurse, but should be documented within the same time frame as the reason for no VTE prophylaxis. Patient/family refusal of any form of prophylaxis is acceptable. Example: Patient refused heparin, select "Yes." • **For patients on anticoagulants:** ○ For patients on continuous IV heparin therapy the day of or day after hospital admission, select "Yes." ○ If warfarin is listed as a home or current medication, select "Yes" regardless of other documentation. ○ For patients receiving anticoagulant therapy for atrial fibrillation or for other conditions (e.g. angioplasty), with anticoagulation administered on the day of or the day after hospital admission, select "Yes." • **If reasons are not mentioned in the context of VTE prophylaxis, do not make inferences** (e.g., do not assume that VTE Prophylaxis was not administered because of a bleeding disorder unless documentation explicitly states so). Example: Physician/APN/PA or pharmacist documentation of bleeding risk, review the chart for documentation about reasons for no mechanical AND reasons for no pharmacological VTE prophylaxis. **EXCEPTION:** ○ Documentation within the timeframe specified that the patient is a bilateral lower extremity amputee is an acceptable reason for no mechanical prophylaxis. • Physician/APN/PA or pharmacist documentation that the patient is ambulating without mention of VTE prophylaxis is insufficient. Do not infer that VTE prophylaxis is not needed unless explicitly documented. Examples: ○ There is documentation of "No VTE Prophylaxis, patient ambulating," select "Yes." ○ There is documentation of "Patient low risk for VTE, ambulating," select "Yes." • For patients with a reason for no pharmacologic or no mechanical prophylaxis and an order for ANY prophylaxis that was NOT administered without a reason, select "No." Example: ○ Patient has documentation of an order for IPCs and no documentation that IPCs were applied, select "No." • If two physicians/APN/PA or pharmacists document conflicting or questionable risk/ needs for prophylaxis, select "No." • If a risk assessment is used, and notes anything other than low risk (e.g. intermediate risk, moderate risk, or high risk), additional documentation must be present to answer "Yes." **Explicit documentation** of a contraindication to mechanical AND contraindication to pharmacological prophylaxis must be addressed. ○ If there is physician documentation of "bleeding, no pharmacologic prophylaxis" the chart must be reviewed for documentation about a reason for no mechanical prophylaxis in order to select

		"Yes." Examples: ▪ Bleeding, no pharmacologic prophylaxis, no mechanical prophylaxis. ▪ Active GI bleed – low molecular weight heparin contraindicated, no mechanical prophylaxis needed. ▪ "No VTE Prophylaxis", "No VTE Prophylaxis needed" [no reason given]. • Documentation that the patient is adequately anticoagulated or already anticoagulated on warfarin, select "Yes." Examples: ○ Patient is already anticoagulated, taking Coumadin at home prior to admission. ○ INR therapeutic and adequately anticoagulated at this time. • Documentation synonymous with "abruptly reversed anticoagulation for major bleeding," select "Yes." Examples: ○ INR reversal for major bleeding. ○ Reverse anticoagulation for intracranial hemorrhage. • Documentation of administration of IV alteplase / tPA is **NOT** a stand-alone reason for no VTE prophylaxis. • Graduated compression stockings (GCS) are not sufficient VTE prophylaxis for stroke patients. If GCS only were applied on the day of or day after hospital admission and no other form of prophylaxis administered, then a reason for no pharmacological prophylaxis and a reason for no mechanical prophylaxis must be documented in the medical record.
Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2	The data element definition was updated to harmonize with GWTG Coding Instructions.	Notes for Abstraction **Add** a new sixth bullet: • Prasugrel is inadvisable for patients with a history of transient ischemic attack or stroke. If prasugrel was administered on the day of or day after hospital arrival, select "Yes".
Reason for Not Prescribing **Antithrombotic** Therapy at Discharge	The data element definition was updated to harmonize with GWTG Coding Instructions.	Notes for Abstraction **Add** a new seventh bullet: • Prasugrel is inadvisable for patients with a history of transient ischemic attack or stroke. If prasugrel was prescribed at discharge, select "Yes".
Sample Size — Medicare Only	Moving VTE to TJC manual.	**Change from** **Stratified Measure Sets:** One Sample Size — Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. **Note:** Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the VTE measure sets.

		To **Stratified Measure Sets:** One Sample Size — Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. * The VTE measure set has only one sub-population/stratum.
Sample Size — Non-Medicare Only	Moving VTE to TJC manual.	**Change from** **Stratified Measure Sets:** One Sample Size — Non Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. **Note:** Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the VTE measure sets. **To** **Stratified Measure Sets:** One Sample Size — Non Medicare Only per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. * The VTE measure set has only one sub-population/stratum.
Sampling Frequency	Moving VTE to TJC manual.	**Change from** **Stratified Measure Sets:** One Sampling Frequency per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population.

		Note: Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the VTE measure sets. **To** **Stratified Measure Sets:** One Sampling Frequency per measure set stratum or sub-population the hospital is participating in: * The PC measure set has four occurrences, one for the mother sub-population and three for the newborn sub-populations. * The HBIPS measure set has four occurrences, one for each age stratum. * The STK measure set has two occurrences, one for each sub-population. * The VTE measure set has only one sub-population/stratum.
Sex	This data element is being updated based on the fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule and to be consistent with version 5.7 of the Specifications Manual for National Hospital Inpatient Quality Measures.	Notes for Abstraction: **Add** new sub-bullet point under second bullet point: o Documentation indicates the patient is Non-binary.

Skin Puncture Time	The data element was update to provide clarification for cases with multiple times documented.	Notes for Abstraction
		
		Change 5th bullet to:
		• If multiple skin puncture times are documented for the same endovascular procedure, then select the earliest time.
		  ○ Disregard times associated with unsuccessful access of the artery.
		  Example:
		  Physician documents 4/20 0350 attempted groin puncture unsuccessful, followed by documentation on 4/20 0356 successful groin puncture. Select 0356.

Suspected Large Vessel Occlusion (LVO)	The data element definition is being updated to harmonize with AHA GWTG Coding Instructions.	Name **Change to:** Suspected Large Vessel Occlusion (LVO) Definition **Change to:** Documentation in the medical record of a suspected large vessel cerebral artery occlusion. Large vessel occlusions (LVO) include documentation of a cerebral occlusion in the Internal Carotid Artery (ICA), ICA terminus(T-lesion; T occlusion), Middle Cerebral Artery (MCA), M1 MCA, M2 MCA, Vertebral Artery, or Basilar Artery. Question

Change to: Is there documentation of a suspected LVO in the medical record?

Allowable Values

Change from: Y (Yes) There is documentation of a LVO. N (No) There is no documentation of an LVO, OR unable to determine from the medical record documentation.

To: Y (Yes) There is documentation of a suspected LVO. N (No) There is no documentation of a suspected LVO, OR unable to determine from the medical record documentation.

Notes for Abstraction

Change to:

- If there is **ANY** documentation of LVO prior to transfer to another hospital, select “Yes”. The percentage or degree of occlusion or stenosis is not needed to select “Yes” for this data element, e.g., “the patient has a LVO and requires transfer.”
  - Documentation of LVO alone without the location of a specific cerebral artery is sufficient to select “Yes”.
  - Disregard qualifiers describing the degree of occlusion, e.g., minimal/mild/moderate/high.
- Documentation of suspected LVO, select “Yes”. Acceptable examples (select “Yes”):
  - Possible LVO requiring further evaluation.
  - High probability of left side ELVO.
  - Worrisome for ICA LVO.
  - Suspicious for left MCA territory ischemic CVA.
- If an occlusion is documented in any of the following cerebral arteries, select “Yes”: Internal Carotid Artery (ICA), ICA terminus (T-lesion; T occlusion), Middle Cerebral Artery (MCA), M1 MCA, M2 MCA, Vertebral Artery, or Basilar Artery.
  - A brain imaging report is not needed to select “Yes”, but may be used for abstraction. Findings / impression documented by a radiologist may be used for abstraction as well as other documentation available in the medical record.
  - The term LVO does not need to be linked with the cerebral artery.
- If there is documentation in one source that indicates the patient has a LVO, AND there is documentation in another source that indicates the patient is NOT LVO (e.g., neurology report states positive for LVO, but radiology report states negative for LVO), the source that indicates the patient has LVO would be used for this data element. Contradictory or conflicting documentation, select “Yes”.
- If after careful examination of circumstances, context, etc., documentation of LVO is still unclear, the case should be deemed "unable to determine” (select "No”).

Inclusion Guidelines for Abstraction

Change to:

- Evolving large vessel occlusion (ELVO)
- Hyperdensity or hyperdense sign in a defined location.
- Opacification
- Sylvian occlusion

Tobacco Use Status	Notes for abstraction updated to provide abstraction clarification related to the intubated patient and cognitive impairment	Notes for Abstraction, 16th bullet, sub-bullet: Intubation **Add**: and patient is intubated through the end of Day 1
VTE Confirmed	The data element was updated to provide clarification for abstraction.	Other Suggested Data Sources **Add**: • Discharge summary Exclusion Guidelines for Abstraction **Add**: • Chronic thromboembolic pulmonary hypertension (CTEPH)
VTE Diagnostic Test	The data element was updated to provide clarification for abstractors.	Other Suggested Data Sources **Add**: • Discharge summary
VTE Present at Admission	The data element was updated to provide clarification for abstractors.	Notes for Abstraction **Add** new 7th bullet: • Recurrent, chronic, sub-acute, indeterminate age, select "No," unless there is also documentation of an acute or new VTE. Other Suggested Data Sources **Add**: • Discharge summary Inclusion Guidelines for Abstraction **Add**: Refer to Appendix H, Table 2.7 **Anticoagulation Therapy** for a list of acceptable anticoagulant medications Exclusion Guidelines for Abstraction **Add**: • Chronic thromboembolic pulmonary hypertension (CTEPH)
VTE Prophylaxis Status	The data element was updated to provide clarification for abstractors.	Notes for Abstraction **Add** new 4th bullet: • If the patient was admitted and had surgery on day of or day after hospital admission or ICU admission and VTE prophylaxis was administered before the VTE Diagnostic Test was ordered, select "Yes." **Example:** MVA arrives 10/09. Lovenox ordered and held for surgery 10/10. Lovenox administered 10/11 at 0140. CTA abdomen ordered 10/11 2100.

Supplemental Materials

Section	Rationale	Description
Appendix A - Code Tables	ICD-10 CM and ICD-10 PCS 2020 Code updates applied. Update to table 10.01 table name to harmonize ED (originally 7.01 in	2020 ICD-10 updates: **Add/Remove/Description Revision** 11.10.2, 11.30, 11.43, 12.10, 7.03, 8.1b, 8.1c, 8.2e, 8.3, 11.18

	aligned manual) and HBIPS table. Table 10.02 created for codes relevant to ED only population. Table 11.09 updated to add terminology. Table 13.1 updated to remove terminology. Table 13.2 updated to remove terminology.	Table 10.01 Table Name **Change** from: Mental Disorders **To:** Mental Disorders HBIPS/ED **Add** Self harm ICD-10 codes **Add** Table 10.02 Mental Disorders ED Table 11.09 **Add** O64.4 ICD-10-CM family of codes Table 13.1 **Remove** F10920, F10929, T510X1A, T5191XA Table 13.2 **Remove** F1290, F1390, F1590, F1890
Appendix H - Miscellaneous Tables	Table 2.6 removed no longer utilized.	**Remove** Table 2.6
Introduction to the Manual	Updates to reflect current processes.	Annual Report section: **Change** from: *Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety* has been released annually since 2008. This comprehensive report summarizes the performance of all Joint Commission-accredited hospitals on ORYX® accountability measures. **To**: *Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety* was released annually 2008-2017. This comprehensive report summarizes the performance of all Joint Commission-accredited hospitals on ORYX® accountability measures.
Sampling	Updated 'order of data flow' section and removed all references to 'Specifications Manual for National Hospital Inpatient Quality Measures'.	**Change** 'order of data flow' and description part. **Remove** all references to 'Specifications Manual for National Hospital Inpatient Quality Measures'.
Transmission Data Processing Flow: Clinical	Updated the retired measure set examples with valid measure set example in Transmission Data Processing Flow: Clinical Algorithm flow.	**Update** measure set examples listed in the data transmission clinical flow.

Transmission of Data	Removed the reference of CMS from applicable points, added note for risk adjustment for clarification. For XML layout files: Align the XML file layouts with data dictionary changes.	**Remove** references to CMS for TJC measures that are no longer in the Specification Manual for National Hospital Quality Measures. **Add** below note for risk adjustment **Note:** It is possible that a data element is used only in the risk adjustment calculation and not in the measure algorithm. Such data elements are expected to be submitted in the XML file when they are present in the patient record. The file is not rejected by the 'X' category assignment when these data elements are missing, similar to the measure data elements which are rejected by 'X' when missing. **Hospital_Clinical_Data_XML_File_Layout:** 1. *Term Newborn*: the answer value for answer code 2 **Change** from: No, there is no documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth. **To:** No, there is documentation that the newborn was not at term or >= 37 completed weeks of gestation at the time of birth" 2. **Add** ED-1, ED-2, IMM-2, SUB-2, SUB-3, TOB-2, TOB-3 and VTE-6 data elements in Hospital clinical XML layout file. **Remove** Data Elements: *Proximal or Distal Occlusion*, *Direct Admission* **Remove** CSTK-01 and CSTK-03 from Applicable Measure(s) for data element *ED Patient* **Outpatient_Clinical_Data_XML_File_Layout** 1. Data element: *Suspected Large Vessel Occlusion (LVO)* **Change** from: *LVO* **To:** *Suspected Large Vessel Occlusion (LVO)* **Update** Suggested Data Collection Question **Hospital Clinical, Outpatient Clinical and Hospital Population XML file layouts:** Elements tab: Remove references of CMS.
Using the The Joint Commission's National Measure Specifications Manual	Updates to reflect current processes.	**Remove** Note: the Stroke (STK) measures data for certification can be submitted through an ORYX vendor, however the Advanced Certification Heart Failure (ACHF) measures data **cannot** be submitted through an ORYX vendor and may only be submitted through the Certification Measure Information Process (CMIP). This manual contains references to CMS and QIO programs that, while not applicable to the Joint Commission, have been retained to remain consistent with the CMS and Joint Commission aligned *Specifications Manual for National Hospital Inpatient Quality Measures*.

General Release Notes

Rationale	Description
Emergency Department (ED), Immunization (IMM), Substance Use (SUB), Tobacco Treatment (TOB), Venous	**Add**

Thromboembolism (VTE) measure sets have been moved to *Specifications Manual for Joint Commission National Quality Measures* for hospital use.	Emergency Department (ED), MIFs ED-1 and ED-2, algorithm, associated data elements and supplemental materials were added to the manual. Immunization (IMM), MIF IMM-2, algorithm, associated data elements and supplemental materials were added to the manual. Substance Use (SUB), MIFs SUB-2 and SUB-3, algorithm, associated data elements and supplemental materials were added to the manual. Tobacco Treatment (TOB), MIFs TOB-2 and TOB-3, algorithm, associated data elements and supplemental materials were added to the manual. Venous Thromboembolism (VTE), MIF VTE-6 , algorithm, associated data elements and supplemental materials were added to the manual.
Appendix A it will no longer be included in the PDF version of the manual due to the increased size and number of tables. Appendix A will still be downloadable as an excel file from the Appendix A web page.	**Remove**: Appendix A tables from the PDF version of the TJC Manual.