

**For CART Users
Heart Failure Abstraction Paper Tool**

General Data Elements

First Name _____

Last Name _____

What is the patient's sex? (Sex)

- Female
- Male
- Unknown

What is the patient's date of birth? (Birthdate)

____ - ____ - _____

What is the patient's race? (Race)

Select one:

- 1 **White:** Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa.
- 2 **Black or African American:** Patient's race is Black or African American.
- 3 **American Indian or Alaska Native:** Patient's race is American Indian/Alaska Native.
- 4 **Asian:** Patient's race is Asian.
- 5 **Native Hawaiian or Pacific Islander:** Patient's race is Native Hawaiian/Pacific Islander.
- 6 **RETIRED VALUE** (effective 07-01-05 discharges)
- 7 **UTD:** Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide)

Is the patient of Hispanic ethnicity or Latino? (Hispanic Ethnicity)

- Yes Patient is of Hispanic ethnicity or Latino
- No Patient is not of Hispanic ethnicity or Latino or unable to determine from medical record documentation.

What was the number used by the hospital to identify this patient's stay? (Hospital Patient ID) _____

What is the date the patient was admitted to inpatient care? (Admission Date)

____ - ____ - _____

What is the date the patient was discharged from acute care, left against medical advice (AMA) or expired? (Discharge Date)

____ - ____ - _____

HF Data Elements

1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms or do you want all questions enabled? (SKIPPATTERN)

- 01 Enable/disable questions appropriately
- 02 Enable all questions

2. What was the ICD-9-CM code selected as the principal diagnosis for this record? (ICD-9-CM Principal Diagnosis Code) (Refer to Appendix A, Table 2.1 Heart Failure)

3. Were there ICD-9-CM Other Diagnosis Codes? (OTHRDX#A)

- 01 Yes

02 No

If yes, what were the ICD-9-CM other diagnosis codes selected for this medical record? (ICD-9-CM Other Diagnosis Codes)) (Refer to Appendix A for ICD-9-CM Code Tables)

_____ . _____	_____ . _____	_____ . _____
_____ . _____	_____ . _____	_____ . _____
_____ . _____	_____ . _____	

4. Was there an ICD-9-CM code selected as the principal procedure for this record? (PRINPXA)

01 Yes

02 No

If yes, what was the ICD-9-CM code selected as the principal procedure for this record? (ICD-9-CM Principal Procedure Code) (ICD-9-CM Principal Procedure Dates) (Refer to Appendix A, Table 2.2 Left Ventricular Assistive Device and Heart Transplant

Code	Date	
_____ . _____	_____ - _____ - _____	or <input type="checkbox"/> UTD

5. Were there ICD-9-CM Other Procedure Codes?

01 Yes

02 No

If yes, what were the ICD-9-CM code(s) selected as other procedure(s) for this record? (ICD-9-CM Other Procedure Codes) (ICD-9-CM Other Procedure Dates) (Refer to Appendix A for ICD-9-CM Code Tables)

Code	Date	
_____ . _____	_____ - _____ - _____	or <input type="checkbox"/> UTD
_____ . _____	_____ - _____ - _____	or <input type="checkbox"/> UTD
_____ . _____	_____ - _____ - _____	or <input type="checkbox"/> UTD
_____ . _____	_____ - _____ - _____	or <input type="checkbox"/> UTD
_____ . _____	_____ - _____ - _____	or <input type="checkbox"/> UTD

6. What was the Point of Origin for Admission or Visit? (Point of Origin for Admission or Visit)

- | | |
|---|---|
| <input type="checkbox"/> 1 Non-Health Care Facility Point of Origin | <input type="checkbox"/> 7 Emergency Room |
| <input type="checkbox"/> 2 Clinic referral | <input type="checkbox"/> 8 Court/Law Enforcement |
| <input type="checkbox"/> 3 (Discontinued Effective 10/01/2007) | <input type="checkbox"/> 9 Information Not Available (UTD) |
| <input type="checkbox"/> 4 Transfer from a Hospital (Different Facility) | <input type="checkbox"/> A (Discontinued Effective 10/01/2007) |
| <input type="checkbox"/> 5 Transfer from Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) | <input type="checkbox"/> D Transfer from One Distinct Unit Of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer |
| <input type="checkbox"/> 6 Transfer from another Health Care Facility | <input type="checkbox"/> E Transfer from Ambulatory Surgery Center |
| | <input type="checkbox"/> F Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program |

7. What is the source of payment for the patient's services? (Payment Source)

Record ALL payment sources:

- 1 **Medicare (Title 18):** Medicare is listed as a payment source and has a standard Patient HIC Number. This would include Medicare Fee for Service (include DRG or PPS), Black Lung, End Stage Renal Disease (ESRD), Railroad Retirement Board (RRB) and Medicare coverage as a secondary payer and may include Medicare HMO/Medicare Advantage.
- 2 **Medicaid (Title 19):** Medicaid is listed as a payment source
- 3 **Other:** There is a payment source other than Medicare or Medicaid (e.g., Veterans Administration [VA], CHAMPUS [TRICARE], Workers' Compensation or private insurance).
- 4 **No Insurance/Not documented/Unable to Determine:** The patient has no insurance coverage, the payment source is not documented, unable to determine the payment source, or the payment source does not coincide with one of the above options.
- 5 **Medicare Other:** Medicare is listed as a payment source and does not have a standard Patient HIC Number. This would include Undocumented Alien (Illegal immigrant) status and may include Medicare HMO/Medicare Advantage.

8. What is the patient's Medicare/HIC number? (Patient HIC#) (Required only if payment source is Medicare. Refer to the CMS National Hospital Quality Measure Data Transmission sub-section, within the Transmission section, for valid patient HIC# format)

9. What is the postal code of the patient's residence? (Postal Code) Any valid five or nine digit postal code or "HOMELESS" if the patient is determined not to have a permanent residence. If the patient is not a resident of the United States, use "NON-US."

10. Does this case represent part of a sample? (Sample)

- Yes
- No

11. What was the patient's discharge disposition? (Discharge Status) (Refer to Appendix H, Table 2.5 Discharge Status Disposition)

- 01 Discharged to home care or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this code list.
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 41 Expired in a medical facility (e.g., hospital, SNF, ICF or freestanding hospice)
- 43 Discharged/transferred to a federal health care facility
- 50 Hospice - home
- 51 Hospice - medical facility (certified) providing hospice level of care
- 61 Discharged/transferred to hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)

12. Is there physician/APN/PA documentation of comfort measures only during the hospital stay? (Comfort Measures Only)

- Yes There is physician/APN/PA documentation of “comfort measures only” during the hospital stay.
- No There is no physician/APN/PA documentation of “comfort measures only” during the hospital stay, or unable to determine from medical record documentation.

13. Was the patient involved in a clinical trial during this hospital stay relevant to the measure set for this admission (HF)? (Clinical Trial)

- Yes There is documentation that the patient was involved in a clinical trial during this hospital stay relevant to the measure set for this admission.
- No There is no documentation that the patient was involved in a clinical trial during this hospital stay relevant to the measure set for this admission.

14. Is there documentation of at least one of the following: (LVF Assessment)

- **Left ventricular systolic function (LVSF) assessment at anytime prior to arrival or during this hospitalization**
- **A plan for LVSF assessment after discharge**
- **A reason documented by a physician/APN/PA for not assessing LVSF**
(Refer to Appendix H, Table 1.2 LVSF Assessment Inclusion Table.)

- Yes Documentation in the medical record that the LVSF was assessed prior to arrival, during the hospital stay, or is planned for after discharge.
- No No documentation that LVSF was assessed either prior to arrival or during this hospital stay nor a plan to assess LVSF after discharge, AND there is no reason documented by a physician/APN/PA for not assessing LVSF, or unable to determine from medical record documentation.
- Reason Reason documented by physician/APN/PA for not assessing LVSF prior to arrival, during hospital stay, or planned after discharge.

15. Is the left ventricular systolic function (LVSF) documented as an ejection fraction (EF) less than 40% or a narrative description consistent with moderate or severe systolic dysfunction? (LVSD)(Refer to Appendix H, Table 1.3 Moderate/Severe Systolic Dysfunction Inclusion Table and Table 1.5 LVSD Notes Table)

- Yes LVSF is documented as an EF less than 40% or a narrative description consistent with moderate or severe systolic dysfunction.
- No LVSF is not documented as an EF less than 40% or a narrative description not consistent with moderate or severe systolic dysfunction, or unable to determine from medical record documentation (e.g., LVSF assessment was never done, “Echo done last March” [without mention of LVSF results]).

16. Did the adult patient smoke cigarettes anytime during the year prior to hospital arrival? (Adult Smoking History)

- Yes There is documentation that the adult patient smoked cigarettes anytime during the year prior to hospital arrival.
- No There is documentation that the adult patient did not smoke cigarettes anytime during the year prior to hospital arrival, smoking history was not addressed or unable to determine from medical record documentation.

17. Was the adult patient/caregiver given smoking cessation advice or counseling during this hospital stay? (Adult Smoking Counseling)

- Yes Patient/caregiver received smoking cessation advice/counseling during hospital stay.
- No Smoking cessation advice/counseling not given or unable to determine from medical record documentation.

18. Did the WRITTEN discharge instructions or other documentation of educational material given to the patient/caregiver address the patient’s activity level after discharge? (Discharge Instructions Address Activity)

- Yes WRITTEN discharge instructions/educational material given to patient/caregiver address the patient's activity level after discharge.
- No WRITTEN discharge instructions/educational material do not address activity or unable to determine from medical record documentation.

19. Did the WRITTEN discharge instructions or other documentation of educational materials given to the patient/caregiver address diet/fluid intake after discharge? (*Discharge Instructions Address Diet*)

- Yes WRITTEN discharge instructions/educational material given to patient/caregiver address diet/fluid intake instructions after discharge.
- No WRITTEN discharge instructions/educational material do not address diet/fluid intake or unable to determine from medical record documentation.

20. Did the WRITTEN discharge instructions or other documentation of educational material given to the patient/caregiver address follow-up with a physician/APN/PA after discharge? (*Discharge Instructions Address Follow-up*)

- Yes WRITTEN discharge instructions/educational material given to patient/caregiver address follow-up with a physician/APN/PA after discharge.
- No WRITTEN discharge instructions/educational material do not address follow-up with a physician/APN/PA or unable to determine from medical record documentation.

21. Did the WRITTEN discharge instructions or other documentation of educational material given to the patient/caregiver address all discharge medications? (*Discharge Instructions Address Medications*)

- Yes WRITTEN discharge instructions/educational material given to patient/caregiver address discharge medications.
- No WRITTEN discharge instructions/educational material do not address all discharge medications or unable to determine from medical record documentation.

22. Did the WRITTEN discharge instructions or other documentation of educational material given to the patient/caregiver address what to do if heart failure symptoms worsen after discharge? (*Discharge Instructions Address Symptoms Worsening*)

- Yes WRITTEN discharge instructions/educational material given to patient/caregiver address what to do if heart failure symptoms worsen after discharge.
- No WRITTEN discharge instructions/educational material do not address symptoms worsening or unable to determine from medical record documentation.

23. Did the WRITTEN discharge instructions or other documentation of educational material given to the patient/caregiver address weight monitoring after discharge? (*Discharge Instructions Address Weight Monitoring*)

- Yes WRITTEN discharge instructions/educational material given to patient/caregiver address weight monitoring instructions after discharge.
- No WRITTEN discharge instructions/educational material do not address weight monitoring or unable to determine from medical record documentation.

24. Is BOTH a potential contraindication/reason for not prescribing an angiotensin converting enzyme inhibitor (ACEI) at discharge AND a potential contraindication/reason for not prescribing an angiotensin receptor blocker (ARB) at discharge documented? (*Contraindication to Both ACEI and ARB at Discharge*) (Refer to Appendix C, Table 1.2 for a comprehensive list of ACEIs and Table 1.7 for a comprehensive list of ARBs.)

- Yes Documentation that the patient has BOTH a potential contraindication/reason for not prescribing an ACEI at discharge AND a potential contraindication/reason for not prescribing an ARB at discharge, as evidenced by one or more of the following:
- ACEI allergy AND ARB allergy
 - Moderate or severe aortic stenosis (This is a contraindication to both ACEIs and ARBs)

- Physician/APN/PA documentation of BOTH a reason for not prescribing ACEI at discharge AND a reason for not prescribing an ARB at discharge. ** Note: Documentation of a reason for not prescribing one class (either ACEI or ARB) should be considered implicit documentation of a reason for not prescribing the other class for the following five conditions only:
 - o Angioedema
 - o Hyperkalemia
 - o Hypotension
 - o Renal artery stenosis
 - o Worsening renal function/renal disease/dysfunction
- Reason documented by physician/APN/PA for not prescribing an ARB at discharge AND an ACEI allergy
- Reason documented by physician/APN/PA for not prescribing an ACEI at discharge AND an ARB allergy

No There is no documentation of BOTH a potential contraindication/reason for not prescribing an ACEI at discharge AND a potential contraindication/reason for not prescribing an ARB at discharge, or unable to determine from medical record documentation.

25. Was an angiotensin converting enzyme inhibitor (ACEI) prescribed at discharge? (ACEI Prescribed at Discharge) (Refer to Appendix C, Table 1.2 for a comprehensive list of ACEIs)

- Yes ACEI prescribed at discharge.
- No ACEI not prescribed at discharge, or unable to determine from medical record documentation.

26. Was an angiotensin receptor blocker (ARB) prescribed at discharge? (ARB Prescribed at Discharge) (Refer to Appendix C, Table 1.7 for a comprehensive list of ARBs.)

- Yes ARB prescribed at discharge.
- No ARB not prescribed at discharge, or unable to determine from medical record documentation.

27. What is the first physician identifier? (Physician 1)

28. What is the second physician identifier?(Physician 2)

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