

## FACT SHEET

### General Specifications Manual Changes 10/01/2010 Discharges

#### Summary of Specifications Manual Changes

#### **Section: Using the Specifications Manual**

##### **Change: Clarification**

- In the introduction added clarification that for a detailed description of changes to the manual it is necessary to review the Release Notes, that strikethroughs are not allowed in the manual and any information that is added or revised within the manual is highlighted.
- In Section 2, provided clarification that the Initial Patient Population document for each measure set includes the sample size requirements and that a narrative of the algorithm is included for accommodation for people with disabilities.

##### **New**

- For Appendix F, added a description that this appendix identifies where there are differences between the measure name within the published Specifications Manual and the published Federal Register proposed and final rules.

#### **Section: Introduction to the Data Dictionary**

##### **Change: New**

- Added to the definition of Episode of Care, that the medical record should be abstracted as it was billed.
- Changed *Measure-Specific Data Elements* to *Measure-Set Specific Data Elements*. Measure-set specific data elements are data elements that are used by one or more measures in a measure set.
- Added *Measure Data Elements* which are data elements used by one specific measure or several measures in two or more measure sets.
- Added abstraction guidance that for purposes of abstraction, telephone or verbal physician/APN/PA orders (TO/VO) in the medical record are considered physician/APN/PA

documentation at the time they were written regardless of whether or not they were authenticated by the physician/APN/PA at the time of abstraction.

### **Clarification**

- Clarification was added that documentation that is not timed, dated or authenticated may still be used for abstraction if not required by the specific data element.

**Section:** Alphabetical Data Dictionary  
**Data Element:** Glucose POD 1 and Glucose POD 2  
**Change:** Clarification

- To prevent mismatches in validation the Format Length was changed to 1 – 4 or UTD with no leading zeros or decimals.

**Data Element:** First In-Hospital LDL-Cholesterol Value and Pre-Arrival LDL Cholesterol Value

**Change:** Clarification

- To prevent mismatches in validation the Format Length was changed to 1 – 3 or UTD with no leading zeros or decimals.

**Data Element:** First Name and Last Name

**Change:** Clarification

- To align with the functionality of both warehouses, clarification was added that up to 30/60 letters, numbers, and/or special characters can be entered.
- Added that only the following characters will be allowed:  
~ ! @ # \$ % ^ \* ( ) \_ + { } | : ? ` - = [ ] \ ; ' . , /  
and space

**Data Element:** Physician 1 and Physician 2

**Change:** Clarification

- To align with the functionality of both warehouses, the Format Type was changed to 'Character' and added that only the following characters will be allowed:  
~ ! @ # \$ % ^ \* ( ) \_ + { } | : ? ` - = [ ] \ ; ' . , /  
and space

**Data Element:** Point of Origin for Admission or Visit

## Transfer From Another ED

### Change:

#### New

- Removed the data element Point of Origin for Admission or Visit to reduce the number of changes and potential addendums related to changes by the NUBC.
- Revised the data element Transfer From Another ED to Transfer From Another Hospital or ASC. Incorporated the values from Point of Origin into the Transfer From Another Hospital or ASC data element. The data element now asks “Was the patient received as a transfer from an inpatient, outpatient or emergency/observation department of another hospital or from an ambulatory surgery center?”
- Added abstraction clarification that the emergency department includes free-standing and satellite emergency departments/rooms.

### Section:

#### Measure Information Forms

- AMI-1: Removed data elements Point of Origin and Transfer From Another ED and associated exclusions from the measure. This will allow patients are transferred in from another hospital to be included in the measure.
- AMI-7, AMI-7a, AMI-8, AMI-8a, PN-3a, PN-5, PN-5c, PN-6, PN-6a, and PN-6b: Removed Point of Origin and associated exclusions from the measure. Changed Transfer From Another ED to Transfer From Another Hospital or ASC.
- AMI-9: Removed data element Point of Origin and associated exclusions and added data element Transfer From Another Hospital or ASC.
- PN-3b: Removed data element Transfer From Another ED and associated exclusions from the measure to allow patients who are transferred in from another hospital to be included in the measure.
- Added new Prevention (Prev) Measure Set as **Informational Only**. This measure set included two measures:
  - Prev-Imm-1: Pneumococcal Immunization
  - Prev-Imm-2: Influenza ImmunizationAs the measure set is informational only, it will not be programmed for collection and cannot be submitted to the QIO Clinical Warehouse.
- Changed the ED Measure Set from Informational Only to CMS Voluntary Only. This measure set can now be collected for CMS and will be accepted into the QIO Clinical Warehouse.

### Section:

#### Appendix A

**Change:****Clarification**

- Removed the long descriptions due to the inconsistencies of how they are titled and as they are not used for programming of the ICD-9-CM Code tables.

**New**

- Added Tables 12.1 – 12.9 for the Prevention Measure Set.

**Section:****Missing Data Policy****Change:****Clarification**

- Added clarification regarding the submission of VTE Timely when VTE Prophylaxis equals value 'A':  
If the *VTE Prophylaxis* field is populated with an allowable value of A, then the *VTE Timely* element cannot be submitted. If *VTE Timely* is submitted with a corresponding *VTE Prophylaxis* of A, the entire case will be rejected.

**Section:****Population and Sampling Specifications****Change:****Clarification**

- Clarification was added regarding the submission of 5 or Fewer Discharges to align with the IPPS rule. If the hospital has 5 or fewer discharges for a measure set or strata, submission of patient level data is encouraged but not required. For CMS, if submission occurs, 1 – 5 cases of the Initial Patient Population may be submitted.

**Section:****Data Transmission – Initial Patient Population Data****Change:****Clarification**

- To align with the IPPS rule and to meet RHQDAPU requirements, clarification was added that hospitals must submit to CMS and The Joint Commission on a quarterly basis the aggregate population and sample counts for Medicare and non-Medicare discharges for each of the measure sets. If the aggregate population count is zero, the hospital is still required to submit the Hospital Inpatient Population Data file and would submit zero as the population and sample counts.

**Section:****Data Transmission Alphabetical Data Dictionary**

**Data Element: Sample Size – Medicare/Non-Medicare Only****Change: Clarification**

- Abstraction guidance changed to clarify that if the hospital is sampling the measure set, then the Sample Size – Medicare/ Non-Medicare Only should be equal or less than the Initial Patient Population Size – Medicare/Non-Medicare for the set or stratum.
- Added additional abstraction guidance to state that for CMS, there may be instances where the Sample Size may be lower than the Initial Patient Population Size. Hospitals selecting sample cases must ensure that its Initial Patient Population(s) and sample size(s) meet the condition stated in the measure set's Sample Size Requirements.

**Section: Transmission Data Processing Flow: Initial Patient Population****Change: New**

- To avoid inadvertent deletions of the population and sampling counts, "Delete" was removed as an action-code. The "Add" action-code is required for all initial patient population files submitted.

**Section: Release Notes**

- Format changed related to accessibility requirements.
- Removed the page number references.