FACT SHEET
Summary of Acute Myocardial Infarction (AMI) and Heart Failure (HF) Changes for 4/1/10+ Discharges

- Updated Rationale and Selected References in measure information forms.

Newer versions of ACC/AHA clinical guidelines and performance measure documents were added to replace older versions.

Summary of AMI and HF Changes

The information below consists of new changes in abstraction and changes provided for clarification only.

Data Element or Table:	Adult Smoking Counseling
Change:	**Clarification** • Definition of caregiver in abstraction guidelines expanded to address prison officials or other law enforcement personnel.

Data Element or Table:	Adult Smoking History
Change:	**Clarification** • Abstraction guidelines changed to clarify that in a case where one of the Only Acceptable Sources lists current smoking or tobacco use (or use within the last year) and the type of product is not specified AND other documentation in an acceptable source indicates that the tobacco product is pipe, cigar, or chewing tobacco, this documentation would be disregarded (not considered a positive finding). E.g., "Current smoker" per H&P, "Tobacco history: Smokes 5 – 6 cigars/day" per nursing admission assessment. Note: Other documentation within the Only Acceptable Sources indicating the patient is a current **cigarette** smoker or has smoked **cigarettes** within the last year would still count as an Inclusion. • Updated examples of positive documentation of smoking within past year in Inclusion list: o "+ tobacco use" (if no history context – e.g., "History" section of H&P) o "Former smoker. Quit recently."

- “History – Quit smoking 7 months ago”
  - “Quit smoking several months ago”
  - “Social Habits = current smoking”
  - “Tobacco history: current cigarette smoker”

- Updated examples of negative documentation of smoking within past year in Exclusion list:
  - Chewing tobacco use only
  - Cigar smoking only
  - “History: Smoker”
  - “History - Tobacco abuse”
  - Illegal drug use only (e.g., marijuana)
  - “Most likely quit 3 months ago”
  - Oral tobacco use only
  - Pipe smoking only
  - “Probable smoker”
  - “Remote smoker”
  - “Smoked in the last year: ?”
  - “Tobacco – 2 ppd x 22 yrs” (if no current context)

Data Element or Table:	**Comfort Measures Only**
Change:	**New**

- Excluded Data Source of “Restraint order sheet” added. Documentation of an Inclusion term (e.g., “comfort measures”) on a restraint order sheet should be disregarded.

Data Element or Table:	**All medication prescribed at discharge data elements**
Change:	**New**

- Added abstraction guideline which directs the abstractor to use the latest dated discharge summary (completed within 30 days after discharge) and latest discharge medication reconciliation form in the event there are two discharge summaries/discharge medication reconciliation forms in the record. E.g., Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. If one or both are not dated, and the abstractor cannot determine which was done last, both should be used to determine discharge medications.

Data Element or Table:	**Discharge Instructions Address Medications**
Change:	**New**

- Added abstraction guideline which directs the abstractor to use the latest dated discharge summary (completed within 30

days after discharge) and latest discharge medication reconciliation form in the event there are two discharge summaries/discharge medication reconciliation forms in the record. E.g., Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. If one or both are not dated, and the abstractor cannot determine which was done last, both should be used to determine discharge medications.

Data Element or Table:	**All discharge instruction data elements**
Change:	**Clarification**

- Definition of caregiver in abstraction guidelines expanded to address prison officials or other law enforcement personnel.

Data Element or Table:	**Initial ECG Interpretation**
Change:	**Clarification**

- Modified Exclusion list wording to clarify that Inclusion terms described as "possible" should NOT be treated as Exclusions. "Possible" is NOT a negative qualifier in the case of *Initial ECG Interpretation*. The negative qualifier listing in Table 2.6, appendix H clarifies that the qualifiers in the negative qualifier list "should be abstracted as negative findings, **unless otherwise specified**" - and the *Initial ECG Interpretation* abstraction guidelines DO specify "If any of the Inclusion terms are described using the qualifier 'possible,' disregard that finding (neither Inclusion nor Exclusion)."
- Added abstraction guideline which clarifies that when ST-elevation is described as a range, and the abstractor is unable to determine if elevation is less than 1 mm/.10mV (e.g., "0.5 - 1 mm ST-elevation"), this notation should be disregarded (not classified as an Inclusion or Exclusion).

New

- Abstraction guidelines changed to no longer count ST-elevation described as old, chronic, or previously seen as an Inclusion. Note that other documentation of ST-elevation not described as old, etc. may still count as an Inclusion.

Data Element or Table:	**LVSD**
Change:	**Clarification**

- Modified Exclusion lists to clarify that the following terms should not be considered LVSF/LVSD:
  - Diastolic dysfunction, failure, function, or impairment

- Ventricular dysfunction not described as left ventricular
- Ventricular failure not described as left ventricular
- Ventricular function not described as left ventricular

E.g., Impression section of echo report states "severe diastolic dysfunction", Findings section states "EF 35%". Abstractor should interpret Impression section as having no LVSF/LVSD findings, move to the lower priority source of the Findings section, and answer 'Yes' to LVSD.

Data Element or Table:	**Reason for Delay in Fibrinolysis** **AND** **Reason for Delay in PCI**
Change:	**Clarification**

- Abstraction guidelines changed to clarify that a consultation with other clinician counts as an acceptable (non-system) reason for delay IF it is clearly linked to an underlying patient-centered (non-system) reason. E.g., "Hold PCI. Need to consult with neurology re bleeding risk."

Data Element or Table:	**Reason for No ACEI and No ARB at Discharge**
Change:	**New**

- Abstraction guideline added which allows documentation of a reason for not prescribing "RAS" (renin-angiotensin system) or "RAAS" (renin-angiotensin-aldosterone system) blockers or inhibitors to count as a *Reason for No ACEI and No ARB at Discharge.* E.g., "Hold all RAS blockers".

Data Element or Table:	**Reason for No Aspirin at Discharge**
Change:	**New**

- In determining if Coumadin was prescribed at discharge (which automatically counts as a reason for not prescribing aspirin at discharge), an abstraction guideline was added which directs the abstractor to use the latest dated discharge summary (completed within 30 days after discharge) and latest discharge medication reconciliation form in the event there are two discharge summaries/discharge medication reconciliation forms in the record. E.g., Two discharge summaries, one dated 5/22 (day of discharge) and one dated 5/27 - Use the 5/27 discharge summary. If one or both are not dated, and the abstractor cannot determine which was done last, both should be used to determine discharge medications.

Data Element or Table:	Reason for No Aspirin on Arrival
Change:	**New**
	• In determining whether Coumadin was a pre-arrival medication (which automatically counts as a reason for not prescribing aspirin on arrival), abstraction has been simplified. Coumadin received at a transferring hospital or in the ambulance now counts as a *Reason for No Aspirin on Arrival*. [Until now, abstractors used to have to determine the patient's medication regimen "just prior to acute care treatment", thereby not counting Coumadin that was given at a transferred hospital or by EMS].

For a complete list of changes please see the “Release Notes,” located in the Specifications Manual for National Hospital Quality Measures for discharges 4/1/2010. The manual can be found at:
http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228749003528

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