

# Release Notes for the 2021A Manual

## Measure Information Forms

Section	Rationale	Description
ACHF	Table 2.13 (Previous LVAD or Heart Transplant diagnosis) was added to the initial patient population algorithm and contains codes excluded from the measure set.	<p><b>Initial Patient Population Algorithm:</b></p> <p><b>Add:</b> Table 2.13 measure set exclusion</p>
ACHF-01	Clarification that patients with a history of an LVAD or heart transplant are also excluded. Table 2.13 added to the denominator exclusions.	<p><b>Changed from:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
ACHF-02	Clarification that patients with a history of an LVAD or heart transplant are also excluded. Table 2.13 added to the denominator exclusions.	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart</li> </ul>

		transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)
ACHF-03	Clarification that patients with a history of an LVAD or heart transplant are also excluded. Table 2.13 added to the denominator exclusions.	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
ACHF-04	Clarification that patients with a history of an LVAD or heart transplant are also excluded. Table 2.13 added to the denominator exclusions.	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
ACHF-05	Clarification that patients with a history of an LVAD or heart transplant are also excluded. Table 2.13 added to the denominator exclusions.	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p>

		<ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
ACHF-06	Clarification that patients with a history of an LVAD or heart transplant are also excluded. Table 2.13 added to the denominator exclusions.	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
ACHFOP	Table 2.13 (Previous LVAD or Heart Transplant diagnosis) was added to the initial patient population algorithm and contains codes excluded from the measure set.	<p><b>Initial Patient Population Algorithm:</b></p> <p><b>Add:</b> Table 2.13 measure set exclusion</p>
ACHFOP-01	Table 2.13 added to the denominator exclusions.	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assist device (LVAD) or heart transplant procedure (ICD-10-PCS Procedure Code for LVAD or heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>

<p>ACHFOP-02</p>	<p>Table 2.13 added to the denominator exclusions.</p>	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assist device (LVAD) or heart transplant procedure (ICD-10-PCS Procedure Code for LVAD or heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
<p>ACHFOP-03</p>	<p>Table 2.13 added to the denominator exclusions.</p>	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assist device (LVAD) or heart transplant procedure (ICD-10-PCS Procedure Code for LVAD or heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
<p>ACHFOP-04</p>	<p>Table 2.13 added to the denominator exclusions.</p>	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assist device (LVAD) or heart transplant procedure (ICD-10-PCS Procedure Code for LVAD or heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>

<p>ACHFOP-05</p>	<p>Table 2.13 added to the denominator exclusions.</p>	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assist device (LVAD) or heart transplant procedure (ICD-10-PCS Procedure Code for LVAD or heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
<p>ACHFOP-06</p>	<p>Table 2.13 added to the denominator exclusions.</p>	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assist device (LVAD) or heart transplant procedure (ICD-10-PCS Procedure Code for LVAD or heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>
<p>ACHFOP-07</p>	<p>Table 2.13 added to the denominator exclusions.</p>	<p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assist device (LVAD) or heart transplant procedure (ICD-10-PCS Procedure Code for LVAD or heart transplant as defined in Appendix A, Table 2.2)</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospital stay or a past medical history of an LVAD or heart transplant (ICD-10-PCS procedure code for LVAD and heart transplant as defined in Appendix A Table 2.2, and ICD-10 diagnosis codes on Table 2.13)</li> </ul>

ASR-IP-1	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
ASR-IP-2	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
ASR-IP-3	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
ASR-OP-1	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
ASR-OP-2	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
CCCIP	Updated sampling examples	<p>Quarterly Sampling Examples:</p> <p><b>Change</b> from: PCI- 26 patients</p> <ul style="list-style-type: none"> <li>• No sampling, 100% of patient population required if the organization chooses to abstract the following optional measures:</li> </ul>

		<p><b>To:</b> PCI- 62 patients</p> <ul style="list-style-type: none"> <li>No sampling, 100% of patient population required if the organization chooses to abstract the following optional measures:</li> </ul> <p>Monthly Sampling Examples: <b>Change</b> from: MI-76 patients</p> <ul style="list-style-type: none"> <li>The hospital will abstract the following mandatory measures and if the organization chooses, the additional optional measures for these 76 MI patients:</li> </ul> <p><b>To:</b> MI-69 patients (345 February patients x 20%=69)</p> <ul style="list-style-type: none"> <li>The hospital will abstract the following mandatory measures and if the organization chooses, the additional optional measures for these 69 MI patients:</li> </ul> <p><b>Change</b> from: PCI- 76 patients</p> <ul style="list-style-type: none"> <li>If the organization chooses, the following optional measures could be abstracted for their 76 PCI patients:</li> </ul> <p><b>To:</b> PCI- 26 patients</p> <ul style="list-style-type: none"> <li>If the organization chooses, the following optional measures could be abstracted for their 26 PCI patients:</li> </ul> <p><b>Change</b> from: CABG-35 patients</p> <ul style="list-style-type: none"> <li>No sampling, 100% of patient population required, if the organization chooses the following optional measures could be abstracted for all their CABG patients:</li> </ul> <p><b>To:</b> CABG-26 patients</p> <ul style="list-style-type: none"> <li>If the organization chooses, the following optional measures could be abstracted for their 26 PCI patients:</li> </ul>
CCCOP	Updated sampling examples	<p>Quarterly Sampling Examples: <b>Change</b> from: PCI- 26 patients</p>

		<ul style="list-style-type: none"> <li>No sampling, 100% of patient population required if the organization chooses to abstract the following optional measures:</li> </ul> <p><b>To:</b> PCI- 62 patients</p> <ul style="list-style-type: none"> <li>No sampling, 100% of patient population required if the organization chooses to abstract the following optional measures:</li> </ul> <p>Monthly Sampling Examples:</p> <p><b>Change</b> from: MI-76 patients</p> <ul style="list-style-type: none"> <li>The hospital will abstract the following mandatory measures and if the organization chooses, the additional optional measures for these 76 MI patients:</li> </ul> <p><b>To:</b> MI-69 patients (345 February patients x 20%=69)</p> <ul style="list-style-type: none"> <li>The hospital will abstract the following mandatory measures and if the organization chooses, the additional optional measures for these 69 MI patients:</li> </ul> <p><b>Change</b> from: PCI- 76 patients</p> <ul style="list-style-type: none"> <li>If the organization chooses, the following optional measures could be abstracted for their 76 PCI patients:</li> </ul> <p><b>To:</b> PCI- 26 patients</p> <ul style="list-style-type: none"> <li>If the organization chooses, the following optional measures could be abstracted for their 26 PCI patients:</li> </ul> <p><b>Change</b> from: CABG-35 patients</p> <ul style="list-style-type: none"> <li>No sampling, 100% of patient population required, if the organization chooses the following optional measures could be abstracted for all their CABG patients:</li> </ul> <p><b>To:</b> CABG-26 patients</p> <ul style="list-style-type: none"> <li>If the organization chooses, the following optional measures could be abstracted for their 26 PCI patients:</li> </ul>
CSTK-01	The MIF was revised to update a clinical practice guideline.	<p>Selected References</p> <p><b>Add:</b></p> <ul style="list-style-type: none"> <li>Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke:</li> </ul>

		<p>2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</p> <p>Algorithm Change:</p> <p><b>Move:</b> "Timing II (in minute) = Discharge Date and Discharge Time minus Arrival Date and Arrival Time" calculation from page 4 to page 2.</p> <p><b>Change:</b> "Timing II" to "Timing I" on page 2 and "Timing I" to "Timing II" on page 3.</p>
CSTK-02	The MIF was revised to update a clinical practice guideline.	<p>Selected References</p> <p><b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
CSTK-05	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
CSTK-08	The MIF was updated to remove ischemic stroke patients treated with intra-arterial (IA) alteplase therapy.	<p>Description</p> <p><b>Change to:</b> Ischemic stroke patients with a post-treatment reperfusion grade of TICl 2B or higher in the vascular territory beyond the target arterial occlusion at the end of mechanical endovascular reperfusion therapy</p> <p>Rationale</p> <p><b>Change to:</b> The Thrombolysis in Cerebral Infarction (TICl) Reperfusion Grade is used to measure cerebral reperfusion. Four results are possible with this scoring system: 0 (no perfusion); 1 (perfusion past the initial occlusion, but no distal branch filling); 2 (perfusion with incomplete or slow distal branch filling); and , 3 (full perfusion with filling of all distal</p>

branches). Reperfusion past the target arterial occlusion and into the distal arterial bed and terminal branches, in conjunction with recanalization of the target arterial occlusion, demonstrates flow restoration or revascularization.

Endovascular therapy (EVT) is now the standard of care for treatment of acute ischemic stroke due to large-vessel occlusion (LVO). In 2015, the American Heart Association/American Stroke Association published a focused update to the 2013 Guidelines for the Early Management of Patients with Acute Ischemic Stroke regarding endovascular treatment (Powers WJ, et. al., 2015). Endovascular therapy with a stent retriever is recommended for eligible patients. The use of mechanical thrombectomy devices other than stent retrievers as first-line devices for mechanical thrombectomy may be reasonable in some circumstances, but stent retrievers remain the first choice (Powers WJ, et. al., 2018).

#### Denominator Statement

**Change to:** Ischemic stroke patients treated with mechanical endovascular reperfusion therapy

#### Included Populations

##### **Change to:**

- Discharges with *ICD-10-CM Principal Diagnosis Code* for ischemic stroke as defined in Appendix A, Table 8.1 for ICD-10 codes,  
**AND**
- Patients with documented *Mechanical Endovascular Reperfusion Therapy (ICD-10-PCS Principal or Other Procedure Codes* as defined in Appendix A, Table 8.1b for ICD-10 codes),  
**AND**
- Patients with documented *Failed Attempt at Thrombectomy (ICD-10-PCS Principal or Other Procedure Codes* as defined in Appendix A, Table 8.1c for ICD-10 codes)

#### Data Elements

**Remove** *IA Route of Alteplase Administration*

#### Selected References

##### **Add:**

		<ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul> <p>Algorithm Change</p> <p><b>Remove</b> "IA Alteplase therapy and/or" from Denominator Statement.</p> <p><b>Remove</b> Second "ICD-10-PCS Principal or Other Procedure Codes" diamond and "IA Route of Alteplase Administration" diamond.</p> <p><b>Change</b> "Any on Table 8.1a or 8.1b" to "Any on Table 8.1b" and "All Missing or None on Table 8.1a or 8.1b" to "All Missing or None on Table 8.1b".</p>
<p>CSTK-09</p>	<p>The MIF was updated to remove ischemic stroke patients treated with intra-arterial (IA) alteplase therapy</p>	<p>Description</p> <p><b>Change</b> to: Median time from hospital arrival to the time of skin puncture to access the artery (e.g., brachial, carotid, femoral, radial) selected for endovascular treatment (EVT) of acute ischemic stroke.</p> <p>Rationale</p> <p><b>Change</b> to: Timely recanalization of an occluded intracerebral artery is a strong predictor of improved functional outcome and reduced mortality in patients with an acute ischemic stroke. Initiation of intra-venous (IV) alteplase within three hours of time last known well is recommended first before attempting other treatment; however, endovascular treatment (EVT) with mechanical retrieval devices is also recommended after IV thrombolysis failure or lapse of the therapeutic window. For eligible patients, initiation of EVT (e.g., groin puncture) within 6 hours of stroke symptom onset using a stent retriever is preferred (Powers WJ, et. al., 2015). Findings from clinical trials published in 2018 ( i.e., DAWN, DEFUSE 3) have reported the benefits of mechanical thrombectomy in the extended window up to 24 hours of last known well for select ischemic stroke patients meeting certain criteria. The use of mechanical thrombectomy devices other than stent retrievers as first-line devices for mechanical thrombectomy may be reasonable in some circumstances, but stent retrievers remain the first choice (Powers WJ, et. al., 2018).</p> <p>Since "time is brain", the overall speed of the revascularization process is an important and appropriate measure. In multicenter clinical trials of intra-arterial catheter-directed therapies, the probability of good outcome as defined by a Modified Rankin Score of 0-2 at</p>

90 days decreased as time to angiographic revascularization increased. It is estimated that for every 30-minute delay in time to revascularization, there is a 10% decrease in the likelihood of a good outcome from EVT.

#### Included Populations

##### **Change to:**

- Discharges with *ICD-10-CM Principal Diagnosis Code* for ischemic stroke as defined in Appendix A, Table 8.1 for ICD-10 codes,  
**AND**
- Patients with documented Mechanical Endovascular Reperfusion Therapy (ICD-10-PCS Principal or Other Procedure Codes as defined in Appendix A, Table 8.1b for ICD-10 codes).

#### Denominator Data Elements

##### **Add:**

- *Initial NIHSS Less Than 6*

#### Excluded Populations

##### **Add:**

- Patients who have an *Initial NIHSS Less Than 6*

#### Data Elements

**Remove:** *IA Route of Alteplase Administration*

#### Selected References

##### **Add:**

- Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*. 2019 Dec;50(12):e344-e418.

#### Algorithm

**Remove:** Second "ICD-10-PCS Principal or Other Procedure Codes" diamond and "IA Route of Alteplase Administration" diamond.

**Change from:** "Any on Table 8.1a or 8.1b" to "Any on Table 8.1b" and "All Missing or None on Table 8.1a or 8.1b"

		<p><b>To:</b> "All Missing or None on Table 8.1b".</p> <p><b>Add:</b> "Initial NIHSS Less Than 6" diamond on page 1.</p>
<p>CSTK-10</p>	<p>The MIF was revised to include strata by type of ischemic stroke therapy.</p>	<p><b>Change</b> to: Ischemic stroke patients treated with intra-venous (IV) alteplase or who undergo mechanical endovascular reperfusion therapy and have a mRS less than or equal to 2 at 90 days (<math>\geq 75</math> days and <math>\leq 105</math> days)</p> <p><b>CSTK-10</b> All ischemic stroke patients treated with intra-venous (IV) alteplase or who undergo mechanical endovascular reperfusion therapy and have a mRS less than or equal to 2 at 90 days (<math>\geq 75</math> days and <math>\leq 105</math> days)</p> <p><b>CSTK-10a</b> Ischemic stroke patients treated with intra-venous (IV) alteplase only and have a mRS 0, 1, or 2 documented prior to the stroke; <b>OR</b> no mRS documented prior to the stroke</p> <p><b>CSTK-10b</b> Ischemic stroke patients treated with intra-venous (IV) alteplase only and have a mRS 3, 4, or 5 documented prior to the stroke</p> <p><b>CSTK-10c</b> Ischemic stroke patients treated with mechanical endovascular reperfusion therapy with or without IV/IA alteplase therapy and have a mRS 0, 1, or 2 documented prior to the stroke; <b>OR</b> no mRS documented prior to the stroke</p> <p><b>CSTK-10d</b> Ischemic stroke patients treated with mechanical endovascular reperfusion therapy with or without IV/IA alteplase therapy and have a mRS 3, 4, or 5 documented prior to the stroke</p> <p>The CSTK-10 measure is reported as an overall rate which includes ischemic stroke patients treated with intra-venous (IV) alteplase only or who undergo mechanical endovascular reperfusion therapy with or without IV/IA alteplase therapy and have a mRS less than or equal to 2 at 90 days (<math>\geq 75</math> days and <math>\leq 105</math> days); CSTK-10a, CSTK-10b, CSTK-10c, and CSTK-10d are subsets of the overall rate, stratified by mRS prior to the stroke and type of reperfusion therapy.</p> <p>Numerator Statement <b>Add: CSTK-10c:</b> Ischemic stroke patients with a mRS less than or equal to 2 at 90 days (<math>\geq 75</math> days and <math>\leq 105</math> days) and a mRS 0, 1, or 2 documented prior to the stroke; <b>OR</b> no mRS documented prior to the stroke</p> <p><b>CSTK-10d:</b> Ischemic stroke patients with a mRS less than or equal to 2 at 90 days (<math>\geq 75</math> days and <math>\leq 105</math> days) and a mRS 3, 4, or 5 documented prior to the stroke</p>

Denominator Statement **Change** to:

**CSTK-10:** Ischemic stroke patients treated with IV alteplase therapy or who undergo mechanical endovascular reperfusion therapy

**CSTK-10a:** Ischemic stroke patients treated with IV alteplase only

**CSTK-10b:** Ischemic stroke patients treated with IV alteplase only

**CSTK-10c:** Ischemic stroke patients treated with mechanical endovascular reperfusion therapy with or without IV/IA alteplase therapy

**CSTK-10d:** Ischemic stroke patients treated with mechanical endovascular reperfusion therapy with or without IV/IA alteplase therapy

Included Populations **Change** second bullet to:

- Patients with documented IV alteplase therapy (*ICD-10-PCS Principal or Other Procedure Codes* as defined in Appendix A, Table 8.1a for ICD-10 codes), **OR**

Data Elements **Add:**

- *IV Alteplase Initiation*

Selected References **Add:**

- Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*. 2019 Dec;50(12):e344-e418.

Algorithm Change:

**Add:**

"ICD-10-PCS Principal or Other Procedure Codes" and "IV Alteplase Initiation" diamond on page 1. Strata CSTK-10c and strata CSTK-10d in the stratification table.

"ICD-10-PCS Principal or Other Procedure Codes" diamond and branches for CSTK-10c and CSTK-10d on page 3.

		<p><b>Change:</b></p> <p>CSTK-10a strata name from "Functional Status Prior to Stroke-Independent" to "Functional Status Prior to Stroke-Independent: IV Alteplase Only", CSTK-10b strata name from "Functional Status Prior to Stroke-Dependent" to "Functional Status Prior to Stroke-Dependent: IV Alteplase Only".</p>
CSTK-11	The MIF was updated to reflect current clinical practice.	<p>Performance Measure Name  <b>Change to:</b> Rate of Rapid Effective Reperfusion From Hospital Arrival</p> <p>Denominator Data Elements  <b>Add:</b> <i>Initial NIHSS Less Than 6</i></p> <p>Excluded Populations  <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Patients who have an <i>Initial NIHSS Less Than 6</i></li> </ul> <p>Selected References  <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul> <p>Algorithm Change  <b>Add</b> "Initial NIHSS Less Than 6" diamond on page 1.</p>
CSTK-12	The MIF and algorithm were revised to reflect current clinical practice.	<p>Performance Measure Name  <b>Change to:</b> Rate of Rapid Effective Reperfusion From Skin Puncture</p> <p>Selected References  <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic</li> </ul>

		Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i> . 2019 Dec;50(12):e344-e418.
PC-01	Added new publication	<p>Selected References <b>Add</b></p> <ul style="list-style-type: none"> <li>Borders, E.B., Birsner, M.L., Gyanmfi-Bannerbaum, C. (2019). Avoidance of nonmedically indicated early-term deliveries and associated neonatal morbidities. American College of Obstetricians and Gynecologists Committee Opinion, 133:2, e156-163.</li> </ul>
PC-02	Added new publications	<p>Selected References <b>Add</b></p> <ul style="list-style-type: none"> <li>Caughey, A.B., Cahill, A.G., Guise, JM., Rouse, D.J. (2019). Safe prevention of the primary cesarean delivery. American College of Obstetricians and Gynecologists, 123: 693-711. Retrieved from <a href="https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery">https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery</a>.</li> <li>Main, E.K, Shen-Chih, C., Cape, V., Sakowski, C., Smith, H., Vasher, J. (2019). Safety assessment scale of a large-scale improvement collaborative to reduce nulliparous cesarean delivery rates. American College of Obstetricians and Gynecologists, 133 (4): 613-623.</li> </ul>
PC-05	Updated publication in Selected References	<p>Selected Reference</p> <p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>American Academy of Pediatrics. (2005). Section on Breastfeeding. Policy Statement: Breastfeeding and the Use of Human Milk. <i>Pediatrics</i>.115:496– 506.</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>American Academy of Pediatrics. Section on Breastfeeding. Policy Statement. Breastfeeding and the Use of Human Milk. <i>Pediatrics</i> 2012 Mar; 129 (3): e827-841.</li> </ul>
STK-1	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic</li> </ul>

		Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i> . 2019 Dec;50(12):e344-e418.
STK-10	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
STK-2	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
STK-3	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
STK-5	The MIF was revised to update a clinical practice guideline.	<p>Selected References: <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
STK-6	The MIF was revised to update a clinical practice guideline.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>• Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, et al. Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. <i>Stroke</i>. 2019 Dec;50(12):e344-e418.</li> </ul>
STK-OP-1		<p>Algorithm</p> <p><b>Change</b> from: The branch after "MER Eligibility" box and "Overall Measure Category</p>

		Assignment for STK-OP-1a" box = Y <b>To:</b> = X or Y
THKR-IP-1	Added additional reference	<b>Add:</b> Warren, F., Sundaram, A., Anis, A., Kamath, S., Mont, S., Higuera, S., & PiuZZi, S. (2020). Spinal Anesthesia Is Associated With Decreased Complications After Total Knee and Hip Arthroplasty. <i>Journal of the American Academy of Orthopaedic Surgeons</i> , 28(5), e213–e221.
THKR-OP-1	Added new reference	<b>Add:</b> Warren, F., Sundaram, A., Anis, A., Kamath, S., Mont, S., Higuera, S., & PiuZZi, S. (2020). Spinal Anesthesia Is Associated With Decreased Complications After Total Knee and Hip Arthroplasty. <i>Journal of the American Academy of Orthopaedic Surgeons</i> , 28(5), e213–e221.
TOB-2	Based upon the guidance of the Technical Advisory Panel (TAP), the data element Tobacco Use Status is being updated to align the allowable values with the status language endorsed by the Office of the National Coordinator for Health Information Technology (ONC) and used in most EHRs. The algorithm is being updated to reflect the new allowable values for <i>Tobacco Use Status</i> .	Algorithm Change:  <b>Change:</b>  "Tobacco Use Status" diamond exit condition "5" change to "6" on page 1 and Page 3. "Tobacco Use Status" diamond exit condition "3, 4, 5, 6" change to "3, 4, 5, 6, 7" and "3, 4, 6" change to "3, 4, 5, 7" on page 1.
TOB-3	Based upon the guidance of the Technical Advisory Panel (TAP), the data element Tobacco Use Status is being updated to align the allowable values with the status language endorsed by the Office of the National Coordinator for Health Information	Algorithm Change:  <b>Change:</b>  "Tobacco Use Status" diamond exit condition "3, 4, 5, 6" change to "3, 4, 5, 6, 7" on page 1.

	Technology (ONC) and used in most EHRs. The algorithm is being updated to reflect the new allowable values for <i>Tobacco Use Status</i> .	
VTE-6	The Measure Information Form was updated to add a clinical practice guideline reference.	<p>Selected References <b>Add:</b></p> <ul style="list-style-type: none"> <li>Anderson DR, Morgano GP, Bennett C, Dentali F, Francis CW, Garcia DA, et. al. American Society of Hematology 2019 guidelines for management of venous thromboembolism: prevention of venous thromboembolism in surgical hospitalized patients. <i>Blood Advances</i>. 2019, Dec;3(23):3898-3944.</li> </ul>

Data Elements

Section	Rationale	Description
Hispanic Ethnicity	Data element being updated to align with version 5.9 of the Specifications Manual for National Hospital Inpatient Quality measures.	<p>Definition  <b>Change</b> from: Documentation that the patient is of Hispanic ethnicity or Latino.  <b>To:</b> Documentation that the patient is of Hispanic, Latino, or Spanish ethnicity.</p> <p>Suggested Data Collection Question  <b>Change</b> from: Is the patient of Hispanic ethnicity or Latino?  <b>To:</b> Is the patient of Hispanic, Latino, or Spanish ethnicity?</p> <p>Allowable Values  <b>Change</b> from:                      Y (Yes) Patient is of Hispanic ethnicity or Latino.                      N (No) Patient is not of Hispanic ethnicity or Latino.  <b>To:</b>                      Y (Yes) Patient is of Hispanic, Latino, or Spanish ethnicity.                      N (No) Patient is not of Hispanic, Latino, or Spanish ethnicity or unable to determine from medical record documentation.</p> <p>Examples  <b>Add</b> the following terms:  <ul style="list-style-type: none"> <li>Colombian</li> </ul> </p>

		<ul style="list-style-type: none"> <li>• Dominican</li> <li>• Ecuadorian</li> <li>• Guatemalan</li> <li>• Salvadoran</li> <li>• Spaniard</li> </ul>
Initial NIHSS Less Than 6	A new data element was added to support the denominator exclusion <i>Initial NIHSS Less Than 6</i> .	
Patient Status at Discharge	Allowable value 2 being updated to provide clarification for abstraction.	<p>Allowable Values</p> <p><b>Change:</b> 3rd sub-bullet under allowable value 2 from:</p> <ul style="list-style-type: none"> <li>• the patient was transferred/discharged from the inpatient psychiatric unit in an acute care setting to another level of care, (i.e. medical unit), and subsequently discharged from that level of care</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>• the patient was transferred/discharged from the inpatient psychiatric unit in an acute care or critical access hospital to another level of care, (i.e. medical unit), at the same acute care or critical access hospital and subsequently discharged from that level of care</li> </ul>
Payment Source	The data element is being updated to align with the verbiage in of the Medicare Modernization Act.	<p>Notes for Abstraction</p> <p><b>Change</b> 3rd bullet to:</p> <ul style="list-style-type: none"> <li>• If the patient is an Undocumented Alien or Illegal immigrant select "1". Undocumented Alien: Section 1011 of the Medicare Modernization Act of 2003 allows for reimbursement for services rendered to patients who are:             <ul style="list-style-type: none"> <li>◦ Undocumented aliens</li> <li>◦ Aliens paroled into a United States port of entry for the purpose of receiving eligible services</li> <li>◦ Mexican citizens permitted to enter the United States for not more than 72 hours under the authority of a laser visa, issued in accordance with the</li> </ul> </li> </ul>

		<p>requirements of regulations prescribed under the Immigration and Nationality Act</p> <p><b>Change</b> Inclusion Guidelines for Abstraction to:</p> <p>Medicare includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Black Lung</li> <li>• End Stage Renal Disease (ESRD)</li> <li>• Medicare Fee for Service (includes DRG or PPS)</li> <li>• Medicare HMO/Medicare Advantage</li> <li>• Medicare Part A, B, C, D, F, G, K, L, M, and N</li> <li>• Medicare Secondary Payer</li> <li>• Railroad Retirement Board (RRB)</li> </ul>
<p>Post-Treatment Thrombolysis in Cerebral Infarction (TICI) Reperfusion Grade Date</p>	<p>The data element definition was updated to provide clarification for abstractors.</p>	<p>Definition</p> <p><b>Change</b> to:</p> <p>The month, date, and year that a Post-Treatment Thrombolysis in Cerebral Infarction (TICI) Reperfusion Grade was first documented during the mechanical thrombectomy procedure.</p> <p>Question</p> <p><b>Change</b> to:</p> <p>What was the date that a TICI was first documented during the mechanical thrombectomy procedure?</p> <p>Notes for Abstraction</p> <p><b>Add:</b></p> <ul style="list-style-type: none"> <li>• If a TICI 2B/3 was not achieved but a TICI less than 2B/3 was documented for the procedure, then select that date.</li> </ul> <p><b>Change</b> from:</p> <ul style="list-style-type: none"> <li>• If the date a TICI 2B/3 was first documented is unable to be determined from medical record documentation, select "UTD".</li> </ul> <p>To:</p>

		<ul style="list-style-type: none"> <li>If a TICl date was not documented or unable to be determined from medical record documentation, select "UTD".</li> </ul>
<p>Post-Treatment Thrombolysis in Cerebral Infarction (TICl) Reperfusion Grade Time</p>	<p>The data element definition was updated to provide clarification for abstractors.</p>	<p><b>Definition</b></p> <p><b>Change to:</b></p> <p>The time (military time) that a Post-Treatment Thrombolysis in Cerebral Infarction (TICl) Reperfusion Grade was first documented during the mechanical thrombectomy procedure.</p> <p><b>Question</b></p> <p><b>Change to:</b></p> <p>What was the time that a TICl was first documented during the mechanical thrombectomy procedure?</p> <p><b>Notes for Abstraction</b></p> <p><b>Add:</b></p> <ul style="list-style-type: none"> <li>If a TICl 2B/3 was not achieved but a TICl less than 2B/3 was documented for the procedure, then select that time.</li> </ul> <p><b>Change from:</b></p> <ul style="list-style-type: none"> <li>If the time a TICl 2B/3 was first documented is unable to be determined from medical record documentation, select "UTD".</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>If a TICl time was not documented or unable to be determined from medical record documentation, select "UTD".</li> </ul>
<p>Pre-Stroke Modified Rankin Score (mRS)</p>	<p>The data element definition was updated to remove the name of the data element from the allowable values label.</p>	<p><b>Allowable Values</b></p> <p><b>Change to:</b> 1 A score value of 0, 1, or 2 was documented in the medical record, <b>OR</b> physician/APN/PA documentation that the patient was able to look after self without daily help prior to this acute stroke episode.</p> <p>2 A score value of 3, 4, or 5 was documented in the medical record, <b>OR</b> physician/APN/PA documentation that the patient could NOT look after self without daily help prior to this</p>

		<p>acute stroke episode.</p> <p>3 A score value was not documented, <b>OR</b> unable to determine (UTD) from the medical record documentation.</p>
<p>Race</p>	<p>Data element being updated to align with version 5.9 of the Specifications Manual for National Hospital Inpatient Quality Measures.</p>	<p>Allowable Values</p> <p><b>Change</b> Allowable Values 4 and 5 from:</p> <p>4. <b>Asian:</b> Patient’s race is Asian.</p> <p>5. <b>Native Hawaiian or Pacific Islander:</b> Patient’s race is Native Hawaiian or Pacific Islander.</p> <p><b>To:</b></p> <p>4. <b>Asian or Pacific Islander:</b> Patient’s race is Asian/Pacific Islander.</p> <p>5. <b>Retired Value</b> (effective 01-01-2021 discharges)</p> <p>Notes for Abstraction</p> <p><b>Change</b> third bullet to:</p> <ul style="list-style-type: none"> <li>Although the terms “Hispanic,” “Latino,” and “Spanish” are descriptions of the patient’s ethnicity, it is not uncommon to find them referenced as race. If the patient’s race is documented only as Hispanic, Latino, or Spanish, select “White.” If the race is documented as mixed Hispanic/Latino with another race, use whatever race is given (e.g., Black-Hispanic – select “Black”). Other terms for Hispanic, Latino, or Spanish include Chicano, Cuban, H (for Hispanic), Latin American, Latina, Mexican, Mexican-American, Puerto Rican, and South or Central American.</li> </ul> <p>Inclusion Guidelines for Abstraction</p> <p><b>Change</b> to:</p> <p><b>Black or African American:</b> A person having origins in any of the black racial groups of Africa (e.g., Jamaican, Haitian, Nigerian, Ethiopian, Somali, Negro).</p> <p><b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North America (including Central America) and who maintains tribal affiliation or community attachment (e.g., any recognized tribal entity in North and Central America, Native American).</p> <p><b>Asian or Pacific Islander:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, the Pacific Islands, Native Hawaiian, Guam, Samoa, Thailand, and Vietnam.</p>

		<p><b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g. German, Irish, English, Italian, Lebanese, Egyptian).</p>
Referral for Addictions Treatment	Notes for abstraction are being updated to clarify when to abstract allowable value 4.	<p>Notes for Abstraction -</p> <p><b>Change</b> 2nd bullet from:</p> <ul style="list-style-type: none"> <li>If the patient does not have a residence in the USA, Value "4" must be selected</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Value "4" should be selected if the patient: <ul style="list-style-type: none"> <li>is being discharged to a residence outside the USA</li> <li>is released to a court hearing and does not return</li> <li>is being discharged to jail/law enforcement</li> </ul> </li> </ul>
Referral for Outpatient Tobacco Cessation Counseling	Notes for abstraction are being updated to clarify when to abstract allowable value 4.	<p>Notes for Abstraction -</p> <p><b>Change</b> 5th bullet from:</p> <ul style="list-style-type: none"> <li>If the patient does not have a residence in the USA, Value "4" must be selected</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>Value "4" should be selected if the patient: <ul style="list-style-type: none"> <li>is being discharged to a residence outside the USA</li> <li>is released to a court hearing and does not return</li> <li>is being discharged to jail/law enforcement</li> </ul> </li> </ul>
Tobacco Use Status	Based upon the guidance of the Technical Advisory Panel (TAP), the data element <i>Tobacco Use Status</i> is being updated to align the allowable values with the status language endorsed by the Office of the National Coordinator for Health Information Technology (ONC) and used in most EHRs.	<p>Definition</p> <p><b>Change</b> from:</p> <p>Documentation within the first day of admission (by the end of Day 1) of the adult patient's tobacco use status within the past 30 days prior to the day of hospital admission. Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars. A tobacco use screen should identify the type of tobacco product used, the volume used, and the time frame of use.</p> <p><b>To:</b></p> <p>Documentation within the first day of admission (by the end of Day 1) of the adult patient's tobacco use status. Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars.</p>

## Allowable Values

**Change from:**

1 The patient has during the last 30 days

- smoked, on average, 5 or more cigarettes( $\geq\frac{1}{4}$  pack)daily, and/or
- Smoked cigars and/or pipes daily

2 The patient has during the past 30 days

- smoked, on average, 4 or less cigarettes( $<\frac{1}{4}$  pack) daily and/or
- Smoked cigarettes, cigars and/or pipes, but not daily, and/or
- Used smokeless tobacco, regardless of frequency

3 The patient has not used any forms of tobacco in the past 30 days.

4 The patient refused the tobacco use screen within the first day of admission (by the end of Day 1).

5 The patient was not screened for tobacco use within the first day of admission (by the end of Day 1) or unable to determine the patient's tobacco use status from medical record documentation.

6 The patient was not screened for tobacco use within the first day of admission (by end of Day 1) because of cognitive impairment.

**To:**

1 Current everyday tobacco user

2 Current some day tobacco user

3 Former tobacco user

4 Never tobacco user

5 The patient refused the tobacco use screen

6 Tobacco use status unknown

7 The patient was not screened for tobacco use within the first day of admission (by end of Day 1) because of cognitive impairment.

## Notes for Abstraction

**Change from:**

- The tobacco use status screening must have occurred within the first day of admission (by the end of Day 1). This includes the day of admission which is defined as Day 0, and the day after admission which is defined as Day 1 **Exception** If the screening was performed within 3 days prior to admission, i.e., at the transferring facility, in another inpatient hospital unit, emergency department or observation unit, the screening documentation must be present in the current medical record.
- If there is any conflicting documentation about the patient's tobacco use status, e.g., RN assessment states patient has not used any tobacco products in the past 30 days prior to admission, but there is also physician documentation in the H & P that the patient is a "smoker," select Value "5" since tobacco use status is unable to be determined.
- Documentation of "nicotine" use is not acceptable to determine tobacco use status. The documentation of "nicotine" use needs to be supported by language showing it was in the form of cigarettes, cigars, pipes and/or smokeless tobacco.
- If there is documentation that the patient has not used any tobacco products during the past 30 days prior to admission, continued assessment for the type, volume and frequency does not need to be performed.
- If there is documentation that the patient has used smokeless tobacco AND has also smoked cigarettes daily on average in a volume of five or more cigarettes (=>¼ pack) per day and/or cigars daily and/or pipes daily during the past 30 days, select Value "1."
- There is no requirement to capture volume and frequency of use for patients using only smokeless tobacco.
- For the History and Physical (H&P) source, use only the H&P report for the current admission. The H&P may be a dictated report, a handwritten report on an H&P form, or a separate entry labeled as the H&P in the progress notes.
- Classify a form as a nursing admission assessment if the content is typical of nursing admission assessment (e.g., med/surg/social history, current meds, allergies, physical assessment) AND the form is completed/reviewed by a nurse or labeled as a "nursing form."
- Disregard documentation of tobacco use history if the current tobacco use status or time frame that patient quit is not defined (e.g., "20 pk/yr smoking history," "History of tobacco abuse").
- Do not include documentation of smoking history referenced as a "risk factor" (e.g., "risk factor: tobacco," "risk factor: smoking," "risk factor: smoker"), where current tobacco use status is indeterminable.

- When there is conflicting information in the record with regard to volume, for instance, one document indicates patient is a light smoker and another indicates patient is a volume greater than light smoking; select Value “1” indicating the heaviest usage.
- If the medical record indicates the patient smokes cigarettes and the volume is not documented or is unknown, assume smoking at the heaviest level and select Value “1.”
- Cognition refers to mental activities associated with thinking, learning, and memory. Cognitive impairment for the purposes of this measure set is related to documentation that the patient cannot be screened for tobacco use due to the impairment (e.g., comatose, obtunded, confused, memory loss) within the first day of admission (by end of Day 1).
- If there is documentation within the first day of admission (by end of Day 1) that the patient was psychotic, symptoms of psychosis, e.g., hallucinating, non-communicative, catatonic, etc., must also be documented for the patient to be considered cognitively impaired.
- If there is documentation to “rule out” a condition/diagnosis related to cognitive impairment, Value “6” cannot be selected unless there is documentation of symptoms. Examples:
  - Patient actively hallucinating, rule out psychosis. (Select Value “6”).
  - Rule out psychosis. (Cannot select Value “6”).
- If there is documentation of any of the examples of cognitive impairment below within the first day of admission (by the end of Day 1), select Value “6” regardless of conflicting documentation. Examples of cognitive impairment include:
  - Altered Level of Consciousness (LOC)
  - Altered Mental Status
  - Cognitive impairment
  - Cognitively impaired
  - Cognitive impairment due to acute substance use; overdose, acute intoxication
  - Confused
  - Dementia
  - Intubation and patient is intubated through the end of Day 1
  - Memory loss
  - Mentally handicapped
  - Obtunded
  - Psychotic/psychosis with documented symptoms
  - Sedation
- Documentation of cognitive impairment overrides documentation of a tobacco screen and therefore would not be considered “conflicting documentation.” Even if the

family or others tell staff the patient uses tobacco, the patient could not be appropriately screened and subsequently counseled due to cognitive impairment. Select Value "6."

**To:**

- The tobacco use status screening must have occurred within the first day of admission (by the end of Day 1). This includes the day of admission which is defined as Day 0, and the day after admission which is defined as Day 1

**Exception**

If the screening was performed within 3 days prior to admission, i.e., at the transferring facility, in another inpatient hospital unit, emergency department or observation unit, the screening documentation must be present in the current medical record.

- There is no requirement to capture volume of use.
- If there is documentation that the patient uses any amount or any type of tobacco product on a daily basis, select Value "1."
- Current some day tobacco user is defined as tobacco use that is infrequent, sporadic, use that is not on a daily basis. This is regardless of volume or occurrence of tobacco use.
- If there is documentation that the patient is not a current tobacco user but used tobacco at any time in the past, regardless of date of last tobacco use, select Value "3."
- If the patient was not screened for tobacco use within the first day of admission (by the end of Day 1) or unable to determine the patient's tobacco use status from medical record documentation, select Value "6."
- If there is any conflicting documentation about the patient's tobacco use status, e.g., RN assessment states patient does not use any tobacco products but there is also physician documentation in the H & P that the patient is a "smoker," select Value "6" since tobacco use status is unable to be determined.
- Documentation of "nicotine" use is not acceptable to determine tobacco use status. The documentation of "nicotine" use needs to be supported by language showing it was in the form of cigarettes, smokeless tobacco products, pipe, and cigars.
- For the History and Physical (H&P) source, use only the H&P report for the current admission. The H&P may be a dictated report, a handwritten report on an H&P form, or a separate entry labeled as the H&P in the progress notes.
- Classify a form as a nursing admission assessment if the content is typical of nursing admission assessment (e.g., med/surg/social history, current meds, allergies, physical assessment) AND the form is completed/reviewed by a nurse or labeled as a "nursing form."

- Cognition refers to mental activities associated with thinking, learning, and memory. Cognitive impairment for the purposes of this measure set is related to documentation that the patient cannot be screened for tobacco use due to the impairment (e.g., comatose, obtunded, confused, memory loss) within the first day of admission (by end of Day 1).
- If there is documentation within the first day of admission (by end of Day 1) that the patient was psychotic, symptoms of psychosis, e.g., hallucinating, non-communicative, catatonic, etc., must also be documented for the patient to be considered cognitively impaired.
- If there is documentation to “rule out” a condition/diagnosis related to cognitive impairment, Value “7” cannot be selected unless there is documentation of symptoms.

**Examples:**

- Patient actively hallucinating, rule out psychosis. (Select Value “7”).
- Rule out psychosis. (Cannot select Value “7”).
- If there is documentation of any of the examples of cognitive impairment below within the first day of admission (by the end of Day 1), select Value “7” regardless of conflicting documentation.
 

**Examples** of cognitive impairment include:

  - Altered Level of Consciousness (LOC)
  - Altered Mental Status
  - Cognitive impairment
  - Cognitively impaired
  - Cognitive impairment due to acute substance use; overdose, acute intoxication
  - Confused
  - Dementia
  - Intubation and patient is intubated through the end of Day 1
  - Memory loss
  - Mentally handicapped
  - Obtunded
  - Psychotic/psychosis with documented symptoms
  - Sedation
- Documentation of cognitive impairment overrides documentation of a tobacco screen and therefore would not be considered “conflicting documentation.” Even if the family or others tell staff the patient uses tobacco, the patient could not be appropriately screened and subsequently counseled due to cognitive impairment. Select Value “7.”

## Supplemental Materials

Section	Rationale	Description
<p>Appendix D - Glossary of Terms</p>	<p>Appendix D is being updated to align with version 5.9 of the Specifications Manual for National Hospital Inpatient Quality Measures.</p>	<p><b>Remove:</b></p> <p><b>confounding factors</b> Intervening variables that distort the true relationship between/among the variables of interest. They are related to the outcome of interest, but extraneous to the study question and are non-randomly distributed among the groups being compared. They can hide a true correlation or give the appearance of a correlation when none actually exists.</p> <p><b>Change</b> clinical measures to:</p> <p><b>clinical performance measure</b> This is a method or instrument to estimate or monitor the extent to which the actions of a health care practitioner or provider conform to practice guidelines, medical review criteria, or standards of quality.</p> <p><b>Change</b> denominator data elements to:</p> <p><b>denominator data elements</b> Those data elements required to determine (or establish) the denominator.</p> <p><b>Change</b> hospital to:</p> <p><b>hospital</b> An institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services.</p> <p><b>Change</b> hospitalist to:</p> <p><b>hospitalist</b> A doctor who primarily takes care of patients when they are in the hospital. This doctor will take over your care from your primary doctor when you are in the hospital, keep your primary doctor informed about your progress, and will return you to the care of your primary doctor when you leave the hospital.</p> <p><b>Change</b> invalid data to:</p>

		<p><b>invalid data</b> The data element value falls outside of the range of defined allowable values. Refer to the Missing and Invalid Data section for further information.</p> <p><b>Change</b> missing data to:</p> <p><b>missing data</b> A missing value occurs when the abstractor does not select an answer for a data element (leaves it blank) or the data incorrectly contains a “null” instead of the correct value for a data element. Refer to the Missing and Invalid Data section for further information.</p> <p><b>Change</b> process to:</p> <p><b>process</b> A measure used to assess a goal directed, interrelated series of actions, events, mechanisms, or steps, such as measure of performance that describes what is done to, for, or by patients, as in performance of a procedure.</p>
Appendix H - Miscellaneous Tables	Bertrixaban and BEVYXXA medicines are no longer available.	
Code Tables	CCCIP and CCCOP measure sets were added to the manual resulting in six new tables and two tables renames.	<p>Appendix A</p> <p><b>Add:</b></p> <p>Table 2.3 Myocardial Infarction</p> <p>Table 2.4 Percutaneous Coronary Intervention (PCI)</p> <p>Table 2.5 Coronary Artery Bypass Graft (CABG)</p> <p>Table 2.6 Valve Repair/Replacement</p> <p>Table 2.11 Percutaneous Coronary Intervention (PCI) CPT® codes</p> <p>Table 2.13 Previous LVAD or Heart Transplant</p> <p><b>Change</b> from: Table 1.0 ASR-OP/STK-OP E/M Codes for Emergency Department Encounters</p> <p><b>To:</b> Table 1.0 E/M Codes for Emergency Department Encounters</p> <p><b>Change</b> from: Table 2.0 ACHFOP E/M Codes for Hospital Outpatient Encounters</p> <p><b>To:</b> Table 2.0 E/M Codes for Hospital Outpatient Encounters CPT® codes</p>
Introduction to the Data Dictionary	Introduction to Data Dictionary being updated to	Medications

	<p>align with version 5.9 of the Specifications Manual for National Hospital Inpatient Quality Measures.</p>	<p><b>Remove</b> second bullet:</p> <ul style="list-style-type: none"> <li>• Whether or not a medication has been administered to a patient is often clear when using medical record sources such as medication administration records, but documentation can be more ambiguous in other sources, namely, physician orders, ED records, and ambulance records. To make a determination using these sources, use the following criteria:</li> </ul> <p><b>Change</b> the sub-bullets under the second bullet to solid bullets and change ED to EMT in the third bullet:</p> <ul style="list-style-type: none"> <li>• For EHRs, only accept documentation that reflects the actual administration of the medication in the context of the chart.</li> <li>• If a medication in the physician orders has been initialed and signed off with a time, do NOT presume that the medication was administered. The documentation MUST indicate that the medication was actually given.</li> <li>• For an EMT or ambulance record, there is no need for documentation indicating that the medication was actually given.</li> </ul> <p><b>Example:</b> If the EMT or ambulance record reflects “Epinephrine 0.05 mcg/kg/min IV 13:00” without indicating that the medication was actually given (e.g., “given” or “administered”), this is acceptable documentation to abstract.</p>
<p>Transmission Data Processing Flow: Clinical</p>	<p>Data Processing Flow header was updated since the submission of Population Process flow was removed from the manual.</p>	<p><b>Change</b> from: Data Processing Flow: Clinical Algorithm <b>To:</b> Clinical Data Processing Flow</p>
<p>Transmission of Data</p>	<p>Update Joint Commission Stroke Certification Measure Table with CSTK-10 new strata and added new ‘CCC data section’ for Cardiac Center Certification Measures to reflect new measures added to the manual.</p>	<p><b>Add:</b> CSTK-10 strata CSTK-10c and CSTK-10d to Joint Commission Stroke Certification Measure Table. <b>Add:</b> CCC data section to inform user what measures are required or optional.</p>

## General Release Notes

Rationale	Description
<p>Removed the reference of 'Transmission Data Processing Flow: Clinical' from Initial Patient Population Algorithm flows and from page 1 of measure algorithm for all measures.</p>	<p><b>Initial Patient Population Algorithm:</b></p> <p><b>Change from:</b> Process all cases that have successfully reached the point in the Transmission Data Processing Flow: Clinical which calls this Initial Patient Population Algorithm. Do not process cases that have been rejected before this point in the Transmission Data Processing Flow: Clinical.</p> <p><b>To:</b> Process all cases that have successfully reached the point in the Data Processing Flow which calls this Initial Patient Population Algorithm. Do not Process cases that have been rejected before this point in the Data Processing Flow.</p> <p><b>Change from:</b> Return to Transmission Data Processing Flow: Clinical (Data Transmission section)</p> <p><b>To:</b> Return to Data Processing Flow</p> <p><b>Measure Algorithms (Page 1):</b></p> <p><b>Change from:</b> Run cases that are included in the (measureName) (Inpatient/Outpatient) Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.</p> <p><b>To:</b> Run cases, which are included in the (measureName) (Inpatient/Outpatient) Initial Patient Population and pass the edits defined in the Clinical Data Processing Flow, through this measure.</p>
<p>Add Comprehensive Cardiac Center-Inpatient and Outpatient measure sets to the manual.</p>	<p><b>Add</b></p> <p>CCCIP: Comprehensive Cardiac Center-Inpatient and CCCOP: Comprehensive Cardiac Center-Outpatient measure sets, measures, data elements and Appendix A tables.</p>