Inpatient and Outpatient Manual Changes for 2015

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Project Manager Quality Measures Abstraction
GoToWebinar - The Questions Chat Box
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Introduction to Data Dictionary

• Add statement that electronic copies of medical records are accepted for validation
• Record must be copied in its entirety
  - To avoid a potential for mismatch
Comfort Measures
Comfort Measures Only: Context clarified

Added bullet about context:

• Physician/APN/PA documentation of comfort measures only (hospice, comfort care, etc.) mentioned in the following contexts suffices:
  — Comfort measures only recommendation
  — Order for consultation or evaluation by a hospice care service
  — Patient or family request for comfort measures only
  — Plan for comfort measures only
  — Referral to hospice care service
  — Discussion of comfort measures
Comfort Measures Only: Other Revisions

• Inclusion term added:
  — Terminal Extubation

• Allowed sources added:
  — Consultation notes
  — History and Physical

• Added instructions regarding Portable Orders/SAPOs:
  — Use most recent SAPO if multiple ones found
  — Disregard undated SAPOs
  — Disregard pre-arrival SAPO if after arrival pt elected NOT to use CMOs
Comfort Measures Only: Examples added

- Separate sources provide different answers
  On arrival ED physician notes pt wants hospice
  On day 2, progress note says not a hospice candidate
  Select value 1
- Separate sources are reviewed separately
- Positive answer is taken over negative
Emergency Department
Decision to Admit Date/Time

• No longer limited to physician documentation
  - Nursing documentation of admission status is acceptable
ED Departure Date/Time

- Exclusion term added:
  - Admission Date/Time
  - Do not assume pt was physically transferred when admitted

- Bullet added
  - Do not use vital signs or medication time if these are later than ED Departure Time
HOP Pain Management
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**Pain Medication**
- Answer No if adult received first dose by PO route
- Only parenteral or intranasal routes accepted for adults
- PO is accepted for children for the Yes answer
- Assume home/current pain med was taken unless listed PRN

**Pain Medication Date/Time**
- First dose may be PO for children
- Only parenteral or intranasal routes accepted for adults
Stroke
STK-3: *Atrial Fibrillation/ Flutter*

- Definition changed
  - History or current findings of AF is required to answer Yes

- Bullet added
  - “Suspected, rule out, questionable, possible”
  - AF/Flutter = No

- If conflicting documentation
  - Use most recent entry from cardiologist
  - If no entries from cardiologist, use most recent physician entry
STK-10: Assessed for Rehabilitation

• Review documentation from members of rehab team:
  – Advanced Practice Nurse (APN)
  – Kinesiotherapist (KT)
  – Neuro-psychologist (PsychD)
  – Occupational therapist (OT)
  – Physical therapist (PT)
  – Physician
  – Physician Assistant (PA)
  – Speech and language pathologist (SLT)
STK-4: New Data Element

Reason for Extending the Initiation of IV Thrombolytic

• Previously given counterintuitive instructions:
  — tPA started > 2 hrs after arrival when reason documented
  — Answer No to IV Thrombolytic Initiation
  — Answer Yes to Reason for Not Initiating IV Thrombolytic

• New instructions:
  — Answer Yes to IV Thrombolytic Initiation
  — Enter date/time tPA was started
  — Answer Yes to Reason for Extending the Initiation of IV Thrombolytic

IV Thrombolytic Initiation

• New bullet added: Ignore thrombolytic used to maintain patency of central line
Last Known Well

• Bullets added:
  — If there is ANY physician/PA/APN documentation that TLKW is unknown/uncertain, answer No
  — If TLKW is clearly > 2 hrs prior to arrival (“last night”) but not given as time value, answer No.

• Discharge Summary is no longer listed as an excluded source
Last Known Well Date/Time

- Eliminated priority of neurology over admitting, etc.
- New priority:
  1: Code Stroke or similar form/template
  2: Physician documentation regardless of specialty
     Use earliest time if multiple times documented by different physicians or the same physician
  3: Nursing or EMS
**LKW Date/Time: Additional Instructions**

- **Use the most recent episode**
  - If multiple episodes with resolution between them are noted
  - If single episode had symptoms resolved on arrival, use time of that episode

- **Date:**
  - Accept references relative to *Arrival Date*: “this morning, yesterday,” etc.
  - If multiple dates are noted, select the earliest date

- **Time:**
  - TLKW is noted similarly to “just prior to arrival”
  - Record *Arrival Time* as *TLKW*
  - Case will remain in the measure with 0 min difference
Last known well time vs. symptom onset time

• If both are documented:
  — Select time last known well
  — “Was normal at 8 AM,” “Slurred speech noted at 9:30”
  — Record 08:00 as TLKW

• If only symptom onset is noted:
  — Record that time as TLKW

• This guidance helps with abstraction of wake-up strokes
Reason for Not Initiating IV Thrombolytic

- Previously allowed reasons:
  - IV or IA Thrombolytic initiated prior to arrival
  - NIH Stroke Score of zero
  - Pt/Family refusal

- Newly added to definition:
  - Cardiac/respiratory arrest, cardiopulmonary resuscitation, defibrillation, or intubation in ED
  - CMO value 1 (day of hospital arrival or day after)
  - Other reasons noted by physician/APN/PA or pharmacist

- Physician/pharmacist documentation is required only for CMO and “other reasons”
  - List of conditions making tPA unadvisable dropped from STK-4 measure information form
Timeframe Narrowed

• Only documentation from day of arrival/day after is accepted
  — Later documentation not acceptable
  — Removed Excluded Data Source: Discharge Summary
“Returned to baseline” Now Accepted as Reason

• No further explanation needed if the following is noted on day of arrival/day after:
  — “Thrombolytics not indicated”
  — “Normal neuro exam”
  — “Returned to baseline”
Added exclusions

- Delay in stroke diagnosis
- Hold IV thrombolytic without a documented reason
- No IV access
- System-related reasons even if linked to tPA:
  - Availability of equipment
  - Availability of staff
  - Availability of pharmacy
VTE-1, VTE-2 and STK-1

VTE Prophylaxis and VTE Prophylaxis Date

- Dropped references to “initial prophylaxis”
  - Since values 4 and 9 are not enough for STK cases
  - Value 9 is not enough for VTE cases
- ALL prophylaxis given on both day of admission and day after should be recorded
  - Measure outcome is the same unless GCSs or aspirin are the initial prophylaxis
- Require Reason for No VTE Prophylaxis:
  - If STK pt had only aspirin or GCSs
  - If VTE pt had only aspirin
Reason for No VTE Prophylaxis - Hospital Admission

• Pts “at risk for VTE” => Pts “with anything other than low risk”
  — Require explicit documentation of contraindications
• “Low risk” must be accompanied by “No VTE prophylaxis”
  — Strengthened the language
• Conflicting risk assessments = Answer No
• If there is a reason for no mechanical or no pharmacological prophylaxis and there is an order for ANY prophylaxis, select NO.
On Anticoagulants Other Than for VTE Prophylaxis

- Pts on anticoagulants other than for VTE prophylaxis:
  - Warfarin listed as home or current med
    - Previously it had to be stopped due to “high INR”
  - Angioplasty is added as an example of indications for anticoagulants on arrival
    - Previously only AFib was listed
- Pts “already” or “adequately anticoagulated” = Yes
- “Abruptly reversed anticoagulation for major bleeding” = Yes
  - Ex.: “INR reversal for intracranial hemorrhage”
Anticoagulants used for AFib and other conditions:

1 - Direct Thrombin Inhibitors:
   - Acova/Argatroban
   - Angiomax/Angiox/Bivalirudin
   - Pradaxa/Dabigatran/Dabigatran etexilate
   - Recombinant Hirudin
   - Refudan/Lepirudin

2 - Oral Factor Xa Inhibitors:
   - Eliquis/Apixaban
   - Xarelto/Rivaroxaban

3 - Glycoprotein IIb/IIIa inhibitors:
   - Aggrastat/Tirobiban
   - Integrilin/Eptifibatide
   - ReoPro/Abciximab
Reason for No VTE Prophylaxis - ICU Admission

Additional bullet regarding warfarin:

• Accept documentation of warfarin as:
  — Home med
  — Current med
  — Med given prior to ICU admission/transfer

• Regardless of whether warfarin was stopped
VTE-3: VTE Diagnostic Test and VTE Confirmed

• Timeframe for tests limited to:
  — From FOUR days prior to arrival, through Discharge Date
• Replaces reference to tests “linked to this hospitalization”
VTE Confirmed

• Require acute or new VTE:
  — Recurrent, chronic, sub-acute, or history of VTE is acceptable ONLY if there is documentation of an acute or new VTE

• Change to instructions re: conflicting sources:
  — Used to be, conflicting documentation = No
  — Now: If there is questionable physician documentation regarding whether the patient had VTE, select “Yes”
    — Example: Radiologist’s interpretation does not mention VTE, progress note mentions DVT = Yes

• Questionable statements in a radiology report = No
  — “Suggestive of a clot” = No
  — “Distal vein clot that may extend into...” = No
Acceptable locations clarified

• DVT located in the proximal leg veins, including superficial femoral vein
• DVT located in the inferior vena cava (IVC)
• DVT located in the iliac, femoral or popliteal veins
• Pulmonary Emboli (PE)
VTE Diagnostic Test - Clarified

- Compression Ultrasound of lower extremities
- Vascular Ultrasound of lower extremities
- Duplex Ultrasound (DUS) of lower extremities
- Venous Doppler of lower extremities
- Computed tomography (CT) of thorax (chest) with contrast
- Computed tomography (CT) of the abdomen with contrast
- Computed tomography (CT) of the pelvis with contrast
- Computed tomography (CT) of the lower extremity leg veins with contrast
- Magnetic resonance imaging (MRI or MRV) of the thorax (chest)
- Magnetic resonance imaging (MRI or MRV) of the abdomen
- Magnetic resonance imaging (MRI or MRV) of the pelvis
- Magnetic resonance imaging (MRI or MRV) of the lower extremity leg veins
- Nuclear Medicine Pulmonary Scan/ventilation/perfusion (V/Q) lung scan
- Pulmonary arteriography/angiography/angiogram
- Venography/Venogram of pelvis using contrast material
- Venography/Venogram of femoral using contrast material
- Venography/Venogram of other lower extremity veins using contrast material
Warfarin Administration

• Timeframe changed:
  — From (any time) “during hospitalization”
  — To “after VTE diagnostic test”

• Yes if:
  — Warfarin given on same day as VTE diagnostic test was done
  — Yes if VTE diagnosed prior to arrival and warfarin given after arrival
INR Value

• Changed timeframe:
  — From: Day of or day prior to discontinuation of overlap therapy
  — To: Day of or day after last dose of parenteral therapy

• Used to be tied to physician order to stop overlap
**Reason for No Overlap Therapy**

*Tightened Timeframe:*
- From any time, to:
  - Day of or day after VTE Diagnostic Test
    - If VTE Diagnostic Test was done prior to arrival, use day of arrival and day after
  - Post-discharge documentation now listed as an exclusion

• No physician documentation required for:
  - Pt/family refusal
  - Allergy/intolerance
    - Must be to ALL parenteral anticoagulants

• Physician must link the following to no overlap:
  - Active bleeding
  - Plan for surgery
  - Plan for blood transfusion
  - Pt on Xarelto or Eliquis (used to not need explicit link)
Reason for DC of Parenteral Anticoag. Therapy

- Added “anticoagulation” to data element name
- Expanded timeframe for reasons:
  - Day of or day BEFORE the order for discontinuation
  - Used to be the “day when overlap was discontinued”
- Exclude any source dated/timed after discharge
- Allergy must be to ALL anticoagulants
- Xarelto/Eliquis given in hospital or prescribed at DC:
  - Now must be linked by physician to stopping overlap
  - Used to not require a link
- Decision logic spelled out for pts with overlap < 5 days vs. 5+ days
**Reason for Discontinuation, continued**

- MD/APN/PA/PharmD must link reason to stopping overlap
  - Do not infer reason from lab values
  - INR>3.0/high/supratherapeutic linked by MD/PharmD to stopping overlap is acceptable
    - D/C enoxaparin, INR 6.0
    - D/C heparin, INR supratherapeutic

- Acceptable examples added:
  - Actively Bleeding - Anticoagulation Contraindicated
  - Severe anemia, discontinue heparin
  - GI Bleed - Discontinue enoxaparin
  - D/C enoxaparin, rectal bleed
  - Discontinue dalteparin, patient scheduled for surgery today
VTE-6: VTE Present at Admission

• Timeframe expanded:
  — Was “from arrival to admission date”
  — Now “from arrival to day after admission”

• Three triggers for Yes:
  — VTE Diagnostic Test performed
  — Diagnosis of VTE
  — Suspicion of VTE

• “Questionable documentation” = Yes
  — Previously “conflicting documentation” = No

• Dropped list of VTE locations
  — Any location is acceptable for Yes

• Dropped bullet about dx of VTE prior to arrival and already on VTE treatment
  — Only hx of VTE = No
VTE-6: New Data Element

• VTE Prophylaxis Status, value 3
  — Subset into a new data element:
  — *Reason for No Administration of VTE Prophylaxis*
  — Checked AFTER *VTE Prophylaxis Status*

• Alongside other similar data elements:
  — VTE-1: *Reason for No VTE Prophylaxis - Hospital Admission*
  — VTE-2: *Reason for No VTE Prophylaxis - ICU Admission*
Reason for No Administration of VTE Prophylaxis

• Timeframe changed:
  — Was from arrival through day BEFORE VTE test was ordered
  — Now: from arrival through day when VTE test was performed
  — Date of VTE test is used, not time
  — VTE diagnostic test performed on day of or day after arrival OR admission => Yes

• No change
  — Order alone not sufficient: Assess administration
  — Need for both mechanical and pharm. modes must be noted
  — Physician/APN/PA/PharmD documentation is required
    — Except pt/family refusal can be noted by nurse
Reason for No Administration, continued

• Aspirin or ambulation not sufficient as prophylaxis:
  — Address need for both modes
  — Other inclusion/exclusion terms still found under VTE Prophylaxis Status

• New bullets:
  — Conflicting need for prophylaxis noted by two physicians / APNs/PAs./PharmDs = No
  — CMO terms noted prior to VTE diagnostic test = Yes
VTE Prophylaxis Status

• Reformatted to Yes/No

• Timeframe changed:
  — From “day of admission through day BEFORE VTE diagnostic test was ordered”
  — To “day of admission through the VTE diagnostic test order date”
  — Answer Yes if VTE diagnostic test was ORDERED on day of admission or day after

• Questionable administration = No

• Aspirin is not sufficient for prophylaxis
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