

Abstraction “Tricks of the Trade”

Specification Manual Changes for April 1, 2009 through September 30, 2009 Discharges



General Abstraction Guidelines

- Medical Record Documentation
 - First paragraph has been changed to read:

“The intent of abstraction is to use only documentation that was part of the medical record during the hospitalization (is present upon discharge) and that is present at the time of abstraction. There are instances where an addendum or late entry is added after discharge. This late entry or addendum can be used, for abstraction purposes, as long as it has been added within 30 days of discharge (Refer to the Medicare Conditions of Participation for Medical Records, 42CFR482.24(c)(2)(viii).), unless otherwise specified in the data element. It is not the intent to have documentation added at the time of abstraction to ensure the passing of a measure.”



Cross Topic Changes

- Payment Source – Medicare has been changed to Payment Source
 - Allowable values:
 - “1” Source of payment is Medicare
 - “2” Source of payment is Non-Medicare
 - If Medicare is listed as the primary, secondary, tertiary, or even lower on the list of payers, select “1”
 - If the patient is an undocumented alien or illegal immigrant, select “1”



Cross Topic Changes Arrival Date and Time

- If the patient is in an outpatient setting of the hospital, except for observation status, (e.g., undergoing dialysis, chemotherapy, cardiac cath) and is subsequently admitted to acute inpatient, use the date the patient presents to the ED or arrives on the floor for inpatient care as the arrival date
- For “Direct Admits” to acute inpatient, use the earliest date the patient arrives at the hospital



Cross Topic Changes Arrival Date and Time


- If the patient is in an observation status and is subsequently admitted to the hospital:
 - If the patient was admitted to observation from an outpatient setting of the hospital, use the time the patient presents to the ED or arrived on the floor for observation care as the arrival time
 - If the patient was admitted to observation from the ED of the hospital, use the time the patient presented to the ED as the arrival time
 - If the patient was a direct admit to observation, use the earliest time the patient arrived to the hospital




Comfort Measures Only

- Guideline Added:
 - Comfort measures documentation that is dated prior to arrival or which refers to the pre-arrival time period is disallowed
 - Exception: CMO documented on state-portable orders which are dated prior to arrival will count as CMO
 - Examples:
 - DNR – Comfort care form
 - MOLST – Medical orders for life-sustaining treatment
 - POLST – Physician orders for life-sustaining treatment
- Inclusions added: Brain death, Organ harvest
- Inclusion deleted: Allow natural death






AMI and HF Measures



All Contraindication (or reason for no medication) Data Elements

- Language changed from “contraindication” to “reason” for no medication
- Many hold “exceptions” were removed (e.g., 1x holds, discontinuation in combination with start of different med or dose, pre-op holds). They will now count as reasons for no medication
- Abstraction guideline added clarifying that deferral of a med from one physician or pharmacist to another does NOT count as a reason for not prescribing the medication UNLESS the problem underlying the deferral is also noted



ACEI/ARB Contraindication(or Reason) for No ACEI and No ARB at Discharge

- Hypotension inclusion list modified to clarify that references to “blood pressure(BP)” as the reason for no ACEI or no ARB count as a reason for no ACEI and no ARB at Discharge
- Similar changes made to hyperkalemia inclusions (“potassium” references) and worsening renal function inclusions (“creatinine” references and “renal function” references not specified as renal dysfunction)




All Discharge Instruction Data Elements

- Many minor changes which reduce the volume of abstraction guidelines and simplify wording
 - Review the notes for abstraction and suggested data sources




Discharge Instructions Address Symptoms Worsening

- Instructions on what to do if “symptoms worsen,” “problems occur,” “the patient’s condition changes or worsens,” etc. will **NO LONGER COUNT**
- Credit will require that instructions be **specific to heart failure symptoms**
 - Examples:
 - “Call the office if weight gain greater than 2 pounds”
 - “Come to the emergency room if you experience a problem with breathing”
 - “Make an appointment if heart failure symptoms return



First PCI Date/First PCI Time

- Guideline removed:
 - Do Not include PCIs which were attempted but not completed on at least one vessel – e.g., angioplasty device (balloon, stent, thrombectomy device) could not be delivered to the blocked area of the artery, balloon could not be inflated, guidewire could not be advanced. Include PCIs that are completed but unsuccessful in maintaining the flow of blood through the artery. These may be described as “failed completed.”



LVSD

- Abstraction methodology changed for cases where multiple in-hospital tests were done and there is either no report or no EF/LVSF findings noted in the report from the most recent test
 - In these cases, you will now use **other (non-report) sources** that clearly reference the most recent test before moving on to use findings from the second most recent test if need be



LVSD

- Priority order in the Conflicting Documentation section (numeric over narrative, calculated EF over estimated EF, etc.) now applies to ALL steps in the methodology section, including cases where an inpatient test was not done but “floating” EF/LVSF descriptions are documented (where you are unable to determine if any refer to the most recent test)
 - Example: H&P states patient admitted with “moderate LVD” and the discharge summary notes the EF 40%(no connection to any test). Abstractor will now select ‘No’
- Review guidelines for abstraction for minor changes which reduce the volume of abstraction guidelines and simplify wording

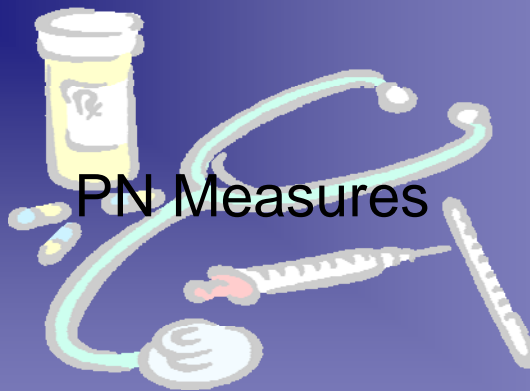


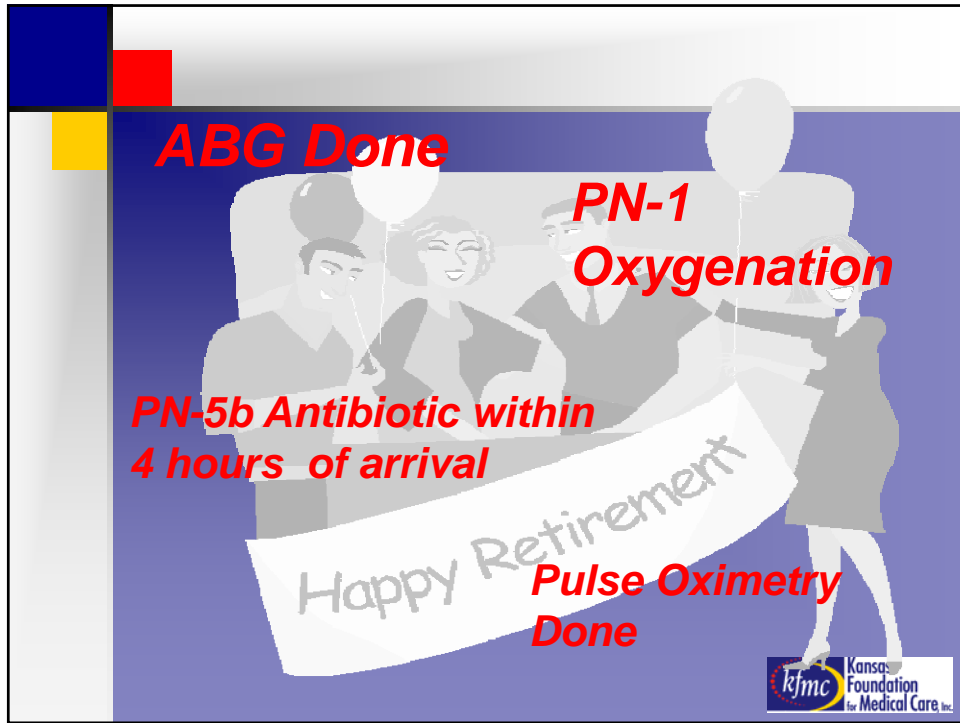
Measure Information

- Changes to the measure information forms (MIFs) for AMI-1, AMI-2, AMI-3, AMI-5, AMI-6, AMI-T1a, AMI-T2, HF-3
- Sample size requirement changes:
 - AMI: Changed Quarterly sample size *Average Quarterly Initial Patient Population Size* from <78 to 6-77
 - HF: Changed Quarterly sample size *Average Quarterly Initial Patient Population Size* from <76 to 6-75



PN Measures






ABG Done

PN-1 Oxygenation

PN-5b Antibiotic within 4 hours of arrival


Pulse Oximetry Done

Happy Retirement



Another Suspected Source of Infection

- Systemic Inflammatory Response Syndrome (SIRS) has been added as an inclusion



Antibiotic Administration Route, Date and Antibiotic Name

- Abstract antibiotics from narrative charting ONLY if there is no other documentation that reflects an antibiotic was given
- Do not collect antibiotics documented on operative report as this does not reflect actual administration
- The date or signature/initials documented on one side/page of a multi-sided or multi-paged form can be applied to all documentation on that form for abstraction purposes
 - If the date of administration is not documented on any side/page of the form, use 'UTD' for the missing date
 - If the signature or initials signifying administration is not documented on any side/page of the form, that specific antibiotic cannot be abstracted



Antibiotic Administration Time

- Abstract antibiotics from narrative charting ONLY if there is no other documentation that reflects an antibiotic was given
- Do not collect antibiotics documented on operative report as this does not reflect actual administration
- The date or signature/initials documented on one side/page of a multi-sided or multi-paged form can be applied to all documentation on that form for abstraction purposes
 - If the date of administration is not documented on any side/page of the form, use 'UTD' for the missing date
 - If the signature or initials signifying administration is not documented on any side/page of the form, that specific antibiotic cannot be abstracted
- The use of 'hang time' or 'infusion time' is acceptable as antibiotic administration time when other documentation cannot be found



Blood Culture Collected and Initial Blood Culture Collection Date

- Blood culture information abstracted should demonstrate actual collection of the blood culture
 - Examples:
 - Do not use physician orders as they do not demonstrate collection of the blood culture
 - Narrative documentation of 'Lab at bedside to draw blood culture' (does not demonstrated collection took place) or 'Lab was at bedside blood drawn' (does not demonstrate a blood culture was collected) would not be sufficient



Chest X-Ray

- Major change!!! -
If the only documentation of an inclusion is prefaced with wording such as 'no significant' or 'no definite', select 4 (do NOT reference Appendix H, Table 2.6)



Compromised

- Malignancy deleted as an inclusion
- 'Any skin cancers without documentation of chemotherapy or radiation therapy within the last 3 months' has been removed as an exclusion



Initial Blood Culture Collection Time

- Blood culture information abstracted should demonstrate actual collection of the blood culture
 - Examples:
 - Do not use physician orders as they do not demonstrate collection of the blood culture
 - Narrative documentation of 'Lab at bedside to draw blood culture' (does not demonstrated collection took place) or 'Lab was at bedside blood drawn' (does not demonstrate a blood culture was collected) would not be sufficient
- If multiple times of collection are documented abstract the earliest (initial) time, providing documentation demonstrates collection

Note: This data element no longer limits abstraction to documentation of 'drawn, collected or obtained' times



Pneumonia Diagnosis: ED/Direct Admit

- If there is documentation of aspiration PN as an ED final diagnosis or direct admit admitting diagnosis, select 3 'No'

Example: the ED final diagnosis/direct admit admission diagnosis is 'Pneumonia vs. aspiration pneumonia', select 3 'No'



Pseudomonas Risk

- Asthma has been added as an exclusion



Measure Information

- PN-1 and PN-5b algorithms have been retired effective April 1, 2009 discharges
- Doripenem has been added as a Pseudomonal Risk Antipseudomonal B-lactam
- Changes have been made to the MIFs for the following measures: PN-3a, PN-3b, PN-5, 5c, PN-6, 6a, 6b
- Change Quarterly Sample Size *Average Quarterly Initial Patient Population Size* from <60 to 6-59



SCIP Measures



Antibiotic Administration

- Antibiotic administration can ONLY be taken from narrative charting if there is no other documentation available that documents administration of and antibiotic
- Physician documentation in forms, such as the operative report, does not generally represent actual administration and should not be used unless it is clear that the physician actually administered the antibiotics



Antibiotic Administration

- For documents with multiple sides or pages, the date and/or signature/initials on one side/page can be applied to all documentation and used for abstraction. If there is NO antibiotic administration date on any side/page of the form use “UTD” for the date.
 - If there is NO antibiotic administration signature or initials on any side/page of the form, then the dose of the antibiotic cannot be abstracted



Beta-Blocker Current Medication

- Wording in the definition changed from admission to arrival
- Select “Yes” if a beta-blocker is listed as a “home” or “current” medication, and the physician does not continue it after arrival or it is discontinued prior to surgery
- Select “No” if
 - The patient stopped taking the beta-blocker prior to arrival and was started on one in the hospital prior to surgery
 - There is documentation that the patient was not taking the beta-blocker prior to arrival



Beta-Blocker

- During Pregnancy:
 - The wording in the definition was changed from admission to arrival
- Perioperative:
 - If it is documented that the patient took a beta-blocker prior to arrival, there must be a date/time to indicate when the last dose was taken unless there is documentation it was taken on the day of surgery
 - Review the other bullets for changes



Infection Prior to Anesthesia and Postoperative Infections

- Purulence/pus has been added to the inclusion list
- Bacteria in urine/Bacteriuria has been added to the Exclusion list



Laparoscope

- Select “No” if there is documentation of:
 - An additional incision being made
 - Hand insertion, hand-assisted, use of wound protectors or hand-ports
 - Bowel exteriorized or vaginal incision made
 - Stoma creation or extension of an incision
- Select “Yes” if drains are inserted and there are no other incisions except those to insert the laparoscopic equipment



Oral Antibiotics


- Select “Yes” if there is documentation of instructions or that prescriptions were given to the patient in regard to the oral antibiotics listed in the data element **and** if these are the only antibiotics administered prior to arrival or more than 24 hours prior to incision
- Oral antibiotics may be given less than 24 hours prior to incision, but this data element is only concerned with those given **GREATER** than 24 hours prior to incision




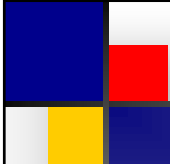
Preoperative Hair Removal

- Select Value
 - “1” if hair removal was not documented as performed for the procedure
 - “3” Clippers
 - if there is documentation that clippers were used to perform a ‘shave prep’ or that ‘hair was shaved with clippers’
 - if hair removal was performed with scissors
 - “5” if there is documentation that hair removal was performed but the method of hair removal is not listed






- VTE Prophylaxis
 - The time frame to collect the VTE Prophylaxis orders was changed from 48 hours to 24 hours after *Surgery End Time*
- Appendix A
 - The code 68.31: Supracervical Laparoscopic Hysterectomy was added
- Appendix H
 - Table 2.1 VTE Prophylaxis Inclusion Table
 - Vascutherm and Rapid inflation asymmetrical compression (RIAC) devices have been added to the IPC column

Measure Information

- Extensive changes to the MIFs
- Prophylactic antibiotic regimen selection for surgery-approved antibiotics
 - Table has been changed to what it was prior to 4/1/08 for Hysterectomy. The combination therapies have been added back in
- Changes to the sample size language



Resources

The MedQIC Fact sheet addressing the issue of AMIs diagnosed late or occurring later in a hospitalization has been updated. References to the Beta-Blocker at Arrival measure (AMI-6) have been removed, given the pending retirement of this measure, effective 4/1/09+ discharges.

The fact sheet can be found at:

<http://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1110399288558>



Resources

Now available on QualityNet - the new RightNow® **Question and Answer** tool for the HOP QDRP. In response to your requests and due to the popularity of the inpatient tool, Quest, the **Question and Answer tool** has been created. We know you'll be pleased with the results.

The Question and Answer tool is located at [QualityNet](#). You can search the database for existing answers to your questions and you have the convenience of sending your question to the HOP QDRP SC staff using this same tool.

To search the database for an answer, input a key word in the search function on the 'Find an Answer' page. This will retrieve questions and answers associated with that key word. If you don't see the answer you are seeking, open the 'Ask a Question' page to email us your question directly.

Note: Questions and requests for assistance sent to hopqdrp@fmqai.com will be routed through the new Q&A tool. You will receive an auto-response from the HOP QDRP online support upon submission of your question.

You will also receive a login and password by email that will allow you to check the status of your request on the "My Stuff" page. This is a secure page and others will not be able to view your information. **Please wait to receive your login information prior to accessing your "My Stuff" page.**

Please contact HOP QDRP SC at 1-866-800-8756 toll-free or hopqdrp@fmqai.com further assistance.



Thank You!

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