

Cover Page  
\*\*\* IHS 2007 CMS Hospital Quality Reporting Initiative \*\*\*  
CRS 2007, Version 7.0  
Date Report Run: May 01, 2007  
Hospital: DEMO HOSPITAL  
Report Generated by: KLEPACKI,STEPHANIE  
Report Period: Jan 01, 2003 to Dec 31, 2003  
RUN TIME (H.M.S): 0.0.8

RPMS PATIENT DATA FOR ANNUAL CMS HOSPITAL REPORTING

The following report provides IHS hospitals with lists of patients and related RPMS data as a basis for chart review and further data abstraction to report CMS Hospital Quality Data for 17 required performance measures.

In January 2004, the Centers for Medicare & Medicaid Services (CMS) began requiring hospitals to provide clinical performance data on 10 quality measures related to three serious medical conditions that result in hospitalization: heart attack (acute myocardial infarction), heart failure and pneumonia. Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003 (MMA) stipulates that eligible hospitals that do not submit their data to CMS using the 10 measure "starter" set will be subject to reduction in their FY2005 payment by 0.4%.

In April 2005, CMS added 7 additional measures for the three serious medical conditions listed above. 5 additional measures are planned to be added by CMS during September 2005 through 2007. This version of CRS includes the original 10 measures plus the 7 measures added by CMS in April 2005.

The 17 quality measures presented here are a subset of common hospital performance measures developed and aligned by the Centers for Medicare & Medicaid Services (CMS) and JCAHO and endorsed by the National Quality Forum. Scientific evidence indicates that they represent the standard of care for the treatment of some of the most common and costly conditions resulting in hospitalization. These performance measures have been tested previously by many hospitals through the National Voluntary Hospital Reporting Initiative, and all are already reported to JCAHO via ORYX.

For additional information, <http://new.cms.hhs.gov/HospitalQualityInits/>

17 CMS Quality Measures:

Heart Attack (Acute Myocardial Infarction)

AMI-1: Aspirin at arrival

AMI-2: Aspirin prescribed at discharge

AMI-3: ACE Inhibitor or Angiotensin Receptor Blocker (ARB) for left ventricular systolic dysfunction

\*AMI-4: Adult smoking cessation advice/counseling

AMI-6: Beta Blocker at arrival

AMI-5: Beta Blocker prescribed at discharge

\*AMI-7a: Thrombolytic agent received within 30 minutes of hospital arrival

\*AMI-8a: PCI received within 120 minutes of hospital arrival

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#### Heart Failure

- \*\*HF-1: Discharge instructions
- HF-2: Assessment of left ventricular function
- HF-3: ACE Inhibitor or Angiotensin Receptor Blocker (ARB) for left ventricular systolic dysfunction
- \*HF-4: Adult smoking cessation advice/counseling

#### Pneumonia

- PN-1: Oxygenation assessment
- PN-2: Pneumococcal vaccination (for 65+)
- \*PN-3b: Blood cultures performed in the Emergency Department prior to initial antibiotic received in hospital
- \*PN-4: Smoking cessation advice/counseling
- PN-5b: Initial antibiotic timing

\*New measures added by CMS in April 2005.

\*\* New measure added by CMS in April 2005. This version of CRS can only assess for this measure because there is no electronic data available to report on for meeting the measure. Therefore, sites must perform chart reviews and/or develop additional methods to determine if they meet the measure.

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Heart Attack (Acute Myocardial Infarction or AMI) Treatment

CMS TEXT:  
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Every year, about one million people suffer a heart attack (acute myocardial infarction or AMI). AMI is among the leading causes of hospital admission for Medicare beneficiaries, age 65 and older. Scientific evidence indicates that the following measures represent the best practices for the treatment of AMI. The goal is to achieve 100% on all measures.

AMI-1 Aspirin at arrival: Acute myocardial infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.

AMI-2 Aspirin prescribed at discharge: AMI patients without aspirin contraindications who are prescribed aspirin at hospital discharge.

AMI-3 ACE inhibitor or Angiotensin Receptor Blocker (ARB) for left ventricular systolic dysfunction: AMI patients with left ventricular systolic dysfunction (LVSD) and without both angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI or ARB at hospital discharge.

AMI-4 Adult smoking cessation advice/counseling: AMI patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay.

AMI-6 Beta Blocker at arrival: AMI patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.

AMI-5 Beta Blocker prescribed at discharge: AMI patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.

AMI-7a Thrombolytic agent received within 30 minutes of hospital arrival: AMI patients receiving thrombolytic therapy during the hospital stay and having a time from hospital arrival to thrombolysis of 30 minutes or less.

AMI-8a PCI received within 120 minutes of hospital arrival: AMI patients receiving percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 120 minutes or less.

DENOMINATOR DEFINITIONS:

AMI-1 & AMI-2: AMI patients without aspirin contraindications

AMI-3: AMI patients with LVSD and without both ACEI and ARB contraindications. LVSD defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction

AMI-4: AMI patients with a history of smoking cigarettes anytime during the year prior to hospital arrival. A smoker is defined as someone who

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Heart Attack (Acute Myocardial Infarction or AMI) Treatment (con't)

has smoked cigarettes anytime during the year prior to the hospital arrival.

AMI-5 & AMI-6: AMI patients without beta blocker contraindications

AMI-7a: AMI patients with ST elevation or LBBB on ECG who received thrombolytic therapy

AMI-8a: AMI patients with ST elevation or LBBB on ECG who received PCI

CMS Inclusion criteria (all): AMI patients (admitted to hospital):  
ICD-9-CM principal diagnosis codes 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, or 410.91.

CMS Exclusion criteria (all):

- Patients less than 18 years of age

Exclusions only for AMI-2, AMI-3, AMI-4, AMI-5, AMI-7a, & AMI-8a

- Patients transferred to another acute care hospital or federal hospital
- Patients who expired
- Patients who left against medical advice

Exclusions only for AMI-1 (Aspirin on arrival), AMI-6 (Beta blocker at arrival), AMI-7a (Thrombolytic Agent within 30 minutes), & AMI-8a (PCI within 120 minutes):

- Patients received in transfer from another acute care hospital, including another emergency department
- Patients transferred to another acute care hospital or federal hospital on day of or day after arrival
- Patients who expired on day of or day after arrival
- Patients who left against medical advice on day of or day after arrival

Exclusions only for AMI-1 (Aspirin on arrival) & AMI-6 (Beta blocker at arrival):

- Patients discharged on day of arrival

Exclusions only for AMI-2 (Aspirin prescribed at discharge), AMI-3 (ACEI or ARB at discharge), AMI-4 (Smoking cessation advice/counseling), & AMI-5 (BB at discharge): Patients discharged to hospice

Exclusions only for AMI-1 (Aspirin on arrival) & AMI-2 (Aspirin at discharge): Patients with one or more of the following aspirin contraindications/reasons for not prescribing aspirin documented in the medical record:

- Aspirin allergy;
- Active bleeding on arrival or (AMI-1: within 24 hours after arrival; AMI-2: during hospital stay);
- Warfarin/Coumadin as pre-arrival medication (AMI-1) or prescribed at discharge (AMI-2);
- Other reasons documented by physician, nurse practitioner, or physician

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Heart Attack (Acute Myocardial Infarction or AMI) Treatment (con't)

assistant for not giving aspirin (AMI-1: within 24 hours before or after hospital; AMI-2: at discharge)

Exclusions only for AMI-3 (ACEI or ARB at discharge): Patients with BOTH a potential contraindication/reason for not prescribing an ACEI at discharge AND a potential contraindication/reason for not prescribing an ARB at discharge, as evidenced by one or more of the following and documented in the medical record:

- ACEI allergy AND ARB allergy
- Moderate or severe aortic stenosis
- Physician, nurse practitioner, or physician assistant documentation of BOTH a reason for not prescribing an ACEI at discharge AND a reason for not prescribing an ARB at discharge
- Reason documented by physician, nurse practitioner, or physician assistant for not prescribing an ARB at discharge AND an ACEI allergy
- Reason documented by physician, nurse practitioner, or physician assistant for not prescribing an ACEI at discharge AND an ARB allergy

Exclusions only for AMI-6 (BB at arrival) & AMI-5 (BB at discharge): Patients with one or more of the following beta blocker contraindications/reasons for not prescribing a beta blocker documented in the medical record:

- Beta blocker allergy.
- Bradycardia (heart rate less than 60 bpm)
  - AMI-6: on day of arrival or within 24 hours after arrival while not on a beta blocker
  - AMI-5: on day of discharge or day prior to discharge while not on a beta blocker.
- Second or third degree heart block on ECG on arrival or
  - AMI-6: within 24 hours after arrival and does not have a pacemaker
  - AMI-5: during hospital stay and does not have a pacemaker
- (AMI-6 only) Shock on arrival or within 24 hours after arrival.
- (AMI-6 only) Heart failure on arrival or within 24 hours after arrival.
- Other reasons documented by a physician, nurse practitioner, or physician assistant for not prescribing a beta blocker (AMI-6: within 24 hours after hospital arrival; AMI-5: at discharge.)

Exclusion only for AMI-8a (PCI within 120 minutes):

- Patients administered thrombolytic agents

NUMERATOR DEFINITIONS:

AMI-1: AMI patients who received aspirin within 24 hours before or after hospital arrival

AMI-2: AMI patients who are prescribed aspirin at hospital discharge

AMI-3: AMI patients who are prescribed an ACEI or ARB at hospital Discharge

AMI-4: AMI patients (cigarette smokers) who receive smoking cessation

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Heart Attack (Acute Myocardial Infarction or AMI) Treatment (con't)

advice or counseling during the hospital stay

AMI-6: AMI patients who received a beta blocker within 24 hours after hospital arrival

AMI-5: AMI patients who are prescribed a beta blocker at hospital discharge

AMI-7a: AMI patients whose time from hospital arrival to thrombolysis is 30 minutes or less

AMI-8a: AMI patients whose time from hospital arrival to PCI is 120 minutes or less



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Heart Attack (Acute Myocardial Infarction or AMI) Treatment (con't)

The detailed patient list on the following pages includes only AMI patients who were not excluded based on applicable CMS exclusion criteria (see RPMS logic below). The list displays data related to these CMS measures as currently documented in RPMS. Patient charts should be reviewed to identify other data; RPMS data may need to be updated based on chart data.

RPMS LOGIC:  
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INCLUSION LOGIC: Patients discharged with acute myocardial infarction (AMI) defined as: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.\*1 (initial episodes only) and discharged during the Current Report period.

EXCLUSION LOGIC:

- Patients less than 18 years of age as of the hospital admitting date

OTHER LOGIC:

ASPIRIN MEDICATION: Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy or CPT G8006. See Taxonomy Setup section in CRS v7.0 User Manual available for download from [www.ihs.gov/cio/crs](http://www.ihs.gov/cio/crs).

ASPIRIN ALLERGY/ADR: Defined as: 1) POV 995.0-995.3 AND E935.3; 2) "aspirin" entry in ART (Patient Allergies File); or 3) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ASPIRIN CONTRAINDICATIONS: 1) Patients with active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy. 2) Hemorrhage diagnosis (POV 459.0) during hospitalization. 3) NMI (not medically indicated) refusal for any aspirin in year prior to discharge or CPT G8008.

OTHER ANTI-PLATELET MEDICATION: Any medication in the site-populated BGP ANTI-PLATELET DRUGS taxonomy or any medication with VA Drug Class BL700.

LVSD: Diagnosis of systolic heart failure (POV 428.2\*); or LVEF (left ventricular ejection fraction) value <40% or described as moderate or severe. Ejection fraction is defined as V Measurement CEF; V Procedure 88.53, 88.54; or V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543, 93555.

ACEI MEDICATION: Any medication in site-populated BGP CMS ACEI MEDS

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Heart Attack (Acute Myocardial Infarction or AMI) Treatment (con't)

taxonomy, or any medication with a VA Drug Class code of CV800-ACE INHIBITORS.

ACEI ALLERGY/ADR: Defined as: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i\*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI CONTRAINDICATIONS: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22). 2) NMI (not medically indicated) refusal for any ACEI in year prior to discharge.

ARB MEDICATION: Any medication in site-populated BGP CMS ARB MEDS taxonomy, or any medication with a VA Drug class code of CV805-ANGIOTENSIN II INHIBITOR.

ARB ALLERGY/ADR: Defined as: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB CONTRAINDICATIONS: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22). 2) NMI (not medically indicated) refusal for any ARB in year prior to discharge.

BETA BLOCKER MEDICATION: Any medication in site-populated BGP CMS BETA BLOCKER MEDS taxonomy, or any medication with a VA Drug Class code of CV100-BETA BLOCKERS/RELATED, or CPT G8009.

BETA BLOCKER ALLERGY/ADR: Defined as: 1) POV 995.0-995.3 AND E942.0; 2) "beta block\*" entry in ART (Patient Allergies File); or 3) "beta block\*", "bblock\*" or "b block\*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

BETA BLOCKER CONTRAINDICATIONS: Any of the following on arrival or during hospital stay: 1) Bradycardia (POV 427.81, 427.89, 337.0). 2) 2nd or 3rd degree heart block (POV 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51-426.54, 426.7). 3) Circulatory shock (POV 785.59). 4) Heart failure (POV 428.\*, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 398.91) (Shock and heart failure exclusions for AMI-6 beta blocker on arrival only). 5) NMI (not medically indicated) refusal for any beta blocker or CPT G8011.

PCI: 1) V Procedure 00.66.

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Heart Attack (Acute Myocardial Infarction or AMI) Treatment (con't)

SMOKERS: Any of the following during the year prior to the hospital admission date: 1) Health Factors (looks at the last documented health factor): Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker. 2) Tobacco-related POV or active Problem List diagnosis codes 305.1, 305.10-305.12 (old codes), 649.00-649.04, or V15.82. 3) Dental code 1320.

SMOKING CESSATION ADVICE/COUNSELING: Any of the following during the hospital stay: 1) Patient education codes containing "TO-", "-TO", or "-SHS". 2) Clinic code 94 (tobacco cessation clinic). 3) Dental code 1320. 4) CPT code G0375 or G0376. 5) Documented refusal of patient education codes containing "TO-", "-TO", or "-SHS".

ST ELEVATION: 1) Diagnosis code 794.31.

LBBB ON ECG: 1) Diagnosis code 426.3 AND any of the following: A) V Procedure 89.51, 89.52, 89.53; B) V CPT 93000, 93010, 93014, 93015, 93018, 93040, 93042, 93224, 93227, 93230, 93233, 93235, 93237, 93268, 93270, 93272.

THROMBOLYTIC AGENT MEDICATION: Any medication in site-populated BGP CMS THROMBOLYTIC MEDS taxonomy, or any medication with a VA Drug class code of BL600.

PLEASE NOTE: When lists of medications are displayed, the last of each medication fitting the description prescribed up to 12 months prior to admission and the last medication prescribed during admission or in the 30 days after discharge are displayed.





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Heart Failure

CMS TEXT  
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Heart failure is the most common hospital admission diagnosis in patients age 65 or older, accounting for more than 700,000 hospitalizations among Medicare beneficiaries every year. It is associated with severe functional impairments and high rates of mortality and morbidity. Substantial scientific evidence indicates that the following measures represent the best practices for the treatment of heart failure. The goal is to achieve 100% on all measures.

HF-1 Discharge instructions: Heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during hospital stay.

HF-2 Evaluation of left ventricular systolic (LVS) function: Heart failure patients with documentation in the hospital record that left ventricular systolic (LVS) function was evaluated before arrival, during hospitalization, or is planned for after discharge.

HF-3 ACE inhibitor or angiotensin receptor blocker (ARB) for left ventricular systolic dysfunction: Heart failure patients with left ventricular systolic dysfunction (LVSD) and without both angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI or ARB at hospital discharge.

HF-4 Adult smoking cessation advice/counseling: Heart failure patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay.

DENOMINATOR DEFINITIONS:

For HF-1 (Discharge Instructions) only: HF patients discharged home (i.e. to home or home care).

For HF-2 (LVS Evaluation) only: HF patients.

For HF-3 (LVSD) only: HF patients with LVSD and without both ACEI and ARB contraindications. LVSD defined as chart documentation of a LVEF less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.

For HF-4 (Smoking Cessation Counseling) only: Heart failure patients with a history of smoking cigarettes anytime during the year prior to hospital arrival. For purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.

CMS Inclusion criteria (all): Heart failure patients (admitted to hospital): ICD-9-CM principal diagnosis codes 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, or 428.9.

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Heart Failure (con't)

CMS Exclusion criteria (all):

- Patients less than 18 years of age
- Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospitalization.

Exclusions only for HF-2 (LVS Evaluation), HF-3 (ACEI or ARB for LVSD), and HF-4 (Smoking Cessation Counseling):

- Patients transferred to another acute care hospital or federal hospital
- Patients who expired
- Patients who left against medical advice
- Patients discharged to hospice

Exclusions for HF-2 (LVF Evaluation) only: Patients with reasons documented by a physician, nurse practitioner, or physician assistant for no LVS function evaluation

Exclusions for HF-3 (ACEI or ARB for LVSD) only:

- Patients with BOTH a potential contraindication/reason for not prescribing an ACEI at discharge AND a potential contraindication/reason for not prescribing an ARB at discharge, as evidenced by one or more of the following and documented in the medical record:
  - ACEI allergy AND ARB allergy
  - Moderate or severe aortic stenosis
  - Physician, nurse practitioner, or physician assistant documentation of BOTH a reason for not prescribing an ACEI at discharge AND a reason for not prescribing an ARB at discharge
    - Reason documented by physician, nurse practitioner, or physician assistant for not prescribing an ARB at discharge AND an ACEI allergy
    - Reason documented by physician, nurse practitioner, or physician assistant for not prescribing an ACEI at discharge AND an ARB allergy

NUMERATOR DEFINITIONS:

HF-1: Heart failure patients with documentation that they or their caregivers were given written discharge instructions or other educational material addressing ALL of the following:

- Activity level
- Diet
- Discharge medications
- Follow-up appointment
- Weight monitoring
- What to do if symptoms worsen

HF-2: Heart failure patients with documentation in the hospital record that LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge

HF-3: Heart failure patients who are prescribed an ACEI or ARB at hospital discharge

HF-4: Heart failure patients (cigarette smokers) who receive smoking cessation advice or counseling during the hospital stay



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Heart Failure (con't)

The detailed patient list on the following pages includes only HF patients who were not excluded based on applicable CMS exclusion criteria (see RPMS logic below). The list displays data related to these CMS measures as currently documented in RPMS. Patient charts should be reviewed to identify other data; RPMS data may need to be updated based on chart data.

RPMS LOGIC:  
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INCLUSION LOGIC: Patients discharged with heart failure defined as: Non-CHS (Contract Health) visit with Service Category H (hospitalization), Primary POV 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, or 428.0-428.9) and discharged during the Current Report period.

EXCLUSION LOGIC:

- Patients less than 18 years of age as of the hospital admitting date, or
- Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during the hospitalization.

OTHER LOGIC:

LVAD/HEART TRANSPLANT: A left ventricular assistive device (LVAD) or heart transplant procedure occurring during the hospitalization. Defined as any of the following: 1) V Procedure 33.6, 37.51-37.54, 37.62-37.66, 37.68.

DISCHARGE INSTRUCTIONS: This version of CRS can only assess for this measure because there is no electronic data available to report on for meeting the measure. Therefore, sites must perform chart reviews and/or develop additional methods to determine if they meet the measure.

LVS EVALUATION: An ejection fraction ordered or documented EVER (through date the report is run). Defined as any of the following: 1) V Measurement "CEF"; 2) V Procedure 88.53, 88.54; 3) V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543, 93555; or 4) RCIS order for Cardiovascular Disorders referral on or after discharge date. (RCIS referral defined as: ICD Diagnostic Category "Cardiovascular Disorders" combined with any of the following CPT Categories: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging."

LVSD: Diagnosis of systolic heart failure (POV 428.2\*); or CEF value <40% or described as moderate or severe. Ejection fraction is defined as V Measurement CEF; V Procedure 88.53, 88.54; or V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543, 93555.

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Heart Failure (con't)

ACEI MEDICATION: Any medication in site-populated BGP CMS ACEI MEDS taxonomy, any medication with a VA Drug Class code of CV800-ACE INHIBITORS, or CPT G8027. See Taxonomy Setup section in CRS v7.0 User Manual available for download from [www.ihs.gov/cio/crs](http://www.ihs.gov/cio/crs).

ACEI ALLERGY/ADR: Defined as: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i\*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI CONTRAINDICATIONS: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22). 2) NMI (not medically indicated) refusal for any ACEI, or CPT G8029 in year prior to discharge.

ARB MEDICATION: Any medication in site-populated BGP CMS ARB MEDS taxonomy, any medication with a VA Drug Class code of CV805-ANGIOTENSIN II INHIBITOR, or CPT G8027.

ARB ALLERGY/ADR: Defined as: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB CONTRAINDICATIONS: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22). 2) NMI (not medically indicated) refusal for any ARB, or CPT G8029 in year prior to discharge.

SMOKERS: Any of the following during the year prior to the hospital admission date: 1) Health Factors (looks at the last documented health factor): Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker. 2) Tobacco-related POV or active Problem List diagnosis codes 305.1, 305.10-305.12 (old codes), 649.00-649.04, or V15.82. 3) Dental code 1320.

SMOKING CESSATION ADVICE/COUNSELING: Any of the following during the hospital stay: 1) Patient education codes containing "TO-", "-TO", or "-SHS". 2) Clinic code 94 (tobacco cessation clinic). 3) Dental code 1320. 4) CPT code G0375 or G0376. 5) Documented refusal of patient education codes containing "TO-", "-TO", or "-SHS".

PLEASE NOTE: When lists of medications are displayed, the last of each medication fitting the description prescribed up to 12 months prior to admission and the last medication prescribed during admission or in the 30 days after discharge are displayed.



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Pneumonia Treatment

CMS TEXT:  
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Community acquired pneumonia is a major contributor to illness and mortality in the United States, causing 4 million episodes of illness and nearly one million hospital admissions each year. Scientific evidence indicates that the following measures represent the best practices for the treatment of community-acquired pneumonia:

PN-1 Oxygenation Assessment: Pneumonia inpatients who had an assessment of arterial oxygenation by arterial blood gas (ABG) measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.

PN-2 Pneumococcal Vaccination: Pneumonia inpatients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital: Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics

PN-4 Adult Smoking Cessation Advice/Counseling: Pneumonia patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.

PN-5b: Initial Antibiotic Timing - Pneumonia patients who received their first antibiotic dose within 4 hours after arrival at the hospital. Evidence shows better outcomes for administration times less than four hours.

DENOMINATOR DEFINITIONS: All Pneumonia patients (admitted to hospital) who are

- PN-1, PN-4, & PN-5b: 18 years of age and older
- PN-2: 65 years of age and older
- PN-3b: 18 years of age and older who have an initial blood culture collected in the emergency department
- PN-4: 18 years of age and older with a history of smoking cigarettes anytime during the year prior to hospital arrival. For purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.

CMS Inclusion criteria (all): ICD-9-CM principal diagnosis code: 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0 (pneumonia); or principal diagnosis code of 038.0-038.9, 518.81, or 518.84 (septicemia or respiratory failure) and a secondary diagnosis of pneumonia.

CMS Exclusion criteria (all):

- Patients who were less than 18 years of age as of the hospital admitting date, or

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- Patients who had no working diagnosis of pneumonia at the time of Admission (i.e. physician documentation of the diagnosis of pneumonia written before or at admission)
- Patients who received comfort measures only (i.e. patients who received palliative care and usual interventions were not received because a medical decision was made to limit care)

Exclusions only for PN-1 (Oxygenation assessment), PN-2 (Pneumovax), PN-3b (Blood culture), & PN-5b (Antibiotics):

- Patients who were transferred from another acute care or critical access hospital, including another emergency department

Exclusions only for PN-2 (Pneumovax):

- Patients less than 65 years of age

Exclusions only for PN-2 (Pneumovax) and PN-4 (Smoking Cessation):

- Patients who expired in the hospital
- Patients who left against medical advice (AMA)
- Patients who were discharged to hospice care
- Patients who were transferred to another short term general hospital for inpatient care
  
- Patients who were (PN-2: discharged; PN-4: transferred) to a federal hospital

Exclusions only for PN-3b (Blood culture):

- Patient who did not receive antibiotics or a blood culture

Exclusions only for PN-5b (Antibiotics):

- Patients who did not receive antibiotics during the hospitalization or within 36 hours (2160 minutes) of arrival to the hospital
- Patients who have received antibiotics within 24 hours prior to hospital arrival
- Patients involved in protocols or clinical trials

## NUMERATOR DEFINITIONS:

PN-1: Number of pneumonia patients whose arterial oxygenation was assessed by ABG (arterial blood gas) or pulse oximetry within 24 hours prior to or after hospital arrival

PN-2: Patients with pneumonia, age 65 and older, who were screened for pneumococcal vaccine status and were vaccinated prior to discharge, if indicated

PN-3b: Number of pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics. NOTE: The initial antibiotic dose is the earliest antibiotic dose administered. If there is more than one antibiotic on the earliest date, select the one with the time of the dose noted. If

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the earliest antibiotic dose has a date but no time, it should be considered to be the initial antibiotic dose.

PN-4: Pneumonia patients (cigarette smokers) who receive smoking cessation advice or counseling during the hospital stay

PN-5b: Number of pneumonia patients who received their first dose of antibiotics within 4 hours after arrival at the hospital

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PATIENT LIST

ALL PATIENTS DISCHARGED WITH PNEUMONIA DX

The following patients meet the CMS inclusion definition above for patients hospitalized with pneumonia. No exclusion logic has been applied.

INCLUSION LOGIC: Patients discharged with pneumonia defined as: Non-CHS (Contract Health) visit Service Category H (hospitalization), with 1) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or 2) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.

PATIENT NAME	HRN	SEX	AGE	HOSP DATES	ADMISSION TYPE
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\* Visits will be excluded from Visit List that has RPMS exclusion logic applied.

[last,first,mi] 999999 X 99 MM/DD/YY-MM/DD/YY [admission type]

DISCHARGE TYPE: [discharge type]

DX: [dx code] [narrative]

Exclusions: [e.g. under 18 yrs of age]

TOTAL VISITS: [count]

TOTAL VISITS THAT WILL BE EXCLUDED: [count]

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The detailed patient list on the following pages includes only pneumonia patients who were not excluded based on applicable CMS exclusion criteria (see RPMS logic below). The list displays data related to these CMS measures as currently documented in RPMS. Patient charts should be reviewed to identify other data; RPMS data may need to be updated based on chart data.

RPMS LOGIC:  
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RPMS LOGIC: Patients discharged from the hospital with pneumonia defined as: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with 1) Primary POV of pneumonia (481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or 2) with primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary POV of pneumonia (see ICD codes above) and discharged during the Current Report period.

EXCLUSION LOGIC:

- Patients less than 18 years of age as of the hospital admitting date

OTHER LOGIC:

ANTIBIOTICS MEDICATION: Any medication in PCC V Med included by user in site-populated BGP CMS ANTIBIOTIC MEDS taxonomy, or any medication with one of the VA Drug Class codes listed below, or CPT G8012 or procedure 99.21.

AM050-PENICILLINS  
AM051-PENICILLIN-G RELATED PENICILLINS  
AM052-PENICILLINS,AMINO DERIVATIVES  
AM053-PENICILLINASE-RESISTANT PENICILLINS  
AM054-EXTENDED SPECTRUM PENICILLINS  
AM100-BETA-LACTAM ANTIMICROBIALS  
AM101-CEPHALOSPORIN 1ST GENERATION  
AM102-CEPHALOSPORIN 2ND GENERATION  
AM103-CEPHALOSPORIN 3RD GENERATION  
AM104-CEPHALOSPORIN 4TH GENERATION  
AM111-PENICILLIN G-RELATED PENICILLINS  
AM112-PENICILLINS, AMINO DERIVATIVES  
AM130-BETA-LACTAMS ANTIMICROBIALS,OTHER  
AM150-CHLORAMPHENICOL  
AM200-ERYTHROMYCINS/MACROLIDES  
AM250-TETRACYCLINES  
AM300-AMINOGLYCOSIDES  
AM350-LINCOMYCINS

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AM650-SULFONAMIDE/RELATED ANTIMICROBIALS

AM900-ANTI-INFECTIVES, OTHER

See Taxonomy Setup section in CRS v7.0 User Manual available for download from [www.ihs.gov/cio/crs](http://www.ihs.gov/cio/crs).

PNEUMOCOCCAL VACCINE: Any of the following ever: 1) V Immunization codes: 33 Pneumo Polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.89, V03.82; 3) V Procedure: 99.55; 4) CPT: 90669, 90732; 5) Refusal/NMI Refusal Immunization 33, 100, 109.

OXYGENATION ASSESSMENT: (Arterial blood gas (ABG) or pulse oximetry) Any of the following within 24 hours prior to or after hospital arrival: 1) V Measurement O2; 2) V CPT 94760, 82083, 82805, 82810; 3) lab test ABG; 4) site-populated lab taxonomy BGP CMS ABG TESTS; or 5) LOINC taxonomy.

BLOOD CULTURE: Any of the following which occurred in the ER (clinic code 30) on the admission date or the day before: 1) V CPT 87040, 87103; 2) lab test Blood Culture; 3) site-populated lab taxonomy BGP CMS BLOOD CULTURE; or 4) LOINC taxonomy.

SMOKERS: Any of the following during the year prior to the hospital admission date: 1) Health Factors (looks at the last documented health factor): Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker . 2) Tobacco-related POV or active Problem List diagnosis codes 305.1, 305.10-305.12 (old codes), 649.00-649.04, or V15.82. 3) Dental code 1320.

SMOKING CESSATION ADVICE/COUNSELING: Any of the following during the hospital stay: 1) Patient education codes containing "TO-", "-TO", or "-SHS". 2) Clinic code 94 (tobacco cessation clinic). 3) Dental code 1320. 4) CPT code G0375 or G0376. 5) Documented refusal of patient education codes containing "TO-", "-TO", or "-SHS".

PLEASE NOTE: When lists of medications are displayed, the last of each medication fitting the description prescribed up to 12 months prior to admission and the last medication prescribed during admission or in the 30 days after discharge are displayed.

