

FACT SHEET
Summary of Pneumonia (PN) Measure Changes for 1/1/12+ Discharges

PN 2 (Pneumococcal Vaccination) and PN 7 (Influenza Vaccination) were retired. The references were updated for PN 3a, PN 3b, PN 6, PN 6a, PN 6b.

Pneumonia Antibiotic Recommendation Consensus Table and Algorithm:

PN 6, 6b Non-ICU

- Changed Regimen 3a to Beta lactam + Doxycycline (removed Tigecycline)
- Added Tigecycline monotherapy IV - changed to Regimen 2a from 2a1
- Macrolide monotherapy Regimen 2a2 deleted for patients < 65 with no risk factors for drug resistant pneumococcus

PN 6, 6a ICU

- New antibiotic regimen added (Regimen 4b) for patients with Tularemia and plague (Yersinia pestis)

Addendum 4.0:

- PN 5c Initial Antibiotic Received Within 6 hours of hospital arrival was retired.
- PN 4 Adult Smoking Cessation/Advice/ Counseling was retired.

Appendix C:

Antimicrobial Medications were updated.

Immunosuppressive Medications were updated.

The information below consists of clarifications and changes in abstraction instructions.

Data Element: ***Antibiotic Administration Date and Antibiotic Administration Time***

Type of Change: **Clarification**

- Clarification for abstractors how to abstract in situations when a patient arrives to the hospital with an IV infusing.

Data Element: ***Antibiotic Received***

Type of Change: **New**

- Notes for Abstraction were added with examples to clarify abstraction when a date or time was recorded in error.

Data Element: ***Arrival Date and Arrival Time***

Type of Change: **New**

- Abstraction guideline added which directs the abstractor to use the earliest time documented in the Only Acceptable Sources unless

other documentation suggests the patient was not in the hospital at that time. Sources outside of the Only Acceptable Source list may be used to determine if the patient was not in the hospital at a given time. E.g, ED Triage Time 0800. ED rhythm strip 0830. EMS report indicates patient was receiving EMS care from 0805 through 0825. Enter 0830 for Arrival Time.

- Usable ED documentation was expanded from the current limited list (ED vital signs record, ED triage record, etc.) to any documentation from the time period that the patient was an ED patient - e.g., ED face sheet, ED consent/Authorization for treatment forms, ED/Outpatient Registration/sign-in forms, ED vital sign record, triage record, ED physician orders, ECG reports, telemetry/rhythm strips, laboratory reports, x-ray reports.
- Preprinted times on a vital signs graphic record are no longer usable.
- The inpatient face sheet is no longer an acceptable source.

Clarification

- Abstraction guideline added to clarify that in cases where a patient was transferred from your hospital's satellite/free-standing ED or from another hospital within your hospital's system (as an inpatient or ED patient), and there is one medical record for the care provided at both facilities, use the arrival time at the first facility.
- Multiple rewording and structural changes made to abstraction guidelines to provide additional clarification.

Data Element: *Another Source Of Infection*

Type of Change: **New**

- Added allowable value for *Francisella tularensis* (tularemia or *Yersinia pestis* (pneumonic plague) documentation.
- Revised Definition and Notes for Abstraction to reflect alternative regimen.
- Lab report results in Suggested Data Sources not limited to physician documentation.
- Additions to Guidelines for Abstraction.

Data Element: *Compromised*

Type of Change: **Clarification**

- Clarification in Notes for Abstraction when to abstract the patient is on immunosuppressant medication versus systemic corticosteroid medication.
- Clarification that documentation of a suspected compromised condition is an inclusion unless that condition is ruled out within 24 hours of arrival.

Data Element: *Diagnostic Uncertainty*

Type of Change: **New**

Since PN 5c was retired in the addendum, the data element *Diagnostic Uncertainty* was retired.

Data Element: *ICU Admission or Transfer*

Type of Change: **New**

- A physician order for ICU admission or transfer is required.
- Expanded definition of ICU to be consistent with that used by CDC.
- Added Exclusions for specialty care units in Guidelines for Abstraction.

Data Element: *Pneumonia Diagnosis: ED/ Direct Admit*

Type of Change: **New**

- Focus of Allowable Values changed to address whether there is a diagnosis of pneumonia rather than where the diagnosis is made (ED or Direct Admit).
- Notes for Abstraction
 - Expanded notes on differential diagnosis.
 - Reduced duplication and divided notes between ED and Direct Admit.
- Added new inclusion and exclusion terms.
- Added new acceptable data sources.

Data Element: *Risk Factors for Drug Resistant Pneumococcus*

Type of Change: **New**

- This data element was retired.

Data Element: *Transfer from Another Hospital or ASC*

Type of Change: **New**

Allowable values restructured

- Yes = Patient was received as a transfer from an inpatient, outpatient, or emergency/observation department of an outside hospital or from an ambulatory surgery center.
- No = Patient was not received as a transfer from an inpatient, outpatient, or emergency/observation department of an outside hospital or from an ambulatory surgery center, or unable to determine from medical record documentation.

Notes for Abstraction

- Abstraction guideline added which directs the abstractor to answer “No” in the event there is conflicting documentation and the abstractor is unable to determine whether or not the patient was received as a transfer from an inpatient, outpatient, or emergency/observation department of an outside hospital or from an ambulatory surgery center UNLESS there is supporting documentation for one setting over the other (e.g., One source

states patient came from physician office, another source reports patient was transferred from an outside hospital's ED, and transfer records from the outside hospital's ED are included in the record.).

- Abstraction guideline added which directs the abstractor to answer “No” if, in cases other than conflicting documentation, the abstractor is unable to determine whether or not the patient was received as a transfer from an inpatient, outpatient, or emergency/observation department of an outside hospital or from an ambulatory surgery center (e.g., “Transferred from Park Meadows” documented - Documentation is not clear whether Park Meadows is a hospital or not).

Clarification

- Abstraction guidelines revised to provide more clarification on how to handle varying transfer scenarios.
 - “Yes” includes:
 - Transfers from hospitals or EDs outside of your hospital regardless of whether that facility is part of your hospital system, shared medical record or not, same provider number, or close proximity.
 - Transfers from LTACs
 - Transfers from rehab/psych units outside your hospital and transfers from rehab/psych hospitals
 - Transfers from the cath lab or same day surgery depts. of outside hospitals (regardless of whether that facility is part of your hospital system, shared medical record or not, same provider number, or close proximity)
 - “No” includes:
 - Transfers from urgent care centers
 - Transfers from clinics
 - Transfers from hospice facilities
 - Transfers from SNF care

For a complete list of changes, please see the “Release Notes” located in the *Specifications Manual for Hospital Inpatient Department Quality Measures* for encounters 1/1/2012. The manual can be found at:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228767363466>

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