Overview of the TJC/CMS VTE Core Measures

CMS Specification Manual 4.2

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NYS Partnership for Patients
History of the VTE Measure Set

• TJC began testing VTE measure set in 2005
• NQF endorsement May 2008
• Hospitals were offered the measures for selection of their ORYX projects in May 2009
• Many QI projects have tested similar process and outcome measures over the last 5-7 years
• Data collection begins with Q1 2013 discharges
### Venous Thromboembolism National Hospital Inpatient Quality Measures

<table>
<thead>
<tr>
<th>Set Measure ID #</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE-1</td>
<td>Venous Thromboembolism Prophylaxis</td>
</tr>
<tr>
<td>VTE-2</td>
<td>Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
</tr>
<tr>
<td>VTE-3</td>
<td>Venous Thromboembolism Patients with Anticoagulation Overlap Therapy</td>
</tr>
<tr>
<td>VTE-4</td>
<td>Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram</td>
</tr>
<tr>
<td>VTE-5</td>
<td>Venous Thromboembolism Warfarin Therapy Discharge Instructions</td>
</tr>
<tr>
<td>VTE-6</td>
<td>Hospital Acquired Potentially-Preventable Venous Thromboembolism</td>
</tr>
</tbody>
</table>

Specifications Manual for National Hospital Inpatient Quality Measures
Discharges 01-01-13 (1Q13) through 08-30-13 (2Q13)
VTE Measure Set

- VTE-1 – Venous Thromboembolism Prophylaxis
- VTE-2 – ICU Venous Thromboembolism Prophylaxis
- VTE-3 – VTE Therapy Patients with Anticoagulation Overlap
- VTE-4 – VTE Patients Receiving UFH with Dose/Platelet Count Monitored by Protocol/Nomogram
- VTE-5 – VTE Discharge Instructions
- VTE-6 – Incidence of Potentially-Preventable Venous Thromboembolism
CMS Core Measure VTE
Patient Populations

<table>
<thead>
<tr>
<th></th>
<th>VTE 1 VTE Prophylaxis</th>
<th>VTE 2 ICU VTE Prophylaxis</th>
<th>VTE 3 VTE Patients with AC Overlap</th>
<th>VTE 4 VTE Patients Receiving UFH with Monitoring protocol/nomogram</th>
<th>VTE 5 VTE Warfarin therapy discharge instruction</th>
<th>VTE 6 Hospital-acquired potentially preventable VTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-population 1</td>
<td>Included</td>
<td>Included</td>
<td>Excluded</td>
<td>Excluded</td>
<td>Excluded</td>
<td>Excluded</td>
</tr>
<tr>
<td>Sub-population 2</td>
<td>Excluded</td>
<td>Excluded</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
<td>Excluded</td>
</tr>
<tr>
<td>Sub-population 3</td>
<td>Excluded</td>
<td>Excluded</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
</tbody>
</table>

Included or excluded by the Principal and/or Other ICD-9 Codes. Cases will be included unless there are other exclusions.
VTE Measures

• VTE-1 Venous Thromboembolism Prophylaxis
• VTE-2 ICU Venous Thromboembolism Prophylaxis

– Sub-population 1 – No VTE
  • No ICD-9-CM Principal or Other Diagnosis Code on Tables 7.02, 7.03 or 7.04
    » Age ≥ 18 years
    » LOS ≤ 120 days
VTE Measures Continued

VTE-3 VTE Therapy Patents on AC Overlap Therapy

VTE-4 Patients Receiving UFH with Dose/Plt count monitored by protocol

VTE-5 VTE Discharge Instruction

– Sub-population 2 - Principal VTE
  • *Principal* Diagnosis Code on tables 7.03 and 7.04

– Sub-population 3 – Other VTE only
  • *Other* Diagnosis Code on tables 7.03. or 7.04
  • *No* Principle Diagnosis Code on tables 7.03. or 7.04
  • Age ≥ 18 years
  • LOS ≤ 120 days
VTE Measures Continued...

- VTE-6 Incidence of Potentially-Preventable VTE
  - Sub-population 3 – Other VTE Only
    - ICD-9-CM Other Diagnosis Code
      - Tables 7.03 and 7.04
      - No Principal Diagnosis Code on Tables 7.03 or 7.04
    - Age ≥ 18 years
    - LOS ≤ 120 days
## VTE Measure Sample Size

### Monthly Sample Size Based on Initial Patient Population Size for the No VTE Patient Sub-Population

<table>
<thead>
<tr>
<th>Hospital’s Measure</th>
<th>Minimum Required Sub-Population Sample Size “n”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Initial Patient Sub-Population Size “N”</td>
<td></td>
</tr>
<tr>
<td>≥295</td>
<td>60</td>
</tr>
<tr>
<td>76-295</td>
<td>20% of Initial Patient Population size</td>
</tr>
<tr>
<td>15-75</td>
<td>15</td>
</tr>
<tr>
<td>&lt;15</td>
<td>No sampling: 100% Initial Patient Population required</td>
</tr>
</tbody>
</table>

### Monthly Sample Size Based on Initial Patient Population Size for the Principal VTE Patient Sub-Population

<table>
<thead>
<tr>
<th>Hospital’s Measure</th>
<th>Minimum Required Sub-Population Sample Size “n”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Initial Patient Sub-Population Size “N”</td>
<td></td>
</tr>
<tr>
<td>≥596</td>
<td>120</td>
</tr>
<tr>
<td>151-595</td>
<td>20% of Initial Patient Population size</td>
</tr>
<tr>
<td>30-150</td>
<td>33</td>
</tr>
<tr>
<td>&lt;30</td>
<td>No sampling: 100% Initial Patient Population required</td>
</tr>
</tbody>
</table>
VTE-1 VTE Prophylaxis

• Rationale for Measure:
  – Hospitalized patients are at risk for the development of a VTE event
  – Majority of fatal events occur as sudden death
  – Routine evaluation of patient risk and use of appropriate prophylaxis can mitigate this outcome
VTE-1 VTE Prophylaxis

• Includes:
  – Age ≥ 18 years
  – LOS ≤ 120 days
  – No ICD-9-CM Principal or Other Diagnosis Code on
    • Tables 7.02, 7.03 or 7.04

• Numerator:
  • Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:
    – The day of or the day after hospital admission
    – The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission
Excluded Populations:

- Less than 18 years of age
- LOS < 2 days or > 120 days
- *Comfort Measures Only* documented on day of or day after hospital arrival
- Enrolled in clinical trials
- Direct admits to ICU
- Transferred to ICU the day of or the day after hospital admission with ICU LOS ≥ 1 day

- ICD-9-CM *Principal Diagnosis Code* of Mental Disorders or Stroke, Table 7.01, 8.1 or 8.2
- ICD-9-CM *Principal or Other Diagnosis Codes* of Obstetrics or VTE, Table 7.02, 7.03 or 7.04
- (SCIP) VTE Patients, Tables 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24
VTE Prophylaxis Data Elements

- Admission Date
- Birthdate
- Clinical Trial
- Comfort Measures Only
- Discharge Date
- ICD-9-CM Diagnosis & Procedure Codes
- ICU Admission Date
- ICU Admission or Transfer
- ICU Discharge Date
- Reason for No VTE Prophylaxis – Hospital Admission
- Surgery End Date
- Surgical Procedure
- VTE Prophylaxis
- VTE Prophylaxis Date
Type of VTE Prophylaxis Documented

1. Low dose unfractionated heparin (LDUH)
2. Low molecular weight heparin (LMWH)
3. Intermittent pneumatic compression devices (IPC)
4. Graduated compression stockings (GCS)
5. Factor Xa Inhibitor
6. Warfarin
7. Venous foot pumps (VFP)
8. Oral Factor Xa Inhibitor
9. None of the above or not documented or unable to determine from medical record documentation
**Simple VTE Order Set**

Complete Assessment at ADMISSION, POST-OP, AND TRANSFER

<table>
<thead>
<tr>
<th>DVT/PE RISK LEVEL &amp; PROPHYLAXIS ORDERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Low Risk</td>
<td>□ Early ambulation, education</td>
</tr>
<tr>
<td>Observation patients, expected LOS &lt;48 hrs: Minor/ Ambulatory surgery or Age &lt; 50 and NO other risk factors, or Already on therapeutic anticoagulation</td>
<td>□ Education</td>
</tr>
<tr>
<td>□ Moderate Risk</td>
<td>CHOOSE ONE PHARMACOLOGIC option</td>
</tr>
<tr>
<td>Most medical/surgical patients</td>
<td>□ Enoxaparin 40 mg SC q 24 hrs</td>
</tr>
<tr>
<td>CHF, pneumonia, active inflammation, advanced age, dehydration, varicose veins, less than fully and independently ambulatory, many other factors. All patients not in the Low or Highest Risk Categories (see reverse for more risk factors)</td>
<td>□ Enoxaparin 30 mg SC q 24 hrs (renal insufficiency dosing)</td>
</tr>
<tr>
<td>□ Highest Risk</td>
<td>□ Heparin 5000 units SC q 8 hrs</td>
</tr>
<tr>
<td>Elective hip or knee arthroplasty</td>
<td>□ Heparin 5000 units SC every 12hrs (if weight &lt;50kg or age&gt; 75)</td>
</tr>
<tr>
<td>Acute spinal cord injury with paresis</td>
<td>Also (OPTIONAL)</td>
</tr>
<tr>
<td>Multiple major trauma</td>
<td>□ Sequential compression device</td>
</tr>
<tr>
<td>Abdominal or pelvic surgery for cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHOOSE ONE PHARMACOLOGIC option</td>
</tr>
<tr>
<td></td>
<td>□ Enoxaparin 40 mg SC q day</td>
</tr>
<tr>
<td></td>
<td>□ Enoxaparin 30 mg SC q 24 hrs (for renal insufficiency)</td>
</tr>
<tr>
<td></td>
<td>□ Heparin 5000 units SC q 8 hrs (End stage renal disease only)</td>
</tr>
<tr>
<td></td>
<td>□ Enoxaparin 30 mg SC q 12 hrs (knee replacement)</td>
</tr>
<tr>
<td></td>
<td>□ Fondaparinux 2.5 mg SC q day</td>
</tr>
<tr>
<td></td>
<td>AND</td>
</tr>
<tr>
<td></td>
<td>□ Sequential compression device</td>
</tr>
</tbody>
</table>

**OR**

The risk of adverse effects of pharmacologic prophylaxis outweighs the risk of DVT / PE

**Contraindication to pharmacologic prophylaxis (see reverse):**

□ Mechanical prophylaxis with sequential compression device OR
□ Contraindicated (peripheral vascular disease or wounds)
Complex VTE Order Set

Deep Vein Thrombosis (DVT)
Prophylaxis Orders
(For use in Elective General Surgery Patients)

Thrombosis Risk Factor Assessment
(Choose all that apply)

<table>
<thead>
<tr>
<th>Each Risk Factor Represents 1 Point</th>
<th>Each Risk Factor Represents 2 Points</th>
<th>Each Risk Factor Represents 3 Points</th>
<th>Each Risk Factor Represents 5 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 41-60 years</td>
<td>Acute myocardial infarction</td>
<td>Age 75 years or older</td>
<td>Stroke (&lt;1 month)</td>
</tr>
<tr>
<td>Swollen legs (current)</td>
<td>Congestive heart failure (&lt;1 month)</td>
<td>Central venous access</td>
<td>Multiple trauma (&lt;1 month)</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>Medical patient currently at bed rest</td>
<td>Arthroscopic surgery</td>
<td>Elective major lower extremity arthroplasty</td>
</tr>
<tr>
<td>Obesity (BMI &gt;25)</td>
<td>History of inflammatory bowel disease</td>
<td>Malignancy (present or previous)</td>
<td>Hip, pelvis or leg fracture (&lt;1 month)</td>
</tr>
<tr>
<td>Minor surgery planned</td>
<td>History of prior major surgery (&lt;1 month)</td>
<td>Laparoscopic surgery (&gt;45 minutes)</td>
<td>Acute spinal cord injury (paralysis) (&lt;1 month)</td>
</tr>
<tr>
<td>Sepsis (&lt;1 month)</td>
<td>Abnormal pulmonary function (COPD)</td>
<td>Patient confined to bed (&gt;72 hours)</td>
<td>Acute spinal cord injury (paralysis) (&lt;1 month)</td>
</tr>
<tr>
<td>Serious Lung disease including pneumonia (&lt;1 month)</td>
<td></td>
<td>Immobilizing plaster cast (&lt;1 month)</td>
<td></td>
</tr>
<tr>
<td>Oral contraceptives or hormone replacement therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy or postpartum (&lt;1 month)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of unexplained stillborn infant, recurrent spontaneous abortion (&gt;3), premature birth with toxemia or growth-restricted infant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other risk factors</td>
<td>Subtotal:</td>
<td>Subtotal:</td>
<td>Subtotal:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL RISK FACTOR SCORE:
VTE-2 ICU VTE Prophylaxis

• Includes:
  – Age ≥ 18 years
  – LOS ≤ 120 days
  – No ICD-9-CM Principal or Other Diagnosis Code on Tables 7.02, 7.03 or 7.04

• Numerator:
  – Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:
    • The day of or the day after ICU admission (or transfer)
    • The day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)
VTE-2 ICU VTE Prophylaxis

Excluded Populations:

- Less than 18 years of age
- LOS < 2 days or > 120 days
- *Comfort Measures Only* documented on day of or day after hospital arrival
- Enrolled in clinical trials
- ICU LOS < 1 day without VTE prophylaxis administered but have a documented reason for no VTE prophylaxis

- ICD-9-CM *Principal or Other Diagnosis Code* of Obstetrics or VTE, Table 7.02, 7.03,, or 7.04
- (SCIP) VTE Patients, Tables 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24
VTE-2 ICU VTE Prophylaxis

Data Elements:

- Admission Date
- Birthdate
- Clinical Trial
- Comfort Measures Only
- Discharge Date
- ICD-9-CM Diagnosis & Procedure Codes
- ICU Admission Date

- ICU Admission or Transfer
- ICU Discharge Date
- Anesthesia Start Date
- ICU VTE Prophylaxis
- ICU VTE Prophylaxis Date
- Reason for No VTE Prophylaxis – ICU Admission

- Surgery End Date
- Surgical Procedure
Notes for Abstraction VTE-2

• Documentation of the reason for no VTE prophylaxis must be written by the day after ICU admission/transfer or surgery end date
• Documentation written after arrival but prior to admission/transfer is acceptable. Patients that are transferred to ICU need documentation that the reason for no VTE prophylaxis is associated with the ICU transfer
  – For example, if a patient did not receive VTE prophylaxis on the medical unit due to physician documentation of bleeding and is transferred to the ICU, another reason (even if it is the same reason) must be documented if no VTE prophylaxis was administered upon transfer to ICU.
For patients determined to be at low or minimal risk for VTE:
  - If documentation of “No VTE Prophylaxis needed” is written, then it will be inferred that both mechanical and pharmacological options were not indicated for the patient, select “Yes”.
  - A completed risk assessment within this timeframe is an acceptable source for this data element, if it is clear that the patient is a low risk for VTE and does not need VTE prophylaxis. If there is conflicting information about the need for prophylaxis, select “No”. If there is more than one risk assessment within the defined timeframe (by the day after admission), use the one with the latest date/time.

  – Documentation that the patient is ambulating alone without mention of VTE prophylaxis is insufficient. Do not infer that VTE prophylaxis is not needed unless explicitly documented.
Inclusion Guidelines for Abstraction

• Reasons for not administering any mechanical or pharmacologic prophylaxis:
  • Patient at low risk for VTE
  • Explicit documentation that the patient does not need VTE prophylaxis
  • Patient/family refusal
VTE-3 VTE Therapy Pts with Anticoagulation Overlap

• Includes:
  – Age ≥ 18 years
  – LOS ≤ 120 days
  – ICD-9-CM *Principal or Other* Diagnosis Code
    • Tables 7.03 and 7.04
VTE-3 VTE Therapy Pts with Anticoagulation Overlap

• Numerator:
  – Patients who received warfarin and parenteral anticoagulation overlap therapy
    • Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy OR
    • Five or more days, with an INR less than 2 and discharged on overlap therapy OR
    • Less than five days and discharged on overlap therapy OR
    • With documentation of reason for discontinuation of overlap therapy OR
    • With documentation of a reason for no overlap therapy
VTE-3 VTE Therapy Pts with Anticoagulation Overlap

• Excludes:
  – Patients < 18 years of age
  – Patients who have a LOS > 120 days
  – Comfort Measures Only documented
  – Patients enrolled in clinical trials
  – Discharge Status:
    • Health care facility for hospice care
    • Home with hospice care
    • Expired
    • AMA
    • Another Hospital
  – Patients without warfarin therapy during hospitalization
VTE-3 VTE Therapy Pts with Anticoagulation Overlap

Data Elements:

- Admission Date
- Birthdate
- Clinical Trial
- Comfort Measures Only
- Discharge Date
- Discharge Disposition
- ICD-9-CM Principal & Other Diagnosis Codes
- VTE Confirmed
- VTE Diagnostic Test
- Warfarin Administration
- INR Value
- Overlap Therapy
- Overlap Therapy Start Date
- Parenteral Anticoagulant End Date
- Parenteral Anticoagulant Prescribed at Discharge
- Reason for Discontinuation of Overlap Therapy
To determine the value for this data element, review the INR values the day of and the day prior to the discontinuation of the parenteral anticoagulation therapy. If any result is greater than or equal to 2, select “Yes”.

**Suggested Data Sources:**
- Discharge summary
- Laboratory reports
- Nursing notes
- Progress notes
VTE-4 VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol

- Includes:
  - Age ≥ 18 years
  - LOS ≤ 120 days
  - ICD-9-CM *Principal or Other* Diagnosis
    - Tables 7.03 and 7.04

- Numerator
  - Patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol
VTE-4 VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol

• Excludes:
  – Patients < 18 years of age
  – Patients who have a LOS > 120 days
  – *Comfort Measure Only* documented
  – Enrolled in *clinical trials*
  – Discharge Status:
    • Health care facility for hospice care
    • Home with hospice care
    • Expired
    • AMA
    • Another hospital
  – Patients without *UFH Therapy Administration*
  – Patients without VTE confirmed by diagnostic testing
VTE-4 VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol

- Data Elements:
  - Admission Date
  - Birthdate
  - Clinical Trial
  - Comfort Measures Only
  - Discharge Date
  - Discharge Disposition
  - ICD-9-CM Principal & Other Diagnosis Codes
  - UFH Therapy Administration
  - VTE Confirmed
  - VTE Diagnostic Test
  - Monitoring Documentation
Example of UFH Protocol

- nursing-driven, weight-based protocol using anti-Xa levels
- Initial dose: 80 IU/kg (ABW) bolus followed by infusion of 18 units/kg/hr (ABW)

<table>
<thead>
<tr>
<th>Anti-Xa level</th>
<th>Response</th>
<th>Next level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 – 0.09</td>
<td>Bolus 25 units/kg; increase infusion by 3 units/kg/hr</td>
<td>6 hours</td>
</tr>
<tr>
<td>0.10 – 0.19</td>
<td>Increase infusion by 2 units/kg/hour</td>
<td>6 hours</td>
</tr>
<tr>
<td>0.20 – 0.29</td>
<td>Increase infusion by 1 units/kg/hour</td>
<td>6 hours</td>
</tr>
<tr>
<td>0.30 – 0.69</td>
<td>NO CHANGE</td>
<td>Next am</td>
</tr>
<tr>
<td>0.70 – 0.79</td>
<td>Decrease infusion by 1 units/kg/hour</td>
<td>6 hours</td>
</tr>
<tr>
<td>0.80 – 0.89</td>
<td>STOP INFUSION for 1 hr, then decrease by 2 units/kg/hr</td>
<td>6 hours after restart</td>
</tr>
<tr>
<td>0.90 – 0.99</td>
<td>STOP INFUSION for 1 hr, then decrease by 3 units/kg/hr</td>
<td>6 hours after restart</td>
</tr>
<tr>
<td>1.00 – 1.09</td>
<td>STOP INFUSION for 2 hr, then decrease by 4 units/kg/hr</td>
<td>6 hours after restart</td>
</tr>
<tr>
<td>&gt; 1.10</td>
<td>STOP INFUSION for 2 hr, then decrease by 5 units/kg/hr and notify MD</td>
<td>6 hours after restart</td>
</tr>
</tbody>
</table>
VTE-4 Notes for Abstraction

• Pathways, orders or documentation that state that a nomogram or protocol was used to calculate the UFH therapy dosages and platelet count monitoring are acceptable

• “Defined parameters” for managing UFH therapy may include documents labeled a nomogram or protocol

• For orders that state that UFH therapy is ordered per pharmacy dosing or per pharmacy protocol select “Yes” if there is documentation that platelet counts were also monitored

• If IV UFH was managed by a nomogram, but was discontinued prior to monitoring the platelet counts, select “Yes”
Warfarin Dosing Nomogram
VTE-5 VTE Discharge Instructions

• Includes:
  – Age ≥ 18 years
  – LOS ≤ 120 days
  – ICD-9-CM *Principal* or Other Diagnosis Code
    • Tables 7.03 and 7.04
  – Discharge Disposition
    • 1 – Home
    • 2 – Home with Hospice
    • 8 – Not Documented or UTD
VTE-5 VTE Discharge Instructions

• Numerator:
  – Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following:
    • Compliance issues
    • Dietary advice
    • Follow-up monitoring
    • Potential for adverse drug reactions and interaction
AHRQ Resource

Teaching Guide addresses the 4 requirements of the VTE-5 measure

- Discharge instructions include:
  1. Compliance
  2. Dietary advice
  3. Follow-up monitoring
  4. Potential for adverse drug reactions
VTE-5 VTE Discharge Instructions

• Excludes:
  – Patients < 18 years of age
  – LOS > 120 days
  – Enrolled in *clinical trials*
  – Patients without *Warfarin Prescribed at Discharge*
  – Patients without VTE confirmed by diagnostic testing
VTE-5 VTE Discharge Instructions

Data Elements:

- Admission Date
- Birthdate
- Clinical Trial
- Discharge Date
- Discharge Disposition
- ICD-9-CM Principal & Other Diagnosis Codes
- VTE Confirmed
- VTE Diagnostic Test
- Warfarin Prescribed at Discharge
- Discharge instructions address compliance issues
- Discharge Instructions Address Dietary Advice
- Discharge Instructions Address Follow-up Monitoring
- Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions
VTE-5 Notes for Abstraction

• Documentation that addresses follow-up monitoring must include the following in order to select, “Yes”.

• Information about plans to monitor warfarin post-discharge. For example, if “follow-up with Coumadin clinic in one week” is documented, select “Yes”.

• If home health will be monitoring the warfarin, select “Yes”.

• Acceptable materials include discharge instruction sheets, brochures, booklets, teaching sheets, videos, CDs, and DVDs.

• Documentation must clearly convey that the patient/caregiver was given a copy of the material to take home. When the material is present in the medical record and there is no documentation which clearly suggests that a copy was given, the inference should be made that it was given IF the patient's name or the medical record number appears on the material AND hospital staff or the patient/caregiver has signed the material.

• Use only documentation provided in the medical record itself. Do not review and use outside materials in abstraction. Do not make assumptions about what content may be covered in material documented as given to the patient/caregiver.
VTE-6 Incidence of Potentially-Preventable VTE

- Includes:
  - Age ≥ 18 years
  - LOS ≤ 120 days
  - ICD-9-CM Other Diagnosis Code on Tables 7.03 and 7.04
    - No Principal Diagnosis Code on Tables 7.03 or 7.04
    - Patients who developed a confirmed VTE during the hospitalization
- Numerator:
  - Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date
    - NEGATIVE Measure
    - A high rate is undesirable
VTE-6 Incidence of Potentially-Preventable VTE

• Excludes:
  – Patients < 18 years of age
  – LOS > 120 days
  – *Comfort Measures Only* documented
  – Enrolled in clinical trials
  – ICD-9-CM *Principal Diagnosis Code* of VTE on Table 7.03 or 7.04
  – Patients with VTE Present at Admission
  – Patients with reasons for not administering mechanical and pharmacologic prophylaxis
  – Patients without VTE confirmed by diagnostic testing
VTE-6 Incidence of Potentially-Preventable VTE

• Data Elements:
  – Admission Date
  – Birthdate
  – Clinical Trial
  – Comfort Measures Only
  – Discharge Date
  – ICD-9-CM Principal & Other Diagnosis Codes
  – VTE Confirmed
  – VTE Diagnostic Test
  – VTE Present at Admission
  – VTE Prophylaxis Status
To determine the value for this data element, the abstractor must locate the diagnostic test order date and then review the chart to ascertain if VTE prophylaxis was administered before the test was ordered. If any VTE prophylaxis was given within the specified timeframe, select value “1”.

The VTE diagnostic test order date is the date the order was written to determine whether the patient developed VTE during hospitalization, not the date the test was completed.

Example:

- On 10/11/20xx a CT of the thorax is ordered, but not completed until 10/12/20xx. Use 10/11/20xx as the diagnostic test order date to determine if any prophylaxis was administered before that date.
- If more than one diagnostic test (from the inclusion list) was ordered to rule out VTE, and both confirmed VTE, select the first diagnostic test that confirmed VTE to determine if the patient received VTE prophylaxis.
# CMS Data Dictionary

The General Abstraction Guidelines explain the different sections of the data element definitions and provide direction for common questions and issues that arise in medical record abstraction. Instructions in the specific data elements in this Data Dictionary should ALWAYS supersede those found in the General Abstraction Guidelines.

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Questions, Comments?


5. Society of Hospital Medicine: http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_VTE/html_VTE/00_ImplementationGuide.cfm#
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