Acute Care Quality Registry – Qualified Clinical Data Registry
2018 Measure Detail

January 15, 2018

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ACQR 1: COPD Exacerbation Requiring Hospital Admission: Palliative Care Evaluation

Measure Description:

Patients admitted with 2 or more COPD exacerbations in 12 months or a single admission for COPD with hypercapneic respiratory failure, or being discharged to a SNF or LTACH should receive an evaluation from a palliative care professional, if available.

NQS Domain:

Communication and Care Coordination

Measure Type:

Process

High Priority:

Yes

Inverse Measure:

No

Denominator:

All Patients >= 18 years of age being treated as inpatients with primary diagnosis of COPD Exacerbation for whom, **(1)** this is their second (or more) admission for COPD exacerbation within the preceding 12 months; **(2)** they are being treated for hypercarbic respiratory failure ($pCO2>50$ mmHg); or **(3)** they are being discharged to a SNF or LTACH.

(1) ANY of the following COPD ICD-10 Codes as the primary diagnosis on a second or more admission for the calendar year: J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

OR

(2) ANY of the following COPD ICD-10 Codes as the primary diagnosis: J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

AND ANY of the following codes for Hypercarbic Respiratory Failure: J96.02

OR

(3) ANY of the following COPD ICD-10 Codes as the primary diagnosis: J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

AND ANY of the following Discharge Disposition Codes: 03, 04, 61, 63, 64

Denominator Exclusion:

Patients who expire in the current hospital stay or are transferred to another acute care hospital

ANY of the following Discharge Disposition Codes: 02, 05, 07, 20, 41, 42, 43

Numerator:

Patients who have had a palliative care referral within 6 months of discharge

Numerator Options:

AC001	Patients who have had a palliative care referral within 6 months of discharge	Performance Met
AC002	Patients in communities or facilities in which palliative care professionals are not available; patients who are offered but decline to see a palliative care professional;	Denominator Exception
AC003	Patients who have not had a palliative care referral within 6 months of discharge	Performance Not Met

ACQR 2: COPD Exacerbation: % of patients discharged from inpatient status on Long Acting Beta Agonist (LABA) bronchodilator

Measure Description:

Patients admitted to the hospital with acute COPD exacerbation should be considered for treatment with Long Acting Beta Agonist (LABA) bronchodilator at discharge.

NQS Domain:

Effective Clinical Care

Measure Type:

Process

High Priority:

No

Inverse Measure:

No

Denominator:

All patients >= 18 years hospitalized with principal diagnosis of COPD exacerbation

(1) ANY of the following COPD ICD-10 Codes as the primary diagnosis on admission: J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

Denominator Exclusion:

Patients who expire in the current hospital stay or are transferred to another acute care hospital

ANY of the following Discharge Disposition Codes: 02, 05, 07, 20, 41, 42, 43

Numerator:

Patients discharged on a Long Acting Beta Agonist bronchodilator

Numerator Options:

G9695	Long-acting inhaled bronchodilator prescribed	Performance Met
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator	Denominator Exception
G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator	Denominator Exception
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator	Denominator Exception
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified	Performance Not Met

ACQR 3: COPD: Steroids for no more than 5 days in COPD Exacerbation

Measure Description:

COPD: Steroids for no more than 5 days in COPD Exacerbation

NQS Domain:

Patient Safety

Measure Type:

Process

High Priority:

Yes

Inverse Measure:

No

Denominator:

All Patients >= 18 years of age being treated as inpatients/observation with primary diagnosis of COPD Exacerbation

(1) ANY of the following COPD ICD-10 Codes as the primary diagnosis on admission: J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

Denominator Exclusion:

Patients who expire in the current hospital stay or are transferred to another acute care hospital

ANY of the following Discharge Disposition Codes: 02, 05, 07, 20, 41, 42, 43

Numerator:

Patients who will receive a total of 5 days or less of steroid therapy starting with the admission date, including doses prescribed upon discharge

Numerator Options:

AC004	Patients who will receive a total of 5 days or less of steroid therapy starting with the admission date, including doses prescribed upon discharge	Performance Met
AC005	Patients with another clinical indication for steroids that would suggest the need for longer therapy; patients admitted with, or discharged on, daily steroids as part of COPD maintenance therapy	Denominator Exception
AC006	Patients who will receive > 5 days of steroid therapy starting with the admission date, including doses prescribed upon discharge	Performance Not Met

ACQR 4: CHF Exacerbation Requiring Hospital Admission: Palliative Care Evaluation

Measure Description:

Patients admitted with AHA Class D Heart Failure, and or patients admitted with Congestive Heart Failure (any class) being discharged to a SNF or LTACH should receive an evaluation from a palliative care professional.

NQS Domain:

Communication and Care Coordination

Measure Type:

Process

High Priority:

Yes

Inverse Measure:

No

Denominator:

All Patients >= 65 years of age discharged from inpatient hospitalization with (1) Class D CHF and for whom their primary admission diagnosis of CHF Exacerbation, and/or (2) patients with a primary discharge diagnosis of CHF being discharged to a SNF or LTACH

(1) End Stage Heart Failure (class D) ICD-10 Code as the primary diagnosis on admission: I50.84

OR

(2) ANY of the following Heart Failure ICD-10 Codes as the primary diagnosis on admission: I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9, I50.8, I50.81, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.89

AND End Stage Heart Failure (class D) ICD-10 Code: I50.84

OR

(3) ANY of the following Heart Failure ICD-10 Codes as the primary diagnosis on admission: I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9, I50.8, I50.81, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89

AND ANY of the following Discharge Disposition Codes: 03, 04, 61, 63, 64

Denominator Exclusion:

Patients who expire in the current hospital stay or are transferred to another acute care hospital

ANY of the following Discharge Disposition Codes: 02, 05, 07, 20, 41, 42, 43

Numerator:

Patients who have had a palliative care referral within 6 months of discharge

Numerator Options:

AC018	Patients who have had a palliative care referral within 6 months of discharge	Performance Met
AC019	Patients in communities or facilities in which palliative care professionals are not available; patients who are offered but decline to see a palliative care professional;	Denominator Exception
AC020	Patients who have not had a palliative care referral within 6 months of discharge	Performance Not Met

ACQR 5: CHF: Document AHA/ACC staging of CHF (A-D)

Measure Description:

The proportion of patients admitted to inpatient status for exacerbation (or new diagnosis) of congestive heart failure that have the AHA and/or NYHA staging documented during their hospitalization.

NQS Domain:

Effective Clinical Care

Measure Type:

Process

High Priority:

No

Inverse Measure:

No

Denominator:

All patients 18 years of age or older with a primary diagnosis of congestive heart failure.

(1) ANY of the following Heart Failure ICD-10 Codes as the primary diagnosis on admission: I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9, I50.8, I50.81, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89

Denominator Exclusion:

Patients who expire in the current hospital stay or are transferred to another acute care hospital

ANY of the follow Discharge Disposition Codes: 02, 05, 07, 20, 41, 42, 43

Numerator:

Patients discharged from inpatient status with a primary diagnosis of CHF and for whom their current ACCF/AHA Stage (with/without NYHA Class) is documented in the medical record

Numerator Options:

AC007	Patients discharged from inpatient status with a primary diagnosis of CHF and for whom their current ACC/AHA Stage (with/without NYHA Class) is documented in the medical record	Performance Met
AC008	ACC/AHA Stage not documented for a valid medical reason	Denominator Exception
AC009	Patients discharged from inpatient status with a primary diagnosis of CHF who do not have their current ACCF/AHA state documented in the medical record	Performance Not Met

ACQR 6: POLST Utilization: POLST form reviewed or completed for any patients with limited code status (i.e. any status other than, "Attempt Resuscitation" if unresponsive, pulseless and not breathing; and "Full Treatment" if patient is pulseless and breathing)

Measure Description:

Understanding a patient's goals of care is a clinical best practice. This measure will track the percentage of patients 65 years of age or older that have a code status discussed, and a POLST completed (or attempted) if there is any limitation in care (i.e. anything but "full treatment") selected by the patient or surrogate.

NQS Domain:

Communication and Care Coordination

Measure Type:

Process

High Priority:

Yes

Inverse Measure:

No

Denominator:

All patients 65 years of age or older admitted as inpatient status and who have a limited code status (i.e. any order on a POLST other than, "Attempt Resuscitation" if unresponsive, pulseless and not breathing; and "Full Treatment" if patient is pulseless and breathing).

(1) ANY of the following codes: 1123F

Denominator Exclusion:

Patients that are deemed clinically incompetent to make decisions on their behalf and have no surrogate.

ANY of the following ACQR Quality Codes: AC010

Numerator:

Patients with a limited code status for whom a paper or electronic POLST form is reviewed and/or completed

Numerator Options:

AC011	Patients with a limited code status for whom a paper or electronic POLST form is reviewed and/or completed	Performance Met
AC012	Patients in whom an electronic POLST form is not reviewed and/or completed for a valid reason such as patient refusal	Denominator Exception
AC013	Patients with a limited code status for whom a paper or electronic POLST form is not reviewed and/or completed	Performance Not Met

ACQR 7: Sepsis Management: Septic Shock: Repeat Lactate Level Measurement within 6 hours

Measure Description:

Percentage of patients aged 18 years or greater with septic shock and an elevated serum lactate result (>4 mmol/L) with a second serum lactate measurement ordered following the initial elevated result.

NQS Domain:

Effective Clinical Care

Measure Type:

Process

High Priority:

No

Inverse Measure:

No

Denominator:

All patients aged 18 or greater admitted with septic shock

Note: The coding of severe sepsis with shock requires a minimum of 2 codes: Code 1 captures the underlying systemic infection, followed by Code 2, which documents either a subcategory of R65.2 (severe sepsis with or without shock) or T81.12 (post-procedural septic shock). If the causal organism is not documented, assign code A41.9 (sepsis, unspecified organism) for the infection.

(1) ANY of the following Sepsis ICD-10 codes: A02.1, A41.50, A22.7, A41.51, A26.7, A41.52, A32.7, A41.53, A40.0, A41.59, A40.1, A41.81, A40.3, A41.89, A40.8, A41.9, A40.9, A42.7, A41.01, A54.86, A41.02, B37.7, A41.1, A41.2, A41.3, A41.4

AND ANY of the following ICD-10 codes for Septic Shock: R65.21, T81.12

AND NONE of the following ICD-10 codes for Severe Sepsis without Septic Shock: R65.20

Denominator Exclusion:

Patients who expire before leaving the emergency room; transferred from another facility, left before treatment complete; cardiac arrest within the emergency department, patient or surrogate decision maker declined care, advanced directives present in medical record for comfort care, toxicological emergencies, secondary diagnosis of any of the following: Acute MI, trauma, stroke, pulmonary or GI hemorrhage; patients for whom our providers assume care > 6 hours after they present to the emergency department or facility.

ANY of the following ACQR Quality Codes: AC014

Numerator:

Patients with a second serum lactate ordered following a previous elevated serum lactate

Numerator Options:

AC015	Patients with a second serum lactate ordered following a previous elevated serum lactate	Performance Met
AC016	Second serum lactate not ordered for a valid medical reason	Denominator Exception
AC017	Patients without a second serum lactate ordered following a previous elevated serum lactate	Performance Not Met

ACQR 8: Stroke/TIA: % of patients discharged on antithrombotic therapy

Measure Description:

The percentage of patients aged 18 years and older with diagnosis of (non-embolic) ischemic stroke or transient ischemic attack who were prescribed antithrombotic therapy at discharge.

NQS Domain:

Effective Clinical Care

Measure Type:

Process

High Priority:

No

Inverse Measure:

No

Denominator:

Patients age 18 or older AND stroke/TIA ICD-10 codes AND discharge codes 99238 or 99239

(1) ANY of the following Stroke/TIA ICD-10 codes as the primary diagnosis on admission: G45.0, G45.1, G45.2,G45.8, G45.9, G46.0, G46.1, G46.2, I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.349, I63.39, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.523, I63.531, I63.532, I63.533, 63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9

AND ANY of the following Discharge Disposition Code: 99238, 99239

Denominator Exclusion:

Patients who expire during hospitalization or are transferred to another acute care facility; cardioembolic stroke due to atrial fibrillation or cardiac thrombus.

ANY of the following Discharge Disposition Codes or ICD-10 Codes: 02, 05, 07, 20, 41, 42, 43, I63.10 I63.111, I63.112, I63.113, I63.119, I63.12, I63.19, I63.40, I63.411, I63.131, I63.132, I63.133, I63.139, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.449, I63.49,

Numerator:

Patient prescribed antithrombotic therapy (e.g., aspirin, aspirin and dipyridamole, clopidogrel, ticlopidine, dabigatran, rivaroxaban, etc.) at discharge

Numerator Options:

G8696	Antithrombotic therapy prescribed at discharge	Performance Met
G8697	Antithrombotic therapy not prescribed for documented reasons [(e.g., patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)]; (e.g., patient left against medical advice, other patient reason(s))	Denominator Exception
G8698	Antithrombotic therapy was not prescribed at discharge, reason not given	Performance Not Met