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Introduction

This manual is the AFMC Data Abstraction Specifications and Guidelines for the Inpatient Quality Incentive project for SFY2018. The measures were carefully selected to improve care for a large number of Arkansans, including Arkansas Medicaid beneficiaries.

An AFMC data collection tool will be available for hospitals to begin collecting the data for 3rd Quarter 2017 and 4th Quarter 2017 discharges.

The criteria were developed jointly by Arkansas Medicaid, the Arkansas Hospital Association, AFMC and the advisory committee, which is made up of hospital quality professionals.

This manual describes the data elements required to collect and submit the data for the Obstetric, Tobacco Treatment, Behavioral Health Screening, and Medical Imaging measures for the Medicaid Inpatient Quality Incentive program for SFY 2018. It includes information necessary for defining and formatting the data elements, as well as the allowable values for each data element required for the Obstetric (OBS), Tobacco Treatment (TOB), Behavioral Health Screening (BHS), and Abdomen CT Use of Contrast Material (OP-10) measures.

We have included information and links from the CMS Specifications Manual for National Hospital Inpatient Quality Measures and the Joint Commission Specifications Manual for discharges from July 1 through Dec. 31, 2017. If/when any information in this manual changes, the information will be provided to hospitals participating in the IQI project via release notes.

General abstraction guidelines
The general abstraction guidelines are resources designed to assist abstractors in determining how a question should be answered. The abstractor should first refer to the specific notes and guidelines under each data element. These instructions should take precedence over the following general abstraction guidelines. All of the allowable values for a given data element are outlined, and notes and guidelines are often included that provide the necessary direction for abstracting a data element. It is important to use the information found in the notes and guidelines when entering or selecting the most appropriate answer.

Suggested data sources
- Suggested data sources are not listed in priority order, unless otherwise specified in the data element.
- Suggested data sources are designed to provide guidance to the abstractor as to the locations/sources where the information needed to abstract a data element will likely be found. However, the abstractor is not limited to these sources for abstracting the information and must review the entire medical record unless otherwise specified in the data element.
• In some instances, a data element may restrict the sources that may be used to gain the information. If so, these sources will be identified and labeled as “excluded data sources.”
• If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select “unable to determine (UTD)” as the answer if that option is available.
• Hospitals often label forms and reports with unique names or titles. Suggested data sources are listed by commonly used titles; however, information may be abstracted from any source that is equivalent to those listed.
  
  **Example:** If the “nursing admission assessment” is listed as a suggested source, an acceptable alternative might be titled “nurses’ initial assessment” or “nursing database.”

  **Note:** Element-specific notes and guidelines should take precedence over the general abstraction guidelines.

**Inclusions/exclusions**

• Inclusions are “acceptable terms” that should be abstracted as **positive findings** (e.g., “Yes”).
• Inclusion lists are limited to those terms that are believed to be most commonly used in medical record documentation. **The list of inclusions should not be considered all-inclusive, unless otherwise specified in the data element.**
• Exclusions are “unacceptable terms” that should be abstracted as **negative findings** (e.g., “No”).
• Exclusion lists are limited to those terms an abstractor may most frequently question whether or not to abstract as a positive finding for a particular element (e.g., “cardiomyopathy” is an unacceptable term for heart failure and should be abstracted as ”No”). **The list of exclusions should not be considered all-inclusive, unless otherwise specified in the data element.**
• When both an inclusion and exclusion are documented in a medical record, the inclusion takes precedence over the exclusion and would be abstracted as a positive finding (e.g., answer “Yes”), unless otherwise specified in the data element.

**Medicaid Inpatient Quality Incentive Criteria**

**State Fiscal Year 2018**
Overview
The 2018 program is aimed at identifying and rewarding hospitals that provide a higher level of care to Arkansas Medicaid beneficiaries. The program will focus on eight performance measures, one submission measure, one outcome measure, and two structural measures.

Criteria
- Hospitals must submit data on all eligible measures and have a minimum of five Arkansas Medicaid cases per eligible topic for Q3 and Q4 of 2017.
- Hospitals must pass 80 percent of the eligible measures (see thresholds).
- If measure denominator is 0 (zero) after data analysis, the hospital will not be eligible for that measure.
- Hospitals must pass validation.

Bonus payments
- Qualifying PPS hospitals will receive 5.8 percent of their per diem, or up to $50 per day, on their Medicaid primary discharge (excluding dual-eligible beneficiaries and those under one year of age).
- Hospitals that are not eligible for a bonus payment but would like to participate in the evaluation for recognition will have the same requirement.

Thresholds for OBS 4, 5, 5a, 6, and 9; TOB 1, 2, and 3; OP 10
- Threshold 1: Performance in Q3 and Q4 of 2017 at or above the 75th percentile from Q3 and Q4 of 2016.
  - Exceptions: OBS 4 performance must be 3 percent or below, OBS 6 must be 22 percent or lower, and OP-10 must be 10 percent or below for combined Q3 and Q4 of 2017.
- Threshold 2: Hospitals must achieve a 35-percent reduction in failure rate based on submitted data from Q3 and Q4 of 2016.
  - Exceptions: OBS 4 performance must be 3 percent or below; OBS 5, OBS 5a and OBS 9 performance must have a 25-percent reduction in failure rate based on submitted data from Q3 and Q4 of 2016; OBS 6 must be 22 percent or below; and OP-10 must be 10 percent or below for combined Q3 and Q4 of 2017.
- TOB: Performance of 50 percent minimum must be achieved to qualify for passing.
- OBS 5: Performance of 35 percent minimum must be achieved to qualify for passing.
- OBS 5a/OBS 9: Performance of 40 percent minimum must be achieved to qualify for passing.
- An AFMC data collection tool will be available for abstraction of OBS and TOB records.

Submission measure BHS 1
- BHS 1: Hospitals will submit a notice of intent to implement policy or submit a copy of the hospital's suicide risk screening policy.
Structural measures OBS 8 and HIV 1

- **OBS 8**: Document the number of patients who were screened for depression and the total number of deliveries.
- **HIV 1**: Document the number of patients who had documentation of HIV status prior to delivery and the total number of deliveries.

**Sampling requirements**

- AFMC will provide a monthly Arkansas Medicaid case count per topic in.
- Hospitals will have the option to abstract 100 percent of the cases or select a random sample.
  - *Exception*: There will be no sampling option for OBS measures. Hospitals will abstract 100 percent of their OBS Medicaid population.
- The monthly patient list will be based on Arkansas Medicaid paid claims. This number may differ from the actual number of cases a hospital has during a quarter.

**Validation**

- Two randomly selected charts from each topic per quarter for Q3 and Q4 of 2017 will be requested for validation.
- OP-10, OBS-8, BHS-1, and HIV-1 will not have charts validated.
- To pass validation, a combined score of 80 percent across both quarters will be required.

<table>
<thead>
<tr>
<th># of Eligible Measures</th>
<th># of Measures Required to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
# Quality Incentive Measures for SFY 2018

(Must pass 80 percent of the eligible measures)

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURES</th>
<th>CRITERIA TO PASS MEASURE</th>
<th>VALIDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBS 4: EARLY ELECTIVE DELIVERY</td>
<td>Must be 3 percent or below for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from OBS Mother from each Quarter 3 and 4, 2017</td>
</tr>
<tr>
<td>OBS 5: EXCLUSIVE BREAST MILK FEEDING</td>
<td>Must meet threshold 1 or a 25 percent reduction in failure rate for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from OBS Newborn from each Quarter 3 and 4, 2017</td>
</tr>
<tr>
<td>OBS 5a: BREASTMILK FEEDING – OBSERVATION/ASSESSMENT</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from OBS Newborn from each Quarter 3 and 4, 2017</td>
</tr>
<tr>
<td>OBS 6: CESAREAN SECTION: NULLIPAROUS WOMEN</td>
<td>Must be 22 percent or lower for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from OBS Mother from each Quarter 3 and 4, 2017</td>
</tr>
<tr>
<td>OBS 9: BREASTMILK FEEDING – PROVIDE ADVICE AND INSTRUCTIONS TO PATIENT</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from OBS Mother from each of Quarters 3 and 4, 2017</td>
</tr>
<tr>
<td>TOB 1: TOBACCO USE SCREENING</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from TOB measure set from each Quarter 3 and 4, 2017</td>
</tr>
<tr>
<td>TOB 2: TOBACCO USE TREATMENT PROVIDED OR OFFERED</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from TOB measure set from each Quarter 3 and 4, 2017</td>
</tr>
<tr>
<td>TOB 3: TOBACCO USE TREATMENT PROVIDED OR OFFERED AT DISCHARGE</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2017</td>
<td>Two randomly selected charts from TOB measure set from each Quarter 3 and 4, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTCOME MEASURES</th>
<th>CRITERIA TO PASS MEASURE</th>
<th>VALIDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-10: ABDOMEN CT – USE OF CONTRAST MATERIAL</td>
<td>Must be 10 percent or below for combined Quarter 3 and Quarter 4, 2017</td>
<td>There will be no validation for this measure</td>
</tr>
<tr>
<td>SUBMISSION MEASURES</td>
<td>CRITERIA TO PASS MEASURE</td>
<td>VALIDATION</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>BHS 1: SUICIDE RISK SCREENING</td>
<td>Submit a Notice of Intent to implement policy or submit a copy of the hospital’s suicide risk screening policy</td>
<td>There will be no validation for this measure in SFY2018</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>STRUCTURAL MEASURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBS 8: DEPRESSION SCREENING IN PREGNANCY</td>
<td>Document the number of patients who were screened for depression and the total number of deliveries</td>
<td>There will be no validation for this measure in SFY2018</td>
</tr>
<tr>
<td>HIV1: HIV STATUS DOCUMENTATION</td>
<td>Document the number of patients who had documentation of HIV status prior to delivery and the total number of deliveries</td>
<td>There will be no validation for this measure in SFY2018</td>
</tr>
</tbody>
</table>
Measure Information Form and Flowchart

Perinatal care (PC) initial patient population
The PC measure set is unique in that there are two distinct initial patient populations within the measure set: mothers and newborns.

Mothers
The population of the PC-Mother measures (PC-01, 02, and 03) are identified using four data elements:

- Admission date
- Birth date
- Discharge date
- ICD-10-CM principal or other diagnosis code

Patients admitted to the hospital for inpatient acute care are included in the PC-Mother initial sampling group if they have ICD-10-PCS principal or other procedure codes as defined in Appendix A, Table 11.01.1; a patient age (at admission date) between 8 and 64 years; and a length of stay (from admission date to discharge date) less than or equal to 120 days.

Note: Hospitals are not required to sample their data. If sampling offers minimal benefit (e.g., a hospital has 80 cases for the quarter and must select a sample of 76 cases) or if the hospital has access to a data source that makes medical record review unnecessary (e.g., using vital records, delivery logs or clinical information systems as a data source for some of the maternal measures in the perinatal measure set), the hospital may choose to use all cases.

Newborns
The population of the PC-Newborn measure (PC-04 and 05) is identified using six data elements:

- Admission date
- Birth date
- Discharge date
- ICD-10-CM principal or other diagnosis code
- ICD-10-PCS principal or other procedure code
- Birth weight

Within the PC-Newborn population, there are two subpopulations: Newborns with Blood Stream Infection (BSI) and Newborns with Breast-feeding. Each subpopulation is identified by patient age at admission and a specific group of diagnosis and procedure codes or lack thereof. The patients in each subpopulation are processed independently through each initial patient population flow. Patients may fall in both subpopulations, depending on the presence or absence of the diagnosis codes or procedure codes and other data elements defined by the respective initial patient subpopulations.
<table>
<thead>
<tr>
<th>Measures</th>
<th>Initial Patient Population Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-04</td>
<td>The count of all patients in PC-Newborns with BSI</td>
</tr>
<tr>
<td>PC-05</td>
<td>The count of all patients in PC-Newborns with Breast-feeding</td>
</tr>
</tbody>
</table>

Patients admitted to the hospital for inpatient acute care are included in one of the PC-Newborn subpopulations if they have the corresponding condition:

**Newborns with BSI:** Patients with a newborn patient age at admission less than or equal to 2 days and satisfy each of the following conditions:

1. No ICD-10-CM principal diagnosis code as defined in Appendix A, Table 11.10.2
2. One of the following:
   - An ICD-10-CM other diagnosis code as defined in Appendix A, Tables 11.12, 11.13, 11.14 or a birth weight between 500 grams and 1,499 grams
   - An ICD-10-CM other diagnosis code as defined in Appendix A, Tables 11.15, 11.16, or birth weight of 1,500 grams or more with any of the following:
     - An ICD-10-PCS principal or other procedure code as defined in Appendix A, Tables 11.18 or 11.19
     - Discharge disposition of 6 (expired) or a missing discharge disposition
     - No ICD-10-CM principal diagnosis code as defined in Appendix A, Table 11.10.3
   - Birth weight missing or UTD
3. No ICD-10-CM other diagnosis code as defined in Appendix A, Table 11.20 or birth weight of less than 500 grams

There is no sampling for this measure.

**Newborns with Breast-feeding:** Patient age at admission younger than or equal to 2 days, with a length of stay less than or equal to 120 days, an ICD-10-CM principal diagnosis code as defined in Appendix A, Table 11.20.1, no ICD-10-CM other diagnosis codes as defined in Appendix A, Table 11.21, and no ICD-10-PCS principal or other procedure code as defined in Appendix A, Table 11.22 are included in this subpopulation and are eligible to be sampled.
Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2018, v2018a
Discharges 07/01/2017 (3Q2017) through 12/31/2017 (4Q2017)
Length of Stay (in days) = Discharge Date minus Admission Date

- Length of Stay: > 120 days
  - ICD-10-CM Principal Diagnosis Code
    - On Table 11.20.1
  - ICD-10-PCS Principal or Other Procedure Code
    - On Table 11.22
  - ICD-10-CM Other Diagnosis Codes
    - All Missing or None on Table 11.21

- Length of Stay: ≤ 120 days
  - J02-19-GM Principal Diagnosis Code
    - Not on Table 11.20.1

- Patient is not in the PC-Newborn Initial Patient Population
  - BSI Flag: "Yes"

- Patient is eligible to be sampled for PC-Newborn measures
  - Set BreastFeeding Flag = "Yes"

- Set Initial Patient Population Reject Case Flag = "No"

- Return to Data Processing Flow (Data Transmission section)

- Set Initial Patient Population Reject Case Flag = "Yes"

Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2018, v2018a
Discharges 07/01/2017 (3Q2017) through 12/31/2017 (4Q2017)
Measure Set: Obstetric Services

Set measure ID: OBS-4

Performance measure name: Elective delivery

Description: Patients with elective vaginal deliveries or elective cesarean births at ≥37 and <39 weeks of gestation completed

Rationale: For almost three decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to elective delivery, either vaginal or operative (ACOG, 1996). A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the United States carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost one-third of all babies delivered in the United States are electively delivered, with 5 percent of all deliveries in the country delivered in a manner violating ACOG/AAP guidelines. Most of these are for convenience and result in significant short-term neonatal morbidity (neonatal intensive care unit admission rates of 13–21%) (Clark et al., 2009).

According to Glantz (2005), compared with spontaneous labor, elective inductions result in more cesarean births and longer maternal length of stay. The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate. Repeat elective cesarean births before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009).

Type of measure: Process

Improvement noted as: Decrease in the rate

Numerator statement: Patients with elective deliveries

Included populations: ICD-10-PCS principal procedure code or ICD-10-PCS other procedure codes for one or more of the following:
- Medical induction of labor as defined in Appendix A, Table 11.05 while not in labor prior to the procedure
- Cesarean birth as defined in Appendix A, Table 11.06 and:
  - Not in labor
  - No history of a prior uterine surgery

Excluded populations: None

Data elements:
- ICD-10-PCS other procedure codes
- ICD-10-PCS principal procedure code
- Labor
- Prior uterine surgery
**Denominator statement:** Patients delivering newborns with $\geq 37$ and $<39$ weeks of gestation completed

**Included populations:**
- ICD-10-PCS principal procedure code or ICD-10-PCS other procedure codes for delivery as defined in Appendix A, Table 11.01.1
- ICD-10-CM principal diagnosis code or ICD-10-CM other diagnosis codes for planned Cesarean birth in labor as defined in Appendix A, Table 11.06.1

**Excluded populations:**
- ICD-10-CM principal diagnosis code or ICD-10-CM other diagnosis codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07
- History of prior stillbirth
- Younger than 8 years of age
- Older than or equal to 65 years of age
- Length of stay greater than 120 days
- Gestational age $<37$ or $\geq 39$ weeks or UTD

**Data elements:**
- Admission date
- Birth date
- Discharge date
- Gestational age
- History of stillbirth
- ICD-10-CM other diagnosis codes
- ICD-10-CM principal diagnosis code

**Risk adjustment:** No.

**Data collection approach:** Retrospective data sources for required data elements include administrative data and medical records.

**Data accuracy:** Variation may exist in the assignment of ICD-10 codes; therefore, coding practices may require evaluation to ensure consistency.

**Measure analysis suggestions:** In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could be analyzed further to determine specific patterns or trends to help reduce elective deliveries.

**Sampling:** Hospitals will abstract 100 percent of OBS-Newborn cases available.

**Data reported as:** Aggregate rate generated from count data reported as a proportion
Abstraction resources:

Selected references:

Original performance measure source/developer:
Hospital Corporation of America – Women's and Children's Clinical Services
PC-01: Elective Delivery

Numerator: Patients with elective deliveries
Denominator: Patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed

Start

Run cases that are included in the PC-Mother Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow. Clinical through this measure.

ICD-10-CM
Principal or Other Diagnosis Codes

At least one on Table 11.07 → PC-01 B

None on Table 11.07

Gestational Age

< 37 or $\geq 39$ or LTD → PC-01 B

$\geq 37$ and $< 39$

History of Stillbirth

= Y → PC-01 B

= N

ICD-10-CM
Principal or Other Diagnosis Codes

At least one on Table 11.06.1 → PC-01 D

None on Table 11.06.1

PC-01 H

Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2018, v2018a
Discharges 07/01/2017 (3Q2017) through 12/31/2017 (4Q2017)
Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2018, v2018a
Discharges 07/01/2017 (3Q2017) through 12/31/2017 (4Q2017)
Measure Set: Obstetric Services

Set measure ID: OBS-5

Performance measure name:
- OBS-5 Exclusive Breast Milk Feeding
- OBS-5a Breast Milk Feeding – Observe and Assess Breast-feeding

Description:
- OBS-5: Exclusive breast milk feeding during the newborn's entire hospitalization
- OBS-5a: Newborns delivered at this hospital who received breast milk feeding observation and assessment from qualified hospital staff

Rationale: Exclusive breast milk feeding for the first six months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG). ACOG has recently reiterated its position (ACOG, 2007). A recent Cochrane review substantiates the benefits (Kramer et al., 2002). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) BF (Centers for Disease Control and Prevention [CDC], 2007; Petrova et al., 2007; Shealy et al., 2005; Taveras et al., 2004). Exclusive breast milk feeding rate during birth hospital stay has been calculated by the California Department of Public Health for the last several years using newborn genetic disease testing data. Healthy People 2010 and the CDC have also been active in promoting this goal.

Type of measure: Process

Improvement noted as: Increase in the rate

Numerator statement:
- OBS-5: Newborns who were fed breast milk only since birth
- OBS-5a: Newborns who received breast milk observation and assessment from qualified hospital staff

Included populations: Not applicable

Excluded populations: None

Data elements:
- Exclusive breast milk feeding
- Breast milk feeding – observe and assess breast-feeding

Denominator statement:
Single-term newborns discharged alive from the hospital
Included populations:
Live-born newborns with ICD-10-CM principal diagnosis code for single live-born newborn as defined in Appendix A, Table 11.20.1.

Excluded populations:
- Admitted to the neonatal intensive care unit (NICU) at this hospital during the hospitalization
- ICD-10-CM other diagnosis codes for galactosemia as defined in Appendix A, Table 11.21
- ICD-10-PCS principal procedure code or ICD-10-PCS other procedure codes for parenteral nutrition as defined in Appendix A, Table 11.22
- Experienced death
- Length of stay >120 days
- Patients transferred to another hospital
- Patients who are not term or with <37 weeks gestation completed

Data elements:
- Admission date
- Admission to NICU
- Birth date
- Discharge date
- Discharge disposition
- ICD-10-CM other diagnosis codes
- ICD-10-PCS other procedure codes
- ICD-10-CM principal diagnosis code
- ICD-10-PCS principal procedure code
- Term newborn

Risk adjustment: No

Data collection approach: Retrospective data sources for required data elements include administrative data and medical records.

Data accuracy: Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure analysis suggestions: In order to identify areas for improvement in breast milk feeding rates, hospitals may wish to review documentation for reasons. Education efforts can be targeted based on the specific reasons identified.

Sampling: Hospitals will abstract 100 percent of OBS-Newborn cases available.

Data reported as: Aggregate rate generated from count data reported as a proportion.

Abstraction resources:
**Selected references:**

PC-05: Exclusive Breast Milk Feeding

Numerator: Newborns that were fed breast milk only since birth
Denominator: Single term newborns discharged alive from the hospital

Start

Run cases that are included in the PC-Newborn Initial Patient Newborns with Breast Feeding and pass the edits defined in the Transmission Data Processing Flow. Exit through this measure.

Discharge Disposition

= 4, 5, 6

= 1, 2, 3, 7, 8

Term Newborn

= N

Admission to NICU

= Y

= N

Exclusive Breast Milk Feeding

= Y

= N

Case Will Be Rejected

In Numerator Population

In Measure Population

Not In Measure Population

Stop
**OBS-5a: Breastmilk Feeding – Observe and Assess Breastfeeding**

**Numerator:** Newborns who received breastmilk feeding observation and assessment from qualified hospital staff

**Denominator:** Single term newborns discharged alive from the hospital

**Diagram:**

1. Admission to NICU
   - Y
   - N

2. Exclusive Breast Milk Feeding
   - Y or N

3. Observe/Assess Breastfeeding
   - N/A
   - = N
   - = Y

4. **Outcome**:
   - In Measure Population
   - In Numerator Population
   - Not Measure Population

Top section is same as OBS-5
Measure set: Obstetric Services

Set measure ID: OBS-6

Measure name: Cesarean Birth

Description: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth

Rationale: The removal of any pressure to not perform a cesarean birth has led to a skyrocketing of hospital, state and national cesarean birth (CB) rates. Some hospitals now have CB rates greater than 50 percent. Hospitals with CB rates at 15–20 percent have infant outcomes that are just as good and better maternal outcomes (Gould et al., 2004). There are no data showing higher rates improve any outcomes, yet the CB rates continue to rise. This measure seeks to focus attention on the most variable portion of the CB epidemic: the term labor CB in nulliparous women. This population segment accounts for the large majority of the variable portion of the CB rate, and is the area most affected by subjectivity.

As compared to other CB measures, what is different about NTSV CB rate (low-risk primary CB in first births) is that there are clear-cut quality improvement activities that can be carried out to address the differences. Main et al. (2006) found that more than 60 percent of the variation among hospitals can be attributed to first-birth labor induction rates and first-birth early labor admission rates. The results showed if labor was forced when the cervix was not ready, the outcomes were poorer. Alfirevic et al. (2004) also showed that labor and delivery guidelines can make a difference in labor outcomes. Many authors have shown that physician factors, rather than patient characteristics or obstetric diagnoses are the major driver for the difference in rates within a hospital (Berkowitz, et al., 1989; Goyert et al., 1989; Luthy et al., 2003). The dramatic variation in NTSV rates seen in all populations studied is striking according to Menacker (2006). Hospitals within a state (Coonrod et al., 2008; California Office of Statewide Hospital Planning and Development [OSHPD], 2007) and physicians within a hospital (Main, 1999) have rates with a three- to five-fold variation.

Type of measure: Outcome

Improvement noted as: Decrease in the rate

Numerator statement: Patients with cesarean births

Included populations: ICD-10-PCS principal procedure code or ICD-10-PCS other procedure codes for cesarean birth as defined in Appendix A, Table 11.06

Excluded populations: None

Data elements:
- ICD-10-PCS other procedure codes
- ICD-10-PCS principal procedure code

**Denominator statement:** Nulliparous patients delivered of a live-term singleton newborn in vertex presentation

**Included populations:**
- ICD-10-PCS principal procedure code or ICD-10-PCS other procedure codes for delivery as defined in Appendix A, Table 11.01.1
- Nulliparous patients with ICD-10-CM principal diagnosis code or ICD-10-CM other diagnosis codes for outcome of delivery as defined in Appendix A, Table 11.08 and with a delivery of a newborn with 37 weeks or more of gestation completed

**Excluded populations:**
- ICD-10-CM principal diagnosis code or ICD-10-CM other diagnosis codes for multiple gestations and other presentations as defined in Appendix A, Table 11.09
- Younger than 8 years of age
- Older than or equal to 65 years of age
- Length of stay >120 days
- Gestational age <37 weeks or UTD

**Data elements:**
- Admission date
- Birth date
- Discharge date
- Gestational age
- ICD-10-CM other diagnosis codes
- ICD-10-CM principal diagnosis code
- Number of previous live births

**Risk adjustment:** No

**Data collection approach:** Retrospective data sources for required data elements include administrative data and medical records.

**Data accuracy:** Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

**Measure analysis suggestions:** In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could then be analyzed further determine specific patterns or trends to help reduce cesarean births.
**Sampling:** Hospitals will abstract 100 percent of the OBS-Mother population available.

**Data reported as:** Aggregate rate generated from count data reported as a proportion.

**Abstraction resources:**

**Selected references:**

**Original performance measure source/developer:**
California Maternal Quality Care Collaborative
PC-02: Cesarean Birth

Numerator: Patients with cesarean births
Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation

Start

Run cases that are included in the PC-Mother Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow. Clinical through this measure.

ICD-10-CM
Principal or Other Diagnosis Codes

At least one on Table 11.09

PC-02
B

None on Table 11.09

ICD-10-CM
Principal or Other Diagnosis Codes

None on Table 11.08

PC-02
B

At least one on Table 11.08

PC-02
X

Gestational Age

< 37 or UTD

PC-02
B

>= 37

PC-02
H
Measure set: Obstetric Services

Set measure ID: OBS-9

Measure name: Breast Milk Feeding – Provide advice and instructions to patient

Description: Mothers who deliver at this hospital received breast milk feeding advice and instructions from qualified hospital staff

Rationale: Exclusive breast milk feeding for the first six months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). ACOG has recently reiterated its position (ACOG, 2007). A recent Cochrane review substantiates the benefits (Kramer et al., 2002). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) BF (Centers for Disease Control and Prevention [CDC], 2007; Petrova et al., 2007; Shealy et al., 2005; Taveras et al., 2004). Exclusive breast milk feeding rate during birth hospital stay has been calculated by the California Department of Public Health for the last several years using newborn genetic disease testing data. Healthy People 2010 and the CDC have also been active in promoting this goal.

Type of measure: Process

Improvement noted as: Increase in the rate

Numerator statement: Patients who received breast milk feeding advice and instructions from qualified hospital staff

Included populations: Patients who received breast milk feeding advice and instructions

Excluded populations: None

Data elements: Breast milk feeding – provide advice and instructions to patient

Denominator statement: All mothers who deliver live-born newborns at this hospital

Included populations: ICD-10-PCS principal procedure code or ICD-10-PCS other procedure codes for delivery as defined in Appendix A, Table 11.01.1

Excluded populations:
- Younger than 8 years of age
- Older than or equal to 65 years of age
- Length of stay >120 days
Data elements:
- Admission date
- Birth date
- Discharge date
- ICD-10-CM other diagnosis codes
- ICD-10-CM principal diagnosis code

Risk adjustment: No

Data collection approach: Retrospective data sources for required data elements include administrative data and medical records.

Data accuracy: Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure analysis suggestions: In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could then be analyzed further determine specific patterns or trends to help reduce cesarean births.

Sampling: Hospitals will abstract 100 percent of the OBS-Mother population that is available.

Data reported as: Aggregate rate generated from count data reported as a proportion

Selected reference: Centers for Disease Control Breastfeeding
http://www.cdc.gov/breastfeeding/
OBS-9: Breast Milk Feeding – Provide advice and instructions to patient

Numerator: Patients who received breast milk feeding advice and instructions from qualified hospital staff.
Denominator: All mothers who deliver live-born newborns in hospital

START

Cases that are included in the OBS-Mother population

Breast Milk Feeding Advice/Instruction

= N

In Measure Population

= Y

In Numerator Population

STOP
Measure set: Tobacco Treatment

Set measure ID: TOB-1

Performance measure name: Tobacco Use Screening

Description: Hospitalized patients who are screened within the first day of admission for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year (CDC MMWR 2008; McGinnis 1993). Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing and many other diseases (DHHS 2004). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at $96 billion per year in direct medical expenses and $97 billion in lost productivity (CDC 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the user’s risk of suffering from tobacco-related disease and improved outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rigotti 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include brief clinician advice, individual, group, or telephone counseling, and use of FDA-approved medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient’s medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention.

Type of measure: Process

Improvement noted as: Increase in the rate

Numerator statement: The number of patients who were screened for tobacco use status within the first day of admission

Included populations: Patients who refused screening

Excluded populations: None

Data elements: Tobacco use status

Denominator statement: The number of hospitalized inpatients 18 years of age and older
Included populations: Not applicable

Excluded populations:
- Patients younger than 18 years of age
- Patient who are cognitively impaired
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients with “comfort measures only” documented

Data elements:
- Admission date
- Birth date
- Comfort measures only
- Discharge date
- Tobacco use status

Risk adjustment: No

Data collection approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10 diagnosis and procedure codes, which require retrospective data entry.

Data accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

Measure analysis suggestions: Hospitals may wish to analyze data to show the rate of those who were actually screened for tobacco use status, subtracting those that refused the screen.

Sampling: Yes

Data reported as: Aggregate rate generated from count data reported as proportion

Abstraction resources:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemenu=QnetPublic%2FPage%2FQnetTier4&cid=1228775436944
Selected references:

TOB-1: Tobacco Use Screening

Numerator: The number of patients who were screened for tobacco use status within the first day of admission

Denominator: The number of hospitalized inpatients 18 years of age and older

START

Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow. Clinical through this measure.

Patient Age (in years) = Admission Date - Birthdate
Use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the front end edits into the measure specific algorithm.

Patient Age

< 18

Length of Stay (in days) = Discharge Date - Admission Date

Length of Stay

> 1

Tobacco Use Status

= 1, 2, 3, 4, 5

Case Will Be Rejected

In Measure Population

Not in Measure Population

In Numerator Population

STOP
Measure set: Tobacco Treatment

Set measure ID: TOB-2

Performance measure name: Tobacco Use Treatment Provided or Offered

Description:
Patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit and receive or refuse FDA-approved cessation medications during the hospital stay.

The measure is reported as an overall rate that includes all patients to whom tobacco use treatment was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment. The Provided or Offered rate (TOB-2) describes patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay. The Tobacco Use Treatment (TOB-2a) rate describes only those who received counseling AND medication as well as those who received counseling and had reason for not receiving the medication. Those who refused are not included.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year (CDC MMWR 2008; McGinnis 1993). Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing and many other diseases (DHHS 2004). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at $96 billion per year in direct medical expenses and $97 billion in lost productivity (CDC 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the user’s risk of suffering from tobacco-related disease and improve outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rasmussen 2005; Hurley 2005; Critchley 2004; Ford 2007; Rigotti 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include brief clinician advice, individual, group, or telephone counseling, and use of FDA-approved cessation medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Studies indicate that the combination of counseling and medications is more effective for tobacco cessation than either medication or counseling alone (Fiore 2008), except in specific populations for which there is insufficient evidence of the effectiveness and/or safety of the FDA-approved cessation medications. These populations include pregnant women, smokeless tobacco users, light smokers and adolescents. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient’s medical recovery. Patients who receive even brief advice and...
intervention from their care providers are more likely to quit than those who receive no intervention.

**Type of measure:** Process

**Improvement noted as:** Increase in the rate

**Numerator statement:** The number of patients who received or refused practical counseling to quit and received or refused FDA-approved cessation medications during the hospital stay

**Included populations:**
- Patients who refuse counseling
- Patients who refuse FDA-approved cessation medication

**Excluded populations (for FDA-approved medications only):**
- Smokeless tobacco users
- Pregnant smokers with an ICD-10-CM principal diagnosis code or ICD-10-CM other diagnosis codes for pregnancy as defined in Appendix A, Table 12.3.
- Light smokers
- Patients with reasons for not administering FDA-approved cessation medication

**Data elements:**
- ICD-10-CM other diagnosis codes
- ICD-10-CM principal diagnosis code
- Reason for no tobacco cessation medication during the hospital stay
- Tobacco use status
- Tobacco use treatment FDA-approved cessation medication
- Tobacco use treatment practical counseling

**Denominator statement:** The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

**Included populations:** Not applicable

**Excluded populations:**
- Patients younger than 18 years of age
- Patients who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use during the hospital stay
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients with “comfort measures only” documented

**Data elements:**
- Admission date
• Birth date
• Comfort measures only
• Discharge date
• Tobacco use status

**Risk adjustment:** No

**Data collection approach:** Retrospective data sources for required data elements include administrative data and medical records. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other ICD-10-CM diagnoses that require retrospective data entry.

**Data accuracy:** Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection. Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

**Measure analysis suggestions:** Hospitals may wish to identify those patients who refused either counseling or medications or both to have a better understanding of which treatment type is refused so that efforts can be directed toward improving care.

**Sampling:** Yes

**Data reported as:** Aggregate rate generated from count data reported as a proportion

**Abstraction resources:**
[https://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic%2FPages%2FQnetTier4&cid=1228775436944](https://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic%2FPages%2FQnetTier4&cid=1228775436944)

**Selected references:**
TOB-2: Tobacco Use Treatment Provided or Offered

**Numerator:** The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay.

**Denominator:** The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

```
START

Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

Patient Age (in years) = Admission Date - Birthdate
Use the month and day portion of Admission date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the front end edits into the measure specific algorithm.

Patient Age

< 18

≥ 18

Length of Stay (in days) = Discharge Date - Admission Date

Length of Stay

≤ 1

> 1

Correct Measures Only

= 1, 2, 3

= 4

TOB-2 X

Missing

TOB-2 B

TOB-2 J

Tobacco Use Status

= 1, 2

= 3, 4, 5, 6
```
TOB-2a: Tobacco Use Treatment Provided or Offered

Numerator: The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the hospital stay.

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

Measure set: Tobacco Treatment

Set measure ID: TOB-3

Measure name: Tobacco Use Treatment Provided or Offered at Discharge

Description: Patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling and received or refused a prescription for FDA-approved cessation medication upon discharge.

The measure is reported as an overall rate that includes all patients to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge. The provided or offered rate (TOB-3) describes patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling and received or refused a prescription for FDA-approved cessation medication upon discharge.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year (CDC MMWR 2008; McGinnis 1993). Smoking is a known cause of multiple cancers, heart disease, and stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing and many other diseases (DHHS 2004). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at $96 billion per year in direct medical expenses and $97 billion in lost productivity (CDC 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the smoker's risk of suffering from tobacco-related disease and improved outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rasmussen 2005; Hurley 2005; Critchley 2004; Ford 2007; Rigotti 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include clinician advice; individual, group, or telephone counseling; and use of FDA-approved medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit because of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient’s medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention. Studies indicate that the combination of counseling and medications is more effective for tobacco cessation than either medication or counseling alone, except in specific populations for which there is insufficient evidence of the effectiveness of the FDA-approved cessation medications. These populations include pregnant women, smokeless tobacco users, light smokers and adolescents. Tobacco dependence should be viewed as a chronic disease. The treatment of this chronic disease is most effective when the initial interventions provided in the hospital setting are continued upon discharge to other care settings.
Type of measure: Process

Improvement noted as: Increase in the rate

Numerator statement: The number of patients who were referred to or refused evidence-based outpatient counseling and received or refused a prescription for FDA-approved cessation medication at discharge

Included populations:
- Patients who refused a prescription for FDA-approved tobacco cessation medication at discharge
- Patients who refused a referral to evidence-based outpatient counseling

Excluded populations (for FDA-approved medications only):
- Smokeless tobacco users
- Pregnant smokers with an ICD-10-CM principal diagnosis code or ICD-10-CM other diagnosis codes for pregnancy as defined in Appendix A, Table 12.3
- Light smokers
- Patients with reasons for not administering FDA-approved cessation medication

Data elements:
- ICD-10-CM other diagnosis codes
- ICD-10-CM principal diagnosis codes
- Prescription for tobacco cessation medication
- Reason for no tobacco cessation medication at discharge
- Referral for outpatient tobacco cessation counseling
- Tobacco use status

Denominator statement: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

Included populations: Not applicable

Excluded populations:
- Patients younger than 18 years of age
- Patient who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use status during the hospital stay
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients who expired
- Patients who left against medical advice
- Patients discharged to another hospital
- Patients discharged to another health care facility
- Patients discharged to home for hospice care
• Patients who do not reside in the United States
• Patients with “comfort measures only” documented

Data elements:
• Admission date
• Birth date
• Comfort measures only
• Discharge date
• Discharge disposition
• Tobacco use status

Risk adjustment: No

Data collection approach: Retrospective data sources for required data elements include administrative data and medical records. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other ICD-10-CM diagnoses, which require retrospective data entry.

Data accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection. Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure analysis suggestions: Hospitals may wish to identify those patients that refused either counseling or medications or both at discharge so as to have a better understanding of which treatment or type of treatment was accepted or refused so that efforts can be directed toward improving care.

Sampling: Yes

Data reported as: Aggregate rate generated from count data reported as a proportion

Abstraction resources: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier4&cid=1228775436944

Selected references:
57(45): 1226-1228. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm

TOB-3: Tobacco Use Treatment Provided or Offered at Discharge

Numerator: The number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

Variable Key:
- Patient Age
- Length of Stay

START

Random cases that are included in the Global Inpatient Population and pass the eds defined in the Transmission Data Processing Form Clinical through this measure.

Patient Age (in years) - Admission Date - Birthdate
Use the month and day portion of Admission date and Birthdate to yield the most accurate age.
Only cases with valid Admission Date and Birthdate will pass the EDS and exit into the measure specific algorithm.

Patient Age
- < 10
- ≥ 18

Length of Stay (in days) - Discharge Date - Admission Date

Length of Stay
- > 1

Current Discharge Status
- < 1, 2, 3

Tobacco Use Status
- < 1, 2

Discharge Disposition
- ≥ 1, 6

TOB-3 $
Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2018, v2018a
Discharges 07/01/2017 (3Q2017) through 12/31/2017 (4Q2017)
TOB-3a: Tobacco Use Treatment Provided or Offered at Discharge

**Numerator:** The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.

**Denominator:** The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

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**Diagram:**

- **Step 1:** Case Will Be Rejected
  - **Step 2:** Overall Rate Category Assignment
    - **Step 3:** Referral for Outpatient Tobacco Cessation Counseling
      - **Step 4:** ICD-10-CM Principal or Other Diagnosis Codes
        - **Step 5:** None on Table 12.3
          - **Step 6:** Tobacco Use Status
            - **Step 7:** Prescriptions for Tobacco Cessation Medication
              - **Step 8:** Reason for Not Tobacco Cessation Medication At Discharge
                - **Step 9:** STOP

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Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2018, v2018a
Discharges 07/01/2017 (3Q2017) through 12/31/2017 (4Q2017)
Measure set: Imaging

Set measure ID: OP-10

Performance measure name: Abdomen CT – Use of Contrast Material

Description: This measure calculates the percentage of abdomen studies that are performed with and without contrast out of all abdomen studies performed (those with contrast, those without contrast, and those with both). The measure is calculated based on a one-year window of claims data.

Technical Note: To reflect changes made to the CPT coding system, codes for combined abdomen/pelvis studies have been added to those contained within the numerator and denominator, beginning in July 2013, for claims data from 2011 and beyond.

Detailed specifications for the measure, including measure implementation information, can be found via the following link:

http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228695266120
Structural Measures

Hospitals participating in the program are required to complete the Structural Measures questions. Data entry is achieved through the AFMC data collection tool available to authorized users.

The Structural Measures are:

**OBS-8: Depression Screening in Pregnancy**

Document the number of patients screened for depression and the total number of deliveries.

**HIV-1: HIV Status Documentation**

Document the number of patients who had documentation of HIV status prior to delivery and the total number of deliveries

Hospitals participating in the Hospital Inpatient Quality Reporting Program must answer the questions monthly during the specified time period.
Data Element Abstraction Resources

The data element specifications for the TOB measure set are found at the following link:

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag
e%2FQnetTier4&cid=1228775436944

- Data element name: Admission date
- Data element name: Birth date
- Data element name: Comfort measures only
- Data element name: Discharge date
- Data element name: Discharge disposition
- Data element name: First name
- Data element name: ICD-10-CM other diagnosis codes
- Data element name: ICD-10-PCS other procedure codes
- Data element name: ICD-10-PCS other procedure dates
- Data element name: ICD-10-CM principal diagnosis code
- Data element name: ICD-10-PCS principal procedure code
- Data element name: ICD-10-PCS principal procedure date
- Data element name: Last name
- Data element name: Patient identifier
- Data element name: Prescription for tobacco cessation medication
- Data element name: Reason for no tobacco cessation medication at discharge
- Data element name: Reason for no tobacco cessation medication during the hospital stay
- Data element name: Referral for outpatient tobacco cessation counseling
- Data element name: Sex
- Data element name: Tobacco use status
- Data element name: Tobacco use treatment FDA-approved cessation medication
- Data element name: Tobacco use treatment practical counseling

The data element specifications for the OBS-Mother and OBS-Newborn measure sets are found at the following link:


- Data element name: Admission to NICU
- Data element name: Exclusive breast milk feeding
- Data element name: Gestational age
- Data element name: Labor
- Data element name: Number of previous live births
- Data element name: Prior uterine surgery
- Data element name: Term newborn
- Data element name: History of stillbirth
- Data element name: Discharge disposition
Alphabetical Data Dictionary

Data element name: Breast Milk Feeding – Observe and Assess Breast-feeding

Collected for: OBS-5a

Definition: Documentation that qualified hospital staff observed and assessed breast milk feeding

Suggested data collection question: Is there documentation that qualified hospital staff observed and assessed breast milk feeding during hospital stay?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable values:
- Y (Yes): There is documentation that qualified hospital staff observed and assessed breast milk feeding during hospital stay
- N (No): There is no documentation that qualified hospital staff observed and assessed breast milk feeding during hospital stay
- N/A(not applicable): The mother did not breast feed during the stay

Notes for abstraction:
- Qualified hospital staff includes:
  - Physician/APN/PA
  - Nursing staff
  - Lactation specialist
  - Direct patient care provider
- Documentation of a latch assessment (score) is sufficient to meet the intent of this measure
- If the mother chose to not breastfeed during the stay, select N/A

Suggested data sources:
- Nursing notes
- Lactation education
- Patient education notes
- Physician history and physical
- Progress notes
- Discharge summary
**Data element name:** Breast Milk Feeding – Provide Advice and Instructions to Patient

**Collected for:** OBS-9

**Definition:** Documentation that the mother received breast milk feeding assistance/instruction from qualified hospital staff

**Suggested data collection question:** Is there documentation that qualified hospital staff provided breast-feeding advice and instructions to patient during hospital stay?

**Format:**
- **Length:** 1
- **Type:** Alphanumeric
- **Occurs:** 1

**Allowable values:**
- **Y (Yes):** There is documentation that qualified hospital staff provided breast-feeding advice and instructions to patient during hospital stay
- **N (No):** There is no documentation that qualified hospital staff provided breast-feeding advice and instructions to patient during hospital stay

**Notes for abstraction:**
Qualified hospital staff includes:
- Physician/APN/PA
- Nursing staff
- Lactation specialist
- Direct patient care provider

**Suggested data sources:**
- Nursing notes
- Lactation education
- Patient education notes
- Physician history and physical
- Progress notes
- Discharge summary
Appendix A – Diagnosis & Procedure Code Tables

OBS diagnosis code tables

https://manual.jointcommission.org/releases/TJC2017A/AppendixATJC.html

- Table 11.01.1 Delivery
- Table 11.05 Medical Induction of Labor
- Table 11.06 Cesarean Birth
- Table 11.06.1 Planned Cesarean Birth in Labor
- Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation
- Table 11.08 Outcome of Delivery
- Table 11.09 Multiple Gestations and Other Presentations
- Table 11.20.1 Single Live-born Newborn
- Table 11.21 Galactosemia
- Table 11.22 Parenteral Infusion

TOB diagnosis code table

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier4&cid=1228775749207

- Table 12.3 Pregnancy
Appendix B – Hospitals with Acceptable NICU Classification

- Arkansas Children's Hospital  Little Rock  Level III C
- Baptist Health Medical Center  Little Rock  Level III B
- CHI St. Vincent Infirmary  Little Rock  Level III B
- UAMS Medical Center  Little Rock  Level III B
- St. Bernards Medical Center  Jonesboro  Level III A
- Mercy Hospital Fort Smith  Fort Smith  Level III B
- Mercy Hospital Northwest AR  Rogers  Level III A
- Washington Regional Med Ctr  Fayetteville  Level III A
- NW Health Sys Willow Creek  Johnson  Level III A
- Regional One  Memphis  Level III
Appendix C – Tobacco Approved Medications

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775749207

- Table 9.1: FDA-Approved Tobacco Cessation Medications
References

- Specifications Manual for National Hospital Inpatient Quality Measures, Discharges 01-01-17 through 12-31-17, v5.2a.
- Specifications Manual for Joint Commission National Quality Core Measures, Discharges 07-01-17 through 12-31-17, v2017A.
- Centers for Diseases Control Breastfeeding
  http://www.cdc.gov/breastfeeding/