

HITSP Quality Measures Technical Note ED, VTE, and Stroke Examples for Implementation of the HITSP Quality Interoperability Specification

HITSP/TN906



Healthcare Information Technology Standards Panel

Submitted to:

Healthcare Information Technology Standards Panel

Submitted by:

Quality Measures Tiger Team



DOCUMENT CHANGE HISTORY

Version Number	Description of Change	Name of Author	Date Published
0.0.1	Review Copy	Quality Measures Tiger Team	September 30, 2009
0.0.3	Review Copy	Quality Measures Tiger Team	January 18, 2010
1.0	Released for Implementation	Quality Measures Tiger Team	January 25, 2010

RELEASED FOR IMPLEMENTATION



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1.0 INTRODUCTION

1.1 PURPOSE AND SCOPE

In September 2008, the Centers for Medicare and Medicaid Services (CMS) engaged Healthcare Information Technology Standards Panel (HITSP), through its partner Office of the National Coordinator (ONC), in a ground-breaking effort to retool a set of existing quality measures to use Electronic Health Record (EHR) generated data directly. The task was to modify performance measure specifications for inpatient care from a format relying largely on manual review of clinical records to a format using harmonized and standardized specifications for submission through electronic health records (EHRs). This Technical Note reports the results of this effort for 16 Center for Medicare and Medicaid Services (CMS) and Joint Commission inpatient measures in the care domains of Stroke, Venous Thromboembolism (VTE) and Emergency Department (ED).

It is important to place this retooling effort in context. Since 2002, CMS, through its participation in the public-private collaboration, the Hospital Quality Alliance, has long been committed to working with the hospital and healthcare industry to promote public reporting using standardized performance measures that have been harmonized with those of the Joint Commission and endorsed through the consensus process of the National Quality Forum. The retooling project anticipated the evolution of the healthcare industry to wide-spread interoperable exchange of electronic data, and with the expectation that improving quality of care would serve as an important driver for adoption of such health information technology.

In a parallel effort, HITSP, evaluating the 2006 AHIC Quality Use Case, clearly understood the need for a quality data set managed by an organization with established expertise in quality. Subsequently, the Agency for Healthcare Research and Quality (AHRQ) funded the National Quality Forum (NQF) to assemble the Health Information Technology Expert Panel (HITEP I). Reviewing 84 high priority measures, HITEP identified a basic set of clinical elements for which HITSP was able to identify electronic methods for collection. Reconvened in 2009 to develop a comprehensive model of information to measure quality, HITEP developed the Quality Data Set, a framework of data to support a wide variety of measures. Mapping the HITEP quality data types (Quality Data Dictionary incorporated in the HITSP/C154 Data Dictionary construct), provided HITSP the tools to consistently apply the data requirements for the 16 measures represented herein. Although the retooling project and the HITEP activities were distinct, they were highly related activities.

The enactment of the American Recovery and Reinvestment Act (ARRA) on February 7, 2009, changed the context for the retooling effort. The “HITECH” provisions of ARRA established the concept of “meaningful use” of electronic health systems and provided financial incentives within Medicare and Medicaid to promote such activities. The HITECH provisions also established an independent and public process for the determination of the criteria and measures by which meaningful use could be demonstrated within the statutorily-defined deadlines. While the timelines and deadlines in ARRA-HITECH helped to drive the intense schedule of the HITSP quality measures workgroup (as well as other HITSP workgroups), the quality measure retooling effort proceeded independently from HITECH implementation. At publication of this Technical Note, the effort to define “meaningful use” has progressed to the regulatory stage. In the CMS Notice of Proposed Rule Making “Electronic Health Record Incentive Program,” published December 30, 2009, 15 of the 16 measures detailed in this document, with the exception of Stroke 1, were identified as potential clinical quality measures required for electronic submission by eligible hospitals during payment year 2011 and 2012.

This Technical Note will address the results of the specific retooling project and also provide insights and standardization recommendations to create new measures or to retool additional measures. It describes the process through which the 16 CMS and Joint Commission measures were evaluated and provisionally retooled in accordance with and drawing upon the electronic data sources, vocabularies and transactions identified in HITSP/IS06 Quality Interoperability Specification. Each measure provides a detailed example of how to use IS06 and its related HITSP constructs and Capabilities to fully specify measures electronically. The experience gained in the process for these 16 measures is highly instructive for such future efforts. Therefore, the Technical Note also includes a discussion of considerations, gaps and issues relevant to the creation of electronic measures or further retooling efforts.

APPROACH OF WORKING GROUP TO PROJECT

The 16 measures provided for retooling had all been previously reviewed and endorsed through the consensus process of the National Quality Forum. While not yet used for reporting, the measures were presented to the Working Group in the fully-specified measure information format (MIF) used by both CMS and the Joint Commission in their common Hospital Measures Specification Manual to instruct coders for manual retrieval from paper-based records.



For each of the measures, the Working Group worked with the key HITSP documents and capability statements related to HITSP/IS06 Quality Interoperability Specification (see Section 1.2, below) to develop a revised MIF that detailed the data and rules needed to address the constituent elements of each measure electronically. These include: associated value sets, any derived data elements, the eMeasure representation of the Healthcare Quality Measure Format (HQMF), and the HL7 Quality Reporting Document Architecture (QRDA) representation required to report performance based on the measure. (It should be noted that the QRDA enables providers to use the same data constructs that were developed for information exchange to report on quality measures directly out of the EHR.) The specific value sets required to retool the measures, identified by the Working Group, are detailed in the appendix to this Technical Note; these are specified in accordance with HITSP/TN903 Data Architecture Technical Note.

In support of the measure set, the Working Group developed a Quality Data Dictionary (added to HITSP/C154 Data Dictionary), which provides a critical mapping that links the terms and value sets for use by any measure based on data types identified by HITEP. The Quality Data Dictionary links the HITEP data types to the general HITSP Data Dictionary, describing the relevant document and section constraints and the established standard terminologies. These same constraints are relevant to the HL7 QRDA (HITSP/C105 Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture (QRDA)) and the HL7 eMeasure representation of the Healthcare Quality Measure Format (HITSP/C106 Measurement Criteria Document). Specific to this measure set the HITSP Quality Tiger Team developed the specifications for the 16 measure exemplars using the standard constructs and capabilities referenced.

1.2 HITSP/IS06 AND RELATED CAPABILITIES AND OTHER HITSP DOCUMENTS

A list of key reference documents and background material is provided in the table below. HITSP-maintained reference documents can be retrieved from the [HITSP Web Site](#).

Table 1-1 Reference Documents

Reference Document	Document Description
HITSP Acronyms List	Lists and defines the acronyms used in this document
HITSP Glossary	Provides definitions for relevant terms used by HITSP documents
HITSP/IS06-Quality	The HITSP Quality Interoperability Specification defines specific standards needed to benefit providers by providing a collection of data for inpatient and ambulatory care and to benefit clinicians by providing real-time or near-real-time feedback regarding quality indicators for specific patients
HITSP/C80-Clinical Document and Message Terminology	The HITSP Clinical Document and Message Terminology Component defines the vocabularies and terminologies utilized by HITSP specifications for Clinical Documents and Messages used to support the interoperable transmission of information
HITSP/C83-CDA Content Modules	The HITSP CDA Content Modules Component defines the content modules for document based HITSP constructs utilizing clinical information. These Content modules are based on IHE PCC Technical Framework Volume II, Release 4. That technical framework contains specifications for document sections that are consistent with all Implementation Guides for clinical documents currently selected for HITSP constructs
HITSP/C154-Data Dictionary	The HITSP Data Dictionary defines the library of Data Elements that may be used by HITSP constructs in standards based exchanges. The Data Elements are organized into modules to simplify navigation, such as Medications, Advance Directives, Immunizations, etc.
HITSP/C105-Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture (QRDA)	The HITSP Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture Component supports the communication of patient level quality data for quality measurement in a document sharing environment. Patient encounter data are compiled from both the local systems and from longitudinal data available through a Health Information Exchange (HIE) prior to communicating the retrieved data described in this construct for analysis
HITSP/C106-Measurement Criteria Document	The HITSP Measurement Criteria Document Component supports communication of a quality measure (aka an "eMeasure"). Clinical concepts (e.g. "atrial fibrillation", "coronary artery disease") and parameters (e.g. "numerator", "denominator") in an eMeasure are formally defined to support consistent and unambiguous interpretation. The eMeasure is standardized as a structured document, where one can capture the complete narrative of the measure and a formalized computable representation of statements
HITSP/C34-Patient Level Quality Data Message	The HITSP Patient Level Quality Data Message Component supports the process of sending patient data from a Quality Message Sender to a Quality Message Receiver for further analysis and aggregation. Patient data are captured as part of the normal process of care performed by healthcare providers such as hospitals, emergency departments and outpatient clinics



Reference Document	Document Description
TN903 – Data Architecture	TN903 is a reference document that provides the overall context for use of the HITSP Data Architecture constructs

1.3 COPYRIGHT PERMISSIONS

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1.4 VERSION 3.0 ACKNOWLEDGEMENT

The Specifications Manual for National Hospital Inpatient Quality Measures (Specifications Manual) is the result of the collaborative efforts of the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission to publish a uniform set of national hospital quality measures. A primary objective of this collaborative effort is to promote and enhance the utility of these measures for all hospitals.

No royalty or use fee is required for copying or reprinting this manual, but the following are required as a condition of usage: 1) disclosure that the Specifications Manual is periodically updated, and that the version being copied or reprinted may not be up-to-date when used unless the copier or printer has verified the version to be up-to-date and affirms that, and 2) users participating in the QIO supported initiatives, the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program, and Joint Commission accreditation; including performance measures systems; are required to update their software and associated documentation based on the published manual production timelines.

Example Acknowledgement: The Specifications Manual for National Hospital Inpatient Quality Measures [Version xx, Month, Year] is the collaborative work of the Centers for Medicare & Medicaid Services and The Joint Commission. The Specifications Manual is periodically updated by the Centers for Medicare & Medicaid Services and The Joint Commission. Users of the Specifications Manual for National Hospital Inpatient Quality Measures must update their software and associated documentation based on the published manual production timelines.

1.5 CONSIDERATIONS, ISSUES AND LESSONS LEARNED

Transforming performance measures from specifications developed for a manual review process into versions that can be collected using electronic processes will be neither simple nor straightforward. As mentioned above, the purpose of this Technical Note is both to present the findings and recommendations of a specific retooling project and to identify important considerations for future expansion of the effort to support electronic exchange of interoperable clinical and performance data across all conditions and settings.

In the course of evaluating and provisionally retooling the sixteen CMS and Joint Commission measures, HITSP identified a number of gaps and critical issues. For some of these, a fix or expedient resolution was available; for others, resolution will require additional decision making, mostly by independent standards development organizations, among others. Section 1.5.1 (below) presents these gaps and issues, including HITSP’s general observations and recommendations (“lessons learned”) about the process of retooling measures. It also includes two tables: a display of the general issues that arose during the retooling effort (Table 1-2) and a presentation of the specific measure elements from the sixteen measures that required modification as a result of the retooling process (Table 1-4). Both tables highlight specific elements and issues that remain open, particularly questions that will require involvement by entities not directly engaged in the current HITSP effort.

It should be noted that the “gaps and issues” analysis for the sixteen CMS and Joint Commission measures is necessarily more narrowly focused but directly complementary to the broad “Capability Gaps” analysis portrayed in the HITSP/ISO6 (Table 4-2 “Capability Gaps”). Progress in defining elements for performance measurement in the context of information used in EHRs will require attention to both broad and specific areas of concern.

1.5.1 GAPS AND ISSUES IDENTIFIED DURING RETOOLING THE CMS AND JOINT COMMISSION MEASURE SET

GENERAL OBSERVATIONS

Automated data capture requires precise specification of data to be collected: The existing performance measure specifications reviewed provide careful guidance for human chart abstractors to collect data from various sources within a clinical record. Applying such guidance for computerized or electronic data analysis requires carefully developed rules for automatic data capture and transmission using the precision of clinical terminologies. While “fixes” or heroic assumptions can be



made for the sake of expediency, retooling existing measures offers an important opportunity to examine how the measure specifications, the constituent data elements and related processes for capturing the needed clinical data can be aligned to take advantage of the full potential of eMeasurement.

Retrofitting is not translation; eMeasurement necessarily broadens the set of essential stakeholders needed for performance measure development, refinement and maintenance. The task of associating the concepts incorporated in a performance measure with terms found in one or more vocabularies requires the active collaboration of the measure developers and their clinical experts, terminologists and the vendor community to assure that the clinical and data collection pathways and objectives, and their underlying bases in evidence, are meaningfully preserved even as they are transformed. The complexity of the retooling process and resulting e-specifications raises new challenges for the public review and consensus process of the National Quality Forum and others in order to assure that the resulting eMeasures continue to be consistent with the needs of the broader community.

“Meaningful use” raises the bar for electronic data capture and use by establishing the principle of interoperable exchange of information. The enactment of “meaningful use” established the imperative to consider the retooling effort in the context of efforts to promote electronic capture and exchange of fully interoperable data. Although initiated as essentially a standalone effort, by incorporating consideration of standardized quality data architecture, including standardized representations of value sets, measure logic and derived information, the retooled measures become a substantial platform for both further expansion of the measure set and enhancement.

Complex concepts may be best described through post-coordinated concepts rather than by continuing to add new specific terms to vocabularies: this will necessitate improved implementation guidance and potentially modified certification standards for vendors and system developers. A common discussion thread occurred when determining values for specific data elements about requesting new terms in existing taxonomies. In many cases the components of these terms already existed but a standard way to implement their relationship (post-coordination) in an EHR was not evident. While SNOMED CT (for example) has defined rules for how to post-coordinate concepts, there does not seem to be a clear standard among vendor products for how to implement post-coordination in a consistent manner. Adopting such a standard and making its implementation part of EHR certification would provide value.

DISCUSSION

Abstraction may require a complex set of decisions (active inference) made by the abstractor. In the case of an electronically specified measure, such information must be clearly specified for clinical decision support or electronic data analysis. The current measure specifications rely on the ability of an abstractor to be able to search for information in multiple places in a patient chart, sort through layers of information, some of which may be contradictory, and then perform analysis to determine if the measure data element is available. Despite efforts to be complete, provide flowcharts, link to administrative systems, abstractors are expected to use their expertise identify adequate evidence. It may be very difficult to develop “a rule” that can provide the same results expected from a manual review.

In some cases (see table below), HITSP was able to lower the complexity of a measure by providing more forgiving “catch-all” options that demonstrated that the clinician gave thought to a measure component. For example, for those measures that contain a data element “Reasons for NOT...,” HITSP developed value sets that included the more general “Medical contraindication” and “Surgical Contraindication” as satisfactory options instead of modeling the full range of possible reasons, since the level of detail was not required for the measure. The broad composition of the HITSP Tiger Team – measure developers, terminologists, clinicians and systems developers – made identification of such solutions possible.

The act of creating a value set constrains the use of the data element. The value set clarifies and restricts the meaning of the element to information that can be identified in the electronic record. Value sets enforce precision for each data element. Because we know there are embedded assumptions with respect to the content of the value set and the intent of the use, every value set should have a clearly defined, human interpretable definition. In HL7, this is the representation of the concept domain. A metadata structure for the definition of the value set is required (refer to HITSP/TN903 for metadata requirements for value sets).

Cognitive actions: Cognitive actions (“patient received and understood” or “doctor viewed and accessed information”) are particularly problematic, since they are not consistently documented or easily determined, leading to reliance on evidence of an “attestations” in a record, rather than a more rule-based approach to querying the record. The original abstraction based measures allowed attestation that one of the following existed after a complex assessment. Abstraction may require a complex set of decisions (active inference) made by the abstractor. In the case of an electronically



specified measure, such information must be clearly specified for clinical decision support or electronic data analysis.

Options for standardizing the inference process would include 1) accepting that the cognitive act (view/access to the information) is completed if the related action is documented in the record (for example: if Medication reconciliation in record, infer both current and old medication lists have been viewed). Alternatively, 2) Accept that the cognitive action has occurred if the act **plus** at least one modification was performed (example: for Medication reconciliation, draw desired inference only if both current and old medication lists are viewed **and** at least one change made), or 3) require evidence of explicit attestation in the record.

Each option captures different information and therefore would not be equivalent. Each approach represents some compromise to collect usable data for measurement, with different consequences and costs for participants. Decisions must be made regarding the consequences and costs and the workflow burden of such compromises. Measure developers might also want to reconsider their intent (and the evidence) in identifying such data elements in order to avoid complex rules.

In cases such as this, the eMeasure may force health information technology (HIT) systems to build into clinical workflow a step where the system asks the user to attest to the completion of a complex activity, thereby requiring a “standard concept” that in some way represents this attestation of the complex activity. The resulting “concept” is usually only useful in communicating to reviewers what has occurred but is not computably comparable to related information such as other similar but distinct activities. It may be more appropriate to first adapt or change the measure criteria to more directly support electronically captured data, understanding the capabilities or limitations involved, but in the end will result in clear, measurable criteria. Transforming measures in this way requires an understanding of the “intent” of the measure developer (not always obvious from the available documentation), the timing and organization of collected data elements, workflow considerations, etc.

Complex assessments: Some measure elements in the sixteen CMS and Joint Commission measures are complex assessments that go beyond even complex rules. They require coordination of a specific type of test with a particular result, combination of assessment and existence or absence of data, or complex unions of information. The complexity of such data elements not only pose logical challenges for the measure developers and terminology communities but increase the complexity of the task of certifying vendor products and systems that attempt to implement these measures. For example:

In the course of its work associating the CMS and Joint Commission measures and measure elements with value sets, derived data elements, and measure logic, HITSP identified a number of overarching concerns. These issues and recommended resolutions should be reviewed as guidance for retooling other measures or de novo tooling of new measures into electronic formats.

Table 1-2 General Measure Retooling Issues and Recommendations

Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-1	Value sets must be carefully identified to reference single concepts. Some measure data elements in existing measures incorporate more than one concept and, occasionally logic or relationships to other concepts. For example, medication administered within one hour of surgical start time cannot be handled with value sets alone. The example requires two value sets, one for the appropriate medications, the other for the appropriate procedures. The context of use, or HITEP data type, for the first element is 'medication administered' requiring the attributes of date and time. The context of use, or HITEP data type for the second element is 'procedure performed' requiring the attribute of start time (time low). The logical relationship between the two data elements is that 'medication administered' occurs within 1 hour of 'procedure performed' start time.	Retooled specifications must carefully specify concepts at the most granular level of definition as value sets. Each value set should be bound to a context of use (identified as a HITEP data type – defined in the Quality Data Dictionary section of the HITSP Data Dictionary – HITSP/C154). The combination of the value set binding to its context of use is one of the 'quality data elements' for the measure. The relationship between two or more data elements should be represented in the logic, not directly in the definition of the data element. In other words, value sets are distinct from their context of use. The eMeasure representation of the Healthcare Quality Measure Format (C106) provides a mechanism to describe that logic within a quality measure	N



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-2	<p>Value sets are defined as “intensional” (code values extracted using a rule) and “extensional” (codes identified individually). This approach is inherent in the current measure specifications</p> <p>Measures specified for abstraction use prose to instruct data abstractors how to determine presence or absence of specific data elements for measure inclusions or exclusions. The description written in prose allows interpretation within the limits of the instructions provided. In other words, a rule to extract the values from the medical record (an implied intensional value set). Converting this information to a value to use electronically require the creation of a specific set of values (and extensional value set), exclusive of all others.ultimately customized or modified. Such extensional definitions require manual maintenance as underlying terminologies are maintained and expanded</p>	<p>Intensional value sets (such as those managed by selecting all elements in a specified branch of a terminology) provide less maintenance and greater flexibility over time. As with any type of value set, the decision for the content of the set requires careful definition and understanding of the information desired by those evaluating the elements of the quality measure</p> <p>Value set names and the stated purpose should clearly indicate the intended use in keeping with value set metadata requirements referenced in HITSP Technical Note HITSP/TN903</p>	N
TN906-GEN-3	<p>Representation of time and time-measured concepts: Measures need to express relationships between data elements based on time (e.g., process ‘a’ should occur within 24 hours of process step ‘b’). In some cases there is evidence that the time different is precise (e.g., 24 hour day = 1440 minutes). Other situations are less precise and require a rounded definition of time (e.g., calendar day). Measure specifications require a standard way to express time sequence, whether exact or rounded</p> <p>Guidance for measure developers is needed</p>	Refer to NQF to provide the guidance to the measure developers	N



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-4	Some measure elements require concepts that are missing SNOMED CT and other terminologies	Refer to the respective steward of the respective taxonomy to negotiate adding the concept and developing a new code. E.g., if SNOMED CT does not currently have a code to associated with a particular measure data element, new concepts can be readily requested from the IHTSDO, through the NLM, the US Member of the IHTSDO. Similar processes exist for other approved terminologies	N
TN906-GEN-5	<p>When an existing code is not found in any given terminology it is tempting to request a specific new code that meets the immediate need. However, some of these concepts are complex or secondarily qualify an existing coded value or concept. There is a clear tension between the need to add highly specific new codes to a terminology such as SNOMED CT. Such specific codes combining complex concepts are often called pre-coordinated concepts. SNOMED CT has carefully defined existing rules for post-coordination to combine existing concepts with qualifiers.</p> <p>An example, for the concept severe left systolic dysfunction requires the coordination of two concepts, 'severe' and 'systolic dysfunction'. Similarly, several measure exemplars expressed in this TN require the linking of specific required topics to patient education or discharge materials. While highly specific pre-coordinated terms could be created to address these gaps, such a practice can lead to a never-ending expansion of very specific codes with very little chance of re-use. Conversely, post-coordination would use existing codes to achieve similar precision. Although SNOMED CT has rules for post-coordination, a common and standardized method for implementing and managing post-coordinated concepts in electronic health records is not evident</p> <p>A consistent approach to post-coordination, clearly articulated to clinical system vendors and certification entities is needed. The benefit to quality measurement is that value sets could specify the acceptable post-coordinated terms for particular measure elements.</p>	<p>Recommend that SDO and IHTSDO coordinate to identify a standard methodology for post-coordination that could be implemented consistently among electronic clinical system vendor products</p> <p>Similarly, consider requiring certification entities to require such standard methodology as part of certification criteria, and provide implementation guidance</p>	Y



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-6	<p>Value sets should be re-used for identical concepts used in different measures. The creation of competing value sets has the potential for creating confusion and inconsistent conclusions.</p> <p>An example, measures used as exemplars in this document, VTE-1 and VTE-2, evaluate the performance of hospitals for patients at risk for venous thromboembolism. However, since there is a second set of measures (the surgical care improvement program, SCIP). The SCIP VTE measures evaluate the performance of hospitals to prevent venous thromboembolism in surgical patients. To avoid double counting of thromboembolism prophylaxis by a hospital, the VTE-1 and VTE-2 measures exclude 'surgical patients.' When such issues occur, value sets must be harmonized to identify the population common to both measure sets.</p> <p>In such circumstances, or if a measure addresses multiple domains ('hyphenated measures' such as SCIP-VTE, Pediatric-Oncology), it is important to examine how the measure fits within all relevant domains.</p>	<p>Infrastructure is required to enable the creation, versioning and maintenance of value sets within the constraints identified in HITSP/TN903. Value sets should be re-used across measures when data element concepts are identical, regardless of measure steward</p>	N
TN906-GEN-7	<p>Some measures evaluate the proportion of patients for whom expected interventions or outcomes are achieved. Others measure statistical performance such as the mean or median of waiting times or throughput by a provider or organization. The exemplars, ED-1 and ED-2 require the determination of the median throughput time for patients seen in the emergency department. The measures require a derived data element from two individual patient-related elements (e.g., time of arrival to time of decision to admit). The derived element for each patient is included in the calculation of the median for all patients seen in the emergency department. A method is required to variable (eg, time) for the set of describe and evaluate such continuous variables in an electronic measure and to report such information in a QRDA</p> <p>GAP: The eMeasure/QRDA level 1 presents data calculation for an individual patient. Need to expand standard format to address population-level continuous variables.</p>	<p>Refer to HL7 to complete QRDA level 2 (all patients who meet denominator criteria) and level 3 (summary reporting)</p> <p>Refer to HL7 to include continuous variable calculation logic in the HQMF DSTU</p>	Y
TN906-GEN-8	<p>GAP: There is a need to be able to specify or bind the reason or indication that a test was performed to both a test order and a test result</p>	<p>Approaches may involve inclusion of a reason as an attribute for test orders and results, or possibly using post-coordination</p>	N
TN906-GEN-9	<p>GAP: Measure specifications for abstraction may allow the inclusion of a planned order, or an order with a delayed start time, e.g., "Hold drug for x days" or "Start drug as outpatient."</p>	<p>Interim solution is to utilize discontinuation order and then a new order to effectuate the hold in the measure logic</p> <p>Improve modeling in future HITSP specifications</p>	N



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-10	<p>GAP: There is a need for standard value sets to represent allergies, intolerances, and adverse reactions</p> <p>Additionally, there is a need for a method to represent severity of such allergies, intolerances and adverse reactions. The value set taxonomy could potentially be used to represent severity (e.g., value sets for - severe life-threatening allergy, mild allergic reaction, etc.)</p> <p>Tolerance definitions are not available. For quality measurement, typically medication intolerance/allergy is a reason for exclusion from measure population.</p>	<p>Recommend SDOs work together to harmonize terminologies and develop needed standards. Activities currently underway include ISO TS on adverse events and SNOMED CT mapping for some adverse event/side effect terminologies. A standard method for describing allergy severity is also required.</p> <p>Additionally, terminology is required to describe a value set for intolerance as distinct from allergy or adverse reactions.</p>	Y
TN906-GEN-11	<p>Device allergy or adverse reaction</p> <p>GAP: Currently, cannot identify a device as source of allergy</p> <p>Need to label as a participation type of device (HL7 v.3). Participation types include causative agent, factor, chemical substance, reagent, microorganisms</p>	<p>Work with HL7. Discussion with Structured Documents Committee to identify and address the gap</p> <p>(Note: In CCD, agent is represented as causative agents, will need to manage errata for CCD through the HL7 process.)</p> <p>Monitor SDO Activity: HL7 activity for applying adverse event reporting to devices</p>	Y
TN906-GEN-12	<p>Medication-outpatient order filled: If the EHR receives a fulfillment notification from the pharmacy, the data could be made available to the analyzer through RDS pharmacy treatment dispense message: HL7 O13. The EHR would typically receive an NCPDP fulfillment and store it in the EHR</p> <p>GAP: All EHRs do not currently store such dispensing information in their medication lists.</p>	<p>This is currently a workflow/implementation gap in many environments for processing</p> <p>Refer to Certification Organizations to include certification requirements for dispensing information within EHR medication lists; include a requirement for inclusion of such information in EHR implementation requirements and potentially future measures of effective EHR usage</p>	Y
TN906-GEN-13	<p>Procedure-inpatient (end/closure): Some measures require the start and the end time of specific procedures. The start time of operating room procedures can be identified on the anesthesia record, but no standard for interoperable transmission of that record is yet available. Similarly, the procedure end time is not clearly defined nor is a standard available</p> <p>Potentially, the element could be derived from procedure start time and procedure minutes (HL7)</p>	<p>Referral to HL7. A standard method to capture and interoperably transmit procedure-related start and end times (as well as additional information about the procedure) is required. This will be input to Structured Measure Definitions</p>	Y



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-14	<p>A standard methodology is required to manage content with respect to education and communication with patients and among providers. Two issues arose during the retooling process regarding documentation of such communications</p> <p>It is general practice that education to the patient that is documented has actually been given to the patient. Measures requiring documentation of receipt of such materials (such as materials given, discharge instructions provided) impose attestation on the recipient that is not necessary and potentially complex to capture in an EHR</p> <p>Furthermore, measures requiring that information be conveyed are relatively specific about the content. Some but not all discharge or education instructions already are associated with pre-coordinated terms. There is a need for a consistent approach for binding education, instruction, and materials to content/subjects and events.</p>	<p>Resolution requires some information modeling standardization and some terminology enhancements. Ideally, the resolution should identify a standard approach to bind education type with educational events</p> <p>Work with HL7 to evaluate with respect to the RIM and CDA modules, and IHTSDO to model education and communication with patients and with other providers</p> <p>Where specific concepts are needed, work with IHTSDO to add concepts and identify consistent approach using post-coordination that supports the measures</p> <p>It would help to be able to indicate that education has been provided (and understood). The Quality Data mapping table in HITSP/C154, Communication to Patient may help resolve this issue. Once this concept is modeled, then representing communication to patient would be more straightforward</p>	Y
TN906-GEN-15	<p>International Classification of Nursing Practice (ICNP) provides a framework for coordination of care as well as nursing terminology. While some nursing terminologies are already incorporated in SNOMED CT, ICNP is not. Lack of nursing terminology modeling (lack of description logic) hinders representation in SNOMED CT</p> <p>Work is underway to expand representation of Nursing/Care Coordination vocabulary in SNOMED CT.</p>	<p>Recommend that ICNP and IHTSDO continue to work together to harmonize their terminologies</p>	Y
TN906-GEN-16	<p>Linking deaths outside of hospital to (inpatient) EHR: Standards are able to manage a death indicator, but there is a gap in the process to reliably collect and transmit this data element</p> <p>Hospital outpatient clinics and Emergency Departments may use ADT A^03 to indicate death of outpatients. In the ambulatory setting, there is usually no clear standard electronic record of death. The HL7 death indicator exists but is not currently part of workflow in the ambulatory setting</p>	<p>To some extent, populating the health record with the details of death is a matter of training and process modification for the users of EHRs</p> <p>If Vital Health Statistics resource is available, HITSP/TP21 Query for Existing Data (QED) might be used against this resource to access the reason (problem) for death. Vital Health Statistics could be instantiated as a Patient Demographic Supplier</p>	Y
TN906-GEN-17	<p>GAP: there are many ways to determine "consult ordered," but no good standard identified for electronic capture. Such information can be approximated, but is not precise. For example: it can be inferred that a consult has been ordered if there is a consult report with appropriate components (e.g., an eye exam with appropriate components documented), using the appropriate procedure code performed by the appropriate specialist (e.g., dilated eye examination coded with ICD-9 procedure code, or CPT procedure code).</p> <p>A standard specialty evaluation note /document would be helpful.</p>	<p>Referred to CMHR Domain TC for resolution of Lab ordering (in progress) as well as procedure ordering</p> <p>Encourage development of standard consultation /specialty evaluation note (e.g., a CDA template) to enable determination of consult completed. For consult ordered, referral order to an appropriate value set of acceptable roles will be helpful, but requires a clear definition of available roles from which a value set can be developed</p>	Y
TN906-GEN-18	<p>For purposes of messaging, the value set format has not been specified.</p>	<p>Work with HL7 or identify other SDO with appropriate standard format for transmitting value sets, possibly formalizing the HL7 Model Interchange Format (MIF)</p>	Y



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-19	<p>Clinical trial enrollment is an important element of patient status and can affect inclusion of the patient in a quality measure population. Many inpatient measures exclude patients enrolled in clinical trials related to the condition studied by the measure. Clinical trials for other conditions are not excluded</p> <p>Information about the subject, duration and type of clinical trial is difficult to capture at the appropriate level of precision required by the CMS-Joint Commission measures using ICD9-CM 'v' codes and or current SNOMED-CT</p> <p>GAP: Need an expanded and standardized set of data elements for clinical research that address:</p> <ul style="list-style-type: none"> • Clinical trial identifier – include any research study • Purpose of the study -- Reason for the study is needed; reason for trial may be a broad reason e.g. VTE, IRB. • Within clinical document, observation that patient is enrolled in a clinical trial. • Consent for treatment/participation in clinical trial. <p>Need a set of elements for clinical research that address phases. Need to be able to link a patient's ID with the multiple phases of the clinical trials</p> <p>Need to consider including participation in trials that may not be medication or device focused. Consider whether projects/trials involving changing lifestyle or service delivery could require exclusion.</p>	<p>For purposes of the retooling, measures requiring this information used SNOMED CT concept "patient entered into trial."</p> <p>HITSP needs to provide modeling for consistent representation of Clinical Trial Enrollment. Pending CMHR work to add a new module for clinical trials to data dictionary</p>	Y
TN906-GEN-20	<p>Risk category/assessment: Measures may need to include or exclude all patients in the denominator with a risk of a specific condition. In some cases, the risk can be identified as the calculated result of a risk calculator tool. E.g., the Braden scale evaluates the risk for pressure ulcers based on existing patient factors. The numerical result value of such scales can be used to indicate the level of risk. Similar scales can be addressed as tests which have numerical values as results</p> <p>GAP: A standard needs to be identified to express this type of calculator or scale and its results</p>	<p>For exemplar measures/in short-term, used following approach:</p> <ul style="list-style-type: none"> • Assessments – observations and scores in studies and results section for specific assessments (e.g. Braden score assessment); clinical LOINC to specify risk category and clinical procedure assessment • Result of procedure – use SNOMED CT Code. Range may be associated with clinical interpretation which may be coded using SNOMED CT, which has Scale e.g. risk for xx with value <p>Each assessment needs to be reviewed; HITSP needs a Capability to use the forms that will change over time. The result of such scales would be identifiable as a clinical finding currently in HL7.</p>	Y
TN906-GEN-21	<p>Patient care experience</p> <ul style="list-style-type: none"> • The HITEP data types referenced in the HITSP Data Dictionary Quality Data Dictionary section (HITSP/C154) specifies "patient care experience." There no direct EHR modeling available. Experience is often identified by satisfaction surveys but in the future experience will need to be considered as part of patient care preference decision making 	<p>Review specification options for patient survey instruments with HITSP Admin/Finance</p> <p>Refer to AHRQ for further work with SDOs to develop information models for Patient Care Experience</p>	Y



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-22	<p>Provider care experience</p> <ul style="list-style-type: none"> The HITEP data types referenced in the HITSP Data Dictionary Quality Data Dictionary section (C154) specifies "provider care experience." There is no direct EHR modeling available. Experience is often identified by satisfaction surveys but in the future experience will need to be considered as part of patient care decision making 	<p>Review specification options for patient survey instrument with HITSP Admin/Finance Domain Technical Committee</p> <p>Refer to AHRQ for further work with SDO to develop information models for Provider Care Experience</p>	Y
TN906-GEN-23	<p>Patient survey instrument</p> <ul style="list-style-type: none"> Not information that is specifically within an EHR 	Refer to AHRQ for further work with SDO to develop information models for Patient Survey	Y
TN906-GEN-24	<p>Provider survey instrument</p> <ul style="list-style-type: none"> Not information that is specifically within an EHR 	Refer to AHRQ for further work with SDO to develop information models for Provider Survey	Y
TN906-GEN-25	<p>System characteristics</p> <p>GAP: CDA facility modeling exists for only some high-level attributes, but much of this information may be in the facility's administrative system or other non-EHR systems</p> <p>Facility Attributes of interest include:</p> <ul style="list-style-type: none"> Number of beds Nurse or other staff ratios Service Agreements Hospital Emergency Room Diversion status <ul style="list-style-type: none"> Availability of resources (such as specific drugs, devices or vaccines) – would permit auditing for system reason for non-performance/non-acceptance of care, due to lack of specific resources that are out of control of the provider, such as medication recall causing regional or national shortage <p>Health System Context, such as:</p> <ul style="list-style-type: none"> State regulation and/or ability of facility to receive an e-prescription 	<p>Review modeling with CMHR and Admin/Finance Domain TCs to further assess Gap resolution</p>	Y
TN906-GEN-26	<p>Functional status is not fully represented in current modeling</p> <p>GAP: Need to harmonize coding of assessments. Vocabularies of potential interest include clinical LOINC, SNOMED CT, ICD-10-CM, ICF/ICF-CY, and HL7 demographic codes</p>	<p>Future HITSP work. Harmonization in progress with HL7 in the area of assessments</p> <p>Review Risk Category Assessment modeling</p>	Y
TN906-GEN-27	GAP: Functional status survey is not fully represented in current modeling	Pending HITSP work - LTC Extension	Y
TN906-GEN-28	<p><i>Substance administered</i> cannot be fully represented with current modeling. In this context, substance references non-medication substances, e.g., oxygen</p> <p>GAP: No way to easily represent : non-medication administration (e.g. Oxygen administered by respiratory therapy)</p>	<p>SNOMED CT concept Situation with Context can express the administration of oxygen (and other substances)</p> <p>Additional modeling required</p>	Y
TN906-GEN-29	<p><i>Substance ordered</i> cannot be fully represented with current modeling. In this context, substance references non-medication substances, e.g., oxygen</p> <p>GAP: Need to be able to link the constructs of the action with the specifics of what was ordered</p>	Additional modeling required	Y
TN906-GEN-30	Care goal has no coded section in Plan of Care	Pending HITSP CMHR Data Dictionary and Modeling	Y



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-31	Care Plan is not fully represented in current modeling	Pending HITSP work	Y
TN906-GEN-32	<p>Communication provider to provider: Documentation of communication between providers is not necessarily managed within the EHR, but may require incorporation of information now found in logs</p> <p>GAP: Need to be able to accommodate any kind of communication, in and across both inpatient and ambulatory settings. This needs to also kinds of communication in ambulatory and all other encounter settings (e.g. telephone communication, electronic communication)</p> <p>No clinical audit standard currently exists that would support capture of this information from the logs</p>	This is an EHR utilization element, not a clinical element. Outside of scope of this project	Y
TN906-GEN-33	<p>Medication Order: Days Supplied</p> <p>GAP: While CDA standards already exist for expression of the duration of a medication order in both the inpatient and outpatient settings, the vendor community has not implemented the codes widely. Documentation in outpatient settings is underused and may not available in wide enough use to be sufficient for measurement</p>	Certification requirements will be needed to ensure that these codes are appropriately implemented in EHRs	Y
TN906-GEN-34	<p>Device applied:</p> <p>All interventions, including placement or use of a device, should be determined clinically and documented in the EHR</p> <p>GAP: There is no clear standard to handle documentation that interventions have occurred that do not require a procedure note</p> <p>Note: The current HITSP work was for a simple Patient Care Device (PCD). Within the PCD framework there is a messaging framework</p>	Monitor related work in HL7 projects, including maps from data model in the devices world to the RIM , to the CDA	Y
TN906-GEN-35	<p>Device order:</p> <p>GAP in the CDA: Need to be able to bind information concerning the device ordered to a particular inpatient stayNeed to harmonize vocabularies and identify a standard for identification of devices in the US. Dependency on the identifier/vocabulary for the device to be ordered</p>	HITSP CMHR modeling pending overlap resolution for identifier vocabulary.	Y
TN906-GEN-36	<p>Device Applied:</p> <p>GAP: There is currently no ability to reference the device as an identifier associated with a surgical procedure</p>	Need to harmonize vocabularies and identify a standard for identification of devices in the US	Y
TN906-GEN-37	<p>Device allergy or adverse reaction.</p> <p>GAP: Currently, While food and other consumables can be identified as a source of allergy, there is no standard means of identifying a device as source of allergy. For consumables, their role(s) in triggering the allergy or adverse reaction ("participation types", HL7 v.3) include causative agent, factor, chemical substance, reagent, microorganisms</p>	<p>There is a need to establish a comparable set of participation type for devices (HL7 v.3). This will require harmonization</p> <ul style="list-style-type: none"> Work with HL7 is underway; discussions underway with Structured Documents Committee to identify and address the gap. (Note: In CCD, agent is represented as causative agents, will need to manage errata for CCD through the HL7 process.) <p>Recommend monitoring SDO Activity, for example, HL7 activity for applying adverse event reporting to devices</p>	Y



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-38	<p>Medication, device, procedure, substance (etc) declined:</p> <p>The ActReason codes do not support a hierarchy that would classify the types of reasons for declining a medication, device, procedure, substance (etc) with the level of detail that was required by the quality measure exclusion rules.</p> <p>GAP: Quality measures may require identification of a detailed terminology, taxonomy, and definition for contraindications or exclusions that cannot be specified by existing HITEP quality data types</p> <p>These exclusions specifically fall into three categories: medical reason (clinician-determined patient contraindication not specified elsewhere in the measure), patient reason (patient-determined contraindication not specified elsewhere in the measure), and system reason (lack of specific resources that are out of control of the provider - e.g., medication recall causing regional or national shortage)</p>	<p>For the purposes of the retooling project, measures requiring such information were used the construct of Patient Reason, Medical Reason and System Reason, with modifiers as available</p> <p>Refer to SDOs - HL7 has a concept for ActReason negation that requires additional specification - i.e., create a hierarchy of medical reason, patient reason, system reason. Additional input from IHTSDO is required to determine if SNOMED concepts are sufficient to fill these slots in HL7 messaging</p> <p>A more nuanced solution will require approaching HL7 to establish the allowable reasons as a hierarchy of terms. HL7 has a concept for ActReason negation that requires additional specification - i.e., create a hierarchy of medical reason, patient reason, system reason. Additional input from IHTSDO would be required to determine if SNOMED CT concepts would be sufficient to fill these slots in HL7 messaging</p> <p>Proposed groupings based on current HL7ActReason HL7concept:</p> <p>PATIENT REASON 21491 _ControlActReason - 21701_MedicationOrderAbortReasonCode o 21710 patient refuse o 21708 unable to use - 22849_PharmacySupplyEventAbortReason o 22851 patient changed mind</p> <p>MEDICAL REASON 21491 _ControlActReason - 21701_MedicationOrderAbortReasonCode · 21703 ineffective · 21704 no longer required for Tx · 22849_PharmacySupplyEventAbortReason · 22855 contraindication - 21737_SupplyOrderAbortReasonCode · 21990 intolerance · 21738 new therapy</p> <p>SYSTEM REASON 21408_ReasonForNotEvaluatingDevice 22164_ActCoverageReason (Act Coverage Reason) derived: - 22168_ActCoverageProviderReason - 22169_ActCoverageServiceReason - 22165_CoverageExclusionReason- 22166_CoverageFinancialParticipationReason - 22167_CoverageLimitationReason - 21493_EligibilityActReasonCode) 20940_..ActIneligibilityReason -- derived: · 19731 coverage suspended · 19730 registered in error 20941 _ActInvoiceCancelReason · 19733 incorrect covered party as patient · 19735 incorrect billing · 19734 incorrect policy · 19736 incorrect provider 22809_ControlActNullificationReasonCode · 22024 altered decision · 22023 entered in error</p>	Y



Issue	Problem Encountered	Recommended Resolution	In HITSP/IS06?
TN906-GEN-39	Physical Findings— source of information GAP: Need to consistently identify the "source" of physical exam finding (e.g. , a device-originated value, patient- originated data, clinician-taken specimen taken).	Improved guidance concerning use of post-coordination in SNOMED CT needed. Coordinate with HITSP CMHR Domain TC	Y
TN906-GEN-40	Dietetics and Nutrition- focused attributes and terminologies are not fully represented in current modeling	Deferred. Pending further analysis of requirements for information and standards in this area.	Y

The inpatient hospital information environment is very complex, with a variety of actors, actions, events and assessments that are incorporated into clinical decision making and so must be identified in the patient's clinical record. The current specifications of the sixteen CMS and Joint Commission inpatient hospital quality measures in this project are predicated on the assumption that clinical abstractors will use their expertise to identify adequate evidence in the face of this complexity. (See Table 1-3, below.) With the help of detailed guidance, including measure algorithms and flowcharts, the abstractor searches in multiple places in a patient chart for authoritative information, sorting through layers of information, some of which may be contradictory, and ultimately performing analysis or active inference to determine if the data required by the measure element is available.

Table 1-3 Brief Descriptions of the 16 CMS/Joint Commission Measures in HITSP/TN906

Measure Number	Brief Description
STK-1	Ischemic and hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission
STK-2	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge
STK-3	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge
STK-4	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well
STK-5	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2
STK-6	Ischemic stroke patients with LDL >= 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.
STK-8	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke
STK-10	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
VTE-1	[...patients] who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission
VTE-2	[...patients] who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)
VTE-3	[...patients] diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) ≥ 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications
VTE-4	[...patients] diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol
VTE-4	[...patients] diagnosed with confirmed VTE that are discharged to home, to home with home health or home hospice on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions
VTE-6	[...patients] diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date
ED-1	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department
ED2	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status

As can be seen in the above table, some measure elements in the sixteen CMS and Joint Commission measures require very complex interrelated assessments. The complexity of such data elements not only poses logical challenges for the measure developers and terminology communities

but increase the complexity of the task of certifying vendor products and systems that attempt to implement these measures.

Table 1-4 details the proposed modifications to the Measure Elements identified as necessarily in order to retool the 16 CMS and Joint Commission measures.

Table 1-4 Measure Element Changes in Support of Electronic Specification

Measure Number	Measure Element of Concern & Related Value Set	Problem Encountered	Resolution
ED-1, ED-2	Population-level continuous variable	Both measures are in the format of a Continuous Variable (median period of time) for the set of relevant patients that can be calculated from available time information for individual patients but is not otherwise currently represented in a format that is consistent with the eMeasures/QRDA. The eMeasure is intended to present as the data calculation for an individual patient; need have standard expanded to be able to represent performance over a broader population and calculation instruction	Specify HITSP GAP. Will submit to HL7 as a change proposal and monitor future updates to HQMF
STK-4	Data Element: Date/Time last known well Value Set: Last Known Well	<p>Date/Time last known well is not a single attribute in the EHR. Time last known well is not represented in any given terminology</p> <p>In substance, the data needed is 'Time of Illness Onset', an observation which is not always known. Therefore a method to indicate a time of illness onset for uncertainty was chosen instead</p> <p>In principle, there is a gap in the standard for Date/Time last known well in the encounter. There is also gap (in LOINC) for a results code for date/time last known well within a specified period of time</p> <p>Need to be able to specify how to handle the situation where a hospital is unable to document time last known well</p>	<p>Note that Use of 'Time of Illness Onset' in place of 'Last known well' is a slight modification in the emeasure specification which has been reviewed by the measure developer. This eMeasure implementation change is not reflected in the Measure Information Form</p> <p>This is represented by a value set indicating 'Time of Illness Onset', illness, or condition determined (Results/Observations) within the EHR and identifying the Onset as determined from Result Value</p> <p>Where the Time of Onset is Unknown, this is indicated by a Result Type of 'Medical History Unknown (SNOMED-CT '396782006' in the Result/Observation)</p> <p>This resolution was satisfactory for these measures, and might be sufficient for other measures going forward</p>
STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-4, VTE-6	Joint Commission Palliative Care Measures Only Value Set Data Element: Orders for Comfort Care Measures Only	<p>The concepts of the data element are not adequately captured in the value set. The do not adequately capture the information to be assessed by this step in the quality measure. Additional information will need to capture either via yet-to-be defined SNOMED CT® post-coordination use of expressions or as separate text with more detail</p> <p>NOTE: FOR STK-1 AND STK-5 " Palliative Care Measures Only" (regime) should be documented on the day of or day after arrival</p>	<p>This could be handled as a medical reason for exclusion until such times as gaps are resolved</p> <p>Since the definition of comfort measures only is palliative care, then take the equality and use the codes for palliative care</p> <p>Recommend that the value set provided for Palliative Care Measures Only in this document may be used going forward</p>



Measure Number	Measure Element of Concern & Related Value Set	Problem Encountered	Resolution
STK-8 - VTE-5	<p>Joint Commission Providing Material Value Set:</p> <p>Data Element: Education Addresses Activation of Emergency Medical System</p> <p>Data Element: Education Addresses Follow-up After Discharge</p> <p>Data Element: Education Addresses Medications Prescribed at Discharge</p> <p>Data Element:: Education Addresses Risk Factors for Stroke</p> <p>Data Element: Education Addresses Warning Signs and Symptoms of Stroke</p> <p>Data Element: Discharge Instructions Address Compliance Issues</p> <p>Data Element: Discharge Instructions Address Dietary Advice</p> <p>Data Element:: Discharge Instructions Address Follow-up Monitoring</p> <p>Data Element: Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions</p>	<p>Identification or proof that the patient has received and understands the education provided is complex</p>	<p>It is general practice that education to the patient that is documented is actually given to the patient and therefore documentation of receipt which would impose attestation by the patient is not necessary</p> <p>Preferred Resolution: Recommend that there needs to be a way to bind education type with educational events</p> <p>It would help to be able to indicate that education was provided and separately be able to list the education. Referring to the Quality Data mapping table in HITSP/C154-Data Dictionary. Communication to patient may resolve this issue. Once this concept is modeled, then representing communication to patient would be more straight forward</p>
VTE-5	Data Element: Discharge Instructions Address Compliance Issues	GAP - It is the expectation by the measure developers: "Compliance must include 1)the importance of taking warfarin as instructed 2) the importance of monitoring warfarin w/scheduled PT/INR blood draws"	Value set provided utilizes concepts that approximate these concepts
VTE-5	<p>Joint Commission Education Addresses Dietary Education Value Set</p> <p>Data Element: Discharge Instructions Address Dietary Advice</p>	<p>GAP -The concept(s) in this value set do not adequately capture the information to be assessed by this step in the quality measure. Additional information will need to capture either via yet-to-be defined SNOMED CT® post-coordination use of expressions or as separate text with more detail.</p> <p>GAP -It is the expectation by the measure developers: "Dietary [advice] must include two components 1) include "consistent amount" of foods with Vitamin K rather than avoidance should be advised. 2) include avoidance of major changes in dietary habits including alcohol intake, or notify health professional before changing habits."</p> <p>The concepts in this value set DO NOT identify warfarin as a component of the dietary concepts listed.</p> <p>GAP - Per measure developers/GW "Special diet refers to attention to Vitamin K influence concurrent with anticoagulant use"</p>	Value set provided utilizes concepts that approximate these concepts



Measure Number	Measure Element of Concern & Related Value Set	Problem Encountered	Resolution
VTE-5	Joint Commission Education Addresses Follow-up Warfarin Assessment Value Set Data Element: Discharge Instructions Address Follow-up Monitoring	GAP -The concept(s) in this value set do not adequately capture the information to be assessed by this step in the quality measure. Additional information will need to capture either via yet-to-be defined SNOMED CT® post-coordination use of expressions or as separate text with more detail. GAP -It is the expectation by the measure developers: "Follow up monitoring must include: 1) Contact information of health professional monitoring the anticoagulation therapy and 2) next date for PT/INR laboratory blood draw."	Value set provided utilizes concepts that approximate these concepts
VTE-5	Joint Commission Education Addresses Over-the-Counter Medication Value Set Data Element: Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions	GAP -The concept(s) in this value set may not adequately capture the information to be assessed in the quality measure.	Value set provided utilizes concepts that approximate these concepts
VTE-5	Joint Commission Education Addresses Prescription Medication Value Set Data Element: Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions	GAP -The concept(s) in this value set may not adequately capture the information to be assessed in the quality measure.	Value set provided utilizes concepts that approximate these concepts
VTE-5	Joint Commission Education Addresses Medication Action/Side Effects Value Set Data Element: Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions	GAP -The concept(s) in this value set do not adequately capture the information to be assessed in the quality measure. Additional information will need to capture either via yet-to-be defined SNOMED CT® post-coordination use of expressions or as separate text with more detail. GAP - Measure documentation notes: "Instructions for adverse drug reactions to warfarin must include 1) Diet and medications that can affect the PT/INR level. 2) Precautions to not use any medication or over-the-counter medication except on the advice of the physician or pharmacist.3) Risk of bleeding increased with the use of warfarin."	Value set provided utilizes concepts that approximate these concepts



Measure Number	Measure Element of Concern & Related Value Set	Problem Encountered	Resolution
VTE-4	<p>Joint Commission Monitoring by Protocol Value Set</p> <p>Data Element: Monitoring Documentation</p>	<p>There are two parts for monitoring: a. IV UFH therapy monitored by nomogram b. Platelets monitored by lab protocol.</p> <p>IVUFH therapy monitored by nomogram can be identified using the following SNOMED code: (UFH Therapy using RXNORM given by IV Route) AND Documentation of procedure: "Treatment adjusted per protocol (situation) 417886001" - link to IV UFH therapy</p> <p>Platelets monitored by lab protocol: The actual lab results must be identified to be sure that the protocol is followed.</p> <p>"Following clinical pathway protocol (regime/therapy) 370858005" - link to platelet count</p> <p>Platelet count as value set needs to be identified.</p> <p>Note: Modeling may determine an alternate method.</p>	<p>Specific Resolution: Looking for evidence of UFH Therapy Administered using the RXNORM valueset by IV and also looking for a procedure of 'treatment adjusted per protocol' in the indication (8.21)</p> <p>AND Evidence of Platelet Count values following Procedure Order of "Following clinical pathway protocol (regime/therapy) 370858005" And within 48 hours of the first administration of UFH Therapy</p> <p>General issue: The reason this solution is adding the result is to provide some assurance that the result is related to the platelet count</p> <p>Future HITSP approaches may involve post-coordination, or add an attribute to reflect indication for resulted value or order.</p>
VTE-5 STK-8	<p>Joint Commission Discharge Disposition - discharged to home, home health or home hospice Value Set</p> <p>Measure algorithm Included Populations for Denominator Statement:</p> <ul style="list-style-type: none"> Discharged to home Discharged to home with home health Discharged to home hospice 	<p>GAP How would users be able to create, display and access subsets built from licensed content?</p>	<p>Need a public domain value set</p>
VTE-1 & VTE-2 VTE-6	<p>Joint Commission Document Risk for VTE Value Set</p> <p>Excluded populations</p>	<p>GAP - use qualifier to identify level of risk such as "low".</p> <p>This value set is not uses – only using 'reason for no VTE prophylaxis' Mechanical AND Pharmacologic;</p>	<p>Look for contraindication to mechanical and pharmacologic</p> <p>Not allowing 'low risk' of VTE as the ability to express 'highrisk' or 'low risk' can not be expressed at this time Have contraindication for both or NOS medical reason</p>
VTE-3	<p>Patients without VTE confirmed by diagnostic testing</p>	<p>The measure developer needs to evaluate and determine the level of fidelity required for the measure.</p> <p>There is a gap in the ability to bind the diagnostic test or procedure indication with the procedure or test result</p>	<p>Rules of the road – If there is an precise/optimal way to represent a concept, then HITSP will use that standard and expect that EHRs will adhere to the standard representation as well (e.g. binding of the diagnostic test to it's result or the procedure to its result)</p>



Measure Number	Measure Element of Concern & Related Value Set	Problem Encountered	Resolution
STK-3 STK-1, VTE-1, VTE-2 STK-2, STK-5 VTE-4 STK-3	<p>Joint Commission Anticoagulant Medications - Stroke Value Set</p> <p>Data Element Anticoagulation Therapy Prescribed at Discharge</p> <p>Prophylaxis Medications Value Set</p> <p>STK-1, VTE-1 Data Element: VTE Prophylaxis VTE-2 Data Element: ICU VTE Prophylaxis</p> <p>Joint Commission Stroke Antithrombotic Medications Value Set</p> <p>STK-2 - Data Element: Antithrombotic Therapy Prescribed at Discharge STK-5 - Data Element: Antithrombotic Therapy Administered by End of Hospital Day 2</p> <p>Joint Commission Unfractionated Heparin Medication Value Set</p> <p>Data Element: UFH Therapy Administration</p> <p>Joint Commission Anticoagulant Medications - Venous Thromboembolism Value Set</p> <p>Data Element Anticoagulation Therapy Prescribed at Discharge</p>	<p>GAP -Need to eliminate heparin flush products have been identified by the measure developers. The approach taken to minimize "flush" components is based upon two steps. 1. Identification of SCD where the strength is < 250 UNT/ML and eliminating those from the value set. 2. The concentrations of premixed heparin infusion bags are 40 UNT/ML, 50 UNT/ML and 100 UNT/ML. The SCD corresponding to these strengths have been included in the value set. The most problematic is the concentration of 100 UNT/ML because this is also a strength for Heparin Flush solution</p>	<p>There is no perfect solution. Any approach at this level of drug representation may include or exclude products inconsistently with the measure criteria.</p>
STK-1, VTE-1, VTE-2	<p>Joint Commission VTE Prophylaxis Medications Value Set</p> <p>STK-1, VTE-1 Data Element: VTE Prophylaxis VTE-2 Data Element: ICU VTE Prophylaxis</p>	<p>GAP - Issue with Low Dose Unfractionated Heparin: Difficult to classify this since implies dose.</p> <p>There is no such thing as 'low dose' in the medication classification</p>	<p>Dose considerations may be specified in the logic and modeling as dose is available in the EHR and associated with the medication</p>
STK-2, STK-5	<p>Joint Commission Stroke Antithrombotic Medications Value Set</p> <p>STK-2 - Data Element: Antithrombotic Therapy Prescribed at Discharge STK-5 - Data Element: Antithrombotic Therapy Administered by End of Hospital Day 2</p>	<p>An order to "Hold drug for x days" or "Start drug as outpatient" = no</p>	<p>In logic utilize discontinuation order and then a new order to effectuate the hold.</p> <p>There may be better modeling in future HITSP specifications</p>
STK-5	<p>Joint Commission Reason for Not Administering Antithrombotic Therapy – Finding</p> <p>Data Element: Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2</p>	<p>GAP - Allergy to all antithrombotic drug classes - The concept(s) in this value set do not adequately capture the information to be assessed in by this step in the quality measure. Additional information will need to capture either via yet-to-be defined SNOMED CT® post-coordination use of expressions or as separate text with more detail.</p>	<p>Handled as a 'Medical Reason' using 'declined' modeling in HITSP/C154</p>



Measure Number	Measure Element of Concern & Related Value Set	Problem Encountered	Resolution
VTE-1	Patients with ICD-9-CM Principal Procedure Code of Surgical Care Improvement Project (SCIP) VTE selected surgeries as defined in Appendix A, Tables 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24	<p>The SCIP measure set was the first manually abstracted measure set created. SCIP includes VTE measures (SCIP VTE-1 and SCIP VTE-2) and measure developers did not want to overlap measurement of the same patients such that one patient in multiple measure sets would be evaluated for the same thing.</p> <p>When the SCIP VTE measures are retooled, CMS will need to decide whether to remove the measure from SCIP, or how to handle the inclusion of patients in both sets.</p>	<p>Retooling issue: When stewards recognize that measures overlap, where there is a dependency of one measure upon another measure, harmonization of value sets is required to be sure that we are dealing with.</p> <p>If a hyphenated measure (e.g. SCIP-VTE, Pediatric-Oncology) – can't just look at where the measure fits within only one dimension</p>
STK-1, VTE-1, VTE-2 VTE-6	<p>Data Element: Reason for No VTE Prophylaxis</p> <p>Value Set: Joint Commission Reason for no VTE Prophylaxis – Mechanical</p> <p>Value Set: Reason for no VTE Prophylaxis – Pharmacologic</p>	<p>Insufficient vocabulary to indicate contraindications for mechanical and pharmacologic prophylaxis and documentation of other provider</p> <p>Additional suggestions of SNOMED CT concepts: Mechanical VTE prophylaxis contraindications Pharmacologic VTE prophylaxis contraindications</p>	For purposes of this Technical Note, a number of SNOMED CT concepts were identified for each value set.
STK-3 STK-1, VTE-1, VTE-2 STK-2, STK-5 VTE-4 STK-3	<p>Data Element: Anticoagulation Therapy Prescribed at Discharge</p> <p>Value Set: Joint Commission Anticoagulant Medications - Stroke Value Set</p> <p>Value Set: Joint Commission Anticoagulant Medications - VTE Value Set</p> <p>Data Element: VTE Prophylaxis</p> <p>Data Element: ICU VTE Prophylaxis</p> <p>Value Set: Joint Commission VTE Prophylaxis Medications Value Set</p> <p>Data Element: Antithrombotic Therapy Prescribed at Discharge (STK-2)</p> <p>Data Element: Antithrombotic Therapy Administered by End of Hospital Day 2 (STK-5)</p> <p>Value Set: Joint Commission Stroke Antithrombotic Medications Value Set</p> <p>Data Element: UFH Therapy Administration</p> <p>Value Set: Joint Commission Unfractionated Heparin Medication Value Set</p> <p>Data Element Anticoagulation Therapy Prescribed at Discharge</p> <p>Joint Commission Anticoagulant Medications - Venous Thromboembolism Value Set</p>	<p>The need to eliminate heparin flush products from the set of drugs identified for Anticoagulation Therapy and Antithrombotic Therapy for these Stroke and VTE measures was identified by the measure developers.</p> <p>RxNorm is limited in its ability to differentiate heparin as treatment from heparin used as a IV tubing flush. Representation of (heparin) used for flush as a specific route of administration should not be included in the heparin value set.</p> <p>Although heparin flushes are usually low concentration in premixed solution, to accommodate the identified measures only medications with “flush” in name were excluded from the value set. Medications with low concentrations might be used as a flush but also for might be used for therapeutic purposes and, therefore, were included in the value set.</p> <p>Solution: There are two specified, named standards for routes of administration, named by different organizations. The two named standards are FMT (routes as defined by FDA) and SNOMED (named by NCPDP and subsequently in a rule issued by CMS).</p> <p>The near term solution is to leverage other medication attributes to express the required context (e.g. route of administration, dose, etc.). The issue is not resolved by terminology alone and, hence, standards harmonization for representing routes of administration is the most effective solution.</p>	For purposes of this Technical note, the approach taken to minimize “flush” components is based upon two steps. 1. Identification of SCD where the strength is < 250 UNT/ML and eliminating those from the value set. 2. The concentrations of premixed heparin infusion bags are 40 UNT/ML, 50 UNT/ML and 100 UNT/ML. The SCD corresponding to these strengths have been included in the value set. The most problematic is the concentration of 100 UNT/ML because this is also a strength for Heparin Flush solution



2.0 HOW TO USE HITSP/IS06 CAPABILITIES 129 AND 130 FOR IMPLEMENTING MEASURES: ED, STROKE, VTE

The following sections present the revised measure information formats (MIFs) and measure logic for each of the 16 measures proposed for retooling by CMS. The MIFs and measure logic are consistent with the instructions contained in HITSP Capability 129 (“Communicate Quality Measure Data”) and HITSPCAP/130 (“Communicate Quality Measure Specification”).

RELEASED FOR IMPLEMENTATION



2.1 MEASURE DESCRIPTIONS

2.1.1 STROKE STK-1 MEASURE DESCRIPTION

Table 2-1 STK-1 Venous Thromboembolism (VTE) Prophylaxis

EMeasure Name	Venous Thromboembolism (VTE) Prophylaxis	EMeasure Id	1.3.6.1.4.1.33895.1.2.16000.1.1 STK-1
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16000.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	Ischemic and hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Stroke patients are at increased risk of developing venous thromboembolism (VTE). One study noted proximal deep vein thrombosis in more than a third of patients with moderately severe stroke. Reported rates of occurrence vary depending on the type of screening used. Prevention of VTE, through the use of prophylactic therapies, in at risk patients is a noted recommendation in numerous clinical practice guidelines. For acutely ill stroke patients who are confined to bed, thromboprophylaxis with low-molecular-weight heparin (LMWH), low-dose unfractionated heparin (LDUH), or fondaparinux is recommended if there are no contraindications. Aspirin alone is not recommended as an agent to prevent VTE		
Reference	Adams HP, del Zoppo G, Alberts MJ, Bhatt DL, Brass L, Furlan A, Grubb RL, Higashida RT, Jauch EC, Kidwell C, Lyden PD, Morgenstern LB, Qureshi AI, Rosenwasser RH, Scott PA, Wijdicks E. Guidelines for the Early Management of Adults with Ischemic Stroke: A Guideline From the American Heart Association/American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups. Stroke. 2007;38:1655-1711		
Reference	Albers GW, Amarenco P, Easton JD, Sacco RL, Teal P. Antithrombotic and Thrombolytic Therapy for Ischemic Stroke. Chest Vol. 119, 2001: 300-320		
Reference	Caprini JA, Arcelus JL. State-of the art venous thromboembolism prophylaxis. SCOPE on Phlebology & Lymphology 1:2005, 228-240		
Reference	Coull BM, Williams LS, Goldstein LB, et al. Anticoagulants and Antiplatelet Agents in Acute Ischemic Stroke. Report of the Joint Stroke Guideline Development Committee of the American Academy of Neurology and the American Stroke Association (a Division of the American Heart Association) Stroke. 2002;33:1934 -1942		
Reference	Desmukh M., Bisignani M, Landau P, Orchard TJ. Deep vein thrombosis in rehabilitating stroke patients: incidence, risk factors and prophylaxis. American Journal Physical Medicine Rehabilitation. 1991; 70:313-316		
Reference	Duncan et al, Stroke Rehabilitation Clinical Practice Guidelines (Stroke. 2005;36:e100-e143.)		
Reference	Geerts WH, Bergqvist D, Pineo GF, Heit JA, Samama CM, Lassen MR, Colwell CW. Prevention of venous thromboembolism. The Eighth ACCP Conference on antithrombotic and thrombolytic therapy. Chest 2008; 133:381S-453S		
Reference	Geerts WH, Pineo GF, Heit JA, et al. Prevention of venous thromboembolism: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. Sep 2004;126(3 Suppl):338S-400S		
Reference	Kucher N, Koo S, Quiroz R, Cooper JM, et al. (2005). Electronic alerts to prevent venous thromboembolism among hospitalized patients. New England Journal of Medicine, 352(10), 969-1036		
Reference	Michota FA. Venous thromboembolism prophylaxis in medical patients. Curr Opin Cardiol. 2004 Nov;19(6):570-4		
Reference	Post-Stroke Rehabilitation Guideline No.16, Agency for Healthcare Policy and Research (Now known as Agency for Healthcare Research and Quality), 1995		



Reference	Sacco RL, Adams R, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T. Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention. Stroke Vol. 37, 2006:577
Risk Adjusted	No
Sampling	Yes, for additional information see the Population and Sampling Specifications section
Numerator Statement	<p><i>Ischemic or hemorrhagic stroke patients</i> who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission</p> <p>Numerator Inclusions:</p> <ul style="list-style-type: none"> Not applicable <p>Numerator Exclusion:</p> <ul style="list-style-type: none"> None
Numerator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: VTE Prophylaxis</p> <ul style="list-style-type: none"> DataElement: Procedure Performed <ul style="list-style-type: none"> ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set DataElement: Medications Administered <ul style="list-style-type: none"> ValueSet: Joint Commission VTE Prophylaxis Medications Value Set <p>DerivedData: Reasons for No VTE Prophylaxis – Hospital Admission</p> <ul style="list-style-type: none"> DataElement: Problem Code <ul style="list-style-type: none"> ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic DataElement: Diagnoses <ul style="list-style-type: none"> ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic DataElement: Problem Date/Time DataElement: Admit Date/TimeDataElement: Discharge Diagnosis Date/Time DerivedData: Procedure Declined (VTE Prophylaxis -Mechanical Intervention Procedure Declined) DataElement: Procedure Performed ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set DataElement: Tense <ul style="list-style-type: none"> ValueSet: Joint Commission Tense ActMood Intent DataElement: Reason <ul style="list-style-type: none"> ValueSet: Joint Commission Medical Reason ValueSet: Joint Commission Patient Reason DerivedData: Medication Declined DataElement: Medication Administered ValueSet: Joint Commission VTE Prophylaxis Medications Value Set DataElement: Tense <ul style="list-style-type: none"> ValueSet: Joint Commission Tense ActMood Intent DataElement: Reason <ul style="list-style-type: none"> ValueSet: Joint Commission Medical Reason ValueSet: Joint Commission Patient Reason
Denominator Statement	<p>Ischemic or hemorrhagic stroke patients</p> <p>Denominator Inclusions:</p> <ul style="list-style-type: none"> Discharges with a Principal Diagnosis Code for ischemic or hemorrhagic stroke as defined by Value set for "Joint Commission Stroke Value Set" <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> Patients with (Age < 18) Patients who have a Length of Stay <2 days Patients with (Length of Stay >120 Days) Patients with Comfort Measures Only documented on day of or day after hospital arrival Patients enrolled in Clinical Trial <p>Patients admitted for Elective Carotid Intervention NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded population</p>
Denominator Derived Data Elements	<p>DerivedData: Principal Diagnosis of Ischemic or Hemorrhagic Stroke</p> <ul style="list-style-type: none"> DataElement: Diagnoses <ul style="list-style-type: none"> ValueSet: Joint Commission Ischemic Stroke Value Set ValueSet: Joint Commission Hemorrhagic Stroke Value Set DataElement: Diagnosis Priority DataElement: ProblemStatus <ul style="list-style-type: none"> ValueSet: Joint Commission Problem Status Active <p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> DataElement: Admission Date/Time DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p>



	<ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time DerivedData: Length of Stay <2 Days <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time DerivedData: Clinical Trial <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial Value Set • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial Value Set • <u>DataElement: ProblemStatus</u> <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active DerivedData: Comfort Measures Only documented on day of or day after hospital arrivalComfort Measures Only documented on day of or day after hospital arrival <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active • DataElement: Procedure Date • DataElement: Admit Date/Time DerivedData: Admitted for Elective Carotid Intervention <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Carotid Intervention Procedure Value Set – ValueSet: Joint Commission Elective Surgery Value Set • DataElement: Admission Type <ul style="list-style-type: none"> – ValueSet: Joint Commission Hemorrhagic Stroke Value Set
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	DerivedData: Inpatient Discharges <ul style="list-style-type: none"> • DataElement: Patient Class • ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN ‘Y’ ELSE ‘N’ */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN ‘Y’ ELSE ‘N’

Denominator

Denominator Inclusion

/**** Ischemic or hemorrhagic stroke patients */

/**IF “Principal Diagnosis of Ischemic or hemorrhagic stroke “ THEN ‘Y’ ELSE ‘N’*/

/**IF “[Principal Diagnosis of Ischemic or hemorrhagic stroke](#) ” */

IF (Diagnoses CONTAINS ValueSet ([Joint Commission Ischemic Stroke](#) Value Set) OR Diagnoses CONTAINS ValueSet ([Joint Commission Hemorrhagic Stroke](#) Value Set)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

THEN ‘Y’ ELSE ‘N’

Denominator Exclusion

- /****
- Patients <18 years of age
 - Patients who have a Length of Stay >120 days
 - Patients who have a Length of Stay < 2 days
 - Patients with Comfort Measures Only documented on day of or day after hospital arrivalComfort Measures Only documented on day of or day after hospital arrival
 - Patients enrolled in Clinical Trial



- Patients admitted for Elective Carotid Intervention

*/**IF "Age < 18" OR "Length of Stay >120 Days" OR "Length of Stay <2 Days" OR "Comfort Measures Only documented on day of or day after hospital arrival" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" THEN 'Y' ELSE 'N' */*

*/** IF "Age < 18"*/*

IF ((Admit Date/Time - Birthdate) <18 years) OR

*/** IF Length of Stay >120 Days*/*

((Discharge Date/Time - Admit Date/Time) >120 days) OR

*/** IF Length of Stay <2 Days*/*

((Discharge Date/Time - Admit Date/Time) <2 days) OR

*/** IF "Comfort Measures Only documented on day of or day after hospital arrival"*/*

(ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only – Procedure Value Set) AND (Procedure Date – Arrival Date/Time <=1 and >=0))OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Problem Date/Time – Arrival Date/Time <=1 and >=0)

OR

*/** IF "Clinical Trial" */*

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

*/** IF "Admitted for Elective Carotid Intervention" */*

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND ((ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#)) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))

THEN 'Y' ELSE 'N'

Numerator

*/**Ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission */*

*/**IF ("VTE Prophylaxis " OR "Reason for no VTE Prophylaxis – Hospital Admission ") THEN 'Y' ELSE 'N'*/*

*/**IF "[VTE Prophylaxis](#)" */*

(IF (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set)) OR (Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications Value Set))

OR

*/** IF "[Reason for no VTE Prophylaxis – Hospital Admission](#)"*

IF

(

((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical

) AND (AdmitDate - ProblemDate<=1 AND >=0))OR

/ [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#) */*



```

• (
• (Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)
• AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains
(ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))
OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device ) AND Tense
CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED
Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))
AND (AdmitDate - ProcedureDate<=1 AND >=0)) )
AND
((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis -
Pharmacologic) AND (AdmitDate - ProblemDate<=1 AND >=0)) OR
/* VTE Prophylaxis Medication Declined */
(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications ) AND Tense CONTAINS ValueSet
(Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains (ValueSet (Joint Commission Patient
Reason) OR ValueSet (Joint Commission Medical Reason)))
AND (AdmitDate - MedicationDate/Time <=1 AND >=0)) )
)
OR
(
((Diagnoses CONTAINS (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic
) AND (AdmitDate - ProblemDate<=1 AND >=0)) ) OR
/* VTE Prophylaxis Medication Declined */
(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications ) AND Tense CONTAINS ValueSet
(Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains (ValueSet (Joint Commission Patient
Reason) OR ValueSet (Joint Commission Medical Reason))) AND (AdmitDate - Medications Administered
Date/Time <=1 AND >=0))
)
AND
((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical)
AND (AdmitDate - Diagnosis Date/Time<=1 AND >=0)) ) OR
/* VTE Prophylaxis -Mechanical Intervention Procedure Declined */
• (
• (Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)
• AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains
(ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))
OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device ) AND Tense
CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED
Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))) AND (AdmitDate - Procedure
Start Date<=1 AND >=0))
)
)
THEN 'Y' ELSE 'N'

```



2.1.2 STROKE STK-2 MEASURE DESCRIPTION

Table 2-2 Stroke STK 2 Measure Description

EMeasure Name	Discharged on Antithrombolytic Therapy	EMeasure Id	1.3.6.1.4.1.33895.1.2.16001.1.1 STK-2
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16001.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	Ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>The effectiveness of antithrombolytic agents in reducing stroke mortality, stroke-related morbidity and recurrence rates has been studied in several large clinical trials. While the use of these agents for patients with acute ischemic stroke and transient ischemic attacks continues to be the subject of study, substantial evidence is available from completed studies. Data at this time suggest that antithrombolytic therapy should be prescribed at discharge following acute ischemic stroke to reduce stroke mortality and morbidity as long as no contraindications exist. For patients with a stroke due to a cardioembolic source (e.g., atrial fibrillation, mechanical heart valve), warfarin is recommended unless contraindicated. Warfarin is not generally recommended for secondary stroke prevention in patients presumed to have a non-cardioembolic stroke</p> <p>Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombolytic therapy to prevent recurrent ischemic stroke or TIA</p>		
Reference	<p>Adams HP, del Zoppo G, Alberts MJ, Bhatt DL, Brass L, Furlan A, Grubb RL, Higashida RT, Jauch EC, Kidwell C, Lyden PD, Morgenstern LB, Qureshi AI, Rosenwasser RH, Scott PA, Wijdicks E. Guidelines for the Early Management of Adults with Ischemic Stroke: A Guideline From the American Heart Association/American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups. Stroke. 2007;38:1655-1711</p>		
Reference	<p>Adams H, Adams R, Del Zoppo G, Goldstein LB. Guidelines for the Early Management of Patients With Ischemic Stroke: Guidelines Update A Scientific Statement From the Stroke Council of the American Heart Association/American Stroke Association. Stroke Vol. 36, 2005: 916:923</p>		
Reference	<p>Albers GW, Amarenco P, Easton JD, Sacco RL, Teal P. Antithrombolytic and Thrombolytic Therapy for Ischemic Stroke. Chest Vol. 119, 2001: 300-320</p>		
Reference	<p>Brott TG, Clark WM, Grotta JC, et al. Stroke the first hours. Guidelines for acute treatment. Consensus Statement. National Stoke Association. 2000</p>		
Reference	<p>Chen ZM, Sandercock P, Pan HC, et al. Indications for early aspirin use in acute ischemic stroke: a combined analysis of 40,000 randomized patients from the Chinese acute stroke trial and the international stroke trial. On behalf of the CAST and IST collaborative groups, Stroke 2000;31:1240-1249</p>		
Reference	<p>Coull BM, Williams LS, Goldstein LB, et al. Anticoagulants and Antiplatelet Agents in Acute Ischemic Stroke. Report of the Joint Stroke Guideline Development Committee of the American Academy of Neurology and the American Stroke Association (a Division of the American Heart Association) Stroke. 2002;33:1934 -1942</p>		
Reference	<p>Guideline on the Use of Aspirin as Secondary Prophylaxis for Vascular Disease in Primary Care, Centre for Health Services Research University of Newcastle upon Tyne, & Centre for Health Economics of York, 1998</p>		
Reference	<p>Sacco RL, Adams R, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T. Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention. Stroke Vol. 37, 2006:577</p>		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		



Numerator Statement	<p><i>Ischemic stroke patients</i> prescribed antithrombolytic therapy at hospital discharge</p> <p>Numerator Inclusions:</p> <ul style="list-style-type: none"> • Not applicable <p>Numerator Exclusion:</p> <ul style="list-style-type: none"> • None
Numerator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: Antithrombolytic Therapy Prescribed at Discharge</p> <ul style="list-style-type: none"> • DataElement: Discharge medication ordered <ul style="list-style-type: none"> – ValueSet: Joint Commission Stroke Antithrombolytic Medications Value Set
Denominator Statement	<p>Ischemic stroke patients</p> <p>Denominator Inclusions:</p> <ul style="list-style-type: none"> • Discharges with a Principal Diagnosis Code for ischemic stroke as defined by value set "Joint Commission Ischemic Stroke Value Set" <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay >120 Days) • Patients with Comfort Measures Only documented • Patients enrolled in Clinical Trial • Patients admitted for Elective Carotid Intervention • Patients discharged/transferred to another hospital for inpatient care • Patients who left against medical advice or discontinued care • Patients who expired • Patients discharged/transferred to a federal healthcare facility • Patients discharged/transferred to hospice • Patients with a documented Reason For Not Prescribing Antithrombolytic Therapy at Discharge <p>NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded population 5</p>
Denominator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: Principal Diagnosis of Ischemic stroke</p> <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Clinical Trial</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial Value Set • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial Value Set • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Comfort Measures Only</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Admitted for Elective Carotid Intervention</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Carotid Intervention Procedure Value Set • ValueSet: Joint Commission Elective Surgery Value Set • DataElement: Admission Type <ul style="list-style-type: none"> – ValueSet: Joint Commission Admissino Type – Elective Value Set <p>DerivedData: Reason For Not Prescribing Antithrombolytic Therapy at Discharge</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Reason for Not Prescribing AntithrombolyticTherapy at Discharge Procedure • DataElement: Problem code <ul style="list-style-type: none"> – ValueSet: Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge – Finding/Situation



	<ul style="list-style-type: none">• DataElement: Diagnoses<ul style="list-style-type: none">– ValueSet: Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge – Finding/Situation• DataElement: Discharge Medication<ul style="list-style-type: none">– ValueSet: Joint Commission Stroke Antithrombolytic Medications Value Set• DataElement: Tense<ul style="list-style-type: none">– ValueSet: Joint Commission Tense ActMood Intent• DataElement: Reason<ul style="list-style-type: none">– ValueSet: Joint Commission Patient Reason– ValueSet: Joint Commission Medical Reason <p>DerivedData: DischargeTransfers</p> <ul style="list-style-type: none">• DataElement: Discharge Disposition<ul style="list-style-type: none">– ValueSet: Joint Commission Discharge Disposition – Discharge Transfers Value Set <p>DerivedData: Patient Expired</p> <ul style="list-style-type: none">• DataElement: Discharge Disposition<ul style="list-style-type: none">– ValueSet: Joint Commission Discharge Disposition – Death Value Set• DataElement: Time of Death
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none">• DataElement: Patient Class• ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

/***** Ischemic stroke patients*/

/**IF "Principal Diagnosis of Ischemic stroke ") THEN 'Y' ELSE 'N'*/

/**IF "Principal Diagnosis of Ischemic stroke"

IF (DiagnosesCONTAINS ValueSet (Joint Commission Ischemic Stroke Value Set) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND Diagnosis Priority EQ (1))

THEN 'Y' ELSE 'N'

Denominator Exclusion

/*****

- Patients <18 years of age
- Patients who have a Length of Stay >120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in Clinical Trial
- Patients admitted for Elective Carotid Intervention
- Discharge Transfer: Value Set
 - Patients discharged/transferred to another hospital for inpatient care
 - Patients who left against medical advice or discontinued care
 - Patients discharged/transferred to a federal healthcare facility
 - Patients discharged/transferred to hospice
- Patients who expired
- Patients with a documented Reason For Not Prescribing Antithrombolytic Therapy at Discharge

****/

/**IF "Age <18" OR "Length of Stay >120 Days" "Comfort Measures Only" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" OR "Discharge Transfers" OR "Death" " OR "Patients with

a documented Reason For Not Prescribing Antithrombolytic Therapy at Discharge “ THEN ‘Y’ ELSE ‘N’ */

/** IF “Age < 18”*/

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/** IF Length of Stay >120 Days*/

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/** IF “Comfort Measures Only” */

ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only – Procedure Value Set)
OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR /**
IF “[Clinical Trial](#)” */

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF “Admitted for Elective Carotid Intervention” */

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND
((ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#)) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))

OR

/** IF “Discharge Transfers” */

Discharge Disposition CONTAINS (ValueSet (Joint Commission Stroke Discharge Transfers))

/** IF “Patient Expired” */

Discharge Disposition CONTAINS ValueSet ([Joint Commission Discharge Disposition – Death Value Set](#)) OR (Time of Death <= Discharge Date)

OR

/* Patients with a documented [Reason For Not Prescribing Antithrombolytic Therapy at Discharge](#) */

IF (ProcedurePerformed CONTAINS ValueSet (Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge Procedure

)) OR

(Problem code CONTAINS ValueSet (Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge –Finding/Situation)) OR

(Diagnoses CONTAINS (ValueSet (Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge –Finding/Situation) OR

DischargeMedication CONTAINS ValueSet (Joint Commission Stroke Antithrombolytic Medications Value Set) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = ‘True’ and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason)) THEN ‘Y’ ELSE ‘N’

Numerator

/* Ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge*/

/*IF “Antithrombolytic Therapy Prescribed at Discharge “ THEN ‘Y’ ELSE ‘N’*/

/*IF “Antithrombolytic Therapy Prescribed at Discharge” */

If Discharge Medication (Coded Product Name) CONTAINS ValueSet ([Joint Commission Stroke Antithrombolytic Medications Value Set](#))



THEN 'Y', ELSE 'N'

RELEASED FOR IMPLEMENTATION



2.1.3 STROKE STK-3 MEASURE DESCRIPTION

Table 2-3 Stroke STK-3 Measure Description

EMeasure Name	Anticoagulation Therapy for Atrial Fibrillation/Flutter	EMeasure Id	1.3.6.1.4.1.33895.1.2.16002.1.1 STK-3
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16002.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Nonvalvular atrial fibrillation (NVAf) is a common arrhythmia and an important risk factor for stroke. It is one of several conditions and lifestyle factors that have been identified as risk factors for stroke. It has been estimated that over 2 million adults in the United States have NVAf. While the median age of patients with atrial fibrillation is 75 years, the incidence increases with advancing age. For example, The Framingham Heart Study noted a dramatic increase in stroke risk associated with atrial fibrillation with advancing age, from 1.5% for those 50 to 59 years of age to 23.5% for those 80 to 89 years of age. Furthermore, a prior stroke or transient ischemic attack (TIA) are among a limited number of predictors of high stroke risk within the population of patients with atrial fibrillation. Therefore, much emphasis has been placed on identifying methods for preventing recurrent ischemic stroke as well as preventing first stroke. Prevention strategies focus on the modifiable risk factors such as hypertension, smoking, and atrial fibrillation. Analysis of five placebo-controlled clinical trials investigating the efficacy of warfarin in the primary prevention of thromboembolic stroke, found the relative risk of thromboembolic stroke was reduced by 68% for atrial fibrillation patients treated with warfarin. The administration of anticoagulation therapy, unless there are contraindications, is an established effective strategy in preventing recurrent stroke in high stroke risk-atrial fibrillation patients with TIA or prior stroke		
Reference	Fuster et al., ACC/AHA/ESC Guidelines for the Management of Patients with Atrial Fibrillation, JACC Vol.38, August 2001:1231-6		
Reference	Goldstein LB, Chai R, Albert MJ, Appel LJ, Brass LM, Bushnell CD, Culebras A, DeGrua TJ, Gorelick PB, Guyton JR, Hart RG, Howard G, Kelly-Hayes M, Nixon JV, Sacco RL. Primary Prevention of Ischemic Stroke: A Guideline From the American Heart Association/American Stroke Association Stroke Council: Cosponsored by the Atherosclerotic Peripheral Vascular Disease Interdisciplinary Working Group; Cardiovascular Nursing Council; Clinical Cardiology Council; Nutrition, Physical Activity, and Metabolism Council; and the Quality of Care and Outcomes Research Interdisciplinary Working Group: The American Academy of Neurology affirms the value of this guideline. Stroke. 2006;37:1583		
Reference	Prevention of a First Stroke: A Review of Guidelines and a Multidisciplinary Consensus Statement from the National Stroke Association. National Stroke Association. JAMA. 1999;281:1112-1120		
Reference	Sacco RL, Adams R, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T. Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention. Stroke Vol. 37, 2006:577		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	Ischemic stroke patients prescribed anticoagulation therapy at hospital discharge Numerator Inclusions: Not applicable Numerator Exclusion: None		
Numerator Derived Data Elements and Associated Atomic Level Data Elements	DerivedData: Anticoagulation Therapy Prescribed at Discharge <ul style="list-style-type: none"> DataElement: Discharge medication ordered <ul style="list-style-type: none"> ValueSet: Joint Commission Anticoagulant Medications - Stroke Value Set 		



Denominator Statement	<p>Ischemic stroke patients with documented atrial fibrillation/flutter</p> <p>Denominator Inclusions:</p> <p>Discharges with a Principal Diagnosis Code for ischemic stroke as defined by value set "Joint Commission Ischemic Stroke Value Set"</p> <p>Patients with documented Atrial Fibrillation/Flutter</p> <p>Denominator Exclusions:</p> <p>Patients with (Age < 18)</p> <p>Patients with (Length of Stay >120 Days)</p> <p>Patients with Comfort Measures Only documented</p> <p>Patients enrolled in Clinical Trial</p> <p>Patients admitted for Elective Carotid Intervention</p> <p>Patients discharged/transferred to another hospital for inpatient care</p> <p>Patients who left against medical advice or discontinued care</p> <p>Patients who expired</p> <p>Patients discharged/transferred to a federal healthcare facility</p> <p>Patients discharged/transferred to hospice</p> <p>Patients with a documented Reason For Not Prescribing Anticoagulation Therapy</p> <p>NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded population 5</p>
Denominator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: Principal Diagnosis of Ischemic stroke</p> <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Clinical Trial</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial Value Set • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial Value Set • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Comfort Measures Only</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status • ValueSet: Joint Commission Problem Status Active <p>DerivedData: Admitted for Elective Carotid Intervention</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Carotid Intervention Procedure Value Set</u> – ValueSet: <u>Joint Commission Elective Surgery Value Set</u> • DataElement: Admission Type <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Admission Type - Elective</u> <p>DerivedData: DischargeTransfers</p> <ul style="list-style-type: none"> • DataElement: Discharge Disposition <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Discharge Disposition – Discharge Transfers Value Set</u> <p>DerivedData: Patient Expired</p> <ul style="list-style-type: none"> • DataElement: Discharge Disposition <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Discharge Disposition – Death Value Set</u> • DataElement: Time of Death <p>DerivedData: Atrial Fibrillation/Flutter</p> <ul style="list-style-type: none"> • DataElement: Problem code <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set</u> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set</u> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Atrial Fibrillation/Flutter Procedure Value Set</u> <p>DerivedData: Reason For Not Prescribing Anticoagulation Therapy at Discharge</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge Procedure</u> • DataElement: Problem code



	<ul style="list-style-type: none">– ValueSet: Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation• DataElement: Diagnoses<ul style="list-style-type: none">– ValueSet: Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation• DataElement: Discharge Medication<ul style="list-style-type: none">– ValueSet: Joint Commission Anticoagulant Medications - Stroke Value Set• DataElement: Tense<ul style="list-style-type: none">– ValueSet: Joint Commission Tense ActMood Intent• DataElement: Reason<ul style="list-style-type: none">– ValueSet: Joint Commission Patient Reason– ValueSet: Joint Commission Medical Reason
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	DerivedData: Inpatient Discharges <ul style="list-style-type: none">• DataElement: Patient Class• ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the modified eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

/***** Ischemic stroke patients with documented atrial fibrillation/flutter*/

/**IF "Principal Diagnosis of Ischemic stroke " AND ("Atrial Fibrillation/Flutter ") THEN 'Y' ELSE 'N'*/

/**IF "Principal Diagnosis of Ischemic stroke " */

IF (DiagnosesCONTAINS ValueSet (Joint Commission Ischemic Stroke Value Set) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND Diagnosis Priority EQ (1))

AND

/**IF "Atrial Fibrillation/Flutter " */

IF (Problem code CONTAINS ValueSet (Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set))

OR

(Diagnoses CONTAINS (ValueSet (Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set))

OR

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Atrial Fibrillation/Flutter Procedure Value Set](#)))

THEN 'Y' ELSE 'N'

Denominator Exclusion

/*****

- Patients <18 years of age
- Patients who have a Length of Stay >120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in Clinical Trial
- Patients admitted for Elective Carotid Intervention
- Patients discharged/transferred to another hospital for inpatient care
- Patients who left against medical advice or discontinued care



- Patients who expired
- Patients discharged/transferred to a federal healthcare facility
- Patients discharged/transferred to hospice
- Patients with a documented Reason For Not Prescribing Anticoagulation Therapy

****/

*/**IF "Age <18" OR "Length of Stay >120 Days" OR "Comfort Measures Only" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" OR "Discharge Transfers" OR "Death" " OR "Patients with a documented Reason For Not Prescribing Anticoagulation Therapy " THEN 'Y' ELSE 'N' */*

*/** IF "Age < 18"*/*

IF ((Admit Date/Time - Birthdate) < 18 years) OR

*/** IF Length of Stay >120 Days*/*

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

*/** IF "Comfort Measures Only "*/*

ProcedurePerformed CONTAINS ValueSet ([Joint Commission Palliative Care Measures Only – Procedure Value Set](#)) OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR */** IF "Clinical Trial" */*

(Problem code CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

*/** IF "Admitted for Elective Carotid Intervention" */*

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND (ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#))) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))

OR

*/** IF "Discharge Transfers" */*

Discharge Disposition CONTAINS (ValueSet ([Joint Commission Stroke Discharge Transfers](#)))

*/** IF "Patient Expired" */*

Discharge Disposition CONTAINS ValueSet ([Joint Commission Discharge Disposition – Death Value Set](#)) OR (Time of Death <= Discharge Date)

OR

/ Patients with a documented Reason For Not Prescribing Anticoagulation Therapy */*

IF (ProcedurePerformed CONTAINS ValueSet (Joint Commission Reason for Not Prescribing AnticoagulantTherapy at Discharge Procedure)) OR

(Problem code CONTAINS ValueSet (Joint Commission Reason For Not Prescribing Anticoagulant Therapy at Discharge –Finding/Situation)) OR

(Diagnoses CONTAINS (ValueSet (Joint Commission Reason For Not Prescribing Anticoagulant Therapy at Discharge –Finding/Situation)) OR DischargeMedication CONTAINS ValueSet (Joint Commission Anticoagulant Medications - Stroke) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason)) THEN 'Y' ELSE 'N'

Numerator

*/** Ischemic stroke patients prescribed anticoagulation therapy at hospital discharge */*



*/** Anticoagulation Therapy Prescribed at Discharge THEN 'Y' ELSE 'N'*/*

*/**IF "Anticoagulation Therapy Prescribed at Discharge" */*

IF Discharge Medication(Coded Product Name) CONTAINS ValueSet (Joint Commission
Anticoagulant Medications – Stroke) THEN 'Y', ELSE 'N'

RELEASED FOR IMPLEMENTATION



2.1.4 STROKE STK-4 MEASURE DESCRIPTION

Table 2-4 Stroke STK-4 Measure Description

EMeasure Name	Thrombolytic Therapy	EMeasure Id	1.3.6.1.4.1.33895.1.2.16003.1.1 STK-4
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16003.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well		
Measure scoring	Proportion		
Measure type	Process		
Rationale	The administration of thrombolytic agents to carefully screened, eligible patients with acute ischemic stroke has been shown to be beneficial in several clinical trials. These included two positive randomized controlled trials in the United States; The National Institute of Neurological Disorders and Stroke (NINDS) Studies, Part I and Part II. Based on the results of these studies, the Food and Drug Administration approved the use of intravenous recombinant tissue plasminogen activator (IV r-TPA or t-PA) for the treatment of acute ischemic stroke when given within 3 hours of stroke symptom onset. A large meta-analysis controlling for factors associated with stroke outcome confirmed the benefit of IV t-PA in patients treated within 3 hours of symptom onset. While controversy still exists among some specialists, the major society practice guidelines developed in the United States all recommend the use of IV t-PA for eligible patients. Physicians with experience and skill in stroke management and the interpretation of CT scans should supervise treatment		
Reference	Adams HP, del Zoppo G, Alberts MJ, Bhatt DL, Brass L, Furlan A, Grubb RL, Higashida RT, Jauch EC, Kidwell C, Lyden PD, Morgenstern LB, Qureshi AI, Rosenwasser RH, Scott PA, Wijedicks E. Guidelines for the Early Management of Adults with Ischemic Stroke: A Guideline From the American Heart Association/American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups. Stroke. 2007;38:1655-1711		
Reference	Adams H, Adams R, Del Zoppo G, Goldstein LB. American Heart Association/American Stroke Association Guidelines Update A Scientific Statement From the Stroke Council of the Guidelines for the Early Management of Patients With Ischemic Stroke: 2005, Stroke 2005;36:916-923		
Reference	Antithrombotic and Thrombolytic Therapy for Ischemic Stroke The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. Gregory W. Albers, MD, Chair; Pierre Amarenco, MD; J. Donald Easton, MD; Ralph L. Sacco, MD; and Philip Teal, MD (CHEST 2004; 126:483S–512S)		
Reference	Diagnosis and Initial Treatment of Ischemic Stroke, Institute for Clinical Systems Improvement (ICSI), 2001		
Reference	Hacke W, Kaste M, Fieschi C, et al. Intravenous thrombolysis with recombinant tissue plasminogen activator for acute hemispheric stroke. The European Cooperative Acute Stroke Study (ECASS). JAMA 1995;274:1017-1025		
Reference	Management of Patients with Stroke. Assessment, investigation, immediate management and secondary prevention, Scottish Intercollegiate Guidelines Network, 1997		
Reference	Marler JR, Tilley BC, Lu M, Brott TG, Lyden PC, Grotta JC, Broderick JP, Levine SR, Frankel MP, Horowitz SH, Haley EC, Lewandowski CA, Kwiatkowski TP. Early stroke treatment associated with better outcome The NINDS rt-PA Stroke Study. Neurology 2000;55: 1649-1655		
Reference	Sacco RL, Adams R, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T. Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention. Stroke Vol. 37, 2006:577		
Reference	STROKE the First Hours Guidelines for Acute Treatment, National Stroke Association, 2000		
Reference	The ATLANTIS, ECASS, and NINDS rt-PA Study Group Investigators. Association of Outcome with early stroke treatment: pooled analysis of ATLANTIS, ECASS, and NINDS rt-PA stroke Trials. Lancet 2004;363:768-774		



Reference	The National Institute of Neurological Disorders and Stroke rt-PA Stroke Study Group. Tissue plasminogen activator for acute ischemic stroke. The National Institute of Neurological Disorders and Stroke rt-PA Stroke Study Group. New England Journal of Medicine 1995;333:1581-1587
Risk Adjusted	No
Sampling	Yes, for additional information see the Population and Sampling Specifications section
Numerator Statement	Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (\leq 180 minutes) of time last known well Numerator Inclusions: <ul style="list-style-type: none"> • Not applicable Numerator Exclusion <ul style="list-style-type: none"> • None
Numerator Derived Data Elements and Associated Atomic Level Data Elements	DerivedData: IV thrombolytic therapy was initiated at this hospital within 3 hours (\leq 180 minutes) of time last known well <ul style="list-style-type: none"> • DerivedData: Date/Time Last Known Well • DataElement: Result Type <ul style="list-style-type: none"> – ValueSet: Joint Commission Last Known Well Value Set • DataElement: Result Value • DerivedData: IV Thrombolytic Initiation • DataElement: Medication Administered date/time • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set • DataElement: Medications Administered Route <ul style="list-style-type: none"> – ValueSet: Joint Commission IV Administration Route
Denominator Statement	Acute ischemic stroke patients whose time of arrival is within 2 hours (\leq 120 minutes) of time last known well Denominator Inclusions: <ul style="list-style-type: none"> • Discharges with a Principal Diagnosis Code for ischemic stroke as defined by value set "Joint Commission Ischemic Stroke Value Set" Denominator Exclusions: <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay > 120 Days) • Patients enrolled in Clinical Trial • Patients admitted for Elective Carotid Intervention • Time last known well to arrival in the emergency department greater than (>) 2 hours [120 minutes] • Patients with a documented Reason For Not Initiating IV Thrombolytic NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded population 5
Denominator Derived Data Elements and Associated Atomic Level Data Elements	DerivedData: Principal Diagnosis of Ischemic stroke <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active DerivedData: Age < 18 <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate DerivedData: Length of Stay > 120 Days <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time DerivedData: Clinical Trial <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active DerivedData: Admitted for Elective Carotid Intervention <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Carotid Value Set – ValueSet: Joint Commission Elective Surgery Value Set • DataElement: Admission Type <ul style="list-style-type: none"> – ValueSet: Joint Commission Admission Type - Elective DerivedData: Date/Time Last Known Well <ul style="list-style-type: none"> • DataElement: problem date/time • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Last Known Well Value Set • DataElement: diagnosis date/time • DataElement: Diagnoses



	<ul style="list-style-type: none">– ValueSet: Joint Commission Last Known Well Value Set DerivedData: ED Patient <ul style="list-style-type: none">• DataElement: Patient Class<ul style="list-style-type: none">– ValueSet: Joint Commission Emergency Department Patient Class Value Set HL7 V3.0– ValueSet: Joint Commission Emergency Department Patient Class Value Set HL7 2.5• DataElement: Admission Source• ValueSet Joint Commission Emergency Department Treatment Admission Source Value Set DerivedData: Time last known well to arrival in the emergency department greater than (>) 2 hours <ul style="list-style-type: none">• DataElement: problem date/time• DataElement: diagnosis date/time• DataElement: Arrival Date/Time• DataElement: Problem code<ul style="list-style-type: none">– ValueSet: Joint Commission Last Known Well Value Set• DataElement: Discharge Diagnosis Code<ul style="list-style-type: none">– ValueSet: Joint Commission Last Known Well Value Set DerivedData: Reason For Not Initiating IV Thrombolytic <ul style="list-style-type: none">• DataElement: Procedure<ul style="list-style-type: none">– ValueSet: Joint Commission Reason for Not Initiating IV Thrombolytic - Procedure• DataElement: Problem code<ul style="list-style-type: none">– ValueSet: Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation• DataElement: Diagnoses<ul style="list-style-type: none">– ValueSet: Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation• DataElement: Medications Administered<ul style="list-style-type: none">– ValueSet: Joint Commission Antithrombolytic Medications• DataElement: Tense<ul style="list-style-type: none">– ValueSet: Joint Commission Tense ActMood Intent• DataElement: Reason<ul style="list-style-type: none">– ValueSet: Joint Commission Patient Reason– ValueSet: Joint Commission Medical Reason
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	DerivedData: Inpatient Discharges <ul style="list-style-type: none">• DataElement: Patient Class• ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

/**IF "Principal Diagnosis of Ischemic stroke " */

IF (DiagnosesCONTAINS ValueSet (Joint Commission Ischemic Stroke Value Set) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND Diagnosis Priority EQ (1))

THEN 'Y' ELSE 'N'

Denominator Exclusion

- Patients < 18 years of age
- Patients who have a Length of Stay >120 days
- Patients enrolled in Clinical Trial
- Patients admitted for Elective Carotid Intervention
- Time last known well to arrival in the emergency department greater than (>) 2 hours
- Patients with a documented Reason For Not Initiating IV Thrombolytic

****/



*/*IF "Age < 18" OR "Length of Stay >120 Days" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" OR "IV thrombolytic therapy was initiated at this hospital within 3 hours (<= 180 minutes) of time last known well " OR "Reason For Not Initiating IV " THEN 'Y' ELSE 'N' */*

/ IF "Age < 18"*/*

IF ((Admit Date/Time - Birthdate) <18 years) OR

/ IF Length of Stay >120 Days*/*

((Discharge Date/Time - Admit Date/Time) >120 days) OR

/ IF "Clinical Trial" */*

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/ IF "Admitted for Elective Carotid Intervention" */*

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND (ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#))) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))

OR

/ IF "Time last known well to arrival in the emergency department greater than (>) 2 hours [120 minutes]"*

If (Result Type code CONTAINS ValueSet ([Joint Commission Last Known Well](#))) AND Arrival Date/Time - Result Value) > 2 hours)

AND Admission Type CONTAINS ValueSet ([Joint Commission Admission Type –Emergency Value Set](#))

AND

*/*ED Patient*/*

Admission Source CONTAINS ValueSet ([Joint Commission Emergency Department Treatment Admission Source Value Set](#)) OR Patient Class CONTAINS ValueSet ([Joint Commission Emergency Department Patient Class Value Set HL7 V2.5](#)) OR ValueSet ([Joint Commission Emergency Department Patient Class Value Set HL7 V3.0](#)))

OR

/ "Reason For Not Initiating IV Thrombolytic "*/*

(Procedure CONTAINS ValueSet ([Joint Commission Reason for Not Initiating IV Thrombolytic - Procedure](#)) OR

(Problem code CONTAINS ValueSet (Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation)) OR

(Diagnoses CONTAINS (ValueSet ([Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation](#)))

OR Medications Administered CONTAINS ValueSet (Joint Commission Antithrombolytic Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason))

THEN 'Y' ELSE 'N'

Numerator

*/*Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (<= 180 minutes) of time last known well*



*/

*/**IF "IV OR IA Thrombolytic (t-PA)Therapy Administered at This Hospital or Within 3 Hours time last known well" THEN 'Y' ELSE 'N'*/*

*/**[IV thrombolytic therapy was initiated at this hospital within 3 hours \(<=180 minutes\) of time last known well](#) " */*

If Medication Administered(Coded Product Name) CONTAINS ValueSet ([Joint Commission Stroke Thrombolytic \(t-PA\) Therapy](#)) AND Medications Administered Route CONTAINS ValueSet ([Joint Commission IV Administration Route](#)) AND ((Result Type CONTAINS ValueSet ([Joint Commission Last Known Well](#))) AND (Medication Administered Date/Time - Result Value) <= 180 minutes))

THEN 'Y' ELSE 'N'

RELEASED FOR IMPLEMENTATION



2.1.5 STROKE STK-5 MEASURE DESCRIPTION

Table 2-5 Stroke STK-5 Measure Description

EMeasure Name	Antithrombotic Therapy By End of Hospital Day 2	EMeasure Id	1.3.6.1.4.1.33895.1.2.16004.1.1 STK-5
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16004.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>The effectiveness of antithrombotic agents in reducing stroke mortality, stroke-related morbidity and recurrence rates has been studied in several large clinical trials. While the use of these agents for patients with acute ischemic stroke and transient ischemic attacks continues to be the subject of study, substantial evidence is available from completed studies. Data at this time suggest that antithrombotic therapy should be administered within 2 days of symptom onset in acute ischemic stroke patients to reduce stroke mortality and morbidity as long as no contraindications exist.</p> <p>Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombotic therapy to prevent recurrent ischemic stroke or TIA</p>		
Reference	Adams HP, del Zoppo G, Alberts MJ, Bhatt DL, Brass L, Furlan A, Grubb RL, Higashida RT, Jauch EC, Kidwell C, Lyden PD, Morgenstern LB, Qureshi AI, Rosenwasser RH, Scott PA, Wijdicks E. Guidelines for the Early Management of Adults with Ischemic Stroke: A Guideline From the American Heart Association/American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups. Stroke. 2007;38:1655-1711		
Reference	Adams H, Adams R, Del Zoppo G, Goldstein LB. American Heart Association/American Stroke Association Guidelines Update A Scientific Statement From the Stroke Council of the Guidelines for the Early Management of Patients With Ischemic Stroke: 2005, Stroke 2005;36:916-923		
Reference	Albers GW, Amarenco P, Easton JD, Sacco RL, Teal P. Antithrombotic and Thrombolytic Therapy for Ischemic Stroke. Chest Vol. 119, 2001: 300-320		
Reference	Brott TG, Clark WM, Grotta JC, et al. Stroke the first hours. Guidelines for acute treatment. Consensus Statement. National Stroke Association. 2000		
Reference	Chen ZM, Sandercock P, Pan HC, et al. Indications for early aspirin use in acute ischemic stroke: a combined analysis of 40,000 randomized patients from the Chinese acute stroke trial and the international stroke trial. On behalf of the CAST and IST collaborative groups, Stroke 2000;31:1240-1249		
Reference	Coull BM, Williams LS, Goldstein LB, et al. Anticoagulants and Antiplatelet Agents in Acute Ischemic Stroke. Report of the Joint Stroke Guideline Development Committee of the American Academy of Neurology and the American Stroke Association (a Division of the American Heart Association) Stroke. 2002;33:1934 -1942		
Reference	Guideline on the Use of Aspirin as Secondary Prophylaxis for Vascular Disease in Primary Care, Centre for Health Services Research University of Newcastle upon Tyne, & Centre for Health Economics of York, 1998		
Reference	Sacco RL, Adams R, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T. Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention. Stroke Vol. 37, 2006:577		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		



Numerator Statement	<p><i>Ischemic stroke patients</i> who had antithrombolytic therapy administered by end of hospital day 2</p> <p>Numerator Inclusions:</p> <ul style="list-style-type: none"> • Not applicable <p>Numerator Exclusion:</p> <ul style="list-style-type: none"> • None
Numerator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: Antithrombolytic Therapy Administered by End of Hospital Day 2</p> <ul style="list-style-type: none"> • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Stroke Antithrombolytic Medications Value Set</u> • DataElement: Medication Administered Date/Time • DataElement: Admit Date/Time
Denominator Statement	<p>Ischemic stroke patients</p> <p>Denominator Inclusions:</p> <ul style="list-style-type: none"> • Discharges with a Principal Diagnosis Code for ischemic stroke as defined by value set "Joint Commission Ischemic Stroke Value Set" <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay >120 Days) • Patients with Length of Stay < 2 days • Patients with Comfort Measures Only documented on day of or day after arrival • Patients enrolled in Clinical Trial • Patients admitted for Elective Carotid Intervention • Patients with IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival • Patients with a documented Reason For Not Administering Antithrombolytic Therapy By End Of Hospital Day 2 <p>NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded population 5</p>
Denominator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: Principal Diagnosis of Ischemic stroke</p> <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Length of Stay <2 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Clinical Trial</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Clinical Trial</u> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Clinical Trial</u> • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Comfort Measures Only</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active • DataElement: Procedure Date • DataElement: Admit Date/Time <p>DerivedData: Admitted for Elective Carotid Intervention</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Carotid Value Set</u> – ValueSet: <u>Joint Commission Elective Surgery Value Set</u> • DataElement: Admission Type <ul style="list-style-type: none"> – ValueSet: <u>Joint Commission Admission Type - Elective</u> <p>DerivedData: Patients Discharged by End of Hospital Day 2</p> <ul style="list-style-type: none"> • DataElement: Discharge Date/Time • DataElement: Admit Date/Time



	<p>DerivedData: IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival</p> <ul style="list-style-type: none"> • DataElement: Arrival Date/Time • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set • DataElement: Medications Administered Route <ul style="list-style-type: none"> – ValueSet: Joint Commission IA Administration RouteValueSet: Joint Commission IV Administration Route – • DataElement: Medication Administered date/time <p>DerivedData: Reason For Not Administering Antithrombolytic Therapy By End Of Hospital Day 2</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Reason for not Administering Antithrombolytic Therapy - Procedure • DataElement: Problem code <ul style="list-style-type: none"> – ValueSet: Joint Commission Reason for not Administering Antithrombolytic Therapy – Findings • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Reason for not Administering Antithrombolytic Therapy – Findings • DataElement: Discharge Medication <ul style="list-style-type: none"> – ValueSet: Joint Commission Antithrombolytic Medications • DataElement: Tense <ul style="list-style-type: none"> – ValueSet: Joint Commission Tense ActMood Intent • DataElement: Reason <ul style="list-style-type: none"> – ValueSet: Joint Commission Patient Reason – ValueSet: Joint Commission Medical Reason
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> • DataElement: Patient Class • ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */
 IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

/** IF "Principal Diagnosis of Ischemic stroke " */
 IF (DiagnosesCONTAINS ValueSet ([Joint Commission Ischemic Stroke Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND Diagnosis Priority EQ (1))
 THEN 'Y' ELSE 'N'

Denominator Exclusion

/**

- Patients < 18 years of age
- Patients who have a Length of Stay >120 days
- Patients with Length of Stay < 2 days
- Patients with Comfort Measures Only documented
- Patients enrolled in Clinical Trial
- Patients admitted for Elective Carotid Intervention
- Patients discharged prior to the end of hospital day 2
- Patients with IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival
- Patients with a documented Reason For Not Administering Antithrombolytic Therapy By End Of Hospital Day 2

 */
 /** IF "Age < 18" OR "Length of Stay >120 Days" OR "Length of Stay <2 Days "Comfort Measures Only" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" OR "IV OR IA Thrombolytic



(t-PA)Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival“ OR “Reason For Not Administering Antithrombolytic Therapy By End Of Hospital Day 2“ THEN ‘Y’ ELSE ‘N’ */

/** IF “Age < 18“*/

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/** IF Length of Stay >120 Days*/

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/** IF Length of Stay <2 Days*/

((Discharge Date/Time - Admit Date/Time) <2 days) OR

/** IF “Comfort Measures Only documented on day of or day after hospital arrival“*/

(ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only – Procedure Value Set) AND (Procedure Date – Arrival Date/Time <=1 and >=0))OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Problem Date/Time – Arrival Date/Time <=1 and >=0) OR

OR

/** IF “Clinical Trial” */

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF “Admitted for Elective Carotid Intervention” */

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND ((ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#)) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))

/** “[Patients Discharged by End of Hospital Day 2](#)” */

IF Discharge Date – Arrival Date/Time < 2

OR

/** [IV OR IA Thrombolytic \(t-PA\)Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival](#) “ */

(Medication Administered (Coded Product Name) CONTAINS ValueSet ([Joint Commission Stroke Thrombolytic \(t-PA\) Medication](#)

) AND Medications Administered Route CONTAINS (ValueSet ([Joint Commission IA Administration Route](#)) OR ValueSet ([Joint Commission IV Administration Route](#))) AND Medication Administered Date/Time – Arrival Date/Time <=24 hours))

OR

/** “Reason For Not Administering Antithrombolytic Therapy By End Of Hospital Day 2“ */

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Reason for not Administering Antithrombolytic Therapy - Procedure](#))) OR

((Problem code CONTAINS ValueSet ([Joint Commission Reason for not Administering Antithrombolytic Therapy – Findings](#)

)) OR

(DischargeDiagnosis code CONTAINS (ValueSet ([Joint Commission Reason for not Administering Antithrombolytic Therapy – Findings](#)) OR



IF MedicationAdministered CONTAINS ValueSet ([Joint Commission Antithrombolytic Medications](#)) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = True and hasReason contains ValueSet ([Joint Commission Patient Reason](#)) or hasReason contains ValueSet ([Joint Commission Medical Reason](#)) AND MedicationAdministeredDate/Time – Arrival Date/Time <= 48 hours)

)

THEN 'Y' ELSE 'N'

Numerator

*/**** Ischemic stroke patients who had antithrombolytic therapy administered by end of hospital day 2 */*

*/**IF Antithrombolytic Therapy Administered by End of Hospital Day 2 “) ” THEN ‘Y’ ELSE ‘N’*/*

*/**[Antithrombolytic Therapy Administered by End of Hospital Day 2](#) “*

If Medication Administered (Coded Product Name) CONTAINS ValueSet ([Joint Commission Antithrombolytic Medications - Stroke](#)) AND Medication Administered Date/Time – Arrival Date/Time <=2 days)

THEN 'Y' ELSE 'N'



2.1.6 STROKE STK-6 MEASURE DESCRIPTION

Table 2-6 Stroke STK-6 Measure Description

EMeasure Name	Discharged on Statin Medication	EMeasure Id	1.3.6.1.4.1.33895.1.2.16005.1.1 STK-6
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16005.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	[Ischemic stroke patients] with LDL >= 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>An elevated serum lipid level has been a well-documented risk factor for coronary artery disease (CAD) and reflects an organ-specific manifestation of atherosclerosis which is a disease process that can affect the heart and the major and minor branches of the arterial tree. The reduction of LDL cholesterol, through lifestyle modification and drug therapy when appropriate, is recommended for the prevention of myocardial infarction and other major vascular events for patients with CAD (or coronary risk equivalent conditions) according to the National Cholesterol Education Program's Adult Treatment Panel III (NCEP ATP III) Guidelines. Recently, there has been an increased focus on the detection of patients with these risk factors when they present with other manifestations of atherosclerosis, and assuring that these patients are treated with lipid lowering medication if they meet NCEP ATP III guidelines. While symptomatic carotid artery disease is one of the recognized coronary disease risk equivalents that qualify patients for treatment under ATP III, there was little data until recently about the role of lipid lowering to prevent recurrent stroke or major vascular events in patients who presented with atherosclerotic stroke but did not otherwise qualify for treatment under ATP III. The Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) study examined the effects of statins to lower LDL cholesterol in patients with stroke or TIA of atherosclerotic origin who had no other reason for taking lipid lowering therapy (i.e., they were without prior CAD or risk equivalent conditions), and had a fasting LDL >= 100 mg/dL. The trial convincingly demonstrated that intensive lipid lowering therapy using statin medication was associated with a dramatic reduction in the rate of recurrent ischemic stroke and major coronary events. The treatment was well tolerated and cost effective. As a result, intensive lipid lowering therapy through use of a statin medication is now recommended for all patients with stroke or TIA of atherosclerotic origin who have an LDL >= 100 mg/dl (or with LDL < 100 mg/dl due to being on lipid lowering therapy prior to admission). Based on these guidelines, all patients with ischemic stroke or TIA should have lipid profile measurement performed within 48 hours of admission unless results are available from within the past 30 days. A large body of evidence suggests that non-fasting lipid levels drawn in the first 48 hours after a major vascular event are reliable predictors of baseline lipid profiles, but after that time they may become unreliable. It is recommended that all patients with ischemic stroke or TIA with coronary heart disease or symptomatic atherosclerotic disease who have an LDL >= 100 mg/dl (or with LDL < 100 mg/dl due to being on lipid lowering therapy prior to admission) should be treated with a statin. The target goal for cholesterol lowering is an LDL-c level of <100 mg/dL. An LDL-c <70 mg/dL is recommended for very high-risk persons with multiple risk factors. For patients with stroke of atherosclerotic origin, intensive lipid lowering therapy with statins should be initiated in those who have an LDL >= 100 mg/dl (or with LDL < 100 mg/dl due to being on lipid lowering therapy prior to admission)</p>		
Reference	Adams RJ, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Sacco RL, Schwamm LH. Update to the AHA/ASA recommendations for the prevention of stroke in patients with stroke and transient ischemic attack. Stroke. 2008;39(5)		
Reference	Craig SR, Amin RV, Russell DW, Paradise NF. Blood cholesterol screening influence of fasting state on cholesterol results and management decisions. J Gen Intern Med. 2000 Jun;15(6):395-9		
Reference	Feinberg WM, Albers GW, Barnett HJM, et al. Guidelines for the Management of Transient Ischemic Attacks. From the Ad Hoc Committee on Guidelines for the Management of Transient Ischemic Attacks of the Stroke Council if the American Heart Association. 1994		
Reference	Gore JM, Goldberg RJ, Matsumoto AS, et al. Validity of serum total cholesterol level obtained within 24 hours of acute myocardial infarction. Am J Cardiol. 1984;54:722-725		
Reference	High-Dose Atorvastatin after Stroke or Transient Ischemic Attack. (New England Journal of Medicine. NEJM Vol. 355 2006:549-559		



Reference	National Institutes of Health. Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report. National Cholesterol Education Program National Heart, Lung, and Blood Institute National Institutes of Health. NIH Publication No. 12-5215. 2002
Reference	Pitt B, Loscalzo J, Ycas J, Raichlen JS. Lipid Levels After Acute Coronary Syndromes. J Am Coll Cardiol 2008;51;1440-1445
Reference	Sacco RL, Adams R, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T. Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention. Stroke Vol. 37, 2006:577
Reference	Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report Circulation Vol. 106 2002: 3143-3421
Reference	Van Dis FJ, Keilson LM, Rundell CA, et al. Direct measurement of serum low-density lipoprotein cholesterol in patients with acute myocardial infarction on admission to the emergency room. Am J Cardiol. 1996;77:1232-1234
Reference	Weiss R, Harder M, Rowe J. The relationship between nonfasting and fasting lipid measurements in patients with or without type 2 diabetes mellitus receiving treatment with 3-hydroxy-3-methylglutaryl-coenzyme A reductase inhibitors. Clin Ther. 2003 May;25(5):1490-7
Risk Adjusted	No
Sampling	Yes, for additional information see the Population and Sampling Specifications section
Numerator Statement	<i>Ischemic stroke patients</i> prescribed statin medication at hospital discharge Numerator Inclusions: <ul style="list-style-type: none"> • Not applicable Numerator Exclusion: <ul style="list-style-type: none"> • None
Elements and Associated Atomic Level Data Elements	DerivedData: Statin Medication Prescribed at Discharge <ul style="list-style-type: none"> • DataElement: Discharge Medications Ordered <ul style="list-style-type: none"> – ValueSet: Joint Commission Stroke Statin Medications Value Set
Denominator Statement	Ischemic stroke patients with an LDL \geq 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival Denominator Inclusions: <ul style="list-style-type: none"> • Discharges with a Principal Diagnosis Code for ischemic stroke as defined by Value set for “Joint Commission Stroke Value Set” • Patients who with Pre-Arrival Lipid Lowering Agent • Patients with LDL-c not measured • Patients with LDL-c Greater Than or Equal to 100 mg/dL Denominator Exclusions: <ul style="list-style-type: none"> • Patients with (Age <18) • Patients with (Length of Stay >120 Days) • Patients with Comfort Measures Only documented • Patients enrolled in Clinical Trial • Patients admitted for Elective Carotid Intervention • Patients without Evidence of Atherosclerosis • Patients discharged/transferred to another hospital for inpatient care • Patients who left against medical advice or discontinued care • Patients who expired • Patients discharged/transferred to a federal healthcare facility • Patients discharged/transferred to hospice • Patients with a Reason For Not Prescribing Statin Medication at Discharge NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded
Denominator Elements and Associated Atomic Level Data Elements	DerivedData: Principal Diagnosis of Ischemic stroke <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active DerivedData: Age <18 <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate DerivedData: Length of Stay >120 Days <ul style="list-style-type: none"> • DataElement: Admission Date/Time



	<ul style="list-style-type: none">• DataElement: Discharge Date/Time DerivedData: Clinical Trial <ul style="list-style-type: none">• DataElement: Problem Code<ul style="list-style-type: none">– ValueSet: Joint Commission Clinical Trial• DataElement: Diagnoses<ul style="list-style-type: none">– ValueSet: Joint Commission Clinical Trial• DataElement: ProblemStatus<ul style="list-style-type: none">– ValueSet: Joint Commission Problem Status Active DerivedData: Comfort Measures Only <ul style="list-style-type: none">• DataElement: Procedure Performed<ul style="list-style-type: none">– ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set• DataElement: Problem Code<ul style="list-style-type: none">– ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set• DataElement: Diagnosis Code<ul style="list-style-type: none">– ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set• DataElement: Problem Status• ValueSet: Joint Commission Problem Status Active DerivedData: Admitted for Elective Carotid Intervention <ul style="list-style-type: none">• DataElement: Procedure Performed<ul style="list-style-type: none">– ValueSet: Joint Commission Carotid Value Set– ValueSet: Joint Commission Elective Surgery Value Set• DataElement: Admission Type<ul style="list-style-type: none">– ValueSet: Joint Commission Admission Type - Elective DerivedData: Patient with No Evidence of Atherosclerosis <ul style="list-style-type: none">• DataElement: Problem code<ul style="list-style-type: none">– ValueSet: Joint Commission Evidence of Atherosclerosis• DataElement: Diagnoses<ul style="list-style-type: none">– ValueSet: Joint Commission Evidence of Atherosclerosis DerivedData: LDL-c >=100 mg/dL <ul style="list-style-type: none">• DataElement: Result Type<ul style="list-style-type: none">– ValueSet: Joint Commission LDL-C Laboratory Test Result Value Set• DataElement: Result value DerivedData: LDL-c NOT Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival <ul style="list-style-type: none">• DataElement: Arrival Date/Time• DataElement: Result Type<ul style="list-style-type: none">– ValueSet: Joint Commission LDL-C Laboratory Test Result Value Set• DataElement: Report date/Time DerivedData: Pre-Arrival Lipid-Lowering Agent <ul style="list-style-type: none">• DataElement: Arrival Date/Time• DataElement: Medications Administered<ul style="list-style-type: none">– ValueSet: Joint Commission Stroke Lipid Lowering Agent Value Set DerivedData: Reason For Not Prescribing Statin Medication at Discharge <ul style="list-style-type: none">• DataElement: Problem code<ul style="list-style-type: none">– ValueSet: Joint Commission Reason For Not Prescribing Statin Therapy at Discharge• DataElement: Diagnoses<ul style="list-style-type: none">– ValueSet: Joint Commission Reason For Not Prescribing Statin Therapy at Discharge• DataElement: Discharge Medication<ul style="list-style-type: none">– ValueSet: <u>Joint Commission Stroke Statin Medications Value Set</u>• DataElement: Tense<ul style="list-style-type: none">– ValueSet: Joint Commission Tense ActMood Intent• DataElement: Reason<ul style="list-style-type: none">– ValueSet: Joint Commission Patient Reason– ValueSet: Joint Commission Medical Reason DerivedData: DischargeTransfers <ul style="list-style-type: none">• DataElement: Discharge Disposition<ul style="list-style-type: none">– ValueSet: Joint Commission Discharge Disposition – Discharge Transfers Value Set DerivedData: Patient Expired <ul style="list-style-type: none">• DataElement: Discharge Disposition<ul style="list-style-type: none">– ValueSet: Joint Commission Discharge Disposition – Death Value Set• DataElement: Time of Death
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	DerivedData: Inpatient Discharges <ul style="list-style-type: none">• DataElement: Patient Class• ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/* IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */**



IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

*/***** Ischemic stroke patients with an LDL >=100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival*/*

Denominator Inclusion

*/***IF "[Principal Diagnosis of Ischemic stroke](#)" AND ("[LDL-c Greater Than or Equal to 100 mg/dL](#)" OR ("[LDL-c NOT Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival](#)") OR "[Pre-Arrival Lipid-Lowering Agent](#)" THEN 'Y' ELSE 'N'*/*

*/***IF "[Principal Diagnosis of Ischemic stroke](#)" */*

IF (DiagnosesCONTAINS ValueSet (Joint Commission Ischemic Stroke Value Set) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND Diagnosis Priority EQ (1))

AND

(

*/***IF "[LDL-c Greater Than or Equal to 100 mg/dL](#)" */*

IF ResultType CONTAINS ValueSet ([Joint Commission LDL-C Laboratory Test Result](#))

AND ResultValue >=100 mg/dL

OR

*/***IF ("[LDL-c NOT Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival](#)") */*

IF NOT(ResultType CONTAINS ValueSet ([Joint Commission LDL-C Laboratory Test Result](#))

AND Report Date/Time –Arrival Date/Time <48 hours and > -30 days) THEN 'Y' ELSE 'N'

OR

/ [Pre-Arrival Lipid-Lowering Agent](#)*/*

If Medication Administered (Coded Product Name) CONTAINS ValueSet ([Joint Commission Stroke Lipid Lowering Agent Value Set](#)) AND Medication Administered Date/Time – Arrival Date/Time <=0 hours)

THEN 'Y' ELSE 'N'

Denominator Exclusion

*/******

- Patients < 18 years of age
- Patients who have a Length of Stay >120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in Clinical Trial
- Patients admitted for Elective Carotid Intervention
- Patients without Evidence of Atherosclerosis
- Patients discharged/transferred to another hospital for inpatient care
- Patients who left against medical advice or discontinued care
- Patients who expired
- Patients discharged/transferred to a federal healthcare facility
- Patients discharged/transferred to hospice
- Patients with a Reason For Not Prescribing Statin Medication at Discharge

*****/*

*/***IF "Age <18" OR "Length of Stay >120 Days" OR "Comfort Measures Only" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" OR : NO ("Evidence of Atherosclerosis") OR "Reason For Not Prescribing Statin Medication at Discharge" OR "Discharge Transfers" OR "Death" THEN 'Y' ELSE 'N' */*

*/*** IF "[Age < 18](#)"*/*

IF ((Admit Date/Time - Birthdate) < 18 years) OR



/** IF [Length of Stay >120 Days](#) */

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/** IF ["Comfort Measures Only"](#) */

ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only - Procedures Value Set) OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

OR

/** IF ["Clinical Trial"](#) */

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF ["Admitted for Elective Carotid Intervention"](#) */

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND ((ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#)) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))

OR

/** IF ["Patient with No Evidence of Atherosclerosis"](#) */

(IF NOT (Problem code CONTAINS ValueSet ([Joint Commission Evidence of Atherosclerosis Value Set](#)))) OR

(Diagnoses CONTAINS (ValueSet ([Joint Commission Evidence of Atherosclerosis Value Set](#)))

) OR

/** IF ["Discharge Transfers"](#) */

Discharge Disposition CONTAINS (ValueSet ([Joint Commission Stroke Discharge Transfers](#)))

/** IF ["Patient Expired"](#) */

Discharge Disposition CONTAINS ValueSet ([Joint Commission Discharge Disposition – Death Value Set](#)) OR (Time of Death <= Discharge Date)

OR

/** IF ["Reason For Not Prescribing Statin Medication at Discharge"](#) */

IF (Problem code CONTAINS ValueSet ([Joint Commission Reason for Not Prescribing Statin Medication at Discharge](#)

) OR

DiagnosesCONTAINS ValueSet ([Joint Commission Reason for Not Prescribing Statin Medication at Discharge](#)

) OR DischargeMedication CONTAINS ValueSet (Joint Commission Stroke Statin Medications Value Set) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason))

THEN 'Y' ELSE 'N'

Numerator

**** Ischemic stroke patients prescribed statin medication at hospital discharge */

***IF ("Statin Medication Prescribed at Discharge ") THEN 'Y' ELSE 'N'*/



`/**IF “Statin Medication Prescribed at Discharge” */`

If Discharge Medication(Coded Product Name) CONTAINS ValueSet ([Joint Commission Stroke Statin Medications Value Set](#)) then 'Y', else 'N'

RELEASED FOR IMPLEMENTATION



2.1.7 STROKE STK-8 MEASURE DESCRIPTION

Table 2-7 Stroke STK-8 Measure Description

EMeasure Name	Stroke Education	EMeasure Id	1.3.6.1.4.1.33895.1.2.16007.1.1 STK-8
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16007.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke		
Measure scoring	Proportion		
Measure type	Process		
Rationale	There are many examples of how patient education programs for specific chronic conditions have increased healthful behaviors, improved health status, and/or decreased healthcare costs of their participants. Clinical practice guidelines include recommendations for patient and family education during hospitalization as well as information about resources for social support services. Some clinical trials have shown measurable benefits in patient and caregiver outcomes with the application of education and support strategies. The type of stroke experienced and the resulting outcomes will play a large role in determining not only the course of treatment but also what education will be required. Patient education should include information about the event (e.g., cause, treatment, and risk factors), the role of various medications or strategies, as well as desirable lifestyle modifications to reduce risk or improve outcomes. Family/caregivers will also need guidance in planning effective and realistic care strategies appropriate to the patient's prognosis and potential for rehabilitation		
Reference	Duncan et al, Stroke Rehabilitation Clinical Practice Guidelines (Stroke. 2005;36:e100-e143.)		
Reference	Evans RL, Matlock AL, Bishop DS, Stranahan S, Pederson C. Family intervention after stroke: Does counseling or education help? Stroke 1988;19:1243-1249		
Reference	Kaiser Permanente Clinical Practice Guidelines for Acute Stroke, Kaiser Permanente Medical Group, 1998		
Reference	Lorig KR, Sobel DS, Stewart AL, et al. Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: A randomized trial. Medical Care 1999;37:5-14		
Reference	Post Stroke Rehabilitation, Clinical Practice Guideline No.16, Agency for Health Care Policy and Research (now known as Agency for Healthcare Research and Quality), 1995		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	<i>Ischemic or hemorrhagic stroke patients</i> with documentation that they or their caregivers were given educational material addressing all of the following: <ol style="list-style-type: none">1. Activation of emergency medical system2. Need for follow-up after discharge3. Medications prescribed at discharge4. Risk factors for stroke5. Warning signs for stroke Numerator Inclusions <ul style="list-style-type: none">• Not applicable Numerator Exclusion <ul style="list-style-type: none">• None		
Numerator Elements and Associated Atomic Level Data Elements	DerivedData: Education Addresses Activation of Emergency Medical System <ul style="list-style-type: none">• DataElement: Procedure Performed<ul style="list-style-type: none">– ValueSet: Joint Commission Education Addresses Emergency Treatment Value Set– ValueSet: Joint Commission Providing Material DerivedData: Education Addresses Need for Follow-up After Discharge <ul style="list-style-type: none">• DataElement: Procedure Performed<ul style="list-style-type: none">– ValueSet: Joint Commission Education Addresses Follow-up After Discharge		



	<ul style="list-style-type: none"> – ValueSet: Joint Commission Providing MaterialVS ProvidingMaterial <p>DerivedData: Education Addresses Medications Prescribed at Discharge</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed – ValueSet: Joint Commission Education Addresses Medications Prescribed At Discharge Value Set – ValueSet: Joint Commission Providing Material <p>DerivedData: Education Addresses Risk Factors for Stroke</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed – ValueSet: Joint Commission Education Addresses Risk Factors For Stroke – ValueSet: Joint Commission Providing MaterialVS ProvidingMaterial <p>DerivedData: Education Addresses Warning Signs and Symptoms of Stroke</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed – ValueSet: Joint Commission Education Addresses Warning Signs and Symptoms of Stroke – ValueSet: Joint Commission Providing Material
Denominator Statement	<p>Ischemic stroke or hemorrhagic stroke patients discharged home</p> <p>Denominator Inclusions</p> <ul style="list-style-type: none"> • Discharges with a Principal Diagnosis Code for ischemic or hemorrhagic stroke as defined by Value set for “Joint Commission Stroke Value Set” • A Discharge to Home or Homecare <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay >120 Days) • Patients with Comfort Measures Only documented • Patients enrolled in Clinical Trial • Patients admitted for Elective Carotid Intervention <p>NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded population 5</p>
Denominator Elements and Associated Atomic Level Data Elements	<p>DerivedData: Principal Diagnosis of Ischemic or Hemorrhagic Stroke</p> <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set – ValueSet: Joint Commission Hemorrhagic Stroke Value Set • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Clinical Trial</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Comfort Measures Only</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Admitted for Elective Carotid Intervention</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Carotid Value Set – ValueSet: Joint Commission Elective Surgery Value Set • DataElement: Admission Type <ul style="list-style-type: none"> – ValueSet: Joint Commission Admission Type - Elective <p>DerivedData: Discharge to Home or Homecare</p> <ul style="list-style-type: none"> • DataElement: Discharge Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Discharge Disposition - discharge to home care or self care Value Set
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> • DataElement: Patient Class • ValueSet: Joint Commission Inpatient Encounter Value Set



NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

/***** Ischemic stroke or hemorrhagic stroke patients discharged home */

/**IF Principal Diagnosis of Ischemic or hemorrhagic stroke */

IF (Diagnoses CONTAINS ValueSet ([Joint Commission Ischemic Stroke](#) Value Set) OR Diagnoses CONTAINS ValueSet ([Joint Commission Hemorrhagic Stroke](#) Value Set)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

AND

/**IF "[Discharge to Home or Homecare](#)" */

If DischargeDisposition CONTAINS ValueSet ([Joint Commission Discharge Disposition - discharge to home care or self care Value Set](#))

THEN 'Y' ELSE 'N'

Denominator Exclusion

/*****

- Patients < 18 years of age
- Patients who have a Length of Stay >120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in Clinical Trial
- Patients admitted for Elective Carotid Intervention

****/

/**IF "Age <18" OR "Length of Stay >120 Days" OR "Comfort Measures Only" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" OR "Discharge Transfers" OR "Death" THEN 'Y' ELSE 'N' */

/** IF "[Age < 18](#)" */

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/** IF "[Length of Stay >120 Days](#)" */

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/** IF "[Comfort Measures Only](#)" */

ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only - Procedures Value Set) OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF "[Clinical Trial](#)" */

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial Value Set) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF "[Admitted for Elective Carotid Intervention](#)" */

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND ((ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#)) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))



THEN 'Y' ELSE 'N'

Numerator

/*Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following:

1. *Activation of emergency medical system*
2. *Need for follow-up after discharge*
3. *Medications prescribed at discharge*
4. *Risk factors for stroke*
5. *Warning signs for stroke**/

/*IF ("Education Addresses Activation of Emergency Medical System" AND "Education Addresses Need for Follow-up After Discharge " AND "Education Addresses Medications Prescribed at Discharge" AND "Education Addresses Risk Factors for Stroke" AND "Education Addresses Warning Signs and Symptoms of Stroke ") AND "Monitoring Material Provided" THEN 'Y' ELSE 'N'*/

/*IF "[Education Addresses Activation of Emergency Medical System](#)" */

((IF ProcedurePerformed CONTAINS (ValueSet ([Joint Commission Education Addresses Emergency Treatment Value Set](#)) AND

/*IF "[Education Addresses Need for Follow-up After Discharge](#)" */

(IF ProcedurePerformed CONTAINS ValueSet ([Joint Commission Education Addresses Follow-up After Discharge Value Set](#)) AND

/*IF "[Education Addresses Medications Prescribed at Discharge](#)" */

(IF ProcedurePerformed CONTAINS ValueSet ([Joint Commission Education Addresses Medications Prescribed At Discharge Value Set](#)) AND

/*IF "[Education Addresses Risk Factors for Stroke](#)" */

(IF ProcedurePerformed CONTAINS ValueSet ([Joint Commission Education Addresses Risk Factors Value Set](#)) AND

/*IF "[Education Addresses Warning Signs and Symptoms of Stroke](#)" */

(IF ProcedurePerformed CONTAINS ValueSet ([Joint Commission Education Addresses Warning Signs and Symptoms](#)

) AND

/* Monitoring Material Provided */

ProcedurePerformed CONTAINS (ValueSet(Joint Commission Providing Material))

)

THEN 'Y' ELSE 'N'



2.1.8 STROKE STK-10 MEASURE DESCRIPTION

Table 2-8 Stroke STK-10 Measure Description

EMeasure Name	Assessed for Rehabilitation	EMeasure Id	1.3.6.1.4.1.33895.1.2.16009.1.1 STK-10
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.16009.1.1.1 Stroke (STK)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>Each year about 700,000 people experience a new or recurrent stroke, which is the nation's third leading cause of death. Approximately two thirds of these individuals survive and require rehabilitation. Stroke is a leading cause of serious, long-term disability in the United States, with about 4.4 million stroke survivors alive today. Forty percent of stroke patients are left with moderate functional impairment and 15 to 30 percent with severe disability. More than 60% of those who have experienced stroke, serious injury, or a disabling disease have never received rehabilitation. Stroke rehabilitation should begin as soon as the diagnosis of stroke is established and life-threatening problems are under control. Among the high priorities for stroke are to mobilize the patient and encourage resumption of self-care activities as soon as possible. A considerable body of evidence indicates better clinical outcomes when patients with stroke are treated in a setting that provides coordinated, multidisciplinary stroke-related evaluation and services. Effective rehabilitation interventions initiated early following stroke can enhance the recovery process and minimize functional disability. The primary goal of rehabilitation is to prevent complications, minimize impairments, and maximize function</p>		
Reference	American Academy of Physical Medicine and Rehabilitation. Rehabilitation Helps Stroke Patients Recover Skills. AAPM&R Chicago, IL Office: Author		
Reference	American Academy of Physical Medicine and Rehabilitation. Urgency Key But Perseverance Pays Off. AAPM&R Chicago, IL Office: Author.		
Reference	<p>Bates B, Choi JY, Duncan PW, Glasberg JJ, Graham GD, Katz RC, Lamberty K, Recker D, Zorowitz R. American Heart Association/American Stroke Association-endorsed practice guideline. Veterans Affairs/Department of Defense clinical practice guideline for the management of adult stroke rehabilitation care. Stroke. 2005;36:2049. Retrieved August 2, 2007 from World Wide Web. http://stroke.ahajournals.org/cgi/content/full/36/9/2049</p>		
Reference	Management of patients with stroke. Rehabilitation, prevention and management of complications, and discharge planning, Scottish Intercollegiate network Guidelines Network (SIGN), 2002		
Reference	National Institute of Neurological Disorders. Post-Stroke Rehabilitation Fact Sheet. National Institute of Neurological Disorders Bethesda, MD Office: Author		
Reference	Post Stroke Rehabilitation, Clinical Practice Guideline No.16, Agency for Health Care Policy and Research (now known as Agency for Healthcare Research and Quality), 1995		
Reference	VA/DoD Clinical Practice Guideline for the Management of Stroke Rehabilitation in the Primary Care Setting, 2003		
Reference	Zorowitz RD, et al, the Post-Stroke Rehabilitation Outcomes Project (PSROP), Top Stroke Rehabil. 2005 Fall;12(4)		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	<p><i>Ischemic or hemorrhagic stroke patients</i> assessed for or who received rehabilitation services</p> <p>Numerator Inclusions</p> <ul style="list-style-type: none"> Not applicable <p>Numerator Exclusion</p> <ul style="list-style-type: none"> None 		
Numerator Derived Data	<p>DerivedData: Patient Assessed for Rehabilitation Services</p> <ul style="list-style-type: none"> DataElement: Problem Code 		



Elements and Associated Atomic Level Data Elements	<ul style="list-style-type: none"> – ValueSet: Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set • DataElement: Diagnoses – ValueSet: Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set • DataElement: Procedure Performed – ValueSet: Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set
Denominator Statement	<p>Ischemic or hemorrhagic stroke patients</p> <p>Denominator Inclusions</p> <ul style="list-style-type: none"> • Discharges with a Principal Diagnosis Code for ischemic or hemorrhagic stroke as defined by Value set for “Joint Commission Stroke Value Set” <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age <18) • Patients with (Length of Stay >120 Days) • Patients with Comfort Measures Only documented • Patients enrolled in Clinical Trial • Patients admitted for Elective Carotid Intervention • Patients discharged/transferred to another hospital for inpatient care • Patients who left against medical advice or discontinued care • Patients who expired • Patients discharged/transferred to a federal healthcare facility • Patients discharged/transferred to hospice <p>NOTE: Elective Surgery is assumed to be the admit reason in Elective in excluded population 5</p>
Denominator Elements and Associated Atomic Level Data Elements	<p>DerivedData: Principal Diagnosis of Ischemic or Hemorrhagic Stroke</p> <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set – ValueSet: Joint Commission Hemorrhagic Stroke Value Set • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Clinical Trial</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Comfort Measures Only</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Admitted for Elective Carotid Intervention</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Carotid Value Set – ValueSet: Joint Commission Elective Surgery Value Set • DataElement: Admission Type <ul style="list-style-type: none"> – ValueSet: Joint Commission Admission Type - Elective <p>DerivedData: DischargeTransfers</p> <ul style="list-style-type: none"> • DataElement: Discharge Disposition <ul style="list-style-type: none"> – ValueSet: Joint Commission Discharge Disposition – Discharge Transfers Value Set <p>DerivedData: Patient Expired</p> <ul style="list-style-type: none"> • DataElement: Discharge Disposition <ul style="list-style-type: none"> – ValueSet: Joint Commission Discharge Disposition – Death Value Set • DataElement: Time of Death
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> • DataElement: Patient Class • ValueSet: Joint Commission Inpatient Encounter Value Set



NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

****/ischemic or hemorrhagic stroke patients */

/** IF "[Principal Diagnosis of Ischemic or hemorrhagic stroke](#)" */

IF (Diagnoses CONTAINS ValueSet ([Joint Commission Ischemic Stroke](#) Value Set) OR Diagnoses CONTAINS ValueSet ([Joint Commission Hemorrhagic Stroke](#) Value Set)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

THEN 'Y' Else 'N'

Denominator Exclusion

- Patients <18 years of age
- Patients who have a Length of Stay >120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in Clinical Trial
- Patients admitted for Elective Carotid Intervention
- Patients discharged/transferred to another hospital for inpatient care
- Patients who left against medical advice or discontinued care
- Patients who expired
- Patients discharged/transferred to a federal healthcare facility
- Patients discharged/transferred to hospice

****/

/** IF "Age < 18" OR "Length of Stay >120 Days" OR "Comfort Measures Only" OR "Clinical Trial" OR "Admitted for Elective Carotid Intervention" OR "Discharge Transfers" OR "Death" THEN 'Y' ELSE 'N' */

/** IF "[Age < 18](#)" */

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/** IF "[Length of Stay >120 Days](#)" */

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/** IF "[Comfort Measures Only](#)" */

ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only - Procedures Value Set) OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF "[Clinical Trial](#)" */

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF "[Admitted for Elective Carotid Intervention](#)" */

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Carotid Intervention](#))) AND ((ProcedurePerformed CONTAINS ValueSet ([Joint Commission Elective Surgery](#)) OR

Admission Type CONTAINS ValueSet ([Joint Commission Admission Type - Elective](#)))



*/** IF "[Discharge Transfers](#)" */*

Discharge Disposition CONTAINS (ValueSet ([Joint Commission Stroke Discharge Transfers](#)))

*/** IF "[Patient Expired](#)" */*

Discharge Disposition CONTAINS ValueSet ([Joint Commission Discharge Disposition – Death Value Set](#)) OR (Time of Death <= Discharge Date)

)THEN 'Y' ELSE 'N'

Numerator

*/*Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services*/*

*/*IF "Assessed for Rehabilitation Services" THEN 'Y' ELSE 'N'*/*

*/*IF "[Patient Assessed for Rehabilitation Services](#)" */*

IF

(If Procedure Ordered CONTAINS ValueSet ([Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set](#)) OR Procedure Performed CONTAINS ValueSet ([Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set](#)) OR Problem Code CONTAINS ValueSet ([Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set](#)) OR Diagnoses CONTAINS ValueSet ([Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set](#)))

THEN 'Y' else 'N'



2.1.9 VENOUS THROMBOEMBOLISM VTE-1 MEASURE DESCRIPTION

Table 2-9 Venous Thromboembolism VTE-1 Measure Description

EMeasure Name	VTE Prophylaxis	EMeasure Id	1.3.6.1.4.1.33895.1.2.15971.1.1 VTE-1
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.15971.1.1.1 Venous Thromboembolism (VTE)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Hospitalized patients at high-risk for VTE may develop an asymptomatic deep vein thrombosis (DVT), and die from pulmonary embolism (PE) even before the diagnosis is suspected. Therefore, the best approach is for every patient to be evaluated for primary prophylaxis since preventing DVT is essential to reducing morbidity and mortality associated with PE. There is good evidence that appropriately used thromboprophylaxis has a desirable risk/benefit ratio and is cost-effective. Thromboprophylaxis provides an opportunity to improve patient outcomes and reduce hospital costs. Complications from prophylactic anticoagulation, especially bleeding, have not been supported by the results from many metaanalyses and randomized clinical trials. Uniform uses of electronic alerts or local thromboprophylaxis guidelines are associated with improvements in both prophylaxis provision and patients' outcomes		
Reference	Geerts WH, Bergqvist D, Pineo GF, Heit JA, Samama CM, Lassen MR, Colwell CW. Prevention of venous thromboembolism. The Eighth ACCP Conference on antithrombotic and thrombolytic therapy. Chest 2008; 133:381S-453S		
Reference	Geerts WH, Pineo GF, Heit JA, et al. Prevention of venous thromboembolism: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. 2004 Sep;126(3 Suppl):338S-400S		
Reference	Kucher N, Koo S, Quiroz R, Cooper JM, et al. (2005). Electronic alerts to prevent venous thromboembolism among hospitalized patients. New England Journal of Medicine, 352(10), 969-1036		
Reference	Caprini JA, Arcelus JI. State-of the art venous thromboembolism prophylaxis. SCOPE on Phlebology & Lymphology 1:2005, 228-240		
Reference	Michota FA. Venous thromboembolism prophylaxis in medical patients. Curr Opin Cardiol. 2004 Nov;19(6):570-4		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given <ul style="list-style-type: none"> 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 Numerator Inclusions <ul style="list-style-type: none"> Not applicable Numerator Exclusion <ul style="list-style-type: none"> None 		
Numerator Derived Data Elements and Associated Atomic Level Data Elements	DerivedData: VTE Prophylaxis <ul style="list-style-type: none"> DataElement: Medications Administered <ul style="list-style-type: none"> ValueSet: Joint Commission VTE Prophylaxis Medications Value Set DataElement: Procedure Performed <ul style="list-style-type: none"> ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set DerivedData: <u>VTE Prophylaxis Hospital Admission</u> <ul style="list-style-type: none"> DataElement: Admit Date/Time DataElement: Medications Administered <ul style="list-style-type: none"> ValueSet: Joint Commission VTE Prophylaxis Medications Value Set DataElement: Medication Administered date/time 		



	<ul style="list-style-type: none"> • DataElement: Procedure Date/Time • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set <p>DerivedData: VTE Prophylaxis Hospital Admission Surgery</p> <ul style="list-style-type: none"> • DataElement: Admit Date/Time • DataElement: Procedure Date/Time • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Prophylaxis Medications Value Set • DataElement: Medication Administered date/time • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set <p>DerivedData: Reasons for No VTE Prophylaxis – Hospital Admission</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic – ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical • DataElement: Diagnoses <ul style="list-style-type: none"> – Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic – ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical • DataElement: Problem Date/Time • DataElement: Admit Date/Time • DerivedData: Procedure Declined (VTE Prophylaxis -Mechanical Intervention Procedure Declined) <ul style="list-style-type: none"> – DataElement: Procedure Performed – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set – DataElement: Tense <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason • DerivedData: Medication Declined (VTE Prophylaxis Medication Declined) <ul style="list-style-type: none"> – DataElement: Medication Administered – ValueSet: Joint Commission VTE Prophylaxis Medications Value Set – DataElement: Tense <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason <p>DerivedData: Reasons for No VTE Prophylaxis – Hospital Admission Surgery</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic – ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical • DataElement: Diagnoses <ul style="list-style-type: none"> – Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic – ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical • DataElement: Problem Date/Time • DataElement: Diagnosis Date/Time • DataElement: Admit Date/Time • DataElement: Procedure End Date • DataElement: Procedure Start Date • DerivedData: Procedure Declined (VTE Prophylaxis -Mechanical Intervention Procedure Declined) <ul style="list-style-type: none"> – DataElement: Procedure Performed – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set – DataElement: Tense <ul style="list-style-type: none"> – ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason • DerivedData: Medication Declined (VTE Prophylaxis Medication Declined) <ul style="list-style-type: none"> – DataElement: Medication Administered – ValueSet: Joint Commission VTE Prophylaxis Medications Value Set – DataElement: Tense <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason <p>DerivedData: VTE Prophylaxis Date</p> <ul style="list-style-type: none"> • DataElement: Medication Administration Date/Time • DataElement: Procedure Date/Time • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Prophylaxis Medications Value Set • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set
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Denominator Statement	<p>All patients</p> <p>Denominator Inclusions</p> <ul style="list-style-type: none"> • All Patients <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients who have a Length of Stay < 2 days • Patients with (Length of Stay >120 Days) • Patients with Comfort Measures Only documented on day of or day after hospital arrival • Patients enrolled in Clinical Trial • Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU LOS ≥ one day • Patients with Principal Diagnosis Code of Mental Disorders [Behavioral Health Inpatient Treatment Location] • Patients with Principal Diagnosis [Code] of Hemorrhagic or Ischemic Stroke • Patients with Principal Diagnosis [Code] of Obstetrics [Service Delivery Location of Obstetrics] • Patients with Principal Diagnosis [Code] of VTE
Denominator Derived Data Elements	<p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Length of Stay <2 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Clinical Trial</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Comfort Measures Only</u></p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status • ValueSet: Joint Commission Problem Status Active • DataElement: Procedure Date • DataElement: Admit Date/Time <p>DerivedData: Patients with Service Delivery of Behavioral Health</p> <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: Joint Commission Behavioral Health Inpatient Treatment Locations Value Set <p>DerivedData: Principal Diagnosis of Ischemic or Hemorrhagic Stroke</p> <ul style="list-style-type: none"> • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Ischemic Stroke Value Set – ValueSet: Joint Commission Hemorrhagic Stroke Value Set • DataElement: Diagnosis Priority • <u>DataElement: ProblemStatus</u> <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Patients with Service Delivery of Obstetrics</p> <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: Joint Commission Obstetric Inpatient Treatment Locations Value Set <p>DerivedData: Patients with Principal Diagnosis of VTE</p> <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed Value Set • DataElement: Diagnosis Priority • <u>DataElement: ProblemStatus</u> <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>ICU Direct Admit/Transfer</u></p> <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: Joint Commission In Facility Location - ICU Value Set • DataElement: Admit Date/Time • DataElement: ICU Admit Date • DataElement: ICU Discharge Date
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> • DataElement: Patient Class



Element	<ul style="list-style-type: none"> ValueSet: Joint Commission Inpatient Encounter Value Set
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NOTE: The following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

/** All Patients */

Denominator Exclusion

/**

- Patients with (Age < 18)
- Patients who have a Length of Stay < 2 days
- Patients with (Length of Stay >120 Days)
- Patients with Comfort Measures Only documented on day of or day after hospital arrival
- Patients enrolled in Clinical Trial
- Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU LOS ≥ one day
- Patients with Principal Diagnosis Code of Mental Disorders [Patients with Service Delivery of Behavioral Health]
- Patients with Principal Diagnosis of Hemorrhagic or Ischemic Stroke
- Patients with Principal Diagnosis of Obstetrics [Patients with Service Delivery of Obstetrics]
- Patients with Principal Diagnosis of VTE

/**IF "Age < 18" OR "Length of Stay >120 Days" OR "Length of Stay <2 Days" OR "Comfort Measures Only documented on day of or day after hospital arrival" OR "Clinical Trial" OR "Patients with ICU LOS < one day without VTE prophylaxis administered and documentation for no VTE prophylaxis" OR [Patients with Service Delivery of Behavioral Health](#) OR "Patients with Principal Diagnosis of Hemorrhagic or Ischemic Stroke" OR "Patients with Treated in Obstetric Service Locations" OR ["Patients with Principal Diagnosis of VTE"](#) THEN 'Y' ELSE 'N' */

/** IF "[Age < 18](#)"*/

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/** IF [Length of Stay >120 Days](#)*/

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/** [IF Length of Stay <2 Days](#)*/

((Discharge Date/Time - Admit Date/Time) <2 days) OR

/** [IF "Comfort Measures Only documented on day of or day after hospital arrival"](#)*/

(ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only - Procedures Value Set) AND (Procedure Date – Arrival Date/Time <=1 and >=0)) OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Problem Date/Time – Arrival Date/Time <=1 and >=0))

OR/** IF "[Clinical Trial](#)" */

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/**IF "[ICU Direct Admit/Transfer](#)" and NOT ("[VTE Prophylaxis](#)" and "[Reasons for No VTE Prophylaxis – Hospital Admission](#)") */



```

/*IF "ICU Direct Admit/Transfer"*/
(
IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set)
AND ((ICU Admit Date - Admit Date ) <=1)

AND (ICU Admit Date - ICU Discharge Date) >=1)

AND

/* IF NO VTE Prophylaxis"

(If NOT (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set )) OR (Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications Value Set)) )

AND

/* documentation for no VTE prophylaxis (Reason for no VTE Prophylaxis – Hospital Admission) OR (Reason for no VTE Prophylaxis – Hospital Admission Surgery) */

/* IF Reasons for No VTE Prophylaxis – Hospital Admission */

IF

(

( (Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical

) AND (AdmitDate - ProblemDate<=1 AND >=0) )OR (

/* VTE Prophylaxis -Mechanical Intervention Procedure Declined*/

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)

AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device ) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

AND (AdmitDate - ProcedureDate<=1 AND >=0)) )

AND

((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND (AdmitDate - ProblemDate<=1 AND >=0)) OR (

/* VTE Prophylaxis Medication Declined*/

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications ) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND ='True' AND Reason (Contains (ValueSet (Joint Commission Patient Reason) OR ValueSet (Joint Commission Medical Reason)) )

AND (AdmitDate - MedicationDate/Time <=1 AND >=0)) )

)

OR

(

((Diagnoses CONTAINS (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic

) AND (AdmitDate - ProblemDate<=1 AND >=0) ) OR (

/* VTE Prophylaxis Medication Declined*/

```



(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))

AND (AdmitDate - Medications Administered Date/Time <=1 AND >=0))

)

AND

((Diagnoses CONTAINS ValueSet ([Joint Commission Reason for no VTE Prophylaxis – Mechanical](#))

AND (AdmitDate - Diagnosis Date/Time<=1 AND >=0)) OR (

/ [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#)*/*

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)

AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

AND (AdmitDate - Procedure Start Date<=1 AND >=0))

)

)

OR

/ IF [Reasons for No VTE Prophylaxis – Hospital Admission Surgery](#) */*

IF

*/*Procedure is within dayof dayafter Admit*/*

(SurgicalProcedure AND Surgical [Procedure Start Date](#)– Admit Date <=1 and >=0)

AND

*/*check for reasons*

*/*Problem*/*

*/*Pharmacologic*/*

((Problem code CONTAINS ValueSet ([Joint Commission Reason for no VTE Prophylaxis - Pharmacologic](#))

AND

AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1))

OR

(

/ [VTE Prophylaxis Medication Declined](#)*/*

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))

AND AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1))

)



AND

/*Mechanical*/

((Problem code CONTAINS ValueSet ([Joint Commission Reason for no VTE Prophylaxis – Mechanical](#)))

AND

AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1))

OR

(

/* [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#)*/

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)

AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

AND (AdmitDate <= DeclinedVTEProcedureDate<= (Surgical ProcedureEndDate+1))

))

OR

/*Diagnoses*/

/Pharmacologic/

((Diagnoses CONTAINS ValueSet ([Joint Commission Reason for no VTE Prophylaxis - Pharmacologic](#)))

AND

AdmitDate <= DischargeDiagnosisDate/Time <= (Surgical ProcedureEndDate+1))

OR (

/* [VTE Prophylaxis Medication Declined](#)*/

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))

AND AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1))

)AND

/*Mechanical*/

((Diagnoses CONTAINS ValueSet ([Joint Commission Reason for no VTE Prophylaxis – Mechanical](#)))

AND AdmitDate <= DischargeDiagnosisDate/Time <= (Surgical ProcedureEndDate+1))

OR (

/* [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#)*/

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)



AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

AND (AdmitDate <= DeclinedVTEProcedureDate<= (Surgical ProcedureEndDate+1))

))

) /*end reason check

OR

/** [Patients with Service Delivery of Behavioral Health](#) **/

IF Facility Location CONTAINS ValueSet (Joint Commission Behavioral Health Inpatient Treatment Locations Value Set)

OR

/** [Patients with Principal Diagnosis of Hemorrhagic or Ischemic Stroke](#)**/

(Diagnoses CONTAINS ValueSet ([Joint Commission Ischemic Stroke](#) Value Set) OR Diagnoses CONTAINS ValueSet ([Joint Commission Hemorrhagic Stroke](#) Value Set)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

OR

/** Patients with Treated in Obstetric Service Locations **/

IF Facility Location CONTAINS ValueSet ([Joint Commission Obstetric Inpatient Treatment Locations Value Set](#))

OR

/** [Patients with Principal Diagnosis of VTE](#) **/

(Diagnoses CONTAINS ValueSet ([Joint Commission VTE Confirmed](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

THEN 'Y' ELSE 'N'

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 */

/****IF ("VTE Prophylaxis Hospital Admission " OR "VTE Prophylaxis Hospital Admission Surgery" OR "Reasons for No VTE Prophylaxis – Hospital Admission ") THEN 'Y' ELSE 'N'*/

/***IF "[VTE Prophylaxis](#)"*/

If (Procedure Performed CONTAINS ValueSet ([Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set](#))) OR (Medications Administered CONTAINS ValueSet ([Joint Commission VTE Prophylaxis Medications Value Set](#)))

AND

/***IF "[VTE Prophylaxis Hospital Admission](#)"*/

IF (VTE Prophylaxis Date/Time – Admit Date/Time) <=1 and >=0)

OR

/***IF "[VTE Prophylaxis Hospital Admission Surgery](#)"*/

IF (VTE Prophylaxis Date/Time – Procedure Date/Time) <=1 and >=0) AND



(Procedure Date/Time – Admit Date/Time <=1 and >=0)

OR

*/*IF "[Reasons for No VTE Prophylaxis – Hospital Admission](#)" */*

IF

(

((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical

) AND (AdmitDate - ProblemDate<=1 AND >=0))OR (

/ [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#)*/*

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)

AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND =‘True’ AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND =‘True’ AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

AND (AdmitDate - ProcedureDate<=1 AND >=0)))

AND

((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND (AdmitDate - ProblemDate<=1 AND >=0)) OR (

/ [VTE Prophylaxis Medication Declined](#)*/*

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND =‘True’ AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))

AND (AdmitDate - MedicationDate/Time <=1 AND >=0)))

)

OR

(

((Diagnoses CONTAINS (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic

) AND (AdmitDate - ProblemDate<=1 AND >=0)) OR (

/ [VTE Prophylaxis Medication Declined](#)*/*

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND =‘True’ AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))

AND (AdmitDate - Medications Administered Date/Time <=1 AND >=0))

)

AND

((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical)

AND (AdmitDate - Diagnosis Date/Time<=1 AND >=0)) OR (

/ [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#)*/*



(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)

AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

AND (AdmitDate - Procedure Start Date<=1 AND >=0))

)

)

THEN 'Y' ELSE 'N'



2.1.10 VENOUS THROMBOEMBOLISM VTE-2 MEASURE DESCRIPTION

Table 2-10 Venous Thromboembolism VTE-2 Measure Description

EMeasure Name	Intensive Care Unit (ICU) VTE Prophylaxis	EMeasure Id	1.3.6.1.4.1.33895.1.2.15972.1.1 VTE-2
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.15972.1.1.1 Venous Thromboembolism (VTE)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)		
Measure scoring	Proportion		
Measure type	Process		
Rationale	The vast majority of patients admitted to a critical care unit (CCU) have a major risk factor for VTE, and many have multiple risk factors: advanced age, serious medical illness, and recent surgical procedures or trauma that are common in critically ill patients. The use of thromboprophylaxis has been demonstrated to be efficacious in preventing deep venous thrombosis in these patients. Accordingly, The Eighth American College of Chest Physicians Conference on Antithrombotic and Thrombolytic Therapy: Evidence-Based Guidelines recommends that all patients on admission to a critical care unit be assessed for their risk of VTE, with the expectation that appropriate thromboprophylaxis will be instituted		
Reference	Geerts WH, Bergqvist D, Pineo GF, Heit JA, Samama CM, Lassen MR, Colwell CW. Prevention of venous thromboembolism. The Eighth ACCP Conference on antithrombotic and thrombolytic therapy. Chest 2008; 133:381S-453S		
Reference	Geerts WH, Pineo GF, Heit JA, et al. Prevention of venous thromboembolism: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. 2004 Sep;126(3 Suppl):338S-400S		
Reference	Attia J, Ray JG, Cook DJ, Douketis J, Ginsberg JS, Geerts WH. Deep vein thrombosis and its prevention in critically ill adults. Arch Intern Med. 2001 May 28;161(10):1268-79		
Reference	Geerts WH, Selby R. Prevention of venous thromboembolism in the ICU. Chest. 2003 Dec;124(6 Suppl):357S-363S		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: <ul style="list-style-type: none">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) Numerator Inclusions <ul style="list-style-type: none">Not applicable Numerator Exclusion <ul style="list-style-type: none">None		
Numerator Derived Data Elements and Associated Atomic Level Data Elements	DerivedData: <u>VTE Prophylaxis</u> <ul style="list-style-type: none">DataElement: Medications Administered<ul style="list-style-type: none">ValueSet: Joint Commission VTE Prophylaxis Medications Value SetDataElement: Procedure Performed<ul style="list-style-type: none">ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set DerivedData: <u>Reasons for No VTE Prophylaxis – ICU Admission</u> <ul style="list-style-type: none">DataElement: In Facility Location<ul style="list-style-type: none">ValueSet: VTE Prophylaxis ICU SurgeryDataElement: Problem Code<ul style="list-style-type: none">Value Set: Joint Commission Reason for no VTE Prophylaxis - PharmacologicValueSet: Joint Commission Reason for no VTE Prophylaxis – MechanicalDataElement: Diagnoses<ul style="list-style-type: none">Value Set: Joint Commission Reason for no VTE Prophylaxis - PharmacologicValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical		



	<ul style="list-style-type: none"> • DataElement: Problem Date/Time <ul style="list-style-type: none"> – DataElement: Admit Date/Time • DerivedData: Procedure Declined (VTE Prophylaxis -Mechanical Intervention Procedure Declined) <ul style="list-style-type: none"> – DataElement: Procedure Performed – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set – DataElement: Tense <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason • DerivedData: Medication Declined (VTE Prophylaxis Medication Declined) <ul style="list-style-type: none"> – DataElement: Medication Administered – ValueSet: Joint Commission VTE Prophylaxis Medications Value Set – DataElement: Tense <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason DerivedData: Reason for No VTE Prophylaxis – ICU Surgery <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: VTE Prophylaxis ICU Surgery • DataElement: Problem Code <ul style="list-style-type: none"> – Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic – ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical • DataElement: Diagnoses <ul style="list-style-type: none"> – Value Set: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic – ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical • DataElement: Problem Date/Time • DataElement: Diagnosis Date/Time • DataElement: ICU AdmitDate • DataElement: Procedure End Date • DataElement: Procedure Start Date • DerivedData: Procedure Declined (VTE Prophylaxis -Mechanical Intervention Procedure Declined) <ul style="list-style-type: none"> – DataElement: Procedure Performed – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set – DataElement: Tense <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason • DerivedData: Medication Declined (VTE Prophylaxis Medication Declined) <ul style="list-style-type: none"> – DataElement: Medication Administered – ValueSet: Joint Commission VTE Prophylaxis Medications Value Set – DataElement: Tense <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Tense ActMood Intent – DataElement: Reason <ul style="list-style-type: none"> ▪ ValueSet: Joint Commission Medical Reason ▪ ValueSet: Joint Commission Patient Reason DerivedData: VTE Prophylaxis Date <ul style="list-style-type: none"> • DataElement: Medication Administration Date/Time • DataElement: Procedure Date/Time • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Prophylaxis Medications Value Set • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set DerivedData: VTE Prophylaxis ICU Surgery <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: VTE Prophylaxis ICU SurgeryDataElement: Procedure End Date • DataElement: Procedure Start Date • DataElement: VTE Prophylaxis Date/Time (Derived Data) • DataElement: ICU Admit Date • DataElement: ICU Transfer Date DerivedData: VTE Prophylaxis – ICU Admission <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: VTE Prophylaxis ICU Surgery • DataElement: VTE Prophylaxis Date/Time (Derived Data) • DataElement: ICU Admit Date • DataElement: ICU Transfer Date
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Denominator Statement	<p>All patients</p> <p>Denominator Inclusions</p> <ul style="list-style-type: none"> • All Patients <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients who have a Length of Stay < 2 days • Patients with (Length of Stay >120 Days) • Patients with Comfort Measures Only documented on day of or day after hospital arrival • Patients enrolled in Clinical Trial • Patients with ICU LOS < one day without VTE prophylaxis administered and [without] documentation for no VTE prophylaxis • Patients with Principal Diagnosis of Obstetrics • Patients with Principal Diagnosis of VTE
Denominator Derived Data Elements	<p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: <u>Length of Stay >120 Days</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: <u>Length of Stay <2 Days</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: <u>Clinical Trial</u></p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Comfort Measures Only</u></p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active • DataElement: Procedure Date • DataElement: Admit Date/Time <p>DerivedData: <u>Patients with Service Delivery of Obstetrics</u></p> <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: Joint Commission Obstetric Inpatient Treatment Locations Value Set <p>DerivedData: <u>Patients with Principal Diagnosis of VTE</u></p> <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed Value Set • DataElement: Diagnosis Priority • <u>DataElement: ProblemStatus</u> <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>ICU Direct Admit/Transfer</u></p> <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: VTE Prophylaxis ICU Surgery • DataElement: Admit Date/Time • DataElement: ICU Admit Date • DataElement: ICU Discharge Date <p>DerivedData: <u>ICU LOS < one day</u></p> <ul style="list-style-type: none"> • DataElement: In Facility Location <ul style="list-style-type: none"> – ValueSet: VTE Prophylaxis ICU Surgery DataElement: ICU Admit Date • DataElement: ICU Discharge Date
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> • DataElement: Patient Class • ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */



IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

*/***** All Patients */*

Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU LOS \geq one day

Denominator Exclusion

*/******

- Patients <18 years of age
- Patients who have a Length of Stay >120 days
- Patients who have a Length of Stay < 2 days
- Patients with Comfort Measures Only documented on day of or day after hospital arrival
- Patients enrolled in Clinical Trial
- Patients with ICU LOS < one day without VTE prophylaxis administered and without documentation for no VTE prophylaxis
- Patients with Principal Diagnosis of Obstetrics
- Patients with Principal Diagnosis of VTE

*/***IF "Age <18" OR "Length of Stay >120 Days" OR "Length of Stay <2 Days" OR "Comfort Measures Only documented on day of or day after hospital arrival" OR "Clinical Trial" OR "Patients with ICU LOS < one day without VTE prophylaxis administered and without documentation for no VTE prophylaxis" OR "Patients with Treated in Obstetric Service Locations" OR "[Patients with Principal Diagnosis of VTE](#)" THEN 'Y' ELSE 'N' */*

/ IF "[Age < 18](#)" */*

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/ IF "[Length of Stay >120 Days](#)" */*

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/ IF "[Length of Stay <2 Days](#)" */*

((Discharge Date/Time - Admit Date/Time) <2 days) OR

/ IF "[Comfort Measures Only documented on day of or day after hospital arrival](#)" */*

(ProcedurePerformed CONTAINS ValueSet ([Joint Commission Palliative Care Measures Only – Procedure Value Set](#)) AND (Procedure Date – Arrival Date/Time <=1 and >=0))OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Problem Date/Time – Arrival Date/Time <=1 and >=0))

OR

/ IF "[Clinical Trial](#)" */*

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

*/*IF ICU LOS < one day and NOT "[ICU Direct Admit/Transfer](#)" and NOT ("[VTE Prophylaxis](#)" and "[Reasons for No VTE Prophylaxis – Hospital Admission](#)") */*

OR

(

*/*Patients with ICU LOS < one day without VTE prophylaxis administered and without documentation for no VTE prophylaxis*/*



/*IF "ICU LOS < one day" */

IF In Facility Location CONTAINS ValueSet ([Joint Commission In Facility Location - ICU Value Set](#))
((ICU Discharge Date - ICU Admit Date) =0)

AND

/* IF NOT [VTE Prophylaxis](#) */

(If NOT (Procedure Performed CONTAINS ValueSet ([Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set](#))) OR (Medications Administered CONTAINS ValueSet ([Joint Commission VTE Prophylaxis Medications Value Set](#))))

AND

/* IF NOT [Reasons for No VTE Prophylaxis – Hospital Admission](#) */

IF NOT ((Problem code CONTAINS (ValueSet ([Joint Commission Reason for no VTE Prophylaxis – Mechanical](#)) OR ValueSet ([Joint Commission Reason for no VTE Prophylaxis - Pharmacologic](#))) AND (ProblemDate<=AdmitDate)))

OR

(Diagnoses CONTAINS (ValueSet ([Joint Commission Reason for no VTE Prophylaxis – Mechanical](#)) OR ValueSet ([Joint Commission Reason for no VTE Prophylaxis - Pharmacologic](#)) AND (Diagnosis Date/Time<=AdmitDate)))

)

OR

/** Patients with Treated in Obstetric Service Locations **/

IF Facility Location CONTAINS ValueSet ([Joint Commission Obstetric Inpatient Treatment Locations Value Set](#))

OR

/** [Patients with Principal Diagnosis of VTE](#) **/

(Diagnoses CONTAINS ValueSet ([Joint Commission VTE Confirmed](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

THEN 'Y' ELSE 'N'

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)

*/

/***IF "[VTE Prophylaxis – ICU Admission](#)" OR "[VTE Prophylaxis ICU Surgery](#)" AND ("VTE Prophylaxis " OR "[Reasons for No VTE Prophylaxis – ICU Admission](#)" OR [Reason for No VTE Prophylaxis – ICU Surgery](#)) THEN 'Y' ELSE 'N'*/

/***IF "[VTE Prophylaxis – ICU Admission](#)" */

(IF In Facility Location CONTAINS ValueSet ([Joint Commission In Facility Location - ICU Value Set](#)) AND (VTE Prophylaxis Date/Time – ICU Admit Date) <=1 and >=0)

OR

/***[VTE Prophylaxis ICU Surgery](#) */

IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND (VTE Prophylaxis Date/Time – Procedure End Date/Time) <=1 and >=0) AND

(Procedure Start Date– ICU Admit Date <=1 and >=0)



)

AND

(

[/**IF "VTE Prophylaxis"*/](#)

If (Procedure Performed CONTAINS ValueSet ([Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set](#))) OR (Medications Administered CONTAINS ValueSet ([Joint Commission VTE Prophylaxis Medications Value Set](#)))

OR

[/** IF Reason for No VTE Prophylaxis – ICU Admission */](#)

[IF](#)

(In Facility Location CONTAINS ValueSet ([Joint Commission In Facility Location - ICU Value Set](#))

AND

((Problem code CONTAINS ValueSet ([Joint Commission Reason for no VTE Prophylaxis – Mechanical](#)

[\)](#) AND (ICU AdmitDate - ProblemDate<=1 AND >=0))

[OR \(](#)

[/* VTE Prophylaxis -Mechanical Intervention Procedure Declined*/](#)

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)

AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND =‘True’ AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND =‘True’ AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

[AND \(ICU AdmitDate - ProcedureDate<=1 AND >=0\)\) \)](#)

[AND](#)

[\(\(Problem code CONTAINS ValueSet \(Joint Commission Reason for no VTE Prophylaxis - Pharmacologic\) AND \(ICU AdmitDate - ProblemDate<=1 AND >=0\)\)](#)

[OR \(](#)

[/*VTE Prophylaxis Medication Declined */](#)

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND =‘True’ AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))

[AND \(ICU AdmitDate - MedicationDate/Time <=1 AND >=0\)\) \)](#)

)

[OR](#)

(

[\(\(Diagnoses CONTAINS \(Joint Commission Reason for no VTE Prophylaxis - Pharmacologic](#)

[\) AND \(ICU AdmitDate - ProblemDate<=1 AND >=0\)\)](#)

[OR \(](#)

[/*VTE Prophylaxis Medication Declined */](#)



(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#)))))

[AND \(ICU AdmitDate - Medications Administered Date/Time <=1 AND >=0\)\)](#)

)

[AND](#)

[\(\(Diagnoses CONTAINS ValueSet \(Joint Commission Reason for no VTE Prophylaxis – Mechanical\)](#)

[AND \(ICU AdmitDate - Diagnosis Date/Time<=1 AND >=0\)\)](#)

[OR \(](#)

[/* VTE Prophylaxis -Mechanical Intervention Procedure Declined*/](#)

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)

AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

[AND \(ICU AdmitDate - Procedure Start Date<=1 AND >=0\)\)](#)

)

)

OR

[/* IF Reason for No VTE Prophylaxis – ICU Surgery */](#)

IF

[/*Procedure is within dayof dayafter ICU Admit*/](#)

In Facility Location CONTAINS ValueSet ([Joint Commission In Facility Location - ICU Value Set](#)) AND (SurgicalProcedure AND Surgical Procedure Start Date– ICU Admit Date <=1 and >=0)

AND

[\(/*check for reasons](#)

[/*Problem*/](#)

[\(/*Pharmacologic*/](#)

[\(\(Problem code CONTAINS ValueSet \(Joint Commission Reason for no VTE Prophylaxis - Pharmacologic \)](#)

AND

ICU AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1))

OR (

[/*VTE Prophylaxis Medication Declined */](#)

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND ='True' AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#)))))



AND ICU AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1))
)
 AND
 /*Mechanical*/
 ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical)
 AND
 ICU AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1))
 OR (
 /* [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#)*/
 (Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)
 AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason)))
 OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))))
 AND (ICU AdmitDate <= DeclinedVTEProcedureDate<= (Surgical ProcedureEndDate+1))
))
 OR
 /*Diagnoses*/
 /*Pharmacologic*/
 ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic)
 AND
 ICU AdmitDate <= DischargeDiagnosisDate/Time <= (Surgical ProcedureEndDate+1))
 OR (
 /*[VTE Prophylaxis Medication Declined](#) */
 (Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))
 AND ICU AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1))
)AND
 /*Mechanical*/
 ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical)
 AND ICU AdmitDate <= DischargeDiagnosisDate/Time <= (Surgical ProcedureEndDate+1))
 OR (
 /* [VTE Prophylaxis -Mechanical Intervention Procedure Declined](#)*/
 (Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device)



AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND
='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet
(NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of
Mechanical Device) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#))
AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient
Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

AND (ICU AdmitDate <= DeclinedVTEProcedureDate<= (Surgical ProcedureEndDate+1))

))

) /*end reason check

THEN 'Y' ELSE 'N'



2.1.11 VENOUS THROMBOEMBOLISM VTE-3 MEASURE DESCRIPTION

Table 2-11 Venous Thromboembolism VTE-3 Measure Description

EMeasure Name	Venous Thromboembolism (VTE) Patients with Anticoagulation Overlap Therapy	EMeasure Id	1.3.6.1.4.1.33895.1.2.15973.1.1 VTE-3
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.15973.1.1.1 Venous Thromboembolism (VTE)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) ≥ 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>For patients who present with a confirmed acute VTE, parenteral anticoagulation is the first line of therapy because of its rapid onset of action. Because the oral anticoagulant warfarin has a very slow onset of action, it cannot be used as mono-therapy for acute VTE. Pretreatment with parenteral anticoagulants prior to initiation of warfarin also avoids an early period of hypercoagulability that can result from the selective inhibition of proteins S and C (which have very short half lives). Warfarin can be initiated on the first day of treatment after the first dose of a parenteral anticoagulant has been given.</p> <p>Warfarin interferes with the synthesis of vitamin K dependent pro-coagulant factors (factors II, VII, IX and X) as well as some anticoagulant factors (proteins S and C). It takes several days for warfarin to achieve its effect because time is required for normal coagulation factors to be cleared from plasma. The adequacy of warfarin therapy is monitored by measurement of the international normalized ratio (INR). The INR can sometimes appear prolonged (or "therapeutic") as soon as 24 hours after the institution of warfarin due to a reduction in factor VII levels, even while factor II levels are still high and the patient is not in fact therapeutically anti-coagulated. Because factor II has a half-life of 60-72 hours, a minimum of five days of parenteral anticoagulation is recommended as "overlap therapy" while warfarin is being initiated. Parenteral therapy should also be continued until the INR is ≥ 2.0, even if this takes longer than five days, so that patients are fully anticoagulated during the period before warfarin takes its full effect</p>		
Reference	Kearon C, Kahn, SR, Agnelli G, Goldhaber S, Raskob, GE, Comerota AJ. Antithrombotic therapy for venous thromboembolic disease. The Eighth ACCP Conference on antithrombotic and thrombolytic therapy Chest. 2008;133: 454S-545S		
Reference	Sallah S, Thomas DP, Roberts HR. Warfarin and heparin-induced skin necrosis and the purple toe syndrome: infrequent complications of anticoagulant treatment. Thromb Haemost. 1997; 78(2): 785-90		
Reference	Gallus A, Jackaman J, Tillet J et al. Safety and efficacy of warfarin started early after submassive venous thrombosis or pulmonary embolism. Lancet. 1986 Dec 6;2(8519):1293-6		
Reference	Buller HR, Davidson BL, Decousus DL et al. Subcutaneous fondaparinux versus intravenous unfractionated heparin in the initial treatment of pulmonary embolism. N Engl J Med. 2003 Oct 30;349 (18):1695-702		
Reference	Buller HR, Davidson BL, Decousas DL et al. Fondaparinux or enoxaparin for the initial treatment of symptomatic deep venous thrombosis: a randomized trial. Ann Intern Med. 2004 Jun 1;140(11):867-73		
Reference	Ansell J, Hirsch J, Hylek E, Jacobson A, Crowther M, Palareti G. Pharmacology and management of the vitamin K antagonists: The Eighth ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. 2008 133:160S-198S		
Reference	Caprini JA, Tapson VF, Hyers TM et al. NABOR Steering Committee. Treatment of venous thromboembolism: adherence to guidelines and impact of physician knowledge, attitudes, and beliefs. J of Vasc Surg. 2005 Oct;42(4):726-33		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		



Numerator Statement	<p>Patients who received overlap therapy</p> <p>Numerator Inclusions</p> <ul style="list-style-type: none"> • Patients who received warfarin and parenteral anticoagulation: • Five or more days, with an INR ≥ 2 prior to discontinuation of parenteral therapy OR • Five or more days, with an INR < 2 and discharged on overlap therapy OR • Less than five days and were discharged on overlap therapy <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None
Numerator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: <u>INR Value≥ 2 prior to discontinuation Anticoagulant Therapy</u></p> <ul style="list-style-type: none"> • DataElement: Result Type <ul style="list-style-type: none"> – ValueSet: Joint Commission INR Laboratory Test Result Value Set • DataElement: Result Value • DataElement: <u>Report date time:</u> • DataElement: <u>Discontinue Order Date/Time</u> • DataElement: Medication <ul style="list-style-type: none"> – ValueSet: Joint Commission Anticoagulant Medications - VTE Value Set • DataElement: Discontinue Medication <p>DerivedData: <u>INR Value< 2 prior to discontinuation Anticoagulant Therapy</u></p> <ul style="list-style-type: none"> • DataElement: Result Type <ul style="list-style-type: none"> – ValueSet: Joint Commission INR Laboratory Test Result Value Set • DataElement: Result Value • DataElement: Report date time: • DataElement: Discontinue Order Date/Time • DataElement: Medication <ul style="list-style-type: none"> – ValueSet: Joint Commission Anticoagulant Medications - VTE Value Set • DataElement: Discontinue Medication <p>Patients who received warfarin and parenteral anticoagulation ≥ 5 days</p> <ul style="list-style-type: none"> • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission - Warfarin – ValueSet: Joint Commission Anticoagulant Medications - VTE Value Set • DataElement: Medication Administered date/time <p>Patients who received warfarin and parenteral anticoagulation < 5 days</p> <ul style="list-style-type: none"> • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission - Warfarin – ValueSet: Joint Commission Anticoagulant Medications - VTE Value Set • DataElement: Medication Administered date/time <p>DerivedData: discharged on overlap therapy</p> <ul style="list-style-type: none"> • DataElement: Discharge Medications: <ul style="list-style-type: none"> – ValueSet: Joint Commission Warfarin Medication Value Set – ValueSet: Joint Commission Anticoagulant Medications - VTE Value Set
Denominator Statement	<p>Patients with confirmed VTE who received warfarin</p> <ul style="list-style-type: none"> • Denominator Inclusions Discharges with a Principal Diagnosis Code or Other Diagnosis Code for VTE Confirmed as defined by Value set for "Joint Commission VTE Confirmed Value Set" <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay > 120 Days) • Patients with Comfort Measures Only • Patients enrolled in Clinical Trial • Patients without warfarin therapy during hospitalization • Patients without warfarin prescribed at discharge • Patients without VTE confirmed by diagnostic testing
Denominator Derived Data Elements	<p>DerivedData: <u>Any Diagnosis of VTE Confirmed</u></p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Age < 18</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: <u>Length of Stay > 120 Days</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: <u>Clinical Trial</u></p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses



	<ul style="list-style-type: none">– ValueSet: Joint Commission Clinical Trial• DataElement: ProblemStatus<ul style="list-style-type: none">– ValueSet: Joint Commission Problem Status Active DerivedData: Comfort Measures Only <ul style="list-style-type: none">• DataElement: Procedure Performed<ul style="list-style-type: none">– ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set• DataElement: Problem Code<ul style="list-style-type: none">– ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set• DataElement: Diagnosis Code<ul style="list-style-type: none">– ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set• DataElement: Problem Status<ul style="list-style-type: none">– ValueSet: Joint Commission Problem Status Active DerivedData: Warfarin Administration <ul style="list-style-type: none">• DataElement: Medications Administered<ul style="list-style-type: none">– ValueSet: Joint Commission Warfarin Medication Value Set DerivedData: Warfarin Prescribed at Discharge <ul style="list-style-type: none">• DataElement: Discharge medication ordered<ul style="list-style-type: none">– ValueSet: Joint Commission Warfarin Medication Value Set DerivedData: VTE Diagnostic Test <ul style="list-style-type: none">• DataElement: Procedure Performed<ul style="list-style-type: none">– ValueSet: Joint Commission VTE Diagnostic Test Value Set
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	DerivedData: Inpatient Discharges <ul style="list-style-type: none">• DataElement: Patient Class• ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/* IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

/* Patients with confirmed VTE who received warfarin

Denominator Inclusion

/* Discharges with a Principal Diagnosis Code or Other Diagnosis Code for VTE Confirmed as defined by Value set for "Joint Commission VTE Confirmed Value Set"
/* IF "[Any Diagnosis of VTE Confirmed](#)" */

IF (Problem code CONTAINS ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

(Diagnoses CONTAINS ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

AND

/* IF "[Warfarin Administration](#)" */

If Medications Administered CONTAINS ValueSet ([Joint Commission Warfarin Medication Value Set](#)) THEN 'Y' ELSE 'N'

Denominator Exclusion

/*

Denominator Exclusions

- Patients with (Age <18)
- Patients with (Length of Stay >120 Days)
- Patients with Comfort Measures Only
- Patients enrolled in Clinical Trial
- Patients without warfarin therapy during hospitalization
- Patients without warfarin prescribed at discharge
- Patients without VTE confirmed by diagnostic testing */



/***IF "Age < 18" OR "Length of Stay >120 Days" OR "Length of Stay <2 Days" OR "Comfort Measures Only" OR "Clinical Trial" OR "Warfarin Administration" OR "Warfarin Prescribed at Discharge" OR NOT("VTE Diagnostic Test") THEN 'Y' ELSE 'N' */

/* IF "Age < 18" */

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/* IF "Length of Stay >120 Days" */

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/* IF "Comfort Measures Only" */

ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only – Procedure Value Set) OR (Problem Code CONTAINS (Joint Commission Palliative Care Measures Only – Findings Value Set)) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active)) OR

/* IF "Clinical Trial" */

(Problem code CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active)) OR

/* IF NOT "Warfarin Administration" */

IF NOT Medications Administered(CONTAINS ValueSet Joint Commission Warfarin Medication Value Set) OR

/* IF NOT "Warfarin Prescribed at Discharge" */

IF NOT (Discharge Medication(Coded Product Name) CONTAINS ValueSet (Joint Commission Warfarin Medication Value Set)

OR

/* IF NOT (VTE Diagnostic Test) */

IF ProcedurePerformed CONTAINS ValueSet (Joint Commission VTE Diagnostic Test Value Set)

THEN 'Y' ELSE 'N'

Numerator

/*** "Patients who received overlap therapy

- Patients who received warfarin and parenteral anticoagulation:
 - Five or more days, with an INR ≥ 2 prior to discontinuation of parenteral therapy OR
 - Five or more days, with an INR < 2 and discharged on overlap therapy OR
 - Less than five days and were discharged on overlap therapy. */

/***IF(Patients who received warfarin and parenteral anticoagulation ≥ 5 days AND (INR Value ≥ 2 prior to discontinuation Anticoagulant Therapy OR (INR Value<2 prior to discontinuation Anticoagulant Therapy AND discharged on overlap therapy))) OR (Patients who received warfarin and parenteral anticoagulation < 5 days AND discharged on overlap therapy) THEN 'Y' ELSE 'N'

/*** IF Patients who received warfarin and parenteral anticoagulation ≥ 5 days */

IF (

Medications Administered CONTAINS ValueSet(Joint Commission - Warfarin) AND Medication Administered CONTAINS ValueSet(Joint Commission Anticoagulant Medications - VTE Value Set) AND MAX(Medication Administered date/time) – MIN(Medication Administered date/time) ≥ 5 days AND

/*** IF INR Value ≥ 2 prior to discontinuation Anticoagulant Therapy */



(Medication CONTAINS ValueSet([Joint Commission Anticoagulant Medications - VTE Value Set](#))
AND Discontinue Medication <> NULL
AND (ResultType CONTAINS ValueSet (Joint Commission INR) AND (ResultValue >=2))
AND (ReportDateTime < Discontinue Order Date/Time))
OR
/** IF [INR Value<2 prior to discontinuation Anticoagulan Therapy](#) **/
IF (Medication CONTAINS ValueSet ([Joint Commission Anticoagulant Medications - VTE Value Set](#))
AND Discontinue Medication <> NULL
AND (ResultType CONTAINS ValueSet (Joint Commission INR) AND (ResultValue <2))
AND (ReportDateTime < Discontinue Order Date/Time))
AND
/** IF [discharged on overlap therapy](#) **/
IF Discharge Medication Orders CONTAINS ValueSet ([Joint Commission Anticoagulant Medications - VTE Value Set](#)) AND Discharge Medication Orders CONTAINS ValueSet (Joint Commission Warfarin)
) OR
/** IF Patients who received warfarin and parenteral anticoagulation < 5 days **/
(
Medications Administered CONTAINS ValueSet(Joint Commission - Warfarin) AND Medication Administered CONTAINS ValueSet([Joint Commission Anticoagulant Medications - VTE Value Set](#))
AND MAX(Medication Administered date/time) – MIN(Medication Administered date/time) < 5 days
AND
/** IF discharged on overlap therapy **/
IF Discharge Medication Orders CONTAINS ValueSet ([Joint Commission Anticoagulant Medications - VTE Value Set](#)) AND Discharge Medication Orders CONTAINS ValueSet (Joint Commission Warfarin)
)
THEN 'Y' ELSE 'N'



2.1.12 VENOUS THROMBOEMBOLISM VTE-4 MEASURE DESCRIPTION

Table 2-12 Venous Thromboembolism VTE-4 Measure Description

EMeasure Name	Venous Thromboembolism (VTE) Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	EMeasure Id	1.3.6.1.4.1.33895.1.2.15974.1.1 VTE-4
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.15974.1.1.1 Venous Thromboembolism (VTE)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>Unfractionated heparin (UFH) management by weight-based/activated partial thromboplastin time (aPTT) adjusted protocols have demonstrated their ability through clinical trials to achieve a therapeutic aPTT more rapidly than with standard UFH dosing without increasing major bleeding. UFH management by nomogram/protocol has significantly advanced the use of UFH with the demonstrated ability to achieve therapeutic aPTTs more rapidly than with standard UFH dosing.</p> <p>Heparin-induced thrombocytopenia (HIT) occurs more commonly in patients who receive UFH than in those who receive low molecular weight heparin. HIT is defined as an unexplained fall in platelet count (specifically, a 50% fall in platelet count from baseline, even if the platelet count remains above 150 x 10⁹/L). Platelet counts generally begin to fall 5-10 days after the initiation of heparin therapy. Prompt recognition of HIT is important so that heparin can be discontinued and the risk of venous and arterial thrombosis minimized. To detect HIT, platelet counts should be measured in all patients treated with UFH at baseline, 24 hours after the initiation of therapy, and at least every other day thereafter until day 14 or until UFH is discontinued (whichever is first)</p>		
Reference	Cruickshank MK, Levine MN, Hirsh J et al. A standard heparin nomogram for the management of heparin therapy. Arch Intern Med. 1991 Feb;151(2):333-7		
Reference	Raschke RA, Reilly BM, Guidry JR et al. The weight-based heparin dosing nomogram compared with 'standard care' nomogram. Ann Intern Med. 1993 Nov 1;119(9):874-81		
Reference	Gunnarsson PD, Sawyer WT, Montague D et al. Appropriate use of heparin: Empiric vs. nomogram-based dosing. Arch Intern Med. 1995 Mar 13;155(5):526-32		
Reference	Hirsch J, Bauer KA, Donati MB, Gould M, Samama MM, Weitz JI. Parenteral Anticoagulants: The Eighth ACCP Conference on antithrombotic and thrombolytic therapy. Chest 2008; 133:141S-198S		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	<p>Patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol.</p> <p>Numerator Inclusions</p> <ul style="list-style-type: none">• Not Applicable <p>Numerator Exclusion</p> <ul style="list-style-type: none">• None		
Numerator Derived Data Elements and Associated	<p>DerivedData: Monitoring Documentation</p> <ul style="list-style-type: none">• DataElement: Procedure Ordered<ul style="list-style-type: none">– ValueSet: Joint Commission Following Clinical Pathway Protocol Value Set• DataElement: Medication Administered		



Atomic Level Data Elements	<ul style="list-style-type: none"> – ValueSet: Joint Commission Unfractionated Heparin Medication Value Set • DataElement: Medication Indication <ul style="list-style-type: none"> – ValueSet: Joint Commission Treatment Adjusted by Protocol Value Set • DataElement: Result Type <ul style="list-style-type: none"> – ValueSet: Joint Commission Platelet Count Laboratory Test Result Value Set
Denominator Statement	<p>Patients with confirmed VTE receiving IV UFH therapy</p> <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay >120 Days) • Patients with Comfort Measures Only • Patients enrolled in Clinical Trial • Patients without UFH Therapy Administration • Patients without VTE confirmed by diagnostic testing
Denominator Derived Data Elements	<p>DerivedData: <u>Any Diagnosis of VTE Confirmed</u></p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Age < 18</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: <u>Length of Stay >120 Days</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: <u>Clinical Trial</u></p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Comfort Measures Only</u></p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>UFH Therapy Administration</u></p> <ul style="list-style-type: none"> • DataElement: Medications Administered <ul style="list-style-type: none"> – ValueSet: Joint Commission Unfractionated Heparin Medication Value Set <p>DerivedData: <u>VTE Diagnostic Test</u></p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Diagnostic Test Value Set
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	<p>DerivedData: <u>Inpatient Discharges</u></p> <ul style="list-style-type: none"> • DataElement: Patient Class • ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN ‘Y’ ELSE ‘N’ */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN ‘Y’ ELSE ‘N’

Denominator

Denominator Inclusion

/* Patients with confirmed VTE receiving IV UFH therapy



*/**IF “[Any Diagnosis of VTE Confirmed](#)” */*

IF (Problem code CONTAINS ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

(Diagnoses CONTAINS (ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

AND

*/**IF “[UFH Therapy Administration](#) “ */*

If NOT (Discharge Medication CONTAINS ValueSet ([Joint Commission Unfractionated Heparin Medication Value Set](#)))

THEN ‘Y’ ELSE ‘N’

Denominator Exclusions

*/***

- *Patients with (Age <18)*
- *Patients with (Length of Stay >120 Days)*
- *Patients with Comfort Measures Only*
- *Patients enrolled in Clinical Trial*
- *Patients without UFH Therapy Administration*
- *Patients without VTE confirmed by diagnostic testing*

*/**IF “Age < 18” OR “Length of Stay >120 Days” OR “Comfort Measures Only” OR “Clinical Trial” OR “UFH Therapy Administration “ OR “VTE Diagnostic Test “ THEN ‘Y’ ELSE ‘N’ */*

*/** IF “[Age < 18](#)”*/*

IF ((Admit Date/Time - Birthdate) <18 years) OR

*/** IF “[Length of Stay >120 Days](#)”*/*

((Discharge Date/Time - Admit Date/Time) >120 days) OR

*/** IF “[Comfort Measures Only](#) “*/*

ProcedurePerformed CONTAINS ValueSet ([Joint Commission Palliative Care Measures Only – Procedure Value Set](#)) OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

*/** IF “[Clinical Trial](#)” */*

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

*/**IF NOT “[UFH Therapy Administration](#) “ */*

If NOT (Discharge Medication CONTAINS ValueSet ([Joint Commission Unfractionated Heparin Medication Value Set](#)))

OR

*/** IF NOT “[VTE Diagnostic Test](#)” */*

IF ProcedurePerformed CONTAINS ValueSet ([Joint Commission VTE Diagnostic Test Value Set](#)) THEN ‘Y’ ELSE ‘N’

Numerator

*/** Patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol.*

**/*

*/**IF “[Monitoring Documentation](#) ”*/*

If Medications Administered CONTAINS ValueSet (IV UFH Therapy) AND Medication Indication (CONTAINS ValueSet ([Joint Commission Treatment Adjusted by Protocol Value Set](#)) AND



(Result Type CONTAINS ValueSet ([Joint Commission Platelet Count Laboratory Test Result Value Set](#)) AND Result Date/Time < Medication Administration Date/Time) AND

(Result Type CONTAINS ValueSet ([Joint Commission Platelet Count Laboratory Test Result Value Set](#)) AND Result Date/Time >= Medication Administration Date/Time + 1day) AND

(Procedure Ordered CONTAINS ValueSet ([Joint Commission Following Clinical Pathway Protocol Value Set](#)) AND Result Type CONTAINS ValueSet([Joint Commission Platelet Count Laboratory Test Result Value Set](#)) AND Result Date/Time >= Medication Administration Date/Time + 3days)

THEN 'Y' ELSE 'N' THEN 'Y' ELSE 'N'

RELEASED FOR IMPLEMENTATION



2.1.13 VENOUS THROMBOEMBOLISM VTE-5 MEASURE DESCRIPTION

Table 2-13 Venous Thromboembolism VTE-5 Measure Description

EMeasure Name	Venous Thromboembolism Discharge Instr	EMeasure Id	1.3.6.1.4.1.33895.1.2.15975.1.VTE-5
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.15975.1.1.1 Venous Thromboembolism (VTE)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health or home hospice on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>In the hospital, effective patient and family education is emerging as an important issue of healthcare in spite of inconsistent results related to patient outcomes. However, there is evidence that clear and understandable instructions given when the patients are ready to learn, can increase their satisfaction. Due to decreased length of stay, patients are discharged sooner with more complex medical conditions and need to be knowledgeable about their treatment and healthcare needs.</p> <p>Anticoagulation therapy poses risks to patients and often leads to adverse drug events due to complex dosing, requisite follow-up monitoring and inconsistent patient compliance. The use of standardized practices for anticoagulation therapy that includes patient/caregiver involvement may reduce the risk of adverse drug events. The 2009 National Patient Safety Goal 3E, Implementation Expectation (M) C.10 states that the organization provides education regarding anticoagulation therapy to patients/family that includes the importance of follow-up monitoring, compliance issues, dietary restrictions and potential for adverse drug reactions and interactions</p>		
Reference	Ansell J, Hirsch J, Hylek E, Jacobson A, Crowther M, Palareti G. Pharmacology and management of the vitamin K antagonists: The Eighth ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. 2008 133:160S-198S		
Reference	Leino-Kilpi H, Johansson K, Heikkinen K et al. Patient education and health-related quality of life: surgical hospital patients as a case in point. J Nurs Care Qual. 2005 Oct-Dec;20(4):307-16; quiz 317-8		
Reference	Oermann MH, Masserang M, Makey M et al. Clinic visit and waiting: patient education and satisfaction. Medsurg Nursing. 2002 Oct;11(5):247-50		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	<p>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:</p> <ol style="list-style-type: none">1. compliance issues2. dietary advice3. follow-up monitoring4. potential for adverse drug reactions and interactions <p>Numerator Inclusions</p> <ul style="list-style-type: none">• Not Applicable <p>Numerator Exclusion</p> <ul style="list-style-type: none">• None		
Numerator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: <u>Discharge Instructions Address Compliance Issues</u></p> <ul style="list-style-type: none">• DataElement: Discharge Instructions<ul style="list-style-type: none">– ValueSet: Joint Commission Discharge Instructions Address Compliance Issues– ValueSet: Joint Commission Providing Material <p>DerivedData: <u>Discharge Instructions Address Dietary Advice</u></p> <ul style="list-style-type: none">• DataElement: Discharge Instructions<ul style="list-style-type: none">– ValueSet: Joint Commission Discharge Instructions Address Dietary Advice– ValueSet: Joint Commission Providing Material		



	<p>DerivedData: Discharge Instructions Address Follow-up Monitoring</p> <ul style="list-style-type: none"> • DataElement: Discharge Instructions <ul style="list-style-type: none"> – ValueSet: Joint Commission Discharge Instructions Address Follow-up Monitoring – ValueSet: Joint Commission Providing Material <p>DerivedData: Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions</p> <ul style="list-style-type: none"> • DataElement: Discharge Instructions <ul style="list-style-type: none"> – ValueSet: Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions – ValueSet: Joint Commission Providing Material
Denominator Statement	<p>Patients with confirmed VTE discharged on warfarin therapy Patients with confirmed VTE who received warfarin</p> <ul style="list-style-type: none"> • Denominator Inclusions Discharges with a Principal Diagnosis Code or Other Diagnosis Code for VTE as defined by Value set for "Joint Commission VTE Confirmed" • Discharged to home • Discharged to home with home health • Discharged to home hospice <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay >120 Days) • Patients enrolled in Clinical Trial • Patients without Warfarin Prescribed at Discharge • Patients without VTE confirmed by diagnostic testing
Denominator Derived Data Elements	<p>DerivedData: Any Diagnosis of VTE Confirmed</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: Diagnosis Priority • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Age < 18</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: Length of Stay >120 Days</p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: Clinical Trial</p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: Discharge to Home or Homehealth or hospice</p> <ul style="list-style-type: none"> • DataElement: Discharge Disposition <ul style="list-style-type: none"> – ValueSet: Joint Commission Discharge Disposition - discharged to home, home health or home hospice Value Set <p>DerivedData: VTE Diagnostic Test</p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Diagnostic Test Value Set <p>DerivedData: Warfarin Prescribed at Discharge</p> <ul style="list-style-type: none"> • DataElement: Discharge medication ordered <ul style="list-style-type: none"> – ValueSet: Joint Commission Warfarin Medication Value Set
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> • DataElement: Patient Class • ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator



Denominator Inclusion

*/***** Patients with confirmed VTE who received warfarin*

- *Denominator Inclusions Discharges with a Principal Diagnosis Code or Other Diagnosis Code for VTE as defined by Value set for “Joint Commission VTE Confirmed”*
- *Discharged to home*
- *Discharged to home with home health*
- *Discharged to home hospice*

*/**IF “[Any Diagnosis of VTE Confirmed](#)” */*

IF (Problem code CONTAINS ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

(Diagnoses CONTAINS (ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

AND

*/** IF “[Warfarin Administration](#)” */*

If Medications Administered (CONTAINS ValueSet [Joint Commission Warfarin Medication Value Set](#))

AND

/ [Discharge to Home or Homehealth or hospice](#) */*

If DischargeDisposition CONTAINS ValueSet ([Joint Commission Discharge Disposition - discharge to home care or self care Value Set](#))

THEN ‘Y’ ELSE ‘N’

Denominator Exclusions

- Patients with (Age <18)
- Patients with (Length of Stay >120 Days)
- Patients enrolled in Clinical Trial
- Patients without Warfarin Prescribed at Discharge
- Patients without VTE confirmed by diagnostic testing

*/**IF “Age < 18” OR “Length of Stay >120 Days” OR “Clinical Trial” OR “Warfarin Prescribed at Discharge “ OR “VTE Diagnostic Test “ THEN ‘Y’ ELSE ‘N’ */*

*/** IF “[Age < 18](#)” */*

IF ((Admit Date/Time - Birthdate) < 18 years) OR

*/** IF [Length of Stay >120 Days](#) */*

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

*/** IF “[Clinical Trial](#)” */*

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

*/** IF NOT “[Warfarin Prescribed at Discharge](#)” */*

IF NOT (Discharge Medication (Coded Product Name) CONTAINS ValueSet ([Joint Commission Warfarin Medication Value Set](#))

OR

*/** IF NOT ([VTE Diagnostic Test](#)) */*

IF ProcedurePerformed CONTAINS ValueSet ([Joint Commission VTE Diagnostic Test Value Set](#))

THEN ‘Y’ ELSE ‘N’

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:*

1. *compliance issues*
2. *dietary advice*
3. *follow-up monitoring*
4. *potential for adverse drug reactions and interactions.*

*/

/**IF “Discharge Instructions Address Compliance Issues “) AND “Discharge Instructions Address Dietary Advice” AND “Discharge Instructions Address Follow-up Monitoring “ AND “Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions“ THEN ‘Y’ ELSE ‘N’**/

/**IF “Discharge Instructions Address Compliance Issues “**/

IF DischargeInstructions CONTAINS ValueSet ([Joint Commission Discharge Instructions Address Compliance Issues](#)) AND

/* IF [Discharge Instructions Address Dietary Advice](#) */

DischargeInstructions CONTAINS ValueSet ([Joint Commission Discharge Instructions Address Dietary Advice](#)) AND ProcedurePerformed CONTAINS (ValueSet([Joint Commission Providing Material](#))) AND

/**IF [Discharge Instructions Address Follow-up Monitoring](#) */*

DischargeInstructions CONTAINS ValueSet ([Joint Commission Discharge Instructions Address Follow-up Monitoring](#)) AND

/**IF [Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions](#) */*

IF DischargeInstructions CONTAINS ValueSet ([Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions](#)) AND ProcedurePerformed CONTAINS (ValueSet([Joint Commission Providing Material](#))) AND

ProcedurePerformed CONTAINS (ValueSet([Joint Commission Providing Material](#)))

THEN ‘Y’ ELSE ‘N’



2.1.14 VENOUS THROMBOEMBOLISM VTE-6 MEASURE DESCRIPTION

Table 2-14 Venous Thromboembolism VTE-6 Measure Description

EMeasure Name	Incidence of Potentially-Preventable Venous Thromboembolism	EMeasure Id	1.3.6.1.4.1.33895.1.2.15976.1.1 VTE-6
Version number	1	Set Id	1.3.6.1.4.1.33895.1.2.15976.1.1.1 Venous Thromboembolism (VTE)
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	Joint Commission		
Verified by	Joint Commission		
Verified by	National Quality Forum		
Description	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>The concept of “failure to prevent” has generated interest in national health policy organizations to identify evidence-based practice that will improve patient safety in the hospital setting. In spite of formal guidelines, pulmonary embolism is the most common preventable cause of death among hospitalized patients, causing or contributing to 5% to 10% of all in-hospital deaths. A study at a large teaching hospital found that potentially preventable cases of VTE represented two-thirds of all VTE cases where prophylaxis was indicated, with 47.7% due to failure to give any prophylaxis, 22.7% because of inadequate duration or 20% due to incorrect type of prophylaxis. Almost one-half of all VTEs occurring in the community are related to recent hospitalization, either for major surgery or for acute medical illness.</p> <p>Gillies and colleagues identified three groups of surgical patients less likely to receive prophylaxis: moderate-risk patients, emergency admission and conservatively treated patients. Failure to prevent VTE can result in delayed hospital discharge or readmission, increased risk for long-term morbidity from post-thrombotic syndrome, and recurrent thrombosis in the future</p>		
Reference	Geerts WH, Bergqvist D, Pineo GF, Heit JA, Samama CM, Lassen MR, Colwell CW. Prevention of venous thromboembolism. The Eighth ACCP Conference on antithrombotic and thrombolytic therapy. Chest 2008; 133:381S-453S		
Reference	Baglin TP, White K, Charles A. Fatal pulmonary embolism in hospitalized medical patients. J Clin Pathol. 1997 Jul;50(7):609-10		
Reference	Arnold DM, Kahn SR, Shrier I. Missed opportunities for prevention of venous thromboembolism: an evaluation of the use of thromboprophylaxis guidelines. Chest. 2001 Dec;120(6):1964-71		
Reference	Heit JA, O’Fallon WM, Petterson TM et al. Relative impact of risk factors for deep vein thrombosis and pulmonary embolism: a population-based study. Arch Intern Med. 2002 Jun 10;162(11):1245-8		
Reference	Gillies TE, Ruckley CV, Nixon SJ. Still missing the boat with fatal pulmonary embolism. Br J Surg. 1996 Oct;83(10):1394-5		
Risk Adjusted	No		
Sampling	Yes, for additional information see the Population and Sampling Specifications section		
Numerator Statement	[All patients in the denominator] (Patients) who received no VTE prophylaxis prior to the VTE diagnostic test order date Numerator Inclusions • Not Applicable Numerator Exclusion • None		



Numerator Derived Data Elements and Associated Atomic Level Data Elements	<p>DerivedData: <u>VTE Prophylaxis Status</u></p> <ul style="list-style-type: none"> • DataElement: Admit Date/Time • DerivedData: <u>VTE Diagnostic Test Order Date</u> <ul style="list-style-type: none"> – DataElement: Procedure Ordered <ul style="list-style-type: none"> ▪ Value Set: Joint Commission VTE Diagnostic Test Value Set – DataElement: Procedure Date • DerivedData: <u>VTE Prophylaxis Date/Time</u> <ul style="list-style-type: none"> – DataElement: Medication Administered date/time – DerivedData: <u>VTE Prophylaxis</u> <ul style="list-style-type: none"> ▪ DataElementMedications Administered <ul style="list-style-type: none"> • ValueSet: <u>Joint Commission VTE Prophylaxis Medications Value Set</u> ▪ DataElement: Procedure Performed <ul style="list-style-type: none"> • ValueSet: <u>Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set</u>
Denominator Statement	<p>Patients who developed confirmed VTE during hospitalization</p> <p>Denominator Exclusions</p> <ul style="list-style-type: none"> • Patients with (Age < 18) • Patients with (Length of Stay >120 Days) • Patients enrolled in Clinical Trial • Patients with Comfort Measures Only documented • Denominator Inclusions Discharges with a Principal Diagnosis Code or Other Diagnosis Code for VTE as defined by Value set for “Joint Commission VTE” • Patients with VTE Present on Arrival • Patients with reasons for not administering mechanical and pharmacologic prophylaxis • Patients without VTE confirmed by diagnostic testing
Denominator Derived Data Elements	<p>DerivedData: <u>Any Diagnosis of VTE Confirmed</u></p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Age < 18</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Birthdate <p>DerivedData: <u>Length of Stay >120 Days</u></p> <ul style="list-style-type: none"> • DataElement: Admission Date/Time • DataElement: Discharge Date/Time <p>DerivedData: <u>Clinical Trial</u></p> <ul style="list-style-type: none"> • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: Diagnoses <ul style="list-style-type: none"> – ValueSet: Joint Commission Clinical Trial • DataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Comfort Measures Only</u></p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Procedure Value Set • DataElement: Problem Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Diagnosis Code <ul style="list-style-type: none"> – ValueSet: Joint Commission Palliative Care Measures Only – Findings Value Set • DataElement: Problem Status <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>VTE Diagnostic Test</u></p> <ul style="list-style-type: none"> • DataElement: Procedure Performed <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Diagnostic Test Value Set <p>DerivedData: <u>VTE Present on Arrival</u></p> <ul style="list-style-type: none"> • DataElement: Arrival Date/Time • DataElement: Problem code <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed Value Set – <u>ValueSet: Joint Commission VTE Suspected Value Set</u> • DataElement: Problem Date/Time • DataElement: Discharge Diagnosis <ul style="list-style-type: none"> – ValueSet: Joint Commission VTE Confirmed Value Set – <u>ValueSet: Joint Commission VTE Suspected Value Set</u> • DataElement: Diagnosis Date/TimeDataElement: ProblemStatus <ul style="list-style-type: none"> – ValueSet: Joint Commission Problem Status Active <p>DerivedData: <u>Warfarin Prescribed at Discharge</u></p>



	<ul style="list-style-type: none">• DataElement: Discharge medication ordered<ul style="list-style-type: none">– ValueSet: Joint Commission Warfarin Medication Value Set DerivedData: Reasons for not administering mechanical and pharmacologic prophylaxis <ul style="list-style-type: none">• DataElement: Problem code<ul style="list-style-type: none">– ValueSet: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic– ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical• DataElement: Diagnoses<ul style="list-style-type: none">– ValueSet: Joint Commission Reason for no VTE Prophylaxis - Pharmacologic– ValueSet: Joint Commission Reason for no VTE Prophylaxis – Mechanical• DerivedData: Procedure Declined (VTE Prophylaxis -Mechanical Intervention Procedure Declined)<ul style="list-style-type: none">– DataElement: Procedure Performed– ValueSet: Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set– DataElement: Tense<ul style="list-style-type: none">▪ ValueSet: Joint Commission Tense ActMood Intent– DataElement: Reason<ul style="list-style-type: none">▪ ValueSet: Joint Commission Medical Reason▪ ValueSet: Joint Commission Patient Reason• DerivedData: Medication Declined<ul style="list-style-type: none">– DataElement: Medication Administered– ValueSet: Joint Commission VTE Prophylaxis Medications Value Set– DataElement: Tense<ul style="list-style-type: none">▪ ValueSet: Joint Commission Tense ActMood Intent– DataElement: Reason<ul style="list-style-type: none">▪ ValueSet: Joint Commission Medical Reason▪ ValueSet: Joint Commission Patient Reason
Population	Patients admitted to and discharged from the hospital for inpatient acute care
Population Derived Data Element	DerivedData: Inpatient Discharges <ul style="list-style-type: none">• DataElement: Patient Class• ValueSet: Joint Commission Inpatient Encounter Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter THEN 'Y' ELSE 'N' */

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) THEN 'Y' ELSE 'N'

Denominator

Denominator Inclusion

/**Patients with confirmed VTE who received warfarin

- Denominator Inclusions Discharges with Other Diagnosis Code for VTE as defined by Value set for "Joint Commission VTE Confirmed" **/

/**IF "[Any Diagnosis of VTE Confirmed](#)" */

IF (Problem code CONTAINS ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

(Diagnoses CONTAINS (ValueSet ([Joint Commission VTE Confirmed](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

AND

/** IF "[Warfarin Administration](#)" */

If Medications Administered (CONTAINS ValueSet [Joint Commission Warfarin Medication Value Set](#)) THEN 'Y' else 'N'

Denominator Exclusions

/**

- Patients with (Age < 18)
- Patients with (Length of Stay >120 Days)
- Patients enrolled in Clinical Trial
- Patients with Comfort Measures Only documented
- Patients with VTE Present on Arrival
- Patients with reasons for not administering mechanical and pharmacologic prophylaxis



- Patients without VTE confirmed by diagnostic testing **/

/**IF "Age < 18" OR "Length of Stay >120 Days" OR "Comfort Measures Only" OR "Clinical Trial" OR "VTE Present on Arrival " OR "Reasons for not administering mechanical and pharmacologic prophylaxis" OR NOT "VTE confirmed by diagnostic testing " THEN 'Y' ELSE 'N' */

/** IF "[Age < 18](#)" */

IF ((Admit Date/Time - Birthdate) < 18 years) OR

/** IF "[Length of Stay >120 Days](#)" */

((Discharge Date/Time - Admit Date/Time) > 120 days) OR

/** IF "[Comfort Measures Only](#)" */

ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only – Procedure Value Set) OR (Problem Code CONTAINS ([Joint Commission Palliative Care Measures Only – Findings Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/** IF "[Clinical Trial](#)" */

(Problem code CONTAINS ValueSet ([Joint Commission Clinical Trial](#)) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

OR

(Diagnoses CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

/**IF "[VTE Present on Arrival](#)" */

(

(IF Problem code CONTAINS (ValueSet (Joint Commission VTE Confirmed) OR ValueSet ([Joint Commission VTE Suspected](#))) AND (Problem Date/Time <= Arrival Date/Time) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#))) OR

(IF Diagnoses CONTAINS (ValueSet (Joint Commission VTE Confirmed) OR ValueSet ([Joint Commission VTE Suspected](#))) AND (Diagnosis Date/Time <= Arrival Date/Time) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)))

)

OR

/** [Reasons for not administering mechanical and pharmacologic prophylaxis](#) */

IF

/*Problem*/

/*Pharmacological*/

(

((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic)

OR (

/* [VTE Prophylaxis Medication Declined](#)*/

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet ([Joint Commission Tense ActMood Intent](#)) AND negation IND = 'True' AND Reason (Contains (ValueSet ([Joint Commission Patient Reason](#)) OR ValueSet ([Joint Commission Medical Reason](#))))

)

)

AND



```

/*Mechanical*/

((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis –
Mechanical))

OR (

/* VTE Prophylaxis -Mechanical Intervention Procedure Declined*/

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of
Mechanical Device)

AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND
='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet
(NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of
Mechanical Device ) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent)
AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient
Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

)

)

)

OR

/*Diagnoses*/

/*Pharmacological*/

(

((Diagnoses CONTAINS (ValueSet (Joint Commission Reason for no VTE Prophylaxis -
Pharmacologic ))

OR (

/* VTE Prophylaxis Medication Declined*/

(Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications)
AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND
='True' AND Reason (Contains (ValueSet (Joint Commission Patient Reason) OR ValueSet (Joint
Commission Medical Reason)) )

)

)

AND

/*Mechanical*/

((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical))

OR (

/* VTE Prophylaxis -Mechanical Intervention Procedure Declined*/

(Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of
Mechanical Device)

AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND
='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet
(NEED Joint Commission Medical Reason)))

OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of
Mechanical Device) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent)
AND negation IND ='True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient
Reason) OR ValueSet (NEED Joint Commission Medical Reason))))

)

)

```



)

)

OR

*/** IF NOT ([VTE Diagnostic Test](#)) */*

IF NOT (ProcedurePerformed CONTAINS ValueSet ([Joint Commission VTE Diagnostic Test Value Set](#)))

THEN 'Y' ELSE 'N'

Numerator

/ Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date */*

*/**IF [VTE Prophylaxis Status](#) THEN 'Y' ELSE 'N'*/*

IF (VTE Prophylaxis Date/Time > Arrival Date/Time) AND (VTE Prophylaxis Date/Time < = (VTE Diagnostic Test Order Date – 1day))

THEN 'Y' ELSE 'N'



2.1.15 EMERGENCY DEPARTMENT ED-1 MEASURE DESCRIPTION

Table 2-15 Emergency Department ED-1 Measure Description

EMeasure Name	Median Time from ED Arrival to ED Departure for Admitted ED Patients	EMeasure Id	2.16.840.1.113883.3.249.11.14.2 ED-1
Version number	1	Set Id	2.16.840.1.113883.3.249.11.14.1 Emergency Department
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	CMS		
Verified by	CMS		
Verified by	National Quality Forum		
Description	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department		
Measure scoring	Continuous Variable: Time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department		
Measure type	Process		
Rationale	<p>Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. According to a 2002 national U.S. survey, more than 90 percent of large hospitals report EDs operating "at" or "over" capacity. Approximately one third of hospitals in the U.S. report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40 percent of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised</p>		
Reference	Diercks DB, et al. Prolonged emergency department stays of non-ST-segment-elevation myocardial infarction patients are associated with worse adherence to the American College of Cardiology/American Heart Association guidelines for management and increased adverse events. Ann Emerg Med.2007;50:489-96		
Reference	Derlet RW, Richards JR. Emergency department overcrowding in Florida, New York, and Texas. South Med J. 2002;95:846-9		
Reference	Derlet RW, Richards JR. Overcrowding in the nation's emergency departments: complex causes and disturbing effects. Ann Emerg Med. 2000;35:63-8		
Reference	Fatovich DM, Hirsch RL. Entry overload, emergency department overcrowding, and ambulance bypass. Emerg Med J. 2003;20:406-9		
Reference	Hwang U, Richardson LD, Sonuyi TO, Morrison RS. The effect of emergency department crowding on the management of pain in older adults with hip fracture. J Am Geriatr Soc. 2006;54:270-5		
Reference	Institute of Medicine of the National Academies. Future of emergency care: Hospital-based emergency care at the breaking point. The National Academies Press 2006		
Reference	Kyriacou DN, Ricketts V, Dyne PL, McCollough MD, Talan DA. A 5-year time study analysis of emergency department patient care efficiency. Ann Emerg Med. 1999;34:326-35		
Reference	Pines JM, et al. ED crowding is associated with variable perceptions of care compromise. Acad Emerg Med. 2007;14:1176-81		
Reference	Pines JM, et al. Emergency department crowding is associated with poor care for patients with severe pain. Ann Emerg Med. 2008;51:6-7		
Reference	Schull MJ, et al. Emergency department crowding and thrombolysis delays in acute myocardial infarction. Ann Emerg Med. 2004;44:577-85		
Reference	Siegel B, et al. Enhancing work flow to reduce crowding. Jt Comm J Qual Patient Saf. 2007;33(11 Suppl):57-67		



Reference	Trzeciak S, Rivers EP. Emergency department overcrowding in the United States: an emerging threat to patient safety and public health. Emerg Med J. 2003;20:402-5
Reference	Wilper AP, Woolhandler S, Lasser KE, McCormick D, Cutrona SL, Bor DH, Himmelstein DU. Waits to see an emergency department physician: U.S. trends and predictors, 1997-2004. Health Aff (Millwood). 2008;27:w84-95
Risk Adjusted	No
Sampling	Yes, for additional information see the Population and Sampling Specifications section
Numerator Statement	NA
Numerator Derived Data Elements and Associated Atomic Level Data Elements	NA
Additional Data Elements that Shall be Sent	<p>DerivedData: Observation Services</p> <ul style="list-style-type: none"> DataElement: Facility Location <ul style="list-style-type: none"> ValueSet: Joint Commission In Facility Location - Observation Services Value Set <p>DerivedData: ED Departure Date/Time</p> <ul style="list-style-type: none"> DataElement: In Facility Duration <p>DataElement: Arrival Date/Time</p> <p>DerivedData: ED Arrival to ED Departure</p> <ul style="list-style-type: none"> DataElement: Arrival Date/Time DerivedData: ED Departure Date/Time <ul style="list-style-type: none"> DataElement: Discharge Date/Time <p>DerivedData: Principal Diagnosis of Psychiatric/Mental Health Patients</p> <ul style="list-style-type: none"> DataElement: Diagnoses <ul style="list-style-type: none"> ValueSet: Joint Commission Mental Disorders Value Set DataElement: Diagnosis Priority DataElement: ProblemStatus <ul style="list-style-type: none"> ValueSet: Joint Commission Problem Status Active
Denominator Statement	NA
Denominator Derived Data Element	NA
Population	Any ED Patient from the facility's emergency department admitted as an inpatient
Population Derived Data Elements	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> DataElement: Patient Class ValueSet: Joint Commission Inpatient Encounter Value Set <p>DerivedData: ED Patient</p> <ul style="list-style-type: none"> DataElement: Patient Class <ul style="list-style-type: none"> ValueSet: Joint Commission Emergency Department Patient Class Value Set HL7 V3.0 ValueSet: Joint Commission Emergency Department Patient Class Value Set HL7 2.5 DataElement: Admission Source <ul style="list-style-type: none"> ValueSet: Joint Commission Emergency Department Treatment Admission Source Value Set

NOTE: the following describes the eMeasure logic.

Population

/** IF Patient Class of Inpatient Encounter and ED Patient THEN 'Y' ELSE 'N' */

/* Inpatient Discharges*/

IF PatientClass contains ValueSet ([Joint Commission Inpatient Encounter Value Set](#)) AND

/* ED Patient*/

Admission Source CONTAINS ValueSet ([Joint Commission Emergency Department Treatment Admission Source Value Set](#)) OR Patient Class CONTAINS ValueSet ([Joint Commission Emergency Department Patient Class Value Set HL7 V2.5](#)) OR ValueSet ([Joint Commission Emergency Department Patient Class Value Set HL7 V3.0](#)) THEN 'Y' ELSE 'N'



Measurement:

/* Median [ED Arrival to ED Departure](#) Aggregated by [Observation Services](#), [Principal Diagnosis of Psychiatric/Mental Health Patients](#), [Non-Observation/Mental Disorder Patients](#) */

Median ([ED Arrival to ED Departure](#))

IF In Facility Location CONTAINS ValueSet ([Joint Commission Emergency Department Treatment Locations Value Set](#)) THEN (In Facility Discharge Date/Time – Arrival Date/Time) ELSE NULL

AGGREGATE BY

/* Observation Services */

IF Facility Location CONTAINS ValueSet (Joint Commission Observation Service) THEN 'Y' else 'N'

AGGREGATE BY

/* [Principal Diagnosis of Psychiatric/Mental Health Patients](#) */

IF (Diagnoses CONTAINS ValueSet ([Joint Commission Mental Disorders Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

THEN 'Y' ELSE 'N'

AGGREGATE BY

/*[Non-Observation/Mental Disorder Patients](#) */

IF NOT (Diagnoses CONTAINS ValueSet ([Joint Commission Mental Disorders Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1)) AND NOT (Facility Location CONTAINS ValueSet (Joint Commission Observation Service))

THEN 'Y' ELSE 'N'



2.1.16 EMERGENCY DEPARTMENT ED-2 MEASURE DESCRIPTION

Table 2-16 Emergency Department ED-2 Measure Description

EMeasure Name	Admit Decision Time to ED Departure Time for Admitted ED Patients	EMeasure Id	2.16.840.1.113883.3.249.11.14.3 ED-2
Version number	1	Set Id	2.16.840.1.113883.3.249.11.14.1 Emergency Department
Available Date	No information	Effective Date Range	October 1, 2009 to March 31, 2010
Author	CMS		
Verified by	CMS		
Verified by	National Quality Forum		
Description	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status		
Measure scoring	Continuous Variable Statement: Time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.		
Measure type	Process		
Rationale	<p>Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. According to a 2002 national U.S. survey, more than 90 percent of large hospitals report EDs operating "at" or "over" capacity. Approximately one third of hospitals in the U.S. report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40 percent of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised</p>		
Reference	Diercks DB, et al. Prolonged emergency department stays of non-ST-segment-elevation myocardial infarction patients are associated with worse adherence to the American College of Cardiology/American Heart Association guidelines for management and increased adverse events. <i>Ann Emerg Med.</i> 2007;50:489-96		
Reference	Derlet RW, Richards JR. Emergency department overcrowding in Florida, New York, and Texas. <i>South Med J.</i> 2002;95:846-9		
Reference	Derlet RW, Richards JR. Overcrowding in the nation's emergency departments: complex causes and disturbing effects. <i>Ann Emerg Med.</i> 2000;35:63-8		
Reference	Fatovich DM, Hirsch RL. Entry overload, emergency department overcrowding, and ambulance bypass. <i>Emerg Med J.</i> 2003;20:406-9		
Reference	Hwang U, Richardson LD, Sonuyi TO, Morrison RS. The effect of emergency department crowding on the management of pain in older adults with hip fracture. <i>J Am Geriatr Soc.</i> 2006;54:270-5		
Reference	Institute of Medicine of the National Academies. Future of emergency care: Hospital-based emergency care at the breaking point. The National Academies Press 2006		
Reference	Kyriacou DN, Ricketts V, Dyne PL, McCollough MD, Talan DA. A 5-year time study analysis of emergency department patient care efficiency. <i>Ann Emerg Med.</i> 1999;34:326-35		
Reference	Pines JM, et al. ED crowding is associated with variable perceptions of care compromise. <i>Acad Emerg Med.</i> 2007;14:1176-81		
Reference	Pines JM, et al. Emergency department crowding is associated with poor care for patients with severe pain. <i>Ann Emerg Med.</i> 2008;51:6-7		
Reference	Schull MJ, et al. Emergency department crowding and thrombolysis delays in acute myocardial infarction. <i>Ann Emerg Med.</i> 2004;44:577-85		
Reference	Siegel B, et al. Enhancing work flow to reduce crowding. <i>Jt Comm J Qual Patient Saf.</i> 2007;33(11 Suppl):57-67		



Reference	Trzeciak S, Rivers EP. Emergency department overcrowding in the United States: an emerging threat to patient safety and public health. Emerg Med J. 2003;20:402-5
Reference	Wilper AP, Woolhandler S, Lasser KE, McCormick D, Cutrona SL, Bor DH, Himmelstein DU. Waits to see an emergency department physician: U.S. trends and predictors, 1997-2004. Health Aff (Millwood). 2008;27:w84-95
Risk Adjusted	No
Sampling	Yes, for additional information see the Population and Sampling Specifications section
Numerator Statement	NA
Numerator Derived Data Elements and Associated Atomic Level Data Elements	
Additional Data Elements that Shall be Sent	<p>DerivedData: Admit Decision Time to ED Departure Time DataElement: Order to Admit Date/Time (Decision to Admit) DerivedData: Observation Services</p> <ul style="list-style-type: none"> DataElement: Facility Location <ul style="list-style-type: none"> ValueSet: Joint Commission In Facility Location - Observation Services Value Set <p>DerivedData: ED Departure Date/Time</p> <ul style="list-style-type: none"> DataElement: In Facility Duration <p>DataElement: Arrival Date/Time DerivedData: ED Arrival to ED Departure</p> <ul style="list-style-type: none"> DataElement: Arrival Date/Time DerivedData: ED Departure Date/Time <ul style="list-style-type: none"> DataElement: Discharge Date/Time <p>DerivedData: Principal Diagnosis of Psychiatric/Mental Health Patients</p> <ul style="list-style-type: none"> DataElement: Diagnoses <ul style="list-style-type: none"> ValueSet: Joint Commission Mental Disorders Value Set DataElement: Diagnosis Priority DataElement: ProblemStatus <ul style="list-style-type: none"> ValueSet: Joint Commission Problem Status Active
Denominator Statement	NA
Denominator Derived Data Element	NA
Population	Any ED Patient from the facility's emergency department admitted as an inpatient
Population Derived Data Elements	<p>DerivedData: Inpatient Discharges</p> <ul style="list-style-type: none"> DataElement: Patient Class ValueSet: Joint Commission Inpatient Encounter Value Set <p>DerivedData: ED Patient</p> <ul style="list-style-type: none"> DataElement: Patient Class <ul style="list-style-type: none"> ValueSet: Joint Commission Emergency Department Patient Class Value Set HL7 V3.0 ValueSet: Joint Commission Emergency Department Patient Class Value Set HL7 2.5 DataElement: Admission Source <ul style="list-style-type: none"> ValueSet: Joint Commission Emergency Department Treatment Admission Source Value Set

NOTE: the following describes the eMeasure logic.

Population

```
/** IF Patient Class of Inpatient Encounter and ED Patient THEN 'Y' ELSE 'N' */

/* Inpatient Discharges*/

IF PatientClass contains ValueSet (Joint Commission Inpatient Encounter Value Set) AND

/* ED Patient*/

Admission Source CONTAINS ValueSet (Joint Commission Emergency Department Treatment Admission Source Value Set) OR Patient Class CONTAINS ValueSet (Joint Commission Emergency
```



[Department Patient Class Value Set HL7 V2.5](#)) OR ValueSet ([Joint Commission Emergency Department Patient Class Value Set HL7 V3.0](#)) THEN 'Y' ELSE 'N'

Measurement:

/* Median [Admit Decision Time to ED Departure Time](#) Aggregated by [Observation Services](#), [Principal Diagnosis of Psychiatric/Mental Health Patients](#), [Non-Observation/Mental Disorder Patients](#) */

Median ([Admit Decision Time to ED Departure Time](#))

IF In Facility Location CONTAINS ValueSet (Joint Commission Emergency Department Treatment Locations Value Set) THEN (Order to Admit Date/Time - In Facility Discharge Date/Time) ELSE NULL

AGGREGATE BY

/* Observation Services */

IF Facility Location CONTAINS ValueSet (Joint Commission Observation Service) THEN 'Y' else 'N'

AGGREGATE BY

/* [Principal Diagnosis of Psychiatric/Mental Health Patients](#) */

IF (Diagnoses CONTAINS ValueSet ([Joint Commission Mental Disorders Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1))

THEN 'Y' ELSE 'N'

AGGREGATE BY

/*[Non-Observation/Mental Disorder Patients](#) *

IF NOT (Diagnoses CONTAINS ValueSet ([Joint Commission Mental Disorders Value Set](#))) AND Problem Status CONTAINS ValueSet ([Joint Commission Problem Status Active](#)) AND (Diagnosis Priority EQ (1)) AND NOT (Facility Location CONTAINS ValueSet (Joint Commission Observation Service)) THEN 'Y' ELSE 'N'

2.2 QUALITY MEASURE DATA REQUIREMENTS FOR EMERGENCY DEPARTMENT, VENOUS THROMBOEMBOLISM AND STROKE MEASURE SETS

The following tables provide a summary of the HITEP Data Types and data requirements for the assessment of Emergency Department, Venous Thromboembolism and Stroke Measure Sets as specified in this document.

Table 2-17 Datatypes Used for Implementation of the Stroke Measure Set

HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Condition/diagnosis/Problem:	Diagnosis active	Problem code: 2.2.1.3 Problem List Section 7.04 Problem Code	STK-2 STK-3 STK-6 STK-8 STK-10	Joint Commission Palliative Care Measures Only – Findings Value Set
Condition/diagnosis/Problem:	Diagnosis active	ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	STK-1 STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10	Joint Commission Problem Status Active
Condition/diagnosis/Problem:	Diagnosis active	Problem code: 2.2.1.3 Problem List Section: 7.04 Problem Code	STK-1 STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10	Joint Commission Clinical Trial
Condition/diagnosis/	Diagnosis active	Diagnoses:	STK-1	Joint Commission Clinical



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Problem:		2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10	Trial
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnosis Date/Time: 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time	STK-1	NA
Condition/diagnosis/ Problem:	Diagnosis active	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-1 STK-8 STK-10	Joint Commission Ischemic Stroke Value Set Joint Commission Hemorrhagic Stroke Value Set
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-5	Joint Commission Reason for not Administering Antithrombolytic Therapy – Findings
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness 7.04 Problem Code	STK-1	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis – Mechanical
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code	STK-2	Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge – Finding/Situation
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code	STK-3	Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code	STK-4	Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code	STK-6	Joint Commission Reason for Not Prescribing Statin Medication at Discharge
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-6	Joint Commission Reason for Not Prescribing Statin Medication at Discharge



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Problem Date/Time: 2.2.2.7 Condition 7.01 Problem Date/Time	STK-1	NA
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-1	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis – Mechanical
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-2	Joint Commission Reason For Not Prescribing Antithrombotic Therapy at Discharge – Finding/Situation
Condition/diagnosis/ Problem:	Diagnosis active	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-2, STK-3, STK-4, STK-5, STK-6	Joint Commission Ischemic Stroke
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-3	Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-4	Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation
Condition/diagnosis/ Problem:	Diagnosis active	Problem code: 2.2.1.3 Problem List Section: 7.04 Problem Code	STK-10	Joint Commission Assessed for Rehabilitation Services – Documentation of Findings Value Set
Condition/diagnosis/ Problem:	Diagnosis active, diagnosis past history	Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-10	Joint Commission Assessed for Rehabilitation Services – Documentation of Findings Value Set
Condition/diagnosis/ Problem:	Diagnosis active, diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness, 2.2.1.7 History of Present Illness 7.04 Problem Code	STK-3	Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set
Condition/diagnosis/ Problem:	Diagnosis active, diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-3	Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set
Condition/diagnosis/ Problem:	Diagnosis, active diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness, 2.2.1.7 History of Present Illness : 7.04 Problem Code	STK-3	Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set
Condition/diagnosis/ Problem:	Diagnosis, active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-3	Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set
Condition/diagnosis/ Problem:	Diagnosis, active	Problem code:	STK-6	Joint Commission



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Problem:	diagnosis past history	2.2.1.3 Problem List Section 2.2.1.4 History of Past Illness, 2.2.1.7 History of Present Illness 7.04 Problem Code		Evidence of Atherosclerosis Value Set
Condition/diagnosis/ Problem:	Diagnosis, active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-6	Joint Commission Evidence of Atherosclerosis Value Set
Encounter:	Encounter	Admission Type: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Admission Type	All STK	Joint Commission Admission Type - Elective
Encounter:	Encounter	Admit Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low)	All STK	NA
Encounter:	Encounter	Discharge Date: Encounters section 2.1.2.27 2.2.2.16 Encounter 16.04 Encounter Date/Time (high)	All STK	NA
Encounter:	Encounter	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	STK-1 STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10	Joint Commission Inpatient Encounter Value Set
Encounter:	Encounter	Discharge Disposition: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.09 Discharge Disposition	STK-2 STK-3 STK-6 STK-10	Joint Commission Discharge Disposition – Discharge Transfers Value Set
Encounter:	Encounter	Time of Death: Conditions Section 2.2.2.7 7.09 Time of Death	STK-2 STK-3 STK-6 STK-10	NA
Encounter:	Encounter	Admission Source : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.06 Admission source	STK-4	Joint Commission Emergency Department Treatment Admission Source Value Set
Encounter:	Encounter	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	STK-1 STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10	Joint Commission Emergency Department Patient Class Value Set HL7 V2.5
Encounter:	Encounter	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	STK-1 STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10	Joint Commission Emergency Department Patient Class Value Set HL7 V3.0
Encounter:	Encounter	Admission Type: 2.2.2.16	STK-4	Joint Commission Admission Type –



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		Encounter 16.07 - Admission Type		Emergency Value Set
Encounter:	Encounter	Arrival Date/Time: Encounters section 2.1.2.27 2.2.2.16 Encounter 16.12 Arrival Date/Time (low)	STK-4 STK-5 STK-6	NA
Encounter:	Encounter	Discharge Disposition: Encounters section 2.1.2.27 2.2.2.16 Encounter 16.09 Discharge Disposition	STK-8	Joint Commission Discharge Disposition - discharge to home care or self care Value Set
Encounter:	Encounter	Discharge Disposition: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.09 Discharge Disposition	STK-2 STK-3 STK-6 STK-10	Joint Commission Discharge Disposition – Death Value Set
Encounter:	Encounter	Arrival Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Arrival date/time	STK-5	
Individual Characteristic:	Patient Characteristics	Ethnicity: 2.2.2.1 Personal Information: 1.11 Ethnicity	All	Joint Commission Hispanic Ethnicity
Individual Characteristic:	Patient characteristics	Birthdate: 2.2.2.1 Personal Information 1.07 Person Date of Birth	All STK, All VTE	NA
Individual Characteristics	Provider Characteristics	Provider Type: 2.2.2.4 Healthcare Provider 4.04 Provider Type	STK-10	
Laboratory Test:	Laboratory Test Result	Result Type: 2.2.2.15 Result 15.03 Result Type	STK-6	Joint Commission LDL-C Laboratory Test Result
Laboratory Test:	Laboratory Test Result	Result value: 2.2.2.15 Result 15.05 Result value	STK-6	NA
Laboratory Test:	Laboratory Test Result	Report date/Time: 2.2.2.15 Result 15.02 Report date/time	STK-6	NA
Medication:	Medication Administered	Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	STK-1 STK-4 STK-5	NA
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13 Coded Product Name	STK-1,	Joint Commission VTE Prophylaxis Medications Value Set
Medication:	Medication Administered	Medications Administered: Medications Administered Section	STK-4 STK-5	Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name		
Medication:	Medication Administered	Medications Administered Route: 2.2.1.15 Medications Administered Section: 8.07 – Route	STK-4	Joint Commission IV Administration Route
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13 Coded Product Name	STK-5	Joint Commission Antithrombotytic Medications - Stroke
Medication:	Medication Administered	Medications Administered Route: 2.2.1.15 Medications Administered Section: 8.07 – Route	STK-5	Joint Commission IA Administration Route Joint Commission IV Administration Route
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	STK-6	Joint Commission Stroke Lipid Lowering Agent Value Set
Medication:	Medication Declined	Tense: COMMENT 11.03 Tense	STK-1 STK-3 STK-5 STK-6	Joint Commission Tense ActMood Intent
Medication:	Medication Declined	COMMENT 11.03 Tense Negation IND: HL7 negation Reason: 11.02 Reason	STK-1 STK-3 STK-5 STK-6	Joint Commission Medical Reason Joint Commission Patient Reason
Medication:	Medication Declined	Discharge medication ordered – Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name Negation IND: HL7 negation	STK-2	<u>Joint Commission Stroke Antithrombotytic Medications Value Set</u>
Medication:	Medication Declined	Discharge medication ordered – Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name Negation IND: HL7 negation	STK-3	Joint Commission Anticoagulant Medications - Stroke
Medication:	Medication Declined	Discharge medication ordered – Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name Negation IND: HL7 negation	STK-6	Joint Commission Stroke Statin Medications Value Set
Medication:	Medication Declined	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Negation IND: HL7	STK-1	Joint Commission VTE Prophylaxis Medications



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		negation		
Medication:	Medication Declined	Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Negation IND: HL7 negation	STK-1	Joint Commission Antithrombolytic Medications
Medication:	Medication Declined	Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Negation IND: HL7 negation	STK-5	Joint Commission Antithrombolytic Medications
Medication:	Medication Order	Discharge medication ordered Discharge Medications Section 2.2.1.14: 2.2.2.8 Medication 8.13 Coded Product Name	STK-2	Joint Commission Antithrombolytic Medications - Stroke
Medication:	Medication Order	Discharge medication ordered Discharge Medications Section 2.2.1.14: 2.2.2.8 Medication 8.13 Coded Product Name	STK-3,	Joint Commission Anticoagulant Medications - Stroke
Medication:	Medication Order	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	STK-6	Joint Commission Stroke Statin Medications Value Set
Physical Finding:	Physical exam finding	Result Type: 2.2.2.15 Result 15.03 Result Type	STK-4	Joint Commission Last Known Well Value Set
Physical Finding:	Physical exam finding	Result Value: 2.2.2.15 Result 15.05 Result value (is the Time Last Known Well)	STK-4	NA
Procedure:	Procedure Declined	Tense: COMMENT 11.03 Tense	STK-1	Joint Commission Tense ActMood Intent
Procedure:	Procedure Declined	COMMENT 11.03 Tense Reason: 11.02 Reason	STK-1	Joint Commission Medical Reason Joint Commission Patient Reason
Procedure:	Procedure Declined	Procedure Ordered: 2.2.2.17 Procedure: Procedure in Request mood Negation IND: HL7 negation	STK-1	Joint Commission VTE Prophylaxis – Application of Mechanical Device
Procedure:	Procedure Declined	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Negation IND: HL7 negation	STK-1	Joint Commission VTE Prophylaxis – Application of Mechanical Device
Procedure:	Procedure Order,	Procedure Ordered: 2.2.2.17 Procedure: Procedure in Request mood	STK-10	Joint Commission Assessed for Rehabilitation Services – Documentation of Procedures Value Set



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	All STK	Joint Commission Carotid Intervention Joint Commission Elective Surgery
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-1 STK-5	Joint Commission Comfort Measures Only
Procedure:	Procedure Performed	Procedure Date: 17.04 Procedure Date/Time	STK-1 STK-5	NA
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-1,	Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-10	Joint Commission Assessed for Rehabilitation Services – Documentation of Procedures Value Set
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-2 STK-3 STK-6 STK-8 STK-10	Joint Commission Palliative Care Measures Only – Procedure Value Set
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-3	Joint Commission Atrial Fibrillation/Flutter Procedure Value Set
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Emergency Treatment Value Set Joint Commission Providing Material
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Follow-up After Discharge Value Set Joint Commission Providing Material
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Medications Prescribed At Discharge Value Set Joint Commission Providing Material
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Risk Factors Value Set Joint Commission Providing Material
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Warning Signs and Symptoms Joint Commission Providing Material
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-2	Joint Commission Reason for Not Prescribing Antithrombotic Therapy at Discharge Procedure
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure	STK-3	Joint Commission Reason for Not Prescribing



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		Performed		Anticoagulation Therapy at Discharge Procedure
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-4	Joint Commission Reason for Not Initiating IV Thrombolytic - Procedure
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-5	Joint Commission Reason for not Administering Antithrombolytic Therapy - Procedure

Table 2-18 Datatypes Used for Implementation of the Venous Thromboembolism Measure Set

HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Care Goal :	Care Goal	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions	VTE-5	Joint Commission Discharge Instructions Address Compliance Issues
Care Goal :	Care Goal	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions	VTE-5	Joint Commission Discharge Instructions Address Dietary Advice
Care Goal :	Care Goal	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions	VTE-5	Joint Commission Discharge Instructions Address Follow-up Monitoring
Care Goal :	Care Goal	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions	VTE-5	Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions
Condition/diagnosis/ Problem:	Diagnosis active	Problem code: 2.2.1.3 Problem List Section 7.04 Problem Code 7.12 Problem Status	VTE-3 VTE-4 VTE-6	Joint Commission Palliative Care Measures Only – Findings Value Set Joint Commission Problem Status Active
Condition/diagnosis/ Problem:	Diagnosis active	Problem code: 2.2.1.3 Problem List Section: 7.04 Problem Code	All Stroke and VTE	Joint Commission Clinical Trial Joint Commission
Condition/diagnosis/ Problem:	Diagnosis active	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	All Stroke and VTE	Joint Commission Clinical Trial
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Diagnosis Date/Time: 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time	VTE-1 VTE-2	NA
Condition/diagnosis/ Problem:	Diagnosis active diagnosis past history	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code	VTE-1 VTE-2 VTE-6	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis – Mechanical



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Condition/diagnosis/Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	VTE-1	Joint Commission Reason for not Administering Antithrombotic Therapy – Findings
Condition/diagnosis/Problem:	Diagnosis active	Problem code: 2.2.1.3 Problem List Section: 7.04 Problem Code	VTE-3 VTE-4 VTE-5 VTE-6	Joint Commission VTE Confirmed
Condition/diagnosis/Problem:	Diagnosis active	Diagnosis Priority: .2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority	VTE-1 VTE-3 VTE-4 VTE-5 VTE-6	NA
Condition/diagnosis/Problem:	Diagnosis active	ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	VTE-1 VTE-2 VTE-3 VTE-4 VTE-5 VTE-6	Joint Commission Problem Status Active
Condition/diagnosis/Problem:	Diagnosis active	Diagnosis Date/Time: 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time	VTE-6	NA
Condition/diagnosis/Problem:	Diagnosis active	Problem code: 2.2.1.3 Problem List Section: 7.04 Problem Code	VTE-6	Joint Commission VTE Confirmed Joint Commission VTE Suspected
Condition/diagnosis/Problem:	Diagnosis active diagnosis past history	Problem Date/Time: 2.2.2.7Condition2.2.2.7 Condition 7.01 Problem Date/Time	VTE-1 VTE-2 VTE-6	NA
Condition/diagnosis/Problem:	Diagnosis active	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	VTE-1	Joint Commission VTE Confirmed
Condition/diagnosis/Problem:	Diagnosis active diagnosis past history	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	VTE-1 VTE-2 VTE-6	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis – Mechanical
Condition/diagnosis/Problem:	Diagnosis active	Discharge Diagnosis: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	VTE-6	Joint Commission VTE Confirmed Joint Commission VTE Suspected
Encounter:	Encounter	Admit Date/Time: 2.2.2.16 Encounter 16.04 Encounter Date/Time (low)	VTE-1 VTE-2 VTE-3 VTE-4 VTE-5 VTE-6	NA
Encounter:	Encounter	Discharge Disposition: Encounters section 2.1.2.27 2.2.2.16 Encounter 16.09 Discharge Disposition	VTE-5	Joint Commission Discharge Disposition - discharged to home, home health or home hospice Value Set
Encounter:	Encounter	In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location	VTE-1 VTE-2	Joint Commission In Facility Location - ICU Value Set



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Encounter:	Encounter	ICU Admit Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility Duration (low)	VTE-1 VTE-2	NA
Encounter:	Encounter	ICU Discharge Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility duration (high)	VTE-1 VTE-2	NA
Encounter:	Encounter	ICU Transfer Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility duration with time low or high	VTE-2	NA
Encounter:	Encounter	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	VTE-1 VTE-2 VTE-3 VTE-4 VTE-5 VTE-6	Joint Commission Inpatient Encounter Value Set
Encounter:	Encounter	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 Facility Location	VTE-1	Joint Commission Behavioral Health Inpatient Treatment Locations Value Set
Encounter:	Encounter	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 Facility Location	VTE-1	Joint Commission Obstetric Inpatient Treatment Locations Value Set
Encounter:	Encounter	In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location	VTE-2	Joint Commission In Facility Location - ICU Value Set
Encounter:	Encounter	ICU AdmitDate: 2.2.2.16 Encounter 16.20 In facility duration with time (low)	VTE-2	NA
Encounter:	Encounter	Arrival Date/Time: 2.2.2.16 Encounter 16.12 Arrival date/time	VTE-6	NA
Individual Characteristic:	Patient characteristics	Birthdate: 2.2.2.1 Personal Information 1.07 Person Date of Birth	All STK, All VTE	NA
Individual Characteristic:	Patient Characteristics	Ethnicity: 2.2.2.1 Personal Information: 1.11 Ethnicity	All	Joint Commission Hispanic Ethnicity
Laboratory Test:	Laboratory Test Result	Result Type: 2.2.2.15 Result 15.03 Result Type	VTE-3	Joint Commission INR Laboratory Test Result Value Set
Laboratory Test:	Laboratory Test Result	Result Value: 2.2.2.15 Result 15.05 Result value	VTE-3	NA
Laboratory Test:	Laboratory Test Result	Report date time: 2.2.2.15 Result 15.02 Report date/time	VTE-3	NA
Laboratory Test:	Laboratory Test Result	Result Type: 2.2.2.15 Result 15.03 Result Type	VTE-4	Joint Commission Platelet Count Laboratory Test Result Value Set
Laboratory Test:	Laboratory Test Result	Result Value: 2.2.2.15 Result Result Date/Time: 2.2.2.15 15.02 Result Date/Time	VTE-4	NA
Medication:	Medication Administered	Medication Indication: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.21 Indication	VTE-4	Joint Commission Following Clinical Pathway Protocol Value Set



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Medication:	Medication Administered	Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	VTE-1 VTE-2 VTE-3	NA
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set Joint Commission Warfarin Medication Value Set
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-4	Joint Commission Unfractionated Heparin Medication Value Set
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-4	Joint Commission Unfractionated Heparin Medication Value Set
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-1 VTE-2	Joint Commission VTE Prophylaxis Medications Value Set
Medication:	Medication Administered	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-3	Joint Commission Warfarin Medication Value Set
Medication:	Medication Administered	Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13 Coded Product Name	VTE-1	Joint Commission Antithrombolytic Medications
Medication:	Medication Declined	Medication Administered Date/Time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	VTE-1 VTE-2 VTE-6	NA
Medication:	Medication Declined	Tense: COMMENT 11.03 Tense	VTE-1 VTE-2 VTE-6	Joint Commission Tense ActMood Intent
Medication:	Medication Declined	COMMENT 11.03 Tense Negation IND: HL7 negation Reason: 11.02 Reason	VTE-1 VTE-2 VTE-6	Joint Commission Medical Reason Joint Commission Patient Reason
Medication:	Medication Declined	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Negation IND: HL7 negation	VTE-1 VTE-2 VTE-6	Joint Commission VTE Prophylaxis Medications



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Medication:	Medication Order	Order Date/Time: Medication section 2.2.2.12 2.2.2.8 Medication 8.30 Order Date/Time	VTE-3	NA
Medication:	Medication Order	Discontinue Medication: Medication section 2.2.2.12 2.2.2.8 Medication 8.02 Indicate Medication Stopped	VTE-3	NA
Medication:	Medication Order	Medication: Medication section 2.2.2.12 2.2.2.8 Medication 8.13 Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set
Medication:	Medication Order	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set Joint Commission Warfarin
Medication:	Medication Order	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set
Medication:	Medication Order	Discontinue Order Date/Time: Medication section 2.2.2.12 2.2.2.8 Medication 8.30 Order Date/Time	VTE-3	NA
Medication:	Medication Ordered	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	VTE-3 VTE-5	Joint Commission Warfarin Medication Value Set
Procedure:	Procedure	Surgical Procedure Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time	VTE-2	NA
Procedure:	Procedure Performed	Procedure Date/Time: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low)	VTE-2	NA
Procedure:	Procedure Declined	Tense: COMMENT 11.03 Tense	VTE-1 VTE-2 VTE-6	Joint Commission Tense ActMood Intent
Procedure:	Procedure Declined	COMMENT 11.03 Tense Negation IND: HL7 negation Reason: 11.02 Reason	VTE-1 VTE-2 VTE-6	Joint Commission Medical Reason Joint Commission Patient Reason
Procedure:	Procedure Declined	Procedure Ordered: 2.2.2.17 Procedure: Procedure in Request mood Negation IND: HL7 negation	VTE-1 VTE-2 VTE-6	Joint Commission VTE Prophylaxis – Application of Mechanical Device
Procedure:	Procedure Declined	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Negation IND: HL7 negation	VTE-1 VTE-2 VTE-6	Joint Commission VTE Prophylaxis – Application of Mechanical Device
Procedure:	Procedure Declined	Procedure Start Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low)	VTE-1 VTE-2 VTE-6	NA
Procedure:	Procedure Order	Procedure Ordered: 2.2.1.45 Procedures and Interventions 17.01 Procedure Performed	VTE-4	Joint Commission Treatment Adjusted by Protocol Value Set
Procedure:	Procedure Order	Procedure Ordered: 2.2.1.22 Diagnostic Results 2.2.2.17Procedure 17.02 - Procedure Type	VTE-6	Joint Commission VTE Diagnostic Test Value Set
Procedure:	Procedure Order	Procedure Date: 17.04 Procedure Date/Time	VTE-6	Joint Commission VTE Diagnostic Test Value Set



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Procedure:	Procedure Order	Procedure Ordered: 2.2.1.22 Diagnostic Results 2.2.2.17 Procedure 17.02 - Procedure Type	VTE-6	Joint Commission VTE Diagnostic Test Value Set
Procedure:	Procedure Order	Procedure Ordered Date/Time: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low)	VTE-6	NA
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-1 VTE-2 VTE-3 VTE-4 VTE-6	Joint Commission Palliative Care Measures Only – Procedure Value Set
Procedure:	Procedure Performed	Procedure Date: 17.04 Procedure Date/Time	VTE-1 VTE-2	NA
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-5	Joint Commission Providing Material
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-1 VTE-2	Joint Commission Evidence of a surgical procedure requiring general or neuraxial anesthesia
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-3 VTE-4 VTE-5 VTE-6	Joint Commission VTE Diagnostic Test Value Set
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-1	Joint Commission Reason for not Administering Antithrombotic Therapy - Procedure
Procedure:	Procedure Performed	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-1 VTE-2	Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set
Procedure:	Procedure Performed	Procedure End Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (high)	VTE-1 VTE-2	NA
Procedure:	Procedure Performed	Procedure Start Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low)	VTE-2	NA
Procedure:	Procedure Performed	Procedure Date/Time: 2.2.2.17 Procedure: 17.04 Procedure Date/Time	VTE-6	NA

Table 2-19 Datatypes Used for Implementation of the Emergency Department Measure Set

HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Condition/diagnosis/ Problem:	Diagnosis active	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	ED-1 ED-2	Joint Commission Mental Disorders Value Set
Condition/diagnosis/ Problem:	Diagnosis active	Diagnosis Priority: 2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority	ED-1 ED-2	NA
Condition/diagnosis/ Problem:	Diagnosis active	ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	ED-1 ED-2	Joint Commission Problem Status Active



HITEP II Data Types		HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
Condition/diagnosis/Problem:	Diagnosis active	Diagnosis Priority: 2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority	ED-1 ED-2	NA
Condition/diagnosis/Problem:	Diagnosis active	ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	ED-1 ED-2	Joint Commission Problem Status Active
Condition/diagnosis/Problem:	Diagnosis active	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location	ED-1 ED-2	Joint Commission Observation Service
Condition/diagnosis/Problem:	Diagnosis active	Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	ED-1 ED-2	Joint Commission Mental Disorders Value Set
Encounter:	Encounter	In Facility Discharge Date/Time: 16.20 In Facility Location Duration (high)	ED-1 ED-2	NA
Encounter:	Encounter	Order to Admit Date/Time 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.14 Order to Admit Date/Time	ED-2	NA
Encounter:	Encounter	Admission Source : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.06 Admission source	ED-1 ED-2	Joint Commission Emergency Department Treatment Admission Source Value Set
Encounter:	Encounter	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	ED-1 ED-2	Joint Commission Emergency Department Patient Class Value Set HL7 V2.5
Encounter:	Encounter	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	ED-1 ED-2	Joint Commission Emergency Department Patient Class Value Set HL7 V3.0
Encounter:	Encounter	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	ED-1 ED-2	Joint Commission Inpatient Encounter Value Set
Encounter:	Encounter	In Facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter16.11 Facility Location In Facility Discharge Date/Time: 16.20 In Facility Location Duration (high)	ED-1 ED-2	Joint Commission Emergency Department Treatment Locations Value Set
Encounter:	Encounter	Arrival Date/Time: 16.12 Arrival Date/Time	ED-1	NA
Encounter:	Encounter	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location	ED-1 ED-2	Joint Commission Observation Service
Individual Characteristic:	Patient Characteristics	Ethnicity: 2.2.2.1 Personal Information: 1.11 Ethnicity	All	Joint Commission Hispanic Ethnicity



2.3 QRDA CATEGORY I: STROKE MEASURES IMPLEMENTATION GUIDE

2.3.1 OVERVIEW - STROKE

This section contains additional QRDA constraints for describes constraints needed on the HL7 Quality Reporting Document Architecture (QRDA) framework for HITSP/Joint Commission Stroke Measures defined in this document. It will be necessary to refer to the HL7 Implementation Guide for CDA Release 2 Quality Reporting Document Architecture (QRDA) (U.S. Realm) which is based on HL7 CDA Release 2.0 to understand the framework and base requirements for this measure specific guide.

This measure-set specific QRDA provides specific instructions for modeling this measure's data elements and provides an example for modeling the other quality measure data elements identified in HITSP/C105 Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture (QRDA) into complete measure specific QRDAs. Sample QRDA report for STK-3 and Sample QRDA report for STK-8 are provided in the Appendix of this document, along with a sample eMeasure XML Specification for STK-3.

2.3.2 DOCUMENT TEMPLATES - STROKE

- TN906-[MS-STK-DT-1] : A **STK Measures QRDA** SHALL be sent in the event that a patient meets the Initial Patient Population and Denominator criteria for a STK measure being reported..
- TN906-[MS-STK- DT-2] : **STK Measures QRDA** CONFORMS TO QRDA Category 1 (templatedId 2.16.840.1.113883.10.20.12).
- TN906-[MS-STK- DT-3] : **STK Measures QRDA** SHALL contain 1..1 ClinicalDocument/patient/birthTime TN906-[MS-STK- DT-4] : **STK Measures QRDA** SHALL contain 1..1 Measure Set Section (1.3.6.1.4.1.33895.1.1.31.1.2.1)

2.3.3 SECTION TEMPLATES - STROKE

2.3.3.1 MEASURE SET SECTION - STROKE

- TN906-[MS-STK-MSS-1] : SHALL contain section/title: "Measure Set: STROKE, V1.0"

2.3.3.2 MEASURE SECTION - STROKE

- TN906-[MS-STK-MS-STK1] : **Measure section** MAY contain 0..1 templatedId/@root "1.3.6.1.4.1.33895.1.2.16000.1.2.2" representing conformance to STK1 measure.
- TN906-[MS-STK-MS-STK2] : **Measure section** MAY contain 0..1 templatedId/@root "1.3.6.1.4.1.33895.1.2.16001.1.2.2" representing conformance to STK2 measure.
- TN906-[MS-STK-MS-STK3] : MAY contain 0..1 templatedId/@root "O1.3.6.1.4.1.33895.1.2.16002.1.2.2" representing conformance to STK3 measure..
- TN906-[MS-STK-MS-STK4] : **Measure section** MAY contain 0..1 templatedId/@root "1.3.6.1.4.1.33895.1.2.16003.1.2.2" representing conformance to STK4 measure.
- TN906-[MS-STK-MS-STK5] : **Measure section** MAY contain 0..1 templatedId/@root "1.3.6.1.4.1.33895.1.2.16004.1.2.2" representing conformance to STK5 measure.
- TN906-[MS-STK-MS-STK6] : **Measure section** MAY contain 0..1 templatedId/@root "1.3.6.1.4.1.33895.1.2.16005.1.2.2" representing conformance to STK6 measure.
- TN906-[MS-STK-MS-STK8] : MAY contain 0..1 templatedId/@root "1.3.6.1.4.1.33895.1.2.16007.1.2.2" representing conformance to STK8 measure.
- TN906-[MS-STK-MS-STK10] : **Measure section** MAY contain 0..1 templatedId/@root "1.3.6.1.4.1.33895.1.2.16008.1.2.2" representing conformance to STK10 measure.



- TN906-[MS-STK-MS-1] **Measure section** SHALL contain 1..1 act entry for each measure in the Stroke measure set represented in the Stroke measures QRDA

2.3.3.3 PATIENT DATA SECTION - STROKE

The Patient Data section in the Stroke Measure section contains information about the encounter, the discharge diagnosis, problem list, discharge medications, medications administered, assessments, and diagnostic results. This includes information supporting clinical trial enrollment, comfort measures only, elective carotid intervention and reason for not prescribing anticoagulation therapy. Data elements in patient data section are modeled in clinical statement as listed below.

- TN906-[MS-STK-PD-2] Patient Data section **MAY** contain 0..1 HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103).
 - TN906-[MS-STK-PD-2-1] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 AFibConditionModule.
 - TN906-[MS-STK-PD-2-2] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ClinicalTrialModule.
 - TN906-[MS-STK-PD-2-3] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ReasonForNoAnticoagConditionModule
 - TN906-[MS-STK-PD-2-4] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ComfortMeasuresProblemModule.
 - TN906-[MS-STK-PD-2-5] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 PatientExpiredProblemModule
 - TN906-[MS-STK-PD-2-6] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ReasonForNoVTEProphylaxisConditionModule
 - TN906-[MS-STK-PD-2-7] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ReasonForNoPrescribeAntithrombolyticConditionModule
 - TN906-[MS-STK-PD-2-8] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ReasonForNoIVThrombolyticConditionModule
 - TN906-[MS-STK-PD-2-9] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ReasonForNoAdminAntiThrombolyticConditionModule
 - TN906-[MS-STK-PD-2-10] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 EvidenceOfAtherosclerosis
 - TN906-[MS-STK-PD-2-11] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ReasonForNoPresStatinDischConditionModule
 - TN906-[MS-STK-PD-2-12] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 AssessedForRehabConditionModule
 - .
- TN906-[MS-STK-PD-3] : Patient Data section **MAY** contain 1..1 HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111).



- TN906-[MS-STK-PD-3-1] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 1..1 PrimaryIschSTKDCDxConditionModule.
- TN906-[MS-STK-PD-3-2] HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 1..1 PrimaryHemSTKDCDxConditionModule
- TN906-[MS-STK-PD-3-3] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ClinicalTrialModule.
- TN906-[MS-STK-PD-3-4] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 AFibConditionModule.
- TN906-[MS-STK-PD-3-5] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ReasonForNoAnticoagConditionModule.
- TN906-[MS-STK-PD-3-6] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 EvidenceOfAtherosclerosis
- TN906-[MS-STK-PD-3-7] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ReasonForNoVTEProphylaxisConditionModule
- TN906-[MS-STK-PD-3-8] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ReasonForNoPrescribeAntithrombolyticConditionModule
- TN906-[MS-STK-PD-3-9] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ReasonForNoIVThrombolyticConditionModule
- TN906-[MS-STK-PD-3-10] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ReasonForNoAdminAntiThrombolyticConditionModule
- TN906-[MS-STK-PD-3-11] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ReasonForNoPresStatinDischConditionModule
- TN906-[MS-STK-PD-3-12] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 AssessedForRehabConditionModule
- TN906-[MS-STK-PD-4] : Patient Data section **MAY** contain 0..1 HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114)
 - TN906-[MS-STK-PD-4-1] : HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 AnticoagMedicationModuleSTK
 - TN906-[MS-STK-PD-4-2] : HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 ReasonForNoAnticoagMedicationSTKDeclinedModule
 - TN906-[MS-STK-PD-4-3] : HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 AntithrombolyticSTKModule
 - TN906-[MS-STK-PD-4-4] : HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 ReasonForNoAntithrombolyticsMedicationSTKDeclinedModule
 - TN906-[MS-STK-PD-4-5] : HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 StatinModule



- TN906-[MS-STK-PD-4-6] : HITSP Discharge Medications section (templateId 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 ReasonForNoPresStatinDischMedDeclinedModule
- TN906-[MS-STK-PD-5] : Patient Data section **MAY** contain 0..1 HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115)
 - TN906-[MS-STK-PD-5-1] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 VTEProphylaxisMedicationsModule
 - TN906-[MS-STK-PD-5-2] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 ReasonForNoVTEProphylaxisMedDeclinedModule
 - TN906-[MS-STK-PD-5-3] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 IVThrombolyticModule
 - TN906-[MS-STK-PD-5-4] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 ReasonForNoIVThrombolyticMedDeclinedModule
 - TN906-[MS-STK-PD-5-5] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 AntithrombolyticSTKModule
 - TN906-[MS-STK-PD-5-6] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 IVIATThrombolyticTherapyModule
 - TN906-[MS-STK-PD-5-7] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 ReasonForNoAdminAntiThrombolyticMedDeclinedModule
 - TN906-[MS-STK-PD-5-8] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 LipidLowering AgentModule
- TN906-[MS-STK-PD-6] : Patient Data section **SHALL** contain 1..1 HITSP Encounter section (templateId 2.16.840.1.113883.3.88.11.83.127)
 - TN906-[MS-STK-PD-6-1] : HITSP Encounter section **SHALL** contain 1..1 STKEncounterModule
- TN906-[MS-STK-PD-7] : Patient Data section **MAY** contain 0..1 HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145).
 - TN906-[MS-STK-PD-7-1] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ComfortMeasuresProcedureModule
 - TN906-[MS-STK-PD-7-2] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 AFibProcedureModule
 - TN906-[MS-STK-PD-7-3] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 CarotidInterventionProcedureModule
 - TN906-[MS-STK-PD-7-4] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ElectiveSurgeryProcedureModule.
 - TN906-[MS-STK-PD-7-5] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ReasonForNoAnticoagProcedureModule.
 - TN906-[MS-STK-PD-7-6] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 STKEducationalMaterialProcedureModule.



- TN906-[MS-STK-PD-7-7] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 VTEProphylaxisProcedureModule
- TN906-[MS-STK-PD-7-8] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ReasonForNoVTEProphylaxisProcDeclinedModule
- TN906-[MS-STK-PD-7-9] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ReasonForNoPrescribeAntithrombolyticProcedureModule
- TN906-[MS-STK-PD-7-10] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ReasonForNoIVThrombolyticProcedureModule
- TN906-[MS-STK-PD-7-11] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ReasonForNoAdminAntiThrombolyticProcedureModule
- TN906-[MS-STK-PD-7-12] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 AssessedforRehabProcedureModule
- TN906-[MS-STK-PD-8] : Patient Data section **MAY** contain 0..1 HITSP Assessments section (templateId 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4)
 - TN906-[MS-STK-PD-8-1] : HITSP Assessments section (templateId 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4) **MAY** contain 0..1 IllnessOnsetModule
- TN906-[MS-STK-PD-9] : Patient Data section **MAY** contain 0..1 HITSP Diagnostic Result section (templateId 2.16.840.1.113883.3.88.11.83.122)
 - TN906-[MS-STK-PD-9-1] : HITSP Result section (templateId 2.16.840.1.113883.3.88.11.83.122) **MAY** contain 0..1 LDLcModule

2.3.3.4 ENTRY TEMPLATES - STROKE

- TN906-[MS-STK-MA-STK3] : MeasureAct act/code/@code for stroke 3 measure SHALL be “1.3.6.1.4.1.33895.1.2.16002.1.2.3” Anticoagulation Therapy for Atrial 1.3.6.1.4.1. 33895.1.5.1
- TN906-[MS-STK-MA-STK8] : MeasureAct act @code for stroke 8 measure **SHALL** be “STK8-XV1” Stroke Education 1.3.6.1.4.1. 33895.1.5.1
- TN906-[MS-STK-EN-1] : AFibConditionModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-1-1] ProblemCode **SHALL** BE drawn from Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set.
- TN906-[MS-STK-EN-2] : AFibProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-2-1] ProcedureCode **SHALL** BE drawn from Joint Commission Atrial Fibrillation/Flutter Procedure Value Set.
- TN906-[MS-STK-EN-3] : AnticoagMedicationModule **SHALL** CONFORM TO HITSP Medication Module (templateId 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-3-1] Coded Product Name **SHALL** BE drawn from Joint Commission Anticoagulant Medications – Stroke
- TN906-[MS-STK-EN-4] : AssessedForRehabConditionModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)



- TN906-[MS-STK-EN-4-1] : ProblemCode **SHALL** BE drawn from Joint Commission Reason for no VTE Prophylaxis – Mechanical OR **SHALL** BE drawn from Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set
- TN906-[MS-STK-EN-5] : AssessedforRehabProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-5-1] : ProcedureCode **SHALL** BE drawn from Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set
- TN906-[MS-STK-EN-4] : CarotidInterventionProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-4-1] ProcedureCode **SHALL** BE drawn from Joint Commission Carotid Intervention Procedure Value Set
- TN906-[MS-STK-EN-6] : ClinicalTrialModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-6-1] ProblemCode in a ClinicalTrialConditionModule SHALL BE drawn from Joint Commission ClinicalTrialValue Set.
- TN906-[MS-STK-EN-7] : **ComfortMeasureProblemModule** SHALL CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-7-1] : ProblemCode in a ComfortMeasureProblemModule SHALL BE drawn from Joint Commission Palliative Care Measures Only – Findings Value Set.
 - TN906-[MS-STK-EN-7-2] : Problem Status SHALL be drawn from Joint Commission Problem Status Active
- TN906-[MS-STK-EN-8] : **ComfortMeasureProcedureModule** **SHALL** CONFORM TO HITSP Procedure performed module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-8-1] ProcedureCode **SHALL** BE drawn from Joint Commission Palliative Care Measures Only – Procedure Value Set
- TN906-[MS-STK-EN9] : ElectiveSurgeryProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-9-1] ProcedureCode **SHALL** be drawn from Joint Commission Elective Surgery Value Set
- TN906-[MS-STK-EN-10] : EvidenceOfAtherosclerosis **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-10-1] : ProblemCode **SHALL** BE drawn from Joint Commission Evidence of Atherosclerosis
- TN906-[MS-STK-EN-11] : IllnessOnsetModule **SHALL** CONFORM TO HITSP Result Module (templateId 2.16.840.1.113883.3.88.11.83.15.1)
 - TN906-[MS-STK-EN-11-1] : Result Type **SHALL** BE drawn from Joint Commission Last Known Well Value Set
 - TN906-[MS-STK-EN-11-2] : **SHALL** contain 1..1 Result Value
 - TN906-[MS-STK-EN-11-3] : Result Value **SHALL** contain the Date/Time the Patient was last known well
- TN906-[MS-STK-EN-12] : IVIATThrombolyticTherapyModule **SHALL** CONFORM TO HITSP Medication Module (templateId 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-12-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set



- TN906-[MS-STK-EN-12-2] : Route **SHALL** BE drawn from Joint Commission Joint Commission IA Administration Route OR **SHALL** BE drawn from Joint Commission IV Administration Route Value Set
 - TN906-[MS-STK-EN-12-3] : **SHALL** contain 1..1 Medication Administered Date/Time
- TN906-[MS-STK-EN-13] : IVThrombolyticModule **SHALL** CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-13-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set
 - TN906-[MS-STK-EN-13-2] : Route **SHALL** BE drawn from Joint Commission IV Administration Route Value Set
 - TN906-[MS-STK-EN-13-3] : **SHALL** contain 1..1 Medication Administered Date/Time
- TN906-[MS-STK-EN-14] : LDLcModule **SHALL** CONFORM TO HITSP Result Module (templated 2.16.840.1.113883.3.88.11.83.15.1)
 - TN906-[MS-STK-EN-14-1] : Result Type **SHALL** BE drawn from Joint Commission LDL-C Laboratory Test Result Value Set
 - TN906-[MS-STK-EN-14-2] : **SHALL** contain 1..1 Result Value
 - TN906-[MS-STK-EN-14-3] : **SHALL** contain 1..1 Report date/Time
- TN906-[MS-STK-EN-15] : LipidLoweringAgentModule **SHALL** CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-15-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Stroke Lipid Lowering Agent Value Set
- TN906-[MS-STK-EN-16] : PatientExpiredProblemModule **SHALL** CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-16-1] **SHALL** contain Time of Death
- TN906-[MS-STK-EN-17] : PrimaryIschSTKDCDxConditionModule **SHALL** CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-17-1] : Diagnosis Priority **SHALL** be "1".
 - TN906-[MS-STK-EN-17-2] : ProblemCode **SHALL** BE drawn from Joint Commission Ischemic Stroke Value Set.
 - TN906-[MS-STK-EN-17-3] : Problem Status **SHALL** be drawn from Joint Commission Problem Status Active
- TN906-[MS-STK-EN-18] : PrimaryHemSTKDCDxConditionModule **SHALL** CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-18-1] : Diagnosis Priority **SHALL** be "1".
 - TN906-[MS-STK-EN-18-2] : ProblemCode **SHALL** BE drawn from Joint Commission Hemorrhagic Stroke Value Set
 - TN906-[MS-STK-EN-18-3] : Problem Status **SHALL** be drawn from Joint Commission Problem Status Active
- TN906-[MS-STK-EN-19] : ReasonForNoAnticoagConditionModule **SHALL** CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-19-1] : ProblemCode **SHALL** BE drawn from Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation.
- TN906-[MS-STK-EN-20] : ReasonForNoAnticoagProcedureModule **SHALL** CONFORM to HITSP Procedure performed module (templated 2.16.840.1.113883.3.88.11.83.17).
 - TN906-[MS-STK-EN-20-1] : ProcedureCode **SHALL** BE drawn from Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge Procedure



- TN906-[MS-STK-EN-21] : **ReasonForNoAnticoagMedicationDeclinedSTKModule** SHALL CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-21-1] : Coded Product Name SHALL BE drawn from Joint Commission Anticoagulant Medications – Stroke
 - TN906-[MS-STK-EN-21-2] : Tense SHALL be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-STK-EN-21-3] : Reason SHALL be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-STK-EN-22] : **ReasonForNoAntithrombolyticsMedicationSTKDeclinedModule** SHALL CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-22-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Stroke Antithrombolytic Medications Value Set
 - TN906-[MS-STK-EN-22-2] : Tense SHALL be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-STK-EN-22-3] : Reason SHALL be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-STK-EN-23] : **ReasonForNoPresStatinDischMedDeclinedModule** SHALL CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-23-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Stroke Statin Medications Value Set
 - TN906-[MS-STK-EN-23-2] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-STK-EN-23-3] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-STK-EN-24] : **ReasonForNoVTEProphylaxisConditionModule** SHALL CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-24-1] : ProblemCode **SHALL** BE drawn from Joint Commission Reason for no VTE Prophylaxis – Mechanical OR **SHALL** BE drawn from Joint Commission Reason for no VTE Prophylaxis - Pharmacologic
- TN906-[MS-STK-EN-25] : **ReasonForNoVTEProphylaxisMedDeclinedModule** SHALL CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-25-1] : Coded Product Name **SHALL** BE drawn from Joint Commission VTE Prophylaxis Medications Value Set
 - TN906-[MS-STK-EN-25-2] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-STK-EN-25-3] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-STK-EN-26] : **ReasonForNoVTEProphylaxisProcDeclinedModule** SHALL CONFORM TO HITSP Procedure Module (templated 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-26-1] : ProcedureCode **SHALL** BE drawn from Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set
 - TN906-[MS-STK-EN-26-2] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-STK-EN-26-3] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-STK-EN-27] : **ReasonForNoAdminAntiThrombolyticConditionModule** SHALL CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)



- TN906-[MS-STK-EN-27-1] : ProblemCode **SHALL** BE drawn from Joint Commission Reason for not Administering Antithrombolytic Therapy – Findings
- TN906-[MS-STK-EN-28] : ReasonForNoIVThrombolyticConditionModule **SHALL** CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-28-1] : ProblemCode **SHALL** BE drawn from Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation
- TN906-[MS-STK-EN-29] : ReasonForNoIVThrombolyticMedDeclinedModule **SHALL** CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-29-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Antithrombolytic Medications
 - TN906-[MS-STK-EN-29-2] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-STK-EN-29-3] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-STK-EN-30] : ReasonForNoIVThrombolyticProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templated 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-30-1] : ProcedureCode **SHALL** BE drawn from Joint Commission Reason for Not Initiating IV Thrombolytic – Procedure
- TN906-[MS-STK-EN-31] : ReasonForNoPrescribeAntithrombolyticConditionModule **SHALL** CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-31-1] : ProblemCode **SHALL** BE drawn from Joint Commission Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge – Finding/Situation.
- TN906-[MS-STK-EN-32] : ReasonForNoPrescribeAntithrombolyticProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templated 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-32-1] : ProcedureCode **SHALL** BE drawn from Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge Procedure
- TN906-[MS-STK-EN-33] : ReasonForNoPresStatinDischConditionModule **SHALL** CONFORM TO HITSP Condition Module (templated 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-STK-EN-33-1] : ProblemCode **SHALL** BE drawn from Joint Commission Reason For Not Prescribing Statin Therapy at Discharge
- TN906-[MS-STK-EN-34] : ReasonForNoAdminAntiThrombolyticMedDeclinedModule ReasonForNoIVThrombolyticMedDeclinedModule **SHALL** CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-34-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Antithrombolytic Medications
 - TN906-[MS-STK-EN-34-2] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-STK-EN-34-3] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-STK-EN-35] : ReasonForNoAdminAntiThrombolyticProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templated 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-35-1] : ProcedureCode **SHALL** BE drawn from Joint Commission Reason for not Administering Antithrombolytic Therapy - Procedure
- TN906-[MS-STK-EN-36] : StatinModule **SHALL** CONFORM TO HITSP Medication Module (templated 2.16.840.1.113883.3.88.11.83.8)



- TN906-[MS-STK-EN-36-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Stroke Statin Medications Value Set
- TN906-[MS-STK-EN-37] : STKEncounterModule **SHALL** CONFORM TO HITSP EncounterModule (templateId 2.16.840.1.113883.3.88.11.83.16)
 - TN906-[MS-STK-EN-37-1] : SHALL contain 1..1 Patient Class Code, which **SHALL** be drawn from Joint Commission Inpatient Encounter Value Set.
 - TN906-[MS-STK-EN-37-2] : **SHALL** contain 1..1 EffectiveTime/low
 - TN906-[MS-STK-EN-37-3] : **SHALL** contain 1..1 EffectiveTime/high
 - TN906-[MS-STK-EN-37-4] : Admission Type **MAY** be present, and if so, **SHALL** be drawn from Joint Commission Admission Type – Elective Value Set.
 - SHALL contain 1..1 Admission Source
 - TN906-[MS-STK-EN-37-5] : **MAY** contain 0..1 sdtc:dischargeDispositionCode, which **SHALL** be drawn from Joint Commission Discharge Disposition – Discharge Transfers Value Set OR **SHALL** be drawn from Joint Commission Discharge Disposition – Death Value Set OR **SHALL** be drawn from Joint Commission Discharge Disposition - discharged to home, home health or home hospice.
 - TN906-[MS-STK-EN-37-6] : **MAY** contain 0..1 Patient Class Code , which **SHALL** be drawn from Joint Commission Emergency Department Patient Class Value Set HL7 V2.5 OR **SHALL** be drawn from Joint Commission Emergency Department Patient Class Value Set HL7 V3.0OR **SHALL** be drawn from Joint Commission Inpatient Encounter Value Set.
- TN906-[MS-STK-EN-38] STKEducationalMaterialProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-38-1] An entry/procedure **SHALL** be present with procedure/@code drawn from Joint Commission Education Addresses Emergency Treatment Value Set
 - TN906-[MS-STK-EN-38-2] An entry/procedure **SHALL** be present with procedure/@code drawn from Joint Commission Education Addresses Follow-up After Discharge Value Set
 - TN906-[MS-STK-EN-38-3] An entry/procedure **SHALL** be present with procedure/@code drawn from Joint Commission Education Addresses Medications Prescribed At Discharge Value Set Joint Commission Providing Material
 - TN906-[MS-STK-EN-38-4] An entry/procedure **SHALL** be present with procedure/@code drawn from Joint Commission Education Addresses Risk Factors Value Set
 - TN906-[MS-STK-EN-38-5] An entry/procedure **SHALL** be present with procedure/@code drawn from Joint Commission Education Addresses Warning Signs and Symptoms
- TN906-[MS-STK-EN-39] VTEProphylaxisMedicationsModule **SHALL** CONFORM TO HITSP Medication Module (templateId 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-STK-EN-39-1] Coded Product Name **SHALL** BE drawn from Joint Commission VTE Prophylaxis Medications Value Set
- TN906-[MS-STK-EN-40] VTEProphylaxisProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-STK-EN-40-1] ProcedureCode **SHALL** BE drawn from Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set

2.4 QRDA CATEGORY I: VTE MEASURES IMPLEMENTATION GUIDE

2.4.1 OVERVIEW

This section contains additional QRDA constraints needed on the HL7 Quality Reporting Document Architecture (QRDA) framework for HITSP/Joint Commission Venous Thromboembolism (VTE) Measures



defined in this document. It will be necessary to refer to the HL7 Implementation Guide for CDA Release 2 Quality Reporting Document Architecture (QRDA) (U.S. Realm) which is based on HL7 CDA Release 2.0 to understand the framework and base requirements for this measure specific guide.

This measure-set specific QRDA provides specific instructions for modeling this measure's data elements and provides an example for modeling the other quality measure data elements identified in HITSP/C105 HITSP Patient Level Quality Data Document into complete measure specific QRDAs.

2.4.2 DOCUMENT TEMPLATES – VTE

- TN906-[MS-VTE-DT-1] : A VTE Measures QRDA **SHALL** be sent in the event that a patient meets the Initial Patient Population and Denominator criteria for a VTE measure being reported
- TN906-[MS-VTE-DT-2] : VTE Measures QRDA **SHALL CONFORM TO** QRDA Category 1 (templated 2.16.840.1.113883.10.20.12).
- TN906-[MS-VTE-DT-3] : VTE Measures QRDA **SHALL** contain 1..1 ClinicalDocument/patient/birthTime
- TN906-[MS-VTE-DT-4] : VTE Measures QRDA **SHALL** contain 1..1 Measure Set Section (templated 1.3.6.1.4.1.33895.1.1.32.1.2.1)

2.4.3 SECTION TEMPLATES – VENOUS THROMBOEMBOLISM

2.4.3.1 MEASURE SET SECTION – VENOUS THROMBOEMBOLISM

- TN906-[MS-VTE-MSS-1] : Measure Set section **SHALL** contain section/title: "Measure Set: Venous Thromboembolism, V1.0"

2.4.3.2 Measure Section – Venous Thromboembolism

- TN906-[MS-VTE-MS-VTE1] : **Measure section** MAY contain 0..1 templated/@root "1.3.6.1.4.1.33895.1.2.15971.1.2.2" VTE1 representing conformance to VTE1 measure.
- TN906-[MS-VTE-MS-VTE2] : **Measure section** MAY contain 0..1 templated/@root "1.3.6.1.4.1.33895.1.2.15972.1.2.2" representing conformance to VTE2 measure.
- TN906-[MS-VTE-MS-VTE3] : **Measure section** MAY contain 0..1 templated/@root "1.3.6.1.4.1.33895.1.2.15973.1.2.2" representing conformance to VTE3 measure.
- TN906-[MS-VTE-MS-VTE4] : **Measure section** MAY contain 0..1 templated/@root "1.3.6.1.4.1.33895.1.2.15974.1.2.2" representing conformance to VTE4 measure.
- TN906-[MS-VTE-MS-VTE5] : **Measure section** MAY contain 0..1 templated/@root "1.3.6.1.4.1.33895.1.2.15975.1.2.2" representing conformance to VTE5 measure.
- TN906-[MS-VTE-MS-VTE6] : **Measure section** MAY contain 0..1 templated/@root "O1.3.6.1.4.1.33895.1.2.15976.1.2.2" representing conformance to VTE6 measure.
- TN906-[MS-VTE-MS-1] : **Measure section** **SHALL** contain 1..1 act entry for each measure in the Venous Thromboembolism measure set represented in the Venous Thromboembolism measures QRDA

2.4.3.3 PATIENT DATA SECTION – VENOUS THROMBOEMBOLISM

The Patient Data section in the Venous Thromboembolism Measure section contains information about encounter, the discharge diagnosis, problem list, discharge medications, medications administered, assessments, and diagnostic results. This includes information supporting clinical trial enrollment, comfort measures only, elective carotid intervention and reason for not prescribing anticoagulation therapy. Data elements in patient data section are modeled in clinical statement as listed below.

- TN906-[MS-VTE-PD-1] : Patient Data section **MAY** contain 0..1 HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103).



- TN906-[MS-VTE-PD-1-1] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 RsnNoVTEProphylaxisCondModule .
- TN906-[MS-VTE-PD-1-2] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ClinicalTrialModule.
- TN906-[MS-VTE-PD-1-3] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ComfortMeasuresProblemModule.
- TN906-[MS-VTE-PD-1-4] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1. AnyDXVTEConfirmed
- TN906-[MS-VTE-PD-1-5] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1. VTEPresentOnArrival
- TN906-[MS-VTE-PD-1-6] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1. RsnNoVTEMechPharmProphylaxis
- TN906-[MS-VTE-PD-2] : Patient Data section **MAY** contain 1..1 HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111).
 - TN906-[MS-VTE-PD-2-1] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 1..1 PrimaryIschSTKDCdDxConditionModule.
 - TN906-[MS-VTE-PD-2-2] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 1..1 RsnNoVTEProphylaxisCondModule .
 - TN906-[MS-VTE-PD-2-3] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ClinicalTrialModule.
 - TN906-[MS-VTE-PD-2-4] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1 ComfortMeasuresProblemModule.
 - TN906-[MS-VTE-PD-2-5] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 ClinicalTrialModule.
 - TN906-[MS-VTE-PD-2-6] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 1..1 PrimaryHemSTKDCdDxConditionModule
 - TN906-[MS-VTE-PD-2-7] : HITSP Discharge Diagnosis Section (templated 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 1..1 PrimaryVTEDcDxConditionModule
 - TN906-[MS-VTE-PD-2-8] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1. AnyDXVTEConfirmed
 - TN906-[MS-VTE-PD-2-9] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1. VTEPresentOnArrival
 - TN906-[MS-VTE-PD-2-10] : HITSP Problem List Section (templated 2.16.840.1.113883.3.88.11.83.103) **MAY** contain 0..1. RsnNoVTEMechPharmProphylaxis
- TN906-[MS-VTE-PD-3] : Patient Data section **MAY** contain 0..1 HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114)
 - TN906-[MS-VTE-PD-3-1] : HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 DischargedOnOverlapTPYModule
 - TN906-[MS-VTE-PD-3-2] : HITSP Discharge Medications section (templated 2.16.840.1.113883.3.88.11.83.114) **MAY** contain 0..1 WarfarinMedModule
- TN906-[MS-VTE-PD-4] : Patient Data section **MAY** contain 0..1 HITSP Medications Administered section (templated 2.16.840.1.113883.3.88.11.83.115)
 - TN906-[MS-VTE-PD-4-1] : HITSP Medications Administered section (templated 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 VTEProphylaxisMedModule
 - TN906-[MS-VTE-PD-6-3] : HITSP Medications Administered section (templated 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 VTEProphylaxisMedDeclinedModule



- TN906-[MS-VTE-PD-4-2] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 RsnNoVTEProphylisMedModule
- TN906-[MS-VTE-PD-4-3] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 VTEProphylaxisDateTimeMedModule
- TN906-[MS-VTE-PD-4-4] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 WarfarinAndParenteralMedModule
- TN906-[MS-VTE-PD-4-5] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 WarfarinMedModule
- TN906-[MS-VTE-PD-4-6] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 UFHTPYMedModule
- TN906-[MS-VTE-PD-4-7] : HITSP Medications Administered section (templateId 2.16.840.1.113883.3.88.11.83.115) **MAY** contain 0..1 VTEProphylaxisStatusMedModule
- TN906-[MS-VTE-PD-5] : Patient Data section **SHALL** contain 1..1 HITSP Encounter section (templateId 2.16.840.1.113883.3.88.11.83.127)
 - TN906-[MS-VTE-PD-5-1] : HITSP Encounter section **SHALL** contain 1..1 VTEEncounterModule
- TN906-[MS-VTE-PD-6] : Patient Data section **MAY** contain 0..1 HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145).
 - TN906-[MS-VTE-PD-6-1] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 ComfortMeasuresProcedureModule
 - TN906-[MS-VTE-PD-6-2] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 VTEProphylaxisProcModule
 - TN906-[MS-VTE-PD-6-3] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 VTEProphylaxisProcDeclinedModule
 - TN906-[MS-VTE-PD-6-4] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 RsnNoVTEProphylaxisProcModule .
 - TN906-[MS-VTE-PD-6-5] : HITSP Procedures and Interventions Section (templateId 2.16.840.1.113883.3.88.11.83.145) **MAY** contain 0..1 VTEProphylaxisDateTimeProcModule

2.4.3.4 ENTRY TEMPLATES – VENOUS THROMBOEMBOLISM

- TN906-[MS-VTE-EN-1] : MeasureAct act/code/@code for VTE-1 measure **SHALL** be be “1.3.6.1.4.1.33895.1.2.15971.1.2.3” VTE Prophylaxis
- TN906-[MS-VTE-EN-2] : MeasureAct act/code/@code for VTE-2 measure **SHALL** be be “1.3.6.1.4.1.33895.1.2.15972.1.2.3” Intensive Care Unit (ICU) VTE Prophylaxis
- TN906-[MS-VTE-EN-3] : MeasureAct act/code/@code for VTE-3 measure **SHALL** be be “1.3.6.1.4.1.33895.1.2.15973.1.2.3” Venous Thromboembolism (VTE) Patients with Anticoagulation Overlap Therapy
- TN906-[MS-VTE-EN-4] : MeasureAct act/code/@code for VTE-4 measure **SHALL** be be “1.3.6.1.4.1.33895.1.2.15974.1.2.3” Venous Thromboembolism (VTE) Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)
- TN906-[MS-VTE-EN-5] : MeasureAct act/code/@code for VTE-5 measure **SHALL** be be “1.3.6.1.4.1.33895.1.2.15975.1.2.3” Venous Thromboembolism Discharge Instr
- TN906-[MS-VTE-EN-6] : MeasureAct act/code/@code for VTE-6 measure **SHALL** be be “1.3.6.1.4.1.33895.1.2.15976.1.2.3” Incidence of Potentially-Preventable Venous Thromboembolism



- TN906-[MS-VTE-EN-7] : AnyDXVTEConfirmed **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-7-1] : ProblemCode in a AnyDXVTEConfirmed **SHALL** BE drawn from Joint Commission VTE Confirmed
- TN906-[MS-VTE-EN-8] : ClinicalTrialModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-8-1] : ProblemCode in a ClinicalTrialConditionModule **SHALL** BE drawn from Joint Commission ClinicalTrialValue Set.
 - TN906-[MS-VTE-EN-8-2] : Problem Status **SHALL** be drawn from Joint Commission Problem Status Active
- TN906-[MS-VTE-EN-9] : ComfortMeasureProblemModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-9-1] : ProblemCode in a ComfortMeasureProblemModule **SHALL** BE drawn from Joint Commission Palliative Care Measures Only – Findings Value Set.
 - TN906-[MS-VTE-EN-9-2] : Problem Status **SHALL** be drawn from Joint Commission Problem Status Active
- TN906-[MS-VTE-EN-10] : ComfortMeasureProcedureModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-VTE-EN-10-1] : ProcedureCode in a ComfortMeasureProcedureModule **SHALL** BE drawn from Joint Commission Palliative Care Measures Only – Procedure Value Set.
- TN906-[MS-VTE-EN-11] : DischargedOnOverlapTPYModule **SHALL** CONFORM TO HITSP Medication Module (templateId 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-VTE-EN-11-1] : Coded Product Name **SHALL** BE drawn from [Joint Commission Anticoagulant Medications - VTE Value Set](#) OR **SHALL** BE drawn from [Joint Commission Warfarin Medication Value Set](#)
- TN906-[MS-VTE-EN-12] : PatientExpiredProblemModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-12-1] : **MAY** contain Time of Death
- TN906-[MS-VTE-EN-13] : PrimaryIschSTKDCDxConditionModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-13-1] : Diagnosis Priority **SHALL** be “1”.
 - TN906-[MS-VTE-EN-13-2] : ProblemCode **SHALL** BE drawn from Joint Commission Ischemic Stroke Set.
 - TN906-[MS-VTE-EN-13-3] : Problem Status **SHALL** be drawn from Joint Commission Problem Status Active
- TN906-[MS-VTE-EN-14] : PrimaryHemVTEDCdxConditionModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-14-1] : Diagnosis Priority **SHALL** be “1”.
 - TN906-[MS-VTE-EN-14-2] : ProblemCode **SHALL** BE drawn from Joint Commission Hemorrhagic Venous Thromboembolism Value Set
 - TN906-[MS-VTE-EN-14-3] : Problem Status **SHALL** be drawn from Joint Commission Problem Status Active
- TN906-[MS-VTE-EN-15] : PrimaryVTEDCdxConditionModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-15-1] : ProblemCode in a RsnNoVTEmechPharmProphylaxis **SHALL** BE drawn from
 - TN906-[MS-VTE-EN-15-2] : Diagnosis Priority **SHALL** be “1”.



- TN906-[MS-VTE-EN-16] : ReasonForNoAnticoagConditionModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-16-1] : ProblemCode **SHALL** BE drawn from Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation.
- TN906-[MS-VTE-EN-17] : ReasonForNoAnticoagProcedureModule **SHALL** CONFORM to HITSP Procedure performed module (templateId 2.16.840.1.113883.3.88.11.83.17).
 - TN906-[MS-VTE-EN-17-1] : ProcedureCode **SHALL** BE drawn from Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge Procedure
- TN906-[MS-VTE-EN-10=9] : ReasonForNoAnticoagMedicationDeclinedVTEModule **SHALL** CONFORM TO HITSP Medication Module (templateId 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-VTE-EN-18-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Anticoagulant Medications – Venous Thromboembolism
 - TN906-[MS-VTE-EN-18-2] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-VTE-EN-18-3] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-VTE-EN-19] : RsnNoVTEMechPharmProphylaxis **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-19-1] : ProblemCode in a RsnNoVTEMechPharmProphylaxis **SHALL** BE drawn from Joint Commission Reason for no VTE Prophylaxis - Pharmacologic OR **SHALL** BE drawn from Joint Commission Reason for no VTE Prophylaxis – Mechanical
- TN906-[MS-VTE-EN-20] : RsnNoVTEProphylaxisCondModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-20-1] : ProblemCode in a RsnNoVTEProphylaxisCondModule **SHALL** BE drawn from Joint Commission Reason for no VTE Prophylaxis - Pharmacologic OR **SHALL** BE drawn from Joint Commission Reason for no VTE Prophylaxis – Mechanical
- TN906-[MS-VTE-EN-21] : RsnNoVTEProphylaxisMedModule **SHALL** CONFORM TO HITSP Medication Module (templateId 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-VTE-EN-21-1] : Coded Product Name **SHALL** BE drawn from Joint Commission VTE Prophylaxis Medications Value Set
 - TN906-[MS-VTE-EN-21-2] : **SHALL** contain 1..1 Medication Administered Date/Time
 - TN906-[MS-VTE-EN-21-3] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-VTE-EN-21-4] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason
- TN906-[MS-VTE-EN-22] : RsnNoVTEProphylaxisProcModule **SHALL** CONFORM TO HITSP Procedure Module (templateId 2.16.840.1.113883.3.88.11.83.17)
 - TN906-[MS-VTE-EN-22-1] : ProcedureCode in a RsnNoVTEProphylaxisProcModule **SHALL** BE drawn from Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set
 - TN906-[MS-VTE-EN-22-2] : **SHALL** contain 1..1 Procedure Date/Time
 - TN906-[MS-VTE-EN-22-3] : Tense **SHALL** be drawn from Joint Commission Tense ActMood Intent
 - TN906-[MS-VTE-EN-22-4] : Reason **SHALL** be drawn from Joint Commission Patient Reason OR SHALL be drawn from Joint Commission Medical Reason



- TN906-[MS-VTE-EN-23] : UFHTPYMedModule **SHALL** CONFORM TO HITSP Medication Module (templateId 2.16.840.1.113883.3.88.11.83.8)
 - TN906-[MS-VTE-EN-23-1] : Coded Product Name **SHALL** BE drawn from Joint Commission Unfractionated Heparin Medication Value Set
- TN906-[MS-VTE-EN-24] : VTEEncounterModule **SHALL** CONFORM TO HITSP EncounterModule (templateId 2.16.840.1.113883.3.88.11.83.16)
 - TN906-[MS-VTE-EN-24-1] : Patient Class Code **SHALL** be drawn from Joint Commission Inpatient Encounter Value Set.
 - TN906-[MS-VTE-EN-24-2] : **SHALL** contain 1..1 EffectiveTime/low
 - TN906-[MS-VTE-EN-24-3] : **SHALL** contain 1..1 EffectiveTime/high
 - TN906-[MS-VTE-EN-24-4] : **SHALL** contain 1..1 Arrival Date/Time
- TN906-[MS-VTE-EN-25] : VTEPresentOnArrival **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-25-1] : ProblemCode in a VTEPresentOnArrival **SHALL** BE drawn from Joint Commission VTE Confirmed Value Set OR **SHALL** BE drawn from Joint Commission VTE Suspected Value Set
- TN906-[MS-VTE-EN-26] : VTEPrimaryDcDxConditionModule **SHALL** CONFORM TO HITSP Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-VTE-EN-26-1] : Diagnosis Priority **SHALL** be "1".
 - TN906-[MS-VTE-EN-26-2] : ProblemCode **SHALL** BE drawn from Joint Commission Venous Thromboembolism Value Set.

2.5 QRDA CATEGORY I: ED MEASURES IMPLEMENTATION GUIDE

2.5.1 OVERVIEW

This section contains additional QRDA constraints needed on the HL7 Quality Reporting Document Architecture (QRDA) framework for HITSP/Joint Commission Emergency Department (ED) Measures defined in this document. It will be necessary to refer to the HL7 Implementation Guide for CDA Release 2 Quality Reporting Document Architecture (QRDA) (U.S. Realm) which is based on HL7 CDA Release 2.0 to understand the framework and base requirements for this measure specific guide.

This measure-set specific QRDA provides specific instructions for modeling this measure's data elements and provides an example for modeling the other quality measure data elements identified in HITSP/C105 Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture (QRDA) into complete measure specific QRDA's.

2.5.2 DOCUMENT TEMPLATES – EMERGENCY DEPARTMENT (ED)

- TN906-[MS-ED-DT-1] : An **ED Measures QRDA** SHALL be sent in the event that a patient meets the Initial Patient and Measure Population of emergency department patients admitted to inpatient status in same hospital.
- TN906-[MS-ED-DT-2]: An **ED Measures QRDA** CONFORMS TO QRDA Category 1 (templateId 2.16.840.1.113883.10.20.12).
- TN906-[MS-ED-DT-3]: An **ED Measures QRDA** SHALL contain 1..1 Measure Set Section (2.16.840.1.113883.3.249.11.14.1.1.1)



2.5.3 SECTION TEMPLATES – EMERGENCY DEPARTMENT

2.5.3.1 MEASURE SET SECTION – EMERGENCY DEPARTMENT

- TN906-[MS-ED-MSS-1] : Measure Set section **SHALL** contain section/title: “Measure Set: Emergency Department, V1.0”

2.5.3.2 MEASURE SECTION – EMERGENCY DEPARTMENT

- TN906-[MS-ED-MS-1] : Measure section **MAY** contain 0..1 templateld/@root " 2.16.840.1.113883.3.249.11.14.2.1.2.2 " representing conformance to ED-1 measure.
- TN906-[MS-ED-MS-2] : Measure section **MAY** contain 0..1 templateld/@root " 2.16.840.1.113883.3.249.11.14.3.1.2.2 " representing conformance to ED-2 measure.
- TN906-[MS-ED-MS-3] : Measure section **SHALL** contain 1..1 act entry for each measure in the ED measure set represented in the ED Measures QRDA

2.5.3.3 PATIENT DATA SECTION – EMERGENCY DEPARTMENT

The Patient Data section in the Emergency Department Measure section contains information about the encounter, and the discharge diagnosis. Data elements in patient data section are modeled in clinical statement as listed below.

- TN906-[MS-ED-PD-1] : Patient Data section **SHALL** contain 1..1 HITSP Encounter section (templateld 2.16.840.1.113883.3.88.11.83.127)
 - TN906-[MS-ED-PD-1-1] : HITSP Encounter section **SHALL** contain 1..1 EDEncounterModule
 - TN906-[MS-ED-PD-1-2] : HITSP Encounter section **SHALL** contain 1..1 EDIMPEncounterModule
- TN906-[MS-ED-PD-2] : Patient Data section **MAY** contain 1..1 HITSP Discharge Diagnosis Section (templateld 2.16.840.1.113883.3.88.11.83.111).
 - TN906-[MS-ED-PD-3-1] : HITSP Discharge Diagnosis Section (templateld 2.16.840.1.113883.3.88.11.83.111) **MAY** contain 0..1 PrimaryPsychiatric/Mental HealthFindingConditionModule

2.5.3.4 ENTRY TEMPLATES – EMERGENCY DEPARTMENT

- TN906-[MS-ED-EN-1] : MeasureAct act/code/@code for ED-1 measure **SHALL** be “2.16.840.1.113883.3.249.11.14.2.1.2.3”
- TN906-[MS-ED-EN-2] : MeasureAct act/code/@code for ED-2 measure **SHALL** be “2.16.840.1.113883.3.249.11.14.3.1.2.3”
- TN906-[MS-ED-EN-3] : EDEncounterModule **SHALL** CONFORM TO HITSP EncounterModule (templateld 2.16.840.1.113883.3.88.11.83.16)
 - TN906-[MS-ED-EN-3-1] : Patient Class Code **SHALL** be drawn from Joint Commission Emergency Department Patient Class ValueSet.
 - TN906-[MS-ED-EN-3-2] : **SHALL** contain 1..1 encounter effectiveTime/high representing ED Departure Date/Time
 - TN906-[MS-ED-EN-3-3] : **MAY** contain 0..1 Encounter Location participant (CCD templateld 2.16.840.1.113883.10.20.1.45) representing ED location.
 - TN906-[MS-ED-EN-3-3-1] : **SHALL** contain 1..1 participantRole/code, which **SHALL** be drawn from Joint Commission Emergency Department Location ValueSet



- TN906-[MS-ED-EN-3-3-2] : **SHALL** contain 1..1 participantRole/time/low, representing the patient's emergency department arrival date/time.
 - TN906-[MS-ED-EN-3-4] : **MAY** contain 0..1 Encounter Location participant (CCD templateId 2.16.840.1.113883.10.20.1.45) representing Observation service location.
 - TN906-[MS-ED-EN-3-4-1] : **SHALL** contain 1..1 participantRole/code, which SHALL be drawn from Joint Commission Observation Service ValueSet
 - TN906-[MS-ED-EN-3-5] : **MAY** contain 1..1 entryRelationship @typeCode "COMP" Component act/@moodCode "RQO" which
 - TN906-[MS-ED-EN-3-5-2] : **SHALL** contain [1..1] value/@code which SHALL be drawn from STATIC Joint Commission Hospital Admission Value Set
 - TN906-[MS-ED-EN-3-5-3] : **SHALL** contain author/assignedAuthor/time reflecting the decision to admit time.
- TN906-[MS-ED-EN-4] : EDIMPEncounterModule **SHALL CONFORM TO HITSP** EncounterModule (templateId 2.16.840.1.113883.3.88.11.83.16)
 - TN906-[MS-ED-EN-4-1] : Code **SHALL** be drawn from Joint Commission Inpatient Encounter Value Set.
 - TN906-[MS-ED-EN-4-2] : **SHALL** contain [1..1] participant which SHALL contain [1..1] @typeCode="ORG" Origin (CodeSystem: 2.16.840.1.113883.5.90 HL7ParticipationType) which
 - TN906-[MS-ED-EN-4-2-1] : **SHALL** contain [1..1] participantRole which SHALL contain [1..1] @classCode="SDLOC" which **SHALL** contain [1..1] value/@code which **SHALL** be drawn from Joint Commission Emergency Department Admission Source Value Set
- TN906-[MS-ED-EN-5] : PrimaryPsychiatric/Mental HealthFindingConditionModule **SHALL CONFORM TO HITSP** Condition Module (templateId 2.16.840.1.113883.3.88.11.83.7)
 - TN906-[MS-ED-EN-5-1] : Diagnosis Priority **SHALL** be "1".
 - TN906-[MS-ED-EN-5-2] : ProblemCode **SHALL** be drawn from Joint Commission Psychiatric/Mental Health – Finding

2.6 AHRQ-USHIK SUPPORT:

AHRQ-USHIK will support the value sets for each of the ED, Stroke, and VTE data elements and derived data elements supporting value sets. The AHRQ-USHIK HITSP Portal may be accessed through the link: ushik.ahrq.gov.



3.0 APPENDIX

3.1 QUALITY MEASURE VALUE SETS: [STROKE, VTE, ED]

The details for the following value sets that support this exemplar can be found in the Appendix Section 3.3.

Table 3-1 Quality Measure Value Sets

Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Administrative Gender	2.16.840.1.113883.1.11.1	History-sex	All [CMS]]
Ethnicity	2.16.840.1.113883.1.11.15836	Ethnicity (CMS) Hispanic Ethnicity	All [CMS]]
Health Insurance Type	2.16.840.1.113883.3.88.12.3221.5.2	Payment Source (CMS)	All [CMS]]
Joint Commission Admission Type - Elective	1.3.6.1.4.1.33895.1.3.0.1	Admitted for Elective Carotid Intervention	All STK
Joint Commission Anticoagulant Medications - VTE Value Set	1.3.6.1.4.1.33895.1.3.0.2	INR Value>=2 prior to discontinuation Anticoagulant Therapy INR Value<2 prior to discontinuation Anticoagulant Therapy Patients who received warfarin and parenteral anticoagulation >= 5 days Patients who received warfarin and parenteral anticoagulation <5 days Overlap Therapy Start Date Parenteral Anticoagulant Administration Parenteral Anticoagulant End Date/Time Parenteral Anticoagulant Prescribed at Discharge	VTE-3
Joint Commission Anticoagulant Medications-Stroke	1.3.6.1.4.1.33895.1.3.0.3	(TEMPID) Id: 2.8.8.8 Anticoagulation Therapy Prescribed At Discharge Reason For Not Prescribing Anticoagulation Therapy at Discharge	STK-3
Joint Commission Antithrombotic Medications – Stroke	1.3.6.1.4.1.33895.1.3.0.4	Antithrombotic Therapy Administered by End of Hospital Day 2 Antithrombotic Therapy Prescribed At Discharge	STK-2 STK-5
Joint Commission Assessed for Rehabilitation Services – Documentation of Procedures Value Set	1.3.6.1.4.1.33895.1.3.0.5	Assessed for Rehabilitation Services	STK-10
Joint Commission Assessed for Rehabilitation Services – Documentation of Findings Value Set	1.3.6.1.4.1.33895.1.3.0.6	Assessed for Rehabilitation Services	STK-10
Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set	1.3.6.1.4.1.33895.1.3.0.7	Atrial Fibrillation/Flutter	STK-3
Joint Commission Atrial Fibrillation/Flutter Procedure Value Set	1.3.6.1.4.1.33895.1.3.0.8	Atrial Fibrillation/Flutter	STK-3
Joint Commission Behavioral Health Inpatient Treatment Locations Value Set	1.3.6.1.4.1.33895.1.3.0.9	Patients with a Service Delivery Location of Behavioral Health	VTE-1
Joint Commission Carotid Intervention Procedure Value Set	1.3.6.1.4.1.33895.1.3.0.10	Elective Carotid Intervention	All Stroke



Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Joint Commission Clinical Trial Value Set	1.3.6.1.4.1.33895.1.3.0.11	Clinical Trial	All Stroke
Joint Commission Discharge Disposition – Death Value Set Joint Commission Comfort Measures Only	1.3.6.1.4.1.33895.1.3.0.12	Comfort Measures Only	All Stroke
Joint Commission Discharge Disposition - discharge to home care or self care Value Set	1.3.6.1.4.1.33895.1.3.0.13	Discharge to Home or Homecare	STK-8
Joint Commission Discharge Disposition – Discharge Transfers Value Set	1.3.6.1.4.1.33895.1.3.0.14	Discharge Transfers	STK-2 STK-3 STK-6 STK-10
Joint Commission Discharge Disposition - discharged to home, home health or home hospice Value Set	1.3.6.1.4.1.33895.1.3.0.15	Discharge to Home or Homehealth or hospice	VTE-5
Joint Commission Discharge Instructions Address Compliance Issues	1.3.6.1.4.1.33895.1.3.0.16	Discharge Instructions Address Compliance Issues	VTE-5
Joint Commission Discharge Instructions Address Dietary Advice	1.3.6.1.4.1.33895.1.3.0.17	Discharge Instructions Address Dietary Advice	VTE-5
Joint Commission Discharge Instructions Address Follow-up Monitoring	1.3.6.1.4.1.33895.1.3.0.18	Discharge Instructions Address Follow-up Monitoring	VTE-5
Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions	1.3.6.1.4.1.33895.1.3.0.19	Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions	VTE-5
Joint Commission Emergency Department Patient Class Value Set HL7 V2.5	1.3.6.1.4.1.33895.1.3.0.20	ED Patient	ED-1, ED-2, STK-4
Joint Commission Emergency Department Patient Class Value Set HL7 V3.0	1.3.6.1.4.1.33895.1.3.0.21	ED Patient	ED-1, ED-2, STK-4
Joint Commission Education Addresses Medications Prescribed At Discharge Value Set	1.3.6.1.4.1.33895.1.3.0.22	Education Addresses Medications Prescribed At Discharge	STK-8
Joint Commission Education Addresses Emergency Treatment Value Set	1.3.6.1.4.1.33895.1.3.0.23	Education Addresses Activation of Emergency Medical System	STK-8
Joint Commission Education Addresses Follow-up After Discharge Value Set	1.3.6.1.4.1.33895.1.3.0.24	Education Addresses Follow-up After Discharge	STK-8



Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Joint Commission Education Addresses Risk Factors Value Set	1.3.6.1.4.1.33895.1.3.0.25	Education Addresses Risk Factors For Stroke	STK-8
Joint Commission Education Addresses Warning Signs and Symptoms	1.3.6.1.4.1.33895.1.3.0.26	Education Addresses Warning Signs and Symptoms of Stroke	STK-8
Joint Commission Elective Surgery	1.3.6.1.4.1.33895.1.3.0.27	Elective Carotid Intervention	All Stroke
Joint Commission Emergency Department Treatment Locations Value Set	1.3.6.1.4.1.33895.1.3.0.28	Service Delivery Emergency Department	ED-1 , ED-2
Joint Commission Emergency Department Treatment Admission Source Value Set	1.3.6.1.4.1.33895.1.3.0.30	EDPatient	ED-1 , ED-2 , STK-4
Joint Commission Evidence of a surgical procedure requiring general or neuraxial anesthesia	1.3.6.1.4.1.33895.1.3.0.31	Surgical Procedure	VTE-1, VTE-2
Joint Commission Evidence of Atherosclerosis	1.3.6.1.4.1.33895.1.3.0.32	Evidence of Atherosclerosis	STK-6
Joint Commission Following Clinical Pathway Protocol Value Set	1.3.6.1.4.1.33895.1.3.0.33	Monitoring Documentation	VTE-4
Joint Commission Hemorrhagic Stroke Value Set	1.3.6.1.4.1.33895.1.3.0.34	Principal Diagnosis of Ischemic or Hemorrhagic Stroke	STK-1 , STK-8 , STK-10 , STK-10 , VTE-1
Joint Commission Hispanic Ethnicity	2.16.840.1.113883.1.11.15836	Hispanic Ethnicity	All [CMS]}
Joint Commission IA Administration Route	1.3.6.1.4.1.33895.1.3.0.35	IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival	STK-5
Joint Commission Inpatient Encounter Value Set	1.3.6.1.4.1.33895.1.3.0.36	Inpatient Discharges	STK-1 STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10 VTE-1 VTE-2 VTE-3 VTE-4 VTE-5 VTE-6 ED-1 ED-2
Joint Commission INR	1.3.6.1.4.1.33895.1.3.0.37	INR Value	VTE-3



Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Joint Commission Ischemic Stroke Code	1.3.6.1.4.1.33895.1.3.0.38	Principal Diagnosis of Ischemic Stroke(TEMPID) Id: 2.4.4.4 Elective Carotid Intervention Principal Diagnosis of Ischemic or Hemorrhagic Stroke	All Stroke, VTE-1
Joint Commission IV Administration Route	1.3.6.1.4.1.33895.1.3.0.39	IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival IV Thrombolytic Initiation	STK-4, STK-5
Joint Commission Last Known Well Value Set	1.3.6.1.4.1.33895.1.3.0.40	Date/time Last Known Well IV thrombolytic therapy was initiated at this hospital within 3 hours (<=180 minutes) of time last known well Time last known well to arrival in the emergency department greater than (>) 2 hours	STK-4
Joint Commission LDL-C Laboratory Test Result	1.3.6.1.4.1.33895.1.3.0.41	LDL-c Greater Than or Equal to 100 mg/dL LDL-c Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival	STK-6
Joint Commission Mental Disorders Value Set	1.3.6.1.4.1.33895.1.3.0.42	Principal Diagnosis of Psychiatric/Mental Health Patients Non-Observation/Mental Disorder Patients	ED-1, ED-2
Joint Commission Observation Service	1.3.6.1.4.1.33895.1.3.0.43	Observation Services	ED-1, ED-2
Joint Commission Palliative Care Measures Only – Findings Value Set	1.3.6.1.4.1.33895.1.3.0.44	Comfort Measures Only	STK-2 , STK-3 , STK-6 , STK-8 , STK-10 , VTE-3 , VTE-4 , VTE-6
Joint Commission Palliative Care Measures Only – Procedure Value Set	1.3.6.1.4.1.33895.1.3.0.45	Comfort Measures Only	STK-2 , STK-3 , STK-6 , STK-8 , STK-10 , VTE-3 , VTE-4 , VTE-6
Joint Commission Platelet Count Laboratory Test Result Value Set	1.3.6.1.4.1.33895.1.3.0.46	Monitoring Documentation	VTE-4
Joint Commission Problem Status Active	1.3.6.1.4.1.33895.1.3.0.47	Clinical Trial Comfort Measures Only Principal Diagnosis of Ischemic stroke Principal Diagnosis of Ischemic or Hemorrhagic Stroke Principal Diagnosis of VTE Any Diagnosis VTE Confirmed VTE Present on Arrival	All



Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Joint Commission Providing Material	1.3.6.1.4.1.33895.1.3.0.48	Education Addresses Activation of Emergency Medical System Education Addresses Follow-up After Discharge Education Addresses Medications Prescribed At Discharge Education Addresses Risk Factors For Stroke Education Addresses Warning Signs and Symptoms of Stroke 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	STK-8 VTE-5
Joint Commission Reason for Not Administering Antithrombolytic Therapy - Procedure	1.3.6.1.4.1.33895.1.3.0.49	Reason for Not Administering Antithrombolytic Therapy by End of Hospital Day 2	STK-5
Joint Commission Reason for Not Administering Antithrombolytic Therapy- Finding/Situation	1.3.6.1.4.1.33895.1.3.0.50	Reason for Not Administering Antithrombolytic Therapy by End of Hospital Day 2	STK-5
Joint Commission Reason for Not Initiating IV Thrombolytic – Findings Value Set	1.3.6.1.4.1.33895.1.3.0.51	Reason For Not Initiating IV Thrombolytic	STK-4
Joint Commission Reason for Not Initiating IV Thrombolytic – Procedure Value Set	1.3.6.1.4.1.33895.1.3.0.52	Reason For Not Initiating IV Thrombolytic	STK-4
Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation	1.3.6.1.4.1.33895.1.3.0.53	Reason For Not Prescribing Anticoagulation Therapy at Discharge	STK-3
Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge Procedure	1.3.6.1.4.1.33895.1.3.0.54	Reason For Not Prescribing Anticoagulation Therapy at Discharge	STK-3
Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge - Finding	1.3.6.1.4.1.33895.1.3.0.55	Reason For Not Prescribing Antithrombolytic Therapy at Discharge	STK-2,
Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge - Procedure	1.3.6.1.4.1.33895.1.3.0.56	Reason For Not Prescribing Antithrombolytic Therapy at Discharge	STK-2,
Joint Commission Reason for Not Prescribing Statin Medication	1.3.6.1.4.1.33895.1.3.0.57	Reason For Not Prescribing Statin Medication At Discharge	STK-6



Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Joint Commission Stroke Statin Medications Value Set	1.3.6.1.4.1.33895.1.3.0.58	Statin Medication Prescribed At Discharge	STK-6
Joint Commission Stroke Lipid Lowering Agent Value Set	1.3.6.1.4.1.33895.1.3.0.59	Pre-Arrival Lipid-Lowering Agent	STK-6
Joint Commission Thrombolytic (t-PA) Therapy	1.3.6.1.4.1.33895.1.3.0.60	IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival IV Thrombolytic Initiation IV Thrombolytic (t-PA) Therapy Date/Time IV thrombolytic therapy was initiated at this hospital within 3 hours (<=180 minutes) of time last known well	STK-5 STK-4
Joint Commission Treatment Adjusted by Protocol Value Set	1.3.6.1.4.1.33895.1.3.0.61	Monitoring Documentation	VTE-4
Joint Commission UFH Therapy	1.3.6.1.4.1.33895.1.3.0.62	UFH Therapy Administration Monitoring Documentation	VTE-4
Joint Commission VTE Confirmed	1.3.6.1.4.1.33895.1.3.0.63	VTE Confirmed	VTE-1, VTE-2, VTE-3, VTE-4, VTE-5, VTE-6
Joint Commission VTE Diagnostic Test	1.3.6.1.4.1.33895.1.3.0.64	VTE Diagnostic Test VTE Diagnostic Test Order Date	VTE-3, VTE-4, VTE-5, VTE-6
Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set	1.3.6.1.4.1.33895.1.3.0.65	ICU VTE Prophylaxis ICU VTE Prophylaxis Date VTE Prophylaxis VTE Prophylaxis Date/Time VTE Prophylaxis Status	STK-1, VTE-1
Joint Commission VTE Prophylaxis Medications Value Set	1.3.6.1.4.1.33895.1.3.0.66	ICU VTE Prophylaxis ICU VTE Prophylaxis Date VTE Prophylaxis VTE Prophylaxis Date/Time VTE Prophylaxis Status	STK-1, VTE-1
Joint Commission Warfarin Medication Value Set	1.3.6.1.4.1.33895.1.3.0.67	Overlap Therapy Start Date VTE Prophylaxis VTE Prophylaxis Date/Time VTE Prophylaxis Status Warfarin Administration Warfarin Administration Date/Time Warfarin Prescribed at Discharge	VTE-3, VTE-5
Joint Commission Reason for no VTE Prophylaxis – Mechanical	1.3.6.1.4.1.33895.1.3.0.68	Reason for No VTE Prophylaxis – Hospital Admission	STK-1, VTE-1 VTE-2 VTE-3
Joint Commission Reason for no VTE Prophylaxis - Pharmacologic	1.3.6.1.4.1.33895.1.3.0.69	Reason for No VTE Prophylaxis – Hospital Admission Reasons for No VTE Prophylaxis – Hospital Admission Surgery Reasons for No VTE Prophylaxis – ICU Admission Reason for No VTE Prophylaxis – ICU Surgery Reasons for not administering mechanical and pharmacologic prophylaxis	STK-1, VTE-1



Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Joint Commission In Facility Location - ICU Value Set	1.3.6.1.4.1.33895.1.3.0.70	Reason for No VTE Prophylaxis – ICU Surgery ICU Direct Admit/Transfer ICU LOS < one day VTE Prophylaxis ICU Surgery VTE Prophylaxis – ICU Admission	VTE-1 VTE-2
Joint Commission Medical History Unknown Value Set	1.3.6.1.4.1.33895.1.3.0.71	Time Last Known Well – See Issues list	
Joint Commission Emergency Department Admission Source Value Set	1.3.6.1.4.1.33895.1.3.0.72	ED Patient	ED-1 , ED-2 , STK-4
Joint Commission Obstetric Inpatient Treatment Locations	1.3.6.1.4.1.33895.1.3.0.73	Patients with Service Delivery of Obstetrics	VTE-1
Joint Commission Patient Reason Value Set	1.3.6.1.4.1.33895.1.3.0.74	Reason for No VTE Prophylaxis – Hospital Admission Reasons for No VTE Prophylaxis – Hospital Admission Surgery Reasons for No VTE Prophylaxis – ICU Admission Reason for No VTE Prophylaxis – ICU Surgery Reasons for not administering mechanical and pharmacologic prophylaxis Reason For Not Prescribing Anticoagulation Therapy at Discharge Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2 Reason For Not Initiating IV Thrombotic Reason For Not Prescribing Antithrombotic Therapy at Discharge Reason For Not Prescribing Statin Medication At Discharge	STK-1, STK-2 , STK-3, STK-4 , STK-5 VTE-
Joint Commission Medical Reason Value Set	1.3.6.1.4.1.33895.1.3.0.75	Reason for No VTE Prophylaxis – Hospital Admission Reasons for No VTE Prophylaxis – Hospital Admission Surgery Reasons for No VTE Prophylaxis – ICU Admission Reason for No VTE Prophylaxis – ICU Surgery Reasons for not administering mechanical and pharmacologic prophylaxis Reason For Not Prescribing Anticoagulation Therapy at Discharge Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2 Reason For Not Initiating IV Thrombotic Reason For Not Prescribing Antithrombotic Therapy at Discharge Reason For Not Prescribing Statin Medication At Discharge	STK-1, STK-2 , STK-3, STK-4 , STK-5 VTE-1
Joint Commission Physician, APN, PA, Authorization Roles Value Set	1.3.6.1.4.1.33895.1.3.0.76	Not used at this time	NA



Value Set Name	OID	Associated Data Element(s)	Measures Using the Value Set
Joint Commission Tense ActMood Intent Value Set	1.3.6.1.4.1.33895.1.3.0.77	Reason for No VTE Prophylaxis – Hospital Admission Reasons for No VTE Prophylaxis – Hospital Admission Surgery Reasons for No VTE Prophylaxis – ICU Admission Reason for No VTE Prophylaxis – ICU Surgery Reasons for not administering mechanical and pharmacologic prophylaxis Reason For Not Prescribing Anticoagulation Therapy at Discharge Reason for Not Administering Antithrombolytic Therapy by End of Hospital Day 2 Reason For Not Initiating IV Thrombolytic Reason For Not Prescribing Antithrombolytic Therapy at Discharge Reason For Not Prescribing Statin Medication At Discharge	STK-1, STK-2 , STK-3, STK-4 , STK-5 VTE-1
Joint Commission Subcutaneous Route of Administration Value Set	1.3.6.1.4.1.33895.1.3.0.78	Not Used at this time	NA
Postal Code	2.16.840.1.113883.3.88.12.80.2	Postal Code	All [CMS}}
Race	2.16.840.1.113883.1.11.14914	Race	All [CMS}}

3.2 QUALITY MEASURE DERIVED DATA AND SUPPORTING DATA ELEMENTS: ED, STROKE, VTE

This section specifies the underlying HITSP/C154 Data Dictionary, HITSP/C83 CDA Content Modules, HITEP II Data Types, and Value Sets used for each derived data element along with the logic that is used to assess the derived data element. These derived data elements are used to build the measure logic for the sixteen quality measures addressed in this Technical Note. The measures supported by each of these elements are referenced with a link to the measure specification section in this document, and the value sets cited are linked to the detailed extensional list included in the Appendix of this document. Similarly, these derived data elements are supported by links where referenced within the measure to facilitate tracing of the concepts used to support the electronic measure.

Table 3-2 Quality Measure Derived Data and Supporting Data Elements

Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.1 Age < 18	Patient age is < 18 at the time of admission	IF ((Admit Date/Time - Birthdate) < 18 years) THEN 'Y' ELSE 'N'	Admit Date/Time : 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) Birthdate: 2.2.2.1 Personal Information 1.07 Person Date of Birth	All STK, All VTE	NA
1.3.6.1.4.1.33895.1.4.0.2 Admit Decision Time to ED Departure Time	Time from the ED Admit Decision to ED Departure Time NOTE: ED Admit Decision is based upon Admit Order Time	IF In Facility Location CONTAINS ValueSet (Joint Commission Emergency Department Treatment Locations Value Set) THEN (Order to Admit Date/Time - In Facility Discharge Date/Time) ELSE NULL	In Facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 Facility Location In Facility Discharge Date/Time: 16.20 In Facility Location Duration (high) Order to Admit Date/Time 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.14 Order to Admit Date/Time	ED-2	Joint Commission Emergency Department Treatment Locations Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.3 Anticoagulation Therapy Prescribed At Discharge	Documentation that anticoagulation therapy was prescribed at hospital discharge. The administration of anticoagulation therapy, unless there are contraindications, is an established effective strategy in preventing recurrent stroke in high stroke-risk atrial fibrillation patients with TIA or prior stroke	If Discharge Medication(Coded Product Name) CONTAINS ValueSet (Joint Commission Anticoagulant Medications – Stroke) THEN 'Y', ELSE 'N'	Discharge medication ordered: - Discharge Medications Section 2.2.1.14: 2.2.2.8 Medication	STK-3	Joint Commission Anticoagulant Medications - Stroke
1.3.6.1.4.1.33895.1.4.0.4 Antithrombolytic Therapy Administered by End of Hospital Day 2	Documentation that antithrombolytic therapy was administered by the end of hospital day 2. Antithrombolytic therapy is administered to reduce morbidity, mortality, and recurrence rate in stroke	If Medication Administered(Coded Product Name) CONTAINS ValueSet (Joint Commission Antithrombolytic Medications - Stroke) AND Medication Administered Date/Time – Arrival Date/Time <=2 days) then 'Y', else 'N'	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13 Coded Product Name Medication Administered Date/Time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time Arrival Date/Time: Encounters section 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Arrival Date/Time (low)	STK-5	Joint Commission Antithrombolytic Medications - Stroke
1.3.6.1.4.1.33895.1.4.0.5 Antithrombolytic Therapy Prescribed At Discharge	Documentation that antithrombolytic therapy was prescribed at hospital discharge. Antithrombolytic therapy is administered to reduce morbidity, mortality, and recurrence rate in stroke	If Discharge Medication(Coded Product Name) CONTAINS ValueSet (Joint Commission Antithrombolytic Medications - Stroke) then 'Y', else 'N'	Discharge medication ordered: C83 Discharge Medications Section 2.2.1.14: 2.2.2.8 Medication 8.13 Coded Product Name	STK-2	Joint Commission Antithrombolytic Medications - Stroke



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.6 Assessed for Rehabilitation Services	Documentation that the patient was assessed for or received rehabilitation services during this hospitalization. Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible	If Procedure Ordered CONTAINS ValueSet (Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set) OR Procedure Performed CONTAINS ValueSet (Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set) OR Problem Code CONTAINS ValueSet (Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set) OR Diagnoses CONTAINS ValueSet (Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set) then 'Y' else 'N'	Procedure Ordered : 2.2.2.17 Procedure: Procedure in Request mood Procedure Performed : 2.2.2.17 Procedure: 17.01 Procedure Performed Facility Location: Encounters section 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 facility Location Problem code : 2.2.1.3 Problem List Section: 7.04 Problem Code Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Provider Type: 2.2.2.4 Healthcare Provider 4.04 Provider Type	STK-10	Joint Commission Assessed for Rehabilitation Services – Documentation of Procedures Value Set Joint Commission Assessed for Rehabilitation Services – Documentation of Findings Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.7 Atrial Fibrillation/Flutter	Documentation that the patient has a history of any atrial fibrillation (e.g., remote, persistent, or paroxysmal) or atrial flutter in the past OR current atrial fibrillation or flutter on EKG	IF (Problem code CONTAINS ValueSet (Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set))) OR (Diagnoses CONTAINS (Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set))) OR ProcedurePerformed CONTAINS ValueSet (Joint Commission Atrial Fibrillation/Flutter Procedure Value Set)) THEN 'Y' ELSE 'N'	Problem code : 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness, 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Procedure Performed : 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-3	Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set Joint Commission Atrial Fibrillation/Flutter Procedure Value Set
1.3.6.1.4.1.33895.1.4.0.8 Clinical Trial (HITEP-II all measures)	Documentation that during this hospital stay the patient was enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. AMI, CAC, HF, PN, PR, SCIP, STK, VTE)	IF (Problem code CONTAINS ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active)) OR (Diagnoses CONTAINS (ValueSet (Joint Commission Clinical Trial) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active))) THEN 'Y' ELSE 'N'	Problem code : 2.2.1.3 Problem List Section: 7.04 Problem Code Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	All	Joint Commission Clinical Trial Joint Commission Problem Status Active



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.9 Comfort Measures Only 2	Physician/advanced practice nurse/physician assistant (physician/APN/PA) documentation of comfort measures only. Commonly referred to as "palliative care" in the medical community and "comfort care" by the general public. Palliative care includes attention to the psychological and spiritual needs of the patient and support for the dying patient and the patient's family. Comfort Measures Only are not equivalent to the following: Do Not Resuscitate (DNR), living will, no code, no heroic measure	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission Palliative Care Measures Only – Procedure Value SetOR Problem Code CONTAINS (Joint Commission Palliative Care Measures Only – Findings Value Set)) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Problem code: 2.2.1.3 Problem List Section : 7.04 Problem Code 7.12 Problem Status	STK-2, STK-3, STK-6, STK-8, STK-10, VTE-3, VTE-4, VTE-6	Joint Commission Palliative Care Measures Only – Procedure Value Set Joint Commission Palliative Care Measures Only – Findings Value Set Joint Commission Problem Status Active
1.3.6.1.4.1.33895.1.4.0.10 Comfort Measures Only documented on day of or day after hospital arrival	Physician/advanced practice nurse/physician assistant (physician/APN/PA) documentation of comfort measures only on the day of or the day after hospital admission	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission Comfort Measures Only) AND (Procedure Date – Admit Date/Time <=1 and >=0) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Procedure Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time Admit Date/Time: Encounters section 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low)	STK-1 STK-5, VTE-1, VTE-2	Joint Commission Comfort Measures Only
1.3.6.1.4.1.33895.1.4.0.11 Date/time Last Known Well	The date prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health	IF (Result CONTAINS ValueSet (Joint Commission Last Known Well Value Set) THEN Result ELSE NULL	Result Type: 2.2.2.15 Result 15.03 Result Type Result Value: 2.2.2.15 Result 15.05 Result value (is the Time Last Known Well)	STK-4	Joint Commission Last Known Well Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.12 Discharge Instructions Address Compliance Issues	Written discharge instructions or other documentation of educational material given to patient/caregiver addressing compliance issues related to warfarin therapy prescribed after discharge	IF DischargeInstructions CONTAINS ValueSet (Joint Commission Discharge Instructions Address Compliance Issues) AND ProcedurePerformed CONTAINS (ValueSet(Joint Commission Providing Material)) THEN 'Y' ELSE 'N'	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-5	Joint Commission Discharge Instructions Address Compliance Issues
1.3.6.1.4.1.33895.1.4.0.13 Discharge Instructions Address Dietary Advice	Written discharge instructions or other documentation of educational material given to patient/caregiver addressing dietary advice related to warfarin therapy prescribed after discharge	IF DischargeInstructions CONTAINS ValueSet (Joint Commission Discharge Instructions Address Dietary Advice) AND ProcedurePerformed CONTAINS ValueSet (Joint Commission Providing Material)) THEN 'Y' ELSE 'N'	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-5	Joint Commission Discharge Instructions Address Dietary Advice
1.3.6.1.4.1.33895.1.4.0.14 Discharge Instructions Address Follow-up Monitoring	Written discharge instructions or other documentation of educational material given to patient/caregiver addressing follow-up monitoring related to warfarin therapy prescribed after discharge	IF DischargeInstructions CONTAINS ValueSet (Joint Commission Discharge Instructions Address Follow-up Monitoring) AND ProcedurePerformed CONTAINS ValueSet (Joint Commission Providing Material)) THEN 'Y' ELSE 'N'	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-5	Joint Commission Discharge Instructions Address Follow- up Monitoring
1.3.6.1.4.1.33895.1.4.0.15 Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions	Written discharge instructions or other documentation of educational material given to patient/caregiver addressing potential for adverse drug reactions and interactions related to warfarin therapy prescribed after discharge	IF DischargeInstructions CONTAINS ValueSet (Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions) AND ProcedurePerformed CONTAINS (ValueSet(Joint Commission Providing Material)) THEN 'Y' ELSE 'N'	Discharge Instructions : 2.2.2.22 Plan of Care 22.01 Discharge Instructions	VTE-5	Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.16 Discharge to Home or Homecare	Patient Discharged to Home or Homecare	If DischargeDisposition CONTAINS ValueSet (Joint Commission Discharge Disposition - discharge to home care or self care Value Set) THEN 'Y' ELSE 'N'	Discharge Disposition : Encounters section 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.09 Discharge Disposition	STK-8	Joint Commission Discharge Disposition - discharge to home care or self care Value Set
1.3.6.1.4.1.33895.1.4.0.17 Discharge to Home or Homehealth or hospice	Patient Discharged to Home or Homecare	If DischargeDisposition CONTAINS ValueSet (Joint Commission Discharge Disposition - discharge to home care or self care Value Set) THEN 'Y' ELSE 'N'	Discharge Disposition : Encounters section 2.2.2.16 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.09 Discharge Disposition	VTE-5	Joint Commission Discharge Disposition - discharged to home, home health or home hospice Value Set
1.3.6.1.4.1.33895.1.4.0.18 DischargeTransfers	Patient discharged to another facility or left AMA	If DischargeDisposition CONTAINS ValueSet (Joint Commission Discharge Disposition - Discharge Transfers Value Set) THEN 'Y' ELSE 'N'	Discharge Disposition : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.09 Discharge Disposition	STK-2 STK-3 STK-6 STK-10	Joint Commission Discharge Disposition - Discharge Transfers Value Set
1.3.6.1.4.1.33895.1.4.0.19 EDPatient	Patient received care in a dedicated emergency department of the facility	IF Admission Source CONTAINS ValueSet (Joint Commission Emergency Department Treatment Admission Source Value Set) OR Patient Class CONTAINS ValueSet (Joint Commission Emergency Department Patient Class Value Set HL7 V2.5) OR ValueSet (Joint Commission Emergency Department Patient Class Value Set HL7 V3.0) THEN 'Y' ELSE 'N'	Admission Source : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.06 Admission source	ED-1, ED- 2, STK-4	Joint Commission Emergency Department Treatment Admission Source Value Set Joint Commission Emergency Department Patient Class Value Set HL7 V2.5 Joint Commission Emergency Department Patient Class Value Set HL7 V3.0
1.3.6.1.4.1.33895.1.4.0.20 ED Departure Date/Time	Time the patient departed ED	IF In Facility Location CONTAINS ValueSet (Joint Commission Emergency Department Treatment Locations Value Set) THEN In Facility Discharge Date/Time ELSE NULL	In Facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 Facility Location In Facility Discharge Date/Time: 16.20 In Facility Location Duration (high)	ED-1, ED-2	Joint Commission Emergency Department Treatment Locations Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.21 ED Arrival to ED Departure	Time from ED Arrival to ED Departure	IF In Facility Location CONTAINS ValueSet (Joint Commission Emergency Department Treatment Locations Value Set) THEN (In Facility Discharge Date/Time – Arrival Date/Time) ELSE NULL	In Facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter16.11 Facility Location In Facility Discharge Date/Time: 16.20 In Facility Location Duration (high) Arrival Date/Time: 16.12 Arrival Date/Time	ED-1	Joint Commission Emergency Department Treatment Locations Value Set
1.3.6.1.4.1.33895.1.4.0.22 Education Addresses Activation of Emergency Medical System	Documentation that the patient/caregiver received educational materials that address the need for activation of the emergency medical system (EMS) if signs or symptoms of stroke occur. Immediate activation of the emergency medical system by calling 911 or another EMS number improves hospital arrival time and the likelihood of thrombolytic administration	IF ProcedurePerformed CONTAINS (ValueSet (Joint Commission Education Addresses Emergency Treatment Value Set) AND ProcedurePerformed CONTAINS (ValueSet(Joint Commission Providing Material) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Emergency Treatment Value Set Joint Commission Providing Material
1.3.6.1.4.1.33895.1.4.0.23 Education Addresses Follow-up After Discharge	Documentation that the patient/caregiver received educational materials that address the need for continuing medical care after discharge. Patient education programs for specific chronic conditions have increased healthful behaviors, improved health status, and/or decreased healthcare costs of their participants	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission Education Addresses Follow-up After Discharge Value Set) AND ProcedurePerformed CONTAINS (ValueSet(Joint Commission Providing Material) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Follow-up After Discharge Value Set Joint Commission Providing Material



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.24 Education Addresses Medications Prescribed At Discharge	Documentation that the patient/caregiver received educational materials that address all medications prescribed at discharge. Instructions must address at least the names of all discharge medications but may also include other usage instructions such as dosages, frequencies, side effects, etc. The importance of medications prescribed to prevent a second stroke (e.g., Plavix) should be emphasized	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission Education Addresses Medications Prescribed At Discharge Value Set) AND ProcedurePerformed CONTAINS (ValueSet(Joint Commission Providing Material) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Medications Prescribed At Discharge Value Set Joint Commission Providing Material
1.3.6.1.4.1.33895.1.4.0.25 Education Addresses Risk Factors For Stroke	Documentation that the patient/caregiver received educational materials that address risk factors for stroke. Patient education programs for specific chronic conditions have increased healthful behaviors, improved health status, and/or decreased healthcare costs of their participants	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission Education Addresses Risk Factors Value Set) AND ProcedurePerformed CONTAINS ValueSet (Joint Commission Providing Material) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Risk Factors Value Set Joint Commission Providing Material



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.26 Education Addresses Warning Signs and Symptoms of Stroke	Documentation that the patient/caregiver received educational materials that address the warning signs and symptoms of stroke. Patient education programs for specific chronic conditions have increased healthful behaviors, improved health status, and/or decreased healthcare costs of their participants	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission Education Addresses Warning Signs and Symptoms) AND ProcedurePerformed CONTAINS ValueSet (Joint Commission Providing Material) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed	STK-8	Joint Commission Education Addresses Warning Signs and Symptoms Joint Commission Providing Material
1.3.6.1.4.1.33895.1.4.0.27 Admitted for Elective Carotid Intervention	Documentation demonstrates that the current admission is solely for the performance of an elective carotid intervention (e.g., elective carotid endarterectomy, angioplasty, carotid stenting)	IF (ProcedurePerformed CONTAINS ValueSet (Joint Commission Carotid Intervention)) AND ((ProcedurePerformed CONTAINS ValueSet (Joint Commission Elective Surgery) OR Admission Type CONTAINS ValueSet (Joint Commission Admission Type - Elective)) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Admission Type: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Admission Type	STK-1 , STK-2 All STK	Joint Commission Carotid Intervention Joint Commission Elective Surgery Joint Commission Admission Type - Elective



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.28 Patient with No Evidence of Atherosclerosis	Documentation in the medical record that the patient has an atherosclerotic condition. Randomized clinical trials (i.e., Stroke Prevention by Aggressive Reduction in Cholesterol Levels – “SPARCL” and Heart Protection Study – “HPS”) support the use of statins in patients with large artery atherosclerotic or small artery branch atherosclerotic (lacunar) stroke. There is no published evidence to recommend the routine use of statins in the treatment of stroke patients who do not have atherosclerosis and do not otherwise qualify for lipid lowering due to other conditions	IF NOT (Problem code CONTAINS ValueSet (Joint Commission Evidence of Atherosclerosis Value Set)) OR (Diagnoses CONTAINS (ValueSet (Joint Commission Evidence of Atherosclerosis Value Set)) THEN ‘Y’ ELSE ‘N’	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness, 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code	STK-6	Joint Commission Evidence of Atherosclerosis Value Set
1.3.6.1.4.1.33895.1.4.0.29 Hispanic Ethnicity	Documentation that the patient is of Hispanic ethnicity or Latino	IF (Ethnicity CONTAINS ValueSet (Joint Commission Hispanic Ethnicity) THEN ‘Y’ ELSE ‘N’	Ethnicity: 2.2.2.1 Personal Information: 1.11 Ethnicity	All HITEP II	Joint Commission Hispanic Ethnicity



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.32 ICU Direct Admit/Transfer	Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU LOS \geq one day	IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND ((ICU Admit Date - Admit Date) \leq 1) ICU Discharge Date - ICU Admit Date) = 0) THEN 'Y' ELSE 'N'	In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location Admit Date/Time : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) ICU Admit Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility Duration (low) ICU Discharge Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility duration (high)	VTE-1	Joint Commission In Facility Location - ICU Value Set
1.3.6.1.4.1.33895.1.4.0.33 ICU LOS < one day	Patients with ICU LOS < one day	IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND ((ICU Discharge - ICU Admit Date) < 1) THEN 'Y' ELSE 'N'	In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 facility Location Admit Date/Time : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) ICU Admit Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility Duration (low) ICU Discharge Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility duration (high) ICU Transfer Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility duration with time low or high	VTE-2	Joint Commission In Facility Location - ICU Value Set
1.3.6.1.4.1.33895.1.4.0.34 Discontinue Order Date/Time	Date/Time of Discontinue Medication order	IF Discontinue Medication THEN Order Date/Time ELSE 'Null'	Order Date/Time : Medication section 2.2.2.12 2.2.2.8 Medication 8.30 Order Date/Time Discontinue Medication : Medication section 2.2.2.12 2.2.2.8 Medication 8.02 Indicate Medication Stopped		



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.35 Inpatient Discharges	Patients admitted to and discharged from the hospital for inpatient acute care	IF PatientClass contains ValueSet (Joint Commission Inpatient Encounter Value Set) THEN 'Y' ELSE 'N'	Patient Class: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.10 Patient Class	STK-1 STK-2 STK-3 STK-4 STK-5 STK-6 STK-8 STK-10 VTE-1 VTE-2 VTE-3 VTE-4 VTE-5 VTE-6 ED-1 ED-2	Joint Commission Inpatient Encounter Value Set
1.3.6.1.4.1.33895.1.4.0.36 INR Value>=2 prior to discontinuation Anticoagulant Therapy	Documentation of an international normalized ratio (INR) value ≥ 2 prior to discontinuation of the parenteral anticoagulation therapy. This value correlates to the ability of the blood to clot	IF (Medication CONTAINS ValueSet(Joint Commission Anticoagulant Medications - VTE Value Set) AND Discontinue Medication <> NULL AND (ResultType CONTAINS ValueSet (Joint Commission INR) AND (ResultValue >=2)) AND (ReportDateTime < Discontinue Order Date/Time))THEN 'Y' ELSE 'N'	Result Type: 2.2.2.15 Result 15.03 Result Type Result Value: 2.2.2.15 Result 15.05 Result value Report date time: 2.2.2.15 Result 15.02 Report date/time Discontinue Order Date/Time (derived data) Medication: Medication section 2.2.2.12 2.2.2.8 Medication 8.13 Coded Product Name Discontinue Order Date/Time: Medication section 2.2.2.12 2.2.2.8 Medication 8.30 Order Date/Time Discontinue Medication: Medication section 2.2.2.12 2.2.2.8 Medication 8.02 Indicate Medication Stopped	VTE-3	Joint Commission INR Laboratory Test Result Value Set Joint Commission Anticoagulant Medications - VTE Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.37 INR Value<2 prior to discontinuation Anticoagulant Therapy	Documentation of an international normalized ratio (INR) value < 2 prior to discontinuation of the parenteral anticoagulation therapy. This value correlates to the ability of the blood to clot	IF (Medication CONTAINS ValueSet(Joint Commission Anticoagulant Medications - VTE Value Set) AND Discontinue Medication <> NULL AND (ResultType CONTAINS ValueSet (Joint Commission INR) AND (ResultValue <2)) AND (ReportDateTime < Discontinue Order Date/Time)) THEN 'Y' ELSE 'N'	Result Type : 2.2.2.15 Result 15.03 Result Type Result Value : 2.2.2.15 Result 15.05 Result value Report date time : 2.2.2.15 Result 15.02 Report date/time Discontinue Order Date/Time (derived data) Medication: Medication section 2.2.2.12 2.2.2.8 Medication 8.13 Coded Product Name Discontinue Order Date/Time : Medication section 2.2.2.12 2.2.2.8 Medication 8.30 Order Date/Time Discontinue Medication : Medication section 2.2.2.12 2.2.2.8 Medication 8.02 Indicate Medication Stopped	VTE-3	Joint Commission INR Laboratory Test Result Value Set Joint Commission Anticoagulant Medications - VTE Value Set
1.3.6.1.4.1.33895.1.4.0.38 Patients who received warfarin and parenteral anticoagulation >= 5 days	There is documentation that the patient received warfarin and parenteral anticoagulation for five or more days	IF Medications Administered CONTAINS ValueSet(Joint Commission Warfarin Medication Value Set) AND Medication Administered CONTAINS ValueSet(Joint Commission Anticoagulant Medications - VTE Value Set) AND MAX(Medication Administered date/time) – MIN(Medication Administered date/time) > = 5 days THEN 'Y' ELSE 'N'	Medications Administered : Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set Joint Commission Warfarin Medication Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.39 Patients who received warfarin and parenteral anticoagulation <5 days	There is documentation that the patient received warfarin and parenteral anticoagulation for five or more days	IF Medications Administered CONTAINS ValueSet(Joint Commission Warfarin Medication Value Set) AND Medication Administered CONTAINS ValueSet (Joint Commission Anticoagulant Medications - VTE Value Set) AND MAX(Medication Administered date/time) – MIN(Medication Administered date/time) < 5 days THEN 'Y' ELSE 'N'	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set Joint Commission Warfarin Medication Value Set
1.3.6.1.4.1.33895.1.4.0.40 IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival	There is documentation in the record that the patient received intravenous (IV) or intra-arterial (IA) thrombolytic therapy (t-PA) at this hospital or within 24 hours prior to arrival. Antithrombolytic administration within 24 hours of thrombolytic therapy (t-PA) is contraindicated	IF Medication Administered(Coded Product Name) CONTAINS ValueSet (Joint Commission Stroke Thrombolytic (t-PA) Medication) AND Medications Administered Route CONTAINS ValueSet (Joint Commission IA Administration Route) OR ValueSet (Joint Commission IV Administration Route) AND Medication Administered Date/Time – Arrival Date/Time <=24 hours) then 'Y', else 'N'	Arrival Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Arrival date/time Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medications Administered Route: 2.2.1.15 Medications Administered Section: 8.07 – Route Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	STK-5	Joint Commission Stroke Thrombolytic (t-PA) Medication Joint Commission IA Administration Route Joint Commission IV Administration Route



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.41 IV thrombolytic therapy was initiated at this hospital within 3 hours (<=180 minutes) of time last known well	Where time last known well is known, the initiation of IV thrombolytic therapy within 3 hours.	If Medication Administered(Coded Product Name) CONTAINS ValueSet (Joint Commission Stroke Thrombolytic (t-PA) Therapy) AND Medications Administered Route CONTAINS ValueSet (Joint Commission IV Administration Route) AND ((Result Type CONTAINS ValueSet (Joint Commission Last Known Well)) AND (Medication Administered Date/Time - Result Value) <= 180 minutes)) THEN 'Y' ELSE 'N'	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medications Administered Route: 2.2.1.15 Medications Administered Section: 8.07 – Route Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time Arrival Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Arrival date/time Result Type: 2.2.2.15 Result 15.03 Result Type Result Value: 2.2.2.15 Result 15.05 Result value (is the Time Last Known Well)2.2.2.7Condition2.2.2.7 Condition	STK-4	Joint Commission Last Known Well Joint Commission Stroke Thrombolytic (t-PA) Therapy Joint Commission IV Administration Route
1.3.6.1.4.1.33895.1.4.0.42 IV Thrombolytic Initiation	Intravenous (IV) thrombolytic therapy was initiated at this hospital. IV thrombolytics convert plasminogen to plasmin, which in turn breaks down fibrin and fibrinogen, thereby dissolving thrombus. IV t-PA is the only FDA-approved IV thrombolytic for stroke	If Medication Administered CONTAINS ValueSet (Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set) Medication Value Set) AND Medications Administered Route CONTAINS ValueSet (Joint Commission IV Administration Route)) THEN 'Y', else 'N'	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medications Administered Route: 2.2.1.15 Medications Administered Section: 8.07 – Route	STK-4	Joint Commission IV Administration Route Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.43 IV Thrombolytic (t-PA) Therapy Date/Time	The month, date, and year that IV thrombolytic therapy was initiated to a patient with ischemic stroke at this hospital. IV thrombolytics convert plasminogen to plasmin, which in turn breaks down fibrin and fibrinogen, thereby dissolving thrombus	If Medication Administered(Coded Product Name) CONTAINS ValueSet (Joint Commission Stroke Thrombolytic (t-PA) Therapy) AND Medications Administered Route CONTAINS ValueSet (Joint Commission IV Administration Route) THEN Medication Administered Date/Time, else 'Null'	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	STK-4	Joint Commission IV Administration Route Joint Commission Stroke Thrombolytic (t-PA) Therapy
1.3.6.1.4.1.33895.1.4.0.44 LDL-c Greater Than or Equal to 100 mg/dL	Value of LDL-cholesterol (LDL-c) was ≥100 mg/dL. LDL is a complex of lipids and proteins, with greater amounts of lipid than protein, that transports cholesterol in the blood. High levels are associated with an increased risk of atherosclerosis and coronary heart disease	IF ResultType CONTAINS ValueSet (Joint Commission LDL-C Laboratory Test Result) AND ResultValue >=100 mg/dL THEN 'Y' ELSE 'N'	Result Type: 2.2.2.15 Result 15.03 Result Type Result value: 2.2.2.15 Result 15.05 Result value	STK-6	Joint Commission LDL-C Laboratory Test Result
1.3.6.1.4.1.33895.1.4.0.45 LDL-c NOT Measured Within the First 48 Hours or 30 Days Prior to Hospital Arrival	LDL-cholesterol (LDL-c) measurement obtained within the first 48 hours or 30 days prior to hospital arrival. Lipid levels drawn in the first 48 hours after a major vascular event are reliable predictors of baseline lipid profiles, but after that time may become unreliable	IF NOT(ResultType CONTAINS ValueSet (Joint Commission LDL-C Laboratory Test Result) AND Report Date/Time –Arrival Date/Time <48 hours and > -30 days) THEN 'Y' ELSE 'N'	Arrival Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Arrival date/time Result Type: 2.2.2.15 Result 15.03 Result Type Report date/Time: 2.2.2.15 Result 15.02 Report date/time	STK-6	Joint Commission LDL-C Laboratory Test Result



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.46 Length of Stay >120 Days	Length of stay for the patient visit is greater than 120 days	IF ((Discharge Date/Time - Admit Date/Time) > 120 days) THEN 'Y' ELSE 'N'	Admit Date/Time : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) Discharge Date : Encounters section 2.2.2.27 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (high)	All STK	NA
1.3.6.1.4.1.33895.1.4.0.47 Length of Stay < 2 Days	Length of stay for the patient visit is < 2 days	IF ((Discharge Date/Time - Admit Date/Time) < 2 days) THEN 'Y' ELSE 'N'	Admit Date/Time : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) Discharge Date : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (high)	STK-1 STK-5	NA



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.48 Monitoring Documentation	Documentation that defined parameters such as a nomogram or protocol were used to manage the intravenous (IV) unfractionated heparin (UFH) AND platelet counts were monitored according to the defined specifications	<p>If Medications Administered CONTAINS ValueSet (IV UFH Therapy) AND Medication Indication (CONTAINS ValueSet (Joint Commission Treatment Adjusted by Protocol Value Set) AND (Result Type CONTAINS ValueSet (Joint Commission Platelet Count Laboratory Test Result Value Set) AND Result Date/Time < Medication Administration Date/Time) AND (Result Type CONTAINS ValueSet (Joint Commission Platelet Count Laboratory Test Result Value Set) AND Result Date/Time >= Medication Administration Date/Time + 1day) AND (Procedure Ordered CONTAINS ValueSet (Joint Commission Following Clinical Pathway Protocol Value Set) AND Result Type CONTAINS ValueSet (Joint Commission Platelet Count Laboratory Test Result Value Set) AND Result Date/Time >= Medication Administration Date/Time + 3days) THEN 'Y' ELSE 'N'</p>	<p>Procedure Ordered: 2.2.1.45 Procedures and Interventions Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medication Indication: 8.21 Indication Result Type: 2.2.2.15 Result 15.03 Result Type Result Value: 2.2.2.15 Result Result Date/Time: 2.2.2.15 15.02 Result Date/Time</p>	VTE-4	<p>Joint Commission Treatment Adjusted by Protocol Value Set Joint Commission Following Clinical Pathway Protocol Value Set Joint Commission Unfractionated Heparin Medication Value Set Joint Commission Platelet Count Laboratory Test Result Value Set</p>



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.49 Observation Services	Observation services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient	IF Facility Location CONTAINS ValueSet (Joint Commission Observation Service) THEN 'Y' else 'N'	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 facility Location	ED-1, ED-2	Joint Commission Observation Service
1.3.6.1.4.1.33895.1.4.0.50 Overlap Therapy Start Date	The first date that the parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation therapy and warfarin were administered	IF MedicationsAdministered CONTAINS ValueSet (Joint Commission Anticoagulant Medications - VTE Value Set) AND MedicationsAdministered CONTAINS ValueSet(Joint Commission Warfarin Medication Value Set) AND (Parenteral Anticoagulant Administration Date/Time = Warfarin AdministrationDate/Time) THEN MedicationAdministeredDate/Time ELSE NULL	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name MedicationAdministeredDate/Time : Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time Parenteral Anticoagulant Administration Date/Time (Derived data) Warfarin Administration Date/Time (Derived data)	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set Joint Commission Warfarin Medication Value Set
1.3.6.1.4.1.33895.1.4.0.51 Discharged on Overlap Therapy	Patient Discharged on Overlap Therapy	IF Discharge Medication Orders CONTAINS ValueSet (Joint Commission Anticoagulant Medications - VTE Value Set) AND Discharge Medication Orders CONTAINS ValueSet (Joint Commission Warfarin) THEN 'Y' ELSE 'N'	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set Joint Commission Warfarin



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.52 Parenteral Anticoagulant Administration	Documentation that a parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulant medication was administered	IF MedicationsAdministered CONTAINS ValueSet (Joint Commission Anticoagulant Medications - VTE Value Set) THEN 'Y' else 'N'	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set
1.3.6.1.4.1.33895.1.4.0.53 Parenteral Anticoagulant End Date/Time	The last date that a parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulant medication was administered	IF MedicationsAdministered CONTAINS ValueSet (Joint Commission Anticoagulant Medications - VTE Value Set) THEN Medication Administered Date/Time else NULL	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medication Administered Date/Time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set
1.3.6.1.4.1.33895.1.4.0.54 Parenteral Anticoagulant Prescribed at Discharge	Documentation that a parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulant medication was prescribed at discharge	IF Discharge Medication(Coded Product Name) CONTAINS ValueSet (Joint Commission Anticoagulant Medications - VTE Value Set) THEN 'Y', ELSE 'N'	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	VTE-3	Joint Commission Anticoagulant Medications - VTE Value Set
1.3.6.1.4.1.33895.1.4.0.55 Patients Discharged by End of Hospital Day 2	Patients that are discharged within 2 days of the admit date	IF Discharge Date – Arrival Date/Time < 2 THEN 'Y', ELSE 'N'	Discharge Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.12 Encounter Date/Time (high) Arrival Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low)	STK-5	
1.3.6.1.4.1.33895.1.4.0.56 Patient Expired	Patient disposition of death	IF Discharge Disposition CONTAINS ValueSet (Joint Commission Discharge Disposition – Death Value Set) OR (Time of Death <= Discharge Date) THEN 'Y', ELSE 'N'	Discharge Disposition: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.09 Discharge Disposition Discharge Date: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (high) Time of Death: Conditions Section 2.2.2.7 7.09 Time of Death	STK-2 STK-3 STK-6 STK-10	Joint Commission Discharge Disposition – Death Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.57 Pre-Arrival Lipid-Lowering Agent	Documentation in the medical record that the patient was on a lipid-lowering medication prior to hospital arrival	IF Medication Administered(Coded Product Name) CONTAINS ValueSet (Joint Commission Stroke Lipid Lowering Agent Value Set) AND Medication Administered Date/Time – Arrival Date/Time <=0 hours) then 'Y', else 'N'	Arrival Date/Time : 2.2.2.16 Encounter 16.12 Arrival date/time Medications Administered : Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	STK-6	Joint Commission Stroke Lipid Lowering Agent Value Set
1.3.6.1.4.1.33895.1.4.0.58 Principal Diagnosis of Ischemic stroke	Patients with a Principal Diagnosis of Ischemic stroke	IF (DiagnosesCONTAINS ValueSet (Joint Commission Ischemic Stroke Value Set) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active) AND Diagnosis Priority EQ (1)) THEN 'Y' ELSE 'N'	Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Priority: .2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	STK-2 , STK-3 , STK-4 , STK-5 , STK-6	Joint Commission Ischemic Stroke Joint Commission Problem Status Active
1.3.6.1.4.1.33895.1.4.0.59 Principal Diagnosis of Ischemic or Hemorrhagic Stroke	Patients with a Principal Diagnosis of Ischemic or hemorrhagic stroke	IF (Diagnoses CONTAINS ValueSet (Joint Commission Ischemic Stroke Value Set) OR Diagnoses CONTAINS ValueSet (Joint Commission Hemorrhagic Stroke Value Set)) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active) AND (Diagnosis Priority EQ (1)) THEN 'Y' ELSE 'N'	Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Priority: .2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	STK-1 , STK-8 , STK-10	Joint Commission Ischemic Stroke Value Set Joint Commission Hemorrhagic Stroke Value Set Joint Commission Problem Status Active
1.3.6.1.4.1.33895.1.4.0.60 Principal Diagnosis of Psychiatric/Mental Health Patients	Patients with a Principal Diagnosis of Mental Health Disorders	IF (Diagnoses CONTAINS ValueSet (Joint Commission Mental Disorders Value Set)) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active) AND (Diagnosis Priority EQ (1)) THEN 'Y' ELSE 'N'	Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Priority: .2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	ED-1 , ED-2	Joint Commission Mental Disorders Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.61 Principal Diagnosis of VTE	Patients with a Principal Diagnosis of VTE	IF (Diagnoses CONTAINS ValueSet (Joint Commission VTE Confirmed)) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active) AND (Diagnosis Priority EQ (1)) THEN 'Y' ELSE 'N'	Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Priority: .2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	VTE-1	Joint Commission VTE Confirmed Joint Commission Problem Status Active
1.3.6.1.4.1.33895.1.4.0.62 Non-Observation/Mental Disorder Patients	Patients that are not in Observation Status and that do not have a Principal Diagnosis of Psychiatric/Mental Health (Used for ED Measures)	IF NOT (Diagnoses CONTAINS ValueSet (Joint Commission Mental Disorders Value Set)) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active) AND (Diagnosis Priority EQ (1)) AND NOT (Facility Location CONTAINS ValueSet (Joint Commission Observation Service)) THEN 'Y' ELSE 'N'	Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Priority: .2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location	ED-1 , ED-2	Joint Commission Mental Disorders Value Set Joint Commission Observation Service
1.3.6.1.4.1.33895.1.4.0.63 Service Delivery Behavioral Health	Patients with a Service Delivery Location of Behavioral Health	IF Facility Location CONTAINS ValueSet (Joint Commission Behavioral Health Inpatient Treatment Locations Value Set) THEN 'Y' ELSE 'N'	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 Facility Location	VTE-1	Joint Commission Behavioral Health Inpatient Treatment Locations Value Set
1.3.6.1.4.1.33895.1.4.0.64 Service Delivery Obstetrics	Patients with a Service Delivery Location of Obstetrics	IF Facility Location CONTAINS ValueSet (Joint Commission Obstetric Inpatient Treatment Locations Value Set) THEN 'Y' ELSE 'N'	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 Facility Location	VTE-1	Joint Commission Obstetric Inpatient Treatment Locations Value Set
1.3.6.1.4.1.33895.1.4.0.65 Service Delivery Emergency Department	Patients with a Service Delivery Location of Emergency Department	IF Facility Location CONTAINS ValueSet (Joint Commission Emergency Department Treatment Locations Value Set) THEN 'Y' ELSE 'N'	Facility Location: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.11 Facility Location	ED-1 , ED-2	Joint Commission Emergency Department Treatment Locations Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.66 Reason for No VTE Prophylaxis – Hospital Admission	Documentation why mechanical or pharmacologic VTE prophylaxis was not administered at hospital admission	IF (((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical) AND (AdmitDate - ProblemDate<=1 AND >=0))OR (Procedure Declined AND (AdmitDate - ProcedureDate<=1 AND >=0))) AND ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND (AdmitDate - ProblemDate<=1 AND >=0)) OR (Medication Declined AND (AdmitDate - MedicationDate/Time <=1 AND >=0)))) OR (((Diagnoses CONTAINS (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND (AdmitDate - ProblemDate<=1 AND >=0)) OR (Medication Declined AND (AdmitDate - Medications Administered Date/Time <=1 AND >=0))) AND ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical) AND (AdmitDate - Diagnosis Date/Time<=1 AND	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Problem Date/Time: 2.2.2.7Condition2.2.2.7 Condition 7.01 Problem Date/Time Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Date/Time: 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time Admit Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) Medication Declined: DerivedData: VTE Medication Declined Procedure Declined: DerivedData: VTE Mechanical Intervention Procedure Declined Medication Administered Date/Time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time Procedure Start Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low)	STK-1, VTE-1	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis – Mechanical



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		>=0)) OR (Procedure Declined AND (AdmitDate - Procedure Start Date<=1 AND >=0)))) THEN 'Y' ELSE 'N'			
1.3.6.1.4.1.33895.1.4.0.67 Reason for No VTE Prophylaxis – Hospital Admission Surgery	Documentation why mechanical or pharmacologic VTE prophylaxis was not administered the day of or the day after surgery end date for surgeries that start the day of or the day after Hospital admission (or transfer) NOTE: This is part of Reason for No VTE Prophylaxis - Hospital Admission	IF /*Procedure is within dayof dayafter Admit*/ (SurgicalProcedure AND Surgical <u>Procedure Start Date</u> – Admit Date <=1 and >=0) AND /*check for reasons /*Problem*/ /*Pharmacologic*/ ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1)) OR (Medication Declined AND AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1))) AND /*Mechanical*/ ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical) AND AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1))) OR (Procedure	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Problem Date/Time: 2.2.2.7 Condition 7.01 Problem Date/Time Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Discharge Diagnosis: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Date/Time: 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time Admit Date/Time: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) Surgical Procedure End Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (high) [of surgical procedure] Surgical Procedure Start Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low) [of surgical procedure] SurgicalProcedure: DerivedData: Surgical Procedure Medication Declined: DerivedData: VTE Medication Declined Procedure Declined: DerivedData: VTE Mechanical Intervention Procedure Declined Medication Administered Date/Time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	VTE-1	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis – Mechanical



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		Declined AND (AdmitDate <= DeclinedVTEProcedur eDate<= (Surgical ProcedureEndDate+1)))) OR (/*Diagnoses*/ */Pharmacologic*/ ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND AdmitDate <= DischargeDiagnosisD ate/Time <= (Surgical ProcedureEndDate+1)) OR (Medication Declined AND AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1)))AND /*Mechanical*/ ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Mechanical) AND AdmitDate <= DischargeDiagnosisD ate/Time <= (Surgical ProcedureEndDate+1)) OR (Procedure Declined AND (AdmitDate <= DeclinedVTEProcedur eDate<= (Surgical ProcedureEndDate+1))))) /*end reason check THEN 'Y' ELSE 'N'	Declined VTE Procedure Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low) [of declined VTE Prophylaxis]		
1.3.6.1.4.1.33895.1.4.0.68 Reason for No VTE Prophylaxis – ICU Admission	Documentation why mechanical or pharmacologic VTE prophylaxis was not administered at ICU	IF (In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Problem Date/Time:	VTE-2	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
	admission/transfer	((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical) AND (ICU AdmitDate - ProblemDate<=1 AND >=0)) OR (Procedure Declined AND (ICU AdmitDate - ProcedureDate<=1 AND >=0))) AND ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND (ICU AdmitDate - ProblemDate<=1 AND >=0)) OR (Medication Declined AND (ICU AdmitDate - MedicationDate/Time <=1 AND >=0)))) OR (((Diagnoses CONTAINS (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND (ICU AdmitDate - ProblemDate<=1 AND >=0)) OR (Medication Declined AND (ICU AdmitDate - Medications Administered Date/Time <=1 AND >=0))) AND ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical) AND (ICU AdmitDate - Diagnosis Date/Time<=1 AND	2.2.2.7Condition2.2.2.7 Condition 7.01 Problem Date/Time Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Discharge Diagnosis: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Date/Time: 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time ICU AdmitDate: 2.2.2.16 Encounter 16.20 In facility duration with time (low) Medication Declined: DerivedData: VTE Medication Declined Procedure Declined: DerivedData: VTE Mechanical Intervention Procedure Declined Medication Administered Date/Time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time Procedure Start Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low) In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location		Reason for no VTE Prophylaxis – Mechanical Joint Commission In Facility Location - ICU Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		>=0)) OR (Procedure Declined AND (ICU AdmitDate - Procedure Start Date<=1 AND >=0)))) THEN 'Y' ELSE 'N'			
1.3.6.1.4.1.33895.1.4.0.69 Reason for No VTE Prophylaxis – ICU Surgery	Documentation why mechanical or pharmacologic VTE prophylaxis was not administered 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) NOTE: This is part of Reason for No VTE Prophylaxis - ICU Admission	IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND /*Procedure is within dayof dayafter ICU Admit*/ (SurgicalProcedure AND Surgical Procedure Start Date – ICU Admit Date <=1 and >=0) AND /*check for reasons /*Problem*/ /*Pharmacologic*/ ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND ICU AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1)) OR (Medication Declined AND ICU AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1)) AND /*Mechanical*/ ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis – Mechanical) AND ICU AdmitDate <= ProblemDate <= (Surgical ProcedureEndDate+1)	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Problem Date/Time: 2.2.2.7 Condition 7.01 Problem Date/Time Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Discharge Diagnosis: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Date/Time: 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time ICU AdmitDate: 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.20 In facility duration (low) Surgical Procedure End Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (high) [of surgical procedure] Surgical Procedure Start Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low) [of surgical procedure] SurgicalProcedure: DerivedData: Surgical Procedure Medication Declined: DerivedData: VTE Medication Declined Procedure Declined: DerivedData: VTE Mechanical Intervention Procedure Declined Medication Administered Date/Time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time Declined VTE Procedure Date: 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low) [of	VTE-2	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis – Mechanical Joint Commission In Facility Location - ICU Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
		<pre>) OR (Procedure Declined AND (ICU AdmitDate <= DeclinedVTEProcedur eDate<= (Surgical ProcedureEndDate+1)))) OR (*Diagnoses*/ */Pharmacologic*/ ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) AND ICU AdmitDate <= DischargeDiagnosisD ate/Time <= (Surgical ProcedureEndDate+1))) OR (Medication Declined AND ICU AdmitDate <= MedicationDate/Time <= (Surgical ProcedureEndDate+1)))AND /*Mechanical*/ ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Mechanical) AND ICU AdmitDate <= DischargeDiagnosisD ate/Time <= (Surgical ProcedureEndDate+1))) OR (Procedure Declined AND (ICU AdmitDate <= DeclinedVTEProcedur eDate<= (Surgical ProcedureEndDate+1)))))/*end reason check THEN 'Y' ELSE 'N' </pre>	declined VTE Prophylaxis] In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 Facility Location		



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.70 Reasons for not administering mechanical and pharmacologic prophylaxis	Reason for not administering both mechanical and pharmacological VTE prophylaxis NOTE: This new data element is the allowable value 3 for VTE Prophylaxis Status	IF /*Problem*/ /*Pharmacological*/ (((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic) OR (Medication Declined)) AND /*Mechanical*/ ((Problem code CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Mechanical)) OR (Procedure Declined))) OR /*Diagnoses*/ /*Pharmacological*/ (((Diagnoses CONTAINS (ValueSet (Joint Commission Reason for no VTE Prophylaxis - Pharmacologic)) OR (Medication Declined)) AND /*Mechanical*/ ((Diagnoses CONTAINS ValueSet (Joint Commission Reason for no VTE Prophylaxis - Mechanical)) OR (Procedure Declined))) THEN 'Y' ELSE 'N'	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Medication Declined: DerivedData: VTE Medication Declined Procedure Declined: DerivedData: VTE Mechanical Intervention Procedure Declined	VTE-6	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic Joint Commission Reason for no VTE Prophylaxis - Mechanical



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.71 VTE Prophylaxis Medication Declined	NOTE: These are used along with Reason for No VTE Prophylaxis data Elements to indicate patient or physician reasons for not using VTE Prophylaxis Medication	If Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND ='True' AND Reason (Contains (ValueSet (Joint Commission Patient Reason) OR ValueSet (Joint Commission Medical Reason)) THEN 'Y' ELSE 'N'	Medications Administered: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Tense: COMMENT 11.03 Tense Negation IND: HL7 negation Reason: 11.02 Reason	STK-1 VTE-1 VTE-2 VTE-6	Joint Commission VTE Prophylaxis Medications Joint Commission Patient Reason Joint Commission Medical Reason Joint Commission Tense ActMood Intent —



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.72 VTE Prophylaxis - Mechanical Intervention Procedure Declined	NOTE: These are used along with Reason for No VTE Prophylaxis data Elements to indicate patient or physician reasons for not using VTE Prophylaxis Mechanical Intervention Procedure	<ul style="list-style-type: none"> If (Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))) OR (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis – Application of Mechanical Device) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' AND Reason (Contains (ValueSet (NEED Joint Commission Patient Reason) OR ValueSet (NEED Joint Commission Medical Reason))) THEN 'Y' ELSE 'N' 	Procedure Ordered : 2.2.2.17 Procedure: Procedure in Request mood Procedure Performed : 2.2.2.17 Procedure: 17.01 Procedure Performed Tense: COMMENT 11.03 Tense Negation IND: HL7 negation Reason: 11.02 Reason	STK-1 VTE-1 VTE-2 VTE-6	Joint Commission VTE Prophylaxis – Application of Mechanical Device Joint Commission Patient Reason Joint Commission Medical Reason Joint Commission Tense ActMood Intent



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.73 Reason for Not Administering Antithrombolytic Therapy by End of Hospital Day 2	Reason for not administering antithrombolytic therapy by end of hospital day 2. Antithrombolytic therapy is administered to reduce morbidity, mortality, and recurrence rate in stroke	IF (ProcedurePerformed CONTAINS ValueSet (Joint Commission Reason for not Administering Antithrombolytic Therapy - Procedure)) OR ((Problem code CONTAINS ValueSet (Joint Commission Reason for not Administering Antithrombolytic Therapy - Findings)) OR (DischargeDiagnosis code CONTAINS (ValueSet (Joint Commission Reason for not Administering Antithrombolytic Therapy - Findings)) OR IF MedicationAdminister ed CONTAINS ValueSet (Joint Commission Antithrombolytic Medications) and Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = True and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason) AND MedicationAdminister edDate/Time – Arrival Date/Time <= 48 hours) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Mood: 11.03 Tense hasReason: 11.02 Reason	STK-5 VTE-1	Joint Commission Reason for not Administering Antithrombolytic Therapy – Findings Joint Commission Reason for not Administering Antithrombolytic Therapy - Procedure Joint Commission Antithrombolytic Medications Joint Commission Patient Reason Joint Commission Medical Reason Joint Commission Tense ActMood Intent



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.74 Reason For Not Initiating IV Thrombolytic	Reason for not initiating IV thrombolytic. •Intravenous (IV) or intra-arterial (IA) thrombolytic was initiated for this stroke prior to hospital arrival •Other reasons documented by physician/APN/PA or pharmacist IV thrombolytics convert plasminogen to plasmin, which in turn breaks down fibrin and fibrinogen, thereby dissolving thrombus	IF (Procedure CONTAINS ValueSet (Joint Commission Reason for Not Initiating IV Thrombolytic - Procedure) OR (Problem code CONTAINS ValueSet (Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation)) OR (Diagnoses CONTAINS (ValueSet (Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation)) OR Medications Administered CONTAINS ValueSet (Joint Commission Antithrombolytic Medications) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason)) THEN 'Y' ELSE 'N'	Procedure Performed : 2.2.2.17 Procedure: 17.01 Procedure Performed Problem code : 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Mood: 11.03 Tense hasReason: 11.02 Reason Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	STK-4	Joint Commission Reason for Not Initiating IV Thrombolytic - Procedure Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation Joint Commission Antithrombolytic Medications Joint Commission Patient Reason Joint Commission Medical Reason Tense ActMood Intent



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.75 Reason For Not Prescribing Anticoagulation Therapy at Discharge	Reason for not prescribing anticoagulation therapy was prescribed at hospital discharge. •Anticoagulant medication allergy •Other reason documented by physician/APN/PA or pharmacist The administration of anticoagulation therapy, unless there are contraindications, is an established effective strategy in preventing recurrent stroke in high stroke risk- atrial fibrillation patients with TIA or prior stroke	IF (ProcedurePerformed CONTAINS ValueSet (Joint Commission Reason for Not Prescribing AnticoagulantTherapy at Discharge Procedure) OR (Problem code CONTAINS ValueSet (Joint Commission Reason For Not Prescribing Anticoagulant Therapy at Discharge – Finding/Situation)) OR (Diagnoses CONTAINS (ValueSet (Joint Commission Reason For Not Prescribing Anticoagulant Therapy at Discharge – Finding/Situation)) OR DischargeMedication CONTAINS ValueSet (Joint Commission Anticoagulant Medications - Stroke) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent AND negation IND = 'True' and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason)) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Mood: 11.03 Tense hasReason: 11.02 Reason Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	STK-3	Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge Procedure Joint Commission Reason For Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation Joint Commission Anticoagulant Medications - Stroke Joint Commission Medical Reason Joint Commission Patient Reason Joint Commission Tense ActMood Intent



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.76 Reason For Not Prescribing Antithrombolytic Therapy at Discharge	Reason for not prescribing antithrombolytic therapy was prescribed at hospital discharge. •Antithrombolytic medication allergy •Other reason documented by physician/APN/PA or pharmacist Antithrombolytic therapy is administered to reduce morbidity, mortality, and recurrence rate in stroke	IF (ProcedurePerformed CONTAINS ValueSet (Joint Commission Reason for Not Prescribing AntithrombolyticThera py at Discharge Procedure)) OR OR (Problem code CONTAINS ValueSet (Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge -Finding/Situation)) OR (Diagnoses CONTAINS (ValueSet (Joint Commission Reason For Not Prescribing Antithrombolytic Therapy at Discharge -Finding/Situation)) OR DischargeMedication CONTAINS ValueSet (Joint Commission Stroke Antithrombolytic Medications Value Set) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason)) THEN 'Y' ELSE 'N'	Procedure Performed: 2.2.2.17 Procedure: 17.01 Procedure Performed Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Mood: 11.03 Tense hasReason: 11.02 Reason Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	STK-2	Joint Commission Reason for Not Prescribing AntithrombolyticT herapy at Discharge Procedure Joint Commission Stroke Antithrombolytic Medications Value Set Joint Commission Patient Reason Joint Commission Medical Reason Joint Commission Tense ActMood Intent



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.77 Reason For Not Prescribing Statin Medication At Discharge	Reasons for not prescribing a statin medication at discharge: • Statin medication allergy • Other reasons documented by physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist Statins are a class of pharmaceutical agents that modify LDL cholesterol by blocking the action of an enzyme in the liver which is needed to synthesize cholesterol thereby decreasing the level of cholesterol circulating in the blood	IF (Problem code CONTAINS ValueSet (Joint Commission Reason for Not Prescribing Statin Medication at Discharge)) OR (Diagnoses CONTAINS (ValueSet (Joint Commission Reason for Not Prescribing Statin Medication at Discharge)) OR DischargeMedication CONTAINS ValueSet (Joint Commission Stroke Statin Medications Value Set) AND Tense CONTAINS ValueSet (Joint Commission Tense ActMood Intent) AND negation IND = 'True' and hasReason contains ValueSet (Joint Commission Patient Reason) or hasReason contains ValueSet (Joint Commission Medical Reason)) THEN 'Y' ELSE 'N'	Problem code: 2.2.1.3 Problem List Section, 2.2.1.4 History of Past Illness 2.2.1.7 History of Present Illness : 7.04 Problem Code Diagnoses: 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Mood: 11.03 Tense hasReason: 11.02 Reason Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	STK-6	Joint Commission Reason for Not Prescribing Statin Medication at Discharge Joint Commission Stroke Statin Medications Value Set Joint Commission Patient Reason Joint Commission Medical Reason Joint Commission Tense ActMood Intent
1.3.6.1.4.1.33895.1.4.0.78 Statin Medication Prescribed At Discharge	Documentation that a statin medication was prescribed at hospital discharge. Statins are a class of pharmaceutical agents that modify LDL cholesterol by blocking the action of an enzyme in the liver which is needed to synthesize cholesterol thereby decreasing the level of cholesterol circulating in the blood	If Discharge Medication(Coded Product Name) CONTAINS ValueSet (Joint Commission Stroke Statin Medications Value Set) then 'Y', else 'N'	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	STK-6	Joint Commission Stroke Statin Medications Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.79 Surgical Procedure	A surgical procedure was performed using general or neuraxial anesthesia	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission Evidence of a surgical procedure requiring general or neuraxial anesthesia) THEN 'Y' ELSE 'N'	Procedure Performed : 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-1 , VTE-2	Joint Commission Evidence of a surgical procedure requiring general or neuraxial anesthesia
1.3.6.1.4.1.33895.1.4.0.80 Time last known well to arrival in the emergency department greater than (>) 2 hours	More than 2 hours have past since the patient's time last known well and arrival to the ED	If (Result Type code CONTAINS ValueSet (Joint Commission Last Known Well) AND Arrival Date/Time - Result Value) > 2 hours) AND Admission Type CONTAINS ValueSet (Joint Commission Admission Type – Emergency Value Set) THEN 'Y' ELSE 'N'	Admission Type: 2.2.2.16 Encounter 16.07 - Admission Type Arrival Date/Time : 2.2.2.16 Encounter 16.12 Arrival date/time Result Type : 2.2.2.15 Result 15.03 Result Type Result Value : 2.2.2.15 Result 15.05 Result value (is the Time Last Known Well)	STK-4	Joint Commission Last Known Well Joint Commission Admission Type – Emergency Value Set
1.3.6.1.4.1.33895.1.4.0.81 UFH Therapy Administration	Unfractionated heparin (UFH) administered intravenously (IV)	If Medications Administered CONTAINS ValueSet (Joint Commission Unfractionated Heparin Medication Value Set) then 'Y', else 'N'	Medications Administered : Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-4	Joint Commission Unfractionated Heparin Medication Value Set
1.3.6.1.4.1.33895.1.4.0.82 Any Diagnosis VTE Confirmed	Documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) that a diagnosis of VTE [deep vein thrombosis (DVT) and/or pulmonary embolism (PE)] was confirmed in a defined location	IF (Problem code CONTAINS ValueSet (Joint Commission VTE Confirmed) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active)) OR (Diagnoses CONTAINS (ValueSet (Joint Commission VTE Confirmed) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active))) THEN 'Y' ELSE 'N'	Problem code : 2.2.1.3 Problem List Section: 7.04 Problem Code Diagnoses : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Priority: .2.1.11 Discharge Diagnosis Section 7.10 Diagnosis Priority ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	VTE-3 , VTE-4 , VTE-5 , VTE-6	Joint Commission VTE Confirmed Joint Commission Problem Status Active
1.3.6.1.4.1.33895.1.4.0.83 VTE Diagnostic Test	Documentation that a diagnostic test for VTE was performed	IF ProcedurePerformed CONTAINS ValueSet (Joint Commission VTE Diagnostic Test Value Set) THEN 'Y' ELSE 'N'	Procedure Performed : 2.2.2.17 Procedure: 17.01 Procedure Performed	VTE-3 , VTE-4 , VTE-5 , VTE-6	Joint Commission VTE Diagnostic Test Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.84 VTE Diagnostic Test Order Date	Date that a diagnostic test for VTE was ordered	IF Procedure Ordered CONTAINS ValueSet (Joint Commission VTE Diagnostic Test Value Set) THEN ProcedureDate ELSE NULL	Procedure Ordered: 2.2.1.22 DIAGNOSTIC RESULTS SECTION 2.2.2.17PROCEDURE 17.02 - Procedure Type Procedure Date: 17.04 Procedure Date/Time	VTE-6	Joint Commission VTE Diagnostic Test Value Set
1.3.6.1.4.1.33895.1.4.0.85 VTE Present on Arrival	Documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) that VTE was diagnosed or suspected on hospital arrival	((IF Problem code CONTAINS (ValueSet (Joint Commission VTE Confirmed) OR ValueSet (Joint Commission VTE Suspected)) AND (Problem Date/Time <= Arrival Date/Time) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active)) OR (IF Diagnoses CONTAINS (ValueSet (Joint Commission VTE Confirmed) OR ValueSet (Joint Commission VTE Suspected)) AND (Diagnosis Date/Time <= Arrival Date/Time) AND Problem Status CONTAINS ValueSet (Joint Commission Problem Status Active))) THEN 'Y' ELSE 'N'	Arrival Date/Time : 2.2.2.16 Encounter 16.12 Arrival date/time Problem code : 2.2.1.3 Problem List Section: 7.04 Problem Code Problem Date/Time : 2.2.2.7Condition2.2.2.7 Condition 7.01 Problem Date/Time Discharge Diagnosis : 2.2.1.11 Discharge Diagnosis Section 7.04 Problem Code Diagnosis Date/Time : 2.2.1.11 Discharge Diagnosis Section Date/Time: 7.01 Problem Date/Time ProblemStatus: 2.2.1.11 Discharge Diagnosis Section 7.12 Problem Status	VTE-6	Joint Commission VTE Confirmed Joint Commission VTE Suspected Joint Commission Problem Status Active
1.3.6.1.4.1.33895.1.4.0.86 VTE Prophylaxis	The type of venous thromboembolism (VTE) prophylaxis documented in the medical record. VTEs are the formation, development, or existence of a blood clot or thrombus within the venous system	If (Procedure Performed CONTAINS ValueSet (Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set)) OR (Medications Administered CONTAINS ValueSet (Joint Commission VTE Prophylaxis Medications Value Set)) THEN 'Y' ELSE 'N'	Medications Administered : Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Procedure Performed : 2.2.2.17 Procedure: 17.01 Procedure Performed Device: GAP	STK-1 , VTE-1 , VTE-2	Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set Joint Commission VTE Prophylaxis Medications Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.87 VTE Prophylaxis Date/Time	The day, month and year that the initial VTE prophylaxis (mechanical and/or pharmacologic) was administered	IF VTE Prophylaxis = 'Y' then Medication Administered date/time ELSE NULL	Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time VTE Prophylaxis (Derived Data)	STK-1 , VTE-1 VTE-2	
1.3.6.1.4.1.33895.1.4.0.88 VTE Prophylaxis Hospital Admission		IF (VTE Prophylaxis Date/Time – Admit Date/Time) <=1 and >=0) THEN 'Y' ELSE 'N'	Admit Date/Time : 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) VTE Prophylaxis Date/Time (Derived Data)	VTE-1	
1.3.6.1.4.1.33895.1.4.0.89 VTE Prophylaxis Hospital Admission Surgery	VTE Prophylaxis 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)	IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND (VTE Prophylaxis Date/Time – Procedure End Date/Time) <=1 and >=0) AND (Procedure Date/Time – Admit Date/Time <=1 and >=0) THEN 'Y' ELSE 'N'	Admit Date/Time : 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) Procedure End Date : 2.2.2.17 Procedure: 17.04 Procedure Date/Time (high) VTE Prophylaxis Date/Time (Derived Data) In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 facility Location	VTE-1	Joint Commission In Facility Location - ICU Value Set
1.3.6.1.4.1.33895.1.4.0.90 VTE Prophylaxis ICU Surgery	VTE Prophylaxis 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)	IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND (VTE Prophylaxis Date/Time – Procedure End Date) <=1 and >=0) AND ((Procedure Start Date – ICU Admit Date <=1 and >=0) THEN 'Y' ELSE 'N'	Procedure End Date : 2.2.2.17 Procedure: 17.04 Procedure Date/Time (high) Procedure Start Date : 2.2.2.17 Procedure: 17.04 Procedure Date/Time (low) VTE Prophylaxis Date/Time (Derived Data) ICU Admit Date: 2.2.2.16 Encounter 16.20 In facility duration with time (low) VTE Prophylaxis Date/Time (Derived Data) In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 facility Location	VTE-2	Joint Commission In Facility Location - ICU Value Set
1.3.6.1.4.1.33895.1.4.0.91 VTE Prophylaxis – ICU Admission		IF In Facility Location CONTAINS ValueSet (Joint Commission In Facility Location - ICU Value Set) AND (VTE Prophylaxis Date/Time – ICU Admit Date) <=1 and >=0) THEN 'Y' ELSE 'N'	In facility Location : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.08 facility Location ICU Admit Date: 2.2.2.16 Encounter 16.20 In facility duration with time (low) VTE Prophylaxis Date/Time (Derived Data)	VTE-2	Joint Commission In Facility Location - ICU Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.92 VTE Prophylaxis Status	Documentation of VTE prophylaxis (mechanical and/or pharmacologic) administration between the hospital admission date and the day prior to the VTE diagnostic test order date.	IF (VTE Prophylaxis Date/Time > Arrival Date/Time) AND (VTE Prophylaxis Date/Time < = (VTE Diagnostic Test Order Date – 1day)) THEN 'Y' ELSE "	Procedure Ordered: 2.2.1.22 DIAGNOSTIC RESULTS SECTION 2.2.2.17PROCEDURE 17.02 - Procedure Type VTE Diagnostic Test Order Date (derived data) VTE Prophylaxis Date/Time (derived data) Admit Date/Time : 2.2.2.16 Encounter 16.04 Encounter Date/Time (low) GAP: Device Ordered	VTE-6	
1.3.6.1.4.1.33895.1.4.0.93 Warfarin Administration	Documentation that warfarin was administered during hospitalization. Warfarin is an oral anticoagulant that inhibits the synthesis of clotting factors that prevents blood clot formation. It also prevents extension of clots already formed, and is used to minimize the risk of blood clot embolization to other vital organs such as the lungs and brain	If Medications Administered(CONTAINS ValueSet (Joint Commission Warfarin) then 'Y', else 'N'	Medications Administered : Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name	VTE-3	Joint Commission Warfarin
1.3.6.1.4.1.33895.1.4.0.94 Warfarin Administration Date/Time	The last date that a parenteral (intravenous [IV] or subcutaneous [subQ]) anticoagulant medication was administered	IF MedicationsAdministered(Coded Product Name) CONTAINS ValueSet (~ Joint Commission Warfarin Medication Value Set) THEN Medication Administered Date/Time else NULL	Medications Administered : Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.13Coded Product Name Medication Administered date/time: Medications Administered Section 2.2.1.15: 2.2.2.8 Medication: 8.03 Medication administration date/time	VTE-3	Joint Commission Warfarin Medication Value Set



Data Element	Definition	Logic	HITSP/C83 Data Element(s) Derived from	Measures Supported	Value Set
1.3.6.1.4.1.33895.1.4.0.95 Warfarin Prescribed at Discharge	Documentation that warfarin was prescribed at hospital discharge. Warfarin is an oral anticoagulant that prevents extension of clots already formed and is used to minimize the risk of blood clot embolization to other vital organs such as the lungs and brain	IF Discharge Medication(Coded Product Name) CONTAINS ValueSet (Joint Commission Warfarin) THEN 'Y', ELSE 'N'	Discharge medication ordered - Discharge Medications Section 2.2.1.14: 8.13 Coded Product Name	VTE-3 , VTE-5	Joint Commission Warfarin
1.3.6.1.4.1.33895.1.4.0.96 Patient condition deceased	Patient has expired	IF Discharge Disposition CONTAINS (ValueSet (Joint Commission Death)) OR (Deceased Date/Time <= Discharge Date) THEN 'Y' ELSE 'N'	Discharge Disposition : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.09 Discharge Disposition Deceased Date/Time 2.2.2.7 Condition 7.01 Discharge Date : Encounters section 2.2.2.27 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (high)		Joint Commission Death
1.3.6.1.4.1.33895.1.4.0.97 Completed Inpatient encounter	The patient has completed the inpatient encounter	IF DischargeDate <> NULL THEN 'Y' else 'N'	Discharge Date : 2.1.2.27 Encounter Section 2.2.2.16 Encounter 16.04 Encounter Date/Time (high)		NA

Table 3-3 Example Value Set Definition

Value Set Identifier	This is the unique identifier of the value set.
Value Set Name	This is the name of the Value Set
Value Set Source	This is the source of the value set, identifying the originator or publisher of the information.
Value Set URL	A URL referencing the value set members or its definition at the time of publication.
Value Set Purpose	Brief description about the general purpose of value set.
Value Set Definition	A text definition formally describing how concepts in the value set are (intensional) or were (extensional) selected.
Value Set Version	This row contains a string identifying, where necessary, the specific version of the value set.
Value Set Type	Extensional (Enumerated) or Intensional (Criteria-based)
Value Set Binding	Static or Dynamic
Value Set Status	Active (Current) or Inactive (Retired).
Value Set Effective Date	The date when the value set is expected to be effective.
Value Set Expiration Date	The date when the value set is no longer expected to be used.
Value Set Creation Date	The date of creation of the value set.
Value Set Revision Date	The date of revision of the value set.



3.2.1 HITSP ADMISSION SOURCE VALUE SET

Table 3-4 Admission Source Vocabulary

Value Set Identifier	2.16.840.1.113883.3.88.12.80.33
Value Set Name	Admission Source
Value Set Source	National Uniform Billing Committee (NUBC)
Value Set Definition	See www.nubc.org using (UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL) UB-04 FL15 This indicates where the patient was admitted
Value Set Version	
Value Set Type	Criteria Based
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-5 Admission Source Vocabulary

Code System Identifier	Not available at time of production
Code System Name	Uniform Bill
Code System Source	National Uniform Billing Committee (NUBC)
Code System HL7 Identifier	
Code System Version	

3.2.2 HITSP DISCHARGE DISPOSITION VALUE SET

Table 3-6 Discharge Disposition Vocabulary

Identifier	2.16.840.1.113883.3.88.12.80.33
Name	Discharge Disposition Value Set
Source	National Uniform Billing Committee (NUBC)
URL	www.nubc.org
Purpose	This is the patient's anticipated location or status following the encounter (e.g., death, transfer to home/hospice/snf/AMA) – uses standard claims-based codes
Definition	UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL- UB-04 FL17 – Patient Status
Version	Unknown
Type	Extensional
Binding	Static
Status	Active
Effective Date	Unknown
Expiration Date	N/A
Creation Date	Unknown

Table 3-7 Discharge Disposition Vocabulary

Code System Identifier	Not available at time of production
Code System Name	Uniform Bill
Code System Source	National Uniform Billing Committee (NUBC)
Code System HL7 Identifier	
Code System Version	



3.2.3 HITSP ETHNICITY VALUE SET

Table 3-8 Ethnicity Value Set

Value Set Identifier	2.16.840.1.113883.1.11.15836
Value Set Name	Ethnicity Value Set
Value Set Source	CDC Race and Ethnicity Code Set
Value Set URL	http://phinvads.cdc.gov/vads/ViewCodeSystemConcept.action?oid=2.16.840.1.113883.6.238&code=2133-7
Value Set Purpose	Demographic Information
Value Set Definition	Ethnicity is always reported at the discretion of the person for whom this attribute is reported, and reporting must be completed according to Federal guidelines for ethnicity reporting. Any code descending from the Ethnicity concept (2133-7) in that code may be used in the exchange.
Value Set Version	
Value Set Type	Intensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	
Value Set Creation Date	20081218
Value Set Revision Date	

Table 3-9 Ethnicity Code System

Code System Identifier	2.16.840.1.113883.6.238
Code System Name	CDC Race and Ethnicity Code Set
Code System Source	Centers for Disease Control & Prevention (CDC)
Code System HL7 Identifier	CDCREC
Code System Version	20070424

3.2.4 HITSP HEALTH INSURANCE TYPE VALUE SET



Table 3-10 Health Insurance Type Value Set

Value Set Identifier	2.16.840.1.113883.3.88.12.3221.5.2
Value Set Name	Health Insurance Type Value Set
Value Set Source	ASC X12
Value Set URL	http://www.x12.org/
Value Set Purpose	Administration & Financial
Value Set Definition	This value set uses the X12 vocabulary for Insurance Type Code (X12 Data Element 1336), as reproduced in Table 3-12 Health Insurance Type Value Set Definition. The type of health plan covering the individual, e.g., an HMO, PPO, POS, etc
Value Set Version	
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	
Value Set Creation Date	20081218
Value Set Revision Date	

Table 3-11 Health Insurance Type Code System

Code System Identifier	2.16.840.1.113883.6.255.1336
Code System Name	Insurance Type Code
Code System Source	ASC X12
Code System URL	http://www.x12.org/
Code System HL7 Identifier	X12DE1336
Code System Version	4010

Table 3-12 Health Insurance Type Value Set Definition

Value	Display Name	Definition
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan	Not Available
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan	Not Available
14	Medicare Secondary, No-fault Insurance including Auto is Primary	Not Available
15	Medicare Secondary Worker's Compensation	Not Available
16	Medicare Secondary Public Health Service (PHS) or Other Federal Agency	Not Available
41	Medicare Secondary Black Lung	Not Available
42	Medicare Secondary Veteran's Administration	Not Available
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)	Not Available
47	Medicare Secondary, Other Liability Insurance is Primary	Not Available
AP	Auto Insurance Policy	Not Available
C1	Commercial	Not Available
CO	Consolidated Omnibus Budget Reconciliation Act (COBRA)	Not Available
CP	Medicare Conditionally Primary	Not Available
D	Disability	Not Available
DB	Disability Benefits	Not Available
EP	Exclusive Provider Organization	Not Available
FF	Family or Friends	Not Available
GP	Group Policy	Not Available



Value	Display Name	Definition
HM	Health Maintenance Organization (HMO)	Not Available
HN	Health Maintenance Organization (HMO) - Medicare Risk	Not Available
HS	Special Low Income Medicare Beneficiary	Not Available
IN	Indemnity	Not Available
IP	Individual Policy	Not Available
LC	Long Term Care	Not Available
LD	Long Term Policy	Not Available
LI	Life Insurance	Not Available
LT	Litigation	Not Available
MA	Medicare Part A	Not Available
MB	Medicare Part B	Not Available
MC	Medicaid	Not Available
MH	Medigap Part A	Not Available
MI	Medigap Part B	Not Available
MP	Medicare Primary	Not Available
OT	Other	Not Available
PE	Property Insurance – Personal	Not Available
PL	Personal	Not Available
PP	Personal Payment (Cash - No Insurance)	Not Available
PR	Preferred Provider Organization (PPO)	Not Available
PS	Point of Service (POS)	Not Available
QM	Qualified Medicare Beneficiary	Not Available
RP	Property Insurance – Real	Not Available
SP	Supplemental Policy	Not Available
TF	Tax Equity Fiscal Responsibility Act (TEFRA)	Not Available
WC	Workers Compensation	Not Available
WU	Wrap Up Policy	Not Available

3.2.5 HITSP HISPANIC ETHNICITY VALUE SET

Hispanic Ethnicity is the subset of the Ethnicity Value Set.

Table 3-13 Hispanic Ethnicity Value Set

Value Set Identifier	2.16.840.1.113883.1.11.15836
Value Set Name	Ethnicity Value Set
Value Set Source	CDC Race and Ethnicity Code Set
Value Set URL	http://phinivads.cdc.gov/vads/ViewCodeSystemConcept.action?oid=2.16.840.1.113883.6.238&code=2133-7
Value Set Purpose	Demographic Information
Value Set Definition	Ethnicity is always reported at the discretion of the person for whom this attribute is reported, and reporting must be completed according to Federal guidelines for ethnicity reporting. Any code descending from the Ethnicity concept (2133-7) in that code may be used in the exchange
Value Set Version	
Value Set Type	Intensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	20081218



Value Set Expiration Date	
Value Set Creation Date	20081218
Value Set Revision Date	

Table 3-14 Hispanic Ethnicity Code System

Code System Identifier	2.16.840.1.113883.6.238
Code System Name	CDC Race and Ethnicity Code Set
Code System Source	Centers for Disease Control & Prevention (CDC)
Code System HL7 Identifier	CDCREC
Code System Version	20070424

Table 3-15 Hispanic Ethnicity Value Set Definition

Value	Display Name	Definition
2135-2	Hispanic or Latino	Not Available
2133-7	Ethnicity	Not Available
2155-0	Central American	Not Available
2182-4	Cuban	Not Available
2184-0	Dominican	Not Available
2178-2	Latin American	Not Available
2148-5	Mexican	Not Available
2180-8	Puerto Rican	Not Available
2165-9	South American	Not Available
2137-8	Spaniard	Not Available

3.2.6 PATIENT CLASS

This is used to categorize patients by site where encounter occurred.

Table 3-16 Patient Class Value Set

Identifier	2.16.840.1.113883.3.88.12.80.66
Name	Patient Class Value Set
Source	HITSP
URL	Not Available at Publication
Purpose	This is used to categorize patients by site where encounter occurred
Definition	The HL7 ActEncounterCode has been limited by HITSP to the value set reproduced below in Table 3-17 Patient Class Value Set Definition
Version	20090630
Type	Extensional
Binding	Static
Status	Active
Effective Date	20081218
Expiration Date	N/A
Creation Date	20081218
Revision Date	20090630
Code System Name	Act Encounter Code
Code System Source	Health Level Seven (HL7) Version 3.0 Vocabulary



Table 3-17 Patient Class Value Set Definition

Concept Code	Concept Name	Definition
EMER	Emergency	A patient encounter that takes place at a dedicated healthcare service delivery location where the patient receives immediate evaluation and treatment, provided until the patient can be discharged or responsibility for the patient's care is transferred elsewhere (for example, the patient could be admitted as an inpatient or transferred to another facility)
IMP	Inpatient encounter	A patient encounter where a patient is admitted by a hospital or equivalent facility, assigned to a location where patients generally stay at least overnight and provided with room, board, and continuous nursing service
AMB	Ambulatory	A comprehensive term for healthcare provided in a healthcare facility (e.g., a practitioners' office, clinic setting, or hospital) on a nonresident basis. The term ambulatory usually implies that the patient has come to the location and is not assigned to a bed. Sometimes referred to as an outpatient encounter

3.2.7 HITSP POSTAL CODE VALUE SET**Table 3-18 Postal Code Value Set**

Value Set Identifier	2.16.840.1.113883.3.88.12.80.2
Value Set Name	Postal Code Value Set
Value Set Source	United States Postal Service
Value Set Purpose	Address Information
Value Set URL	http://zip4.usps.com/zip4/welcome.jsp
Value Set Definition	This identifies the postal (ZIP) Code of an address in the United States
Value Set Version	
Value Set Type	Intensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	
Value Set Creation Date	20081218
Value Set Revision Date	

Table 3-19 Postal Code Code System

Code System Identifier	2.16.840.1.113883.6.231
Code System Name	USPS
Code System Source	United States Postal Service
Code System URL	http://www.usps.com/ncsc/addressinfo/addressinfomenu.htm
Code System HL7 Identifier	USPS
Code System Version	Monthly and quarterly updates

3.2.8 HITSP RACE VALUE SET**Table 3-20 Race Value Set**

Value Set Identifier	2.16.840.1.113883.1.11.14914
Value Set Name	Race Value Set
Value Set Source	CDC Race & Ethnicity Code Set from CDC Vocabulary Server PHIN VADS
Value Set URL	http://phinvads.cdc.gov/vads/ViewCodeSystemConcept.action?oid=2.16.840.1.113883.6.238&code=1000-9
Value Set Purpose	Demographic Information



Value Set Definition	Race is always reported at the discretion of the person for whom this attribute is reported, and reporting must be completed according to Federal guidelines for race reporting. Any code descending from the Race concept (1000-9) in that terminology may be used in the exchange
Value Set Version	
Value Set Type	Intensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	
Value Set Creation Date	20081218
Value Set Revision Date	

Table 3-21 Race Code System

Code System Identifier	2.16.840.1.113883.6.238
Code System Name	CDC Race and Ethnicity Code Set
Code System Source	Centers for Disease Control & Prevention (CDC)
Code System URL	http://phinivads.cdc.gov/vads/ViewCodeSystem.action?id=2.16.840.1.113883.6.238
Code System HL7 Identifier	CDCREC
Code System Version	20070424

3.2.9 HITSP SEX VALUE SET

HITSP Sex used the V2 Administrative Gender and V3 Administrative Gender as defined in HITSP/C80.

3.2.10 CDA AND HL7 V3 ADMINISTRATIVE GENDER (JOINT COMMISSION 'SEX')

Table 3-22 Administrative Gender Value Set

Value Set Identifier	2.16.840.1.113883.1.11.1
Value Set Name	V3 Administrative Gender Value Set
Value Set Source	Health Level Seven (HL7) Version 3.0
Value Set Purpose	Demographic Information
Value Set URL	http://www.hl7.org/v3ballot/html/infrastructure/vocabulary/AdministrativeGender.htm
Value Set Definition	Administrative Gender See below in Table 3-24 Administrative Gender Value Set Definition
Value Set Version	
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	
Value Set Creation Date	20081218
Value Set Revision Date	

Table 3-23 Administrative Gender Code System

Code System Identifier	2.16.840.1.113883.5.1
Code System Name	AdministrativeGenderCode
Code System Source	Health Level Seven (HL7) Version 3.0
Code System URL	http://www.hl7.org/v3ballot/html/infrastructure/vocabulary/AdministrativeGender.htm



Code System HL7 Identifier	Not applicable for V3 or CDA as they will use Code System OID. HL7 2.x message will use V2 Administrative Sex Code System mentioned above
Code System Version	V3NE08

Table 3-24 Administrative Gender Value Set Definition

Value	Display Name	Definition
F	Female	Not Available
M	Male	Not Available
UN	Undifferentiated	Not Available

3.2.11 JOINT COMMISSION ISCHEMIC STROKE VALUE SET

Table 3-25 Joint Commission Ischemic Stroke Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.38
Value Set Name	Joint Commission Ischemic Stroke Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify patients with Ischemic Stroke as the principal diagnosis for the measure.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition for Ischemic Stroke: Based on ICD9 codes and text descriptions in the original measure, SNOMED CT concepts were selected from "Disorder of Brain" that included subnodes "Cerebrovascular accident", "Cerebral infarction" and "Occlusion of Artery"; the resulting value set was further refined by the measure developers.
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-26 Joint Commission Ischemic Stroke Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-27 Joint Commission Ischemic Stroke Value Set Definition

Value	Display Name	Definition
230690007	Cerebrovascular accident (disorder)	Not Available
25133001	Completed stroke (disorder)	
230691006	CVA - cerebrovascular accident due to cerebral artery occlusion (disorder)	
371041009	Embolic stroke (disorder)	
413758000	Cardioembolic stroke (disorder)	
281240008	Extension of cerebrovascular accident (disorder)	
413102000	Infarction of basal ganglia (disorder)	



Value	Display Name	Definition
106016005	Intracranial sinus thrombosis, embolism AND/OR inflammation (disorder)	
16418006	Embolism of basilar sinus (disorder)	
56384000	Embolism of inferior sagittal sinus (disorder)	
80758005	Embolism of lateral venous sinus (disorder)	
40450001	Embolism of superior sagittal sinus (disorder)	
12853006	Embolism of torcular Herophili (disorder)	
422504002	Ischemic stroke (disorder)	
195216008	Left sided cerebral hemisphere cerebrovascular accident (disorder)	
111297002	Nonparalytic stroke (disorder)	
373606000	Occlusive stroke (disorder)	
116288000	Paralytic stroke (disorder)	
57981008	Progressing stroke (disorder)	
195217004	Right sided cerebral hemisphere cerebrovascular accident (disorder)	
270883006	Stroke and cerebrovascular accident unspecified (disorder)	
275434003	Stroke in the puerperium (disorder)	
313267000	Stroke NOS (disorder)	
230713003	Stroke of uncertain pathology (disorder)	
230714009	Anterior circulation stroke of uncertain pathology (disorder)	
230715005	Posterior circulation stroke of uncertain pathology (disorder)	
371040005	Thrombolytic stroke (disorder)	
195212005	Brainstem stroke syndrome (disorder)	
195213000	Cerebellar stroke syndrome (disorder)	
432504007	Cerebral infarction (disorder)	
230693009	Anterior cerebral circulation infarction (disorder)	
14309005	Anterior choroidal artery syndrome (disorder)	
230695002	Partial anterior cerebral circulation infarction (disorder)	
230694003	Total anterior cerebral circulation infarction (disorder)	
195230003	Cerebral infarction due to cerebral venous thrombosis, non-pyogenic (disorder)	
195190007	Cerebral infarction due to embolism of cerebral arteries (disorder)	
195189003	Cerebral infarction due to thrombosis of cerebral arteries (disorder)	
266256009	Cerebral infarction NOS (disorder)	
230692004	Infarction - precerebral (disorder)	
195185009	Cerebral infarct due to thrombosis of precerebral arteries (disorder)	
195186005	Cerebral infarction due to embolism of precerebral arteries (disorder)	
230698000	Lacunar infarction (disorder)	
426107000	Acute lacunar infarction (disorder)	
230702001	Lacunar ataxic hemiparesis (disorder)	
307363008	Multiple lacunar infarcts (disorder)	
230699008	Pure motor lacunar infarction (disorder)	
230701008	Pure sensorimotor lacunar infarction (disorder)	
230700009	Pure sensory lacunar infarction (disorder)	
307766002	Left sided cerebral infarction (disorder)	
276219001	Occipital cerebral infarction (disorder)	
307767006	Right sided cerebral infarction (disorder)	



Value	Display Name	Definition
427296003	Thalamic infarction (disorder)	
86003009	Carotid artery thrombosis (disorder)	
425420004	Thrombosis of internal carotid artery (disorder)	
80606009	Carotid artery embolism (disorder)	
76402003	Carotid artery insufficiency syndrome (disorder)	
195180004	Basilar artery occlusion (disorder)	
195233001	Occlusion and stenosis of anterior cerebral artery (disorder)	
195234007	Occlusion and stenosis of posterior cerebral artery (disorder)	
408664007	Pontine artery occlusion (disorder)	
230694003	Total anterior cerebral circulation infarction (disorder)	
69798007	Carotid artery obstruction (disorder)	
266254007	Carotid artery occlusion (disorder)	
426651005	Bilateral carotid artery occlusion (disorder)	
195232006	Occlusion and stenosis of middle cerebral artery (disorder)	
95458005	Cerebellar artery occlusion (disorder)	
195235008	Occlusion and stenosis of cerebellar arteries (disorder)	
20059004	Cerebral artery occlusion (disorder)	
286956007	Cerebral artery occlusion NOS (disorder)	
230702001	Lacunar ataxic hemiparesis (disorder)	
230704000	Multi-infarct state (disorder)	
307363008	Multiple lacunar infarcts (disorder)	
195231004	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction (disorder)	
195236009	Occlusion and stenosis of multiple and bilateral cerebral arteries (disorder)	
28790007	Obstruction of precerebral artery (disorder)	
67992007	Multiple AND bilateral precerebral artery obstruction (disorder)	
373606000	Occlusive stroke (disorder)	
266253001	Precerebral arterial occlusion (disorder)	
195183002	Multiple and bilateral precerebral arterial occlusion (disorder)	
195184008	Other precerebral artery occlusion (disorder)	
195187001	Precerebral artery occlusion NOS (disorder)	
195182007	Vertebral artery occlusion (disorder)	
89142007	Progressive intracranial arterial occlusion (disorder)	
43658003	Vertebral artery obstruction (disorder)	

3.2.12 JOINT COMMISSION HEMORRHAGIC STROKE VALUE SET

Table 3-28 Joint Commission Hemorrhagic Stroke Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.34
Value Set Name	Joint Commission Hemorrhagic Stroke Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify patients with Hemorrhagic Stroke as the principal diagnosis for the measure.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition for Hemorrhagic Stroke: Based on ICD9 codes and text descriptions in the original measure, there were 3 SNOMED codes for Hemorrhagic stroke; the concept list was expanded to include all concepts from the node "Intracranial Hemorrhage"; the resulting value set was further refined by the measure developers.



Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-29 Joint Commission Hemorrhagic Stroke Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-30 Joint Commission Hemorrhagic Stroke Value Set Definition

Value	Display Name	Definition
1386000	Intracranial hemorrhage (disorder)	Not Available
95454007	Brain stem hemorrhage (disorder)	
28837001	Bulbar hemorrhage (disorder)	
7713009	Intrapontine hemorrhage (disorder)	
28318001	Basilar hemorrhage (disorder)	
75038005	Cerebellar hemorrhage (disorder)	
276722003	Intracerebellar and posterior fossa hemorrhage (disorder)	
274100004	Cerebral hemorrhage (disorder)	
73020009	Cerebral hemisphere hemorrhage (disorder)	
195167002	External capsule hemorrhage (disorder)	
52201006	Internal capsule hemorrhage (disorder)	
20908003	Subcortical hemorrhage (disorder)	
195165005	Basal ganglia hemorrhage (disorder)	
266313001	Cerebral hemorrhage NOS (disorder)	
49422009	Cortical hemorrhage (disorder)	
230712008	Lacunar hemorrhage (disorder)	
230710000	Lobar cerebral hemorrhage (disorder)	
230709005	Massive supratentorial cerebral hemorrhage (disorder)	
230711001	Thalamic hemorrhage (disorder)	
42429001	Cerebromeningeal hemorrhage (disorder)	
195168007	Intracerebral hemorrhage, intraventricular (disorder)	
195169004	Intracerebral hemorrhage, multiple localized (disorder)	
195178005	Intracranial hemorrhage NOS (disorder)	
270907008	Spontaneous subarachnoid hemorrhage (disorder)	
195155004	Subarachnoid hemorrhage from carotid siphon and bifurcation (disorder)	
195160000	Subarachnoid hemorrhage from vertebral artery (disorder)	
23276006	Ventricular hemorrhage (disorder)	



Value	Display Name	Definition
425957003	Non-traumatic intracerebral ventricular hemorrhage (disorder)	
230706003	Hemorrhagic cerebral infarction (disorder)	
230707007	Anterior cerebral circulation hemorrhagic infarction (disorder)	
230708002	Posterior cerebral circulation hemorrhagic infarction (disorder)	

3.2.13 JOINT COMMISSION ADMISSION TYPE - ELECTIVE VALUE SET

Table 3-31 Joint Commission Admission Type – Elective Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.1
Value Set Name	Joint Commission Admission Type – Elective Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies the following patient population: <ul style="list-style-type: none"> Patients elective admissions . Whether this value set is to be used as inclusionary or exclusionary criteria is outside the scope
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed from (UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL) UB-04 FL14 – Admission Type codes " Elective [03"
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-32 Joint Commission Admission Type – Elective Code System

Code System Identifier	Not available at time of publication
Code System Name	Uniform Bill Patient Discharge Status
Code System Source	National Uniform Billing Committee (NUBC)
Code System URL	www.nubc.org
Code System HL7 Identifier	HITSP-FL-14
Code System Version	2004

Table 3-33 Joint Commission Admission Type – Elective Value Set Definition

Value	Display Name	Definition
3	Elective	Not Available

3.2.14 JOINT COMMISSION ADMISSION TYPE - EMERGENCY VALUE SET

Table 3-34 Joint Commission Admission Type – Emergency Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.30
Value Set Name	Joint Commission Admission Type –Emergency Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies the following patient population: <ul style="list-style-type: none"> Patients Emergency admissions . Whether this value set is to be used as inclusionary or exclusionary criteria is outside the scope



Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed from (UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL) UB-04 FL14 – Admission Type codes " Elective 03"
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-35 Joint Commission Admission Type – Emergency Code System

Code System Identifier	Not available at time of publication
Code System Name	Uniform Bill Patient Discharge Status
Code System Source	National Uniform Billing Committee (NUBC)
Code System URL	www.nubc.org
Code System HL7 Identifier	HITSP-FL-14
Code System Version	2004

Table 3-36 Joint Commission Admission Type – Emergency Value Set Definition

Value	Display Name	Definition
1	Emergency	Not Available

3.2.15 JOINT COMMISSION ATRIAL FIBRILLATION/FLUTTER HISTORY AND FINDING VALUE SET

Table 3-37 Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.7
Value Set Name	Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify Ischemic stroke patients with documented atrial fibrillation/flutter so that they can receive appropriate anticoagulation therapy. This medical condition can be detected through history (situation) or diagnoses (clinical finding)
Value Set URL	Not Available at Publication
Value Set Definition	Intensional definition: Include all SNOMED CT concepts that contain "atrial fibrillation" or "atrial flutter" from situation and clinical finding hierarchies
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-38 Joint Commission Atrial Fibrillation/Flutter History and Finding Code System

Code System Identifier	2.16.840.1.113883.6.96
------------------------	------------------------



Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-39 Joint Commission Atrial Fibrillation/Flutter History and Finding Value Set Definition

Value	Display Name	Definition
312442005	History of - atrial fibrillation (situation)	Not Available
428076002	History of atrial flutter (situation)	
429218009	History of maze procedure for atrial fibrillation (situation)	
49436004	Atrial fibrillation (disorder)	
195080001	Atrial fibrillation and flutter (disorder)	
426749004	Chronic atrial fibrillation (disorder)	
300996004	Controlled atrial fibrillation (disorder)	
233910005	Lone atrial fibrillation (disorder)	
233911009	Non-rheumatic atrial fibrillation (disorder)	
282825002	Paroxysmal atrial fibrillation (disorder)	
440028005	Permanent atrial fibrillation (disorder)	
440059007	Persistent atrial fibrillation (disorder)	
314208002	Rapid atrial fibrillation (disorder)	
5370000	Atrial flutter (disorder)	
425615007	Chronic atrial fibrillation (disorder)	
427665004	Paroxysmal atrial fibrillation (disorder)	
425615007	Chronic atrial flutter (disorder)	
427665004	Paroxysmal atrial flutter (disorder)	
426814001	Transient cerebral ischemia due to atrial fibrillation (disorder)	
195082009	Atrial fibrillation and flutter NOS (disorder)	
164889003	Electrocardiogram: atrial fibrillation (finding)	
164890007	Electrocardiogram: atrial flutter (finding)	

3.2.16 JOINT COMMISSION ATRIAL FIBRILLATION/FLUTTER PROCEDURE VALUE SET

Table 3-40 Joint Commission Atrial Fibrillation/Flutter Procedure Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.8
Value Set Name	Joint Commission Atrial Fibrillation/Flutter Procedure Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify Ischemic stroke patients with documented atrial fibrillation/flutter so that they can receive appropriate anticoagulation therapy. This medical condition can be detected by procedures used to treat this condition (procedure)
Value Set URL	Not Available at Publication
Value Set Definition	Intensional definition: Includes all SNOMED CT concepts that contain "atrial fibrillation" or "atrial flutter" from procedure categories
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	
Value Set Status	Active



Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-41 Joint Commission Atrial Fibrillation/Flutter Procedure Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-42 Joint Commission Atrial Fibrillation/Flutter Procedure Value Set Definition

Value	Display Name	Definition
287695003	Pacer controlled atrial fibril (procedure)	Not Available
429211003	Maze procedure for atrial fibrillation (procedure)	
175146007	Implantation of intravenous pacemaker for atrial fibrillation (procedure)	

3.2.17 JOINT COMMISSION ASSESSED FOR REHABILITATION SERVICES - DOCUMENTATION OF FINDINGS VALUE SET

Table 3-43 Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.6
Value Set Name	Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify if rehabilitation interventions were initiated in patients with hemorrhagic or ischemic stroke. Effective rehabilitation interventions initiated early following stroke can enhance the recovery process and minimize functional disability. The primary goal of rehabilitation is to prevent complications, minimize impairments, and maximize function
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set was constructed from SNOMED CT® finding concepts that identify/document a patient was seen or is under the care of hospital-based rehabilitation specialists which may include physiotherapy, speech and language therapy, occupational therapy, clinical neurophysiology or rehabilitation psychiatry. This value set was enumerated by measure developers. This value set may be used in conjunction with the Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	



Table 3-44 Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-45 Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set Definition

Value	Display Name	Definition
305825006	Seen by rehabilitation - service (finding)	Not Available
305687004	Seen by rehabilitation physician (finding)	
305498008	Under care of rehabilitation physician (finding)	
185285001	Seen by physiotherapist (finding)	
308035000	Seen by physiotherapy - service (finding)	
185286000	Seen by speech and language therapist (finding)	
305782002	Seen by hospital-based physiotherapist (finding)	
305852001	Seen by occupational therapy - service (finding)	
305776000	Seen by hospital-based occupational therapist (finding)	
305861001	Seen by hospital-based physiotherapy - service (finding)	
305807004	Seen by clinical neurophysiology - service (finding)	
305871004	Seen by rehabilitation psychiatry - service (finding)	
305776000	Seen by hospital-based occupational therapist (finding)	
305855004	Seen by hospital-based occupational therapy - service (finding)	
305862008	Seen by speech and language therapy - service (finding)	

3.2.18 JOINT COMMISSION ASSESSED FOR REHABILITATION SERVICES - DOCUMENTATION OF PROCEDURES VALUE SET

Table 3-46 Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.5
Value Set Name	Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify if rehabilitation interventions were initiated in patients with hemorrhagic or ischemic stroke. Effective rehabilitation interventions initiated early following stroke can enhance the recovery process and minimize functional disability. The primary goal of rehabilitation is to prevent complications, minimize impairments, and maximize function
Value Set URL	Not Available at Publication.
Value Set Definition	Extensional definition: This value set was constructed from SNOMED CT® procedure concepts that identify/document a patient was assessed for rehabilitation services. This value set was enumerated by measure developers. This value set may be used in conjunction with the Joint Commission Assessed for Rehabilitation Services - Documentation of Findings Value Set
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	



Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-47 Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-48 Joint Commission Assessed for Rehabilitation Services - Documentation of Procedures Value Set Definition

Value	Display Name	Definition
423040001	Rehabilitation assessment (regime/therapy)	Not Available
165189005	Medical evaluation for rehabilitation (regime/therapy)	
410158009	Physical therapy assessment (regime/therapy)	
60256002	Physical medicine service (procedure)	
410087008	Physical rehabilitation therapy assessment (regime/therapy)	
410089006	Physical rehabilitation therapy management (procedure)	

3.2.19 JOINT COMMISSION BEHAVIORAL HEALTH INPATIENT TREATMENT LOCATIONS

Table 3-49 Joint Commission Behavioral Health Inpatient Treatment Locations Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.9
Value Set Name	Joint Commission Behavioral Health Inpatient Treatment Locations
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify that a patient is in Behavioral Health Inpatient Treatment Locations
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed by enumerating the codes from HL7ServiceDeliveryLocation
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-50 Joint Commission Behavioral Health Inpatient Treatment Locations Value Set Code System

Code System Identifier	
Code System Name	HL7ServiceDeliveryLocation
Code System Source	HL7



Code System URL	http://www.hl7.org
Code System HL7 Identifier	
Code System Version	

Table 3-51 Joint Commission Behavioral Health Inpatient Treatment Locations Value Set Definition

Value	Display Name	Definition
1051-2	Inpatient behavioral Health/Psych Ward Inpatient behavioral Health/Psych Ward	Not Available
1075-1	Inpatient adolescent behavioral health ward Inpatient adolescent behavioral health ward	Not Available
1104-9	Long-Term care behavioral health/psych unit Long-Term care behavioral health/psych unit	Not Available
1145-2	Behavioral health clinic Behavioral health clinic HealthcareServiceLocation Details	Not Available
1077-7	Inpatient pediatric behavioral health ward Inpatient pediatric behavioral health ward	Not Available

3.2.20 JOINT COMMISSION CAREGIVER VALUE SET

Table 3-52 Joint Commission Caregiver Value Set

Value Set Identifier	Not Available at Publication
Value Set Name	Joint Commission Caregiver Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Not Available at Publication
Value Set URL	To identify the RoleClass of 'Caregiver'.
Value Set Definition	Extensional Definition: The value set consists of the concept "Caregiver" from HL7 V3 RoleClass. This value set should be utilized with Joint Commission Education for Stroke Patients Value Set OR Joint Commission Patient Non-compliant Value Set if the caregiver participates on behalf of the patient.
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	N/A
Value Set Creation Date	20081218
Value Set Revision Date	N/A

Table 3-53 Joint Commission Caregiver Code System

Code System Identifier	2.16.840.1.113883.5.1
Code System Name	RoleClass
Code System Source	Health Level Seven (HL7) Version 3
Code System URL	http://www.hl7.org/memonly/downloads/v3edition.cfm#V32008
Code System HL7 Identifier	HITSP-CS-1
Code System Version	Version 3

Table 3-54 Joint Commission Caregiver Value Set Definition

Value	Display Name	Definition
CAREGIVER	Caregiver	Not Available



3.2.21 JOINT COMMISSION CAROTID INTERVENTION PROCEDURE VALUE SET

Table 3-55 Joint Commission Carotid Intervention Procedure Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.10
Value Set Name	Joint Commission Carotid Intervention Procedure Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify patients who are admitted for carotid procedures. It is outside the scope of this value set to identify other criteria such as whether the procedures are "elective" or are included or excluded in a measure criteria.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set for carotid intervention was constructed by identifying carotid procedures (e.g. carotid endarterectomy, angioplasty, carotid stenting, etc.). SNOMED concepts were included from the "Procedure on Artery" node containing the word "Carotid"; the list was further refined by the Joint Commission (measure developer)The "Elective" element will be encoded and not represented by a value set
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-56 Joint Commission Carotid Intervention Procedure Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-57 Joint Commission Carotid Intervention Procedure Value Set Definition

Value	Display Name	Definition
31573003	Anastomosis of carotid-subclavian artery (procedure)	Not Available
209760000	Angiography of carotid artery, unilateral (procedure)	
55493009	Angiography of cervical carotid artery, unilateral (procedure)	
25007007	Angiography of external carotid artery, unilateral (procedure)	
75538004	Angiography of internal carotid artery, unilateral (procedure)	
429287007	Angioplasty of carotid artery (procedure)	
233259003	Angioplasty of external carotid artery (procedure)	
405326004	Angioplasty of internal carotid artery (procedure)	
405415006	Angioplasty of internal carotid artery with vein (procedure)	
427486009	Bypass of carotid artery by anastomosis of superficial temporal artery to middle cerebral artery (procedure)	
440221006	Bypass of carotid artery to brachial artery using vein graft (procedure)	
175362007	Carotid and/or cerebral and/or subclavian artery operations (procedure)	
66951008	Carotid endarterectomy (procedure)	
175471002	Carotid, cerebral and subclavian artery operations NOS (procedure)	



Value	Display Name	Definition
59012002	Carotid-subclavian artery bypass graft with vein (procedure)	
79507006	Carotid-vertebral artery bypass graft with vein (procedure)	
241218003	Common carotid arteriogram (procedure)	
420017001	Computed tomography angiography of aortic arch and carotid arteries (procedure)	
417986000	Computed tomography angiography of carotid artery (procedure)	
112823003	Creation of aorta-carotid-brachial vascular bypass (procedure)	
34214004	Creation of aorta-subclavian-carotid vascular bypass (procedure)	
51382002	Creation of carotid-carotid shunt (procedure)	
18674003	Creation of carotid-vertebral artery shunt (procedure)	
80102005	Creation of external-internal carotid bypass (procedure)	
302053004	Embolectomy of carotid artery (procedure)	
74720005	Embolectomy with catheter of carotid artery by neck incision (procedure)	
405411002	Enderterectomy and angioplasty of external carotid artery (procedure)	
405407008	Enderterectomy and angioplasty of internal carotid artery (procedure)	
405408003	Enderterectomy and angioplasty of internal carotid artery with prosthesis (procedure)	
405409006	Enderterectomy and angioplasty of internal carotid artery with vein (procedure)	
175367001	Enderterectomy of carotid artery and patch repair of carotid artery (procedure)	
175368006	Enderterectomy of carotid artery NEC (procedure)	
233298008	Enderterectomy of common carotid artery (procedure)	
233297003	Enderterectomy of external carotid artery (procedure)	
233296007	Enderterectomy of internal carotid artery (procedure)	
405412009	Enderterectomy of internal carotid artery with eversion and end-to-end anastomosis (procedure)	
428802000	Endovascular repair of carotid artery (procedure)	
87314005	Exploration of carotid artery (procedure)	
80104006	Exteriorization of carotid artery (procedure)	
241220000	External carotid arteriogram (procedure)	
440453000	Fluoroscopic angiography of aortic arch and carotid artery (procedure)	
420171008	Fluoroscopic angiography of carotid artery (procedure)	
418405008	Fluoroscopic angiography of carotid artery and insertion of stent (procedure)	
440518005	Fluoroscopic angiography of carotid artery with direct puncture (procedure)	
419906006	Fluoroscopic angiography of common carotid artery (procedure)	
432785007	Fluoroscopic angiography of common carotid artery using contrast with insertion of drug eluting stent (procedure)	
431519005	Fluoroscopic angiography of common carotid artery using contrast with insertion of stent (procedure)	
433591001	Fluoroscopic angiography of common carotid artery using contrast with insertion of stent graft (procedure)	
419113007	Fluoroscopic angiography of external carotid artery (procedure)	
433690006	Fluoroscopic angiography of external carotid artery using contrast with insertion of drug eluting stent (procedure)	
431515004	Fluoroscopic angiography of external carotid artery using contrast with insertion of stent (procedure)	
434159001	Fluoroscopic angiography of external carotid artery using contrast with insertion of stent graft (procedure)	
418838006	Fluoroscopic angiography of internal carotid artery (procedure)	



Value	Display Name	Definition
433683001	Fluoroscopic angiography of internal carotid artery using contrast with insertion of drug eluting stent (procedure)	
433056003	Fluoroscopic angiography of internal carotid artery using contrast with insertion of stent (procedure)	
434378006	Fluoroscopic angiography of internal carotid artery using contrast with insertion of stent graft (procedure)	
420046008	Fluoroscopic angioplasty of carotid artery (procedure)	
420026003	Fluoroscopic angioplasty of common carotid artery (procedure)	
417884003	Fluoroscopic angioplasty of external carotid artery (procedure)	
419014003	Fluoroscopic angioplasty of internal carotid artery (procedure)	
433061001	Fluoroscopic intravenous digital subtraction angiography of carotid artery (procedure)	
58920005	Imaging of carotid arteries (procedure)	
86410006	Imaging of carotid arteries by duplex scan with spectrum analysis (procedure)	
233405004	Insertion of carotid artery stent (procedure)	
241219006	Internal carotid arteriogram (procedure)	
175365009	Intracranial bypass to carotid artery (procedure)	
90931006	Introduction of catheter into carotid artery (procedure)	
175373000	Ligation of carotid artery (procedure)	
53412000	Ligation of common carotid artery (procedure)	
59109003	Ligation of external carotid artery (procedure)	
46912008	Ligation of external carotid artery for nasal hemorrhage (procedure)	
22928005	Ligation of internal carotid artery (procedure)	
432103005	Magnetic resonance angiography of carotid artery (procedure)	
175374006	Open embolectomy of carotid artery (procedure)	
175376008	Operation on aneurysm of carotid artery (procedure)	
175378009	Other open operation on carotid artery NOS (procedure)	
175371003	Other open operations on carotid artery (procedure)	
175470001	Other specified operations on carotid, cerebral or subclavian artery (procedure)	
175377004	Other specified other open operation on carotid artery (procedure)	
175382006	Other specified transluminal operation on carotid artery (procedure)	
303161001	Patch repair of carotid artery (procedure)	
233260008	Percutaneous balloon angioplasty of extracranial carotid artery (procedure)	
276951007	Percutaneous endarterectomy of common carotid artery (procedure)	
276950008	Percutaneous endarterectomy of external carotid artery (procedure)	
276949008	Percutaneous endarterectomy of internal carotid artery (procedure)	
175380003	Percutaneous transluminal angioplasty of carotid artery (procedure)	
431659001	Percutaneous transluminal angioplasty of common carotid artery using fluoroscopic guidance (procedure)	
431535003	Percutaneous transluminal angioplasty of external carotid artery using fluoroscopic guidance (procedure)	
432039002	Percutaneous transluminal angioplasty of internal carotid artery using fluoroscopic guidance (procedure)	
434433007	Percutaneous transluminal cutting balloon angioplasty of common carotid artery using fluoroscopic guidance (procedure)	
433711000	Percutaneous transluminal cutting balloon angioplasty of external carotid artery using fluoroscopic guidance (procedure)	



Value	Display Name	Definition
433734009	Percutaneous transluminal cutting balloon angioplasty of internal carotid artery using fluoroscopic guidance (procedure)	
425611003	Percutaneous transluminal insertion of stent into carotid artery (procedure)	
9339002	Perfusion of carotid artery (procedure)	
438615003	Procedure on carotid artery using imaging guidance (procedure)	
175363002	Reconstruction of carotid artery (procedure)	
175370002	Reconstruction of carotid artery NOS (procedure)	
175372005	Repair of carotid artery NEC (procedure)	
405379009	Repair of internal carotid artery (procedure)	
175364008	Replacement of carotid artery using graft (procedure)	
287606009	Selective carotid artery arteriography (procedure)	
39887009	Thrombectomy with catheter of carotid artery by neck incision (procedure)	
15023006	Thromboendarterectomy with graft of carotid artery by neck incision (procedure)	
175383001	Transluminal operation on carotid artery NOS (procedure)	
175379001	Transluminal operations on carotid artery (procedure)	

3.2.22 JOINT COMMISSION CLINICAL TRIAL VALUE SET

Table 3-58 Joint Commission Clinical Trial Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.11
Value Set Name	Joint Commission Clinical Trial Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify whether or not a patient is a part of a clinical trial. What this value set does NOT address is that the clinical trial relates to their medical condition in the measure under question. A clinical trial patient may be excluded for the measure
Value Set URL	Not available at time of publication.
Value Set Definition	Requesting new code (See Issues section below)
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-59 Joint Commission Clinical Trial Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009



Table 3-60 Joint Commission Clinical Trial Value Set Definition

Value	Display Name	Definition
428024001	Clinical trial participant (person)	Not Available
185923000	Patient in clinical trial	Not Available
	SEE GAPS	

3.3.23 JOINT COMMISSION PALLIATIVE CARE MEASURES ONLY - PROCEDURES VALUE SET**Table 3-61 Joint Commission Palliative Care Measures Only - Procedures Value Set**

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.45
Value Set Name	Joint Commission Palliative Care Measures Only – Procedure Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Identification of the level of care for a patient is "palliative care measures only"
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This is an exclusion criterion for the following measures: STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-4, VTE-6
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-62 Joint Commission Palliative Care Measures Only - Procedures Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-63 Joint Commission Palliative Care Measures Only – Procedures Value Set Definition

Value	Display Name	Definition
103735009	Palliative care (regime/therapy)	Not Available
395670002	Specialist palliative care treatment (regime/therapy)	
133918004	Comfort measures (regime/therapy)	
385897008	Comfort care management (procedure)	
243114000	Support (regime/therapy)	
305381007	Admission to palliative care department (procedure)	
305284002	Admission by palliative care physician (procedure)	



3.3.24 JOINT COMMISSION PALLIATIVE CARE MEASURES ONLY - FINDINGS VALUE SET

Table 3-64 Joint Commission Palliative Care Measures Only - Findings Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.44
Value Set Name	Joint Commission Palliative Care Measures Only – Findings Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Identification of the level of care for a patient is "palliative care measures only"
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This is an exclusion criterion for the following measures: STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-4, VTE-6
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-65 Joint Commission Palliative Care Measures Only - Findings Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-66 Joint Commission Palliative Care Measures Only – Findings Value Set Definition

Value	Display Name	Definition
305496007	Under care of palliative care physician (finding)	

3.2.23 JOINT COMMISSION DISCHARGE DISPOSITION - DISCHARGED TO HOME, HOME HEALTH OR HOME HOSPICE VALUE SET

Table 3-67 Joint Commission Discharge Disposition - Discharged to Home, Home Health or Home Hospice Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.15
Value Set Name	Joint Commission Discharge Disposition - discharged to home, home health or home hospice Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies the following patient population: <ul style="list-style-type: none"> Discharged to home Discharged to home with home health Discharged to home hospice Whether this value set is to be used as inclusionary or exclusionary criteria is outside the scope
Value Set URL	Not Available at Publication



Value Set Definition	Extensional definition: The value set was constructed from (UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL) UB-04 FL17 - Patient Status codes "Discharged to home care or self care (routine discharge) 01", "Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care 06", "Hospice - home 50"
Value Set Version	Unknown
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	Unknown
Value Set Expiration Date	N/A
Value Set Creation Date	Unknown
Value Set Revision Date	N/A

Table 3-68 Joint Commission Discharge Disposition - Discharged to Home, Home Health or Home Hospice Code System

Code System Identifier	Not available at time of publication
Code System Name	Uniform Bill Patient Discharge Status
Code System Source	National Uniform Billing Committee (NUBC)
Code System URL	www.nubc.org
Code System HL7 Identifier	HITSP-FL-17
Code System Version	2004

Table 3-69 Joint Commission Discharge Disposition - Discharged to Home, Home Health or Home Hospice Value Set Definition

Value	Display Name	Definition
01	Discharged to home care or self care (routine discharge)	Not Available
06	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care	
50	Hospice - home	

3.2.24 JOINT COMMISSION DISCHARGE DISPOSITION – DISCHARGE TRANSFERS VALUE SET

Table 3-70 Joint Commission Discharge Disposition – Discharge Transfers Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.14
Value Set Name	Joint Commission Discharge Disposition – Discharge Transfers Value Set
Value Set Source	The Joint Commission
Value Set Purpose	<p>This value set identifies the following patient population:</p> <ul style="list-style-type: none"> • Patients discharged/transferred to another hospital for inpatient care • Patients who left against medical advice or discontinued care • Patients discharged/transferred to a federal healthcare facility • Patients discharged/transferred to hospice Whether this value set is to be used as inclusionary or exclusionary criteria is outside the scope
Value Set URL	Not Available at Publication



Value Set Definition	Extensional definition: The value set was constructed from (UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL) UB-04 FL17 - Patient Status codes " Discharged/transferred to a short-term general hospital for inpatient care 02", " Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care 03", " Discharged/transferred to an Intermediate Care Facility (ICF) 04", "Discharged/transferred to another type of institution not defined elsewhere in this code list 05", "Left against medical advice or discontinued care 07", "Discharged/transferred to a federal healthcare facility" 43", "Discharged/transferred to Hospice – home 50", "Discharged/transferred to Hospice - medical facility 51"
Value Set Version	Unknown
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	Unknown
Value Set Expiration Date	N/A
Value Set Creation Date	Unknown
Value Set Revision Date	N/A

Table 3-71 Joint Commission Discharge Disposition - Discharge Transfers Code System

Code System Identifier	Not available at time of publication
Code System Name	Uniform Bill Patient Discharge Status
Code System Source	National Uniform Billing Committee (NUBC)
Code System URL	www.nubc.org
Code System HL7 Identifier	HITSP-FL-17
Code System Version	2004

Table 3-72 Joint Commission Discharge Disposition - Discharge Transfers Value Set Definition

Value	Display Name	Definition
02	Discharged/transferred to a short-term general hospital for inpatient care.	Not Available
03	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care	Not Available
04	Discharged/transferred to an Intermediate Care Facility (ICF) 04	Not Available
05	Discharged/transferred to another type of institution not defined elsewhere in this code list	Not Available
07	Left against medical advice or discontinued care	Not Available
43	Discharged/transferred to a federal healthcare facility	Not Available
50	Discharged/transferred to Hospice – home	Not Available
51	Discharged/transferred to Hospice - medical facility	Not Available
06	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care	Not Available
50	Hospice - home	Not Available

3.2.25 JOINT COMMISSION DISCHARGE INSTRUCTIONS ADDRESS DIETARY ADVICE

Table 3-73 Joint Commission Discharge Instructions Address Dietary Advice Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.17
Value Set Name	Joint Commission Discharge Instructions Address Dietary Advice Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Dietary must include two components 1)include "consistent amount" of foods with Vitamin K rather than avoidance should be advised. 2) include avoidance of major changes in dietary habits including alcohol intake, or notify health professional before changing habits.
Value Set URL	Not Available at Publication



Value Set Definition	Extensional definition: The value set was constructed from SNOMED-CT codes to identify dietary instructions given to the patient
Value Set Version	Unknown
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	Unknown
Value Set Expiration Date	N/A
Value Set Creation Date	Unknown
Value Set Revision Date	N/A

Table 3-74 Joint Commission Discharge Instructions Address Dietary Advice Code System

Code System Identifier	Not available at time of publication
Code System Name	SNOMED CT®
Code System Source	IHTSDO
Code System URL	http://www.ihtsdo.org/snomed-ct/
Code System HL7 Identifier	
Code System Version	2009

Table 3-75 Joint Commission Discharge Instructions Address Dietary Advice Value Set Definition

Value	Display Name	Definition
424753004	Dietary management education, guidance, and counseling (procedure)	Not Available

3.2.26 JOINT COMMISSION DISCHARGE INSTRUCTIONS ADDRESS FOLLOW-UP MONITORING

Table 3-76 Joint Commission Discharge Instructions Address Follow-up Monitoring Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.18
Value Set Name	Joint Commission Discharge Instructions Address Follow-up Monitoring Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Compliance must include 1)the importance of taking warfarin 2) the importance of monitoring warfarin w/scheduled PT/INR blood draws
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed from SNOMED-CT codes to identify follow-up monitoring given to the patient
Value Set Version	Unknown
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	Unknown
Value Set Expiration Date	N/A
Value Set Creation Date	Unknown
Value Set Revision Date	N/A

Table 3-77 Joint Commission Discharge Instructions Address Follow-up Monitoring Code System

Code System Identifier	Not available at time of publication
Code System Name	SNOMED CT®



Code System Source	IHTSDO
Code System URL	http://www.ihtsdo.org/snomed-ct/
Code System HL7 Identifier	
Code System Version	2009

Table 3-78 Joint Commission Discharge Instructions Address Follow-up Monitoring Value Set Definition

Value	Display Name	Definition
423076000	Medication prescription education, guidance and counseling (procedure)	Not Available

3.2.27 JOINT COMMISSION DISCHARGE INSTRUCTIONS ADDRESS POTENTIAL FOR ADVERSE DRUG REACTIONS AND INTERACTIONS

Table 3-79 Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.19
Value Set Name	Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Instructions for adverse drug reactions to warfarin must include 1) Diet and medications that can affect the PT/INR level. 2) Precautions to not use any medication or over-the-counter medication except on the advice of the physician or pharmacist. 3) risk of bleeding increased with the use of warfarin
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed from SNOMED-CT codes to identify discharge Instructions for Potential for Adverse Drug Reactions and Interactions given to the patient
Value Set Version	Unknown
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	Unknown
Value Set Expiration Date	N/A
Value Set Creation Date	Unknown
Value Set Revision Date	N/A

Table 3-80 Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions Code System

Code System Identifier	Not available at time of publication
Code System Name	SNOMED CT®
Code System Source	IHTSDO
Code System URL	http://www.ihtsdo.org/snomed-ct/
Code System HL7 Identifier	
Code System Version	2009

Table 3-81 Joint Commission Discharge Instructions Address Potential for Adverse Drug Reactions and Interactions Value Set Definition

Value	Display Name	Definition
410264007	Medication action/side effects education, guidance, and counseling (procedure)	Not Available
183053008	Over-the-counter medication education (procedure)	Not Available



3.2.28 JOINT COMMISSION DISCHARGE DISPOSITION – DEATH VALUE SET

Table 3-82 Joint Commission Discharge Disposition - Death Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.12
Value Set Name	Joint Commission Discharge Disposition – Death Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies the following patient population: <ul style="list-style-type: none"> Patients who expired <p>Whether this value set is to be used as inclusionary or exclusionary criteria is outside the scope</p>
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed from (UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL) UB-04 FL17 - Patient Status codes "Expired 20", "Expired at home 40", "Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice 41", "Expired – Place Unknown 42"
Value Set Version	Unknown
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	Unknown
Value Set Expiration Date	N/A
Value Set Creation Date	Unknown
Value Set Revision Date	N/A

Table 3-83 Joint Commission Discharge Disposition - Death Code System

Code System Identifier	Not available at time of publication
Code System Name	Uniform Bill Patient Discharge Status
Code System Source	National Uniform Billing Committee (NUBC)
Code System URL	www.nubc.org
Code System HL7 Identifier	HITSP-FL-17
Code System Version	2004

Table 3-84 Joint Commission Discharge Disposition - Death Value Set Definition

Value	Display Name	Definition
20	Expired	Not Available
40	Expired at home	Not Available
41	Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice	Not Available
42	Expired – Place Unknown	Not Available

3.2.29 JOINT COMMISSION DISCHARGE INSTRUCTIONS ADDRESS COMPLIANCE ISSUES VALUE SET

Table 3-85 Joint Commission Discharge Instructions Address Compliance Issues Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.16
Value Set Name	Joint Commission Discharge Instructions Address Compliance Issues
Value Set Source	Joint Commission
Value Set Purpose	Provide general information about warfarin that every patient should receive if there are plans for the drug to be taken after hospitalization
Value Set URL	Not Available at Time of Publication



Value Set Definition	Information that should be provided to every patient discharged on warfarin
Value Set Version	
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-86 Joint Commission Discharge Instructions Address Compliance IssuesCode System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-87 Joint Commission Discharge Instructions Address Compliance Issues Value Set Definition

Value	Display Name	Definition
174351000	Educational session with patient (procedure)	Not Available
423076000	Medication prescription education, guidance and counseling (procedure)	Not Available
410264007	Medication action/side effects education, guidance, and counseling (procedure)	Not Available

3.2.30 JOINT COMMISSION DOCUMENT RISK FOR VTE VALUE SET

Table 3-88 Joint Commission Document Risk for VTE Value Set

Value Set Identifier	Not available at publication
Value Set Name	Joint Commission Document Risk for VTE Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To document that a patient is at risk for developing a venous thromboembolus
Value Set URL	Not available at publication
Value Set Definition	Extensional definition: This value set was constructed by enumerating the SNOMED CT® concept "At risk of venous thromboembolus (finding) 427631000"
Value Set Version	
Value Set Type	Extensional
Value Set Binding	
Value Set Status	
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-89 Joint Commission Document Risk for VTE Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)



Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-90 Joint Commission Document Risk for VTE Value Set Definition

Value	Display Name	Definition
427631000	At risk of venous thromboembolus (finding)	Not Available

3.2.31 JOINT COMMISSION EDUCATION ADDRESSES EMERGENCY TREATMENT VALUE SET

Table 3-91 Joint Commission Education Addresses Emergency Treatment Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.23
Value Set Name	Joint Commission Education Addresses Emergency Treatment Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies documentation of education regarding emergency treatment if signs or symptoms of stroke occur
Value Set URL	Not Available at Publication.
Value Set Definition	Extensional definition: This value set was constructed from the procedure concept in SNOMED CT "Emergency treatment education (procedure) 385867000". This should be used in conjunction with Joint Commission Providing Material Value Set and Joint Commission Education Session with Patient Value Set
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-92 Joint Commission Education Addresses Emergency Treatment Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-93 Joint Commission Education Addresses Emergency Treatment Value Set Definition

Value	Display Name	Definition
385867000	Emergency treatment education (procedure)	Not Available

3.2.32 JOINT COMMISSION EDUCATION ADDRESSES FOLLOW-UP AFTER DISCHARGE VALUE SET

Table 3-94 Joint Commission Education Addresses Follow-up After Discharge Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.24
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Value Set Name	Joint Commission Education Addresses Follow-up After Discharge Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies documentation of education regarding the importance of ongoing medical care post discharge so that further diagnostic tests can be ordered/completed if needed, medications adjusted to keep patient at optimal state of health and prevent a second stroke.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set was constructed from the procedure concept in SNOMED CT "Patient follow-up planned and scheduled (procedure) 61342007". This should be used in conjunction with Joint Commission Providing Material Value Set and Joint Commission Education Session with Patient Value Set.
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-95 Joint Commission Education Addresses Follow-up After Discharge Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-96 Joint Commission Education Addresses Follow-up After Discharge Value Set Definition

Value	Display Name	Definition
61342007	Patient follow-up planned and scheduled (procedure)	Not Available

3.2.33 JOINT COMMISSION EDUCATION ADDRESSES MEDICATIONS PRESCRIBED AT DISCHARGE VALUE SET

Table 3-97 Joint Commission Education Addresses Medications Prescribed At Discharge Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.22
Value Set Name	Joint Commission Education Addresses Medications Prescribed At Discharge Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies documentation of education/instructions about all medications prescribed at discharge
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set was constructed from the procedure concept in SNOMED CT "Prescribed medication education (procedure) 386465007". This should be used in conjunction with Joint Commission Providing Material Value Set and Joint Commission Education Session with Patient Value Set
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	



Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-98 Joint Commission Education Addresses Medications Prescribed At Discharge Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-99 Joint Commission Education Addresses Medications Prescribed At Discharge Value Set Definition

Value	Display Name	Definition
386465007	Prescribed medication education (procedure)	Not Available

3.2.34 JOINT COMMISSION EMERGENCY DEPARTMENT PATIENT CLASS VALUE SET HL7 V2.5 VALUE SET

Table 3-100 Joint Commission Emergency Department Patient Class Value Set HL7 V2.5 Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.20
Value Set Name	Joint Commission Emergency Department Patient Class Value Set HL7 V2.5
Value Set Source	The Joint Commission
Value Set Purpose	For measures that focus on the emergency department, this value set identifies any Emergency Department Patient per HL7 V2.5.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set to identify emergency department patients was constructed by enumerating the code from HL7 2.5 Patient Class
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-101 Joint Commission Emergency Department Patient Class Value Set HL7 V2.5 Code System

Code System Identifier	2.16.840.1.113883.12.4
Code System Name	Patient Class
Code System Source	Health Level Seven (HL7)
Code System URL	http://www.hl7.org/Memonly/downloads/Standards_Messaging_v251/HL7_Messaging_v251_PDF.zip
Code System HL7 Identifier	HL70004
Code System Version	2.5.1



Table 3-102 Joint Commission Emergency Department Patient Class Value Set HL7 V2.5 Value Set Definition

Value	Display Name	Definition
E	Emergency	Not Available

3.2.35 JOINT COMMISSION EMERGENCY DEPARTMENT PATIENT CLASS VALUE SET HL7 V3.0 VALUE SET

Table 3-103 Joint Commission Emergency Department Patient Class Value Set HL7 V3.0 Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.21
Value Set Name	Joint Commission Emergency Department Patient Class Value Set HL7 V3.0
Value Set Source	The Joint Commission
Value Set Purpose	For measures that focus on the emergency department, this value set identifies any Emergency Department Patient per HL7 V3.0.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set to identify emergency department patients was constructed by enumerating the code from HL7 3.0 Patient Class
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-104 Joint Commission Emergency Department Patient Class Value Set HL7 V3.0 Code System

Code System Identifier	
Code System Name	Act Encounter Code
Code System Source	Health Level Seven (HL7) Version 3.0 Vocabulary
Code System URL	
Code System HL7 Identifier	
Code System Version	

Table 3-105 Joint Commission Emergency Department Patient Class Value Set HL7 V3.0 Value Set Definition

Value	Display Name	Definition
EMER	Emergency	Not Available

3.2.36 JOINT COMMISSION EDUCATION ADDRESSES RISK FACTORS VALUE SET

Table 3-106 Joint Commission Education Addresses Risk Factors Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.25
Value Set Name	Joint Commission Education Addresses Risk Factors Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies documentation of education regarding the awareness of risks. It is outside the scope of this value set to identify the specific risks involved
Value Set URL	Not Available at Publication



Value Set Definition	<p>Extensional definition: This value set was constructed from the procedure concept in SNOMED CT "Raising awareness of risks (procedure) 415233007".</p> <p>This should be used in conjunction with Joint Commission Providing Material Value Set and Joint Commission Education Session with Patient Value Set</p>
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-107 Joint Commission Education Addresses Risk Factors Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-108 Joint Commission Education Addresses Risk Factors Value Set Definition

Value	Display Name	Definition
415233007	Raising awareness of risks (procedure)	Not Available

3.2.37 JOINT COMMISSION EDUCATION ADDRESSES WARNING SIGNS AND SYMPTOMS VALUE SET

Table 3-109 Joint Commission Education Addresses Warning Signs and Symptoms Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.26
Value Set Name	Joint Commission Education Addresses Warning Signs and Symptoms Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies documentation of warning signs and symptoms
Value Set URL	Not Available at Publication
Value Set Definition	<p>Extensional definition: This value set was constructed from the procedure concept in SNOMED CT "Signs and symptoms education (procedure) 223413005".</p> <p>This should be used in conjunction with Joint Commission Providing Material Value Set and Joint Commission Education Session with Patient Value Set</p>
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	



Table 3-110 Joint Commission Education Addresses Warning Signs and Symptoms Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-111 Joint Commission Education Addresses Warning Signs and Symptoms Value Set Definition

Value	Display Name	Definition
223413005	Signs and symptoms education (procedure)	Not Available

3.2.38 JOINT COMMISSION ELECTIVE SURGERY VALUE SET**Table 3-112 Joint Commission Elective Surgery Value Set**

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.27
Value Set Name	Joint Commission Carotid Intervention - Elective Hospital Admission Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify patients who are admitted for ELECTIVE carotid procedures so that they can be excluded from the Ischemic stroke measure. These procedures must be identified as elective to distinguish them from similar procedures done in the context of a hospitalization for an acute stroke patient.
Value Set URL	Not available at time of publication
Value Set Definition	Includes TWO value sets—one to determine if the admission was ELECTIVE and another to describe the carotid procedure (e.g. carotid endarterectomy, angioplasty, carotid stenting, etc.) SNOMED concepts were included from the "Procedure on Artery" node containing the word "Carotid"; the list was further refined by the Joint Commission (measure developer)
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-113 Joint Commission Elective Surgery Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-114 Joint Commission Elective Surgery Set Definition

Value	Display Name	Definition
8715000	Hospital admission, elective (procedure)	Not Available



3.2.39 JOINT COMMISSION EVIDENCE OF ATHEROSCLEROSIS VALUE SET

Table 3-115 Joint Commission Evidence of Atherosclerosis Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.32
Value Set Name	Joint Commission Evidence of Atherosclerosis Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify adult patients with ischemic stroke who have underlying atherosclerotic conditions that make them suitable candidates for statin medication.
Value Set URL	Not Available at Publication
Value Set Definition	<p>A comprehensive list of clinical findings including concepts from "Arteriosclerotic vascular disease", "Peripheral arterial occlusive disease", "Cerebral arteriosclerosis" and miscellaneous concepts; the resulting value set was further refined by the Joint Commission (measure developer)</p> <p>Intensional definition: from SNOMED CT® select "Arteriosclerotic vascular disease (disorder)72092001" and all descendants excluding "Coronary arteriosclerosis due to radiation (disorder)427919004 and Arteriolar nephritis (disorder) 16147005. "Peripheral arterial occlusive disease (disorder) 399957001" and all descendants; "Lacunar infarction (disorder) 230698000" and all descendants;</p> <p>The following individual concepts are also included for the complete value set: "Senile endarteritis (disorder)111291001" and "Endarteritis deformans (disorder)302728008" and "Endarteritis obliterans (disorder)302930003" and "Small vessel disease due to type 1 diabetes mellitus (disorder)426907004" and "Small vessel disease due to type 2 diabetes mellitus (disorder)427134009" and "Atherosclerotic aneurysm (disorder)277198009"and "Cerebral arteriosclerosis (disorder) 65312002".</p>
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-116 Joint Commission Evidence of Atherosclerosis Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-117 Joint Commission Evidence of Atherosclerosis Value Set Definition

Value	Display Name	Definition
72092001	Arteriosclerotic vascular disease (disorder)	Not Available
361133006	Arteriosclerosis obliterans (disorder)	
109381003	Arteriosclerosis of saphenous vein (disorder)	
49176002	Arteriosclerotic gangrene (disorder)	
195257001	Arteriosclerotic vascular disease NOS (disorder)	
50808002	Atheroma of artery (disorder)	
111299004	Atheroma of cerebral arteries (disorder)	
67682002	Coronary artery atheroma (disorder)	
195254008	Extremity artery atheroma (disorder)	



Value	Display Name	Definition
195255009	Extremity artery atheroma NOS (disorder)	
81817003	Atherosclerosis of aorta (disorder)	
233955003	Abdominal aortic atherosclerosis (disorder)	
233956002	Aortoiliac atherosclerosis (disorder)	
51274000	Atherosclerosis of arteries of the extremities (disorder)	
45281005	Atherosclerosis of renal artery (disorder)	
302910002	Atherosclerotic renal artery stenosis (disorder)	
129573006	Atherosclerotic occlusive disease (disorder)	
428507003	Atherosclerotic stenosis of brachiocephalic artery (disorder)	
195121002	Cardiovascular arteriosclerosis unspecified (disorder)	
300920004	Carotid atherosclerosis (disorder)	
55382008	Cerebral atherosclerosis (disorder)	
53741008	Coronary arteriosclerosis (disorder)	
233844002	Accelerated coronary artery disease in transplanted heart (disorder)	
429673002	Arteriosclerosis in coronary artery bypass graft (disorder)	
315348000	Asymptomatic coronary heart disease (disorder)	
92517006	Calcific coronary arteriosclerosis (disorder)	
42866003	Congenital coronary artery sclerosis (disorder)	
194843003	Double coronary vessel disease (disorder)	
371804009	Left main coronary artery disease (disorder)	
371803003	Multi vessel coronary artery disease (disorder)	
420006002	Obliterative coronary artery disease (disorder)	
429245005	Recurrent coronary arteriosclerosis after percutaneous transluminal coronary angioplasty (disorder)	
371805005	Significant coronary bypass graft disease (disorder)	
194842008	Single coronary vessel disease (disorder)	
233817007	Triple vessel disease of the heart (disorder)	
39823006	Generalized atherosclerosis (disorder)	
49778009	Idiopathic pulmonary arteriosclerosis (disorder)	
69742007	Monckeberg's medial sclerosis (disorder)	
432083006	Occlusive disease of artery of lower extremity (disorder)	
431466007	Occlusive disease of artery of upper extremity (disorder)	
195256005	Other specified artery atheroma (disorder)	
361132001	Senile arteriosclerosis (disorder)	
399957001	Peripheral arterial occlusive disease (disorder)	
127014009	Diabetic peripheral angiopathy (disorder)	
63491006	Intermittent claudication (disorder)	
76523007	Intermittent cauda equina claudication (disorder)	
16941005	Intermittent spinal claudication (disorder)	
95443002	Venous intermittent claudication (disorder)	
431706008	Occlusion of artery of upper extremity (disorder)	
65312002	Cerebral arteriosclerosis (disorder)	
230698000	Lacunar infarction (disorder)	
426107000	Acute lacunar infarction (disorder)	
230703006	Dysarthria-clumsy hand syndrome (disorder)	



Value	Display Name	Definition
230702001	Lacunar ataxic hemiparesis (disorder)	
307363008	Multiple lacunar infarcts (disorder)	
230699008	Pure motor lacunar infarction (disorder)	
230701008	Pure sensorimotor lacunar infarction (disorder)	
230700009	Pure sensory lacunar infarction (disorder)	
111291001	Senile endarteritis (disorder)	
302728008	Endarteritis deformans (disorder)	
302930003	Endarteritis obliterans (disorder)	
426907004	Small vessel disease due to type 1 diabetes mellitus (disorder)	
427134009	Small vessel disease due to type 2 diabetes mellitus (disorder)	
277198009	Atherosclerotic aneurysm (disorder)	

3.2.40 JOINT COMMISSION IN FACILITY LOCATION - ICU VALUE SET

Table 3-118 Joint Commission In Facility Location - ICU Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.70
Value Set Name	Joint Commission In Facility Location - ICU Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify that a patient is in the ICU
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed by enumerating the codes from HL7ServiceDeliveryLocation
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-119 Joint Commission In Facility Location - ICU Value Set Code System

Code System Identifier	
Code System Name	HL7ServiceDeliveryLocation
Code System Source	HL7
Code System URL	http://www.hl7.org
Code System HL7 Identifier	
Code System Version	

Table 3-120 Joint Commission In Facility Location - ICU Value Set Definition

Value	Display Name	Definition
1027-2	Medical critical care unit Medical critical care unit	Not Available
1029-8	Medical/Surgical critical care unit Medical/Surgical critical care unit	Not Available
1035-5	Neurology critical care and stroke unit Neurology critical care and stroke unit	Not Available
1031-4	Neurosurgical critical care unit Neurosurgical critical care unit	Not Available
1032-2	Surgical cardiothoracic critical care unit Surgical cardiothoracic critical care unit	Not Available



Value	Display Name	Definition
1030-6	Surgical critical care unit Surgical critical care unit	Not Available
1025-6	Trauma critical care unit Trauma critical care unit	Not Available

3.2.41 JOINT COMMISSION IN FACILITY LOCATION - OBSERVATION SERVICES VALUE SET

Table 3-121 Joint Commission In Facility Location - Observation Services Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.43
Value Set Name	Joint Commission In Facility Location - Observation Services Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify that a patient is in observation services
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed by enumerating the codes from HL7ServiceDeliveryLocation
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-122 Joint Commission In Facility Location - Observation Services Value Set Code System

Code System Identifier	
Code System Name	HL7ServiceDeliveryLocation
Code System Source	HL7
Code System URL	http://www.hl7.org
Code System HL7 Identifier	
Code System Version	

Table 3-123 Joint Commission In Facility Location – Observation Services Value Set Definition

Value	Display Name	Definition
1162-7	24 Hour observation area	Not Available

3.2.42 JOINT COMMISSION INPATIENT ENCOUNTER VALUE SET

Table 3-124 Joint Commission Inpatient Encounter Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.36
Value Set Name	Joint Commission Inpatient Encounter Value Set
Value Set Source	The Joint Commission
Value Set Purpose	The Joint Commission Inpatient Encounter Value Set identifies patients with an encounter site of 'inpatient'.
Value Set URL	Not Available at Publication
Value Set Definition	Intensional definition: The value set consists of the concept "IMP inpatient encounter" and the direct descendants of the concept relationship "Specializes" from HL7 V3 Act Encounter Code
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Static



Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	N/A
Value Set Creation Date	20081218
Value Set Revision Date	20090630

Table 3-125 Joint Commission Inpatient Encounter Code System

Code System Identifier	2.16.840.1.113883.5.1
Code System Name	Act Encounter Code
Code System Source	Health Level Seven (HL7) Version 3.0
Code System URL	http://www.hl7.org/memonly/downloads/v3edition.cfm#V32008
Code System HL7 Identifier	HITSP-CS-1
Code System Version	Version 3

Table 3-126 Joint Commission Inpatient Encounter Value Set Definition

Value	Display Name	Definition
IMP	Inpatient encounter	Not Available

3.2.43 JOINT COMMISSION INR LABORATORY TEST RESULT VALUE SET

Table 3-127 Joint Commission INR Laboratory Test Result Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.37
Value Set Name	Joint Commission INR Laboratory Test Result Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set can be used to identify an INR result for blood, capillary blood, platelet poor plasma and unspecified specimens. MUST correlate with actual lab value.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set for INR Result was constructed by enumerating LOINC codes that identify INR results for blood, capillary blood, platelet poor plasma and unspecified specimens.
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	N/A
Value Set Creation Date	20081218
Value Set Revision Date	N/A

Table 3-128 Joint Commission INR Laboratory Test Result Code System

Code System Identifier	2.16.840.1.113883.6.1
Code System Name	Logical Observation Identifiers Names and Codes (LOINC®)
Code System Source	Regenstrief Institute, Inc
Code System URL	http://loinc.org
Code System HL7 Identifier	LN
Code System Version	2.26

Table 3-129 Joint Commission INR Laboratory Test Result Value Set Definition

Value	Display Name	Definition
34714-6	INR in Blood by Coagulation assay	Not Available



Value	Display Name	Definition
38875-1	INR in Unspecified specimen by Coagulation assay	
46418-0	INR in Capillary blood by Coagulation assay	
52129-4	INR in Platelet poor plasma by Coagulation assay --post heparin adsorption	
6301-6	INR in Platelet poor plasma by Coagulation assay	
34714-6	INR in Blood by Coagulation assay	

3.2.44 JOINT COMMISSION IA ADMINISTRATION ROUTE VALUE SET

Table 3-130 Joint Commission IA Administration Route Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.35
Value Set Name	Joint Commission IV Administration Route Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify concepts to document the intra-arterial route of administration of a medication. Whether this value set is used as an inclusion or exclusion criteria is outside the scope.
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed by enumerating the single code from the Medication Route FDA Value Set for "Intra-arterial"
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-131 Joint Commission IA Administration Route Code System

Code System Identifier	2.16.840.1.113883.3.88.12.3221.8.7
Code System Name	Medication Route FDA Value Set
Code System Source	U.S. Food and Drug Administration (FDA)
Code System URL	http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/ucm162034.htm
Code System HL7 Identifier	
Code System Version	

Table 3-132 Joint Commission IA Administration Route Value Set Definition

Value	Display Name	Definition
37	Intra-arterial	Not Available

3.2.45 JOINT COMMISSION IV ADMINISTRATION ROUTE VALUE SET

Table 3-133 Joint Commission IV Administration Route Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.39
Value Set Name	Joint Commission IV Administration Route Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify patients with Ischemic Stroke or as the principal diagnosis for the measure. This value set is to be used to identify concepts to document the intravenous route of administration of a medication. Whether this value set is used as an inclusion or exclusion criteria is outside the scope.
Value Set URL	Not Available at Publication



Value Set Definition	Extensional definition: The value set was constructed by enumerating the single code from the Medication Route FDA Value Set for "Intravenous".
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-134 Joint Commission IV Administration Route Code System

Code System Identifier	2.16.840.1.113883.3.88.12.3221.8.7
Code System Name	Medication Route FDA Value Set
Code System Source	U.S. Food and Drug Administration (FDA)
Code System URL	http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/ucm162034.htm
Code System HL7 Identifier	
Code System Version	

Table 3-135 Joint Commission IV Administration Route Value Set Definition

Value	Display Name	Definition
2	Intravenous	Not Available

3.2.46 JOINT COMMISSION LAST KNOWN WELL VALUE SET

Table 3-136 Joint Commission Last Known Well Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.40
Value Set Name	Joint Commission Last Known Well Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To document the time of onset of stroke symptoms in order to institute thrombolytic therapy within the appropriate time frame
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: In an effort to document onset of symptoms, concept from SNOMED CT® that represent "Time of illness onset (observable entity) 416524004" is identified. This value set was enumerated by measure developers.
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-137 Joint Commission Last Known Well Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS



Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-138 Joint Commission Last Known Well Value Set Definition

Value	Display Name	Definition
416524004	Time of illness onset (observable entity)	Not Available

3.2.47 JOINT COMMISSION MEDICAL HISTORY UNKNOWN VALUE SET

Table 3-139 Joint Commission Medical History Unknown Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.71
Value Set Name	Joint Commission Medical History Unknown Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To document the time of onset of symptoms is unknown
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: In an effort to document onset of symptoms, concept from SNOMED CT® that represents "Medical history unknown (situation)[396782006" is identified. This value set was enumerated by measure developers.
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-140 Joint Commission Medical History Unknown Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-141 Joint Commission Medical History Unknown Value Set Definition

Value	Display Name	Definition
396782006	Medical history unknown (situation)	

3.2.48 JOINT COMMISSION LDL-C LABORATORY TEST RESULT VALUE SET

Table 3-142 Joint Commission LDL-c Laboratory Test Result Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.41
Value Set Name	Joint Commission LDL-c Laboratory Test Result Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies the LDL-c laboratory result being reported from patient blood measurement. The methods include by calculation, ultracentrifugate, direct assay, electrophoresis and unspecified. This value set does not include acetylated and numbered LDLs



Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set for LDL-c was constructed by enumerating LOINC codes with component LDL. System (Ser/Plas), Units (mg/dl); Remove acetylated and numbered LDLs; and by methods of calculation, ultracentrifugate, direct assay, electrophoresis and unspecified
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	N/A
Value Set Creation Date	20081218
Value Set Revision Date	N/A

Table 3-143 Joint Commission LDL-c Laboratory Test Result Code System

Code System Identifier	2.16.840.1.113883.6.1
Code System Name	Logical Observation Identifiers Names and Codes (LOINC®)
Code System Source	Regenstrief Institute, Inc
Code System URL	http://loinc.org
Code System HL7 Identifier	LN
Code System Version	2.26

Table 3-144 Joint Commission LDL-c Laboratory Test Result Value Set Definition

Value	Display Name	Definition
13457-7	Cholesterol.in LDL [Mass/volume] in Serum or Plasma by Calculation	Not Available
18261-8	Cholesterol.in LDL [Mass/volume] in Serum or Plasma ultracentrifugate	
18262-6	Cholesterol.in LDL [Mass/volume] in Serum or Plasma by Direct assay	
2089-1	Cholesterol.in LDL [Mass/volume] in Serum or Plasma	
49132-4	Cholesterol.in LDL [Mass/volume] in Serum or Plasma by Electrophoresis	

3.2.49 JOINT COMMISSION STROKE LIPID LOWERING AGENT VALUE SET

Table 3-145 Joint Commission Stroke Lipid Lowering Agent Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.59
Value Set Name	Joint Commission Stroke Lipid Lowering Agent Value Set
Value Set Source	The Joint Commission
Value Set Purpose	There are several classes of drugs that are used as lipid-lowering agents. This value set identifies single and combination agents that are used in the treatment of hyperlipidemias. The values have been defined by measure developers.
Value Set URL	Not available at publication
Value Set Definition	Intensional definition: From RxNorm select Semantic Clinical Drug (SCD) Like "clofibrate" Or Like "cholestyramine" Or Like "dextrothyroxine" Or Like "colesevelam" Or Like "colestipol" Or Like "ezetimibe" Or Like "fenofibrate" Or Like "fenofibric acid" Or Like "gemfibrozil" Or Like "probucol" Or Like "atorvastatin" Or Like "fluvastatin" Or Like "lovastatin" Or Like "pravastatin" Or Like "rosuvastatin" Or Like "simvastatin" Or Like "niacin" where niacin is a single ingredient. Return all unique Semantic Clinical Drug (SCD) associations for the criteria.
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active



Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-146 Joint Commission Stroke Lipid Lowering Agent Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-147 Joint Commission Stroke Lipid Lowering Agent Value Set Definition

Value	Display Name	Definition
197522	Clofibrate 500 MG Oral Capsule	Not Available
309266	Cholestyramine 1000 MG Oral Tablet	
242972	Cholestyramine 4000 MG Chewable Bar	
848943	Cholestyramine 66.7 MG/ML Oral Suspension	
204391	Dextrothyroxine 1MG Oral Tablet	
102376	Dextrothyroxine 2MG Oral Tablet	
204392	Dextrothyroxine 4MG Oral Tablet	
309816	Dextrothyroxine 6MG Oral Tablet	
309494	colesevelam 625 MG Oral Tablet	
309496	Colestipol 1000 MG Oral Tablet	
544540	Colestipol 5000 MG Granules	
476345	ezetimibe 10 MG /Simvastatin 10 MG Oral Tablet	
476349	ezetimibe 10 MG /Simvastatin 20 MG Oral Tablet	
476350	ezetimibe 10 MG /Simvastatin 40 MG Oral Tablet	
476351	ezetimibe 10 MG /Simvastatin 80 MG Oral Tablet	
349556	ezetimibe 10 MG Oral Tablet	
200311	Fenofibrate 67 MG Oral Capsule	
577031	Fenofibrate 50 MG Oral Tablet	
616852	Fenofibrate 150 MG Oral Capsule	
616853	Fenofibrate 50 MG Oral Capsule	
349287	Fenofibrate 160 MG Oral Tablet	
351133	Fenofibrate 54 MG Oral Tablet	
310288	Fenofibrate 134 MG Oral Capsule	
310289	Fenofibrate 200 MG Oral Capsule	
141916	Fenofibrate 100 MG Oral Capsule	
483425	Fenofibrate 130 MG Oral Capsule	
483427	Fenofibrate 43 MG Oral Capsule	
483429	Fenofibrate 87 MG Oral Capsule	
477560	Fenofibrate 145 MG Oral Tablet	
477562	Fenofibrate 48 MG Oral Tablet	
749802	Fenofibrate 120 MG Oral Tablet	



Value	Display Name	Definition
654415	Fenofibrate 134 MG Extended Release Tablet	
389192	Fenofibrate 160 MG Extended Release Tablet	
667139	Fenofibrate 200 MG Extended Release Tablet	
389191	Fenofibrate 267 MG Oral Capsule	
749804	Fenofibrate 40 MG Oral Tablet	
654416	Fenofibrate 67 MG Extended Release Tablet	
860880	fenofibric acid 105 MG Oral Tablet	
828373	fenofibric acid 135 MG Enteric Coated Capsule	
860886	fenofibric acid 35 MG Oral Tablet	
828379	fenofibric acid 45 MG Enteric Coated Capsule	
315106	Gemfibrozil 300 MG Oral Capsule	
310459	Gemfibrozil 600 MG Oral Tablet	
198151	Probucol 250 MG Oral Tablet	
204535	Probucol 500 MG Oral Tablet	
198760	Niacin 50 MG Oral Tablet	
311949	Niacin 1000 MG Extended Release Tablet	
311951	Niacin 125 MG Extended Release Capsule	
311955	Niacin 250 MG Extended Release Tablet	
311959	Niacin 500 MG Extended Release Capsule	
311960	Niacin 500 MG Extended Release Tablet	
311963	Niacin 750 MG Extended Release Tablet	
314131	Niacin 250 MG Extended Release Capsule	
311958	Niacin 400 MG Extended Release Capsule	
205247	Niacin 10 MG/ML Oral Solution	
198024	Niacin 500 MG Oral Tablet	
198759	Niacin 100 MG Oral Tablet	
243782	Niacin 1000 MG Oral Tablet	
311952	Niacin 125 MG Extended Release Tablet	
311950	Niacin 125 MG Oral Capsule	
259049	Niacin 150 MG Extended Release Tablet	
435115	Niacin 20 MG Oral Tablet	
311953	Niacin 200 MG Extended Release Tablet	
314116	Niacin 25 MG Oral Tablet	
245437	Niacin 250 MG Oral Capsule	
199143	Niacin 250 MG Oral Tablet	
763167	Niacin 375 MG Extended Release Tablet	
849668	Niacin 50 MG Oral Capsule	
247747	Niacin 500 MG Oral Capsule	
391943	Niacin 750 MG Oral Tablet	
763168	{7 (Niacin 375 MG Extended Release Tablet) /7 (Niacin 500 MG Extended Release Tablet) /7 (Niacin 750 MG Extended Release Tablet) } Pack	
597987	Amlodipine 10 MG /atorvastatin 10 MG Oral Tablet	
597967	Amlodipine 10 MG /atorvastatin 20 MG Oral Tablet	
597990	Amlodipine 10 MG /atorvastatin 40 MG Oral Tablet	
404013	Amlodipine 10 MG /atorvastatin 80 MG Oral Tablet	



Value	Display Name	Definition
597977	Amlodipine 5 MG /atorvastatin 10 MG Oral Tablet	
597980	Amlodipine 5 MG /atorvastatin 20 MG Oral Tablet	
597984	Amlodipine 5 MG /atorvastatin 40 MG Oral Tablet	
404011	Amlodipine 5 MG /atorvastatin 80 MG Oral Tablet	
597971	Amlodipine 2.5 MG /atorvastatin 10 MG Oral Tablet	
597974	Amlodipine 2.5 MG /atorvastatin 20 MG Oral Tablet	
597993	Amlodipine 2.5 MG /atorvastatin 40 MG Oral Tablet	
617312	atorvastatin 10 MG Oral Tablet	
617310	atorvastatin 20 MG Oral Tablet	
617311	atorvastatin 40 MG Oral Tablet	
259255	atorvastatin 80 MG Oral Tablet	
310404	fluvastatin 20 MG Oral Capsule	
310405	fluvastatin 40 MG Oral Capsule	
310406	fluvastatin 80 MG Extended Release Tablet	
360507	24 HR fluvastatin 80 MG Extended Release Tablet	
197903	Lovastatin 10 MG Oral Tablet	
351225	Lovastatin 20 MG Extended Release Tablet	
197904	Lovastatin 20 MG Oral Tablet	
351226	Lovastatin 40 MG Extended Release Tablet	
197905	Lovastatin 40 MG Oral Tablet	
351227	Lovastatin 60 MG Extended Release Tablet	
351224	Lovastatin 10 MG Extended Release Tablet	
433848	24 HR Lovastatin 10 MG Extended Release Tablet	
433849	24 HR Lovastatin 20 MG Extended Release Tablet	
582041	24 HR Lovastatin 20 MG /Niacin 1000 MG Extended Release Tablet	
582042	24 HR Lovastatin 20 MG /Niacin 500 MG Extended Release Tablet	
582043	24 HR Lovastatin 20 MG /Niacin 750 MG Extended Release Tablet	
644112	24 HR Lovastatin 40 MG /Niacin 1000 MG Extended Release Tablet	
359731	24 HR Lovastatin 40 MG Extended Release Tablet	
359732	24 HR Lovastatin 60 MG Extended Release Tablet	
844934	Lovastatin 20 MG /Niacin 1000 MG Extended Release Tablet	
844935	Lovastatin 20 MG /Niacin 500 MG Extended Release Tablet	
844936	Lovastatin 20 MG /Niacin 750 MG Extended Release Tablet	
844976	Lovastatin 40 MG /Niacin 1000 MG Extended Release Tablet	
729605	Lovastatin 40 MG /Niacin 1000 MG Oral Tablet	
312586	Pravastatin 10 MG Oral Tablet	
312587	Pravastatin 20 MG Oral Tablet	
312588	Pravastatin 40 MG Oral Tablet	
351160	Pravastatin 80 MG Oral Tablet	
672261	Pravastatin 30 MG Oral Tablet	
403870	Aspirin 325 MG /Pravastatin 20 MG Oral Tablet	
465418	Aspirin 325 MG /Pravastatin 40 MG Oral Tablet	
403869	Aspirin 81 MG /Pravastatin 20 MG Oral Tablet	
403873	Aspirin 81 MG /Pravastatin 80 MG Oral Tablet	



Value	Display Name	Definition
762668	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 20 MG Oral Tablet) } Pack	
762664	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 40 MG Oral Tablet) } Pack	
762899	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 80 MG Oral Tablet) } Pack	
762901	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 20 MG Oral Tablet) } Pack	
762903	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 40 MG Oral Tablet) } Pack	
762905	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 80 MG Oral Tablet) } Pack	
401962	rosuvastatin 10 MG Oral Tablet	
401963	rosuvastatin 20 MG Oral Tablet	
401959	rosuvastatin 40 MG Oral Tablet	
403909	rosuvastatin 5 MG Oral Tablet	
581639	rosuvastatin 2.5 MG Oral Tablet	
314231	Simvastatin 10 MG Oral Tablet	
312961	Simvastatin 20 MG Oral Tablet	
198211	Simvastatin 40 MG Oral Tablet	
312962	Simvastatin 5 MG Oral Tablet	
200345	Simvastatin 80 MG Oral Tablet	
757702	Simvastatin 10 MG Disintegrating Tablet	
757703	Simvastatin 20 MG Disintegrating Tablet	
757704	Simvastatin 40 MG Disintegrating Tablet	
757705	Simvastatin 80 MG Disintegrating Tablet	
761907	24 HR Niacin 1000 MG /Simvastatin 20 MG Extended Release Tablet	
761909	24 HR Niacin 500 MG /Simvastatin 20 MG Extended Release Tablet	
762970	24 HR Niacin 750 MG /Simvastatin 20 MG Extended Release Tablet	
845088	Niacin 1000 MG /Simvastatin 20 MG Extended Release Tablet	
845089	Niacin 500 MG /Simvastatin 20 MG Extended Release Tablet	
845090	Niacin 750 MG /Simvastatin 20 MG Extended Release Tablet	

3.2.50 JOINT COMMISSION MENTAL DISORDERS

Table 3-148 Joint Commission Mental Disorders Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.42
Value Set Name	Joint Commission Mental Disorders Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies patients with Mental Disorders
Value Set URL	Not Available at Publication
Value Set Definition	<ol style="list-style-type: none"> 1. Mental Disorders is a major subcategory of disorders in SNOMED CT (includes DSM IV) 2. All concepts extracted are children of the parent concept "Mental disorder (disorder)"(Concept ID 74732009 3. This extract includes duplicates/multiples to provide context for the various subhierarchies 4. The extracted concepts were aligned with crosswalks to original Joint Commission ICD-9 diagnoses based on the standard release of crossmaps with SNOMED CT Jan 09 version 5. Limited concepts are included (see below for definition)
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	



Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-149 Joint Commission Mental Disorders Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-150 Joint Commission Mental Disorders Value Set Definition

Value	Display Name	Definition
74732009	Mental disorder (disorder)	Not Available
17226007	Adjustment disorder (disorder)	
15977008	Adjustment disorder with academic inhibition (disorder)	
47372000	Adjustment disorder with anxious mood (disorder)	
57194009	Adjustment disorder with depressed mood (disorder)	
192046006	Brief depressive adjustment reaction (disorder)	
192048007	Brief depressive reaction NOS (disorder)	
192049004	Prolonged depressive adjustment reaction (disorder)	
84984002	Adjustment disorder with disturbance of conduct (disorder)	
66381006	Adjustment disorder with mixed disturbance of emotions AND conduct (disorder)	
192056005	Adjustment reaction with aggression (disorder)	
192057001	Adjustment reaction with antisocial behavior (disorder)	
192058006	Adjustment reaction with destructiveness (disorder)	
192059003	Adjustment reaction with predominant disturbance of conduct NOS (disorder)	
55668003	Adjustment disorder with mixed emotional features (disorder)	
18478005	Adjustment disorder with physical complaints (disorder)	
9674006	Adjustment disorder with withdrawal (disorder)	
32880007	Adjustment disorder with work inhibition (disorder)	
386821008	Adjustment reaction in infancy (disorder)	
192068001	Adjustment reaction NOS (disorder)	
386822001	Adjustment reaction of adolescence (disorder)	
386823006	Adjustment reaction of adult life (disorder)	
386824000	Adjustment reaction of childhood (disorder)	
386825004	Adjustment reaction of late life (disorder)	
425914008	Adjustment reaction to medical therapy (disorder)	
192063005	Adjustment reaction with physical symptoms (disorder)	
192052007	Early adult emancipation disorder (disorder)	
268658008	Specific academic or work inhibition (disorder)	
275473003	Specific work inhibition (disorder)	
192050004	Adjustment reaction with predominant disturbance of other emotions (disorder)	
192055009	Adjustment reaction with disturbance of other emotion NOS (disorder)	
192051000	Adolescent emancipation disorder (disorder)	



Value	Display Name	Definition
7397008	Aggressor identification syndrome (disorder)	
192061007	Concentration camp syndrome (disorder)	
192054008	Culture shock (disorder)	
192064004	Elective mutism due to an adjustment reaction (disorder)	
192065003	Hospitalism (disorder)	
192066002	Other adjustment reaction with withdrawal (disorder)	
192060008	Other adjustment reactions (disorder)	
192067006	Other adjustment reactions NOS (disorder)	
271952001	Stress and adjustment reaction (disorder)	
300979000	Carer stress syndrome (disorder)	
162218007	Stress-related problem (disorder)	
197480006	Anxiety disorder (disorder)	
67195008	Acute stress disorder (disorder)	
192038005	Acute fugue state due to acute stress reaction (disorder)	
192037000	Acute panic state due to acute stress reaction (disorder)	
192041001	Acute situational disturbance (disorder)	
268657003	Acute stress reaction NOS (disorder)	
192039002	Acute stupor state due to acute stress reaction (disorder)	
61157009	Combat fatigue (disorder)	
192043003	Other acute stress reaction NOS (disorder)	
192040000	Other acute stress reactions (disorder)	
279611005	Shell shock (disorder)	
192044009	Stress reaction causing mixed disturbance of emotion and conduct (disorder)	
82339009	Amphetamine-induced anxiety disorder (disorder)	
52910006	Anxiety disorder due to a general medical condition (disorder)	
109006	Anxiety disorder of childhood OR adolescence (disorder)	
37868008	Anxiety disorder of adolescence (disorder)	
53467004	Anxiety disorder of childhood (disorder)	
192611004	Childhood phobic anxiety disorder (disorder)	
11806006	Separation anxiety disorder of childhood (disorder)	
85061001	Separation anxiety disorder of childhood, early onset (disorder)	
90790003	Avoidant disorder of adolescence (disorder)	
37872007	Avoidant disorder of childhood OR adolescence (disorder)	
64165008	Avoidant disorder of childhood (disorder)	
13438001	Overanxious disorder of childhood (disorder)	
83253003	Shyness disorder of childhood (disorder)	
69479009	Anxiety hyperventilation (disorder)	
426174008	Chronic stress disorder (disorder)	
111487009	Dream anxiety disorder (disorder)	
428687006	Nightmares associated with chronic post-traumatic stress disorder (disorder)	
21897009	Generalized anxiety disorder (disorder)	
231504006	Mixed anxiety and depressive disorder (disorder)	
191736004	Obsessive-compulsive disorder (disorder)	
191737008	Compulsive neurosis (disorder)	



Value	Display Name	Definition
191738003	Obsessional neurosis (disorder)	
1376001	Obsessive compulsive personality disorder (disorder)	
191763003	Compulsive personality disorder NOS (disorder)	
191739006	Obsessive-compulsive disorder NOS (disorder)	
192014006	Psychogenic rumination (disorder)	
10586006	Occupation-related stress disorder (disorder)	
17496003	Organic anxiety disorder (disorder)	
50026000	Psychoactive substance-induced organic anxiety disorder (disorder)	
34938008	Alcohol-induced anxiety disorder (disorder)	
51493001	Cocaine-induced anxiety disorder (disorder)	
55967005	Phencyclidine-induced anxiety disorder (disorder)	
1686006	Sedative, hypnotic AND/OR anxiolytic-induced anxiety disorder (disorder)	
371631005	Panic disorder (disorder)	
192037000	Acute panic state due to acute stress reaction (disorder)	
35607004	Panic disorder with agoraphobia (disorder)	
89948007	Panic disorder with agoraphobia AND mild panic attacks (disorder)	
76868007	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND mild panic attacks (disorder)	
31781004	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND mild panic attacks (disorder)	
63701002	Panic disorder with agoraphobia, mild agoraphobic avoidance AND mild panic attacks (disorder)	
4932002	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND mild panic attacks (disorder)	
1816003	Panic disorder with agoraphobia, severe agoraphobic avoidance AND mild panic attacks (disorder)	
8185002	Panic disorder with agoraphobia AND moderate panic attacks (disorder)	
87798009	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND moderate panic attacks (disorder)	
32388005	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND moderate panic attacks (disorder)	
49564006	Panic disorder with agoraphobia, mild agoraphobic avoidance AND moderate panic attacks (disorder)	
82738004	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND moderate panic attacks (disorder)	
30059008	Panic disorder with agoraphobia, severe agoraphobic avoidance AND moderate panic attacks (disorder)	
59923000	Panic disorder with agoraphobia AND panic attacks in full remission (disorder)	
11941006	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND panic attacks in full remission (disorder)	
22230001	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND panic attacks in full remission (disorder)	
24781009	Panic disorder with agoraphobia, mild agoraphobic avoidance AND panic attacks in full remission (disorder)	
64060000	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND panic attacks in full remission (disorder)	
38328002	Panic disorder with agoraphobia, severe agoraphobic avoidance AND panic attacks in full remission (disorder)	



Value	Display Name	Definition
63909006	Panic disorder with agoraphobia AND panic attacks in partial remission (disorder)	
111491004	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND panic attacks in partial remission (disorder)	
3158007	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND panic attacks in partial remission (disorder)	
50983008	Panic disorder with agoraphobia, mild agoraphobic avoidance AND panic attacks in partial remission (disorder)	
76812003	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND panic attacks in partial remission (disorder)	
74010007	Panic disorder with agoraphobia, severe agoraphobic avoidance AND panic attacks in partial remission (disorder)	
5509004	Panic disorder with agoraphobia AND severe panic attacks (disorder)	
34116005	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND severe panic attacks (disorder)	
111490003	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND severe panic attacks (disorder)	
19766004	Panic disorder with agoraphobia, mild agoraphobic avoidance AND severe panic attacks (disorder)	
83631006	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND severe panic attacks (disorder)	
61212007	Panic disorder with agoraphobia, severe agoraphobic avoidance AND severe panic attacks (disorder)	
56576003	Panic disorder without agoraphobia (disorder)	
72861004	Panic disorder without agoraphobia with mild panic attacks (disorder)	
65064003	Panic disorder without agoraphobia with moderate panic attacks (disorder)	
82494000	Panic disorder without agoraphobia with panic attacks in full remission (disorder)	
53956006	Panic disorder without agoraphobia with panic attacks in partial remission (disorder)	
43150009	Panic disorder without agoraphobia with severe panic attacks (disorder)	
386810004	Phobic disorder (disorder)	
70691001	Agoraphobia (disorder)	
191722009	Agoraphobia with panic attacks (disorder)	
61569007	Agoraphobia without history of panic disorder (disorder)	
1380006	Agoraphobia without history of panic disorder with limited symptom attacks (disorder)	
82415003	Agoraphobia without history of panic disorder without limited symptom attacks (disorder)	
191723004	Agoraphobia without mention of panic attacks (disorder)	
35607004	Panic disorder with agoraphobia (disorder)	
89948007	Panic disorder with agoraphobia AND mild panic attacks (disorder)	
76868007	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND mild panic attacks (disorder)	
31781004	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND mild panic attacks (disorder)	
63701002	Panic disorder with agoraphobia, mild agoraphobic avoidance AND mild panic attacks (disorder)	
4932002	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND mild panic attacks (disorder)	
1816003	Panic disorder with agoraphobia, severe agoraphobic avoidance AND mild panic attacks (disorder)	
8185002	Panic disorder with agoraphobia AND moderate panic attacks (disorder)	



Value	Display Name	Definition
87798009	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND moderate panic attacks (disorder)	
32388005	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND moderate panic attacks (disorder)	
49564006	Panic disorder with agoraphobia, mild agoraphobic avoidance AND moderate panic attacks (disorder)	
82738004	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND moderate panic attacks (disorder)	
30059008	Panic disorder with agoraphobia, severe agoraphobic avoidance AND moderate panic attacks (disorder)	
59923000	Panic disorder with agoraphobia AND panic attacks in full remission (disorder)	
11941006	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND panic attacks in full remission (disorder)	
22230001	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND panic attacks in full remission (disorder)	
24781009	Panic disorder with agoraphobia, mild agoraphobic avoidance AND panic attacks in full remission (disorder)	
64060000	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND panic attacks in full remission (disorder)	
38328002	Panic disorder with agoraphobia, severe agoraphobic avoidance AND panic attacks in full remission (disorder)	
63909006	Panic disorder with agoraphobia AND panic attacks in partial remission (disorder)	
111491004	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND panic attacks in partial remission (disorder)	
3158007	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND panic attacks in partial remission (disorder)	
50983008	Panic disorder with agoraphobia, mild agoraphobic avoidance AND panic attacks in partial remission (disorder)	
76812003	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND panic attacks in partial remission (disorder)	
74010007	Panic disorder with agoraphobia, severe agoraphobic avoidance AND panic attacks in partial remission (disorder)	
5509004	Panic disorder with agoraphobia AND severe panic attacks (disorder)	
34116005	Panic disorder with agoraphobia, agoraphobic avoidance in full remission AND severe panic attacks (disorder)	
111490003	Panic disorder with agoraphobia, agoraphobic avoidance in partial remission AND severe panic attacks (disorder)	
19766004	Panic disorder with agoraphobia, mild agoraphobic avoidance AND severe panic attacks (disorder)	
83631006	Panic disorder with agoraphobia, moderate agoraphobic avoidance AND severe panic attacks (disorder)	
61212007	Panic disorder with agoraphobia, severe agoraphobic avoidance AND severe panic attacks (disorder)	
403593004	Phobic fear of skin cancer (disorder)	
54587008	Simple phobia (disorder)	
238976006	Bromisodrophobia (disorder)	
313224008	Dysmorphophobia (disorder)	
238965007	Venereophobia (disorder)	
238966008	Syphilophobia (disorder)	



Value	Display Name	Definition
25501002	Social phobia (disorder)	
62351001	Generalized social phobia (disorder)	
191724005	Social phobia, fear of eating in public (disorder)	
191725006	Social phobia, fear of public speaking (disorder)	
191726007	Social phobia, fear of public washing (disorder)	
58535001	Physical AND emotional exhaustion state (disorder)	
47505003	Posttraumatic stress disorder (disorder)	
192042008	Acute post-trauma stress state (disorder)	
313182004	Chronic post-traumatic stress disorder (disorder)	
192062000	Other post-traumatic stress disorder (disorder)	
318784009	Posttraumatic stress disorder, delayed onset (disorder)	
317816007	Stockholm syndrome (disorder)	
126943008	Separation anxiety (disorder)	
11806006	Separation anxiety disorder of childhood (disorder)	
85061001	Separation anxiety disorder of childhood, early onset (disorder)	
899001	Axis I diagnosis (disorder)	
9760005	Deferred diagnosis on Axis I (disorder)	
56641006	Axis II diagnosis (disorder)	
49271002	Deferred diagnosis on Axis II (disorder)	
89016005	Axis III diagnosis (disorder)	
25029006	Deferred diagnosis on Axis III (disorder)	
34485008	Axis IV diagnosis (disorder)	
29657007	Deferred diagnosis on Axis IV (disorder)	
19480005	Axis V diagnosis (disorder)	
89989005	Deferred diagnosis on Axis V (disorder)	
231538003	Behavioral and emotional disorder with onset in childhood (disorder)	
192123006	Academic underachievement disorder (disorder)	
231520001	Behavioral syndrome associated with physiological disturbance and physical factors (disorder)	
268727002	Abuse of non-dependence-producing substances (disorder)	
280986007	Abuse of antacids (disorder)	
191928000	Abuse of antidepressant drug (disorder)	
191932006	Nondependent antidepressant type drug abuse in remission (disorder)	
191933001	Nondependent antidepressant type drug abuse NOS (disorder)	
191930003	Nondependent antidepressant type drug abuse, continuous (disorder)	
191931004	Nondependent antidepressant type drug abuse, episodic (disorder)	
191929008	Nondependent antidepressant type drug abuse, unspecified (disorder)	
280984005	Abuse of herbal medicine (disorder)	
280982009	Abuse of laxatives (disorder)	
231459008	Abuse of nonpsychotropic analgesic drugs (disorder)	
231458000	Abuse of steroids (disorder)	
280983004	Abuse of vitamins (disorder)	
72366004	Eating disorder (disorder)	
56882008	Anorexia nervosa (disorder)	
63393005	Anorexia nervosa, binge-eating purging type (disorder)	



Value	Display Name	Definition
77675002	Anorexia nervosa, restricting type (disorder)	
231522009	Atypical anorexia nervosa (disorder)	
439960005	Binge eating disorder (disorder)	
78004001	Bulimia nervosa (disorder)	
231523004	Atypical bulimia nervosa (disorder)	
59645001	Bulimia nervosa, nonpurging type (disorder)	
32721004	Bulimia nervosa, purging type (disorder)	
426881004	Developmental delay in feeding (disorder)	
427469003	Eating disorder in remission (disorder)	
74142004	Feeding disorder of infancy OR early childhood (disorder)	
192016008	Non-organic infant feeding disturbance (disorder)	
192017004	Non-organic loss of appetite (disorder)	
192011003	Other and unspecified non-organic eating disorders (disorder)	
192020007	Other specified non-organic eating disorder (disorder)	
192021006	Non-organic eating disorder NOS (disorder)	
270902002	Overeating associated with other psychological disturbances (disorder)	
14077003	Pica (disorder)	
192631000	Pica of infancy and childhood (disorder)	
275474009	Psychogenic overeating (disorder)	
37941009	Rumination disorder (disorder)	
36039004	Rumination disorder of infancy (disorder)	
192012005	Unspecified non-organic eating disorder (disorder)	
231521002	Weight fixation (disorder)	
231524005	Interictal behavior disorder (disorder)	
191983006	Bruxism (teeth grinding) (disorder)	
274950005	Sleep-related bruxism (disorder)	
268664001	Childhood emotional disorder (disorder)	
231539006	Adolescent - emotional problem (disorder)	
109006	Anxiety disorder of childhood OR adolescence (disorder)	
37868008	Anxiety disorder of adolescence (disorder)	
53467004	Anxiety disorder of childhood (disorder)	
192611004	Childhood phobic anxiety disorder (disorder)	
11806006	Separation anxiety disorder of childhood (disorder)	
90790003	Avoidant disorder of adolescence (disorder)	
37872007	Avoidant disorder of childhood OR adolescence (disorder)	
64165008	Avoidant disorder of childhood (disorder)	
13438001	Overanxious disorder of childhood (disorder)	
83253003	Shyness disorder of childhood (disorder)	
268666004	Childhood and adolescent disturbance with sensitivity (disorder)	
268668003	Childhood and adolescent disturbance with introversion (disorder)	
268667008	Childhood and adolescent disturbance with shyness (disorder)	
268670007	Childhood and adolescent sensitivity disturbance NOS (disorder)	
268671006	Childhood and adolescent emotion disorder NOS (disorder)	
192099000	Childhood disorder of conduct and emotion (disorder)	



Value	Display Name	Definition
231542000	Depressive conduct disorder (disorder)	
192101007	Mixed disturbance of conduct and emotion NOS (disorder)	
192108001	Disturbance of anxiety and fearfulness in childhood and adolescence (disorder)	
192110004	Childhood and adolescent fearfulness disturbance (disorder)	
192111000	Disturbance of anxiety and fearfulness in childhood and adolescence NOS (disorder)	
192121008	Other childhood and adolescent emotional problems (disorder)	
192124000	Other childhood and adolescent emotional problems NOS (disorder)	
192616009	Childhood or adolescent disorder of social functioning (disorder)	
71959007	Elective mutism (disorder)	
268669006	Childhood and adolescent disturbance with elective mutism (disorder)	
44124003	Reactive attachment disorder of early childhood (disorder)	
111477005	Reactive attachment disorder of infancy OR early childhood, disinhibited type (disorder)	
270905000	Childhood disinhibited attachment disorder (disorder)	
2312009	Reactive attachment disorder of infancy OR early childhood, inhibited type (disorder)	
52702003	Chronic fatigue syndrome (disorder)	
51771007	Postviral fatigue syndrome (disorder)	
128293007	Chronic mental disorder (disorder)	
191564007	Acute exacerbation of chronic latent schizophrenia (disorder)	
191572009	Acute exacerbation of chronic schizoaffective schizophrenia (disorder)	
51637008	Chronic bipolar I disorder, most recent episode depressed (disorder)	
192080009	Chronic depression (disorder)	
2618002	Chronic recurrent major depressive disorder (disorder)	
14183003	Chronic major depressive disorder, single episode (disorder)	
7794004	Chronic motor tic disorder (disorder)	
73462009	Chronic vocal tic disorder (disorder)	
230335009	Facial tic disorder (disorder)	
230338006	Gestural tic disorder (disorder)	
44433009	Recurrent transient tic disorder (disorder)	
425919003	Chronic organic mental disorder (disorder)	
191475009	Chronic alcoholic brain syndrome (disorder)	
83746006	Chronic schizophrenia (disorder)	
191539009	Acute exacerbation of chronic hebephrenic schizophrenia (disorder)	
191531007	Acute exacerbation of chronic schizophrenia (disorder)	
68995007	Chronic catatonic schizophrenia (disorder)	
191548004	Acute exacerbation of chronic catatonic schizophrenia (disorder)	
12939007	Chronic disorganized schizophrenia (disorder)	
35218008	Chronic disorganized schizophrenia with acute exacerbations (disorder)	
31658008	Chronic paranoid schizophrenia (disorder)	
191555002	Acute exacerbation of chronic paranoid schizophrenia (disorder)	
71103003	Chronic residual schizophrenia (disorder)	
30336007	Chronic residual schizophrenia with acute exacerbations (disorder)	
26847009	Chronic schizophrenia with acute exacerbations (disorder)	
191548004	Acute exacerbation of chronic catatonic schizophrenia (disorder)	
191555002	Acute exacerbation of chronic paranoid schizophrenia (disorder)	



Value	Display Name	Definition
35218008	Chronic disorganized schizophrenia with acute exacerbations (disorder)	
30336007	Chronic residual schizophrenia with acute exacerbations (disorder)	
79204003	Chronic undifferentiated schizophrenia with acute exacerbations (disorder)	
29599000	Chronic undifferentiated schizophrenia (disorder)	
79204003	Chronic undifferentiated schizophrenia with acute exacerbations (disorder)	
426174008	Chronic stress disorder (disorder)	
40987004	Intermittent explosive disorder (disorder)	
35827000	Recurrent conversion disorder (disorder)	
191616006	Recurrent depression (disorder)	
274948002	Endogenous depression - recurrent (disorder)	
191617002	Recurrent major depressive episode NOS (disorder)	
40568001	Recurrent brief depressive disorder (disorder)	
66344007	Recurrent major depression (disorder)	
2618002	Chronic recurrent major depressive disorder (disorder)	
40379007	Mild recurrent major depression (disorder)	
18818009	Moderate recurrent major depression (disorder)	
68019004	Recurrent major depression in remission (disorder)	
46244001	Recurrent major depression in complete remission (disorder)	
33135002	Recurrent major depression in partial remission (disorder)	
38694004	Recurrent major depressive disorder with atypical features (disorder)	
39809009	Recurrent major depressive disorder with catatonic features (disorder)	
319768000	Recurrent major depressive disorder with melancholic features (disorder)	
71336009	Recurrent major depressive disorder with postpartum onset (disorder)	
268621008	Recurrent major depressive episodes (disorder)	
191615005	Recurrent major depressive episodes, in full remission (disorder)	
191614009	Recurrent major depressive episodes, in partial or unspecified remission (disorder)	
191610000	Recurrent major depressive episodes, mild (disorder)	
191611001	Recurrent major depressive episodes, moderate (disorder)	
191613003	Recurrent major depressive episodes, severe, with psychosis (disorder)	
191612008	Recurrent major depressive episodes, severe, without mention of psychosis (disorder)	
191609005	Recurrent major depressive episodes, unspecified (disorder)	
28475009	Severe recurrent major depression with psychotic features (disorder)	
33078009	Severe recurrent major depression with psychotic features, mood-congruent (disorder)	
15193003	Severe recurrent major depression with psychotic features, mood-incongruent (disorder)	
36474008	Severe recurrent major depression without psychotic features (disorder)	
191590005	Recurrent manic episodes (disorder)	
191598003	Recurrent manic episode NOS (disorder)	
191597008	Recurrent manic episodes, in full remission (disorder)	
191596004	Recurrent manic episodes, in partial or unspecified remission (disorder)	
191592002	Recurrent manic episodes, mild (disorder)	
191593007	Recurrent manic episodes, moderate (disorder)	
191594001	Recurrent manic episodes, severe without mention of psychosis (disorder)	
191595000	Recurrent manic episodes, severe, with psychosis (disorder)	
191591009	Recurrent manic episodes, unspecified (disorder)	



Value	Display Name	Definition
247803002	Seasonal affective disorder (disorder)	
48500005	Delusional disorder (disorder)	
268622001	Chronic paranoid psychosis (disorder)	
129604005	Delusion of heart disease syndrome (disorder)	
60123008	Delusional disorder, mixed type (disorder)	
427975003	Drug-induced delusional disorder (disorder)	
79578000	Alcohol paranoia (disorder)	
32358001	Amphetamine delusional disorder (disorder)	
63649001	Cannabis delusional disorder (disorder)	
30491001	Cocaine delusional disorder (disorder)	
50933003	Hallucinogen delusional disorder (disorder)	
32552001	Psychoactive substance-induced organic delusional disorder (disorder)	
50722006	Phencyclidine (PCP) delusional disorder (disorder)	
1973000	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with delusions (disorder)	
280949006	Erotomania (disorder)	
18573003	Obsessional erotomania (disorder)	
14144000	Erotomaniac delusion disorder (disorder)	
47447001	Grandiose delusion disorder (disorder)	
278506006	Involuntary paranoid state (disorder)	
77475008	Jealous delusion disorder (disorder)	
162313000	Morbid jealousy (disorder)	
5510009	Organic delusional disorder (disorder)	
32552001	Psychoactive substance-induced organic delusional disorder (disorder)	
50722006	Phencyclidine (PCP) delusional disorder (disorder)	
1973000	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with delusions (disorder)	
191671007	Other paranoid states (disorder)	
191673005	Other paranoid states NOS (disorder)	
191672000	Paranoia querulans (disorder)	
191667009	Paranoid disorder (disorder)	
79578000	Alcohol paranoia (disorder)	
191674004	Paranoid psychosis NOS (disorder)	
26472000	Paraphrenia (disorder)	
38295006	Involuntary paraphrenia (disorder)	
89618007	Persecutory delusion disorder (disorder)	
231487004	Persistent delusional disorder (disorder)	
278508007	Delusional dysmorphophobia (disorder)	
33323008	Somatic delusion disorder (disorder)	
238972008	Cutaneous monosymptomatic delusional psychosis (disorder)	
238975005	Delusion of foul odor (disorder)	
238977002	Delusional hyperhidrosis (disorder)	
238974009	Delusions of infestation (disorder)	
238973003	Delusions of parasitosis (disorder)	
238978007	Hyperschemazia (disorder)	
238979004	Hyposchemazia (disorder)	



Value	Display Name	Definition
403595006	Pinocchio syndrome (disorder)	
371024007	Senile dementia with delusion (disorder)	
55009008	Primary degenerative dementia of the Alzheimer type, senile onset, with delusions (disorder)	
191670008	Shared paranoid disorder (disorder)	
191668004	Simple paranoid state (disorder)	
238959007	Disorders of cutaneous image and perception (disorder)	
231516000	Cutaneous hypochondriasis (disorder)	
238976006	Bromisodrophobia (disorder)	
403593004	Phobic fear of skin cancer (disorder)	
238961003	Trichophobia (disorder)	
238965007	Venereophobia (disorder)	
238966008	Syphilophobia (disorder)	
238972008	Cutaneous monosymptomatic delusional psychosis (disorder)	
238975005	Delusion of foul odor (disorder)	
238977002	Delusional hyperhidrosis (disorder)	
238974009	Delusions of infestation (disorder)	
238973003	Delusions of parasitosis (disorder)	
238978007	Hyperschemazia (disorder)	
238979004	Hyposchemazia (disorder)	
403595006	Pinocchio syndrome (disorder)	
238960002	Dermatological non-disease (disorder)	
238967004	Psychogenic sensory disturbance of skin (disorder)	
403594005	Psychogenic formication (disorder)	
191966002	Psychogenic pruritus (disorder)	
191967006	Psychogenic skin symptoms NOS (disorder)	
50705009	Factitious disorder (disorder)	
33693007	Compensation neurosis (disorder)	
27720003	Dermatitis factitia (disorder)	
191714002	Dissociative convulsions (disorder)	
233690008	Factitious asthma (disorder)	
109805003	Factitious cheilitis (disorder)	
24315006	Factitious disorder with combined physical AND psychological symptoms (disorder)	
430744005	Factitious disorder with predominantly physical signs and symptoms (disorder)	
430751001	Factitious disorder with predominantly psychological signs and symptoms (disorder)	
16966009	Factitious hypoglycemia (disorder)	
10278007	Factitious purpura (disorder)	
95637005	Munchausen syndrome by proxy (disorder)	
403590001	Cutaneous Munchausen syndrome by proxy (disorder)	
21586000	Munchausen's syndrome (disorder)	
230455006	Self-induced non-photosensitive epilepsy (disorder)	
4997005	Thyrotoxicosis factitia (disorder)	
88740003	Thyrotoxicosis factitia with thyrotoxic crisis (disorder)	
89415002	Hypersomnia disorder related to another mental disorder (disorder)	
66936004	Identity disorder (disorder)	



Value	Display Name	Definition
192122001	Childhood or adolescent identity disorder (disorder)	
87991007	Gender identity disorder (disorder)	
63495002	Fetishistic transvestism (disorder)	
64334007	Primary transvestism (disorder)	
75186000	Secondary transvestism (disorder)	
57715001	Gender identity disorder of adolescence (disorder)	
3503000	Gender identity disorder of adolescence, previously asexual (disorder)	
68963006	Gender identity disorder of adolescence, previously heterosexual (disorder)	
30509009	Gender identity disorder of adolescence, previously homosexual (disorder)	
18003009	Gender identity disorder of adulthood (disorder)	
67123006	Adult gender identity disorder, sexually attracted to both sexes (disorder)	
54417002	Adult gender identity disorder, sexually attracted to females (disorder)	
59216005	Adult gender identity disorder, sexually attracted to males (disorder)	
61180001	Adult gender identity disorder, sexually attracted to neither sex (disorder)	
50878001	Gender identity disorder of adulthood, previously asexual (disorder)	
13670005	Gender identity disorder of adulthood, previously heterosexual (disorder)	
77815007	Gender identity disorder of adulthood, previously homosexual (disorder)	
5095008	Gender identity disorder of childhood (disorder)	
191787001	Psychosexual identity disorder (disorder)	
191790007	Psychosexual identity disorder NOS (disorder)	
280377008	Sexual maturation disorder of sexual identity (disorder)	
93461009	Gender dysphoria (disorder)	
280378003	Sexual maturation disorder of sexual orientation (disorder)	
4296008	Transsexualism (disorder)	
191786005	Transsexualism NOS (disorder)	
61262002	Transsexualism, previously asexual (disorder)	
7278005	Transsexualism, previously heterosexual (disorder)	
46904000	Transsexualism, previously homosexual (disorder)	
191783002	Transsexuality with asexual history (disorder)	
191785009	Transsexuality with heterosexual history (disorder)	
191784008	Transsexuality with homosexual history (disorder)	
191782007	Transsexuality with unspecified sexual history (disorder)	
85762002	Voice disorder due to transsexualism (disorder)	
109896009	Indication for modification of patient status (disorder)	
109897000	Indication for modification of patient behavior status (disorder)	
109898005	Indication for modification of patient cognitive status (disorder)	
109899002	Indication for modification of patient emotional status (disorder)	
109900007	Indication for modification of patient physical status (disorder)	
109901006	Indication for modification of patient psychological status (disorder)	
24121004	Insomnia disorder related to another mental disorder (disorder)	
398066007	Intensive care psychiatric disorder (disorder)	
106015009	Mental disorder AND/OR culture bound syndrome (disorder)	
41932008	Amok (disorder)	
41673007	Ataque de nervios (disorder)	



Value	Display Name	Definition
7718000	Bilis (disorder)	
2994004	Brain fag (disorder)	
79459002	Cheshire cat syndrome (disorder)	
41196008	Dhat (disorder)	
76129002	Ganser syndrome (disorder)	
83233002	Ghost sickness (disorder)	
81812009	Hwa-byung (disorder)	
65179007	Koro (disorder)	
50643003	Latah (disorder)	
65207000	Locuru (disorder)	
76399004	Mal de ojo (disorder)	
129607003	Mother-daughter symbiotic syndrome (disorder)	
34741005	Nervios (disorder)	
2838003	Piblokto (disorder)	
27803006	Qi-gong psychotic reaction (disorder)	
651003	Root work (disorder)	
75605002	Sangue dormido (disorder)	
34134009	Shenjing shuairuo (disorder)	
9116003	Shin-byung (disorder)	
51946000	Susto (disorder)	
74803002	Taijin kyofusho (disorder)	
54560009	Windigo (disorder)	
40950007	Zar (disorder)	
111476001	Mental disorder usually first evident in infancy, childhood AND/OR adolescence (disorder)	
109006	Anxiety disorder of childhood OR adolescence (disorder)	
37868008	Anxiety disorder of adolescence (disorder)	
53467004	Anxiety disorder of childhood (disorder)	
192611004	Childhood phobic anxiety disorder (disorder)	
11806006	Separation anxiety disorder of childhood (disorder)	
85061001	Separation anxiety disorder of childhood, early onset (disorder)	
90790003	Avoidant disorder of adolescence (disorder)	
37872007	Avoidant disorder of childhood OR adolescence (disorder)	
64165008	Avoidant disorder of childhood (disorder)	
13438001	Overanxious disorder of childhood (disorder)	
83253003	Shyness disorder of childhood (disorder)	
406506008	Attention deficit hyperactivity disorder (disorder)	
31177006	Attention deficit hyperactivity disorder, combined type (disorder)	
7461003	Attention deficit hyperactivity disorder, predominantly hyperactive impulsive type (disorder)	
35253001	Attention deficit hyperactivity disorder, predominantly inattentive type (disorder)	
192130000	Child attention deficit disorder NOS (disorder)	
192127007	Child attention deficit disorder (disorder)	
229715008	Deficits in attention motor control and perception (disorder)	
192131001	Hyperkinesis with developmental delay (disorder)	
192132008	Hyperkinetic conduct disorder (disorder)	



Value	Display Name	Definition
192134009	Hyperkinetic syndrome NOS (disorder)	
192133003	Other hyperkinetic manifestation (disorder)	
23148009	Undifferentiated attention deficit disorder (disorder)	
129104009	Developmental mental disorder (disorder)	
1855002	Developmental academic disorder (disorder)	
47916000	Developmental arithmetic disorder (disorder)	
45677003	Developmental expressive writing disorder (disorder)	
52824009	Developmental reading disorder (disorder)	
192136006	Specific reading disorder (disorder)	
192137002	Reading disorder unspecified (disorder)	
192140002	Specific reading disorder NOS (disorder)	
192575009	Mixed disorder of scholastic skills (disorder)	
192142005	Other specific learning difficulty (disorder)	
31216003	Profound mental retardation (I.Q. below 20) (disorder)	
359661001	Specific number difficulty (disorder)	
268738002	Specific spelling disorder (disorder)	
231537008	Developmental agnosia (disorder)	
229729009	Developmental language impairment (disorder)	
229748008	Congenital auditory imperception (disorder)	
229740001	Delayed pre-verbal development (disorder)	
280032002	Developmental language disorder (disorder)	
187921002	Developmental receptive language disorder (disorder)	
1145003	Developmental speech disorder (disorder)	
229700007	Developmental motor speech disorder (disorder)	
310814007	Discourse difficulties (disorder)	
268672004	Disorder of speech and language development (disorder)	
230438007	Acquired epileptic aphasia (disorder)	
386701004	Developmental articulation disorder (disorder)	
427145007	Articulation disorder due to hyperkinesis (disorder)	
229698003	Articulatory dyspraxia (disorder)	
229701006	Developmental articulatory dyspraxia (disorder)	
426041005	Developmental dyslalia (disorder)	
229699006	Immature articulatory praxis (disorder)	
268734000	Developmental expressive language disorder (disorder)	
268673009	Developmental aphasia (disorder)	
229621000	Disorder of fluency (disorder)	
229734008	Expressive language delay (disorder)	
229733002	Expressive language disorder (disorder)	
231535000	Language development disorder (disorder)	
192145007	Speech or language developmental disorder NOS (disorder)	
229683000	Motor speech disorder (disorder)	
229721007	Speech delay (disorder)	
391099000	On examination - speech delay (disorder)	
25766007	Mixed receptive-expressive language disorder (disorder)	



Value	Display Name	Definition
367515004	Receptive language disorder (disorder)	
229736005	Receptive language delay (disorder)	
229745006	Developmental semantic impairment (disorder)	
229744005	Developmental syntactic impairment (disorder)	
229741002	Restricted language development (disorder)	
229742009	Restricted expressive language development (disorder)	
229743004	Restricted receptive language development (disorder)	
229738006	Word finding difficulty (disorder)	
192562009	Disorder of psychological development (disorder)	
192147004	Mixed disorder of psychological development (disorder)	
4949009	Motor skill disorder (disorder)	
27544004	Developmental coordination disorder (disorder)	
35919005	Pervasive developmental disorder (disorder)	
23560001	Asperger's disorder (disorder)	
231536004	Atypical autism (disorder)	
408856003	Autistic disorder (disorder)	
43614003	Autistic disorder of childhood onset (disorder)	
191689008	Active infantile autism (disorder)	
191690004	Residual infantile autism (disorder)	
191691000	Infantile autism NOS (disorder)	
408857007	Infantile autism (disorder)	
373618009	Autistic spectrum disorder with isolated skills (disorder)	
71961003	Childhood disintegrative disorder (disorder)	
191692007	Active disintegrative psychoses (disorder)	
191694008	Disintegrative psychosis NOS (disorder)	
191693002	Residual disintegrative psychoses (disorder)	
68618008	Rett's disorder (disorder)	
432091002	Savant syndrome (disorder)	
91138005	Mental retardation (disorder)	
5619004	Bardet-Biedl syndrome (disorder)	
77287004	Borderline mental retardation (I.Q. 70-85) (disorder)	
21634003	Borjeson-Forssman-Lehmann syndrome (disorder)	
10007009	Coffin-Siris syndrome (disorder)	
59252009	Cutis laxa-corneal clouding-oligophrenia syndrome (disorder)	
414673004	Mental retardation, dwarfism, and gonadal hypoplasia due to xeroderma pigmentosa (disorder)	
33982008	Hyperphosphatasemia with mental retardation (disorder)	
313426007	Kabuki make-up syndrome (disorder)	
109478007	Kohlschutter's syndrome (disorder)	
232059000	Laurence-Moon syndrome (disorder)	
77383003	Marfanoid mental retardation syndrome (disorder)	
192157003	Mental retardation NOS (disorder)	
412787009	Mental retardation, congenital heart disease, blepharophimosis, blepharoptosis and hypoplastic teeth (disorder)	
86765009	Mild mental retardation (I.Q. 50-70) (disorder)	



Value	Display Name	Definition
61152003	Moderate mental retardation (I.Q. 35-49) (disorder)	
238110009	Nutritional mental retardation (disorder)	
192154005	Other specified mental retardation (disorder)	
192155006	Other specified mental retardation NOS (disorder)	
31216003	Profound mental retardation (I.Q. below 20) (disorder)	
68618008	Rett's disorder (disorder)	
432091002	Savant syndrome (disorder)	
40700009	Severe mental retardation (I.Q. 20-34) (disorder)	
422437002	X-linked mental retardation with marfanoid habitus syndrome (disorder)	
54319003	Disruptive behavior disorder (disorder)	
82096005	Aggressive type unsocialized behavior disorder (disorder)	
7461003	Attention deficit hyperactivity disorder, predominantly hyperactive impulsive type (disorder)	
35253001	Attention deficit hyperactivity disorder, predominantly inattentive type (disorder)	
430909002	Conduct disorder (disorder)	
48826008	Conduct disorder, adolescent-onset type (disorder)	
17961008	Conduct disorder, childhood-onset type (disorder)	
192099000	Childhood disorder of conduct and emotion (disorder)	
231542000	Depressive conduct disorder (disorder)	
192101007	Mixed disturbance of conduct and emotion NOS (disorder)	
231540008	Conduct disorder - in family context (disorder)	
192118006	Childhood and adolescent relationship problem (disorder)	
192120009	Childhood and adolescent relationship problem NOS (disorder)	
192119003	Sibling jealousy (disorder)	
231541007	Conduct disorder - unsocialized (disorder)	
192082001	Aggressive unsocial conduct disorder (disorder)	
192086003	Aggressive unsocial conduct disorder NOS (disorder)	
192092009	Group delinquency (disorder)	
192105003	Juvenile delinquency unspecified (disorder)	
192100008	Neurotic delinquency (disorder)	
268661009	Nonaggressive unsocial conduct disorder (disorder)	
192090001	Nonaggressive unsocial conduct disorder NOS (disorder)	
268662002	Unsocial childhood truancy (disorder)	
268660005	Disturbance of conduct NEC (disorder)	
192106002	Disturbance of conduct NOS (disorder)	
192094005	Impulse control disorder NEC (disorder)	
192098008	Impulse control disorder NOS (disorder)	
192095006	Impulse control disorder, unspecified (disorder)	
18941000	Oppositional defiant disorder (disorder)	
192102000	Other conduct disturbances (disorder)	
192103005	Other conduct disturbances NOS (disorder)	
386820009	Socialized behavior disorder (disorder)	
192104004	Unspecified disturbance of conduct (disorder)	
66307007	Conduct disorder, group type (disorder)	
74850006	Conduct disorder, solitary aggressive type (disorder)	



Value	Display Name	Definition
61901004	Conduct disorder, undifferentiated type (disorder)	
72366004	Eating disorder (disorder)	
56882008	Anorexia nervosa (disorder)	
63393005	Anorexia nervosa, binge-eating purging type (disorder)	
77675002	Anorexia nervosa, restricting type (disorder)	
231522009	Atypical anorexia nervosa (disorder)	
439960005	Binge eating disorder (disorder)	
78004001	Bulimia nervosa (disorder)	
231523004	Atypical bulimia nervosa (disorder)	
59645001	Bulimia nervosa, nonpurging type (disorder)	
32721004	Bulimia nervosa, purging type (disorder)	
426881004	Developmental delay in feeding (disorder)	
427469003	Eating disorder in remission (disorder)	
74142004	Feeding disorder of infancy OR early childhood (disorder)	
192016008	Non-organic infant feeding disturbance (disorder)	
192017004	Non-organic loss of appetite (disorder)	
192011003	Other and unspecified non-organic eating disorders (disorder)	
192020007	Other specified non-organic eating disorder (disorder)	
192021006	Non-organic eating disorder NOS (disorder)	
270902002	Overeating associated with other psychological disturbances (disorder)	
14077003	Pica (disorder)	
192631000	Pica of infancy and childhood (disorder)	
275474009	Psychogenic overeating (disorder)	
37941009	Rumination disorder (disorder)	
36039004	Rumination disorder of infancy (disorder)	
192012005	Unspecified non-organic eating disorder (disorder)	
231521002	Weight fixation (disorder)	
39465007	Emotional deprivation syndrome (disorder)	
26453000	Mental disorder in adolescence (disorder)	
280375000	Psychological disorder associated with sexual development (disorder)	
87991007	Gender identity disorder (disorder)	
63495002	Fetishistic transvestism (disorder)	
64334007	Primary transvestism (disorder)	
75186000	Secondary transvestism (disorder)	
57715001	Gender identity disorder of adolescence (disorder)	
3503000	Gender identity disorder of adolescence, previously asexual (disorder)	
68963006	Gender identity disorder of adolescence, previously heterosexual (disorder)	
30509009	Gender identity disorder of adolescence, previously homosexual (disorder)	
18003009	Gender identity disorder of adulthood (disorder)	
67123006	Adult gender identity disorder, sexually attracted to both sexes (disorder)	
54417002	Adult gender identity disorder, sexually attracted to females (disorder)	
59216005	Adult gender identity disorder, sexually attracted to males (disorder)	
61180001	Adult gender identity disorder, sexually attracted to neither sex (disorder)	
50878001	Gender identity disorder of adulthood, previously asexual (disorder)	



Value	Display Name	Definition
13670005	Gender identity disorder of adulthood, previously heterosexual (disorder)	
77815007	Gender identity disorder of adulthood, previously homosexual (disorder)	
5095008	Gender identity disorder of childhood (disorder)	
191787001	Psychosexual identity disorder (disorder)	
191790007	Psychosexual identity disorder NOS (disorder)	
280377008	Sexual maturation disorder of sexual identity (disorder)	
93461009	Gender dysphoria (disorder)	
280378003	Sexual maturation disorder of sexual orientation (disorder)	
4296008	Transsexualism (disorder)	
191786005	Transsexualism NOS (disorder)	
61262002	Transsexualism, previously asexual (disorder)	
7278005	Transsexualism, previously heterosexual (disorder)	
46904000	Transsexualism, previously homosexual (disorder)	
191783002	Transsexuality with asexual history (disorder)	
191785009	Transsexuality with heterosexual history (disorder)	
191784008	Transsexuality with homosexual history (disorder)	
191782007	Transsexuality with unspecified sexual history (disorder)	
85762002	Voice disorder due to transsexualism (disorder)	
192523000	Sexual relationship disorder (disorder)	
3914008	Mental disorder in childhood (disorder)	
24125008	Mental disorder in infancy (disorder)	
106013002	Mental disorder of infancy, childhood or adolescence (disorder)	
41526007	Reactive attachment disorder (disorder)	
28857002	Reactive attachment disorder of infancy OR early childhood (disorder)	
44124003	Reactive attachment disorder of early childhood (disorder)	
111477005	Reactive attachment disorder of infancy OR early childhood, disinhibited type (disorder)	
270905000	Childhood disinhibited attachment disorder (disorder)	
2312009	Reactive attachment disorder of infancy OR early childhood, inhibited type (disorder)	
7291006	Reactive attachment disorder of infancy (disorder)	
5507002	Stereotypy habit disorder (disorder)	
40083003	Stereotypic movement disorder with self-injurious behavior (disorder)	
568005	Tic disorder (disorder)	
76236006	Atypical tic disorder (disorder)	
7794004	Chronic motor tic disorder (disorder)	
73462009	Chronic vocal tic disorder (disorder)	
230335009	Facial tic disorder (disorder)	
230338006	Gestural tic disorder (disorder)	
44433009	Recurrent transient tic disorder (disorder)	
230334008	Drug-induced tic (disorder)	
5158005	Gilles de la Tourette's syndrome (disorder)	
23772009	Dysphonia of Gilles de la Tourette's syndrome (disorder)	
402732001	Habit tic (disorder)	
402735004	Habit tic affecting hair (disorder)	
402733006	Habit tic affecting skin (disorder)	



Value	Display Name	Definition
403170002	Callosity due to biting and/or chewing (disorder)	
56573006	Transient tic disorder (disorder)	
44433009	Recurrent transient tic disorder (disorder)	
191990001	Transient childhood tic (disorder)	
8511007	Transient tic disorder, single episode (disorder)	
199257008	Mental disorders during pregnancy, childbirth and the puerperium (disorder)	
199258003	Mental disorder - unspecified whether during pregnancy or the puerperium (disorder)	
199259006	Mental disorder during pregnancy - baby delivered (disorder)	
199261002	Mental disorder during pregnancy - baby not yet delivered (disorder)	
199263004	Mental disorder during pregnancy, childbirth or the puerperium NOS (disorder)	
199262009	Mental disorder in the puerperium - baby delivered during previous episode of care (disorder)	
199260001	Mental disorder in the puerperium - baby delivered (disorder)	
267320004	Pregnancy with mental disorders (disorder)	
192639003	Mental disorders NOS (disorder)	
386805003	Mild cognitive disorder (disorder)	
46206005	Mood disorder (disorder)	
13746004	Bipolar disorder (disorder)	
191627008	Bipolar affective disorder, current episode depression (disorder)	
191634005	Bipolar affective disorder, currently depressed, in full remission (disorder)	
191633004	Bipolar affective disorder, currently depressed, in partial or unspecified remission (disorder)	
191629006	Bipolar affective disorder, currently depressed, mild (disorder)	
191630001	Bipolar affective disorder, currently depressed, moderate (disorder)	
191635006	Bipolar affective disorder, currently depressed, NOS (disorder)	
191632009	Bipolar affective disorder, currently depressed, severe, with psychosis (disorder)	
191631002	Bipolar affective disorder, currently depressed, severe, without mention of psychosis (disorder)	
191628003	Bipolar affective disorder, currently depressed, unspecified (disorder)	
75752004	Bipolar I disorder, most recent episode depressed with melancholic features (disorder)	
16295005	Bipolar II disorder, most recent episode major depressive (disorder)	
43568002	Bipolar II disorder, most recent episode major depressive with atypical features (disorder)	
22407005	Bipolar II disorder, most recent episode major depressive with catatonic features (disorder)	
34315001	Bipolar II disorder, most recent episode major depressive with melancholic features (disorder)	
30687003	Bipolar II disorder, most recent episode major depressive with postpartum onset (disorder)	
51637008	Chronic bipolar I disorder, most recent episode depressed (disorder)	
1196001	Chronic bipolar II disorder, most recent episode major depressive (disorder)	
49468007	Depressed bipolar I disorder (disorder)	
53607008	Depressed bipolar I disorder in remission (disorder)	
22121000	Depressed bipolar I disorder in full remission (disorder)	
49512000	Depressed bipolar I disorder in partial remission (disorder)	
74686005	Mild depressed bipolar I disorder (disorder)	
66631006	Moderate depressed bipolar I disorder (disorder)	
59617007	Severe depressed bipolar I disorder with psychotic features (disorder)	
54761006	Severe depressed bipolar I disorder with psychotic features, mood-congruent (disorder)	
26203008	Severe depressed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
61403008	Severe depressed bipolar I disorder without psychotic features (disorder)	



Value	Display Name	Definition
191618007	Bipolar affective disorder, current episode manic (disorder)	
191625000	Bipolar affective disorder, currently manic, in full remission (disorder)	
191624001	Bipolar affective disorder, currently manic, in partial or unspecified remission (disorder)	
191620005	Bipolar affective disorder, currently manic, mild (disorder)	
191621009	Bipolar affective disorder, currently manic, moderate (disorder)	
191626004	Bipolar affective disorder, currently manic, NOS (disorder)	
191623007	Bipolar affective disorder, currently manic, severe, with psychosis (disorder)	
191622002	Bipolar affective disorder, currently manic, severe, without mention of psychosis (disorder)	
191619004	Bipolar affective disorder, currently manic, unspecified (disorder)	
17782008	Bipolar I disorder, most recent episode manic with catatonic features (disorder)	
55516002	Bipolar I disorder, most recent episode manic with postpartum onset (disorder)	
87950005	Bipolar I disorder, single manic episode with catatonic features (disorder)	
1499003	Bipolar I disorder, single manic episode with postpartum onset (disorder)	
78269000	Bipolar I disorder, single manic episode, in partial remission (disorder)	
68569003	Manic bipolar I disorder (disorder)	
45479006	Manic bipolar I disorder in remission (disorder)	
30935000	Manic bipolar I disorder in full remission (disorder)	
63249007	Manic bipolar I disorder in partial remission (disorder)	
71984005	Mild manic bipolar I disorder (disorder)	
41552001	Mild bipolar I disorder, single manic episode (disorder)	
82998009	Moderate manic bipolar I disorder (disorder)	
28884001	Moderate bipolar I disorder, single manic episode (disorder)	
28663008	Severe manic bipolar I disorder with psychotic features (disorder)	
78640000	Severe manic bipolar I disorder with psychotic features, mood-congruent (disorder)	
33380008	Severe manic bipolar I disorder with psychotic features, mood-incongruent (disorder)	
162004	Severe manic bipolar I disorder without psychotic features (disorder)	
85248005	Bipolar disorder in remission (disorder)	
41836007	Bipolar disorder in full remission (disorder)	
22121000	Depressed bipolar I disorder in full remission (disorder)	
30935000	Manic bipolar I disorder in full remission (disorder)	
111485001	Mixed bipolar I disorder in full remission (disorder)	
5703000	Bipolar disorder in partial remission (disorder)	
49512000	Depressed bipolar I disorder in partial remission (disorder)	
63249007	Manic bipolar I disorder in partial remission (disorder)	
36583000	Mixed bipolar I disorder in partial remission (disorder)	
53607008	Depressed bipolar I disorder in remission (disorder)	
22121000	Depressed bipolar I disorder in full remission (disorder)	
49512000	Depressed bipolar I disorder in partial remission (disorder)	
45479006	Manic bipolar I disorder in remission (disorder)	
30935000	Manic bipolar I disorder in full remission (disorder)	
63249007	Manic bipolar I disorder in partial remission (disorder)	
35481005	Mixed bipolar I disorder in remission (disorder)	
111485001	Mixed bipolar I disorder in full remission (disorder)	
36583000	Mixed bipolar I disorder in partial remission (disorder)	



Value	Display Name	Definition
371596008	Bipolar I disorder (disorder)	
29929003	Bipolar I disorder, most recent episode depressed with atypical features (disorder)	
21900002	Bipolar I disorder, most recent episode depressed with catatonic features (disorder)	
87203005	Bipolar I disorder, most recent episode depressed with postpartum onset (disorder)	
31446002	Bipolar I disorder, most recent episode hypomanic (disorder)	
17782008	Bipolar I disorder, most recent episode manic with catatonic features (disorder)	
55516002	Bipolar I disorder, most recent episode manic with postpartum onset (disorder)	
9340000	Bipolar I disorder, single manic episode (disorder)	
87950005	Bipolar I disorder, single manic episode with catatonic features (disorder)	
1499003	Bipolar I disorder, single manic episode with postpartum onset (disorder)	
75360000	Bipolar I disorder, single manic episode, in remission (disorder)	
3530005	Bipolar I disorder, single manic episode, in full remission (disorder)	
78269000	Bipolar I disorder, single manic episode, in partial remission (disorder)	
51637008	Chronic bipolar I disorder, most recent episode depressed (disorder)	
16506000	Mixed bipolar I disorder (disorder)	
192362008	Bipolar affective disorder, current episode mixed (disorder)	
73471000	Bipolar I disorder, most recent episode mixed with catatonic features (disorder)	
65042007	Bipolar I disorder, most recent episode mixed with postpartum onset (disorder)	
191643001	Mixed bipolar affective disorder, in full remission (disorder)	
191642006	Mixed bipolar affective disorder, in partial or unspecified remission (disorder)	
191638008	Mixed bipolar affective disorder, mild (disorder)	
191639000	Mixed bipolar affective disorder, moderate (disorder)	
191644007	Mixed bipolar affective disorder, NOS (disorder)	
191641004	Mixed bipolar affective disorder, severe, with psychosis (disorder)	
191640003	Mixed bipolar affective disorder, severe, without mention of psychosis (disorder)	
191637003	Mixed bipolar affective disorder, unspecified (disorder)	
43769008	Mild mixed bipolar I disorder (disorder)	
35481005	Mixed bipolar I disorder in remission (disorder)	
111485001	Mixed bipolar I disorder in full remission (disorder)	
36583000	Mixed bipolar I disorder in partial remission (disorder)	
40926005	Moderate mixed bipolar I disorder (disorder)	
10981006	Severe mixed bipolar I disorder with psychotic features (disorder)	
64731001	Severe mixed bipolar I disorder with psychotic features, mood-congruent (disorder)	
10875004	Severe mixed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
46229002	Severe mixed bipolar I disorder without psychotic features (disorder)	
83225003	Bipolar II disorder (disorder)	
48937005	Bipolar II disorder, most recent episode hypomanic (disorder)	
16295005	Bipolar II disorder, most recent episode major depressive (disorder)	
43568002	Bipolar II disorder, most recent episode major depressive with atypical features (disorder)	
22407005	Bipolar II disorder, most recent episode major depressive with catatonic features (disorder)	
34315001	Bipolar II disorder, most recent episode major depressive with melancholic features (disorder)	
30687003	Bipolar II disorder, most recent episode major depressive with postpartum onset (disorder)	
1196001	Chronic bipolar II disorder, most recent episode major depressive (disorder)	
71294008	Mild bipolar II disorder, most recent episode major depressive (disorder)	



Value	Display Name	Definition
35846004	Moderate bipolar II disorder, most recent episode major depressive (disorder)	
12969000	Severe bipolar II disorder, most recent episode major depressive, in full remission (disorder)	
67002003	Severe bipolar II disorder, most recent episode major depressive, in partial remission (disorder)	
35722002	Severe bipolar II disorder, most recent episode major depressive, in remission (disorder)	
13313007	Mild bipolar disorder (disorder)	
74686005	Mild depressed bipolar I disorder (disorder)	
71984005	Mild manic bipolar I disorder (disorder)	
41552001	Mild bipolar I disorder, single manic episode (disorder)	
43769008	Mild mixed bipolar I disorder (disorder)	
191636007	Mixed bipolar affective disorder (disorder)	
16506000	Mixed bipolar I disorder (disorder)	
192362008	Bipolar affective disorder, current episode mixed (disorder)	
73471000	Bipolar I disorder, most recent episode mixed with catatonic features (disorder)	
65042007	Bipolar I disorder, most recent episode mixed with postpartum onset (disorder)	
191643001	Mixed bipolar affective disorder, in full remission (disorder)	
191642006	Mixed bipolar affective disorder, in partial or unspecified remission (disorder)	
191638008	Mixed bipolar affective disorder, mild (disorder)	
191639000	Mixed bipolar affective disorder, moderate (disorder)	
191644007	Mixed bipolar affective disorder, NOS (disorder)	
191641004	Mixed bipolar affective disorder, severe, with psychosis (disorder)	
191640003	Mixed bipolar affective disorder, severe, without mention of psychosis (disorder)	
191637003	Mixed bipolar affective disorder, unspecified (disorder)	
43769008	Mild mixed bipolar I disorder (disorder)	
35481005	Mixed bipolar I disorder in remission (disorder)	
111485001	Mixed bipolar I disorder in full remission (disorder)	
36583000	Mixed bipolar I disorder in partial remission (disorder)	
40926005	Moderate mixed bipolar I disorder (disorder)	
10981006	Severe mixed bipolar I disorder with psychotic features (disorder)	
64731001	Severe mixed bipolar I disorder with psychotic features, mood-congruent (disorder)	
10875004	Severe mixed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
46229002	Severe mixed bipolar I disorder without psychotic features (disorder)	
79584002	Moderate bipolar disorder (disorder)	
35846004	Moderate bipolar II disorder, most recent episode major depressive (disorder)	
66631006	Moderate depressed bipolar I disorder (disorder)	
82998009	Moderate manic bipolar I disorder (disorder)	
28884001	Moderate bipolar I disorder, single manic episode (disorder)	
40926005	Moderate mixed bipolar I disorder (disorder)	
231444002	Organic bipolar disorder (disorder)	
191656008	Other and unspecified manic-depressive psychoses (disorder)	
191661005	Other and unspecified manic-depressive psychoses NOS (disorder)	
307525004	Other manic-depressive psychoses (disorder)	
191660006	Other mixed manic-depressive psychoses (disorder)	
191657004	Unspecified manic-depressive psychoses (disorder)	
38368003	Schizoaffective disorder, bipolar type (disorder)	



Value	Display Name	Definition
371600003	Severe bipolar disorder (disorder)	
4441000	Severe bipolar disorder with psychotic features (disorder)	
70546001	Severe bipolar disorder with psychotic features, mood-congruent (disorder)	
54761006	Severe depressed bipolar I disorder with psychotic features, mood-congruent (disorder)	
78640000	Severe manic bipolar I disorder with psychotic features, mood-congruent (disorder)	
64731001	Severe mixed bipolar I disorder with psychotic features, mood-congruent (disorder)	
26530004	Severe bipolar disorder with psychotic features, mood-incongruent (disorder)	
26203008	Severe depressed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
33380008	Severe manic bipolar I disorder with psychotic features, mood-incongruent (disorder)	
10875004	Severe mixed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
41832009	Severe bipolar I disorder, single manic episode with psychotic features (disorder)	
13581000	Severe bipolar I disorder, single manic episode with psychotic features, mood-congruent (disorder)	
86058007	Severe bipolar I disorder, single manic episode with psychotic features, mood-incongruent (disorder)	
19300006	Severe bipolar II disorder, most recent episode major depressive with psychotic features, mood-congruent (disorder)	
20960007	Severe bipolar II disorder, most recent episode major depressive with psychotic features, mood-incongruent (disorder)	
59617007	Severe depressed bipolar I disorder with psychotic features (disorder)	
54761006	Severe depressed bipolar I disorder with psychotic features, mood-congruent (disorder)	
26203008	Severe depressed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
28663008	Severe manic bipolar I disorder with psychotic features (disorder)	
78640000	Severe manic bipolar I disorder with psychotic features, mood-congruent (disorder)	
33380008	Severe manic bipolar I disorder with psychotic features, mood-incongruent (disorder)	
10981006	Severe mixed bipolar I disorder with psychotic features (disorder)	
64731001	Severe mixed bipolar I disorder with psychotic features, mood-congruent (disorder)	
10875004	Severe mixed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
53049002	Severe bipolar disorder without psychotic features (disorder)	
14495005	Severe bipolar I disorder, single manic episode without psychotic features (disorder)	
81319007	Severe bipolar II disorder, most recent episode major depressive without psychotic features (disorder)	
61403008	Severe depressed bipolar I disorder without psychotic features (disorder)	
162004	Severe manic bipolar I disorder without psychotic features (disorder)	
46229002	Severe mixed bipolar I disorder without psychotic features (disorder)	
371599001	Severe bipolar I disorder (disorder)	
41832009	Severe bipolar I disorder, single manic episode with psychotic features (disorder)	
13581000	Severe bipolar I disorder, single manic episode with psychotic features, mood-congruent (disorder)	
86058007	Severe bipolar I disorder, single manic episode with psychotic features, mood-incongruent (disorder)	
14495005	Severe bipolar I disorder, single manic episode without psychotic features (disorder)	
59617007	Severe depressed bipolar I disorder with psychotic features (disorder)	
54761006	Severe depressed bipolar I disorder with psychotic features, mood-congruent (disorder)	
26203008	Severe depressed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
162004	Severe manic bipolar I disorder without psychotic features (disorder)	



Value	Display Name	Definition
371604007	Severe bipolar II disorder (disorder)	
30520009	Severe bipolar II disorder, most recent episode major depressive with psychotic features (disorder)	
19300006	Severe bipolar II disorder, most recent episode major depressive with psychotic features, mood-congruent (disorder)	
20960007	Severe bipolar II disorder, most recent episode major depressive with psychotic features, mood-incongruent (disorder)	
81319007	Severe bipolar II disorder, most recent episode major depressive without psychotic features (disorder)	
191646009	Unspecified bipolar affective disorder (disorder)	
191653000	Unspecified bipolar affective disorder, in full remission (disorder)	
191652005	Unspecified bipolar affective disorder, in partial or unspecified remission (disorder)	
191648005	Unspecified bipolar affective disorder, mild (disorder)	
191649002	Unspecified bipolar affective disorder, moderate (disorder)	
191654006	Unspecified bipolar affective disorder, NOS (disorder)	
191651003	Unspecified bipolar affective disorder, severe, with psychosis (disorder)	
191650002	Unspecified bipolar affective disorder, severe, without mention of psychosis (disorder)	
191647000	Unspecified bipolar affective disorder, unspecified (disorder)	
76105009	Cyclothymia (disorder)	
191755004	Affective personality disorder NOS (disorder)	
191752001	Unspecified affective personality disorder (disorder)	
35489007	Depressive disorder (disorder)	
83458005	Agitated depression (disorder)	
191659001	Atypical depressive disorder (disorder)	
29929003	Bipolar I disorder, most recent episode depressed with atypical features (disorder)	
42925002	Major depressive disorder, single episode with atypical features (disorder)	
191627008	Bipolar affective disorder, current episode depression (disorder)	
191634005	Bipolar affective disorder, currently depressed, in full remission (disorder)	
191633004	Bipolar affective disorder, currently depressed, in partial or unspecified remission (disorder)	
191629006	Bipolar affective disorder, currently depressed, mild (disorder)	
191630001	Bipolar affective disorder, currently depressed, moderate (disorder)	
191635006	Bipolar affective disorder, currently depressed, NOS (disorder)	
191632009	Bipolar affective disorder, currently depressed, severe, with psychosis (disorder)	
191631002	Bipolar affective disorder, currently depressed, severe, without mention of psychosis (disorder)	
191628003	Bipolar affective disorder, currently depressed, unspecified (disorder)	
75752004	Bipolar I disorder, most recent episode depressed with melancholic features (disorder)	
16295005	Bipolar II disorder, most recent episode major depressive (disorder)	
43568002	Bipolar II disorder, most recent episode major depressive with atypical features (disorder)	
22407005	Bipolar II disorder, most recent episode major depressive with catatonic features (disorder)	
34315001	Bipolar II disorder, most recent episode major depressive with melancholic features (disorder)	
30687003	Bipolar II disorder, most recent episode major depressive with postpartum onset (disorder)	
51637008	Chronic bipolar I disorder, most recent episode depressed (disorder)	
1196001	Chronic bipolar II disorder, most recent episode major depressive (disorder)	
49468007	Depressed bipolar I disorder (disorder)	
53607008	Depressed bipolar I disorder in remission (disorder)	



Value	Display Name	Definition
22121000	Depressed bipolar I disorder in full remission (disorder)	
49512000	Depressed bipolar I disorder in partial remission (disorder)	
74686005	Mild depressed bipolar I disorder (disorder)	
66631006	Moderate depressed bipolar I disorder (disorder)	
59617007	Severe depressed bipolar I disorder with psychotic features (disorder)	
54761006	Severe depressed bipolar I disorder with psychotic features, mood-congruent (disorder)	
26203008	Severe depressed bipolar I disorder with psychotic features, mood-incongruent (disorder)	
61403008	Severe depressed bipolar I disorder without psychotic features (disorder)	
192080009	Chronic depression (disorder)	
2618002	Chronic recurrent major depressive disorder (disorder)	
357705009	Cotard's syndrome (disorder)	
307537002	Depression NOS (disorder)	
231542000	Depressive conduct disorder (disorder)	
192078003	Depressive disorder NEC (disorder)	
191495003	Drug-induced depressive state (disorder)	
78667006	Dysthymia (disorder)	
2506003	Early onset dysthymia (disorder)	
38451003	Primary dysthymia early onset (disorder)	
3109008	Secondary dysthymia early onset (disorder)	
87842000	Generalized neuromuscular exhaustion syndrome (disorder)	
19694002	Late onset dysthymia (disorder)	
67711008	Primary dysthymia late onset (disorder)	
36170009	Secondary dysthymia late onset (disorder)	
83176005	Primary dysthymia (disorder)	
38451003	Primary dysthymia early onset (disorder)	
67711008	Primary dysthymia late onset (disorder)	
85080004	Secondary dysthymia (disorder)	
3109008	Secondary dysthymia early onset (disorder)	
36170009	Secondary dysthymia late onset (disorder)	
300706003	Endogenous depression (disorder)	
274948002	Endogenous depression - recurrent (disorder)	
191617002	Recurrent major depressive episode NOS (disorder)	
231499006	Endogenous depression first episode (disorder)	
321717001	Involutional depression (disorder)	
268620009	Single major depressive episode (disorder)	
191607007	Single major depressive episode NOS (disorder)	
191606003	Single major depressive episode, in full remission (disorder)	
191605004	Single major depressive episode, in partial or unspecified remission (disorder)	
191601008	Single major depressive episode, mild (disorder)	
191602001	Single major depressive episode, moderate (disorder)	
191604000	Single major depressive episode, severe, with psychosis (disorder)	
191603006	Single major depressive episode, severe, without mention of psychosis (disorder)	
191600009	Single major depressive episode, unspecified (disorder)	
370143000	Major depressive disorder (disorder)	



Value	Display Name	Definition
42810003	Major depression in remission (disorder)	
63412003	Major depression in complete remission (disorder)	
19527009	Major depression, single episode, in complete remission (disorder)	
46244001	Recurrent major depression in complete remission (disorder)	
191615005	Recurrent major depressive episodes, in full remission (disorder)	
30605009	Major depression in partial remission (disorder)	
70747007	Major depression single episode, in partial remission (disorder)	
33135002	Recurrent major depression in partial remission (disorder)	
68019004	Recurrent major depression in remission (disorder)	
46244001	Recurrent major depression in complete remission (disorder)	
33135002	Recurrent major depression in partial remission (disorder)	
191614009	Recurrent major depressive episodes, in partial or unspecified remission (disorder)	
320751009	Major depression, melancholic type (disorder)	
36923009	Major depression, single episode (disorder)	
14183003	Chronic major depressive disorder, single episode (disorder)	
70747007	Major depression single episode, in partial remission (disorder)	
19527009	Major depression, single episode, in complete remission (disorder)	
42925002	Major depressive disorder, single episode with atypical features (disorder)	
69392006	Major depressive disorder, single episode with catatonic features (disorder)	
63778009	Major depressive disorder, single episode with melancholic features (disorder)	
25922000	Major depressive disorder, single episode with postpartum onset (disorder)	
79298009	Mild major depression, single episode (disorder)	
15639000	Moderate major depression, single episode (disorder)	
77911002	Severe major depression, single episode, with psychotic features, mood-congruent (disorder)	
20250007	Severe major depression, single episode, with psychotic features, mood-incongruent (disorder)	
76441001	Severe major depression, single episode, without psychotic features (disorder)	
87512008	Mild major depression (disorder)	
79298009	Mild major depression, single episode (disorder)	
40379007	Mild recurrent major depression (disorder)	
832007	Moderate major depression (disorder)	
15639000	Moderate major depression, single episode (disorder)	
18818009	Moderate recurrent major depression (disorder)	
66344007	Recurrent major depression (disorder)	
2618002	Chronic recurrent major depressive disorder (disorder)	
40379007	Mild recurrent major depression (disorder)	
18818009	Moderate recurrent major depression (disorder)	
68019004	Recurrent major depression in remission (disorder)	
46244001	Recurrent major depression in complete remission (disorder)	
33135002	Recurrent major depression in partial remission (disorder)	
38694004	Recurrent major depressive disorder with atypical features (disorder)	
39809009	Recurrent major depressive disorder with catatonic features (disorder)	
319768000	Recurrent major depressive disorder with melancholic features (disorder)	
71336009	Recurrent major depressive disorder with postpartum onset (disorder)	
268621008	Recurrent major depressive episodes (disorder)	



Value	Display Name	Definition
191615005	Recurrent major depressive episodes, in full remission (disorder)	
191614009	Recurrent major depressive episodes, in partial or unspecified remission (disorder)	
191610000	Recurrent major depressive episodes, mild (disorder)	
191611001	Recurrent major depressive episodes, moderate (disorder)	
191613003	Recurrent major depressive episodes, severe, with psychosis (disorder)	
191612008	Recurrent major depressive episodes, severe, without mention of psychosis (disorder)	
191609005	Recurrent major depressive episodes, unspecified (disorder)	
28475009	Severe recurrent major depression with psychotic features (disorder)	
33078009	Severe recurrent major depression with psychotic features, mood-congruent (disorder)	
15193003	Severe recurrent major depression with psychotic features, mood-incongruent (disorder)	
36474008	Severe recurrent major depression without psychotic features (disorder)	
73867007	Severe major depression with psychotic features (disorder)	
33736005	Severe major depression with psychotic features, mood-congruent (disorder)	
77911002	Severe major depression, single episode, with psychotic features, mood-congruent (disorder)	
33078009	Severe recurrent major depression with psychotic features, mood-congruent (disorder)	
60099002	Severe major depression with psychotic features, mood-incongruent (disorder)	
20250007	Severe major depression, single episode, with psychotic features, mood-incongruent (disorder)	
15193003	Severe recurrent major depression with psychotic features, mood-incongruent (disorder)	
430852001	Severe major depression, single episode, with psychotic features (disorder)	
20250007	Severe major depression, single episode, with psychotic features, mood-incongruent (disorder)	
15193003	Severe recurrent major depression with psychotic features, mood-incongruent (disorder)	
28475009	Severe recurrent major depression with psychotic features (disorder)	
33078009	Severe recurrent major depression with psychotic features, mood-congruent (disorder)	
15193003	Severe recurrent major depression with psychotic features, mood-incongruent (disorder)	
75084000	Severe major depression without psychotic features (disorder)	
76441001	Severe major depression, single episode, without psychotic features (disorder)	
36474008	Severe recurrent major depression without psychotic features (disorder)	
231500002	Masked depression (disorder)	
84788008	Menopausal depression (disorder)	
310495003	Mild depression (disorder)	
48589009	Minor depressive disorder (disorder)	
596004	Premenstrual dysphoric disorder (disorder)	
426578000	Premenstrual dysphoric disorder in remission (disorder)	
310496002	Moderate depression (disorder)	
162722001	On examination - depressed (disorder)	
231485007	Post-schizophrenic depression (disorder)	
82218004	Postoperative depression (disorder)	
58703003	Postpartum depression (disorder)	
25922000	Major depressive disorder, single episode with postpartum onset (disorder)	
279225001	Maternity blues (disorder)	
237349002	Mild postnatal depression (disorder)	
237350002	Severe postnatal depression (disorder)	
192079006	Postviral depression (disorder)	



Value	Display Name	Definition
87414006	Reactive depression (situational) (disorder)	
191676002	Reactive depressive psychosis (disorder)	
191616006	Recurrent depression (disorder)	
274948002	Endogenous depression - recurrent (disorder)	
191617002	Recurrent major depressive episode NOS (disorder)	
40568001	Recurrent brief depressive disorder (disorder)	
66344007	Recurrent major depression (disorder)	
2618002	Chronic recurrent major depressive disorder (disorder)	
40379007	Mild recurrent major depression (disorder)	
18818009	Moderate recurrent major depression (disorder)	
68019004	Recurrent major depression in remission (disorder)	
46244001	Recurrent major depression in complete remission (disorder)	
33135002	Recurrent major depression in partial remission (disorder)	
38694004	Recurrent major depressive disorder with atypical features (disorder)	
39809009	Recurrent major depressive disorder with catatonic features (disorder)	
319768000	Recurrent major depressive disorder with melancholic features (disorder)	
71336009	Recurrent major depressive disorder with postpartum onset (disorder)	
268621008	Recurrent major depressive episodes (disorder)	
191615005	Recurrent major depressive episodes, in full remission (disorder)	
191614009	Recurrent major depressive episodes, in partial or unspecified remission (disorder)	
191610000	Recurrent major depressive episodes, mild (disorder)	
191611001	Recurrent major depressive episodes, moderate (disorder)	
191613003	Recurrent major depressive episodes, severe, with psychosis (disorder)	
191612008	Recurrent major depressive episodes, severe, without mention of psychosis (disorder)	
191609005	Recurrent major depressive episodes, unspecified (disorder)	
28475009	Severe recurrent major depression with psychotic features (disorder)	
33078009	Severe recurrent major depression with psychotic features, mood-congruent (disorder)	
15193003	Severe recurrent major depression with psychotic features, mood-incongruent (disorder)	
36474008	Severe recurrent major depression without psychotic features (disorder)	
84760002	Schizoaffective disorder, depressive type (disorder)	
247803002	Seasonal affective disorder (disorder)	
310497006	Severe depression (disorder)	
79842004	Stuporous depression (disorder)	
429672007	Drug-induced mood disorder (disorder)	
191495003	Drug-induced depressive state (disorder)	
37331004	Psychoactive substance-induced organic mood disorder (disorder)	
53936005	Alcohol-induced mood disorder (disorder)	
10327003	Cocaine-induced mood disorder (disorder)	
1383008	Hallucinogen mood disorder (disorder)	
29733004	Opioid-induced mood disorder (disorder)	
4863002	Phencyclidine (PCP) mood disorder (disorder)	
28864000	Sedative, hypnotic AND/OR anxiolytic-induced mood disorder (disorder)	
231496004	Hypomania (disorder)	
231494001	Mania (disorder)	



Value	Display Name	Definition
41932008	Amok (disorder)	
191658009	Atypical manic disorder (disorder)	
268619003	Manic disorder, single episode (disorder)	
191589001	Manic disorder, single episode NOS (disorder)	
191588009	Single manic episode in full remission (disorder)	
191587004	Single manic episode in partial or unspecified remission (disorder)	
191583000	Single manic episode, mild (disorder)	
191584006	Single manic episode, moderate (disorder)	
191585007	Single manic episode, severe without mention of psychosis (disorder)	
191586008	Single manic episode, severe, with psychosis (disorder)	
191582005	Single manic episode, unspecified (disorder)	
231495000	Manic stupor (disorder)	
191590005	Recurrent manic episodes (disorder)	
191598003	Recurrent manic episode NOS (disorder)	
191597008	Recurrent manic episodes, in full remission (disorder)	
191596004	Recurrent manic episodes, in partial or unspecified remission (disorder)	
191592002	Recurrent manic episodes, mild (disorder)	
191593007	Recurrent manic episodes, moderate (disorder)	
191594001	Recurrent manic episodes, severe without mention of psychosis (disorder)	
191595000	Recurrent manic episodes, severe, with psychosis (disorder)	
191591009	Recurrent manic episodes, unspecified (disorder)	
36622002	Mild mood disorder (disorder)	
9167000	Moderate mood disorder (disorder)	
38547003	Mood disorder in full remission (disorder)	
74266001	Mood disorder in partial remission (disorder)	
23645006	Organic mood disorder (disorder)	
37739004	Mood disorder due to a general medical condition (disorder)	
75837004	Mood disorder with depressive features due to general medical condition (disorder)	
77486005	Mood disorder with major depressive-like episode due to general medical condition (disorder)	
28676002	Mood disorder with manic features due to general medical condition (disorder)	
22419002	Mood disorder with mixed features due to general medical condition (disorder)	
231444002	Organic bipolar disorder (disorder)	
231446000	Organic emotionally labile disorder (disorder)	
42594001	Organic mood disorder of depressed type (disorder)	
58329000	Organic mood disorder of manic type (disorder)	
83501007	Organic mood disorder of mixed type (disorder)	
37331004	Psychoactive substance-induced organic mood disorder (disorder)	
53936005	Alcohol-induced mood disorder (disorder)	
10327003	Cocaine-induced mood disorder (disorder)	
1383008	Hallucinogen mood disorder (disorder)	
29733004	Opioid-induced mood disorder (disorder)	
4863002	Phencyclidine (PCP) mood disorder (disorder)	
28864000	Sedative, hypnotic AND/OR anxiolytic-induced mood disorder (disorder)	
231443008	Right hemispheric organic affective disorder (disorder)	



Value	Display Name	Definition
26516009	Severe mood disorder with psychotic features (disorder)	
70546001	Severe bipolar disorder with psychotic features, mood-congruent (disorder)	
54761006	Severe depressed bipolar I disorder with psychotic features, mood-congruent (disorder)	
78640000	Severe manic bipolar I disorder with psychotic features, mood-congruent (disorder)	
64731001	Severe mixed bipolar I disorder with psychotic features, mood-congruent (disorder)	
58647003	Severe mood disorder with psychotic features, mood-congruent (disorder)	
70043001	Severe mood disorder with psychotic features, mood-incongruent (disorder)	
88939009	Severe mood disorder without psychotic features (disorder)	
28357009	Transitory postpartum mood disturbance (disorder)	
111475002	Neurosis (disorder)	
231519007	Depersonalization-derealization syndrome (disorder)	
70764005	Depersonalization disorder (disorder)	
280945000	Derealization syndrome (disorder)	
41196008	Dhat (disorder)	
44376007	Dissociative disorder (disorder)	
191677006	Acute hysterical psychosis (disorder)	
33693007	Compensation neurosis (disorder)	
111492006	Conversion disorder, single episode (disorder)	
280901000	Couvade (disorder)	
70764005	Depersonalization disorder (disorder)	
280945000	Derealization syndrome (disorder)	
280943007	Dissociative confusion (disorder)	
191714002	Dissociative convulsions (disorder)	
268715000	Dissociative motor disorder (disorder)	
71802006	Astasia-abasia (disorder)	
231509001	Dissociative astasia-abasia (disorder)	
191713008	Dissociative tremor (disorder)	
88984006	Hysterical paralysis (disorder)	
95439001	Psychogenic aphonia (disorder)	
276297003	Dissociative possession disorder (disorder)	
191717009	Dissociative reaction unspecified (disorder)	
276300008	Dissociative stupor (disorder)	
276296007	Dissociative trance (disorder)	
76129002	Ganser syndrome (disorder)	
231518004	Globus abdominalis (disorder)	
268629005	Hysteria NOS (disorder)	
191712003	Hysteria unspecified (disorder)	
88902008	Hysterical blindness (disorder)	
424271007	Hysterical cataplexy (disorder)	
70967007	Hysterical deafness (disorder)	
31611000	Multiple personality disorder (disorder)	
231445001	Organic dissociative disorder (disorder)	
268628002	Other conversion disorder (disorder)	
84209002	Psychogenic amnesia (disorder)	



Value	Display Name	Definition
225040001	Localized dissociative amnesia (disorder)	
3586005	Psychogenic fugue (disorder)	
35827000	Recurrent conversion disorder (disorder)	
429571005	Sleep-related dissociative disorder (disorder)	
267414004	Jumping disease (disorder)	
65179007	Koro (disorder)	
50643003	Latah (disorder)	
268957000	Neurotic condition, insight present (disorder)	
268632008	Neurotic disorder NOS (disorder)	
280946004	Occupational neurosis (disorder)	
191744004	Writer's cramp neurosis (disorder)	
191742000	Other neurotic disorders (disorder)	
191747006	Other neurotic disorder NOS (disorder)	
191745003	Other occupational neurosis (disorder)	
268958005	Poor insight into neurotic condition (disorder)	
73972002	Postpartum neurosis (disorder)	
191746002	Psychasthenic neurosis (disorder)	
31297008	Somatoform disorder (disorder)	
71802006	Astasia-abasia (disorder)	
231509001	Dissociative astasia-abasia (disorder)	
111492006	Conversion disorder, single episode (disorder)	
81433006	Farrowing hysteria (disorder)	
18193002	Hypochondriasis (disorder)	
83482000	Body dysmorphic disorder (disorder)	
231516000	Cutaneous hypochondriasis (disorder)	
238976006	Bromisodrophobia (disorder)	
403593004	Phobic fear of skin cancer (disorder)	
238961003	Trichophobia (disorder)	
238965007	Venereophobia (disorder)	
238966008	Syphilophobia (disorder)	
231515001	Hypochondriacal pain (disorder)	
129605006	Postgastrectomy neurosis (disorder)	
88902008	Hysterical blindness (disorder)	
424271007	Hysterical cataplexy (disorder)	
70967007	Hysterical deafness (disorder)	
88984006	Hysterical paralysis (disorder)	
191982001	Other psychogenic malfunction (disorder)	
191984000	Other psychogenic malfunction NOS (disorder)	
65384007	Psychogenic alopecia (disorder)	
191980009	Psychogenic endocrine malfunction (disorder)	
192630004	Psychogenic feeding disorder of infancy and childhood (disorder)	
109956006	Psychogenic purpura (disorder)	
129562004	Psychogenic skin disease (disorder)	
191965003	Psychogenic skin symptoms (disorder)	



Value	Display Name	Definition
191683009	Psychogenic stupor (disorder)	
191981008	Psychogenic symptom of special sense organ (disorder)	
386572005	Psychogenic syncope (disorder)	
191986003	Psychogenic syndromes NEC (disorder)	
192031004	Other and unspecified psychogenic syndrome NEC (disorder)	
192035008	Psychogenic syndromes NOS (disorder)	
65438001	Psychogenic torticollis (disorder)	
63990000	Psychogenic urticaria (disorder)	
191985004	Psychosomatic disorder NOS (disorder)	
35827000	Recurrent conversion disorder (disorder)	
397923000	Somatization disorder (disorder)	
397826007	Briquet's syndrome (disorder)	
397795007	Polysomatizing disorder (disorder)	
231517009	Somatoform autonomic dysfunction (disorder)	
191962000	Neurocirculatory asthenia (disorder)	
191964004	Psychogenic cardiovascular symptom NOS (disorder)	
268650001	Somatoform autonomic dysfunction - gastrointestinal tract (disorder)	
231518004	Globus abdominalis (disorder)	
191973007	Psychogenic constipation (disorder)	
191972002	Psychogenic dyspepsia (disorder)	
191974001	Psychogenic gastrointestinal tract symptom NOS (disorder)	
386537007	Psychogenic pylorospasm (disorder)	
191952007	Somatoform autonomic dysfunction - respiratory tract (disorder)	
191953002	Psychogenic air hunger (disorder)	
191959003	Psychogenic respiratory symptom NOS (disorder)	
30077003	Somatoform pain disorder (disorder)	
192030003	Psychalgia NOS (disorder)	
300960003	Psychogenic back pain (disorder)	
192029008	Psychogenic backache (disorder)	
192027005	Psychogenic pain unspecified (disorder)	
18393005	Undifferentiated somatoform disorder (disorder)	
111479008	Organic mental disorder (disorder)	
3298001	Amnestic disorder (disorder)	
73097000	Alcohol amnestic disorder (disorder)	
191494004	Drug-induced amnestic syndrome (disorder)	
302507002	Sedative amnestic disorder (disorder)	
69482004	Korsakoff's psychosis (disorder)	
191473002	Alcohol amnestic syndrome NOS (disorder)	
191471000	Korsakov's alcoholic psychosis with peripheral neuritis (disorder)	
17262008	Non-alcoholic Korsakoff's psychosis (disorder)	
83168008	Psychoactive substance-induced organic amnestic disorder (disorder)	
425919003	Chronic organic mental disorder (disorder)	
191475009	Chronic alcoholic brain syndrome (disorder)	
286933003	Confusional state (disorder)	



Value	Display Name	Definition
2776000	Delirium (disorder)	
191506006	Acute confusional state NOS (disorder)	
191505005	Acute confusional state, of cerebrovascular origin (disorder)	
191503003	Acute confusional state, of endocrine origin (disorder)	
191502008	Acute confusional state, of infective origin (disorder)	
191504009	Acute confusional state, of metabolic origin (disorder)	
191501001	Acute confusional state, post-traumatic (disorder)	
85821003	Acute non-psychotic brain syndrome (disorder)	
280994000	Chronic confusional state (disorder)	
231440006	Delirium of mixed origin (disorder)	
191492000	Drug-induced delirium (disorder)	
8635005	Alcohol withdrawal delirium (disorder)	
8837000	Amphetamine delirium (disorder)	
39807006	Cannabis intoxication delirium (disorder)	
70328006	Cocaine delirium (disorder)	
231451006	Drug-induced intensive care psychosis (disorder)	
31715000	Phencyclidine (PCP) delirium (disorder)	
39003006	Psychoactive substance-induced organic delirium (disorder)	
5444000	Sedative, hypnotic AND/OR anxiolytic intoxication delirium (disorder)	
10349009	Multi-infarct dementia with delirium (disorder)	
404906000	Postoperative confusion (disorder)	
49481000	Postseizure delirium (disorder)	
231450007	Psychosis associated with intensive care (disorder)	
231451006	Drug-induced intensive care psychosis (disorder)	
191507002	Subacute delirium (disorder)	
191513006	Subacute confusional state NOS (disorder)	
191512001	Subacute confusional state, of cerebrovascular origin (disorder)	
191510009	Subacute confusional state, of endocrine origin (disorder)	
191509004	Subacute confusional state, of infective origin (disorder)	
191511008	Subacute confusional state, of metabolic origin (disorder)	
191508007	Subacute confusional state, post-traumatic (disorder)	
231439009	Toxic confusional state (disorder)	
162702000	On examination - mentally confused (disorder)	
44031002	Postseizure confusion (disorder)	
52448006	Dementia (disorder)	
26929004	Alzheimer's disease (disorder)	
230269008	Focal Alzheimer's disease (disorder)	
416780008	Primary degenerative dementia of the Alzheimer type, presenile onset (disorder)	
6475002	Primary degenerative dementia of the Alzheimer type, presenile onset, uncomplicated (disorder)	
230265002	Familial Alzheimer's disease of early onset (disorder)	
230266001	Non-familial Alzheimer's disease of early onset (disorder)	
65096006	Primary degenerative dementia of the Alzheimer type, presenile onset, with delirium (disorder)	
54502004	Primary degenerative dementia of the Alzheimer type, presenile onset, with delusions (disorder)	



Value	Display Name	Definition
10532003	Primary degenerative dementia of the Alzheimer type, presenile onset, with depression (disorder)	
416975007	Primary degenerative dementia of the Alzheimer type, senile onset (disorder)	
66108005	Primary degenerative dementia of the Alzheimer type, senile onset, uncomplicated (disorder)	
230267005	Familial Alzheimer's disease of late onset (disorder)	
230268000	Non-familial Alzheimer's disease of late onset (disorder)	
4817008	Primary degenerative dementia of the Alzheimer type, senile onset, with delirium (disorder)	
55009008	Primary degenerative dementia of the Alzheimer type, senile onset, with delusions (disorder)	
26852004	Primary degenerative dementia of the Alzheimer type, senile onset, with depression (disorder)	
230280008	Progressive aphasia in Alzheimer's disease (disorder)	
88339003	Dementia arising in the senium AND/OR presenium (disorder)	
70936005	Multi-infarct dementia, uncomplicated (disorder)	
286932008	Other senile/presenile dementia (disorder)	
12348006	Presenile dementia (disorder)	
421023003	Presenile dementia associated with AIDS (disorder)	
191452002	Presenile dementia with delirium (disorder)	
65096006	Primary degenerative dementia of the Alzheimer type, presenile onset, with delirium (disorder)	
191455000	Presenile dementia with depression (disorder)	
10532003	Primary degenerative dementia of the Alzheimer type, presenile onset, with depression (disorder)	
191454001	Presenile dementia with paranoia (disorder)	
416780008	Primary degenerative dementia of the Alzheimer type, presenile onset (disorder)	
6475002	Primary degenerative dementia of the Alzheimer type, presenile onset, uncomplicated (disorder)	
230265002	Familial Alzheimer's disease of early onset (disorder)	
230266001	Non-familial Alzheimer's disease of early onset (disorder)	
65096006	Primary degenerative dementia of the Alzheimer type, presenile onset, with delirium (disorder)	
54502004	Primary degenerative dementia of the Alzheimer type, presenile onset, with delusions (disorder)	
10532003	Primary degenerative dementia of the Alzheimer type, presenile onset, with depression (disorder)	
191451009	Uncomplicated presenile dementia (disorder)	
268612007	Senile and presenile organic psychotic conditions (disorder)	
268614008	Other senile and presenile organic psychoses (disorder)	
191469000	Senile or presenile psychoses NOS (disorder)	
15662003	Senile dementia (disorder)	
416975007	Primary degenerative dementia of the Alzheimer type, senile onset (disorder)	
66108005	Primary degenerative dementia of the Alzheimer type, senile onset, uncomplicated (disorder)	
230267005	Familial Alzheimer's disease of late onset (disorder)	
230268000	Non-familial Alzheimer's disease of late onset (disorder)	
4817008	Primary degenerative dementia of the Alzheimer type, senile onset, with delirium (disorder)	
55009008	Primary degenerative dementia of the Alzheimer type, senile onset, with delusions (disorder)	
26852004	Primary degenerative dementia of the Alzheimer type, senile onset, with depression (disorder)	
312991009	Senile dementia of the Lewy body type (disorder)	
191461002	Senile dementia with delirium (disorder)	
4817008	Primary degenerative dementia of the Alzheimer type, senile onset, with delirium (disorder)	



Value	Display Name	Definition
371024007	Senile dementia with delusion (disorder)	
55009008	Primary degenerative dementia of the Alzheimer type, senile onset, with delusions (disorder)	
191457008	Senile dementia with depressive or paranoid features (disorder)	
191459006	Senile dementia with depression (disorder)	
26852004	Primary degenerative dementia of the Alzheimer type, senile onset, with depression (disorder)	
191460001	Senile dementia with depressive or paranoid features NOS (disorder)	
191458003	Senile dementia with paranoia (disorder)	
371026009	Senile dementia with psychosis (disorder)	
191449005	Uncomplicated senile dementia (disorder)	
421529006	Dementia associated with AIDS (disorder)	
420614009	Organic dementia associated with AIDS (disorder)	
421023003	Presenile dementia associated with AIDS (disorder)	
191519005	Dementia associated with another disease (disorder)	
230290000	Epileptic dementia (disorder)	
425390006	Dementia associated with Parkinson's Disease (disorder)	
429458009	Dementia due to Creutzfeldt Jakob disease (disorder)	
278857002	Dementia of frontal lobe type (disorder)	
9345005	Dialysis dementia (disorder)	
191493005	Drug-induced dementia (disorder)	
281004	Dementia associated with alcoholism (disorder)	
32875003	Inhalant-induced persisting dementia (disorder)	
111480006	Psychoactive substance-induced organic dementia (disorder)	
59651006	Sedative, hypnotic AND/OR anxiolytic-induced persisting dementia (disorder)	
51928006	General paresis - neurosyphilis (disorder)	
82959004	Dementia paralytica juvenilis (disorder)	
62239001	Parkinson-dementia complex of Guam (disorder)	
230289009	Patchy dementia (disorder)	
191456004	Presenile dementia NOS (disorder)	
230288001	Semantic dementia (disorder)	
90099008	Subcortical leukoencephalopathy (disorder)	
230282000	Post-traumatic dementia (disorder)	
40425004	Postconcussion syndrome (disorder)	
230283005	Punch drunk syndrome (disorder)	
42998004	Vascular dementia (disorder)	
191467003	Arteriosclerotic dementia NOS (disorder)	
191464005	Arteriosclerotic dementia with delirium (disorder)	
191466007	Arteriosclerotic dementia with depression (disorder)	
191465006	Arteriosclerotic dementia with paranoia (disorder)	
56267009	Multi-infarct dementia (disorder)	
10349009	Multi-infarct dementia with delirium (disorder)	
25772007	Multi-infarct dementia with delusions (disorder)	
14070001	Multi-infarct dementia with depression (disorder)	
70936005	Multi-infarct dementia, uncomplicated (disorder)	
230286002	Subcortical vascular dementia (disorder)	



Value	Display Name	Definition
230287006	Mixed cortical and subcortical vascular dementia (disorder)	
191463004	Uncomplicated arteriosclerotic dementia (disorder)	
230285003	Vascular dementia of acute onset (disorder)	
420774007	Organic brain syndrome associated with AIDS (disorder)	
192072002	Organic memory impairment (disorder)	
231448004	Age-associated memory impairment (disorder)	
106014008	Organic mental disorder of unknown etiology (disorder)	
2776000	Delirium (disorder)	
191506006	Acute confusional state NOS (disorder)	
191505005	Acute confusional state, of cerebrovascular origin (disorder)	
191503003	Acute confusional state, of endocrine origin (disorder)	
191502008	Acute confusional state, of infective origin (disorder)	
191504009	Acute confusional state, of metabolic origin (disorder)	
191501001	Acute confusional state, post-traumatic (disorder)	
85821003	Acute non-psychotic brain syndrome (disorder)	
280994000	Chronic confusional state (disorder)	
231440006	Delirium of mixed origin (disorder)	
191492000	Drug-induced delirium (disorder)	
8635005	Alcohol withdrawal delirium (disorder)	
8837000	Amphetamine delirium (disorder)	
39807006	Cannabis intoxication delirium (disorder)	
70328006	Cocaine delirium (disorder)	
231451006	Drug-induced intensive care psychosis (disorder)	
31715000	Phencyclidine (PCP) delirium (disorder)	
39003006	Psychoactive substance-induced organic delirium (disorder)	
5444000	Sedative, hypnotic AND/OR anxiolytic intoxication delirium (disorder)	
10349009	Multi-infarct dementia with delirium (disorder)	
404906000	Postoperative confusion (disorder)	
49481000	Postseizure delirium (disorder)	
231450007	Psychosis associated with intensive care (disorder)	
231451006	Drug-induced intensive care psychosis (disorder)	
191507002	Subacute delirium (disorder)	
191513006	Subacute confusional state NOS (disorder)	
191512001	Subacute confusional state, of cerebrovascular origin (disorder)	
191510009	Subacute confusional state, of endocrine origin (disorder)	
191509004	Subacute confusional state, of infective origin (disorder)	
191511008	Subacute confusional state, of metabolic origin (disorder)	
191508007	Subacute confusional state, post-traumatic (disorder)	
231439009	Toxic confusional state (disorder)	
88845000	Explosive type organic personality disorder (disorder)	
17496003	Organic anxiety disorder (disorder)	
50026000	Psychoactive substance-induced organic anxiety disorder (disorder)	
34938008	Alcohol-induced anxiety disorder (disorder)	
51493001	Cocaine-induced anxiety disorder (disorder)	



Value	Display Name	Definition
55967005	Phencyclidine-induced anxiety disorder (disorder)	
1686006	Sedative, hypnotic AND/OR anxiolytic-induced anxiety disorder (disorder)	
45912004	Organic hallucinosis (disorder)	
7052005	Alcohol hallucinosis (disorder)	
193756007	Charles Bonnet syndrome (disorder)	
32009006	Hallucinogen hallucinosis (disorder)	
28368009	Psychoactive substance-induced organic hallucinosis (disorder)	
47664006	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with hallucinations (disorder)	
42594001	Organic mood disorder of depressed type (disorder)	
58329000	Organic mood disorder of manic type (disorder)	
83501007	Organic mood disorder of mixed type (disorder)	
36217008	Organic personality disorder (disorder)	
88845000	Explosive type organic personality disorder (disorder)	
129606007	Frontal lobe syndrome (disorder)	
231452004	Limbic epilepsy personality syndrome (disorder)	
231453009	Lobotomy syndrome (disorder)	
192074001	Organic personality syndrome NOS (disorder)	
231454003	Organic pseudopsychopathic personality (disorder)	
231455002	Organic pseudoretarded personality (disorder)	
231456001	Postleucotomy syndrome (disorder)	
46721000	Psychoactive substance-induced organic personality disorder (disorder)	
231457005	Organic psychosyndrome (disorder)	
231449007	Epileptic psychosis (disorder)	
278852008	Paranoid-hallucinatory epileptic psychosis (disorder)	
231442003	Organic catatonic disorder (disorder)	
5510009	Organic delusional disorder (disorder)	
32552001	Psychoactive substance-induced organic delusional disorder (disorder)	
50722006	Phencyclidine (PCP) delusional disorder (disorder)	
1973000	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with delusions (disorder)	
231445001	Organic dissociative disorder (disorder)	
45912004	Organic hallucinosis (disorder)	
7052005	Alcohol hallucinosis (disorder)	
193756007	Charles Bonnet syndrome (disorder)	
32009006	Hallucinogen hallucinosis (disorder)	
28368009	Psychoactive substance-induced organic hallucinosis (disorder)	
47664006	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with hallucinations (disorder)	
23645006	Organic mood disorder (disorder)	
37739004	Mood disorder due to a general medical condition (disorder)	
231444002	Organic bipolar disorder (disorder)	
231446000	Organic emotionally labile disorder (disorder)	
42594001	Organic mood disorder of depressed type (disorder)	
58329000	Organic mood disorder of manic type (disorder)	
83501007	Organic mood disorder of mixed type (disorder)	



Value	Display Name	Definition
37331004	Psychoactive substance-induced organic mood disorder (disorder)	
53936005	Alcohol-induced mood disorder (disorder)	
10327003	Cocaine-induced mood disorder (disorder)	
1383008	Hallucinogen mood disorder (disorder)	
29733004	Opioid-induced mood disorder (disorder)	
4863002	Phencyclidine (PCP) mood disorder (disorder)	
28864000	Sedative, hypnotic AND/OR anxiolytic-induced mood disorder (disorder)	
231443008	Right hemispheric organic affective disorder (disorder)	
191447007	Organic psychotic condition (disorder)	
191524008	Organic psychoses NOS (disorder)	
191518002	Other chronic organic psychoses (disorder)	
191522007	Chronic organic psychosis NOS (disorder)	
191521000	Other specified chronic organic psychoses (disorder)	
191523002	Other specified organic psychoses (disorder)	
268612007	Senile and presenile organic psychotic conditions (disorder)	
268614008	Other senile and presenile organic psychoses (disorder)	
191469000	Senile or presenile psychoses NOS (disorder)	
191499009	Transient organic psychoses (disorder)	
191514000	Other transient organic psychoses (disorder)	
191516003	Other transient organic psychoses NOS (disorder)	
191517007	Transient organic psychoses NOS (disorder)	
192076004	Other specific mental disorder following organic brain damage (disorder)	
40673001	Post-encephalitic syndrome (disorder)	
19972008	Postencephalitic parkinsonism (disorder)	
11387009	Psychoactive substance-induced organic mental disorder (disorder)	
29212009	Alcohol-induced organic mental disorder (disorder)	
73097000	Alcohol amnestic disorder (disorder)	
18653004	Alcohol intoxication delirium (disorder)	
191480000	Alcohol withdrawal syndrome (disorder)	
8635005	Alcohol withdrawal delirium (disorder)	
191476005	Alcohol withdrawal hallucinosis (disorder)	
85561006	Uncomplicated alcohol withdrawal (disorder)	
34938008	Alcohol-induced anxiety disorder (disorder)	
53936005	Alcohol-induced mood disorder (disorder)	
42344001	Alcohol-induced psychosis (disorder)	
7052005	Alcohol hallucinosis (disorder)	
61144001	Alcohol-induced psychotic disorder with delusions (disorder)	
79578000	Alcohol paranoia (disorder)	
191478006	Alcoholic paranoia (disorder)	
191482008	Alcoholic psychosis NOS (disorder)	
191475009	Chronic alcoholic brain syndrome (disorder)	
268615009	Other alcoholic dementia (disorder)	
231463001	Alcoholic dementia NOS (disorder)	
191481001	Other alcoholic psychosis NOS (disorder)	



Value	Display Name	Definition
191479003	Other alcoholic psychosis (disorder)	
191477001	Pathological alcohol intoxication (disorder)	
41083005	Alcohol-induced sleep disorder (disorder)	
281004	Dementia associated with alcoholism (disorder)	
83367009	Amphetamine-induced organic mental disorder (disorder)	
8837000	Amphetamine delirium (disorder)	
32358001	Amphetamine delusional disorder (disorder)	
78358001	Amphetamine withdrawal (disorder)	
82339009	Amphetamine-induced anxiety disorder (disorder)	
43497001	Amphetamine-induced mood disorder (disorder)	
51443000	Amphetamine-induced psychotic disorder with hallucinations (disorder)	
70932007	Amphetamine-induced sexual dysfunction (disorder)	
312936002	Anxiolytic-induced organic mental disorder (disorder)	
309279000	Caffeine-induced organic mental disorder (disorder)	
95635002	Caffeine withdrawal (disorder)	
70655008	Caffeine-induced anxiety disorder (disorder)	
56194001	Caffeine-induced sleep disorder (disorder)	
77355000	Cannabis-induced organic mental disorder (disorder)	
63649001	Cannabis delusional disorder (disorder)	
39807006	Cannabis intoxication delirium (disorder)	
39951001	Cannabis-induced anxiety disorder (disorder)	
26714005	Cannabis-induced psychotic disorder with hallucinations (disorder)	
46975003	Cocaine-induced organic mental disorder (disorder)	
70328006	Cocaine delirium (disorder)	
30491001	Cocaine delusional disorder (disorder)	
27956007	Cocaine intoxication (disorder)	
80868005	Cocaine withdrawal (disorder)	
51493001	Cocaine-induced anxiety disorder (disorder)	
10327003	Cocaine-induced mood disorder (disorder)	
6348008	Cocaine-induced psychotic disorder with hallucinations (disorder)	
53050002	Hallucinogen-induced organic mental disorder (disorder)	
30871003	Flashbacks (disorder)	
417360004	Duplicative flashbacks (disorder)	
416714005	Episodic flashbacks (disorder)	
416073003	Long duration flashbacks (disorder)	
417143004	Short duration flashbacks (disorder)	
50933003	Hallucinogen delusional disorder (disorder)	
32009006	Hallucinogen hallucinosis (disorder)	
40571009	Hallucinogen intoxication delirium (disorder)	
50320000	Hallucinogen intoxication (disorder)	
1383008	Hallucinogen mood disorder (disorder)	
15277004	Hallucinogen-induced anxiety disorder (disorder)	
21000000	Idiosyncratic intoxication (disorder)	
61104008	Inhalant-induced organic mental disorder (disorder)	



Value	Display Name	Definition
18689007	Inhalant intoxication delirium (disorder)	
20876004	Inhalant-induced anxiety disorder (disorder)	
89451009	Inhalant-induced mood disorder (disorder)	
32875003	Inhalant-induced persisting dementia (disorder)	
75122001	Inhalant-induced psychotic disorder with delusions (disorder)	
63983005	Inhalant-induced psychotic disorder with hallucinations (disorder)	
30310000	Nicotine-induced organic mental disorder (disorder)	
90755006	Nicotine withdrawal (disorder)	
14784000	Opioid-induced organic mental disorder (disorder)	
52866005	Opioid intoxication delirium (disorder)	
87132004	Opioid withdrawal (disorder)	
230443000	Narcotic withdrawal epilepsy (disorder)	
29733004	Opioid-induced mood disorder (disorder)	
20385005	Opioid-induced psychotic disorder with delusions (disorder)	
19445006	Opioid-induced psychotic disorder with hallucinations (disorder)	
71328000	Opioid-induced sexual dysfunction (disorder)	
33871004	Phencyclidine-induced psychotic disorder with hallucinations (disorder)	
83168008	Psychoactive substance-induced organic amnestic disorder (disorder)	
50026000	Psychoactive substance-induced organic anxiety disorder (disorder)	
34938008	Alcohol-induced anxiety disorder (disorder)	
51493001	Cocaine-induced anxiety disorder (disorder)	
55967005	Phencyclidine-induced anxiety disorder (disorder)	
1686006	Sedative, hypnotic AND/OR anxiolytic-induced anxiety disorder (disorder)	
39003006	Psychoactive substance-induced organic delirium (disorder)	
5444000	Sedative, hypnotic AND/OR anxiolytic intoxication delirium (disorder)	
32552001	Psychoactive substance-induced organic delusional disorder (disorder)	
50722006	Phencyclidine (PCP) delusional disorder (disorder)	
1973000	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with delusions (disorder)	
111480006	Psychoactive substance-induced organic dementia (disorder)	
59651006	Sedative, hypnotic AND/OR anxiolytic-induced persisting dementia (disorder)	
28368009	Psychoactive substance-induced organic hallucinosis (disorder)	
47664006	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with hallucinations (disorder)	
37331004	Psychoactive substance-induced organic mood disorder (disorder)	
53936005	Alcohol-induced mood disorder (disorder)	
10327003	Cocaine-induced mood disorder (disorder)	
1383008	Hallucinogen mood disorder (disorder)	
29733004	Opioid-induced mood disorder (disorder)	
4863002	Phencyclidine (PCP) mood disorder (disorder)	
28864000	Sedative, hypnotic AND/OR anxiolytic-induced mood disorder (disorder)	
46721000	Psychoactive substance-induced organic personality disorder (disorder)	
74934004	Psychoactive substance-induced organic withdrawal (disorder)	
428703001	Transient organic mental disorder (disorder)	
191499009	Transient organic psychoses (disorder)	
191514000	Other transient organic psychoses (disorder)	



Value	Display Name	Definition
191516003	Other transient organic psychoses NOS (disorder)	
191517007	Transient organic psychoses NOS (disorder)	
307527007	Other mental disorders (disorder)	
192638006	Other specified mental disorders (disorder)	
33449004	Personality disorder (disorder)	
231528008	Anxious personality disorder (disorder)	
192073007	Change in personality (disorder)	
16805009	Cluster A personality disorder (disorder)	
13601005	Paranoid personality disorder (disorder)	
52954000	Schizoid personality disorder (disorder)	
268633003	Introverted personality disorder (disorder)	
191758002	Schizoid personality disorder NOS (disorder)	
191756003	Unspecified schizoid personality disorder (disorder)	
31027006	Schizotypal personality disorder (disorder)	
274952002	Borderline schizophrenia (disorder)	
191564007	Acute exacerbation of chronic latent schizophrenia (disorder)	
191563001	Acute exacerbation of subchronic latent schizophrenia (disorder)	
191562006	Chronic latent schizophrenia (disorder)	
191565008	Latent schizophrenia in remission (disorder)	
191566009	Latent schizophrenia NOS (disorder)	
191561004	Subchronic latent schizophrenia (disorder)	
191560003	Unspecified latent schizophrenia (disorder)	
191559008	Latent schizophrenia (disorder)	
4306003	Cluster B personality disorder (disorder)	
26665006	Antisocial personality disorder (disorder)	
20010003	Borderline personality disorder (disorder)	
55341008	Histrionic personality disorder (disorder)	
191767002	Histrionic personality disorder NOS (disorder)	
191766006	Psychoinfantile personality (disorder)	
191764009	Unspecified histrionic personality disorder (disorder)	
80711002	Narcissistic personality disorder (disorder)	
83890006	Cluster C personality disorder (disorder)	
37746008	Avoidant personality disorder (disorder)	
1376001	Obsessive compulsive personality disorder (disorder)	
191763003	Compulsive personality disorder NOS (disorder)	
84466009	Dependent personality disorder (disorder)	
191772006	Eccentric personality disorder (disorder)	
192527004	Elaboration of physical symptoms for psychological reasons (disorder)	
191765005	Emotionally unstable personality disorder (disorder)	
20010003	Borderline personality disorder (disorder)	
231527003	Explosive personality disorder (disorder)	
192097003	Isolated explosive disorder (disorder)	
40987004	Intermittent explosive disorder (disorder)	
231526007	Fanatic personality (disorder)	



Value	Display Name	Definition
191753006	Hypomanic personality disorder (disorder)	
191773001	Immature personality disorder (disorder)	
66347000	Impulse control disorder (disorder)	
18085000	Compulsive gambling (disorder)	
40987004	Intermittent explosive disorder (disorder)	
69361009	Kleptomania (disorder)	
15945005	Psychogenic polydipsia (disorder)	
600009	Pyromania (disorder)	
2815001	Sexual pyromania (disorder)	
17155009	Trichotillomania (disorder)	
231525006	Manipulative personality disorder (disorder)	
191774007	Masochistic personality disorder (disorder)	
31611000	Multiple personality disorder (disorder)	
36217008	Organic personality disorder (disorder)	
88845000	Explosive type organic personality disorder (disorder)	
129606007	Frontal lobe syndrome (disorder)	
231452004	Limbic epilepsy personality syndrome (disorder)	
231453009	Lobotomy syndrome (disorder)	
192074001	Organic personality syndrome NOS (disorder)	
231454003	Organic pseudopsychopathic personality (disorder)	
231455002	Organic pseudoretarded personality (disorder)	
231456001	Postleucotomy syndrome (disorder)	
46721000	Psychoactive substance-induced organic personality disorder (disorder)	
191770003	Other personality disorders (disorder)	
268635005	Other personality disorder NOS (disorder)	
44966003	Passive aggressive personality disorder (disorder)	
268636006	Personality disorder NOS (disorder)	
231530005	Post-concussional personality disorder (disorder)	
268634009	Psychoneurotic personality disorder (disorder)	
30599002	Psychic disease (disorder)	
192150001	Psychic factor associated with another disorder (disorder)	
229630008	Psychogenic stammering (disorder)	
231437006	Reactive psychoses (disorder)	
5464005	Brief reactive psychosis (disorder)	
191682004	Other reactive psychoses (disorder)	
191685002	Other reactive psychoses NOS (disorder)	
11061003	Psychoactive substance use disorder (disorder)	
310202009	Arylcyclohexylamine-induced organic mental disorder (disorder)	
313915006	Hypnotic-induced organic mental disorder (disorder)	
311173003	Phencyclidine-related disorder (disorder)	
2403008	Psychoactive substance dependence (disorder)	
231467000	Absinthe addiction (disorder)	
7200002	Alcoholism (disorder)	
66590003	Alcohol dependence (disorder)	



Value	Display Name	Definition
191815008	Alcohol dependence syndrome NOS (disorder)	
191813001	Chronic alcoholism in remission (disorder)	
191814007	Chronic alcoholism NOS (disorder)	
191811004	Continuous chronic alcoholism (disorder)	
191812006	Episodic chronic alcoholism (disorder)	
191809008	Unspecified chronic alcoholism (disorder)	
11387009	Psychoactive substance-induced organic mental disorder (disorder)	
29212009	Alcohol-induced organic mental disorder (disorder)	
73097000	Alcohol amnestic disorder (disorder)	
18653004	Alcohol intoxication delirium (disorder)	
191480000	Alcohol withdrawal syndrome (disorder)	
8635005	Alcohol withdrawal delirium (disorder)	
191476005	Alcohol withdrawal hallucinosis (disorder)	
85561006	Uncomplicated alcohol withdrawal (disorder)	
34938008	Alcohol-induced anxiety disorder (disorder)	
53936005	Alcohol-induced mood disorder (disorder)	
42344001	Alcohol-induced psychosis (disorder)	
7052005	Alcohol hallucinosis (disorder)	
61144001	Alcohol-induced psychotic disorder with delusions (disorder)	
79578000	Alcohol paranoia (disorder)	
191478006	Alcoholic paranoia (disorder)	
191482008	Alcoholic psychosis NOS (disorder)	
191475009	Chronic alcoholic brain syndrome (disorder)	
268615009	Other alcoholic dementia (disorder)	
231463001	Alcoholic dementia NOS (disorder)	
191481001	Other alcoholic psychosis NOS (disorder)	
191479003	Other alcoholic psychosis (disorder)	
191477001	Pathological alcohol intoxication (disorder)	
41083005	Alcohol-induced sleep disorder (disorder)	
281004	Dementia associated with alcoholism (disorder)	
83367009	Amphetamine-induced organic mental disorder (disorder)	
8837000	Amphetamine delirium (disorder)	
32358001	Amphetamine delusional disorder (disorder)	
78358001	Amphetamine withdrawal (disorder)	
82339009	Amphetamine-induced anxiety disorder (disorder)	
43497001	Amphetamine-induced mood disorder (disorder)	
51443000	Amphetamine-induced psychotic disorder with hallucinations (disorder)	
70932007	Amphetamine-induced sexual dysfunction (disorder)	
312936002	Anxiolytic-induced organic mental disorder (disorder)	
309279000	Caffeine-induced organic mental disorder (disorder)	
95635002	Caffeine withdrawal (disorder)	
70655008	Caffeine-induced anxiety disorder (disorder)	
56194001	Caffeine-induced sleep disorder (disorder)	
77355000	Cannabis-induced organic mental disorder (disorder)	



Value	Display Name	Definition
63649001	Cannabis delusional disorder (disorder)	
39807006	Cannabis intoxication delirium (disorder)	
39951001	Cannabis-induced anxiety disorder (disorder)	
26714005	Cannabis-induced psychotic disorder with hallucinations (disorder)	
46975003	Cocaine-induced organic mental disorder (disorder)	
70328006	Cocaine delirium (disorder)	
30491001	Cocaine delusional disorder (disorder)	
27956007	Cocaine intoxication (disorder)	
80868005	Cocaine withdrawal (disorder)	
51493001	Cocaine-induced anxiety disorder (disorder)	
10327003	Cocaine-induced mood disorder (disorder)	
6348008	Cocaine-induced psychotic disorder with hallucinations (disorder)	
53050002	Hallucinogen-induced organic mental disorder (disorder)	
30871003	Flashbacks (disorder)	
417360004	Duplicative flashbacks (disorder)	
416714005	Episodic flashbacks (disorder)	
416073003	Long duration flashbacks (disorder)	
417143004	Short duration flashbacks (disorder)	
50933003	Hallucinogen delusional disorder (disorder)	
32009006	Hallucinogen hallucinosis (disorder)	
40571009	Hallucinogen intoxication delirium (disorder)	
50320000	Hallucinogen intoxication (disorder)	
1383008	Hallucinogen mood disorder (disorder)	
15277004	Hallucinogen-induced anxiety disorder (disorder)	
21000000	Idiosyncratic intoxication (disorder)	
61104008	Inhalant-induced organic mental disorder (disorder)	
18689007	Inhalant intoxication delirium (disorder)	
20876004	Inhalant-induced anxiety disorder (disorder)	
89451009	Inhalant-induced mood disorder (disorder)	
32875003	Inhalant-induced persisting dementia (disorder)	
75122001	Inhalant-induced psychotic disorder with delusions (disorder)	
63983005	Inhalant-induced psychotic disorder with hallucinations (disorder)	
30310000	Nicotine-induced organic mental disorder (disorder)	
90755006	Nicotine withdrawal (disorder)	
14784000	Opioid-induced organic mental disorder (disorder)	
52866005	Opioid intoxication delirium (disorder)	
87132004	Opioid withdrawal (disorder)	
230443000	Narcotic withdrawal epilepsy (disorder)	
29733004	Opioid-induced mood disorder (disorder)	
20385005	Opioid-induced psychotic disorder with delusions (disorder)	
19445006	Opioid-induced psychotic disorder with hallucinations (disorder)	
71328000	Opioid-induced sexual dysfunction (disorder)	
33871004	Phencyclidine-induced psychotic disorder with hallucinations (disorder)	
83168008	Psychoactive substance-induced organic amnestic disorder (disorder)	



Value	Display Name	Definition
50026000	Psychoactive substance-induced organic anxiety disorder (disorder)	
34938008	Alcohol-induced anxiety disorder (disorder)	
51493001	Cocaine-induced anxiety disorder (disorder)	
55967005	Phencyclidine-induced anxiety disorder (disorder)	
1686006	Sedative, hypnotic AND/OR anxiolytic-induced anxiety disorder (disorder)	
39003006	Psychoactive substance-induced organic delirium (disorder)	
5444000	Sedative, hypnotic AND/OR anxiolytic intoxication delirium (disorder)	
32552001	Psychoactive substance-induced organic delusional disorder (disorder)	
50722006	Phencyclidine (PCP) delusional disorder (disorder)	
1973000	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with delusions (disorder)	
111480006	Psychoactive substance-induced organic dementia (disorder)	
59651006	Sedative, hypnotic AND/OR anxiolytic-induced persisting dementia (disorder)	
28368009	Psychoactive substance-induced organic hallucinosis (disorder)	
47664006	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with hallucinations (disorder)	
37331004	Psychoactive substance-induced organic mood disorder (disorder)	
53936005	Alcohol-induced mood disorder (disorder)	
10327003	Cocaine-induced mood disorder (disorder)	
1383008	Hallucinogen mood disorder (disorder)	
29733004	Opioid-induced mood disorder (disorder)	
4863002	Phencyclidine (PCP) mood disorder (disorder)	
28864000	Sedative, hypnotic AND/OR anxiolytic-induced mood disorder (disorder)	
46721000	Psychoactive substance-induced organic personality disorder (disorder)	
74934004	Psychoactive substance-induced organic withdrawal (disorder)	
302507002	Sedative amnestic disorder (disorder)	
301643003	Sedative, hypnotic AND/OR anxiolytic-induced persisting amnestic disorder (disorder)	
57588009	Sedative, hypnotic AND/OR anxiolytic-induced sleep disorder (disorder)	
312098001	Sedative, hypnotic AND/OR anxiolytic-related disorder (disorder)	
191687005	Psychoses with origin in childhood (disorder)	
191696005	Atypical childhood psychoses (disorder)	
191697001	Borderline psychosis of childhood (disorder)	
268626003	Child psychosis NOS (disorder)	
231484006	Childhood schizophrenia NOS (disorder)	
191695009	Other childhood psychoses (disorder)	
191698006	Other childhood psychoses NOS (disorder)	
69322001	Psychotic disorder (disorder)	
274953007	Acute polymorphic psychotic disorder (disorder)	
63204009	Bouffée délirante (disorder)	
307417003	Cycloid psychosis (disorder)	
278853003	Acute schizophrenia-like psychotic disorder (disorder)	
88975006	Schizophreniform disorder (disorder)	
36158005	Schizophreniform disorder with good prognostic features (disorder)	
55736003	Schizophreniform disorder without good prognostic features (disorder)	
231489001	Acute transient psychotic disorder (disorder)	
268624000	Acute paranoid reaction (disorder)	



Value	Display Name	Definition
191678001	Reactive confusion (disorder)	
5464005	Brief reactive psychosis (disorder)	
238972008	Cutaneous monosymptomatic delusional psychosis (disorder)	
238975005	Delusion of foul odor (disorder)	
238977002	Delusional hyperhidrosis (disorder)	
238974009	Delusions of infestation (disorder)	
238973003	Delusions of parasitosis (disorder)	
238978007	Hyperschemazia (disorder)	
238979004	Hyposchemazia (disorder)	
403595006	Pinocchio syndrome (disorder)	
191483003	Drug-induced psychosis (disorder)	
32358001	Amphetamine delusional disorder (disorder)	
63649001	Cannabis delusional disorder (disorder)	
30491001	Cocaine delusional disorder (disorder)	
191498001	Drug psychosis NOS (disorder)	
191494004	Drug-induced amnestic syndrome (disorder)	
302507002	Sedative amnestic disorder (disorder)	
231451006	Drug-induced intensive care psychosis (disorder)	
191484009	Drug-induced paranoia or hallucinatory states (disorder)	
191486006	Drug-induced hallucinosis (disorder)	
191487002	Drug-induced paranoia or hallucinatory state NOS (disorder)	
191485005	Drug-induced paranoid state (disorder)	
191496002	Drug-induced personality disorder (disorder)	
50933003	Hallucinogen delusional disorder (disorder)	
75122001	Inhalant-induced psychotic disorder with delusions (disorder)	
69482004	Korsakoff's psychosis (disorder)	
191473002	Alcohol amnestic syndrome NOS (disorder)	
191471000	Korsakov's alcoholic psychosis with peripheral neuritis (disorder)	
20385005	Opioid-induced psychotic disorder with delusions (disorder)	
191491007	Other drug psychoses (disorder)	
191497006	Other drug psychoses NOS (disorder)	
50722006	Phencyclidine (PCP) delusional disorder (disorder)	
1973000	Sedative, hypnotic AND/OR anxiolytic-induced psychotic disorder with delusions (disorder)	
231449007	Epileptic psychosis (disorder)	
278852008	Paranoid-hallucinatory epileptic psychosis (disorder)	
61831009	Induced psychotic disorder (disorder)	
408858002	Infantile psychosis (disorder)	
17262008	Non-alcoholic Korsakoff's psychosis (disorder)	
191525009	Non-organic psychosis (disorder)	
268625004	Non-organic psychosis NOS (disorder)	
231436002	Psychotic episode NOS (disorder)	
268623006	Other non-organic psychoses (disorder)	
191700002	Other specified non-organic psychoses (disorder)	
191447007	Organic psychotic condition (disorder)	



Value	Display Name	Definition
191524008	Organic psychoses NOS (disorder)	
191518002	Other chronic organic psychoses (disorder)	
191522007	Chronic organic psychosis NOS (disorder)	
191521000	Other specified chronic organic psychoses (disorder)	
191523002	Other specified organic psychoses (disorder)	
268612007	Senile and presenile organic psychotic conditions (disorder)	
268614008	Other senile and presenile organic psychoses (disorder)	
191469000	Senile or presenile psychoses NOS (disorder)	
191499009	Transient organic psychoses (disorder)	
191514000	Other transient organic psychoses (disorder)	
191516003	Other transient organic psychoses NOS (disorder)	
191517007	Transient organic psychoses NOS (disorder)	
18260003	Postpartum psychosis (disorder)	
237351003	Mild postnatal psychosis (disorder)	
237352005	Severe postnatal psychosis (disorder)	
191515004	Unspecified puerperal psychosis (disorder)	
231438001	Presbyophrenic psychosis (disorder)	
191680007	Psychogenic paranoid psychosis (disorder)	
231450007	Psychosis associated with intensive care (disorder)	
231451006	Drug-induced intensive care psychosis (disorder)	
191676002	Reactive depressive psychosis (disorder)	
68890003	Schizoaffective disorder (disorder)	
38368003	Schizoaffective disorder, bipolar type (disorder)	
84760002	Schizoaffective disorder, depressive type (disorder)	
271428004	Schizoaffective disorder, manic type (disorder)	
270901009	Schizoaffective disorder, mixed type (disorder)	
191567000	Schizoaffective schizophrenia (disorder)	
191572009	Acute exacerbation of chronic schizoaffective schizophrenia (disorder)	
191571002	Acute exacerbation of subchronic schizoaffective schizophrenia (disorder)	
191570001	Chronic schizoaffective schizophrenia (disorder)	
191574005	Schizoaffective schizophrenia in remission (disorder)	
191575006	Schizoaffective schizophrenia NOS (disorder)	
191569002	Subchronic schizoaffective schizophrenia (disorder)	
191568005	Unspecified schizoaffective schizophrenia (disorder)	
58214004	Schizophrenia (disorder)	
268617001	Acute schizophrenic episode (disorder)	
191542003	Catatonic schizophrenia (disorder)	
111483008	Catatonic schizophrenia in remission (disorder)	
191550007	Catatonic schizophrenia NOS (disorder)	
68995007	Chronic catatonic schizophrenia (disorder)	
191548004	Acute exacerbation of chronic catatonic schizophrenia (disorder)	
68772007	Stauder's lethal catatonia (disorder)	
42868002	Subchronic catatonic schizophrenia (disorder)	
191547009	Acute exacerbation of subchronic catatonic schizophrenia (disorder)	



Value	Display Name	Definition
191543008	Unspecified catatonic schizophrenia (disorder)	
83746006	Chronic schizophrenia (disorder)	
191539009	Acute exacerbation of chronic hebephrenic schizophrenia (disorder)	
191531007	Acute exacerbation of chronic schizophrenia (disorder)	
68995007	Chronic catatonic schizophrenia (disorder)	
191548004	Acute exacerbation of chronic catatonic schizophrenia (disorder)	
12939007	Chronic disorganized schizophrenia (disorder)	
35218008	Chronic disorganized schizophrenia with acute exacerbations (disorder)	
31658008	Chronic paranoid schizophrenia (disorder)	
191555002	Acute exacerbation of chronic paranoid schizophrenia (disorder)	
71103003	Chronic residual schizophrenia (disorder)	
30336007	Chronic residual schizophrenia with acute exacerbations (disorder)	
26847009	Chronic schizophrenia with acute exacerbations (disorder)	
191548004	Acute exacerbation of chronic catatonic schizophrenia (disorder)	
191555002	Acute exacerbation of chronic paranoid schizophrenia (disorder)	
35218008	Chronic disorganized schizophrenia with acute exacerbations (disorder)	
30336007	Chronic residual schizophrenia with acute exacerbations (disorder)	
79204003	Chronic undifferentiated schizophrenia with acute exacerbations (disorder)	
29599000	Chronic undifferentiated schizophrenia (disorder)	
79204003	Chronic undifferentiated schizophrenia with acute exacerbations (disorder)	
191577003	Cenesthopathic schizophrenia (disorder)	
35252006	Disorganized schizophrenia (disorder)	
191539009	Acute exacerbation of chronic hebephrenic schizophrenia (disorder)	
191538001	Acute exacerbation of subchronic hebephrenic schizophrenia (disorder)	
12939007	Chronic disorganized schizophrenia (disorder)	
35218008	Chronic disorganized schizophrenia with acute exacerbations (disorder)	
191537006	Chronic hebephrenic schizophrenia (disorder)	
31373002	Disorganized schizophrenia in remission (disorder)	
191540006	Hebephrenic schizophrenia in remission (disorder)	
191541005	Hebephrenic schizophrenia NOS (disorder)	
27387000	Subchronic disorganized schizophrenia (disorder)	
14291003	Subchronic disorganized schizophrenia with acute exacerbations (disorder)	
191536002	Subchronic hebephrenic schizophrenia (disorder)	
191535003	Unspecified hebephrenic schizophrenia (disorder)	
416340002	Late onset schizophrenia (disorder)	
268618006	Other schizophrenia (disorder)	
191578008	Other schizophrenia NOS (disorder)	
64905009	Paranoid schizophrenia (disorder)	
31658008	Chronic paranoid schizophrenia (disorder)	
191555002	Acute exacerbation of chronic paranoid schizophrenia (disorder)	
63181006	Paranoid schizophrenia in remission (disorder)	
191557005	Paranoid schizophrenia NOS (disorder)	
79866005	Subchronic paranoid schizophrenia (disorder)	
191554003	Acute exacerbation of subchronic paranoid schizophrenia (disorder)	



Value	Display Name	Definition
191551006	Unspecified paranoid schizophrenia (disorder)	
26472000	Paraphrenia (disorder)	
38295006	Involucional paraphrenia (disorder)	
26025008	Residual schizophrenia (disorder)	
71103003	Chronic residual schizophrenia (disorder)	
30336007	Chronic residual schizophrenia with acute exacerbations (disorder)	
51133006	Residual schizophrenia in remission (disorder)	
76566000	Subchronic residual schizophrenia (disorder)	
70814008	Subchronic residual schizophrenia with acute exacerbations (disorder)	
191579000	Schizophrenia NOS (disorder)	
191526005	Schizophrenic disorders (disorder)	
247804008	Schizophrenic prodrome (disorder)	
191527001	Simple schizophrenia (disorder)	
191531007	Acute exacerbation of chronic schizophrenia (disorder)	
191530008	Acute exacerbation of subchronic schizophrenia (disorder)	
4926007	Schizophrenia in remission (disorder)	
111483008	Catatonic schizophrenia in remission (disorder)	
31373002	Disorganized schizophrenia in remission (disorder)	
63181006	Paranoid schizophrenia in remission (disorder)	
51133006	Residual schizophrenia in remission (disorder)	
39610001	Undifferentiated schizophrenia in remission (disorder)	
191534004	Simple schizophrenia NOS (disorder)	
16990005	Subchronic schizophrenia (disorder)	
42868002	Subchronic catatonic schizophrenia (disorder)	
191547009	Acute exacerbation of subchronic catatonic schizophrenia (disorder)	
27387000	Subchronic disorganized schizophrenia (disorder)	
14291003	Subchronic disorganized schizophrenia with acute exacerbations (disorder)	
79866005	Subchronic paranoid schizophrenia (disorder)	
191554003	Acute exacerbation of subchronic paranoid schizophrenia (disorder)	
76566000	Subchronic residual schizophrenia (disorder)	
70814008	Subchronic residual schizophrenia with acute exacerbations (disorder)	
111482003	Subchronic schizophrenia with acute exacerbations (disorder)	
191547009	Acute exacerbation of subchronic catatonic schizophrenia (disorder)	
191554003	Acute exacerbation of subchronic paranoid schizophrenia (disorder)	
14291003	Subchronic disorganized schizophrenia with acute exacerbations (disorder)	
70814008	Subchronic residual schizophrenia with acute exacerbations (disorder)	
7025000	Subchronic undifferentiated schizophrenia with acute exacerbations (disorder)	
85861002	Subchronic undifferentiated schizophrenia (disorder)	
7025000	Subchronic undifferentiated schizophrenia with acute exacerbations (disorder)	
191528006	Unspecified schizophrenia (disorder)	
111484002	Undifferentiated schizophrenia (disorder)	
29599000	Chronic undifferentiated schizophrenia (disorder)	
79204003	Chronic undifferentiated schizophrenia with acute exacerbations (disorder)	
85861002	Subchronic undifferentiated schizophrenia (disorder)	



Value	Display Name	Definition
7025000	Subchronic undifferentiated schizophrenia with acute exacerbations (disorder)	
39610001	Undifferentiated schizophrenia in remission (disorder)	
371026009	Senile dementia with psychosis (disorder)	
70546001	Severe bipolar disorder with psychotic features, mood-congruent (disorder)	
54761006	Severe depressed bipolar I disorder with psychotic features, mood-congruent (disorder)	
78640000	Severe manic bipolar I disorder with psychotic features, mood-congruent (disorder)	
64731001	Severe mixed bipolar I disorder with psychotic features, mood-congruent (disorder)	
58647003	Severe mood disorder with psychotic features, mood-congruent (disorder)	
129602009	Symbiotic infantile psychosis (disorder)	
231532002	Sexual disorder (disorder)	
56627002	Psychosexual disorder (disorder)	
46432001	Lecherism (disorder)	
36943003	Making obscene telephone calls (disorder)	
82636008	Orgasm disorder (disorder)	
60103007	Inhibited female orgasm (disorder)	
81903006	Inhibited male orgasm (disorder)	
191799008	Other psychosexual disorder NOS (disorder)	
50299009	Paraphilia (disorder)	
81463002	Bestiality (disorder)	
89248000	Erotic zoophilia (disorder)	
31358003	Coprophilia (disorder)	
79524000	Ecouteurism (disorder)	
45994004	Erotic vomiting (disorder)	
58349009	Exhibitionism (disorder)	
56034001	Compulsive exhibitionism (disorder)	
248103001	Flashing (disorder)	
58855008	Symptomatic exhibitionism (disorder)	
59174009	Fetishism (disorder)	
63495002	Fetishistic transvestism (disorder)	
64334007	Primary transvestism (disorder)	
75186000	Secondary transvestism (disorder)	
77332003	Partialism (disorder)	
15840001	Symptomatic fetishism (disorder)	
18186001	True compulsive fetishism (disorder)	
41524005	Flagellantism (disorder)	
62491004	Frotteurism (disorder)	
8522006	Klismaphilia (disorder)	
229025005	Lindinism (disorder)	
45924006	Necrophilia (disorder)	
84002002	Pedophilia (disorder)	
70922000	Compulsive pedophilia (disorder)	
46023009	Pedophilia, same AND opposite sex (disorder)	
67227000	Pedophilia, same sex (disorder)	
32410009	Pederasty (disorder)	



Value	Display Name	Definition
25971005	Pedophilia, exclusive type (disorder)	
74791000	Pedophilia, limited to incest (disorder)	
48309007	Pedophilia, nonexclusive type (disorder)	
9083002	Pedophilia, opposite sex (disorder)	
10783000	Symptomatic pedophilia (disorder)	
36262007	Pygmalionism (disorder)	
95636001	Sadomasochism (disorder)	
51239001	Sexual masochism (disorder)	
65410009	Compulsive sexual masochism (disorder)	
48046002	Symptomatic sexual masochism (disorder)	
59394009	Sexual sadism (disorder)	
19922006	Compulsive sexual sadism (disorder)	
56095002	Necrosadism (disorder)	
111486000	Symptomatic sexual sadism (disorder)	
2815001	Sexual pyromania (disorder)	
191780004	Transvestism (disorder)	
62792007	Urophilia (disorder)	
63835008	Voyeurism (disorder)	
41021005	Psychologic dyspareunia (disorder)	
71787009	Psychologic vaginismus (disorder)	
191800007	Psychosexual disorder NOS (disorder)	
74007000	Sexual arousal disorder (disorder)	
46372006	Female sexual arousal disorder (disorder)	
398175007	Male erectile disorder (disorder)	
428007007	Erectile dysfunction associated with type 2 diabetes mellitus (disorder)	
397803000	Impotence (disorder)	
16812000	Absolute impotence (disorder)	
282347007	Arteriopathic impotence (disorder)	
236751006	Drug-induced impotence (disorder)	
236752004	Endocrine impotence (disorder)	
198036002	Impotence of organic origin (disorder)	
236753009	Neuropathic impotence (disorder)	
67367002	Pseudoimpotence (disorder)	
73491007	Psychogenic impotence (disorder)	
25807006	Relative impotence (disorder)	
8263001	Somatofunctional impotence (disorder)	
46762006	Sexual desire disorder (disorder)	
268724009	Excessive sexual drive (disorder)	
270903007	Lack or loss of sexual desire (disorder)	
5664002	Situational hypoactive sexual desire disorder (disorder)	
55728007	Sexual aversion disorder (disorder)	
32174002	Voice disorder due to psychosexual conflict (disorder)	
85762002	Voice disorder due to transsexualism (disorder)	
192069009	Specific nonpsychotic mental disorders following organic brain damage (disorder)	



Value	Display Name	Definition
192077008	Nonpsychotic mental disorder following organic brain damage NOS (disorder)	
229622007	Dysfluency (disorder)	
229623002	Developmental dysfluency (disorder)	
229625009	Normal non-fluency (disorder)	
229631007	Acquired stammering (disorder)	
229632000	Neurogenic stammering (disorder)	

3.2.51 JOINT COMMISSION EMERGENCY DEPARTMENT TREATMENT LOCATIONS VALUE SET

Table 3-151 Joint Commission Emergency Department Treatment Locations Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.28
Value Set Name	Joint Commission Emergency Department Treatment Locations Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify that a patient is in Emergency Department Treatment Locations
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed by enumerating the codes from HL7ServiceDeliveryLocation
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-152 Joint Commission Emergency Department Treatment Locations Value Set Code System

Code System Identifier	
Code System Name	HL7ServiceDeliveryLocation
Code System Source	HL7
Code System URL	http://www.hl7.org
Code System HL7 Identifier	
Code System Version	

Table 3-153 Joint Commission Emergency Department Treatment Locations Value Set Definition

Value	Display Name	Definition
1108-0	Emergency department	Not Available
1109-8	Pediatric emergency department	Not Available

3.2.52 JOINT COMMISSION EMERGENCY DEPARTMENT ADMISSION SOURCE VALUE SET

Table 3-154 Joint Commission Emergency Department Admission Source Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.72
Value Set Name	Joint Commission Emergency Department Admission Source Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify that a patient is in Emergency Department Admission Source
Value Set URL	Not Available at Publication



Value Set Definition	Extensional definition: The value set was constructed by enumerating the codes from UB-04 FL14
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-155 Joint Commission Emergency Department Admission Source Value Set Code System

Code System Identifier	2.16.840.1.113883.3.88.12.80.33
Code System Name	Admission Source Value Set
Code System Source	National Uniform Billing Committee (NUBC)
Code System URL	www.nubc.org
Code System HL7 Identifier	
Code System Version	UB-04

Table 3-156 Joint Commission Emergency Department Admission Source Value Set Definition

Value	Display Name	Definition
1	Emergency	Not Available

3.2.53 JOINT COMMISSION OBSTETRIC INPATIENT TREATMENT LOCATIONS VALUE SET

Table 3-157 Joint Commission Obstetric Inpatient Treatment Locations Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.73
Value Set Name	Joint Commission Obstetric Inpatient Treatment Locations
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify that a patient is in Obstetric Inpatient Treatment Locations
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set was constructed by enumerating the codes from HL7ServiceDeliveryLocation
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-158 Joint Commission Obstetric Inpatient Treatment Locations Value Set Code System

Code System Identifier	
Code System Name	HL7ServiceDeliveryLocation
Code System Source	HL7
Code System URL	http://www.hl7.org



Code System HL7 Identifier	
Code System Version	

Table 3-159 Joint Commission Obstetric Inpatient Treatment Locations Value Set Definition

Value	Display Name	Definition
1068-6	Inpatient postpartum ward	Not Available
1058-7	Labor and delivery	Not Available
1059-5	Labor, Delivery, Recovery, Postpartum suite [LDRP]	Not Available

3.2.54 JOINT COMMISSION PATIENT REASON

Table 3-160 Joint Commission Patient Reason Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.74
Value Set Name	Joint Commission Patient Reason Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To Identify Patient Reason for not performing an intended action
Value Set URL	Not available at publication
Value Set Definition	Extensional definition: The value set for Patient Reason is specified using SNOMED-CT
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-161 Joint Commission Patient Reason Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	SNOMED CT®
Code System Source	IHTSDO
Code System URL	http://www.ihtsdo.org/snomed-ct/
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-162 Joint Commission Patient Reason Value Set Definition

Value	Display Name	Definition
413311005	Patient non-compliant - refused intervention /support (situation)	
275936005	Patient noncompliance - general (situation)	
105480006	Refusal of treatment by patient (situation)	
406149000	Medication refused (situation)	

3.2.55 JOINT COMMISSION MEDICAL REASON

Table 3-163 Joint Commission Medical Reason Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.75
Value Set Name	Joint Commission Medical Reason Value Set



Value Set Source	The Joint Commission
Value Set Purpose	To Identify Medical Reason for not performing an intended action
Value Set URL	Not available at publication
Value Set Definition	Extensional definition: The value set for Medical Reason is specified using SNOMED-CT
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-164 Joint Commission Medical Reason Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	SNOMED CT®
Code System Source	IHTSDO
Code System URL	http://www.ihtsdo.org/snomed-ct/
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-165 Joint Commission Medical Reason Value Set Definition

Value	Display Name	Definition
397745006	Medical contraindication (finding)	Not Available
397773008	Surgical contraindication (finding)	Not Available

3.2.56 JOINT COMMISSION PROBLEM STATUS ACTIVE

Table 3-166 Joint Commission Problem Status Active Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.47
Value Set Name	Joint Commission Problem Status Active Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To Identify Problem status of Active
Value Set URL	Not available at publication
Value Set Definition	Extensional definition: The value set for Problem Status of Active was constructed by enumerating the problem status from HITSP C80 Table 2-70
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-167 Joint Commission Problem Status Active Code System

Code System Identifier	2.16.840.1.113883.3.88.12.80.68
Code System Name	Problem Status Code



Code System Source	HITSP
Code System URL	Not available at publication
Code System HL7 Identifier	
Code System Version	

Table 3-168 Joint Commission Problem Status Active Value Set Definition

Value	Display Name	Definition
55561003	Active	The problem is currently active (as of the time reported) – the problem exists and is a current cause for concern

3.2.57 JOINT COMMISSION PHYSICIAN, APN, PA, AUTHORIZATION ROLES VALUE SET

Table 3-169 Joint Commission Physician, APN, PA, Authorization Roles Value Set

Value Set Identifier	Not available at publication
Value Set Name	Joint Commission Physician, APN, PA, Authorization Roles Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify healthcare roles that can authorize reason that something is or is not done. The roles authorized to make decisions for this value set include physician, advanced practice nurse or physician's assistant
Value Set URL	Not available at publication
Value Set Definition	Extensional definition: The value set for Physician, APN and PA was constructed by enumerating these roles from the National Uniform Claim Committee codes
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-170 Joint Commission Physician, APN, PA, Authorization Roles Code System

Code System Identifier	2.16.840.1.113883.6.101
Code System Name	Provider Type
Code System Source	National Uniform Claim Committee (NUCC)
Code System URL	http://www.wpc-edi.com/taxonomy
Code System HL7 Identifier	HCPT
Code System Version	9.0

Table 3-171 Joint Commission Physician, APN, PA, Authorization Roles Value Set Definition

Value	Display Name	Definition
363L00000X	Nurse Practitioner	Not Available
363A00000X	Physician Assistant	
364S00000X	Clinical Nurse Specialist	
207P00000X	Emergency Medicine	
207Q00000X	Family Medicine	
208D00000X	General Practice	
208M00000X	Hospitalist	
207R00000X	Internal Medicine	



3.2.58 JOINT COMMISSION PHYSICIAN, APN, PA, PHARMACIST AUTHORIZATION ROLES VALUE SET

Table 3-172 Joint Commission Physician, APN, PA, Pharmacist Authorization Roles Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.76
Value Set Name	Joint Commission Physician, APN, PA, Pharmacist Authorization Roles Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify healthcare roles that can authorize reason that something is or is not done. The roles authorized to make decisions for this value set include physician, advanced practice nurse, physician's assistant or pharmacist
Value Set URL	Not available at publication
Value Set Definition	Extensional definition: The value set for Physician, APN,PA and Pharmacist was constructed by enumerating these roles from the National Uniform Claim Committee codes.
Value Set Version	
Value Set Type	Extensional
Value Set Binding	
Value Set Status	
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-173 Joint Commission Physician, APN, PA, Pharmacist Authorization Roles Code System

Code System Identifier	2.16.840.1.113883.6.101
Code System Name	Provider Type
Code System Source	National Uniform Claim Committee (NUCC)
Code System URL	http://www.wpc-edi.com/taxonomy
Code System HL7 Identifier	HCPT
Code System Version	9.0

Table 3-174 Joint Commission Physician, APN, PA, Pharmacist Authorization Roles Value Set Definition

Value	Display Name	Definition
363L00000X	Nurse Practitioner	Not Available
363A00000X	Physician Assistant	
364S00000X	Clinical Nurse Specialist	
183500000X	Pharmacist	
207P00000X	Emergency Medicine	
207Q00000X	Family Medicine	
208D00000X	General Practice	
208M00000X	Hospitalist	
207R00000X	Internal Medicine	

3.2.59 JOINT COMMISSION TENSE ACTMOOD INTENT

Table 3-175 Joint Commission Tense ActMood Intent Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.77
Value Set Name	Joint Commission Tense ActMood Intent Value Set
Value Set Source	Health Level Seven (HL7) Version 3.0



Value Set Purpose	In support of declined logic for an intention to perform an intervention (e.g. medication, procedure, lab test, etc)
Value Set URL	Not available at publication
Value Set Definition	Extensional definition: The value set for Intent was constructed by enumerating the mood code from HL7 Mood codes: 'INT'
Value Set Version	
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-176 Joint Commission Tense ActMood Intent Code System

Code System Identifier	2.16.840.1.113883.5.1
Code System Name	ActMood
Code System Source	Health Level Seven (HL7) Version 3.0
Code System URL	http://www.hl7.org/v3ballot/html/infrastructure/vocabulary/ActMood.htm
Code System HL7 Identifier	
Code System Version	V3NE08

Table 3-177 Joint Commission Tense ActMood Intent Value Set Definition

Value	Display Name	Definition
INT	Intent	Not Available

3.2.60 JOINT COMMISSION TREATMENT ADJUSTED BY PROTOCOL VALUE SET

Table 3-178 Joint Commission Treatment Adjusted by Protocol Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.61
Value Set Name	Joint Commission Treatment Adjusted by Protocol Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To demonstrate compliance with platelet monitoring protocol in conjunction with (IV) UFH therapy dosages for patients with confirmed VTE. Close monitoring is needed to identify patients who may develop heparin-induced thrombocytopenia. This value set addresses Treatment Adjusted Per Protocol
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set was constructed by identifying concepts from SNOMED CT® that can be used for documenting that therapy was adjusted based on a protocol "Treatment adjusted per protocol (situation) 417886001". For example, Monitoring of platelet count according to a lab protocol and monitoring IV UFH thereapy per normogram in order to adjust heparin therapy
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	



Table 3-179 Joint Commission Treatment Adjusted by Protocol Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-180 Joint Commission Treatment Adjusted by Protocol Value Set Definition

Value	Display Name	Definition
417886001	Treatment adjusted per protocol (situation)	

3.2.61 JOINT COMMISSION FOLLOWING CLINICAL PATHWAY PROTOCOL VALUE SET**Table 3-181 Joint Commission Following Clinical Pathway Protocol Value Set**

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.33
Value Set Name	Joint Commission Following Clinical Pathway Protocol Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To demonstrate compliance with platelet monitoring protocol in conjunction with (IV) UFH therapy dosages for patients with confirmed VTE. Close monitoring is needed to identify patients who may develop heparin-induced thrombocytopenia. There are two parts for monitoring: a. IV UFH therapy monitored by normogram b. Platelets monitored by lab protocol
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set was constructed by identifying concepts from SNOMED CT® that can be used for documenting that a protocol was followed "Following clinical pathway protocol (regime/therapy) 370858005". For example, Monitoring of platelet count according to a lab protocol and monitoring IV UFH thereapy per normogram in order to adjust heparin therapy
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-182 Joint Commission Following Clinical Pathway by Protocol Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-183 Joint Commission Following Clinical Pathway by Protocol Value Set Definition

Value	Display Name	Definition
370858005	Following clinical pathway protocol (regime/therapy)	Not Available



3.2.62 JOINT COMMISSION PLATELET COUNT LABORATORY TEST RESULT VALUE SET

Table 3-184 Joint Commission Platelet Count Laboratory Test Result Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.46
Value Set Name	Joint Commission Platelet Count Laboratory Test Result Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies platelet count laboratory results being reported from patient blood measurement. To detect heparin- induced thrombocytopenia (HIT), platelet counts should be measured in all patients treated with UFH at baseline, 24 hours after the initiation of therapy, and at least every other day thereafter until day 14 or until UFH is discontinued (whichever is first).
Value Set URL	Not Available at Publication
Value Set Definition	Intensional definition: The value set for Platelet Count was constructed by querying LOINC codes with Platelet component and Count property and Class HEM/BC and System blood. Joint Commission Monitoring by Protocol Value Set may be utilized in conjunction with this value set.
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	20081218
Value Set Expiration Date	N/A
Value Set Creation Date	20081218
Value Set Revision Date	N/A

Table 3-185 Joint Commission Platelet Count Laboratory Test Result Code System

Code System Identifier	2.16.840.1.113883.6.1
Code System Name	Logical Observation Identifiers Names and Codes (LOINC®)
Code System Source	Regenstrief Institute, Inc
Code System URL	http://loinc.org
Code System HL7 Identifier	LN
Code System Version	2.26

Table 3-186 Joint Commission Platelet Count Laboratory Test Result Value Set Definition

Value	Display Name	Definition
15201-7	Platelets Large Fragments [number/volume] in Blood by Manual count	Not Available
24317-0	Hemogram & Platelets panel in Blood	
24361-8	Hemogram, platelets & Differential panel in Blood	
26515-7	Platelets [number/volume] in Blood	
32207-3	Platelet distribution width [Length] in Blood by Automated count	
32623-1	Platelet mean volume [Entitic volume] in Blood by Automated count	
32712-2	Platelets Giant/100 leukocytes [Ratio] in Blood by Manual count	
34167-7	Platelets Large [Presence] in Blood by Automated count	
34527-2	Hemogram, platelets, differential & Reticulocyte panel in Blood	
40741-1	Platelet clump [Presence] in Blood by Automated count	
48386-7	Platelets Large/Platelets in Blood by Automated count	
49497-1	Platelets [number/volume] in Blood by Estimate	
51632-8	Platelets reticulated [number/volume] in Blood	
53800-9	Platelets panel in Blood by Automated count	



Value	Display Name	Definition
777-3	Platelets [number/volume] in Blood by Automated count	
778-1	Platelets [number/volume] in Blood by Manual count	
9317-9	Platelets [Presence] in Blood by Manual count	

3.2.63 JOINT COMMISSION PROVIDING MATERIAL VALUE SET

Table 3-187 Joint Commission Providing Material Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.48
Value Set Name	Joint Commission Providing Material Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To provide documentation that educational material has been provided. The specific type of material is beyond the scope of this value set
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set was constructed from the procedure concept in SNOMED CT " Providing material (procedure) 223457009".
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-188 Joint Commission Providing Material Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-189 Joint Commission Providing Material Value Set Definition

Value	Display Name	Definition
223457009	Providing material (procedure)	Not Available

3.2.64 JOINT COMMISSION SUBCUTANEOUS ROUTE OF ADMINISTRATION VALUE SET

Table 3-190 Joint Commission Subcutaneous Route of Administration Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.78
Value Set Name	Joint Commission Subcutaneous Route of Administration Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set is to be used to identify concepts to document the subcutaneous route of administration of a medication. Whether this value set is used as an inclusion or exclusion criteria is outside the scope
Value Set URL	Not Available at Publication



Value Set Definition	Extensional definition: The value set was constructed by enumerating the single code from the Medication Route FDA Value Set for "Subcutaneous"
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-191 Joint Commission Subcutaneous Route of Administration Code System

Code System Identifier	2.16.840.1.113883.3.88.12.3221.8.7
Code System Name	Medication Route FDA Value Set
Code System Source	U.S. Food and Drug Administration (FDA)
Code System URL	http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/ucm162034.htm
Code System HL7 Identifier	
Code System Version	

Table 3-192 Joint Commission Subcutaneous Route of Administration Value Set Definition

Value	Display Name	Definition
3	Subcutaneous	Not Available

3.2.65 JOINT COMMISSION DISCHARGE DISPOSITION - DISCHARGE TO HOME CARE OR SELF CARE VALUE SET

Table 3-193 Joint Commission Discharge Disposition - Discharge to Home Care or Self Care Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.13
Value Set Name	Joint Commission Discharge Disposition - discharge to home care or self care Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies the following patient population: "A discharge to home or self care." Whether this value set is to be used as inclusionary or exclusionary criteria is outside the scope
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set UB-04/NUBC was constructed from (UB-04/NUBC CURRENT UB DATA SPECIFICATIONS MANUAL) UB-04 FL17 - Patient Status code "Discharged to home care or self care (routine discharge) 01".
Value Set Version	Unknown
Value Set Type	Extensional
Value Set Binding	Static
Value Set Status	Active
Value Set Effective Date	Unknown
Value Set Expiration Date	N/A
Value Set Creation Date	Unknown
Value Set Revision Date	N/a

Table 3-194 Joint Commission Discharge Disposition - Discharge to Home Care or Self Care Code System

Code System Identifier	Not Available at Publication
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Code System Name	Uniform Bill Patient Discharge Status
Code System Source	National Uniform Billing Committee
Code System URL	www.nubc.org
Code System HL7 Identifier	HITSP-FL-17
Code System Version	2004

Table 3-195 Joint Commission Discharge Disposition - Discharge to Home Care or Self Care Value Set Definition

Value	Display Name	Definition
01	Discharged to home care or self care (routine discharge)	Not Available

3.2.66 JOINT COMMISSION REASON FOR NO VTE PROPHYLAXIS - MECHANICAL

Table 3-196 Joint Commission Reason for No VTE Prophylaxis - Mechanical

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.68
Value Set Name	Joint Commission Reason for no VTE Prophylaxis – Mechanical
Value Set Source	Joint Commission
Value Set Purpose	To identify the reasons why a patient was not prescribed VTE prophylaxis the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. Hospitalized patients at high-risk for VTE may develop an asymptomatic deep vein thrombosis (DVT), and die from pulmonary embolism (PE) even before the diagnosis is suspected.
Value Set URL	Not Available at Publication
Value Set Definition	Includes mechanical reasons for no VTE prophylaxis
Value Set Version	This set applies to Mechanical reasons
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-197 Joint Commission Reason for No VTE Prophylaxis – Mechanical Code System

Code System Identifier	
Code System Name	SNOMED CT®
Code System Source	IHTSDO
Code System URL	http://www.ihtsdo.org/snomed-ct/
Code System HL7 Identifier	
Code System Version	International Release January 2009

Table 3-198 Joint Commission Reason for No VTE Prophylaxis – Mechanical Definition

Value	Display Name	Definition
41944006	Amputee (finding)	
275530009	Amputee - limb (finding)	Not Available
308097005	On examination - Amputated right below knee (finding)	
308098000	On examination - Amputated left below knee (finding)	
308096001	On examination - Amputated left above knee (finding)	
308095002	On examination - Amputated right above knee (finding)	
308093009	On examination - Amputated right leg (finding)	



Value	Display Name	Definition
308094003	On examination - Amputated left leg (finding)	
13093003	Bilateral traumatic amputation of legs at any level with complication (disorder)	
73600009	Bilateral traumatic amputation of legs at any level without complication (disorder)	
161622006	History of - lower limb amputation (situation)	
127279002	Injury of lower extremity (disorder)	
400047006	Peripheral vascular disease (disorder)	
233958001	Peripheral ischemia (disorder)	
440441004	Vascular insufficiency of limb (disorder)	
233961000	Lower limb ischemia (disorder)	
233962007	Critical lower limb ischemia (disorder)	
430301009	History of occlusive disease of artery of lower extremity (situation)	
107784002	Surgical procedure on lower extremity (procedure)	
84677008	Burn of lower limb (disorder)	
42343007	Congestive heart failure (disorder)	
21639008	Hypervolemia (disorder)	
102574007	Edema of leg (finding)	
102572006	Edema of lower extremity (finding)	
299223004	Deformity of leg (finding)	
125584006	Acquired deformity of lower limb (disorder)	
95662005	Sensory neuropathy (disorder)	
239180007	Skin graft disorder (disorder)	
182782007	Dermatitis (disorder)	
432805000	Suspected deep vein thrombosis (situation)	
404223003	Deep venous thrombosis of lower extremity (disorder)	
129839007	At risk for falls (finding)	
40917007	Clouded consciousness (finding)	
286933003	Confusional state (disorder)	

3.2.67 JOINT COMMISSION REASON FOR NO VTE PROPHYLAXIS - PHARMACOLOGIC

Table 3-199 Joint Commission Reason for No VTE Prophylaxis - Pharmacologic

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.69
Value Set Name	Joint Commission Reason for no VTE Prophylaxis - Pharmacologic
Value Set Source	Joint Commission
Value Set Purpose	To identify the reasons why a patient was not prescribed VTE prophylaxis the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
Value Set URL	Not Available at Publication
Value Set Definition	Includes pharmacologic reasons for no VTE prophylaxis
Value Set Version	This set applies to Pharmacologic reasons
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	



Value Set Revision Date	
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Table 3-200 Joint Commission Reason for No VTE Prophylaxis – Pharmacologic Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	SNOMED CT®
Code System Source	IHTSDO
Code System URL	http://www.ihtsdo.org/snomed-ct/
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-201 Joint Commission Reason for No VTE Prophylaxis – Pharmacologic Definition

Value	Display Name	Definition
Clinical findings		
294869008	Anticoagulant allergy (disorder)	
73397007	Heparin-induced thrombocytopenia (disorder)	
64779008	Blood coagulation disorder (disorder)	
230706003	Hemorrhagic cerebral infarction (disorder)	
230707007	Anterior cerebral circulation hemorrhagic infarction (disorder)	
230708002	Posterior cerebral circulation hemorrhagic infarction (disorder)	
236423003	Renal impairment (disorder)	
69500007	Blood coagulation disorder due to liver disease (disorder)	
415116008	Platelet count below reference range (finding)	
413561002	Anticoagulation not tolerated (situation)	
407563006	Treatment not tolerated (situation)	
131148009	Bleeding (finding)	

3.2.68 JOINT COMMISSION REASON FOR NOT PRESCRIBING ANTICOAGULATION THERAPY AT DISCHARGE - FINDING/SITUATION VALUE SET

Table 3-202 Joint Commission Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge - Finding/Situation Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.53
Value Set Name	Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge - Procedure
Value Set Source	Joint Commission
Value Set Purpose	To identify the reasons why ischemic stroke patients were not prescribed antithrombotic therapy at discharge as would be expected
Value Set URL	Not Available at Publication
Value Set Definition	The effectiveness of antithrombotic agents in reducing stroke mortality, stroke-related morbidity and recurrence rates has been studied in several large clinical trials. For patients with a stroke due to a cardioembolic source (e.g., atrial fibrillation, mechanical heart valve), warfarin is recommended unless contraindicated. Warfarin is not generally recommended for secondary stroke prevention in patients presumed to have a non-cardioembolic stroke. Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombotic therapy to prevent recurrent ischemic stroke or TIA. Includes reasons related to antithrombotic medication such as being allergic to all antithrombotic drug classes, medical and surgical contraindications as well as patient compliance issues; included concepts from clinical findings, procedure and situation categories.
Value Set Version	
Value Set Type	
Value Set Binding	
Value Set Status	



Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-203 Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge - Finding/Situation Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-204 Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge – Finding/Situation Definition

Value	Display Name	Definition
413561002	Anticoagulation not tolerated (situation)	
413561002	Anticoagulation not tolerated (situation)	

3.2.69 JOINT COMMISSION REASON FOR NOT PRESCRIBING ANTITHROMBOLYTIC THERAPY AT DISCHARGE - FINDING/SITUATION VALUE SET

Table 3-205 Joint Commission Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge - Finding/Situation Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.55
Value Set Name	Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge - Finding/Situation
Value Set Source	Joint Commission
Value Set Purpose	To identify the reasons why ischemic stroke patients were not prescribed antithrombolytic therapy at discharge as would be expected
Value Set URL	Not Available at Publication
Value Set Definition	The effectiveness of antithrombolytic agents in reducing stroke mortality, stroke-related morbidity and recurrence rates has been studied in several large clinical trials. For patients with a stroke due to a cardioembolic source (e.g., atrial fibrillation, mechanical heart valve), warfarin is recommended unless contraindicated. Warfarin is not generally recommended for secondary stroke prevention in patients presumed to have a non-cardioembolic stroke. Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombolytic therapy to prevent recurrent ischemic stroke or TIA. Includes reasons related to antithrombolytic medication such as being allergic to all antithrombolytic drug classes, medical and surgical contraindications as well as patient compliance issues; included concepts from clinical findings, procedure and situation categories.
Value Set Version	
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	



Table 3-206 Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge - Finding/Situation Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-207 Joint Commission Reason for Not Prescribing Antithrombolytic Therapy at Discharge – Finding/Situation Definition

Value	Display Name	Definition
64779008	Blood coagulation disorder (disorder)	
230706003	Hemorrhagic cerebral infarction (disorder)	
230707007	Anterior cerebral circulation hemorrhagic infarction (disorder)	
230708002	Posterior cerebral circulation hemorrhagic infarction (disorder)	
236423003	Renal impairment (disorder)	
69500007	Blood coagulation disorder due to liver disease (disorder)	
415116008	Platelet count below reference range (finding)	
131148009	Bleeding (finding)	
373147003	Administration of medication not done due to contraindication (situation)	
406149000	Treatment not tolerated (situation)	
413311005	Medication refused (situation)	
275936005	Patient non-compliant - refused intervention /support (situation)	
105480006	Patient noncompliance - general (situation)	
413561002	Refusal of treatment by patient (situation)	
413561002	Anticoagulation not tolerated (situation)	
407563006	Anticoagulation not tolerated (situation)	

3.2.70 JOINT COMMISSION REASON FOR NOT ADMINISTERING ANTITHROMBOLYTIC THERAPY – FINDING VALUE SET

Table 3-208 Joint Commission Reason for Not Administering Antithrombolytic Therapy – Finding Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.50
Value Set Name	Not available at publication
Value Set Source	Joint Commission Reason for Not Administering Antithrombolytic Therapy – Finding
Value Set Purpose	The Joint Commission
Value Set URL	Not available at publication
Value Set Definition	To identify SNOMED CT 'findings' that document reasons why an ischemic stroke patient was not given antithrombolytic therapy administered by end of hospital day 2
Value Set Version	Extensional definition: This value set was constructed by measure developers enumerating the SNOMED CT® concepts from the 'finding' hierarchy and includes reasons why an ischemic stroke patient was not given antithrombolytic therapy such as being allergic to ALL antithrombolytic drug classes, medical and surgical contraindications
Value Set Type	
Value Set Binding	Extensional
Value Set Status	



Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-209 Joint Commission Reason for Not Administering Antithrombolytic Therapy – Finding Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-210 Joint Commission Reason for Not Administering Antithrombolytic Therapy - SituationDefinition

Value	Display Name	Definition
397745006	Medical contraindication (finding)	
397773008	Surgical contraindication (finding)	
64779008	Blood coagulation disorder (disorder)	
230706003	Hemorrhagic cerebral infarction (disorder)	
230707007	Anterior cerebral circulation hemorrhagic infarction (disorder)	
230708002	Posterior cerebral circulation hemorrhagic infarction (disorder)	
236423003	Renal impairment (disorder)	
69500007	Blood coagulation disorder due to liver disease (disorder)	
415116008	Platelet count below reference range (finding)	
131148009	Bleeding (finding)	

3.2.71 JOINT COMMISSION REASON FOR NOT PRESCRIBING ANTITHROMBOLYTIC THERAPY – PROCEDURE VALUE SET

Table 3-211 Joint Commission Reason for Not Prescribing Antithrombolytic Therapy – Procedure Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.56
Value Set Name	Not available at publication
Value Set Source	Joint Commission Reason for Not Prescribing Antithrombolytic Therapy – Procedure
Value Set Purpose	The Joint Commission
Value Set URL	Not available at publication
Value Set Definition	To identify the reasons why ischemic stroke patients were not prescribed antithrombolytic therapy at discharge as would be expected
Value Set Version	Extensional definition: The effectiveness of antithrombolytic agents in reducing stroke mortality, stroke-related morbidity and recurrence rates has been studied in several large clinical trials. For patients with a stroke due to a cardioembolic source (e.g., atrial fibrillation, mechanical heart valve), warfarin is recommended unless contraindicated. Warfarin is not generally recommended for secondary stroke prevention in patients presumed to have a non-cardioembolic stroke. Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombolytic therapy to prevent recurrent ischemic stroke or TIA. Includes reasons related to antithrombolytic medication such as being allergic to all antithrombolytic drug classes, medical and surgical contraindications as well as patient compliance issues; included concepts from clinical findings, procedure and situation categories.
Value Set Type	
Value Set Binding	Extensional



Value Set Status	
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-212 Joint Commission Reason for Not Prescribing Antithrombolytic Therapy – Procedure Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-213 Joint Commission Reason for Not Prescribing Antithrombolytic Therapy – Procedure Definition

Value	Display Name	Definition
170920007	Warfarin therapy started (regime/therapy)	

3.2.72 JOINT COMMISSION REASON FOR NOT ADMINISTERING ANTITHROMBOLYTIC THERAPY – PROCEDURE VALUE SET

Table 3-214 Joint Commission Reason for not Administering Antithrombolytic Therapy – Procedure Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.49
Value Set Name	Not available at publication
Value Set Source	Joint Commission Reason for Not Administering Antithrombolytic Therapy – Procedure
Value Set Purpose	The Joint Commission
Value Set URL	Not available at publication
Value Set Definition	To identify SNOMED CT 'procedures' that document reasons why an ischemic stroke patient was not given antithrombolytic therapy administered by end of hospital day 2.
Value Set Version	Extensional definition: This value set was constructed by measure developers enumerating the SNOMED CT® concepts from the 'procedure' hierarchy and includes reasons why an ischemic stroke patient was not given antithrombolytic therapy such as warfarin therapy is initiated.
Value Set Type	
Value Set Binding	Extensional
Value Set Status	
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-215 Joint Commission Reason for Not Administering Antithrombolytic Therapy – Procedure Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html



Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-216 Joint Commission Reason for Not Administering Antithrombolytic Therapy – Procedure Definition

Value	Display Name	Definition
170920007	Warfarin therapy started (regime/therapy)	

3.2.73 JOINT COMMISSION REASON FOR NOT PRESCRIBING ANTICOAGULATION THERAPY AT DISCHARGE - PROCEDURE VALUE SET

Table 3-217 Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge Procedure Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.54
Value Set Name	Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge – Procedure
Value Set Source	Joint Commission
Value Set Purpose	To identify the reasons why ischemic stroke patients were not prescribed antithrombolytic therapy at discharge as would be expected
Value Set URL	Not Available at Publication
Value Set Definition	The effectiveness of antithrombolytic agents in reducing stroke mortality, stroke-related morbidity and recurrence rates has been studied in several large clinical trials. For patients with a stroke due to a cardioembolic source (e.g., atrial fibrillation, mechanical heart valve), warfarin is recommended unless contraindicated. Warfarin is not generally recommended for secondary stroke prevention in patients presumed to have a non-cardioembolic stroke. Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombolytic therapy to prevent recurrent ischemic stroke or TIA. Includes reasons related to antithrombolytic medication such as being allergic to all antithrombolytic drug classes, medical and surgical contraindications as well as patient compliance issues; included concepts from clinical findings, procedure and situation categories
Value Set Version	
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-218 Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge - Procedure Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-219 Joint Commission Reason for Not Prescribing Anticoagulation Therapy at Discharge - Procedure Definition

Value	Display Name	Definition
170920007	Warfarin therapy started (regime/therapy)	



3.2.74 JOINT COMMISSION REASON FOR NOT PRESCRIBING STATIN MEDICATION AT DISCHARGE VALUE SET

Table 3-220 Joint Commission Reason for Not Prescribing Statin Medication at Discharge Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.57
Value Set Name	Joint Commission Reason for Not Prescribing Statin Medication
Value Set Source	Joint Commission
Value Set Purpose	To identify the reasons why an ischemic stroke patient was not prescribed statin medication at hospital discharge
Value Set URL	Not Available at Publication
Value Set Definition	An elevated serum lipid level has been a well-documented risk factor for coronary artery disease (CAD) and reflects an organ-specific manifestation of atherosclerosis which is a disease process that can affect the heart and the major and minor branches of the arterial tree.
Value Set Version	
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-221 Joint Commission Reason for Not Prescribing Statin Medication at Discharge Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-222 Joint Commission Reason for Not Prescribing Statin Medication at Discharge Definition

Value	Display Name	Definition
315363002	Statins contraindicated (situation)	
413174003	Statin not tolerated (situation)	
373147003	Administration of medication not done due to contraindication (situation)	
406149000	Medication refused (situation)	
413311005	Patient non-compliant - refused intervention /support (situation)	
275936005	Patient noncompliance - general (situation)	
105480006	Refusal of treatment by patient (situation)	
397745006	Medical contraindication (finding)	
397773008	Surgical contraindication (finding)	
293417004	Lipid-lowering drug adverse reaction (disorder)	
413174003	Statin not tolerated (situation)	
44808001	Conduction disorder of the heart (disorder)	
59927004	Hepatic failure (disorder)	
128241005	Inflammatory disease of liver (disorder)	
302866003	Hypoglycemia (disorder)	



Value	Display Name	Definition
12063002	Rectal hemorrhage (disorder)	
240131006	Rhabdomyolysis (disorder)	

3.2.75 JOINT COMMISSION REASON FOR NOT INITIATING IV THROMBOLYTIC – FINDING/SITUATION VALUE SET

Table 3-223 Joint Commission Reason for Not Initiating IV Thrombolytic - Finding/Situation Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.51
Value Set Name	Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation Value Set
Value Set Source	Joint Commission
Value Set Purpose	To identify the reasons why an ischemic stroke patient did not receive IV thrombolytic therapy at the hospital within 3 hours (≤ 180 minutes) of time
Value Set URL	Not Available at Publication
Value Set Definition	The administration of thrombolytic agents to carefully screened, eligible patients with acute ischemic stroke has been shown to be beneficial in several clinical trials. While controversy still exists among some specialists, the major society practice guidelines developed in the United States all recommend the use of IV t-PA for eligible patients.
Value Set Version	
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-224 Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation Value Set Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-225 Joint Commission Reason for Not Initiating IV Thrombolytic – Finding/Situation Value Set Definition

Value	Display Name	Definition
170920007	Warfarin therapy started (regime/therapy)	

3.2.76 JOINT COMMISSION REASON FOR NOT INITIATING IV THROMBOLYTIC – PROCEDURE VALUE SET

Table 3-226 Joint Commission Reason for Not Initiating IV Thrombolytic – Procedure Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.52
Value Set Name	Joint Commission Reason for Not Initiating IV Thrombolytic – Procedure Value Set
Value Set Source	Joint Commission



Value Set Purpose	To identify the reasons why an ischemic stroke patient did not receive IV thrombolytic therapy at the hospital within 3 hours (≤ 180 minutes) of time
Value Set URL	Not Available at Publication
Value Set Definition	The administration of thrombolytic agents to carefully screened, eligible patients with acute ischemic stroke has been shown to be beneficial in several clinical trials. While controversy still exists among some specialists, the major society practice guidelines developed in the United States all recommend the use of IV t-PA for eligible patients
Value Set Version	
Value Set Type	
Value Set Binding	
Value Set Status	
Value Set Effective Date	3/31/2009
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-227 Joint Commission Reason for Not Initiating IV Thrombolytic – Procedure Value Set Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-228 Joint Commission Reason for Not Initiating IV Thrombolytic – Procedure Value Set Definition

Value	Display Name	Definition
170920007	Warfarin therapy started (regime/therapy)	

3.2.77 JOINT COMMISSION STROKE ANTITHROMBOLYTIC MEDICATIONS VALUE SET

Table 3-229 Joint Commission Stroke Antithrombolytic Medications Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.4
Value Set Name	Joint Commission Stroke Antithrombolytic Medications Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Antithrombolytic therapy is administered to reduce morbidity, mortality and recurrence rate in stroke. This value set identifies medications used to prevent thromboembolism. The values have been defined by measure developers and include heparin, fondaparinux, argatroban, dalteparin, enoxaparin, warfarin, lepirudin, aspirin and aspirin combinations with buffering agents, hydroxymethylglutaryl-CoA Reductase Inhibitors and dipyridamole, as well as clopidogrel and tinzaparin
Value Set URL	Not Available at Publication



Value Set Definition	<p>Intensional definition: Select all descendants of NDFRT where "may_prevent" = "Thromboembolism" OR "has_va_product_component"+"has_PE" = "ASPIRIN" + "any(antacid or gastric acid alteration ingredient)" OR "has_va_product_component"+"has_MOA" = "ASPIRIN" + "HMG CRI" OR "has_va_product_component" = "ASPIRIN" + "DIPYRIDAMOLE".</p> <p>From RxNorm select Semantic Clinical Drug (SCD) Like "argatroban" Or Like "clopidogrel" Or Like "dalteparin" Or Like "enoxaparin" Or Like "fondaparinux" Or Like "heparin sodium" Or Like "lepirudan" Or Like "ticlopidine" Or Like "tinzaparin" Or Like "warfarin" and return all Semantic Clinical Drug (SCD) associations for the criteria. For SCD Like "heparin sodium" exclude concentrations < 250 UNT/ML. (Note: This may not remove all 'heparin flush-type' products).</p> <p>Include SCD "848335 Heparin sodium 100 UNT/ML Injectable Solution" AND "849764 Heparin sodium 40 UNT/ML Injectable Solution" AND "849770 Heparin sodium 50 UNT/ML Injectable Solution" as these represent the concentrations of premixed heparin infusion bags. (Note: A concentration for heparin flush is 100 UNT/ML; prefilled syringes are excluded but NOT vials with this concentration.) Other value sets that may be used to include or exclude routes of administration are:</p> <p>Joint Commission IV Administration Route Value Set Joint Commission Subcutaneous Route of Administration Value Set</p>
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-230 Joint Commission Stroke Antithrombolytic Medications Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-231 Joint Commission Stroke Antithrombolytic Medications Value Set Definition

Value	Display Name	Definition
307754	Aluminum Hydroxide 300 MG /Aspirin 325 MG /Magnesium Hydroxide 300 MG Oral Tablet	Not Available
307765	Aluminum Hydroxide 75 MG /Aspirin 325 MG /Calcium Carbonate 75 MG /Magnesium Hydroxide 75 MG Oral Tablet	
307766	Aluminum Hydroxide 75 MG /Aspirin 325 MG /Magnesium Hydroxide 75 MG Oral Tablet	
198461	Aspirin 120 MG Rectal Suppository	
198462	Aspirin 125 MG Rectal Suppository	
238144	Aspirin 130 MG Rectal Suppository	
308403	Aspirin 165 MG Enteric Coated Tablet	
308402	Aspirin 165 MG Oral Tablet	
238145	Aspirin 195 MG Rectal Suppository	
198463	Aspirin 200 MG Rectal Suppository	
199281	Aspirin 300 MG Oral Tablet	
198464	Aspirin 300 MG Rectal Suppository	
198467	Aspirin 325 MG Enteric Coated Tablet	
198466	Aspirin 325 MG Oral Capsule	



Value	Display Name	Definition
212033	Aspirin 325 MG Oral Tablet	
198468	Aspirin 325 MG Rectal Suppository	
198470	Aspirin 486 MG Oral Tablet	
308409	Aspirin 500 MG Enteric Coated Tablet	
198471	Aspirin 500 MG Oral Tablet	
198472	Aspirin 60 MG Rectal Suppository	
198473	Aspirin 600 MG Rectal Suppository	
308413	Aspirin 65 MG Chewable Tablet	
313807	Aspirin 65 MG Rectal Suppository	
308411	Aspirin 650 MG Enteric Coated Tablet	
308412	Aspirin 650 MG Extended Release Tablet	
247137	Aspirin 650 MG Oral Powder	
198475	Aspirin 650 MG Oral Tablet	
198474	Aspirin 650 MG Rectal Suppository	
308414	Aspirin 75 MG Chewable Tablet	
308415	Aspirin 800 MG Extended Release Capsule	
197374	Aspirin 800 MG Extended Release Tablet	
318272	Aspirin 81 MG Chewable Tablet	
308416	Aspirin 81 MG Enteric Coated Tablet	
247138	Aspirin 850 MG Oral Powder	
308417	Aspirin 975 MG Enteric Coated Tablet	
308418	Aspirin 975 MG Extended Release Tablet	
359458	12 HR Aspirin 25 MG /Dipyridamole 200 MG Extended Release Capsule	
308405	Aspirin 25 MG /Dipyridamole 200 MG Extended Release Capsule	
259081	Aspirin 25 MG /Dipyridamole 200 MG Oral Capsule	
403870	Aspirin 325 MG /Pravastatin 20 MG Oral Tablet	
465418	Aspirin 325 MG /Pravastatin 40 MG Oral Tablet	
403869	Aspirin 81 MG /Pravastatin 20 MG Oral Tablet	
403873	Aspirin 81 MG /Pravastatin 80 MG Oral Tablet	
762668	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 20 MG Oral Tablet) } Pack	
762664	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 40 MG Oral Tablet) } Pack	
762899	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 80 MG Oral Tablet) } Pack	
762901	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 20 MG Oral Tablet) } Pack	
762903	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 40 MG Oral Tablet) } Pack	
762905	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 80 MG Oral Tablet) } Pack	
308351	argatroban 100 MG/ML Injectable Solution	
749196	clopidogrel 300 MG Oral Tablet	
309362	clopidogrel 75 MG Oral Tablet	
727384	0.2 ML Dalteparin 12500 UNT/ML Prefilled Syringe	
727718	0.2 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727719	0.3 ML Dalteparin 2500 UNT/ML Prefilled Syringe	
792060	0.3 ML Dalteparin 25000 MG/ML Prefilled Syringe	
827000	0.3 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727838	0.4 ML Dalteparin 25000 UNT/ML Prefilled Syringe	



Value	Display Name	Definition
727859	0.5 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727861	0.6 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727860	0.72 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727383	1 ML Dalteparin 10000 UNT/ML Prefilled Syringe	
562130	Dalteparin 10000 UNT/ML Injectable Solution	
248140	Dalteparin 12500 UNT/ML Injectable Solution	
248379	Dalteparin 2500 UNT/ML Injectable Solution	
562550	Dalteparin 25000 UNT/ML Injectable Solution	
543266	Dalteparin 250000 UNT/ML Injectable Solution	
645889	Dalteparin 5000 UNT/ML Injectable Solution	
645893	Dalteparin 7500 UNT/ML Injectable Solution	
727730	0.2 ML Enoxaparin 100 MG/ML Prefilled Syringe	
854228	0.3 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854235	0.4 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854238	0.6 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854241	0.8 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854248	1 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854252	1 ML Enoxaparin sodium 150 MG/ML Prefilled Syringe	
854255	Enoxaparin sodium 100 MG/ML Injectable Solution	
854245	0.8 ML Enoxaparin sodium 150 MG/ML Prefilled Syringe	
854258	Enoxaparin sodium 150 MG/ML Injectable Solution	
727565	0.4 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
861363	0.4 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
727563	0.5 ML fondaparinux 5 MG/ML Prefilled Syringe	
727567	0.6 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
727560	0.8 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
616862	fondaparinux 12.5 MG/ML Injectable Solution	
349308	fondaparinux 5 MG/ML Injectable Solution	
861356	0.8 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
545076	Fondaparinux sodium 12.5 MG/ML Injectable Solution	
861360	0.5 ML Fondaparinux sodium 5 MG/ML Prefilled Syringe	
861365	0.6 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
200322	Iepirudin 50 MG/ML Injectable Solution	
849701	0.2 ML Heparin sodium 25000 UNT/ML Prefilled Syringe	
829888	0.25 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
829886	0.5 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
829885	0.75 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849704	1 ML Heparin sodium 1000 UNT/ML Prefilled Syringe	
829884	1 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
848335	Heparin sodium 100 UNT/ML Injectable Solution	
849710	Heparin sodium 1000 UNT/ML Injectable Solution	
830698	Heparin sodium 10000 UNT/ML Injectable Solution	
849712	Heparin sodium 12500 UNT/ML Injectable Solution	
849714	Heparin sodium 15000 UNT/ML Injectable Solution	



Value	Display Name	Definition
849718	Heparin sodium 2000 UNT/ML Injectable Solution	
849722	Heparin sodium 20000 UNT/ML Injectable Solution	
849724	Heparin sodium 250 UNT/ML Injectable Solution	
849726	Heparin sodium 2500 UNT/ML Injectable Solution	
849759	Heparin sodium 25000 UNT/ML Injectable Solution	
849762	Heparin sodium 3000 UNT/ML Injectable Solution	
849764	Heparin sodium 40 UNT/ML Injectable Solution	
849766	Heparin sodium 4000 UNT/ML Injectable Solution	
849768	Heparin sodium 40000 UNT/ML Injectable Solution	
849770	Heparin sodium 50 UNT/ML Injectable Solution	
849776	Heparin sodium 5000 UNT/ML Injectable Solution	
849779	Heparin sodium 6000 UNT/ML Injectable Solution	
849783	Heparin sodium 7500 UNT/ML Injectable Solution	
313406	Ticlopidine 250 MG Oral Tablet	
351111	tinzaparin 10000 UNT/ML Injectable Solution	
313410	tinzaparin 20000 UNT/ML Injectable Solution	
313735	Warfarin 2 MG Oral Tablet	
855350	Warfarin Sodium 0.5 MG Oral Tablet	
855288	Warfarin Sodium 1 MG Oral Tablet	
855296	Warfarin Sodium 10 MG Oral Tablet	
855302	Warfarin Sodium 2 MG Oral Tablet	
855308	Warfarin Sodium 2 MG/ML Injectable Solution	
855312	Warfarin Sodium 2.5 MG Oral Tablet	
855318	Warfarin Sodium 3 MG Oral Tablet	
855324	Warfarin Sodium 4 MG Oral Tablet	
855332	Warfarin Sodium 5 MG Oral Tablet	
855338	Warfarin Sodium 6 MG Oral Tablet	
855344	Warfarin Sodium 7.5 MG Oral Tablet	

3.2.78 JOINT COMMISSION EVIDENCE OF A SURGICAL PROCEDURE REQUIRING GENERAL OR NEURAXIAL ANESTHESIA VALUE SET

Table 3-232 Joint Commission Evidence of a Surgical Procedure Requiring General or Neuraxial Anesthesia Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.31
Value Set Name	Joint Commission Evidence of a surgical procedure requiring general or neuraxial anesthesia Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Patients undergoing surgery that require general or neuraxial anesthesia are at increased risk for developing VTE. This value set identifies patients who had surgery using general or neuraxial anesthesia
Value Set URL	Not Available at Publication



Value Set Definition	<p>Extensional definition: This value set is a list of anesthesia-related procedures associated with the use of general or neuraxial anesthesia and has been enumerated by the measure developers. Concepts from SNOMED CT® have been identified for 3 major nodes that include: "General anesthesia (procedure) 50697003", "Neuraxial nerve block (procedure) 405650006" and "Epidural anesthesia (procedure) 18946005". From these nodes select descendants that comply with the following inclusion and exclusion criteria.</p> <p>Inclusions</p> <ul style="list-style-type: none"> • General Anesthesia <ul style="list-style-type: none"> – Inhaled gases – Intravenous – Endotracheal – Laryngeal mask airway or anesthesia (LMA) • Neuraxial Anesthesia <ul style="list-style-type: none"> – Spinal block – Epidural block – Spinal anesthesia – Subarachnoid blocks <p>Exclusions</p> <ul style="list-style-type: none"> ## Conscious sedation ## Monitored anesthesia care (MAC) ## Local with sedation ## Local with stand-by ## Peripheral nerve blocks ## Saddle block ## Deep sedation <p>Must be correlated with anesthesia start date</p>
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-233 Joint Commission Evidence of a Surgical Procedure Requiring General or Neuraxial Anesthesia Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-234 Joint Commission Evidence of a Surgical Procedure Requiring General or Neuraxial Anesthesia Value Set Definition

Value	Display Name	Definition
50697003	General anesthesia (procedure)	Not Available
266802007	Endotracheal anesthesia (procedure)	
288186007	General anesthesia and muscle relaxant (procedure)	
180878007	Inhalation anesthetic using muscle relaxant (procedure)	
44812007	Inhalation anesthesia, machine system, closed, no rebreathing of primary agent (procedure)	



Value	Display Name	Definition
64287005	Inhalation anesthesia, machine system, semi-closed, circulation of primary agent and gases (procedure)	
24277005	Inhalation anesthesia, machine system, closed, circulation of primary agent (procedure)	
112987001	Inhalation anesthesia, machine system, closed, rebreathing of primary agent (procedure)	
30050007	Inhalation anesthesia, machine system, semi-closed, no rebreathing of primary agent (procedure)	
27653002	Inhalation anesthesia, machine system, semi-closed, rebreathing of primary agent (procedure)	
288185006	Inhalation general anesthesia (procedure)	

3.2.79 JOINT COMMISSION STROKE THROMBOLYTIC (T-PA) MEDICATION VALUE SET

Table 3-235 Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.60
Value Set Name	Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set
Value Set Source	The Joint Commission
Value Set Purpose	The purpose of this value set is to identify codes that represent Thrombolytic agents. Thrombolytic therapy converts plasminogen to plasmin, which in turn breaks down fibrin and fibrinogen, thereby dissolving thrombus. t-PA is the only FDA-approved thrombolytic for stroke.
Value Set URL	Not available at publication
Value Set Definition	<p>Intensional definition: Return all Semantic Clinical Drug (SCD)Form (RxNorm) that equals 'Alteplase Injectable Solution' and return all Semantic Branded Drug (SBD) associations for the criteria. This process should exclude all products that are indicated for clearing central venous catheters.</p> <p>The following value sets should be utilized to identify routes of administration as inclusion or exclusion criteria: Joint Commission IV Administration Route Value Set Joint Commission Intra-arterial Route of Administration Value Set</p>
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-236 Joint Commission Stroke Thrombolytic (t-PA) Medication Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-237 Joint Commission Stroke Thrombolytic (t-PA) Medication Value Set Definition

Value	Display Name	Definition
150799	Alteplase 1 MG/ML Injectable Solution [Actilyse]	Not Available
211256	Alteplase 1 MG/ML Injectable Solution [Activase]	



3.2.80 JOINT COMMISSION VTE CONFIRMED VALUE SET

Table 3-238 Joint Commission VTE Confirmed Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.63
Value Set Name	Joint Commission VTE Confirmed Value Set
Value Set Source	The Joint Commission
Value Set Purpose	To identify hospitalized patients who have acute VTE (on admission or acquired during hospitalization). Hospitalized patients at high-risk for VTE may develop an asymptomatic deep vein thrombosis (DVT), and die from pulmonary embolism (PE) even before the diagnosis is suspected. Therefore, the best approach is for every patient to be evaluated for primary prophylaxis since preventing DVT is essential to reducing morbidity and mortality associated with PE
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: This value set was constructed by enumerating SNOMED CT ® codes from the nodes "Pulmonary embolism (disorder) 59282003" and "Deep venous thrombosis (disorder) 128053003" and their descendants then manually excluding concepts where the location is outside the locations defined as "involving the proximal leg vein, inferior vena cava, iliac vein, femoral and popliteal veins". For general concepts where the location is not specified, these would need to be further specified by utilizing the Joint Commission VTE measure - DVT lower extremity or venous location Value Set
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-239 Joint Commission VTE Confirmed Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-240 Joint Commission VTE Confirmed Value Set Definition

Value	Display Name	Definition
59282003	Pulmonary embolism (disorder)	Not Available
233936003	Acute massive pulmonary embolism (disorder)	
194883006	Postoperative pulmonary embolus (disorder)	
74315008	Pulmonary microemboli (disorder)	
233935004	Pulmonary thromboembolism (disorder)	
438773007	Recurrent pulmonary embolism (disorder)	
233937007	Subacute massive pulmonary embolism (disorder)	
128053003	Deep venous thrombosis (disorder)	
200233001	Antenatal deep vein thrombosis with antenatal complication (disorder)	
62583006	Puerperal phlegmasia alba dolens (disorder)	
428781001	Deep venous thrombosis associated with coronary artery bypass graft (disorder)	



Value	Display Name	Definition
404223003	Deep venous thrombosis of lower extremity (disorder)	
134399007	Deep vein thrombosis of leg related to air travel (disorder)	
427775006	Deep venous thrombosis of profunda femoris vein (disorder)	
234044007	Ileofemoral deep vein thrombosis (disorder)	
66923004	Phlegmasia alba dolens (disorder)	
280966008	Phlegmasia alba dolens - obstetric (disorder)	
66877004	Phlegmasia cerulea dolens (disorder)	
427776007	Thrombosis of the popliteal vein (disorder)	
213220000	Postoperative deep vein thrombosis (disorder)	
200239002	Postnatal deep vein thrombosis NOS (disorder)	
200236009	Postnatal deep vein thrombosis unspecified (disorder)	
200238005	Postnatal deep vein thrombosis with postnatal complication (disorder)	
309735004	Thrombosis of vein of lower limb (disorder)	
234049002	Venous embolism (disorder)	
312585004	Venous thrombosis, phlebitis and thrombophlebitis (disorder)	
429098002	Thromboembolism of vein (disorder)	
111588002	Heparin-induced thrombocytopenia with thrombosis (disorder)	
55976003	Spontaneous abortion with blood-clot embolism (disorder)	
82153002	Spontaneous abortion with pulmonary embolism (disorder)	
51096002	Legal abortion with pulmonary embolism (disorder)	
55589000	Illegal abortion with pulmonary embolism (disorder)	
29430000	Abortion with blood-clot embolism (disorder)	
198855003	Pulmonary embolism following abortive pregnancy (disorder)	
50206009	Abortion with pulmonary embolism (disorder)	
58123006	Failed attempted abortion with pulmonary embolism (disorder)	
198853005	Blood-clot embolism following abortive pregnancy (disorder)	
28735000	Blood clot embolism following molar AND/OR ectopic pregnancy (disorder)	
663008	Pulmonary embolism following molar AND/OR ectopic pregnancy (disorder)	
200299000	Obstetric blood-clot pulmonary embolism (disorder)	
200284000	Obstetric pulmonary embolism (disorder)	
60601008	Obstetrical blood clot embolism (disorder)	
198650006	Incomplete spontaneous abortion with embolism (disorder)	
198663000	Complete spontaneous abortion with embolism (disorder)	
198711003	Incomplete legal abortion with embolism (disorder)	
198724003	Complete legal abortion with embolism (disorder)	
198750004	Incomplete illegal abortion with embolism (disorder)	
198762000	Complete illegal abortion with embolism (disorder)	
200302000	Obstetric blood-clot pulmonary embolism - delivered with postnatal complication (disorder)	
200304004	Obstetric blood-clot pulmonary embolism with postnatal complication (disorder)	
200305003	Obstetric blood-clot pulmonary embolism NOS (disorder)	

3.2.81 JOINT COMMISSION VTE DIAGNOSTIC TEST VALUE SET

Table 3-241 Joint Commission VTE Diagnostic Test Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.64
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Value Set Name	Joint Commission VTE Diagnostic Test Value Set
Value Set Source	Joint Commission
Value Set Purpose	To identify appropriate diagnostic tests that can be used to diagnose VTE.
Value Set URL	Not Available at Publication
Value Set Definition	<p>Extensional definition: This value set for diagnostic tests that can be used to diagnose VTE was constructed by enumerating procedures from SNOMED CT® concepts that follow the criteria listed below as well as other related procedures as identified and enumerated by the measure developers.</p> <ul style="list-style-type: none"> • Compression Ultrasound/Vascular Ultrasound/Duplex ultrasound (DUS) /Venous Doppler • Venography/Venogram of femoral and other lower extremity veins using contrast material • Computed tomography (CT) of thorax with contrast • Magnetic resonance imaging (MRI or MRV) of the thorax or lower extremity leg veins • Pulmonary arteriography/angiography • Nuclear Medicine Pulmonary Scan/ventilation/perfusion (V/Q) lung scan
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-242 Joint Commission VTE Diagnostic Test Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-243 Joint Commission VTE Diagnostic Test Value Set Definition

Value	Display Name	Definition
79073004	Venography of lower extremity (procedure)	Not Available
45689001	Femoral phlebography (procedure)	
418881009	Fluoroscopic venography of lower limb (procedure)	
419387008	Fluoroscopic venography of iliac vein (procedure)	
431603006	Fluoroscopic venography of iliac vein using contrast with insertion of stent (procedure)	
433057007	Fluoroscopic venography of common femoral vein using contrast with insertion of stent (procedure)	
434381001	Fluoroscopic venography of common femoral vein using contrast with insertion of stent graft (procedure)	
433773009	Fluoroscopic venography of iliac vein using contrast with insertion of stent graft (procedure)	
431860009	Fluoroscopic venography of superficial femoral vein using contrast with insertion of stent (procedure)	
434139000	Fluoroscopic venography of superficial femoral vein using contrast with insertion of stent graft (procedure)	
432867005	Percutaneous transluminal angioplasty of common femoral vein using fluoroscopic guidance (procedure)	



Value	Display Name	Definition
433852002	Percutaneous transluminal cutting balloon angioplasty of common femoral vein using fluoroscopic guidance (procedure)	
431932006	Percutaneous transluminal angioplasty of iliac vein using fluoroscopic guidance (procedure)	
433637007	Percutaneous transluminal cutting balloon angioplasty of iliac vein using fluoroscopic guidance (procedure)	
432640001	Percutaneous transluminal angioplasty of superficial femoral vein using fluoroscopic guidance (procedure)	
433808005	Percutaneous transluminal cutting balloon angioplasty of superficial femoral vein using fluoroscopic guidance (procedure)	
433026007	Fluoroscopic venography of popliteal vein using contrast with insertion of stent (procedure)	
433737002	Fluoroscopic venography of popliteal vein using contrast with insertion of stent graft (procedure)	
434405007	Percutaneous transluminal cutting balloon angioplasty of popliteal vein using fluoroscopic guidance (procedure)	
241268006	Leg venogram - ascending (procedure)	
241269003	Leg venogram - descending (procedure)	
420237007	Magnetic resonance imaging venography of lower limb (procedure)	
312498005	Popliteal venography (procedure)	
431523002	Percutaneous transluminal angioplasty of popliteal vein using fluoroscopic guidance (procedure)	
241258001	Retrograde iliac phlebogram (procedure)	
312363006	Ultrasound scan of lower limb veins (procedure)	
432336004	Doppler ultrasonography of vein of lower limb (procedure)	
312725000	Duplex scan of lower limb veins (procedure)	
431218003	Ultrasound doppler flow mapping of vein of lower limb (procedure)	
418583000	Ultrasound venography of lower limbs (procedure)	
431785009	Ultrasound compression venography of lower limb (procedure)	
168982001	Venogram - petrochanteric (procedure)	
25347009	Venography of lower extremity, bilateral (procedure)	
62965008	Venography of lower extremity, unilateral (procedure)	
8306009	Diagnostic Doppler ultrasonography (procedure)	
113110002	Ultrasonography for deep vein thrombosis (procedure)	
48526000	Ultrasound peripheral vascular flow study (procedure)	
87932003	Ultrasound peripheral vascular flow study, arterial and venous (procedure)	
129108007	Ultrasound phlebography (procedure)	
431750009	Doppler ultrasonography flow mapping of vein (procedure)	
84200003	Arteriography of pulmonary arteries (procedure)	
52340003	Angiography of pulmonary arteries, bilateral (procedure)	
59738006	Angiography of pulmonary artery, unilateral (procedure)	
419225001	Computed tomography angiography of pulmonary artery (procedure)	
418549007	Fluoroscopic angiography of pulmonary arteries (procedure)	
432067006	Fluoroscopic angiography of pulmonary artery using contrast with insertion of stent (procedure)	
433857008	Fluoroscopic angiography of pulmonary artery using contrast with insertion of stent graft (procedure)	
431489004	Fluoroscopic angiography of pulmonary artery with pressure measurement (procedure)	
431434002	Percutaneous transluminal angioplasty of pulmonary artery using fluoroscopic guidance (procedure)	
431216004	Insertion of catheter into pulmonary artery using fluoroscopic guidance (procedure)	



Value	Display Name	Definition
433256008	Percutaneous transluminal cutting balloon angioplasty of pulmonary artery using fluoroscopic guidance (procedure)	
418786005	Magnetic resonance imaging angiography of pulmonary arteries (procedure)	
241227002	Selective pulmonary arteriogram (procedure)	
426730003	Computed tomography angiography of thorax (procedure)	
425501003	Computed tomography arteriogram of thorax (procedure)	
241663008	Magnetic resonance imaging of vessels (procedure)	
431508007	Magnetic resonance imaging angiography of entire blood vessel (procedure)	
35202002	Scanning or imaging with vascular flow (procedure)	
241307001	Radionuclide thrombus localization study (procedure)	
194846006	Venous thrombosis imaging, unilateral (procedure)	
241293008	Radionuclide study of lung (procedure)	
66088009	Pulmonary perfusion study (procedure)	
241295001	Lung perfusion study with Krypton 81m (procedure)	
241294002	Lung perfusion study with Tc99m-albumin (procedure)	
64682006	Pulmonary perfusion imaging, gaseous (procedure)	
74219000	Pulmonary perfusion imaging, gaseous, with ventilation, rebreathing and washout (procedure)	
31962004	Pulmonary perfusion imaging, particulate (procedure)	
37859006	Pulmonary ventilation perfusion study (procedure)	
80308001	Pulmonary ventilation-perfusion study by radioactive carbon (procedure)	
11971003	Pulmonary ventilation-perfusion study by radioactive krypton (procedure)	
67361001	Pulmonary ventilation-perfusion study by radioactive nitrogen (procedure)	
22089003	Pulmonary ventilation-perfusion study by radioactive oxygen (procedure)	
50788008	Pulmonary ventilation-perfusion study by radioactive xenon (procedure)	
82452003	Radioisotope scan of lung (procedure)	
276020003	VQ - Ventilation perfusion scan (procedure)	
6007000	Magnetic resonance imaging of chest (procedure)	
432815006	Magnetic resonance imaging of chest with contrast (procedure)	
432877007	Magnetic resonance imaging of pulmonary perfusion (procedure)	
113109007	Magnetic resonance imaging of lower extremity (procedure)	
241642006	Magnetic resonance imaging of lower leg (procedure)	
433009001	Magnetic resonance imaging of lower leg with contrast (procedure)	
75385009	Computerized axial tomography of thorax with contrast (procedure)	
22873002	Pulmonary phlebography (procedure)	
241228007	Pulmonary venous wedge angiogram (procedure)	

3.2.82 JOINT COMMISSION VTE MEASURE - DVT LOWER EXTREMITY OR VENOUS LOCATION VALUE SET

Table 3-244 Joint Commission VTE Measure - DVT Lower Extremity or Venous Location Value Set

Value Set Identifier	Not Available at Publication
Value Set Name	Joint Commission VTE measure - DVT lower extremity or venous location Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Not Available at Publication
Value Set URL	To identify the locations of a confirmed/diagnosed Deep Vein Thrombosis as proximal leg vein, inferior vena cava, iliac vein, femoral or popliteal veins



Value Set Definition	Extensional definition: This value set was constructed by enumerating body structure concepts from SNOMED CT® for proximal leg vein, inferior vena cava, iliac vein, femoral and popliteal veins
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-245 Joint Commission VTE Measure - DVT Lower Extremity or Venous Location Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-246 Joint Commission VTE Measure - DVT Lower Extremity or Venous Location Value Set Definition

Value	Display Name	Definition
64131007	Inferior vena cava structure (body structure)	Not Available
113275008	Structure of femoral circumflex vein (body structure)	
244411005	Iliac vein structure (body structure)	
56849005	Structure of popliteal vein (body structure)	

3.2.83 JOINT COMMISSION VTE PROPHYLAXIS MEDICATIONS VALUE SET

Table 3-247 Joint Commission VTE Prophylaxis Medications Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.66
Value Set Name	Joint Commission VTE Prophylaxis Medications Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Venous Thromboembolisms (VTEs) are the formation, development, or existence of a blood clot or thrombus within the venous system. This value set identifies medications used for prophylaxis of VTE. The values have been defined by measure developers and include the drugs ardeparin, dalteparin, danaparoid, enoxaparin, fondaparinux, heparin, tinzaparin and warfarin.
Value Set URL	Not Available at Publication
Value Set Definition	<p>Intensional definition: From RxNorm select Semantic Clinical Drug (SCD) Like "ardeparin" Or Like "dalteparin" Or Like "danaparoid" Or Like "enoxaparin" Or Like "fondaparinux" Or Like "heparin" Or Like "tinzaparin" Or Like "warfarin" and return all Semantic Clinical Drug (SCD) associations for the criteria. For SCD Like "heparin" exclude concentrations < 250 UNT/ML.(Note: This may not remove all 'heparin flush-type' products). Include SCD "848335 Heparin sodium 100 UNT/ML Injectable Solution" AND "849764 Heparin sodium 40 UNT/ML Injectable Solution" AND "849770 Heparin sodium 50 UNT/ML Injectable Solution" as these represent the concentrations of premixed heparin infusion bags. (Note: A concentration for heparin flush is 100 UNT/ML; prefilled syringes are excluded but not vials with this concentration.)</p> <p>Other value sets that may be used to include or exclude routes of administration are: Joint Commission IV Administration Route Value Set Joint Commission Subcutaneous Route of Administration Value Set</p>



Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-248 Joint Commission VTE Prophylaxis Medications Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-249 Joint Commission VTE Prophylaxis Medications Value Set Definition

Value	Display Name	Definition
857285	0.5 ML ardeparin sodium 10000 UNT/ML Prefilled Syringe	Not Available
857284	0.5 ML ardeparin sodium 20000 UNT/ML Prefilled Syringe	
857285	0.5 ML ardeparin sodium 10000 UNT/ML Prefilled Syringe	
857284	0.5 ML ardeparin sodium 20000 UNT/ML Prefilled Syringe	
249848	ardeparin 10000 UNT/ML Injectable Solution	
249847	ardeparin 20000 UNT/ML Injectable Solution	
857281	ardeparin sodium 10000 UNT/ML Injectable Solution	
857277	ardeparin sodium 20000 UNT/ML Injectable Solution	
727384	0.2 ML Dalteparin 12500 UNT/ML Prefilled Syringe	
727718	0.2 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727719	0.3 ML Dalteparin 2500 UNT/ML Prefilled Syringe	
792060	0.3 ML Dalteparin 25000 MG/ML Prefilled Syringe	
827000	0.3 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727838	0.4 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727859	0.5 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727861	0.6 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727860	0.72 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727383	1 ML Dalteparin 10000 UNT/ML Prefilled Syringe	
562130	Dalteparin 10000 UNT/ML Injectable Solution	
248140	Dalteparin 12500 UNT/ML Injectable Solution	
248379	Dalteparin 2500 UNT/ML Injectable Solution	
562550	Dalteparin 25000 UNT/ML Injectable Solution	
543266	Dalteparin 250000 UNT/ML Injectable Solution	
645889	Dalteparin 5000 UNT/ML Injectable Solution	
645893	Dalteparin 7500 UNT/ML Injectable Solution	
309644	danaparoid 1250 UNT/ML Injectable Solution	
727730	0.2 ML Enoxaparin 100 MG/ML Prefilled Syringe	



Value	Display Name	Definition
854228	0.3 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854235	0.4 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854238	0.6 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854241	0.8 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854248	1 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854252	1 ML Enoxaparin sodium 150 MG/ML Prefilled Syringe	
854255	Enoxaparin sodium 100 MG/ML Injectable Solution	
854245	0.8 ML Enoxaparin sodium 150 MG/ML Prefilled Syringe	
854258	Enoxaparin sodium 150 MG/ML Injectable Solution	
727565	0.4 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
861363	0.4 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
727563	0.5 ML fondaparinux 5 MG/ML Prefilled Syringe	
727567	0.6 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
727560	0.8 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
616862	fondaparinux 12.5 MG/ML Injectable Solution	
349308	fondaparinux 5 MG/ML Injectable Solution	
861356	0.8 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
545076	Fondaparinux sodium 12.5 MG/ML Injectable Solution	
861360	0.5 ML Fondaparinux sodium 5 MG/ML Prefilled Syringe	
861365	0.6 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
849699	0.2 ML heparin calcium 25000 UNT/ML Prefilled Syringe	
849701	0.2 ML Heparin sodium 25000 UNT/ML Prefilled Syringe	
829888	0.25 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849702	0.5 ML Heparin calcium 25000 UNT/ML Prefilled Syringe	
829886	0.5 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
829885	0.75 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849704	1 ML Heparin sodium 1000 UNT/ML Prefilled Syringe	
829884	1 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849760	heparin calcium 25000 UNT/ML Injectable Solution	
848335	Heparin sodium 100 UNT/ML Injectable Solution	
849710	Heparin sodium 1000 UNT/ML Injectable Solution	
830698	Heparin sodium 10000 UNT/ML Injectable Solution	
849712	Heparin sodium 12500 UNT/ML Injectable Solution	
849714	Heparin sodium 15000 UNT/ML Injectable Solution	
849718	Heparin sodium 2000 UNT/ML Injectable Solution	
849722	Heparin sodium 20000 UNT/ML Injectable Solution	
849724	Heparin sodium 250 UNT/ML Injectable Solution	
849726	Heparin sodium 2500 UNT/ML Injectable Solution	
849759	Heparin sodium 25000 UNT/ML Injectable Solution	
849762	Heparin sodium 3000 UNT/ML Injectable Solution	
849764	Heparin sodium 40 UNT/ML Injectable Solution	
849766	Heparin sodium 4000 UNT/ML Injectable Solution	
849768	Heparin sodium 40000 UNT/ML Injectable Solution	
849770	Heparin sodium 50 UNT/ML Injectable Solution	



Value	Display Name	Definition
849776	Heparin sodium 5000 UNT/ML Injectable Solution	
849779	Heparin sodium 6000 UNT/ML Injectable Solution	
849783	Heparin sodium 7500 UNT/ML Injectable Solution	
727882	0.25 ML tinzaparin 10000 UNT/ML Prefilled Syringe	
727892	0.35 ML tinzaparin 10000 UNT/ML Prefilled Syringe	
727881	0.45 ML tinzaparin 10000 UNT/ML Prefilled Syringe	
727883	0.5 ML tinzaparin 20000 UNT/ML Prefilled Syringe	
727884	0.7 ML tinzaparin 20000 UNT/ML Prefilled Syringe	
727888	0.9 ML tinzaparin 20000 UNT/ML Prefilled Syringe	
351111	tinzaparin 10000 UNT/ML Injectable Solution	
313410	tinzaparin 20000 UNT/ML Injectable Solution	
313735	Warfarin 2 MG Oral Tablet	
855350	Warfarin Sodium 0.5 MG Oral Tablet	
855288	Warfarin Sodium 1 MG Oral Tablet	
855296	Warfarin Sodium 10 MG Oral Tablet	
855302	Warfarin Sodium 2 MG Oral Tablet	
855308	Warfarin Sodium 2 MG/ML Injectable Solution	
855312	Warfarin Sodium 2.5 MG Oral Tablet	
855318	Warfarin Sodium 3 MG Oral Tablet	
855324	Warfarin Sodium 4 MG Oral Tablet	
855332	Warfarin Sodium 5 MG Oral Tablet	
855338	Warfarin Sodium 6 MG Oral Tablet	
855344	Warfarin Sodium 7.5 MG Oral Tablet	

3.2.84 JOINT COMMISSION VTE PROPHYLAXIS - APPLICATION OF MECHANICAL DEVICE VALUE SET

Table 3-250 Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.65
Value Set Name	Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies concepts that describe the application of mechanical devices for prophylaxis of venous thromboembolism (VTE). The included values are intermittent pneumatic compression devices (IPC), Graduated compression stockings (GCS), or Venous foot pumps (VFP)
Value Set URL	Not Available at Publication
Value Set Definition	Extensional definition: The value set for application of mechanical devices was constructed by enumerating SNOMED CT codes that identify the application of IPC, GCS or VFP. Note: A new concept will need to be requested to complete this value set. This value set was enumerated by measure developers
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	



Table 3-251 Joint Commission VTE Prophylaxis - Application of Mechanical Device Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-252 Joint Commission VTE Prophylaxis - Application of Mechanical Device Value Set Definition

Value	Display Name	Definition
442410008	Application of venous foot pump (procedure)	Not Available
225420001	Application of anti-embolic stockings (procedure)	
Pending	Application of intermittent pneumatic compression device (procedure)	
243203006	FSN-Intermittent pneumatic calf-thigh compression (procedure)	

3.2.85 JOINT COMMISSION VTE SUSPECTED VALUE SET

Table 3-253 Joint Commission VTE Suspected Value Set

Value Set Identifier	Not available at publication
Value Set Name	Joint Commission VTE Suspected Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Not available at publication
Value Set URL	To identify patients with suspected VTE on admission, so they are not included in the denominator of VTE-6 (patients that developed VTE during hospitalization) This should coordinate with "Present on Admission" diagnosis
Value Set Definition	Extensional definition: This value set was constructed by enumerating SNOMED CT® codes that represent suspected DVD and PE
Value Set Version	Version 1.0
Value Set Type	Extensional
Value Set Binding	
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-254 Joint Commission VTE Suspected Code System

Code System Identifier	2.16.840.1.113883.6.96
Code System Name	International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
Code System Source	National Library of Medicine – UMLS
Code System URL	http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Code System HL7 Identifier	SCT
Code System Version	International Release January 2009

Table 3-255 Joint Commission VTE Suspected Value Set Definition

Value	Display Name	Definition
417113001	Suspected pulmonary embolism (situation)	Not Available



Value	Display Name	Definition
432805000	Suspected deep vein thrombosis (situation)	

3.2.86 JOINT COMMISSION STROKE STATIN MEDICATIONS VALUE SET

Table 3-256 Joint Commission Stroke Statin Medications Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.58
Value Set Name	Joint Commission Stroke Statin Medications Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Statin medications are a class of pharmaceutical agents that modify LDL cholesterol by blocking the action of an enzyme in the liver which is needed to synthesize cholesterol thereby decreasing the level of cholesterol circulating in the blood. The values have been defined by measure developers
Value Set URL	Not Available at Publication
Value Set Definition	Intensional definition: From RxNorm select Semantic Clinical Drug (SCD) Like "atorvastatin" Or Like "fluvastatin" Or Like "lovastatin" Or Like "pravastatin" Or Like "rosuvastatin" Or Like "simvastatin". Return all unique Semantic Clinical Drug (SCD) associations for the criteria
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-257 Joint Commission Stroke Statin Medications Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-258 Joint Commission Stroke Statin Medications Value Set Definition

Value	Display Name	Definition
597987	Amlodipine 10 MG /atorvastatin 10 MG Oral Tablet	Not Available
597967	Amlodipine 10 MG /atorvastatin 20 MG Oral Tablet	
597990	Amlodipine 10 MG /atorvastatin 40 MG Oral Tablet	
404013	Amlodipine 10 MG /atorvastatin 80 MG Oral Tablet	
597977	Amlodipine 5 MG /atorvastatin 10 MG Oral Tablet	
597980	Amlodipine 5 MG /atorvastatin 20 MG Oral Tablet	
597984	Amlodipine 5 MG /atorvastatin 40 MG Oral Tablet	
404011	Amlodipine 5 MG /atorvastatin 80 MG Oral Tablet	
597971	Amlodipine 2.5 MG /atorvastatin 10 MG Oral Tablet	
597974	Amlodipine 2.5 MG /atorvastatin 20 MG Oral Tablet	
597993	Amlodipine 2.5 MG /atorvastatin 40 MG Oral Tablet	
617312	atorvastatin 10 MG Oral Tablet	
617310	atorvastatin 20 MG Oral Tablet	



Value	Display Name	Definition
617311	atorvastatin 40 MG Oral Tablet	
259255	atorvastatin 80 MG Oral Tablet	
310404	fluvastatin 20 MG Oral Capsule	
310405	fluvastatin 40 MG Oral Capsule	
310406	fluvastatin 80 MG Extended Release Tablet	
360507	24 HR fluvastatin 80 MG Extended Release Tablet	
197903	Lovastatin 10 MG Oral Tablet	
351225	Lovastatin 20 MG Extended Release Tablet	
197904	Lovastatin 20 MG Oral Tablet	
351226	Lovastatin 40 MG Extended Release Tablet	
197905	Lovastatin 40 MG Oral Tablet	
351227	Lovastatin 60 MG Extended Release Tablet	
433848	24 HR Lovastatin 10 MG Extended Release Tablet	
582041	24 HR Lovastatin 20 MG /Niacin 1000 MG Extended Release Tablet	
582042	24 HR Lovastatin 20 MG /Niacin 500 MG Extended Release Tablet	
582043	24 HR Lovastatin 20 MG /Niacin 750 MG Extended Release Tablet	
433849	24 HR Lovastatin 20 MG Extended Release Tablet	
644112	24 HR Lovastatin 40 MG /Niacin 1000 MG Extended Release Tablet	
359731	24 HR Lovastatin 40 MG Extended Release Tablet	
359732	24 HR Lovastatin 60 MG Extended Release Tablet	
351224	Lovastatin 10 MG Extended Release Tablet	
844934	Lovastatin 20 MG /Niacin 1000 MG Extended Release Tablet	
844935	Lovastatin 20 MG /Niacin 500 MG Extended Release Tablet	
844936	Lovastatin 20 MG /Niacin 750 MG Extended Release Tablet	
844976	Lovastatin 40 MG /Niacin 1000 MG Extended Release Tablet	
729605	Lovastatin 40 MG /Niacin 1000 MG Oral Tablet	
312586	Pravastatin 10 MG Oral Tablet	
312587	Pravastatin 20 MG Oral Tablet	
312588	Pravastatin 40 MG Oral Tablet	
351160	Pravastatin 80 MG Oral Tablet	
672261	Pravastatin 30 MG Oral Tablet	
403870	Aspirin 325 MG /Pravastatin 20 MG Oral Tablet	
465418	Aspirin 325 MG /Pravastatin 40 MG Oral Tablet	
403869	Aspirin 81 MG /Pravastatin 20 MG Oral Tablet	
403873	Aspirin 81 MG /Pravastatin 80 MG Oral Tablet	
762668	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 20 MG Oral Tablet) } Pack	
762664	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 40 MG Oral Tablet) } Pack	
762899	{30 (Aspirin 325 MG Oral Tablet) /30 (Pravastatin 80 MG Oral Tablet) } Pack	
762901	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 20 MG Oral Tablet) } Pack	
762903	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 40 MG Oral Tablet) } Pack	
762905	{30 (Aspirin 81 MG Oral Tablet) /30 (Pravastatin 80 MG Oral Tablet) } Pack	
401962	rosuvastatin 10 MG Oral Tablet	
401963	rosuvastatin 20 MG Oral Tablet	
401959	rosuvastatin 40 MG Oral Tablet	



Value	Display Name	Definition
403909	rosuvastatin 5 MG Oral Tablet	
581639	rosuvastatin 2.5 MG Oral Tablet	
314231	Simvastatin 10 MG Oral Tablet	
312961	Simvastatin 20 MG Oral Tablet	
198211	Simvastatin 40 MG Oral Tablet	
312962	Simvastatin 5 MG Oral Tablet	
200345	Simvastatin 80 MG Oral Tablet	
476345	ezetimibe 10 MG /Simvastatin 10 MG Oral Tablet	
476349	ezetimibe 10 MG /Simvastatin 20 MG Oral Tablet	
476350	ezetimibe 10 MG /Simvastatin 40 MG Oral Tablet	
476351	ezetimibe 10 MG /Simvastatin 80 MG Oral Tablet	
761907	24 HR Niacin 1000 MG /Simvastatin 20 MG Extended Release Tablet	
761909	24 HR Niacin 500 MG /Simvastatin 20 MG Extended Release Tablet	
762970	24 HR Niacin 750 MG /Simvastatin 20 MG Extended Release Tablet	
845088	Niacin 1000 MG /Simvastatin 20 MG Extended Release Tablet	
845089	Niacin 500 MG /Simvastatin 20 MG Extended Release Tablet	
845090	Niacin 750 MG /Simvastatin 20 MG Extended Release Tablet	
757702	Simvastatin 10 MG Disintegrating Tablet	
757703	Simvastatin 20 MG Disintegrating Tablet	
757704	Simvastatin 40 MG Disintegrating Tablet	
757705	Simvastatin 80 MG Disintegrating Tablet	

3.2.87 JOINT COMMISSION ANTICOAGULANT MEDICATIONS - STROKE VALUE SET

Table 3-259 Joint Commission Anticoagulant Medications - Stroke Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.3
Value Set Name	Joint Commission Anticoagulant Medications - Stroke Value Set
Value Set Source	The Joint Commission
Value Set Purpose	The administration of anticoagulation therapy, unless contraindicated, is an established effective strategy in preventing recurrent stroke in high stroke-risk atrial fibrillation patients with TIA or prior stroke. The measure developers explicitly selected Argatroban, Fondaparinux, Dalteparin, Enoxaparin, Lepirudin, Tinzaparin, Heparin I.V, Warfarin and Warfarin Sodium for this value set. Additional value sets will need to be utilized for Routes of Administration specified in the criteria
Value Set URL	Not Available at Publication
Value Set Definition	<p>Intensional definition: From RxNorm select Semantic Clinical Drug (SCD) Like "argatroban" Or Like "dalteparin" Or Like "enoxaparin" Or Like "fondaparinux" Or Like "heparin" Or Like "lepirudin" Or Like "tinzaparin" Or Like "warfarin" and return all Semantic Clinical Drug (SCD) associations for the criteria. For SCD Like "heparin" exclude concentrations < 250 UNT/ML.(Note: This may not remove all 'heparin flush-type' products). Include SCD "848335 Heparin sodium 100 UNT/ML Injectable Solution" AND "849764 Heparin sodium 40 UNT/ML Injectable Solution" AND "849770 Heparin sodium 50 UNT/ML Injectable Solution" as these represent the concentrations of premixed heparin infusion bags. (Note: A concentration for heparin flush is 100 UNT/ML; prefilled syringes are excluded but not vials with this concentration.)</p> <p>Other value sets that may be used to include or exclude routes of administration are: Joint Commission IV Administration Route Value Set Joint Commission Subcutaneous Route of Administration Value Set</p>
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic



Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-260 Joint Commission Anticoagulant Medications - Stroke Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-261 Joint Commission Anticoagulant Medications - Stroke Value Set Definition

Value	Display Name	Definition
308351	Argatroban 100 MG/ML Injectable Solution	Not Available
727384	0.2 ML Dalteparin 12500 UNT/ML Prefilled Syringe	
727718	0.2 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727719	0.3 ML Dalteparin 2500 UNT/ML Prefilled Syringe	
792060	0.3 ML Dalteparin 25000 MG/ML Prefilled Syringe	
827000	0.3 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727838	0.4 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727859	0.5 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727861	0.6 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727860	0.72 ML Dalteparin 25000 UNT/ML Prefilled Syringe	
727383	1 ML Dalteparin 10000 UNT/ML Prefilled Syringe	
562130	Dalteparin 10000 UNT/ML Injectable Solution	
248140	Dalteparin 12500 UNT/ML Injectable Solution	
248379	Dalteparin 2500 UNT/ML Injectable Solution	
562550	Dalteparin 25000 UNT/ML Injectable Solution	
543266	Dalteparin 250000 UNT/ML Injectable Solution	
645889	Dalteparin 5000 UNT/ML Injectable Solution	
645893	Dalteparin 7500 UNT/ML Injectable Solution	
727730	0.2 ML Enoxaparin 100 MG/ML Prefilled Syringe	
854228	0.3 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854235	0.4 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854238	0.6 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854241	0.8 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854248	1 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	
854252	1 ML Enoxaparin sodium 150 MG/ML Prefilled Syringe	
854255	Enoxaparin sodium 100 MG/ML Injectable Solution	
854245	0.8 ML Enoxaparin sodium 150 MG/ML Prefilled Syringe	
854258	Enoxaparin sodium 150 MG/ML Injectable Solution	
727565	0.4 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
861363	0.4 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	



Value	Display Name	Definition
727563	0.5 ML fondaparinux 5 MG/ML Prefilled Syringe	
727567	0.6 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
727560	0.8 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
616862	fondaparinux 12.5 MG/ML Injectable Solution	
349308	fondaparinux 5 MG/ML Injectable Solution	
861356	0.8 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
545076	Fondaparinux sodium 12.5 MG/ML Injectable Solution	
861360	0.5 ML Fondaparinux sodium 5 MG/ML Prefilled Syringe	
861365	0.6 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
849699	0.2 ML heparin calcium 25000 UNT/ML Prefilled Syringe	
849701	0.2 ML Heparin sodium 25000 UNT/ML Prefilled Syringe	
829888	0.25 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849702	0.5 ML Heparin calcium 25000 UNT/ML Prefilled Syringe	
829886	0.5 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
829885	0.75 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849704	1 ML Heparin sodium 1000 UNT/ML Prefilled Syringe	
829884	1 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849760	heparin calcium 25000 UNT/ML Injectable Solution	
848335	Heparin sodium 100 UNT/ML Injectable Solution	
849710	Heparin sodium 1000 UNT/ML Injectable Solution	
830698	Heparin sodium 10000 UNT/ML Injectable Solution	
849712	Heparin sodium 12500 UNT/ML Injectable Solution	
849714	Heparin sodium 15000 UNT/ML Injectable Solution	
849718	Heparin sodium 2000 UNT/ML Injectable Solution	
849722	Heparin sodium 20000 UNT/ML Injectable Solution	
849724	Heparin sodium 250 UNT/ML Injectable Solution	
849726	Heparin sodium 2500 UNT/ML Injectable Solution	
849759	Heparin sodium 25000 UNT/ML Injectable Solution	
849762	Heparin sodium 3000 UNT/ML Injectable Solution	
849764	Heparin sodium 40 UNT/ML Injectable Solution	
849766	Heparin sodium 4000 UNT/ML Injectable Solution	
849768	Heparin sodium 40000 UNT/ML Injectable Solution	
849770	Heparin sodium 50 UNT/ML Injectable Solution	
849776	Heparin sodium 5000 UNT/ML Injectable Solution	
849779	Heparin sodium 6000 UNT/ML Injectable Solution	
849783	Heparin sodium 7500 UNT/ML Injectable Solution	
200322	lepirudin 50 MG/ML Injectable Solution	
727882	0.25 ML tinzaparin 10000 UNT/ML Prefilled Syringe	
727892	0.35 ML tinzaparin 10000 UNT/ML Prefilled Syringe	
727881	0.45 ML tinzaparin 10000 UNT/ML Prefilled Syringe	
727883	0.5 ML tinzaparin 20000 UNT/ML Prefilled Syringe	
727884	0.7 ML tinzaparin 20000 UNT/ML Prefilled Syringe	
727888	0.9 ML tinzaparin 20000 UNT/ML Prefilled Syringe	
351111	tinzaparin 10000 UNT/ML Injectable Solution	



Value	Display Name	Definition
313410	tinzaparin 20000 UNT/ML Injectable Solution	
313735	Warfarin 2 MG Oral Tablet	
855350	Warfarin Sodium 0.5 MG Oral Tablet	
855288	Warfarin Sodium 1 MG Oral Tablet	
855296	Warfarin Sodium 10 MG Oral Tablet	
855302	Warfarin Sodium 2 MG Oral Tablet	
855308	Warfarin Sodium 2 MG/ML Injectable Solution	
855312	Warfarin Sodium 2.5 MG Oral Tablet	
855318	Warfarin Sodium 3 MG Oral Tablet	
855324	Warfarin Sodium 4 MG Oral Tablet	
855332	Warfarin Sodium 5 MG Oral Tablet	
855338	Warfarin Sodium 6 MG Oral Tablet	
855344	Warfarin Sodium 7.5 MG Oral Tablet	

3.2.88 JOINT COMMISSION ANTICOAGULANT MEDICATIONS - VTE VALUE SET

Table 3-262 Joint Commission Anticoagulant Medications - VTE Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.2
Value Set Name	Joint Commission Anticoagulant Medications - VTE Value Set
Value Set Source	The Joint Commission
Value Set Purpose	For patients who present with a confirmed acute VTE, parenteral anticoagulation is the first line of therapy because of its rapid onset of action. The measure developers explicitly selected Argatroban, Bivalirudin, Lipirudin, Fondaparinux sodium and unfractionated heparin for this value set. Additional value sets and logic will need to be utilized to identify routes of administration specified in the criteria. NOTE: It is outside the scope of this value set to identify an appropriate dose for subcutaneous heparin administration.
Value Set URL	Not Available at Publication
Value Set Definition	<p>Intentional definition: From RxNorm select Semantic Clinical Drug (SCD) Like "argatroban" Or Like "bivalirudin" Or Like "fondaparinux" Or Like "heparin" Or Like "lepirudin" and return all Semantic Clinical Drug (SCD) associations for the criteria.</p> <p>For SCD Like "heparin" exclude concentrations < 250 UNT/ML.(Note: This may not remove all 'heparin flush-type' products).</p> <p>Include SCD "848335 Heparin sodium 100 UNT/ML Injectable Solution" AND "849764 Heparin sodium 40 UNT/ML Injectable Solution" AND "849770 Heparin sodium 50 UNT/ML Injectable Solution" as these represent the concentrations of premixed heparin infusion bags. (Note: A concentration for heparin flush is 100 UNT/ML; prefilled syringes are excluded but not vials with this concentration.)</p> <p>Other value sets that may be used to include or exclude routes of administration are: Joint Commission IV Administration Route Value Set Joint Commission Subcutaneous Route of Administration Value Set</p>
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-263 Joint Commission Anticoagulant Medications - VTE Code System

Code System Identifier	2.16.840.1.113883.6.88
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Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-264 Joint Commission Anticoagulant Medications - VTE Value Set Definition

Value	Display Name	Definition
308351	argatroban 100 MG/ML Injectable Solution	Not Available
308769	bivalirudin 50 MG/ML Injectable Solution	
727565	0.4 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
861363	0.4 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
727563	0.5 ML fondaparinux 5 MG/ML Prefilled Syringe	
727567	0.6 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
727560	0.8 ML fondaparinux 12.5 MG/ML Prefilled Syringe	
616862	fondaparinux 12.5 MG/ML Injectable Solution	
349308	fondaparinux 5 MG/ML Injectable Solution	
861356	0.8 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
545076	Fondaparinux sodium 12.5 MG/ML Injectable Solution	
861360	0.5 ML Fondaparinux sodium 5 MG/ML Prefilled Syringe	
861365	0.6 ML Fondaparinux sodium 12.5 MG/ML Prefilled Syringe	
849699	0.2 ML heparin calcium 25000 UNT/ML Prefilled Syringe	
849701	0.2 ML Heparin sodium 25000 UNT/ML Prefilled Syringe	
829888	0.25 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849702	0.5 ML Heparin calcium 25000 UNT/ML Prefilled Syringe	
829886	0.5 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
829885	0.75 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849704	1 ML Heparin sodium 1000 UNT/ML Prefilled Syringe	
829884	1 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849760	heparin calcium 25000 UNT/ML Injectable Solution	
848335	Heparin sodium 100 UNT/ML Injectable Solution	
849710	Heparin sodium 1000 UNT/ML Injectable Solution	
830698	Heparin sodium 10000 UNT/ML Injectable Solution	
849712	Heparin sodium 12500 UNT/ML Injectable Solution	
849714	Heparin sodium 15000 UNT/ML Injectable Solution	
849718	Heparin sodium 2000 UNT/ML Injectable Solution	
849722	Heparin sodium 20000 UNT/ML Injectable Solution	
849724	Heparin sodium 250 UNT/ML Injectable Solution	
849726	Heparin sodium 2500 UNT/ML Injectable Solution	
849759	Heparin sodium 25000 UNT/ML Injectable Solution	
849762	Heparin sodium 3000 UNT/ML Injectable Solution	
849764	Heparin sodium 40 UNT/ML Injectable Solution	
849766	Heparin sodium 4000 UNT/ML Injectable Solution	
849768	Heparin sodium 40000 UNT/ML Injectable Solution	
849770	Heparin sodium 50 UNT/ML Injectable Solution	
849776	Heparin sodium 5000 UNT/ML Injectable Solution	



Value	Display Name	Definition
849779	Heparin sodium 6000 UNT/ML Injectable Solution	
849783	Heparin sodium 7500 UNT/ML Injectable Solution	
200322	lepirudin 50 MG/ML Injectable Solution	

3.2.89 JOINT COMMISSION UNFRACTIONATED HEPARIN MEDICATION VALUE SET

Table 3-265 Joint Commission Unfractionated Heparin Medication Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.62
Value Set Name	Joint Commission Unfractionated Heparin Medication Value Set
Value Set Source	The Joint Commission
Value Set Purpose	This value set identifies Unfractionated Heparin medications. An effort to eliminate heparin flush solutions has been attempted by eliminating concentrations < 250 UNT/ML and including concentrations of 40 UNT/ml, 50 UNT/ml and 100 UNT/ml which MAY represent premixed solutions. (Note; There may be some inclusions/exclusions outside the criteria.)
Value Set URL	Not available at publication
Value Set Definition	Intensional definition: From RxNorm select Semantic Clinical Drug (SCD) Like "heparin". Then return all Semantic Clinical Drug (SCD) associations for the criteria. For SCD Like "heparin" exclude concentrations < 250 UNT/ML.(Note: This may not remove all 'heparin flush-type' products). Include SCD "848335 Heparin sodium 100 UNT/ML Injectable Solution" AND "849764 Heparin sodium 40 UNT/ML Injectable Solution" AND "849770 Heparin sodium 50 UNT/ML Injectable Solution" as these represent the concentrations of premixed heparin infusion bags. (Note: A concentration for heparin flush is 100 UNT/ML; prefilled syringes are excluded but not vials with this concentration.)Other value sets that may be used to include or exclude routes of administration are: Joint Commission IV Administration Route Value Set Joint Commission Subcutaneous Route of Administration Value Set
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	

Table 3-266 Joint Commission Unfractionated Heparin Medication Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-267 Joint Commission Unfractionated Heparin Medication Value Set Definition

Value	Display Name	Definition
849699	0.2 ML heparin calcium 25000 UNT/ML Prefilled Syringe	Not Available
849701	0.2 ML Heparin sodium 25000 UNT/ML Prefilled Syringe	
829888	0.25 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849702	0.5 ML Heparin calcium 25000 UNT/ML Prefilled Syringe	



Value	Display Name	Definition
829886	0.5 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
829885	0.75 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849704	1 ML Heparin sodium 1000 UNT/ML Prefilled Syringe	
829884	1 ML Heparin sodium 10000 UNT/ML Prefilled Syringe	
849760	heparin calcium 25000 UNT/ML Injectable Solution	
848335	Heparin sodium 100 UNT/ML Injectable Solution	
849710	Heparin sodium 1000 UNT/ML Injectable Solution	
830698	Heparin sodium 10000 UNT/ML Injectable Solution	
849712	Heparin sodium 12500 UNT/ML Injectable Solution	
849714	Heparin sodium 15000 UNT/ML Injectable Solution	
849718	Heparin sodium 2000 UNT/ML Injectable Solution	
849722	Heparin sodium 20000 UNT/ML Injectable Solution	
849724	Heparin sodium 250 UNT/ML Injectable Solution	
849726	Heparin sodium 2500 UNT/ML Injectable Solution	
849759	Heparin sodium 25000 UNT/ML Injectable Solution	
849762	Heparin sodium 3000 UNT/ML Injectable Solution	
849764	Heparin sodium 40 UNT/ML Injectable Solution	
849766	Heparin sodium 4000 UNT/ML Injectable Solution	
849768	Heparin sodium 40000 UNT/ML Injectable Solution	
849770	Heparin sodium 50 UNT/ML Injectable Solution	
849776	Heparin sodium 5000 UNT/ML Injectable Solution	
849779	Heparin sodium 6000 UNT/ML Injectable Solution	
849783	Heparin sodium 7500 UNT/ML Injectable Solution	

3.2.90 JOINT COMMISSION WARFARIN MEDICATION VALUE SET

Table 3-268 Joint Commission Warfarin Medication Value Set

Value Set Identifier	1.3.6.1.4.1.33895.1.3.0.67
Value Set Name	Joint Commission Warfarin Medication Value Set
Value Set Source	The Joint Commission
Value Set Purpose	Warfarin is an oral anticoagulant that prevents extension of clots already formed and is used to minimize the risk of blood clot embolization to other vital organs such as the lungs and brain. This value set identifies RxNorm concepts for warfarin medications
Value Set URL	Not available at publication
Value Set Definition	Intensional definition: From RxNorm select Semantic Clinical Drug (SCD) like "Warfarin" and return all Semantic Clinical Drug (SCD) associations for the criteria
Value Set Version	Version 1.0
Value Set Type	Intensional
Value Set Binding	Dynamic
Value Set Status	Active
Value Set Effective Date	
Value Set Expiration Date	
Value Set Creation Date	
Value Set Revision Date	



Table 3-269 Joint Commission Warfarin Medication Value Set Medication Code System

Code System Identifier	2.16.840.1.113883.6.88
Code System Name	RxNorm
Code System Source	National Library of Medicine (NLM) Unified Medical Language System (UMLS)
Code System URL	http://www.nlm.nih.gov/research/umls/rxnorm/
Code System HL7 Identifier	RXNORM
Code System Version	20090803 (RxNorm Full Release Version or later)

Table 3-270 Joint Commission Warfarin Medication Value Set Definition

Value	Display Name	Definition
313735	Warfarin 2 MG Oral Tablet	Not Available
855350	Warfarin Sodium 0.5 MG Oral Tablet	
855288	Warfarin Sodium 1 MG Oral Tablet	
855296	Warfarin Sodium 10 MG Oral Tablet	
855302	Warfarin Sodium 2 MG Oral Tablet	
855308	Warfarin Sodium 2 MG/ML Injectable Solution	
855312	Warfarin Sodium 2.5 MG Oral Tablet	
855318	Warfarin Sodium 3 MG Oral Tablet	
855324	Warfarin Sodium 4 MG Oral Tablet	
855332	Warfarin Sodium 5 MG Oral Tablet	
855338	Warfarin Sodium 6 MG Oral Tablet	

3.3 SAMPLE QRDA REPORTS

3.3.1 QRDA SAMPLE FOR STROKE

The following XML provides a sample Patient Level Quality Data Report as constrained in this document as an implementation of HITSP/C105 Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture (QRDA) for Stroke reporting STK-3 and STK-8.

```
<?xml version="1.0" encoding="utf-8"?>
<?xml-stylesheet type="text/xsl" href="cdaBandW.xsl"?>
<ClinicalDocument xmlns="urn:hl7-org:v3" xmlns:voc="urn:hl7-org:v3/voc" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xsi:schemaLocation="urn:hl7-org:v3 CDA.xsd">
  <!-- The following sample document depicts a fictional characters health data. Any resemblance to a real person is coincidental. -->
  <!-- To illustrate as many data elements as possible, the clinical scenario may not be entirely plausible. -->
  <!-- This is the cumulative Stroke Measure Set Sample File -->

  <!-- Title: QRDA_CategoryI_StrokeMeasureSet-Copy.xml Sample File
  Original Filename: QRDA_CategoryI_StrokeMeasureSet.xml
  Version: 1.0
  Revision History:Final 1/13/2010-->
  <!--
  *****
  CDA Header
  *****
  -->

  <realmCode code="US" />
  <typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040" />
  <!-- QRDA Category I generic template ID. -->
  <templateId root="2.16.840.1.113883.10.20.12" />
  <id root="f2d5f971-d67a-4456-8833-213f01331ca0" />
  <!-- QRDA document type code -->
```



```

    <code code="55182-0" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Quality Measure Report"
  />
  <title>Quality Measure Report</title>
  <effectiveTime value="20091005" />
  <confidentialityCode codeSystem="2.16.840.1.113883.5.25" code="N" />
  <languageCode code="en-US" />
  <!-- This is the patient for which the report is describing. -->
  <recordTarget>
    <patientRole>
      <!-- sample hospital patient identifier-->
      <id extension="987654321" root="2.16.840.1.113883.19.5" />
      <addr>
        <streetAddressLine>2222 Home Street</streetAddressLine>
        <city>Ann Arbor</city>
        <state>MI</state>
        <postalCode>99999</postalCode>
      </addr>
      <patient>
        <name>
          <given>Nancy</given>
          <family>Nuclear</family>
        </name>
        <administrativeGenderCode code="1086007" codeSystem="2.16.840.1.113883.6.96"
displayName="Female" />
        <birthTime value="19580201" />
        <raceCode code="2106-3" displayName="white" codeSystem="2.16.840.1.113883.6.238" />
        <ethnicGroupCode code="2186-5" displayName="Not hispanic or Latino"
codeSystem="2.16.840.1.113883.6.238" />
      </patient>
    </patientRole>
  </recordTarget>
  <!-- This example assumes a workflow whereby a quality manager nurse is creating the report. -->
  <author>
    <time value="20090607" />
    <assignedAuthor>
      <id root="bc01a5d1-3a34-4286-82cc-43eb04c972a7" />
      <assignedPerson>
        <name>
          <given>Quality</given>
          <family>Manager</family>
          <suffix>RN</suffix>
        </name>
      </assignedPerson>
      <representedOrganization>
        <id root="2.16.840.1.113883.19.5" />
        <name>Good Health Clinic</name>
      </representedOrganization>
    </assignedAuthor>
  </author>
  <!-- The reporting healthcare facility is represented using the CCD "Source of Information" construct, via the Informant participant. --
>
  <informant>
    <assignedEntity>
      <id nullFlavor="NA" />
      <representedOrganization>
        <id root="2.16.840.1.113883.19.5" />
        <name>Good Health Clinic</name>
      </representedOrganization>
    </assignedEntity>
  </informant>
  <!-- This example assumes that the institution responsible for the data is serving as custodian. -->

```



```

<custodian>
  <assignedCustodian>
    <representedCustodianOrganization>
      <!-- Health Care Organization Identifier (Joint Commission) -->
      <id root="2.16.840.1.113883.19.5" />
      <name>Good Health Clinic</name>
    </representedCustodianOrganization>
  </assignedCustodian>
</custodian>
<!-- In this example, the author is also serving as legal authenticator. -->
<legalAuthenticator>
  <time value="20080513" />
  <signatureCode code="S" />
  <assignedEntity>
    <id root="bc01a5d1-3a34-4286-82cc-43eb04c972a7" />
    <assignedPerson>
      <name>
        <given>Quality</given>
        <family>Manager</family>
        <suffix>RN</suffix>
      </name>
    </assignedPerson>
    <representedOrganization>
      <id root="2.16.840.1.113883.19.5" />
      <name>Good Health Clinic</name>
    </representedOrganization>
  </assignedEntity>
</legalAuthenticator>
<!-- *****
CDA Body
*****
-->
  <component>
    <structuredBody>
      <!-- *****
Measure Set Section
*****
-->
        <component>
          <section>
            <!-- QRDA STK Version 1 Measure Set templateId -->
            <templateId root="1.3.6.1.4.1.33895.1.1.31.1.2.1" />
            <code code="55185-3" codeSystem="2.16.840.1.113883.6.1"
displayName="MEASURE SET" />
            <title>Measure Set: STROKE, V1.0</title>
            <text>
              <list>
                <item>The Joint commission stroke measure set is a set of 8
measures assessing specific elements of the
shown to affect outcomes.
                the care and treatment provided to stroke patients that have been
              </item>
            </list>
            </text>
            <!-- *****
Measure Section
*****
-->
          </component>

```



```

<section>
specific template ID (Stroke 3). -->
<!-- Anticoagulation Therapy for Atrial Fibrillation/Flutter measure-
<templateId root="1.3.6.1.4.1.33895.1.2.16002.1.2.2" />
<!-- Stroke Education measure-specific template ID (stroke 8). -->
<templateId root="1.3.6.1.4.1.33895.1.2.16007.1.2.2" />
<code code="55186-1" codeSystem="2.16.840.1.113883.6.1" />
<title>Measure Section</title>
<text>
<list>
<item>STK-3 Anticoagulation Therapy for
Atrial Fibrillation/Flutter V1.0: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital
discharge.</item>
</list>
<list>
<item>STK-8 Stroke Education V1.0:
Ischemic or hemorrhagic stroke patients or their caregivers who were given educational
materials during the hospital stay
addressing all of the following: activation of emergency medical system, need for
follow-up after discharge,
medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke</item>
</list>
</text>
<entry typeCode="DRIV">
<act classCode="ACT" moodCode="DEF">
<code
code="1.3.6.1.4.1.33895.1.2.16002.1.2.3" codeSystem="1.3.6.1.4.1.33895.1.5.1" codeSystemName="Joint Commission Measure Act Code
system" displayName="Anticoagulation Therapy for Atrial Fibrillation/Flutter V1.0" />
<text>Anticoagulation Therapy for Atrial
Fibrillation/Flutter</text>
<statusCode code="completed" />
</act>
</entry>
<entry typeCode="DRIV">
<act classCode="ACT" moodCode="DEF">
<code
code="1.3.6.1.4.1.33895.1.2.16007.1.2.3" codeSystem="1.3.6.1.4.1.33895.1.5.1" codeSystemName="Joint Commission Measure Act Code
system" displayName="Stroke education V1.0" />
<text>Stroke education</text>
<statusCode code="completed" />
</act>
</entry>
<!--
*****
Reporting Parameters
*****
-->
<component>
<section>
<code code="55187-9"
codeSystem="2.16.840.1.113883.6.1" />
<title>Reporting Parameters</title>
<text>Reporting period: 01 October 2009 -
31 March 2010</text>
<entry>
<act classCode="ACT"
moodCode="EVN">
<code
code="252116004" codeSystem="2.16.840.1.113883.6.96" displayName="Observation Parameters" />
<effectiveTime>

```



```

value="20091001"/>
first day of the period reported. -->
value="20100131"/>
last day of the period reported. -->

<low
<!-- The
<high
<!-- The
</effectiveTime>
</act>
</entry>
</section>
</component>
<!--
*****
Patient Data
*****
-->
<component>
<section>
<templateId
<code code="55188-7"
<title>Patient Data Section</title>
<component>
<!--
*****
Problems List Section
*****
-->
<section>
<templateId
<templateId
<templateId
<code code="11450-
<title>Problem List
<text>
<list>
<item>Atrial Fibrillation</item>
</list>
</text>
<entry
<act

typeCode="DRIV">
classCode="ACT" moodCode="EVN">
<templateId root="2.16.840.1.113883.10.20.1.27" />
<templateId root="2.16.840.1.113883.3.88.11.83.7" />
<templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5.1" />
<templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5.2" />

```



```

<id root="5a2c903c-bd77-bbd1-ad9d-452383fbfefa" />

<code nullFlavor="NA" />

<statusCode code="active" />

<effectiveTime>

<low value="20091003" />

</effectiveTime>

<entryRelationship typeCode="SUBJ">

<observation classCode="OBS" moodCode="EVN">

    <templateId root="2.16.840.1.113883.10.20.1.28" />

    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5" />

    <id root="5a2c90cc-bd77-4bd1-ad9d-452383fbffff" />

    <code code="55607006" codeSystem="2.16.840.1.113883.96" displayName="Problem" />

    <text>

        <reference value="#PointerToNarrativeBlock" />

    </text>

    <statusCode code="completed" />

    <effectiveTime>

        <low value="20091003" />

    </effectiveTime>

    <value xsi:type="CD" code="49436004" codeSystem="2.16.840.1.113883.6.96" displayName="Atrial fibrillation" />

    <entryRelationship typeCode="REFR">

        <observation classCode="OBS" moodCode="EVN">

            <templateId root="2.16.840.1.113883.10.20.1.57" />

            <templateId root="2.16.840.1.113883.10.20.1.50" />

            <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.1.1" />

            <code code="33999-4" codeSystem="2.16.840.1.113883.6.1" displayName="Status" />

            <text>

                <reference value="#PointertonarrativeBlockReference" />

            </text>

            <statusCode code="completed" />

```



```

        <value xsi:type="CE" code="413322009" codeSystem="2.16.840.1.113883.6.96"
displayName="Resolved" />

        </observation>

    </entryRelationship>

</observation>

</entryRelationship>

</act>
</entry>
</section>
</component>
<!--
*****
Discharge Diagnosis Section
*****
-->
<component>
    <section>
        <templateId
        <templateId
        <code code="11535-
        <title>Discharge
        <text>
            <list>

                <item>Primary discharge diagnosis: Ischemic stroke</item>

            </list>
        </text>
    </entry>

    <act

typeCode="DRIV">
classCode="ACT" moodCode="EVN">

    <templateId root="2.16.840.1.113883.10.20.1.27" />
    <templateId root="2.16.840.1.113883.3.88.11.83.7" />
    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5.1" />
    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5.2" />
    <id root="5a2c903c-bd77-4bd1-ad9d-452383fbfefa" />
    <code nullFlavor="NA" />
    <statusCode code="active" />
    <effectiveTime>
    <low value="20091003" />

    <!-- sometime during hospitalization -->

```



```

</effectiveTime>

<entryRelationship typeCode="SUBJ">

<!-- Primary discharge diagnosis = sequence number + Diagnosis interpretation + diagnosis code -->

<sequenceNumber value="1" />

<observation classCode="OBS" moodCode="EVN">

    <templateId root="2.16.840.1.113883.10.20.1.28" />

    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5" />

    <id root="5a2c903c-bd77-4bd1-ad9d-452383fbffff" />

    <code code="282291009" codeSystem="2.16.840.1.113883.96" displayName="Diagnosis interpretation" />

    <text>

        <reference value="#PointerToNarrativeBlock" />

    </text>

    <statusCode code="completed" />

    <effectiveTime>

        <low value="20091005" />

        <!-- sometime during hospitalization -->

    </effectiveTime>

    <value xsi:type="CD" code="422504002" codeSystem="2.16.840.1.113883.6.96" displayName="Ischemic stroke" />

    <entryRelationship typeCode="REFR">

        <observation classCode="OBS" moodCode="EVN">

            <templateId root="2.16.840.1.113883.10.20.1.57" />

            <templateId root="2.16.840.1.113883.10.20.1.50" />

            <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.1.1" />

            <code code="33999-4" codeSystem="2.16.840.1.113883.6.1" displayName="Status" />

            <text>

                <reference value="#narrativeBlockReference" />

            </text>

            <statusCode code="completed" />

            <value xsi:type="CE" code="413322009" codeSystem="2.16.840.1.113883.6.96"

displayName="Resolved" />

        </observation>

```



```

        </entryRelationship>

    </observation>

</entryRelationship>

</act>
</entry>
</section>
</component>
<!--
*****
Discharge Medications Section
*****
-->

<component>
  <section>
    <templateId
    <templateId
    <templateId
    <code code="10183-
    <title>Discharge
    <text>
      <list>

      </list>
    </text>
  </entry>

  typeCode="DRIV">

    <substanceAdministration classCode="SBADM" moodCode="INT">

      <templateId root="2.16.840.1.113883.10.20.1.24" />

      <templateId root="2.16.840.1.113883.3.88.11.83.8" />

      <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.7" />

      <id root="cbbd33f0-6cde-11db-9fe1-0800200c9a66" />

      <statusCode code="active" />

      <effectiveTime xsi:type="PIVL_TS">
        <period value="24" unit="h" />
      </effectiveTime>

      <routeCode code="C38288" displayName="ORAL" codeSystem="2.16.840.1.113883.3.26.1.1" />

      <doseQuantity value="2" />

      <consumable>

      <manufacturedProduct>

```



```

<templateId root="2.16.840.1.113883.10.20.1.53" />

<templateId root="2.16.840.1.113883.3.88.11.83.8.2" />

<templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.7.2" />

<manufacturedMaterial>

    <code code="313735" displayName="Warfarin 2 MG Oral Tablet" codeSystem="2.16.840.1.113883.6.88"
codeSystemName="RxNorm">

        <originalText>Warfarin</originalText>

    </code>

</manufacturedMaterial>

</manufacturedProduct>

</consumable>

</substanceAdministration>

</entry>
</section>
</component>
<!--
*****
Encounters Section
*****
-->

<component>
    <section>
        <templateId
        <templateId
        <templateId
        <code code="46240-
root="2.16.840.1.113883.10.20.1.3" />
root="2.16.840.1.113883.3.88.11.83.127" />
root="1.3.6.1.4.1.19376.1.5.3.1.1.5.3.3" />
8" codeSystem="2.16.840.1.113883.6.1" />
        <title>Encounters</title>
        <text>
            <list>
                <item>Admit date:3 - October - 2009</item>
                <item>Discharge date:5 - October - 2009</item>
            </list>
        </text>
    </section>
</component>
</entry>
typeCode="DRIV">

    <encounter classCode="ENC" moodCode="EVN">

        <templateId root="2.16.840.1.113883.10.20.1.21" />

        <templateId root="2.16.840.1.113883.3.88.11.83.16" />

        <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.14" />

```



```

<id root="2a620155-9d11-439e-92b3-5d9815ff4de8" />

<code code="IMP" codeSystem="2.16.840.1.113883.5.4" displayName="Inpatient">

<originalText>

    <reference value="@narrativeBlockReference" />

</originalText>

</code>

<!-- Length of stay -->

<effectiveTime>

<low value="20091003" />

<high value="20091005" />

</effectiveTime>

</encounter>

</entry>
</section>
</component>
<!--
*****
Procedure Section
*****
-->
<component>
    <section>
        <templateId
        <templateId
        <templateId
        <code code="47519-
        <title>Procedures
        <text>
            <list>

                <item>Education Provided: Activation of emergency medical system</item>

                <item>Education Provided: Medications prescribed at discharge</item>

                <item>Education Provided: Risk factors for stroke</item>

                <item>Education Provided: Warning signs and symptoms of stroke</item>

            </list>

        </text>
        <!-- NOTE: Joint
        <!-- Education

Commission Providing Material code(s) unavailable 1/13/2010-->

Addresses Activation of Emergency Medical System -->

```



typeCode="DRIV">

<procedure classCode="PROC" moodCode="EVN">

<templateId root="2.16.840.1.113883.3.88.11.83.17" />

<templateId root="2.16.840.1.113883.10.20.1.29" />

<id root="e401f340-7be2-11db-9fe1-0800200c9a66" />

<code code="385867000" codeSystem="2.16.840.1.113883.6.96" displayName="Emergency treatment education (procedure)">

<originalText>

<reference value="#Proc1" />

</originalText>

</code>

<effectiveTime value="20090607" />

</procedure>

<entry

</entry>

<!-- Education

Addresses Medications Prescribed at Discharge -->

<entry

typeCode="DRIV">

<procedure classCode="PROC" moodCode="EVN">

<templateId root="2.16.840.1.113883.3.88.11.83.17" />

<templateId root="2.16.840.1.113883.10.20.1.29" />

<id root="e401f340-7be2-11db-9fe1-0800200c9a88" />

<code code="386465007" codeSystem="2.16.840.1.113883.6.96" displayName="Prescribed medication education (procedure)">

<originalText>

<reference value="#Proc2" />

</originalText>

</code>

<statusCode code="completed" />

<effectiveTime value="20091005" />

</procedure>

</entry>

<!-- Education

Addresses Risk Factors for Stroke -->

<entry

typeCode="DRIV">

<procedure classCode="PROC" moodCode="EVN">



```

<templateId root="2.16.840.1.113883.3.88.11.83.17" />
<templateId root="2.16.840.1.113883.10.20.1.29" />
<id root="e401f340-7be2-11db-9fe1-0800200c2a22" />
<code code="415233007" codeSystem="2.16.840.1.113883.6.96" displayName="Raising awareness of risks (procedure)">
<originalText>
    <reference value="#Proc3" />
</originalText>
</code>
<statusCode code="completed" />
<effectiveTime value="20091005" />
</procedure>

```

```

</entry>
<!-- Education

```

Addresses Warning Signs and Symptoms of Stroke -->

typeCode="DRIV">

```

<procedure classCode="PROC" moodCode="EVN">
<templateId root="2.16.840.1.113883.3.88.11.83.17" />
<templateId root="2.16.840.1.113883.10.20.1.29" />
<id root="e401f340-7be2-11db-9fe1-0800200c1a1" />
<code code="223413005" codeSystem="2.16.840.1.113883.6.96" displayName="Signs and symptoms education (procedure)">
<originalText>
    <reference value="#Proc5" />
</originalText>
</code>
<statusCode code="completed" />
<effectiveTime value="20091005" />
</procedure>

```

```

</entry>
</section>
</component>
</section>
</component>
</section>
</component>
</section>
</component>
</structuredBody>

```



```

    </component>
</ClinicalDocument>

```

3.3.2 QRDA SAMPLE FOR ED

The following XML provides a sample Patient Level Quality Data Report as constrained in this document as an implementation of HITSP/C105 Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture (QRDA) for Emergency Department measures and reporting for ED-1 and ED-2.

```

<?xml version="1.0" encoding="utf-8"?>
<?xml-stylesheet type="text/xsl" href="cdaBandW.xsl"?>
<ClinicalDocument xmlns="urn:hl7-org:v3" xmlns:voc="urn:hl7-org:v3/voc" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xsi:schemaLocation="urn:hl7-org:v3 CDA.xsd">
    <!-- The following sample document depicts a fictional character's health summary. Any resemblance to a real person is
    coincidental.
    To illustrate as many of the quality data elements in this measure as possible, the clinical scenario/timing may not be entirely plausible-->
    <!-- Title: QRDA_CategoryI_EDMeasureSet.xml Sample File
    Original Filename: QRDA_CategoryI_EDMeasureSet.xml
    Version: 1.1
    Revision History:Final 1/13/2010
-->
<!--
*****
CDA Header
*****
-->
    <realmCode code="US" />
    <typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040" />
    <!-- QRDA Category I generic template ID. -->
    <templateId root="2.16.840.1.113883.10.20.12" />
    <id root="88414c01-715a-45bb-83bb-db7ac860fe9d" />
    <code code="55182-0" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Quality Measure Report"
/>
    <title>Quality Measure Report</title>
    <effectiveTime value="20091005" />
    <confidentialityCode codeSystem="2.16.840.1.113883.5.25" code="N" />
    <languageCode code="en-US" />
    <!-- This is the patient for which the report is describing. -->
    <recordTarget>
        <patientRole>
            <id extension="123456789" root="2.16.840.1.113883.19.5" />
            <patient>
                <name>
                    <given>Henry</given>
                    <family>Levin</family>
                    <suffix>the 7th</suffix>
                </name>
                <administrativeGenderCode code="10052007" codeSystem="2.16.840.1.113883.6.96"
displayName="Male" />
                <birthTime value="19320924" />
            </patient>
        </patientRole>
    </recordTarget>
    <!-- This example assumes a workflow whereby a quality manager nurse is creating the report. -->
    <author>

```



```

    <time value="2009100514" />
    <assignedAuthor>
      <id root="bc01a5d1-3a34-4286-82cc-43eb04c972a7" />
      <assignedPerson>
        <name>
          <given>Nancy</given>
          <family>Nightingale</family>
          <suffix>N</suffix>
        </name>
      </assignedPerson>
      <representedOrganization>
        <id root="eea90b00-cb33-11de-8a39-0800200c9a66" />
        <name>Good Health Clinic</name>
      </representedOrganization>
    </assignedAuthor>
  </author>
  <!-- The reporting healthcare facility is represented using the CCD "Source of Information" construct, via the Informant participant. -->
  <informant>
    <assignedEntity>
      <id nullFlavor="NA" />
      <representedOrganization>
        <id root="2.16.840.1.113883.19.5" />
        <name>Good Health Clinic</name>
      </representedOrganization>
    </assignedEntity>
  </informant>
  <!-- This example assumes that the institution responsible for the data is serving as custodian. -->
  <custodian>
    <assignedCustodian>
      <representedCustodianOrganization>
        <id root="eea90b00-cb33-11de-8a39-0800200c9a66" />
        <name>Good Health Clinic</name>
      </representedCustodianOrganization>
    </assignedCustodian>
  </custodian>
  <!-- In this example, the author is also serving as legal authenticator. -->
  <legalAuthenticator>
    <time value="20000408" />
    <signatureCode code="S" />
    <assignedEntity>
      <id root="eea90b01-cb33-11de-8a39-0800200c9a66" />
      <assignedPerson>
        <name>
          <given>Nancy</given>
          <family>Nightingale</family>
          <suffix>N</suffix>
        </name>
      </assignedPerson>
      <representedOrganization>
        <id root="eea90b00-cb33-11de-8a39-0800200c9a66" />
        <name>Good Health Clinic</name>
      </representedOrganization>
    </assignedEntity>
  </legalAuthenticator>
  <!--
*****
CDA Body
*****
-->
  <component>

```



```

<structuredBody>
  <!--
  *****
  MeasureSet
  *****
  -->

  <component>
    <section>
      <!-- QRDA ED Version 1 Measure Set templateID -->
      <templateID root="2.16.840.1.113883.3.249.11.14.1.1.1" />
      <code code="55185-3" codeSystem="2.16.840.1.113883.6.1"

      displayName="MEASURE SET" />

      <title>Measure Set: Emergency Department, V1.0</title>
      <text>
        <list>
          <item>Reducing the time patients remain in the emergency
            department (ED) can improve access to treatment and
            increase quality of care. Reducing this time potentially
            improves access to care specific to the patient condition
            and increases the capability to provide additional
            treatment.
          </item>
          <item>These measures report key time elements in an ED
            encounter of an admitted patient and report presence of mental health problems
            or diagnoses.
          </item>
        </list>
      </text>
      <!--
      *****
      Measure Section
      *****
      -->
      <component>
        <section>
          <!--QRDA Category I ED-1 template ID. -->
          <templateID root="2.16.840.1.113883.3.249.11.14.2.1.2.2" />
          <!--QRDA Category I ED-2 template ID. -->
          <templateID root="2.16.840.1.113883.3.249.11.14.3.1.2.2" />
          <code code="55186-1" codeSystem="2.16.840.1.113883.6.1"

          codeSystemName="LOINC" displayName="MEASURE" />

          <title>Measure Section</title>
          <text>
            <list>
              <item>ED-1 Median Time from ED Arrival
                to ED Departure for Admitted ED Patients V-1</item>
              <item>ED-2 Admit Decision Time to ED
                Departure Time for Admitted Patients V-1</item>
            </list>
          </text>
          <entry typeCode="DRIV">
            <act classCode="ACT" moodCode="DEF">
              <code
                code="2.16.840.1.113883.3.249.11.14.2.1.2.3" codeSystem="2.16.840.1.113883.3.249.11.15.1" codeSystemName="CMS Measure Act Code
                system" displayName="Emergency Department - 1 V1.0" />

                <text>ED-1 Median Time from ED Arrival to
                ED Departure for Admitted ED Patients V1.0</text>

                <statusCode code="completed" />
              </act>
            </entry>
          <entry typeCode="DRIV">

```



```

                                <act classCode="ACT" moodCode="DEF">
                                    <code
code="2.16.840.1.113883.3.249.11.14.3.1.2.3" codeSystem="2.16.840.1.113883.3.249.11.15.1" codeSystemName= "CMS Measure Act Code
system" displayName="Emergency Department - 2 V1.0" />
                                <text>ED-2 Admit Decision Time to ED
Departure Time for Admitted Patients V1.0</text>
                                <statusCode code="completed" />
                                </act>
                            </entry>
                            <!--
*****
Reporting Parameters
*****
-->
                            <component>
                                <section>
                                    <templateId
root="2.16.840.1.113883.10.20.17.2.1" />
                                    <code code="55187-9"
codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="REPORTING PARAMETERS" />
                                    <title>Reporting Parameters</title>
                                    <text>Reporting
period: 01 October 2009 - 31 March 2010</text>
                                    <entry>
                                        <act classCode="ACT"
moodCode="EVN">
                                            <templateId
root="2.16.840.1.113883.10.20.17.3.8" />
                                            <code
code="252116004" codeSystem="2.16.840.1.113883.6.96" displayName="Observation Parameters" />
                                            <effectiveTime>
                                                <low
value="20091001"/>
                                                <!-- The
first day of the period reported. -->
                                                <high
value="20100131"/>
                                                <!-- The
last day of the period reported. -->
                                            </effectiveTime>
                                        </act>
                                    </entry>
                                </section>
                            </component>
                            <!--
*****
Patient Data
*****
-->
                            <component>
                                <section>
                                    <templateId
root="2.16.840.1.113883.10.20.17.2.4" />
                                    <code code="55188-7"
codeSystem="2.16.840.1.113883.6.1" />
                                    <title>Patient Data Section</title>
                                    <!--
*****
Encounters Section
*****
-->

```



```

root="2.16.840.1.113883.10.20.1.3" />
root="2.16.840.1.113883.3.88.11.83.127" />
root="1.3.6.1.4.1.19376.1.5.3.1.1.5.3.3" />
8" codeSystem="2.16.840.1.113883.6.1" />
    <title>Encounters</title>

    <item>ED Arrival Date/Time: 2-October 2009 1400</item>
    <item>Emergency Encounter: 2-October 2009 1500-2200</item>
    <item>ED Departure Date/Time: 2-October 2009 2200</item>
    <item>Observation services: 2-October 2009 1800-2200</item>
    <item>Decision to Admit date/time: 2-October 2009 2159</item>
    <item>Inpatient encounter: 2-October 2009 2200 to 5-October-2009</item>
    <item>Admission Source: Emergency Department</item>

typeCode="DRIV">
    <encounter classCode="ENC" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.1.21" />
        <templateId root="2.16.840.1.113883.3.88.11.83.16" />
        <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.14" />
        <id root="2a620155-9d11-439e-92b3-5d9815ff4de8" />
        <!-- Patient Class -->
        <code code="EMER" codeSystem="2.16.840.1.113883.5.4" displayName="Emergency Encounter">
            <originalText>
                <reference value="@narrativeBlockReference" />
            </originalText>
        </code>
        <effectiveTime>
            <low value="200910021500" />
            <!-- ED Departure Date/Time (encounter time/high)-->

```

```

<component>
  <section>
    <templateId
    <templateId
    <templateId
    <code code="46240-
    <text>
      <list>
    </list>
  </text>
  <entry

```



```

    <high value="200910022200" />

  </effectiveTime>

  <participant typeCode="LOC">

    <templateId root="2.16.840.1.113883.10.20.1.45"/>

    <time>

      <!-- Arrival Date / Time -->

      <low value="200910021400" />

    </time>

    <participantRole classCode="SDLOC">

      <id root="2.16.840.1.113883.3.117.1.1.5.1.1" />

      <code codeSystem="2.16.840.1.113883.6.259" codeSystemName="HL7 Healthcare Service Location Code"
code="1108-0" displayName="Emergency Department" />

    </participantRole>

  </participant>

  <participant typeCode="LOC">

    <templateId root="2.16.840.1.113883.10.20.1.45"/>

    <!-- Observation services time frame -->

    <time>

      <low value="200910021800" />

      <high value="200910022200" />

    </time>

    <participantRole classCode="SDLOC">

      <code codeSystem="2.16.840.1.113883.6.259" codeSystemName="HL7 Healthcare Service Location Code"
code="1162-7" displayName="24 Hour observation area" />

    </participantRole>

  </participant>

  <entryRelationship typeCode="COMP">

    <!-- Admission Order (Decision to Admit) -->

    <act classCode="ACT" moodCode="RQO">

      <code code="32485007" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED CT" displayName="
Hospital admission " />

    </act>

  </entryRelationship>

  <author>

```



```

        <!-- Decision to Admit date/time -->

        <time value="200910022159" />

        <assignedAuthor>

            <id root="f7a66e8a-f6e5-48fe-93e5-f0f1ed462c80" />

        </assignedAuthor>

    </author>

</act>

</entryRelationship>

</encounter>

</entry>
<entry
typeCode="DRIV">
    <!--
Inpatient encounter -->

    <encounter classCode="ENC" moodCode="EVN">

        <templateId root="2.16.840.1.113883.10.20.1.21" />

        <templateId root="2.16.840.1.113883.3.88.11.83.16" />

        <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.14" />

        <id root="2a620155-9d11-439e-92b3-5d9815ff4de9" />

        <code code="IMP" displayName="Inpatient encounter" codeSystem="2.16.840.1.113883.5.4">

            <originalText>

                <reference value="@narrativeBlockReference" />

            </originalText>

        </code>

        <effectiveTime>

            <low value="200910022200" />

            <!-- Inpatient encounter end date -->

            <high value="20091005" />

        </effectiveTime>

        <!-- Admission source (origin)-->

        <participant typeCode="ORG">

            <participantRole classCode="SDLOC">

```



<code code="1" codeSystem="2.16.840.1.113883.3.88.12.80.33" codeSystemName="NUBC"
 displayName="Emergency" />

</participantRole>

</participant>

</encounter>

</entry>

</section>

</component>

<component>

<!--

Problems List Section

-->

<!-- (May contain)Mental Health

Problem Observation in a problem list - these measures require that if there is a

mental health problem present in the patient's problem list or as

primary d/c diagnosis (not represented in this sample file)that

this information be sent -->

<section>

<templateId

root="2.16.840.1.113883.10.20.1.11" />

<templateId

root="2.16.840.1.113883.3.88.11.83.103" />

<templateId

root="1.3.6.1.4.1.19376.1.5.3.1.3.6" />

<code code="11450-

4" codeSystem="2.16.840.1.113883.6.1" />

<title>Problem List

section</title>

<text>

<list>

<item>Bipolar disorder</item>

</list>

</text>

<entry

typeCode="DRIV">

<act

classCode="ACT" moodCode="EVN">

<templateId root="2.16.840.1.113883.10.20.1.27" />

<templateId root="2.16.840.1.113883.3.88.11.83.7" />

<templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5.1" />

<templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5.2" />

<id root="5a2c903c-bd77-bbd1-ad9d-452383fbfefa" />

<code nullFlavor="NA" />

<statusCode code="active" />

<effectiveTime>



```

<low value="20070515" />

</effectiveTime>

<entryRelationship typeCode="SUBJ">

  <observation classCode="OBS" moodCode="EVN">

    <templateId root="2.16.840.1.113883.10.20.1.28" />

    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.5" />

    <id root="5a2c90cc-bd77-4bd1-ad9d-452383fbffff" />

    <code code="55607006" codeSystem="2.16.840.1.113883.96" displayName="Problem" />

    <text>

      <reference value="#PointerToNarrativeBlock" />

    </text>

    <statusCode code="completed" />

    <effectiveTime>

      <low value="20070515" />

    </effectiveTime>

    <value xsi:type="CD" code="13746004" codeSystem="2.16.840.1.113883.6.96" displayName="Bipolar disorder" />

    <entryRelationship typeCode="REFR">

      <observation classCode="OBS" moodCode="EVN">

        <templateId root="2.16.840.1.113883.10.20.1.57" />

        <templateId root="2.16.840.1.113883.10.20.1.50" />

        <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.1.1" />

        <code code="33999-4" codeSystem="2.16.840.1.113883.6.1" displayName="Status" />

        <text>

          <reference value="#PointertonarrativeBlockReference" />

        </text>

        <statusCode code="completed" />

        <value xsi:type="CE" code="55561003" codeSystem="2.16.840.1.113883.6.96"

displayName="Active" />

      </observation>

    </entryRelationship>

  </observation>

</entryRelationship>

</observation>

```



```

</entryRelationship>
</act>
</entry>
</section>
</component>
</section>
</component>
</section>
</component>
</section>
</component>
</structuredBody>
</component>
</ClinicalDocument>

```

3.4 QUALITY MEASURE EMEASURE SPECIFICATION XML EXAMPLE: [STK-3]

3.4.1 EMEASURE EXAMPLE FOR STROKE 3

The following XML provides a sample eMeasure specification as constrained in this document as an implementation of HITSP/C106 Measurement Criteria Component for STK-3.

```

<?xml version="1.0" encoding="utf-8"?>
<?xml-stylesheet type="text/xsl" href="eMeasureBandW.xsl"?>
<QualityMeasureDocument xmlns="urn:hl7-org:v3" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="urn:hl7-
org:v3 ..\xsd\Schemas\EMeasure.xsd">
  <!--
Title: Stroke3 eMeasure
Original Filename: eMeasure_STK3.xml
Version: 1.0
Revision History: Final 1/13/2010
-->
  <!--
*****
eMeasure Header
*****
-->
    <typeId root="2.16.840.1.113883.1.3" extension="POQM_HD000001" />
    <id root="1.3.6.1.4.1.33895.1.2.16002.1.1" />
    <code code="57024-2" codeSystem="2.16.840.1.113883.6.1" displayName="Health Quality Measure document" />
    <title>Anticoagulation therapy for atrial fibrillation/flutter (Stroke 3)</title>
    <text>Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.</text>
    <statusCode code="active" />
    <effectiveTime>
      <low value="20091001"/>
      <high value="20100331"/>
    </effectiveTime>
    <setId root="1.3.6.1.4.1.33895.1.2.16002.1.1.1" />
    <versionNumber value="1" />
    <author typeCode="AUT">
      <assignedPerson classCode="ASSIGNED">
        <representedOrganization classCode="ORG" determinerCode="INSTANCE">
          <id root="1.3.6.1.4.1.33895.1.2.16002" />
          <name>Joint Commission</name>
          <contactParty classCode="CON" nullFlavor="UNK"/>
        </representedOrganization>
      </assignedPerson>
    </author>

```



```

<custodian typeCode="CST">
  <assignedPerson classCode="ASSIGNED">
    <representedOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="1.3.6.1.4.1.33895.1.2.16002" />
      <name>Joint Commission</name>
      <contactParty classCode="CON" nullFlavor="UNK"/>
    </representedOrganization>
  </assignedPerson>
</custodian>
<verifier typeCode="VRF">
  <assignedPerson classCode="ASSIGNED">
    <representedOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="1.3.6.1.4.1.33895.1.2.16002" />
      <name>Joint Commission</name>
      <contactParty classCode="CON" nullFlavor="UNK"/>
    </representedOrganization>
  </assignedPerson>
</verifier>
<verifier typeCode="VRF">
  <assignedPerson classCode="ASSIGNED">
    <representedOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="2.16.840.1.113883.19.5" /> <!-- Need still as of 1/13 -->
      <name>National Quality Forum</name>
      <contactParty classCode="CON" nullFlavor="UNK"/>
    </representedOrganization>
  </assignedPerson>
</verifier>
<subjectOf>
  <measureAttribute>
    <code code="MSRSCORE" codeSystem="2.16.840.1.113883.5.4" displayName="Measure scoring"/>
    <value xsi:type="CD" code="PROPOR" codeSystem="2.16.840.1.113883.5.1063"
displayName="Proportion"/>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code code="MSRTYPE" codeSystem="2.16.840.1.113883.5.4" displayName="Measure type"/>
    <value xsi:type="CD" code="PROCESS" codeSystem="2.16.840.1.113883.5.1063" displayName="process"/>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code code="RAT" codeSystem="2.16.840.1.113883.5.4" displayName="Rationale" />
    <value xsi:type="ED" mediaType="text/plain">Nonvalvular atrial fibrillation (NVAF) is a common arrhythmia
and an important risk factor for stroke. It is one of several conditions and lifestyle factors that have been identified as risk factors for stroke. It
has been estimated that over 2 million adults in the United States have NVAF. While the median age of patients with atrial fibrillation is 75
years, the incidence increases with advancing age. For example, The Framingham Heart Study noted a dramatic increase in stroke risk
associated with atrial fibrillation with advancing age, from 1.5% for those 50 to 59 years of age to 23.5% for those 80 to 89 years of age.
Furthermore, a prior stroke or transient ischemic attack (TIA) are among a limited number of predictors of high stroke risk within the population
of patients with atrial fibrillation. Therefore, much emphasis has been placed on identifying methods for preventing recurrent ischemic stroke as
well as preventing first stroke. Prevention strategies focus on the modifiable risk factors such as hypertension, smoking, and atrial fibrillation.
Analysis of five placebo-controlled clinical trials investigating the efficacy of warfarin in the primary prevention of thromboembolic stroke, found
the relative risk of thromboembolic stroke was reduced by 68% for atrial fibrillation patients treated with warfarin. The administration of
anticoagulation therapy, unless there are contraindications, is an established effective strategy in preventing recurrent stroke in high stroke risk-
atrial fibrillation patients with TIA or prior stroke.</value>
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        <value xsi:type="ED" mediaType="text/plain">Fuster et al., ACC/AHA/ESC Guidelines for the Management of
Patients with Atrial Fibrillation, JACC Vol.38, August 2001:1231-6</value>
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Bushnell CD, Culebras A, DeGraba TJ, Gorelick PB, Guyton JR, Hart RG, Howard G, Kelly-Hayes M, Nixon JV, Sacco RL. Primary Prevention
of Ischemic Stroke: A Guideline From the American Heart Association/American Stroke Association Stroke Council: Cosponsored by the
Atherosclerotic Peripheral Vascular Disease Interdisciplinary Working Group; Cardiovascular Nursing Council; Clinical Cardiology Council;
Nutrition, Physical Activity, and Metabolism Council; and the Quality of Care and Outcomes Research Interdisciplinary Working Group: The
American Academy of Neurology affirms the value of this guideline. Stroke. 2006;37:1583</value>
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        <code code="REF" codeSystem="2.16.840.1.113883.5.4" displayName="Reference" />
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K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T.
Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack: A Statement for Healthcare Professionals
From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular
Radiology and Intervention. Stroke Vol. 37, 2006:577</value>
    </measureAttribute>
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        <id root="88414c01-715a-45bb-83bb-db7ac860fe9d" extension="STK" />
        <title>Stroke (STK)</title>
    </qualityMeasureSet>
</componentOf>
<!--
*****
eMeasure Body
*****
-->
<!--
*****
Data Criteria section
*****
-->
    <component>
        <section>
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            <title>Data criteria</title>
            <text>
                <list>
                    <item>"Inpatient encounter": Patient admitted to and discharged from the hospital for
inpatient acute care.</item>
                    <item>"Principal Diagnosis of Ischemic stroke": Patient with a Principal Diagnosis of
Ischemic Stroke as identified by the Joint Commission Ischemic Stroke Value Set.</item>
                    <item>"Atrial Fibrillation/Flutter": Documentation that the patient has a history of any
atrial fibrillation (e.g., remote, persistent, or paroxysmal) or atrial flutter in the past OR current atrial fibrillation or flutter on EKG.</item>

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        <item>"Age &lt; 18 at time of Admission": Patient age is &lt; 18 at the time of
admission</item>
        <item>"Length of stay >= 120 days": Duration of encounter (encounter end time -
encounter start time) is greater than 120 days.</item>
        <item>"Clinical Trial": Documentation that during this hospital stay the patient was
enrolled in a clinical trial in which patients with the same condition as the measure set were being studied </item>
        <item>"Comfort Measures Only": Documentation of comfort measures only by
Physician/advanced practice nurse/physician assistant </item>
        <item>"Elective Carotid Intervention": Documentation demonstrates that the current
admission is solely for the performance of an elective carotid intervention (e.g., elective carotid endarterectomy, angioplasty, carotid
stenting).</item>
        <item>"DischargeTransfers": Patient discharged to another facility or left
AMA</item>
        <item>"Patient condition deceased": Patient has expired.</item>
        <item>"Reason For Not Prescribing Anticoagulation Therapy at Discharge": Reason for
not prescribing anticoagulation therapy at hospital discharge.</item>
        <item>"Anticoagulation Therapy Prescribed At Discharge": Documentation that
anticoagulation therapy was prescribed at hospital discharge.</item>
    </list>
</text>
<entry typeCode="DRIV">
    <!-- Inpatient encounter -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="5a2c903c-bd77-4444-ad9d-452383fbabcd" />
        <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
        <sourceOf typeCode="COMP">
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                <code code="1.3.6.1.4.1.33895.1.3.0.36"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Inpatient Encounter Value Set" />
            </encounter>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Principal Diagnosis of Ischemic stroke -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
        <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />
        <sourceOf typeCode="COMP">
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                    <sequenceNumber value="1" />
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moodCode="EVN.CRT">
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code="1.3.6.1.4.1.33895.1.3.0.38" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Ischemic
Stroke Value Set" />
                    </observation>
                </sourceOf>
            </act>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Atrial Fibrillation/Flutter (Problem List) -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="aebb2a61-73da-11de-8a39-0800200c9a66" />
        <code code="11450-4" displayName="Problem list"
codeSystem="2.16.840.1.113883.6.1" />
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</entry>

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        <sourceOf typeCode="COMP">
            <act classCode="ACT" moodCode="EVN.CRT">
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moodCode="EVN.CRT">
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Fibrillation / Flutter History and Finding Value Set" />
                    </observation>
                </sourceOf>
            </act>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Atrial Fibrillation/Flutter (Discharge Dx) -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="aebb2a61-73da-11de-8a39-0812300c9a66" />
        <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />
        <sourceOf typeCode="COMP">
            <act classCode="ACT" moodCode="EVN.CRT">
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                    <observation classCode="OBS"
moodCode="EVN.CRT">
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code="1.3.6.1.4.1.33895.1.3.0.7" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Atrial
Fibrillation / Flutter History and Finding Value Set" />
                    </observation>
                </sourceOf>
            </act>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Atrial Fibrillation/Flutter (procedure) -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="5b58f4e1-7373-11de-8a39-0800200c9a67" />
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.8"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Atrial Fibrillation/Flutter Procedure Value Set"
/>
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Age &lt; 18 at time of Admission -->
    <observation classCode="OBS" moodCode="EVN.CRT">
        <id root="aebb2a61-73da-11de-8a39-0ABCD00c9a66" />
        <code nullFlavor="OTH">
            <originalText>Age &lt; 18 at time of Admission</originalText>
        </code>
        <derivationExpr>Encounter.effectiveTime.low - Patient.birthTime</derivationExpr>
        <value xsi:type="IVL_PQ">
            <high value="18" unit="a" />
        </value>
    </sourceOf typeCode="DRIV">

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        <localVariableName>Patient</localVariableName>
        <act classCode="DOCCLIN" moodCode="EVN.CRT">
          <participant typeCode="RCT">
            <patient classCode="PAT">
              <patientPerson classCode="PSN"
                <birthTime />
              </patientPerson>
            </patient>
          </participant>
        </act>
      </sourceOf>
      <sourceOf typeCode="DRIV">
        <act classCode="DOCSECT" moodCode="EVN.CRT">
          <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
            <sourceOf typeCode="COMP">
              <localVariableName>Encounter</localVariableName>
              <encounter classCode="ENC" moodCode="EVN">
                <effectiveTime xsi:type="IVL_TS">
                  <low />
                </effectiveTime>
              </encounter>
            </sourceOf>
          </act>
        </sourceOf>
      </observation>
    </entry>
    <entry typeCode="DRIV">
      <!-- Length of stay > 120 days -->
      <observation classCode="OBS" moodCode="EVN.CRT">
        <id root="5b58f4e1-73cd-11de-8a39-0800200c9a66" />
        <code code="183797002" codeSystem="2.16.840.1.113883.6.96"
          <derivationExpr>Encounter.effectiveTime.high -
            Encounter.effectiveTime.low</derivationExpr>
          <statusCode code="completed" />
          <value xsi:type="IVL_PQ">
            <low value="120" unit="d" />
          </value>
          <sourceOf typeCode="DRIV">
            <act classCode="DOCSECT" moodCode="EVN.CRT">
              <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
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                  <encounter classCode="ENC" moodCode="EVN">
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                      <low />
                      <high />
                    </effectiveTime>
                  </encounter>
                </sourceOf>
              </act>
            </sourceOf>
          </observation>
        </entry>
        <entry typeCode="DRIV">
          <!-- Clinical Trial (Problem List)-->
          <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />

```



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List" />
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moodCode="EVN.CRT">
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    <sourceOf typeCode="SUBJ">
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code="1.3.6.1.4.1.33895.1.3.0.11" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Clinical
Trial Value Set" />
      </observation>
    </sourceOf>
  </act>
</sourceOf>
</act>
</entry>
<entry typeCode="DRIV">
  <!-- Clinical Trial (Discharge Dx)-->
  <act classCode="DOCSECT" moodCode="EVN.CRT">
    <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
    <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />
    <sourceOf typeCode="COMP">
      <act classCode="ACT" moodCode="EVN.CRT">
        <sourceOf typeCode="SUBJ">
          <observation classCode="OBS"
            <value xsi:type="CD"
code="1.3.6.1.4.1.33895.1.3.0.11" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Clinical
Trial Value Set" />
          </observation>
        </sourceOf>
      </act>
    </sourceOf>
  </act>
</entry>
<entry typeCode="DRIV">
  <!-- Comfort Measures Only -->
  <act classCode="DOCSECT" moodCode="EVN.CRT">
    <id root="5b58f4e1-73cd-11de-8a39-0800200c9a67" />
    <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
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      <procedure classCode="PROC" moodCode="EVN.CRT">
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codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Comfort Measures Only Value Set" />
        </procedure>
      </sourceOf>
    </act>
  </entry>
<entry typeCode="DRIV">
  <!-- Elective Carotid Intervention -->
  <act classCode="DOCSECT" moodCode="EVN.CRT">
    <id root="aebb2a62-73da-11de-8a39-0800200c9a66" />
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displayName="Procedures and Interventions" />
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codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Carotid Intervention Procedure Value Set" />
        </procedure>

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        </sourceOf>
      </act>
    </entry>
    <entry typeCode="DRIV">
      <!-- Elective Surgery Procedure -->
      <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="aebbbbbb-73da-11de-8a39-0800200c9a66" />
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displayName="Procedures and Interventions" />
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codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Elective Surgery Value Set" />
          </procedure>
        </sourceOf>
      </act>
    </entry>
    <entry typeCode="DRIV">
      <!-- Elective admission -->
      <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="5a2c9aaa-bd77-4aa4-aaad-452383fbabcd" />
        <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
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          </encounter>
        </sourceOf>
      </act>
    </entry>
    <entry typeCode="DRIV">
      <!-- Patient discharge disposition is to another facility or left against medical advice -->
      <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="aebb2a64-73da-11de-8a39-0800200c9a66" />
        <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
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Transfers Value Set" />
          </encounter>
        </sourceOf>
      </act>
    </entry>
    <entry typeCode="DRIV">
      <!-- Patient died -->
      <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="aebb2a64-73da-11de-8a39-080020999a66" />
        <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
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/>
          </encounter>
        </sourceOf>
      </act>
    </entry>

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<entry typeCode="DRIV">
  <!-- Anticoagulation therapy prescribed at discharge -->
  <act classCode="DOCSECT" moodCode="EVN.CRT">
    <id root="5b58f4e4-73cd-11de-8888-0800200c9a66" />
    <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />

    <sourceOf typeCode="COMP">
      <substanceAdministration classCode="SBADM" moodCode="CRT">
        <!-- should be INT.CRT -->
        <id root="5b58f4e2-73cd-11de-8a39-0800200c9a66" />
        <participant typeCode="CSM">
          <role classCode="MANU">
            <playingMaterial classCode="MMAT"

determinerCode="INSTANCE">

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code="1.3.6.1.4.1.33895.1.3.0.3" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission
Anticoagulant Medications-Stroke" />

                                </playingMaterial>
                                </role>
          </participant>
        </substanceAdministration>
      </sourceOf>
    </act>
  </entry>
  <entry typeCode="DRIV">
    <!-- Anticoagulation therapy NOT prescribed at discharge (procedure) -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
      <id root="2222f4e4-73cd-11de-8a39-0000200c9a66" />
      <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />

      <sourceOf typeCode="COMP">
        <procedure classCode="PROC" moodCode="EVN.CRT">
          <code code="1.3.6.1.4.1.33895.1.3.0.54"
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Therapy at Discharge Procedure" />

          </procedure>
        </sourceOf>
      </act>
    </entry>
    <entry typeCode="DRIV">
      <!-- Anticoagulation therapy NOT prescribed at discharge (problem list) -->
      <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="3333f4e4-73cd-11de-8a39-0802800c9a66" />
        <code code="11450-4" codeSystem="2.16.840.1.113883.6.1" displayName="Problem
List" />

        <sourceOf typeCode="COMP">
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moodCode="EVN.CRT">

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code="1.3.6.1.4.1.33895.1.3.0.53" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Reason
For Not Prescribing Anticoagulation Therapy at Discharge i½ Finding/Situation" />

                                </observation>
              </sourceOf>
            </act>
          </sourceOf>
        </act>
      </entry>
    <entry typeCode="DRIV">
      <!-- Anticoagulation therapy NOT prescribed at discharge (discharge diagnosis) -->

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        <act classCode="DOCSECT" moodCode="EVN.CRT">
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            <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />
            <sourceOf typeCode="COMP">
                <act classCode="ACT" moodCode="EVN.CRT">
                    <sourceOf typeCode="SUBJ">
                        <observation classCode="OBS"
moodCode="EVN.CRT">
                            <value xsi:type="CD"
code="1.3.6.1.4.1.33895.1.3.0.53" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Reason
For Not Prescribing Anticoagulation Therapy at Discharge 1 1/2 Finding/Situation" />
                        </observation>
                    </sourceOf>
                </act>
            </sourceOf>
        </act>
    </entry>
</section>
</component>
<!--
*****
Population criteria section
*****
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    <component>
        <section>
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            <title>Population criteria</title>
            <text>
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/><list><item>AND: Inpatient encounter</item></list></item>
                    <item>
                        <content styleCode="Bold">Denominator</content> = <br
/><list><item>AND: Principal Diagnosis of Ischemic stroke</item><item>AND
                <list><item>OR: Atrial Fibrillation/Flutter (Problem
List)</item><item>OR: Atrial Fibrillation/Flutter (Discharge Dx)</item><item>OR: Atrial Fibrillation/Flutter
(procedure)</item></list></item><item>AND NOT: Age < 18 at time of Admission</item><item>AND NOT: Length of stay > 120
days</item><item>AND NOT: Comfort Measures Only</item><item>AND NOT: Clinical Trial (Problem List)</item><item>AND NOT: Clinical
Trial (Discharge Dx)</item><item>AND NOT:
                <list><item>AND: Elective Carotid
Intervention</item><item>AND: Elective Surgery Procedure</item></list></item><item>AND NOT:
                <list><item>AND: Elective Carotid
Intervention</item><item>AND: Elective Admission Encounter</item></list></item><item>AND NOT: Discharge Transfers</item><item>AND
NOT: Patient condition deceased</item> <item>AND NOT: Reason For Not Prescribing Anticoagulation Therapy at Discharge
(Procedure)</item><item>AND NOT: Reason For Not Prescribing Anticoagulation Therapy at Discharge (Problem List)</item><item>AND
NOT: Reason For Not Prescribing Anticoagulation Therapy at Discharge (Discharge Dx)</item></list></item>
                <item>
                    <content styleCode="Bold">Numerator</content> = <br /><list><item>AND:
Anticoagulation therapy prescribed at discharge;</item></list></item>
            </text>
        </entry typeCode="DRIV">
            <observation classCode="OBS" moodCode="EVN.CRT">
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                <value xsi:type="CD" code="IPP" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Initial Patient Population" />
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        <conjunctionCode code="AND" />
        <!-- Inpatient encounter -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
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        </act>
    </sourceOf>
</observation>
</entry>
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        <id root="238a0250-7401-11de-8a39-0800200c9a66" />
        <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
        <value xsi:type="CD" code="DENOM" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Denominator" />
        <sourceOf typeCode="PRCN">
            <conjunctionCode code="AND" />
            <!-- Principal Diagnosis of Ischemic stroke -->
            <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Age < 18 at time of Admission -->
            <observation classCode="OBS" moodCode="EVN.CRT">
                <id root="aebb2a61-73da-11de-8a39-0ABCD00c9a66" />
            </observation>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Length of stay > 120 days -->
            <observation classCode="OBS" moodCode="EVN.CRT">
                <id root="5b58f4e1-73cd-11de-8a39-0800200c9a66" />
            </observation>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Comfort Measures Only -->
            <act classCode="DOCSECT" moodCode="CRT">
                <!-- should be RQO.CRT -->
                <id root="5b58f4e1-73cd-11de-8a39-0800200c9a67" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Clinical Trial (Problem List)-->
            <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Clinical Trial (Discharge Dx)-->
            <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Elective carotid intervention AND elective surgery procedure -->
            <act classCode="ACT" moodCode="EVN.CRT">

```



```

                                <sourceOf typeCode="PRCN">
                                    <conjunctionCode code="AND" />
                                    <!-- Elective Carotid Intervention -->
                                    <act classCode="DOCSECT"

                                <id root="aebb2a62-73da-11de-8a39-

                                </act>
                                </sourceOf>
                                <sourceOf typeCode="PRCN">
                                    <conjunctionCode code="AND" />
                                    <!-- Elective Surgery Procedure -->
                                    <act classCode="DOCSECT"

                                <id root="aebbbbbb-73da-11de-8a39-

                                </act>
                                </sourceOf>
                                </act>
                                </sourceOf>
                                <sourceOf typeCode="PRCN" negationInd="true">
                                    <conjunctionCode code="AND" />
                                    <!-- Elective carotid intervention AND elective admission -->
                                    <act classCode="ACT" moodCode="EVN.CRT">
                                        <sourceOf typeCode="PRCN">
                                            <conjunctionCode code="AND" />
                                            <!-- Elective Carotid Intervention -->
                                            <act classCode="DOCSECT"

                                        <id root="aebb2a62-73da-11de-8a39-

                                        </act>
                                        </sourceOf>
                                        <sourceOf typeCode="PRCN">
                                            <conjunctionCode code="AND" />
                                            <!-- Elective admission -->
                                            <act classCode="DOCSECT"

                                        <id root="5a2c9aaa-bd77-4aa4-aaad-

                                        </act>
                                        </sourceOf>
                                        </act>
                                        </sourceOf>
                                        <sourceOf typeCode="PRCN" negationInd="true">
                                            <conjunctionCode code="AND" />
                                            <!-- Patient discharge disposition is to another facility or left against medical

                                        <act classCode="DOCSECT" moodCode="EVN.CRT">
                                            <id root="aebb2a64-73da-11de-8a39-0800200c9a66" />
                                            </act>
                                        </sourceOf>
                                        <sourceOf typeCode="PRCN" negationInd="true">
                                            <conjunctionCode code="AND" />
                                            <!-- Patient died -->
                                            <act classCode="DOCSECT" moodCode="EVN.CRT">
                                                <id root="aebb2a64-73da-11de-8a39-080020999a66" />
                                                </act>
                                            </sourceOf>
                                            <sourceOf typeCode="PRCN" negationInd="true">
                                                <conjunctionCode code="AND" />

```

moodCode="EVN.CRT">
0800200c9a66" />

moodCode="EVN.CRT">
0800200c9a66" />

moodCode="EVN.CRT">
0800200c9a66" />

moodCode="EVN.CRT">
452383fbabcd" />

advice -->



```

        <!-- Anticoagulation therapy NOT prescribed at discharge (Procedure) -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="2222f4e4-73cd-11de-8a39-0000200c9a66" />
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN" negationInd="true">
        <conjunctionCode code="AND" />
        <!-- Anticoagulation therapy NOT prescribed at discharge (Problem List) -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="3333f4e4-73cd-11de-8a39-0800200c9a66" />
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN" negationInd="true">
        <conjunctionCode code="AND" />
        <!-- Anticoagulation therapy NOT prescribed at discharge (Discharge Dx) -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="4444f44f-73cd-11de-8a39-0800200c9a66" />
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN">
        <conjunctionCode code="AND" />
        <!-- Atrial Fibrillation/Flutter -->
        <act classCode="ACT" moodCode="EVN.CRT">
            <sourceOf typeCode="PRCN">
                <conjunctionCode code="OR" />
                <!-- Atrial Fibrillation/Flutter (Problem List) -->
                <act classCode="DOCSECT"
                    <id root="aebb2a61-73da-11de-8a39-0800200c9a66" />
            </act>
            <sourceOf typeCode="PRCN">
                <conjunctionCode code="OR" />
                <!-- Atrial Fibrillation/Flutter (Discharge Dx) -->
                <act classCode="DOCSECT"
                    <id root="aebb2a61-73da-11de-8a39-0812300c9a66" />
            </act>
            <sourceOf typeCode="PRCN">
                <conjunctionCode code="OR" />
                <!-- Atrial Fibrillation/Flutter (procedure) -->
                <act classCode="DOCSECT"
                    <id root="5b58f4e1-7373-11de-8a39-0800200c9a67" />
            </act>
        </sourceOf>
    </act>
</sourceOf>
</observation>
</entry>
<entry typeCode="DRIV">
    <observation classCode="OBS" moodCode="EVN.CRT">
        <id root="238a0251-7401-11de-8a39-0800200c9a66" />
        <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
        <value xsi:type="CD" code="NUMER" codeSystem="2.16.840.1.113883.5.1063"
            codeSystemName="HL7 Observation Value" displayName="Included in Numerator" />
        <sourceOf typeCode="PRCN">

```



```

        <conjunctionCode code="AND" />
        <!-- Anticoagulation therapy prescribed at discharge -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="5b58f4e4-73cd-11de-8888-0800200c9a66" />
        </act>
    </sourceOf>
</observation>
</entry>
</section>
</component>
</QualityMeasureDocument>

```

3.5 QUALITY MEASURE EMEASURE SPECIFICATION XML EXAMPLE: [STK-8]

3.5.1 EMEASURE EXAMPLE FOR STK-8

The following XML provides a sample eMeasure specification as constrained in this document as an implementation of HITSP/C106 Measurement Criteria Component for STK-8.

```

<?xml version="1.0" encoding="utf-8"?>
<?xml-stylesheet type="text/xsl" href="eMeasureBandW.xsl"?>
<QualityMeasureDocument xmlns="urn:hl7-org:v3" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="urn:hl7-
org:v3 ..\xsd\Schemas\EMeasure.xsd">
    <!--
    Title: Stroke8 eMeasure
    Original Filename: eMeasure_STK8.xml
    Version: 1.0
    Revision History: Final 1/13/2010
    -->
    <!--
    *****
    eMeasure Header
    *****
    -->

    <typedId root="2.16.840.1.113883.1.3" extension="POQM_HD000001" />
    <id root="1.3.6.1.4.1.33895.1.2.16007.1.1"/>
    <code code="57024-2" codeSystem="2.16.840.1.113883.6.1" displayName="Health Quality Measure document" />
    <title>Stroke education (Stroke 8)</title>
    <text>STK-8 Stroke Education V1.0: Ischemic or hemorrhagic stroke patients or their caregivers
        who were given educational materials during the hospital stay addressing all of the
        following: activation of emergency medical system, need for follow-up after discharge,
        medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms
        of stroke</text>
    <statusCode code="active" />
    <effectiveTime>
        <low value="20091001"/>
        <high value="20100331"/>
    </effectiveTime>
    <setId root="1.3.6.1.4.1.33895.1.2.16007.1.1.1" />
    <versionNumber value="1" />
    <author typeCode="AUT">
        <assignedPerson classCode="ASSIGNED">
            <representedOrganization classCode="ORG" determinerCode="INSTANCE">
                <id root="1.3.6.1.4.1.33895.1.2.16002" />
                <name>Joint Commission</name>
                <contactParty classCode="CON" nullFlavor="UNK"/>
            </representedOrganization>
        </assignedPerson>
    </author>

```



```

<custodian typeCode="CST">
  <assignedPerson classCode="ASSIGNED">
    <representedOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="1.3.6.1.4.1.33895.1.2.16002" />
      <name>Joint Commission</name>
      <contactParty classCode="CON" nullFlavor="UNK"/>
    </representedOrganization>
  </assignedPerson>
</custodian>
<verifier typeCode="VRF">
  <assignedPerson classCode="ASSIGNED">
    <representedOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="1.3.6.1.4.1.33895.1.2.16002" />
      <name>Joint Commission</name>
      <contactParty classCode="CON" nullFlavor="UNK"/>
    </representedOrganization>
  </assignedPerson>
</verifier>
<verifier typeCode="VRF">
  <assignedPerson classCode="ASSIGNED">
    <representedOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="2.16.840.1.113883.19.5" /> <!-- Need still as of 1/13 -->
      <name>National Quality Forum</name>
      <contactParty classCode="CON" nullFlavor="UNK"/>
    </representedOrganization>
  </assignedPerson>
</verifier>
<subjectOf>
  <measureAttribute>
    <code code="MSRSCORE" codeSystem="2.16.840.1.113883.5.4" displayName="Measure scoring"/>
    <value xsi:type="CD" code="PROPOR" codeSystem="2.16.840.1.113883.5.1063"
displayName="Proportion"/>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code code="MSRTYPE" codeSystem="2.16.840.1.113883.5.4" displayName="Measure type"/>
    <value xsi:type="CD" code="PROCESS" codeSystem="2.16.840.1.113883.5.1063" displayName="process"/>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code code="RAT" codeSystem="2.16.840.1.113883.5.4" displayName="Rationale" />
    <value xsi:type="ED" mediaType="text/plain">There are many examples of how patient
education programs for specific chronic conditions have increased healthful
behaviors, improved health status, and/or decreased healthcare costs of their
participants. Clinical practice guidelines include recommendations for patient and
family education during hospitalization as well as information about resources for
social support services. Some clinical trials have shown measurable benefits in
patient and caregiver outcomes with the application of education and support
strategies. The type of stroke experienced and the resulting outcomes will play a
large role in determining not only the course of treatment but also what education
will be required. Patient education should include information about the event
(e.g., cause, treatment, and risk factors), the role of various medications or
strategies, as well as desirable lifestyle modifications to reduce risk or improve
outcomes. Family/caregivers will also need guidance in planning effective and
realistic care strategies appropriate to the patient's prognosis and potential for
rehabilitation</value>
  </measureAttribute>
</subjectOf>
</subjectOf>

```



```

        <measureAttribute>
          <code code="REF" codeSystem="2.16.840.1.113883.5.4" displayName="Reference" />
          <value xsi:type="ED" mediaType="text/plain">Duncan et al, Stroke Rehabilitation Clinical
            Practice Guidelines (Stroke. 2005;36:e100-e143.)</value>
        </measureAttribute>
      </subjectOf>
    </subjectOf>
    <measureAttribute>
      <code code="REF" codeSystem="2.16.840.1.113883.5.4" displayName="Reference" />
      <value xsi:type="ED" mediaType="text/plain">Evans RL, Matlock AL, Bishop DS, Stranahan
        S, Pederson C. Family intervention after stroke: Does counseling or education help?
        Stroke 1988;19:1243-1249</value>
    </measureAttribute>
  </subjectOf>
</subjectOf>
  <measureAttribute>
    <code code="REF" codeSystem="2.16.840.1.113883.5.4" displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Kaiser Permanente Clinical Practice
      Guidelines for Acute Stroke, Kaiser Permanente Medical Group, 1998</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code code="REF" codeSystem="2.16.840.1.113883.5.4" displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Lorig KR, Sobel DS, Stewart AL, et al.
      Evidence suggesting that a chronic disease self-management program can improve
      health status while reducing hospitalization: A randomized trial. Medical Care
      1999;37:5-14</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code code="REF" codeSystem="2.16.840.1.113883.5.4" displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Post Stroke Rehabilitation, Clinical
      Practice Guideline No.16, Agency for Health Care Policy and Research (now known as
      Agency for Healthcare Research and Quality), 1995</value>
  </measureAttribute>
</subjectOf>
</componentOf>
  <qualityMeasureSet classCode="ACT">
    <id root="88414c01-715a-45bb-83bb-db7ac860fe9d" extension="STK"/>
    <title>Stroke (STK)</title>
  </qualityMeasureSet>
</componentOf>
<!--
*****
eMeasure Body
*****
-->
<!--
*****
Data Criteria section
*****
-->
  <component>
    <section>
      <code code="57025-9" codeSystem="2.16.840.1.113883.6.1" displayName="Data Criteria section" />
      <title>Data criteria</title>
      <text>
        <list>

```



inpatient acute care.</item>

<item>"Inpatient encounter": Patient admitted to and discharged from the hospital for

<item>"Principal Diagnosis of Ischemic or hemorrhagic stroke": Patient with a
Principal Diagnosis of Ischemic or hemorrhagic Stroke as identified by the
Joint Commission Stroke Value Set.</item>

<item>"Age < 18 at time of Admission": Patient age is < 18 at the time of

admission</item>

<item>"Length of stay > 120 days": Duration of encounter (encounter end time -
encounter start time) is greater than 120 days.</item>

<item>"Clinical Trial": Documentation that during this hospital stay the patient was
enrolled in a clinical trial in which patients with the same condition as the measure set were being studied </item>

<item>"Comfort Measures Only": Documentation of comfort measures only by
Physician/advanced practice nurse/physician assistant </item>

<item>"Elective Carotid Intervention": Documentation demonstrates that the current
admission is solely for the performance of an elective carotid intervention (e.g., elective carotid endarterectomy, angioplasty, carotid
stenting).</item>

<item>"DischargeTransfers": Patient discharged to home, home health or home
hospice</item>

<item>Provision of education material</item>

<item>Provision of education that addresses Activation of Emergency
Medical System;</item>

<item>Provision of education that addresses Need for Follow-up
After Discharge;</item>

<item>Provision of education that addresses Medications Prescribed
at Discharge;</item>

<item>Provision of education that addresses Risk Factors for
Stroke;</item>

<item>Provision of education that addresses Warning Signs and
Symptoms of Stroke.</item>

</list>

</text>

<entry typeCode="DRIV">

<!-- Inpatient encounter -->

<act classCode="DOCSECT" moodCode="EVN.CRT">

<id root="5a2c903c-bd77-4444-ad9d-452383fbabcd" />

<code code="46240-8" codeSystem="2.16.840.1.113883.6.1"

displayName="Encounters" />

<sourceOf typeCode="COMP">

<encounter classCode="ENC" moodCode="EVN.CRT">

<code code="1.3.6.1.4.1.33895.1.3.0.36"

codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Inpatient Encounter Value Set" />

</encounter>

</sourceOf>

</act>

</entry>

<entry typeCode="DRIV">

<!-- Principal Diagnosis of Ischemic stroke -->

<act classCode="DOCSECT" moodCode="EVN.CRT">

<id root="cd2109f1-d8ba-4533-8cd2-5446194303fc" />

<code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge

diagnosis" />

<sourceOf typeCode="COMP">

<act classCode="ACT" moodCode="EVN.CRT">

<sourceOf typeCode="SUBJ">

<sequenceNumber value="1" />

<observation classCode="OBS"

moodCode="EVN.CRT">

<value xsi:type="CD"

code="1.3.6.1.4.1.33895.1.3.0.38" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Ischemic
Stroke Value Set" />

</observation>



```

        </sourceOf>
      </act>
    </sourceOf>
  </act>
</entry>
<entry typeCode="DRIV">
  <!-- Principal Diagnosis of Hemorrhagic stroke -->
  <act classCode="DOCSECT" moodCode="EVN.CRT">
    <id root="cd2109f1-d8ba-4533-8cd2-5446194303fc" />
    <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />
    <sourceOf typeCode="COMP">
      <act classCode="ACT" moodCode="EVN.CRT">
        <sourceOf typeCode="SUBJ">
          <sequenceNumber value="1" />
          <observation classCode="OBS"
moodCode="EVN.CRT">
            <value xsi:type="CD"
code="1.3.6.1.4.1.33895.1.3.0.34" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission
Hemorrhagic Stroke Value Set" />
          </observation>
        </sourceOf>
      </act>
    </sourceOf>
  </act>
</entry>
<entry typeCode="DRIV">
  <!-- Age &lt; 18 at time of Admission -->
  <observation classCode="OBS" moodCode="EVN.CRT">
    <id root="aebb2a61-73da-11de-8a39-0ABCD00c9a66" />
    <code nullFlavor="OTH">
      <originalText>Age &lt; 18 at time of Admission</originalText>
    </code>
    <derivationExpr>Encounter.effectiveTime.low - Patient.birthTime</derivationExpr>
    <value xsi:type="IVL_PQ">
      <high value="18" unit="a" />
    </value>
    <sourceOf typeCode="DRIV">
      <localVariableName>Patient</localVariableName>
      <act classCode="DOCCLIN" moodCode="EVN.CRT">
        <participant typeCode="RCT">
          <patient classCode="PAT">
            <patientPerson classCode="PSN"
determinerCode="INSTANCE">
              <birthTime />
            </patientPerson>
          </patient>
        </participant>
      </act>
    </sourceOf>
  <sourceOf typeCode="DRIV">
    <act classCode="DOCSECT" moodCode="EVN.CRT">
      <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
      <sourceOf typeCode="COMP">
        <localVariableName>Encounter</localVariableName>
        <encounter classCode="ENC" moodCode="EVN">
          <effectiveTime xsi:type="IVL_TS">
            <low />
          </effectiveTime>
        </encounter>
      </sourceOf>
    </act>
  </sourceOf>
</entry>

```



```

</sourceOf>
</act>
</sourceOf>
</observation>
</entry>
<entry typeCode="DRIV">
  <!-- Length of stay > 120 days -->
  <observation classCode="OBS" moodCode="EVN.CRT">
    <id root="5b58f4e1-73cd-11de-8a39-0800200c9a66" />
    <code code="183797002" codeSystem="2.16.840.1.113883.6.96"
displayName="Duration of inpatient stay" />
    <derivationExpr>Encounter.effectiveTime.high -
Encounter.effectiveTime.low</derivationExpr>
    <statusCode code="completed" />
    <value xsi:type="IVL_PQ">
      <low value="120" unit="d" />
    </value>
    <sourceOf typeCode="DRIV">
      <act classCode="DOCSECT" moodCode="EVN.CRT">
        <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
        <sourceOf typeCode="COMP">
          <localVariableName>Encounter</localVariableName>
          <encounter classCode="ENC" moodCode="EVN">
            <effectiveTime xsi:type="IVL_TS">
              <low />
              <high />
            </effectiveTime>
          </encounter>
        </sourceOf>
      </act>
    </sourceOf>
  </observation>
</entry>
<entry typeCode="DRIV">
  <!-- Clinical Trial (Problem List)-->
  <act classCode="DOCSECT" moodCode="EVN.CRT">
    <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
    <code code="11450-4" codeSystem="2.16.840.1.113883.6.1" displayName="Problem
List" />
    <sourceOf typeCode="COMP">
      <act classCode="ACT" moodCode="EVN.CRT">
        <sourceOf typeCode="SUBJ">
          <observation classCode="OBS"
moodCode="EVN.CRT">
            <value xsi:type="CD"
code="1.3.6.1.4.1.33895.1.3.0.11" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Clinical
Trial Value Set" />
          </observation>
        </sourceOf>
      </act>
    </sourceOf>
  </act>
</entry>
<entry typeCode="DRIV">
  <!-- Clinical Trial (Discharge Dx)-->
  <act classCode="DOCSECT" moodCode="EVN.CRT">
    <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
    <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />
    <sourceOf typeCode="COMP">

```



```

        <act classCode="ACT" moodCode="EVN.CRT">
            <sourceOf typeCode="SUBJ">
                <observation classCode="OBS"
moodCode="EVN.CRT">
                    <value xsi:type="CD"
code="1.3.6.1.4.1.33895.1.3.0.11" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Clinical
Trial Value Set" />
                </observation>
            </sourceOf>
        </act>
    </sourceOf>
</entry>
<entry typeCode="DRIV">
    <!-- Comfort Measures Only -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="5b58f4e1-73cd-11de-8a39-0800200c9a67" />
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.12"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Comfort Measures Only Value Set" />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Elective Carotid Intervention -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="aebb2a62-73da-11de-8a39-0800200c9a66" />
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.10"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Carotid Intervention Value Set" />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Elective Surgery Procedure -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="aebbbbbb-73da-11de-8a39-0800200c9a66" />
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.27"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Elective Surgery Value Set" />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Elective admission -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="5a2c9aaa-bd77-4aa4-aaad-452383fbabcd" />
        <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
    </act>
</entry>

```



```

        <sourceOf typeCode="COMP">
            <encounter classCode="ENC" moodCode="EVN.CRT">
                <priorityCode code="1.3.6.1.4.1.33895.1.3.0.1"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Admission Type - Elective Value Set" />
            </encounter>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- Patient discharge disposition is to home, home health or home hospice -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="d95bf84b-c0c7-405b-bdea-a57cb685a5bf"/>
        <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters"/>
        <sourceOf typeCode="COMP">
            <encounter classCode="ENC" moodCode="EVN.CRT">
                <dischargeDispositionCode code="1.3.6.1.4.1.33895.1.3.0.14"
codeSystem="2.16.840.1.114443"
displayName="Joint Commission Discharge
Disposition â€" discharged to home, home health or home hospice Value Set"/>
            </encounter>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- educational materials given to patient -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="f2fb9c71-da33-4a34-ad2b-1b20985a80667"/>
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.48"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Providing material (procedure)" />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- educational materials given to patient - emergency tx -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="2c735483-edbc-4117-9065-05465ce12ee6"/>
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.23"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP"
displayName="Joint Commission Education Addresses
Emergency Treatment Value Set" />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- educational materials given to patient - follow up -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="da0a07dc-8736-4449-bff5-4d389c8dcba5"/>
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />

```



```

        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.24"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP"
                displayName="Joint Commission Education Addresses Follow-up
After Discharge " />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- educational materials given to patient - medications -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="0a837135-fe27-4f77-9045-df1ff33d22ad"/>
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.22"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP"
                displayName="Joint Commission Education Addresses
Medications Prescribed At Discharge Value Set" />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- educational materials given to patient - risk factors -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="ae8203c1-2691-4ab5-b2c2-ea09702352f4"/>
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.25"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP"
                displayName="Joint Commission Education Addresses Risk
Factors For Stroke" />
            </procedure>
        </sourceOf>
    </act>
</entry>
<entry typeCode="DRIV">
    <!-- educational materials given to patient - warning signs and symptoms -->
    <act classCode="DOCSECT" moodCode="EVN.CRT">
        <id root="718dc87a-4d3c-4b57-937a-76fbc20a4c1f"/>
        <code code="47519-4" codeSystem="2.16.840.1.113883.6.1"
displayName="Procedures and Interventions" />
        <sourceOf typeCode="COMP">
            <procedure classCode="PROC" moodCode="EVN.CRT">
                <code code="1.3.6.1.4.1.33895.1.3.0.26"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP"
                displayName="Joint Commission Education Addresses Warning
Signs and Symptoms of Stroke" />
            </procedure>
        </sourceOf>
    </act>
</entry>
</section>
</component>
<!--

```



Population criteria section

-->

```

    <component>
      <section>
        <title>Population criteria</title>
        <text>
          <list>
            <item>
              <content styleCode="Bold">Initial Patient Population</content> = <br/>
              <list>
                <item>AND: Inpatient encounter</item>
              </list>
            </item>
            <item>
              <content styleCode="Bold">Denominator</content> = <br/>
              <list>
                <item>AND
                  <list>
                    <item>OR: Principal Diagnosis of Ischemic
Stroke</item><item>OR: Principal Diagnosis of Hemorrhagic Stroke</item></list></item>
                    <item>AND NOT: Age &lt; 18 at time of Admission</item>
                    <item>AND NOT: Length of stay > 120 days</item>
                    <item>AND NOT: Comfort Measures Only</item>
                    <item>AND NOT: Clinical Trial</item>
                    <item>AND NOT: Elective Carotid Intervention</item>
                    <item>AND NOT: Discharge Transfers</item>
                  </list>
                </item>
                <item>
              <content styleCode="Bold">Numerator</content> = <br/>
              <list>
                <item>AND: Provision of education material;</item>
                <item>AND: Provision of education that addresses Activation of
Emergency
Medical System;</item>
                <item>AND: Provision of education that addresses Need for
Follow-up
After Discharge;</item>
                <item>AND: Provision of education that addresses Medications
Prescribed
at Discharge;</item>
                <item>AND: Provision of education that addresses Risk Factors
for
Stroke;</item>
                <item>AND: Provision of education that addresses Warning Signs
and
Symptoms of Stroke.</item>
              </list>
            </item>
          </list>
        </text>
        <entry typeCode="DRIV">
          <observation classCode="OBS" moodCode="EVN.CRT">
            <id root="238a0251-7401-1111-8a39-0800200c9a66" />
            <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
            <value xsi:type="CD" code="IPP" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Initial Patient Population" />
            <sourceOf typeCode="PRCN">
              <conjunctionCode code="AND" />

```



```

        <!-- Inpatient encounter -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="5a2c903c-bd77-4444-ad9d-452383fbabcd" />
        </act>
    </sourceOf>
</observation>
</entry>
<entry typeCode="DRIV">
    <observation classCode="OBS" moodCode="EVN.CRT">
        <id root="238a0250-7401-11de-8a39-0800200c9a66" />
        <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
        <value xsi:type="CD" code="DENOM" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Denominator" />
        <sourceOf typeCode="PRCN">
            <conjunctionCode code="AND" />
            <!-- Principal Diagnosis of stroke -->
            <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="cd2109f1-d8ba-4533-8cd2-5446194303fc" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Age < 18 at time of Admission -->
            <observation classCode="OBS" moodCode="EVN.CRT">
                <id root="aebb2a61-73da-11de-8a39-0ABCD00c9a66" />
            </observation>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Length of stay > 120 days -->
            <observation classCode="OBS" moodCode="EVN.CRT">
                <id root="5b58f4e1-73cd-11de-8a39-0800200c9a66" />
            </observation>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Comfort Measures Only -->
            <act classCode="DOCSECT" moodCode="CRT">
                <!-- should be RQO.CRT -->
                <id root="5b58f4e1-73cd-11de-8a39-0800200c9a67" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Clinical Trial (Problem List)-->
            <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Clinical Trial (Discharge Dx)-->
            <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="5a2c903c-bd77-4bd1-ad9d-452383fbabcd" />
            </act>
        </sourceOf>
        <sourceOf typeCode="PRCN" negationInd="true">
            <conjunctionCode code="AND" />
            <!-- Elective carotid intervention AND elective surgery procedure -->
            <act classCode="ACT" moodCode="EVN.CRT">
                <sourceOf typeCode="PRCN">

```



```

                                <conjunctionCode code="AND" />
                                <!-- Elective Carotid Intervention -->
                                <act classCode="DOCSECT"

                                <id root="aebb2a62-73da-11de-8a39-

                                </act>
                                </sourceOf>
                                <sourceOf typeCode="PRCN">
                                    <conjunctionCode code="AND" />
                                    <!-- Elective Surgery Procedure -->
                                    <act classCode="DOCSECT"

                                    <id root="aebbbbbb-73da-11de-8a39-

                                    </act>
                                </sourceOf>
                                </act>
                                </sourceOf>
                                <sourceOf typeCode="PRCN" negationInd="true">
                                    <conjunctionCode code="AND" />
                                    <!-- Elective carotid intervention AND elective admission -->
                                    <act classCode="ACT" moodCode="EVN.CRT">
                                        <sourceOf typeCode="PRCN">
                                            <conjunctionCode code="AND" />
                                            <!-- Elective Carotid Intervention -->
                                            <act classCode="DOCSECT"

                                            <id root="aebb2a62-73da-11de-8a39-

                                            </act>
                                        </sourceOf>
                                        <sourceOf typeCode="PRCN">
                                            <conjunctionCode code="AND" />
                                            <!-- Elective admission -->
                                            <act classCode="DOCSECT"

                                            <id root="5a2c9aaa-bd77-4aa4-aaad-

                                            </act>
                                        </sourceOf>
                                    </act>
                                </sourceOf>
                                </act>
                                </sourceOf>
                                <sourceOf typeCode="PRCN" negationInd="true">
                                    <conjunctionCode code="AND" />
                                    <!-- Patient discharge disposition is to home, home health or home hospice -

                                    <act classCode="DOCSECT" moodCode="EVN.CRT">
                                        <id root="d95bf84b-c0c7-405b-bdea-a57cb685a5bf" />
                                    </act>
                                </sourceOf>
                                </observation>
                            </entry>
                            <entry typeCode="DRIV">
                                <observation classCode="OBS" moodCode="EVN.CRT">
                                    <id root="c114b60c-e434-4d69-a259-074e9c7e25bf" />
                                    <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
                                    <value xsi:type="CD" code="NUMER" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Numerator" />
                                    <sourceOf typeCode="PRCN">
                                        <conjunctionCode code="AND"/>

```



```

        <!-- educational materials given to the patient -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="f2fb9c71-da33-4a34-ad2b-1b20985a80667"/>
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN">
        <conjunctionCode code="AND"/>
        <!-- educational: activation of emergency medical system -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="2c735483-edbc-4117-9065-05465ce12ee6"/>
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN">
        <conjunctionCode code="AND"/>
        <!-- educational: need for follow-up after discharge -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="da0a07dc-8736-4449-bff5-4d389c8dcba5"/>
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN">
        <conjunctionCode code="AND"/>
        <!-- educational: medications prescribed at discharge -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="0a837135-fe27-4f77-9045-df1ff33d22ad"/>
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN">
        <conjunctionCode code="AND"/>
        <!-- educational: risk factors for stroke-->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="ae8203c1-2691-4ab5-b2c2-ea09702352f4"/>
        </act>
    </sourceOf>
    <sourceOf typeCode="PRCN">
        <conjunctionCode code="AND"/>
        <!-- educational: warning signs and symptoms of stroke -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="718dc87a-4d3c-4b57-937a-76fbc20a4c1f"/>
        </act>
    </sourceOf>
</observation>
</entry>
</section>
</component>
</QualityMeasureDocument>

```

3.6 QUALITY MEASURE EMEASURE SPECIFICATION XML EXAMPLE: [ED-1]

3.6.1 EMEASURE EXAMPLE FOR ED-1

The following XML provides a sample eMeasure specification as constrained in this document as an implementation of HITSP/C106 Measurement Criteria Component for ED-1.

```

<?xml version="1.0" encoding="utf-8"?>
<?xml-stylesheet type="text/xsl" href="eMeasure.xsl"?>
<QualityMeasureDocument xmlns="urn:hl7-org:v3" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="urn:hl7-
org:v3 ..\xml\Schemas\EMeasure.xsd">
    <!--

```



Title: ED2 eMeasure Sample File
Original Filename: eMeasure_ED1.xml
Version: 1.0
Revision History: 1/4/2010 New

eMeasure Header

-->

```
<typeId root="2.16.840.1.113883.1.3" extension="POQM_HD000001"/>
<id root="2.16.840.1.113883.3.249.11.14.2.1.1"/>
<!-- Need real ID -->
<code code="eMeas-X" codeSystem="2.16.840.1.113883.6.1" displayName="Health Quality Measure document"/>
<title>(DRAFT) Median Time from ED Arrival to ED Departure for Admitted ED Patients</title>
<text>Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the
facility from the emergency department.</text>
<statusCode code="active"/>
<effectiveTime>
  <low value="20091001"/>
  <high value="20100331"/>
</effectiveTime>
<setId root="2.16.840.1.113883.3.249.11.14.2.1.1.1"/>
<!-- Need real ID -->
<versionNumber value="1"/>
<author typeCode="AUT">
  <responsibleParty classCode="ASSIGNED">
    <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="2.16.840.1.113883.19.5"/>
      <name>Joint Comission</name>
    </representedResponsibleOrganization>
  </responsibleParty>
</author>
<custodian typeCode="CST">
  <responsibleParty classCode="ASSIGNED">
    <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="2.16.840.1.113883.19.5"/>
      <name>CMS</name>
    </representedResponsibleOrganization>
  </responsibleParty>
</custodian>
<verifier typeCode="VRF">
  <responsibleParty classCode="ASSIGNED">
    <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="2.16.840.1.113883.19.5"/>
      <name>CMS</name>
    </representedResponsibleOrganization>
  </responsibleParty>
</verifier>
<verifier typeCode="VRF">
  <responsibleParty classCode="ASSIGNED">
    <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="2.16.840.1.113883.19.5"/>
      <name>National Quality Forum</name>
    </representedResponsibleOrganization>
  </responsibleParty>
</verifier>
<subjectOf>
  <measureAttribute>
    <code displayName="Improvement notation"/>
    <value xsi:type="ED" mediaType="text/plain">A decrease in the median value</value>
  </measureAttribute>
</subjectOf>
```



```

</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Measure scoring"/>
    <value xsi:type="CD" displayName="Continuous variable"/>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Measure type"/>
    <value xsi:type="CD" displayName="Process"/>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Rationale"/>
    <value xsi:type="ED" mediaType="text/plain">Reducing the time patients remain in the emergency
department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific
to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant
overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural
healthcare organizations. According to a 2002 national U.S. survey, more than 90 percent of large hospitals report EDs operating "at" or "over"
capacity. Approximately one third of hospitals in the US report increases in ambulance diversion in a given year, whereas up to half report
crowded conditions in the ED. In a recent national survey, 40 percent of hospital leaders viewed ED crowding as a symptom of workforce
shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated
with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were
associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and
heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times,
increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are
overwhelmed, their ability to respond to community emergencies and disasters may be compromised.</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Diercks DB, et al. Prolonged emergency department stays of
non-ST-segment-elevation myocardial infarction patients are associated with worse adherence to the American College of
Cardiology/American Heart Association guidelines for management and increased adverse events. Ann Emerg Med.2007;50:489-96.</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Derlet RW, Richards JR. Emergency department overcrowding
in Florida, New York, and Texas. South Med J. 2002;95:846-9</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Derlet RW, Richards JR. Overcrowding in the nation's
emergency departments: complex causes and disturbing effects. Ann Emerg Med. 2000;35:63-8</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Fatovich DM, Hirsch RL. Entry overload, emergency
department overcrowding, and ambulance bypass. Emerg Med J. 2003;20:406-9</value>
  </measureAttribute>
</subjectOf>
</subjectOf>

```



```

    <measureAttribute>
      <code displayName="Reference" />
      <value xsi:type="ED" mediaType="text/plain">Hwang U, Richardson LD, Sonuyi TO, Morrison RS. The effect
of emergency department crowding on the management of pain in older adults with hip fracture. J Am Geriatr Soc. 2006;54:270-5</value>
    </measureAttribute>
  </subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Institute of Medicine of the National Academies. Future of
emergency care: Hospital-based emergency care at the breaking point. The National Academies Press 2006</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Kyriacou DN, Ricketts V, Dyne PL, McCollough MD, Talan DA.
A 5-year time study analysis of emergency department patient care efficiency. Ann Emerg Med. 1999;34:326-35</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Pines JM, et al. ED crowding is associated with variable
perceptions of care compromise. Acad Emerg Med. 2007;14:1176-81</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Pines JM, et al. Emergency department crowding is associated
with poor care for patients with severe pain. Ann Emerg Med. 2008;51:6-7</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Schull MJ, et al. Emergency department crowding and
thrombolysis delays in acute myocardial infarction. Ann Emerg Med. 2004;44:577-85</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Siegel B, et al. Enhancing work flow to reduce crowding. Jt
Comm J Qual Patient Saf. 2007;33(11 Suppl):57-67</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Trzeciak S, Rivers EP. Emergency department overcrowding in
the United States: an emerging threat to patient safety and public health. Emerg Med J. 2003;20:402-5</value>
  </measureAttribute>
</subjectOf>
</subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Wilper AP, Woolhandler S, Lasser KE, McCormick D, Cutrona
SL, Bor DH, Himmelstein DU. Waits to see an emergency department physician: U.S. trends and predictors, 1997-2004. Health Aff (Millwood).
2008;27:w84-95</value>
  </measureAttribute>

```



```

        </measureAttribute>
    </subjectOf>
</subjectOf>
    <measureAttribute>
        <code displayName="Risk adjustment"/>
        <value xsi:type="ED" mediaType="text/plain">None</value>
    </measureAttribute>
</subjectOf>
<componentOf>
    <qualityMeasureSet classCode="ACT">
        <id root="88414cxa-715a-45bb-83bb-db7ac860fe9d" extension="ED"/>
        <title>Emergency Department (ED)</title>
    </qualityMeasureSet>
</componentOf>
<!--
*****
eMeasure Body
*****
-->
    <!--
*****
Data criteria section
*****
-->
    <component>
        <section>
            <code code="DatCrt-X" codeSystem="2.16.840.1.113883.6.1" displayName="Data Criteria section"/>
            <title>Data criteria</title>
            <text>
                <list>
                    <item>
                        <content styleCode="Bold">Inpatient encounter preceded by ED encounter:
</content>An inpatient encounter preceded by an ED encounter in the same facility.
                    </item>
                </list>
            </text>
            <entry typeCode="DRIV">
                <!-- Inpatient encounter preceded by ED encounter -->
                <act classCode="DOCSECT" moodCode="EVN.CRT">
                    <id root="ded65cc0-f994-11de-8a39-0800200c9a66" />
                    <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
                    <sourceOf typeCode="COMP">
                        <encounter classCode="ENC" moodCode="EVN.CRT">
                            <code code="1.3.6.1.4.1.33895.1.3.0.36"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Inpatient Encounter Value Set" />
                            <participant typeCode="ORG">
                                <role classCode="SDLOC">
                                    <code
code="AdmissionsourceValueSetOID" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Source
Admission Source Value Set" />
                                </role>
                            </participant>
                        </encounter>
                    </sourceOf>
                </act>
            </entry>
        </section>
    </component>
    <!--
*****

```



Population criteria section

-->

```

    <component>
      <section>
        <code code="PopCrt-X" codeSystem="2.16.840.1.113883.6.1" displayName="Population Criteria section" />
        <title>Population criteria</title>
        <text>
          <list>
            <item>
              <content styleCode="Bold">Initial Patient Population</content> = <br />
              AND: Inpatient encounter preceded by ED encounter
            </item>
            <item>
              <content styleCode="Bold">Measure Population</content> = <br />
              AND: In Initial Patient Population
            </item>
          </list>
        </text>
        <entry typeCode="DRIV">
          <observation classCode="OBS" moodCode="EVN.CRT">
            <id root="b421c8a6-7949-11de-8a39-0808200c9a66" />
            <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
            <value xsi:type="CD" code="IPP" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Initial Patient Population" />
            <sourceOf typeCode="PRCN">
              <conjunctionCode code="AND"/>
              <!-- Inpatient encounter preceded by ED encounter -->
              <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="ded65cc0-f994-11de-8a39-0808200c9a66" />
              </act>
            </sourceOf>
          </observation>
        </entry>
        <entry typeCode="DRIV">
          <observation classCode="OBS" moodCode="EVN.CRT">
            <id root="b6b23680-7954-11de-8a39-0808200c9a66" />
            <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
            <value xsi:type="CD" code="MSRPOPL" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Measure Population" />
            <sourceOf typeCode="PRCN">
              <conjunctionCode code="AND"/>
              <!-- Included in Initial Patient Population -->
              <observation classCode="OBS" moodCode="EVN.CRT">
                <id root="b421c8a6-7949-11de-8a39-0808200c9a66" />
              </observation>
            </sourceOf>
          </observation>
        </entry>
      </section>
    </component>
  <!--

```

Measure observations section

-->

```

    <component>
      <section>
        <code code="MeasObs-X" codeSystem="2.16.840.1.113883.6.1" displayName="Measure Observations
section" />
        <title>Measure observations</title>

```



```

<text>
  <list>
    <item><content styleCode="Bold">Time from ED Arrival Date/Time to ED Discharge
Date/Time: </content>The difference between the time of arrival at ED and the time of discharge from ED.</item>
  </list>
  <list>
    <item><content styleCode="Bold">Observation services: </content>Observation
services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's
nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission
to the hospital as an inpatient </item>
  </list>
  <list>
    <item><content styleCode="Bold">Psychiatric/Mental Health Problem List Dx:
</content>Psychiatric/Mental Health diagnosis on problem list.</item>
  </list>
  <list>
    <item><content styleCode="Bold">Psychiatric/Mental Health Primary Discharge Dx:
</content>Psychiatric/Mental Health primary discharge diagnosis.</item>
  </list>
  <list>
    <item><content styleCode="Bold">Median Time from ED Arrival Date/Time to ED
Discharge Date/Time in Measure Population: </content>
    Median time from emergency department arrival to time of departure from the
emergency room for patients admitted to the facility from the emergency department.</item>
  </list>
</text>
<entry typeCode="DRIV">
  <observation classCode="OBS" moodCode="DEF">
    <id root="b421c8a3-7949-11de-8a39-0800200c9a66" />
    <code nullFlavor="OTH">
      <originalText>Time from ED Arrival Date/Time to ED Discharge
Date/Time.</originalText>
    </code>
    <derivationExpr>EDEncounter.effectiveTime.high -
EDArrivalDateTime.participant.role.effectiveTime.low</derivationExpr>
    <sourceOf typeCode="DRIV">
      <localVariableName>EDArrivalDateTime</localVariableName>
      <encounter classCode="ENC" moodCode="DEF">
        <id root="23beb240-fa19-11de-8a39-0111200c9a66" />
        <participant typeCode="LOC">
          <role classCode="SDLOC">
            <code code="1.3.6.1.4.1.33895.1.3.0.28"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission EmergencyDepartment Location Value Set"
/>
          </role>
          <effectiveTime xsi:type="IVL_TS">
            <low />
            </effectiveTime>
        </participant>
      </encounter>
    </sourceOf>
    <sourceOf typeCode="DRIV">
      <localVariableName>EDDepartureDischargeDateTime</localVariableName>
      <encounter classCode="ENC" moodCode="DEF">
        <id root="23beb240-fa19-11de-8a39-0987200c9a66" />
        <effectiveTime xsi:type="IVL_TS"><high/></effectiveTime>
      </encounter>
    </sourceOf>
  </observation>
</entry>
<entry typeCode="DRIV">

```



```

        <!-- Observation Services in ED -->
        <act classCode="DOCSECT" moodCode="DEF">
            <id root="23beb240-fa19-11de-8a39-0111200c9a66" />
            <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
            <sourceOf typeCode="COMP">
                <encounter classCode="ENC" moodCode="EVN.CRT">
                    <code code="1.3.6.1.4.1.33895.1.3.0.21"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Emergency Department Patient Class Value
Set" />
                    <participant typeCode="LOC">
                        <role classCode="SDLOC">
                            <code code="1.3.6.1.4.1.33895.1.3.0.43"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Observation Service Value Set" />
                        </role>
                    </participant>
                </encounter>
            </sourceOf>
        </act>
    </entry>
    <entry typeCode="DRIV">
        <!-- Psychiatric Mental health - finding (Problem List) -->
        <act classCode="DOCSECT" moodCode="DEF">
            <id root="aebb2a61-73da-11de-8a39-0800200c9a66" />
            <code code="11450-4" displayName="Problem list"
codeSystem="2.16.840.1.113883.6.1" />
            <sourceOf typeCode="COMP">
                <act classCode="ACT" moodCode="DEF">
                    <sourceOf typeCode="SUBJ">
                        <observation classCode="OBS" moodCode="DEF">
                            <value xsi:type="CD"
code="1.3.6.1.4.1.33895.1.3.0.42" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Mental
Disorders Value Set" />
                        </observation>
                    </sourceOf>
                </act>
            </sourceOf>
        </act>
    </entry>
    <entry typeCode="DRIV">
        <!-- Psychiatric Mental health - finding (Primary Discharge Diagnosis) -->
        <act classCode="DOCSECT" moodCode="DEF">
            <id root="f0161830-fa49-11de-8a39-0800200c9a66" />
            <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" displayName="Discharge
diagnosis" />
            <sourceOf typeCode="COMP">
                <act classCode="ACT" moodCode="DEF">
                    <sourceOf typeCode="SUBJ">
                        <sequenceNumber value="1" />
                        <observation classCode="OBS" moodCode="DEF">
                            <value xsi:type="CD"
code="1.3.6.1.4.1.33895.1.3.0.42" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Mental
Disorders Value Set " />
                        </observation>
                    </sourceOf>
                </act>
            </sourceOf>
        </act>
    </entry>
    <entry typeCode="DRIV">
        <observation classCode="OBS" moodCode="DEF">

```



```

<id root="b421c8a3-9876-11de-8a39-0800200c9a66" />
<code nullFlavor="OTH">
  <originalText>Median Time from ED Arrival Date/Time to ED Discharge
Date/Time in Measure Population.</originalText>
</code>
<participant typeCode="SBJ">
  <role classCode="PRS"> <!-- check this -->
    <!-- refers to the group that is the measure population -->
  </role>
</participant>
<sourceOf typeCode="DRIV">
  <localVariableName>TimeFromEDArrivalToEDDischarge</localVariableName>
  <observation classCode="OBS" moodCode="DEF">
    <id root="b421c8a3-7949-11de-8a39-0800200c9a66" />
  </observation>
</sourceOf>
</observation>
</entry>
</section>
</component>
</QualityMeasureDocument>

```

3.6.2 EMEASURE EXAMPLE FOR ED-2

The following XML provides a sample eMeasure specification as constrained in this document as an implementation of HITSP/C106 Measurement Criteria Component for ED-2.

```

<?xml version="1.0" encoding="utf-8"?>
<?xml-stylesheet type="text/xsl" href="eMeasure.xsl"?>
<QualityMeasureDocument xmlns="urn:hl7-org:v3" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="urn:hl7-
org:v3 ../xml/Schemas/EMeasure.xsd">
  <!--
Title: ED2 eMeasure Sample File
Original Filename: eMeasure_ED2.xml
Version: 1.0
Revision History: 1/4/2010 New
  -->
  *****
  eMeasure Header
  *****
  -->
  <typeId root="2.16.840.1.113883.1.3" extension="POQM_HD000001" />
  <id root="2.16.840.1.113883.3.249.11.14.3.1.1" />
  <!-- Need real ID -->
  <code code="eMeas-X" codeSystem="2.16.840.1.113883.6.1" displayName="Health Quality Measure document" />
  <title>(DRAFT) Admit Decision Time to ED Departure Time for Admitted Patients</title>
  <text>Median time from admit decision time to time of departure from the emergency department for emergency department
patients admitted to inpatient status.</text>
  <statusCode code="active" />
  <effectiveTime>
    <low value="20091001" />
    <high value="20100331" />
  </effectiveTime>
  <setId root="2.16.840.1.113883.3.249.11.14.3.1.1.1"/>
  <versionNumber value="1" />
  <author typeCode="AUT">
    <responsibleParty classCode="ASSIGNED">
      <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
        <id root="2.16.840.1.113883.19.5" />
        <!-- need correct ID -->
      </representedResponsibleOrganization>
    </responsibleParty>
  </author>

```



```

        <name>Joint Commission</name>
      </representedResponsibleOrganization>
    </responsibleParty>
  </author>
  <custodian typeCode="CST">
    <responsibleParty classCode="ASSIGNED">
      <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
        <id root="2.16.840.1.113883.19.5" />
        <name>CMS</name>
      </representedResponsibleOrganization>
    </responsibleParty>
  </custodian>
  <verifier typeCode="VRF">
    <responsibleParty classCode="ASSIGNED">
      <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
        <id root="2.16.840.1.113883.19.5" />
        <name>CMS</name>
      </representedResponsibleOrganization>
    </responsibleParty>
  </verifier>
  <verifier typeCode="VRF">
    <responsibleParty classCode="ASSIGNED">
      <representedResponsibleOrganization classCode="ORG" determinerCode="INSTANCE">
        <id root="2.16.840.1.113883.19.8" />
        <name>National Quality Forum</name>
      </representedResponsibleOrganization>
    </responsibleParty>
  </verifier>
  <subjectOf>
    <measureAttribute>
      <code displayName="Improvement notation" />
      <value xsi:type="ED" mediaType="text/plain">A decrease in the median value</value>
    </measureAttribute>
  </subjectOf>
  <subjectOf>
    <measureAttribute>
      <code displayName="Measure scoring" />
      <value xsi:type="CD" displayName="Continuous variable" />
    </measureAttribute>
  </subjectOf>
  <subjectOf>
    <measureAttribute>
      <code displayName="Measure type" />
      <value xsi:type="CD" displayName="Process" />
    </measureAttribute>
  </subjectOf>
  <subjectOf>
    <measureAttribute>
      <code displayName="Rationale" />
      <value xsi:type="ED" mediaType="text/plain">Reducing the time patients remain in the emergency

```

department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. According to a 2002 national U.S. survey, more than 90 percent of large hospitals report EDs operating "at" or "over" capacity. Approximately one third of hospitals in the U.S. report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40 percent of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times,



increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.</value>

```

</measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Diercks DB, et al. Prolonged emergency department stays of
non-ST-segment-elevation myocardial infarction patients are associated with worse adherence to the American College of
Cardiology/American Heart Association guidelines for management and increased adverse events. Ann Emerg Med.2007;50:489-96.</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Derlet RW, Richards JR. Emergency department overcrowding
in Florida, New York, and Texas. South Med J. 2002;95:846-9</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Derlet RW, Richards JR. Overcrowding in the nation's
emergency departments: complex causes and disturbing effects. Ann Emerg Med. 2000;35:63-8</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Fatovich DM, Hirsch RL. Entry overload, emergency
department overcrowding, and ambulance bypass. Emerg Med J. 2003;20:406-9</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Hwang U, Richardson LD, Sonuyi TO, Morrison RS. The effect
of emergency department crowding on the management of pain in older adults with hip fracture. J Am Geriatr Soc. 2006;54:270-5</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Institute of Medicine of the National Academies. Future of
emergency care: Hospital-based emergency care at the breaking point. The National Academies Press 2006</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Kyriacou DN, Ricketts V, Dyne PL, McCollough MD, Talan DA.
A 5-year time study analysis of emergency department patient care efficiency. Ann Emerg Med. 1999;34:326-35</value>
  </measureAttribute>
</subjectOf>
<subjectOf>
  <measureAttribute>
    <code displayName="Reference" />
    <value xsi:type="ED" mediaType="text/plain">Pines JM, et al. ED crowding is associated with variable
perceptions of care compromise. Acad Emerg Med. 2007;14:1176-81</value>
  </measureAttribute>
</subjectOf>

```



```

    <subjectOf>
      <measureAttribute>
        <code displayName="Reference" />
        <value xsi:type="ED" mediaType="text/plain">Pines JM, et al. Emergency department crowding is associated
with poor care for patients with severe pain. Ann Emerg Med. 2008;51:6-7</value>
      </measureAttribute>
    </subjectOf>
    <subjectOf>
      <measureAttribute>
        <code displayName="Reference" />
        <value xsi:type="ED" mediaType="text/plain">Schull MJ, et al. Emergency department crowding and
thrombolysis delays in acute myocardial infarction. Ann Emerg Med. 2004;44:577-85</value>
      </measureAttribute>
    </subjectOf>
    <subjectOf>
      <measureAttribute>
        <code displayName="Reference" />
        <value xsi:type="ED" mediaType="text/plain">Siegel B, et al. Enhancing work flow to reduce crowding. Jt
Comm J Qual Patient Saf. 2007;33(11 Suppl):57-67</value>
      </measureAttribute>
    </subjectOf>
    <subjectOf>
      <measureAttribute>
        <code displayName="Reference" />
        <value xsi:type="ED" mediaType="text/plain">Trzeciak S, Rivers EP. Emergency department overcrowding in
the United States: an emerging threat to patient safety and public health. Emerg Med J. 2003;20:402-5</value>
      </measureAttribute>
    </subjectOf>
    <subjectOf>
      <measureAttribute>
        <code displayName="Reference" />
        <value xsi:type="ED" mediaType="text/plain">Wilper AP, Woolhandler S, Lasser KE, McCormick D, Cutrona
SL, Bor DH, Himmelstein DU. Waits to see an emergency department physician: U.S. trends and predictors, 1997-2004. Health Aff (Millwood).
2008;27:w84-95</value>
      </measureAttribute>
    </subjectOf>
    <subjectOf>
      <measureAttribute>
        <code displayName="Risk adjustment" />
        <value xsi:type="ED" mediaType="text/plain">None</value>
      </measureAttribute>
    </subjectOf>
    <componentOf>
      <qualityMeasureSet classCode="ACT">
        <id root="88414cxa-715a-45bb-83bb-db7ac860fe9d" extension="ED" />
        <title>Emergency Department (ED)</title>
      </qualityMeasureSet>
    </componentOf>
  </!--
*****
eMeasure Body
*****
-->
  <!--
*****
Data criteria section
*****
-->
    <component>
      <section>
        <code code="DatCrt-X" codeSystem="2.16.840.1.113883.6.1" displayName="Data Criteria section"/>

```



```

        <title>Data criteria</title>
        <text>
            <list>
                <item>
                    <content styleCode="Bold">Inpatient encounter preceded by ED encounter:
</content>An inpatient encounter preceded by an ED encounter in the same facility.
                </item>
            </list>
        </text>
        <entry typeCode="DRIV">
            <!-- Inpatient encounter preceded by ED encounter -->
            <act classCode="DOCSECT" moodCode="EVN.CRT">
                <id root="ded65cc0-f994-11de-8a39-0800200c9a66" />
                <code code="46240-8" codeSystem="2.16.840.1.113883.6.1"
displayName="Encounters" />
                <sourceOf typeCode="COMP">
                    <encounter classCode="ENC" moodCode="EVN.CRT">
                        <code code="1.3.6.1.4.1.33895.1.3.0.36"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Inpatient Encounter Value Set" />
                        <participant typeCode="ORG">
                            <role classCode="SDLOC">
                                <code
code="AdmissionsourceValueSetOID" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Source
Admission Source Value Set" />
                            </role>
                        </participant>
                    </encounter>
                </sourceOf>
            </act>
        </entry>
    </section>
</component>
<!--
*****
Population criteria section
*****
-->
    <component>
        <section>
            <code code="PopCrt-X" codeSystem="2.16.840.1.113883.6.1" displayName="Population Criteria section" />
            <title>Population criteria</title>
            <text>
                <list>
                    <item>
                        <content styleCode="Bold">Initial Patient Population</content> = <br />
                        AND: Inpatient encounter preceded by ED encounter
                    </item>
                    <item>
                        <content styleCode="Bold">Measure Population</content> = <br />
                        AND: In Initial Patient Population
                    </item>
                </list>
            </text>
            <entry typeCode="DRIV">
                <observation classCode="OBS" moodCode="EVN.CRT">
                    <id root="b421c8a6-7949-11de-8a39-0808200c9a66" />
                    <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
                    <value xsi:type="CD" code="IPP" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Initial Patient Population" />
                    <sourceOf typeCode="PRCN">
                        <conjunctionCode code="AND"/>

```



```

        <!-- Inpatient encounter preceded by ED encounter -->
        <act classCode="DOCSECT" moodCode="EVN.CRT">
            <id root="ded65cc0-f994-11de-8a39-0800200c9a66" />
        </act>
    </sourceOf>
</observation>
</entry>
<entry typeCode="DRIV">
    <observation classCode="OBS" moodCode="EVN.CRT">
        <id root="b6b23680-7954-11de-8a39-0800200c9a66" />
        <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4" />
        <value xsi:type="CD" code="MSRPOPL" codeSystem="2.16.840.1.113883.5.1063"
codeSystemName="HL7 Observation Value" displayName="Included in Measure Population" />
        <sourceOf typeCode="PRCN">
            <conjunctionCode code="AND"/>
            <!-- Included in Initial Patient Population -->
            <observation classCode="OBS" moodCode="EVN.CRT">
                <id root="b421c8a6-7949-11de-8a39-0800200c9a66" />
            </observation>
        </sourceOf>
    </observation>
</entry>
</section>
</component> <!--
*****
Measure observations section
*****
-->
    <component>
        <section>
            <code code="MeasObs-X" codeSystem="2.16.840.1.113883.6.1" displayName="Measure Observations
section" />
            <title>Measure observations</title>
            <text>
                <list>
                    <item><content styleCode="Bold">Time from Decision (order) to Admit Date/Time to
ED Discharge Date/Time: </content>The difference between the time of Decision (order) to Admit and the time of discharge from ED.</item>
                </list>
                <list>
                    <item><content styleCode="Bold">Observation services: </content>Observation
services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's
nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission
to the hospital as an inpatient </item>
                </list>
                <list>
                    <item><content styleCode="Bold">Psychiatric/Mental Health Problem List Dx:
</content>Psychiatric/Mental Health diagnosis on problem list.</item>
                </list>
                <list>
                    <item><content styleCode="Bold">Psychiatric/Mental Health Primary Discharge Dx:
</content>Psychiatric/Mental Health primary discharge diagnosis.</item>
                </list>
                <list>
                    <item><content styleCode="Bold">Median Time from Admit Decision Date/Time to ED
Discharge Date/Time in Measure Population: </content>
                    Median time from admit decision time to time of departure from the emergency room for
patients admitted to the facility from the emergency department.</item>
                </list>
            </text>
        </section>
    </component>
</entry typeCode="DRIV">
    <observation classCode="OBS" moodCode="DEF">

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<code nullFlavor="OTH">
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Discharge Date/Time from the emergency department.</originalText>
</code>
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OrderForAdmission.effectiveTime</derivationExpr>
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  <localVariableName>EDArrivalDateTime</localVariableName>
  <encounter classCode="ENC" moodCode="DEF">
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code="HospitalAdmissionValueSetOID" codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission
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    <encounter classCode="ENC" moodCode="DEF">
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  <!-- Observation Services in ED -->
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      <encounter classCode="ENC" moodCode="EVN.CRT">
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Set" />
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          <role classCode="SDLOC">
            <code code="1.3.6.1.4.1.33895.1.3.0.43"
codeSystem="2.16.840.1.114443" codeSystemName="HITSP" displayName="Joint Commission Observation Service Value Set" />
          </role>
        </participant>
      </encounter>
    </sourceOf>
  </act>
</entry>
<entry typeCode="DRIV">
  <!-- Psychiatric Mental health - finding (Problem List) -->
  <act classCode="DOCSECT" moodCode="DEF">
    <id root="aebb2a61-73da-11de-8a39-0800200c9a66" />
    <code code="11450-4" displayName="Problem list"
codeSystem="2.16.840.1.113883.6.1" />
    <sourceOf typeCode="COMP">
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Disorders Finding Value Set" />
                                </observation>
                            </sourceOf>
                        </act>
                    </sourceOf>
                </act>
            </entry>
            <entry typeCode="DRIV">
                <!-- Psychiatric Mental health - finding (Primary Discharge Diagnosis) -->
                <act classCode="DOCSECT" moodCode="DEF">
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Disorders Value Set" />
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                            </sourceOf>
                        </act>
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                </act>
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Discharge Date/Time in Measure Population.</originalText>
                    </code>
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                        <role classCode="PRS"> <!-- check this -->
                            <!-- refers to the group that is the measure population -->
                        </role>
                    </participant>
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                        </observation>
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</QualityMeasureDocument>

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4.0 DOCUMENT UPDATES

The following sections provide the details of updates made to this document.

4.1 SEPTEMBER 30, 2009

No changes. This is the first published version of the document.

4.2 JANUARY 18, 2010

Changes have been made to address Public Comments. The full text of the comments along with the Technical Committee's disposition can be reviewed on the [HITSP Public Web Site](#).

4.3 JANUARY 25, 2010

Upon approval by the HITSP Panel on January 25, 2010, this document is now Released for Implementation.

