



Abstraction Tips

April 2008

As a follow-up to our March 26, 2008, WebEx regarding data abstraction changes effective with April 1, 2008, discharges, Healthcare Quality Strategies, Inc., (HQSI) is providing you with additional clarifications, as noted below.

Point of Origin

Many questions continue to be asked about the data element, "Point of Origin." To assist with your abstraction, a six-page document clarifying questions about this data element is located at <http://www.qualitynet.org/dcs/ContentServer?cid=1189437942090&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page>. Select: *Help Documents; Point of Origin Data Element, PDF*.

SCIP-VTE-1-2

Venous Thromboembolism (VTE) Prophylaxis Options for Surgery

Recommended prophylaxis options now include Venous Foot Pump (VFP) for elective total knee replacement with or without contraindications to pharmacological prophylaxis and hip fracture surgery with contraindications to pharmacological prophylaxis.

VTE Prophylaxis Inclusion Table 2.1 reflects the addition of VFP. Synonyms/inclusions are:

- AE pumps-foot only
- A-V impulse system
- Foot pump
- Kendall AV impulse (foot)
- Kendall boots
- Plantar venous plexus pump-foot only
- Plexiboosts-foot only
- Pneumoboosts-foot only
- SC boots-foot only
- SCD boots-foot only
- Venous foot pump

In addition, Alternating Leg Pressure (ALP) has been added as an inclusion for Intermittent Pneumatic Compression (IPC) Device.



557 Cranbury Road, Suite 21 ♦ East Brunswick, NJ 08816-5419
Phone: 732-238-5570 ♦ Fax: 732-238-7766 ♦ Website: www.hqsi.org

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SCIP-Inf-2

- Metronidazole monotherapy and clindamycin monotherapy are now acceptable for hysterectomy patients with a beta-lactam allergy
- The American Urological Association (AUA) has recently published a “Best Practice Policy Statement on Urology Surgery Antimicrobial Prophylaxis.” The web page link is http://www.auanet.org/guidelines/main_reports/antimicroprop08.pdf

SCIP Beta Blocker Current Medication

The SCIP clinical measures group has issued an abstraction clarification for the data element, Beta Blocker Current Medication. Abstractors are to consider beta blockers as current medications only if the patient was on a beta blocker prior to admission.

During Q4 2007 and Q1 2008, guidance was provided through QUEST questions that may be in conflict with this clarification. Cases that have already been abstracted do not need to be re-abstracted. In the event a case is selected for validation and a mismatch occurs for Beta Blocker Current Medication, special consideration will be given. The performance measure will be limited to those cases that list a beta blocker as a medication taken prior to admission only.

Although the phrase “prior to admission” is used in the data element Beta Blocker Current Medication, the first Note for Abstraction states “If there is documentation that the beta blocker was a “home” or “current” medication, select “Yes.” The primary intent of the SCIP-Card-2 measure and the accompanying data elements is to identify those patients who routinely take beta blockers and to determine whether the medication was continued during the perioperative period, unless a contraindication is documented. Beta blocker therapy started after admission and prior to surgery will not be considered current beta blocker therapy.