

NATIONAL PNEUMONIA

Medicare Quality Improvement Project

Chest X-Ray 4/1/2008 discharges

The intent of the data element is to determine if the patient had a chest x-ray or CT scan of the **lungs** within 24 hours prior to arrival or anytime during hospitalization that showed findings consistent with pneumonia.

Any chest x-ray or CT scan that includes the lungs can be used. The allowable values reflect whether an x-ray was performed during hospitalization with inclusion terms (value 1) or without inclusion terms (value 2). The list is all-inclusive. Any terms or variation of terms on the inclusion list will be accepted as value 1 and any terms not on the inclusion list are abstracted as value 2. If the data element Chest X-Ray is answered with values 2, 3, or 4, the case is excluded from ALL PN Measures.

Scenarios:

- If there is NO chest x-ray or CT scan that includes the lungs within 24 hours before arrival or at any time during the hospitalization select value 3.
- If there are any chest x-rays or CT scans (with multiple interpretations) and ANY have inclusion terms or a variation of the inclusion terms, select value 1.
- If the radiology reports or physician documentation all note the x-ray findings as “chronic” or the findings are documented with “no” before an inclusion term such as “no infiltrate”, “no consolidation” or “no pneumonia”, select value 2.
- If there is documentation of “possible”, “no definite” or “no acute” before an inclusion term, select value 1 (i.e. possible infiltrate, no definite infiltrate, no acute infiltrate).
- Assume any chest x-ray or CT scan mentioned in the medical record was performed during hospitalization unless otherwise documented.

Hospital Quality Measures Special Study
Oklahoma Foundation for Medical Quality

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