



# Abstraction Tips

## July 2006

### Hospital Data Validation

#### Summary of the Top 10 Mismatches of New Jersey Hospitals for Q3 2005

Healthcare Quality Strategies, Inc., (HQSI) is providing the following information to further assist facilities in achieving passing scores on data validation. You can increase the likelihood of succeeding by avoiding these most common mismatches:

#### 1. *Surgery End Time*

Most frequent cause for mismatch: Abstractor is not using the first priority source document, which is the anesthesia record.

HQSI comment:

The data dictionary is very specific: For surgical end time, use the priority order for sources, and use the earliest time among all inclusions for the highest priority sources.

**PRIORITY ORDER FOR THESE SOURCES:**

1. Anesthesia record
2. Circulation record
3. Nursing notes
4. Operative report
5. Progress notes

Select the highest priority source document. If more than one time is available within the same data source, select the earliest time of the inclusions listed above.

This is very different than abstracting for surgical incision time. For start time, look in all sources of documentation for any of the first priority synonyms for Incision Time. If none of these synonyms are documented, go to the second priority list of synonyms for Surgery Start/Begin Time. If none of the first or second priorities are documented, go to the third priority list of synonyms for Anesthesia Time. Priority order applies to items in the inclusion table, not to source documents.

#### 2. *Discharge Status*

Most frequent cause for mismatch: Abstractor is not selecting codes specific enough to the discharge.

HQSI comment:

For example:

- Code 01 home (self-care) when the patient went home with a home health aide — code 06
- A patient going to a veteran's long-term care facility (43) is different than a skilled nursing facility (03) or an intermediate care facility (04)



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### 3. *Left Ventricular Systolic Dysfunction (LVSD) – A Parent Question*

Most frequent cause for mismatch: Abstractor did not find LVSD information in consultation records, discharge summaries, or progress notes or did not use the lowest value for EF when there was contradictory information

HQSI comment:

If you are unable to determine which left ventricular function (LVF) is closest to discharge (or closest to arrival, in the case where only pre-arrival LVFs are documented), or if there is conflicting documentation, select “Yes” if any of the documented LVFs is an EF less than 40% or a narrative description consistent with moderate or severe systolic dysfunction.

There is no time limitation on pre-arrival LVF assessments: LVF assessments done anytime prior to hospital arrival are acceptable.

Child question mismatches if LVSD is answered incorrectly:

- Angiotensin-Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) Prescribed at Discharge
- Contraindication to Both ACEI and ARB at Discharge

### 4. *Discharge Instructions Address Medications*

Most frequent cause for mismatch: Abstractor is not using a second list for comparison or not finding a discharge medication within the documentation.

HQSI comment:

Abstraction for discharge medications is a two-step process:

1. Determine all of the medications being prescribed at discharge, based on available medical record documentation.
2. Check this list against the written discharge instructions given to the patient to ensure that these instructions addressed at least the names of all of the discharge medications. If a list of discharge medications is not documented elsewhere in the record and the completeness of the medication list in the written discharge instructions cannot be confirmed, select “No.”

### 5. *Initial ECG Interpretation – A Parent Question*

Most frequent cause for mismatch: Abstracting ST elevation/left bundle branch block (LBBB) when there is no documentation of such or not abstracting ST elevations/LBBB when there is documentation of such.

HQSI comment:

When both an inclusion and exclusion are documented in reference to the same ECG, and documentation is otherwise conflicting, select “No.”

LBBBs described as old should be disregarded.

The term “ST abnormality” should not be considered synonymous with “ST elevation.”

### 6. *Initial Blood Culture Collection Time*

Most frequent cause for mismatch: Abstractor is taking times for blood culture collection that are not specifically documented as “drawn,” “obtained,” or “collected.”

HQSI comment:

Do not take times that are unqualified times or are marked as anything other than the time collected, drawn, or obtained. “Blood cultures sent,” “received times,” “log in times,” or “start times” are not to be abstracted. If the time is not able to be determined, enter 9999 for abstraction time (or whatever your vendor has designated for times that are unable to be determined).

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### 7. *Admission Source*

Most frequent cause for mismatch: Abstractor is not using the source code 07 for long-term care facility patients transferred to the hospital who are seen/evaluated and/or treated in the Emergency Department (ED) prior to admission.

HQSI comments:

Use code 07 whenever the patient is admitted to your facility upon recommendation of this facility's ED physician, regardless of the location of the patient prior to the transfer to the ED.

### 8. *Adult Smoking History*

Most frequent cause for mismatch: Abstractor is not finding the information.

HQSI comments:

Select "Yes" in cases where conflicting information about the patient's smoking history is documented. If there is documentation of current smoking or tobacco use or a history of smoking or tobacco use and the type of product is not specified, assume this refers to cigarette smoking. If there is a history of smoking and documentation indicates the patient quit, but the time frame in which the patient quit is not clear, select "No."

Please note: With discharges beginning 7/1/06, post-discharge documentation will no longer be accepted for adult smoking counseling. The exception is discharge summaries and operative/procedure/diagnostic test reports.

### 9. *Contraindication to Aspirin (ASA) on Arrival*

Most frequent cause for mismatch: Abstractor is missing pre-arrival Coumadin or gastrointestinal bleeding within 24 hours of arrival as a contraindication to administration of ASA on arrival.

HQSI comments:

Documentation that the patient has one or more of the following potential contraindications/reasons for not prescribing ASA on arrival:

- Active bleeding on arrival or within 24 hours after arrival
- ASA allergy
- Coumadin/warfarin prescribed as pre-arrival medication
- Other reasons documented by physician, nurse practitioner, or physician assistant for not prescribing ASA on arrival

### 10. *Contraindication to Beta Blocker (BB) on Arrival*

Most frequent cause for mismatch: Abstractor is missing congestive heart failure documentation as a contraindication for BB within 24 hours of arrival.

HQSI comments:

Documentation that the patient has one or more of the following potential contraindications/reasons for not prescribing BB on arrival:

- BB allergy
- Bradycardia (heart rate less than 60 beats per minute) on arrival or within 24 hours after arrival while not on a BB (deleted in subsequent manuals)
- Heart failure on arrival or within 24 hours after arrival
- Second- or third-degree heart block on ECG on arrival or within 24 hours after arrival **and** does not have a pacemaker
- Shock on arrival or within 24 hours after arrival

## Correction and Clarification of HQSI 6/14/06 WebEx, “Specification Manual for Hospital Quality Measures, Version 2.0a”

### Pneumonia

#### 1. Correction for WebEx 6/14/06 – Slide name –New Element: Chest X-ray

Should read, “CXR or CT scan positive for PN [pneumonia] within 24 hours **prior to arrival** or anytime during the hospitalization.”

#### 2. PN Antibiotic Consensus Recommendations

Any antibiotic selected to treat a non-ICU patient who is allergic to beta lactams, quinolones and is not at risk for drug-resistant pneumococcus will fail PN 6 and PN6b since there are no antibiotic recommendations for this type of patient. This is a very rare circumstance, and many patients report symptoms that really do not represent true allergies.

#### 3. New Element Chest X-ray\*

A chest x-ray or CT scan that indicates PN within 24 hours prior to arrival or anytime during the hospitalization must be present to be included in the PN population.

- Answer “Yes” if there was documentation the patient had a chest x-ray/CT scan that indicates PN within 24 hours prior to hospital arrival or anytime during this hospitalization
- Answer “No” if there was no documentation the patient had a chest x-ray/CT scan that indicates PN within 24 hours prior to hospital arrival or anytime during this hospitalization
  - Density noted on an x-ray is not a synonym for pneumonia
  - If there are multiple interpretations of the chest x-ray/CT scan and any are interpreted as “suggestive of pneumonia,” select “Yes”

Guidelines for abstraction for chest x-ray are:

#### *Inclusion*

- Basal effusion
- Consolidation
- Infiltrate
- Lung effusion
- Opacity
- Pleural effusion
- Pleural fluid
- PN
- Positive Infiltrate
- Pulmonary effusion

#### *Exclusion*

- Adult Respiratory Distress Syndrome (ARDS)
- Chronic effusion
- Chronic pneumonitis
- Cysts
- Fibrosis
- Fluid present in fissure
- Pericardial effusion
- Pleural plaque
- Old infiltrate
- Old pleural effusion
- Scarring

If the question, “Did the patient have a chest x-ray/CT scan that indicates pneumonia within 24 hours prior to hospital arrival or anytime during this hospitalization?,” is answered “No,” it will stop abstraction.

The Initial population, common to all measures in the PN Set analytic flowchart in *Pneumonia National Quality Measures* (Section 2.3 - page 6 of 6), shows the case excluded from the measure set prior to the determination of PN, working diagnosis on admission.

\*References: *Specification Manual for National Quality Measures –Version 2.0a*  
Section 2.3 *Pneumonia National Quality Measures*  
Section 1 *Data Dictionary*

#### 4. *Pneumonia Working Diagnosis on Admission*<sup>\*†</sup>

To be included in the PN population, a patient must have a working diagnosis of PN—that is, physician documentation of the diagnosis of PN written before or at admission. PN need not be the primary or only diagnosis, but mentioned as “suspected,” “ruled out,” etc., at any time from arrival through admission to the hospital.

##### *For ED patients*

- The phrase “doubt pneumonia” is not considered a working diagnosis
- The diagnosis should be in place at time of admission for patients admitted through the ED. Telephone admit orders from the attending physician while the patient is still in the ED (timed or not), which include the diagnosis of PN, would be considered a working diagnosis of PN because they were in place at time of admission
- If documentation is written later than admission, but refers to events that led to the working diagnosis of PN while the patient was in the ED, this documentation can be used
- Include “infiltrate” only when documented as an admission impression or diagnosis
- If PN is found on a patient’s chest x-ray, select “Yes” if the ED physician on the ED record notes the results **or** if the x-ray report itself is timed (either read or dictated) prior to or at the time of admission. This would include results called to the ED and the ED physician’s own interpretation, if PN is included
- If PN is found on the admitting order, it is an automatic “Yes” for all patients, including ED patients, even if it is not timed

##### *For direct admits*

- Documentation the day of and the day after admission may be used; however, the earliest diagnosis (or set of diagnoses) the admitting physician documents is the only diagnosis that should be used
  - Example: The patient is a direct admit at 11:00; at 18:20, the admitting physician documents chronic obstructive pulmonary disease (COPD), shortness of breath, and congestive heart failure (CHF), then comes in the next morning and makes a diagnosis of PN. This is not a working diagnosis, as COPD, shortness of breath, and CHF are the earliest diagnosis of the admitting physician

Please note: Additional changes for PN measures, including data element, PN working diagnosis on admission, will occur with *Specification Manual for National Quality Measures Version 2.1*, effective with discharges 10/1/06 – 3/31/07.

\*References: *Specification Manual for National Quality Measures –Version 2.0a*  
Section 2.3 *Pneumonia National Quality Measures*  
Section 1 *Data Dictionary*

<sup>†</sup>[www.QualityNet.org/quest](http://www.QualityNet.org/quest)