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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***ed1*** | ***Median Time from ED Arrival to ED Departure for Admitted ED Patients-Overall rate*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **Admissions with length of stay > 120 days**
* **Patient did not receive care/services in the ED of this VAMC**
* **Cases without a valid date and time of arrival or date and time of ED departure**
 | Time for each case is calculated from ED departure date and time minus arrival date and time* **Score is the median time of all records in the denominator**
 |
| ***ed2*** | ***Median Time from ED Arrival to ED Departure for Admitted ED Patients-Reporting Measure*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **Admissions with length of stay > 120 days**
* **Patient did not receive care/services in the ED of this VAMC**
* **Cases without a valid date and time of arrival or date and time of ED departure**
* **Principal diagnosis code is on Table 7.01 (mental disorders)**
 | Time for each case is calculated from ED departure date and time minus arrival date and time* **Score is the median time of all records in the denominator**
 |
| ***ed4*** | ***Median Time from ED Arrival to ED Departure for Admitted ED Patients-Psychiatric/Mental Health Patients*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **Admissions with length of stay > 120 days**
* **Patient did not receive care/services in the ED of this VAMC**
* **Cases without a valid date and time of arrival or date and time of ED departure**
* **Principal diagnosis code is NOT on Table 7.01 (mental disorders)**
 | Time for each case is calculated from ED departure date and time minus arrival date and time* **Score is the median time of all records in the denominator**
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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***ed5*** | ***Admit Decision Time to ED Departure Time for Admitted Patients-Overall rate*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **Admissions with length of stay > 120 days**
* **Patient did not receive care/services in the ED of this VAMC**
* **Cases without a valid date and time of decision to admit or date and time of ED departure**
 | * **Time for each case is calculated from ED departure date and time minus Decision to Admit date and time**
* **Score is the median time of all records in the denominator**
 |
| ***ed6*** | ***Admit Decision Time to ED Departure Time for Admitted Patients*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **Admissions with length of stay > 120 days**
* **Patient did not receive care/services in the ED of this VAMC**

Cases without a valid date and time of decision to admit or date and time of ED departure Principal diagnosis code is on Table 7.01 (mental disorders) | * **Time for each case is calculated from ED departure date and time minus Decision to Admit date and time**

Score is the median time of all records in the denominator |
| ***ed7*** | ***Admit Decision Time to ED Departure Time for Admitted Patients-Psychiatric/Mental Health Patients*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **Admissions with length of stay > 120 days**
* **Patient did not receive care/services in the ED of this VAMC**

Cases without a valid date and time of decision to admit or date and time of ED departure Principal diagnosis code is NOT on Table 7.01 (mental disorders) | * **Time for each case is calculated from ED departure date and time minus Decision to Admit date and time**

Score is the median time of all records in the denominator |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| **imm1** | **Pneumococcal Immunization -overall rate** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **Age is < 5 years**
* **Admissions with length of stay > 120 days**

Principal or other diagnosis code is on Table 12.3 (pregnancy)* **Principal or other procedure code is on Table 12.10 (organ transplant during current hospitalization)**
* **Discharge status is acute care facility, AMA or expired**
* **Age is >=5 and <65 UNLESS there is a principal or other diagnosis code on table 12.1, 12.2. 12.5, 12.6, 12.7, 12.8, 2.1 (diabetes, , ESRD, COPD, nephrotic syndrome asplenia, HIV or heart failure) OR**
	+ **Principal or other diagnosis code is on Table 12.4 (asthma) and age is >=19**
 | Cases in the denominator will pass if:* + **Pneumococcal vaccination was given during this hospitalization**
	+ **Pneumococcal vaccination was received in the past, not during this hospitalization**
	+ **There is documentation of one of the following**
* **Allergy/sensitivity to pneumococcal vaccine, OR**
* **Is not likely to be effective because of bone marrow transplant within the past 12 months, OR**
* **Currently receiving a scheduled course of chemotherapy or radiation therapy, or received a chemotherapy or radiation during this hospitalization or less than 2 weeks prior, OR**
* **Received the shingles vaccine (Zostavax) within the last 4 weeks**
* **There is documentation of patient/caregiver refusal of pneumococcal vaccine**
 |
| imm2 | Pneumococcal Immunization– Age 65 and Older | 70 | Includes all cases except:* Discharge date is <01/01/2015
* Admissions with length of stay > 120 days
* Age < 65
* Principal or other procedure code is on Table 12.10 (organ transplant during current hospitalization)

Principal or other diagnosis code is on Table 12.3 (pregnancy)* Discharge status is acute care facility, AMA or expired
 | Cases in the denominator will pass if:* + Pneumococcal vaccination was given during this hospitalization
	+ Pneumococcal vaccination was received in the past, not during this hospitalization
	+ There is documentation of one of the following
* Allergy/sensitivity to pneumococcal vaccine, OR
* Is not likely to be effective because of bone marrow transplant within the past 12 months, OR
* Currently receiving a scheduled course of chemotherapy or radiation therapy, or received a chemotherapy or radiation during this hospitalization or less than 2 weeks prior, OR
* Received the shingles vaccine (Zostavax) within the last 4 weeks

There is documentation of patient/caregiver refusal of pneumococcal vaccine |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| imm3 | Pneumococcal Immunization– High Risk Populations (age 18-64 years) | 70 | Includes all cases except:* Discharge date is <01/01/2015
* Admissions with length of stay > 120 days
* Age <18 and >=65

Principal or other diagnosis code is on Table 12.3 (pregnancy)* Principal or other procedure code is on Table 12.10 (organ transplant during current hospitalization)
* Discharge status is acute care facility, AMA or expired
* No principal or other diagnosis code on table 12.1, 12.2. 12.5, 12.6, 12.7, 12.8, 2.1 (diabetes, , ESRD, COPD, nephrotic syndrome, asplenia, HIV or heart failure) when the age is >=5 and < 65 and
	+ No principal or other diagnosis code is on Table 12.4 (asthma) and age is >=19
 | Cases in the denominator will pass if:* + Pneumococcal vaccination was given during this hospitalization
	+ Pneumococcal vaccination was received in the past, not during this hospitalization
	+ There is documentation of one of the following
* Allergy/sensitivity to pneumococcal vaccine, OR
* Is not likely to be effective because of bone marrow transplant within the past 12 months, OR
* Currently receiving a scheduled course of chemotherapy or radiation therapy, or received a chemotherapy or radiation during this hospitalization or less than 2 weeks prior, OR
* Received the shingles vaccine (Zostavax) within the last 4 weeks
* There is documentation of patient/caregiver refusal of pneumococcal vaccine
 |
| ***imm4*** | ***Influenza Immunization*** | **70** | Includes all cases except:* **Date of discharge is <10/01/2014 or >=4/1/2015**
* **Admissions with length of stay > 120 days**
* **Principal or other procedure code is on Table 12.10 (organ transplant during current hospitalization)**
* **Discharge status is acute care facility, AMA or expired**

There is documentation the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND none of the other options apply | Cases included in the denominator will pass if:* **The principal procedure code or an other procedure code is from Table 12.9 (influenza vaccination) or**
* **Influenza vaccine was given during this hospitalization or**
* **Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization or**
* **There is documentation of : -- Allergy/sensitivity to influenza vaccine, anaphylactic latex allergy, or anaphylactic allergy to eggs OR -- is not likely to be effective because of bone marrow transplant within the past 6 months, OR -- prior history of Guillian-Barre syndrome within 6 weeks after a previous influenza vaccination or**
* **Documentation of patient’s refusal or caregiver’s refusal of influenza vaccine**
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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***tob10*** | ***Tobacco Use Screening*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS <=3 days or >120 days**
* **patients who were not screened for tobacco use during the first three days of admission because of cognitive impairment**
* **Patients with comfort measures only documented**
 | Cases included in the denominator will pass if:* **There is documentation of the patient’s tobacco use status within the first 3 days of admission**

**(tobstatus2 =1, 2, or 3)** **OR*** **The patient refused tobacco use screening**
 |
| ***tob20*** | ***Tobacco Use Treatment Provided or Offered*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS <=3 days or >120 days**
* **patients who were not screened for tobacco use during the first three days of admission because of cognitive impairment**
* **Patients with comfort measures only documented**
* **Those who did not use any form of tobacco during the past 30 days**
* **Those who refused the tobacco use screen**
* **Those who were not screened for tobacco use within the first three days of admission or unable to determine the patient’s tobacco use status**
 | Cases included in the denominator will pass if:The patient received or refused practical counseling that included all required components and one of the following:* + **The principal or other diagnosis code is from Table 12.3 (pregnancy) or**
	+ **The patient has smoked cigarettes daily on average in a volume of four or less cigarettes (< ¼ pack) per day AND/OR used smokeless tobacco AND/OR smoked cigarettes but not daily AND/OR cigars but not daily AND/OR pipes but not daily during the past 30 days (tobstatus2=2) or**
	+ **The patient has smoked cigarettes daily on average in a volume of five or more cigarettes (>= ¼ pack) per day AND/OR cigars daily AND/OR pipes daily during the past 30 days (tobstatus2=1)**

**And*** + - **the patient received or refused one of the FDA approved tobacco cessation medications during the hospital stay**

 **OR*** + - **the patient did not receive one of the FDA approved tobacco cessation medications during the hospital stay and there is a documented reason for not administering the tobacco cessation medication**
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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***tob30*** | ***Tobacco Use Treatment*** | **70** | Includes all cases except:Those not included in the denominator of tob20 | Cases included in the denominator will pass if:The patient received practical counseling that included all required components and one of the following:* + **The principal or other diagnosis code is from Table 12.3 (pregnancy) OR**
	+ **The patient has smoked cigarettes daily on average in a volume of four or less cigarettes (< ¼ pack) per day AND/OR used smokeless tobacco AND/OR smoked cigarettes but not daily AND/OR cigars but not daily AND/OR pipes but not daily during the past 30 days (tobstatus2=2) OR**
	+ **The patient has smoked cigarettes daily on average in a volume of five or more cigarettes (>= ¼ pack) per day AND/OR cigars daily AND/OR pipes daily during the past 30 days (tobstatus2=1)**

**And*** + - **the patient received one of the FDA approved tobacco cessation medications during the hospital stay**

 **OR**the patient did not receive one of the FDA approved tobacco cessation medications during the hospital stay and there is a documented reason for not administering the tobacco cessation medication |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***tob40*** | ***Tobacco Use Treatment Provided or Offered at Discharge*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS <=3 days or >120 days**
* **Patients with comfort measures only documented**
* **Those who did not use tobacco during the past 30 days**
* **patients who were not screened for tobacco use during the first three days of admission because of cognitive impairment**
* **Those who refused the tobacco use screen**
* **Those who were not screened for tobacco use within the first three days of admission or unable to determine the patient’s tobacco use status**
* **Discharge disposition is anything other than home or not documented/unable to determine (1 or 99)**
* **Those who used tobacco in the past 30 days but a referral for outpatient tobacco cessation counseling was not offered because the patient’s residence is not in the USA**
* **Those who used tobacco in the past 30 days but tobacco cessation medications were not offered at discharge because the patient’ residence is not in the USA**
 | Cases included in the denominator will pass if:* **A referral to outpatient tobacco cessation counseling treatment was made by the healthcare provider prior to discharge or the patient refused the referral and**
	+ **The principal or other diagnosis code is from Table 12.3 (pregnancy) OR**
	+ **The patient has smoked cigarettes daily on average in a volume of four or less cigarettes (< ¼ pack) per day AND/OR used smokeless tobacco AND/OR smoked cigarettes but not daily AND/OR cigars but not daily AND/OR pipes but not daily during the past 30 days (tobstatus2=2)**

**OR*** + **The patient has smoked cigarettes daily on average in a volume of five or more cigarettes (>= ¼ pack) per day AND/OR cigars daily AND/OR pipes daily during the past 30 days (tobstatus2=1)**

**And*** + - **the patient was prescribed or refused one of the FDA approved tobacco cessation medications at discharge**

 **OR*** + - **the patient was not prescribed one of the FDA approved tobacco cessation medications at discharge and there is a documented reason for not prescribing the tobacco cessation medication**
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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***Tob50*** | ***Tobacco Use Treatment at Discharge*** | **70** | Includes all cases except:* **Cases not included in the denominator of tob40**
 | Cases included in the denominator will pass if:* **A referral to outpatient tobacco cessation counseling treatment was made by the healthcare provider prior to discharge and**
	+ **The principal or other diagnosis code is from Table 12.3 (pregnancy) OR**
	+ **The patient has smoked cigarettes daily on average in a volume of four or less cigarettes (< ¼ pack) per day AND/OR used smokeless tobacco AND/OR smoked cigarettes but not daily AND/OR cigars but not daily AND/OR pipes but not daily during the past 30 days (tobstatus2=2)**

**OR*** + **The patient has smoked cigarettes daily on average in a volume of five or more cigarettes (>= ¼ pack) per day AND/OR cigars daily AND/OR pipes daily during the past 30 days (tobstatus2=1)**

**And*** + - **the patient was prescribed of the FDA approved tobacco cessation medications at discharge**

 **OR** the patient was not prescribed one of the FDA approved tobacco cessation medications at discharge and there is a documented reason for not prescribing the tobacco cessation medication |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***Tob60*** | ***Tobacco Use: Assessing Status After Discharge*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS <=3 days or >120 days**
* **patients who were not screened for tobacco use during the first three days of admission because of cognitive impairment**
* **Patients with comfort measures only documented**
* **Those who did not use tobacco during the past 30 days**
* **Those who refused the tobacco use screen**
* **Those who were not screened for tobacco use within the first three days of admission or unable to determine the patient’s tobacco use status**
* **Discharge disposition is anything other than home or not documented/unable to determine**
* **Patients who refused a referral to outpatient tobacco cessation counseling treatment and do not have a diagnosis code on table 12.3 and refused tobacco cessation medication at discharge**
* **A follow-up contact was not made within 30 days post discharge because the patient’s residence is not in the USA, the patient was incarcerated, contact number was no longer valid, the patient had no phone, or the patient was re-admitted to the hospital within 30 days post discharge or at least three unsuccessful attempts to contact the patient were documented**
 | Cases included in the denominator will pass if:A follow up contact was made between 15 and 30 days post discharge relative to tobacco use status and* + **The patient is attending outpatient tobacco cessation counseling post-discharge, or is not attending outpatient tobacco cessation counseling post-discharge or refused to provide information relative to post discharge counseling attendance (tobdcoun 1, 2, or 98)**

**And*** + **The patient is taking the recommended tobacco cessation medication post discharge or the patient is not taking the recommended tobacco cessation medication post discharge or the patient refused to provide information relative to tobacco cessation medication post discharge (tobdcmed 1, 2, or 98)**

**And*** + **The patient has quit using tobacco products post discharge or the patient has not quit using tobacco products post discharge or the patient refused to provide information relative to tobacco use at the follow up contact (tobdcquit 1, 2, or 98)**
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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***sub10*** | ***Alcohol Use Screening*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS <=3 days or >120 days**
* **Patients who were not screened for alcohol use during the first three days of admission because of cognitive impairment**

Patients with comfort measures only documented | Cases included in the denominator will pass if:The patient refused screening for alcohol misuse during the first three days of admission**OR*** **The patient was screened for alcohol misuse with the AUDIT-C within the first three days of admission and the total score is a valid number**
 |
| ***sub20*** | ***Alcohol Use Brief Intervention Provided or Offered*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS <=3 days or >120 days**
* **Patients who were not screened for alcohol use during the first three days of admission because of cognitive impairment**

Patients with comfort measures only documented* **The patient was not screened with the AUDIT-C within the first 3 days of admission**
* **The patient refused screening with the AUDIT-C within the first 3 days of admission**
* **The patient was screened with the AUDIT-C within the first 3 days of admission and the total score is <5 or is not documented**
 | Cases included in the denominator will pass if:* **The patient was screened for alcohol misuse with the AUDIT-C within the first three days of admission and the total score is >=5 and**

The patient refused brief intervention**OR**The patient received brief intervention that  includes all 3 components (briefint1, 2, and 3) |
| ***sub30*** | ***Alcohol Use Brief Intervention*** | **70** | Includes all cases except:* **Cases not included in the denominator of sub20**
 | Cases included in the denominator will pass if:* **The patient was screened for alcohol misuse with the AUDIT-C within the first three days of admission and the total score is >=5 and the patient received brief intervention that included all 3 components (briefint1, 2, and 3)**
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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ***sub40*** | ***Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS <=3 days or >120 days**
* **Patients who were not screened for alcohol use during the first three days of admission because of cognitive impairment**

Patients with comfort measures only documented* **Those with any discharge status except home or UTD**
* **Cases with no diagnosis code on tables 13.1 or 13.2 or procedure code on 13.3and no documentation of an alcohol or drug use disorder**

A referral for addictions treatment was not offered because the patient’s residence was not in the USA* **A prescription for an FDA approved medication for alcohol or drug disorder was not offered because the patient’s residence was not in the USA**
 | Cases included in the denominator will pass if:**There is a diagnosis code on table 13.1 or 13.2 or a procedure code on table 13.3 or documentation of an alcohol or drug use disorder and*** **A referral for addictions treatment was made by the healthcare provider prior to discharge**

**OR*** **The patient refused the referral for addictions treatment and a referral was not made**

**OR*** **A prescription for an FDA approved medication for alcohol or drug disorder was given to the patient at discharge**

**OR*** **A prescription for an FDA approved medication for alcohol or drug disorder was offered at discharge and the patient refused**
 |
| ***sub50*** | ***Alcohol and Other Drug Use Disorder Treatment at Discharge*** | **70** | Includes all cases except:* **Cases not included in the denominator of sub40**
 | Cases included in the denominator will pass if:* **A referral for addictions treatment was made by the healthcare provider prior to discharge**

**OR*** **A prescription for an FDA approved medication for alcohol or drug disorder was given to the patient at discharge**
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| ***Mnemonic*** | ***Description*** | **Catnum(s)** | Denominator | Numerator |
| ***sub60*** | ***Alcohol and Drug Use; Assessing Status after Discharge*** | **70** | Includes all cases except:* **Discharge date is <01/01/2015**
* **LOS < =3 days or >120 days**
* **Patients who were not screened for alcohol use during the first three days of admission because of cognitive impairment**

Patients with comfort measures only documented* **Those with any discharge status except home or UTD**
* **Cases with no diagnosis code on table 13.1 or 13.2 or procedure code on 13.3 and no documentation of an alcohol or drug use disorder**

A follow-up contact was not made between 7 and 30 days post discharge because the patient’s residence is not in the USA, the patient was incarcerated, contact number was no longer valid, the patient had no phone, or the patient was re-admitted to the hospital within 30 days post discharge or at least three unsuccessful attempts to contact the patient were documented | Cases included in the denominator will pass if:A follow up contact was made between 7 and 30 days post discharge relative to alcohol or other drug use status And* **One of the following: (sudcoun 1, 2, 3, or 98)**
	+ **The patient was referred and is attending the referred addictions treatment or**
	+ **The patient was referred and is not attending the addictions treatment or**
	+ **The patient was not referred to addictions treatment or**
	+ **The patient refused to provide information relative to post discharge counseling attendance**

**And*** **One of the following:(sudcmed (1, 2, 3, or 98)**
	+ **The patient was given a prescription and is taking medication post discharge for an alcohol or drug use disorder as prescribed or**
	+ **The patient was given a prescription and is not taking medication post discharge for an alcohol or drug use disorder as prescribed**
	+ **The patient was not given a prescription for medication to treat an alcohol or drug use disorder or**
	+ **The patient refused to provide information relative to post discharge medication use**

**And*** **At least one of the following**
	+ **The status of the patient’s alcohol use at the time of post-discharge follow up contact is**
		- **The patient has quit or reduced alcohol intake, or**
		- **The patient has not quit or reduced alcohol intake or**
		- **The patient refused to provide information relative to alcohol use status at the follow up contact**
	+ **The status of the patient’s drug use at the time of post-discharge follow up contact is**
		- **The patient has quit using drugs or**
		- **The patient has not quit using drugs or**
		- **The patient refused to provide information relative to drug use at the follow up contact**
 |