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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 <01/01/2017** * **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 <01/01/2017** * **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 <01/01/2017** * **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 <01/01/2017** * **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 <01/01/2017** * **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 departurePrincipal 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 <01/01/2017** * **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 departurePrincipal 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 |
| ***imm4*** | ***Influenza Immunization*** | **70** | Includes all cases except:  * **Discharge date is <01/01/2017** * **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:  * **Influenza vaccine was given during this hospitalization (discharge dates >=10/1/16 and <=3/31/17) 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 <01/01/2017** * **LOS <=1 days or >120 days** * **patients who were not screened for tobacco use during the first day 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 day 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 <01/01/2017** * **LOS <=1 days or >120 days** * **patients who were not screened for tobacco use during the first day 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 day 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 and there is a documented reason for not administering the tobacco cessation medication during the hospital stay** |

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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 <01/01/2017** * **LOS <=1 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 day of admission because of cognitive impairment** * **Those who refused the tobacco use screen** * **Those who were not screened for tobacco use within the first day 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 (tobstatus2=1) and a referral to OP tobacco counseling was made or refused 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 |
| ***sub10*** | ***Alcohol Use Screening*** | **70** | Includes all cases except:  * **Discharge date is <01/01/2017** * **LOS <=1 day or >120 days** * **Patients who were not screened for alcohol use during the first day of admission because of cognitive impairment**  Patients with comfort measures only documented | Cases included in the denominator will pass if:  * **The patient was screened for alcohol misuse with the AUDIT-C within the first day of admission and the total score is a valid number**   **OR** The patient refused screening for alcohol misuse during the first day of admission |
| ***sub20*** | ***Alcohol Use Brief Intervention Provided or Offered*** | **70** | Includes all cases except:  * **Discharge date is <01/01/2017** * **LOS <=1 day or >120 days** * **Patients who were not screened for alcohol use during the first day of admission because of cognitive impairment**  Patients with comfort measures only documented  * **The patient was not screened with the AUDIT-C within the first day of admission** * **The patient refused screening with the AUDIT-C within the first day of admission** * **The patient was screened with the AUDIT-C within the first day 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 day of admission and the total score is >=5 and**  The patient received brief intervention that contained all of the required components ORThe patient refused brief intervention |

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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 <01/01/2017** * **LOS <=1 day or >120 days** * **Patients who were not screened for alcohol use during the first day 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 13.3**  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 and** * **A referral for addictions treatment was made by the healthcare provider prior to discharge or the patient refused and a referral was not made**   **OR if referral information was given to the patient but no appointment was made or the referral for addictions treatment was not offered at discharge**   * + **A prescription for an FDA approved medication for alcohol or drug disorder was given to the patient at discharge or the patient refused the prescription** |

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| **Mnemonic** | **Description** | **Catnum** | **Denominator** | **Numerator** |
| fe81 | Hospitalized patients age >=65 identified at risk for delirium | 70 | * The denominator **includes** cases with INPT\_FE flag received on the pull list * Only patients age >= age 65 years at the time of discharge are included | Cases included in the denominator will pass if:  * One of the following is documented in the H&P, ED note or admission note by a physician/APN/PA   + a current problem of delirium   + a current change in mental status   + a current problem of confusion   + a current problem of disorientation   + the patient was assessed or screened for delirium |
| sc1all | Informed consent within 60 days (all forms) | 53,55 | Includes all cases except:   * Length of stay is >120 days * The principal procedure code is not a code on Table 5.11, 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24 or VASC | Of cases included in the denominator:   * The medical record contains a consent dated 0-60 days prior to the procedure |
| sc2all | Informed consent within 60 days ( iMed) | 53,55 | Includes all cases except:   * Length of stay is >120 days * The principal procedure code is not a code on Table 5.11, 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24 or VASC * Those without a consent form dated 0-60 day prior to the procedure | Of cases included in the denominator:   * iMedConsent was used to create the consent form dated 0-60 days prior to the procedure |

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| **Mnemonic** | **Description** | **Catnum** | **Denominator** | **Numerator** |
| mrec42 | Home medications reviewed with patient/caregiver within 24 hours of admission or acceptable rationale documented | 70 | Includes all cases except:  * None of the medication list components were reviewed with the patient and the patient was not taking any medications upon admission | Cases included in the denominator will pass if:  * Upon admission or during the 24 hours after admission there is documentation of an Essential Medication list for review (EMLR) in the medical record   OR   * There is evidence in the medical record that upon admission or within the 24 hours after admission a member of the healthcare team reviewed the patient’s list of medications and/or a medication list for review to include all of the 6 components with the patient/caregiver   OR   * The patient was taking medications upon admission and there is NO evidence in the medical record that upon admission or within the 24 hours after admission a member of the healthcare team reviewed the patient’s list of medications and/or a medication list for review to include all of the 6 components with the patient/caregiver and one of the following: * An emergent life-threatening situation existed with this patient prohibiting completion of medication reconciliation upon admission or within the 24 hours after admission   OR   * There is documentation by the physician/APN/PA, pharmacist or nurse that the patient /caregiver was unable to confirm the patient’s medications upon admission or within the 24 hours after admission   OR   * the physician/APN/PA, pharmacist or nurse documents at least 2 attempts to obtain the patient’s medication list from a referring facility upon admission or within the 24 hours after admission |
| mrec21 | Reconciled medication list provided to patient | 70 | Includes all cases except:  * Patient was discharged to a hospice facility, an acute care facility, other healthcare facility, left AMA or expired | Cases included in the denominator will pass if:  * At the time of discharge, there is documentation that a written list of the reconciled discharge medications was provided to the patient/caregiver   OR   * Documented medications were not prescribed at discharge |

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| **Mnemonic** | **Description** | **Catnum** | **Denominator** | **Numerator** |
| mrec34 | Consistent Medication List | 70 | Includes all cases except:  * Patient was discharged to a hospice facility, an acute care facility, other healthcare facility, left AMA or expired * Documented medications were not prescribed at discharge | Cases included in the denominator will pass if:  * the medications listed on the patient’s discharge instructions are the same as the medications listed in the discharge summary or   + no medications are listed in the discharge summary and it refers to a document that contains the information |
| Medication List Components  (Informational Only) | |  |  |  |
| mrec42a | Active VA Prescriptions | 70 | Number of cases in denominator of mrec42 | Number of cases that documented the Local Active VA Prescription component of the patient’s medication list or the medication list for review was reviewed with the patient/caregiver upon admission or within 24 hours after admission |
| mrec42b | Remote Active VA Prescriptions | 70 | Number of cases in denominator of mrec42 | Number of cases that documented the Remote Active VA Prescription component of the patient’s medication list or the medication list for review was reviewed with the patient/caregiver upon admission or within 24 hours after admission |
| mrec42c | Non-VA Medications | 70 | Number of cases in denominator of mrec42 | Number of cases that documented the Non-VA Medication component of the patient’s medication list or the medication list for review was reviewed with the patient/caregiver upon admission or within 24 hours after admission |
| mrec42d | Recently Expired VA Prescriptions | 70 | Number of cases in denominator of mrec42 | Number of cases that documented the Recently Expired VA Prescriptions (90-180 days) component of the patient’s medication list or the medication list for review was reviewed with the patient/caregiver upon admission or within 24 hours after admission |
| mrec42e | Recently Discontinued VA Prescriptions | 70 | Number of cases in denominator of mrec42 | Number of cases that documented the Recently Discontinued VA Prescriptions (90-180 days)component of the patient’s medication list or the medication list for review was reviewed with the patient/caregiver upon admission or within 24 hours after admission |
| mrec42f | Pending Medication Orders where relevant | 70 | Number of cases in denominator of mrec42 | Number of cases that documented the Pending Medication Orders component of the patient’s medication list or the medication list for review was reviewed with the patient/caregiver upon admission or within 24 hours after admission |