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| **#** | **Name** | QUESTION | **Field Format** | **DEFINITIONS/DECISION RULES** |
| 1 | lvsfdoclvsfdoc1lvsfdoc2lvsfdoc3lvsfdoc4lvsfdoc99 | How was the most recent left ventricular systolic function (LVSF)/ejection fraction (EF) documented in the record?**Indicate all that apply:**1. ejection fraction as a percentage
2. ejection fraction as a decimal
3. ejection fraction with cut points (> or <)
4. narrative description
5. not measured
 | 1,2,3,4,99**If 99 or for answers not selected, auto-fill as follows:****efnumbr as zz, efdecmal as z.zz, efcutpnt as 95, narrlvsf as 95, testdt as 99/99/9999**

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| If lvfdoc2 = 1, cannot enter 99 |

 | **Left Ventricular Systolic Function (LVSF) assessment**: diagnostic measure of left ventricular contractile performance/wall motion. Ejection fraction (EF) is an index of LVSFand reflects the proportion of blood ejected during each ventricular contraction compared with the total ventricular filling volume. EF may be recorded in quantitative (EF=30%) or qualitative (moderate left ventricular systolic dysfunction) terms.**The question references the most recent EF or narrative description of LVSF found in the record.****EF may be taken from any knowledge of past LVSF or EF documented in the record.** EF may be documented as a percentage (33%) or a decimal point (0.33). If an EF range is provided, enter EF as a percentage and use the midpoint. |
| 2 | efnumbr | Enter EF percentage. | \_\_ \_\_%If lvsfdoc <> 1, auto-fill as zz | If only a number is stated (and it is not a decimal), it may be assumed it is a percentage. |
| 3 | efdecmal | Enter the EF decimal value. | \_\_. \_\_ \_\_If lvsfdoc <>2, auto-fill as z.zz |  |
| 4 | efcutpnt | Enter the applicable EF cut point:1. < 40%
2. < 30%
3. 40% or greater
4. not applicable
 | 1,2,3,95If lvsfdoc <>3, auto-fill as 95 | In normal individuals the ejection fraction is more than 50 percent and usually less than 80 percent. Ejection fraction is a ballpark figure – not a precise measurement. For this reason, the ejection fraction may be expressed as “less than” or “greater than” a figure rather than an exact percentage or decimal.  |
| 5 | narrlvsf | Enter the most recent description of LVSF.1. moderately or moderately-to-severely reduced (or depressed, abnormal, or impaired)
2. severely reduced (or depressed, abnormal, or impaired)
3. other description
4. not applicable
 | 1,2,3,95If lvsfdoc <> 4, auto-fill as 95 | Do not include systolic dysfunction described using one of the following: * Negative qualifiers: cannot exclude, cannot rule out, could be, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious, OR
* Negative modifiers: borderline, insignificant, scant, slight, sub-clinical, subtle, trace, or trivial
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| **#** | **Name** | QUESTION | **Field Format** | **DEFINITIONS/DECISION RULES** |
| 6 | testdt | Enter the date of the most recent test for left ventricular systolic function (LVSF) | mm/dd/yyyyWill be auto-filled as same from IHD module if date entered there.**If LVSF documented but date of test not found, abstractor can enter 99/99/9999**

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| Warning if > 5 years prior to stdybeg, and hard edit < = stdyend |

 | **The intent of the question is to capture the date of the test, not the date of documentation in the record**.Enter a date that is as specific as possible. If only the year is available, use 01/01/yyyy. Information may have to be extrapolated from notes such as “patient’s EF three years ago was 45,” etc.**If the patient’s LVSF is documented but the date of the test cannot be found, enter 99/99/9999 default date.** |
| 7 | funcstat | Specify the patient’s most recent functional status or exercise tolerance documented in the record.1. Asymptomatic or no limitation of physical activity (NYHA Class I)
2. Slight limitation of physical activity (NYHA Class II)
3. Marked limitation of physical activity (NYHA Class III)
4. Unable to carry out any physical activity without discomfort or cardiac symptoms at rest (NYHA Class IV)

99. No documentation of functional status | 1,2,3,4,99 | 1. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath). For example, patient is able to perform strenuous exercise or climb 2 flights of stairs.
2. Comfortable at rest, but ordinary activity results in fatigue, palpitation, or dyspnea.
3. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea. For example, patient reports that walking across room causes discomfort.
4. Symptoms of cardiac insufficiency at rest. If any physical activity is attempted, discomfort is increased.

Abstractor can accept any of the above descriptions or NYHA Classification.**Documentation may be taken from the outpatient record or record from a previous admission within the past 12 months.** |
| 8 | optcmboptcmb1optcmb2optcmb3optcmb4optcmb99 | Are any of the following documented in the outpatient or inpatient record?**Indicate all that apply:**1. Dementia
2. Metastatic or end stage malignancy
3. Active or current do not resuscitate order (DNR)
4. Currently enrolled in hospice

99. No documentation of the above | 1,2,3,4,99

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| Warning if optcmb4 = true and dochospce = 2 |

 | **Documentation may be taken from the outpatient record or record from a previous admission within the past 12 months.**If more than one condition are documented, enter in numerical order (dementia, then metastatic, or end stage) disease, then DNR, then hospice).Any type of dementia is applicable, such as Alzheimer’s, vascular, dementia due to HIV, head trauma, Parkinson’s, Huntington’s Disease, or Creutzfeldt-Jakob Disease.  |

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| **#** | **Name** | QUESTION | **Field Format** | **DEFINITIONS/DECISION RULES** |
| 9 | icd | Is there documentation in the outpatient or inpatient record that the patient has an implantable cardioverter-defibrillator (ICD)? | 1,2If 2 auto-fill, icdt as 99/99/9999 and go to crt | An implantable cardioverter-defibrillator (ICD) is a device designed to quickly detect a life-threatening, rapid heartbeat coming from the ventricles of the heart. The ICD attempts to convert an abnormal rhythm back to normal by delivering an electrical shock to the heart. This action is called defibrillation.ICD-9-CM procedure code: 37.94.  |
| 10 | icdt | Enter the date the ICD was implanted. | mm/dd/yyyyAbstractor can enter 99/99/9999Will be auto-filled as 99/99/9999 if icd = 2

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| Warning if > 5 years prior to stdybeg, and hard edit < = stdyend |

 | At a minimum, the year should be documented and entered accurately. If the month and/or day are not documented, enter 01 as default.If the year is not documented, enter 99/99/9999.  |
| 11 | crt | Is there documentation in the outpatient or inpatient record that the patient had cardiac resynchronization therapy (implantation of biventricular pacemaker)? | 1,2If 2 auto-fill, crtdt as 99/99/9999  | Cardiac resynchronization therapy (CRT) is achieved by implantation of a biventricular pacemaker. The biventricular pacemaker simultaneouslypaces both the left and right ventricles in order to synchronize the pumping action of the ventricles.ICD-9-CM procedure codes: 00.50, 00.51 |
| 12 | crtdt | Enter the date the CRT device was implanted. | mm/dd/yyyyAbstractor can enter 99/99/9999Will be auto-filled as 99/99/9999 if crt = 2

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| Warning if > 5 years prior to stdybeg, and hard edit < = stdyend |

 | At a minimum, the year should be documented and entered accurately. If the month and/or day are not documented, enter 01 as default.If the year is not documented, enter 99/99/9999.  |