This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The subcriteria and most of the footnotes from the evaluation criteria are provided in Word comments within the form and will appear if your cursor is over the highlighted area. Hyperlinks to the evaluation criteria and ratings are provided in each section.

**TAP/Workgroup (if utilized):** Complete all yellow highlighted areas of the form. Evaluate the extent to which each subcriterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

**Note:** If there is no TAP or workgroup, the SC also evaluates the subcriteria (yellow highlighted areas).

**Steering Committee:** Complete all pink highlighted areas of the form. Review the workgroup/TAP assessment of the subcriteria, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met:
- C = Completely (unquestionably demonstrated to meet the criterion)
- P = Partially (demonstrated to partially meet the criterion)
- M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)
- N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)
- NA = Not applicable (only an option for a few subcriteria as indicated)

<table>
<thead>
<tr>
<th>Measure Descriptive Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>De.1 Measure Title:</strong> Blood Administration Documentation</td>
</tr>
<tr>
<td><strong>De.2 Brief description of measure:</strong> Percentage of transfused units/doses (bags) of RBCs, plasma or platelets with documentation for all of the following: 1. Patient identification (ID) and transfusion order (Blood ID Number) confirmed prior to the initiation of blood 2. Date and time of transfusion 3. Blood pressure, pulse and temperature recorded pre, during and post transfusion</td>
</tr>
<tr>
<td><strong>1.1-2 Type of Measure:</strong> Process</td>
</tr>
<tr>
<td><strong>De.3 If included in a composite or paired with another measure, please identify composite or paired measure:</strong> PBM-05 is a part of the Patient Blood Management (PBM) measure set: PBM-01 (Transfusion Consent), PBM-02 (RBC Transfusion Indication), PBM-03 (Plasma Transfusion Indication), PBM-04 (Platelet Transfusion Indication), PBM-06 (Preoperative Anemia Screening), PBM-07 (Preoperative Blood Type Testing and Antibody Screening)</td>
</tr>
<tr>
<td><strong>De.4 National Priority Partners Priority Area:</strong> Patient and family engagement, Care coordination, Safety</td>
</tr>
<tr>
<td><strong>De.5 IOM Quality Domain:</strong> Effectiveness, Patient-centered, Safety</td>
</tr>
<tr>
<td><strong>De.6 Consumer Care Need:</strong> Getting better, Living with illness</td>
</tr>
</tbody>
</table>

**Conditions for Consideration by NQF**

Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:

| A. The measure is in the public domain or an intellectual property (measure steward agreement) is signed. Public domain only applies to governmental organizations. All non-governmental organizations must sign a measure steward agreement even if measures are made publicly and freely available. |
| **A.1 Do you attest that the measure stewards hold intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)?** | **Yes** |
| **A.2 Indicate if Proprietary Measure (as defined in measure steward agreement):** | **N** |
### A.3 Measure Steward Agreement:
Agreement will be signed and submitted prior to or at the time of measure submission

### A.4 Measure Steward Agreement attached:

<table>
<thead>
<tr>
<th>B.</th>
<th>The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. Yes, information provided in contact section</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.</td>
<td>The intended use of the measure includes both public reporting and quality improvement. Purpose: Public reporting, Internal quality improvement, Accreditation</td>
</tr>
</tbody>
</table>

### B.
Y  N

C.  Y  N

### D.
The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement.

#### D.1 Testing:
Y  N

#### D.2 Have NQF-endorsed measures been reviewed to identify if there are similar or related measures?
Yes

(for NQF staff use) Have all conditions for consideration been met?
Staff Notes to Steward (if submission returned):

Staff Notes to Reviewers (issues or questions regarding any criteria):

Staff Reviewer Name(s):  

---

### TAP/Workgroup Reviewer Name:

### Steering Committee Reviewer Name:

---

1. IMPORTANCE TO MEASURE AND REPORT

Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. (evaluation criteria)

#### 1a. High Impact

(for NQF staff use) Specific NPP goal:

#### 1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, Frequently performed procedure, Leading cause of morbidity/mortality, Patient/societal consequences of poor quality

#### 1a.2

#### 1a.3 Summary of Evidence of High Impact: Since the majority of blood is transfused in hospitals, each patient who receives blood should expect that the correct type will be transfused only when required based on an evidence-based clinical indication. Accurate identification of the patient and monitoring during the transfusion is also vital to ensure patient safety. Transfusion processes need to be monitored and reported because the most serious risk of transfusion could be potentially avoidable human errors due to the complexity of the transfusion process of blood administration within the healthcare organization.

#### 1a.4 Citations for Evidence of High Impact: Whitsett CF, Robichaux MG. Assessment of blood administration procedures: problems identified by direct observation and administrative incident reporting. Transfusion. 2001;41:581-86.


1b. Opportunity for Improvement

1b.1 Benefits (improvements in quality) envisioned by use of this measure: Variation in the practice of administration of blood is becoming increasingly evident from both local and international reports. Studies have shown that there are opportunities for error at number of crucial points in the transfusion process starting with the decision to transfuse, prescrib and request, patient sampling, pre-transfusion testing and the process of actually administering the blood to the patient. Many errors go unnoticed or are underreported so the actual rate of mistransfusion is unknown, but recent reports from hemovigilance systems indicate that errors from the initial recipient identification to final blood administration occur with a frequency of 1 in 1000 events. About two-thirds of errors are associated with incorrect patient identification at the bedside. This measure is needed to standardize and document the processes of blood administration so the information can be used to audit aspects of the transfusion, and the cause of serious adverse events can be adequately investigated.

1b.2 Summary of data demonstrating performance gap (variation or overall poor performance) across providers:

The World Health Organization noted that throughout the health-care industry, the failure to identify patients correctly continues to result in transfusion errors. Patient misidentification was cited in more than 100 individual root case analysis report by the United States Department of Veterans Affairs (VA) National Center for Patient Safety from January 2000 to March 2003. Patient misidentification has also been identified as a root cause for many errors by the Joint Commission and has been recognized as an issue that has been addressed as a National Patient Safety Goal since 2003.

Administering the wrong type of blood (ABO incompatibility) is the most serious error resulting from a transfusion. Many of the incidents are due to failure of the final identity check carried out between the patient and the blood to be transfused. A national Japanese study found that 20% of 115 surveyed hospitals experienced ABO mismatched transfusions. The main causes of errors were misidentification of blood bags (42.8%), incorrect blood typing (15.1%) and failure to identify the patient (42.1%). A 2003 College of American Pathologists (CAP) Q-probe surveyed documentation practices for transfusion that included patient/unit verification and vital sign recording. Patient/unit identification was completed in only 25.4% of the transfusion events. Vital signs were documented 88.3% at all three required times.

1b.3 Citations for data on performance gap:

SHOT group analyzed 226 cases if ABO-incompatible transfusions and found that the most frequent error was failure of the pretransfusion verification at the bedside.

ABO-incompatible red blood cell transfusion occurs in 1:27,000 to 1:135,207 transfusions with a fatality rate
of about 2.11 - 7.06%. This means that the risk of dying from a mistransfusion is higher than the risk of transmission of a viral infection during transfusion.


1b.4 Summary of Data on disparities by population group: None noted

1b.5 Citations for data on Disparities: NA

1c. Outcome or Evidence to Support Measure Focus

1c.1 Relationship to Outcomes (For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population): Blood transfusions can lead to a significant risk of harm to patients. Misidentification of patients for blood transfusions has been directly linked with transfusion of incompatible blood which can result in patient morbidity and mortality. Measures that evaluate the monitoring of patients may decrease adverse events and facilitate tracking of patients if problems occur as a result of the transfusion.

1c.2-3. Type of Evidence: Observational study, Evidence-based guideline, Expert opinion, Systematic synthesis of research

1c.4 Summary of Evidence (as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome): In the US during 2006, seventy-three deaths were reported and 72,000 transfusion related adverse reactions. One study that monitored processes related to the blood transfusion based on 982 assessments of direct observation and concurrent review of data from July 1999 to September 2003 had no mistransfusions for the entire 2003 calendar year as a result of closely monitoring the transfusion process. The Serious Hazards of Transfusion Study (SHOT) reported that between 1996 and 2003, the risk of an error occurring during a transfusion of blood or blood products was 1:16,500; an ABO incompatible transfusion error was 1:100,000 and the risk of death from an incorrect blood transfusion was 1:15,000.

1c.5 Rating of strength/quality of evidence (also provide narrative description of the rating and by whom): NA

1c.6 Method for rating evidence: NA

1c.7 Summary of Controversy/Contradictory Evidence: NA

1c.8 Citations for Evidence (other than guidelines): Saxena S, Ramer L, Shulman IA. A comprehensive assessment program to improve blood-administering practices using the FOCUS-PDCA model. Transfusion 2004;44:1350-1356.


Serious Hazards of Transfusion: Annual Report 2003. Available at: www.shotuk.org/

1c.9 Quote the Specific guideline recommendation (including guideline number and/or page number):
Note: Recommendations are not numbered or graded in the on-line guideline.
1. Verify the identity of the patient (p.2)
2. Before starting a transfusion check the patient’s vital signs (i.e., blood pressure, pulse and temperature (p.3)
3. Record the start and end time of the blood product transfusion (p.4)

1c.10 Clinical Practice Guideline Citation:  Guideline below-
[Various]
There are no formal US guidelines on which to base the blood administration measure, but Infusion Nurses Society has written the Infusion Nursing Standards of Practice that were revised in 2006 that include the criteria using standards and practice criteria located in Standards 70.1-70.11.

1c.11 National Guideline Clearinghouse or other URL:
http://www.guideline.gov/content.aspx?id=12787&search=transfusions

1c.12 Rating of strength of recommendation (also provide narrative description of the rating and by whom):

1c.13 Method for rating strength of recommendation (if different from USPSTF system, also describe rating and how it relates to USPSTF):
Concise summaries of scientific evidence attached to the individual guidelines are the unique feature of the Evidence-Based Medicine Guidelines. The evidence summaries allow the clinician to judge how well-founded the treatment recommendations are.
Grade A= High quality of evidence. Defined as - Further research is very likely to change our confidence in the estimate of effect.
Grade B= Moderate quality of evidence. Defined as - Further research is likely to have an important impact on confidence in the estimate of effect and may change the estimate.
Grade C= Low quality of evidence. Defined as - Further research is very likely to have an important impact on confidence in the estimate of effect and is likely to change the estimate.
Grade D= Very low quality of evidence. Defined as - Any estimate of effect is very uncertain.

1c.14 Rationale for using this guideline over others:
This guideline captures the majority of the criteria evaluated in this measure and the recommendations are based on the GRADE methodology.

TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Importance to Measure and Report?
Steering Committee: Was the threshold criterion, Importance to Measure and Report, met?
Rationale:

2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)
## 2a. MEASURE SPECIFICATIONS

### S.1 Do you have a web page where current detailed measure specifications can be obtained?

<p>| | |</p>
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### S.2 If yes, provide web page URL:

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### 2a. Precisely Specified

#### 2a.1 Numerator Statement

(Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome):

Number of transfusion units or doses with documentation for all of the following:
1. Patient identification (ID) and transfusion order (Blood Identification (ID) Number) confirmed prior to the initiation of blood
2. Date and time of transfusion
3. Blood pressure, pulse and temperature recorded pre, during and post transfusion

#### 2a.2 Numerator Time Window

(The time period in which cases are eligible for inclusion in the numerator):

Episode of care

#### 2a.3 Numerator Details

(All information required to collect/calculate the numerator, including all codes, logic, and definitions):

The units in the numerator are a subset of the denominator units. The following data elements are collected for the numerator; Blood ID Number, Patient ID Verification, Plasma ID, Platelet ID, RBC ID, Transfusion Order, Transfusion Start Date, Transfusion Start Time and Vital Sign Monitoring. Detailed descriptions are provided in attachment for Section 2a.30.

#### 2a.4 Denominator Statement

(Brief, text description of the denominator - target population being measured):

Number of transfused red blood cells, plasma and platelet units/doses evaluated

#### 2a.5 Target population gender:

Female, Male

#### 2a.6 Target population age range:

All ages

#### 2a.7 Denominator Time Window

(The time period in which cases are eligible for inclusion in the denominator):

Episode of care

#### 2a.8 Denominator Details

(All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions):

- Admission Date
- Birthdate
- ICD-9-CM Principal and Other Procedures
- RBC Transfusion Exclusions

Detailed descriptions are provided in the attachment for Section 2a.30.

#### 2a.9 Denominator Exclusions

(Brief text description of exclusions from the target population):

Units associated with documentation of massive transfusion protocol (MTP) or hemorrhagic shock

Uncrossmatched units of RBCs

RBC units used to prime pumps

#### 2a.10 Denominator Exclusion Details

(All information required to collect exclusions to the denominator, including all codes, logic, and definitions):

The data element, RBC Transfusion Exclusions, is used to exclude units that are administered in an ‘emergency’ situation when blood is transfused using different processes (more than one unit is being transfused or administered very rapidly), for the transfusion of any uncrossmatched units administered for an emergency situation or for RBC units used to prime a pump for surgery and not administered directly to the patient via an intravenous line. The data element definition is; Documentation that the transfused red blood cell (RBC) unit was administered for a massive transfusion protocol (MTP), was an uncrossmatched unit administered for an ‘emergency’ situation or was used to prime a pump.

#### 2a.11 Stratification Details/Variables

(All information required to stratify the measure including the

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Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable
stratification variables, all codes, logic, and definitions): This measure could be stratified using the data element Blood Administration Location. The definition is the location where the blood transfusion started. Allowable values are: Intraoperative Surgery or Non-intraoperative Setting.

2a.12-13 **Risk Adjustment Type:** No risk adjustment necessary

2a.14 **Risk Adjustment Methodology/Variables** (List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method):

2a.15-17 **Detailed risk model available Web page URL or attachment:**

2a.18-19 **Type of Score:** Rate/proportion
2a.20 **Interpretation of Score:** Better quality = Higher score
2a.21 **Calculation Algorithm** (Describe the calculation of the measure as a flowchart or series of steps): Algorithms are provided in attachment for Section 2a.30.

2a.22 **Describe the method for discriminating performance** (e.g., significance testing): During the six-month pilot, the distribution of the hospital rates was reviewed over time.

2a.23 **Sampling (Survey) Methodology** If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate): For pilot testing, hospitals were requested to submit 10 cases for each of the three blood products that were discharged from the designated six months. The units submitted for measures PBM-02 - PBM-04 were used for this measure. Post pilot, the sample size will be based on the number of units submitted per discharge month or quarter from the same measures. Hospitals that choose to sample have the option of sampling quarterly or monthly. A hospital may choose to use a larger sample size than required. Hospitals with an initial population size less than the minimum number of units/doses transfused per quarter/month for the measure, cannot apply sampling to the measure.

2a.24 **Data Source** (Check the source(s) for which the measure is specified and tested) Paper medical record/flow-sheet, Electronic administrative data/claims, Lab data

2a.25 **Data source/data collection instrument** (Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.): The Joint Commission developed a web-based data collection tool that was used by hospitals and for reliability testing during the pilot test. When the measures become part of The Joint Commission’s ORYX data collection and reporting program, the data would be collected using contracted Performance Measurement Systems (vendors) that develop data collection tools based on the measure specifications. The tools are verified and tested by Joint Commission staff to confirm the accuracy of the data collection tool with the specifications.

2a.26-28 **Data source/data collection instrument reference web page URL or attachment:** Attachment The_Patient Blood_Management_Tool [1]-63427914888089574.pdf

2a.29-31 **Data dictionary/code table web page URL or attachment:** Attachment PBMSpecifications.pdf

2a.32-35 **Level of Measurement/Analysis** (Check the level(s) for which the measure is specified and tested) Facility/Agency, Can be measured at all levels

2a.36-37 **Care Settings** (Check the setting(s) for which the measure is specified and tested) Hospital

2a.38-41 **Clinical Services** (Healthcare services being measured, check all that apply) Clinicians: Nurses, Clinicians: PA/NP/Advanced Practice Nurse, Clinicians: Physicians (MD/DO)
2b. Reliability testing

2b.1 Data/samples (description of data/sample and size): A sample of 194 medical records were reabstracted at 12 randomly selected pilot hospitals July through September 2010.

2b.2 Analytic Method (type of reliability & rationale, method for testing):
Hospitals for reliability testing were randomly selected based on multiple characteristics, including region (west, south, north central, northeast), hospital type (teaching/non-teaching, rural/urban), and bed size (0-99, 100-199, 200-299, 300+). The objectives of the reliability site visits included: evaluation of the reliability of the individual measures and associated data elements, assessment of data collection effort including abstraction time and estimated cost, assessment of measure specifications including definitions, abstraction guidelines, etc. and assessment of sampling strategies. To prepare for the reliability site visits, the data collection tool that was used by the pilot hospitals was enhanced and tested. During the reliability site visit, Joint Commission staff re-abstracted a sub-set of records that had been previously submitted by the hospital into the enhanced data collection tool without knowing the measure specific data values that the hospital had submitted. When reabstraction was completed for each record, the results from the hospital and Joint Commission staff were compared and differences adjudicated in the program. Focus group interviews were conducted at each hospital and findings were discussed with each hospital to understand what aspects could be improved. A comparison of calculated indicator rates using data originally abstracted by hospitals and the data that were reabstracted by The Joint Commission staff was adjudicated on each measure and the individual data elements. Statistical analysis utilized Kappa scores and p values.

2b.3 Testing Results (reliability statistics, assessment of adequacy in the context of norms for the test conducted):
The number of originally abstracted denominator units was 274 with a computed original measure rate of 89.4%. The number of re-abstracted denominator units was 433 with a re-abstracted measure rate of 67.7%. The absolute difference was 21.7% with a Kappa score of 0.291. The percent of hospital identification population verified as 65%. The match rate for 369 units for the individual data elements was: Patient ID Verification 98.8%, Transfusion Order 92%, Transfusion Start Date 95%, Transfusion Start Time 85% and Vital Sign Monitoring 89%. Measure specifications have been revised to strengthen and provide additional clarity to the data element definitions and abstraction guidelines.

2c. Validity testing

2c.1 Data/samples (description of data/sample and size): Face validity was tested by a total of 63 hospitals of various sizes and geographic locations across the country that represented over 300 individuals during August and May 2009. Measure specifications were sent to the test hospitals for review. In addition, on-site focus interviews were conducted at five hospitals. Criterion validity was evaluated during the reliability site visits mentioned above as well as through an online survey that the participating hospitals completed.

2c.2 Analytic Method (type of validity & rationale, method for testing):
The measure information form and the data dictionary were evaluated for face validity. The following parts of the measure information form were evaluated: numerator statement, numerator inclusions, numerator exclusions, denominator statement, denominator inclusions, denominator exclusions and an overall understanding of the measure information form. Each area was scored utilizing a five-point Likert scale. For each data element, the hospitals were asked to comment on the clarity and understanding of the abstraction guidelines and data definitions. In addition, the data dictionary was reviewed for overall understanding, usefulness and clarity utilizing a five-point Likert scale. Qualitative analysis was performed on measure feedback received during the focus group interviews and from the online surveys.

2c.3 Testing Results (statistical results, assessment of adequacy in the context of norms for the test conducted):
A total of 58 hospitals completed the face validity evaluation and rated the overall understanding of the numerator and denominator statements an average 4.4% that ranked the measure 1st out of the 10 measures. Modifications to improve the understanding and clarity of the measure specifications were made prior to pilot testing based on feedback received from the hospitals during the face validity evaluation. Analysis of the online survey revealed 98% (57/58) of the alpha hospitals recommended moving the measure forward to the pilot test with suggested modifications.

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable
### 2d. Exclusions Justified

2d.1 Summary of Evidence supporting exclusion(s):

2d.2 Citations for Evidence:

2d.3 **Data/sample** *(description of data/sample and size)*:

2d.4 **Analytic Method** *(type analysis & rationale)*:

2d.5 **Testing Results** *(e.g., frequency, variability, sensitivity analyses)*:

### 2e. Risk Adjustment for Outcomes/ Resource Use Measures

2e.1 **Data/sample** *(description of data/sample and size)*:

2e.2 **Analytic Method** *(type of risk adjustment, analysis, & rationale)*:

2e.3 **Testing Results** *(risk model performance metrics)*:

2e.4 If outcome or resource use measure is not risk adjusted, provide rationale:

### 2f. Identification of Meaningful Differences in Performance

2f.1 **Data/sample from Testing or Current Use** *(description of data/sample and size)*: All patients > 4 months of age that had been selected for measures PBM-02 - PBM-04 from the eligible measure population of inpatient discharges from 7/1/09 - 12/31/09 were abstracted. For each patient, all units or doses of blood from each of the three types of blood products were used for measurement purposes.

2f.2 Methods to identify statistically significant and practically/meaningfully differences in performance *(type of analysis & rationale)*: Z-scores were used to determine hospital measure rates that were significantly different from the overall average.

2f.3 **Provide Measure Scores from Testing or Current Use** *(description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*:

- Mean Rate for All Hospitals = 76.1%
- Overall Rate for All Hospitals = 77.2%
- Standard Deviation = 20.7%
- Median Rate for All Hospitals = 81.2%
- Min. = 9.0%
- Max. = 100%
- Lower Quartile = 66%
- Upper Quartile = 95%

\[ Z < -2^* = 2 \]
\[ Z < 2^{**} = 0 \]

### 2g. Comparability of Multiple Data Sources/Methods

2g.1 **Data/sample** *(description of data/sample and size)*:

2g.2 **Analytic Method** *(type of analysis & rationale)*:

---

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable
### TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Scientific Acceptability of Measure Properties?

**Steering Committee: Overall, to what extent was the criterion, Scientific Acceptability of Measure Properties, met?**

**Rationale:**

### 3. USABILITY

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. ([evaluation criteria](#))

#### 3a. Meaningful, Understandable, and Useful Information

**3a.1 Current Use:** Not in use but testing completed

**3a.2 Use in a public reporting initiative (disclosure of performance results to the public at large) (If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years):**

We intend to incorporate these Patient Blood Management measures into our ORYX initiative with associated public reporting on Quality Check when there is a national call for these measures.

**3a.3 If used in other programs/initiatives (If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years):**

The specifications will be posted on the Joint Commission website for public use in 2011.

**Testing of Interpretability** (Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement)

**3a.4 Data/sample (description of data/sample and size):**

**3a.5 Methods (e.g., focus group, survey, QI project):**

**3a.6 Results (qualitative and/or quantitative results and conclusions):**

#### 3b/3c. Relation to other NQF-endorsed measures

**3b.1 NQF # and Title of similar or related measures:**

(for NQF staff use) Notes on similar/related endorsed or submitted measures:

**3b. Harmonization**

If this measure is related to measure(s) already endorsed by NQF (e.g., same topic, but different target population/setting/data source or different topic but same target population):

**3b.2 Are the measure specifications harmonized? If not, why?**

---

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable
### 3c. Distinctive or Additive Value

**3c.1** Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:

#### 5.1

If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), Describe why it is a more valid or efficient way to measure quality:

<table>
<thead>
<tr>
<th>TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Usability?</th>
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<tbody>
<tr>
<td>Steering Committee: Overall, to what extent was the criterion, <em>Usability</em>, met?</td>
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<tr>
<td>Rationale:</td>
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### 4. FEASIBILITY

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. *(evaluation criteria)*

#### 4a. Data Generated as a Byproduct of Care Processes

**4a.1-2** How are the data elements that are needed to compute measure scores generated?

*Data generated as byproduct of care processes during care delivery* (Data are generated and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition), Coding/abstraction performed by someone other than person obtaining original information (E.g., DRG, ICD-9 codes on claims, chart abstraction for quality measure or registry)

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<td>4a.1-2</td>
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#### 4b. Electronic Sources

**4b.1** Are all the data elements available electronically? *(elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims)*

*No*

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**4b.2** If not, specify the near-term path to achieve electronic capture by most providers.

*The project will begin Phase III in January 2011 to retool the specifications for retrieval from an electronic health record.*

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<td>4b.2</td>
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#### 4c. Exclusions

**4c.1** Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications?

*No*

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**4c.2** If yes, provide justification.

<table>
<thead>
<tr>
<th>4c</th>
</tr>
</thead>
<tbody>
<tr>
<td>4c.2</td>
</tr>
</tbody>
</table>

#### 4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences

**4d.1** Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results.

*None noted during testing*

<table>
<thead>
<tr>
<th>4d</th>
</tr>
</thead>
<tbody>
<tr>
<td>4d.1</td>
</tr>
</tbody>
</table>

#### 4e. Data Collection Strategy/Implementation

**4e.1** Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/implementation issues:

*Abstraction time for PBM-05 varied based on the number of units transfused and the location of the*
transfusion. While not difficult to abstract the information in a non-surgical setting, it was almost impossible to abstract the information intraoperatively with any reliability due to the lack of documentation or illegibility of the paper record. For example, abstracting the data element Transfusion Order was a challenge for the intraoperative setting because many hospitals stated that transfusion orders are not routinely documented in the anesthesia/surgical record. According to many hospital staff, “the doctor that orders the blood does not need to write an order to transfuse the blood during the operation”. To address this issue, documentation of a transfusion order or the blood unit identification (ID) number would be acceptable for units transfused intraoperatively. Requiring the blood ID number would provide a way to document the amount of blood a patient received during surgery as many times it was not clear when and how many units/doses of blood were transfused which is essential to track blood use and link to adverse events for national hemovigilence rates. These differences in processes that were noted between the intraoperative and non-intraoperative settings have been addressed by adding the option to stratify the units by intraoperative and non-intraoperative settings so hospitals can determine where to invest their improvement efforts.

This measure, even though it was developed for abstraction at the unit level, was indirectly affected by the difficulty in determining the associated ‘event’. Eliminating the abstraction level of an ‘event’ will also improve the reliability of this measure.

Documentation of pulse, in addition to temperature and blood pressure was added to the vital sign monitoring data element since most hospitals routinely document it during transfusion.

Pilot hospitals were requested to estimate the time to abstract one unit of blood red blood cells (RBCs), platelets or plasma for the six-month pilot which includes the abstraction time for PBM-05. Twenty hospitals estimated an average time of 30 minutes to abstract a unit of blood with an average cost of $21-25 per hour. However, these costs do not include the time or cost involved in identifying the patient population, staff training or data collection tool instruction. It should also be noted that the learning curve varied widely due to the staff experience and expertise that were utilized for a ‘time-limited’ project. Due to the amount of time needed to manually abstract the volume of blood transfusions, we believe that these measures are most suitable for abstraction from an electronic medical record (EHR). Retrieval from an EHR could capture 100% of all units that were transfused and would decrease or eliminate the associated abstraction burden. This method would also improve the identification of patients who received blood since procedure codes to document blood use are not standardized across the country. In the meantime, patients can be identified using blood bank records or procedure codes.

During the 12 reliability site visits, two Joint Commission staff also found that the abstraction time varied widely based on the method of record retrieval (e.g., paper record, scanned record or electronic information) at each hospital and the amount of blood transfused per case. Based on hospital feedback, measure specifications have been revised to strengthen and provide additional clarity to data element definitions and abstraction guidelines. The timing and frequency of data collection will remain monthly or quarterly as it does for the other Joint Commission measure sets. Maintaining patient confidentiality was not an issue during the pilot test, since blinded hospital and patient identifiers are used on all data received by The Joint Commission staff for data quality reviews.

4e.2 Costs to implement the measure (costs of data collection, fees associated with proprietary measures):

The majority of hospitals already have processes in place to abstract measures if the patients are identified using procedure codes. However, some hospitals document total hospital blood use by using blood bank records that would have to be cross-referenced by the patient medical record number to determine how much and the type of blood product each patient received which adds to the abstraction burden. After identifying the patients, the time to collect the data elements for this measure from the operative section of the record would be increased, if available, using manual abstraction.

There are no Joint Commission fees to abstract the measures, but the abstraction cost in addition to the issues mentioned above would depend on the amount of blood products transfused at each hospital since administration documentation is reviewed for all units included in the transfusion measures PBM-02 – PBM-04. Hospitals with Blood Management or conservation programs may have fewer units to review and those with efficient or electronic processes to document blood may have lower abstraction costs.

4e.3 Evidence for costs:
**4e.4 Business case documentation:** Even though many hospital staff thought that all of the Patient Blood Measures were important, the Blood Administration Documentation measure has been one of the highest ranked measures in all of the testing phases. The lack of clearly written blood transfusion documentation noted in patients who received blood intraoperatively raises the question of how overuse can be determined and addressed if the number of units transfused is not even mentioned in the post-procedure note. Documenting blood use during surgery is essential to tracking transfusion-related adverse events. Improving patient identification during transfusion has been a Joint Commission National Patient Safety Goal #1 for many years, and this measure would be an excellent vehicle to determine if the goal to improve the accuracy of patient identification to eliminate transfusion errors related to misidentification is being achieved. This measure is needed to monitor and evaluate Patient Safety practices, although manual abstraction is very time-consuming and only abstracts a set number of blood products transfused.

**TAP/Workgroup:** What are the strengths and weaknesses in relation to the subcriteria for *Feasibility*?

| Steering Committee: Overall, to what extent was the criterion, *Feasibility*, met? |
|------------------------------------------------------------------|---|---|---|---|
| Rationale:                                                     | 4 | C | P | M |

**RECOMMENDATION**

(for NQF staff use) Check if measure is untested and only eligible for time-limited endorsement.

| Steering Committee: Do you recommend for endorsement? |
|--------------------------------------------------------|---|---|---|---|
| Comments:                                              | Y | N | A |

**CONTACT INFORMATION**

Co.1 *Measure Steward (Intellectual Property Owner)*

The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois, 60181

Co.2 *Point of Contact*

Jerod M., Loeb, PhD, jloeb@jointcommission.org, 630-792-5920-

**Measure Developer If different from Measure Steward**

Co.3 *Organization*

The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois, 60181

Co.4 *Point of Contact*

Harriet, Gammon, MSN, RN, CPHQ, hgammon@jointcommission.org, 630-792-5926-

Co.5 *Submitter If different from Measure Steward POC*

Harriet, Gammon, MSN, RN, CPHQ, hgammon@jointcommission.org, 630-792-5926-, The Joint Commission

Co.6 *Additional organizations that sponsored/participated in measure development*

**ADDITIONAL INFORMATION**

Workgroup/Expert Panel involved in measure development

Ad.1 Provide a list of sponsoring organizations and workgroup/panel members’ names and organizations. Describe the members’ role in measure development.

The technical advisory panel determined priority areas in blood management for measure development. They reviewed public comments and were actively involved in all phases of the project to identify and develop the specifications. Measure recommendations for National Quality Forum endorsement were made after careful review of the pilot results and site feedback.
<table>
<thead>
<tr>
<th>Ad.2</th>
<th>If adapted, provide name of original measure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ad.3-5</td>
<td>If adapted, provide original specifications URL or attachment</td>
</tr>
</tbody>
</table>

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.6 Year the measure was first released:  
Ad.7 Month and Year of most recent revision: 12, 2010
Ad.8 What is your frequency for review/update of this measure? Biannually
Ad.9 When is the next scheduled review/update for this measure? 06, 2011

Ad.10 Copyright statement/disclaimers: No royalty or use fee is required for copying or reprinting this manual, but the following are required as a condition of usage: 1) disclosure that the Specifications Manual is periodically updated, and that the version being copied or reprinted may not be up-to-date when used unless the copier or printer has verified the version to be up-to-date and affirms that, and 2) users participating in Joint Commission accreditation, including performance measures systems, are required to update their software and associated documentation based on the published manual production timelines.


Ad.11 -13 Additional Information web page URL or attachment: Attachment TAPLISTWEBc-63427658279803714.doc

Date of Submission (MM/DD/YY): 12/29/2010
Patient Blood Management (PBM)

Set Measures

<table>
<thead>
<tr>
<th>Set Measure ID</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBM-01</td>
<td>Transfusion Consent</td>
</tr>
<tr>
<td>PBM-02</td>
<td>RBC Transfusion Indication</td>
</tr>
<tr>
<td>PBM-03</td>
<td>Plasma Transfusion Indication</td>
</tr>
<tr>
<td>PBM-04</td>
<td>Platelet Transfusion Indication</td>
</tr>
<tr>
<td>PBM-05</td>
<td>Blood Administration Documentation</td>
</tr>
<tr>
<td>PBM-06</td>
<td>Preoperative Anemia Screening</td>
</tr>
<tr>
<td>PBM-07</td>
<td>Preoperative Blood Type Testing and Antibody Screening</td>
</tr>
</tbody>
</table>

Measure Set Specific Data Elements

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Collected For</th>
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</thead>
<tbody>
<tr>
<td>Admission From Home</td>
<td>PBM-06,</td>
</tr>
<tr>
<td>Anesthesia Start Date</td>
<td>PBM-06,</td>
</tr>
<tr>
<td>Blood Administration Location</td>
<td>PBM-02, PBM-03, PBM-04, PBM-05,</td>
</tr>
<tr>
<td>Blood Bank Records</td>
<td>PBM-01, PBM-02, PBM-03, PBM-04, PBM-05,</td>
</tr>
<tr>
<td>Blood ID Number</td>
<td>PBM-05,</td>
</tr>
<tr>
<td>Blood Type Testing Ordered</td>
<td>PBM-07,</td>
</tr>
<tr>
<td>Clinical Indication for Plasma</td>
<td>PBM-03,</td>
</tr>
<tr>
<td>Clinical Indication for Platelets</td>
<td>PBM-04,</td>
</tr>
<tr>
<td>Clinical Indication for RBCs</td>
<td>PBM-02,</td>
</tr>
<tr>
<td>Education Addressed Risks, Benefits and Alternatives to Transfusion</td>
<td>PBM-01,</td>
</tr>
<tr>
<td>Patient ID Verification</td>
<td>PBM-05,</td>
</tr>
<tr>
<td>Plasma ID</td>
<td>PBM-03, PBM-05,</td>
</tr>
<tr>
<td>Platelet ID</td>
<td>PBM-04, PBM-05,</td>
</tr>
<tr>
<td>Pre-transfusion Hematocrit</td>
<td>PBM-02,</td>
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<tr>
<td>Pre-transfusion Hemoglobin</td>
<td>PBM-02,</td>
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<tr>
<td>Pre-transfusion PT/INR Result</td>
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<tr>
<td>Pre-transfusion Platelet Count</td>
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<tr>
<td>Preoperative Blood Type Testing</td>
<td>PBM-07,</td>
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<tr>
<td>RBC ID</td>
<td>PBM-02, PBM-05,</td>
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<td>RBC Unit Exclusions</td>
<td>PBM-02, PBM-05,</td>
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<td>Surgery Scheduled Timeframe</td>
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<td>Transfusion Consent</td>
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<td>Vital Sign Monitoring</td>
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## Related Materials

<table>
<thead>
<tr>
<th>Document Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>z. Appendix E - Miscellaneous Tables</td>
</tr>
</tbody>
</table>
Measure Information Form

Measure Set: Patient Blood Management (PBM)

Set Measure ID: PBM-01

Performance Measure Name: Transfusion Consent

Description: Patients with a signed consent who received information about the risks, benefits and alternatives of transfusion prior to the initial blood transfusion or the initial transfusion was deemed a medical emergency.

Rationale: Planning a discussion with a licensed practitioner regarding the risks, benefits and alternatives of transfusion is an opportunity for the patient to participate in decisions about his or her care. It is a process that takes into consideration, each patient’s preferences, clinical needs and provides information in compliance with the regulations and policies of the state and facility. Even though policies related to informed consent may vary among hospitals, all hospitals require some type of consent prior to treatment unless emergency care is needed. The elements of performance for the Joint Commission Standard RI.01.03.01 related to the informed consent process include a discussion about the risks, benefits and alternatives, and a discussion about the risk, if care is not received. This measure is also supported by the Joint Commission’s National Patient Safety Goal (NPSG) 13 that encourages patients’ active involvement in their own care as a patient safety strategy.

For many years, the American Association of Blood Banks (AABB) organization has supported the consent process for transfusion and has developed several standards such as AABB Standard 5.19.1. AABB requires that at a minimum, a recipient consent for transfusion and that should include; a description of the risks, benefits and treatment alternatives, the opportunity to ask questions and the right to accept or refuse transfusion.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Patients with a signed consent who received information about the risks, benefits and alternatives prior to the initial blood transfusion or the initial transfusion was deemed a medical emergency

Included Populations: Not applicable

Excluded Populations: None

Data Elements:

- Education Addressed Risks, Benefits and Alternatives to Transfusion
- Transfusion Consent

Denominator Statement: Patients who received red blood cell, plasma or platelet transfusions
**Included Populations:** Discharges with an ICD-9-CM Principal or Other Procedure Codes for transfusion as defined in Appendix A, Table 9.3-9.6 or a transfusion documented from Blood Bank Records.

**Excluded Populations:** None

**Data Elements:**

- *Admission Date*
- *Blood Bank Records*
- *Discharge Date*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Procedure Code*

**Risk Adjustment:** No.

**Data Collection Approach:** Retrospective data collection sources for required data elements include administrative data and medical records. Hospitals that do not use ICD-9-CM procedure codes to document transfusions may use blood bank records to identify the population.

**Data Accuracy:** Variation may exist in the assignment of ICD-9-CM codes and blood bank records; therefore, coding practices and transfusion documentation may require evaluation to ensure consistency.

**Measure Analysis Suggestions:** Hospitals may want to evaluate the cases according to medical or surgical designation that were not included in the numerator in order to determine if the consent was signed and/or if all or only part of the educational components were given or if documentation was insufficient. Based on this information, hospitals may assess the barriers impacting this measure that could be improved.

**Sampling:** Yes. For additional information see the Population and Sampling Specifications Section.

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Speiss BD, Counts RB, Gould SA. Perioperative Transfusion Medicine, Williams and Wilkins; 1998; 201-204.

**Measure Algorithm:**
PBM-01: Transfusion Consent

**Numerator:** Patients with a signed consent who received information about the risks, benefits and alternatives prior to the initial blood transfusion or the initial transfusion was deemed a medical emergency.

**Denominator:** Patients who received red blood cells, platelets or plasma.

---

**Diagram:**

- **START**
- **ICD-9-CM Principal Procedure Code or ICD-9-CMOther Procedure Codes**
- **Blood Bank Records**
- **No in Measure Population**
- **Not on Tables 9.3-9.6 in Appendix A**
- **On Tables 9.3-9.6 in Appendix A**
- **Missing**
- **Transfusion Consent**
- **Case will be rejected**
- **In Numerator Population**
- **STOP**

---

**Related Topics**

---
Measure Information Form

Measure Set: Patient Blood Management (PBM)

Set Measure ID: PBM-02

Performance Measure Name: RBC Transfusion Indication

Description: The number of transfused red blood cell (RBC) units with a pre-transfusion hemoglobin (hgb) or hematocrit (hct) result and clinical indication documented from patients of all ages who received RBCs.

Rationale: Improvement of the safety and quality of care that a hospital provides includes the review of the use of blood and blood products. Despite current evidence and best practice guidelines, clinical practice regarding when to transfuse varies among physicians and institutions even though most would agree that blood products should only be given when the benefits outweigh the harm. Many advocate that transfusion decisions should be based on a clinical assessment and not on laboratory values alone to avoid inappropriate over-or-under transfusion. Measuring whether an “indication for transfusion” and a pre-transfusion laboratory value was documented may improve the utilization of blood components. In addition, implementing such a process may simplify the hospital’s review for appropriateness of the transfusion when auditing records for accreditation and regulatory agencies. In a study by Friedman and Ebrahim, there was a significant correlation between red blood cell transfusions that lacked documentation of the clinical necessity for transfusion and justification of the transfusion.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Number of RBC units with pre-transfusion hemoglobin or hematocrit result and clinical indication documented

Included Populations: Not applicable

Excluded Populations: None

Data Elements:

- Clinical Indication for RBCs
- Pre-transfusion Hematocrit
- Pre-transfusion Hemoglobin
- RBC ID

Denominator Statement: Number of transfused red blood cell units evaluated

Included Populations:

- Discharges with an ICD-9-CM Principal or Other Procedure Codes for transfusion as defined in Appendix A, Tables 9.3 or 9.4 or a RBC transfusion documented from Blood Bank Records.
- The first six RBCs units transfused after hospital arrival
Excluded Populations: None

Data Elements:

- Admission Date
- Birthdate
- Blood Administration Location
- Blood Bank Records
- Discharge Date
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Procedure Code
- RBC Unit Exclusions

Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Hospitals that do not use ICD-9-CM procedure codes to document transfusions may use blood bank records to identify the population of patients who received RBCs.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes and blood bank records; therefore, coding practices and transfusion documentation may require evaluation to ensure consistency.

Measure Analysis Suggestions: Hospitals may want to use the data to further evaluate the process for determining the need for blood products based on the clinical indications and correlating it with the pre-transfusion value that was documented. This information may assist hospitals to determine if the patients were transfused appropriately or if efforts should be directed toward additional documentation efforts for monitoring blood product usage. Data may be grouped by service designation or by blood products to identify specific areas for staff review.

Sampling: Yes. For additional information see the Population and Sampling Specifications Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:


Measure Algorithm:
PBM-02: RBC Transfusion Indication

**Numerator:** Number of RBC units (bags) with pre-transfusion hemoglobin or hematocrit result and clinical indication documented

**Denominator:** Number of transfused red blood cell units evaluated

---

**Begin Unit Level Processing**

For Overall Rate (PBM-02a)

Not in Measure Population

**Not 1,2,3,4,5,6 or Missing**

For RBC ID

Not in Measure Population

**PBM-02a**

For Blood Bank Records

Not on Tables 9.3-9.4 Appendix A

**ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes**

On Tables 9.3-9.4 Appendix A

**Start**

Run cases that are included in the BM Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

---

**Stratification Table:**

<table>
<thead>
<tr>
<th>Set/</th>
<th>Stratified By</th>
<th><em>Operative Or Not</em> (Allowable Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBM-02a</td>
<td>Overall Rate</td>
<td><strong>1</strong> - Operative / 2 - Non-operative</td>
</tr>
<tr>
<td>PBM-02b</td>
<td>Blood Administration Location</td>
<td><strong>1</strong> - Intra-operative / <strong>2</strong> - Non-operative</td>
</tr>
</tbody>
</table>
Continue to “Y” for Stratification.
Note: Initialize the Measure Category Assignment for each strata measure (b-c) = "B".

Do not change the Measure Category Assignment that was already calculated for the overall rate (PBM-02a).

The next of the algorithm will reset the appropriate Measure Category Assignment to be equal to the overall rate's (PBM-02a) Measure Category Assignment.

For all Stratified Measures (b-c):

Not In Measure Population

Overall Rate Category Assignment

= B or X

= D or E

Blood Administration Location

= 1

For Stratified Measure P3M-02b

Set the Measure Category Assignment for measure P3M-02b

= the Measure Category Assignment for measure PBM-02a

For Stratified Measure PBM-02c

Set the Measure Category Assignment for measure PBM-02c

= the Measure Category Assignment for measure PBM-02a

STCP

Related Topics
Measure Information Form

Measure Set: Patient Blood Management (PBM)

Set Measure ID: PBM-03

Performance Measure Name: Plasma Transfusion Indication

Description: The number of transfused plasma units with a pre-transfusion PT/INR result and clinical indication documented from patients of all ages who received plasma.

Rationale: The use of plasma has increased and is disproportionately high compared to other countries with similar levels of health care. Indications for transfusing plasma are very limited, and as a result, published studies often show unjustifiable use of plasma. According to the National Heart Lung and Blood Institute, plasma should be administered only to increase the level of clotting factors in patients with a demonstrated deficiency. If the prothrombin time (PT) and partial thromboplastin time (PTT) are < 1.5 times normal, a plasma transfusion is rarely needed. However, plasma is frequently transfused to patients with mild-to-moderate elevations in PT despite numerous studies that have not shown a correlation between the risk of bleeding and mild-to-moderate test results. In a study by Wahab et al, transfusion of plasma for mild abnormalities of coagulation values resulted in a partial normalization in a minority of patients, and failed to correct the PT in 99% of the patients. In a 2004 study by Hui, the need to correct prolonged international normalized ratios (INRs) for patients on warfarin emerged as the primary indication for plasma followed by massive transfusions.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Number of plasma units with pre-transfusion PT/INR result and clinical indication documented

- Included Populations: Not applicable
- Excluded Populations: None

Data Elements:

- Clinical Indication for Plasma
- Plasma ID
- Pre-transfusion PT/INR Result

Denominator Statement: Number of transfused plasma units evaluated

- Included Populations:
  - Discharges with an ICD-9-CM Principal or Other Procedure Codes for transfusion as defined in Appendix A, Table 9.6 or a plasma transfusion documented from Blood Bank Records
  - The first three plasma units transfused from hospital arrival
Excluded Populations:

- Discharges with an ICD-9-CM Principal Diagnosis Code of trauma as defined in Appendix A, Table 9.7.

Data Elements:

- Admission Date
- Birthdate
- Blood Administration Location
- Blood Bank Records
- Discharge Date
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Diagnosis Code
- ICD-9-CM Principal Procedure Code

Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Hospitals that do not use ICD-9-CM procedure codes to document transfusions may use blood bank records to identify the population of patients who received plasma.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes and blood bank records; therefore, coding practices and transfusion documentation may require evaluation to ensure consistency.

Measure Analysis Suggestions: Data from this measure may be used to review the type of invasive procedures or surgeries that use plasma in order to further evaluate appropriateness of use.

Sampling: Yes. For additional information see the Population and Sampling Specifications Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:


Measure Algorithm:
PBM-03: Plasma Transfusion Indication

**Numerator:** Number of plasma units with pre-transfusion PT/INR result and clinical indication documented

**Denominator:** Number of transfused plasma units evaluated

---

**Stratification Table:**

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<thead>
<tr>
<th>Set</th>
<th>Stratified By</th>
<th>Operative Or Not (Allowable Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBM-03a</td>
<td>Overall Rate</td>
<td></td>
</tr>
<tr>
<td>PBM-03b</td>
<td>Blood Administration Location</td>
<td>1: Intra-operative</td>
</tr>
<tr>
<td>PBM-03c</td>
<td>Blood Administration Location</td>
<td>2,3: Non-operative</td>
</tr>
</tbody>
</table>
Pre-transfusion PT/INR Result

- Missing
- Non-UTD

Clinical Indication for Plasma

- Missing
- 2

For Overall Rate (PBM-03a)

In Numerator Population

For Overall Rate (PBM-03a)

In Measure Population

Case will be rejected

Continue to “Y” for Stratification.
Note: Initialize the Measure Category Assignment for each strata measure (b-c) = 'B'.

Do not change the Measure Category Assignment that was already calculated for the overall rate (PBM-03a).

The rest of the algorithm will reset the appropriate Measure Category Assignment to be equal to the overall rate's (PBM-03a) Measure Category Assignment.
Measure Information Form

Measure Set: Patient Blood Management (PBM)

Set Measure ID: PBM-04

Performance Measure Name: Platelet Transfusion Indication

Description: The number of transfused platelet units with pre-transfusion platelet count and clinical indication documented from patients of all ages who received platelets.

Rationale: Platelets are transfused to treat or prevent bleeding associated with thrombocytopenia and/or platelet dysfunction. Platelets given therapeutically should help stop the bleeding, and if given prophylactically, post transfusion platelet counts should be obtained to monitor the response to determine the effectiveness of the transfusion. Repeated platelet transfusions can cause alloimmunization and cause platelet refractoriness to future transfusions. Multiple infectious risks are associated with platelet transfusions so patients should only be exposed to the least amount needed.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Number of platelet units with pre-transfusion platelet count result and clinical indication documented

  Included Populations: Not applicable

  Excluded Populations: None

Data Elements:

  • Clinical Indication for Platelets
  • Platelet ID
  • Pre-transfusion Platelet Count

Denominator Statement: Number of transfused platelet units evaluated

  Included Populations:

    • Discharges with an ICD-9-CM Principal or Other Procedure Codes for transfusion as defined in Appendix A, Table 9.5 or a platelet transfusion documented from Blood Bank Records
    • The first three platelet units transfused after hospital arrival

  Excluded Populations: None

Data Elements:

  • Admission Date
  • Blood Administration Location
  • Blood Bank Records
Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Hospitals that do not use ICD-9-CM procedure codes to document transfusions may use blood bank records to identify the population of patients who received platelets.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes and blood bank records; therefore, coding practices and transfusion documentation may require evaluation to ensure consistency.

Measure Analysis Suggestions: Data from this measure may be used to evaluate the utilization and appropriateness of platelets used by an organization.

Sampling: Yes. For additional information see the Population and Sampling Specifications.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:


Measure Algorithm:
PBM-04: Platelet Transfusion Indication

Numerator: Number of platelet doses with pre-transfusion platelet count result and clinical indication documented

Denominator: Number of transfused platelet units evaluated

---

**Stratification Table:**

<table>
<thead>
<tr>
<th>Sr#</th>
<th>Stratified By</th>
<th>&quot;Operative Or Not&quot; (Allowable Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBM-04a</td>
<td>Overall Rate</td>
<td>1 - Intra-operative</td>
</tr>
<tr>
<td>PBM-04b</td>
<td>Blood Administration Location</td>
<td>2, 3 - Non-operative</td>
</tr>
<tr>
<td>PBM-04c</td>
<td>Blood Administration Location</td>
<td>2, 3 - Non-operative</td>
</tr>
</tbody>
</table>

---

START

Run cases that are included in the BM Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes

Not on Table 9.5 Appendix A

On Table 9.5 Appendix A

Blood Bank Records

= 3

= 1, 2, 4 or Missing

Begin Unit Level Processing

Platelet ID

= 1, 2, 3

Not 1, 2, 3 or Missing

Not In Measure Population

For Overall Rate (PBM-04a)

PBM-04c

Not In Measure Population

PBM-04 J

Z
PBM-04

Pre-transfusion Platelet Count

Missing = Non-UTD

Clinical Indication for Platelets

Missing = 2

For Overall Rate (PBM-04a)

Case will be rejected

For Overall Rate (PBM-04a)

In Numerator Population

In Measure Population

PBM-04 Z

PBM-04 Y

Continue to “Y” for Stratification.
For all Stratified Measures (b-c)

Not In Measure Population

Overall Rate Category Assignment = B or X

=B or E

Blood Administration Location

For Stratified Measure PB-04c

Set the Measure Category Assignment for measure PB-04c = the Measure Category Assignment for measure PB-04a

For Stratified Measure PB-04b

Set the Measure Category Assignment for measure PB-04b = the Measure Category Assignment for measure PB-04a

Note: Initialize the Measure Category Assignment for each strata measure (b-c) = 'B'.

Do not change the Measure Category Assignment that was already calculated for the overall rate (PB-04a).

The rest of the algorithm will reset the appropriate Measure Category Assignment to be equal to the overall rate's (PB-04a) Measure Category Assignment.
Measure Information Form

Measure Set: Patient Blood Management (PBM)

Set Measure ID: PBM-05

Performance Measure Name: Blood Administration Documentation

Description: The number of transfused red blood cells, plasma or platelet transfusion units/doses (bags) that had documentation of the following: patient identification and an order to transfuse (Blood ID Number) confirmed prior to the initiation of transfusion, transfusion start date and time, and blood pressure, pulse and temperature recorded at specific intervals.

Rationale: Since the majority of blood units are transfused in hospitals, specific policies and procedures have been developed by each hospital to address documentation of blood administration standards in accordance with their state and federal regulations. Though documentation components vary among organizations, identification of the patient and confirmation of the order to transfuse are common indicators used for all blood products since incomplete patient identification could result in an adverse outcome. Prior to administering blood or blood products, patient identification by two identifiers is required by numerous organizations including the AABB Standard 5.19.3, and the Joint Commission National Patient Safety Goal (NPSG) 1. In addition, numerous organizations require or advise that the licensed staff confirm that there is a transfusion order as directed by the AABB Standard 5.19.6 and the elements of performance for the Joint Commission NPSG.01.01.01.

Patient monitoring during the transfusion is an important component related to patient safety. The first 10 to 15 minutes of the transfusion are considered the most critical to assess for a potential transfusion reaction and close observation during this time is recommended in the AABB Primer. Monitoring of vital signs at baseline, during and at the completion of the transfusion in addition to observation are used to assess the patient’s condition for any changes.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Number of units/doses (bags) with documentation for all of the following:

- patient identification and transfusion order (Blood ID Number) confirmed prior to the initiation of transfusion
- transfusion start date and time
- blood pressure, pulse and temperature recorded pre, during and post transfusion

Included Populations: Not applicable

Excluded Populations: None

Data Elements:

- Blood ID Number
- Patient ID Verification
- Plasma ID
Denominator Statement: Number of transfused red blood cells, plasma or platelet units/doses (bags) evaluated

Included Populations:

- Discharges with an ICD-9-CM Principal or Other Procedure Codes for transfusion as defined in Appendix A, Table 9.3-9.6 or a transfusion documented from Blood Bank Records

Excluded Populations:

- Units used in massive transfusion protocols
- Uncrossmatched units
- Units used to prime equipment

Data Elements:

- Admission Date
- Birthdate
- Blood Administration Location
- Blood Bank Records
- Discharge Date
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Procedure Code
- RBC Unit Exclusions

Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Hospitals that do not use ICD-9-CM procedure codes to document transfusions may use blood bank records to identify the population.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes and blood bank records; therefore, coding practices and transfusion documentation may require evaluation to ensure consistency.

Measure Analysis Suggestions: The data from this measure may be used to evaluate the adherence to organizational policies and procedures for blood administration for each of the blood products. Data could be evaluated by unit or service in order to identify areas for staff education. The data could also be used during accreditation surveys to document the hospital’s efforts to improve the accuracy of patient identification when administering blood related to the Joint Commission National Patient Safety Goal #1.

Sampling: Yes. For additional information see the Population and Sampling Specifications.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:
• Whitsett CF, Robichaux MG. Assessment of blood administration procedures: problems identified by direct observation and administrative incident reporting. Transfusion. 2001;41:581-86.
• Saxena S, Ramer L, Shulman IA. A comprehensive assessment program to improve blood-administering practices using the FOCUS-PDCA model. Transfusion. 2004; 44:1350-56.

Measure Algorithm:
PBM-05: Blood Administration Documentation

**Numerator:** Number of blood transfusion units (bags) or doses with documentation for all of the following:
- patient identification (ID) and transfusion order (blood ID number) confirmed prior to the initiation of blood
- date and time of transfusion
- blood pressure, pulse and temperature recorded pre, during and post transfusion

**Denominator:** Number of transfused red blood cells, plasma and platelet units (bags) or doses evaluated

---

![Flowchart Diagram](image-url)
For all Stratified Measures (b-c)

Not in Measure Population

Overall Rate Category Assignment

= B or X
= D or E

Blood Administration Location

= 2,3
= 1

For Stratified Measure PBM-05b

Set the Measure Category Assignment for measure PBM-05b
= the Measure Category Assignment for measure PBM-05a

STOP

Note: Initialize the Measure Category Assignment for each strata measure (b-c) = 'B'.

Do not change the Measure Category Assignment that was already calculated for the overall rate (PBM-05a).

The rest of the algorithm will reset the appropriate Measure Category Assignment to be equal to the overall rate's (PBM-05a) Measure Category Assignment.
Measure Information Form

Measure Set: Patient Blood Management (PBM)

Set Measure ID: PBM-06

Performance Measure Name: Preoperative Anemia Screening

Description: Selected elective orthopedic, cardiac and hysterectomy surgical patients with documentation of preoperative anemia screening date 14 – 45 days before surgery start date for procedures scheduled 14 or more days before surgery.

Rationale: Development of formal protocols for preoperative testing of hemoglobin (hgb) for potential high-blood loss elective surgeries could be used to identify and intervene for optimal management of blood resources. Preoperative anemia often goes unrecognized and untreated unless tests are ordered in advance of a planned surgery. Early recognition of anemia offers patients an opportunity to receive the most appropriate transfusion-sparing strategy, and avoid the risk of a potential transfusion. Researchers have shown that preoperative hgb and hematocrit can be used as predictors of outcome for specific types of patients such as cardiac artery bypass graft or orthopedic surgery. In a study by Salido, orthopedic patients with a preoperative hemoglobin <13 g/dL had four times the risk of transfusion than those with a hemoglobin level between 13 g/dL and 15 g/dL.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Patients with preoperative anemia screening 14 - 45 days before Anesthesia Start Date

- Included Populations: Not applicable
- Excluded Populations: None
- Data Elements:
  - Preoperative Anemia Screening Date

Denominator Statement: Selected elective surgical patients

- Included Populations:
  - Discharges with an ICD-9-CM Principal Procedure Codes of selected surgeries as defined in Appendix A, Tables 2.2, 5.01, 5.02, 5.08, 5.11, 5.22, 5.23, 9.1 or 9.2.
- Excluded Populations:
  - Patients less than 18 years of age
  - Patients with surgery scheduled less than 14 days before Anesthesia Start Date
  - Patients not admitted from home
- Data Elements:
Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: These data may be used to evaluate specific patient groups at high risk for a blood transfusion that did not have their pre-operative hemoglobin and/or transfusion testing completed and/or documented prior to surgery. The data could be further analyzed based on physician or type of procedure. Patients who are not included in the numerator could be tracked to see if there were any adverse outcomes due to the lack of preoperative anemia screening.

Sampling: Yes. For additional information see the Population and Sampling Specifications Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.


Measure Algorithm:
**PBM–06: Preoperative Anemia Screening**

**Numerator:** Patients with documentation of preoperative anemia screening 14 - 45 days before Anesthesia Start Date

**Denominator:** Selected elective surgical patients

---

**Diagram:**

1. **START**
2. Run cases that are included in the BM Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.
3. **ICD-9-CM Principal Procedure Code**
   - Not on Tables 2.2, 5.01, 5.02, 5.08, 5.11, 5.22, 5.23, 9.1 or 9.2 in Appendix A
4. **Admission From Home**
   - Missing
5. **PBM-06 X**
6. **Surgery Scheduled Timeframe**
   - Missing
   - **PBM-06 X**
   - **PBM-06 J**
7. **Not in Measure Population**
   - **PBM-06 Z**

---

**Variable Key:**

- Preoperative Anemia Screening Days
Related Topics

Patient Blood Management
NQF - Do NOT Distribute
Measure Information Form

Measure Set: Patient Blood Management (PBM)

Set Measure ID: PBM-07

Performance Measure Name: Preoperative Blood Type Testing and Antibody Screening

Description: Selected elective orthopedic, cardiac and hysterectomy surgical patients who had preoperative blood type testing and antibody screening (type and screen or type and crossmatch) completed prior to surgery start time if ordered preoperatively.

Rationale: Hospitals need to ensure that sufficient compatible blood is available for each scheduled procedure. Since about 3% of specimens have a serologic finding that requires further investigation that may cause a delay in the availability of the blood, patient screening of ABO group and Rh type should be collected in sufficient time to complete all pretransfusion testing before surgery begins. According to the Joint Commission’s Pre-publication National Patient Safety Goal UP.01.01.01 for 2010, a preprocedure verification process should be conducted to identify items that must be available for the procedure and use a standardized list to verify their availability. Documentation of any required blood products for the procedure is required. Development of formal protocols to ensure that patients have blood testing completed prior to surgery start time for potential high-blood loss elective surgeries may optimize management of blood resources and maximize patient safety.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Patients with preoperative type and crossmatch or type and screen completed prior to surgery start time

Included Populations: Not applicable

Excluded Populations: None

Data Elements:

- Preoperative Blood Type Testing

Denominator Statement: Selected elective surgical patients

Included Populations:

- Discharges with an ICD-9-CM Principal Procedure Code of selected surgeries as defined in Appendix A, Tables 2.2, 5.01, 5.02, 5.08, 5.11, 5.22, 5.23, 9.1 or 9.2.

Excluded Populations:

- Patients less than 18 years of age
- Patients with type and screen or type and crossmatch ordered preoperatively

Data Elements:
Risk Adjustment: No.

Data Collection Approach: Retrospective data collection sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: These data may be used to evaluate specific patient groups at high risk for a blood transfusion that did not have pre-operative transfusion testing completed and/or documented prior to surgery start time. The data could be further analyzed based on physician or type of procedure. Patients who are not included in the numerator could be tracked to see if there were any adverse outcomes due to the lack of preoperative testing.

Sampling: Yes. For additional information see the Population and Sampling Specifications.

Data Reported As: Aggregate rate generated from count data reported as a proportion.


Measure Algorithm:
PBM–07: Preoperative Blood Type Testing and Antibody Screening

**Numerator:** Patients with documentation of preoperative type and crossmatch or type and screen completed prior to Anesthesia Start Time

**Denominator:** Selected elective surgical patients

---

**Flowchart Description:**

1. **START**
2. Run cases that are included in the BM Initial Patient Population and pass the edits defined in the **Transmission Data Processing Flow: Clinical** through this measure.
3. **ICD-9-CM Principal Procedure Code**
   - Not on Tables 2.2, 5.01, 5.02, 5.08, 5.11, 5.22, 5.23, 9.1 or 9.2 in Appendix A
   - On Tables 2.2, 5.01, 5.02, 5.08, 5.11, 5.22, 5.23, 9.1 or 9.2 in Appendix A
4. **Admission From Home**
   - **= 2**
      - **= 1**
4.1. **Blood Type Testing Ordered**
   - **= 2**
      - **= 1**
      - **= 2**
4.2. **Preoperative Blood Type Testing**
   - **= 2**
4.3. **In Numerator Population**
5. **Case will be selected**
6. **In Numerator Population**
7. **STOP**

---

**Related Topics**

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**Patient Blood Management**

**NQF - Do NOT Distribute**
Data Element Name: Admission From Home

Collected For: PBM-06,

Definition: Patient was admitted for the pre-scheduled elective surgery procedure from home.

Suggested Data Collection Question: Was the patient admitted from home?

Format: Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:
1. Patient was admitted from home.
2. Patient was not admitted from home or unable to determine from medical record documentation.

Notes for Abstraction: Patients who have to stay overnight at a location other than their primary residence due to long distance travel for procedure are considered admitted from home.

Suggested Data Sources:
- Face sheet
- Nursing admission assessment
- Physician’s notes
- Preop checklist

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Data Element Name: Anesthesia Start Date

Collected For: PBM-06,

Definition: The date the anesthesia for the procedure started.

Suggested Data Collection Question: On what date did the anesthesia for the procedure start?

Format: Length: 10 – MM-DD-YYYY (includes dashes)
Type: Date
Occurs: 1

Allowable Values: MM-DD-YYYY
- MM = Month (01-12)
- DD = Day (01-31)
- YYYY = Year (2001-Current Year)
Leave Blank if Unable to Determine

Notes for Abstraction:
If the Anesthesia Start Date cannot be determined from medical record documentation, enter UTD. When the date documented is obviously invalid (not a valid format/range [12-39-20xx] or after the Discharge Date or Anesthesia End Date) and no other documentation can be found that provides the correct information, the absector should select “UTD.”

Example: Patient expires on 02-12-20xx and documentation indicates the Anesthesia Start Date was 03-12-20xx. Other documentation in the medical record supports the date of death as being accurate, but no other documentation of the Anesthesia Start Date can be found. Since the Anesthesia Start Date is outside of the parameter for care (after the Discharge Date [death]) and no other documentation is found, the absector should leave blank.

If the Anesthesia Start Date is incorrect (in error) but it is a valid date and the correct date can be supported with other documentation in the medical record, the correct date may be entered. If supporting documentation of the correct date cannot be found, the medical record must be abstracted as documented or at “face value.”

Examples: The anesthesia form is dated 12-10-2007, but other documentation in the medical record supports that the correct date was 12-10-2009. Enter the correct date of 12-10-2009 as the Anesthesia Start Date.

An Anesthesia End Date of 11-20-20xx is documented but the Anesthesia Start Date is documented as 11-10-20xx. If no other documentation can be found to support another Anesthesia Start Date, then it must be abstracted as 11-10-20xx because the date is not considered invalid or outside the parameter of care.
Suggested Data Sources:

Other Suggested Sources:

- Intraoperative record
- Circulator record
- Post-anesthesia evaluation record
- Operating room notes

Additional Notes: Suggested Data Sources:

Note: The anesthesia record is the priority data source for this data element, if a valid Anesthesia Start Date is found on the anesthesia record, use that date. If a valid date is not on the anesthesia record, other suggested data sources may be used in no particular order to determine the Anesthesia Start Date.

Priority Source:

- Anesthesia record

Guidelines for Abstraction:

<table>
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<tbody>
<tr>
<td>None</td>
<td>None</td>
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</tbody>
</table>
Data Element Name: Blood Administration Location

Collected For: PBM-02, PBM-03, PBM-04, PBM-05.

Definition: The hospital setting (intraoperative or non-intraoperative) where the blood product began infusing.

Suggested Data Collection Question: In what setting did the blood product begin infusing?

Format: Length: 1
Type: Alphanumeric
Occurs: 1-12

Allowable Values:

1. Intraoperative setting
2. Non-intraoperative setting
3. Unable to determine

Notes for Abstraction:

• Select setting for each unit transfused based on the physical location of the patient.

• Intraoperative setting is anytime during the operation.

• Non-intraoperative setting is any area outside of the operating room. For example, setting such as the intensive care unit, surgical floor or emergency room.

Suggested Data Sources:

• Anesthesia record
• Emergency department record
• Nursing notes
• Nursing flow sheet
• Nursing admission assessment
• Progress notes
• Physician’s notes
• Operative notes
• Operating room notes
• Operative report
• Procedure notes
• ICU notes
• PACU/recovery room record

Blood Administration Documentation Sheet

Additional Notes:

Guidelines for Abstraction:
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<th>Exclusion</th>
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<tbody>
<tr>
<td>None</td>
<td>None</td>
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</tbody>
</table>
Data Element Name: Blood Bank Records

Collected For: PBM-01, PBM-02, PBM-03, PBM-04, PBM-05.

Definition: Documentation that the patient received red blood cells (RBCs), plasma or platelets after hospital arrival.

Suggested Data Collection Question: Was there documentation that the patient received RBCs, plasma or platelets after hospital arrival?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1-12

Allowable Values:
- Select all that apply: 1 RBCs
- 2 Plasma
- 3 Platelets
- 4 None of the above or unable to determine from medical record documentation

Notes for Abstraction:
- Include transfusions given in the emergency room or observation area.

Suggested Data Sources: Blood Bank Records

Additional Notes:

Guidelines for Abstraction:

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</table>
**Data Element Name:** Blood ID Number

**Collected For:** PBM-05

**Definition:** Documentation of the actual blood bank identification number in the intraoperative record for the unit that was transfused.

**Suggested Data Collection Question:** Was there documentation of a blood bank identification number for the unit or dose of blood transfused during surgery?

**Format:**
- **Length:** 1
- **Type:** Alphanumeric
- **Occurs:** 1

**Allowable Values:**
1. There is documentation of a blood bank identification number for the unit that was transfused.
2. There is no documentation of a blood bank identification number for the unit that was transfused or unable to determine from medical record documentation.

**Notes for Abstraction:**

**Suggested Data Sources:**
- Anesthesia record
- Operative report
- Blood administration record

**Additional Notes:**

**Guidelines for Abstraction:**

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<thead>
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</table>
Data Element Name: Blood Type Testing Ordered

Collected For: PBM-07

Definition: A type and screen and/or type and crossmatch was ordered preoperatively for the elective surgery.

Suggested Data Collection Question: Was a type and screen and/or type and crossmatch ordered preoperatively?

Format:

- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:

1. A type and screen and/or type and crossmatch was ordered preoperatively.
2. A type and screen and/or type and crossmatch was not ordered preoperatively or unable to determine

Notes for Abstraction:

Suggested Data Sources:

- Physician orders
- Preop checklist

Additional Notes:

Guidelines for Abstraction:

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</table>
Data Element Name: Clinical Indication for Plasma

Collected For: PBM-03

Definition: Documentation by the physician/advance practice nurse/physician assistant or (physician/APN/PA) of the clinical indication for the plasma transfusion unit.

Suggested Data Collection Question: Was there a clinical indication documented by the physician/APN/PA for the transfused plasma unit?

Format: Length: 1
Type: Numeric
Occurs: 1 - 3

Allowable Values:
1. There was a clinical indication documented by the physician/APN/PA for the transfused plasma unit.
2. There was no documentation of a clinical indication for the transfusion or unable to determine from the medical record.

Notes for Abstraction:
- The clinical indication for the transfusion must be documented within 24 hours after the start of the transfusion.
- Select the first four plasma transfusion units closest to hospital arrival for abstraction.

Suggested Data Sources: ONLY PHYSICIAN/APN/PA DOCUMENTATION OF THE CLINICAL INDICATION FOR ADMINISTERING BLOOD:
- Anesthesia record
- Consultation notes
- Emergency department record
- Physician orders
- Progress notes

Additional Notes:

Guidelines for Abstraction:

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</table>
Data Element Name: *Clinical Indication for Platelets*

Collected For: PBM-04.

Definition: Documentation by the physician/advance practice nurse/physician assistant (physician/APN/PA) of the clinical indication for the transfused platelet unit.

Suggested Data Collection Question: Was there a clinical indication documented by the physician/APN/PA for the transfused platelet unit?

Format: 
- Length: 1
- Type: Numeric
- Occurs: 1 - 3

Allowable Values:

1. There was a clinical indication documented by the physician/APN/PA for the transfused platelet unit.

2. There was no documentation of clinical indication for the platelet transfusion or unable to determine from the medical record

Notes for Abstraction:

- The clinical indication for the transfusion must be documented within 24 hours after the start of the transfusion.
- Select the first three units transfused after hospital arrival for abstraction.

Suggested Data Sources: ONLY PHYSICIAN/APN/PA DOCUMENTATION OF THE CLINICAL INDICATION FOR ADMINISTERING PLASMA:

- Anesthesia record
- Consultation notes
- Emergency department record
- Physician orders
- Progress notes

Additional Notes:

**Guidelines for Abstraction:**

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</table>
Data Element Name: Clinical Indication for RBCs

Collected For: PBM-02

Definition: Documentation by the physician/advance practice nurse/physician assistant (physician/APN/PA) of the clinical indication for the transfused red blood cell (RBCs) unit.

Suggested Data Collection Question: Was there a clinical indication documented by the physician/APN/PA for the transfused RBC unit?

Format:
- Length: 1
- Type: Numeric
- Occurs: 1 - 6

Allowable Values:
1. There was a clinical indication documented by the physician/APN/PA for the transfused RBC unit.
2. There was no clinical indication documented by the physician/APN/PA for the transfused RBC unit or unable to determine from medical record documentation.

Notes for Abstraction:
- The clinical indication for the transfusion must be documented within 24 hours after the start of the transfusion.
- Select the first six RBC transfusion units after hospital arrival for abstraction.

Suggested Data Sources: ONLY PHYSICIAN/APN/PA DOCUMENTATION OF THE CLINICAL INDICATION FOR ADMINISTERING RBCs:
- Anesthesia record
- Consultation notes
- Emergency department record
- Operative notes
- Physician orders
- Progress notes

Additional Notes:

Guidelines for Abstraction:

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<tbody>
<tr>
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</table>
Data Element Name: Education Addressed Risks, Benefits and Alternatives to Transfusion

Collected For: PBM-01.

Definition: Documentation that information addressing risks, benefits and alternatives to transfusion was given to the patient/caregiver prior to the initial transfusion or the initial transfusion was deemed a medical emergency after hospital arrival.

Suggested Data Collection Question: Was there documentation that information regarding risks, benefits and alternatives to transfusion was given to the patient/caregiver prior to the initial transfusion event or was the initial transfusion deemed a medical emergency after hospital arrival?

Format:
- Length: 1
- Type: Numeric
- Occurs: 1

Allowable Values:
1. Information addressing the risks, benefits and alternatives to transfusion was given to the patient/caregiver prior to the initial transfusion after hospital arrival.

2. Information addressing the risks, benefits and alternatives to transfusion was not given to the patient/caregiver prior to the initial transfusion after hospital arrival or unable to determine from medical record documentation.

Notes for Abstraction:
- Use only documentation provided in the medical record.
- If the patient refused information about risks, benefits and alternatives to transfusion, select “1.”
- The caregiver is defined as the patient’s family or any other person (e.g., guardian) who will be responsible for care of the patient.

Suggested Data Sources:
- Consultation notes
- Emergency department record
- History and physical
- Nursing notes
- Progress notes
- Operative notes
- Admission forms
- Consent form
- Emergency department record
- Progress notes
- Nursing notes

Additional Notes:
### Guidelines for Abstraction:

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Data Element Name: Patient ID Verification

Collected For: PBM-05

Definition: Documentation that two unique patient identifiers were checked during a two-person verification process (or the use of automated identification technology may be used in place of one of the individuals) prior to the administration of the transfusion unit/dose (bag).

Suggested Data Collection Question: Was there documentation that two unique patient identifiers were checked or automated identification was used in place of one person during the verification process prior to the administration of the blood transfusion unit/dose (bag)?

Format: Length: 1
Type: Numeric
Occurs: 1 - 12

Allowable Values:
1 There was documentation that two unique patient identifiers were checked during the two-person verification process or an automated identification system was used in place of one of the individuals prior to the administration of the transfusion unit/dose (bag).

2 There was no documentation that two unique patient identifiers or automated identification were used during the two-person identification check prior to the administration of the transfusion unit/dose (bag) or unable to determine from medical record documentation.

Notes for Abstraction:
• Patient ID Verification must be associated with the blood product and RBC ID that was selected for abstraction.
• Patient ID Verification can be documented by the signature of two persons that attest that two unique patient identifiers were checked to verify the identification of the patient prior to the transfusion or the signature of one person and an automated identification device.
• Patient identifiers that could be used include: name, date of birth, patient identification number or unique identifier given at the time the crossmatch was drawn.
• The patient room number should not be used to identify the patient.

Suggested Data Sources:
• Anesthesia record
• Emergency department record
• Nursing notes
• Progress notes
• Physician’s notes
• Operative notes
• Operative report
• Procedure notes
• PACU/recovery room record
• Blood administration form

**Additional Notes:**

**Guidelines for Abstraction:**

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<tbody>
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</table>
Data Element Name: Plasma ID

Collected For: PBM-03, PBM-05.

Definition: The number assigned to designate whether the plasma unit was the first, second or third unit transfused after hospital arrival.

Suggested Data Collection Question: What number was assigned to the plasma unit selected for abstraction?

Format:
- Length: 1
- Type: Numeric
- Occurs: 1 - 3

Allowable Values:
1. First Plasma Unit
2. Second Plasma Unit
3. Third Plasma Unit

Notes for Abstraction:
- The abstractor assigns a plasma identification (ID) number for each unit evaluated.
- Each allowable value is only used one time and is determined by the order in which it was administered.
- Abstract up to three plasma transfusion units per patient.
- Include plasma transfusions administered after hospital arrival.

Suggested Data Sources:
- Anesthesia record
- Emergency department record
- Progress notes
- Operative notes
- Blood administration form
- Blood bank records

Additional Notes:

Guidelines for Abstraction:

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**Data Element Name:** *Platelet ID*

**Collected For:** PBM-04, PBM-05.

**Definition:** The number assigned to designate whether the platelet unit was the first, second or third unit that was transfused after hospital arrival.

**Suggested Data Collection Question:** What number was assigned to the platelet unit selected for abstraction?

**Format:**
- **Length:** 2
- **Type:** Numeric
- **Occurs:** 1 - 3

**Allowable Values:**
- 1 First Platelet Unit
- 2 Second Platelet Unit
- 3 Third Platelet Unit

**Notes for Abstraction:**
- The abstractor assigns a platelet identification (ID) number for each unit evaluated.
- Each allowable value is only used one time and is determined by the order in which it was administered.
- Abstract up to three platelet units per patient
- Include platelet transfusions administered after hospital arrival.

**Suggested Data Sources:**
- Anesthesia record
- Emergency department record
- Progress notes
- Operative notes
- Blood administration form
- Blood bank records

**Additional Notes:**

**Guidelines for Abstraction:**

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**Data Element Name:** Pre-transfusion Hematocrit

**Collected For:** PBM-02

**Definition:** Documentation of the closest hematocrit (hct) completed prior to the RBC transfusion.

**Suggested Data Collection Question:** What was documented as the closest pre-transfusion hct prior to the RBC transfusion?

**Format:**
- **Length:** 4
- **Type:** Alphanumeric
- **Occurs:** 1 - 6

**Allowable Values:** Enter the patient’s closest hematocrit result (number only, reported in percent) performed prior to each RBC transfusion.

**UTD = Unable to Determine**

- For abstraction, select either the pre-transfusion hematocrit or the hemoglobin result; both are not required.
- Select the result associated with the RBC ID selected for abstraction.
- When recording the allowable value for hematocrit, input 23.00 if the patient’s hematocrit is 23%.

**Notes for Abstraction:**

**Suggested Data Sources:**
- Consultation notes
- Emergency department record
- History and physical
- Laboratory report
- Progress notes
- Operative report
- Blood administration form

**Additional Notes:**

**Guidelines for Abstraction:**

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</table>
Data Element Name: *Pre-transfusion Hemoglobin*

Collected For: PBM-02

Definition: Documentation of the closest hemoglobin (hgb) completed prior to the RBC transfusion.

Suggested Data Collection Question: What was documented as the closest pre-transfusion hgb prior to the RBC transfusion?

Format:

- **Length:** 4
- **Type:** Alphanumeric
- **Occurs:** 1 - 6

Allowable Values:

Enter the patient’s closest hemoglobin result reported in g/dL performed prior to transfusion.

**UTD** = Unable to Determine

- For abstraction, select either the pre-transfusion hematocrit or the hemoglobin result; both are not required.
- Select the hemoglobin result that is associated with the RBC ID selected for abstraction.
- If the hemoglobin result is 9.9 g/dL, enter 9.9.

Notes for Abstraction:

Suggested Data Sources:

- Consultation notes
- Emergency department record
- History and physical
- Laboratory report
- Progress notes
- Operative report
- Blood administration form

Additional Notes:

Guidelines for Abstraction:

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Data Element Name: Pre-transfusion PT/INR Result

Collected For: PBM-03

Definition: Documentation of PT/INR result completed prior to the plasma transfusion.

Suggested Data Collection Question: What was the PT/INR result completed prior to the plasma transfusion.

Format: Length: 1 - 5
Type: Alphanumeric
Occurs: 1 - 3

Allowable Values: Enter the closest PT/INR result to the plasma transfusion.
UTD = Unable to determine

Notes for Abstraction:
- Enter the PT/INR result that is associated with the plasma ID selected for abstraction.
- An allowable value should be entered with one decimal. For example, a PT/INR of 1.5 should be entered as written. INR values over 10 should be entered as 10.00.

Suggested Data Sources:

Additional Notes:

Guidelines for Abstraction:

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Data Element Name: Pre-transfusion Platelet Count

Collected For: PBM-04

Definition: Documentation of the closest platelet count completed prior to the platelet transfusion.

Suggested Data Collection Question: What was the closest platelet count documented prior to the platelet transfusion?

Format:

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<thead>
<tr>
<th>Length</th>
<th>Type</th>
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<tbody>
<tr>
<td>1 - 5</td>
<td>Alphanumeric</td>
<td>1 - 3</td>
</tr>
</tbody>
</table>

Allowable Values:
Enter the patient’s closest platelet count result, in $10^9/\mu L$ performed prior to the platelet transfusion selected for abstraction.

UTD = Unable to Determine

Note:

- Select the platelet count result that is associated with the Platelet ID selected for abstraction.
- An allowable value for a platelet count result should be entered as ‘11.00’ for a platelet count of 11,000.

Notes for Abstraction:

Suggested Data Sources:

- Anesthesia record
- Consultation notes
- Emergency department record
- History and physical
- Laboratory report
- Progress notes
- Operative report
- Blood administration form

Additional Notes:

Guidelines for Abstraction:

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<th>Exclusion</th>
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<tbody>
<tr>
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</table>
Data Element Name: Preoperative Anemia Screening Date

Collected For: PBM-06,

Definition: The date that preoperative anemia screening or a hemoglobin (hgb) or hematocrit (hct) result was completed.

Suggested Data Collection Question: What date was preoperative anemia screening or a hgb or hct result completed?

Format:

<table>
<thead>
<tr>
<th>Length</th>
<th>Type</th>
<th>Occurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - MM-DD-YYYY (includes dashes)</td>
<td>Date</td>
<td>1</td>
</tr>
</tbody>
</table>

Allowable Values: MM-DD-YYYY

- MM = Month (01-12)
- DD = Day (01-31)
- YYYY = Year (2001-Current Year)

UTD

Notes for Abstraction:

- Select the Preoperative Anemia Screening Date associated with the elective surgical procedure selected for abstraction. Preoperative Transfusion Testing.
- The medical record must be abstracted as documented (taken at "face value"). When the date documented is obviously in error (not a valid date/format) and no other documentation is found that provides this information, the abstractor should select UTD.
- Example: Documentation indicates the Preoperative Anemia Screening Date was 03-42-2008. No other documentation in the medical record provides a valid date. Since the Preoperative Anemia Screening Date is outside of the range listed in the Allowable Values for "Day," it is not a valid date, and the abstractor should select UTD.

Suggested Data Sources:
- Nursing notes
- Progress notes
- Preop checklist
- Pre-arrival laboratory reports

Additional Notes:

Guidelines for Abstraction:

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</table>
Data Element Name: Preoperative Blood Type Testing

Collected For: PBM-07

Definition: Documentation that a type and screen or type and crossmatch was completed prior to anesthesia start time.

Suggested Data Collection Question: Was there documentation of a type and screen or type and crossmatch completed prior to anesthesia start time?

Format:

<table>
<thead>
<tr>
<th>Length</th>
<th>Type</th>
<th>Occurs</th>
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<tbody>
<tr>
<td>1</td>
<td>Numeric</td>
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</tbody>
</table>

Allowable Values:

1. There is documentation that a type and screen or type and crossmatch was completed prior to anesthesia start time.

2. There is no documentation that a type and screen or type and crossmatch was completed prior to anesthesia start time or unable to determine from medical record documentation.

Notes for Abstraction:

- If type and screen and type and crossmatch were completed prior to the surgical procedure, select “1”.
- Anesthesia Start Time is the same as surgery start time.

Suggested Data Sources:

- Consultation notes
- History and physical
- Progress notes
- Preop checklist
- Pre-arrival laboratory reports

Additional Notes:

**Guidelines for Abstraction:**

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</table>
Data Element Name: RBC ID

Collected For: PBM-02, PBM-05.

Definition: The number assigned to designate whether the RBC transfusion was the first through the sixth RBC transfusion unit that was transfused after hospital arrival.

Suggested Data Collection Question: What RBC unit was selected for abstraction?

Format: Length: 1
Type: Numeric
Occurs: 1 - 6

Allowable Values:
1 First RBC Unit
2 Second RBC Unit
3 Third RBC Unit
4 Fourth RBC Unit
5 Fifth RBC Unit
6 Sixth RBC Unit

Notes for Abstraction:
- The abstractor assigns a RBC identification (ID) number for each unit evaluated.
- Each allowable value is used only one time and is determined by the order in which it was administered.
- Abstract up to six RBC transfusion units per patient.
- Include RBC transfusions administered after hospital arrival.

Suggested Data Sources:
- Anesthesia record
- Emergency department record
- Progress notes
- Operative notes
- Operative report
- Medication administration record (MAR)
- Blood administration form
- Blood bank records

Additional Notes:

Guidelines for Abstraction:

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</table>
Data Element Name: RBC Unit Exclusions

Collected For: PBM-02, PBM-05.

Definition: Red blood cell (RBC) units that are excluded from abstraction. The following RBC units excluded from abstraction are; units used for a massive transfusion protocol or documentation of hemorrhagic shock, uncrossmatched units given during an emergency situation and units used to prime equipment for treatment.

Suggested Data Collection Question: Was this unit transfused for a massive transfusion protocol, hemorrhagic shock, uncrossmatched or used to prime equipment?

Format: Length: 1
Type: Alphanumeric
Occurs: 1-6

Allowable Values:
1. There was documentation that this unit was transfused for a massive transfusion protocol, hemorrhagic shock, uncrossmatched or used to prime equipment

1. There was no documentation that this unit was transfused for a massive transfusion protocol, hemorrhagic shock, uncrossmatched or used to prime equipment or unable to determine from medical record documentation.

Notes for Abstraction:
• If the initial six units transfused are excluded due to the exclusion criteria, abstract the next six units that were transfused. If the patient only received RBC units that are excluded, then no RBC units should be abstracted.

Suggested Data Sources:
• Anesthesia record
• Circulation record
• Emergency department record
• Laboratory report
• Nursing notes
• Nursing flow sheet
• Progress notes
• Physician orders
• Physician’s notes
• Operative notes
• Operating room notes
• Operative report
• Procedure notes
• ICU notes
### Guidelines for Abstraction:

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</table>
**Data Element Name:** Surgery Scheduled Timeframe

**Collected For:** PBM-06.

**Definition:** The elective surgery was scheduled in less than 14 days from the planned surgery start date.

**Suggested Data Collection Question:** Was the elective surgery scheduled in less than 14 days from the planned surgery?

**Format:**
- **Length:** 1
- **Type:** Alphanumeric
- **Occurs:** 1

**Allowable Values:**
1. There was documentation that the elective surgery was scheduled in less than 14 days from the planned surgery.
2. There was no documentation that the elective surgery was scheduled in less than 14 days from the planned surgery or unable to determine from medical record documentation.

**Notes for Abstraction:**

**Suggested Data Sources:**
- Preop checklist
- Preoperative paperwork

**Additional Notes:**

**Guidelines for Abstraction:**

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</table>
Data Element Name: Transfusion Consent

Collected For: PBM-01

Definition: Documentation of a signed consent prior to the first transfusion of RBCs, platelets or plasma.

Suggested Data Collection Question: Was there documentation of a signed consent prior to the first blood transfusion?

Format: Length: 1
Type: Numeric
Occurs: 1

Allowable Values:
1  There was documentation of a signed consent prior to the first blood transfusion.
2  The first blood transfusion was deemed a medical emergency.
3  There was no documentation of a blood transfusion consent prior to the first blood transfusion or unable to determine from medical record documentation.

Notes for Abstraction:
• The consent may be signed by the patient or caregiver.
• If organizations require a consent prior to every transfusion, then review the record for the first transfusion to answer this data element.
• For hospitals that use a general consent for treatment that includes transfusions, select “Yes”.
• If a patient receives chronic transfusions and a previous consent is acceptable for a defined timeframe within the institution, select “1” if the consent is valid.

Suggested Data Sources:
• Emergency department record
• History and physical
• Nursing notes
• Progress notes
• Operative notes
• Consent form

Additional Notes:

Guidelines for Abstraction:

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</table>
Data Element Name: Transfusion Order

Collected For: PBM-05

Definition: An order to transfuse was written by the physician/advance practice nurse/physician assistant (physician/APN/PA) prior to the initiation of the transfusion.

Suggested Data Collection Question: Was there documentation of an order to transfuse prior to the transfusion?

Format:
- Length: 1
- Type: Numeric
- Occurs: 1 - 12

Allowable Values:
1. There was documentation of an order to transfuse prior to transfusion.
2. There was no documentation of an order to transfuse prior to transfusion or unable to determine from medical record documentation.

Notes for Abstraction:
- A verbal or telephone order that was written prior to the transfusion is acceptable.
- The Transfusion Order must be associated with the blood product unit ID that was selected for abstraction.
- Note: Transfusion Order may apply to more than one unit/dose (bag). For example: An order written to "Transfuse two doses of platelets" would apply to both bags that were administered.

Suggested Data Sources: ONLY PHYSICIAN/APN/PA DOCUMENTATION OF THE ORDER TO TRANSFUSE:
- Anesthesia record
- Consultation notes
- Emergency department record
- Operative notes
- Physician orders
- Progress notes

Additional Notes:

Guidelines for Abstraction:

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Data Element Name: *Transfusion Start Date*

Collected For: PBM-05.

Definition: The date that the blood transfusion unit/dose (bag) was administered.

Suggested Data Collection Question: What is the date that the blood transfusion unit/dose (bag) was administered?

Format:
- **Length:** 10 – MM-DD-YYYY (includes dashes)
- **Type:** Date
- **Occurs:** 1 - 12

Allowable Values: MM-DD-YYYY
- MM = Month (01-12)
- DD = Day (01-31)
- YYYY = Year (2001-Current Year)
- UTD

Notes for Abstraction:
- Abstract the Transfusion Date associated with the Transfusion Start Time of the unit/dose (bag) from the blood product ID selected for abstraction.
- Some of the dates of the transfusion units may be the same date. Record a transfusion date for each unit abstracted up to three units for plasma or platelets or up to six units for RBCs.
- The medical record must be abstracted as documented (taken at “face value”). When the date documented is obviously in error (not a valid date/format) and no other documentation is found that provides this information, the abstractor should select UTD. Example: Documentation indicates the Transfusion Start Date was 03-42-2008. No other documentation in the medical record provides a valid date. Since the Transfusion Start Date is outside of the range listed in the Allowable Values for “Day,” it is not a valid date and the abstractor should select UTD.

Suggested Data Sources:
- Anesthesia record
- Emergency department record
- Nursing notes
- Progress notes
- Operative notes
- Blood administration record

Additional Notes:

Guidelines for Abstraction:
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### Data Element Name:
*Transfusion Start Time*

### Collected For:
PBM-05

### Definition:
The start time (military time) of the unit/dose (bag) of RBCs, plasma or platelets that was administered.

### Suggested Data Collection Question:
What was the start time of the blood unit/dose (bag) administration?

### Format:
- **Length:** 5 - HH:MM (with or without colon) or UTD
- **Type:** Time
- **Occurs:** 1 - 12

### Allowable Values:
Select the Transfusion Start Time associated with the Transfusion Start Date of the unit/dose (bag) from the associated blood product ID being abstracted.

- **HH = Hour (00-23)**
- **MM = Minutes (00-59)**
- **UTD = Unable to Determine**

### Notes for Abstraction:
Time must be recorded in military time format. With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

**Examples:**
- Midnight - 00:00
- Noon - 12:00
- 5:31 am - 05:31
- 5:31pm - 17:31
- 11:59 am - 11:59
- 11:59pm - 23:59

- For times that include “seconds,” remove the seconds and record the time as is. Example: 15:00:35 would be recorded as 15:00
- If more than one Transfusion Start Time is documented, use the earliest time documented.
- The medical record must be abstracted as documented (taken at “face value”). When the time documented is obviously in error (not a valid format/range) and no other documentation is found that provides this information, the abstractor should select “UTD.”
- Example: Documentation indicates the Transfusion Start Time was 3300. Since the Transfusion Start Time is outside of the range in the Allowable Values for “Hour,” it is not a valid time and the abstractor should select “UTD.”

### Suggested Data Sources:
- Anesthesia record
Additional Notes:
Select the Transfusion Start Time associated with the Transfusion Start Date of the unit/dose (bag) from the blood product ID identified for abstraction.

Time must be recorded in military time format.
With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour.

The medical record must be abstracted as documented (taken at “face value”). When the time documented is obviously in error (not a valid format/range) and no other documentation is found that provides this information, the abstractor should select “UTD.”

Example:
Documentation indicates the Transfusion Start Time was 3300. Since the Transfusion Start Time is outside of the range in the Allowable Values for “Hour,” it is not a valid time and the abstractor should select “UTD.”

Guidelines for Abstraction:

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**Data Element Name:** Vital Sign Monitoring

**Collected For:** PBM-05

**Definition:** Documentation of blood pressure (BP), pulse and temperature monitored at specific intervals for the transfusion. The intervals are:

- Pre-transfusion, within 15 minutes of the initiation of the transfusion and within one hour of transfusion completion

**Suggested Data Collection Question:** Was there documentation of BP and temperature monitored for all of the specified intervals for the transfusion?

**Format:**
- **Length:** 2
- **Type:** Numeric
- **Occurs:** 1 - 12

**Allowable Values:**
1. There was documentation for all of the BP, pulse and temperature monitoring intervals for the transfusion.
2. There was no documentation for all of the blood pressure, pulse and temperature monitoring intervals for the transfusion or unable to determine from medical record documentation.

**Notes for Abstraction:**
- All vital signs must be recorded at the following times: pre-transfusion, within 15 minutes of the initiation of the transfusion and within one hour of transfusion completion. To select "1", all recordings must be documented.
- The pre-transfusion BP, pulse and temperature must be within one hour of the Transfusion Start Time. Vitals documented at the start of the transfusion are considered "within one hour of transfusion initiation".
- For blood that may be transfused within 15 minutes, select "1" if the pre-transfusion and the within one hour of transfusion completion vitals are documented.
- Vitals documented at the completion of the transfusion are considered "within one hour of transfusion completion".
- The "unit" or "dose" information for the Vital Sign Monitoring data element must be associated with the blood product ID that was selected for abstraction.

**Suggested Data Sources:**
- Anesthesia record
- Consultation notes
- Emergency department record
- Nursing notes
- Progress notes
- Operative notes
Additional Notes:

Guidelines for Abstraction:

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## Appendix A
### ICD-9-CM Diagnosis and Procedure Code Tables

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<thead>
<tr>
<th>Index</th>
<th>Table</th>
<th>Name</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>Number</td>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table 2.2</td>
<td>Left Ventricular Assistive Device (LVAD) and Heart Transplant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table 5.01</td>
<td>Coronary Artery Bypass Graft (CABG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table 5.02</td>
<td>Other Cardiac Surgery</td>
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<td>Table 5.08</td>
<td>Vascular Surgery</td>
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<td>Table 5.11</td>
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<td>Table 5.22</td>
<td>Elective Hip Replacement</td>
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<td>Table 5.23</td>
<td>Elective Total Knee Replacement</td>
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<td>Table 9.1</td>
<td>Elective Cardiac Surgery</td>
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<td>Table 9.2</td>
<td>Elective Hysterectomy</td>
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<td>Table 9.3</td>
<td>Previously Donated Autologous Transfusion</td>
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<td>Table 9.4</td>
<td>Packed Red Blood Cell Transfusion</td>
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<td>Table 9.5</td>
<td>Platelet Transfusion</td>
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<td>Table 9.6</td>
<td>Plasma (Serum) Transfusion</td>
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<tr>
<td>Table 9.7</td>
<td>Trauma</td>
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## Table 2.2  Left Ventricular Assistive Device (LVAD) and Heart Transplant

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<thead>
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<th>Shortened Description</th>
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<td>IMPLANT TOT REP HRT SYS</td>
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<td>Replacement or repair of thoracic unit of total replacement heart system</td>
<td>REPL/REP THORAC UNIT HRT</td>
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<td>Replacement or repair of other implantable component of total replacement heart system</td>
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<td>INS NON-IMPL HRT ASSIST</td>
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<td>REPAIR HEART ASSIST SYS</td>
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<td>Removal of heart assist system</td>
<td>REMOVE HEART ASSIST SYS</td>
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<td>Implant of external heart assist system</td>
<td>IMP EXT HRT ASSIST SYST</td>
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<td>Insertion of implantable heart assist system</td>
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<td>37.68</td>
<td>Insertion of percutaneous external heart assist device</td>
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## Table 5.01  Coronary Artery Bypass Graft (CABG)

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<td>(Aorto)coronary bypass of one coronary artery</td>
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<td>36.12</td>
<td>(Aorto)coronary bypass of two coronary arteries</td>
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<td>(Aorto)coronary bypass of three coronary arteries</td>
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<td>(Aorto)coronary bypass of four coronary arteries</td>
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<td>Single internal mammary-coronary artery bypass</td>
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<td>36.16</td>
<td>Double internal mammary-coronary artery bypass</td>
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<td>36.17</td>
<td>Abdominal-coronary artery bypass</td>
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<td>Other bypass anastomosis for heart revascularization</td>
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## Table 5.02  Other Cardiac Surgery

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<td>35.11</td>
<td>Open heart valvuloplasty of aortic valve without replacement</td>
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<tr>
<td>35.12</td>
<td>Open heart valvuloplasty of mitral valve without replacement</td>
</tr>
<tr>
<td>35.13</td>
<td>Open heart valvuloplasty of pulmonary valve without replacement</td>
</tr>
<tr>
<td>35.14</td>
<td>Open heart valvuloplasty of tricuspid valve without replacement</td>
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### Appendix A

#### ICD-9-CM Diagnosis and Procedure Code Tables

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<td>Replacement of aortic valve with tissue graft</td>
<td>REPLACE AORT VALV-TISSUE</td>
</tr>
<tr>
<td>35.22</td>
<td>Other replacement of aortic valve</td>
<td>REPLACE AORTIC VALVE NEC</td>
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<tr>
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<td>Replacement of mitral valve with tissue graft</td>
<td>REPLACE MITR VALV-TISSUE</td>
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<td>35.24</td>
<td>Other replacement of mitral valve</td>
<td>REPLACE MITRAL VALVE NEC</td>
</tr>
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<td>Replacement of pulmonary valve with tissue graft</td>
<td>REPLACE PULM VALV-TISSUE</td>
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<td>Operations on chordae tendineae</td>
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<td>ANNULOPLASTY</td>
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<td>INFUNDIBULECTOMY</td>
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<td>Operations on trabeculae carneae cordis</td>
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<td>Operations on other structures adjacent to valves of heart</td>
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<td>Creation of septal defect in heart</td>
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<td>Repair of unspecified septal defect of heart with prosthesis</td>
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<tr>
<td>35.51</td>
<td>Repair of atrial septal defect with prosthesis, open technique</td>
<td>PROS REP ATRIAL DEF-OPN</td>
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<tr>
<td>35.53</td>
<td>Repair of ventricular septal defect with prosthesis, open technique</td>
<td>PROS REP VENTRIC DEF-OPN</td>
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<td>Total repair of total anomalous pulmonary venous connection</td>
<td>TOTAL REPAIR OF TAPVC</td>
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<td>Total repair of truncus arterios</td>
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<td>TOT COR TRANSPOS GRT VES</td>
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<td>INTERAT VEN RETRN TRANSP</td>
</tr>
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<td>Description</td>
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### Table 5.08 Vascular Surgery

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### Table 5.11 Cardiac Surgery

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<td>OPN PULMON VALVULOPLASTY</td>
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<td>OPN TRICUS VALVULOPLASTY</td>
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<td>Creation of septal defect in heart</td>
<td>CREATE SEPTAL DEFECT</td>
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<td>Repair of ventricular septal defect with prosthesis, open technique</td>
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<td>Other and unspecified repair of endocardial cushion defect</td>
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<td>Total repair of truncus arteriosus</td>
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### Appendix A
**ICD-9-CM Diagnosis and Procedure Code Tables**

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<td>Interatrial transposition of venous return</td>
<td>INTERAT VEN RETRN TRANSP</td>
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<td>35.92</td>
<td>Creation of conduit between right ventricle and pulmonary artery</td>
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</tr>
<tr>
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<td>Creation of conduit between left ventricle and aorta</td>
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<td>OTHER HEART SEPTA OPS</td>
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<td>Aortocoronary bypass of two coronary arteries</td>
<td>AORTOCOR BYPASS-2 COR ART</td>
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<td>Aortocoronary bypass of three coronary arteries</td>
<td>AORTOCOR BYPASS-3 COR ART</td>
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<td>Aortocoronary bypass of four or more coronary arteries</td>
<td>AORTOCOR BYPASS-4+ COR ART</td>
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<td>Double internal mammary-coronary artery bypass</td>
<td>2 INT MAM-COR ART BYPASS</td>
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<td>Abdominal-coronary artery bypass</td>
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<td>37.41</td>
<td>Implantation of prosthetic cardiac support device around the heart</td>
<td>IMPL CARDIAC SUPPORT DEV</td>
</tr>
<tr>
<td>37.49</td>
<td>Other repair of heart and pericardium</td>
<td>HEART/PERICARD REPR NEC</td>
</tr>
<tr>
<td>37.51</td>
<td>Heart transplantation</td>
<td>HEART TRANSPLANTATION</td>
</tr>
</tbody>
</table>
### Appendix A
**ICD-9-CM Diagnosis and Procedure Code Tables**

<table>
<thead>
<tr>
<th>Code</th>
<th>ICD-9-CM Description</th>
<th>Shortened Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.52</td>
<td>Implantation of total replacement heart system</td>
<td>IMPLANT TOT REP HRT SYS</td>
</tr>
<tr>
<td>37.53</td>
<td>Replacement or repair of thoracic unit of total replacement heart system</td>
<td>REPL/REP THORAC UNIT HRT</td>
</tr>
<tr>
<td>37.54</td>
<td>Replacement or repair of other implants component of total replacement heart system</td>
<td>REPL/REP OTH TOT HRT SYS</td>
</tr>
<tr>
<td>37.62</td>
<td>Insertion of non-implantable heart assist system</td>
<td>INS NON-IMPL HRT ASSIST</td>
</tr>
<tr>
<td>37.63</td>
<td>Repair of heart assist system</td>
<td>REPAIR HEART ASSIST SYS</td>
</tr>
<tr>
<td>37.64</td>
<td>Removal of heart assist system</td>
<td>REMOVE HEART ASSIST SYS</td>
</tr>
<tr>
<td>37.66</td>
<td>Insertion of implantable heart assist system</td>
<td>IMPLANTABLE HRT ASSIST</td>
</tr>
<tr>
<td>37.67</td>
<td>Implantation of cardiomyostimulation system</td>
<td>IMP CARDIOMYOSTIMUL SYS</td>
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### Table 5.22 Elective Hip Replacement

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<tr>
<td>00.70</td>
<td>Revision of hip replacement, both acetabular and femoral components</td>
<td>REV HIP REPL-ACETAB/FEM</td>
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<tr>
<td>00.71</td>
<td>Revision of hip replacement, acetabular component</td>
<td>REV HIP REPL-ACETAB COMP</td>
</tr>
<tr>
<td>00.72</td>
<td>Revision of hip replacement, femoral component</td>
<td>REV HIP REPL-FEM COMP</td>
</tr>
<tr>
<td>00.73</td>
<td>Revision of hip replacement, acetabular liner and/or femoral head only</td>
<td>REV HIP REPL-LINER/HEAD</td>
</tr>
<tr>
<td>00.77</td>
<td>Hip bearing surface, ceramic-on-polyethylene</td>
<td>HIP SURFACE, CERMC/POLY</td>
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<tr>
<td>00.85</td>
<td>Resurfacing hip, total, acetabulum and femoral head</td>
<td>RESRF HIP,TOTAL-ACET/FEM</td>
</tr>
<tr>
<td>00.86</td>
<td>Resurfacing hip, partial, femoral head</td>
<td>RESRF HIP,PART-FEM HEAD</td>
</tr>
<tr>
<td>00.87</td>
<td>Resurfacing hip, partial, acetabulum</td>
<td>RESRF HIP,PART-ACETABLUM</td>
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<td>81.51</td>
<td>Total hip replacement</td>
<td>TOTAL HIP REPLACEMENT</td>
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<tr>
<td>81.52</td>
<td>Partial hip replacement</td>
<td>PARTIAL HIP REPLACEMENT</td>
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<tr>
<td>81.53</td>
<td>Revision of hip replacement</td>
<td>REVISE HIP REPLACEMENT</td>
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### Table 5.23 Elective Total Knee Replacement

<table>
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<tr>
<td>00.80</td>
<td>Revision of knee replacement, total (all components)</td>
<td>REV KNEE REPLACEMT-TOTAL</td>
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<tr>
<td>00.81</td>
<td>Revision of knee replacement, tibial component</td>
<td>REV KNEE REPL-TIBIA COMP</td>
</tr>
<tr>
<td>00.82</td>
<td>Revision of knee replacement, femoral component</td>
<td>REV KNEE REPL-FEMUR COMP</td>
</tr>
<tr>
<td>00.83</td>
<td>Revision of knee replacement, patellar component</td>
<td>REV KNEE REPLACE-PATELLA</td>
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<tr>
<td>00.84</td>
<td>Revision of total knee replacement, tibial insert (liner)</td>
<td>REV KNEE REPL-TIBIA LIN</td>
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<tr>
<td>81.54</td>
<td>Total knee replacement</td>
<td>TOTAL KNEE REPLACEMENT</td>
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<tr>
<td>81.55</td>
<td>Revision of knee replacement</td>
<td>REVISE KNEE REPLACEMENT</td>
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Patient Blood Management Measure Specifications – 2010
The Joint Commission – No Unauthorized Distribution
### Table 9.1  Elective Cardiac Surgery (Selected Codes from Table 5.25)

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<tr>
<td>35.71</td>
<td>Other and unspecified repair of atrial septal defect</td>
<td>ATRIA SEPTA DEF REP NEC</td>
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<td>36.03</td>
<td>Open chest coronary artery angioplasty</td>
<td>OPEN CORONARY ANGIOPLASTY</td>
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<tr>
<td>36.31</td>
<td>Open chest transmyocardial revascularization</td>
<td>OPEN CHEST TRANS REVASC</td>
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<tr>
<td>36.32</td>
<td>Other transmyocardial revascularization</td>
<td>OTH TRANSMYO REVASC</td>
</tr>
<tr>
<td>36.39</td>
<td>Other heart revascularization</td>
<td>OTH HEART REVASC</td>
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<tr>
<td>36.91</td>
<td>Repair of aneurysm of coronary vessel</td>
<td>CORON VESS ANEURYSM REP</td>
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<td>36.99</td>
<td>Other operations on vessels of heart</td>
<td>HEART VESSEL OP NEC</td>
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<td>37.10</td>
<td>Incision of heart, not otherwise specified</td>
<td>INCISION OF HEART NOS</td>
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<tr>
<td>37.11</td>
<td>Cardiotomy</td>
<td>CARDIOTOMY</td>
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<tr>
<td>37.32</td>
<td>Excision of aneurysm of heart</td>
<td>HEART ANEURYSM EXCISION</td>
</tr>
<tr>
<td>37.33</td>
<td>Excision or destruction of other lesion or tissue of heart, open approach</td>
<td>EXC/DEST HRT LESION OPEN</td>
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<tr>
<td>37.35</td>
<td>Partial ventriculectomy</td>
<td>PARTIAL VENTRICULECTOMY</td>
</tr>
<tr>
<td>37.36</td>
<td>Excision or destruction of left atrial appendage (LAA)</td>
<td>EXC LEFT ATRIAL APPENDAG</td>
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<td>Implantation of prosthetic cardiac support device around the heart</td>
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<td>37.49</td>
<td>Other repair of heart and pericardium</td>
<td>HEART/PERICARD REPR NEC</td>
</tr>
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<td>37.51</td>
<td>Heart transplantation</td>
<td>HEART TRANSPLANTATION</td>
</tr>
<tr>
<td>37.52</td>
<td>Implantation of total internal biventricular heart replacement system</td>
<td>IMP TOT INT BI HT RP SYS</td>
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<tr>
<td>37.53</td>
<td>Replacement or repair of thoracic unit of (total) replacement heart system</td>
<td>REPL/REP THR UNT TOT HRT</td>
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<tr>
<td>37.54</td>
<td>Replacement or repair of other implantable component of (total) replacement heart system</td>
<td>REPL/REP OTH TOT HRT SYS</td>
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<tr>
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<td>Removal of internal biventricular heart replacement system</td>
<td>REM INT BIVENT HRT SYS</td>
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<td>Implantation or insertion of biventricular external heart assist system</td>
<td>IMP BIVN EXT HRT AST SYS</td>
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<td>Insertion of temporary non-implantable extracorporeal circulatory assist device</td>
<td>INSRT NON-IMPL CIRC DEV</td>
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<td>Repair of heart assist system</td>
<td>REPAIR HEART ASSIST SYS</td>
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<td>37.64</td>
<td>Removal of external heart assist system(s) or device(s)</td>
<td>REMVE EXT HRT ASSIST SYS</td>
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<tr>
<td>37.66</td>
<td>Insertion of implantable heart assist system</td>
<td>IMPPLANTABLE HRT ASSIST</td>
</tr>
<tr>
<td>37.67</td>
<td>Implantation of cardiomyostimulation system</td>
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### Table 9.2  Elective Gynecological

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<tr>
<td>68.31</td>
<td>Other incision and excision of uterus, subtotal abdominal hysterectomy, other incision and excision of uterus, laparoscopic supracervical hysterectomy [LSH]</td>
<td>Lap scervic hysterectomy</td>
</tr>
<tr>
<td>68.39</td>
<td>Other incision and excision of uterus, subtotal abdominal hysterectomy, other incision and excision of uterus, other and unspecified subtotal</td>
<td>Subtotl abd hyst NEC/NOS</td>
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</tbody>
</table>
### Appendix A
**ICD-9-CM Diagnosis and Procedure Code Tables**

<table>
<thead>
<tr>
<th>Code</th>
<th>ICD-9-CM Description</th>
<th>Shortened Description</th>
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</thead>
<tbody>
<tr>
<td>68.41</td>
<td>Other incision and excision of uterus, total abdominal hysterectomy, laparoscopic total abdominal hysterectomy</td>
<td>Lap total abdominal hyst</td>
</tr>
<tr>
<td>68.49</td>
<td>Other incision and excision of uterus, total abdominal hysterectomy, other and unspecified total abdominal hysterectomy</td>
<td>Total abd hyst NEC/NOS</td>
</tr>
<tr>
<td>68.51</td>
<td>Vaginal hysterectomy, laparoscopically assisted vaginal hysterectomy [LAVH]</td>
<td>Lap ast vag hysterectomy</td>
</tr>
<tr>
<td>68.59</td>
<td>Vaginal hysterectomy, other and unspecified vaginal hysterectomy</td>
<td>Vag hysterectomy NEC/NOS</td>
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<tr>
<td>68.61</td>
<td>Radical abdominal hysterectomy, laparoscopic radical abdominal hysterectomy</td>
<td>Lap radical abdomnl hyst</td>
</tr>
<tr>
<td>68.69</td>
<td>Radical abdominal hysterectomy, other and unspecified radical abdominal hysterectomy</td>
<td>Radical abd hyst NEC/NOS</td>
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<tr>
<td>68.71</td>
<td>Radical vaginal hysterectomy, laparoscopic radical vaginal hysterectomy [LRVH]</td>
<td>Lap radical vaginal hyst</td>
</tr>
<tr>
<td>68.79</td>
<td>Radical vaginal hysterectomy, other and unspecified radical vaginal hysterectomy</td>
<td>Radical vag hyst NEC/NOS</td>
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<tr>
<td>68.9</td>
<td>Other and unspecified hysterectomy</td>
<td>Hysterectomy NEC/NOS</td>
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**Table 9.3  Previously Donated Autologous Transfusion**

<table>
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</thead>
<tbody>
<tr>
<td>99.02</td>
<td>Other nonoperative procedures, transfusion of blood and blood components, transfusion of previously collected autologous blood</td>
<td>TRANSFUS PREV AUTO BLOOD</td>
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</table>

**Table 9.4  Packed Red Blood Cell Transfusion**

<table>
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<tr>
<td>99.04</td>
<td>Other nonoperative procedures, transfusion of blood and blood components, transfusion of packed cells</td>
<td>PACKED CELL TRANSFUSION</td>
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</table>

**Table 9.5  Platelet Transfusion**

<table>
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</thead>
<tbody>
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<td>99.05</td>
<td>Other nonoperative procedures, transfusion of blood and blood components, transfusion of platelets</td>
<td>PLATELET TRANSFUSION</td>
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</tbody>
</table>

**Table 9.6  Plasma Transfusion**

<table>
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<th>ICD-9-CM Description</th>
<th>Shortened Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.07</td>
<td>Other nonoperative procedures, transfusion of blood and blood components, transfusion of other serum</td>
<td>SERUM TRANSFUSION NEC</td>
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</table>
### Table 9.7  
<table>
<thead>
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<th>Code</th>
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<th>Shortened Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>Fracture of vault of skull</td>
<td>CLOSED SKULL VAULT FX</td>
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<tr>
<td>801</td>
<td>Fracture of base of skull</td>
<td>CLOS SKULL BASE FRACTURE</td>
</tr>
<tr>
<td>802</td>
<td>Fracture of face bones</td>
<td>NASAL BONE FX-CLOSED</td>
</tr>
<tr>
<td>803</td>
<td>Other and unqualified skull fractures</td>
<td>CLOSE SKULL FRACTURE NEC</td>
</tr>
<tr>
<td>804</td>
<td>Multiple fractures involving skull or face with other bones</td>
<td>CL SKUL FX W OTH BONE FX</td>
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<tr>
<td>805</td>
<td>Fracture of vertebral column without mention of spinal cord injury</td>
<td>FX CERVICAL VERT NOS-CL</td>
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<tr>
<td>806</td>
<td>Fracture of vertebral column with spinal cord injury</td>
<td>C1-C4 FX-CL/CORD INJ NOS</td>
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<td>807</td>
<td>Fracture of rib(s), sternum, larynx, and trachea</td>
<td>FRACTURE RIB NOS-CLOSED</td>
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<tr>
<td>808</td>
<td>Fracture of pelvis</td>
<td>FRACTURE ACETABULUM-CLOS</td>
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<tr>
<td>809</td>
<td>Ill-defined fractures of bones of trunk</td>
<td>FRACTURE TRUNK BONE-CLOS</td>
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<td>810</td>
<td>Fracture of clavicle</td>
<td>FX CLAVICLE NOS-CLOSED</td>
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<td>Fracture of scapula</td>
<td>FX SCAPULA NOS-CLOSED</td>
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<td>812</td>
<td>Fracture of humerus</td>
<td>FX UP END HUMERUS NOS-CL</td>
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<td>813</td>
<td>Fracture of radius and ulna</td>
<td>FX UPPER FOREARM NOS-CL</td>
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<td>814</td>
<td>Fracture of carpal bones(s)</td>
<td>FX CARPAL BONE NOS-CLOSE</td>
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<td>Fracture of metacarpal bones(s)</td>
<td>FX METACARPAL NOS-CLOSED</td>
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<tr>
<td>816</td>
<td>Fracture of one or more phalanges of hands</td>
<td>FX PHALANX, HAND NOS-CL</td>
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<tr>
<td>817</td>
<td>Multiple fractures of hand bones</td>
<td>MULTIPLE FX HAND-CLOSED</td>
</tr>
<tr>
<td>818</td>
<td>Ill-defined fractures of upper limb</td>
<td>FX ARM MULT/NOS-CLOSED</td>
</tr>
<tr>
<td>819</td>
<td>Multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum</td>
<td>FX ARMS W RIB/STERNUM-CL</td>
</tr>
<tr>
<td>820</td>
<td>Fracture of neck of femur</td>
<td>FX FEMUR INTRCAPS NOS-CL</td>
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<td>821</td>
<td>Fracture of other and unspecified parts of femur</td>
<td>FX FEMUR NOS-CLOSED</td>
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<tr>
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<td>Fracture of patella</td>
<td>FRACTURE PATELLA-CLOSED</td>
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<td>Fracture of tibia and fibula</td>
<td>FX UPPER END TIBIA-CLOSE</td>
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<td>Fracture of ankle</td>
<td>FX MEDIAL MALLEOLUS-CLOS</td>
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<td>825</td>
<td>Fracture of one or more tarsal and metatarsal bones</td>
<td>FRACTURE CALCANEUS-CLOSE</td>
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<td>Fracture of one or more phalanges of foot</td>
<td>FX PHALANX, FOOT-CLOSED</td>
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<td>Other, multiple, and ill-defined fractures of lower limb</td>
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<td>Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum</td>
<td>FX LEGS W ARM/RIB-CLOSED</td>
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<td>Fracture of unspecified bones</td>
<td>FRACTURE NOS-CLOSED</td>
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<td>Dislocation of jaw</td>
<td>DISLOCATION JAW-CLOSED</td>
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<tr>
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<td>Dislocation of shoulder</td>
<td>DISLOC SHOULDER NOS-CLOSED</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Code</td>
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<tr>
<td>832</td>
<td>Dislocation of elbow</td>
<td>DISLOCAT ELBOW NOS-CLOSE</td>
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<td>Dislocation of wrist</td>
<td>DISLOC WRIST NOS-CLOSE-CLOSED</td>
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<td>Dislocation of finger</td>
<td>DISL FINGER NOS-CLOSED</td>
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<td>Dislocation of hip</td>
<td>DISLOCAT HIP NOS-CLOSED</td>
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<td>Dislocation of knee</td>
<td>TEAR MED MENISC KNEE-CUR</td>
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<td>837</td>
<td>Dislocation of ankle</td>
<td>DISLOCATION ANKLE-CLOSED</td>
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<td>838</td>
<td>Dislocation of foot</td>
<td>DISLOCAT FOOT NOS-CLOSED</td>
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<td>Other, multiple, and ill-defined dislocations</td>
<td>DISLOC CERV VERT NOS-CL</td>
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<td>Sprains and strains of shoulder and upper arm</td>
<td>SPRAIN ACROMIOCLAVICULAR</td>
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<td>841</td>
<td>Sprains and strains of elbow and forearm</td>
<td>SPRAIN RADIAL COLLAT LIG</td>
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<tr>
<td>842</td>
<td>Sprains and strains of wrist and hand</td>
<td>SPRAIN OF WRIST NOS</td>
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<tr>
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<td>Sprains and strains of hip and thigh</td>
<td>SPRAIN ILIOFEMORAL</td>
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<td>Sprains and strains of knee and leg</td>
<td>SPRAIN LATERAL COLL LIG</td>
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<td>Sprains and strains of ankle and foot</td>
<td>SPRAIN OF ANKLE NOS</td>
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<td>Sprains and strains of sacroiliac region</td>
<td>SPRAIN LUMBOSACRAL</td>
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<td>Sprains and strains of other and unspecified parts of back</td>
<td>SPRAIN OF NECK</td>
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<tr>
<td>848</td>
<td>Other and ill-defined sprains and strains</td>
<td>SPRAIN OF NASAL SEPTUM</td>
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<td>Concussion</td>
<td>CONCUSSION W/O COMA</td>
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<td>Cerebral laceration and contusion</td>
<td>CEREBRAL CORTX CONTUSION</td>
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<td>Subarachnoid, subdural, and extradural hemorrhage, following injury</td>
<td>TRAUM SUBARACHNOID HEM</td>
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<td>Other and unspecified intracranial hemorrhage following injury</td>
<td>TRAUMATIC BRAIN HEM NEC</td>
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<td>Intracranial injury of other and unspecified nature</td>
<td>BRAIN INJURY NEC</td>
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<td>Traumatic pneumothorax and hemothorax</td>
<td>TRAUM PNEUMOTHORAX-CLOSE</td>
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<td>Injury to heart and lung</td>
<td>HEART INJURY NOS-CLOSED</td>
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<td>Injury to other and unspecified intrathoracic organs</td>
<td>DIAPHRAGM INJURY-CLOSED</td>
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<td>863</td>
<td>Injury to gastrointestinal tract</td>
<td>STOMACH INJURY-CLOSED</td>
</tr>
<tr>
<td>864</td>
<td>Injury to liver</td>
<td>LIVER INJURY NOS-CLOSED</td>
</tr>
<tr>
<td>865</td>
<td>Injury to spleen</td>
<td>SPLEEN INJURY NOS-CLOSED</td>
</tr>
<tr>
<td>866</td>
<td>Injury to kidney</td>
<td>KIDNEY INJURY NOS-CLOSED</td>
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<tr>
<td>867</td>
<td>Injury to pelvic organs</td>
<td>BLADDER/URETHRA INJ-CLOS</td>
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<tr>
<td>868</td>
<td>Injury to other intra-abdominal organs</td>
<td>INTRA-ABDOM INJ NOS-CLOS</td>
</tr>
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<td>869</td>
<td>Internal injury to unspecified or ill-defined organs</td>
<td>INTERNAL INJ NOS-CLOSED</td>
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<tr>
<td>870</td>
<td>Open wound of ocular adnexa</td>
<td>LAC EYELID SKN/PERIOCULR</td>
</tr>
<tr>
<td>871</td>
<td>Open wound of eyeball</td>
<td>OCULAR LAC W/O PROLAPSE</td>
</tr>
<tr>
<td>872</td>
<td>Open wound of ear</td>
<td>OPN WOUND EXTERN EAR</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Code</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>873</td>
<td>Other open wound of head</td>
<td>NOS</td>
</tr>
<tr>
<td>874</td>
<td>Open wound of neck</td>
<td>OPEN WOUND OF SCALP</td>
</tr>
<tr>
<td>875</td>
<td>Open wound of chest (wall)</td>
<td>OPEN WOUND OF CHEST</td>
</tr>
<tr>
<td>876</td>
<td>Open wound of back</td>
<td>OPEN WOUND OF BACK</td>
</tr>
<tr>
<td>877</td>
<td>Open wound of buttock</td>
<td>OPEN WOUND OF BUTTOCK</td>
</tr>
<tr>
<td>878</td>
<td>Open wound of genital organs (external), including traumatic amputation</td>
<td>OPEN WOUND OF PENIS</td>
</tr>
<tr>
<td>879</td>
<td>Open wound of other and unspecified sites, except limbs</td>
<td>OPEN WOUND OF BREAST</td>
</tr>
<tr>
<td>880</td>
<td>Open wound of shoulder and upper arm</td>
<td>OPEN WOUND OF SHOULDER</td>
</tr>
<tr>
<td>881</td>
<td>Open wound of elbow, forearm, and wrist</td>
<td>OPEN WOUND OF FOREARM</td>
</tr>
<tr>
<td>882</td>
<td>Open wound of hand except finger(s) alone</td>
<td>OPEN WOUND OF HAND</td>
</tr>
<tr>
<td>883</td>
<td>Open wound of finger(s)</td>
<td>OPEN WOUND OF FINGER</td>
</tr>
<tr>
<td>884</td>
<td>Multiple and unspecified open wound of upper limb</td>
<td>OPEN WOUND ARM MULT/NOS</td>
</tr>
<tr>
<td>885</td>
<td>Traumatic amputation of thumb (complete) (partial)</td>
<td>AMPUTATION THUMB</td>
</tr>
<tr>
<td>886</td>
<td>Traumatic amputation of other finger(s) (complete) (partial)</td>
<td>AMPUTATION FINGER</td>
</tr>
<tr>
<td>887</td>
<td>Traumatic amputation of arm and hand (complete) (partial)</td>
<td>AMPUT BELOW ELB, UNILAT</td>
</tr>
<tr>
<td>890</td>
<td>Open wound of hip and thigh</td>
<td>OPEN WOUND OF HIP/THIGH</td>
</tr>
<tr>
<td>891</td>
<td>Open wound of knee, leg [except thigh], and ankle</td>
<td>OPEN WND KNEE/LEG/ANKLE</td>
</tr>
<tr>
<td>892</td>
<td>Open wound of foot except toe(s) alone</td>
<td>OPEN WOUND OF FOOT</td>
</tr>
<tr>
<td>893</td>
<td>Open wound of toe(s)</td>
<td>OPEN WOUND OF TOE</td>
</tr>
<tr>
<td>894</td>
<td>Multiple and unspecified open wound of lower limb</td>
<td>OPEN WOUND OF LEG NEC</td>
</tr>
<tr>
<td>895</td>
<td>Traumatic amputation of toe(s) (complete) (partial)</td>
<td>AMPUTATION TOE</td>
</tr>
<tr>
<td>896</td>
<td>Traumatic amputation of foot (complete) (partial)</td>
<td>AMPUTATION FOOT, UNILAT</td>
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<tr>
<td>897</td>
<td>Traumatic amputation of leg(s) (complete) (partial)</td>
<td>AMPUT BELOW KNEE, UNILAT</td>
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<tr>
<td>900</td>
<td>Injury to blood vessels of head and neck</td>
<td>INJUR CAROTID ARTERY NOS</td>
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<td>901</td>
<td>Injury to blood vessels of thorax</td>
<td>INJURY THORACIC AORTA</td>
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<tr>
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<td>Injury to blood vessels of abdomen and pelvis</td>
<td>INJURY ABDOMINAL AORTA</td>
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<td>Injury to blood vessels of upper extremity</td>
<td>INJ AXILLARY VESSEL NOS</td>
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<tr>
<td>904</td>
<td>Injury to blood vessels of lower extremity and unspecified sites</td>
<td>INJ COMMON FEMORAL ARTER</td>
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<td>905</td>
<td>Late effects of musculoskeletal and connective tissue injuries</td>
<td>LATE EFFEC SKULL/FACE FX</td>
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<tr>
<td>906</td>
<td>Late effects of injuries to skin and subcutaneous tissues</td>
<td>LT EFF OPN WND HEAD/TRNK</td>
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<tr>
<td>907</td>
<td>Late effects of injuries to the nervous system</td>
<td>LT EFF INTRACRANIAL INJ</td>
</tr>
<tr>
<td>908</td>
<td>Late effects of other and unspecified injuries</td>
<td>LATE EFF INT INJUR CHEST</td>
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<tr>
<td>909</td>
<td>Late effects of other and unspecified external causes</td>
<td>LATE EFF DRUG POISONING</td>
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<td>910</td>
<td>Superficial injury of face, neck, and scalp except eye</td>
<td>ABRASION HEAD</td>
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<td>911</td>
<td>Superficial injury of trunk</td>
<td>ABRASION TRUNK</td>
</tr>
<tr>
<td>912</td>
<td>Superficial injury of shoulder and upper arm</td>
<td>ABRASION SHOULDER/ARM</td>
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### Appendix A
ICD-9-CM Diagnosis and Procedure Code Tables

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>913</td>
<td>Superficial injury of elbow, forearm, and wrist</td>
<td>914</td>
<td>Superficial injury of hand(s) except finger(s) alone</td>
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<tr>
<td>915</td>
<td>Superficial injury of finger(s)</td>
<td>916</td>
<td>Superficial injury of hip, thigh, leg, and ankle</td>
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<tr>
<td>917</td>
<td>Superficial injury of foot and toe(s)</td>
<td>918</td>
<td>Superficial injury of eye and adnexa</td>
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<tr>
<td>919</td>
<td>Superficial injury of other, multiple, and unspecified sites</td>
<td>920</td>
<td>Contusion of face, scalp, and neck except eye(s)</td>
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<tr>
<td>921</td>
<td>Contusion of eye and adnexa</td>
<td>922</td>
<td>Contusion of trunk</td>
</tr>
<tr>
<td>923</td>
<td>Contusion of upper limb</td>
<td>924</td>
<td>Contusion of lower limb and of other and unspecified sites</td>
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<tr>
<td>925</td>
<td>Crushing injury of face, scalp, and neck</td>
<td>926</td>
<td>Crushing injury of trunk</td>
</tr>
<tr>
<td>927</td>
<td>Crushing injury of upper limb</td>
<td>928</td>
<td>Crushing injury of lower limb</td>
</tr>
<tr>
<td>929</td>
<td>Crushing injury of multiple and unspecified sites</td>
<td>930</td>
<td>Foreign body on external eye</td>
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<tr>
<td>931</td>
<td>Foreign body in ear</td>
<td>932</td>
<td>Foreign body in nose</td>
</tr>
<tr>
<td>933</td>
<td>Foreign body in pharynx and larynx</td>
<td>934</td>
<td>Foreign body in trachea, bronchus, and lung</td>
</tr>
<tr>
<td>935</td>
<td>Foreign body in mouth, esophagus, and stomach</td>
<td>936</td>
<td>Foreign body in intestine and colon</td>
</tr>
<tr>
<td>937</td>
<td>Foreign body in anus and rectum</td>
<td>938</td>
<td>Foreign body in digestive system, unspecified</td>
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<tr>
<td>939</td>
<td>Foreign body in genitourinary tract</td>
<td>940</td>
<td>Burn confined to eye and adnexa</td>
</tr>
<tr>
<td>941</td>
<td>Burn of face, head, and neck</td>
<td>942</td>
<td>Burn of trunk</td>
</tr>
<tr>
<td>943</td>
<td>Burn of upper limb, except wrist and hand</td>
<td>944</td>
<td>Burn of wrist(s) and hand(s)</td>
</tr>
<tr>
<td>945</td>
<td>Burn of lower limb(s)</td>
<td>946</td>
<td>Burns of multiple specified sites</td>
</tr>
<tr>
<td>947</td>
<td>Burn of internal organs</td>
<td>948</td>
<td>Burns classified according to extent of body surface involved</td>
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<td>949</td>
<td>Burn, unspecified</td>
<td>950</td>
<td>Injury to optic nerve and pathways</td>
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<tr>
<td>951</td>
<td>Injury to other cranial nerve(s)</td>
<td>952</td>
<td>Spinal cord injury without evidence of spinal bone injury</td>
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*Note: Code 918 should be SUPERFIC INJ PERIOCULAR*
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<thead>
<tr>
<th>Code</th>
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<tr>
<td>953</td>
<td>Injury to nerve roots and spinal plexus</td>
<td>CERVICAL ROOT INJURY</td>
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<tr>
<td>954</td>
<td>Injury to other nerve(s) of trunk, excluding shoulder and pelvic girdles</td>
<td>INJ CERV SYMPATH NERVE</td>
</tr>
<tr>
<td>955</td>
<td>Injury to peripheral nerve(s) of shoulder girdle and upper limb</td>
<td>INJURY AXILLARY NERVE</td>
</tr>
<tr>
<td>956</td>
<td>Injury to peripheral nerve(s), of pelvic girdle and lower limb</td>
<td>INJURY SCIATIC NERVE</td>
</tr>
<tr>
<td>957</td>
<td>Injury to other and unspecified nerves</td>
<td>INJ SUPERF NERV HEAD/NCK</td>
</tr>
<tr>
<td>958</td>
<td>Certain early complications of trauma</td>
<td>AIR EMBOLISM</td>
</tr>
<tr>
<td>959</td>
<td>Injury, other, and unspecified</td>
<td></td>
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<tr>
<td>960</td>
<td>Poisoning by antibiotics</td>
<td>POISONING-PENICILLINS</td>
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<tr>
<td>961</td>
<td>Poisoning by other anti-infectives</td>
<td>POISONING-SULFONAMIDES</td>
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<tr>
<td>962</td>
<td>Poisoning by hormones and synthetic substitutes</td>
<td>POIS-CORTICOSTEROIDS</td>
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<tr>
<td>963</td>
<td>Poisoning by primarily systemic agents</td>
<td>POIS-ANTIALLRG/ANTIEMET</td>
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<tr>
<td>964</td>
<td>Poisoning by agents primarily affecting blood constituents</td>
<td>POISONING-IRON/COMPOUNDS</td>
</tr>
<tr>
<td>965</td>
<td>Poisoning by analgesics, antipyretics, and antirheumatics</td>
<td>POISONING-OPIUM NOS</td>
</tr>
<tr>
<td>966</td>
<td>Poisoning by anticonvulsants and anti-Parkinsonism drugs</td>
<td>POISON-OXAZOLIDINE DERIV</td>
</tr>
<tr>
<td>967</td>
<td>Poisoning by sedatives and hypnotics</td>
<td>POISONING-BARBITURATES</td>
</tr>
<tr>
<td>968</td>
<td>Poisoning by other central nervous system depressants and anesthetics</td>
<td>POIS-CNS MUSCLE DEPRESS</td>
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<tr>
<td>969</td>
<td>Poisoning by psychotropic agents</td>
<td>POISON-ANTIDEPRESNT NOS</td>
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<tr>
<td>970</td>
<td>Poisoning by central nervous system stimulants</td>
<td>POISONING-ANALECTICS</td>
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<tr>
<td>971</td>
<td>Poisoning by drugs primarily affecting the autonomic nervous system</td>
<td>POIS-PARASYMPATHOMIMETIC</td>
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<tr>
<td>972</td>
<td>Poisoning by agents primarily affecting the cardiovascular system</td>
<td>POIS-CARD RHYTHM REGULAT</td>
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<td>973</td>
<td>Poisoning by agents primarily affecting the gastrointestinal system</td>
<td>POIS-A NTACID/ANTIGASTRIC</td>
</tr>
<tr>
<td>974</td>
<td>Poisoning by water, mineral, and uric acid metabolism drugs</td>
<td>POIS-MERCURIAL DIURETICS</td>
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<td>975</td>
<td>Poisoning by agents primarily acting on the smooth and skeletal muscles and respiratory system</td>
<td>POISONING-OXYTOCIC AGENT</td>
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<tr>
<td>976</td>
<td>Poisoning by agents primarily affecting skin and mucous membrane, ophthalmological, otorhinolaryngological, and dental drugs</td>
<td>POIS-LOCAL ANTI-INFECT</td>
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<td>977</td>
<td>Poisoning by other and unspecified drugs and medicinal substances</td>
<td>POISONING-DIETETICS</td>
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<td>978</td>
<td>Poisoning by bacterial vaccines</td>
<td>POISONING-BCG VACCINE</td>
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<td>Poisoning by other vaccines and biological substances</td>
<td>POISON-SMALLPOX VACCINE</td>
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<td>980</td>
<td>Toxic effect of alcohol</td>
<td>TOXIC EFF ETHYL ALCOHOL</td>
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<td>Toxic effect of petroleum products</td>
<td>TOXIC EFF PETROLEUM PROD</td>
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<td>982</td>
<td>Toxic effect of solvents other than petroleum-based</td>
<td>TOXIC EFFECT BENZENE</td>
</tr>
<tr>
<td>983</td>
<td>Toxic effect of corrosive aromatics, acids, and caustic alkalis</td>
<td>TOX EFF CORROSIVE AROMAT</td>
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### Appendix A
### ICD-9-CM Diagnosis and Procedure Code Tables

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>984</td>
<td>Toxic effect of lead and its compounds (including fumes)</td>
<td>TX EFF INORG LEAD COMPND</td>
</tr>
<tr>
<td>985</td>
<td>Toxic effect of other metals</td>
<td>TOXIC EFFECT MERCURY</td>
</tr>
<tr>
<td>986</td>
<td>Toxic effect of carbon monoxide</td>
<td>TOX EFF CARBON MONOXIDE</td>
</tr>
<tr>
<td>987</td>
<td>Toxic effect of other gases, fumes, or vapors</td>
<td>TOXIC EFF LIQ PETROL GAS</td>
</tr>
<tr>
<td>988</td>
<td>Toxic effect of noxious substances eaten as food</td>
<td>TOXIC EFF FISH/SHELLFISH</td>
</tr>
<tr>
<td>989</td>
<td>Toxic effect of other substances, chiefly nonmedicinal as to source</td>
<td>TOXIC EFFECT CYANIDES</td>
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<tr>
<td>990</td>
<td>Effects of radiation, unspecified</td>
<td>EFFECTS RADIATION NOS</td>
</tr>
<tr>
<td>991</td>
<td>Effects of reduced temperature</td>
<td>FROSTBITE OF FACE</td>
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<tr>
<td>992</td>
<td>Effects of heat and light</td>
<td>HEAT STROKE &amp; SUNSTROKE</td>
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<tr>
<td>993</td>
<td>Effects of air pressure</td>
<td>BAROTRAUMA, OTITIC</td>
</tr>
<tr>
<td>994</td>
<td>Effects of other external causes</td>
<td>EFFECTS OF LIGHTNING</td>
</tr>
<tr>
<td>995</td>
<td>Certain adverse effects not elsewhere classified</td>
<td>ANAPHYLACTIC SHOCK</td>
</tr>
<tr>
<td>996</td>
<td>Complications peculiar to certain specified procedures</td>
<td>MALFUNC CARD DEV/GRF NOS</td>
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<tr>
<td>997</td>
<td>Complications affecting specified body systems, not elsewhere classified</td>
<td>NERVOUS SYST COMPLC NOS</td>
</tr>
<tr>
<td>998</td>
<td>Other complications of procedures, not elsewhere classified</td>
<td>POSTOPERATIVE SHOCK</td>
</tr>
<tr>
<td>999</td>
<td>Complications of medical care, not elsewhere classified</td>
<td>GENERALIZED VACCINIA</td>
</tr>
</tbody>
</table>
Navigating the Blood Management Project
Data Collection Tool

How to Log In and Get Started

1) Once you have registered and received your confirmation to submit data for the Blood Management Project, you may access the project website at: http://manual.jointcommission.org
2) Click on “Login” in the upper right hand corner.

3) Enter your Login and Password and click “ok”.

Welcome to the Performance Measurement Network
Please enter your username and password.

Login: testuser50
Password: ********

OK Clear Cancel

See also: Create Login/Register, Forgot password?

Contact SWilliams@jointcommission.org if you have any questions.
Navigating the Blood Management Project
Data Collection Tool

4) Welcome to the Performance Measurement Network. Select the “Blood Mgmt Project” link from the left hand navigation bar.

5) You are now on the Blood Management Project Page. You will see your hospitals(s) listed here. In the Project Help section, you will find a link to the measure specifications, an example of the import file template, and other material intended to assist you with your participation in this project. Please click on the hospital name to enter blood management data.
Navigating the Blood Management Project
Data Collection Tool

6) You are now on your hospital page. From this page, you can:

- update your hospital demographic information
- enter new records
- import new records
- view and update existing records
- add RBC, Plasma and Platelet events
- mark records as “complete”
- review records that have been completed
- view import attachments

Each function will be discussed in detail below.
Updated by: 50. Logoff Print

Updating your Hospital Demographic Information

a) To update your hospital’s demographic information, click the “Edit” link, fill out the form that appears, and click the “Save” button at the bottom of the form.

Sample Staff Hospital
333 Somewhere Place, Smalltown, NC 28605
Health Care Organization ID: 44444
Contact Person: Pleasant Contact
Phone: (020) 260-6555
Email: someone@smalltown.us

You will be directed to the Edit form, and you can change your hospital’s contact details here. Click “Save” to save your changes, or “Cancel” to exit without saving.
Navigating the Blood Management Project
Data Collection Tool

Importing Records

a) To import data, click on the “Import” link on your hospital home page. The template for this import file can be found on the project home page.

Import Data

Steps for importing base data set using a properly formatted Excel spreadsheet:

1. Save the file that is to be imported with the EXACT Name: “import.xls”.
2. Click the link [Import] and follow the instructions to select and upload your “import.xls” file.
3. Once you have uploaded the file, [Click here] to finish the upload process.
   a. Once the import has been completed, you will need to click your web browser’s “Back” button and then “Refresh” the web page before you will see your new data records.

b) Click on “browse” to find and select your import file (which must be named “import.xls”), and click on “Upload File”. You do not need to check the checkboxes, but you may want to add a comment to keep track of your imports (e.g., April 2010 discharges; 51 records)

Attach file to Sample Staff Hospital

[File: 011 Web Activities/411 Blood Management Import [Import]
Comment:]

[Link: Create a link to the attached file at the end of the topic.
Hide file: Hide attachment in normal topic view.]

[Upload file Show all attachments Cancel]

c) Once you have uploaded your file, you will need to click on the “Click here” link to finish the upload process. You’ll then need to click your browser’s “Back” button and “Refresh” your hospital page.

Import Data

Steps for importing base data set using a properly formatted Excel spreadsheet:

1. Save the file that is to be imported with the EXACT Name: “import.xls”.
2. Click the link [Import] and follow the instructions to select and upload your “import.xls” file.
3. Once you have uploaded the file, [Click here] to finish the upload process.
   a. Once the import has been completed, you will need to click your web browser’s “Back” button and then “Refresh” the web page before you will see your new data records.

d) You may notice a form at the bottom of your hospital page. It displays the most recently imported file. This area will only be used to verify that your import was successful (note the date, time and comments to ensure that it represents the file you imported.)
Navigating the Blood Management Project Data Collection Tool

e) Your uploaded records are shown here (in a rather unappealing format!) and you will need to click on your browser’s “Back” button to return to your hospital home page.

f) You are now back on your hospital’s home page. Please click on your browser’s “Refresh” button to view the records you just imported. Your records have been imported, but you will not be able to see them until the page is refreshed (or you navigate away from it and then back to it).

g) Your uploaded files should now viewable in the “Submitted Data” section of your hospital home page.
Navigating the Blood Management Project
Data Collection Tool

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<tr>
<th>UDCI</th>
<th>Birthdate</th>
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<th>Completed</th>
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<td>333335</td>
<td>05-01-2001</td>
<td>01-01-2010</td>
<td>01-10-2010</td>
<td></td>
</tr>
<tr>
<td>1234567</td>
<td>12-30-2008</td>
<td>01-26-2010</td>
<td>02-02-2010</td>
<td></td>
</tr>
<tr>
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<td>05/01/01</td>
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<td>01/10/10</td>
<td></td>
</tr>
<tr>
<td>333338</td>
<td>03-03-1983</td>
<td>02-02-2010</td>
<td>02-05-2010</td>
<td></td>
</tr>
<tr>
<td>5555555</td>
<td>12-03-1970</td>
<td>09-09-2009</td>
<td>08-12-2009</td>
<td></td>
</tr>
</tbody>
</table>
Navigating the Blood Management Project

Data Collection Tool

Enter New Records (without using the file import)

a) To enter a new record, click on the “Enter New Client Record” link (right below the data record table).

b) You are now viewing the data collection tool for Blood Management. Enter data for the client record. Note: hovering over the green "i" next to a data element will show you the question and allowable values associated with that data element as well as a link to the data element page.

c) Once you have completed data entry for this record, click on “Save Data Record”.

8
Navigating the Blood Management Project
Data Collection Tool
To View and Update Existing Records

a) There are two ways to view the list of submitted records. The default view is of all incomplete records. If you would like to view all records, including completed (locked) records, click the link “Show all Records (including complete)”.

View of the default setting showing a list of only incomplete records:

<table>
<thead>
<tr>
<th>UBCI</th>
<th>Birthdate</th>
<th>Admitted</th>
<th>Discharged</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>333333</td>
<td>03-03-1983</td>
<td>02-02-2010</td>
<td>02-05-2010</td>
<td></td>
</tr>
<tr>
<td>333331</td>
<td>05-01-2001</td>
<td>01-01-2010</td>
<td>01-10-2010</td>
<td></td>
</tr>
<tr>
<td>333332</td>
<td>03-03-1983</td>
<td>02-02-2010</td>
<td>02-05-2010</td>
<td></td>
</tr>
<tr>
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<td>12-09-1970</td>
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<td>08-12-2009</td>
<td></td>
</tr>
</tbody>
</table>

View of alternate setting showing list of all records (both incomplete and complete). To return the default setting, click the link “Show Incomplete Records Only”
b) To view or update data in an existing record, click on the UBCI number. This will create a drop down that includes all of the information for that client record. You can contract the drop down by clicking on the “-“or expand by clicking on the “+” before the different sections.
Navigating the Blood Management Project
Data Collection Tool

[Image 108x355 to 497x724]
[Image 72x165 to 458x300]
[178x743]

**c) To edit the “General and other patient-level data elements”, click on the pencil icon.**

<table>
<thead>
<tr>
<th>General and other patient-level data elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Status:</td>
</tr>
<tr>
<td>Sex: M</td>
</tr>
<tr>
<td>ICD-9-CM Principal Diagnosis Code: 49301</td>
</tr>
<tr>
<td>ICD-9-CM Other Diagnosis Codes</td>
</tr>
<tr>
<td>ICD-9-CM Principal Procedure Code: 7301</td>
</tr>
<tr>
<td>ICD-9-CM Principal Procedure Date: 01-25-2010</td>
</tr>
<tr>
<td>ICD-9-CM Other Procedure Codes</td>
</tr>
<tr>
<td>Transfusion Consent</td>
</tr>
<tr>
<td>Education Addressed Risks, Benefits and Alternatives to Transfusion</td>
</tr>
<tr>
<td>Elective Surgery</td>
</tr>
<tr>
<td>Anesthesia Start Date</td>
</tr>
<tr>
<td>Preoperative Anemia Screening Date</td>
</tr>
<tr>
<td>Preoperative Anemia Screening</td>
</tr>
<tr>
<td>Preoperative Blood Type Testing</td>
</tr>
</tbody>
</table>

**d) Make changes to the “General and other patient-level data elements” and click “Save” when you are done.**

<table>
<thead>
<tr>
<th>General and other patient-level data elements</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>ICD-9-CM Other Procedure Codes</td>
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</tbody>
</table>
Navigating the Blood Management Project
Data Collection Tool

Add RBC Events and BM Unit Level Data Elements

a) To add a RBC event (NOTE: you can add up to three RBC events), click on the “Add RBC Event Record” Link.

b) Enter data for RBC Event 1 and click “Save Data Record”

c) Data for “RBC Event 1” is now included with this client record. To edit the RBC Event data that you just entered, click on the pencil icon next to the event. To add unit level data for RBC Event 1, click on the “Add BM Unit Level Data Elements Record” link. (NOTE: you can add up to three BM Unit Level Records)
Navigating the Blood Management Project Data Collection Tool

- General and other patient-level data elements
- Measure Set Specific Data Elements
  - RBC Event(s)
    - RBC Event 1
      - RBC Event ID
      - RBC Event Date
      - Clinical Indication for RBCs
      - Pre-transfusion Hemoglobin
      - Pre-transfusion Hematocrit
      - Surgical Procedure
  - BM Unit Level Data Elements(s)
    - Add BM Unit Level Data Elements record (3 left)
  - Add RBC Event record (2 left)
- Plasma Event(s)
  - Add Plasma Event record (3 left)
- Platelet Event(s)
  - Add Platelet Event record (3 left)

**d)** Enter data for the BM Unit Level Record for RBC Event 1 and click “Save Data Record”

<table>
<thead>
<tr>
<th>BM Unit Level Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfusion Start Date</td>
</tr>
<tr>
<td>Transfusion Start Time</td>
</tr>
<tr>
<td>Transfusion Order</td>
</tr>
<tr>
<td>Patient ID Verification</td>
</tr>
<tr>
<td>Vital Sign Monitoring</td>
</tr>
</tbody>
</table>

**e)** Data for “BM Unit 1” for “RBC Event 1” is now included with this client record. To edit the BM unit data that you just entered, click on the pencil icon. To add another BM Unit for RBC Event 1, click on “Add BM Unit Level Data Elements Record” link. To add another RBC Event, click on “Add RBC Event Record”.
Navigating the Blood Management Project
Data Collection Tool
Add Plasma Events and BM Unit Level Data Elements

a) To add a Plasma event, click on the “Add Plasma Event Record” Link

b) Enter data for Plasma Event 1 and click “Save Data Record”
Navigating the Blood Management Project
Data Collection Tool

c) Data for “Plasma Event 1” is now included with this client record. To edit the Plasma Event data that you just entered, click on the pencil icon next to the event. To add unit level data for Plasma Event 1, click on the “Add BM Unit Level Data Elements Record” link. (NOTE: you can add up to three BM Unit Level Records)

d) Enter data for the BM Unit Level Record for Plasma Event 1 and click “Save Data Record”
e) Data for “BM Unit Level 1” for “Plasma Event 1” is now included with this client record. To edit the BM unit data that you just entered, click on the pencil icon. To add another BM Unit for Plasma Event 1, click on “Add BM Unit Level Data Elements Record” link. To add another Plasma Event, click on “Add Plasma Event Record”.
Navigating the Blood Management Project
Data Collection Tool
Add Platelet Events and BM Unit Level Data Elements

a) To add a Platelet event, click on the “Add Platelet Event Record” Link

b) Enter data for Platelet Event 1 and click “Save Data Record”
Navigating the Blood Management Project
Data Collection Tool

c) Data for “Platelet Event 1” is now included with this client record. To edit the Platelet Event data that you just entered, click on the pencil icon next to the event. To add unit level data for Platelet Event 1, click on the “Add BM Unit Level Data Elements Record” link. (NOTE: you can add up to three BM Unit Level Records)

![Image of Data Collection Tool]

- Platelet Event ID: 1
- Platelet Event Total Doses: 3
- Clinical Indication for Platelets: 1
- Pre-transfusion Platelet Count: 100
- Pre-transfusion Platelet Testing: 1

![Image of BM Unit Level Data Elements]

- BM Unit Level Data Elements
- Transfusion Start Date
- Transfusion Start Time
- Transfusion Order
- Patient ID Verification
- Vital Sign Monitoring

d) Enter data for the BM Unit Level Record for Platelet Event 1 and click “Save Data Record”
Navigating the Blood Management Project
Data Collection Tool

e) Data for “BM Unit Level 1” for “Platelet Event 1” is now included with this client record. To edit the BM unit data that you just entered, click on the pencil icon. To add another BM Unit for Platelet Event 1, click on “Add BM Unit Level Data Elements Record” link. To add another Platelet Event, click on “Add Platelet Event Record”.

<table>
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<tr>
<th>General and other patient-level data elements</th>
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<tbody>
<tr>
<td>Measure Set Specific Data Elements</td>
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<tr>
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</tr>
<tr>
<td>Plasma Event(s)</td>
</tr>
<tr>
<td>Platelet Event(s)</td>
</tr>
<tr>
<td>Platelet Event 1</td>
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<tr>
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<tr>
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<tr>
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</tr>
<tr>
<td>Pre-transfusion Platelet Count</td>
</tr>
<tr>
<td>Pre-transfusion; Platelet Testing</td>
</tr>
</tbody>
</table>

BN Unit Level Data Elements(s)

BM Unit Level Data Elements 1

- Transfusion Start Date: 03-03-2010
- Transfusion Start Time: 11:00
- Transfusion Order: Y
- Patient ID Verification: 1
- Vital Sign Monitoring: 1

Add BM Unit Level Data Elements record (2 left)
Add Platelet Event record (2 left)
Navigating the Blood Management Project
Data Collection Tool

**Marking Records As “Complete”**

a) Once you are done entering and editing data for a record, you will need to mark the record as complete. **Please note: Once you check the box for a record under “Complete” you are BOTH marking the record as complete AND locking that record for any further editing.** When you click on the checkbox, the record will “disappear” from view. Do not be alarmed. The default view of the table is to only show incomplete records. To view the record you just completed, click on the link to “Show all Records (including complete)”

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Navigating the Blood Management Project
Data Collection Tool

**Reviewing Records That Have Been Completed**

a) To review a record that has been marked complete, switch the view on your hospital home page by clicking on the “Show all Records (including complete)” link.

b) In this view you can see all records both complete and incomplete. Completed records are now LOCKED and can not be edited.

c) If, for any reason, you need to unlock a record, you will need to send an e-mail to the project leader, Harriet Gammon. To send your e-mail request, click on the “lock” icon, and an e-mail form should appear. It will be addressed to Harriet, and the subject line will contain a reference to the specific record.

c) In your e-mail, please briefly explain why the record needs to be unlocked (e.g., Accidentally clicked the “Complete” checkbox).
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Baylor Health Care System  
Dallas, TX

Jonathan H. Waters, MD, Co-Chair  
Magee Women’s Hospital  
University of Pittsburgh  
Pittsburgh, PA

Neil Bangs, MS, MT (ASCP) SBB  
Virginia Commonwealth University Medical Systems  
Richmond, Virginia

Richard J. Benjamin, MD, PhD, FRCPath, MS  
American Red Cross, National Headquarters  
Washington, DC

Laurence Bilfield, MD  
Cleveland Clinic HS - Lutheran  
Cleveland, OH

Victor A. Ferraris, MD, PhD  
Division of Cardiovascular & Thoracic Surgery  
University of Kentucky Chandler Medical Center  
Lexington, KY

John Freedman, MD, FPCPC  
St. Michael's Hospital  
University of Toronto  
Toronto, Ontario, Canada

Jonathan C. Goldsmith, MD  
Division of Blood Diseases and Resources  
National Heart, Lung, and Blood Institute  
National Institutes of Health  
Bethesda, MD

Lawrence Tim Goodnough, MD  
Stanford University Medical Center  
Stanford, CA

Penny S. Gozio, MD, FACOG, MBA  
St. Joseph's Hospital  
Breese, IL
JERRY HOLMBERG, PHD., MT (ASCP) SBB
Department of Health and Human Services
Rockville, MD

JEROME E. KISS, MD
The Institute for Transfusion Medicine
University of Pittsburgh Medical Center
Pittsburgh, PA

JERRY K. KLEIN, MD
National Institutes of Health
Bethesda, MD

MARK T. LUCAS, MPS, RCS, CCP
Denver Cardiovascular Perfusionists
Denver, CO

VIJAY K. MAKER, MD, FACCS
Advocate Illinois Masonic Hospital
Chicago, IL

JOHN (JEFFREY) MCCULLOUGH, MD
University of Minnesota
Minneapolis, MN

ARYEH SHANDER, MD, FCCM, FCCP
Englewood Hospital and Medical Center
Englewood, NJ

BRUCE D. SPIESS, MD, FAHA
Virginia Commonwealth University Medical Center
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LYNNE UHL, MD
Beth Israel Deaconess Medical Center
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JEFFREY WAGNER, BSN, RN
Puget Sound Blood Center
Seattle, WA

ROSALYN YOMTOVIAN, MD
Department of Veterans Affairs, Louis Stokes Medical Center
Case Western Reserve University School of Medicine
Cleveland, OH