Measure Information Form

Measure Set: Pneumonia (PN)

Set Measure ID #:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Set Measure ID#</th>
<th>Time Intervals</th>
</tr>
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<tbody>
<tr>
<td>JCAHO</td>
<td>PN-5a</td>
<td>0-8 hours</td>
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<tr>
<td>CMS/JCAHO</td>
<td>PN-5b</td>
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Performance Measure Name:
(PN-5a) Initial Antibiotic Received Within 8 Hours of Hospital Arrival
(PN-5b) Initial Antibiotic Received Within 4 Hours of Hospital Arrival
(NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE)

Description:
(PN-5a) Pneumonia patients who receive their first dose of antibiotics within 8 hours after arrival at the hospital.
(PN-5b) Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.

Rationale: There is growing clinical evidence of an association between timely inpatient administration of antibiotics and improved outcome among pneumonia patients. One study found that Medicare pneumonia patients had improved survival if they received antibiotics within 4 hours of admission (Khan 1990). Another study found that shortening the time-to-first-dose to 4 hours was associated with improved survival (McGarvey 1993). In 1995 over 14,000 randomly selected Medicare pneumonia hospitalizations were examined. They found that patients who received their first dose of antibiotic within 3 hours were less likely to die within 30 days than were patients whose antibiotics were delayed, although this association did not become statistically significant until 8 hours following arrival, when a 15% (P<0.001) reduction was noted (Meehan 1995). More recently, a study of 13,771 Medicare pneumonia hospitalizations from 1998-99 found that 30-day mortality was 10% (P=0.04) lower and length of hospital stay was shorter among patients whose first antibiotic was administered within 4 hours when compared with those whose time to first dose was longer. Among patients who had not received antibiotics before arriving at the hospital, administration within 4 hours was associated with 17% reductions in mortality during both hospitalization (P=0.01) and the 30 days following admission (P=0.001) (Bratzler 2001).

Based on these studies, the Infectious Diseases Society of America (2000) and the American Thoracic Society (2001) suggests 8 hours as the maximum time to first antibiotic administration.
Data collected by the National Pneumonia Project indicate that among Medicare pneumonia patients age 65 or older who were hospitalized during 1998-99, the first dose was administered within 8 hours for 83.4%, within 6 hours for 74.9%, and within 4 hours for 57.7%. This represents a significant improvement from 1995, when corresponding rates were 79.4% at 8 hours, 68.8% at 6 hours, and 49.9% at 4 hours (CMS unpublished data). For 1998-99, the rates of administration within 8 hours ranges from 38% to 91% among the states and territories.

**Type of Measure:** Process

**Improvement Noted As:** An increase in the rate.

**Numerator Statement:** Number of pneumonia patients who received their first antibiotic dose within a specified timeframe (as specified under the Set Measure Identifier and description above) from hospital arrival

**Included Populations:** Not Applicable

**Excluded Populations:** None

**Data Elements:**
- Antibiotic Administration Date
- Antibiotic Administration Time
- Antibiotic Name
- Arrival Date
- Arrival Time

**Denominator Statement:** Pneumonia patients 18 years of age and older

**Included Populations:** Patients discharged with:
- *ICD-9-CM Principal Diagnosis Code* of pneumonia as defined in Appendix A, Table 3.1 OR *ICD-9-CM Principal Diagnosis Code* of septicemia or respiratory failure (acute or chronic) as defined in Appendix A, Tables 3.2, or 3.3, AND an *ICD-9-CM Other Diagnosis Code* of pneumonia (Appendix A, Table 3.1)

**Excluded Populations:**
- Patients received in transfer from another acute care or critical access hospital, including another emergency department
- Patients who had no working diagnosis of pneumonia at the time of admission
- Patients receiving *Comfort Measures Only*
- Patients who do not receive antibiotics during hospitalization or within 36 hours (2160 minutes) from the time of hospital arrival
- Patients who have received antibiotics within 24 hours prior to hospital arrival
- Patients less than 18 years of age
Data Elements:
- Admission Date
- Admission Source
- Antibiotic Administration Date
- Antibiotic Administration Time
- Antibiotic Name
- Antibiotic Received
- Antibiotics Prior to Arrival
- Birthdate
- Comfort Measures Only
- ICD-9-CM Other Diagnosis Codes
- ICD-9-CM Principal Diagnosis Code
- Pneumonia Working Diagnosis on Admission
- Transfer From Another ED

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other ICD-9-CM diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy:
- Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.
- Health care organizations may want to work with their hospital pharmacy to identify and list the antibiotics that are used in their organization. This list can serve as a reference for the abstractor.
- To be part of the measure population, a patient must have received an antibiotic during the hospitalization.
- The date and time for the initial antibiotic refer to the initial antibiotic administered during the hospital stay, not the antibiotic taken prior to hospital arrival.

Measure Analysis Suggestions: Health care organizations should investigate any patients whose time to antibiotic administration was greater than 2160 minutes (36 hours) for a possible data entry error or a performance improvement opportunity.
This measure seeks to identify the timing of the first antibiotic administered. It is important to note that the measure focuses on the administration of any antibiotic, not necessarily the antibiotic consistent with consensus guidelines. Therefore, data from this measure should be reviewed in conjunction with PN-6, PN-6a, and PN-6b that address appropriate antibiotic selections. For example, an HCO could receive excellent indicator rates for antibiotic administered timing but low rates for giving the appropriate antibiotics consistent with guidelines.

**Sampling:** Yes, for additional information see the Sampling section.

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

**Selected References:**
**PN-5a**: Initial Antibiotic Received Within 8 Hours Of Hospital Arrival.

**Numerator**: Number of Pneumonia patients who received their first antibiotic dose within 8 hours from hospital arrival.

**Denominator**: Pneumonia patients 18 years age and older.

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**Variable Key:**
- Patient Age
- Initial Antibiotic Date
- Initial Antibiotic Time
- AbxTiming

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**Note:** The algorithm to calculate age must use the month and day portion of admission date and birthdate to yield the most accurate age.
Specifications Manual for National PN-5ab-7 Hospital Quality Measures
PN-5b: Initial Antibiotic Received Within 4 Hours Of Hospital Arrival.

**Numerator:** Number of Pneumonia patients who received their first antibiotic dose within 4 hours from hospital arrival.

**Denominator:** Pneumonia patients 18 years of age and older.

**Variable Key:**
- Patient Age
- Initial Antibiotic Date
- Initial Antibiotic Time
- AbxTiming

**Note:** The algorithm to calculate age must use the month and day portion of admission date and birthdate to yield the most accurate age.
Specifications Manual for National Hospital Quality Measures

PN-5b

H

Pneumonia Working Diagnosis on Admission

- N

PN-5b

B

PN-5b

A

Missing / Invalid

- Y

PN-5b

A

Comfort Measures Only

- Y

PN-5b

B

- N

PN-5b

A

Transfer From Another ED

- Y

PN-5b

B

- N

(Initial population, common to all measures in the PN set)

PN-5b

A

Missing / Invalid

A

PN-5b

B

- 4 or A

- N

PN-5b

A

Missing / Invalid

Admission Source

- 1, 2, 3, 5, 6, 7, 8 or 9

PN-5b

A

Arrival Date

Valid

PN-5b

A

Arrival Time

Valid

PN-5b

I
Specifications Manual for National PN-5ab-10
Hospital Quality Measures

**PN-5b I**

- **Antibiotic Received**
  - = 1 or 4
  - = 2 or 3

- **Antibiotic Prior to Arrival**
  - = Y
  - = N

- **Missing / Invalid**
  - for all antibiotics

- **Antibiotic Name**

- **Antibiotic Administration Date**

- **Antibiotic Administration Time**

**Note:** Proceed only with antibiotics that have a valid name on table 2.1

- **Initial Antibiotic Date** = The Antibiotic Administration Date closest to Arrival Date.
  - **Note:** If more than one Antibiotic Administration Date is closer to the Arrival Date, use the one that also has a valid Antibiotic Administration Time. If the antibiotic closest to the Arrival Date has only date but no time, it should still be considered as the Initial Antibiotic Date.

- **Initial Antibiotic Time** = The Earliest Antibiotic Administration Time that corresponds to the Initial Antibiotic Date.

- **AbxTiming** = Initial Antibiotic Date and Initial Antibiotic Time - Arrival Date and Arrival Time (in minutes)

- **In Measure Population**

- **Not In Measure Population**

- **In Numerator Population**

- **Stop**

**PN-5b A**

- **Missing / Invalid**
  - Measured Population Date

**PN-5b B**

- **< 15 minutes or > 2160 minutes**

- **> or = -15 minutes and < or = 2160 minutes**

**PN-5b Z**

- **> 240 minutes**

- **= 240 minutes**

- **< or = 240 minutes**