

**LTCH Ventilator Weaning Quality Measures**  
**DRAFT Data Elements: Admission Assessment for Public Comment**

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**Section I. Active Diagnoses**

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**Comorbidities and Co-existing Conditions**

Check all that apply.

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|--------------------------|---|
| <input type="checkbox"/> | <b>I4403. Irreversible Neurological Injury, Disease, or Dysfunction</b> (Including Due to Cerebral Palsy) |
| <input type="checkbox"/> | <b>I5506. Progressive Neuromuscular Disease</b>   |
| <input type="checkbox"/> | <b>I7100. Lung, Heart, Liver, Kidney, or Bone Marrow Transplant</b>                                       |
| <input type="checkbox"/> | <b>I7200. Metastatic Cancer</b>   |
| <input type="checkbox"/> | <b>I7300. Severe Left Systolic/Ventricular Dysfunction</b>  |
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**Section O. Special Treatments, Procedures, and Programs**

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**O0100. Special Treatments, Procedures, and Programs**

Check all the treatments at admission. For dialysis, check if it is part of the patient's treatment plan.

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**Other Treatments**

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|--------------------------|--|
| <input type="checkbox"/> | <b>O0100J. Dialysis (Hemodialysis, Continuous Renal Replacement Therapy, Peritoneal Dialysis)</b>            |
| <input type="checkbox"/> | <b>O0100H1. Vasoactive Medications</b> (e.g., pressors, dilators, continuous medication for pulmonary edema) |
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**O0200. Spontaneous Breathing Trial (SBT) (including Tracheostomy Collar or Continuous Positive Airway Pressure (CPAP) Breathing Trial) by Day 2 of LTCH Stay**

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|----------------|---|---|
| <b>O0200A.</b> | <b>Invasive Mechanical Ventilation Support upon admission to LTCH</b>   | Enter Code<br><input type="checkbox"/><br>0. <b>No</b> >> <i>end data collection for O0200</i><br>1. <b>Yes, Weaning</b> >> <i>go to O0200B</i><br>2. <b>Yes, Non-Weaning</b> >> <i>end data collection for O0200</i> |
| <b>O0200B.</b> | <b>Assessed for readiness for SBT by Day 2 of the LTCH Stay</b><br>Note: Day 2 = Date of Admission to the LTCH (=Day 1) + 1 calendar day                    | Enter Code<br><input type="checkbox"/><br>0. <b>No</b> >> <i>end data collection for O0200</i><br>1. <b>Yes</b> >> <i>go to O0200C</i>  |
| <b>O0200C.</b> | <b>Deemed medically ready for SBT by Day 2 of the LTCH Stay</b>   | Enter Code<br><input type="checkbox"/><br>0. <b>No</b> >> <i>go to O0200D</i><br>1. <b>Yes</b> >> <i>go to O0200E</i>   |
| <b>O0200D.</b> | <b>Is there documentation of reason(s) in the patient's medical record that the patient was deemed medically unready for SBT by Day 2 of the LTCH Stay?</b> | Enter Code<br><input type="checkbox"/><br>0. <b>No</b> >> <i>end data collection for O0200</i><br>1. <b>Yes</b> >> <i>end data collection for O0200</i>   |
| <b>O0200E.</b> | <b>SBT performed by Day 2 of the LTCH Stay</b>  | Enter Code<br><input type="checkbox"/><br>0. <b>No</b> >> <i>end data collection for O0200</i><br>1. <b>Yes</b> >> <i>end data collection for O0200</i>   |
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