

LTCH Ventilator Weaning Quality Measures
DRAFT Data Elements: Planned Discharge, Unplanned Discharge, and Expired
Assessments for Public Comment

Section O. Special Treatments, Procedures, and Programs

O0350. Ventilator Weaning (Liberation) Rate

O0350.	Invasive Mechanical Ventilator: Weaning Status at Discharge	Enter Code in Boxes <input type="text"/> <input type="text"/> 01. Fully weaned at discharge (i.e., patient did not require any invasive mechanical ventilation support for at least 2 consecutive calendar days immediately prior to discharge) 02. Patient was on invasive mechanical ventilation support for < 12 hours/day immediately prior to discharge 03. Patient was on invasive mechanical ventilation support for > 12 but < 24 hours/day immediately prior to discharge 04. Patient on invasive mechanical ventilation support for 24 hours/day at the time of discharge 09. Not applicable (Code only if the patient was non-weaning or not ventilated on admission [O0200A=2 or 0 on Admission Assessment])
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