National Hospital Quality Measures

Measure Definitions

Excerpts from the Specifications Manual for National Hospital Quality Measures for Emergency Department Measure Set

Applicable to Cases Discharged January 1, 2012 through June 30, 2012
### EMERGENCY DEPARTMENT NATIONAL HOSPITAL INPATIENT QUALITY MEASURES

<table>
<thead>
<tr>
<th>Set Measure ID #</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1a</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Overall Rate</td>
</tr>
<tr>
<td>ED-1b</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Reporting Measure</td>
</tr>
<tr>
<td>ED-1c</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Observation Patients</td>
</tr>
<tr>
<td>ED-1d</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Psychiatric/Mental Health Patients</td>
</tr>
<tr>
<td>ED-2a</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients – Overall Rate</td>
</tr>
<tr>
<td>ED-2b</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients – Reporting Measure</td>
</tr>
<tr>
<td>ED-2c</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients – Psychiatric/Mental Health Patients</td>
</tr>
</tbody>
</table>
## ED DATA ELEMENT LIST

<table>
<thead>
<tr>
<th>General Data Element Name</th>
<th>Collected For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Date</td>
<td>All Records</td>
</tr>
<tr>
<td>Birthdate</td>
<td>All Records</td>
</tr>
<tr>
<td>Discharge Date</td>
<td>All Records</td>
</tr>
<tr>
<td>First Name</td>
<td>All Records</td>
</tr>
<tr>
<td>Hispanic Ethnicity</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-9-CM Other Diagnosis Codes</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-9-CM Other Procedure Codes</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-9-CM Other Procedure Dates</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-9-CM Principal Diagnosis Code</td>
<td>All Records (Used in the algorithm for ED-1, ED-2)</td>
</tr>
<tr>
<td>ICD-9-CM Principal Procedure Code</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-9-CM Principal Procedure Date</td>
<td>All Records</td>
</tr>
<tr>
<td>Last Name</td>
<td>All Records</td>
</tr>
<tr>
<td>Patient HIC #</td>
<td>All Records Collected by CMS for patients with a standard HIC#</td>
</tr>
<tr>
<td>Patient Identifier</td>
<td>All Records</td>
</tr>
<tr>
<td>Payment Source</td>
<td>All Records</td>
</tr>
<tr>
<td>Physician 1</td>
<td>Optional for All Records</td>
</tr>
<tr>
<td>Physician 2</td>
<td>Optional for All Records</td>
</tr>
<tr>
<td>Postal Code</td>
<td>All Records</td>
</tr>
<tr>
<td>Race</td>
<td>All Records</td>
</tr>
<tr>
<td>Sample</td>
<td>Used in transmission of the Hospital Clinical Data file</td>
</tr>
<tr>
<td>Sex</td>
<td>All Records</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Algorithm Output Data Element Name</th>
<th>Collected For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Category Assignment</td>
<td>Used in the calculation of the Joint Commission’s aggregate data and in the transmission of the Hospital Clinical Data file</td>
</tr>
<tr>
<td>Measurement Value</td>
<td>Used in the calculation of aggregate data and Continuous Variable Measures (All ED Measures)</td>
</tr>
</tbody>
</table>
## ED DATA ELEMENT LIST

<table>
<thead>
<tr>
<th>ED Data Element Name</th>
<th>Collected For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Date</td>
<td>ED-1</td>
</tr>
<tr>
<td>Arrival Time</td>
<td>ED-1</td>
</tr>
<tr>
<td>Decision to Admit Date</td>
<td>ED-2</td>
</tr>
<tr>
<td>Decision to Admit Time</td>
<td>ED-2</td>
</tr>
<tr>
<td>ED Departure Date</td>
<td>ED-1, ED-2</td>
</tr>
<tr>
<td>ED Departure Time</td>
<td>ED-1, ED-2</td>
</tr>
<tr>
<td>ED Patient</td>
<td>ED-1, ED-2</td>
</tr>
<tr>
<td>Observation Services</td>
<td>ED-1, ED-2</td>
</tr>
</tbody>
</table>

---

1 CMS ONLY
2 Transmission Data Element
3 The Joint Commission ONLY
Emergency Department (ED) Initial Patient Population


Emergency Department (ED) Sample Size Requirements

Please refer to the Global Initial Patient Population document and Global List, for the sampling requirements for the Emergency Department (ED) Measures.
Measure Information Form

Measure Set: Emergency Department

Set Measure ID #: ED-1

<table>
<thead>
<tr>
<th>Set Measure ID #</th>
<th>Performance Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1a</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Overall Rate</td>
</tr>
<tr>
<td>ED-1b</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Reporting Measure</td>
</tr>
<tr>
<td>ED-1c</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Observation Patients</td>
</tr>
<tr>
<td>ED-1d</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients – Psychiatric/Mental Health Patients</td>
</tr>
</tbody>
</table>

Performance Measure Name: Median Time from ED Arrival to ED Departure for Admitted ED Patients

Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department

Rationale: Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. According to a 2002 national U.S. survey, more than 90% of large hospitals report EDs operating "at" or "over" capacity. Approximately one third of hospitals in the US report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40% of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.
Type of Measure: Process

Improvement Noted As: A decrease in the median value

Continuous Variable Statement: Time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department.

Included Populations: Any ED Patient from the facility’s emergency department

Excluded Populations: Patients who are not an ED Patient

Data Elements:
- Arrival Date
- Arrival Time
- ED Departure Date
- ED Departure Time
- ED Patient
- ICD-9-CM Principal Diagnosis Code
- Observation Services

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records. Some facilities may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunity for improvement at the point of care/service.

Data Accuracy: None

Measure Analysis Suggestions: None

Sampling: Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

Data Reported As: Aggregate measure of central tendency

Selected References:
ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients

Continuous Variable Statement: Time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department.

Specifications Manual for National Hospital Inpatient Quality Measures
Discharges 01-01-12 (1Q12) through 06-30-12 (2Q12)
Emergency Department (ED)-1: Median Time from Emergency Department Arrival to ED Departure for Admitted ED Patients

Continuous Variable Statement: Time, in minutes, from ED arrival to ED departure for patients admitted to the facility from the emergency department.

Variable Key: UTD Counter

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

2. Check ED Patient
   a. If ED Patient is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-1a, proceed to step 13.
   b. If ED Patient equals No, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for ED-1a, 1b, 1c and 1d. Stop processing.
   c. If ED Patient equals Yes, continue processing and proceed to Observation Services.

3. Check Observation Services
   a. If Observation Services is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-1a, proceed to step 13.
   b. If Observation Services equals Yes or No, continue processing and proceed to step 4.

4. Initialize the UTD Counter to equal 0. Continue processing and proceed to Arrival Date.

5. Check Arrival Date
   a. If the Arrival Date is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-1a, proceed to step 13.
   b. If the Arrival Date equals Unable To Determine, set UTD Counter to 1 and proceed to step 10.
   c. If Arrival Date equals a Non Unable To Determine Value, continue processing and proceed to Arrival Time.
6. Check Arrival Time  
   a. If the Arrival Time is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-1a, proceed to step 13.
   b. If the Arrival Time equals Unable To Determine, set UTD Counter to 1 and proceed to step 10.
   c. If Arrival Time equals a Non Unable To Determine Value, continue processing and proceed to ED Departure Date.

7. Check ED Departure Date  
   a. If the ED Departure Date is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-1a, proceed to step 13.
   b. If the ED Departure Date equals Unable To Determine, set UTD Counter to 1 and proceed to step 10.
   c. If ED Departure Date equals a Non Unable To Determine Value, continue processing and proceed to ED Departure Time.

8. Check ED Departure Time  
   a. If the ED Departure Time is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-1a, proceed to step 13.
   b. If the ED Departure Time equals Unable To Determine, set UTD Counter to 1 and proceed to Check UTD Counter.
   c. If ED Departure Time equals a Non Unable To Determine Value, continue processing and proceed to Calculate Measurement Value.

9. Calculate Measurement Value. Measurement Value, in minutes, is equal to the ED Departure Date and ED Departure Time minus the Arrival Date and Arrival Time. Continue processing and proceed to Check UTD Counter.

10. Check UTD Counter  
    a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population. Assign the Measure Category to Y for ED-1a. Proceed to step 12.
    b. If the UTD Counter is equal to zero, continue processing and proceed to Measurement Value.
11. Check Measurement Value
   a. If the Measurement Value is greater than or equal to zero minutes, the case will proceed to a Measurement Category Assignment of D and will be in the Measure Population. Assign the Measure Category to D for ED-1a. Proceed to step 12.
   b. If the Measurement Value is less than zero minutes, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-1a, proceed to step 13.

12. Initialize the Measure Category Assignment for measures (ED-1b, 1c, 1d) to equal 'B'. Continue processing and proceed to step 14.

13. Initialize the Measure Category Assignment for measures (ED-1b, 1c, 1d) to equal 'B'. Stop processing.

14. Check Observation Services
   a. If the Observation Services equals Yes, continue processing and proceed to step 18.
   b. If the Observation Services equals No, continue processing and proceed to ICD-9-CM Principal Diagnosis Code.

15. Check ICD-9-CM Principal Diagnosis Code
   a. If the ICD-9-CM Principal Diagnosis Code is on Table 7.01, continue processing and proceed to check UTD Counter.
   b. If the ICD-9-CM Principal Diagnosis Code is not on Table 7.01, continue processing and proceed to step 17.

16. Check UTD Counter
   a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population for ED-1d. Stop processing.
   b. If the UTD Counter is equal to zero, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for ED-1d. Stop processing.

17. Check UTD Counter
   a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population for ED-1b. Stop processing.
   b. If the UTD Counter is equal to zero, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for ED-1b. Stop processing.
18. Recheck ICD-9-CM Principal Diagnosis Code
   a. If the ICD-9-CM Principal Diagnosis Code is on Table 7.01, continue processing and proceed to Check UTD Counter.
   b. If the ICD-9-CM Principal Diagnosis Code is not on Table 7.01, continue processing and proceed to step 20.

19. Check UTD Counter
   a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population for ED-1c and ED-1d. Stop processing.
   b. If the UTD Counter is equal to zero, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for ED-1c and ED-1d. Stop processing.

20. Check UTD Counter
   a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population for ED-1c. Stop processing.
   b. If the UTD Counter is equal to zero, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for ED-1c. Stop processing.
Measure Information Form

**Measure Set:** Emergency Department

**Set Measure ID #:** ED-2

<table>
<thead>
<tr>
<th>Set Measure ID#</th>
<th>Performance Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-2a</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients – Overall Rate</td>
</tr>
<tr>
<td>ED-2b</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients – Reporting Measure</td>
</tr>
<tr>
<td>ED-2c</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients – Psychiatric/Mental Health Patients</td>
</tr>
</tbody>
</table>

**Performance Measure Name:** Admit Decision Time to ED Departure Time for Admitted Patients

**Description:** Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.

**Rationale:** Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. According to a 2002 national U.S. survey, more than 90% of large hospitals report EDs operating "at" or "over" capacity. Approximately one third of hospitals in the US report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40% of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.

**Type of Measure:** Process
**Improvement Noted As:** A decrease in the median value

**Continuous Variable Statement:** Time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.

**Included Populations:**
Any *ED Patient* from the facility’s emergency department

**Excluded Populations:**
Patients who are not an *ED Patient*

**Data Elements:**
- Decision to Admit Date
- Decision to Admit Time
- ED Departure Date
- ED Departure Time
- ED Patient
- ICD-9-CM Principal Diagnosis Code
- Observation Services

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative data and medical records. Some facilities may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunity for improvement at the point of care/service.

**Data Accuracy:** None

**Measure Analysis Suggestions:** None

**Sampling:** Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

**Data Reported As:** Aggregate measure of central tendency

**Selected References:**


United States General Accounting Office GAO. Hospital Emergency Departments: crowded conditions vary among hospitals and communities. 2003; GAO-03-460.

ED-2: Admit Decision Time to ED Departure Time for Admitted Patients

Continuous Variable Statement: Time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.

Specifications Manual for National Hospital Inpatient Quality Measures
Discharges 01-01-12 (1Q12) through 06-30-12 (2Q12)
Emergency Department (ED)-2: Admit Decision Time to Emergency Department Departure Time for Admitted Patients

Continuous Variable Statement: Time, in minutes, from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.

Variable Key: UTD Counter

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

2. Check ED Patient
   a. If ED Patient is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-2a, proceed to step 13.
   b. If ED Patient equals No, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for ED-2a, 2b and 2c. Stop processing.
   c. If ED Patient equals Yes, continue processing and proceed to Observation Services.

3. Check Observation Services
   a. If Observation Services is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-2a, proceed to step 13.
   b. If Observation Services equals Yes or No, continue processing and proceed to step 4.

4. Initialize the UTD Counter to equal 0. Continue processing and proceed to Decision to Admit Date.

5. Check Decision to Admit Date
   a. If the Decision to Admit Date is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-2a, proceed to step 13.
   b. If the Decision to Admit Date equals Unable To Determine, set UTD Counter to 1 and proceed to step 10.
   c. If Decision to Admit Date equals a Non Unable To Determine Value, continue processing and proceed to Decision to Admit Time.
6. Check Decision to Admit Time
   a. If the Decision to Admit Time is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-2a, proceed to step 13.
   b. If the Decision to Admit Time equals Unable To Determine, set UTD Counter to 1 and proceed to step 10.
   c. If Decision to Admit Time equals a Non Unable To Determine Value, continue processing and proceed to ED Departure Date.

7. Check ED Departure Date
   a. If the ED Departure Date is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-2a, proceed to step 13.
   b. If the ED Departure Date equals Unable To Determine, set UTD Counter to 1 and proceed to step 10.
   c. If ED Departure Date equals a Non Unable To Determine Value, continue processing and proceed to ED Departure Time.

8. Check ED Departure Time
   a. If the ED Departure Time is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-2a, proceed to step 13.
   b. If the ED Departure Time equals Unable To Determine, set UTD Counter to 1 and proceed to step 10.
   c. If ED Departure Time equals a Non Unable To Determine Value, continue processing and proceed to Calculate Measurement Value.

9. Calculate Measurement Value. Measurement Value, in minutes, is equal to the ED Departure Date and ED Departure Time minus the Decision to Admit Date and Decision to Admit Time. Continue processing and proceed to UTD Counter.

10. Check UTD Counter
    a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population. Assign the Measure Category to Y for ED-2a. Proceed to step 12.
    b. If the UTD Counter is equal to zero, continue processing and proceed to Measurement Value.

11. Check Measurement Value
    a. If the Measurement Value is greater than or equal to zero minutes, the case will proceed to a Measurement Category Assignment of D and will be
in the Measure Population. Assign the Measure Category to D for ED-2a. Proceed to step 12.

b. If the Measurement Value is less than zero minutes, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for ED-2a, proceed to step 13.

12. Initialize the Measure Category Assignment for measures (ED-2b, 2c) to equal 'B'. Continue processing and proceed to step 14.

13. Initialize the Measure Category Assignment for measures (ED-2b, 2c) to equal 'B'. Stop processing.

14. Check Observation Services
   a. If the Observation Services equals to Yes, continue processing and proceed to step 18.
   b. If the Observation Services equals to No, continue processing and proceed to ICD-9-CM Principal Diagnosis Code.

15. Check ICD-9-CM Principal Diagnosis Code
   a. If the ICD-9-CM Principal Diagnosis Code is on Table 7.01, continue processing and proceed to check UTD Counter.
   b. If the ICD-9-CM Principal Diagnosis Code is not on Table 7.01, continue processing and proceed to step 17.

16. Check UTD Counter
   a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population for ED-2c. Stop processing.
   b. If the UTD Counter is equal to zero, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for ED-2c. Stop processing.

17. Check UTD Counter
   a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population for ED-2b. Stop processing.
   b. If the UTD Counter is equal to zero, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for ED-2b. Stop processing.

18. Recheck ICD-9-CM Principal Diagnosis Code
   a. If the ICD-9-CM Principal Diagnosis Code is on Table 7.01, continue processing and proceed to check UTD Counter.
b. If the ICD-9-CM Principal Diagnosis Code is not on Table 7.01, stop processing.

19. Check UTD Counter
   a. If the UTD Counter is greater than zero, the case will proceed to a Measure Category Assignment of Y and will be in the Measure Population for ED-2c. Stop processing.
   b. If the UTD Counter is equal to zero, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for ED-2c. Stop processing.