

**California and Florida  
“In the Know”  
Inpatient Data Collection,  
Reporting, and Validation**

**Module 1: Administrative Updates**

**October 2010**

**Becky Ure, RN, BSN, Med  
Lawanna Hurst, RN, BSN  
Cassie Watson, RN, MSN, PhD**

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**Topics**

- Important Dates and Deadlines
- Validation Overview and Updates
- New Healthcare Associated Infections (HAI) Measures
- State and National Measure Rate Updates
- FY 2011 Final Rule Highlights
- Miscellaneous Information

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## ***Important Dates and Deadlines***

Hospital Compare Preview Period	October 12, 2010 through November 10, 2010
2 <sup>nd</sup> Qtr 2010 Inpatient Population & Sampling deadline	11/1/2010
2 <sup>nd</sup> Qtr 2010 Inpatient Clinical Data Submission deadline	11/15/2010
Request for 2 <sup>nd</sup> Qtr 2010 Validation Records *	Approximately 12/2/2010
CDAC Validation Records Submission Deadline *	45 days after requested
Hospital Compare Refresh	December 2010
AMI-10 Statin at Discharge Submission Begins - Required For FY 2013 Payment Determination	01/01/2011 Discharges
HAI CLABSI Measure Submission Begins - Required For FY 2013 Payment Determination	01/01/2011 Discharges
3 <sup>rd</sup> Qtr 2010 HCAHPS Deadline	1/12/2011

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\* Affects PPS (Prospective Payment System) hospitals only

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## ***Validation Overview and Updates***

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## ***Validation Overview and Updates***

- Purpose—Verification of Abstracted Information (Measure Outcomes)
- 800 hospitals chosen for validation for 2012 Annual Payment Update (APU)
  - 41 hospitals from Florida
  - 72 hospitals from California
- Request 12 randomly chosen Medical Records across 4 topics
- Clinical Data Abstraction Center (CDAC) abstracts the records and submits data to Clinical Warehouse
- Considered “Validated” if overall agreement is  $\geq 75\%$

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## ***Validation Overview and Updates***

- A “test run” of the new validation process was conducted with 4<sup>th</sup> Quarter 2009 clinical data from 200 randomly selected non-RHQDAPU hospitals across the country
  - Included 6 California CAHs (no Florida CAHs)
  - Results will be released to the involved hospitals in mid October
- Aggregate data and lessons learned will be disseminated via the RHQDAPU E-mail List once it becomes available

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## ***Validation Overview and Updates***

- Hospitals not selected for validation must complete all other RHQDAPU requirements satisfactorily to be eligible for full APU for FY 2012
- Non-selected hospitals must continue to abstract clinical data as accurately as possible, as they will be eligible for validation selection in the future years' APU
- Centers for Medicare & Medicaid Services (CMS) anticipates that ALL eligible RHQDAPU hospitals will participate in validation at least once every 4 years

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## ***Validation Overview and Updates***

- CDAC
  - Sends 2 letters to the Medical Records Contact as given by the facility
  - The initial request
    - Records due 45 days of dated letter
  - The second and final request
    - Sent approximately 30 days after 1<sup>st</sup> request
- Check your Hospital Data Validation: Case Selection Report to be sure that your records were received by deadline

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## ***Validation Overview and Updates***

- Appeal Process
  - Score < 75%
  - 10 business days to complete appeal
  - Submit Part 1 of the appeal to your QIO via the Secure File Exchange on the QualityNet.org Secure Website to Lawanna Hurst, Becky Ure, or Cassie Watson

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## ***New Healthcare Associated Infection (HAI) Measures For Fiscal Year 2013/2014 Payment Determination***

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## HAI's

- Why:
  - HHS has placed a high priority on reducing HAIs
  - Adopted an Action Plan in January 2009
    - Identified 7 HAI measures and measure targets
    - SSI-2 is currently in RHQDAPU as SCIP-INF-1
  - Commenters to Final Rule supported the HAIs
  - Widely acknowledged by HHS, IOM, National Priorities Partnership, and others
  - High priority requiring measurement and improvement
  - HAIs among the leading cause of death in U.S.

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## HAI's

- Why (continued):
  - CDC estimates that as many as 2 million infections are acquired each year in hospitals
  - Results in approximately 90,000 deaths per year\*
  - Estimated that more Americans die each year from HAIs than from auto accidents and homicides combined

\*McKibben L, Horan T. Guidance on public reporting of healthcare-associated infections: recommendations of the Healthcare Infections Control Practices Advisory Committee. *AJIC* 2005;33:217-26

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## HAI's

- Why (continued):
  - Puts the patient at risk, ↑ LOS and ↑ costs
  - HAI's for the most part are preventable
    - Better hygiene
    - Advanced scientifically tested techniques for surgical patients
  - Public reporting of HAI rates provide the information that consumers need to choose the safest hospital-Website address is below:  
<http://www.hospitalcompare.hhs.gov/hospitalsearch.aspx?AspxAutoDetectCookieSupport=1>

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## HAI's

- FY Payment Determination **2013**:
  - Adopted one HAI new measure
    - Currently being collected by the CDC via the National Healthcare Safety Network (NHSN)
    - Is National Quality Forum (NQF) endorsed
  - New Measure
    - Central Line Associated Bloodstream Infection (CLABSI)
      - Begin data collection with discharges beginning 01/01/2011

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## **HAI**s

- **FY Payment Determination 2014:**
  - Adopted one HAI new measure
    - Surgical Site Infection (SSI)
      - Is NQF endorsed
      - Begin collection with discharges beginning 01/01/2012

## **HAI**s

- **NHSN:**
  - Is a secure, Internet-based surveillance system
  - Maintained and managed by the CDC
  - Can be utilized by all types of healthcare facilities in the United States
  - Enable healthcare facilities to collect and use data about HAIs

## ***HAI*s**

- NHSN (continued):
  - Can be used as a means for healthcare facilities to submit data on HAIs mandated through their State legislation
  - 21 states require hospitals to report HAIs using NHSN-CA is one and FL is not
  - CDC supports more than 2,000 hospitals that are using NHSN

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## ***HAI*s**

- NHSN Data Collection
  - Occurs through a Web-based tool hosted by the CDC at <http://www.cdc.gov/nhsn/>
  - Provided free of charge to hospitals
  - Data from EHRs may be possible in the near future

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## ***HAIs***

- Central Line Associated Blood Stream Infection (CLABSI)
  - Assesses the rate of laboratory-confirmed cases of bloodstream infection or clinical sepsis among ICU patients
  - Can be stratified by type of ICU

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## ***HAIs***

- Surgical Site Infection (SSI) FY 2014 Payment Determination
  - Assesses the number of NHSN-defined operative procedures with surgical site infections (deep incisional or organ space) within 30 days or 1 year if an implant is in place
  - Infections identified upon original admission or upon readmission to the facility of the original operative procedure within the relevant time frame
  - May be stratified by procedure or risk factors

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## **HAIs**

- **Surgical Site Infections (SSI):**
  - Procedures of interest (same as SCIP)

<b>CABG</b>	<b>Other Cardiac Surgery</b>
<b>Hip Arthroplasty</b>	<b>Knee Arthroplasty</b>
<b>Colon Surgery</b>	<b>Hysterectomy (abdominal and vaginal)</b>
<b>Vascular Surgery</b>	

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## **HAIs**

- **SSI:**
  - Populations that apply:

<b>Adult Population</b>	<b>Pediatric Population</b>
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## ***HAI*s**

- Collection of the CLABSI measure begins with January 2011 discharges for 2013 payment determination
- Collection of the SSI measure begins with January 2012 discharges for 2014 payment determination
- CMS asks that you use the NHSN infrastructure to report the measures

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## ***HAI*s**

- Miscellaneous:
  - Only finalizing CLABSI for FY 2013 to allow hospitals to gain more experience with these types of measures and the new collection mechanism
  - CMS believes this approach of phasing the SSI measure for FY 2014 will minimize the additional reporting burden on hospitals that are in states that do not currently mandate reporting infection data to NHSN

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## Measure Rate Updates

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## Measure Rate Updates — AMI

		2nd Qtr 2009			3rd Qtr 2009			4th Qtr 2009			1st Qtr 2010		
		FL	CA	Nat	FL	CA	Nat	FL	CA	Nat	FL	CA	Nat
AMI-1	ASA at Arrival	98%	97%	96%	99%	98%	96%	98%	97%	97%	98%	98%	97%
AMI-2	ASA at Disch	97%	96%	95%	98%	98%	95%	98%	96%	96%	98%	96%	95%
AMI-3	ACEI/ARB for LVSD	96%	94%	94%	98%	93%	94%	97%	97%	95%	98%	97%	94%
AMI-4	Adult Smoke Cess Advice	100%	99%	98%	100%	99%	98%	100%	100%	98%	100%	99%	98%
AMI-5	B-Blocker at Disch	98%	96%	95%	97%	97%	95%	96%	96%	96%	97%	95%	95%
AMI-7	Median Time Fibrinolysis	30 min	28 min	28 min	30 min	27 min	30 min	24 min	28 min	29 min	25 min	28 min	29 min
AMI-7a	Fibrinolytic Rx within 30 Min Arrival	57%	56%	54%	67%	52%	44%	75%	56%	48%	40%	57%	48%
AMI-8	Median Time Primary PCI	67 min	67 min	67 min	67 min	66 min	67 min	66 min	66 min	66 min	66 min	65 min	65 min
AMI-8a	Primary PCI within 90 Min Arrival	86%	84%	85%	89%	87%	86%	90%	86%	87%	89%	87%	88%
AMI-T1a	LDL-Cholesterol Assessment	81%	63%	72%	88%	69%	73%	78%	69%	74%	62%	69%	74%
AMI-T2	Lipid-Lowering Rx at Disch	95%	89%	88%	96%	87%	88%	77%	84%	86%	97%	88%	90%

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October 2010

## Measure Rate Updates — HF

		2nd Qtr 2009			3rd Qtr 2009			4th Qtr 2009			1st Qtr 2010		
		FL	CA	Nat	FL	CA	Nat	FL	CA	Nat	FL	CA	Nat
HF-1	Discharge Instructions	87%	83%	80%	89%	85%	81%	91%	86%	82%	90%	87%	83%
HF-2	Eval of LVS Function	97%	94%	91%	97%	96%	91%	97%	94%	92%	98%	95%	92%
HF-3	ACEI/ARB for LVSD	94%	94%	91%	96%	93%	91%	95%	94%	91%	96%	95%	92%
HF-4	Adult Smoke Cess Advice	98%	97%	94%	99%	98%	95%	99%	98%	95%	99%	97%	95%

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## Measure Rate Updates — PN

		2nd Qtr 2009			3rd Qtr 2009			4th Qtr 2009			1st Qtr 2010		
		FL	CA	Nat	FL	CA	Nat	FL	CA	Nat	FL	CA	Nat
PN-2	Pneumococcal Vaccination	93%	88%	88%	94%	89%	87%	95%	91%	89%	95%	91%	90%
PN-3a	BC within 24 hrs ICU Pts	96%	95%	92%	96%	95%	93%	94%	96%	93%	96%	96%	93%
PN-3b	BC Before Initial Abx ED Pts	95%	95%	93%	95%	94%	93%	95%	93%	94%	96%	94%	94%
PN-4	Adult Smoke Cess Advice	99%	95%	92%	99%	97%	94%	98%	95%	93%	99%	95%	93%
PN-5c	Initial Abx Within 6 hrs Arrival	96%	94%	94%	95%	94%	94%	95%	94%	94%	95%	94%	94%
PN-6	Initial Abx Selection	93%	91%	89%	93%	91%	90%	93%	90%	90%	94%	93%	90%
PN-7	Influenza Vaccination	N/A	N/A	N/A	N/A	N/A	N/A	93%	87%	85%	95%	89%	89%

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## Measure Rate Updates — SCIP

		2nd Qtr 2009			3rd Qtr 2009			4th Qtr 2009			1st Qtr 2010		
		FL	CA	Nat	FL	CA	Nat	FL	CA	Nat	FL	CA	Nat
SCIP-Card 2	B-Blocker Perioperative	93%	88%	88%	94%	88%	89%	94%	89%	90%	95%	91%	90%
SCIP-Inf-1	Abx Within 60 Min Prior Incision	96%	94%	94%	97%	93%	94%	98%	93%	94%	98%	93%	94%
SCIP-Inf-2	Appropriate Prophylactic Abx	97%	96%	96%	97%	96%	96%	95%	95%	95%	96%	95%	95%
SCIP-Inf-3	Abx Dc'd Within 24 Hrs after Surgery	93%	89%	91%	95%	91%	92%	95%	91%	92%	95%	92%	93%
SCIP-Inf-4	Controlled Postop Blood Glucose	93%	91%	91%	94%	91%	92%	92%	92%	92%	94%	92%	93%
SCIP-Inf-6	Appropriate Hair Removal	99%	98%	98%	99%	98%	98%	100%	99%	99%	99%	99%	99%
SCIP-Inf-7	Postop Normothermia	93%	90%	88%	94%	91%	89%	90%	91%	85%			
SCIP-Inf-10	Periop Temperature Management							99%	99%	97%	99%	97%	97%
SCIP-VTE-1	VTE Prophylaxis Ordered	93%	87%	89%	94%	86%	90%	93%	87%	90%	94%	90%	91%
SCIP-VTE-2	VTE Prophylaxis Timely	92%	87%	88%	92%	86%	89%	92%	86%	89%	93%	90%	90%

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## IPPS Final Rule 2011 Covering FYs 2012, 2013, 2014 Payment Determinations

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## ***Inpatient Final Rule 2011***

- Document is located on the Centers for Medicare & Medicaid Web site
- Can be accessed through this link:
  - <http://edocket.access.gpo.gov/2010/pdf/2010-19092.pdf>
- Begins in *Federal Register* Vol. 75, page 50180

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## ***Inpatient Final Rule 2011***

### **Section IV.A.1: Background**

- Discusses the purpose of the program, its beginning, and its progression to the current set of reportable measures for FY 2012, 2013, and 2014 payment determination

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## ***Inpatient Final Rule 2011***

### **Section IV.A.2.b: Retirement of Quality Measures Under the RHQDAPU Program for the FY 2011 Payment Determination and Subsequent Years**

- Retirement of AHRQ Mortality for Selected Surgical Procedures
  - “Not recommended for comparative reporting”
  - Will not be calculated for 2011 payment determination
  - Will not be displayed on Hospital Compare

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.a: Expansion Plan for Quality Measures for the FY 2012, FY 2013 and FY 2014 Payment Determination**

- Discusses goals in expanding the RHQDAPU program measure set while minimizing the burden
  - Structural Measures
  - Claims-based Measures
  - Explores submission using EHRs and registries

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.a: Expansion Plan for Quality Measures for the FY 2012, FY 2013 and FY 2014 Payment Determination**

- Specific priority to quality measures that assess performance on:
  - Conditions with greatest mortality and morbidity in Medicare population
  - Conditions that are high-volume/high-cost for the Medicare program
  - Conditions with wide cost and treatment variations despite established clinical guidelines

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.a: Expansion Plan for Quality Measures for the FY 2012, FY 2013 and FY 2014 Payment Determination**

- Finalizing measures for the next 3 consecutive years
- May add or remove measures for these years in future rulemaking cycles if priorities or legislative changes determine the need

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.b: RHQDAPU Program Quality Measures for FY 2012 Payment Determination**

- 3.b.(1) Retention of the existing 45 RHQDAPU quality measures
  - Retirement of AHRQ Mortality for Selected Surgical Procedures
- 3.b.(2) New Claims-Based Measures
  - 3.b.(2).(A) ARHQ Patient Safety Indicators
    - PSI 11: Post Operative Respiratory Failure
    - PSI 12: Post Operative PE or DVT

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.b: RHQDAPU Program Quality Measures for FY 2012 Payment Determination**

- 3.b.(2) New Claims-Based Measures
  - 3.b(2)(B) Hospital Acquired Conditions (HAC) Measures
    - Foreign Object Retained After Surgery
    - Air Embolism
    - Blood Incompatibility
    - Pressure Ulcer Stages III & IV

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.b: RHQDAPU Program Quality Measures for FY 2012 Payment Determination**

- 3.b.(2) New Claims-Based Measures
  - 3.b(2)(B) Hospital Acquired Conditions (HAC) Measures
    - Falls and Trauma
    - Vascular Catheter-Associated Infection
    - Catheter-Associated Urinary Tract Infection
    - Manifestations of Poor Glycemic Control

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.b: RHQDAPU Program Quality Measures for FY 2012 Payment Determination**

- 3.b.(3) All-Patient Volume Data for Selected MS-DRGs ***Not Finalized***
  - Agree with the commenters that the reporting requirement would be overly burdensome
  - Plan to refine the requirements and reintroduce the proposal in subsequent rulemaking

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.c: RHQDAPU Program Quality Measures for FY 2013 Payment Determination**

- 3.c.(1) Retention of FY 2012 Payment Determination Measures for FY 2013 Payment Determination
- 3.c.(2) New Chart-Abstracted Measure for the FY 2013 Payment Determination: AMI-10 Statin at Discharge
  - **Required submission** starts with **Jan. 1, 2011**, discharges
  - Voluntary submission will be available starting Oct 2010 with technical specifications available in the 3.2 *Specifications Manual*

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.c: RHQDAPU Program Quality Measures for FY 2013 Payment Determination**

- 3.c.(3) New Healthcare Associated Infection (HAI) Measures for the FY 2013 Payment Determination
  - 3.c.(3).(A) Central Line Associated Blood Stream Infection: **Finalized** for 2013 Payment Determination
- Will be collected via the National Healthcare Safety Network (NHSN) starting **Jan. 1, 2011**

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.c: RHQDAPU Program Quality Measures for FY 2013 Payment Determination**

- 3.c.(3) New Healthcare Associated Infection (HAI) Measures for the FY 2013 Payment Determination
  - 3.c.(3).(B) Surgical Site Infection (SSI)
  - **Not Finalized** for FY **2013** Payment Determination
  - HOWEVER!!!!***
  - ***Finalized*** for FY **2014** Payment Determination
  - Reporting will start with Jan. 1, 2012, discharges

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.c: RHQDAPU Program Quality Measures for FY 2013 Payment Determination**

- 3.c.(4) New Registry-Based Measures
  - 3.c.(4).(A) Implantable Cardioverter Defibrillator (ICD) Complications
  - 3.c.(4).(B) Cardiac Surgery
  - 3.c.(4).(C) Stroke
  - 3.c.(4).(D) Nursing Sensitive

***None*** of the ***Registry-Based Measures*** were ***FINALIZED***

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.c: RHQDAPU Program Quality Measures for FY 2013 Payment Determination**

- 3.c.(4) New Registry-Based Measures
  - Hospitals are ***NOT*** required to select one of the 4 registry topics
  - Registries for the 4 topics will not be qualified
- It is anticipated for the future that Registry-Based submissions will be one mechanism of data submission

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.d: RHQDAPU Program Quality Measures for FY 2014 Payment Determination**

- 3.d.(1) Retention of FY 2013 Payment Determination Measures for the FY 2014 Payment Determination
  - Retiring 2 FY 2013 measures
    - PN-2
    - PN-7

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.d: RHQDAPU Program Quality Measures for FY 2014 Payment Determination**

- 3.d.(2) New Chart-Abstracted Measures for the FY 2014 Payment Determination
  - 3.d.(2).(A) Emergency Department (ED) Throughput Measures
  - 3.d.(2).(B) Global Immunization Measures
    - The Global Immunization Measures will be replacing the retired PN-2 and PN-7

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## ***Inpatient Final Rule 2011***

### **Section IV.A.3.d: RHQDAPU Program Quality Measures for FY 2014 Payment Determination**

- 3.d.(2) New Chart-Abstracted Measures for the FY 2014 Payment Determination
  - Required submission starts with Jan. 1, 2012, discharges
  - Voluntary submission for ED measures will be available starting Oct 2010 with technical specifications available in the 3.2 *Specifications Manual*
  - Hospitals are encouraged to start submitting the ED measures at this time to refine their internal processes as well as measure specifications if needed.

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## ***Inpatient Final Rule 2011***

### **Section IV.A.4: Possible New Quality Measures for Future Years**

- A table of possible measures for future reporting can be found on pages 50215-50216 of the *Federal Register* Vol. 75.
- Intend to propose in future years’ rule making the currently abstracted stroke and VTE measures, which are included in the HITECH EHR incentive program for 2011 and 2012.

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner and Timing of Quality Data Submission**

- 5.a.(1): Procedural Requirements for the FY 2012, 2013, and 2014 Payment Determinations
  - Register with QualityNet
  - Identify a QualityNet Security Administrator
  - New hospitals need to complete the new IPledge Notice of Participation found on QNet

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.a.(2): Synchronization of RHQDAPU Program Data Submission and Validation Quarters with Quarters Used to Make Payment Determination
  - Starting with FY 2013 Payment Determination, the data for HCAHPS, CDC, NHSN, chart-abstracted, and structural measures will come from the 4 calendar year quarters.
    - 1Q, 2Q, 3Q, and 4Qtr CY 2011 for FY 2013 payment determination
    - 1Q, 2Q, 3Q, and 4Qtr CY 2012 for FY 2014 payment determination

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.a.(3): Proposed HCAHPS Requirements for FY 2012, 2013, and 2014 Payment Determinations
  - Basic requirements are the same as for FY 2011
  - Exception of discharge time frames for reporting:
    - FY 2012: Based upon discharges from April 1, 2010, through December 31, 2010
    - FY 2013: Based upon discharges from January 1, 2011, through December 31, 2011
    - FY 2014: Based upon discharges from January 1, 2012, through December 31, 2012

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(1) Chart Abstracted Measures for Which Data Are Submitted Directly to CMS (via QualityNet)
  - FY 2012
    - Topics: AMI, HF, PN, SCIP
    - CY Discharge Quarters: 4Q CY 2009, 1Q CY 2010 (AMI, HF, PN only), 2Q CY 2010, 3Q CY 2010, 4Q CY 2010
    - Population and Sampling: 2Q CY 2010, 3Q CY 2010, 4Q CY 2010

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(1) Chart Abstracted Measures for Which Data Are Submitted Directly to CMS (via QualityNet)
  - FY 2013
    - Topics: AMI, HF, PN, SCIP
    - CY Discharge Quarters: 1Q CY 2011, 2Q CY 2011, 3Q CY 2011, 4Q CY 2011
    - Population and Sampling: 1Q CY 2011, 2Q CY 2011, 3Q CY 2011, 4Q CY 2011

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(1) Chart Abstracted Measures for Which Data Are Submitted Directly to CMS (via QualityNet)
  - FY 2014
    - Topics: AMI, HF, PN, SCIP, Emergency Department Throughput (EDT), and Global Immunization (GIM)
    - CY Discharge Quarters: 1Q CY 2012, 2Q CY 2012, 3Q CY 2012, 4Q CY 2012
    - Population and Sampling: 1Q CY 2012, 2Q CY 2012, 3Q CY 2012, 4Q CY 2012

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(1) Chart Abstracted Measures for Which Data Are Submitted Directly to CMS (via QualityNet)
  - Complete data submission for chart abstracted measures must be in accordance with CMS/The Joint Commission sampling requirements
  - 5 or fewer rule still applies for Population and Sampling

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(2) Data Submission Requirements for HCAHPS
  - Submission requirements unchanged
- 5.b.(3): Procedures for Claims-based Measures
  - Calculated using Medicare Claims

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(4) Data Submission Requirements for Structural Measures
  - Hospitals required to answer the question of their participation in a registry for :
    - Cardiac Surgery
    - Stroke Care
    - Nursing Sensitive Care

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(5): Data submission of All Patient Volume Data for selected MS-DRGs Related to RHQDAPU Program Measures
  - **NOT FINALIZED**
  - Intent to refine the requirements and reintroduce the proposal in subsequent rulemaking

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- 5.b.(6): Data submission and reporting requirements for HAI measures reported via NHSN
  - Hospitals will submit data for HAI measures to CDC's NHSN
  - Finalized CLABSI for FY 2013 Payment Determination, SSI for FY 2014 Payment Determination
    - Requirements for NHSN participation, measure specifications, and data collection can be found at: <http://www.cdc.gov/nhsn/>

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## ***Inpatient Final Rule 2011***

### **Section IV.A.5: Form, Manner, and Timing of Quality Data Submission**

- Section IV.A.5.b.(7): Data submission requirements for registry-based measures
  - As stated earlier in Section IV.A.3.(c) of this Final Rule, the proposed registry-based measures were **NOT FINALIZED**

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## ***Inpatient Final Rule 2011***

### **Section IV.A.6: RHQDAPU Program Disaster Extensions and Waivers**

- Goal is not to penalize hospitals for ***extraordinary circumstances***, ones not within the control of the hospitals that keep them from submitting required data by deadline
- Process is in place to request consideration for an extension or waiver

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## ***Inpatient Final Rule 2011***

### **Section IV.A.7: Chart Validation Requirements for Chart Abstracted Measures**

- **FY 2012 Payment Determination:**
  - Randomly select 800 hospitals
  - Hospitals must meet “100-case threshold” to be eligible for selection
  - Record validation will be done on a quarterly basis
  - Each quarter sample will include 12 cases with at least 1 but no more than 3 cases per topic
  - Validate 1<sup>st</sup> Q 2010 through 3<sup>rd</sup> Q 2010 records

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## ***Inpatient Final Rule 2011***

### **Section IV.A.7: Chart Validation Requirements for Chart Abstracted Measures**

- **FY 2012 Payment Determination (cont.):**
  - Will continue to follow timeline for CDAC medical record request
  - Hospitals will have 45 days from date given on record request letter to submit copied records
  - If not submitted by 30 days, a second certified letter will be sent

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## ***Inpatient Final Rule 2011***

### **Section IV.A.7: Chart Validation Requirements for Chart Abstracted Measures**

- **FY 2012 Payment Determination (cont):**
  - Certified letter for record request is sent to the medical record staff the hospital has identified to its QIO
  - Abstraction accuracy will be based on the percentage of matching measure numerators and denominators for each measure for the record

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## ***Inpatient Final Rule 2011***

### **Section IV.A.7: Chart Validation Requirements for Chart Abstracted Measures**

- **FY 2013 Payment Determination:**
  - Records Validated: 4<sup>th</sup> Qtr 2010, 1<sup>st</sup> Qtr, 2<sup>nd</sup> Qtr, and 3<sup>rd</sup> Qtr 2011
- **FY 2014 Payment Determination:**
  - Records Validated: 4<sup>th</sup> Qtr 2011, 1<sup>st</sup> Qtr, 2<sup>nd</sup> Qtr, and 3<sup>rd</sup> Qtr 2012

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## ***Inpatient Final Rule 2011***

### **Section IV.A.8: Data Accuracy and Completeness Acknowledgment Requirements for the FY 2011 Payment Determination and Subsequent Years**

- Hospitals are required to electronically acknowledge their data accuracy and completeness on an annual basis

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## ***Inpatient Final Rule 2011***

### **Section IV.A.9: Public Display Requirements for the FY 2012 Payment Determination and Subsequent Years**

- Once a hospital submits the Notice of Participation form (IPledge), it is considered to be an active RHQDAPU participant
- This agreement allows CMS to publically report the RHQDAPU quality measures on Hospital Compare
- Before data is displayed on Hospital Compare hospitals will get a chance to review the information (Preview Report)

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## ***Inpatient Final Rule 2011***

### **Section IV.A.10: Reconsideration and Appeal Procedures for the FY 2011 Payment Determination**

- Section provides information for requesting an appeal if APU is not obtained for FY 2011

### **Section IV.A.11: RHQDAPU Program Withdrawal Deadlines**

- Section provides the deadlines and details for withdrawing from the RHQDAPU program

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## ***Inpatient Final Rule 2011***

### **Section IV.A.12: Electronic Health Records (EHRs)**

- Section IV.A.12.a : Background
  - Started with FY 2006 IPPS final rule (70 *Federal Register* 47420 through 47421) with hospitals being encouraged to adopt EHRs that will allow clinical data reporting to CMS
  - Hospitals encouraged to adopt/upgrade systems to conform to certification criteria by HHS standards
  - Working toward EHR submission of quality measures currently proposed for RHQDAPU program

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## ***Inpatient Final Rule 2011***

### **Section IV.A.12: Electronic Health Records (EHRs)**

- Section IV.A.12.b: EHR Testing of Quality Measures
  - CMS is interested in the reporting of quality measures using EHRs
  - Important to test the EHRs’ ability to report clinical quality measures and CMS’ ability to receive the data
  - The testing of this ability will begin with the ED throughput, Stroke, and VTE test measures, which are currently not required under the RHQDAPU program

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## ***Inpatient Final Rule 2011***

### **Section IV.A.12: Electronic Health Records (EHRs)**

- Section IV.A.12.b: EHR Testing of Quality Measures
  - Electronic specifications and interoperability standards for EHR-based collection and transmission of the data elements for ED throughput, Stroke, and VTE measures have been finalized by the Health Information Technology Standards Panel (HITSP)
  - Available for review and testing at: <http://www.hitsp.org/>

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## ***Inpatient Final Rule 2011***

### **Section IV.A.12: Electronic Health Records (EHRs)**

- Section IV.A.12.b: EHR Testing of Quality Measures
  - Posting of electronic specifications for any particular measure should not be interpreted as an indicator that CMS plans to select the measure for inclusion
  - Intent with the EHR measures is not to require duplicate reporting across programs
  - Chart abstraction as a collection mechanism for RHQDAPU measures is largely dependant upon the prevalence of EHR adoption among RHQDAPU participation hospitals

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## ***Inpatient Final Rule 2011***

### **Section IV.A.12: Electronic Health Records (EHRs)**

- Section IV.A.12.c: HITECH Act EHR Provisions
  - HITECH Act authorizes payment incentives under Medicare for the adoption and use of certified EHRs starting in FY 2011
  - The preferred quality measures for the program will be ones selected from the RHQDAPU program or endorsed by a contractor with the Secretary under section 1890(a) of the Act
  - RHQDAPU and HITECH are established as separate incentive programs with separate requirements; qualifying for one does not mean a hospital has qualified for the other

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## ***Inpatient Final Rule 2011***

### **Section IV.A.13: Qualifications of Registries for RHQDAPU Data Submission**

- Gives a description of what qualifies a registry
- **Not** finalizing the proposal pertaining to what qualifies a registry at this time, along with the list of qualified registries

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## ***Miscellaneous Information***

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**NEW!**

## **SHHEO E-mail List** *Small Hospitals Helping Each Other*

- Created for short-term acute care hospitals in Florida and California that typically
  - Have a lower bed capacity.
  - Are not part of a larger network of hospitals.
  - Use CART for abstraction.
  - Do not use a vendor to submit their clinical data.
- Will be moderated by the QIO project coordinators, but the content will be contributed by those subscribed to the e-mail list

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**NEW!**

## **SHHEO E-mail List** *Small Hospitals Helping Each Other*

- Will allow hospitals to help each other in a wide variety of ways, such as:
  - Tips on best ways to identify cases for initial patient populations for abstraction and reporting.
  - Using CART, including:
    - Initial CART setup (hospital information, users, and measures).
    - Exporting and uploading data.
    - Running reports.
    - Trouble shooting.
  - Other quality improvement processes.

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**NEW!**

## **SHHEO E-mail List** *Small Hospitals Helping Each Other*

- To subscribe, go to:

<http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>

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**In development...**

## **Quality Reporting Training Modules**

- Plans are to develop or consolidate various training resources that can be used for orienting new quality personnel or as a refresher for existing staff
- Potential topic areas are as follows:
  - Quality Data Reporting Initiatives: The Big Picture
  - *The Specifications Manual for National Hospital Inpatient Quality Measures: An Overview*
  - Abstraction 101: General Abstraction Practices

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*In development...*

## **Quality Reporting Training Modules**

- Potential topic areas (continued):
  - QualityNet: Public Domain Resources
  - QualityNet: Secure Resources
  - The “ABCs” of Using CART
  - RHQDAPU: Making Sure You Receive Your Full APU

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## **Stay “In the Know”...**

- Recorded Webinars will always be posted no later than the fourth week of:
  - January
  - April
  - July
  - Oct

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## ***Stay "In the Know"...***

### **Subscribe to:**

- FL & CA RHQDAPU E-mail List  
<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
- SHHEO E-mail List  
<http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>
- National SCIP ListServe  
[www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079](http://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079)

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## ***Helpful Documents***

- RHQDAPU Calendar Oct – Dec 2010
- Medical Record Validation Schedule/Deadlines
- Copies of CDAC record request letters (initial and second request)
- Tip Sheet Preparation of CDAC Validation Records

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## ***Helpful Documents***

- Tip Sheet: Monitor Submission of Inpatient Population & Sampling
- Hospital Compare **December** 2010 Overview
- FY 2011 Final Rule Outline
- FY 2011 Final Rule, RHQDAPU Pages

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## ***Questions?***



- E-mail questions to Becky, Cassie, or Lawanna no later than **Friday, November 5, 2010**.
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA RHQDAPU E-mail List no later than November 19, 2010.

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## Stay "In the Know"...

### Contact your QIO Project Coordinator:

#### AMI/HF

Lawanna Hurst  
lhurst@flqio.sdps.org  
(813) 865-3417

#### Pneumonia

Becky Ure  
rure@flqio.sdps.org  
(813) 865-3415

#### SCIP

Cassie Watson  
cwatson@flqio.sdps.org  
(813) 865-3418

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