

In The Know: Data Collection and Validation

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Objectives

- Validation Results Q2 2007
- Best Practices
- Specifications Manual v2.5
- News and Updates
 - Release of CART 4.4
 - QualityNet: A New Look and Feel
 - Updated Measure Comparison Document
 - Hospital Compare

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Congratulations!

- Of the 175 Reporting Hospitals:
 - 10 Hospitals scored 100%
 - An additional 64 Hospitals scored 95% or better
 - Includes 1 Critical Access Hospitals



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Great Job!



- University Community @ Carrollwood
- Santa Rosa Medical Center*
- Glades General Hospital
- Tallahassee Memorial Hospital*
- DeSoto Memorial Hospital
- Central Florida Regional Hospital
- Palm Beach Gardens Medical Center
- Community Hospital
- North Florida Medical Center
- Coral Springs Medical Center

* Denotes a score of 99-100% validity for most recent two quarters (Q1 & Q22007)

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Validation Pitfall

- Invalid Record Sent
- Incorrect Dates of Service

✓ It is imperative that you ensure the **requested** record is copied in its entirety and sent by the due date.

- Admission and Discharge dates
- Acute Inpatient Stay



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Validation Pitfall

- Contraindication for **both** ACEI and ARB

✓ Except for certain conditions, documentation of a contraindication for one **does not** infer a contraindication for both.

✓ A “hold” for ACEI **is not** a contraindication for an ARB.



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Validation Pitfalls

- Contraindication for *both* ACEI and ARB
- ✓ Even when *Angioedema, Hyperkalemia, Hypotension, Renal artery stenosis or worsening renal function* is present, documentation still has to link the condition as the reason for not prescribing an ACEI or an ARB. Then, and only then, is it inferred that the reason documented for one applies to both medications.

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Validation Pitfall

- Discharge Instructions Address Medications
- ✓ Medication list **must be complete and written** and given to patient/caregiver.
- ✓ “Continue home meds” or “Resume home meds” does not count.
- ✓ Must **review the entire record** to identify meds intended for use after discharge – this list should be compared to the meds on the D/C instructions

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Validation Pitfall

- Discharge Instructions Address Weight Monitoring, Diet, Activity
- ✓ Discharge Instructions **must be written.**
- ✓ Refer to Inclusion table for allowable terms and phrases.
- ✓ Review the Discharge Instructions FACT sheet posted on MedQIC.

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Validation Pitfall

- “Only Acceptable Sources”

✓ Be mindful of acceptable data sources – “only acceptable sources” and “priority order” guidelines.



Validation Pitfall

- Antibiotic Administration – abstractor missing ATB doses; inferring IV route on ATB from anesthesia form

✓ Review all acceptable sources – abstract from single source for each ATB.
✓ Must abstract documentation at face value – do not assume route.

Validation: Best Practices


- “I think one of the reasons we are successful is that we have consistent people dedicated to the abstraction for each of the measures and dedicated people for the IRR. In other words, the CHF people just do just CHF, AMI only AMI, etc. My involvement is minimal, everything is delegated out to the front lines and they are very diligent in their work. My motto is to “take quality out of the Quality Management Office” and that is truly practiced at Lawnwood.”


Marjorie Humphrey
Director of Quality Management
Lawnwood Regional Medical Center

Specifications Manual

Version 2.5


Discharges Q4 2008 – Q1 2009



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Changes in Data Elements

- Data Elements *Blood Culture Collected After Arrival* and *Blood Cultures Prior to Arrival* were combined into a new data element *Blood Culture Collected*.
- *Discharge Time* has been removed as a data element in the Alphabetical Data Dictionary.
- *VTE Timely* now excludes patients who did not receive *VTE Prophylaxis*
 - If *VTE Prophylaxis* = A, then case will fail SCIP VTE-1 and be excluded from SCIP VTE-2

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Changes in Data Elements

- Antibiotic Administration for **PN** - Only abstract ATB doses administered within first **24 hours** after hospital arrival
- Clarification that *ICU Transfer or Admission Within First 24 Hours* refers to “**at this hospital**”
- *Influenza Vaccine Status* now requires **documentation that vaccine has been ordered** but not yet received to use allowable value “6”

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Changes in Data Elements

- *Payment Source* has been changed to *Payment Source-Medicare* with allowable values “Y” or “N”
 - Medicare can be listed at any level of payor
 - **This should NOT be used in determining the Initial Population and Sample counts.**
- *Clinical Trial* has been revised for clarification
 - Differentiate between observational studies and experimental studies
 - Only allowable data source is a **signed** consent form

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Changes in Data Elements

- *Pre-op Hair Removal* requires **documentation of actual hair removal** in data source
- Both *Reason for Delay in PCI* and *Reason for Delay in Fibrinolytic Therapy* must have documentation of the delay AS WELL AS the reason for the delay
- Inclusion terms and priority orders for *Surgery End Time* and *Surgical Incision Time* have been revised

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Population & Sampling

- Added new section *Sample Size Requirements* to the Measure Information Form for each of the specific measures
 - Sampling requirements and minimum sample sizes now found in each measure’s MIF section
 - Initial patient populations [upper and lower ranges] have been revised for each of the measure sets
 - Hospitals must ‘round-up’ to the next whole number if sampling results in a fraction

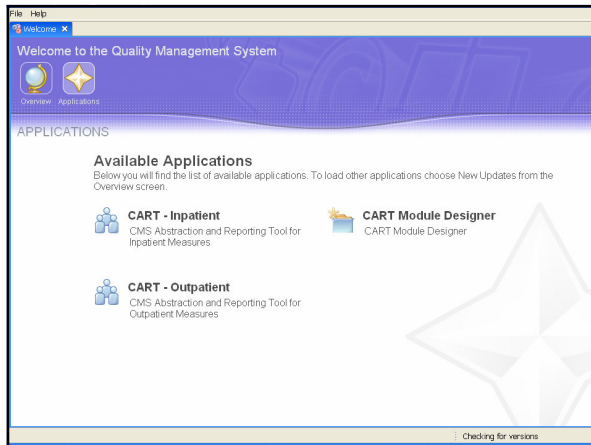
Refer to the Population & Sampling Specifications section in the manual for a complete ‘picture’ of the revisions

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CART 4.4

- Supports specs manuals version 2.4, 2.4a, and 2.4b
- Mandatory for discharges **April 1, 2008 – Sept. 30, 2008**
- Password rules same as for *My QualityNet*
- Data from previous 4.x versions remain intact
- CART Module Designer
- CART Outpatient Application

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CART 4.4

CART Module Designer allows you to:

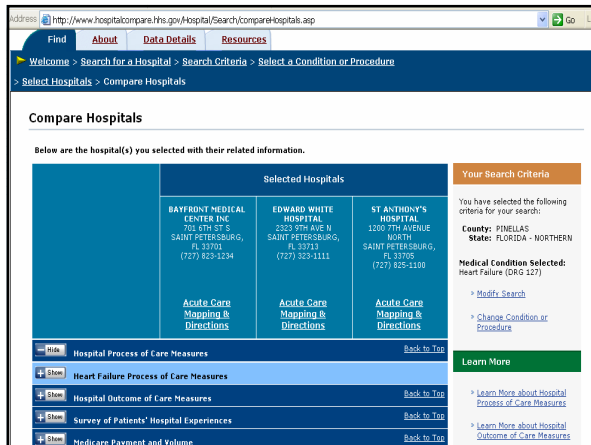
- **create your own measure sets**
- **add new data collection questions** to the existing CART measure sets:
 - acute myocardial infarction (AMI)
 - heart failure (HF)
 - pneumonia (PN)
 - Surgical Care Improvement Project (SCIP)

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Hospital Compare

- Released March 28, 2008
- Varying discharge data depending on measure
 - Clinical Process Measures – Q3 2006-Q2 2007
 - 30-Day Mortality Outcome Measures (AMI and HF) – Q3 2005-Q2 2006
 - HCAHPS Measure – Q4 2006-Q2 2007
 - Medicare Volume & Payment data – fiscal year 2006 (Q4 2005-Q3 2006)
- 30-Day Mortality – PN measure was endorsed in April 2007 and will be reported on Hospital Compare beginning in July 2008

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Address: http://www.hospitalcompare.hhs.gov/Hospital/Search/comparehospitals.asp

Find About Data Details Resources

Welcome > Search for a Hospital > Search Criteria > Select a Condition or Procedure

Select Hospitals > Compare Hospitals

Compare Hospitals

Below are the hospital(s) you selected with their related information.

Selected Hospitals			Your Search Criteria
BAYFRONT MEDICAL CENTER INC 100 4TH ST S SAINT PETERSBURG, FL 33701 (727) 952-9334 Acute Care Mapping & Directions	EDWARD WHITE HOSPITAL 2023 9TH AVENUE N SAINT PETERSBURG, FL 33713 (727) 952-1111 Acute Care Mapping & Directions	ST ANTHONY'S HOSPITAL 1200 7TH AVENUE NORTH SAINT PETERSBURG, FL 33705 (727) 825-1100 Acute Care Mapping & Directions	You have selected the following criteria for your search: County: PINELLAS State: FLORIDA - NORTHERN Medical Condition Selected: Heart Failure (DSG 127) Modify Search Change Condition or Procedure

[HHS Hospital Process of Care Measures](#) [Back to Top](#)
[HHS Heart Failure Process of Care Measures](#)
[HHS Hospital Outcome of Care Measures](#) [Back to Top](#)
[HHS Survey of Patients' Hospital Experiences](#) [Back to Top](#)
[HHS Medicare Payment and Volume](#) [Back to Top](#)

[Learn More](#)
[Learn More about Hospital Process of Care Measures](#)
[Learn More about Hospital Outcome of Care Measures](#)

Hospital Compare

- The payment and volume information is for acute care hospitals . "Critical access hospitals (CAH)" are not included because they are paid using another method.
- The state and national amounts are shown as the range of payments (between the 25th percentile and the 75th percentile).
- Patients with one or more Medicare hospice claims at any time during the 12 months prior to the index hospitalization will be excluded from the 30-Day Mortality Measures for AMI, HF, and PN

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Hospital Compare

Information in the Hospital Compare database comes from three sources:

1. CMS's Online Survey, Certification, and Reporting (OSCAR) database
2. Clinical Quality Measures Data submitted to the QIO Clinical Warehouse
3. The 30-day Risk-Adjusted Death (Mortality) Rates (administrative data from hospitalized, fee for service Medicare beneficiaries)

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Hospital Compare

Data Updates:

- Both the OSCAR data and the clinical quality measures data contained on this website are **updated quarterly**, generally in March, June, September and December.
- The mortality data will be **updated annually**.

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Hospital Compare

Hospital Characteristics:

- For incorrect information about your hospital's characteristics, contact your state survey agency OSCAR/ASPEN Coordinator to have it updated.
- If you are a Medicare or Medicaid certified hospital but are not listed in this database, contact your state survey agency to have them correct your information in CMS's Online Survey, Certification, and Reporting (OSCAR).
 - The phone number for the state survey agency in your area can be found in the Helpful Contacts section of this website.

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[\[show\] Contacts for State Specific Information](#)

[\[show\] Contacts for More Quality Information](#)

Page Last Updated: March 27, 2009

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Click here for OSCAR Coordinator contact info



Questions?

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