



**Quality Improvement
Organizations**

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CENTERS FOR MEDICARE & MEDICAID SERVICES

***California and Florida
“In the Know” Webinar Series***

***Abstraction “101”
An Introduction for New Abstractors***

September 2011

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Topics

- The driving forces behind abstraction and public reporting of healthcare quality data
- CMS and quality data reporting
- CMS requirements today
- The building blocks of CMS quality data reporting
 - *The Specifications Manual for National Hospital Inpatient Quality Measures*
 - *The Specifications Manual for Hospital Outpatient Department Quality Measures*
 - Electronic data abstraction tools
- General principles for abstraction
- Other abstraction resources

The Driving Forces – In the Beginning

- “To Err is Human: Building a Safer Health System”
 - Report issued by the Institute of Medicine in November 1999
 - Called for a comprehensive effort by healthcare providers, government, consumers, and others to reduce medical errors over the next five years
- “Crossing the Quality Chasm: A New Health System for the 21st Century”
 - Report issued by the Institute of Medicine in March 2001
 - Called for change in healthcare system processes to improve the level of quality

The Driving Forces – Legislation

- Medicare Modernization Act of 2003
 - Required hospitals to report 10 quality measures or lose 0.4% of the Medicare market basket update

- Deficit Reduction Act of 2005
 - Increased the percentage of the Medicare market basket update loss to 2% and authorized the Secretary of the Dept. of Health and Human Services to increase the number of required measures for public reporting

The Driving Forces – Legislation

- HITECH Act, 2009
 - Contains specific incentives designed to accelerate the adoption of electronic health record (EHR) systems among providers
- The Affordable Care Act (health reform bill) of 2010
 - Shifted the emphasis from payment for reporting healthcare data to payment for providing higher quality of care
 - Required the implementation of value-based purchasing (pay-for-performance) for hospitals beginning in FY 2013 (October 1, 2012)

The Driving Forces – Accreditation Agencies and Public Opinion

- The Joint Commission's Accountability Measures, 2010
 - Quality measures that produce the greatest positive impact on patient outcomes when hospitals demonstrate improvement
- Consumer groups and the public's demand for transparency of healthcare information

CMS and Quality Data Reporting

- Centers for Medicare & Medicaid Services (CMS), otherwise known as “Medicare,” is the largest single payer source for health care.
- Every year, CMS publishes a “Final Rule” for both inpatient and outpatient prospective payment system (PPS) hospitals.
 - Preceded by a Proposed Rule which allows healthcare providers and the public to comment on proposed changes prior to the Rule being finalized.
 - Inpatient Rule takes effect at the beginning of each fiscal year (October 1, annually).
 - Outpatient Rule takes effect at the beginning of each calendar year (January 1, annually).

CMS and Quality Data Reporting

- The Proposed and Final Rules contain information on the Quality Reporting Program for inpatient and outpatient hospital environments of care.
- In addition to defining those requirements that have been finalized for the upcoming fiscal or calendar year, the Rules also provide a summary of finalized and potential requirements for upcoming payment years.
- The details of the Hospital Inpatient and Outpatient Quality Reporting Programs and the new Hospital Inpatient Value-Based Purchasing Program are contained in these rules.

CMS and Quality Data Reporting

- Three critical rules currently affecting hospital payment:
 1. FY 2012 IPPS Final Rule (published 8/18/11)
 2. CY 2012 OPPS Proposed Rule (Comment period closed 8/30/11, Final Rule expected to be published in November 2011)
 3. Hospital Inpatient Value-Based Purchasing Final Rule (published 5/6/11)

CMS Requirements Today

FY 2012 IPPS Final Rule

<http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

- Prospective Payment System (PPS) hospitals will lose 2% of their inpatient Annual Payment Update (APU) if they do not report quality data timely and meet other APU requirements...

including abstraction and data validation requirements.

CMS Requirements Today

CY 2012 OPSS Proposed Rule

<http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

- Prospective Payment System (PPS) hospitals will lose 2% of their outpatient Annual Payment Update (APU) if they do not report quality data timely and meet other APU requirements...

including abstraction and data validation requirements.

CMS Requirements Today

Hospital Inpatient Value-Based Purchasing Final Rule

<http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

- Beginning with FY 2013 APU, IPPS hospitals will be eligible to receive additional money for providing high quality of care or for significantly improving the quality of care provided to inpatient acute care patients.

CMS Requirements Today

- How do Critical Access Hospitals (CAHs) fit into the Quality Data Reporting Programs?
 - Currently, CAHs are not required to participate in these programs.
 - They can voluntarily participate in both the inpatient and outpatient quality reporting programs through involvement in the Hospital Quality Alliance.

HOWEVER...

- Beginning with the 10th Scope of Work, CMS is requiring all Quality Improvement Organizations (QIOs) to work with CAHs and to encourage them to begin reporting both inpatient and outpatient quality data.

CMS Requirements Today

- Critical Access Hospitals (CAHs), cont.
 - The anticipation is that CAHs will be required to participate in mandatory quality data reporting within the next few years.
 - The question isn't *if* CAHs will be required to participate in quality reporting and value-based purchasing; the question is *when* will this become a mandatory requirement?

CMS Requirements Today

- Until such time as EHRs are universally implemented and critical data fields are standardized and shown to be reliable for measuring healthcare quality, manual abstraction of healthcare data will continue to be a necessity.
- If hospitals are to receive the full amount of money available to them from CMS, it is absolutely critical that data abstractors understand the quality reporting programs and how to accurately abstract information from patient records.

The Building Blocks of CMS Quality Data Reporting Programs

1. Specifications Manuals: Uniform guidelines defining the data to be collected and how it is to be reported
 - *The Specifications Manual for National Hospital Inpatient Quality Measures*
 - *The Specifications Manual for Hospital Outpatient Department Quality Measures*
2. Electronic abstraction tools for collection of patient-level data:
 - CMS Abstraction and Reporting Tool (CART)
 - Individual vendor abstraction tools

The Specifications Manual for National Hospital Inpatient Quality Measures

- In the late 1990s, CMS and The Joint Commission were independently developing measure sets that hospitals were required to collect data on.
- Since November 2003, the two organizations have worked together to align their common measures so they would be totally identical and reduce the data abstraction burden on hospitals.

The Specifications Manual for National Hospital Inpatient Quality Measures

- Their goal was to minimize data collection efforts for these common measures and to focus efforts on the use of data to improve the healthcare delivery process.
- This alliance resulted in the creation of a common set of measure specifications called the *Specifications Manual for National Hospital Inpatient Quality Measures*.

The Specifications Manual for National Hospital Inpatient Quality Measures

- Each version of the *Specifications Manual* covers two discharge quarters (with the exception of Version 3.3b which covers 2nd through 4th quarter 2011 discharges).
- All current and previous versions of the Inpatient Specifications Manuals can be downloaded from *QualityNet* at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099>
- Abstractors must be careful to use the version that applies to the discharge quarter they are abstracting, for example:
 - Version 3.3b covers 2nd through 4th quarters of 2011
 - Version 4.0a covers 1st and 2nd quarters of 2012

The Specifications Manual for National Hospital Inpatient Quality Measures

QualityNet - Specifications Manual - Windows Internet Explorer

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=114166

QualityNet Sign in to My QualityNet (formerly QNet Exchange) Sign In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Nursing Homes ESRD Quality Improvement

Specifications Manual

Timelines

Specifications

Version 4.0a

Version 3.3b

Version 3.2c

Version 3.1a

Version 3.0c

Version 2.6b

Version 2.5b

Version 2.4b

Version 2.3b

Previous Manuals

Specifications Manual for National Hospital Quality Measures

The *Specifications Manual for National Hospital Inpatient Quality Measures* (Specifications Manual) is the result of the collaborative efforts of the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission to publish a uniform set of national hospital quality measures.

Over time, it will be necessary to present more than one version of the manual on this Web page so that a specific data collection time period (i.e., based on hospital discharge dates) can be associated with the applicable manual. Find the appropriate data collection period below and select the associated Specifications Manual.

The Release Notes for each version of the manual outline the changes associated with that specific release and include corrections and clarifications based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission.

Paper tools for use in abstracting data for each collection (discharge) period are provided with the Specifications Manual, beginning with Version 2.3b.

Data Collection Time Period	Specifications Manual
01/01/12 - 06/30/12	Version 4.0a
04/01/11 - 12/31/11	Version 3.3b
10/01/10 - 03/31/11	Version 3.2c
04/01/10 - 09/30/10	Version 3.1a
10/01/09 - 03/31/10	Version 3.0c
04/01/09 - 09/30/09	Version 2.6b

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The Specifications Manual for National Hospital Inpatient Quality Measures

QualityNet - Version 4.0a - Windows Internet Explorer

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier4&cid=122876

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Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Nursing Homes ESRD Quality Improvement

Specifications Manual

Timelines

Specifications

Version 4.0a

Version 3.2b

Version 3.2c

Version 3.1a

Version 3.0c

Version 2.6b

Version 2.5b

Version 2.4b

Version 2.3b

Previous Manuals

Specifications Manual, Version 4.0a
Discharges 01/01/2012 to 06/30/2012

Complete Manual

Download Manual

Specifications Manual for discharges 01/01/2012 - 06/30/2012

- [Release Notes, Version 4.0](#), PDF-1 MB
- [Release Notes, Version 4.0a](#), PDF-1 MB (08/18/11)
- [Release Notes, Version 4.0a Supplemental Document](#) PDF-19 KB (08/31/11)

[Download Version 4.0a*](#) EXE-10MB (08/31/11)

*NOTE: For enhanced accessibility, the formatting of the manual has changed. Some documents contained in this manual are for use by technical staff. Persons using assistive technology may not be able to fully access all documents. If you need assistance in accessing a specific document, contact the [QualityNet Help Desk](#).

Manual By Section

View and/or download individual **sections** of the **Specifications Manual**, (PDF documents, unless noted), listed below.

[Acknowledgement](#)

[Table Of Contents](#) (revised 08/18/11)

[Introduction](#)

[Using the Manual](#)

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The Specifications Manual for National Hospital Inpatient Quality Measures

The screenshot shows a Windows Internet Explorer browser window displaying the QualityNet website. The address bar shows the URL: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier4&cid=122876>. The page title is "QualityNet - Version 4.0a".

The website header includes the QualityNet logo and a "Sign in to My QualityNet (formerly QNet Exchange)" button. Below the header is a navigation menu with tabs for "Home" and "My QualityNet". The "My QualityNet" tab is active, and a sub-menu is open showing categories: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Nursing Homes", "ESRD", and "Quality Improvement".

The main content area is titled "Specifications Manual, Version 4.0a Discharges 01/01/2012 to 06/30/2012". It features a "Complete Manual" section with a "Download Manual" box. This box contains three links: "Release Notes, Version 4.0, PDF-1 MB", "Release Notes, Version 4.0a, PDF-1 MB (08/18/11)", and "Release Notes, Version 4.0a Supplemental Document PDF-19 KB (08/31/11)". To the right of these links is a "Download Version 4.0a* EXE-10MB (08/31/11)" link with a download icon.

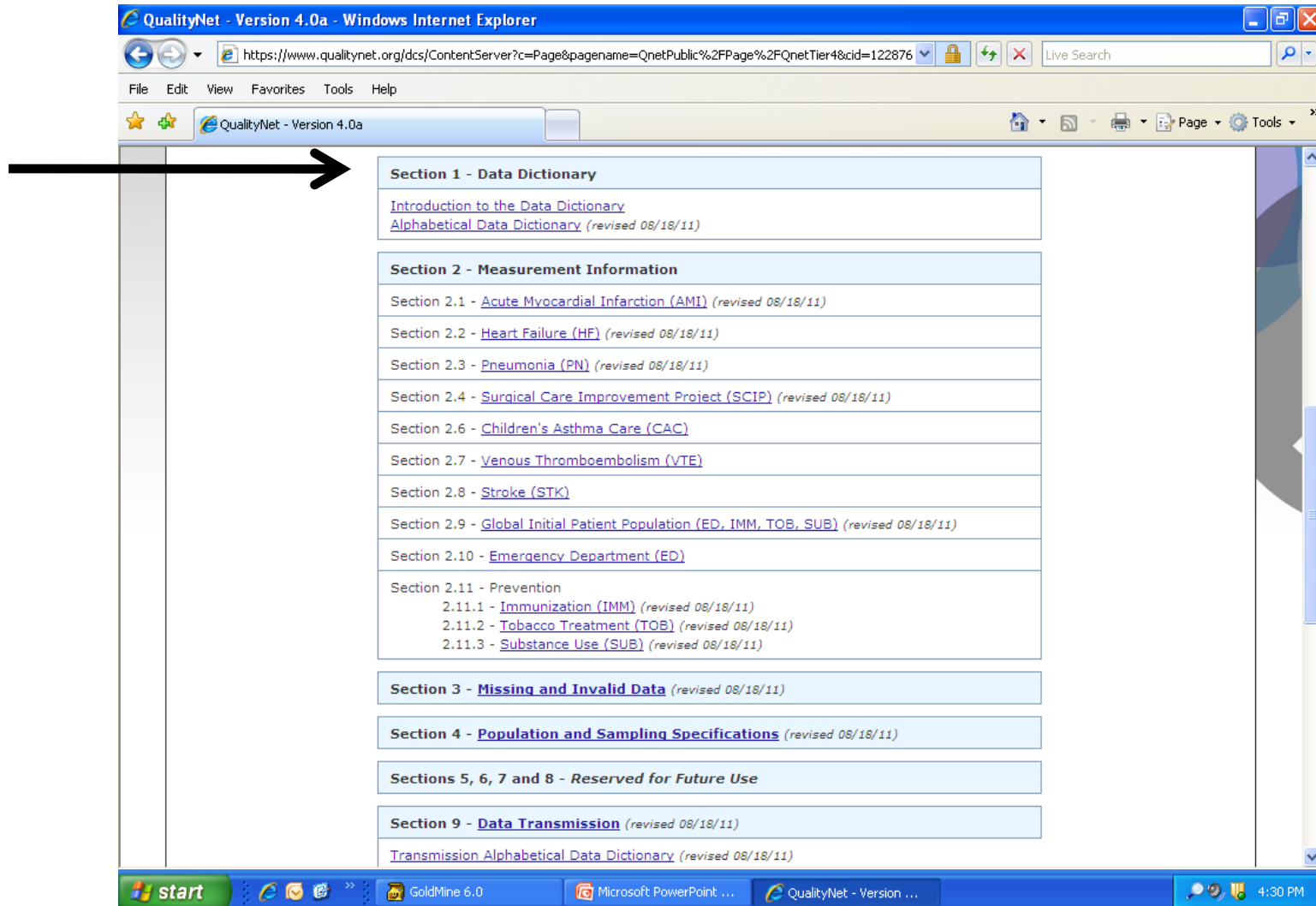
Below the download box is a note: "*NOTE: For enhanced accessibility, the formatting of the manual has changed. Some documents contained in this manual are for use by technical staff. Persons using assistive technology may not be able to fully access all documents. If you need assistance in accessing a specific document, contact the [QualityNet Help Desk](#)."

The "Manual By Section" section provides instructions: "View and/or download individual sections of the Specifications Manual, (PDF documents, unless noted), listed below." It includes links for "Acknowledgement", "Table Of Contents (revised 08/18/11)", "Introduction", and "Using the Manual".

A sidebar on the left lists various manual versions: "Specifications Manual", "Timelines", "E-Specifications", "Version 4.0a", "Version 3.3b", "Version 3.2c", "Version 3.1a", "Version 3.0c", "Version 2.6b", "Version 2.5b", "Version 2.4b", "Version 2.3b", and "Previous Manuals".

At the bottom of the browser window, the Windows taskbar is visible, showing the Start button and several open applications: GoldMine 6.0, Microsoft PowerPoint, and QualityNet - Version 4.0a. The system clock shows 4:28 PM.

The Specifications Manual for National Hospital Inpatient Quality Measures



The screenshot shows a Windows Internet Explorer browser window displaying the QualityNet website. The address bar shows the URL: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier4&cid=122876>. The browser title is "QualityNet - Version 4.0a". The page content is organized into sections:

- Section 1 - Data Dictionary**
 - [Introduction to the Data Dictionary](#)
 - [Alphabetical Data Dictionary](#) (revised 08/18/11)
- Section 2 - Measurement Information**
 - Section 2.1 - [Acute Myocardial Infarction \(AMI\)](#) (revised 08/18/11)
 - Section 2.2 - [Heart Failure \(HF\)](#) (revised 08/18/11)
 - Section 2.3 - [Pneumonia \(PN\)](#) (revised 08/18/11)
 - Section 2.4 - [Surgical Care Improvement Project \(SCIP\)](#) (revised 08/18/11)
 - Section 2.6 - [Children's Asthma Care \(CAC\)](#)
 - Section 2.7 - [Venous Thromboembolism \(VTE\)](#)
 - Section 2.8 - [Stroke \(STK\)](#)
 - Section 2.9 - [Global Initial Patient Population \(ED, IMM, TOB, SUB\)](#) (revised 08/18/11)
 - Section 2.10 - [Emergency Department \(ED\)](#)
 - Section 2.11 - Prevention
 - 2.11.1 - [Immunization \(IMM\)](#) (revised 08/18/11)
 - 2.11.2 - [Tobacco Treatment \(TOB\)](#) (revised 08/18/11)
 - 2.11.3 - [Substance Use \(SUB\)](#) (revised 08/18/11)
- Section 3 - Missing and Invalid Data** (revised 08/18/11)
- Section 4 - Population and Sampling Specifications** (revised 08/18/11)
- Sections 5, 6, 7 and 8 - Reserved for Future Use**
- Section 9 - Data Transmission** (revised 08/18/11)
 - [Transmission Alphabetical Data Dictionary](#) (revised 08/18/11)

The Windows taskbar at the bottom shows the Start button, system tray icons, and open applications: GoldMine 6.0, Microsoft PowerPoint, and QualityNet - Version 4.0a. The system clock shows 4:30 PM.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

The Data Dictionary is a critical resource for abstractors!

- ***Introduction to the Data Dictionary:*** Critical information necessary for abstractors to ensure that the data are standardized and comparable across hospitals.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- ***Introduction to the Data Dictionary***
 - Definition of “episode of care”
 - What to do with missing or invalid data
 - Medical record documentation
 - Late entries
 - Suggested data sources
 - Inclusions and exclusions
 - Physician/Advanced Practice Nurse/Physician Assistant/Pharmacist documentation
 - Abstraction of medications
 - Abstraction of diagnostic/laboratory tests
 - Abstraction of time from grids

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- ***Alphabetical Data Dictionary:*** Provides very detailed abstraction instructions for every data element. Instructions for each specific data element always take precedence over the General Abstraction Guidelines described in the Introduction.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- **Alphabetical Data Dictionary**

The first few pages list all of the data elements, their page numbers, and the measures for which they are collected.

The screenshot shows a PDF document titled "1b_Alpha_DataDictionary_0[1].pdf" in Adobe Reader. The document is titled "Alphabetical Data Dictionary" and includes a table of data elements. The table has three columns: "Element Name", "Page #", and "Collected For:". The table lists various medical data elements such as "ACEI Prescribed at Discharge", "Alcohol or Drug Disorder", "Anesthesia End Date", etc., along with their corresponding page numbers and the specific quality measures (e.g., AMI-3, HF-3, SCIP-Inf-2) for which they are collected. The document is noted as "Last Updated: Version 4.0a".

Element Name	Page #	Collected For:
ACEI Prescribed at Discharge	1-9	AMI-3 ^{1,2} , HF-3
Admission Date	1-11	All Records
Alcohol or Drug Disorder	1-13	SUB-3 ^{2,3} , SUB-4 ^{2,3}
Alcohol or Drug Use Status Post-Discharge	1-15	SUB-4 ⁴
Alcohol Use Status	1-18	SUB-1 ^{2,3} , SUB-2 ^{2,3} , SUB-4 ^{2,3}
Anesthesia End Date	1-20	SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-9, SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
Anesthesia End Time	1-22	SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
Anesthesia Start Date	1-25	ALL SCIP Measures, VTE-2 ²
Anesthesia Start Time	1-27	SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
Anesthesia Type	1-30	SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
Another Source of Infection	1-32	PN-6 ⁵ , PN-6a ² , PN-6b ²
Antibiotic Administration Date	1-35	PN-3b, PN-6 ⁵ , PN-6a ² , PN-6b ² , SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3
Antibiotic Administration Route	1-39	PN-3b, PN-6 ⁵ , PN-6a ² , PN-6b ² , SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3
Antibiotic Administration Time	1-43	PN-3b, PN-6 ⁵ , PN-6a ² , PN-6b ² , SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3
Antibiotic Allergy	1-48	PN-6 ⁵ , PN-6a ² , PN-6b ² , SCIP-Inf-2
Antibiotic Name	1-50	PN-3b, PN-6 ⁵ , PN-6a ² , PN-6b ² , SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

■ Alphabetical Data Dictionary

Use the Bookmarks on the left to quickly go to the section or data element you need to look up.

The screenshot shows a PDF document titled '1b_Alpha_DataDictionary,0[1].pdf' in Adobe Reader. The left sidebar contains a 'Bookmarks' panel with a list of data elements. 'Antibiotic Received' is highlighted with a red circle. The main content area displays the details for 'Antibiotic Received', which is also circled in red. The details include the collected for information, a definition, a suggested data collection question, format information (Length: 1, Type: Alphanumeric, Occurs: 1), and a list of allowable values (1-4).

Data Element Name: *Antibiotic Received*

Collected For: CMS/The Joint Commission: PN-3b, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3; CMS Only: PN-6; The Joint Commission Only: PN-6a, PN-6b

Definition: Documentation that the patient received antibiotics within 24 hours of arrival or the day prior to arrival and/or during this hospital stay (arrival through 24 hours for PN and arrival through 48 hours postop [72 hours postop for CABG or Other Cardiac Surgery] for SCIP-Inf).

Suggested Data Collection Question: Did the patient receive antibiotics within 24 hours of arrival or the day prior to arrival and/or during this hospital stay?

Format:
Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

- 1 Antibiotic received only within 24 hours of arrival or the day prior to arrival and not during hospital stay.
- 2 Antibiotic received within 24 hours of arrival or the day prior to arrival and during hospital stay (arrival through 24 hours for PN and arrival through 48 hours postop [72 hours postop for CABG or Other Cardiac Surgery] for SCIP-Inf).
- 3 Antibiotic received only during hospital stay (arrival through 24 hours for PN and arrival through 48 hours postop [72 hours postop for CABG or Other Cardiac Surgery] for SCIP-Inf).
- 4 Antibiotic not received (within 24 hours of arrival or arrival through 24 hours for PN and arrival through 48 hours postop [72 hours postop for CABG or Other Cardiac Surgery] for SCIP-Inf), or unable to determine from medical record documentation.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- **Alphabetical Data Dictionary:** Data Element Name, Collected For, Definition, and Allowable Values

Data Element Name: *Antibiotic Received*

Collected For: CMS/The Joint Commission: PN-3b, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3; CMS Only: PN-6; The Joint Commission Only: PN-6a, PN-6b

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The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

■ **Alphabetical Data Dictionary:** Notes for Abstraction

Healthcare Associated PN

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) The patient has documented risk for healthcare associated pneumonia.

N (No) The patient has no documented risk for healthcare associated pneumonia or unable to determine from medical record documentation.

Notes for Abstraction:

- For purposes of this data element, if there is documentation of a "hospitalization" or "admission", assume it was an acute care hospitalization unless there is documentation that states otherwise.
- If there is a preprinted form, such as a PN Pathway, with a heading of HCAP, selection of antibiotics alone is not sufficient documentation to select "Yes". However, if there is a marked checkbox next to the HCAP heading, this will be a "Yes"
- For the purpose of the Pneumonia Project, chronic dialysis is defined as ESRD (End Stage Renal Disease) with peritoneal dialysis or hemodialysis.
- For the purpose of this data element, an extended care facility is a non-apartment based institutional setting where 24-hour nursing care is provided. This INCLUDES – Nursing Homes, Skilled Nursing Facilities, ECF, ICF, Hospice Facilities, SNF Rehab Units, Sub-acute Care, Transitional Care, Respite Care, Inpatient Rehab Unit or Facility and VA Nursing Facilities. This EXCLUDES –

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The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- **Alphabetical Data Dictionary:** Suggested Data Sources

Antibiotic Received

applicable.
Example:
The anesthesia form is dated 12-10-2009, but other documentation on that same source supports that the correct date was 12-10-2010. Consider the correct date of 12-10-2010.

- If the *Antibiotic Administration Time* and/or *Antibiotic Administration Date* are corrected using the same source document, *Antibiotic Received* should be abstracted to correlate with the corrected date or time.

Suggested Data Sources:

- Anesthesia record
- Emergency department record
- History and Physical
- ICU flow sheet
- IV flow sheet
- Medication administration record
- Nursing notes
- Operating room record
- PACU/recovery room record
- Perfusion record

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

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The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- The “Suggested Data Sources” section describes the data sources most likely to contain the information needed to abstract that data element.
 - These are normally listed in alphabetical order.
 - The abstractor is still responsible for reviewing all additional data sources unless instructed otherwise.
- On occasion, abstractors are limited to “ONLY ACCEPTABLE SOURCES.”
 - When this restriction exists, the abstractor may not utilize documentation from any other data source.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- Sometimes, the Suggested Data Sources section contains prioritized data sources. One example is the data element, *Anesthesia Start Time*:
 - “Note: The anesthesia record is the priority data source for this data element. If a valid *Anesthesia Start Time* is found on the anesthesia record, use that time. If a valid time is not on the anesthesia record, other suggested data sources may be used in no particular order to determine the *Anesthesia Start Time*.”
 - The “Priority Source” is the Anesthesia Record.
 - “Other Suggested Sources” includes the Intraoperative Record, Circulator Record, etc.

The Specifications Manual for National Hospital Inpatient Quality Measures

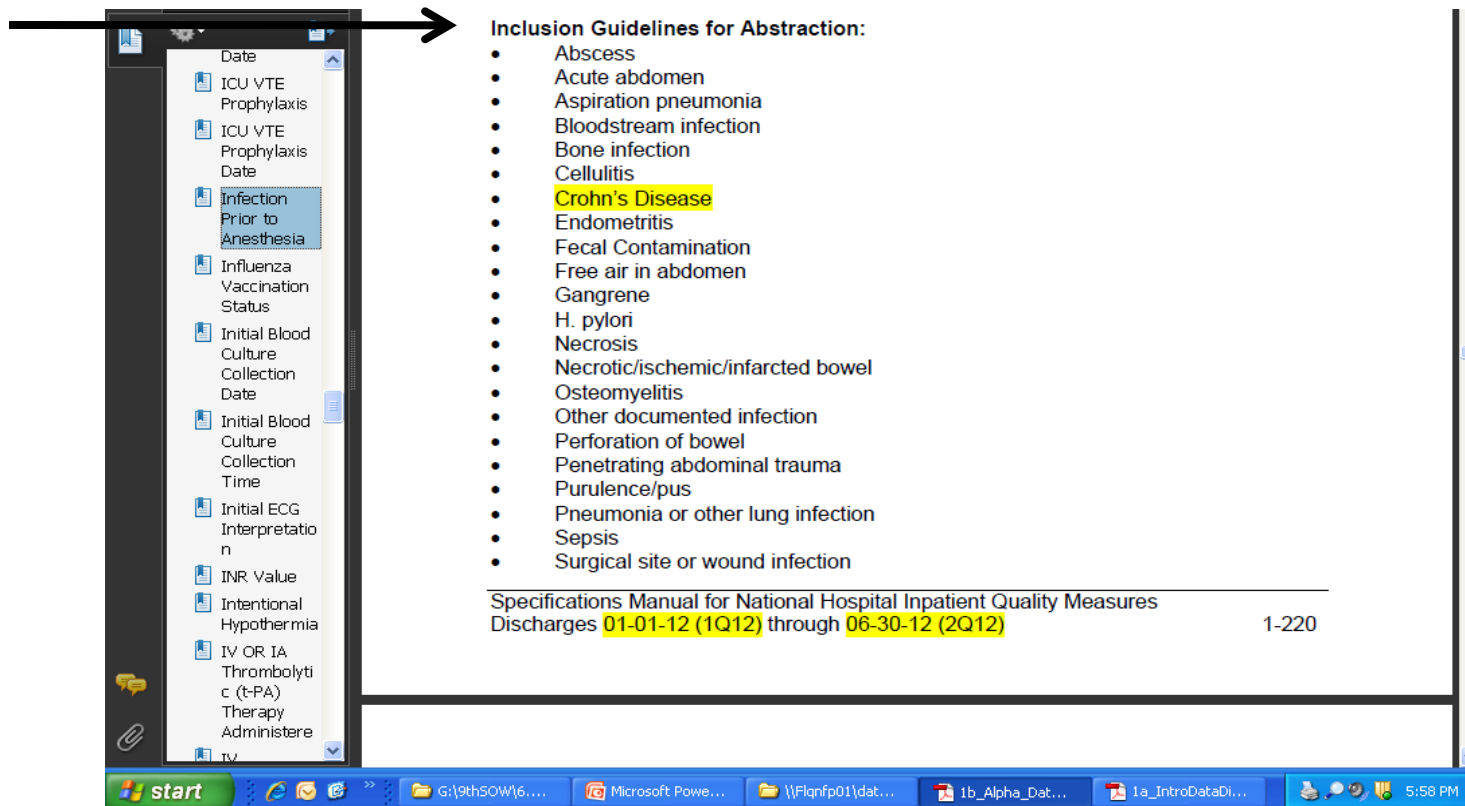
Section 1, Data Dictionary

- The Suggested Data Sources section might limit the abstractor to only using documentation entered by a specific person such as a physician, advanced practice nurse, physician assistant, or pharmacist.
- At other times, the Suggested Data Sources section lists sources that the abstractor is not allowed to use.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- **Alphabetical Data Dictionary:** Inclusion Guidelines for Abstraction



Inclusion Guidelines for Abstraction:

- Abscess
- Acute abdomen
- Aspiration pneumonia
- Bloodstream infection
- Bone infection
- Cellulitis
- **Crohn's Disease**
- Endometritis
- Fecal Contamination
- Free air in abdomen
- Gangrene
- H. pylori
- Necrosis
- Necrotic/ischemic/infarcted bowel
- Osteomyelitis
- Other documented infection
- Perforation of bowel
- Penetrating abdominal trauma
- Purulence/pus
- Pneumonia or other lung infection
- Sepsis
- Surgical site or wound infection

Specifications Manual for National Hospital Inpatient Quality Measures
Discharges 01-01-12 (1Q12) through 06-30-12 (2Q12) 1-220

The Specifications Manual for National Hospital Inpatient Quality Measures

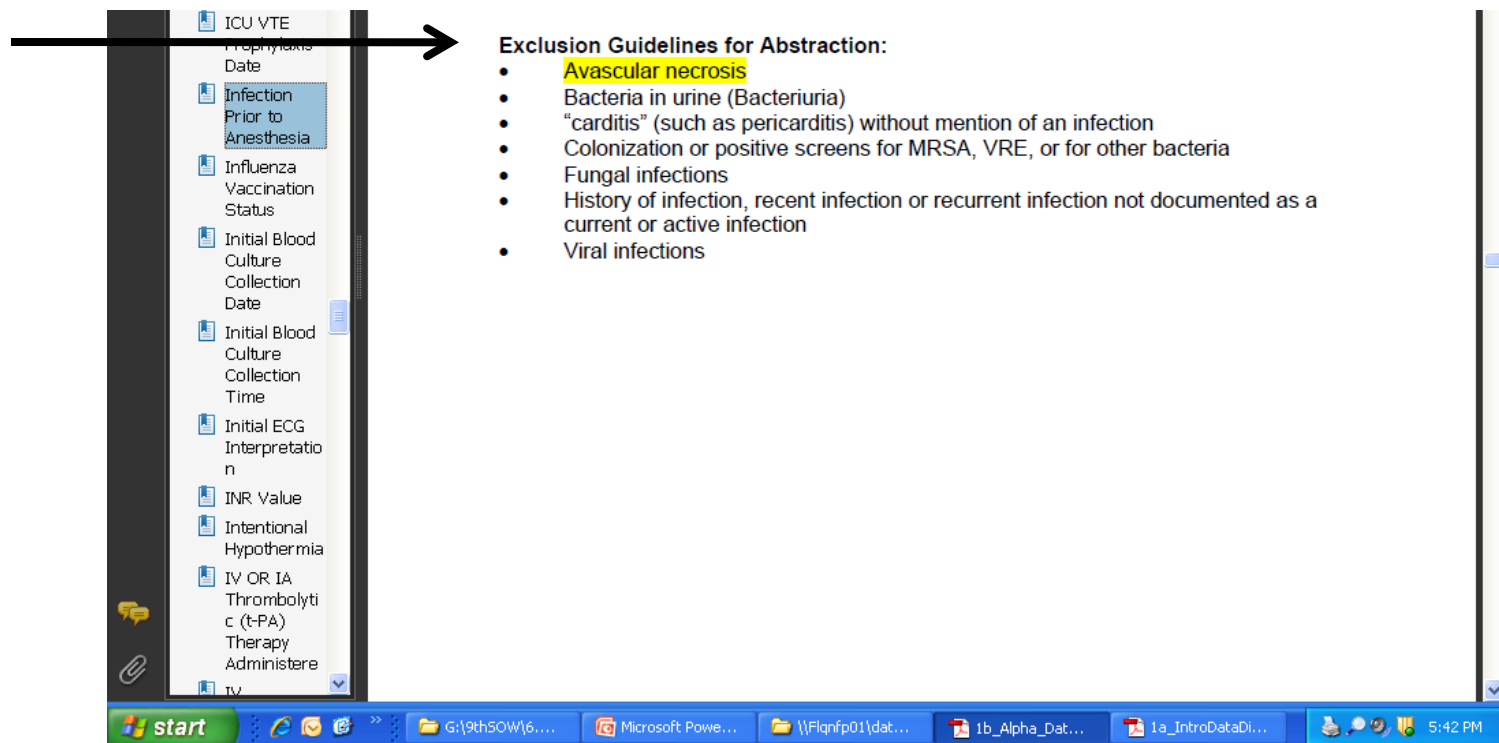
Section 1, Data Dictionary

- Inclusions are “acceptable terms” that should be abstracted as ***positive findings*** (e.g., “Yes”).
- Inclusion lists are limited to those terms that are believed to be most commonly used in medical record documentation.
- The list of inclusions should not be considered all-inclusive, ***unless*** otherwise specified in the data element definition.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- **Alphabetical Data Dictionary:** Exclusion Guidelines for Abstraction



The screenshot shows a software interface with a list of data dictionary items on the left and exclusion guidelines on the right. An arrow points from the 'Infection Prior to Anesthesia' item to the guidelines.

Exclusion Guidelines for Abstraction:

- **Avascular necrosis**
- Bacteria in urine (Bacteriuria)
- "carditis" (such as pericarditis) without mention of an infection
- Colonization or positive screens for MRSA, VRE, or for other bacteria
- Fungal infections
- History of infection, recent infection or recurrent infection not documented as a current or active infection
- Viral infections

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 1, Data Dictionary

- Exclusion lists are limited to those terms an abstractor may most frequently question whether or not to abstract as a positive finding for a particular element (e.g., “cardiomyopathy” is an unacceptable term for heart failure and should be abstracted as "No").
- The list of exclusions should not be considered all-inclusive, **unless** otherwise specified in the data element.
- When both an inclusion and exclusion are documented in a medical record, the inclusion takes precedence over the exclusion and would be abstracted as a positive finding (e.g., answer “Yes”), unless otherwise specified in the data element.

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 2, Measurement Information

- Contains separate files for each of the measure sets (AMI, HF, PN, SCIP, etc.) and the Global Initial Patient Population.

Section 2 - Measurement Information
Section 2.1 - Acute Myocardial Infarction (AMI) (revised 08/18/11)
Section 2.2 - Heart Failure (HF) (revised 08/18/11)
Section 2.3 - Pneumonia (PN) (revised 08/18/11)
Section 2.4 - Surgical Care Improvement Project (SCIP) (revised 08/18/11)
Section 2.6 - Children's Asthma Care (CAC)
Section 2.7 - Venous Thromboembolism (VTE)
Section 2.8 - Stroke (STK)
Section 2.9 - Global Initial Patient Population (ED, IMM, TOB, SUB) (revised 08/18/11)
Section 2.10 - Emergency Department (ED)
Section 2.11 - Prevention
2.11.1 - Immunization (IMM) (revised 08/18/11)
2.11.2 - Tobacco Treatment (TOB) (revised 08/18/11)
2.11.3 - Substance Use (SUB) (revised 08/18/11)

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 2, Measurement Information

- Each measure set file contains:
 - Instructions for identifying the Initial Patient Population for that measure set (all of the cases that are eligible for abstraction for that measure set)
 - Minimum sampling requirements (including monthly and quarterly sampling tables)
 - Measure Information Forms (MIFs), which provide detailed information on each measure within that set

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 2, Measurement Information

- MIFs include:
 - Rationale for each measure
 - Narrative description of the cases that will be included in each measure's numerator
 - Narrative description of the cases that will be included and excluded for each measure's denominator
 - Selected references
 - Analytic flowchart for each measure (exact blueprint for calculating measure rates)
 - Miscellaneous measure-specific tables (e.g., the Pneumonia Antibiotic Consensus Recommendations table)

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 2, Measurement Information

- Section 2.9, Global Initial Patient Population
 - Describes the cases that will be in the Initial Patient Population for all global measure sets
 - ALL patients discharged from acute inpatient care
 - Length of stay must be 120 days or less
 - Pediatric, obstetric, and psychiatric patients that are considered to be acute inpatient admissions included
 - Includes the monthly and quarterly sampling instructions for the global Initial Patient Population
 - If a case is identified as being in the Global sample, that case must be abstracted for all global measure sets that are being abstracted and reported

The Specifications Manual for National Hospital Inpatient Quality Measures

QualityNet - Version 4.0a - Windows Internet Explorer

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier4&cid=122876

File Edit View Favorites Tools Help

QualityNet - Version 4.0a

Transmission Data Processing Flow: Population and Sampling
[Hospital Clinical Data XML File Layout, XLS \(revised 08/31/11\)](#)
[Hospital Initial Patient Population Data XML File Layout, XLS](#)

Section 10 - CMS Outcome Measures (Claims-Based)

Section 10.1 - [Risk-Standardized 30-Day Mortality Measures](#)

Section 10.2 - [Risk-Standardized 30-Day Readmission Measures](#)

Section 10.3 - [Agency for Healthcare Research and Quality \(AHRQ\) Measures](#)

Section 10.4 - [Healthcare Associated Infection \(HAI\) Measures](#)

Section 10.5 - [Hospital-Acquired Conditions \(HAC\) Measures](#)

Section 10.6 - [Structural Measures](#)

Appendices

- Appendix A - ICD-9-CM Code Tables
 - A.1 - [PDF](#) or [XLS](#) (revised 08/31/11)
 - A.2 - Reserved for future use
- Appendix B - Reserved for future use
- Appendix C - Medication Tables [PDF](#) or [XLS](#)
- Appendix D - [Glossary of Terms](#)
- Appendix E - [Overview of Measure Information Form And Flowchart Formats](#)
- Appendix F - [Measure Name Crosswalk](#) (revised 08/18/11)
- Appendix G - [Resources](#)
- Appendix H - [Miscellaneous Tables](#) (revised 08/18/11)

start Abstraction 101 Draft... QualityNet - Version ... 7:09 PM

The Specifications Manual for National Hospital Inpatient Quality Measures

Section 10, CMS Outcome Measures (Claims-Based)

- Contains files on:
 - Mortality measures
 - Readmission measures
 - Agency for Healthcare Research and Quality (AHRQ) measures
 - Healthcare associated infection (HAI) measures
 - Hospital-acquired conditions (HAC) measures
 - Structural Measures
- Additional information on these measures:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228763452133>

The Specifications Manual for National Hospital Inpatient Quality Measures

Appendices

- **Appendix A, ICD-9-CM Code Tables**
 - Used for identifying cases within the measure set initial patient populations and occasionally for specific data elements
- **Appendix C, Medication Tables**
- Appendix D, Glossary of Terms
- Appendix E, Overview of Measure Information Form and Flowchart Formats
- Appendix G, Resources
- **Appendix H, Miscellaneous Tables**

The Specifications Manual for Hospital Outpatient Department Quality Measures

- Is formatted similar to the *Inpatient Specifications Manual*
- Can be downloaded from *QualityNet* under the Hospitals-Outpatient tab at

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244>

Electronic Data Abstraction Tools

- Data abstraction tools are software programs in which data is entered, rates calculated, and results can be uploaded to electronic data warehouses.
- Administrative data can be entered manually or electronically (from one electronic software program to another).
 - Many hospitals that use vendor tools have their vendor automatically enter this data into the abstraction tools.
- Clinical data must be manually abstracted and entered into the data abstraction tools, even when EHRs are available.

Electronic Data Abstraction Tools

- The greater percentage of acute care hospitals contract with a private vendor to use their data abstraction software.
- The vendors provide varying degrees of support in regards to importing administrative data into the tools, correct utilization of their software, and providing their own individualized reports.
- Hospitals that do not want to incur this added expense normally use CART, a free data abstraction program that can be downloaded from QualityNet.

Electronic Data Abstraction Tools

- CART has two separate modules, one for inpatient quality reporting and one for outpatient quality reporting.
- These programs can be downloaded to individual computers or to a network.
 - Outpatient module information and download links:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1205442057026>
 - Inpatient module information and download links:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138900279093>

Electronic Data Abstraction Tools

- Although the CART modules are relatively user friendly, hospitals should be sure to download and carefully follow the instructions in the following documents:
 - Installation Instructions
 - CART User's Guide
- Further assistance on CART can be obtained from the QNet Help Desk or from your QIO contacts.

Electronic Data Abstraction Tools

- Regardless of the abstraction tool you are using (CMS versus an independent vendor), all abstraction tools are created based on the specifications outlined in each version of the *Specifications Manual*.
- They may differ from each other visually or in the order that they require entry of the data elements, but the manner in which the tool calculates each measure rate must be identical to that described in the *Specifications Manual* analytic flowcharts.

General Principles for Abstraction

- Always use the version of the *Specifications Manual* that matches the quarter being abstracted.
- Keep in mind that the *Specifications Manual* is normally updated every two quarters.
- Changes to the *Specifications Manual* (and especially to the Data Dictionary) should be reviewed prior to beginning abstraction using that manual.
 - The Release Notes document all changes made to the previous version of the *Specifications Manual*, including information that has been deleted.
 - Additions to new versions of the *Specifications Manual* are highlighted in yellow. (Later releases of the same version use different colors to highlight additions.)

General Principles for Abstraction

- When abstracting data, remember that each data element is defined based on how it is used in the analytic flowchart.
 - The majority of data elements are used to determine if a case remains in or is excluded from a specific measure.
 - The remaining data elements determine if a case meets the final intent of specific measures.
- Many data element definitions are very different from their definitions when used in a clinical context.

Abstractors must be absolutely certain they are using the abstraction definition from the Specifications Manual Data Dictionary.

General Principles for Abstraction

- Double-check the information in the Suggested Data Sources section to ensure that the correct data sources are being used and in a manner consistent with the data element instructions.
- Methodically walk through each piece of information in the Data Dictionary Notes for Abstraction to evaluate the medical record documentation as accurately as possible.
- When uncertain, check other abstraction resources such as Quest or the Outpatient Questions/Answers.
- If still in doubt, email your abstraction questions to the QIO Quality Reporting Program contact person.

General Principles for Abstraction

- All hospitals will be included in the data validation process at least once every four years.
- Keep in mind that the current validation process is dependent upon using paper copies of the medical record.

If abstracting from an EHR, make sure the information seen on the computer monitor matches the same information on a printed copy of the medical record.

General Principles for Abstraction

REMEMBER...

- Abstraction is meant to be as “black and white” as possible; however...
- There is no way that abstraction guidelines can cover every possible type of documentation.
- Abstractors must make every attempt to follow the abstraction guidelines as closely as possible.

General Principles for Abstraction

*If someone else were abstracting the same case,
with a paper copy of the medical record used during the
original abstraction (EHR or paper medical records),
and without knowledge of how your hospital functions,
**would they come up with the same
abstraction responses to each data element?***

Need More Help?

Other Abstraction Resources

- Inpatient paper abstraction tools

The screenshot shows the QualityNet web application interface. The navigation menu at the top includes 'Home', 'My QualityNet', and a dropdown menu for 'Hospitals - Inpatient' (highlighted with a red circle). Other menu items include 'Hospitals - Outpatient', 'Physician Offices', 'Nursing Homes', 'ESRD', and 'Quality Improvement'. The main content area is titled 'Abstraction Resources' and is for discharges from 04/01/11 to 12/31/11. It includes instructions on how to select a discharge period and an appropriate resource, with a link to the 'Specifications Manual'. A 'Guidelines' section has a dropdown menu set to 'For Discharges 04/01/2011 - 12/31/2011' and a 'Go' button. Below this is a section for 'Paper Tools (by abstraction order)' with a table listing various medical topics and their corresponding abstraction orders.

Topic	Abstraction Order
Acute Myocardial Infarction (AMI)	<ul style="list-style-type: none">• Universal (alphabetical), Word-76 KB• CART, Word-79 KB
Emergency Department (ED)	<ul style="list-style-type: none">• Universal, Word-58 KB• CART, Word-73 KB
Heart Failure (HF)	<ul style="list-style-type: none">• Universal, Word-73 KB• CART, Word-66 KB
Pneumonia (PN)	<ul style="list-style-type: none">• Universal, Word-93 KB• CART, Word-86 KB
Surgical Care Improvement Project (SCIP)	<ul style="list-style-type: none">• Universal, Word-113 KB• CART, Word-108 KB

Other Abstraction Resources

- Outpatient paper abstraction tools

The screenshot shows the QualityNet website interface. The browser address bar indicates the URL is 'QualityNet - Abstraction Resources'. The page header includes the QualityNet logo, a sign-in prompt for 'My QualityNet (formerly QNet Exchange)', and a search box. A navigation menu below the header lists several categories: 'Hospitals - Inpatient', 'Hospitals - Outpatient' (circled in red), 'Physician Offices', 'Nursing Homes', 'ESRD', and 'Quality Improvement'. On the left side, there is a sidebar with a 'Data Collection (& CART)' section, which includes links for 'CART Downloads & Info', 'Abstraction Resources', 'Abstraction Training', 'Uniform Billing File Layout', and 'CART Training'. Two black arrows point from the left towards the 'Abstraction Resources' link in the sidebar. The main content area is titled 'Abstraction Resources' and contains text explaining that the following paper abstraction tools are used for abstracting outpatient hospital quality data. It lists two periods of encounters: '07/01/11 - 12/31/11 encounters' and '01/01/11 - 06/30/11 encounters'. For each period, there are three categories of tools: Acute Myocardial Infarction, Chest Pain, and Surgery. Each category provides links for 'Alphabetical order' and 'CART tool order' along with the file size and date of the tool.

Abstraction Resources

The following paper abstraction tools may be used for abstracting outpatient hospital quality data for encounters during the periods specified. Most recent tools are also provided in two versions—with data elements arranged: 1) alphabetically; and 2) in alignment with the CART tool.

07/01/11 - 12/31/11 encounters

- Acute Myocardial Infarction paper tool
 - [Alphabetical order](#), Word-95 KB (07/01/11)
 - [CART tool order](#), Word-95 KB (07/01/11)
- Chest Pain paper tool
 - [Alphabetical order](#), Word-84 KB (07/01/11)
 - [CART tool order](#), Word-83 KB (07/01/11)
- Surgery paper tool
 - [Alphabetical order](#), Word-80 KB (07/01/11)
 - [CART tool order](#), Word-78 KB (11/09/10)

01/01/11 - 06/30/11 encounters

- Acute Myocardial Infarction paper tool
 - [Alphabetical order](#), Word-99 KB (11/09/10)
 - [CART tool order](#), Word-93 KB (11/09/10)
- Chest Pain paper tool
 - [Alphabetical order](#), Word-87 KB (11/09/10)
 - [CART tool order](#), Word-83 KB (11/09/10)
- Surgery paper tool
 - [Alphabetical order](#), Word-83 KB (11/09/10)
 - [CART tool order](#), Word-79 KB (11/09/10)

Other Abstraction Resources

- Inpatient and Outpatient Question & Answer Databases

<http://www.qualitynet.org>

The screenshot displays the QualityNet website interface. On the left, a navigation menu includes links for System Requirements, Test Your System, Registration, Sign-In Instructions, Security Statement, Password Rules, QualityNet User's Guide, and QualityNet Reports User's Guide. Below this is a 'Join ListServes' section. The main content area features a 'Full Article' link, a 'Headlines' section with links to 'Hospital Compare Preview Reports now available' and 'Proposed CY 2012 OPSS rule published, open for comment', and an 'About QualityNet' section. The 'About QualityNet' section describes the site as established by CMS, providing healthcare quality improvement news and data reporting tools. A large black arrow points from the 'About QualityNet' section towards the 'Frequently Asked Questions' section on the right. The right sidebar contains sections for 'Inpatient' (with links to CART - Outpatient and CART Module Designer), 'Training' (with links to QualityNet Quest Training, QualityNet Training, and QualityNet Event Center), 'QualityNet Conference Presentations' (with a link to 2008 Presentations), and 'Frequently Asked Questions' (with a link to QualityNet Quest Hospital-Outpatient Questions/Answers). The footer includes links for QualityNet Help Desk, Accessibility Statement, Privacy Policy, and Terms of Use. The Windows taskbar at the bottom shows the start button, system tray, and open applications: Microsoft PowerPoint, GoldMine 6.0, and QualityNet - Home.

Other Abstraction Resources

- Inpatient mock medical record training resources

The screenshot displays the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a sign-in prompt for 'My QualityNet (formerly QNet Exchange)', and a search box. Below this is a secondary navigation bar with tabs for 'Home' and 'My QualityNet'. A main menu bar contains several categories: 'Hospitals - Inpatient' (circled in red), 'Hospitals - Outpatient', 'Physician Offices', 'Nursing Homes', 'ESRD', and 'Quality Improvement'. A left sidebar menu lists various options, with 'Data Collection (& CART)' and 'Abstraction Training' highlighted by black arrows. The main content area is titled 'Data Abstraction Training Resources' and provides an overview of mock medical records for training. It lists several clinical topics with links to 'Mock Medical Records' and 'Answer Keys':

- Acute Myocardial Infarction (AMI)**
 - [Mock Medical Records](#), EXE
 - [Answer Keys](#), ZIP-137 KB
- Heart Failure (HF)**
 - [Mock Medical Records](#), EXE
 - [Answer Keys](#), ZIP-120 KB
- Pneumonia (PN)**
 - [Mock Medical Records](#), EXE
 - [Answer Keys](#), ZIP-138 KB
- Surgical Care Improvement Project (SCIP)**
 - [Mock Medical Records](#), EXE
 - [Answer Keys](#), EXE-171 KB

The Windows taskbar at the bottom shows the 'start' button, system tray icons, and open applications including 'Microsoft PowerPoint ...' and 'QualityNet - Abstracti...'. The system clock indicates the time is 7:07 PM.

Other Abstraction Resources

- Outpatient mock medical record training resources

The screenshot displays the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a sign-in button for 'My QualityNet (formerly QNet Exchange)', and a search box. Below this is a secondary navigation bar with tabs for 'Home' and 'My QualityNet', and a 'Help' link. A main menu contains several categories: 'Hospitals - Inpatient', 'Hospitals - Outpatient' (circled in red), 'Physician Offices', 'Nursing Homes', 'ESRD', and 'Quality Improvement'. The 'Hospitals - Outpatient' menu is expanded, showing a sidebar with links: 'Data Collection (& CART)', 'CART Downloads & Info', 'Abstraction Resources', 'Abstraction Training', 'Uniform Billing File Layout', and 'CART Training'. Two black arrows point to the 'Data Collection (& CART)' and 'Abstraction Training' links. The main content area is titled 'Data Abstraction Training Resources' and contains text explaining that mock medical records are provided for training. It lists three clinical topics with their respective mock records and answer keys: Acute Myocardial Infarction (AMI), Chest Pain, and Surgery. Each topic includes links for 'Mock Medical Records' and 'Answer Keys' with file sizes and dates. At the bottom of the page, there are links for 'QualityNet Help Desk', 'Accessibility Statement', 'Privacy Policy', and 'Terms of Use'. The Windows taskbar at the bottom shows the start button, several application icons, and the system clock displaying 7:19 PM.

Other Abstraction Resources

- CART training (inpatient and outpatient modules)

The screenshot displays the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a sign-in link for 'My QualityNet (formerly QNet Exchange)', and a search box. Below this is a secondary navigation bar with tabs for 'Home' and 'My QualityNet', and a 'Help' link. A main navigation menu includes 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Nursing Homes', 'ESRD', and 'Quality Improvement'. The 'Hospitals - Inpatient' menu item is circled in red. On the left side, a sidebar contains a list of resources: 'Data Collection (& CART)', 'CART Downloads & Info', 'CART Module Designer', 'Abstraction Resources', 'Uniform Billing File Layout', 'CART Training', and 'Abstraction Training'. Two black arrows point to the 'Data Collection (& CART)' and 'CART Training' items. The main content area is titled 'CART Training' and contains a paragraph: 'The following recorded training sessions are available to assist with CART. Additional information may be found on the CART Downloads & Info page.' Below this are three bullet points with links to training sessions: 'CART Navigation and Provider/User Set-up, WebEx-17 min (09/30/10)' with a transcript link, 'CART Patient Set-up/Abstraction and Import/Export, WebEx-21 min. (09/30/10)' with a transcript link, and 'Measure Set Integration and Un-Installation, WebEx-5 min.' with a handout link. A 'WebEx Player' box on the right provides instructions on how to view the recordings. At the bottom of the page, there are links for 'QualityNet Help Desk', 'Accessibility Statement', 'Privacy Policy', and 'Terms of Use'. The Windows taskbar at the bottom shows the Start button, system tray icons, and open applications including Microsoft PowerPoint and QualityNet - CART Tr...

And Don't Forget...

**You can always contact your state
Hospital Quality Reporting Program
Project Coordinators.**

For Florida and California, please contact:

AMI/HF/SCIP/ED

Lawanna Hurst

lhurst@flqio.sdps.org

(813) 865-3417

Pneumonia/SCIP/Imm

Becky Ure

rure@flqio.sdps.org

(813) 865-3415

Hospital personnel from states other than Florida or California should contact their state's QIO for questions or further assistance. The list of QIO Inpatient Reporting Program Contacts is posted on QualityNet at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900297541>



*This material was prepared by FMQAI, the Medicare Quality Improvement Organization for Florida, and Health Services Advisory Group of California, Inc., the Medicare Quality Improvement Organization for California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication Nos. **FL-10SOW-2011C706-9-12453**, **CA-10SOW-7.4-092611-01***