

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

Module 2: Specifications Manual Revisions

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QIO RHQDAPU Objectives

- To promote and support providers with abstraction, submission and reporting of inpatient quality data for two initiatives:
 - Annual Payment Update (APU)
 - The Hospital Quality Alliance (HQA) voluntary public reporting initiative
- To improve the accuracy, timeliness and completeness of data submitted to the QIO Clinical Warehouse

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Agenda

- *Specifications Manual, Version 3.2b Revisions*
 - Multi-measure changes
 - AMI
 - HF
 - PN
 - SCIP
 - New ED Topic
- *Miscellaneous Reminders*

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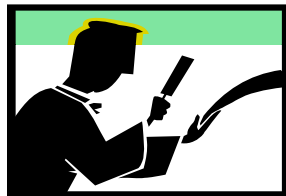
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Specifications Manual

Version 3.2

October 1, 2010 – December 31, 2010 Discharges

Additions and Revisions



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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Comfort Measures Only

- Affects AMI, HF, and Pneumonia measures
- Note clarifying negative documentation. Must still consider all positive documentation (examples given)
- Added “brain dead” to Inclusion List

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Administration Date

- Affects SCIP and Pneumonia measures
- Many changes — read carefully!
- Can abstract a dose given by one person and documented by another IF that dose is not documented by the person who actually administered it

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Administration Date

- Can abstract from an undated MAR ONLY if has a patient sticker on it and titled as first day or initial MAR—otherwise abstract “UTD”
- How you designate “administration” on hand-written or pre-printed forms such as MARs, with pre-printed scheduled times for administration, MUST be clearly designated as given — it must be clear that the dose was administered!

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Administration Date – PN only

- Outside the ED, only abstract narrative documentation if it is the ONLY documentation of a specific antibiotic in the record
- Statements such as “Ancef given in ED” should not be abstracted—do not demonstrate an antibiotic was given at this time

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Administration Date – SCIP only

- Test doses: If given IV, abstract both test dose and remainder of dose given at later time

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Administration Route

- Affects SCIP and Pneumonia measures
- If two or more entries represent the same abx dose, do not abstract more than once if name, date, and time are identical and only route is missing
- Many changes — read carefully!

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Administration Time

- Affects SCIP and Pneumonia measures
- If a valid time for an antibiotic dose is an obvious error, and the correct time can be found on the same source, the correct time may be entered. If no correct time on that same source, abstract time as “UTD”
- Many changes — read carefully!

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Administration Time – SCIP Only

- If there is documentation of an exact administration time in a non-grid area and it is apparent that a dose on a grid represents that same dose, abstract the non-grid time for the dose
- If grid times are used, follow the instructions in the General Abstraction Guidelines for reading grids

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Name

- Affects SCIP and Pneumonia measures
- Similar changes as with “Antibiotic Administration” data elements
- Many changes — read carefully!

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Antibiotic Received

- If the date and/or time for an antibiotic dose is an obvious error, but it is a valid date and/or time and that is prior to the patient’s arrival, the chart must be abstracted at face value and this information should be used to answer “yes” to antibiotics prior to arrival as applicable
- Many clarifications — read carefully!

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Transfer From Another Hospital or ASC

- Affects AMI and Pneumonia Measures
- Previously called *Transfer from Another ED*
- Definition: Documentation that the patient was received as a transfer from an inpatient, outpatient, or emergency/observation department of another hospital or from an ambulatory surgery center (ASC)

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Transfer From Another Hospital or ASC

- Now has 5 allowable values including transfer from an:
 - Inpatient department another hospital
 - Outpatient department of another hospital (excludes ED/observation units)
 - ED/observation unit of another hospital
 - Ambulatory surgery center
 - None of above or UTD

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Specifications Manual Version 3.2 **Multi-Measure Revisions & Additions**

Transfer From Another Hospital or ASC

- New bullets in “Notes for Abstraction:”
 - The emergency department includes free-standing and satellite emergency departments/rooms
 - If the medical record only reflects that the patient was received as a transfer from another hospital and the abstractor is unable to determine if the patient was in an inpatient or an outpatient department, select value “1”

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Specifications Manual, Version 3.2

TOPIC Specific Revisions

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Specifications Manual, Version 3.2 AMI Changes

AMI-10 Statin Prescribed at Discharge

- Federal Register, Vol. 75 Proposed Rule for 2011, page 23970
- Proposed data collection would start with Jan. 1, 2011 discharges for the RHQDAPU 2013 payment determination.

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Specifications Manual, Version 3.2 AMI Changes

AMI-10 Statin Prescribed at Discharge Data Elements:

- *Statin Prescribed at Discharge*
- *LDL-c Less Than 100 Within 24 Hours After Arrival*
- *Reason for Not Prescribing Statin Medication at Discharge*

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Specifications Manual, Version 3.2 AMI Changes

AMI-10 Statin Prescribed at Discharge

- 2 data elements were previously collected only for The Joint Commission Stroke-6
 - *Statin Medication Prescribed at Discharge*
 - *Reason for Not Prescribing Statin Medication at Discharge*

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Specifications Manual, Version 3.2 AMI Changes

AMI-10 Statin Prescribed at Discharge

- **New Data Element:** *LDL-c Less Than 100 Within 24 Hours After Arrival*
- **Definition:** Documentation of LDL-c cholesterol (LDL-c) level less than 100 mg/dL from a test **DONE** within the first 24 hours **AFTER** hospital arrival.

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Specifications Manual, Version 3.2 AMI Changes

AMI-10 Statin Prescribed at Discharge

- Direct and calculated (indirect) LDL-c values are acceptable
- Inclusion Guidelines for Abstraction:
 - Low den lipoprotien
 - Low density lipoprotien (LDL)

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Specifications Manual, Version 3.2 AMI Changes

AMI-10 Statin Prescribed at Discharge

- Exclusion Guidelines for Abstraction:
 - VLDL (very low density lipoprotein)

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Specifications Manual, Version 3.2 ***AMI Changes***

AMI-10 Statin Prescribed at Discharge

- If all LDL-c value(s) from testing done within the first 24 hours after arrival are reported as not calculated because high triglycerides render the LDL-c calculation inaccurate, select “No”.

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Specifications Manual, Version 3.2 ***AMI Changes***

AMI-10 Statin Prescribed at Discharge **Selected References:**

- Anderson JL, Adams CD, Antman EM, Bridges CR, Califf RM, Casey DE Jr, et al. ACC/AHA 2007 guidelines for the management of patients with unstable angina/non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice *J Am Coll Cardiol.* 2007;50:e1–157.

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Specifications Manual, Version 3.2 ***AMI Changes***

AMI-10 Statin Prescribed at Discharge **Selected References:**

- Antman EM, Anbe DT, Armstrong PW, Bates ER, Green LA, Hand M, et al. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines 2004.

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Specifications Manual, Version 3.2 ***AMI Changes***

AMI-10 Statin Prescribed at Discharge **Selected References:**

- Additional references can be found in the *Specifications Manual* Measurement Information Form for Statin Prescribed at Discharge.

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Specifications Manual, Version 3.2 AMI Changes

ACEI/ARB/Aspirin/Beta-Blocker Prescribed at Discharge

New Sub-bullets in Notes for Abstraction:

- Two new sub-bullets were added to clarify the abstraction of discharge medications that are prescribed as “hold” medications
- These same two bullets were added to each of the above Meds *Prescribed at Discharge* data elements

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Specifications Manual, Version 3.2 AMI Changes

ACEI/ARB/Aspirin/Beta-Blocker Prescribed at Discharge

New Sub-bullets in Notes for Abstraction:

- Consider documentation of a hold on the medication after discharge in one location and a listing of that same medication as a discharge medication in another location as contradictory ONLY if the timeframe on the hold is not **defined** (e.g., “Hold ‘abd’”). Examples of a hold with a defined timeframe include “Hold ‘xyz’ x 2 days” and “Hold ‘xxxxx’ until after stress test.”

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Specifications Manual, Version 3.2 AMI Changes

ACEI/ARB/Aspirin/Beta-Blocker Prescribed at Discharge

New Sub-bullets in Notes for Abstraction:

- If the medication is NOT listed as a discharge medication, and there is only documentation of a hold or plan to delay initiation/restarting the medication after discharge (e.g., “Hold ‘xyz’ x 2 days,” “Start ‘abc’ as outpatient,” “Hold ‘def’ ”), select “No.”

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Specifications Manual, Version 3.2 AMI Changes

Discharge Instructions Address Medications

New Sub-bullet in Notes for Abstraction:

- If there is documentation of a plan to start/restart the medication after discharge or a hold on a medication for a **defined timeframe after discharge (e.g., “Start Plavix as outpatient,” “Hold Lasix x 2 days,” “Hold ASA until after endoscopy”)**:

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Specifications Manual, Version 3.2 AMI Changes

Discharge Instructions Address Medications

New Sub-bullet in Notes for Abstraction (cont):

- If it is **NOT** listed as a discharge medication elsewhere (e.g., "Lasix," "Plavix"), it is not required in the discharge instructions (but if it is listed on the instructions, this is acceptable).

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Specifications Manual, Version 3.2 AMI Changes

Discharge Instructions Address Medications

New Sub-bullet in Notes for Abstraction (cont):

- If it **IS** listed as a discharge medication elsewhere (e.g., "Lasix," "Plavix"), do not regard this as contradictory documentation, and require the medication in the discharge instructions.

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Compromised

- Patient must currently be undergoing systemic chemotherapy or radiation therapy or received same within last 3 months in order to select value "1"
- Numerous other changes to clarify Notes for Abstraction and inclusions/exclusions

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

ICU Admission or Transfer

- Exclusion Guidelines clarify intermediate care units
 - Step-down unit: a post critical care unit for patients that are hemodynamically stable who can benefit from close supervision...
 - Inpatient units with telemetry monitoring that are not intensive care units

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Influenza Vaccination Status

- Allowable value #3 now includes patient or caregiver's refusal of influenza vaccine
- Allowable value #4 modifications
 - Bone marrow transplant changed from within past 12 months to within past 6 months
 - Guillian-Barre syndrome now defined as within 6 weeks after a previous influenza vaccination

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Influenza Vaccination Status

- Pandemic vaccine, e.g. H1N1, added to Exclusion Guidelines for Abstraction
 - Next flu season's vaccine is anticipated to target both seasonal influenza and H1N1 influenza

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Pneumococcal Vaccination Status

- Allowable value #3 now includes patient or caregiver's refusal of influenza vaccine
- Allowable value #4 modified to include patient receiving chemotherapy or radiation during this hospitalization or less than 2 weeks prior to the hospitalization

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Pneumonia Diagnosis: ED/Direct Admit

- Inclusion list is now all-inclusive (added “lower lobe pneumonia,” “P,” “PN,” PNA,” “PNE,” etc.)
- Any Inclusions used with adjectives/phrases such as “need to evaluate for,” “possible,” “rule out,” or “suspected” should be abstracted as value #1 or #2 as applicable
- Inclusions used with negative adjectives/phrases such as “doubt,” or “no” should be abstracted as value #3 (unless criteria met for #1 or #2)

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Pseudomonas Risk

- Clarified the definition (especially definition for interstitial lung disease and restrictive lung disease)
- “Repeated antibiotics” or multiple “rounds/courses” of antibiotics defined as those taken within the last 3 months prior to hospital arrival

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Risk Factors for Drug-Resistant Pneumococcus

- Added Inclusion words/terms:
 - Diabetic
 - DM
 - Injection drug user
 - Needles for drugs
 - Needle user

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Specifications Manual, Version 3.2 *Pneumonia Revisions*

Pneumonia Antibiotic Consensus Recommendations

- Pseudomonal risk choices for ICU patients were deleted
- Several changes to ICU recommendations
- Read carefully and share with physicians, PAs, APNs, and pharmacists

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Specifications Manual, Version 3.2 **SCIP Revisions**

Anesthesia End Time

- **Notes for Abstraction (added as 2nd bullet)**
 - This is the time associated with the end of anesthesia for the principal procedure
- **Inclusion Guidelines for Abstraction**
 - Added anesthesia finish as an inclusion term

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Specifications Manual, Version 3.2

SCIP Revisions

Anesthesia Type

- Notes for Abstraction (added as 3rd & 4th bullets)
 - If a general anesthesia is used **and** an epidural catheter is placed preoperatively or up to 24 hours after Anesthesia End Time for anesthesia or other reasons such as for postoperative pain control, select value “3.”
 - If an epidural catheter is placed preoperatively or up to 24 hours after Anesthesia End Time for anesthesia or other reasons such as for postoperative pain control select value “2.”

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Specifications Manual, Version 3.2

SCIP Revisions

Antibiotic Administration Date, Route, Time

- The data elements have been revised extensively for clarification and reduce abstraction burden.
- Please review the instructions for each data element individually

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Specifications Manual, Version 3.2

SCIP Revisions

Infection Prior to Anesthesia

- Notes for Abstraction
 - Change in Excluded Data Sources
 - Any documentation of an infection in the Operative Report is excluded **except** documentation that a joint revision or hardware removal was performed (written after anesthesia start time)

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Specifications Manual, Version 3.2

SCIP Revisions

Intentional Hypothermia

- Definition Change: There is documentation in the medical record that intentional hypothermia was utilized during the perioperative period
- Allowable Values Changes
 - Yes. There is documentation of the use of intentional hypothermia during the perioperative period
 - No. There is no documentation of the use of intentional hypothermia during the perioperative period or unable to determine from the medical record documentation

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Specifications Manual, Version 3.2

SCIP Revisions

Intentional Hypothermia

- Notes for Abstraction Changes
 - The perioperative period for this data element is defined as 24 hours prior to surgical incision through discharge from the post anesthesia care/recovery area
 - Documentation must be found that intentional hypothermia was used during the perioperative period
 - For patients discharged from surgery and admitted to locations other than PACU (e.g., ICU): The perioperative period ends a maximum of six hours after arrival to the recovery area

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Specifications Manual, Version 3.2

SCIP Revisions

Intentional Hypothermia

- Notes for Abstraction Changes (cont.)
 - If there is documentation that the patient's body temperature was lowered to or stated to keep the temperature below 96.8° Fahrenheit/36° Celsius or lower, during the perioperative period select "Yes."
 - If there is documentation that intentional hypothermia was or must be maintained for the procedure, select "Yes"
 - If there is documentation that the patient was undergoing cardiopulmonary bypass for the procedure, select "Yes"

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Specifications Manual, Version 3.2 **SCIP Revisions**

Reason to Extend Antibiotics

- Allowable Value Changes
 - Value 5
 - There is physician/APN/PA documentation within 2 days following the principal procedure with the day of surgery being day zero that the patient has a current malignancy of the lower extremity involving the same extremity of the principal procedure that was an original arthroplasty or a revision of a joint revision surgery

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Specifications Manual, Version 3.2 **SCIP Revisions**

Reason to Extend Antibiotics

- Allowable Value Changes cont.
 - Value 6
 - There is documentation within 2 days following the principal procedure with the day of surgery being day zero that the principal procedure was a joint revision surgery.

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Specifications Manual, Version 3.2

SCIP Revisions

Surgical Incision Date

- **New Data Element**
 - Added in an effort to correlate the date and time of the actual incision more accurately
 - Prevent cases with a *Anesthesia Start Date/Time* that was before midnight and *Surgical Incision Date/Time* that was after midnight from failing the measure
- Recommend you read this data element definition prior to abstracting!

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Specifications Manual, Version 3.2

SCIP Revisions

Surgical Incision Time

- “Notes for Abstraction” Laparoscopy to Open **Exceptions** changes:
 - If the procedure starts as a laparoscopic procedure **AND** antibiotics were given prior to this procedure and it is converted to an open procedure, abstract the *Surgical Incision Time* that is documented for the laparoscopic procedure.

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Specifications Manual, Version 3.2

SCIP Revisions

Surgical Incision Time

- “Notes for Abstraction” Laparoscopy to Open **Exceptions** changes (cont):
 - “If the procedure starts as a laparoscopic procedure **AND** antibiotics were NOT given prior to this procedure and it is converted to an open procedure, abstract the *Surgical Incision Time* that is documented for the open procedure.”

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Specifications Manual, Version 3.2

SCIP Revisions

Temperature

- Notes for Abstraction Change
 - 1st bullet under Notes for Abstraction changed to include:
 - Active warming is limited to forced-air warming, conductive warming, warm-water garments, and resistive warming
 - Resistive warming has been added to the acceptable warming modality list

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SCIP Revisions

Urinary Catheter

- Definition Clarification: There is documentation that a urinary catheter was *placed during the perioperative timeframe and that the catheter was still in place upon discharge from the recovery/post-anesthesia care area*
- Allowable Values 1 and 2 were modified to match the definition timeframe clarifications

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Specifications Manual, Version 3.2

SCIP Revisions

Urinary Catheter cont.

- Allowable Value #3: There is documentation that the patient had an indwelling urethral or suprapubic catheter or was being intermittently catheterized prior to the perioperative timeframe.

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

- Allowable Value #4: There is documentation that the patient had a suprapubic catheter placed perioperatively and it was still in place at the time of discharge from the recovery/post anesthesia care area or the patient was being intermittently catheterized during the perioperative period

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

Many changes to the “Notes for Abstraction:”

- The perioperative timeframe is defined as from the hospital arrival through discharge from the recovery/post anesthesia care area.

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

- If the patient had an ileal conduit or urinary diversion prior to the perioperative period, or if the patient had an ileal conduit or urinary diversion prior to the perioperative period and had an indwelling urethral catheter placed perioperatively, select "3"

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

- **For patients discharged from surgery and admitted to locations other than PACU (e.g., ICU):** The perioperative period would end a maximum of six hours after arrival to the recovery areas

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

- Intermittent catheterization is defined as when a catheter is inserted to drain the bladder and removed once the bladder is emptied (in and out catheterization)
 - This can be multiple periodic catheterizations
 - The catheter is not inserted and left in place
 - Note: A one time catheterization such as done for a urine culture does not represent catheterization and should not be considered for this data element

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

- If the patient had an indwelling urethral catheter or suprapubic catheter or was being intermittently catheterized **prior** to the perioperative timeframe **and** there is also documentation that the indwelling catheter was placed (or replaced) **perioperatively** and it was still in place at the time of discharge from the recovery/post anesthesia care area select "3"

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

- If the patient had a suprapubic catheter placed **perioperatively** and it was still in place at the time of discharge from the recovery/post-anesthesia care area **OR** if the patient was intermittently catheterized **perioperatively AND** there is also documentation that an indwelling catheter was placed **perioperatively** and was still in place at the time of discharge from the recovery/post-anesthesia care area select “4”

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Specifications Manual, Version 3.2 **SCIP Revisions**

Urinary Catheter cont.

- Documentation of catheter removal does NOT need to be found within the perioperative period but must reflect that the catheter was removed on POD 0 through POD 2

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Specifications Manual, Version 3.2

SCIP Revisions

VTE Prophylaxis

Many changes to the “Notes for Abstraction:”

- For the purposes of abstraction, mechanical VTE prophylaxis does not require a physician order to be abstracted; there is no order or copy of hospital protocol required
- Abstract any form of mechanical VTE prophylaxis documented as ordered or as placed on the patient at anytime from hospital arrival to 24 hours after Anesthesia End Time

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Specifications Manual, Version 3.2

SCIP Revisions

VTE Prophylaxis cont.

- Abstract any pharmacological VTE prophylaxis that was ordered/substituted at anytime from hospital arrival to 24 hours after Anesthesia End Time
- If one pharmacological medication is ordered and another medication is substituted (such as per pharmacy formulary substitution or protocol), abstract both medications for *VTE Prophylaxis* and for *VTE Timely*
- Note: No copy of the formulary or protocol is required in the medical record

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New Core Measure Set

Emergency Department

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Specifications Manual, Version 3.2

ED Measures

- Voluntary reporting starting 10/1/2010
- Select in Measures Designation
- Reflects
 - Processes of care in the ED
 - Coordination of care
 - Communication
 - Efficiencies of service
- In proposed rule for year 2014

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Specifications Manual, Version 3.2 ***ED Measures***

- Specifications and Data Dictionary available in Version 3.2b of *Specifications Manual*
- Abstracted separately from other topics

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Specifications Manual, Version 3.2 ***ED Measures***

- Focusing on:
 - Reducing time the patients waits in the ED
 - Improving access and treatment by reducing ED overcrowding
 - Improving quality of care and satisfaction to the patient Improvement will be measured in the decrease in time from arrival through discharge to inpatient care

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Specifications Manual, Version 3.2 *ED Measures*

- Population is identified using 3 data elements:
 - *ICD-9-CM Principal Diagnosis Code*
 - *Admission Date*
 - *Discharge Date*

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Specifications Manual, Version 3.2 *ED Measures*

**Quarterly sampling is based on the ED Measure Set
Initial Patient Population Size**

Initial Patient Population Size “N”	Minimum Required Sample Size “n”
≥ 1000	200
250 - 999	20% of Initial Patient Population size
50 - 249	50
6-49	No sampling; 100% Initial Patient Population required
0 - 5	Submission of patient level data is encouraged but not required. If submission occurs, 1 – 5 cases of the Initial Patient Population may be submitted.

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Specifications Manual, Version 3.2 *ED Measures*

Monthly sampling is based on the ED Measure Set Initial Patient Population Size

Average Monthly Initial Patient Population Size "N"	Minimum Required Sample Size "n"
≥ 333	67
85 - 332	20% of Initial Patient Population size
18 - 84	18
< 18	No sampling; 100% Initial Patient Population required

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Specifications Manual, Version 3.2 *ED Measures*

ED 1: Median time from ED arrival to ED departure for admitted ED patients

- Measures from the time of arrival through the time of departure from the ED for patients who are admitted for inpatient care

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Specifications Manual, Version 3.2 *ED Measures*

ED Exclusions

- Patients placed into observation services
- Patients with an ICD-9 Principal Code on Table 7.01 (Mental Disorders)
- Patients who are not ED patients

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Specifications Manual, Version 3.2 *ED Measures*

ED-2: Admit decision time to ED departure for admitted patients

- Calculates the **median** time from the decision to admit to the time the patient is discharged from the ED to inpatient status
- Same focus as ED-1
- Same population and exclusions as ED-1

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ED Measures

Data Elements

- *Arrival Date*
- *Arrival Time*
- *ED Department Date*
- *ED Departure Time*
- *ED Patient*
- *Decision to Admit Date*
- *Decision to Admit Time*
- *Observation Services*

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Miscellaneous Reminders

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Future Inpatient Specifications Manual Publications

Manual Publication Date	Discharge Time Periods
October 2010	April 1, 2011 through December 31, 2011 (2 nd , 3 rd , and 4 th Quarters 2011)
July 2011	January 1, 2012 through June 30, 2012 (1 st and 2 nd Quarters 2012)
January 2012	July 1, 2012 through December 31, 2012 (3 rd and 4 th Quarters 2012)

Beginning with January 1, 2012 discharges, the Inpatient Manual and Outpatient Manual publication schedule will be aligned. They will continue to be separate Inpatient and Outpatient Manuals.

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QUEST Updates

- A new ED Measures topic will soon be added to QUEST for related questions
- Global Vaccination measures are informational only and will not be added to QUEST at this time
 - Questions on the Global Vaccination measures can be submitted under the PN topic if needed
- Questions about the new AMI-10 measure should be submitted under the AMI topic (some Q&As are already posted)

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Helpful Documents

- AMI Diagnosed Late Fact Sheet
- AMI Initial ECG Fact Sheet
- AMI, Statin Fact Sheet
- HF, Discharge Instructions Fact Sheet
- Revised Quest Responses for April, May, June 2010
- RHQDAPU Calendar, July – September 2010
- Sampling Table, 4th Qtr 2010 to 1st Qtr 2011
- *Specifications Manual 2011 Publishing Timeline*

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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 the FL & CA RHQDAPU Email List (formerly the HQA Email List)
<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
- Subscribe to the National SCIP Listserve
www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079

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Questions?



- Email questions to Becky, Cassie, or Lawanna no later than **Friday, August 6, 2010**
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA RHQDAPU Email List no later than August 13

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Stay "In the Know"...

Contact your QIO Project Coordinator:

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