

Florida In The Know: Inpatient Data Collection, Reporting and Validation

April 22, 2009

Lane Harrigan, RN, BSN

Project Coordinator Clinical Data Abstraction AMI/HF

Lawanna Hurst, RN, BSN

Project Coordinator Clinical Data Abstraction SCIP

Becky Ure, RN, BSN, MEd

Project Coordinator Clinical Data Abstraction PN

1

The Medicare Quality Improvement Organization for
Florida



Objectives

- Promote and support submission of inpatient quality data for reporting and Annual Payment Update (APU)
- Improve the accuracy, timeliness and completeness of data submitted to the QIO Clinical Warehouse

2

The Medicare Quality Improvement Organization for
Florida



Agenda

- Abstraction and Validation
 - Common Trends & How to Avoid Failures
- *Specifications Manual*
 - Reminders (versions 2.5, 2.6 & 2.6b)
- Upcoming RHQDAPU Deadlines
- General News & Updates
- Answers to Submitted Questions

3

The Medicare Quality Improvement Organization for
Florida



Abstraction & Validation

Common Trends and How to Avoid Failures

4

The Medicare Quality Improvement Organization for
Florida



Q2 2008 Florida Validation Results

171 Hospitals Reported - includes 6 CAH

- 10 hospitals scored 100%
- 66 hospitals scored 95% & 99%
- 13 Failed with < 80%, or 7.6%
- 158 had \geq 80% Passing Score, or 92.4%



5

The Medicare Quality Improvement Organization for
Florida



Data Elements with Greatest Number of Mismatches for Q2 2008 Failed Validations

HF	AMI	PN	SCIP
D/C Inst. Meds	BB Arrival*	CXR	Antibiotic Dose
D/C Inst. Weight. Monitoring	Reason for no ACEI or ARB at Discharge	Antibiotic Doses	Laparoscopic Surgery
			Surgery End Time

9

The Medicare Quality Improvement Organization for
Florida



Topic: HF-1

Discharge Instructions Address Medications

Abstraction TIPS

- Keep it simple
- Make your list from all documentation regarding discharge meds
- Compare it to the WRITTEN list given to the patient or caregiver.
- In order to have all allowable documents in the record, consider delaying abstraction of HF cases until 30 days post discharge.

7

Topic: HF-1

Discharge Instructions

(continued)

- In order for a Discharge Instruction Form to count as given to the patient, it MUST have the following on the form:
 - patient's name or patient's medical record number
- AND**
- patient/caregiver's signature or staff signature

8

Topic: AMI-3 & HF-3

Reason for NO ACEI and NO ARB at Discharge

Abstraction TIPS

- Only two conditions that do not require a direct link to the reason for not ordering at discharge:
 - ACEI AND ARB allergy
 - Moderate or severe aortic stenosis

9

The Medicare Quality Improvement Organization for
Florida



Topic: AMI-3 & HF-3

Reason for NO ACEI and NO ARB at Discharge

Abstraction TIPS

(continued)

- For any of the following five conditions to be a reason for not ordering both meds at discharge, they **MUST BE LINKED as the reason for not ordering “one” of the meds:**

10

The Medicare Quality Improvement Organization for
Florida



Topic: AMI-3 & HF-3

Reason for NO ACEI and NO ARB at Discharge

(continued)

- Angioedema
- Hyperkalemia
- Hypotension
- Renal artery stenosis
- Worsening renal function/renal disease/dysfunction

11

The Medicare Quality Improvement Organization for
Florida



Topic: AMI-3 & HF-3

Reason for NO ACEI and NO ARB at Discharge

(continued)

Examples

- “Hyperkalemia” documented in the progress notes and “D/C Lisinopril” in the orders. Answer “no”.
- ACEI allergy and further documentation of Hyperkalemia – no ARBs, answer “yes”.
- Renal function worsening. No ACEI or ARB order, answer “No”.

12

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

The majority of Chest X-ray mismatches are caused because the abstractor:

- Didn't see/count inclusion terms
- Didn't follow priority order of sources
- Considered the radiologist's interpretation to "over-rule" the ED/attending physician's interpretation

13

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

How would you abstract the following?

- CXR Report: Negative findings for pneumonia. No inclusion terms.
- Chest CT Scan Report: Negative findings for pneumonia. No inclusion terms.
- ED physician's notes: "On my review, RLL density that could be early PNA."
- H&P: "A chest x-ray looks like he has a hazy, right-sided infiltrate..."

14

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

Review the “Notes for Abstraction:”

- Follow the priority order for suggested data sources.
- Find an inclusion term... select value “1” and do not go any further.
- Don’t find an inclusion term... continue to review the medical record for physician/APN/PA documentation of inclusion terms!

15

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

Here is how you would evaluate this case:

- CXR Report: Negative findings for pneumonia. No inclusion terms. *Progress to next data source.*
- Chest CT Scan Report: Negative findings for pneumonia. No inclusion terms. *Progress to next data source.*
- Other x-ray or CT scan with lung field findings: None included in record. *Progress to next data source.*

16

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

- ED physician's notes: "On my review, RLL density that could be early PNA." *"Density" is on the inclusion list; abstract value #1.*

If the ED physician's notes were negative you would have to continue looking. In this case...

- H&P: "A chest x-ray looks like he has a hazy, right-sided infiltrate..." *Both "hazy" and "infiltrate" are on the inclusion list, so you would abstract value #1.*

17

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

- **For 4th quarter 2008 and 1st quarter 2009 discharges only**, abstract allowable value #1 when you see:
 - No definite, no acute, etc. + [inclusion term]
 - No new + [inclusion term]
- *"Unless documentation clearly states 'no infiltrate', we have been very liberal in our interpretation of inclusions."*

(Quest ID#209209)

18

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

- **Important change beginning with 2nd quarter 2009 discharges:**
 - *“If the only documentation of an Inclusion is prefaced with wording such as ‘no significant’ or ‘no definite,’ select 4 (do NOT reference Appendix H, Table 2.6).”*
 - **Allowable value #4 = UTD**

19

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

- Be careful... “Physician’s notes” are not the same as “Physician Progress Notes!”
- They could be included in other documents such as the Discharge Summary, a consult form, etc.

20

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Chest X-ray

- Remember...the data element Chest X-ray is a “parent” data element. If the way you abstract it prevents you from answering the remaining data elements, you must be **ABSOLUTELY SURE** you have abstracted it correctly!
 - Check the Quest Q&As
 - Submit your own Quest question
 - Email your QIO contact to verify your abstraction

21

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Arrival Time

- Defined as, “The earliest documented time the patient arrived at the hospital.
- Data definition includes “ONLY Acceptable Sources”
- Recent mismatches due to abstractor not considering time documented on the “ED/Outpatient Registration Form”

22

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia

Blood Cultures Collected

- Several mismatches due to determining if blood culture was obtained before or after admission order as a result of the order not being timed.
 - NOTE: The Data Dictionary does not state that the TIME the blood culture was collected was before the TIME the admit orders were written...
- On occasion, documentation of events might clearly show that the blood culture was obtained prior to an admission order – even if the order was not timed.

23

Topic: Pneumonia

Blood Cultures Collected

- Example:
 - 0800 – ED Triage time
 - 0820 – Seen by physician
 - 0830 – Nurse documents labs drawn, blood cultures collected, IV started
 - 0845 – EKG and portable x-ray done
 - 00930 – To radiology for chest CT
 - 1000 – Phone call to Hospitalist. Decision made to admit.
 - ??? – Admission orders written, but not timed

24

Topic: Pneumonia

Blood Cultures Collected

- Be extremely careful if you have this situation!
- If you are absolutely sure the sequence of events clearly shows the blood culture was obtained prior to the decision to admit (and therefore the admission orders being written), you can abstract it as allowable value #1 (initial blood culture collected in the ED prior to the admission order)

25

Topic: Pneumonia and SCIP

Antibiotic Name/Route/Date/Time

- Multiple mismatches due to:
 - Didn't abstract first/last dose
 - Didn't count oral antibiotics
 - Didn't abstract antibiotics that weren't "recommended"
 - Didn't abstract antibiotics that had UTD values for one or more elements

26

Topic: Pneumonia and SCIP

Antibiotic Name/Route/Date/Time

- Be sure to:
 - Check ALL possible sources of documentation, i.e., MARs, nurses' notes, anesthesia record, intraoperative notes, etc.
 - If you see any documentation of IV antibiotic started that has 1 or more missing "pieces of information," enter it in the antibiotic grid with "UTD" in the missing field (or "Antibiotic NOS" when unable to identify the name and it was clearly an antibiotic).

27

The Medicare Quality Improvement Organization for
Florida



Topic: Pneumonia and SCIP

Antibiotic Name/Route/Date/Time

- When in doubt, DOCUMENT THE ANTIBIOTIC!
- You will not be penalized for documenting additional antibiotics, but...

*You **WILL** be penalized with a mismatch if you miss an antibiotic that the CDAC abstracts!*

28

The Medicare Quality Improvement Organization for
Florida



Topic: SCIP

Surgery End Time

- NOTE: The data definition changed beginning with 4th quarter 2008 discharges:
 - Now have priority Inclusion terms, NOT priority data sources!

29

The Medicare Quality Improvement Organization for
Florida



Topic: SCIP

Surgery End Time

- Most mismatches result from:
 - Not following the priority sources
 - Not taking the earliest time among Inclusion terms in the same priority level

30

The Medicare Quality Improvement Organization for
Florida



Topic: SCIP

Surgery End Time

- Example #1 (Two Priority 1 Inclusion terms):
 - Anesthesia Record: End of Surgery = 1300
 - Circulation Record: End Time = 1305
 - Abstract: 1300
- Example #2 (One Priority 1 Inclusion term, one Priority 2 Inclusion term):
 - Anesthesia Record: OR stop = 1300
 - Circulation Record: End Time = 1305
 - Abstract: 1305

31

The Medicare Quality Improvement Organization for
Florida



Topic: SCIP

Laparoscope

- You cannot abstract “yes,” if:
 - Any incisions needed to be extended or enlarged.
 - Additional incisions were made in addition to those needed to insert the trocars.
 - The patient had a laparoscopically assisted vaginal hysterectomy
 - Note: laparoscopically “assisted”....
 - An incision made in the vagina to remove the uterus is “an additional incision,” i.e., it was not made to insert a trocar...

32

The Medicare Quality Improvement Organization for
Florida



Topic: SCIP

Laparoscope

- Robotic laparoscopic procedures
 - Consider the “robotic” instrument to be an extension of the surgeon’s hands. Same rules still apply...
 - REMEMBER: This is a “parent” data element!
If you are not absolutely certain of the answer:
 - Check the Quest Q&As
 - Submit your own Quest question
 - Email your QIO contact for further advice

33

The Medicare Quality Improvement Organization for
Florida



Topic: SCIP

Joint Revision

- To abstract “yes,” you must see documentation such as:
 - Artificial joint revision
 - Removal of hardware (plates, screws, etc. from a previous surgery)
 - Revision surgery
 - Total joint revision
- Do not “assume” the answer. Look for specific documentation!

34

The Medicare Quality Improvement Organization for
Florida



Validation Mismatches & Lessons Learned

Reminders...

Reminders...

Reminders...

35

The Medicare Quality Improvement Organization for
Florida



Validation Mismatches & Lessons Learned

Assign someone the responsibility to
check copies of records that are
requested by the CDAC

BEFORE
they are mailed!



36

The Medicare Quality Improvement Organization for
Florida



Validation Mismatches & Lessons Learned

Incomplete Records

- Make sure *all pages* of the record are included.
- Don't forget to include hard copies of *all electronic documentation that was used for hospital abstraction.*

37

The Medicare Quality Improvement Organization for
Florida



Validation Mismatches & Lessons Learned

Incomplete Records

Once the record is submitted for validation, CMS policy prohibits providers from adding pages or replacing incorrect medical records!

38

The Medicare Quality Improvement Organization for
Florida



Validation Mismatches & Lessons Learned

Invalid Records

•Be sure to review **each** medical record and compare it to the identifiers on the CDAC request cover sheet:

- Name
- DOB
- **Admission and discharge dates**
- Social Security Number
- Medical record number/account number

39

The Medicare Quality Improvement Organization for
Florida



Specifications Manual Reminders

Version 2.5b (4th Quarter 2008-1st Quarter 2009)

and

Version 2.6b (2nd and 3rd Quarters 2009)

Please refer to the
In the Know, Part II
April 2009
presentation file



40

The Medicare Quality Improvement Organization for
Florida



Upcoming RHQDAPU Deadlines

Q4 2008 Data

- Population and Sampling: 05/01/09
- Clinical Data Submission: 05/15/09
- Validation Records Requested: 05/31/09
- Anticipated Final Record Submission: 06/30/09

- Preview June Hospital Compare Release: 05/09/09

41

Inpatient Population and Sampling

4rd Quarter 2008 data is due May 1, 2009

- Each cell MUST have a number in it.
 - If no cases, enter zero.
- Recommendations:
 - Verify that data has been submitted - **even if your vendor does this for you.**
 - Look at total population and sample sizes to assure they look “reasonable.”
 - Refer to the *Tip Sheet for Submission of Inpatient Population and Sampling.*

General News & Updates

43

The Medicare Quality Improvement Organization for
Florida



Hospital Compare

June 2009 Release

Data Timeframes:

- Clinical Process Measures: Q4 2007 – Q3 2008
- 30-Day Mortality Outcome Measures (AMI/HF/PN): Q3 2005 – Q2 2008

(up to three years, depending on the number of years hospital had eligible cases for individual measures)

44

The Medicare Quality Improvement Organization for
Florida



Hospital Compare

(continued)

- 30-Day Readmission Rates (AMI/HF/PN):
Q3 2005 – Q2 2008
(up to three years, depending on the number of years
hospital had eligible cases for individual measures)
- HCAHPS Measure: Q4 2007 – Q3 2008

45

The Medicare Quality Improvement Organization for
Florida



New VTE & Stroke Measures

(*Specifications Manual*, Version 3.0)

- The specifications for these new measure sets are included in Version 3.0 of the *Specifications Manual* (www.qualitynet.org).
- Beginning with 10/1/09 discharges, they will be collected by The Joint Commission only .
- They are "informational" only for CMS. (There is a possibility that this may change when the next Final Rule is published.)

46

The Medicare Quality Improvement Organization for
Florida



New VTE & Stroke Measures

(Specifications Manual, Version 3.0)

- Providers **will not** be able to submit these measures to the QIO Clinical Warehouse.
- Please refer to the Proposed and Final IPPS Rule when released for further guidance as to when CMS will collect and/or require these measure sets.
- At this time, submit any questions regarding the VTE and Stroke measure sets to The Joint Commission at: <http://manual.jointcommission.org>.

47

The Medicare Quality Improvement Organization for
Florida



New ED Measures

(Specifications Manual, Version 3.0)

- The Emergency Department measure set is “informational only,” allowing providers to preview the measures and data elements.
- Providers **will not** be able to submit these measures to either CMS or The Joint Commission.
- As with the VTE and Stroke measure sets, CMS may be collecting these measures at a later time dependent upon what is in the Proposed and Final Rules when they are released.

48

The Medicare Quality Improvement Organization for
Florida



New SCIP-Inf 9 and Inf 10 Measures (Specifications Manual, Version 3.0)

- These two measures will be collected by CMS beginning with 10/1/09 discharges, however they **are not required** for RHQDAPU.
- At this time, they are non-APU measures.
- If providers choose to submit these measures, they will be accepted into the QIO Clinical Warehouse beginning with 4th quarter 2009 discharges.
- Refer to the upcoming Proposed and Final IPPS Rules for further information as to when they will be required for APU.

49

Questions?



This material was prepared by FMQAI, the Medicare Quality Improvement Organization for Florida, under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. FL2008T8F61T80310872

50

Who and What is CDAC?

- WHO are they?

The Clinical Data Abstraction Center (CDAC) at Buccaneer Data Services under contract with CMS

- WHAT are they responsible for?

- requesting medical records directly from providers on behalf of the QIO
- abstracting clinical data from medical records as directed by CMS and /or your QIO

51

The Medicare Quality Improvement Organization for
Florida



Who and What is CDAC?

- What if my medical record contact changes?

- Contact your QIO. The QIO is still responsible for keeping the CMS PRS provider contact information up to date.

52

The Medicare Quality Improvement Organization for
Florida



Explain the 2% reduction in APU

- Each new FY, PPS hospitals receive a Medicare re-imbbursement rate increase, or an Annual Payment Update.
- The rate is based on specific factors that are spelled out in the Final Rule for that FY.
- If the hospital participates in RHQDAPU and meets the criteria, it receives what is referred to as their “Full Market Basket Update”.

53

The Medicare Quality Improvement Organization for
Florida



Explain APU & the 2% Reduction

- If the hospital does not participate in RHQDAPU, or if the required criteria is not met, the Full Market Basket Update is reduced by 2%.
- For hospitals that have a high Medicare Case Mix, this can be a significant amount of money.

54

The Medicare Quality Improvement Organization for
Florida



Helpful Documents

- Hospital Compare June '09 Preview Help Doc
- AMI-HF FACT SHEET - Q2 09
- Late AMI FACT SHEET - **Revised**
- Abstraction FACT SHEET CXR – Q4 08
- Benchmark PPS & CAH – Q2 08
- Benchmark ACM PPS Only – Q2 08
- 3.0 Table of Contents – Q4 09

55

The Medicare Quality Improvement Organization for
Florida



Stay “In the Know”...

Future “In the Know” Webinars

July 22, 2009 – **Review Specifications Manual 3.0**

October 21, 2009

January 27, 2010

The Medicare Quality Improvement Organization for
Florida



Stay “In the Know”...

- Subscribe to the HQA (Hospital Quality Alliance) Email List
 - <http://lists.flqio.org/mailman/listinfo/hqa>
- Subscribe to the National SCIP Listserve

Stay “In the Know”...

How to subscribe to the SCIP Listserve

- Go to QualityNet, Click on MedQIC tab, top left.
- Move browser over Patient Safety on the top bar, move down and click on Quality Improvement.
- Left hand side, scroll down to bottom and click on SCIP.
- Top right box titled ‘In this section’ click on Other resources.
- Middle of the screen SCIP Listserve Joining Instructions.

Stay “In the Know”...

- Contact your QIO Project Coordinator

AMI and Heart Failure Questions

Lane Harrigan
lharrigan@flqio.sdps.org
(813) 865-3509



Pneumonia and SCIP Questions

Becky Ure
rure@flqio.sdps.org
(813) 865-3549

Lawanna Hurst
lhurst@flqio.sdps.org
(813) 354-9111, ext. 3662

This material was prepared by FMQAI, the Medicare Quality Improvement Organization for Florida, under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. FL2009F6.18T80911162

*The Medicare Quality Improvement Organization for
Florida*

