

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

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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

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Objectives

- Promote and support submission of inpatient quality data for reporting hospital quality data for annual payment update (RHQDAPU)
- Improve the accuracy, timeliness and completeness of data submitted to the QIO Clinical Warehouse

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Agenda

- Abstraction and Validation – Q3 2008
 - Common Trends & How to Avoid Failures
- *Specifications Manual* Revisions
 - Version 3.0
- Upcoming RHQDAPU Deadlines
- General News & Updates
- Questions

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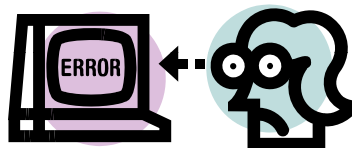
Abstraction & Validation Q3 2008

Common Trends

and

How to

Avoid Failures



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Q3 2008 Florida Validation Results

165 PPS Hospitals Reported

4 CAH Hospitals Reported

Scores	100%	99 - 95%	94 – 80%	< 80%
PPS Hospitals	8	69	76	9 PPS
CAH Hospitals	0	0	2	1 CAH
% of PPS Reported	5.0%	42%	46%	5.5%

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Q3 2008 Failed Validation Most Frequent Data Element Mis-matches

HF	AMI	PN	SCIP
D/C Inst. Meds	N/A	CXR (parent/child)	Antibiotic Dose

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Q3 2008 Validation

Tips & Reminders...

Tips & Reminders...

Tips & Reminders...



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Topic: HF-1

Discharge Instructions Address Medications

Abstraction TIPS

- Keep it simple
- Make your list from all documentation regarding discharge meds (**including copies of prescriptions that are in the record**)
- Compare it to the **WRITTEN** list given to the patient or caregiver.

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Topic: HF-1
Discharge Instructions Address Medications

In order to have all allowable documents available in the record, consider delaying abstraction of HF cases until 30 days post discharge.

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Topic: HF-1
ALL Discharge Instructions

- In order for a Discharge Instruction Form to count as written instructions 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

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Topic: PN-CXR Parent Child Data Element

- The key points from the data definition to keep in mind are that the CXR/CT documentation
 - Includes ANY Inclusion terms, or that
 - NO Inclusion terms were found
- Know what the Inclusion terms are
- Don't "read between the lines" on patient documentation
- Beware of "no specific...", "no obvious...", etc.

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TOPIC: SCIP Antibiotic Name/Route/Date/Time

- Look in all of the Suggested Data Sources (and other sources if applicable)
 - If there is a signature or initials on any source, abstract the antibiotic and use UTD for any missing information
- If any one or more pieces of information is missing, abstract the dose anyway – even if you know it is the same as a dose you have already abstracted
- It is better to over-abstract antibiotics than under-abstract

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TOPIC: SCIP

Laparoscope

- Any extension of an incision: Select “No”
- Any additional incisions: Select “No”
- Do not rely on ICD-9 coding
- Operative report is good source to find documentation of extension of an incision or additional incisions

SCIP Review

Surgical Incision Time

Inclusion	
<p>First priority: Incision Time</p> <ul style="list-style-type: none"> • Begin time • Operation start time • Procedure start time • Start of surgery (SOS) • Surgery start time • Symbol used on grid and indicated in legend to be incision time <p>Second priority:</p> <ul style="list-style-type: none"> • Chest time • Leg time • Skin time • Sternotomy time <p>Third priority:</p> <ul style="list-style-type: none"> • Anesthesia begin time • Anesthesia start time • Operating room start time 	<p>Look for the Inclusion Term <u>Incision Time</u>. If you find this term you will use this time.</p> <p>If you cannot find this term then follow the priority order. If multiple times are found, use earliest time among the highest priority.</p>

SCIP Review

VTE Prophylaxis

Suggested Data Sources

- **Pharmacological:** Only acceptable source for pharmacologic prophylaxis is Physician orders
- **Mechanical:** You do not have to find a physician order. Look for documentation that mechanical prophylaxis was placed on the patient. Regardless of finding an order, abstract all forms that were documented as being placed on the patient.

Validation Lessons Learned

WARNING!!!

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

(Don't loose points and/or fail validation due to copying errors!)

Specifications Manual Revisions

Version 3.0a

10/1/2009 - 3/31/2010

(Addendum 3.0b, updating ICD-9 codes, is expected in the Fall of 2009, **AFTER** the Final Rule is published.)



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Specifications Manual 3.0a

“Introduction to the Data Dictionary” Changes

Addition to “General Abstraction Guidelines”

- “Rubber” stamped physician/advanced practice nurse/physician assistant (physician/APN/PA) signatures **are not acceptable on any document within the medical record.**
- Handwritten, electronic signatures or facsimiles of original written or electronic signatures **are acceptable.**”

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Specifications Manual 3.0a

Introduction to the Data Dictionary General Abstraction Guidelines

Medical Record Documentation

~~“All documentation in the medical record must be legible and complete.”~~

Changed to:

“All documentation in the medical record must be legible and must be **timed, dated, and authenticated.**”

Specifications Manual 3.0a

Introduction to the Data Dictionary General Abstraction Guidelines

Medical Record Documentation, (continued)

Added: “Authentication may include written signatures, initials, computer key, or other codes.”

Specifications Manual 3.0a

Changes to Data Element Common to Multiple Topics

Adult Smoking History

- Corrected wording in “No” allowable value
- “Notes for Abstraction” clarifications:
 - Select “Yes” **only** if there is definitive documentation the patient currently smokes or smoked during the year prior to hospital arrival, regardless of whether or not there is conflicting documentation.

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Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Topics

- *Adult Smoking History* clarifications, continued
 - If there is **NO** definitive documentation of current smoking or smoking within one year prior to arrival in any of the **ONLY ACCEPTABLE SOURCES**, select “No.”
- Examples that **would not** count as inclusions:
 - “Smoked in the last year?”
 - “Probable smoker”
 - “Most likely quit 3 months ago”

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Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

ACEI / ARB / ASA / β Blocker at Discharge

- Now provides examples when:
 - Medication is listed in the D/C Summary, but Physician Orders are contradictory (e.g., physician noted “d/c X” or “hold X”), select “No”.

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Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

Clinical Trial

- Also used for new VTE and Stroke measures
- Remember: To abstract “yes”
 - You MUST have a **signed consent form** for the clinical trial, and....
 - The clinical trial must be related to the measure that the case applies to, i.e., if it is a SCIP case, does it apply to prevention of infection, VTE prophylaxis, etc.

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Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

Comfort Measures Only

- **Added** bullet to reduce false measure exclusions:
 - Disregard documentation of comfort measures only when clearly described as negative, for example:
 - No comfort care
 - Not a hospice candidate
 - Declines palliative care
 - Not appropriate for hospice care

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Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

Comfort Measures Only

- Word change:
 - “If any of the inclusions are documented, select “1,” “2,” or “3” accordingly, regardless of other documentation *unless otherwise specified.*

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Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

Comfort Measures Only

- Now includes explicit Exclusion Terms
 - DNR-Comfort Care Arrest (All-Inclusive)
 - DNR-CCA
 - DNRCC-A
 - DNRCC-Arrest
 - DNRCCA

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Changes to Data Elements Common to Multiple Measures

Comfort Measures Only

- “Collected For” now does not include AMI-6, AMI-7a, and AMI-8a
- Rationale: If the patient is on comfort measures but the physician decides primary reperfusion is needed, **it should be done in a timely manner** just like those patients who are **not** on comfort measures only.

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Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

LVSD

- Added to “Notes for Abstraction,”
Methodology section:
 - **Conclusion section of report takes priority over other sections.** Consider the “Impression,” “Interpretation” and “Final Diagnosis” sections as equivalent with the “Conclusion” section.

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Changes to Data Elements Common to Multiple Measures

LVSD

- Modification to “Notes for Abstraction,”
“Change B. Conflicting documentation:”
“consistent with” replaced with
“**synonymous with**”
- Inclusion List heading changed from
 - “Inclusion list A”
 - To “Inclusion list A: **Moderate/severe LVSD**”

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Changes to Data Elements Common to Multiple Measures

LVSD

- Added additional qualifiers to end of last bullet in Inclusion List A:
 - “Left ventricular systolic failure described as marked, moderate, moderate-severe, severe, significant, substantial, or very severe **AND not described as right ventricular.**”

Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

LVSD

- Inclusion List heading changed
 - From: “Inclusion list B”
 - To: “Inclusion list B: **LVSD — Severity not specified**”

Specifications Manual 3.0a

Changes to Data Elements Common to Multiple Measures

LVSD

- Modified the last bullet in Inclusion List B to read:
 - “Left Systolic failure where severity is not specified **AND not described as right ventricular**”

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Specifications Manual 3.0a

Changes to Data Elements AMI-7a & AMI-8a

Reason for Delay in Fibrinolytic and Reason for Delay in PCI

- Additional “unplanned” procedures added to Inclusion Lists:
 - Balloon Pump list
 - Intubation list

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Specifications Manual 3.0a

Changes to Data Elements AMI-7a & AMI-8a

Reason for Delay in Fibrinolytic and Reason for Delay in PCI

- “Notes for Abstraction” modification, continued
 - ...**physician/ANP/PA documentation** that it occurred within 30 minutes/90 minutes after hospital arrival must be CLEAR.

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Changes Common to Multiple AMI Measures

- **AMI-2 Aspirin Prescribed at Discharge**
- **AMI-3 ACEI or ARB Prescribed at Discharge**
- **AMI-5 Beta Blocker Prescribed at Discharge**
- **AMI-T2 Lipid-Lowering Agent Prescribed at D/C**
 - Clarified how to handle cases where there is documentation of a plan to start/restart Aspirin, an ACEI or ARB, a Beta Blocker or Lipid Lowering agent after discharge.

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Specifications Manual 3.0a

AMI Changes

- **AMI-6** *Beta Blocker Prescribed Within 24 Hours After Hospital Arrival*
 - Measure previously retired and removed from the *Specifications Manual*

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AMI Changes

- **AMI-T1a** *Pre-Arrival Lipid-Lowering Agent*
 - Wording simplified to capture any patient that was on a lipid-lowering agent prior to hospital arrival as positive (including agents started at transferring facility)

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Pneumonia Specific Changes

- **Blood Culture Collected:** Added new bullets for selection of allowable value #2
 - If documentation of blood cultures within 24 hours prior to AND 24 hours after arrival
 - If patient is a direct admit and blood culture is collected within 24 hours after arrival (regardless of admit order timing)

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Pneumonia Specific Changes

- **Chest X-Ray:** Added clarification regarding timing of CXR/CT
 - If there is mention of a CXR/CT and no documentation that it was done prior to arrival or during hospitalization, assume it was performed during the hospitalization
- **Diagnostic Uncertainty:** Added clarification of a delay
 - Delay should refer to the pneumonia diagnosis, not to antibiotic administration

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Pneumonia Specific Changes

- **ICU Admission or Transfer:** Deleted “within first 24 hours” from data element name
 - “New” data element is used for PN 3a, PN6ab, (AND for new VTE-1 and VTE-2)
 - Pneumonia measures require ICU admission or transfer within first 24 hours following arrival
 - ICU must be due to pneumonia complications only (septic shock, respiratory distress, etc.)

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Pneumonia Specific Changes

- **ICU Admission or Transfer, continued**
 - No documented reason for transfer to ICU: Assume related to pneumonia complications
 - If order for ICU but not moved due to lack of bed, select “1”
 - Level of intensive care **MUST** be documented (see Inclusion and Exclusion Lists!)
 - Do NOT use clinical judgment based on the type of care administered to the patient. Follow the instructions in the definition!

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Pneumonia Specific Changes

- **Pneumonia Diagnosis: ED/Direct Admit:**
Added bullet for direct admits
 - Initial progress note is not acceptable data source and not considered an admission note unless it contains documentation re admission
- **Pseudomonas Risk:** Expanded allowable documentation
 - Pharmacist documentation now allowed in addition to physician, advance practice nurse, and physician assistant documentation

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Pneumonia Specific Changes

- **PN-3b: Blood Cultures Performed in the ED Prior to the Initial Antibiotic Received in the Hospital**
 - Rationale and References have been updated per the IDSA/ATS CAP Consensus Guidelines

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SCIP Specific Changes

2 New Measure Sets

- **SCIP-Inf-9:** Urinary catheter removed on postoperative 1 (POD 1) or postoperative day 2(POD 2) with day of surgery being day 0.
- **SCIP-Inf-10:** Surgery patients with perioperative temperature management.

Specifications Manual 3.0a

SCIP-Inf-9 Urinary Catheter Removed POD 1 Or POD 2

New Data Elements

- Urinary Catheter
- Catheter Removed
- Reasons for Continuing Urinary Catheterization

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Data Element: *Urinary Catheter*

Inclusion	Exclusion
Indwelling catheter: <ul style="list-style-type: none"> • 3-Way catheter • Coude catheter • Council tip catheter • Foley catheter • Indwelling catheter Intermittent: <ul style="list-style-type: none"> • “in and out” catheterization • “prn” catheterization for residual urine • Self-catheterization • Straight catheterization • “spot” catheterization 	<ul style="list-style-type: none"> • External catheter • Texas catheter

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Data Element: *Catheter Removed*

- Documentation that the catheter was removed on Post-op Day One (POD 1) or Post-op Day Two (POD 2) with *Anesthesia End Date* being Post-op Day zero (POD 0)
- POD 2 ends at midnight on the second post-op day.

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Data Element: *Reasons for Continuing Urinary Catheterization*

Allowable Value “1” There is documentation that the patient was in the intensive care unit (ICU) AND receiving diuretics.

Notes For Abstraction: Allowable Value 1 does not require physician/ANP/PA documentation, however it has to be documented that the patient was in the ICU on POD1 or 2 **AND** that they were receiving diuretics.

❖ **All documentation MUST be found on POD 1 or POD 2**

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Data Element: *Reasons for Continuing Urinary Catheterization*

Allowable Value “2”: There is physician/advanced practice nurse/physician assistant documentation of reasons for not removing the urinary catheter postoperatively

Notes For Abstraction: Allowable Value 2 **requires** physician/APN/PA documentation of the specific reason the catheter is not being removed. An order to “continue catheter” will not suffice. This documentation can **ONLY** be found on POD 1 or POD 2.

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Data Element: **Reasons for Continuing Urinary Catheterization**

Suggested Data Sources

Allowable Value 2: PHYSICIAN/APN/PA DOCUMENTATION ONLY

- Physician orders
- Operative report
- Progress notes

❖ All documentation MUST be found on POD 1 or POD 2

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Data Element: **Reasons for Continuing Urinary Catheterization**

Inclusion	Exclusion
<p>ICU synonyms:</p> <ul style="list-style-type: none">• Coronary care unit (CCU, CICU)• Intensive care unit (ICU)• Medical intensive care unit (MICU, MCU)• Respiratory intensive care unit (RICU, RCU)• Surgical intensive care unit (SCU, SICU) <p>ICU placement AND diuretic therapy (see Appendix C, Table 3.13 for a list of common diuretics).</p>	<ul style="list-style-type: none">• Patient refusal of catheter removal• High risk of falls

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Data Element: *Reasons for Continuing Urinary Catheterization*

IMPORTANT REMINDERS!!!!

- Allowable Value 1 has to have both ICU documentation **and** receiving diuretics.
- Physician order cannot be used as diuretic documentation, need to show administration.
- The physician must document **specifically** why the catheter is to remain after POD 2.

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SCIP Inf-10: *Surgery Patients with Perioperative Temperature Management*

New Data Elements

- **Temperature**
- **Intentional Hypothermia**
- **Anesthesia Data Elements**

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SCIP Inf-10 : Surgery Patients with Perioperative Temperature Management

*******Important Denominator Changes*******

- All patients above and ***below*** the age of 18 will be included in the Denominator for this Measure
- This age group will be included in your population numbers for your Population and Sampling reporting

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Data Element: Temperature

Allowable Values: Select all that apply:

1. Active warming was performed intraoperative.
2. There is documentation of at least one body temperature greater than or equal to 96.8° F/36° C within the 30 minutes immediately prior to or 15 minutes immediately after ***Anesthesia End Time***.

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Data Element: *Temperature*

Allowable Values: Select all that apply:

3. There is no documentation of Allowable Values 1 **AND** 2.
4. Unable to determine from the medical record documentation.

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Data Element: *Temperature*

Notes for Abstraction:

- A warming device is limited to forced-air warming or warm water garment. This device can be placed on the patient prior to *Anesthesia Start Time*, however the documentation needs to reflect it's use during the intraoperative period.

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Data Element: **Temperature**

Inclusion	Exclusion
<p>Temperature:</p> <ul style="list-style-type: none">• Axillary temperature• Bladder probe• Core temp• Esophageal temperature• Oral/PO/by mouth• Rectal temp• Rectally (R)• Skin surface temperatures• T/R• Temporal artery temperatures• Tympanic (tymp) temperature <p>Patient Warming Devices:</p> <ul style="list-style-type: none">• Forced air warmers/garments/devices• Warm water garments/devices	<p>Patient Warming Devices:</p> <ul style="list-style-type: none">• Blood warmers• Body cavity lavage• Extracorporeal blood re-warming systems• Heating pads• Radiant heat sources• Warmed IV fluids• Warm blankets heated in blanket warmer

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Data Element: **Intentional Hypothermia**

- Intentional hypothermia must be documented during the peri-operative period.
- Must be physician/APN/PA/CRNA documentation
- Peri-op period for this data element is defined as 24 hours prior to surgical incision through discharge from post anesthesia care/recovery area.

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Data Element: *Intentional Hypothermia*

Inclusion	Exclusion
<ul style="list-style-type: none">• Intentional hypothermia• Maintain body temperature less than 96.8 F/ 36 C (or lower)	None

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New Data Element

Anesthesia End Date

- Associated with the anesthesia providers sign-off after the principle procedure.
- Pay attention to those late evening cases that may go past midnight.

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New Data Element

Anesthesia End Time

- The time associated with the anesthesia providers sign-off after the principle procedure.
- If multiple procedures occur during the **same surgical episode**, the end time abstracted will be the time associated with the anesthesia providers sign-off after the surgical episode.

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New Data Element

Anesthesia End Time

- If the patient leaves the OR with open incision for closure at a later date, use Anesthesia end time of the principle procedure **NOT** the date/time the patient returns to the OR for closure.

Inclusion Terms

- Anesthesia stop
- Anesthesia end

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Specifications Manual 3.0a ***New Data Element***

Anesthesia Start Date

- Associated with the start of anesthesia for the principle procedure.
- This will be the date the principle procedure was actually performed on.

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Specifications Manual 3.0a ***New Data Element***

Anesthesia Start Time

- The time anesthesia was initiated for the principle procedure.

Inclusion Terms

- Anesthesia start
- Anesthesia begin
- Anesthesia initiated

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Specifications Manual 3.0a

New Data Elements

- **Anesthesia End Date**
SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-4, SCIP-Inf-9, SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
- **Anesthesia End Time**
SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2

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New Data Elements

- **Anesthesia Start Date:**
All SCIP Measures plus VTE-1*, VTE-2 *
- **Anesthesia Start Time:**
SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
- **Surgery End Date:**
VTE-1*, VTE-2* (NOTE: Not used for the SCIP VTE Measures)
- **Surgical Incision Time**
SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3

* The Joint Commission only

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New Data Elements

- Further info on *Anesthesia Start, Stop, and Type* data elements...
 - Data elements were changed to align with the ASA (American Society of Anesthesiologists) Normothermia measures
 - This was necessary to receive NQF (National Quality Forum) endorsement
 - Anesthesia Time/Date Elements have replaced Surgery Start Date/Time and Surgical End Time (avoid redundancy)

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New Data Element

Anesthesia Type

- Looking for documentation of anesthesia type.
 - General
 - Neuraxial
 - Both
 - None

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Specifications Manual 3.0a **New Data Element**

Anesthesia Type

- Select **ALL** types used.
- If case was converted from one type to another, abstract all types.
- If neuraxial was unsuccessful and general anesthesia was used, select both methods.

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Specifications Manual 3.0a **New Data Element**

Anesthesia Type

Inclusion	Exclusion
<ul style="list-style-type: none"> • General Anesthesia <ul style="list-style-type: none"> Inhaled Gases Intravenous Endotracheal Laryngeal mask airway or anesthesia (LMA) • Neuraxial Anesthesia <ul style="list-style-type: none"> Spinal block Epidural block Spinal anesthesia Subarachnoid blocks 	<ul style="list-style-type: none"> • Conscious sedation • Monitored anesthesia care (MAC) • Local with sedation • Local with stand-by • Peripheral nerve blocks • Saddle block • Deep sedation

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Data Element VTE Timely

VTE Timely

- Documentation of venous thromboembolism (VTE) prophylaxis received within 24 hours prior to *Anesthesia Start Time* to 24 hours after *Anesthesia End Time*.

❖ *Note: The times for collection are now based on the new Anesthesia Start/End Times!*

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New VTE & Stroke Measures

- Collected by The Joint Commission only
- Details are included in the *Specifications Manual* version 3.0a (www.qualitynet.org)
- Currently “informational only” for CMS
- Measures cannot be submitted to the QIO Clinical Warehouse at this time

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Specifications Manual 3.0a

New VTE & Stroke Measures, continued

- May change when the next *CMS Final Rule* is published
- Questions regarding these measure sets need to be submitted to:

The Joint Commission

<http://manual.jointcommission.org>

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Specifications Manual 3.0a

New ED Measures

- Currently “**informational only**” for both CMS and TJC
- Details are included in the *Specifications Manual* version 3.0a (www.qualitynet.org)
- Measures cannot be submitted to the QIO Clinical Warehouse or TJC at this time
- May change when the next *CMS Final Rule* is published

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“Homework” Assignment!

- Go to www.qualitynet.org
- Click on “Hospitals-Inpatient” then on “Specifications Manual” (index on left)
- Click on Version 3.0
- Open the Alphabetical Data Dictionary file and review the definitions for:
 - New data elements
 - Data elements you have questions about
 - Data elements you commonly miss on Validation

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Upcoming RHQDAPU Deadlines



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RHQDAPU Deadlines

Q4 2008 Data

- Anticipate Validation Results: 09/15/09

Q1 2009 Data

- Inpt. Population and Sampling: 08/01/09 *
- Inpt. Clinical Data Submission: 08/15/09 *
- Request for Medical Records: 08/31/09
- Submission of Records (approx): 10/01/09
- Anticipate Validation Results: 12/15/09

** Timely submission of Q1 2009 data is last data submission that can affect upcoming determination for **FULL** FY 2010 APU*

RHQDAPU Deadlines

8/1/09

Last day to withdraw from
RHQDAPU participation for 2010 APU



General News and Updates



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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)

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Hospital Compare

September 2009 Release

- **Data Timeframes:**

- Clinical Process Measures: Q1 2008 – Q4 2008
- 30-Day Mortality Outcome Measures (AMI/HF/PN): Q3 2005 – Q3 2008

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

Hospital Compare

September 2009 Release, continued

- 30-Day Readmission Rates (AMI/HF/PN): Q3 2005 – Q3 2008

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

- HCAHPS Measure: Q1 2008 – Q4 2008

Annual Payment Update (APU)

- Initial eligibility lists for 2010 FULL APU are expected in September 2009
(QualityNet / Hospitals-Inpt / RHQDAPU)
- Requests for Reconsideration will be due by November 1, 2009
(QualityNet / Hospitals-Inpt / RHQDAPU – APU Reconsideration)

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CMS FY 2010 Proposed Final Rule

- Includes proposed changes for the RHQDAPU initiative
- Can be downloaded from <http://edocket.access.gpo.gov/2009/pdf/E9-10458.pdf>
- RHQDAPU information begins on page 24165 (page 87 in the file) and extends through approximately page 24182

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CMS FY 2010 Proposed Final Rule

- **Goals for future expansions and updates:**
 - Expanding types of measures beyond process of care measures
 - Expanding the scope of hospital services to which the measures apply
 - Considering the burden on hospitals in collecting chart-abstracted data
 - Harmonizing the measures with other CMS quality programs to align incentives and promote coordinated efforts to improve quality

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CMS FY 2010 Proposed Final Rule

- **Goals, continued:**
 - Seeking to use measures based on alternative sources of data that do not require chart abstraction or that utilize data already being reported by many hospitals (i.e., registries or all-payer claims data bases)
 - Weighing the relevance and utility of the measures compared to the burden on hospitals in submitting data under the RHQDAPU program

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CMS FY 2010 Proposed Final Rule Location of Contents

- Listing of measures for FY 2010 payment:
Page 24166
- Use of registries: Page 24168
- Proposed measures for FY 2011 payment:
Page 24169
- Proposed new structural measures: Page
24170

PEPPER REPORTS

- Used to be a part of the 8th SOW HPMP (Hospital Payment Monitoring Program)
- QIO responsibility for the HPMP was deleted in the 9th SOW
- Inpt records for calculating the national fee-for-service Medicare error rate now sampled under the Comprehensive Error Rate Testing (CERT) program
- For further information:
 - www.certcdc.com/certproviderportal/pages
 - www.cms.hhs.gov/cert

Stay “In the Know”...

Future “In the Know” Webinars

- October 21, 2009
- January, 2010
- April, 2010

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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

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Health Services Advisory Group

Questions?



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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	Lawanna Hurst
rure@flqio.sdps.org	lhurst@flqio.sdps.org
(813) 865-3549	(813) 865-3518

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