

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

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## **Objectives**

- Promote and support the submission and reporting of inpatient 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
  - Q1 2009: Common Trends
  - Q4 2009: No Validation
- Annual Payment Update (APU)
  - What you need to do for Full 2011 APU
  - APU Timeframes Review
  - “New” Record Selection Process & Validation Methodology: 2012 APU



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## **Agenda**

- *Specifications Manual, Version 3.1*
  - Additions & Revisions: 04/01/2010 - 09/30/2010
- Upcoming RHQDAPU Deadlines
- General News & Updates



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## **Abstraction & Validation**



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## **Q1 2009 Common Trends**



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**Q1 2009  
“Failed Validation”  
Most Frequent Data Element  
Mismatches**

HF	AMI	PN	SCIP
Discharge Instructions	Varies	Chest X-Ray Antibiotic Received Antibiotic Doses (grid) PN Diagnosis: ED/Dir Admit	Antibiotic Doses VTE Prophylaxis Ordered Pre-Op Hair Removal

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**Why do the same mismatches  
keep reoccurring?**

**#1 Reason**

*Using common clinical meanings or  
clinical knowledge to answer questions  
instead of using  
the abstraction definitions*

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**Abstraction definitions target the  
primary purpose of the data element**

- The purpose for the majority of the data elements is to exclude cases from the denominator for each of the indicators.
- The goal is to filter out as many cases as possible that might not be appropriate to measure.

**Note:** *There is absolutely no way abstraction can exclude all cases that should be excluded or include all cases that are appropriate to measure!*

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**Every topic starts out with an INITIAL PATIENT POPULATION**




- For Pneumonia, this would be:
  - All patients age 18 or older, with a length of stay of 120 days or less, and who had the following ICD-9-CM codes:

*Principal Diagnosis Code – Pneumonia (Appendix A, Table 3.1)*

**OR**

*Principal Diagnosis Code = Septicemia or Respiratory Failure (Tables 3.2 and 3.3) and an Other Diagnosis Code of Pneumonia (Table 3.1)*

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**Some cases in the initial patient populations might not be appropriate to measure, such as...**

- Patients who might have been terminal and/or who did not want aggressive treatment
- Patients discharged/transferred to another hospital for inpatient care
- ED patients that the ED physician didn't think had pneumonia or where pneumonia wasn't even considered
- Surgical patients with physician-documented infection prior to surgery

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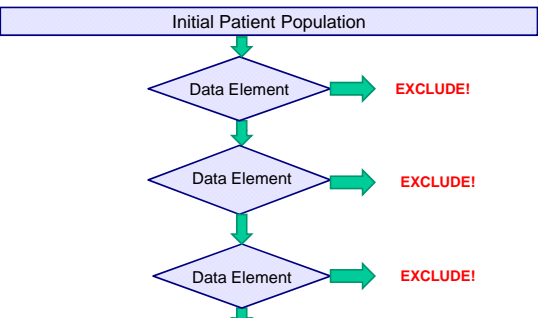
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**Many Data Elements Help to Filter Your Initial Patient Population**



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graph TD
    A[Initial Patient Population] --> B{Data Element}
    B --> C[EXCLUDE!]
    B --> D{Data Element}
    D --> E[EXCLUDE!]
    D --> F{Data Element}
    F --> G[EXCLUDE!]
    F --> H[ ]
  
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**Data element definitions are often not what you would expect...**

- A patient is taken to surgery for a hernia repair.
- In addition to finding the hernia, the surgeon finds an area of infection that originated from a previous surgery.

**Is this a preoperative infection?**



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**It depends...**

- If you are looking at it from an Infection Control perspective, the answer is **“yes.”**
- If you are looking at it from an abstraction perspective, the answer is **“no!”**



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**Just think about it...**

- If the surgeon did not know or suspect the patient had an infection prior to opening him up, the “routine” prophylactic antibiotics would have been the most appropriate choice and there would probably be no need to continue them post op.
- If the surgeon documentation showed that he knew or suspected that the patient might have an infection in addition to a hernia, the case probably needs to be excluded, *i.e., other things were going on that could potentially skew the measurement results...*



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***Data elements whose primary purpose is to include or exclude a case from the denominator will more than likely have a different definition for abstraction than the definition it would have in a clinical context!***



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***So, how can you use this information?***

***Be suspicious of all data elements that might be used to exclude cases from the measure denominators!***



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**Our Most Valuable Advice for Abstractors...**

1. Each quarter, identify data elements that might be used for excluding cases, that you find hard to abstract, and/or that the CDAC keeps abstracting differently from you.
2. **READ the Data Dictionary instructions for each data element you identify!**
3. Review the current Quest Q&As for the data elements in question.
4. Email us with your abstraction questions whenever you are unsure!



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**Why do the same mismatches keep reoccurring?**

**#2 Reason**

*Administrative errors related to copying records requested by CDAC for validation*



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**Common Administrative Problems That Cause Validation Failures**

- Copying and sending the wrong admission for the requested patient
- Copying and sending a record for the wrong patient
- Information that cannot be used by the CDAC abstractor because the paper was skewed when it was copied and critical documentation was cut off
- Poor copy quality



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**Common Administrative Problems That Cause Validation Failures**

- Missing documentation
  - Not copying the back side of 2-page forms
  - No MARs, lab reports, Perioperative Notes, etc.
  - Not including documents that were used for hospital abstraction (more frequently seen with electronic records)
- Multi-page forms that are copied as one-sided documents and where the date is not on all pages and/or there is nothing on the form to “tie them together” as a set



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**Our most valuable advice for proofing record copies before sending them to the CDAC...**

- Verify that the patient's name, DOB, admission and discharge dates match the CDAC request.
- Verify that all documents are present (abstractors can do this best).
- Review pages for poor quality or information that may have been cut off during the copying process.
- For multiple-page documents that have a date written on at least one page of the set, hand-write the date on the remaining pages of the set so the CDAC will know which pages go with which date.

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**Q4 2009  
Data Validation**

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**Q4 2009 Data  
\*\*\* NO Validation \*\*\***

**In preparation for the "new" Validation Process that starts with validation of Q1 2010 data, remember.....**

- Q4 2009 "Clinical Data" will not be Validated. Overall validation score for 2012 will be based on only three (3) quarters.
- Q4 2009 "Clinical Data" will be posted on Hospital Compare for four rolling quarters beginning with the September 2010 refresh.

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# Annual Payment Updates (APU)



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## What do you need to know?



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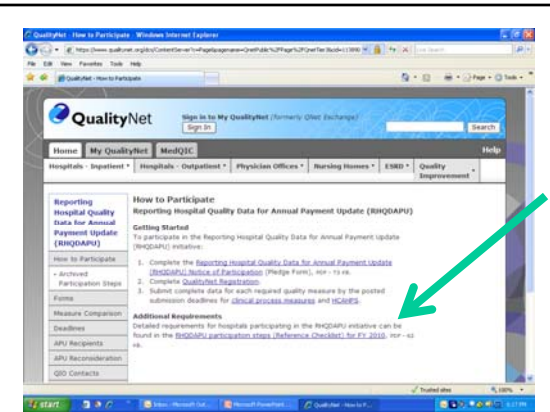
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**2011 APU  
What Do I Need to Know?**

- All RHQDAPU requirements of participation must be met.
- Overall Validation score will be determined from the following four quarters of Clinical Data:

**Q4 2008   Q1 2009   Q2 2009   Q3 2009**



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**APU Timeframes Review**



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**FY 2010  
(10/01/09 through 09/31/10)  
APU Timeframes**

Clinical Data Discharge Dates	All Other Requirements	APU List Released	Payment Update Received for Discharges	Reconsideration Complete
Q4 2007 Q1 2008 Q2 2008 Q3 2008	<u>FY 2009</u>  Q4 2008 thru Q 3 2009	Fall 2009	<u>FY 2010</u>  Q4 2009 thru Q3 2010	January 2010



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***“New” Record Selection  
and Validation Scoring Methods  
for 2012 Payment Determination***

- New Methodology introduced in FY 2010 CMS Final Rule (Federal Register V. A. 6. b., page 43884)
- CMS will randomly select 800 hospitals from those participating in RHQDAPU that submitted chart abstracted data from 100 cases across the four topics
- Anticipate selection of first 800 hospitals in July 2010
- “100 case threshold” will be based on # of cases submitted during the third calendar year prior to the fiscal year of the relevant payment determination (APU). That means, CY 2009 case volume will be used for 2012 payment determination (APU).

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***“New” Record Selection  
and Validation Scoring Methods  
for 2012 Payment Determination***

- Quarterly samples will include 12 cases (at least 1 case per topic, but no more than 3 cases per topic)
- The new method of scoring will be applied to validation of abstractions starting with 01/01/2010 discharges
- Scoring will be based on “Measure Matches” for each topic
- CDAC will have to agree with All the data elements for each measure to “Match the Measure”

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***“New” Record Selection  
and Validation Scoring Methods  
for 2012 Payment Determination***

- Similar to passing HF d/c instructions: All data elements within the measure must match to pass
- To review details, use link on page 43885 in the Federal Register.

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## ***New Validation Process***

Questions we anticipate:

1. What if our hospital is not one of the 800?
  - How will we know if we are abstracting correctly so we are prepared for years that we are chosen?
  - By what criteria will our APU be determined?



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## ***New Validation Process***

Questions we anticipate:

- 2) What if our hospital does not have certain populations of patients? (For example, we don't do surgery.)
  - Does that mean we have to have a total of 100 cases for the other three topics combined?
  - Will we still have to submit 12 records for validation?



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## ***Specifications Manual Revisions***

**Version 3.1**

**04/01/2010 – 09/30/2010**



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**Specifications Manual  
Version 3.1  
Revisions & Reminders**

**Summary of General Data Collection Changes**

See Helpful Documents

*For a complete and detailed document of the changes, see "Release Notes" in the Specifications Manual 3.1*



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**Specifications Manual  
Version 3.1  
Multi-Measure Revisions & Additions**

**Comfort Measures Only**

All HF Measures	AMI-1	VTE-1	STK-1
	AMI-2	VTE-2	STK-2
	AMI-3	VTE-3	STK-3
All PN Measures	AMI-4	VTE-4	STK-5
	AMI-5	VTE-6	STK-6
	AMI-7 & 7a		STK-8
	AMI-8 & 8a		STK-10

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**Specifications Manual  
Version 3.1  
Multi-Measure Revisions & Additions**

**Comfort Measures Only**

- Allow comfort measures only inclusion term documentation on a restraint order **to not** count as positive, enabling the case to stay **included** in the measures.
- **Excluded Data Sources:** Restraint order sheet



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**Specifications Manual**  
**Version 3.1**

Multi-Measure Revisions & Additions

**Adult Smoking History**

AMI-4  
HF-4  
PN-4

- When there is affirmative documentation in **only one** of the acceptable sources for Smoking History and product smoked is not specified, assume this refers to cigarette smoking.

(continued)

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**Specifications Manual**  
**Version 3.1**

Multi-Measure Revisions & Additions

**Adult Smoking History** (continued)

- If there is affirmative documentation in **one or more** Only Acceptable Sources, and one source suggests that the tobacco product is something other than cigarettes, DO NOT Abstract “yes.”

EXAMPLE: “Current Smoker” per H&P.  
Tobacco history: “Smokes 5-6 cigars/day,” per nursing admission assessments.

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**Specifications Manual**  
**Version 3.1**

Multi-Measure Revisions & Additions

**Adult Smoking History** (continued)

- Guidelines for Abstraction – Additions to the Exclusion List:  
Examples of **no smoking within past year**:
  - “History: Smoker”
  - “History: tobacco abuse”
  - “Most likely quit 3 months ago”
  - “Probably smoker”
  - “Smoked in last year: 2”
  - “Tobacco: 2 packs per day (ppd) x 22 yrs” (if no current context)

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**Specifications Manual  
Version 3.1**

**Multi-Measure Revisions & Additions**

**Adult Smoking History** *(continued)*

- For those with physician H&P, Nursing Assessment, etc. that has a section labeled “Social **History**” or “Tobacco **History**” and a box to be checked/space to be filled in, if the term “Smoker” is used alone, will be considered an “Exclusion term.”
- When the term “Smoker” is used, in order to abstract *Adult Smoking History* – “Yes,” documentation must also include current smoking status (use of the word “current,” “positive tobacco use,” “Quit recently,” “Quit 1-12 months ago,” etc.).

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**Specifications Manual  
Version 3.1**

**Revisions & Reminders**

**Appendix A - ICD-9 Code Tables**

- Addition and Retirement of Coding Tables
- **Specific to SCIP:** Addition of Table 5.16 Urological/Perineal ICD-9 Codes
- ICD-9 Principle or Other procedure Code found on table 5.16 will exclude the patients from the SCIP Inf-9 measure
- Review the algorithm for SCIP Inf-9

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**Specifications Manual  
Version 3.1**

**TOPIC Specific Revisions & Reminders**

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**Specifications Manual, Version 3.1  
AMI & HF Revisions**

**ACEI-ARB / ASA / Beta Blocker prescribed at discharge**

(AMI-3, AMI-2, AMI-5, AMI-T2, HF-3)

- When two discharge summaries or two discharge medication reconciliation forms are included in the medical record, use the one with the latest date.
- If one or both are not dated, use both.



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**Specifications Manual, Version 3.1  
AMI & HF Revisions**

**Initial ECG Interpretation**

(AMI-7, AMI-7a, AMI-8, AMI-8a)

- An Inclusion term described as “possible” should NOT be treated as an Exclusion
- An Inclusion term described as “possible” should be disregarded.



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**Specifications Manual, Version 3.1  
AMI Revisions**

**Initial ECG Interpretation** *(continued)*

(AMI-7, AMI-7a, AMI-8, AMI-8a)

- Notations should be disregarded that describe ST-elevation as old, chronic, previously seen, or as a range where it cannot be determined if elevation is less than 1mm (e.g., “0.5 - 1 mm ST-elevation”)



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**Specifications Manual, Version 3.1  
AMI & HF Revisions**

**Reason for No ACEI and No ARB at  
Discharge**

(AMI-3, HF-3)

- Use of “RAS” (renin-angiotensin system) and “RAAS” renin-angiotensin-aldosterone system):
  - Documentation of a reason for not prescribing “RAS” or “RAAS” blockers or inhibitors should be considered implicit documentation of a reason for no ACEI and no ARB at discharge.



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**Specifications Manual, Version 3.1  
AMI Revisions**

**Reason for No Aspirin on Arrival**

(AMI-1)

- Consider Coumadin to be a pre-arrival medication if there is documentation the patient was on it prior to arrival, regardless of setting.
- Include cases where there is indication the Coumadin was on temporary hold or the patient has been non-compliant with their medication.



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**Specifications Manual, Version 3.1  
AMI Revisions**

**Reason for No Aspirin  
Prescribed at Discharge**

(AMI-2)

When determining if Coumadin that was prescribed at discharge is a reason for not prescribing Aspirin...

- **Include** Coumadin on hold at discharge but documentation of a plan to restart it after discharge.



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**Specifications Manual, Version 3.1  
AMI & HF Revisions**

**Documentation of Conflicting Information**

- Wording is now consistent for all AMI & HF medication measure set data elements and concordant with current General Abstraction Guidelines
- When conflicting information is documented in a medical record, select “yes”.

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**Specifications Manual, Version 3.1  
AMI & HF Revisions**

**LVSD**

(AMI-3, HF-3)

- Terms that **should not** be considered descriptions of LVSF/LVSD:
  - Diastolic dysfunction, failure, function, or impairment
  - Ventricular dysfunction, failure or function NOT described as “left ventricular”

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**Specifications Manual, Version 3.1  
AMI Revisions**

**Reason for Delay in Fibrinolytic and  
Reason for Delay in PCI**

(AMI-7, AMI-7a, AMI-8, AMI-8a)

- System reasons for delay are not acceptable, regardless of any linkage to the delay in fibrinolysis or PCI.
  - Consultation with other clinician **can** count as an acceptable reason for delay **if clearly linked to a patient-centered (Non-system) reason for delay.**  
Example: “Hold fibrinolytic. Need to consult with neurology regarding bleeding risk.”

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**Specifications Manual, Version 3.1  
AMI Revisions**

**Discharge Instructions  
(All HF-1)**

- Prison or law enforcement personnel can be considered the caregiver for a patient being discharged to prison or jail.

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**Specifications Manual, Version 3.1  
Pneumonia Revisions**

- Cystic Fibrosis (CF) cases are now excluded from the Pneumonia Initial Patient Population.
- Patients who have a duration of stay less than or equal to one day are now excluded from the denominator for PN-3a (blood cultures on ICU patients) and PN-6 (appropriate antibiotics)

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**Specifications Manual, Version 3.1  
Pneumonia Revisions**

**PN-6, Initial Antibiotics Selection**

- New denominator exclusion: All ICU patients with beta-lactam allergies are now excluded due to:
  - Difficulty obtaining Aztreonam (due to backorder status), and
  - Regimen only being based on level III evidence.
- Deleted ICU beta-lactam allergy recommendations
- Some changes have been made for non-ICU patients with beta-lactam allergy and Pseudomonal risk

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## Specifications Manual, Version 3.1 Pneumonia Revisions

### Another Source of Infection

- *Another Suspected Source of Infection* was combined with *Identified Pathogen* to form this new data element.
  - Can be suspected or identified.
  - Physician/PA/APN documentation of named bacterial infections outside the respiratory tract.
  - Also includes lab results ONLY from the following:
    - Positive culture (blood, urine, sputum, wound, etc.) for bacteria
    - Positive urinary antigen test for *Streptococcus pneumoniae* or *Legionella pneumophila*
    - Positive Polymerase Chain Reaction (PCR) test for *Legionella pneumophila*



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## Specifications Manual, Version 3.1 Pneumonia Revisions

### Chest X-ray

- Definition no longer contains the word “abnormal”
- Allowable values 3 and 4 were combined
- Multiple modifications and clarifications in the Notes for Abstraction
- Suggested Data Sources:
  - “Prioritized” order to review is now “recommended”
  - Includes “Remainder of the current hospital record”
- Some changes to Inclusion List



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## Specifications Manual, Version 3.1 SCIP Revisions

### Reasons to Extend Antibiotics

- New Data Element collected for SCIP Inf-3.
- Antibiotics can be extended beyond the defined time frame if the physician documents one or more of the “Select all that apply,” allowable values.
- **Important** to review this new element when abstracting.
- Each value may have **different requirements** for Suggested Data Sources, Exclusions, Inclusions, and Notes for Abstraction.



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Anesthesia End Date and Time**

- The *Anesthesia End Date/Time* occurs when the operative anesthesia provider signs-off the care of the patient to the person assuming the postoperative anesthesia care in the post-anesthesia care area, intensive care unit, or other non PACU recovery area.



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Anesthesia Start/End Date and Time**

- The anesthesia record is the priority data source for these data element.
- If a valid *Anesthesia Start/End Date* is found on the anesthesia record, use that date/time.
- If a valid date is not on the anesthesia record, other suggested data sources may be used in no particular order to determine the *Anesthesia Start/End Date*.



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Beta Blocker Current Medication**

- Suggested data collection question has changed from:
  - "Was patient on beta-blocker therapy prior to arrival?"
  - to
  - "Was patient on a daily beta-blocker therapy prior to arrival?"



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Beta Blocker Current Medication**, *continued*

- If there is documentation that the beta-blocker was **taken daily at “home” or is a “current” medication, select “Yes.”**
- If there is documentation that the beta-blocker **is on a schedule other than daily, select “No.”**



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**VTE Prophylaxis**

- New Allowable Value “8”, Oral factor Xa Inhibitor has been added.
- Oral Factor Xa has been added to the Recommended Prophylaxis Options for Elective Total Hip Replacement, Elective Total Knee Replacement, and Hip Fracture Surgery
- Review Recommended Prophylaxis Options for Surgery found in the measurement Information Form for SCIP.
- Collection of prophylaxis will now continue to 24 hours after *Anesthesia End Time*.
- Clarification of the collection of mechanical forms.



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Preoperative Hair Removal**

- Addition of value “8,” hair removal with a razor from the scrotal area **OR** from the scalp after a current traumatic head injury.

**Joint Revision**

- No longer an abstracted data element.

**Postoperative Infection**

- No longer an abstracted data element



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Infection Prior to Anesthesia**

- If the principle procedure is a Joint Revision and there was documentation of a culture obtained from the operative site prior to the administration of antibiotics select “Yes.”
- Joint revision = the same joint as the principal procedure must have been operated on in a previous surgery that was a total or partial arthroplasty, **OR there must be documentation that hardware was removed during the current principal procedure.**

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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Infection Prior to Anesthesia**

- The documentation of the culture does not have to be physician documentation. The documentation that a culture was taken can be found in sources such as the intraoperative record or the operative report.
- Specific documentation that the culture was taken prior to the administration of the prophylactic antibiotic is required. An order or note instructing to culture prior to antibiotic administration is not sufficient.
- There have been some new Inclusions and Exclusions.

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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Surgical Incision Time**

- The Priority List has been revised!!! Please review.
- Exceptions have been revised.
- Inclusion Guidelines for Abstraction have also been revised.

Please review the changes in the guidelines for abstracting this data element!!!

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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Urinary Catheter**

- Additional Value “3”, There is documentation that the patient had an indwelling catheter prior to admission or prior to surgery.

**Catheter Removed**

- Documentation of removal is now POD 0 through POD 2.



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**Specifications Manual, Version 3.1  
SCIP Revisions**

**Intentional Hypothermia**

- No new changes, reminder.....physician documentation of patient undergoing cardiopulmonary bypass for the procedure, select “Yes”.

**Temperature**

- No new changes, but a reminder..... Be aware that you must find documentation that the modality was used intraoperatively to actively warm the patient. “Patient actively warmed” will not be sufficient.



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**Specifications Manual, Version 3.1  
FYI...**

**Non-CMS Topics**

- Pregnancy and Related Conditions (PR) will be RETIRED effective 04-01-10 discharges and will be replaced by the Perinatal Care (PC) measure set.
- Specifications for all non-CMS topics are located on The Joint Commission website at [www.jointcomission.org](http://www.jointcomission.org)
  - PR/PC
  - Children’s Asthma Care (CAC)
  - Venous Thromboembolism (VTE)
  - Stroke (STK)



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## Specifications Manual Version 3.1

### Formatting Changes Related to Accessibility for Documents Posted on QualityNet



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## *Specification Manual Version 3.1*

### Formatting Changes

1. Font for most was changed from Times Roman to Arial 12
2. Tables in data elements, appendices and Transmission Section reformatted
3. Some abbreviations and/or symbols not spelled out (“ $\geq$ ” will now read “greater than or equal to”)  
(continued)



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## *Specification Manual Version 3.1*

### Formatting Changes (continued)

4. Added a narrative of each algorithm
5. Reformatting of Footnotes in process

See Helpful Documents:  
Formatting Changes *Specifications*  
*Manual 3.1*



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## Upcoming RHQDAPU Deadlines



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## RHQDAPU Dates & Deadlines

### Q2 2009 Validation

- Record request deadline: 01/18/2010

### Anticipated Q3 2009 Data Deadlines

- Inpt. Population and Sampling: 02/01/2010
- Inpt. Clinical Data Submission: 02/15/2010
- Request for Medical Records: 03/01/2010\*
- Deadline for Record Submission: 04/15/1010\*

\* Approximate dates



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## General News and Updates



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**RHQDAPU  
2011 Notice of Participation**

For hospitals that have been participating in RHQDAPU, there is **No** requirement for an **"Annual"** signed Notice of Participation

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**Hospital Compare  
March 2010 Release**

**Data Timeframes and Display Changes**

- Clinical Process Measures (AMI, HF, PN): Aggregate rate of four quarters Q3 2008 – Q2 2009
  - PN-5c: Hospitals with RHQDAPU pledge only will display Q1 09 and Q2 09.
  - PN-7: Will include Q4 08 and Q1 09 only
  - SCIP-Card-2: Will include Q1 09 and Q2 09 only

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**Hospital Compare  
March 2010 Release**

**Data Timeframes and Display Changes**

- Structural Measure: Based on hospital participation in a systematic cardiac database registry during Q1 09 and Q2 2009

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## Hospital Compare March 2010 Release

### Data Timeframes and Display Changes

- 30-Day Mortality and Re-Admission Outcome Measures (AMI/HF/PN): Q3 2005 – Q2 2008  
(Data from up to three years, depending on the number of years hospital had eligible cases for individual measures)
- HCAHPS Measure: Q3 2008 – Q2 2009  
(Required for FULL APU. Can suppress, but will not meet FULL APU requirements.)



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## FYI...Looking for PEPPER Data?

- Program for Evaluating Payment Patterns Electronic Report (PEPPER): An electronic report containing hospital-specific data for Medicare severity diagnosis-related groups (MS-DRGs) and discharges at high risk for payment errors.
- Was previously distributed to hospitals by their state QIOs in support of the Hospital Payment Monitoring Program.
- Will now be produced and distributed to hospitals by TMF Health Quality Institute under contract with CMS
- *QIOs are no longer involved in providing these reports!*



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## PEPPER (continued)

- In 2010, hospitals will receive PEPPERS via a QualityNet secure file exchange approximately:
  - January 25
  - March 24
  - May 24
  - August 24
  - October 25
- Files will be sent to the hospital's QualityNet Administrators and to QualityNet user accounts with the PEPPER recipient role.
- For further information, go to [www.pepperresources.org](http://www.pepperresources.org)



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## Helpful Documents

- Reporting Inpatient Hospital Quality Data Calendars
  - 1<sup>st</sup> quarter 2010
  - 2<sup>nd</sup> quarter 2010
- Tip Sheets
  - SCIP-Inf 9 Abstracting Tips 4Q2009 - 3Q2010
  - SCIP-Inf 10 Abstracting Tips 4Q2009 – 3Q2010
  - Monitoring Inpatient Clinical Data Submission
  - Preparation of Inpatient CDAC Validation Records



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## Helpful Documents (continued)

- FACT Sheets (*Discharges 10-01-09+*)
  - Heart Care
  - Pneumonia
  - SCIP
- Federal Register Final Rule 2010 RHQDAPU Section Outline with page references
- Inpatient Hospital Quality Measures (Calendar Year 2010 Discharges)



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## Helpful Documents (continued)

- Fiscal year 2011 Changes for Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)



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**Stay "In the Know"...**

Future  
"In the Know" Webinars  
Fourth Week of the Month

- April, 2010
- July, 2010
- Oct, 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  
– [www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079](http://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079)



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**Questions?**



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## Stay "In the Know"...

Contact your QIO Project Coordinator

### **AMI and Heart Failure**

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### **Pneumonia**

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