


In The Know: Validation, Abstraction and RHQDAPU Updates

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Validation Mismatches Q1 2007

- 176 Hospitals reported – incl. 6 CAHs
- 14 Hospitals achieved 100%; 6 achieved 99%
- 12 Hospitals failed validation
 - Max score = 79; Min score = 58

» Of the 9 hospitals that appealed, 2 were forwarded (overturned) and 7 were upheld


» 3 hospitals did not respond/appeal

Mismatch Reasons Q1 2007

Mismatch Reason	Count
Missed Info	46
Ans. Not Found	27
Med Error	14
Parent/Child#	14
Guideline	7
Invalid	1
Incorrect	1
Record not Rcv'd	1
Data Entry	1

*12 "Missed Info" resulted in Parent/Child mismatches
 *5 "Med Errors" due to abstractor missing info
 *3 "Med Errors" due to abstractor not following guidelines
 (# Parent/Child count = record, not individual elements.)



Admission/Discharge Mismatches

Abstractors are not following guidelines ... see specs manual for abstraction specific definitions

- Discharge Status (parent element for HF)
 - Use Appendix H, Table 2.5 for supportive clarification
 - ALF is an inclusion for “01” – D/C home
- Discharge Time
 - Priority data sources for discharge periods 10/1/06 – 9/30/07 (i.e., Q4 06, Q1 - Q3 07 Discharges)
 - Nurses notes are first priority source for “discharged alive”
- Admission Source
 - “4” – Transfer from a Hospital can only be used if patient was an inpatient at the previous facility



ATB Administration

Abstractor missed information – CDAC found documentation in another source

- First dose ATB documentation from any allowable source
 - be sure to review ALL data sources
- Documentation must reflect actual admin
- Documentation is to be taken at ‘face value’
 - Do not assume IV route because “that is the only way it can be administered”...



Chest X-ray (parent element)

Abstractors not following guidelines – missing information (inclusion terms)

- “Yes” = *Any abnormal finding*
- Remember to review ALL allowable data sources for inclusion terms
- Physician restatement of x-ray/ct scan showing inclusion terms is acceptable
- **Significant changes to data element for 4/1/08 forward**



Contraindications to ...



Abstractors not following guidelines

- Contraindications to ASA and BB... on admission or discharge
 - the abstraction question is [essentially] the same
 - "...is there a documented reason/contraindication for not prescribing ...?"
 - it does not matter whether the patient is ordered the medication or not, if a contraindication from the inclusion list is documented, then you should respond "Yes".



Discharge Instructions Address Medications

Abstractors not following guidelines...CDAC unable to find hospital's answer(s) in submitted record

- Must include at least names of all medications listed/intended for use after discharge
 - Review complete record for all medications intended for use after discharge
 - Compare this list against written instructions given to patient/caregiver
 - Contradictory documentation deems case "UTD" regardless if meds are included on the D/C Instructions



PN Diagnosis (parent element)

** Abstractors missed inclusion terms**

- Does not need to be the primary diagnosis
- Must be documented by physician/ARNP/PA
- PN Diagnosis must be identified as "Final Diagnosis/Impression"
- Diagnosis CAN NOT be taken from chest x-ray



Hospital-Inpatient Data Validation Process

effective
January 1, 2008

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Data Validation Overview

Hospitals

To verify the accuracy of information collected, each quarter a small sample of the data that hospitals submit to the QIO Clinical Warehouse is validated. All hospitals that have submitted abstracted data for six or more cases (discharges) across the four CMS national inpatient measure sets—Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), and Surgical Care Improvement Project (SCIP)—during the previous quarter are included in the process.

For each hospital, cases from across the four (4) inpatient measure sets are randomly selected for validation review by the CMS Clinical Data Abstraction Center (CDAC). The CDAC requests copies of the medical records for reabstraction, then submits data from that validation review to the CDAC Clinical Warehouse. A hospital's data is considered to be "validated" if its overall validation (agreement) result is greater than or equal to 80 percent. If the overall validation result is less than 80 percent, the hospital has 10 (ten) business days (from the date the result was posted) to submit an appeal to its Quality Improvement Organization (QIO).

- [Data Validation Overview](#), PDF (01/16/08)
- [Medical Record Validation Schedule/Deadlines](#), PDF (12/10/07)
- [Data Validation Process for Hospitals - Flowchart](#), PDF (11/16/06)*
- [Specifications for Calculating Data Validation Results](#), PDF (01/21/08)
- [Data Validation Results Appeal Form, Part 1](#), Word (11/17/06)
- [Data Validation Inclusion List \(Scored/Non-Scored Elements\)](#), PDF (01/16/08)**

*QIOs: See QIONet for related Hospital Data Validation documents (e.g., Hospital Data Validation Appeal Form - Part 2, Instruction Guide, etc.)

Summary

Dates & Deadlines

Process Details

Validation Match Calculations

Appeal form

List of Scored/Non-Scored Elements

Time Elements

- **AMI Allowance: No variation allowed**
 - Arrival Time
 - Fibrinolytic Administration time
 - First PCI Time
- **PN Allowance: +/- 15 minute variation**
 - Arrival Time
 - ATB Administration Time
 - Initial BC Collection Time
- **SCIP Allowance: +/- 5 minute variation**
 - ATB Administration Time
 - Surgery End Time
 - Surgical Incision Time

Medication Adjudication

- Four (4) elements
 - ATB Name, ATB Admin Date, ATB Admin Time, ATB Admin Route
 - All ATBs are cross-walked to generic name
 - Must be a brand/generic equivalent (Appendix C)
 - Comparison for ATBs starts with *Name*
 - *Meds scored across rows – ultimately an “all or none” score*



FMQAI

'Hospital Original' Abstraction

Medication Name	Medication Date	Medication Time	Medication Route
AAAA	01/01/2005	0700	IV
BBBB	01/01/2005	0700	IV
CCCC	01/01/2005	1000	PO
DDDD	01/01/2005	1000	PO

Pneumonia: 15 minute variation allowed

'CDAC Gold' Adjudication

Medication Name	Medication Date	Medication Time	Medication Route
AAAA	01/01/2005	0700	IV
BBBB	01/01/2005	0700	IV
Generic	01/01/2005	1100	PO
CCCC	01/01/2005	1100	PO

← 60-minute variance
← 60-minute variance

Comparative Analysis

Medication Name	Medication Date	Medication Time	Medication Route	SCORES
X	X	X	X	1
X	X	X	X	1
X	X	!	X	0
X	X	!	X	0

X = match
! = mismatch

Final Score 2/4

FMQAI

'Hospital Original' Abstraction

Medication Name	Medication Date	Medication Time	Medication Route
AAAA	01/01/2006	1100	IV
BBBB	01/01/2006	1200	IV
CCCC	01/01/2006	1300	IV
DDDD	01/01/2006	1300	IV
EEEE	01/01/2006	1600	IV
FFFF	01/02/2006	0800	PO
GGGGG	01/02/2006	1200	PO
HHHH	01/02/2006	1800	PO

SCIP: 5 minute variance allowed

'CDAC Gold' Adjudication

Medication Name	Medication Date	Medication Time	Medication Route
AAAA	01/01/2006	1100	IV
Generic	01/01/2006	1200	IV
BBBB	01/01/2006	1200	IV
CCCC	01/01/2006	1300	IV
DDDD	01/01/2006	1210	IV
EEEE	01/01/2006	1630	PO

← 10-minute variance
← Name and Route mismatch, 30-minute variance

Comparative Analysis

Medication Name	Medication Date	Medication Time	Medication Route	SCORES
X	X	X	X	1
X	X	X	X	1
X	X	X	X	1
X	X	X	X	1
X	X	!	X	0
!	X	!	!	0
NA	NA	NA	NA	-
NA	NA	NA	NA	-
NA	NA	NA	NA	-

X = match
! = mismatch

Minimal Method/Subset

Final Score 3/5

FMQAI

Calculation of Overall Validation Results

- “Acceptable mismatches” are *not* used in calculation; however, educational comments may be provided
- Not all data elements are used in calculation of validation results (see *Data Validation Inclusion List (Scored/Non-Scored Elements)*)



General Abstraction Guidelines

- Please note that for auditing/validation purposes, hospitals will need to provide a paper copy of the current medical record in its entirety, including **definitions of symbols/abbreviations used*** and all previous testing or history documents used in abstraction.

*effective 4/1/08 – however, not a bad idea to begin now



Adjudication Status

Reason Code	Definition	Appeal-able?
Record Not Received	• CDAC did not receive in required timeframe (30 days)	NO
Invalid Record Sent	• Case does not meet population eligibility • Name <i>and</i> BD don't match • Not an <i>acute inpatient</i> stay • Demographic and/or administrative data only (should not occur after 4/1/2007 discharges as the Missing Data Policy is now in effect)	NO
Incorrect Date(s) of Service	• Admit date > 1 day prior or >3 days after date abstracted by hospital • Discharge date > 1 day before or > 1 day after date abstracted by hospital	YES* <small>*Based only on 'Hospital Original' record submitted *Must be discussed with and approved by HRP QIOSC</small>



Overall Validation Results

- Cycle takes approximately 90 days to complete one quarter
- Posted every Monday, beginning approximately 1-2 weeks after records due to CDAC
 - Email notices sent to Hospital user(s) with QIO Clinical Warehouse Feedback Report role
 - “Clock starts ticking” from date of posting for an appeal
- CDAC has 60 days from record submission deadline to post all results



Appeal Options

- Overall Validation Result **< 80%**
 - Monday posting (“clock starts ticking”)
 - Email notice sent to Hospital
 - Email notice sent to QIO liaison by FMQAI
 - Hospital has **10 business days** (from the date the result was posted) to submit an appeal to FMQAI
 - Appeal Form (Part 1) available on QualityNet
 - ****Send via QualityNet Exchange only****
 - Notify me (rkish@flajo.sdps.org or 813-865-3536) that appeal has been uploaded
 - FMQAI has **20 calendar days** to review, process and submit appeal decision to the HRP QIOSC





Appeal Options

- Overall Validation Result **≥ 80%**
 - Monday posting
 - Email notice sent to Hospital user(s) with “QIO Clinical Warehouse Feedback Reports” role
 - **NO OPTION FOR APPEAL**
 - Request(s) for information/clarification can be sent to the HRP QIOSC at hrpqiosc@iaqio.sdps.org
 - Rationale and additional information provided
 - In the case of CDAC abstraction errors:
 - Information is tracked and provided to CMS
 - Education provided to CDAC abstractors
- **Posted result WILL NOT be modified****

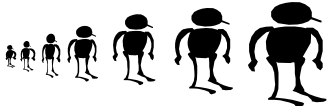



Specifications Manual
Updates
Version 2.3b
Effective:
Discharges 4/1/08 – 9/30/08


General Change

- **Change** “ICD Population” to “Initial Patient Population” in each place it occurs in the Specifications Manual
 - accurately define the population that is being collected for each of the measure sets.


New Data Elements

- **Pre-Arrival Lipid Lower Agent (AMI-T1a)**
 - Denominator exclusion
- **Joint Revision**
 - Denominator exclusion
 - Revisions are NOT included in the measure, but may be get coded as joint arthroplasty
- **Peri-operative Death**
 - Denominator exclusion




Deleted Data Elements

- Documented Bleeding Risk
 - Incorporated into *Complications to VTE Prophylaxis*
- Intra-operative Death
 - Incorporated into new data element *Peri-operative Death*




Notes for Abstraction Updates

- Many data elements impacted
- Guideline clarification and direction to abstractor
 - Improve consistency
 - Reduce false inclusions/exclusions
- Military time conversion changes
 - A.m. – conversion not required
 - 00:00 = midnight – and must change to reflect the next day



Pharmacist Documentation

- May be used in designated data elements
 - *Contraindications to ASA on Arrival... Discharge*
 - *Contraindications to BB on Arrival ... Discharge*
 - *Contraindications to ACE/ARB at Discharge*
 - *Reason for No Lipid Lowering Therapy*
 - *Antibiotic Allergy*
 - *Contraindication to BB – Peri-operative*
 - *Contraindication to VTE Prophylaxis*
 - *Vancomycin*
- Add “Pharmacist” to list i.e., “physician/APN/PA or pharmacist”



Change in Pneumonia Indicators

- PN-5a (initial antibiotic within 8 hours of arrival) was retired 10/1/2007
 - test measure designation removed for PN-5c (initial antibiotic within 6 hours of arrival)
 - Both PN-5b (initial antibiotic within 4 hours of arrival) and PN-5c are included in the current manual version for documentation purposes



Admission Date

- Added the word “**acute**” to inpatient status
 - intent is to determine the date that the patient was actually admitted to acute inpatient care
- Data sources are limited and prioritized
 - decrease the potential for mismatches and invalid record selection
 - Now:
 - 1.) Physician orders
 - 2.) Face sheet
 - 3.) UB-04 Locator 12



Admission Date (cont'd)

- Override incorrect admission date if determined to be in error
- Observation status
 - Abstract the date of determination to admit (change status) to **acute inpatient care**
 - Date the order was written.
 - Do not abstract the date that the patient was admitted to Observation.



Admission Date (cont'd)

- Surgical Patients
 - **IF** Admission order is specific for the surgery/procedure date
 - *Admission Date* = date of the surgery/procedure
 - **IF** Admission order has no reference to the date of the surgery/procedure
 - *Admission Date* = date the order was written



Adult Smoking History

- Respiratory Therapy notes now included in “Only Acceptable Sources”

Yeah!



Chest X-Ray

****Significant Changes to Data Element****

- Removed “yes” and “no” responses
- New allowable values:
 1. Documentation of CXR/CT with inclusion terms
 2. Documentation of CXR/CT without inclusion terms
 3. No CXR/CT
 4. UTD
- Data sources are restricted and prioritized
- Inclusion list is ALL-INCLUSIVE



Comfort Measures Only

****Significant changes to Data Element****

- Deleted the “yes” and “no” responses
- Replaced allowable values with responses describing the earliest day “CMO” documented by physician/APN/PA:
 1. Day 0 or 1
 2. Day 2 or after
 3. Timing unclear
 4. Not documented/UTD
- Inclusion List is ALL-INCLUSIVE – no other terms accepted



Comfort Measures Only (cont'd)

- Allows cases to be measured for “early” indicators
- Documentation of comfort measures in discharge summary = last day of hospitalization, regardless of when the summary was dictated
- Addition to inclusions:
 - Allow natural death
 - Palliative measures




Compromised

- Clarification:
 - One time use or one course of systemic corticosteroids is not considered compromising condition
 - Add to inclusions:
 - Chronic Lymphocytic Leukemia (CLL): No timeframe necessary
 - Marked neutropenia: Within the last 3 months




Contraindication to VTE Prophylaxis

- Pharmacist documentation now included
- New allowable values:
 1. Documentation of contraindication for mechanical,
 2. Contraindication for pharmacological,
 3. Contraindication for both
 4. No documentation/UTD
- Multiple changes in Notes for Abstraction, Data Sources, Inclusions/Exclusions




Diagnostic Uncertainty

- Practitioner documentation must show:
 - Patient’s initial clinical picture was questionable, unclear or not suggestive of pneumonia, AND
 - Which caused a delay in the diagnosis of pneumonia at the time of admission
- Now use “Only acceptable sources”
 - ED record (ED admits)
 - Physician admitting notes (direct admits)




Discharge Date

- *Discharge date* added to list of data elements for all measures
 - Excludes patients who have a length of stay > 120 days
 - Extended stay patients may ‘overlap manual’ versions resulting in processes of care and measure outcomes that may not be relevant to the current version of the manual





Discharge Instructions

- Medications
 - “Resume home meds” - Compile list of all meds patient was taking prior to arrival and compare
 - Disregard medications referred to by ‘class’ – not required to be on written instructions
 - “PRN” meds are required to be on instructions with one exception
 - “resume home meds” or ‘class’ reference only
 - Therapeutic substitution of home med that is not clear or contradictory – select “No”




Healthcare Associated PN

- Added “tracheostomy care or ventilator care” after “wound care” in definition (must be provided by a health care provider within the last 30 days)
- In “Notes for Abstraction,” now includes “Inpatient Rehab Unit or Facility” as an extended care facility




ICU Transfer/Admission

- Added to “Note for Abstraction:”
 - “If other pneumonia related reasons for transfer or admission, such as septic shock, respiratory distress or failure, hypotension, tachypnea, hypoxemia or the need for a ventilator are documented, select “Yes.”




Identified Pneumonia Pathogen

- Element name changed to “Identified Pathogen”
 - No longer requires pathogen to be “pneumonia”
- Gram stain results alone are not acceptable—a pathogen must be identified

Infection Prior to Anesthesia


- H&Ps dated prior to arrival must reflect that infection or possible/suspected infection is current
- Excluded data sources: Do not use Table 5.09; must use inclusion list



Initial ECG Interpretation

****Significant changes to data element****

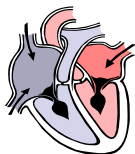
- Data element restructured
 - ECG closest to arrival, either before or after
 - ECG must be signed to be used
 - If there are any Exclusion terms on ECG tracing or other documentation ... select NO and go no further
 - Do not cross reference interpretations
 - ECG interpretation = physician/APN/PA name is signed, stamped, or typed on report
 - Assume 12 lead unless otherwise documented



LVSD

****Significant changes to data element****

- Notes for Abstraction completely revised
- References to Appendix H, Table 1.3 and Table 1.5 deleted
- Inclusion lists added



Neuraxial Anesthesia

- Extends placement of epidural catheter up to 24 hours after *Surgery End Time*

Postoperative Infections

- “Gross/extensive fecal contamination” changed to simply “fecal contamination”
- Excluded data sources: Do not use Table 5.09; must use inclusion list



Pneumonia Dx: ED/Direct Admit

- ED admit = any patient who receives treatment, care or evaluation in the ED
- ED admit: Can use H&P **ONLY** if practitioner documents on “Only acceptable sources” to “see H&P”
- “Only allowable sources” can be used without a date or time
- Added to Inclusions:
 - Use of pneumonia pathway (or equivalent)
 - Lower respiratory infection



Pseudomonas Risk

- Added “restrictive lung disease” to examples of structural lung disease in Notes for Abstraction

Drug Resistant Pneumococcus Risk Factors

- “ICU patients” changed from “anytime during hospitalization” to “within 24 hours of arrival”



Unable To Determine

- There are certain situations when information will not be available.
 - Value not documented
 - Conflicting information
 - Obvious error
 - Illegibility
- May be “UTD” or “none of the above/not documented” depending on the data element guidelines.
- Inaccurate use of “UTD” will cause record to be rejected



Vancomycin

- Remove “known colonization with” from Value 2 so that it states, “Physician/APN/PA documentation of MRSA” only
- Documentation MUST have been entered into the medical record preoperatively to select Allowable Values 2-8, 10, or 11



VTE Prophylaxis

- Include any mechanical form(s) of prophylaxis documented as placed on patient anytime from hospital arrival to 48 hours after *Surgery End Time*
- Allows mechanical VTE prophylaxis based on hospital protocol in addition to physician order
- Venous foot pumps added to allowable values
- *Only Acceptable Resources* now split into both Pharmacologic and Mechanical resources



Changes to Appendices

- Multiple changes made to Appendix A, (Surgical Codes Tables)
- Multiple changes made to Appendix C, (Medication Tables)
- Several changes made to Appendix H, Table 2.1 (VTE Prophylaxis Inclusion Table)
 - ✓ Must use the data definitions for each element independent and irrespective of other elements, because they do not cross over.



Hospital Quality Alliance (HQA) Preview Report



HQA Preview Report

- Tentative publication on Hospital Compare in March 2008
- Includes rolling 4 quarters of data - data submitted to the QIO Clinical Warehouse for discharges from Third Quarter 2006 through Second Quarter 2007
 - If measure was not applicable for a discharge period – will display as N/A.



Suppression Options:

- For RHQDAPU & HQA active pledges the following *may not be withheld*
 - PN-5b
 - APU Clinical Process Measures
 - HCAHPS
 - 30-day Mortality Measures AMI & HF



Suppression Options

- **PN-5c** (will be calculated from PN-5b data elements)
 - **must have an HQA pledge to view PN-5c**
 - (will display N/A if no HQA pledge)
- **SCIP-Inf-2 (APU Required Q1 2007)**
 - may be suppressed for Q1 2006
 - may **not** be suppressed for subsequent quarters.
- **SCIP-VTE-1 and SCIP-VTE-2 (APU Required Q1 2007)**
 - will display for Q1-Q2 2007 only
 - may **not** be suppressed.



Support Contractors

- Hospital Inpatient Clinical Process Measures – FMQAI
 - Rkish@flqio.sdps.org
- HCAHPS – Health Services Advisory Group
 - hcahps@azqio.sdps.org
- Mortality Measures - Colorado Foundation for Medical Care
 - mortalitymeasures@coqio.sdps.org
- Hospital Outpatient Measures – FMQAI
 - Hoppqdrp@fmqai.com





Questions?

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