



**In The Know:
Abstraction, Validation and
RHQDAPU Updates**

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Agenda

- Q4 Validation Results
- Release Notes version 2.3b
- General Abstraction Rules
- Review Program Management Function
- FY 2008 APU Update

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**Q3 2006 Validation
Details**

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Congratulations!

- Of the 175 Reporting Hospitals:
 - 12 Hospitals scored 100%
 - An additional 76 Hospitals scored 95% or better
 - Includes 5 Critical Access Hospitals



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Antibiotic Administration

- ATB documented on anesthesia record with no route
 - Must abstract route as “UTD” even if you ‘know’ that the route is IV
- Incomplete review of all MARs for last dose of ATB within 48 hr (72 hr for cardiac surgery) timeframe
- Undated MARs

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Invalid Record Selection

- Admission Date, Discharge Date or DOB
 - Admission Date**
 1. CDAC abstracted date is more than 3 days later than the hospital submitted date; or
 2. CDAC abstracted date is more than 1 day earlier than the hospital submitted date
 - Discharge Date (discharge-date):**
CDAC abstracted date is more than 1 day earlier than or 1 day later than the hospital submitted date.
- Not an acute inpatient stay
 - ED only
 - Observation
 - Inpatient Rehab

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Incorrect Dates of Service

- Submitted record contains two episodes of care
 - Remember that billing and abstraction are two different functions
 - For **billing purposes**, if a Medicare pt is discharged and readmitted within a 3-day timeframe, the episodes of care are combined
 - For **abstraction purposes**, these would be two separate episodes of care. Submitted record should only reflect dates of service which match CDAC requests.

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Specifications Manual Version 2.3

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Specifications Manual V2.3

- General Abstraction Guidelines (eff. 10/1/2007)
 - The medical record must be abstracted at 'face value'. If a value is obviously in error, and there is no other documentation to provide the information, select "UTD"
 - Illegible
 - Conflicting
 - Obvious error
 - Missing data

*May be "UTD" or "none of the above/not documented" depending on the algorithm.



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General Abstraction Guidelines (cont. d)

- The Appendix H, Table 2.6 Qualifiers and Modifiers Table can *only* be used if it is referenced in the data element
- **“Only Allowable Sources”** indicate there are specific areas of the record where the requested information can ONLY be abstracted from

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Specifications Manual V2.3

- Data Sources
 - Suggested data sources are NOT restricted or listed in priority *unless* otherwise specified
 - Review the entire medical record
 - If one source more accurately answers the question, use that source unless data source is restricted
 - In reviewing all data sources, if conflicting information is documented, positive findings take precedence over negative findings ... *unless data element specifies differently*



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Antibiotic Measure Changes


- Recommended Antibiotic Tables: SCIP and PN measures
 - Numerous changes that will require your review of existing preprinted orders, protocols and antibiograms
- Antibiotic w/in 8 hrs (PN-5a) deleted
- Antibiotic w/in 6 hrs (PN-5c) recently endorsed by NQF and added as official measure
- PN-5b will continue to be reported

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Antibiotic Selection Changes

- Non-ICU, ICU and Pseudomonal Risk
 - Remove Gatifloxacin as recommend anti-pneumococcal quinolone
- ICU w/ beta-lactam allergy
 - Anti-pneumococcal quinolone *Clindamycin* is no longer an option
 - Anti-pneumococcal quinolone **plus** Aztreonam
- ICU
 - Remove Ertapenem as recommended beta-lactam
- Pseudomonal Risk w/ beta-lactam allergy
 - Aztreonam **plus** Levofloxacin

*IDSA/ATS 2007 Guidelines for CAP

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Recommended Antibiotics

IDSA/ATS 2007 Guideline for CAP


Non-ICU Patients

- Anti-pneumococcal quinolone, *or*
- Beta-lactam **plus** a macrolide, *or*
- Beta-lactam **plus** doxycycline

*** If less than 65 w/ NO risk factors for DR-PN*

- Macrolide monotherapy

β-lactams include ceftriaxone, cefotaxime, ampicillin-sulbactam, or ertapenem (non-ICU only).
Macrolides include erythromycin, clarithromycin (non-ICU only), or azithromycin.
Anti-pneumococcal quinolones include levofloxacin (750 mg), gemifloxacin (non-ICU only), or moxifloxacin.
Anti-pneumococcal quinolone monotherapy is NOT recommended for empiric treatment of pneumonia patients requiring ICU care.

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Recommended Antibiotics

IDSA/ATS 2007 Guideline for CAP


ICU Patients

- Beta-lactam **plus** macrolide, *or*
- Beta-lactam **plus** anti-pneumococcal quinolone

*** If documented beta-lactam allergy*

- Anti-pneumococcal quinolone **plus** aztreonam

β-lactams include ceftriaxone, cefotaxime, ampicillin-sulbactam
Macrolides include erythromycin or azithromycin.
Anti-pneumococcal quinolones include levofloxacin (750 mg) or moxifloxacin.
Anti-pneumococcal quinolone monotherapy is NOT recommended for empiric treatment of pneumonia patients requiring ICU care.

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Recommended Antibiotics

IDS/ATS 2007 Guideline for CAP

Pseudomonas risk (ICU and non-ICU patients)

- Anti-pseudomonal beta-lactam **plus**
 - anti-pseudomonal quinolone, *or*
 - aminoglycoside **plus** anti-pneumococcal quinolone, *or*
 - aminoglycoside plus macrolide

***If documented beta-lactam allergy*

- Aztreonam **plus** anti-pneumococcal quinolone **plus** aminoglycoside

*** A PO Quinolone is allowed for non-ICU only*

Anti-pseudomonal beta-lactams include Piperacillin-Tazobactam, Cefepime, Imipenem, or Meropenem.

Anti-pseudomonal quinolones include Ciprofloxacin or Levofloxacin.

Aminoglycosides include Tobramycin, Gentamycin or Amikacin.

Anti-pneumococcal quinolones include Levofloxacin or Moxifloxacin.

Macrolides include Azithromycin or Erythromycin.

If CA-MRSA is a consideration, add Vancomycin or Linezolid (per IDS/ATS guideline).

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Influenza Vaccine

- Value "6"
 - no longer states "...if there has been an official memo sent from CMS and/or The JC..."
 - Reworded to cover distribution and production problems
 - Only select this value IF vaccine has been ordered but not yet received by the hospital AND values 1-5 are not selected
 - Documentation in record should back this up
- Inclusion/exclusion dates changed
 - Includes discharges through March



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Identified PN Pathogen

- A Rapid Strep test is not a culture, therefore this result should be disregarded
- Only consider blood or sputum cultures
- The result must have documentation of a specific pathogen to 'count'
- Documentation of the pathogen must be specific to current admission
- Both final and preliminary reports can be used

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Discharge Time

- Use of the UB as a data source removed from all elements except Discharge Time
- For discharges of 04/01/2007 through 09/30/2007:
 - Only use the UB if the discharge time can not be located on the allowable data sources
 - If the UB-92, Field Location: 21 is used and states "22," enter "22:00" as the time of discharge."

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Discharge Time

- For discharges of 10/01/2007 and forward:
 - The UB is not listed as a Data Source (although not restricted).
 - **HOWEVER, DO NOT RECOMMEND** using the UB as a source for Discharge Time
 - does not capture minutes and,
 - if the record is pulled for validation, the CDAC does not have access to the UB and can only abstract by what is in the medical record.
 - If after reviewing the medical record, the abstractor cannot find or determine the discharge time, they should abstract "UTD".

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Specifications Manual Updates v2.3



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Release Notes 2.3b

- National Uniform Billing Committee (NUBC) changes effective with Oct. 1, 2007 discharges



- Admission Source
- Discharge Status

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Admission Source

- *Change* “Admission Source” to *Point of Origin for Admission or Visit*
- All data elements for all measures impacted except PN-3b (BC in ED prior to initial ATB in hospital)
- *Revisions* to
 - Data Dictionary/Data Elements
 - Including denominator statements
 - Measure Information & Algorithms
 - Data Transmission (xml) File Layout

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Point of Origin or Visit

- Revisions are as follows:
 - Change denominator statement-excluded populations to reduce false inclusions where pts may have received treatment at the transferring facility
 - *Change* 3rd bullet to “Pts received in transfer from an acute care facility where they were an inpt or outpt.”
 - AMI-1, AMI-6, AMI-7, AMI-7a, AMI-8, AMI-8a, AMI-9, PN-1, PN-3a, PN-5, PN-5abc, PN-6, PN-6ab

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Point of Origin or Visit

- Revisions (cont'd)
 - Add "Pts received as a transfer from one distinct unit of the hospital to another distinct unit of the same hospital."
 - AMI-1, AMI-6, AMI-7, AMI-7a, AMI-8, AMI-8a, AMI-9
 - Add "Pts received as a transfer from an ED of another hospital."
 - AMI-1, AMI-6, AMI-7, AMI-7a, AMI-8, AMI-8a, PN-3b
 - Add "Pts received as a transfer from an ambulatory surgery center."
 - PN-1, PN-3a, PN-5, PN-5abc, PN-6, PN-6ab

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Point of Origin or Visit

- "Code" changes
 - Delete values
 - "A" - Transfer from a CAH
 - "3" - HMO Referral
 - Add values
 - "E" - Transfer from Ambulatory Surgery Center
 - "F" - Transfer from Hospice & is Under a Hospice Plan of Care or Enrolled in a Hospice Program

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Point of Origin or Visit

- "Code" changes (cont.'d)
 - Change values
 - "1" Physician Referral to Non-Health Care Facility Point of Origin
 - "2" Clinic Referral to Clinic
 - "5" Transfer from a SNF to Transfer from a SNF or ICF
 - "D" Transfer from Hospital Inpt. in Same Facility Resulting in a Separate Claim to Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same

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Discharge Status



- All data elements for all measures impacted
- **Revisions** to
 - Data Dictionary/Data Elements
 - Including denominator statements
 - Measure Information & Algorithms
 - Data Transmission (xml) File Layout

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Discharge Status

- Revisions are as follows:
 - **Change** value “05” from “Discharged/transferred to designated cancer center or children’s hospital” to “Discharged/ transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List”
 - Add “**Usage Notes**” to value “05”: Cancer hospitals excluded from Medicare PPS and children’s hospitals are examples of such other types of health care institutions.
 - **Delete “07”** – Another type of health care institution not defined elsewhere in the code list from table

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Discharge Status

- For purposes of abstraction, if the medical record reflects that the patient was seen or evaluated and/or treated within your facilities Emergency Room, then the admission source would be 7 - Emergency Room.
- For validation, the CDAC will review all documents when determining what the correct admission source should be.

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How do I find out about these changes?


- QNet
- Release notes
- Webinars
- Hospital Quality Connection Newsletters
- MedQIC

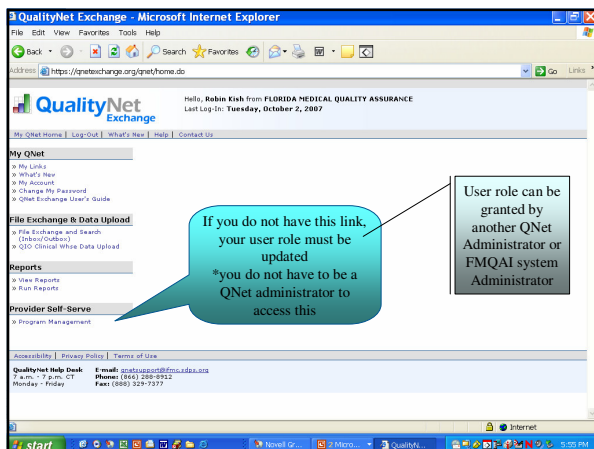
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Program Management

Measure Designation ICD Population and Sampling



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Measure Designation

- Mandatory for Q2 2007 data submission forward
- Measure designation remains active for subsequent quarters unless changed/updated
- EDIT button enabled/disabled depending on data submitted and accepted into warehouse
- Email notification re: measure designation changes

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Measure Designation (cont'd)

- APU required measures can NOT be de-selected
- Data submitted must match measure designation
 - Data submitted for measures not selected = data is ignored
 - Data NOT submitted for selected measures = cases are rejected
 - “Critical Error” on feedback report

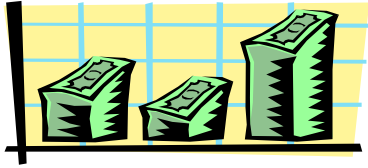
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ICD Population & Sampling

- Applicable for all payor sources
 - Medicare population = Medicare Part A listed as any payment source (regardless of order)
 - Non-Medicare population = all others
- Nov. 1st deadline for entry of Q2 2007 population and sampling data
 - NOT REQUIRED ... Yet
 - Will not be used for APU ... Yet
- All months of the quarter must be filled in at the same time

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RHQDAPU FY 2008



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RHQDAPU

- Identify at least one QualityNet Exchange Administrator
- RHQDAPU Notice of Participation
- HCAHPS data collection
 - Dry Run
 - Continuous data collection and submission effective July 2007
- AMI and HF 30-Day Mortality Measures

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RHQDAPU

- Submit data for required measures
 - Refer to Measure Comparison document on www.QualityNet.org
- Meet minimum sampling requirements for all measures
 - Program Management ICD-9-CM Population and Sampling (not required for FY 2008)
- Attest to completeness and accuracy of data submitted

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RHQDAPU

- Validation rate $\geq 80\%$
 - Q1 2006 – Q3 2006
 - HCAHPS quality oversight process by HCAHPS project team
- Reconsideration process if CMS determines failure to meet RHQDAPU requirements
 - Reduction in market basket of 2% (from 3.4% to 1.4%)

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RHQDAPU FY 2009

- *Proposed* additional required measures
 - PN 30-Day Mortality
 - SCIP-Inf 4 *Blood Glucose in Cardiac Surgery*
 - SCIP-Inf 6 *Appropriate Hair Removal*
 - SCIP-Inf 7 *Normothermia in Colorectal Surgery*
 - SCIP-Card 2 *Beta Blocker Therapy*

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RHQDAPU

- Six (6) FL hospitals will not receive full APU
 - Two (2) hospitals chose not to participate
 - One (1) hospital failed due to validation
 - Two (2) hospitals failed due to HCAHPS
 - Two (2) hospitals failed due to under-submission of cases for each of the required measures in Q1 2006
- *One (1) hospital failed to meet two (2) requirements

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