



***In The Know:
Inpatient Data Collection
and
Validation***

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Agenda

1. News And Reminders

- Data Submission Deadlines
- Hospital Compare
 - ✓ December 2008 release
 - ✓ HCAHPS Suppression – March '09
- Inpatient Population & Sampling and Measure Designation
- CART 4.5

Agenda (Continued)

2. QNet roles: Administrator vs User
3. Significant Abstraction Changes
 - Pneumonia and SCIP
 - Multiple –All Topics
 - HF
 - AMI

Agenda (Continued)

4. APU & Validation

- FY2009 APU
- 4th Quarter 2007 Statewide Results
- Validation Mismatches and Lessons Learned

5. Best Practice Presentations

- Peace River Regional Medical Center
- Community Hospital – New Port Richey

6. Open Q&A

News, Updates, and Reminders

- Upcoming Submission Deadlines Q2 2008
 - Population and Sampling – Nov.1
 - Clinical Data Submission – Nov.15
- Hospital Compare
 - Preview Period October 14 – Nov.14
 - December 2008 data update release date?



Hospital Compare December 2008 Release

To Access Your Preview Report

- Log in to QualityNet
- Go to My QualityNet Reports section
- HQA Preview Reports

Deadline to Request Data Suppression

11/12/2008

Hospital Compare

December 2008 Release

Discharge data timeframes (Note variations)

- Clinical Process Measures : Q2 2007 - Q1 2008
- 30-Day Mortality Outcome Measures
(AMI/HF/PN):
Q3 2006 - Q2 2007
- HCAHPS Measure: Q2 2007 - Q1 2008

Hospital Compare Data Suppression

- Provider must contact their QIO Hospital Public Reporting contact and transmit completed ‘HQA Request for Withholding Data from Public Reporting’ form
- Suppression of HCAHPS data is **all or none**. A footnote will be state “not available this reporting period” for hospital data. State and National will display.

Hospital Compare

HCAHPS Data Suppression

- For the first four HCAHPS public reporting periods (March 2008, July 2008, Sep. 2008 and Dec.2008), IPPS hospitals could choose to suppress data without impact on APU
- Starting with March 2009 Release, Hospital Compare will include four full quarters of HCAHPS data linked to APU (July 2007 +)

Hospital Compare HCAHPS Data Suppression


(continued)

- Starting with the March 2009 release of Hospital Compare, IPPS hospitals participating in RHQDAPU **will not be permitted to suppress HCAHPS data**

Hospital Compare HCAHPS Data Suppression

HCAHPS Public Reporting Periods and Suppression Document

www.hcahpsonline.org
“What’s New” section

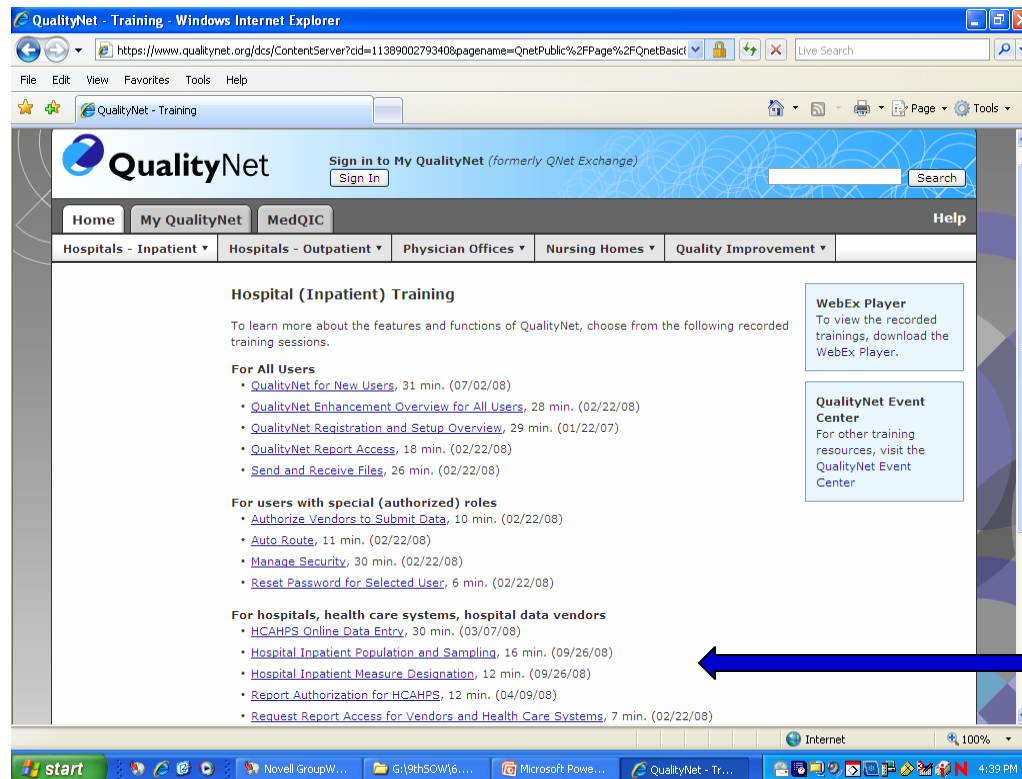


Hospital Compare 30-Day Mortality Measures & HF 30-Day Hospital Readmission Measure

New Contacts for Q & A

mortalitymeasures@mathematica-mpr.com
readmissionmeasures@mathematica-mpr.com

Version 1.1 Release of Inpatient Population & Sampling and Inpatient Measure Designation



- Version 1.1 has a new “look”
- Two recorded trainings:
Qnet>Hospitals-
Inpatient>Training
(under section labeled “For hospitals, healthcare systems, hospital data vendors.”)

2nd Quarter 2008 submission deadline: November 1, 2008!



CART-Inpatient 4.5

- This version is **mandatory** for discharges 10/01/08 – 03/31/09
- Download from www.qualitynet.org
 - ↳ Home tab
 - ↳ Hospitals-Inpatient
 - ↳ Data Collection (& CART)
 - ↳ CART Downloads & Info

Data Submission Disaster Waiver

QualityNet

Sign in to My QualityNet (formerly QNet Exchange)
Sign In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Nursing Homes Quality Improvement

Waiver process established for hospitals affected by recent disasters July 10, 2008

The Centers for Medicare & Medicaid Services (CMS) has announced a waiver process for hospitals affected by recent natural disasters, including floods and tornados.

Because an Inpatient Prospective Payment Systems (IPPS) hospital's inability to complete data submission and/or data validation requirements could affect its Annual Payment Update, IPPS hospitals that were unable to access medical records due to a natural disaster are advised to contact their Medicare Quality Improvement Organization (QIO). QIOs will be required to forward detailed documentation regarding the type of disaster and how the hospital was affected to the Hospital Reporting Program Quality Improvement Organization Support Center (QIOSC).

The fact that a hospital is located in an area designated as a disaster by the Federal Emergency Management Act (FEMA) "is not sufficient in itself to justify administrative relief," according to the CMS announcement, "as not all structures in the disaster area may have been subject to the same amount of damage. Damage must be of sufficient severity and extent to compromise retrieval of medical documentation."

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My QualityNet

- QNet Administrators
 - At least 2 people are recommended
 - Security Administrator (primary person)
 - Back-up Administrator (secondary person)
 - Download registration packet at www.fmqai.com
 - Complete forms and have notarized
 - Mail original, notarized documents to the QIO:
FMQAI (QNet Registration)
5201 West Kennedy Blvd, Suite 900
Tampa, FL 33609
Attention: Becky Ure

My QualityNet cont.

– QNet Administrator Responsibilities

- Determine who in the hospital should have access to *My QNet* (secure Web site) and what type of access they should have
- Terminate QNet users who have left the hospital or who no longer require access to the QNet secure Web site
- Notify QNet Help Desk of potential security breaches
- Point of contact for QNet information

My QualityNet cont.

- QNet Basic Users
 - Request registration from hospital's QNet Security Administrator
 - Hospital Security Administrator completes registration form online and prints form
 - Have completed registration form notarized
 - Security Administrator mails completed forms to:
QualityNet Help Desk
6000 Westown Parkway
West Des Moines, IA 50266-7771

My QualityNet cont.

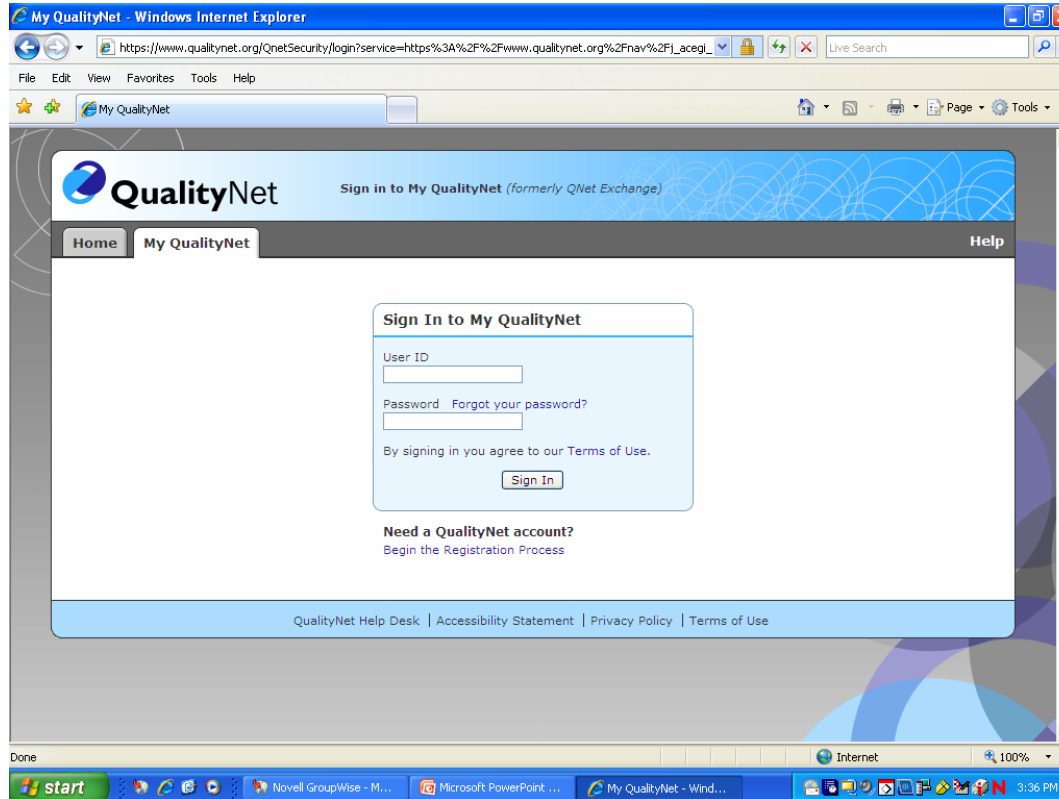
- QNet Basic User Role Options:

Basic Access	View QNet Content
Data Abstraction	QIO Clinical Warehouse Feedback Reports
	QIO Clinical Warehouse Data Upload
File Exchange	File Exchange and Search
HCAHPS	HCAHPS Data Upload
	HCAHPS Feedback Reports
	HCAHPS Online Data Entry
	HCAHPS Vendor Authorization
Program Management	ICD Population Sampling Read
	Measure Designation Read
Reports	HDC Vendor Authorization
	Report Authorization Approval

QualityNet Security

- Failure to maintain security may result in being denied access to *My QNet*
- One password to one user—DON'T SHARE!
- Do NOT use the password of a former user
- Terminate user's registration if no longer needed or not employed by the hospital
 - Administrator termination: Contact QIO
 - User termination: Contact Hospital Security Administrator or designee

QualityNet User's Guide



- Go to *My QualityNet*
- Click on “Help”

Significant Abstraction Changes

Specifications Manual Version 2.5b
October 2008 – March 2009



Significant Pneumonia Changes

(Beginning with 4th Qtr 2008 Discharges)

- *Antibiotics*: Only need to document those given during the first 24 hours after arrival for Pneumonia (used to be 36 hours)
- *Antibiotic Received*: Limitations on using H&Ps are removed (i.e., not limited to those dictated day of admission or day prior)
- *Influenza Vaccination Status*: Is now measured from October through March

Significant SCIP Changes

(Beginning with 4th Qtr 2008 Discharges)

- *Antibiotic Received:* Limitations on using H&Ps have been removed (they are not limited to those dictated the day of admission or the day prior to admission)
- *Infection Prior to Anesthesia and Postoperative Infections:* Lung infiltrates have been removed from the Inclusion Lists (common findings and only rarely reflect infectious causes)

Significant SCIP Changes *cont.*

(Beginning with 4th Qtr 2008 Discharges)

- *Preoperative Hair Removal:* Abstract only from data sources that document actual hair removal
- *Surgery End Time:*
 - Priority order removed for Data Sources
 - Priority order added for Inclusion List (1st, 2nd, and 3rd priority levels)

Significant SCIP Changes *cont.*

(Beginning with 4th Qtr 2008 Discharges)

- *β -Blocker Perioperative:* When the patient arrived the day of surgery abstract “yes” if:
 - The patient took the β -blocker at home that same day
 - The patient took the β -blocker the night prior and the time is documented to show it was during the perioperative period
- *β -Blocker Perioperative:* When the patient arrived ≥ 1 day prior to surgery, abstract “yes” as long as a time shows it was taken during the perioperative period

Multiple or All Topics

- *Adult Smoking History:*

Clarification of two of the Acceptable Sources

1. Nursing Admission Assessment

- content is typical of nursing admission assessments (e.g., med/surg/social history, current meds, allergies, physical assessment)
AND
- form is completed/reviewed by a nurse or labeled as a “nursing” form.

Multiple or All Topics

(continued)

2. Use only the **H&P** report for the current admission. Can be:
 - Dictated
 - Handwritten on H&P form
 - Separate entry labeled as H&P in progress notes

HOWEVER.....Additional documentation such as a "history" or "physical" existing only as a subsection within a progress or consultation note should NOT be used.

Multiple or All Topics

(continued)

- *Adult Smoking History:*

New Excluded Data Sources

Excluded Data Sources:

Documentation from a transferring facility
or a previous admission

All Topics

- *Clinical Trial:*

Documentation must support that the patient was enrolled in a clinical trial during this admission.
(Prior to or during this EOC)

New

“Yes” requires **all** three of these conditions:

1. **Signed** consent form for the clinical trial
2. **Experimental study** NOT observational study (e.g., registry)
3. **Enrolling patients with the same condition as the measure set being studied**

All Topics

(Continued)

Clinical Trial:

Select “No” if

1. The signed consent form is for an **observational study only**
2. It is **not clear** whether the study described in the signed patient consent form is **experimental** or **observational**.
3. It is **not clear which study population** the clinical trial is enrolling. Assumptions should not be made if it is not specified.

All Topics

(Continued)
Clinical Trial:

THE ONLY ACCEPTABLE SOURCE:
Signed consent form for clinical trial

Heart Failure – 1

- *Discharge Instructions Address Medications*

NEW

If there is documentation that the patient was discharged on insulin(s) of ANY kind, ANY reference to ANY type of insulin in the written discharge instructions is sufficient, for the purposes of the Discharge Instructions measure (HF-1). E.g., D/C Summary notes patient discharged on “Humulin Insulin” and “Insulin 70/30” is listed on the discharge instruction sheet – Consider this a match.

AMI-7, AMI-7a

- *Fibrinolysis Administration Date and Time*

Clarification

If there are two or more different fibrinolytic administration times (either different fibrinolytic episodes or corresponding with the same episode), enter the *earliest time*.

AMI-8, AMI-8a

- *Non-Primary PCI*

NEW Inclusion Terms

- **Not immediate** (No immediate indication to cath)
- **Not primary** (Will schedule elective PCI.)
- **Not urgent** (PCI not urgent at this time)

Appendix H – Table 2.6

Qualifiers and Modifiers

Qualifiers are words used as adjectives to indicate some uncertainty about whether or not a condition really exists

*The following qualifiers should be abstracted as **negative findings**, unless otherwise specified.*

“And/or”, “or”, “vs.”, “+/-” **EXCEPT** when comparing *only* Inclusion terms (e.g., “ST segment elevation due to acute anterior MI vs new LBBB”)

Validation Updates



FY 2009 APU Congratulations!



*Post confidence interval Validation Scores
(Q2 2006 – Q3 2007 Avg.)*

- All participating Florida hospitals passed validation with $\geq 80\%$
- All but three participating Florida hospitals received their full APU.

Validation Results

Q4 2007

173 Reporting Hospitals:

- 9 Hospitals scored 100%
- An additional 55 Hospitals scored between 95% & 99%
- 14 Failed.
- 8 of the 14 appealed.
- Two of the 14 appeals were overturned and each of the two raised the score to $\geq 80\%$

Validation Mismatches & Lessons Learned

Invalid Records

- Be sure to review **each** medical record and compare it to the identifiers on the CDAC request cover sheet:
 - Name
 - DOB
 - Admission and discharge dates
 - Social Security Number
 - Medical record number/account number

Validation Mismatches & Lessons Learned

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

BEFORE
they are mailed!



Validation

Mismatches & Lessons Learned

Incomplete Records

- Make sure *all pages* of the record are included.
- Don't forget to include hard copies of *all electronic documentation*.

CMS policy prohibits providers from adding pages or replacing incorrect medical records!

Validation Mismatches & Lessons Learned

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

BEFORE
they are mailed!



Validation Mismatches & Lessons Learned

Parent/Child Problems

- Comfort measures
- CXR
- Pneumonia diagnosis: ED/Direct Admit
- Laparoscope

*Double-check any parent question responses
that “turn off” other questions!*

Validation

Mismatches & Lessons Learned

“Duplicate” Antibiotic Doses

- You can tell they are the same dose, but different times are documented
 - Abstract each “dose” separately with the times as documented!
- You think two doses are the same, but one does not have the date, time, or route documented
 - Abstract each one separately with “UTD” for the missing element!

Validation

Mismatches & Lessons Learned

Preadmission Warfarin/Antibiotics

- Be sure to check **ALL** sources
 - In addition to the medication reconciliation form, don't forget the H&P, consults, etc.

VTE Prophylaxis

- Document **ALL** types of prophylaxis you find documented...
 - even if they are not recommended for that type of surgery!

Best Practice Presentations

Peace River Regional Medical Center
Port Charlotte, Florida

Community Hospital
New Port Richey, Florida

Questions?

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