

**California and Florida  
“In the Know”  
Inpatient Data Collection,  
Reporting, and Validation**

**Module 1: Administrative Updates**

**July 2011**

**Becky Ure, RN, BSN, MEd  
Lawanna Hurst, RN, BSN**

1

**Topics**

- Important Dates and Deadlines
- Validation Updates and Lessons Learned
- 10th Scope of Work Overview
- Miscellaneous Information

2

## **IMPORTANT DATES AND DEADLINES**

3

### **Important Dates and Deadlines**

Hospital Compare Refresh	7/21/2011 and 10/2011
Next Hospital Compare Preview Period	7/26/2011 through 8/26/2011
1st Qtr 2011 Inpatient Population & Sampling Deadline	8/1/2011
1st Qtr 2011 Inpatient Clinical Data Submission Deadline <i>and first CMS Mandatory CLABSI Submission Deadline</i>	8/15/2011
Request for 1st Qtr 2011 Validation Records *	Approximately 8/31/2011
CDAC Validation Records Submission Deadline *	45 days after request letter date
DACA and Structural Measures QualityNet Entry Period	7/1/2011 through 8/15/2011
2nd Qtr 2011 HCAHPS Deadline	10/12/2011

\* *Affects ONLY the 800 PPS (Prospective Payment System) hospitals that have been selected for validation for the second cycle of the new validation process. The most current list of hospitals selected for validation is posted at <http://www.qualitynet.org>, under the "Hospitals-Inpatient" tab, "Hospital Inpatient Quality Reporting Program" link.*

4

# ***INPATIENT VALIDATION UPDATES AND LESSONS LEARNED***

5

## ***Inpatient Validation Updates***

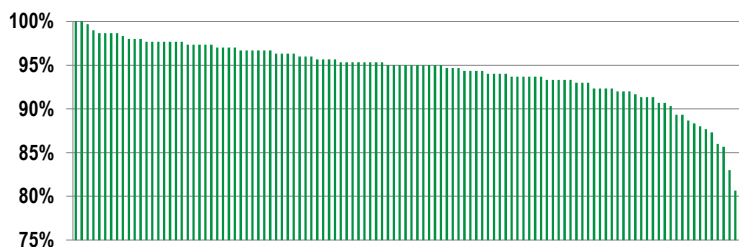
- The last of the 3rd quarter 2010 validation rates were posted on 6/13/11.
- The official “final” validation rates are not yet available as the confidence intervals have not been calculated and posted, but . . .
- Based on the average of these three quarters,  
***All FL and CA hospitals are passing so far!***
- Confidence intervals should be completed over the next few weeks. We will post a message on our HIQRP E-mail List as soon as they are available.

6

## ***Inpatient Validation Updates***

- Out of a total of 115 hospitals:
  - 3 hospitals averaged 100%!
  - 99 hospitals averaged between 90% and 99%!
  - 13 hospitals averaged between 80% and 89%!

***Great job!***



7

## ***Inpatient Validation Updates***

- Only one hospital failed validation in each of the three quarters (different hospital each time), yet all 115 hospitals averaged 80% or higher with their three quarters combined.
- Only 1–3 hospitals ever fell into the 75%–79% range in any one quarter.

Validation Rates	# Hospitals Out of 115			
	Q1	Q2	Q3	Q1–Q3
90%–100%	93	102	98	102
80%–89%	18	12	15	13
75%–79%	3	0	1	0
74% or lower	1	1	1	0

8

## ***Inpatient Validation Updates***

- A new group of 800 hospitals has been randomly selected for the second cycle of the new validation process.
- 112 Florida and California hospitals were selected (39 from Florida, 73 from California).
  - 18 of these hospitals were also in the recently completed validation cycle.

***The list of selected hospitals is posted on QualityNet.***  
(“Hospitals-Inpatient” tab, “Hospital Inpatient Quality Reporting Program” link, right side of the page)

9

## ***Inpatient Validation Updates***

- Inpatient validation for the second cycle of 800 hospitals will cover four quarters:  
***4th quarter 2010 through 3rd quarter 2011 discharges***
- Hospitals selected for validation must achieve an overall rate of 75% (after the confidence interval has been calculated) to pass the validation requirement for receiving their full FY 2013 Annual Payment Update (APU).
- Hospitals that were not selected for the second validation cycle will not have a validation requirement to receive their full FY 2013 APU.

10

## ***Inpatient Validation Updates***

### **Important Information for Hospitals Participating in the New Validation Process for the First Time**

- Review the validation information presented in the Module 1 “In the Know” Webinars for October 2010, January 2011, and April 2011.
- Remember that the measure outcome for each case is now being validated, NOT abstraction of individual data elements.
- Correct abstraction of “parent” data elements is crucial.

11

## ***Inpatient Validation Lessons Learned*** ***“Nothing really new . . .”***

- The high validation rates and QIO spot-reviews of Validation Case Detail Reports show that abstractors are doing a fairly good job; ***however . . .***  
***Many of the abstraction errors that continue to occur are no different from those we have been discussing in past “In the Know” Webinars.***
- Records submitted to the CDAC continue to occasionally have missing pages – ***especially with hospitals that have converted to electronic health records.***

12

## ***Inpatient Validation Lessons Learned*** ***“Nothing really new...”***

- What can supervisors do to try to minimize these errors?
  1. Require all abstractors to view the quarterly Module 2 “In the Know” Webinars. Module 2 is always devoted to information abstractors need to know about changes and error-prone data elements.
  2. If abstractors don’t have time to actually listen to the Webinars, require them to review the slides and look up changes noted to have occurred in new revisions of the *Specifications Manual Data Dictionary*.
  3. Promote close communication between your Medical Records Department and Quality Department staff when the CDAC validation records are being prepared.

13

## ***Inpatient Validation Lessons Learned*** ***“Nothing really new...”***

- What can supervisors do to try to minimize these errors?
  4. Do not allow validation record copies to be shipped to the CDAC until someone familiar with the abstraction process reviews them for completeness.
  5. Hospitals being validated must review all measure outcome mismatches, as well as all individual data element mismatches, as soon as quarterly validation results are available.
  6. E-mail the QIO with any mismatches that abstractors do not understand or that may be CDAC errors.

14

# **10TH SCOPE OF WORK**

## **QUALITY REPORTING AND IMPROVEMENT OVERVIEW**

15

### **10th Scope of Work (SOW)**

#### **Quality Reporting and Improvement Overview**

- Every three years, CMS puts out a new contract covering the type of work the QIOs will be doing to improve the quality of care for Medicare beneficiaries for that period.
- We are moving from the 9th SOW to the 10th SOW.
- Work starts August 1, 2011.

16

## **10<sup>th</sup> Scope of Work (SOW)**

### **Quality Reporting and Improvement Overview**

- Four Aims:
  1. Beneficiary and Family-Centered Care
  2. Improving Individual Patient Care
  3. Integrating Care for Populations and Communities
  4. Improving Health for Populations and Communities

17

## **10<sup>th</sup> Scope of Work (SOW)**

### **Quality Reporting and Improvement Overview**

- Quality Reporting and Improvement is part of the **Improving Individual Patient Care Aim**
  - Hospital Inpatient Quality Reporting (IQR)
  - Hospital Outpatient Quality Reporting (OQR)
  - Critical Access Hospital Reporting
    - Inpatient
    - Outpatient

18

## **10th Scope of Work (SOW)**

### **Quality Reporting and Improvement Overview**

- Assistance provided to hospitals to improve quality of care related to the Hospital IQR and OQR programs:
  - Provide technical assistance to eligible hospitals that request assistance (training, implementation, and monitoring) in improving their quality of care in the Hospital IQR/OQR program measures
  - Assist hospitals in improving care on Hospital IQR/OQR program measures related to HAI/HAC
  - Provide feedback to hospitals on areas for improvement related to topics addressed by IQR/OQR program measures

19

## **10th Scope of Work (SOW)**

### **Quality Reporting and Improvement Overview**

- Assistance provided to hospitals to improve quality of care related to the Hospital IQR and OQR programs:
  - Educate hospitals on IQR/OQR programs to advance quality in four areas
    - Hospital IQR/OQR measures
    - Validation
    - Reporting of measure data
    - Improving care related to measure data

20

## **10th Scope of Work (SOW)**

### **Quality Reporting and Improvement Overview**

- Assistance provided to hospitals to improve quality of care related to the Hospital IQR and OQR programs:
  - Assist CAHs, rural facilities, and other hospitals that do not participate in the Hospital IQR/OQR but want to submit their data for public reporting
    - CMS abstraction tools (CART)
    - Inpatient/Outpatient data warehouse structure
    - Measure and submission feedback reports
    - Hospital IQR/OQR program reporting requirements
    - Abstraction accuracy

21

## **10th Scope of Work (SOW)**

### **Quality Reporting and Improvement Overview**

- Provide Technical Assistance and Training
  - Provide assistance on use of data submission software for data collection and submission
  - Hold educational sessions for hospitals regarding all the requirements of the IQR/OQR programs
  - Hold educational sessions for hospitals for abstraction accuracy

22

## **10th Scope of Work (SOW)**

### **Quality Reporting and Improvement Overview**

- Provide Technical Assistance and Training
  - Assist hospitals in submitting correct and complete data by required deadlines
  - Assist selected hospitals in the submission of complete copies of requested records for validation
  - Disseminate shared knowledge and best practices to hospitals within our states

23

## **MISCELLANEOUS INFORMATION**

24

## ***FY 2012 APU Determination Time Is Approaching . . .***

- In a couple of months, CMS will be identifying those hospitals that will and will not receive full APU for FY 2012.
- One requirement for hospitals receiving full APU is having an *active* QualityNet Security Administrator *at all times*.
- Currently, approximately 125 hospitals in California and Florida have only one **REGISTERED** QualityNet Security Administrator.
- If your one Security Administrator is locked out of QualityNet or is unavailable *for any reason*, your hospital is in jeopardy of not meeting this APU requirement.

***Do you really want to take this chance?***

25

## ***FY 2012 APU Determination Time Is Approaching . . .***

- QualityNet Security Administrators will **always** have the following three roles at the **bottom** of their QualityNet profile:
  - User Registration USER ADMIN OARS **Approve Users**
  - User Registration USER ADMIN OARS **Create/Edit Users**
  - User Registration USER ADMIN OARS **Final Approval**
- Don't mistake QualityNet Basic Users for QualityNet Security Administrators.

26

## ***FY 2012 APU Determination Time Is Approaching . . .***

- QualityNet Security Administrator Registration Instructions:
  - Download the QualityNet Security Administrator Registration Forms from the Module 1 Helpful Documents files.
  - Complete the registration information form.
  - Have the hospital CEO or Administrator sign the CEO Authorization Form.
  - Sign the registration information form and have it notarized.
  - Mail the original copies to:

**FMQAI/HSAG-FL  
5201 W. Kennedy Blvd, Suite 900  
Tampa, FL 33609  
Attention: Mary Rose Guadamor**

27



## ***FY 2012 APU Determination Time Is Approaching . . .***

- Please refer to the April 2011 "In the Know" Module 1 slides for additional information on ensuring:
  - Accuracy of QualityNet registration information
  - Minimum number of registered Security Administrators (at least two are recommended)
  - Sufficient access (registered users have all roles necessary to fulfill primary and backup responsibilities)
  - Security measures are maintained

28



## ***January 2012 Abstraction Changes***

- Beginning with January 1, 2012 discharges, PPS hospitals will be required to abstract and submit data on two additional measure sets:
  - **Emergency Department Measures**
  - **Prevention (Global Immunization) Measures**
- NHSN requirements also are being expanded to include reporting Surgical Site Infections.
- But, abstraction requirements will probably be reduced in other areas . . .

29

## ***January 2012 Abstraction Changes***

- The FY 2012 Hospital Inpatient PPS Proposed Rule states that CMS is planning to retire the following measures as of January 1, 2012:
  - AMI-1: Aspirin at arrival
  - AMI-3: ACI/ARB for LVSD
  - AMI-4: Adult smoking cessation advice/counseling
  - AMI-5: Beta-blocker prescribed at discharge
  - HF-4: Adult smoking cessation advice/counseling
  - PN-4: Adult smoking cessation advice/counseling
  - PN-5c: Initial antibiotic within 6 hours of arrival
  - SCIP-Inf-6: Appropriate hair removal
- Please refer to Module 3 for further details.

30

## January 2012 Abstraction Changes

- Section 2.9 of the *Specifications Manual* version 4.0 is a new section titled "Global Initial Patient Population."
- Provides information to identify the global initial patient population and to determine the number of cases needed for sampling for the following measure sets:
  - ED Measures
  - Immunization Measures
  - Tobacco Treatment (The Joint Commission only)
  - Substance Use (The Joint Commission only)
- Hospitals have the option of sampling Global independently or in conjunction with the other measure sets.

31

## January 2012 Abstraction Changes

- **Section 2.10, Emergency Department Measure Set:**
  - ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
  - ED-2: Admit Decision Time to ED Departure Time for Admitted Patients (median time)
- Hospitals have been encouraged to submit data for these measures on a voluntary basis; **however . . .**
- Beginning with 1<sup>st</sup> quarter 2012 discharges, this will be a mandatory submission measure set for PPS hospitals to receive their full APU.

32

## January 2012 Abstraction Changes

- The two ED measures quantify not only the entire time the patient is in the ED (arrival to departure), but also the time between the decision to admit and the actual departure from the ED – a time period significantly influenced by areas outside the ED domain.
  - Many hospitals are finding that their documentation does not clearly identify the *Decision to Admit Time*.
    - This is the time the ED physician makes the decision that the patient requires inpatient care.
- “Do I let the patient go home or does he/she need to be admitted?”**
- This time needs to be differentiated from the time that the actual admission order is written.

33

## January 2012 Abstraction Changes

### ■ Section 2.11.1, Immunization Measure Set

Imm-1: Pneumococcal Immunization

Imm-1a: Pneumococcal Immunization – Overall Rate

Imm-1b: Pneumococcal Immunization – Age 65 and greater

Imm-1c: Pneumococcal Immunization – High Risk Populations (Age 6 through 64 years)

Imm-2: Influenza Immunization (6 months and older)

34

## January 2012 Abstraction Changes

- Does your hospital have a process to:
  1. Assess all inpatients for Influenza and Pneumococcal vaccination status; and
  2. Prior to discharge, vaccinate those patients who are defined as being in a high-risk group\* and who have not previously been vaccinated?

\* According to current guidelines published by the CDC’s Advisory Committee on Immunization Practices (ACIP)

35

## January 2012 Abstraction Changes

- Review the Measure Information Forms for both the ED and Immunization Measure Sets in version 4.0 of the *Specifications Manual* published in July 2011.
  - <https://www.qualitynet.org>  
(“Hospitals-Inpatient” tab, “Specifications Manual” link)
- Review the July 2010 “In the Know” Webinar Module 3, “Global Vaccination: Are You Ready?”
  - <http://www.fmqai.com/HQDR-Inpatient-ED.aspx>
  - <http://www.hsag.com/caproviders/events.aspx>
- Listen to the upcoming October 2011 “In the Know” Webinars for further details on these new measures.

36

## ***Expansion of Mandatory NHSN Measures***

- The mandatory measures being collected via NHSN will be expanded to include Surgical Site Infections (SSIs) beginning with January 1, 2012, discharges:
  - Finalized in FY 2011 Final Rule (published 8/16/10)
  - Affects the FY 2014 APU determination
  - Being phased in one year later than the CLABSI reporting requirement to allow hospitals to adjust to expanded reporting requirements
- Further information on CMS SSI requirements will be disseminated as available.
- Information on the NHSN SSI data collection module is located at [http://www.cdc.gov/nhsn/psc\\_pa.html](http://www.cdc.gov/nhsn/psc_pa.html).

37

## ***Helpful Documents and Resources***

- HIQRP Calendars, 3rd and 4th quarters of 2011
- FY 2012 APU Checklist
- Structural Measures/DACA Quick Reference Guide
  - Further info can be found at <https://www.qualitynet.org>, under the “Hospitals-Inpatient” tab, “Hospital Inpatient Quality Reporting Program” link, and “Structural Measures/Data Acknowledgement” link.
- Tip Sheet, Monitoring Submission Inpatient Population & Sampling and Clinical Data
- Tip Sheet, Preparation of Inpatient CDAC Validation Records

38

## ***Helpful Documents and Resources***

- QualityNet Security Administrator Registration Forms
- Immunization Guideline Resources (Influenza, Prevention of Pneumococcal Disease, Vaccinating Pregnant Women, etc.)

39

## ***Stay “In the Know” . . .***

- Recorded Webinars will continue to be posted no later than the fourth week of the following months:
  - January
  - April
  - July
  - October

40

## Stay “In the Know” . . .

### Subscribe to:

- FL & CA Hospital Inpatient Quality Reporting Program (HIQRP) E-mail List

<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>

- Small Hospitals Helping Each Other (SHHEO) E-mail List

<http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>

- National SCIP Listserve

<https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>

41

## Questions?

- Please complete the short online survey at the end of this Webinar. Questions and comments can be submitted in the open section at the end of the survey.
- E-mail any other questions to Becky or Lawanna by **Friday, August 12, 2011**, if at all possible.
- Questions and answers will be distributed back to everyone in a Post-Presentation Q&A Fact Sheet via the FL & CA Hospital Inpatient Quality Reporting Program E-mail List no later than **August 19, 2011**.

42

California and Florida "In the Know"  
Module 1: July 2011

**Contact your FL & CA Hospital Inpatient  
Quality Reporting Program Project  
Coordinators:**

**AMI, HF, SCIP, and  
ED**

Lawanna Hurst  
lhurst@flqio.sdps.org  
(813) 865-3417

**Pneumonia, SCIP, and  
Immunization**

Becky Ure  
rure@flqio.sdps.org  
(813) 865-3415

*Hospital personnel from states other than Florida or California should contact their state's QIO to ask questions and/or request further assistance. The list of QIO Inpatient Reporting Program Contacts is posted on QualityNet at:*

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900297541>

43



[www.fmqai.com](http://www.fmqai.com)



[www.hsag.com](http://www.hsag.com)

This material was prepared by FMQAI, the Medicare Quality Improvement Organization for Florida, and Health Services Advisory Group of California, Inc., the Medicare Quality Improvement Organization for California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.  
Publication Nos. FL-9SOW-2011F8-7-12315 and CA-9SOW-6.1-071611-01

44